

2009-2013
REGIONAL AREA PLAN

OF

UPPER SAVANNAH
AREA AGENCY ON AGING

For the Period
July 1, 2009 – June 30, 2013

Submitted
June 19, 2009

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PURPOSE OF THE AREA PLAN

Under the Older Americans Act of 1965, as amended, each Area Agency on Aging (AAA) is charged with the responsibility of preparing an Area Plan to foster the development of a comprehensive, coordinated service system to meet the needs of older persons in the planning and service area. The development of the plan helps to establish the AAA as the focal point on aging services in each planning and service area.

The Area Plan has two principal purposes. First, the Area Plan serves as a document describing priority goals to be undertaken by the AAA on behalf of older persons during the Plan years. The Plan also sets forth the manner in which the AAA proposes to carry out certain functions which support implementation of the Area Agency's programs and which are mandated by the Older Americans Act and its regulations. The Area Plan can be viewed as a long-range blueprint for action, or a work plan, reflecting the objectives of advocacy on behalf of older persons. The second purpose of the plan is to represent a formal commitment made to the State Unit on Aging as to how the AAA intends to carry out its administrative responsibilities and to utilize Federal and State funds made available through the State Unit on Aging. The Area Plan represents a commitment by the AAA to its role as the planner-catalyst-advocate for programs for older persons in each planning and service area. The AAA and the programs it sponsors under the Area Plan, together with other public and private funds and providers of services for older persons, form the comprehensive, coordinated service system called for under the Older Americans Act.

The Area Plan is a tool throughout which the concept of advocacy for older persons is crystallized for those individuals and organizations which participate in plan development and implementation. It is also a mechanism through which coordinating and cooperative relationships may be initiated and structured with other agencies and organizations in the planning and service area. Through the development and implementation of the Area Plan, a mutuality of interest occurs among advocates on behalf of older persons.

VERIFICATION OF INTENT

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

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

6-17-2009

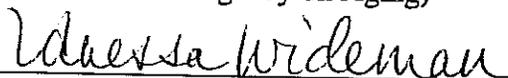
(Date)



Signature (Executive Director or Board Chair of the Area Agency on Aging)

6-17-2009

(Date)

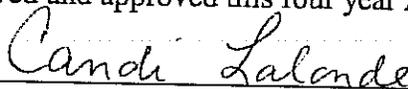


Signature (Aging Unit Director)

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

6-17-09

(Date)

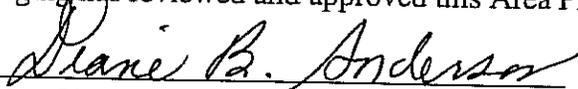


Signature (Chairperson, Regional Aging Advisory Council)

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

6/22/09

(Date)



Signature (Chairperson, Governing Board)

STANDARD ASSURANCES AND GENERAL CONDITIONS

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

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

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

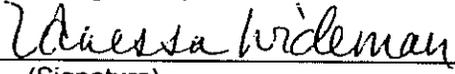
37. The Area Agency on Aging shall assure the coordination of planning, identification and assessment of needs, and provision of services for older individuals with disabilities, (with particular attention to those with severe disabilities,) with agencies that develop or provide services for individuals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

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

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

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

EXECUTIVE DIRECTOR or:  6-17-09
 BOARD CHAIR (Signature) (Date)

AGING UNIT DIRECTOR:  6-17-2009
 (Signature) (Date)

EXECUTIVE SUMMARY

With the shifting of the national economic situation, the Upper Savannah Area Agency on Aging will be attentive to the need for our agency to prepare to make necessary changes and/or shifts to our "normal" way of doing business. Having said that, it will be necessary for the AAA to stay in contact with the multitude of other human service organizations in the region and state and offer input as well as stay informed of the changing developments in their programs as well. This knowledge base will assist AAA staff as we need to make referrals and/or offer information and assistance to our seniors.

During the past two years, State Legislators have financially provided the monies for the aging network to reduce our waiting list of services through the utilization of State Supplemental Funds (SSF). While the primary goal was to reduce Home Delivered Meal waiting lists, the network has been successful at providing other much needed services as well (home care, home living support, transportation, etc.) For 2009-10, it has been legislated that SSF be used for meals only. Additionally, the State Unit on Aging received federal stimulus funds that also were earmarked for the meals program only. Therefore, Upper Savannah AAA has carefully evaluated all funding sources offered to our region and allocated (what we hope to be) adequate funding for our other services. AAA staff will be conscientious to provide careful review of the spending in our region to meet the needs of our seniors. Should we find a greater need than we anticipated in a priority service (transportation and/or in-home services), the AAA will divert funds for other services such as Minor Home Repair and/or Home Living Support if necessary. Additionally, advocacy efforts will continue to be undertaken by AAA staff to keep our legislators informed of where gaps in funding exists

The Area Agency on Aging has the expectation that developing activities and programs will continue to take place at each of the senior centers in the region. Therefore, the AAA expects that some of our planning and program development efforts will be to assist these contractors in initiating new programs. Some of the new programs include the opening of a licensed kitchen in both Edgefield and McCormick Counties; the opening of the new Senior Center facility in McCormick which has plans to offer a whole host of new programs, e.g. fitness classes, spa treatments, day care, etc. Saluda County needs a total refurbishing of their programs and the AAA expects to be quite involved with the services made available to the seniors in that county. Greenwood, Abbeville and Laurens Counties are seeking new activity and program opportunities to bring to their seniors in their service areas and AAA staff will be assisting in those endeavors as well. Senior Options is most interested in offering public transportation to Laurens County and is in the process of conducting a feasibility study (the first step) toward this end.

Concentrated efforts on grants management and contract monitoring will be addressed by the AAA. While the AAA has always done annual program and fiscal monitoring, staff will visit contractors more frequently to offer input and technical assistance in order to keep all programs in compliance with state requirements. Contractors will be encouraged by the AAA to continue to use AIM reports to assist them with keeping assessments and other required paperwork up-to-date.

The AAA partners with numerous other agencies in the planning of their projects. Staff provides assistance with many health fairs, support groups and the Senior Farmers Market project. Therefore, coordination efforts with others will continue to be a task for the AAA.

Minor Home Repair, Home Living Support, Legal Assistance, and Chore/Housekeeping for two counties (Abbeville and Laurens) will be managed/administered out of the AAA office. Since the Area Agency uses multiple contractors for these services in order to get the most cost-effective prices, we will continue to arrange these services. The AAA has incorporated consumer choice in these service areas and have found it most beneficial to our seniors.

The Upper Savannah State Health Insurance Program (SHIP) continues to be a focus for the Area Agency on Aging. The SHIP Coordinator has earned a very favorable reputation in our region for positive outcomes and assistance for Medicare and Medicaid beneficiaries. The AAA will continue to be quick to respond to these calls and will be heavily involved in providing outreach to Low Income beneficiaries with the initiation of the Medicare Improvements for Patients and Providers (MIPPA) grant. Additionally, annual SHIP update training will be planned and implemented for our regional counselors.

Other training and technical assistance will be provided by the AAA with regard to AIM reporting and updates, site manager programming, and advance directives.

Direct services to be continued by AAA staff include the Family Caregiver Support Program, the Ombudsman Program, and Information Referral and Assistance Program. Upper Savannah's Family Caregiver Advocate offers daily assistance to caregivers of senior adults or grandparents (who are caregivers) to children under the age of eighteen. This is an extensive program whereby the AAA strives to meet the needs of the caregiver. These needs could include respite, education, training, counseling, supplemental services such as the need for incontinent supplies, nutritional supplements, durable equipment, etc. The Family Caregiver Program will continue to work in conjunction with the Alzheimer's Association, home care agencies, nursing homes and funding sources that

can lead to coordination of care for persons with Alzheimer's and other dementia-related problems. The Regional Long Term Care Ombudsman will continue to advocate for 2,310 residents in long term care facilities (14 nursing homes and 26 residential care facilities). The Ombudsman strives to protect the health, safety, welfare and rights of residents in accordance with State and Federal laws by providing investigations, advocacy, education, and grievance resolution. Advocacy may occur during the investigation process, during individual or facility consultations, or during presentations to facility staff or community education presentations. The Information, Referral and Assistance Program provides information and assistance daily to seniors and disabled individuals. There is a high volume of individuals who call the AAA needing services and the AAA serves as that vital link to find those needed services.

The AAA will promote the goals of *Project 2020: Building on the Promise of Home and Community-Based Services*. The three main goals of this project center on the education of individuals through easier access to information that promotes personal responsibility, the promotion of one's own well-being through disease prevention and healthy living, and the delay of nursing home services by focusing on home services to maximize funding.

Also AAA staff will take every opportunity we have through presentations, conversations with individuals, newsletter dissemination, etc., to promote to **people of all ages** that aging is a process that only the individual holds the key to future. The AAA hopes to positively influence young and old alike to take a stand for their future well-being through a healthy lifestyle and prevention tactics.

OVERVIEW OF THE AREA AGENCY ON AGING

Mandated by the federal Older Americans Act (OAA), area agencies on aging are organizations designated by the State Unit on Aging (currently housed in the Lieutenant Governor's Office on Aging) to provide planning and administrative oversight for a multi-county planning and service area. It is the responsibility of the area agency on aging to assess and prioritize the needs of older adults with the planning and service area and to allocate federal and state funding to provide services that meet those needs.

The **mission** of the Upper Savannah Area Agency on Aging is to enhance the quality of life for seniors and/or adults with disabilities by providing leadership, advocacy and planning. We strive for the efficient use of resources in partnership with state and local governments, non-profits and the private sector.

The **vision** of the Upper Savannah Area Agency on Aging is to provide leadership, advocacy and collaboration to assure a full spectrum of services so that seniors in the Upper Savannah region can enjoy an enhanced quality of life, contribute to their communities, have economic security, and receive the support necessary to age with choice and dignity.

The **organizational structure** of the Upper Savannah Area Agency on Aging is that the AAA is housed with the regional planning council known as the Upper Savannah Council of Governments (COG). There are ten COGs located throughout the state. 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. In addition to the Aging Program administered by the Aging Unit, other major programs of the Upper Savannah COG include the Government Services Program, Community Development, and Workforce Development Program. *See Appendix A for agency organization chart.*

Staff Experience and Qualifications are extensive. Patricia Hartung, Executive Director, is a 33-year veteran of Upper Savannah Council of Governments. She has a Master of Business Administration and extensive leadership experience in regionalism and economic development.

The Executive Director certifies that the aging unit functions only as the area agency on aging for the purpose of carrying out the nine area agency functions specified in the Older Americans Act.

Vanessa Wideman, Aging Unit Director, is a 31-year veteran of Upper Savannah Council of Governments and has a Bachelor Degree in Human Resource Management. She has been employed with the Aging Unit since 1991 and has been Unit Director since 1998. During her tenure with the Aging Unit, the AAA has undertaken multiple program additions— Regional Long Term Care Program; Regional Family Caregiver Support Program; Regional State Health Insurance Program; Regional Information, Referral and Assistance Program; and Upper Savannah Senior Sports Classic. Vanessa has grant writing, fund raising and social entrepreneurial skills that have resulted in a number of partnerships and innovative community projects. She has been a Certified Long Term Care Ombudsman since 1994, Certified in the State Health Insurance Program since 1995, and received the Certification in Alliance of Information & Referral Systems (CIRS) in 2002. (Full Time)

Melissa Phillips, Finance Manager, is a 21-year veteran of the COG. She has a Bachelor Degree in Accounting, Master Degree in Business Administration, and is a candidate for CPA designation. Melissa oversees the agency's fiscal operation and provides technical support to new programs designed to improve the agency's financial self sufficiency. During her tenure, the agency has maintained an impeccable record of clean financial audits. (Full Time)

Sandra Moore, Office Manager, is a 16-year veteran of the COG. She has oversight of day-to-day office administration duties. Sandra has over twenty-five years of experience in business. She is the lead staff for the AIM (Automated Information Management) system, providing data input and supervision of this program. She provides technical support to our service contractors with regard to any AIM reporting and she reviews and authorizes payment requests for reimbursement funding from the SUA.

Bridges Poston, part-time contract employee, assists the Area Agency on Aging in Program Development. She has an Associate Degree in Accounting and is a liaison for the AAA in the community informing the public, other organizations and businesses

about the service delivery system in the region and seeking financial resources to implement the Upper Savannah Senior Sports Classic.

The AAA is awarded annual funding allotments based on the region's ratio of the population aged 60 and older. Separate allotments for the following service programs are received by the Upper Savannah AAA to carry out a comprehensive delivery services for seniors and disabled adults:

- In-home and community-based services (Title IIIB)
- Long term care ombudsman program (Title IIIB and Title VII)
- Elder abuse prevention services (Title VII)
- Health insurance counseling and senior Medicare patrol (AOA and CMS)
- Congregate nutrition services (Title III-C-1)
- Home-delivered nutrition services (Title C-2)
- Nutrition Services Incentive Program (USDA)
- Disease prevention and health promotion services (Title III-D)
- Family Caregiver Support Services (Title III-E)

These funds are provided by the Older Americans Act and State funds.

Other **funding resources** for AAA operations include the following.

Local Match for Federal Programs – The OAA requires that area agencies on aging provide a 10% matching requirement to receive the federal funds. Upper Savannah COG contributes this 10% match for the Aging Unit.

The Medicare Improvements for Patients and Providers Act (MIPPA) grant funds are to be allocated to the Upper Savannah AAA in order that AAA staff can provide outreach to Low Income beneficiaries with regard to Medicare services. These funds are provided to the State by CMS.

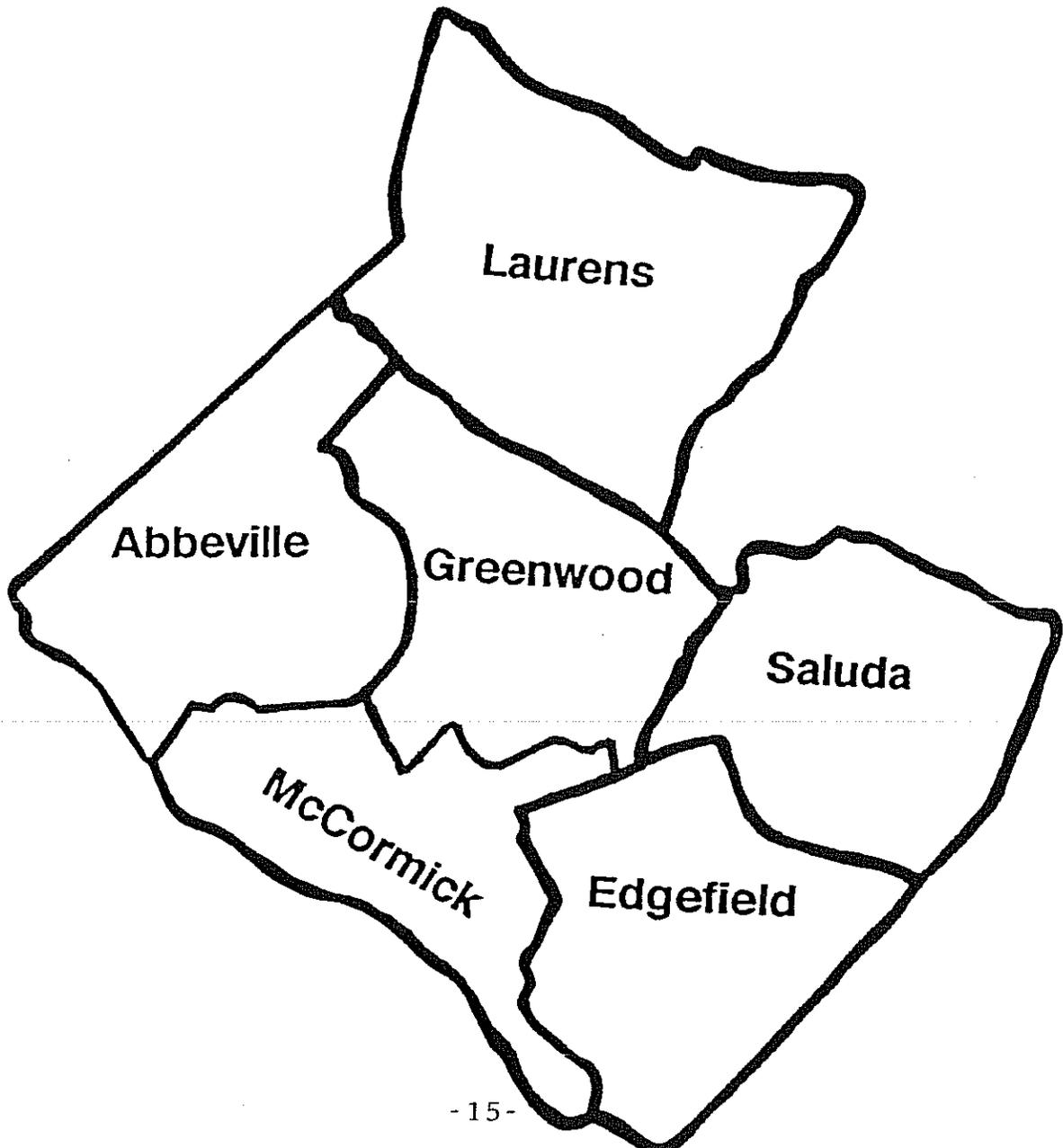
The Upper Savannah AAA has an extensive fund raising background. For the last fourteen years, the AAA has been the lead coordinator of Senior Games in our region. These Regional Games promote the health, fitness and well-being of people 50 and older. This annual event through sponsorships, local gifts and donations, and community support and partnerships make it a self-sustaining four-day affair.

The Executive Director certifies that the area agency on aging shall not use funds received under the Older Americans Act to pay any part of a cost incurred to carry out a contract or commercial relationship that is not necessary to implement Older Americans Act requirements.

OVERVIEW OF THE REGION

The **Service Delivery Area (SDA)** for the Upper Savannah region include the counties of Abbeville, Edgefield, Greenwood, Laurens, McCormick and Saluda.

Towns or communities to be served include: in Abbeville County, Abbeville, Calhoun Falls, Donalds, Due West, Antreville, and Lowndesville; in Edgefield County, Edgefield, Johnston, Trenton, Meriwether community, and Bettis Academy community; in Greenwood County, Greenwood, Ninety Six, Ware Shoals, Hodges, Troy, Bradley and Promised Land community; in Laurens County, Laurens, Clinton, Cross Hill, Gray Court, Waterloo, Joanna, and Enoree community; in McCormick County, McCormick, Mount Carmel, Parksville, Plum Branch, Modoc, and Savannah Lakes community; in Saluda County, Saluda, Ridge Spring, Ward, Batesburg, and Delmar community.



Objectives and Methods for Service to Targeted Populations – As stated in our Request for Proposals (RFP), anyone aged 60 or over regardless of income is eligible for services. However, because funding is limited, we will target older individuals with the greatest economic and social need, focusing particularly on low-income minority older individuals and rural elders. AAA staff conducted a needs assessment and focused on input from three perspectives: consumers age 60+ (receiving and not receiving services), professionals, and family caregivers. The priorities for services in the Upper Savannah region revealed the need for home delivered meals, group dining meals, transportation, chore/housekeeping services, health promotion; adult day care in Laurens and Edgefield Counties, minor home repair, information and assistance, and explanation of benefits to those receiving Medicare, Medicaid and other health insurance programs. Offerors responding to the AAA's RFP were scored on various components of their offers and received points for Targeting Methods and Client Prioritization Plan. Historically, the AAA has met our targeting objective of providing services to minority and persons below poverty. This objective will continue to be met.

Ten Year Forecast – Improved medical technology leading to longer life expectancies has already impacted South Carolinians by the recognized increase in the need for health professionals trained in geriatrics or gerontology to better serve the health care needs of seniors. Likewise we are seeing an increased number of seniors and disabled adults needing critical health care services for a longer period of time. Resources are diminishing while the population is growing. Over the next ten years, the AAA anticipates further limited Medicaid funds for health care and a decrease in the number of nursing home beds that will be available for seniors.

The recent Medicare Modernization Act and the current state of the economy have resulted in more and more private companies limiting or phasing out their retirement benefits. This is going to have a greater negative impact on our seniors with expected decreased Medicaid assistance.

In the Upper Savannah region the Hispanic and Asian populations continue to increase. These individuals, with limited communication skills, are going to face barriers to accessing services. Additionally, these folks most likely have no long term care planning in place.

Transportation services continue to be a challenge in the Upper Savannah region which is rural in nature and limited in transportation access. Two of the six counties in our region now have public transportation—Edgefield and McCormick Counties. However, in the other four counties, seniors must totally rely on the transportation services offered by the local senior centers. The AAA therefore strives to set aside enough funds for

transportation services to meet this growing need for access services to link our seniors with available community resources.

Affordable housing is another area of concern in this region. More disabled adults and seniors are calling the AAA to report the need for assistance with mortgages, rent and utility bills. Sometimes the AAA is able to partner with a local charity in order to meet the requested need, but oftentimes we feel defeated in being able to locate an entity that could assist the person with their need. Additionally, there has been a growing demand for owner-occupied home repairs. So even though many seniors may own their own homes, because they are now on fixed incomes it is an encumbrance and all they can do for the homeowner to pay for routine maintenance. Therefore, when their health worsens and handrails, grab bars, ramps and other minor home repairs are needed, the seniors simply can't afford to make such improvements. This has resulted in more funds being set aside at the AAA level to offset this growing demand for assistance.

With regard to long term care systems, the AAA feels more education and awareness for long term care planning needs to be addressed with the general public and an emphasis placed on families and caregivers. Seniors and caregivers are growing in numbers and the resources for assistance are not growing at a comparable rate to meet the increased needs.

The AAA plans to utilize education, training and advocacy to influence the cultural lifelong perception of the aging process. This focus will be on personal responsibility for health, wellness and financial planning for the future. Therefore, the AAA will conduct outreach efforts to address people of all ages.

Advocacy and program coordination will be undertaken by the AAA to address the needs of the caregivers and their families with regard to coordination of care services and resulting benefits and/or resources as to not impoverish the caregiver.

Emergency Preparedness – The Upper Savannah Area Agency on Aging will work closely with community and state agencies to provide service, disaster prevention, and protection in the event of a disaster. The AAA is not a “front-line” or “first responder” service provider for emergencies, rather the AAA is a provider of Information and Assistance Services and Resources Services. However, AAA staff has contacted local county emergency planning offices to make them aware of available assistance by the AAA.

The AAA takes a pre-disaster prevention approach to Emergency Management and focuses efforts on education and training for older persons and those who work to

improve their lives. The AAA will also coordinate and develop prevention programs such as emergency stickers for windows and mailboxes, emergency health files, etc. The AAA will coordinate efforts with the State Unit on Aging to ensure that the AAA Disaster Plan is conducive to the efforts outlined in the SUA policy for the state of South Carolina.

AAA OPERATIONAL FUNCTIONS AND NEEDS

Assessment of Regional Needs – The Upper Savannah AAA conducted a regional needs assessment in early 2009. The top need for services in the region was a tie between caregiving services and adult day care. The order of needs revealed next Bathing/ Dressing assistance, followed by Home Delivered Meals, Group Dining Meals, Transportation, Home Repair, Chore/ Housekeeping, Legal assistance, and Financial assistance.

With regard to individuals needing Financial assistance, the order of specific needs in this area are: dentures, eyeglasses, rent, utilities, and medications.

The AAA used information from the needs assessment in order to allocate funding in each of the counties based on the individual county data.

Program Development – The growing demand for consumer choice will continue to increase as the baby boomers begin to access aging services. Therefore, home and community-based services will continue to grow and the AAA will work with community leaders and contractor agencies to develop private pay service options. This is especially needed in Saluda County, where the current COA does not offer private pay services. The AAA will continue to stress the importance of this issue with that agency's Board of Directors to educate them and assist them in looking for outlets to implement varied programs and fee-for-service programs to the community. In Edgefield and McCormick Counties, the local aging contractors are seeking DHEC licensure for their kitchens and once secured will be in a position to offer catered meals to the community. The AAA will provide technical assistance to assist in these endeavors as well. The McCormick County Senior Center will be opening their new Talmadge Annex complex over the next year and expects to offer a whole array of programs and services to that county through the development of exercise and fitness programming including water aerobics, health promotion and disease prevention classes, spa treatments and day care programs. The Edgefield County Senior Citizens Council during the next year will be completing a walking track and outdoor picnic area. The AAA will continue to assist all of our communities in looking for outlets to meet the growing demand for consumer choice through unlimited opportunities that avail themselves to the region. The AAA will also continue to promote the services available throughout the region to the seniors and promote health and wellness through the planning and implementation of the regional Senior Sports Classic. This endeavor is self-sustaining through community support with the AAA coordinating the four day event. For five years, the AAA was the lead coordinator of the Senior Farmers Market Project (SFMP) in Greenwood County. As such, the AAA encouraged the expansion of this program into both Abbeville and Saluda

Counties during this timeframe. The AAA has now taken a step back and encouraged the local Clemson Extension Office (who coordinates the local farmers in Greenwood and the surrounding area and oversees the management of the Greenwood Farmers Market) to undertake this project. Clemson Extension is now receiving the check vouchers for the Greenwood SFMP and Upper Savannah AAA staff has taken on a more passive role of assisting them with the distribution of the vouchers to area seniors. The Greenwood Farmers Market opens on Saturday and Wednesday mornings during the summer. For the first two Saturdays and first Wednesday that vouchers are available, AAA personnel helps to staff the distribution effort to the seniors.

Program Coordination – The Upper Savannah AAA works very closely with other service delivery agencies as well as our contractors to develop a comprehensive service delivery area. AAA staff works with the local Alzheimer’s Association, Community Long Term Care, Abbeville Coalition, and home health agencies in order to provide coordination and/or referrals for respite services. Other partners of the AAA include the Edgefield Adult Protective Services committee, local hospitals, the Salvation Army, Veterans Affairs offices, local DSS offices, Social Security, Medicaid offices, Department of Mental Health, YMCAs, Clemson Extension, chambers of commerce offices, United Way offices, free medical clinics, and local utility companies in order to locate reduced or free services for our clients.

Conversion to Aging and Disability Resource Centers – The Upper Savannah AAA is not currently an Aging and Disability Resource Center (ADRC). It is hoped that if funds are made available during the next four years, the AAA could become an ADRC. The AAA will work to modify the local system of long term care to better respond to the needs and preferences of older individuals and family caregivers and to target services to seniors at risk for institutional placement to permit them to remain in home and community-based settings.

AAA staff already routinely talks to CLTC staff to discuss program strategies for meeting individual needs. The AAA and CLTC maintain a very close working relationship and will continue to do so during the plan period. Likewise, AAA staff work very closely with hospital discharge planners, home health agencies and hospice in order to advocate and coordinate benefits for seniors and disabled persons.

As a future Aging and Disability Resource Center (ADRC) site the Aging Unit and regional State Health Insurance Program can provide a one stop services shop for the beneficiaries we assist. While counseling the beneficiary for Medicare or Medicaid services the counselor can also access the client for other needs such as Meals on Wheels, minor home repair issues, and LIS/extra help assistance and refer them to local agencies

or assist them in-office online with forms and paper work. Medicare phone agents are not set up to handle these types of calls as many services are provided locally.

Advocacy – The Regional Aging Advisory Committee is kept abreast by AAA staff of the need to build capacity in our region to meet the needs of seniors. Primarily the areas covered and chosen for advocacy efforts include services identified through the needs assessment, health and human services, housing, transportation, recreation, caregiving, and emergency preparedness. AAA staff routinely discusses these issues with COG Board members who include local community leaders, local elected officials, and State Senate and House members. AAA staff has participated and offered input at public hearings and grant reviews regarding housing and transportation needs. These advocacy efforts lean toward systems changes and expansions.

Priority Services – Since Title III-B funding under the Older Americans Act is for Access services (transportation, information and referral, and case management), In-Home services (home delivered meals, home care, respite) and Legal Assistance services, the Area Agency on Aging determines the amount of funding for allocation into each of these categories based on how much funding was needed for each service in the prior year coupled with needs assessment data.

Additionally, if other sources of funding (not Title III-B) are available for some of these services, the AAA reviews the funding allocations of these other sources and takes that into account when setting III-B funding allocations. For instance, for July thru December 2009, stimulus funding has been made available for home delivered meals. Therefore, the AAA can redirect more III-B funding for transportation needs, since meals can be funded with the stimulus money, as well as State funds (Bingo and Community Services, if needed).

It should be noted that the AAA allocates State funds for Minor Home Repair and Home Living Support. These services are not priority services under the Older Americans Act, although they are needed services based on the inquiries the AAA receives for these services and based on needs assessment data. If, however, Priority Service Needs exceeded III-B funding allocations, the AAA could divert State funds to the Access, In-Home and Legal services.

Priority Service Contractors – The Upper Savannah AAA currently does not purchase case management services. With regard to legal assistance, the Upper Savannah AAA utilizes a rotating pool of local attorneys who have agreed to provide reduced rates to senior adults meeting the criteria for the legal assistance program. Priority in our regional program includes public benefit cases, landlord/tenant housing problems, guardianship/commitment issues, age discrimination cases, and simple wills.

Nutrition Services – Over the past four years, Upper Savannah AAA has had to consistently request a transfer of funds out of the Congregate Meal Program and increase funds to both Home Delivered Meals and Transportation Programs. In moving these funds, the Upper Savannah Congregate Meal Program has seen a drop in requested federal funds and yet the meals served have basically remained the same. This has been accomplished with negotiated lower unit rates with our contractors.

Federal funds for Home Delivered Meals have consistently needed to be increased to meet the growing demand for this service. Units (or meals) served has increased as well, while unit rates have decreased.

The Request for Proposal compiled by the Upper Savannah AAA gave an average four year historical allocation and average number of units served. The AAA considers national and state trends, along with Regional Waiting Lists for Meals, with regard to determining the required number of meals expected to be served in the region.

Training and Technical Assistance – The AAA has identified that technical assistance continues to be needed by our contractors with regard to the AIM system. The AAA AIM Manager is in contact with AIM database entry clerks to discuss appropriate reports that can assist them with ensuring that they maintain complete assessment data. Additionally, during past service delivery monitoring, we have offered programmatic technical assistance when we found a potential client < 60 in need of services. The AAA was able to divert some State funds to that particular contractor so that this client could be served with much needed Home Delivered Meals. With regard to activity programming at the congregate meal sites, the AAA has provided and scheduled Site Manager Training to assist with resources and activity programming training.

The AAA turns to and uses the State Unit on Aging Policy and Procedures manual in the provision of effective technical assistance. Specifically, the AAA has looked at the State funded program guidelines and the Grant Related Income guidelines to assist contractors with needed services.

Monitoring – The AAA monitors contractors for service delivery each year to ensure contract compliance and program efficiency. Unannounced site visits are made to the congregate nutrition sites and, if necessary, recommended improvements are made to the site managers and distributed to the agency's executive director through a written report. Announced fiscal and program monitoring is conducted during late spring and early summer and again any recommendations are made to the agency's executive director (with copy sent to Board President and/or Chairman) through written report. If notable

deficiencies are found, the AAA informs the State Unit on Aging of concerns, along with service provider's Board members. In some instances, the local city and county government officials can be made aware of concerns as well. Disallowance of earned units and/or withholding of funds have been undertaken by the Upper Savannah AAA.

Grant Management – If a contractor has notable deficiencies in fiscal or programmatic areas, the AAA will determine if it is appropriate to extend a contract, provide a provisional contract for a limited amount of time to enable the contractor to come into compliance, or to terminate the contract. The AAA has provisions in each contract which describes the criteria for each action.

Grievance Procedures – The Upper Savannah AAA has a grievance procedure that allows older persons who are dissatisfied with or denied services to file a grievance with the AAA and have their grievance heard. The AAA has a provision in each contract with service providers that also requires the service provider agencies to denote their grievance procedures and post notice of such at their site locations.

Performance Outcome Measurement – The Upper Savannah AAA has reviewed performance outcome measurements with contractors and Regional Aging Advisory Committee members. During monitoring reviews of contractors, it is noted that satisfaction surveys are utilized and shared with agency Board members. Additionally, the AAA conducts satisfaction surveys in several program areas and shares those results as well.

Resource Development – AAA staff has discussed initiatives to increase grant related income or cost sharing for allowable services with the service contractors. Each county is unique to another and what seems to be effective in one county is oftentimes ineffective in another. With regard to Congregate Nutrition Sites grant related income within one agency, Voluntary Contribution Charts were maintained over several months at each site which listed the contributions earned to raise awareness (and offer a competitive edge) to raising the most contributions for the program. Another agency marketed throughout the community the benefits of the senior transportation program in hopes of expanding resource development and volunteers for that program. The AAA has promoted these initiatives at regional contractor meetings and encouraged each contractor to share their experience with the group.

Regional Grant Related Income that has been documented for July 1, 2008 – May 31, 2009 is as follows:

Transportation	\$ 1,573.67
Home Care	4,517.75
Congregate Meals	19,630.67
Home Delivered Meals	<u>23,418.65</u>
	\$49,140.74

AAA SERVICE DELIVERY FUNCTIONS

Staff Experience and Qualifications – There are currently no anticipated turnover in the Aging Unit due to retirement or reduction in force.

Barbara Wright, Family Caregiver Advocate, is a 7-year veteran of the Aging Unit. She has a Bachelor Degree and extensive business experience working in the long term care industry. She has a very strong background in administration and budgeting and her professional skills have resulted in a number of partnerships and collaborative projects. Barbara has been certified in the State Health Insurance Program since 1998 and received Certification in Alliance of Information & Referral Systems (CIRS-A) in 2003.

Kathy Dickerson, Regional State Health Insurance Program Coordinator, is a 6-year veteran of the Aging Unit. She has over 20 years experience in business and customer relations. She has a vast knowledge of local and state resources and public benefits. Her communication skills and professionalism has linked the AAA to a good solid working rapport with CMS, Medicare, Social Security, and local community leaders and agencies. She received Certification in Alliance of Information & Referral Systems (CIRS-A) in 2003 and has been certified in the State Health Insurance Program since 2004.

Ericca Livingston, Regional Long Term Care Ombudsman, is a 10-year veteran of the Aging Unit. She has a Bachelor degree and worked in the nursing home industry for six years in activities and dietary. She began her career at Upper Savannah overseeing our meals programs and transitioned into the LTC Ombudsman position in 2000. Ericca brings a vast knowledge base to her position as Regional Ombudsman. She has been a certified Ombudsman since 2000 and certified in the State Health Insurance Program since 2000.

Kathi Culbreath, Regional Information, Referral and Assistance Specialist, has been an employee of Upper Savannah for a year. Her background includes employment in a nursing home, working for the local Alzheimer's Association, and working for hospice. She brings a wide-array of talent and resources to her position. She possesses the knowledge, skills and ability needed to effectively and efficiently assist seniors and people with disabilities to access needed services. She received Certification in Alliance of Information & Referral Systems (CIRS-A) in 2008 and is currently undergoing SHIP Training (2009).

Long Term Care Ombudsman Services – The Upper Savannah Regional Long Term Care Ombudsman Program presently serves 2,310 residents residing in 14 nursing homes (1,361 beds) and 26 residential care facilities (949 beds) located within the Upper

Savannah region. For Fiscal Year July 1, 2007 – June 30, 2008, the Upper Savannah Regional Long Term Care Ombudsman Program opened ninety-seven cases consisting of one-hundred fifty-five complaints. Pertaining to nursing homes, the top five types of allegations received were: physical abuse by staff, accidents/incidents, neglect, lost/stolen personal property, and verbal abuse by staff. The top five allegations in residential care facilities were lost/stolen personal property, medications administration, physical abuse by staff, verbal abuse by staff, and menu quality.

From July 1, 2008 – May 31, 2009, the Upper Savannah Regional Long Term Care Ombudsman Program has opened thirty-nine cases consisting of one-hundred seventeen complaints. The top five nursing home complaints have been accidents/incidents, physical abuse by staff, neglect, lost/stolen personal property, and verbal abuse by staff. Residential care facility top five complaint areas have been verbal abuse by staff, physical abuse by staff, lost/stolen personal property, personal funds, and menu quality.

Ombudsman also participate in consultations with residents, facility staff, family members, individuals in the community, and other agency staff members that also serve to provide education and advocacy efforts to residents. For Fiscal Year July 1, 2007 – June 30, 2008, Upper Savannah Regional Long Term Care Ombudsman Program staff participated in one-hundred fifty-six consultations. From July 1, 2008 – May 31, 2009, Upper Savannah Regional Long Term Care Ombudsman staff has participated in two-hundred six consultations.

The Upper Savannah Regional Long Term Care Ombudsman Program strives to promote and protect the health, safety, welfare, and rights of residents in accordance with State and Federal laws via the following service areas: investigations, advocacy, education, and grievance resolution.

The Upper Savannah Regional Long Term Care Ombudsman Program will continue to conduct investigations in accordance with SC Code of Laws Chapter 35 and in adherence to the policies and procedures of the SC Long Term Care Ombudsman Program. Allegations of abuse, neglect and exploitation are given priority, and every effort is made to prevent a backlog of open cases. The Upper Savannah Regional Long Term Care Ombudsman Program strives to close each case within 60 days.

Advocacy services may occur during the investigation process, during individual or facility consultations, or during presentations to facility staff or community education presentations.

Challenges facing the Upper Savannah regional Long Term Care Ombudsman Program include the lack of a statewide Volunteer Guardianship Program. Several cases are opened in which a person has not executed an Advance Directive and that person has no

family or friend willing to and/or cannot afford to seek Guardianship via Probate Court. In other cases, a person has executed a Durable Power of Attorney and the Power of Attorney is not carrying out his/her judiciary duty and there is no other person willing to seek Guardianship.

Further, consultations with facility staff have proven that there is a huge gap in mental health services for long term care residents. In addition, when a resident is exhibiting behaviors that pose a danger to himself and/or other residents of the facility, placement at an inpatient psychiatric facility is extremely difficult.

Over the next four years (2010-2013), the Upper Savannah Regional Long Term Care Ombudsman Program desires to increase the awareness of the role of the Long Term Care Ombudsman via educational opportunities and/or trainings provided to local law enforcement agencies in the Upper Savannah Region. The Upper Savannah Regional Long Term Care Ombudsman Program will begin contacting local law enforcement agencies in January 2010 to make contact with the training officers in each county and to discuss a region-wide training event. Other appropriate agencies such as staff of the SC Attorney General's Office may be contacted to present training pertaining to the area on financial exploitation.

With regard to Emergency Preparedness, the Upper Savannah Regional Long Term Care Ombudsman Program will request all nursing homes and residential care facilities in the Upper Savannah Region to provide a copy of the facility's Emergency Preparedness plan to the Area Agency on Aging so that a copy will be on file in the event that an emergency occurs and the Area Agency on Aging has to field calls from concerned family members and community agencies regarding relocation areas of residents in the event of an emergency or disaster.

The Upper Savannah Regional Long Term Care Ombudsman Program not only participates in community events in which education material is available on an array of topics that include elder abuse prevention, Resident's Rights, Advance Directives, long-term care planning, personal and/or household budgeting, emergency preparedness, but the Upper Savannah Regional Long Term Care Ombudsman Program also provides workshops on such topics during the year and especially every September as the Area Agency on Aging serves as the lead coordinator of the Upper Savannah Senior Sports Classic. A health fair is held in conjunction with the Classic in which various agencies from long term care facilities to legal services to local volunteer opportunities are promoted to keep seniors in this region active in the community as long as possible while planning for his/her future.

Information and Referral Services – The goals of the Information and Referral Program are as follows:

- 1) continue to use SC Access and encourage other agencies to register to become part of SC Access
- 2) notify SC Access when information needs to be updated or changed
- 3) assist senior centers with current resources for IR&A
- 4) continue to be an advocate for seniors and adults with disabilities
- 5) attend monthly IR&A meetings
- 6) attend continuing education to build knowledge and skills
- 7) grow partnerships with professionals, civic organizations and faith based communities to provide information, education and services throughout our region
- 8) continue to develop relationships with community partners in order to identify resources, find solutions and improve overall service to older adults, adults with disabilities and their caregivers
- 9) provide creative marketing to get information to the public that may present itself useful; and
- 10) continue to participate in community education events, workshops and health fairs.

An area of weakness in the program is striving to find the best form of communicating with aging agencies (i.e. quarterly newsletters, routine emails, mailouts, etc.). The AAA is constantly trying to maintain networking opportunities, and looking to provide information in partner newsletters and websites. The AAA is motivated to find the best way to get into the faith based community whether it be speaking at circle meetings or prayer groups and/or attending special events that are held at churches in order to promote the Regional IR&A program.

The strengths in the program outweigh the weaknesses and are a vital part of meeting our goals. The Regional IR&A program is surrounded by a strong supportive Council of Government. Our Aging Unit has four AIRS-certified staff members and staff routinely receives training to keep our skills and information up-to-date so that we can grow with the changing needs of the clients we serve. Various partnerships with local agencies and organizations allow the AAA to keep information sharing and growth current in the most effective manner as possible. The AAA has strong working relationships with other area agencies, senior centers, Social Security and DSS offices. The IR&A Specialist participates in county coalition meetings, Alzheimer's Association, health fairs, and job fairs in order to disseminate information. The interoffice partnership with the Family Caregiver Advocate and SHIP coordinator is excellent. Additionally, SC Access is used extensively and is an excellent way to track calls, document important information regarding clients, their needs, and what resources were referred. It is a way to follow up as well as determine if we have served a particular client(s) in the past.

Insurance Counseling and Referral for the Elderly and Senior Medicare Patrol –
The Upper Savannah State Health Insurance Program (SHIP) serves as an outreach arm for the Centers for Medicare and Medicaid Services, utilizing trained staff and volunteer counselors to serve consumers in every county throughout the six county Upper Savannah Area Agency on Aging region. The goals of the Upper Savannah State Health Insurance Program are:

- 1) provide beneficiaries with up-to-date health care and coverage options to make the best possible choices;
- 2) assist beneficiaries with all possible medication assistance through programs offered by Social Security, Medicaid, Pharmaceutical Companies, Low Income Subsidy (LIS) help and drug assistance programs to ensure seniors and people with disabilities receive the lowest cost available;
- 3) educate and ensure beneficiaries about their rights and protections concerning Medicare (A) hospital and (B) doctor coverage, Medicare prescription drug plans (C & D), Medicare Fraud and Scams and other Medicare related health services;
- 4) provide beneficiaries on a timely basis with overall Medicare insurance counseling and assistance to encouragement beneficiaries to become more confident, informed and protected consumers; and
- 5) expand outreach efforts to identify seniors and disabled individuals in the region who are not receiving eligible benefits and services. The SHIP program will utilize our local Geographical Information System (GIS) to identify the target location areas and provide presentations, enrollment sites and provide literature and information to these areas.

The Regional SHIP Coordinator will attend monthly state meeting to discuss any new Medicare or Medicare Fraud issues and will subscribe to the latest newsletters, articles and publications from the Centers for Medicare and Medicaid, the Senior Medicare Patrol, and local and state agency resources for continuous education on current issues. She will also attend the following annual conferences to assure the most current education on Medicare and Fraud issues: State Health Insurance Program, Senior Medicare Patrol, Centers for Medicare and Medicaid, Information, Referral & Assistance (AIRS), Southeastern Association of Area Agencies on Aging.

The weaknesses of the program include the lack of staff for enrollment assistance during the Open Enrollment Period (OEP) which impacts heavily on the Area Agency on Aging staff. The regional program currently must rely on other aging unit staff (Family Caregiver Advocate, IR&A Specialist, and Aging Director) to assist with Medicare Counseling. These staff members already have current job responsibilities and pulling to assist during OEP infringes on responsibilities to their designated programs. Seniors prefer one-on-one counseling verses phone line assistance due to the fact that they may live alone and have no one available to assist them with the call, they may have poor vision or are illiterate, they may be unable to communicate or understand the information needed to assist them with Medicare prescription drug choices or Medicare issues over

the phone. Many beneficiaries are not able to travel to a site for assistance. In office appointments at the regional site ties down the local staff and does not always allow for a staff member to make a home visit with the beneficiary.

Another area of weakness is the lack of time for outreach programs to educate the public on Medicare issues and Medicare Drug plan options during the Open Enrollment Period. Appointments are scheduled and set for the entire work day and work week during the open enrollment period. As stated above, beneficiaries prefer one-on-one counseling vs. 1-800-MEDICARE phone service. It is not unusual for each walk-in appointment to average taking 60-90 minutes each per client.

During the General Enrollment Period (GEP) from January 1 through March 31 the regional program has noted an increase with beneficiary complaints/issues. This is due to the fact that Medicare Advantage plans are allowed to sell after the prescription drug plan Open Enrollment Period and seniors change their Medicare prescription drugs plans to a Medicare Advantage Plan oftentimes unaware of what they are actually doing. Many times we see that seniors are talked into plans they did not want or understand. When the beneficiary learns that they do not have original Medicare they call the regional office to file a complaint. These calls require long intakes and documentation, continuous monitoring and numerous phone calls to the beneficiary, the drug plans, and the local pharmacy to make sure issues are resolved as soon as possible for the beneficiary to keep medications flowing. Monitoring these complaints is very time consuming (1-2 hours per day- per client-waiting on phone line assistance).

Additionally, fraud outreach to beneficiaries is an area of concern as well during the General Enrollment Period. Seniors and persons with disabilities become victims of fraud or "unethical representation" as they are confused by the marketing of insurance salesman identifying themselves as "Medicare." Marketing guidelines have been improved but there are still many misleading calls and visits made to seniors who live alone and have no one available to assist them in making the proper choices for their health care options.

Fortunately, the regional SHIP program has many strengths. One-on-one counseling for Prescription Drug coverage to beneficiaries proves beneficial in educating the beneficiaries on latest product options they can review on site before making an enrollment decision. The beneficiary can compare premium cost, the plan deductible, the drug cost, review plan restrictions and the counselor can call the company with any questions the beneficiary may have, and enroll on site if the beneficiary desires. Beneficiaries also appreciate a local face- to- face counselor versus being passed around on the phone to various phone counselors whereby they must restate their need over and over. Counselors can offer independence to the beneficiary in decision-making because the senior can review the plan printouts themselves and not rely solely on something they heard or thought they heard over the phone. An unbiased counselor can provide all options available to the beneficiary about current plans and extra help options to the beneficiary at the time of counseling. The beneficiary can make their decisions promptly

or can take the information home and call the counselor back for assistance in enrollment if needed.

Another strength of the regional SHIP program is that beneficiaries appreciate a direct line local Medicare counselor to file a complaint(s) and/or follow-up on a complaint with someone who is already familiar with the beneficiary and understands their issues and/or needs. The beneficiary is not passed around to various people explaining their concern over and over.

The regional SHIP program through Senior Medicare Patrol activities currently provides and alerts senior centers and beneficiaries with the latest information on Scam and Fraud issues via mail, quarterly newsletter (The Spotlight), presentations, health fair booths and newspaper articles.

Due to transportation issues many rural clients cannot travel to the regional office for assistance. In these cases transportation may be provided to these individuals to the local senior centers or congregate meal sites whereby the regional SHIP program provides counseling assistance and enrollment at these locations.

Another strength of the local SHIP program is that the staff have a great working relationship with local community and county agencies. Social Security, Medicaid, pharmacies, doctor offices, hospitals, mental health department, crisis ministries, and churches refer beneficiaries to the regional office on a regular basis. This collaborative relationship allows the local SHIP counselor to advocate, inquire and assist the beneficiary effectively when trying to resolve issue for the beneficiaries.

The Upper Savannah Regional State Health Insurance Program (SHIP) Volunteer program delivers Medicare assistance to beneficiaries in six upstate counties of South Carolina. We have the following SHIP staff and volunteers in place: 1 SHIP Coordinator, 3 other Aging Unit staff available to assist during open enrollment when their workload allows, 9 volunteers work with clients at the local senior centers and 1 nursing home volunteer works with beneficiaries who have billing questions.

The AAA will strive to increase the effectiveness of the volunteer effort by increasing paid and/or volunteer staff. The regional Upper Savannah Area Agency on Aging SHIP office would like to add the following paid and volunteer staff by 2013: one paid part time staff to assist with enrollment, outreach and data entry; three additional senior center volunteers to work with clients at the local centers and congregate meal sites; four additional community volunteers (i.e. nursing home volunteers or hospital volunteers) to work with beneficiaries needing enrollment assistance or who have billing issues.

The Upper Savannah regional State Health Insurance Program offers a six week training course yearly. The regional program actively recruits new SHIP volunteers each year from a variety of agencies such as churches, nursing homes, retirement clubs, crisis centers, hospitals, etc. to assist in open enrollment and assist in resolving Medicare issues for Medicare beneficiaries. Current volunteers are educated with new and updated

information on Medicare Prescription Drug plans and other Medicare services to provide beneficiaries with the most recent options available. Regular emails and updates are sent to all SHIP staff and volunteers to assure up-to-date changes on Medicare issues. On line web conference are encouraged and staff is notified of events.

Currently the Upper Savannah Area Agency on Aging SHIP program utilizes all available SHIP staff and volunteers for the Open Enrollment Period (OEP) each year from November 15 to December 31 to assist beneficiaries with Part D enrollment. Medicare counselors also use the appointment opportunity to remind beneficiaries about current fraud and scam issues.

Part D Enrollment is offered by an appointment only basis at the local AAA office. Many referrals are made to the AAA from local agencies and community partners for Medicare Assistance. The average appointment can last up to 60-90 minutes. Walk-ins are discouraged. We have notified the local referring agencies to have clients call ahead for an appointment so that they are informed of the necessary information the SHIP counselor will need in order to provide assistance. Senior centers also set up appointments with clients from their centers and community. We set up special appointments for beneficiaries who cannot travel and meet with them at home utilizing lap tops and wireless internet connections. Additionally, the AAA sets up enrollment events at churches where members come in to enroll or view current plans to make any changes to their current drug plans status. Each year between August and November (as soon as we have the updated materials for coming year) Upper Savannah SHIP Program pushes Medicare outreach via presentations, newsletters, brochures, booths at the mall, and aging field programs.

One of the biggest challenges the Upper Savannah SHIP office faces is the lack of staff and funds needed to conduct outreach events during the Open Enrollment Period as all available paid staff counselors have other job responsibilities and are tied up with enrollment appointments. Most of our other volunteers as well as the senior center volunteers also have other job responsibilities and their duties are confined/confirmed to the employing agency.

Outreach to low income beneficiaries also presents a location challenge. We are currently using our Geographical Information System (GIS) to identify low income, disabled and rural beneficiaries. With this information we will be better able to target and serve these eligible beneficiaries through presentations, provide Medicare literature and provide information to beneficiaries about fraud and scams, set up enrollment events.

Family Caregiver Support Program - Overall the goals for the Family Caregiver Support Program are as follows:

- 1) serve the greatest possible number of caregivers and their loved ones in the 6 county area with information, referrals, support groups and training, respite, and supplemental services;

- 2) continue to strengthen the relationship with other agencies in order to provide a smooth coordination of in home care and transition to other levels of care;
- 3) conduct more outreach into each of the counties;
- 4) promote education and training for caregivers and their loved ones as well as helping educate others for planning for the future;
- 5) continue to raise awareness of the Area Agency on Aging and its programs,
- 6) be an advocate for the elderly and their families; and
- 7) begin an effort to supply more help to a caregiver when their loved one is discharged from the hospital to hopefully reduce readmissions.

The weaknesses that must be addressed in order to reach these goals are that, because there is one person for the position, the focus must be on organization and maximizing any time out of the office doing outreach and services. The entire area is very rural and it is a challenge to get out for direct contact and to foster relationships and partnerships.

There are strengths in the program that are essential to reaching goals for the future. While the award amount is very limited, that limitation allows the maximum number of clients to be served. It also promotes funds being available the entire year, with some leeway for emergencies. Adjusting the award amounts (within reason) according to the individuals' situations is key. The Family Caregiver program allows consumer choice for the caregiver "What will help you the most?" and it offers a feeling of control to the caregiver when other things are out of their control. Paperwork is kept to a minimum, so as not to be a barrier to anyone. Plans are to do more thorough and documented assessments in order to gain better understanding of needs and also of effectiveness of programs.

Another strength to be continued and to be improved upon is the good working relationship with other agencies and the ability to provide referrals and to receive them. Finding other resources that can help individuals smooth the caregiving process. Excellent working relationships with CLTC, the Alzheimer's Association, and other agencies foster continuity for help, as well as monitoring of services. Having a working knowledge of SHIP including basic Medicare, Part D, Part C, etc., helps explain options and future planning to families and also promotes those working relationships with Medicaid, Social Security and others. Packets that are mailed to caregivers contain program documents and also educational materials such as: home injury prevention, disaster preparedness, and Alzheimer's information as well as timely brochures such as flu shot information or Low Income Subsidy outreach.

Health promotion and wellness will be an integral part of the program to both caregivers and elders. Support is given on a personal level with home visits and phone calls. Reassurance that a caregiver is not alone or listening as a caregiver describes their loss

and grief are examples of how having an advocate brings relief and coping to those caregivers in very challenging or stressful situations.

There are currently three Support Groups in the region, two of which are Grandparent Support Groups. Getting together for fun and education gives a sense of community for the grandparents as well as the children. The Alzheimer Support Group helps in the same way, with community for the attendees, information, and stress relief. In the current economic climate, donations are very much appreciated and are distributed according to need. Cooperation with other agencies, vendors, and individuals help the available product or goods get to the people in need.

While there is recognition that funds are finite and that the older population will be booming, the focus for this Family Caregiver Program for volunteers is mainly on having interns from the local colleges. This has been successful in the past and hopefully will be in the future. The interns bring fresh ideas as well as much appreciated consistent help in all areas. While the program is very open to using volunteers, there is not abundant time for volunteer recruitment or appreciation.

As part of the consumer choice piece of the Caregiver program, there are, at times, unusual requests from caregivers. The question is then raised: "how does the request help the caregiver to better care for their loved one?" If there is not a clear validation to the request or it is very unusual, the AAA Director is consulted, and, if need be, the Aging Advisory Committee could also be consulted.

Challenges to be addressed in the next four years are varied. Change is inevitable and occurring daily so keeping staff up to date with changes in programs such as Medicare and the prescription plans and other caregiving issues will be very important. More demand for the same amount of funding will increase the need to encourage cost sharing when at all possible. Rural counties present a challenge in just getting out for home visits and outreach. Careful planning and healthy relationships with providers will be utilized to maximize contacts and services. Networking and coordination with other agencies and their abilities to meet needs will be a part of the continuous search for resources.

As the population ages, computers will be an excellent way for caregivers and families as well as professionals to keep in touch and use on-line learning and communication. Focusing on keeping the older person in his or her home for a longer period of time delays costly nursing home care, and is almost overwhelmingly the choice by the senior for quality of life.

Finding additional sources of care and assistance is a major challenge. Providing education and awareness will let local groups and churches have access to ways they can help those in need. Promoting the sense of care as a community responsibility has continuously been a challenge but may be gaining ground as the boomers age. Personal

responsibility has to be part of the equation with education about future planning, long term care insurance, and other ways to be financially capable of care.

Overall, in the next four years, the program will be hopefully continue to help families be better able to care for their loved ones and themselves using available resources such as: respite whether in home or adult day care; safety items such as grab bars or lifeline; referrals to other entities; and continuous education.

CHANGING DEMOGRAPHICS IMPACT ON AAA EFFORTS

Intervention vs. Prevention - The changing demographics including increased longevity and in migration and the necessary reduction of dependence on the government for services will impact the AAA efforts to serve the senior and disabled population. As stated in a previous section, emphasis will be placed on educating the community of all ages that aging is a lifelong process and that everyone will have to be increasingly responsible for their own welfare.

AAA staff will attend trainings featuring healthy preventions, long term care planning, retirement planning, the changing health care system, and any other educational venues featuring future vision and solutions as much as possible. The AAA plans to conduct seminars on a regular basis in an effort to prepare caregivers, professionals, providers and others with the knowledge of the changes occurring and the demand that is overreaching the available resources.

The challenges will be to conduct enough outreach, trainings, and raising the awareness of all these issues in order to make a difference or influence others to lean more toward prevention rather than stay in intervention mode. Opportunities to meet these changing needs, will be found in being willing to take advantage of any trainings conducted privately or by the state.

Cost sharing is a very effective way to increase the value of funding that is available. An example of maximizing funding would be to pay the family member to care for an individual and also give the family member access to an affordable insurance pool, so the loved one can remain out of taxpayer funded nursing home care for a longer period of time. Putting dollars into home base services and CLTC not only delays the possible institutionalism but also preserves dignity and quality of life.

Hopefully, as the private sector recovers, businesses will recognize the positions of their employees as caregivers needing flexible schedules, time away and job sharing. Businesses also need to recognize the need for individual retirement accounts. Some employers are beginning to realize that the benefits package should include long term care insurance and long term disability. The AAA will take advantage of providing advocacy to legislators and business leaders in any networking opportunity.

Senior Center Development and Increasing Use - Being aware of what resources are available, either through the government or private foundations, is crucial to getting people the help that they need. The AAA will continue to utilize and promote SC Access as a resource guide. Communication and sharing of information is very important and the AAA will advertise area senior centers as much as possible. Seniors themselves are

resources and Senior Centers should be the ideal place for volunteer training and recruitment.

Specifically, the AAA will market the senior centers as more than a “place for old people” and keeping up with the new technologies will increase awareness. As two more of our county senior centers incorporate their own licensed kitchens on site, opportunities to involve the community in different events will be accomplished. As previously mentioned, the completion of the Talmadge Construction project in McCormick County plans to involve a myriad of new programs at the senior center, e.g. day care, aerobics, fitness programs, water aerobics, massage and day spa treatments, etc., for that community. The AAA will continue to encourage the Boards of these local senior centers to include new developing programs to attract and sustain more seniors utilizing the senior center facilities.

Alzheimer’s Disease and the Purple Ribbon Report-2009 - Promoting the Alzheimer’s Task Force recommendations will be intertwined in our marketing and outreach events as well as in our day to day operations. The Lieutenant Governor’s Office on Aging will be the number to call for assistance with aging and disability issues. Each recommendation will be related to how we already connect, make referrals, and work together. The caregiver program, I,R, & A and SHIP all have working relationships with the professionals dealing with Alzheimer’s as well as with their families. The AAA staff will advocate for the Silver Alert program and other recommendations. Alzheimer’s takes a terrific toll on the healthcare system and the caregivers, and as we have previously stated, aging in place is very important in our efforts to serve the elderly population in our area.

The recommendations of the Alzheimer’s Task Force follow the strategic planning of the agency just with more language more specific to Alzheimer’s. Wellness programs, Long Term Care Insurance, further training of civil servants and healthcare workers only augment efforts towards goals in place. A strong partnership with the Alzheimer’s Association and other homecare agencies, nursing homes, and funding sources leads to coordination of care. Service contracts include home care funding as well as adult day care expansion in the region promoting better care options for older persons with dementia.

Project 2020: Building on the Promise of Home and Community-Based Services - The three main goals of Project 2020 center on the education of individuals through easier access to information that promotes personal responsibility, the promotion of one’s own well-being through disease prevention and healthy living, and the delay of nursing home services by focusing on home services to maximize funding. The AAA plans to promote the goals of Project 2020 as we do all programs with training and education. The Regional Aging Advisory Committee will be an ideal venue to not only distribute

information that further promotes dignity and quality of life with seniors staying in their home longer, but also to monitor and expand those home services that are working. The AAA staff and the Regional Aging Advisory Committee will promote the AAA as the best access to information as well as be a leader using evidence-based health programs.

Legal Assistance Services - The legal assistance program in the Upper Savannah region was initially implemented several years ago with the required one percent of the Title III B funding. Due to the needs assessment surveys and the number of calls coming in to the Area Agency on Aging, the legal services budget has been increased slightly from the minimum. The factors outlined in the Older Americans Act were considered as evidenced by the marketing brochure that we have disseminated. The legal services are marketed through the brochure, outreach is achieved when conducting presentations, attending health fairs, and through networking and contacts with attorneys and probate court.

Attorneys throughout the region were asked to participate in the Legal Services Program. Referrals are made on a rotating basis to those attorneys who responded to the outreach for participation, unless the client requests a particular attorney who has not previously participated. In keeping with consumer choice, if someone would like an attorney that is not already participating, that attorney is invited to be part of the program, at least for that particular legal service. The provisions made for homebound are on an individual basis. We do have attorneys that are willing to visit in the home or facility in order to assist seniors with legal services. With the very limited funding that is available, the attorneys will conduct consultations at no charge or a minimal charge to ascertain whether the case is an option. The documentation the AAA requires is a completed questionnaire that tells what action was taken and whether the referral was an appropriate one. No senior is denied access to the legal services if funding is available.

REGION SPECIFIC INITIATIVES

Saluda County Council on Aging – The Area Agency on Aging has had concerns with the activities of one of its contractors for several years and the State Unit on Aging has been kept abreast of those concerns. The Saluda County Council on Aging has very limited funding and does not initiate, implement or develop other revenue streams beyond governmental funding. The Area Agency on Aging has been encouraging private pay programs and fundraising efforts for some time now, however, no such programs have been undertaken. The agency has not had their funds audited for the 2007-08 year, and COG/AAA staff have met with the Saluda Council on Aging Board to stress the importance of this action.

When the AAA competitively put out a Request for Proposal for aging services in the Saluda geographic boundary, no other entity or agency came forth to offer a proposal to provide aging service programs.

For 2009-10, the AAA will offer a 90-day Provisional Contract with the Saluda County Council on Aging. Specific goals must be achieved and progress made for a more stable financial position, as well as increased operational hours (8a – 4:30p), and newly developed activities and programming.

Home Care Services in Abbeville and Laurens Counties – The AAA contracts for Level I Home Care (chore/housekeeping) in Edgefield County with the Edgefield County Senior Citizens Council, in Saluda County with the Saluda County Council on Aging, and in Greenwood and McCormick Counties with Health Related Personnel (an agency located in Greenwood). The Area Agency on Aging has had problems getting a single agency to provide home care services in either Abbeville or Laurens Counties. Therefore, as requests for chore services are made to the AAA for seniors in Abbeville and Laurens Counties, the AAA staff will locate a home care agency that we can contract for these services. AAA staff will pay a flat fee for services and the AAA will be responsible for entering data into AIM for data and tracking purposes. Of course, no administrative dollars will be used by the AAA.

Minor Home Repair – The AAA currently has several area churches who assist or provide free labor with our Minor Home Repair Program and with whom AAA staff participate in their health fairs, speak at invited engagements and who the AAA invites to participate in our programs. We have participated in the Chamber of Commerce networking events and Wellness Celebration. Private individuals also help contribute with their time and personal resources to assist our programs. With over \$10,000 worth

of donated materials and labor this year, the regional Minor Home Repair Program continues to be very successful and in high demand.

Our biggest challenge is funding the Minor Home Repair Program. As the word spreads through the community regarding this program we continue to get daily phone calls from seniors and disabled adults in need of repairs to their homes from ramps to leaking roofs, rotting floors to poor plumbing, window replacements to porch repairs, etc. The majority of the clients live on a fixed income and do not have savings or resources to make necessary repairs until the situation is beyond their control. One bad storm, wind or freezing weather and they are usually in worse shape.

With our economic situation it is becoming harder and harder to meet the growing needs of these individuals. We are fortunate to have a few contractors who do all they can to stretch the budget and donate free labor. We will continue to serve those with a greater risk of safety and health issues as funds allow, as we continue to seek additional resources and community support to assist those remaining on the waiting list.

Home Living Support – More and more seniors are in need of Home Living Support to remain independent. We have requests for lifelines, briefs, respite, and emergency utility assistance. Home Living Support funds are used to fund gaps in services or meet needs when there is no funding available. AAA staff administers this program and searches for the best price/cost for the needed service based on the location of the consumer. No one contractor is utilized for Home Living Support due to the individual requests the AAA receives for this service.

Upper Savannah Senior Sports Classic – As already detailed in another part of the plan, the Upper Savannah Area Agency on Aging will continue to promote health and wellness through the planning and implementation of the regional Senior Sports Classic. This program is a direct result of seniors wanting to participate in Olympic-style senior games even though none of the senior centers had funds to offer such activities. The Area Agency on Aging decided to undertake this endeavor through fundraising efforts and enlist the support and assistance from community leaders, businesses and volunteers. This year marks our fourteenth year of the Senior Sports Classic and we typically have been 350 and 375 senior adults participant in the games.

While very satisfying knowing that the AAA is meeting the requests of the seniors to participate in these games, it is challenge due to the time it takes AAA staff to orchestrate such an event. Planning usually starts around February each year and is ongoing until the Sports Classic is held the first or second week in September.

Declining Participation in the Congregate Nutrition Program – The Upper Savannah region has experienced a declining trend over the past 10 years in the congregate nutrition program. It has been difficult to pinpoint an exact reason for this decline, but the AAA feels it is a combination of situations. As seniors have continued to age and move into nursing homes, gone to live with children in other areas, and/or now have the need for a home delivered meal, younger seniors are not attending the nutrition sites. Some of younger seniors may still be working and some may simply not feel they need the social interaction that comes with attending a nutrition site because they are still very active and have their own social activities in their own neighborhoods, garden clubs, churches, etc. For whatever the reason, the AAA and contractors recognize this and will be diligent in trying to offer more programming and activities to attract this “still active” senior. While this may have some success at the senior centers, some of the region’s Nutrition Sites may not see the same level of success. However, efforts will be made to accomplish this goal.

State Health Insurance Program (SHIP) Outreach – The Upper Savannah AAA is receiving Medicare Improvements for Patients and Provider ACT (MIPPA) grant funds in order to conduct outreach to Low Income beneficiaries with regard to Medicare services. This funding (provided by CMS) will allow the AAA to target outreach efforts to this specific population in order for Low Income Medicare beneficiaries to take advantage of the benefits Medicare has to offer. The AAA expects to accomplish this goal with existing staff.

I	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
2	LINE ITEM														
3	Personnel Salaries	\$200,355	\$71,092	\$23,055	\$3,294	\$9,032	\$7,733	\$2,616	\$15,901		\$33,740	\$1,420	\$11,186	\$20,022	
4	Fringe Benefits	\$81,078	\$22,680	\$6,000	\$904	\$2,726	\$2,335	\$700	\$4,925		\$10,382	\$1,360	\$3,512	\$9,268	
5	Contractual	\$95,318									\$6,000				\$69,907
6	Travel	\$12,441	\$7,663								\$849	\$95	\$659	\$1,760	
7	Equipment	\$0	\$0												
8	Supplies	\$4,530	\$4,530												
9	Indirect Costs	\$162,212	\$40,940	\$13,405	\$1,927	\$5,202	\$4,624	\$1,472	\$9,348		\$20,114	\$2,635	\$6,896	\$17,602	
1.0	Allocated Costs	\$51													
1.1	Other Direct Costs	\$5,101	\$4,530												
1.2	TOTAL OPERATING BUDGET	\$611,084	\$151,260	\$43,500	\$6,215	\$17,040	\$14,592	\$4,747	\$30,154	\$0	\$70,085	\$9,500	\$21,853	\$59,672	\$60,007
1.3	LESS: In-kind (not for Match)	\$0	\$0												
1.4	LESS: Local Cash Not for Match	\$0	\$0												
1.5	TOTAL AREA PLAN BUDGET: LOCA	\$611,084	\$151,260	\$43,500	\$6,215	\$17,040	\$14,592	\$4,747	\$30,154	\$0	\$70,085	\$9,500	\$21,853	\$59,672	\$60,007
COMPUTATION OF GRANT															
1.7	APPROVED AREA PLAN BUDGET	\$611,084	\$151,260	\$43,500	\$6,215	\$17,040	\$14,592	\$4,747	\$30,154	\$0	\$70,085	\$9,500	\$21,853	\$59,672	\$60,007
1.8	LESS: State Funds (Non-Match)	\$0													
1.9	NET MATCHABLE AP BUDGET	\$391,081	\$151,260	\$43,500	\$6,215	\$17,040	\$14,592	\$4,747	\$30,154	\$0	\$70,085	\$9,500	\$21,853	\$59,672	\$60,007
2.0	LESS: State 5% Match	\$6,571		\$2,175		\$682					\$3,544				
2.1	LESS: Required Grantee Match	\$69,365	\$37,815	\$4,350	\$1,704	\$1,704	\$0	\$0	\$30,154	\$0	\$60,252	\$7,500	\$5,488	\$6,000	\$0
2.2	Federal Share	\$429,011	\$113,446	\$36,875	\$5,215	\$14,484	\$0	\$0	\$0	\$0	\$0	\$0	\$16,465	\$51,172	\$0
2.3	BREAKOUT OF LOCAL MATCH (L22)	\$69,365	\$37,815	\$4,350	\$1,704	\$1,704	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4	Local Cash Match Resources	\$69,365	\$37,815	\$4,350	\$1,704	\$1,704	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.5	Local In-kind Match Resources	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6	State Funds Used as Local Match	\$6,032	\$6,032												
2.7	Total Local Match (Must = Line 2.5)	\$69,367	\$37,815	\$4,350	\$1,704	\$1,704	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.9	FRINGE RATE AS % OF SALARIES:	31.14%													
3.0	INDIRECT COST AS % OF FUNDED PERSONNEL:	44.56%													

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
1	ARRA P&A 7525 CM	ARRA P&A 7525 INDH	Area Medicare Policy 7525	CMS I-CARE 100	MIPPA 100	P&A PD SBBG	P&A ARRA	Ombudsman	I&A	FCSP	INSURANCE COUNSELING	TOTAL AAA BUDGET	LINE ITEM
2	\$1,051	\$1,051	\$1,051	\$4,000	\$7,030	\$30,643	\$1,569	\$10,646	\$11,742	\$12,900	\$13,578	\$81,078	Personnel Salaries
3	\$3,482	\$1,714	\$5,130	\$13,002	\$24,076	\$97,441	\$5,196	\$25,261	\$38,160	\$41,118	\$43,179	\$250,355	Fringe Benefits
4									\$6,000	\$68,907	\$411	\$95,318	Contractual
5			\$411						\$734	\$2,419	\$1,725	\$12,441	Travel
6				\$250	\$1,408	\$7,563							Equipment
7													
8						\$4,538						\$4,538	Supplies
9	\$2,037	\$1,803	\$2,980	\$7,004	\$14,893	\$56,252	\$3,040	\$20,626	\$22,749	\$24,188	\$25,357	\$152,212	Indirect Costs
10			\$51								\$51	\$51	Allocated Costs
11			\$51	\$512		\$4,538					\$563	\$5,101	Other Direct Costs
12	\$6,570	\$3,235	\$10,276	\$25,612	\$48,076	\$200,076	\$8,005	\$66,553	\$70,385	\$109,552	\$64,864	\$611,094	TOTAL OPERATING BUDGET
13													LESS: In-kind Net for Match
14													\$0
15	\$6,570	\$3,235	\$10,276	\$25,612	\$48,076	\$200,076	\$8,005	\$66,553	\$70,385	\$109,552	\$64,864	\$611,094	LESS: Local Cash Net for Match
16								\$66,553	\$70,385	\$109,552	\$64,864	\$611,094	TOTAL AREA PLAN BUDGET: LCD
17	\$6,570	\$3,235	\$10,276	\$25,612	\$48,076								
18													
19	\$6,570	\$3,235	\$10,276										
20													
21	\$1,643	\$600	\$2,569										
22	\$4,028	\$4,426	\$7,707	\$25,612	\$48,076								
23	\$1,643	\$600	\$2,569										
24	\$1,643	\$600	\$2,569										
25													
26													
27	\$1,643	\$600	\$2,569										
28													
29													
30													

REGION: UPPER SAVANNAH AAA

EXPENDITURES FOR PRIORITY SERVICE CATEGORIES

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

Based upon the most recent needs assessment, I&A reports, Caregive reports, and AIM data, enter the percentage set by the Area Agency on Aging for each priority service category based on the regionwide needs identified from all these sources.

Access Services 85% In-Home Services 4% Legal Assistance 1% Adult Day Care 10%

Enter Total III B after Transfers for SFY 2008-2009		\$0	and SFY 2009-2010	\$464,401
ACCESS SERVICES	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
A. Transportation	\$316,002		\$341,461	
B. Information & Assistance (III-B funding Only)	\$45,050		\$55,152	
C. Case Management			\$0	
D. Outreach			\$0	
TOTAL ACCESS EXPENDITURES	\$361,052	#DIV/0!	\$396,613	85.40%
IN-HOME SERVICES	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
A. Level I Housekeeping and Chore	\$27,811		\$16,909	
B. Level II Homemaker with Limited Personal Care			\$0	
C. Level III Personal Care with Limited Medical Assistance			\$0	
TOTAL IN-HOME EXPENDITURES	\$27,811	#DIV/0!	\$16,909	3.64%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
TOTAL L.A. EXPENDITURES	\$5,100	#DIV/0!	\$5,100	1.10%
Adult Day Care	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
TOTAL ADC EXPENDITURES	\$13,125	#DIV/0!	\$45,779	#DIV/0!
TOTALS	\$407,088	#DIV/0!	\$464,401	#DIV/0!

	A	B	C	D	E	F	G	H	I	J	K	M	N
	UPPER SAVANNAH - AAA) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY 09/10												
	IN-HOME & COMMUNITY-BASED SERVICES												
	Transportation	Chore or Housekeeping	Homemaker with Some Personal Care	Personal Care with Limited Medical Assistance	Adult Day Services See NOTE Upper Left	Legal Assistance.	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Case Management	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals	
1													
2	NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)												
3	486,720	4,462			5,507	60	1,000			N/A	71,520	110,978	
4	\$355,502	\$22,420			\$48,531	\$5,100	\$55,152			\$486,705	\$299,418	\$152,082	
5										\$0	\$44,345	\$21,831	
6													
7	\$20,912	\$1,319		\$0	\$2,055	\$300	\$7,500		\$0	\$7,500	\$20,221	\$10,230	
8	\$9,262	\$2,637			\$3,763	\$600	\$7,488			\$21,133	\$9,052	\$3,700	
9	\$32,502	\$2,637			\$1,927					\$37,126	\$32,390	\$16,760	
10	\$41,024	\$2,638	\$0	\$0	\$5,710	\$600	\$7,488	\$0	\$0	\$59,259	\$40,443	\$20,460	
11		\$28,109								\$28,109		\$1,750	
12										\$0			
13										\$20,000		\$201,924	
14	\$10,000	\$10,000								\$0	\$36,234	\$93,000	
15										\$0			
16										\$14,365	\$28,460	\$22,200	
17	\$9,750	\$2,040			\$2,575					\$0		\$3,424	
18													
19													
20	\$437,988	\$74,605	\$0	\$0	\$59,671	\$6,000	\$73,384	\$0	\$0	\$469,110		\$606,901	
21	\$0.8999	\$16,7201	#DIV/0!	#DIV/0!	\$10.6903	\$100.0000	\$40.7689	#DIV/0!	#DIV/0!	6.5591		\$5,4687	
22													
23													
24	\$0.8999	\$16,7201	#DIV/0!	#DIV/0!	\$10.6603	\$100.0000	\$40.7689	#DIV/0!	#DIV/0!	NA		\$5,4687	
25													
26													
27	1113	1077	#DIV/0!	#DIV/0!	0	0	0	#DIV/0!	#DIV/0!	0	0	36924	
28	0	0	#DIV/0!	#DIV/0!	0	0	0	#DIV/0!	#DIV/0!	0	0	0	
29	1686	1686	#DIV/0!	#DIV/0!	0	0	0	#DIV/0!	#DIV/0!	0	0	320	
30	0	0	#DIV/0!	#DIV/0!	0	0	0	#DIV/0!	#DIV/0!	0	0	0	
31											7,954	4,686	
32											\$0.5700	\$1,7292	
33											\$5,9891	\$3,7399	
34	464773	1570	#DIV/0!	#DIV/0!	5346	60	1000	#DIV/0!	#DIV/0!		58816	47846	
35	10835	122	#DIV/0!	#DIV/0!	241	0	0	#DIV/0!	#DIV/0!		4750	5937	
36	486,720	4,462	0	0	5,587	60	1,800	0	0	N/A	71,520	73,734	
37	NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income												
38	\$1,283,177	\$12,800	\$0	\$0	\$228,416	\$0	\$0	\$0	\$0	NA	\$2,000	\$655,158	
39	1,306,209	650			21,195					NA	282	126,984	
40	\$1,701,165	\$87,405	\$0	\$0	\$208,087	\$6,000	\$73,384	\$0	\$0	N/A	\$471,110	\$1,262,059	
41	\$0.9003	\$17.0980	#DIV/0!	#DIV/0!	\$10.7567	\$100.0000	\$40.7689	#DIV/0!	#DIV/0!	NA	\$6,5612	\$5,3036	

	O	P	Q	R	S	T	U	V	W	X	Z	AA	AC
	UPPER SAVANNAH - AAA) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY 09/10												
	PREVENTION AND WELLNESS SERVICES												
	CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Home Living Support	Minor Home Repair (State Funds)	Medication Management	TOTAL Wellness	Medicare Fraud (AoA)	I-CARE (CMS)	TOTALS
													All Sources (Both Pages)
3	CONTRACTED UNITS												
4	Title III Federal D, SMP, I-CARE			1,459			2,343	1,220	2,791	N/A	4,582	31,202	N/A
5	ARRA Funds			\$16,207					\$6,244	\$22,451	\$7,707	\$25,612	\$953,975
6	Title III Federal E									\$0			\$66,176
7	State 5% Match D, ARRA			\$953					\$357	\$1,320			\$7,500
8	Local/Cash match								\$735	\$735	\$2,569		\$60,401
9	Local/In-kind match			\$1,907					\$735	\$1,907			\$36,189
10	Total Local Match	\$0	\$0	\$1,907	\$0	\$0	\$0	\$0	\$735	\$2,641	\$2,569		\$88,183
11	ACE-Bingo							\$25,804		\$25,804			\$124,372
12	SC General Revenue Services							\$62,198		\$62,198			\$55,743
13	State Services-Non-recurring						\$46,873			\$46,873			\$62,198
14	NSIP									\$0			\$276,797
15	Estimated Fees-State Services									\$0			\$129,234
16	Estimated GRI for Title III									\$0			\$0
17	SSBG HDM Funds									\$0			\$65,015
18	Other SSBG Grants to AAA									\$0			\$83,424
20	Total Contracted Funds	\$0	\$0	\$19,067	\$0	\$0	\$46,873	\$98,002	\$7,346	\$161,208	\$10,276	\$25,612	\$1,924,835
21	Contracted Rate	#DIV/0!	#DIV/0!	\$13,0685	#DIV/0!	#DIV/0!	\$20,0055	\$72,1328	\$2,6320	N/A	\$2,2427	\$0,8208	N/A
22													
23													
24	Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	\$13,0685	#DIV/0!	#DIV/0!	\$20,0055	\$72,1328	\$2,6320	N/A	\$2,2427	\$0,8208	N/A
25	AIM Units: Other SSBG Svs												
26	AIM Units: SSBG HDMs												
27	AIM Units: Non-recurring State	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	2343	0	0	0	0	0	0
28	AIM Units: State Funded Svs	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	0	862	0	0	0	0	0
29	AIM Units: ACE-BINGO	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	0	358	0	0	0	0	0
30	AIM Units: State Svs Income	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	0	0	0	0	0	0	0
31	AIM Units: ARRA Funds												
32	NSIP Share of CLUC												
33	AIM Title III Meal Rate												
34	AIM Units: Title III (F+S+L)	#DIV/0!	#DIV/0!	1469	#DIV/0!	#DIV/0!	0	0	2791	0			
35	AIM Units: GRI (Estimate)	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	0	0	0	0			
36	CONTRACTED UNITS	0	0	1,459	0	0	2,343	1,220	2,791	N/A	4,582	31,202	N/A
37													
38	Total Other Resources per Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A	\$0	\$0	N/A
39	Total Units Served with Other Resources									N/A			N/A
40	TOTAL SERVICE BUDGET	\$0	\$0	\$19,067	\$0	\$0	\$46,873	\$98,002	\$7,346	N/A	\$10,276	\$25,612	N/A
41	Total Unit Cost	#DIV/0!	#DIV/0!	\$13,0685	#DIV/0!	#DIV/0!	\$20,0055	\$72,1328	\$2,6320	N/A	\$2,2427	\$0,8208	N/A

NOTE: Contracted rate includes Local Match

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

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

SUMMARY OF SERVICE FUNDING, CONTRACTED UNITS and AVERAGE UNIT COST			
SFY 2010-2013			
SERVICE	TOTAL AAA FUNDING PER SERVICE	TOTAL UNITS FOR REGION	REGIONAL AVERAGE UNIT COST
Transportation	\$437,987	486,720	\$0.8999
Housekeeping or Chore	\$74,605	4,462	\$16.7201
Homemaker with Limited Personal Care	\$0		#DIV/0!
Personal Care with Limited Medical Assistance	\$0		#DIV/0!
Home Living Support	\$46,873	2,343	\$20.0055
Adult Day Care	\$59,670	5,587	\$10.6802
Legal Assistance	\$6,000	60	\$100.0000
Information, Referral & Assistance	\$73,384	1,800	\$40.7689
Outreach	\$0		#DIV/0!
Respite Care	\$0		#DIV/0!
Care Management	\$0		#DIV/0!
Group Dining	\$469,110	71,520	\$6.5591
Home Delivered Meals	\$606,901	110,978	\$5.4687
Health Screening	\$0		#DIV/0!
Nutrition Risk Follow-Up	\$0		#DIV/0!
Health Promotion Program	\$19,067	1,459	\$13.0685
Physical Fitness	\$0		#DIV/0!
Home Injury Prevention	\$0		#DIV/0!
Senior Games	\$0		#DIV/0!
Minor Home Repair (State Funds Only)	\$88,002	1,220	\$72.1328
Medication Management	\$7,346	2,791	\$2.6320
I-Care Calls/Contacts	\$25,612	31,202	\$0.8208
SMP Calls/Contacts	\$10,276	4,582	\$2.2427
Caregiver Services	\$0		#DIV/0!
NUMBER OF MINORITY PROVIDERS			
NUMBER OF RURAL PROVIDERS			6
TOTAL NUMBER OF PROVIDERS			6

REGION: UF OR SAVANNAH AAA

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

State Fiscal Year Beginning July	County or Provider	Congregate Meals Contracted Funds	Congregate Meals Contracted Units	Congregate Meals Contracted Unit Cost	Home Delivered Meals Contracted Funds	Home Delivered Meals Contracted Units	Home Delivered Meals Contracted Unit Cost	Health Screening Contracted Funds	Health Screening Contracted Units	Health Screening Contracted Unit Cost	Nutrition Risk Assessment Contracted Funds	Nutrition Risk Assessment Contracted Units	Nutrition Risk Assessment Contracted Unit Cost	Health Promotion Contracted Funds	Health Promotion Contracted Units	Health Promotion Contracted Unit Cost
2009-2010	Edfield SCC	\$63,977	9,525	\$6,7167	\$105,742	16,969	\$6,2315	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Senior Options	\$103,100	16,594	\$6,2131	\$126,051	25,877	\$4,8712	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	McCormick CSC	\$53,491	7,542	\$7,0924	\$51,816	8,735	\$5,9320	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$19,067	1,459	\$13,0685
2010-2011	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Piedmont AOA	\$184,380	25,212	\$7,3132	\$231,109	42,008	\$5,5015	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Saluda CCOA	\$164,162	12,647	\$5,0733	\$92,183	17,389	\$5,3012	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Health RP - Gwd	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Page 2 - Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

State Fiscal Year Beginning July	County or Provider	Congregate Meals Contracted Funds	Congregate Meals Contracted Units	Congregate Meals Contracted Unit Cost	Home Delivered Meals Contracted Funds	Home Delivered Meals Contracted Units	Home Delivered Meals Contracted Unit Cost	Health Screening Contracted Funds	Health Screening Contracted Units	Health Screening Contracted Unit Cost	Nutrition Risk Assessment Contracted Funds	Nutrition Risk Assessment Contracted Units	Nutrition Risk Assessment Contracted Unit Cost	Health Promotion Contracted Funds	Health Promotion Contracted Units	Health Promotion Contracted Unit Cost
2009-2010	Health RP - McC	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	USCOG	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	\$469,110	\$71,520	\$6.5591	\$606,901	\$110,978	\$5.4687	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!	\$19,067	\$1,459	\$13.0685
2010-2011	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

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

State Fiscal Year Beginning July	County or Provider	Physical Fitness Contracted Funds	Physical Fitness Contracted Units	Physical Fitness Contracted Unit Cost	Home Injury Prevention Contracted Funds	Home Injury Prevention Contracted Units	Home Injury Prevention Contracted Unit Cost	Senior Games Contracted Funds	Senior Games Contracted Units	Senior Games Contracted Unit Cost	Minor Home Repair Contracted State Funds	Minor Home Repair Contracted State Units	Minor Home Repair Contracted Unit Cost	Medication Management Contracted Funds	Medication Management Contracted Units	Medication Management Contracted Unit Cost
2009-2010	Edfield SCC	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Senior Options	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	McComick CSC	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	McComick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	McComick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	McComick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Piedmont AOA	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Saluda CCOA	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Health RP - Gwd	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Page 2 - Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

State Fiscal Year Beginning July	County or Provider	Physical Fitness Contracted Funds	Physical Fitness Contracted Units	Physical Fitness Contracted Unit Cost	Home Injury Prevention Contracted Funds	Home Injury Prevention Contracted Units	Home Injury Prevention Contracted Unit Cost	Senior Games Contracted Funds	Senior Games Contracted Units	Senior Games Contracted Unit Cost	Minor Home Repair Contracted State Funds	Minor Home Repair Contracted State Units	Minor Home Repair Contracted Unit Cost	Medication Management Contracted Funds	Medication Management Contracted Units	Medication Management Contracted Unit Cost
2009-2010	Health RP - McC	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	USCOG	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$88,002	1,220	\$72,1328	\$7,346	2,791	\$2,6320
2010-2011	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!	\$88,002	\$1,220	\$72,1328	\$7,346	\$2,791	\$2,6320
2010-2011	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

REGION: UPPER SAVANNAH AAA

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

State Fiscal Year Beginning July	County or Provider	Transportation Contracted Funds	Transportation Contracted Units	Transportation Contracted Unit Cost	Chore, House-keeping Funds	Chore, House-keeping Units	Chore, House-keeping Unit Cost	Homemaker (limited Pers.Care) Funds	Homemaker (limited Pers.Care) Units	Homemaker (limited Pers.Care) Unit Cost	Personal Care (Med. Asst. Funds)	Personal Care (Med. Asst. Units)	Personal Care (Med. Asst. Unit Cost)	Home Living Support Funds	Home Living Support Units	Home Living Support Unit Cost
2009-2010	Edfield SCC	\$19,266	22,402	\$ 0.8600	\$25,463	1,392	\$18,2924	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Senior Options	\$94,816	106,535	\$0.8900	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	McCormick CSC	\$66,338	78,045	\$0.8500	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Piedmont AOA	\$204,563	213,508	\$0.9582	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Saluda CCOA	\$52,984	66,230	\$0.8000	\$5,800	400	\$14,5000	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Health RP - Gwd	\$0	0	#DIV/0!	\$29,642	1,743	\$17,0063	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Page 2 - Four Year History of Contracted UNITS and UNIT COST OF SERVICES - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

State Fiscal Year Beginning July	County or Provider	Transportation Contracted Funds	Transportation Contracted Units	Transportation Contracted Unit Cost	Chore, House-keeping Funds	Chore, House-keeping Units	Chore, House-keeping Unit Cost	Homemaker (limited Para.Care) Funds	Homemaker (limited Para.Care) Units	Homemaker (limited Para.Care) Unit Cost	Personal Care (Med. Asst.) Funds	Personal Care (Med. Asst.) Units	Personal Care (Med. Asst.) Unit Cost	Home Living Support Funds	Home Living Support Units	Home Living Support Unit Cost
2009-2010	Health RP - McC	\$0	0	#DIV/0!	\$4,000	235	\$17.0213	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	USCOG	\$0	0	#DIV/0!	\$9,700	692	\$14.0173	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$46,873	2,343	\$20.0055
2010-2011	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	\$437,987	\$486,720	\$0.8999	\$74,605	\$4,462	\$16.7201	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!	\$46,873	\$2,343	\$20.0055
2010-2011	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

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

State Fiscal Year Beginning July	County or Provider	Legal Assistance Funds	Legal Assistance Units	Legal Assistance Unit Cost	Adult Day Service Contracted Funds	Adult Day Service Contracted Units	Adult Day Service Contracted Unit Cost	Respite Care Contracted Funds	Respite Care Contracted Units	Respite Care Contracted Unit Cost	I, R and A Contracted Funds	I, R and A Contracted Units	I, R and A Contracted Unit Cost	Care Management Contracted Funds	Care Management Contracted Units	Care Management Contracted Unit Cost
2009-2010	Edfield SCC	\$0	0	#DIV/0!	\$21,841	1,985	\$11,0030	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Edfield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Senior Options	\$0	0	#DIV/0!	\$37,829	3,602	\$10,5022	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	McCormick CSC	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Piedmont AOA	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Saluda CCOA	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Saluda CCOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Health RP - Gwd	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Health RP - Gwd			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Page 2 - Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

State Fiscal Year Beginning July	County or Provider	Legal Assistance Funds	Legal Assistance Units	Legal Assistance Unit Cost	Adult Day Service Contracted Funds	Adult Day Service Contracted Units	Adult Day Service Contracted Unit Cost	Respite Care Contracted Funds	Respite Care Contracted Units	Respite Care Contracted Unit Cost	I, R and A Contracted Funds	I, R and A Contracted Units	I, R and A Contracted Unit Cost	Care Management Contracted Funds	Care Management Contracted Units	Care Management Contracted Unit Cost
2009-2010	Health RP - McC	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Health RP - McC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	USCOG	\$6,000	60	\$100.0000	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$73,384	1,800	\$40.7689	\$0	0	#DIV/0!
2010-2011	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	\$6,000	\$60	\$100.0000	\$59,670	\$5,587	\$10.6802	\$0	\$0	#DIV/0!	\$73,384	\$1,800	\$40.7689	\$0	\$0	#DIV/0!
2010-2011	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

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

REGION: UPPER SAVANNAH AAA

YTD Data From AIM SFY2008-2009

Service Delivery Contractors	Total People Served (a)	Number of Minority Served (b)	Of Total Persons Served % Who Are Minority	Number in Rural Areas Served (c)	Of Total Persons Served % Who Live in Rural Area	Number At or Below Poverty Served (d)	Of Total Persons Served % Who Are Below Poverty	Number of Minority Poor Served (e)	Of Total Minority Served % Who Are Poor	Number of Non-Minority Poor Served (f)	Of Total Non-Minority Served % Who Are Poor	Number of Clients Served for First Time in SFY2009 (g)	Of Total Persons Served % Who Received Services for the First Time in SFY'09
Abbeville	253	146	57.71%	239	94.47%	120	47.43%	61	41.78%	59	55.14%	103	40.71%
Edgefield	209	106	50.72%	208	99.52%	126	60.29%	76	71.70%	50	48.54%	121	57.89%
Greenwood	568	329	57.92%	503	88.56%	267	47.01%	149	45.29%	118	49.37%	185	32.57%
Laurens	566	196	34.63%	413	72.97%	166	29.33%	67	34.18%	99	26.76%	222	39.22%
McCormick	254	146	57.48%	251	98.82%	121	47.64%	88	60.27%	33	30.56%	76	29.92%
Saluda	285	113	39.65%	282	98.95%	178	62.46%	73	64.60%	105	61.05%	78	27.37%
Health Related Per	32	14	43.75%	27	84.38%	14	43.75%	8	57.14%	6	33.33%	10	31.25%
USCOG FC	155	64	41.29%	139	89.68%	30	19.35%	13	20.31%	17	18.68%	0	0.00%
USCOG Provider	111	58	52.25%	109	98.20%	71	63.96%	41	70.69%	30	56.60%	7	6.31%
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Regionwide	2433	1172	48.17%	2171	89.23%	1093	44.92%	576	49.15%	517	41.00%	802	32.96%

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

{b} Of total persons served, this is the number who were minority (Show breakout of minority population on next page.)

{c} Of the total persons served this is the number that reside in rural areas (outside incorporated cities and towns.)

{d} Of the persons served, this is the number whose self reported income was at or below the 2008 poverty level established by the Bureau of the Census.

{e} Of those whose income was below the poverty level established by the Bureau of the Census, this is the number who were minority

{f} Of those whose income was below the poverty level established by the Bureau of the Census, this is the number who were not minority

{g} Of the total number served, this is the number who received services for the first time in SFY 2009 or who had not received any contracted service since June 30, 2007

UPPER SAVANNAH AAA

SUPPLEMENTAL DETAIL - BREAKOUT OF MINORITY POPULATIONS SERVED SFY 2008-2009							
Service Delivery Contractors	African-American	Hispanic	Native American or Alaskan Native	Asian/ Pacific Islander	Unknown Ethnicity		
Abbeville	146	0	0	0	0		
Edgefield	106	0	0	0	0		
Greenwood	329	0	0	0	0		
Laurens	196	0	0	0	0		
McCormick	146	0	0	0	0		
Saluda	112	0	1	0	0		
Health Related Personnel	14	0	0	0	0		
USCOG FC	64	0	0	0	0		
USCOG Provider	58	0	0	0	0		
	-	0	0	0	0		
Regionwide	1,171	0	1	0	0		

Worksheet for Staffing Budget and N/A Staffing Profile for SFY 2009-2010

Enter the name of staff involved in each service or activity if an individual is considered a member of a racial or ethnic minority put "(M)" after the name. Enter the number of hours in a year that the individual devotes to the specific activity or service. Then follow the instructions for completing the worksheet.

Names of Staff Performing Each AAA ACTIVITY AND/OR SERVICE	Annual Hours Budgeted to these Activities or Services	Percent Charged to P&A	Percent Charged to PD	Percent Charged to SSBG	Percent Charged to Ombudsman Services	Percent Charged to I&A III-B	Percent Charged to III-E	Percent Charged to CARE/SMP	Percent Charged to Other III-B Services	Percent Charged to Other Grants or Local Funding	List Names of Aging Unit Staff	Annual Payroll Hours All Sources
Planning and Administration	1950	100.00%		70.00%						-70.00%	AGENCY'S FTE	1950
Vanessa Wideman	1,365	70.00%		70.00%						-40.00%	Vanessa Wideman	1,950
Sandra Moore	500	25.64%								74.36%	Sandra Moore	700
Melissa Phillips (M)	85	4.36%								95.64%	Melissa Phillips	185
FTEs 1.00												
Program Development	1100		56.41%						43.59%		Ericca Livingston	1,950
Vanessa Wideman	585		30.00%						70.00%		Kathy Culbreath	1,950
Sandra Moore	200		10.26%						89.74%		Kathy Dickerson	1,950
Bridges Poston	315		16.15%						83.85%		Barbara Wright	1,950
FTEs 0.56											Elaine Bridges	185
Ombudsman	1950				100.00%				0.00%		Linda Brock	400
Ericca Livingston	1,950				100.00%				0.00%		Bridges Poston	315
FTEs 1.00									100.00%			0
I & A	1950											0
Kathy Culbreath	1,950					100.00%	0.00%	0.00%	0.00%		Contractors	0
FTEs 1.00									100.00%		Volunteers	0
Insurance Counseling/SMP	1950											11,535
Kathy Dickerson	1,950											
FTEs 1.00	0											
Family Caregiver Program	1950											
Barbara Wright	1,950											
FTEs 1.00	0											
Other AAA Direct Services	185											
Elaine Bridges	185											
FTEs 0.09												
COMBINED SERVICE DELIVERY	7985											
Access/Care Coordination	0											
FTEs 0.00	0											
Clerical/Support Staff	500	25.64%			5.13%							
Melissa Phillips (M)	100	5.13%			5.13%							
Linda Brock	400	20.51%			20.51%							
FTEs 0.26												
Volunteers	300				15.38%							
TOTAL PAID HOURS	11,535											
TOTAL PAID FTEs	5.92											

NOTES:

- Enter the agency's FTE hours in cell N4
- List each individual assigned to the aging unit either full or part time.
- The annual payroll hours in Column N shall reflect the time charged or allocated to both the aging unit and any non-aging unit duties.
- Any staff charged to Indirect Costs shall not be listed either as part of the aging unit or non-aging units.
- The total of an individual's breakout hours in Column B of the spreadsheet must equal the number of hours shown in the above section.

UPPER SAVANNAH COUNCIL OF GOVERNMENTS
ORGANIZATIONAL CHART

APPENDIX A

