Waccamaw Area Agency on Aging

Area Plan

2009-2013

Serving Georgetown, Horry and Williamsburg County

Waccamaw Area Agency on Aging
1230 Highmarket St
Georgetown, SC 29440
843-436-8502
dvetter@wrcog.org

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Introduction

Purpose - The Older Americans Act (OAA) of 1965, as amended in 2006, requires that each state submit a Sate Plan on Aging in order to be eligible for federal funding under the OAA. In South Carolina, the Lieutenant Governor's Office on Aging is designated as the State Unit on Aging (SUA) and is responsible for administering and carrying out requirements of the OAA.

The Sate Plan on Aging is made up, in part, from the four-year Area Plans on Aging submitted from the 10 Area Agency on Aging (AAA) across the state of South Carolina. These plans are blueprints for the planning, management, coordination and delivery of OAA programs, services and activities from October 1, 2009 – September 30, 2013.

This four- year Area Plan for Waccamaw, Region VIII, includes Georgetown, Horry and Williamsburg County in its service territory. As a sub-agency of the State Office on Aging, the Waccamaw Area Agency on Aging is responsible for administering and fulfilling the requirements of the Older Americans Act of 1965, as amended in 2006.

The plan will detail the Waccamaw Regional AAA goals and objectives to grow, improve, modernize and change the way that we deliver services, on the local level, in order to achieve cost effectiveness while maintaining the quality of care that is so important to our constituency and their families.

VERIFICATION OF INTENT

The Area Plan submitted for the Waccamaw Region for the period July 1, 2009, through June 30, 2013, includes all activities and services to be provided by the Waccamaw 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 Waccamaw Area Agency on Aging certifies that it is responsible for the oversight of the provision of Aging Services throughout the Waccamaw 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. Provision of public information and advocacy related to Aging Program activities and issues

David M. Essep — 6-18-09

Signature (Executive Director of Area Agency on Aging) — (Date)

Kimberly Harmon — 6-18-2009

Signature (Aging Unit Director) — (Date)

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

Signature (Chairperson, Area Agency Advisory Council) — (Date)

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

James W Kirby — August 10, 2009

Signature (Chairperson, Governing Board) — (Date)

STANDARD ASSURANCES AND GENERAL CONDITIONS

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

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

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

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

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

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

7. The Area Agency on Aging will comply with all the appropriate Titles of the

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

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

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

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

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

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

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

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

15. Prior to authorizing use of Older Americans Act or State Permanent Improvement funds for renovation, purchase or construction, the Area Agency shall require assurance from the grantee that funding is, and will continue to be, made available for the continued operations of these senior centers. 312

16. The Area Agency shall assure that group dining service facilities are located in as close proximity to the majority of eligible individuals' residences as feasible. Particular attention shall be given to the use of multi-purpose senior centers,

churches, or other appropriate community facilities for such group dining service. 339(E)

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

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

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

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

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

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

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

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

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

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

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

A. Specify how the organization intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas;

B. Provide services to low-income minority individuals in accordance with their need for such services;

C. Meet specific objectives set by the Area Agency on Aging, for providing services to low-income minority individuals; 306(a)(4)(A)

D. Make a good faith effort to obtain a client consent form from all service recipients to allow their information to be included in AIM for research and advocacy purposes.

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

A. Older individuals residing in rural areas

B. Older individuals with greatest economic need

C. Older individuals with greatest social need

D. Older individuals with severe disabilities

E. Older individuals with limited English-speaking ability

F. Older individuals with Alzheimer's disease or related disorders and caregivers

G. Low-income minority individuals in each of the above populations. 306(a)(4)(B)

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

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

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

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

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

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

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

36. Where there are an identifiable number of older individuals in the PSA who are Native Americans, the Area Agency on Aging shall require outreach activities to such individuals and encourage such individuals to access the assistance available under the Older Americans Act. 306(a)(6)(G)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

51. The Area Agency on Aging shall assure that funds received under the Older Americans Act shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. 321(d)

52. The Lieutenant Governor's Office on Aging requires that the Area Agency on Aging directly provide ombudsman, information and assistance, insurance counseling, and family caregiver services. 307(a)(8)(A)and(C)

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

54. Each Area Agency shall administer the nutrition programs with the advice of a dietitian (or an individual with comparable expertise). <u>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</u>. 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)

requested. 307(a)(5) (A) through (C)

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

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

EXECUTIVE DIRECTOR or:

BOARD CHAIR:

David M. Green - 6-18-09

(Signature) (Date)

AGING UNIT DIRECTOR:

Kimberly Harmon - 6-18-09

(Signature) (Date)

Executive Summary

It is an exciting time to be involved in the planning and growth of a constellation of services that will impact so many individuals and families as they age. Business is up! The forecast for the number of potential consumers of senior services is steadily rising. The expectations of those consumers are also rising. Successfully meeting the needs, and desires, of the Baby Boom generation will transform the way that senior services are delivered in the future. As senior service providers we get to be the "pioneers" for the age wave that is inevitable. That prospect is so exciting!

If these are the best of times, in terms of market expansion and the creative experience of building a field, we must, also, temper that enthusiasm, by saying that these are also the worst of times in times with regard to the state of the economy, and how the economic down turn, ultimately, effects our constituents, both now, and in the future. The Waccamaw area has historically served a constituency that can be, primarily, described a rural, low income and minority. The area faces the prospect of the expansion of this client base as jobs/pensions and healthcare benefits are lost, and savings and investment income are slashed by 40%. Many will face unexpected changes in their plans as retirement approaches.

Clearly, the Waccamaw AAA's role as an advocate for our constituents will be paramount. This Area Plan describes the agency's plans to activate a bi-partisan, grassroots legislative advocacy committee to give voice to the concerns and needs of seniors and family caregivers. We plan to operate regionally, educate consumers about the issues, grow support for priority issues; engage our legislators and take an active role in building the future for South Carolina seniors.

At the writing of this report, Project 2020 legislation is scheduled for a vote in the US Senate. Upon passage, this legislation will require Americans to take greater personal responsibility for their own care as they age. This plan states how the AAA will work in conjunction with state and federal government, and local service providers, to help to implement the sweeping reforms expected as a result of the legislation. We will adapt our service protocol, grow our community education functions and expand the scope of our services to meet new requirements and better serve the public.

Core services, Information & Referral; ICare/SMP; Family Caregiver Support and the Office of the Ombudsman, designed to meet the current needs of consumers must continue to grow and expand as our service numbers grow. The Area Plan details how the AAA will build upon the strengths of these programs, and adapt to the changing economic and political environment. Staff members are hopeful that the Waccamaw AAA is funded as a fully functioning ADRC in this plan period.

The continued growth of a solid working relationship with our service contractors is prioritized in this report. The AAA plans to leverage the findings of the monitoring process to build consensus-based plans to improve: intake and reassessment processes; define and formalize termination policies and procedures; introduce a more rigorous senior activity program; offer additional health promotion type opportunities; modernize services. Safety and emergency procedures will be prioritized in transportation; home delivered meals, and in-home care.

Finally, this Area Plan concludes with a detailed strategies-to-outcome outline which will enable AAA staff to remain faithful to this plan, as we implement changes and face the issues that lie ahead.

Overview of the Area Agency on Aging

Mission – The Waccamaw Regional Area Agency on Aging (AAA) is dedicated to improving the quality of life for area seniors by helping them to achieve an optimal level of health, independence and productivity in, both, the community and the institutional setting.

Vision - Adequate, just and equitable service for all, delivered with integrity, offering responsible choice, honoring and respecting differences and enabling the personal empowerment and growth of all that seek services through the Waccamaw AAA.

Organizational Structure – The Waccamaw AAA, serving Georgetown, Horry and Williamsburg County, is housed within the structure of the Waccamaw Regional Council of Government (WRCOG) located at: 1230 Highmarket St. Georgetown, SC 29440. (See Appendix A)

Governed by a 24-member Board of Directors, comprised of elected officials and business and community leaders, the WRCOG consists of four departments that correspond to activities related to the Waccamaw region for: Planning; Economic Development ; Human Services and Finance.

The Area Agency on Aging (AAA) is a part of the WRCOG's Human Services Department. The other part of the Human Services Dept. is comprised of the staff of the Work Force Investment Act. The Human Services Department, along with the COG's other departments, benefit from sharing the following interagency services: Human Resources; Management of Information Systems and Reception. Financially the costs of rent; electric; heat/air; water are shared. Common space for larger meetings is available to all departments.

The Waccamaw AAA also houses the region's long term care ombudsman service for the region.

The AAA exists solely for the purpose of carrying out the nine area agency functions as specified in the Older Americans Act: planning; coordinating; interagency agreements; advocating; information sharing; monitoring; evaluation. (See Appendix A)

Staff Experience and Qualifications – Waccamaw Area Agency on Aging is staffed by five, full-time employees.

Kim Harmon/Unit Director, – Ms. Kimberly Harmon acts as the unit director and financial officer. Ms Harmon has earned a Bachelor's degree in Business Administration from Francis Marion College. She has been employed by the AAA for eight years, and has experience in the following work areas: Council on Aging (COA) program director; COA Finance Director; Interim COA Executive Director. Currently, Ms. Harmon is the AAA's Human Services Director dividing her time between the AAA and the Council on Government's Workforce Investment Program.

Danita Vetter, BA, MA, CGC /Aging Program Coordinator - Ms. Vetter is a new member of the AAA staff, and has been with the agency for less than one year. However, she brings 23 years of experience in the aging field to her position. Related work experience includes: adult day services director; supervisor of Senior Adult Services/Archdiocese of Philadelphia; VP Alzheimer's Association/Philadelphia Pa. In addition to her masters degree in Counseling and Personnel Services, Ms. Vetter has earned a post masters certification in gerontological counseling from the College of New Jersey.

Support Staff – Staff members of the AAA act as their own support staff. They do share a front desk receptionist with the other departments in the COG.

Arnold Johnson, Waccamaw Council of Government's Finance/ HR Director – Mr. Johnson has earned a Bachelor's degree in Business Administration from the University of South Carolina, and is currently pursuing his master's degree in Public Administration from Walden University and has served the COG in various capacities for the past fifteen years including: Finance Director; Human Resource and Work Force Director for the WRCOG. Mr. Johnson is assisted in his responsibilities by a F.T. accountant.

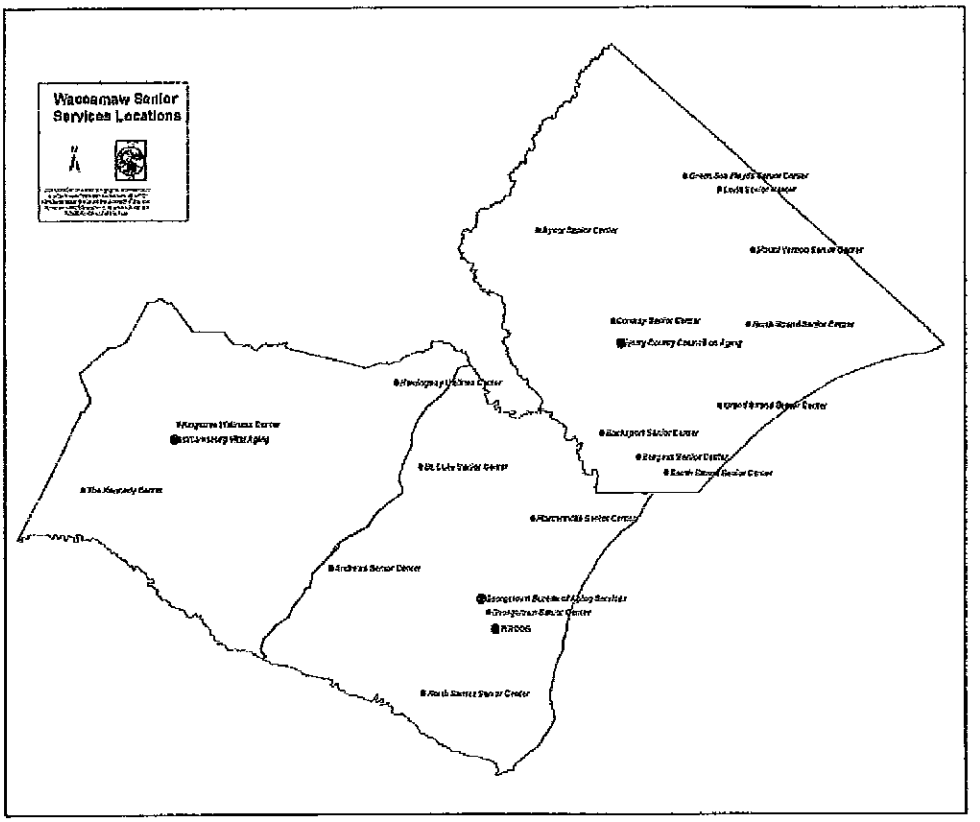
Transition Planning - At this time, there are no anticipated plans for changes related to the leadership of the Waccamaw AAA. The AAA's new program coordinator does have significant experience in planning and

delivering social services/programs, staff management. Thus, the Waccamaw AAA has acquired a viable, internal leadership alternative should an unexpected need arise in the future.

Current Funding Resources for AAA Operations – In addition to OAA and State funds allocated to the region, the Waccamaw AAA also receives funding from the sources cited below:

- * New Program – Excellence in Care – Fee for service program consisting of staff training for professional caregiver staffs of: adult day services; in-home care; nursing homes; assisted living residences. Programs pertain to the areas of dementia care; team work; family interactions; activities.

Overview of the Region - Counties in the Waccamaw from left to right:
Williamsburg, Georgetown, Horry



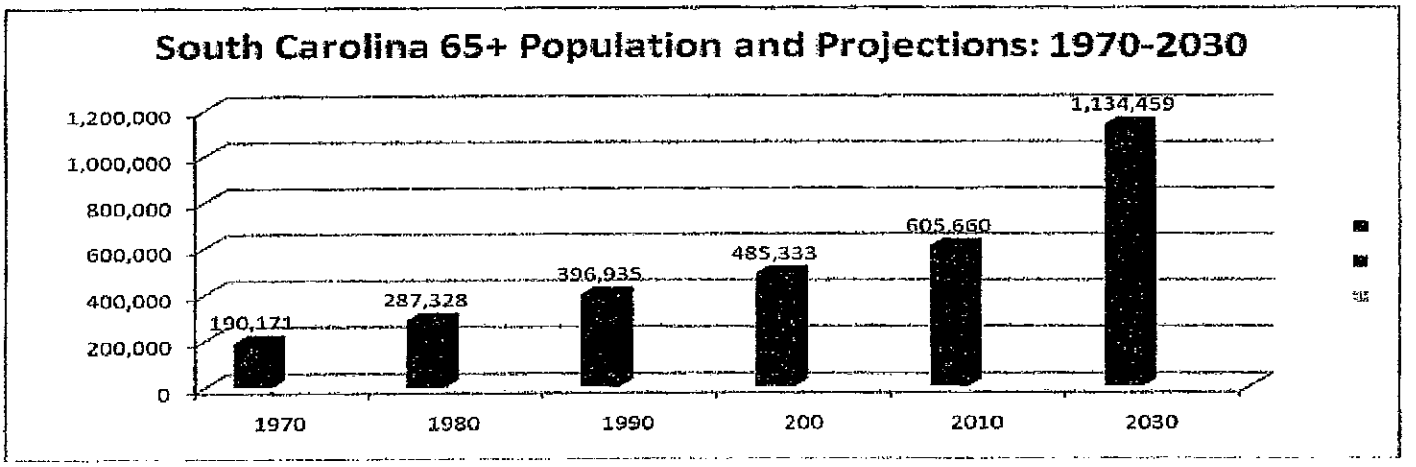
Objectives & Methods for Service to Targeted Populations

Demographics - According to the South Carolina Mature Adults Count 2003, the first Baby Boomers turned 50 in 1996. Nationally, 25% of people are 50+ years for the first time in history. The U.S Census Bureau expects that the 65 population will grow from one in eight in Americans today, to one in six by 2020.

South Carolina expects to follow the same upward trend aging trend. The mature adult population is projected to total 53.7 million in 2020, a 53% increase over today's 34.9 million. The state expects continued growth to comprise one third of the state's population by 2015.

Aging Trends

1970	1980	1990	2000	2010	2030
190,171	287,328	396,935	485,333	605,660	1,134,459



The US Census Bureau 2000 states, Horry and Georgetown County are among South Carolina's top seven counties in the growth of their senior populations. Horry County, the most populous, was rated 3rd with a growth rate of 63.4% from 1990-2000. Georgetown was the 7th fastest growing county in terms of older residents, at 54%. Comparatively, Williamsburg's grew a modest of 9.4%.

More recently, 2000-2007, Horry County was rated as first, in the state, in terms of the growth of its elderly population, 53,265 which represents a 21.1% increase. The Waccamaw region has the highest ratio of senior/general population in South Carolina at 21.8%.

The national trend of unprecedented growth in the cohort group of those 85 years and above is also evident in South Carolina. This group, the oldest of the aged, grew 35% from 2000-2006 according to the US Census Bureau. This is especially important since this age group is the most vulnerable in terms of their propensity to experience chronic conditions and Alzheimer's disease (AD). The growth in the projected rate of those with AD will be to be exceedingly costly, state-wide and to individuals, families, caregivers, businesses and our government. The expected prevalence of this disease, alone, could bankrupt the medical and social service delivery systems across South Carolina and the nation.

In South Carolina, the change in the demographics of the aging population is from two sources: seniors who age in place within the state and seniors that in-migrate into the state to retire. Williamsburg County's modest growth in the number of seniors residing in the county is a result of aging in place. Horry and Georgetown's dramatically increased numbers are attributed to a combination of aging in place, coupled with the high rate of senior in-migration into South Carolina. Net in-migration represents 92.2% of this growth rate. These rising aging statistics are expected to continue over the next four years and well beyond that time frame into the future.

Specific Objectives Set Forth in the SDA's Requests for Proposals

The goals of the Waccamaw Area Agency on Aging mirror the organizational goals identified in the SC State Plan for Aging: **Goal 1**: Empower older people, their family and other consumers to make informed decisions about, and be able to easily access existing health and long term care services **Goal 2**: Enable seniors to remain in their homes, with high quality of life for as long as possible, through the provision of home and community based services, including supports for family caregivers **Goal 3**: Empower older people to stay active and healthy through Older American Act Services and new prevention benefits under Medicare **Goal 4**: Ensure the rights of older people and prevent their abuse, neglect and exploitation **Goal 5**: Maintain effective and responsive management

The following services have been identified, through participation and expenditure, as priority service areas, and are programmatic objectives in meeting the goals set forth above in the Waccamaw region: Group Dining; Home Delivered Meals; Health Promotion/Nutrition Education: Home Living Support; Transportation; Family Caregiver Advocacy; Information and Referral; Insurance Counseling

The Waccamaw Area Agency on Aging is organized, via the service list above, to fulfill the following:

1. To maintain, or improve, the nutritional and health status of older adults
2. To maintain personal independence or improve the quality of life for older adults
3. To provide assistance to individuals or families to overcome specific barriers and to maintain, strengthen, and safeguard functioning at home
4. To protect the rights of vulnerable adults, residing in congregate settings and to prevent abuse, neglect and exploitation
5. Achieving recommended nutritional requirements
6. Health promotion
7. Disease prevention
8. Prevention of premature institutionalization
9. Enhanced Quality of Life

Ten Year Forecast

Demographics, as related to the aging of the Waccamaw region, are expected to change over the next 10 years. The coming of age of the Baby Boom generation will revolutionize aging trends that have been in development for the past twenty-five years. New public policy pertaining to aging issues such as Medicare; Medicaid; Social Security; long term care and health insurance will be forged.

The number of people, residing in the area, over the age of 60 will increase dramatically, especially in Horry and Georgetown counties which lay along the South Carolina coast. The historic and cultural differences between the indigenous people of the Waccamaw region and the immigrating seniors from other areas of the country are expected to remain evident in terms of, personal/household finances, education levels and the expectations that each group holds regarding the number and kinds of services to be provided to seniors.

The Latino population is expected to burgeon through 2010. Service and programming plans will need to be made, first, via partnerships and collaborations with individuals and agencies that already serve Latino families. As funding permits, special attention will be paid to hiring staff members, and seeking volunteers, that are culturally and linguistically matched in order to better serve the needs of this constituency.

Coincidentally, as the number of seniors in the service area rise, so too, will the number of people who are experiencing a physical disability and, one or more, chronic diseases. The escalating incidence of Alzheimer's disease/related dementia will place an unprecedented strain on the area's constellation of care. Brain diseases, which become more prevalent with age, will negatively impact the personal lives of individuals, their informal caregivers/family members, friends, neighbors while simultaneously up-ending the medical community, insurance companies; government programs, and the community and long-term care system on the local state and federal levels.

Like all AAAs across the country the Waccamaw Area Agency on Agency has its work cut for them in terms of meeting the projected needs of seniors that do, and will, reside in our tri-county service area. The Waccamaw AAA is charged with forecasting the issues that lie ahead and, subsequently, planning and implementing a comprehensive system of care that will address these issues.

TOP Four Priority Categories for the Waccamaw AAA

1. Policy Changes – The Waccamaw AAA, in partnership with Mercy Hospice, is laying the foundation for a new, regional, grassroots public policy/advocacy group called SAGES – Senior Advocates Growing Elder Services. The constituency of the group will be drawn from Georgetown, Horry and Williamsburg County and will consist of seniors, caregivers; clergy; service providers including: medical, adult day; in-home care; respite care, faith communities, social service representative; mental health, civic organizations; students; educators, disease organizations, long term care, hospice ; officials and governmental leaders.

SAGES will identify, prioritize and publicize legislative issues; write position papers; mount grass roots legislative campaigns including letter-writing, email ALERTS, local, statehouse and national legislative visits; create media/public awareness around legislative priorities that pertain to aging issues. The group's efforts will be bi-partisan.

The work associated with growth of SAGES is related to all of the AAA functions as designated by the Older Americans Act: advocacy, planning, coordination, inter-agency linkages; information sharing; brokering; monitoring and evaluation.

2. Service Expectations of Seniors and Caregivers – The Waccamaw AAA contends that programming that proactively engages mature adults in physical/social activities leads to better health. Better health, stronger bodies and community belongingness will enable seniors to live independently as possible, for as long as possible. Wellness programming that entails rigorous physical activity, and competition, is expected to be attractive to Baby Boomers and increase their interest and participation in programming

In partnership with local Parks and Recreation Departments and three Area Councils on Aging the AAA put on the first-ever, regional Waccamaw Sports Classic (WSC) this spring (2009). This

sporting competition was geared to competitive and recreational athletes, as well as, to seniors that enjoyed the planned social activities. Waccamaw area event winners move onto state, and possibly, national sporting event competitions. 340 seniors were served in the first year of the Waccamaw Sports Classic.

The region intends to capitalize on the excitement that the WSC generated by creating physical training programs that prepare athletes, for upcoming games throughout the year. Recreation Department staff members will co-operate with the senior center system to bring physical training/WSC game activities to center participants. Some senior centers have also purchased Wii games so that participant's activity levels remain high even when the winter weather does not permit outdoor activity.

The implementation of the WSC got our seniors "up and moving", in 2009, and the games, also, created an opportunity to build lasting community infrastructure, across the service region. It set the stage for the growth of innovative aging programs. Corporate, non-profit and civic partnerships were forged. In the process, these new community bonds are expected to persist and strengthen over the years. This new-found synergy is indicative of the fact that the region is ready for the cooperative expansion of aging services. This collaborative expansion marks the beginning of the creation of new resources through partnership in the region. Planning, coordination and the creation of interagency linkages were AAA functions that were exercised in the building of this new regional program.

3. Long Term Care Services – While keeping seniors healthy and independent is a focus of the Waccamaw AAA, it is inevitable that a percentage of the area's senior citizens will need 24-hour medical care due to falling health. Even if the rate of institutionalization remains at 2% the pool of prospective long term care services consumers will rise dramatically as the area's senior population burgeons. The sheer number of older adults that are expected to reside in the Waccamaw region will pose challenges to the area's long term care system in terms of having enough residential long term care beds and also in terms of the delivery of quality services to vulnerable adults.

Protecting the rights of vulnerable adults, in residential settings is of paramount concern to the region's Ombudsman office, located in the Waccamaw AAA. Each month additional residential facilities open in the area, especially in Horry County. The Ombudsman has been working to: recruit, train; maintain a corps of Ombudsman volunteers (Friendly Visitors) to act as additional "eyes and ears" for the office. Volunteers are trained to offer regular companionship to seniors who live in residential settings, getting to know them and ensuring that their rights are protected in the facility. (See Appendix C - Ombudsman Program Report.)

To enhance the services of the Region 8 Ombudsman office, the Waccamaw AAA has a newly developed program that offers facilities an option for: fee-for-service program assessments; staff training and consultations pertaining to the areas of: dementia care; activities programming; fostering team work; working with families and resident's rights. The program is called Excellence in Care.

Excellence in Care is a proactive program designed to assist facilities to provide the highest quality of care to their residents and improve upon services. Fees generated from the program

are used to offset the cost of the service, and should a profit be realized, the funds are used to promote Waccamaw AAA programs for seniors.

4. Development and Location of Multipurpose Senior Centers – In order to provide the best service possible, the AAA, and the County Councils on Aging, will continue to improve the viability of the 18 senior centers within the service area in terms of: the age and condition of each building; the location of the building in terms of service coverage in the area; contract compliance; financial resources/limitations in finance; the size of the structure of each building relative to the group that gathers there; transportation scheduling and availability. Where feasible, senior centers will continue to be upgraded, moved or built to accommodate the needs of seniors and the community. Several such moves and upgrades are in the planning stages to take place over the next four years. The Waccamaw Council of Governments' various departments – planning, and zoning, in particular, act as consultants and interface between the subcontractors for aging services and local government and for profit businesses to provide specialized expertise and technical assistance to make systematically planned changes to the constellation of senior centers a reality.

Creating a Baseline for Improvement - The Waccamaw AAA, in partnership with a Coastal Carolina graduate student, Mr. Barry Spivey, recently completed a comprehensive study of the Waccamaw AAA services entitled: Gap Analysis, Fulfillment and Service Quality in the Waccamaw Area Agency on Aging. Surveys were conducted at all 18 senior service centers in Georgetown, Horry and Williamsburg County. Data from 293 consumers, or 51.9% on regional senior center participants was collected. This survey, and the ensuing report of the study results, provides the AAA with a base line measure in terms of our client's perceptions of: aging services satisfaction; the impact of aging services on their quality of life in terms of service delivery and their perception of customer service.

Four service areas were measured in terms of client satisfaction: Health (90.3%); Independence (92.4%); Social (95.7%) and Nutrition (meaning meals - 75.8%). Client Satisfaction exceeded 90% in each measured area except meals. The quality of food, menu planning and food presentation has been identified as areas of potential opportunity for improvement. 39% of congregate meal consumers stated that they eat every meal, or all of their food, every time. An additional 41.1% said that they ate most of their food, most of the time. 19.9% stated that they ate some of their food. In order to plan to meet the rigorous expectations of the clientele of the future, and to create the greatest possible positive impact to future service delivery, special attention should be focused on the area of meal service.

In assessing the positive improvement that attending a senior center has on the life of a program participant the following results were realized: Senior Center (98%); Health Promotion (94.3%); Transportation (92.6%) and Congregate Meals (71.8%). Consistent with the prior analysis, satisfaction with each service exceeded 90%, except in the service category of Meals.16.2 % of respondents said that they were not sure if meals increased the quality of their lives, and 11.5% responded that meals did not improve the quality of their lives.

In terms of Service Quality Dimensions, those measurements designed to indicate satisfaction with customer service, responses reflected a high satisfaction rating for: Tangibles – appearance of physical facility equipment, personnel and written materials (95.9%); Empathy – caring, individualized attention to each consumer (93.4%); Assurance – employee's knowledge and

courtesy and their ability to encourage trust and confidence (96.4%); Responsiveness – willingness to assist consumers and provide prompt service (97.3%) and Reliability – ability to provide the promised service dependably and accurately (94.8%).

These baseline measurements represent a starting point for future planning endeavors.

Emergency Preparedness – In 2009, the Waccamaw AAA formatted and updated, standardized Senior Center Manager's Manuals and distributed them, during regional training sessions, to each county COA office (3) and the managers of each of the region's multi-purpose senior centers (18). At that time, subcontractors had the opportunity to review the state of their agency's disaster preparedness policies/procedures. Policies were revised and updated before they were placed into the manuals that were up-dated by the Waccamaw AAA.

The Waccamaw AAA, updated the one-page table of home/personal contact information for: Waccamaw AAA staff members; Executive and Deputy Directors of three county Councils on Aging; Co. Emergency Preparedness Offices. Senior Centers surveyed their clients, asking them, if they have a family member/friend, that would check on them/assist them in evacuating if a weather, or disaster, situation should occur. Organize lists of the names, addresses and contact information for seniors who will need agency assistance.

In Advance: Educate all clients - Talk about emergency preparedness. Give lists of necessary survival items/emergency kits.

COAS
Identify those with a critical need. Double check contact information

Prepare clients with: 3 day supply of shelf stable food; check water and medicine supply, and make plans to assist senior, if needed. Observe how well their residence is fortified against the storm. If fortification is inadequate, try to get their permission to transport them to a shelter, or call on some community support systems to fortify the home.

As early as possible, after area shelters open, transport identified clients to emergency shelter. Note where each client has gone and the date that they were taken there. Take a picture of each client as they enter the shelter, in case, they are displaced. Alert emergency contact person listed about the change in locale.
Get the name and contact numbers for the person in charge of the shelter.
Reassure clients that you know where they are, check on them after the storm.

AAA – Will access be indexed and access: Disaster Services section of the AIRS/211 LA County of Taxonomy of Human Services: NERIN (National Emergency Response Information Network; SC Emergency Operation Plan; SC Hurricane Guide; Red Cross Disaster Preparedness for People with Disabilities; Preparing for Emergencies – A Planning Guide for Agencies Serving Older Persons. The AAA will: participate in regional/county level planning efforts, act as a conduit to other aging service providers; cooperate with authorities; assist our contractors that seniors are well served prior to, during (to the extent possible) and following emergency situations.

AAA Operational Functions and Needs

Assessment of Regional Needs - In 2008, the Waccamaw AAA conducted needs assessment surveys for the following populations: Community (meaning senior center participants in each county); Caregiver (meaning those participating in the AAA's Family Caregiver Program) and service providers across the tri-county region. See Appendix B for survey results.

The assessments served to help the AAA's new program coordinator, and tenured staff members to gain insight into: who the AAA is serving; the characteristics of that population; the perspective of the constituency in terms what they perceive as their needs. The completed needs assessment, led to the development of a customer satisfaction survey that was administered to AAA clientele.

Perhaps most relevant to this discussion were the responses associated with Community Survey question # 25. Respondents were presented with a list of 45 possible concerns/issues. They were directed to place a check by the items that were of concern to them. The lists from each county were rank-ordered in terms of how many responded to a particular item as a concern. Top regional concerns include: 1. Cost of utilities; 2. Cost of insurance premiums; 3. Cost of Prescription Drugs; 4. Having enough money to live on; 5. Their physical health; 6. Cost of eyeglasses; 7. Knowing about and getting services; 8. Cost of dental care; 9. Pain

Since many of the top concerns of area seniors are matters of public domain the Waccamaw AAA is working, in partnership with Mercy Hospice, to establish a grass roots advocacy entity to begin to give an organized voice to the concerns of the seniors, families and service providers of the Waccamaw region. This group will work collaboratively to address areas including: utilities, insurance premiums; prescription drug cost. These concerns will be brought before area legislators.

Concerns that can be addressed locally via service provision include: physical health; knowing about and getting services; pain and dental care. The AAA will develop a plan to bring service information to AAA clients through the senior centers, and seek area experts to assist us in improving education about, and access to: eye care; dental care; pain management techniques; improvement of physical health.

Waccamaw AAA will also seek to partner more closely with other departments within the Council of Governments to address: housing needs; home repairs and transportation. These issues were outside the top ten concerns list, but were common in all three counties

Program Development (See Regional Initiatives for a full description of programming plans)

Consumer Choice – In order to evolve in terms of offering consumer choice the AAA will implement rounds of consumer opinion forums/workshops in order to: create an environment of exchange; empower the consumers to become an integral part of the planning process; brainstorm with consumers about their likes/dislikes, needs/concerns, ideas for change; utilize the

acquired skills and talents within the consumer pool; offer leadership opportunities to consumers; and ultimately, create choice in programming.

Some anticipated responses might be: senior center activities programming that is concurrent, and offers choice; alternate menu choices; vouchers for meals in local dining establishments rather than at the center; consumer-managed home care arrangements.

Developing capacity – The Waccamaw region will be exploring the possibility of seeking corporate sponsorship for senior centers or clusters of senior centers throughout the service area. The AAA, in partnership with the leadership of local COAs, will devise corporate sponsorship packets, and make appointments to meet with corporate leaders around the issue of supporting, and augmenting, local senior services. Corporate packets will contain a hierarchy of options to meet the budgets of the diverse pool of local businesses.

Program Coordination – Program coordination is a building process in the Waccamaw region and the Waccamaw AAA has been actively pursuing renewed, regionalized efforts to bring our service contractors, both directors and their front-line staff members, from all three counties, together to participate in regularly scheduled planning and training sessions throughout the year.

The effort began in earnest with the hiring of the area's new aging program director. It was her responsibility to develop a working relationship and good rapport with contractors from each county. This was accomplished through her attendance at county-level events, monthly manager's meetings, and email and telephone conversations. Relationships were strengthened throughout the service contract monitoring process as this process offered additional face-to-face time and enhanced communication around program reports and issue resolution.

Perhaps, most importantly, the Waccamaw region engaged in its first regional effort to bring *NEW* programming to the seniors in all three counties by introducing the Waccamaw Senior Sports Classic to the region in the spring of 2009. Initiating a new program across the county service area was integral in relationship building, between the AAA and our contractors, and among contractor personnel across the counties. The successfulness of this programming effort gave workers, from each entity, a sense of accomplishment and a renewed interest in working together.

Requests have been generated by two out of our three service contractors that regular, regional planning and training meetings will be implemented. The fact that contractors are asking for the meetings suggests that they are truly ready to progress in terms of acting as a regional unit.

The AAA will certainly act on, and provide leadership, in response to this request. Throughout the course of the next four years, we intend to use regularly scheduled regional meetings to: initiate a working committee structure using staff members and key volunteers; examine current work practices and evaluate their efficiency; build plans to improve work practices; evaluate changes that we've implemented; refine those changes; ascertain the training topics that would be most beneficial to staff; create training around those issues; evaluate what has been learned.

Topics for regional meetings that have been identified to date include:

- Activities Calendar Improvement – (Training has been developed)

- Disaster Response Protocol and Procedures Evaluation
- Formalize Regional Client/Agency Responsibility Policy - Intake
- Explore and Formalize Regional Client Termination Procedures and Policies- Intake and Practice of
- Explore and Operationalize an Increased Compliance with Regard to Physician's Consent for Nutritional Clients with Special Dietary Needs – Intake
- Sharing Activities that Work
- Suggested Training Topics:
    1. Optimizing Staff's Ability to Identify Changes in a Client's Major Health; Mental and Social Needs
    2. Health Issues: What to Do if You Conduct Blood Pressure Screening and You Find the BP to be Dangerously High?
    3. Protocol for Clients that are Expected to Participate in Programming but Fail to Show Up

Program Coordination will focus on: building and strengthening the relationship between regional partners; bringing experts from outside our system to meet the needs of our staff members, volunteers and clients; consistent policies, procedures and practices across the region to assure that clients, in every county, receive quality services in a fair and equitable manner;

ADRC and Long Term Care – The Waccamaw AAA would welcome the opportunity to provide more options to its constituents in terms of community-based long term care. At the heart of this effort the AAA would develop an 8-hour educational program entitled: Family Caregiver Education. The format would allow the program to be delivered in a full day session, punctuated by lunch and few short breaks or the design is flexible enough to be offered in 4 consecutive sections over time. Regularly scheduled sessions would be offered quarterly and the sessions would be moved around the counties to provide coverage to the maximum number of vicinities in a year.

Basic Family Caregiver Training would engage AAA staff members and volunteer community experts in delivering the curriculum focused on the following areas: Planning Ahead: Getting Ready Before You REALLY Need To; Financial Planning: How Can We Afford This?; Legal Issues: Covering All the Bases and Community Resources: What's Available in My Area?

Advanced topics offered on demand may include: Choosing a Quality Service; Working Together: Building Good Family/Staff Relationships; Making the Transition to Long Term Care.

AAA responsibilities would include: creating the curriculum; testing the curriculum via pre and post survey method; writing staff and volunteer speaker job descriptions; recruiting community experts as speakers; seeking free, adequate venues in various communities; schedule and promoting Basic Family Caregiver Training; implementing the training; and reporting service numbers and evaluating the program.

The service territory covered as well as the numbers of trainings offered would grow in panned fashion over the course of this 4 year plan.

Obviously this type of service expansion would require careful and extensive planning and additional resources

Conversion to Aging and Disability Resource Centers – To date, the Waccamaw Area Agency on Aging has not been designated as an ADRC. When legislation mandates and/or finance permits, we look forward to the time when we are able to provide a single point of entry producing new benefits, and enhancing existing benefits to our constituents including: seamless access to the full range of community-based and long term care options; coordination of both aging and disability systems of care; provision of information and assistance; empowerment of our constituents; the expansion of the Evidence-Based Health Program and the implementation of Nursing Home Diversion Initiative

Waccamaw has many of the components in place along the continuum of becoming an ADRC. (See Project 2020 section)

Outreach – Years of experience in delivering social services in the Waccamaw area serve to allow us to know our aging clientele. The use of needs assessments and satisfaction surveys has allowed us to hone our innate sense of our constituency. Admittedly, we know much less about the disabilities community in our service area. To ready ourselves to become an ADRC, the Waccamaw AAA would be obligated to conduct research, educate ourselves and develop service related partnerships within the disability community of choice.

The AAA, currently, does publish a local resource directory for each of the counties in the Waccamaw service territory. The publication is updated every other year. A similar product would be created in terms of the identified disabilities community.

Assistance – The AAA is well-versed in providing consumer assistance to seniors and their families. Existing services include: Information and Referral; S.H.I.P. & Benefits Counseling; Long Term Care Counseling; Family Caregiver Assistance and Counseling; Ombudsman Services; Dementia Counseling and Assistance.
Employment and transportation services are provided through partnerships with our agencies that are linked to the AAA. Like services, that are pertinent to a disability community, would be developed prior to ADRC conversion.

To prepare for becoming an ADRC leadership and direct care staff would need to educate themselves regarding standard ADRC intake; record-keeping, procedures and protocols and reporting in order to provide uniform, consistent, quality services as prescribed through ADRC operating procedure.

Access – To both constituencies would be assured through regular office hours/appointments, telephone, email, postal services, public education, literature and newsletter.

Partnerships – Waccamaw AAA has extensive community partnerships that will serve to benefit both aging and disability communities. Further partnerships are expected to develop, and strengthen, with the inauguration of the regional, grassroots advocacy organization SAGES (Senior Advocates Growing Elder Services) developed through the leadership of the AAA.

Partnerships related to the provision of services to the disability community will be explored and employed.

Information Management – The agency has the ability to electronically submit data and reports. Leadership and staff members would need to acquire and become proficient on any software program/functions that are integral to the ADRC program.

Program Evaluation – ADRC-related program goals and indicators would be developed in order to track progress and monitor goal attainment. Measures related to visibility, trust, ease of access, responsiveness, efficiency and effectiveness would be implemented.

Staffing and Resources – The Waccamaw AAA does have an experienced and seasoned staff. The agency enjoys the advantages of mature leadership, and it possesses the security of having an adequate back-up plan for leadership continuity. The added responsibilities of becoming an ADRC would certainly necessitate the need for the addition of staff members. Hiring properly credentialed staff members that are culturally, and linguistically, matched to the population to be served would be an agency priority.

Advocacy – In partnership with Mercy Hospice, the Waccamaw AAA is in the process of planning to conduct advocacy via a newly-conceived regional, grassroots advocacy organization called SAGES (Senior Advocates Growing Elder Services) The organization will be a 501(c) 3 serving Georgetown, Horry and Williamsburg County. Membership will include area aging service providers, non-profit agencies, medical care providers; housing; community-based and long term care; senior citizens and family caregivers.

The advocacy group will meet regularly to: survey the membership's concerns/needs; prioritize those needs; create position papers; mount E-ALERT campaigns; letter-writing campaigns; train membership to utilize communication pathways to their local, state and federal public representatives; make local, state and federal office visits to legislators, write op-eds; raise public awareness for critical issues and concerns.

The group will determine the issues that the organization addresses. The overriding purpose of SAGES is to empower the region through active participation in the process of civic engagement. Based on the area's needs survey conducted by the Waccamaw AAA, the list of top priority issues are likely to include: housing; public safety; affordable health care/medication; transportation.

The Regional Aging Advisory Committee (RACC) is welcome to participate in all SAGES actions and meetings and will be apprised of outcomes related to SAGES activities.

Priority Services – The Waccamaw region has not experienced much competition, over the years in terms of sub-contractors, other than the three county Councils on Aging, vying for the option to be the provider of choice. Level of service projections have, historically, been based on the previous service levels with an added margin for growth, as the budget allows.

Priority Service Contractors – As requests for legal services come in to the AAA, our staff works with the client to find the appropriate attorney to handle the case. The required 1% of Title III B funding is held at the AAA to be used if pro bono services are not available.

Nutrition Services -

Demographics - The Waccamaw region serves three counties, in Horry County more than 75% of clients served in the nutrition-based programs are rural, minority and low income. In, both, Georgetown and Williamsburg County more than 90% of those served fall within these parameters. These demographic facts are expected to remain stable.

Service Numbers/Flexibility – As always, funding levels dictate the number of clients that can be served across the region. There has been moderate growth in the number of people that have been served in the Group Dining Services Program, especially in Williamsburg County, within the last year. Growth is attributed to stepped-up outreach efforts. Waiting lists do exist in terms of the Home Delivered Meal Program, and prospective clients have been carefully prioritized in order to meet the needs of those facing the most difficult circumstances. Councils on Aging have been utilizing recently distributed stimulus funding to meet the needs of those on waiting lists. Service providers are concerned about what may happen to those clients when this finite pool of funding is depleted.

Training and Technical Assistance – The AAA identifies the following training and technical assistance needs in the Waccamaw region:

Project 2020 education/training for all staff members and contractors
Multipurpose Senior Center/ Congregate Meal Sites –

- Training around recognizing the major physical, mental and social needs of clientele – as requested by contractor
- Training around Senior Center Calendar Planning/Publication – as suggested by state
- Refresher training regarding: assessment/re-assessment and Determine Tool, especially for new managers
- Technical assistance around Client Responsibility and Termination – policy, practice and tool development

Home Delivered Meals

- Refresher education around what do if a client does not answer the door for delivery
- Refresher around disaster planning

Transportation

- Same as above

Quarterly regional meetings are being planned for the Waccamaw service providers. The AAA will develop and deliver, and or recruit, community experts to deliver training to service contract administrators and front-line staff.

Staff input will be sought and utilized in creation of new policies and procedures and paperwork. This will be accomplished through the use of working staff/advisory member committees. The work accomplished in committees will be brought back to the full staff meeting for discussion, refinement and adoption.

If issues arise that are not of concern across the entire region, AAA staff will make appointments to meet with contractor leadership and/or staff members to assess the issue, build a plan to address concerns and implement solutions.

The agency's Aging Program Coordinator will address technical assistance needs, or volunteer experts will be recruited to address these needs.

Monitoring – In the Waccamaw region, the AAA's Aging Program Coordinator is a new staff member. In order to build relationships and rapport, the Coordinator visited each COA to introduce herself early in her tenure. Visit to the COA's monthly service site manager's meetings provided a forum for the Program Coordinator to provide staff with updated Site Manager's Manuals, refresher education around the regulations and a current overview of the upcoming monitoring process.

Once this was accomplished, in each county, appointments were set for monitoring visits, and the monitoring process ensued. Monitoring included: Manager's Site Evaluation; Manager's Interview; Site Observation; Client Record Review; Inspection Checklist. The assessor then completed the monitoring report with a narrative of observations and recommendations.

Wrap-up sessions were held in each county following service evaluations. Trends were shared, as were encouragements and recommendations too. Follow-up, on those items that needed attention, began after the wrap-up meetings were completed to assure compliance.

The assessor makes friendly visits to programs as time allows. Some visits are announced, others may occur if the assessor is in the area. The understanding, in the region, is that the assessor is welcome to visit any program, at anytime, because staff members are always providing the best possible service every day.

Grant Management –
Extension and Termination of Contracts - The AAA maintains a list of each of the major service program requirements, as well as, the activities related to each specific requirement. A contractor's actual work is compare to the lists to determine compliance. Additional information is available through annual program monitoring, observation visits, service providers meetings and regional provider's in-service meetings.

Grievance Procedure – Client Grievance Procedures and related information, is posted, in a public location, at every senior center. Clients with grievances speak, first, with their local service provider, and if there is no resolution at that level, they call the AAA office. Clients that are not satisfied after speaking with a AAA representative may file a formal written grievance, and that grievance will be heard in a timely manner.

Performance Outcome Measurement – The Waccamaw AAA has recently partnered with a graduate student at Coastal Carolina University to conduct a client satisfaction survey in the following service areas: senior center; congregate meals; transportation; home maker services; health promotion. (Time did not permit the survey of HDM clients)

Through this process, it was determined that the clients that are being served perceive that the contractors have been to be providing positive outcomes, and meeting the expectations of consumers. The composite service satisfaction levels were above the 90th percentile, with the exception of meal service, in terms of: menu (taste; smell; looks; variety and temperature of foods). In terms of customer satisfaction, meals scored the lowest according to the client survey with a 75% satisfaction rating.

Resource Development – This is an area that exemplifies diversity among the contractors within the region. Horry County exceeds at identifying and utilizing a number of funding streams including tax millage, United Way, FEMA, special events and cost sharing. These funding streams produce sums that regularly exceed the governmental funding levels for these programs by more than 10%.

By contrast, Williamsburg County, a very rural and sparsely populated interior county, counts on additional funding through United Way, a newly developed community sponsored membership drives and fledgling special events as sources of additional revenue. Georgetown does not list any additional revenue streams to support programming.

Waccamaw AAA will provide a forum in which Horry County can share their history, philosophy and protocol for having developed varied and viable sources of revenue streams to support service growth. This modeling activity, and advice, may serve to stimulate thinking and activity in Georgetown and Williamsburg, however, it should be noted that economic conditions and prospects of the latter counties are vastly different from the wealth that is enjoyed from tourism, business and industry in Horry County.

AAA Service Delivery Functions

Staff Experience and Qualifications

Tasia Stackhouse/Ombudsman, BA – Ms. Stackhouse was educated at the University of South Carolina. Having spent a long portion of her career in the field of banking, she became involved with human services work when she served as a victim's advocate for the Georgetown judicial system. She has been the Waccamaw region's Ombudsman for nearly 4 years.

Jennifer Gray, RN/ Family Caregiver Advocate – Ms. Gray is a certified information and referral specialist (CIRS –A). In addition to job-related training, she recently obtained her Associate Degree in Nursing from Horry Georgetown Technical College and, subsequently, her SC nursing license. She has been employed by the AAA for six years.

Brenda Blackstock, BA –Regional Information/Referral Specialist (CIRS –A), I CARE Counselor, Medicare Patrol – Ms. Blackstock has earned a divinity degree from Allen University. For 16 years she has had a leadership role in ministry at The Hopewell AME Church. She has been with the Waccamaw Area Agency on Aging for four years.

Long Term Care Ombudsman Services

Region 8 Service Delivery Parameters – 3 counties; 14 nursing homes/1310 residents; 23 residential care facilities/1000 residents.

AAA Goals-

- Continue to address the rising number of abuse, neglect and exploitation complaints generated in residential settings in Region 8. (140 cases in 2008)
- Continue to address other residential setting complaints related to quality of service/life issues
- Provide in-service training to the staffs of: nursing homes; assisted livings; DDSN; Mental Health facilities; Homeshare Agreement providers
- Conduct community educations sessions re: LTC (35 facility and community educational programs in 2008 – serving 1085)
- Support Resident and Family Councils in NH setting, as requested
- Facilitate interagency, working relationships to assure service coordination and quality
- Continue to grow and improve the region's Volunteer Ombudsman Program (12 active volunteers – 1200 service hours – 7/08-12/08)

Weaknesses - The Waccamaw area has one of the fastest growing, migratory senior populations in the state. New facilities are being built annually. The Ombudsman program faces limitations in terms of the expanding staff/vulnerable adult service ratio. With one full-time Ombudsman, it is only a matter of time before the Waccamaw Ombudsman office is outpaced by the growth in the region. Paperwork backlogs are symptomatic of the current circumstances.

Options to Address the Area of Weakness –

- Secure funding, start with part-time staff, and add an additional trained Ombudsman to the Region 8 office
- Secure funding, find, and train a part-time, clerical assistant to manage paperwork and data input
- Obtain assistance in recruiting, training and retaining additional Volunteer Ombudsman

Strengths – Waccamaw's Ombudsman is experienced and very knowledgeable. She is intensely dedicated to her service mission, and works well with vulnerable adults, families and facility administrations/staffs. Region 8's Ombudsman has a good rapport with the leadership of the state Ombudsman Office, and working relationships with local and county law enforcement officials.

The Region 8 office does have an active Friendly Visitor Program.

Volunteer Program – Begun in July 2008,Waccamaw's Friendly Visitor Program boasts 12 active volunteers, who gave a total of 1200 hours of service from 7/1/08 – 12/31/08. An additional recruitment drive was conducted in May 2009. The office is awaiting the arrival of completed volunteer applications and is planning to conduct a volunteer training in the summer of 2009.

Goals for Enhancing the Friendly Visitor Program –

- Ombudsman is partnering with facilities to train in-house volunteers

- Identify/Recruit a seasoned Friendly Visitor volunteer to manage some aspects of the program
- Utilize the assistance of the AAA Program Coordinator to work with volunteers

Addressing the Backlog of Cases – All 2008 cases are expected to be closed by July 1, 2009. The Ombudsman will address the cases associated with the first 6 months Of 2009 after that. Clerical assistance and data input expertise is needed to make a real difference in the way this is being handled.

Addressing Challenges –

- Obtain clerical/data input assistance to alleviate case backlog
- Utilize flexibility in the roles of existing AAA staff to meet some of the challenges associated with the growth of the Friendly Visitor Program – recruitment; training; monitoring; retention
- Identify skilled, experienced volunteer(s) to manage some aspects of the Friendly Visitor Program
- Create and refine community educational and facility staff presentations – train other AAA staff members to deliver these presentations

Information and Referral Services

Long Term Program Goals

- Provide an ongoing one-stop approach for bringing information, education, services and resources to those that make inquiries for assistance at the AAA at the lowest cost, and without duplication of services, that is equally available to all
- Provide accurate, comprehensive and unbiased information and referrals in a non-judgmental and impartial manner using non-profit, governmental and for profit service providers.
- Workers and/or volunteers providing Information and Referral Services will be trained and certified to provide this important service
- Service delivery standards dictate that proper service will consist of: one-to-one assessment of needs/concerns; delivery of information or referrals based on needs and concerns; crisis intervention or advocacy, as necessary; follow-up, as necessary
- I&R worker maintain a current case database as specified

Weaknesses – Information and Referral Specialist is also responsible for ICARE and SHIP Insurance Counseling and Medicaid Patrol Program. The service numbers in each program grow annually, and sometimes require that the staff member work "in the field", outside the program office. Although the I&R Specialist is "backed-up" by the office's Family Caregiver Support Advocate (and vice versa) at times, clients, sometimes, do not get an immediate, same-day response to their needs, and have to wait for one-to-one service.

Strengths – To increase response time, the AAA has purchased new equipment to enable staff members to serve clients as efficiently and effectively as possible. New cell phones, remote head phones, computers, laptops and printers have been purchased to enhance response time and enable calls to be answered from the field.

The I &R Specialist is experienced and has well-honed customer service skills. She is compassionate caring and exceeds at active listening and customized response to client's needs. She is a life-long resident of the area and has a sound knowledge of local and statewide resources. She works well with other AAA colleagues and uses, both, internal and external resources wisely.

SC ACCESS/Other Resources – This state-wide service data base is used by workers to find assistance for clients and to, confidentially, track the intake and care management of consumers. The web address is also given to clients, for their own use, in finding programs/services, personal care workers, community calendars; e-forms, educational information, if they are computer savvy, and have ready access to the Internet. The web address is given during community presentations and is listed on agency literature, the newsletter etc.

Every other year, the AAA produces a local, printed resource guides for senior consumers, and their families, as well as, for service providers. Issues are created for Georgetown, Horry and Williamsburg counties. Other resources include: 2-1-1 Information System; Elder Care Locator; Internet; SCSearcghousing.org; Elderlaw Housing Directory; United Way Resource Directory; CDs and Software; Telephone Directories; Public Library

3rd Party Referrals – When the AAA receives a call requesting services on behalf of a senior, AAA protocol calls for discretionary thinking on the part of the call taker and careful evaluation of the unfolding situation. It is important to understand: what the relationship of the caller is to the potential consumer of services; the reason that a third party is calling to make a referral; why the senior cannot call for him/herself; the exact nature of the request; and if the caller has the permission/consent of the senior to make the call. If at all possible, potential clients should be empowered to contact the agency personally for services. Reasons that might preclude direct consumer- to-agency contact might include: incapacitating illness or disability; loss of cognitive function; no access to communication devices; no ability to advocate for self; reports of physical, emotional abuse or neglect or financial exploitation.
Seniors who are cognitively intact have the right to refuse services.

Challenges to be Addressed over the Next Four Years:

- Decrease delays of response time to consumers
- Increase the efficiency of timely data input
- Participate at a greater level in the process of advocating for the rights and benefits for consumers, plus, foster cooperation with peer service providers
- Utilize existing senior groups and gathering to bring service to the community
- Formalize a plan to identify, recruit, train and retain volunteers and student interns to extend services, particularly data input functions
- Create an agency brochure and update program/services literature
- Create standard power point/video presentations for community and web use
- Explore avenues to extend services to diverse population within out constituency
- Create relationships with media outlets to promote programs/service and highlight issues and concerns related to aging. Regularly utilize these connections.

Insurance Counseling and Referral and Medicaid Patrol (ICARE/SMP)

Long Term Goals –

- Continue to provide program access and personal assistance to low income, dual-eligible, hard-to-reach and diverse community members
- Continue to increase Medicare enrollment and educate/counsel consumers about services
- Educate the public about Medicare/Medicaid fraud, and empower them to report perceived problems and concerns
- Initiate, develop and maintain collaborative working relationships with local service providers and professionals
- Engage the public via: community presentations; home visits
- Create plans to further extend the program reach to mental health agencies and subsidized housing developments

Weaknesses – As with other AAA positions, the staff member who is responsible for this program, is also responsible for other programs/services. Manpower is stretched due to: the growing number of eligible citizens; time constraints resulting in lagging paperwork; increased demands for community education that takes the worker out of the office. Clients may not get an immediate one-to-one response, at times. Also, the interval between an initial client/staff interaction and the initiation of the follow-up call are widening.

Strengths – The ICare/SMP staff member has been well-trained. She is experienced in working with the public to the point that she is capable of handling, even, the most difficult and unusual circumstances that might prevail. She is kind and compassionate and customer service is her foray. Staff member works well with LGOA, Regional CMS, and the state human service agency.

The ICare/SMP worker has an experienced, reliable and well-versed "back-up" partner on staff. These two staff members work well together to maintain an effective program. Very recently, an additional AAA staff member, and an Experience Works participant have been certified to handle ICare issues.

Volunteer Efforts – Two new volunteer job descriptions for the program have been developed, and are available to use when the opportunity arises. One volunteer description is for clerical/data input services and the other is for a highly skilled volunteer that would be answering the phone and taking ICARE calls. Despite efforts, the rights "match" of skills to job responsibilities has not been found. The AAA recognizes that the use of volunteers in these positions would greatly benefit our callers and our staff members. The search will continue.

Part D Enrollment – The AAA conducts a region-wide training and/or refresher course for AAA staff and our contractors before the enrollment period begins. Participants are provided hands- on training through the use of a computer lab set up, as well as, lecture and power point instruction. Region-wide training serves to give our clients better service by offering one-to-one assistance/ counseling in their own neighborhood, and it also serves to take some of the pressure off of the AAA staff members as enrollment time ensues.

Challenges to be Addressed in the Next Four Years –

- Utilize volunteers interns and/or additional staff to provide improved service response times and more efficient date entry
- Formalize a relationship with houses of worship to provide aging literature files for church office use and systematic educational outreach to these
- Active partner with grassroots advocacy organization – recruiting membership; working for legislative priorities
- Expand outreach to Latino population

Family Caregiver Support Program -

Long Term Program Goals

- Continue to provide access to services and distribute resources to the family caregivers of frail, older adults and seniors raising eligible children
- Foster/support the activities of Family Caregiver Support Program (FCSP)
- Provide information, education and choice to caregivers/consumers
- Coordinate care activities with other professional service agencies
- Promote the family caregiving program

Weaknesses – Most of the work with consumers is accomplished via the telephone. This is an expeditious way to handle the large number of individual calls that come into the AAA office. The program would be greatly enhanced, and the community well-served, through the creation of regularly scheduled, highly publicized, quarterly outreach presentations (in each county) designed to answer the public's questions about these topics: Caregiving 101; Legal Issues Related to Aging/Caregiving; Financial Facts about Retirement and Long Term Care; Community Resources & Services; Taking Care of Yourself. Topics might be presented by AAA staff and/or by speaker's bureau members who are AAA volunteer experts such as attorneys; medical personnel; adult day services; in-home care; hospice; disease organizations. The collection of presentations might be called Family Caregiver Training (FCT). Topics could be given in a full day training, or could be broken into segments, by topic, and given consecutively to an audience. FCT could be scheduled in houses of worship; nursing homes; libraries; assisted living residences; fire halls; community centers; senior centers.
Though referrals to other service providers are often made through the Family Caregiver Program, and internal cooperation within the Waccamaw AAA is evident, working relationships with community experts, service resources and host sites could be strengthened and improved. FCT will build partnerships across the community to serve family caregivers of frail elders. Volunteers will be garnered from this effort.

Strengths – The Family Caregiver Advocate is a registered nurse, and she understands the medical, practical and emotional components of providing quality care at home. She is experienced and well-versed regarding the resources available to caregivers in the Waccamaw area. Literature packets and newsletters are mailed to consumers and those that call the AAA office for assistance. The Family Caregiver Advocate is cross-trained to provider SHIP and insurance counseling. She works well with the AAA's insurance counseling provider.

Volunteer Efforts – Volunteers have not been, historically, used in the course of the Family Caregiver program. Occasionally, a volunteer writes an article for the quarterly caregiver newsletter.

Dealing with Unusual Requests – In the event of unusual request, the responding staff member first consults with local AAA colleagues, to "brainstorm" the situation and then proceeds to likely service professionals in the local community and possibly leaders at the state office on aging. Staff members follow-up on unusual requests and give clients any leads or solutions that have been generated. Unusual requests are added to a "tick list" and staff members look for patterns that relate that request to needs that others are expressing. If enough clients are expressing a need that request can be brought before the AAA staff in a meeting for discussion and solution generation.

How will Challenges be Addressed in the Next Four Years –

- Building a community caregiver educational outreach program – Family Caregiver Training
- Developing educational curriculum specific to the needs of caregivers and delivering the programs to the public one per county per quarter, or 12 eight hour sessions annually
- Developing a regional volunteer Speakers Bureau in conjunction with FCT
- Refine and improve the caregiver newsletter to reflect: Waccamaw Sports Classic; AAA service and programs; Family Caregiver Training;

CHANGING DEMOGRAPHIC IMPACT ON AAA EFFORTS

Intervention vs. Prevention – The swelling of the ranks of seniors across the region, state and country will create the necessity for older citizens to plan for greater self sufficiency in order to relieve the burden associated with government funded programs. Waccamaw AAA's focus will be on:

- The planning and implementation of financial educational programming related to: later retirement dates; saving/supplemental income sources; reverse mortgages; long term care insurance; insurance counseling
- Creating partnerships for the planning and implementation of educational health programming including: Nutrition and Exercise; Managing Medicines; Managing Health Conditions; Maintain Your Brain; Partnering with Your Physician; Supportive Caregiver Programs
- Creating staff training/monitoring procedures associated with educational topics above. Utilize trained AAA contractors, staff and community partners to implement these educational/activities programs.
- Advocacy – create grassroots advocacy to educate legislators, community and service providers regarding senior issues. Begin to be a bigger part of the process of directing and managing change.
- Media – create media partnerships that will assist the AAA and community partners in "getting the word out" to the public with regard to; pertinent legislative issues; educational and supportive programs/services; volunteer opportunities. Raise community awareness about aging issues and community resources.

Senior Center Development and Increased Use – According to the 2008 Waccamaw Community needs survey, the seniors centers in the Waccamaw region are serving a majority of people ranging in age from 61-80 years. On any given scheduled program day, the region's center's serve an average of 300 people in the centers' nutrition program. Although these individuals are taking advantage of the meal program, the results of the 2008 Waccamaw Service Gap Analysis Study clearly states that senior center participants benefit most from participation in the social aspects of the senior center. They come to the center to be with one another, and they enjoy having a place to gather together and to do things. This discovery leads Waccamaw planners to the conclusion that providing a rich, varied and well-planned activities schedule should lead to an even higher quality of service, and perhaps add appeal for those considering joining the center. Ideas to improve centers include:

- AAA to hold regularly scheduled regional center personnel meetings
- Since the Waccamaw AAA sits within the constellation of the COG, utilize the Waccamaw planning and zoning departments to provide technical assistance when applying for PIP funding
- Retraining of front-line staff to produce sanctioned activities calendars
- Provide technical assistance to front-line staff via the development of a "How To Activities Binder" including concepts behind activities; materials lists; step-by-step instructions to implement activities; activities evaluation. Distribute binders to every center in the region.
- Create a centralized "Speakers Bureau" so that center managers can easily access community experts for educational and health promotion programming
- Continue to develop partnership with local recreation departments to provide on-going physical training and sporting games in senior centers ie. Waccamaw Sports Classic and year-long physical training programs.
- Find funding and purchase and utilize Wii systems to get seniors up and moving, even in bad weather months
- Present Service Gap Analysis data to senior center food source to partner to create a plan to improve menus and food appeal
- Create senior center literature and utilize media outlets to promote senior center participation. Radio, cable channel calendar; community presentations, mailings to caregivers and insurance counseling callers

Alzheimer's Disease and Purple Ribbon Report – In response to the expected surge in Alzheimer's cases in the Waccamaw area the AAA will:

- Continue to work in tandem with the SC Chapter of the Alzheimer's Association to conduct area focus groups (Waccamaw Aging Coordinator was the VP of the Delaware Valley Chapter from 1999-2008)
- Using the experience of Aging Coordinator, continue to provide dementia-related programming to support groups, houses of worship, civic and charitable organizations, senior center participants and the community at large, as requested
- Through the AAA's newly developed Excellence in Care Program, deliver dementia-related staff training to area nursing homes, assisted living communities, day service centers, in-home care providers and hospice personnel, as contracted
- Provide additional training to AAA staff, and contractor staff with regard to recent updates on ADRD research, care and treatment. Provide resources and information linked to related dementia processes

- Work with the Alzheimer's Association to implement some early stage programming into the Waccamaw regional service area.

Project 2020 – Building on the Promise of Home and Community – Based Services – At the writing of this report, the legislation associated with Project 2020 is slated to be voted upon by the US Senate. It seems that this proposed plan will ultimately be passed now, or in the near future. The AAA is prepared to build upon its strengths in order to fulfill the "promise of home and community-based services".

Meeting the Goals of Project 2020 - The AAA demonstrates proficiency in the following key elements of quality care provision: client intake; client-centered needs assessment/ prioritization; matching identified needs with options; client empowerment; advocacy; knowledge of local home and community-based resources; care plan building; program eligibility/funding distribution; I&R. Staff experience and proficiency will serve as a foundation to foster the implementation of Project 2020. These skill sets will prove essential in implementing Person Centered Care Initiative, and the Nursing Home Diversion Initiative. Procedure, protocol and paperwork/tracking will be adapted according to legislated program parameters/mandates.

Waccamaw AAA is involved in Evidenced-Based Health Promotion via the agency's senior center contractors. These programs are being operated in each county in the service area. Several sets of certified trainers are providing service area coverage. AAA staff will avail themselves of training plan to bring these prescribed activities to families, home-bound seniors and the community at large.

Role of N4A and SE4A – N4A and NASUA, envisioned this timely idea, developed innovative plans to build this program in response to, perhaps, the greatest threat to the economy of this country and the welfare of its citizens. These project founders are the experts who will craft the implementation of this enormous piece of health care reform and practice. Keys to their success will include: implementation of a public media campaign; development of clear protocol for communicating with AAAs and front-line staff members; clear and concise training and written program materials for use by professional staff and families; well-designed data collection and care management tools; development of quality care standards and step-by step program protocol flowcharts for each individual initiative, and one to demonstrate how each initiative interfaces with the others; regularly schedule web/conference call meetings to address field issues; timely dissemination of funding so that AAAs can acquire training, additional staff members, support services etc; technical advisement and assistance; program oversight.

Role of RAAC – The Regional Advisory Council will need to be rebuilt in light of the sweeping changes expected to come to pass as a result of the implement of Project 2020. Expertise will be sought in the following areas: financial planning; elder law; geriatricians/researchers; advocacy experts; social services; adult day services; in home care; respite providers; assisted living and nursing home leadership. The community will need to come together, understand Project 2020 and the changes that are inevitably coming to community service /delivery.

Legal Assistance Services – As requests for legal services come in to the AAA, our staff works with the client to find the appropriate attorney to handle the case. The required 1% of Title III B funding is held at the AAA to be used if pro bono services are not available.

REGION SPECIFIC INITIATIVES

MISSION ⟹ STRATEGY ⟹ OUTCOMES

Mission : The Waccamaw Regional Area Agency on Aging is dedicated to improving the quality of life for area seniors by helping them to achieve an optimal level of health, independence and productivity in, both, the community and the institutional setting.

Values: Integrity-Honesty, hard work, character; Inclusiveness-equity in service for all; Respect -Embracing differences, welcoming diversity; Empowerment – Enabling seniors, and family caregivers to live proactively; Excellence-Offering our best effort in fulfilling our mission; Flexibility-Ability to adapt to change

Outcome:

Outreach -Increase Community Awareness Regarding Programs and Services

Strategies:

- Mobilize forces that will continue to create, improve and amplify educational programs and services
- Increase the community's awareness of programs/services in relation to other service providers in the region
- Optimize the agency's impact through the use of consistent messaging, and program branding
- Increase resources toward strategic communication : web; media; printed material; video
- Reach out to Spanish-speaking community: literature; linguistically matched staff/volunteers
- Participation in the community awareness campaign to be designed around Project 2020

Outcome:

Advocacy – Give Voice to Issues & Concerns Related to Aging and Caregiving

Strategies:

- Commit resources to increasing the reach, influence and effectiveness of the AAA in terms of affecting public policy
- Advance our mission through the improvement of public and private sector policy
- Build and sustain a regional grassroots advocacy entity
- Target and cultivate champions for issues and concerns related to the aging process
- Raise the priority level of age-related legislation
- Seek adequate public support for: programs/services; home and community-based services; respite care; quality of life initiatives; freedom from abuse, neglect and exploitation

Outcome:

Enhancing Residential Care and Support – Develop and Improve a Range of Supportive Programming Services and Care

Strategies:

- Promote quality of care by committing resources to expand the Ombudsman/resident service ratio across the region
- Expand monitoring capabilities by committing resources to the recruitment, training and retention of Volunteer Ombudsman
- Promote and implement options for professional staff training
- Bring dementia care education to professional staff and the families of residential care consumers
- Commit resources to obtaining clerical and data input assistance
- Explore the options related to providing support services for professional front-line staff

Outcome:

Enhancing Family Caregiver Support – Provide Educational, Financial and Supportive Services to Empower Family Caregivers to Give Quality Care in the Home

Strategies:

- Promote proactive community awareness about caregiving issues prior to the time when families take on the role – elementary, high school, young adults, Baby Boomers
- Recruit and educate legislators about the importance of assisting families in being able to afford to provide care
- Advocate for consumer managed in-home care and respite
- Offer varied programs and regularly-scheduled community educational programs in every county, quarterly
- Explore the possibility of offering recognition and respite to caregivers in the form of corporate/business sponsored "Caregiver's Day Out" or like events
- Train in Project 2020 protocol and procedures/begin implementation in local community

Outcome:

Information and Referral/Insurance Counseling – Provide access to information and referral sources in a relevant, accurate and timely manner. Assist consumers in making educated decisions regarding their care and insurance coverage.

Strategies:

- Commit resources toward obtaining clerical and data input assistance to free up expertise to reach additional clients
- Engage targeted clusters of area houses of worship in senior related educational planning
- Explore funding options to develop a church office literature file that can be distributed to congregates with needs related to aging
- Provide ecumenical clergy education regarding aging matters
- Bring scheduled Insurance Counseling to area senior centers
- Train in Project 2020 protocol and procedures/implement in the local community

Outcome:

Work in partnership with the Alzheimer's Association to provide dementia education and supportive assistance to people with dementia (PWD), their family and professional caregivers

Strategies:

- Maintain relationship with Alzheimer's Association. Keep abreast of developments in the field of care and research
- Utilize Aging Program Coordinator's experience in the field of dementia to serve the Waccamaw region
- Offer a variety of dementia- related educational programs to community
- Offer supportive care and educational guidance to PWD and family members, as necessary
- Advocate for programs, services, respite and research
- Work with the Alzheimer's Association and state office to apply the principles of Project 2020 to this special population

Outcome:

Enhance Relationships with COA Contractors – Build Solid Working Relationships

Strategies:

- Build upon past success in getting new regional programming started throughout the region – Waccamaw Sports Classic
- Institute regularly-scheduled regional leadership meetings
- Institute Quarterly front-line staff training opportunities
- Implement a working committee structure for addressing issues and improvements across the system
- Seek uniformity and consistency of: quality of service; formalized procedure/policies; excellence in customer service across the region
- Work with contractors to enhance and extend the Evidence-Based Health Promotion Program and physical activities programming in senior centers
- Plan to bring education around Project 2020 to COA and senior center staff
- Develop and offer community education around project 2020 to senior center participants and their families

Outcome:

Senior Center Services – Improve and Enhance Senior Center/Nutritional Services

Strategies:

- Regular monitoring and assuring safety compliance
- Training and technical assistance to improve calendar creation and activities programming
- Identification and implementation of pertinent training topics
- Advocacy for improved meal service – menu, food quality, food appeal
- Plans to bring community expertise to senior center groups
- Enhanced physical exercise at centers through partnership with local recreational departments
- Addition of region-wide social activities for senior center participants

Outcome:

Home-Delivered Meals – Provide dependable, timely, appealing nutritionally balanced meals to homebound seniors

Strategies:

- Regular monitoring and assuring safety standards
- Training and refresher courses for drivers around safety and emergency protocol
- Assist in the development of and advocate for client participation in telephone reassurance programs where applicable
- Improve nutrition and health educational materials that are offered with food delivery
- Deliver Project 2020 educational materials to the home, and utilize re-assessment meetings to discuss the parameters of the program with home-bound seniors and their family caregivers

Outcome: In-Home Care – Deliver dependable, timely, quality personal care and companionship to homebound, frail seniors

Strategies:

- Regular monitoring and assuring safety standards
- Expand programming as per, Project 2020
- Training and refresher courses around recognizing major changes in physical, mental or social state of consumers, and protocol to deal with changes
- Training around mandated reporting of and recognition of abuse, neglect or exploitation
- Dementia care training, as necessary
- End of life and palliative care training

Outcome:

Transportation – Provision of dependable, timely access to door-to-door transportation to and from a senior center, medical appointments and/or shopping

Strategies:

- Regular monitoring and safety assurance
- Training and refresher classes around: transferring clients; boarding and de-boarding; road and weather safety; protocol around "no shows"
- Training around infection control and vehicle cleanliness
- Training and refresher classes around disaster preparedness
- Expand medical appointment transportation services, as per Project 2020

Outcome:

Develop and Improve Educational Outreach to the Community

Strategies:

- Identify community partners with expertise that would benefit area seniors and their families 1e elder law attorney; medical personnel; social workers etc
- Create a professional Speakers Bureau. Recruit staff/community experts to be volunteer speakers
- Make a planned schedule of community educational events and advertise these on radio; cable TV calendars; flyers, posters to the public
- Develop relationships with media. Utilize newspapers, talk radio and TV to educate the public
- Utilize Speakers Bureau to staff a panel discussion in a Town Meeting format around aging issues: Abuse and Neglect; Alzheimer's Disease; Planning for Long Term Care; Legal Issues and Aging; Project 2020;
- Secure funding to utilize the Internet for teaching the public about aging programs/services, educational events, special events.
- Secure funding and create revised and updated agency brochures/literature
- Secure funding and create videos about programs and services. Utilize when educating the general public and those with low education levels
- Develop Spanish language materials, power points

Outcome:

Promote Community Involvement in AAA Services/Programs

Strategies:

- Engage Baby Boomers through the development of attractive activities and choices of opportunities
- Secure funding and paid consultant to create a Community Classes approach to activities. Hold these classes throughout the community. Fee for service programming
- Continue to build upon competitive and recreational sports activities in conjunction with local recreational departments
- Create meaningful volunteer positions that utilize the skills and talents of mature community members, energetic students, civic organizations/clubs, houses or worship

Outcome:

Explore Opportunities to Raise Revenue in order to Extend Additional Services to the Waccamaw Area

Strategies:

- Staff and contractor workshops on grant writing
- Create a corporate "giving" hierarchy and sales promotion. Utilize
- Approach industry to support local aging programs and senior centers
- Utilize advocacy approaches to enhance governmental supports for caregivers, programs and services
- Create and pilot fee-for-service classes/activities for community participants
- Create and pilot fee-for-service consultation and training programs for professional caregiving staff and residential care staff

Outcome:

Accountability - Grow and Maintain Responsible Service Provision

Strategies:

- Provide leadership/staff and volunteers with regularly scheduled, quality training in order enable them to have the tools necessary to provide excellent care and services
- Expect and promote extraordinary customer service and compassion
- Firmly maintain fiscal transparency
- Exemplify good stewardship in terms of funding
- Value volunteer service as in-kind income. Quantify these gifts. Recognize reward volunteers

WACCAMAW REGIONAL
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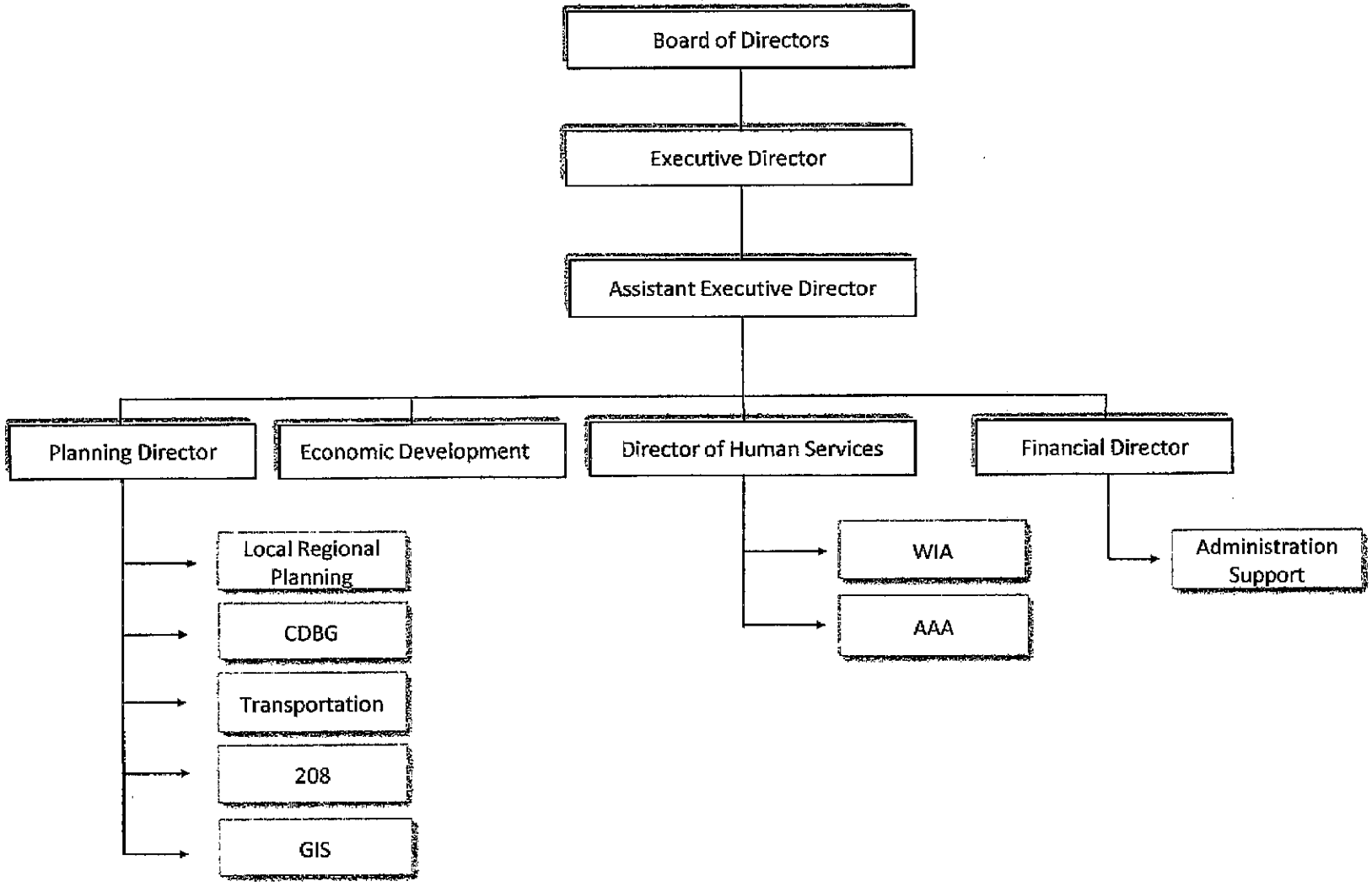
I, David M. Essex, Executive Director of the Waccamaw Regional Council of Governments, do certify that the Waccamaw aging unit functions only as the Area Agency on Aging for the purpose of carrying out the nine area agency functions specified in the Older Americans Act.

X David M. Essex

David M. Essex
E.D. Waccamaw COG

Appendix A Organizational Chart



2009-2013 REGIONAL BUDGET PLAN
OF
WACCAMAW AREA AGENCY ON AGING

For the Period

JULY 1, 2009 TO JUNE 30, 2010

Submitted

June 1, 2009

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	A	B	C	D	E	F	G	H	I	J	K	L	M
1	REGION: Waccamaw							AREA AGENCY ON AGING COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2010					
2	LINE ITEM	100% AAA Budget	Planning & Admin. B and C 75/25	Program Development 85/5/10	SSBG 100	III-B Ombudsman 85/5/10	VII Ombudsman 100	VII Elder Abuse 100	XIX Ombudsman 100	State Ombudsman Funds 100	III-B I, R & A 85/5/10	III-E I, R & A 88.24/11.76	Planning & Admin E 75/25
3	Personnel Salaries	$151,105	$23,187		$2,138	$6,682	$5,913	$1,175	$4,700	$9,473	$22,146		$10,274
4	Fringe Benefits	$83,664	$12,838		$1,184	$3,700	$3,274	$651	$2,602	$5,245	$12,261		$5,689
5	Contractual	$23,152	$18,306										
6	Travel	$35,703	$25,624		$404	$2,374	$888	$310	$150	$2,372	$203		$836
7	Equipment	$5,332	$5,332										
8	Supplies	$3,288			$150	$250	$717	$178	$46	$600	$75		$550
9	Indirect Costs	$91,856	$15,957		$1,471	$4,598	$4,069	$809	$3,234	$6,519	$15,240		$7,070
10	Allocated Costs	$12,129											
11	Other Direct Costs	$207,658	$69,771	$23,746	$333	$524	$350	$125	$10	$600	$75		$400
12	TOTAL OPERATING BUDGET	$613,887	$171,015	$23,746	$5,680	$18,128	$15,211	$3,248	$10,742	$24,809	$50,000	$0	$24,819
13	LESS: In-kind Not for Match	$0											
14	LESS: Local Cash Not for Match	$0											
15	TOTAL AREA PLAN BUDGET: LGOA	$613,887	$171,015	$23,746	$5,680	$18,128	$15,211	$3,248	$10,742	$24,809	$50,000	$0	$24,819
16								COMPUTATION OF GRANT					
17	APPROVED AREA PLAN BUDGET	$613,887	$171,015	$23,746	$5,680	$18,128	$15,211	$3,248	$10,742	$24,809	$50,000	$0	$24,819
18	LESS: State Funds (Non-Match)	$0											
19	NET MATCHABLE AP BUDGET	$501,361	$171,015	$23,746		$18,128	$15,211	$3,248			$50,000	$0	$24,819
20	LESS: State 5%Match	$4,594		$1,187		$906					$2,500		
21	LESS: Required Grantee Match	$71,725	$42,754	$2,375		$1,813					$5,000	$0	$6,205
22	Federal Share	$425,042	$128,261	$20,184	$0	$15,409	$15,211	$3,248	$0	$0	$42,500	$0	$18,614
23	BREAKOUT OF LOCAL MATCH (L22):	$71,725	$42,754	$2,375		$1,813					$5,000	$0	$6,205
24	Local Cash Match Resources	$71,726	$42,754	$2,375		$1,813					$5,000		$6,205
25	Local In-kind Match Resources	$0											
26	State Funds Used as Local Match	$0											
27	Total Local Match (Must = Line 25)	$71,726	$42,754	$2,375		$1,813					$5,000	$0	$6,205
29	FRINGE RATE AS % OF SALARIES: 55.37%								INDIRECT COST AS % OF FUNDED PERSONNEL:				
30	Yellow cells are calculated values-**DO NOT enter data in these cells.**				Blue indicates cells in which data **normally** should not be entered.				Green and Gold columns are for ARRA **P&A expenditures related to ARR**				

	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1	2013														
2	III-E Services Staff 88.24/11.76	III-E Caregiver Services 100	ARRA P&A 75/25	ARRA P&A 75/25	AoA Medicare Patrol 75/25	CMS I-CARE 100	MIPPA 100	P&A PD SSBG	P& A ARRA	Ombudsman	I&A	FCSP	INSURANCE COUNSELING	TOTAL AAA BUDGET	LINE ITEM
3	$24,803		$4,868	$2,434	$4,419	$11,268	$17,625	$25,325	$7,302	$27,943	$22,146	$35,077	$33,312	$151,105	Personnel Salaries
4	$13,733		$2,695	$1,348	$2,447	$6,239	$9,758	$14,022	$4,043	$15,472	$12,261	$19,422	$18,444	$83,664	Fringe Benefits
5						$1,890	$2,956	$18,306	$0	$0	$0	$0	$4,846	$23,152	Contractual
6	$705		$228	$28	$545	$404	$632	$26,028	$256	$6,094	$203	$1,541	$1,581	$35,703	Travel
7								$5,332	$0	$0	$0	$0	$0	$5,332	Equipment
8	$149				$284	$113	$176	$150	$0	$1,791	$75	$699	$573	$3,288	Supplies
9	$17,069		$3,350	$1,675	$3,041	$7,754		$17,428	$5,025	$19,229	$15,240	$24,139	$10,795	$91,856	Indirect Costs
10							$12,129	$0	$0	$0	$0	$0	$12,129	$12,129	Allocated Costs
11	$205	$110,868			$300	$136	$215	$93,850	$0	$1,609	$75	$111,473	$651	$207,658	Other Direct Costs
12	$56,664	$110,868	$11,141	$5,485	$11,036	$27,804	$43,491	$200,441	$16,626	$72,138	$50,000	$192,351	$82,331	$613,887	TOTAL OPERATING BUDGET
13														$0	LESS: In-kind Not for Match
14														$0	LESS: Local Cash Not for Match
15	$56,664	$110,868	$11,141	$5,485	$11,036	$27,804	$43,491	$200,441	$16,626	$72,138	$50,000	$192,351	$82,331	$613,887	TOTAL AREA PLAN BUDGET: LGOA
16															
17	$56,664	$110,868	$11,141	$5,485	$11,036	$27,804	$43,491								
18															
19	$56,664	$110,868	$11,141	$5,485	$11,036										
20															
21	$6,664		$2,785	$1,371	$2,759										
22	$50,000	$110,868	$8,356	$4,114	$8,277	$0	$0								
23	$6,664		$2,785	$1,371	$2,759										
24	$6,664		$2,785	$1,371	$2,759										
25															
26															
27	$6,664		$2,785	$1,371	$2,759										
29	39.13%														
30	A activities.														

Worksheet for Staffing Budget and NAPIS Staffing Profile for SFY 2009-2010

Enter the names 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 I-CARE/SMP	Percent Charged to Other III-B Services	Percent Charged to Other Grants or Local Funding
Planning and Administration	**2002**	**105.98%**		**4.00%**						**-9.98%**
Kimberly Harmon	874	44.00%		4.00%						52.00%
Danita Vetter	1,128	61.98%								38.02%
		0.00%								100.00%
FTEs	1.03									
Program Development	**37**		**2.03%**							**97.97%**
Kimberly Harmon	37		2.03%							97.97%
FTEs	0.02									
Ombudsman	**1820**				**100.00%**					**0.00%**
Tasia Stackhouse	1,820				100.00%					0.00%
										100.00%
FTEs	0.93									
I & A	**1510**					**82.97%**	**0.00%**	**0.00%**		**17.03%**
Brenda Blackstock	1,510					82.97%				17.03%
	0							0.00%		100.00%
FTEs	0.77									
Insurance Counseling/SMP	**1002**							**55.05%**		**44.95%**
Brenda Blackstock	310							17.03%		100.00%
Danita Vetter	692							38.02%		61.98%
FTEs	0.51									
Family Caregiver Program	**1820**						**100.00%**			**0.00%**
Jennifer Gray	1,820						100.00%			0.00%
	0						0.00%			100.00%
FTEs	0.93									
Other AAA Direct Services	**0**								**0.00%**	**100.00%**
	0								0.00%	100.00%
FTEs	0.00									
COMBINED SERVICE DELIVERY	**6152**									
Access/Care Coordination	**0**						**0.00%**			100.00%
	0						0.00%			100.00%
FTEs	0.00									
Clerical/Support Staff	**455**	**25.00%**			**0.00%**		**0.00%**	**0.00%**		75.00%
Katina Everett	455	25.00%			0.00%		0.00%	0.00%		75.00%
FTEs	0.23									
Volunteers	0				0.00%					100.00%
TOTAL PAID HOURS	**10,920**									
TOTAL PAID FTEs	**6.00**									

List Names of Aging Unit Staff	Annual Payroll Hours All Sources
AGENCY'S FTE	**1820**
Kimberly Harmon	1820
Danita Vetter	1820
Jennifer Gray	1820
Brenda Blackstock (M)	1820
Tasia Stackhouse (M)	1820
Katrina Everett	1820
	0
	0
	0
	0
	0
Contractors	0
Volunteers	0
Total Hours	10,920

NOTES: **1. Enter the agency's FTE hours in cell N4** 2. List each individual assigned to the aging unit either full or part time. 3. 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. 4. Any staff charged to Indirect Costs shall not be listed either as part of the aging unit or non-aging units. 5. 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.

REGION: Waccamaw

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 75% In-Home Services 1% Legal Assistance 1%

Enter Total III B after Transfers for SFY 2008-2009		$308,506	**and SFY 2009-2010**	$550,272
ACCESS SERVICES	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
A. Transportation	$257,005		$463,734	
B. Information & Assistance (**III-B** funding **Only**)	$42,500		$42,500	
C. Case Management				
D. Outreach				
TOTAL ACCESS EXPENDITURES	$299,505	97.08%	$506,234	92.00%
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	$5,916		$38,536	
B. Level II Homemaker with Limited Personal Care				
C. Level III Personal Care with Limited Medical Assistance				
TOTAL IN-HOME EXPENDITURES	$5,916	1.92%	$38,536	7.00%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
TOTAL L.A. EXPENDITURES	$3,085	1.00%	$5,503	1.00%

Region: Waccamaw

REQUESTED TRANSFER OF FEDERAL FUNDS SFY 2009-2010

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

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

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

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

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

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

REQUESTED TRANSFERS

TITLE	ORIGINAL ALLOCATION (See Note Below)	REQUESTED TRANSFER	REQUESTED ALLOCATION	% OF TRANSFER
III-B	$550,272	$0	$550,272	0.00%
III-C-1	$338,526	$0	$338,526	0.00%
III-C-2	$171,945	$0	$171,945	0.00%
TOTAL	$1,060,743	$0	$1,060,743	

INSTRUCTIONS

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

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

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

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

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

WACCAMAW AREA AGENCY ON AGING SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY 09/10

	A	B	C	D	E	F	G	H	I	J	K	M	N
2	**NOTE:** Match Ratio **if using III-E** is 88.24(F) to 11.76(L)	IN-HOME & COMMUNITY-BASED SERVICES										NUTRITION SERVICES	
3		Transportation	Chore or Housekeeping	Medical Transportation	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
4	CONTRACTED UNITS	761,262	10,204	17,298	0	0	43	4,000				101,677	198,378
5	Title III Federal B, C	$463,734	$38,536	$0	$0	$0	$5,503	$42,500	$0	$0	$550,273	$338,526	$171,945
6	ARRA Funds - Cong. & HDM										$0	$75,204	$37,023
7	Title III Federal E					$0		$0	$0		$0		
8	State 5% Match B,C, ARRA	$27,278	$2,267	$0	$0	$0	$324	$2,500	$0	$0	$32,369	$24,337	$12,292
9	Local:Cash match	$54,557	$4,534	$0	$0	$0	$647	$5,000	$0	$0	$64,738	$48,674	$24,584
10	Local:In-kind match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
11	Total Local Match	$54,557	$4,534	$0	$0	$0	$647	$5,000	$0	$0	$64,738	$48,674	$24,584
12	ACE-Bingo		$38,329	$0	$0	$0		$0	$0	$0	$38,329		$9,112
13	SC General Revenue Services	$0	$74,191	$17,990	$0	$0	$0	$0	$0	$0	$92,181	$5,713	$57,080
14	State Services-Non-recurring	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$27,580	$200,718
15	NSIP										$0	$0	$169,487
16	Est. Income-State Services	$0	$0	$0	$0	$0			$0	$0	$0	$0	$0
17	Estimated GRI for Title III	$3,760	$710	$0	$0	$0	$0		$0		$4,470	$4,524	$2,796
18	SSBG HDM Funds										$0		$76,056
19	Other SSBG Grants to AAA			$0		$0					$0		
20	Total Contracted Funds	$549,329	$158,567	$17,990	$0	$0	$6,474	$50,000	$0	$0	$782,360	$524,558	$761,093
21	Contracted Rate	$0.7216	$15.5397	$1.0400	#DIV/0!	#DIV/0!	$150.5513	$12.5000	#DIV/0!	#DIV/0!	N/A	5.1591	$3.8366
22	NOTE: Contracted rate includes Local Match												
23	COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE												
24	Net Contracted (AIM) Rate	$0.7216	$15.5397	$1.0400	#DIV/0!	#DIV/0!	$150.5513	$12.5000	#DIV/0!	#DIV/0!	NA	$5.1591	$3.8366
25	AIM Units:Other SSBG Svs			0		#DIV/0!							
26	AIM Units: SSBG HDMs												19824
27	AIM Units-Non-recurring State	0	0	0	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!		5346	52317
28	AIM Units:State Funded Svs	0	4774	17298	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!		1107	14878
29	AIM Units: ACE-BINGO		2467	0	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!		0	2375
30	AIM Units: State Svs Income	0	0	0	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!		0	0
31	AIM Units: ARRA Funds											17,149	11,353
32	NSIP Share of CUC											$0.0000	$1.7360
33	AIM Title III Meal Rate											$5.1591	$2.1006
34	AIM Units:Title III (F+S+L)	756051	2917	0	#DIV/0!	#DIV/0!	43	4000	#DIV/0!	#DIV/0!		77197	96300
35	AIM Units: GRI (Estimate)	5211	46	0	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!		877	1331
36	TOTAL CONTRACT UNITS	761,262	10,204	17,298	0	0	43	4,000	0	0	N/A	95,224	128,808
37	NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income												
38	Total of All Other Resources by Service	$187,500	$104,000	$0	$0	$0	$0	$0	$0	$0	NA	$0	$0
39	Total of Units Served with those Other Resources	250000	6500	0	0	0	0	0	0	0	NA	0	0
40	TOTAL SERVICE BUDGET	$736,829	$262,567	$17,990	$0	$0	$6,474	$50,000	$0	$0	N/A	$524,558	$761,093
41	Total Unit Cost	$0.7286	$15.7188	$1.0400	#DIV/0!	#DIV/0!	$150.5513	$12.5000	#DIV/0!	#DIV/0!	NA	$5.1591	$3.8366

	O	P	Q	R	S	T	U	V	W	X	Z	AA	AC
1	WACCAMAW AREA AGENCY ON AGING SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY 09/10												Page 2
2		PREVENTION AND WELLNESS SERVICES									INSURANCE COUNSELING		TOTALS
3	CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Senior Games	Minor Home Repair (State Funds)	Medication Management	TOTAL Wellness	Medicare Fraud (AoA)	I-CARE (CMS)	All Sources (Both Pages)
4	CONTRACTED UNITS	0	0	16,488	0	0	0	0	6,306	N/A	500	1,800	N/A
5	Title III Federal D, SMP, I-CARE	$0	$0	$18,323	$0	$0	$0		$7,060	$25,383	$8,277	$27,509	$1,121,913
6	ARRA Funds												$112,227
7	Title III Federal E									$0			$0
8	State 5% Match D, ARRA	$0	$0	$1,078	$0	$0	$0		$415	$1,493			$70,491
9	Local:Cash match			$2,156					$831	$2,987	$2,759		$143,742
10	Local:In-kind match									$0			$0
11	Total Local Match	$0	$0	$2,156	$0	$0	$0		$831	$2,986	$2,759		$143,742
12	ACE-Bingo		$0			$0		$0	$0	$0			$47,441
13	SC General Revenue Services	$0	$0	$0	$0	$0	$0	$0	$0	$0			$154,974
14	State Services-Non-recurring	$0	$0	$0	$0	$0	$0	$0	$0				$228,298
15	NSIP									$0			$169,487
16	Estimated Fees-State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0			$0
17	Estimated GRI for Title III	$0	$0	$150	$0	$0	$0	$0	$0	$150			$11,940
18	SSBG HDM Funds									$0			$76,056
19	Other SSBG Grants to AAA									$0			$0
20	Total Contracted Funds	$0	$0	$21,707	$0	$0	$0	$0	$8,306	$30,013	$11,036	$27,509	$2,136,569
21	Contracted Rate	#DIV/0!	#DIV/0!	$1.3165	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$1.3172	N/A	$22.0720	$15.2828	N/A
22	NOTE: Contracted rate includes Local Match												
23	COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE												
24	Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	$1.3165	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$1.3172	NA	$22.0720	$15.2828	NA
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!	#DIV/0!	#DIV/0!	0		0	0	
28	AIM Units:State Funded Svs	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0				
29	AIM Units: ACE-BINGO	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0				
30	AIM Units: State Svs Income	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0				
31	AIM Units: ARRA Funds												
32	NSIP Share of CUC												
33	AIM Title III Meal Rate												
34	AIM Units:Title III (F+S+L)	#DIV/0!	#DIV/0!	16374	#DIV/0!	#DIV/0!	#DIV/0!		6306				
35	AIM Units: GRI (Estimate)	#DIV/0!	#DIV/0!	114	#DIV/0!	#DIV/0!	#DIV/0!		0				
36	CONTRACTED UNITS	0	0	16,488	0	0	0	0	6,306	N/A	500	1,800	N/A
37	NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees												
38	Total Other Resources per Service	$0	$0	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA
39	Total Units Served with Other Resources	0	0	0	0	0	0	0	0	NA	0	0	NA
40	TOTAL SERVICE BUDGET	$0	$0	$21,707	$0	$0	$0	$0	$8,306	NA	$11,036	$27,509	NA
41	Total Unit Cost	#DIV/0!	#DIV/0!	$1.3165	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$1.3172	NA	$22.0720	$15.2828	NA

Region: Waccamaw

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	$549,329	761,262	$0.7216
Housekeeping or Chore	$158,566	10,204	$15.5396
Medical Transportation	$17,990	17,298	$1.0400
Personal Care with Limited Medical Assistance	$0		#DIV/0!
Home Living Support	$0		#DIV/0!
Adult Day Care	$0		#DIV/0!
Legal Assistance	$6,474	43	$150.5581
Information, Referral & Assistance	$50,000	4,000	$12.5000
Outreach	$0		#DIV/0!
Respite Care	$0		#DIV/0!
Care Management	$0		#DIV/0!
Group Dining	$524,558	101,677	$5.1591
Home Delivered Meals	$761,094	198,377	$3.8366
Health Screening	$0		#DIV/0!
Nutrition Risk Follow-Up	$0		#DIV/0!
Health Promotion Program	$21,707	46,488	$0.4669
Physical Fitness	$0		#DIV/0!
Home Injury Prevention	$0		#DIV/0!
Senior Games	$0		#DIV/0!
Minor Home Repair (State Funds Only)	$0		#DIV/0!
Medication Management	$8,306	6,306	$1.3172
I-Care Calls/Contacts incl MIPPA AAA	$60,315	4,000	$15.0788
SMP Calls/Contacts incl SHIP MIPPA	$22,016	1,000	$22.0160
Caregiver Services	$110,868	900	$123.1867

NUMBER OF MINORITY PROVIDERS	0
NUMBER OF RURAL PROVIDERS	2
TOTAL NUMBER OF PROVIDERS	3

REGION: Waccamaw

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	TransportationContracted Unit Cost	Chore, House-keeping Funds	Chore, House-keeping Units	Chore, House-keeping Unit Cost	Medical Transp	Medical Transp	Medical Transp	Personal Care Itd Med. Asst. Funds	Personal Care Itd Med. Asst. Units	Personal Care Itd Med. Asst. Unit Cost	Home Living Support Funds	Home Living Support Units	Home Living Support Unit Cost
2009-2010	Georgetown	$142,389	215,741	**$0.6600**	$55,000	3,637	**$15.1224**	$17,990	17,298	**$1.0400**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010	Horry	$244,086	325,448	**$0.7500**	$80,710	5,044	**$16.0012**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010	Williamsburg	$162,854	220,073	**$0.7400**	$22,856	1,523	**$15.0072**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010	REGIONWIDE	$549,329	761,262	**$0.7216**	$158,566	10,204	**$15.5396**	$17,990	17,298	**$1.0400**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011	REGIONWIDE	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	REGIONWIDE			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	REGIONWIDE			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**

REGION: Waccamaw

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		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Waccamaw COG	$6,474	43	$150.5581	$0	0	#DIV/0!	$0	0	#DIV/0!	$50,000	4,000	$12.5000	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$6,474	43	$150.5581	$0	0	#DIV/0!	$0	0	#DIV/0!	$50,000	4,000	$12.5000	$0	0	#DIV/0!
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Waccamaw 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	Georgetown	$143,250	28,470	$5.0316	$212,402	61,745	$3.4400	$0	0	#DIV/0!	$0	0	#DIV/0!	$6,037	2,352	$2.5668
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Horry	$236,241	50,256	$4.7008	$351,998	101,440	$3.4700	$0	0	#DIV/0!	$0	0	#DIV/0!	$9,850	7,880	$1.2500
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Williamsburg	$145,067	22,951	$6.3207	$196,694	35,192	$5.5892	$0	0	#DIV/0!	$0	0	#DIV/0!	$5,820	6,256	$0.9303
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$524,558	101,677	$5.1591	$761,094	198,377	$3.8366	$0	0	#DIV/0!	$0	0	#DIV/0!	$21,707	16,488	$1.3165
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Waccamaw 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	Georgetown	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$2,326	906	$2.5673
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Horry	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$3,738	2,990	$1.2502
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Williamsburg	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$2,242	2,410	$0.9303
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$8,306	6,306	$1.3172
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

DESIGNATED AND UNDESIGNATED FOCAL POINTS IN THE PSA IN 2009-2010				
County	**Focal Point Organization**	**Focal Point Street Address**	**AAA Designated Focal Point**	**Type of Organization or Facility**
Georgetown	Georgetown County Bureau of Aging Services	2104 Lincoln Street, Georgetown, SC 29440	Yes	County Government
Horry	Horry County Council on Aging	2213 North Main Street, Conway, SC 29526	Yes	Private/Not for Profit
Williamsburg	Vital Aging of Williamsburg County, Inc.	501 North Longstreet Street, Kingstree, SC 29556	Yes	Private/Not for Profit

INSTRUCTION: In addition to any focal points officially designated by the Area Agency, include those community facilities and programs that are considered by older adults to be their community's source of information or access to services, activities and programs as <u>undesignated</u> focal points.

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

REGION: Waccamaw — **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
Georgetown	641	418	65.21%	611	95.32%	292	45.55%	236	56.46%	56	25.11%	153	23.87%
Horry	1187	441	37.15%	695	58.55%	867	73.04%	361	81.86%	506	67.83%	335	28.22%
Williamsburg	398	325	81.66%	241	60.55%	194	48.74%	138	42.46%	56	76.71%	234	58.79%
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Regionwide	2226	1184	53.19%	1547	69.50%	1353	60.78%	735	62.08%	618	59.31%	722	32.43%

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

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

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

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

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

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

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

SUPPLEMENTAL DETAIL - BREAKOUT OF MINORITY POPULATIONS SERVED SFY 2008-2009					
Service Delivery Contractors	**African-American**	**Hispanic**	**Native American or Alaskan Native**	**Asian/ Pacific Islander**	**Unknown Ethnicity**
Georgetown	418	0	0	0	0
Horry	433	0	8	0	0
Williamsburg	325	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Regionwide	1176	0	8	0	0