Lower Savannah Council of Governments

Area Agency on Aging/

Aging, Disability and Transportation

Resource Center

2014-2017 Area Plan

Lower Savannah Council of Governments

P.O. Box 850, Aiken, S.C. 29802
Tel. (803) 649-7981 Fax (803) 649-2248
http://www.lscog.org

May 31, 2013

Mr. Tony Kester, Director
The Lieutenant Governor's Office on Aging
1301 Gervais Street
Suite 350
Columbia, SC 29201

Dear Tony,

It is with great pleasure that the Lower Savannah Council of Governments/Area Agency on Aging/Aging, Disability and Transportation Resource Center submits its DRAFT 2014-2017 Area Plan. The Lower Savannah Council of Governments Board of Directors will be meeting on Thursday, June 13, 2013 to approve the area plan. The signature pages and any edits required by the Lower Savannah Council of Governments Board of Directors will be forwarded to the Lieutenant Governor's Office on Aging no later than the Monday, June 17, 2013.

We look forward to seeing you on June 26, 2013 to do our formal Lower Savannah Area Plan presentation. If you have any questions, please let me know.

Sincerely,

Connie

Connie H. Shade
Executive Director

Serving the counties of: Aiken ~ Allendale ~ Bamberg ~ Barnwell ~ Calhoun ~ Orangeburg

Contents

I. Introduction

A. Purpose

The purpose of the Lower Savannah Council of Governments/Area Agency on Aging/ Aging, Disability and Transportation Resource Center 2014-2017 Area Plan is to document how the Area Agency on Aging (AAA)/Aging, Disability and Transportation Resource Center (ADTRC) will plan and provide program development and resource development, service delivery, contracts and grants management, training, community education, advocacy and coordination for a comprehensive coordinated service delivery system in the Lower Savannah Region. Under this Area Plan the Lower Savannah Council of Governments/AAA/ADTRC commits to carry out the Area Plan to meet all Federal and State Requirements.

B. Verification of Intent

C. Verification of AoA and LGOA Assurances

II. Executive Summary

Enhancement, comprehensiveness, creativity, credibility, accountability and responsiveness to the needs and wants of older adults, people with disabilities and their family caregivers are the themes of the 2014-2017 Lower Savannah Area Agency on Aging/Aging, Disability and Transportation Resource Center (Lower Savannah AAA/ADTRC) Area Plan. The Lower Savannah AAA/ADTRC will reply on partnerships at many levels, including partnerships with a network of advocates, services providers, leaders and contracted providers of Older Americans Act services, to continue our efforts to help make our region a better place to live and grow over the next four (4) years.

The Lower Savannah AAA/ADTRC is working to serve older adults in the most holistic way possible, realizing that Older Americans Act funds and State funds alone can't meet the needs of the growing aging populations in the Lower Savannah Region. We are striving and encouraging our contractors to work to generate other sources of revenue in order to serve as many seniors in the region as possible. We are working with partners at many levels across multiple program areas to bring in additional resources above and beyond those from the Older Americans Act and to maximize their effectiveness in addressing the needs identified in our regional needs assessment. The staff of the AAA/ADTRC shares a vision for services for older adults that adapt with the changing needs and expectations across generations, to address the goals of helping older adults and

people with disabilities to live long, healthy and independent lives, aging in place in their own homes and communities for as long as possible. We will continue to work toward this vision by constantly evaluating the services we plan, provide and purchase as part of the Area Plan, and to ask ourselves if we are addressing priority needs in a way that has the best potential for positive impacts and outcomes for those we are serving! We believe that it is important to retain focus on continuing to make those positive impacts and outcomes every day in the lives of seniors, people with disabilities and their family caregivers in the Lower Savannah Region!

The staff of the Lower Savannah AAA/ADTRC has worked since 2004 to eliminate program "silo" thinking and to break down barriers among related programs in the AAA/ADTRC. Staff in the AAA/ADTRC are cross trained on all programs offered within the AAA/ADTRC. We continue to consider ourselves as subject matter experts in a wide array of programs operated within the AAA/ADTRC and outside of the AAA/ADTRC. ADRC's were set up to be a no wrong door access for information on subjects related to aging, people with disabilities and their family caregivers. We continue to use this philosophy in the daily provision of services to people in the region.

In each program area covered by the AAA/ADTRC, we have staff that are experienced, competent, compassionate and committed about the part of the big picture they represent. From Medicare counseling to Information and Referral/Assistance, to fraud prevention, legal services and long term care Ombudsman services, our plans for addressing each services area are timely and well-suited for the needs and environment in the region. The Family Caregiver program continues to operate so successfully, with a great majority of satisfied, grateful and complimentary caregivers assisted by a caring and experienced Family Caregiver Advocate. Services purchased through contracts with local providers of services will be consistently monitored to ensure the services are provided and accurately accounted for. We will seek to incorporate new accountability measures from the newest LGOA Policy and Procedures Manual without sacrificing the focus on the individuals we are here to serve.

Since the 2009-2013 Area Plan, the Lower Savannah AAA/ADTRC has implemented a national model Travel Management and Coordination Center, which was integrated into our ADRC to make our ADRC an ADTRC. New technology was made available to the entire ADTRC as well as to the transportation providers in the region, many of whom are aging service contractors. We will continue to work tirelessly to improve transportation access and quantity and quality of service throughout the region serving low-income, minority and rural seniors and people with disabilities during the process.

III. Overview of the Planning and Service Area Region

A. Mission

The Mission of Lower Savannah Aging, Disability and Transportation Resource Center is to connect people in Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg Counties to resources that improve quality of life.

B. Vision

The Vision of the Lower Savannah Aging, Disability and Transportation Resource Center (ADTRC) is to be a comprehensive service and information network for improving and enhanced quality of life for our citizens. We appreciate having flexibility to plan and facilitate locally developed solutions to address local needs. Within the ADTRC, the Area Agency on Aging is a known and trusted source of information about issues of concern to older adults and their families. The AAA develops plans and service delivery mechanisms, operates with appropriate partnerships to address local issues, and administers Older Americans Act and other programs with credibility and transparency, all the while maintaining focus on making a difference in the lives of the people we are here to serve. The purpose for all of the work of the AAA is to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

C. Organizational Structure

The Lower Savannah Area Agency on Aging/Aging, Disability and Transportation Resource Center (Lower Savannah AAA/ADTRC) is located in the Lower Savannah Council of Governments. The Lower Savannah AAA/ADTRC is located in the Human Services Division. The Aging and Disability Programs Manager oversees the aging and disability programs, with direct program staff (SHIP, SMP, Family Caregiver and Ombudsman) reporting to the Aging and Disability Programs Manager. The Aging and Disability Programs Manager is supervised by the Human Services Director who reports to the Assistant Executive Director of the LSCOG. Within the Lower Savannah ADTRC, the Area Agency on Aging functions only for the purpose of carrying out the nine (9) functions of the AAA as specified in the Older Americans Act.

D. Staff Experience and Qualifications

Connie H. Shade- is the Executive Director and Planning and Service Area Director and has been employed with the Lower Savannah Council of Governments (COG) since May, 1970, and is the longest tenured employee with the organization. She is currently serving as Executive Director of the organization and manages a staff of more than 50 employees and its operational

and contractual budget of approximately $12M. During her employment with Lower Savannah, she has served in many COG positions including Assistant Executive Director, Director of the Aging Unit, and Recreational Planner. While serving as Director of the Aging Unit, a position she held for 15 years, she was responsible for establishment of wellness programs for older adults and the regional long term care ombudsman program (both activities which are still in operation at the COG). In 1988 she co-authored with the Aging Unit Director at Central Midlands a report on the Development and Testing of a Model In-Home Services Quality Assurance System for Title III Services in Rural/Urban Areas. In 2000 she was responsible for establishing the Regional Transit Management Association (RTMA) at Lower Savannah COG. The RTMA has a mission to coordinate urban and rural transit services within a six-county region. This RTMA was the first in the state of South Carolina to be designated by the S. C. Department of Transportation – Division of Mass Transit as a regional coordination program. This project has led to development of four new transit systems within the COG region and serves as a model for use of existing resources to meet transit needs. Ms. Shade also participated in the establishment of the Three Rivers Solid Waste Authority which was originally housed within the Lower Savannah COG. The Authority brought together county officials from nine counties to build, manage, and own a solid waste facility located on Department of Energy federal property. She served as Treasurer of the Three Rivers Solid Waste Authority from 1992 until 2004.

Frances B. Owens- is the Finance Director for the Lower Savannah Council of Governments. She is responsible for the AAA Budget and internal and flow-through draw down request. She has been with the Lower Savannah Council of Government for 20 years. She has been a Certified Government Finance Officer through the South Carolina Finance Officers Association since September 2000.

Lynnda C. Bassham- is the Director of Human Services Division for the Lower Savannah Council of Governments. Lynnda is responsible for overseeing the day-to-day operations of the Human Services Division which includes the Area Agency on Aging, the Aging, Disability and Transportation Resource Center (ADTRC) other human services programs and the COG's extensive work with transit. She has a bachelor's Degree in Sociology and has done graduate work at New York University, the University of North Carolina and the University of South Carolina- Aiken. She has over thirty (30) years' experience in the field of aging and transportation. She was the first Area Agency on Aging Director at LSCOG, was the Executive Director for the Aiken Area Council on Aging for eleven years and worked as the Administrator for two assisted living facilities. She was the first Family Caregiver Advocate at LSCOG, when that program was initiated in 2001. She led the work from LSCOG, along with state

unit on aging personnel, in the development of the state's first Aging and Disability Resource Center at LSCOG, and then the work funded by the Centers for Medicare and Medicaid Services and the US Department of Transportation to implement the COG's national model of integrated transit and mobility management into the ADRC. She is a Certified Information and Referral Specialist. Lynnda serves on the National Center on Senior Transportation steering committee, is a State Delegate for the Community Transportation Association of America, and is an officer in the Transportation Association of South Carolina. She is past president of both the SC Association of Council on Aging Directors and the Transportation Association of SC.

Mary Beth Fields- is the Aging and Disability Programs Manager for the Lower Savannah Council of Governments. She is responsible for the functions of the Area Agency on Aging which include but are not limited to planning, program development, resource development, service delivery, contract and grants management, training, community education, advocacy, coordination, technical assistance and quality assurance. She supervises the programs under this Area Plan. Mary Beth is a graduate of Lander University with a Bachelor of Science degree and has been working in the Human Services Department for nine (9) years. She spent three (3) as the Information and Resource Specialist and three (6) years as the Aging and Disability Programs Manager which is the full-time AAA Director in the agency. She is Certified Information and Referral Specialist for Aging (CIRS-A) and certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program.

E. Regional Aging Advisory Council Board

The Regional Aging Advisory Council (RAAC) has six (6) members representing Aiken County and (6) members representing Orangeburg County; and three (3) members representing each of the remaining counties: Allendale, Bamberg, Barnwell and Calhoun for a grand total of 24 advisory committee members. All members l have final appointment made by the Lower Savannah Council of Governments Board of Directors. Advisory Committee members serve three-year staggered terms. The terms of membership on the Advisory Committee are so arranged that the terms of one-third of the membership shall expire during each year to allow for the placement of new members from the Lower Savannah Region. The committee has a Chairperson and a Vice-Chairperson. The officers are nominated within the Advisory Committee and voted upon by committee members. Members of the Lower Savannah Council of Governments (LSCOG) Board of Directors serve on the RAAC. Information is shared between the LSCOG Board of Directors and the RAAC through RAAC members who sit on the LSCOG Board, the PSA Director, the Human Services Director and the Aging

and Disability Programs Manager. RAAC Board members also serve on the Silver Haired Legislature (SHL), deliver home delivered meals and serve on county councils.

F. Current Funding Resources for the AAA/ADTRC Operations

The Lower Savannah AAA/ADTRC has worked over the last 8 years to continue to expand our ADRC into an ADTRC (which includes transportation information and assistance and coordination.). We learned from people we serve, service providers, local elected officials and members of city and county government that transportation is a key component for people who need to access resources in our region. With the expansion of our ADRC into an ADTRC we are able to provide mobility managers who help people in need of transportation find transportation and access the places and services they need. In addition to funds from the LGOA for funding the ADTRC (including the Area Agency on Aging) are the following:

Funder	Program	Amount
United Way of Aiken County	Medication Assistance Program (MAP)	$42,000
SCDOT	5316 JARC	$126,475
SCDOT	5316 Admin/TA	$10,000
SCDOT	5317 New Freedom/TA	$10,000
SCDOT	5317 New Freedom	$100,000
FTA	5316 JARC Mobility Management	$150,000
FTA	5316 JARC Admin	$15,000
FTA	5317 New Freedom Mobility Management	$150,000
FTA	5317 New Freedom Admin	$15,000
ARTS	5303 Planning	$48,000

G. Written Procedures

The Lower Savannah AAA/ADTRC Policy and Procedures Manual was designed using the *South Carolina Aging Networks Policy and Procedures Manual* as a guide. The Manual has 4 Sections. Section 100 is the Area Agency on Aging/Aging, Disability and Transportation Resource Center Organization. This

section gives an overview of the Lower Savannah AAA/ADTRC and guidelines we follow. Section 200 is the Area Agency on Aging/Aging, Disability and Transportation Resource Center Function. This section describes the functions of the Lower Savannah AAA/ADTRC and how we will implement those functions. Section 300 is the Regional Area Plan Process. This section describes how we will write and implement the Area Plan. Section 400 is the Policy and Procedures for Contractors. This section gives detailed instruction to the contractors on the Lower Savannah AAA/ADTRC expectations. The Appendixes section has definitions, abbreviations, forms, Operational Guidelines for the Aging, Disability and Transportation Resource Center Advisory Committee and General Information.

H. Sign-in Sheets

All of the Lower Savannah AAA/ADTRC congregate meal contractors are using the required LG94 sign-in sheet. When the Lower Savannah AAA/ADTRC is out on announced and unannounced monitoring sign-in sheets are checked. There are fourteen (14) congregate meal sites in the Lower Savannah Region. Each month the AAA will randomly request the sign-in sheets from a site to be turned in with the contractor's monthly billing. A copy of the sign-in sheets will be made and units of service in AIM will be verified for each participant.

The Lower Savannah AAA/ADTRC will require each contractor to submit a copy of the HDM route sheet which has been signed and dated by the driver (employee and volunteer) on a monthly basis. The employee or the volunteer coordinator will sign a form that verifies that all of the home delivered meals were delivered and then the executive director will sign a form which also verifies that the home delivered meals were delivered.

I. Activity Calendars

The Lower Savannah AAA/ADTRC contractors are required to submit all congregate meal activity calendars by the 20th day of the month before the month of the calendar. The Aging and Disability Programs Manager will verify each calendar to ensure that the calendar meets OAA and LGOA guidelines. All congregate meal site manager have a Nutrition Site Activity Calendar Manual that list specific activities and ideas by month that may be of interest to seniors. The Manual is continuously updated. Before the beginning of each calendar year a master calendar is designed by the Lower Savannah AAA/ADTRC with listing of important dates throughout the year and is mailed and given electronically to each site manager and contractor executive director.

J. Service Units Earned

Ensuring that service units are earned is a multiple step process. The Lower Savannah AAA/ADTRC requires all contractors to submit the following AIM reports to verify service units each month: LG97c, HHS18 and HHS25b. We also required contractors to submit the Lower Savannah Recap Sheet, home delivered route sheets and verification forms and randomly selected sign-in sheets each month with their monthly payment request. Internally we run the MUSR and Lg45d each month to cross reference units of service for clients. Our Finance Department also keeps internal spreadsheets to keep track of units earned and to see who is over-serving or underserving.

K. Reimbursement for Services

The Lower Savannah AAA/ADTRC sent a form a to each contractor requesting cost for broken down by service delivery cost, management/overhead cost and assessment cost. These costs were review by the Finance Director, Human Services Director and the Aging and Disability Programs Manager. For State Fiscal Year 2014, we decided that the Lower Savannah AAA/ADTRC would implement standardized rates for contracted services in an effort to get our cost more consistent across the region taking into consideration the increase cost to the providers based on the *South Carolina Aging Network's Policies and Procedures Manual.* Contractors required to get audits will submit their audits to the Lower Savannah Council of Governments. Those not required to get an audit will submit financial audit statements to the Lower Savannah Council of Governments.

The Lower Savannah AAA/ADTRC will require each contractor to submit the following reports by the tenth day of each month: order, delivered and service report form with vouchers from the approved meal vendor shall be submitted to the Aging and Disability Programs Manager; scanned or copies of the home delivered meal route sheets which have been signed and dated by the driver and the Executive Director to assure that meals have been delivered; signed Lower Savannah Recap Sheet; and signed LSCOG AAA Provider Certification with the following reports AIM MUSR, HHS18, HHS25b, LG97c (for each funded service) submitted to the Aging and Disability Programs Manager.

L. Client Data Collection

The Lower Savannah AAA/ADTRC and its contractors recognize that accurate data in AIM is critical. We are committed to ensuring that data is inputted into the system correctly but recognize the AAA/ADTRC needs more training to fully understand all the capabilities of AIM. We are requiring that our contractors run the following reports monthly: MUSR, Lg97c, HHS18 and HHS25b to submit

with their payment request. On a monthly basis we are running the LG45d to verify units of service. On a quarterly basis we are running the HHS14, HHS15 and the HHS32.

All information, referral and assistance calls are entered into OLSA for the entire Lower Savannah AAA/ADTRC. Contacts are entered into OLSA by our I&R Specialist, Family Caregiver Advocate, Long Term Care Ombudsman, Mobility Managers and our ADTRC Office Assistant. We have monthly division meetings where information is shared between staff. The Lower Savannah AAA/ADTRC staff works closely together on a monthly basis OLSA contacts are run by service. The Lower Savannah AAA/ADTRC has a staff of 14 employees. Currently we have 7 employees who are AIRS certified.

All SHIP contacts are entered into OLSA. The LGOA extracts the SHIP data from OLSA and transfers this information over to SHIP Talk. SMP contacts are entered directly into the SMP Smart Facts database. This is done once a month by running reports in SHIP Talk and entering the data in SMP.

The Long Term Care Ombudsman Program is the web based Ombud 4.2 Case/Complaint tracking data system currently required by LGOA. Only the Designated Regional Long Term Care Ombudsman has access to the system in the local office through a two-step password system and is the only person who completes all data entry relative to cases, complaints, consultations and volunteer activity. Updates to the system are done by the developer, Innovative Data Systems.

M. Client Assessments

The Lower Savannah AAA/ADTRC will be doing the client selection for the contractors in the Lower Savannah Region. The AAA/ADTRC will hire a full time employee to review all assessment and reassessments conducted in the region; to inform contractors which clients are eligible to receive services; and to assist with quality assurance, spot-delivery of home delivered meals and monitoring of AIM data and reports. This process will provide a new system of checks and balances to the assessment and selection process, as it will involve review of assessment methodology and the actual assessment documents of seven contractors serving the region, on-site monitoring of a sample of the individuals assessed and determination of priorities clients most in need of service.

The Lower Savannah AAA/ADTRC will use AIM waiting list information and AIM assessment priority risk and nutritional risk scores to ensure that clients with the greatest needs are receiving services. If a client needs to be terminated from

receiving services because another seniors has a higher need (priority and/or nutritional risk score) the client losing the service will be offered the opportunity to pay privately or to cost share.

N. General Fiscal Issues

The Lower Savannah AAA/ADTRC will expend all prior year funds before expending any new funds. All planning and administrative funds for Title III-B, III C-1 and III-E will be expended before any program development or Title III-E service funds are expended. All invoices from the Lower Savannah AAA/ADTRC will be submitted in the format requested by the LGOA and will have the breakdown of the contractors' unit cost and verification of the units earned. The Lower Savannah AAA/ADTRC keeps the following documentation on file for all payment requests: drawn down request, MUSR, Lower Savannah Recap Sheet, our internal earnings spreadsheet with YTD units less GRI units which is calculated against the federal and state portion of the unit rate for each service. We pay each contractor no more than 1/12 each of their Title III-C earnings to date in order to ensure that we have enough money at the end of the SFY to pay the caterer's bill. All payment for internal and flow-through expenditures will be submitted monthly. The Lower Savannah AAA/ADTRC is audited by a procured outside auditing firm each year. A copy of our audit is submitted to the LGOA each year.

O. General Provisions for the AAA/ADTRC in the Area Plan

The Lower Savannah AAA/ADTRC will ensure compliance with the applicable Federal and State Laws as a part of our Quality Assurance/monitoring process. Our monitoring tool will including checking for such things as Equal Employment Opportunity (EEO), minimum wage, worker's compensation, Occupational Safety and Health Administration (OSHA) compliance. We will meet with our contractors on an on- going basis either one-on-one or through quarterly contractor meetings to ensure compliance with the South Carolina Aging Network's Policies and Procedures Manual and any Program Instructions (PI). A new PI will warrant a contract amendment with each contractor that is affected by the PI.

The Lower Savannah Council of Governments has a Geographic Information System (GIS) staff person on staff. We will utilize the GIS staff person to design maps that cross reference clients being served against the census information that shows the targets of the Older Americans Act- minority, rural, low-income and Limited- English speaking populations in the Lower Savannah Region. The maps will be by contractor and will be done bi-annually (January and June).

Having six (6) months of data to do a map will allow the Lower Savannah AAA/ADTRC to have enough data to analyze.

The Lower Savannah AAA/ADTRC will utilize services from Language Line Solutions to assist in providing interpretation services to limited English speaking individuals who request assistance from the Lower Savannah AAA/ADTRC. The assistance from Language Line is quick, professional and easy for the AAA/ADTRC staff and the consumer to use.

P. High-Risk Providers/Contractors and Corrective Action Plans (CAPs)

A high risk contractor is defined as an organization which (1) has a history of unsatisfactory performance (failure to meet deadlines as defined by the LGOA or Lower Savannah AAA/ADTRC); (2) is not financially stable (late payments to vendors, failure to comply with laws and regulations of financial management such as not paying FICA withholdings, Federal and State taxes, employee benefit payments, and/or serious audit findings); (3) has a management system that does not meet the management standards prescribed (excessive service quality complaints and not being responsive to the AAA and/or LGOA; (4) has not conformed to terms and conditions of previous awards; or (5) is otherwise not responsible.

The Lower Savannah AAA/ADTRC has identified a four (4) step process for determining a high risk contractor.

Step 1- ensure all contractors have read the South Carolina Aging Network's Policies and Procedures Manual and the Lower Savannah AAA/ADTRC Policies and Procedures Manual and understand their responsibly under these Policies and Procedures.

Step 2- provide ongoing fiscal and programmatic monitoring of contracts in the region. The monitoring will be desk top review of monthly required documents submitted to the AAA/ADTRC, announced monitoring and quality assurance reviews and unannounced visits.

Step 3- provide technical assistance to contractors to ensure there are open lines of communication, that questions and issues/concerns are discussed openly and honestly and resolutions and answers are given and understood.

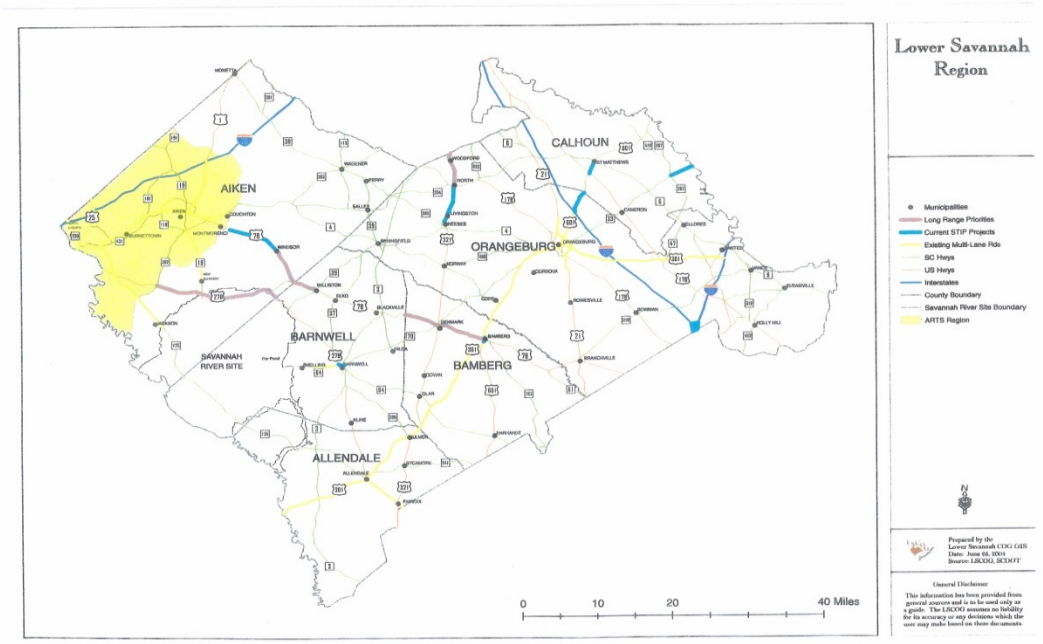
Step 4-issue a detailed report to the contractor notifying them of the deficiency(s) citing the South Carolina Aging Network's Policies and Procedures Manual and/or the Lower Savannah AAA/ADTRC Policies and Procedures Manual. The contractor will be given two (2) weeks to submit a response in writing on the steps they will take to correct the deficiency(s). A response letter from the Lower Savannah AAA/ADTRC will be sent to the contractor within in five (5) business days of the plan is accepted.

An example of a need for a Corrective Action Plan would be if a contractor bills the Lower Savannah AAA/ADTRC for more than the allowable amount of home delivered meals per client over a specific serving period. LSCOG would investigate, determine the reason, and if a lack of understanding of proper procedure, would deduct funding for the ineligible meals and provide training and close monitoring as a part of a corrective action plan. If there appears to be deliberate intent to claim funding for work not performed, the Lower Savannah AAA will not de-designate a contractor but would cancel the contractor's contract as defined in all Lower Savannah AAA/ADTRC contract's terms and conditions.

IV. Overview of the Planning and Service Area Region

A. Service Deliver Areas (SDAs)

Below is a map of the Lower Savannah Region. The map shows all six (6) counties, the municipalities in each county, the major highways that run through each county and the boundaries of the US Department of Energy's Savannah River Site which encompasses Aiken, Allendale and Barnwell Counties. The area colored in yellow, denotes the portion of the region which is determined to be "urban" by the US Department of Commerce and the federal Transit Administration.



B. Objectives and Methods for Services to OAA Targeted Populations

The Lower Savannah AAA/ADTRC uses counties to define the Lower Savannah AAA/ADTRC service delivery areas (SDAs). There are six (6) counties in the SDA: Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg Counties.

Aiken County

Aiken County is on the west side of the State. Aiken County consists of 704,000 acres, of which 73,000 acres are part of the U. S. Department of Energy's Savannah River Site. The US Census for 2010 counted 160,099 persons living in the County and a senior population (age 60 and older) of 34,779. Aiken is the fourth largest South Carolina County by land area, with a size of 1,073 square miles**.** Aiken County contains 10 incorporated municipalities: Aiken, Burnettown, Jackson, Monetta, New Ellenton, North Augusta, Perry, Salley, Wagener, and Windsor. The City of Aiken (County Seat) and North Augusta are the two largest municipalities in the County. The remaining eight municipalities are primarily small, rural communities. Between 2000 and 2010, the population of the county grew by 12%; the 60+ age group increased by 44.2%. It is projected that the 60+ population of Aiken County will continue to rapidly grow over the next 4 years.

It is also projected that Aiken County will continue to be a retirement destination. Aiken County is 60.9% urban and 39.01% rural. It is projected that the senior population and the 85+ senior population and the number of minority-low income seniors will continue to grow. It is also projected that the more people that continue to move into Aiken County the smaller the rural area of the county will be.

Allendale County

Allendale County is located on the western side of the State. The total area of the county is 408.09 square miles and it borders along the US Department of Energy's Savannah River Site. The county seat is the Town of Allendale. Allendale County has four (4) incorporated municipalities: Allendale, Fairfax, Sycamore and Ulmer. The US Census for 2010 counted 10,419 persons living in the County and a senior population (age 60 and older) of 2,054. Allendale is one of the Top 10 poorest counties in the United Sates. The minority population of Allendale County is 72.8%.

Bamberg County

Bamberg County is located in the eastern part of the Lower Savannah Region. The total area of the county is 395 square miles. The county seat is the City of Bamberg. Bamberg County has five (5) incorporated municipalities: Bamberg, Denmark, Ehrhardt, Govan and Olar. The US Census for 2010 counted 15,987 persons living in the County and a senior population (age 60 and older) of 3,634.

Barnwell County

Barnwell County is located on the western side of the Lower Savannah Region and parts of the county are located in the US Department of Energy's Savannah River Site. The county seat is the City of Barnwell. Barnwell County has seven (7) municipalities: Barnwell, Blackville, Elko, Hilda, Kline, Snelling and Williston. The US Census for 2010 counted 22,621 persons living in the County and a senior population (age 60 and older) of 4,597

Calhoun County

Calhoun County is located nearest to the Midlands region of South Carolina. The total area of the county is 392.36 square miles. The county seat, which is the Town of St. Matthews, is located approximately 32 miles from the state's capital, Columbia. The US Census for 2010 counted 15,175 persons living in the County and a senior population (age 60 and older) of 3,604. The County contains two municipalities: Cameron and St. Matthews. St. Matthews serves as the County

Seat. It is projected that the 60+ population of Calhoun County will continue to grow over the next 4 years.

Orangeburg County

Orangeburg County is located on the eastern side of the Lower Savannah Region. According to the U.S. Census Bureau, the county has a total area of 1,128 square miles. The 2010 Census population is 92,501 persons living in the County and a senior population (age 60 and older) of 19,577. Orangeburg County contains 17 incorporated municipalities: Orangeburg, Bowman, Branchville, Cope, Cordova, Elloree, Eutawville, Holly Hill, Livingston, Neeses, North, Norway, Rowesville, Santee, Springfield, Vance, and Woodford. The City of Orangeburg (County Seat), Bowman, Branchville, and Holly Hill are the largest municipalities in the County. The remaining13 municipalities are primarily small, rural communities.

The Lower Savannah AAA/ADTRC has set the following methods to meet the target population in the Lower Savannah Area for the next contract year.

Target	Objective	Method	Evaluation
Serving low-income 60+ seniors	51% of clients served will be low-income as defined by 125% FPL	Ask DOB, household income, obtain household income and input house household income in AIM from the assessment.	➢ Use GIS mapping and census data to ensure low-income 60+ seniors are being served. ➢ AIM Reports
Serving minority 60+ seniors	51% of county 60+ minority population	Ask DOB, race/ethnicity on the AIM assessment	➢ Use census data and GIS mapping to ensure minority 60+ seniors are being served. ➢ AIM Reports
Serving rural 60+ seniors	Priority of services is given to seniors 60+ in	Ask each client for zip code.	➢ Use census data and GIS mapping to ensure rural 60+

	designated rural areas of the county as defined by census data		seniors are being served. ➢ AIM Reports
Limited English speaking	Priority of service is given to limited English speaking seniors 60+ when on waiting list	Ask limited English speaking question on the assessment.	➢ Use census data to ensure limited English speaking seniors 60+ are being served. ➢ AIM Reports

County	2000 Total Population	2010 Total Population	2000 60+ Population	2010 60+ Population	Percent Increase of 60+ population	2010 85+ Population	Percent Increase of 85+ population
Aiken	142,552	160,099	24,112	34,779	44.2%	2,353	6.77%
Allendale	11,211	10,419	1,844	2,054	11.4%	181	8.82%
Bamberg	16,658	15,987	3,014	3,634	20.6%	484	.13%
Barnwell	23,478	22,621	3,840	4,597	19.7%	429	.93%
Calhoun	15,185	15,175	2,804	3,604	28.5%	231	.64%
Orangeburg	91,582	92,501	16,065	19,577	21.9%	1,628	.08%

Source: 2000 and 2010 Census Data

The table above illustrates the area senior background (age 60 and older) of the Lower Savannah Region which includes Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg Counties.

C. Ten-Year Forecast for the Planning and Service Area Region

The Lower Savannah AAA/ADTRC has identified transportation, medical facilities, long term care systems and service expectation of seniors and caregivers as the top four (4) issues expected to have the most impact on older adults in the Lower Savannah Region.

1. Transportation

In the last two (2) Regional Needs Assessments in the Lower Savannah Region transportation has been one of the top three (3) issues in the region. We will continue to explore ways to expand our Aging, Disability and Transportation Resource Center over the next ten (10) years to meet the growing demands of the seniors, people with disabilities and their caregivers.

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

2. Medical Facilities

The ability for seniors to access local hospitals is another concern for the Long Term Care System in the Lower Savannah Region. There are four (4)

hospitals in the region. Aiken Regional Medical Centers and the Regional Medical Center in Orangeburg are the two (2) largest hospitals. The other two (2) hospitals (located in Bamberg and Barnwell Counties) are located in small, rural areas and have a limited number of beds. In 2012, the Bamberg County hospital closed due to on-going financial issues. The County owned hospital in Barnwell County is up for sale and is currently in bankruptcy.

3. Long Term Care System

As the population continues to increase in the region, the need for long term care support systems will increase. We are concerned about seniors having the ability to access the continuum of care in the long term care support system whether due to lack of available finances to pay for private care (institutional or non-institutional), reduced number of Medicaid long term care nursing home beds, requirements on residential care facilities and the increase in the senior population. It is a known fact that seniors want to remain in their own homes for as long as possible. The regional average cost of in-home care is $16-$18 an hour with a three hour minimum. The cost of around the clock care for a week is $2,500 -$2,800. While there are some segments of the senior population in the region that can afford to pay for expensive rates a majority of the senior population in the region cannot afford these rates.

Family Caregivers are an important part of continuum of care in the Long Term Care System. Increased funding at the state and national level and flexibility for this vital program is critical to prevent institutionalization due to burn out of our family caregivers.

These are serious challenges we face. Advocacy to local, state and federal election officials is critical. These are the people who set the "blue print" and make the policy. The Lower Savannah AAA/ADTRC will continue to advocate on the challenges that we face in our region. We as an aging network in South Carolina need to come together with strong voice and the same message and advocate for the changes that are needed to meet these challenges.

4. Service expectations of seniors and caregivers

Changing expectations among generations will have a substantial impact on the way service delivery systems should be planned and designed in the future. Moving from serving the "greatest generation" to the "boomers" will require creativity and willingness to change over the next decades. Now most boomers are still in the workforce and are active and independent. Many are

helping to care for aging parents, which gives them an opportunity to think ahead to their own "senior" years. One reason the Family Caregiver program has been such a success may be due to its flexibility and its menu approach, in our region, to putting the consumer in the driver's seat in determining what is most needed and allowing more autonomy over decision making. The Lower Savannah AAA/ADTRC believes that the days of consumers' thankfully taking what is dished out by agency-centered programs are numbered. Competition from the private sector is affecting traditional non-profit service agencies for the first time, in several cases, in the Lower Savannah region. The transition to a competitive, consumer-centered service delivery system has its speed bumps and impacts on relationships and cohesiveness as an aging network. The goal of the Lower Savannah AAA/ADTRC is to move through this transition with as little negative impact on older adults served, and to the service network. Change, particularly in this rural area, will best be achieved with incremental, but relentless forward movement!

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

D. Emergency Preparedness

The Lower Savannah Area Agency on Aging (AAA)/Aging Disability and Transportation Center (ADTRC) is a division within the Lower Savannah Council of Governments and provides services to seniors and persons with disabilities in the six counties that include Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg Counties. The Area Agency on Aging, an integral part of the ADTRC, contracts with other agencies located in the service area that provide direct services like Home Delivered Meals, Congregate Meals and Home Care Level I services. Other services of the AAA/ADTRC include Information and Referral Assistance, Insurance Counseling, Family Caregiver Support, Long Term Care Ombudsman Program Support, Elderly Legal Services Referral and Transportation Coordination, Information and Assistance.

Disaster response planning is officially coordinated at the state level and at the county level. Each county in the Lower Savannah Region has an Emergency management Director and a detailed County Emergency Preparedness/Disaster

Response Plan. Given that the programs and services of Lower Savannah Council of Governments ADTRC/AAA are regional programs, staff from the ADTRC are not represented on individual county emergency preparedness planning committees or boards. The ADTRC has identified that the role that the ADTRC can most effectively play in preparation, response and recovery in a disaster of any type is threefold.

First, the ADTRC must prepare for disaster that would affect the provision of critical services provided directly by the ADTRC which include Transportation Coordination, Information and Assistance, Ombudsman Services and Information and Referral services. Secondly, the ADTRC must prepare to support and assist the contractors in each of the six counties to normalize operations as soon as possible in the event a disaster occurred in the county that prevented the delivery of services to the disabled and elderly. Finally, the ADTRC will cooperate with or serve as a back-up support system to help local contractors and the local Emergency Management Services to provide information about possible isolated, frail elderly or disable persons in a disaster area and to provide direct service or assistance to include vehicle coordination for evacuation, manpower support and communication assistance. Our center would also be able to provide answers to questions from the public and to disseminate information about emergency response issues. We could also pull reports from AIM for local contractors on clients identified as needing additional help in the event of a disaster, should the local contractor not have immediate AIM capability for pulling these reports.

To prepare for a disaster that would affect the functionality of the physical building that houses the ADTRC and affects critical services the following procedures are in place:

- Emergency contact information (phone numbers) for all staff of the ADTRC is updated at least annually and distributed to all staff. When new staff are hired and when any advance notice is given for potential weather disasters reminders of agency procedure are provided to staff of the ADTRC and Council of Governments Executive Director and Assistant Executive Director. Emergency contact information for key ADTRC Staff is provided at least annually and upon any advance notice of a potential weather disaster to all contractors of the ADTRC.

- The emergency plan for the Council of Governments will be followed in the event there is a weather related emergency, natural disaster or other disaster that prevents staff from using the building which includes telephone notification to each staff by the Division directors and

Department directors to report when staff should or can return to the building.

- Client information databases are accessed through a web-based system to allow for remote access to client data in the event the ADTRC building is not usable. Almost all data bases and server back-up are hosted remotely.
- The state telephone system, provided through Spirit Telecom, is in place to allow portability of the phone equipment to alternate state phone system locations so that existing contact phone numbers can be active and assistance provided to callers despite not being housed in the ADTRC building.
- All client files and contractor records and contracts are kept in locked, fire resistant filing cabinets that provide reasonable protection to the contents in the event of a fire.
- There is routine data backup of all information on in-house computer servers that is stored off site for safety in the event of fire, wind or water damage to the LSCOG building. These steps are taken to aid in timely recovery and establishment of an alternative operation site for critical services.
- As practical and needed, forwarding service will be used for the main ADTRC phone number to allow consumers to reach the ADTRC Transportation and Information and Assistance program staff and Long Term Care Ombudsman regardless of staff location.

In response to a disaster in the area of the ADTRC agency building that affects the functionality of the ADTRC building, the ADTRC Director will coordinate response efforts with the LSCOG Executive Director, Assistant Executive Director or designee to implement the disaster response plan that includes the following:

- The ADTRC will be established in a temporary location with the assistance of the LSCOG Information Technology staff.
- All equipment, supplies and records left onsite at the ADTRC building will be removed and safeguarded in the temporary location and/or alternate location.
- The ADTRC phone system will be reestablished in an alternate location
- The state telephone service provider will be contacted to assist in forwarding phone calls to alternate phone numbers used by the ADTRC if relocation of phone equipment is not possible.
- The ADTRC Director or designee will contact each contractor to assess the damage, if applicable, in the various service areas in the region and to inform the contractor of the status of the ADTRC building and means of contacting key ADTRC staff.

- The ADTRC Director or designee will report the status of the contractor, the ADTRC and critical services to the LGOA Disaster Response Coordinator or designee as soon as practical following the disaster and then at least once each established work day until essential function and/or normal operations are restored.

To prepare to support and assist the contractors in each of the six counties in the event a disaster occurred in the county that prevented the delivery of services to the disabled and elderly, the ADTRC Director will:

- Require that each contractor provide the ADTRC Director a copy of their agency's written disaster plan that includes their involvement with local county disaster management organization, a current list of emergency contact information for all key contractor staff with their identified roles and responsibilities during a disaster. The ADTRC Emergency Contact Person will have a working knowledge of this plan.
- Encourage Contractors to have written agreements with other entities in the contractor's area to provide vehicles as needed for basic transportation or evacuation and to serve as alternate group dining sites or temporary office locations in the event of building damage to any currently functioning group dining site or the contractor's office.
- Encourage the pre-delivery of nonperishable meals to high risk consumers receiving home delivered meals and congregate meals that have been identified through the assessment process to lack family or community support during a disaster or weather related emergency. High risk consumers are those who responded during the assessment process that the individual would not have anyone check on him or her during a disaster.

When forecasts indicate a weather related disaster may occur in the Lower Savannah Region, advanced preparations for the disaster will be initiated by the ADTRC Director and include:

- Instructing ADTRC staff (including finance staff) to back up necessary computer data gather necessary documents and supplies and as able take laptop computers home to avoid having all computer equipment in the same area.
- All ADTRC staff use laptops for ease of transport and/or relocation
- Encouraging the ADTRC and contractor staff to fill all agency vehicles with gasoline, obtain necessary batteries and supplies for adequate first aid kits and basic office operations.
- Confirming and distributing emergency contact information for key ADTRC staff and all contractor directors and key staff.

- Encouraging ADTRC staff and contractors to implement the planning phase of their individual disaster plan.
- Instructing contractors to back up computer data base systems, print reports of high risk consumer information to include their emergency and personal contact information.
- Encouraging contractors to make contact with the county emergency management director as detailed in their individual disaster plans to provide names, physical addresses and phone numbers of high risk consumers. Four of our seven contractor agencies are currently county agencies, and have a built-in link to county Emergency Preparedness teams, plans and officials. In the other two counties, both LSCOG and local contractors have contacted and have positive relationships with local EMD personnel.

In response to a disaster that affects the ability of a contractor to provide essential services, the ADTRC Staff will assist contractors as follows to restore critical services and eventually all services in a timely manner by the following:

- Provide access to computers or other necessary equipment and supplies to assist with the restoration of basic services by providing printed copies of client information from the web-based client information data system and providing a report of current clients who were identified during the assessment process to be frail, elderly and/or lack sufficient support in the event of a disaster. High risk consumers are those who responded during the assessment process that the individual would not have anyone check on him or her during a disaster.
- Provide onsite staff assistance to oversee daily operations of a meal site, meal delivery and administrative assistance to local contractor staff, direct recovery assistance of client records, and/or timely approval for alternate congregate dining sites and/or intake and referral assistance to local seniors or other seeking help from the contractor.
- Require the contractor to document contact with the Emergency Management Director should evacuations be required to ensure that those persons identified as High Risk have been evacuated.

In the event of any forecasted weather related disaster or following the occurrence of a disaster, the Lower Savannah Region the ADTRC Director will contact the Disaster Response Coordinator or other designated staff person at the Lt. Governor's Office on Aging to provide details and updates as to the preparations being made by both the contractors and ADTRC Staff to assure the safety of staff and continued operations of critical services in the affected areas. Preparations can include notification of the potential weather related disaster to isolated clients lacking family support, delivery of non-perishable meals to home bound clients,

contact with long term care facilities potentially affected by the weather related disaster and implementation of disaster preparedness within the ADTRC building. LSCOG's network of coordinating transportation providers also have equipment provided to them through LSCOG's ADTRC which can be very useful in an emergency situation. This includes radios which can link into the Palmetto 800 network with Emergency Management and Law Enforcement, onboard computers and real time vehicle location.

The ADTRC Director or designated person will contact the LGOA Disaster Response Coordinator or designated staff person as soon as practical to report on the current conditions of the affected area and will provide daily updates to the LGOA Disaster Response Coordinator as to the efforts of the ADTRC Staff and local contractor staff response to the disaster to include the location of any emergency shelters in operation in the service area, condition of the service contractor's physical property, involvement with county emergency response and ability to provide or sustain services, the condition of any long term care facilities in the affected area, location of evacuation of any long term care facility residents and the ADTRC's involvement with any contractor's disaster response and recovery.

If, following a disaster within the service area of the Lower Savannah ADTRC, the ADTRC office is functioning but an LGOA Disaster Away Team staff is dispatched and established within the service area of Lower Savannah to provide assistance to a contractor within the Lower Savannah Region or neighboring region, staff of the Lower Savannah ADTRC will assist the LGOA Disaster Away Team as needed as outlined in the LGOA Disaster Preparedness Manual.

The ADTRC Director (or designee) is responsible for implementing the Disaster Plan, making contact with the ADTRC Staff, providing updated information to the LGOA Emergency Preparedness Coordinator and in, consultation with the LSCOG Human Services Division Director, reviewing and updating the LSCOG ADTRC Disaster Plan annually. Prior to the beginning of each contract year, contractors are provided an updated LSCOG Disaster Plan.

In the event that the ADTRC Disaster Plan is put into action, the ADTRC Director will report to the LGOA Emergency Preparedness Coordinator the names and contact phone numbers of all staff who will be available during the disaster preparation, response and recovery.

When situations occur that are not weather related disasters or other defined disasters that necessitate the implementation of the ADTRC Disaster Plan but affect the use of existing group dining sites or home delivered meal packing sites,

the contractor must immediately notify the ADTRC Director. Such incidents may include, but are not limited to, fire, sewage backup or leakage, non-functioning water or sewage services. The ADTRC Director provides the necessary approval and notification to the LGOA Program staff.

The ADTRC has several staff members who are active with the Community Services Network (CSN) in Aiken County, which is the home county of location for the LSCOG office. In this network are the key agencies with which the ADTRC would need to coordinate in the event of an emergency which would affect the greater local community. The CSN often meets at LSCOG's offices and LSCOG staff-serve as officers in the group, which meets monthly to coordinate. LSCOG has a close working relationship with United Way, being a member agency receiving funding for two programs operating under the ADTRC umbrella. LSCOG's Area Agency on Aging Program Director is current president of the SC Association of Area Agencies on Aging (SC4A). She has done an excellent job bringing AAA's together to coordinate with each other and to support each other. In this role, she is well-equipped to coordinate back-up relationships, where appropriate, among AAA's to assist in continuity of operations following a disaster.

E. Holiday Closings

The Lower Savannah AAA/ADTRC will celebrate the following holidays for SFY 2013-2014.

Holiday	Date
4th of July	July 4, 2013
Labor Day	September 2, 2013
Thanksgiving	November 28, 2013
Day after Thanksgiving	November 29, 2013
Christmas Eve	December 24, 2013
Christmas Day	December 25, 2013
Day after Christmas	December 26, 2013
New Year's Day	January 1, 2014

Martin Luther King Day	January 20, 2014
President's Day	February 17, 2014
Good Friday	April 18, 2014
Memorial Day	May 26, 2014

V. AAA/ADTRC Operational Functions and Needs

A. Assessment of Regional Needs

In July 2012, the Lower Savannah AAA/ADTRC along with eight (8) other AAA/ADRCs hired System Wide Solutions, Inc. to conduct a needs assessment in the Lower Savannah Region. The findings are below:

African American, female widows with less than a high school diploma living below the poverty level expressed significantly greater need for services.

Senior Center Activities – On average, seniors receiving services view senior center activities to be quite a bit important. Respondents from each group surveyed felt that having someone to talk to and getting exercise were the most important components of a senior center.

- Continue focus on exercise classes in the senior centers
- Allow the senior centers to list socializing as an activity

Maintaining Independence (preventing falls, healthcare directives, ombudsman protection, ombudsman complaint) – Preventing falls is most important to caregivers and persons with disabilities; whereas having someone to call if feeling threatened or taken advantage of is most important to seniors both those receiving services and those not receiving services.

- Regular Caregiver fall prevention classes
- Ombudsman friendly visitor program – continued visibility

Information, Referral & Assistance and I-CARE (knowing what services are available and how to get them and information or help applying for health insurance or prescription coverage). All of the target groups view IR&A to be very important. Seniors who have a disability have a significantly greater need for IR&A services. Respondents on disability especially African Americans, who

are single and have less than a high school diploma and are living below the poverty line have a greater perceived need for I-CARE. Individuals in Orangeburg County expressed the greatest need for this service.

- Maintain visibility of I&R program
- Utilize Census information to target low-income minority communities to promote I-CARE services.

Monetary Assistance – On average, seniors receiving services view monetary assistance to be a little important. The most important of these needs are paying for eye exam and/or eyeglasses. The least important services are hearing exams and/or hearing aids. Persons with disabilities view monetary assistance to be quite a bit important. The most important of these needs are prescription coverage.

- Promote resources available for financial assistance with eye glasses through the lions club.
- Continue seeking funding for MAP throughout the region for individuals with disabilities who need assistance filling prescription medication.

Caregiver Needs – Caregivers of seniors disagree that caregiver services are necessary to help them care for the individual. However, caregivers of seniors who have a disability or who are also caregivers for children agree that services are necessary to help them care for the individual. All groups believe that monetary assistance in acquiring services and respite are the most important need.

- Continued FCP respite vouchers.

B. Program Development

The Lower Savannah AAA/ADTRC will work with its contractors over this four (4) year area plan to help contractors to develop a private pay service plan. The AAA/ADTRC plans to work with Aiken County first because it is the largest county and seniors who live in Aiken County have more resources to pay for private pay services. Allendale County will be the last county we will provide program development to for private pay options. The US Census shows that 40.2% of those who live in Allendale County live in poverty.

C. Program Coordination

The Lower Savannah AAA/ADTRC will be meeting with regional aging contractors on a quarterly basis. Part of the reason for meeting will be to coordinate program activities among contractors of service and/or the AAA/ADTRC. We will use the quarterly meeting to staff cases of concern to see how resources can be coordinated to effectively serve clients. Many of our contractors meet with interagency councils in each of their counties to discuss what is going in each agency, provide resources and share ideas.

Within the AAA/ADTRC staff participant in community services meeting also, to share ideas, learn about new resources in the community and to network with agency providers. We have found this to be very effective to market who we are, what we do and to develop relationships with local providers of service.

D. ADTRC and Long Term Care

The Lower Savannah AAA/ADTRC was the first ADRC in South Carolina and the first of twelve in the United States. Since 2004, we have worked to continue to develop our ADRC. In 2006, we received a Systems Transformation Grant from CMS which added an additional service to our ADRC. We identified transportation as a key component that allows individuals to access the needed services to remain independent and in their communities. Through collaboration with the LGOA and Lower Savannah Council of Governments we renamed our ADRC to be called an Aging, Disability and Transportation Resource Center (ADTRC). Since 2004, we have worked to develop collaborations and partnerships across the Lower Savannah Region. We have reached out to the disability agencies in the region to form partnerships/collaborations. We have also developed relationships with for-profit agencies in the region.

We feel like the main conversion for our ADTRC happened in 2005 with the Initial Enrollment Period for the Medicare Modernization Act of 2003 (MMA) which created the Medicare Part D program. The addition of the Medicare Part D program in 2005 helped to transform our ADTRC into a trusted source of information for consumer and community based agencies in the region. We began to see that after helping a Medicare beneficiary with Medicare the beneficiary and/or caregiver would call back to the AAA/ADTRC to seek advice on array of topics such as long term care, transportation and information and referral.

In order for the AAA/ADTRC to continue to expand our knowledge on the array of service delivery options in the region, we will continue to attend local social

service community meetings, network at health and information fairs and continue to network with existing partners. We pride ourselves on knowing a lot of information on a lot of services and it is not uncommon for us to hear, "I knew Lower Savannah would know the answer, I should have called you first."

E. Advocacy

The Lower Savannah AAA/ADTRC will continue to advocate on behalf of seniors, people with disabilities and their family caregivers over the next four years. The AAA/ADTRC takes a number of approaches in this role. LSCOG sponsors an annual update and orientation for Board members – new and old. At this session we present information about the needs in our program areas, service we offer and any special issues of focus at the time. We also conduct periodic lunch and learn sessions for community leaders in each county to update them on work we do. During the sessions held over the past year, there were always questions on ADTRC services and issues and people who would come up afterward for more information on needs and issues. We meet from time to time with the Regional Housing Consortium, where there are groups involved who help with home modifications and repairs for seniors to advocate for low-income senior housing needs. We speak at community groups, appear at local governmental body meetings, and participate in community information fairs, community issues workshops and faith-based group events. Each year the Lower Savannah Council of Governments has a Legislative Breakfast for the House and Senate Members who represent the Lower Savannah Region. The LSCOG Executive Director and Assistant Executive Director, Director of Human Services and the Aging and Disability Programs Manager attend this function. There is always interest in needs of seniors and services to address them. The Aging and Disability Programs Manager will continue to: speak at town hall meetings, coordinate with the Lower Savannah Regional Caucus for the Silver Haired Legislature, the South Carolina Area Agencies on Aging and the SC Alzheimer's Association.

The Human Services Director is chairperson of the two-year-old City of Aiken Senior Commission. This group was formed by Aiken City Council, in light of the city's popularity as a retirement center. Its purpose is to study senior needs and issues and to make recommendations to Council on steps it could take to make the community more senior friendly. This commission is participating in bringing back Senior Games to Aiken and working on plans for a new multi-purpose community center which will serve older adults and youth.

In the ADTRC, staff handle around 13,000 incoming calls each year on our toll-free I&R line from citizens asking for information and assistance specifically on transportation. Staff help to match needs and resources, but when there are not

resources to adequately meet the needs of callers, staff also work to advocate for and to develop new service options to address these un-met needs. Since 2004, LSCOG has been instrumental in the development and implementation of four new county public transportation systems to serve the public in four un-served counties of the region.

F. Priority Services

The Lower Savannah AAA/ADTRC does not receive enough OAA Title III-B funding to meet the needs in the region. The OAA Title III B funds information, referral and assistance, legal services, home care level 1 and transportation. The funding we do receive we allocate to try to meet the needs of the region. When the Lower Savannah AAA/ADTRC does its annual area plan allocations we first determine what is needed at the AAA/ADTRC to fund the Information, Referral and Assistance and Legal Services Programs. Once funding for these programs is determined we apply our funding formula for each county. Once the funding is allocated out to each county we determine through our needs assessment, waiting list information and prior spending for each service by contractor how much funding will be allocated for home care level 1 and transportation in each county. The Lower Savannah COG Board of Directors has the ultimate responsibility for approving the allocation of priority services.

G. Priority Service Contractors

The AAA/ADTRC works with all of the regional contractors to ensure accountability of the services they provide. We check reports in AIM on a monthly basis. Currently the Lower Savannah AAA/ADTRC has seven (7) contracted providers of service. Two (2) of the contractors are non-profit 501(c) (Aiken Area Council on Aging and Orangeburg County Council on Aging), Two (2) of the contractors are quasi-governmental agencies (Bamberg County Office on Aging and Generations Unlimited), two (2) are departments of the county (Allendale County Office on Aging and Calhoun County Council on Aging) and one (1) is a for-profit agency (Help at Home, Inc.). During our procurement in 2009, we had a review and evaluation committee formed from our Regional Aging Advisory Committee that reviewed and ranked all proposals. Each agency that submitted proposals was required to give a 20 minute presentation on their proposal to the advisory committee and then had10 minutes for questions. The advisory committee ranked the proposal and presentation at the end of the oral presentation. Based on the scoring sheet, recommendations for awards were made to the Lower Savannah Council of Governments Board of Directors for each service. The Lower Savannah Council of Governments Board of Directors voted and awarded contracts based on the recommendation of the COG Board of Directors.

H. Transportation

Transportation for seniors and people with disabilities always has been and continues to be a top need in the region. Most of the region's towns and cities are laid out to in such a way that it is necessary to drive to reach places people need to go to live independently in the community. Statistics show that men, on average, outlive their ability to drive by seven years and women by ten years. During these years, we also know that older adults make fewer trips to the doctor and to be engaged in community living. Older adults, in some cases, are very reluctant to ask others to give them a ride to the places they want to go, and become isolated in their homes. Local family health centers tell us that one-third of their appointments are cancelled due to transportation issues. The lack of social interaction can lead to depression and health issues.

In the process of handling thousands of transportation calls in our ADTRC, our staff has noted that even where there is public transit service, sometimes that service is difficult for seniors to rely on for certain types of errands. For example, last summer during a hot spell, an older man in one county called for a ride. He explained that he did not have air conditioning and that his fan had broken and he needed to get to Wal- Mart to purchase a new fan. Because the transit service had limitations on the size and number of packages allowed to be brought on board the vehicle, it required quite a bit of negotiating and advocacy between our mobility management staff and the transit service provider to accommodate this particular man's needs. ADTRC staff advocate for passenger needs of older adults, low income people and people with disabilities who are trying to use transportation services to live independently, and for those who are underserved with transportation options. As a result, we have been able to effect changes in practice and sometimes personnel when needed to provide better service which supports independent living among our target groups. We have also been able to secure funding to initiate new service in areas un-served by transit in the region and to help coordinate transit services in working together to expand capacity through new technology and teamwork.

In the transition from actual passenger mile to point to point passenger mile reimbursement for service to contractors providing transportation, LSCOG AAA will rely on a pre-determined mileage calculated by a computerized mapping program for each trip. These will be monitored and followed up in the case of any discrepancies, as will actual service quality and notation of any complaints from passengers.

I. Nutrition Services

The Lower Savannah AAA/ADTRC has noticed several changes in the nutrition service program over the past four (4) years. Since the last Area Plan the Lower Savannah Region has closed 2 congregate meal sites. In January 2011, the Aiken Area Council on Aging closed the North Augusta Congregate Meal Site due to low participation and in August 2011 the Orangeburg County Council on Aging closed the Bowman congregate meal site due to funding.

We have noticed that some decreased participation in the congregate meal program in some areas while we have seen an increase in the congregate meal site in other areas. Several of our congregate meal programs have an extremely high number of congregate meal participants who are 85+ while other have a relatively young senior median age. Over the past four (4) years we have transferred funding out of Title III C1 into Title III C2 to make up for the loss of State Home and Community Based Service funding that was cut due to the down turn of the South Carolina State Budget and due to the decline in the congregate meal program.

There are currently fourteen (14) congregate meal sites in the Lower Savannah Region: Aiken County (5), Allendale County (1), Bamberg County (1), Barnwell County (1), Calhoun County (1) and Orangeburg County (5). Each of the congregate meal sites operate five (5) days a week for at least four (4) hours a day except the North Congregate Meal Site in Orangeburg County which is open one (1) day a week (Tuesday) for four (4) hours.

Group Dining Contractor	Location(s) M-F
Aiken County	Harold House Hall (Aiken)
	Windham House (Aiken)
	Our Lady of the Valley (Gloverville)
	Roland Smith Senior Center (Jackson)
	Roy Warner Park (Wagener)

Allendale County	Allendale County Leisure Center
Bamberg County	Rhodes Senior Center
Barnwell County	Gail Reyes Senior Center
Calhoun County	Calhoun County Council on Aging
Orangeburg County	Branchville Meal Site (Branchville)
	North Meal Site (North) (Tues. Only)
	Orangeburg County COA (Orangeburg)
	Springfield Meal Site (Springfield)
	Vance Senior Center (Vance)

Below is a chart showing the ***congregate meals*** served by county.

County	Units Served in SFY 2010	Units Served in SFY 2011	Units Serve in SFY 2012	Units Served in SFY 2013*
Aiken	38,540	26,319	31,089	22,908
Allendale	4,803	4,214	4,236	4,649
Bamberg	6,386	6,229	6,883	5,337
Barnwell	7,578	7,412	6,639	3,993
Calhoun	10,439	10,093	11,509	8,076
Orangeburg	36,314	35,749	36,228	27,831

*July 1, 2012 to April 30, 2013

Below is a chart showing the ***home delivered*** meals served by county.

County	Units Served in SFY 2010	Units Served in SFY 2011	Units Served in SFY 2012	Units Served in SFY 2013*
Aiken	25,892	31,689	34,446	30,450
Allendale	10,397	11,241	12,723	8,285
Bamberg	9,217	10,564	11,466	8,637
Barnwell	10,416	11,777	17,064	11,223
Calhoun	8,952	11,857	12,384	10,458
Orangeburg	33,743	39,028	36,428	29,751

The Lower Savannah AAA/ADTRC has a process in place to ensure the nutrition units charged to the AAA/ADTRC are accurate. Each month the contractors will submit the following AIM reports HHS18, HHS25b, LG97C and the MUSR. The AAA/ADTRC will run an LG45d and SC63a for each contractor each month. On a monthly basis the AAA/ADTRC will request the sign-in sheets from at least congregate meal site in the region so the participant's signatures can be verified against the LG45d.

The Lower Savannah AAA/ADTRC requires each of their nutrition contractors to place all daily hot congregate and home delivered and frozen meals orders with the AAA/ADTRC via e-mail each day. Once we receive the meal order from each nutrition services contractor in the region, we submit the regional meal order each day with our meal contractor. By the tenth (10^{th}) day of the next month, all of the nutrition contractors submit their order, delivered and served report to the AAA/ADTRC for the previous month. In 2008, we designed a Nutrition Site Activity Calendar Manual that was given to each site manager and executive director as a tool for activity planning in the congregate meal sites. As the AAA/ADTRC learns of new information and resources this information is forwarded to the congregate meal site managers.

The contractors' order, delivered and serve report is compared to the AAA/ADTRC internal daily meal spreadsheet and the meal caterer's bill. Since all of the nutrition contractors place their daily meal orders with the AAA/ADTRC we will know immediately when a contractor orders less than twenty-five (25) meals a day.

All nutrition contractors are required to submit their monthly activity calendars by the twenty (20^{th}) day of the month prior to the month of the planned activity calendar. The calendars will be reviewed and submitted to the Policy and

Programs Manager by the end of the month. The current food contractor submits to each congregate meal site in the region the certified menus that are place on the congregate meal site bulletin board. The Lower Savannah AAA/ADTRC staff shall verify the serving menus are posted in a visible and accessible location.

As a part of our procurement document we will be asking each agency that responds to the RFP to tell us how they are going to set up a cost share program for any state funding they receive taking into account the requires of the South Carolina Aging Network's Policies and Procedures Manual and how they will market the agency in the private pay arena. Each agency awarded a contract for nutrition services will be monitored on their cost share plan. The AAA/ADTRC will use GIS mapping on a bi-annually basis to help determine if the nutrition contractors are serving the targets populations of the OAA. The GIS maps will be done by contractor for each county and will be distributed to the contractors.

When the Lower Savannah AAA/ADTRC receives the draft menus from our food service contractor we send a copy of the draft menu to each nutrition site manager and executive director. A memo attached to the draft menu gives instructions to the nutrition site manager to review the menu with their site participants and to provide feedback to the AAA/ADTRC by a certain date. The AAA/ADTRC takes the feedback we have received and presents the feedback during the menu planning process. We will be contracting with a registered dietitian to gather feedback on the menu planning process and to provide guidance to the AAA/ADTRC. When the AAA/ADTRC receives the draft menus from the food service contractor, a copy of the draft menu will be sent to the registered dietitian on contract to gather their feedback on the menu. In our contract with our food services contractor we will require that any changes within 24 hours in the certified menu be approved in writing by the Lower Savannah AAA/ADTRC and the contracted registered dietitian. The Lower Savannah AAA/ADTRC does recognize that at times there may be extenuating circumstances that require a substitute in the certified menu; an example of this would be one of the cook items for that day of the current menu is burnt. Rather than serving burnt food, the Lower Savannah AAA/ADTRC feels it is more important to serve food that is edible to ensure proper nutrition for the seniors in the region. The kitchen manger will call the corporate office of the food service contractor to let them know of the situation. The corporate office will call either the Aging and Disability Programs Manager or the Regional Long Term Care Ombudsman to report the food issue and the recommendation for how to fix the food issue. The Lower Savannah AAA/ADTRC staff will verbally accept or deny the recommendation to correct the food issue and will consult with the AAA/ADTRC registered dietitian on contract. Within three (3) hours the Lower Savannah AAA/ADTRC must

receive notice in writing of the food issue. The AAA/ADTRC will respond to the written notification from the food contractor.

J. Training and Technical Assistance

The Lower Savannah AAA/ADTRC has identified several areas of focus over the next year in which we will provide training and/or technical assistance to the contractors in the Lower Savannah Region. Those areas are GIS mapping, site manager training from the nutrition services contractor, assessment and AIM training. The GIS mapping training will be conducted by the Lower Savannah GIS Planner and the Aging and Disability Programs Manager. Information on what and how GIS works will be presented along with contractor service maps and general census data for each county and/or contractor. The site manager training will be conducted by the Aging and Disability Programs Manager. This training will be held in September 2013. An overview of policies and procedures requirements will be given as well as portion control training to ensure proper portioning of food for the nutrition service contractor. Training on the new AIM assessment will be given. The Aging and Disability Programs Manager and the Family Caregiver Advocate will provide an over view of the assessment, discuss any issues and provide guidance on determining deficits in activities of daily living. AIM training will be provided by the Aging and Disability Programs Manager and/or the AAA/ADTRC Training Liaison, once they have received adequate training on AIM to enable them to function in this capacity.

New service delivery contractors require a lot of training and technical assistance. Within 30 day of new contract the Lower Savannah AAA/ADTRC will host an aging orientation meeting. The new service provider meeting will provide the following overview: a general overview of the LGOA and the ADTRCs role and operations, the LGOA two-sided flyer, LGOA benefit guide, SC Access flyer, a copy of the Lower Savannah AAA/ADTRC Area Plan, a copy of the South Carolina Aging Network's Policies and Procedures Manual, a summary of the structure of the SC aging network, and a copy of the AAA/ADTRC contact sheet. It will be important that any new service delivery contractors have read and understand the South Carolina Aging Network's Policies and Procedures Manual as well as the Lower Savannah AAA/ADTRC Policies and Procedures Manual. Another important part is training on AIM. The Lower Savannah AAA/ADTRC Training Liaison will conduct this training.

K. Monitoring

The Lower Savannah AAA/ADTRC will require each contractor to submit the following reports by the tenth day of each month:

- Order, Delivered and Service Report form with vouchers from the approved meal vendor shall be submitted to the Aging and Disability Programs Manager;
- Scanned or copies of the home delivered meal route sheets which have been signed and dated by the driver and the Executive Director or their designee to assure that meals have been delivered;
- Signed Lower Savannah Recap Sheet; and
- Signed LSCOG AAA Provider Certification with the following reports AIM MUSR, HHS18, HHS25b, and LG97c (for each funded service) submitted to the Aging and Disability Programs Manager.

We require that all units of service to be entered in AIM by the 10th day of the following month of service. The AAA/ADTRC will run the following reports out of AIM each month: LG45d and SC36a. Monthly congregate meal activity calendars must be submitted to the Aging and Disability Programs Manager by the 20th day of the month before the calendar is effective. Once the calendars are approved they will be submitted to the LGOA by the last day of the month. Home delivered monitoring forms must be submitted to the AAA/ADTRC by the second Tuesday of each month for the previous month. The AAA/ADTRC will submit their completed congregate and home delivered meal reports along with the contractors' reports by the third Tuesday of each month to the LGOA. Each month a nutrition contractor will be notified to turn in the sign-in sheets for a particular site when they submit their monthly request for payment. The Executive Director of the agency will be notified by the 1st day of the month. The monthly sign-in sheets will be reviewed to verify that each congregate meal was served.

The Lower Savannah AAA/ADTRC will notify each contractor by the beginning for each month when the AAA/ADTRC will be out to conduct home delivered meal routes and visit senior centers in their county. The AAA/ADTRC will deliver home delivered meals from three (3) different routes and visit three (3) different congregate meal sites in the region each month. The AAA/ADTRC will continue to conduct announced and unannounced visit throughout the contract year.

The Lower Savannah AAA/ADTRC has identified a four (4) step process for corrective action for contractors who fail to deliver contracted services or to follow the methods of service delivery:

1. **Step 1**- ensure all contractors have read the South Carolina Aging Network's Policies and Procedures Manual and the Lower Savannah AAA/ADTRC Policies and Procedures Manual and understand their responsibly under these Policies and Procedures.

2. **Step 2**- provide ongoing fiscal and programmatic monitoring of contracts in the region. The monitoring will be desk top review of monthly required documents submitted to the AAA/ADTRC, announced monitoring and quality assurance reviews and unannounced visits.

3. **Step 3**- provide technical assistance to contractors to ensure there are open lines of communication, that questions and issues/concerns are discussed openly and honestly and resolutions and answers are given and understood.

4. **Step 4**-issue a detailed report to the contractor notifying them of the deficiency(s) citing the South Carolina Aging Network's Policies and Procedures Manual and/or the Lower Savannah AAA/ADTRC Policies and Procedures Manual. The contractor will be given two (2) weeks to submit a response in writing on the steps they will take to correct the deficiency(s). A response letter from the Lower Savannah AAA/ADTRC will be sent to the contractor within in five (5) business days of the plan is accepted.

The Lower Savannah Council of Governments (LSCOG) accounting system is Grants Management System (GMS). The LSCOG uses a cost center for every part of the grant award. All expenses can be tracked by a line item. LSCOG uses cash to match all of the funding we receive to administer the AAA/ADTRC. Each month the portion of cash match we have met is posted. The AAA/ADTRC is committed to submitting all draw down request to the LGOA in the format the request is made. Each August and September the LSCOG is audited by an outside and independent auditor. It is the policy of the LSCOG to conduct an RFP for auditing services. The RFP is for three (3) years but the auditing firm selected cannot be selected as our auditor for more than six (6) years.

The Lower Savannah AAA/ADTRC will make program and financial records, as well as service delivery sites open to representatives of the LGOA, the United States Government Accountability Office, the State Auditor, the State Attorney General's Accountability Office, and the US Department of Health and Human

Services. We welcome anyone to come and look at our financial and programmatic information.

L. Contract Management

Each year when the Lower Savannah AAA/ADTRC looks at contract extension we will look at a variety of thing: (1) did the contractor submit all requested information to the AAA/ADTRC, (2) how was the overall contract performance, (3) was the contractor identified as a high risk contractor and (4) was the contractor responsive to the request of the AAA/ADTRC. If the AAA/ADTRC feels like it is in the best interest of the county(s) and/or region we reserve the right to terminate the contractor's contract.

The Lower Savannah AAA/ADTRC will require each contractor to submit the following reports by the tenth day of each month: order, delivered and service report form with vouchers from the approved meal vendor shall be submitted to the Aging and Disability Programs Manager; scanned or copies of the home delivered meal route sheets which have been signed and dated by the driver and the Executive Director to assure that meals have been delivered; signed Lower Savannah Recap Sheet; and signed LSCOG AAA Provider Certification with the following reports AIM MUSR, HHS18, HHS25b, LG97c (for each funded service) submitted to the Aging and Disability Programs Manager.

We require that all units of service are to be entered in AIM by the 10th day of the following month of service. The AAA/ADTRC will run the following reports out of AIM each month: LG45d and SC36a. Monthly congregate meal activity calendars must be submitted to the Aging and Disability Programs Manager by the 20th day of the month before the calendar is effective. Once the calendars are approved they will be submitted to the LGOA by the last day of the month. Home delivered monitoring forms must be submitted to the AAA/ADTRC by the second Tuesday of each month for the previous month. The AAA/ADTRC will submit their completed congregate and home delivered meal reports along with the contractors' reports by the third Tuesday of each month to the LGOA. Each month a nutrition contractor will be notified to turn in the sign-in sheets for a particular site when they submit their monthly request for payment. The Executive Director of the agency will be notified by the 1st day of the month. The monthly sign-in sheets will be reviewed to verify that each congregate meal was served.

The Lower Savannah AAA/ADTRC will notify each contractor by the beginning for each month when the AAA/ADTRC will be out to conduct home delivered meal routes and visit senior centers in their county. The AAA/ADTRC will deliver home delivered meals from three (3) different routes and visit three (3) different congregate meal sites in the region each month. The AAA/ADTRC will continue to conduct announced and unannounced visit throughout the contract year.

The Lower Savannah AAA/ADTRC will provide electronic copies of procurement contracts and all amendments within thirty (30) days of execution. The Lower Savannah AAA/ADTRC assures that contractors for procurement of services or good that are supported with financial assistance through the LGOA will adhere to the applicable Federal and State procurement codes (COG: OMB Circulars A102 and A87) ((PN-P: OMB Circulars A110 and A-122).

M. Grievance Procedures

The Lower Savannah Grievance Procedures are posted in all group dining sites in the Region and at all contractors' offices in the region. Any senior who feels he/she has been discriminated against may file a grievance. A written complaint should be filed with the Executive Director of the local contractor at the appropriate address within thirty (30) days of the alleged discrimination. Upon receiving the complaint, the contractor will see that a prompt and complete investigation is conducted and that the Lower Savannah AAA/ADTRC Aging and Disability Programs Manager. If the investigation indicates a failure to comply with the prescribed assurances, the complaint will be notified and the matter will be resolved by the appropriate means. If the investigation indicated that the complaint is unjustified, the complainant will be notified immediately. All programs supported by the South Carolina Lieutenant Governor's Office on Aging must be operated in compliance with the Standard Assurances listed below:

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

5. A voluntary opportunity for service recipients to contribute to the cost of service is provided.
6. An eligible individual for services shall not be denied services based on where they live.

The following two offices will be advised of the disposition of all complaints received: Atlanta Regional Office of the Administration on Aging and Atlanta Regional Office of Civil Rights, Department of HEW.

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

N. Performance Outcome Measures

A great deal of the work required of the AAA/ADTRC in the new LGOA Policies and Procedures Manual focuses on outputs and oversight. Lower Savannah AAA/ADTRC; however, is ultimately concerned with outcomes and impacts on the people we serve directly and through contracts with local providers. As noted in our vision statement, "the purpose for all of the work of the AAA is to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible." The ultimate purpose for the ADTRC could be expanded to assisting people with disabilities, older adults and their families and people who need help with transportation issues to have enhanced quality of life and engagement in community. During the current fiscal year, Lower Savannah Council of Government staff have taken a number of steps to assess the opinions and preferences of participants in nutrition and family care-giving programs. Interviews were conducted with participants in every congregate dining center in the region on two occasions. The first was to determine the participants' opinions on which activities were the most meaningful and satisfying to them in the center's programming and what they would like more or less of. The second round of interviews dealt with food preferences and opinions on menu items. These surveys were tabulated by ADTRC staff and results shared with local contractors and the food caterer to try to adjust activities and menu choices to better meet the needs of target group participants. In the Family Caregiving program, staff did caregiver surveys to determine whether the program helped caregivers to avoid burn-out and reduce stress, which are the overall purposes of the program. In the upcoming years, Lower Savannah AAA/ADTRC proposes to increase its survey work on impact of both the services provided directly through the ADTRC and through contracts to purchase service at the local level. Random surveying of people assisted with various services will take place throughout the

year. These surveys will be conducted by telephone and through simple questionnaires at the point of services. The staff member whose job will be to determine and oversee client selection will have the primary responsibility for coordinating the survey process and reporting the information back to leadership of the AAA/ADTRC for course correction and guidance in service planning and provision.

O. Resource Development

At contractor meetings during each year, the goals and benefits of increasing grant related income and the need to begin to develop cost-sharing options for services where allowable are emphasized. At a recent training on the new Policy and Procedure manual for contractors, examples of how cost sharing can be introduced to consumers were discussed at length. LSCOG AAA/ADTRC will be having the development of cost sharing models as a re-occurring theme at contractor. One contractor representative, who also oversees service provision in the state of Georgia, has many helpful examples of how cost-sharing programs have been implemented there and has agreed to share both encouragement and guidance to local contractors in the region at future meetings. There are additional ways beside cost-sharing and GRI generation to generate additional resources, too. Several contractors in the region already conduct successful community fund raisers, with the help of partnering groups, which raise considerable sums of money to provide additional services to those most in need in those counties. Providers can help each other by sharing ideas and strategies in contractor meetings and inspire each other to think creatively about various options for generating additional revenue.

Below is an overview of the grant related income (GRI) that has been collected by contractors in the Lower Savannah Region from State Fiscal Year (SFY) 2010 to SFY 2013.

Contractor	SFY 2010	SFY 2011	SFY 2012	SFY 2013*
Aiken Area Council on Aging	$6,439.39	$5,179.72	$5,503.79	$4,184.57
Allendale County Office on Aging	$4,965.48	$3,458.01	$3.165.13	$2,865.59
Bamberg County Office on Aging	$4,812.54	$3,945.85	$4,276.79	$3,674.76
Generations Unlimited	$3,595.60	$3,065.43	$3,198.88	$2,026.51
Calhoun County Council on Aging	$4,811.52	$5,513.41	$5,408.12	$4,267.79

Orangeburg County Council on Aging	$35,800.37	$33,102.60	$24,517.36	$22,185.22
Help at Home, Inc.	$0	$0	$0	$0

*as of April 30, 2013

P. Cost-Sharing and Voluntary Contributions

The Older Americans Act (OAA) limits cost sharing for OAA programs. Currently the only OAA program the Lower Savannah AAA/ADTRC funds is the home care I program and only for those individuals whose income is above the federal poverty guidelines. The SUA allows for cost sharing on State Funded services such as Home and Community Based Services and Bingo. The Lower Savannah AAA/ADTRC has developed a cost share worksheet and Scale that will be used by contractors who receive state funded services for congregate meals, home delivered meals, evidenced based disease prevention, home care, and transportation programs. Below is a chart that describes the cost share program:

Income Range (% of Poverty)	Cost Share (as % of unit price)
0-100%	0%
101-125%	2.50%
126-150%	5%
151-175%	10%
176-200%	20%
201-225%	30%
226-250%	40%
251-275%	50%
276-300%	60%
301-325%	70%
326-350%	80%
351-375%	90%
376-400%	100%

Q. Confidentiality Assurances

The Lower Savannah AAA/ADTRC assures that clients receiving services under Title III or State Funded services will only be contacted for the purpose of providing or evaluating services. All contractors are required in their current contract to follow all applicable Federal and State privacy and confidentiality

assurances. The AAA/ADTRC will monitor contractors' confidentiality and privacy policy during the annual quality assurance process to ensure the contractors are following State and Federal regulations regarding confidentiality of client information as well as the policies and procedures of the SUA.

Contractors will be required to submit their confidentiality policies to the AAA/ADTRC for approval. During the quality assurance process we will check to see if each employee with access to identifying client information has signed the required notice specifying the requirement to maintain confidentiality and the failure to comply.

VI. AAA/ADTRC Director Service Delivery Functions

A. Staff Experience and Qualifications

Regional Long Term Care Ombudsman (Susan Garen) - Susan has twenty-one (21) years' experience in the Long Term Care industry as a resident advocate/Long Term Care Ombudsman and Area Agency on Aging program coordinator. She has served as the Certified Regional Long Term Care Ombudsman since 1992. She is responsible for working with nursing home and residential care residents to advocate and investigate complaints. She over sees our Legal Assistance Program and health care advanced directive information. She is certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program. Susan has a Bachelor of Arts in Psychology with a minor in Sociology from Francis Marion University.

Information and Referral Specialist (Nikki Cannon)-Nikki has almost seven (7) years' experience working in the AAA/ADTRC. She was the Benefits Specialist, SHIP Coordinator and is currently our Information and Referral Specialist. She has two (2) years previous experience working as a Medicaid Eligibility specialist. She is responsible for providing information and referral services to seniors, people with disabilities and their family caregiver who live in the Lower Savannah Region. She has a Bachelor Degree in Business Management. She is Certified Information and Referral Specialist for Aging (CIRS-A) and she is certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program.

Family Caregiver Advocate (Cathie Lindler)- Cathie has been working in the Human Services Department since 2002 first as the Information, Referral and Assistance Specialist and now as the Family Caregiver Advocate. She is a retired Registered Nurse, and is certified by the South Carolina Insurance Counseling

Assistance and Referral for Elders (I-Care) Program and is a certified Information and Referral Specialist for Aging (CIRS-A) .

SHIP/Mobility Specialist (Tina Swan) - Tina has worked in the Human Services Department for almost five (5) year. She works doing Medicare counseling, Senior Medicare Patrol and provides information, referral and assistance services. Tina oversee the SMP Volunteer Program. She provides mobility management for people in the Lower Savannah Region looking for Information, Referral and Assistance on the transportation options. She is certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program and is a certified Information and Referral Specialist in Aging (CIRS-A).

Medication Assistance Program (MAP) (Nita Swift and Catherine Longfellow) - The Medication Assistance Program started in September 2004 to meet the medication needs of uninsured in Aiken County. Nita and Catherine have an extensive background with working with many non-profit organizations in Aiken County. In 2008, United Way of Aiken County started to fund the Medication Assistance Program.

B. Long Term Care Ombudsman Services

The Lower Savannah Aging, Disability and Transportation Resource Center will contract to provide advocacy and direct assistance to persons residing in licensed long term care facilities in the region through the efforts of an employee who meets and maintains the designation as the Designated Regional Long Term Care Ombudsman (RLTCO) in the program designated as a Regional Long Term Care Ombudsman Program (RLTCOP).

The Lower Savannah RLTCO is responsible for implementing all of the program requirements of the RLTCOP within the designated service area with the exception of routine visits to and complaint investigations in facilities operated by county Disabilities and Special Needs (DSNB). The Lieutenant Governor's Office on Aging State Long Term Care Ombudsman Program (SLTCOP) staff will continue to make routine visits to DSNB homes like Intermediate Care Facilities, Community Training Home II, and Community Residential Care Facilities operated by county boards. If needed, the RLTCO will visit and investigate complaints in facilities normally addressed by staff of the SLTCOP. Likewise, the SLTCOP staff will assist the RLTCO should a backlog of complaint cases develop, if there is a significant problem within one facility and when technical assistance is needed in a complaint investigation.

The Lower Savannah RLTCO has over twenty years of experience in the field of aging and long term care ombudsman program service. Having been a part of the program for so long, the Lower Savannah LTCO is knowledgeable about many programs and services that can benefit the residents in the region's facilities. Because the RLTCO is knowledgeable about other programs and capable of serving as back up staff in other aging programs, the RLTCO has been called upon to serve our region's non-institutionalized seniors. The work done by the RLTCO in other program areas within the ADTRC is not allowed if the primary responsibilities of the RLTCOP will be impacted.

The RLTCO will advocate for residents in long term care (LTC) facilities.

Objective: Advocacy will be provided to residents of LTC facilities through direct face-to-face contact with them, their family members and/ or the staff of the facilities to promote residents' rights, discuss concerns and develop possible solutions following complaint investigation or group meetings. The focus of each year's advocacy efforts will be to give information through consultation, staff in-service and resident or family council meetings that address the top five categories of complaints reported during the previous reporting year.

Goal: Advocacy is accomplished through the completion of multiple program components. Therefore the goal for advocacy is addressed in each individual program requirement below.

The RLTCO will receive, investigate and work to resolve formal complaints filed with the RLTCO.

Objective: Each call to the RLTCO will be responded to by the LTCO or directed to the State LTCO if the RLTCO will be absent from the office for more than 48 hours or sooner at the discretion of the ADTRC Director. Confidential voice mail is available to all callers should the LTCO be on the phone or out of the office. The RLTCO will record a voice mail greeting to inform callers as to whether the LTCO is in the office or out of the office and provide accurate instructions regarding their option to call the State LTCO in an emergency.
Remote access to voice messages is available and is utilized by the RLTCO while working out of the office. The RLTCO will investigate the complaints and work to resolve the issues for the resident of the facility in a timely manner.

Goal: Calls will be answered immediately when working in the office or within the next in office work day of the RLTCO. Phone messages retrieved remotely

while working in the region will be returned on the same day if the nature of the call is determined to be urgent.
Complaints filed on behalf of residents currently living in the facility will be given priority and within those cases priority will be given to complaints of abuse, neglect or exploitation. Initial contact with the resident and/or facility in response to the complaint investigation will be within thirty days of the receipt of the complaint. Closure to the investigation to include summary letters of findings to the facility, resident and/or responsible party will be completed within twenty-one days of the day that all necessary documents and supporting evidence has been received.

The RLTCO will provide information and assistance to residents of long term care facilities, their family members and staff to ensure that residents' rights are honored and that residents get what is necessary to help them maintain or attain their highest level of independence.

Objective: The RLTCO will continue to be available by phone and in person to meet with residents, their family members and the staff of long term care facilities to provide information about rights, federal and state laws and regulations to assist callers be better able to self- advocate for their needs. Such action will be recorded as a consult in the LGOA required data base system.

Goal: Calls will be answered immediately when working in the office or within the next in office work day of the RLTCO. Phone messages retrieved remotely while working in the region will be returned on the same day if the nature of the call is determined to be urgent but no later than the next business day to be in the office. If a visit is required to speak with a resident, the RLTCO will work to see that resident within fourteen days of the request for a visit by the RLTCO.

The RLTCO will provide community education to better promote the services available from the RLTCO, Residents' Rights, and the services offered by the Aging, Disability and Transportation Resource Center.

Objective: The RLTCO will make known to facilities and community service agencies via the Community Services Network type networks in each county the availability of the RLTCO to provide these public information presentations. In addition, information about the RLTCO program will be available as part of any display or program overview or health fair or expo attended by the Lower Savannah ADTRC.

Goal: The RLTCO will provide at least two community service presentations in each fiscal year and participate in at least one community health fair or expo in the six county region.

The RLTCO will provide in-service education to staff, residents and family members of long term care facilities.

Objective: The RLTCO will send a written letter to each administrator notifying the administrator of the RLTC Ombudsman's commitment to quality care and the willingness to provide staff training. Direct requests for the opportunity to meet with staff will be made as needed.

The RLTCO will ask for the name and address of each family council chairperson for the nursing homes in the Lower Savannah region to inform the Family Council Chairperson or coordinator of the desire of the LTCO to speak to the family council. Resident council presidents will be contacted during routine friendly visits and encouraged to allow the RLTCO to present information about Residents' Rights to the residents.

Goal: The RLTCO will provide staff in-service training in at least four facilities, meet with four facility resident council groups and at least two facility family council groups in a fiscal year. The focus of each year's training efforts will be to give information that address the top five categories of complaints reported during the previous reporting year.

The RLTCO will ensure that the Volunteer Friendly Visitor Program continues operation.

Objective: The RLTCO will continue to provide ongoing training for current volunteers, renew participation contracts with facilities and volunteers as well as expand the volunteer program into the Orangeburg, Bamberg, and Calhoun area.

Goal: The RLTCO will have at least two new volunteers placed in facilities in Orangeburg by December 31, 2013 and two new volunteers placed in additional Aiken facilities by June 30, 2014.

The RLTCO will conduct routine friendly visits in long term care facilities throughout the region that are not associated with any complaint investigation, family council, or resident council meeting.

Objective: The RLTCO will develop a visiting schedule to ensure that those facilities visited in the first quarter are visited in the three quarters that follow in order to ensure that the visits to the facility count per Administration on Aging Standards.

Goal: At least eight licensed nursing homes and four licensed Community Residential Care Facilities will be visited by the RLTCO or the Volunteer Friendly Visitors in fiscal year 2013-2014.

The RLTCO will assist Resident and Family Councils develop in nursing homes and residential care facilities.

Objective: As the RLTCO identifies a facility that does not have a Resident or Family council, the RLTCO will seek to initiate interest in the formation of such groups and provide necessary information to the participants to have the councils run independently of staff.

Goal: At least one facility in the region that does not have a well formed resident council or family council will have such councils in place by the end of June 2014.

C. Information and Referral/Assistance Services

The Lower Savannah AAA/ADTRC Information and Referral/Assistance Program continues to receive thousands of calls each year. The calls the Information and Referral/Assistance programs receive range from referrals for assistance with paying a utility bill, assistance for finding needed transportation and caregivers who have just found out that Medicare does not pay for long term care. In SFY 2012 the Lower Savannah AAA/ADTRC received 17,624 calls for assistance. The AAA/ADTRC staff has worked over the last ten (10) years to breakdown the silos of each person working and knowing only about their specific program but working towards everyone know about all programs in the ADTRC. We have worked hard to know a lot of information about a lot of different topic; Medicare, Medicaid, SNAP, mobility management, long term care options as well as the programs and services offered in the Lower Savannah AAA/ADTRC.

The Lower Savannah AAA/ADTRC uses Title III B to fund our full time equivalent Information and Referral/Assistant Specialist. The AAA/ADTRC follows the LGOA's *South Carolina Aging Network's Policies and Procedures*

Manual effective October 2006 for the hiring of our Information and Referral Specialist. The specialist was AIRS-A Certified within 15 months of being hired, has a bachelor's degree, has an office with a door that can be shut for privacy, has access to necessary equipment, software and supplies and receives on-going technical assistance and supervision for the Aging and Disability Programs Manager and/or the Human Services Director.

The funding the AAA/ADTRC receives from the Older Americans Act for the Information and Referral/Assistance Program is used only for Information and Referral/Assistance within the AAA/ADTRC. We submit monthly billing and requested reports to the LGOA a requested.

The marketing strategy is constantly evolving as opportunities present themselves to the AAA/ADTRC. In the past we have marketed the AAA/ADTRC in the following ways: ADTRC and LSCOG websites, promotional items, newsletters, presentations, health fairs, bus advertisements, division brochure and community networking.

The Lower Savannah AAA/ADTRC will continue to partner with for- profit, non-profit, faith based, federal and state agencies in order to know the available resources for seniors, people with disabilities and caregivers in the Lower Savannah Region. We participate in community service network meetings, attend health fairs, give presentations and work with direct agencies such as Medicaid and Social Security to understand their program eligibility to make appropriate referrals and to broaden our knowledge of available resources in the region. Over the next four (4) years we will continue the activities that are currently under way but will work to find new partnerships, organizational groups in the four (4) small, rural counties in the region.

The AAA/ADTRC has reached and received approval from the COG Director to use Language Line (www.languageline.com) has the interpretation service provider for assistance for non-English speaking caller who are in need of assistance. Language Line does not require a Memorandum of Agreement or a monthly service charge. They require credit card information to be given and assistance is immediately offered. The Lower Savannah AAA/ADTRC has worked out a protocol for this process and the ADTRC staff is aware of how to request services from Language Line.

The Office Assistance enters data into OLSA for the AAA/ADTRC. The Information and Referral Specialist, SHIP Coordinator and mobility managers

provide the required data to the Office Assistance. Once the data has been put into OLSA the contact sheet and/or file is then filed away according to our filing system. The Information and Referral Specialist works closely with the Office Assistance to ensure data is properly entered into OLSA.

The Aging and Disability Programs Manager supervises the Information and Referral Specialist. If the Aging and Disability Programs Manager is out of the office and then Information and Referral Specialist needs assistance either the Aging and Disability Programs Manager is called or e-mailed or the assistance is given from the Human Services Director. The Lower Savannah AAA/ADTRC always has someone present in the division to assist clients that come into the office. We strive to coordinate schedules to ensure someone is present to answer information and referral/assistance calls. The Aging and Disability Programs Manager will meet with the Information and Referral Specialist on a monthly basis to review data collections on call volume and the percentage of calls by topics.

The Information and Referral Specialist is AIRS certified and has received crisis call management through the certification process. The AAA/ADTRC has not received a true crisis call in the thirteen (13) years since the program began. If we received a crisis call the Information and Referral Specialist would follow the AIRS protocol for handling a crisis call.

D. Insurance Counseling and Referral Services and Senior Medicare Patrol

The long term goals of the Insurance Counseling and Referral services program at Lower Savannah AAA/ADTRC is to assist as many clients in our six county region as possible with our staff. At Lower Savannah AAA/ADTRC, our process for providing assistance to a beneficiary is one that we are very proud of and committed to. Clients call and schedule an appointment for an allotted time of one or more hours. When the client comes in for the appointment, he or she is screened for all available services that may be appropriate for that client. Typically, 60 – 70 minutes is spent with each client depending on what is involved. We will also be implementing a “How are we doing?” survey that will be mailed to each client that we assist after their appointment is completed. This survey will be able to help us determine if there are any areas that we need to improve upon. We will always strive to continue to provide outstanding customer service with each individual client who needs our assistance.

Another goal of the Insurance Counselors a is to continue to grow our established relationships with local agencies including local government such as Social Security, social service agencies such as Medicaid, non-profit and for-profit agencies as well as faith based agencies. The AAA/ADTRC relies heavily on the

partnerships created with local agencies. Maintaining these strong partnerships also prevents duplication among partnering agencies.

The Insurance Counselors will continue to strive to increase awareness of services available through the AAA/ADTRC and in local communities. We will continue to do in-services and training for agency staff and clients to ensure they are aware of the services provided by the AAA/ADTRC and to encourage appropriate referrals. We will also continue to network and share ideas with our counterparts across the state.

The Insurance Counselors will also strive to increase our knowledge of the services and programs available to seniors and individuals with disabilities throughout our 6 county region. The Insurance Counselors will attend training provided on issues relating to the aging and disabled population throughout the year, including the IR&A and SHIP meetings held at the Lieutenant Governor's office. We will continue to build upon our knowledge and take advantage of every opportunity to gain expertise in the field of IR&A and I-Care as well as networking and sharing ideas with IR&A Specialist's and Insurance Counselors statewide.

OLSA continues to be a valuable resource for accessing information and referrals available to clients and their families in South Carolina. We will continue to offer OLSA training to any partnering organization that is interested as a method of making referrals to the AAA/ADTRC. We will also continue to make presentations and hand out information about OLSA to organizations and individuals in our area. We will strive to ensure that resources listed in the Lower Savannah AAA/ADTRC's area are up to date and correct.

The Insurance Counselor will determine the needs of all callers and identify appropriate resources. SC Access allows the Insurance Counselor to obtain all options available for a caller so the client can then choose what option best fits their needs. When necessary, we will provide follow up; in cases with vulnerable adults and situations where the inquirers do not have the necessary capacity to follow through and resolve their problems without assistance. We will also provide additional assistance if it is determined that the callers needs have not been met during the initial call.

Overall, the major strength of the Insurance Counseling, Referral Services, as well as the Senior Medicare Patrol program at Lower Savannah AAA/ADTRC is the knowledge of the trained counselors. We are always attending conferences, participating in available teleconferences, and keeping up-to-date with the most current information to pass along to clients that we serve. As an AAA/ADTRC,

we have worked hard to become a "knowledgeable" and "trusted source of information" and our clients and local agencies are grateful for the assistance.

During Annual Enrollment Period (AEP), our goal is to ensure we are able to provide services to each beneficiary without turning anyone away. The procedure used at Lower Savannah for Medicare Part D enrollment is as follows: dates are blocked off on an appointment calendar starting from October 15 to December 31. We maintain a mailing list of all beneficiaries who have previously received assistance through our office. We mail out a Medicare Update with important dates to remember such as AEP and information regarding LIS and MSP eligibility. Also, in our Medicare Update, we let everyone know that appointments are now available to be scheduled during October 15 to December 7. If the client is currently receiving the LIS benefit, we highly recommend those appointments to be scheduled from December 8 to December 31.

When clients call to schedule their AEP appointment, we are mentioning the option of doing their appointment by mail. If they choose to do it this way, we mail a form to the client to fill out with all the information needed in order to do an accurate Part D plan search. We find that this option fits clients the best who have a more simple case with few medications. This method seems to be growing in popularity to clients as each AEP year passes. With completing most of the LIS clients from December 8 to December 31 and doing more and more mail appointments each year, this allows us to be able to help many more clients during the October 15 to December 7 timeframe.

Also for Part D enrollment, in addition to the Medicare Update, each Council on Aging, Nutrition Site, Social Security and Medicaid office will be contacted by our office to set up a presentation for staff and beneficiaries to ensure they are aware of AEP and of the LIS and MSP eligibility.

The biggest challenge at Lower Savannah that we face during Medicare Part D enrollment is meeting the demand of beneficiaries that need assistance during AEP with our available staff since our client list continues to expand more every year. To help this issue for the future AEP's, we will continue to implement our plan of doing less complex appointments by mail and to also continue to schedule as many LIS clients during the December 8 to December 31 time frame to allow more appointment slots for others who absolutely need to have their appointment done from October 15 to December 7. Also, we are planning to have SHIP volunteers in place that may be able to assist us with less complicated Medicare Part D appointments and other duties related to Part D enrollment to ensure our AEP season runs as smoothly as possible.

At this time Lower Savannah does not utilize any volunteer services for the Insurance Counseling program. However, for 2013 our goal is too selectively recruit individuals who we feel would make a good fit as a SHIP Volunteer. Credibility has been carefully earned by our ADTRC/I-Care/Insurance Counseling staff and we want to make sure that our future volunteers will be just as committed, trustworthy, professional and passionate about our program as we are. We are currently working on a partnership with the SRS Retiree Association who has members that are interested in giving back to the community. We will be meeting with them in the near future to put together a plan of action on how the interested individuals in that association may be a good fit for our volunteer program. We feel that this is a great opportunity to form reliable group of volunteers for the SHIP program who will not be deterred from the extensive training requirements and the increasing complexity of program. Also, we have 6 certified SMP volunteers who we hope to have SHIP volunteer certified in 2013. We feel that this will be a great resource to the clients that we serve.

The long term goals for the SMP program at Lower Savannah are to continue to alert beneficiaries of any fraud that is happening in our area and in the surrounding areas that they need to be aware of. Also, as an SMP, our goal is to assist Medicare beneficiaries along with their families and/or caregivers on ways to prevent, look for and report health care fraud, errors and abuse. We will continue to do this in the way of outreach and education such as presentations and health fairs, by educating local organizations on health care fraud so they can help spread the word, as well as counseling each person that we assist on fraud. We are committing to a goal of trying to educate all Medicare beneficiaries in our six county region as to how serious of an issue that health care fraud really is. We want beneficiaries to feel educated enough to know what to do to protect their selves and prevent fraud. The SMP also will continue to stress to beneficiaries how important it is to contact us if they have questions about health care fraud or if they should need to report an issue.

Lower Savannah currently has 6 certified SMP volunteers. Our goal for our volunteer program is to have our current volunteers be more active in the program and to feel comfortable enough to make group presentations to local organizations and beneficiaries. We feel that this will be a great way to spread the word on health care fraud which could potentially make a tremendous impact on the fight against fraud in our region. We would also have our volunteers distribute more information within our region on the program so our community knows who to turn to for help if they should need it. Another goal is to have SMP volunteers located in each of our 6 counties to be more conveniently available to assist clients. We have found it difficult in the past to recruit volunteers for this program. We feel that it is due to the complexity of the program. However, our plan to overcome this obstacle is to make potential volunteers aware that they are

not in this program alone and that the SMP staff is here to help prepare the SMP volunteers with training, work seminars, personalized help and any other information and resources they should need to feel comfortable.

The SHIPtalk system will always be used to input all insurance-related data after a contact is made with a client. We will continue to keep up to date on the required information that must be collected in SHIPtalk. We record this information onto a client intake form. After cross checking our information with our clients to ensure accuracy, the information from the intake form then get entered into SHIPtalk. All of our contacts and data are entered on a monthly basis to ensure timeliness.

All staff members and volunteers will be sure to receive updated Medicare and Medicaid training at 12 hours per year. This training will be done through participation in webinars and in person training sessions that are offered related to Medicare and Medicaid.

Our calls are returned within 24 hours. When we do experience high call volumes, if our SHIP counselors are unable to return some calls, the remaining ADTRC staff is cross-trained and can help assist with getting caught up on returning calls so we can stay within the required 24-hour return call policy.

The ADTRC will be utilizing the COG Geographic Information System (GIS) as a marketing strategy to reach underserved consumers, such as dual eligible consumers in the underserved counties. This strategy will help us identify clients that need assistance in areas with a high number of LIS and/or MSP beneficiaries. The other option of using GIS will use Census data of age, poverty rates and median household income to beneficiaries that may be eligible for LIS and/or MSP benefits. We will also contact religious leaders in these identified areas and discuss how we can serve beneficiaries in their community and request that they include our information in their bulletins and have our flyers available in their offices or other common areas.

We also send out our Medicare Update at least twice a year to inform clients about changes to Medicare and/or SC Medicaid. We always include information in this update about LIS and MSP income and resource limits. During other times throughout the year, we mail out subject specific information to clients who may be affected by the any changes using our LSCOG Medicare data base and our Medicare Mailing list.

The process for reviewing SHIPtalk data for integrity and quality will include making sure staff members collect all correct information when a contact is being made. We record this information onto a client intake form. Our staff member who is

responsible for entering our contacts into SHIPtalk is trained to double check the client intake form for accuracy to make sure all necessary information is included. We will periodically do a check on submitted contacts to make sure the contacts are being entered correctly into SHIPtalk, as well as having updated meetings on the importance of accurately capturing the necessary information and entering this information into SHIPtalk.

E. Family Caregiver Support Program

The Family Caregiver Support Program at Lower Savannah Council of Governments was established in 2001-2002. Its purpose is somewhat unique and different from other Older Americans Act programs in that it aims to provide services not for the vulnerable older person (or related child) who is receiving care, but rather on the care-giver and his or her needs. The program was created in recognition of the immense, unpaid contribution family caregivers make to the provision of long-term care in the United States. Policy makers saw that it makes economic sense to support the efforts of these care-givers in order to prevent spend-down to Medicaid and placement by caregivers who have "burned out," due to the stresses of care-giving, of loved ones in nursing homes ultimately at taxpayer expense. One of the features of this program that has made it more effective than anticipated, given the amount of resources devoted to the program, is the built-in flexibility for the use of judgment and discretion on the part of the Caregiver Advocate in allocating resources to meet the priority needs of the actual caregivers rather than an inflexible and regimented approach to the provision of services under the program.

Long range goals for the Lower Savannah AAA/ADTRC Family Caregiver Program for the upcoming plan period include the following:

- Identify and reach caregivers in the six-county region whose aged love one(s) are receiving no services and identify new resources that may be available to them.
- In addition to identifying new and available resources, assist the caregiver/care receiver in accessing these resources if indicated.
- Continue to grow the Seniors Raising Children program with emphasis on the more rural areas of the region.
- Provide in-service education for and continue to develop relationships with medical practices, adult day care centers, faith-based groups, law enforcement agencies, mental health agencies, respite care providers, and local DDSN boards on the program and continue to identify ways to partner and support mutual goals among these key agencies in each community
- Offer and develop support groups if/as interest indicates.
- Plan and provide caregiver training and educational programs for caregivers as interest indicates

- Determine ways that we can expand and enhance the Family Caregiver program through partnerships, obtaining new resources, and planning additional activities to reach and assist family caregivers.

Some of the obstacles or weaknesses which impact obtaining these goals are as follows:

- Very limited resources in some of the more rural counties served. The larger counties have more resources to assist caregivers, such as volunteer programs that help to provide labor to build ramps or to conduct minor home modifications for caregivers, adult day programs, etc. In poor, rural counties, there are fewer resources to pull into partnership to address individual needs of family caregivers, which makes it more challenging to help them in some cases. During the past year, as a result of internal strategic planning, the Lower Savannah AAA/ADTRC has expended considerable effort to go out into each county and hold a lunch and learn for local folks on our programs and services. At each of these meetings, we have met people who are caregivers who did not know about our program who came up afterward and asked for information, etc. We have also worked harder to promote collaboration among COG departments who might have resources that can be brought to assist seniors, including Family Caregivers. We will continue these efforts to educate the public and to learn about more program and informal community resources that can help to meet caregiver client needs in addition to the direct resources provided by the Older Americans Act funding.
- Transportation for the caregiver and care-receiver to access resources is a problem. Funds for meeting special needs of seniors, especially rural seniors are being reduced in the region for the upcoming year both apparently through Title III and through FTA section 5310 service, which has been largely diverted in the new Transit law to urbanized areas. Local agencies in each county used to have a high volume of Medicaid non-emergency medical trips on just about every dirt road and rural area in the region and could work in seniors who needed rides on available seats in multi-use vehicles at a reasonable cost. Some of these agencies now have terminated their Medicaid Contracts due to financial losses, or are more restricted in where their Medicaid travel takes them or are so loaded with Medicaid trips that they don't have capacity for the additional seniors they used to transport. The combination of reducing funds, the Medicaid brokerage impact on local capacity to transport older people needing rides, and the fast growth in the older population is a problem issue in the region. The Entire AAA/ADRTC will continue to advocate for and strive to develop more senior transportation options to benefit caregivers, care receivers and other vulnerable older adults.
- Very limited percent of funding for the Seniors Raising Children component of the program means that we are unable to serve all of the seniors raising children who contact us for help and not able to help them to the degree that they request. There are many grandparents involved in raising grandchildren in our region.

Help with the increasing costs of equipping and clothing growing children for school is one of the most requested supports requested by grandparents. People living on fixed incomes are often burdened with the costs for necessary school equipment and clothes to help their young people succeed in school. We have received touching letters about what a difference it had made to their grandchild's self-esteem and performance at school to have our program's assistance.

- The concept of the program is confusing due to the language used to identify potential clients. It requires a lot of explanation of detail in trying to reach broad public understanding of who can be assisted by the mini-grant portion of this program. We try to answer questions and assist all callers who seek information on options and resources. With long term care provision, it does not take long at all for someone who appears on paper to have means and resources to spend down to Medicaid if it becomes necessary to go into a facility, or face medical bills for a serious illness. Every situation is different and needs to be judged on its unique circumstances in trying to prevent caregiver burnout.
- Limited funding for supplemental services sometimes means that we can't help the caregiver with what would most immediately alleviate a desperate situation or reduce stress to the greatest degree.
- Delegation of staff time between assessments, home visits, paperwork, data entry, time on the telephone or in meetings to assist caregivers versus planning educational and outreach events, developing partnerships and conducting planning activities. We will have to set priorities for which activities are most critical in performing the program at its best and most effective and accountable level.

There are many commendable attributes of the Family Caregiver Support Program. Major strengths of the program include the following:

- The program has planned-in flexibility to try to address what the caregiver identifies as most helpful to reduce caregiver stress and burnout.
- The monthly Family Caregiver newsletter mailed to our caregivers which includes training and information about available services makes caregivers feel a part of a network of caregivers, and not forgotten by our office.
- The ability to assist caregivers with grant funding has been far more effective than ever anticipated. It has been amazing how much a small amount of resources invested in the right way can impact caregivers.
- The ADTRC has a toll-free telephone number, which we have publicized and used for ten years. By dialing our ADTRC number individuals can access an array of information and assistance in many areas.
- Another far-more-successful-than-anticipated aspect of the program is that the Caregiver Advocate provides an empathetic listening ear to stressed or distressed caregivers. Feedback from the over the years has documented that caregivers feel

that this helps them even without any further services or funds being provided to them.

- The availability of counseling is another strong point of the program.
- The fact that supplemental supplies can be purchased and delivered to the care receiver's front door and paid directly from their grant is very helpful to caregivers. The caregiver does not have to wait on "reimbursement" of these expenses.
- Respite Care can be paid directly to the licensed agency and the caregiver does not have to wait on "reimbursement" of these expenses, again very helpful to people living on modest and low incomes

The Lower Savannah AAA/ADTRC's Family Caregiver Support program is well-established and operates in keeping with the law, regulations and guidelines given by the staff of the LGOA. Over the years, the program has conducted client surveys to help to determine the most and least effective attributes and practices of the program. We plan to continue this practice as a means to determine what works in the program and what does not. When we see a need for a change in program guidelines, we will advocate for it with the LGOA. Consumer choice is an important program philosophy in the Lower Savannah's Caregiver Support Program. Within the limits of allowable options, we have been able to ask the caregiver to identify needs and possible solutions, and to provide information on options from among which the consumer can choose and make an informed decision in the process.

As for policies and procedures for selecting caregivers to receive mini-grant assistance, the AAA/ADTRC will follow the LGOA Policies and Procedures manual process. AAA/ADTRC has also traditionally relied upon the Regional Advisory Committee's recommendations when determining guidelines for developing specific guidelines among service offerings. While all five categories of services that are basic to the Family Caregiver Support program have always been made available in all areas of the region, some have proven to be far less popular to local caregivers. Their preferences and choices have been the determining factor in which services are most widely requested and, therefore, received.

Partnerships have been addressed to some extent in an earlier section of this plan. The top priority partnership to be developed in the next program year is to follow through with the Alzheimer's Association for mutual support, cross referrals, joint educational programming and outreach. We will also continue to build on partnerships in the area of safe and accessible housing though our Lower Savannah Regional Housing Consortium and through volunteer and faith-based

groups who help us already in making homes safe and accessible for new caregivers throughout the region. We are also actively seeking solutions to senior transportation issues which we face in the upcoming fiscal year and beyond, some of which possibility might be obtained through creative new partnerships. We already have working relationships with many home care agencies, and respite facilities to benefit caregivers and will continue to build on those.

As far as focusing more specifically on AoA preference groups, with the use of a much more complicated assessment form, LSCOG will be gathering more information about the caregivers served, which will help to determine how many fit into the preference groups identified in the LGOA Policy Manual. Because we are already bumping the ceiling on grandparents raising grandchildren, we will have to watch to assure that we do not exceed the limits. In years past, we had trouble finding grandparents who were raising their grandchildren or other related children. By partnering and communications with our Community Development staff, we were greatly assisted in getting the word out to seniors raising children in poor and rural communities and we have not since had a problem finding appropriate individuals to serve in the program.

F. Disease Prevention/Health Promotion

The Lower Savannah AAA/ADTRC only contracts for Evidenced Based Disease Prevention Programs. The programs that are being offered in the Lower Savannah Region include Arthritis Exercise Program, Arthritis Self-Help Program, Chronic Disease Self-Management Program and the Matter of Balance Program. Most of these programs are running in the senior centers/nutrition sites in the region. The region continues to partner with SC Department of Health and Environmental Control regional offices Midlands and Lowcountry to help expand these programs in the region.

VII. Changing Demographics Impact on AAA's/ADTRC's Efforts

A. Intervention vs. Prevention

Lower Savannah AAA/ADTRC believes that this is a very important area which should be addressed in several ways. The first is through education and information to people at the right point in their lives. While we strive to serve older adults and often the oldest of the old, we have learned that the best time for prevention of some of the problems we see now, is when people are still middle aged and working, as far as planning ahead for care and support needs later in life.

We have been active in the past in promoting attendance for and providing the "Planning for Your Long Term Care Future" workshop. We had outstanding participation in the programs we have sponsored to date. We have partnered with the LGOA, local government and with the Savannah River Site to offer the program for their employees as well as sessions for the general public. The greatest amount of work in putting on these workshops is updating the ever-changing and voluminous handbook of resource information which was a handout at these workshops. The main cost involved is purchasing the binders and printing out the handout notebooks. It might be more feasible to prove a disc with the information on it, which would substantially reduce cost, if not time for updating the information. This was a very effective activity in reaching people with widely varied economic and demographic characteristics, all of whom were amazed to see how many misconceptions they had about future benefits and resources. We would like to be able to offer these workshops in the future, if time and diminishing resources permit. Revision of the information manual would be a wonderful state-wide level project that would benefit people in all regions of the state. Other effective ways to reach people in this area, are through the Family Caregiver program in doing Caregiver education programs, and through the work we do with I-CARE and Medicare Part D and other benefits counseling. People often get involved by helping their parents and learn in a non-threatening way information about planning ahead for their own futures.

Another area where Lower Savannah AAA/ADTRC feels concern relates to prevention vs. intervention issues is in the assessment and client selection process. The new Policies and Procedures Manual stipulates that priority will be given only for people who do not score well on "activities of daily living", which are different from "instrumental activities of daily living." Gerontologists consider instrumental activities of daily living important predictors of an older person's being at risk for decline, and that assessment of this set of standards is a part or an extension of assessment of activities of daily living. An assessment scale to use for instrumental activities of daily living is shown here:

The two (2) charts below describe information *Instrumental Activities of Daily Living Scale (IADL)* by M.P. Lawton & E.M. Brody. The Lower Savannah AAA/ADTRC feels like this is important information to consider when discussing the topic *Intervention vs. Prevention.*

	Ability to use telephone	Shopping	Food Preparation	Housekeeping
	Operates telephone on own initiative	Takes Care of all shopping needs independently	Plans, prepares and serves adequate meals independently	Maintains house alone or with occasional assistance
2.	Dials a few well-known numbers	Shops independently for small purchases	Prepares adequate meals if supplied with ingredients	Performs light daily tasks such as dishwashing, bed making
3.	Answers telephone but does not dial	Needs to be accompanied on any shopping trip	Heats, serves and prepares meals or prepares meals but does not maintain adequate diet	Performs light daily tasks but cannot maintain acceptable level of cleanliness
4.	Does not use telephone at all	Completely unable to shop	Needs to have meals prepared and served	Needs help with all home maintenance tasks
5.				Does not participate in any housekeeping tasks

	Laundry	Responsibility for own Medications	Ability to Handle Finances	Mode of Transportation
1.	Does personal laundry completely	Is responsible for taking medications in correct dosages at correct times	Manages financial matters independently	Travels independently on public transportation or drives own car.
2.	Launders small items; rinses stockings, etc.	Takes responsibility if medication is prepared in advance in separate dosage	Manages day-to-day purchases, but needs help with banking, major purchases, etc.	Arranges own travel via taxi, but does not otherwise use public transportation.
3.	All laundry must be done by others	Is not capable of dispensing own medications	Incapable of handling money.	Travels on public transportation when accompanied by another
4.				Travel limited to taxi or automobile with assistance of another.
5.				Does not travel at all.

Source: Lawton, M.P., and Brody, E.M. "Assessment of older people: Self-maintaining and instrumental activities of daily living." Gerontologist 9:179-186, (1969). **Copyright** (c) The Gerontological Society of America. Used by permission of the Publisher.

A comparison of the assessment of Activities of Daily Living Compared to Instrumental Activities of Daily Living is shown here.

Activities of Daily Living	Instrumental Activities of Daily Living
Dress	Prepare meals
Feed yourself	Shop
Prepare meals	Do housekeeping
Walk Independently	Use telephone
Toilet yourself	Manages Medications
Do own hygiene	Transport Self
	Finances

The assessment of activities of daily living are divided into two levels, from the more basic Activities of Daily Living (ADL's) to the more advanced Instrumental Activities of Daily Living (IADL's) and ***both are very necessary for self-care***. These questions lead to evaluation areas of critical function in both ADL's and IADL's. This screen helps the examiner to pick up problem areas of function, which assists in ***targeting interventions***.

Significance

In 1997, there were over 4.5 million (14.2%) elders who reported having difficulty carrying out activities of daily living (ADL's) and 6.9 million (21.6%) who indicated difficulties with instrumental activities of daily living (IADL's). Impairments in both levels of ADL's leads to further functional decline, declines in quality of life, and loss of independence. ***Early intervention through detection of functional decline leads to reductions in negative outcomes.***

Lower Savannah AAA/ADTRC will work with the LGOA to advocate for the addition of instrumental activities of daily living to the assessment scoring tool and inclusion of inability to perform IADL's in the definition of homebound, which restricts who can receive in-home services. We will also continue the dialog with local contractors to determine if the change in procedures to discount instrumental activities of daily living has a negative impact on reaching people for whom we could prevent nursing home status. Once a person is unable to perform two activities of daily living, he or she is already at nursing home level of care and the likelihood of preventing decline is less likely. Contractors provided input stating that they believe that our focus should be to intervene at an earlier point in the process of decline in order to have a chance to make an impact on clients selected for services who might have the best chance of preventing or significantly delaying having to move to a Medicaid bed in a long term care facility.

B. Senior Center Development and Increase Use

We require that all units of service to be entered in AIM by the 10th day of the following month of service. The AAA/ADTRC will run the following reports out of AIM each month: LG45d and SC36a. Monthly congregate meal activity calendars must be submitted to the Aging and Disability Programs Manager by the 20th day of the month before the calendar is effective. Once the calendars are approved they will be submitted to the LGOA by the last day of the month. Home delivered monitoring forms must be submitted to the AAA/ADTRC by the second Tuesday of each month for the previous month. The AAA/ADTRC will submit their completed congregate and home delivered meal reports along with the contractors' reports by the third Tuesday of each month to the LGOA. Each month a nutrition contractor will be notified to turn in the sign-in sheets for a particular site when they submit their monthly request for payment. The Executive Director of the agency will be notified by the 1st day of the month. The monthly sign-in sheets will be reviewed to verify that each congregate meal was served.

The Lower Savannah AAA/ADTRC does not have a contractor that currently meets the guidelines to operate by the National Council on Aging's senior center requirements. Although we consider that we have only one (1) true senior center which is located in Orangeburg County we do have facilities that are focal point for seniors where activities and services are conducted daily for at least four (4) hours a day. Each county has at least one (1) site that is open all day. The services these sites might offer include services under contract such as congregate and home delivered meal program and coordination of services under other State and Federal funded services as well as activities and recreational programs such quilting, painting, line dancing, exercising, public education, and card groups. These focal point locations also offer open hours for general socialization or for seniors to use for a climate control meeting spot. The AAA/ADTRC will encourage each contractor to develop business use plans as well as being on the lookout for other opportunities in their county and/or community.

The Lower Savannah Region does not have an open, active Permanent Improvement Project (PIP) Grant. We have not had a PIP project in almost ten (10) years.

C. Alzheimer's Disease

Through the family caregiver program there is coordination with the Alzheimer's Association and the provision of education, information and assistance, and provision of materials and information on Alzheimer's Disease and information

for caregivers of individuals with the disease. Our ombudsman also deals with individuals and families of people who have Alzheimer's Disease. We have already been meeting with representatives from the Alzheimer's Association to discuss ways we can work more closely together and to support each other in assisting families with the disease in the upcoming plan period. We have agreed to partner on educational programs, grant making, cross referrals, and client assessment where appropriate.

D. Legal Assistance Services

The Lower Savannah AAA's/ADTRC's Elderly Legal Services (ELS) Program is coordinated by staff of the AAA/ADTRC for the benefit of seniors throughout the service area. The objective of the ELS Program is to provide timely legal representation or assistance to eligible seniors for a variety of legal needs. The Elderly Legal Services Program will focus on legal needs identified as a priority in the Older American Act's which include: Income Protection, Health Care, Long Term Care, Nutrition, Housing, Protective Services, Guardianship proceedings, protection from Abuse, Neglect or Exploitation but will coordinate with the SC Bar Association in order to meet the important need for a simple will or financial power of attorney document.

The target population to be served by the Elderly Legal Services Program will be persons who are sixty years of age or older with the greatest economic needs; greatest social need; low income, minority older persons; older persons residing in rural areas; older persons with limited English proficiency and older persons at risk of institutionalization.

Access to the program will be by direct contact with the Elderly Legal Services Program Coordinator of the AAA/ADTRC to ensure that the individuals served by the program are within the target population and are provided services within the priorities established by the OAA. When contacted by the senior or their representative, the ELS Coordinator will complete the intake and assessment document required by the LGOA. The Elderly Legal Services Program Coordinator will maintain a file on each client served by the program to include the completed client assessment, information about the requested service, documentation of notification of the referral and documentation of the payment made for the legal services provided. All client information and units of service provided will be maintained in the LGOA required client database to ensure that reimbursements can be made to the ADTRC and contracting attorneys and for any data collection needed for required reports to the LGOA on Legal Service activity.

After determination is made that the senior can be referred to a local attorney who has a current contract with the AAA/ADTRC, the senior/ client will be informed in writing and by phone call that the referral has been made. The senior/ client will have the responsibility of making the necessary appointments with the attorney.

The Lower Savannah AAA/ADTRC will publicize the opportunity for attorneys in the six county area to submit a bid to provide services in the Lower Savannah Region. In order to ensure that clients have access to legal representation near their home, the region will be represented by a minimum of two attorneys with the bidder agreeing to serve citizens of Aiken, Allendale and Barnwell and/or Orangeburg, Calhoun and Bamberg Counties. When considering the bids, consideration for contract award will be given to attorneys who have certifications or specialized training in areas of Elder Law or who are experienced in the areas of law prioritized by the Older Americans Act.

The ADTRC will enter into a written contract with the attorney(s) whose bid is accepted to ensure that eligible person has personal contact by the representing attorney. The executed contracts with local attorneys will be maintained at the ADTRC and will require the following:

- The attorney's agreement to meet with client at the senior's home or place of temporary residence (hospital, rehab center or nursing home) if travel to the office of the attorney is not possible or practical.
- The attorney's understanding that assistance includes consultation, advice, assistance, representation, etc in an effort to resolve the issue being referred and must be provided by a licensed attorney.
- The attorney's understanding that s/he must accept referrals from the ADTRC during the contract year for ADTRC approved seniors in the areas of law to include the following priorities: Income Protection, health care, long term care, nutrition, housing, protective services, defense or pursuit of guardianship and protection from abuse, neglect and exploitation.
- The attorney's agreement to accept the hourly rate of payment detailed in the contract and to charge the ELS program in quarter hour increments.
- The attorney's willingness to accept payment within fifteen days of receipt of the invoice. The attorney understands that billing must be submitted as soon as practical but not more than thirty days from the date of case resolution.
- The attorney will certify that referred services are provided by submitting a signed Case Disposition Summary form with each request for payment.

The Lower Savannah ADTRC will promote the ELS Program throughout the region by requesting opportunities to speak to seniors at church groups,

community education events, health fairs, local senior service providers / contractors, ADRC Staff, and through direct notification to area attorneys. Documentation of all publicity efforts will be maintained by the ELS Program Coordinator at the ADTRC.

In order to provide expanded legal services to the seniors in the Lower Savannah Region, the ELS Program Coordinator will request that the SC Bar Association conduct seminars and will clinics in the area throughout the year. During these events, the Lower Savannah ADTRC will make staff available as needed for notarization, copying, recordkeeping, etc. and will document these coordinated efforts to be included in any report required by the LGOA.

VIII. Region Specific Initiatives

Lower Savannah Council of Governments has a history of innovation. In the early 1970's, after the original Older Americans Act had been passed by Congress, but no funds were yet being disbursed, LSCOG's Executive Director decided that the agency would apply for funding to establish a regional aging planning and coordination program. LSCOG was funded and used the funds to research the needs of older adults and to work in five of our six local counties to help establish a service provision network which would be positioned to operate Older Americans Act-funded services for older adults in each locality. The current Lower Savannah Director of Human Services and her staff worked with local leaders and often with local government, in these five counties to establish the current Councils and Offices on Aging, which are still providing services today. The sixth county, Aiken, already had a fledgling non-profit Council on Aging. Lower Savannah Council of Governments became the second designated Area Agency on Aging in South Carolina. Since that time, Lower Savannah has been a leader in embracing the changing infrastructure of the aging services planning and service delivery network, and in continuing to pioneer new models of serving older adults and related targeted groups.

Through the development of several unique partnerships, Lower Savannah was designated as the first Transportation Coordination Demonstration project in the state by SCDOT, then two years later, in 2003, worked with the state unit on aging to compete for and secure funding and the designation as South Carolina's first ADRC – one of the first ten in the country. That helped Lower Savannah, again partnering with USC and the state unit on aging, to attract funds from the Centers for Medicare and Medicaid Services Systems Transformation program to expand the geographic area and scope of the Lower Savannah ADRC to include a specialized component for addressing transportation needs of older adults and people with disabilities – one of eight grantees nationally in 2005.

Seeing that a technology component was needed for establishing a coordinating network of transportation providers to serve the region, Lower Savannah competed for and won one of eight national grants from the Research and Innovative Technology Administration within USDOT for a systems engineering planning process for technology to support the ADRC's expansion. After the completion of that process, Lower Savannah competed with the other seven planning grantees and won one of THREE national grants for the implementation of our model – the Aging, Disability and TRANSPORTATION Resource Center, which integrated aging and disability information, referral and assistance with transportation information, assistance and trip coordination in one center. This launched in 2010. Since that time, LSCOG has continued to look for ways to expand the scope and impact of the ADTRC. Once we built the one-call/planning/coordination and assistance infrastructure, the potential exists for adding new program areas and reaching new target groups.

LSCOG has won several state and national awards for its innovations and has presented its model for integrated information and assistance at national aging, ADRC, CMS, transportation and planning organization conferences, has been featured in national publications, and on the US Secretary of Transportation's blog. Lower Savannah AAA/ADTRC was awarded a national coordination award, presented by Secretary of Transportation Ray LaHood in the US Capital, and has been cited in national "how-to" publications, websites and tool-kits. We have been a site to host the Rutgers University's Transit Technology training workshop, and have fielded questions from 'phone callers and visitors from around the country. Most recently, the ADTRC 's transportation assistance was featured in the May, 2013 ***AARP Bulletin***, with a circulation of over ten million readers. Every day we reach many people who are not being reached with other Older Americans Act services and can help them to access an array of information, resources and often solutions to problems which threaten their ability to live independently in the community. Developing and sustaining our ADTRC and finding ways that we can meet needs of our target groups through this mechanism is a high priority region-specific initiative. The regional approach to information, assistance and mobility management services is understood and appreciated by many of our local officials and fellow service providers, citing the gap which existed prior to the establishment of our ADRC and the vital role we play as consumer advocates and providers of unbiased information to help people make important decisions armed with information.

Other region-specific initiatives have been obtained through partnerships. One is our Medication Assistance Program, which was started through a partnership with DHEC and a faith based group. This program serves Aiken County, and, after a series of foundation grants, is now supported by the United Way of Aiken County. We have helped other groups with technical assistance to start similar

programs in other areas. In this program two part-time coordinators and a dedicated and capable group of volunteers assist medically indigent adults to obtain prescribed medications which address chronic health conditions from the numerous programs offered by national pharmaceutical companies. We partner with the companies and local physicians, who prescribe the medications, sign off on our paperwork and agree to dispense the medications, once them come from the pharmaceutical companies to them. Our program helps people served to work through the complex and time-consuming paperwork required by each company and to determine which prescriptions are covered by company programs. Since the program's inception at the end of 2004, this program has obtained well over $5 million worth of life-sustaining medications for people who need them. The impact on reduction of acute illness episodes, relief from stress and improvement or maintenance of health brought by this program has drawn praise by local medical facilities and professionals.

Development of partnerships to meet common goals is another priority of the leadership of the LSCOG ADTRC. Some examples of recent and planned activities in this area include the following:

- Exploration of a new partnership with Savannah River Site Retired Employees Association for recruitment of volunteers for Ombudsman Friendly Visiting Program, I-Care and SHIP assistance, and the Medication Assistance Program. This organization has 1900 members living in several counties, and is interested in a partnership to focus on benefits assistance and the Ombudsman Friendly Visiting program. We have had an initial meeting and have put a plan in place to seek further development of this new partnership. They will promote our voluntarism opportunities and help to recruit through their newsletter and meetings.
- Partnership development with the SC Alzheimer's Association is underway, in anticipation of the opportunity to work together on future respite grant funding. We have had one very productive meeting with them, and have agreed on a number of ways we can support each other's work, especially between the Family Caregiver Program and the Association, with educational programs, joint publicity, etc, regardless of what happens with the state grant funds.
- Representation on Aiken Senior Commission gives us the opportunity to work with other key community resources in an official capacity. LSCOG, as the AAA/ADTRC, has a permanent seat on this new Commission, and the Human Services Division Director serves as Chair of the Commission, whose mission is to explore needs of older adults and to advise the City Council on actions they might take to make the community a better place for older adults to live. Projects involving the Commission which will be on-going into the new area plan period include planning

and construction of a "penny sales tax" funded intergenerational center to target older adults and young people; bringing senior games to the area in the fall and selection of priority areas for study and recommendations. A representative of the LGOA has done a presentation for the Commission on the Older Americans Act, and the Aging Programs Director has been invited to the group on several occasions.

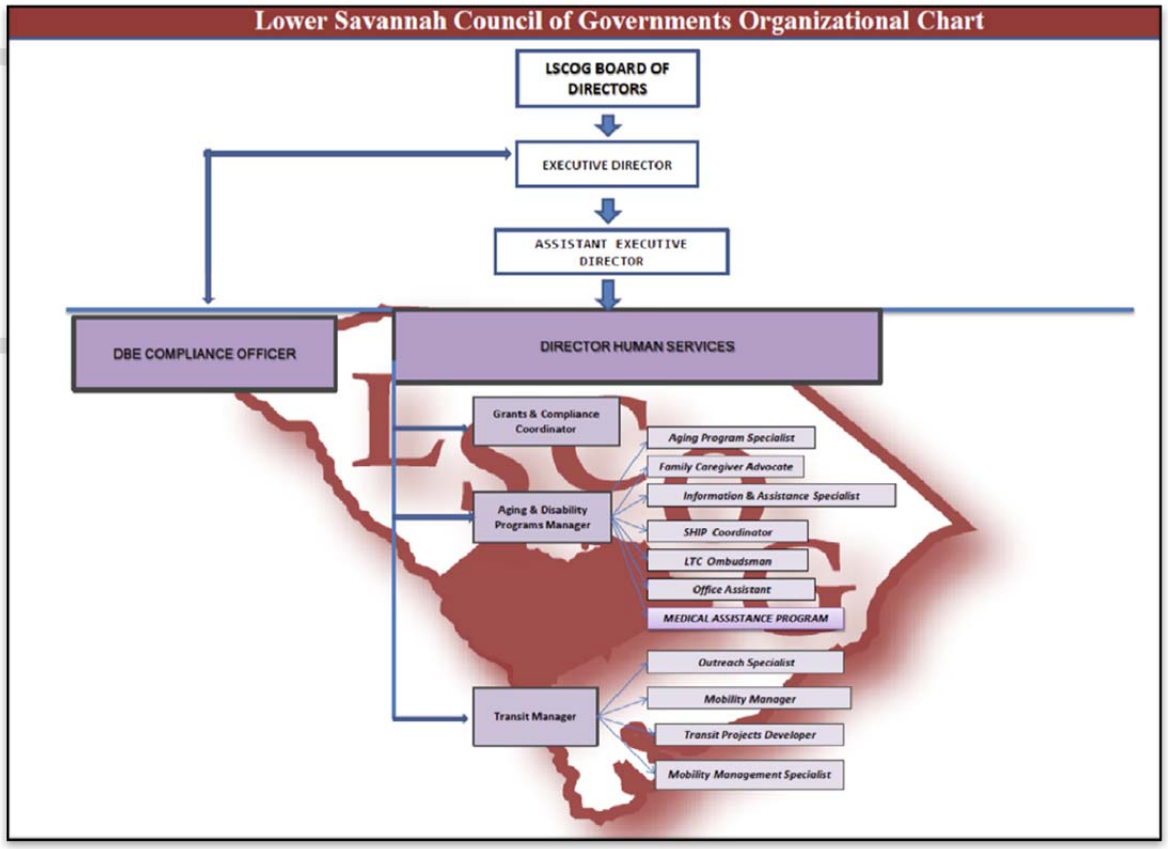
- Partnership with a local medical center led to a test program of strategies to reduce hospital readmissions for Medicare patients with Congestive Heart Failure. The team involved LSCOG's I&R specialist, two local contractors for meals and home care, a local pharmacy, the hospital food service, discharge planners, Quality Outcomes Director, marketing department, hospital Board and CEO and other LSCOG ADTRC staff. This has led to better understanding among all partners and the desire to find additional ways to work together to support vulnerable older adults in local communities in the region.
- Through LSCOG's formation and work with a regional housing consortium, serving all six counties, the AAA/ADTRC is able to establish closer working relationships with organizations which offer resources to address senior needs regarding inadequate housing and home repair. As this has been shown through our needs assessment process to be a top un-met need, we plan to continue to work to build relationships with groups and program which offer resources to address these needs and to let them know of the resources and assistance we offer through the ADTRC. We are in the planning stages for a housing forum, which would have a focus area on senior housing issues to bring together stakeholders who address various aspects of the need for home repair assistance and home safety for seniors. There are a number of faith based groups and businesses which are all making contributions in this area, but this work is largely uncoordinated.

Of special concern in this region for the upcoming plan period is the diminishing resources for critically needed senior transportation at a time when there are more and more older adults who are not able to drive. Federal Transit Administration funds which have supported transportation for older adults and people with disabilities have been shifted away from rural areas in favor of urbanized areas. In the Lower Savannah region, the only designated urbanized area is the western part of Aiken County, leaving the rest of the region rural. This will result in approximately an 80% cut in the funds which have been passing through LSCOG to each local county. Older adults depend on this transportation service to do their necessary errands, access medical appointments, travel to dialysis and to reach Older Americans Act funded congregate dining centers. This reduction in ability to travel will result in more homebound people, make it harder for small

rural areas to guarantee 25 participants at every day's meal, and deprive seniors of crucial mobility, which impacts independent living and well-being. This issue will have more impact in the Lower Savannah Region than in most others, since these funds were used to allow non-profit agencies to purchase vehicles in most other locations, whereas in the LSCOG region, it was used to purchase actual transit service for the targeted populations. We will be advocating on this issue, and working to seek alternative means for older adults special transportation needs to be met.

IX. Area Plan Appendices

A. PSA and AAA/ADTRC Organizational Structure



B. Regional Needs Assessment

Findings: Region 5 – Lower Savannah

Representation of the Population

A total of 599 surveys were completed in Region 5. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ARDC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 599 surveys completed, 441 (73.6%) were categorized as a senior receiving services, 74 (12.4%) were categorized as a senior not receiving services, 151 (25.2%) were categorized as being a caregiver, and 350 (58.4%) were categorized as an individual with a disability.

For Region 5, the confidence interval for the sample of seniors receiving services is 4.62 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a relatively high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 4.62 percentage points). The confidence interval for seniors not receiving services is higher (11.38 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is less representative of the population of seniors not receiving services. The representation of caregivers is good (4.24 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is good (5.19 points at a 95% confidence level assuming 50% agreement). (See Table 5-1.)

TABLE 5-1: SAMPLE REPRESENTATION OF POPULATION

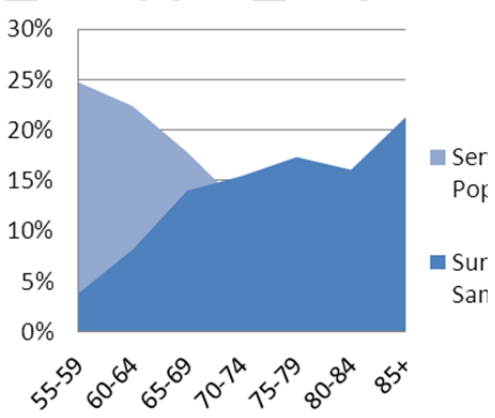
	Population Size	Sample Size	Representation
Seniors Receiving Services	23,687	441	4.62
Seniors Not Receiving Services	24,249	74	11.38
Caregivers	210	151	4.24
ADRC	20,429	350	5.19

Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older. A small percentage of survey respondents are under 55 (n=19, 4.0%), 55 to 59 years old (n=18, 3.8%), or 60 to 64 years old (n=39, 8.1%), whereas 24.8% and 22.4% of the service area senior population is between these ages, respectively. The percentage of individuals between 65 to 69 years are similar (n=67, 14.0% of the sample and 17.8% of the population). While the survey sample has higher percentages in older age groups, the percentages in the sample and the population both slowly decline until it reaching 85 years and over (n=102, 21.3% of the sample and 5.9% of the population). (See Figure 5-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 5-2: AGE GROUP

	Survey Sample	Service Area Population
Total	479	90,717
Under 55 years	4.0%	--
55 to 59 years	3.8%	24.8%
60 to 64 years	8.1%	22.4%
65 to 69 years	14.0%	17.8%
70 to 74 years	15.4%	12.5%
75 to 79 years	17.3%	9.6%
80 to 84 years	16.1%	7.0%
85 years and over	21.3%	5.9%

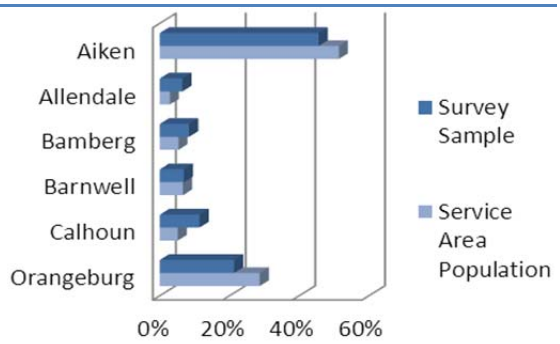


The proportion of the sample residing in each county is very similar to that of the population with a slightly smaller percentage of the sample residing in Aiken (n=212, 45.6% compared to 51.4% of the service area senior population) and a

slightly larger percentage of the sample residing in Allendale (n=30, 6.5% compared to 2.9% of the service area senior population). (See Figure 5-3.)

FIGURE 5-3: COUNTY OF RESIDENCE

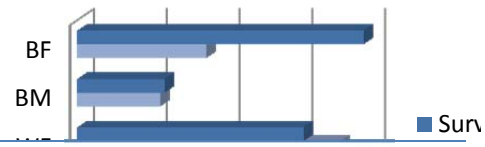
	Survey Sample	Service Area Population
Total	465	47,936
Aiken	45.6%	51.4%
Allendale	6.5%	2.9%
Bamberg	8.4%	5.4%
Barnwell	6.9%	6.6%
Calhoun	11.4%	5.2%
Orangeburg	21.3%	28.7%



A much larger percentage of the survey sample are African American female (n=200, 39.4%) or African American male (n=61, 12.0%) than in the service area senior population (17.7% and 11.4%, respectively). Conversely, a smaller percentage of the survey sample are Caucasian female (n=158, 31.1%) or Caucasian male (n=76, 15%) compared to the service area senior population (36.2% and 28.9%, respectively). Very few respondents were of other races (females: n=10, 2%; males: n=3, 0.6%). These populations are also relatively small in the service area senior population (other females: 3%; other males: 2.7%). (See Figure 5-4.)

FIGURE 5-4: RACE AND GENDER OF SENIORS

	Survey Sample	Service Area Population

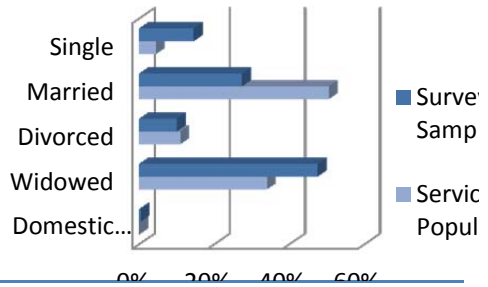


Total	508	47,936
Black Female	39.4%	17.7%
Black Male	12.0%	11.4%
White Female	31.1%	36.2%
White Male	15.0%	28.9%
Other Female	2.0%	3.0%
Other Male	0.6%	2.7%

The survey sample has a much larger percentage of individuals who are single (n=75, 14.6%) than exist in the service area senior population (4.5%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=139, 27.4% of the sample compared to 50.5% of the service area senior population). A fairly similar percentage of respondents are divorced (n=51, 10.1%) as are in the service area senior population (10.9%). (See Figure 5-5.)

FIGURE 5-5: MARITAL STATUS OF SENIORS

	Survey Sample	Service Area Population
Total	507	44,863
Single	14.6%	4.5%



Married*	27.4%	50.5%
Divorced*	10.1%	10.9%
Widowed	47.5%	34.1%
Domestic Partner**	0.4%	--

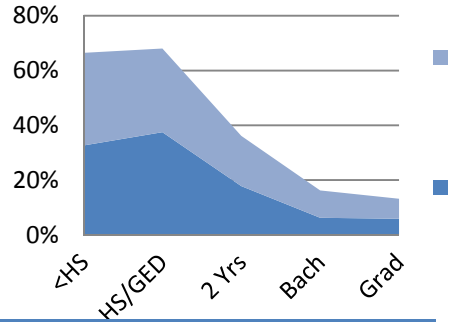
*Individuals in the service area population categorized as "Married, spouse absent, not separated" were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single ("never married").

The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. More than half of the respondents completed less than high school (n=167, 32.6%) or received a high school diploma or GED (n=192, 37.5%), compared to 33.9% and 30.5% of the service area senior population, respectively. A slightly lower percentage of the respondents (n=91, 17.8%) attended some college or earned as Associate's degree than the service area senior population (18.3%). The percentage of respondents who earned a Bachelor's degree (n=32, 6.3%) or an Advanced/Graduate degree (n=30, 5.9%) was also slightly lower to the percentage in the service area senior population (10% and 7.3%, respectively). (See Figure 5-6.)

FIGURE 5-6: EDUCATIONAL ATTAINMENT OF SENIORS

	Survey Sample	Service Area Population
Total	512	45,902
Less than high school	32.6%	33.9%

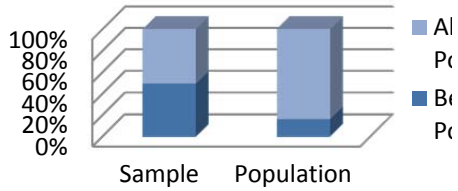


High school diploma/GED	37.5%	30.5%
Some college/Associate's	17.8%	18.3%
Bachelor's degree	6.3%	10.0%
Advanced/Graduate degree	5.9%	7.3%

In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=226, 49.2% compared to 16.1% of the service area senior population). (See Figure 5-7.)

FIGURE 5-7: POVERTY STATUS OF SENIORS

	Survey Sample	Service Area Population
Total	459	43,888
Below Poverty Line	49.2%	16.1%
Above Poverty Line	50.8%	83.9%



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, single or widowed, and living below the poverty line, as well as more likely to be African American and female in comparison to the general senior population. .

Demographic Characteristics of Individuals Who Have a Disability

Only 31 survey respondents from this region are considered to have a disability and also be under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 61.1% (n=366) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 8.7% (n=52) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 24.5% (n=147) of the sample. Persons with disabilities are the smallest group (n=31, 5.2%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 105 respondents (17.5% of the sample and 29.2% of those classified). Cluster 2 is comprised of 64 respondents (10.7% of the sample and 17.8% of those classified). Cluster 3 is comprised of 96 respondents (16% of the sample and 26.7% of those classified). Cluster 4 is comprised of 95 respondents (15.9% of the sample and 26.4% of those classified). The remaining 239 (39.9%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution

identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be a little important (mean=2.47, median=2.5, n=363, sd=1.04). The most important of these needs are home modifications to improve safety (mean=2.81, median=3.0, n=353, sd=1.31), keeping warm or cool as the weather changes (mean=2.78, median=3.0, n=352, sd=1.31), and home modifications to improve safety (mean=2.68, median=3.0, n=342, sd=1.32). The least important services to seniors who are already receiving services are personal care (mean=2.06, median=1.0, n=348, sd=1.3) and housekeeping (specifically laundry) (mean=2.17, median=1.0, n=346, sd=1.32). (See Figure 5-8.)

Seniors who have not received services view personal and home care needs to be a little important (mean=2.09, median=1.77, n=51, sd=1.01). The only services deemed to be a little important by most of the respondents are home repairs and maintenance (mean=2.61, median=3.0, n=49, sd=1.35) and keeping my home clean (mean=2.41, median=2.0, n=46, sd=1.3). The least important services to seniors who are not already receiving services are help with prescription medicine

(mean=1.65, median=1.0, n=48, sd=1.08) and personal care (mean=1.66, median=1.0, n=47, sd=1.67). (See Figure 5-8.)

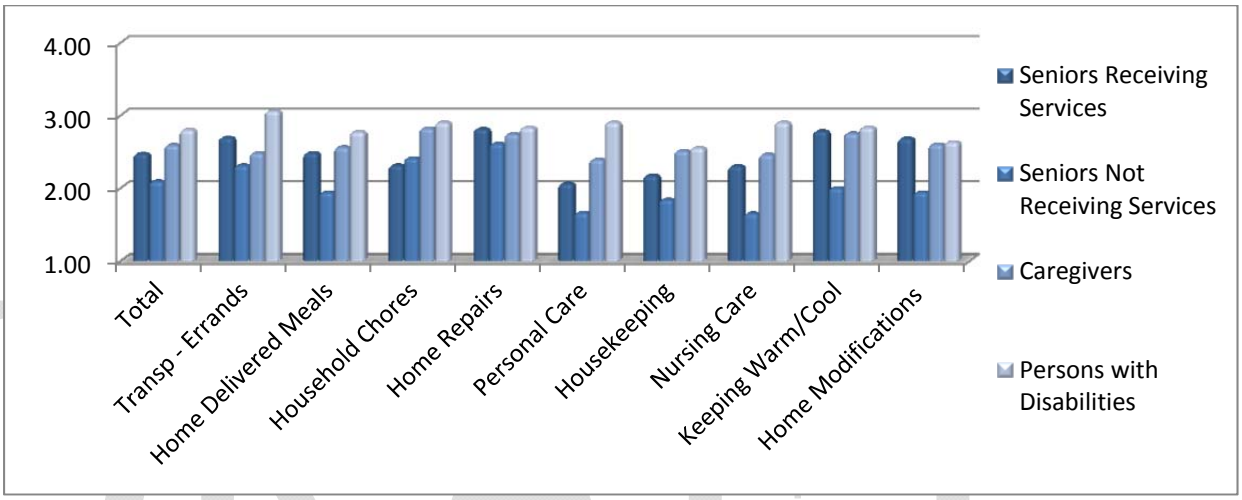
Caregivers view personal and home care needs to be between a little and quite a bit important (mean=2.58, median=2.67, n=144, sd=1.01). All of the services are either a little or quite a bit important (mean=2.39-2.84, median score = 2.0-3.0, sd=1.08-1.33). (See Figure 5-8.)

Persons with disabilities view personal and home care needs to be between a little and quite a bit important (mean=2.81, median=3.13, n=31, sd=1.13). The most important services to persons with disabilities are transportation for errands (mean=3.06, median=4.0, n=31, sd=1.24). The least important services to persons with disabilities is housekeeping (specifically laundry) (mean=2.55, median=3.0, n=31, sd=1.36). (See Figure 5-8.)

FIGURE 5-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.47	2.09	2.59	2.80
Transportation for Errands	2.69	2.31	2.48	3.06
Home Delivered Meals	2.48	1.94	2.56	2.77
Household Chores	2.31	2.41	2.82	2.90
Home Repairs/Maintenance	2.81	2.61	2.74	2.83
Personal Care	2.06	1.66	2.39	2.90
In-Home Housekeeping	2.17	1.84	2.51	2.55

Nursing Care/Prescription Assistance	2.30	1.65	2.46	2.90
Keeping Warm/Cool	2.78	2.00	2.75	2.83
Home Modifications	2.68	1.94	2.60	2.63

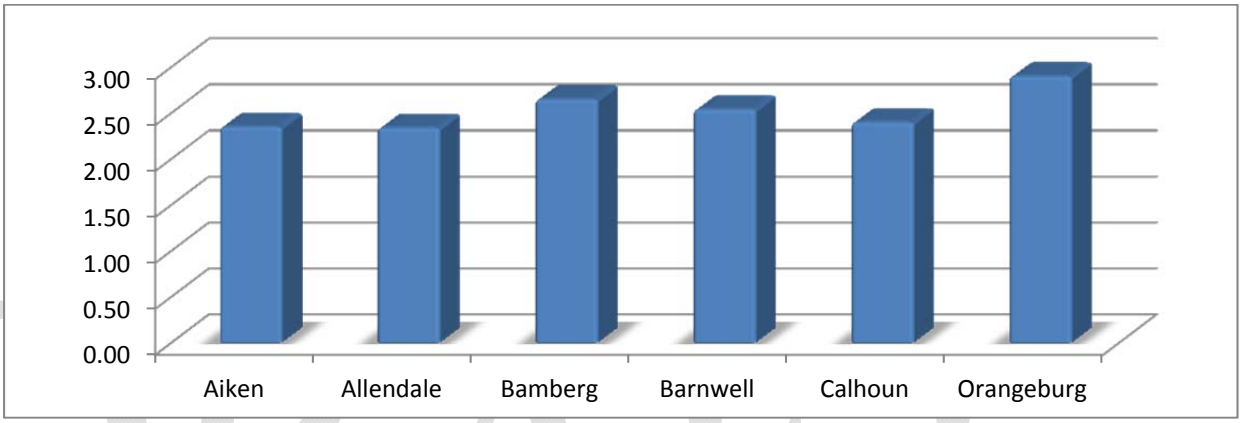


The difference in the personal and home care needs composite is significantly different between the targeted groups (F=3.97, df=3, p=0.008). Therefore, caregivers, seniors receiving services, and persons with disabilities view personal and home care needs to be more important than do seniors who have not received services. However, the target group categorization only accounts for 2% of the variability in this composite (r2=0.020).

African Americans, those with less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them (F=44.09, df=1, p<0.001, F=7.6, df=4, p<0.001, and F=34.98, df=1, p<0.001, respectively). For seniors, those who have a disability have a significantly greater need (diff=0.52, t=5.12, df=392.4, p<0.001). Individuals residing in Orangeburg County had significantly greater need (F=3.64, df=6, p=0.001).

Individuals classified as being part of Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) expressed significantly greater need than any other demographic cluster ($F=6.47$, $df=3$, $p<0.001$).

FIGURE 5-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important (mean=3.04, median=3.25, n=361, sd=0.89). The most important of these needs senior center close to home (mean=3.23, median=4.0, n=344, sd=1.14), counseling (having someone to talk to) (mean=3.21, median=4.0,

n=348, sd=1.08), getting exercising (mean=3.21, median=4.0, n=341, sd=1.05). The least important, but still quite a bit important, service to seniors who are already receiving services is transportation to the senior center (mean=2.56, median=3.0, n=342, sd=.89). (See Figure 5-10.)

Seniors who have not received services view senior center activities to be between a little and quite a bit important (mean=2.47, median=2.37, n=51, sd=0.92). The most important of these needs is getting exercise (mean=3.12, median=3.5, n=50, sd=1.06). The least important services to seniors who are not already receiving services are transportation to the senior center (mean=1.73, median=1.0, n=49, sd=1.17). (See Figure 5-10.)

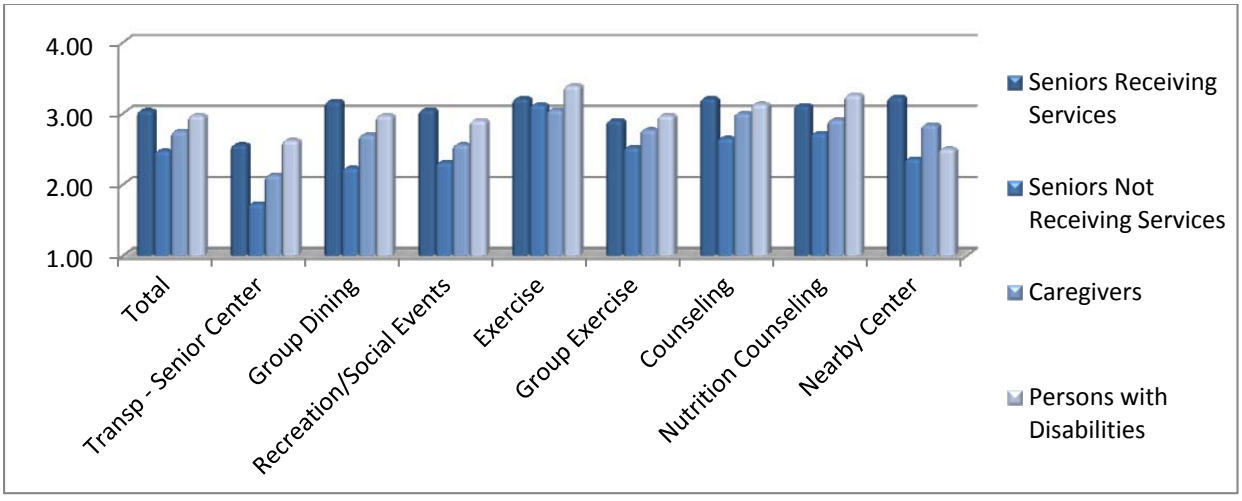
Caregivers view senior center activities to be between a little and quite a bit important (mean=2.75, median=2.75, n=145, sd=0.93). The most important of these needs are getting exercise (mean=3.05, median=3.0, n=135 sd=1.07) and counseling (having someone to talk to) (mean=3.0, median=3.0, n=139 sd=1.08). The least important service to caregivers is transportation to the senior center (mean=2.13, median 2.0, n=136, sd=1.28). (See Figure 5-10.)

Persons with disabilities view senior center activities to be quite a bit important (mean=2.97, median=3.0, n=31, sd=0.74). The most important services to persons with disabilities are getting exercise (mean=3.39, median=4.0, n=31, sd=0.8) and counseling (having someone to talk to) (mean=3.13, median=4.0, n=31, sd=1.09). The least important services to persons with disabilities is having a senior center close to home (mean=2.50, median=2.5, n=30, sd=1.28). (See Figure 5-10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and persons with disabilities.

FIGURE 5-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	3.04	2.47	2.75	2.97
Transportation to the Senior Center	2.56	1.73	2.13	2.62
Group Dining	3.17	2.23	2.70	2.97
Recreation/Social Events	3.05	2.31	2.56	2.90
Exercise	3.21	3.12	3.05	3.39
Group Exercise	2.90	2.52	2.77	2.97
Counseling (someone to talk to)	3.21	2.65	3.00	3.13
Nutrition Counseling	3.11	2.72	2.91	3.26
Nearby Senior Center	3.23	2.36	2.84	2.50

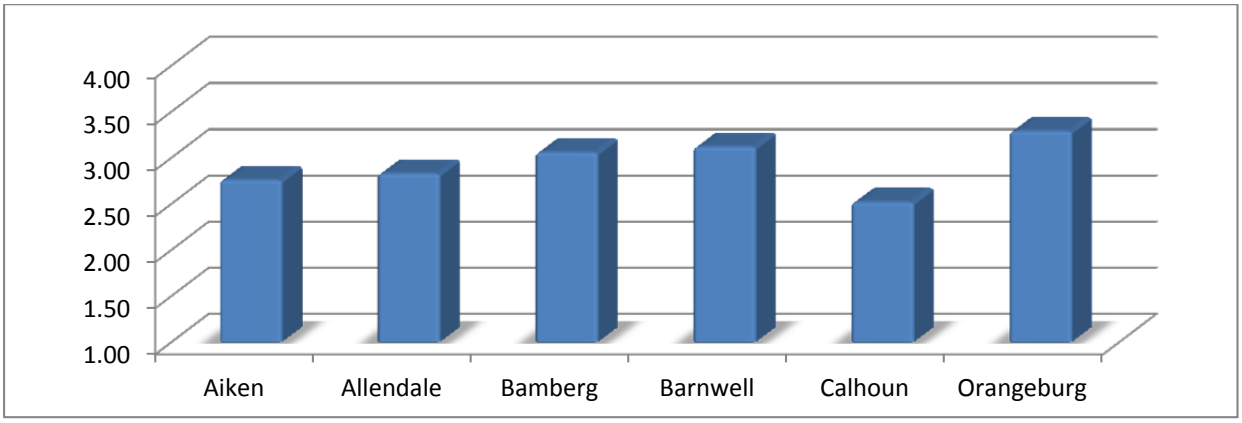


The difference in the senior center activities composite is significantly different between the targeted groups (F=8.33, df=3, p<0.001). Therefore, seniors receiving services and persons with disabilities view senior center activities to be more important than do seniors not receiving services. However, the target group categorization only accounts for 4.1% of the variability in this composite (r2=0.041).

African Americans and females rated these services as being of greater importance to them (F=29.52, df=1, p<0.001, F=4.62, df=1, p=0.032, respectively). Those who are below the poverty line rated these services as being of greater importance to them than individuals who are not (F=7.12, df=1, p=0.008). Individuals who reside in Orangeburg County reported a greater need for senior center activities than did individuals residing in other counties (F=6.27, df=6, p<0.001).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 2 (white females, widowed, with a high school diploma or GED, who are above the poverty line) (F=6.58, df=3, p<0.001). The second group to whom these services are important are individuals in Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line).

FIGURE 5-11: SENIOR CENTER ACTIVITIES BY COUNTY



The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual's responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be quite a bit important (mean=2.85, median=3.13, n=358, sd=1.1). The most important of these needs is having someone to call if feeling threatened or taken advantage of (mean=3.03, median=4.0, n=344, sd=1.24). Help making choices about future medical care and end of life decisions is the least important (mean=2.74, median=3.0, n=343, sd=1.29). (See Figure 5-12.)

Seniors who have not received services view services to help in maintaining independence to be between quite important and a little important (mean=2.43, median=2.5, n=49, sd=.99). The most important of these needs is having someone to call if feeling threatened or taken advantage of (mean=2.65, median=3.0, n=49, sd=1.3). Help making choices about future medical care and end of life decisions is the least important (mean=2.13, median=2.0, n=48, sd=1.23). (See Figure 5-12.)

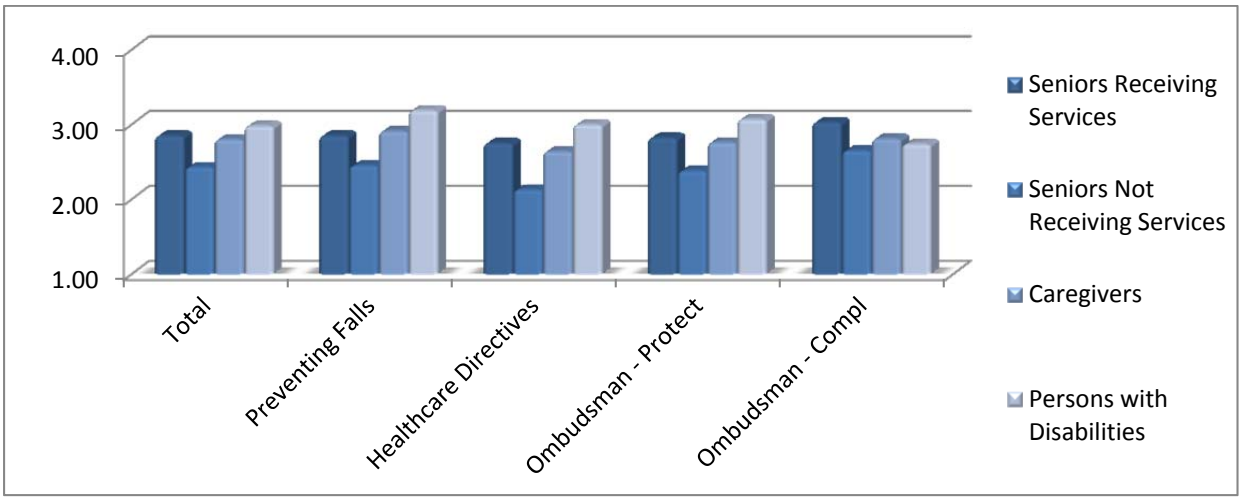
Caregivers view services to help in maintaining independence to be quite a bit important (mean=2.80, median=2.75, n=141, sd=1.04). The most important of these services is preventing falls (mean=2.91, median=3.0, n=134, sd=1.19). The remainder of the services were deemed to be between quite a bit important and a little important (healthcare directives: mean=2.64, median=3.0, n=136, sd=1.23; protection of rights: mean=2.76, median=3.0, n=135, sd=1.22; and someone to call if feeling threatened or taken advantage of: mean=2.81, median=3.0, n=139, sd=1.18). (See Figure 5-12.)

Persons with disabilities view services to help in maintaining independence to be quite a bit important (mean=2.98, median=3.0, n=31, sd=0.94). All of the services were deemed to be quite a bit or very important (preventing falls: mean=3.19, median=4.0, n=31, sd=1.14; healthcare directives: mean=3.0, median=3.0, n=30, sd=1.14; protection of rights: mean=3.07, median=4.0, n=30, sd=1.2; and someone to call if feeling threatened or taken advantage of: mean=2.74, median=3.0, n=31, sd=1.29). (See Figure 5-12.)

Preventing falls is most important to caregivers and persons with disabilities; whereas having someone to call if feeling threatened or taken advantage of is most important to seniors both those receiving services and those not receiving services.

FIGURE 5-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.85	2.43	2.80	2.98
Preventing Falls	2.85	2.45	2.91	3.19
Healthcare Directives	2.75	2.13	2.64	3.00
Ombudsman - Protection	2.82	2.38	2.76	3.07
Ombudsman - Complaints	3.03	2.65	2.81	2.74

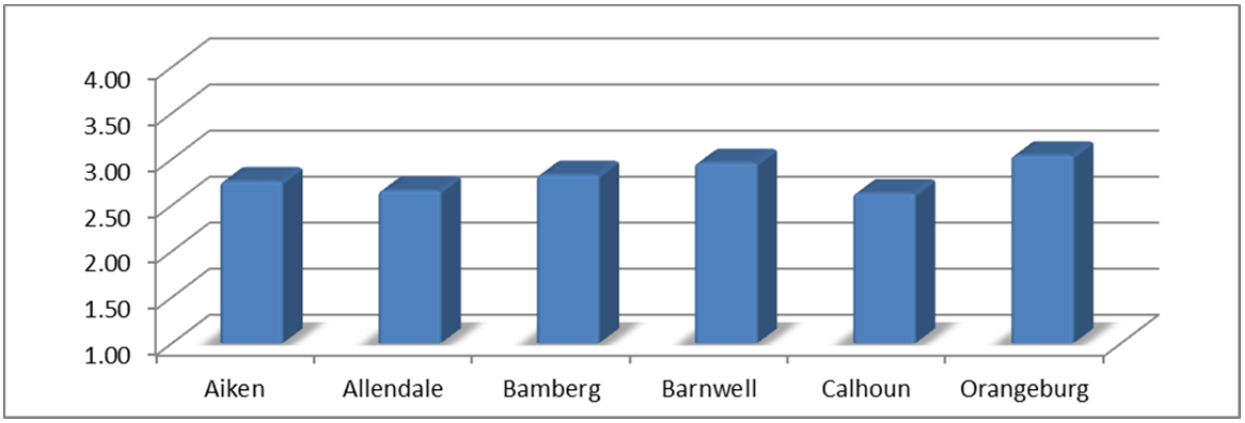


The difference in the maintaining independence composite is not significantly different between the targeted groups (F=2.48, df=3, p=0.061). Therefore, caregivers, persons with disabilities, and seniors who are receiving services view services to help maintaining independence to be more important than do seniors who have not received services. However, the target group categorization only accounts for 1.3% of the variability in this composite (r2=0.013).

African Americans, females, and individuals below the poverty line also rated these services as being of greater importance to them (F=18.51, df=1, p<0.001, F=5.93, df=1, p=0.015, and F=14.31, df=1, p<0.001, respectively). For seniors, those who have a disability have a significantly greater need (diff=0.35, t=3.18, df=373.1, p=0.002).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line).and Cluster 2 (white females, widowed, with a high school diploma or GED, who are above the poverty line) (F=4.32, df=3, p=0.005).

FIGURE 5-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

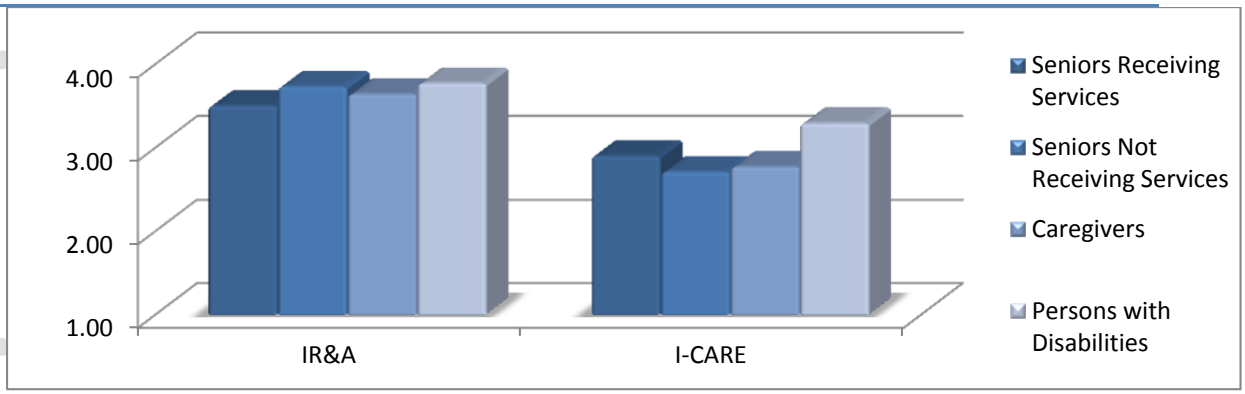
Of the 599 respondents, 566 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important (mean=3.50-3.77, median=4.0). The results of the Kruskal Wallis test indicate that there was not significant differences between the target groups (X2K-W=6.44, df=3, p=0.092). (See Figure 5-14.)

Of the 599 respondents, 553 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. Persons with disabilities view IR&A to be quite a bit to very important (mean=3.27, median=4.0, n=30, sd=1.17). Seniors receiving services, caregivers, and seniors not receiving services view this service to be quite a bit important (mean=2.9, median=4.0, n=334, sd=1.25; mean=2.77, median=3.0, n=140, sd=1.2; and mean=2.71, median=3.0, n=49, sd=1.38, respectively). The results of the Kruskal Wallis test indicate that there was not

significant differences between the target groups (X2K-W=5.4, df=3, p=0.145). (See Figure 5-14.)

FIGURE 5-14: IR&A AND I-CARE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.50	3.73	3.64	3.77
Insurance Counseling (I-CARE)	2.90	2.71	2.77	3.29



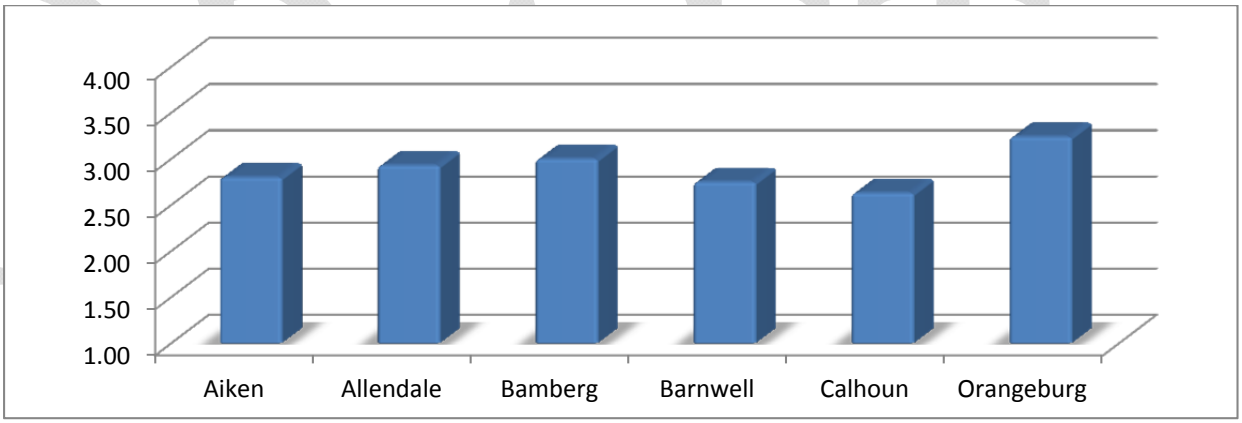
For seniors, those who have a disability have a significantly greater need for IR&A (diff=0.38, t=4.02, df=309.6, p<0.001). Since most of the respondents viewed Information, Referral and Assistance to be quite a bit to very important, there are no other significant differences by demographics.

The age of the respondent has a significant impact on their need for I-CARE (t=15.06, df=4, p=0.005). This indicates that respondents who are in most need of these services are those who are younger than 55 years old, most of whom are individuals with disabilities, and individuals who are between 55 and 64 years old. African Americans, single respondents, those with less than a high school diploma/GED, and those below the poverty line have a greater perceived need for IR&A (t=25.08, df=1, p<0.001; X2K-W =8.02, df=3, p=0.046; X2K-W =18.1,

df=4, p=0.001; and t=21.35, df=1, p<0.001, respectively). For seniors, those who have a disability have a significantly greater need (diff=0.4, t=3.09, df=360.7, p=0.002). Individuals residing in Orangeburg expressed the greatest need for this service (X2K-W=12.93, df=5, p=0.024). Since most of the respondents viewed this service to be quite a bit to very important, there are no other significant differences by demographics.

Overall, the demographic clusters of respondents who reported that I-CARE services are of greatest importance to them are Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) (X2K-W=27.64, df=3, p<0.001).

FIGURE 5-15: I-CARE NEEDS BY COUNTY



Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; eye exam and/or eyeglasses; health insurance; healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be a little important (mean=2.37, median=2.25, n=344, sd=1.10). The most important of these needs are paying for an eye exam and/or eyeglasses (mean=2.48, median=2.0, n=316, sd=1.3). The least important services to seniors who are already receiving services are hearing exams and/or hearing aids (mean=2.19, median=2.0, n=318, sd=1.29). (See Figure 5-16.)

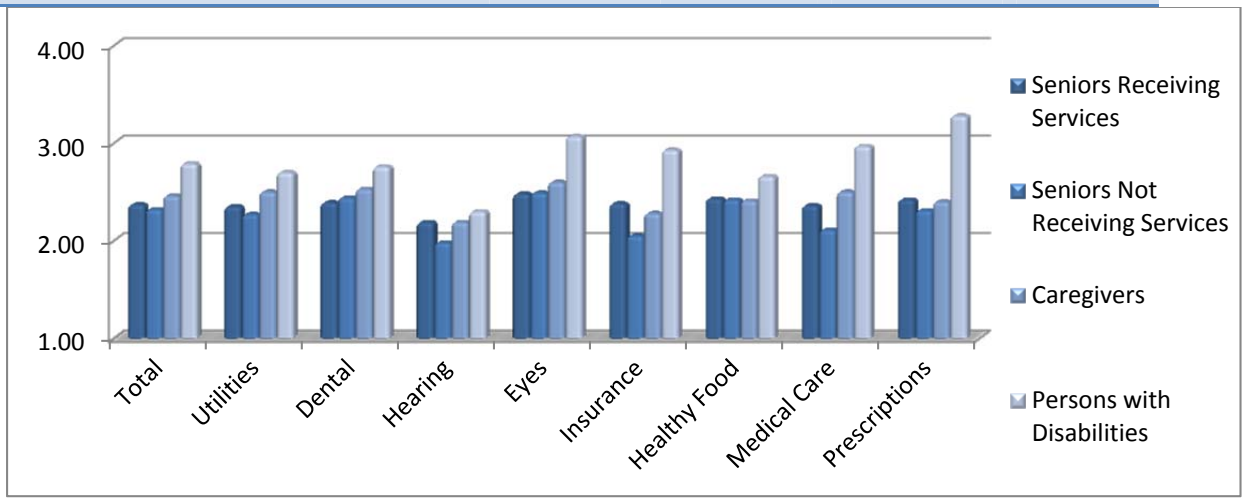
Seniors who have not received services view monetary assistance to be a little important (mean=2.32, median=2.5, n=50, sd=1.07). All but one of the services are considered to be a little important (mean=2.05-2.44, median=2.0, sd=1.20-1.4). The least important service to seniors who are already receiving services is hearing exams and/or hearing aids (mean=1.98, median=1.0, n=43, sd=1.26). (See Figure 5-16.)

Caregivers view monetary assistance to be a little important (mean=2.28, median=2.0, n=128, sd=1.27). The most important of these needs are paying for an eye exam and/or eyeglasses (mean=2.60, median=3.0, n=132 sd=1.23). The least important services to caregivers are hearing exams and/or hearing aids (mean=2.19, median=2.0, n=123, sd=1.30) (See Figure 5-16.)

Persons with disabilities view monetary assistance to be quite a bit important (mean=2.8, median=2.88, n=30, sd=0.98). The most important of these needs are prescription coverage (mean=3.28, median=4.0, n=29, sd=1.2), eye exam and/or eyeglasses (mean=3.07, median=4.0, n=30, sd=1.2), The least important service to persons with disabilities is help paying for hearing exam and/or hearing aids (mean=2.30, median=2.0, n=30, sd=1.32). (See Figure 5-16.)

FIGURE 5-16: MONETARY ASSISTANCE BY TARGETED GROUP

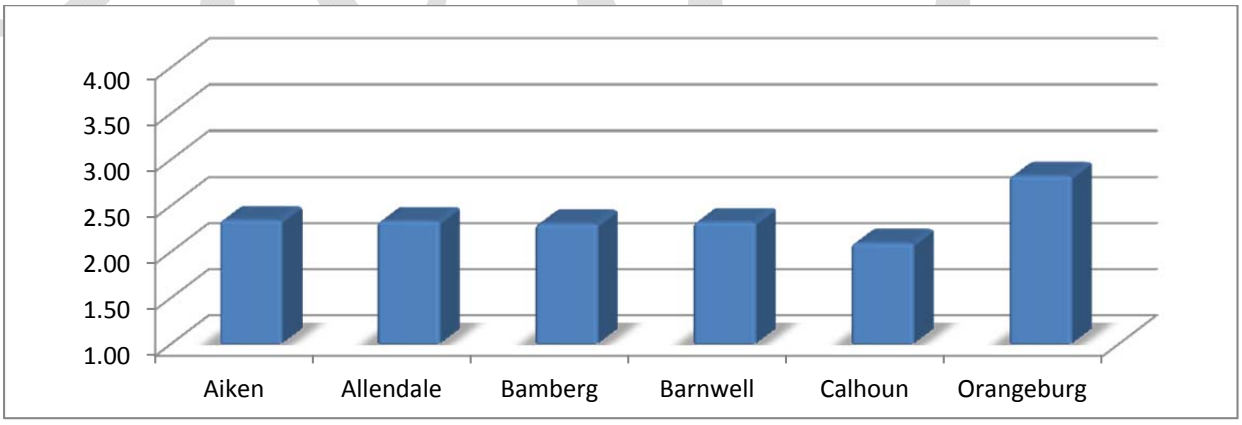
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.37	2.32	2.46	2.79
Utilities or an unexpected bill	2.35	2.27	2.50	2.70
Dental Care and/or Dentures	2.39	2.44	2.53	2.76
Hearing Exam and/or Hearing Aids	2.19	1.98	2.19	2.30
Eye Exam and/or Eyeglasses	2.48	2.49	2.60	3.07
Health Insurance	2.38	2.05	2.28	2.93
Healthy Food	2.43	2.42	2.41	2.66
Medical Care	2.36	2.11	2.50	2.97
Prescriptions or Prescription Drug Coverage	2.42	2.31	2.40	3.28



The difference in the monetary assistance composite is not significantly different between the targeted groups (F=1.65, df=3, p=0.177, r2=0.009). African Americans, those who have received less than a high school diploma/GED, and individuals below the poverty line rated these services as being of greater importance to them (F=54.66, df=1, p<0.001; F=6.69, df=4, p<0.001; and F=48.21, df=1, p<0.001, respectively). For seniors, those who have a disability have a significantly greater need (diff=0.47, t=4.3, df=392, p<0.001). Individuals residing in Orangeburg County expressed the greatest need for monetary assistance (F=3.4, df=6, p=0.003).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) (X2K-W=4.79, df=3, p=0.003).

FIGURE 5-17: MONETARY ASSISTANCE BY CLUSTER



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors (n=32, 24.6%), caregivers of seniors with disabilities (n=64, 49.2%), caregivers of persons with disabilities (n=20, 15%), and caregivers of children (n=14, 10%). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) disagree that caregiver services are necessary to help them care for the individual(s) (mean=2.32, median=2.2, n=32, sd=.88). The most important need is for monetary assistance in acquiring services (mean=2.66, median=2.0, n=29, sd=1.20). (See Figure 5-18.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) (mean=2.76, median=2.80, n=64, sd=0.93). The most important of these needs is for temporary relief from caregiver duties (respite) (mean=3.15, median=4.0, n=59, sd=1.08), and monetary assistance in acquiring services (mean=3.0, median=3.0, n=59, sd=1.08) (See Figure 5-18.)

Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s)

(mean=2.57, median=2.42, n=20, sd=0.91 The most important need is for monetary assistance in acquiring services (mean=2.94, median=3.0, n=17, sd=.90). (See Figure 5-18.)

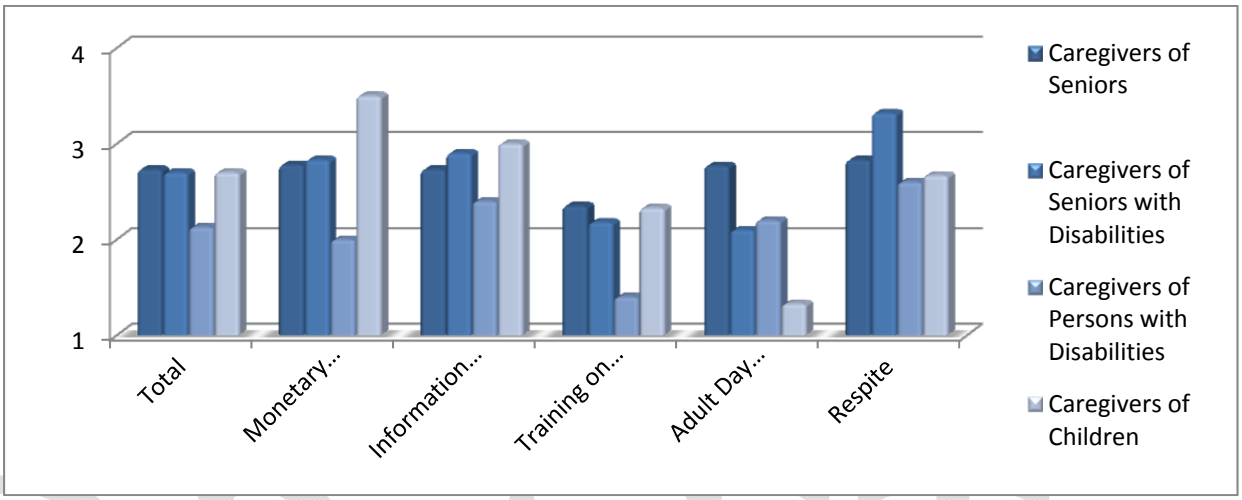
Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) (mean=2.88, median=3.0, n=14, sd=0.82). The most important need is for monetary assistance in acquiring services (mean=3.62, median=4.0, n=13, sd=0.51), followed by temporary relief from caregiver duties (respite) (mean=3.10, median=3.0, n=10, sd=.88). Note that some of these senior caregivers of children also care for other seniors. (See Figure 5-18.)

The difference in the caregiver needs composite is not significantly different between the type of person being cared for (F=2.17, df=3, p=0.095,r2=0.049). Monetary assistance and respite are the services most needed by all types of caregivers, followed by information and referral. There are no differences in the needs of caregivers based on demographics.

FIGURE 5-18: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	2.32	2.77	2.57	2.88
Monetary Assistance	2.66	3.00	2.94	3.62
Information & Referral	2.50	2.98	2.13	2.69
Training on Caregiving	2.00	2.44	2.12	2.25
Adult Day Care	1.86	2.33	1.71	2.25

Respite	2.11	3.15	2.36	3.10



Partner/Professional Survey

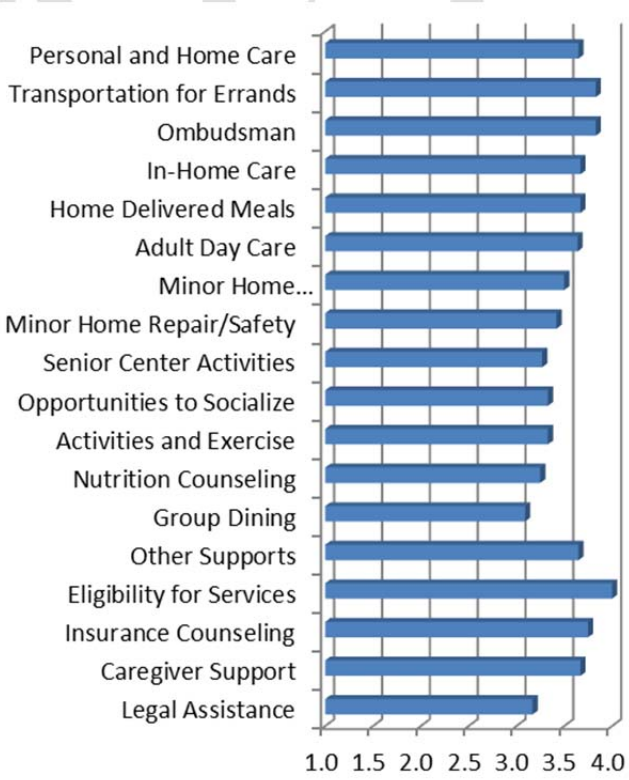
Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Overall, Personal and Home Care services (mean=3.65, median=3.64, n=12, sd=0.35) and other supports (mean=3.65, median=3.75, n=12, sd=0.43) are viewed to be more essential services to helping seniors and those with disabilities

in Region 5 to remain independent. The most essential services are information on eligibility for community and other services (ADRC) (mean=4.0, median=4.0, n=12, sd=0.0), services to protect the safety, property, rights and dignity (mean=3.83, median=4.0, n=12, sd=0.57), transportation for errands (mean=3.83, median=4.0, n=12, sd=0.57), insurance counseling/Medicare counseling services (mean=3.75, median=4.0, n=12, sd=0.62), in-home care (housekeeping, laundry, personal care) (mean=3.67, median=4.0, n=12, sd=0.49), home delivered meals (mean=3.67, median=4.0, n=12, sd=0.65), and caregiver support (mean=3.67, median=4.0, n=12, sd=0.65). (See Figure 5-19.)

FIGURE 5-19: PARTNER PERCEPTION OF ESSENTIAL SERVICES

	Mean Response
Personal and Home Care	3.65
Transportation for Errands	3.83
Ombudsman	3.83
In-Home Care	3.67
Home Delivered Meals	3.67
Adult Day Care	3.64
Minor Home Repairs/Upkeep	3.50
Minor Home Repair/Safety	3.42
Senior Center	3.27



Activities	
Opportunities to Socialize	3.33
Activities and Exercise	3.33
Nutrition Counseling	3.25
Group Dining	3.09
Other Supports	3.65
Eligibility for Services	4.00
Insurance Counseling	3.75
Caregiver Support	3.67
Legal Assistance	3.17

Overall, partners' perceptions of how their organization interacts with the AAA are positive. The majority are knowledgeable of the services offered (n=11, 91.7%), are aware of the AAA's strategic plan (n=10, 83.3%), know who is eligible to receive services (n=10, 83.3%), understand how the AAA/ADRC sets priorities for which clients receive services (n=9, 75%), believe that the AAA is a critical partner for their organization (n=11, 91.7%), refer clients to the AAA/ADRC (n=9, 75%), stated that the services offered by the AAA/ADRC are easily accessible (n=11, 91.7%), and disagree that there are unmet needs for caregivers (n=11, 91.7%), seniors (n=11, 91.7%), and persons with disabilities (n=10, 90.9%). Only 8.3% of partners (n=1) stated that the clients are able to pay part of the cost of their services, and 75% (n=9) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates. (See Figure 5-20.)

FIGURE 5-20: PARTNER PERCEPTIONS OF INTERACTIONS WITH AAA

	Agree	Disagree	Total Responses
Knowledgeable of Services	91.7%	8.3%	12
Aware of Strategic Plan	83.3%	16.7%	12
Know who is Eligible	83.3%	16.7%	12
Understand Priorities for Services	75.0%	25.0%	12
Critical Partner	91.7%	8.3%	12
Refer to AAA	75.0%	25.0%	12
Services Easily Accessible	91.7%	8.3%	12
Clients able to Pay	8.3%	91.7%	12
Unmet Needs for Caregivers	8.3%	91.7%	12
Unmet Needs for Seniors	8.3%	91.7%	12
Unmet Needs for PWD	9.1%	90.9%	11
Fixed Reimbursement	75.0%	25.0%	12

For seniors, the geographic areas that are most underserved are, in order of prominence:

Rural areas of the region

Barnwell County

Calhoun County

Allendale County

Berkeley County

Specific communities:

The Valley

June 3, 2013

Holly Hill

Eutawville

Williston

Denmark

The services most needed by seniors in the underserved areas are, in order of prominence:

Transportation

Meals

Caregiver support

In Home services

Also mentioned were insurance counseling, home repair, medical [care], and socializing

The services most needed by persons with disabilities in the underserved areas are, in order of prominence:

Transportation

Caregiver support

Home repair

Socializing

Quotes:

Many of the Seniors we assist are living on fixed incomes with the average being under $800 a month. Many are raising grandchildren. Any services they receive many times makes the difference between having enough to eat or going without a meal every day. It makes a difference in whether they take their medication or try to "stretch" it to last longer or going without.

I agree the services the agency is "able to provide" are needed; I rated them as a "disagree" because they never have the funds to adequately/fully provide the services. Many of those most in need still are not aware of the availability of the services.

Our regional AAA is wonderful. They do a great job with our community and are very involved with the local hospitals in the area.

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 5. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.

The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.

The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African-American, more female, less likely to have a spouse, and older than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and whether they are also caring for children. Personal and home care, which is viewed as the least important to seniors who are already receiving services, is viewed as very important to caregivers and persons with disabilities. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 5 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 1 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written

and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

C. Long Term Care Ombudsman Service Report

Ombudsman Reporting fiscal year which is October 1, 2011- September 30, 2012.

Number of complaints received/ cases opened	944 complaints in 55 cases
Number of complaints addressed/ cases closed	801 complaints in 55 cases
Number of consultations provided (phone, in person, by letter)	342 total (173 facility staff; 147 ind.; 22 other)
Facility Education events	1 event with 31 staff
Community Education events	2 events (5-22-12 and 9-7-12)
Resident councils attended by ombudsman volunteers	2 by ombudsman
Family Councils attended by ombudsman/ volunteers	0
Friendly Visits	61 visit by the ombudsman 23 visit by volunteers

Volunteer Friendly Visitor Program

The Volunteer Friendly Visitor Program started in the Lower Savannah Region in July 2012 with four volunteers completing the two day training. Two volunteers terminated participation. The two current Volunteers are very happy with their assignments and plan to continue. The goal of the Lower Savannah Volunteer

Friendly Visitor Program is to train and place volunteers in Orangeburg County in program year 2013-2014.

D. Information and Referral/Assistance (I&R/A) Report

Final South Carolina ADRC October 2012 - March 2013

Lower Savannah Aging and Disability Resource Center (Lower Savannah AAA/Council of Governments)

ADRC Local/Program-Level Section

Grantee and Report Preparer (Program Site) -- Lower Savannah Aging and Disability Resource Center (Lower Savannah AAA/Council of Governments)

State:	SC
Grantee Organization (Name of Lead State Agency):	Lt. Governor's Office on Aging
ADRC Name (to the public):	Lower Savannah Council of Governments Aging, Disability & Transportation Resource Center
Report Preparer Contact **First Name:**	Michelle
Last Name:	Lorio
Telephone Number:	8035087033
E-mail Address:	mlorio@lscog.org

Staffing -- Lower Savannah Aging and Disability Resource Center (Lower Savannah AAA/Council of Governments)

Staffing Levels for Selected Job Categories (with minimum qualifications detail) **What functions do your Options Counselors perform?:**	Providing transition support/coordination for individuals moving out of institutions, Providing transition support/coordination for individuals discharging from hospitals

ADRC Service Area and Model -- Lower Savannah Aging and Disability Resource Center (Lower Savannah AAA/Council of Governments)

Program Site Model and Operating Organizations: --> **What functions and services do each of your operating organizations offer? Please check all the boxes that apply::**	Outreach and Marketing, Information and Referral/Assistance, Benefits Counseling, Options Counseling, Planning for Future LTC Needs, SHIP Counseling, Advocacy, Assisting with Medical or Pharmaceutical Assistance, Caregiver Support Services (such as grandchildren helping grandparents), Prevention, Health Promotion, or Risk Reduction Programs, Transportation Services or Service Coordination, Older Americans Act Services not otherwise listed (e.g. Meals on Wheels), Screening/Intake or Medicaid or Other Public LTC Programs, Assisting to Complete and/or Submit Financial Eligibility Applications, Local Contact Agency (for MDS 3.0 Section Q)

ADRC Contacts -- Lower Savannah Aging and Disability Resource Center (Lower Savannah AAA/Council of Governments)

Total Contacts to the ADRC During Reporting Period **Enter the dates between which these data were collected: Start date::**	Oct 1, 2012
Enter the dates between which these data were collected: End date::	Mar 31, 2013
Total Contacts made to ADRC during this period (calls or walk-ins)	9643
Contacts by Type **Contacts by Consumers:**	8973
Contacts by Caregivers :	398
Contacts by Professionals:	1
Contacts by Others (not consumers, caregivers, or professionals):	31
Unknown Contacts:	240

Person-Centered Transition Support: Care Transitions from Hospital to Home -- Lower Savannah Aging and Disability Resource Center (Lower Savannah AAA/Council of Governments)

There is no information supplied for this section

Partnership -- Lower Savannah Aging and Disability Resource Center (Lower Savannah AAA/Council of Governments)

Total Number of Formal Partnerships 6

Additional Files and Information

Materials Uploaded:

Current Files:

E. SHIP Midterm Report

The purpose of this report is for sub-grantees to indicate SHIP activates performed during September 1, 2012 through December 31, 2012 and state proposed activities for 2013.

I. What actions did your region take in FY 2012 to expand your outreach and counseling efforts?

Last year we started a new system for the Annual Enrollment Period to ensure we were able to meet the increased demand without turning anyone away. This system proved to be very efficient and we chose to handle this years' AEP in the same manner. Beneficiaries with complex situations or who expect to fall into the donut hole are met with face-to-face. Clients with less complicated situations and those with low cost medications or Subsidy were served through the mail with a follow up phone call. This allowed us to serve every beneficiary who called our office seeking assistance. We did not turn anyone away.

For the time period requested from September 1, 2012 through December 31, 2012 we served 2,491 nearly triple our NGA requirement of 875 contacts per quarter.

A. What changes will your region make in 2013 to enhance these efforts?

We were pleased with the method used to serve clients during the 2012 AEP and we believe that using both one-on-one appointments as well as mail appointments allowed us to serve a greater number of beneficiaries. We will continue this method in the 2012 AEP. We have worked very hard to form a strong partnership with the Aiken Social Security Administration (which serves Aiken, Barnwell and Allendale Counties) as well as the Aiken Medicaid office. We get a large number of referrals from both organizations. We have made contact with the Orangeburg Social Security Administration (which serves Orangeburg, Calhoun and Bamberg Counties) and received a warm reception from their director. We hope to foster that relationship in the coming year and that we will begin receiving referrals from their office as well. We will continue to distribute our Medicare Benefits Counseling brochure to local physicians, pharmacies and churches to promote referrals.

II. What actions did your region take to reach more consumers through presentations and health fairs?

We make every effort to attend any and all health fairs that we have knowledge of throughout our region. The Lower Savannah Council of Governments has built a reputation throughout the region as an agency that can provide accurate and informative presentations and we are asked by organizations on a regular basis to speak to their staff and/or clientele.

Outreach events during this time period

- We sent out our quarterly Medicare Update to 1,200 clients to remind them of the upcoming AEP and make sure they know what options are available to them during that time.

We participated in several community events including:

- An agency partnership blood drive and health fair
- Aiken Senior Extravaganza (which was attended by 300 seniors)
- Presentation on Medicare and Health Care Reform at the Orangeburg Senior Forum
- Presentation on Medicare to We Care Residential Care Facility
- Presentation on Medicare to the Senior Wellness group at USC-Aiken

A. *What changes will your region make in 2013?*

We will continue to participate in health fairs throughout our region including the Senior Extravaganza and the Orangeburg COAs Annual Senior Health and Fitness Day. We receive invitations on a regular basis from local organizations requesting presentations on various topics. Our Medicare PowerPoint presentation has been updated to include information on Medicare fraud prevention, pre-existing condition plans and preventative services. We are working on a partnership with the Aiken Social Security Administration on a Quarterly Welcome to Medicare presentation at the Aiken Library for beneficiaries who are new to Medicare. In an effort to serve beneficiaries outside of Aiken we would like to work out a similar partnership with county libraries throughout the region.

III. *What actions did you reach take to increase the number of consumers reaching your office through direct contact such as in-person, telephone calls and home visits?*

We are scheduled to visit every nutrition site in the region in by the middle of February and are meeting with seniors in person to answer any questions they may have about Medicare. In addition each Beneficiary will receive a personalized calendar from our office with our contact information should we be able to serve them in any capacity throughout the year. Any time a beneficiary contacts our office for assistance they are always given the option to come in to meet with a Counselor in person or over the phone if they are

unable to travel to our office or would simply prefer to work with a Counselor over the phone.

A. What changes will your region make to increase direct contacts in 2013?

We will continue to meet with clients who do not have a complicated case or who would prefer a phone appointment for the 2013. We do not do a large number of home visits primarily due to the vast area served by our office. The travel time spent when doing a home visit takes us away from other beneficiaries who need assistance. We prefer to do phone appointments with beneficiaries who are unable to travel to our office for assistance but are certainly willing to do a home visit when extenuating circumstances are present.

As previously mentioned we will continue distribution our Medicare Benefits Counseling Brochure, ADTRC magnets and our personalized 2013 calendar. We will be focusing our efforts on distributing this information to physicians, pharmacies, Social Service agencies, churches and libraries. We believe a referral from a trusted entity is the best way to reach beneficiaries in some of the more rural areas of the region.

IV. What actions did you region take to reach more beneficiaries under age 65?

We have partnered with the local Board of Disabilities and we provide assistance to their clients as they become eligible for Medicare. In addition, we have a Medication Assistance Program in our office that serves clients who are under 65 who have no insurance. A large number of clients served through the MAP program have been awarded disability through the Social Security Administration and are in their two year waiting period for Medicare. When these clients become eligible for Medicare they move over from MAP to our program and we assist them with selecting and enrolling into a Medicare Plan. We also screen for LIS and MSP at that time.

A. What are your 2013 strategies to reach more consumers under age 65?

We are working to develop the same partnership with the Orangeburg Social Security Administration that we have with the Aiken Social Security Administration. This partnership will provide a large number of referral including those individuals who are receiving disability benefits and are now eligible for Medicare.

V. What was your region's strategy for reaching LIS eligibles?

We screen every client to ensure that they are receiving any and all benefits they may be eligible for. If we determine a client may be eligible for LIS and or MSP we complete an application for them and submit it to the appropriate agency. In addition to completing the application on the Beneficiaries behalf we also ensure that the required documentation is attached to the application to prevent any delay in the approval process. We submitted 521 LIS/MSP Applications in 2012 and 177 from 9/1/12-12/31/12 which far exceeded our required NGA of 45 applications per quarter.

A. What are your strategies for 2013?

The Aiken Social Security Administration refers all of their clients with Medicare to our office for assistance. This provides a steady stream of clients who need assistance applying for Extra Help. We are continuing to foster our relationship with the Orangeburg Social Security Administration to provide the same service to Beneficiaries in Bamberg, Calhoun and Orangeburg County. In addition we will continue to screen every caller for LIS/MSP to ensure that everyone who is eligible for the benefit receives the assistance.

VI. What was your strategy or process for enrolling consumers into Part D plans?

When we meet with a Beneficiary we enter all of their medication into the Medicare Plan Finder and then pull the top two plans. We discuss the options for plans with and without a deductible and the restrictions on each plan. Once we have discussed their options, the vast majority of clients make a decision at that time and are enrolled into the plan by one of our Counselors. On occasion clients choose to take the information home to think about it or discuss their options with a spouse. The clients are told that they are welcome to call us back with additional questions or for assistance enrolling once a decision has been reached. A few of our clients prefer to handle enrollments on their own but that is certainly the exception not the rule. If a client seems capable of handling enrollment on their own and would prefer to take that action of their own our office has no objection.

A. What is your strategy for increasing Part D enrollment in 2013?

We do not believe much action is needed from our office in this regard as almost all of our clients who come in for assistance in selecting a plan are enrolled during their appointment. We do anticipate the number of

beneficiaries enrolled will increase in 2013 but simply because we are striving to increase the number of beneficiaries served.

F. SMP Report

1. What did you do to promote the National and Regional SMP Program?
The Lower Savannah Council of Governments places a strong emphasis on education. We believe that teaching beneficiaries how to understand their benefits and the importance of playing an active role in the medical services they receive will better equipped them to recognize and report Medicare and Medicaid fraud. We make every effort to be present at all health fairs and community activities scheduled throughout the region to ensure that if an issue of fraud comes up the beneficiaries know to report the issue through our office. In addition to attending health fairs we also give presentations to groups in our region to teach beneficiaries what constitutes fraud, how to spot fraud, and what to do if they suspect that they have become victims of fraud. We discuss SMP with every I-CARE client we work with to ensure that they know about the program and are aware of who to contact if an issue arises.

What were your regional marketing activities?
We utilize the SMP Volunteer Brochure and SMP Facts Sheet, and we have information regarding SMP in our Departmental Brochure and our I-CARE Benefits Counseling Brochure. This marketing material is distributed at health fair and presentations as well as to beneficiaries we serve in the office or by phone. We also distribute a Quarterly Medicare Update which contains information about SMP and any relevant fraud trends in the region.

Describe all efforts with the National SMP program such as webinars, ordering materials, etc.
We have received National SMP materials from the Lt. Governor's Office on Aging and have not needed to order materials directly from the National SMP program. Our SMP Counselors do sit in on webinars as they are put on by the National SMP program.

2. *What did you do to improve beneficiary education and Inquiry resolution?*
Education: Our primary focus with SMP is to educate all of our clients and Beneficiaries throughout the region regarding Medicare Fraud. We make every effort to teach Beneficiaries to keep track of all of their medical appointments and to review their Explanation of Benefits to look for any discrepancies.
Simple Inquiries: All fraud complaints are reviewed by SMP Counselors and all necessary information is gathered. After reviewing all documentation if it is indeed fraud the issue is forwarded to the Lt. Governor's Office on Aging.

Otherwise we explain what the issue may have been and document it as a simple inquiry.
Complex Inquiries: Complex Inquiries are forwarded to the Lt. Governor's Office on Aging.
Include numbers served through Simple, Complex, Media and Group Education. List follow-ups, resolution process and intake process.
Simple Inquiries – 5,443
Complex Inquiries – 0
Media and Group Education – 2,045
Dissemination – 1,547
Are inquiries entered into SMART-Facts bi-weekly No? If not, why? SMP inquiries are entered on a monthly basis.

3. *How did you foster the National SMP Program Visibility?*
Do you have a link to the national SMP? Our ADTRC website contains the link to the national SMP site.
How do you market the national SMP (newspaper, promotional items, etc)? All of our marketing material contains the national SMP logo.
Number of group presentations conducted 6. What were your outreach goals? Our NGA requires 3 outreach activities per quarter. Did you meet or exceed your goals? We did meet our required NGA requirement of 6 presentations in this time period. What is your improvement plans? We will continue to give presentations throughout the region as we receive requests to do so. We make every effort to be present at all events involving Medicare/Medicaid Beneficiaries throughout our region.

4. *How did you improve efficiency*?
How many SMP volunteers do you have? 6
Did contacts or inquiries increased or decreased? WHY? The number of inquiries increased in this time period because we learned that we had not been capturing and reporting our SMP data properly.
What are your strategies to improve contacts for the next report period?
We will continue to work with our SMP Volunteers to get them ready to meet one-on-one with Beneficiaries throughout the region. With the help of our volunteers we hope to be able to reach Beneficiaries who have previously not been served.
What were the prevalent fraud trends in your area and what did you do to inform or help consumers?
Primarily we see fraud attempts in the form of prizes or sweepstakes scams, extended vehicle warranty scams and Nigerian Letter scams. Fortunately all reports have been from seniors who recognized the scam and who did not provide any information to the caller. We include information on how to recognize each

of these scams in our SMP Presentations. We have received information regarding a new scam that offers to assist individuals in navigating the new health care plans available. While we have not received any calls regarding this scam we have added the information to our presentations.

5. *In addition to reaching all populations, how did you target underserved populations?*
   The Lower Savannah Council of Governments recently completed Strategic Planning and throughout this process we have become aware of our need to place a higher emphasis on sharing information. Staff in Workforce Development, Community Development, Planning, and Tourism all have connections throughout the region and they can help us reach beneficiaries we may not have had access to otherwise. Every month the Lower Savannah Council of Government's administration, division and department heads meet to go over what is happening in their respective programs. We have found this is a great way to share information, ideas and resources across departments and divisions. We will be giving presentations to all of the divisions and departments in our office to ensure that they know what we do and how we can help the beneficiaries throughout the region. As they make presentations in rural areas they will include information about the services we provide as well as distributing brochures. In addition we will continue to foster our partnerships to ensure we are receiving referrals as our partnership agencies come into contact with clientele that may be experiencing issues that we can help them with.

6. *Who were your targeted underserved populations?*
   To ensure that the underserved population in the rural areas of our region are being served as well as those who reside in Aiken County, most inquiries are handled by phone. Addressing the inquiries from rural areas in the region by phone eliminates the need to be present in these communities. However, if at any point it becomes apparent the services provided by phone are not adequately meeting the needs of the client we will do a home visit. We are working to ensure SMP Volunteers are required from each County to ensure a counselor is available to meet with clients who would prefer not to address their inquiry by phone.

7. *Who are your <u>new partners</u> since last report period*?
   We have continued to foster our existing partnerships but have not added any new partners in the specified time period.

8. *What new approaches did you implement since last report period and what will you do different for the current period? What are you goals for the upcoming period?*

We now have 6 fully trained SMP Volunteers who are available to assist us in reaching Beneficiaries throughout the Region. Our goal for the upcoming period is to get these Volunteers I-Care Certified to ensure that they are able to answer all of the questions posed by Beneficiaries as they start going out into the region to meet with clients face-to-face.

9. *Please list all events and trainings for the upcoming period.*
    - A volunteer appreciation luncheon for SMP Volunteers
    - Aiken County Board of Disabilities in-service
    - Life Skills for Seniors Presentation at Memorial Baptist Church
    - Presentation at the Jackson Nutrition Site
    - Assisting with the Allendale County Farmer's Market Voucher
    - Presentation to the AARP group in Orangeburg County

10. *Please list your process for maintaining the confidentiality of client's records and SMP information.*
    Client files are maintained in a centralized file room which is locked at the close of business each day and opened the following day. In addition, all SMP staff and volunteers have signed a confidentiality waiver.

G. Family Caregiver Report
SFY 2012 Year End Report
Region 5
Justification to Data Report

Title III-E funds were used to provide services to caregivers of eligible care receivers in the following way:

Home Modification

- Two wheelchair ramps were built;
- Cut off valve access on a gas stove was installed to prevent a parent with Alzheimer's from unsafely turning on the stove and putting themselves and the home at risk; and
- A wheelchair lift for a van was repaired for a couple who are both disabled.

Seniors Raising Children

Funding for school clothes and supplies was provided. Seniors Raising children say the Wal-Mart gift cards and JC Penney gift cards are a godsend. It is a win win for the seniors and the children. The children get to choose their own clothes

and school supplies creating great pride in themselves and enthusiasm for the start of the new school year as they have their own new clothes and school supplies.

Respite care

- Caregivers were given grants to purchase assistance to allow the caregiver the opportunity to use their free time as desired. Caregivers are encouraged to use a friend or family member to provide respite care as hourly rates for non-agency caregivers is more affordable than private fee-for-service agencies and thus gives the caregiver more "bang for the buck" with the awarded grant funds. Using familiar friends or family members is also more comforting and reassuring to both the caregiver and care receiver.
- Many previously served caregivers who have community long term care services or hospice services continue to plead for help from this program. Although hospice may allow for up to a week of respite, the care receiver has to be admitted to a facility. This admission requirement defeats the purpose of allowing a hospice client to remain in their home. It is extremely stressful for the Hospice client to be placed in an unfamiliar facility and be cared for by strangers even for a short respite term.

Advocacy, Encouragement and Information

Monthly Family Caregiver Newsletters are mailed to nearly 800 caregivers each month. These newsletters provide information that helps the caregiver take care of himself or herself as well as the care receiver, and is a means to share information about new programs, services or products to help manage their responsibilities as a caregiver. Recipients of the newsletter continue to give positive feedback about the helpful content of the newsletter and say they look forward to it each month as it makes many of them feel like they have not been forgotten

Information to Groups

This amount was reduced to allow for cost saving measures in order to provide more services to caregivers.

Access Assistance

Due to a reduction in the budget, staffing dollars were reduced to provide more services to caregivers.

Supplemental Services

The amount was increased due to consumer demand.

Great Grandparent

I have a 73 year old great grandparent raising a 13 year old great granddaughter by herself. The great grandparent (GGP) has exhausted all of her savings raising

this child since she was two years old. She contacted me last August regarding some assistance with the purchase of school clothes, school supplies and band supplies. The FCG Program was able to pay or reimburse her for the much needed clothes and supplies. The GGP has also found a listening ear through this program and calls frequently to chat or vent. I cannot imagine trying to raise any young children or teenagers at the age of 73! I look forward to assisting her again this new fiscal year.

Caregiver

I started out serving the wife (caregiver) as she cared for her husband (care receiver) who had dementia. I did a home visit at the request of the caregiver and was frankly shocked that she was able to provide much hands on care for her husband as she suffered from crippling arthritis and pain. She called me in March of 2012 and said she had had several falls and was no longer able to care for herself although her husband remained mobile and at a significant risk for wondering. It was at this time I suggested she allow her daughter to apply for a grant for her! Her daughter subsequently received a grant and this family has been ever so grateful for this program. The daughter will re-apply this coming fiscal year as the caregiver for both of her parents.

Caregiver

On a home visit to this caregiver's house, I discovered the caregiver was semi-wheelchair bound due to severe neuropathy from IDDM. Her husband (care receiver) had fractured his ankle and had a non-healing ulcer on same ankle requiring wound care. He was unable to put any weight on his right foot. He also had several other non-healing ulcers due to poor circulation, diabetes neuropathy, heart disease, right hip replacement and brain surgery. Soon after receiving a grant the caregiver called to tell me that she had fallen and broken her arm! Although I was unable to provide a grant for her as the care receiver, the sitter agency graciously helped her out when they were there to provide services for her husband.

New Resources Identified

As new resources were identified, I included them in the monthly caregiver newsletter along with updated information and upcoming seminars.

July 2011 Newsletter – New sitter agency identified – The Oaks Senior Solutions which serves Orangeburg, Calhoun and Bamberg counties.

March 2012 Newsletter – New sitter agency identified – Secure Healthcare Services which serves Aiken, Orangeburg and Calhoun counties.

H. All Required Documents

REGION: 5 Lower Savannah Council of Governments — AREA AGENCY ON AGING COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2013-2014 Page 1

LINE ITEM	100% AAA Budget	III- B &C Planning & Admin. 75/25	III-B Program Development 85/5/10	AAA Direct HCBS Services (See Note) 85/5/10	III-B I, R & A 85/5/10	III-B Ombudsman 85/5/10	VII Ombudsman 100	VII Elder Abuse 100	State Ombudsman Funds 100	III-E Planning & Admin 75/25	Title III Client Selection by AAA 85/5/10 FROM FLOW THROUGH FUNDS	III-E Services Staff 88.24/11.76	III-E Caregiver Services 100
Personnel Salaries	$275,491	$69,963	$19,888	$2,664	$60,726	$21,259	$6,854	$1,848	$7,437	$9,919	$30,289	$30,023	
Fringe Benefits	$110,196	$27,985	$7,955	$1,066	$24,290	$8,504	$2,741	$739	$2,975	$3,968	$12,116	$12,009	
Contractual	$0												
Travel	$8,268	$5,150			$200	$350				$2,568			
Equipment	$0												
Supplies	$0												
Indirect Costs	$223,699	$56,810	$16,150	$2,162	$49,310	$17,263	$5,565	$1,501	$6,039	$8,054	$24,595	$24,379	
Allocated Costs	$0												
Other Direct Costs	$131,723	$9,725		$6,528	$2,155	$1,155				$687			$111,473
TOTAL OPERATING BUDGET	$749,377	$169,633	$43,993	$12,420	$136,681	$48,531	$15,160	$4,088	$16,451	$25,196	$67,000	$66,411	$111,473
LESS: In-kind Above Match	**$0**												
LESS: Local Cash Above Match	**$0**												
TOTAL AREA PLAN BUDGET: LGOA	$749,377	$169,633	$43,993	$12,420	$136,681	$48,531	$15,160	$4,088	$16,451	$25,196	$67,000	$66,411	$111,473
COMPUTATION OF GRANT													
APPROVED AREA PLAN BUDGET	$749,377	$169,633	$43,993	$12,420	$136,681	$48,531	$15,160	$4,088	$16,451	$25,196	$67,000	$66,411	$111,473
LESS: State 5%Match	$15,431		$2,200	$621	$6,834	$2,427					$3,350		
LESS: Required Grantee Match	$90,363	$42,408	$4,399	$1,242	$13,668	$4,853				$6,299	$6,700	$7,810	
Federal Share	$639,084	$127,225	$37,394	$10,557	$116,179	$41,251	$15,160	$4,088		$18,897	$56,950	$58,601	$111,473
BREAKOUT OF LOCAL MATCH (L19):	$90,363	$42,408	$4,399	$1,242	$13,668	$4,853				$6,299	$6,700	$7,810	
Local Cash Match Resources	$90,362	$42,408	$4,399	$1,242	$13,668	$4,853				$6,299	$6,700	$7,810	
Local In-kind Match Resources	$0												
State Funds Used as Local Match	$0												
Total Local Match (Must = Line 25)	$90,362	$42,408	$4,399	$1,242	$13,668	$4,853				$6,299	$6,700	$7,810	$0

FRINGE RATE AS % OF SALARIES: 40.00% — INDIRECT COST AS % OF FUNDED PERSONNEL: 58.00%

AAA COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2013-2014 Page 2

LINE ITEM	TOTAL AAA BUDGET	I-CARE (SHIP), MIPPA and SMP	III-E P&A, Staff and FC Supports	III-B, VII and State Ombudsman	AAA Direct HCBS Services **(See Note)** 85/5/10	III-B and III-E Information Referral and Assistance	III B and C P&A and PD	SMP Expansion 100	Senior Medicare Patrol 75/25	MIPPA AAA 100	MIPPA SHIP 100	MIPPA ADRC 100	I-CARE SHIP 100
Personnel Salaries	$240,898	$19,970	$0	$37,398	$2,664	$91,015	$89,851		$5,349				$14,621
Fringe Benefits	$136,301	$7,988	$39,942	$14,959	$1,066	$36,406	$35,940		$2,140				$5,848
Contractual	$15,977	$0	$15,977	$0	$0	$0	$0						
Travel	$5,700	$0	$0	$350	$0	$200	$5,150						
Equipment	$2,568	$0	$2,568	$0	$0	$0	$0						
Supplies	$0	$0	$0	$0	$0	$0	$0						
Indirect Costs	$195,609	$16,214	$0	$30,368	$2,162	$73,905	$72,960		$4,343				$11,871
Allocated Costs	$32,433	$0	$32,433	$0	$0	$0	$0						
Other Direct Costs	$19,663	$100	$0	$1,155	$6,528	$2,155	$9,725		$100				
TOTAL OPERATING BUDGET	$649,149	$44,272	$90,920	$84,230	$12,420	$203,681	$213,626	$0	$11,932	$0	$0	$0	$32,340
LESS: In-kind Above Match	**$0**	$0	$0	$0	$0	$0	$0						
LESS: Local Cash Above Match	**$0**	$0	$0	$0	$0	$0	$0						
TOTAL AREA PLAN BUDGET: LGOA	$649,149	$44,272	$90,920	$84,230	$12,420	$203,681	$213,626	$0	$11,932	$0	$0	$0	$32,340

NOTE: Legal Assistance, Med Management,Case Management, Minor Home Repair, and Consumer Directed HCBS

Use this space to breakout the home and community-based services delivered through the AAA that are budgeted in column E. If using State HCBS funded services for match, enter the amount of state funds on the appropriate services lines. If using in-kind or local cash for match, enter the total on line 28 in the appropriate column.

Services	III-B	III-D	5% Match	10% Match	Total Title III	State Funds
Legal Assistance	$5,549		$326	$653	**$6,528**	
Medication Management		$5,008	$295	$589	**$5,892**	
Case Management	$0		$0	$0	**$0**	$0
Minor Home Repair	$0		$0	$0	**$0**	$0
Consumer Directed HCBS	$0		$0	$0	**$0**	$0
85% Federal	**$5,549**	**$5,008**				
5% Match	**$326**	**$295**				**TOTAL STATE**
10% Match	**$653**	**$589**				**$0**

COMPUTATION OF GRANT

$32,340	$0	$0	$0	$11,932	$0								
$32,340	$0	$0	$0	$8,949	$0	$2,983							
				$2,983		$2,983							
						$2,983							
						$2,983							

The current funding for the Lower Savannah Region on the DRAFT Notification of Grant Award (NGA) for all Title III funding sources is 13.63% less than the final NGA from SFY 12-13. The DRAFT includes no state funding for Home and Community Based Services, therefore we did not include it in our budget at this time. After deducting a total of $67,000 for client selection to be provided by the AAA from the funding for services, the difference is (20.96%) less in title III funding for services than the prior year.

We have elected, at this time, to use all Bingo funds for Home Care Level 1 and all NSIP funds in the Congregate Meal program. This is the result of funding decisions made at the state level for Titles III-B, III-C1 and III-C2. If/when we receive further allocations for state funding some of these numbers will change. However, in total, the contractors and thus the senior citizens in the Lower Savannah region have realized the following reduction in funding/services:

Transportation	**(22.24% of funding)**	**(36.70% in total units)**
Home Care L-1	**(78.16% of funding)**	**(78.96% in total units)**
Congregate Meals	**(9.58% of funding)**	**(17.27% in total units)**
Home Delivered Meals	**(6.09% of funding)**	**(11.71% in total units)**

In offering unit rates to contractors, LSCOG staff has made efforts to come to a more standard unit rate for some contractors (due to the volume of some services by Aiken and Orangeburg Counties their unit rate is understandably different than the smaller more rural contractors). In this process, we made allowances for additional work on the contractor's part in order to justify the increase amount of work required by the *SC Aging Network's Policies and Procedures Manual.* All Lower Savannah contractors have other sources of funding coming to their agency either through other private contracts they have, United Way, fundraising, allocations for local county governments or Title XIX. Some contractors receive donations or have fundraisers that are specifically for Home Delivered Meals (HDM). Although we have an over-all decrease in HDM, some of the contractors would be better able to utilize Title III funding to provide services for

Transportation, Home Care and Congregate meals for which they do not have additional funds. We would request the option to place a request for transfer of funds between Title III-B, Title III-C1 and Title III-C2 for those reasons, in the anticipation that it will be recognized we are attempting to utilize the funding and maximize services to the senior citizens in the region. If the request is approved, we will be happy to re-submit budget pages in the area plan once all figures are verified.

R5 Lower Savannah Council of Governments
Worksheet for Staffing Budget and NAPIS Staffing Profile for SFY 2013-2014

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 the SFY** the staff in this position devotes **to the specified activity.** Then follow the instructions for completing the worksheet.

	Enter Each Staff Name Only Once - Beside Their Primary Duty	Annual Hours Budgeted to these Activities or Services	Hours Charged to P&A	Hours Charged to PD	Hours Charged to Ombudsman Services	Hours Charged to I&A III-B	Hours Charged to III-E	Hours Charged to I-CARE/SMP	Hours Charged to Other IIIServices (III-D) (LA) (CM)	Hours Charged to Discretionary Grants or Local Funding
Planning and Administration			4021	666	2070	3583	2142	1761	**1771**	**11546.00**
Aging & Disability Program Mgr.	Mary Beth Fields	2,080	2080							0
Human Services Director	Lynnda Bassham	2,080	193	344		234	62			1247
Finance Director	Frances Owens	2,080	208	0					0	1872
Accounting Clerk	Kelley Hayes (M)	2,080	624				0		0	1456
ADTRC Office Assistant	Vickie Jackson (M)	2,080	624		0		0	416	0	1040
Clerical Support Staff	Deloris Williams (M)	2,080	0			624				1456
Executive Director	Connie Shade	2,080	0	0						2080
Assistant Director	Nora Sanders (M)	2,080	0	0						2080
Aging Program Assistant	TBA	2,080	84			333			1663	
FTEs		**9.00**	**1.83**	**0.32**	**0.00**	**0.57**	**0.03**	**0.20**	**0.80**	**2.70**
Ombudsman		**0.00**	**208**	**322**	**1550**	**0**	**0**	**0**	**0**	**0**
LTC Ombudsman	Susan Garen	2,080	208	322	1550					0
		0			0					
FTEs		**1.00**	**0.10**	**0.15**	**0.75**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
I & A						**2080**	**0**	**0**	0	0
Primary I&A and R	Nikki Cannon (M)	2,080				2080				0
Backup I&R										
Backup I&R		0					0	0		
FTEs		**1.00**	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**0.00**	**0.00**
Insurance Counseling/SMP						**312**	**0**	**1345**	108	**315**
Backup I&R	Tina Swan	2,080				312		1345	108	315
						0	0			0
FTEs		**1.00**	**0.00**	**0.00**	**0.00**	**0.15**	**0.00**	**0.65**	**0.05**	**0.15**
Family Caregiver Program		**0**				**0**	**2080**	**0**		**0**
Family Caregiver Advocate	Cathie Lindler	2,080					2080	0		0
Backup Advocate		0				0		0		
FTEs		**1.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.03**	**0.00**	**0.00**	**0.00**
Other AAA Direct Services		**0**							**0**	
Case Manager		0							0	0
Services Coordinator		0							0	0
FTEs		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
COMBINED SERVICE DELIVERY		**0**								
Intern Hours		0	0			0	0	0	0	
Volunteer Hours		0			520			0	0	
TOTAL PAID HOURS		**27,040**								
TOTAL PAID FTEs		**13.00**	**1.93**	**0.32**	**1.00**	**1.72**	**1.03**	**0.85**	**0.85**	**5.55**

Enter Staff Names	Annual Payroll Hours All Sources
AGENCY'S FTE	**2080**
MB. Fields	2080
L. Bassham	2080
F. Owens	2080
K. Hayes	2080
V. Jackson	2080
D. Williams	2080
C. Shade	2080
N. Sanders	2080
TBA	2080
S. Garen	2080
	0
N. Cannon	2080
T. Swan	2080
C. Lindler	2080
Paid Hours	27040
Interns	0
Volunteers	520
Total Hours	**27,560**

NOTES:
1. Enter the agency's FTE hours **in cell N4**
2. In Column M, 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 in the aging budget shall not be listed as part of the aging unit.
5. The total of an individual' s breakout hours in Column C of the spreadsheet must equal the number of hours shown in Column N.

It is understood that I&A, Caregiver, and Insurance Counseling staff are back up to each other. The amount of staff hours allocated to backup should cover the primary staff's allowed hours of paid annual leave, sick leave and time for mandatory trainings.

Only staff designated by the State Ombudsman may provide Ombudsman backup.

REGION: 5 Lower Savannah COG

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2010, July 1, 2011, July 1, 2012, and July 1, 2013

State Fiscal Year Beginning July	County or Provider	Transportation Contracted Funds	Transportation Contracted Units	Transportation Contracted Unit Cost	Chore, House-keeping Funds	Chore, House-keeping Units	Chore, House-keeping Unit Cost	Homemaker limited Pers.Care Funds	Homemaker limited Pers.Care Units	Homemaker limited Pers.Care Unit Cost	Personal Care Itd Med. Asst. Funds	Personal Care Itd Med. Asst. Units	Personal Care Itd Med. Asst. Unit Cost	Home Care Level I Funds	Home Care Level I Units	Home Care Level I Unit Cost
2010-2011	Aiken COA	$64,174	53,928	**$1.1900**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Aiken COA	$70,992	59,657	**$1.1900**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$0	0	**#DIV/0!**
2012-2013	Aiken COA	$72,045	59,053	**$1.2200**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Aiken COA	$51,996	38,515	**$1.3500**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011	Allendale COA	$17,762	16,147	**$1.1000**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Allendale COA	$18,700	17,000	**$1.1000**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$0	0	**#DIV/0!**
2012-2013	Allendale COA	$28,490	25,212	**$1.1300**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Allendale COA	$13,399	9,925	**$1.3500**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011	Bamberg COA	$20,601	18,728	**$1.1000**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$54,837	3,610	**$15.1903**
2011-2012	Bamberg COA	$20,841	18,946	**$1.1000**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$45,049	2,966	**$15.1885**
2012-2013	Bamberg COA	$20,841	18,443	**$1.1300**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$44,578	2,852	**$15.6304**
2013-2014	Bamberg COA	$15,259	11,303	**$1.3500**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$8,668	464	**$18.6800**
2010-2011	Gen. Unlimited	$25,443	20,034	**$1.2700**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Gen. Unlimited	$22,434	18,239	**$1.2300**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$0	0	**#DIV/0!**
2012-2013	Gen. Unlimited	$33,460	26,346	**$1.2700**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Gen. Unlimited	$16,484	12,210	**$1.3500**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011	Calhoun COA	$20,320	16,000	**$1.2700**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$52,404	2,499	**$20.9700**
2011-2012	Calhoun COA	$14,516	11,430	**$1.2700**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$42,233	2,014	**$20.9697**
2012-2013	Calhoun COA	$14,514	11,079	**$1.3100**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$41,822	1,938	**$21.5800**
2013-2014	Calhoun COA	$15,687	11,620	**$1.3500**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$7,846	420	**$18.6800**
2010-2011	Orangeburg COA	$14,807	17,840	**$0.8300**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$141,876	6,934	**$20.4609**
2011-2012	Orangeburg COA	$12,587	15,165	**$0.8300**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$127,585	6,236	**$20.4594**
2012-2013	Orangeburg COA	$12,000	14,458	**$0.8300**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$131,099	6,228	**$21.0499**
2013-2014	Orangeburg COA	$18,900	14,000	**$1.3500**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$29,575	1,583	**$18.6800**
2010-2011	Help at Home	$0	.	**#VALUE!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$241,963	13,420	**$18.0300**
2011-2012	Help at Home			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$208,996	11,592	**$18.0293**
2012-2013	Help at Home			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$168,006	9,318	**$18.0303**
2013-2014	Help at Home	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$33,188	1,777	**$18.6800**
2010-2011	LSCOG	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	LSCOG			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	LSCOG			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	LSCOG	$9,286	276	**$33.6449**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$1,032	32	**$32.2500**
2010-2011	REGIONWIDE	$163,107	#VALUE!	**#VALUE!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$491,080	26,463	**$18.5572**
2011-2012	REGIONWIDE	$160,070	140,437	**$1.1398**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$423,863	22,808	**$18.5840**
2012-2013	REGIONWIDE	$181,350	154,591	**$1.1731**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**	$385,505	20,336	**$18.9568**
2013-2014	REGIONWIDE	$141,011	97,849	**$1.4411**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$80,309	4,276	**$18.7816**

REGION: 5 Lower Savannah COG

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2010, July 1, 2011, July 1, 2012, and July 1, 2013

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
2010-2011	Aiken COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2011-2012	Aiken COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2012-2013	Aiken COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2013-2014	Aiken COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2010-2011	Allendale COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2011-2012	Allendale COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2012-2013	Allendale COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2013-2014	Allendale COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2010-2011	Bamberg COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2011-2012	Bamberg COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2012-2013	Bamberg COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2013-2014	Bamberg COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2010-2011	Gen. Unlimited	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2011-2012	Gen. Unlimited			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2012-2013	Gen. Unlimited			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2013-2014	Gen. Unlimited	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2010-2011	Calhoun COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2011-2012	Calhoun COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2012-2013	Calhoun COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2013-2014	Calhoun COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2010-2011	Orangeburg COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2011-2012	Orangeburg COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2012-2013	Orangeburg COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2013-2014	Orangeburg COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2010-2011	Help at Home	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2011-2012	Help at Home			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2012-2013	Help at Home			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
2013-2014	Help at Home	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0
2010-2011	LSCOG	$12,000	240	$50.0000	$0	0	#DIV/0!	$0	0	#DIV/0!	$118,323	3,007	$39.3492	$0	0
2011-2012	LSCOG	$12,000	240	$50.0000	$0	0	#DIV/0!	$0	0	#DIV/0!	$116,908	8,400	$13.9176	$0	0
2012-2013	LSCOG	$12,000	253	$47.4308			#DIV/0!			#DIV/0!	$124,681	12,687	$9.8275		
2013-2014	LSCOG	$6,528	119	$54.8571	$0	0	#DIV/0!	$0	0	#DIV/0!	$136,681	18,991	$7.1971	$0	0
2010-2011	REGIONWIDE	$12,000	240	$50.0000	$0	0	#DIV/0!	$0	0	#DIV/0!	$118,323	3,007	$39.3492	$0	0
2011-2012	REGIONWIDE	$12,000	240	$50.0000			#DIV/0!			#DIV/0!	$116,908	8,400	$13.9176		
2012-2013	REGIONWIDE	$12,000	253	$47.4308			#DIV/0!			#DIV/0!	$124,681	12,687	$9.8275		
2013-2014	REGIONWIDE	$6,528	119	$54.8571	$0	0	#DIV/0!	$0	0	#DIV/0!	$136,681	18,991	$7.1971	$0	0

REGION: 5 Lower Savannah COG

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2010, July 1, 2011, July 1, 2012, and July 1, 2013

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
2010-2011	Aiken COA	$194,260	33,263	**$5.8401**	$186,844	38,287	**$4.8801**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$7,648	6,768	**$1.1300**
2011-2012	Aiken COA	$184,443	31,583	**$5.8399**	$202,142	41,423	**$4.8799**	$8,146	7,209	**$1.1300**			**#DIV/0!**			**#DIV/0!**
2012-2013	Aiken COA	$185,832	29,973	**$6.2000**	$215,758	42,894	**$5.0300**	$0	0	**#DIV/0!**			**#DIV/0!**	$0	0	**#DIV/0!**
2013-2014	Aiken COA	$159,062	25,168	**$6.3200**	$188,520	36,749	**$5.1299**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011	Allendale COA	$40,751	6,250	**$6.5202**	$73,606	14,900	**$4.9400**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$2,182	1,931	**$1.1300**
2011-2012	Allendale COA	$41,663	6,390	**$6.5200**	$66,924	13,547	**$4.9401**			**#DIV/0!**			**#DIV/0!**	$2,099	1,858	**$1.1297**
2012-2013	Allendale COA	$42,000	6,250	**$6.7200**	$65,182	13,495	**$4.8301**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Allendale COA	$41,239	5,377	**$7.6695**	$47,290	9,218	**$5.1302**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**			**#DIV/0!**
2010-2011	Bamberg COA	$41,720	7,000	**$5.9600**	$89,175	15,459	**$5.7685**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$2,469	802	**$3.0786**
2011-2012	Bamberg COA	$45,551	7,643	**$5.9598**	$66,146	11,006	**$6.0100**			**#DIV/0!**			**#DIV/0!**	$2,391	776	**$3.0812**
2012-2013	Bamberg COA	$44,660	7,250	**$6.1600**	$66,384	10,707	**$6.2001**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Bamberg COA	$44,646	7,064	**$6.3202**	$57,018	10,182	**$5.5999**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**			**#DIV/0!**
2010-2011	Gen. Unlimited	$56,251	7,500	**$7.5001**	$88,160	16,000	**$5.5100**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Gen. Unlimited	$53,921	7,209	**$7.4797**	$77,006	13,975	**$5.5103**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Gen. Unlimited	$52,042	6,750	**$7.7099**	$77,540	13,651	**$5.6802**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Gen. Unlimited	$50,433	6,575	**$7.6704**	$59,740	10,668	**$5.5999**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011	Calhoun COA	$61,503	7,805	**$7.8799**	$68,507	13,200	**$5.1899**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Calhoun COA	$65,977	8,373	**$7.8797**	$60,248	10,720	**$5.6201**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Calhoun COA	$65,829	8,107	**$8.1200**	$58,630	10,126	**$5.7900**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Calhoun COA	$50,871	6,632	**$7.6705**	$55,697	9,946	**$5.5999**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011	Orangeburg COA	$187,250	35,000	**$5.3500**	$168,320	32,000	**$5.2600**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$8,092	2,975	**$2.7200**
2011-2012	Orangeburg COA	$181,639	33,951	**$5.3500**	$126,922	24,130	**$5.2599**			**#DIV/0!**			**#DIV/0!**	$7,793	2,865	**$2.7201**
2012-2013	Orangeburg COA	$170,162	30,826	**$5.5201**	$123,415	22,728	**$5.4301**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Orangeburg COA	$141,406	22,374	**$6.3201**	$125,835	22,471	**$5.5999**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011	Help at Home	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Help at Home			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Help at Home			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Help at Home	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011	LSCOG	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	LSCOG			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	LSCOG			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	LSCOG	$19,188	573	**$33.4869**	$35,824	1,069	**$33.5117**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**			**#DIV/0!**
2010-2011	REGIONWIDE	$581,735	$96,818	**$6.0085**	$674,612	$129,846	**$5.1955**	$0	$0	**#DIV/0!**	$0	$0	**#DIV/0!**	$20,391	$12,476	**$1.6344**
2011-2012	REGIONWIDE	$573,194	95,149	**$6.0242**	$599,388	114,801	**$5.2211**	$8,146	7,209	**$1.1300**			**#DIV/0!**	$12,283	5,499	**$2.2337**
2012-2013	REGIONWIDE	$560,525	89,156	**$6.2870**	$606,909	113,601	**$5.3425**	$0	0	**#DIV/0!**			**#DIV/0!**	$0	0	**#DIV/0!**
2013-2014	REGIONWIDE	$506,845	73,763	**$6.8713**	$569,924	100,303	**$5.6820**	$0	-	**#DIV/0!**	$0	$0	**#DIV/0!**	$0	-	**#DIV/0!**

REGION: 5 Lower Savannah COG

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2010, July 1, 2011, July 1, 2012, and July 1, 2013

State Fiscal Year Beginning July	County or Provider	Physical Fitness Contracted Funds	Physical Fitness Contracted Units	Physical Fitness Contracted Unit Cost	Evidence Based Disease Prevention Contracted	Evidence Based Disease Prevention Contracted	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
2010-2011	Aiken COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Aiken COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Aiken COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Aiken COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Allendale COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Allendale COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Allendale COA			#DIV/0!	$5,196	4,479	**$1.1601**			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Allendale COA	$0	0	#DIV/0!	$4,866	1,201	**$4.0516**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Bamberg COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Bamberg COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Bamberg COA			#DIV/0!	$5,916	1,866	**$3.1704**			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Bamberg COA	$0	0	#DIV/0!	$5,540	1,368	**$4.0500**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Gen. Unlimited	$2,673	597	**$4.4774**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Gen. Unlimited	$2,769	619	**$4.4733**	$6,561	1,628	**$4.0301**			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Gen. Unlimited			#DIV/0!	$5,958	1,471	**$4.0500**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2013-2014	Gen. Unlimited			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	Calhoun COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Calhoun COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Calhoun COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Calhoun COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Orangeburg COA	$8,193	3,012	**$2.7201**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Orangeburg COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Orangeburg COA			#DIV/0!	$8,992	3,211	**$2.8004**			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Orangeburg COA	$0	0	#DIV/0!	$8,335	2,058	**$4.0500**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Help at Home	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Help at Home			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Help at Home			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Help at Home	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	LSCOG	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$10,312	258	**$39.9690**
2011-2012	LSCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	$8,713	303	**$28.7558**
2012-2013	LSCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	$5,240	2,369	**$2.2119**
2013-2014	LSCOG	$0	0	#DIV/0!	$1,668	50	**$33.3600**	$0	0	#DIV/0!	$0	0	#DIV/0!	$5,892	2,500	**$2.3568**
2010-2011	**REGIONWIDE**	**$10,866.00**	**$3,609.00**	**$3.0108**	**$0.00**	**$0.00**	#DIV/0!	**$0.00**	**$0.00**	#DIV/0!	**$0.0000**	**$0.0000**	#DIV/0!	**$10,312.00**	**$258.00**	**$39.9690**
2011-2012	REGIONWIDE	$2,769	619	**$4.4733**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$8,713	303	**$28.7558**
2012-2013	REGIONWIDE	$0	0	#DIV/0!	$26,665	11,184	**$2.3842**	$0	0	#DIV/0!	$0	0	#DIV/0!	$5,240	2,369	**$2.2119**
2013-2014	REGIONWIDE	$0	0	#DIV/0!	$26,367	$6,148	**$4.2887**	$0	$0	#DIV/0!	$0	$0	#DIV/0!	$5,892	$2,500	**$2.3568**

Region 5-Lower Savannah Council of Governments			
SUMMARY OF SERVICE FUNDING, CONTRACTED UNITS and AVERAGE UNIT COST SFY 2013-2014			
SERVICE	TOTAL AAA FUNDING PER SERVICE	TOTAL UNITS FOR REGION	REGIONAL AVERAGE UNIT COST
Transportation	$141,011	97,850	$1.4411
Housekeeping or Chore			#DIV/0!
Homemaker with Limited Personal Care			#DIV/0!
Personal Care with Limited Medical Assistance			#DIV/0!
Home Care Level I	$80,308	4,276	$18.7811
Legal Assistance	$6,528	119	$54.8571
Adult Day Care			#DIV/0!
Respite Care			#DIV/0!
Information, Referral & Assistance	$136,681	18,991	$7.1971
Care Management			#DIV/0!
Group Dining	$506,839	73,763	$6.8712
Home Delivered Meals	$571,704	100,303	$5.6998
Health Screening			#DIV/0!
Nutrition Risk Follow-Up			#DIV/0!
Evidence Based Health Promotion Program	$26,368	6,148	$4.2889
Physical Fitness			#DIV/0!
Home Injury Prevention			#DIV/0!
Minor Home Repair (State Funds Only)			#DIV/0!
Medication Management	$5,892	2,500	$2.3568
Outreach			#DIV/0!
I-Care Calls/Contacts	$11,500	5,677	$2.0257
SMP Calls/Contacts	$11,933	6,604	$1.8069
Caregiver Services			#DIV/0!
All entries must include both AAA delivered services and contracted services			
		NUMBER OF MINORITY PROVIDERS	0
		NUMBER OF RURAL PROVIDERS	5
		TOTAL NUMBER OF PROVIDERS	7

REGION: 5 Lower Savannah Council of Governments

EXPENDITURES FOR PRIORITY SERVICE CATEGORIES

As required by the Older Americans Act and State policy, an adequate amount of Title III-B shall be expended for the delivery of each of the categories of service identified on this form.

The AAA shall determine the "adequate amount" based upon the most recent needs assessment data, I&A reports, FCSP reports, and AIM data. The percentages set by the Area Agency on Aging for each priority service category, after careful analysis of the identified data and discussion with the legal services program manager at LGOA, shall be entered on line 5.

Access Services 15 % In-Home Services 5 % Legal Assistance 4 %

Enter Total III B after Transfers for SFY 2012-2013		$505,473	**and SFY 2013-2014**	$254,895
ACCESS SERVICES	FUNDS BUDGETED FY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
A. Transportation	$115,719	22.89%	$119,396	46.84%
B. Information & Assistance (**III-B** funding **Only**)	$105,979	20.97%	$116,179	45.58%
C. Case Management	$0	0.00%		0.00%
D. Outreach	$0	0.00%		0.00%
TOTAL ACCESS EXPENDITURES	$221,698	43.86%	$235,575	#DIV/0!
IN-HOME SERVICES	FUNDS BUDGETED FY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
A. Level I Housekeeping and Chore	$275,575	55%	$13,771	5%
B. Level II Homemaker with Limited Personal Care	$0	#DIV/0!	$0	#DIV/0!
C. Level III Personal Care with Limited Medical Assistance	$0	0%	$0	0%
TOTAL IN-HOME EXPENDITURES	$275,575	55%	$13,771	5%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2011-2012	% OF III - B	FUNDS BUDGETED FY 2012-2013	% OF III - B
LEGAL ASSISTANCE EXPENDITURES	$10,200	2.02%	$5,549	4.00%

REGION: 5 Lower Savannah Council of Governments				
SFY14 EXPENDITURES FOR DIRECT PROVISION of REGIONWIDE SERVICES				
Title III-B AAA and Contractor Share	Federal	State Match	Local Match	TOTAL
TOTAL Title III-B Supportive Services at AAA after Transfers	$254,896	$14,994	$29,988	$299,878
III-B I,R & A by AAA	$116,179	$6,834	$13,668	$136,681
III-B Legal Assistance through AAA	$5,549	$326	$653	$6,528
III-B Consumer Directed H&CB services through AAA	$0	$0	$0	$0
III-B Case Management by AAA	$0	$0	$0	$0
III-B Minor Home Repair through AAA	$0	$0	$0	$0
Balance of Title III-B Supportive Services for Contracted Services	$133,168	$7,833	$15,667	$156,668
Title III-D Medication Management	$5,008	$295	$589	$5,892
Title III-E Allocations	Federal	State Match (DMH)	Local Match	TOTAL
III-E Federal Funds for P&A Activities	$18,897	$0	$6,299	$25,196
III-E Federal Service Funds	$170,074	$0	$7,810	$177,884
III-E I, R & A Service Funds		$0	$0	$0
III-E Insurance Counseling Services		$0	$0	$0
III-E Caregiver Advocate(s) Personnel Cost from Service Funds	$58,601	$0	$7,810	$66,411
III-E Balance for Direct Caregiver Supports	$111,473	$0	$0	$111,473
Insurance Counseling	Federal	State Match	Local Match	TOTAL
I-CARE Allocation (SHIP)	$32,340	$0	$0	$32,340
MIPPA (SHIP) Allocation	$0	$0	$0	$0
MIPPA (ADRC) Allocation	$0	$0	$0	$0
MIPPA (AAA) Allocation	$0	$0	$0	$0
SMP Basic	$8,950	$0	$2,983	$11,933
SMP Expansion	$0	$0	$0	$0
Total Insurance Counselling	$41,290	$0	$2,983	$44,273

Region 5 - Lower Savannah COG/AAA

Geographic Distribution of Revenue for Purchased Services State Fiscal Year 2013-14

County	III-B	III-C1	III-C2	III-D	State Match Title III	Local Match Title III	State Funded Services	NSIP	Bingo	Total All Sources
Aiken	44,196	85,836	160,242	-	17,075	34,150	-	53,215	17,957	412,671
Allendale	11,389	22,120	41,294	4,136	4,643	9,287	-	12,286	7,197	112,353
Bamberg	12,970	25,189	47,024	4,709	5,288	10,576	-	13,271	7,717	126,744
Barnwell	13,941	27,076	50,547	5,062	5,684	11,368	-	16,557	8,034	138,270
Calhoun	12,942	25,136	46,925	-	5,000	10,000	-	17,309	7,707	125,020
Orangeburg	28,959	56,244	104,997	7,064	11,604	23,208	-	52,622	12,959	297,657
LSCOG	121,728				7,160	14,321				143,209
Total	**246,126**	**241,602**	**451,030**	**20,972**	**56,455**	**112,909**	**0**	**165,260**	**61,571**	**1,355,924**
										1,355,924

	2010 Census Population over 60	
Aiken	34779	50.96%
Allendale	2054	3.01%
Bamberg	3634	5.32%
Barnwell	4597	6.74%
Calhoun	3604	5.28%
Orangeburg	19577	28.69%
	68245	**100.00%**

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

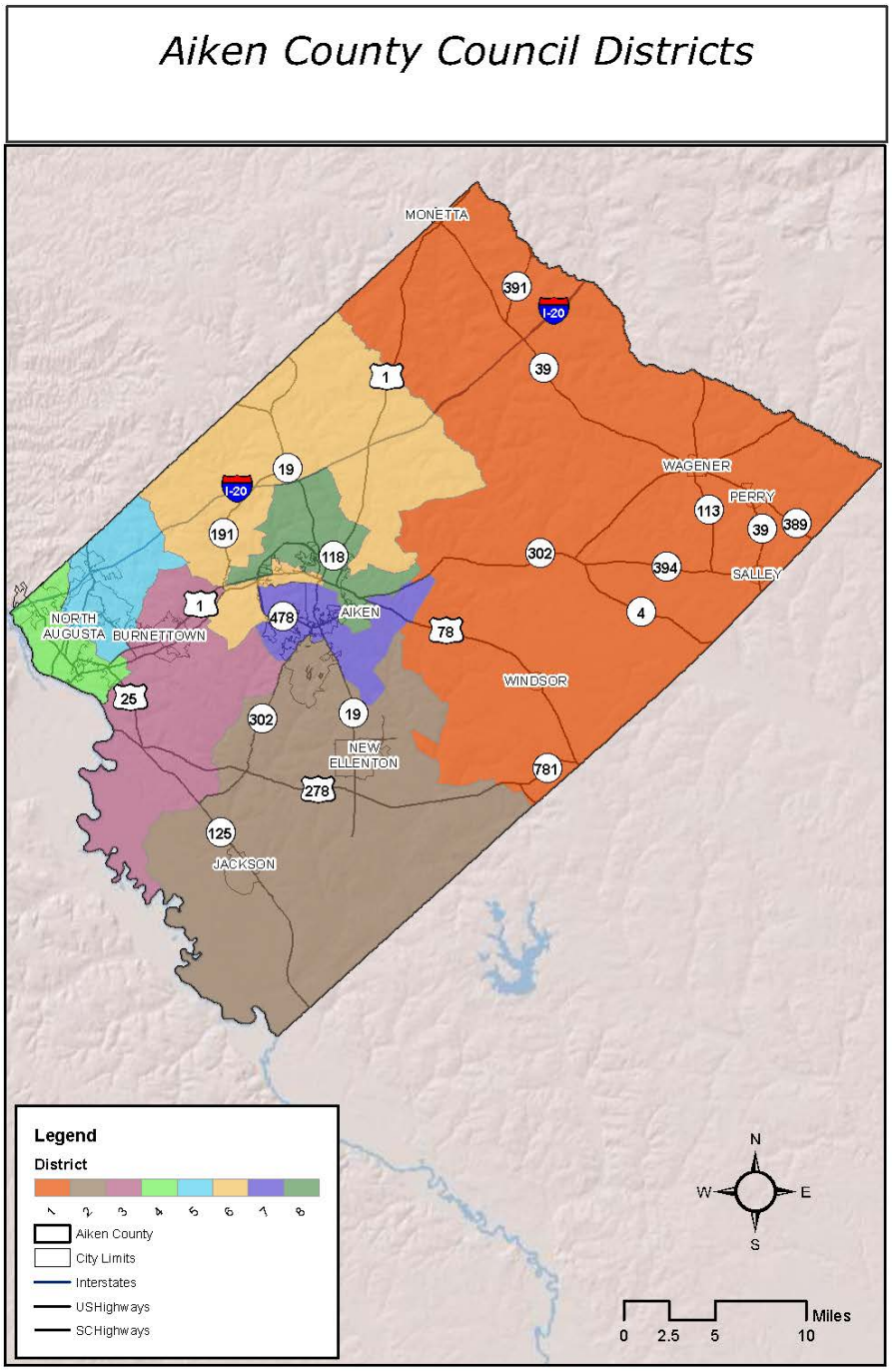
REGION: R5 Lower Savannah | **YTD Data From AIM** | **SFY2012-2013**

Service Delivery Contractors	Total Unduplicated People Served (a)	Number of Unduplicated Minority Served (b)	Of Total Unduplicated Persons Served % Who Are Minority	Unduplicated Number in Rural Areas Served (c)	Of Total Unduplicated Persons Served % Who Live in Rural Area	Unduplicated Number at or Below Poverty Served (d)	Of Total Unduplicated Persons Served % Who Are Below Poverty	Unduplicated Number of Minority Poor Served (e)	Of Total Unduplicated Minority Served % Who Are Poor	Unduplicated Number of Non-Minority Poor Served (f)	Of Total Non-Minority Served % Who Are Poor	Unduplicated Number of Clients Served for First Time **in SFY13** (g)	Of Total Persons Served % Who Received Services **for the First Time** in SFY'13
Aiken Area Council on Aging	637	227	35.64%	149	23.39%	353	55.42%	141	62.11%	212	51.71%	1	0.16%
Allendale County Office on Aging	161	119	73.91%	151	93.79%	103	63.98%	85	71.43%	18	42.86%	157	97.52%
Bamberg County Office on Aging	143	99	69.23%	108	75.52%	77	53.85%	59	59.60%	18	40.91%	0	0.00%
Generations Unlimited	257	118	45.91%	141	54.86%	84	32.68%	46	38.98%	38	27.34%	77	29.96%
Calhoun County Council on Aging	162	85	52.47%	155	95.68%	89	54.94%	59	69.41%	30	38.96%	0	0.00%
eburg County Council on	771	590	76.52%	237	30.74%	394	51.10%	325	55.08%	69	38.12%	0	0.00%
Help at Home, Inc	130	41	31.54%	102	78.46%	43	33.08%	18	43.90%	25	28.09%	0	0.00%
	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	2261	1279	56.57%	1043	46.13%	1143	50.55%	733	57.31%	410	41.75%	235	10.39%

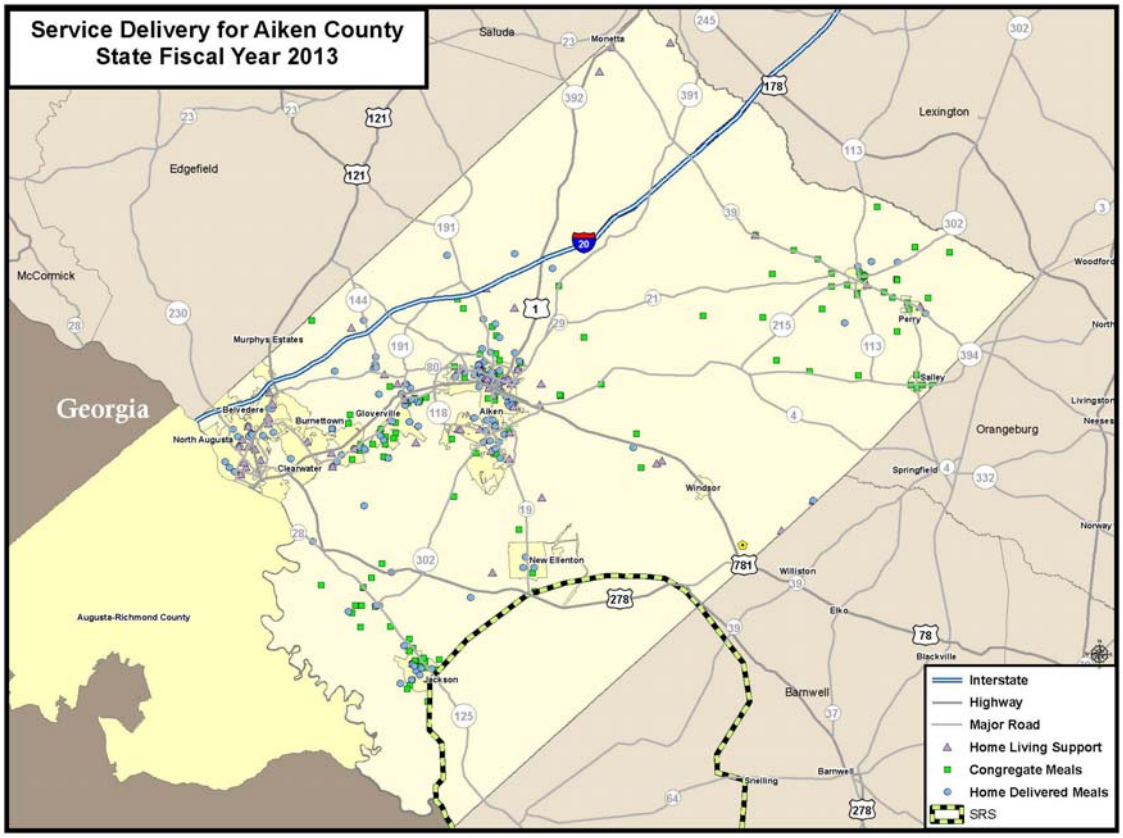
SUPPLEMENTAL DETAIL - Breakout of the ethnicity of the Minority Population SERVED in SFY 2012-2013

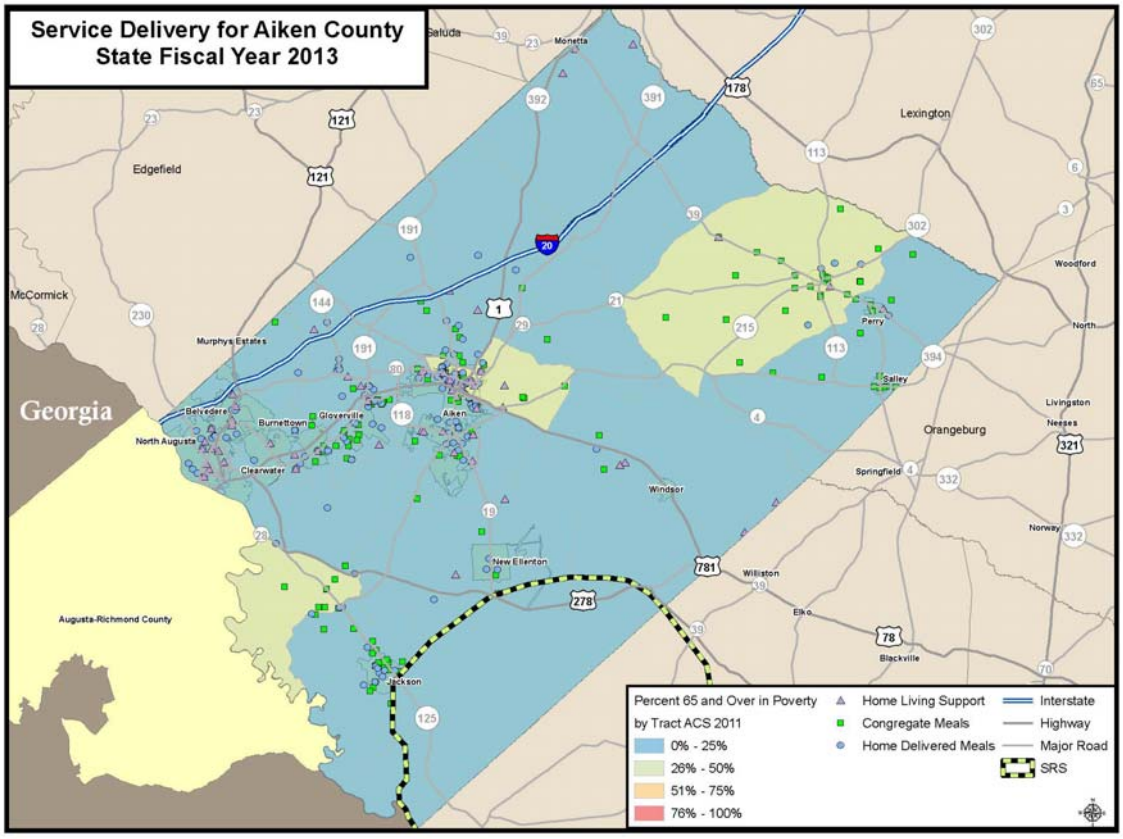
Service Delivery Contractors	African-American	Hispanic	Native American or Alaskan Native	Asian/ Pacific Islander	Unknown Ethnicity
Aiken Area Council on Aging	227	0	2	0	0
Allendale County Office on Aging	119	0	0	0	0
Bamberg County Office on Aging	99	0	0	0	0
Generations Unlimited	118	0	0	0	0
Calhoun County Council on Aging	85	0	0	0	0
rangeburg County Council on Agi	590	0	1	1	0
Help at Home	41	0	0	1	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Regionwide	1279	0	3	2	0

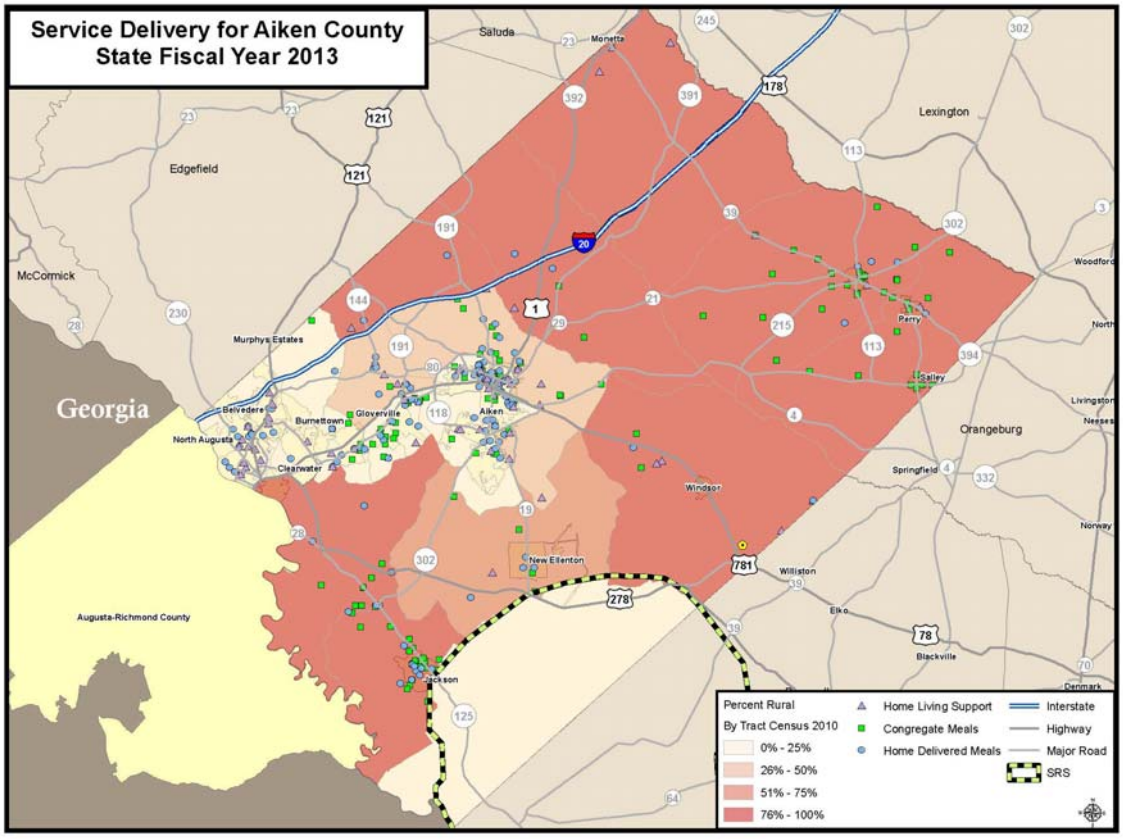
DESIGNATED AND UNDESIGNATED FOCAL POINTS IN THE PSA IN 2012-2013				
County	**Focal Point Organization**	**Focal Point Street Address**	**AAA Designated Focal Point**	**Type of Organization or Facility**
Aiken	Aiken Area Council on Aging	159 Morgan Street Aiken, SC 29801	Yes	Group Dining Center
Aiken	City of Aiken	400 Kershw Street Aiken, SC 29801	No	Senior Programs
Aiken	City of Aiken	1700 Whiskey Road Aiken, SC 29801	No	Senior Programs
Aiken	County of Aiken	917 Jefferson Davis Hwy Graniteville, SC 29829	No	Senior Programs
Aiken	Aiken Area Council on Aging	2453 Highway 421 Gloverville, SC 29828	Yes	Group Dining Center
Aiken	Aiken Area Council on Aging	2nd Avenue Jackson, SC 29809	Yes	Group Dining Center
Aiken	Aiken Area Council on Aging	100 Council Circle Aiken, SC 29801	Yes	Group Dining Center
Aiken	Aiken Area Council on Aging	49 Roy Street Wagener, SC 29164	Yes	Group Dining Center
Allendale	Allendale County Leisure Center	3691 B Allendale Fairfax Hwy Fairfax, SC 29810	Yes	Group Dining Center
Bamberg	Rhodes Senior Center	408 Long Branch Road Bamberg, SC 29003	Yes	Group Dining Center
Barnwell	Generations Unlimited	11403 Ellenton Street Hwy 278 Barnwell, SC 29812	Yes	Group Dining Center
Calhoun	Calhoun County Council on Aging	200 Milligan Street St. Matthews, SC 29135	Yes	Group Dining Center
Orangeburg	Orangeburg County Council on Aging	2570 St. Matthews Road Orangeburg, SC 29116	Yes	Group Dining Center
Orangeburg	Vance Senior Citizens Center	10204 Old #6 Highway Vance, SC 29163	Yes	Group Dining Center
Orangeburg	Springfield Meal Site	1505 George Street Springfield, SC 29146	Yes	Group Dining Center
Orangeburg	North Meal Site	852 North Road North, SC 29112	Yes	Group Dining Center
Orangeburg	Branchville Meal Site	7647 Freedom Road Branchville, SC 29432	Yes	Group Dining Center
Orangeburg	Norway Senior Citizens Center	105 St. Johns Ave Norway, SC 29113	NO	Senior Center
Orangeburg	The John Stroman Senior Citizens Center	2020 Sharperson Steet Orangeburg, SC 29115	No	Senior Center

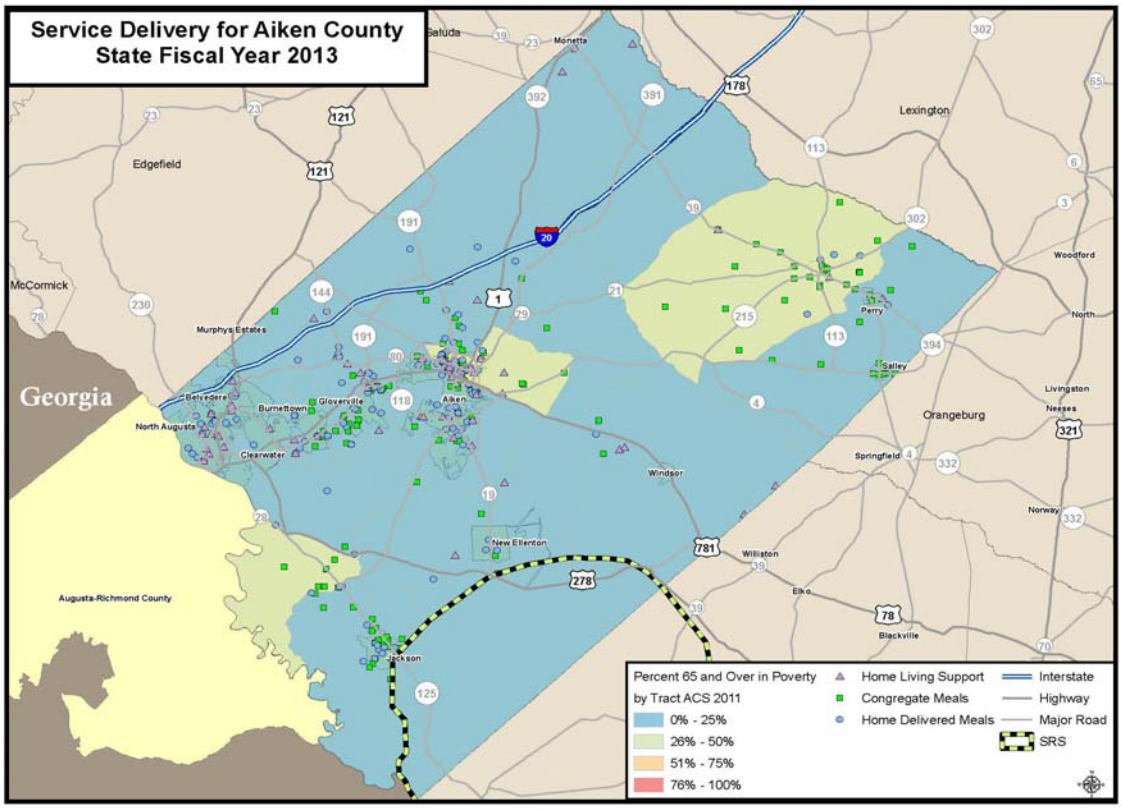

Aiken County Council Districts
MONETTA
WAGENER
PERRY
SALLEY
NORTH AUGUSTA
BURNETTOWN
AIKEN
WINDSOR
NEW ELLENTON
JACKSON
391
I-20
39
1
19
I-20
191
118
302
113
39
389
394
1
478
78
4
25
302
19
781
278
125
Legend
District
1 2 3 4 5 6 7 8
Aiken County
City Limits
Interstates
USHighways
SCHighways
N
W
E
S
Miles
0 2.5 5 10

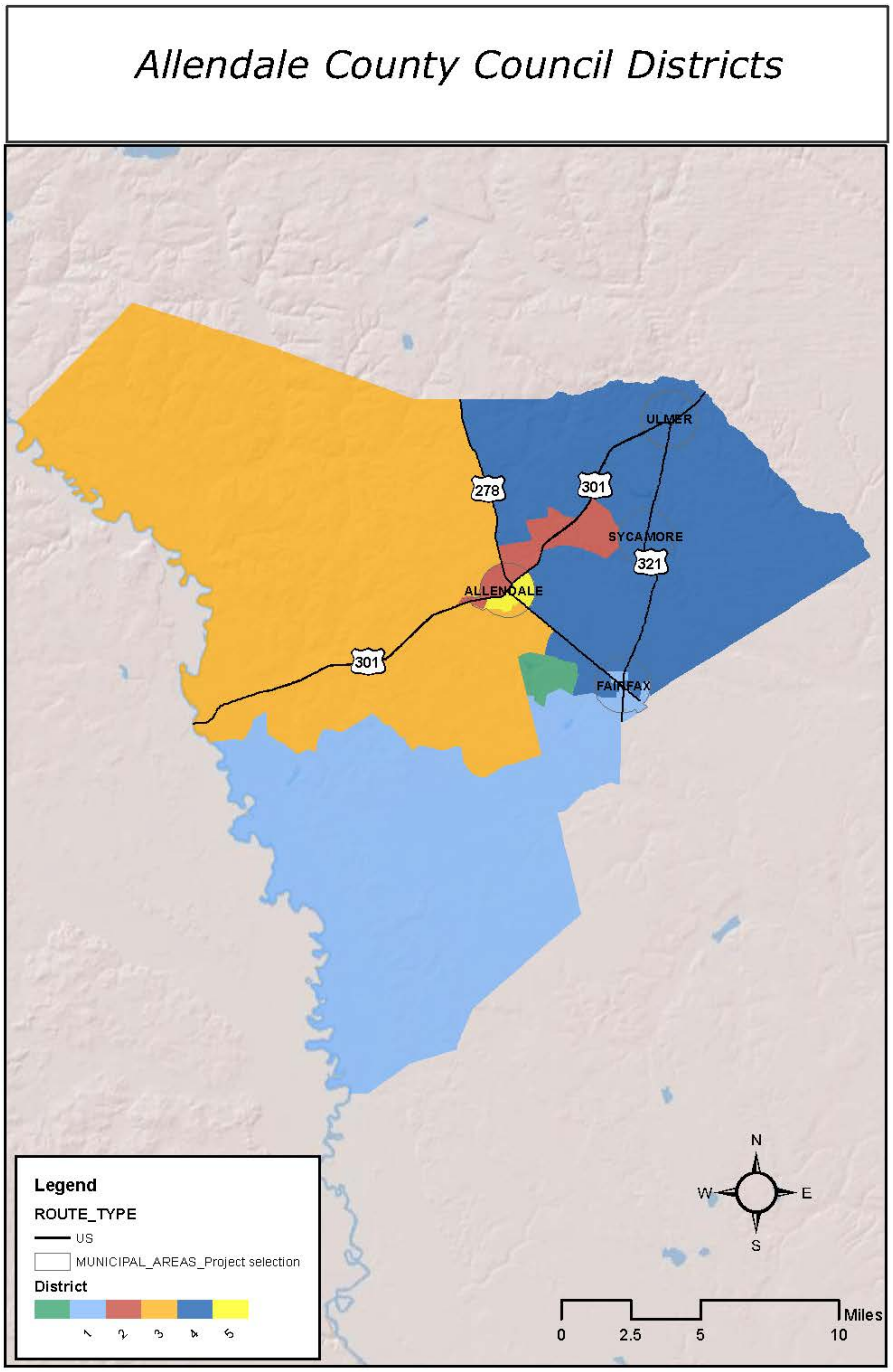
June 3, 2013

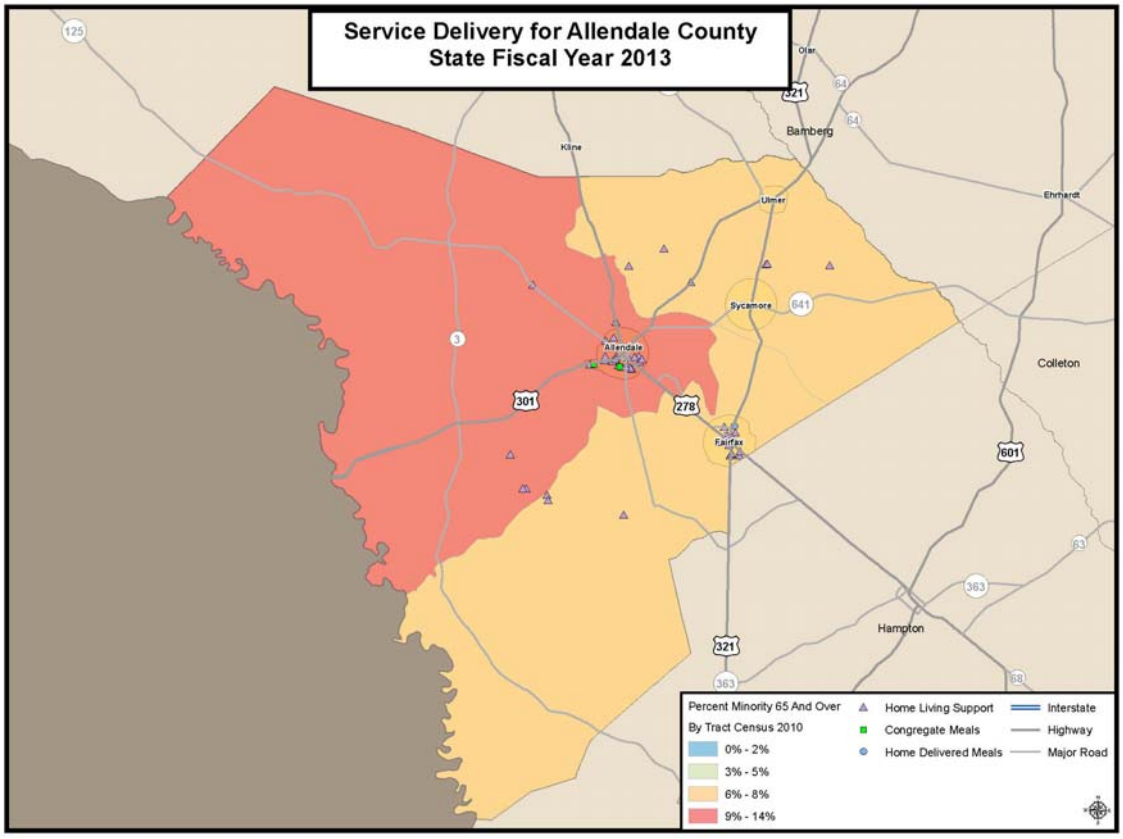

Service Delivery for Aiken County
State Fiscal Year 2013
Georgia
Augusta-Richmond County
Edgefield
McCormick
Lexington
Orangeburg
Aiken
North Augusta
Clearwater
Gloverville
Burnettown
Belvedere
Murphys Estates
New Ellenton
Windsor
Springfield
Williston
Elko
Blackville
Barnwell
Jackson
Snelling
Interstate
Highway
Major Road
Home Living Support
Congregate Meals
Home Delivered Meals
SRS

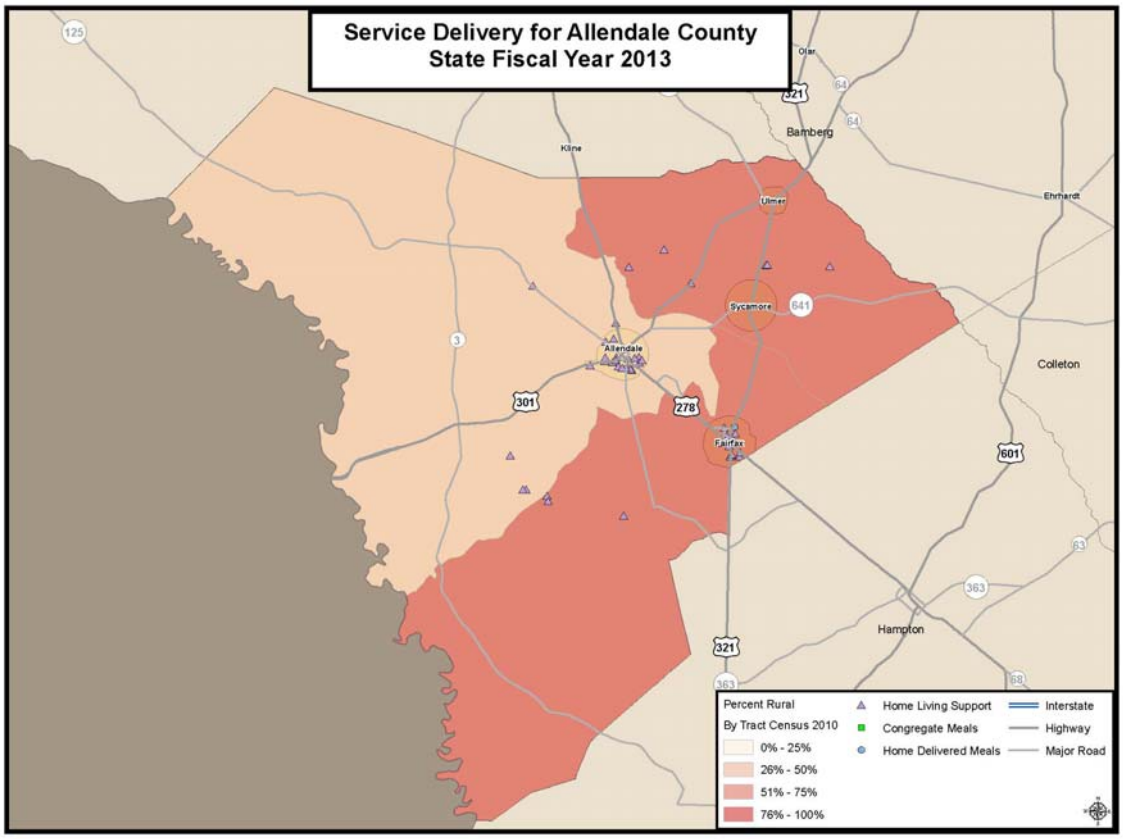

Service Delivery for Aiken County
State Fiscal Year 2013
Georgia
Edgefield
McCormick
Murphys Estates
Belvedere
Burnettown
Gloverville
Aiken
North Augusta
Clearwater
Windsor
New Ellenton
Augusta-Richmond County
Jackson
Lexington
Woodford
Perry
Salley
Orangeburg
Springfield
Norway
Williston
Elko
Blackville
Percent 65 and Over in Poverty by Tract ACS 2011
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road
SRS

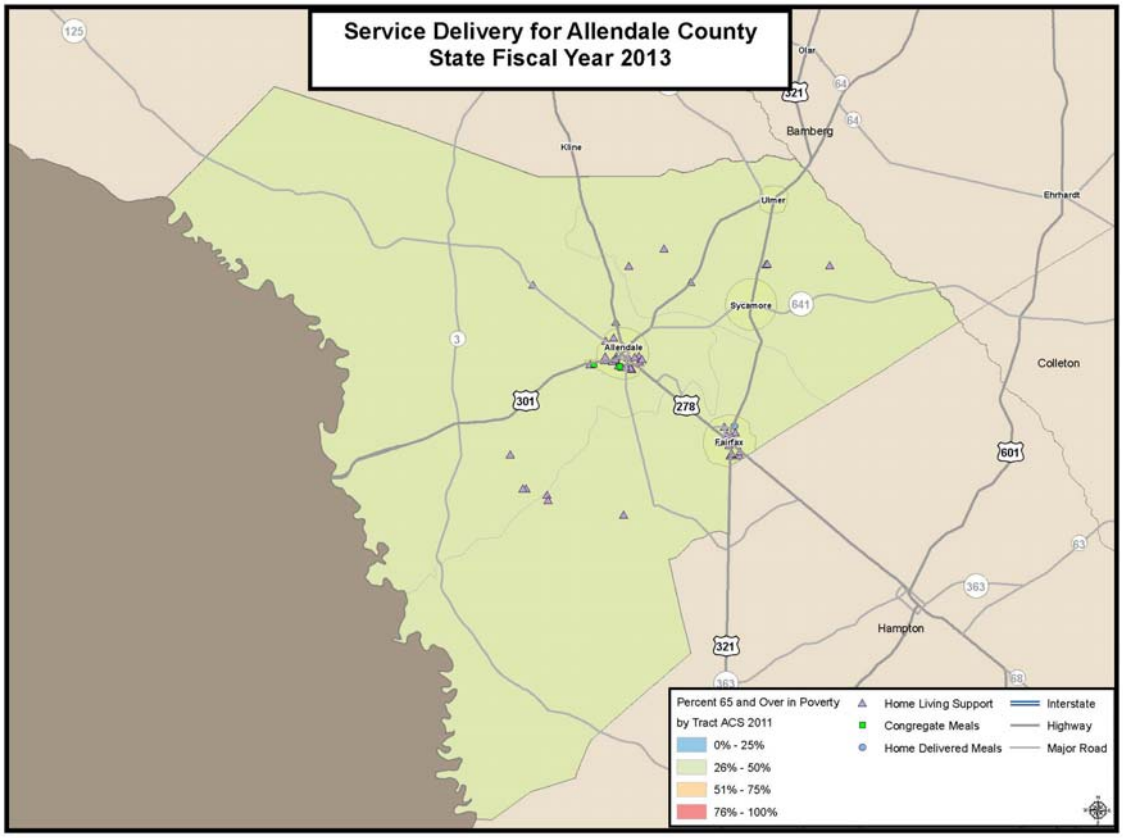

Service Delivery for Aiken County
State Fiscal Year 2013
Saluda
Monetta
Lexington
Edgefield
McCormick
Murphys Estates
Georgia
Belvedere
Gloverville
Burnettown
Aiken
North Augusta
Clearwater
Windsor
Perry
Salley
Orangeburg
Springfield
New Ellenton
Williston
Elko
Blackville
Augusta-Richmond County
Percent Rural
By Tract Census 2010
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road
SRS

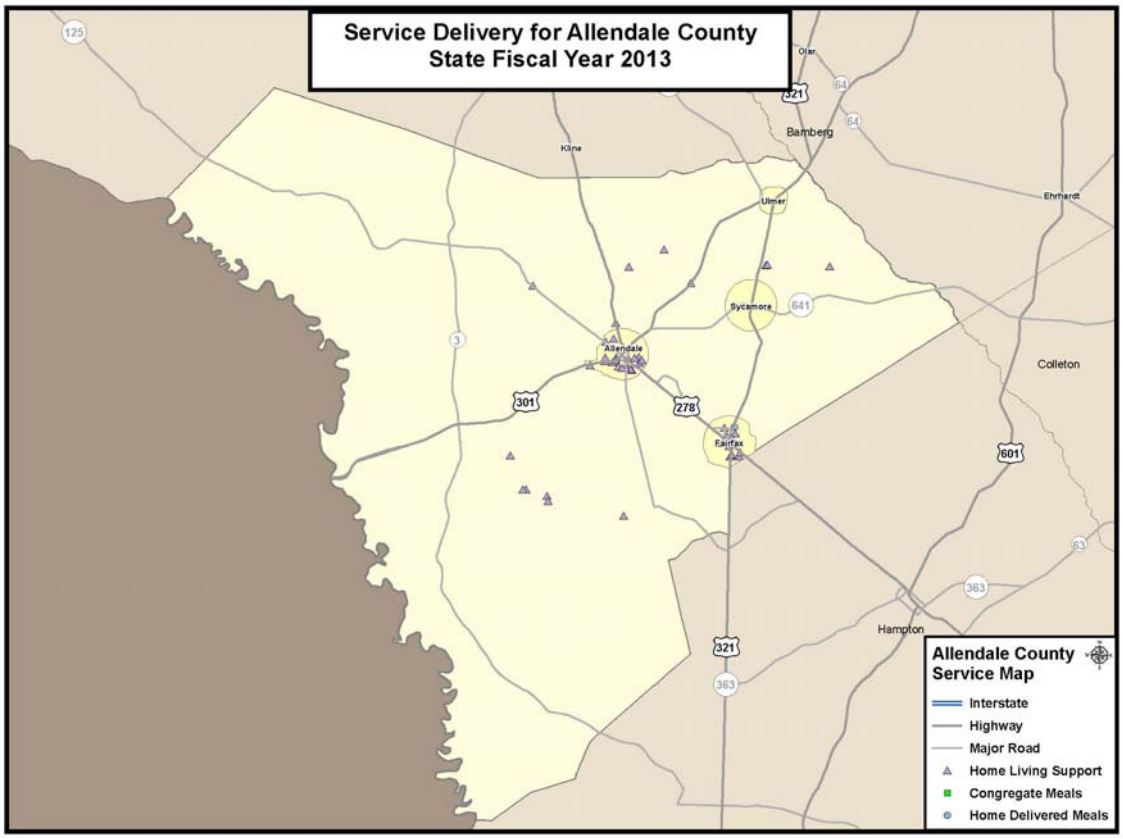

Service Delivery for Aiken County
State Fiscal Year 2013
Georgia
Edgefield
McCormick
Murphys Estates
Belvedere
Burnettown
Gloverville
Aiken
North Augusta
Clearwater
Windsor
New Ellenton
Augusta-Richmond County
Jackson
Williston
Elko
Blackville
Lexington
Woodford
Perry
Salley
Orangeburg
Springfield
Norway
Livingston
Neeses
Percent 65 and Over in Poverty
by Tract ACS 2011
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road
SRS

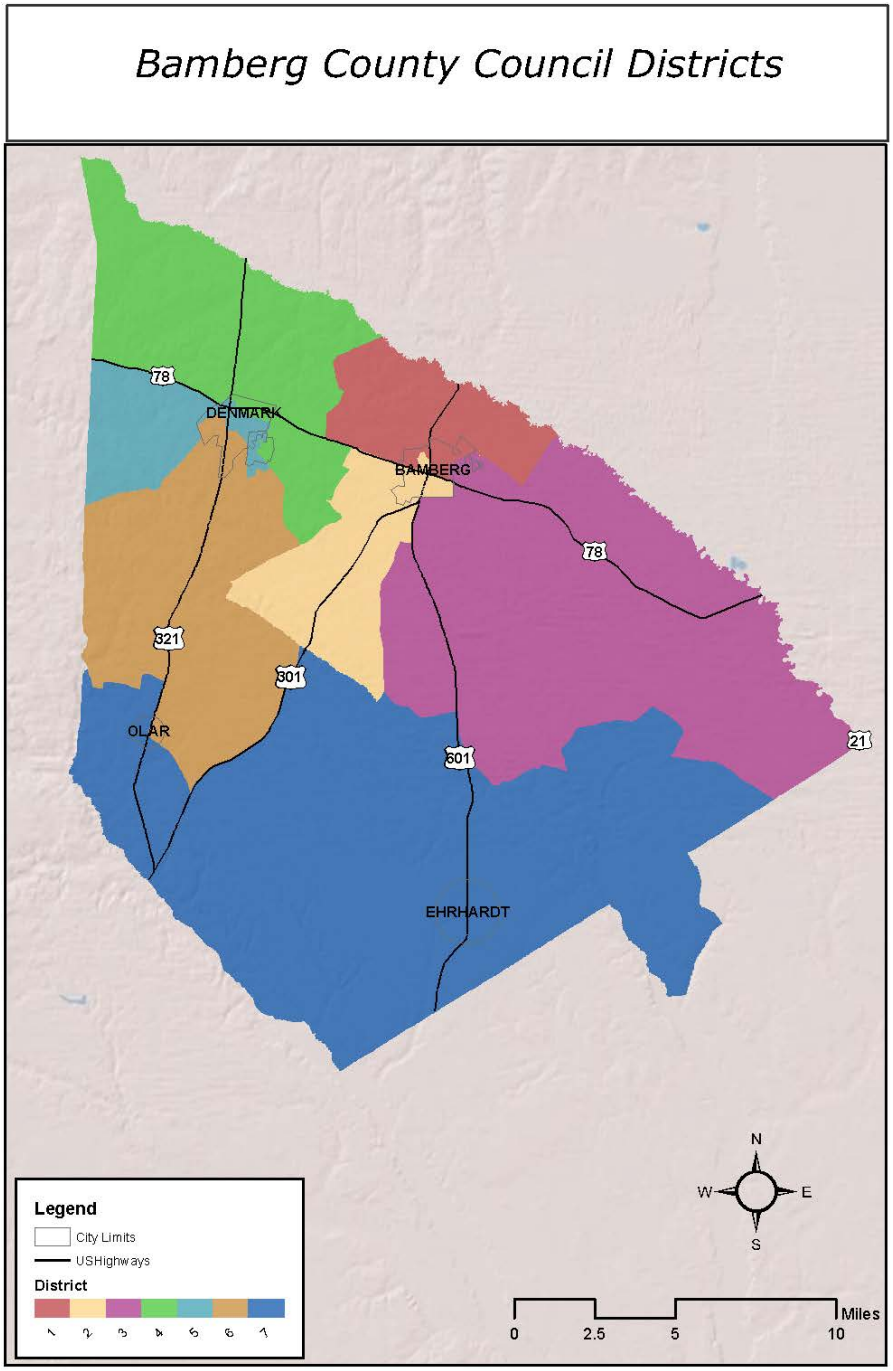

Allendale County Council Districts
ULMER
278
301
SYCAMORE
321
ALLENDALE
301
FAIRFAX
Legend
ROUTE_TYPE
US
MUNICIPAL_AREAS_Project selection
District
1
2
3
4
5
N
W
E
S
0
2.5
5
10
Miles

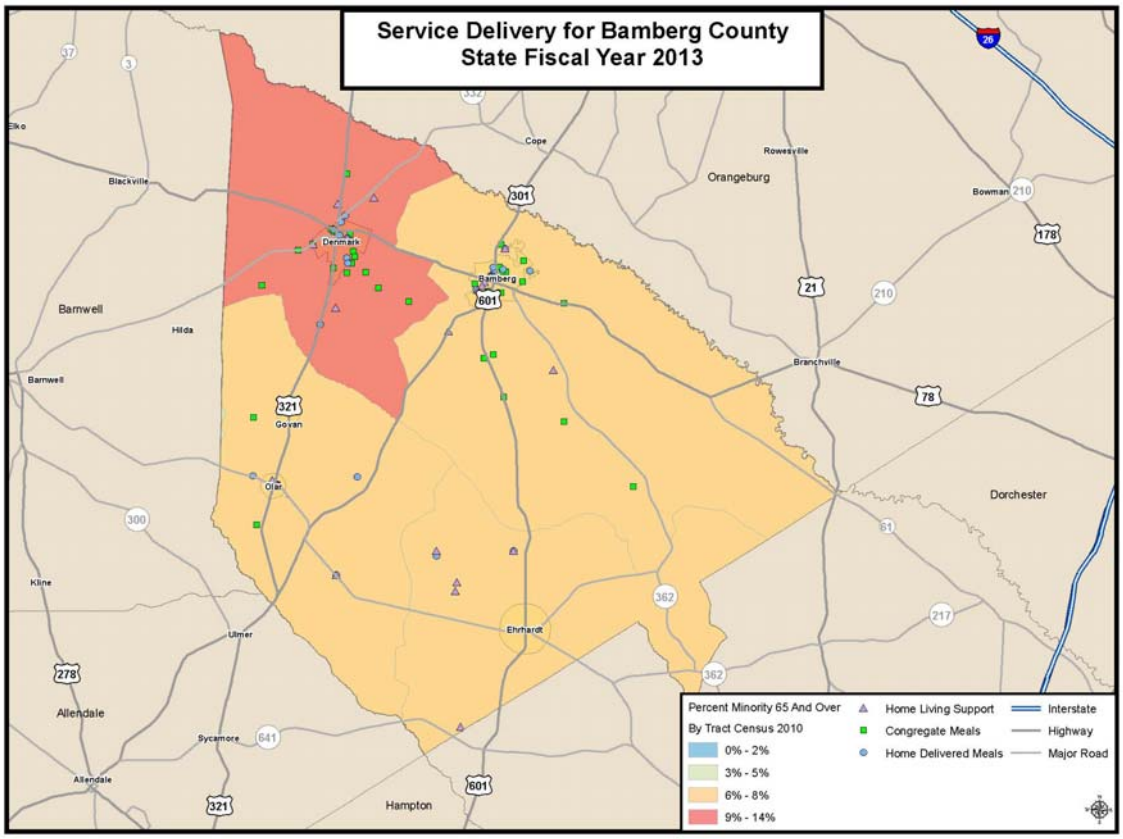

Service Delivery for Allendale County
State Fiscal Year 2013
Olar
Bamberg
Kline
Ulmer
Ehrhardt
Sycamore
Allendale
Colleton
Fairfax
Hampton
125
321
64
3
301
278
641
601
363
68
Percent Minority 65 And Over
By Tract Census 2010
0% - 2%
3% - 5%
6% - 8%
9% - 14%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road

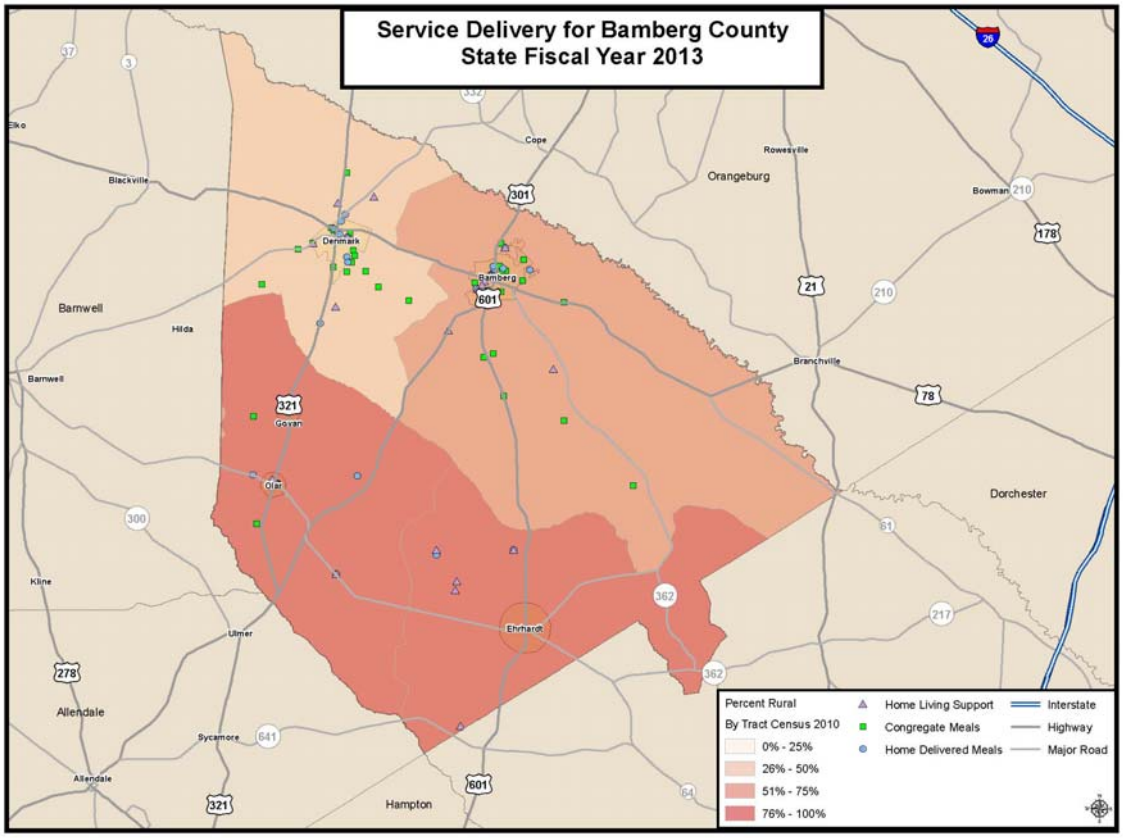

Service Delivery for Allendale County
State Fiscal Year 2013
Olar
Bamberg
Kline
Ehrhardt
Ulmer
Sycamore
Allendale
Colleton
Fairfax
Hampton
125
321
64
3
301
278
641
601
363
63
68
Percent Rural
By Tract Census 2010
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road

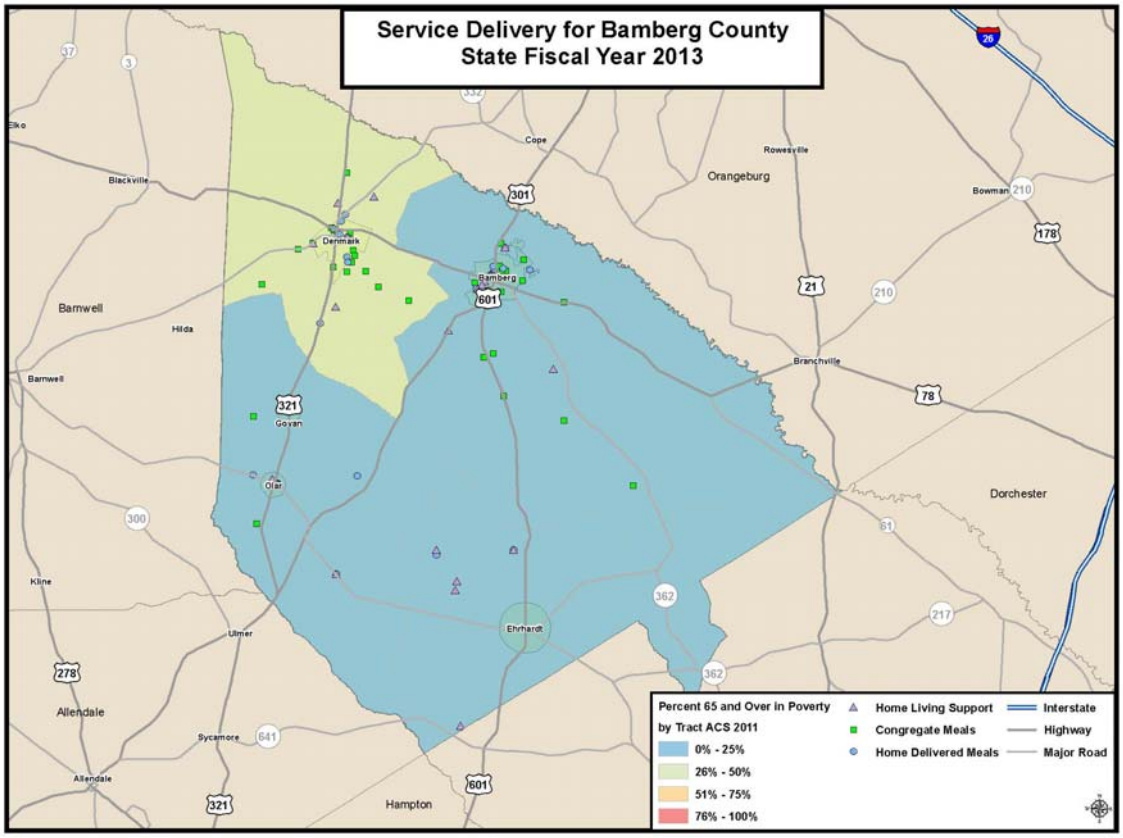

Service Delivery for Allendale County
State Fiscal Year 2013
Bamberg
Ehrhardt
Ulmer
Sycamore
Allendale
Fairfax
Colleton
Hampton
Percent 65 and Over in Poverty
by Tract ACS 2011
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road

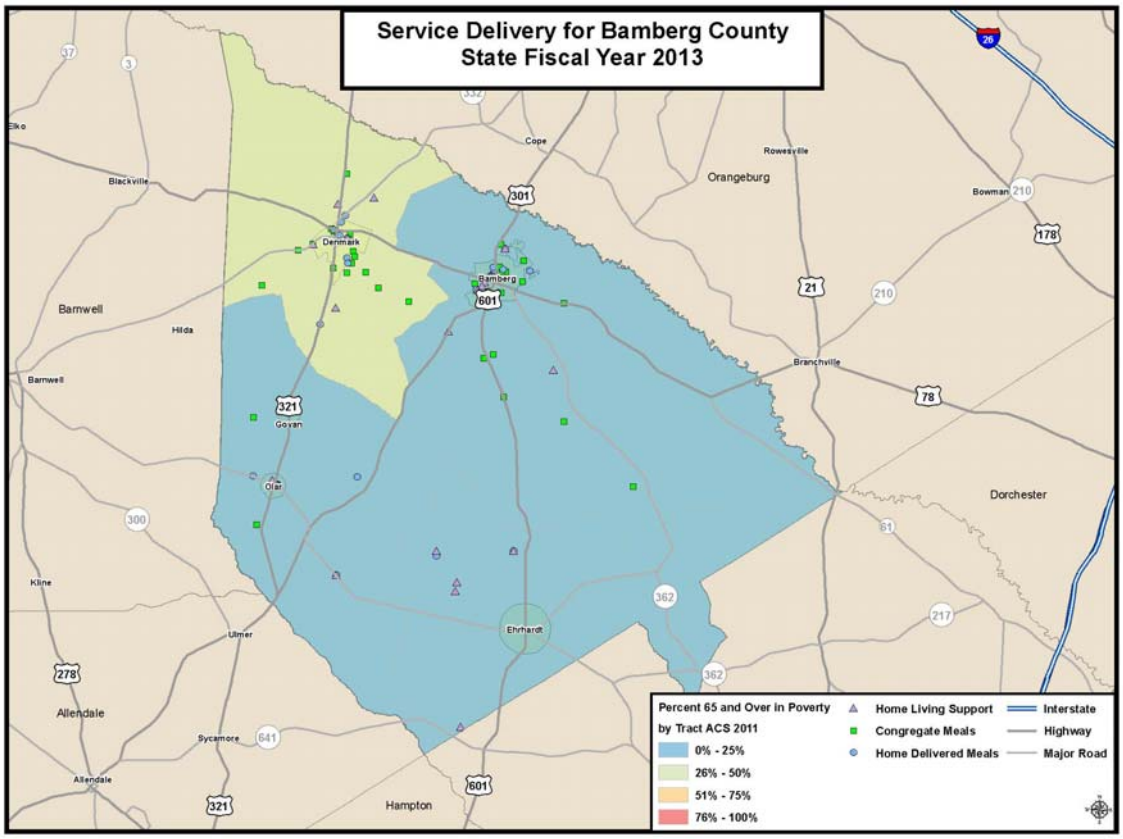

Service Delivery for Allendale County
State Fiscal Year 2013
Olar
Bamberg
Kline
Ehrhardt
Ulmer
Sycamore
Allendale
Fairfax
Colleton
Hampton
125
321
64
3
301
278
641
601
363
63
Allendale County
Service Map
Interstate
Highway
Major Road
Home Living Support
Congregate Meals
Home Delivered Meals

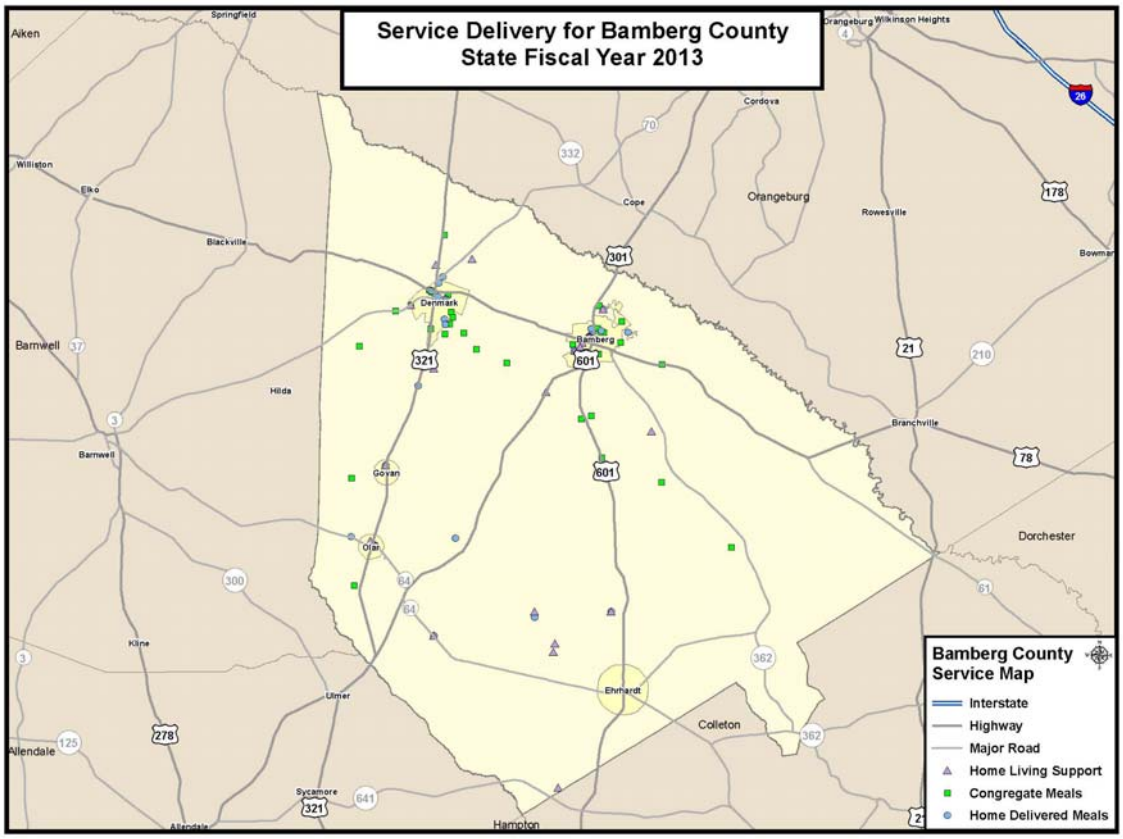

Bamberg County Council Districts
78
DENMARK
BAMBERG
78
321
301
OLAR
301
21
EHRHARDT
N
W
E
S
Legend
City Limits
USHighways
District
1
2
3
4
5
6
7
0
2.5
5
10
Miles

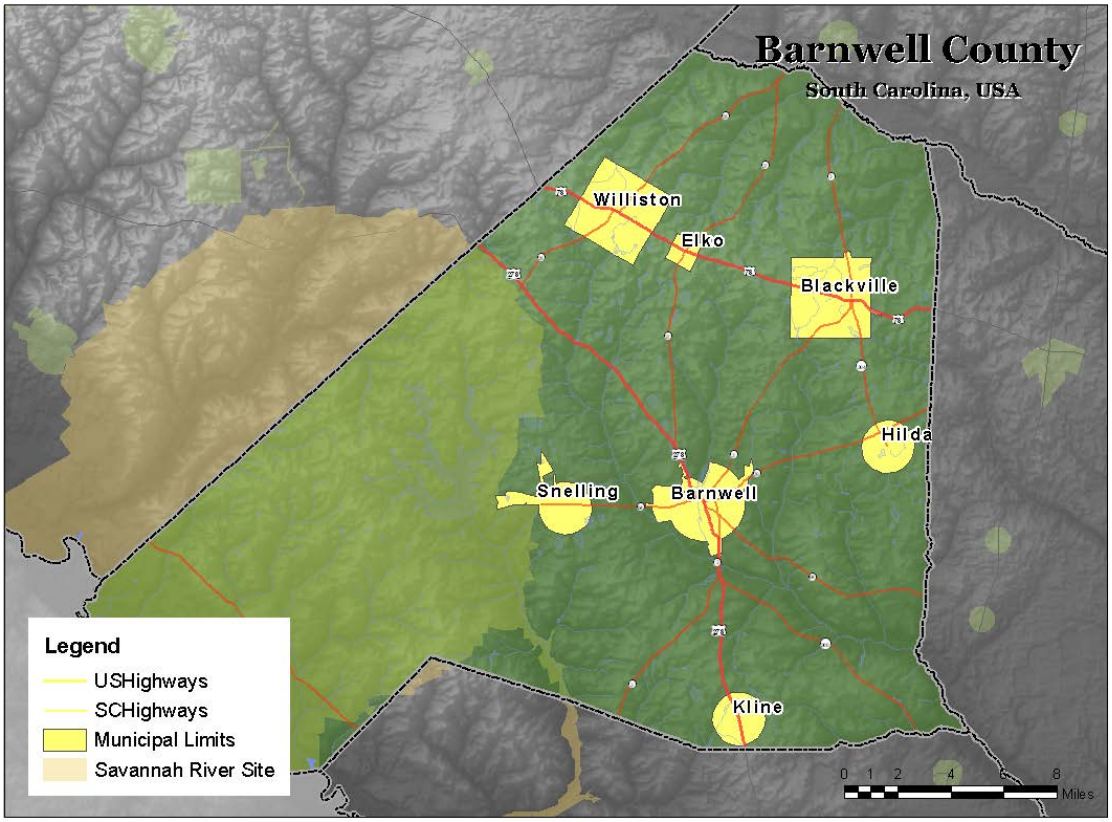

Service Delivery for Bamberg County
State Fiscal Year 2013
Cope
Rowesville
Orangeburg
Bowman
Blackville
Denmark
Bamberg
Barnwell
Hilda
Branchville
Dorchester
Olar
Kline
Ulmer
Ehrhardt
Allendale
Sycamore
Hampton
Percent Minority 65 And Over
By Tract Census 2010
0% - 2%
3% - 5%
6% - 8%
9% - 14%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road

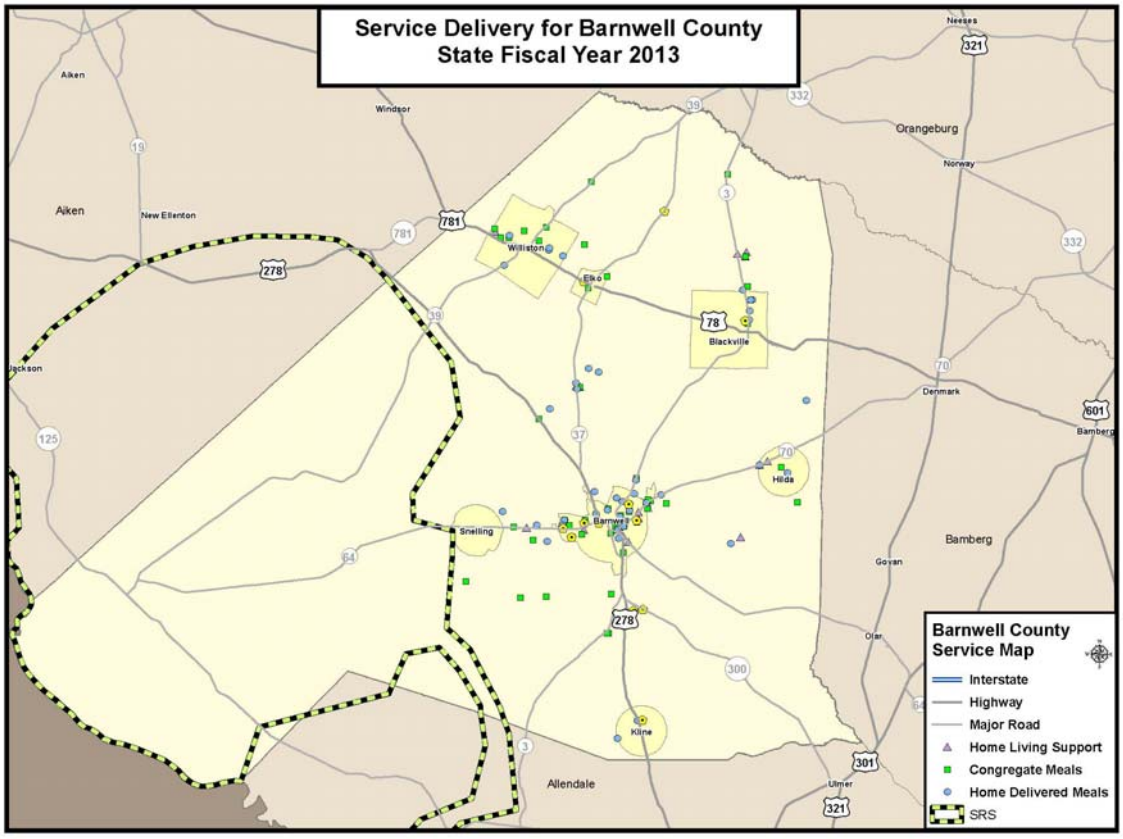

Service Delivery for Bamberg County
State Fiscal Year 2013
Percent Rural
By Tract Census 2010
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road
Orangeburg
Barnwell
Hilda
Denmark
Bamberg
Olar
Ehrhardt
Allendale
Hampton
Dorchester
Branchville
Cope
Rowesville
Bowman
Blackville
Elko
Kline
Ulmer
Sycamore
Govan

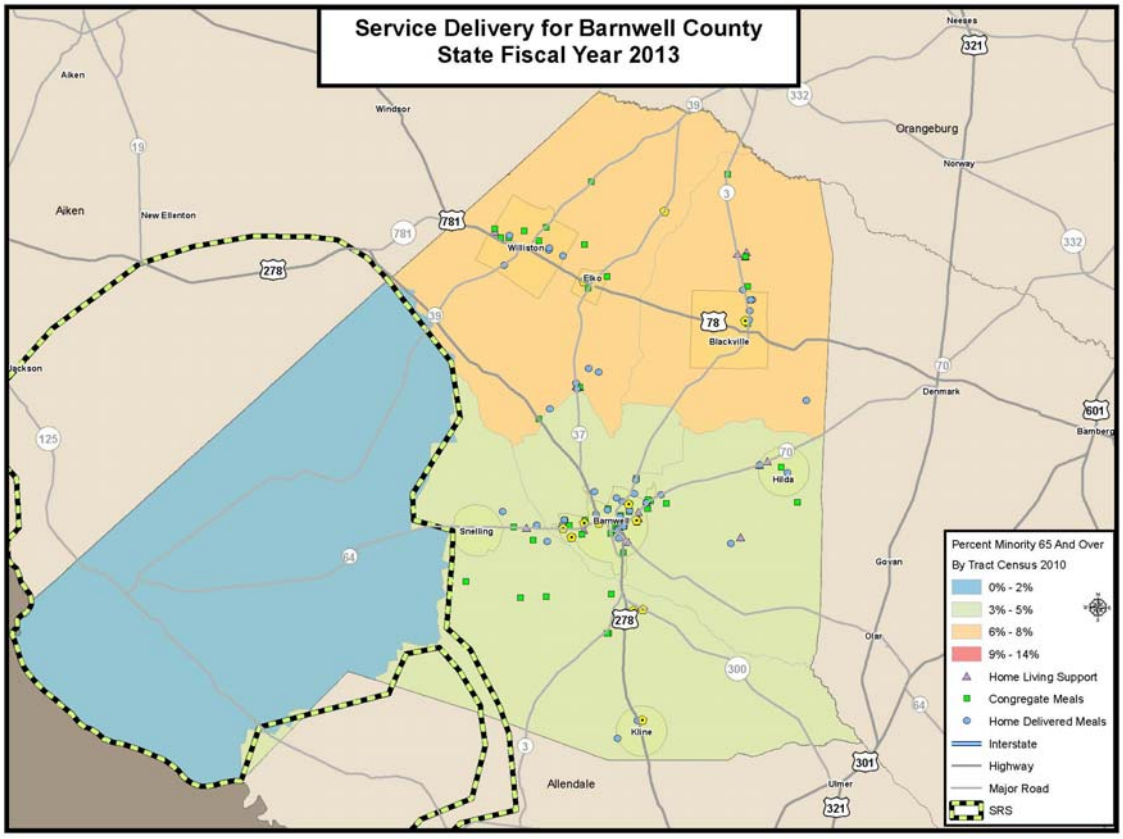

Service Delivery for Bamberg County
State Fiscal Year 2013
Elko
Blackville
Cope
Rowesville
Orangeburg
Bowman
Denmark
Bamberg
Barnwell
Hilda
Branchville
Dorchester
Olar
Kline
Ulmer
Ehrhardt
Allendale
Sycamore
Hampton
Percent 65 and Over in Poverty by Tract ACS 2011
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road

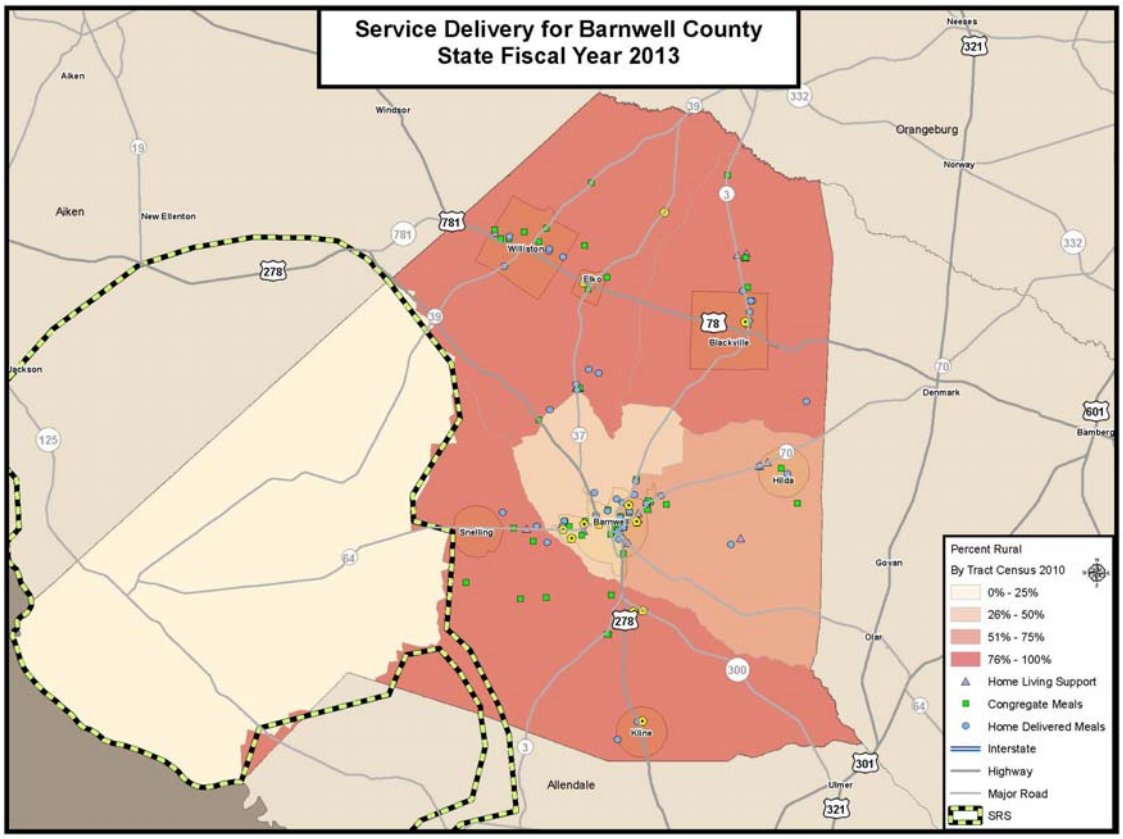

Service Delivery for Bamberg County
State Fiscal Year 2013
Orangeburg
Barnwell
Hilda
Denmark
Bamberg
Olar
Ehrhardt
Branchville
Dorchester
Allendale
Hampton
Sycamore
Ulmer
Kline
Percent 65 and Over in Poverty by Tract ACS 2011
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road

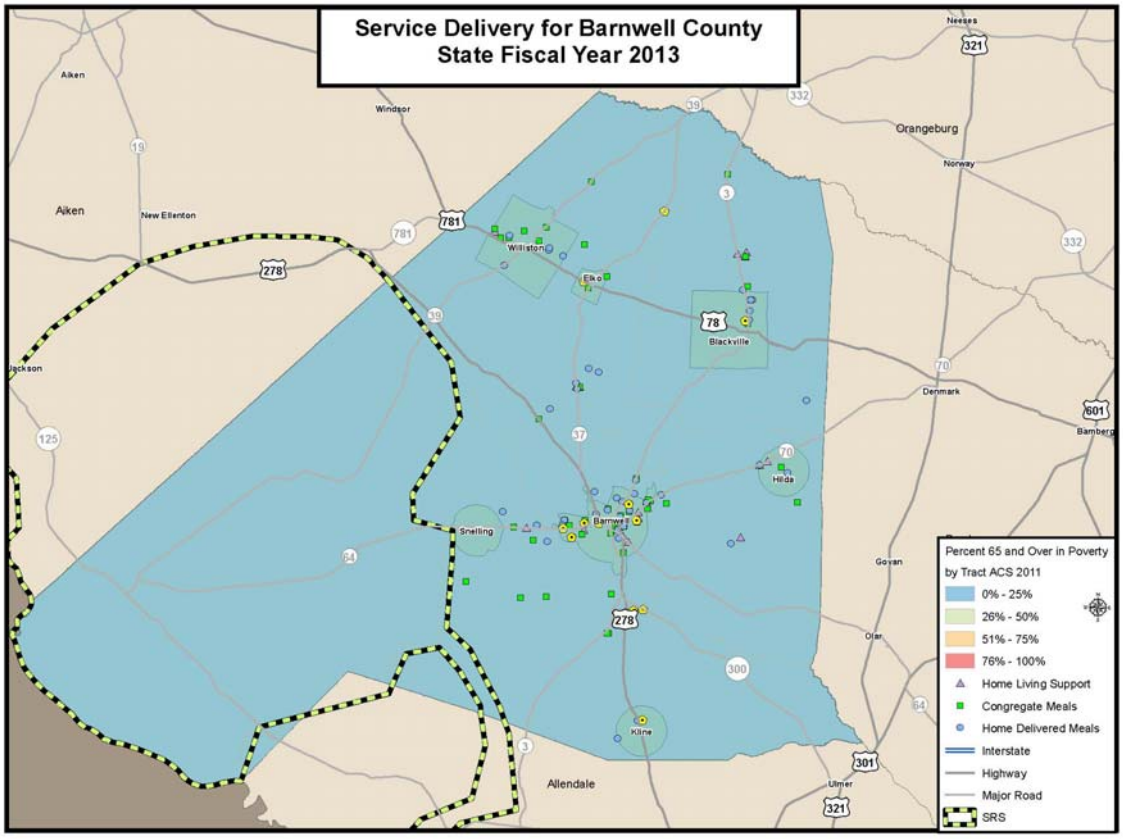

Service Delivery for Bamberg County
State Fiscal Year 2013
Bamberg County
Service Map
Interstate
Highway
Major Road
Home Living Support
Congregate Meals
Home Delivered Meals
Aiken
Springfield
Williston
Elko
Blackville
Barnwell
Hilda
Barnwell
Kline
Allendale
Sycamore
Ulmer
Govan
Olar
Denmark
Bamberg
Cordova
Orangebury Wilkinson Heights
Orangeburg
Cope
Rowesville
Bowman
Branchville
Dorchester
Ehrhardt
Colleton
Hampton
301
321
601
332
70
178
21
210
78
64
300
278
125
362
641

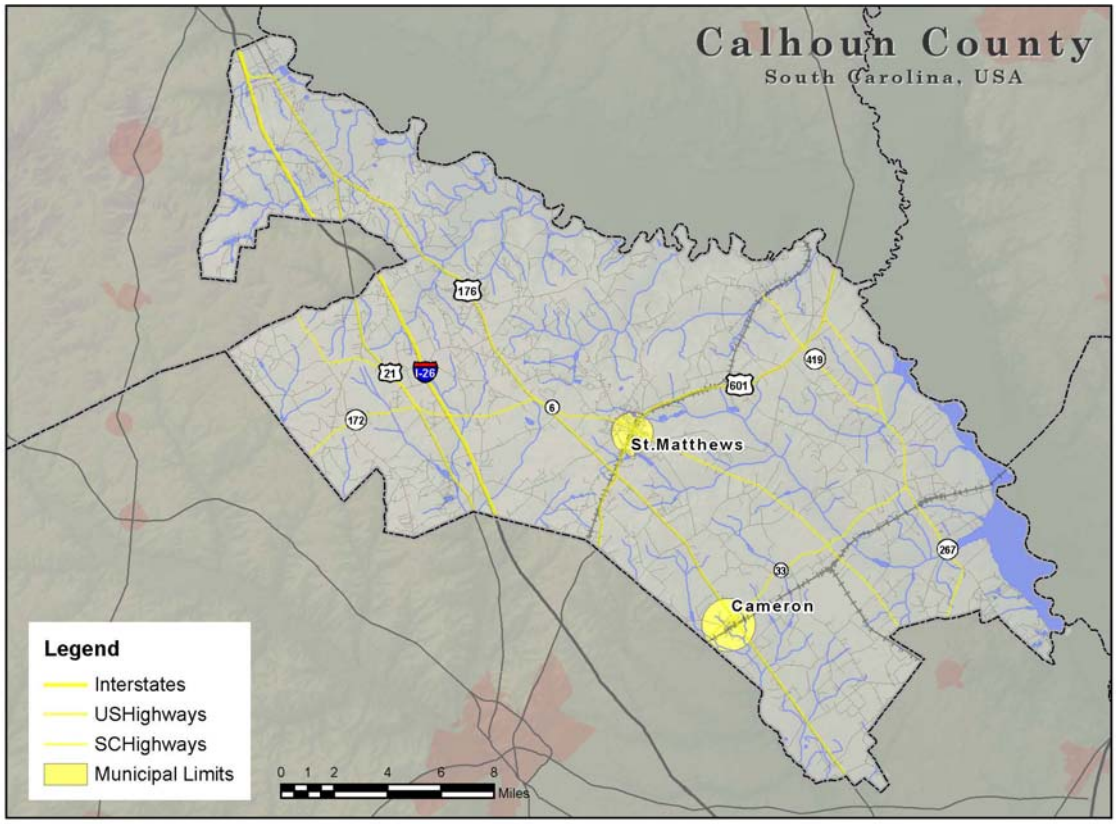

Barnwell County
South Carolina, USA
Williston
Elko
Blackville
Hilda
Snelling
Barnwell
Kline
Legend
USHighways
SCHighways
Municipal Limits
Savannah River Site
0 1 2 4 8
Miles

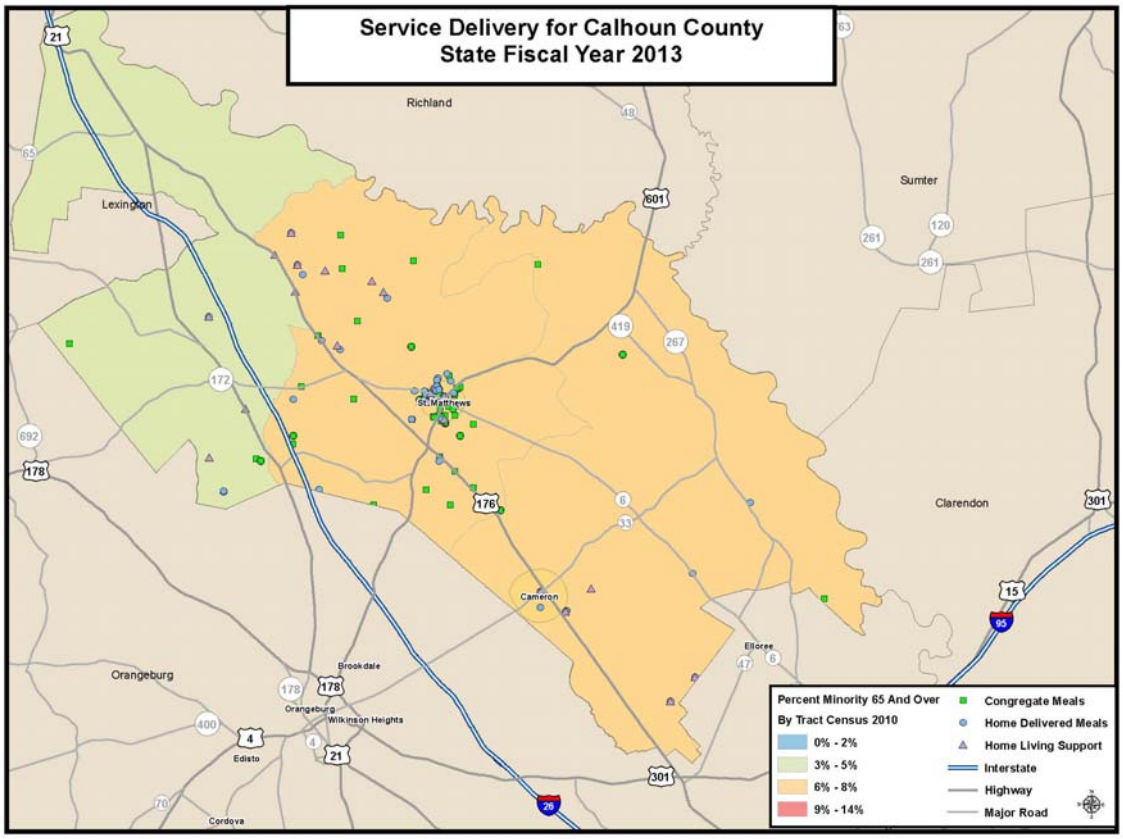

Service Delivery for Barnwell County
State Fiscal Year 2013
Barnwell County
Service Map
Interstate
Highway
Major Road
Home Living Support
Congregate Meals
Home Delivered Meals
SRS
Aiken
Windsor
Orangeburg
Norway
Neeses
New Ellenton
Williston
Elko
Blackville
Denmark
Bamberg
Hilda
Snelling
Barnwell
Bamberg
Govan
Olar
Kline
Allendale
Ulmer
Jackson

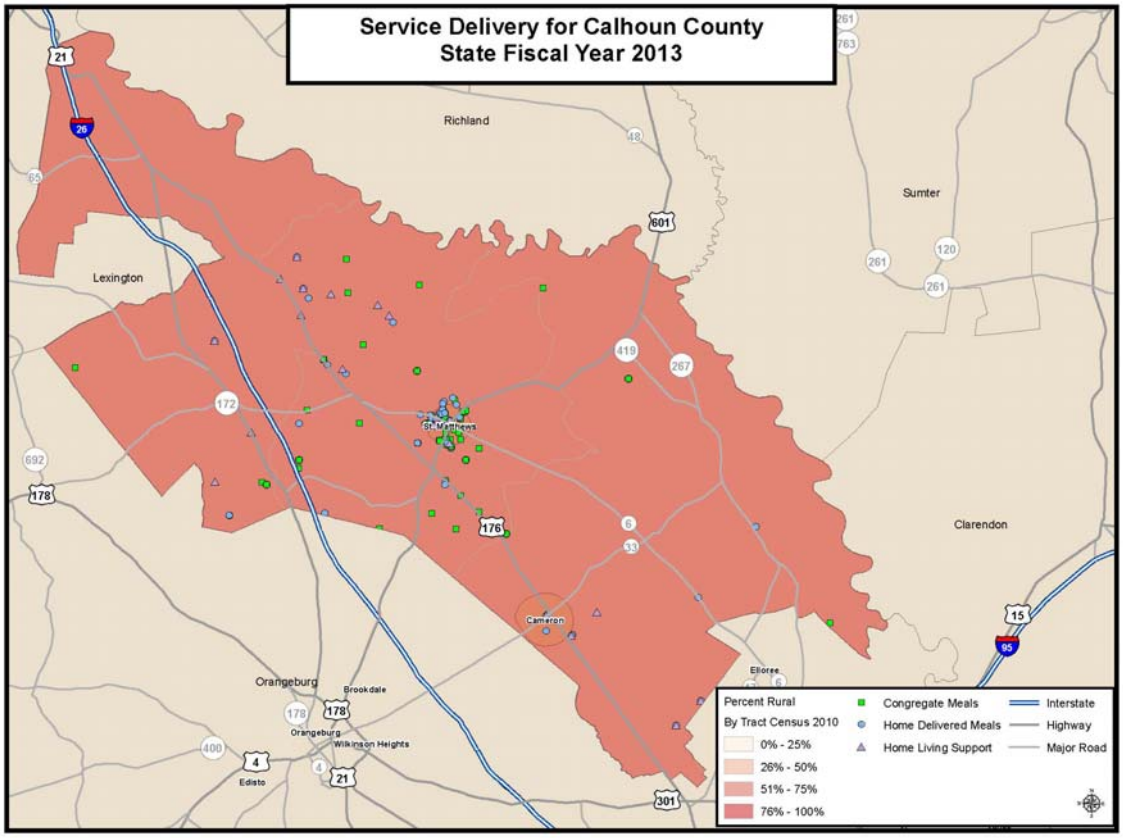

Service Delivery for Barnwell County
State Fiscal Year 2013
Aiken
Windsor
Aiken
New Ellenton
Williston
Elko
Blackville
Orangeburg
Norway
Neeses
Denmark
Bamberg
Hilda
Barnwell
Snelling
Kline
Allendale
Ulmer
Olar
Govan
Percent Minority 65 And Over
By Tract Census 2010
0% - 2%
3% - 5%
6% - 8%
9% - 14%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road
SRS

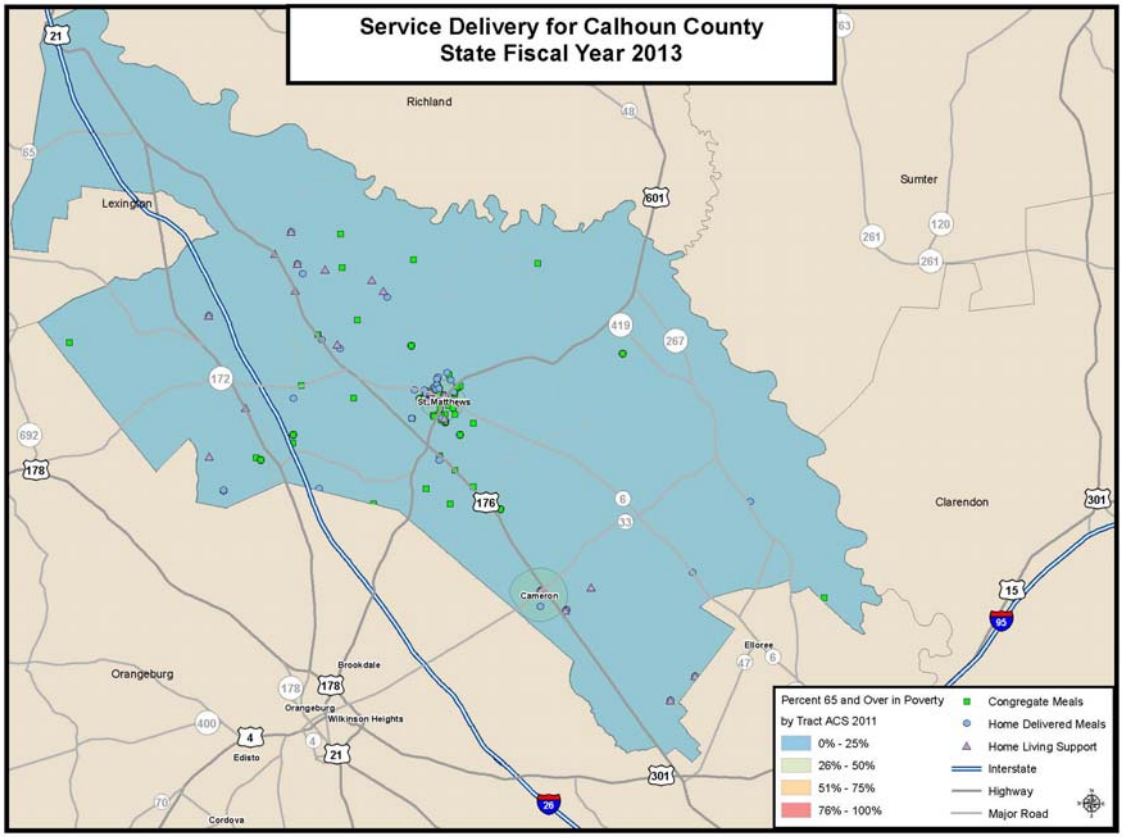

Service Delivery for Barnwell County
State Fiscal Year 2013
Aiken
Windsor
Aiken
New Ellenton
Williston
Elko
Blackville
Orangeburg
Norway
Neeses
Denmark
Bamberg
Hilda
Barnwell
Snelling
Govan
Olar
Ulmer
Allendale
Kline
Jackson
Percent Rural
By Tract Census 2010
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road
SRS

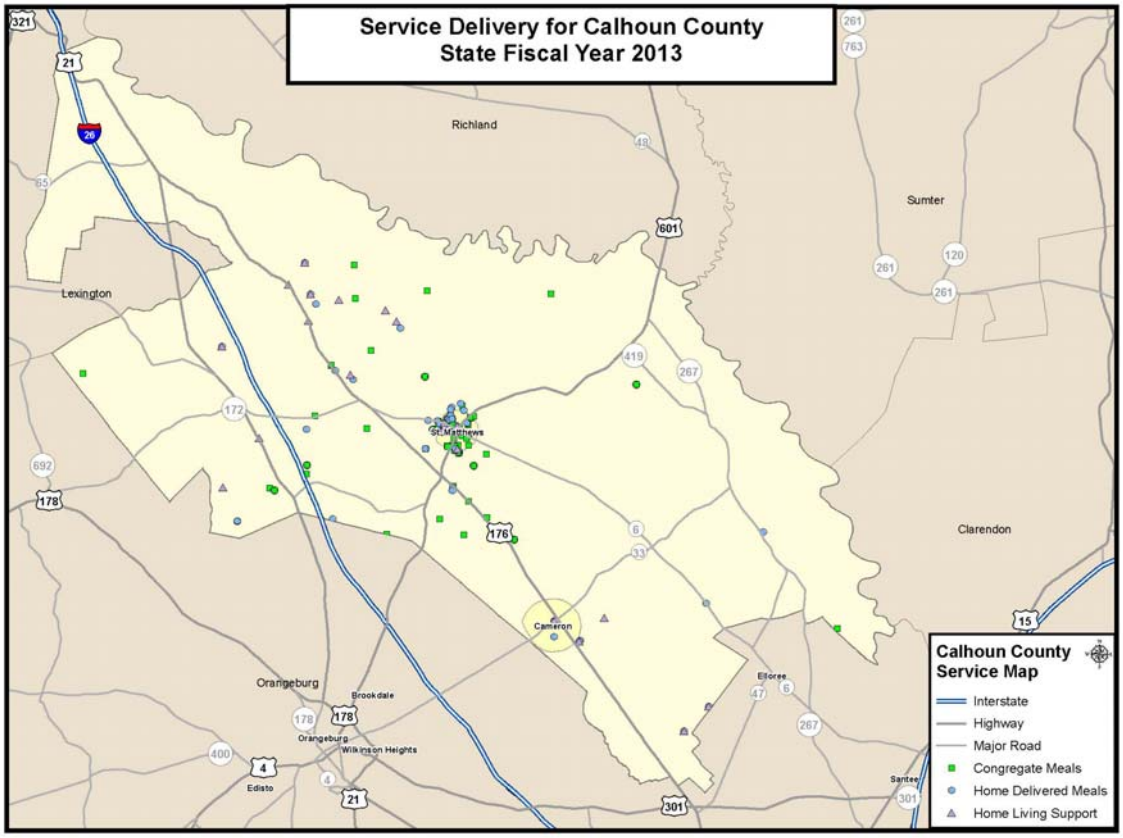

Service Delivery for Barnwell County
State Fiscal Year 2013
Aiken
Windsor
Aiken
New Ellenton
Williston
Elko
Blackville
Orangeburg
Norway
Denmark
Bamberg
Hilda
Barnwell
Snelling
Allendale
Kline
Olar
Ulmer
Percent 65 and Over in Poverty
by Tract ACS 2011
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Home Living Support
Congregate Meals
Home Delivered Meals
Interstate
Highway
Major Road
SRS

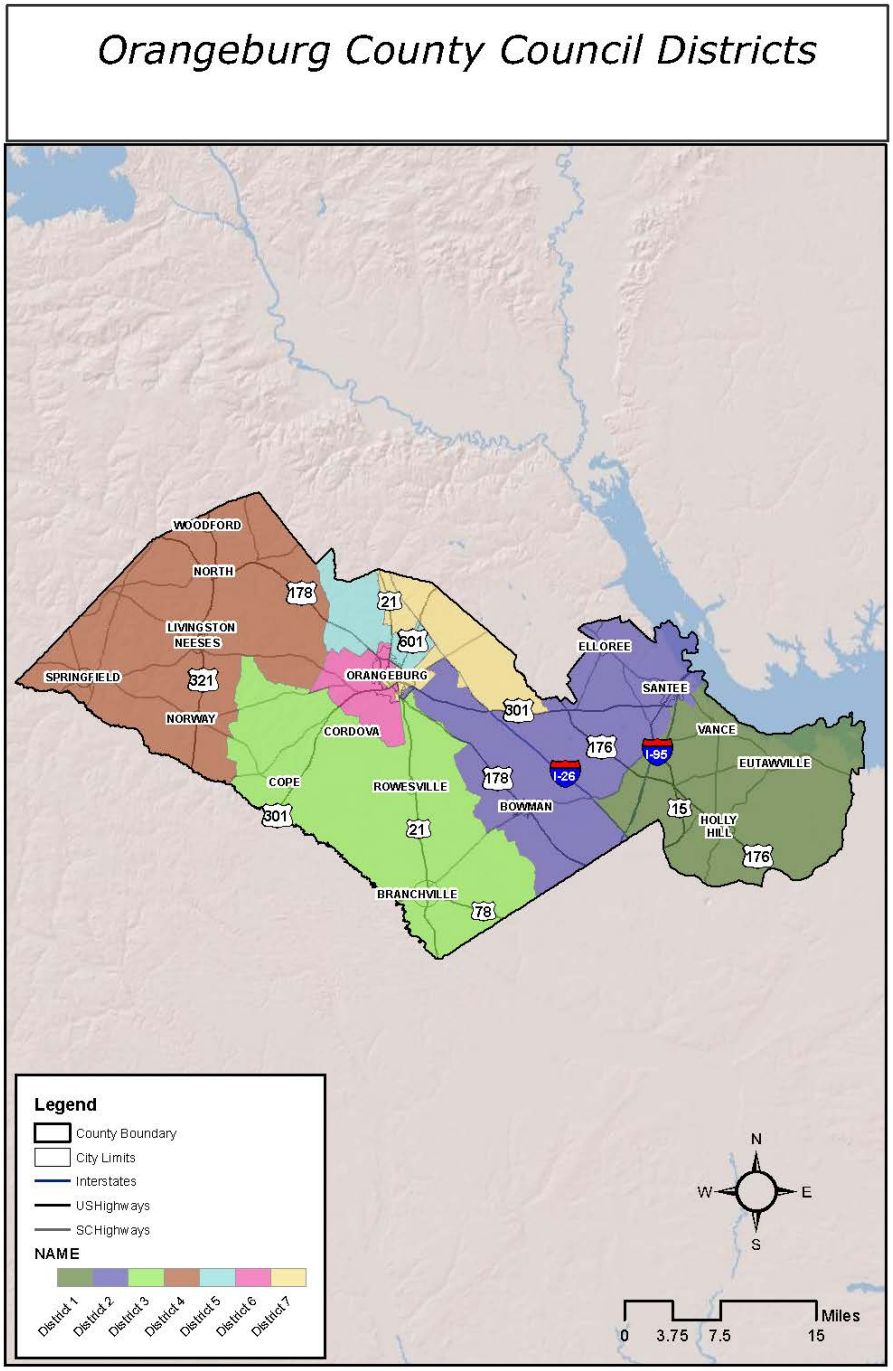

Calhoun County
South Carolina, USA
176
21
I-26
172
6
601
419
St.Matthews
267
33
Cameron
Legend
Interstates
USHighways
SCHighways
Municipal Limits
0 1 2 4 6 8
Miles

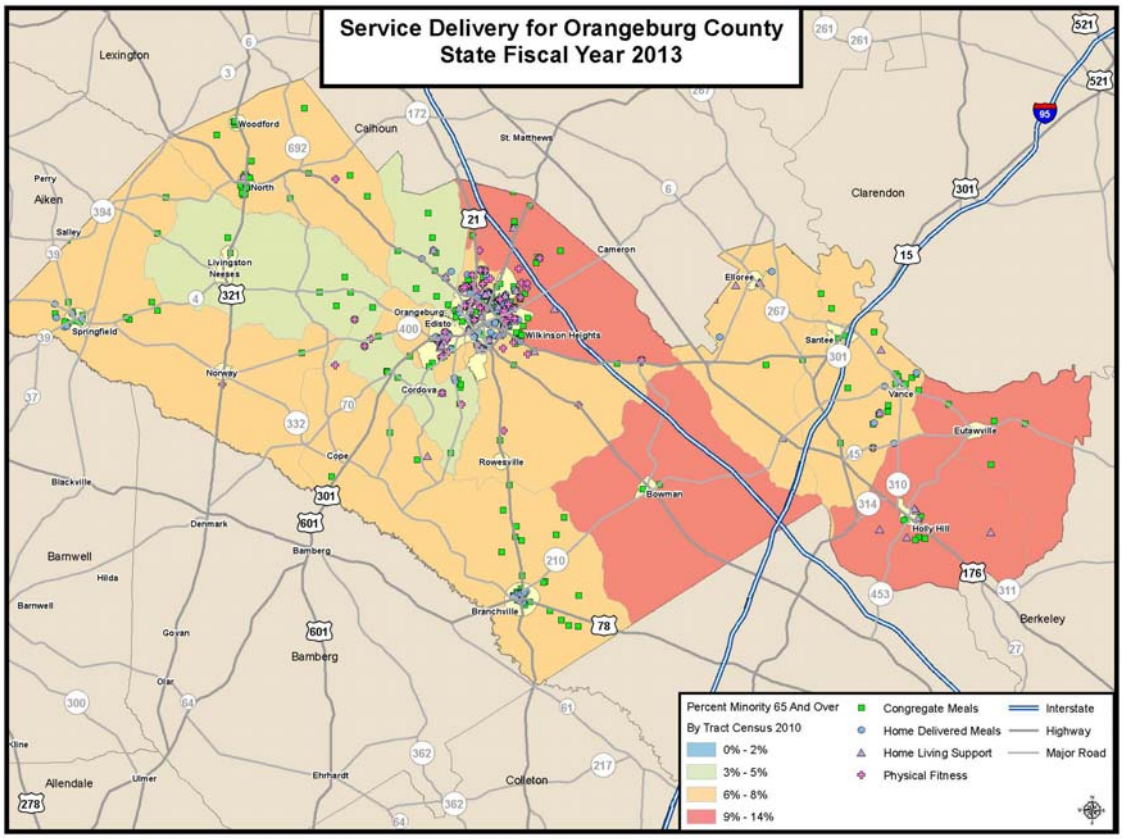

Service Delivery for Calhoun County
State Fiscal Year 2013
Richland
Lexington
Sumter
Clarendon
Orangeburg
St. Matthews
Cameron
Brookdale
Wilkinson Heights
Edisto
Cordova
Elloree
Percent Minority 65 And Over
By Tract Census 2010
0% - 2%
3% - 5%
6% - 8%
9% - 14%
Congregate Meals
Home Delivered Meals
Home Living Support
Interstate
Highway
Major Road


Service Delivery for Calhoun County
State Fiscal Year 2013
Richland
Sumter
Lexington
Clarendon
Orangeburg
Brookdale
Orangeburg
Wilkinson Heights
Edisto
St. Matthews
Cameron
Elloree
Percent Rural
By Tract Census 2010
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Congregate Meals
Home Delivered Meals
Home Living Support
Interstate
Highway
Major Road

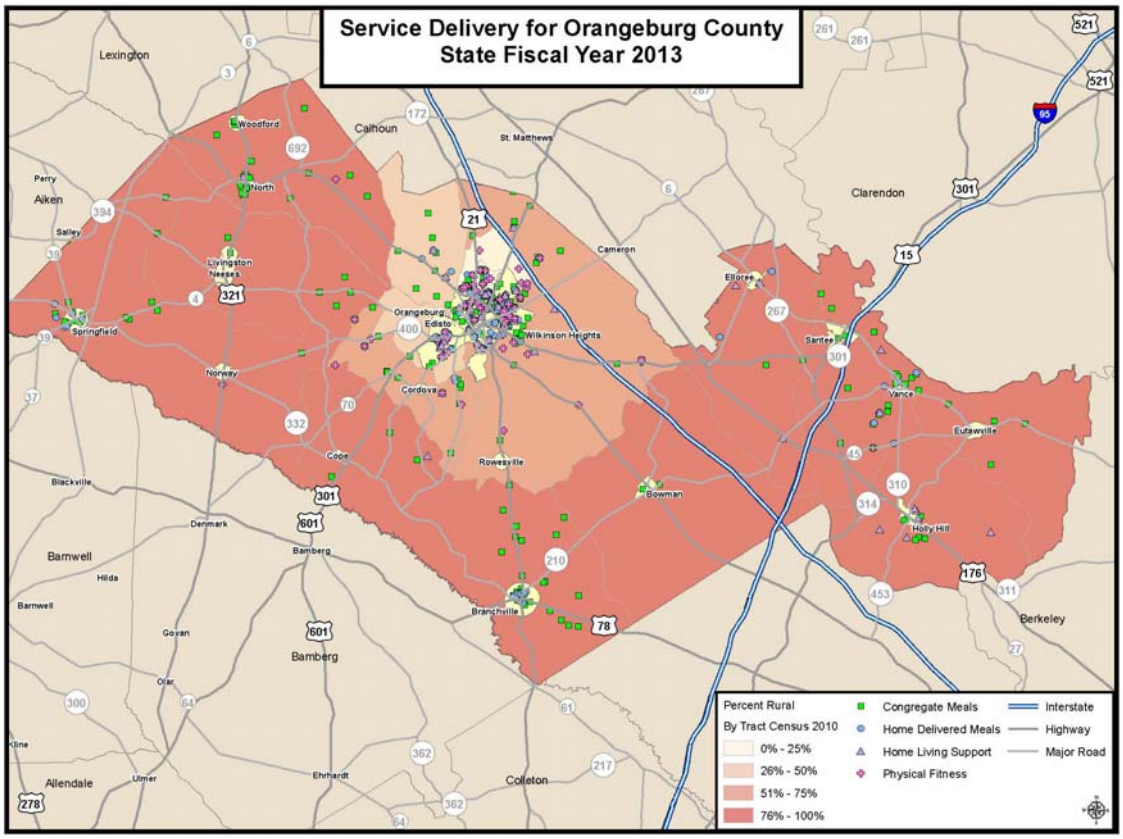

Service Delivery for Calhoun County
State Fiscal Year 2013
Richland
Lexington
Sumter
Clarendon
Orangeburg
St. Matthews
Cameron
Brookdale
Wilkinson Heights
Edisto
Cordova
Elloree
Percent 65 and Over in Poverty
by Tract ACS 2011
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Congregate Meals
Home Delivered Meals
Home Living Support
Interstate
Highway
Major Road

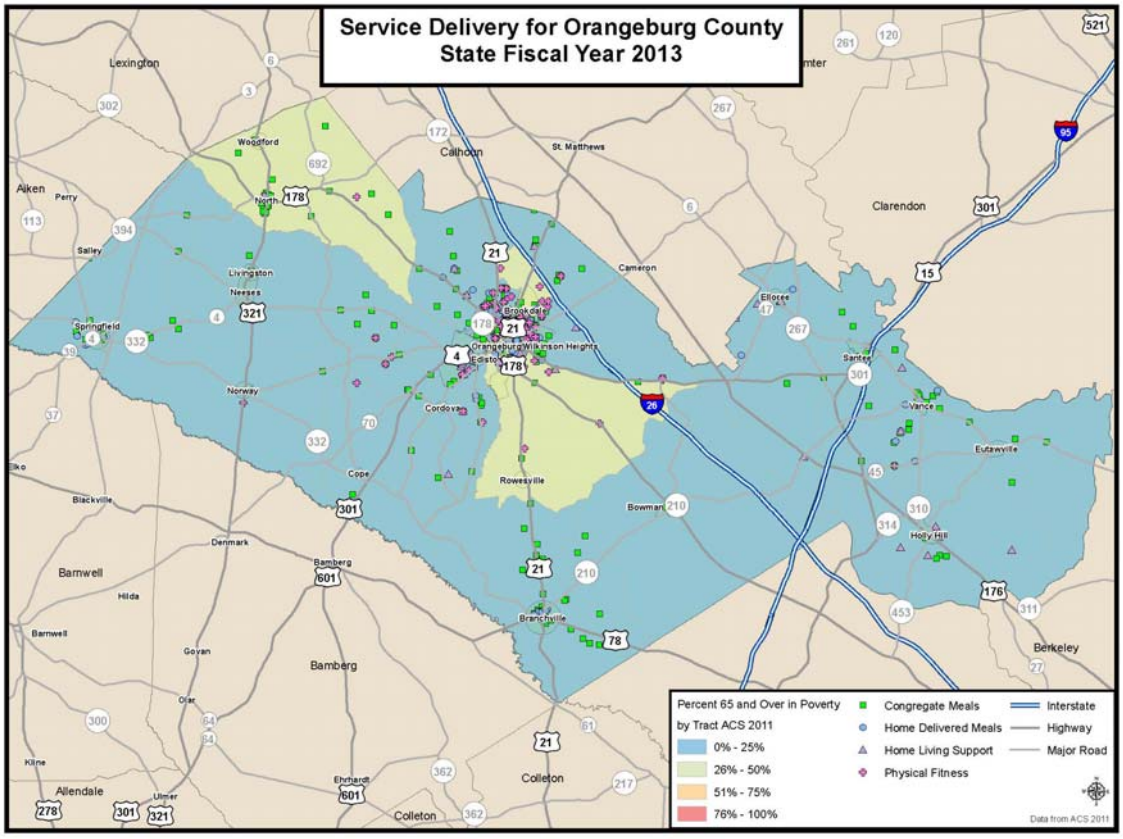

Service Delivery for Calhoun County
State Fiscal Year 2013
Richland
Sumter
Lexington
Clarendon
Orangeburg
Brookdale
Orangeburg
Wilkinson Heights
Edisto
Cameron
Elloree
Santee
St. Matthews
Calhoun County
Service Map
Interstate
Highway
Major Road
Congregate Meals
Home Delivered Meals
Home Living Support


Orangeburg County Council Districts
WOODFORD
NORTH
178
21
LIVINGSTON
NEESES
801
ELLOREE
SPRINGFIELD
321
ORANGEBURG
SANTEE
NORWAY
801
CORDOVA
VANCE
176
I-95
EUTAWVILLE
COPE
178
I-26
ROWESVILLE
BOWMAN
15
801
21
HOLLY HILL
176
BRANCHVILLE
78
Legend
County Boundary
City Limits
Interstates
USHighways
SCHighways
NAME
District 1
District 2
District 3
District 4
District 5
District 6
District 7
N
W
E
S
0
3.75
7.5
15
Miles

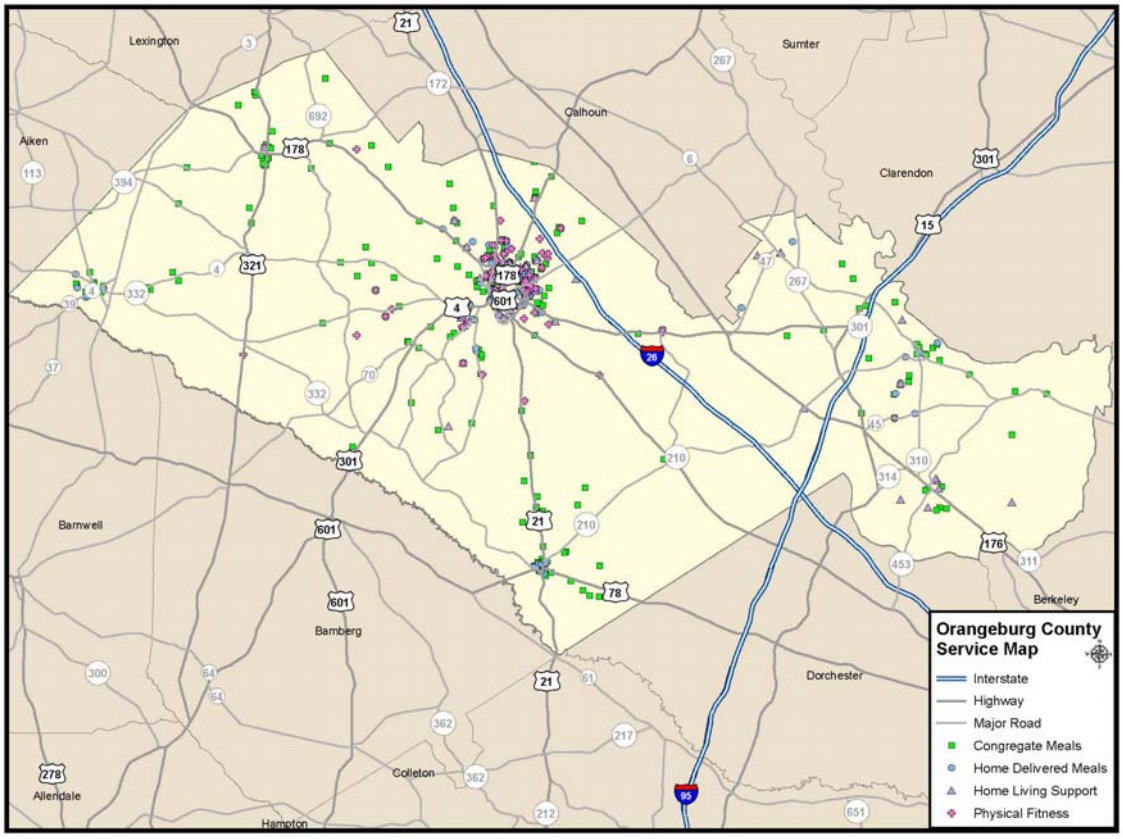

Service Delivery for Orangeburg County
State Fiscal Year 2013
Lexington
Calhoun
St. Matthews
Clarendon
Aiken
Perry
Salley
Woodford
North
Livingston
Neeses
Springfield
Orangeburg
Edisto
Wilkinson Heights
Cameron
Elloree
Santee
Vance
Eutawville
Norway
Cordova
Cope
Rowesville
Bowman
Holly Hill
Berkeley
Blackville
Denmark
Barnwell
Hilda
Bamberg
Branchville
Govan
Olar
Allendale
Ulmer
Ehrhardt
Colleton
Percent Minority 65 And Over
By Tract Census 2010
0% - 2%
3% - 5%
6% - 8%
9% - 14%
Congregate Meals
Home Delivered Meals
Home Living Support
Physical Fitness
Interstate
Highway
Major Road

June 3, 2013


Service Delivery for Orangeburg County
State Fiscal Year 2013
Lexington
Calhoun
St. Matthews
Clarendon
Aiken
Perry
Salley
Woodford
North
Livingston
Neeses
Springfield
Norway
Cameron
Elloree
Orangeburg
Edisto
Wilkinson Heights
Cordova
Santee
Vance
Eutawville
Rowesville
Bowman
Holly Hill
Berkeley
Blackville
Denmark
Barnwell
Hilda
Bamberg
Govan
Olar
Branchville
Allendale
Ulmer
Ehrhardt
Colleton
Percent Rural
By Tract Census 2010
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Congregate Meals
Home Delivered Meals
Home Living Support
Physical Fitness
Interstate
Highway
Major Road


Service Delivery for Orangeburg County
State Fiscal Year 2013
Lexington
Aiken
Perry
Salley
Woodford
North
Calhoun
St. Matthews
Clarendon
Cameron
Elloree
Santee
Vance
Eutawville
Livingston
Neeses
Springfield
Norway
Cordova
Orangeburg
Wilkinson Heights
Edisto
Rowesville
Bowman
Holly Hill
Cope
Blackville
Denmark
Barnwell
Hilda
Govan
Bamberg
Branchville
Berkeley
Kline
Allendale
Ulmer
Ehrhardt
Colleton
Percent 65 and Over in Poverty
by Tract ACS 2011
0% - 25%
26% - 50%
51% - 75%
76% - 100%
Congregate Meals
Home Delivered Meals
Home Living Support
Physical Fitness
Interstate
Highway
Major Road
Data from ACS 2011

June 3, 2013


Lexington
Sumter
Calhoun
Aiken
Clarendon
Barnwell
Bamberg
Dorchester
Colleton
Allendale
Hampton
Berkeley
Orangeburg County
Service Map
Interstate
Highway
Major Road
Congregate Meals
Home Delivered Meals
Home Living Support
Physical Fitness