

2014–2017 Area Plan



CATAWBA AREA AGENCY ON AGING

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I. INTRODUCTION

The Catawba Planning and Service Area, known as the Piedmont area of South Carolina is located in the north eastern part of the state where more than sixty eight thousand seniors aged 60 and older reside. Three of the four counties which make up this region; Chester, Lancaster, Union and York provide an easy commute to Charlotte, North Carolina for work, leisure and medical care. These items represent some of the most attractive attributes of this planning and service area. Predictions are that this area will continue to grow especially Lancaster and York counties. These two counties according to the 2010 census were two of the fastest growing counties in the state of South Carolina.

The Catawba Area Agency on Aging /Aging and Disability Resource Center is the designated focal point by the Lt. Governor's Office on Aging to address the opportunities and challenges of serving the senior population of this planning and service area. The Catawba Area Agency/Aging and Disability Resource Center pledges in the writing of this area plan to operate programs in a strategically and a fiscally responsive manner targeting older adults in the greatest need.



2014 – 2017 VERIFICATION OF INTENT

The Area Plan submitted for the Catawba Region for the period of July 1, 2013 through June 30, 2017, includes all activities and services provided by the Planning Service Area (PSA) and Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC). The PSA and AAA/ADRC shall comply with applicable provisions of the Older Americans Act (OAA), as amended and other legislation that may be passed during this period identified. The PSA and AAA/ADRC will assume full authority to develop and administer this Area Plan in accordance with the Act and related State policy. In accepting this authority, the PSA and AAA/ADRC assumes responsibility to develop and administer this Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older persons in the planning and service area.

This Area Plan was developed in accordance with all rules, regulations, and requirements specified under the OAA and the Lieutenant Governor's Office on Aging (LGOA), including the South Carolina Aging Network's Policies and Procedures Manual and the LGOA Multigrant Notice of Grant Award's (NGA's) Terms and Conditions. The PSA and AAA/ADRC agrees to comply with all standard assurances and general conditions submitted in the Area Plan throughout the four (4) year period covered by the plan. This Area Plan is hereby submitted to the South Carolina Lieutenant Governor's Office on Aging for approval. _____

The Catawba PSA and AAA/ADRC certifies that it is responsible for overseeing the provision of Aging Services throughout the region. This responsibility includes, but is not limited to, the following functions:

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

7. Provision of all activities, programs, and services contained within the South Carolina Aging Network's Policies and Procedures Manual, and compliant with all Notice of Grant Award's (NGA's) Terms and Conditions, and assurances from the Administration on Aging (AoA) and Lieutenant Governor's Office on Aging (LGOA).

Date

Signature of Executive Director
Planning Service Area (PSA)

Date

Signature of Aging Unit Director

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

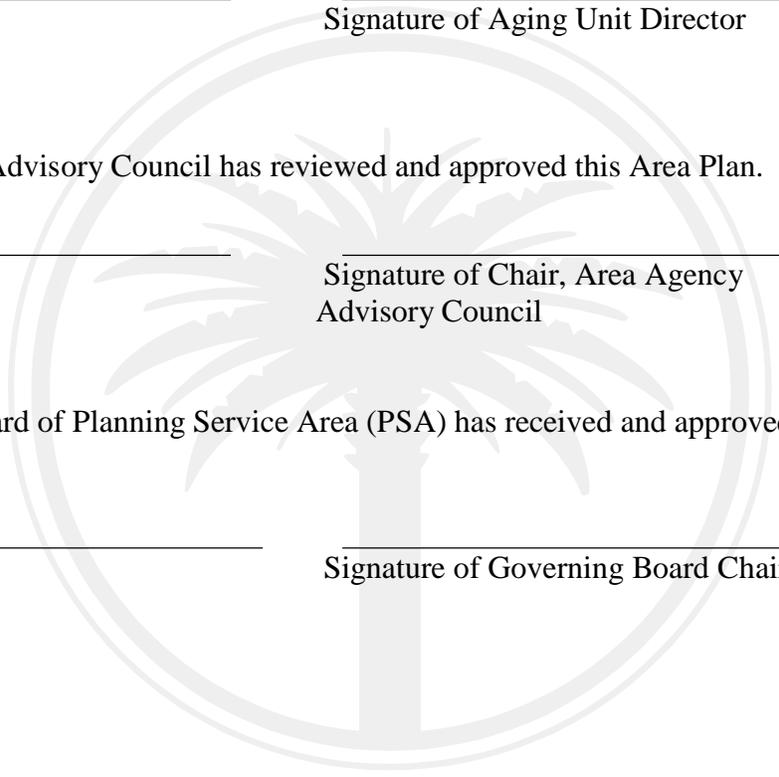
Date

Signature of Chair, Area Agency
Advisory Council

The Governing Board of Planning Service Area (PSA) has received and approved this Area Plan.

Date

Signature of Governing Board Chair





2014 – 2017 AREA PLAN
VERIFICATION OF ADMINISTRATION ON AGING'S (AoA'S) AND LIEUTENANT GOVERNOR'S OFFICE ON AGING'S (LGOA'S) STANDARD ASSURANCES AND GENERAL CONDITIONS

ASSURANCE CATEGORIES

- A. PLANNING AND SERVICE AREA (PSA) AND AREA AGENCY ON AGING (AAA)/AGING AND DISABILITY RESOURCE CENTER (ADRC) GENERAL AND ADMINISTRATIVE ASSURANCES
- B. AAA/ADRC TRAINING RESOURCES ASSURANCES
- C. CLIENT DATA COLLECTION ASSURANCES
- D. FISCAL ASSURANCES
- E. MONITORING AND COMPLIANCE ASSURANCES
- F. PROCUREMENT AND CONTRACTUAL ASSURANCES
- G. COORDINATION, OUTREACH, AND INFORMATION AND REFERRAL ASSURANCES
- H. STATE PLAN ASSURANCES FROM THE ADMINISTRATION ON AGING (AoA)

2014 – 2017 AREA PLAN ASSURANCES

A. PLANNING AND SERVICE AREA (PSA) AND AREA AGENCY ON AGING (AAA)/AGING AND DISABILITY RESOURCE CENTER (ADRC) GENERAL AND ADMINISTRATIVE ASSURANCES

1. The Planning Service Area (PSA), Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC), and the AAAs'/ADRCs' providers/contractors must comply with the policies and procedures set by the Older Americans Act (OAA), the current South Carolina Aging Network's Policies and Procedures Manual, current Notices of Grant Award (NGA) Terms and Conditions, and any Program Instructions (PI) issued by the Lieutenant Governor's Office on Aging (LGOA) and the Administration on Aging (AoA) during the Area Plan period.
2. The AAA/ADRC shall ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, shall include a focus on the needs of low income minority older individuals and older individuals residing in rural areas. (OAA 306(a)(4)(C))
3. The PSA, AAA/ADRC, and the AAAs'/ADRCs' providers/contractors shall comply with all applicable Federal and State laws, regulations, and guidelines.

4. The PSA and AAA/ADRC shall have a comprehensive, written policies and procedures manual for complying with all of its functions as prescribed by the OAA, the LGOA, and the South Carolina Aging Network's Policies and Procedures Manual. These written policies and procedures shall be available for inspection upon request and are subject to the South Carolina Freedom of Information Act (FOIA) requirements. The AAA/ADRC may not adopt the South Carolina Aging Network's Policies and Procedures Manual as a substitute for developing a regional manual, but may use it as a guide for what should be included in the regional manual. A summary of the written policies and procedures should be noted in the Area Plan.

5. The AAA/ADRC accepts the standards and programmatic requirements issued for all services authorized by the Lieutenant Governor's Office on Aging. All providers/contractors and/or vendors of services shall be monitored for compliance with such standards and carry out the standards and requirements in the delivery of each service to be reimbursed with funds awarded under this plan.

6. The PSA and AAA/ADRC shall maintain professional office policies and procedures which reflect effective (best) business practices in order to ensure the quality delivery of programs and services to South Carolina's aging population and adults with disabilities.

7. The AAA/ADRC shall provide a qualified full-time director of the aging unit and an adequate number of qualified staff to carry out the functions required under the Area Plan. (CFR 1321.55(b))

8. The AAA/ADRC shall maintain a Regional Aging Advisory Council (RAAC) whose purpose is:

- a. to advise the AAA/ADRC on all matters related to the development of the Area Plan;
- b. to advise on the administration of the plan; and
- c. to advise on operations conducted under the plan.

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

9. Through its Area Plan, the AAA/ADRC shall provide the LGOA information on how board members are selected, appointed, or elected; the established terms of office; and RAAC by-laws.

10. The PSA and AAA/ADRC directors shall be expected to be engaged and informed aging advocates who work to promote senior matters and educate the community on issues facing the aging network and their respective regional AAA/ADRC.

11. Each PSA are encouraged to have at least one (1) board meeting annually that is dedicated to aging issues and shall invite the LGOA Director and senior staff to attend.

12. All Planning Service Area (PSA) Directors are required to attend quarterly and scheduled PSA Directors' meetings at the LGOA, or to send an appropriate representative, approved by the LGOA Director.

13. All AAA/ADRC Directors are required to attend monthly and scheduled ADRC meetings or to send an appropriate representative, approved by the LGOA Director.

14. PSA Directors and their governing board members shall be encouraged to provide a minimum of six (6) hours of community service annually in their region. Options for community service may be conducted through, but not limited to, working at a group meal site; delivering home-delivered meals; or volunteering in an adult day care, assisted living facility, or a multipurpose senior center. The desired goal of this community service is for the PSA leaders to see firsthand the many challenges and obstacles facing older persons, persons with disabilities, and their families and caregivers and to seek solutions in order to improve the aging network in their regions.

15. The PSA director shall ensure that all contact information for all respective PSA board members provided to the LGOA is accurate and up-to-date and comply with the South Carolina Freedom of Information Act (FOIA).

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

17. The AAA/ADRC shall assure through the Area Plan that it has protocols in place to provide technical and programmatic assistance and training opportunities for AAA/ADRC staff and providers/contractors as required by the South Carolina Aging Network's Policies and Procedures Manual.

18. The AAA/ADRC is responsible for designing and implementing a regional training and education plan. This plan should be comprehensive in nature and reflect the training requirements identified by the AAA/ADRC, address the service priorities in the Area Plan, and complement State efforts. The training should address geographical characteristics, demographics, infrastructure, GIS Mapping, and local and community partnering resources. The annual needs assessment is the blueprint necessary to identify the types of trainings necessary in the region. Regional training shall also address all required LGOA client data tracking systems, as well as any other fiscal or programmatic requirements of the LGOA.

19. The AAA/ADRC and providers/contractors shall not means test for any service under Title III. When contributions are accepted, or cost sharing implemented, providers/contractors shall not deny services to any individual who does not contribute to the cost of the service. (OAA 315(b)(3) and CFR 1321.61(c))

20. The AAA/ADRC shall comply with Title VI of the Civil Rights Act of 1964 and shall require such compliance from all providers/contractors under the Area Plan. (CFR 1321.5(c))

21. The AAA/ADRC shall comply with all the appropriate Titles of the Americans with Disabilities Act of 1990, require such compliance from all contractors under the Area Plan, and assure that otherwise eligible older individuals shall not be subjected to discrimination under any program or activity under the Area Plan. (CFR 1327.5 and 1321.5 (c))

22. The AAA/ADRC shall assure that residency or citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals.

23. The AAA/ADRC shall assess the level of need for supportive services including legal assistance, transportation, nutrition services, and multipurpose senior centers within the planning and service area. (OAA 306(a)(1))

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

25. The AAA/ADRC shall utilize Geographic Information System (GIS) mapping in order to determine if Older Americans Act (OAA) targeted client populations are being served in its planning and service areas.

26. The AAA/ADRC shall establish effective and efficient procedures for coordination of entities conducting programs under the OAA and entities conducting other Federal programs for older individuals at the local level. (OAA 306(a)(12))

27. Where there are an identifiable number of older individuals in the PSA who are Native Americans, the AAA/ADRC shall require outreach activities to such individuals and encourage such individuals to access the assistance available under the OAA. (OAA 306(a)(6)(G))

28. The AAA/ADRC shall assure the coordination of planning, identification and assessment of needs, and provision of services for older individuals with disabilities, (with particular attention to those with severe disabilities) with agencies that develop or provide services for individuals with disabilities. (OAA 306(a)(5))

29. The AAA/ADRC, in carrying out the State Long Term Care Ombudsman program, shall expend not less than the total amount of funds appropriated and expended by the agency in fiscal year 2000 in carrying out such a program under the OAA. (OAA 306(a)(9))

30. The AAA/ADRC, when seeking a waiver from compliance with any of the minimum expenditures for priority services, shall demonstrate to the LGOA that services furnished for such category within the PSA are sufficient to meet the need for those services and shall conduct a timely public hearing upon request. (OAA 306(b))

31. The AAA/ADRC shall, to the maximum extent practicable, coordinate services under the Area Plan with services that may be provided under Title VI in the planning and service area. (OAA 306(a)(11)(B) and (C))

32. The AAA/ADRC shall ensure that clients receive an initial assessment and then reassess service recipients no less than annually, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and eligible individuals, as defined in the Older Americans Act of 1965 (OAA) §518, 42 U.S.C.

§3056p, as amended in 2006. Assessments must be recorded on the LGOA Assessment Form. No reimbursements will be made without proper and current assessments.

33. Based on that assessment, the AAA/ADRC shall assure that services delivered with resources under the Area Plan are provided to individuals with the highest priority scores.

34. Assessed individuals who must be terminated because of low priority scores shall be provided an opportunity to continue to receive services as a private pay recipient or as a partial-pay recipient subsidized through local resources, if available.

35. The LGOA requires that the AAA/ADRC directly provide ombudsman, information and assistance, insurance counseling, and family caregiver services. (OAA 307(a)(8)(A)and(C))

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

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

38. The AAA/ADRC shall conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who:

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

39. The AAAs/ADRCs are responsible for developing emergency/disaster preparedness and response plans for their planning and service area regions that are updated and reviewed annually. These plans should incorporate all requirements of the South Carolina Aging Network's Policies and Procedures Manual regarding Emergency Management and Disaster Preparedness.

40. In addition, the AAA/ADRC shall ensure that each of its providers/contractors has a disaster preparedness plan that is reviewed and updated annually.

41. AAAs/ADRCs shall meet with county emergency management directors in their regions to ensure that there is a working relationship between the counties and the

AAAs/ADRCs. AAAs/ADRCs are expected to maintain current and up-to-date emergency contact information for AAA/ADRC staff, directors of providers/contractors, and county emergency management officials in the event of a disaster or emergency, and submit this information with their Area Plans. The AAA/ADRC will designate staff to be on call throughout the duration of the declared disaster and this staff shall maintain communications with the LGOA Emergency Preparedness Coordinator.

42. The AAA/ADRC must ensure that lists of clients compiled under any programs or services are used solely for the purpose of providing or evaluating services. AAAs/ADRCs shall obtain written assurance from providers/contractors stating that they will comply with all LGOA confidentiality requirements, as well as any and all applicable Federal and State privacy and confidentiality laws, regulations, and policies. The AAA/ADRC shall provide the LGOA with confidentiality assurances through its Area Plan, annual Area Plan updates, or as changes are made.

43. The AAA/ADRC and its providers/contractors under the grant must have written procedures for protecting the identifying client information against unlawful distribution through any means, physical or electronic. All identifying client data must be protected through limited access to electronic records. Each employee with access to identifying client information must sign a notice prepared by the grantee specifying the requirement to maintain confidentiality and the penalty for failure to comply.

44. Individually identifiable health information is to be protected in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. No. 104-191, 110 Stat. 1936.

45. Each AAA/ADRC shall meet with its provider(s)/contractor(s) to discuss questions, concerns, obstacles, and/or technical assistance required to be successful, either in group or one-on-one sessions. A summary of these meetings shall be maintained on file. Issues raised, and any resolutions achieved, in these meetings shall be addressed in the quarterly AAA/ADRC and providers/contractors meetings.

46. Each AAA/ADRC shall host a quarterly regional meeting with its providers/contractors. At a minimum, each quarterly meeting shall address the following topics:

<u>Quarter One:</u>	<u>Quarter Two:</u>
<ul style="list-style-type: none"> • AAA/ADRC Area Plan; • Needs assessment; • Comparison of service delivery to GIS mapping to ensure that all clients with the greatest needs within the entire county are being served; • Challenges in business operations (what is working and what isn't working); • Training requests and topics for providers/contractors; 	<ul style="list-style-type: none"> • Career development; • Continuing education training or Continuing Education Units (CEU); • Educational workshops; and • Other issues and concerns.

<ul style="list-style-type: none"> • Best practices; • AAA/ADRC goals and mission for the year; and • Other issues and concerns. 	
<p>Quarter Three:</p> <ul style="list-style-type: none"> • Modernizing operations; • Community resources and new partnerships; • Aging focus; • Business development; and • Other issues and concerns. 	<p>Quarter Four:</p> <ul style="list-style-type: none"> • End of year Area Plan review; • Strategic planning and forecasting session for specific regional needs and concerns; • Analyzing end of the year data (comparing data to the GIS mapping that the AAAs/ADRCs are required to provide to the LGOA); and • Other issues and concerns.

47. The following constitutes a substantial change in the approved Area Plan and requires an amendment to the Area Plan:

- a. change or termination of a service contractor;
- b. reduction in the funding for priority services procured; and/or
- c. loss or change in the services available in any county in the region.

B. AAA/ADRC TRAINING RESOURCES ASSURANCES

1. The AAA/ADRC shall appoint an AAA/ADRC Training Liaison for its planning and service area region. This liaison shall serve as the LGOA point of contact for AIM operations in its region. The liaison shall provide program overview information for AAA/ADRC providers/contractors for general aging network structure and operations. In addition, his/her primary role shall be to assure earned service units and client data are being captured, tracked, and reconciled in the AIM system for reimbursement.

2. The AAA/ADRC Training Liaison shall have a firm understanding of programmatic operations and overall knowledge of finance and accounting operations for the aging network. The AAA/ADRC shall appoint the person within the AAA/ADRC who provides quality assurance and reconciliation of the provider/contractor invoices for OAA services in the AAA/ADRC region. (Note: The best candidate may be the financial manager and/or accounting reimbursement officer/manager. This person should have a strong working relationship with the person authorized to approve payment of funds to the provider/contact for service units earned.) The liaison shall be responsible for assuring that the AAA's/ADRC's providers/contractors are appropriately tracking service units earned in the AIM system for all OAA funds.

3. The AAA/ADRC Training Liaison shall train new providers/contractors, field questions in the region, and provide assistance with challenges of the AIM tracking system. The

liaison shall be the only person authorized to make contact with the LGOA AIM Coordinator. On the rare occasion that the liaison cannot assist the provider/contractor, he/she may contact the LGOA AIM Coordinator for assistance. The liaison shall be responsible for forwarding the information received from the AIM Coordinator to the providers/contractors. The liaison shall be the point of contact for providers/contractors needs and shall ensure accurate, quality tracking, and monitoring for reimbursement of OAA services, prior to billing the LGOA.

4. The AAA/ADRC shall assure on-going training within its region of operation for its providers/contractors. At a minimum, the AAA/ADRC shall do the following:

- assure that a minimum one monthly e-mail is disseminated to their providers/contractors regarding a variety of aging issues, including but not limited to outreach opportunities, outreach events, national initiatives, activity development, resources, etc.
- host an aging orientation meeting within the first thirty (30) days of a new contract agreement for all new providers/contractors in their region. Materials provided in the orientation shall include, but are not limited to, the following:
 - a general overview of the LGOA and ADRC network operations and roles;
 - a LGOA two-sided flyer;
 - a LGOA benefits guide;
 - a SC Access flyer;
 - a copy of the AAA/ADRC Area Plan;
 - a copy of the SC Aging Network's Policies and Procedures Manual;
 - a summary of structure of the aging network in South Carolina;
 - a copy of general AAA/ADRC goals for that operating year;
 - an AAA/ADRC staffing contact sheet; and
 - a copy of the AAA/ADRC Strategic Plan.

5. The AAAs/ADRCs shall assure that an Advanced Information Manager (AIM) training session is provided by the AAA/ADRC Training Liaison and an operation manual shall be given to the new provider/contractor within the first thirty (30) days of a new contract agreement.

C. CLIENT DATA COLLECTION ASSURANCES

1. The AAA/ADRC and its providers/contractors will utilize the Advanced Information Management (AIM) system to document and track units of services delivered. Reimbursements for service funds will be supported by client data correctly entered into AIM. The AAA/ADRC will assure that service providers/contractors are trained properly and monitored accordingly, and that AIM data is inputted monthly by the tenth (10th).

2. The AAA/ADRC shall ensure that each group dining site uses the LGOA approved LG-94 sign-in sheet and that each client sign his/her name or make a mark on the sign-in sheet daily. In addition, home-delivered meal drivers must sign and date a document daily listing their clients and certifying that the meals were delivered. The provider/contractor dining manager will sign and date that document after the driver has returned to the operational site.

3. The AAA/ADRC shall utilize On-line Support Assistant (OLSA) to record contacts. The AAA/ADRC shall accurately input and monitor data, and provide training for appropriate AAA/ADRC staff and providers/contractors. All client contact data will be captured and immediately keyed into OLSA (preferably by an AIRS Certified Specialist) after a contact is made with a client, successfully ensuring accuracy and timeliness.

4. The AAA/ADRC shall utilize the State Health Insurance Program (SHIP) Talk system to input insurance-related data after a contact is made with a client, successfully ensuring accuracy and timeliness.

D. FISCAL ASSURANCES

1. The PSAs and AAAs/ADRCs shall be good stewards of OAA and LGOA funding and be accountable for programmatic budgeting, monitoring, and operation. The AAA/ADRC shall assure in writing, through its Area Plan, that I&R/A funding is not being used to fund other programs outside of the I&R/A program area. Should the LGOA determine the AAA/ADRC is in violation of using I&R/A funds for other activities, then funding for I&R/A services may be withheld in the future.

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

3. The AAA/ADRC shall assure that funds received under the OAA shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. (OAA 321(d))

4. Each funding source shall have a distinct client population for the duration of the contract period or until the client's service is terminated. A new client, who is in need of the service and meets the eligibility criteria of that funding source, will be added when such vacancies occur.

5. The PSAs and AAAs/ADRCs shall include as part of their Area Plans, a breakdown of the components of the unit cost for each different unit of service and the methodology showing how the unit cost is determined. The cost justification shall include the assessment costs, activities costs, product costs, administrative costs, and any other relevant variable that contributes to the overall rate.

6. The AAA/ADRC shall ensure that it has a process in place to verify how the provider's/contractor's unit costs are determined and that the units are being earned.

7. All invoices and financial and program reports must be submitted in the format provided by the LGOA and on the schedule(s) set by the LGOA. Invoices and financial reports shall be submitted to the Accounting and Finance Division, while program reports will be submitted to the appropriate program manager as stipulated by the LGOA.

8. The AAA/ADRC shall submit a total aging budget, disclose all sources and expenditures of funds that the AAA/ADRC receives or expends to provide services to older

individuals, and the cost allocation plan, or approval of the indirect cost rate from the funding agency, used to prepare such budget. (OAA 306(a)(13)(E))

9. The AAA/ADRC shall expend all prior year's funds first, before expending any new funds.

10. Planning and Administration funds for Titles III-B, III-C, III-C-2, and III-E must be expended before any program development of III-E service funds are expended for subgrantee staff activities or internal operations.

11. The AAA/ADRC shall assure that any funds received under the Area Plan, or funds contributed toward the non-Federal share, shall be used only for activities and services to benefit older individuals and others specifically provided for in Title III of the OAA or in State legislation. This shall not be construed as prohibiting the AAA/ADRC from providing services by using funds from other sources. (OAA 301 (d))

12. The LGOA requires that AAAs/ADRCs shall maintain proper records with all necessary supporting documents. Such records must be in a form, approved by the LGOA, which provides an accurate and expeditious determination of the status of all Federal and non-Federal funds at any time; including the disposition of funds received and the nature and amount of all expenditures and obligations claimed against OAA and State allotments. The AAA/ADRC shall enter the liability for the local matching funds in the appropriate accounts when payment is requested from the LGOA. The AAAs/ADRCs shall assure the LGOA that all funds requested for payment shall be for service units and services actually provided and earned by the providers/contractors. The AAAs/ADRCs shall provide and maintain written assurances through their Area Plans and annual updates to monitor and audit the payment requests for accuracy and integrity purposes.

13. Any AAA/ADRC that expends a total of \$500,000 or more in Federal awards must monitor delivery and have an audit that complies with OMB Circular A-133. The audit shall be submitted to the LGOA within nine (9) months after the close of the organization's fiscal year.

14. The AAA/ADRC shall consult with relevant service providers/contractors and older individuals to determine the best method for accepting voluntary contributions that comply with the Cost Sharing policies of the LGOA and the OAA, as amended in 2006. (OAA 315(b)(2))

15. The AAA/ADRC shall assure that any revenue generated from voluntary contributions or cost sharing shall be used to expand the services for which such contributions or co-pays were given. (OAA 315(a)and(b))

16. The voluntary contributions system adopted shall be clearly explained to individuals who use the agency's services. The explanation shall be made both verbally and in writing at the time service delivery is arranged; and shall be posted in a conspicuous location accessible to clients within the site. The explanation shall include the voluntary nature of the contribution, confidentiality policies, and how contributions are collected and used. The AAA/ADRC shall ensure that this is included in procurement contracts and each provider's/contractor's policy shall be included in the AAA's/ADRC's Area Plan annual

update.

17. The AAA/ADRC shall assure that amounts expended for services to older individuals residing in rural areas shall not be less than the amounts expended for such services in fiscal year 2000. (OAA 307(a)(3)(B))

18. The AAA/ADRC shall assure that the AAA/ADRC and all its providers/contractors meet all matching requirements for funds awarded under the Area Plan.

19. The AAA/ADRC shall assure that any funds received from the State for Cost of Living Adjustment shall be used for personnel costs only.

20. The AAA/ADRC shall submit an independent audit to the Lieutenant Governor's Office on Aging (LGOA), Division of Finance and Accounting, within 180 days after the close of the project year.

21. A final financial report for the grant period shall be submitted to the LGOA, within forty-five (45) days of the close of each State fiscal year in the grant period (August 14) or within forty-five (45) days of the last payment made, whichever occurs first.

22. The AAA/ADRC shall assure that funds received for Nutrition Services Incentive Program (NSIP) shall be used only for the purchase of United States agricultural commodities or commercially prepared meals served in the Title III-C services and that NSIP funds shall be distributed throughout the region based on the percentage of eligible meals served by each provider/contractor. (OAA 311(d)(2))

23. The AAA/ADRC shall not use funds received under the OAA to pay any part of a cost, including an administrative cost, incurred to carry out a contract or commercial relationship that is not carried out to implement the OAA. (OAA 306(a)(14))

E. MONITORING AND COMPLIANCE ASSURANCES

1. The PSA Director and AAA/ADRC Director shall ensure that providers/contractors are earning their units in accordance with the OAA and LGOA policies.

2. The AAA/ADRC shall ensure that anyone compensated by an AAA/ADRC or provider/contractor cannot be counted as a service unit earned. When monitoring aging services, the AAA/ADRC must match service clients with a list of AAA/ADRC and provider/contractor employees to ensure funding and programmatic integrity.

3. The AAA/ADRC shall assure that no group dining facility shall be funded unless an average of twenty-five (25) eligible participants attends daily. All group dining sites must serve at least twenty-five (25) clients per day or request a LGOA Group Dining Waiver.

4. The AAA/ADRC shall assure that an OAA III C-2 home delivered meal shall be delivered to a participant for no less than five days a week unless it is documented that the participant is receiving meal(s) from another source. Further, in addition to federal eligibility requirements, special consideration shall be given to those eligible clients living alone, those in isolated rural areas, and those seventy-five (75) years of age or

older. (OAA 336)

5. Each AAA/ADRC shall be provided copies of the group dining site activity calendars from the group dining providers/contractors monthly for approval. The AAAs/ADRCs shall scan and forward by email copies of approved monthly site activity calendars to the LGOA Policy and Planning Manager by the close of business on the last business day of the month.

6. As a means of monitoring for quality assurance, the AAA/ADRC Director, or designated appointee, shall personally deliver a minimum of three (3) home-delivered meals from three (3) different home-delivered meal routes monthly. Any issues that arise from these monitoring visits shall be corrected within three (3) business days. A monthly report of these home visits, including the name of the staff member making the visit, shall be provided in writing to the LGOA during the monthly AAA/ADRC Directors' meeting. In the report, the AAA/ADRC Director shall guarantee that all services contracted with the provider/contractor, which are to be reimbursed by the LGOA, are in fact being provided according to OAA and LGOA standards. The AAA/ADRC shall use the Monthly Home-Delivered Meal Monitoring Form provided by the LGOA to report the home monitoring visits.

7. The AAA/ADRC Director, or their designee, shall visit at least three (3) group dining sites monthly and provide the LGOA with a written report summarizing each visit. In the summary, the AAA/ADRC Director shall assure that all services contracted by the provider/contractor, and being reimbursed by the LGOA, are being provided.

F. PROCUREMENT AND CONTRACTUAL ASSURANCES

1. Service procurement contracts must incorporate all components of the South Carolina Aging Network's Policies and Procedures Manual. Through the direction of the South Carolina Aging Network's Policies and Procedures Manual, each of the PSA's procurement contracts for aging services shall be based on meeting the unique regional needs of each planning and service area.

2. The PSA and AAA/ADRC shall require all programs funded under the Area Plan to be operated fully in conformance with the LGOA and all applicable Federal, State and local fire, safety, health and sanitation standards or licensing prescribed by law or regulation. (CFR1321.75(a))

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

4. All PSA and AAA/ADRC Requests for Proposal (RFP) shall provide direction, coordination, and planning in the fulfillment of contractual agreements with providers/contractors.

5. All contractual agreements must include a procedure for the resolution of grievances or concerns between the Planning Service Area (PSA), AAA/ADRC, and provider/contractor.
6. When there is grievance between the AAA/ADRC and a provider/contractor, all efforts shall be made by the AAA/ADRC to resolve the issue. Minimal contact should be made at the State level and only after all attempts have failed to resolve the issues locally. The Lieutenant Governor's Office on Aging (LGOA) shall serve only as a source of information to the AAA/ADRC regarding the resolution process. All grievances shall be handled by the AAA/ADRC and provider/contractor unless the grievance includes illegal, immoral, and/or unethical behavior, at which time the LGOA and proper authorities shall be notified. If the AAA/ADRC wants to include the LGOA, or cannot work out the issue, then the LGOA may be contacted to assist with the resolution process through guidance only.
7. The PSA and AAA/ADRC must advertise the Request for Proposal (RFP) in legal ads in newspapers throughout the region and post information in a prominent spot on its website at least thirty (30) days before the release of the RFP. The AAA/ADRC shall notify the LGOA Policy Manager so that the RFP can be posted on the LGOA web site.
8. The PSA and AAA/ADRC shall include in each solicitation for providers/contractors of any service under the OAA, a requirement that the applicant will:
 - a. Specify how the organization intends to satisfy the service needs of low income minority individuals and older individuals residing in rural areas;
 - b. Provide services to low income minority individuals in accordance with their need for such services;
 - c. Meet specific objectives set by the AAA/ADRC, for providing services to low income minority individuals; (OAA 306(a)(4)(A))
 - d. Make a good faith effort to obtain a client consent form from all service recipients to allow their information to be included in AIM for research and advocacy purposes.
9. All contracts for the procurement of services or goods which are supported with financial assistance through the LGOA, must adhere to applicable Federal and State procurement codes (COG: OMB Circulars A102 and A-87) (PN-P: OMB Circulars A110 and A-122).
10. The AAA/ADRC and providers/contractors shall have the Knowledge, Skills and Abilities (KSA) to use professional practices of performing, reporting, tracking, and administering their Older American Act (OAA) and State funding, and this should be reflected in all procurement contracts and RFPs.
11. The PSA and AAA/ADRC shall have legal representation on their RFP (Request for Proposal) Board.
12. The PSA and AAA/ADRC shall host a pre-RFP application informational meeting for potential providers/contractors three weeks following the public release of the RFP to explain the RFP process and aging network policies/procedures and to answer

questions about the RFP. The date, time, and location of the meeting shall be included in the RFP packet. This shall assure fairness in the bid process. Opportunities for submitting written questions shall be provided by the AAA/ADRC before the pre-application meeting.

13. Prior to engaging in a contract, the PSA and AAA/ADRC shall assure through the RFP bid and contract that the provider/contractor has the necessary equipment, technology, software, and trained staff to operate in a professional manner and to execute or administer the duties.

14. An AIM Operational Manual shall be provided at the start of the bid process so that providers/contractors know what is expected in advance if the provider/contractor gets the contract.

15. The PSA and AAA/ADRC shall provide all potential providers/contractors with an overview of the LGOA organization and procurement process before submitting a bid for contract in order that they understand the proper procedures and policies.

16. The AAA/ADRC shall encourage each group dining provider to be a member of the National Council on Aging (NCOA) / National Institute of Senior Centers (NISC) or to operate according to NISC's national standards for senior centers and group dining sites.

17. The AAA/ADRC shall require, through the procurement contract, that the provider's/contractor's representative attend quarterly regional meetings. This representative shall be required to take the information provided and disseminate it appropriately and incorporate it into his/her organization immediately.

18. If the AAA/ADRC finds that a provider/contractor under the Area Plan has failed to comply with the terms of the contract or with Federal or State laws, regulations and policies, the AAA/ADRC may withhold that portion of the reimbursement related to that failure to comply. The Regional Aging Advisory Council (RAAC) shall recommend appropriate procedures for consideration by the Governing Board of the AAA/ADRC. (OAA 306(e)(1))

19. In the event that the PSA and AAA/ADRC finds that a provider/contractor has failed to comply with the terms of the contract or is unable to deliver services as contracted, the AAA/ADRC should initiate a thirty (30) day Corrective Action Plan (CAP) to resolve the issue. If the issue cannot be resolved the AAA/ADRC may determine the provider/contractor high-risk, in accordance with the South Carolina Aging Network's Policies and Procedures Manual.

20. The AAA/ADRC shall afford providers/contractors due process, such as that described for AAAs/ADRCs in OAA Section 306(f)(2)(B) before making a final determination regarding withholding providers'/contractors' reimbursements.

21. Electronic copies of procurement contracts and all amendments thereto, shall be provided to the LGOA's Policy and Planning Manager within thirty (30) days of execution or as amended.

22. The AAA/ADRC agrees to comply with the “Debarment and Suspension” terms and conditions of 45 C.F.R. § 92.35 or 45 C.F.R. § 74.13 as applicable to the AAA/ADRC and/or provider/contractor.

23. The AAA/ADRC shall only purchase services from providers/contractors that will provide the LGOA with all requested data in the format necessary to document the outcome of services purchased.

24. The AAA/ADRC shall assure that any facility authorized for use in programs operated under the Area Plan shall have annual certification that the facility complies with the appropriate fire, safety and sanitation codes. (CFR 1321.17(4))

25. The AAA/ADRC shall assure that a facility purchased for use as a multi-purpose senior center with OAA or State Permanent Improvement funds, shall continue to be used for the same purpose for not less than ten (10) years after acquisition, or twenty (20) years after construction.

26. Prior to authorizing use of OAA or State Permanent Improvement funds for renovation, purchase or construction, the AAA/ADRC shall require assurance from the grantee that funding is, and shall continue to be, made available for the continued operations of these senior centers. (OAA 312)

27. The AAA/ADRC shall assure that group dining service facilities are located in as close proximity to the majority of eligible individuals' residences as feasible. Particular attention shall be given to the use of multipurpose senior centers, churches, or other appropriate community facilities for such group dining service. (OAA 339(E))

28. When possible, the AAA/ADRC shall enter into arrangements and coordinate services with organizations that are Community Action programs and meet the requirements under section 675(c)(3) of the Community Services Block Grant Act. (42 U.S.C.9904(e)(3)) and (OAA 306(a)(6)(C))

29. The AAA/ADRC shall take into account, in connection with matters of general policy arising in the development and administration of the Area Plan, the views of recipients of services under the Area Plan. (OAA 306(a)(6)(A))

30. Where possible, the AAA/ADRC shall enter into arrangements with organizations providing day care services for children or adults, and respite for families, to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. (OAA 306(a)(6)(C))

31. The AAA/ADRC shall assure that demonstrable efforts shall be made to coordinate services provided under the OAA with other State services that benefit older individuals and to provide multi-generational activities involving older individuals as mentors to youth and support to families. (OAA 306(a)(23))

32. The AAA/ADRC shall coordinate any mental health services provided with III B funds with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations. (OAA 306(a)(6)(F))

33. The AAA/ADRC shall maintain the integrity and public purpose of services provided, and service contractors, under the OAA, in all contractual and commercial relationships. (OAA 306(a)(13)(A))

34. The AAA/ADRC shall demonstrate that a loss or diminution in the quality or quantity of the services provided under the Area Plan has not resulted and shall not result from such contracts or commercial relationships, but rather, shall be enhanced. (OAA 306(a)(13)(C) and (D))

35. The AAA/ADRC shall not give preference in receiving services under the OAA to particular older individuals as a result of a contract or commercial relationship. (OAA 306(a)(15))

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

37. The AAA/ADRC shall enter into contract only with providers/contractors of legal assistance who can:

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

38. The AAA/ADRC shall make special efforts to provide technical assistance to minority providers/contractors of services whether or not they are providers/contractors of the AAA/ADRC. (OAA 307(a)(32))

39. The AAA/ADRC is responsible for on-going contract management; establishing procedures for contract cost containment; reviewing and approving contracts; setting criteria for contract amendments; reviewing and analyzing provider/contractor fiscal and program reports; conducting quality assurance reviews; and reviewing meal vendor performance.

40. The AAA/ADRC shall collaborate with providers/contractors to develop an emergency service delivery plan for group dining and home-delivered meals, transportation, and home care. This emergency service delivery plan must be included in the Area Plan submitted to the LGOA by the AAA/ADRC, as well as included in each contract signed between the AAA/ADRC and an aging service provider/contractor. The emergency plan shall also cover general agency operations

during periods of crisis, hazardous weather, emergencies, and unscheduled closings.

41. Providers/Contractors shall submit holiday schedules to their AAA/ADRC for approval and the providers/contractors shall adhere to their approved holiday schedule. The AAAs/ADRCs shall include their providers'/contractors' holiday schedules in their Area Plan. These scheduled closings shall be part of the contract established between the AAA/ADRC and providers/contractors. Any changes to the scheduled holiday closings must be noted in the Area Plan update.

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

G. COORDINATION, OUTREACH, AND INFORMATION AND REFERRAL ASSURANCES

1. Coordination and outreach efforts should be detailed in the Area Plan, with particular emphasis on coordination with entities conducting Federal programs as outlined in Section 403 B-10 of the South Carolina Aging Network's Policies and Procedures Manual.

2. The AAA/ADRC shall have a visible focal point of contact where anyone can visit or call for assistance, information, or referrals on any aging and/or adults with disability issue.

3. The AAA/ADRC shall require providers/contractors to use outreach efforts that shall identify individuals eligible for assistance under the OAA, with special emphasis on

a. Older individuals residing in rural areas

b. Older individuals with greatest economic need c. Older individuals with greatest social need

d. Older individuals with severe disabilities

e. Older individuals with limited English speaking ability

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

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

4. The AAA/ADRC and those with whom they contract must take adequate steps to ensure that persons with limited English language skills receive, free of charge, the language assistance necessary to afford them meaningful and equal access to the benefits and services provided under this grant award.

5. The AAA/ADRC shall provide for the identification of public and private resources in or serving persons in, the planning and service area as part of their overall outreach and coordination efforts. Local aging partners should be brought into the AAA's/ADRC's planning process in order to better serve the region's older population. The

AAA/ADRC shall work to coordinate the programs funded under the Area Plan with such resources to increase older persons' access to quality services. Coordination and outreach efforts should be detailed in the Area Plan, with particular emphasis on coordination with entities conducting Federal programs as outlined in Section 403 B-10 of the South Carolina Aging Network's Policies and Procedures Manual. Where appropriate, the AAA/ADRC shall consider joint funding and programming to better serve older persons.

6. The AAA/ADRC shall employ a fulltime (or fulltime equivalent) Information and Referral/Assistance (I&R/A) Specialist as a requirement of receiving Title III-B and Title III-E funding.

H. ASSURANCES REQUIRED BY THE ADMINISTRATION ON AGING (AoA)

(Taken directly from the Program Instructions for the 2013 State Plan)

These assurances are required by the Administration on Aging (AoA) and the Lieutenant Governor's Office on Aging (LGOA) for the Planning Service Area (PSA) and AAA/ADRC (AAA)/Aging and Disability Resource Center (ADRC) as part of the 2013 State Plan submission. (The assurances below are from the 2013 State Plan Instructions provided by the AoA.) By signing this document, the PSA and AAA/ADRC have assured they shall adhere to these Older Americans Act requirements.

Section 306(a) of the Older Americans Act (OAA), AREA PLANS

(2) Each AAA/ADRC shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area shall be expended for the delivery of each of the following categories of services

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the AAA/ADRC shall report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the AAA/ADRC shall—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (I);

(ii) provide assurances that the AAA/ADRC shall include in each agreement made with a provider/contractor of any service under this title, a requirement that such provider/contractor shall—

(I) specify how the provider/contractor intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider/contractor;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the AAA/ADRC, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each AAA/ADRC shall

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the AAA/ADRC met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall use outreach efforts that shall identify individuals eligible for assistance under this Act, with special emphasis on

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each AAA/ADRC shall provide assurance that the AAA/ADRC shall ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, shall include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

(5) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each AAA/ADRC shall:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the AAA/ADRC with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each AAA/ADRC shall provide assurances that the AAA/ADRC, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), shall expend not less than the

total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each AAA/ADRC shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA/ADRC shall pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the AAA/ADRC shall, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the AAA/ADRC shall make services under the Area Plan available; to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall maintain the integrity and public purpose of services provided, and service providers/contractors, under this title in all contractual and commercial relationships.

(13)(B) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall disclose to the Assistant Secretary and the State agency

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and shall not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall demonstrate that the quantity or quality of the services to be provided under this title by such agency shall be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each AAA/ADRC shall provide assurances that the AAA/ADRC will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each AAA/ADRC shall provide assurances that funds received under this title shall not be used to pay any part of a cost (including an administrative cost) incurred by the AAA/ADRC to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title shall be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.

The AAA/ADRC certifies compliance with all of these assurances and requirements of the OAA, as amended, the Federal regulations pertaining to such Act, and the policies of the LGOA

throughout the effective period of this Area Plan. Should any barriers to compliance exist, the AAA/ADRC shall develop procedures to remove such barriers. Some assurances may be modified by Federal regulations issued or the OAA reauthorization during the plan period. In such event, a revised list of assurances shall be issued.

By signing this Assurances document, the Planning and Service Area (PSA) and Area Agency on Aging (AAA) and Aging and Disability Resource Center (ADRC) accept the assurances mandated by the Older Americans Act (OAA), Administration on Aging (AoA) and Lieutenant Governor’s Office on Aging (LGOA), and will ensure that components of these assurances are included in the 2014 – 2017 Area Plan.

Date Signature of Executive Director
Planning Service Area (PSA)

Date Signature of Aging Unit Director

The Area Agency Advisory Council has reviewed and approved these Assurances.

Date Signature of Chair,
Area Agency Advisory Council

The Governing Board of Planning Service Area (PSA) has received and approved these Assurances.

Date Signature of Chair, PSA Governing Board

II. EXECUTIVE SUMMARY

The Catawba Area Agency on Aging/ Aging and Disability Resource Center (Catawba AAA/ADRC) is the designated Area Agency on Aging for the four-county Catawba Region, offering services in Chester, Lancaster, Union and York Counties. The Catawba AAA/ADRC is a part of a national network of organizations established to respond to the needs of older adults. As a private non-profit organization, the Catawba AAA/ADRC plans, coordinates, develops and delivers services for seniors, persons with long-term care needs, and caregivers of older adults targeting minorities, rural, low wealth and non-English speaking residents are our primary focus as required by the Older Americans Act. In the Catawba Region, seniors with limited English Speaking abilities represent less than one-percent (1%) and therefore will be addressed as services are needed.

The agency has the responsibility for addressing aging and long-term care issues within the growing and diverse communities in the region. During the summer of 2012, the Catawba AAA/ADRC joined forces with colleagues throughout the state of SC and contracted with System Wide Solutions, Inc. to conduct a state wide needs assessment which provided results that were regionally specific. Of the seniors that completed the needs assessment survey, it was evident that the Catawba AAA/ADRC and contractors were serving the targeted population. The Catawba Area Agency on Aging strives to secure and promote essential services to enhance the quality of life in a diverse and changing society. We meet this challenge through advocacy, collaboration, building alliances, and promoting public awareness guided by integrity, vision, and sustained commitment.

There are more than 68,000 seniors living in the Catawba Planning and Service Area (PSA); and this number will continue to grow exponentially in the next decade and beyond especially in Lancaster and York counties, two of the fastest growing counties in South Carolina. Through federal, state and local funding thousands of seniors and disabled adults are served annually through provider contracts and services provided at the regional level. Although we serve thousands annually, we are reaching less than three percent (3%) of the eligible population. To address this deficiency in services versus needs, the Catawba AAA/ ADRC will exercise the most prudent fiscal accountability for the funding it has been entrusted to invest in services. To accomplish this task the Catawba AAA/ADRC will build on the achievements made in the last three years through the adoption of delivering services utilizing the ADRC service model. Adoption of this service model has allowed the Catawba AAA/ADRC to serve more clients with minimal increases in staff.

During the past decade and continuing into the twenty-first century, seniors have become

one of the fastest growing populations in terms of their percentage of the total population. The need for services to assist seniors to remain in their homes for as long as possible will continue to grow. The Catawba Area Agency on Aging is committed to implementing a comprehensive and coordinated delivery system of services to enable older persons to maintain their independence in their own homes and communities.

The Catawba Area Agency on Aging will contract with providers to deliver in home and community based services in the region. Funding for the following services in the PSA will be: Group Dining, Home Delivered Meals, Transportation, Physical Fitness and Home Care Level I. These services benefit seniors in the region by providing access to nutrition, social and intellectual stimulation, companionship and wellness activities. The Catawba AAA/ADRC is committed to ensuring that existing providers serve the seniors in a manner that meet or exceeds the fiscal and program standards as outlined by the Lt. Governor's Office on Aging (LGOA) Policy and Procedure Manual and target priority services as identified by the Older Americans Act.

The Catawba AAA/ADRC will continue to evaluate current contactors and vendors to ensure that they maintain the capacity and resources to deliver services. Furthermore, the Catawba AAA will conduct frequent on-site visits to insure service to the targeted population and fiscal compliance as outlined in the latest version of the LGOA policy and procedure manual. The enhanced processes for monitoring will require multiple-staff at multiple levels of the organization to ensure the review of service delivery is thorough. Both desk top and onsite techniques of monitoring will be utilized and documented.

In the Catawba AAA, the Family Caregiver Support Program, Long Term Care (LTC) Ombudsman, Information, Referral and Assistance, Insurance Counseling and Referral for Elders (I-CARE); programs serve as the foundation for services offered to seniors at the regional level and all four provide linkages between older adults and their caregivers with resources, services, and information.

The Catawba AAA/ADRC plans to provide training to the aging network providers and contractors in the Catawba PSA. The Catawba PSA network of service providers and contractors will be surveyed to assess their training. Results of this assessment will be used to plan for training in the region or state to address the training needs identified in the most feasible and economic manner. Existing training will continue with Certified Nurses Assistants and Licensed Practical Nurse students through York Technical College who is responsible for training the next generation of long term care providers. Further, Catawba AAA provides training opportunities and technical assistance to seniors and caregivers in various settings allowing the recipients to choose the most effective and convenient method for themselves.

Continued training and education targeting on reporting neglect and abuse, when to

report incidents and what is an ombudsman and education to Long Term Care facility staff at independent living facilities, nursing homes, technical schools and corporations will be the responsibility of the Catawba LTC Ombudsman staff and Caregiver Advocate.

Staff will continue to serve on boards and committees including Care Transitions and Presentable Avoidable Readmission Together (PART) as hospitals and communities plan to delay premature entry into the long- term care system.

Catawba staff will continue to provide leadership in planning conferences and other local training independently and in conjunction with Winthrop University annually to provide access to training for professionals in the aging industry. In addition, the Catawba AAA/ADRC primary goal will be to focus on educating the senior and adult disabled population about their long term care options and consumer choice options available in the region.

Increased use of technology to disseminate massive amounts of information to seniors, disabled adults and their caregivers will be a strategy maintained by the Catawba AAA/ADRC. We will champion this concept through electronic newsletters, website, mail and email distribution of information. We will maintain relationships with local publications which respect our staff expertise and allow staff to comment or write articles for their publications like “York County Magazine” or the Herald” on items of interest to the senior and disabled adult population in the Catawba PSA.

Collaboration by staff has enhanced the organizations abilities to serve a more diverse client population through local churches targeting minority, rural and low wealth individuals and their families. One of the most successful collaborative efforts has been with Second Harvest Partners, a volunteer led ministry effort to provide a mobile food pantry in many rural areas throughout York County. This initiative of feeding low wealth individuals and the hungry has expanded to other counties in the region. Social work interns from the Winthrop University and the University of South Carolina work in the fall and the spring semesters to provide support for the overall administrative functions throughout the programs of Catawba AAA/ADRC. The interns are supervised by a licensed social worker on the Catawba staff. The interns provide invaluable assets to the successful operation of the agency in exchange for the opportunity to learn hands-on the issues facing seniors and their caregivers. The agency will maintain its partnership with Second Harvest Foodbank which has yielded resources valued in excess of \$250,000 in the past two years. Resources for seniors and the disabled include Adult Protective Underwear, Blood Pressure Monitors, Diabetic Monitors, Diabetic Test strips, Dr. Scholl's Shoe Inserts, Emergency Kits, Heart Rate Monitors, Heat Wraps, Hot & Cold Compresses, Humidifiers, Pain Relief Patches, Pill Boxes, Raised Toilet Seats, sitz Baths, Walkers, Walking Canes and water bottles. These supplies and resources help to expand

the limited resources of the target population living on fixed incomes.

Through media, fairs, expo, support groups, and professional affiliation, Catawba staff provides community education training and work with health and community partners. Catawba AAA staff work with organizations to disseminate information to the community regarding senior services, to provide training to professional staff of organizations and to offer education to individuals and families of seniors suffering with terminal illness or diseases impacting seniors being served by these organizations.

Catawba AAA staff provides consultation to agencies that provide support to seniors struggling with dementia and other exacerbating diseases. Staff maintains membership in associations to serve as a resource for information on a wide variety of issues including where to get products and assistance, insurance questions, physician resources or to talk with someone about their care giving responsibilities and how to cope with chronic disease. Catawba AAA maintains an intergenerational focused partnership with Head Start to foster increased assistance and education for grandparents raising children.

The Catawba AAA will conduct an annual agency review of service providers, which includes verifying required local match. The Catawba AAA will negotiate prices for services provided by service providers to secure the most competitive price for each unit of service to be delivered. Program evaluation is a vital part of the programs administered by the Catawba AAA. Day-to-day evaluation is completed by all of the staff of the area agency. Additionally, the Lieutenant Governor's Office on Aging periodically conducts external evaluations of programs offered by the Catawba AAA. All findings are addressed promptly to assure compliance with state and federal guidelines.

The Catawba AAA/ADRC accepts the challenge of changing demographics, limited funding, diverse needs of seniors and caregivers and tremendous senior growth. To address these challenges, the Catawba AAA/ADRC is committed to working with the stakeholders in the Catawba Region.

III. OVERVIEW OF THE AREA AGENCY ON AGING (AAA)/AGING AND DISABILITY RESOURCE CENTER (ADRC)

A. Mission statement: The Catawba Area Agency on Aging, in partnership with consumers, families and their diverse communities will assist citizens in the Catawba region with aging issues to improve the quality of their lives.

B. Vision for the four (4) years covered by this plan: Vision Statement: The Catawba Area Agency on Aging (Catawba AAA/ADRC) strives to be the focal point of aging in the Catawba Region recognized by seniors and caregivers; as a leader in the aging industry that is innovative and responsive to the changing and complex needs of older adults. Located in Appendix A is a detailed vision for the Catawba PSA for the four years covered by this plan.

C. Organizational Structure: The Catawba Area Agency on Aging (Catawba AAA/ADRC) is a free standing non- profit organization governed by a 12 member board of directors which consists of three board members for each of the four counties represented in the Catawba Region.

The organization chart for the Catawba AAA/ADRC has changed drastically in the past four (4) years. The major difference highlighted in the before and after charts in Appendix A shows the cross-training that has taken place providing excellent client service with few staff and staff vacancies. The revised structure also allows for the elimination of silos so more staff are able to serve more people while utilizing the same number of staff.

D. Staff Experience and Qualifications: The administrative staff of the Catawba AAA/ADRC is comprised of three professionals with appropriate experience and training required and necessary to carry out the administrative functions of the organization. The Executive Director is responsible for overall management, planning, and leadership of the organization. The director has over eight (8) years' experience in the aging field and a total of 28 years of human service related experience. The Executive Director reports to a 12 member board of directors with representatives from the four (4) counties that make up the Catawba Planning and Service Area. The Executive Director also develops and administers standards and procedures related to human resources, budget and physical facilities. The Executive Director is responsible for the planning and administration of contracts and aging services. This professional is responsible for providing leadership and ensuring that the statutory functions as defined in the Older Americans Act, reauthorized 2006 are achieved.

The Program Assistant like the Executive Director is required to serve multiple administrative roles. The Program Assistant assists with monitoring, training, legal services, inventory control, purchasing, community outreach and training. She is also a certified I/R&A specialist and has the appropriate training to provide ICARE services. The Program Assistant also manages the inventory of the \$250,000 in donations received annually.

The Bookkeeper serves as the primary person responsible for maintaining the accounting function of the agency. The Bookkeeper has relevant experience in accounting experience. She maintains data entry for accounting software, coordinates disbursements, banking and prepares monthly financial reports, provides supporting documents for payroll service to prepare payroll and compiles financial information in preparation for the annual audit. She works with the Executive Director to assure that required filings at local, state and federal are completed.

All administrative personnel are involved in contract management and contract monitoring. The Catawba AAA/ADRC plans to maintain staff to perform administrative functions that are crucial to sound fiscal management and administration functions of the Catawba AAA/ADRC. The Catawba AAA/ADRC continues to address transition planning primarily by crossing-training staff so that administrative operations can continue during turnover. There are no retirements, promotion or reductions in force expected during this area plan period.

E. Catawba AAA/ADRC Board of Directors: The Catawba Area Agency on Aging Board of Directors is comprised of twelve members. Each county in the PSA has three members who serve on the regional board of directors. Each board member has different talents that will help Catawba AAA/ADRC meet its goals and mission. Board members ensure fiscal integrity and expect quality service delivery. The Board of Directors is responsible for the expenditure of corporation funds and accountable for the quality of the product/service supplied by the corporation. The Board of Directors is responsible for ensuring the finances available to the corporation are adequate to cover company expenses. The Board of Directors carries certain fiscal responsibilities including overseeing and accepting budgets. The Board of Directors is also responsible for financial policies regarding contracts between the corporation and the public.

The Catawba Area Aging on Aging Regional Advisory Council Board (RAAC): The RAAC is comprised of six (6) members representing multiple disciplines which positively impact the aging network. These disciplines include banking, education, fiscal management, rural health service, health care, disability, and employment services. Catawba AAA/ADRC Director plans to recruit additional members to join the RAAC. The RAAC advises the Catawba AAA/ADRC on all matters relating to the development of the Area Plan, operations conducted under the Area Plan and the importance of keeping the public abreast on issues impacting the senior adult and disability populations in the Catawba PSA. Further, the RAAC carries out an advisory function to further the mission of the agency and represents the interest of older persons by reviewing and commenting on policies, programs and actions in the PSA that affect individuals with the intent of assuring maximum coordination and responsiveness to consumers. Potential RACC members are recommended by current and former board members, current and former RAAC members and agency staff. The Catawba AAA/ADRC Board of Directors holds an election at a regularly scheduled board meeting to make the final selection of the RAAC member. Each RAAC member serves a renewable three year

term. RAAC members are actively engaged in the aging network by serving as members of the committees, working in the community in professions and areas which impact the aging network including delivering home delivered meals, working as a hospice nurse, missionary work to sick in the community, raising an adult child who is disabled and advocacy on senior issues.

F. Current Funding Resources for Catawba AAA/ADRC: The Catawba AAA/ADRC currently has very limited other funding available for planning and administration. The Catawba AAA/ADRC receives the Dimes for Hunger donation from Providence Presbytery. This annual donation has averaged \$14,000. These funds are redistributed to agencies in Chester, Lancaster, York, Union and Kershaw Counties to expand the home delivered meal program. Funds received for the Providence Presbytery prohibit administrative expenditures. The Catawba AAA/ADRC continues to utilize Masters and Bachelor level interns from Winthrop University and University of South Carolina throughout its operation to enhance administrative functions and expand its services. For the past two years through a partnership with Second Harvest Food Bank the Catawba AAA/ADRC has averaged receiving \$250,000 in donations to redistribute to seniors. This partnership with the Second Harvest Food Bank is expected to continue. The table in Appendix A details the funding and resources available for the Planning and Administrative function of the Catawba AAA/ADRC.

The Catawba AAA/ADRC shall insure that each funding source has a distinct client population. The agency will review reports available for the Advanced Information Management (AIM) on a monthly basis to determine whether participants are being served out of multiple funding sources. After review if it is determined that a client is being served out of multiple funding sources corrective action will be required prior to the disbursement of reimbursement for services rendered. Participants listed on multiple funding streams will be reassigned to one funding stream by the contractor providing the service.

The Catawba AAA/ADRC has established the following protocol to certify the fiscal integrity for the Catawba AAA/ADRC and its contractors. In order to certify the fiscal integrity for the Catawba AAA/ADRC the agency will continue to handle its fiscal responsibility based on Generally Accepted Accounting Principles and the Office of Management and Budget Circulars OMB A-133, A-122 and A-110. Annually, Financial Audits are conducted and copies of the Audits are provided to the Catawba AAA/ADRC by contractors and a copy of the Catawba AAA/ADRC is sent to the appropriate Fiscal staff at the LGOA. All protocols are performed with board approval.

G. Written Procedures: The Catawba AAA/ADRC maintains a written policy and procedure manual which is used in conjunction with the LGOA policy and procedure manual. The following topics are covered in detail in the Catawba AAA/ADRC manual to provide guidance to staff and contracting agencies: (1) Introduction- background information on the Catawba AAA/ADRC and its functions; (2) AAA/ADRC functions and programs as prescribed by the Older American Act including the programs offered at the agency level; (3) Regional Area Plan Process; (4) Procurement Policies and Procedures

process for competitive procurement in the Catawba PSA; (5) Policies and Procedures for Contractors; (6) Title III-C1 Group Dining Program; (7) Title III-C2 Home Delivered Meals Program; (8) Title IIIB Home Care Program; (9) Title IIIB Legal Program; (10) IIIB- Transportation; (11) Title III-D; and (12) Quality Assurance Standards for Contracted Services. All policies and procedures are available upon request and subject to the South Carolina Freedom of Information Act (FOIA) requirements.

H. Sign-in Sheets: The Catawba AAA/ADRC requires contractors to use the LGOA approved sign-in sheet (LG-94) at each group dining site. During group dining site monitoring visits Catawba AAA/ADRC staff will verify that LG-94 is being used. Contractor will keep LG-94 on file for a minimum of three (3) years. Home-delivered meal contractors must scan a copy of the home-delivered meal routes, which have been signed and dated by the drivers, as well as the contractor managers, to assure that meals have been delivered. The scanned document will be provided to Catawba AAA/ADRC when submitting the Monthly Units of Service Reimbursed (MUSR) invoices in order to provide accountability in showing that 1) the intended recipient received the meal; 2) the meal was delivered; and 3) the service units were earned. (Chapter 500 Section 503 – B15)

I. Activity Calendars: The Catawba AAA/ADRC requires that individual group dining site activity calendars meet the requirements of the LGOA policy and procedure manual. Contractors will submit group dining site activity calendars (including details of daily activities) to Catawba AAA/ADRC for approval at least one month in advance of planned activities. Catawba AAA/ADRC shall scan and email approved group dining site activity calendars by the close of business on the last business day of each month. (Chapter 500 Section 503 - B7-8)

J. Service Units Earned: Catawba AAA/ADRC insures compliance and funding is earned by the contractor. Catawba AAA/ADRC will submit only billing invoices for nutrition service units that have been accurately verified. (Chapter 500 Section 504-A2). Expenses associated with any invoices submitted to the LGOA for reimbursement shall be verified with appropriate documentation. Verification of units earned will at a minimum include review of the following reports SC 63, HHS25B, LG45D and LG97C. Contractors will be given an opportunity to explain items of concern. Contractors must enter all data in the AIM data collection system by funding stream/site providing the individual client service.

K. Reimbursement for Services: The AAA/ADRC utilizes the following process to verify the contractors' unit costs:

By the fifth (5) working day of the month, contractors shall input all client service data into AIM client data collection system for each site they serve and not collectively for the entire organization. By inputting client service date by individual or separate sites, the Catawba AAA/ADRC and LGOA can accurately monitor and audit each site's activities and services, thus ensuring data integrity for aging services. Billing for service unit

reimbursement is based upon AIM data originated by the contractor and approved by the Catawba AAA/ADRC. Catawba AAA/ADRC shall run AIM reports monthly for financial, auditing, and Federal reporting purposes.

- Monthly Units of Service Report (MUSR) – Catawba AAA/ADRC shall run the MUSR and provide it to the LGOA Finance Division by the deadline set.
- Catawba AAA/ADRC MUSR and invoice for a particular service must specify the number of earned service units and the unit cost (the contractor's and the Catawba AAA/ADRC's costs), as well as the total reimbursement due, for each individual contractor.
- LG97c Report – Catawba AAA/ADRC shall submit the LG97c report, along with the MUSR monthly, and explain any anomalies.

Catawba AAA/ADRC shall designate funding stream to be used to provide specific services and units. Catawba AAA/ADRC shall direct contractors of the amount allocated for each funding stream when recording the delivery of a specific service.

In order to maximize the number of clients served and help minimize the number of people on waiting lists, Catawba AAA/ADRC requests each contractor to use the following formulas in its overall planning to calculate the total number of service units which can be provided with Catawba AAA/ADRC funding sources available. The formulas provide the contractors with a benchmark for maximizing services.

- 1) $\text{Funding stream} \div \text{unit costs} \div \text{the number of days service are provided i.e. meals (260)} = \text{number of service units per day}$
- 2) $\text{Funding stream} \div \text{unit costs} = \text{number of service units per year}$

L. Client Data Collection: Catawba AAA/ADRC and its contractors will utilize the Advanced Information Management (AIM) system to document and track units of services delivered. Reimbursements for service funds will be supported by client data correctly entered into the AIM System. Catawba AAA/ADRC assures that service contractors are trained properly and monitored accordingly, and that AIM data is inputted monthly by the tenth (10th). (Section 7 Page 40: 1)

Catawba AAA/ADRC shall ensure that protocols are in place for input data from every contact, regardless of language, is entered into the appropriate approved data tracking system including On-Line Support Assistant (OLSA), Advanced Information Manager (AIM), State Health Insurance Program (SHIP) Talk, and the Ombudsman Innovative System. As data is collected, it is entered by trained information/referral and assistance specialists into OLSA. Currently, Catawba AAA/ADRC has five (5) certified I/R&A Specialists. All data will be inputted by the tenth (10) of the month in an accurate manner appropriate to each system and in accordance with Program Instructions (PI) and LGOA policies and procedures. No other client data input system shall be used by Catawba AAA/ADRC/contractor or shall take the place of the above named systems for

reporting data to Catawba AAA/ADRC/LGOA. Data must be entered by the tenth (10) of the month. Units cannot be earned before service has been provided.

All contractors must register any employee who is to have access to LGOA contact data reporting systems in order to obtain clearance, access, and passwords. When an employee who has access to an LGOA contact data reporting system retires, is terminated, or otherwise vacates her/his current position, the contractor must notify the Catawba AAA/ADRC and LGOA within three (3) working days so that accounts and passwords can be rescinded.

M. Client Assessments: Catawba AAA/ADRC ensures that the same entity does not conduct client assessments, pick the participants, and provide the services.

Historically, contractors have assessed, selected and served clients receiving funded Title III and Bingo services. The Lieutenant Governor's Office on Aging (LGOA) South Carolina Aging Network's Policy and Procedures Manual (effective July 2013) all clients receiving Title IIIB, IIC2, IID, and Bingo services funded through an AAA/ADRC must have a full and valid assessment (using the LGOA Assessment/Reassessment form) in order to be a service recipient. In addition, a single entity shall not conduct the assessment, choose the client, and deliver the services.

Therefore, effective July 1, 2013, Catawba AAA/ADRC will assume responsibility for choosing the clients in the following programs and funding streams: Transportation, Home Care, Congregate Meals, Home Delivered Meals and Physical Fitness, Title IIIB, IIC1, IIC2, IID, and Bingo. The selection process will be based on the assessment and the nutrition risk scores for individuals assessed for these services.

Contractors shall provide up-to-date assessments of current/active clients and for clients on waiting lists for Title IIIB, IIC1, IID, and Bingo funded services. New clients shall be assessed prior to the selection process for services. Each client shall receive an annual reassessment. Additionally, each client shall be reassessed if she/he has a life altering change in her/his health or life status. AAA/ADRC shall perform the function of choosing clients.

The process is as follows:

1. Catawba AAA/ADRC advises contractors of the number of slots available by funding stream based on unit rates.
2. Contractors provide up-to-date assessments of current/active clients. Each individual must provide the following data on the LGOA Assessment/Reassessment Form in order to be considered for services: zip code, race/ethnicity, gender, date of birth, income, English or Non-English-speaking,

and number in household. Individuals refusing to provide all data shall be informed by the contractor of the consequences of not answering fully. An individual not providing all of the required data shall receive a reduced assessment score which may impact her/his selection.

3. Contractors will maintain a current waiting list of individuals seeking services that are being provided through contract with the Catawba AAA/ADRC. See list of services above. The waiting list should include individuals who have gone through at least a nutritional risk ranking or other ranking mechanism based on the service being requested. Contractors choose a minimum number of individuals to be assessed based on initial ranking from waiting list. Individuals should be prioritized by the contractor based on the targeted client population to be served per the LGOA Policy and Procedures Manual.
4. Contractors notify Catawba AAA/ ADRC when clients/individuals have been assessed/reassessed.
5. Catawba AAA/ ADRC compares the results of the assessment, nutrition risk score, priority score, and any other factors provided with the assessment to select the client.
6. Catawba AAA/ADRC notifies contractors of the selected client(s) to serve.

The Catawba AAA/ADRC will ensure that contractors provide services to individuals with the greatest need. Client selection will be made by reviewing the information available from AIM assessments/reassessments. Catawba AAA/ADRC will target low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and eligible individuals, as defined in the Older Americans Act. (Section 6 page 21: m)

The protocol for client termination due to reduced funding or low priority scores. Participants who must be terminated due to reduced funding or low priority scores will be given the opportunity to receive services as a private pay participant or as a partial-pay recipient based on other resources available resources. The following protocol will be encouraged when needing to discuss termination with all participants.

1. Termination should occur when services are no longer required or no longer serve the client's needs, interests or funding is no longer available.
2. Take reasonable steps to avoid abandoning participants who are still in need of services.
3. Take steps to minimize possible adverse effects of termination.
4. Assist in making appropriate arrangements for continuation of services when necessary.
5. Workers who anticipate the termination or interruption of services to participants should notify participants promptly and seek transfer, referral, or continuation of

services in relation to the client's needs and preferences.

N. General Fiscal Issues: Catawba AAA/ADRC assures that it will expend any prior year funds before expending any new funds. Program Development funds will only be expended after Title IIIB, IIIC1, and IIIE funds have been expended.

Catawba AAA/ADRC assures that the federal share of grant awards is earned only when the cost is incurred and the non-federal share of the cost has been contributed.

Catawba AAA/ADRC assures that all invoices and all financial and program reports are submitted in the format provided by the LGOA and on the schedule(s) set by the LGOA. Invoices and financial reports will be submitted to the Accounting and Finance Division and program reports will be submitted to the appropriate program manager as stipulated by the LGOA.

Catawba AAA/ADRC requires each contractor to determine its unit cost and specify that unit cost in its Request for Proposal (RFP). Contractors shall provide a breakdown of the components of the unit costs for each different unit of services and the methodology showing how the unit cost is determined. The cost justification shall include the assessment costs, activities costs, products costs, administrative costs, and any other relevant variable that contributes to the overall rate.

Catawba AAA/ADRC will submit payment requests for both internal and flow-through expenditures monthly, quarterly, and/or regularly in accordance with the policies set by the LGOA. Catawba AAA/ADRC will keep invoices current in the event of mid-year budget cuts or reductions.

Catawba AAA/ADRC expends more than a total of \$500,000 in Federal Awards and therefore will monitor delivery and have an audit each year that complies with OMB Circular A-133 and submit that audit to the LGOA within nine (9) months after the close of the organization's fiscal year.

O. General Provisions for the AAA/ADRC in the Area Plan: Catawba AAA/ADRC is committed to complying with all applicable Federal and State laws, regulations and guidelines as well as the policies and procedures of the LGOA. In order to demonstrate our commitment to complying with the items listed above Catawba AAA/ADRC staff established the following protocol to identify, understand and follow all applicable Federal and State laws, regulations, and guidelines. Training will be provided to staff and contractors during this current Area Plan period. A list of applicable laws has been developed (based on LGOA policy and procedure manual) and will be included with annual contracts and contract extensions. Catawba AAA/ADRC will provide technical support to contractors as needed. This list along with applicable website reference will be part of training for staff and contractors.

Catawba AAA/ADRC has established a protocol which requires that staff and contracting agencies review under the content of the LGOA Policy and Procedure Manual and any

Program Instruction (PI). Contractors will indicate their commitment to honor the content of the LGOA Policy and Procedure Manual and Program Instructions annually when they renew a contract or sign a contract extension. Information has been made available to staff and contractors on the accessibility of the latest version of the manual on the LGOA website.

Catawba AAA/ADRC will use Geographic Information Systems (GIS) mapping to determine if the targeted population as defined by the Older Americans Act is being served in the Catawba planning and service area. GIS have been well documented as a tool that can collect, organize, analyze and display data in relation to place or location that could not otherwise be apparent to human service professionals. GIS mapping data can be used to depict relationships and significances within communities identifying needs. GIS mapping, along with the census data and voters registration list, can be used to depict targeted client populations that are being served in each community. GIS mapping helps us to understand the elderly client population's service needs in a spatial context which will help the Catawba AAA/ADRC to allocate resources efficiently and focus service/intervention efforts based on fact and not perception. Catawba AAA/ADRC will continue to use the GIS services of the Catawba Regional Council of Governments as it has in the past to create maps charting the targeted client populations in comparison to the location of existing seniors to ensure we are reaching the individuals with the greatest need.

Catawba AAA/ADRC has established the following protocol with staff and contractors to ensure that persons with limited English language have access to the services provided in the Catawba PSA. Catawba AAA/ADRC maintains relationships with existing partners including Winthrop University and other resources to ensure that a beneficiary in need of translation of information is readily available when needed. Contractors will be made aware of this resource and encouraged to identify additional resources for persons with limited English language in the individual counties.

P. High-Risk Providers/Contractors and Corrective Action Plans (CAPs): Catawba AAA/ADRC sees the responsibility of contract management as the foundation of the success in the delivery of services to seniors in the Catawba PSA. The Code of Federal Register (CFR) provides for a special case of approval by the State Unit on Aging, with conditions for "high-risk" subgrantees of AAAs/ADRCs found in CFR 45 Part 45 Part 92.12. For this section of the Area Plan, contractors are considered "high-risk" if the Catawba AAA/ADRC determines that it:

- Has a history of unsatisfactory performance
- Is not financially stable
- Has a management style that does not meet the standards in 45 CFR Part 92 or 45 CFR Part 74, as applicable
- Has not conformed to terms and conditions of previous awards
- Is otherwise irresponsible and irresponsible to fulfilling LGOA and Catawba AAA/ADRC data collection policies and procedures
- Has misrepresented material facts regarding funding reimbursements or service units earned; or

- Has engaged in unethical, immoral, or illegal behavior or activities.

If the Catawba AAA/ADRC decides to impose such conditions, it shall use the following protocol and procedures:

- Notify the “high-risk” contractor (in writing) of the nature of the special conditions/restrictions imposed upon the contractor
- The corrective actions that must be taken by the contractor before conditions are removed
- The time allowed for completing the corrective actions
- The consequences for failing to take corrective actions; and
- A method of requesting reconsideration of the conditions or restrictions imposed.

IV. OVERVIEW OF THE PLANNING AND SERVICE AREA REGION

A. Service Delivery Areas: The Catawba AAA/ADRC PSA is comprised of four counties in the region. Those counties include Chester, Lancaster, Union and York counties. In the maps provided it highlights the cities, towns, and communities for which the Catawba AAA/ADRC is purchasing services of older adults (see Appendix H). This map also indicates the location of senior centers and nutrition sites throughout the Catawba AAA/ADRC PSA and where the people live in relation to the nutrition sites. The primary goal of Catawba AAA/ADRC PSA is to serve the target senior population as identified by the Older Americans Act.

In the Catawba AAA/ADRC Region there are over 68,649 seniors aged 60 and older. It is predominately rural but boasts of two of the fastest growing counties in the state of South Carolina, which are York and Lancaster counties. These counties are seeing tremendous growth in its population due to in-migration and its close proximity to Charlotte, NC which they both border. With many residents of the Catawba AAA/ADRC PSA living in Chester, Lancaster and York counties, several commute to the Charlotte area for work.

Each county in the region has unique characteristics which impact the service delivery plans for providing services to seniors in the Catawba AAA/ADRC PSA. In the state of South Carolina, the senior population is predicted to increase over the next 25 years primarily due to seniors living longer and steady in-migration of seniors from other places in the United States. In the maps provided of the region, it highlights the target population for rural, minority and those living in poverty (see Appendix H). These maps indicate where Senior Centers and nutrition sites are located and where the participants live in relation to the nutrition sites. The maps also highlight Catawba AAA/ADRC success in providing services to the target population.

Services provided throughout the region in each county include physical fitness, group dining, home delivered meals, home care (chore services) and transportation. Group dining and home delivered meals are prepared in the Newberry Kitchen of Senior Catering, Inc. for Lancaster and Union Counties, while York County Council on Aging provides meals for sites in York and Chester counties. Group dining meals are served at a nutrition site and home delivered meals are taken to each individual senior residence. Below, each county and its unique characteristics are discussed, which impact the aging service delivery plan for the Catawba AAA/ADRC PSA.

York County

York County is the largest county in the Catawba AAA/ADRC Region with over 38,043 seniors aged 60 and older according to US Census Bureau, 2010 Population Estimates. Therefore, roughly fifty- seven percent (57%) live in this one county in the Catawba AAA/ADRC region. York County is one of the top five fastest growing counties in the state of South Carolina, and this rapid growth is predicted to continue in the next 25 years. York County Council on Aging (YCCOA) has been the provider of senior services in York County for over 30 years.

Roughly, ten percent (9.60%) of the population in York County are aged sixty-five and older and twenty-five percent (25%) are aged eighty-five and older. Although ten percent (9.60%) of the population in York County is sixty-five and older, ninety percent (90%) of the participants in the contracted services provided by YCCOA are sixty-five and older. With minorities representing twenty-seven percent (27%) of the population in York County, thirty-nine percent (39%) of minority participants receive services provided by the York County Council on Aging. In York County, approximately thirteen percent (13%) of the population lives at or below poverty, while an estimated forty-four percent (44%) living below poverty receives services. In York County, nearly twenty-three percent (23%) of the residents live in rural areas, while twenty-six percent (26%) of the participants receiving services live in rural areas. Fifty percent (50%) of the participants served are minorities and live in poverty, while one hundred percent 100% of the non-minority participants served are poor. The maps and statistics for York County highlight the success of YCCOA in serving the targeted population (see Appendix H).

YCCOA operates 1 Senior Center and 3 nutrition sites in York County. The Senior Center location near downtown Rock Hill serves as a focal point for senior services in the county. This Senior Center is housed in the former administrative offices of a refurbished textile mill. In addition, there are over 80 senior housing units available in the former textile production mill. The second location for senior services is in Fort Mill, SC and is located in the Unity Presbyterian Church. The third location in York is located in a multilevel renovated store front in the downtown area. The fourth location is in Clover and is housed in a former residential property located close to downtown Clover.

In addition to the services provided through contracts with the Catawba AAA/ADRC AAA/ADRC, YCCOA provides Medicaid transportation and senior meals through funding by Community Long Term Care and Life-line services. Life-line is a secure personal medical alert emergency response service for seniors and caregivers, helping the elderly and disabled live with greater independence. In addition to Title III funding, the YCCOA has successfully leveraged local funding for additional transportation (City of

Rock Hill and York County), home delivered meals and home care services. The YCCOA also leverages food resources secured through a relationship with the Second Harvest Food Bank to expand its food services to seniors. Seniors frequently receive donated food items that allow them to stretch their resources by reducing the amount having to spend on food.

York County is home to the Catawba Indian Nation the only nationally recognized Native American tribe in the state of South Carolina. The Catawba AAA/ADRC will maintain its established relationship with the Catawba Indian Nation, which has included technical support, outreach, training and workshops. High turnover in the aging staff at the Catawba Indian Nation has diminished the relationship while new relationships have been formed with each turnover in staff. This positive relationship has been forced between the YCCOA and the Catawba Indian Nation who has been providing meals for the Catawba Indian Nation Senior Center for the past couple of years.

Lancaster County

Lancaster County is the second largest county in the Catawba AAA/ADRC Region with over 16,954 seniors according to the US Census Bureau Population Estimates. In Lancaster County, the communities of Buford and Indian Land, which border North Carolina, are the fastest growing segments of the county. In these areas of Lancaster County, rapid growth is predicted to continue.

Roughly, sixteen percent (16%) of the population in Lancaster County are aged sixty-five (65) or older while ninety percent (90%) of the participants in the contracted services provided by Lancaster County Council on Aging (LCCOA) are sixty-five and older. Twenty five percent (25%) of the population in Lancaster County are eighty and older. Minorities represent twenty-six percent (26%) of the population, while thirty-six percent (36%) of the participants are minorities who receive services. In Lancaster County, twenty-one percent (21%) of the population live at or below poverty, while the participants receiving services are an estimated fifty-eight percent (58%). Sixty-seven percent (67%) of the participants served are minority and live in poverty, while one hundred percent (100%) of the non-minority participants served are poor.

In Lancaster County, roughly fifty percent (50%) of the residents live in rural areas while ninety-seven percent (97%) of the participants receiving services live in rural areas. The maps and statistics for Lancaster County highlight the success of LCCOA in serving the targeted population (see Appendix H).

Lancaster County Council on Aging (LCCOA) has been the provider of senior service for over 20 years in Lancaster County. LCCOAC operates 1 senior center in Lancaster and 1 nutrition site in Indian Land which operates on a five day per week schedule. Two

nutrition sites located in Heath Springs operate on a three day schedule and Kershaw operates on a two day schedule per week. The Senior Center is located near the business district of the City of Lancaster, which is across the street from the City of Lancaster Parks and Recreation facility and in close proximity to the Springs Memorial hospital. This senior center was partially constructed with a Permanent Improvement (PIP) grant through the LGOA and completed in 2005. Seniors in this area are free to attend either the Heath Spring or Kershaw nutrition site if they want to attend five days per week. The Kershaw nutrition site shares space with a satellite location of York Technical College. The fourth location is Indian Land Nutrition Center located in Indian Land. Indian Land is also the location of the new housing community of Sun City which has attracted many seniors from outside the Catawba AAA/ADRC Region.

Chester County

Chester County is the third largest county in the Catawba AAA/ADRC Region with over 6,938 seniors according to the US Census Bureau Population Estimates; therefore, roughly eleven percent (11%) of the seniors are 60 and older. In Chester County, the geographic area of the county is split by the major interstate I-77. Chester County is seeing significantly less growth than York and Lancaster counties in the Catawba AAA/ADRC region; however population growth is occurring more rapidly around the interstate.

Chester County senior services are provided by YCCOA. YCCOA is one of the first providers of senior services to provide services in multiple counties. YCCOA began providing services to Chester County in 2009. Thus far, this has been a successful endeavor for the seniors. Attendance at all nutrition sites have increased in spite of decreases of funding through the Catawba AAA/ADRC. In Chester County, the number of nutrition sites has been reduced to one Senior Center and two nutrition sites. The Senior Center is located in the Leroy Springs Recreation Complex and operates four days per week. The Senior Center is a result of a partnership established between YCCOA and the Springs organization. The Leroy Springs Recreation Complex is a multi-purpose space and when not in use as a senior service it is leased out to the community for other activities and boasting 60,000 feet in meeting room space. The Senior Olympic Games are hosted each year at this facility.

The first nutrition site is located in Edgemoor, SC inside an educational facility in the rural community of Lando. This small rural town nutrition site boasts of more than 40 attendees each day. The Edgemoor nutrition site provides the opportunity for intergenerational services as a pre-school is housed onsite. The second nutrition site is located in the town of Great Falls in Great Falls Presbyterian Church.

Roughly, fifteen- percent (14.90%) of the population in Chester County are aged sixty-

five and older while ninety-four (94%) of the participants in the contracted services provided by YCCOA are sixty-five or older. Twenty-eight percent (28%) of the population in Chester County is aged eighty and older. Minorities represent forty percent (40%) of the population in Chester County while twenty-five percent (25%) of the participants are minorities who receive services. In Chester County, fifteen-percent (15%) of the population lives at or below poverty while the participants receiving services are estimated to be forty-seven percent (47%). Fifty-nine percent (59%) of the participants served are minority and live in poverty while one hundred percent (100%) of the non-minority participants served are poor. In Chester County, roughly seventy-two percent (72%) of the residents live in rural areas while ninety-nine percent (99%) the participants receiving services live in rural areas. The maps and statistics for Chester County highlight the success of YCCOA in serving most of the targeted population (see Appendix H).

Union County

Union County is a small rural town, the fourth largest county, in the Catawba AAA/ADRC Region with an estimated population of the 6,714 seniors sixty and over. Union County is very rural and is centrally located between counties of Newberry, Spartanburg, Chester and York. Union County is starting to see a decline in its senior population. The seniors in this county are steadily growing older and more fragile. The eighty-five and over senior populations in Union County is one of the fastest growing segments of this age group in the state of South Carolina.

Union County Council on Aging (UCCOA) has been the provider of senior services in Union County for over 20 years. In Union County, the number of nutrition sites has been reduced to one Senior Center and two nutrition sites. The nutrition site located in the Lockhart community that was housed in the senior housing facility has been closed. The Senior Center in Union County is located in the downtown area of the city of Union. The second nutrition site is located in the community of Jonesville, which was recently relocated and now enjoy co-location with the town of Jonesville in the former Jonesville High School building. The third nutrition location is in the town of Buffalo in a former textile mill community.

Roughly, sixteen percent (15.90%) of the population in Union County are aged sixty-five and older while eighty-seven (87%) of the participants in the contracted services provided by UCCOA are sixty-five and older. Twenty-one percent (21%) are aged eighty-five and older. Minorities represent thirty-three percent (33%) of the population in Union County while eighty-eight percent (88%) of the participants are minorities who receive services. In Union County, sixteen percent (16%) of the population lives at or below poverty while the participants receiving services are an estimated thirty-four percent (34%). Thirty-

three percent (33%) of the participants served are minority and live in poverty. In Union County, roughly sixty-six percent (66%) of the residents live in rural areas while the participants receiving service, an estimated seventy-eight percent (78%) live in rural areas. In the maps and statistics for Union County it highlights the success of UCCOA in serving the targeted population (see Appendix H).

The Catawba AAA/ADRC is very concerned about meeting the needs of at-risk client as specified by the Older American Act. As depicted in the maps in Appendix H, the targeted populations by county along with indicators where the clients served who are considered extremely “high risk” senior clients living within the planning and service area displayed.

- **The Catawba AAA/ADRC time line for the frequency in which GIS mapping will be used to ensure those clients with the greatest needs are being served.**

TIMETABLE FOR GIS MAPPING ANALYSIS

JANUARY -MARCH	Rural
APRIL - JUNE	Minority
JULY -SEPTEMBER	Poverty
OCTOBER-DECEMBER	ADL's

Each quarter GIS Mapping will be used to evaluate the demographics of the target population with specific attention to rural minorities and those participants with limitations due to disabilities.

B. Objectives and Methods for Services to OAA Targeted Populations: The projected demographics of the Catawba AAA/ADRC Region show that the region has a faster growing senior population due to the baby boomer generation reaching retirement age. Each segment of the senior population is expected to increase, which includes the 60+, 75+ and the 85+ age groups. In addition, the 85+ age group will become increasingly frailer and will need additional home and community based services to remain in their communities. The goal of Catawba AAA/ADRC and contracting agencies is to increase its outreach efforts to the target populations of consumers, assist in identifying consumers eligible for these services and inform them of the available services. The group of seniors that will be the target of the Catawba AAA/ADRC and contracting agencies focus include:

- Older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals residing in rural areas)
- Older individual with severe disabilities
- Older individuals with Alzheimer's disease and related disorders

- Older individuals at risk for institutional placement
- Caregivers, with particular attention to the targeted population):

Outreach efforts will be designed to increase and/or maintain the cultural diversity of clients served through existing contracts in the Catawba AAA/ADRC Region. The diversity of senior clients in the Catawba AAA/ADRC Region remains constant and mirrors the diversity of the senior population in general.

The Catawba AAA/ADRC will continue to coordinate services with the Catawba Indian Nation to maintain a working relationship with this senior service provider.

The Catawba AAA/ADRC will ensure that services are provided to the targeted population. AIM data and GIS mapping will help identify whether or not the targeted population is being reached and maintained by each contracting agency.

The criteria for evaluation of proposed methods of targeting objectives that the Catawba AAA/ADRC will use for potential contractors will be their reputation and experience in providing services to the targeted population. If the potential contractor does not have relevant experience their proposed plan of service will be evaluated.

C. Ten-Year Forecast for the Planning and Service Area Region: The Catawba AAA/ADRC will continue to be engaged in activities that serve the growing population of seniors in the Catawba AAA/ADRC Region. The senior population in the Catawba AAA/ADRC Region is estimated to reach 76,780 people for the 60 and older age group by the fiscal year 2020. This represents 19,970 additional seniors, a 35% increase over the number seniors in 2010. The number of seniors under 75 in 2010 is roughly 65%. In contrast, the number of seniors under 75 expected in 2020 is roughly 70%. The seniors in the region over 75 years old but under age 85 represented 28% of the senior population but will represent 26% of the senior population in 2020. The senior in the region age 85 years and older represented 7.5 % of the senior population in 2010 but will represent roughly 6% of the senior population in 2020.

The predictions of population change in the Catawba AAA/ADRC Region in all 3 age categories will remain fairly consistent. This gives the Catawba AAA/ADRC the opportunity to identify processes now that will address senior issues possibly for the next ten years. The major population shift will be the diversity of the senior population in the Catawba AAA/ADRC Region especially in the more populated counties of York and Lancaster as seniors migrate in from outside of the Catawba AAA/ADRC Region. The more diverse the Catawba AAA/ADRC Region becomes the more staff will need culturally sensitive training. Although the Catawba AAA/ADRC Region will grow by over 35% by the year 2020, the percentages of the 60 plus, 75 plus and 85 plus seniors will remain the same yet growth will occur in the age groups overall.

The Catawba AAA/ADRC Region will be greatly impacted by the following issues;

- (1) Long term care systems, (2) Service expectations of senior and caregivers,
- (3) Distribution of existing resources and (4) Creation of new resources.

1. Long term Care Systems- Traditionally, the long-term care system has been thought of as place that seniors go when the immediate family is no longer able to care for their loved ones at home. The challenge for the Catawba AAA/ADRC Region like other regions in the state of SC is that the traditional system of long-term care is too expensive and no longer viable to maintain in the future. The Catawba AAA/ADRC Region has experienced very little growth in the number of additional beds in the region. Alternatives to institutional care are paramount to solving the issue of long-term care.

Alternatives which allow seniors to remain in their communities are more cost effective and the preferred choice of seniors. The Catawba AAA/ADRC will have to address the need for long term care in the metropolitan areas as well as the isolated rural areas of the region. Different models applicable to different situations must be developed. Increased life expectancy serves to complicate the model of service as seniors tend to develop more chronic disease that requires additional resources in order to provide care. The incidence of chronic diseases and Alzheimer's is predicted to increase and will require additional space in institutional care facilities or the willingness on the behalf of insurers and Medicaid and Medicare to pay for care at home.

The Catawba AAA/ADRC will assist in planning for the needs of long term care for the target population. Catawba AAA/ ADRC and its partner agency have already begun program development to identify which programs are best suited to address the needs of the targeted population. Additional resource development is warranted to expand the volume of services as the number of seniors increase and require long term care. The Catawba AAA/ADRC is reevaluating the current service delivery model to make them more cost effective while increasing the ability to serve the needs of a growing population as outlined in the LGOA policy and procedure manual.

Continuing to engage in superior contract and grant management by the Catawba AAA/ADRC will yield savings and ensure that the return on investment of dollars for the purchase of services will be at its highest level. Training, community education advocacy by the Catawba AAA/ADRC will increase the awareness of the issues of long-term care.

Finally, coordination of resources will expand to resources that are available to meet the needs of long-term care.

2. Service Expectation of Seniors and Caregivers- The service expectation of seniors and caregivers will continue to change as the demographics and economics of the Catawba AAA/ADRC Region change especially as the “baby boomer” generation reaches 65. The “baby boomer” generation is better educated and will demand different types of services to meet their needs. This presents an opportunity for those successful service providers who will be able to market and sell their services to the more affluent baby boomer generation. On the hand, restrictions on current funding streams, limit the flexibility of what and how funds can be used to provide services. Further, the service

expectation of seniors and caregivers present an opportunity for open dialogue about what they feel they need. Obtaining input from seniors is the best way to also educate them on what services are available and to identify why the current system is not appropriate for what they feel they need or will need in the future. Through education about programs and services, seniors and caregivers will become more knowledgeable about services that will or will not address their needs.

The Catawba AAA/ADRC can encourage new advocates to bring about change in the current way that funding for senior services is allocated through education of seniors and caregivers and encouraging them to talk with their legislators about issues that affect them and their family members.

Resource development to fund different initiatives based on the service expectations of seniors will allow their concerns to be addressed. New program development and education on choices will enable seniors and caregivers to direct their care based on what they feel they need. Having a choice is empowering for seniors and caregivers.

3. Distribution of Existing Resources- Distribution of existing resources will present increasing challenges for the Catawba AAA/ADRC as the population of seniors continues to grow exponentially especially those seniors aged 85 and older. The current level of resources continues to lag further and further behind the growing demands of the senior population. The current level of funding will target only the most frail clients leaving little funding for participants under 85 years of age. The Catawba AAA/ADRC will continue to educate seniors and people under age 60 to better prepare for needs as they age. Resources will only get tighter. We must educate politicians and decision makers of the needs of the senior population and of the most effective way to distribute resources.

4. Creation of New Resources - The growing demand for services coupled with the economic downturn only further complicates the opportunities to create new resources. The creation of new resources presents a challenge due to limited staff time to devote to grant writing while fulfilling the responsibilities of their program. Foundations, regional and local funders are limiting expenditures as they see their investment portfolio decline as the value of their investments decline. Although in the last couple years, we have seen the economy improve we are nowhere near where we need to be to see increasing resources.

The Catawba AAA/ADRC will need to identify what services are being funded and how those services that are getting funded, will serve the needs of the seniors targeted by the Older American's Act in the Catawba AAA/ADRC region. The Catawba AAA/ADRC will increase coordination and cooperation with other organizations to increase the breadth of the service model to increase the likelihood of getting funding for senior initiatives.

D. Emergency Preparedness: The Catawba AAAs/ADRCs will manage its responsibility for developing emergency/disaster preparedness and response plans for their planning and service areas. The Catawba AAA/ADRC will adhere to the policies

and procedures on emergency preparedness found in the South Carolina Aging Network's Policies and Procedures Manual, and have a detailed disaster plan to coordinate its services in accordance with the manual.

Long Term Disaster Plan and Role

Catawba AAA/ADRC is a private non-profit and the role we play as well as other non-profit organizations before, during, and after disasters is crucial in the overall success of returning communities to normal. Some of the more active participants during disasters are: American Red Cross, Pilgrim's Inn, Salvation Army, Catholic Charities, Catawba AAA/ADRC Regional Planning and United Way. Catawba AAA/ADRC will work to coordinate our efforts with our partners in the Catawba AAA/ADRC region. Our role is to advocate for the special needs and consideration for older adults, those with disabilities, family caregivers and seniors raising children. Additionally, our role is to maintain current and up-to-date emergency contact information for our staff, providers and county emergency management officials (see Appendix H). Raising awareness and providing preparedness training for our partners, consumers and our staff is also an essential part of our role. Additionally, Catawba AAA/ADRC will maintain, cross-train and designate qualified staff to be on call during a declared disaster and this staff shall maintain communications with the Executive Director and the LGOA Emergency Preparedness Coordinator for the duration of the declared disaster.

The Catawba AAA/ ADRC will do the following in the Catawba PSA to plan for disaster and emergency preparedness:

- Catawba AAA/ADRC is in communication with the Red Cross and emergency management. We meet with them quarterly or whenever a meeting is called. Additionally, Catawba AAA/ADRC receives disaster/preparedness updates, webinars and other training opportunities. Catawba AAA/ADRC's emergency/disaster plan includes quarterly meetings (these meetings include all county emergency management directors in our region) to ensure there is a working relationship between the counties we serve and the Catawba AAA/ADRC.
- Catawba AAA/ADRC maintains up-to-date emergency contact information for staff, directors of providers/contractors agencies, and county emergency management officials in the event of a disaster or emergency. All of this information is on a Red Cross CD-ROM and maintained by the Executive Director. Emergency contact information is located in Appendix H.
- Catawba AAA/ADRC met with each contracting agency last year to review their disasters plan. Each contract had a disaster plan which allowed them to function in a disaster within the scope of their abilities. Given the new emphasis on disaster plans required in the assurance's the Catawba AAA/ADRC will establish a process for annually reviews and updates its disaster preparedness and response plan.

- Catawba AAA/ADRC's I/R&A Specialist staff will coordinate emergency preparedness response activities and will maintain updated emergency contact information for the local EMD officials, Catawba AAA/ADRC staff, and the LGOA Emergency Preparedness Coordinator.
- Catawba AAA/ADRC's Executive Director has designated the IR&A Specialist staff to be on call throughout the duration of a declared disaster. This staff, with the approval of the Executive Director will schedule all other available staff to assist them and be back up for them for the duration of a declared disaster and shall maintain communications with Catawba AAA/ADRC's Executive Director and LGOA Emergency Preparedness Coordinator.
- Catawba AAA/ADRC's Emergency Coordinator will attend disaster and planning meetings and trainings with the local EMD on a quarterly basis or whenever a disaster planning/coordination meeting is called. The coordinator will also be responsible for keeping Catawba AAA/ADRC staff informed on available trainings, webinars, and etc. to ensure all staff is cross-train in disaster planning and preparedness.

Emergency Management of computers/phones

- Catawba AAA/ADRC's protocol: Catawba AAA/ADRC local telephone provider will forward all calls to another designated site or telephone, if the current Catawba AAA/ADRC site becomes, during a disaster, inoperable. Catawba AAA/ADRC also has backup laptops available for staff if it becomes necessary to move our operation to another location. Catawba AAA/ADRC's Executive Director has developed plans to operate at different sites, throughout the region, depending on the nature, severity and the location of the disaster. Additionally, alternative plans are in place to maintain and manage an emergency operations center with computers and phones during a declared emergency.

Seniors in Greatest Need

The Catawba AAA/ADRC's protocols: Catawba AAA/ADRC will work with the providers to identify seniors with the greatest need to be evacuated before other individuals in the community. Identifying and determining priority is the provider's task and responsibility. The specific factors in determining the seniors with the greatest need and highest priority are a provider responsibility. However, Catawba AAA/ADRC expects their criteria to include, but not limited to, the following: assessment scores, reliant upon medical equipment, lives alone, physical location, thinking or learning limitations and physical and medical problems necessitating frequent medical treatments i.e. dialysis.

- **The Catawba AAA/ADRC process for computer records to be regularly backed up so that the agency can resume services immediately after an emergency, and the protocols for storing computerized backed up records at a safe location are**

described below. The Catawba AAA/ADRC plans to secure a relationship with an online provider of backup service that will allow information to be backed on a daily basis. The accounting software is backed up after a check run and taken off site by staff responsible for this function. The entire system is backed up bi-monthly on a flash drive and is placed in a safety deposit box at South Carolina Bank and Trust located approximated 2 miles from the office. Catawba AAA/ADRC has technology (laptops, iPads and cell phones) that will allow staff to work from a mobile location. Programs the agency uses are web based which will allow staff access to data if wireless internet is available. Telephone calls can be forwarded to the cell phone of the Executive Director if the telephone service is not working.

Partners in the community for emergency preparedness and disaster relief

Catawba AAA/ADRC has numerous partners across the region. American Red Cross, United Way and Emergency Management, Second Harvest Food Bank, local churches, COA's, Catawba AAA/ADRC Regional Planning and the school districts are all partners to mention just a few. We work jointly with our partners in the following ways:

- raising awareness of disaster planning
- developing strategies to disseminate disaster readiness and preparedness information
- share disaster resources with community
- joint presentations on making a plan
- Disaster material in English and Spanish

Additionally, they keep us up to date on resources available. This information assists us in providing our consumers with the necessary information to be prepared and develop a family plan in the event of a disaster. Catawba AAA/ADRC joins with its partners in realizing preparedness is everyone's job. Individuals and not just government agencies but all sectors of the community, service providers, businesses, civic and volunteer groups, industry associations and neighborhood associations, as well as every individual citizen. We all should plan ahead for disaster. During the first few hours or days following a disaster, essential services may not be available. People must be ready to act on their own. Catawba AAA/ADRC is dedicated to promoting disaster awareness region wide and providing our consumers with the essential training, support and information they need to be prepared for a disaster event.

Food, Service, and Critical Services

Catawba AAA/ADRC's protocol: Family caregivers, Medicare beneficiaries, persons with disabilities, are provided with the option of, are receiving a box of 5 shelf stable meals so they have a three day supply of nonperishable food, on hand, in case of disaster. Catawba AAA/ADRC promotes preparedness with its consumers and provides training in the basic needs and supplies for a disaster supplies kit. Planning ahead reduces anxiety and avoids immediate crisis and in case of a disaster, to maintain themselves until services become available. The Catawba AAA/ADRC ensures that contractors of services at the local county level provide shelf stables to seniors in advance of a disaster so that participants have food on hand in case of an emergency. Local service providers also

coordinate transportation needs with County Emergency Management teams to utilize their vehicles during emergencies involving transportation.

- The Catawba AAA/ADRC has verbal agreements with Central Midlands Council of Governments in Columbia, SC and Centralina Council of Government in Charlotte, NC. These organizations have agreed to partner during an emergency where the Catawba AAA/ADRC has to cease operations at its current site. The Catawba AAA/ADRC is in the process of securing written Memorandums of Agreements with these two organizations.

At a minimum the Catawba AAA/ ADRC will implement an emergency prepared plan as follows: The Emergency Preparedness Program (EPP) for the Catawba Region is a necessary and important function of the agency that insures that we assist in serving and protecting South Carolina's vulnerable senior population in a way that is beneficial and manageable. The Catawba AAA will model its EPP based on guidelines provided by the LGOA staff and coordinate our efforts for consistency with local, regional and state emergency management standards. We will serve in appropriate roles should disaster strike including providing contracted services to seniors as needed. The Catawba EPP will encompass a minimum of 4 disaster phases which include (1) Preparation: plans are made with stakeholders and staff prior to the disaster; (2) Response: the period immediately following the disaster; (3) Stabilization: period where the disaster is stabilized; (4) Restoration: the period when we work to get operations back to normal. We will work with appropriate stakeholders at each disaster phase.

E. Holiday Closings: The enclosed schedule represents the planned holiday schedule of closing for each county of service. This schedule of closing shall be a part of the contract established each year between the Catawba AAA/ADRC and the contracting agency. If changes to the holiday scheduled are made for any reason they will need to be approved by the Catawba AAA/ADRC and shall be made a part of the Area Plan update.

Catawba PSA Holiday Schedule FY 2013-2014				
Holiday	Chester and York Counties (YCCOA)	Lancaster County (LCCOA)	Union County (UCCOA)	Catawba
Independence Day July 4, 2013	Thurs, July 4, 2013	Thurs, July 4, 2013	Thurs, July 4, 2013	Thurs, July 4, 2013
Labor Day September 2, 2013	Mon, Sept 2, 2013	Mon, Sept 2, 2013	Mon, Sept 2, 2013	Mon, Sept 2, 2013
Thanksgiving November 28-29, 2013	Thurs, Nov 28- Fri, Nov 29	Thurs, Nov 28-Fri, Nov 29	Thurs, Nov 28-Fri, Nov 29	Thurs, Nov 28-Fri, Nov 29
Christmas December 24-25, 2013	Tue Dec 24-Wed Dec 25	Tue Dec 24-Wed, Dec 25	Tue Dec 24-Wed, Dec 25	Tue Dec 24-Wed, Dec 25
New Year's Eve/Day January 1, 2014	Wed, Jan 1	Wed, Jan 1	Wed, Jan 1	Wed, Jan 1
Martin Luther King Day January 20, 2014	Mon, Jan 20	Mon, Jan 20	Mon, Jan 20	Mon, Jan 20
President's Day February 17, 2014	Mon, Feb 17	Mon, Feb 17	Mon, Feb 17	
Easter April 18, 2014 and/or April 21, 2014	Mon, Apr 18	Fri, April 18 & Mon, Apr 21	Fri, April 18 & Mon, Apr 21	Fri, April 18 & Mon, April 21
Memorial Day May 26, 2014	Mon, May 26	Mon, May 26	Mon, May 26	Mon, May 26

V. CATAWBA AAA/ADRC OPERATIONAL FUNCTIONS AND NEEDS

A. Assessment of Regional Needs: The Catawba AAA/ADRC conducted a state wide needs assessment in partnership with eight (8) other AAA/ADRC's in the state of SC. This needs assessment highlighted the needs of the seniors and evidence of Catawba AAA/ADRC achieving the goal of reaching the targeted population as described by the Older Americans Act. A copy of this Needs Assessment is available upon request or can be downloaded at www.catawba-aging.com. The Executive Summary of the needs assessment can be found in Appendix B.

B. Program Development: Outlined below are the steps that will be taken by the Catawba AAA/ADRC to address the demand for limited resources, consumer choice and private pay options. Catawba AAA/ADRC has made tremendous strides in expanding its impact and ability to serve seniors in Catawba PSA by cross-training staff as it transitioned to become a full-fledged ADRC. By adopting the ADRC service delivery model both the Information and Referral Program and I-Care programs have grown exponentially. During the past three years, the agency has increased the number of certified Information and Referral specialists to five (5) by cross-training staff thus making services offered in the program more readily accessible to consumers. In addition, Catawba AAA/ADRC increased the number of trained I-Care Specialists to six (6) by cross-training staff in order to more readily assist Medicare beneficiaries especially at peak times such as the annual enrollment period.

Catawba AAA/ADRC enhances consumer-directed care by making individuals aware of the service options available to them in Catawba PSA. Likewise, contractors receiving unrestricted funds for services will be encouraged to offer consumers more choices in their service delivery models.

Although developing the capacity to offer private pay service options is the primary responsibility of the contractors, the Catawba AAA/ADRC will stay abreast of successful private pay options as well as conduct research and network with colleagues regarding the private pay option. In turn, the options for private will be shared with the aging network in the Catawba PSA.

A successful private pay option was executed by the former Fort Lawn group dining site in Fort Lawn, SC as follows: The seniors interested in attending Fort Lawn Community Center contacted a local restaurant and developed an action plan to eat lunch at the restaurant daily. The seniors were successful in negotiating a reasonable rate for their meal and now there are over forty (40) seniors attending the site daily. No funding is currently being provided to this group dining site and they have a successful program and good attendance. Community agencies will be encouraged to mirror successful private pay programs being offered in consumer choice.

C. Program Coordination: The Catawba AAA/ADRC will work with contractors, other service delivery agencies, and organizations operating in the region to coordinate

program activities for efficient and effective use of limited resources to meet identified needs.

Catawba AAA/ADRC staff provides regional organizations with information for distribution to the community regarding senior services, training for professional staff, educational opportunities for individuals and families. This information includes long term care, insurance, Extra Help, Medicare Savings Programs, caregiving, and advance directives. Catawba AAA/ADRC staff work with regional agencies to foster awareness and promote the availability of aging network and other home and community based services benefiting seniors

Catawba AAA/ADRC staff provides consultation services to regional agencies that provide support to seniors suffering with dementia and chronic conditions. Catawba AAA/ADRC will maintain its relationship with Head Start to foster increased assistance and education for grandparents raising children.

Catawba AAA/ADRC Caregiver Advocate mentors social work interns attending Winthrop University's School of Social Work and the University of South Carolina's School of Social Work in the Fall and the Spring semesters. The Caregiver Advocate Interns are provided the opportunity to learn hands-on the issues facing seniors and their caregivers. Interns also become familiar with multiple aspects of the Catawba AAA/ADRC operation.

Catawba AAA/ADRC staff works closely with Second Harvest Partners including rural churches serving as sponsors of mobile food pantries throughout York County feeding low-income consumers at risk nutritionally.

D. ADRC and Long Term Care: Since Catawba Area Agency on Aging became Catawba AAA/ADRC, the agency became known as the Catawba Region's "No Wrong Door" or "Single Entry Point" for older adults and individuals with disabilities. Being an ADRC has simplified consumers' access to home and community-based services. Catawba AAA/ADRC staff cross-trained and the Director re-designed the agency structure, to better serve entire Catawba Region.

Catawba AAA/ADRCs web site and Facebook page are designed to serve as highly visible and available places in every community across the region where people of all ages, incomes and disabilities go to get information and access to long-term services and support options. Providing easy access to information promotes independence and dignity for individuals.

Finding the right services can be a daunting task because the current long-term services and support system is fragmented due to numerous funding streams, duplicative eligibility processes, and multiple agencies. During the next four (4) years, Catawba AAA/ADRC will continue to serve as a guide to the maze of community resources and services that support the needs of individuals and family caregivers.

- Outreach – Catawba AAA/ADRC will continue publicizing ADRC "No Wrong

Door” or “Single Entry Point” for individuals and family caregivers.

- Screening/assessing individuals’ need for long-term services and support – Catawba AAA/ADRC aims to screen every contact for their eligibility in public and private programs

E. Advocacy: Catawba AAA/ ADRC supports advocacy in several ways throughout the Catawba PSA.

- The Executive Director(ED) serves as a member of the Community Advisory Board for Piedmont Medical Center the local hospital.
- The Catawba AAA/ADRC will designate staff to regularly attend meetings of Emergency Preparedness.
- The ED has written several letters for developers interested in building affordable housing for seniors that is also disabled-friendly. Many of the housing projects have been successful.
- Both the ED and the Caregiver Advocate (CA) serves on the planning committee for the Update State Care Transitions team. The team was successful in being awarded a Care Transitions grant in the fall of 2012.
- The CA participates in the workgroup Preventing Avoidable Readmissions (PART). The CA works closely with Winthrop University advocating on behalf of seniors. The Caregiver Advocate works with the Individuals Caring for the Elderly (ICE).
- Catawba AAA/ADRC staff work closely with Second Harvest partners a coalition of rural churches who sponsor mobile food pantries throughout York County that feed consumers at risk nutritionally.
- Catawba AAA/ADRC staff work with the Silver Haired Legislators from the Catawba region who draft resolutions for changes needed to existing legislation and to influence new legislation to benefit seniors in our state.
- Catawba AAA/ADRC staff work tirelessly as advocates for the seniors they serve to insure that they receive all of the services they need in a timely manner that will better improve their livelihood. Agency staff will advocate and educate vulnerable seniors who may become victims of people misrepresenting the facts of the products and services they are selling.

F. Priority Services: To establish funding levels for priority services, the Catawba AAA/ADRC uses guidelines established by the Regional Aging Advisory Council. These guidelines are in keeping with the minimum percentage of Older American Act funds received by Catawba AAA/ADRC that shall be expended on priority service categories (1) fifteen percent (15%) for services associated with access: transportation, outreach, and information, referral, and assistance; (2) ten percent (10%) for in-home services: homemaker and home health aide; telephone reassurance, chore maintenance ;(3) one percent (1%) for legal services; and in percentages listed above per the LGOA policy and procedure manual. Further, waiting lists for priority services are also a factor in determining the allocation of resources. Current plans for SFY funding levels are as follows and were provided by the LGOA: Priority service categories (1) Eighty-one

(81%) for services associated with access: transportation, outreach, and information, referral, and assistance; (2) Seventeen (17%) for in-home services: homemaker and home health aide; telephone reassurance, chore maintenance ;(3) roughly three (3%) for legal services.

G. Priority Service Contractors: Catawba AAA/ADRC ensures that it uses a sound process for determining the eligibility of the contractor from whom they purchase priority services. The priority service of Information/Referral & Assistance is provided at the regional level. See section VI. for a detailed description of this program. Contractors are selected for transportation and in-home services through the request for proposal (RFP) process and monitored annually.

Legal services are one of the priority services managed at the Catawba AAA/ADRC level. A list of attorneys is created and revised annually. All attorneys agree to provide services at or below the market rate for comparable legal services. The market rate is determined through research with the SC Bar Association. In the Catawba PSA, the priority Legal Services are provided only by licensed attorneys in the region who are members in good standing with the SC Bar Association. Licensed attorneys who are members of the SC Bar Association can be identified using the membership database on the SC Bar Association website. Catawba AAA/ADRC prioritizes legal assistance related to income, health care, long-term care, nutrition, housing, utilities, and protective services, defense of guardianship, abuse, neglect, and age discrimination based on the guidelines required for legal assistance service providers according to section 307(a)(11)(A) through (E).

H. Transportation: The Catawba AAA/ADRC stays abreast of the transportation needs of the Catawba Region by working with transportation providers and the Catawba Council of Governments who periodically provide research on transportation issues in the Catawba PSA. The transportation needs of the Catawba PSA far exceed the funding levels required to provide the level of service needed. The availability of transportation for targeted population varies greatly from county to county. Fortunately, in the Catawba PSA, three of the four counties offer some form of subsidized public transportation. Transportation providers receive funding from county, city, fee for service, and the Department of Transportation. During the coming year, funding from the Catawba AAA/ADRC for transportation will be very limited based on the allocation from the LGOA.

Catawba AAA/ADRC ensures that a transportation unit is Point to Point. Each mile of transportation provided between Point A and Point B for An individual equals one unit of transportation. Contractors shall keep the daily rider logs for each vehicle, miles ridden by passenger (trip starting point and drop-off point), and names of companion riders. Catawba AAA/ADRC shall reimburse contractors only for each mile of transportation provided between pick-up Point A and drop-off Point B (Point to Point) for an individual. Anyone compensated by Catawba AAA/ADRC or contractors to provide services cannot be counted as a service unit earned for transportation services funded through OAA programs or with any State of Federal funding provided by Catawba

AAA/ADRC, while providing that compensated service. When monitoring aging services, the Catawba AAA/ADRC shall match service clients with a list of contractor employees to ensure funding and programmatic integrity. Any attempt to include compensated individuals as aging clients earning units shall be denied by Catawba AAA/ADRC and reported to the appropriate State or Federal investigative agencies.

All contractors shall input transportation client service data into the AIM data collection system. This data must be inputted for each site providing the individual client with the service. Invoice for reimbursement of service units is based upon AIM data originated by the contractor and approved by the Catawba AAA/ADRC.

I. Nutrition Services: Catawba AAA/ADRC has a solid reputation of expending all Title IIIC nutrition funds as awarded annually. Nutrition services will change in the Catawba PSA as they will throughout the nation as nutrition funding shifts to the most vulnerable-- those seniors who are home-bound and from those who were seeking socialization at group dining facilities. Those contractors dependent upon group dining funding to operate their senior centers and nutrition sites will suffer financially as Title IIIC1 will continue to diminish.

The demographics of clients in the Catawba PSA feature seniors growing older and more fragile consuming additional resources to stay at home and out of the more expensive long term care system. Through attrition clients have been replaced with clients of similar demographics and there is less attrition than in the past.

Funding challenges will demand that changes be made to the types of participants receiving services. Only the most fragile will be served. The increasing cost of services will reduce the number of meals that can be served with stagnate funding. The days of operations of group dining centers will be reduced unless contractors are able to find alternative resources to fund their senior centers and nutrition site. The number of senior centers and nutrition sites will likely reduce or open less than 5 days to stay open because of increasing costs. Trends as described earlier have already begun and will continue throughout the next four years.

The Area Plan shall address the following for Nutrition Services: Catawba AAA/ADRC protocols for ensuring that nutrition providers/contractors are earning their units for reimbursement purposes are as follows:

One meal served to an eligible participant equals one unit of service for nutrition services. Paid employee, volunteer, or anyone compensated by Catawba AAA/ADRC or contractors cannot be counted as a service unit earned for nutrition services funded through OAA programs or with any State or Federal funding provided by Catawba AAA/ADRC. When Catawba AAA/ADRC monitors contractors, the agency shall match service clients with a list of contractor employees to ensure funding and programmatic integrity. Any attempt to include employees, volunteers, or compensated individuals as aging clients earning units shall be denied by Catawba AAA/ADRC and reported to governing agencies as appropriate. Group dining and home delivered contractors must

use the official LGOA approved sign-in sheet (Report LG-94) to record clients utilizing nutrition services daily. Sign-in sheets must be kept on file and provided to the Catawba AAA/ADRC upon request for a minimum of three (3) years.

The Catawba AAA/ADRC protocol for ensuring that group dining sites have the minimum twenty-five (25) meal participants required each day. Catawba AAA/ADRC staff will review sign-in sheets as they are scanned and sent to the agency on a monthly basis and SC 63 report to make sure the number of participants match by nutrition site. Nutrition sites that are unable to maintain the minimum 25 participants shall submit a waiver to Catawba AAA/ADRC who in turn will seek approval of this waiver from the LGOA.

The Catawba AAA/ADRC protocols for ensuring that group dining sites have planned activities based on the requirements of the OAA and LGOA, and that each site provides activities at least four (4) hours daily and has approved activity calendars. Catawba AAA/ADRC will review submitted group dining site calendars from each contractor. Calendars will be returned to contractors for correction if they lack the basic content of the guidelines as outlined in the LGOA policy and procedure manual.

Catawba AAA/ADRC gives preference to older persons in greatest social and/or economic needs in the provision of services in 45 Code of Federal Register (CFR) 1321.17(f) (2). Methods used to target services include locating senior centers and nutrition sites in close proximity to population served and partnering with Winthrop University for assistance with older individuals with limited English proficiency.

Describe Catawba AAA/ADRC's Action plan to encourage contractors to enact cost-share and private pay options in service delivery model. In FY2014, contractors will be asked to provide documentation of plans to implement private pay and cost-sharing for the clients being served. Documentation will be reviewed by Catawba AAA/ADRC prior to approval of annual contract or contract renewal. In addition, the progress being made toward integrating cost-share and private pay will be reviewed annually.

Describe detailed Cost Share plan for clients receiving services in the Catawba PSA. Catawba AAA/ADRC has provided a detailed cost-sharing plan for client receiving funding which allow cost share State funded services in V-Section P below.

Describe protocols used by the Catawba AAA/ADRC to review regional menus including input from a registered dietitian and the appropriate LGOA staff. Catawba AAA/ADRC receives menus from the cater for the next quarter in advance, copies of menus are forwarded to contractors for participant feedback, feedback is taken to quarterly menu review meetings. Participant input is shared and menu is changed to accommodate input if allowable while maintaining nutritional standards of the Meal Bid Specs provided by the LGOA Policy and Procedure Manual.

J. Training and Technical Assistance: Catawba AAA/ADRC shall assure through the Area Plan that it is providing technical and programmatic assistance and training opportunities for AAA/ADRC staff and contractors. Including components found in the Verification of AoA and LGOA Assurances found in this guide, as well as the policies set by the South Carolina Aging Network's Policies and Procedures Manual. The AAA/ADRC shall provide

Catawba AAA/ADRC shall continue to provide technical assistance/training to all contractors so that each agency's staff is prepared to carry out the functions and responsibilities prescribed by the LGOA, the OAA, and the South Carolina Aging Network's Manual of Policies and Procedures.

Catawba AAA/ADRC will continue to provide technical assistance to companies interested in providing services to the senior population. We will continue to make ourselves available for training the regions aging network providers of senior services. Catawba staff will serve on committees that will plan annual training conferences for professionals in the aging industry.

The LTC Ombudsman has continued to provide training to facility staff at independent assisted living facilities, nursing homes, technical schools and corporations. These trainings include reporting neglect and abuse, when to report incidents and what is an ombudsman. Through collaboration the Caregiver Advocate continues to provide training on care giving to local churches targeting minority individuals and their families. Staff provides education through media, fairs, expos, and support groups and training through professional affiliations with community education training and community health partners.

Beginning July 2013, Catawba AAA/ADRC will conduct an assessment of the technical assistance and training needs of the region and design and implement a regional training and education plan. Thereafter, assessment, design and implementation of regional training and education plans will be conducted annually. Catawba AAA/ADRC is responsible for coordinating annual training for PSA Board of Directors, AAA/ADRC staff, RAAC members and contractor staff. Training shall be provided for Catawba AAA/ADRC and contractor staff when policies and procedures for programmatic services and activities change. Contractors under the Catawba AAA/ADRC Area Plan shall comply with procedures established by the agency for training of volunteers and paid personnel according to Quality Assurance Standards of the LGOA. Catawba AAA/ADRC and contractor staff shall ensure that all employees are proficiently trained to perform the job duties assigned and are trained to properly input data into all LGOA relevant informational systems. Contract procurement documents contracts shall address current staff development and training responsibilities of the contractor to ensure the efficiency and integrity of programs and services delivered.

K. Monitoring: The primary method of monitoring in the Catawba Region includes site visits to senior centers and nutrition sites. These monitoring visits will continue to be announced and unannounced visits. The Catawba AAA/ADRC will target providers of services who have had difficulty in meeting LGOA program standards in the past to

ensure that past performance problems are eliminated. We will work with our contractors to assist them in providing the best possible service to the seniors of the Catawba Region. Monitoring visits will be used as a tool to identify and celebrate those service providers who are providing services that exceed requirements in the aging program.

At each visit, time will be spent with administrative and service delivery staff as well as seniors in attendance. Records are reviewed as needed. Visits to homebound seniors in the region will be made. In addition, the Catawba AAA/ADRC administrative staff has placed an increased emphasis on desktop monitoring of reports received for services requiring reimbursement to insure that all required information is being received. Statistical data is also reviewed to identify trends in services and target services.

Contractors who fail to deliver contracted services or to follow the methods of service delivery described in request for proposal response are notified of non-compliance and given the opportunity to become compliant before additional action is taken.

Catawba AAA/ADRC will maintain proper accounts with all necessary supporting documents. All accounting methods and forms will provide an accurate and expeditious determination of the status of all Federal and non-Federal funds at any time, including the disposition of funds received and the nature and amount of all expenditures and obligations claimed against OAA and State allotments. Catawba AAA/ADRC shall enter the liability for the local matching funds in the appropriate accounts when payment is requested from the LGOA.

Catawba AAA/ADRC has an audit of annually. Agency Board of Directors' receive reports on the annual audit finding and receive copies as requested. Copies of the audit are submitted to LGOA as required.

Catawba AAA/ADRC assures that all funds requested for payment shall be for units and services actually provided and earned by contractors. Catawba AAAs/ADRC will provide and maintain written assurances through their Area Plan and annual updates to monitor and audit the payment requests for accuracy and integrity purposes.

L. Contract Management: Catawba AAA/ADRC will provide QA review for all service delivery contractors. Catawba AAA/ADRC will purchase services only from contractors that provide the agency with all requested data in the format necessary to document the outcome of services purchased. Contractors commit to this requirement annually in contracts and contract renewals. See V-Section K above for further Catawba AAA/ADRC protocols and monitoring procedures.

Catawba AAA/ADRC uses the following criteria to determine if a contractor will receive a contract extension or termination at the end of each year:

- (1) The contractor's ability and willingness to continue providing the services.
- (2) The contractor's ability and willingness perform services according to the

requirements of the standards as outlined in the LGOA policy and procedure manual.

- (3) The contractor's willingness to provide services in a fiscally responsive manner.
- (4) The results of monitoring visits as well as desk top monitoring that indicated full compliance with requirements

The monitoring visits as well as desk top monitoring is the procedure used to verify that services are delivered according to each program's requirements.

Catawba AAA/ADRC will provide electronic copies of procurement contracts and all amendments thereto, to the LGOA's Policy and Planning Manager in the Programs Services Division within thirty (30) days of execution.

Catawba AAA/ADRC assures that all contracts for the procurement of services or goods that are supported with financial assistance through the LGOA adhere to applicable Federal and State procurement codes (COG: OMB Circulars A102 and A-87) (PN-P: OMB Circulars A110 and A-122).

Catawba AAA/ADRC ensures that all Title IIIC contractors provide monthly calendars that accurately reflect the social activities mandated through the Older Americans Act (OAA). Catawba AAA/ADRC and its contractors shall look to the 2013 South Carolina Aging Network's Policies and Procedures Manual for guidance with the activity calendars. Activity calendars will show innovation and provide multiple services that meet the needs of the seniors in that community.

M. Grievance Procedures: During the competitive procurement process in the Catawba Region responding contractors are required to include in their response a copy or their grievance procedures to be provided to clients receiving Federal, State, and Catawba AAA/ADRC funded services. The grievance procedures are reviewed by the evaluation committee and recommendations for changes are communicated with any organization with whom a contract will be awarded.

Grievance procedures are to be posted in each senior center and nutrition site throughout the Catawba Region on a bulletin board of each site. Seniors are made aware of procedures for filing a grievance when they begin receiving services from Catawba AAA/ADRC or contractor. Catawba AAA/ADRC will retain a copy of the grievance policy of all agencies with whom it contracts.

N. Performance Outcome Measures: Catawba AAA/ADRC ensures consumers have information needed for health insurance and pre-planning for long-term care needs.

Strategies/Action Steps:

- Make the I-Care counselor available throughout the region and senior centers and other places where senior congregate
- Continue to promote volunteerism and civic engagement to improve the quality of life for elders

- Encourage elder lifestyles that incorporate routine physical activity in all aspects of their lives
- Provide physical fitness evidenced-based program at targeted locations throughout the PSA
- Utilize the agency's website to promote the importance of physical activity throughout one's lifetime
- Teach older adults the importance maintaining a balance and preventing falls through providing and evidences-based prevention program at targeted locations through the PSA
- Teach older adults with chronic disease the importance of physical activity through the provision of the Chronic Disease Self-Management program at targeted locations throughout the PS
- Encourage development of additional public and private partnerships to enhance PSA-wide Health and Wellness programs and services
- Address health needs of people 60 and older by focusing on a holistic approach to their physical and mental health
- Expand the agency's evidenced-based health programming to include a falls preventions curriculum with a focus on ensuring an older adult's independence
- Promote healthy lifestyles for elders through improved nutrition
- Coordinate activities between Title III C-1 and Title III-D programs to ensure older adults receive comprehensive nutrition education at the local meal sites
- Coordinate activities between the Title III-C-2 and Title III-D programs to ensure that older adults receive comprehensive nutrition through the home-delivered meal program
- Utilize agency's website to educate the public about incorporating proper nutrition into a healthy lifestyle
- Conduct annual consumer satisfaction surveys targeted to participants of the nutrition program and incorporate feedback into the service delivery process
- Encourage nutrition providers to make available nutrition counseling services to consumers with who are nutritionally at risk

Outcome: Make comparison of nutrition scores of new C1 and C2 clients at quarterly intervals to measure improvement

Outcome: Number of congregate and home delivered meals provided.

O. Resource Development: The Catawba AAA/ ADRC has engaged in the following proactive initiative to assist contractor in developing methods to increase grant related income or institute cost-sharing for allowable services.

Catawba AAA/ADRC modeled the successful cost-share program in SYF2012 with Title III B dollars awarded to the Catawba PSA. The program was very successful - for the \$100,000 investment over \$200,000 services were provided to seniors participating in the cost-share program. Another successful initiative in generating value was the IIIB legal service grant. Over the past three years attorneys have donated legal time valued at

roughly \$64,600.

Catawba AAA/ADRC has kept contractors abreast of changes in funding for aging services and encouraged contractors to update their service models to attract more seniors who can afford to pay for services. We have encouraged contractors to solicit contributions from participants in all services allowing contributions or cost-sharing. In addition, Catawba AAA/ ADRC has written numerous letters of support for grant applications submitted by contractors and we have encouraged expansion of private pay services to the general public in order to increase revenue. Below is a table highlighting the grant-related income (GRI) generated in the past several years:

		GRANT RELATED INCOME	
YEAR	SERVICE	INCOME	UNITS PURCHASED
2009-2010	Congregate Meals	\$35,869	5,017
2010-2011	Congregate Meals	\$38,018	5,340
2011-2012	Congregate Meals	\$35,869	4,795

Year	SERVICE	INCOME	UNITS PURCHASED
2009-2010	Home Delivered Meals	\$16,238	2,303
2010-2011	Home Delivered Meals	\$13,653	1,937
2011-2012	Home Delivered Meals	\$13,749	1,962

Year	SERVICE	INCOME	UNITS PURCHASED
2009-2010	Transportation	\$1,437	1,261
2010-2011	Transportation	\$5,274	4,626
2011-2012	Transportation	\$4,633	3,829

YEAR	SERVICE	INCOME	UNITS PURCHASED
2011-2012	Physical Fitness	\$3,387	1,947

Catawba AAA/ADRC will continue its efforts in working with contractors to develop methods to increase GRI and institute cost-sharing for allowable services.

P. Cost-Sharing and Voluntary Contributions: Catawba AAA/ADRC will increase opportunities to cost-share for all services which allow cost sharing and will commit to

creating opportunities for clients to make voluntary contributions. The process for voluntary contributions will be in keeping with guidelines established by the LGOA policy and procedure manual. Requirements for cost-sharing and voluntary contributions shall be a part of the original contract and in all contract renewals annually. Explanations of cost-share and voluntary contribution programs will shall be made both verbally and in writing at the time service delivery is arranged, and shall be posted in a conspicuous location accessible to clients within the site. The explanation will include the voluntary nature of the contribution, confidentiality policies, and how contributions are collected and used.

Catawba AAA/ADRC will use the following guidelines in implementing a cost-share program for allowable services in the Catawba PSA:

1. Charges to “cost-sharing” consumers shall be based on the unit price agreed upon by the consumer, provider and Catawba AAA/ADRC.
2. The sliding-fee scale developed by the Catawba AAA/ADRC shown below shall be used to determine the percentage of the actual cost per service unit each consumer must pay. "Actual cost" is defined as that amount established between the consumer, Catawba AAA/ADRC and the contractor.
3. In order to establish the appropriate cost-sharing payment, the initial consumer assessment must include a self-declaration of income during the application process.
4. The fee scale lists a spectrum of income levels and the corresponding percentage of unit of service cost at each level. All consumers participating in Catawba AAA/ADRC Cost-Share program must pay a portion of the unit cost. All other consumers whose income fall under 100% of the established poverty level shall be referred to program where there is no obligation to pay a cost-sharing payment.
5. The updated sliding-fee scale will be implemented July 1 of each Program Year.

Sliding Fee Scale FY2013

%FPL	HH1	HH2	% of cost share
100%	\$958	\$1293	0
115%	\$1,101	\$1,486	10
125%	\$1,197	\$1,616	20
187%	\$1,795	\$2,423	30
200%	\$1,915	\$2,585	40

300%

\$2,873

\$3,878

50

Q. Confidentiality Assurances: Catawba AAA/ADRC protocol for ensuring that its providers/contractors comply with all Federal and State laws and regulations regarding the confidentiality of client information, as well as the policies and procedures of the LGOA.

Catawba AAA/ADRC will ensure that lists of clients compiled under any programs or services are used solely for the purpose of providing or evaluating services. Catawba AAA/ADRC will obtain written assurances from contractors stating that they will comply with all LGOA confidentiality requirements, as well as any and all applicable Federal and State privacy and confidentiality laws, regulations, and policies as a part of the original contract and all annual contract extensions. Catawba AAA/ADRC will provide this assurance in this Area Plan document, Area Plan updates, and/or as changes are made.

The Catawba AAA/ADRC protocol for ensuring that providers/contractors have written procedures for protecting identifying client information against unlawful distribution through any means, physical or electronic.

All identifying client data must be protected through limited access to electronic records. All Catawba AAA/ADRC employees and contractor employees with access to identifying client information must sign a notice Portability and Accountability Act of 1996 (HIPAA), Pub. L. No. 104-191, 110 Stat. 1936. prepared by the grantee specifying the requirement to maintain confidentiality and the penalty for failure to comply.

VI. CATAWBA AAA/ADRC SERVICE DELIVERY FUNCTIONS

A. Staff Experience and Qualifications: Primary program are as follows: (1) The LTC Ombudsman has a Bachelor of Science from Wingate University in Human Services with a minor in Business. She received her Ombudsman certification in 2001. In addition to her Ombudsman certification she is a certified I-Care Counselor. Also, she has additional training/certificates for Advance Directives: Respecting Choices, Dementia Dialogues Train the Train, and a South Carolina Geriatric and Gerontology Certificate. (2)The current Information and Referral (I&A) Specialist has served the Catawba Area Agency on Aging for twenty (20) years. For thirteen (13) years, she functioned as Program Assistant to the Executive Director assisting with grants management, coordinating training for grantees, providing technical assistance to grantees, conducting community activities, developing written procedures for complying with required functions, conducting quality assurance reviews both in-home, on-site and using AIM, developing new grant opportunities, providing information and advocacy to individuals or agencies seeking assistance, and developing written resources to enhance or promote public awareness of problems and needs of older persons. She primarily provides information, referral or advocacy services to individuals or agencies seeking

assistance and develops written resources to enhance or promote available programs/services or increase public awareness of problems and needs of older persons. (3) The I-CARE Coordinator has been in her position for the two plus years. She has a background in human services work and has been certified in I-CARE counseling. She has enhanced her ability to understand the medications taken by her clients and be more proficient in assisting beneficiaries with their Medicare benefits. Over the past three years have work with the senior population at large to provide information, training, and counseling on insurance, fraud and abuse. To keep abreast of the changes and updates on Medicare and Medicaid and to providing accurate information to beneficiaries and caregivers, she has participated in numerous hours of additional training and continuing education opportunities. (4) Family Caregiver Advocate is a Licensed Social Worker with extensive experience working with diverse populations including aging, special needs, disabled, children, low income, and rural. Additionally, significant ongoing grant writing, trainings, and certifications in areas related to program development and service delivery. This helps develop an understanding and working knowledge of the expansion of service integration within the Catawba AAA/ADRC and other community programs and partners. Counseling and support skills set to assist caregivers, individuals, families, and community programs. All staff working in these programs will be cross-trained to allow for at least one back up person for each program in the absence of the primary staff person resulting in more accurate and complete information being provided regardless of the nature of the call for assistance.

B. Long-term Care Ombudsman Services: The Catawba Regional Long Term Care Ombudsman (CRLTCO) advocates on behalf of residents living in nursing homes and assisted living facilities; investigates concerns/complaints regarding long term care facilities as they relate to resident' rights, quality of care, quality of life, family and resident councils, transfer and discharge; educates the public on long term care issues and promotes increased community involvement in long term care facilities. The Catawba Region includes Chester, Lancaster, Union and York County, South Carolina and has a total of 2, 485 nursing home and assisted living beds. In the last fiscal year the CRLTCO opened a total of 155 cases which including a total of 260 complaints. There were a total of 144 cases closed which included 248 complaints.

The CRLTCO has and will continue to focus on improving the complaint investigation process. The area of response times, and resolution strategies and follow-up are identified strengths of the program, however, improvement in the process is always possible. Other strengths of the CRLTCO include a "live voice" to callers when asking questions or filing a complaint, thus insuring timely access to Ombudsman staff which results in a timely response to complaints and requests for assistance. An additional strength is the visibility of the Ombudsman program within the community through such activities as presentations, fairs and outreach, which publicizes the accessibility and availability of the program. Lastly, the Catawba Region, being small and rural in size, brings intimate knowledge of the long term care facilities in the Catawba Region and strong two-way communication between the CRTLCO and facility administrators.

The CRLTCO seeks to initiate opportunities in the community to educate others about its services through trainings, presentations and discussions at local agencies, service clubs or meetings of religious organizations. The outreach topics include but are not limited to, Advance Directives, the Ombudsman Program, Long Term Care and Aging Issues. The CRLTCO will continue to provide services and collaborate with other agencies to identify and address educational outreach efforts in the region to help prevent exploitation, neglect and abuse. These efforts will build on the existing collaborative partnerships with religious organizations, Senior Expo, Parkinson's Support Group and Comporium Communications and AbitibiBowater conferences for company retirees. The CRLTCO provided 23 educational hours of training to the general public last year.

Additionally, the CRLTCO seeks to improve the quality of life for Long Term Care (LTC) residents by educating facility staff concerning resident rights, abuse/neglect, and the role of the Ombudsman Program. The CRLTCO Ombudsman also provides sensitivity training to staff for the reason that one the top complaints the CRLTCO receives is the failure of staff to treat residents with dignity and respect. The CRLTCO provided 10 hours of staff training last year.

Catawba Ombudsman program only has one full time Ombudsman to investigate, advocate, educate, conduct "friendly" visits, attend family and resident councils and respond to questions. Therefore, a program weakness is the resident of family may not have immediate access to the Regional Ombudsman.

The CRTLCO intends to recruit volunteers to participate in the Friendly Visitor Program. There were 64 Friendly visits made in the last fiscal year for a total of 131 hours. The CRTLCO has been fortunate to have an exceptional Friendly Visitor over the last two years. A challenge for the CRLTCO is to find other Friendly Visitor Volunteers that will be a reliable volunteer. The goal of the Friendly Visitor will be to maintain a continual presence in long term care facilities, and assist the CRLTCO continue outreach training in the community concerning LTC issues and the Ombudsman program.

Complaint cases are top priority for the Ombudsman. The CLTCO has a full case load and strives to use her time effectively, thus friendly visits by the CRLTCO will be made as time allows. The Ombudsman conducts friendly visits in conjunction with complaint investigations. When the CLTCO conducts complaint investigations, friendly visits are made to the surrounding facilities to be cost effective and time efficient. See Appendix C for the goals of the CLTCO.

The CRLTCO will continue to assist LTC facility staff in developing and maintaining family and resident councils by providing materials, such as information on resident rights and the Ombudsman Program. Information will also be disseminated by the CRLTCO through an e-mail data base containing facility social workers and

administrators. The CRLTCO spoke at 2 Resident Council meeting during the last fiscal year. The CRLTCO will assist, per request, by speaking at resident and family councils and assisting staff in locating other appropriate speakers.

To promote community education concerning Elder Abuse the CRLTCO has posted “*10 THINGS ANYONE CAN DO TO PROTECT SENIORS*”, compiled by AOA, to the Catawba ARDC Facebook and web page. There is also a link from the Catawba ARDC website to AOA to obtain additional information about Elder Abuse and Prevention.

C. Information, Referral, and Assistance Services: Catawba AAA/ADRC (Catawba) is the regional designated focal point on aging and disability. The I&R/A service delivery system is designed to allow the consumer to go online, email, visit, or call for assistance, information or referrals on any aging and/or disabilities issue. Catawba I&R/A staff are experienced in area-wide aging and disability programs. Catawba I&R/A staff are informed aging and disability specialist who educate the community and assist persons to navigate the aging network. (**Appendix D: Attached, I/R&A report for 2011-12 program year**).

The Catawba ADCR’s Information and Referral Program in 2011-12 had 10,566 contacts, according to SC Access. In 2008 the I/R&A program had 979 contact. Over the last 4 years our program has had an increase of over 100%. We project a 5% increase of contacts for each year for the next 4 years, based on growth indicator for the region. The Catawba ADRC (Catawba) has developed, over the last 4 years, a successful approach and protocol for the I/R&A and all of our other agency programs. All program staff is AIRS certified and certified SHIP counselors. Each individual program, at Catawba, has an AIRS certified staff person. All programs at Catawba are involved in providing information, assistance and referral for Medicare beneficiaries, disabled persons, families, caregivers, SRC or future beneficiaries in some capacity.

Therefore, we have team meetings, bi-weekly. At the meetings we set common goal numbers, plans for outreach, strategies and objectives, develop timelines and assign tasks to individual workers. Catawba ADRC programs are not allowed to operate in isolation or silos. Additionally, the staff team discusses their individual programs plans and integrates their goals and objectives into the ADRC monthly plan. Each worker has the assignment of screening for the name, address, phone number, income, age, insurance status and entering the contact into OLSA. Additionally, all I/R&A staff screen for Low Income Subsidy (LIS), and screen callers for possible eligibility of Medicaid, SNAP, CLTC and VA aid and attendance, etc. At every team meeting the goals, contact numbers for the month, accuracy and quality of data entry, objectives and outcomes are reviewed. When a goal is met, a new goal is developed with objectives and outcomes. If goals are not met, new strategies and objectives are developed and goals revisited at the next team meeting, two (2) weeks later. These goals are specific and measurable so we can determine when we have reached the goal and set a new goal.

At Catawba ADRC setting goals, objectives, measuring of outcomes is an active process, reviewed and monitored every two (2) weeks. Our current monthly contact goal is 600-

800 per month and one (1) PAM event per week. At each meeting these numbers are reviewed and reset for the next month. Catawba uses S.M.A.R.T. (specific, measurable, attainable, realistic, and time-bound) as the guide to set our goals and objectives. All of our goals are tied to a numerical value; objectives and outcomes are measurable.

Therefore, our goals have been and will continue to be quantifiable, measurable and verifiable. Currently, the I/R&A monthly contact goal formula is:

Specific: 600 I/R&A contacts month-March

Measureable: # of contacts entered into OLSA=600 between 5/1/13-5/31/13

Attainable: 30 calls per day ~ 6 workers= 5 contacts per day

Realistic: 5 contacts per 6 workers per day for 20 days= 600

Timely: 14 and 30 days target date

Employment policies: Catawba ADRC's policy requires a full time I/R&A specialist on staff. The I/R&A specialist will meet all the requirements described in the SC Aging Network's Policies and Procedures. Additionally, Catawba ADRC requires, as a condition of employment, the I/R&A specialist must successfully pass the AIRS exam and be AIRS certified, maintain their required training and renew their AIRS certification every 2 years and retain their AIRS certification in good standing throughout their employment at the Catawba ADRC.

Funding: All I/R&A funding is used exclusively to fund the I/R&A Programs. All program expenses are verified by timesheets, expense and mileage reports. Direct as well as indirect program costs, that are a benefit to the programs, are identified and necessary to the operation of the I/R&A program (i.e. telephone, printing, etc.) and prorated accordingly.

I&R/A Long Term Goals

For the period of the 2013-2017, the long term goals of the Catawba I&R/A Program is to continue to assist seniors' and disabled adults' ability of leading independent, meaningful, and dignified lives in their own homes and communities for as long as possible regardless of age, income, or ability level by providing effective referrals to ensure that information or assistance is received, regardless of how or where contact is made in the community. Outlined in Appendix D are the long term goals and strategic goals of the I&R/A program.

Catawba ADRC's Information and Referral program's **weaknesses** are:

- Lack of leadership for regional I/R&A staff in providing program direction and coordination
- OLSA system inability to streamline and simplify the referral process for consumer
- Lack of MOA's between LGOA office and other state agencies, results barriers of access and reduce duplication of efforts for consumer
- Gaps in the availability of services i.e. dental care, medical care for uninsured i.e. SSA disabled person in the 2 year wait period for Medicare.

Catawba ADRC's Information and Referral program's **strengths** are:

- Easy access to ,AIRS certified, I/R&A worker, for consumer
- All direct service staff are AIRS certified
- Bi-weekly staff team meetings
- Program goals are set, reviewed, and monitored every 14 and 30 days
- All Catawba ADRC staff are cross-trained to avoid gaps in service coverage
- Catawba ADRC's programs have individual program goals and integrated goals
- Reduction of program/worker isolation or silos information; increasing the knowledge base of all staff

Catawba ADRC marketing/outreach efforts to promote their services and programs.

Catawba ADRC (Catawba) uses various methods to ensure that all service options are publicized and promoted through the internet, paid advertising, and earned-media for the purpose of ensuring access to information and services for older persons. In 2013, Catawba implemented its Facebook page. I&R/A program will:

- Promote services and programs on the agency's Facebook page and web site
- Develop ads to promotes agency programs to the businesses in The Greater York Chamber of Commerce newsletters as well as all other regional Chambers of Commerce
- Raise awareness of the I&R/A through a TV ad to promote agency's services and programs with WJZY (Channel 12) and regional newspapers
- Quarterly magazines and local publication i.e. Historic Times, Coffee Talk.

Catawba ADRC-I&R/A conducts outreach activities necessary to promote itself as the designated regional focal point for information and referral service assistance for older persons and adults with disabilities. A sample of the outreach initiatives conducted by staff. See Appendix D.

Catawba ADRC will pursue the following steps over the next 4 years to improve and ensure diversified partnering, throughout the region

Over the next 4 years, the Catawba ADRC (Catawba) will continue to work collaboratively with our partners in decision-making of the agency's strategic planning process, including older persons in the region as well as organizations that are non-profit, for-profit, and/or faith-based. Catawba ADRC and the I&R/A program will collaborate and develop, with our partners, a **strategic plan** including the following:

- York County Council on Aging staff to lead the Better Choices, Better Health Self-Management six-week course to promote healthy living(prevention)at home
- Regional attorneys co-sponsor advance directive workshop to promote long term planning
- Various home care agency's co-sponsor caregiver events and/or training opportunities
- Independent living/assisted living facility's co-sponsor caregiver events and/or training opportunities
- Alzheimer's Association assisting to coordinate regional Alzheimer's events to promote awareness, support and long term care planning

- Mentor/sponsor undergraduate and graduate social work students from Winthrop University and the University of South Carolina to increase quality of agency services with volunteers
- Provides newsletter sponsorship with The Greater York Chamber of Commerce to raise awareness in the business community of the services of the Catawba ADRC
- Healthcare providers/pharmacies promote SHIP using the AAA/ADRC's marketing tools – i.e. pharmacy stands, Personal Health Record, LIS brochures to promote health awareness
- Hospices and faith based organization i.e. Moriah Baptist Association to promote LIS, MSP and all other benefit programs applicable
- Federation of the Blind, Spinal Injury Chapter and other disability and special interest support groups promote LIS, MSP and all other benefit programs applicable
- Raise the awareness of community leaders, healthcare professionals, public leaders and other agencies regarding the issues and needs of older persons and adults with disabilities.
- Work with community, inter-agency, county, regional planning and attend service area meetings in an effort to increase the agency's commitment of support to its partners' through more effective outreach and collaboration.
- Work with Red Cross and Emergency Management, regionally, to develop and disseminate basic disaster preparedness and readiness information for consumers

Catawba ADRC's will ensure interpretation services, for non-English speaking callers, are available in a prompt and timely manner and have access to I&R/A services in his/her own language.

Catawba ADRC contacts Winthrop International Center of Winthrop University at 701 Oakland Avenue, 218 Dinkins Hall, Rock Hill, SC 29733, 803-323-2133 to arrange for interpretation services for callers with limited English proficiency. Additionally, the International Center operated by the City of Rock Hill, is also available for **interpretation** services and provides a back-up plan for alternative interpretative services.

Protocols are in place for accurate and timely client intake and all data entry systems, including OLSA.

Catawba ADRC protocol: Catawba ADRC requires all staff to enter client service data for every contact, regardless of language, into the appropriate LGOA approved client data tracking system, including On-line Support Assistant (OLSA), Advanced Information Management (AIM, State Health Insurance Program (SHIP) Talk, and the Ombudsman Innovative Data System and SMP/ETO data system. All data is entered in real time or within 24 hours of the event, all data must be entered and all information complete and correct by the tenth (10th) of the month in an accurate manner appropriate to each system and in accordance with Program Instructions (PI) and LGOA policies and procedures. Catawba ADRC protocol requires accurate and timely data entry and monitors data and

provides trainings for all ADRC staff. All client contact data is captured and keyed into OLSA by an AIRS Certified Specialist in an accurate manner.

Supervisory responsibilities ensure the scheduling of the I&R/A staff.

Catawba ADRC's protocols: I&R/A certified staff are supervised by the Catawba ADRC Director. All Catawba ADRC direct service staff is AIRS certified and work schedules are coordinate to ensure and maintain a maximum number I&R/A, AIRS certified, staff are available to the consumer during operational hours. (Monday-Thursday, 8am-5pm and Friday, 8am-4pm) Catawba I&R/A certified staff have voice mail and email available. All voice mail and emails will be checked throughout the day and returned within a 24 period of time. It is the **goal** of the Catawba ADRC to assists the caller on the first call and reduce the number of calls transferred to voice mail. Catawba ADRC also has a "No wrong door" policy. Therefore, all calls are answered by a person, not automated answering system, and all staff answering the phone will have all the necessary certifications and access to provide the services requested/needed by the caller. It is a key **strategic goal** of the Catawba ADRC to ensure all staff are fully cross trained and certified to ensure access to the necessary workers; needed to provide any agency service requested by the caller/consumer in a timely manner.

- **ADRC Director will review I/R&A data collection and reports for the planning and service area monthly.**

Catawba ADRC's protocol: The I&R/A Specialist shall inform the ADRC Director, monthly, of the following: call volume, number of contacts entered into OLSA and the percentage of calls by topics. The Catawba I&R/A staff inputs client service data for every contact, regardless of language, into the appropriate LGOA approved client data tracking system, including On-line Support Assistant (OLSA), Advanced Information Management and transferred to the State Health Insurance Program (SHIP) Talk. The data is entered in real time or within 24 hours of contact or event all date will be entered and correctly completed by the tenth (10th) of the month in an accurate manner appropriate to each system and in accordance with Program Instructions (PI) and LGOA policies and procedures. Catawba ADRC compares client data with the Census statistics for each county in the Catawba Region in order to determine if the appropriate high-risk senior clients are being served. Catawba ADRC emphasis is placed on serving and comparing clients with levels of poverty, income, minority, non-English, and rural as required by OAA and this is an ongoing **strategic goals**.

- **ADRC has policies and procedures in place for crisis calls**

Catawba ADRC's **Crisis calls protocol**: I&R/A staff response will be as follows: The I/R&A

worker will gather as much personal and pertinent information as possible. This information shall include but is not limited to the following: name, address, phone, age, current location and situation, nature of crisis and any other contact information for family or friends.

This information is gathered to assist the referral agency and work in partnership with them to assist the caller. Depending on the nature of the crisis the worker will contact the

appropriate agency. However, if the appropriate agency cannot be contacted, the appropriate local law enforcement will be notified. All actions and contacts related to the crisis call will be documented and entered into OLSA. Additionally, the I&R/A worker shall immediately notify the agency administration of the crisis situation and to determine if any additional action is needed. This notification shall be in writing as well as verbal.

D. Insurance Counseling and Senior Medicare Patrol: Catawba AAA/ADRC (Catawba) Insurance Counseling and Referral Services and Senior Medicare Patrol (SMP) **(Provide a copy of the program reports filed for the most recently completed program year as plan Appendices E & F.)**

Catawba's SHIP program has received regional recognition for excellence at the 2012 SHIP Directors Conference. We have also, received a score of 10 out of 10 from the SHIP State Coordinator for quality of complete and correct data entry and number of contacts. The Primary goal of the Catawba ADRC's SHIP is maintain the high quality of our current SHIP program and continue to provide the Medicare beneficiaries in our region with superior service.

Catawba SHIP/SMP Long Term Goals: The main goal of the SHIP/SMP program will be to maintain the success the program has built in the past several years. Given the new requirements of the program we strive to overcome some of the challenges posed by the new regulations. See Appendix E for a list of the Catawba SHIP/SMP long term goals.

SHIP/SMP Weakness

To accomplish our goals, there are a few **weaknesses** that must be addressed. To reach the un-served and underserved population we must first identify who they are. In the past years we have found this population includes those who are low-income, low-education, and physically and/or mentally disabled. To be successful in fulfilling our goals, we will need committed volunteers who are willing to attend SHIP trainings, complete background checks and submit their time spent on SHIP consultations and PAM events. Measures that we will use to accomplish our goals are the following: distributing flyers and handbills, work with local media, door to door campaigning, meeting senior where they congregate within the community, and collaborating with community agencies and organizations. Another **weakness** is the limited opportunities for volunteers to receive the required SHIP Certification training to become a SHIP Counselor. SHIP Certification training is only offered a few times a year and mostly in the larger regions i.e. Appalachian or Central Midlands. This creates a transportation and time commitment problem/barrier for the volunteers traveling from other regions to access the necessary certification training to be a counselor. Furthermore, it makes it difficult to recruit and maintain the required number of volunteers. On-line training would be much more effective and efficient method for obtaining the training or allowing the regional coordinators to provide the required training on a local level.

SHIP/SMP Strengths

Catawba AAA/ADRC (Catawba) has developed a very strong SHIP program in our region. Our program's strengths are in our efforts to deliver SHIP services to Medicare

beneficiaries effectively, accurately, and in a timely manner. All of our staff is certified SHIP counselors. Therefore a SHIP counselor is always available to the caller without delay. Catawba has a “No Wrong Door” policy. Callers talk to a counselor on their first phone call. Voice mail and return call messages are avoided when at all possible. Catawba SHIP program strives to provide a successful interaction with the caller on their first contact. We feel this user friendly approach encourages other beneficiaries to contact us. Our SHIP receives positive responses from the beneficiaries as verified in the following statements from our satisfaction surveys: *“I was scared until-I talked to your counselor. She calmed me down and walked me through everything and got me the help that I needed.”* *“I was surprised how timely something to do with any government agency was...how helpful.”* These surveys assist us to measure if and when our interactions, with the beneficiaries, are successful in meeting their needs.

SHIP Volunteers

Volunteer’s efforts provide increased marketing and outreach opportunities. Volunteers provide a local face and resource in many of our underserved and/or rural area. The volunteers are trusted community and church leaders that provide a connection between the beneficiary and our agency. Additionally, our volunteers make many referrals, distribute materials and assist at fairs and PAM events. Volunteers also assist during open enrollments to ensure all callers are helped in a timely manner.

SHIP Volunteer Effectiveness Goals

- Provide Medicare Update training of 12 hours yearly
- Ensure volunteers have completed background checks
- Regular contact with volunteers by email and/or mail with Medicare updates
- Recognize and support volunteers for their efforts
- Invite volunteer to participate in other agency functions and events
- Recruit new volunteers on an ongoing basis from different and diverse backgrounds

Open Enrollment Procedures

During 2010-11 Catawba’s SHIP program had approximately 10,000 contacts. Our goal is to continue to maintain this high level of service for the Catawba region. Over the course of the next four year period, the Catawba AAA/ADRC will continue to build upon its “No Wrong Door” policy and intends to meet the challenge of the high volume of beneficiaries’ calls requesting enrollment assistance. During open enrollment and throughout the year Catawba will continue to implement strategies which strengthen the program. See Appendix E for the strategies of the SHIP program.

Meeting the Challenges to SHIP Services

Catawba AAA/ADRC (Catawba) has worked aggressively to reach all the underserved populations within the Catawba Region. We have continue to increase community awareness of the services available through our agency by contacting local medical professionals, pharmacies, churches, libraries, and senior groups to set up a broader outreach network of referrals. We are accomplishing these goals by providing interactive presentation, distributing vital Medicare information, getting involved in local health and educational fairs, etc. We have made ourselves visible throughout the region through our

partnership with the above entities. Our agency continues to participate in numerous trainings provided by the SHIP State Coordinator, the Centers for Medicare Services (CMS) concerning Medicare/Medicaid benefits, insurance options, fraud and abuse. Community volunteers and professionals are also included in bi-annual Medicare/SMP trainings and workshop.

Catawba endeavors to provide accurate information not only to beneficiaries, families and caregivers, but to our regional partners. This provides a consistent and easy access to quality Medicare information. Ongoing Medicare/Medicaid updates are also provided by CMS, Social Security, DHHS and CLTC as they become available. Once our targeted audience has been identified, our goal is for volunteers to assist in providing outreach to beneficiaries in the hard to reach, rural remote areas.

All staff is certified counselors and each program worker at Catawba AAA/ADRC (Catawba) is a SHIP counselor. All programs at Catawba are involved with Medicare beneficiaries, families, caregivers or future beneficiaries. The SHIP program is the commonality or the connecting program for all the other programs at the Catawba. Therefore, we have team meetings bi-weekly. At the meetings we set goal numbers, plans for outreach, strategies and objectives, develop timelines and assign tasks to each individual worker. Each counselor has the task of screening for the Low Income Subsidy (LIS), assisting with prescription drug plan search, plan enrollment. Counselors provide assistance with possible fraud and abuse complaints, advocate for beneficiaries in billing and medical statements concerns, and assess Medicare beneficiaries for possible eligibility of Medicaid, SNAP, CLTC, etc. At every team meeting the goals, contact numbers for the month, objectives and outcomes are reviewed. These goals are specific and measurable so we can determine when we have completed or reached our goal. Our current monthly SHIP contact goal is 600 per month, LIS goal 15, and MSP 8 and PAM events 1 per week. At each meeting these numbers are reviewed and reset for the next month. Catawba uses S.M.A.R.T. (specific, measurable, attainable, realistic, and timely) as a guide to set our SHIP goals. All of our SHIP monthly goals are numerical and the objectives and outcomes are measurable and ever changing to reflect the current situation or challenge.

Catawba AAA/ADRC (Catawba) State Health Insurance Program (SHIP) and Senior Medicare Patrol (SMP) have the following protocol.

- **Data Entry:** All SHIP counseling, SMP contacts and PAM events are entered into OLSA in a timely manner (real time of contact or within 24 hours of the event/contact) and the appropriate fields accurately completed to ensure contact is successfully transferred by LGOA into the State Health Insurance Program (SHIP)Talk system. All data is entered into OLSA in an accurate and timely manner by the 10th of each month.
- **Training:** Bi-annual Medicare/Medicaid and SMP updated trainings of twelve (12) or more hours will be provided for volunteers and staff members to meet the all yearly Medicare/SMP training requirement. Catawba will maintain ten (10) certified SHIP counselors, in accordance with the State SHIP program guidelines.
- **Non-Active Staff:** Staff members/volunteers that are no longer actively conducting

- SHIP/SMP services will be identified by a review of training records and SHIPtalk reports run on a monthly basis. An opportunity will be provided for make-up training if the counselor is appropriate to continue as a SHIP counselor.
- **High Volume:** All Catawba staff and community volunteers are certified SHIP counselors and are available to assist in high volume periods and therefore very little backlog should occur, as there is a minimum of 6 SHIP counselors available, during high volume call periods. Additionally, Catawba aggressively markets open enrollment starting in July to assist as many beneficiaries as possible, that may want clarification, information, dual eligible or review of their current plan but not necessarily unhappy or seeking a change in their plans. We also develop a beneficiaries list to re-contact beneficiaries to invite them to Medicare Drop-In events and mail information to them as it becomes available. This strategy has been very successful by prioritized beneficiary's inquiries and reduces the high volume of calls during the actual open enrollment period.
 - **Marketing strategies:** In order to reach underserved, dual eligible consumers with mental illness, and underserved counties, it is necessary we recognize the distinctiveness of the individual community or area individualized and unique. We find that beneficiaries in our rural communities often struggle with access to transportation, quality medical care, and other resources within their community. The strengths of each of these issues are the rural community leaders, agencies, businesses, and organizations will participate in reaching an enormous number of Medicare beneficiaries by providing accurate information, advocating for beneficiaries who would not otherwise be able to do on their own, and assisting them in making informed decisions as it pertains to their healthcare. We understand that it takes a community effort to reach out to beneficiaries within rural communities. Additionally, through outreach, marketing and training we believe these collaborative efforts, will reduce fraud and abuse and raise the beneficiaries' awareness of potential Medicare fraud and abuse. Again, our **strategy** is the community and the beneficiary needs to become more knowledge and proactive reporting Medicare fraud and abuse rather than reactive.
 - **Employment policies:** Catawba's SHIP Coordinator is a key position. If and when a vacancy occurs, the position will be rehired as soon as a qualified candidate is located. However, during that period of time an interim coordinator will be assigned to ensure the SHIP Program continues to be a fully functional.
 - **Funding:** All SHIP and SMP funding is used exclusively to fund the SHIP and SMP Programs. All program expenses are verified by timesheets, expense and mileage reports. Direct as well as indirect program costs, that are a benefit to the programs, are identified and necessary to the operation of the SHIP/SMP program (i.e. telephone, printing, etc.) and prorated accordingly.
 - **Review of SHIPtalk data:** Catawba's SHIP Coordinator reviews all OLSA and SHIPtalk data for integrity and quality on a monthly basis. Bi-weekly team meetings are held and data reports are reviewed, strengths and discrepancies are discussed with the team. Complete and correct information is a requirement for staff that enter data into OLSA and SHIPtalk by the Catawba ADRC. SHIPtalk is a federal database Therefore, any falsification of any records or data entry is subjected to convictions and/or penalties for entering falsified information/contacts.

Catawba ADRC's staff is made aware of this policy and it is reflected in the agency's policy and procedures manual and personnel policies. Additionally all staff have signed Conflict of Interest and Confidentiality statements. Catawba requires all data entry will be accurate, correct and complete and entered no later than the 10th of each month

E. Family Caregiver Support:

(Appendix G:Family Caregiver report for 2011-12 program year).

Family Caregiver Support Program works to advance the development of high-quality, cost-effective policies and programs for caregivers in the Catawba region. Uniting research, public policy and services, the Catawba FCSP serves as a central source of information on caregiving and long-term care issues for individuals, community organizations, service providers and family caregivers in the Catawba region.

The task of Catawba Family Caregiver Support Program (Catawba) program is to provide services to assist caregivers and care recipients to remain safe and independent in their homes for as long as possible by providing funds for respite and supportive services. The aim of these services is to reduce premature or unnecessary long term care placements and to support the family caregiver to prevent caregiver burnout or fatigue. Additionally, working with senior raising children (SRC) is a key component and requires another level of consideration, interacting with their peer group and responsibly of parenting, while they have to deal with health related issues. A strategic goal of the program is to promote informed decisions about long-term care options and supports by providing counseling as a primary means of engagement with caregiver and the family. There are five major components to the FCSP: Respite/Supplemental Services, individual assistance, support, training and counseling. All of these components will be used in a person-centered format to assist the family caregiver to develop a short and long term care plan.

Long-Term Goals

- Improve quality and availability of information to families and caregivers;
- Improve ease of access to existing services;
- Increase options for respite care;
- Increase availability of support groups, caregiver training, and peer support options and increase consumer choice.

The long-term goals stated in the SC Policies and Procedures Manual will be incorporated into the Catawba Family Caregiver Support Program (Catawba FCSP). The following steps will be integrated into the Catawba FCSP program's short-term goals and the outcome will result in an overall increase of 5% in each area by 2017.

Timeline, outcomes and measures

Goal

Increase services and to grandparents and relative caregivers with children

Outcomes: Continue to partnership with the regions school districts and Head Starts to

coordinate efforts and activities for SRC in the region as well as working with local Family Centers and community agencies working with families. Attend quarterly, coordinating meetings and Grandparent support groups.

Goal

Increase the public's awareness of health, wellness, and risk factors for Alzheimer's disease and other dementias.

Outcomes: Participate in community Health Fairs and other exhibitions. Catawba will participate in a minimum of one (1) community event per week.

Goal

Provide, children related information, to Grandparents/SRC to assist with parenting

Outcomes: "Grand-parenting News" distributed Catawba FCSP's SRC and/ or family members once quarterly.

Goal

Improve the Alzheimer's information network within the region to ensure persons caring for a person with Alzheimer's and other related dementias are aware of the full range of community services and options available.

Outcomes: Provide quarterly Alzheimer's trainings for caregivers and professionals in conjunction with the Alzheimer's Association of SC and/or North Carolina; first event will be held July 25 in Rock Hill.

Goal

Improve self-management disease prevention skills of caregiver and care recipient

Outcomes: Increase the consumer's ability to make healthy life-style choices in relation to mental activity, social interaction, a brain healthy diet, physical exercise, and accessing resources. Simple lifestyle modifications can have an enormous impact on a person's health. Individual assessments and interviewing will be used to evaluate.

Goal

Promote person-centered informed decisions and assist family caregiver/SRC to gain access through knowledge concerning community living options.

Outcomes: Educate caregivers and the community about long term issues, quality of care, pay sources, and provide information about long term care options available in the community. Completion of one (1) caregiver care plan for each approved caregiver.

Goal

Expand coordination in public and private efforts to aid in providing training for older adults, caregivers, and families concerning Alzheimer's disease and other related chronic health problems.

Outcomes: Increase efforts to build new relationships with new and diverse groups throughout the region. Catawba AAA currently has ongoing partnerships with local community agencies, and will seek to recruit new partner agencies each year. An emphasis will be placed on adult day care centers, Alzheimer's Support Groups, churches and non-medical home care companies.

Goal

Support the decisions of caregivers and older adults to remain in the setting of their preference by continually improving the quality of home and community services.

Outcomes: Assist caregivers and families to develop realistic long term care plan and provide necessary materials and training to caregivers and community partners. A basic care plan will be developed within 2 weeks of initial intake/assessment.

Goal

Promote seamless care transition for care giver, SRC and their families from home to hospital and home. Improve the appropriate use of services through increased consumer health and communication training.

Outcomes: Reduce unnecessary hospital admission and re-admission with promoting the use of Care Transitions skills. Engage family caregivers and SRC in use of the ADRC's Carepoint website www.5carepoints.org. Continue to engage healthcare professionals communicate with the family caregiver/SRC as a care team partner by providing updated care transition information, and linkage to ensure compatibility with other care transition agencies and partnerships.

Goal

Ensuring each caregiver, recipient, SRC and household members have access to any and all possible services and/or benefits they are eligible to receive.

Outcomes: At intake all caregivers/SRC, recipients and household members will be screened and assessed for other benefits and programs. Assistance and follow-up will be provided to the Caregiver by explaining and applying for other programs, as well as, completing necessary forms.

These goals are ongoing and the aim is to improve the choices, access, information and the quality of service and quality of life for the family caregivers, care recipients and senior raising children (SRC).

In 2012 a Community needs assessment was completed by the Catawba Area Agency on Aging. Caregivers/SRC identified top needs were specialized information about respite services available in the community; training on how to stay healthy; caregiver relief, options for care, pay for services, support, and planning. The Catawba Family Caregiver Support Program's goals are to provide assistance in these requested areas and continue to engage with the caregiver in a person-centered method. Catawba FCSP's Satisfaction Surveys will be mailed to family caregivers/SRC receiving FCSP services, quarterly, to measure the success, gaps and any changes needed to continue to provide a person-centered, positive and effective experience.

Weaknesses

The OLSA system continues to consume an inordinate amount of time and the reports are not user friendly and the results are unreliable and inconsistent. There is not an accepted definition of a contact and the constant duplication of a contact is in direct opposition of the family caregiver program's need for unduplicated units. Another weakness is the lack of OLSA training; OLSA training is needed for all ADRC staff and

the trainings needs to be full day and on a posted quarterly schedule. The reduction of direct service caregiver funds for the last 2 years is an enormous weakness; Catawba has traditionally directed more of its III-E dollars to direct services. We have a strong FCSP program however; the reduction of funds has undermined some of the significant program gains made over the last 11 years.

Strengths

One of our programs greatest strengths was our State Coordinator, Eve Barth. Recently, she was moved to the I/R&A program. Although, the I/R&A program desperately needs the professional leadership, expertise and coordination Ms. Barth can provide, it is still a tremendous loss to the Family Caregiver Program. Another program strength is Catawba FCSP is and always has been person-centered and caregiver driven. The intake/assessment process is streamlined and timely to reduce stress to the caregiver as they receive personalized service from our staff. We take extra steps to ensure that materials sent to clients are easy to read and understood by our diverse client base. An individual comprehensive assessment is completed with each caregiver to assist the family to determine and access any and all services or community resources they are eligible to receive. This process assists the FCSP advocate and family caregiver to develop a realistic caregiver plan of care for the present and the future.

Procedures for effective services and to improve efficiency/consumer choice

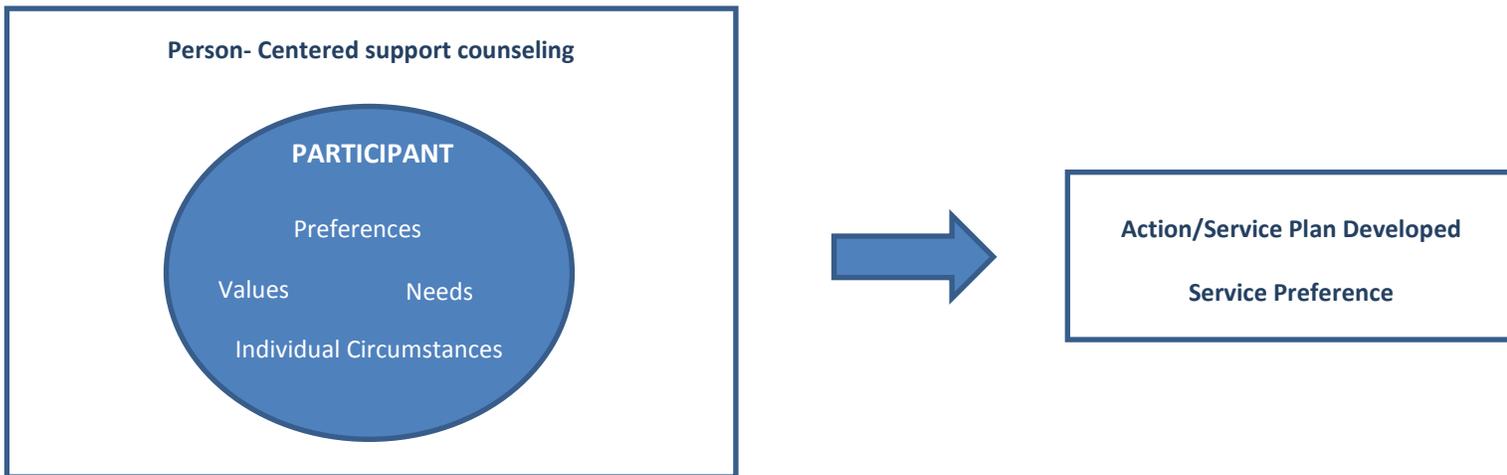
The procedures Catawba FCSP, has in place, to effectively provide caregiver/SRC services starts with the first contact with the caregiver. The first interaction with the Family Caregiver starts with a personal interview and assessment. Advocate walks the participant through the respite process with a one on one person centered session and assists with their individual respite choice and/or the programs component services. Long-term support options counseling will be used in assessing the participant's needs and supporting them in their decision-making process, in order to develop a plan for service delivery and long term care goals. Motivational interviewing is used to help caregivers see a better future, and to become increasingly motivated to achieve it. Either way, the strategy seeks to help clients think differently about their situation or ultimately to consider what might be gained through change, in simpler terms "hope". As the counseling and plan occur up front, the participant will likely have an improved respite/service experience with delivery of services that are more targeted and focused to the identified needs. Additionally, they will have ongoing support, "someone to talk to" if they have any problems, changes, or need additional information. This support may include training, support, counseling, customized information/assistance or any of the programs components for the family caregiver and/or the care recipient. Consumer choice starts with the caregiver's needs and preferences. This relationship between preferences and consumption expenditures is used to relate preferences to consumers/caregiver needs. The link between personal preferences, consumption, and the need/service is closely planned in relations to the services purchased. Consumer choice is a way of demonstrating how consumers/caregiver may achieve balance between preferences, need and services/expenditures by maximizing the efficacy of the

caregiver/SRCs’ service plan.

Caregiving touches almost every family and in very different ways, different health conditions; different situations; even different cultures. Understanding the family caregiver/SRC and what they need to be successful is the most effective and efficient technique to provide and improve services.

The counseling process and consumer choice is demonstrated in detail in Components of Catawba FCSP charts..

Components of Catawba FCSP long term Support & Individual counseling
1. Personal Interview – person-centered, learn about individual values, strengths, preferences, and concerns
2. Exploring Options/Planning – exploration of resources so individuals can choose what is right for them to assist with current or future long term services and supports
3. Decision Support – assist the person in evaluating various pathways, including pros/cons of specific options and services
4. Access to Community Supports – assist as requested by the person to access or coordinate chosen services and supports
5. Follow up – learns of the progress towards goals and steps in the action plan



Finally, caregivers/SRC/consumers throughout the region indicate their choices of service and they have the ability to purchase the services they need (within the parameters of the programs guideline). The Catawba FCSP offers more respite options than any other respite program and the flexibility of our reimbursement model allows the caregiver to choose between several options. Basic caregiver services are available in all

counties within our region, usually with a choice of several providers. If the needed service is not available in the area the Catawba FCSP will work with our regional partners to locate the service or start an initiative to fill the need.

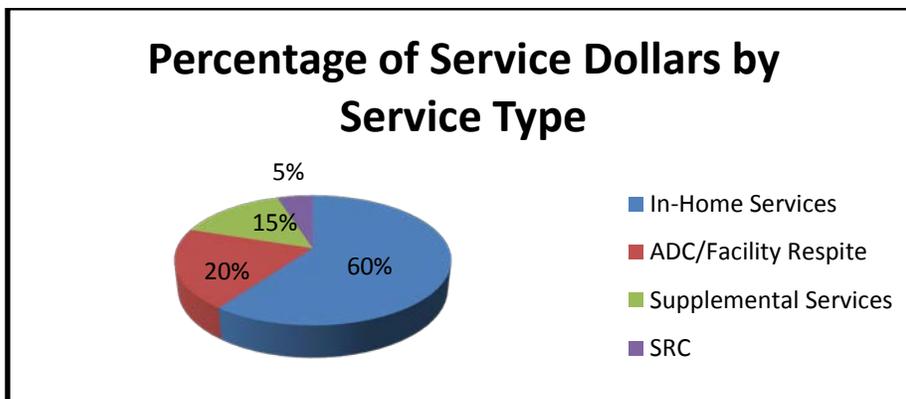
Program Challenges

1. Continue to improve training and prevention services for older adults, caregivers and senior raising children (SRC)
2. Increase the effectiveness of services and training to enable care giver and older adults to remain healthy, active and age in place.
3. Use contemporary technologies and resources to promote consumer independence.
4. Support the decisions of older adults to remain in the setting of their preference by continually improving the quality of home-and community-based services.
5. Design and promote services to reflect local community's needs.

Budget

Budget: A copy of the FCSP of 2011-2012 has been provided .

However, the budget confirms the majority, typically 80%, of direct service dollars are used for respite, less than 20% of dollars are used for supplemental services and no more than 10% of dollars are used for the Senior Raising Children (SRC) part of the program. This chart indicates the typical distribution of direct services dollars.



All other required FCSP services and responsibilities are performed by the Caregiver Advocate. These services and responsibilities are, but not limited to, information to groups, assistance, support, individual counseling , personalized training, customized information, assessments(medical and priority), as well as case management, record keeping, documentation, data collections, approval of expenditures and reimbursements, support documentation for invoices or reimbursements, data entry into OLSA and AIM systems by the 10th of each month, including all earned service units and people served in each service category. Every 2 weeks, reconciliation of the FCSP direct services dollars is completed by balancing the check register, AIM LG 103 check register, SC 63 and FSCP 's excel client and YTD spread sheets and all other related tasks and

responsibilities to maintain fiscal transparency and accuracy. Catawba FCSP budgeting and bookkeeping follows commonly accepted accounting practices. All requests for reimbursements or invoices are reviewed, approved, and verified by supporting documentation attached by the Caregiver Advocate. Request for reimbursements goes to the accounting clerk, then the Executive Director for signature and review. Reimbursement checks are then returned to Advocate to be mailed, entered into the tracking systems, documented and reconciled. Catawba FCSP's financial records are audited by an independent auditor yearly.

State and Regional Partnerships

There has been a culture change in all human and community services as well as service providers. The change to person-centered, consumer directed, and the **method** of motivational interviewing, although new to some program and agencies, has been a guiding principle of the National Family Caregiver Support Program and has been in place as a protocol since the beginning of the Catawba ADRC's Family Caregiver program in 2002. In the last 4 years the Catawba FCSP has reached a tipping point; community entities are eager for us (Catawba FCSP) to participate with them. Our program's reputation of advocacy, expertise, dependability, trust and dedication to the family caregiver is known throughout the region and we currently have in excess of 75 community partners, Catawba FCSP does and shall continue to consult with appropriate organizations, such as regional Alzheimer's Association Chapters, Community Long Term Care (CLTC) area offices, area Mental Health centers, respite care providers, Independent Living Programs (ILP), local Department of Disabilities and Special Needs (DDSN) boards, Winthrop University, Boys and Girls Club, Head Start and similar organizations active in the region. (See appendix G ADRC Full Partners List). Catawba FCSP and its regional partners have a synergetic relationship. Regular meetings with organizations throughout the state, serving on partners' advisory committees, boards and the development of joint projects and planning, advances the goals and objectives of Catawba FCSP in conjunctions with our partners. Any **gaps** or limitations of resources are addressed. Our common goal is to meet and expand the services of the populations we service.

Policies/procedures to determine and document caregiver eligibility and priority

Catawba FCSP's protocols:

Assessment, Eligibility, Priority and Authorization

1. The assessment instrument is a multidimensional questionnaire, which assesses a participant's (caregiver/SRC and receiver) functional level, social skills, physical and mental health, and unmet needs. FCSP staff shall complete the assessment and enter into AIM/OSLA system.
2. Prior to service authorization, necessary documents and tasks must be completed by an advocate. These documents are as follows: application, consent/release, participation agreement, orientation checklist, authorization letter, assessment, documented need and individual care plan. A complete medical form signed by a health care professional must

annually to verify health status. Health status of the care recipient must be verified by a 3rd party health care professional. Additionally, a satisfaction survey will be completed during the service year.

3. The Catawba FCSP, together with the participant, determines a participant's unmet service needs. Program specific supplemental forms may be required to determine eligibility.
4. AIM/OSLA assessment, the Caregiver Advocate will enter the information into the AIM/OLSA System. All participants will be assessed and all assessments will be entered into the Data Collection systems in a timely manner.
5. Priority will be given to participants (family caregiver/SRC and care receiver) based on their assessment scores.
6. Each county will receive service dollars based on the over 60 population. To ensure each county gets their appropriate number of service dollars, the Catawba FCSP may rank, freeze, or wait list applications in one or more counties. These measures will only be used in order to ensure that the program dollars are distributed fairly within the region and/or when funds are no longer available or limited.

Volunteers/Outreach

The ability to operate the Catawba FCSP at its current high level of success is entirely based on volunteer efforts and partnerships. The Catawba FCSP has only one paid staff person and continually uses 3-5 volunteers per week. Volunteers include interns, students, older adults and community partners. Volunteers work in all areas of the program: intake, assessment, support, grant writing caregiver support, fairs training, follow-up and safety assurance and all others areas of the program. The wide range scope of the Catawba FCSP is completely dependent on volunteers in order to retain the quality and diversity of our program. The Catawba AAA is continually recruiting volunteers and partners. Recently, we have started a project with 33 churches in the region and the Second Harvest Food. bank to distribute food to underserved communities. This effort has resulted in a expansion of our services and outreach. In the last year Catawba FCSP outreach program reached over 8118 people and generated \$24,407 in-kind program income from our volunteers. Our services and programs continue to expand because of the participation of our volunteers. Our outreach strategy is reflected in our goals; nevertheless, we will have one (1) outreach event each week. (See appendix G5, for ADRC Partner List).

New Ways to Access Information for Consumer

Catawba FCSP plans to offer new ways for caregivers to access information or services. Increased use of social media and technology, as well as e-support groups, e- newsletter, Facebook, promotion of the care transitions website, www.5carepoints.org and using Charity Tracker to all expand services. In

summary, the FCSP is a multi-layered and complex program with many component pieces and constantly moving parts. Catawba FCSP will continue to work assiduously with the family caregiver to realize the best possible outcomes for all parties involved.

F. Disease Prevention/Health Promotion: Catawba AAA/ADRC will continue to research state and community resources with established partners on health promotion and disease prevention. We will continue to serve the public through education and advocate for services in the community. Catawba AAA/ADRC will identify Community Resources (i.e. Roc, Renewing Our Community) and foster established and/or create new partnerships.

The Catawba AAA/ADRC will promote healthy choices by offering information and resources to individuals, caregivers and health care professionals for the prevention of chronic disease and disabilities. The Catawba AAA/ADRC will also educate through health screenings, Better Choices Better Health program and the transitions model outlined in CarePoints, www.5CarePoints.org.

Catawba AAA/ADRC Disease Prevention/Health Promotion Long Term Goals:

- Enabling individuals and caregivers to enhance and sustain a higher quality of life, reducing acute and long-term care crisis
- Enabling professionals to have accurate resources to help patients follow through with their care.
- Health Screenings include blood pressure checks, Oxygen saturation levels and glucose checks. These will continue to be held at events, such as, drop-ins, health fairs and expos
- The Better Choices Better Health program demonstrates how to make the right choices about prevention of chronic diseases. The six (6) week self-management course will continue to be offered throughout the Catawba region in conjunction with area Council on Aging communities.
- The Care Point transitions model is a model to enable individuals to take an active role in their own health care. The Care Point transitions model gives 5 care points to be followed: Manage your Medications, Create a Personal Health Record, Keep Your Follow-Up Visits, Talk to Your Doctors and Know Your Warning Signs. These steps can be followed on line at www.5CarePoints.org. This model is also being introduced to health care professionals through events and presentations throughout the Catawba Region

VII. CHANGING DEMOGRAPHICS IMPACT ON AAA's/ADRC's EFFORTS

The Catawba Region of South Carolina has experienced a significant growth of seniors or mature adults over the last few decades. The baby boomer generation has begun to have a dramatic impact as they reach retirement age. They will continue to affect the Catawba Region and the State of South Carolina communities and institutions over the next twenty years. The demographic factors that will be discussed are population trends, socio-economic profile and health status. The tables below highlight the population growth predictions for 2010 and the expected growth of the 60 + and 85+ population for the next fifteen (15) years in the Catawba PSA, which the Catawba PSA will exceed. In 2010, the regional population of 60+ consumers exceeded 68,000, which is twenty (20%) higher than the estimate previously presented in the table for 2010. Population growth impacts the Catawba PSA by increasing the amount of demand on already limited resources.

CATAWBA REGION POPULATION BY AGE 60+ YEARS (2010-2025)

CATAWBA PSA	2010	2015	2020	2025
Chester County	6940	7790	8960	9860
Lancaster County	11780	13220	15290	16410
Union County	6900	7310	8050	8340
York County	31190	36850	44480	52500
Region Total	56810	65170	76780	87110

CATAWBA REGION POPULATION BY AGE 85+ YEARS (2010-2025)

CATAWBA PSA	2010	2015	2020	2025
Chester County	550	280	490	490
Lancaster County	450	440	1000	400
Union County	640	460	680	540
York County	2310	1930	2480	2420
Region Total	4250	2110	4680	3850

At this time, there is a growing trend of people living longer in the United States. As a result, we are seeing increasing numbers of the over 85+ population. The needs of the “old, old” are different because they have often outlived their peers and their family support systems. Many of them have relatively good health but are generally frail and need additional assistance to remain independent and stay at home. Also, the over 85+ population is more likely to become socially isolated and have increased difficulty accessing available information and resources.

Socio-Economic Profile

In the Catawba Region most seniors aged 60+ are better off financially than previous generations. There is an increase in the proportion of seniors with higher incomes and a decrease in the proportion of seniors living in poverty. With major inequalities existing for older blacks without high school diplomas, they have not fared as well as other seniors. Households led by whites have six times more income than those led by blacks.

Factors such as income, poverty, employment, living arrangements, education and health insurance all make up the socio-economic profile of seniors. As people grow older and leave the workforce their income declines. This fact is also true in the Catawba Region, although the region has been fortunate to have an influx of retirees from other states with very high incomes. The metropolitan areas like Rock Hill, SC located in York County continue to grow in wealth the more rural areas of the region struggle just to survive. This factor places many strains on a much overloaded senior service delivery system.

In the Catawba Region, the number of low income senior living primarily on social security as the sole source of income is a significant concern. The incidence of poverty is greater among women and blacks. The largest group of older people is comprised of women widowed, divorced or separated; many which have never worked outside of the home. They are dependent upon their spouse pension or social security benefits from their spouse. Additionally, many older blacks live only on social security due to limited job opportunities where pensions would be earned.

Special interest is in the number of seniors who have lived in poverty all of their adult life. Their situation becomes more difficult as they grow older and leave the workforce. Unfortunately, the slightest economic adversity is enough to make their financial situation collapse.

Employment continues to be an important, although not primary, source of income for older adults. About 36% of seniors aged 65+ live in households with incomes from employment. Many older workers are strongly encouraged to leave their jobs whether or not they are financially prepared to do so. Many end up having trouble finding replacement jobs at similar salaries. The picture for seniors only grows dimmer as employers are reducing or eliminating pensions. They aren't able to offer job security therefore nothing is available to plan your retirement. Many seniors want to continue to pay for basic living expenses but are often not able to afford them. Employers may be forced to higher older workers beyond retirement age to work at least part-time. If this trend continues, employers may face labor shortages and will need older workers to work at least part-time longer.

Health Status, Health Insurance and Ethnicity

A significant factor especially for persons 65 and older who do not have adequate health insurance is that they may have to choose between purchasing expensive prescription medications, food or housing. Minorities make up approximately 21.9% of the 60 and older population statewide. The disparity in life expectancy between whites and blacks

has remained at over 5 years, reflecting differences resulting from low income and inadequate health and preventive care. As the total population becomes more heterogeneous, the composition of the older population will likewise begin to reflect this diversity. Gender, race and minority status continue to pose additional vulnerabilities beyond those of old age.

The disparity in life expectancy between males and females, and whites and minorities is evident as they age. Health insurance is a very important component of economic security. As the population ages, they are plagued with more chronic diseases and disabling diseases that are acute. Having health insurance, generally Medicare will allow seniors to get the medical care they need. According to reports, 99.8% of all seniors in SC have health insurance mainly, Medicare. However, most elderly do not have long-term care insurance to assist them in paying for the tremendous cost associated with a long-term care facility. The lack of long-term care insurance makes them financially vulnerable if they were to require care in a long-term care facility.

Education

Education is a powerful predictor of health status and income. Educational attainment offers the hope of improved health status and quality of life. Educational attainment varies greatly among older South Carolinians. As the baby boomer generation reaches retirement age, they are better educated which provides more opportunities for less expensive self-directed care.

Living Arrangements

As persons age, have chronic illnesses or conditions, the level of need for assistance raises the issue of living arrangements. Social groups and family supports are an important determinant of the well-being and continued independence of older adults. York County has the highest percentage of its senior population living alone at 21%. Although more than 50% of the senior residents in the Catawba region live with someone else. It is likely that in the future the number of seniors living alone may increase as the baby boomer generation ages because many have chosen to remain single with no children.

Aging adults living independently may become increasingly vulnerable to injury within the home. Inadequate home safety contributes to the number of in-home injuries among older people.

Other living arrangements for senior residents in the Catawba region include institutional care which offers a wide range in the types of facilities available to seniors. Senior residents may call home a skilled nursing care facility, or assisted living facility similar to a boarding or group home that receives care.

Based on the anticipated changes discussed previously, the Catawba AAA/ADRC must brace itself to be more adaptable to making changing to its service delivery system to

meet the needs of the changing senior population. The needs of seniors will need to be addressed more often and in a less formal way to identify the specific needs of our targeted population of seniors. We should take advantage of fact that the baby boomer generation will be better educated and perhaps address their needs through education which is much less costly than direct service. We will need to work closely with other senior service provider to share our limited resources, while avoiding duplication of service and providing a single point of entry for multiple services to the senior population.

A. Intervention vs. Prevention: The Catawba AAA/ADRC plays an important role in long-term care planning, pre-retirement education, community awareness of available resources, choosing prevention and reducing dependence on government funded services.

Through outreach, the Catawba AAA/ADRC staff train and education staff of facilities, caregivers and the general public about long-term care options. The Catawba AAA/ADRC staff has joined forces with attorneys, assisted living facilities and financial institution to conduct pre-retirement workshops. As a result the agency is receiving additional referrals. The Catawba AAA/ADRC staff educates consumers at outreach speaking events about the finite resources of the government. Staff explains given the restrictions placed on government assistance only a minimum number of consumers will qualify for assistance. As the population increases the strain will grow. The staff emphasizes the importance of planning for the future early and without consideration that consumers will receive any government assistance.

The Catawba AAA/ADRC can promote health by offering information assistance and resources to individuals and families for the prevention of chronic disease and disability by: (1) enabling individuals to enhance and sustain a higher quality of life, reducing acute and long-term care crises, and (2) lessening the burden of costly medical care. Prevention defined by common prevention terms, including health promotion, disease prevention, disease management, chronic disease self-management, behavior change intervention, geriatric care management, and health management.

Prevention occurs on three levels. Primary prevention targets healthy individuals and groups to stop disease before it starts; secondary prevention targets those at early stages of disease or with high risk behaviors but who are asymptomatic; and tertiary prevention targets those with symptomatic disease, to manage or improve their conditions. The Catawba AAA/ADRC can promote health by offering information assistance and resources to individuals and families on each of these levels to enable informed decision-making before crises ensue.

Beginning Goals

1. Research state and community resources on health promotion and disease prevention.

2. Engage in public education.
3. Advocate for services in the community.
4. Create linkages.
5. Form partnerships.

Objectives

- Promote and raise awareness of the individual's responsibility in determining their own health decisions and options.
- Coordination and development of prevention and wellness materials.
- Facilitation of public access to prevention and wellness information and services
- Assist consumers and partners in accessing available community resources, i.e. trainings, support groups, services, health information, and planning.
- Identify and support consumers with specific needs with individualized materials to encourage informed and healthy lifestyle choices.

Challenge/Opportunities

- Ageism in health promotion and disease prevention.
- Disparities based upon race, ethnicity, income and location.
- Fragmented systems and services in aging, medical care, mental health and public health.

Difficulty in providing and maintaining updated evidence based interventions that positively impact health and quality of life for adults is a challenge, however, this challenge can be overcome with the Evidence-Based programs available through AOA grants.

B. Senior Center Development and Increased Use:

The role of the Catawba AAA/ADRC is to ensure that all contractors providing services funded with Older American Act funds or State funds provide services at or above the levels stated in the LGOA Policy and Procedures Manual. The Catawba AAA/ADRC can assist staff at senior centers and nutrition sites to provide training and materials for prevention and education programs necessary for promoting intervention. The Catawba AAA/ADRC can communicate the importance of prevention and education programs to the wellbeing of the seniors in the PSA.

The Catawba AAA/ADRC can promote the development of senior centers throughout the Catawba PSA, encouraging the modernization of existing senior centers to make them more relevant to a wide range of incomes and preferences of today's active senior. Catawba AAA/ADRC needs to focus on senior centers and current aging operations in the region to improve the sustainability of the senior center as a community focal point, increasing access for more seniors. Encourage the change of the image of the traditional senior center as only a place of for a specific group of seniors. Today's seniors want more activities to participate in and they want choices and input into the programming. Senior Centers can enhance their role as a community focal point by promoting awareness,

training, knowledge and resourcefulness. The Catawba AAA/ADRC will encourage the adoption of best practices base on the NCOA model to the contractors by assisting in marketing of the senior centers and their programs.

The Catawba AAA/ADRC can continue working hand in hand with the contractor provider to develop programming materials for use at Senior Centers and nutrition sites. Catawba AAA/ADRC staff will continue to research information and ideas for programming and make it available to service providers. The Catawba AAA/ADRC will continue visits to Senior Centers and nutrition sites to work directly with contractor's staff to encourage them to embrace the value of programming to for their seniors. Catawba AAA/ADRC will provide technical assistance to aging service contractor providers in the Catawba region and arrange for training as needed. The Catawba AAA/ADRC will assist service providers in marketing of senior centers and programs and encourage the adoption of best practices based on the NCOA model.

The Catawba AAA/ADRC will ensure that Permanent Improvement Funds are properly accounted for when administered these funds. Reimbursement will only be made when proper receipts for work are done and a site inspection verifies the invoice for reimbursement.

C. Alzheimer's Disease

In South Carolina, 9% of the persons age 65 or over and 27% of the persons age 85 and over have Alzheimer's and other illnesses related to Dementia (Alzheimer's Association, 2008). Of the South Carolinians diagnosed, 64% have Alzheimer's, 16% have dementia due to stroke; and 20% have dementia related to other chronic conditions. In 2010 there are approximately 80,000 people in South Carolina age 65 and over with Alzheimer's disease. It is projected that in 2020 this number will increase by 36%, or 91,000 people will be diagnosed with Alzheimer's disease. In the Catawba region, the number of persons age 85 and over with a diagnosis of Alzheimer's and other dementias is estimated to be as high as 46 percent.

The agency has set specific goals in assisting caregivers, families and person's with Alzheimer's disease, which are integrated into the programs strategy of the Catawba AAA/ADRC. All programs will seek to increase the effectiveness of services and resources to enable older adults to remain healthy and active. Our goals also correspond to one of the top priorities identified during the 2008 Needs Assessment, the need for counseling and education on staying healthy. Catawba AAA/ADRC has identified the top level goals that will drive our agency's efforts over the next several years. Within this framework, The Catawba Caregiver Access Program has established specific goals accompanied by their supporting objectives. All of our goals will be used in guiding our ongoing Alzheimer's activities.

- To increase the public's awareness of health, wellness, and risk factors for

Alzheimer's Disease and other Dementias.

- To improve the decision making skills of older adults, caregivers, and families so they are able to make healthy lifestyle choices and service care options.
- To increase access to quality culturally sensitive care, services, education, and support to people with Alzheimer's disease and other dementias, their families, caregivers, and partners
- To network within the community to ensure persons with early stage Alzheimer's, caregivers, and families are aware of the full range of community services that are available.
- To increase the utilization of technology by older adults to stimulate learning and to challenge caregivers, and when appropriate, the person with Alzheimer's disease.
- To raise awareness of the benefits of respite, planning, and support for caregivers, families and person's with Alzheimer's
- To create individualized person centered care plans to reflect the current family situation and provide appropriate referrals, training, support, and/or materials.
- To expand interagency coordination in public and private efforts to aid in educating older adults, caregivers, and families about Alzheimer's Disease and other dementias.

D. Legal Assistance Services: The Catawba AAA/ADRC is committed to using the guidelines established by the Older American Act Section 307 (a) (11) (A) through (E) to develop a Legal Service Plan that addressed the legal needs of the seniors in the Catawba PSA. The Legal Assistance Plan has two components. The first component utilizes funds provided to pay staff to work with local attorney through the bar association to provide legal clinics throughout the region. Since the initial funding began in September 2009 over 68 clinics have been held and 959 participants have attended legal clinics on various topics related to advance directives.

Seniors have benefited greatly by being able to execute a Living Will and Health Care Power of Attorney at the end of the clinic. Legal clinics are offered at various places throughout the PSA including libraries, Senior Centers, Nutrition sites, museums and churches. The Legal Assistance Services are marketed through word of mouth, mailings and initiating new opportunities for clinics while Catawba AAA/ADRC are already participating in outreach for other programs. All services are provided free of charge to the consumers attending the clinic. Volunteer attorneys are provided through our collaborative relationship with the SC Bar Association.

The second component of the Legal Assistance Services is the services offered by a licensed attorney. In this program attorneys agree to provide legal services on a sliding fee scale and Title IIB dollars are used to pay for attorney services. More than two attorneys have been identified in each county that are willing to provide legal services based on the sliding fee scale as proposed for the Catawba Region. Catawba AAA/ADRC will continue to expand the list of participating attorneys. Catawba AAA/ADRC meets with potential new attorneys when they are assigned by the Bar Association to conduct the legal clinics. Attorneys have provided seniors with legal services including guardianship, consultations, will preparation, and power of attorney. During the last several months, Catawba AAA/ADRC have refocused our target population to target those items identified by the Older American Act Section 307 (a) (11) (A) through (E).

A list of attorneys is created and revised annually. All attorneys agree to provide services at or below the market rate for comparable legal services. The market rate is determined through research with the SC Bar Association. In the Catawba PSA, the priority services is legal services which are provided only by attorneys in the region who are licensed and members in good standing with the SC Bar Association. Licensed attorneys who are members of the SC Bar Association can be identified using the membership database on the SC Bar Association. The Catawba AAA/ADRC will give priority to legal assistance needed related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Legal services are based on the guidelines required for legal assistance service providers according to the Older Americans Act section 307(a) (11) (A) through (E).

In the Catawba Region, it has been determined that as seniors age there is an increased difficulty in understanding their legal rights. Seniors tend to be exploited financially by family members, caregivers, medical and social service providers. In our region, this has led to cases of fraud which are often unreported or underreported because the guilty party is a family member or someone that the senior is dependent upon for care. Seniors face the issue of guardianship by not having a responsible relative or friend making necessary decisions on their behalf while in a long-term care facility, which is particularly troubling.

The Catawba AAA/ADRC determines the need for legal services by tracking the requests for legal services and reviewing the information that is provided in the request. Beginning July 1, 2013, an assessment will be conducted by staff for seniors receiving legal services utilizing Title IIB funding.

The Catawba AAA/ADRC staff also review complaints received through our Ombudsman program that may require legal services. Referrals for legal services have been made from caregivers and service providers. Catawba AAA/ADRC has made it a stipulation for being on the attorney referral list. This clause stipulates that they are willing to provide legal services to seniors who are homebound or residing in a long-term care facility. Catawba AAA/ADRC has made referrals to attorneys for legal counsel based on the request for services. Catawba AAA/ADRC has developed flyers and brochures to market the legal services program to insure that priority be given to legal

assistance related to the issues identified in Section 307(a)(11)(E).

The Catawba AAA/ADRC Ombudsman and other staff continue to be advocates of Elder Rights in the areas of legal services, financial exploitation/scam and fraud protection. Fraud alerts provided by SC Consumer Affairs are shared with service providers for distribution as a means to keep seniors informed.

In addition, the Catawba AAA/ADRC provides referrals to seniors for obtaining legal resources through the South Carolina Center for Equal Justice, the National Elder Law Foundation, and the South Carolina Bar Association. General information and documents for Living Wills and Health Care Power of Attorney are available to seniors by mail and are distributed at fairs. Catawba AAA/ADRC continues to update our Catawba AAA/ADRC website and will provide additional resources on Elder Rights and other legal services information of value to seniors and their caregivers

- **The Catawba AAA/ADRC has established the following objectives for targeting appropriate populations as set forth in the OAA in the provision of legal assistance:**
 1. Identify locations throughout the region where targeted population reside.
 2. Raise the awareness of the targeted population about legal services deemed priority by the Older Americans Act.
 3. Increase awareness of attorneys (legal services providers) to increase possible referrals from their caseload.

- **The Catawba AAA/ADRC plan to do the following to achieve objectives:**
 1. Postcard Mailers to targeted population
 2. Letters to attorneys
 3. Legal Information Sessions
 4. Marketing service at senior groups and nutrition sites
 5. Publicize through newsletters and Catawba AAA/ADRC website
 6. Share availability of serve with Catawba AAA/ADRC partners and staff interviews

- **The Catawba AAA/ADRC provides two reports in February and August each year.** This report is submitted to the Legal Service Developer staff at the LGOA which details the Legal Clinics conducted in the region and legal services purchased from an attorney with Title IIIB dollars. These reports outlined the demographical statistics and services topics discussed to show the extent to which the Catawba AAA/ADRC met its objectives.

- **The Catawba AAA/ADRC has maintained an ongoing relationship with the SC Bar Association.** The relationship with SC Bar Association has only been strengthened by the funding of the Legal Service Grant. Since FY2010, the Catawba AAA/ADRC has been able to devote staff time to nurture the

relationship with the SC Bar Association through the scheduling of Legal Information Sessions and the soliciting of attorneys to provide legal service. Due to the loss of funding for legal services, which paid for staff time, it will not be possible to devote as much time to maintaining the existing relationship.

VIII. REGION SPECIFIC INIATIVES

The Catawba AAA PSA has benefitted significantly by adopting the Aging and Disability Resource Service Delivery Model. The agency has truly become the one-stop focal point for senior services. The agency is attracting inquiries from seniors from all economic levels however, we are especially proud of the outreach efforts the staff has made in the last two years to reach the targeted population. The staff at the Catawba AAA/ADRC and the contractor level has made tremendous gains in reaching the targeted population. Although improved progress is always possible, the maps in Appendix H highlight the Catawba PSA targeted populations that are being reached and served.

Strategies implemented of increased outreach and cross training leaves the Catawba AAA/ADRC in a strong position to build on our success and to maintain leadership throughout the state in outreach. In addition, partnerships with Second Harvest Partners have allowed the agency to gain trust by the faith community and has given us access to a great deal of the targeted population and has allowed us to gain a reliable relationship that would not have been possible without this mobile food ministry.

The Catawba AAA/ADRC will continue to offer great service at the regional level and to develop and promote the strategies and tools to deliver effective services in more flexible and innovative ways. Catawba AAA staff accepts the challenge to be successful; we must work harder and smarter and be more creative.

Our challenge remains to find ways to deliver excellent service that people find helpful and timely. The Catawba AAA/ADRC staff no longer waits for consumers to find the agency; instead we go to where the consumer lives, serves and works. We need to think of new approaches and new ways of working so that our clients get the help they need and we fulfill our mission. Success requires that we rethink everything from our agency's outreach, to how the agency structures services and staff. Catawba AAA/ADRC is committed to finding new ways to fulfill its mission and serve the target population in the Catawba Region.

Catawba AAA will retain the following strategies:

Non Traditional Agency Work Strategies: The staff of the Catawba AAA/ADRC works a non- traditional work schedule including evening and weekends in order to better reach our targeted populations. This strategy may vary in form from a fully operational opened office to staff available to offer telephone assistance. These strategies may well be very helpful, particularly to working adult children as caregivers and/or disabled adults.

Satellite Locations- Catawba AAA will develop and research the feasibility and need, in each of our four counties, for satellite offices. These offices will assist in addressing the problems of accessibility, isolation, and lack of transportation in rural areas. The access to local sites will assist in ensuring accessibility to information, services and communications with our targeted populations. These satellite locations will be enhanced

with help services (by telephone or the Internet) or quickly obtain advice or information needed by the client, the support will be provided by Catawba AAA staff or volunteers.

Regional Level Initiative: The Catawba AAAADRC has partnered with Second Harvest Food Bank to receive donations of items to redistribute to seniors in the Catawba PSA. The items received for the past two years from Second Harvest Food Bank have exceeded \$250,000 in value. Items received include adult diapers, walkers, raised toilet seats, crutches, canes, heating pads, hot packs, cold packs, blood pressure monitors, bed pads, emergency travel kits, glucose monitors and test strips, heart rate monitors, hot and cold compressed, water bottles, sitz baths pain relief patches and pill boxes. These donated items allowed the Catawba AAA/ADRC to assist clients in ways that would not be possible without this partnership with the Second Harvest Food Bank.



Local level initiatives: Union County Council on Aging in partnership with the Second Harvest Food has developed a program to provide food and supplies to seniors attending the nutrition sites in Union County. The client takes their bag home on Friday and bring it back on Monday for a refill the next Friday. Volunteers and staff assist in getting the bags packed and distributed to seniors. Donations through the Second Harvest Food Bank allow seniors to receive the items in the picture and provide them with needed resources.

Local level initiative: York Council on Aging partners Second Harvest Food Bank to participate in a fundraiser sponsored by Jeff Gordon (Professional Race Car Driver) to raise money for senior nutrition programs. Below are pictures from seniors visiting with Jeff Gordon. The senior nutrition programs supplement the food that the seniors receive in group dining. Seniors are able to take home prepackaged or fresh food items that allow the senior to stretch their food budget.



In conclusion, the Catawba AAA/ADRC plans to continue to participate in regional and local initiatives which expand our resources and benefit our senior populations. Our staff

and contractors are very proud of the accomplishments we are making in serving the needs of seniors.

APPENDICES

IX. AREA PLAN APPENDICES

- A. Detailed Vision for the four (4) years covered by this plan
 - Catawba AAA/ADRC Organizational Structure (Before/After)
 - Planning and Administrative Resources
- B. Regional Needs Assessment- Executive Summary
- C. Long Term Care Ombudsman Service Report
 - Goals of Long Term Care Ombudsman
- D. Information and Referral/Assistance (I&R/A) Report
 - Information and Referral/Assistance Goals and Strategies
 - Sample: Outreach Activities for Six Months
- E. SHIP Midterm Report
 - Long Term Goals SHIP/SMP Program
 - Open Enrollment Strategies for the SHIP Program
- F. SMP Report
- G. Family Caregiver Report
 - Regional IIIE Expenditures Fiscal 2011-2012
 - Caregiver Justification of Expenditures
 - ADRC Full Partner List
- H. All Required Documents (Fiscal Documents)
 - Worksheet for Staffing Budget and NAPIS Staffing Profile for 2013 – 2014
 - AAA Comprehensive Operating Budget 2013-2014
 - Narrative Justification of AAA/ADRC Operating Budget
 - SFY13 Expenditures for Direct Provision of Region wide Services
 - Budget Titles and III B & IIIC Transfers FY2014
 - Expenditures and Budget for Priority Services
 - Catawba PSA/AAA/ADRC Summary Program Budget-Computation of Grants
 - Regional Summary of Services \$ Units Unit Cost SFY14
 - Four Year History of Contracted Units and Unit Costs of Services State Fiscal Years Beginning July 1, 2010–June 30, 2014
 - Analysis of Targeted Population
 - Breakout of Minority Population
 - Designated and Undesignated Focal Point Chart
 - 2013-2014 Documentation of Title III-D Expenditures SFY14
 - Geographic Distribution of Revenue for Purchased Services
 - Emergency Contact Information
 - A Map of the Catawba Region
 - GIS County Maps Highlighting Targeted Populations Served in Catawba Region
- I. Catawba Area Agency Board and Regional Advisory Bylaws

Appendix A-1

Detailed Vision for the Catawba Region -2014-2017: As the needs of older adults and adults with disabilities change, the Catawba AAA/ADRC aims to strengthen the region's capacity to meet the challenges associated with promoting consumer choice, control, and independence in long term care options. By providing choices, Catawba AAA/ADRC will help elderly and disabled persons stay independent and living in their own homes and communities for as long as possible. In the Catawba Region, the Older Americans Act supports a partnership known as the aging services network including the state unit on aging, Catawba AAA/ADRC, 1 tribal organization and local contractors. The network uses federal funds each year to leverage additional funds from other public and private sources to provide home and community-based services to eligible individuals living in Chester, Lancaster, Union and York counties.

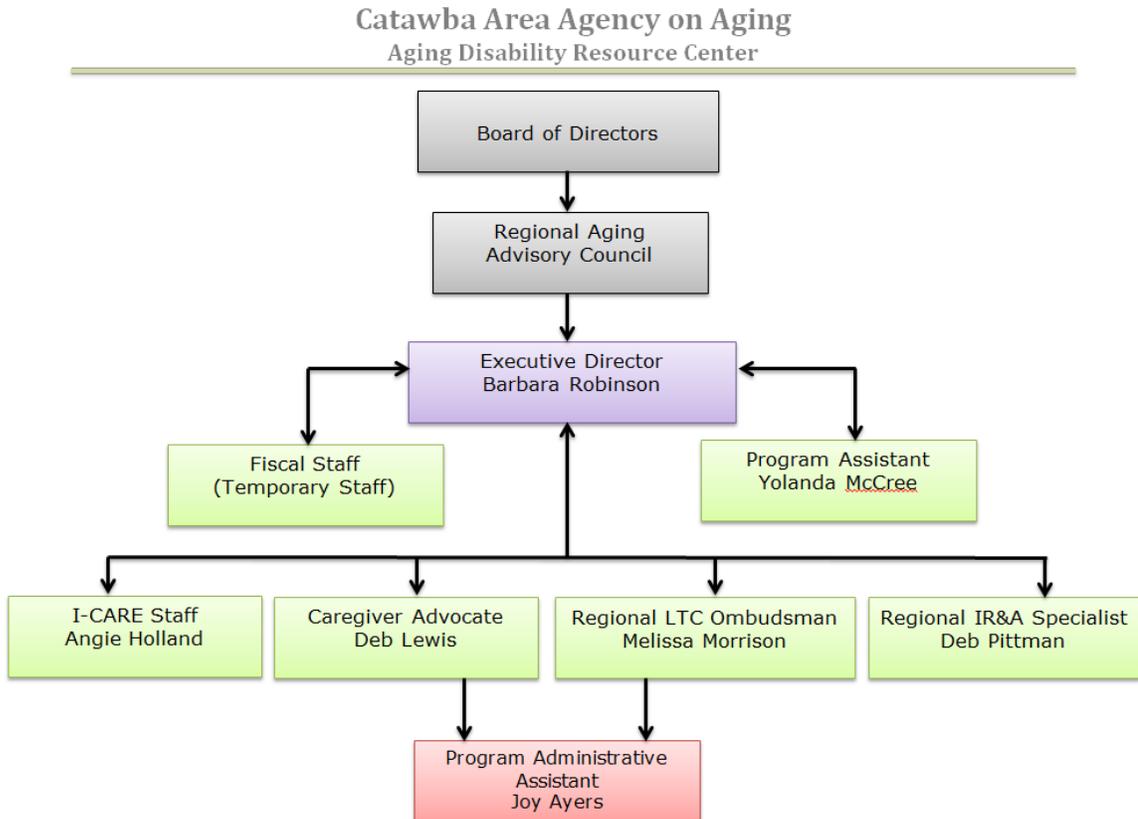
As the designated Focal Point on Aging for the Catawba Region, Catawba AAA/ADRC is recognized by senior adults, disabled adults, caregivers, local organizations, community leaders, and elected officials, as an innovative leader in the aging and disability industry that is responsive to the changing and complex needs of eligible adults and caregivers. Catawba AAA/ADRC empowers individuals' to make informed decisions. The Information/Referral & Assistance program is a regional source that people turn to for information about community-based support service options. The regional ICARE/SMP program offers confidential assistance to beneficiaries and their caregivers. Certified Medicare specialists provide objective health insurance information to help beneficiaries make informed health coverage decisions, apply for LIS/MSP assistance, and prevent health insurance fraud.

Catawba AAA/ADRC provides respite and assistance to caregivers using Title IIIIE funds under the Older Americans Act (OAA). Care Giver Access program funds help individuals remain in their homes and delays their premature entry into nursing homes. Care Giver Access provides flexible funding that is self-directed and targeted by the eligible older individuals, not the service categories as with other titles under the OAA. Care Giver Access promotes the use of consumer-directed care, which gives consumers more control over the services they receive.

Catawba AAA/ADRC supports health promotion disease prevention programs. Using Title IIID monies to fund physical fitness services will empower older individuals to make lifestyle changes that will reduce their risk of disease, disability, and injury. Low-cost programs, such as Stanford University's six-week Better Choices, Better Health chronic disease self-management workshop, focuses on intervention, falls prevention, exercise, and nutrition that can empower older individuals, including functionally impaired individuals, to better maintain their health.

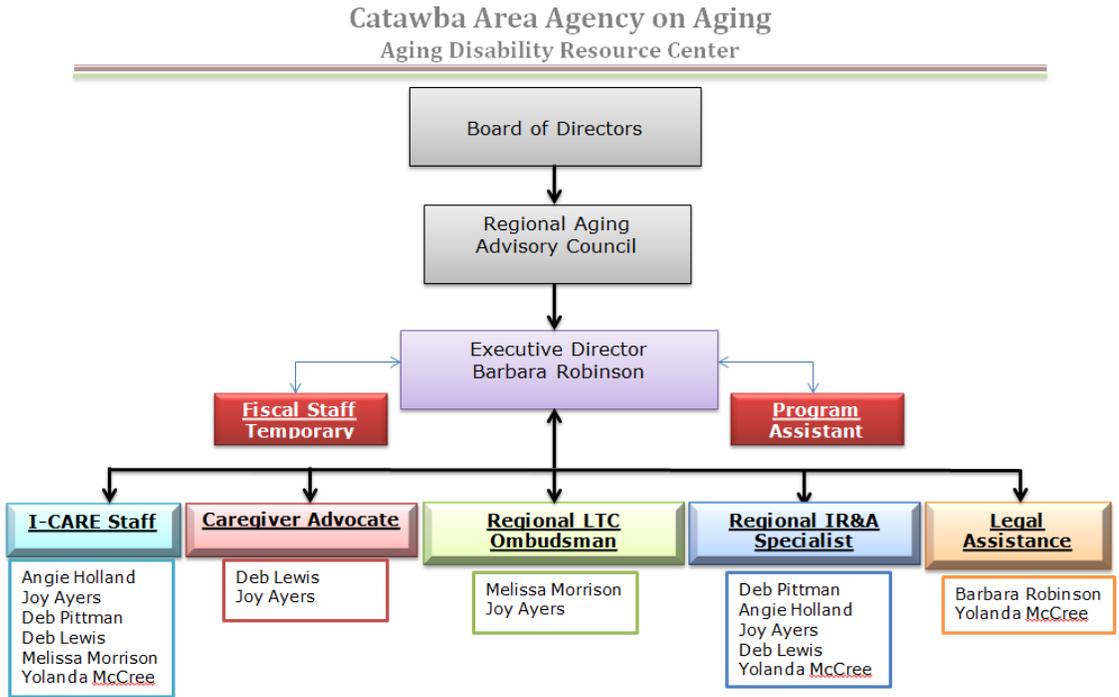
Appendix A-2: Catawba PSA & Catawba AAA/ADRC Organizational Structure

Former Organizational Structure



Appendix A-3

Current Organization Structure



Appendix A-4

Planning and Administrative Resources

	CATAWBA AAA/ADRC 7/1/ 2013--6/ 30/ 2014	
RESOURCE	PURPOSE	AMOUNT /VALUE
III-B, IIIC1, IIIC2, - P & A	To carry out P&A function of the AAA/ADRC.	\$150,044
III-B - Program Development	To carry out P&A function of the AAA/ADRC.	\$63,582
BACHELOR LEVEL INTERN	Assist in carrying out the P&A of the AAA/ADRC.	\$24,407
MASTERS LEVEL INTERN	Assist in carrying out the P&A of the AAA/ADRC.	\$24,407
DONATIONS OF GOODS Second Harvest Food Bank	Provide goods utilized by seniors throughout the PSA	\$250,000
PROVIDENCE PRESBYTERY (DIMES FOR HUNGER)	Local funding for home delivered meal program in five (5) counties	\$14,000
INDIVIDUALS CARING FOR ELDERLY(ICE)	Local funding for caregivers when no other resource is available.	\$3,000

Appendix B: Regional Needs Assessment

EXECUTIVE SUMMARY

The Older Americans Act requires that a multi-year comprehensive area plan be developed for the planning and service area covered by each Area Agency on Aging (AAA) and submitted to the state organization designated as the state unit on aging (the Lieutenant Governor's Office on Aging in the case of South Carolina). This needs assessment is an essential part of that process. Nine of the ten Area Agencies in South Carolina joined together “To conduct a statewide region specific needs assessment in 9 of 10 regions in the state to determine the needs of seniors.” System Wide Solutions, Inc. of Columbia, SC was chosen to carry out the needs assessment.

Different regions requested different configurations of populations to be assessed. The primary populations assessed were seniors (ages 55 and older), seniors receiving services from the AAA, caregivers, partners/professionals, and people seeking assistance through the Aging and Disabilities Resource Center (ADRC). Four regions also requested assistance in conducting focus groups with the public and aging persons receiving services and one region requested an interview schedule for persons in nursing facilities.

SWS centralized the methodology to allow for the burden to be shared by the AAA’s and for a more cost-efficient implementation. The methodology was broken into five parts. The first part utilized a needs assessment survey instrument administered to seniors and persons with disabilities not in nursing facilities, and caregivers. The second part was interviews with partners/professionals. The third was interviews with persons in nursing facilities. The fourth part is a protocol and training for focus groups. In the fifth and final part, the data gathered and developed was written into a report and distributed to the AAA’s.

Of the 4,773 surveys completed, 3,401 (71.3%) were categorized as a senior receiving services, 824 (17.3%) were categorized as a senior not receiving services, 1,181 (24.7%) were categorized as being a caregiver, and 2,940 (61.6%) were categorized as an individual with a disability. On the whole, the sample of both seniors and persons with disabilities is older, more likely to be below the poverty line, more likely to be female, more likely to be African American, and more likely to be without a spouse than the senior population as a whole. This is reflective of the population served by the AAA’s/ADRC’s.

The market for these services is segmented and this report approached the needs assessment in that manner, the same manner as it is being approached by the aging network. Seniors receiving services, seniors not receiving services, persons with disabilities and caregivers all prioritize the need for services differently. In addition, different demographic groups prioritize services differently.

To assure that the segmentation of the population is fairly represented, SWS conducted three statistical analyses before analyzing the responses to the needs assessment instrument. First, a principle components factor analysis was conducted to determine items on the instrument fell into categories. The solution identified five clear components, which we identified as Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance. Second, we reclassified the respondents into mutually exclusive groups, so that no one was double counted as, for example, both a senior receiving services and a caregiver. Third, we used cluster analysis to identify demographic groupings.

In this report, SWS presents the needs as reported by the respondents by target group, demographic clusters, and the two combined. It has further divided the needs by the five service components and the service components by the services within those components. We have also provided an additional breakdown for caregivers. This information is presented in written and graphic form. This information can be utilized as a rich source for in-depth planning for services in the State of South Carolina.

Appendix C-1: Long Term Care Ombudsman Service Report

Catawba Ombudsman Service Plan Data			
State Fiscal Year July 1, 2011 - June 30, 2012			
	Opened	Closed	Hours
Cases	155	144	
Complaints	260	248	
Consultations			27
Ombudsman Training			54
LTC Staff Trainings			10
Community Education			23
Friendly Visits			131

Appendix C-2:

Goals of the Catawba Region Long Term Care Ombudsman

GOALS

1. The CRLTCO will work to improve the quality of care and quality of life of residents in nursing and adult care homes by providing technical assistance to residents, families, and facility staff and by investigating and resolving complaints.
2. The CRLTCO will increase outreach efforts and provide training to community members, church groups, retiree groups and others regarding residents' rights, sensitivity and aging issues, elder abuse, advance directives and other LTC issues, resulting in increased prevention and decreased incidences' of abuse. Thus, ensuring the rights of older adults and prevention of their abuse, neglect and exploitation. This outreach will occur at retiree and church groups and community fairs, such as the Senior Expo. Outreach efforts will continue as invitations are extended from community agencies. This public visibility within the community will also publicize the accessibility and availability of the Ombudsman program.
3. The CRLTCO will provide workshops for facility staff regarding issues such as Alzheimer's Disease, residents' rights, elder abuse prevention, dealing with challenging resident behaviors, and sensitivity training.
4. The CRLTCO will provide quality advocacy efforts on behalf of LTC facility residents and their families.
5. The CRLTCO will participate in nursing home surveys/inspections with the Department of Health & Environmental Control (DHEC), sharing concerns and patterns with DHEC upon notice of their facility entrance to conduct inspections and attend DHEC exit meetings when possible.
6. The CRLTCO will act as an expert and reliable source of information for families and facilities seeking information on long term care options or general requests for assistance. The CRLTCO documented 27 hours of consultations with persons in the community and staff during the last year.
7. The CRLTCO will continue to gain knowledge of LTC issues by obtaining a minimum of thirty hours of continued education training per year. This training will be obtained by attendance at the monthly State Ombudsman meetings in Columbia which constitutes three hours of training per meeting. In addition, the Ombudsman attends the monthly Elderly Task Force meetings that occur between September and April of each year. The CRLTCO also attends the yearly CLTC Caring Connections conference sponsored by Winthrop University. The CRLTCO also has the opportunity to take advantage of other conferences as they arise. The CRLTCO Ombudsman received over 45 hours of continuing education

in the last fiscal year.

8. The CRLTCO will visit a minimum of ten facilities quarterly to meet the AOA requirements for friendly visits.
9. The CRLTCO will discuss the Emergency Preparedness Plans with facility administrators.
10. The CRLTCO will seek to educate local law enforcement about the Ombudsman program and its advocacy role in LTC facilities. The CRLTCO will have a minimum of one law enforcement contact in each county to help the CRLTCO implement this goal.

Appendix D-1: Information and Referral/Assistance (I&R/A) Report

Catawba Area Agency on Aging (AAA) Information & Referral Program Plan

The Older Americans Act requires Information & Referral Program providers to offer information that enables older adults, people with disabilities, and their families find help to remain independent in their own homes and communities. Catawba AAA's Information & Referral Program is the key source of integrated information that brings people and services together every day with ease, compassion, and quality to meet vital needs in Chester, Lancaster, Union and York counties. The vision is for all consumers (older individuals, caregivers, and professionals) to have easy access to information about the full range of health, human, and emergency/crisis services provided in the Catawba region. Through our toll-free and/or local number, email address, Facebook page or website, Catawba AAA is a focal point of entry for older adults, people with disabilities, and their caregivers to learn about, and connect with, the programs that will meet their needs.

Long-Term Goals

The Catawba Access Information & Referral Services Specialist will increase public awareness about the existence of the Area Agency on Aging and the availability of programs, services and resources that support aging persons to remain in their homes and communities. Every month, the YC Magazine will publish an article written by the Catawba I&R/A Specialist covering age-related topic and issue impacting consumers living in York County. Distribute Area Agency on Aging information describing other programs and services when responding to requests for information and referral services. Online technologies represent an increasingly important dissemination strategy, but many people still lack access. Support the revision of the Area Agency on Aging web site and Facebook page. Distribute Catawba newsletter, brochures and SC Access bookmarks via fairs, expos, meetings, presentations, trainings, mailings, on-line, email, etc.

The AIRS certified Catawba I&R/A Specialist will:

- inform consumers about the regional information and referral program
- provide them with access to a network of choices,
- assist contacts with making informed decisions in a complicated changing maze of services and resources, and
- document I&R/A information in SC Access.

The Catawba I&R/A Specialist will update Catawba Access Guide, the aging directory providing access to information, resources, and services in the Catawba region. The update process will consist of reviewing the agencies currently listed and assessing the appropriateness of the resources based on the types of calls

being received/needs being identified and the organizations capabilities to meet those needs. The Certified I&R/A Specialist for Aging uses this region specific directory for programs and agencies including those not listed in SC Access. When a simple, direct request for information is received, this directory provides quick and easy access to the organization's name, telephone number and/or address. The Catawba Access Guide also allows the specialist to copy, print and mail lists of service agencies, such as Home Health and Food Service for in-home or long-term care facilities by county, to inquirers.

The Catawba I&R/A Specialist will maintain Certified Information & Referral Specialist for Aging certification by documenting attendance at Office on Aging Regional I&R/A meetings, SE4A conferences and other training workshops, meetings, and conferences offering courses related to information and referral. Submission of documentation of training will be forwarded to AIRS for recertification.

The Catawba I&R/A Specialist will coordinate information and referral services with Catawba Area Agency on Aging the Caregiver Access Advocate, Long Term Care Ombudsman, Insurance Counseling and Referral for Elders (ICARE) and Senior Medicare Patrol Program Specialist by identifying ways the programs may work together to inform and educate consumers in the Catawba region. The Certified Information & Referral Specialist for Aging and designated ICARE/Senior Medicare Patrol Specialist work together responding to and documenting Medicare inquiries. Having received certification as a Long Term Care Ombudsman from the Office of the Governor, Division on Aging in 1996, the Certified I&R/A Specialist for Aging is an Intake Ombudsman and takes complaints when necessary. The Certified I&R/A Specialist provides information to callers/clients of both the LTC Ombudsman and Caregiver Access programs when they call with inquiries or follow-up questions for clarification purposes. The Certified I&R/A Specialist provides support to the Catawba Area Agency on Aging Program Assistant and Executive Director as needed.

Appendix D-2

I&R/A Long Term Goals and Strategic Goals

- Ensure all front line staff is AIRS certified and will maintain AIRS certification by attending, documenting, and submitting the required ten (10) hours of information and referral related training every two (2) years as required by AIRS and maintain their AIRS membership in good standing.
- Maintain agency's membership in AIRS.
- Utilize SC Access to search for services, document contacts/referrals and run reports.
- Provide follow-up services for all I/R&A consumers/callers
- All callers that have received I&R/A services are encouraged to email, visit, and/or call again for supplementary information and referral services in the future, or whenever necessary.

Catawba I&R/A staff will periodically issue informative and/or educational materials to contacts via email or mail, when appropriate.

Catawba I&R/A staff will:

- Mail pre-Open Enrollment notices to Medicare beneficiary contacts before October 1
- Publish and email quarterly ADRC newsletters to community partners and interested consumers
- Write and submit monthly aging-issue article to York County magazine for publication
- Distribute Second Harvest Partners resource information packets, twice a month
- Provide updated wellness information to regional community centers and churches

The Catawba ADRC will ensure the following measures are in place to determine the success of the I&R/A program and to ensure reasonably convenient access to this service. These measures identify obtainable strategic goals to assure seniors' and adults with disabilities' needs are successfully being served.

Catawba ADRC I&R/A Strategic Goals are:

- Utilizes an innovative I&R/A program that is consumer-focused, and person centered to assist older persons and adults with disabilities wishing to age in place.
- Ensure callers have easy access to AIRS certified I&R/A staff and service, on-line, email, Facebook, in person, mail, agency website, phone or fax. The following information is included on agency brochures, fliers, business cards, emails, letters, etc.:
- 2051 Ebenezer Road, Suite B, PO Box 4618, Rock Hill, SC 29732
- www.catawba-aging.com

- 
 - catawbaaaa@catawba-aging.com
 - 803-329-9670
- 800-662-8330 (toll-free)
- 803-329-6537 (fax)
- Utilizing consumer satisfaction surveys to **measure** families, caregivers, seniors' and adults with disabilities' needs are successfully being served and the services provided are meeting the needs and satisfaction of the consumer, family, caregiver and person with disabilities. Catawba reviews all surveys and uses consumer feedback to modify, enhance and improve our programs to better serve and provide quality services throughout our region
- Second Harvest Hunger Relief Partners sites are promoted and coordinated by the Catawba ADRC - an I&R/A certified Specialist participates in each Hunger Relief Site distribution
- 2013 Strawberry Festival Healthy Hometown
- Senior Expo
- 2013 Western York County Senior Expo
- Employee Fairs (City of Rock Hill, Chester County Govt., Resolute)
- 2013 Spring Health Fair-YMCA Chester
- 2012 Caring Connections conference

Catawba ADRC offers free informative and educational presentations to churches, human service agencies, senior groups or other community organizations as part of our public awareness and outreach efforts.

- SHIP presentations – Great Joy Baptist, Hospice of Lancaster/Moriah Baptist Association, Indian Land nutrition site, Federation of the Blind, Fort Mill Library, Kershaw nutrition site, York senior center, Chester Library, Lancaster Library, Heath Springs, as well as 20 other locations throughout the region
- Hunger Relief presentations – Mt. Zion, Bel-Air UMC, Mt. Olive, Langrum Branch, Union Baptist, Woodlawn Presby.
- Legal presentations—Calvary Baptist, Mt Prospect, Union County Museum, Chester senior center, Jonesville nutrition site, United Hospice of Chester, First Calvary,
- Caregiver presentations—Monthly Eating Meeting support group, Annual Teepa Snow's Alzheimer's workshop plus 1 presentation per week
- ADRC presentation—Providence Presbytery, United Way, Elderly Task Force, Alzheimer's Support groups and numerous other organizations in the region.

The Catawba ADRC raises the awareness of other agency's staff regarding the issues and needs of older person and adults with disabilities by attending community, inter-agency, county, and/or regional planning and service area meetings.

- Individual Caring for the Elderly (ICE)
- Alzheimer's Walk Committee

- Second Harvest Partners Hunger Relief
- Elderly Task Force
- York County Interagency Coalition
- Rock Hill Chamber of Commerce
- PART – transitional care teach back
- Homebridge Private Pay Meal Service
- Providence Presbytery – Dimes for Hunger
- See Partnership List (Appendix D)

Appendix D-3

SAMPLE: OUT REACH ACTIVITIES FOR SIX MONTHS			
10/4/12	City of Rock Hill Fair	150	Employee Benefit <u>Out reach</u> and Wellness
10/11/12	Legal Information Session - Union Senior Center	22	Overview of resources and options for older adults and ADRC at Legal Clinic
10/13/12	Mt. Olive Health Fair - Chester	26	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/13/12	<u>Alz.</u> Walk- Winthrop	120	<u>Alz.</u> Walk
10/14/12	The Herald - Medicare Drop In Event		Outreach/Marketing Event Announcement to 40,000 readers throughout York & Chester counties
10/15/12	Medication Management - Chester Senior Center	7	Overview of resources and options for older adults and ADRC at a Medication Management Session
10/16/12	Chester County Community Coalition - Chester	13	overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/16/12	65th Birthday Celebration - Fort Mill Library	9	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/17/12	Medicare Fraud - Eastside Homes	11	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/17/12	Medicare Drop In	24	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/18/12	65th Birthday Celebration - Del Web Library-Lancaster	12	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/23/12	Legal Information Session - Kershaw Nutrition Center	27	Overview of resources and options for older adults and ADRC at Legal Clinic
10/24/12	Medication Management - Clover Nutrition Center	23	Overview of resources and options for older adults and ADRC at a Medication Management Session
10/23/12	Spartanburg Community College	20	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/24/12	Spartanburg Community College	25	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/25/12	North Chester Head Start	40	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/25/12	Legal Information Session -Buffalo Nutrition Center	20	Overview of resources and options for older adults and ADRC at Legal Clinic
10/27/12	Richburg Fall Festival	250	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
10/29/12	Caregiver Eating Meeting		Caregiver Support
10/31/12	Bowater Employee Benefit Fair	115	Employee Benefit <u>Out reach</u> and Wellness
11/4/12	The Herald - Medicare Drop In Event		Outreach/Marketing Event Announcement to 40,000 readers throughout York & Chester counties
11/5/12	Medicare Drop-In Event Invitation	156	Outreach/Marketing Event Announcement to 156 Email contacts throughout York, Chester, Lancaster areas
11/6/12	Legal Information Session -York Senior Center	29	Overview of resources and options for older adults and ADRC at Legal Clinic
11/7/12	Medicare Drop-In	23	Overview of Medicare Preventive Benefits, Fraud & Abuse, LIS & MSP
11/6/12	Salvation Army Men's and Women's Group	20	Overview of Medicare Preventive Benefits, Fraud & Abuse, LIS & MSP
11/7/12	Medication Management - Indian Land Senior Center	30	Overview of resources and options for older adults and ADRC at Legal Clinic
11/8/12	<u>Alz.</u> Board Meeting	20	Board Mtg.
11/13/12	Legal Information Session -Rock Hill Senior Center	31	Overview of resources and options for older adults and ADRC at Legal Clinic
11/14/12	Medicare Fraud - Mt. Prospect - Rock Hill, SC	18	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
11/14/12	Caregiver Eating Meeting	15	Caregiver Support
11/15/12	Medicare Fraud - Chester Senior Center	15	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
11/15/12	<u>Alz.</u> Workshop	20	<u>Alz.</u> Workshop
11/17/12	Mt. Zion A.M.E. Zion - York County	75	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC

SAMPLE: OUT REACH ACTIVITIES FOR SIX MONTHS

11/20/12	Legal Information Session -Lancaster Senior Center	24	Overview of resources and options for older adults and ADRC at Legal Clinic
11/14/12	Webinar: Helping Seniors with Loss of Independence	1hr	Helping Seniors with Loss of Independence - Family Caregiver Support Series, Sponsored by Home Instead
11/15/12	Herman Church-Hunger Relief	261	Resources
11/27/12	Willowbrook Senior Apartments	10	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
11/29/12	Jerusalem Baptist - Hunger Relief	180	Resources
12/5/12	Legal Information Session - St. Paul - York County	9	Overview of resources and options for older adults and ADRC at Legal Clinic
12/6/12	Caregiver Advanced Directives	30	Caregiver Advanced Directives
12/12/12	Medication Management - Edgemoor Nutrition Site	24	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
12/13/12	Medication Management - Fort Mill Nutrition Site	18	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
12/13/12	Elderly Taskforce	23	Continuing Education, Social Work
12/17/12	Legal Information Session - Indian Land - Lancaster County	23	Overview of resources and options for older adults and ADRC at Legal Clinic
12/18/12	Webinar: ID Theft	1hr	ID Theft: Avoiding and Detecting - S C Department of Consumer Affairs and the S C State Library
12/11/12	Mt. Vernon UMC, Hickory Grove, Hunger Relief	4	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
12/19/12	Medication Management - Great Falls Nutrition Site	24	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
12/20/12	Medication Management - York Senior Center	21	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
12/20/12	ADRC Presentation - Presbytery	75	ADRC Overview
12/27/12	Medicare Fraud - Kershaw Nutrition Center	16	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
1/8/13	Legal Information Session - Chester Senior Center	13	Overview of resources and options for older adults and ADRC at Legal Clinic
1/9/13	HomeBridge Private Pay Meal Service Mtg.		HomeBridge
1/14/13	Woodlawn Presby, Sharon, Hunger Relief	150	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
1/14/13	PART Mtg.		Transitional Care Teach Back
1/22/13	Legal Information Session - Union County Museum	3	Overview of resources and options for older adults and ADRC at Legal Clinic
1/28/13	Eating Mtg	12	Caregiver Support
1/29/13	Alz. Mtg.		Strategic Planning
1/17/13	Elderly Taskforce	23	Continuing Education, Social Work
1/31/13	Bel Air UMC, Indian Land, Hunger Relief	150	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
1/31/13	Presentation to Hunger Relief @ Union Baptist	35	Overview of resources and options for older adults and ADRC at Legal Clinic
2/5/13	Transitional Care Mtg.		Upstate Innovative Award
2/5/13	PART Webinar Motivational Interviewing	8	Motivational Interviewing Training
2/5/13	USC Home Care Plus		CMS Innovative Award
2/5/13	Medication Management - Fort Mill Library	3	Overview of resources and options for older adults and ADRC
2/7/13	RH Chamber Mtg.	70	Marketing Outreach

SAMPLE: OUT REACH ACTIVITIES FOR SIX MONTHS

2/7/13	Webinar: Brain Health	1hr	"Brain Health: Current Research Perspectives"
2/13/13	Webinar: Caring for the Entire Senior	1hr	Caring for the Entire Senior: Mind Body & Soul - Sponsored by Home Instead
2/14/13	CG - SRC Medicare	30	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
2/16/13	Teepa Snow Workshop	100	Alz.
2/20/13	Legal Information Session - Mt. Prospect Baptist (RH)	13	Overview of resources and options for older adults and ADRC at Legal Clinic
2/21/13	Elderly Taskforce	20	Continuing Education, Social Work
2/25/13	Eating Mtg	11	Caregiver Support
2/28/13	Webinar: Medication Safety	1.5hrs	Medication Safety: medication safety among older adults and how the HomeMeds program can help
3/19/13	Medication Management	24	Overview of Managing Meds, Medicare Fraud and LIS Medicaid options for older adults and ADRC
3/18/13	Eating Mtg	15	Caregiver Support
3/18/13	Presentation to Federation of the Blind	30	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
3/28/13	Langrum Branch Baptist, York - Hunger Relief	150	Overview of Medicare, Medicare Fraud and LIS Medicaid options for older adults and ADRC
3/24/13	Legal Information Session-Big Calvary Baptist Church(CH)	9	Overview of resources and options for older adults and ADRC at Legal Clinic

Appendix E-1: SHIP Midterm Report

Catawba Region

FY 2012 SHIP Year End Progress Report

The purpose of this report is for sub-grantees to indicate SHIP activities 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?

1. Our region maintained a high level of outreach activities by focusing on partnering with other groups in the community to increase the number of one-on-one contacts with beneficiaries.
2. Our region hosted events in the community and at the Catawba AAA office on a regular basis to promote our services to beneficiaries to increase awareness.
3. Our region is meeting all of the requirements of the NGA. During open enrollment we maintained a roster of 10 or more certified/active counselors.

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

1. Our region will continue to diversify the partners we work with in the community to target different populations.
2. Our region will continue to allocate resources for the SHIP program to attract beneficiaries to our office. Advertising will include multiple forms of media region wide such as newspapers, local cable television, regular television, Chamber of Commerce literature and social media.
3. Our region will maintain our achievement of the requirements listed on the NGA as we have during the past year. We will expand our efforts to maintain the number of counselors certified as required on the NGA. We have hosted 2 volunteer recognition and Training events in 2012 and we will continue to offer regional training to recruit and maintain certified counselors.

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

Our region completed the following efforts:

1. Maintained multiple certified and well trained staff who worked co-operatory to address the needs of beneficiaries seeking our services.
2. Created more opportunities for beneficiaries to receive the services they demand.
3. Cross-trained all agency staff in order to handle increased volume of beneficiary demand during open enrollment.
4. Focused on outreach activities to increase program awareness during non- enrollment (non-peak times) times.
5. Targeted businesses to reach more individuals.

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

Our staff will evaluate current activities as well as the results from previous efforts to determine what methods have been most effective in reaching the goals established. We will maintain the most successful efforts while adapting other efforts to be more effective. Currently, we include prevention benefits, medication management and Medicare fraud in our outreach efforts. In addition, by reviewing beneficiaries' satisfaction surveys, we will evaluate their responses to their experiences with our agency and make necessary adjustment to better serve our clientele. Additionally, in 2013, we plan to re-launch our new agency's website and begin using social media as an outreach tool.

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?*

Our agency has positioned itself to maintain the 2012 number of outreach and counseling efforts in terms of office visits, telephone contacts and home visits. We will maintain our efforts by continuing to have team meetings and ongoing training for staff and volunteers to ensure they meet established goals on a monthly basis.

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

Catawba will ensure all staff is trained as I Care counselors, full-time and part-time. Additionally, an I-Care counselor will be available, during all operating hours, to beneficiaries for counseling minimizing voice mail, missed calls and unnecessary repeat calls by the beneficiaries.

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

Catawba purchased voter registration list for person 60+. This information enables us to make contact with new beneficiaries for Medicare and new direction for our outreach. This is a new tool for Catawba and we have only started working the list and develop objectives and goals. Additionally, we have partnered with our community partners to raise awareness in the general population of the services and assistance available to persons under 65.

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

Catawba will employ the strategies mentioned in IV plus reach consumers under 65 through community partners with their primary population under 65, i.e. school districts, DDSN, and HeadStart.

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

We worked closely with community partners and groups to raise awareness of the services and options available through the ADRC and the Ship program and we are a "No Wrong Door" agency" and promote referrals from across our region.

A. *What are your strategies for 2013?*

We plan to continue to implement the basic 2012 strategies plus increase community awareness and cross training and team goal setting for staff. Additionally, we are working on new objectives to grow our outreach efforts through the help of ongoing partners, Hunger Relief events and United Way. Catawba is developing new outreach projects with City of Rock Hill and area home care companies.

Catawba new strategies for 2013:

1. place staff off site several times per month to assist with LIS enrollment and counseling with Medicaid beneficiaries.
2. re-launch our agency's new website and begin using social media as an outreach tool
3. increase our Medicare Drop-In events from 3 to 4 during OEP
4. recruit a community partner to host an additional OEP Drop-In event off site.
5. Develop outreach to OSS facilities in the region, in conjunction with

the regional LTC Ombudsman

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

Catawba started planning for open enrollment in July and developed a 5 month plan. Promotion for open enrollment started in August with postcards, mailers, emails and PSA on the radio. All promotional materials had one main idea, "If you are dissatisfied or have question about your current prescription drug plan, call now". Everyone that called was put on a list and started to receive monthly Medicare updates from Catawba and was invited to agency events and presentations. Additionally, Catawba held 3 open enrollment events, 1 Kick off day event in September and 2 Drop-In events during open enrollment (October and December).

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

Our strategy for 2012 was very successful therefore in 2013, we plan to maintain our numbers plus build on the 2012 strategies. In 2013, we plan to increase our Medicare Drop-In events from 3 to 4 and recruit a community partner to host an additional Drop-In event off site. Also, Catawba is developing a new strategy in 2013, in conjunction with the LTC Ombudsman, to do Medicare outreach to OSS facilities in the region.

Appendix E-2

Long Term Goals SHIP/SMP Program

- Establish a strong collaboration of professionals, business owners, volunteers, and senior advocates for the purpose of reaching the un-served and underserved populations.
- Create reoccurring outreach opportunities that will target and benefit the rapidly growing baby boomer population and caregivers of the 85+ age group.
- Establish watchmen within church congregations who will be a point of contact and resource to seniors in addressing insurance inquiries and concerns.
- Providing ongoing outreach and education through interactive presentations and by way of media to encourage Medicare beneficiaries to be proactive in preventing fraud and abuse.
- Provide ongoing volunteer opportunities and recruitment of volunteers willing to have background checks and successfully complete SHIP certification and or SMP training.
- Increase contact numbers by 5% per year over the next 4 years. This increase reflects the region's growth and the increased demand for services by baby boomers entering the Medicare system.

Appendix E-3

Strategies During Open Enrollment for the SHIP Program

- Drop-In clinics for beneficiaries and their family caregivers interested in plan change and those new to Medicare. Additionally, basic health screenings will be offered at these events
- Workshops on Medicare Part D and SMP programs are presented throughout the region for individuals needing assist and information about drugs coverage, basic Medicare and a better understanding of Medicare fraud and abuse and safety measures to prevent Identity theft.
- Provide training to volunteers and other professionals on how to assist and refer beneficiaries to Catawba when they encounter persons with Medicare questions about prescription drug plans or any other Medicare/Medicaid issues.
- Promotion of wellness and preventive screenings to raise the awareness beneficiaries about their Medicare benefits, additionally we will promote the care transitions model outlined on the ADRC's Carepoints website www.5carepoints.org to support prevention and helpful individual health practices.
- Satisfaction Surveys will be mailed to beneficiaries receiving SHIP counseling services, quarterly, to measure the success, gaps and any changes needed to continue to provide a high quality and effective counseling experience.

Appendix F: SMP Report



*SMP Progress Report Guidelines
for
7/1/2012 thru 12/31/2012*

Region 3

The SMP Grant is to support regions in achieving the following AOA outcomes. Please list your goals and describe activities to implement key requirements of the program.

1. **What did you do to promote the National and Regional SMP Program? What were your regional marketing activities? Describe all efforts with the National SMP program such as webinars, ordering materials, etc. (see attached handouts)**

- SMP awareness was presented through information sessions & trainings, website updates and incoming callers.
- Created literatures and information packets.
- Advertisements were done through Senior Magazine, local newspaper & TV/Cable ads and mass mailers.
- Through Outreach programs such as: libraries, health fairs, Doctors' offices and religious organizations, pharmacies and the food bank.

2. ***What did you do to improve beneficiary education and Inquiry resolution?***

Education: Prepared handouts, information packets, mailers and explained client billing statements.

Inquiry resolution: Educated and trained clients on fraud through reviewing statements and scam awareness. Educate Catawba AAA partners on the

awareness of fraud and current scam issues.

Simple Inquiries: How to read MSN statements, what Medicare pay, what is fraud and how to appeal billing errors. Clarifying bills and statement and working with client to understand their bills or contacting hospitals or Doctors office for explanation.

Inquiry resolution: Educate and train clients on fraud through reviewing statements and scam awareness.

Include numbers served through Simple 981, Complex 0, Media 9 and Group Education 77.

List follow-ups, resolution process and intake process: All workers at Catawba ADRC do intake and begin the initial inquiry. If the inquiry is simple the worker will counsel, complete and resolve. Complex inquiry is handled in the same way initially but another worker will assist with the compliant and then it will be forward to the state office. Follow-up is conducted for all inquiries. **All inquiries are entered as they occur into the ETO system/Smart facts.**

Are inquiries entered into SMART-Facts bi-weekly yes? If not, why?

3. *How did you foster the National SMP Program Visibility?*

Catawba AAA distributes approximately 450 pieces of SMP literature per month. Information is distributed through CN2 broadcasting network, reaching approximately 60,000 homes in York, Lancaster and parts of Chester counties. The ad runs for 15 seconds on cable channel 103 and runs again 30-50 times periodically throughout the day.

Do you have a link to the national SMP?

Yes, we do have an SMP badge on our website home page and another link located on our resource page under “Medicare Insurance Counseling.”

How do you market the national SMP (newspaper, promotional items, etc.)?

We market the SMP program through our website, Facebook, mailers, TV/cable/radio ads and printed ads. Also, we conduct Medicare information sessions in community type settings throughout the region.

Number of group presentations conducted 84.

What were your outreach goals? Did you meet or exceed your goals? What is your improvement plans?

Our goal is to bring about awareness of fraud and abuse to the community. Beneficiaries are reviewing billing statements and patient check sheet after seeing the doctor, asking more questions regarding charges and keeping up with doctor’s appointment dates. Our improvement plan is to seek volunteers at regional churches to continue SMP trainings.

4. *How did you improve efficiency?*

Efficiency improved by:

- Creating an e-mail data base for training and support for volunteers and community partners.
- Educating the community through outreach programs on fraud, abuse and scams.
- Attending SMP trainings, educating and cross training staff, volunteers and partners to better service consumers.

- Updating and creating printed materials for distribution.

How many SMP volunteers do you have? 12

Did contacts or inquiries increased or decreased? WHY?

Inquiries increased because of outreach efforts and methods.

What are your strategies to improve contacts for the next report period?

- Continue to update website information.
- Creating a Facebook page
- Set-up in house agency trainings for public awareness and to educate volunteers.
- Increase Outreach programs through Medication Management sessions, Legal Service sessions, direct mail and Medicare information sessions.
- Annual Appreciation/Training Day for all volunteers and partners.

What were the prevalent fraud trends in your area and what did you do to inform or help consumers?

Awareness – Information – Support

The most prevalent fraud trends are charges for services not rendered and excessive charges. Our agency continues to encourage clients to review their billing statements, consult with the doctors billing office and contact our office with any concerns or questions. If fraud is suspected, we will take the necessary steps to report it.

5. *In addition to reaching all populations, how did you target underserved populations?*

- Through media responses and distribution of information
- Collaborative efforts and partnership referrals
- Outreach programs (food banks, media, website, information sessions, etc.)

6. *Who were your targeted underserved populations?*

The targeted underserved population includes low income, persons living in rural, remote areas, family caregivers, Medicare/Medicaid beneficiaries and their families.

7. *Who are your new partners since last report period?*

We have developed new partners with OSS Assisted Living Facilities, The Hutchinson Group and with the City of Rock Hill.

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

Our new approaches include developing new programs, increasing community outreach methods, and developing new partners with emphasis on identity protection.

9. Please list all events and trainings for the upcoming period.

Event	County	Date
Food Bank Relief/Outreach	York	3/8/2013
Interactive Presentation	York	3/19/2013
Interactive Presentation	Chester	3/23/2013
Interactive Presentation	Chester	4/6/2013
Food Bank Relief/Outreach	York	4/12/2013
Interactive Presentation	Lancaster	4/19/2013
Interactive Presentation	Lancaster	4/23/2013
Food Bank Relief/Outreach	York	5/3/2013
Interactive Presentation	Lancaster	5/21/2013
Food Bank Relief/Outreach	York	5/24/2013
Food Bank Relief/Outreach	York	6/7/2013
Food Bank Relief/Outreach	York	6/28/2013
Food Bank Relief/Outreach	York	7/8/2013
Food Bank Relief/Outreach	York	7/26/2013
Food Bank Relief/Outreach	York	8/2/2013
Food Bank Relief/Outreach	York	8/23/2013
Food Bank Relief/Outreach	York	9/12/2013
Food Bank Relief/Outreach	York	9/17/2013
Food Bank Relief/Outreach	York	10/4/2013
Food Bank Relief/Outreach	York	10/15/2013
Food Bank Relief/Outreach	York	11/1/2013
Food Bank Relief/Outreach	York	11/18/2013
Food Bank Relief/Outreach	York	12/6/2013
Food Bank Relief/Outreach	York	12/13/2013

10. Please list your process for maintaining the confidentiality of client's records and SMP information.

All Client information is filed in a locked file cabinet and entered in SCAccess database and ETO. Only trained counselors interactive with clients and have access to their information. All counselor have signed Agency Confidentiality Statements and have been trained on the proper agency procedures in handling private and confidential information, additionally all counselor receive HIPPA training.



ID Theft: Income Tax Fraud

SC Department of Consumer Affairs ♦ 8H-922-1594 ♦ www.sconsumer.sc.gov

PROTECT YOURSELF DURING TAX TIME

When consumers think about identity theft, they often picture a scammer stealing someone's personal information to get credit cards or loans. But identity thieves can use your personal information in any way that you care, including, to file YOUR taxes. Take these steps to protect yourself from income tax fraud!

Work with the Internal Revenue Service (IRS)

- **Did you receive a letter from the IRS?** Has more than one tax return been filed in your name or are they saying that you didn't report all of your earnings? If you are contacted by the IRS, be sure to follow the instructions in the letter. Time is of the essence- respond quickly!
- **Has someone misused your social security number or do you think you're a victim of identity theft?** If you know that a person has used your information, let the IRS know! Contact the IRS Identity Protection Specialized Unit at 1-800-908-4490.
- For more information on income tax fraud, visit www.irs.gov/identitytheft and www.irs.gov/uac/Taxpayer-Guide-to-Identity-Theft.

Other Ways to Minimize the Risks of ID Theft

- **Do your research!** Whether you are looking for an affordable tax preparer or filing your taxes yourself, you can learn more about protecting yourself from tax time predators [here](#).
- **Fraud alerts and security freezes, OH MY!** If you're a victim of identity theft, place a fraud alert on your credit report and consider a security freeze. A bit confused about what these things are? Visit our [Identity Theft Resources](#) page for more information on protecting yourself.

PHISHING TAX



> **Be on the lookout for 'phishing' scams.** Scammers often try to elicit your personal information via e-mail or even text message. The fraudster may claim to be from the IRS to trick you into disclosing the information. Don't be fooled! The IRS will not contact you by e-mail or text message to ask for personal information.

> **Report a phishing scam.** If you know about a scam, call the IRS at 1-800-366-4484 or e-mail phishing@irs.gov.

SCDCA aims to protect consumers from inequities in the marketplace through advocacy, complaint mediation, enforcement and education. To file a complaint or for information on consumer issues, visit www.sconsumer.gov or call toll-free, 1-800-922-1594.



Identity theft is this nation's fastest growing crime. The recently passed **Financial Identity Fraud and Identity Theft Protection Act (FIFITPA)** aims to fight this problem. All portions of the law, except the provisions regarding security breaches, become effective on December 31, 2008. The security breach provisions become effective July 1, 2009.

Here is a quick look at some of the new measures in the law. A complete version of the law can be viewed by visiting the South Carolina Department of Consumer Affairs (SCDCA) website at www.scdcaconsumer.gov

New Identity Theft Protection

Security Freezes: Putting a chill on people accessing your credit report

Beginning December 31, 2008, you can place a security freeze on your credit report, which will prevent anyone from accessing your credit report without your permission. The security freeze may be temporarily removed, or "thawed," at your request. The thawing can be for a specified time or a specific creditor and must be enacted within 15 minutes of the request. There is no cost to place, thaw or remove a security freeze.

To place a freeze on your credit report, you must contact each of the following credit reporting agencies:

Equifax
www.equifax.com
800-685-1111 or TDD 800-255-0056
P.O. Box 105788, Atlanta, GA 30348

Experian
www.experian.com/freeze
888-EXPERIAN (397-3742) or TDD 800-972-0522
P.O. Box 9554, Allen, TX 75013

TransUnion
www.transunion.com
888-909-8872 or TDD 877-553-7803
P.O. Box 6790, Fullerton, CA 92834

New Responsibilities for Businesses: Accountability for your information

Business Records: Disposal: Businesses and public bodies in South Carolina must properly dispose of records and items containing consumer's personal identifying information (PII). PII consists of a consumer's first name or initial combined with their last name and unencrypted or unredacted data including the consumer's social security number or driver's license number or financial account number (includes credit card, debit card and security code) or other numbers or information that would allow access to the consumer's financial accounts.

Security Breaches: Businesses and public bodies must notify South Carolina consumers when a security breach occurs. A security breach is the unauthorized access to items containing PII when the illegal use of the PII has occurred or is likely to occur. If notice of a breach is sent to more than 1,000 persons at one time, the business or public body must also notify SCDCA and the credit reporting agencies.



South Carolina Department of Consumer Affairs
3600 Forest Drive, Suite 300, Columbia, SC 29204
Phone: 803-734-4200 or 800-922-1594 E-mail: scdca@scconsumer.gov or visit www.scconsumer.gov



STOP Medicare Fraud

Visit www.StopMedicareFraud.gov



STOP HEALTH CARE FRAUD

National Institute on Aging

AgePage

Beware Of Health Scams

You see the ads everywhere these days—"Smart Drugs" for long life or "Arthritis Aches and Pains Disappear Like Magic!" or even statements claiming, "This treatment cured my cancer in 1 week." It's easy to understand the appeal of these promises. But there is still plenty of truth to the old saying, "If it sounds too good to be true, it probably is!"



Health scams and the marketing of unproven cures have been around for many years. Today, there are more ways than ever to sell these untested products. In addition to TV, radio, magazines, newspapers, infomercials, mail, telemarketing, and even word-of-mouth,

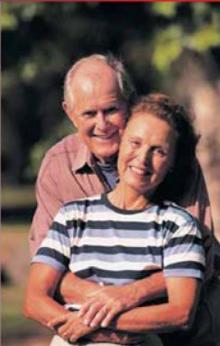
4 R's

Record Review

Report Remember

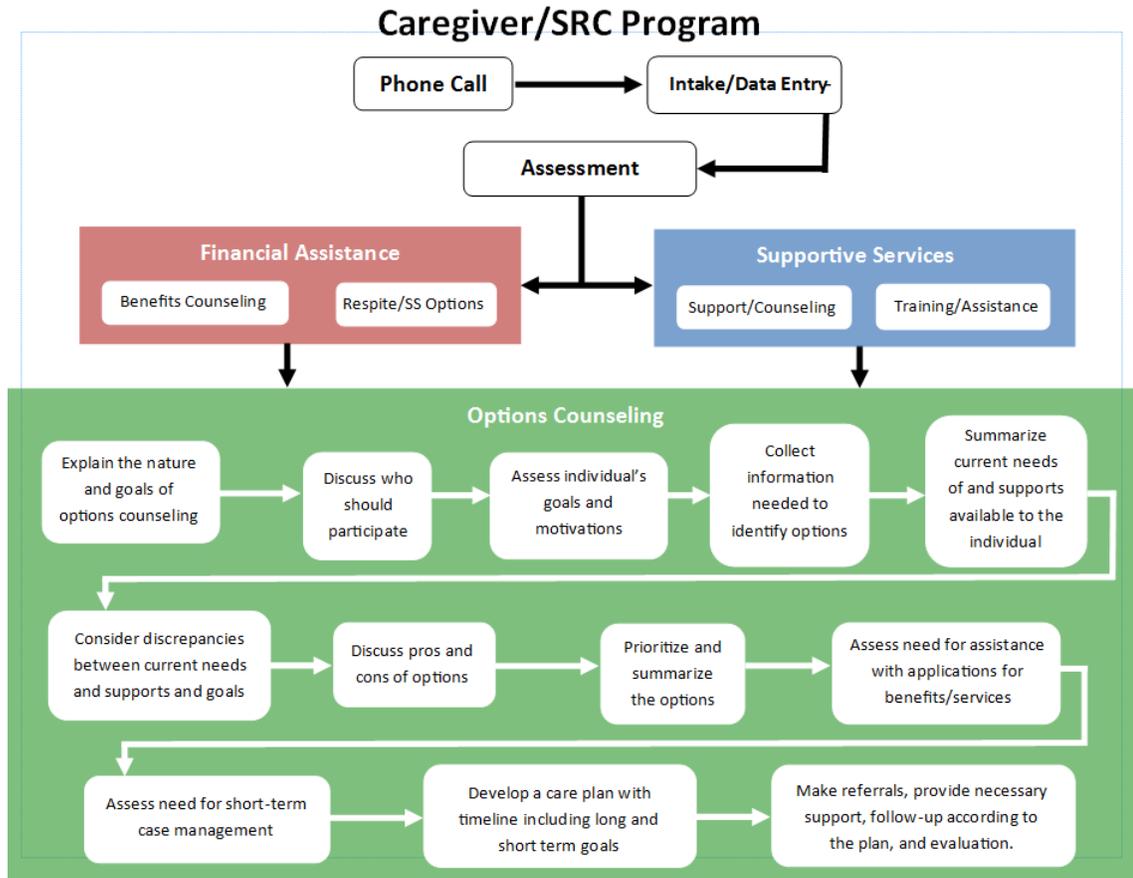
for Fighting Medicare Fraud

You're the first line of defense against Medicare fraud and abuse.



CENTERS FOR MEDICARE & MEDICAID SERVICES
CMS Product No. 11610
June 2012

Appendix G-1: Family Caregiver Report



Appendix G-2

Region: CATAWBA					
ACTUAL REGIONAL III-E EXPENDITURES FOR FISCAL YEAR 2011-2012					
<i>Seniors Raising Children</i>					
(July 1, 2011 - June 30, 2012)					
	PLANNING & ADMINISTRATION WITH MATCH	STAFFING WITH MATCH (Advocate & I&R)	CG-DIRECTED SERVICES (Federal only)	PROGRAM INCOME	TOTAL PROGRAM ACTIVITY
Information to Groups		\$500			\$500
Access Assistance		\$500			\$500
Support Groups		\$500			\$500
Training		\$500			\$500
Counseling		\$500			\$500
Respite			\$2,471	\$150	\$1,725
Supplemental Services			\$3,920	\$250	\$2,719
TOTAL	\$1,000	\$2,500	\$6,391	\$400	\$6,944

Appendix G-3

Catawba 8/15/2012

Justification

07/01/2011—06/30/2012

Title III=E Funds of \$126,438 were used to provide 362 units of service. A total of \$119,328 was used for respite. \$21,645 was used for adult day care this provided 2,481hours of respite. The average cost of adult day care was \$8 per hour. In home respite totaled \$97,682 and provided 13,038hours of respite. The average cost of in home respite was \$7.00 hour. There has been an increased request for respite services and therefore a significant reduction in the dollars allotted to Supplemental Services. Another unique and successful aspect of our respite program is our assistance program to families caring for a person with Alzheimer's. We have successfully provided 103 families with Alzheimer's respite voucher (\$500). We assist in completing the application, provide address, stamped envelope, do follow up with the client to ensure they receive the voucher, and then assist in putting Alzheimer's approved vendor in place to redeem the voucher (\$500). Additional, we continue monitor the respite funds and assist in applying for the second voucher. This intervention has made available an additional \$18,400 in respite dollars to 132 families in the Catawba Region.

A total of \$ 7,110 was used in Supplemental Services with a total of 1,654 units. The major category was in nutritional supplement supplies using \$4,000 and provided 1,600 units. The convenience and stress on providing nutritional sound meals for the care receiver continues to be a great financial burden for family caregivers. Additionally, with the current economic downturn many families are receiving less financial help from other family members. This creates a hardship for the caregivers as they cannot afford to purchase the necessary quantity of nutritional supplies. Without adequate nutritional supplies the caregiver struggles to maintain the CR at home and feels it is too much to ask family member to prepare a meal when they take respite. The most requested items were related to adapting the bathroom, raised commode, grab bars and transfer benches. Also, transport wheelchairs were requested to assist the caregiver in getting the Care Recipient to and from appointments. The decrease in the Supplemental Services for the last 2 years is reflective of the increase need for in home services. Our program continues to maintain a wait list beginning in the second half on the fiscal year, usually starting in April.

SRC program served 19 Senior Raising Children providing 416 units at

\$6,391. \$2471 was used for 150 units of respite and \$3318 was used for 85 units school supplies, school care and related school expenses. On average SRC received \$336 each. Additionally, \$522 was used for home modification and \$80.00 for incontinence supplies for a disabled child.

Although information to Groups, which includes community events, outreach etc., is not reflected on the attached reports all the categories of the Catawba FSCP has increased and reflected growth. This continued growth is attributed to a growing numbers of community partners and the increased demands placed on the program, as other avenues of assistance have been reduced or stopped providing services.

The Catawba FSCP continues to work closely with the communities it serves.

We are involved with fairs, workshops, hospitals, healthcare professionals, continuing education and prevention. We continue to conduct support groups and partner with rural communities to raise awareness of care giving, Alzheimer's, health prevention, Medicare and Long Term Care planning.

The purpose is to provide interactive learning modules for adults to assist them in transitioning to a healthy lifestyle and early intervention of current health problems. Our approach is person-centered and motivational interviewing to achieve the best possible outcome in options counseling for the individual to safely remain in the home.

The program conducted workshops, home assessments, provided materials, applied for Medicaid, extra help, Alzheimer's voucher, aid and attendance care and SNAP. We provided option counseling, follow-up and recruited volunteer to provide additional sources of information in their individual communities and organizations.

Our primary goal is to connect family caregivers and their families to the services and resources they are eligible to receive. Moreover, to ensure caregivers have the necessary information to make informed decisions, plans, and access services regardless of their location, finances, health or education.

Appendix G-4 ADRC Full Partners List

<i>Catawba ADRC Community & Regional Partnerships</i>							
<i>Partner</i>	<i>Attn</i>	<i>Address</i>	<i>Address 2</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Phone</i>
Adult Day Care	Chester Active Day Care	Marie Willford	609 Columbia Avenue		Chester	SC 29706	(803) 381-2850
	York County Adult Enrichment Center	Frida Price	359 Park Avenue		Rock Hill	SC 29750	(803) 327-7448
	Sunshine Adult Day Care		506 S. Duncan Bypass		Union	SC 29379	(803) 429-0505
	St. Paul Adult Day Care		508 Wallace Street		Union	SC 29379	(803) 429-8771
	First Calvary Adult Day Care	Tamara Bule	228 Lucky Lane		Rock Hill	SC 29750	
	Fort Lawn Community Center		5554 Main Street		Fort Lawn	SC 29714	(803) 872-4491
	Golden Care	Susan Bowers	403 W. Meeting Street		Lancaster	SC 29720	(803) 416-8000
Flint Hill Adult Day Care		571 Lige Street		Rock Hill	SC 29750	(803) 327-2044	
Chrch	Morial Baptist Association		914 W. Meeting Street		Lancaster	SC 29720	
	Federation of the Blind		200 Piedmont Blvd		Rock Hill	SC 29750	
Conferences	SC Conference on Aging				Columbia	SC	
Education	Winthrop University	Linda Ashley	Department of Social Work	132 Bancroft Hall	Rock Hill	SC 29751	
	York Technical College	Lynn Fantry	452 South Anderson Road		Rock Hill	SC 29750	(803) 327-8000
	University of South Carolina	Dr. Melissa Reitmeyer	College of Social Work		Columbia	SC 29208	
	Rock Hill School District Three	Elaine Baker	PO Drawer 10072		Rock Hill	SC 29751	(803) 981-1000
	York School District						
	Clover School District						
	Fort Mill School District						
	Lancaster School District						
Chester School District							
The Center for Social Welfare, Research & Assessment	Dept. of Social Work	132 Bancroft Hall		Rock Hill	SC 29753	(803) 325-4974	
Employer	Rock Hill School District Three Retirees		660 N. Anderson Road		Rock Hill	SC 29750	
	Duke Energy - Rock Hill		P.O. Box 70516		Charlotte	NC 28272	
	Catawba - Resolute Forest Products (Bowater)		5300 Curleton Ferry Road		Catawba	SC 29704	
	John Deere - James River		380 N. Anderson Road		Rock Hill	SC 29750	
Faith Based	Hunger Relief	Ellen Green	2550 Billy Wilson Road		York	SC 29745	(803) 980-0553
	Presbyterian Center		515 Oakland Avenue		Rock Hill	SC 29752	
Government	CCA - Head Start	Wryling White	PO Box 935		Rock Hill	SC 29751	(803) 329-3196
	City of Rock Hill	Carol Harvey	PO Box 11706		Rock Hill	SC 29751	(803) 326-2426
	Community Long Term Care	Virginia Crisp	1890 Neely's Creek Road		Rock Hill	SC 29750	(803) 327-9061
	York County Emergency Management		PO Box 12450		Rock Hill	SC 29751	(803) 326-2300
	Red Cross		200 Piedmont Blvd		Rock Hill	SC 29752	(803) 329-6575
	York County Department of Social Services	Yvonne Stewart	933 Heckle Blvd		Rock Hill	SC 29752	(803) 909-7446
	Catawba Regional Planning		PO Box 430		Rock Hill	SC 29751	(803) 327-9041
Home Care	Senior Helpers	Seth Zarek	181 Tom Hall Street	Suite 118	Fort Mill	SC 29715	(803) 546-8766
	Care Haven	Vina Peru	852 Gold Hill Road	Suite 201	Fort Mill	SC 29708	(803) 396-2155
	Better Together	Doug Hodak	2012 West Highway 160	Suite 13	Fort Mill	SC 29708	(803) 207-4040
	HomeBridge	Judy Whitehair	1330 India Hook Road		Rock Hill	SC 29752	(803) 328-5145
	HomeBridge Private Pay Meal Service	Judy Whitehair	1330 India Hook Road		Rock Hill	SC 29752	(803) 328-4145
	Home Instead Senior Care	Carol Horton	4186 Old York Road		Rock Hill	SC 29752	(803) 817-1901
	Care Pro		1924 India Hook Road		Rock Hill	SC 29752	(803) 324-9366
	Always Best Care	Phil Davidson	146 East White Street		Rock Hill	SC 29750	
	Bayada Home Care Specialists	Ashley LaPointe	454 Anderson Road		Rock Hill	SC 29752	(803) 327-8900
Bright Star	David Saporito	2012 West Highway 160	Suite 4	Fort Mill	SC 29708		
Home Health	Gentiva	Gail Thomason	420 South Herlong Avenue		Rock Hill	SC 29752	(803) 329-3184
	NHC Home Care	Carol Helm	1668 Herlong Court		Rock Hill	SC 29752	
	Interim Health Care	Kelly Mitchum	154 Amendment Avenue	Suite 106	Rock Hill	SC 29752	(803) 324-4166
Hospice	Hospice & Community Care	Danette Duncan	2275 India Hook Road		Rock Hill	SC 29752	
	Agape Hospice	Dee Henderson	1317 Ebenezer Road		Rock Hill	SC 29752	(803) 329-4544
	Interim Hospice	Shelia Mullis	154 Amendment Avenue		Rock Hill	SC 29752	
	United Hospice	Arllyn Neal	118 York Street		Chester	SC 29706	(803) 385-2002
	Hospice Care of South Carolina		1230 Ebenezer Road		Rock Hill	SC 29752	(803) 324-6288
	Home Care & Hospice of Lancaster		902 West Meeting Street		Lancaster	SC 29720	(803) 286-1472
Housing/Long Term Care	Westminster	Allison Matthews	1330 India Hook Road		Rock Hill	SC 29752	(803) 328-5000
	Park Point Village		2995 Van Valin Drive		Rock Hill	SC 29752	(803) 980-8625
	Chandler Place		745 Dilworth Lane		Rock Hill	SC 29752	(803) 325-1008
	Harbor Chase	Kathleen Story	1611 Constitution Blvd		Rock Hill	SC 29750	(803) 981-6855
	Sun City Carolina Lakes		5074 Grandview Drive		Fort Mill	SC 29707	(803) 578-5831
	Sterling House	Scott Tenbrock	1920 Ebenezer Road		Rock Hill	SC 29752	(803) 366-1189
SC Bar Association							

Catawba ADRC Community & Regional Partnerships

<i>Partner</i>	<i>Attn</i>	<i>Address</i>	<i>Address 2</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Phone</i>	
<i>Legal</i>	Julia Khaled, Attorney		1373 Ebenezer Road	Rock Hill	SC	29732	(803) 980-1199	
	Ryan Monk, Attorney		1171 Market Street	Fort Mill	SC	29708	(704) 552-1110	
	Marvin Hyatt, Attorney		1401 Ebenezer Road	Rock Hill	SC	29732	(803) 328-1851	
	Blackwell, Trimnal, Reeves & Myers, LLC		PO Box 2078	Lancaster	SC	29721	(803) 285-8050	
	Melinda Butler, Attorney		103 Medical Services Drive	PO Box 248	Union	SC	29379	(864) 427-8805
	April P. Counterman, Attorney		176 Columbia Street		Chester	SC	29706	(803) 581-4293
	Adrian Cooper, Attorney		1651 Ebenezer Road		Rock Hill	SC	29732	(803) 329-1992
	Hugh Harrelson, Attorney		PO Box		Rock Hill	SC	29730	(803) 324-2400
	Horace Jones, Attorney		141 Oakland Avenue		Rock Hill	SC	29731	(803) 328-8999
	Chisa Putman, Attorney		PO Box 10935		Rock Hill	SC	29731	(803) 386-3989
	Jason Davis, Attorney		PO Box 351		York	SC	29745	(803) 517-2828
	Ailston DeVenney, Attorney		104 S. Catawba Street		Lancaster	SC	29720	(803) 286-8847
All & Frost, LLC		PO Box 731		Union	SC	29379	(864) 427-9700	
<i>Media / Outreach</i>	WRHI	Manning Kimmel	142 N Confederate Avenue	Rock Hill	SC	29730	(803) 324-1340	
	CW46 / WIZY-HD & Mobile DTV	Lucie Hayes Freese	myTV12 / WMYT-HD	3503 Performance Rd	Charlotte	NC	28214	(704) 287-8813
	Greater York Chamber of Commerce	Paul Boger	23 East Liberty Street	York	SC	29745	(803) 684-2590	
	All About Seniors	Lynda Kuehni	PO Box 2424477		Charlotte	NC	28224	(704) 366-1410
	Union Chamber of Commerce		135 W. Main Street		Union	SC	29379	(864) 427-9039
	YC Magazine	Bill Henson	PO Box 37562		Rock Hill	SC	29732	(803) 980-7098
Rock Hill Chamber of Commerce		116 East Main Street		Rock Hill	SC	29730	(803) 324-7300	
<i>Medical</i>	Piedmont Medical Center		222 South Herlong Avenue	Rock Hill	SC	29730	(803) 329-1234	
	VA Clinic	Betty Ann Surratt	205 Piedmont Blvd	Rock Hill	SC	29732	(803) 366-4848	
	North Central Family Medical		1131 Saluda Street	Rock Hill	SC	29730	(803) 325-7744	
	Carolina Cardiology	Joy Bryant	196 Cardiology Drive	Rock Hill	SC	29732	(803) 324-5135	
	Piedmont Family Practice at Rock Hill	Eric Johnson, MD	200 S. Herlong Avenue	Suite B	Rock Hill	SC	29732	(803) 325-1770
	Piedmont General Surgery Associates	Kamran Borhanian, MD	200 S. Herlong Avenue	Suite O	Rock Hill	SC	29732	(803) 909-6300
	Rock Hill Eye Clinic	Donna Faris	1565 Ebenezer Road		Rock Hill	SC	29732	(803) 328-0388
	Palmetto Pharmacy	Robin Alton	1030 Oakland Avenue		Rock Hill	SC	29732	(803) 980-7272
	Carolina Pharmacy	Chirag Patel	725 Cherry Road	Suite 103	Rock Hill	SC	29732	(803) 327-1840
	Healthy Hometown		York County			SC		
Health South	Valarie Badanich	3793 Dr Frank Gaston Blvd		Rock Hill	SC	29732	(803) 326-3500	
<i>Non-Profit</i>	Pilgrims Inn	Angela Miller	236 West Main Street	Rock Hill	SC	29730		
	United Way	Debbie Hayworth	PO Box 925	Rock Hill	SC	29731		
	Catawba Care Coalition		1151 Camden Avenue	Rock Hill	SC	29732	(803) 505-6363	
	Alzheimers Association, South Carolina Chapter	Cindy Alewine	521 North McDuffie Street		Anderson	SC	29621	(864) 225-1387
	Parkinsons Association	Marie S. Jaffe	5970 Fairview Road	Suite 725	Charlotte	NC	28210	(704) 248-3722
<i>Planning Comm/Ites</i>	Long Term Care Work Group							
	Fall Prevention Work Group							
	Alzheimers Association, State Board							
	Clean and Green of Rock Hill							
	Interdisciplinary Group Lancaster County							
	Parkinson's Association of Carolinas Advisory Committee							
	National Health Care Decision Group							
	Carolina Care Partnership - HIV/AIDS Organization	Board Member						
	HOME CARE + Advisory Committee - USC-CMS Grant Project							
Western York County Work Group								
York County Information Group								
<i>Professional Workshops</i>	Elderly Task Force							
	I.C.E. Individuals Caring for Elderly							
	Creating Caring Connections - planning Winthrop Univesity		Winthrop University	Rock Hill	SC			
	Hispanic Task Force							
	End of Life Care		Winthrop University	Rock Hill	SC			
PART - Transitional Care Program								

Appendix H: Required Documents

Appendix H-1: 2013-2014 AAA Staffing Worksheet and NAPIS Data SFY14

REGION 3: CATAWBA AREA AGENCY ON AGING 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/I&B	Hours Charged to IIE	Hours Charged to I-CARES/SP	Hours Charged to Other Title II Services (IIE- DI)	Hours Charged to Discretionary Grants or Local Funding	Enter Staff Names	Annual Payroll Hours All Sources	NOTES:
Planning and Administration	5000	4376	624	2240	2080	2590	3750	200	0	AGENCY'S FTE	2080	1. Enter the agency's FTE hours in cell N4
Aging Unit Director	2080	1456	624							Barbara Robinson	2080	2. In Column M, list each individual assigned to the aging unit either full or part time.
Program Assistant	2080	840					1040			Yolanda McCree	2080	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.
Program Developer	0	0	0							Temporary Staff	2080	4. Any staff charged to indirect costs in the aging budget shall not be listed as part of the aging unit.
Aging Fiscal Accounting	2080	2080								Melissa Morrison	2080	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.
Clerical Support Staff	0	0	0							Debra Pittman	2080	
Clerical Support Staff	0	0	0							Deborah Lewis	2080	
FTEs by AAA ACTIVITIES	2,400	2,100	0,300	1,080	1,000	1,250	1,800	0,100	0,000	Joy Ayers	2080	
Ombudsman	2240			2240						Angie Holland	1300	
Senior Ombudsman	2,080	0		2080							0	
Other Ombudsman Staff	160			160							0	
Other Ombudsman Staff	0			0							0	
Other Ombudsman Staff	0			0							0	
Other Ombudsman Staff	0			0							0	
Other Ombudsman Staff	0			0							0	
FTEs	1,080	0,000	0,000	1,080	0,000	0,000	0,000	0,000	0,000		0	
I & A	2080				2080						0	
Primary I&A and R	2,080				2080						0	
Backup I&R	0										0	
FTEs	1,000			0,000	1,000		1,300		0,000		0	
Insurance Counseling/SMP	3750						1300		0,000		0	
Primary Counselor	0										0	
Backup Counselor	1,300						1300		0,000		0	
FTEs	1,800			0,000	0,000	0,000	0,630	0,000	0,000		0	
Family Caregiver Program	2590				0	2590	1410		0		0	
Caregiver Advocate	2,080	0,000				1560	520		0		0	
Backup Advocate	1,920					1030	890		0		0	
FTEs	1,250	0,000	0,000	0,000	1,000	1,250	1,800	0,000	0,000		15880	
Other AAA Direct Services	0										0	
Case Manager	0										0	
Medication Management	200									Yolanda McCree (M)	200	
FTEs	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,100	0,000		15,860	
IMBINED SERVICE DELIVERY	10860										0	
Intern Hours	640	0		0	0	0	0	0	0		0	
Volunteer Hours	1040			0							0	
TOTAL PAID HOURS	15,860										0	

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.

Appendix H-3 Narrative Justification of AAA/ADRC Operating Budget

The Area Agency on Aging budget accounts for all formula allocations of Federal and State funds for State Fiscal Year 2013-2014 issued by the Lieutenant Governor's Office on Aging. The total budget of the Aging Unit is **\$556,542**. The budget narrative follows the sequence of the budget line items on form AAA Comprehensive Operating Budget for State Fiscal Year 2013-2014 provided in the Area Plan format.

SALARIES - \$271,207

This is the cumulative total of all salaries for the **5** full time and **4** part time staff of the Aging Unit and 3 interns.

FRINGE BENEFITS - \$62,413

- FICA/Medicare
- Workman's Compensation
- Insurance
- Retirement
- Unemployment

CONTRACTUAL - \$120,921

- Audit and other financial services
- Office Equipment Leases
- Office Rent
- Computer Support Services
- Family Caregiver consumer directed services

TRAVEL - \$17,000

The Area Agency on Aging reimburses staff for use of personal vehicles for necessary agency business and professional development activities at the rate of \$0.565 per mile. When the travel schedule requires it, meals and overnight accommodations are reimbursed.

OUT OF REGION TRAVEL:

The Director, Program Assistant, Long-Term Care Ombudsman, Information and Referral Specialist, Insurance Counselor and Family Caregiver Advocate have regularly scheduled meetings with the LGOA. The cost of each meeting is calculated by computing the miles driven times the approved agency rate of \$0.565 per mile and adding parking fees and lunch expenses as applicable. Receipts are required for parking and lunch.

OUT OF STATE TRAVEL:

The Executive Director, Caregiver Advocate, Information and Referral Staff, Long Term

Care Ombudsman, I-Care Staff may attend conferences each year depending on the costs and funding available. Conferences may include N4A conference, SE4A Conference, Medicare Conference or other program specific conferences. The average cost of registration, air fare, land travel, rooms and meals for these events vary each year. Staff make every effort to stay within the confines of funds as budgeted.

IN-REGION TRAVEL:

The Director travels in region for Quality Assurance Visits, public presentations, community advocacy, technical assistance, menu review and caterer monitoring. The Finance Manager provides technical assistance related to fiscal matters and the client data system, monitors contractors, attends regional meetings. Long Term Care Ombudsman program travel throughout the region to investigate complaints from residents of nursing homes and residential care facilities. The Family Caregiver Advocate travels around the region to conduct activities related to the mandated caregiver services and to provide information, assistance, support groups, counseling, and develop resources to meet caregiver needs. The Information, Referral and Assistance Specialist has travel expenses related to maintaining certification. Some information services are best delivered in a group setting and these may require in region travel on a limited basis.

NON-EMPLOYEE TRAVEL:

The Area Agency is mandated to establish and support a Regional Aging Advisory Council and a Family Caregiver Program Advisory Group. The membership is made up of citizens and program participants from the counties. The AAA reimburses the members for their travel and lunch cost at the rate approved by the Board of Directors.

EQUIPMENT - \$3,500

Based on the four year rotating equipment upgrade plan of the Area Agency on Aging, One computers and one color printer will be purchased this year.

SUPPLIES- \$9,714- (Office supplies for eight staff positions and Copy/printer paper).

ALLOCATED COSTS - \$71,787(Utilities, Postage, Phone and Internet, Printing, Insurance Education & Training, Meeting Supplies, Housekeeping, Advertising, Training Supplies, In-Kind Products and Services, Program Development, subscriptions, Membership Dues)

TOTAL OPERATING BUDGET: \$556,542

Appendix H-4: 2013-2014 Direct Services Expenditures by AAA SFY14

REGION: CATAWBA				
SFY14EXPENDITURES 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	\$225,460	\$13,262	\$26,525	\$265,247
III-B I, R & A by AAA	\$69,600	\$4,094	\$8,188	\$81,882
III-B Legal Assistance through AAA	\$6,234	\$367	\$733	\$7,334
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	\$149,626	\$8,802	\$17,603	\$176,031
Title III-D Medication Management				
	\$4,428	\$260	\$521	\$5,209
Title III-E Allocations				
	Federal	State Match (DMH)	Local Match	TOTAL
III-E Federal Funds for P&A Activities	\$16,715	\$0	\$5,572	\$22,287
III-E Federal Service Funds	\$150,435	\$30,096	\$20,049	\$170,484
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	\$65,092	\$13,022	\$8,675	\$73,767
III-E Balance for Direct Caregiver Supports	\$85,343	\$17,074	\$11,374	\$96,717
Insurance Counseling				
	Federal	State Match	Local Match	TOTAL
I-CARE Allocation (SHIP)				
MIPPA (SHIP) Allocation				
MIPPA (ADRC) Allocation				
MIPPA (AAA) Allocation				
SMP Basic				
SMP Expansion				
Total Insurance Counselling				

Appendix H-5: 2013-2014 Minimum Expenditures and Budget for Priority Services Categories Requested Transfer of Federal Funds

REQUESTED TRANSFER OF FEDERAL FUNDS SFY 2013-2014				
<p>Per requirements of the Older Americans Act, the Area Agency on Aging may, without a waiver, elect to transfer not more than 40% of the funds received under Title III-C between subpart 1 and subpart 2, for use as the Area Agency considers appropriate to purchase services that meet the nutritional needs of older adults in the area served.</p> <p>If the Area Agency on Aging determines that a transfer of more than 40% is required to purchase services at a level that satisfies the need for III-C-1 or III-C-2 services, <u>the agency must request a waiver that justifies the transfer of an additional amount</u>, not to exceed an additional 10% of the funds received under Title III-C, between Subpart 1 and Subpart 2.</p> <p>To comply with OAA, Maintenance of Effort provisions for Ombudsman funding, LGOA transferred Title III-C-1 to Title III-B prior to allocating Title III services funds to the regions; therefore, <u>the AAA may elect to transfer not more than the percentage transferred out of Title III-C-1 into Title III-B for state fiscal year 2014.</u></p> <p>The AAA may transfer up to 30% of the Title III-C-2 allocation to III-B for use as the Area Agency considers necessary to purchase services to meet the need for in-home and community based services.</p> <p><u>The AAA may transfer a portion of the Title III-C-1 allocation to Title III-C-2 provided enough remains in III-C-1 to maintain a cost effective and viable group dining program</u> for older adults in the region.</p>				
REQUESTED TRANSFERS				
TITLE	ORIGINAL ALLOCATION (See Note Below)	REQUESTED TRANSFER	REQUESTED ALLOCATION	% OF TRANSFER
III-B	\$225,460	\$0	\$225,460	0.00%
III-C-1	\$228,129	\$0	\$458,352	0.00%
III-C-2	\$425,881	\$0	\$278,827	0.00%
TOTAL	\$879,470	\$0	\$962,639	
INSTRUCTIONS				
<p>Total of ORIGINAL ALLOCATION column must total the Title III-B plus III-C-1 plus III-C-2 allocations for services transmitted to the region in the ALLOCATIONS FOR SERVICE PROVISION - AREA PLAN PERIOD 2011-2012.</p> <p>Total of REQUESTED TRANSFER column must be ZERO</p> <p>Total of REQUESTED ALLOCATION column must equal total of the ORIGINAL ALLOCATION column</p> <p>A formula will compute the % of TRANSFER based on the OAA provisions cited at the top of this form.</p> <p>All Title III-B <u>service funds</u> allocated to the AAA must be included on the III-B line in the Original and Requested Allocations columns including any III-B funds expended at the AAA for III-B community-based services to older adults. (Do not include Program Development or III-B Ombudsman funds)</p>				

Appendix H-6: 2013-2014 Expenditures and Budget for Priority Services SFY14

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: 82.17%		In-Home Services: 17%		Legal Assistance: 1%
Enter Total III B after Transfers for SFY 2012-2013		\$437,205	and SFY 2013-2014	\$265,249
ACCESS SERVICES	FUNDS EXPENDED SFY 2011-2012	% OF III - B	FUNDS BUDGETED FY 2012-2013	% OF III - B
A. Transportation	\$266,494	60.95%	\$132,024	49.77%
B. Information & Assistance (III-B funding Only)	\$76,880	17.58%	\$81,882	30.87%
C. Case Management	-	-		-
D. Outreach	-	-		-
TOTAL ACCESS EXPENDITURES	\$343,374	78.54%	\$213,906	80.64%
IN-HOME SERVICES	FUNDS EXPENDED SFY 2011-2012	% OF III - B	FUNDS BUDGETED FY 2012-2013	% OF III - B
A. Level I Housekeeping and Chore	\$88,831	20%	\$44,008	17%
B. Level II Homemaker with Limited Personal Care	-	-	-	-
C. Level III Personal Care with Limited Medical Assistance	-	-	-	-
TOTAL IN-HOME EXPENDITURES	\$88,831	20%	\$44,008	17%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
LEGAL ASSISTANCE EXPENDITURES	\$5,000	1.14%	\$7,335	2.77%

Appendix H-8: 2013-2014 Regional Summary of Services \$ Units Unit Cost SFY14

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	\$132,024	109,574	\$1.20
Housekeeping or Chore	\$92,665	4,874	\$19.01
Homemaker with Limited Personal Care			
Personal Care with Limited Medical Assistance			
Home Living Support			
Legal Assistance	\$7,335	15	\$489.00
Adult Day Care			
Respite Care			
Information, Referral & Assistance	\$81,882	9,000	\$9.10
Care Management			
Group Dining	\$319,448	42,588	\$7.50
Home Delivered Meals	\$563,445	76,437	\$7.37
Health Screening			
Nutrition Risk Follow-Up			
Evidence Based Health Promotion Program			
Physical Fitness	\$23,300	12,878	\$1.81
Home Injury Prevention			
Minor Home Repair (State Funds Only)			
Medication Management	\$2,605	750	\$3.47
Outreach			
I-Care Calls/Contacts			
SMP Calls/Contacts			
Caregiver Services			
All entries must include both AAA delivered services and contracted services			
NUMBER OF MINORITY PROVIDERS			0
NUMBER OF RURAL PROVIDERS			3
TOTAL NUMBER OF PROVIDERS			3

Appendix H-9: 2013-2014 Budget History of Units and Unit Costs SFY14

REGION 3 CATAWBA AREA AGENCY ON AGING							
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, Housekeeping Units	Chore, Housekeeping Unit Cost	Chore, Housekeeping Unit Cost
2010-2011	Chester County	\$64,575	49,676	\$1.30	226,327	1,287	\$20.46
2011-2012	Chester County	\$64,233	41,716	\$1.30	\$24,716	1,208	\$20.46
2012-2013	Chester County	\$68,556	50,040	\$1.37	\$24,356	1,134	\$21.46
2013-2014	Chester County	\$25,682	18,746	\$1.37	\$17,363	808	\$21.46
2010-2011	Lancaster County	\$79,219	70,731	\$1.12	\$32,276	1,894	\$17.04
2011-2012	Lancaster County	\$83,791	74,813	\$1.12	\$34,979	2,053	\$17.04
2012-2013	Lancaster County	\$67,090	56,855	\$1.18	\$34,459	1,926	\$17.89
2013-2014	Lancaster County	\$32,558	27,591	\$1.18	\$22,949	1,283	\$17.89
2010-2011	Union County	\$63,781	56,947	\$1.12	\$26,086	1,450	\$17.99
2011-2012	Union County	\$70,883	63,288	\$1.12	\$15,300	856	\$17.98
2012-2013	Union County	\$67,690	57,534	\$1.18	\$24,133	1,278	\$18.88
2013-2014	Union County	\$25,300	21,441	\$1.18	\$17,162	909	\$18.88
2010-2011	York County	\$123,408	112,189	\$1.10	\$51,290	2,867	\$17.89
2011-2012	York County	\$119,002	108,184	\$1.10	\$55,362	3,095	\$17.89
2012-2013	York County	\$116,534	100,460	\$1.16	\$54,540	2,904	\$18.78
2013-2014	York County	\$48,484	86,603	\$1.16	\$35,191	1,874	\$18.78
2010-2011	REGIONWIDE	\$330,967	289,543	\$1.14	\$135,979	7,498	\$18.14
2011-2012	REGIONWIDE	\$327,909	288,003	\$1.14	\$130,449	7,212	\$18.09
2012-2013	REGIONWIDE	\$320,070	264,889	\$1.21	\$137,487	7,242	\$18.98
2013-2014	REGIONWIDE	\$132,024	\$154,381	\$1.22	\$92,685	4,874	\$19.01
REGION 3 CATAWBA AREA AGENCY ON AGING							
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	I R and A ADRC Funds	I R and A ADRC Units	I R and A ADRC Unit Cost
2010-2011	CAAA	\$3,000	25	\$120.00	\$77,921	8,664	\$8.99
2011-2012	CAAA	\$6,267	13	\$482.08	\$76,882	8,664	\$8.87
2012-2013	CAAA	\$5,000	13	\$384.62	\$76,882	5,000	\$15.38
2013-2014	CAAA	\$7,335	15	\$489.00	\$81,882	9,000	\$9.10
2010-2011	REGIONWIDE	\$3,000	25	\$120.00	\$77,921	8,664	\$8.99
2011-2012	REGIONWIDE	\$6,267	13	\$482.08	\$76,882	8,664	\$8.87
2012-2013	REGIONWIDE	\$5,000	13	\$384.62	\$76,882	5,000	\$15.38
2013-2014	REGIONWIDE	\$7,335	15	\$489.00	\$81,882	9,000	\$9.10
REGION 3 CATAWBA AREA AGENCY ON AGING							
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
2010-2011	Chester County	\$135,295	16,703	\$8.10	\$110,852	13,770	\$8.05
2011-2012	Chester County	\$99,583	12,294	\$8.10	\$81,223	10,090	\$8.05
2012-2013	Chester County	\$90,185	10,598	\$8.51	\$60,056	7,214	\$8.45
2013-2014	Chester County	\$61,507	7,228	\$8.51	\$108,832	12,680	\$8.45
2010-2011	Lancaster County	\$165,970	23,744	\$6.99	\$107,202	15,905	\$6.74
2011-2012	Lancaster County	\$145,503	20,816	\$6.99	\$108,621	16,116	\$6.74
2012-2013	Lancaster County	\$139,696	19,032	\$7.34	\$103,401	14,805	\$7.08
2013-2014	Lancaster County	\$77,159	10,512	\$7.34	\$136,969	19,346	\$7.08
2010-2011	Union County	\$133,624	18,981	\$7.04	\$86,312	12,882	\$6.70
2011-2012	Union County	\$100,548	14,283	\$7.04	\$70,416	10,510	\$6.70
2012-2013	Union County	\$88,633	11,994	\$7.39	\$59,538	8,457	\$7.04
2013-2014	Union County	\$60,004	8,120	\$7.39	\$106,492	15,127	\$7.04
2010-2011	York County	\$258,542	37,579	\$6.88	\$209,524	30,323	\$6.91
2011-2012	York County	\$235,080	34,169	\$6.88	\$182,449	26,404	\$6.91
2012-2013	York County	\$206,947	28,863	\$7.22	\$180,422	24,862	\$7.26
2013-2014	York County	\$120,778	16,726	\$7.2200	\$211,152	29,085	\$7.26
2010-2011	REGIONWIDE	\$693,431	97,007	\$7.15	\$513,890	72,879	\$7.05
2011-2012	REGIONWIDE	\$580,714	81,562	\$7.12	\$442,709	63,120	\$7.01
2012-2013	REGIONWIDE	\$525,460	70,287	\$7.48	\$404,317	55,128	\$7.33
2013-2014	REGIONWIDE	\$319,448	42,588	\$7.50	\$563,445	76,437	\$7.37
REGION 3 CATAWBA AREA AGENCY ON AGING							
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 Funds	Evidence Based Disease Prevention Contracted Units	Evidence Based Disease Prevention Contracted Unit Cost
2010-2011	Chester County	\$3,926	2,034	\$1.93			
2011-2012	Chester County	\$3,551	1,840	\$1.93			
2012-2013	Chester County	\$4,080	2,010	\$2.03			
2013-2014	Chester County	\$4,533	2,233	\$2.03			
2010-2011	Lancaster County	\$4,816	2,919	\$1.65			
2011-2012	Lancaster County	\$5,106	3,095	\$1.65			
2012-2013	Lancaster County	\$5,886	3,391	\$1.73			
2013-2014	Lancaster County	\$5,746	3,321	\$1.73			
2010-2011	Union County	\$3,878	2,810	\$1.38			
2011-2012	Union County	\$3,517	2,549	\$1.38			
2012-2013	Union County	\$4,040	2,786	\$1.45			
2013-2014	Union County	\$4,465	3,079	\$1.45			
2010-2011	York County	\$7,502	3,887	\$1.93			
2011-2012	York County	\$8,107	4,201	\$1.93			
2012-2013	York County	\$9,314	4,588	\$2.03			
2013-2014	York County	\$8,556	4,215	\$2.03			
2010-2011	REGIONWIDE	\$20,122	11,650	\$1.73			
2011-2012	REGIONWIDE	\$20,281	11,685	\$1.74			
2012-2013	REGIONWIDE	\$23,300	12,775	\$1.82			
2013-2014	REGIONWIDE	\$23,300	12,848	\$1.81			

Appendix 10: 2013-2014 Analysis of Target Populations Served SFY2014

Client Demographics - Target Populations Served Shown as % of Total Persons Served													
REGION: <i>Catawba</i>						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	Unduplicate d Number in Rural Areas Served (c)	Of Total Unduplicated Persons Served % Who Live in Rural Area	Unduplicate d Number at or Below Poverty Served (d)	Of Total Unduplicated Persons Served % Who Are Below Poverty	Unduplicate d Number of Minority Poor Served (e)	Of Total Unduplicated Minority Served % Who Are Poor	Unduplicate d Number of Non-Minority Poor Served (f)	Of Total Non-Minority Served % Who Are Poor	Unduplicate d Number of Clients Served for First Time in SFY12 (g)	Of Total Persons Served % Who Received Services for the First Time in SFY11
SSICC	260	66	25.38%	257	98.85%	122	46.92%	39	59.09%	194	100.00%	0	0.00%
LCCOA	544	194	35.66%	540	99.26%	317	58.27%	130	67.01%	350	100.00%	0	0.00%
UCCOA	227	76	33.48%	199	87.67%	78	34.36%	25	32.89%	151	100.00%	0	0.00%
YCCOA	766	300	39.16%	196	25.59%	336	43.86%	151	50.33%	466	100.00%	0	0.00%
Page 1													
Regionwide	1797	636	35.39%	1192	66.33%	853	47.47%	345	54.25%	1161	100.00%	0	0.00%
(a) This is the number of unduplicated persons in the region served directly by the AAA or under AAA purchase of service contracts in SFY'12-'13.													
(b) Of total persons served, this is the number who were minority (Show breakout of minority population on next page.)													
(c) Of the total persons served this is the number that reside in rural areas (outside incorporated cities and towns.)													
(d) Of the persons served, this is the number whose self reported income was at or below the 2011 poverty level established by the Bureau of the Census.													
(e) Of those whose self reported income was below the 2011 poverty level cited above, this is the number who were minority													
(f) Of those whose self reported income was below the 2011 poverty level cited above, this is the number who were not minority													
(g) Of the total number served, this is the number who received services for the first time in SFY 2012 or who had not received any contracted service since June 30, 2010													

Appendix H-11: 2013-2014 Breakout of Minority Populations SFY2014

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
YCCOA-Chester	65	0	1	0	0
LCCOA	194	0	0	0	0
UCCOA	75	0	1	0	0
YCCOA	297	0	2	1	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Regionwide	631	0	4	1	0

Appendix 12: 2013-2014 Designated and Undesignated Focal Points Chart SFY14

CATAWBA AREA AGENCY ON AGING DESIGNATED AND UNDESIGNATED FOCAL POINTS IN THE PSA IN 2013-2014					
At a minimum include all Contractors, all Senior Centers in the region and all Congregate Dining Centers not located in a Senior Center					
County	Focal Point Organization	Focal Point Street Address	AAA Designated Focal Point	Type of Facility	Owner of Facility
YORK, LANCASTER, CHESTER AND UNION	CATAWBA AREA AGENCY ON AGING	2051-B EBENZER ROAD, B ROCK HILL, SC 29732	YES	ADRC	RENTAL
UNION	UNION COUNTY COUNCIL ON AGING	237 GADBERRY STREET, UNION, SC 29739	YES	GROUP DINING CENTER	COA
CHESTER	YORK COUNTY COUNCIL ON AGING	SPRINGS COMPLEX-770 OLD RICHBURG ROAD, CHESTER, SC 29706	YES	MULTIPURPOSE SENIOR CENTER	COA
LANCASTER	LANCASTER COUNTY COUNCIL ON AGING	309 S. PLANTATION ROAD, LANCASTER, SC 29720	YES	MULTIPURPOSE SENIOR CENTER	COA
CHESTER	CHESTER COUNTY CONNECTOR	1197 ARMORY ROAD, CHESTER, SC 29706	NO	TRANSPORTATION PROVIDER	SENIOR SERVICES INC., OF CHESTER COUNTY
CHESTER	FORT LAWN COMMUNITY CENTER	5554 MAIN ST., FORT LAWN, SC 29714	NO	SPECIAL SERVICES	UNITED WAY
YORK	YORK COUNTY ADULT DAY CARE SERVICES	359 PARK AVENUE, ROCK HILL, SC 29730	NO	SPECIAL SERVICES	UNITED WAY
YORK	CLOVER AREA ASSISTANCE CENTER	1130 HWY. 55 EAST, PO BOX 521, CLOVER, SC 29710	NO	SPECIAL SERVICES	UNITED WAY
YORK	FORT MILL CARE CENTER	513 BANKS STREET, FORT MILL, SC 29716	NO	SPECIAL SERVICES	UNITED WAY
YORK	ROCK HILL SENIOR CENTER	917 STANDARD STREET, ROCK HILL, SC 29730	NO	GROUP DINING CENTER	YORK COUNTY COUNCIL ON AGING
YORK	YORK SENIOR CENTER	14 NORTH CONGRESS STREET, YORK, SC 29745	NO	NUTRITION SITE	YORK COUNTY COUNCIL ON AGING

Appendix 13: 2013-2014 Documentation of Title III-D Expenditures SFY14

TITLE III-D EVIDENCE-BASED PROGRAMS FUNDED SFY 2013-2014					
CONTRACTORS	EVIDENCE BASED PROGRAM(S) OFFERED (Frequency)	PROGRAM LOCATION(S) Street Address and Phone	TOTAL III-D FUNDS (Federal +Match)	CONTRACTED UNITS	CONTRACTED UNIT COST
Chester Senior Center	Arthritis Foundation Exercise Program	Chester Senior Center Springs Complex 770 Old Richburg Road Chester, SC 29706	\$4,080	2,010	\$2.03
Lancaster County Senior Center	Arthritis Foundation Exercise Program	Lancaster Site 309 S. Plantation Road Lancaster, SC 29720	\$5,866	3,391	\$1.73
Union County Senior Center	Arthritis Foundation Exercise Program	Union Site 237 N. Gadberry Street Union, SC 29379	\$4,040	2,786	\$1.45
Rock Hill Senior Center	Arthritis Foundation Exercise Program	Rock Hill Senior Center 917 Standard Street Rock Hill, SC 29730	\$9,314	4,588	\$2.03

Appendix H-14: 2013-2014 Geographic Distribution of Revenue for Purchased Services

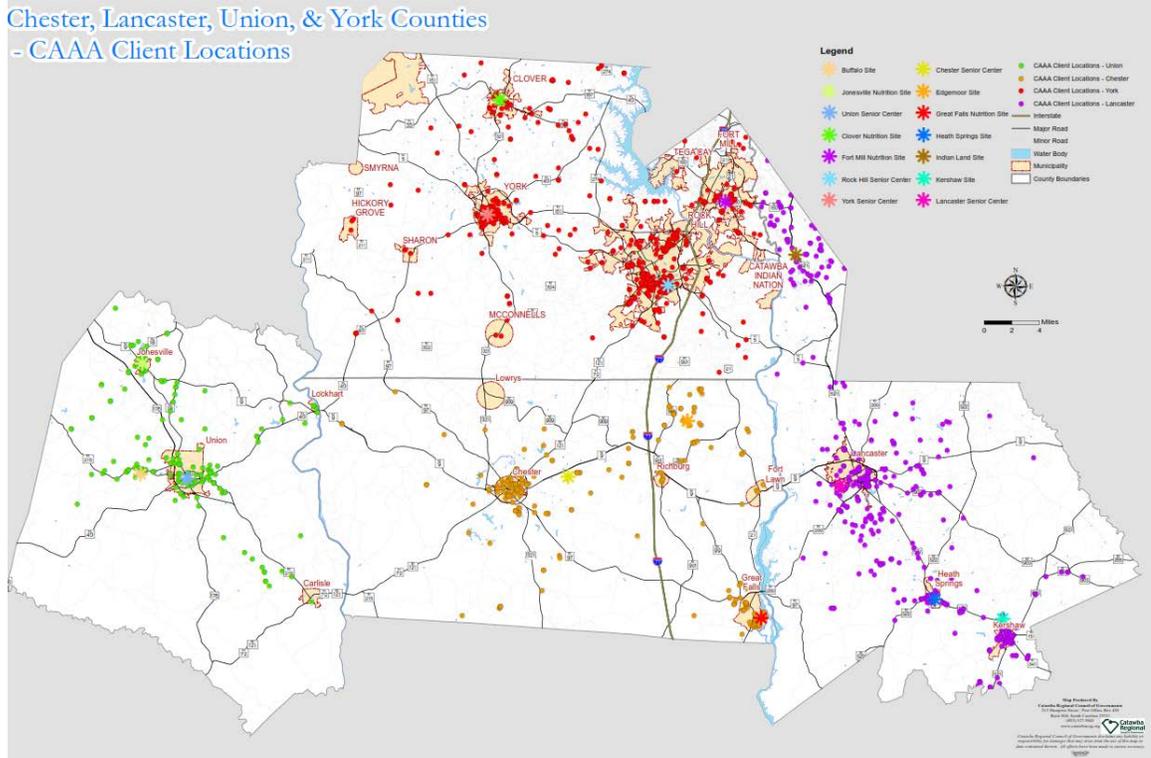
REGION: CATAWBA (03)							
2013-2014							
Funding	Last Years #'s	Total	Chester	Lancaster	Union	York	Total
Title IIIB		\$ 176,031	\$ 34,243	\$ 43,410	\$ 33,733	\$ 64,645	\$ 176,031
Title IIIB -Transportation		\$ 25,682	\$ 32,558	\$ 25,300	\$ 48,484		
Title IIIB- Home Care			\$ 8,561	\$ 10,853	\$ 8,433	\$ 16,161	
Title IIIC1		\$ 268,387	\$ 52,209	\$ 66,186	\$ 51,431	\$ 98,561	\$ 268,387
Title IIIC2		\$ 501,037	\$ 97,467	\$ 123,558	\$ 96,014	\$ 183,998	\$ 501,037
Title IIID Medication Mgt + Preventative Health		\$ 25,905	\$ 5,039	\$ 6,388	\$ 4,964	\$ 9,514	\$ 25,905
USDA (NSIP) Totals		\$ 113,469	\$ 20,663	\$ 24,384	\$ 19,051	\$ 49,371	\$ 113,469
USDA (NSIP) July 2013-Sept 2013 (Actual)		\$ 28,367	\$ 5,166	\$ 6,096	\$ 4,763	\$ 12,343	\$ 28,367
USDA (NSIP) Oct 2013-June 2014 (Estimate)		\$ 85,102	\$ 15,497	\$ 18,288	\$ 14,288	\$ 37,028	\$ 85,102
ACE Bingo (Home Care)		\$ 48,657	\$ 8,802	\$ 12,096	\$ 8,729	\$ 19,030	\$ 48,657
State General Revenue HCBS (State Funds)							\$ -
Transportation							
Congregate Meals (Group Dining)							
Home Delivered Meals							
New General Revenue (State Funds)							
Transportation							
Home Care							
Congregate Meals (Group Dining)							
Home Delivered Meals							
Total PASS-THRU		\$ 1,133,486	\$ 218,423	\$ 276,022	\$ 213,922	\$ 425,119	\$ 1,133,486

Appendix H-15: Emergency Contact Information

ACCESS INFORMATION FOR EMERGENCY PREPAREDNESS ACTIVITIES		
REGION: Catawba (03)		FISCAL YEAR 2013-2014
ANY CHANGES TO THIS INFORMATION MUST BE REPORTED TO THE AAA, EPO, AND LGOA WITHIN TEN WORKING DAYS		
COORDINATING AGENCIES (Agency Name & Street Address)	EMERGENCY CONTACT STAFF (Names and Job Titles)	HOME PHONE NUMBER (or After Hours Numbers)
Area Agency On Aging		
Catawba Area Agency on Aging 2051 Ebenezer Road, Suite B Rock Hill, SC 29732	Executive Director, Barbara Robinson Information Specialist, Deb Pittman LTC Ombudsman, Melissa Morrison	cell 803-417-4026 803-396-8089 803-283-4304
Area Agency Contractees		
1. York County Council on Aging - Chester County 917 Standard Street Rock Hill, SC 29730	1. Executive Director, Wendy Duda	1. 803-684-7437 cell 325-4868
2. Lancaster County Council on Aging 309 S. Plantation Road Lancaster, SC 29720	2. Executive Director, Sally Sherrin	2. 803-286-0717 cell 803-288-4216
3. Union County Council on Aging 237 Gadberry Street Union, SC 29379	3. Executive Director, Earl Black	3. 864-427-4923 cell 864-426-0443
4. York County Council on Aging 917 Standard Street Rock Hill, SC 29730	4. Executive Director, Wendy Duda	4. 803-684-7437 cell 803-325-4868
Emergency Preparedness Offices		
Chester Emergency Preparedness	Eddie Murphy	803-377-4632
Lancaster Emergency Preparedness	Morris Russell	803-285-7333/803-313-8050
Union Emergency Preparedness	Robert Fraim	864-429-1620
York Emergency Preparedness	Cotton Howell	803-326-2300
Volunteer Organizations		
York County Red Cross		803-329-6575
Lancaster County Red Cross		803-283-4072
Union County Red Cross		864-938-6306
Chester County Red Cross		803-581-4820

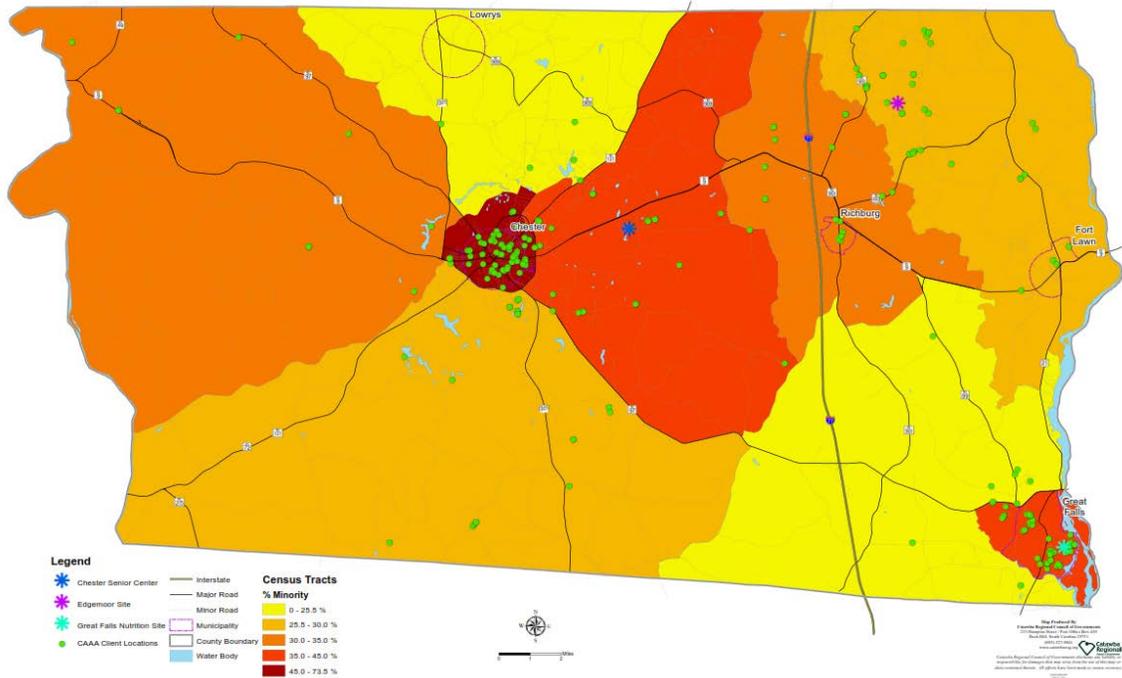
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Appendix H-16: Map of Catawba Region

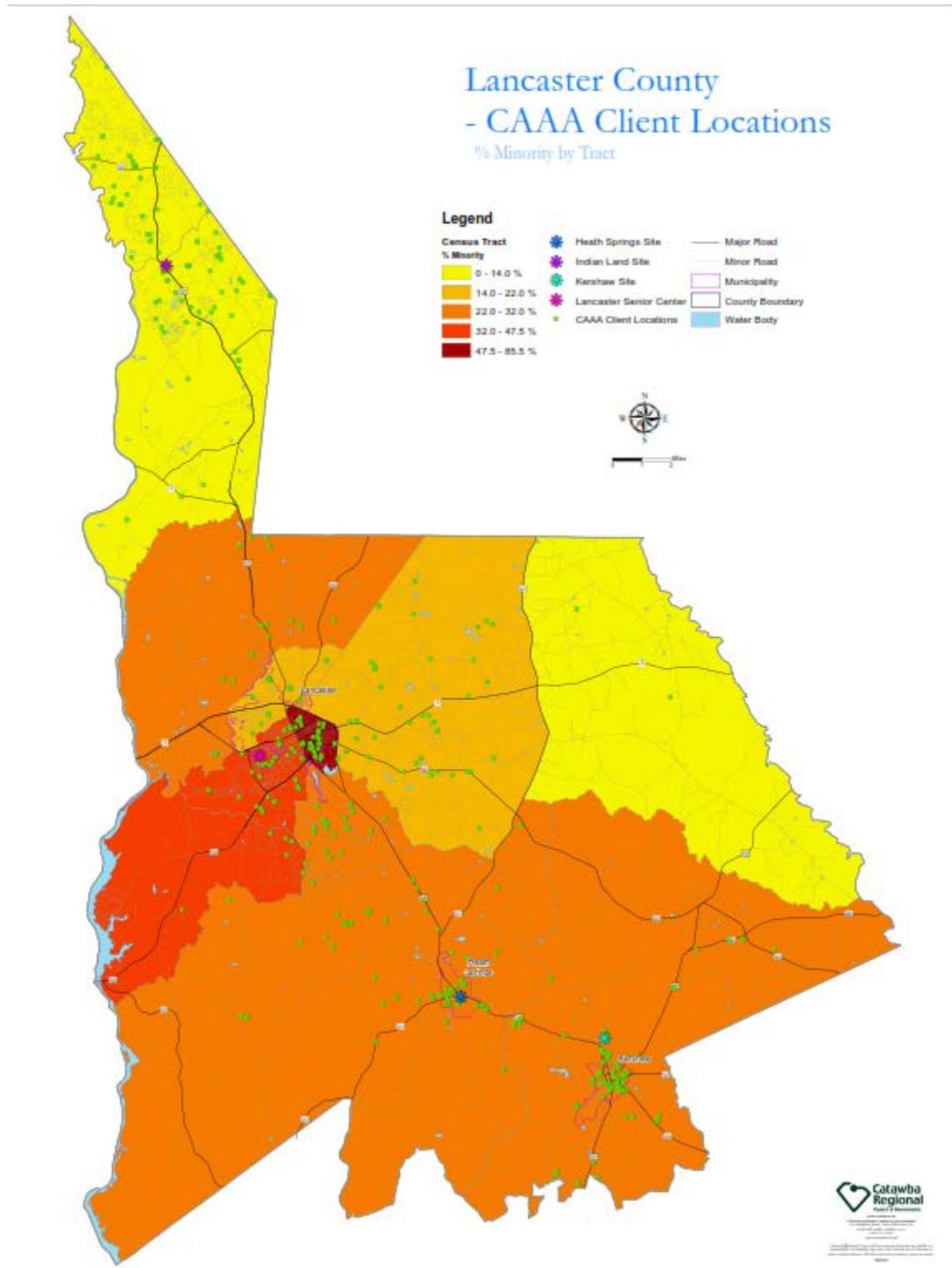


Appendix H-17: Target Population Being Served- Minority-Chester County

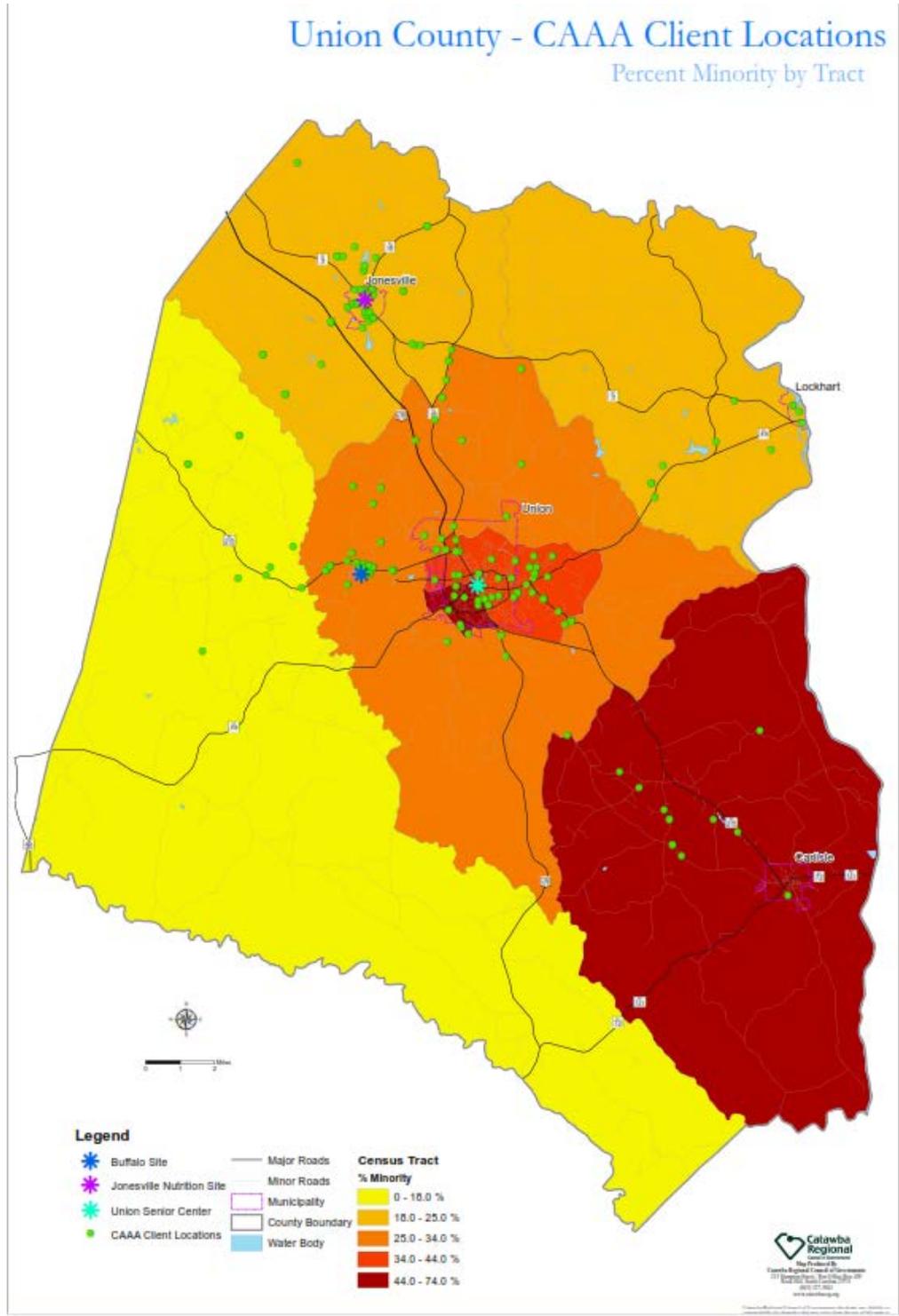
Chester County - CAAA Client Locations
Percent Minority by Tract



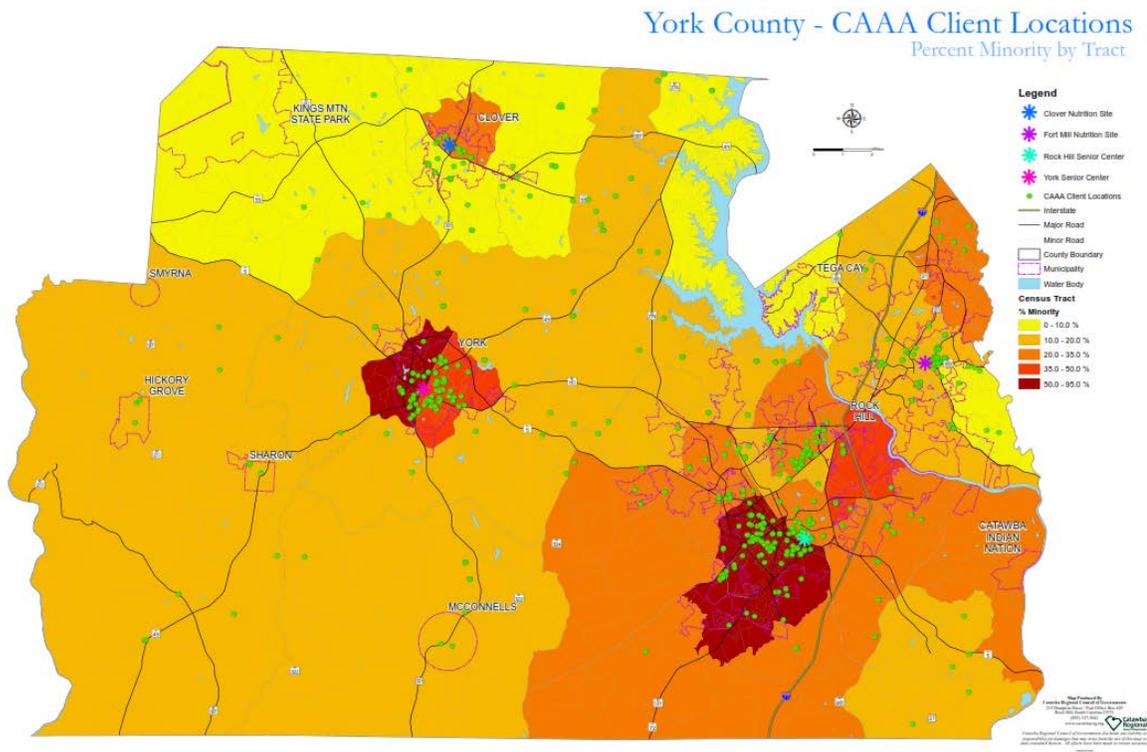
Targeted Population Being Served Minority-Lancaster County



Target Population Being Served- Minority-Union County

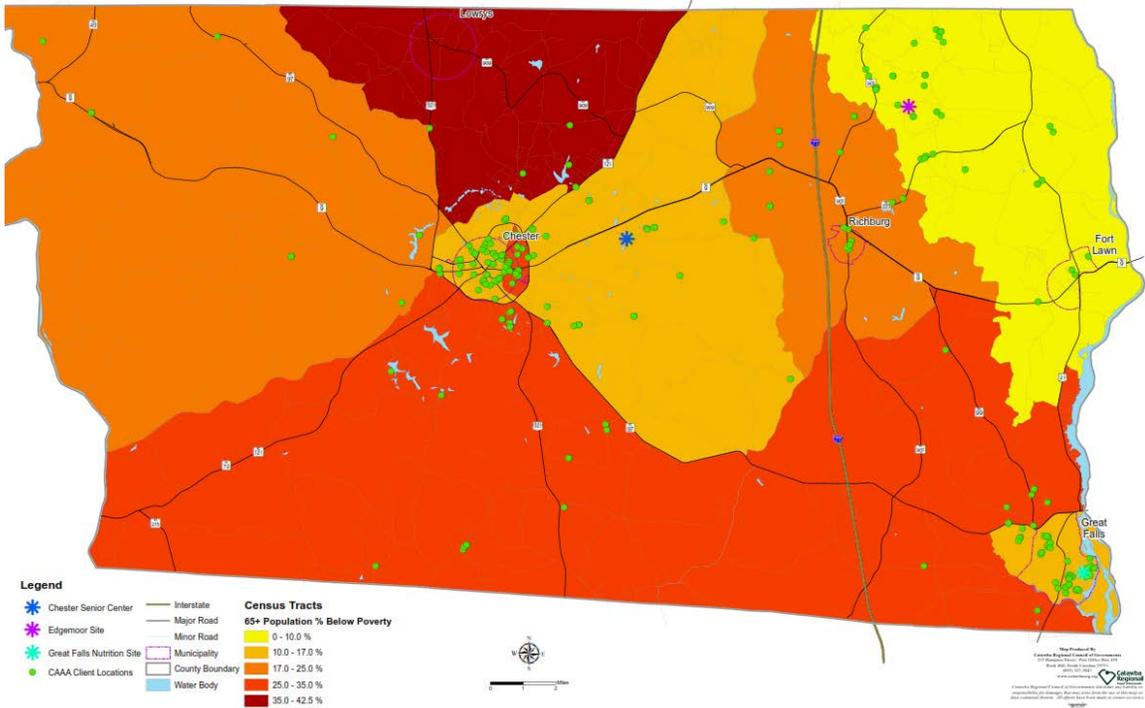


Target Population Being Served- Minority-York County

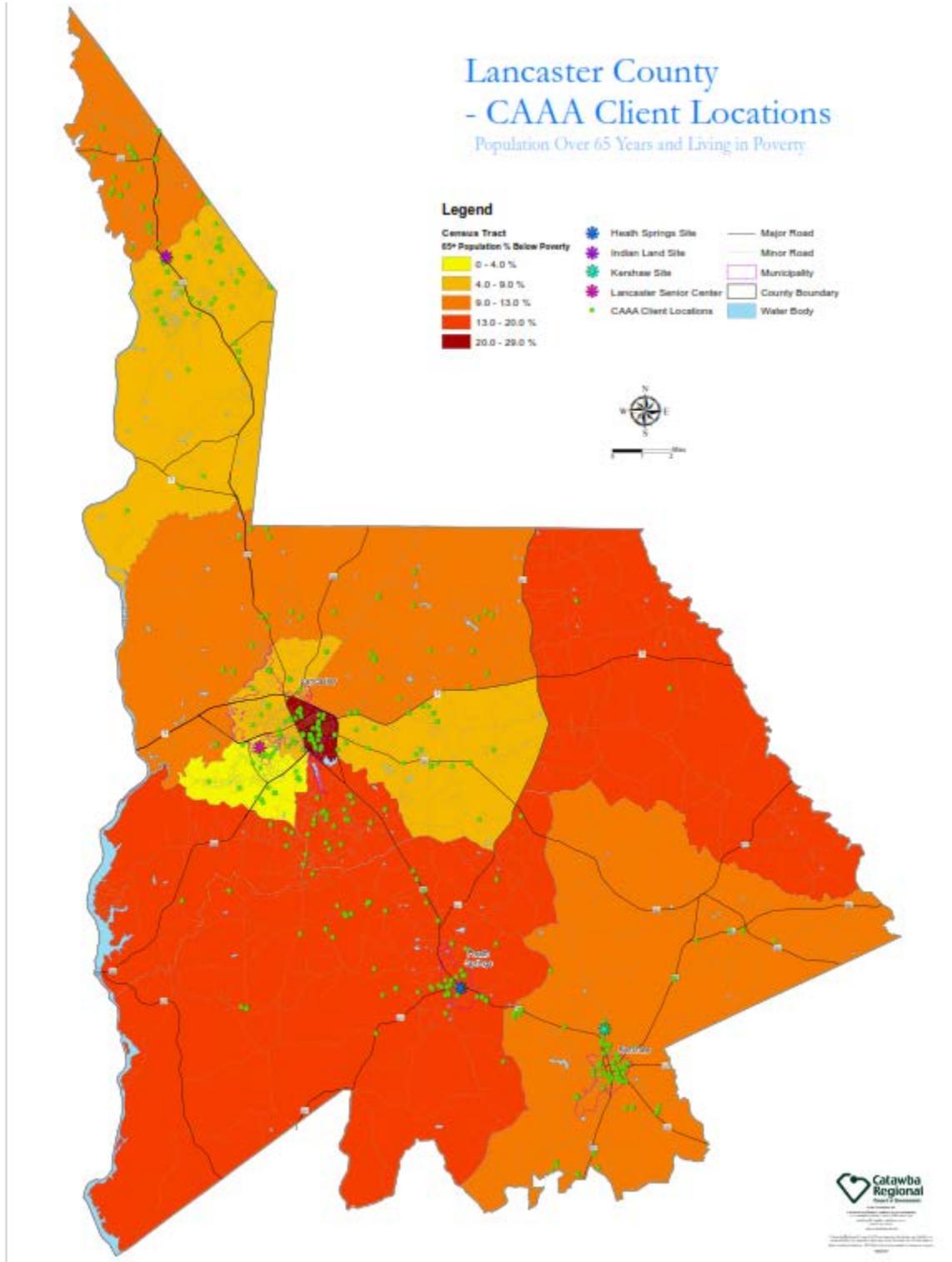


Appendix 18: Target Population Being Served – Poverty-Chester County

Chester County - CAAA Client Locations
Population Over 65 Years and Living in Poverty



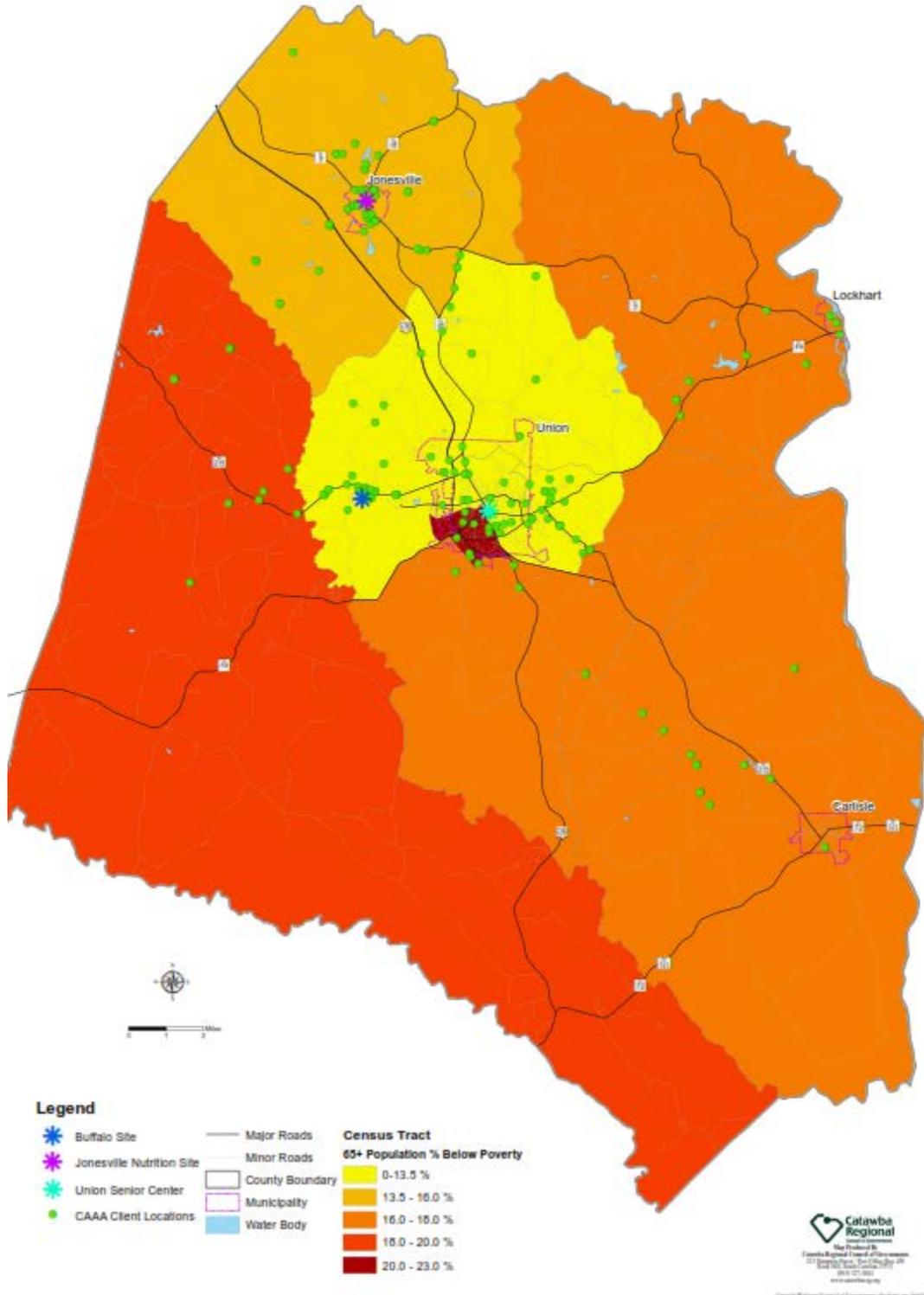
Target Population Being Served- Poverty- Lancaster County



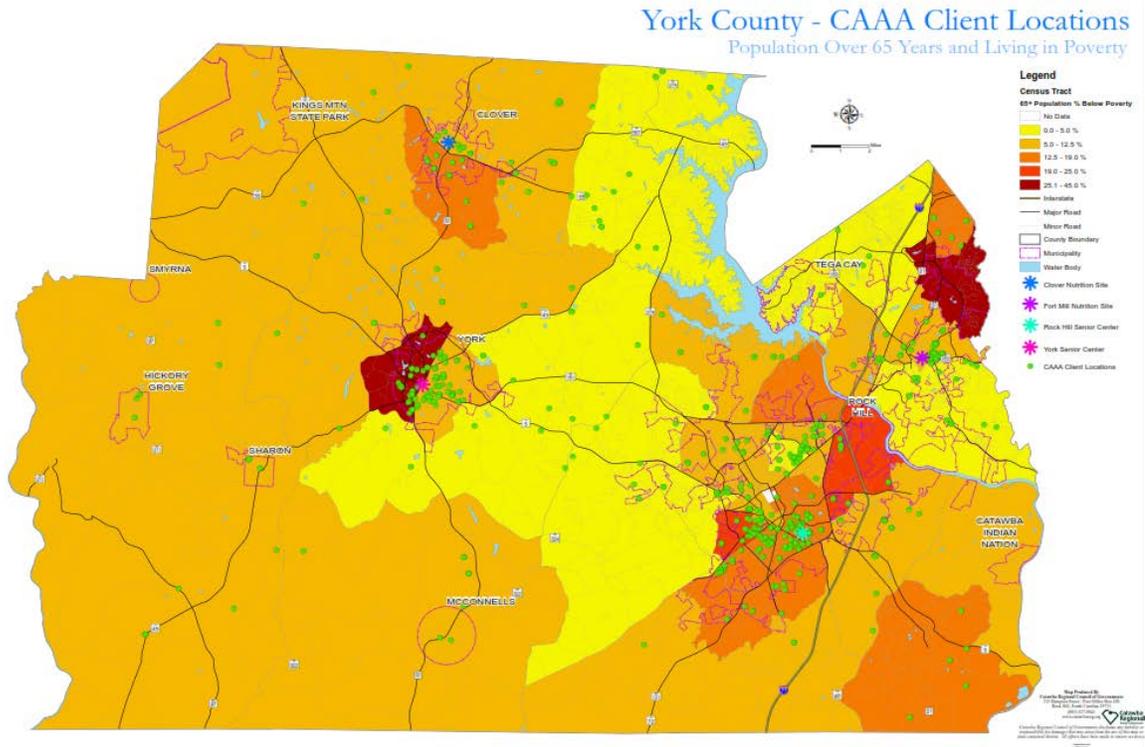
Target Population Being Served- Poverty- Union County

Union County - CAAA Client Locations

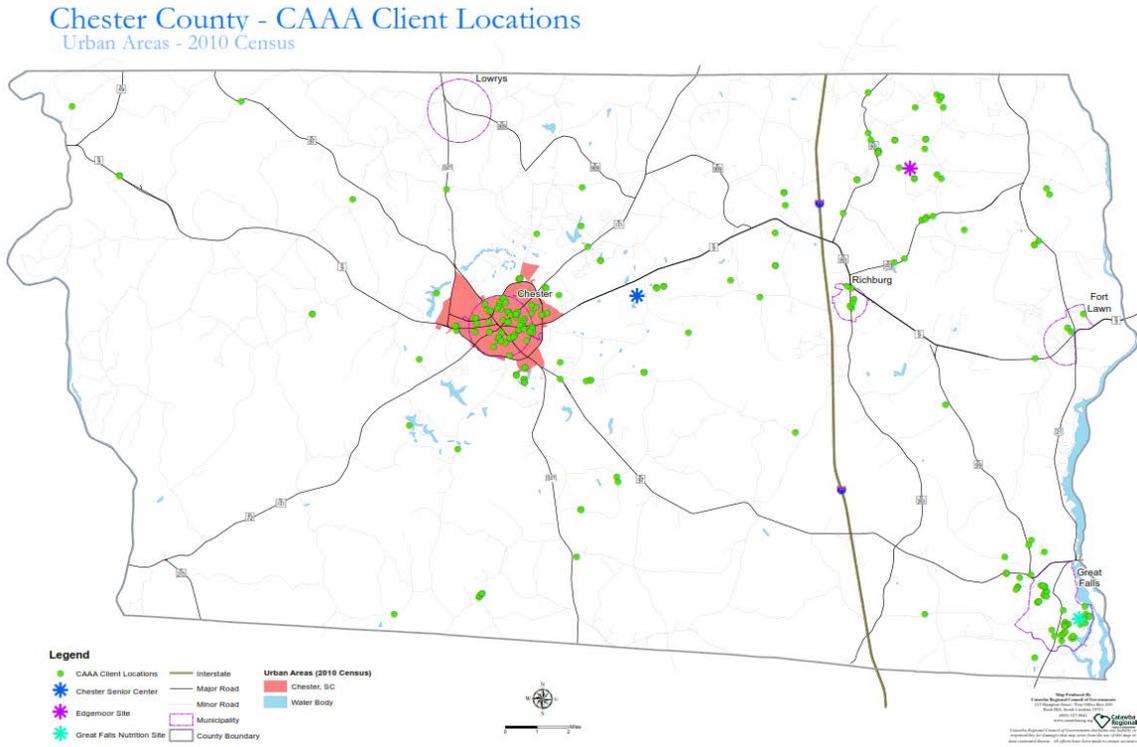
Population Over 65 Years and Living in Poverty



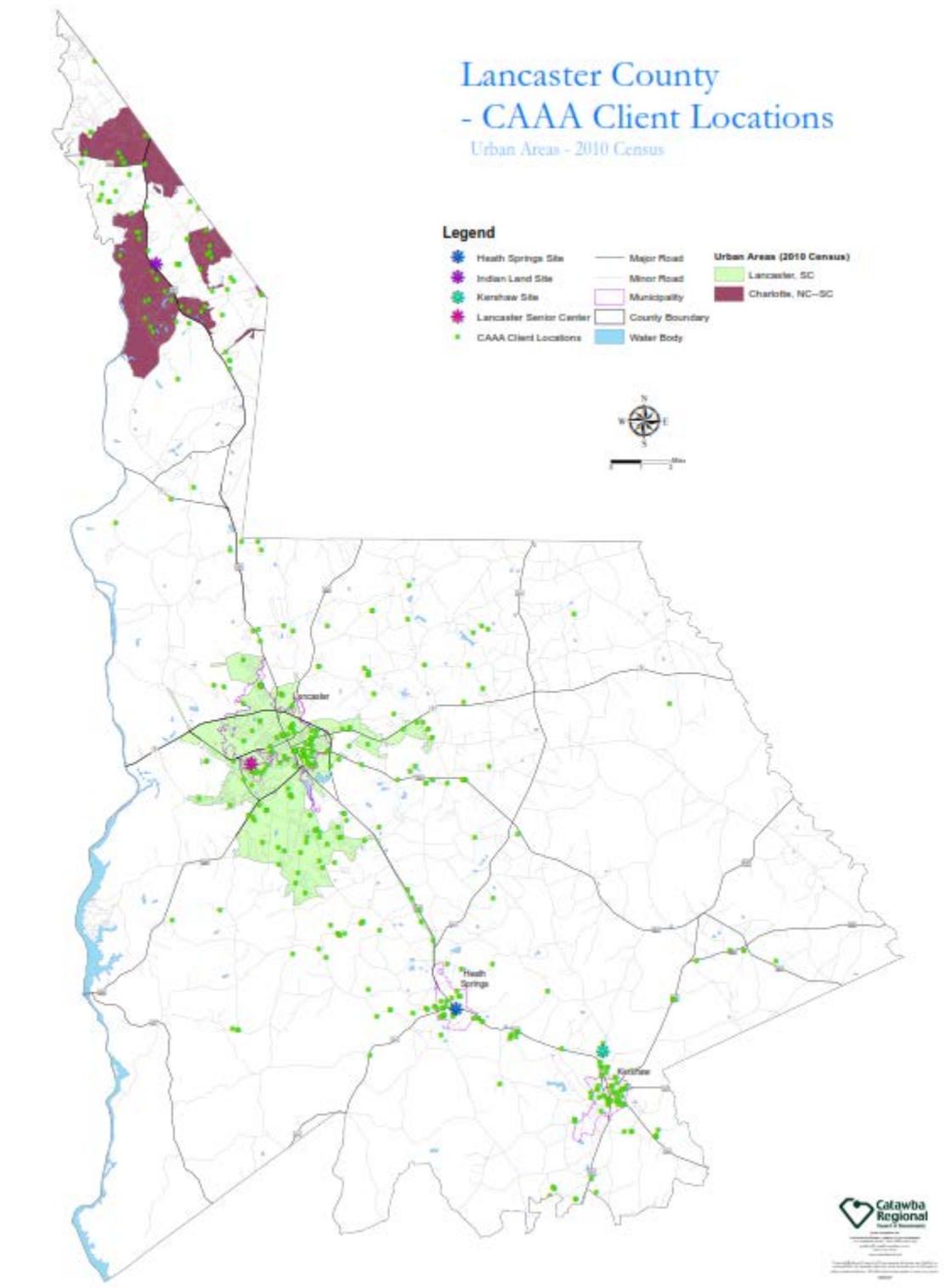
Target Population Being Served- Poverty- York County



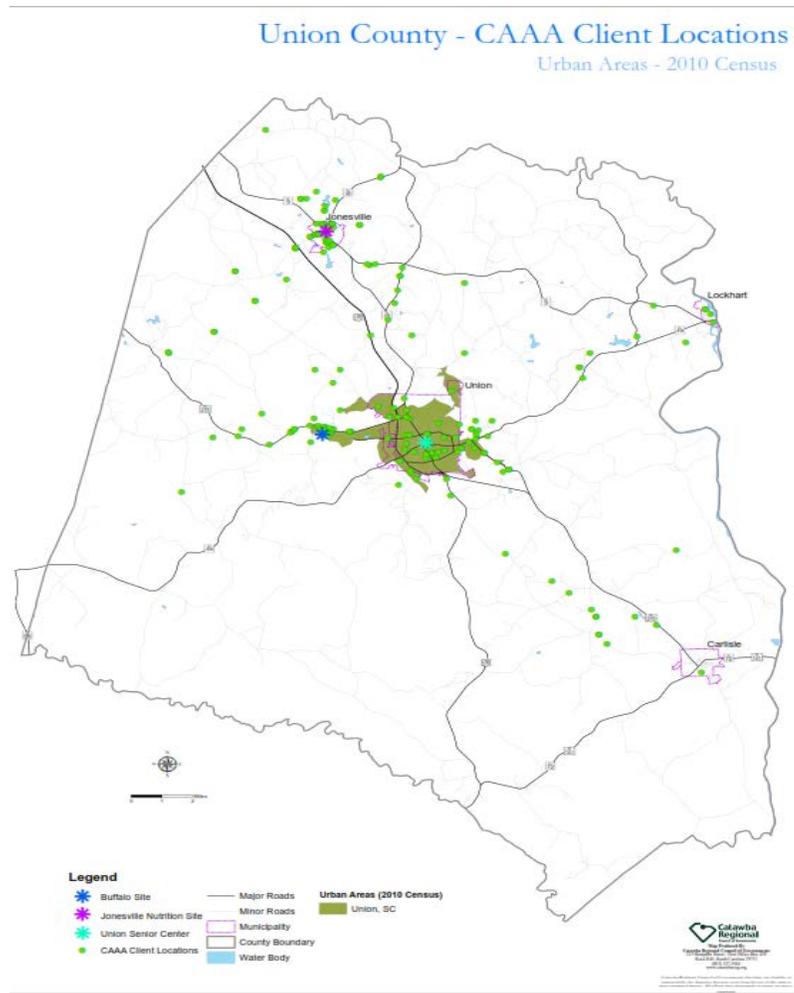
Appendix 19: Target Population Being Served-Rural vs Urban-Chester County



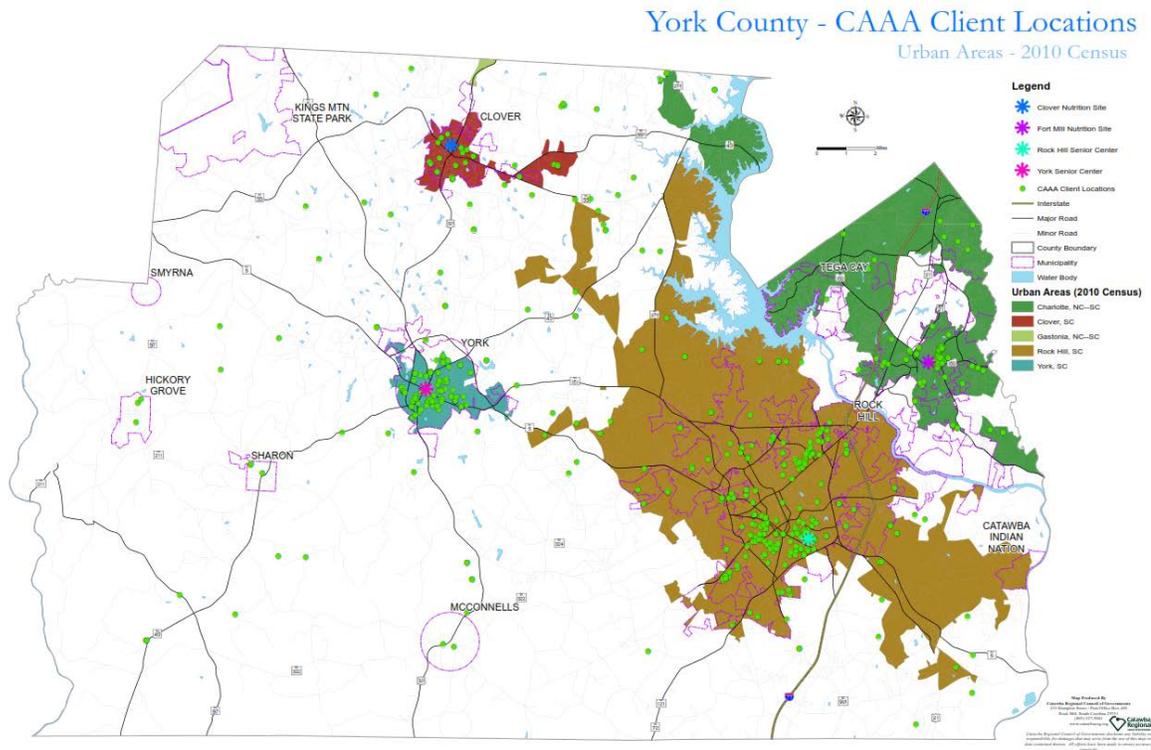
Target Population Being Served-Rural vs Urban- Lancaster County



Target Population Being Served-Rural vs Urban-Union County



Target Population Being Served-Rural vs Urban- York County



Appendix I: Catawba Bylaws Board & Regional Advisory Council

BYLAWS OF CATAWBA AREA AGENCY ON AGING

ARTICLE I. NAME AND PURPOSE

The name of this organization shall be the Catawba Area Agency on Aging, Incorporated, hereinafter referred to as the Catawba AAA/ADRC.

The Catawba AAA/ADRC, a not-for-profit corporation, is the officially designated Area Agency on Aging which serves the Catawba Region, including Chester, Lancaster, Union and York Counties.

The Catawba AAA/ADRC is a broad-based, aging -focused organization whose mission is to support the county-wide aging programs in meeting the needs of the older population in the Catawba Region.

ARTICLE II. MEMBERSHIP

The membership of the corporation shall consist of board members.

ARTICLE III. BOARD OF DIRECTORS

Section 1 - Composition

The Board of Directors of the Catawba AAA/ADRC shall consist of twelve (12) members and shall include three (3) members from each of the four counties in the designated service region.

Section 2 – Terms

Of the original twelve (12) members of the Board, four (4) shall be designated to serve for a one (1) year term, four (4) shall be designated to serve for a two (2) year term, and four (4) shall be designated to serve for a three (3) year term. The term of each director elected thereafter will be for three (3) years. Officers are to be elected on a yearly basis at the Annual Meeting.

Section 3 – Elections

After the organizational meeting referred to in Section 4, election of new at-large directors will occur as positions become vacant. Election of current at-large directors will occur at the Annual Meeting of the corporation. These directors will be elected by a majority vote of the current directors from a list of nominees submitted by a nominating

committee appointed by the President of the corporation.

Section 4 – Meetings of the Board

An organizational meeting of the corporation shall be held for the selection of the original at-large directors, the adoption of by-laws and the transaction of other general business as shall come before the meeting.

Thereafter an annual meeting of the Board of Directors shall be held in July of each year. The Board of Directors will meet no less than quarterly. Special meetings of the Board may be called at any time by the President of the Board of Directors or in his or her absence by the Vice-President or upon receipt of a request signed by two-thirds (2/3) or more directors.

Notice of regular and annual meetings will be mailed at least seven (7) days prior to the day such meeting is to be held.

At all meetings of the Board of Directors, each director present shall be entitled to cast one (1) vote on any motion coming before the meeting.

The presence of six (6) members of the Board shall constitute a quorum at any meeting. At a meeting at which there is a quorum present, a simple majority affirmative vote of the directors present is required to pass a motion before the Board except in the case of election of members and amending these bylaws. Proxy voting will not be permitted.

Robert's Rules of Order will be the sole authority for all questions of procedures at any meeting of the corporation.

All meetings shall be open to the public except such matters as are appropriate for discussion in executive session.

Directors are required to attend at least two (2) of the four (4) meetings held every year. Failure to meet the attendance requirement may be grounds for replacement on the Board.

Section 5 – Compensation

No compensation shall be paid to any member of the Board of Directors for services as a member of the Board. By resolution of the Executive Committee, reasonable expenses may be allowed for unusual costs encountered by members of the Board of Directors in the performance of their duties/

ARTICLE IV. OFFICERS AND THEIR DUTIES

The officers of the corporation shall be the President, Vice President, and Secretary/Treasurer.

The President will be the chief executive officer of the corporation. It will be the duty of the President to preside at all meetings of the Board of Directors. The President shall execute on behalf of the corporation all contracts, deeds, advances and other instruments in writing that may be required or authorized by the Board of Directors for the proper and necessary transaction of the business of the corporation.

The Vice President shall perform such duties as may be assigned by the President of the Board of Directors and shall serve as acting President during the absence of the President.

The Secretary/Treasurer will keep or cause to be kept the corporate records and will give or cause to be given notices of all meetings of the Board of Directors and all other notices as required by law or by these bylaws.

The Secretary/Treasurer will render or cause to be rendered financial statements to the Board of Directors and Executive Committee and such other reports of financial matters as may be requested by the Executive Committee or Board of Directors.

The Board of Directors will hire an Executive Director who shall administer the staff and management functions of the corporation. The Executive Director will be responsible to the Board. The Executive Director shall have the authority to hire all other staff of the corporation.

The Board of Directors may authorize its officers, including the Executive Director, to enter into any contract or execute and deliver any instrument in the name of, and on behalf of, the corporation. Such authority may be general or confined to specific instances.

ARTICLE V. COMMITTEES

The Executive Committee shall consist of officers of the Board of Directors. This committee will serve as the central planning group for the organization and as an advisory group to the Executive Director. It also will have full authority to act for the Board in managing the affairs of the corporation during the intervals between meetings of the Board.

The Nominating Committee shall consist of three (3) members of the Board of Directors appointed by the President of the corporation at the annual meeting. The duties of the Nominating Committee are to: Maintain a current list of potential candidates to insure the best possible slate of at-large directors for the corporation and to present a slate of prospective at-large directors at the annual meeting.

Special Committees may be established by the Board of Directors, their members to be appointed by the President. Special Committee members do not have to be members of the Board of Directors. Special Committees are dissolved when their work is completed.

ARTICLE VI – ADVISORY COUNCIL

Section 1 – Composition and Terms

The Board of Directors shall appoint an Advisory Council to advise the Board on all matters relating to the development and administration of the area plan.

The Advisory Council will consist of no less than eight (8) members and no more than twelve (12) members. Representation will be equal to the extent possible for all of the service counties of the Catawba AAA/ADRC. Terms will be staggered with one third of the members serving one year terms, one third of the members serving two year terms and one third of the members serving three year terms.

Members will be appointed based on the following criteria:

- **more than 50% older persons;**
- **minority persons and older persons residing in rural area who are participants or who are eligible to participate in programs under the area plan;**
- **representatives of older persons;**
- **representatives of health care provider organizations, including veterans health care;**
- **persons with leadership experience in the private and voluntary sector;**
- **elected officials, and;**
- **the general public**

Section 2 – Officers

The Advisory Council will elect a chairperson, vice-chairperson and secretary with these individuals serving as officers. The chairperson will preside at all meetings. The vice-chairperson will preside at meetings in the absence of the chairperson. The secretary will take minutes of all meetings.

Section 3 – Board Representative

The Board of Directors shall appoint one Board member to serve as a point of contact between the Board and the Advisory Council. This member will attend all Advisory Council meetings and provide regular reports to the Board concerning the activities of the Advisory Council.

Section 4 – Meetings

The Advisory Council will meet at least quarterly. Minutes will be kept at each meeting with copies of approved minutes forwarded to the Board of Directors.

ARTICLE VII. FISCAL POLICIES

The fiscal policies of the corporation shall be established by the Board consistent with sound business practices and administered by the Executive Director. The Executive Director shall contract with an independent C.P.A. firm to cause the financial records of the corporation to be audited on an annual basis.

The fiscal year of the corporation will be July 1 through June 30.

ARTICLE VIII. AMENDMENTS

These bylaws may be amended or revised at any regular or special Board meeting upon written notice of at least seven (7) days and upon vote of two-thirds (2/3) of the members of the Board of Directors.

ARTICLE IX. DISSOLUTION

In the event of dissolution, the corporation shall dissolve itself in compliance with the statute governing non-profit organizations under the South Carolina Code of Laws of 1976, as amended. Under dissolution, the residual assets of this organization will be turned over to one or more organizations described in sections 501(c)(3) and 170(c) of the Internal Revenue Code of 1986 or the corresponding provisions of any prior or future Internal Revenue Code, or the federal, state or local government for exclusively public purposes.

Adopted at the organization meeting of the corporation June 23, 1992.

Revised 8/5/92, 9/22/92, 5/25/93, 12/2005