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I. Introduction

A. Purpose

The purpose of the Pee Dee Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC) Area Plan is to set forth the official policies and procedures for Older Americans Act programs administered by the Area Agency on Aging in the Pee Dee Region of the State of South Carolina: Chesterfield, Darlington, Dillon, Florence, Marion and Marlboro Counties.

This area plan attempts to incorporate all current policies, standards, and procedures required by the Older Americans Act, related federal regulations, and other applicable Federal and State rules and regulations. If contradictions with, or omissions of, Federal or South Carolina State policies should occur in the Manual, the Federal or State policy shall take precedence.

The purpose of the plan is to assist Pee Dee Area Agency on Aging and the Service Providers receiving funding through the Area Agency on Aging in carrying out their program and grants administration responsibilities.

This area plan will be updated annually to ensure that it is consistent with the most recent applicable Federal and State requirements. To accomplish this purpose, Pee Dee Area Agency on Aging/Aging and Disability Resource Center will periodically issue updated pages or sections of the Manual with revision dates as indicated.

B. Verification of Intent ([can be found in appendices of this document](#))

C. Verification of AoA and LGOA Assurances ([can be found in appendices of this document](#))

II. Executive Summary

Vantage Point, the Pee Dee Area Aging and Disability Resource Center, a division of CareSouth Carolina, Inc. is designated by the Lieutenant Governor's Office on Aging as the coordinating and planning body for services for older adults in Chesterfield, Darlington, Dillon, Florence, Marion and Marlboro Counties.

Vantage Point identifies the needs of seniors and plans and coordinates programs to fulfill them. Vantage Point offers assistance in obtaining transportation, homebound meals, congregate meals, home care, legal assistance and health promotion services. Insurance counseling is another vital service provided by Vantage Point.

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Vantage Point is an organization dedicated to helping seniors maintain their health and enhance the quality of their lives. It is also an organization that values the contributions that seniors have made and continue to make in their communities. At its core, Vantage Point treats seniors with the respect and dignity they have earned.

The primary goal of the Pee Dee Area Aging and Disability Resource Center is to develop and promote a comprehensive, coordinated community-based service delivery system with simple access that will improve the quality of life for all older adults and disabled individuals in the Pee Dee region and enable them to lead independent lives with dignity in their own homes for as long as possible.

Transparency, credibility, accountability, and service provision are our primary focus during this four year plan. Vantage Point AAA/ADRC will rely on partnerships at many levels, including those with a network of advocates, service agencies, leaders and contracted providers of Older Americans Act services, in order to continue their efforts to help make the region a better environment to age in place. The AAA is working to serve older adults in the most practical and effective way possible, realizing that Older Americans Act funds and programs alone can't meet all needs for all seniors. We are working with partners at many levels to bring in additional resources and to maximize their effectiveness in meeting the needs.

Our staff shares a common goal of helping older adults live long, healthy and independent lives, aging in place in their own home and communities for as long as possible. We are constantly evaluating the services we provide and/or contract for to insure that we are addressing the greatest needs of the clients in the Pee Dee Region.

A tremendous advantage, Vantage Point AAA/ADRC staff has is being a division within CareSouth Carolina, a federally qualified Community Health Center. It is the only Community Health Center in the nation designated as an Area Agency on Aging.

The CareSouth Carolina/AAA/ADRC staff has been cross-trained so that they can provide support to each other and provide knowledgeable information on the needs, trends, gaps, issues and problem areas of the Pee Dee Region. We are a team. We learn together, we work together and we plan together. We have worked very hard over the past four years to eliminate "territorial thinking" and to break down barriers among related programs within CareSouth Carolina. This has been a success that benefits everyone involved.

Vantage Point staff has access to medical, behavioral health, dental, and pharmaceutical staff who are always available to educate and answer questions that will assist us in our quest to provide the most accurate and useful information to seniors and disabled persons. All staff has access to an onsite Department of Social Services Medicaid Intake Worker. She is a great source of information and assistance. She will assist by reviewing applications prior to submission to ensure that all required documents are attached and

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the accuracy of the application. Another great benefit is the CareSouth Carolina Patient Advocates and Outreach Workers. They have received the I-CARE and SMP State Training and have received training as Benefit Bank counselors.

CareSouth Carolina staff members are fully qualified to offer information and assistance. These staff members assist clients on the spot or will act as a telephone liaison between the client and AAA/ADRC Staff if they are unable to answer a question. Or they will schedule an appointment with an AAA/ADRC staff member to meet one on one with the client. Our focus is to provide seniors convenient access to the programs and services they need to remain active and independent.

In each program covered by the responsibilities of the AAA, we have experienced and competent staff members who are committed to helping seniors, disabled individuals, and caregivers. From benefits counseling and IR&A, to fraud prevention, legal services and long-term care ombudsman services, our plans for addressing each service are timely and well-suited for the needs and the culture of our region. The Family Caregiver program is operated successfully, with satisfied caregivers assisted by an experienced Family Caregiver Advocate. The newsletter she sends out provides an abundance of information for caregivers, staff, and advisory board members.

As the baby boomers come of age to receive the benefits provided through the aging networks, services purchased through contracts with local providers will be consistently evolving as the needs of the population change. With the economic changes affecting funding, our utilization of desk top monitoring, technical assistance, open communication with providers, public forums, and needs assessment, will be more important than ever. Our current focus will change over the next four years. The need of the baby boomers is drastically different from the current seniors. This new group of participants will demand creative meal programs and programming. They will expect expanded home living support services. For our agency to be able to meet the need we will have to be proactive with our services. We expect to meet more needs in more effective ways in the upcoming years.

We will continue to advocate for improve transportation access and quality of service. Vantage Point AAA/ADRC will continue to work on program and service development and seek other resources and opportunities to expand our current array of services.

Through the Needs Assessment conducted in the summer of 2012, we have gleaned valuable information regarding the needs of seniors in our region. We have gathered input from caregivers and aging service providers on consumer needs and included that information as a basis for planning and developing services in the Pee Dee Region.

The AAA/ADRC is constantly seeking ways to improve the effectiveness of transportation services for seniors and looking for ways to support aging in place. We have been able to increase our Family Caregiver Services through cost sharing. We have found that even though the senior or caregiver may not be able to contribute to the cost,

there are civic, private and faith based entities that will donate time and/or money to assist in the cost of services.

We will continuously work to increase partnerships between agencies serving older adults and disability service providers to create a more cohesive one-stop-shop approach for seniors and disabled individuals. Being a division of a federally qualified Community Health Center and given our role as an “aging and disability resource center,” it is impossible for us to choose disabilities strictly as our focus. We find it necessary to place our focus on older people with disabilities of all types.

Vantage Point AAA/ADRC under the leadership of the SC Lieutenant Governor Glenn McConnell, and the Office on Aging, will make every effort to carry out the expectations of the new Policies and Procedures and to have a positive impact on the quality of life for seniors in The Pee Dee Region.

III. Overview of the Area Agency on Aging (AAA/ADRC)/Aging and Disability Resource Center (ADRC)

A. Mission Statement

It is the Mission of Vantage Point to “Provide seniors convenient access to the programs and services they need to remain active and independent.”

B. Vision for the four (4) years covered by this plan

The primary vision of the AAA/ADRC for the next four years is to ready senior centers and contractors for the ‘New and Demanding Senior Population’. Our senior service contract providers are faced with numerous concerns, which will affect them more and more as the baby boomers begin to seek services. In addition to limited funding, space issues, etc., questions remain as to how centers can attract young seniors who can provide leadership and volunteer services while at the same time responding to the current users, which are increasingly frail. It has also been suggested that the baby boom generation will not easily identify with old age as previous generations have in the past. The aged of the future will more likely be in the age 65-70 category as many boomers will work well into their 70s based on national surveys.

Health and Well-Being- As the senior population in the Pee Dee Region evolves, changes in attitudes and policies toward aging will be necessary. Inherent in the aging of America is the absolute need for people to grow old with the highest levels of health, vitality and independence. For this to occur, the concept of health and well-being as it relates to the older segment of the population must include the ability to function effectively in society, to exercise self-reliance, and to achieve a high quality of life. Social policy related to the delivery of health care can no longer be construed in the traditional manner of medical

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care or illness management. Preventive programs common in senior centers will serve to empower the elderly and provide a key element in managing the tremendous demand of baby boomers on our health care system. This holistic framework of caring for the aging, must be the new senior center model.

Wellness Programming in senior centers are relatively inexpensive and very cost effective as an illness prevention activity. Our contractors currently spend very little on health prevention of chronic diseases. Health and fitness activities are varied including senior games, senior exercise, health education programs, aerobics, dancing, band exercise, etc. Other centers may focus on health maintenance and intervention by offering chronic care clinics, health screening and ADL assessment, drug management education, healthy aging education programs such as coping or reducing stress, weight control and management, and preventative measures.

Intergenerational programs may be an option to improve relationships and understanding between generations.

Volunteerism- Baby boomers as they move into old age will be the most educated of any group of seniors to date. Utilizing the skills of these older adults will be vital to the survival of the senior center. Senior centers will provide the opportunity for retirees to conduct non-paid activities such as community advocates, teachers, board members, and mentors. Providing seniors a purpose in life will be important to their overall emotional well-being. Retirement counseling and employment programs (retraining) and employment pools provided at the center can also assist older adults in the pursuit of successful aging. Involving local (RSVP) Retired Senior Volunteer Programs can be the cornerstone of this project.

Leisure activities are an important component of successful aging. It is important to remain socially connected. Leisure and educational programs provide these opportunities. Educational classes such as computer groups (chat-rooms, community gardens, travel opportunities, reading and discussion groups, creative arts, music groups, arts and craft, quilting groups, woodworking, painting, field trips are examples of activities within this division. The young-old seniors are quite prepared to pay for what they want.

Support Programs- Providing support to family caregivers is an important function of senior centers. Support groups such as Alzheimer's, Parkinson, Grandparent, Parent, Cancer, and Grief are natural activities for senior centers. Other caregiving activities include: caregiver conferences, baby boomers as caregiver workshops. Possible on-line support groups can also be directed from the senior center via volunteers.

I and R Services - An important component of the senior center is to provide informational programming and services. Services senior centers can offer include: income tax preparation, speaking engagements, booths at community events, public services announcements, feature articles, newsletters, promotional items, brochures, insurance counseling, forums to meet the local political candidates, and legal workshops.

Strategic Planning- As the baby boomers transition toward eligibility age, the demand for senior services will be overwhelming. It is necessary to develop strategies for measuring program utilization and impact. In their current state, our senior centers are not equipped to evaluate program impact. Contractor Boards will need the necessary skills to successfully monitor program success or have funds made available to contract for research services. Volunteers from the academic community could be utilized more fully to determine program success, if board members don't possess these skills to conduct these evaluations themselves.

C. Organizational Structure ([can be found in appendices of this document](#))

Under the leadership of the Lieutenant Governor's Office on Aging, Vantage Point, a division of CareSouth Carolina, Inc., is charged with the responsibility of proactively carrying out a wide range of functions related to advocacy, planning, coordinating, inter-agency linkage, information sharing, brokering, monitoring, and evaluation.

As indicated by the organizational chart, the Vantage Point Director is under the direct supervision of the Chief Executive Office of CareSouth Carolina. Vantage Point staff is under the direct supervision of the Director of Vantage Point.

D. Staff Experience and Qualifications

Shelia Capps Welch, AAA/ADRC Director

Mrs. Welch is a graduate of Coker College in Hartsville, SC. She completed her Bachelor of Science in 1997 with a Major in Business Administration and a Minor in Sociology.

As the director she has attended The Non-Profit Leadership Institute at Francis Marion University. This institute was established to provide leadership training to strengthen non-profit organizations across the state. The goal of the program is to provide a higher level of professional skills for the non-profit sector and a greater coordination of efforts to serve their clientele. Experts from the public, private, and non-profit sectors across the country address the institute on various topics to provide the latest thinking in the non-profit sector. Each year past students are invited to return to learn of new funding opportunities and programs that are available across the state.

She has attended various workshops at the SC Summer School of Gerontology every year that it has been offered. Her other professional have been wide ranging. For the past ten years, she has been a member of the National Association of Area Agencies on Aging (N4A), a member of the Southeastern Association of Area Agencies on Aging (SE4A) and a member of the South Carolina Association of Area Agency on Aging (SC4A). She has attended the SE4A training conference each year since 2002. She has served two

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terms on the Southeastern Association of Area Agencies on Aging Board of Directors and is the currently SC4A Treasurer.

During her career at the Area Aging and Disability Resource Center, Mrs. Welch has been certified as an I-CARE Counselor and as an Information and Referral Specialist, and has held the position of Family Caregiver Advocate for two years prior to becoming the Director. Prior to her employment at the Pee Dee Regions Area Aging and Disability Resource Center, Mrs. Welch worked two years in the private sector at a Home Care Agency who provided services for Community Long Term Care and private pay clients.

She worked two years at the Marion County Council on Aging as a Grant Coordinator where she extended nutrition services, health promotion, physical fitness, educational services and socialization to the areas of the county that were not being served. Two of the sites are still operational. One is private pay and the other is operated at a rural community center which is located approximately 30 miles from the only hospital in the county.

As the Regional Director, she has been responsible for providing programmatic oversight to contractors and staff and financial accountability for funding received as a sub grantee of the Lieutenant Governor's Office on Aging, in addition to various other independent contracts and grants.

Mark Smith, Fiscal Analyst

Mark Smith has served Vantage Point, the Pee Dee Area Agency on Aging (AAA)/ADRC as the fiscal analyst for the past eleven years where he is charged with ensuring compliance between the local, regional, state and federal levels of financial accountability. He graduated with a B.A. degree in communications/education from West Liberty State College and previously worked in sales for a regional beverage distribution company where his primary responsibilities beyond sales included reporting on trends, cost-analysis and demographic marketing. He was instrumental in upgrading the technology in order to increase the profitability of the company.

In his capacity since moving to the aging network, he has also become the Advanced Information Manager (AIM) administrator for the Pee Dee Region. As the AIM administrator, he has been able to provide technical assistance to the contractors in the region.

He has attended the Southeastern Association of Area Agencies on Aging (SE4A) conference nearly every year and has attended trainings at the South Carolina Conference on Aging and the South Carolina Summer School of Gerontology where he also taught a fiscal tracking class for other finance persons in the aging network throughout the state.

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Not only does he track the internal finances of the agency and its direct service programs, but he also works with the area contractors on a daily basis assisting them with data entry of service units problems they may encounter and helps them with tracking/reporting those services. A vital role that he performs is to monitor the funding that is available to assure that the services provided fall within the scope of the Older American's Act and the Lt. Governor's Office on Aging (LGOA) regulations and to keep costs at a reasonable and cost effective rate. A major area in which Mr. Smith has been instrumental is the development and implementation of cost sharing for services. This has been an ongoing process and should be a policy that is implemented during the current fiscal year as a regional standard.

The LGOA has requested his services and expertise on several occasions to help enhance the flow of the tracking software that is used throughout the state. Other agencies have requested his assistance with training which he has done. When asked to design a program for the Pee Dee Region that would simplify the Needs Assessment reporting for the state area plan, he stepped up to the plate and did so enthusiastically and efficiently and at little to no cost to the AAA.

Mr. Smith played an important role in the registration of participants in the SE4A Conference held in Charleston in 2009 and has been active in the Employee Council of their host agency CareSouth Carolina, Inc. where he previously served as the chairperson. In this role he helped to draft the Standards of Care adopted by the agency to provide a patient-centered focus on outstanding quality of care through excellence, respect, integrity, joy and teamwork.

Laura Ketter, Program Coordinator

The Vantage Point AAA Program Coordinator is a high school graduate with twenty years of relevant experience in the aging network. She has attended the Summer School of Gerontology for fifteen years and successfully received certificates of completion for the following courses: "Persuasive Writing," "The Art of Public Speaking", "Good Nutrition: What You Need to Know For Yourself," "Tool for Making Better-Informed Health Care Decisions," "Effective Time Management," "Home Injury Prevention," "Disaster Preparedness: Are You and Your Clients Ready?" "Exercise and Injury Prevention for Older Adults with Chronic Illness," "Improving Participating & Enhancing Nutrition Services in Older Americans Act Programs," "Safety in the Workplace is No Accident," "Motivating Positive Lifestyle Changes," "Lifestyle Modifications in the Management of Diabetes," "Health Promotion Program Planning: If You Plan It, Will They Come?" "Understanding the Aging Process," "A Taste for Nutrition," and, "If This Be Madness, Then There's Method To It." As the Program Coordinator, she has served as a moderator for numerous years at these conferences and trainings.

Through her work with the host agency CareSouth Carolina, Inc. and through other workshops and conferences that she has attended, she has received certificates of complete in the following trainings: "Time Management: Making Good Use of Precious

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Minutes,” “Company Vehicle Safety: Have a Safe Trip,” “Consumer-Direction and the Person Centered Approach Training,” “Social Engagement & Successful Aging – Creating Programs for a Healthier Future,” “The Senior Consumer Safety Workshop for Professionals,” “Fall Knowledge Fair – Dietary Guidelines for Americans,” “Promoting Fiber and Hydration,” and “Veggies and Grains to Fill Your Plate.” Ms. Ketter attended the White House Conference on Aging in 2005 at Myrtle Beach and served as recorder for the health-care session. She attended a two-day Emergency Planning Course sponsored by the South Carolina Emergency Management Division, Office of the Adjutant General in Columbia, and also has attended a “Disaster Readiness,” Training at Midlands Technical College in Columbia, a workshop (Pee Dee Healthy People 2000 Coalition), a Fred Pryor Seminar entitled, “The Exceptional Assistant,” and, “Elder Abuse Seminar,” sponsored by Pee Dee AHEC.

For nearly all of her years with Vantage Point, Ms. Ketter has been the AAA Disaster Preparedness Coordinator and liaison for not only the region and its contractors but also for the Vantage Point agency in its association with CareSouth Carolina, Inc. She has been instrumental in making the entire aging staff in the Pee Dee Area up-to-date on the latest when it comes to drills, safety and preparedness, and regularly coordinates with other local agencies to be informed of regional and state drills that are conducted and monitors the effectiveness of these drills.

Ms. Ketter has also been instrumental in administering the annual Senior Farmer’s Market Program in the Pee Dee Region which has had one of the highest success rates in the state.

E. Regional Aging Advisory Council Board

The Pee Dee Area Agency on Aging (AAA/ADRC/ADRC) establishes and maintains an advisory council. The council carries out advisory functions which further the AAA/ADRC's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area.

- (1) The advisory council is separate and distinct from the AAA/ADRC governing board and composed of:
 - (A) more than 50 percent older persons, including minority persons who are participants or who are eligible to participate in Title III programs, and family caregivers of such persons;
 - (B) representatives of older persons;
 - (C) representatives of health care provider organizations, including providers of veterans' health care, if appropriate;
 - (D) representatives of supportive services providers;
 - (E) persons with leadership experience in the private and voluntary sectors;
 - (F) local elected officials; and
 - (G) the general public.
- (2) The advisory council is responsible for advising the AAA/ADRC in regard to:
 - (A) developing and administering the Area Plan;
 - (B) conducting public hearings; representing the interests of older persons; and

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- (C) reviewing and commenting on all community policies, programs, and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.
- (3) Pee Dee AAA/ADRC is responsible for supporting the efforts of the advisory council. The AAA/ADRC:
- (A) schedules meetings of the full council at least quarterly and provides staff assistance;
- (B) keep the council informed of all matters relating to Area Plan development and administration;
- (C) maintains close contact with advisory council officers;
- (D) assists the council in developing bylaws. The bylaws, at a minimum, address the:
- (i) size and composition of the council;
- (ii) tenure and selection procedures for members;
- (iii) frequency of meetings; and
- (iv) functions of the council;
- (4) provides reimbursement for travel and other allowable expenses to council members, as appropriate;
- (5) submits the Area Plan and subsequent amendments to the council for review and comment before they are submitted to the State Agency for approval; and
- (6) conducts annual training for advisory council members to provide orientation to the rights and responsibilities of advisory council members.

Our bylaws define the primary characteristics of our organization, prescribe how it should function, and include rules that are so important that they may not be changed without prior notice to members and a formal vote and agreement by a majority. Our Regional Aging Advisory Council bylaws include expectations of its members, guidelines on issues such as attendance, responsibilities and duties, expectations, and termination. ([Bylaws can be found in appendices of this document](#))

F. Current Funding Resources for AAA/ADRC Operations

- Title III-B-Transportation, Level I Home Care, Legal, Home Living Support, Ombudsman, Information Referral & Assistance (I, R&A), Planning and Administration (P&A), Program Development
- Title III-C-Congregate Meals, Home Delivered Meals, P&A
- Title III-D-Health Screening, Health Promotion, Physical Fitness, Medication Management
- State In-Home and Community Based Services-Level I Home Care
- State General Revenue for Home and Community Based Services-Group Dining, Home Delivered Meals
- Bingo-Level I Home Care
- Title III-E-Family Caregiver Support Services, I, R&A
- Title VII-Ombudsman, Elder Abuse
- State Ombudsman-Ombudsman, Ombudsman Friendly Visitor Program
- NSIP-Group Dining, Home Delivered Meals

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- MALAS-Legal
- I-CARE-Insurance Counseling
- SHIP-State Health Insurance Program
- SMP-Senior Medicare Patrol
- SMP Expansion-Senior Medicare Patrol
- MIPPA-Medicare Improvements for Patients and Providers Act
- State Grant-Match
- State Match
- Local Match
- CareSouth Carolina, Inc.-P&A, Home Living Support
- CareSouth Carolina, Inc. Dental

Vantage Point develops its annual budget under the direct supervision of the Lieutenant Governor's Office on Aging. The AAA:

- (1) expends at least 30 percent of its federal Title III-B funds overall for the three priority service categories.
- (2) expends at least as much federal funds in any given fiscal year for the priority services categories as the AAA expended for the priority services in the previous fiscal year; unless the AAA allocation of these funds is reduced, in which case, the AAA priority services expenditure is reduced proportional to the AAA reduction in Title III-B funds; and
- (3) allocates federal funds to legal assistance services in accordance with the four percent minimum funding levels established by the Lieutenant Governor's Office on Aging.

Funding is allocated county using the Intrastate Funding Formula Factors and Weights.

G. Written Procedures

CareSouth Carolina/Vantage Point utilizes Power DMS™ to maintain all written policies and procedures. Documents can be updated, emailed, distributed for signatures.

PowerDMS™ provides a cloud-based solution that helps organizations reduce risk and liability with a comprehensive compliance and content management solution. It provides the practical tools necessary to organize and manage crucial documents and industry standards, maintaining compliance for organizations.

PowerDMS™ enables organizations to house the most current standards; create and link specific policies to standards; train and test employees for policy knowledge; create reports and track due dates; and house evidence and proof of compliance – in a single location. Audits are less stressful and require fewer resources.

These written policies and procedures are available at the AAA/ADRC upon request and are subject to the South Carolina Freedom of Information Act (FOIA) requirements.

H. Sign-in Sheets

At the direction of the Lt. Governor's Office on Aging, each contractor must use the approved sign in sheet (LG-94) when services are provided to a qualified individual. These sheets are printed daily and the person receiving the service is required to make their mark. No proxy is allowed to do this for them. The contractor site manager assures that these signatures are legitimate and the AAA verifies on a regular basis when conducting unannounced site visits that these are done according to the law. On a monthly basis, the contractors must submit copies of the sign in sheets to the AAA so that they can be verified when payment is made on units of service provided. This requirement applies to all services, whether it be group dining or home delivered meals and is verified through regular monitoring by the AAA Program Coordinator. The delivery driver for the home delivered meals also signs the daily route document ensuring that the meals were delivered to the qualified recipient.

Sign-in sheets must be compliant. You must go into Activity by Roster and click the "auto enroll" field for the sites to show up. You can use the 90 days if you are not sure as to a time frame.

The sign-in sheet must contain the site name (the site named in the Area Plan), the date the service is received and the participant signatures ONLY (NOT SITE MANAGER, SPOUSE OR OTHER PERSON-any other signature is FRAUD). The participant must also check if he or she wants a meal for the following service day.

Sign-in sheets must be signed by the site manager who is verifying with his or her signature that the participant was actually in attendance on that day and received that service. If a participant signs on the wrong line, the site manager must initial the error and note it on the bottom of the page that the person signed on the wrong line. Signatures must be in pen. Pencil is never allowed. Any signature found to be in pencil will result in that service being non-reimbursable.

Any changes to any service rendered at a site must be made to Vantage Point in writing (and approved prior to the change). This written request must contain the reason for the change, for what length of time the change will occur and what that change is.

For sites that do not serve group meals every day of the week, the sign-in sheet may have the word "tomorrow" crossed through where it asks the client to check for the next meal and have the day entered when the meal will be served (these changes must be initialed by the site manager each time the changes are made).

I. Activity Calendars

Activity calendars must indicate a variety of programming and activities for a minimum of 4 hours for nutrition sites and 6 hours for senior centers.

- They must be clearly posted at all sites and be signed on the bottom by the person who generates the calendar.
- be submitted to Vantage Point monthly with the appropriate signature (signature certifies that the calendar is accurate and that the activity is provided to the client,
- ensure that the activities are provided for the duration that the site is open to clients (a meal is not considered an activity), and that the activity stated on the calendar is indeed provided. If changes are made to the calendar, the site manager must initial and note the change on the calendar.

The program coordinator is responsible for evaluating all monthly activity calendars to ensure that all centers are open the required hours and activities are planned accordingly. When conducting unannounced center visits or inspections, calendars are looked at to verify that the scheduled activities are being provided to the seniors. While at the center, she solicits comments on menu items, as well as recommendations from participants for future activities. Recommendations are also provided to the contractors that involve minimal or no cost to create diversity for the activities planned. Some suggestions include: magazine clippings on a poster board forming a collage representative of the client; for those who have gardens in the summer, pick a vegetable to bring in and have clients judge the winning product and provide winners with inexpensive prizes; recipes, coupon swap, etc. The program coordinator shared activity schedules with the contractors from several Connecticut Senior Centers in the New Haven area while on vacation to help promote new ideas for activities. She also provided contractors with a planner that contained important nutrition/health topics for activities such as, "National Nutrition Month," (March), "National High Blood Pressure Education Month," (May), "Arthritis Awareness Month," (May), "Older Americans Month," (May), "National Cholesterol Education Month," (September), "National Women's Health & Fitness Day," (September 25), "Prostate Cancer Awareness Month," (September) "American Diabetes Month," (November), etc. Hopefully these ideas will help to stimulate more interest in client involvement and possibly recruit new clients if funding is available to the agency.

Each contractor is encouraged to continue to promote nutrition/health awareness by the program coordinator and she provides recommendations to contractors for collaboration with local agencies and private citizens to disseminate nutrition/health information to the seniors so as to remain compliant to receive payment for these services. She also provides websites to contractors so they can access nutrition/health information for their group dining/home delivered meal participants. She has provided brochures to the contractors whenever available.

J. Service Units Earned

Each month the AAA balances the units of service reported by the contractor in the Monthly Units of Service Report (MUSR) against the total amount billed by the caterer for the service. The AAA pays the caterer directly for all meals and then recovers non-qualifying expensed meals from each contractor from their reimbursement of services total. The contractor submits a meal report that shows the number of daily meals ordered, delivered and served and into which funding source the meals are to be documented and paid. Any discrepancies found are addressed immediately and corrected by the caterer, contractor and AAA so that accurate data is reported. Under no conditions are reimbursements made until assurances are secured by all parties that data is correct and/or accurate.

The contractors receive a summation of their units served with each monthly reimbursement showing them their percentage-to-date and the balance of the projected amounts. This helps them to assure that they stay on target. If there is a need for a revision to the amount of units projected to serve, it is this summation that will be the determination as to whether or not adjustments should be made.

Below is a table that shows the projected rates, how much is service/rate and how much is administrative costs/rate:

Activity	Rate/unit	Service		Service	Admin
		Per Mile	Raw Meal		
Transportation	\$ 1.25	0.50	-	-	0.75
Home Care	\$ 17.00	-	-	7.25	9.75
Congregate Meal	\$ 6.00	-	2.41	-	3.59
Home Delivered Meal	\$ 6.00	-	2.41	-	3.59
Physical Fitness	\$ 4.00	-	-	1.50	2.50

K. Reimbursement for Services

The AAA in the Pee Dee Region has determined that the best way to maintain a fair and balance integrity in the cost structure for units is to have a standardized rate that is across the board. Each contractor was asked to submit their desired rate based on the raw cost of the service and all administrative costs that would be a part of the rate. From these rates an average was derived that was implemented for all areas of the Planning Service Area (PSA). It was agreed that given the predominantly rural nature of the entire region, a standard cost was not an unreasonable request and it has been met with acceptance. There have been adjustments made as necessary when costs have gone up due to the economics of the PSA and the state in general.

L. Client Data Collection

Before reimbursements for services can be rendered, the AAA runs various reports to verify that all required data in the client assessment is accurate and complete and that any services billed for have been documented to the satisfaction of the AAA and the Lt. Governor's Office on Aging (LGOA). Any services found to be missing the required client data are denied payment and all efforts to correct this missing information are made prior to resuming provision of the service to the client. Between sign in sheets, service logs and various AIM reports data has been found to be as accurate as it can be prior to submission of reimbursement.

M. Client Assessments

Assessments are a necessary and integral part of any service plan for a client. It is the assessment that determines who is eligible for service and who is prioritized to receive the service. Vantage Point has been actively encouraging its contractors to use the assessment and prioritize them based on the information. Assessments and/or reassessments will be conducted no less than annually to assure that the client has not had a change in their needs. Initial assessments will be conducted face-to-face and, depending on the service, reassessments will be conducted by phone unless the need for an in-person visit is warranted.

The LGOA has recently revised the client assessment to make it more user-friendly for the purpose of maintaining the integrity of the process to ensure that the targeted population is served. In most cases, the contractors will perform the assessment on the client. The AAA/ADRC will run reports to determine the greatest need (both in nutrition scores and in overall priority scores) and as opening for service become available, the AAA/ADRC will assign the client to the contractor who will begin providing the service within three business days of becoming eligible to receive the service.

Assessment will be:

- (A) completed by a person who is trained or experienced in the service management skills required to coordinate the services;
- (B) utilized to assess the needs, and arrange, coordinate, and monitor services to meet the needs of the older person; and
- (C) including services and coordination, such as:
 - (i) comprehensive assessment of the older person's physical, economic, and social needs;
 - (ii) development and implementation of a service plan with the older person to determine the formal and informal resources and services identified in the assessment to meet the needs of the older person, including coordination of the resources and services with:
 - (iii) monitoring formal and informal service delivery to ensure services specified in the plan are provided;
 - (iv) annual (bi-annual) reassessment of the status of the older person with:

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- (I) the older person; or
- (II) if necessary, a primary caregiver or family member of the older person; and
- (v) advocacy on behalf of the older person for needed services or resources in accordance with the needs of the older person.

N. General Fiscal Issues

Vantage Point does not allow the expending of any new funds until all funds from the previous fiscal year have been exhausted. If an instance arises where a contractor does not expend the allocated funding for a particular service, then that funding is shifted to assist another contractor who has over-served their units thereby ensuring that all Federal and State funding is expended. Any Program Development funds requested are utilized when all other funding has been expended and/or reallocated.

Careful monitoring of the contractors is conducted on a monthly basis to ensure that all local funding has been secured in order to merit the earning of the federal and state funding available as per the requirements of the Older American's Act. Any contractor who is found to be non-compliant with this requirement is not reimbursed for services. All necessary reporting that tracks this requirement is available to and sent to the Area Agency on Aging as well as the LGOA when requested.

The Monthly Units of Service Report in the AIM data collection system details the costs incurred for the services provided. Details of these costs are available on the Computation of Grants sheet ([see Appendices](#)). This report illustrates the amount of local funding required as well as any Grant Related Income and Cost Sharing projections that may be required for a particular service.

Payment requests to the LGOA for the services provided are made at least monthly and only on a reimbursement basis. It is never the policy to request funding in advance of the service provision. When and if a mid-year budget revision occurs (whether it is an increase in funding or a decrease in funding) all reporting documentation and reimbursement requests are adjusted at that time.

O. General Provisions for the AAA/ADRC

The Pee Dee AAA/ADRC will ensure compliance with applicable and federal state laws as part of our quality assurance and monitoring standards. [Our monitoring tool can be found in the appendices.](#)

Since the LGOA has updated its Policy and Procedure Manual, Vantage Point has recently modified the tool it uses in which to monitor the services provided by the contractors. The tool more easily tracks the requirements established by the Federal and State aging units by citing the specific chapter and page in which the requirement can be

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found. This has been done in order to more streamline the monitoring process and to provide focus on the areas that are vital to fulfilling the contracts of service and to eliminate those areas that have been previously superfluous in nature. It is the hope of the AAA that with this more effective tool, information on areas of improvement can be gleaned in a much more meaningful and logical way.

In the state fiscal year 2013-14, Vantage Point will begin using GIS (Geographic Information Systems) mapping in order to target the client population as determined by the Intrastate formula of rural, poverty and minority population—those currently being served and areas where a concentrated effort needs to be made to reach out to the underserved.

It is the policy of CareSouth Carolina, Inc. to provide translation services to all limited and/or non-English speaking clients. Interpretation and translation for the hearing impaired will be provided by an ASL Certified Interpreter. Vantage Point has this resource at their disposal since CareSouth is their host agency. CareSouth contracts with resources to provide this service—free of charge—to any client who is handicapped through language barriers. Telecommunication Relay Services through the local telephone companies are also utilized as necessary.

CareSouth Carolina, Inc. utilizes Language Line interpretation services for all non English speaking patients. All CSC locations have a phone with two handsets so that our staff may be on one handset and the patient may be on the other handset.

The protocol is as follows:

WHEN PLACING A CALL TO LANGUAGE LINE:

1. Dial: 1-866-874-3972
2. Enter on your telephone keypad or provide the representative:
 - 6 digit Client ID: **216111**
 - Press 1 for Spanish
 - Press 2 for all other languages and speak the name of the language you need at the prompt.

An Interpreter will be connected to the call

3. Brief the Interpreter. Summarize what you wish to accomplish and give any special instructions.
4. Add the limited-ENGLISH SPEAKER to the line.
5. Say “end of Call” to the Interpreter when the call is completed.

IMPORTANT TIPS:

UNKNOWN LANGUAGE: If you do not know which language to request, the representative will help you.

WORKING WITH AN INTERPRETER: Give the Interpreter specific questions to relay. Group your thoughts or questions to help conversation flow quickly.

DOCUMENT TRANSLATION: Document translation is available. You may call 1-888-763-3364 for information.

CareSouth Carolina also utilizes Ferance Co. for translation services. The Ferance Co. is available for phone and/or face-to-face translation services. Ferance Co. works closely with the CSC Community Development department and Outreach Workers to target migrant, seasonal, and other populations of “limited-english” speaking populations to ensure they have access to care. Call Ferance Co. at 843-407-5975 for any translation needs.

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

For High-Risk Providers/Contractors, there are specific requirements to reporting. If any of these requirements are not met, funding will be withheld. We will be checking this every month. The requirements are as follows:

1. Assessments must be current.
2. Sign in sheets must be compliant. Compliant sign in sheet are the ones that the Vantage Point is now requiring (AIM report LG94). **NO OTHER SIGN IN SHEET IS ACCEPTABLE.** (You must go into Activity by Roster and click the “auto enroll” field for the sites to show up. You can use the 90 days if you are not sure as to a time frame).
3. Sign-in sheet must contain the site name (the site named in the Area Plan), the date the service is received and participant signatures ONLY (NOT SITE MANAGER, SPOUSE OR OTHER PERSON-any other signature is FRAUD). The participant must also check if he or she wants a meal for the following service day.
4. Sign-in sheet must be signed by the site manager who is verifying with his or her signature that the participant was actually in attendance on that day and received that service. If a participant signs on the wrong line, the site manager must initial the error and note it on the bottom of the page that the person signed on the wrong line.
5. Signatures must be in pen. Pencil is never allowed. Any signature found to be in pencil will result in that service being non-reimbursable.
6. When a contractor sends the monthly reports to Vantage Point, it must now include a copy of every day’s sign-in sheets. According to the policy and procedures, all records (including sign-in sheets) must be maintained for three years. A Vantage Point staff will periodically make unannounced site visits and ask to see the original sign-in sheets to verify that they match the copies that are sent to us monthly; these must be available at all times.
7. Any changes to any service rendered at a site must be made to Vantage Point in writing (and approved prior to the change). This written request must contain the

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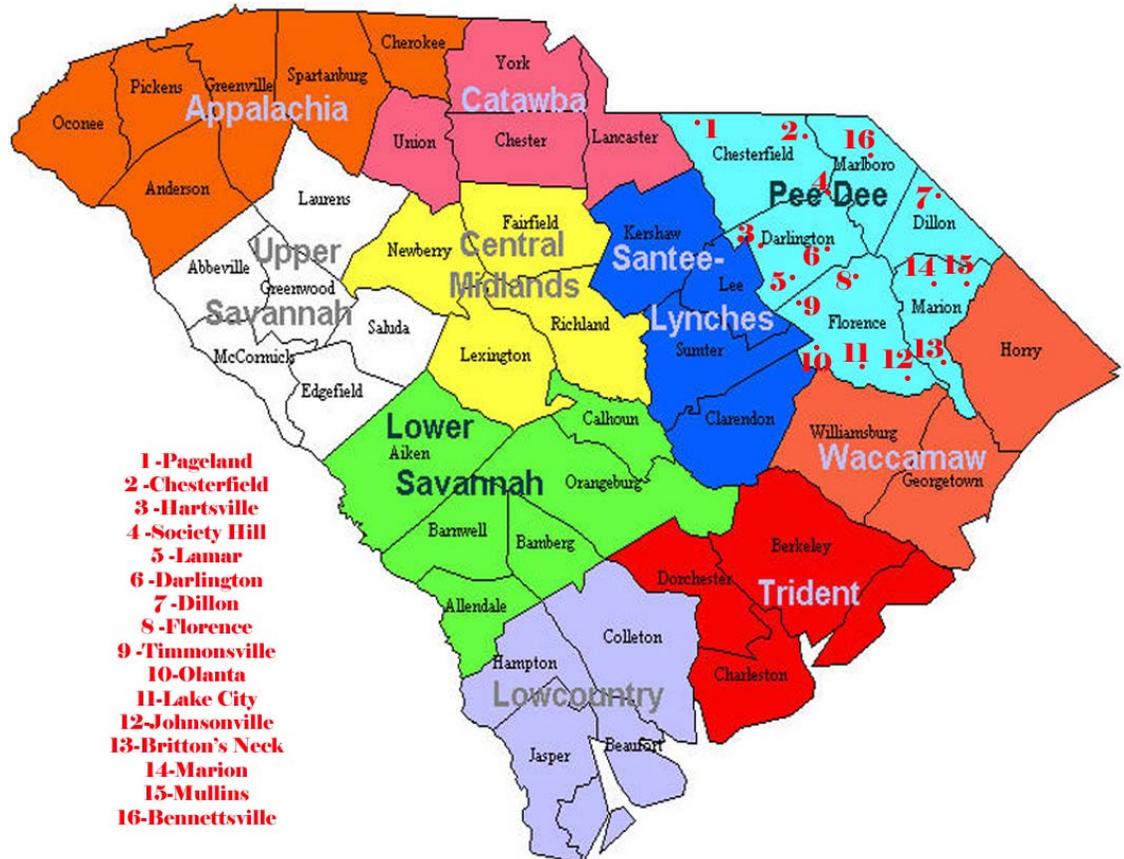
reason for the change, for what length of time the change will occur and what that change is.

8. For sites that do not serve group meals every day of the week, the sign-in sheet may have the word “tomorrow” crossed through where it asks the client to check for the next meal and have the day entered when the meal will be served (these changes must be initialed by the site manager each time the changes are made)
 9. Activity calendars must be a minimum of 4 hours for nutrition centers and 6 hours for senior centers.
 - a.) be clearly posted at all sites,
 - b.) be signed on the bottom by the person who generates the calendar,
 - c.) be submitted to Vantage Point monthly with the appropriate signature (signature certifies that the calendar is accurate and that the activity is provided to the client),
 - d.) ensure that the activities are provided for the duration that the site is open to clients (a meal is not considered an activity),
 - e.) that the activity stated on the calendar is indeed provided. If changes are made to the calendar, the site manager must initial and note the change on the calendar.
 10. The AAA/ADRC Director or designated staff member will periodically make unannounced site visits to conduct or verify the following.
 - Participant sign-in sheets against the number of participants (minimum of 25 participants per serving day).
 - Inspection Check List for Senior Centers/Nutrition Sites Sheet
 - Current Fire Inspection
 - Senior Center/Group Dining Site Assessment
- (A copy of all findings during the assessments and/or inspections will be sent to the contracting agencies board chair and executive director for follow-up.)

IV. Overview of the Planning and Service Area Region

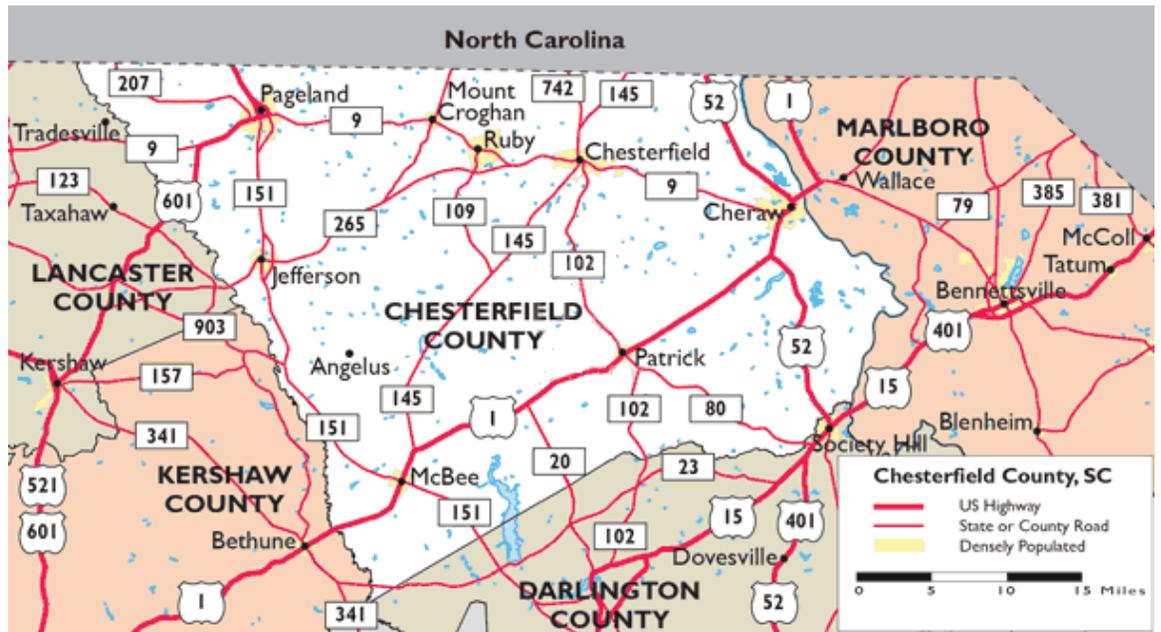
A. Service Delivery Areas

Service Delivery Areas Map (SDAs)

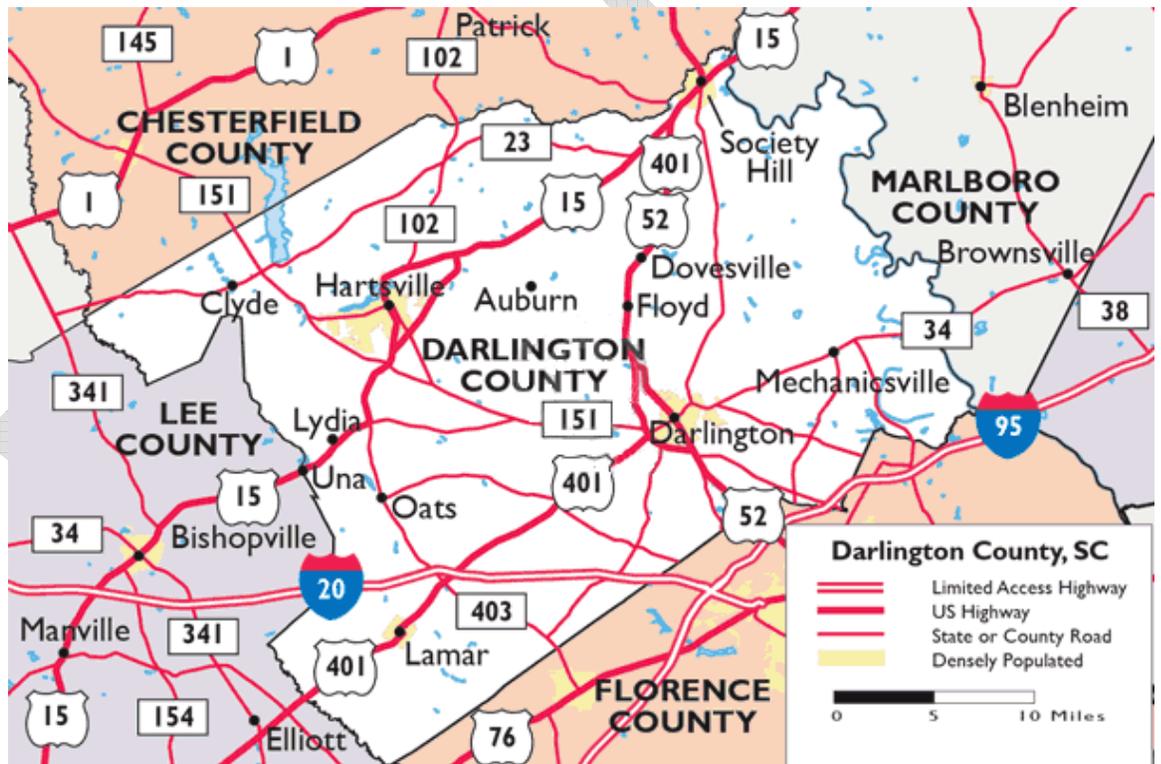


The Pee Dee Region is comprised of Chesterfield, Darlington, Dillon, Florence, Marion and Marlboro Counties (shaded in light blue).

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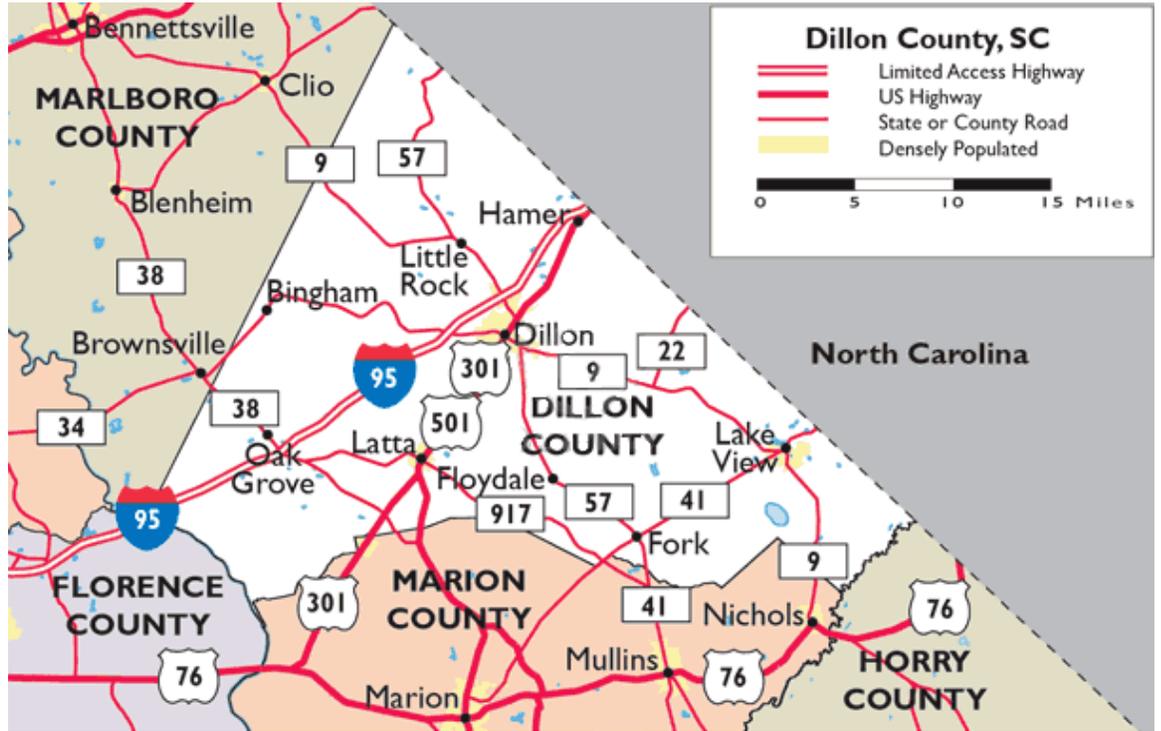


Chesterfield County



Darlington County

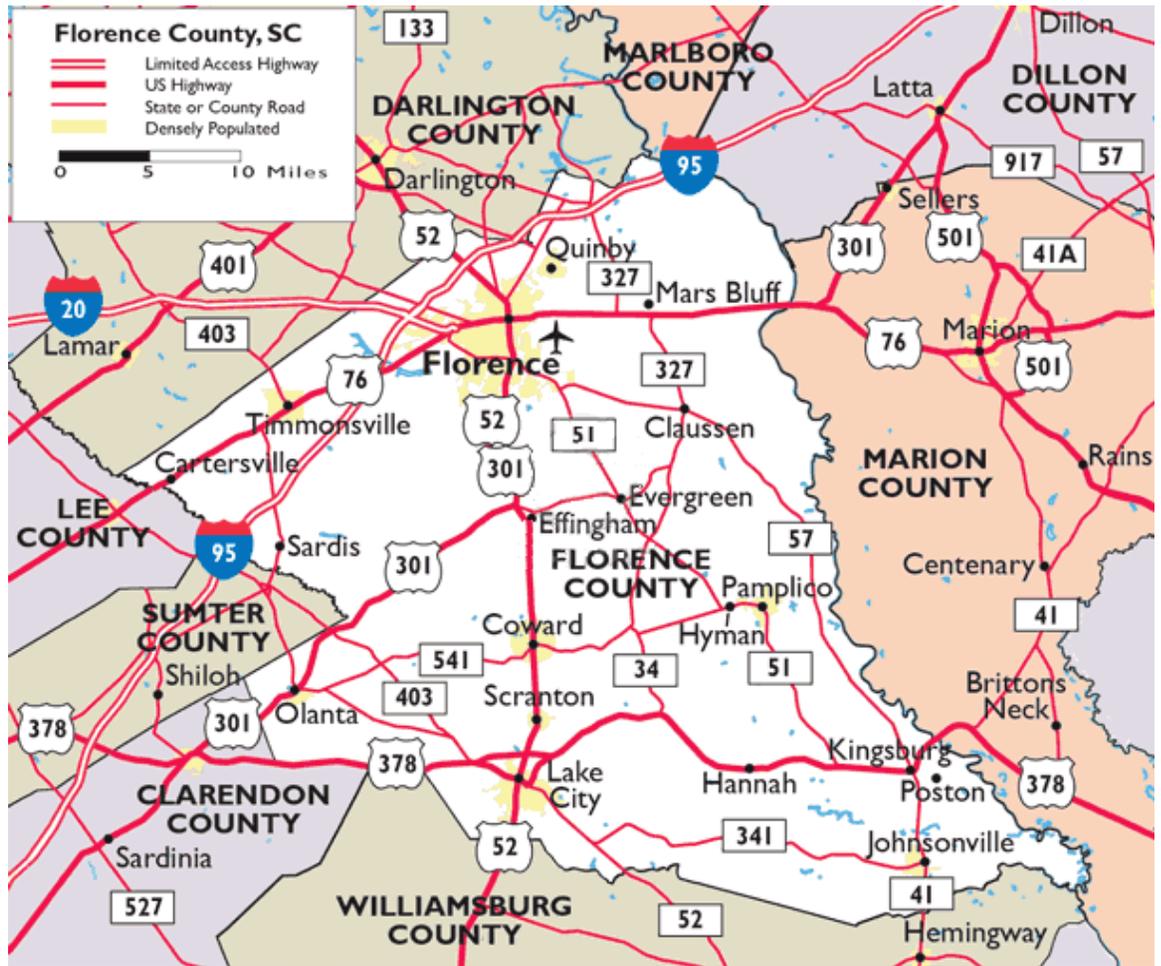
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Dillon County

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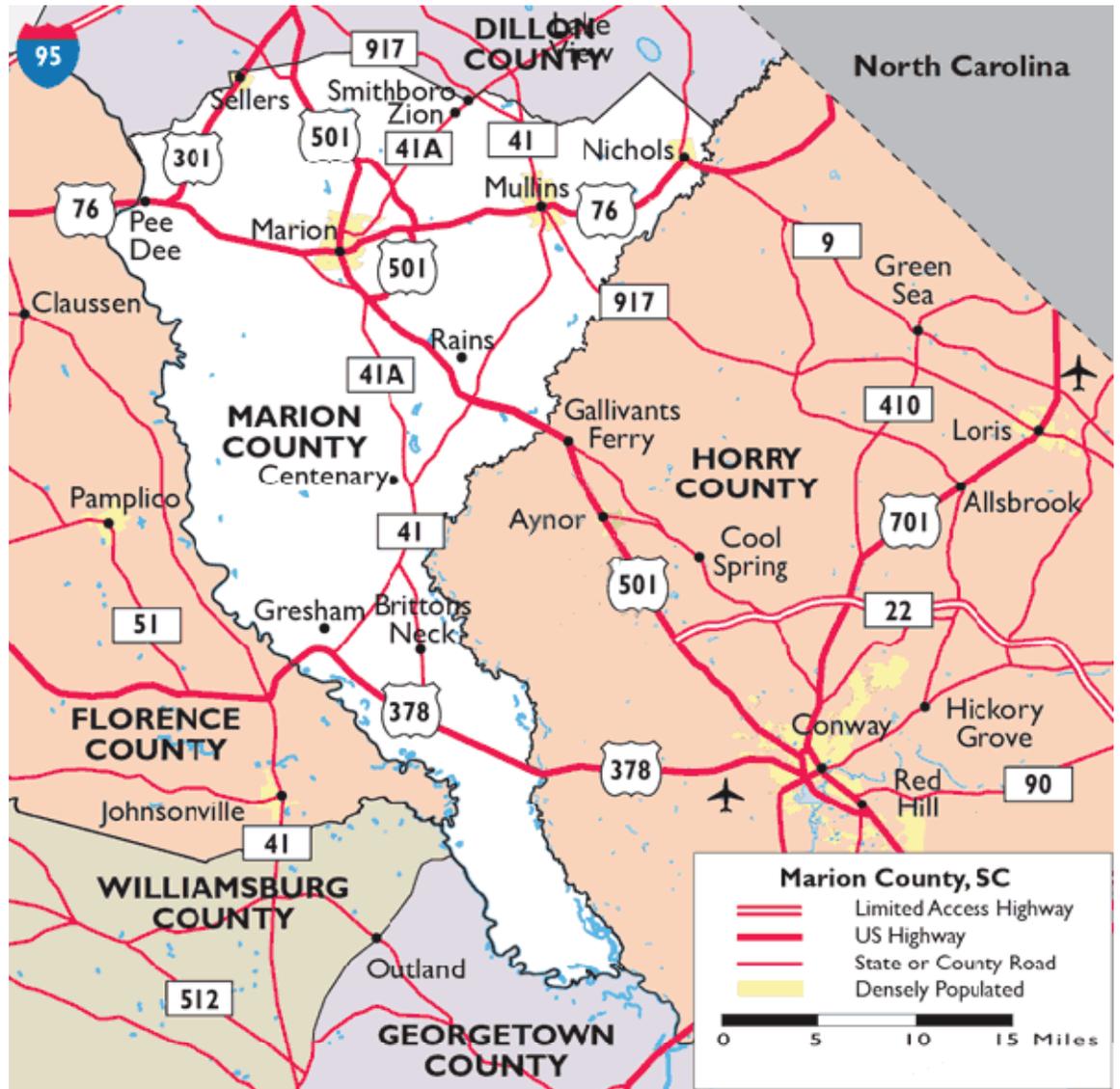
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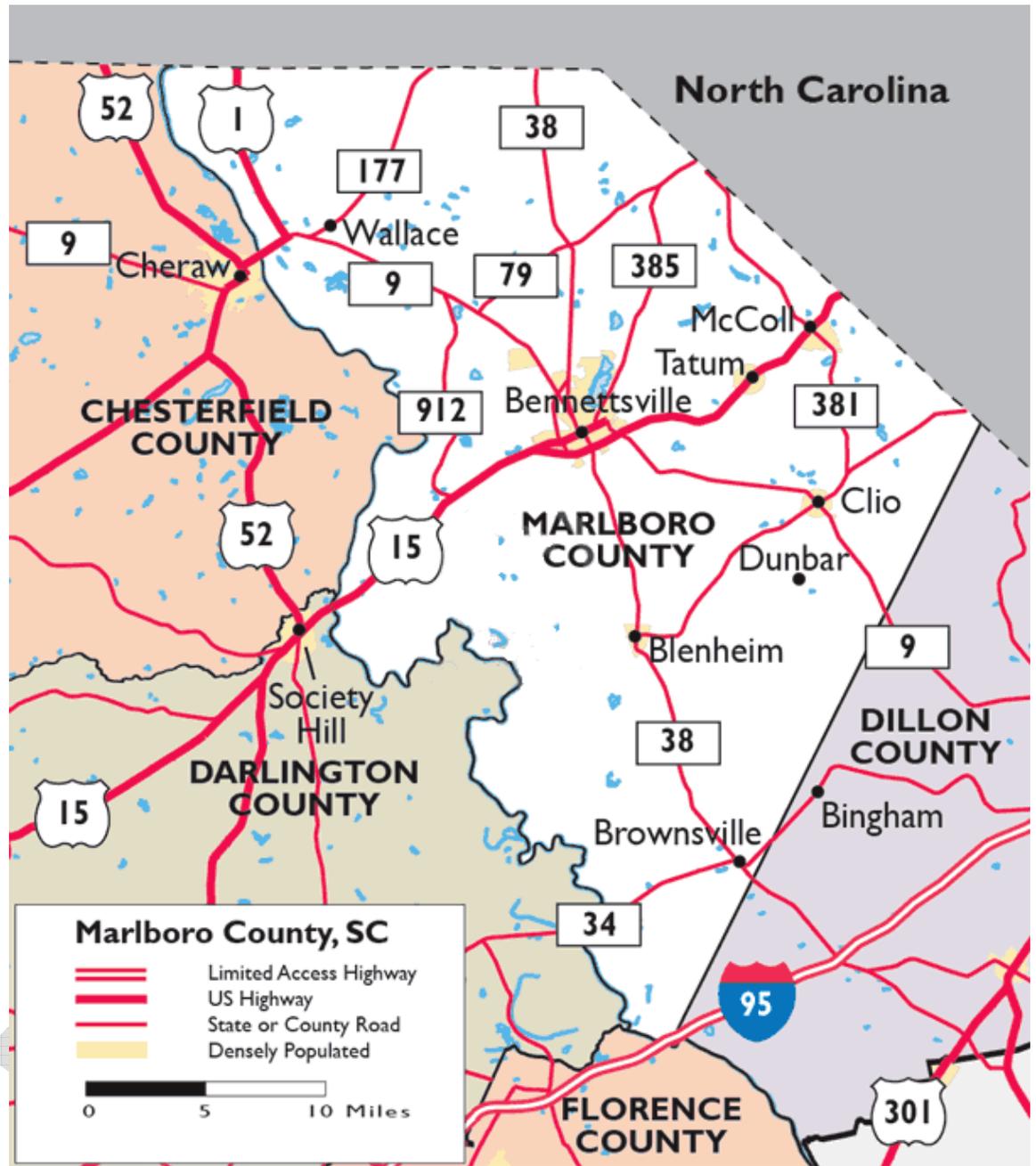
Florence County

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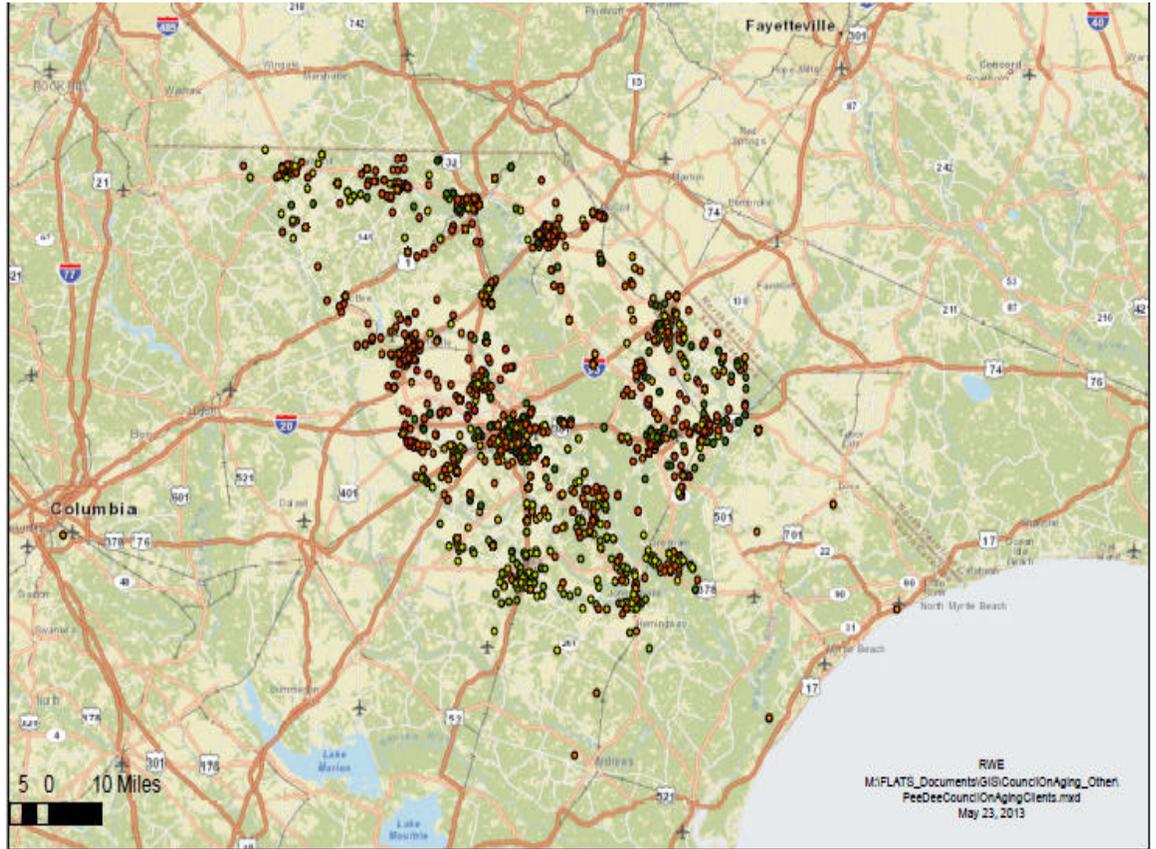


Marion County



Marlboro County

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Pee Dee Region GIS Mapping showing clients served by service.

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County	People	Our Target		Urban/Rural			Minority		Low Income		Limited English			
		#60+	%60+	Urban	Rural	%Rurl	Minrty	%Min	%LI	65+	Total	%LE	65+	%65+
Abbeville	25417	3999	24%	5445	19972	79%	7853	31%	27%	22%	184	1%	0	0%
Aiken	160099	34779	22%	100864	59235	37%	51333	32%	22%	20%	1793	1%	164	1%
Allendale	10419	2054	20%	3307	7112	68%	8009	77%	56%	33%	71	1%	0	0%
Anderson	187126	40180	21%	116157	70969	38%	39764	21%	22%	18%	1684	1%	80	0%
Bamberg	15987	3634	23%	7273	8714	55%	10296	64%	37%	37%	86	1%	3	0%
Barnwell	22621	4597	20%	3949	18672	83%	10906	48%	35%	28%	197	1%	0	0%
Beaufort	162233	45305	28%	130360	31873	20%	54954	34%	16%	8%	6084	4%	249	1%
Berkeley	177843	27219	15%	126351	51492	29%	64290	36%	18%	16%	3782	2%	297	2%
Calhoun	15175	3604	24%	0	15175	100%	7116	47%	23%	22%	97	1%	0	0%
Charleston	350209	65208	19%	312103	38106	11%	132949	38%	21%	16%	5361	2%	195	0%
Cherokee	55342	10792	20%	21556	33786	61%	14403	26%	28%	22%	619	1%	35	0%
Chester	33140	6938	21%	9351	23789	72%	13550	41%	29%	33%	38	0%	0	0%
Chesterfield	46734	9370	20%	12260	34474	74%	17944	38%	30%	28%	576	1%	0	0%
Clarendon	34971	8436	24%	4998	29973	86%	18811	54%	32%	22%	246	1%	6	0%
Colleton	38892	8683	22%	9502	29390	76%	17156	44%	30%	26%	357	1%	26	0%
Darlington	68681	14311	21%	29008	39673	58%	30688	45%	26%	23%	491	1%	0	0%
Dillon	32062	6014	19%	9777	22285	70%	16910	53%	42%	31%	401	1%	0	0%
Dorchester	136555	21153	15%	109950	26605	19%	47128	35%	16%	13%	1543	1%	120	1%
Edgefield	26985	5330	20%	7202	19783	73%	11789	44%	28%	22%	521	2%	0	0%
Fairfield	23956	5334	22%	5195	18761	78%	14858	62%	31%	25%	37	0%	4	0%
Florence	136885	26331	19%	84159	52726	39%	62780	46%	25%	21%	967	1%	39	0%
Georgetown	60158	17020	28%	35182	24976	42%	22847	38%	27%	16%	682	1%	22	0%
Greenville	451225	82486	18%	394345	56880	13%	134028	30%	20%	15%	13165	3%	918	2%
Greenwood	69661	14658	21%	41969	27692	40%	26952	39%	25%	16%	1357	2%	81	1%
Hampton	21090	4105	19%	4540	16550	78%	12391	59%	28%	26%	297	2%	12	0%
Horry	269291	65841	24%	187482	81799	30%	61195	23%	23%	12%	5460	2%	189	0%
Jasper	24777	4069	16%	8258	16519	67%	15514	63%	30%	29%	1407	6%	0	0%
Kershaw	61697	12902	21%	26110	35587	58%	18688	30%	23%	17%	583	1%	15	0%
Lancaster	76652	16954	22%	38361	38291	50%	23162	30%	28%	19%	553	1%	33	0%
Laurens	66537	14210	21%	23824	42713	64%	20637	31%	26%	21%	645	1%	1	0%
Lee	19220	3789	20%	5391	13829	72%	12898	67%	42%	25%	135	1%	0	0%
Lexington	262391	47417	18%	196069	66322	25%	60445	23%	15%	14%	4783	2%	355	1%
McCormick	10233	3483	34%	0	10233	100%	5292	52%	27%	15%	30	0%	0	0%
Marion	33062	7223	22%	12976	20086	61%	19832	60%	34%	29%	258	1%	0	0%
Marlboro	28933	5586	19%	13006	15927	55%	17276	60%	39%	32%	156	1%	8	0%
Newberry	37508	8448	23%	12059	25449	68%	14818	40%	23%	16%	819	2%	0	0%
Oconee	74273	19694	27%	26054	48219	63%	10466	14%	23%	15%	668	1%	33	0%
Orangeburg	92501	19577	21%	33506	58995	64%	61295	66%	34%	27%	529	1%	0	0%
Pickens	119224	22572	19%	76551	42673	36%	15266	13%	23%	15%	1058	1%	67	0%
Richland	384504	56128	15%	349628	34876	9%	210237	55%	20%	15%	5422	2%	269	1%
Saluda	19875	4425	22%	3870	16005	81%	8327	42%	24%	21%	742	4%	48	2%
Spartanbg	284307	54879	19%	206315	77992	27%	85123	30%	21%	18%	5648	2%	261	1%
Sumter	107456	19547	18%	73107	34349	32%	57033	53%	26%	22%	924	1%	42	0%
Union	28961	6714	23%	10033	18928	65%	9815	34%	28%	27%	78	0%	0	0%
Williamsbg	34423	7388	21%	6218	28205	82%	23698	69%	42%	41%	219	1%	0	0%
York	226073	38043	17%	174178	51895	23%	61702	27%	17%	15%	2745	1%	208	1%
	4625364	912429	20%	3067809	1557555	34%	1662624	36%	23%	18%	73448	1%	3784	0%

Everything is based on 2010 Census Bureau data except Low Income, which is derived from the latest full 5-year data from the American Community Survey.

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Data based on 2010 Census:

In Chesterfield County there are 46,734 people of which 9,370 are over the age of 60 which accounts for about 20% of the total population. Of that total, 34,474 are targeted as rural (about 74%), 17,944 (38%) are minority (of which 28% are low-income minority).

In Darlington County there are 68,681 people of which 14,311 are over the age of 60 which accounts for about 21% of the total population. Of that total, 39,673 are targeted as rural (about 58%), 30,688 (45%) are minority (of which 23% are low-income minority).

In Dillon County there are 32,062 people of which 6,014 are over the age of 60 which accounts for about 19% of the total population. Of that total, 22,285 are targeted as rural (about 70%), 16,910 (53%) are minority (of which 31% are low-income minority).

In Florence County there are 136,885 people of which 26,331 are over the age of 60 which accounts for about 19% of the total population. Of that total, 52,726 are targeted as rural (about 39%), 62,780 (46%) are minority (of which 21% are low-income minority).

In Marion County there are 33,062 people of which 7,223 are over the age of 60 which accounts for about 22% of the total population. Of that total, 20,086 are targeted as rural (about 61%), 19,832 (60%) are minority (of which 29% are low-income minority).

In Marlboro County there are 28,933 people of which 5,586 are over the age of 60 which accounts for about 19% of the total population. Of that total, 15,927 are targeted as rural (about 55%), 19,832 (60%) are minority (of which 32% are low-income minority).

The AAA/ADRC will annually re-evaluate the data for each of the counties in the region to determine what steps need to be taken to address these changing demographics. The AAA plans to use GIS mapping to the advantage of all who are dependent on senior services and who qualify for these services in the most rural areas of the region. The focus for the coming year is to determine by zip code all clients who fall into the categories of urban vs. rural.

B. Objectives and Methods for Services to OAA Targeted Populations

The Pee Dee Area Agency on Aging (AAA/ADRC) takes a leadership role in assisting communities throughout the planning and service area (PSA) to target resources from all appropriate sources to meet the needs of older persons with greatest economic or social need, with particular attention to low income minority individuals. In addition to low income minority older persons, the groups of older persons targeted for special consideration under this Section include older:

- (1) persons residing in rural or isolated areas;
- (2) persons with severe disabilities;
- (3) persons with limited English proficiency;
- (4) persons at risk for institutional placement;
- (5) persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caretakers of such

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persons; and
(6) Native Americans.

The Pee Dee AAA/ADRC carries out its mandate to target resources to older persons with greatest economic or social need, with particular emphasis on low income minority persons and older persons residing in rural areas. The AAA/ADRC:

- (1) locates services in areas where older persons in greatest economic or social need reside or congregate;
- (2) funds and advocates for specialized services which meet the unique needs of those in greatest economic or social need;
- (3) includes representatives of older persons in greatest economic or social need in the planning of services for these groups. The AAA/ADRC:
 - A. seeks representatives from the target groups to the AAA/ADRC advisory council;
 - B. includes leaders of the targeted groups in the annual needs assessment process;
 - C. maintains verbal agreements with minority and disability entities;
- (4) provides Title III services to low income minority older persons according to their need, to the maximum extent possible. At a minimum, the AAA/ADRC must:
 - (A) determine the numbers and the specialized needs of low income minority older persons in the PSA through its annual needs assessment activities;
 - (B) require Title III grantees to outline specific objectives to serve the low income minority older persons in each PSA; and
 - (C) monitor program reports to ensure that low income minority older persons are receiving services in at least as great a proportion as their numbers bear to the total population of older persons in the PSA;
- (5) provides sufficient outreach services to the targeted groups; and
- (6) provides appropriate training for AAA/ADRC Staff and contractor staff to improve their ability to outreach and serve the targeted groups.

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

Preparing for retirement is a challenge that we will be faced with as the baby-boomer generation continues to come of age. The “baby boomers” want to do it “our way” and therein lays the challenge to us in the network. Financial and non-financial are the two focus areas. The non-financial generally gets to take a back seat to the financial. For baby boomers especially, life expectancy will be the longest it has ever been. It will be up to

Baby boomers in the U.S., defined as persons born between 1946 and 1964, numbered 76.4 million in 2012 and accounted for about one-quarter of the population. In 2060, when the youngest of them would be 96 years old, they are projected to number around 2.4 million and represent 0.6 percent of the total population.

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The overall work force participation rate is on the decline as roughly 77 million baby boomers gradually move from the prime age group of 25-to-54-year-olds with its high participation rate (above 80 percent) to older age groups with much lower participation rates (around 40 percent for the age group 55 and older).

Minorities, now 37 percent of the U.S. population, are projected to comprise 57 percent of the population in 2060. The U.S. is projected to become a majority-minority nation for the first time in 2043. While the non-Hispanic white population will remain the largest single group, no group will make up a majority. ([Census Bureau Press Release](#), 12/12/2012)

Between 2010 and 2030, all non-white groups are expected to grow faster than whites. The Asian/Pacific Islander populations are the fastest growing among all racial and ethnic groups, followed by Native American and Alaska Natives and Hispanics. The Asian/Pacific Islander population is expected to grow by 57 percent from 525,000 in 2010 to 825,000 in 2030, while the Native American and Alaska Native population is projected to increase 46 percent from 100,000 to 146,000. The Hispanic population is projected to grow from 760,000 in 2100 to about 1,099,500 in 2030, an increase of 45 percent.

The AAA/ADRC will look at not only our current services, but also three other parts will be as essential as the current core services, and will be needed to address these new seniors. These additional services include physical, mental and social activities. These will be just as important to them as the current services are to those who have been receiving the core services over the past few years. If we can transition ourselves (i.e. - attitude) into this mindset, then providing these services will be much smoother. We need to change the way we promote our services.

We also need to be aware of the rising health care costs that will have an impact on seniors. Health care trends, Medicare, Social Security...all of these will play a vital role in the future of our senior population. There will need to be more sources of income generated for our retirees and adjustments will need to be made to the cost of living based on the longevity of the aging population.

In addition to the AAA/ADRC staff, the Silver Haired Legislators in South Carolina have taken up several issues relating to the public safety of our senior population. The most important issue that the SHL are currently advocating for are funding for in-home and community based services, establishing a select Committee on Aging, and transportation services.

Housing

With the economic forecast for the country, it is imperative that the aging network be aware of the status of the seniors in their area so that prevention of homelessness can occur in a timely fashion. The rental assistance program provided through the state office has been a godsend for some of our seniors that have needed assistance to keep housing. Housing goes hand in hand with the families' ability to help to contribute to the cost of their care. With the jobless rate rising, it is important to be sure that the senior gets the most service available at the best price.

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The Pee Dee region has a great need for senior only housing in order to reduce grounds-keeping expenses and to provide the seniors with a greater sense of security by being a group environment. It also gives the senior an opportunity to interact with their peers more and thus provide a better quality of life for them. Congregate communities provide the senior the opportunity to share daily activities of their choice.

Affordable apartments for seniors (sometimes 55+, more often 62+) are in high demand and short supply. Social, cultural and medical changes have certainly contributed to the need.

Contributing factors are:

- Predominance of women among the 65+ population and their lower retirement income
- High divorce rates among women now 55-80
- Out-living husbands resulting in lowered retirement income
- Unplanned longevity leading to out-living ones financial resources

Affordable apartments have been created by government programs since the 1930s. What is defined as affordable in one community may not match the definition of affordable in another community. Housing is "affordable" if one pay no more than 30 percent of their monthly income for rent and utilities. To provide housing that is "affordable" government relates affordability to the county median income.

Housing labeled "affordable", indicates someone who earns (or receives) the median income in that county must not have to spend more than 30 percent of that income to pay their rent and utilities.

Programs that provide opportunities for affordable housing are structured or defined by regulations from federal, county or city government legislation.

- "Vouchers" enable a qualified recipient to rent a market-rate home or apartment and the voucher assures the landlord that the renter will pay 30 percent of his or her monthly income toward the rent and the difference between that portion and the market-rate rent will come from the government entity granting the voucher.
- Bonds may be through city or county redevelopment programs, and use the money raised from the bond sale to fund and subsidize specific development of housing for "lower" income people. Bonds may specify what percent of the median income someone must have to qualify to rent in their building. i.e. You may be restricted to make no more than 50 percent of the median income in the county. Perhaps the funding of the complex specifies that you can make no more than 120 percent of median income. The funding is specifically tied to the complex, or specific units that are "affordable".

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- Funding can also come from grants, community, government or federally based. The grant money functions similarly to bond money, designating percent of county median income at the time of the grant.
- Tax credits are another way that the federal government may encourage development of affordable housing. By awarding tax credits (money deducted from a company's federal tax obligation) in exchange for developing apartments within restrictive guidelines. In the past many years we see properties developed to offer affordable apartments that combine tax credits, grants and bond measures.

The most commonly-known rental vouchers are Section 8 vouchers which can provide renter-based benefits to a qualified renter. They provide rent subsidies so tenants who hold them do not pay more than 30 percent of their adjusted gross income for rent.

Transportation

A region-wide transportation system is desperately needed in the Pee Dee Region. All transportation needs to be “under one umbrella” so that funding is not spread out between the many different agencies. This will decrease administrative costs and increase services to the citizens. There may be strength in numbers but it can also provide chaos. Having one agency to include all types of transportation services will increase efficiency and reduce overhead and possible prevent a repeat of the current situation in our region. Currently the Pee Dee Region doesn't have on demand public transportation. Services were suspended by Pee Dee Regional Transportation Authority starting in April of this year.

The decision to terminate our their contract to provide Medicaid transportation in the Pee Dee Region as well as their overall dire financial health, PDRTA decided to suspend all demand response public transportation services except for those required under the Americans with Disabilities Act. In accordance with their Public Outreach Policy the following is the schedule for service suspension.

Florence County except for Lake City – Friday, April 20, 2013
Lake City – Friday, April 26, 2013
all of Darlington County – Friday, April 26, 2013
all of Marlboro County – Saturday, April 27, 2013
all of Marion County – Friday, April 26, 2013
all of Chesterfield County – Saturday, April 27, 2013
all of Dillon County – Thursday, April 25, 2013

As of the above listed dates, service will be suspended until further notice.

Work Force and Economic Development

For the first time in history, there will be four generations in the work force: persons born before 1945, the baby boomers (born between 1946 and 1964), generation X (born between 1965 and 1978), and generation Y or “millennials” born after 1979. It is felt that the demographic changes in the workforce will require employers to adjust virtually all of their policies and practices to the values of the new generations.

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Planning for demographic change involves more than analyzing past population trends. It requires an assessment of current trends and the development of future projections. An awareness of these trends and their potential impacts on local government is essential for the agencies serving seniors to recognize these differences, adapt, and plan for them.

According to the projections of the U.S. population, the population of persons age 65 and older is expected to more than double between 2012 and 2060, from 43.1 million to 92.0 million. The increase in the number of the "oldest old" - those 85 and older are projected to more than triple from 5.9 million to 18.2 million, reaching 4.3 percent of the total population. (*Census Bureau Projections [Press Release](#) 12/12/2012*)

Growth in the age 65-and-older age group will increase as the baby boom generation enters retirement years, with an annual gain of about 43,200 in 2013 and peaking at 49,300 per year in 2020. By 2040, the elderly population is forecast to reach 1,861,400, representing 21 percent of the state's total population. The population ages 85-and-over is expected to increase by 216,800 persons over the next three decades, reaching 339,800 by 2040. Most of this growth will occur after 2020 as the baby boom cohort begins to enter this most elderly group. (*[Forecast of the State Population by Age and Sex, 2010-2040](#)* (PDF), OFM 11/2012)

Compared to the labor force of today, tomorrow's labor force will be older, more racially and ethnically diverse, and will grow at a slower rate. This changing workforce and the changing needs of a knowledge-based economy pose new challenges for the workforce development system. As our population growth slows and an increasing number of jobs call for higher skill levels, we need to provide new arrivals and historically underutilized populations with the education and training to participate more successfully in tomorrow's economy. (*[Tomorrow's Workforce](#)* (PDF), *Workforce and Training Education Board*)

D. Emergency Preparedness

The complexities of anticipating, planning for, and preparing to respond to an emergency or disasters have grown over the past decade. A disaster preparedness plan in the Pee Dee Region of South Carolina predominately focuses on the eventuality of helping to evacuate or attend to vulnerable people in the event of a hurricane or tornado and its aftermath, helping deal with traffic and relocation issues of the people in the adjacent coastal areas, coping with an infrequent winter weather event that might deprive people of power or heat, and Nuclear Disaster because of the proximity of the Pee Dee Region counties to the Robinson Nuclear Plant.

For the purposes of our plan, special needs populations are defined as follows: individuals in the community with physical, mental or medical care needs who may require assistance before, during and/or after a disaster or emergency after exhausting their usual resources and support network. People with special needs can be found in their own homes, in hospitals, nursing homes, and other forms of residential care.

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Since disaster planning for residents of medical institutions and residential care facilities is the primary responsibility for disaster planning, training is held in the facilities and overseen by DHEC. The Pee Dee AAA/ADRC is cognizant that there could be a need for us to help or assist in responding to their needs. Our plan's primary focus is on people with special needs who live in homes and communities in our region and who lack the ability and the adequate support or resource network to manage safely in an emergency situation.

The AAA/ADRC makes arrangements for the availability of services to older persons, where feasible and appropriate, in weather-related emergencies and other disasters, including local and national emergencies.

In order to ensure the availability of needed services to older persons during weather related emergencies and other disasters, the AAA/ADRC:

- (1) designates a staff person who is responsible for disaster related activities; identifies the community persons responsible for disaster planning and services in the planning and service area (PSA).
- (2) informs disaster officials of the aging services available throughout the PSA
- (3) develops a written disaster plan that incorporates the activities outlined in agreements with disaster officials and includes:
 - (A) the types of disasters most prevalent in the PSA;
 - (B) the capabilities and limitations of the AAA/ADRC;
 - (C) the disaster plans and responsibilities of the AAA/ADRC.
- (4) submits a copy of the disaster plan to the LGOA for review and approval;
- (5) annually reviews the disaster plan and written agreements with disaster officials for possible updating; implements the disaster plan when notified by state or local officials.
- (6) that a disaster has occurred or has been officially declared, and follows the procedure in this paragraph. The AAA/ADRC:
 - determines the impact of the disaster on AAA/ADRC facilities and utilities, including telephone service;
 - makes immediate arrangements to handle incoming calls from disaster officials and older persons and their families;
 - contacts appropriate disaster officials to determine the impact of the disaster on older persons in the PSA;
 - reports to the LGOA by telephone or e-mail within 24 hours after a disaster, to include information on the:
 - (i) number of older persons affected;
 - (ii) number of nursing homes, assisted living facilities, and residential care homes affected;
 - (iii) number of older persons injured; and
 - (iv) extent of damage to the property of older persons.
 - determines the special needs of older disaster victims and the resources available to meet those needs;
 - provides information and makes referrals to incoming inquiries, as

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appropriate; provides outreach and transportation services, provides follow-up to older disaster victims, and submits a summary report to the LGOA on the disaster related activities.

Vantage Point AAA/ADRC has a disaster preparedness plan to assure that the needs of elderly persons are adequately met during times of disasters. The Standard Assurances for Aging Service Providers require that each provider maintain a disaster preparedness plan that is reviewed and updated annually containing specific instructions for staff and participants to adhere to in the event of an emergency.

The aging providers of the Pee Dee Region have disaster preparedness plans in place and coordinate with their local emergency preparedness offices. Aging service providers have also apprised emergency preparedness officials with information on clients who have special medical needs in the event a disaster occurs. Aging service providers are also prepared to use agency vans to transport clients if necessary during a disaster. Each aging service provider is responsible for conducting quarterly fire drills and has annual inspections of fire extinguishers.

The Vantage Point Program Coordinator is involved in disaster preparedness and serves as Risk Officer for Vantage Point. She is responsible for scheduling six drills, two of which are fire drills and four non-fire drills annually. She attends disaster preparedness sessions throughout the state and region when there is relevant and vital information to be shared with all that will affect the readiness of the senior network providers.

The Vantage Point Program Coordinator also works closely with CareSouth Carolina's Risk Manager. Because the Robinson Nuclear Plant is located in the Hartsville area of Darlington County, safety information brochures from the plant are obtained annually and disbursed to Vantage Point staff and local service providers located in the ten-mile emergency planning zone. In the unlikely event of an emergency at the plant, fifty-nine pole-mounted sirens located in the ten-mile planning zone around the plant would be activated to alert the public. Tuning in to a local radio or television station is advisable upon hearing the sirens, which does not always mean evacuations are necessary. However, the sirens would sound several times for three minute intervals if there were any emergency that could affect the public.

She attends quarterly Darlington County Local Emergency Planning Committee Meetings, quarterly Hazard Surveillance/Risk Assessment Meetings at CareSouth Carolina, Inc. and Annual Environment of Care Trainings. The Program Coordinator has attended a Hurricane Conference that encompassed the topics of, "Everything You Always Wanted to Know About Hurricanes," "Planning for a Hurricane," "Big Changes for 2012: The New Inundation Maps," and, "Hurricanes and You." Numerous handouts were shared at this conference and the Program Coordinator ordered cases of these brochures and distributed them to our local contractors who in turn disseminated information to their nutrition center managers. As a result of this conference, a new contact was made (Public Information Coordinator from the South Carolina Office of the Adjutant General Emergency Management Division from Columbia) who later provided

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several trainings for County Councils on Aging and CareSouth Carolina staff in the Pee Dee Region.

The Chief Meteorologist from WBTW-TV13 from Myrtle Beach was also recruited to conduct a disaster preparedness session for CareSouth Carolina's annual Environment of Care Training and from the South Carolina Office of the Adjutant General Emergency Management Division from Columbia.

Vantage Point Fiscal Analyst is designated as the coordinator between senior adults and the State in the event a disaster strikes. Should a disaster occur, he is responsible for entering all pertinent data in the Post Disaster Relief data system and sending this data to the LGOA so they can contact FEMA, Red Cross, etc. to assure that clients' needs are met.

The AAA/ADRC maintains a listing of emergency contact information for staff, with home phone and cell phone numbers, for use in an emergency after hours ([a copy of the Disaster Preparedness Telephone Listing can be found in appendices of this document](#)).

Several years ago, the data collection system used by the state to monitor and track data went to a web-based protocol. All data now is stored remotely on the Saber Corporation servers (the software developers who designed the AIM data system used throughout the state). Saber Corporation ensures that backups of data are done daily and each backup is kept off-site in a separate and safe location in the event that it is needed for quick recovery.

Internally, Vantage Point's host agency, CareSouth Carolina, backs up all local data nightly on their network servers in order that any day-to-day operational data can continue to be used without being compromised due to a natural or man-made disaster. The fiscal data is also backed up daily on external devices/drives so that recovery of data can be done if it should become necessary. All data backed up is protected for confidentiality of client information. Each contractor ensures that their local data is backed up and this is verified each year when the annual compliance review is conducted.

E. Holiday Closings

Scheduled Holidays and Anticipated Closings

The following is a list of our board approved holiday closing. These scheduled closings shall be part of the contract established between the AAA/ADRC and providers/contractors.

Independence Day
Labor Day
Thanksgiving

New Year's Eve Day
New Year's Day
Martin Luther King Day

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Day after Thanksgiving
Christmas Eve Day
Christmas Day

Good Friday
Memorial Day

Scheduled holidays or closings that fall on weekends will be observed on an alternate predetermined weekday.

A holiday schedule has been provided to the contractors for the upcoming 2013-2014 fiscal year as well as to the caterer, Senior Catering, Inc. This schedule is in compliance with the required minimum of two-hundred forty-nine serving days, which usually amounts to twelve holidays per fiscal year.

Because some contractors are housed in county buildings, the buildings may be closed for a holiday, however, the group dining sites continue to remain open.

Providers/Contractors shall submit anticipated closings (other than predetermined scheduled closings) to the AAA/ADRC for approval in a minimum of three business days prior to the closing.

The AAA/ADRC shall notify the LGOA of the anticipated closing upon being informed by the provider/contractor.

Holiday Closings for Nutrition Services (Group Dining/Home-Delivered Meals)

- Scheduled holiday closings shall not exceed twelve days per year.
- Scheduled holiday closings shall not result in closing of group dining centers or suspension of home-delivered meal services for more than four consecutive days, including weekend days.

Emergency and Unscheduled Closings

Alternate service delivery options shall be required to fulfill contractual agreements in the event of crisis, hazardous weather, emergencies, and unscheduled closings that result in the suspension of normal service operations. They are as follows

Memorandums of Agreements (MOA) Between AAAs/ADRCs for Crisis, Hazardous Weather, Emergencies, and Unscheduled Closings

Currently the AAA/ADRC has a verbal agreement with neighboring AAAs/ADRCs and our current contracting agency for provision of mutual aid in times of crisis, hazardous weather, emergencies and/or unscheduled closings to ensure standard operations within the planning and service area are maintained and that normal operations are resumed as

quickly as possible. We are in the process of developing written protocols and policy for a Memorandum of Agreements (MOA) Between AAAs/ADRCs for Crisis, Hazardous Weather, Emergencies, and Unscheduled Closings.

Written Contracts between AAAs/ADRCs and Providers/Contractors for Crisis, Hazardous Weather, Emergencies, and Unscheduled Closings

The AAAs/ADRCs is currently in the process of developing written operations and protocols to ensure that each service recipient affected is aware of all closings/suspensions due to crisis, hazardous weather, emergencies, and unscheduled closings. The providers/contractors shall be obligated to keep service recipients aware of the situation throughout the duration of the event when possible, and appropriate provisions shall be made to provide critical services to homebound and frail recipients until normal operations are resumed. The following shall be part of the written contracts between the AAA/ADRC and providers/contractors:

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.

The AAA/ADRC shall require, by contract, any entity responsible for meal preparation and delivery operations to contact the AAA/ADRC whenever emergency situations or unscheduled closings interfere with services. The AAA/ADRC shall coordinate the actions to be taken to ensure service to vulnerable clients.

Providers/Contractors shall contact the AAA/ADRC Director within an hour of any decision that is made regarding interruption of normal operations. The caller shall report to the AAA/ADRC what actions can be taken to serve homebound and frail clients during periods of crisis, hazardous weather, emergencies, and unscheduled closings.

Once contacted by the provider/contractor, the AAA/ADRC shall contact the LGOA Policy Manager of the Division of Program Services within half an hour of any decision that is made regarding interruption of normal operations. This notification shall include the specifics of any closings/suspensions and the provisions of the provider's/contractor's emergency plan to be followed to protect vulnerable clients.

When a crisis, hazardous weather, an emergency, or unscheduled closing requires a change to normal operations, the AAA/ADRC shall coordinate with its providers/contractors regarding alternative procedures to be followed to ensure meal service delivery to vulnerable clients throughout the event when possible regarding

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alternative procedures to be followed to ensure meal service delivery to vulnerable clients throughout the event when possible.

The AAA/ADRC shall contact the LGOA Finance Division regarding possible reimbursements available for extended hours of operation resulting from a crisis, hazardous weather, an emergency, or unscheduled closing.

During unscheduled closing periods, providers/contractors shall be reimbursed only for those units of service actually provided to participants. Providers/contractors who are capable may voluntarily open their facilities to provide shelter for older persons who lack adequate heat, air conditioning, or running water due to weather conditions or power outages during a crisis, hazardous weather, or an emergency.

Following unscheduled closings or suspensions of normal service operations due to a crisis, hazardous weather, an emergency, or unscheduled closings, the Planning Service Area (PSA) Director, the AAA/ADRC Director, the provider/contractor, and any other entity involved shall meet to evaluate the effectiveness and timeliness of the procedures and actions used to respond to the situation. Any shortcomings noted in this evaluation shall result in corresponding improvements and revisions to the Area Plan and the AAA's/ADRC's emergency plan.

V. AAA/ADRC/ADRC Operational Functions and Needs

A. Assessment of Regional Needs

It is vital that service providers respond to the ever-increasing needs of the seniors and persons with disabilities. The numbers of adults age 60 and older will more than double nationally by 2030. The most frequent primary diagnoses for the younger disabled community-based, long term-care clients are neurological, musculoskeletal, psychiatric, cardiovascular and endocrine impairments. The senior community-based, long-term care clients' most frequent primary diagnoses include cardiovascular, psychiatric, musculoskeletal, neurological and endocrine disorders. These chronic concerns require appropriate services --assistance with medical costs and drug administration, as well as, personal and home care assistance-- if seniors and persons with disability are to live independently in the community. Not only do they affect the health of the individual, but they also influence the income available to cover other living expenses. Past Needs Assessments have presented consistent findings. For the most part, it appears that the problems of seniors and persons with disabilities have remained constant. Data presented in this report concerning income levels indicate that the majority of both seniors and people with disabilities are living at or near the poverty level.

County	Pee Dee Regions Population Projections: 2015 - 2030					
	April 1, 2000	April 1, 2010	July 1, 2015	July 1, 2020	July 1, 2025	July 1, 2030

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	Census	Census	Projection	Projection	Projection	Projection
Chesterfield	42,768	46,734	47,800	48,900	49,600	50,300
Darlington	67,394	68,681	69,000	69,300	69,900	70,500
Dillon	30,722	32,062	32,400	32,800	33,100	33,400
Florence	125,761	136,885	140,000	143,100	147,000	150,900
Marion	35,466	33,062	32,500	32,000	31,900	31,800
Marlboro	28,818	28,933	29,000	29,000	29,100	29,200
Pee Dee Region	330,929	346,357	350,700	355,100	360,600	366,100

Source: U.S. Census Bureau, S.C. Department of Health and Environmental Control, and S.C. Budget and Control Board - Office of Research & Statistics.

The Pee Dee Regional Needs Assessment, which was conducted in 2011, identified the following services and needs for seniors and person with disabilities in the Pee Dee Region: Senior Meals (both Home Delivered and Group Meals), advocacy, Transportation, in-home service, information and referral, and Family Caregiver Support Services. Additional services identified by a number of participants included: recreation, caregivers training, mental health/bereavement/senior counseling, money management assistance, free or low cost dental care, senior legal assistance, adult day care, medication education/RX assistance.

Drawing on the information presented in this report, CareSouth Carolina concludes that seniors and persons with disabilities are experiencing similar problems. While their needs are not identical, their top areas of concern tend to be very similar:

1. Financial Assistance- with home repair, and assistance with medication cost.
2. Door to door Transportation
3. Home delivered meals
4. In-home services (home care, daily personal care, respite)
5. Problems obtaining and understanding information on available resources and services

The recommendations listed below are designed to assist seniors and persons with a disability to remain independent in the community. The average annual cost of a nursing home placement is approximately \$58,000. The services recommended are much more cost effective thereby saving taxpayer dollars.

Our recommendations are to increase funding for the Home Delivered Meals Programs. Based on demographic material presented in this assessment, it appears that the number of older seniors, as well as the number of “younger seniors” continues to increase. For this reason, it is important to encourage individuals to make informed decisions concerning their care and well-being. Our goal is to provide several choices that provide nutritionally sound meal options for this growing population.

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We will focus on disseminating information to seniors, persons with disabilities, family members and minorities in the Pee Dee Region. With the growing number of people over 60, it is critical to provide quality information and consultations to assist with planning for long term care. In past years, CareSouth Carolina has participated in numerous public awareness campaigns covering a variety of services available to regional residents. We will continue to:

- Provide information and referral services
- Provide staff to answer “walk in” client questions
- Continue to offer help to family caregivers through the Family Caregiver Support Program including Information, Assistance, Training, Respite, and Supplemental Services. These services augment the informal care provided by unpaid family members and nationally save taxpayer dollars each year. It is important to provide the family caregiver with as many tools as possible to ensure the health of the individual caregiver and the quality of care for the care recipient.
- Support programs that assist people to remain in their own home for as long as possible, such as Community Long Term Care Services. Based on demographic material presented in this assessment, it appears that the number of older seniors (age 75+), as well as the number of “younger seniors” (age 65-74) continues to increase. For this reason, it is important to provide an array of services that help people remain independent and a part of their community.
- Continue to publish and disseminate information on services to seniors, minorities and residents of the Pee Dee Region.
- Continue to offer Family Caregiver Support Services including:
 - 1) Information, 2) Assistance, 3) Training, 4) Respite, and
 - 5) Supplemental Services.
- Assist communities with specific needs such as: coordination of fraud presentations and assistance with advocacy efforts for ADA compliance.
- Continue minority outreach efforts by coordinating more closely with and, by possibly combining resources with other local organizations serving racial and ethnic minority individuals. Also develop capacity-building strategies that increase the knowledge and skills of the AAA/ADRC staff and contract service providers regarding culturally appropriate outreach techniques
- Encourage and assist contractors in developing a fund-raising mechanism that is capable of securing private funds for senior.
- Work with regional providers of transportation to organize a unified transportation system.
- Advocate for home and community based service funding to keep seniors in their home, living independently and healthy as long as possible.
- Promote education on senior issues and needs.

B. Program Development

Vantage Point performs activities which maximize the availability of all services to older persons in the planning and service area (PSA), and reduce duplication of effort. Particular effort is made to coordinate with:

- (1) organizations established for the benefit of victims of Alzheimer's disease;
- (2) the SC Lieutenant Governor's Office on Aging, Department of Mental Health and SC Alcohol and Drug Abuse Services to:
 - (A) increase public awareness of mental health disorders;
 - (B) remove barriers to diagnosis and treatment; and
 - (C) coordinate mental health services, including mental health screenings, mental health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (3) Title V Senior Employment Training Program;
- (4) federal housing programs,
- (5) adult education programs,
- (6) transportation programs
- (7) public health programs
- (8) energy assistance programs, Low-Income Home Energy Assistance Program (LIHEAP)
- (9) weatherization assistance for low income persons
- (10) working when possible with organizations that have experience in providing training, placement, and stipends for volunteers or participants in community services settings such as Retired Seniors Volunteer Program (RSVP).

C. Program Coordination

Vantage Points goal is to ensure maximum availability of services to older persons in the PSA, and reduce duplication of effort for all agencies and organizations serving older persons. The AAA staff:

- (1) identifies federal, state, and local programs which impact or could impact the older persons in the PSA and gathers information in order to justify the allocation of funds for aging programs;
- (2) make application for alternative sources of funding where appropriate, such as grant writing;
- (3) participate in interagency councils developed for purposes of information sharing, joint planning, and service delivery;
- (4) works with public and private coalitions to address the growing needs of older persons in the PSA;
- (5) extend opportunities for participation in scheduled AAA training to local agencies who serve or advocate for older persons, businesses, and other private entities.
- (6) participate in training sponsored by other local agencies, organizations, and businesses which improve the skills of the AAA staff or otherwise further the interests or needs of older persons in the PSA.

The primary responsibility of the Program Coordinator is to work directly with the contractors to assure that they are in compliance with the Standards and Scopes of Work, which are mandated by the South Carolina Lieutenant Governor's Office on Aging

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Manual of Policies and Procedures. She is the designated Senior Center Liaison and monitors all senior/nutrition centers to evaluate their level of compliance based on the type of facility.

The responsibility for planning and organizing meetings, travel reimbursement, forwards minutes when received by Vantage Point Advisory Council Secretary lies with the Vantage Point Program Coordinator who assists in conferences and trainings for other aging network participants as required, which include, but are not exclusive to, advisory council members, Silver Haired Legislators and other providers. Additionally, the program coordinator oversees the implementation of the annual Seniors Farmers' Market Nutrition Program. She assists with signing up seniors and in several locations in Darlington County and organizes training in conjunction with Department of Social Services (DSS) for contractors and volunteers to attend. Several other regions are involved in this training. Each contractor is required to write and submit a press release to their local newspaper(s) to advertise the details and distribution dates for the vouchers. There is a great deal of pre-planning for this worthwhile endeavor, but, it is an event that that is looked forward to by seniors who meet the income criteria. Local newspapers are invited to take photos and publish articles in the newspaper.

The program coordinator also displays posters at numerous CareSouth Carolina medical centers so that patients will be advised of the program and when and where to sign up. Maintaining the quality of these important events is essential to the network's ability to provide the senior population with the best possible services they are deserving of.

An annual review is conducted to assure quality at the Bennettsville kitchen of the caterer. The program coordinator recently worked with kitchen manager and quality control director. No discrepancies were noted. However, due to the age of the building, several sections in the building are in need of repair and because the owner has refused to take care of repairs, Senior Catering is in the process of securing another kitchen location. The dilapidated sections in no way interrupted the daily activities nor damaged any food items. To date, Senior Catering has purchased another location and will be renovating building in the very near future. The Bennettsville kitchen was recently scored a 98 by Department of Health and Environmental Control (DHEC). No discrepancies were found.

The Silver Haired Legislature (Pee Dee Area Caucus) has worked very closely with Vantage Point and the program coordinator and has done so since it's inception in 1999. She organizes location for each December meeting and attended a legislative session in Columbia last year along with Pee Dee Area Caucus legislators. She also has established a working rapport with all members. Last year, the program coordinator nominated a Silver Haired Legislator (Secretary/Treasurer/Board Representative) for the 2012 Southeastern Association of Area Agencies on Aging (SE4A) Volunteer in Aging Award category and she was the recipient of this award. She attended the awards ceremony in Asheville, North Carolina, accompanied by her son, and was presented this prestigious award. Our Silver Haired Legislature works diligently to develop resolutions relative to senior issues and with the hopes that they be enacted into law by the South Carolina General Assembly.

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Each year the program coordinator conducts Quality Assurance Reviews, (QA) specifically Home Delivered Meals QA Reviews and Annual Compliance/Fiscal QA Reviews. The Home Delivered Meals QA Reviews involve a review of the Group Dining Standards and Scopes of Work encompassing a review of client files at random and client home interviews. The program coordinator invites Lieutenant Governor's Office on Aging (LGOA) Nutrition Coordinator to take part in this monitoring. She involves Vantage Point Advisory Council Members as well as Silver Haired Legislators to assist her with the client home interviews and requests that the LGOA Nutrition Coordinator accompany the members to the clients' homes. This process has worked out very well in the past and it gives both parties a better understanding of some of the people receiving services, their likes and dislikes and if they are having any problems with the service they are receiving, etc. The Annual Compliance/Fiscal QA Review is a joint venture with Vantage Point's program coordinator and the fiscal analyst. The program coordinator is responsible for the program part and the fiscal analyst monitors all financial sections of the review.

Finally the program coordinator is responsible for conducting sanitation inspections, Senior Center/Group Dining Assessments and unannounced center visits of all nutrition/senior centers of the Pee Dee Region. During the course of these inspections, a current fire inspection must be posted. All fire inspections are due on or before their expiration date, not to exceed thirty days prior and failure to do so will result in non-compliance of their contract and meals may not be served at these centers until current fire inspection forms are received by Vantage Point. Also, the activity schedule is looked at to see that the activities planned for that day are taken place per schedule.

D. AAA/ADRC and Long Term Care

Vantage Point maintains, expands and improves the Long Term Care (LTC) system in the Pee Dee region by working closely with case managers from Community Long Term Care, health care agencies, and hospice agencies as well as other agencies. We assist these agencies through the Family Caregiver Program by providing funding for respite care for clients that are placed on waiting list, do not meet the level of care, or meet the income requirements for a particular program. The Family Caregiver Program can help the purchase of supplemental services, escort/transportation services and home delivered meals to families who do not qualify for services under Medicare and/or Medicaid or who will be put on a waiting list until a slot is available through the service provider. In return, the CLTC case worker will complete the Caregiver Application and Activities of Daily Living (ADL) assessment. We provide information on all services provided by Vantage Point, as well as contractors. We promote services offered by the LGOA, and we participate through and/or contract to provide services offered by other agencies to enhance the well-being and health of seniors in the Pee Dee Region. Such services include Emergency Rental Assistance, Emergency Dental Assistance, Senior Farmers Market Vouchers, and SC Health Connections Choices. The Vantage Point Staff continues to work with LTC service providers throughout the Pee Dee Region.

E. Advocacy

In carrying out its advocacy responsibility, Vantage Point:

- (1) monitors, evaluates, and, when appropriate, comments on all policies, programs, hearings, and community actions which affect older persons in the PSA;
- (2) solicits comments from the public on the needs of older persons;
- (3) represents the interests of older persons to local level and state level officials, public and private agencies or organizations;
- (4) undertake on a regular basis, activities designed to facilitate the coordination of plans and activities with all other public and private organizations, including units of general purpose local government, with responsibilities affecting older persons in the PSA to promote new or expanded benefits and opportunities for older persons.

- Health and Human Services;
- Land Use;
- Housing;
- Transportation;
- Public Safety;
- Workforce and Economic Development;
- Recreation;
- Civic Engagement;
- Services Determined by the Needs Assessment.

F. Priority Services

The Pee Dee Area Agency on Aging (AAA/ADRC) ensures that an adequate proportion of its federal allotment for Title III-B, Title III-C, Title III-D, and Title III-E services is expended for priority services as directed by the Lieutenant Governor's Office on Aging. The Title III-B priority services include:

- (1) access services:
 - (A) transportation
 - (B) outreach
 - (C) information and assistance
 - (D) service management
- (2) in-home services:
 - (A) homemaker
 - (B) chore
 - (C) minor home repair
 - (D) home modifications
- (3) legal assistance services:
 - (A) legal counseling and representation;
 - (B) community workshops and education on legal matters

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(C) information and assistance on legal matters.

The Title III-C priority services include:

- (A) Congregate Meals/Group Dining
- (B) Home Delivered Meals

The Title III-D priority services include:

- (A) Transportation

The Title III-E priority services include:

- (A) Information to Groups
- (B) Assistance to Caregivers in Gaining Access to Services
- (C) Individual Counseling, Support Groups, and Caregiver Training
- (D) Respite Services
- (E) Supplemental Services

G. Priority Service Contractors

All providers who contract with Vantage Point are carefully selected through a procurement process that is in compliance with the federal and state guidelines for service providers. Each of these contractors must ensure through the Requests for Proposals that their agency can meet all the requirements of the Older American's Act for the services in which they are contracted to provide.

The Pee Dee AAA/ADRC shall designate, where feasible, a focal point for comprehensive service delivery in each community in the planning and service area, giving special consideration to designating multipurpose senior centers as these focal points.

These focal points acting as service contractors shall be established to encourage the maximum collocation and coordination of services for older persons.

The AAA/ADRC must undertake all necessary efforts to assure that services financed under the Older Americans Act in each community will be located at, linked to or coordinated with the designated focal point.

The priority service providers for the Pee Dee AAA/ADRC are:

- Chesterfield County Council on Aging
Post Office Box 45
535 E. Boulevard
Chesterfield, South Carolina 29709
Work Phone: (843) 623-2280

Donna Rivers, Executive Director
Home Phone: (843) 623-2546
Cell Phone: (843) 921-2957

Virginia Allen, Assistant Director/Program Coordinator

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Home Phone: (843) 623-6433
Cell Phone: (843) 287-1232

- Darlington County Council on Aging
402 Pearl Street
Darlington, South Carolina 29532
Work Phone: (843) 393-8521

Jackie Anderson, Executive Director
Home Phone: (843) 395-2531
Cell Phone: (843) 307-5383
Emily Northcutt, Program Coordinator
Cell Phone: (843) 307-4724

- Dillon County Council for the Aging
Post Office Box 1473
205 East Main Street
Dillon, South Carolina 29536
Work Phone: (843) 774-0089

Joni H. Spivey, Executive Director
Home Phone: (843) 759-9877
Cell Phone: (843) 845-4942

Jeanette Freitas, Assistant Director
Home Phone: (843) 774-6166
Cell Phone: (843) 632-0309

- Senior Citizens Association of Florence County
Post Office Box 12207
600 Senior Way
Florence, South Carolina 29505
Work Phone: (843) 669-6761 or 665-6844

Linda M. Johnson, Executive Director
Home Phone: (843) 669-3047
Cell Phone: (843) 678-7747

Connell Cain, Program Coordinator
Home Phone: (843) 669-6071
Cell Phone: (843) 621-0177

- Marion County Council on Aging
Post Office Box 728
307 W. Dozier Street
Marion, South Carolina 29571
Work Phone: (843) 423-1752 or 423-4391

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Ernestine Wright, Executive Director
Home Phone: (843) 423-2341
Cell Phone: (843) 496-7166

Melissa Brewer, Assistant Director
Home Phone: (843) 464-1910

- Marlboro County Council on Aging
Post Office Box 1195
209 E. Market Street
Bennettsville, South Carolina 29512
Work Phone: (843) 479-9951 or 479-5987

Sara M. Musselwhite, Executive Director
Home Phone: (843) 479-7437

- SC Legal Services
- Senior Catering, Inc.
314 Main Street
Little Mountain, South Carolina 29075
Office Phone: (803) 345-1835
Judy Milhan, Executive Director
Home Phone: (803) 345-1126

H. Transportation

The contractors in the Pee Dee region submit totals of transportation unit monthly by way of the Monthly Units of Service Report in the AIM software. Log files detailing participants using the service are kept daily and are sent to the AAA for verification when units of service are keyed into AIM. Each contractor is encouraged to contract with other entities in the region for transportation. The Pee Dee Regional Transportation Authority has served both Florence and Darlington counties in the recent past but their funding has continued to dwindle and this opportunity is no longer a viable option.

I. Nutrition Services

Each month Vantage Point monitors that all meal sites are compliant with the number of meals that must be served in order for the nutrition site to be compliant with the guidelines established for fiscal efficiency. A few sites have had difficulty in reaching these required numbers and are currently seeking a waiver. Those sites that are having the most difficult time with the requirement are, however, able to justify the cost to keep their site open since their overhead is minimal to none and comes from donated space and in-kind services. Still they would like to have more participation and have been working hard to increase their numbers.

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Cost sharing for state funded services has become a means by which participants are able to contribute to the services they receive which will help to fund others needing that service who cannot afford to pay for it. The AAA has been quite insistent on implementing a cost share in the region for all qualifying services and the recipients will be encouraged to participate as they are able.

J. Training and Technical Assistance ([schedule can be found in appendices of this document](#))

The program coordinator has been representing the Pee Dee Region for the past twenty years attending quarterly Senior Catering Menu Review Meetings in Columbia soliciting comments from contractors/nutrition center managers/group dining participants from the draft menus for the upcoming quarter. She works closely with Senior Catering providing new menu items, as well as providing caterer with a copy of several Connecticut Senior Center menus at several of the New Haven area centers, including a menu geared toward the Spanish population. With the growing number of Spanish population integrating in our communities, we need to “think outside the box” more so than we have in the past and be mindful to focus on cultural diversity.

Organization of the annual Portion Control Training with Senior Catering is conducted with the oversight of the program coordinator. This training is held during the month of September for nutrition center managers’ and designated staff from all six County Councils on Aging of the Pee Dee Region to be in compliance with the State Unit on Aging Manual of Policies and Procedures Group Dining Standards. Senior Catering provides an overview of their agency and items per agenda are thoroughly discussed. Some sample topics included on the agenda have been “ the proper way of taking food temperatures, the correct DHEC minimum hot and cold food temperatures, the importance of properly completing meal vouchers, the continuance of providing feedback on new menu items and keeping positive attitude, the explanation on bottom portion of menus—i.e. caloric count, fat, vitamins, etc. to meet State’s requirements, last meal temperature on route that exceeds one hour time frame/test meal and the proper sanitizing/calibration of meal thermometers and backup of aluminum trays.” The Portion Control Training is a good opportunity for any questions/concerns to be addressed.

Additionally, all completed meal vouchers turned in by the contractors each month and reviewed for comments to be presented at Senior Catering Menu Review Meeting. The program coordinator coordinates other required trainings throughout the fiscal year and develops a training schedule containing this information for the contractors. Some include, but are not limited to, fire safety trainings, which encompass the proper use of a fire extinguisher and proper evacuation procedures, health and nutrition education trainings. Some topics include “Recognizing Major Physical and Mental Needs of the Aging, Including Signs of Impending Emergencies,” “Food Safety”, Transportation Safety”, “Diabetes and You,” and, “Safety in the Home.” These training topics and other subject matters are pertinent to the contractors’ daily operations and is a vital task implemented by the program coordinator.

K. Monitoring

The Pee Dee's AAA/ADRC has the responsibility to conduct monitoring and evaluation of contractors. Monitoring is an on-going, internal process in which CareSouth Carolina's AAA/ADRC carefully reviews the contractor in both fiscal and programmatic activities.

Evaluation is the appraisal or official valuation of the contractor to determine if any deficiencies exist in the program's operation to assure service quality and to assure contractual compliance. Being a comprehensive system, this activity is performed on site and through desk-top reviews utilizing the documentation of the activities of the contractor. The Lieutenant Governor's Office on Aging staff may also accompany the CareSouth Carolina's AAA/ADRC on the evaluation visit and may conduct a separate review.

All contractors will be monitored and evaluated annually by the Pee Dee AAA/ADRC in accordance with Section 306(a) (6) of OAA, the Program Administration Contract CFR 45 Part 74, Subpart J 74.81, OAS Policies and Procedures 830 and 830/1 and the Area Plan.

The Aging program staff will conduct year monitoring of each contractor. The monitoring will take place at the contractor's central office. Monitoring will be conducted more often if deficiencies are noted and the contractor is found to be high-risk.

In addition to regular program monitoring as well as monthly fiscal monitoring to determine the effectiveness of the services provided by the contractors, Vantage Point regularly conducts unannounced site visits to ascertain that the contracted services are provided according to the regulations by the federal and state governments. Through the Monthly Units of Service Report, the AAA is able to determine what federal and state dollars are earned for each service activity. An annual compliance monitoring is also conducted in order to develop a plan to identify and correct problems that are encountered which ensures that the taxpayer funding gets the "biggest bang for the buck".

Annually, each contractor is required to submit a financial statement from a certified auditing firm that is in compliance with the United States Government Accountability Office. This annual monitoring is conducted randomly and mid-year in order to determine the quality of the service provided without regard to an announced/prepared visit and to address any compliance issues that can be corrected prior to the close of the fiscal period. Any contractor found to be non-compliant in a particular area is allowed the opportunity to develop a corrective action plan to address the non-compliance.

Vantage Point monitors each service delivery area at least one time per year in order to ensure that the requirements under the OAA are being met. All program areas are monitored annually when the annual compliance and fiscal review is conducted. At these reviews, the most important requirements in the state policy and procedure manual are followed and tracked, citing each area on the monitoring tool where it can be found in the

manual. Additionally, there are regular site inspections where logistical and safety issues are examined with the objective of maintaining a safe and friendly environment for the senior population.

The AAA does not allow clients to receive funding from more than one source which ensures that a distinct client population is being served for that service. It is the responsibility of the AAA Fiscal Analyst to monitor the funding sources for each client to be sure that no funds supplant other funding but rather supplement if the need should arise. When an opening for a specific service occurs, the client who is highest on the prioritization waiting list is added to that service. At no point is the funding for that service transferable to another service. It remains for its intended use.

L. Contract Management

CareSouth Carolina issues two types of contracts: cost reimbursement and fixed rate contracts. The type of contract is determined by the nature of the service and agency contracted to provide the service. Contracts are reviewed and may be revised as necessary.

- 1) A cost reimbursement contract is an agreement in which reimbursement is based upon actual costs, not service output. All allowable expenses are reimbursed (up to contract amount). In turn, the maximum number of services is produced during the contract period.
- 2) A fixed rate contract is an agreement in which reimbursement is based upon the Service Output (number of units of service completed). A reimbursement rate per unit of service and a maximum contract reimbursement have been agreed upon prior to beginning of the contract.

All contracts will be prepared by the Lieutenant Governor's Office on Aging requiring signatures of the responsible agency personnel from both, Lieutenant Governor's Office on Aging, the grantor, and CareSouth Carolina, the grantee. The contract will detail all aspects of the program including attachments regarding budget and standardized service definitions. The signed contract becomes effective July 1, the first day of each fiscal year and a copy is provided to each applicable agency. The signed contract is a legal document therefore any changes will require a formal contract amendment.

Subcontracts

Funds obligated under the contractual agreement between CareSouth Carolina and the service provider will be made available for the provisions of service of an agency, organization or individual other than the service provider only after the service provider has executed the written subcontracts in accordance with the following provisions:

- 1) The service provider shall not subcontract responsibilities described within the contract without prior written approval of CareSouth Carolina to such additional conditions and provisions as CareSouth Carolina may deem necessary.

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- 2) The service provider agrees to provide CareSouth Carolina signed copies of all subcontracts initiated under the terms of the contract within 30 days after entering into the subcontract.
- 3) In compliance with Section 213 of Public Law 97-115, the service provider shall submit to CareSouth Carolina for prior written approval any subcontract initiated under the terms of the contractual agreement with a profit-making organization.

Contract Amendments

Aging program contracts may be amended, and is stipulated by the Lieutenant Governor's Office on Aging, as to when. Therefore, requests for amendments should include submission of appropriate forms and documentation for all program areas at the same time. A second contract amendment cannot enter the system until a prior amendment has been approved.

A formal contract amendment is required for any of the following conditions:

- A. Line item budget changes of 10% or more of the total budget;
- B. A reduction of 10% or more in the number of units of service;
- C. The addition or deletion of a significant objective;
- D. Waiver of any contract requirement.

Please note that any contract amendment also requires an amendment to the Area Plan. See the following procedure on Area Aging Plan Amendment.

1. All requests for contract amendments as identified above must be made in writing to CareSouth Carolina no later than six weeks prior to the effective date of the proposed change. The proposed amendment will be submitted to the Lieutenant Governor's Office on Aging at least four weeks prior to the effective date of the proposed change. Time frames are subject to change as circumstances dictate.
2. A revised budget and necessary revisions in the original application and contract should be submitted to the CareSouth Carolina and reviewed by the AAA/ADRC Advisory Council. The AAA/ADRC Advisory Council will make recommendations for the CareSouth Carolina Board of Directors approval.
3. The amendment is forwarded to the Lieutenant Governor's Office on Aging (if applicable) for approval. Contract amendments will be issued from CareSouth Carolina after the LGOA has approval.
4. A public hearing process, if required, must be completed whether the amendment be programmatic and/or financial.

M. Grievance Procedures

All programs supported by Vantage Point must be operated in compliance with the Standard Assurances listed below:

1. Residence or citizenship will not be imposed as a condition for the provision of services.
2. No otherwise, qualified handicapped older individual shall, solely, by reason, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity. (Section 504 of the Rehabilitation Act of 1973, as amended).
3. The American with Disabilities Act of 1990, as amended, prohibits discrimination based on disability.
4. No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance. (Title VI of the Civil Rights Act of 1964.)
5. A means test is not used to deny or limit an older person's receipt of services.
6. A voluntary opportunity for service recipients to contribute to the cost of the service is provided.

Any individual who feels he or she has been discriminated against because of race, color, national origin, residence, citizenship, handicap, disability, or income, should file a written complaint with the Chairman or President of the Board of the Directors of the contract agency, or the Executive Director of the contract agency, or the Director of the Area Agency on Aging, the CEO of CareSouth Carolina, or the State Director of the Lieutenant Governors Office on Aging at the address and/or telephone number listed below. This should be done within thirty (30) days of the alleged discrimination.

The individual who receives the complaint will see that a prompt and complete investigation is conducted.

If the investigation indicates a failure to comply with these Assurances, the complainant will be notified and the matter will be resolved by appropriate means.

If the investigation indicates that the complaint is unjustified, the complainant will be notified accordingly.

The following two offices will be advised of the disposition of all qualified complaints: the CEO of CareSouth Carolina and the State Director of the Lieutenant Governors Office on Aging.

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

The following is a list of the contact names, addresses and telephone numbers.

Contract Service Providers

Chesterfield County Council on Aging
Donna Rivers, Executive Director
P.O. Box 45
Chesterfield, SC 29709
(843) 623-2280

Darlington County Council on Aging
Jackie Anderson, Executive Director
402 Pearl Street
Darlington, SC 29532
(843) 393-8521

Dillon County Council for the Aging
Joni Spivey, Executive Director
P.O. Box 1473
Dillon, SC 29536
(843) 774-0089

Senior Citizens Association of Florence County
Linda Mitchell-Johnson, Executive Director
600 Senior Way
Florence, SC 29505
(843) 669-6761

Marion County Council on Aging
Ernestine Wright, Executive Director
P.O. Box 728
Marion, SC 29571
(843) 423-4391

Marlboro County Council on Aging
Sara Musselwhite, Executive Director
P.O. Box 1195
Bennettsville, SC 29512
(843) 479-9951

South Carolina Legal Services
Andrea E. Loney, Executive Director
701 South Main Street
Greenville, SC 29601
(864) 679-3232

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Senior Catering, Inc.
Judy Milhan, Executive Director
314 Main Street
Little Mountain, SC 29075
(803) 345-1835

Vantage Point (Pee Dee Area Agency on Aging)
Shelia Welch, Aging Division Director
PO Box 999
Hartsville, SC 29551
(843) 383-8632

Vantage Point Regional Advisory Coordinating Council
Henrietta Pauley, Chairperson
307 Jessamine Street
Darlington, SC 29532
(843) 393-8785

CareSouth Carolina, Inc.
Ann M. Lewis, Chief Executive Officer
PO Box 1090
Hartsville, SC 29551
(843) 857-0111

The Lieutenant Governor's Office on Aging
Tony Kester, Executive Director
1301 Gervais Street
Columbia, SC 29201
1-800-868-9095

N. Performance Outcome Measures

The Pee Dee Region is focusing on the outcomes and impacts on the seniors that we serve, either through direct services or services through contractors. Since we would like to see our seniors leading meaningful and independent lives in the own homes, we believe that participants should have opinions that are valued to maintain the dignity of their situation and to recognize that in order to enhance their quality of life in a dignified manner, they should be engaged in the implementation of their services as much as possible. Through information provided to us by way of the regional Needs Assessment, we believe that the clients will find there services should adjusted accordingly to allow them to plan for their needs based on their wants. Our staff will work with the contractors in order to determine and oversee the coordination of these services and, through interactive communication with the seniors receiving the services, we can alter and adjust as necessary their specific plan of service.

O. Resource Development

Through meetings over the past several months, Vantage Point has stressed to their contractors the need for increasing grant-related income as well as cost sharing for qualifying state services. We have begun to implement an aggressive model to see this through and have been researching other models throughout the country that have succeeded in this area so that we can implement this with the coming fiscal year. Any and all models that we find to supplement our current policy will be analyzed and implemented immediately. The focus of this will tie in to our previously stated performance outcome measures, ensuring that the clients know that they are a part of the services they are receiving. Giving them a stake in their services, no matter how small, will help them to ensure that they are getting the best service possible.

P. Cost-Sharing and Voluntary Contributions

Voluntary Contribution Protocol:

Upon the initial assessment of all services, a Program Coordinator gives each new client a contribution guideline sheet, and participants are encouraged to make contributions. The contribution guideline chart is also posted at each site.

The Site Manager is responsible for the collection of contributions. Each site uses one of the following practices:

- A basket is passed around to clients.
- An unmarked envelope is provided to clients.
- Clients give their contribution directly to the Site Manager.

Home Delivered Meals, Health Promotions, Transportation, and Home Living Support Contributions are given to a staff member or mailed into the office with the following procedure.

The contributions are received by the Site Manager and recorded to the applicable program on a daily contribution report. Client's contributions are not recorded individually as contributions are given anonymously. Another staff person will verify the daily contribution and initial the contribution report. The contributions are locked in a file cabinet until month end.

At month-end all contributions are verified by the Site Manager and another staff person. The contribution report is signed and/or initialed by each. The Site Manager turns in all collected contribution to the Program Coordinator. The contributions are verified and a receipt is given to the Site Manager.

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The Program Coordinator gives all contributions and contribution reports to the Director. The Director verifies the contribution and compares it to the contribution report. The Director will write up the deposit slip and takes the deposit to the bank. The deposit is made within two business days. Contributions are locked in a file cabinet in the Director's office until the deposit is made.

The contribution report is given back to the Program Coordinator for record keeping. The Program Coordinator enters the contribution totals under each program into the MUSR.

Cost Sharing Protocol:

Cost Share Category	A	B	C	D	E
Poverty Guideline 2013	100%	133%	150%	≤200%	> 200%
Cost Share Discount	100%	75%	50%	25%	None

Client Contribution

Percentage of Unit Cost	0%	25%	50%	75%	100%
Number Living in Household	Income ≤	Income ≤	Income ≤	Income ≤	Income >
1	11,490	15,282	17,235	22,980	22,981
2	15,510	20,628	23,265	31,020	31,021
3	19,530	25,975	29,295	39,060	39,061
4	23,550	31,322	35,325	47,100	47,101
5	27,570	36,668	41,355	55,140	55,141
6	31,590	42,015	47,385	63,180	63,181
7	35,610	47,361	53,415	71,220	71,221
8	39,630	52,708	59,445	79,260	79,261
9	43,650	58,055	65,475	87,300	87,301
10	47,670	63,401	71,505	95,340	95,341

Guidelines from 2013 HHS Poverty Guidelines

The above chart is used to determine the cost-sharing portion for state funded services and Title III-E. Based on the 2013 HHS Poverty Guidelines, an example of how this would be implemented follows: If a client has an annual income of \$30,000 and lives alone, then he/she would fall in the 100% category which means that they should be able to contribute 100% toward the cost of the received service.

Impact of Contributions and Cost Sharing Revenues to Expand Services

As of the end of the third quarter for the state fiscal year, the Grant Related Income (GRI) contributions at the contractor level in the Pee Dee Region are at the same approximately level as they were at this same time last year.

SFY12 third quarter total: \$31,969.63

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SFY13 third quarter total: \$31,596.70
Difference of: \$372.93

Given the state of the economy at this time, this difference is comparatively good. Vantage Point and its contractors encourage the participants in their services to frequently contribute to the cost of their service and are told quarterly that these contributions help to purchase additional units of service in the program activity in which they are received.

Additional units purchased through Grant Related Income:

2,698 Transportation
157 Home Care
4,124 Congregate Meals
942 Home Delivered Meals
116 Health Services

With the new cost-sharing requirement implemented through Lt. Governor's Office on Aging, Vantage Point began to require shared costs for the services that allow it. The total amount of cost sharing dollars for the first three quarters has been \$21,777,36. These funds were used to assist caregivers in helping to meet the expenses incurred when caring for their frail and elderly family members. It was used to purchase supplies to build wheelchair ramps, durable medical equipment, incontinent supplies and nutritional supplements.

Vantage Point will be expanding their cost sharing requirements through their contractors with the upcoming fiscal year in the allowable services. It is imperative that the population being served understand that there is a cost associated with services and when they are able, they need to help contribute to the cost of their services.

The area's contractors have been actively seeking contributions from businesses and agencies in the immediate area. When cash contributions are not readily available, they solicit donations from individuals in the community in order to help purchase additional services. Because of the economic situation worldwide, contributions have not been nearly as substantial as was hoped but the contractors are diligently working to encourage them nonetheless.

Q. Confidentiality and Privacy

It is the policy and obligation of each employee at CareSouth Carolina, Inc., to maintain the confidentiality of the client/patient and client/patient's affairs. Information relative to the internal operation and business affairs of the corporation shall also be deemed confidential and shall not be divulged by employees.

Confidentiality and privacy are very similar in definition. Medical confidentiality is a special case of the right to privacy. In simplified terms, confidentiality means keeping a secret.

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Every employee is responsible for maintaining the privacy of a client/patient's information, diagnoses, treatment and financial status. Any improper disclosure of this information will result in disciplinary measures. Action will be taken against the disclosure of unauthorized release of employee's medical/employment records or treatment.

Careless discussion in general conversation, improper use of the telephone, improper use of the fax and photocopier or any form of disclosures evokes the client/patient's confidentiality. Breach of confidentiality will result in formal disciplinary action.

It is expected that all persons who have contact with client/patients and client/patient affairs abide by the same policy as CareSouth Carolina, Inc. employees. This includes students, volunteers or persons who are contracted to work for CareSouth Carolina, Inc. Failure to do so will result in the termination of any agreement with them or their agency.

Confidentiality agreements are an important requirement in the PSA of the Pee Dee. Because Vantage Point is in a unique situation as part of a community health center, patient/client data is protected under the Health Insurance Portability and Accountability Act (HIPAA) regulations and these regulations extend to all contractors of CareSouth. All employees of both the AAA and its contractors are required to sign a confidentiality agreement to protect client data. Only limited individuals at each contract agency have access to client records and each of these individuals certifies that there is no data to be shared with any entity. Failure to comply with any portion of these agreements results in immediate termination and, if necessary, a penalty is assessed if any laws have been violated.

VI. AAA/ADRC/ADRC Direct Service Delivery Functions

A. Staff Experience and Qualifications

Ellen Wallace Mabe, BSW, BA-C, MSW-Intern; Regional Long Term Care Ombudsman

Mrs. Mabe is a graduate of Coker College in Hartsville, SC. She completed her Bachelor of Social Work and Bachelor of Arts in 2011 with a double major in Social Work and Psychology with a focus in Counseling. Mrs. Mabe graduated with honors in Social Work (Phi Alpha) and Psychology (PSI CHI). She is currently attending the University of South Carolina where she is a Master's Advance Standing Student in the University's College of Social Work. She currently is a Master of Social Work (MSW)-Intern with the Behavioral Health Department at CareSouth Carolina.

Mrs. Mabe received her Ombudsman certification in 2010. In addition to her Ombudsman certification she is certified as an I-Care Counselor. She has additional training/ certificates for Advance Directives: Respecting Choices, Dementia Specialist, Certified Medical Technician Diploma, (CMT). She attended the SE4A Conferences in

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2011 and 2012. She won a scholarship that allowed her to attend the Consumer Voice Conference in 2012.

Before becoming employed with the Pee Dee Regional Area Agency on Aging and Disability Resource Center, Mrs. Mabe was the Performance Improvement Coordinator where she focused on developing, implementing, and evaluating the agency overall performance improvement program. This included performing chart audits, identifying performance data trends, prioritizing and recommending improvements, process mapping, knowledge of JCAHO standards, teaching and coaching of Project Planning and PDSA cycles, create new standardize forms, creation of an assortment of projects for all levels of CareSouth Carolina personnel, IMPACT studies. She has experience as a Medical Office Associate who facilitated patient registration, collected co-pays and account balances, made patient appointments, kept up with site petty cash, balanced and deposited site daily collections, keyed in charges using the latest knowledge around the correct usage of ICD-9 codes, order supplies from purchasing. She started at CareSouth Carolina as Certified Medical Assistant/lab technician who performed nursing task, drawing blood, using the latest lab equipment, and performing in house test.

During her career as the Regional Long Term Care Ombudsman, she has been responsible for the Pee Dee Region (Supervising 45 facilities, 3246 beds.) This position is an advocator for residents in nursing homes, board and care homes, and assistant living facilities. Duties that she is expected to perform in her capacity as the ombudsman are the investigation of resident complaints, working with resident and family councils, perform trainings for nursing home, assistant living and care homes, give performance recommendation, provide information, resources for residents/administration/staff and performing friendly visits. Working closely with the State Ombudsman-Lieutenant Governor Office, DHEC, Local and State Police and Attorney General Office, Mrs. Mabe has been able to develop a relationship with law enforcement to help her advocate for the senior she represents.

Michelle Anderson, Ombudsman Assistant/Volunteer Services Coordinator and Model Approaches to Legal Services Coordinator

Mrs. Anderson attended Colorado Technical University where she earned a Bachelor's of Science in Criminal Justice. She also attended Trident Technical College of Charleston where she studied Probate Law and Civil Law. Mrs. Anderson also holds certificates from Colorado Technical University in Crime Scene Investigation, Civil Court Procedures, Business Management, Law Enforcement and Court Room Process and Procedures. In 2008 Mrs. Anderson took and successfully passed the South Carolina Law Enforcement Division (SLED) Special Agent Exam.

Mrs. Anderson received her AIRs certification as an Information and Referral Specialist-Aging in September of 2012. Also during 2012 Mrs. Anderson completed her training for certification as an I-Care Counselor, SMP Counselor; attended the 2012 South Carolina Conference on Aging, attended the SE4A Conference in Ashville, NC.

Mrs. Anderson started her career as an Information and Referral Specialist with the Pee Dee Area Agency on Aging in January of 2012. While working with the agency she has

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cross-trained in the various roles in the agency and she is currently going through the training process to become a Long Term Care Ombudsman.

Mrs. Anderson has recently assumed the role of Volunteer Services Coordinator and Coordinator for the Models Approach to Legal Services. In this position she is forging new relationships with local agencies such as Southern Care Hospice, Agape Hospice and Rubicon in efforts to bring legal clinics to the disadvantaged in the Pee Dee Region. Also in her current role she is promoting volunteerism throughout the region.

Prior to her career with Vantage Point Mrs. Anderson had a very diverse field of experience. In the late 90's Mrs. Anderson worked as the Coordinator for Anderson/Oconee Council on Aging adult day care facility located in Seneca, SC. During this time Mrs. Anderson also worked in the home health field where she focused on Alzheimer's patients and assisting their families. In 2001 Mrs. Anderson founded and operated Pride in Piedmont, a nonprofit dedicated to promoting and instilling pride in a mill village in the Upstate of South Carolina. During this time Mrs. Anderson also volunteered with rape crisis agencies and worked in the community to develop crime watch programs. Most recently Mrs. Anderson worked as a Deputy Clerk of Court in Charleston, SC while she attended Trident Technical College where she studied law related programs.

Sherry Johnson, Regional I-CARE/SMP Coordinator

Sherry is a veteran at Pee Dee Area Agency on Aging, a division of CareSouth Carolina for over twenty-two years and was with CareSouth Carolina Community Health Center for five years before transferring into the division of the Area Agency which began in 1991. She has won the "Most Spirit Award", "Employee of the Year" Award in 1999 and again in 2010 she won "Gold Employee of the Year Award" and was voted first "Employee of the Month" in 1999 and again 2010. Sherry also won the first I-CARE (SHIP) "Counselor" Coordinator National Award in 1995.

Ms. Johnson completed her education at Ricks College in 1979 and has attended Coker College and Francis Marion for additional classes over the years to maintain her Continue Education Units for the SHIP Program and State Long Term Care "Ombudsman" Program, while attending and name just a few courses taken as following: The "Omnibus Adult Protection Act" for Long Term Care sponsored by the Department of Health and Human Services and Adult Protection Coordinating Council. She also attended South Carolina Governor's Summer School of Gerontology each year that it was offered and while attending each summer she has taken courses such as: Understanding the Aging Process, Overview of Medicare, Dementia Dialogues, Medicaid Estate Recovery, Clinical Assessment for Medicaid Services, ABC's of Informational, Referral & Assistance for I& R , Medicaid Fraud, Identity Thefts, Fraud, Scams and Cons: How to Protect Yourself, What So Special About Medications in Older People, Tips to Help Clients with Prescription Medication Assistance Program, Overview of Social Security Benefits & Medicare Changes and she was one of the first Certified SHIP Counselor in 1994 thru the Summer School of Gerontology.

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The Pee Dee Area Agency on Aging SHIP/SMP Coordinator has been in her position for the past twenty years. She has years of experience in Medicare/Medicaid and other insurance work and is a Certified SHIP and Senior Medicare Patrol Counselor. She has recently received her twenty hours update training the SHIP and SMP program for fiscal 2013. She attends quarterly meetings that are required of her for the SHIP/SMP program at LGOA office as well as bi-weekly staff meeting and monthly teleconferences that is offer thru Center for Medicare and Medicaid and SHIP/SMP National programs.

Ms. Johnson previous has many years of experience in processing Medicare/Medicaid , private and commercial insurance, ICD9-CM, and CPT Procedural Coding for a McLeod Regional Hospital and receiving patients in the office, pulling charts for appointment; handling delinquent accounts and data entry for accounting for CareSouth Carolina. Also, Sherry has experience in processing accounts receivable and payable, coding invoices and balancing statement and weekly reports. She was then the basic troubleshooter for accounting and data processing. Prior to that job she had the experience as a Pharmacy Technician which has enhanced her ability to understand the medications taken by her clients and be more proficient in assisting beneficiaries with their Medicare benefits.

Sherry has work for many years with the senior population at large to provide information, training, and counseling on insurance and Medicare fraud and abuse. To keep abreast of the changes and updates on Medicare and Medicaid and providing accurate information to beneficiaries and caregivers, she have participated in numerous hours of additional training with The State Health Insurance Assistance Program, or (SHIP) National Program, The National Consumer Protection Technical *Resource Center: The Center of Service & Information for (SMPs)*, The National Medicare Training Program and Workshop, Department Health and Human Services (DHHS Medicaid) and the Department of Health and Environmental Control Offices which enhanced her abilities to maintain her certification for the SHIP/SMP Program and Long Term Care Ombudsman Program. Sherry also currently is a Certified Long Term Care Ombudsman and has been for the past twenty years. This is additional certification that helps her to be able to help patients, family and caregivers in the nursing home and assisted living facilities with questions regarding Medicare Part A, B, C and Part D. Along, with that Sherry devotes time each year to continuously completes her thirty hours of updated training, which teaches her to 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.

Danielle Mason, Regional Information and Referral Specialist

Ms. Mason is a graduate of Limestone College with a Bachelor of Science degree in Business Administration. She has worked at CareSouth Carolina, Inc. as a patient advocate assisting patients with their medication needs. Her experience with CareSouth has also included customer service experience as a medical office assistant and was regularly exposed to various resources in the community that have relevance to her positing as the I, R &A Specialist. She has received her certification in both Insurance

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Counseling (I-CARE) and in Senior Medicare Patrol (SMP). Her willingness and demeanor to assist clients has been a valuable asset to ensuring that our client's needs are first and foremost.

Gloria Zabawa, Regional Family Caregiver Advocate

Gloria has an Associates degree in Business Management and a Bachelor of Arts degree in Psychology. She has also received a Masters of Public Administration degree.

Prior to coming to Vantage Point, the Pee Dee Area Agency on Aging, Ms. Zabawa worked in the finance department for CareSouth Carolina, Inc., the hosting agency for the AAA. She served as an Accounts Payable Technician and then the Accounting Manager for seven years before making the move to Vantage Point. Her responsibilities included managing vendor accounts, processing invoices, and tracking departmental budgets. Working in the finance department has enabled her to multi-task and taught her organization, qualities that are essential to the detail-orientated nature which has made the Family Caregiver Program the success that it is.

Before her tenure at CareSouth Carolina, she was in the school system working as an Instructional Assistant for the disabled which has been instrumental in helping her assist with disability resource. Working as a Teacher's Assistant provided her the ability to talk in front of groups and be able to instruct classes. She has since received her certification in Insurance Counseling (I-Care) and Senior Medicare Patrol (SMP) to assist in program development and areas related to the service industry.

Being cross-trained in these areas has allowed Gloria to assist if another staff member is unavailable. Having someone who is multi-disciplined will help the agency maintain an adequate level of service should there be a turnover in staff due to retirement, promotion, or reduction in workforce.

Edward Anderson, Data Entry for Vantage Point

Mr. Anderson started his career in the United States Navy. In 1990 shortly after graduating high school Mr. Anderson stepped aboard the USS LaSalle and headed for the Middle East. While being forward deployed, Mr. Anderson received commendations from Commanding Officer of USS LaSalle AGF3 and the Commander of US Naval Forces Central Command. Mr. Anderson also received the Southwest Asia Campaign Medal, National Defense Service Medal, Sea Service Ribbon, and assisted the Omani Air Force on technical issues.

After returning from his travels in the Middle East, Mr. Anderson was employed as an Electronics Technician for over 12 years. After being laid off due to overseas trade Mr. Anderson returned to school to further his education. In 2011 Mr. Anderson graduated with honors (PHI THETA CAPP) from Trident Technical College in Charleston with a degree in Criminal Justice. Mr. Anderson was also awarded the Criminal Justice Merit Award by Trident Technical College. After completing his degree Mr. Anderson fulfilled a lifelong dream of becoming a Park Ranger with the South Carolina Park Service.

Mr. Anderson started his employment with Vantage Point in the spring of 2013 by doing data entry work for the agency. Prior to his employment Mr. Anderson was no stranger to the agency. He had been doing volunteer work with the agency by assisting those in the community with “handy-man” type services. Mr. Anderson has assisted with things from changing a light bulb to helping a senior with needed home repairs. Mr. Anderson has also been very instrumental in getting the information into the communities about the services that are offered by Vantage Point. Mr. Anderson intends to continue his volunteer services for the agency and complete Senior Medicare Patrol and SHIP counseling training during the next offerings of these courses.

B. Long-term Care Ombudsman Services

The Long term Care Ombudsman program is housed in Vantage Point, which is the Pee Dee Area Agency on Aging. We are the only AAA who is facilitated with a Federally Qualified Healthcare Center (FQHC), CareSouth Carolina, Inc. The Pee Dee Region has a total of 49 facilities and 3246 beds in the six counties served. The Pee Dee Long Term Care Ombudsman program is responsible for identifying, receiving, and investigating allegations of abuse, neglect and exploitation made by or on behalf of a vulnerable adult who is residing in a long term care facility.

The Ombudsman Program serves as the advocate for residents in long term care facilities. Ombudsmen will investigate any complaint and will negotiate on the resident’s behalf to resolve the complaint to the resident’s satisfaction. It is the only program that is totally devoted to the concerns of facility residents.

Long Term Care Ombudsman monitors the quality of care in nursing home facilities. The Long Term Care Ombudsman Program is governed by the federal Older Americans Act. The South Carolina Lt. Governor’s Office on Aging administers the statewide Long Term Care Ombudsman Program through ten regional offices located throughout the state. These programs are affiliated with Area Agencies on Aging and funded with federal, as well as state and local dollars. There is no charge for services provided by the Ombudsman Program.

This Ombudsman program is charged with insuring that complaints’ are answered in a timely manner and the victim has access to an ombudsman or ombudsman representative when needed. Our Ombudsmen are pro-resident, in other words we are the change agent for the resident. This ombudsman agency advocates for judicial, administrative, legal and any other resolution that is essential on behalf of the resident to keep them in a safe and secure environment. We follow the wishes of what the resident wants, and if the outcome of our investigation in turn shows criminal intent and/or suggests a preponderance of evidence, then the case is referred out to the proper agencies (i.e. local law enforcement, attorney general office, SLED) for review, assistance, and enforcement.

The Pee Dee Long Term Care Ombudsman program works closely with DHEC, Department of Mental Health, rehabilitation facilities, local law enforcement, attorney general office, SLED, community advocacy groups, etc. This program carries out the duties and procedures established under the Older Americans Act, and the Omnibus Protection Act under the guidance and supervision of the State Long Term Care Ombudsman’s and the Lt. Governor’s Office on Aging.

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The Pee Dee Long Term Care Ombudsman program had a total of 263 cases opened and closed, with 504 facility visits, 70 consultations, 12 facility and community education/training opportunities, and attended one resident and/or family counsel meetings between the dates of 12/01/2011-05/10/2013. According to this areas data the top five complaints are as follows:

1. Abuse Physical (including corporal punishment) with a total of 45 cases.
2. Gross Neglect with a total of 41 cases.
3. Abuse Verbal with a total of 38 cases
4. Accidental or injury of unknown origins and falls with 25 cases
5. Discharge/Eviction with 20 cases

This region will focus on preventive measures that include working with facilities to develop a failure modes analysis to combat the top five complaints. We will also developing join advocacy strategies to empower the residents and family members to take ownership of their lives or the lives of their loved one. The data compliant trends seen in the Pee Dee region is a disturbing one, it is this office's opinion that if we can be involve in the training initiative and development of new staff members this would be a great opportunity to instill knowledge that could prevent occurrences' from developing.

How we advocate:

- Investigates and works to resolve problems or complaints affecting long term care residents.

The Pee Dee Long Term Care Ombudsman program shall provide timely responses to complaints through compliant intake, investigation of compliant received and unbiased resolution of complaints. The Pee Dee Regional Ombudsman office 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 while promoting the safety, security, and rights of the residents.

- Identifies problem areas in long- term care facilities and advocates or mediates for change.

The Pee Dee Long-term Care Ombudsman program will use community education, in-service education, in-house information and assistance personnel, and new partner development and volunteer programs to increase and identify awareness. Through increase of awareness integral advocacy can be accomplished for vulnerable adults throughout the region

- Provides information about long-term care and related services

The Pee Dee Long-term Care Ombudsman program will increase outreach efforts and provide training to community members, church groups, retiree groups and others regarding resident's rights, sensitivity and aging issues, elder abuse, advance directives and other LTC issues, resulting in increased prevention and

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decreased incidences of abuse. This will ensure the rights of older adults and prevention of their abuse, neglect and exploitation. This public visibility within the community will also publicize the accessibility and availability of the Ombudsman program. This program will also provide information about long-term care and related services throughout the community, facilities, organizations, etc. through in-service education, trainings, brochures, and events.

- Promotes resident, family, and community involvement in long- term care.

The Pee Dee Long-term Care Ombudsman program will promote resident, family, and community involvement in long- term care through assisting in the development and establishment of resident and family councils, by performing friendly visits to facilities, by gaining rapport with residents, and recruiting volunteer friendly visitors’.

- Educates the community about the needs of long-term care residents.

The Pee Dee Long-term Care Ombudsman program will educate the community about the needs of long-term care residents by providing educational information through in-service education, trainings, brochures, and events. In addition this program will provide workshops for facility staff regarding issues such as Alzheimer’s disease, resident’s rights, elder abuse prevention, dealing with challenging resident behaviors, and sensitivity training.

- Coordinates efforts with other agencies concerned with long-term care.

The Pee Dee Long-term Care Ombudsman program will coordinate efforts with other agencies concerned with long-term care facilities to ensure the security, safety, and rights of vulnerable adults housed. Highlight and strengthen collaborative efforts between state and local ombudsmen and with regulators, providers and other consumer advocates. This will be achieved through the development of new and strengthening of current coordination and collaboration with other, agencies, aging programs, and advocacy programs.

- Visits long-term care facilities to talk to residents and monitor conditions.

The Pee Dee Long-term Care Ombudsman program will perform timely friendly, routine, and compliant investigation visits to residents in all regional facilities. PDLTCO will make a minimum of ten friendly facility visits per year.

- Educates facility staff about resident rights and other issues.

The Pee Dee Long-term Care Ombudsman program will educate facility staff about resident rights and other issues advocate for addressing the needs and interests of long-term care residents as part of the ombudsman program overall responsibility.

- Residents’ rights

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The Pee Dee Long-term Care Ombudsman program will advocate and educate residents, facility staff, and the community of rights that residents have through providing educational information through in-service education, trainings, brochures, and events. When a resident's right has been violated this Ombudsman office will advocate and mediate with the resident and facility to resolve the matter within a timely manner.

- Quality of care

The Pee Dee Long-term Care Ombudsman program will advocate for resident's quality of care while in facilities. If there is quality of care issue it is the duty of this office to refer concerns to the licensing agency (DHEC), for immediate consideration. The PDLTCO 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.

- Abuse, neglect, and exploitation

The Pee Dee Long-term Care Ombudsman program will investigate all allegations of abuse, neglect, and exploitation in long-term care facilities within a 24 hour period. The program will also ensure the safety of the vulnerable adult when a complaint is made. Through education and awareness of staff, the community and other agencies, this program will put preventive measures in place to reduce the number of allegations of abuse, neglect, and exploitation.

- Transfers and discharges

The Pee Dee Long-term Care Ombudsman program will make sure the discharge and transfer is a legitimate issue that can not be resolved in a different manner. This office will also make sure the resident rights are being complied and residents are having the right to appeal and not being forced out without their right being observed. Finally we will make sure the resident has a safe and secure place to go.

- Friendly Visitors

In addition to the Ombudsman staff, the Pee Dee Long Term Care Ombudsman Program also includes volunteers who are locally recruited and placed at a specific long term care facility. Studies have shown that almost 60 percent of residents in facilities never have visitors. Across the nation, one of the most common functions for volunteer ombudsmen is to make regular friendly visits to facilities. Volunteers take the time to talk with residents and help them resolve issues with the facility that they may not feel comfortable doing themselves.

Strengths of the Program:

There are many strengths of the Pee Dee Long Term Care Ombudsman office. We have a great, compassionate staff with many years of experience. The staff not only enjoys their work as being an advocate, but they believe in the mission. The program gives a voice to the residents of long term care facilities. This regional ombudsman's office has a good working relationship with the facility management and has built working relationships that allow administrators to proactively call their ombudsman for assist prior to the event becoming a major issue.

Weaknesses of the Program:

Lack of funding for the staff versus the amount of facilities in region makes it hard to keep up with all duties required of this office. The amount of training required to become a volunteer ombudsman friendly visitor makes it hard to recruit volunteers. Lack of knowledge, training, and support from law enforcement agencies puts up undue barriers to advocating for the residents of long term care. A major barrier is having no way to enforce the law and duties of the law we are charged with.

Successes:

This year we have been able to have an array of blooming ideas to bless our vulnerable adult population. Below are just a few examples of projects we have undertaken to ensure successes continue in our region.

Vulnerable Adult Yard Sale- This yard sale help aided us to reach out and educate the public on vulnerable adults and boost some teamwork within the agency while helping out our most vulnerable population. This office was able to get employees to donate gently used items to raise money to buy our less fortunate residents. For those residents who don't have family members and those who do not have the money to purchase personal items needed. This office was able to raise over 700.00 dollars for our residents.

Give Me a Place to Call Home- At the Pee Dee Regional Ombudsman Office we have felt the need to reach out to our displaced vulnerable adults. When we are told of a facility to be closed we have seen the chaos that the residents are placed in. Having to move from your home not knowing where you will be place, and then on top of all that having your belongings moved in trash bags this puts dignity in respect into a whole other category. This office has started a donate your baggage to the needy where staff, community, or any other organization can donate new or gently use luggage for those resident who are found to be displaced and in need of a way to move on.

Tell this Ombudsman what you need and I will create it- After working in Performance Improvement for over 5 years I was able to create a lot of things. Now as the Regional Ombudsman I have been able to use my talents to develop several new trainings that facilities have requested and add them as the resources to this ombudsman office. These trainings help to educate the staff and residents of many factors that affect a nurturing

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home atmosphere for example: Talk to me like I am a person-Staff Etiquette, Aging Gracefully, etc.

Nursing Home and Assisted Living Annual Resident Angel Tree- Be an Angel this Christmas- In the Pee Dee Region we have 50 facilities with over 3700 beds. Approximately 50% of these residents do not have families. The people that live in these facilities receive no visitors or gifts during the holiday season.

Each year we conduct a fund raising campaign to help us raise the funds to give \$10.00 gift cards to our residents who have no family during the Christmas Season.

This past Christmas season the Pee Dee Regional Ombudsman office was able to surpass their goal and raise \$1,658.00. The ombudsman office also received 81 lap blankets for nursing home residents and 39 Personal Care Kits.

Pee Dee Region Long Term Care Ombudsman Volunteer Friendly Visitor Program

The Volunteer Friendly Visitor Program has been a major challenge for Vantage Point. Many issues have played a role in the program not receiving a strong foundation. Training issues have been a major contributor in this process. Not having adequate staff that meets the state requirements to train volunteers has caused many individuals willing to volunteer to become disinterested and move on to other volunteer opportunities. Training classes have been scheduled and then cancelled because those required to attend would not be able to attend inevitably leaving individuals who are donating their time “dangling”.

Vantage Point acknowledged these barriers and is currently taking steps to strengthen the volunteer based program. New staff has been placed in the position of coordinator for the program. A basis for the foundation of the program has been formed based upon the policies set forth by the State Long Term Care Ombudsman’s office and the policies of the AAA.

Short term goals of the program:

- The main goal (which is a short term goal) of the AAA for the Volunteer Ombudsman program is to build a strong foundation for the program.
- Process to build a foundation for the program
- Make contact with facilities in the region deemed by the Regional Long Term Care Ombudsman that would greatly benefit from having the program in their facility.
- Over 10 letters were mailed to facilities throughout all six counties at the beginning of April of 2013. To date five facilities have agreed to accept the program and only one facility decided not to participate in the program.
- By determining a geographical point (which is the facility) then pinpoint opportunities (such as nearby churches) that may have volunteers willing to give their time and services to these facilities.
- Demonstrate to administrators how having the volunteers would assist their staff.
- To build rapport with administrative staff by asking for their input on where volunteers for their facility may be located (a local church that already comes to the facility, a weekly visitor that knows staff and is coming to visit).

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- Overcome the negative perception of volunteers being a nuisance in the facility.
- In order to overcome this perceived perception a “model facility” will be used to exemplify the benefits to the facility and the residents. Research is currently being done by staff to locate such an example that can be used as the basis for the “model”.

Long term goals of the program:

- Focus on facilities that have high complaint levels with complaints being of a high risk nature.
- Having all facilities in this category willfully participating in the volunteer program.
- Retention of volunteers
- Engaging volunteers with training, volunteer appreciation days, and acknowledging their accomplishments both privately and publicly.

C. Information, Referral, and Assistance Services (IR&A)

The Older Americans Act requires Information Referral Service providers to offer information that enables older people and their families to find help to remain independent in their own homes and communities. The goal of the Vantage Point Information and Referral staff is to have up to date and accurate information for individuals about the full range of medical, social and emergency/crisis services provided in the Pee Dee Region. Vantage Point is constantly seeking new and inventive ways to be able to put information in front of seniors throughout the region. The objective is to make Vantage Point the point of entry for older persons and their families to be able to connect with programs and organizations.

IR&A proposes many challenges but compounding these challenges are limited resources and funding. The true nature of IR&A is to obtain the necessary information for the individual and transfer the clients on to another agency in hopes they receive the assistance that they seek. In the Pee Dee Region the majority of calls seeking assistance are regarding transportation issues, home repairs and utility assistance. We have calls also regarding nutritional issues but the vast majority of those calls are directly related to transportation issues. It is difficult many times when you are not sure if the client's need may be met. Especially when the request they have is such a small issue but if left unattended can become a crisis. Many seniors find themselves in positions where they have assistance to purchase their food each month but they do not have the means to actually go to the store. Many have to rely on others to bring them their necessities each month because they do not have transportation.

At Vantage Point our staff is willing to go that extra distance to see that clients' needs, if possible, can be met. One way efforts have been made to meet those needs was the start of a volunteer program that tries to connect seniors and the disabled with other community members.

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Transportation is just one of many challenges faced by IR&A staff. It is critical for IR&A staff to be familiar with detecting issues about which the aged or disabled may not feel comfortable in talking. There is an automatic distrust in the aging population because they are always being warned about giving out their personal information. It is difficult to engage some individuals in conversation to where they feel comfortable enough with giving you the information you need to assist them. This is why it is imperative for IR&A staff to remain unbiased in their positions. This is a difficult task. Often times when a call comes in you already know there is little if any assistance that may be available for the individual. How you handle the call will determine whether that person picks up the phone again in the future to reach out to you for assistance. It is possible to tell someone that you cannot help them and still have them disconnecting the call knowing that if they need they can always call and hear a caring voice.

Another challenge has been the addition of services for those that are disabled. For many years the AAA's have been charged with helping the aged population. However adding the new ADRC aspect, a specialist now has to broaden the existing knowledge base to encompass larger groups of individuals. In efforts to expand, I&R staff consistently search for new resources. The staff also makes sure that all AAA staff is made aware of any changes or additions to resources via email so that staff may have the most recent information. Moreover, because of the addition of a new client base, staff must rely heavily on SC Access for many resources. Staff must consistently check for inaccuracies in the information pertaining to our region and notify individuals to make the needed changes. Many resources, especially in the Pee Dee Region are not listed on SC Access nor do they choose to be added. This can be a challenge especially with new staff. This is just one of many reasons why communication amongst staff is imperative when trying to assist clients with information.

The protocols in place when I&R specialists are not available are that each staff member is training in I&R. If the I&R specialist is out of the office there is always a responsible staff member to take calls and refer clients to the information that is needed. Information is put into the system in a timely matter; so the I&R specialist can follow up with the client about the information and resources that was given. The staff works as team to provide the best service for the client. Everyone is a team player and helps each other without hesitation. We are available and trained to help with any job role if necessary. A list is in place for each staff member to know who will cover for them when they are out of the office.

Adhering to the South Carolina Aging Network's Policies and Procedures Manual, describe the protocols in place for the AAA/ADRC Director to review I&R/A data collection and reports for the planning and service area monthly.

As the I&R/A specialists I input the appropriate data into the client data tracking system. Reports are run daily to keep up with data and phone calls from clients; as well as follow ups. Data is put into the system in a timely manner that is evaluated by the AAA/ADRC director. The AAA/ADRC director monitors my progress with data and calls to ensure the accurate information are being put into the system; as well as appropriate customer

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services is being giving to the clients. A meeting is held every month with the AAA/ADRC to evaluate contact information to ensure that client follow-ups are kept.

Long-term goals of IR&A

- Provide information about resources and services available throughout the community in a multitude of formats in various media outlets in order to reach as many people as possible.
- Objective is to educate the rural areas about services that are offered by Vantage Point and to provide them with the tools to make informed decisions.
- Means to obtain objective would be passing literature about AAA/ADRC and to communicate that we also assist the disabled population as well as the aging.
- Forge relationships with other agencies so that when questions come about for those disabled or aging they immediately know to contact the local AAA/ADRC Provide onsite I&A services in locations frequented by the aging and disabled populations such as farmers markets, health fairs, church bazaars, etc.
- Make sure that COA's have up to date and accurate information about resources in their communities. Develop web/media information to be disseminated to vast audiences about the services that are offered by AAA/ADRC.
- At present time Vantage Point maintains a Facebook account and is researching ways to expand on this and other growing trends in social media sites.
- Increase the number of individuals assisted through the Pee Dee ANT's program.
- Objective is to have a volunteer base in all six counties in order to reach more aging and disabled that have unmet needs.
- Means to obtain objective would be through educating communities about the needs that go unmet by the aging and disabled.
- Means to obtain objective would be through holding volunteer recruiting programs.
- Educating the communities about the different volunteer programs within AAA/ADRC.
- Benefits of volunteering in one or more programs.
- Objective is to locate more aging and disabled individuals that have unmet needs.
- Spread word of ANT's program to area churches, civic, and community programs to offer as a resource for unmet needs.
- Means to obtain objective would be through educating communities about the needs that go unmet by the aging and disabled.
- Means to obtain objective would be through holding volunteer recruiting programs.
- Educating the communities about the different volunteer programs within AAA/ADRC.
- Benefits of volunteering in one or more programs.

The measures in place to determine the success of the IR&A program is to first call clients back in a timely manner; while serving them on the phone and finding the appropriate places and services that they need. Follow ups are essential to the success of the program to make sure that referrals that were made were in the best interest of the client. Follow ups are made two weeks after a referral is giving to the client. It is

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important that while helping the client we; also empower them to contact resources and give them a voice in their community. We make the IR&A program convenient access to our client by doing presentation to advocate our services to the community, for example, churches, nutrition centers, and health fairs. We give out brochures with the information about IR&A displayed, our phone number and a convenient toll free number for our clients to call. We will continue to do presentations in the community, give out brochures on our services, and empower our client to advocate for themselves.

Vantage Point staff mails out information concerning our different programs. We also give out materials at presentations, health fairs and our local senior centers. Vantage Point has advertisement with Golden life paper, Swamp fox television, and postcards that are delivered and mailed out in our local communities' period for the year. Vantage Point also has volunteers that help pass out materials and make bags for the different presentations and functions that we have. We were present at the Senior Expo this year where information was given out about the IR&A program and the other programs that Vantage point offers.

The efforts that Vantage Point has made successfully to partner with nonprofit and for profit groups, faith-based organization, and other community groups, in order to provide the most useful information and services to clients through their IR&A program is by using the partnerships we have with DHS, Medicaid office, Social Security office, AARP, CareSouth Carolina, food stamp division, the Councils on Aging. We will continue our partnership with the faith-based organizations in our area as well work with health care events, and Homeless connect; which services the homeless veterans in our area. Over the next four years we will continue to provide information about resources and services available throughout the community in a multitude of formats in various media outlets in order to reach as many people as possible.

D. Insurance Counseling and Senior Medicare Patrol

The State Health Insurance Assistance Program, or SHIP, is a national program that offers one-on-one counseling and assistance to people with Medicare and their families. Through federal grants directed to states, SHIP provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities.

The I-CARE (SHIP) program offers services to all beneficiaries including the homebound and the disabled. I-CARE/SHIP outreach services are provided to the general public including faith-based communities, SC Pharmacy Association, civic organizations, health fairs, legislative forums, legal aid programs, primary health care associations, community action agencies and visiting nurse associations, county council on aging and local pharmacies. Area Agency on Aging staff have a frequent presence at rural health clinics and DSS offices; the staff also participates in faith based health fairs and senior information expos and has representation at local farmers markets.

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General Medicare counseling and Part D enrollment assistance can be access via the SHIP, Pee Dee Area Agency on Aging toll-free line at 1-866-505-3331 or local (843)383-8632.

The Pee Dee Area Agency uses the SC Access to input data after each counseling session, whether it is face-to-face, telephone contact, email, postal mail, health care event, news media, etc. The SC LGOA Office uploads the information to the SHIPTalk web-based data system which transfers it to National Performance Report (NPR) Client Contact and Public and Media records (PAM). The Regional I-CARE/SHIP requires this of all staff/volunteers and then she runs a report in SC Access each week to make sure that all data is done accurately so that when the State transfers the following Monday there will be minimum errors. On the Tuesday after the uploaded she runs a NPR for our region from SHIPTALK.ORG to double check the data entry and make any corrections if deemed necessary before submitting the data to the state office. This has worked for the Pee Dee Region and we have had minimum error each quarter. It also shows her that staff/volunteers are doing their work in a timely matter and that it is accurate. If it not, done accurately or in a timely fashion, then she send an email to staff/volunteers and gives them a next day deadline to correct mistakes and if not done then she reports to the Area Agency on Aging Director, who handle the problem. This doesn't usually happen because of the TEAMWORK and DEDICATION of staff/volunteers we have at Pee Dee Area Agency on Aging.

Using SHIP funding the Area Agency served approximately:

	SHIP 2012-13	SMP 2012-13
Individuals Provided	2926	1199 Simple Contacts
SHIP Counseling		

Report data into the SC ACCESS/SHIPTALK reporting system including:

- Client Contact Forms (CCF) - To be submitted each day after counseling, CCFs should be entered electronically into <https://scaccesshelp.org/> sc access. (Requirement from the state is 210 each month-we have exceeded this)
- Public and Media Event Forms (PAM) - Should be submitted by the 30th of the month or following the date of event. PAMs should be entered electronically into <https://scaccesshelp.org/> sc access (two events per month required by the state - we have exceeded this).
- Resource Report- This report represents an inventory of counselor characteristics and should be submitted to each year the SHIP Director by May 10. Completed for 2013.

Senior Medicare Program (SMP)

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Medicare fraud and abuse is a growing problem that affects beneficiaries and taxpayers across the country. Since 1997, the Administration on Aging has funded an important program called the Senior Medicare Patrol that is designed to combat the issue of Medicare fraud and abuse by providing outreach and education to seniors. The Senior Medicare Patrol of the Pee Dee Region (SMP) mission is to empower seniors to, “Protect, Detect, and Report” Medicare fraud, errors and abuse.

The SMP program helps Medicare and dual eligible Medicaid beneficiaries avoid, detect, and prevent healthcare fraud. In doing so, they help protect older persons and promote integrity in the Medicare program. Because this work often requires face-to-face contact to be most effective. SMP volunteers serve in many ways, including outreach, education, and one on-one counseling. Most are Medicare beneficiaries themselves and are thus well-positioned to assist their peers.

Sherry Johnson, is the Senior Medicare Patrol Coordinator and Michelle Anderson is the Part-time SMP Volunteer Coordinator for the Area Agency on Aging. We recently had a SMP training and we had seventeen participants to receive the training and five also attend the SHIP training in Columbia to become certified in SHIP. The other volunteers would like to disseminate SMP/SHIP brochures and materials only throughout the Pee Dee Region. Most of these volunteers were seniors and feel overwhelmed with the SMP program.

SMP recruiting is an ongoing event due to the complexity of Medicare and it is getting harder to recruit and maintain the volunteers. The Senior Medicare Patrol asks volunteers to serve in a number of ways. Opportunities include activities that range from distributing SMP materials such as brochures, flyers, and handouts, to activities that allow volunteers to meet with beneficiaries and answer simple questions or to connect them with the right person to answer more complex questions. SMP staff will meet with volunteers individually to ensure that volunteers are given an opportunity to serve in a capacity that fits their time, interests, location and strengths. Efforts are being made to target Spanish-speaking volunteers who can educate and assist in the Hispanic community.

Long term goals for the Senior Medicare Patrol program include education of the beneficiaries on types of fraud and to be able to decrease complaint resistance. The Senior Medicare Patrol program will become more visible to the public as information and education is presented. The SMP Coordinator/staff/volunteers will continue help and to teach the beneficiaries or family/caregivers of the beneficiaries on “HOW TO READ YOUR MEDICARE SUMMARY NOTICE” and try to teach them that they need to Protect, Detect and to Report anything that they may not understand about their Medicare Summary Notice.

The number one weakness in the SHIP/ Senior Medicare Patrol Program has been funding to conduct outreach and events. Another weakness is that the Medicare Summary Notice (MSN) Medicare statements are only sent out every three months and also the beneficiaries cannot readily recognize problems in the statements. People are also reluctant to report fraud activities because they love their attending physician, home health agency or durable medical supplier and don't want to get anybody in trouble. Also,

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when three months come around the beneficiaries have already forgotten what they had done at the hospital or doctors office.

Another weakness is that most seniors/volunteers who have taken SMP/SHIP classes decide that Medicare is too complicated to take an active role in any counseling, lack of time that senior/volunteers want to spend on training/update training for the SMP/SHIP Programs. A lot do not have computer skills or feel comfortable with computers. The Pee Dee Region is committed and will continue on recruiting and trying to seek out baby boomers that have retired that have computer skills and is willing to learn.

The Pee Dee Area Agency's strength has been to increase number of volunteer recruitment and the number of calls that we receive base on the literature of the program that was either given out at health fairs, senior expos or sent by mail. Another strength is that the SMP Coordinator is a veteran to the program and she has a willingness and dedication to the program and her teamwork to the Area Agency on Aging. She has a good working relationship with local Counties Council on Aging, Social Security, Department of Health and Human Services (Medicaid), and the local mental health offices. The SMP/SHIP program strives to recognize volunteers for all types of productive service and not simply for the number of hours they work.

Fact: Beneficiaries served 04/01/2012 – 03/31/2013 - 1199

SMART FACTS is the SMP web-based management, tracking and reporting system which enables consistent measurement of activities and results, and seamless semi-annual reporting of performance outcomes to the State Office on Aging and the Office of Inspector General (OIG).

The Pee Dee Area Agency on Aging SHIP/SMP Coordinator must enter all SMP data on a monthly basis into the SMART FACTS™ system by an assigned SMART FACTS™ user(s) having one unique SMART FACTS™ license assigned and purchased by State. Other requirements include:

- provide, at grantee expense, all other computers of software and hardware needed to meet program requirements;
- report all SMP activities and outcomes which cannot be documented in SMART FACTS™ in quarterly narrative reports to the SMP State Director.

The coordinator oversees the SHIP/SMP counseling activities of all SHIP counselors with in the region. Each year Pee Dee Area agency has offered a SHIP/SMP yearly training thru SCLOGA Office and the State Department of Insurance to either certified staff, new/retains volunteers, counselors and/or new staff of the Area Agency on Aging. We are required as I-CARE/SHIP counselors to received 24 hours for new and 12 hours to recertify. Shelia Welch, Director of Pee Dee Area Agency and Sherry Johnson, SHIP/SMP Coordinator annually monitor if we do not have enough of volunteers/staff to participate. If not then we go to the nearest Area Agency on Aging to take the training with them. For the year of 2013 we didn't have enough and so we have eight

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volunteers/staff to travel 120 miles to receive certification or to receive re-certification and as of today we all hold certification verifying that we attended the training.

The protocol at Pee Dee Area Agency are that when volunteer/staff has moved into another position or within the department of the Area Agency on Aging, they are still required to do forty clients a month for the SHIP program. If they are terminated their names are reported to the State Office on Aging SHIP Director and are deleted from the SHIPTALK counselor's website which they handle. Our host agency, CareSouth Carolina Human Resource and IT Department is notify and sees that the staff/volunteer are escorted off the grounds and their computer user id, password and email is deleted from the server immediately.

During high volume of calls each staff at Pee Dee Area Agency on Aging is a SHIP Certified counselor that will be able to help with Medicare Part D enrollment if deemed necessary. We also have automated telephone services that informs a caller the information to call Medicare 1-800-633-4441 if they can't leave there name and number. The protocol at Pee Dee Area Agency is that we are required to call back within 24 hours of the call. We also check the SC Access system to see if the person has called before and we leave notes with drug id number and password dates for each other so that the person/consumer (caller) doesn't have to wait to call them back again.

As a Division of CareSouth Carolina, the Pee Dee Area Agency on Aging has access to many resources to help consumers/patients with mental illness in the underserved counties. For example, Care South's physicians are providing a Mini Mental Test to the appropriate patients to detect Dementia early stages of Alzheimer's disease and they are continuing to make referrals to the Area Agency on Aging for services that we might be able to help them with such as: Medicare Part D, C information, LIS and the Medicaid Saving Program. Also, the CareSouth Master Level Social Workers provides families and caregivers information about the Area Agency on Aging and makes referral to us all the time. We also serve a large number of caregivers through the Family Caregiver Program and we have a good working relationship with Social Workers from area hospital who already are going into home to access client's needs and making referral to the SHIP/SMP program as well.

Many methods of reaching out to both the underserved, dual-eligible consumer and consumers with mental illness in the underserved counties are as follows: SHIP/SMP staffs have a regular presence at rural health clinics and DSS (Food Stamp) offices, Mental Health Office, DHHS (Medicaid); staff also participates in Faith Based health fairs and senior information expos and has representation at local inter-agencies meeting; the media (newspapers, radio and television) are utilized to announce events, workshops, conferences. The tools of marketing can be effective in increasing and promoting public awareness of the SHIP/SMP Programs as a trusted source of information and assistance. The goal of Pee Dee Area Agency is to continue to partner with the CareSouth Carolina Behavioral Health Department, Department of Mental Health, and Counties Councils on Aging, local hospital discharge planners, visiting associations, hospice organizations, local AARP, pharmacies, faith-based and community organizations. The SHIP/SMP

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counselor/volunteers are available throughout the region and at senior centers and other places where senior/disable congregate.

The Pee Dee Area Agency Aging SHIP/SMP staff/volunteers participate each summer in the Pee Farmers Markets Produce Vouchers program in each of the counties of the Pee Dee Region and we make sure that all participate receives a recycle bag "BE SMART" embossed on the front along with our Agency Name, Phone number and with information inside on the Medicare, Medicare Part D and C open enrollment dates, information on the Low Income Subsidy (LIS) and Medicare Saving Programs. We also partner with other community organizations such as the Benefits Bank and Pharmacy to increase the number of individuals to enroll in the LIS/MSP. We have also and will continuing offering a Medicare 101 class to new Medicare beneficiaries to empower them to choose decisions that suit their needs.

The agency sets up a booth at health fairs and other community events to disseminate information about Medicare/Medicaid/LIS services. This year we had over 4,000 consumers to attend the annual Florence County Senior Expo for the two day event. Not only are we seeing and talking with consumers but we are collaborating with other agencies and networking together.

Because Pee Dee Area Agency is a Division of CareSouth Carolina, they follow the hiring procedure of CareSouth Carolina below:

CareSouth Carolina believes that hiring qualified individuals to fill positions contributes to the overall strategic success of CareSouth. Each employee, while employed, is hired to make significant contributions to this company.

PROCEDURE

In hiring the most qualified candidates for positions, the following hiring procedure is applicable:

1. Personnel Requisitions

Personnel requisitions must be completed in order to fill open positions. Requisitions must be initiated by the department supervisor/manager. Requisition approval by the division manager is required and then forwarded to Human Resources. Personnel requisitions should indicate the positions' hours/shifts status, reason for the opening, essential job functions and qualifications (or a current job description may be attached or any special recruitment advertising instructions).

2. Job Postings

Regular exempt and non-exempt job openings are posted on the

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CareSouth Carolina website, Jobs remain posted until the position is filled or at management's discretion. Job postings are updated by Human Resources as positions come available.

3. Internal Transfers

Employees who have been in their current position for at least six (6) months may apply for internal job openings. Internal job transfers may be initiated by the supervisor who will be gaining the person from another site/department. An initial start date must be agreed upon by both supervisors. All applicants for a posted vacancy will be considered on the basis of their qualifications and ability to perform the job successfully. Internal candidates who are not selected will be notified by Human Resources. Once transferred to a new position, employees will enter into probationary period for the new position and may not be considered for another transfer/promotion for six (6) months. The entire sequence of the internal transfer procedure will be coordinated by the HR Recruiter. Exceptions to this procedure can be approved by the Director of Human Resources.

4. Recruitment Advertising

Positions are advertised externally based upon need and budget requirements. Human Resource is responsible for placing all recruitment advertising

5. Interview Process

Human Resources will screen applications and/or resumes to insure applicants meet the minimum qualifications. Initial interviews are generally conducted by a hiring team comprised of HR, Technical Advisor/Division Director and Site Manager each having an equal vote. Exceptions to this procedure can be approved by the Director of Human Resources.

If a team interview is conducted, a structured interview process is recommended. Interview questions should be compiled by the interviewing team and reviewed by Human Resources to insure all questions fall within legal guidelines. The hiring team has the responsibility for making a hiring decision. Human Resources will coordinate the interview process. All applications and resumes of applicants not selected will be retained by Human Resources for appropriate retention.

6. Reference Checks, Background Checks and drug screening.

Once a decision has been made regarding hiring an applicant reference checks, background checks, and drug screening will be completed by Human Resources.

7. Job Offers

Once Human Resources receives satisfactory results from the reference checks, background checks and drug screening, Human Resources or the hiring manager/supervisor will notify the candidate to make an offer.

8. Initial Start Date and Orientation

On the initial start date, employees will complete required paperwork and their orientation. Employees must complete the necessary paperwork in Human Resources (or at the location of the new position). Human Resources will complete the "New Hire Checklist" with new employees and go through the policy and procedures along with benefit sign up, Federal and state tax forms, and any certifications and licensure information

The Pee Dee Area Agency Director, Shelia Welch and the Fiscal Analysts, Mark Smith have a method to charge expenditures by funding source. A yearly monitoring is conducted by the LGOA Office on Aging and they send a written report to the Area Agency on Aging detailing their findings. The State SHIP/SMP Director also notifies all the AAA Directors and AAA SHIP/SMP Coordinator through email as a reminder from the State SHIP/Director that SHIP funds cannot be used to attend any conference that is not related to SHIP and also has emailed us recently that SMP funds can be used to provide lunch for SMP trainings. E-mail has been an invaluable way that we use as a communication tool to make sure we are following the protocol.

Data is entered into SHIPTALK using the full name of the user. For example: data should be entered into that client's record as Dana Smith instead of D. Smith. (SHIPTALK) is a federal database whereas AAAs/ADRCs are subjected to convictions and/or penalties for entering falsified information /contacts.

Information, Referral, and Assistance Services

The Older Americans Act requires Information Referral Service providers to offer information that enables older people and their families to find help to remain independent in their own homes and communities. The goal of the Vantage Point Information and Referral staff is to have up to date and accurate information for individuals about the full range of medical, social and emergency/crisis services provided in the Pee Dee Region. Vantage Point is constantly seeking new and inventive ways to be able to put information in front of seniors throughout the region. The objective is to make Vantage Point the point of entry for older persons and their families to be able to connect with programs and organizations.

IR&A proposes many challenges but compounding these challenges are limited resources and funding. The true nature of I&R is to obtain the necessary information for the individual and transfer the clients on to another agency in hopes they receive the assistance that they seek. In the Pee Dee Region the majority of calls seeking assistance are regarding transportation issues, home repairs and utility assistance. We have calls also regarding nutritional issues but the vast majority of those calls are directly related to transportation issues. It is difficult many times when you are not sure if the client's need may be met. Especially when the request they have is such a small issue but if left unattended can become a crisis. Many seniors find themselves in positions where they

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have assistance to purchase their food each month but they do not have the means to actually go to the store. Many have to rely on others to bring them their necessities each month because they do not have transportation.

At Vantage Point our staff is willing to go that extra distance to see that clients' needs, if possible, can be met. One way efforts have been made to meet those needs was the start of a volunteer program that tries to connect seniors and the disabled with other community members. Pee Dee ANT's (Adopt a Neighbor or Two) was started and promoted by I&R staff. The belief was that there are individuals willing to pick up items at the grocery store, or willing to take someone to Florence for a medical appointment but there was the need to connect the individuals together to have the positive end result. That is how ANT's began to close the gap. Information was passed out to area organizations, councils on aging, schools and public areas promoting the program. Since the inception of the program in March of 2012 Pee Dee ANT's has been able to assist with the building of ramps, lawn care services and routine grocery shopping for seniors and those disabled throughout the six counties served by the AAA. Moreover, at least three seniors have been able to receive medical treatment from as far as Duke University in North Carolina due to volunteers willing to give of their time. These needs would ordinarily go un-met but because of the caring nature of staff and a little "thinking outside of the box", clients were able to find assistance.

Transportation is just one of many challenges faced by I&A staff. It is critical for I&A staff to be familiar with detecting issues that the aged or disabled may not feel comfortable in talking about. There is an automatic distrust in the aging population because they are always being warned about giving out their personal information. It is difficult to engage some individuals in conversation to where they feel comfortable enough with giving you the information you need to assist them. This is why it is imperative for I&A staff to remain unbiased in their positions. This is a difficult task. Often times when a call comes in you already know there is little if any assistance that may be available for the individual. How you handle the call will determine whether that person picks up the phone again in the future to reach out to you for assistance. It is possible to tell someone that you cannot help them and still have them disconnecting the call knowing that if they need they can always call and hear a caring voice.

Another challenge has been the addition of services for those that are disabled. For many years the AAA's have been charged with helping the aged population. However adding the new ADRC aspect, a specialist now has to broaden the existing knowledge base to encompass larger groups of individuals. In efforts to expand, I&R staff consistently search for new resources. The staff also makes sure that all AAA staff is made aware of any changes or additions to resources via email so that staff may have the most recent information. Moreover, because of the addition of a new client base, staff must rely heavily on SC Access for many resources. Staff must consistently check for inaccuracies in the information pertaining to our region and notify individuals to make the needed changes. Many resources, especially in the Pee Dee Region are not listed on SC Access nor do they choose to be added. This can be a challenge especially with new staff. This is just one of many reasons why communication amongst staff is imperative when trying to assist clients with information.

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Information, Referral and Assistance funding is specifically earmarked for that particular program and this funding is never used for any other programmatic or operational activities.

Long-term goals of Vantage Point IR&A

Goal #1:

Provide information about resources and services available throughout the community in a multitude of formats in various media outlets in order to reach as many people as possible.

- Objective is to educate the rural areas about services that are offered by Vantage Point and to provide them with the tools to make informed decisions.
 - Means to obtain objective would be passing literature about AAA/ADRC and to communicate that we also assist the disabled population as well as the aging.
 - Forge relationships with other agencies so that when questions come about for those disabled or aging they immediately know to contact the local AAA/ADRC
 - Provide onsite I&A services in locations frequented by the aging and disabled populations such as farmers markets, health fairs, church bazars, etc.
 - Make sure that COA's have up to date and accurate information about resources in their communities.
 - Develop web/media information to be disseminated to vast audiences about the services that are offered by AAA/ADRC.
 - At present time Vantage Point maintains a Facebook account and is researching ways to expand on this and other growing trends in social media sites.

Goal #2:

Increase the number of individuals assisted through the Pee Dee ANT's program.

- Objective is to have a volunteer base in all six counties in order to reach more aging and disabled that have unmet needs.
 - Means to obtain objective would be through educating communities about the needs that go unmet by the aging and disabled.
 - Means to obtain objective would be through holding volunteer recruiting programs.
 - Educating the communities about the different volunteer programs within AAA/ADRC.
 - Benefits of volunteering in one or more programs.
- Objective is to locate more aging and disabled individuals that have unmet needs.
 - Spread word of ANT's program to area churches, civic, and community programs to offer as a resource for unmet needs.
 - Means to obtain objective would be through educating communities about the needs that go unmet by the aging and disabled.
 - Means to obtain objective would be through holding volunteer recruiting programs.

- Educating the communities about the different volunteer programs within AAA/ADRC.
 - Benefits of volunteering in one or more programs.

E. Family Caregiver Support Program

Long term goals of the Vantage Point Family Caregiver Support Program:

- (1) increase the public's awareness and understanding of aging issues and help prepare South Carolina for an aging population
 - a. Weakness - Because seniors are living longer there will be a greater need for funds and services to support this growing group of individuals
 - b. Strength – LGOA knows that there will be an increase in seniors and are working on ways to increase funding
- (2) increase the ability of older adults to remain active, healthy and living independently in their community
 - a. Weakness – with seniors living longer there needs to be more services available to them to stay healthy like recreation centers and nutrition sites, not enough in home services available to assist seniors in staying independent
 - b. Strength – Council on Aging is working to implement programs to assist seniors with nutrition and exercise
- (3) coordinate with other organizations such as the Alzheimer's Association, Home Health Care Organizations, and the Department of Disabilities and Special Needs to let them know about our program and utilize the resources that they have available to empower the seniors and provide them with the services they need
 - a. Weakness – funding/Medicare/Medicaid does not cover all these programs. Programs such as the family caregiver program are not funded to the level of need. Not all Home Health Care agencies allows the caregiver to leave while the worker is in the home thus not allowing the caregiver to have any time to themselves.
 - b. Strength – Family Caregiver Program at least offers some assistance for supplies and respite care that enables a caregiver to have some time to themselves by being able to leave the home
- (4) Inform the public of the different types/degrees of Alzheimer's there are along with the risk factors associated with the disease
 - a. Weakness – there are so many forms or levels of Alzheimer's and dementia that the caregivers and their families need to be aware of the symptoms and what to expect as they go through the different stages
 - b. Strengths – Hospice Care offers classes to inform families of the different stages a person can go through. Health fairs and Alzheimer's groups are available to offer support and services for those that need it

Consumer Choice within the Planning and Service Area

Vantage Point has developed a relationship with the regional Alzheimer's Association Chapter, Community Long Term Care area offices, are Mental Health centers, adult day

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care centers, respite care providers, Independent Living Programs, and the local Department of Disabilities and Special Needs. Vantage Point will recommend area agencies to the caregiver or care receiver and allow them to make their choice as to which agency they use for their respite or supplemental services. Area agencies will also contact Vantage Point regarding clients that they might need funds for in order to help provide the service.

Vantage Point also will team with these agencies and offer presentations to various senior groups to let the community know what if available and how they can apply for services. The same is done with the Seniors Raising Children program. This program does not get the same attention as does the respite or supplemental program for seniors because the funding is much less.

Caregiver Eligibility and Protocols

A caregiver or care receiver will call requesting information regarding the caregiver support program. Other agencies can also request an application be sent or they may send an application in. Once the program has been explained and service decided upon, the following procedure takes place:

An application along with a pamphlet is sent to the caregiver/care receiver.

- The application is returned and gone over, should all information be complete, it is either approved or denied. Care Receiver's approval is based on their dependence on the care giver by their Activities of Daily Living, age, and significant health problems.
- Seniors Raising Children (applicant must be 55 years of age or older and serving as primary caregiver for a child that is 18 years or younger or 19 years or younger with a disability) application is approved on how many people live in the household, the age of the children, and their financial need. A report card, with the student's name and address, is required stating that the child actually resides in the household.
- Priority is given on a first come first served basis. A wait list is only used once funds are low and then it is still decided on a first come first served basis.
- If denied a letter is sent explaining why.
- If approved, the caregiver/receiver's information is put into the AIM system along with the approval amount under the correct account. Information is also entered in the SC Access system.
- The caregiver/receiver's information is then entered into the SC Access program.
- The caregiver/receiver is sent a Caregiver Reward letter stating approval in the program requested along with a dollar amount allotted. They are also sent either an In-Home Respite Time Sheet or Supplemental Sheet to return for reimbursement.
- The information is mailed.
- Once the time sheet or supplemental sheet is returned, it is processed for payment. A Caregiver Award letter is filled out stating the amount submitted for payment.

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A cash request form is also filled out. A copy of the award letter, cash request form, and time sheet or supplemental sheet is sent to the fiscal analyst and then to finance for payment. If the whole amount is requested then the folder is marked closed. If partial payment is requested, the folder is held open until the full amount is requested.

- The fiscal analyst will enter the information into the AIM system once the payment is requested and then with the check number once the payment has been made.
- A copy of the check is made for the fiscal analyst and then the check is mailed to the caregiver.

Five Required Categories of Services

- (1) Information to Groups
 - Outreach and information to caregivers/care receivers regarding available services
 - Presentation of information to community organizations and groups through health fairs and faith communities
- (2) Assistance to Caregivers in Gaining Access to Services
 - Provision of information on a one-to-one basis either in person or by phone to help the caregiver gain access to long term care services for the care receiver
 - Provision of information to other area agencies that provide services to seniors such as Community Long Term Care, Alzheimer's, and home health care agencies
- (3) Individual Counseling, Support Groups, and Caregiver Training
 - Caregiver support groups
 - Support group for Seniors Raising Children
 - Telephone Counseling
- (4) Respite Services
 - Ability to know and choose what type of respite service is needed for family member
 - Adult Day Care Services
 - Provide caregiver with various in home health care agencies choices
 - Provide caregiver with information pertaining to Hospice and Community Long Term Care Agencies
- (5) Supplemental Services
 - Ability to either purchase themselves or supply vendor to purchase supplies from
 - Incontinence Supplies
 - Personal emergency response units
 - Home Modifications such as wheelchair ramps, accessories for the bathroom
 - Nutritional Supplements

Family Caregiver Service Gaps

The biggest service gap will be providing services and funding to the elderly with all the budget cuts. Currently funding runs low or out about seven months into the program's

fiscal year and caregivers/care receivers are put on a waiting list either to receive funds that someone else did not use or to wait until the next fiscal year rolls around.

With the growing number of senior population expected to increase within the next few years and Medicare expected to run out in the near future, seniors will need extra services that the AAA should be able to provide.

Partnerships for the Benefit of Caregivers

Vantage Point Family Caregiver Program will increase their efforts to build relationships with diverse and new agencies throughout the Pee Dee region. We are constantly being contacted from area agencies such as home health care agencies and adult day care centers regarding the services that they offer. We have partnered with them in order to let our caregivers know what is available to them. We also recommend various support groups in the area so that the caregiver knows that they are not alone in their efforts to take care of their loved one.

New Ways for Caregivers to Access Information or Services

Vantage Point will work with the Council of Aging to allow the seniors increased use of their computers to communicate with others and search for information and available resources. We will also recommend that the caregivers visit their local library and use their computers. Additional information brochures will be placed at the COAs, libraries, and churches.

How the Reimbursement Model Will Continue to Ensure Consumer Choice

Caregivers will continue to receive information and referrals allowing them to make the choice of who or what service they need. We will also enable caregivers and their families to make informed decisions and gain access to what is out in their community regarding services and living options.

Serve a Greater Number of Individuals in a Priority Group

We will educate caregivers and the community regarding long term care issues and options, quality of care, pay sources, and provide information about long term care options available in the community.

Expansion of Services for Grandparents and Relative Caregivers of Children

Because of budget cuts and a small percentage of funding that is allowed for Seniors Raising Children, I do not believe that there will be an expansion of services for this particular group of individuals.

How Basic Caregiver Services are Available in all Counties

Family Caregiver services are available in all counties six counties of the Pee Dee Area. We provide referrals to different agencies in all communities. Most of the agencies referred have workers in all counties. There also is a Council of Aging in each of the six counties that we serve. The Council of Aging are able to provide information regarding the services available or able to refer them to us to provide the information.

F. Disease Prevention/Health Promotion

Darlington and Florence County contractor continue to provide Living Well- Chronic Disease Self –Management, Matter of Balance, and the Arthritis Foundation Exercise Program throughout the Pee Dee Region schedules are provided every quarter. Dillon COA provides the Arthritis Foundation Exercise Program year round.

We offer resource materials and assistance to older adults and their families and we serve as the regional information, referral and assistance focal point offering callers access to services relating to aging and disabilities services; the I, R, and A Specialist is continuously looking for resources to assist enable seniors and disabled individuals to find resources in the community to meet their needs.

VII. Changing Demographic Impact on AAA/ADRCs/ADRCs Efforts

A. Intervention vs. Prevention

Most seniors would prefer to stay in their own homes, where they know their neighbors and can associate memories with each piece of furniture and object around them, rather than move to an institution as they age.

Things that can make "aging in place" -- the current term for staying in one's own home as one ages -- problematic are tasks such as cooking, cleaning, toileting, shopping, doing laundry, and driving, as well as falls, which for frail elders could initiate a downward spiral.

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Support Systems- Help could come from family members, friends, or neighbors, who take care of the specific thing the elder has trouble with -- such as doing laundry or shopping. Or, some elders turn to their religious community, as often there are volunteers willing to enable a senior to age in place. Another option is services provided by our local contractors. These programs are structured to help seniors age in place. The senior is assessed for nutrition status, activities of daily living and incidental activities of daily living. This information is used in determining eligibility for services at the center or for in home services, and the type and frequency of services.

In-Home Service- Finally, in-home care, such as meals and home care can provide the extra help needed for the senior to be able to age in place for a reasonable fee. In some cases, expenses will be reimbursed by Medicaid, seniors will need to be assessed by SC Community Long Term Care to determine eligibility. Services may be funded by Older Americans Act Funds, or they may be eligible to receive services funded by the SC Lieutenant Governor's Office on Aging. All seniors are encouraged to contribute to the cost of their services by donations, cost-sharing, or private pay.

Home Care- Our home care agency employees received training in how to assess a Senior's home to determine what about it could pose a risk of falling. The senior would then have to make her own arrangements to have his or her home adapted.

- Rearrange the furniture to create an unobstructed passageway into and around all rooms.
- Make sure no rugs or carpets bunch up or have frayed edges that could be tripped on, and that all rugs and carpets are securely anchored to the floor.
- Add lighting so that all stairs, exits and entrances are well lit and pose no hazard.
- Tape all cords to the wall.
- Warn seniors to only carry very small loads in their arms, as larger ones could cause them to lose their balance.
- Check footwear to see that the soles of shoes worn in the home don't stick to the carpet and are not likely to cause falls.

New Technology Can Help Seniors- Emergency buttons can be worn around the neck and pressed if a health or other emergency should occur, in which case a person will speak to the senior through the device, assess the situation, and call for appropriate help.

Home Modification

- Install grab bars in the bathroom and railings in all stairwells.
- Ramps can be installed for seniors in wheelchairs.

With all of these options available, aging in place is an increasingly viable choice and much more cost effective than Nursing Home Care. Seniors and their loved ones need to assess whether this alternative is indeed best, the risk being that the senior may become too socially isolated despite being in familiar neighborhoods and homes, their health and/or mental status may have deteriorated to the point that the senior may be unable to live alone even with all the options offered.

B. Senior Center Development and Increased Usage

The goal of the AAA/ADRC is to create an environment where individual differences and needs are recognized; to develop quality programs and services which will contribute to the meeting of those needs; and to serve as a bridge to other services for those age 60 years and over. Our plan is to increase usage of the sites by broadening the programming and activities to entice younger, more active seniors to participate and possibly act as leaders in the centers.

The Pee Dee AAA/ADRC plans to:

- Develop recreational activities, which will provide opportunities for socialization, entertainment, and a sense of belonging.
- Develop educational programs designed to stimulate members to new areas of interest and provide opportunities for regaining skills and knowledge.
- Develop creative activities, which will facilitate self-expression, achievement, and recognition.
- Facilitate independent living through supportive services and counseling.
- Provide opportunities for meaningful volunteer work and community service.
- Develop programs designed for older adults with special needs including the handicapped, those with impaired vision and hearing.
- Promote the physical and emotional well-being of the elderly.
- Serve as an information and referral center.
- Provide and interpret facts about Aging, and the lives of older people in the community.

While the focus of the OAA is on minority, low income, socially isolated, and frail elderly, it is important that senior centers recruit older adults from all socio-economic, education, and health levels. It is the latter group, which often provides an abundance of volunteers and support workers. Thus, it is imperative that senior centers rethink the role they are to play in the 21st Century. It has been suggested that if centers are unable to broaden their range of services and funding sources, they will not be able to adequately meeting the needs of the baby boom generation (Miller, Jogan, & Spitze, 1993).

Senior centers are faced with numerous concerns, which will affect them well into this century. In addition to funding woes, space issues, etc., questions remain as to how centers can attract young seniors who can provide leadership and volunteer services while at the same time responding to the frequent users, which are increasingly frail. It has also been suggested that the baby boom generation will not easily identify with old age as previous generations have in the past. The young-old of the future will more likely be in the 65-70 age category as many boomers will work into their 70s. This is evident by the fact that some 4 million Americans over the age of 65 are now seeking work to keep pace with the rise in health care costs and to replenish retirement nest eggs. The challenge of attracting seniors in their 50s and 60s will be even more difficult in the future, especially given the current image and lack of creative programming found in some senior centers. These challenges have not gone unnoticed and the AAA/ADRC and our contract providers are engaged in exploring ways to meet the challenge.

C. Alzheimer's Disease

Alzheimer's is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 50 to 80 percent of dementia cases. Alzheimer's is not a normal part of aging, although the greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. But Alzheimer's is not just a disease of old age. Up to 5 percent of people with the disease have early onset Alzheimer's (also known as younger-onset), which often appears when someone is in their 40s or 50s.

Alzheimer's is a progressive disease, where dementia symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment. Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from four to 20 years, depending on age and other health conditions.

Alzheimer's has no current cure, but treatments for symptoms are available and research continues. Although current Alzheimer's treatments cannot stop Alzheimer's from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer's and their caregivers. Today, there is a worldwide effort under way to find better ways to treat the disease, delay its onset, and prevent it from developing.

Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Memory loss is an example. Alzheimer's is the most common type of dementia.

Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's disease accounts for 60 to 80 percent of cases. Vascular dementia, which occurs after a stroke, is the second most common dementia type. But there are many other conditions that can cause symptoms of dementia, including some that are reversible, such as thyroid problems and vitamin deficiencies.

Dementia is often incorrectly referred to as "senility" or "senile dementia," which reflects the formerly widespread but incorrect belief that sen While symptoms of dementia can vary greatly, at least two of the following core mental functions must be significantly impaired to be considered dementia:

- Memory
- Communication and language
- Ability to focus and pay attention
- Reasoning and judgment

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- Visual perception

People with dementia may have problems with short-term memory, keeping track of a purse or wallet, paying bills, planning and preparing meals, remembering appointments or traveling out of the neighborhood.

Many dementias are progressive, meaning symptoms start out slowly and gradually get worse. If you or a loved one is experiencing memory difficulties or other changes in thinking skills, don't ignore them. See a doctor soon to determine the cause. Professional evaluation may detect a treatable condition.

Support Groups in the Pee Dee Region:

<p>Chesterfield County</p> <p>3rd Tues. 2:00 PM First Presbyterian Church 300 Market St. Cheraw, SC 585-261-4652 (Connie Henderson)</p> <p>Darlington County</p> <p>1st Tues. 10 AM St. Bartholomew's Church Campus Dr. Hartsville 843-332-7478 (Margaret Coker)</p> <p>2nd Tues. 10 AM Medford Center Darlington 843-332-7478 (Margaret Coker)</p> <p>Dillon County</p> <p>Call the Alzheimer's Association office for information on programs in this area: 800-272-3900.</p>	<p>Florence County</p> <p>2nd Wed. 4 PM Methodist Manor Twin Church Rd. 843-664-0700 (Debbie Edwards)</p> <p>3rd Thurs. 10:30 AM New Generations 2111 West Jody Rd. 843-629-0103 (Michelle Bailey)</p> <p>3rd Thurs. 6 PM The Leatherman Senior Center/ Senior Citizens Association 600 Senior Way Florence, SC 843-669-6761 (Fannie Kennedy)</p> <p>Marion County</p> <p>2nd Wed 12-1 PM Marion Regional Hospital 2829 East Highway 76, Mullins 843-423-1888 (Natalia Feely)</p> <p>Marlboro County</p> <p>Call the Alzheimer's Association office for information on programs in this area: 800-272-3900.</p>
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The Alzheimer's Association – South Carolina Chapter provides financial assistance for short-term respite care for full-time family caregivers. A voucher for up to \$500 worth of

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care is available each year. This program is possible thanks to funding through the SC Department of Mental Health.

With a respite voucher, family members are able to arrange care through approved home care agencies, adult day care, or temporary placement in a long term care facility. The approved agency or facility may bill for up to \$500 worth of services. The respite program is not designed to pay for services on a long term basis and may not be applied retroactively. The voucher may not be used for private sitters.

In the upcoming year the Pee Dee AAA/ADRC will be assisting the SC Alzheimer's Chapter with the voucher application process. The AAA/ADRC will be processing the applications and providing financial accountability.

D. Legal Assistance

In 2012 using approved funding from the Models Approach to Legal Services grant Vantage Point produced new brochures and placed them in all Senior Centers and Nutrition Sites in the Pee Dee Region. The brochures allowed for Vantage Point to give more detailed information about the legal services and assistance that the agency provides.

In 2013 Vantage Point began hosting legal clinics in the Pee Dee Region along with the South Carolina Bar Association in efforts to educate communities on legal needs. Dillon County Council on Aging hosted the first legal workshop where approximately twenty-five people from the community came to hear information on probate issues and power of attorney issues. Judge Theresa Campbell of Dillon County spoke to community members about the probate process and things that were handled in the Probate Court in Dillon. Janet Byrd from Curry Law Firm spoke about durable power of attorney issues and answered questions from the attendees in reference to powers of attorney. Both speakers also provided literature to attendees and also gave contact information for follow up from the attendees.

Due to the success of this community event Vantage Point is currently seeking means to continue to do more workshops in other areas of the same manner. There is a great need in the Pee Dee Region for citizens to understand their rights and one way to address this need is to provide more workshops on various topics so information can be obtained. Therefore Vantage Point currently has staff working on relationships with attorneys in the six different communities to provide such workshops. As of date Vantage Point currently has Ms. Byrd in Dillon county and Harry S. Allen IV of Marion county whom have agreed to hold future workshops for community members at no charge. Ms. Byrd and Mr. Allen share the desire with Vantage Point to reach those underserved and make sure they have the proper materials they may need in regards to their legal matters.

Vantage Point is committed to making sure that legal services are made accessible to the underserved in the Pee Dee Region. Contacts have been made with each counties

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Magistrate office and Judge of Probate office explaining the program and given brochures to hand out. Clients who contact our office for legal services are given information about the SC Bar as well as our IIIB Legal Services. By being proactive in the communities we are making the public aware of the services and finding many residents in the communities that have fallen victim to financial exploitation because they are signing powers of attorney and they do not fully understand what they are signing. By conducting workshops attorneys are able to educate residents on necessary documents so they will be more informed if they are shown papers and are asked to sign them. This proactive approach can save many hours and thousands of dollars to community members.

VIII. Region Specific Initiatives

Support the S. C. Silver Haired Legislature efforts in the region

The South Carolina Silver Haired Legislature was created in 1999 by the South Carolina General Assembly and signed into law by Governor James H. Hodges. The South Carolina Silver Haired Legislature held its first organizational session at the Capital Senior Center in Columbia, SC on July 14, 1999.

The first legislative session was held in the House Chamber of the South Carolina State House on September 14 –15, 1999.

The unicameral body has 152 Representatives, all of whom are registered voters over the age of sixty. Representatives are elected by counties on a ratio of one each per 5,000 South Carolinians over age sixty.

The South Carolina Silver Haired Legislature meets every September in legislative session to formulate the resolutions that will be presented to the South Carolina General Assembly the following January.

When the South Carolina Silver Haired Legislature assembly is not in session, governance is by the Board of Directors, a twenty six member group that includes the offices, the caucus chairs, and one additional member from each caucus.

The ten caucuses work directly with the South Carolina Area Agencies on Aging (AAA). Interested persons may get in touch with the caucus chair or the AAA in their area.

Area #7 - Pee Dee Caucus Contact Information

Caucus Chair :: Coddington, Ray :: Marlboro :: 843-479-6793 ::
coddingtonr@bellsouth.net

Secretary: Carmichael, Christine M. :: Dillon :: 843-774-8876 ::
cmccad@wmconnect.com

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The ANTs Program- The senior community is growing rapidly and with funding drastically down across the state the challenge is to meet the needs of the senior population as economically as possible. With a volunteer program in place certain needs can be met by a simple community member that has a little spare time to help a neighbor in need. Many individuals would be willing to give of their time if they were aware of the need of someone in their community. Through the Pee Dee ANTs program needs will be met by matching someone who is willing to give of their time with an individual that is in need.

The Pee Dee ADRC will compile data on individuals throughout Chesterfield, Darlington, Dillon, Marlboro, Marion and Florence counties who have needs which have not been met through other resources. The ANTs program will provide a volunteer base of individuals in each county that may be available to meet those needs.

Our Short Term Goals are:

- To compile an extensive data base of volunteers through out each community.
- To compile a base of the needs and determine patterns that may exist in communities.
- To begin matching needs with means to fulfill the need.

Our Long Term Goals are:

- To empower the communities by matching volunteers in the community with those in need thus allowing the communities to realize they have the resources to meet the needs of their neighbors.
- To spur the growth of more programs in communities that would lead to greater stability for the residents of the communities.
- To find possible future funding by exposing needs and the ability to successfully meet those needs through community collaboration.

Adopt a Neighbor or Two Volunteer Program (ANTs) Pee Dee ANT's (Adopt a Neighbor or Two) was started and promoted by I&R staff. The belief was that there are individuals willing to pick up items at the grocery store, or willing to take someone to Florence for a medical appointment but there was the need to connect the individuals together to have the positive end result. That is how ANT's began to close the gap. Information was passed out to area organizations, councils on aging, schools and public areas promoting the program. Since the inception of the program in March of 2012 Pee Dee ANT's has been able to assist with the building of ramps, lawn care services and routine grocery shopping for seniors and those disabled throughout the six counties served by the AAA. Moreover, at least three seniors have been able to receive medical treatment from as far as Duke University in North Carolina due to volunteers willing to give of their time. These needs would ordinarily go un-met but because of the caring nature of staff and a little "thinking outside of the box", clients were able to find assistance.

New Eyes for the Needy Eyeglass Voucher Program- New Eyes Eyeglass Voucher Program is designed to give low-income individuals in the U.S. new prescription eyeglasses.

To be eligible for this program, applicants must: -

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- Be in financial need. In general, applicants should have incomes at or below the U.S. poverty guidelines. If there is an unusual financial situation or other circumstance that might be helpful to understand in reviewing this application, you have the opportunity to explain in on the application.
- Have had a recent eye exam (in the last 12 months). Applicants **MUST** attach a Xerox copy of the eyeglass prescription to the application in order for the application to be processed.
- Have no other resources available to them to pay for glasses (including federal or state programs or assistance from local charitable organizations) and have not received a New Eyes Voucher in the last 24 months.
- A New Eyes voucher covers the cost of a BASIC pair of eyeglasses – the program typically reimburses dispensers approximately \$60 per pair.
- New Eyes does not endorse the purchase of more costly glasses at a client's additional expense. The intent of the program is to help those most in need. Clients who have sufficient resources to supplement the voucher are not eligible for the program.
- Client's voucher are mailed directly to Vantage Point for the client to pick up. The Needy Eyes Program will not send the voucher to the client.

Senior Farmer's Market program within the Pee Dee Region

The Seniors Farmers' Market Nutrition Program, in partnership with the South Carolina Department of Social Services, issued free coupons to low-income individuals age 60 and older who meet income criteria. These vouchers will be used to purchase locally grown fresh fruits and vegetables at participating farmers' markets. Each eligible person received \$25 worth of coupons and has until October 15 in which to use them.

The goals of the program are to supplement the diets of low-income seniors with fresh, nutritious produce and to support South Carolina's small farmers.

Five participating County Councils on Aging under Vantage Point Area Agency on Aging served the following number of seniors by county: Chesterfield – 700, Darlington – 1,000, Dillon – 700, Florence – 1,300 and Marion – 700. Community Action Agency serves Marlboro County seniors.

Vantage Point's Program Coordinator oversees this program annually and assisted Darlington County signing up seniors at the Society Hill Community Center and the Hartsville Recreation Department (T. B. Thomas Center) in Hartsville.

IX. Appendices

2014 – 2017 LGOA Comprehensive PSA and AAA/ADRC Area Plan Instructions Guide and Assurances



2014 – 2017 VERIFICATION OF INTENT

The Area Plan submitted for the _____ 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 _____ 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

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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

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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.

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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.

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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))

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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 (e))
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))

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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

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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:

<p>Quarter One:</p> <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; 	<p>Quarter Two:</p> <ul style="list-style-type: none"> • Career development; • Continuing education training or Continuing Education Units (CEU); • Educational workshops; and • Other issues and concerns.
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<ul style="list-style-type: none"> • Best practices; • AAA/ADRC goals and mission for the year; and • Other issues and concerns. 	
<p><u>Quarter Three:</u></p> <ul style="list-style-type: none"> • Modernizing operations; • Community resources and new partnerships; • Aging focus; • Business development; and • Other issues and concerns. 	<p><u>Quarter Four:</u></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/contractor 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

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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.

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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

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- 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

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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(a)(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

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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.

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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

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- 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.

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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))

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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

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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

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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—

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(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

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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

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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

VANTAGE POINT AAA OPERATING AND DIRECT SERVICE 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 **\$643,372**. The budget narrative follows the sequence of the budget line items on form AAA Comprehensive Operating Budget State Fiscal Year 2007-2008 provided in the Area Plan Update format.

SALARIES - \$266,513 Total

This is the cumulative total of all salaries for the **8** full time and **1** part time staff of the Aging Unit.

FRINGE BENEFITS - \$58,742 Total

Fringe benefits for staff include FICA, Medicare, Workman's Compensation, insurance, retirement, annual leave, sick leave and holidays.

CONTRACTUAL - \$180,733 Total

\$4,000	Audit and other financial services
\$4,000	Office Equipment Leases
\$24,000	Office Rent only
\$148,733	Family Caregiver consumer directed services

TRAVEL - \$27,572 Total

The Area Agency on Aging reimburses staff for use of personal vehicles for necessary agency business and professional development activities at the rate of **\$.48.5** per mile. When the travel schedule requires it, meals and overnight accommodations are reimbursed.

OUT OF REGION TRAVEL: \$8,800 Total

The Director, Finance Manager, Long-Term Care Ombudsman, Information and Referral Specialist, Insurance Counselor and Family Caregiver Advocate, and ADRC Coordinator 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 **\$.48.5** per mile and adding parking fees and lunch expenses as applicable. Receipts are required for parking and lunch.

Registration and room fees for State-wide training events (Summer School of Gerontology and Aging Network Conference) are also included in this portion of the travel budget. Annualizing the current year-to-date actual cost for these trips and training events shows a need for **\$8,800** for out of region trips (approximately \$1100 per staff member).

OUT OF STATE TRAVEL: \$6,000

The director attends the annual N4A conference and the SE4A Conference each year. The average cost of registration, air fare, land travel, rooms and meals for these two events for the last three years is **\$3,000**

Long Term Care Ombudsmen attend one National Conference each year. The average cost for registration, airfare, land travel, room and meals for the past three years is **\$3,000**

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Add similar information for out of state travel for other staff as needed.

IN-REGION TRAVEL: \$10,772

The Director travels in region for Quality Assurance Visits, public presentations, community advocacy, technical assistance, menu review and caterer monitoring. The cost associated with these mandated activities is **\$1357**.

The Finance Manager provides technical assistance related to fiscal matters and the client data system, monitors contractors, attends regional meetings. The cost associated with these mandated activities is **\$1345**.

The Program Planner provides on-site evaluation of meal service, conducts quality assurance reviews program monitoring, and provides technical assistance and conducts unannounced site/sanitation inspection visits. These activities have an annual travel cost of **\$1345**.

Staff in the Long Term Care Ombudsman program travel throughout the region to investigate complaints from residents of nursing homes and residential care facilities. The travel cost for these activities over the last three years averaged **\$2690**.

I-CARE staff travel has increased greatly because of the demand for presentations and requests for assistance with Medicare Part D. The current year cost, annualized will be **\$1345**.

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 travel cost for these activities over the last three years averaged **\$1345**.

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. The annualized cost for the I&A Specialist travel is **\$1345**.

NON-EMPLOYEE TRAVEL: \$2,000

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. The annualized reimbursements for the current year are **\$2,000**.

EQUIPMENT - \$4000 Total

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

Computer	\$3,500
Color Printer	\$ 500

SUPPLIES- \$12,788 Total

Office supplies for eight staff positions	\$6,288
Copy/printer paper	\$4,000
Toner for Printer and Copiers	\$2,500

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INDIRECT COST- \$71,398

CareSouth Carolina Chief Executive Officer and Executive Management Staff

ALLOCATED COSTS - \$18,559 Total

Postage	\$1,500
Communications:	
Phone and Internet	\$6,500
Utilities	\$7,559
Insurance	\$1,500
Board Training	\$ 500
Training Supplies	\$ 1,000

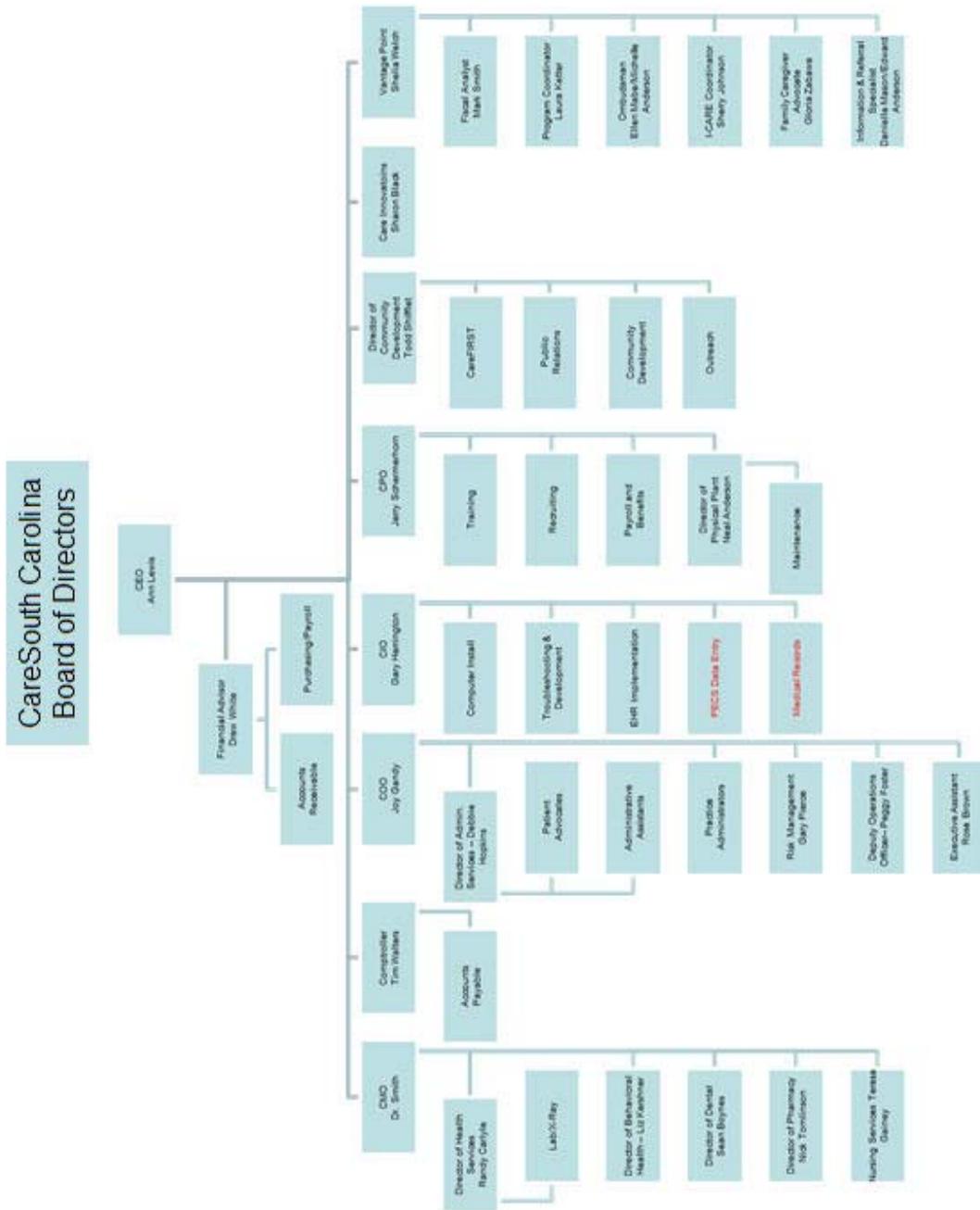
OTHER DIRECT COSTS - \$3,067 Total

Membership Dues	\$1,067
Repairs	\$2,000

TOTAL OPERATING BUDGET: \$643,372

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Vantage Point Advisory Council Bylaws

PREAMBLE

Vantage Point's Advisory Council of the Pee Dee does hereby set forth the following rules and bylaws to govern its operations.

ARTICLE I – VANTAGE POINT ADVISORY COUNCIL

The official name of the Council shall be Vantage Point Advisory Council, hereinafter known as the "Council."

ARTICLE II – PURPOSE AND RESPONSIBILITY

Section I – Purpose – The Advisory Council shall represent the interests of older persons by reviewing and commenting on policies, programs and actions in the Planning and Service Area that affect older persons with the intent of assuring maximum coordination and responsiveness to older persons, OAA306(a)(6)(D). Furthermore, the Council will act in an advisory capacity to CareSouth Carolina's Board on all Area Agency on Aging matters relating to the development of plans, programs, public hearings, and services for the Aging. This will provide a framework which will assist older persons in the Pee Dee Region to live independent, meaningful and dignified lives in their own homes as long as possible. The Council shall have an opportunity to review the Area Plan and all amendments before Vantage Point conducts public hearings on the Plan and again prior to final submission of the plan to the State Office.

Section 2 – Responsibilities - The basic responsibilities of the Council will be to assist in:

- A. identifying the needs and problems of the Aging population in your area;
- B. analyzing needs in relation to available resources, program and services; identifying gaps in the service systems;
- C. establishing priorities, goals and objectives;
- D. acting as an advocate for older persons in the region;
- E. keeping informed of legislation and trends pertaining to state and national aging programs which affect the elderly and aging services;

ARTICLE III – MEMBERSHIP

Section 1 – Membership - The membership of the Council shall consist of at least ten members.

- A. The Nominating Committee may, as vacancies occur, identify persons in the community to be approached as potential members of the Council. Persons profiled for membership will be voted upon by full Council.
- B. The Council shall be made of: (1) More than fifty percent older persons, including minority individuals who are participants or who are eligible to participate in programs under the Older Americans Act; (2) Representatives of older persons; (3) Representatives of health care provider organizations; (4)

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Representatives of supportive services providers' organizations; (5) Persons with leadership experience in the private and voluntary sectors; (6) Local elected officials; and (7) The general public.

- C. There shall be two representatives on the Council from the current membership of CareSouth Carolina's Board.

Section 2 – Additional Membership - Additional members may be added by the Council in order to provide for representation from certain areas of interest which might not otherwise be covered in the existing membership.

Section 3 – Qualification - No staff member or direct relative of a staff member of any agency receiving funds from the Office on Aging shall serve as a member of the Council. Direct relatives include: husband or wife, father or mother, son or daughter, grandfather or grandmother, sister or brother, father-in-law or mother-in-law, brother-in-law or sister-in-law, son-in-law or daughter-in-law, aunt or uncle.

Section 4 – Terms of Office - A member shall be elected to serve a term of office consisting of three years. A member shall be eligible to serve consecutive terms indefinitely.

ARTICLE IV – OFFICERS

Section 1 – Officer - The officers of the Council shall consist of a Chairperson, Vice-Chairperson and Secretary (or an appointed designee).

Section 2 – Elections of Officers

- A. The officers of the Council shall be elected at the spring meeting of even years. New officers begin their term July 1.
- B. A Nominating Committee shall consist of three Council Members who are not currently serving as Officers.
- C. The Nominee receiving a majority vote of the members present shall be declared elected.
- D. All Officers shall be elected for a term of two years but may not serve more than two consecutive terms.

Section 3 – Duties of Officers

- A. Chairperson
 - (1) The chairperson shall assist in the preparation of the agenda.
 - (2) The chairperson shall conduct all meetings.
- B. Vice-Chairperson
 - (1) The vice-chairperson shall conduct the meeting in the absence of the chairperson.
- C. Secretary
 - (1) The secretary shall read the minutes if deemed necessary by the

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

chairperson.

(2) In the event the chairperson and the vice-chairperson are absent from a meeting, the Secretary shall conduct the meeting or, the members present may elect a temporary chairperson for that meeting and proceed with the order of business.

E. Vantage Point Director

(1) The Council's Vantage Point Director will serve as administrative officer for the Council. The Vantage Point Program Coordinator shall act as the Secretary/Designee and keep the minutes and records of the Council in the absence of the Secretary; coordinate with the chairperson, the agenda of regular and special meetings; attend to correspondence of the Council and such other duties and functions as may be required. Vantage Point Director shall not be a member of the Council.

ARTICLE V – MEETING

Section 1 – Regular Meetings - The Council shall meet at least quarterly and/or at such time and place as determined by the Council Chairperson or Vantage Point Director.

Section 2 – Notices - Notice of all regular meetings of the Council shall be given at least five days prior to the meeting. At the direction of the Chairperson or Vantage Point Director, written notice shall be mailed stating the meeting time and place.

Section 3 – Quorum – One more than half of the members of the Council shall constitute a quorum. All meetings at which official actions are taken shall be open to the public, including the press.

Section 4 – Attendance – In the event any member is absent from two meetings during the course of the fiscal year, the seat is automatically vacated. A Council Member is required to contact the Area Agency on Aging in the event he/she is unable to attend meeting. Any absence without notification will be considered unexcused. An excused absence is defined as illness, death of immediate family or an unforeseen emergency.

Each member is expected to be on time for meetings and staff for the full meeting.

ARTICLE VI – RECORDS

The Council shall keep a record of its recommendations, transactions, findings and determinations. Such records shall be transmitted to CareSouth Carolina's Board, as necessary. All records shall be public records.

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
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2013-2014 Trainings and Meetings Annual Schedule

July 11, 2013	Providers' Team Meeting Roger's Bar-B-Q House Restaurant Florence, South Carolina	10:00 a.m.
	Disaster Preparedness Training Roger's Bar-B-Q House Restaurant Florence, South Carolina	1:30 p.m.
September 12, 2013	Providers' Team Meeting Roger's Bar-B-Q House Restaurant Florence, South Carolina	10:00 a.m.
September 19, 2013	Nutrition Center Managers' Training Roger's Bar-B-Q House Restaurant Florence, South Carolina (Topics to be announced)	1:30 p.m.
September 26, 2013	Portion Control Training Roger's Bar-B-Q House Restaurant Florence, South Carolina (Senior Catering will pay for lunch)	1:30 p.m.
November 14, 2013	Providers' Team Meeting Roger's Bar-B-Q House Restaurant Florence, South Carolina	10:00 a.m.
December 11, 2013	Transportation Safety & Crime Prevention Training Pam's Restaurant Hartsville, South Carolina	1:30 p.m.
December 18, 2013	Home Care Training Roger's Bar-B-Q House Restaurant Florence, South Carolina (Topics to be announced)	1:30 p.m.
January 9, 2014	Providers' Team Meeting Roger's Bar-B-Q House Restaurant Florence, South Carolina	10:00 a.m.
January 16, 2014	Disaster Preparedness Training Roger's Bar-B-Q House Restaurant Florence, South Carolina	1:30 p.m.

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
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March 13, 2014	Providers' Team Meeting Roger's Bar-B-Q House Restaurant Florence, South Carolina	10:00 a.m.
May 8, 2014	Providers' Team Meeting Roger's Bar-B-Q House Restaurant Florence, South Carolina	10:00 a.m.
May 15, 2014	Nutrition Center Managers' Pam's Restaurant Hartsville, South Carolina (Topics to be announced)	1:30 p.m.
June 19, 2014	Home Care Training Roger's Bar-B-Q House Restaurant Florence, South Carolina (Topics to be announced)	1:30 p.m.

NOTE: ALL QUALITY ASSURANCE REVIEWS WILL BE ON AN UNANNOUNCED BASIS

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

CARESOUTH CAROLINA, INC.
EMERGENCY PREPAREDNESS
TELEPHONE LISTING

CARESOUTH CAROLINA STAFF

Ann M. Lewis, Chief Executive Officer
5240 Langston Road
Timmonsville, South Carolina 29161
Home Phone: (843) 346-2909
Cell Phone: (843) 307-0520

Joy Gandy, Chief Operating Officer
357 Pressley Avenue
Society Hill, South Carolina 29593
Home Phone: (843) 378-4376
Cell Phone: (843) 307-1008

Todd Shifflet, Director of Community Development
CareSouth Carolina Emergency Preparedness Official Spokesperson
534 W. Richardson Circle
Hartsville, South Carolina 29550
Home Phone: (843) 332-0264
Cell Phone: (843) 307-8076

C. Timothy Walters, Comptroller
520 Briarwood Lane
Hartsville, South Carolinas 29550
Home Phone: (843) 383-5725
Cell Phone: (843) 307-01119

Andrew White, Vice-President of Finance
2828 Park Street
Columbia, South Carolina 29201
Cell Phone: (803) 730-6419

Peggy Foster, Deputy Operations Officer
935 East Main Street
Bennettsville, South Carolina 29512
Home Phone: (843) 454-1788
Cell Phone: (843) 858-1184

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

VANTAGE POINT STAFF

Shelia Welch, AAA Director
3013 Cherry Lane
Florence, South Carolina 29505
Cell Phone: (843) 230-1277

Laura Ann Ketter, Program Coordinator
Vantage Point Emergency Preparedness Coordinator
31 Bob Byrd Lane
Cheraw, South Carolina 29520
Home Phone: (843) 378-4345
Cell Phone: (843) 615-1838 (personal)

Mark Smith, Fiscal Analyst
Regional Advanced Information Management (AIM) Administrator
LGOA Contact Liaison for Senior Emergency Disaster Assistance
3557 California Road
Florence, South Carolina 29501
Home Phone: (843) 664-9211
Cell Phone: (843) 230-6275 (personal)

Sherry Johnson, Outreach Coordinator
2461 Antioch Road
Hartsville, South Carolina 29550
Home Phone: (843) 332-7460
Cell Phone: (843) 307-5123

Michelle Anderson, Ombudsman Assistant/Volunteer Services Coordinator
106 State Park Road
Cheraw, South Carolina 29520
Cell Phone: (843) 333-3886 (personal)

Gloria Zabawa, Family Caregiver Advocate
1049 Wellington Drive
Hartsville, South Carolina 29550
Cell Phone: (843) 319-1678

Ellen Mabe, Regional LTC Ombudsman
135 Wallace Road
Cheraw, South Carolina 29520
Home Phone: (843) 858-6928

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

Danielle Mason, IR&A/ADRC Specialist
2028 East Home Avenue
Hartsville, South Carolina 29550
Home Phone: (843) 332-7081
Cell Phone: (843) 307-6156 (personal)

EMERGENCY PREPAREDNESS OFFICES AND CONTACTS

Chesterfield County Office of Emergency Services
Harold Hainey, Director
109 Scotch Road
Chesterfield, South Carolina 29709
Phone: (843) 623-6837

Darlington County Emergency Preparedness Agency
Marion C. Steward, III, Director
1625 Harry Byrd Highway – SC-151 & Rogers Road (Next to Co. LEC)
Darlington, South Carolina 29532
Phone: (843) 398-4450/4452/4453

Dillon County Disaster Preparedness Agency
Moses Heyward, Director
Post Office Box 1026
Dillon, South Carolina 29536
Phone: (843) 774-1414

Florence County Emergency Management Department
Dusty Owens, Director
Post Office Box 278
Effingham, South Carolina 29541
Phone: (843) 665-7255

Marion County Emergency Management Agency
Brandon Ellis, Director
Marion County Multi-Purpose Building
137 Airport Court – Suite D
Mullins, South Carolina 29574
Phone: (843) 431-5009

Marlboro County Emergency Preparedness Agency
Roy Allison, Director
Administration Building
Post Office Box 419
Bennettsville, South Carolina 29512
Phone: (843) 479-5642

CONTRACT PROVIDERS

Donna Rivers, Executive Director
Chesterfield County Council on Aging
Post Office Box 45
535 E. Boulevard
Chesterfield, South Carolina 29709
Work Phone: (843) 623-2280
Home Phone: (843) 623-2546
Cell Phone: (843) 921-2957
Virginia Allen, Assistant Director/Program Coordinator
Home Phone: (843) 623-6433
Cell Phone: (843) 287-1232

Jackie Anderson, Executive Director
Darlington County Council on Aging
402 Pearl Street
Darlington, South Carolina 29532
Work Phone: (843) 393-8521
Home Phone: (843) 395-2531
Cell Phone: (843) 307-5383
Emily Northcutt, Program Coordinator
Cell Phone: (843) 307-4724

Joni H. Spivey, Executive Director
Dillon County Council for the Aging
Post Office Box 1473
205 East Main Street
Dillon, South Carolina 29536
Work Phone: (843) 774-0089
Home Phone: (843) 759-9877
Cell Phone: (843) 845-4942
Jeanette Freitas, Assistant Director
Home Phone: (843) 774-6166
Cell Phone: (843) 632-0309
Iris Miller, Service Manager
Cell Phone: (843) 632-1553

Linda M. Johnson, Executive Director
Senior Citizens Association of Florence County
Post Office Box 12207
600 Senior Way
Florence, South Carolina 29505
Work Phone: (843) 669-6761 or 665-6844
Home Phone: (843) 669-3047

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

Cell Phone: (843) 678-7747
Connell Cain, Program Coordinator
Home Phone: (843) 669-6071
Cell Phone: (843) 621-0177

Ernestine Wright, Executive Director
Marion County Council on Aging
Post Office Box 728
307 W. Dozier Street
Marion, South Carolina 29571
Work Phone: (843) 423-1752 or 423-4391
Home Phone: (843) 423-2341
Cell Phone: (843) 496-7166
Melissa Brewer, Assistant Director
Home Phone: (843) 464-1910

Sara M. Musselwhite, Executive Director
Marlboro County Council on Aging
Post Office Box 1195
209 E. Market Street
Bennettsville, South Carolina 29512
Work Phone: (843) 479-9951 or 479-5987
Home Phone: (843) 479-7437

CATERERS

Senior Catering, Inc.
314 Main Street
Little Mountain, South Carolina 29075
Bennettsville Kitchen – Lois Liner, Manager/Quality Control Dir.
217 N. Marlboro Street
Bennettsville, South Carolina 29512
Office Phone: 1-800-209-8234
Home Phone: (843) 479-3239

SOUTH CAROLINA EMERGENCY MANAGEMENT
DIVISION – COUNTY AGENCIES

EMERGENCY PREPAREDNESS OFFICES AND CONTACTS

Chesterfield County Office of Emergency Services
Richard Carnes, Director
109 Scotch Road
Chesterfield, South Carolina 29709
Phone: (843) 623-6837

Darlington County Emergency Preparedness Agency
Marion C. Steward, III, Director
1625 Harry Byrd Highway – SC-151 & Rogers Road (Next to Co. LEC)
Darlington, South Carolina 29532
Phone: (843) 398-4450/4452/4453

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Moses Heyward, Director
Post Office Box 1026
Dillon, South Carolina 29536
Phone: (843) 774-1414

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Dusty Owens, Director
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Effingham, South Carolina 29541
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Marion County Emergency Management Agency
Brandon Ellis, Director
Marion County Multi-Purpose Building
137 Airport Court – Suite D
Mullins, South Carolina 29574
Phone: (843) 431-5009

Marlboro County Emergency Preparedness Agency
Roy Allison, Director
Administration Building
Post Office Box 419
Bennettsville, South Carolina 29512
Phone: (843) 479-5642

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

AREA AGENCY ON AGING COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2013 - 2014 Page 1																	
A	B	C	D	E	F	G	H	I	J	K	L	M	N				
REGION: Vantage Point	100% AAA Budget	III-B & C Planning & Admin. 75/25	III-B Program Development 85/15/10	AAA Direct HCBS Services (See Note) 85/15/10	III-B I.R.S.A. 85/15/10	III-B Ombudsman 85/15/10	VII Ombudsman 100	VII Elder Abuse 100	State Ombudsman Funds 100	III-E Planning & Admin 75/25	III-E I.R.S.A. 88,24/11,76	III-E Services Staff 88,24/11,76	III-E Caregiver Services 100				
2																	
3	Personal Salaries	\$275,313	\$166,421	\$4,599	\$17,733	\$34,250	\$5,683	\$970	\$5,156	\$9,594	\$4,100	\$13,384					
4	Fringe Benefits	\$71,551	\$38,213	\$1,100	\$7,521	\$6,000	\$1,723	\$423	\$1,194	\$3,954	\$1,133	\$3,960					
5	Contractual	\$142,029											\$142,029				
6	Traiel	\$27,970	\$9,000	\$529	\$2,700	\$2,147	\$2,141	\$558	\$1,000	\$2,043	\$429	\$4,223					
7	Equipment	\$4,500	\$1,500	\$256	\$500	\$500	\$500					\$500					
8	Supplies	\$10,800	\$3,600	\$200	\$1,400	\$1,200	\$1,558	\$175	\$1,026	\$1,200	\$340	\$500					
9	Traded Costs	\$34,846	\$11,846	\$500	\$3,882	\$3,882	\$1,700	\$700	\$2,701	\$2,150	\$619	\$3,704					
10	Allocated Costs	\$40,000	\$11,816	\$1,512	\$3,882	\$3,000	\$4,300	\$2,001	\$5,510	\$2,976	\$1,260	\$1,050					
11	Other Dired Costs	\$34,937	\$11,737	\$500	\$3,882	\$3,882	\$1,700	\$700	\$2,701	\$2,150	\$619	\$3,704					
12	TOTAL OPERATING BUDGET	\$641,976	\$253,733	\$9,196	\$41,500	\$56,901	\$18,805	\$5,528	\$19,288	\$24,087	\$8,500	\$30,125	\$142,029				
13	LESS: In-kind Above Match	\$38,600	\$38,600														
14	LESS: Local Cash Above Match	\$38,488	\$38,488														
15	TOTAL AREA PLAN BUDGET: LOCAL	\$568,978	\$180,735	\$9,196	\$41,500	\$56,901	\$18,805	\$5,528	\$19,288	\$24,087	\$8,500	\$30,125	\$142,029				
COMPUTATION OF GRANT																	
17	APPROVED AREA PLAN BUDGET	\$568,978	\$180,735	\$9,196	\$41,500	\$56,901	\$18,805	\$5,528	\$19,288	\$24,087	\$8,500	\$30,125	\$142,029				
18	LESS: State Share Match	\$5,380		\$460	\$2,075	\$2,845				\$0							
19	LESS: Required Grants Match	\$69,722	\$45,184	\$920	\$4,150	\$5,690				\$6,022	\$1,000	\$3,543					
20	Federal Share	\$510,154	\$135,551	\$7,317	\$35,275	\$48,366	\$18,805	\$5,528	\$18,065	\$16,065	\$7,500	\$26,582	\$142,029				
21	BREAKOUT OF LOCAL MATCH (L1)	\$69,722	\$45,184	\$920	\$4,150	\$5,690				\$6,022	\$1,000	\$3,543					
22	Local Cash Match Resources	\$37,453	\$25,107	\$500	\$2,100	\$2,845				\$3,011	\$500	\$1,720	\$0				
23	Local In-kind Match Resources	\$38,151	\$26,000	\$420	\$2,050	\$2,845				\$3,011	\$500	\$1,823	\$0				
24	State Funds Used as Local Match	\$0	\$0		\$0	\$0											
25	Total Local Match (Must = Line 23)	\$69,622	\$51,107	\$920	\$4,150	\$5,690											
27	FRINGE RATES % OF SALARIES: 26.00%												INDIRECT COSTS % OF FUNDED PERSONNEL: 10.05%				
28	Yellow cells are calculated values-DO NOT enter data in the Blue Ind cells cells in which data normally should not be entered. Use of State funds for local match must be approved BEFORE Budget is sub																

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
VANTAGE POINT SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$ FY14															
IN-HOME & COMMUNITY-BASED SERVICES															
NUTRITION SERVICES															
1	NOTE: Match Ratio if using III-E is 88.24(F)/1011.76(L)														
2	NOTE: Match Ratio if using III-E is 88.24(F)/1011.76(L)														
3	CONTRACTED UNITS														
4	Title III Federal B, C	279,187	13,291	0	0	0	0	0	0	0	0	0	0	0	
5	Title III Federal E	\$288,707	\$58,548	\$0	\$0	\$0	\$15,950	\$3,555	\$35,275	\$0	\$0	\$398,480	\$333,185	\$404,936	
6	Title III Federal B and C	\$15,983	\$3,444	\$0	\$0	\$0	\$938	\$2,075	\$0	\$0	\$0	\$23,440	\$19,599	\$23,820	
7	Local Cash match	\$33,966	\$6,888	\$0	\$0	\$0	\$1,876	\$0	\$0	\$0	\$0	\$42,730	\$39,199	\$47,639	
8	Local in-kind match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,150	\$0	\$0	\$4,150	\$0	\$0	
9	Total Local Match	\$33,966	\$6,888	\$0	\$0	\$0	\$1,876	\$4,150	\$0	\$0	\$0	\$46,880	\$39,199	\$47,640	
10	ACE-Bingo	\$61,761	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,761	\$0	\$0	
11	State H&C-B services (ACE-C's)	\$0	\$9,074	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,074	\$0	\$0	
12	Restricted State Revenue (if applicable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,841	\$155,959	
13	NISP	\$0	\$1,080	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,080	\$0	\$0	
14	Cost share/GRI - State Services	\$9,327	\$3,485	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,812	\$28,519	\$12,568	
15	GRI for Title III (Estimate)	\$48,983	\$225,348	\$0	\$0	\$0	\$18,764	\$50,000	\$0	\$0	\$0	\$645,855	\$508,987	\$726,346	
16	Total Contracted Funds	\$1,2500	\$17,0001	#DIV/0!	#DIV/0!	#DIV/0!	\$30,1192	\$9,0009	#DIV/0!	#DIV/0!	#DIV/0!	N/A	\$5,0000	\$6,0000	
17	Contracted Rate	NOTE: Contracted rate includes Local Match													
18	COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE														
19	Net Contracted (AIM) Rate	\$1,2500	\$17,0001	#DIV/0!	#DIV/0!	#DIV/0!	\$30,1192	\$9,0009	#DIV/0!	#DIV/0!	#DIV/0!	N/A	\$5,0000	\$6,0000	
20	AIM Units - ACE-BINGO	3,633	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0	
21	AIM Units - State H&C-B Svs	0	5,338	#DIV/0!	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0	
22	AIM Units - Restricted State Revenue (if applicable)	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	25,993	0	
23	AIM Units - State Cost Share/GRI	0	64	#DIV/0!	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	0	
24	NISP Share of Meal Unit Cost												\$0.6324	\$0.8565	
25	AIM Title III Meal Rate												\$5.3677	\$5.1435	
26	AIM Units - Title III GRI (Estimate)	7,462	205	#DIV/0!	#DIV/0!	#DIV/0!	623	5,555	#DIV/0!	#DIV/0!	#DIV/0!	5,313	5,313	2,443	
27	AIM Units - Title III (F-S-L)	279,187	4,052	#DIV/0!	#DIV/0!	#DIV/0!	623	5,555	#DIV/0!	#DIV/0!	#DIV/0!	73,027	73,027	92,621	
28	TOTAL CONTRACT UNITS	279,187	13,291	#DIV/0!	#DIV/0!	#DIV/0!	623	5,555	#DIV/0!	#DIV/0!	#DIV/0!	76,340	76,340	121,058	
29	NOTE: Contracted Units for All Services include Units Projected for GRI and State Services Income														
30	Total of All Other Resources by Service	\$132,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,750	\$165,207	
31	Total of Units Served with those Other Resources	132,000	0	0	0	0	0	0	0	0	0	0	500	32,982	
32	TOTAL SERVICE BUDGET	\$480,983	\$225,948	\$0	\$0	\$0	\$18,764	\$50,000	\$0	\$0	\$0	\$18,764	\$511,737	\$891,553	
33	Total Unit Cost	\$1,1657	\$17,0001	#DIV/0!	#DIV/0!	#DIV/0!	\$30,1176	\$9,0009	#DIV/0!	#DIV/0!	#DIV/0!	N/A	\$5,4908	\$5,7578	

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	
	VANTAGE POINT SUMMARY PROGRAM BUDGET COMPUTATION OF GRANTS \$FY14														
	PREVENTION AND WELLNESS SERVICES														
	CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	Minor Home Repair (State Funds Only)	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE (SIP and MIPPA)	TOTALS			
3	CONTRACTED FUNDS														
4	CONTRACTED FUNDS														
5	Title III Federal D, SMP, I-CARE	\$0	\$0	\$9,508	\$13,586	\$0	\$4,594	\$0	\$27,688	\$9,644	\$32,284	\$1,206,217	\$8,500	\$63,488	
6	Title III Federal E	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
7	State 5% Match D	\$0	\$0	\$559	\$799	\$0	\$270	\$0	\$1,629	\$0	\$0	\$0	\$0	\$0	
8	Local Cash match	\$0	\$0	\$1,118	\$1,598	\$0	\$540	\$0	\$3,256	\$0	\$0	\$0	\$0	\$0	
9	Local in-kind match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,215	\$0	\$0	\$0	\$7,365	
10	Total Local Match	\$0	\$0	\$1,118	\$1,598	\$0	\$540	\$0	\$3,257	\$3,215	\$0	\$0	\$0	\$146,190	
11	ACE-Bingo	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,761	
12	State H&CB Services (ACE-C's)	\$0	\$0	\$349	\$742	\$0	\$0	\$0	\$1,091	\$0	\$0	\$0	\$0	\$90,742	
13	Restricted State Revenue (if applicable)	\$0	\$0	\$11,534	\$16,725	\$0	\$5,404	\$0	\$33,664	\$12,859	\$32,284	\$1,957,835	\$0	\$190,800	
14	NSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$135,068	
15	Cost Share/GRI - State Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,080	
16	GRI for Title III (Estimate)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,990	
17	Total Contracted Funds	\$0	\$0	\$11,534	\$16,725	\$0	\$5,404	\$0	\$33,664	\$12,859	\$32,284	\$1,957,835	\$0	\$190,800	
18	Contracted Rate	#DIV/0!	#DIV/0!	\$4,000	\$4,000	#DIV/0!	\$4,000	#DIV/0!	N/A	\$5,821	\$5,821	N/A	\$0	N/A	
19		NOTE: Contracted rate includes Local Match													
20		COMPUTATION OF NET AIM UNIT COST AND UNITS PER FUNDING SOURCE													
21	Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	\$4,000	\$4,000	#DIV/0!	\$4,000	#DIV/0!	NA	\$5,821	\$5,821	NA	\$0	NA	
22	AIM Units: ACE-BINGO	#DIV/0!	#DIV/0!			#DIV/0!		#DIV/0!							
23	AIM Units: State H&CB Svs	#DIV/0!	#DIV/0!			#DIV/0!		#DIV/0!							
24	AIM Units: Restricted State Revenue (if applicable)	#DIV/0!	#DIV/0!			#DIV/0!		#DIV/0!							
25	AIM Units: State Cost Share/GRI	#DIV/0!	#DIV/0!			#DIV/0!		#DIV/0!							
26	NSIP Share of Meal Unit Cost														
27	AIM Title III Meal Rate														
28	AIM Units: Title III GRI (Estimate)	#DIV/0!	#DIV/0!	87	185	#DIV/0!	1,351	#DIV/0!							
29	AIM Units: Title III (F+S+L)	#DIV/0!	#DIV/0!	2,796	3,996	#DIV/0!	1,351	#DIV/0!							
30	TOTAL CONTRACT UNITS	#DIV/0!	#DIV/0!	2,883	4,181	#DIV/0!	1,351	#DIV/0!	N/A	2,209	5,546	N/A	\$0	N/A	
31		NOTE: Contracted Units for All Services include Units Projected for GRI and Fees													
32	Total of All Other Resources by Service	\$0	\$0	\$625	\$0	\$0	\$0	\$0	NA	\$0	\$0	NA	\$0	NA	
33	Total of Units Served with those Other Resources	0	0	1,215	0	0	0	0	NA	0	0	NA	0	NA	
34	TOTAL SERVICE BUDGET	\$0	\$0	\$12,159	\$16,725	\$0	\$5,404	\$33,664	NA	\$12,859	\$32,284	NA	\$0	NA	
35	Total Unit Cost	#DIV/0!	#DIV/0!	\$2,972	\$4,000	#DIV/0!	\$4,000	#DIV/0!	NA	\$5,821	\$5,821	NA	\$0	NA	

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
CHESTERFIELD SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANT \$ SFY14														
IN-HOME & COMMUNITY-BASED SERVICES														
NUTRITION SERVICES														
36	Page 1													
37	NOTE: Match Ratio if using III-E is 88.24 (F)/1011.76(L)													
38	CONTRACTED UNITS													
39	Transportation	27,765	1,746	0	0	0	0	0	0	0	0	0	0	0
40	Chore or House-keeping	\$9,371	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
41	Homemaker Care with Limited Personal Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42	Personal Care with Limited Medical Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
43	Home Living Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
44	Adult Day Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
45	Legal Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
46	Information & Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
47	Respite Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
48	Case Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
49	TOTAL	\$3,471	\$9,602	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
50	ACE-Bingo	\$0	\$8,452	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
51	State HBC-B Services (ACE-C3)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
52	Restricted Rate Revenue (if applicable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
53	NSIP	\$0	\$4.03	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
54	Cost Share/GRI - State Services	\$0	\$2.01	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
55	GRI for Title III (Estimate)	\$3,476	\$29,682	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
56	Total Contracted Funds	\$1,250.00	\$17,000.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
57	Contracted Rate	NOTE: Contracted rate includes Local Match												
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE														
58	Net Contracted (AIM) Rate	\$12,500	\$17,000	#DIV/0!										
59	AIM Units: ACE-BINGO	565	497	#DIV/0!										
60	AIM Units: State HBCB Svcs	0	0	#DIV/0!										
61	AIM Units: Restricted Rate Revenue (if applicable)	0	24	#DIV/0!										
62	AIM Units: State Cost Share/GRI	0	12	#DIV/0!										
63	NSIP Share of Meal Unit Cost	0	649	#DIV/0!										
64	AIM Title III Meal Rate	27,765	1,746	#DIV/0!										
65	AIM Units: Title III GRI (Estimate)	27,765	1,746	#DIV/0!										
66	TOTAL CONTRACT UNITS	27,765	1,746	#DIV/0!										
67	NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income													
68	Total of All Other Resources by Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
69	Total of Units Served with those Other Resources	0	0	0	0	0	0	0	0	0	0	0	0	0
70	TOTAL SERVICE BUDGET	\$34,706	\$29,682	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
71	Total Unit Cost	\$1,250.00	\$16,599.99	#DIV/0!										

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
CHESTERFIELD SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$FY14														
PREVENTION AND WELLNESS SERVICES														
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	Minor Home Repair (State Funds Only)	TOTAL Wellness	Medicare Fraud (BMP)	I-CARE (BIP and WPPA)	TOTALS			
39	0	0	1,685	0	0	0	0	N/A	0	0				N/A
40	\$0	\$0	\$3,393	\$0	\$0	\$0	\$0	\$3,393	\$0	\$0				\$162,826
41	0	0	\$200	0	0	0	0	\$200	0	0				\$0
42	0	0	\$399	0	0	0	0	\$399	0	0				\$9,578
43	0	0	0	0	0	0	0	0	0	0				\$19,156
44	0	0	0	0	0	0	0	0	0	0				\$0
45	0	0	\$399	0	0	0	0	\$399	0	0				\$19,156
46	0	0	0	0	0	0	0	0	0	0				\$9,502
47	0	0	0	0	0	0	0	0	0	0				\$0,452
48	0	0	0	0	0	0	0	0	0	0				\$56,935
49	0	0	0	0	0	0	0	0	0	0				\$19,916
50	0	0	0	0	0	0	0	0	0	0				\$403
51	0	0	\$349	0	0	0	0	\$349	0	0				\$1,534
52	0	0	\$4,341	0	0	0	0	\$4,341	0	0				\$268,402
53	#DIV/0!	#DIV/0!	\$4,005	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
54	#DIV/0!	#DIV/0!	\$4,005	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
55	NOTE: Contracted rate includes Local Match													
COMPUTATION OF NET AIM UNIT COST AND UNITS PER FUNDING SOURCE														
56	#DIV/0!	#DIV/0!	\$4,005	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
57	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
58	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
59	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
60	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
61	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
62	#DIV/0!	#DIV/0!	87	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
63	#DIV/0!	#DIV/0!	998	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
64	#DIV/0!	#DIV/0!	1,085	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
65	#DIV/0!	#DIV/0!	1,085	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
66	NOTE: Contracted Units for All Services include Units Projected for GRI and Fees													
67	\$0	\$0	\$0	\$0	\$0	\$0	\$0	NA	\$0	\$0				NA
68	0	0	0	0	0	0	0	NA	0	0				NA
69	\$0	\$0	\$4,341	\$0	\$0	\$0	\$4,341	NA	\$0	\$0				NA
70	#DIV/0!	#DIV/0!	\$4,004	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!				NA
71	#DIV/0!	#DIV/0!	\$4,004	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!				NA

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
DARLINGTON SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY14														
PREVENTION AND WELLNESS SERVICES														
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	Minor Home Repair (State Funds Only)	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE (SHIP and MRPA)	TOTALS			
75	CONTRACTED UNITS													
76	Title III Federal D, SMP, I-CARE	0	0	0	1,291	0	0	\$4,306	0	0	\$0	0	\$0	\$215,381
77	Title III Federal E	\$0	\$0	\$0	\$253	\$0	\$0	\$4,306	\$0	\$0	\$0	\$0	\$0	\$0
78	State 5% Match D	\$0	\$0	\$0	\$507	\$0	\$0	\$253	\$0	\$0	\$0	\$0	\$0	\$12,659
79	Local Cash match	\$0	\$0	\$0	\$0	\$0	\$0	\$507	\$0	\$0	\$0	\$0	\$0	\$25,340
80	Local in-kind match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
81	Total Local Match	\$0	\$0	\$0	\$507	\$0	\$0	\$507	\$0	\$0	\$0	\$0	\$0	\$25,340
82	ACE-Bingo	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,340
83	State H&CB Services (ACE-C-S)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,227
84	Restricted state Revenue (if applicable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,144
85	NSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,577
86	Cost Share/GRI - State Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,295
87	GRI for Title III (Estimate)	\$0	\$0	\$0	\$38	\$0	\$0	\$38	\$0	\$0	\$0	\$0	\$0	\$54
88	Total Contracted Funds	\$0	\$0	\$0	\$5,164	\$0	\$0	\$5,164	\$0	\$0	\$0	\$0	\$0	\$5,217
89	Contracted Rate	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$340,902
90														
91														
92														
93	Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
94	AIM Units: ACE-BINGO	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
95	AIM Units: State H&CB Svs	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
96	AIM Units: Restricted State Revenue (if applicable)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
97	AIM Units: State Cost Share/GRI	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
98	NSIP Share of Meal Unit Cost	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
99	AIM Title III Meal Rate	#DIV/0!	#DIV/0!	#DIV/0!	24	#DIV/0!	#DIV/0!	24	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
100	AIM Units: Title III GRI (Estimate)	#DIV/0!	#DIV/0!	#DIV/0!	1,266	#DIV/0!	#DIV/0!	1,266	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
101	AIM Units: Title III [F-S-L]	#DIV/0!	#DIV/0!	#DIV/0!	1,291	#DIV/0!	#DIV/0!	1,291	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
102	TOTAL CONTRACT UNITS	#DIV/0!	#DIV/0!	#DIV/0!	1,291	#DIV/0!	#DIV/0!	1,291	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
103														
104	Total of All Other Resources by Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	NA
105	Total of Units Served with those Other Resources	0	0	0	0	0	0	0	0	0	0	0	0	NA
106	TOTAL SERVICE BUDGET	\$0	\$0	\$0	\$5,164	\$0	\$0	\$5,164	\$0	\$0	\$0	\$0	\$0	NA
107	Total Unit Cost	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
DILLON SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$FY14															
IN-HOME & COMMUNITY-BASED SERVICES															
	TRANSPORTATION	CHOICE OF HOUSING-KEEPING	HOMEMAKER WITH SOME PERSONAL CARE	PERSONAL CARE WITH LIMITED MEDICAL ASSISTANCE	HOME LIVING SUPPORT	ADULT DAY SERVICES	LEGAL ASSISTANCE	INFORMATION & ASSISTANCE	RESPIRE CARE	CASE MANAGEMENT	TOTAL SUPPORTIVE SERVICES	CONTRACTED MEALS	HOME DELIVERED MEALS		
108															
109															
110															
111															
112															
113															
114															
115															
116															
117															
118															
119															
120															
121															
122															
123															
124															
125															
126															
127															
NOTE: Contracted rate includes Local Match															
COMPUTATION OF NET (AIM) UNIT COST AND UNIT \$ PER FUNDING SOURCE															
128															
129															
130															
131															
132															
133															
134															
135															
136															
137															
138															
NOTE: Contracted Units for All Services include Units Protected for GRI and State Services Income															
139															
140															
141															
142															
143															

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
DILLON SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$FY14														
PREVENTION AND WELLNESS SERVICES														
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	Minor Home Repair (State Funds Only)	TOTAL Wellness	Medicare Fraud (MFP)	I-CARE Ship and MIPPA	TOTAL \$			
111	0	0	0	968	0	0	0	N/A	0	0	N/A			
112	\$0	\$0	\$0	\$2,996	\$0	\$0	\$0	\$2,996	\$0	\$0	\$143,747			
114	Title III Federal E													
115	Title III Federal D, SMP, I-CARE													
116	State 5% Match D	\$0	\$0	\$0	\$176	\$0	\$0	\$176			\$9,456			
117	Local Case Match	\$0	\$0	\$0	\$352	\$0	\$0	\$352			\$16,911			
118	Local In-kind match	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0			
119	Total Local Match	\$0	\$0	\$0	\$352	\$0	\$0	\$352			\$16,911			
120	ACE-Bingo	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$3,499			
121	State H&CB Services (ACE-C-S)	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$19,258			
122	Restricted State Revenue (if applicable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$35,085			
123	NSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$17,565			
124	Cost Share/GRI - State Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$55			
125	GRI for Title III (Estimate)	\$0	\$0	\$0	\$348	\$0	\$0	\$348			\$5,017			
126	Total Contracted Funds	\$0	\$0	\$0	\$3,872	\$0	\$0	\$3,872			\$255,594			
127	Contracted Rate	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	N/A			N/A			
NOTE: Contracted rate includes Local Match														
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE														
129	Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	NA			NA			
130	AIM Units: ACE-BINGO	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA			NA			
131	AIM Units: State H&CB Svs	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA			NA			
132	AIM Units: Restricted State Revenue (if applicable)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA			NA			
133	AIM Units: State Cost Share/GRI	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA			NA			
134	NSIP Share of Meal Unit Cost	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA			NA			
135	AIM Title III Meal Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA			NA			
136	AIM Units: Title III GRI (Estimate)	#DIV/0!	#DIV/0!	#DIV/0!	87	#DIV/0!	#DIV/0!	NA			NA			
137	AIM Units: Title III (F-S-L)	#DIV/0!	#DIV/0!	#DIV/0!	881	#DIV/0!	#DIV/0!	NA			NA			
138	TOTAL CONTRACT UNITS	#DIV/0!	#DIV/0!	#DIV/0!	968	#DIV/0!	#DIV/0!	NA			NA			
NOTE: Contracted Units for All Services includes Units Projected for GRI and Fees														
140	Total of All Other Resources by Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0			
141	Total of Units Served with those Other Resources	0	0	0	0	0	0	0			0			
142	TOTAL SERVICE BUDGET	\$0	\$0	\$0	\$3,872	\$0	\$0	\$3,872			\$255,594			
143	Total Unit Cost	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	NA			NA			

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

FLORENCE SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$FY14														Page 1		
IN-HOME & COMMUNITY-BASED SERVICES														NUTRITION SERVICES		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
FLORENCE SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$FY14														NUTRITION SERVICES		
IN-HOME & COMMUNITY-BASED SERVICES														NUTRITION SERVICES		
144	NOTE: Match Ratio if using III-E is 88.24 (F) to 11.76 (L)															
145	145	CONTRACTED UNITS	115,150	0	0	0	0	0	0	0	0	0	0	0	23,208	28,962
146	146	Title III Federal B, C	\$121,141	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,409	\$104,324
147	147	Title III Federal E	\$7,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,671	\$6,137
148	148	State 5% Match B and C	\$14,252	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,342	\$12,273
149	149	Local: Cash match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
150	150	Local: In-kind match	\$14,252	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,342	\$12,273
151	151	Total Local Match	\$15,179	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
152	152	ACE-Bingo	\$0	\$19,773	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
153	153	State HBC-B Services (ACE-CS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,952	\$33,029
154	154	Restriod State Revenue (if applicable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,305	\$11,629
155	155	NSIP	\$0	\$476	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
156	156	Cost share/GRI -State Services	\$5,470	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
157	157	GRI for Title III (Estimate)	\$148,989	\$35,428	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,570	\$6,380
158	158	Total Contracted Funds	\$1,250.0	\$17,000.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$159,249	\$173,772
159	159	Contracted Rate													\$6,000.0	\$6,000.0
160	160	Net Contracted (AIM) Rate	\$1,250.0	\$17,000.0	#DIV/0!	\$6,000.0	\$6,000.0									
161	161	AIM Units: ACE-BINGO	0	893	#DIV/0!	0	0									
162	162	AIM Units: State HBCB Svs	0	1,163	#DIV/0!	0	0									
163	163	AIM Units: Restriod State Revenue (if applicable)	0	0	#DIV/0!	3,325	5,505									
164	164	AIM Units: State Cost Share/GRI	0	28	#DIV/0!	0	0									
165	165	NSIP Share of Meal Unit Cost	5,176	0	#DIV/0!	\$1,2224	\$0.4958									
166	166	AIM Title III Meal Rate	114,014	0	#DIV/0!	\$4,7776	\$5.5042									
167	167	AIM Units: Title III GRI (Estimate)	115,150	2,084	#DIV/0!	15,368	22,298									
168	168	TOTAL CONTRACT UNITS													19,883	28,962
169	169	Total of All Other Resources by Service	\$82,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,109
170	170	Total of Units Served with those Other Resources	82,000	0	0	0	0	0	0	0	0	0	0	0	0	19,172
171	171	TOTAL SERVICE BUDGET	\$230,989	\$35,428	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$139,249	\$265,881
172	172	Total Unit Cost	\$1,448.1	\$17,000.0	#DIV/0!	\$7,000.5	\$5,5238									

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
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	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
	FLORENCE SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$FY14													
	PREVENTION/AND WELLNESS SERVICES													
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	Minor Home Repair (State Funds Only)	TOTAL Wellness	Medicare Fraud (BIP)	I-CARE (SHIP and MPPA)	TOTAL \$			
147	0	0	1,798	0	0	0	0	N/A	0	0				N/A
148	\$0	\$0	\$0,115	\$0	\$0	\$0	\$0	\$6,115	\$0	\$0				\$293,985
149	Title III Federal D, SMP, I-CARE							\$0						\$0
150	Title III Federal E							\$360						\$0
151	State 5% Match D							\$0						\$17,293
152	Local Cash match							\$719						\$34,586
153	Local 13-kind match							\$0						\$0
154	Total Local Match							\$719						\$34,587
155	ACE-Blingo							\$0						\$15,179
156	State H&CB Services (ACE-C)							\$0						\$19,775
157	Restricted State Revenue (if applicable)							\$0						\$52,981
158	NSIP							\$0						\$53,934
159	Cost Share/GRI -State Services							\$0						\$476
160	GRI for Title III (Estimate)							\$0						\$34,420
161	Total Contracted Funds							\$7,154						\$504,631
162	Contracted Rate	#DIV/0!	#DIV/0!	\$4.0069	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
163	NOTE: Contracted rate includes Local Match													
164	COMPUTATION OF NET AIM UNIT COST AND UNITS PER FUNDING SOURCE													
165	Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	\$4.0009	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!				NA
166	AIM Units: ACE-BINGO	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!				
167	AIM Units: State H&CB Svs	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!				
168	AIM Units: Restricted State Revenue (if applicable)	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!				
169	AIM Units: State Cost Share/GRI	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!				
170	NSIP Share of Meal Unit Cost	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!				
171	AIM Title III Meal Rate	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!				
172	AIM Units: Title III GRI (Estimate)	#DIV/0!	#DIV/0!	1,798	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!				
173	AIM Units: Title III (F+S+L)	#DIV/0!	#DIV/0!	1,798	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!				
174	TOTAL CONTRACT UNITS	#DIV/0!	#DIV/0!	1,798	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!				N/A
175	NOTE: Contracted Units for All Services include Units Projected for GRI and Fee													
176	Total of All Other Resources by Service	\$0	\$0	\$625	\$0	\$0	\$0	NA	\$0	\$0				NA
177	Total of Units Served with those Other Resources	0	0	1,215	0	0	0	NA	0	0				NA
178	TOTAL SERVICE BUDGET	\$0	\$0	\$7,619	\$0	\$0	\$0	NA	\$0	\$0				NA
179	Total Unit Cost	#DIV/0!	#DIV/0!	\$2,5551	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!				NA

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

MARION SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS - FY14													Page 1	
IN-HOME & COMMUNITY-BASED SERVICES													NUTRITION SERVICES	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Transportation	Chore or House-keeping	Personal Care	Homemaker with Personal Care	Personal Care with Limited Medical Assistance	Adult Day Services	Legal Assistance	Information & Assistance	Respite Care	Case Management	TOTAL Supportive Services	Coloproctate Meals	Home Delivered Meals	
	19,756	2,855	0	0	0	0	0	0	0	0	N/A	13,436	17,834	
182														
183														
184														
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VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

MARION SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY14													Page 2		
PREVENTION AND WELLNESS SERVICES													TOTALS		
CONTRACTED FUNDS													IN SURANCE COUNTELLING		
	Health Screening	Nutrition Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	Minor Home Repair (State Funds Only)	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE SHIP and WIPPA	All Sources (Both Pages)				
183	0	0	0	\$92	0	0	0	N/A	0	0	N/A				
184	\$0	\$0	\$0	\$3,289	\$0	\$0	\$0	\$3,289	\$0	\$0	\$157,856				
185	0	0	0	0	0	0	0	0	0	0	0				
186	0	0	0	0	0	0	0	0	0	0	0				
187	\$0	\$0	\$0	\$193	\$0	\$0	\$0	\$193	\$0	\$0	\$9,286				
188	\$0	\$0	\$0	\$387	\$0	\$0	\$0	\$387	\$0	\$0	\$18,571				
189	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
190	\$0	\$0	\$0	\$3,871	\$0	\$0	\$0	\$3,871	\$0	\$0	\$18,571				
191	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,896				
192	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,549				
193	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,222				
194	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,291				
195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54				
196	\$0	\$0	\$0	\$99	\$0	\$0	\$0	\$99	\$0	\$0	\$4,893				
197	\$0	\$0	\$0	\$3,968	\$0	\$0	\$0	\$3,968	\$0	\$0	\$261,418				
198	\$0	\$0	\$0	\$4,000	\$0	\$0	\$0	\$4,000	\$0	\$0	\$0				
199	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!				
200	NOTE: Contracted rate includes Local Match														
201	COMPUTATION OF NET (AIM) UNIT COST AND UNIT \$ PER FUNDING SOURCE														
202	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!	NA				
203	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!	NA				
204	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!	NA				
205	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!	NA				
206	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!	NA				
207	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!	NA				
208	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!	NA				
209	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!	NA				
210	NOTE: Contracted Units for All Services include Units Projected for GRI and Fees														
211	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
212	0	0	0	0	0	0	0	0	0	0	0				
213	\$0	\$0	\$0	\$3,968	\$0	\$0	\$0	\$3,968	\$0	\$0	\$0				
214	\$0	\$0	\$0	\$4,000	\$0	\$0	\$0	\$4,000	\$0	\$0	\$0				
215	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!				

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

	A	B	C	D	E	F	G	H	I	J	K	L	N	O
216		MARLBORO SUMMARY PROGRAM BUDGET COMPUTATION OF GRANTS \$FY14												
217		HOME & COMMUNITY-BASED SERVICES												
218		NUTRITION SERVICES												
219		NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)												
220		CONTRACTED UNITS												
221		Title III Federal B, C												
222		Title III Federal E												
223		State 5% Match B and C												
224		Local: Cash match												
225		Local: In-kind match												
226		Total Local Match												
227		ACE-Bingo												
228		State H&C-B Services (ACE-CS)												
229		Restricted State Revenue (if applicable)												
230		NSIP												
231		Cost Share/GRI - State Services												
232		GRI for Title III (Estimate)												
233		Total Contracted Funds												
234		Contracted Rate												
235														
236														
237		Net Contracted (AIM) Rate												
238		AIM Unit: ACE-BINGO												
239		AIM Unit: State H&C-B Svs												
240		AIM Unit: Restricted State Revenue (if applicable)												
241		AIM Unit: State Cost Share/GRI												
242		NSIP share of Meal Unit Cost												
243		AIM Title III Meal Rate												
244		AIM Title III GRI (Estimate)												
245		AIM Unit: Title III (F-S-L)												
246		TOTAL CONTRACT UNITS												
247														
248		Total of All Other Resources by Service												
249		Total of Units Served with those Other Resources												
250		TOTAL SERVICE BUDGET												
251		Total Unit Cost												

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
MARLBORO SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$FY14													Page 2
PREVENTION AND WELLNESS SERVICES													TOTALS
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	Minor Home Repair (State Funds Only)	TOTAL Wellness	Medicare Fraud (BMF)	I-CARE (SHIP and MIPPA)			
219	0	0	0	930	0	0	0	N/A	0	0			
220	\$0	\$0	\$0	\$2,995	\$0	\$0	\$0	\$2,995	\$0	\$0			\$134,671
221	0	0	0	0	0	0	0	0	0	0			\$0
222	0	0	0	0	0	0	0	0	0	0			\$0
223	\$0	\$0	\$0	\$176	\$0	\$0	\$0	\$176	\$0	\$0			\$7,922
224	\$0	\$0	\$0	\$352	\$0	\$0	\$0	\$352	\$0	\$0			\$15,844
225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
226	\$0	\$0	\$0	\$352	\$0	\$0	\$0	\$352	\$0	\$0			\$15,844
227	0	0	0	0	0	0	0	0	0	0			\$5,358
228	0	0	0	0	0	0	0	0	0	0			\$19,565
229	0	0	0	0	0	0	0	0	0	0			\$0
230	0	0	0	0	0	0	0	0	0	0			\$17,063
231	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$38
232	\$0	\$0	\$0	\$197	\$0	\$0	\$0	\$197	\$0	\$0			\$4,109
233	\$0	\$0	\$0	\$3,720	\$0	\$0	\$0	\$3,720	\$0	\$0			\$207,576
234	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	#DIV/0!	N/A	#DIV/0!	#DIV/0!			N/A
235	NOTE: Contracted rate includes Local Match												
236	COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE												
237	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!			NA
238	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!			
239	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!			
240	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!			
241	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!			
242	#DIV/0!	#DIV/0!	#DIV/0!	49	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!			
243	#DIV/0!	#DIV/0!	#DIV/0!	881	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!			
244	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!			
245	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!			
246	NOTE: Contracted Units for All Services include Units Projected for GRI and Fees												
247	\$0	\$0	\$0	\$0	\$0	\$0	\$0	NA	\$0	\$0			NA
248	0	0	0	0	0	0	0	NA	0	0			NA
249	0	0	0	0	0	0	0	NA	0	0			NA
250	\$0	\$0	\$0	\$3,720	\$0	\$0	\$0	\$3,720	\$0	\$0			\$0
251	#DIV/0!	#DIV/0!	#DIV/0!	\$4,000.2	#DIV/0!	#DIV/0!	#DIV/0!	NA	#DIV/0!	#DIV/0!			NA

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		SC LEGAL SERVICES \$ SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$ FY14														Page 1
		IN HOME & COMMUNITY-BASED SERVICES														NUTRITION SERVICES
		Transportation	Chore or House-keeping	Homemaker with Home Personal Care	Personal Care with Limited Medical Assistance	Home Living Support	Adult Day Services	Legal Assistance	Information & Assistance	Respite Care	Case Management	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals		
		0	0	0	0	0	0	623	0	0	0	N/A	0	0		
		\$0	\$0	\$0	\$0	\$0	\$0	\$15,950	\$0	\$0	\$0	\$15,950	\$0	\$0		
252	NOTE: Match Ratio if using III-E is 88.24 (F) to 11.76(L)															
253																
254																
255																
256	CONTRACTED UNIT \$															
257	Title III Federal B, C															
258	Title III Federal E															
259	State 5% Match B and C															
260	Local Cash match															
261	Local in-kind match															
262	Total Local Match															
263	ACE-Bingo															
264	State H&C-B Services (ACE-C's)															
265	Restricted State Revenue (if applicable)															
266	NISP															
267	Cost share GRI - State Services															
268	GRI for Title III (Estimate)															
269	Total Contracted Funds															
270	Contracted Rate															
271																
272																
273	Net Contracted (AIM) Rate															
274	AIM Units: ACE-BINGO															
275	AIM Units: State H&C-B Svcs															
276	AIM Units: Restricted State Revenue (if applicable)															
277	AIM Units: State Cost Share/GRI															
278	NISP State of Meal Unit Cost															
279	AIM Title III Meal Rate															
280	AIM Units: Title III GRI (Estimate)															
281	AIM Units: Title III (F+S+L)															
282	TOTAL CONTRACT UNITS															
283																
284	Total of All Other Resources by Service															
285	Total of Units Served with those Other Resources															
286	TOTAL SERVICE BUDGET															
287	Total Unit Cost															

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
SC LEGAL SERVICES SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS \$FY14														
PREVENTION AND WELLNESS SERVICES														
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	Minor Home Repair (State Funds Only)	TOTAL Wellness	Medicare Fraud (BIP)	I-CARE SUIP and MIPPA	TOTALS			
255 CONTRACTED FUNDS														
256 Title III Federal D, SMP, I-CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,950
257 Title III Federal E	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
258 State 5% Match D	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$938
259 Local Cash match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,876
260 Local Cash match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
261 Local 17-kind match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,876
262 Total Local Match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
263 ACE-Bingo														\$0
264 State H&CB Services (ACE-C-S)														\$0
265 Restricted state revenue (if applicable)														\$0
266 NSIP														\$0
267 Cost Share/GRI - State Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
268 GRI for Title III (Estimate)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
269 Total Contracted Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
270 Contracted Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$18,764
271														N/A
NOTE: Contracted rate includes Local Match														
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE														
272 Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
273 AIM Units: ACE-BINGO	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
274 AIM Units: State H&CB \$46	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
275 AIM Units: Restricted State Revenue (if applicable)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
276 AIM Units: State Cost Share/GRI	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
277 NSIP Share of Meal Unit Cost														
278 AIM Title III Meal Rate														
279 AIM Title III Meal Rate														
280 AIM Units: Title III GRI (Estimate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
281 AIM Units: Title III (F+S+L)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
282 TOTAL CONTRACT UNITS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
NOTE: Contracted Units for All Services include Units Projected for GRI and Fee														
283 Total of All Other Resources by Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
284 Total of Units Served with those Other Resources	0	0	0	0	0	0	0	0	0	0	0	0	0	0
285 TOTAL SERVICE BUDGET	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
286 Total Unit Cost	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA
287														NA

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

Agency:					
	Annual Quality Assurance Review				
Period of Review:					
Staff Attending:					
Date of Review:					
Review Conducted by:					
Where possible, attach documentation to support answers to question. If documentation can be found in AAA files collected throughout the year, then it is not necessary to secure this documentation again.					
Organization					
AoA Grants:	<u>List below</u>				<u>Yes</u>
	Transportation				
	Home Care				
	Group Dining				
	Home Delivered Meals				
	Health-Physical Fitness				
State Grants:	<u>List below</u>				<u>Yes</u>
	HCBS Home Care				
	HCBS Group Dining				
	HCBS Home Delivered Meals				
	Bingo				
Agency Non-profit?	Yes		No		
Agency 501 C (3)?	Yes		No		
Governing Body?	Board ?		Other ?		
Up-to-date Policy and Procedure Manual? (400-9)(400-18)	Yes		No		Date?
Policy and Procedure Manual Public document: (400-18)	Yes		No		
Up-to-date Organizational Chart? (400-9)	Yes		No		Date?
Publications? (300-3)	Yes		No		Credited?
Written Confidentiality Policy? (300-4)	Yes		No		Verified?
Code of Conduct-Ethics (300-4)	Yes		No		Verified?
Cash Contributions					
Documentation of Local Financial Support? (300-5)	Yes		No		Verified?
Any received this past year?	Yes		No		
In-Kind Contributions					
Documentation of Local Financial Support? (300-6)	Yes		No		Verified?
How valued?					
Any received this past year?	Yes		No		
Targeted Population					

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

Minority Older Persons (300-6)	Yes		No		Percent?
Rural (300-7)	Yes		No		Percent?
Voluntary Contributions (OAA)					
Non-coercive solicitation? (300-7)	Yes		No		
Privacy protected? (300-7)	Yes		No		
Beneficiary Notification? (300-7)	Yes		No		
Safeguarded Accounting Procedures? (300-7)	Yes		No		
Expands Services (not supplants)? (300-7)	Yes		No		
Means Tested? (300-7)	Yes		No		
Cost Sharing (OAA)					
Non-coercive solicitation? (300-7,8)	Yes		No		
Privacy protected? (300-7,8)	Yes		No		
Beneficiary Notification? (300-7,8)	Yes		No		
Safeguarded Accounting Procedures? (300-7,8)	Yes		No		
Expands Services (not supplants)? (300-7,8)	Yes		No		
Means Tested? (300-7,8)	Yes		No		
Cost Sharing (State Supported Services)					
Non-coercive solicitation? (300-9,10)	Yes		No		
Privacy protected? (300-9,10)	Yes		No		
Beneficiary Notification? (300-9,10)	Yes		No		
Safeguarded Accounting Procedures? (300-9,10)	Yes		No		
Expands Services (not supplants)? (300-9,10)	Yes		No		
Means Tested? (300-9,10)	Yes		No		
Client Accountability					
Approved sign-in sheets? (400-8)	Yes		No		Verified?
Administrative					
Job descriptions for all employees? (400-9)	Yes		No		
All employees meet qualifications? (400-9)	Yes		No		
Established salaries for all employees? (400-9)	Yes		No		
Program Functions					
Prioritization process in place? (400-10)	Yes		No		
Process in place to address barriers for services? (400-11)	Yes		No		
*Conflict of Interest? (400-12)	Yes		No		
*A single entity shall not conduct the assessment, choose the client, and deliver the service.					
All required data secured on assessment? (400-12)	Yes		No		
Updated/prioritized waiting list? (400-12)	Yes		No		
Regular assessments (annually)? (400-12) (400-23)	Yes		No		

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

Re-assessments conducted regularly (annually)? (400-12)	Yes		No	
Assessment hard copies on file? (400-13)	Yes		No	
Staff development and training up-to-date? (400-13)	Yes		No	
Program Functions (continued)				
Grievance resolution procedure in place? (400-14)	Yes		No	
*Group Dining Provider member of NCOA or NISC? (400-14)	Yes		No	
*If no, the provider must operate according to NISC national standards for senior centers and group dining sites.				
Contractors meet at least quarterly with AAA? (400-14)	Yes		No	
Contractor uses AIM to track units of service? (400-22)	Yes		No	
AIM administrator for contractor? (400-15)	Yes		No	
AAA AIM administrator assists contractor? (400-16)	Yes		No	
System in place to track all administration funds? (400-16)	Yes		No	
Community Education and Outreach done? (400-16)	Yes		No	
Contractor finances are audited annually? (400-22)	Yes		No	
Contractor complies with Civil Rights Act of 1964 (400-22)	Yes		No	
Contractor ensure language assistance is available? (400-22)	Yes		No	
*Contractor ensures there is no discrimination? (400-22)	Yes		No	
*Except where age is the eligibility criteria for services under the award.				
Contractor has updated liability insurance? (400-22)	Yes		No	
Contractor complies with Drug Free Workplace Act? (400-22)	Yes		No	
*Contractor complies with HIPAA? (400-22)	Yes		No	
*Health Insurance Portability and Accountability Act of 1966.				
Contractor Debarment and Suspension form on file? (400-23)	Yes		No	
*Contractor complies with Hatch Act of 1939? (400-23)	Yes		No	
*Participation in partisan politics is not allowed.				
Records available to pertinent parties? (400-23)	Yes		No	
Records maintained three years after last payment? (400-23)	Yes		No	
Highest priority score takes precedence? (400-23)	Yes		No	
Terminated clients provided private pay opportunity? (400-23)	Yes		No	
Distinct client population for each funding source? (400-24)	Yes		No	
Confidentiality policy in place? (400-24)	Yes		No	

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

Limited access to client records? (400-24)	Yes		No	
Volunteer or paid employee receiving service? (400-26)	Yes		No	
All employees accessing AIM registered? (400-27)	Yes		No	
Any employees retire/terminated in past year? (400-27)	Yes		No	
Retired/terminated employees AIM rescinded? (400-27)	Yes		No	
Data entered by each site and not collectively? (400-27)	Yes		No	
*Approval for site closings made three days prior? (400-29)	Yes		No	
*Except due to emergency.				
Protocols in place for emergency situations? (400-29)	Yes		No	
Agency paying FICA on all employees?	Yes		No	
Agency paying unemployment on all employees?	Yes		No	
Agency paying Worker's Comp. on all employees?	Yes		No	
Transportation				
Are state fleet vehicles used by agency? (500-11)	Yes		No	
Are log files kept on each passenger? (500-9)	Yes		No	
Are regular trainings conducted? (500-9)	Yes		No	
Are contributions collected by the passengers? (500-10)	Yes		No	
Are <u>all</u> vehicles insured? (500-10)	Yes		No	
Are personal vehicles used to transport clients? (500-10)	Yes		No	
Are there adequate vehicles to transport disabled? (500-10)	Yes		No	
Is there a regular route/pick-up schedule? (500-10)	Yes		No	
Written policies for complaints in transportation? (500-10)	Yes		No	
Drivers aware of accident/policy procedures? (500-10)	Yes		No	
Drivers trained to handle special needs clients? (500-10)	Yes		No	
Non-coercive method of contributing in place? (500-10)	Yes		No	
Home Care Services				
Initial and regular training provided for all staff? (500-15)	Yes		No	
Confidentiality/privacy policy in place? (500-15)	Yes		No	
Client prioritization policy in place? (500-15)	Yes		No	
Termination of client policy in place? (500-15)	Yes		No	
All notes including progress of client kept?	Yes		No	

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

(500-15)				
Time sheets signed by client and kept on file? (500-16)	Yes		No	
Complaint/incident notes kept on file? (500-16)	Yes		No	
Client emergency contact information on file? (500-16)	Yes		No	
Clients with highest priority score targeted? (500-19)	Yes		No	
Home Care Client Protected Rights				
Client fully informed about service? (500-19)	Yes		No	
Client participates in planning/changing service? (500-19)	Yes		No	
Client can voice grievance without reprisals? (500-19)	Yes		No	
Clients information is kept confidential? (500-19)	Yes		No	
Clients property is treated with respect? (500-19)	Yes		No	
Client knows and understands their rights? (500-19)	Yes		No	
Group Dining Services				
Client data entered the week client receives service? (500-21)	Yes		No	
Client data entered for each site, not collectively? (500-21)	Yes		No	
*Group Dining site has minimum clients 25/day (500-22)	Yes		No	
<i>*waivers granted only by LGOA</i>				
Minimum meal bid specs apply? (500-22)	Yes		No	
All documentation for service of client on file? (500-22)	Yes		No	
Group Dining Services (continued)				
Daily and monthly activity calendars posted/filed? (500-22)	Yes		No	
Occurrence reports on file? (500-22)	Yes		No	
Client count/time spent on activities on file? (500-22)	Yes		No	
Non-coercive method of contributing in place? (500-23)	Yes		No	
Client participates in planning/changing service? (500-23)	Yes		No	
Termination of client policy in place? (500-23)	Yes		No	
*Conflict of Interest? (500-24)	Yes		No	
<i>*A single entity shall not conduct the assessment, choose the client, and deliver the service.</i>				
Clients are re-assessed annually? (500-24)	Yes		No	
Clients receiving group dining are not means tested? (500-24)	Yes		No	
Terminated clients provided private pay opportunity? (500-24)	Yes		No	
Distinct client population for each funding source? (500-24)	Yes		No	

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

Highest priority score takes precedence? (500-24)	Yes		No	
Cost-sharing participation plan is in place for clients? (500-25)	Yes		No	
*Group Dining Clients do not receive other meals? (500-27)	Yes		No	
*if receive home delivered, billed as home delivered and only in emergency situations				
Home Delivered Meals Services				
Telephone reassurance contact log kept? (500-26)	Yes		No	
Referrals made to other agencies when necessary? (500-26)	Yes		No	
Waiting list kept on priority clients? (500-26)	Yes		No	
Client evaluation visit conducted bi-annually? (500-27)	Yes		No	
*Home Delivered Meal client minimum 25/day? (500-27)	Yes		No	
*waivers granted only by LGOA				
*Home Delivered Clients do not receive other meals? (500-27)	Yes		No	
*if receive group dining, billed as group dining and only in emergency situations				
Homebound clients attend group dining site? (500-27)	Yes		No	
*allowed occasionally but billed as group dining and only if client is able to do so occasionally (max. 3/year).				
Private pay and cost sharing encouraged? (500-28)	Yes		No	
Home prepared meals are prohibited? (500-30)	Yes		No	
General Meal Site/Delivery Requirements				
*Meal sites have activities-min. 4hrs/day, 5days/wk. (500-30)	Yes		No	
*except where frequency is not feasible and approved by LGOA				
Each site has a program coordinator? (500-31)	Yes		No	
Each site has staff available for minimum of 4 hours? (500-31)	Yes		No	
Each site operates minimum of 249 days a year? (500-31)	Yes		No	
Each site accommodates eligible disabled? (500-31)	Yes		No	
Each site is approved by AAA before use? (500-31)	Yes		No	
General Meal Site/Delivery Requirements (continued)				
Each site meets all Federal, State and Local requirements? (500-31)	Yes		No	
Each site encourages/allows volunteers? (500-31,32)	Yes		No	
Each site posts menu and activity calendar? (500-31)	Yes		No	
Each client served 1meal/day, 5days/week (500-31)	Yes		No	
Program Director for activities? (500-32)	Yes		No	
Staff present for plating/packaging? (500-32)	Yes		No	
Operates minimum of 249 days a year? (500-	Yes		No	

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

32)				
Uses approved plating/packaging facilities? (500-32)	Yes		No	
All Federal, State and Local safety requirements met? (500-32)	Yes		No	
*Make referrals when client household presents danger? (500-32)	Yes		No	
*with client or client representatives consent				
Have emergency plan for delivery in place? (500-32)	Yes		No	
Provides nutrition education to clients? (500-32)	Yes		No	
Serves the entire region/county? (500-32)	Yes		No	
NSIP eligible meals tracked in AIM? (500-36)	Yes		No	
All meals prepared in one location, then delivered? (500-36)	Yes		No	
All safety precautions made when preparing meals? (500-36)	Yes		No	
All safety, fire and inspection regulations updated? (500-36,38)	Yes		No	
*Meals delivered directly to participant? (500-37)	Yes		No	
*may not be left at door or anywhere else unattended.				
Policy in place for disposal of leftover food? (500-38)	Yes		No	
Site inspected/treated by licensed exterminator? (500-38)	Yes		No	
SCDHEC inspection done at site? (500-38)	Yes		No	
Disease Prevention/Health Promotion				
Are health screenings conducted at the agency? (500-41)	Yes		No	
Is nutrition education offered regularly to the clients? (500-41)	Yes		No	
Are group events offered to provide education on health? (500-41)	Yes		No	
Are physical fitness programs available at the agency? (500-41)	Yes		No	
Do clients determine the length of their exercises? (500-41)	Yes		No	
Programs designed to effect change in injury prevention? (500-41)	Yes		No	
Services offered by a trained counselor on health issues? (500-41)	Yes		No	
Priority given to greatest economic and social need? (500-41)	Yes		No	
Priority given to clients in rural areas? (500-41)	Yes		No	
Coordinate with other agencies with similar programs? (500-42)	Yes		No	
Documentation retained on all service outcomes? (500-42)	Yes		No	
Approved sign-in sheets? (500-42)	Yes		No	

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
REGION: PEE DEE Worksheet for Staffing Budget and NAFIS 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 \$FY the staff in this position devotes to the specified activity. <u>Total</u> Follow the instructions for completing the worksheet.																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
33	34	35	36	37	38	39	40									Annual Payroll Hours All Sources
Enter the name of the staff member	Enter Each Staff Name Only Once - Beside Their Primary Duty	Annual Hours Budgeted to these Activities or Services	Hours Charged to FSA	Hours Charged to PD	Hours Charged to Ombudsman Services	Hours Charged to I&A (I-B)	Hours Charged to CARESHIP	Hours Charged to Overtier Services (H&V)	Hours Charged to Discretionary Grants or Local Funding	Enter Staff Names	AGENCY'S FTE	NOTES:				
1	Planning and Administration	5850	5852	0	3727	2020	2386	1992	844	AGENCY'S FTE	1950	1. Enter the agency's FTE hours in cell N4				
2	Aging Unit Director	1950	1950	0	0	0	0	0	0	Shelia Welch	1950	2. In Column M, list each individual assigned to the aging unit either full or part time				
3	Program Coordinator	1950	1662	0	0	0	0	0	288	Mark Smith	1950	The annual payroll hours in Column N shall reflect the time charged, or allocated, to both the aging unit and non-aging unit duties				
4	Program Developer	0	0	0	0	0	0	0	0	Laura Ketter	1950	Any staff charged to indirect costs in the aging budget shall not be listed as part of the aging unit				
5	Aging Fiscal Accounting	1950	1950	0	0	0	0	0	0	Sherry Johnson	1950	The total of an individual's breakout hours in Column C of the spreadsheet must equal the number of hours shown in Column N				
6	Client Support Staff	0	0	0	0	0	0	0	0	Mark Jordan	1872	Paid hours				
7	Client Support Staff	0	0	0	0	0	0	0	0	Gloria Zapawa	1950	Inmate				
8	Client Support Staff	0	0	0	0	0	0	0	0	Michelle Anderson	1872	Volunteers				
9	FTEs by AAA ACTIVITIES	3.00	2.85	0.00	1.91	1.04	1.22	1.02	0.48	Danielle Mason	1872	Total Hours				
10	Ombudsman	3744	0	0	3309	435	0	0	0	Ellen Mabe	1872	It is understood that I&A, Caregiver, and insurance Counseling staff are back up to each other. The amount of staff hours allocated to back up should cover the primary staff's allowed hours of paid annual leave, sick leave and time for mandatory trainings.				
11	Senior Ombudsman	1,872	0	0	1,872	435	0	0	0	0	0	Only staff designated by the State Ombudsman may provide Ombudsman backup.				
12	Other Ombudsman Staff	1,872	0	0	1,437	435	0	0	0	0	0					
13	Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	0					
14	Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	0					
15	Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	0					
16	Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	0					
17	Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	0					
18	Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	0					
19	FTEs	1.92	0.00	0.00	1.91	0.00	0.00	0.00	0.00	0.00	0.00					
20	I & A	1872	0	0	0	1341	436	80	15	0	0					
21	Primary I&A and R Backup I&R	1,872	0	0	0	1341	436	80	15	0	0					
22	FTEs	0.96	0	0	0	0.65	0.22	0.04	0.01	0	0					
23	Insurance Counseling SMP	3650	0	0	0	679	0	1912	641	0	0					
24	Primary Counselor	1,776	0	0	418	342	0	1018	641	0	0					
25	Backup Counselor	1,872	0	0	0	337	0	894	641	0	0					
26	FTEs	1.87	0	0.00	0.21	0.35	0.00	0.98	0.33	0	0					
27	Family Caregiver Program	1950	0	0	0	0	1950	0	0	0	0					
28	Caregiver Advocate	1,950	0	0	0	0	1950	0	0	0	0					
29	Backup Advocate	0	0	0	0	0	0	0	0	0	0					
30	FTEs	1.00	0.00	0.00	0.00	1.04	1.22	1.02	0.00	0.00	0.00					
31	Other AAA Direct Services	172	0	0	0	0	0	0	0	0	0					
32	Case Manager	172	0	0	0	0	0	0	0	0	0					
33	Medication Management	172	0	0	0	0	0	0	0	0	0					
34	FTEs	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.48	0	0					
35	COMBINED SERVICE DELIVERY	17238	0	0	0	0	0	0	0	0	0					
36	Interim Hours	72	0	0	0	0	0	0	0	0	0					
37	Volunteer Hours	184	0	0	0	0	0	0	0	0	0					
38	TOTAL PAID HOURS	17,238	0	0	0	0	0	0	0	0	0					
39	TOTAL PAID FTEs	6.84	0	0	0	0	0	0	0	0	0					
40																

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

REGION: Pee Dee

Four Year History of Contracted UMRS and UMRI COST of Service - State Fiscal Year Beginning July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Legal Assistance Fee	Legal Assistance Unit	Legal Assistance Contracted Unit Cost	Legal Assistance Contracted Units	Adult Day Services Contracted Unit Cost	Adult Day Services Contracted Units	Respite Care Contracted Unit Cost	Respite Care Contracted Units	IR and A ADRC Funds	IR and A ADRC Units	IR and A ADRC Contracted Unit Cost	IR and A ADRC Contracted Units	Care Management Contracted Unit Cost	Care Management Contracted Units
2013-2013	Cherokee	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Cherokee	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Cherokee	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Cherokee	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	Darlington	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Darlington	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Darlington	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Darlington	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2013	Dillon	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Dillon	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Dillon	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Dillon	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2013	Florence	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Florence	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Florence	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Florence	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	Marion	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Marion	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Marion	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Marion	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2013	Maricopa	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Maricopa	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Maricopa	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Maricopa	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2013	S.C. Lapa	\$16,726	633	\$13,100	633	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	S.C. Lapa	\$16,754	633	\$13,100	633	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	S.C. Lapa	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	S.C. Lapa	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	V. Park	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	V. Park	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	V. Park	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	V. Park	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2013	SSGOWDGE	\$16,726	633	\$13,100	633	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	SSGOWDGE	\$16,754	633	\$13,100	633	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	SSGOWDGE	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	SSGOWDGE	\$0		\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
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REGION: Pee Dee

Four Year History of Contracted UMB S and UMBI COST of Services - Show Fiscal Years Beginning on July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Congregational Health Contracted Funds	Congregational Health Contracted Units	From Delivered Meals Contracted Funds	From Delivered Meals Contracted Units	From Delivered Meals Contracted Funds	From Delivered Meals Contracted Units	Health Screening Contracted Funds	Health Screening Contracted Units	Health Screening Contracted Funds	Health Screening Contracted Units	Nutrition Risk Assessment Contracted Funds	Nutrition Risk Assessment Contracted Units	Nutrition Risk Assessment Contracted Funds	Nutrition Risk Assessment Contracted Units	Health Promotion Contracted Funds	Health Promotion Contracted Units	Health Promotion Contracted Funds	Health Promotion Contracted Units
2012-2013	Cherokee	\$78,319	16,220	\$4,939	\$5,462	\$4,762	13,102	\$4,341	1,053	\$4,000	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Cherokee	\$93,316	19,025	\$6,000	\$10,239	\$3,999	16,220	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Cherokee	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Cherokee	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	Darlington	\$52,711	16,416	\$4,978	\$10,230	\$4,794	21,251	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Darlington	\$109,272	19,212	\$8,000	\$14,605	\$6,000	24,916	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Darlington	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Darlington	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	Dillon	\$44,507	9,130	\$3,104	\$5,624	\$4,289	12,662	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Dillon	\$51,422	9,872	\$8,000	\$10,705	\$6,000	17,542	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Dillon	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Dillon	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	Florence	\$119,226	21,862	\$8,000	\$13,724	\$8,448	24,226	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Florence	\$139,249	23,202	\$8,000	\$11,772	\$6,000	25,962	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Florence	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Florence	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	Marion	\$73,422	16,762	\$4,379	\$8,102	\$4,823	18,242	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Marion	\$85,616	19,462	\$8,000	\$10,102	\$3,999	17,234	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Marion	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Marion	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	Marble	\$73,179	14,296	\$3,270	\$6,917	\$4,382	15,026	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	Marble	\$77,500	8,230	\$6,000	\$5,172	\$6,000	12,312	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	Marble	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	Marble	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	S.C. L&P	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	S.C. L&P	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	S.C. L&P	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	S.C. L&P	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	V. Park	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	V. Park	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	V. Park	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	V. Park	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2012-2013	SEBONVILLE	\$47,135	94,172	\$3,344	\$4,632	\$8,972	10,124	\$4,341	1,053	\$4,000	0	\$0	0	\$0	0	\$0	0	\$0	0
2013-2014	SEBONVILLE	\$50,827	94,831	\$6,000	\$7,634	\$6,000	12,126	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2014-2015	SEBONVILLE	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0
2015-2016	SEBONVILLE	\$0	0	\$0	\$0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

REGION: Pee Dee

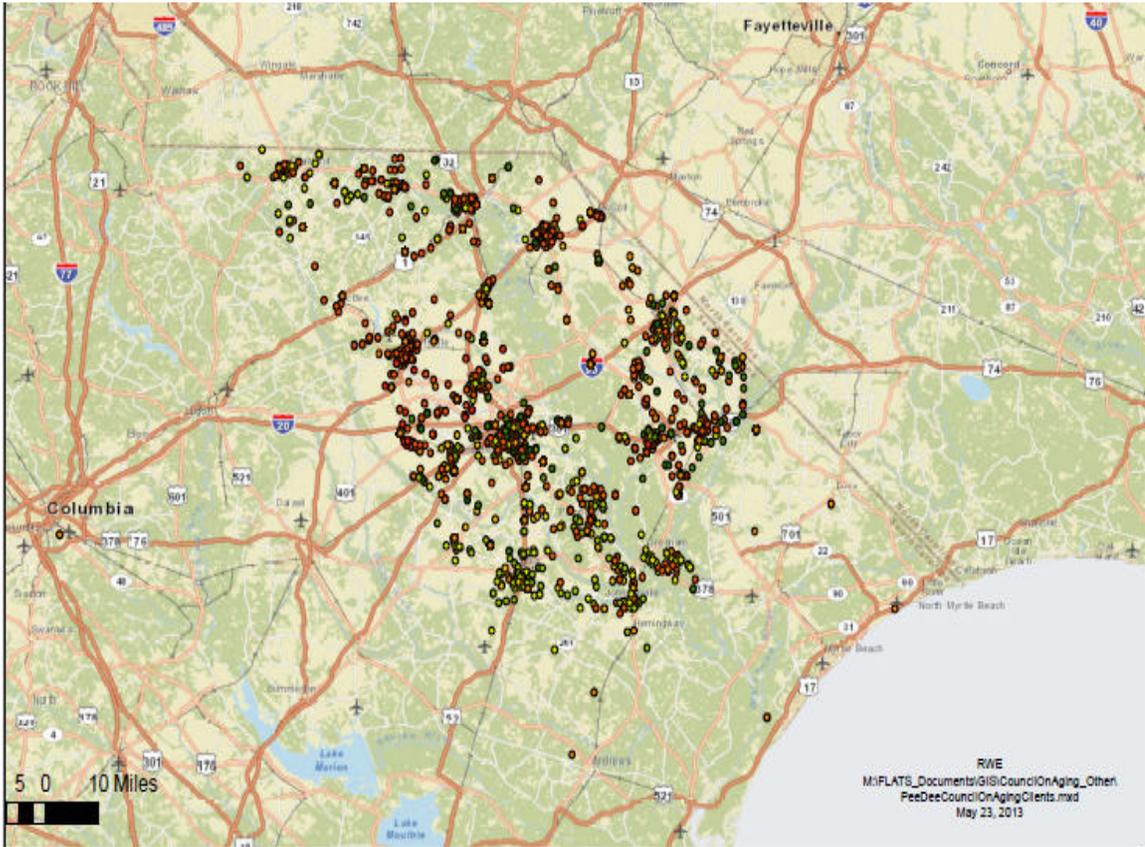
Four Year History of Contracted UMMS and UMCI COST of Service - State Fiscal Year Beginning July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Physical Fitness Contracted Funds	Physical Fitness Contracted Units	Physical Fitness Contracted Unit Cost	Eligible Senior Citizen Contracted Funds	Eligible Senior Citizen Contracted Units	Eligible Senior Citizen Contracted Unit Cost	Senior Center Contracted Funds	Senior Center Contracted Units	Senior Center Contracted Unit Cost	Minor Home Repair Contracted State Funds	Minor Home Repair Contracted State Units	Minor Home Repair Contracted Unit Cost	Medication Management Contracted Funds	Medication Management Contracted Units	Medication Management Contracted Unit Cost
2012-2013	Cherokee	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2013-2014	Cherokee	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2014-2015	Cherokee	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2015-2016	Cherokee	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2012-2013	Darlington	\$4,000	1,200	\$4,000	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2013-2014	Darlington	\$5,100	1,200	\$4,250	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2014-2015	Darlington	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2015-2016	Darlington	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2012-2013	Dillon	\$1,524	88	\$17,329	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2013-2014	Dillon	\$1,872	88	\$21,389	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2014-2015	Dillon	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2015-2016	Dillon	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2012-2013	Florence	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2013-2014	Florence	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2014-2015	Florence	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2015-2016	Florence	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2012-2013	Marion	\$2,885	807	\$4,800	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2013-2014	Marion	\$3,500	807	\$4,300	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2014-2015	Marion	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2015-2016	Marion	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2012-2013	Marble	\$2,522	88	\$28,999	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2013-2014	Marble	\$2,720	88	\$30,909	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2014-2015	Marble	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2015-2016	Marble	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2012-2013	SCLAGB	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2013-2014	SCLAGB	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2014-2015	SCLAGB	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2015-2016	SCLAGB	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2012-2013	V. Park	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2013-2014	V. Park	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2014-2015	V. Park	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2015-2016	V. Park	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2012-2013	REGROWING	\$14,923	3,200	\$4,663	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2013-2014	REGROWING	\$16,734	4,100	\$4,081	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2014-2015	REGROWING	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A
2015-2016	REGROWING	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A	\$0	0	#N/A

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

REGION: Pee Dee				
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 81% In-Home Services 15% Legal Assistance 4%				
Enter Total III B after Transfers for \$FY 2012-2013		\$398,485	and \$FY 2013-2014	\$398,480
ACCESS SERVICES	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
A. Transportation	\$288,707	72.45%	\$288,707	72.45%
B. Information & Assistance (III-B funding Only)	\$35,275	8.85%	\$35,275	8.85%
C. Case Management	\$0	0.00%		0.00%
D. Outreach	\$0	0.00%		0.00%
TOTAL ACCESS EXPENDITURES	\$323,982	81.30%	\$323,982	81.30%
IN-HOME SERVICES	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
A. Level I Housekeeping and Chore	\$60,303	15%	\$58,548	15%
B. Level II Homemaker with Limited Personal Care	\$0	0%	\$0	0%
C. Level III Personal Care with Limited Medical Assistance	\$0	0%	\$0	0%
TOTAL IN-HOME EXPENDITURES	\$60,303	15%	\$58,548	15%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
LEGAL ASSISTANCE EXPENDITURES	\$14,200	3.56%	\$15,950	4.00%

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013



VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

Client Demographics - Target Populations Served Shown as % of Total Persons Served													
REGION: Pee Dee		YTD Data From AIM SFY2012-2013											
Service Delivery Contractors	Total Unduplicated People Served (a)	Number of Unduplicated Minority Served (b)	% Who Are Minority	Unduplicated Number in Rural Areas Served (c)	% Who Live in Rural Areas	Unduplicated Number at or Below Poverty Served (d)	% Who Are Below Poverty	Unduplicated Number of Minority Served (e)	% Who Are Poor	Unduplicated Number of Non-Hill Country Poor Served (f)	% Who Are Poor	Unduplicated Number of Clients Served for First Time in SFY13 (g)	% Who Received Services for the First Time in SFY12
Charleston	241	90	37.34%	239	99.17%	149	61.83%	61	67.78%	90	59.60%	71	29.48%
Darlington	354	217	61.30%	345	97.46%	255	72.03%	161	74.19%	94	68.61%	121	34.18%
Dillon	293	142	48.46%	166	56.66%	166	56.66%	104	73.24%	62	41.06%	76	25.94%
Florence	718	507	70.61%	535	74.51%	567	78.97%	415	81.85%	152	72.04%	222	30.92%
Marion	348	258	74.14%	262	75.29%	221	63.51%	177	68.60%	44	48.89%	97	27.87%
Marlboro	158	87	55.06%	158	100.00%	109	68.99%	66	75.88%	43	60.56%	37	23.42%
SC Legal Services	85	59	69.41%	84	98.82%	14	16.47%	11	18.64%	3	11.54%	47	55.29%
Vantage Point	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Regionwide	2197	1360	61.90%	1789	81.43%	1481	67.41%	995	73.16%	488	58.30%	671	30.54%

(a) This is the number of unduplicated persons in the region served directly by the AAA or under AAA purchase of service contracts in SFY13.

(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 2012 poverty level established by the Bureau of the Census.

(e) Of those whose self reported income was below the 2012 poverty level cited above, this is the number who were minority

(f) Of those whose self reported income was below the 2012 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 2013 or who had not received any contracted service since June 30, 2011

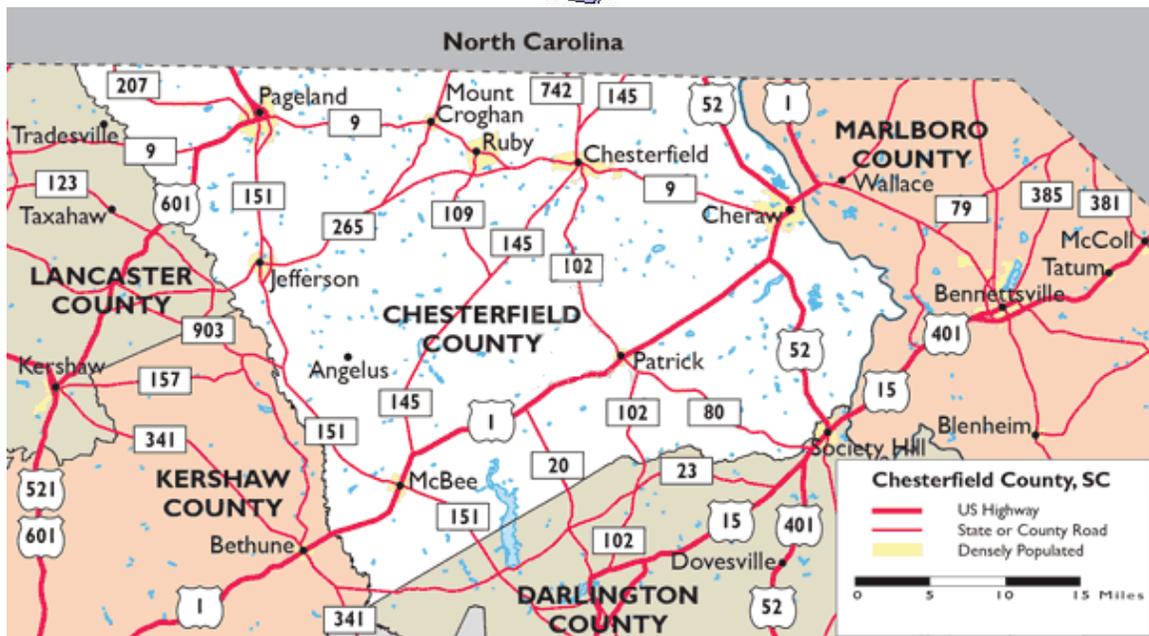
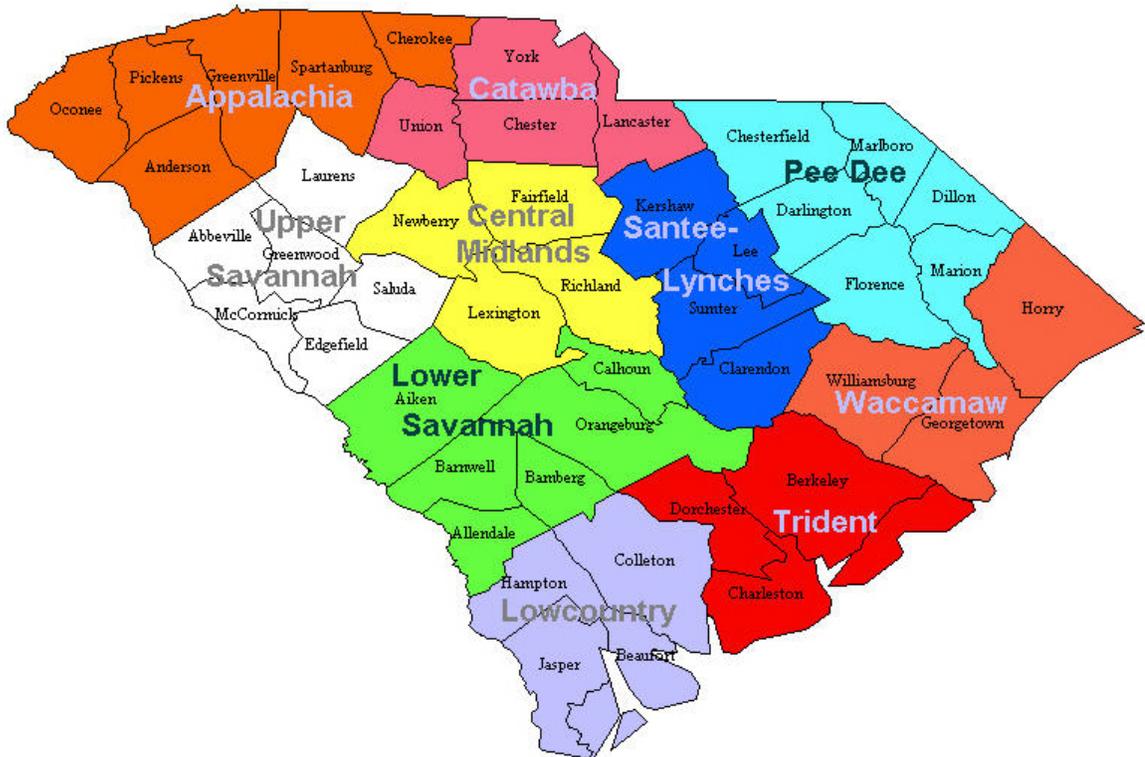
VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

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	
Chesterfield COA	90	0	0	0	0	0
Darlington COA	216	0	1	0	0	0
Dillon COA	141	0	1	0	0	0
Florence SCA	507	0	0	0	0	0
Marion COA	258	0	0	0	0	0
Marlboro COA	87	0	0	0	0	0
SC Legal Services	59	0	0	0	0	0
Vantage Point	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Regionwide	1358	0	2	0	0	0

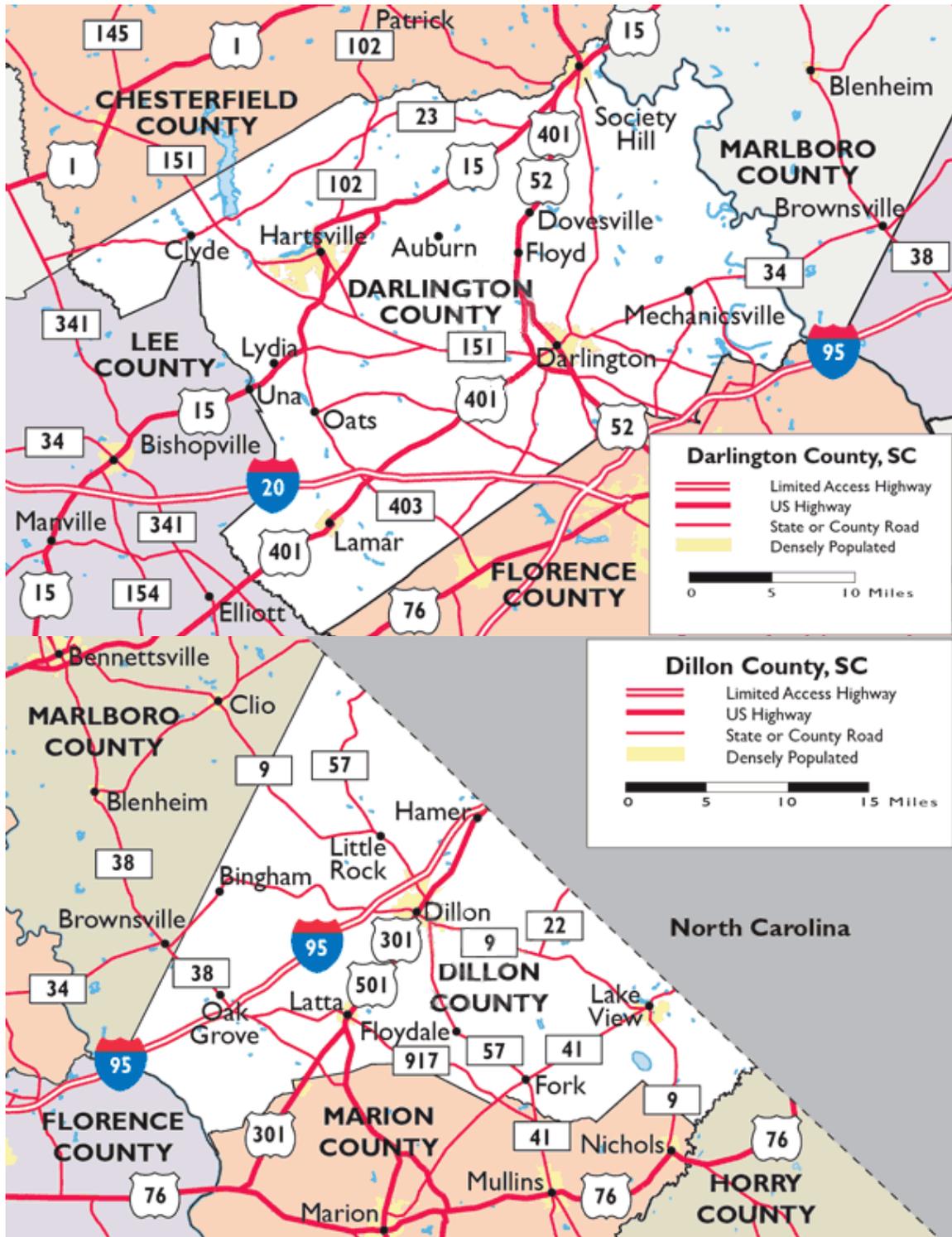
VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

REGION: Pee Dee				
SFY14 EXPENDITURES FOR DIRECT PROVISION of REGIONWIDE SERVICES				
Title III-B AAA and Contractor Share	Federal	State Match	Local Match	TOTAL
TOTAL Title III-B Supportive Services at AAA after Transfers	\$433,358	\$25,492	\$50,983	\$509,833
III-B I, R & A by AAA	\$35,275	\$2,075	\$4,150	\$41,500
III-B Legal Assistance through AAA	\$0	\$0	\$0	\$0
III-B Consumer Directed H&CB services through AAA	\$398,083	\$23,417	\$46,833	\$468,333
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	\$0	\$0	\$0	\$0
<hr/>				
Title III-D Medication Management	\$4,594	\$270	\$540	\$5,405
<hr/>				
Title III-E Allocations	Federal	State Match (DMH)	Local Match	TOTAL
III-E Federal Funds for P&A Activities	\$21,552	\$0	\$7,184	\$28,736
III-E Federal Service Funds	\$176,484	\$35,307	\$23,521	\$200,005
III-E I, R & A Service Funds	\$7,500	\$1,500	\$1,000	\$8,500
III-E Insurance Counseling Services		\$0	\$0	\$0
III-E Caregiver Advocate(s) Personnel Cost from Service Funds	\$26,955	\$5,393	\$3,592	\$30,547
III-E Balance for Direct Caregiver Supports	\$142,029	\$28,414	\$18,929	\$160,958
<hr/>				
Insurance Counseling	Federal	State Match	Local Match	TOTAL
I-CARE Allocation (SHIP)	\$32,284	\$0	\$0	\$32,284
MIPPA (SHIP) Allocation	\$15,000	\$0	\$0	\$15,000
MIPPA (ADRC) Allocation	\$0	\$0	\$0	\$0
MIPPA (AAA) Allocation	\$0	\$0	\$0	\$0
SMP Basic	\$9,844	\$0	\$3,215	\$12,859
SMP Expansion	\$7,707	\$0	\$0	\$7,707
Total Insurance Counseling	\$64,835	\$0	\$3,215	\$67,850

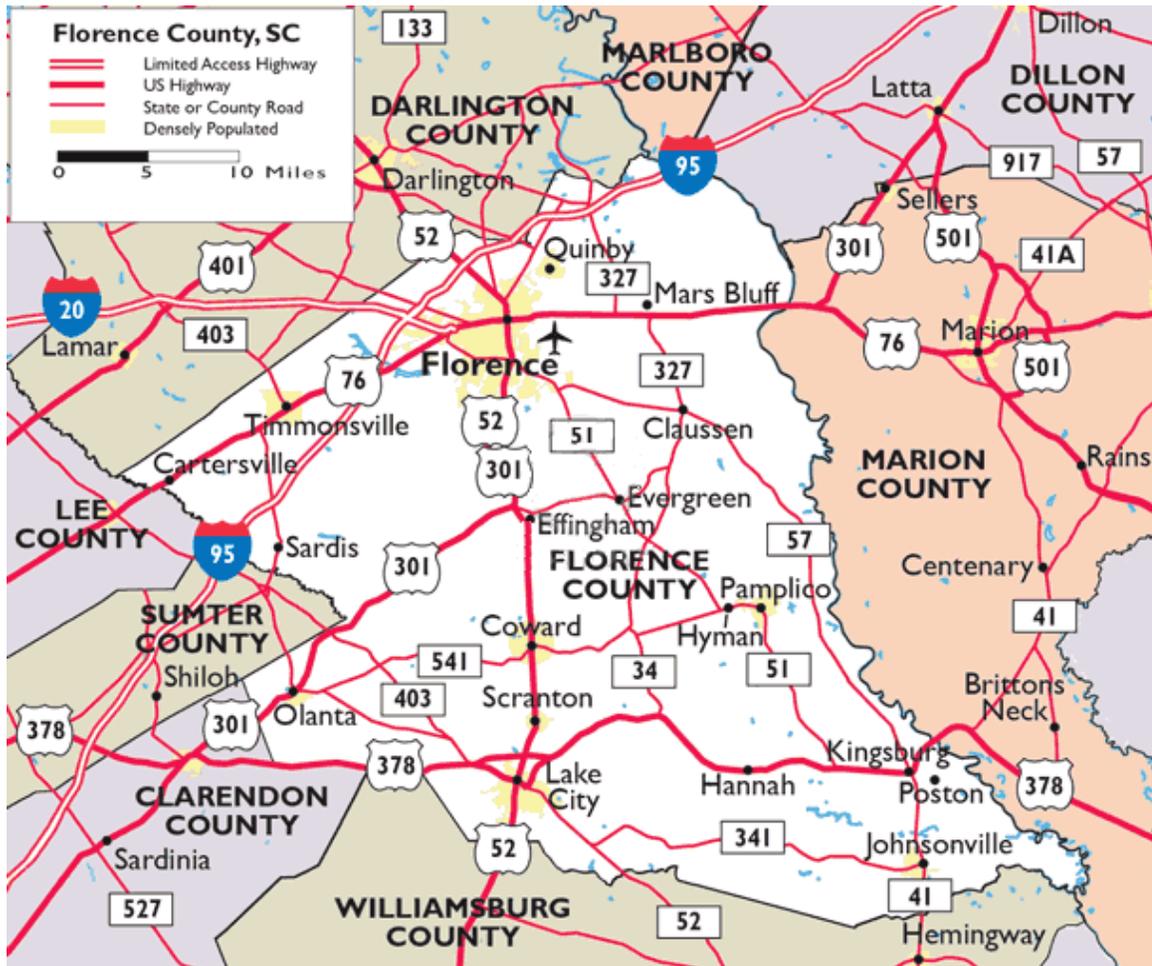
VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013



VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

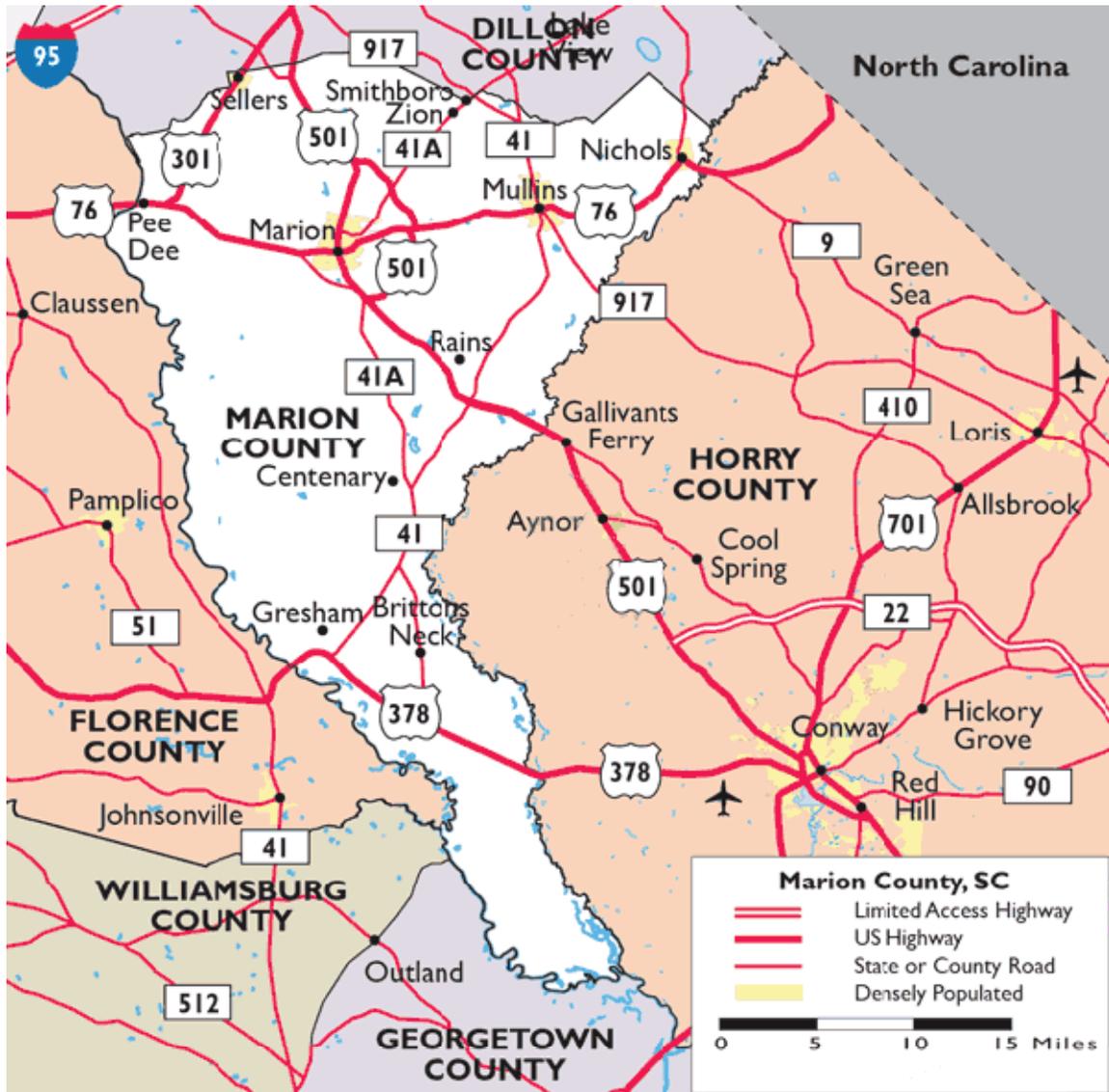


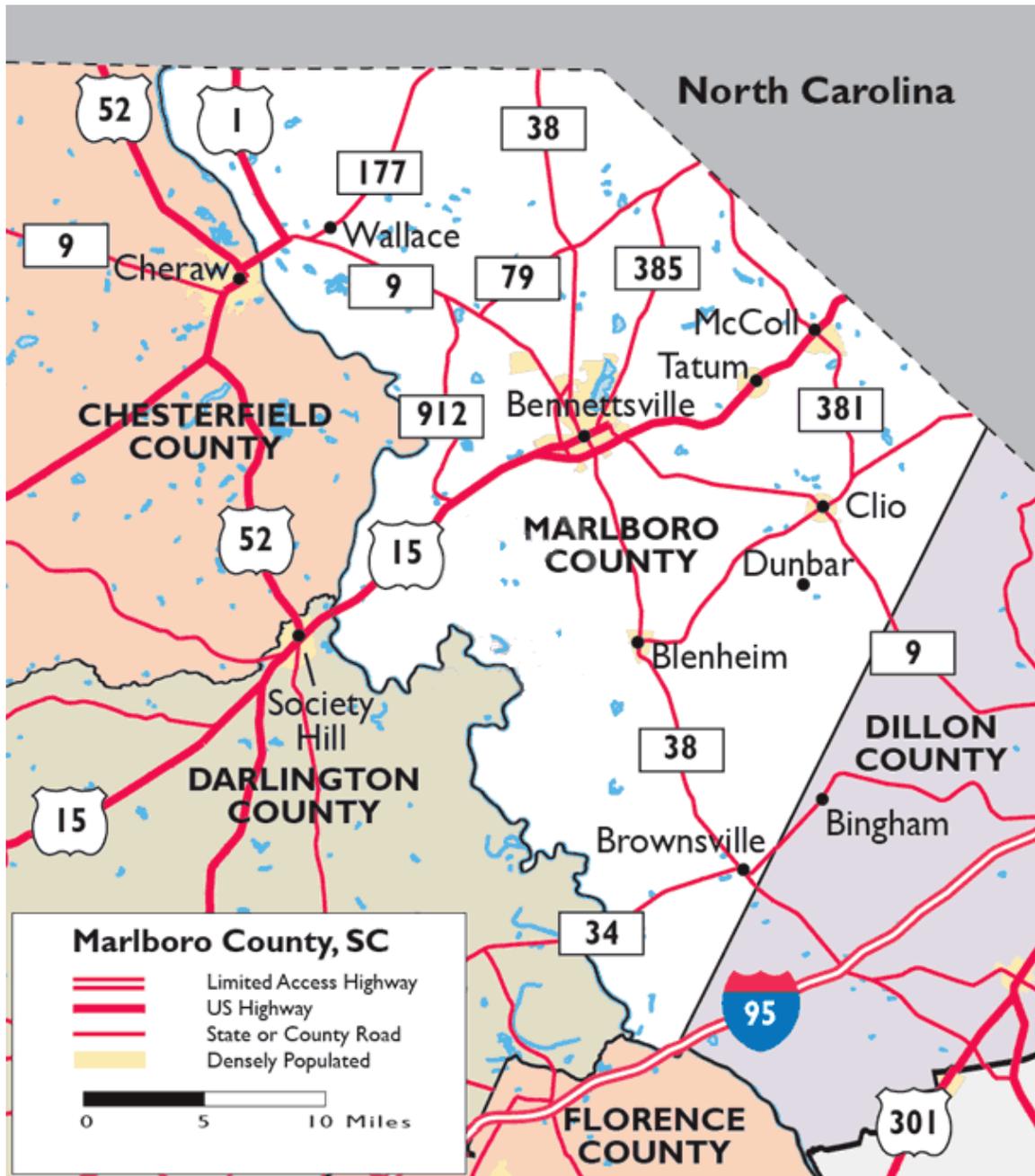
VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013



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VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013





VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

SC FAMILY CAREGIVER SUPPORT PROGRAM: DATA REPORT

Region: 7

July 1, 2012 - March 31, 2013

		CAREGIVERS OF OLDER ADULTS				Units Provided
	III-E Expenditures	Program Income	Other Funding	TOTAL EXPENDITURES	People Served	
I Information (To Groups)						
Community /Public Education	398	0		398	238	13
Participation in Community Events				0		
Publicity Campaign				0		
Resource Development				0		
TOTAL	398	0	0	398	238	13
STAFFING	13,472			13,472		
TOTAL INFO TO GROUPS	13,870	0	0	13,870		
II Assistance						
Assessment / Screening				0		
Assessment / Screening -Home				0		
Care Coordination				0		
Follow-Up / Evaluation				0		
Information & Assistance	2	0		2	234	237
TOTAL	2	0	0	2	234	237
STAFFING	13,472			13,472		
TOTAL ASSISTANCE	13,474	0	0	13,474		
III Counseling						
Group Counseling (Sessions)				0		
Individual Counseling	157	0		157	152	166
TOTAL	157	0	0	157	152	166
Support Groups						
Support Group (Sessions)				0		
Individual Support				0		
TOTAL	0	0	0	0	0	0
Training						
Group Training				0		
Individual Training				0		
TOTAL	0	0	0	0	0	0
STAFFING for CBT	13,472			13,472		
TOTAL FOR CBT	13,473.57	0	0	13,473.57		

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

Region: 7

SC FAMILY CAREGIVER SUPPORT PROGRAM: DATA REPORT

July 1, 2012 - March 31, 2012

M/E Expenditures		Program Income	Other Funding	TOTAL EXPENDITURES	People Served	Units Provided
III Respite						
Adult Day Care (Hours)				0		
Emergency Respite (Hours)				0		
Group Respite (Hours)				0		
In-Home Respite (Hours)	97,812	16,448		114,260	160	19,933
Facility Respite (Hours)				0		
TOTAL	97,812	16,448	0	114,260	160	19,933
STAFFING						
TOTAL RESPITE				13,472		
				127,732		
V Supplemental Services						
Assistive Technology (Price of equipment)				0		
Chore (Hours)	1,651	337		1,988	3	109
Emergency Response (1 installation or 1 month)				0		
Home Health (1 hour)				0		
Homecare/Housekeeping (1 hour)				0		
Home Modification (Hours)	9,791	3,740		13,531	24	91
Chore (Hours)				0		
Home Modification (Hours)				0		
Incontinence Supplies (1 case)	5,607	119		5,726	17	251
Legal Services (Hours)				0		
Medication Management (1 contact)				0		
Nutrition, Meals (1 meal)	900			900	1	10
Nutrition, Supplements (1 meal)	4,316	37		4,353	16	1159
Other (1 item)				0		
Personal Care (1 hour)				0		
Shopping (1 round trip)				0		
Transportation, Assisted (1 one-way trip)				0		
Transportation (1 one-way trip)				0		
Volunteer Services (1 volunteer service hour)				0		
TOTAL	10,423	156	0	10,579	61	1,620
STAFFING						
TOTAL SUPP. SERVICES				13,472		
				24,051		

TOTAL	175,997	16,604	0	192,601	886	21,688
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VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

Information Referral and Assistance Report

of Contacts without Outreach/PAM
 December 2011 - April 2013

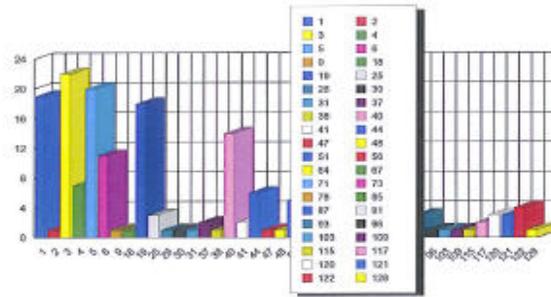
Row Labels	# of Contacts										Grand Total	
	Appalachia	Catawba	Central Midlands	Lowcountry	Savannah	Lower Lynches	Santee-Lynches	Trident	Upper Savannah	Vantage Point		Waccamaw
2011-12	793	1025	359	177	1472	381	381	708	857	1921	114	7807
2012-1	720	720	425	205	1444	322	251	811	704	2058	118	7527
2012-2	641	583	444	115	1340	251	251	595	778	1965	85	6797
2012-3	596	732	430	155	1396	386	386	554	393	2018	183	6843
2012-4	663	959	381	153	1534	435	442	442	316	2121	138	7242
2012-5	696	862	440	176	1689	380	450	450	504	2493	209	7899
2012-6	592	550	357	280	1646	534	2074	318	318	2194	217	8862
2012-7	791	778	444	336	1665	684	541	371	2166	200	200	7976
2012-8	561	732	581	237	1844	973	520	490	490	2125	173	8176
2012-9	800	1117	461	281	1841	628	418	573	1648	136	136	7903
2012-10	997	914	710	377	2356	691	536	797	797	1652	276	9286
2012-11	1064	1150	586	333	1871	869	491	650	650	1138	312	8414
2012-12	540	903	515	210	1203	607	268	329	820	204	204	5599
2013-1	660	618	547	441	1787	415	324	324	605	1186	218	6751
2013-2	532	596	423	259	1307	356	440	440	539	881	219	5532
2013-3	493	567	438	317	1346	492	485	485	407	660	399	5604
2013-4	474	702	409	235	1461	423	395	477	477	536	223	5336
Grand Total	11613	13608	7950	4268	27132	8827	10052	9048	27632	3424	3424	123554

Report pulled May 21, 2013 for December 1, 2011 - April 30, 2013
 Does not include Outreach or PAM events

(*This Call is About Another Client* contacts have been removed)

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

Ombudsman Report



05/29/201

Compl#	Description
19	1 ABUSE, PHYSICAL (INCLUDING CORPORAL PUNISHM
1	2 ABUSE, SEXUAL
22	3 ABUSE, VERBAL/MENTAL (INCLUDING PUNISHMENT,
7	4 FINANCIAL EXPLOITATION (USE E FOR LESS SEVER E
20	5 GROSS NEGLECT (USE CATEGORIES UNDER CARE SE
11	6 RESIDENT-TO-RESIDENT PHYSICAL OR SEXUAL ABU
1	9 ACCESS BY OR TO OMBUDSMAN/VISITORS
1	18 BED HOLD - WRITTEN NOTICE, REFUSAL TO READMI
18	19 DISCHARGE/EVICTION - PLANNING, NOTICE, PROCEI
3	25 CONFINEMENT IN FACILITY AGAINST WILL (ILLEGA
1	26 DIGNITY, RESPECT - STAFF ATTITUDES
1	30 PARTICIPATE IN CARE PLANNING BY RESIDENT AND
1	31 PRIVACY - TELEPHONE, VISITORS, COUPLES, MAIL
2	37 PERSONAL FUNDS - MISMANAGED, ACCESS/INFORMA
1	38 PERSONAL PROPERTY - LOST, STOLEN USED BY OTH
14	40 ACCIDENTAL OR INJURY OF UNKNOWN ORIGIN, FAL
2	41 FAILURE TO RESPOND TO REQUESTS FOR ASSISTANC

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VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

<u>Count</u>	<u>Description</u>
6	44 MEDICATIONS - ADMINISTRATION, ORGANIZATION
1	47 PRESSURE SORES, NOT TURNED
1	48 SYMPTOMS UNATTENDED, INCLUDING PAIN, PAIN NC
5	51 WANDERING, FAILURE TO ACCOMMODATE/MONITO
3	56 MENTAL HEALTH, PSYCHOSOCIAL SERVICES
1	64 ACTIVITIES - CHOICE AND APPROPRIATENESS
1	67 SOCIAL SERVICES - AVAILABILITY/APPROPRIATENESS
3	71 MENU - QUANTITY, QUALITY, VARIATION, CHOICE, C
1	73 TEMPERATURE
3	78 CLEANLINESS, PESTS, GENERAL HOUSEKEEPING
1	85 SUPPLIES AND LINENS
1	87 ABUSE INVESTIGATION/REPORTING, INCLUDING FAI
1	91 INSUFFICIENT FUNDS TO OPERATE
3	93 OFFERING INAPPROPRIATE LEVEL OF CARE (FOR B /
1	96 COMMUNICATION, LANGUAGE BARRIER (USE #29 FO
1	103 ACCESS TO INFORMATION (INCLUDING SURVEY)
1	109 TRANSFER OR EVICTION HEARING
1	115 SERVICES
2	117 ABUSE/NEGLECT/ABANDONMENT BY FAMILY MEMB
3	120 FAMILY CONFLICT; INTERFERENCE
3	121 FINANCIAL EXPLOITATION OR NEGLECT BY FAMILY
4	122 LEGAL - GUARDIANSHIP, CONSERVATORSHIP, POWE
1	128 REQUEST FOR LESS RESTRICTIVE PLACEMENT
Grand Total:	145

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VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

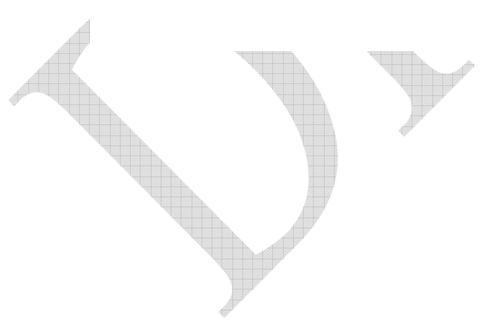
ANE CASES Cases Opened Between 07/01/2012 and 07/28/2013

05/29/2013

Type	Number of Cases	Total Cases Medical	Law Enforcement	Attorney General (AG)	SLED
(NF) NURSING FACILITY					
ANE Cases	57	20	0	0	0
Other Cases*	46	18	0	0	0
Total	100	38	0	0	0
(RCF/BCF) RESIDENT CARE/BASIC CARE FACILITY					
ANE Cases	22	1	0	0	0
Other Cases*	25	3	0	0	0
Total	45	4	0	0	0
Grand Total:	145	42	0	0	0

*All other Complaints include Complaint Numbers 8-116, 118-120, and 122-133

Note This report is NOT UNDUPLICATED on the case count, due to cases containing both ANE and Other complaints.



VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
 JUNE 3, 2013

ANE CASES Closed Between 07/01/2012 and 07/28/2013

05/29/2013

Type	Number of Cases	Total Cases Medicinal	Law Enforcement	Attorney General (AG)	SLED
(NF) NURSING FACILITY					
ANE Cases	57	20	0	0	0
Other Cases*	46	18	0	0	0
Total	100	38	0	0	0
(RCE/BCF) RESIDENT CARE/BASIC CARE FACILITY					
ANE Cases	22	1	0	0	0
Other Cases*	25	3	0	0	0
Total	45	4	0	0	0
Grand Total:	145	42	0	0	0

*All other Complaints include Complaint Numbers 8-116, 118-120, and 122-133

Note This report is NOT UNDUPLICATED on the case count, due to cases containing both ANE and Other complaints.

DK

VANTAGE POINT-PEE DEE AREA AGENCY ON AGING/ADRC
JUNE 3, 2013

Using SHIP funding the Area Agency served approximately:

	SHIP 2012-13	SMP 2012-13
Individuals Provided	2926	1199 Simple Contacts
SHIP Counseling		

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