Pee Dee Area Agency on Aging
Area Plan Extension and Update

2023-2027

Serving older adults, adults with disabilities, and caregivers in
Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro Counties.

Submitted October 29, 2025

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I. Extension Memorandum

A memorandum was shared with all Area Agency on Aging Directors on August 20, 2025, granting an extension to all Area Plans as the State transitions to new requirements outlined by the Administration of Community Living (ACL). ("Area Agency on Aging Area Plan Extension and Update: 2023-2027")

State of South Carolina
Department on Aging

Henry McMaster
Governor

Connie D. Munn, MSW
Director

TO: Area Agencies on Aging Directors
Regional Council of Government Directors

FROM: Connie D. Munn, MSW

SUBJECT: Area Agencies on Aging Area Plan

DATE: August 20, 2025

This memorandum is to inform you that we are granting a two-year extension to the current AAA Area Plans, originally effective from July 1, 2023, through June 30, 2025. With this extension, your current Area Plan will now remain in effect through June 30, 2027. Therefore, future references to this Area Plan period will be referred to as the 2023-2027 Area Plan.

This adjustment aligns the Area Plan submission schedule with the State Plan on Aging cycle, streamlining reporting requirements, strengthening statewide coordination, and supporting more effective long-term planning.

If your Area Agency on Aging needs to make substantial changes to your Area Plan, or changes that require an amendment as mandated by the Older Americans Act or the Policies and Procedures Manual of the South Carolina's Department on Aging, please email Lily DeGracia for further instructions.

Our office will provide additional guidance and resources, as needed, to ensure a smooth transition.

Thank you for your continued dedication to improving the quality of life for older adults in South Carolina.

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II. Overview

Vantage Point, a division of CareSouth Carolina, a Federally Qualified Health Center (FQHC) is designated by South Carolina Department on Aging (SCDOA) as the Area Agency on Aging (AAA) and Aging and Disability Resource Center (ADRC) for the Pee Dee Region. While co-location is unique, partnerships between FQHCs and AAA/ADRC's are increasingly common throughout the United States. The primary goal of these collaborations is to help vulnerable older adults manage their health and social needs. These partnerships are driven by initiatives like the Geriatric Workforce Enhancement Program, which support collaboration between academic medical centers, primary care systems (including FQHCs), and community-based organizations like AAAs. The AAA is funded with Federal Older Americans Act funds and State Revenue.

> CareSouth Carolina provides medical needs, while Vantage Point offers support for social determinants of health (SDOH). Studies have shown that ignoring social determinates of health could lead to hospital re-admissions and greater usage of our healthcare systems. Documented benefits of these partnerships included reduced Medicare spending and lessening the need for nursing home care. To support this need in the Pee Dee Region applied for the ACL grant, ADPI Developing Dementia-Capable Community Health Worker Program. See more information regarding this program under new initiatives.

The Area Agency on Aging is required to complete an area plan every 4 years reflecting the activities and services provided in the planning area and the long-range planning and forecast for the region. The AAA updates the plan yearly to reflect any changes or amendments that deviate from the original plan proposal.

The role of the AAA includes:

- establish priorities and methods for serving older persons age 60 and older with greatest economic or social need with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- allocate and coordinate available resources to achieve the most effective program for older persons, with emphasis on our targeted populations.
- selecting, administering, and evaluating our network of service provider agencies which are responsible for the provision of services to older persons, with objectives specifically focusing on our targeted populations. (“CHAPTER 4”)
- ensuring the use of outreach efforts that will identify eligible individuals, with special emphasis on our targeted populations.
- partner with nonprofits, for profit groups, faith-based organizations, and other community groups when marketing our outreach efforts.
- ensure that through our outreach efforts, the AAA is successfully marketing regional programs, services, and locations to the targeted populations.
- conducting an annual evaluation of the effectiveness of our outreach efforts for the targeted populations.

- conducting annual and on-going assessments that utilize the best practices which reflect a modernized ageing structure and service delivery system.
- creating appropriate professional policies that address conflicts of interest that may arise.
- monitor the contract service providers and provide written feedback.

- establish protocols to provide outreach and services to Holocaust survivors.

III. Content

A. Narrative Summary

Vantage Point Aging offers a wide range of health and health-related social services programs for older individuals aged 60 years or older. These services are supported with Older Americans Act funding and state revenue received as subgrantee of the SC Department on Aging. These supportive services such as personal care, chore services, transportation, congregate nutrition services (i.e., meals served at group sites such as senior centers, community centers, schools, churches, or senior housing complexes), home-delivered nutrition services, the Family Caregiver Support Program (FCSP), the State Health Insurance Assistance Program (SHIP), the Long-Term Care Ombudsman Program, and services to prevent the abuse, neglect, and exploitation of older persons.

The Area Agency on Aging's service delivery system for OAA programs operates through a blend of direct, contracted, and consumer choice services. The AAA follows regulations in contracting Older Americans Act programs, utilizing a competitive procurement process every four years. The AAA partners with experienced agencies to create a network of service providers to meet the community needs. This approach ensures choice and greater accessibility through this service delivery model. These contracts offer flexibility and enable adjustments to meet changing funding levels.

The following is a list of current services, a brief outline of each, and the method of operation utilized for delivery.

Client Assessment is a direct service provided by the AAA Assessment staff. Each client is assessed face to face, either in the client home or at the senior center/nutrition site. The Assessor verifies basic eligibility, completes the full assessment, and selects the client and service (based on highest priority score). All clients are reassessed annually to re-evaluate the current level of need. Referrals are made for those with the highest priority score as service openings are available.

The AAA has experienced a few barriers this past year. Staff shortage being one, and secondly, real time data entry of assessments. Neither of these are issue within our control. Many of our older adult clients do not have home internet and although assessors have mobile hotspot, they must have cellular signal to access it. Pee Dee region is very rural and continues to have limited service in some areas. However, the assessors are putting in the data as soon as they have an internet connection.

The **"Waiting List"** is a major component of the assessment program. The Assessment Coordinator is responsible for updating and maintaining the waiting list when there are more clients in need of a service than available funding. Priority is determined electronically utilizing the Question Pro Assessment

software and given a tier level. The assessor may also document observations made in the notes section while completing the assessment. The Tier Level is utilized to determine the next individual eligible for service in the specified funding category.

Information, Assistance & Referral program links older adults and caregivers with needed services and resources within our office or service area. The SC Data Information system "GetCareSC" is a resource data base for older adults, caregivers, and adults with disabilities. The system is managed by the SC Department on Aging with assistance from the regional information and referral specialist. Vantage Points staff are constantly gathering information about community resources or changes to current resources as they participate in health fairs, community outreach events, or meetings throughout the Pee Dee region. This information is collected and provided to our Information and Referral Specialist who verifies the information and submits it to the SCCAREs State Coordinator to update the system.

On-Demand Transportation Services provides assisted or door to door transportation to eligible persons age 60 or older who meet the qualifications for essential or non-emergency medical appointments. The AAA has been able to increase the number of transportation units being provided within the region by 22,000 units/miles.

The **Consumer Directed Home Care Program** provides funding for allowable in-home services (personal care, homemaker, chore, minor home modification) to eligible individuals age 60 and older with the greatest need. The consumer choice program allows the older individuals to select their provider from an extensive list of providers (who have been vetted by the AAA) and manage the care themselves. By implementing the consumer directed model for home care the AAA has been able to increase the number of homecare units by approximately 12,000 units/hours. The clients seem satisfied with the consumer directed model. It allows them to have more control over their care.

Ombudsman Services: The Long-Term Care Ombudsman Program (LTCOP) helps to resolve complaints made by or for residents of long-term care facilities and assisted living facilities. In 2025, the SC Ombudsman office added an additional population to the LTC Care Ombudsman program. Both, Disability and special needs and mental health client living in independent living homes were added to the LTC Ombudsmen Program. The LTC Ombudsmen will investigate complaints of fraud, exploitation, and abuse as well as conduct friendly visits for both facility types. The Ombudsmen will address issues related to quality of care and quality of life. The Ombudsmen are charged with protecting the civil and human rights of residents. They will receive and investigate concerns about fraud, abuse, and exploitation in these facilities.

The **"Friendly Visitors" program** is a component of the Ombudsman Program. The program coordinator promotes the volunteer ombudsman program and recruit individuals who are interested in being trained to conduct friendly visits. The volunteer visits residents. They also help educate residents and families on residents' rights. The visits help to diminish the sense of isolation experienced by residents, especially those without family. The Volunteer Ombudsmen collaborate with residents to communicate their concerns and provide support and help empowerment.

The **Family Caregiver Support Program** supports numerous services that help families and informal caregivers care for older adults and individuals with disabilities in their homes. The goal of the program is to enable loved ones to remain at home for as long as possible, potentially delaying or avoiding

institutional care. The Caregiver Advocate also provides the State Respite Program. Although the goals of the state funded program are like the FCSP program, the program targets the family or informal caregivers of individuals diagnosed with Alzheimer's disease or related dementia in need of respite care.

The **State Health Insurance Assistance Program** known as SHIP, employee's counselors who provide up-to-date information on Medicare and supplements health insurance to older adults, caregivers, and disabled adults. The counselors also provide the Senior Medicare Patrol **(**SMP) Program. Through their outreach efforts, the counselors educate the community on how to prevent, detect, and report health care fraud, errors, and abuse.

Nutrition Services- Funds nutritious meals for qualified individuals to eligible persons age 60 or older in either the Congregate Meal Program or the Home Delivered Meal Program. Both the AAA and the service providers have worked diligently to rebuild the nutrition programs in our region post Covid. We are so pleased to say that it has grown steadily this past year. We were able to transition a good many people out of the home delivered program participants back to the congregate sites. These sites are so much more than just a noon meal. Clients have access to other seniors to socialize, they have access to games and activities, exercise class and health education, and evidence-based wellness classes. Participants can learn about community events and new services or programs that may be available to them.

Senior Legal Assistance: This service is contracted out to fulfill this obligation. The legal provider provides educational workshops throughout the region as well and offers a series of online workshops. The AAA also partners with non-profit organizations such as the SC Bar and the SC Bar Pro Bono. Both provide legal advocacy and education workshops for seniors.

Transportation Services- Provides route transportation for eligible persons age 60 or older to senior centers/meal sites, essential needs (medication, grocery, etc.), and limited non-emergency medical appointments.

Evidence Based Health and Wellness -Disease prevention and health promotion programs reduce the need for more costly medical interventions. The Agencies on Aging is required to support evidence-based programs that promote healthy lifestyles and promote healthy behaviors amongst older adults.

Permanent Improvement Project (PIP)-SCDOA funds Competitive grants for the construction, expansion, repair of multipurpose senior centers. Two centers in the Pee Dee region recently received this grant for expansion. Both Darlington Senior Center and Leatherman Senior Center are expanding and improving their senior centers to better serve seniors.

Barriers to services faced during the previous year:

A major barrier we have faced during our previous year is to find funding to continue supportive services funded with ARP funding once the grant ends. Most services provided were for emergencies due to Covid and food insecurities. Clients found to need the services long term have been slowly transitioned into existing programs such as congregate or home delivered meals, homecare services, as slots became

available. One program we have yet to transition is the "Food Share" program which provides 9 to 11 different fresh fruit and vegetable every other week. Clients who have become eligible for SNAP benefits have been able to use benefits to purchase the Food Share boxes. The AAA will continue to search for a funding source such as foundation grants, small business sponsored grants that support the purchase of fresh vegetables or fruit for the approximately forty participants that still are in need a funding source.

As with most federal and state programs, the major barrier is always the need for additional funding. Seniors in need of home delivered meals and home care services continue to fill our waiting list. We continuously remove clients from the waiting list with the additional HCBS funding we received in 2025. However, for every client we remove, a newly assessed client replaces them on the list. Our overall population numbers may appear to be shrinking in some counties, but when you look at the age breakout of the populations, our senior population continues to grow each year and so does the meals cost. Both cause the need for additional funding to be an ongoing barrier to services we face each year.

New initiatives or projects that have developed since the submission of our previously updated plan:

OASIS (Caseworthy/ServTracker)

As indicated in our previous plan, SC Department on Aging transitioned to a new client information tracking system in July of 2024. The new system, Older Americans Service Information System (OASIS) OASIS encompasses several systems that bring all programs into one data system. Assessment, Referral, Caregiver support, OAA, and HCBS services into one data system. This transition was a major undertaking for SCDOA staff. The transition of our aging network in the Pee Dee Region has been much smoother than anticipated. SCDOA staff have readily provided training and technical assistance each step of the process. Vantage Point completed our first year utilizing the new system in June of 2025 with very few difficulties.

Community Evidence Based Health and Wellness

To maximize access to evidence-based health/wellness classes and exercise classes for seniors. The AAA contracts with a local non-profit who employees a health educator to provide multiple evidence-based classes in our service area. These programs encourage healthier living through education, information, and exercise. Participants learn how to better manage their health conditions and control diet. ("Health and Wellness - Senior Citizens Association in Florence County") Programs are specifically designed for people living with ongoing health conditions such as diabetes, arthritis, heart disease, and other chronic health-related issues. Each program consists of 8-16 classes. Once the program is completed, a new program is offered.

Expanded Consumer Directed Transportation

Non-Emergency Medical Transportation services continue to be a barrier in the Pee Dee Region. Current transportation service providers offer multiple types of transportation yet only within their county service area.

Vantage Point, through collaboration with the CareFirst Foundation and PDRTA has increased essential and non-emergency medical and assisted transportation services and has now expanded

across the entire region. However, we still have a need for additional transportation service providers. Our greatest unmet transportation needs are non-emergency medical transportation for appointments outside the senior's county of residence and appointments outside of the Pee Dee region.

Social Connection Projects **(**reduce loneliness and social isolation)

- Workshop series or class
- Games or interactive tools
- Technology for the enhancement of human connection

HCBS Emergency Dental Project- aids with a verified dental emergency.

HCBS Pest Infestation Project- aids with a verified infestation that prohibits the senior from receiving essential services.

Senior Farmers' Market Nutrition Program- The AAA contracts with SC Department of Social Services to distribute the **S**enior Farmers' Market Nutrition Program **(SFMN**P) to distribute vouchers in areas of Darlington County. The SFMNP is a seasonal USDA grant program that provides participants with access to fresh, nutritious, unprocessed fruits and vegetables from local farmers' markets and is designed to increase awareness and use of community markets. ("Senior Farmers' Market - South Carolina Department of Social Services")

Alzheimer's Disease Programs Initiative (ADPI) Grant– Developing Dementia-Capable Community Health Worker Program. The Community Health Workers will support dementia-capable home and community-based services for people living with dementia and their caregivers. The Community Health Workers (CHW) will serve as a bridge between older adults in the communities we serve and healthcare systems, providing outreach, education, and advocacy to improve access to dementia care and promote healthy outcomes. They will collaborate directly with individuals and communities to address health disparities and ensure that resources and information are accessible. The CHW's will provide an invaluable bridge between the healthcare system and the community, helping to address the unique challenges posed by dementia and Alzheimer's for both the patient and caregiver.

B. Service Coverage Update

The Older Americans Act (OAA) currently supports a wide array of programs and services, including information and referral, congregate and home-delivered meals, health and wellness programs, in-home care, transportation, elder abuse prevention, and caregiver support programs. Support Service activities funded through Vantage Point target both the in-house and community-based services.

The strategies and goals set forth in this plan are based on the needs and priorities of the older adult population and planning for meeting those needs. The overarching goal is to enable older adults aged

sixty and older to continue to live life independently in their homes and communities in the least restrictive setting possible. "The intent is to assist aging individuals in maintaining their independence in the community for as long as effectively possible.

There are many factors that may attribute to the senior population being vulnerable, such as the individual lives alone, having limited to no family support, functionally dependent or disability, in poor health, experience cognitive decline or impairment, as well as limited financial resources.

All clients funded through the AAA, except for participants of group evidence-based programs and those receiving legal services, clients shall have a full and valid assessment to be a service recipient.

Current Service Coverage Charts

An "X" indicates the service is offered in the county listed**.**

Supportive Services	Chesterfield County	Darlington County	Dillon County	Florence County]	Marion County	Marlboro County
Assessment	☒	☒	☒	☒	☒	☒
Transportation	☒	☒	☒	☒	☒	☒
Congregate						
Medical	☒	☒	☒	☒	☒	☒
Essential	☒	☒	☒	☒	☒	☒
Assisted	☒	☒	☒	☒	☒	☒
Homecare	☒	☒	☒	☒	☒	☒
Personal Care						
Homemaker	☒	☒	☒	☒	☒	☒
Chore	☒	☒	☒	☒	☒	☒
Minor Home Repair	☒	☒	☒	☒	☒	☒
Information & Referral	☒	☒	☒	☒	☒	☒
Legal Services	☒	☒	☒	☒	☒	☒

Nutrition Services	Chesterfield County	Darlington County	Dillon County	Florence County]	Marion County	Marlboro County
Congregate Meals	☒	☒	☒	☒	☒	☒
Home Delivered Meals	☒	☒	☒	☒	☒	☒
Home Delivered Meals (Family Caregiver)	☐	☐	☐	☐	☐	☐
Nutrition Education	☒	☒	☒	☒	☒	☒
Nutrition Counseling	☐	☐	☐	☐	☐	☐
Health Promotion Services	Chesterfield County	Darlington County	Dillon County	Florence County]	Marion County	Marlboro County
Evidenced-Based Programs	☒	☒	☒	☒	☒	☒
Health Promotion & Disease Prevention	☒	☒	☒	☒	☒	☒
Family Caregiver	Chesterfield County	Darlington County	Dillon County	Florence County]	Marion County	Marlboro County
Information & Assistance	☒	☒	☒	☒	☒	☒
Assessment	☒	☒	☒	☒	☒	☒
Respite	☒	☒	☒	☒	☒	☒
Supplemental Services	☒	☒	☒	☒	☒	☒
*Counseling	☒	☒	☒	☒	☒	☒
*Support Groups	☒	☒	☒	☒	☒	☒
Caregiver Training	☒	☒	☒	☒	☒	☒

***Counseling and Support Groups are referred outside of the aging network providers for services**

C. Goals, Objectives, and Performance Measures

To align with the State Plan on Aging, meet the individual needs of our planning and service area, Vantage Point establish goals and objectives in our 2023-2025 Area Plan. As part of this effort, the AAA had to document its strategy to achieve each objective towards its goals in a chart. This chart also provided an opportunity to document any known challenges or barriers towards that objective. In the current update, the AAA document "*2024 Update-Objective with the corresponding number".*

Goals, Objectives, Performance Measures, Strategies, and Challenges

State Plan Goal 1	Maintain effective and responsible management of Older Americans Act (OAA) services offered through the Department on Aging (SCDOA) and within the ten service regions in South Carolina. ("AREA PLAN 2023-2025 - aging.sc.gov")

State Plan Objective 1.1	Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as to achieve greater accountability and transparency.
Annual Performance Measures	
"State Plan – SCDOA and AAAs conduct needs assessments to evaluate state and regional concerns and service demands." ("Area Agency on Aging Area Plan 2023-2025 Update")	
"State Plan – AAAs submit Quality Assurance Reports to SCDOA annually." ("Area Agency on Aging Area Plan Workbook 2023-2025")	
AAA Strategies and Actions	
Continue to conduct monthly monitoring to ensure adherence to the terms and conditions of the grants received. Assess and identify the portion of the senior population in greatest need to maintain effective utilization of funding. Provide alternative suggestions utilizing other agencies for those that are not within the need criteria or present needs outside the scope of our service.	
Challenges and Barriers	
Service sustainability is a challenge regarding funding sources. Most rural regions are limited in resources, which could present as a need for the community.	
2024 Update-Objective 1.1	
To address the barrier of available resources, the AAA introduced Consumer Choice for home and community-based services as authorized under IIIB of the OAA Act. Clients can receive in-house services by selecting their provider from a larger selection of approved service providers and taking charge of their care. Client response has been positive, they like being empowered. With the implementation of Consumer Directed Homecare and transportation services the client is in control of their care with the support of the Home Care Coordinator. They have options as to which day of the week and time services are provides. They have the option to change the worker or providers if they are not satisfied with the service. The AAA has been able to increase our service	

providers from one provider to multiple providers. Consumer Directed services provided greater access to personal care, homemaker, chore, and multiple types of transportation services. Where previously we had limited providers.

State Plan Objective 1.2	The client assessment program is the gateway to most services provided by the Aging Network. An assessment is necessary to determine a client's eligibility for services, and it determines the level of need by establishing a priority score. The AAAs are responsible for conducting client assessments in their respective regions, thereby ensuring greater accountability, and providing a comprehensive approach to how each client is matched to services. ("Area Agency on Aging Area Plan Workbook 2023-2025")
Annual Performance Measures	
State Plan – Expand the number of seniors assessed annually by 5% or as needed.	
State Plan – Decrease the number of seniors on waiting lists for services. (It should be noted that regional waiting lists could be a result of many factors, including funding and/or lack of capacity in rural areas. ("AREA PLAN 2023-2025 - aging.sc.gov")	
AAA Strategies and Actions	
Maintain assessment completion in relation to funding received to accurately provide home and community-based services. Maintain staff and increase assessment completion as needed. Conduct in-home assessments to ensure needs are appropriately documented.	
Challenges and Barriers	
Providers are limited to their resources, staff, and capacity to add additional clients in some areas of service. Lack of funding limits the ability to increase assessment levels as well as remove individuals from the wait list to provide the services they are eligible to receive.	
2024 Update-Objective 1.2	
In SFY 23-24, the AAA has faced multiple staff shortages in the Assessment program. We are now fully staffed, and the assessors are working diligently to get all clients assessed or reassessed as needed. The Assessment Coordinator has been working to clean up clients listed as active but are not because the clients is institutionalized, moved out of the service area, declined services, deceased, or clients that cannot be located at the address, or telephone numbers provided and have not received services in 6 plus months. This has eliminated hours of the assessor's time in trying to locate clients that are no longer receiving services. Clients that are currently receiving services but have not been removed from the waiting list have been corrected.	

State Plan Goal 2	Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, services, education, and counseling on their options to live as independently as possible in the community.
State Plan Objective 2.1	

	Information and Referral/Assistance (I&R/A); SC ACT

Annual Performance Measures
State Plan – Increase the number of contacts accessing I&R/A services by 5% annually.
State Plan – Increase the I&R/A outreach by 5% annually.

AAA Strategies and Actions
The Information and Referral / Assistance program will focus on increasing the number of contacts by 5% strategically accessing the services along with tracking and developing ways to market through outreach to reach the five percent annual goal. Continue partnerships with existing referral sources for client/contact referral. Partnerships and referral sources are social workers, case managers, outreach efforts, etc. Maintain positive experience for client contacts who then refer others for assistance. Confirm referrals provided to clients and caregivers are valid and appropriate. Maintain and potentially increase number of events and attendees for educational events, health fairs, and community events. Following up with clients to ensure the resources/referrals were helpful. The steps that need to happen for this to be accomplished are attending more outreach events. For example, marketing with other IRA colleagues through emails and phone conversations to retrieve more information that would be beneficial to our service programs. Create brochures or flyers that will create more contacts within the community. Network and market with other agencies and businesses during our conferences, community events, and social media, create flyers, target church events, and perform courtesy calls to clients. I plan to send flyers to different agencies and companies through email to establish partnerships. This goal will help me by analyzing the results at the end and if they are met then I will know exactly how to work on it for the next two years. This plan can be met promptly, and I expect to accomplish this goal by 2025.

Challenges and Barriers
It is challenging to reach all within the community. The barriers I feel that can negatively impact these plans are the clients lack of technology (phones, internet), access to outreach events, and if they are facing cognitive issues.

2024 Update-Objective 2.1
The Information & Referral Specialist has been more engaged in community meetings and events to increase the number of contacts she receives and provide outreach in the region. Informational brochures have been placed at various locations throughout the region. We provided training for CareSouth Carolina staff at our quarterly staff meeting. We conduct AAA orientation for every new medical provider. We have brochures in every CSC medical site and pharmacy lobby. We have brochures in all provider agencies and hold AAA orientation as needed for

new providers and their staff. Program brochures are handed out at community health fairs and events. AAA staff attend county coordinating councils monthly and present to the group as invited. They also hand out brochures to new members coming into the council.

The I&R Specialist is constantly checking information in GetCareSC to make sure that the information is correct. Any new provider that wants to be included, she gets there information and submits it to SCDOA.

State Plan Objective 2.2	Insurance and Medicare Counseling

Annual Performance Measures
State Plan – Increase by 5% annually, the number of older adults and adults with disabilities enrolled in prescription drug coverage that meets their financial and health needs.
State Plan – Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance.
State Plan – Three regional outreach events per required per quarter (36 annually).
State Plan – Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.
State Plan – Increase by 5% annually, the number of consumers reached in rural, isolated areas.
State Plan – Increase by 5% community partnerships to assist in raising awareness of fraud.
AAA Objective: Expand outreach and to potentially develop innovative marketing material in efforts to ensure that Medicare beneficiaries and the disabled adults that are on Medicare, are aware of the **LIS/MSP** and the **"Welcome to Medicare"** preventive visit as well as the **"Wellness"** visit.

Strategies and Actions
To coordinate with our host agency CareSouth Carolina INC. in a marketing effort over next three years. To work with existing AAA board members and the local County Councils on Aging board members to ensure they are aware of these programs and encourage them to distribute the new potential marketing material. To collaborate with existing partners and recruit new organizations to expand the LIS/MSP and Preventive Wellness To expand and encourage Medicare beneficiaries to take advantage of the "Welcome to Medicare Preventive Visit" which happens the first 12 months of being new to Medicare. To empower Medicare beneficiaries to use the **"Medicare Annual Wellness visit"** and when they call the for an appointment they must ask for a Medicare Annual Wellness visit not an annual physical exam because Medicare will pay at 100% for the Medicare approve amount of the annual Wellness visit and it doesn't impact the Medicare Part B deductible. Increase the visibility of the LIS/MSP programs by innovative marketing brochure and working with local pharmacies, and rural health centers in all six counties. Increase the number beneficiaries whether they are under 65 years old or over 65 years old served by 3% and the number of LIS/MSP application submitted.

Increase the number of outreach events to 3% to empower family members, Medicare beneficiaries, and their caregivers to be aware of the existing programs that can help them reduce the cost of Medicare premiums and Part D copays.
To track each submitted application and make sure that each county in the Pee Dee Region is being served.

To increase the number of new Medicare beneficiaries by 3% and to empower them to take advantage of the" Welcome to Medicare" preventive visit and the Yearly "Wellness" visit if they are not new to Medicare.

To collaborate with existing partners, strengthen our partnerships and recruit more organizations in hopes they can help find potential beneficiaries that might be trained those partners better about the LIS/MSP programs.

To increase our LIS/MSP contacts each year by 3% for next three years.

Challenges and Barriers

One of the challenges is not having a partnership with Social Security. They have chosen not to be a partner. They do provide zip- codes and a potential number of people over/under 65 years old that may qualify for Extra Help.
Counselors cannot just call SSA as we do Medicare or Medicaid with a unique Id Number and discuss this with them or any problem as far as that goes. When we finally contact potential Medicare recipient, they may have other income that SSA does not have which makes them over the guidelines for Extra Help.

2024 Update-Objective 2.2

SHIP staff help in all the six counties we serve. Staff also ensure that we cover cities in each county that are rural as well as non-rural. We are in the process of recruiting a new SHIP specialist. We anticipate this position will be filled and the new person trained by the end of the year.

Staff have worked to strengthen our existing SHIP Program. We continue to advertise and promote, and distribute more SHIP, MIPPA and SMP brochures.

We will continue participating in community events, health fairs, and presentations in all six counties.

The insurance counselors continue to do yearly reminders in September to existing Medicare beneficiaries about upcoming Medicare Part D Open Enrollment. They are encouraging them to make appointments to go over their Part D or C prescription plan for the New Year.

Staff will continue to strengthen our partnership with existing entities and add more when possible. They will continue to do presentation to local Libraries, Visiting Nurses Association, AARP Chapters, newly open home health agencies, and Faith Base Churches.

By the end of 2025 recruit and train at least two volunteers. Also, identify at least two additional partners in the Pee Dee Region.

The biggest challenge our region has faced in 24-25 is beneficiaries are receiving so many unwanted calls from tele-markers and insurance agents.

State Plan Objective 2.3	Nutrition Program and Services

Annual Performance Measures
AAA Objective – Track and identify service gaps for Congregate and Home delivered meal services. ("Waccamaw Area Agency on Aging")
Regional Plan- Increase participation in Congregate Meal Programs and increase funding for Home Delivered Meal Programs

Strategies and Action
Identification of service gaps for congregate meal and home delivered meal services are tracked through the assessment process and through Information, Referral & Assistance. Continue to promote the importance of nutrition to improving health aging. Provide up to date information to educate seniors about safety measures to mitigate contracting infectious diseases (influenza, strep, tuberculosis, etc.) Promote the importance of limiting isolation.

Challenges and Barriers
The main barrier to nutrition services at senior centers is senior activities. Seniors want choices in the food they eat. Many seniors are active and want to have access to exercise equipment, classes that interest them while encouraging good health practices such as cooking, exercise, aerobics, and line dancing. This has been discussed with providers on multiple occasions. The AAA is looking for alternate opportunities for seniors to receive these services. Seniors have a constant fear of contracting Influenza or COVID while meeting in-group settings, especially seniors of advanced age. Many have lost loved ones to these illnesses. Fear is a hard barrier to overcome. The AAA encouraged annual vaccinations and provided educational material on the importance of vaccinations and practicing safety precautions. The main barrier to home delivered meals is additional funding. Due to the inflated cost of living and poverty levels of the older adults in the Pee Dee Region, voluntary contributions are extremely limited and continue to diminish annually. Community support from the private and business sectors also continues to diminish. Funding will always be present as a barrier without increased local support from the counties.

2024 Update-Objective 2.3

As indicated in the 2023-2025 Area Plan, senior centers and nutrition sites across the region were experiencing severe decline in participation. Vantage Point is pleased to report that all service providers have worked tirelessly to rebuild their agencies and senior participation at the sites has increased significantly.

The nutrition site located at Bethel AME Church in the Gresham Community of Marion County closed at the church's request during Covid. The church leaders felt that with the average age of participants being in their late 70's closing was the right decision. We continued to follow up with them periodically. At the time we wrote our area plan they were not responsive to reopening the site. However, the site has since reopened and currently serves twenty-five seniors every Wednesday. We continue to encourage adding additional days of the week.

The Timmonsville Nutrition Site in Florence County also closed due to black mold in the building. The black mold could not be remediated, and the site had to be relocated. Finding a new location and securing funding to renovate the new site was a slow process. However, the Timmonsville Senior Center is now open and has approximately seventy group-dining participants and forty-nine home delivered meal participants daily.

State Plan Objective 2.5	Evidence-Based Health Promotion and Disease Prevention Programs

Annual Performance Measures

"State Plan – Track and identify service gaps for Evidenced-Based Health Promotion and Disease Prevention Programs including their causes and geographic distribution.

AAA Objectives: Increase participation in Evidence-Based Health Promotion and Disease Prevention Programs
The following are examples of EBW programs that begin provided in the region.

- Bingocize – improve and/or maintain mobility and independence, learn and use health information focused on falls reduction, improved nutrition, and other health-related behaviors, engage older adults in social settings. ("Evidence Based Disease Prevention and Health Promotion (Title III-D ...")
- Chronic Disease Self-Management Program (CDSMP) - focuses on disease management skills, decision making, problem-solving and action planning.
- A Matter of Balance – reduces fall risk and fear of falling. ("Evidence Based Disease Prevention and Health Promotion (Title III-D)")
- Tai Chi for Arthritis – improves movement, strength, flexibility, relaxation, pain and falls reduction.
- Walk with Ease – reduction of pain and discomfort from arthritis, increased balance, and strength

Strategies and Actions

The AAA has encouraged service contactors to expand the choices for Evidence-based Health Promotion and Disease Prevention services that are more active, engaging, and fun for participates.

Challenges and Barriers

It is challenging to find programs that participants find fun and engaging and are willing to participate.

2024 Update-Objective 2.5

Multiple evidence-based programs are offered throughout the Pee Dee Region. Each contract provider has a trainer(s) certified to provide multiple EB programs. EB programs such as Arthritis Foundation-Exercise

Program, A Matter of Balance, Chronic Disease Self-Management, Tia Chi for Arthritis, and Bingocize are examples of classes that have been offered.

To expand Evidence Based Wellness and Health Promotion Services in the Pee Dee region, the AAA has collaborated with the CareFirst Foundation and CareSouth Carolina's Community Health workers to promote and provide evidence-based wellness classes in the community. The community health worker is a Healthy for Life facilitator, trained by the American Heart Association. Classes are being offered that promote healthy cooking and nutrition habits. In March of 2024, Healthy for Life classes were provided at the CareSouth Carolina Medical Facility in McColl (Marlboro County) as well as at the Darlington County Council on aging nutrition site in Lamar. Healthy for Life is an evidence-based nutrition and well-being program that empowers people to make healthy food, nutrition, and lifestyle choices. ("Healthy for Life | American Heart Association") The goal of the program is to change food and health attitudes and behaviors and equip individuals with new skills for healthy living. ("Tools and Resources - American Heart Association")

The Community Health Care Worker is also a Master Trainer for Matter of Balance. She will be offering two instructor classes in May 2024 in Chesterfield County to train additional instructors. Currently there are five individuals enrolled to become trainers. The AAA will continue to promote our evidence-based wellness and health promotion services throughout the region. We will also assist with enrolling seniors in these classes.

State Plan Objective 2.6	Transportation Services

Annual Performance Measures

State Plan – Increase the number of clients utilizing transportation services by 5% annually, depending on available funding sources.

AAA Objectives: To increase access to essential transportation for older adults.

Strategies and Action

The AAA encourages transportation Service providers to increase and expand transportation services within the region.
The AAA is collaborating with CareFirst Foundation as well as local city and county municipalities to increase access to Pee Dee Rural Transportation Authority (PDRTA) routes by transporting clients to feed into the existing route systems.

Challenges and Barriers

Limited transportation to door-to-door transportation.

2024 Update-Objective 2.6

Through our current collaboration with CareFirst Foundation and Pee Dee Regional Transportation Authority (PDRTA), the AAA has been able to increase our Door-to-Door Transportation in SFY 22-23 by approximately 14,000 units. The AAA will be adding Darlington County within the next few months.
Even with the addition of service provided by PDRTA, we still have a deficit for non-emergency medical and essential transportation services that transport outside of each county. We have a major deficit for transportation

providers that transport outside of our region. The AAA is currently working to add additional transportation services by adding these services to our Consumer Choice Program. We are looking to add home care agencies that are part of the Uber Health Hub that can provide these much-needed transportation services.

State Plan Objective 2.7	Family Caregiver Support Program

Annual Performance Measures
State Plan – Expand the number of family caregiver support recipients by 5% annually.
State Plan – Increase outreach events by 5% annually.
State Plan – Increase utilization of the Seniors Raising Children funding by 5%.
State Plan – Increase partnerships and collaboration with other human-service agencies by 3%.

Increase promotion of the FCSP, increase community outreach events, increase caregiver participation and utilization of the Family Caregiver Services.

The items below indicate he Family Caregiver Support Programs strategic plan to incorporating all areas (information and assistance to caregivers; counseling; support groups and caregiver training; respite; supplemental services) of the OAA programing for the Family Caregiver Support Program.

Information/Assistance:

To increase information and referral services we have planned to market and network through flyers, having events, social media, and face-to-face networking to ensure that the entire community is familiar with the program, while providing educational information that will meet the needs of the community.

The flyers will provide visual information about the different services offered through the FCSP.

Having events will provide us with an opportunity to collaborate with other agencies and organization throughout the Pee Dee area. Utilizing social media will allow us to expand our reach and audience.

Face to Face networking will allow for a more hands on and personable opportunity to outreach to our peers and other professionals within our region with the intent of increasing interest for those caregivers who are looking for services other than respite, counseling, and support groups.

Counseling Services:

It will be our focus and goal to establish a relationship with licensed counselors in our area to provide one on one counseling opportunities for our caregivers when facing challenges such as grief, depression, and other emotional support needs. In addition, collaborating with counselors to collaborate in finding additional services that they have to offer by bridging the gap for services that we cannot provide.

Support Groups/Caregiving Training:

Through our support groups, it is our purpose to bring awareness to the many issues concerning our caregivers. Such as burnout, stress, financial issues and just needing a break.

With an influx of caregivers, these issues are becoming more prominent, therefore, it is imperative that these support groups are created to build better chances for caregivers to express themselves, build confidence, and build self-esteem while promoting a healthier environment.

Through our Caregiver's training, it is our goal to provide educational materials, activities, self-care strategies, and relationship building techniques that will assist the caregiver to becoming more efficient in providing better care for themselves and their care receivers.

Respite Services:
Through our respite services, it is our goal to create and structure a better rapport with our faith-based community organizations and businesses throughout the Pee Dee region, to help promote and distribute our information to reach more caregivers.

Supplemental Services:
We will work to develop strategies around increasing opportunities for more outreach and education for the other programs and services provided such as afterschool programs, daycare, boys and girls clubs, tutoring facilities etc.)

Strategies and Actions

To increase our outreach and education.

Participate in more community events and network opportunities Actions: -Conduct more community outreach and education.

Developing more creative marketing strategies to encourage participation.

Market the program to discharge planners at hospitals and home care service providers.

Market to more schools or organizations with programs and services geared towards older adults raising children.

Talking to school administrators, childcare director, and/or program coordinators about our program.

Increase and build more sustainable relationships with community partners.

Increase our social media presence, increase our networking opportunities, and participate in more targeted community event and meetings.

Challenges and Barriers

Potential client declined services or do not meet the requirements (Age and ADL's) for services.

Getting into the school systems or connecting with administrators to ensure caregivers will be provided information about our services.

Finding community event to participate in especially those that are specifically target seniors and or caregivers.

Devoting the time to participate in community event and meetings. Ensuring that agencies have adequate aid to provide the services needed to our caregivers.

2024 Update-Objective 2.7

The AAA rehired for both Family Caregiver Advocate positions in 2024. The new Advocates come to the AAA with years of experience in both aging and disability and special needs.

The Caregiver Advocates previously trained in Powerful Tools for Caregivers classes are no longer with the caregiver program. Although the current Caregiver advocates are both new, they are quite proficient in the caregiver program and are interested in exploring the opportunity to train as instructors in Powerful Tools for Caregivers.

The Caregiver Advocates will begin exploring Powerful Tools for Caregivers training opportunities in mid-summer.

State Plan Objective 2.10	Home Care

Annual Performance Measures

State Plan – Increase the number of seniors receiving home care services by 5% annually.

Increase the number of older adults utilizing Home Care Services.

Strategies and Actions

The AAA is implementing a **"Consumer Choice" or Participant-Directed/Person- Centered Home Care.**

The AAA is currently offering participants the option of participant-directed/person-centered planning for in-home services such as respite, personal care, homemaker services, chore services, minor home repair, home modification, and supplemental caregiver services in all six counties.

Clients are given the option of traditional referral to a contract provider or select to purchase their services from a provider selected from a list of prescreened non-contract service providers

Challenges and Barriers

Jobs that require in-person attendance traditionally have lower wages and have had a more challenging time retaining workers.
When looking at the labor shortages across different industries in South Carolina, such as transportation, health

care, and social assistance, as well as the food sectors, these industries have the highest numbers of job openings.

The employee shortage is not attributed to unemployment, but to the fact workers have changed industries, causing service providers to have to increase wages for employee workers, which in turn causes a significant increase in our service rates.

2024 Update-Objective 2.10

Consumer Choice (person-centered/directed) home care has been a tremendous success. The AAA added approximately ten new homecare providers. Consumer Choice providers are required to provide a completed provider packet annually verifying their DHEC License, liability insurance, and other documentation as required. The AAA will keep personal care and homemaker reimbursement rates in line with rates established for South Carolina Department of Health and Human Services Community Long Term Care (CLTC) which provides similar home care services.

The AAA has been able to increase the number of seniors receiving Home Care Services from sixty-eight clients in 2023, to 158 clients in 2024. The feedback received from clients has been positive. The clients like being empowered to make decisions regarding when their service is provided as well as what service they need provided. Clients are allowed to request a new worker or agency if they are not satisfied with the services provided.

State Plan Objective 2.11	Minor Home Repairs

Annual Performance Measures

State Plan – Increase the number of seniors receiving home repair services by 5% annually.

AAA Plan: Increase the number of seniors receiving home repair services.

Strategies and Actions

Promote Home modification and minor home repair.
Encourage participants to share cost.
Partner with faith-based entities and civic groups to provide free labor for minor repair projects.

Challenges and Barriers

Limited income of older adults to participate in cost sharing.
Ensuring quality work is provided.

2024 Update-Objective 2.11

Minor Home repair is another service that has grown with Consumer Choice/person directed care. Finding contractors to complete small jobs was difficult. They were not interested in committing their time to small jobs that could potentially prohibit them from being available for larger jobs. By allowing the client to choose a local handy man to complete these small jobs, the work is being completed in a timelier manner. Clients like being empowered to oversee the work and make sure they are satisfied that the work agreed upon is what is provided.

State Plan Goal 3	Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the State Long Term Care Ombudsman Program, and elder abuse awareness and prevention activities including legal services and the Vulnerable Adult Guardian ad Litem program.
State Plan Objective 3.1	

	Legal Assistance Program
Annual Performance Measures	
State Plan – Increase the number of outreach activities directed at the most vulnerable senior victims of abuse, neglect, and exploitation.	
State Plan – Increase the number of formalized partnerships between aging/disability and elder rights groups.	
State Plan – Develop and implement a continuous quality improvement component within the program.	
AAA Objectives: Increase access to Legal Assistance, information, and educational programs electronically.	
Strategies and Actions	
Provide more promotional information at Outreach events. Increase access to legal services and educational information. Obtain grant funding to purchase tablets or laptops located at senior centers that allow web-based access to legal services and assistance.	
Challenges and Barriers	
Obtaining funding to purchase equipment.	
2024 Update-Objective 3.1	
Request for Legal Assistance in the Pee Dee Region continue to grow each year. In SFY 21-22, 195 clients were served. In SFY 22-23, 196 clients we served, and in April of SFY 23-24, 212 clients have been served. We will continue to promote Legal Assistance throughout the region.	
State Plan Objective 3.2	Long Term Care Ombudsman Program
Annual Performance Measures	
State Plan – Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.	
State Plan – Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.	
State Plan - Increase the number of trained Volunteer Ombudsmen by 5% annually.	
"State Plan – Each local Ombudsman program will conduct eight educational trainings for residents/families on long-term care services and/or developing self-advocacy skills." (“AREA PLAN 2023-2025 - aging.sc.gov”)	
State Plan – Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 5% annually.	
State Plan – Expand the number of Resident and Family Councils by 5% annually.	
2024 Update-Objective 3.2	

Strategy:

- Develop a marketing board and a tracking spreadsheet that would help us keep track of our friendly visits.
- Make a list of all the facilities by county to make sure that no facility has been overlooked.

Action:

- Start with the farthest facilities first and work our way inward to the closest facilities.
- Visit at least two more facilities each week.
- Document all visits on our marketing board and spreadsheet.

Challenge:

- Keeping the interest of the volunteers who have signed up because of the awaited length of time it takes to complete the initial training assessment.

Barrier:

- Having the volunteers do a background check and wait to receive the results back from the State Office on time so they can start friendly visits.
- The inability to use the volunteer ombudsmen to fulfill quarterly visit requirements due to the lack of interest because of waiting.

Regional Objective 3.3	Long Term Care Ombudsman Program

Annual Performance Measures

Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.

Strategies and Actions

• Continue to complete 100% of all quarterly visits to nursing homes and assisted living facilities
• Increase the number of quarterly visits to DDSN and DMH facilities by 5% annually

Strategies and Actions

• Continue to utilize staff and volunteer ombudsmen to complete quarterly visits to nursing homes and assisted living facilities.
• Regional LTCO to monitor DDSN and DMH quarterly visits to ensure progress is on track

2024 Update-Objective 3.3

Strategy:

- Develop a tracking spreadsheet that would help us keep track of our visits.
- Make a list of all the facilities by county to make sure that no facility has been overlooked.

Action:

- Start with the farthest facilities first and work our way inward to the closest facilities.
- Visit at least two more facilities each week.
- Document all visits on our marketing board and spreadsheet.

- Follow up with residents to discuss the complaint, the resolution, why the matter was resolved the way it was, and to determine their level of satisfaction.
- Ask what could have been managed differently

Regional Objective 3.5	Long Term Care Ombudsman Program

Annual Performance Measures

Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.

Strategies and Actions

Continue to utilize staff and volunteer ombudsmen to complete quarterly visits to nursing homes and assisted living facilities.
Increase volunteer recruitment to complete more friendly visits.

Challenges and Barriers

Increase in cases or decrease in staff taking priority away from quarterly visits.

Inability to use new ombudsmen to fulfill quarterly visit requirements due to training needs.

2024 Update-Objective 3.5

Strategy:

- Develop a marketing board and a tracking spreadsheet that would help us keep track of our friendly visits.
- Make a list of all the facilities by county to make sure that no facility has been overlooked.

Action:

- Start with the farthest facilities first and work our way inward to the closest facilities.
- Visit at least two more facilities each week.
- Document all visits on our marketing board and spreadsheet.

Challenge:

- Keeping the interest of the volunteers who have signed up because of the awaited length of time it takes to complete the initial training assessment.

Barrier:

- Having the volunteers do a background check and wait to receive the results back from the State Office on time so they can start friendly visits.
- The inability to use the volunteer ombudsmen to fulfill quarterly visit requirements due to the lack of interest because of waiting.

Regional Objective 3.6	Long Term Care Ombudsman Program

Annual Performance Measures

"Each local Ombudsman program will conduct eight educational trainings for residents/families on long-term care services and/or developing self-advocacy skills.

Strategies and Actions

Reach out to family and residents during quarterly visits to spread awareness of educational trainings offered.

Get regularly invited to Resident Council meetings.

Increase the number of educational activities for residents during Residents' Rights Week in October

Challenges and Barriers

Increase in cases taking priority away from other duties.

Managing time and prioritizing caseloads, personal training goals, quarterly visits, community education, staff in-services, and educational trainings for residents/families. Staffing shortage caused by long-term illness, staff turnover, or other issues

2024 Update-Objective 3.6

Strategies:

- Educational flyers and brochures to be taken with each friendly visit to be distributed to the residents and families for awareness and they would be able to choose the time to be present for training.
- The flyers and brochures have been developed and are being distributed to residents and family members for awareness.
- Empower them with a list of training topics that will be discussed. (This item is being promoted with every visit)
- Develop a survey that can be used for feedback from the residents and families. (still in the works to make this happen)
- Empower to be invited to Resident Council Meetings. (We have been invited to these meetings and are still advocating to be involved more)

Action:

- Connect with each of the facilities to schedule the educational training.
- Speak and develop a relationship with the administrators for awareness.
- Make sure that all receive an agenda of what is to be expected ahead of time.
- Request to be made aware of the Resident Council Meeting.
- These items are being activated. The Ombudsman team is making connections and establishing relationships to bring awareness to who we are and what we do.

Challenges:

- Getting the marketing materials that are needed for training.
- Getting family members to come to the training.
- Time management to prioritize the training for the facilities.

These barriers are getting better with strategic planning but are still a work in progress.

Barriers:

- The time it takes to receive the training materials needed for training.
- Not receiving a response from the facility to schedule time for training.

Expand the number of Resident and Family Councils by 5% annually.

Strategy:

- Develop a relationship with the Resident Council President to plan more strategies to get better results.
- Develop a workbook to assist families in facilitating their own family Council.
- Develop a workbook that would hold tools to empower the resident/family to improve their choice for better outcomes.
- Involve the resident/family council in developing plans that would keep them interested.

This is still working in progress; we are moving towards our 5% goal in this area.

Actions:

- Establish a relationship by consistent facility visitation.
- Have resources available to give when visiting facilities and when learning who the residents/family members are.
- Inform and introduce the resource materials to all administrators of the facilities.

Challenges:

- Making sure family members show up when training is scheduled.
- Facilities keeping scheduled training dates.

Barriers:

- Having to reschedule an already planned training at the last minute.
- Not having enough members for training.
- The facility has not yet formed a resident or family council.

Regional Objective 3.7	Long Term Care Ombudsman Program

Annual Performance Measures

Expand the number of Resident and Family Councils by 5% annually.

Strategies and Actions

Develop a relationship with each Resident Council President during quarterly visits.

Speak with facility about participation of Resident/Family Councils in their facilities.

Develop a workbook to assist families in facilitating their own Family Councils

Offer to speak on a regular basis at Resident and Family Council meetings

Challenges and Barriers

• Keeping resident/family councils maintained once program initially helps facilitate

• Increase in cases taking priority away from other duties

• Managing time and prioritizing caseloads, personal training goals, quarterly visits, community education, staff in-services, and educational trainings for residents/families Staffing shortage caused by long-term illness, staff turnover, or other issues.

2024 Update-Objective 3.7

Strategy:

- Develop a relationship with the Resident Council President to plan more strategies to get better results.
- Develop a workbook to assist families in facilitating their own family Council.
- Develop a workbook that would hold tools to empower the resident/family to improve their choice for better outcomes.
- Involve the resident/family council in developing plans that would keep them interested.

This is still working in progress; we are moving towards our 5% goal in this area.

Actions:

- Establish a relationship by consistent facility visitation.
- Have resources available to give when visiting facilities and when learning who the residents/family members are.
- Inform and introduce the resource materials to all administrators of the facilities.

Challenges:

- Making sure family members show up when training is scheduled.
- Facilities keeping scheduled training dates.

Barriers:

- Having to reschedule an already planned training at the last minute.
- Not having enough members for training.
- The facility has not yet formed a resident or family council.

Regional Objective 3.8	Long Term Care Ombudsman Program
Annual Performance Measures	

Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 5% annually.

Strategies and Actions

Develop community partnerships to increase opportunities to speak to the public. Attend outreach events and health fairs.

Challenges and Barriers

Managing time and prioritizing caseloads, personal training goals, quarterly visits, community education, staff in-services, and educational trainings for residents/families Staffing shortage caused by long-term illness, staff turnover, or other issues

2024 Update-Objective 3.8

Strategy:

- Develop resources that will explain and clarify in detail what and who we are.
- Develop literature that will explain how to collaborate with the Ombudsman program to achieve the best result.
- Develop a strategy that would make it easier for the educational material to empower anyone who reads it.
- Develop a survey that would require feedback from the community on how the educational material has affected their lives.

Actions:

- Make sure that each facility has access to these resources at any time.
- Supply partnering agencies in the community (DHEC, Facility Administrators, Public Entities, Police department etc.) with educational materials to increase community empowerment.
- Getting the results of the survey from the community for feedback on the educational material.

Challenges:

- To know that each facility or partnering agency is distributing equally the educational materials as requested.
- To know if they are promoting the Ombudsmen program throughout the community.

Barriers:

- Not enough community movement.
- Not enough marketing promotion.
- Not receiving any response from previous exposure.

The Ombudsman team has made progress in this area, the plans are still in motion, and we are improving from where we were last year.

III. Attachments

A. Performance Measures

C. Organizational Information (Structure and Staffing Sheet)

D. Regional Aging Advisory Council (RAAC)

D. Fiscal

E. ARP Funding Successes

F. Area Plan Amendment Notification

Attachment A- Performance Measure Goals

Area Plan Dates 2023 - 2027

Performance Measure		FY23	FY24	FY25	FY26
Meet and expand the number of seniors assessed annually by 5% or as needed.	Achieved?			No	
	Target/Goal	2520	2646	2678	2678
	Actual			1871	
	Comment (?)	Assessments decreased because of multiple reasons. Clients became eligible for CLTC services, went to residential care, clients no longer needed/eligible for services, moved out of the service area, or were deceased.			
Decrease the number of seniors on waiting lists for services. (It should be noted that regional waiting lists can be a result of many factors, including funding and/or lack of capacity in rural areas. ("AREA PLAN 2023-2025 - aging.sc.gov")	Achieved?			N/A	
	Target/Goal	N/A	609	406	203
	Actual	812		736 (duplicate clients)	
	Comment (?)	Assessments decreased because of multiple reasons. Clients became eligible for CLTC services, went to residential care, clients no longer needed/eligible for services, moved out of the service area, or were deceased. The waiting list is a fluid document. It changes with each assessment completed. The number entered is the total clients waiting for all services. Therefore, the number does not represent the number of individuals.			
	Achieved?			Yes	

Increase the number of contacts accessing I&R/A services by 5% annually.	**Target/Goal**	**1626**	**1707**	**1792**	**1882**
	Actual			**2213**	
	Comment (?)				
Increase the I&R/A outreach by 5% annually.	**Achieved?**			**Yes**	
	Target/Goal	**35**	**37**	**39**	**40**
	Actual			**41**	
	Comment (?)				
Increase annually by 5% the number of older adults and adults with disabilities <u>enrolled</u> in prescription drug coverage that meets their financial and health needs.	**Achieved?**			**No**	
	Target/Goal	**1460**	**1533**	**1610**	**1610**
	Actual		**1061**	**1168**	
	Comment (?)	**Outreach**			
Increase by 5% annually, the number of beneficiaries who <u>contact</u> the SHIP program for assistance.	**Achieved?**			**No**	
	Target/Goal	**2629**	**2685**	**2818**	**2818**
	Actual		**1081**	**1177**	
	Comment (?)				
	Achieved?				

Increase by 5% the number of regional SHIP group outreach beneficiary contacts per year.	**Target/Goal**	**2209**	**2252**	**2295**	**2295**
	Actual		**1842**	**1031**	
	Comment (?)				
Increase by 5% annually, the number of low-income beneficiaries receiving SMP counseling.	**Achieved?**			**Yes**	
	Target/Goal	**784**	**823**	**864**	**907**
	Actual		**132**	**74**	
	Comment (?)				
Increase by 5% annually, the number of beneficiaries reached in rural, isolated, hard-to-reach areas.	**Achieved?**			**No**	
	Target/Goal	**1234**	**1296**	**1361**	**1361**
	Actual		**904**	**1031**	
Increasing by 5% annually, the number of Medicare beneficiaries under age 65 reached.	**Achieved?**			**No**	
	Target/Goal	**227**	**238**	**249**	**249**
	Actual		**164**	**152**	
	Comment (?)				
Expand the number of family caregiver support recipients	**Achieved?**			**Yes**	
	Target/Goal				
	Actual	**506**	**531**	**557**	**585**

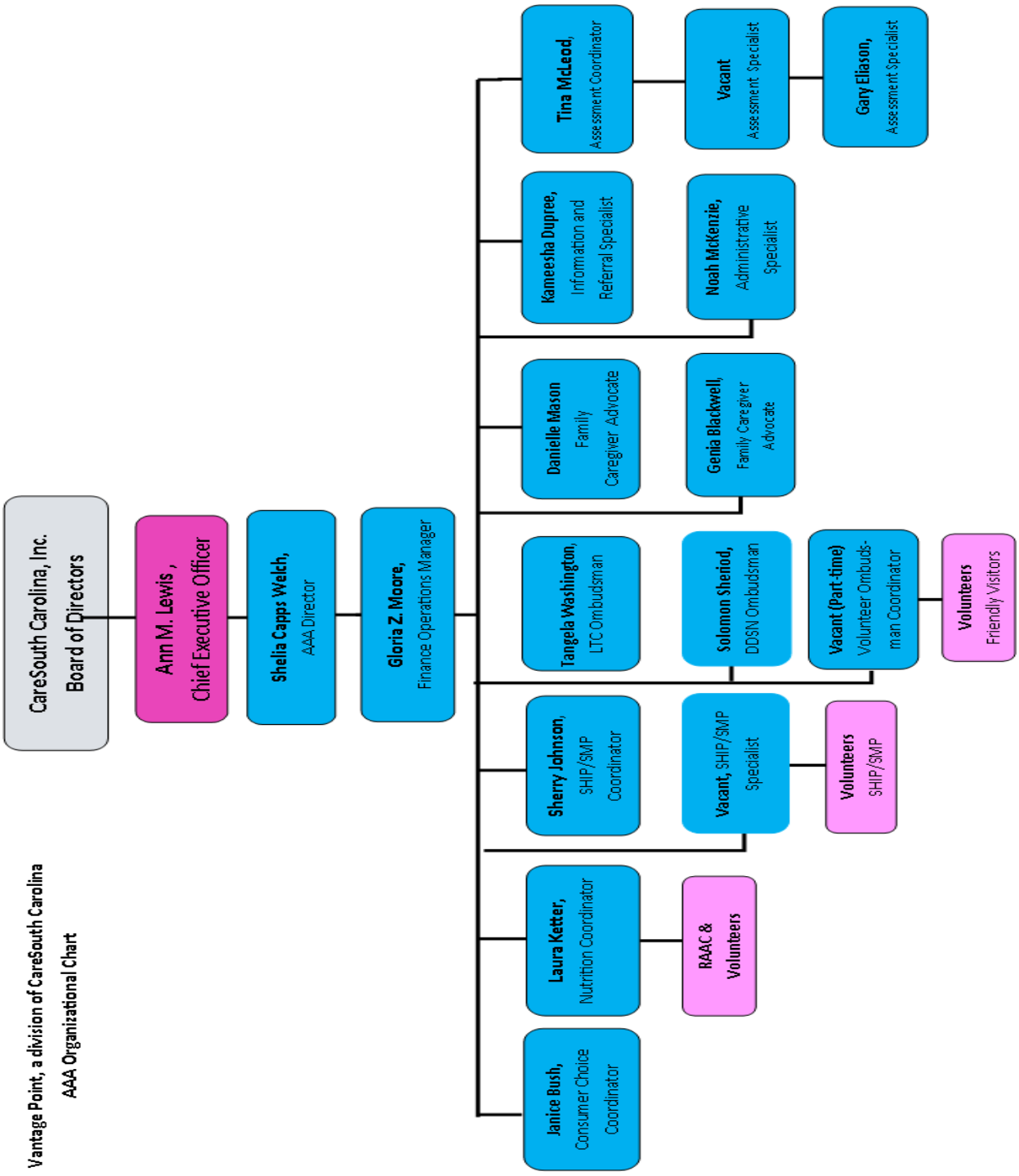
assessed by 5% annually.	**Comment (?)**			**631**	
Increase family caregiver outreach events by 5% annually.	**Achieved?**			**No**	
	Target/Goal	**13**	**14**	**15**	**12**
	Actual			**5**	
	Comment (?)	**. One outreach event per month**			
Reach target and increase utilization of the Older Adults Raising Children funding by 5%.	**Achieved?**			**No**	
	Target/Goal	**$8,400**	**$8,820**	**$8,820**	**$8,820**
	Actual			**$7,757.64**	
	Comment?	**Caregivers and the Outreach coordinator will increase outreach to older adults raising children.**			
Increase partnerships and collaboration with other human-service agencies.	**Achieved?**			**Yes**	
	Target/Goal	**35**	**37**	**39**	**41**
	Actual			**39**	
	Comment (?)				
Increase the number of seniors receiving home care services by 5% annually.	**Achieved?**			**Yes**	
	Target/Goal	**250**	**263**	**276**	**290**
	Actual			**277**	
	Comment (?)				

Increase the number of seniors receiving home modification/minor repair services annually.	**Achieved?**				
	Target/Goal	**$40,000**	**$45,000**	**$50,000**	**$50,000**
	Actual			**0**	
	Comment (?)				
Increase by 5% annually, consumer participating in the transportation programs.	**Achieved?**			**Yes**	
	Target/Goal	**237**	**248**	**260**	**273**
	Actual			**284**	
	Comment (?)				
Increase by 5% annually, consumer contributions in transportation programs.	**Achieved?**			**No**	
	Target/Goal	**$342**	**$373**	**$407**	**$407**
	Achieved?			**$240.00**	
	Comment (?)	**The AAA is collaborating with the consumer directed transportation provider to determine a way to collect voluntary donations for ridership funded with OOA and State funding.**			
Increase consumer participation annually 10% in the congregate meal program.	**Achieved?**			**Yes**	
	Target/Goal	**345**	**380**	**418**	**460**
	Actual			**662**	
	Comment (?)				

Increase consumer contributions annually by 10% in the congregate meal program.				**Yes**	
	Target/Goal	**$8,688**	**$8,775**	**$8,863**	**$9,749**
	Actual			**$20,827.84**	
	Comment (?)				
Increase annually, the number of clients utilizing home delivered meal by 5% annually, depending on available funding sources	**Achieved?**			**No**	
	Target/Goal	**2,250**	**2,295**	**2,340**	**2,340**
	Actual			**1,499**	
	Comment (?)	**Many clients who previously received home delivered meals were determined to be ineligible during their annual reassessment. Ineligibility was due to their condition being improved, and they were referred to group dining and are now participating in the congregate meal program.**			
Increase by 10% annually, consumer contributions to home delivered meal programs.				**No**	
	Target/Goal	**$937**	**$1,031**	**$1,134**	**$1,134**
	Actual			**$275.50**	
	Comment (?)	**The shift is donations due to the shift in client participants. As you can see the number of participants in group dining has increased and the number of participants in home-delivery meals has decreased.**			
Increase the number of annual visits to facilities by Ombudsmen representatives by 5% annually.	**Achieved?**			**No**	
	Target/Goal	**180**	**180**	**180**	**180**
	Actual			**125**	

	Comment?	**We have filled the position for the 2nd Ombudsman and training will be complete soon. Filling the second position will provide the coverage needed to complete all facility visits.**			
Increase the number of trained Volunteer Ombudsmen by 5% annually.	**Achieved?**			**No**	
	Target/Goal	**12**	**18**	**25**	**25**
	Actual			**1**	
	Comment (?)	**We have been absent an Ombudsman for several months and the Volunteer Ombudsman has been filling in to assist the LTC Ombudsman with facility visits.**			
Improve targeted educational activities that raise awareness of the program in the communities by 5% annually.	**Achieved?**			**No**	
	Target/Goal	**13**	**14**	**15**	
	Actual			**8**	
	Comment (?)	**Same as above**			
Expand the number of Resident and Family Councils attended by 5% annually.	**Achieved?**				
	Target/Goal	**27**	**30**	**35**	
	Actual			**0**	
	Comment (?)	**Ombudsmen must be invited to attend a Resident and Family Council Meeting. They did not receive an invitation.**			

Attachment B- Organizational Information



Agency name:	Pee Dee AAA
Region:	R-07
Agency FTE (yearly hours):	1,950
Fiscal Year:	2024-2025

Regional Authority Staffing Sheet

			Professional Staff							Support Staff			Employee	
Employee Name	Position & Resposiblity	Minority	Exec	Planning	Devmnt	Admin	Service	Access/Care	Other	Clerical	Other	FTE	Start Date	End Date
Shelia Welch	Director		1									1.0	Nov. 2001	
Gloria Moore	Analyst (Data, Finance, etc)		0.25	0.25		0.5						1.0	Jul. 2004	
Janice Bush	Program Coordinator	(M)						1				1.0	Aug. 2016	
Danielle Mason	Caregiver Advocate (respite)	(M)							1			1.0	May. 2001	
Laura Ketter	Program Coordinator			0.25	0.25	0.5						1.0	Jun. 1993	
	Insurance Counselor	(M)											Sept. 2024	6/20/2025
Tina McLeod	Assessments								1			1.0	May. 2017	
Sherry Johnson (1664 hrs.)	Insurance Counselor						0.85					0.9	Mar. 1988	
Genia Blackwell	Caregiver Advocate (respite)								1			1.0	Sept. 2024	
Gary Eliason	Assessments								1			1.0	Jul. 2023	
	Assessments	(M)											Sept. 2021	9/25/2025
Tangela (Tami) Washington	Ombudsman	(M)					1					1.0	Dec. 2021	
	Volunteer - Ombuds	(M)											Feb. 2024	7/15/2025
Kameesha Dupree	Info Assistance & Referral	(M)						1				1.0	Feb. 2022	
Solomon Sheriod	Ombudsman	(M)					0.5					0.5	Apr. 2025	
Noah McKenzie	General Support							0.5		0.5		1.0	Oct. 2024	
Total Staff		13	1.3	0.5	0.3	1.0	2.4	2.5	4.0	0.5		12.4		
Total Minority Staff		8					1.5	2.0	1.0			4.5		

Attachment C- Regional Aging Advisory Council (RAAC)

REGION - VII	Pee Dee Region											
		<50%										
RAAC Member Name	County of Residence	Age 60+	Program Beneficiary	Public Official	Minority	Rural Resident	Family Caregiver	Member of the Business Community	Veterans Organization	Member of the Disability Community	General Public	Provider Organization
Vacant	Dillon											
Mary J. Garvin	Chesterfield	X	X		X	X	X				X	
Rep. Richie Yow	Chesterfield			X		X	X	X	X	X	X	
Rev. Ethel M. Hicks	Darlington	X	X		X	X	X				X	
Rev. Ray Taylor	Darlington				X		X				X	
Linda P. Bell	Florence	X	X		X	X	X			X	X	
Brandy Douglas	Florence	X			X	X	X			X	X	
Penelope Bright	Darlington	X			X	X	X	X		X	X	
Barbara Holmes	Florence	X			X		X	X			X	
Mark Sobiski	Darlington	X				X	X	X			X	X
Vacant	Marion											
Vacant	Marlboro											

Attachment D- Fiscal

Describe any immediate and anticipated impacts of the following funding awards:

- **Additional HCBS Funds Received**

  First, I would like to state how very appreciative the AAA is for the additional HCBS funds received. This funding will be used to fund the HCBS Dental and Pest Control Programs. But primarily the additional HCBS funding is being used to help sustain clients who were previously being served utilizing Covid funding. Although the additional funding was significant, it doesn't allow the AAA to increase the number of clients being removed from the waiting list as much as the AAA and the legislators had hoped to see.

  Our federal funding hasn't grown at the same rate as inflation so the small increases we have received have helped to cover the service providers' rate increases but hasn't provided much relief in removing clients from the waiting list.

- **Additional Regional Ombudsman Funds**

  The additional funds received for the Regional Ombudsman Program allowed the Area Agency on Aging to fill the funding deficit in the Pee Dee Regions Ombudsman Program Budget. The program employees 2.5 fulltime employees. A full-time Regional Long Term Care Ombudsman, a full-time Regional Disability and Special Needs/Mental Health Ombudsman and the part-time Volunteer Ombudsman Program position.

Share any updates to your region's procurement process. (Contract terms, procurement schedule, etc.)

- **Procurement Process** Updated Purchasing and Procurement Policy

CareSouth Carolina
Policy Power DMS # FIN-0035
Purchasing and Procurement Policy

ORIGINAL AND SUBSEQUENT BOARD APPROVAL DATES:

February 23, 2012
August 28, 2014
October 23, 2014
March 23, 2017
May 24, 2018
July 26, 2018

May 23, 2019
July 23, 2020
December 22, 2021
December 29, 2022
April 27, 2023
August 22, 2024

POLICY: Purchasing *and Procurement*

REFERENCE: 45 CFR 75 – Uniform Grant Guidance

Category: Procurement

1) Policy

CareSouth Carolina (CSC) or (CHC) is committed to ensuring that goods and services are purchased in a manner that provides open and free competition and is in compliance with the procurement standards required by the U.S. Department of Health and Human Services (DHHS) found at 2 CFR Part 200 (DHHS adoption of the Uniform Grant Guidance (UGG) as implemented at 45 CFR 75), state and local statutes and executive orders as applicable.

This policy is applicable to all procurements of any non-employee services to be funded with federal funds to include the following:

- Supplies, equipment, and other expendable property,
- Real property, and
- Services

Approval thresholds for procurements when using program income are listed as the last section in the procurement methods sections of this policy.

This policy refers to the simplified acquisition threshold (SAT) and micro-purchase threshold. These figures are updated for inflation periodically and will be subject to change. At least annually, the CHC will reference the Federal Acquisition Regulations Section 2.101 to determine if these thresholds have changed and will update this policy accordingly.

Compliance with this policy is required to be documented for procurements greater than the Simplified Acquisition Threshold (SAT) of $250,000.

2) Accountability

The following Health Center staff are responsible for ensuring compliance with and overseeing the following aspects of this board approved policy:

- Chief Financial Officer

3) Code of Conduct

The Health Center will maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts. (“Conflict of Interest/Standards of Conduct - CHAMPS”) The Health Center will also maintain written standards of conduct covering organizational conflicts of interest with a parent, affiliate, or subsidiary organization of the CHC that is not a state, local government, or Indian tribe. A conflict of interest exists when an employee, officer, agent, or any member of his or her immediate family, or organization has a financial or other interest in or a tangible personal benefit from a firm considered for contract. The standards for conduct will provide for disciplinary actions to be applied for violations of such standards. (“Conflict of Interest (COI) Policy | HRSA”)

No CHC Board member, employee or agent will participate in the selection, award, or administration of a contract if a real or apparent conflict of interest is involved. (“chcams.org”)

"No CHC Board member, employee, or agent will solicit or accept gratuities, favors or anything of monetary value from contractors, or parties to subcontracts." (“chcams.org”) See Conflicts of Interest Policy.

To ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, and invitations for bids and/or requests for proposals are excluded from competing for such procurements. (“Exhibit G - ARPA Requirements - AustinTexas.gov”)

4) General Procurement Standards

The CHC will have procedures for procurement transactions which ensure the following:

a. Competition

   All procurement transactions must be conducted in a manner providing full and open competition consistent with the standards in this section. (“eCFR: 45 CFR 75.328 -- Competition.”) Some of the situations consider to be restrictive of competition but are not limited to the following:

   - "Placing unreasonable requirements on firms for them to qualify to do business" (“Rule 5101:9-4-07 - Ohio Administrative Code | Ohio Laws”)
   - Requiring unnecessary experience and excessive bonding
   - Noncompetitive pricing practices between firms or between affiliated companies
   - Noncompetitive contracts to consultants that are on retainer contracts.
   - Organization conflicts of interest

- "Specifying only a “brand name” product instead of allowing “an equal” product to be offered" (“eCFR: 45 CFR 75.328 -- Competition.”)
- Any arbitrary action in the procurement process

The CHC prohibits the use of statutorily or administratively imposed state, local, or tribal geographical preferences in the evaluation of bids or proposals, except in cases where applicable Federal statutes expressly mandate or encourage geographical preference. However, when contracting for architectural and engineering services, geographic location may be a selection criterion provided its application leaves an appropriate number of qualified firms, given the nature and size of the project, to compete for the contract. (“eCFR: 45 CFR 75.328 -- Competition.”)

"The CHC will ensure that all prequalified lists of persons, firms, or products which are used in acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition." (“chcams.org”) Additionally, the CHC will not preclude potential bidders from qualifying during the solicitation period.

b. Procedures for Procurement Transactions

The CHC will have written procedures for procurement transactions. These procedures must ensure that all solicitations are:

- Solicitations for goods and services will include a clear and accurate description of the technical requirements for the material, product, or service to be procured (which will not unduly restrict competition). (“UNIFORM GUIDANCE Code of Federal Regulation eCFR system information”)

- May include a statement of the qualitative nature of the material, product, or service to be procured. (“Basically, CDBG Chapter 14 Procurement - HUD Exchange”)

    1. When necessary, it will set forth minimum essential characteristics and standards to which it must conform if it is to satisfy its intended use. (“Basically, CDBG Chapter 14 Procurement - HUD Exchange”) Detailed product specifications will be avoided when possible. When it is impractical or uneconomical to make a clear and accurate description of technical requirements, the description may include a “brand name or equivalent” description to define the performance or other salient requirement of procurement. (“Pine Point School - Amazon Web Services”) The specific features of the named brand which must be met will be clearly stated and identify all requirements which the offerors must fulfill and all other factors to be used in evaluating bids or proposals. (“brand name or equivalent Definition | Law Insider”)

"The CHC will identify all requirements which the offerors must fulfill and all other factors to be used in evaluating bids or proposals." ("chcams.org")

The CHC will not purchase unnecessary or duplicative items. The CHC will consider consolidating or breaking out procurements to obtain more economical purchase. When appropriate, the CHC will perform an analysis of lease and purchase alternatives to determine the most economical and practical procurement.

The CHC will determine the type of procuring instrument to be used (e.g., fixed price contracts, purchase orders, and incentive contracts) based on appropriateness for the procurement and for promoting the best interest in the program or project involved.

The CHC will only use a time and materials type contract after it is determined that no other type of contract is suitable, given that there is a set ceiling price which the contractor exceeds at their own risk. A high degree of oversight will be exerted by the CHC in these contracts to ensure that the contractor is using efficient methods and effective cost controls. ("chcams.org") "Time and materials type contract" is defined as a contract whose cost to the CHC is the sum of the actual cost of the materials, direct labor hours charged at fixed hourly rates that reflect wages, general and administrative expenses, and profit. ("Uniform Guidance")

The CHC, in accordance with good administrative practice and sound business judgment, will solely be responsible for the settlement of all contractual and administrative issues which may arise out of procurements, such as source evaluation, protests, disputes, and claims.

To foster economy and efficiency, the CHC is encouraged to enter into state and local intergovernmental agreement or inter-entity agreements where appropriate, use Federal excess and surplus property in lieu of purchasing new when it is found feasible, and use value engineering clauses for construction projects when projects are large enough to offer cost reduction. Value engineering is defined as a systematic and creative analysis of each contract item or task to ensure that its essential function is provided at the overall lower cost. ("eCFR: 45 CFR 75.327 -- General procurement standards.")

c. Small and Minority Owned Business

The CHC will take all necessary affirmation steps to utilize small businesses, minority-owned firms, women's business enterprises, and labor surplus area firms when possible.

Affirmative steps will include:

- Placing the businesses on solicitation lists
- Assuring the businesses are solicited whenever they are potential sources. ("Six Steps Required When Contracting with Socio-Economic Businesses")

- Dividing total requirements into smaller tasks or quantities when feasible to permit maximum participation of the businesses. (“Section 7.2 Overall Procurement Requirements – Resources from NHCDFA”)
- Establishing delivery schedules, where the requirement permits, to encourage participation of the businesses.
- Use the assistance of organizations such as the Small Business Administration and the Minority Business Development Agency when appropriate.
- Requiring the prime contractor (if subcontracts are to be let) to take the affirmative steps listed in first five steps listed above.
-

d. Contract Cost and Price

The CHC will document in the procurement files some form of cost or price analysis made in connection with every procurement action more than the SAT, which is currently $250,000, including contract modifications. (“chcams.org”) The method and degree of analysis is dependent on the facts surrounding the procurement situation, but as a starting point, the CHC must make independent estimates before receiving bids or proposals. (“Methods to Determine Price Reasonableness | Purchasing: Loyola ...”)
P
"CHC will negotiate profit as a separate element of the price for each contract in which there is no price competition and, in all cases, where cost analysis is performed." (“chcams.org”) To establish a fair and reasonable profit, the CHC will consider the complexity of the work to be performed, the risk taken on by the contractor, the investment made by the contractor, the amount of subcontracting, the quality of past performance, and area industry profit rates for similar work. (“eCFR: 40 CFR 35.6585 -- Cost and price analysis.”)

The CHC will only use costs or prices based on estimated costs for contracts only to the extent they would be allowable under Subpart E (Cost Principles) of 45 CFR Part 75.

The CHC will not use the cost-plus percentage of cost and percentage of construction cost methods of contracting.

e. Procurement Records

The CHC will establish and maintain procurement records and files sufficient to detail the history of the procurement. These records will include but are not necessarily limited to the following: rationale for the method of procurement, justification for contractor selection / rejection, selection of contract type including justification when bids are not obtained, and the basis for the contract price. (“chcams.org”)

f. Contract Administration

The CHC will maintain a system for contract administration that ensures contractor compliance with the terms, conditions and specifications of the contract and adequate and timely follow-up of all purchases. The CHC will evaluate and document contractor performance in terms of whether the contractor has met the terms, conditions, and specifications of the contract. ("chcams.org")

The CHC recognizes that standards in 45 CFR Part 75 do not relieve the entity of any contractual responsibilities under its contracts, and that the HHS awarding agency will not substitute its judgment for that of the CHC unless the matter is primarily a federal concern. Violations of law will be referred to the local, tribal, state, or Federal authority having proper jurisdiction.

For construction or facility improvement contracts or subcontracts exceeding the SAT, the bonding policy, and requirements of the CHC may be accepted if the HHS awarding agency or the CHC has determined that the Federal interest is adequately protected. If this determination has not been made, the minimum bonding requirements are as follows:

- There must be a bid guarantee in the form of a firm commitment such as a bid bond, certified check, or other negotiable instrument from each bidder equivalent to five percent of the bid price as assurance that the bidder will, upon acceptance of the bid, execute such contractual documents as may be required within the time frame specified.

- There must be a performance bond on the part of the contractor for 100 percent of the contract price. A "performance bond" is one executed in connection with a contract to secure fulfillment of all the contractor's obligations under such contract.

- There must be a payment bond on the part of the contractor for 100 percent of the contract price. A "payment bond" is one executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in execution of the work provided for in the contract.

- In situations where bonds are required, the bonds will be obtained from companies holding certificates of authority as acceptable sureties pursuant to 31 CFR Part 223. ("eCFR: 45 CFR 75.334 -- Bonding requirements.")

5) Procurement Methods

The CHC will use one of the following methods of procurement depending on the specifications of the purchase, set forth below:

a. Federal Funds: Micro-Purchase

Procurement by micro- purchase is defined as the acquisition of supplies or services in which the aggregate dollar amount does not exceed $10,000, as set by the National Defense Authorization

Act of 2018. The CHC will monitor and implement the provisions of applicable legislation affecting this threshold going forward.

Requirements:

1. To the extent practicable, CHC will distribute micro-purchases equitably among qualified suppliers. (“Micro-purchase Policy for Federal Grants”)

2. "If the CHC finds the price reasonable, it may award micro-purchases without soliciting competitive quotations." (“chcams.org”)

3. Threshold applies to aggregate purchase cost rather than cost of individual items (for example, if total office supply cost is $5,000 for ten items, then purchase does not qualify as micro)

4. No cost or price analysis is required.

b. Federal Funds: Small Purchases

Procurement by small purchase is defined as simple and informal procurement methods for securing services, supplies, or other property that do not cost more than the Simplified Acquisition Threshold which is currently set at $250,000 (FAR 2.101).
Requirements:

1. When using this method, CHC must obtain price or rate quotations from at least two qualified sources and maintain support for rate quotes.
    a. Examples of qualified sources include the following:
        i. Internet search
        ii. Vendor price listing
        iii. Verbal quotes

2. $250,000 threshold should not be used as lower limit for allowing competition.

3. No cost or price analysis is required.

c. Federal Funds: Sealed Bids

Procurement by sealed bids (or formal advertising) occurs when bids are publicly solicited and a firm fixed price contract is awarded to the bid responsible whose bid, conforming to all CHC terms and conditions for the procurement, is the lowest in price. This is the preferred method for construction if the following conditions are present:

- Procurement cost is greater than the SAT of $250,000.
- A complete, adequate, and realistic specification description is available.
- Two or more responsible bidders are willing and able to compete for the business. (“eCFR: 45 CFR 75.329 -- Procurement procedures.”)
- The procurement lends itself to a firm fixed price contract and the selection of the bidder can be made principally on price. (“45 CFR 75.329 - Procurement procedures. - GovRegs”)

Requirements:

1. The CHC will solicit bids from at least two known suppliers, giving them sufficient time to respond before the set opening bid date.

2. In the invitation for bids, the CHC will include any specifications and pertinent attachments as well as define the items or services for the bidder to properly respond. (“eCFR: 45 CFR 75.329 -- Procurement procedures.”)

3. "The CHC will open all bids at the time and place set forth in the invitation." (“chcams.org”)

4. The CHC will award a firm fixed price contract, in writing, to the responsive and responsible bidder which has the lowest price, taking into consideration factors specified in the bidding documents such as: payment discounts (where prior experience indicates they are usually taken advantage of), transportation costs, and life cycle costs.

5. If any or all bids are rejected, there will be a sound reason which the CHC will document.

6. "A cost and price analysis must be performed for these purchases, and the entity must make independent estimates before receiving bids or proposals." (“A Refresher on Uniform Guidance Procurement Requirements”)

d. Federal Funds: Competitive Proposals

Procurement by competitive proposals is conducted with more than one source submitting an offer, and either a fixed price or cost reimbursement type contract is awarded. (“Additional Purchasing Requirements When Using Federal Funds”) This is used when conditions are not appropriate for the use of sealed bids. (“eCFR: 45 CFR 75.329 -- Procurement procedures.”)

Requirements:

1. Procurement cost must be greater than the SAT of $250,000.

2. The CHC will publicize requests for proposals and identify all evaluation factors and their relative importance, ensuring that any response to public proposal requests is considered to the maximum extent practical. (“chcams.org”) (“chcams.org”)

3. The CHC will solicit proposals from at least two qualified sources.

4. The CHC will have a written evaluation method for conducting technical evaluations of the proposals received and for selecting recipients.

5. The CHC will award contracts to the responsible firm whose proposal is most advantageous to the program, with price and other factors considered. (“eCFR: 45 CFR 75.329 -- Procurement procedures.”)

6. The CHC may use competitive proposal procedures for procurement of professional services from architectural/engineering (A/E) firms when they are evaluated and chosen based on the level of qualification for the procurement services needed. This method, where price is not used as a selection factor, will be subject to negotiation of fair and reasonable compensation, and may only be used for professional services from A/E firms and no other types of services.

7. If any or all bids are rejected, there will be a sound reason which the CHC will document.

8. "A cost and price analysis must be performed for these purchases, and the entity must make independent estimates before receiving bids or proposals." (“A Refresher on Uniform Guidance Procurement Requirements”)

e. Noncompetitive (Sole-Source) Proposals

Procurement by noncompetitive proposals is defined as procurement through solicitation of a proposal from only one source. (“SMART Fact Sheet: Non-Competitive Procurement Justification”) This method will only be used when one or more of the following circumstances apply:

1. The item is only available from a sole source.

2. A public exigency or emergency requiring the purchase will not permit a delay which would result from competitive solicitation.

3. "The HHS awarding agency or pass-through entity expressly authorizes the sole-source procurement in response to a written request from the CHC.

4. "After soliciting a number of sources, competition is determined to be inadequate." ("A Refresher on Uniform Guidance Procurement Requirements")

5. Sole source purchases are applicable at any level when one of the criteria is met.

f. Program Income: Purchasing Approval Thresholds

The following approval thresholds apply to purchase transactions:

Supply orders, *except for normal, routine supply orders i.e., medical, pharmaceutical, and dental supplies. These such items are exempt from this process. These items are approved in the annual budget by Executive Management and the Board of Directors:*

$0 - $10,000 – Purchasing Manager
$10,001 - $25,000 – CFO or CEO
$25,001 - $50,000 – CEO
$50,001 + - Finance committee of the board of directors

Capital equipment:
$0 - $10,000 – Purchasing Manager
$10,001 - $25,000– CFO or CEO
$25,001 - $50,000 – CEO
$50,001 + - Finance committee of the board of directors

Services*: except for normal, routine services i.e., reference laboratory, medical and dental referral agreements. These such items are exempt from this process. These items are approved in the annual budget by Executive Management and the Board of Directors.*

All purchases greater than $50,000 must be approved by the finance committee of the Board of Directors.

6) HHS Review

"Upon request of HHS or other awarding agency, the CHC will make certain items available to review including technical specifications on proposed procurements where the HHS awarding agency or pass-through entity believes such review is needed to ensure that the item or service specified is the one being proposed for acquisition." ("chcams.org") This review will take place prior to the time the specification is incorporated into a solicitation document; thus, it is called pre-procurement review. "However, if the CHC desires to have the review after the solicitation is developed, it may, but such review by the HHS awarding agency or pass-through entity may be limited to the technical aspects of the proposed purchase." ("chcams.org")

"Upon request of HHS or other awarding agency, the CHC will make available pre-procurement review, procurement documents, such as requests for proposals or invitations for bids, or independent cost estimates in the following circumstances:" ("chcams.org")

- Procurement procedures or operations fail to comply with the procurement standards. ("Presentation")
- Procurement is expected to exceed the SAT and is to be awarded without competition/one bid offer received. ("Procurement Procuring Goods and Services under a Federal Grant for ...") ("Procurement Procuring Goods and Services under a Federal Grant for ...") ("Procurement Procuring Goods and Services under a Federal Grant for ...") ("Procurement Procuring Goods and Services under a Federal Grant for ...")
- Procurement is expected to exceed the SAT and specifies a "brand name" product. ("Procurement Procuring Goods and Services under a Federal Grant for ...")
- Proposed contract is expected to exceed the SAT and is to be awarded to a contractor other than the lowest bidder under the sealed bid method.
- A proposed contract modification changes the scope of a contract or increases the contract amount by more than the SAT. ("2 CFR 200.325 -- Federal agency or pass-through entity review.")

The CHC will be exempt from pre-procurement review if the HHS awarding agency or pass-through entity determines that CHC procurement systems comply with standards in 45 CFR Part 75 — thus the CHC procurement standards become "certified." Options for certification include:

- The CHC may request that its procurement system be reviewed by the HHS awarding agency or pass-through entity. ("HHS awarding agency or pass-through entity review. - eCFR) This type of review only occurs when there is continuous high-dollar funding, and third-party contracts are awarded on a regular basis.

- The CHC may self-certify its procurement system. This does not limit the HHS awarding agency's right to survey the system. Self-certification includes written assurances from the CHC ensuring that it is complying with procurement standards set forth in 45 CFR Part 75, citing specific policies, procedures, regulations, or standards as complying.

Contract Provisions and Administration

The CHC will ensure that, as applicable, all contracts for procurements purchased with Federal funds contain the contract provisions specified 45 CFR Part 75 (Uniform Grant Guidance) Appendix II.

In addition to other provisions required by the HHS agency, all contracts made by the CHC under the Federal award must contain provisions covering the following as applicable:

- For contracts more than the simplified acquisition threshold, which is currently set at $250,000, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

- All contracts, more than $10,000, must address termination for cause and for convenience by CHC including how it will be.
  effected and the basis for settlement.

- Equal Employment Opportunity: All contracts that meet the definition of "federally assisted construction contract" must include the "Equal Employment Opportunity" clause. ("Appendix II to Part 200 – Contract Provisions for Non-Federal Entity ...")

- Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708). Where applicable, all contracts awarded by the CHC more than $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer based on a standard work week of 40 hours. Work more than the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked more than 40 hours in the work week. ("CONTRACT WORK HOURS AND SAFETY STANDARDS - Law Insider") The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous, or dangerous. These requirements do not apply to the purchases of supplies, materials, or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence. ("2 CFR Appendix II to Subpart F of Part 200 - Contract Provisions for ...")

- Davis Bacon Act: When required by Federal program legislation, all prime construction contracts more than $2,000 awarded by non-Federal entities must include a provision for compliance with the Davis – Bacon Act. In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The CHC must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. ("2 CFR Appendix II to Subpart F of Part 200 - Contract Provisions for ...") The CHC must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland ''Anti-Kickback'' Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3). The Act provides that each contractor or sub recipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. ("California Energy Commission") The CHC will report all suspected or reported violations to the Federal awarding agency.

- Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended— Contracts and subgrants of amounts in excess of $150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

- Debarment and Suspension (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR part 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), ‘‘Debarment and Suspension.’’ SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

- Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)—Contractors that apply or bid for an award exceeding $100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tear up to the non-Federal award.

Attachment E- ARP Funding Successes

Consumer Directed Supportive Services

Senior supportive services encompassed a wide range of services and resources designed to enhance the quality of life for older adults, particularly those facing physical, emotional, or social challenges. These services though limited, included essential shopping transportation assistance, non-emergency medical transportation, and access to social activities that promote engagement and reduce isolation. ARP funding was used in the first year of the grant to remove a sizable number of individuals from the waiting list. At the time, many had been added back to the waiting list due to staff shortages faced by our service providers during the peak of Covid. Services also included assistance with medical services not covered by their health insurance.

The Area Agency on Aging's' goal was to ensure seniors receive personalized assistance tailored to their needs. By fostering independence and dignity, senior supportive services play a vital role in helping aging individuals remain healthy, safe, connected, and empowered within their homes and communities.

The following assistance programs were provided with ARP Funding.

- Food Boxes- fresh produce to address food insecurities.

  Food Share Program – Key components of the program are.
  Fresh Food Box: This program offers boxes filled with 9 to 11 varieties of fresh fruits and vegetables at affordable prices. The boxes are available for purchase, and SNAP recipients can b enefit from significant discounts through the Healthy Bucks program.

  SNAPonline: This webbased portal allows SNAP/EBT recipients to order Fresh Food Boxes onli ne, making it easier to access healthy food without needing to visit a distribution site in person. T his service is expanding to more counties in 2026.

  Community Engagement: FoodShare South Carolina also engages in community cooking classes and nutrition education to empower individuals and families to make healthier food choices.

- Dental, Vision, and Hearing Assistance

Limited financial assistance was provided for seniors whose assessment indicated a need for these items and medical documentation was provided to support the need.

- Pest Control Assistance
  Financial assistance was provided for individuals who the assessor noted an issue with pest in the home or a referral was made by a provider or APS.

- Heating/Cooling Assistance (fans, portable heaters, or air conditioners)
  Reimbursement was provided for the purchase of a fan, a room size portable heater, or air conditioner if needed.

Attachment F-Area Plan Amendment Notification (if needed)