Waccamaw Area Agency on Aging

2023 - 2025

WACCAMAW
REGIONAL
COUNCIL OF GOVERNMENTS

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I. Overview

The Area Plan is a public document that should present essential information clearly, and should be easily understood by the public and aging network partners. The document shall be written using concise sentences and paragraphs, as well as clearly defined charts, graphs, and diagram legends.

The Area Plan should be reflective of the actual activities and services provided in the planning and service area, the operations of the PSA and AAA, and of the long range planning and forecasting for the aging network in the region.

A. Purpose

The Area Plan serves multiple purposes:

- **Documenting** the tangible outcomes planned and achieved as a result of a region's long-term care reform efforts.
- **Translating** activities, data, and outcomes into proven best practices, which can be used to leverage additional funding.
- **Providing a Blueprint** that spells out the coordination and advocacy activities the AAA will undertake to meet the needs of older adults, including integrating health andsocial services delivery systems.
- **Building Capacity** for long-term care efforts in the planning and service area.

The AAA should succinctly incorporate into the Area Plan as many of its activities related toaging as possible, regardless of funding source. The plan should serve as a valuable tool forplanning/tracking all efforts on behalf of older adults.

B. Focuses

The Area Plan must include measurable objectives that address all of the focus areas, 1-4, below. In developing objectives, consider the role these areas serve in optimizing the AAA's long-term services and supports system (LTSS) for older adults and their caregivers.

1. Older Americans Act (OAA) Core Programs Focus Area OAA core programs are encompassed in Titles III, VI, and VII, and serveas the foundation of the national aging services network.
    - Coordinating Title III programs with Title VI Native American programs;
    - Strengthening and/or expanding Title III & VII services;
    - Supporting families and caregivers;
    - Increasing the business acumen of aging network partners;
    - Working towards the integration of health, health care and social services systems, including efforts through contractual

agreements;and
- Integrating core programs with ACL's Discretionary Grants.

2. ACL Discretionary Grants & Other Funding Sources Focus Area-
SHIP, MIPPA, Senior Medicare Patrol (SMP), Evidence-Based Disease and Disability Prevention Programs, Nutrition Innovations, No Wrong Door,and other programs that support community living.
   - Integrating ACL Discretionary Grants with OAA core programs;
   - Age and Dementia friendly efforts;
   - Social determinants of health efforts; and
   - Incorporating aging network services with other home andcommunity based services.

3. Participant-Directed/Person-Centered Planning Focus Area Making fundamental changes in programs which support consumer controland choice is recognized as a critical focus. OAA Title VII programs and services are designed to support this effort. Opportunities also exist for maximizing consumer control and choice in Title III and VI programs. The Plan should address activities to support these goals.
   - Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long term care services, including home, community, and institutional settings; and
   - Connecting people to resources.

4. Elder Justice Focus Area- This area focuses on coordinated programs and services for the protectionof vulnerable adults under Title VII of the OAA.
   - Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation;
   - Protecting rights and preventing abuse; and
   - Supporting and enhancing multi-disciplinary responses to elder abuse, neglect, and exploitation involving adult protective services, LTC ombudsman programs, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners.

II. Content

A. Executive Summary

In order to receive Older Americans Act (OAA) and state funding for 2023 through 2025, each Area Agency on Aging/Aging and Disability Resource Center (AAA) is required to submit an Area Plan following the process stipulated by the SCDOA. It is the responsibility of the AAA to prepare an Area Plan document which accurately reflects the goals of the aging network within its planning and service area, while also taking into account the directives set by the Older Americans Act (OAA), the 2023 State Plan, the terms and conditions set by the Multigrant Notice of Grant Award (NGA), and the South Carolina Aging Network's Policies and Procedures Manual. The Waccamaw 2023–2025 Area Plan is an innovative, forward-thinking document that provides a clear blueprint and guide for the AAA over the next two (2) years.

In addition to being a blueprint for addressing the new paradigm set by the AoA and the SCDOA, the Area Plan is a document which provides best practices for service delivery, accountability, and transparency, not only within the structure of the AAA, but within the entire aging network. Through the Area Plan, the AAA provides clear monitoring protocols, verification of services provided, and verification of service units earned, as well as the many assurances required by these instructions. The Area Plan demonstrates that the PSA and AAA have a clear understanding and knowledge of all activities and services provided throughout its region.

The document addresses the AAA Operational Functions and Needs of our region. These functions include the assessment of regional aging needs, program development, program coordination, long term care, advocacy, priority services, priority service contractors, transportation, nutrition services, training and technical assistance, monitoring, contract management, grievance procedures, performance outcome measures, resource development, cost-sharing and voluntary contributions, confidentiality and privacy.

The Area Plan also addresses direct service programs which are provided internally by the Council of Governments and includes staff qualifications, goals and objectives, strengths and weaknesses, and operational procedures for each of our internal programs. These internal programs include Long-Term Care Ombudsman, Information Referral and Assistance, Family Caregiver Program, and Insurance Counseling and Senior Medicare Patrol.

Finally, the plan addresses changing demographics and the impact on our service delivery system within the region. The plan will outline the use of intervention and prevention plans, senior center development plans, plans for families facing Alzheimer's disease, and legal assistance programs to minimize impact on and maximize service options to the seniors and their families in our three counties.

Mission Statement

The Waccamaw AAA is dedicated to improving the quality of life for seniors, adults with disabilities, and their family care partners, by helping them to achieve optimal health, independence and productivity in both the community and the long term care setting.

Vision Statement

The Waccamaw AAA envisions adequate, just and equitable services for ALL. These services will honor and respect differences. They will be delivered with integrity; offer responsible choice; enable personal empowerment; and growth to area seniors, disabled individuals and their family care partners.

As we navigate our day-to-day work with seniors and their families we strive to ensure that each and every one is treated with the utmost respect and that the services they receive are the best that can be offered. We strive to provide as much choice in service options as possible and empower our clients to make as many decisions for themselves as they are comfortable making.

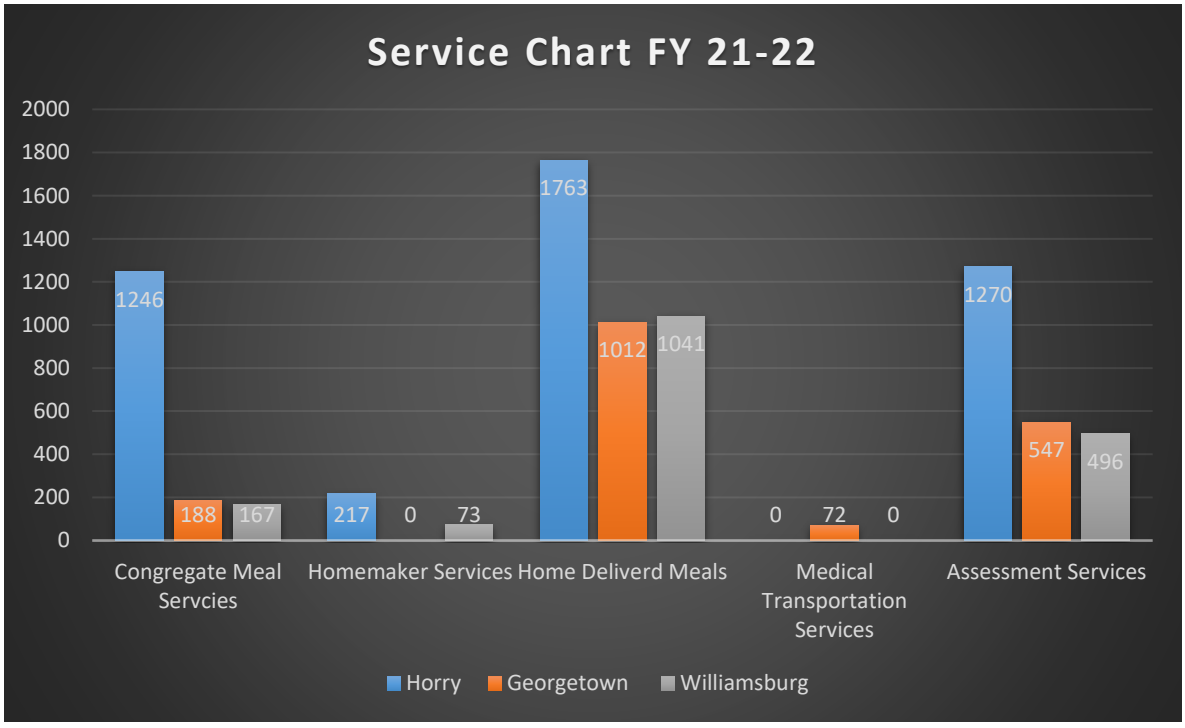
B. Context

Waccamaw Area Agency on Aging covers the counties of Georgetown, Horry and Williamsburg. Below a chart of our PSA's demographical information with the Older Americans Act (OAA) targets obtained through Census Bureau reports from the 2021 5-year ACS surveys by county.

Population moves into both Georgetown and Horry counties continue to trend upward as the opposite is happening in Williamsburg County. As additional persons 60 and older continue to move into our area, this will continue to stress our system of service delivery to these folks.

County	% 60+	% 85+	% Minority	% Rural	% Limited English
Georgetown	**37.3%**	**1.7%**	**20.95%**	**57%**	**.001586%**
Horry	**33.1%**	**1.7%**	**10.30%**	**0%**	**.004779%**
Williamsburg	**29.5%**	**2.1%**	**61.00%**	**91.5%**	**0%**

In general we are serving around 13.1% of the senior population in the Waccamaw region.

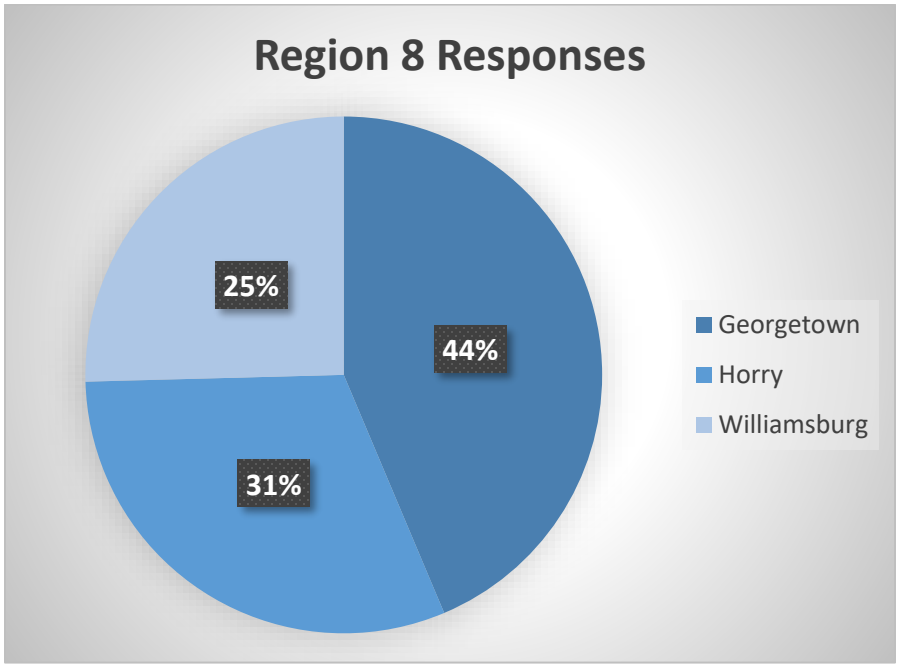


The South Carolina Association of Area Agencies on Aging (SC4A) launched a uniformed Needs Assessment Survey March 1, 2022 - August 16, 2022, for the state of South Carolina. The Needs Assessment Survey was designed for the public to complete by accessing either a web link, QR code or by a region-specific paper copy to be returned by mail to the appropriate AAA.

SC4A targeted numerous community partners, statewide agencies, local providers, media outlets, and faith-based organizations to assist in the distribution of the Needs Assessment Survey to determine the current needs of seniors/caregivers within our communities and plan for future services in the years to come. A summary of needs assessment activities undertaken by the Waccamaw Region, as well as the findings of such activities are outlined below.

Survey Responses for Waccamaw Region

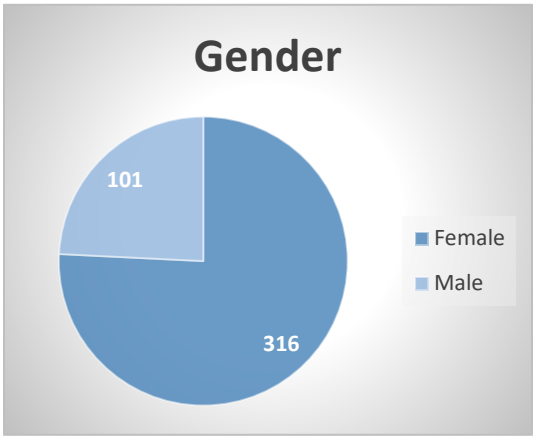
County	Survey Responses
Georgetown	182
Horry	129
Williamsburg	106
REGION TOTAL	**417**

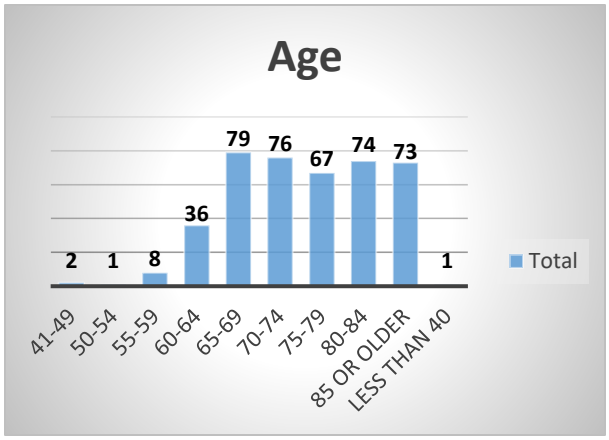


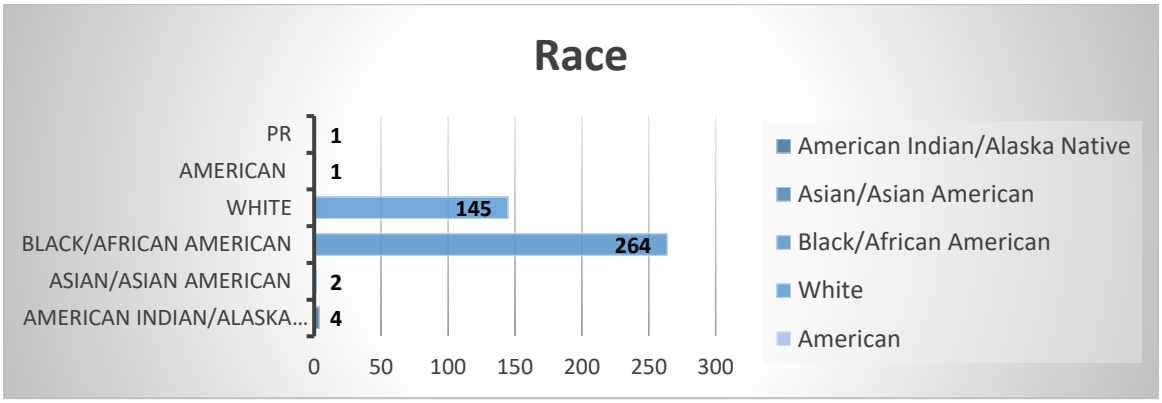
Waccamaw Region

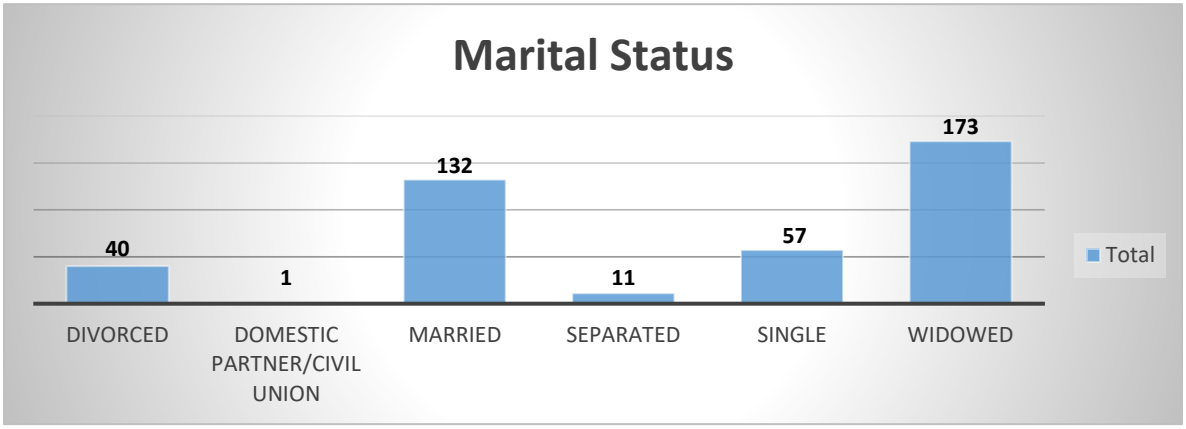
Demographics 1:

Gender, Age, Race, and Marital Status





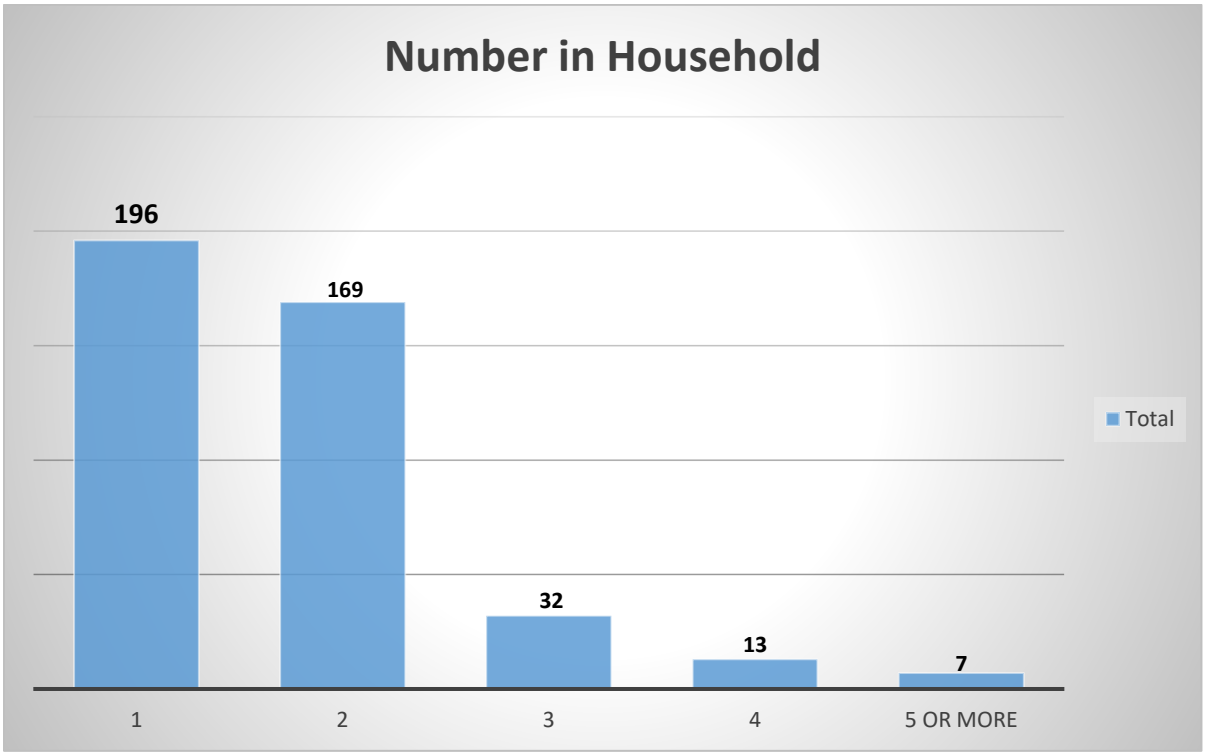




Demographics 2:

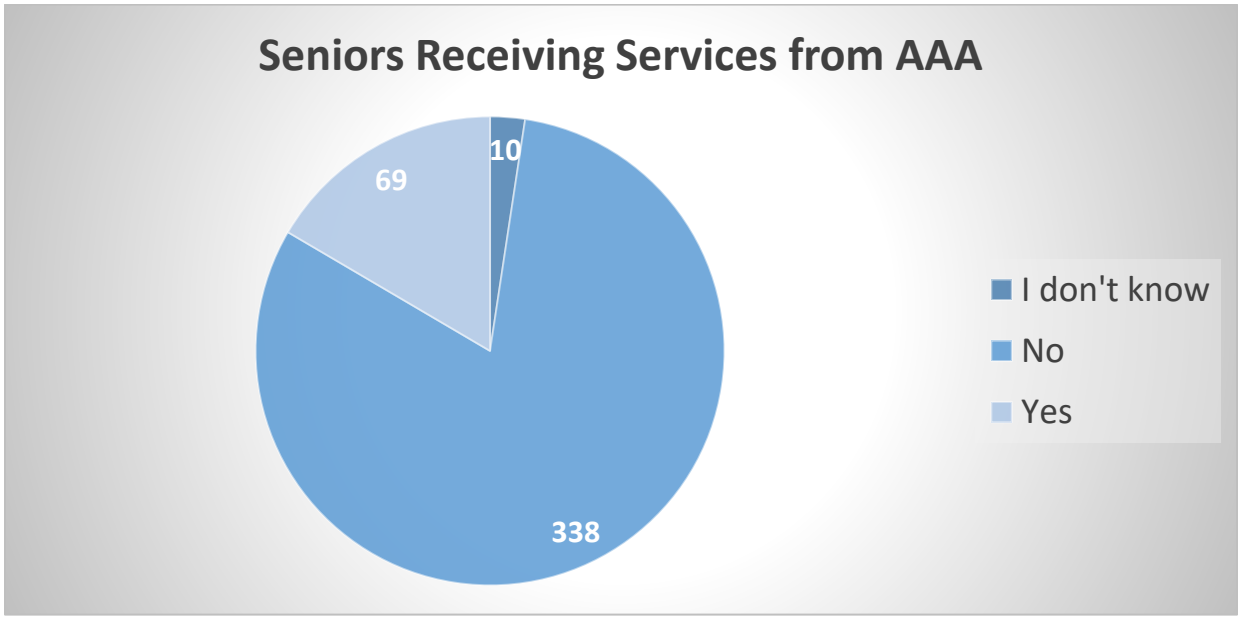
Income and Number in Household

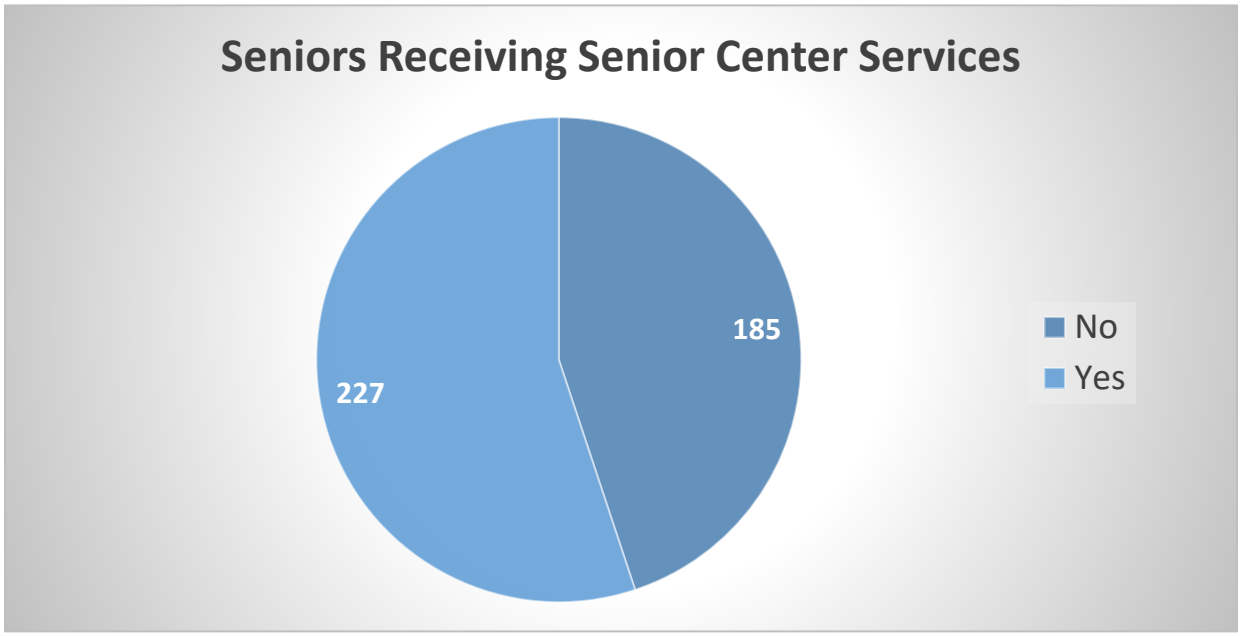
Income (monthly)	Regional Response
$1,074 or less	115
$1,075- $1,452	87
$1,453 - $1,830	53
$1,831 - $2,208	44
$2,209 - $2,589	20
$2,590 or more	46
Grand Total	**365**



Demographics 3:

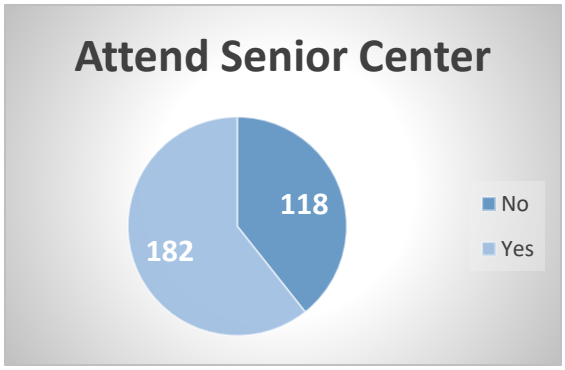
AAA and Senior Center Services





Demographics 4:

Senior Center Feedback



Do you attend community Senior Center or Nutrition Site?	Regional Response
No	**118**
Yes	**182**
Grand Total	**300**

Why don't you attend the Senior Center?	response per county
Georgetown	**36**
Not able	2
Do not need to	1
Too busy	1
Health issues	1
Don't feel the need and senior center is not much	1
Closed	2
Disabled	2
COVID-19	1
Health issues. I can't get out.	1
Help with my spouse's health issues	1
Its closed	1
Because of my health (disabled)	1
This is COVID at this time	1
I am unable to walk	1
Disable	1
Due to COVID	1
Legs problem	1
Need a way to go	1
Due to COVID 19	1
Just have not decided yet	1
Plenty to do at home	1
We are raising our grandchildren (our daughter died) and I prepare meals at home.	1
Busy enough, but thanks!	1
Husband sick	1
I am a paraplegic	1
Spouse is a paraplegic	1

Reasons that affect your ability to live independently in the home

Reason	Georgetown	Horry	Williamsburg	Total
23) I am unable to make necessary repairs to my home due to costs.	78	30	53	**161**
6) I am concerned about falls or other accidents.	68	50	42	**160**
24) I cannot do my yard work due to physical or medical reasons.	82	24	44	**150**
15) I do not know how I could pay for nursing home care when/if I needed it.	43	31	30	**104**
1) I need to exercise more, but don't know where to start.	40	28	34	**102**
8) I cannot grocery shop or cook much, so home delivered meals would be helpful.	51	13	34	**98**
3) I have trouble keeping my home clean.	55	20	22	**97**
16) I cannot afford to pay for dental care.	48	28	21	**97**
7) It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.	40	17	22	**79**
2) Sometimes I feel lonely or sad, even isolated.	28	30	18	**76**
17) I cannot afford to pay for hearing aids.	42	18	13	**73**
4) It is difficult for me to do my laundry due to lifting, folding, and putting clothes away.	41	10	17	**68**
18) I cannot afford to pay for eyeglasses.	32	16	17	**65**
22) I struggle keeping warm and cool due to poor insulation, leaky windows, or structural damage.	33	6	26	**65**
11) I have problems keeping my paperwork in order and sometimes lose things.	23	18	20	**61**
19) I need access to assistive technology (ex: wheelchair, cane, walker etc.)	27	16	16	**59**
32) I have no needs or concerns.	33	10	14	**57**

Reasons that affect your ability to live independently in the home

Reason	Georgetown	Horry	Williamsburg	Total
14) My insurance premium is a struggle to pay monthly.	29	13	9	**51**
28) I have to deal with challenging family issues that are stressful.	18	18	8	**44**
13) I have difficulty paying for prescription medicines.	23	8	13	**44**
5) I need assistance with bathing, dressing and toileting.	26	4	12	**42**
10) I am unable to read and understand my mail.	16	13	12	**41**
31) I am taking care of one or more adults over the age of 60.	14	13	12	**39**
20) I need legal advice but cannot afford it.	14	10	12	**36**
25) I have a serious problem with pests in my house (ex: Bed bugs, roaches, fleas, lice, rodents etc.).	16	5	12	**33**
9) Sometimes I do not have enough food to eat.	9	8	11	**28**
21) I need safe and affordable housing.	14	6	5	**25**
29) I don't have friends, neighbors or others that have a positive influence on my life.	11	6	6	**23**
26) I have a mental health issue that sometimes makes it difficult for me to live on my own.	10	4	9	**23**
33) Other Needs or Concerns	9	3	5	**17**
27) I (or someone close to me) have a drug or alcohol problem.	6	4	5	**15**
30) I am responsible for taking care of a child or children under the age of 18.	8	4	1	**13**

Current Service Coverage Chart

Supportive Services	*Horry County*	*Georgetown County*	*Williamsburg County*
Assessment	☒	☒	☒
Transportation			
Congregate	☒	☒	☒
Medical	☒	☒	☐
Essential	☐	☐	☐
Assisted	☒	☒	☐
Homecare	☐	☐	☐
Personal Care	☐	☐	☐
Homemaker	☒	☐	☒
Chore	☐	☐	☐
Minor Home Repair	☐	☐	☐
Information & Referral	☒	☒	☒
Legal Services	☒	☒	☒
Nutrition Services	***Horry County***	***Georgetown County***	***Williamsburg County***
Congregate Meals	☒	☒	☒
Home Delivered Meals	☒	☒	☒
HDM Family Caregiver	☐	☐	☐
Nutrition Education	☒	☒	☒
Nutrition Counseling	☐	☐	☐
Health Promotion Services	***Horry County***	***Georgetown County***	***Williamsburg County***
Evidence-Based Programs	☒	☒	☒
Health Promotion & Disease Prevention	☒	☒	☒
Family Caregiver	***Horry County***	***Georgetown County***	***Williamsburg County***
Information & Assistance	☒	☒	☒
Assessment	☒	☒	☒
Respite	☒	☒	☒
Supplemental Services	☒	☒	☒
Counseling	☒	☒	☒
Support Groups	☒	☒	☒
Caregiver Training	☒	☒	☒

Medicare	*Horry County*	*Georgetown County*	*Williamsburg County*
SMP Fraud	☒	☒	☒
SHIP	☒	☒	☒
MIPPA	☒	☒	☒

Unique Partnerships and Initiatives

Waccamaw Regional Council of Governments entered into a contract with Santee Lynches Council of Governments and SC Thrive to conduct outreach events and assist in completing and submitting Community Long Term Care applications for the residents of our region.

LTC Contacts, Submitted Applications and Outreach Events July 1, 2021 – June 30, 2022

AAA	Contacts	Submitted Applications	Outreach Events
Appalachian	192	54	36
Catawba	44	41	41
Central Midlands	70	6	14
Lowcountry	10	9	26
Pee Dee	58	21	54
Santee-Lynches	127	108	24
Trident	244	89	53
Upper Svannah	15	15	78
Waccamaw	26	2	9
Total	**786**	**345**	**335**

The addition of the American Rescue Plan (ARP) funding in our region has given us the opportunity to add clients to our rosters in all services, reducing our waitlists. Our plan going forward is to utilize a new hire to create consumer choice programs in the following areas; home making, personal care, chore/lawn services, caregiver services for families who work, and medical transportation.

Our staff worked closely with our Council of Government (COG) rural transportation staff and Horry County Council on Aging (HCCOA) to apply for 5310 funding for ADA compliant vehicles to provide medical transportation rides in Horry County. This was a successful endeavor and enabled HCCOA to purchase two vans with lifts to begin medical transportation for the first time.

Waccamaw partnered with Clemson Extension to provide seven sessions with intensive study on Preventing and Managing Hypertension in each of the three wellness centers throughout Williamsburg County. Hypertension continues to be highly prevalent in South Carolina and in our region and these types of trainings for our senior population is critical to mitigating the devastating effects this disease can have if unchecked. Our plan is to bring either this program or something similar to our other two counties throughout our two year plan.

Walking is a low impact and healthy choice to combat many illness in our senior population and all of our centers use the Walk with Ease programs to encourage movement. We were able to purchase Fit Bits for our clients to use to encourage more walking at our centers and in their everyday lives. Our hope is that with this extra encouragement teams will develop, friendly competitions for steps and improvements in health will occur for our clients. Technology is slowly finding its place in our clients' lives and we will continue to encourage this at every level.

Continuing in the vein of wellness, Waccamaw Area Agency on Aging holds an annual Senior Day as well as our Waccamaw Classic, which is a fitness activities competition held between all senior centers in our three counties. This is a day of friendly competition, fun activities, food and camaraderie among folks that may only get to see each other during these days of fun with all three counties participating.

The Waccamaw Sports Classic is a locally sponsored event by the South Carolina Senior Games. This event is also one of the largest local senior games in South Carolina. This event targets men and women ages 50 and up. Each will compete in events such as; pickleball, track, field, basketball, ping pong, and much more.

The Waccamaw Sports Classic is planned for and developed by a group of volunteers from multiple agencies such as; The Waccamaw Regional Council of Government, Georgetown County Bureau of Aging Services, Georgetown County Parks & Recreation, Williamsburg County Vital Aging, Williamsburg Parks & Recreation, Kingstree AARP, Myrtle Beach Pickleball Association, and Tidelands Health.

From these different organizations a committee is formed with dedicated men and women who serve the older adult population.

IPADs were leased through a lending program with the University of South Carolina to be used in an online virtual project called Active Living Every Day. (ALED) is an evidence-based behavior change program. The approach is unique because it addresses the root causes of inactivity rather than simply prescribing exercise. The program allows the flexibility of being offered independently or in conjunction with existing community-based physical activity programs. Staff have been trained in the evidence based program and will begin its use with our seniors utilizing this technology.

C. Quality Assurance Process

The program monitoring for all contracted services which includes, but not limited to are; Home Delivered meals, Congregate Meal Services, Home Care Services, and Transportation Services. Within our region we offer; Home Delivered Meals, Congregate Meals, Congregate Meal Site Transportation, Homemaker Services, and Medical Transportation Services. All monitoring visits will be carried out primarily by the Aging Program Coordinator. The Aging Program Support Specialist may be called upon if needed. Visits will be unannounced, unless a service requires prior notification.

Each monitoring visit will focus on three key components; Observation, Review of Records, and a Staff/Client Interviews. Should a corrective action be identified, staff will be notified by the Aging Program Coordinator prior to completing the visit. The report will then be sent to the provider designated Admin staff for review. All visits where a corrective action is required, will result in a follow up visit.

Providers are expected to have a grievance procedure on file. One that clients and those responsible for clients can access. Providers are expected to respect a client's privacy and right to

file a complaint. The client will first seek to resolve the grievance through the assistance from the provider. Should the situation need further assistance the AAA will step in to assist in resolving the complaint/grievance.

The WRCOG Board of Directors meeting minutes can be provide upon request. Upcoming meetings and agendas can be located on the wrcog.org website. For any policy & procedures that deal directly with the WRCOG AAA can also be made upon request.

Congregate Meal Site Services

Within our region we have a total of 20 centers. Each of these centers are housed within different locations. Some are owned by the agency directly and some are within rented space. Some facilities are within recreational facilities while others can be found in a commercial building or trailer. No matter where these facilities are located each are required to provide the same service to clients.

1. Observation

While within a facility the Aging Program Coordinator will be observing; staff and client interactions, daily activities (EBPs), and meal service. In observing the interactions between staff and clients. The Aging Program Coordinator is looking for positive interactions. Are clients engaged in what is going on, and are staff making the activities fun and exciting. When looking at the EBPs the Aging Program Coordinator is observing to ensure the classes are occurring frequently and being taught by certified instructors. Finally the meal service is being observed for; safe min/max temperatures, proper food handling techniques, and safe service methods. Periodically the Aging Program Coordinator will also ride on the Congregate Meal Site Transportation route. This is to ensure that staff are picking up and transporting clients to and from their homes to the center, and back safely.
Below you will find some examples of is required to be posted within a center.

- Activity Calendar
- Cost sharing & Meal Cost Amount
- Menus
- Serving Guide
- Evacuation Plan
- Americans with Disabilities Act
- Title VI of the Civil Rights Poster
- Choking Poser
- Handwashing Poster
- Food Policy

Below you will find some examples of observations regarding Facility and Safety.

- Does the facility have a posted sign
- Facility handicap accessible
- Congregate rooms are; well lit, clean, maintained, and properly ventilated
- Rooms and stairways are clutter free and unobstructed
- Bathrooms are cleaned and stocked with necessary supplies

- Garbage cans are covered
- All fire safety are in order; inspection, extinguishers, exit signs smoke detectors.

Below you will find some examples of observations regarding EBPs.

- Are instructors certified
- Ensure classes are properly followed and offered safely.
- Verify client satisfaction

Below you will find some examples of observations regarding Meal Service.

- Are meals at a safe temperatures >135 or 41< degrees
- Ensure staff properly; wash hands, wear gloves, wear hair nets.
- Ensure temperatures of foods are properly recorded.
- If TCS foods are stored, ensure they are stored safely.
- Verify cleaning solutions for a safe range
- Verify thermometers are calibrated routinely and properly.

2. Review of Records

During the review of records the Aging Program Coordinator will be reviewing forms such as; client sign in sheets (Hard Copies or Digital), EBPs logs, GRI Collection Forms, Meal Vouchers, Meal Orders, and AIM Reports. The purpose of these reviews is to ensure funds are being used for what they are being documented for. For example; ensuring meal counts match the number of clients reserving a meal.

The purpose of these reviews is as stated before to identify corrective actions needed, but also to educate staff on proper techniques if needed. These reviews are also used to identify if there are any gaps in the service.

3. Staff/Client Interviews

During this final stage of the Congregate Monitoring clients will be surveyed for client satisfaction. These surveys do change frequently as our targets change.

- FY 22-23 we will survey who participates. Focusing on; do we have clients who only come for EBPs and not the meal, do we have clients who only come for the meal, and do we have some who come in and don't participate at all.

The review with the staff is to go over the monitoring tool. For situations where a corrective action is required. Staff will be notified prior to a monitoring visit being completed. During this section staff will be educated on proper techniques. Provider Admin staff will be notified within 72 hours of a monitoring completion. A follow up visit will occur for all services who require a corrective action.

Home Delivered Meals

Within our region our providers offer Frozen HDM services. There are no hot meals provided to Home Delivered Meal clients. For these monitoring visits the Aging Program Coordinator will accompany staff as they embark on the HDM route. The Aging Program Coordinator will observe; how staff interact with clients, how they handle situations when a client is not present, are safety transporting practices taking place, and are safe meal delivery practices taking place.

Some observations that the Aging Program Coordinator is looking for are listed below.

- Are clients receiving the meals directly from staff. These visits do more than just deliver meals to clients. They also serve as wellness checks.
- Are meals being left unattended at a client's home.
- Are frozen meals being covered either by an insulated blanket or cooler.
- What steps are taking by staff when a client isn't responding.
    - Do staff make phone attempts
    - Is that documented on the log sheet
    - Is there a follow up that occurs in case of a health concern
    - What comes of that frozen meal that was unused.

The purpose of these monitoring visits is to clients are to ensure clients are receiving a quality and safe service. Should a corrective action be required. The driver and provider admin staff will be notified. A follow up visit will occur at a later date. All reports will be submitted to the provider within 72 hours.

Homemaker Services

As of FY 22-23 Horry County Council on Aging and Williamsburg County Vital Aging are providing Homemaker Services. The plan and expectation through the procurement process is to secure new Home Care Agencies. For FY 23-24 our goal is to offer a consumer choice program that may include not only Homemaker, but potentially Personal Care and possibly Chore Services. It is the WRCOG AAAs goal to seek out agencies during the procurement process to offer these services.

For the monitoring of the services we do offer. The Aging Program Coordinator will accompany Homecare staff into the homes of clients. Depending upon the client and county these visits can last anywhere between 2-3 hours within a client's home. The aging program coordinator will be observing; how staff operate within the home, are staff providing the services needed by the client, are staff receptive to client requests, are client's satisfied with the service, and are clients signing off on services offered.

During these visits a review of client logs will be taken. These logs will also be compared to the units being entered into AIM. This is to ensure clients are receiving the service that is being documented into AIM. Should a corrective action be required. A conversation will happen with staff while on the way to the next client. These conversations will NOT occur within a client's home. This is to prevent confusion or frustration from a client.

All reports will be submitted to the provider admin office for review within 72 hours. For any Homemaker staff who is in need of a corrective action. A follow up visit will occur. That visit will also take place on a separate route within different client homes.

Medical Transportation

Georgetown County Bureau of Aging Services has held a contract for these service for several years. Horry County Council on Aging has as of October 2022 just started to offer this service. BOAS has at their disposal a mini bus with lift capabilities. Over the summer of 2022 HCCOA purchased two lift accessible mini vans to be used for medical transportation. Those vans are expected to arrive January of 2023 if not sooner. At this point neither provider offers essential

transportation. For FY 23-24 there is an interest by both HCCOA and BOAS to plan to include these rides in their programs.

On these routes the aging Program Coordinator will be observing and reviewing, client log sheets, AIM mileage data, and safety methods of staff. Client logs will be reviewed and compared with units entered into AIM. This is to ensure the rides being offered are properly documented. The Aging Program Coordinator will observe how staff safely transport clients from their homes to the medical appointment. Staff who operate lifts will also be observed and ensure proper training certificates have been secured.
For corrective actions staff will be informed prior to completion. Provider Admin Staff will receive the full report within 72 hours.

Corrective Action Plans

AAA maintains an on-going, professional working relationship with all contractual service providers. Orientation, training, refresher courses, technical assistance services, written manuals, standard form utilization, frequent contact, scheduled monitoring visits, voucher audits and an open door policy for unannounced visits to program sites all play a part in assuring contractor compliance with OAA legislative parameters and SCDOA's mandatory procedures and policies that are based on legislation.

The Waccamaw Program Coordinator maintains and shares the findings/ outcomes of detailed program monitoring reports with staff members of the contracting service agency. A verbal discussion of strengths and weaknesses takes place, at the close of each monitoring visit, first, with front–line staff and then with agency administrative staff/supervisors. A written summary of findings are provided, if requested.

When corrective action is necessary, a plan is developed with the contractor to improve the program parameters that are found to be out of compliance. The plan includes: specific steps for correction; a timeline for accomplishment; who is responsible to take action; and an appointment date for a re-check of compliance. Technical assistance is offered to address: staff re-education; revisions to procedures; and review of expectation, etc.

De-Designation – Contractors will be de-designated for: no attempt to take corrective action; a pattern of non-compliance, over time, that designates a disregard for the terms of the agreement and/or corrective action; willful abuse, neglect or exploitation of clients/volunteers/staff; and willful misappropriation of funds.

The Programs Coordinator will report documented, egregious non-compliance, or dangerous practices, to the Aging Department Director and COG Executive Director. These administrators will inform SCDOA of the issues. SCDOA will inform federal officials.

D. Goals, Objectives, and Performance Measures

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 10 service regions in South Carolina.
State Plan Objective 1.1	Evaluate, monitor, and modify aging service programs to maximize the numberof 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.	
State Plan – AAAs submit Quality Assurance Reports to SCDOA annually.	
Regional Objective	SCDOA and AAAs conduct needs assessments to evaluate state and regional concerns and service demands.
Annual Performance Measures	
During FY 2022 an annual needs assessment was conducted. This assessment was sent out to current or potential clients within; Horry, Georgetown, and Williamsburg Counties. The needs assessment received 417 client responses. The needs assessment captured; demographic information, marital status, incomes within households, senior services, and client's needs. This information is vital to how we operate and conduct services within our region. From the information gathered the WRCOG AAA will make necessary adjustments to best meet the needs of those within our region.	
Strategies and Actions	
In conducting these needs assessments the number one goal is to reach as many clients as possible. During the needs assessment of FY 2022 methods for completing this survey were in the form of physical hard copy or electronic. Electronic was a new way to reach potential clients who may or may not be able or willing to leave their homes. As we move into future needs assessments the WRCOG will seek to expand how clients are reached electronically. The hope is to reach more clients where they are, making it easier to capture valuable information.	
Challenges and Barriers	
The number one challenge is and always will be how to reach clients. The goal of the WRCOG AAA as it is with any service is to meet the needs of the most clients we can serve. Conducting a needs assessment helps gives us the client responses we need.	

Regional Objective	AAAs submit Quality Assurance Reports to SCDOA annually.

Annual Performance Measures

Quality assurance reports are submitted to the SCDOA Annually. During FY 21-22 the WRCOG AAA conducted all monitoring visits for; congregate meal sites that were open, HDM routes, and Homemaker Routes. Due to COVID some of our Congregate Meal sites were either closed or not fully operational. As of FY 22-23 all of our services are operating at normal full capacity.

Strategies and Actions

The WRCOG AAA plans to monitor all services during any given fiscal year. The plan is to conduct all congregate meal site locations and home delivered meal site inspections unannounced. These services are fixed and do not change therefore it is easy to conduct an unannounced visit. For services such as homemaker and medical transportation services a notice will be provided. This is due to these schedules are subject to change.

Challenges and Barriers

For FY 21-22 the only challenge in conducting these annual monitoring visits was due to COVID. Now that our services are fully operational we do not foresee any challenges or barriers.

Regional Objective	AAAs submit Family Caregiver Quality Assurance Reports to SCDOA annually.

Annual Performance Measures

Waccamaw Family Caregiver Support Program Plan-Conduct caregiver assessments yearly to determine present needs of caregivers within the region, explore and maintain avenues of identifying and making target populations aware of various program services provided, ensure ongoing contact procedures with caregivers to meet changing needs or concerns are identified and met, and provide opportunities for caregivers and other interested entities to express caregiver concerns and needs.

Waccamaw FCGSP Plan-Submit Waccamaw Region reports quarterly and/or as directed to the SCDOA Family Caregiver Support Program (FCGSP).

Strategies and Actions

Conduct in person or phone assessments yearly with caregivers requesting FCGSP services ensuring those who meet priority status are served first. Provide follow-up procedures at least quarterly to determine any situational or need changes, explore various avenues of providing information and assistance to caregivers or other interested entities via email, in person/online meeting/education platforms, assist in identifying and maintaining caregiver participation in advisory council meetings, working with other service providers (Aging, CLTC, DDSN, MH, DHS/Medicaid, Hospice, Physicians) to ensure needs are met, and provide/develop/or make aware to caregivers the supports available not only within FCGSP throughout the community/region/State.

Challenges and Barriers	
Ensuring the instruments we use can adequately identify and prioritize the needs and care situations of caregivers we are assessing. Getting and maintaining the participation of other entities who serve the caregiver or care receiver population to cooperatively provide information and referral assistance to them.	
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 providinga holistic approach to how each client is matched to services.
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 can be a result of many factors, including funding and/or lack of capacity in rural areas.	
Regional Objective	Expand the number of seniors assessed annually by 5% or as needed.
Annual Performance Measures	

Below you will find an outline of the assessments completed over the previous three Fiscal Years.

- FY 2021-2022 a total of 2301 assessments were completed. Which is a 16.44% increase from year prior.
- FY 2022-2023 as of December 2022. The WRCOG AAA Assessment Team has completed 1118 assessments. Already the WRCOG AAA Assessment Team is .02% ahead of last year.

Strategies and Actions
To achieve this goal the WRCOG AAA has hired two new staff members as of October 2022. Those positions are Aging Program Support Specialist and Aging Assessor. The Aging Assessor will be conducting assessments on a full time basis. The Program Support Specialist will assist with assessments while also assisting other program coordinators within the WRCOG AAA. Having two new staff positions will greatly assist our team in reaching assessment goals, while also decreasing client wait time. From COVID our team developed the use of virtual assessments. Currently our team is conducting virtual assessments within 12 of our 20 congregate meal site locations. The WRCOG AAAs goal moving forward is to be able to offer virtual assessment options in our other eight congregate meal site locations. Currently six of the eight have internet capabilities, but are lacking devices.

Challenges and Barriers
Based on FY 21-22 data out of the 2138 assessment completed. 437 of those clients have never received a service. Some of the 437 clients were placed on a waiting list. Many of these clients decided they no longer wanted the requested services or were found ineligible for the service. The challenge we face in assessments will be assessing those who don't qualify for automatic reasons. For example; those who are on CLTC, which in many cases we learn about upon arrival to the home. Another challenge for our team will be referrals made from someone other than a client. Such as a family member, friends of clients, social workers, case workers, or medical professionals. Referrals made by someone other than a client have good intentions, but we do see frequently the clients do not want the service requested. From October 2021 – December 2021 we had 72 clients either turn down or refuse our phone call. These referrals were all made by someone other than the client.

Regional Objective	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.

Annual Performance Measures
As of the end of FY 21-22 our region had waiting lists for; Home Delivered meals, Homemaker Services, and a brief waiting period for Medical Transportation. Out of the 583 clients who were placed on the waiting list. 468 of them have been removed. Based on this data for FY 21-22 80% of those placed on the waiting list had been removed. Moving into FY 22-23 115 clients still remained on the waiting list. Currently there are on contracted homemaker services in Georgetown County. Therefore 78 clients who are on tracked in our waiting lists are unable to be made active. The WRCOG AAA is actively seeking out a new agency to replace this missing service. Therefore those clients can be served.

Strategies and Actions
The WRCOG AAA will aim to remove 50% of those placed on the waiting list each FY. Currently as of December 2022, 394 clients have been placed onto a waiting list. Of those 394, 249 clients have been removed and made active. Currently the WRCOG AAA has removed 63% of those placed on the waiting list.

Challenges and Barriers
Funding is always and will continue to be a leading challenge/barrier that our agencies run into. Besides funding staffing and vehicles are another large challenge/barrier. Staff turnover has been seen as a major concern within the Homemaker program. Staff are leaving for higher paying less stressful positions.

Regional Objective	Expand the number of Family Caregiver seniors assessed annually by 5% or as needed.
Annual Performance Measures	
Waccamaw FCGSP Plan is to increase the number of FCGSP assessed by 5% or as needed.	
Strategies and Actions	
Reassess yearly caregivers who are ongoing in the program from one year to the next. Ensure follow-up procedures at least quarterly remain in place to determine any need or situational change that may require action with caregivers presently served. Increase outreach action via in person/online/advertisements and collaboration with other service providers to locate and identify caregivers especially those residing within the rural areas of the region.	
Challenges and Barriers	
Ensuring the assessment instruments we use for assessing our caregivers can adequately identify and prioritize the needs and care situations of caregivers.	
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 aspossible in the community. Ensure caregivers are provided with the necessary tools to enable them to make confident, informed and educated decisions as concerns their care giving situations.
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.	

Regional Objective	Increase the number of contacts accessing I&R/A services.
Annual Performance Measures	
Increase the number of contacts accessing I&R/A services by 5% annually.	
Strategies and Actions	
Identify and coordinate with focal points in each county to increase awareness of AAA services by distributing literature about the services provided through the AAA and the IR&A Aging Disability Resource Center. Distribute on a quarterly basis updated brochures to religious institutions in each county served with information on services provided by the AAA and the IR&A Aging Disability Resource Center. Update and maintain a resource directory for the geographical area covered by the AAA, both in print and digitally on the agency website. Provide information about the SC ACT database to service providers in each country and promote the use of the database.	

Challenges and Barriers
Older adults and people with disabilities face unique challenges which are impacted based on their geographical location and resources available to them where they live. These include transportation to medical appointments, grocery shopping, and other essential and leisure activities. Housing quality and affordability, including how to pay for needed repairs, modifications, and assistive technologies that would allow them to continue to live safely in the home. Availability of caregivers and financial support to pay for their services. Lack of knowledge of what programs are available can create a barrier on obtaining services. Older adults in rural areas may lack access to internet services and or equipment to utilize internet services if available. Other factors include race, education, social economic status, age and gender with males being the least likely sex to seek out assistance.

Regional Objective	Increase the I&R/A outreach.

Annual Performance Measures
Increase the I&R/A outreach by 5% annually.

Strategies and Actions
Identify and coordinate with local health departments and medical facilities to expand outreach at local events to promote the services provided through the AAA and the IR&A Aging Disability Resource Center. Identify and coordinate with local non-profit agencies and non-government organizations to expand outreach at local events to promote services provided through the AAA and the IR&A Aging Disability Resource Center. Participate in Farmers Market events in each county served every month during open market season.

Challenges and Barriers
One challenge will surround those who are in need of and actively looking for the service. There are also only so many events to participate in each year. The mission is to be part of all of these events, but clients are not mandated to attend.

State Plan Objective 2.2	Insurance and Medicare Counseling

Annual Performance Measures
Goal A: 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.
Goal B: State Plan – Increase by 5% annually, the number of beneficiaries who contact the SHIPprogram for assistance.
Goal C: State Plan – Three regional outreach events are required per quarter (36 annually).
Goal D: State Plan – Increase by 5% annually, the number of consumers and caregivers receivingSMP counseling.
Goal E: State Plan – Increase by 5% annually, the number of consumers reached in rural, isolated areas.
Goal F: State Plan – Increase by 5% community partnerships to assist in raising awareness of fraud.

Regional Objective	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.

Annual Performance Measures

During the FY 21-22 we enrolled 40 beneficiaries into a prescription drug plan. Our plan moving forward is to increase this by 5% annually.

Strategies and Actions

Through the assistance of existing partnerships and those yet to be developed. We will ensure we increase 5% annually by conducting and participating in outreach events. These events will be used to educate and provide information on the current drug plans along with MA coverages. This will allow individuals to have a better understanding of the marketing policies.

Challenges and Barriers

Being able to reach clients who are unable to attend outreach events, or have no support system. We plan to seek out partnerships with the goal to develop innovative ideas and ways to reaching clients.

Regional Objective	Increase by 5% annually, the number of beneficiaries who contact the SHIP Program for assistance.

Annual Performance Measures

During the FY 21-22 there were 333 contacts with beneficiaries.

Strategies and Actions

Our main strategy is to get the word out about the assistance and support we can offer. Within our region we see a very large number of individuals moving to the area. Between new seniors coming in and new seniors becoming Medicare eligible, reaching those clients is imperative.

We will continue to work with our local; AAA Assessment Team, AAA Information Referral Specialist, Aging Providers, Health Care Professionals, Senior Living Communities, and community outreach groups. Word of mouth amongst friends is always the preferred method as friends trust each other. Utilizing the current network and expanding that network is the way we plan to reach more beneficiaries.

Challenges and Barriers

If there were any challenges, it would be not having the participation throughout the region from beneficiaries, being able to partner with certain entities to reach the community and or not having volunteers support.

Regional Objective	Three regional outreach events are required per quarter (36 annually).

Annual Performance Measures

The goal for each FY is to complete 36 outreach events. For FY 21-22 the WRCOG AAA SHIP coordinator surpassed that number and completed 41 events. These came in the form of; congregate meal site visits, senior fairs, senior fun day events, and community events.

Strategies and Actions
Currently within our WRCOG AAA network, we have contracted 20 congregate meal site locations. These centers are spread throughout our three counties. We will continue to schedule in person visits with each of those centers. These offer some great outreach to numerous clients, especially as clients change from year to year. Our WROG AAA Aging Program Coordinator also coordinates multiple events per year that offer Sponsorship opportunities. These events are a great way to get large number of clients together at one location. We will continue our current partnerships who hold; senior expos and fairs for community members. As we learn of new outreach opportunities we will continue to make our faces known at these events.
Challenges and Barriers
Pandemic outbreak can create a potential barrier. Should an event be canceled due to a COVID scare this could affect reaching clients. Also clients who are still unwilling to get out and into the community due to COVID or other health reasons. These are valuable outreach opportunities that are missed.

Regional Objective	Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.

Annual Performance Measures
During the FY 21-22 there were a total of 2468 SMP counseling visits completed.
Strategies and Actions
Recruit and train volunteers to conduct SMP awareness classes, and continue to update websites on new information. Volunteers offer the opportunity to reach additional clients. Fortunately in our region we have very good volunteer who is knowledgeable. We will seek out opportunities to get more volunteers increasing counseling opportunities.
Challenges and Barriers
When relying on volunteers we are on their time. Volunteers are not mandated as paid staff are. If we lost volunteers or are unable to secure volunteers. This could affect our counseling numbers. Apart from volunteers, if clients don't want counseling this poses a challenge.

Regional Objective	Increase by 5% annually, the number of consumers reached in rural, isolated areas.

Annual Performance Measures
Georgetown had 20,588 and 64 clients were reached for FY 21-22. For Williamsburg 8,206 and 12 clients were reached. For our region Horry County has no clients who are considered living within a rural area.

Strategies and Actions
Provide classes on Medicare to new Medicare beneficiaries to provide options that are available that will accommodate their needs. We will aim to identify possible locations that are strategically placed within a rural community. This will offer that opportunity for easier access of those within rural communities. Our local senior centers are located within such areas that can make it easier on clients in rural communities. The use of telephone or virtual options is also a way to reach those within rural hard to reach areas.
Challenges and Barriers
Challenge will always be in reaching those in rural communities. Due to; no internet for virtual, limited cell reception, no vehicle or support system.

Regional Objective	Increase by 5% community partnerships to assist in raising awareness of fraud.

Annual Performance Measures
As of FY 21-22 there are currently six partnerships. Each of the partnerships created play a vital role in raising awareness, but also reaching clients where our staff are unable to do so.
Strategies and Actions
Maintain and utilize partnerships with local entities such as the Department of Health and Human services, Department of Social Services and Senior Centers. Collaborate with the Centers for Medicare and Medicaid Services (CMS) the Social Security Administration to provide current and up to date information to beneficiaries and the public. Continue to work with local food banks in the region.
Challenges and Barriers
A challenge that will also be a hurdle to overcome are those agencies or potential partners who do not wish to do so. The WRCOG AAA will do their best in reaching potential new partnerships. However, if those agencies are unwilling our team will be forced to look elsewhere.

State Plan Objective 2.3	Nutrition Program and Services

Annual Performance Measures
State Plan – Track and identify service gaps for Congregate and Home delivered meal services.

Regional Objective	Track and identify service gaps for Congregate and Home delivered meal services.

Annual Performance Measures
During FY 21-22 we conducted client surveys. Due to COVID our numbers were not high. These surveys took place during monitoring visits. We conducted a survey of 43 clients throughout the region.

1. 70% of those clients were congregate.
2. 30% were HDM clients.
3. 58% of clients surveyed were happy and enjoyed their meals.
4. 41% were happy to get the meals, but didn't like most of them.

What we did discover is that more research is needed. We also learned that many clients only go to the center for activities.

Since July 2022 we have placed 194 clients onto a Waiting List for Home Delivered Meal Services.

1. 62% of those clients have been removed and made active for HDM services.
2. 37% clients do remain on a waitlist.

We are making clients in Williamsburg and Georgetown active within the week of being assessed.

Strategies and Actions
When looking at our service gaps our team did learn that many congregate clients attend mostly for the socialization and exercise. For the home delivered meal program we identified that there is a need of specialized diets, due to dietary restrictions. This is information that beginning on January 1st 2023 the WRCOG AAA Aging Program coordinator will conduct surveys of client during monitoring visits. The goal is to capture how many clients are being met fully by the services offered.
Challenges and Barriers
The challenge of this data collection is that clients can change rapidly. In doing so the needs and interests also change. Looking at the congregate meal site locations there has been a tremendous increase in participation within recent months. This creates a challenge to get data collected with new clients coming in.

State Plan Objective 2.4	Evidence-Based Health Promotion and Disease Prevention Programs
Annual Performance Measures	
State Plan – Track and identify service gaps for Evidenced-Based Health Promotion and DiseasePrevention Programs including their causes and geographic distribution.	
Regional Objective	Track and identify service gaps for Evidenced-Based Health Promotion and DiseasePrevention Programs including their causes and geographic distribution.
Annual Performance Measures	
The goal for FY 22-23 is to identify the types of EBPs that clients are most interested in. While also evaluating provider capabilities. The WRCOG AAA aims to identify virtual options, while also utilizing and developing local partnerships. The hope through this process is to help reach more clients either at their home or help encourage clients to come into the center.	

Strategies and Actions
During FY 21-22 the WRCOG AAA and Williamsburg County Vital Aging created a program. The program was an EBP that focused on Hypertension. This class was instructed by trained staff with Clemson Extension. Our hope is to expand upon this partnership, and also bring on new partners with Tidelands Health. We learned during this program that there is a wealth of knowledge locally. Also our providers can benefit from these trained professionals. In January of 2023 members from; Horry County Council on Aging, Georgetown County Bureau of Aging Services, and Williamsburg County Vital Aging will be getting trained in Tai Chi. A trained instructor is coming to Conway to offer a special training class so that Tai Chi can be offered in our centers.
Challenges and Barriers
The main challenge with virtual EBPs is the technology for our clients. Currently the WRCOG AAA as 6 I-Pads on hand. Each I-Pad through a program with the SCDOA has had Cellular data prepaid for. The WRCOG AAA is working with providers to help get these into homes and offer virtual EBPs. As great as this is, there has been significant difficulty getting clients involved. We are also limited to a small group.

State Plan Objective 2.5	Transportation Services

Annual Performance Measures
State Plan – Increase the number of clients utilizing transportation services by 5% annually, dependingon available funding sources.

Regional Objective	

Annual Performance Measures
The Horry County Council on Aging as of October 1st 2022 began offering Medical Transportation. At this time there is no data to track, as they are so new. HCCOA has ordered two lift accessible vans. These will be used for clients that are unable to get in and out of regular vehicle safely. Beginning FY 23-34 HCCOA plans to also work towards included essential transportation needs. Georgetown County Bureau of Aging Services did see a 2% increase from FY 20-21 – FY 21-22. These numbers were tracked during COVID restrictions. The plan is to expand upon this program as we move into FY 23-24. BOAS also intends on offering essential transportation. Congregate Meal Site transportation services provided rides to 290 clients within our region during FY 21-22. Our objective is to increase that to offer rides for more clients.
Strategies and Actions
Both HCCOA and BOAS plan to conduct client surveys of all clients. Even those who have not requested, but are unable to transport themselves. The basis of these surveys is to better understand who is being missed, and how best each provider can serve those clients. Both HCCOA and BOAS plan to incorporate essential transportation within their programs.

HCCOA has worked with the WRCOG AAA aging Program coordinator to help develop a policy and procedure manual for this program. BOAS has held multiple meeting as well, and in January 2023 the plan is to hold a departmental conference. To update staff on new policy and procedures.

The first strategy looking at the Congregate Meal Site Transportation service. Is to offer more ride opportunities. Mt. Vernon a center within Horry County. As of December 2022 did not have transportation opportunities. HCCOA is planning to offer rides for clients by securing vehicles.

Horry Council on Aging during the spring of 2022 was awarded a 5310 grant. This grant with the assistance of both WRCOG AAA and Planning staff gave HCCOA the opportunity to purchase two lift accessible vans. In 2023 with the assistance again of the WRCOG staff HCCOA plans to apply for the grant again. To help expand and possibly add more vehicles to their fleet as the program continues to grow. Georgetown County Bureau of Aging Services also plan to apply for this grant when it comes up in 2023.

The WRCOG AAA also plans to reach out to program coordinators within the Uber and Lift organizations. The purpose of these communications is to see if a program can be developed that could help meet the needs of potential clients in our region.

Challenges and Barriers
Staff retention and vehicle maintenance is a major issue that our transportation services see. On a few circumstances both Horry County and Georgetown County have been forced to wait several months for vehicles to become available. When looking at the Congregate Meal Site Transportation Program. The large barrier and challenge is that the vans are unable to transport large numbers. Some vans are running multiple trips per day. This puts a strain on staff and clients to fully benefit from the program.

State Plan Objective 2.6	Family Caregiver Support Program

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

Regional Objective	

Annual Performance Measures

- The WRCOG AAA FCGSP plans to expand the number of family caregiver support recipients by 5%. During FY 21-22 179 recipients were reached.
- The WRCOG AAA FCGSP plans to increase outreach events by 5% annually. During FY 21-22 7 outreach events were attended.
- The WRCOG AAA FCGSP plans to increase utilization of the Seniors Raising Children funding by 5%. During FY 21-22 the amount used was $22,756.
- The WRCOG AAA FCGSP plans to increase partnerships and collaboration with other human-service agencies by 3%.

Strategies and Actions

Increase outreach efforts to locate and identify eligible caregivers via in person, phone, online, and advertisement especially in rural areas of the region. Contact and collaborate with agencies and other entities (CLTC, DHHS, MH, DDSN, Health /Physician services, churches, social clubs) who serve targeted caregiver populations and/or their care receivers. Look for and continue innovative ways to meet the various caregiver needs identified (including research projects, online and in person education programs, in person and zoom support group meetings).

Challenges and Barriers

Encouraging caregivers to try various forms of communication (online options) to increase and improve their access to services/ programs that may serve to adequately meet their needs.

State Plan Objective 2.7	Home Care

Annual Performance Measures

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

Regional Objective	Increase the number of seniors receiving home care services by 5% annually.

Annual Performance Measures

Currently in our region we only offer the Homemaker Program. There are no Personal Care or Chore services contracted with the WRCOGA AAA. Within our region Horry County Council on Aging and Williamsburg County Vital Aging provide the Homemaker Services. 300 clients between these two counties received services during FY 21-22.

Strategies and Actions

The WRCOG AAA is currently planning to develop a consumer choice program. Which will offer clients the opportunity to have options on which agency they wish to have services provided by. This is a new program, and one that has not been done in our region. The hope is that this will help offer the opportunities to serve more clients, and also introduce a Personal Care or Chore option. Provided an agency is willing to offer that service.

Before this program is developed and offered across the region. Those clients who are currently being tracked in Georgetown will be served first. Clients are currently being placed on a waiting list so that when this program is developed they will be offered that service first. From there we plan to move the program into the other counties.
Challenges and Barriers
Staff retention is the leading challenge regarding homecare. Without committed trained staff the service cannot be offered. Identifying and developing contracts who not only can provide the service, but are willing to work with our agency and the clients we serve.

State Plan Goal 3	Ensure the rights of older adults and persons with disabilities and preventtheir 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 adLitem program.
State Plan Objective 3.1	Legal Assistance Program

Annual Performance Measures
Goal A: State Plan – Increase the number of outreach activities directed at the most vulnerable seniorvictims of abuse, neglect, and exploitation.
Goal B: State Plan – Increase the number of formalized partnerships between aging/disability and elder rights groups.
Goal C: State Plan – Develop and implement a continuous quality improvement component within theprogram.

Regional Objective	

Annual Performance Measures
Increase the number of outreach activities directed at the most vulnerable seniorvictims of abuse, neglect, and exploitation
Strategies and Actions
Ensure all outreach presentations for any service or department of the Area Agency on Aging contain information concerning our legal services program. Ensure our contractor South Carolina Legal Services, conducts their outreach presentations in areas that attract our most vulnerable seniors.
Challenges and Barriers
Limited law practices specializing in elder law. Understanding the need of our seniors in this area.

Regional Objective	

Annual Performance Measures
Increase the number of formalized partnerships between aging/disability andelder rights groups.

Strategies and Actions
Ensure partnerships create through our Long Term Care Ombudsman program carry over to our legal services system. Seek input from local attorneys in our region that specialize in elder law for groups that may assist us in ensuring elder rights.
Challenges and Barriers
Limited law practices specializing in elder law. Understanding the need of our seniors in this area.

Regional Objective	

Annual Performance Measures
Develop and implement a continuous quality improvement component within the program.
Strategies and Actions
Continue to conduct quality assurance monitoring with our legal contractor.
Challenges and Barriers
Limited law practices specializing in elder law. Understanding the need of our seniors in this area.

State Plan Objective 3.2	Long Term Care Ombudsman Program

Annual Performance Measures
Goal A: State Plan – Increase and efficiently track the resident satisfaction outcomes and complaint resolutionrate by 5% annually.
Goal B: State Plan – Increase the number of quarterly visits to facilities by Ombudsmenrepresentatives by 5% annually.
Goal C: State Plan - Increase the number of trained Volunteer Ombudsmen by 5% annually.
Goal D: State Plan – Each local Ombudsman program will conduct eight educational trainings forresidents/families on long-term care services and/or developing self-advocacy skills.
Goal E: State Plan – Improve targeted educational activities that raise awareness of the Ombudsmanprogram in the communities by 5% annually.
Goal F: State Plan – Expand the number of Resident and Family Councils by 5% annually.

Regional Objective	Increase and efficiently track the resident satisfaction outcomes and complaint resolutionrate by 5% annually.

Annual Performance Measures
Increase the satisfactory rates by 5%. Resident satisfaction was at 88.46% for federal YE 2022.
Strategies and Actions
Family and resident education about the Ombudsman's Program limitations.
Challenges and Barriers
Present a clear distinction about the differences of SCDHEC, Law Enforcement and the Ombudsman program. Residents have the perception that all issues can be remedied by the Ombudsman.

Regional Objective	Facility Visits

Annual Performance Measures
Maintain 100% Regional Visits. 312 visits annually.
Strategies and Actions
Perform visits on a rotating schedule within a quarter. Separating by county and finishing a county within a month. Incorporate the visits around investigations and outreach events.
Challenges and Barriers
New Facility opening and Ombudsman not being notified. Lockdowns due to infection control issues.

Regional Objective	Increase the number of trained Volunteer Ombudsmen by 5% annually.

Annual Performance Measures
Recruit and train a minimal of 2 Volunteers annually and retain 80% of volunteer force.
Strategies and Actions
Continue to host and attend recruitment and outreach events.
Challenges and Barriers
Recruitment is hard during these economic times. Volunteers want to be compensated/reimbursed for mileage. Training time requirements and commitment of time has been lengthened. Pandemic/Endemic /Epidemic poses a large barrier to recruitment and retention efforts.

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

Annual Performance Measures
Conduct 2 educational trainings quarterly to facility staff and/or resident or family council.

Strategies and Actions
Plan outreach events in the surrounding counties. Send letters and emails to facilities detailing the Ombudsman list of subjects for trainings.
Challenges and Barriers
Finding presentation opportunities.
Regional Objective: Community Outreach
Annual Performance Measures
Conduct 2 outreach events quarterly.
Strategies and Actions
Plan outreach events in the surrounding counties. Present to local legislative boards ie., Town Council meetings, County council meetings, Waccamaw Regional Board meeting, so that the legislators can use their platform to educate their constituents.
Challenges and Barriers
Finding presentation opportunities.
Regional Objective: Resident and Family Councils
Annual Performance Measures
Expand Resident and Family Councils.
Strategies and Actions
Acquire invitations and attend family events at facilities. Request meetings with residents in facilities that do not have established resident councils. Nurture and work with resident councils in facilities to keep them healthy.
Challenges and Barriers
Family members are apathetic, they want very little involvement until a catastrophic event happens to their love one. Facility management blocks all effort of family councils, they see it as another watchdog entity telling them how to run their facility. Family council meetings are in the evening after normal business hours.

E. Long Range Planning

Our service constituency is forecast to grow considerably, especially along the coast in Georgetown and Horry counties, where seniors come from all over the nation to retire. Others have second homes here, or visit the area, regularly, for three to six months a year. As the average life span increases, and the population along coastal areas grow, the agency can expect to serve more individuals and families. Majority of our individuals with second homes, are seen at the Grand Strand Senior Center.

The historical and cultural differences that exist between the indigenous seniors of the Waccamaw region and in-migrating seniors will continue to exist in terms of personal finance, education levels and expectation with regard to the types and number of services to be offered. The agency will continue to strive to serve the diverse needs of our constituency via the increased development of a volunteer pool and partnerships with other service providers that demonstrate the intersection of shared mission.

Transportation –

Continue to grow volunteer based transportation services across all three counties of the service area via: Waccamaw Assisted Rides Program and through partnership with GRACE Ministries' Neighbor to Neighbor Program (N2N). Continue to meet with community coalitions to identify transportation "gaps" and devise plans to address those gaps in partnership with: area hospitals, SCDOT, Medicaid, COAST RTA, American Cancer Society, Veteran's Administration, local medical clinics and other service providers. All requests for legal services transportation will be vetted through our normal transportation request process. During the FY 21-22 only Georgetown County Bureau of Aging Services offered Medical Transportation. As of October 1 2022 Horry County Council on Aging also began to offer Medical Transportation needs. Through the assistance of the WRCOG office, HCCOA was awarded a 5310 Grant. This grant allowed the HCCOA to purchase to vans with lift capabilities.

Currently HCCOA and BOAS only offer rides to client's medical appointments. Both HCCOA and BOAS plan to revisit their programs to hopefully include essential transportation needs. These essential rides would assist clients with getting to and from; pharmacies, grocery stores, or running monthly errands.

Our recommendations for these programs is to continue to apply for the 5310 Grant. With the assistance of the WRCOG office. To expand the transportation fleet and possible bring on more staff. All of these will assist in growing the program.

Nutrition-

On an annual basis nutritional monitoring is conducted by the Aging Program Coordinator. These monitoring visits are utilized to ensure providers are providing optimal service. These visits serve as quality assurance, and for provider education. The Program Coordinator will meet with all levels of staff to conduct; onsite training, remote training (via phone/virtual), and group

settings. This is to ensure that that clients receive a quality service provided by our contracted providers.

It is the role of the Program Coordinator to work with our providers in identifying ways to expand our nutrition programs. These can be achieved by developing partnerships such as; Clemson Extension, Neighbor2Neighbor, Low Country Food Bank, and the Salvation Army. To provide programs such as; Food Boxes, Cooking Classes, Educational shopping classes, hypertension classes, and meal deliveries.

I&R –

Reorganize, update, and distribute the Regional Resource Directory to our constituents, volunteers and community service partners. Cross train all aging staff members to conduct effective interactions with callers and walk-in clients. Raise community awareness of the AAA's I&R services through community presentations; health fairs; and print articles.

Housing-

Continue to work with the COG's housing department, who provides information on housing as well as CDBG projects for affordable housing in the region; community partners, to support programs and service related to the availability and rehabilitation of the area's aging housing stock. Maintain and enhance working relationships with: churches – ramp programs, housing corporations, and senior congregate housing projects.

Medical/Mental Health –

Continue to maintain, and grow, relationships with local medical clinics, pharmacies, physician practices, disease related support agencies and hospitals such as: Health Coach, Family Caregiver Training/Support Groups, Alzheimer's Association, Diabetes Association, Mended Hearts, expansion of dental services across the region, and coalition work groups for better mental health care.

Workforce Availability –

Advocate for increases to the Senior Employment Programs many of our seniors depend on this avenue to help them find gainful employment. The AAA will continue to work with our in-house workforce development programs to ensure that the senior population is kept on the forefront of opportunities for training and employment. We understand that as the aging population grows the need for skilled staff will grow as well. Our staff will partner to bring training opportunities to our regions potential workforce as well as ensure that those entering higher education and the workforce know the opportunities found in the aging field through internships and paid work experience programs.

Long term care systems –

With reference to long term care, ie: nursing homes, assisted living facilities, Community Residential Care Facilities, Disability and Special Needs sites, we are facing an explosion in the elder population due to people migrating from other regions of the country.

The State has a great tax base for those who are migrating to the area to live, but as they age in the region, our services are not sufficient to cover all the needs and issues. The area is growing with facilities, adding to the number of long term care residents, but growth in the long term care ombudsman program (staffing) has not been able to keep pace with growth. In order for the program to be efficient and maintain quality services there needs to be more boots on the ground. In essence, the Ombudsman Program needs more funding to provide more staff to meet the needs of the growing aging population in long term care facilities in the Waccamaw Region.

Service Expectations of seniors and caregivers –

Extensive research on the preferences and needs of our seniors and caregivers that will be entering our system in the next ten years will need to be done. We've had several very successful needs assessments conducted in the past few years but a new approach to capturing information for new populations will need to be done in order for our AAAs to advocate for changes that may need to be made both on the federal and state levels with regard to rules and regulations for funding. One example, senior centers will need to take new and innovative approaches to get folks to want to attend and take advantage of the many opportunities that can be provided with changes to our funding systems. Younger seniors are not going to attend our current centers without these changes. Currently these centers are funding through the meal costs associated with feeding a person when in reality we need separate funding for the other functions of the centers, ie. Programs, socialization, combatting loneliness, healthy living programs that may not be specific to evidenced based programs. Meals are important but current pricing options to ensure quality are too low to expect a product that folks will support and eat. Caregivers come in all forms, many are working families who need assistance paying for full time care for their loved ones who want to continue living at home. Changes to the federal definitions would need to be made to include this type of care.

Distribution of Resources –

Maintain, strengthen and extend the reach of the AAAs Family Caregiver Support Program and S.H.I.P. programs. Continue to train staff and maintain a working relationship with: The Benefits Bank, USDA Senior Farmer's Market, local medical clinics, hospitals, pharmacy assistance programs, work force agencies, Social Security, Medicare and Medicaid to ensure long term successes of the external programs that can expand our internal reach to client populations. This success is measured by the clients reached. New clients are being reached through; Medicare classes being taught, word of mouth, and informational volunteers.

Creation of New Resources –

Through partnerships, and collaboration, continue to create new resources such as: Waccamaw Sports Classic, Family Caregiver Training Educational Series, Family Caregiver Support Groups, Benefits Bank Workshops, What's Cooking/Cooking Matters taught by the Low Country Food Bank, Assisted Rides Program, and Neighbor2Neighbor Transportation services.

Our Aging Program Coordinator is part of a South Carolina State wide Social Isolation Taskforce. The growing prevalence of social isolation in the United States was recognized as a

risk to public years before the COVID pandemic. The South Carolina Institute of Medicine and Public Health (IMPH), in partnership with South Carolina Department on Aging is convening a taskforce comprised of stakeholders from across South Carolina to collaborative identify approaches to address social isolation in older adults. The benefits of increasing social connection in South Carolina are innumerable.

Taskforce meetings will be held in October and November 2022 and continue January – April 2023. The deliverable of this taskforce is a report containing research and recommendations, to be released in June 2023. Recommendations are developed through the cooperation and collaboration of taskforce members during meetings, on-on-one interviews and other workshop methods.

Policy Changes –

As we see our populations increase, resources remain steady rather than significant increases, and expectations of younger seniors emerge we will review and update policies as needed to meet these challenges and opportunities. Advocate for needed policy changes in our federal and state funding.

Legal Assistance –

Maintain and grow relationships with area elder law attorneys to assist clients that may not meet Title IIIB funding requirements, legal aid organizations, SC Bar Association, SC Legal Services, local law enforcement and victim's advocate program thru I&R and joint educational programming.

Multi-Purpose Senior Centers –

With the help of P.I.P. funding, Waccamaw providers have opened, maintained and or improving senior centers and meal sites throughout our region. We currently have twenty centers that are centrally located to meet the need of seniors throughout our region. Out of the 20 all are functioning meal sites where meals are served.

Georgetown County currently has four of their six centers housed within recreational centers. The Waccamaw Regional Recreation Center, Andrews Recreation Center, North West Regional Recreation Center, and the Howard center. These locations provide a unique atmosphere where clients can benefit from activities such as; indoor walking track, basketball courts, exercise classes, indoor pickleball courts, and a weight room. The Howard facility has attached a full auditorium where movies are offered to the clients we serve.

Horry County has two facilities that offer a unique atmosphere for clients. The Grand Strand Senior Center and the North Strand Recreation Center. The Grand Strand Center is not new, but it continue to grow and offer more activities for clients. The North Strand Center during COVID moved into the North Strand Recreation Complex. This provided the same opportunities as those within Georgetown County who are in Recreation Centers.

Horry County is currently working to complete a new senior center in the growing area of Carolina Forest. The current facility does not have the capacity for the senior population in the area or the expected growth. These efforts are being funded through local dollars and fundraising efforts.

Emergency Preparedness –

The Aging Program Coordinator is responsible for maintaining and updating the Emergency Operations Plan EOP annually. Each year the EOP is updated and submitted to the SCDOA for review by April 1st. To ensure the needs of our region are met. Our Program Coordinator attends; local partnership meets, VOAD meetings, SCDOA trainings, or other trainings where the EOP can benefit from. Relationships with these agencies help us to ensure that senior needs and issues for emergency preparedness are not overlooked and continue to be a focus in our region.

The program coordinator is responsible for carrying out the EOP. The program coordinator will assist the AAA Aging Director with, but not limited to; collecting status reports form providers/staff, submitting status reports to the SCDOA, client wellness calls, assist with shelf stable meals orders and deliveries.

The WRCOG AAA operates in accordance with the SCEMD Phases. Those are OPCON Levels 3 – 2 – 1. Those descriptions of each level and requirements are found below.

OPCON Level 3:

(1) Normal operations.
(2) No requirements or expectations of staff or providers.

OPCON Level 2:

1. Partial activation and planning for potential hazard.
2. Potential hazard has been identified and will be followed.
3. Threat is expected, but uncertain.
4. Operations are as normal unless said otherwise.

Staff/Provider Requirements

- Providers if have not already done so, order emergency shelf stable food.
- Providers will begin to communicate with clients.
- Providers will communicate with Waccamaw AAA for updates and any assistance needed.
- Waccamaw AAA staff will be provided; staff names, client names, and a plan of action for checking in should the situation require.
- AAA Staff will begin prepping to work remotely should the event call for this.

OPCON Level 1:

- State of Emergency has been declared.
- Disaster has now become imminent.
- Waccamaw AAA and providers are in full activation.
- Regular services have been halted or modified due to hazard.

Staff/Provider Requirements

- Providers are to send out emergency meals, unless already distributed.
- Daily reporting begins from the providers submitting to the AAA. This will last until the situation has resolved and operations have resumed back to normal.
- AAA Staff will begin to work remotely.

The program coordinator is responsible for updating and maintain the EOP. This includes up to date contacts for local agencies and any MOUs the WRCOG AAA possess. A full plan can be provide upon request.

III. Attachments

WACCAMAW AREA AGENCY ON AGING

III. Attachments

A. Attachment A – Verification of Intent (VOI)

The Area Agency on Aging hereby submits its Fiscal Year 2023-2025 to the South Carolina Department on Aging. If approved, the plan is effective for the period of July 1, 2023 – June 30th 2025.

The Area Agency on Aging is granted the authority to develop and administer its Area Plan in accordance with all requirements of the Older Americans Act and the South Carolina Department on Aging. By signing this plan, the Planning and Service Area Director and the Area Agency on Aging Director assure that the written activities included in the plan will be completed during the effective period and annual updates will be given to the South Carolina Department on Aging when requested. Changes made to the approved plan will require and amendment submission to the South Carolina Department on Aging for approval.

This plan contains assurances that it will be implemented under provisions of the Older Americans Act of 1965 during the period identified, as well as the written requirements of the South Carolina Department on Aging and the South Carolina Aging Network's Policies and Procedures Manual.

The Area Plan herewith submitted was developed in accordance with all federal and state statutory and regulatory requirements.

Waccamaw Regional Council of Governments

Barbara J. Blain - Bellamy — **Board of Directors Chair Person**

13 February 2023 — **Date**

Planning Service Area Director

2/13/2023 — **Date**

Kimberly D. Harmon — **Area Agency on Aging Director**

2/13/2023 — **Date**

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B. Attachment B – Assurances

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State Plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individualswith greatest 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) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require useof outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on theneeds of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the planwithin the planning and service area.

NOTE: STATES MUST ASSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THESTATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(I) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and servicearea will be expended for the delivery of each of the following categories of services-

- services associated with access to services (transportation, health services (includingmental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B andhow to receive benefits under and participate in publicly supported programs for whichthe consumer may be eligible), and case management services);
- in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organicbrain dysfunction; and legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expendedfor each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

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

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

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

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

1. specify how the provider intends to satisfy the service needs of low-income minorityindividuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
2. to the maximum extent feasible, provide services to low-income minority individuals,older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
3. meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

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

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

(III) provide information on the extent to which the area agency on agingmet the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency onaging will use outreach efforts that will identify individuals eligible for assistance underthis Act, with special emphasis on--

(2) older individuals residing in rural areas;

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

(4) older individuals with greatest social need (with particular attention to low-incomeminority individuals and older individuals residing in rural areas);

(5) older individuals with severe disabilities;

(6) older individuals with limited English proficiency;

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

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

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

(5) Each area agency on aging shall provide assurances that the area agency on aging willcoordinate planning, identification, assessment of needs, and provision of services for olderindividuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers todiagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental healthservices provided by community health centers and by other public agencies and nonprofitprivate organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, incarrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expendedby the agency in fiscal year 2000 in carrying out such a program under this title.

(i) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in

this paragraph as"older Native Americans"), including-

- information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agencyon aging will pursue activities, including outreach, to increase access of those older NativeAmericans to programs and benefits provided under this title;
- an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with servicesprovided under title VI; and
- an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within theplanning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on agingwill maintain the integrity and public purpose of services provided, and service providers,under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(14) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(15) the nature of such contract or such relationship.
(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided,or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

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

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

(I) Each area agency on aging shall provide assurances that funds received under thistitle will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is notcarried out to implement this title.

(17) provide assurances that funds received under this title will be used- to provide benefits and services to older individuals, giving priority to olderindividuals identified in paragraph (4)(A)(i); and

(18) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
(9) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and otherinstitutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- no individual (appointed or otherwise) involved in the designation of the State agencyor an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- no officer, employee, or other representative of the State agency or an areaagency on aging is subject to a conflict of interest prohibited under this Act; and
- mechanisms are in place to identify and remove conflicts of interest prohibitedunder this Act.

(i) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsmanprogram in accordance with section 712 and this title, and will expend for such purposean amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year2000.
(ii) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.(11)(A) The plan shall provide assurances that area agencies on aging will--

(11) enter into contracts with providers of legal assistance which can demonstrate theexperience or capacity to deliver legal assistance;
(12) include in any such contract provisions to assure that any recipient of funds underdivision
(A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing

eligibility for legal assistance under such Act and governing membership of local governing boards)

as determined appropriate by the Assistant Secretary; and

(13) attempt to involve the private bar in legal assistance activities authorized under thistitle, including groups within the private bar furnishing services to older individuals on apro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless thegrantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best ableto provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(15) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances thatany area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activitiesfor--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act throughoutreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencieswhere appropriate.

(16) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(A) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

- to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant numberof such older individuals who are of limited English-speaking ability; and

- to designate an individual employed by the area agency on aging, or availableto such area agency on aging on a full-time basis, whose responsibilities will include-

-

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistanceunder this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(B) The plan shall provide assurances that the State agency will require outreach efforts that will— identify individuals eligible for assistance under this Act, with specialemphasis on—

(12) older individuals residing in rural areas;

(13) older individuals with greatest economic need (with particular attention to low-incomeolder individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(14) older individuals with greatest social need (with particular attention to low-incomeolder individuals, including low-income minority older individuals, older individuals withlimited English proficiency, and older individuals residing in rural areas;

(15) older individuals with severe disabilities;

(16) older individuals with limited English-speaking ability; and

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

(A) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A),and the caretakers of such individuals, of the availability of such assistance.

(C) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessmentof needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility forindividuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(D) The plan shall provide assurances that area agencies on aging will

conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- reside at home and are at risk of institutionalization because of limitations on theirability to function independently;
- are patients in hospitals and are at risk of prolonged institutionalization; or
- are patients in long-term care facilities, but who can return to theirhomes if community-based services are provided to them.

(E) The plan shall include the assurances and description required by section 705(a).

(F) The plan shall provide assurances that special efforts will be made toprovide technical assistance to minority providers of services.

(G) The plan shall--

- provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under thistitle, if applicable, and specify the ways in which the State agency intends to implement the activities.

(H) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(I) The plan shall provide assurances that demonstrable efforts will be made--

- to coordinate services provided under this Act with other State services that benefitolder individuals; and
- to provide multigenerational activities, such as opportunities for older individuals toserve as mentors or advisers in child care, youth day care, educational assistance, at- risk youth intervention, juvenile delinquency treatment, and family support programs.

(J) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associatedwith access to services provided under this title, to services under title VI, tocomprehensive counseling services, and to legal assistance.

(K) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(L) The plan shall provide assurances that funds received under this title will not be usedto pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(M) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless itcontains assurances that no amounts received by the State under this paragraph will be usedto hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported throughuse of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(i) The State plan shall provide an assurance that the State, in carrying out any chapterof this subtitle for which the State receives funding under this subtitle, will establish

programs in accordance with the requirements of the chapter and this chapter.
(ii) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging,recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.
(iii) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.
(iv) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any fundsthat are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
(v) The State plan shall provide an assurance that the State will place no restrictions,other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entitiesunder section 712(a)(5).
(vi) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

- in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
  - public education to identify and prevent elder abuse;
  - receipt of reports of elder abuse;
- active participation of older individuals participating in programs under

this Act through outreach, conferences, and referral of such individuals to other social serviceagencies or sources of assistance if appropriate and if the individuals to be referred consent; and

- referral of complaints to law enforcement or public protective service agenciesif appropriate;
    - the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
    - all information gathered in the course of receiving reports and making referralsshall remain confidential except--
        - if all parties to such complaint consent in writing to the release of such information;
- if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program,or protection or advocacy system; or
    - upon court order…

WACCAMAW AREA AGENCY ON AGING

Verification of Older Americans Act Assurances

By signing this document, the authorized officials commit the Area Agency on Aging (AAA)to performing all listed assurances and activities as stipulated in the Older Americans Act,as amended in 2016. In addition, the AAA provides assurance that it will adhere to all components of the South Carolina Aging Network's Policies and Procedures Manual, theSouth Carolina Department on Aging's (SCDOA) Multigrant Notification of Award Terms and Conditions, and to individual SCDOA programmatic policies and procedures.

Waccamaw Regional Council of Governments

Barbara G Blain - Bellamy
Board of Directors Chairperson

2/13/2023
Date

Planning Service Area Director

2/13/2023
Date

Kimberly D Harman
Area Agency on Aging Director

2/13/2023
Date

C. Attachment C – Information Requirements

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, includinglow-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the plan.

Regions Response

Waccamaw Area Agency on Aging is committed to ensuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need. As you will see in our GIS mapping section, we currently serve aging populations who are in the highest percentages of the Low to Moderate Income as well as minority populations throughout our three county region. This will continue to be accomplished through community outreach as well as assessment tools. AAA staff will take over the assessments of all potential and current service recipients and we will ensure that priority scores derived through the AIM system will be used to decide continuation and/or start of services as well as waitlist for services for all those who are assessed.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency on Aging will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Regions Response

The Aging Program Coordinator is responsible for the maintaining and updates to the WRCOG AAA Emergency Operations Plan. Each year on April 1st an updated version is submitted to the SCDOA for review. What is included within the plan are sections on; mitigation, preparedness, response and recovery. The plan is to include local points of contact and any MOUs that the WRCOG AAA possesses.

During the course of the year our Aging Program Coordinator and Information & Referral Specialist attend local outreach meetings. This meetings make up a join collaboration among local agencies serving the community. These agencies include but are not limited to; Tidelands Health, Black River United Way, Waccamaw Center for Mental Health, RCORP, Live Well, Neighbor2Neighbor, Salvation Army, VOADs, Georgetown County EMD, Horry County EMD,

Williamsburg County EMD. Both our Information & Referral Specialist as well as our Aging Program Coordinator have spoken at these engagements. To discuss the clients we serve, and the resources we can offer.

For Calendar year 2023 the Tidelands Community Health Resources Partners Meetings will be held in the months provided below. WRCOG AAA staff will be in attendance at these meetings.

- January
- March
- May
- July
- September
- November

The Waccamaw VOAD group will have their first meeting of 2023 on February 23rd 2023. WRCOG AAA will also be in attendance for this meeting as well.

All of the collaborations above, ensure that our seniors are not forgotten in emergency preparedness planning and that we have a seat at the table for emergency management endeavors in our region.

Out of a result from COVID staff have the capability to work remotely. This allows staff to be safe while the continuation of staff responsibilities do not change. Below is a description of staff expectations to follow during a state of emergency.

Kim Harmon AAA Director:

- Will receive all provider updates.
- Will communicate and meet with other AAA directors as well as the SCDOA regarding any funding or resource updates.
- Will handle unit checks in AIM for any emergency provided service.

Justin Blomdahl Aging Program Coordinator:

- Assist providers in running the YEmrglnfo report from AIM. This report will assist in identifying the most high risk clients.
- Will receive all daily status reports from providers and designated AAA Staff.
- These forms will be submitted to the SCDOA in the format that the SCDOA sets.
- Will communicate with providers regarding any needs or where the AAA can assist.
- Communicate with assessment staff to task each of them out for specific tasks should the situation call for it.
- Communicate with local; EMD, VOADs, and other emergency relief groups within the region.

Ombudsmen Program; Tasia Stackhouse, Beulah Tobrit, Jamie Davis

- Responsible for ensuring clients within the facilities are taken care of.
- Assist with seeking out transportation for those who are in need.
- Coordinate with the local EMD or SCEMD for resources in situation that require additional assistance.
- Submit daily reports to Kim Harmon.

Family Caregiver Program Valerie Gonzalez:

- Responsible for communicating with all caregivers.
- Assist those who are in need of transportation assistance for themselves or those they care for.
- Submit daily reports to Kim Harmon.

Information and Referral Trina Cason:

- Be available to provide resources to clients who are in need of assistance.
- Stay in communication with local; EMD, VOADS, or other emergency planning groups for resources and updates.
- Submit daily reports to Kim Harmon

Aging Assessors

- In the event of a natural disaster aging staff will be asked to work remotely from home. It is the responsibility of assessors to ensure all required office supplies are gathered prior to a crisis situation.
- While working from home assessors will be required to submit daily and/or weekly status reports to their direct supervisor.
- Assessors will also be given a list of clients within the region served. Those clients will be their list to call for wellness checks. This will only happen if the providers requests the assistance of the AAA.
- Assessors may also be called upon to assist with meal deliveries should a situation require this to occur.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Regions Response

The Waccamaw Area Agency on Aging understands well the needs of the rural elderly as much of our region is considered rural. Transportation continues to be a barrier to receiving and accessing services of all kinds, not just senior services as defined by the Older Americans Act. We are actively pursuing volunteer transportation options in our region. Our Assisted Rides

Volunteer Transportation program will be revamped in this next planning period to help combat the transportation issues of the rural elderly as well as the isolation that occurs from living far from others with no means of transport. Funding for these types of programs has been difficult and we have partnered with local businesses, hospitals, community organizations, local and regional foundations etc. to keep these efforts alive. In fiscal year 2021-2022, we provided 830 trips totaling 14,180 miles to the senior and disabled populations in our region.

Section 307(a)(14)

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—describe the methods used to satisfy the service needs of the low-income minority olderindividuals described in subparagraph (A), including the plan to meet the needs of low- income minority older individuals with limited English proficiency.

Regions Response

Waccamaw Area Agency on Aging is committed to serve those individuals with limited English proficiency by training staff in conversational and service access languages for the most prevalent languages occurring in our region such as Spanish. We also have access to translation services through our Workforce Development department through contracts held for workers seeking employment. Staff will be trained in cultural sensitivities and cultural differences to assist those seeking services to feel comfortable in their service access and delivery.

D. Attachment D – Programmatic Questions

The region's responses to these questions must be included within the attachment and submitted as part of the Area Plan.

**The SCDOA has created a chart that is required in this section of the area plan.*

Disability	In what ways do you plan on incorporating disability and accessibility into your existing programs? The established Medical Transportation program currently offers lift services. Those who are unable to get themselves in and out of a vehicle safely. Can request a ride where a vehicle with lift capability can be provided. These services are offered within Horry and Georgetown Counties. Even though our Congregate Meal Site staff are not medical equipped or trained to offered hands on assistance. It is offered for clients to be accompanied by a; caregiver, family member, or a friend. This will allow clients who are disabled to come and benefit from the programs. While be safely monitored by someone authorized or trained to do so. We look to expand our Aging Advisory Council to include members from agencies serving those with disabilities. Having members who work directly with those with disabilities offers opportunity to reach more clients and to discover potential referral options.
Transportation	What do you believe is the number one challenge facing your transportation program and what are some of your ideas to overcome this challenge? Funding is always going to be an issue; however, as a result of COVID staffing and vehicles are the primary issue. HCCOA as the summer of 2022 is still waiting into the winter of 2022 for vehicles purchased. These vehicles are the vans with lift capabilities. Georgetown County has seen similar challenges. Vehicles have been locked up in the shop due to being unable to find replacement parts. Limited staff also hinders their program as well.

Assessment	Tell about your plans to increase productivity in your Assessment Program. Our office as of October 2022 has hired two new staff members. These two individuals will be vital in increasing our number of clients we assess. Another key component to our process is getting virtual assessments available in all 20 of our centers. This has proven to be a huge asset in the 12 centers we currently are using this process.
Information and Referral/Assistance	Describe how your agency plans to address the external unmetneeds identified in your monthly I&R data. Following state and national trends, the number of older adults has been increasing in the region serviced and is expected to continue through the time period covered in this plan. As the population ages, people are living longer and prefer to remain in their homes and community as they age. This has increased the demand beyond current capacity for resources for the most basic services like home-delivered meals, housekeeping, and minor home repairs needed to allow the aging to remain in the home. These unmet needs are compounded by the lack of participants in the work force that would normally fill the positions that meet these needs. It is imperative to develop partnerships and collaborations with community-based organizations, local governments, healthcare providers and state departments to advocate to reduce the gaps in services as identified in the monthly I&R data. The Low Country Food Bank has been identified as a major collaborator to help with food insecurity and a collaboration is being developed to establish a means of having the food boxes delivered to the home-bound seniors through the food box distributions sites. Resources to help meet housekeeping needs are actively being identified to build a list of providers that can service each county serviced. Participation in rural community events will increase outreach promoting home repair programs through the USDA and HUD. Local collaborations are assisting in specific geographical areas through the Habitat Home Repair Program for seniors. Resources to help meet home repairs in urban areas are actively being identified to build a list of providers for areas not covered by the USDA or HUD. Legal services have been identified to help resolve title issues to properties that will allow the occupants to apply for these home repair grants and programs. By distributing materials, partnering with organizations, participating in community events, and advocating for older adults, more needs will be met by matching a valid resource to an unmet need.

Homecare	Tell about the homecare worker challenges your region is currently experiencing and tell your plans to address these challenges over the next 2 years. Funding will be a very pivotal part of retention of staff. One county in particular has seen tremendous turnover especially within the Homemaker program. It is hard to find and retain employees that are willing to do this work. We plan to develop a consumer choice program, using outside agencies in the hope that having more agencies on board will help to ease to pressures of staff retention and provide more choice for our seniors as well as reduce staff burnout. Medicaid has increased the rates for personal care and we will be using these rates as a catalyst for our pricing as we enter procurement in the coming year.
Insurance and Medicare Counseling	In future years how to plan to ensure that all counties in your regions are served by both the SHIP and SMP Programs quarterly? We plan to conduct two monthly Meet & Greets in each County. One will be with each local senior center and one for the general public. These events will introduce the SHIP and SMP programs and allow for questions to be answered. We will also participate in senior fairs, sports classic events and other senior gatherings throughout our region.
Insurance and Medicare Counseling	Should the funding for the SHIP/SMP/MIPPA programs be reduced or eliminated, how would you sustain the programs to ensure that Medicare beneficiaries in your region were continued to be served? Should funding be reduced for the following programs, we will partner with other entities such as doctors' offices, hospitals and or SC Thrive to help fund the SHIP/SMP/MIPPA programs. We will also collaborate with insurance companies and search for other grants that will enhance the program or to add to it. Our Information and Referral Specialist would refer calls to Medicare Help Hotline and Medicare website if all else failed to continue an in-house program.

Nutrition Programs and Services	Describe how your agency plans to provide innovative or modernized nutrition program services to an increasingly diverse aging population. Post COVID we are seeing a larger increase in active clients. Clients who wish to be more active and travel. Currently we are working with clients, community members, and community officials to capture the interest and get new potential clients into the centers. The more that we can offer the more attraction there is to retain and encourage others to join. Possible additions may be restaurant incentive vouchers for those who come and actively participate. Research opportunities to offer a more robust and diverse congregate meals to include diabetic, gluten free, etc.
Nutrition Programs and Services	Describe how your region plans to explore food insecurity and malnutrition data to understand community needs and available resources. The aging program coordinator through the use of surveys; plans to survey clients during assessments, monitoring visits, and volunteer opportunities to get an understanding of how the programs are benefiting clients and to understand if the services are meeting the needs of the clients.
Senior Centers	Describe how your agency will partake in learning collaborative, networking opportunities and broader communications to help centers address the needs, desires, and expectations of older adults**.** The plan for FY 22-23 is to survey all new and current clients on their interests. We have seen that exercise is a huge interest of many. Currently we are working closely with Providers to get staff trained in a variety of EBPs. The hope for FY 23-24 is to have multiple innovating EBPs to offer at all centers.
Health Promotion &Disease Prevention	Describe how your agency plans to expand its reach with Evidence-Based Disease Prevention and Health Promotion programs. Working with our centers is the first step. Getting an established

	EBP program to reach the majority will be very beneficial. Recently the WRCOG AAA conducted a survey where over 100 clients were surveyed. - 68% stated that they had access to the internet. - 50% would be willing to participate in a virtual activity. Our plan from these surveys is to implement virtual EBPs that clients who are homebound can participate in.
Health Promotion &Disease Prevention	Describe how your region plans to carry out integrated health and wellness activities to assist with modifying behaviors or improving health literacy. From our recent survey, there are many clients who are willing to participate in a virtual activity. The plan is not only will we have the opportunity to reach clients with EBPs but that he Nutrition Education Classes could also be offered remotely.
Family Caregiver Support Program	Tell about how your region is working towards 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. The Waccamaw FCGSP conducts outreach to all counties served in the region especially rural areas through in person/online/newspaper or other advertisement avenues, online/in person support groups, health fairs (hospital, over 55 communities, church), local county or governmental organizational contacts (Aging services including senior centers, Alzheimer's Association, RSVP, DHHS, DDSN, CLTC, Medicaid, Emergency Management, MH, schools, day cares, colleges), care partners (online caregiver education/information providers, in home care agencies, hospices, physician groups, in home health care agencies, insurance providers, rehab providers, day and overnight care facilities), meetings with professionals who provide various elder services. This outreach is not only to inform targeted caregivers and other interested parties about services available and the processes to access them under the FCGSP; but to also gain knowledge of other sources within the local, region, and State that may benefit caregivers. The Waccamaw FCGSP provides and has assisted in developing caregiver support groups to serve caregivers throughout the regions. Caregivers are also assisted in accessing

Alzheimer's Support Groups or other disease specific support groups (stroke, Parkinson's, emotional) as the need calls for. Referrals are received from the primary caregivers, family members, friends, neighbors, hospices, Medicare, Medicaid, private health companies, physicians, hospice, CLTC, MH, DDSN, Alzheimer's Association, and numerous other sources throughout the region and State.

Upon intake caregivers are informed of the services available under the FCGSP and the process to become eligible. Caregivers are asked open ended questions in order to determine a broader picture of their situations as well as to learn what they feel their needs encompass. Caregivers needing language interpretation are provider the means to do so through the Waccamaw Regional Council of Government who partners with an entity who provides such services. The Waccamaw FCGSP has accessed this service in the past and will continue to do so in the future. Caregivers are also assisted in finding and connecting to services to meet the needs the Waccamaw FCGSP is unable to provide. Caregivers whose care receivers have been dx with a dementia are provided with an application requiring a physician diagnosis statement indicating a named dementia. Care receivers diagnosed with a physical disorder or other condition must be unable to perform at least 2 of their activities of daily living without substantial hands-on assistance for the caregiver to qualify. SRC caregiver must submit proof of their age as well as documentation that the child/children reside with the caregiver and the caregiver is the primary caregiver. Every caregiver wishing to receive services provided under the FCGSP are assessed to determine eligibility. Assessment are scheduled and completed either over the person within a 5 day period with the majority scheduled within a 3 day time span. Questions on the assessment serve to assist in determining targeted populations who meet priority status. Caregivers are authorized the day of the assessment and authorizations are sent to care agencies via email following the completed assessment and the caregiver's choice of provider. A copy of the authorization is either emailed or mailed to the caregiver as per caregiver choice. Caregivers are told to contact the Waccamaw Caregiver Advocate if they do not get a response from the provider within 3 days at which time the advocate will inquire with the provider about the delay is setting an intake with the caregiver. Caregivers returning the following year are reassessed a year from the date they were first authorized. Funding for respite is reauthorized every 3 months which provides for respite opportunities throughout the service year and as the service budget allows. Reauthorizing quarterly also serves as follow-up to check on any changes or needs in a caregivers

situation that may have a need for action as well as to determine satisfaction with the service being provided.

Caregivers prioritized are those caring for an individual diagnosed with a dementia and/or are lower income, care for someone with severe disabilities, have high risk of placement of loved one, those in more rural areas, minorities, have language barriers, or are seniors raising children as defined in State/Federal regulations. Caregivers wanting respite have the option to choose from in-home, day care, or overnight facility stay. They are provided with a list of available care providers in their geographical area for the option of care they choose. Those wanting to be reimbursed for care they pay for in their home by an individual they know are given information explaining procedures to do so.

Caregivers who are not covered by any other resource may also be reimbursed for Supplemental services including incontinence products, ramps (indicated as required by a physician), nutritional supplements (as ordered needed by a physician), and assistive devices that they pay for out of pocket. A completed Supplemental Reimbursement form is required to be submitted before caregivers are reimbursed for their expenses. SRC caregivers are given a variety of options to choose from including respite in the home, day care, or overnight. Private day care, day or Summer camps, clubs, sporting team, after school activity, and/or tutoring. Invoices/receipts of activity along with a Reimbursement form(s) are required. SRC Caregivers are also reimbursed with their receipts for clothing, school supplies, incontinence products, and adaptive devices, not covered elsewhere.

Caregiver training has evolved with the onset of COVID. Because in person events and contact was discouraged for an extended period of time caregivers were in need of a way to manage their situations in different ways not previously used by them. The Waccamaw FCGSP was able to connect caregivers via Zoom and other online portals which them with care information and the ability to participate in events and learning opportunities. Caregivers were helped by the FCGSP Advocate as needed to access these services taking into consideration the learning curve required for many of these caregivers. The Waccamaw FCGSP has partnered with an education/information/and support caregiver platform company called Trualta. Caregiver participation in the online platform has been steady and well received. Caregivers report that being able to access information, education, and support from the

	comfort of their home has been a good fit. A Powerful Tools For Caregivers Training has been offered but did not prove to be a program caregivers wanted to take part in due to the time commitment required. Caregivers have also been referred to other programs or Universities for research studies. Waccamaw FCGSP support groups met online via Zoom during COVID but are now back to face to face. Alzheimer's Support groups met online during COVID and are still provided in some areas although they have resumed in person in the Waccamaw Region. With the majority of Waccamaw caregivers being those who care for care receivers diagnosed with a dementia the online options offered by the Alzheimer's Association were especially well received. Caregivers requesting counseling assistance are referred as preferred to MH or some other private agency for an initial diagnosis to be covered by the FCGSP. The Waccamaw Family Caregiver has assisted an over 55 community in starting their own caregiver support group that is facilitated by a caregiver wo resides in the community. Efforts to develop and provide support group, education, and information will continue. Partnerships with a variety of entities both governmental and private will continue as well to ensure needs are met and no duplication of services occurs. The Waccamaw FCGSP will continue to explore innovative ways to best serve the caregivers of this region.
Long Term Care Ombudsman Program	How do you plan to increase the recruitment and retention of Volunteer Ombudsmen? Recruitment: Participate in outreach events in the Waccamaw region and disseminate volunteer brochures. Also perform volunteer presentations at churches, sororities and local organizations. It is the hope of the program to reach out to the Technical Colleges in the Waccamaw Region for volunteer opportunities. Retention: Show appreciation by sending birthday cards, monthly text messages and a gift card during volunteer appreciation month. Send updates, newsletters from Consumer Voice or NORC in relation to volunteering and facility visitations. Be flexible to volunteer's time. Listen and value what they have to say and

	give feedback. Most importantly continue to offer flexibility to the volunteers when scheduling meetings, trainings etc. New idea for 2023, public recognition: ✓ At one of the monthly board meetings, introduce the volunteers who will be able to attend to the board members. ✓ Recognized volunteers at senior events (State Senior Health Fair & Sports Classic) ✓ Volunteer Luncheon if funds are available
Long Term Care Ombudsman Program	How to you plan to increase program awareness to the community members and stakeholders? Reach out to members of the Local South Carolina Adult Protection Coordinating Council (APCC) to provide public awareness, technical assistance, and training about abuse, neglect, and exploitation. Create and maintain partnerships with the APCC and caregiver and respite coalitions that will allow access to additional audiences in the local region to educate about abuse, neglect, and exploitation. Establish regular meetings with caregivers and respite coalitions to exchange information. Continue World Elder Abuse Awareness Day activities. Continue to develop and distribute culturally appropriate literature about long-term care, rights, benefits, and resources. Provide consumers with information on how to reach the Ombudsman program and/or make a complaint. Engage Local Professional Organizations and Local Boards with targeted educational activities/presentation to its members. Request audiences with Local Legislative Entities in order to disseminate information to the constituents in the Waccamaw Region.
Legal Assistance Program	What issues do you see that affect justice for seniors? Language barriers if senior's primary spoken and written language is not English; transportation; technology (including bandwidth issues and internet availability in rural areas of the state); Information and Resources not written in plain language making understanding the issue and possible solution difficult; Disability/Handicap Accessibility; and Exploitation/coercion from family members, friends, and targeted scammers.

Legal Assistance Program	What hurdles, beyond funding, do you see that impede access to justice for seniors? Describe future collaborative efforts to address hurdles identified. Knowledge of how to use technology; transportation; Disability (needing homebound services will impede access) entities that refer seniors for assistance who bounce people without knowing if that referral is the proper referral. Ways to address hurdles: 1) Conduct "How-To"/hands on Tech trainings for seniors at senior centers. [There is a possible kiosk technology grant projects here to explore] 2) Work on creating, manifesting, and sustaining dual collaboration with senior centers and those justice system agencies to ensure referrals are being made to the appropriate places that can address the senior's needs. 3) Revamping outreach to where it is more of a conversation than a lecture (getting audience engaged w/o providing individual legal advice)

E. Attachment E – Performance Measures Template

Area Plan Performance Measure Goals Template

Area Plan Dates 2023 - 2025

Performance Measure		FY22	FY23	FY24	FY25
State Objective 1.2 Expand the number of seniors assessed annually by 5%. Tracked and collected in AIM.	Achieved?		No		
	Target/Goal		2416	2365	
	Actual	2301	2253		
	Comment (?)				
State Objective 1.2 decrease the number of clients placed onto a waiting list for service(s). Tracked and collected in AIM.	Achieved?		Yes		
	Target/Goal		583	407	
	Actual	468	428		
	Comment (?)	Our goal is to remove at minimum 50% of the waiting list by the end of each fiscal year.			
State Objective 2.1 Increase the number of contacts accessing I&R/A services by 5% annually. Tracked and collected in ACT.	Achieved?		Yes		
	Target/Goal		2543	2670	
	Actual	2422	2543		
	Comment (?)				
State Objective 2.1 Increase the I&R/A outreach by 5% annually. Tracked and collected in ACT.	Achieved?		Yes		
	Target/Goal		38	40	
	Actual	32	38		
	Comment (?)				

State Objective 2.2 Goal A 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. Tracked using the STARS system.	Achieved?		Yes		
	Target/Goal		42	181	
	Actual	40	173		
	Comment (?)				
State Objective 2.2 Goal B Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance. Tracked using the STARS system.	Achieved?		Yes		
	Target/Goal		350	477	
	Actual	333	455		
	Comment (?)				
State Objective 2.2 Goal C Three regional SHIP outreach events per quarter (36 annually). Tracked using the STARS system.	Achieved?		Yes		
	Target/Goal		36	36	
	Actual	41	39		
	Comment (?)				
State Objective 2.2 Goal D Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling. Tracked using the SIRS system.	Achieved?		No		
	Target/Goal		2591	2354	
	Actual	2468	2242		
	Comment (?)				
State Objective 2.2 Goal E increase by 5% annually, the number of consumers reached in rural, isolated areas. Tracked using the STARS system.	Achieved?		No		
	Target/Goal		80	32	
	Actual	76	30		
	Comment (?)				
	Achieved?		Yes		

State Objective 2.2 Goal F Increase by 5% community partnerships to assist in raising awareness of fraud. Tracked using the STARS system.	Target/Goal		7	7	
	Actual	6	6		
	Comment (?)				
State Objective 2.5 Increase the number of clients utilizing transportation services by 5%. Tracked and collected within AIM.	Achieved?		Yes		
	Target/Goal		305	1062	
	Actual	290	1012		
	Comment (?)		MT and CMT		
State Objective 2.6 Goal A Expand the number of family caregiver support recipients by 5% annually. This information is tracked and collected within Quickbase.	Achieved?				
	Target/Goal		188		
	Actual	179			
	Comment (?)				
State Objective 2.6 Goal B Increase family caregiver outreach events by 5% annually. This information is tracked and collected within Quickbase.	Achieved?				
	Target/Goal		8		
	Actual	7			
	Comment (?)				
State Objective 2.6 Goal C Increase utilization of the Seniors Raising Children funding by 5%. This information is tracked and collected within AIM.	Achieved?				
	Target/Goal		$23,894		
	Actual	$22,756			
State Objective 2.6 Goal D Increase partnerships and collaboration with other	Achieved?				
	Target/Goal		103		

human-service agencies by 3%. This information is tracked and collected within Quickbase.	Actual	100			
	Comment (?)				
State Objective 2.7 Increase the number of seniors receiving home care services by 5% annually. Tracked and collected in AIM.	Achieved?		Yes		
	Target/Goal		305	475	
	Actual	290	453		
	Comment (?)				
State Objective 3.1 Goal A Increase the number of outreach activities directed towards the most vulnerable senior victims. Tracked and collected from SC Legal Services reporting.	Achieved?		Yes		
	Target/Goal		5		
	Actual	1	38		
	Comment (?)				
State Objective 3.1 Goal B Increase the number of formalized partnerships. Tracked and collected from AAA MOUs.	Achieved?				
	Target/Goal		2		
	Actual	0			
State Objective 3.1 Goal C Develop and implement a continuous quality improvement component program. Data will include legal services clients served. Data collected in AIM.	Achieved?				
	Target/Goal		141		
	Actual	134			
	Comment (?)				
State Objective 3.2 Goal A Increase and efficiently track the resident satisfaction outcomes.	Achieved?		Yes		
	Target/Goal		92.04%		
	Actual	88.00%	97%		

Tracked and collected within Wellsky.	Comment (?)				
State Objective 3.2 Goal B Maintain the number of quarterly visits to facilities by Ombudsmen representatives annually. Tracked and collected within Wellsky.	Achieved?		Yes		
	Target/Goal		312	312	
	Actual	370	312		
	Comment (?)				
State Objective 3.2 Goal C Increase the number of trained volunteer ombudsmen by 5% annually. Tracked and collected within Wellsky.	Achieved?		Yes		
	Target/Goal		6	7	
	Actual	5	6		
	Comment (?)				
State Objective 3.2 Goal D Conduct at minimum 8-10 educational trainings annually. Tracked and collected within Wellsky.	Achieved?		No		
	Target/Goal		8 to 10		
	Actual	10	6		
	Comment (?)				
State Objective 3.2 Goal E Improve targeted educational activities that raise awareness of the ombudsman program by 5%. Tracked and collected within Wellsky.	Achieved?		Yes		
	Target/Goal		8		
	Actual	33	30		
	Comment (?)				
State Objective 3.2 Goal F Expand the number of resident and family councils by 5%. Family council groups are optional. Tracked and collected within Wellsky.	Achieved?		No		
	Target/Goal		52		
	Actual	48	17		
	Comment (?)				

F. Attachment F – Organizational Information

Organizational Structure

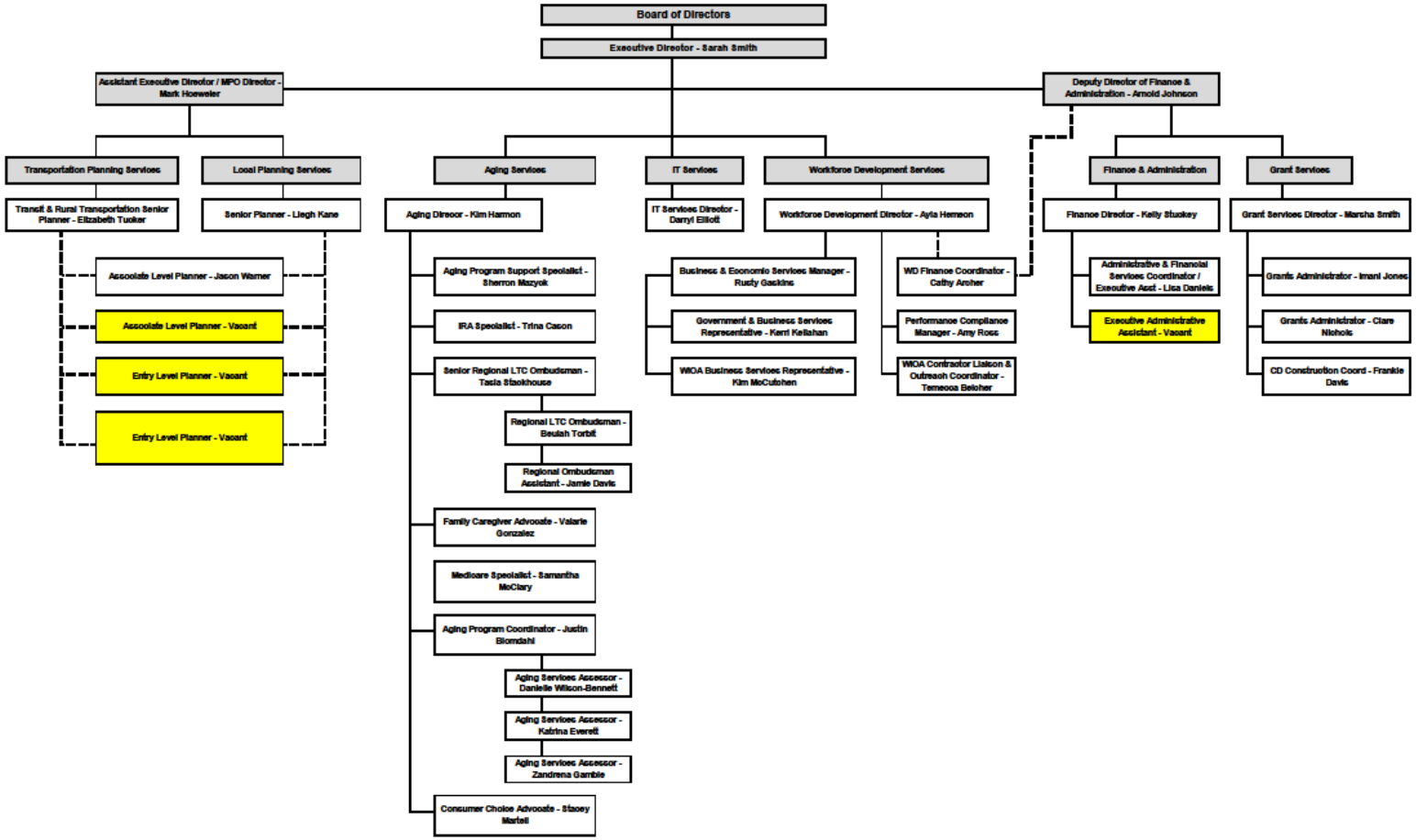
The Waccamaw AAA is housed within the Waccamaw Regional Council of Governments (WRCOG).

Waccamaw Regional Council of Governments, a regional agency serving county governments, municipalities, and citizens of Georgetown, Horry and Williamsburg counties, offers a wide variety of planning, economic development and social services to aid in the orderly growth and development of the area.

Created in 1969, Waccamaw Regional is one of ten regional agencies in the state, together making up the SC Association of Regional Councils. The Council provides in-depth assistance to local governments serving as the technical planning staff for numerous planning and zoning commissions, assisting in securing and administering grant funds for local projects and services, as well as coordinating varied social services for the economically deprived.

Waccamaw Regional operates under the guidance of a twenty-five member Board of Directors comprised of elected officials and citizens-at-large from the tri-county area. Waccamaw Regional's professional staff is engaged in five basic areas of activity: planning; economic and community development; aging; workforce and finance. The agency is organized into four separate departments according to those activities. The AAA is one of the five separate departments within the agency. The AAA Director supervises all direct service employees of the Aging department with oversight by the Executive Director of the Council.

Waccamaw Regional Council of Governments Organizational Chart



Kim Harmon, BA - AAA Director – Kimberly Harmon acts as the Waccamaw aging director. She earned a Bachelor's degree in Business Administration from Francis Marion University. She has been employed by the AAA for 21 years, and has work experience in the following areas: COA Finance Director; Interim COA Executive Director and as a municipal Finance director.

Tasia Stackhouse, Senior Regional Long Term Care Ombudsman – Tasia has earned a Bachelor of Science Degree in Government and International Studies/Sociology. She has served for 20 in an advocacy role with the last eleven years as Waccamaw's Long Term Care Ombudsman.

Valerie Gonzalez, Family Caregiver Advocate – Valerie has earned a Bachelor of Science Degree in Rehabilitation with a concentration in Gerontology. She has served for over 25 year in the aging field under various roles including Family Caregiver Advocate, Waiver Care Manager, Caremanager 1 & II, Ombudsman, Protective Services worker (Aging, Children & Youth, MH, MR), and Guardianship Caremanager. She holds certificates in Family Dynamics and Social Work, Grief and Loss, Stress Management, ICARE, Nursing Home Transition Coordinator, PEERS (Pennsylvania Expert Empowered Residents) Training Instructor, Assisted Living Training, Working with Special Needs of Adults with Mental Illness, Powerful Tools for Caregivers Training, and Home & Community Based Services Training.

Trina Cason, IR&A Specialist – Trina started out as a Kindergarten teacher in Yoncalla Oregon before accepting a position as the Volunteer Services Manager for the American Red Cross at the VA Hospital in Roseburg Oregon. During her time there she received the 1981 American Red Cross Award for Service to Veterans and Their Families. She then enlisted in the Army National Guard for six years and was awarded an Honorable Discharge. She has experience working for the Texas Department of Health and Human Services, the United States Department of Defense and the United States Department of Commerce. After her service to the country she pursued a career in Real Estate. She currently holds an inactive license in the State of South Carolina. Her education includes Military Occupational Specialties in Telecommunications and an Administrative Specialist III, an Early Care Attendant Certificate from Austin Community College, an Associate Degree in Herbal Medicine from New Eden School of Natural Health and Herbal Studies, a certification as a Community Resource Specialist in Aging/Disability, and she is currently finishing her Associate of Arts degree at Horry Georgetown Technical College. Her volunteer services expanded over 30 years with the American Red Cross and one year with the AmeriCorps Vista Program. Trina has worked as a Mobility Manager since 2012 and transitioned to the IR&A position in 2016. Two programs she managed have received the prestigious Innovation Award from the National Association of Development Organizations (NADO) Research Foundation. The Assisted Rides Program in 2014 and the Promoting Aging In Place by Enhancing Access to Home Repairs and Modifications, in 2019. Her current projects include the Senior Donation Station and the Better Health through Better Cooking class.

Trina is currently enrolled in Horry Georgetown Technical College – Associate of Arts program in the Communications, Humanities, Behavioral and Social Sciences department. She has six years military service and is certified in the following areas: First Responder, and System

Support. She has also worked as a licensed realtor. Trina has worked as Mobility Manager since 2012 and transitioned to the IR&A position in 2016.

Beulah Torbit, Regional Long Term Care Ombudsman – Beulah earned her Bachelors of Social Work and minor in Business Administration from Limestone College. She has been employed by the AAA since December of 2015 initially as the WRCOG Medicare Specialist. In July 2018 Beulah became the Regional Long Term Care Ombudsman. Her role in this position is to serve the needs of the regions long term care residents by being a constant champion and advocator for those living in Long Term Care Facilities.

Samantha McClary, Medicare Specialist – Samantha holds a Bachelor's Degree in Social Work form Limestone College. Samantha also holds a Master's Degree in Health Administration from Webster University Samantha first started with the WRCOG in June of 2018 as a Medicare Specialist. Samantha provides assistance via phone and in-person visits to al of Georgetown, Horry, and Williamsburg Counties. The purpose of these visits are to assist with Medicare needs.

Justin Blomdahl, Aging Programs Coordinator – Justin has a Bachelor's of Science in Physical Education and Leisure Services from Newberry College. Justin also holds a Master's in Business Administration from the American Public University. Justin has been employed with the WRCOG since June 2016. Justin Serves as our; Contracted Program Monitor, Nutrition Coordinator, and Assessment Coordinator.

Sherrin Mazyck, Agin Program Support Specialist – Sherrin holds a Bachelor of Arts Degree for Political Science/Pre-Law from Morris College. Sherrin has just started with the WRCOG as of September 2022. Her role will be to support all program coordinators within the Aging Department.

Katrina Everett, Aging Assessor – Katrina holds a Bachelor's Degree in Technical Management with an emphasis on Accounting. Katrina first began working with the WRGOG back in 2004. She has held positions as; Receptionist, Financial Assisstant, and now as an Aging Assessor. She is responsible for going out into the homes of clients to identify resources and services to best serve senior population of our community.

Zandrena Gamble, Aging Assessor – Zandrena holds an Associate's Degree in Human Service in Applied Science from Horry Georgetown Technical College. Zandrena began working with the WRCOG in 2019 where she served as an Executive Administrative Assistant. In 2021 Zandrena then took up the position as an Aging Assessor. As an Aging Assessor Zandrena is responsible for going out into the homes of clients to identify resources and services to best serve senior population of our community.

Danielle Wilson-Bennett, Aging Assessor – Danielle holds an Associate's degree in Public Service, with a minor in Early Childhood Education. Danielle has just started with the WRCOG as of October 2022. Danielle will also serve as an Aging Assessor. She is responsible for going out into the homes of clients to identify resources and services to best serve senior population of our community.

Stacy Martell, Aging Fiscal Assistant – Stacy holds an Associate's Degree in Accounting from Kankakee Community College. Stacy began working at the WRCOG in 2014 as an Aging Fiscal Assistant. Stacy's role as the Aging Fiscal Assistant includes but not limited to; processing family caregiver payments to care agencies, communicating with caregivers, and providing outreach and support to caregivers.

Jamie Davis, Regional Ombudsman Assistant – Jamie holds her Associates degree in Fine Arts from Parkville SHS in Maryland. Jamie began working with the WRCOG in 2012 as the Executive Administrative Assistant to the Director. Jamie did retire from that position. Despite being retired Jamie decided to become the Assistant to Tasia Stackhouse for the last seven years. Jamie's responsibilities include but are not limited to; training, file intakes, and document review.

Agency name:	Waccamaw Regional COG
Region:	R-08
Agency FTE (yearly hours):	1820
Fiscal Year:	FY 22-23

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**
Kimberly Harmon	Director		0.25	0.25	0.25	0.25						1.0	6/4/2001	
Katrina Everett	Assessments						1					1.0	8/2/2004	
Justin Blomdahl	Program Coordinator				0.5			0.5				1.0	6/20/2016	
Trina Cason	Info Assistance & Referral							1				1.0	10/1/2015	
Samantha McClary	Insurance Counselor	(M)					1					1.0	6/25/2018	
Jamie Davis	General Support							0.25				0.3	1/15/2012	
Tasia Stackhouse	Sr Ombudsman	(M)					1					1.0	8/1/2006	
Valerie Gonzalez	Caregiver Advocate (respite)						1					1.0	5/1/2012	
Stacy Martell	General Support									0.5		0.5	8/25/2014	
Danielle Wilson-Bennett	Assessments	(M)					1					1.0	10/3/2022	
Zandrena Gamble	Assessments	(M)					1					1.0	7/1/2020	
Beulah Torbit	Ombudsman	(M)					1					1.0	12/7/2015	
Sherrin Mazyck	General Support	(M)					1					1.0	9/19/2022	
Total Staff		13	0.3	0.3	0.8	0.3	8.0	1.8		0.5		11.8		
Total Minority Staff		6					6.0					6.0		

RegionalStaffing.xlsx

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G. Attachment G – Regional Aging Advisory Council

The purpose of the Advisory Council is to advise and assist the WRCOG AAA in planning, developing, promoting and coordination aging services. The Advisory Council has Operational Guidelines which outline the terms of membership and frequency of meetings.

Although the Advisory Committee has no official governing power or policy making authority, the Waccamaw Regional Council of Governments AAA could not operate effectively without assistance from the Advisory Committee.

The Advisory Committee is the mechanism through which older persons and other community leaders can provide input regarding the interests and the needs of the Waccamaw region. The Advisory Committee members assist the Area Agency to understand and meet the interests and needs of the older persons in the Waccamaw region.

The Advisory Committee has the following basic responsibilities:

Advising the AAA in developing and implementing the area plan;

Identifying the needs and problems of older persons;

Advising the AAA in the area plan public hearing process;

Analyzing needs in light of available resources, programs, and services;

Identifying gaps in service system and recommending new services or changes in current services to meet identified needs;

Alerting AAA staff to emerging and critical issues related to older persons;

Reviewing and commenting on all federal, state, regional and community policies, programs, and actions which affect older persons;

Reacting to problems and issues raised by AAA staff

Representing the interests of older persons by acting as advocates;

Participating in program assessment/quality assurance activities; and

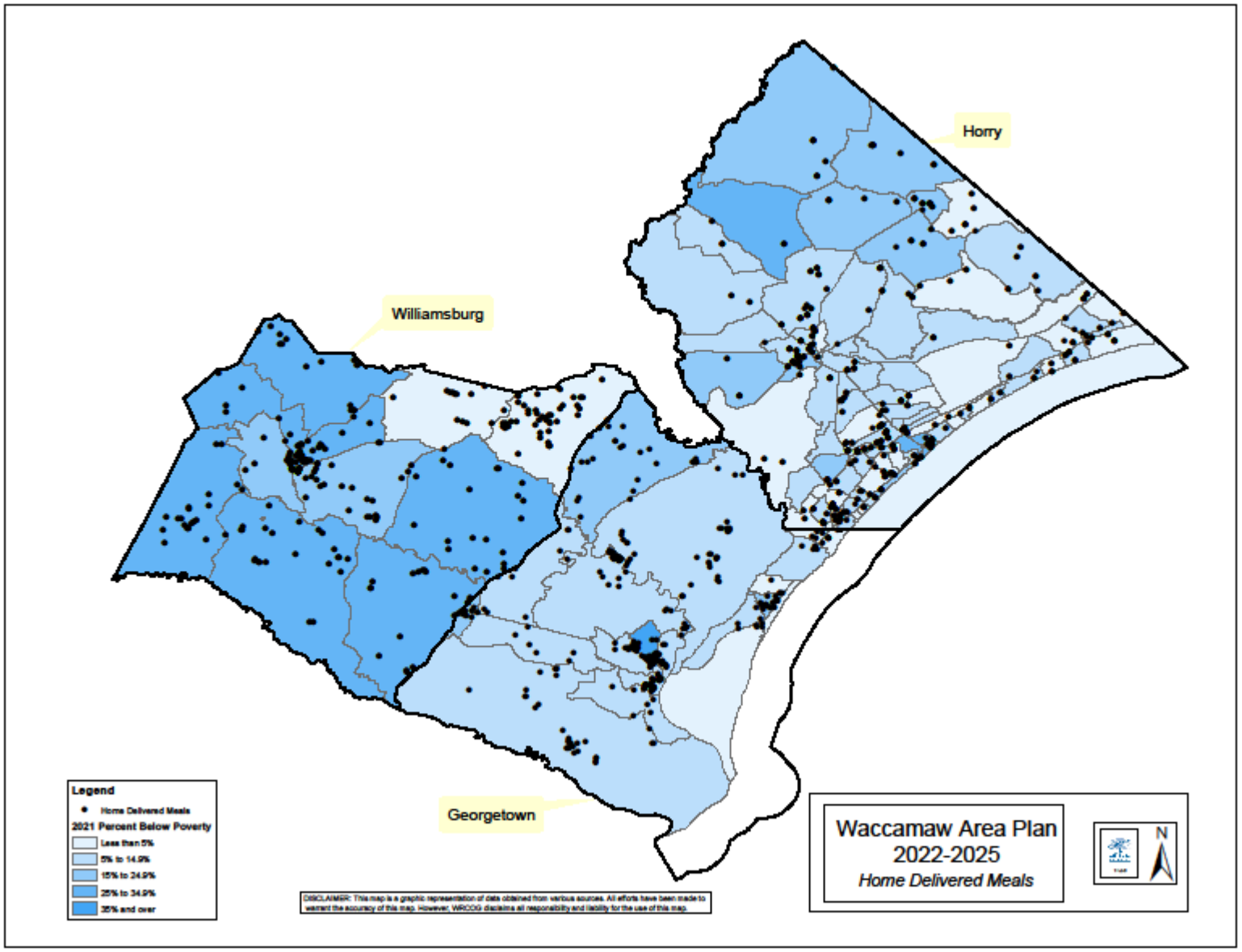
The active participation of its members in other aging organizations and serving on other community committees and boards in order to improve communication and ensure informed representation of the needs of older persons.

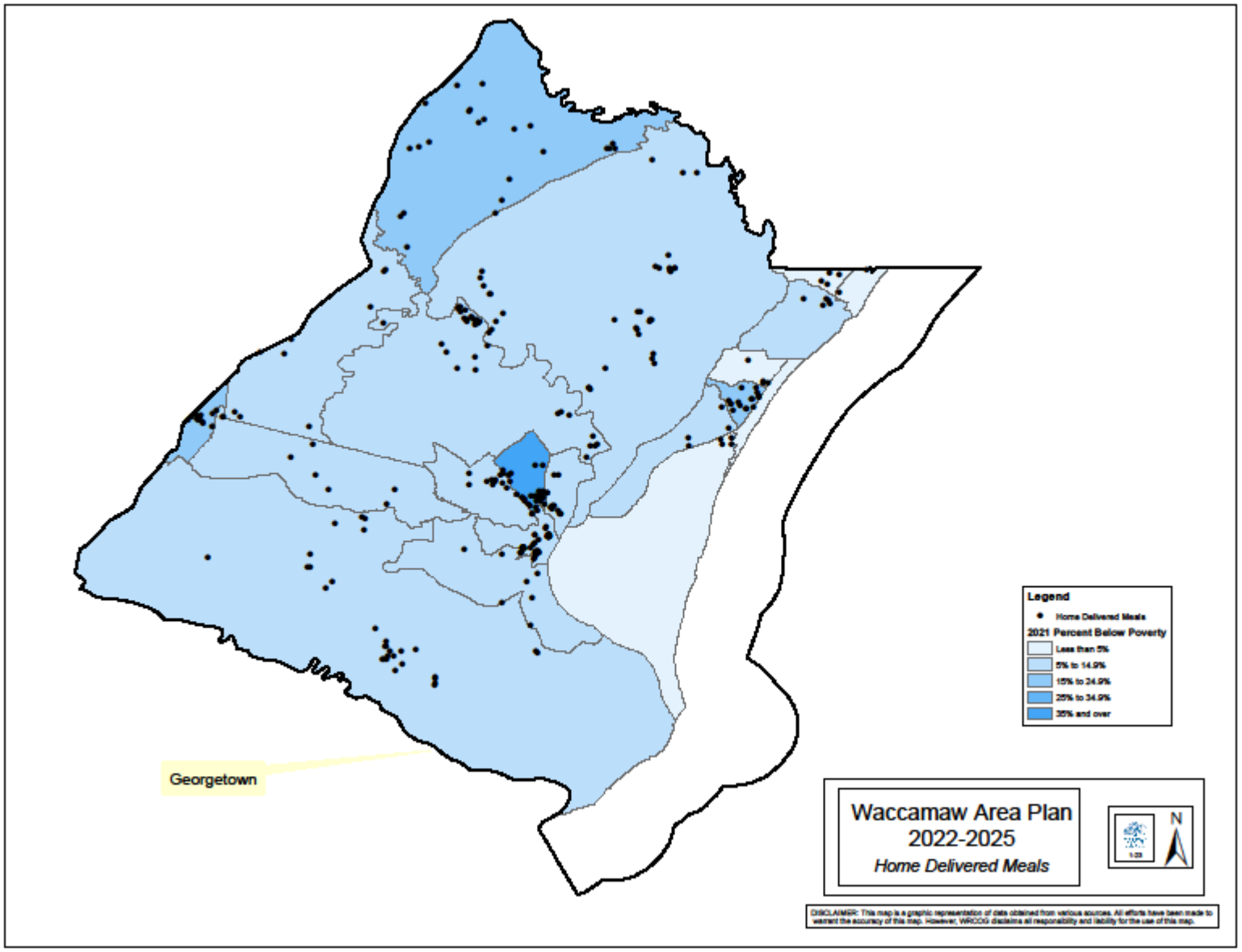
The Advisory Committee has bylaws which outline the terms of membership, frequency of meetings, election of officers, etc.

REGION	Waccamaw	Mark with an "X" all that apply										
		<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
W.B. Wilson	Williamsburg	X		X	X	X						
Cynthia Burrows Williams	Williamsburg	X		X	X	X		X				
Robert Baker	Williamsburg	X	X			X			X			
Nancy Kolman	Georgetown	X						X				
Laura Carmine	Horry	X					X	X				
Sheila Cohen	Horry	X					X					
Ed Holowacz	Horry	X									X	
Betty Shubrick	Georgetown	X					X					
Leslie McIver	Horry	X	X	X	X							
Rick Shelley	Horry	X						X		X		
Fran Grant	Georgetown	X			X		X					
Mae McKnight	Georgetown	X			X		X					
Cheryl Baker	Williamsburg	X									X	
Ted Cohen	Horry	X									X	
Natalie Bankowski	Horry						X	X				
Reagan Callaghan	Horry	X								X		
Florine Linnen	Georgetown	X			X	X		X				
Laura Flint	Georgetown							X				
Everlena Lance	Georgetown	X			X	X		X				

H. Attachment H – Mapping

County	% 60+	% 85+	% Minority	% Rural	% Limited English
Georgetown	**37.3%**	**1.7%**	**20.95%**	**57%**	**.001586%**
Horry	**33.1%**	**1.7%**	**10.30%**	**0%**	**.004779%**
Williamsburg	**29.5%**	**2.1%**	**61.00%**	**91.5%**	**0%**


Horry
Williamsburg
Georgetown
Legend
Home Delivered Meals
2021 Percent Below Poverty
Less than 5%
5% to 14.9%
15% to 24.9%
25% to 34.9%
35% and over
DISCLAIMER: This map is a graphic representation of data obtained from various sources. All efforts have been made to warrant the accuracy of this map. However, WRCOG disclaims all responsibility and liability for the use of this map.
Waccamaw Area Plan
2022-2025
Home Delivered Meals
N


Georgetown
Legend
Home Delivered Meals
2021 Percent Below Poverty
Less than 5%
5% to 14.9%
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35% and over
Waccamaw Area Plan
2022-2025
Home Delivered Meals
N
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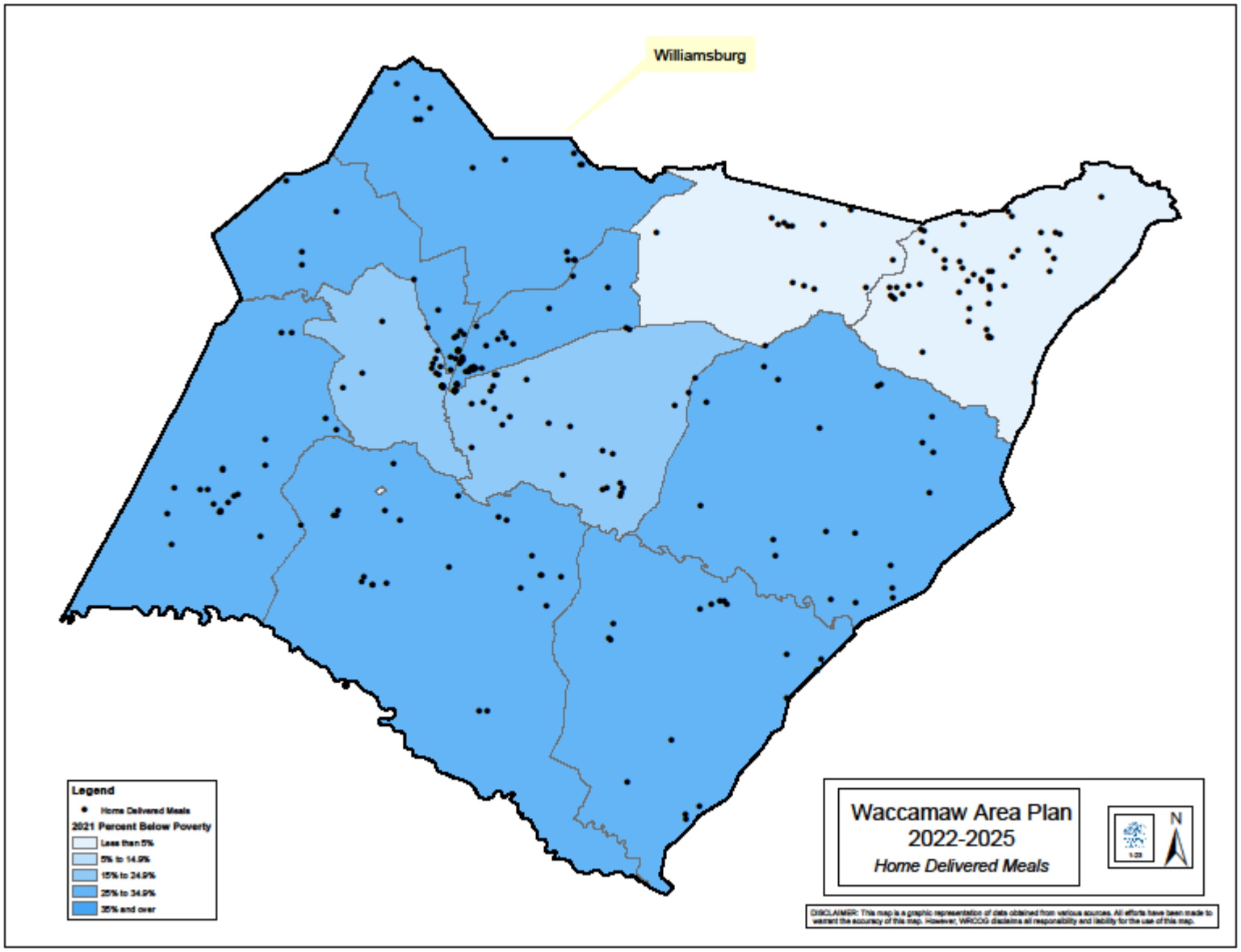
Williamsburg
Legend
Home Delivered Meals
2021 Percent Below Poverty
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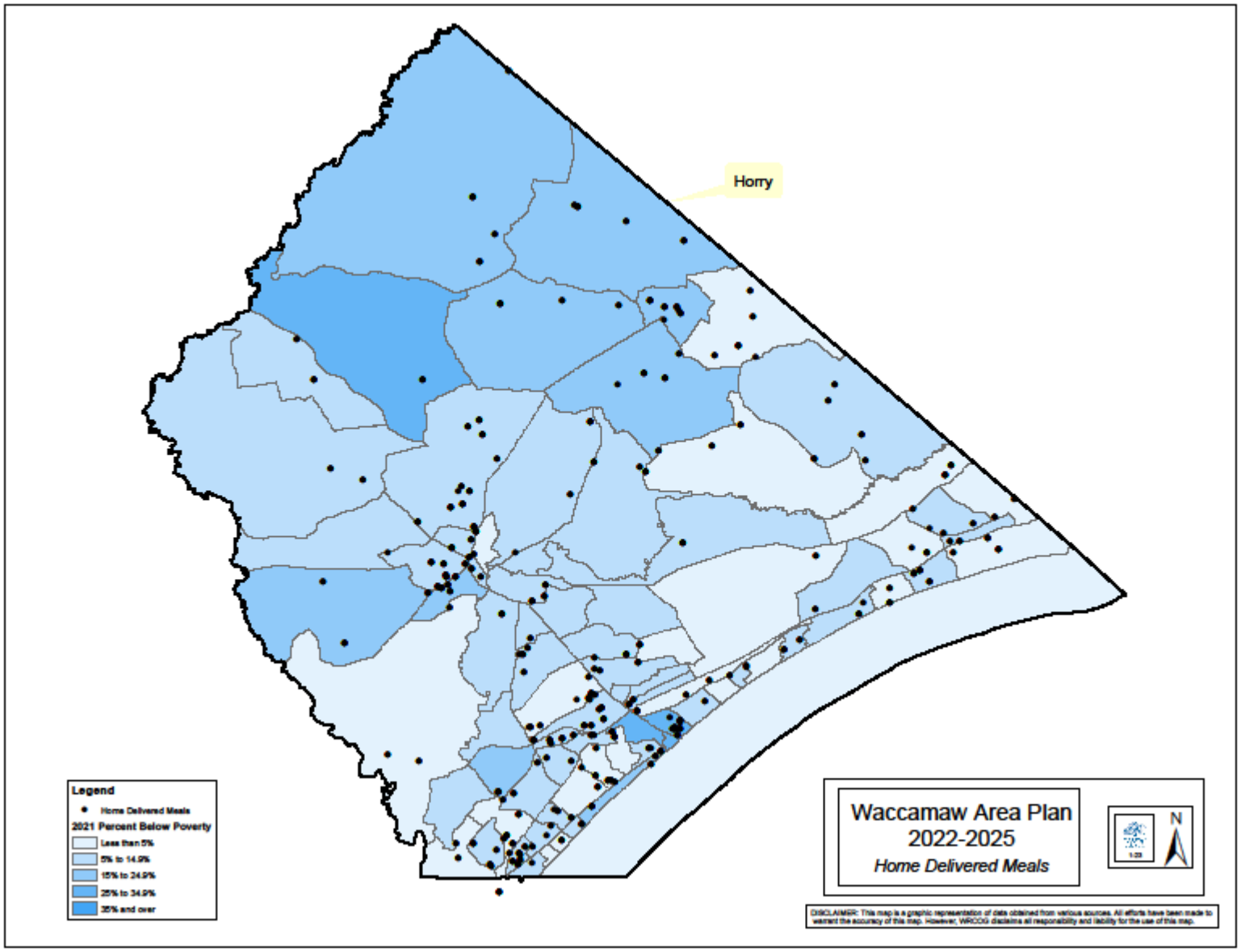
Waccamaw Area Plan
2022-2025
Home Delivered Meals
N


Horry
Legend
Home Delivered Meals
2021 Percent Below Poverty
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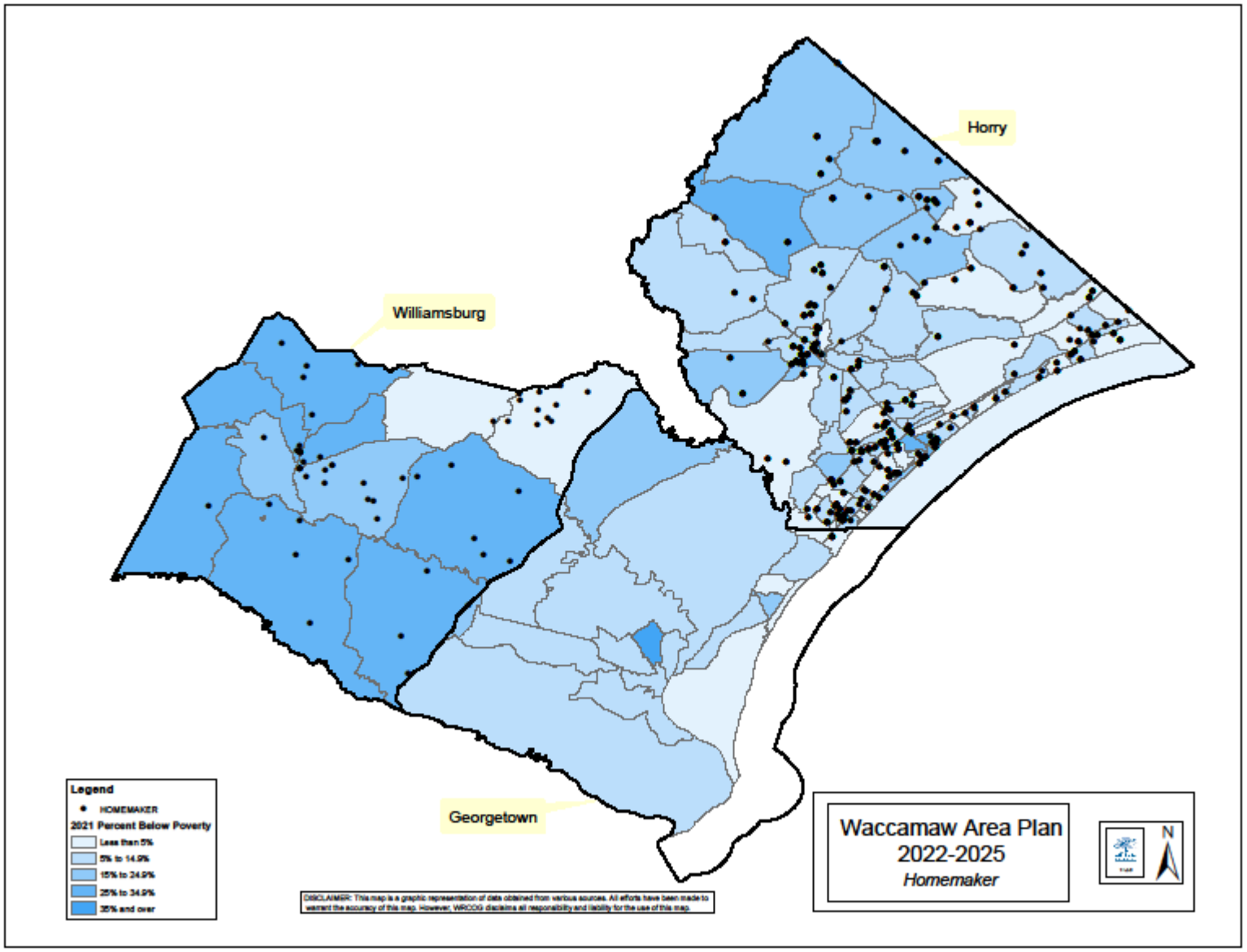
25% to 34.9%
35% and over
Waccamaw Area Plan
2022-2025
Home Delivered Meals
N


Horry
Williamsburg
Georgetown
Legend
HOMEMAKER
2021 Percent Below Poverty
Less than 5%
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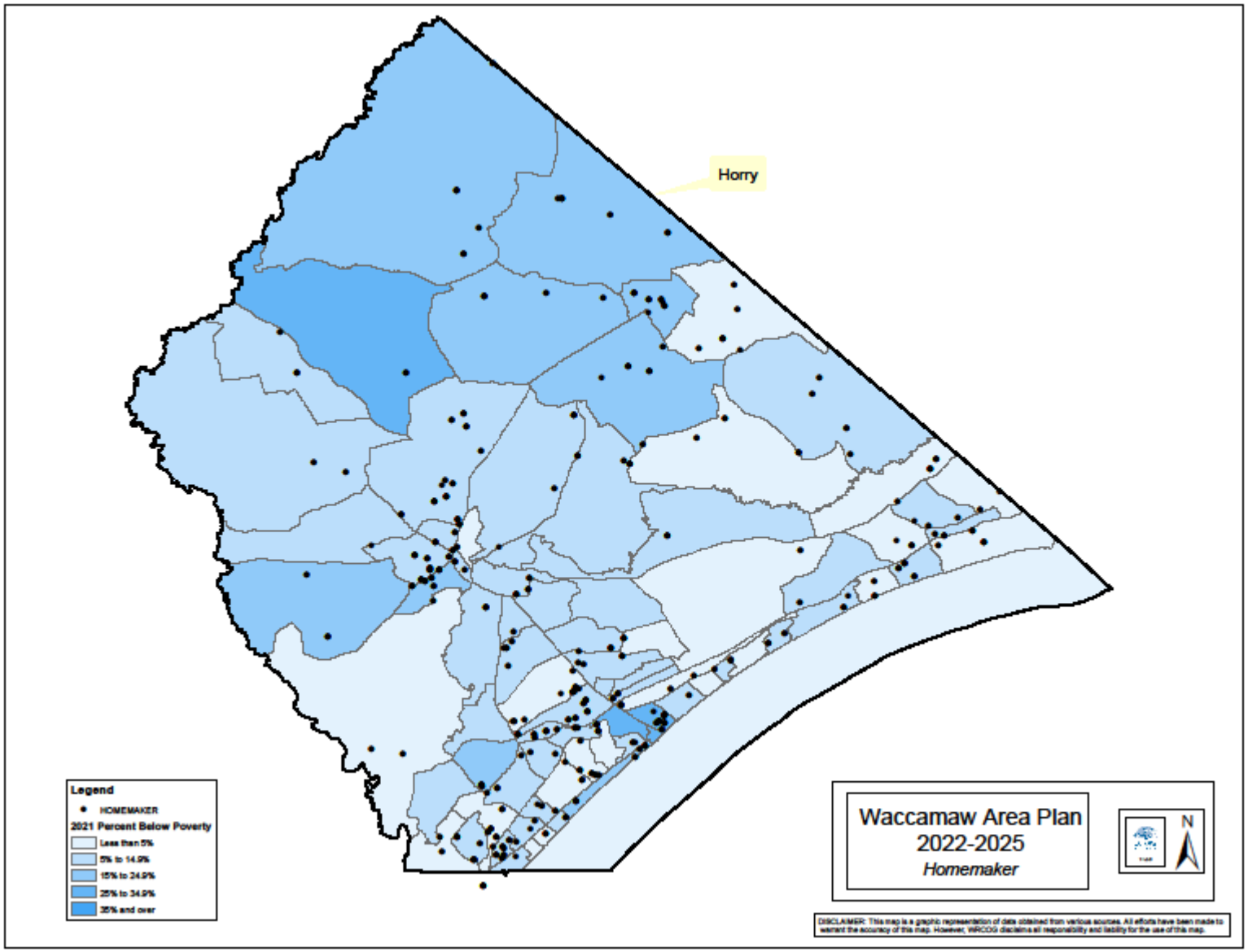
Waccamaw Area Plan
2022-2025
Homemaker
N


Horry
Legend
HOMEMAKER
2021 Percent Below Poverty
Less than 5%
5% to 14.9%
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Waccamaw Area Plan
2022-2025
Homemaker
N
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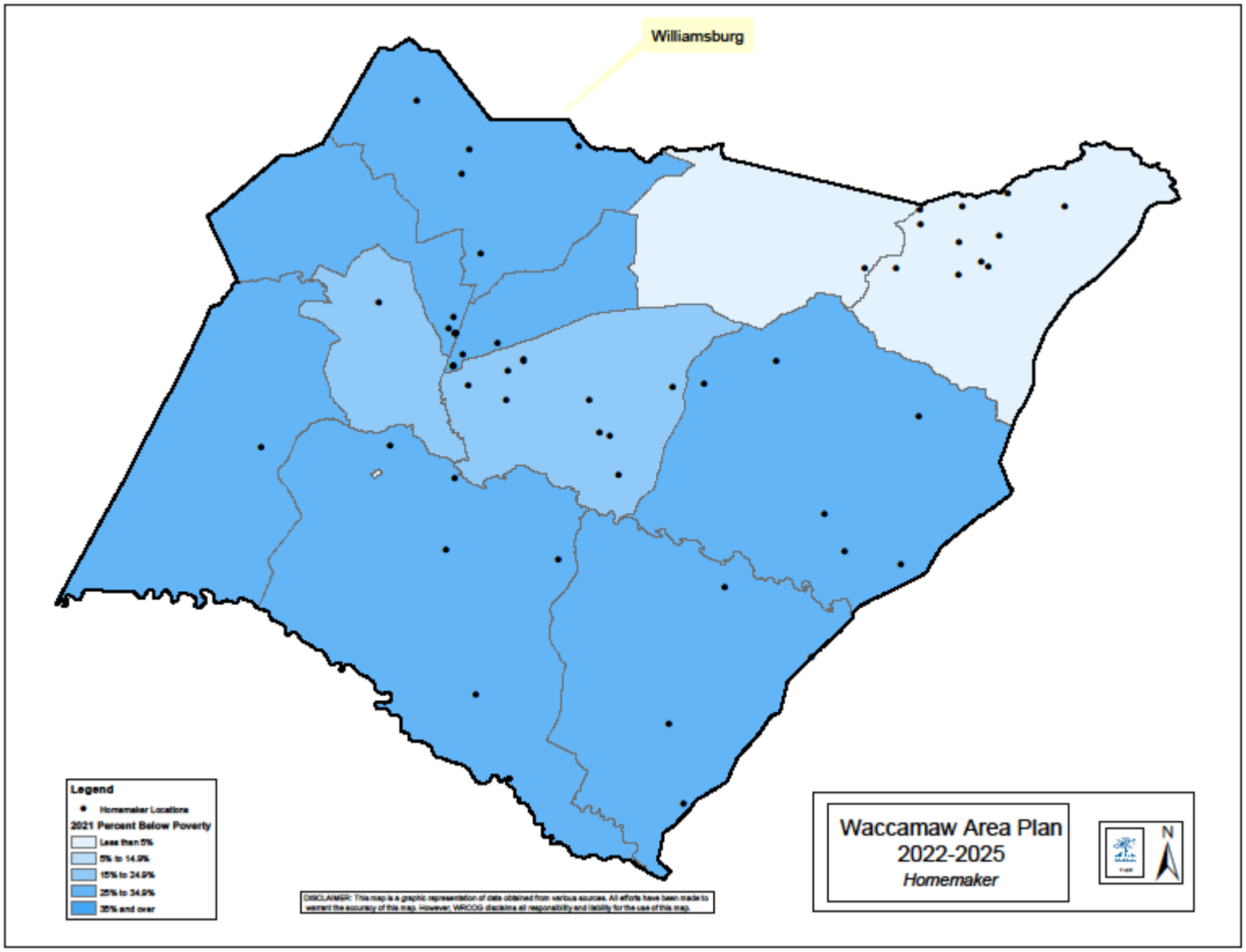
Williamsburg
Legend
Homemaker Locations
2021 Percent Below Poverty
Less than 5%
5% to 14.9%
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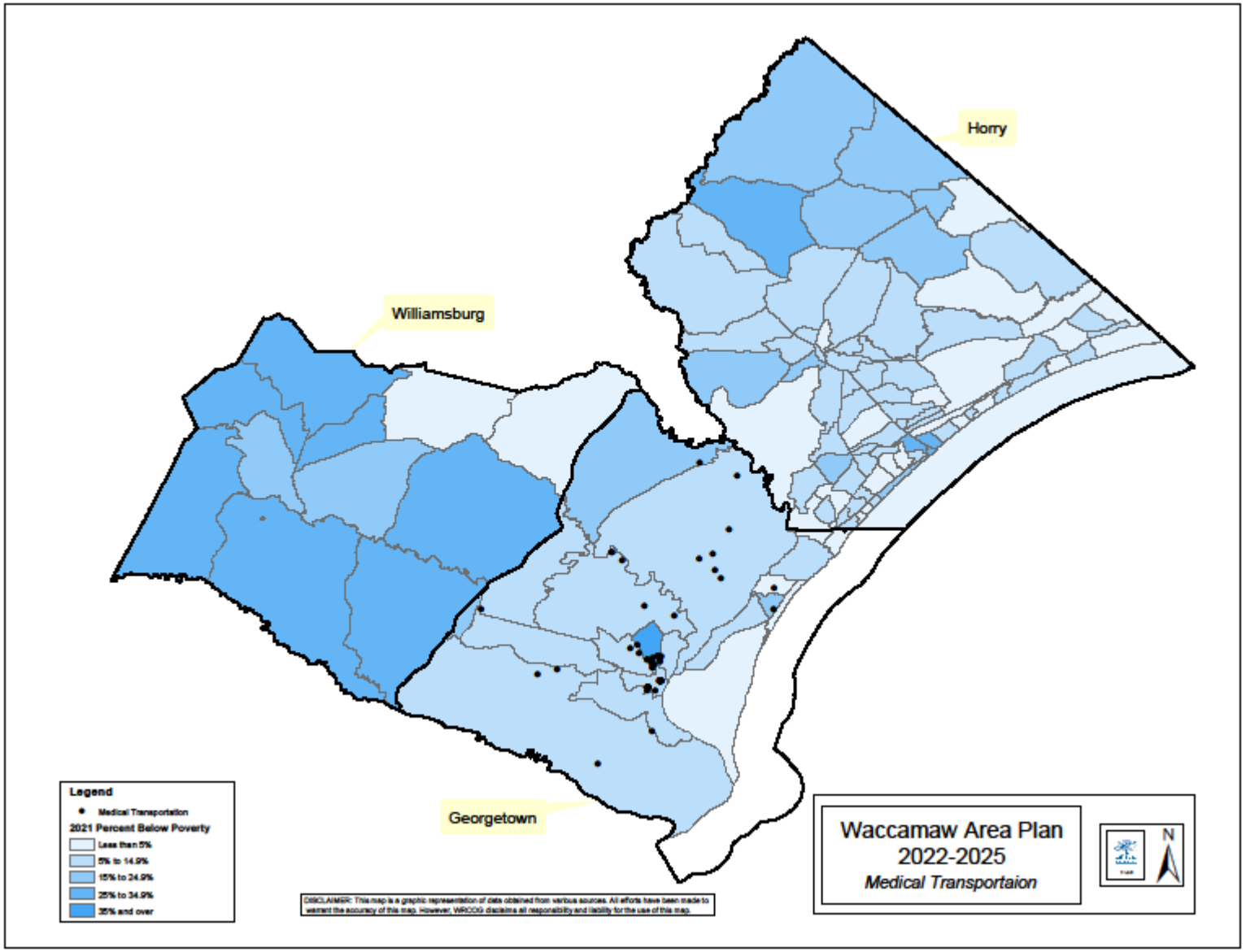
Waccamaw Area Plan
2022-2025
Homemaker
N


Horry
Williamsburg
Georgetown
Legend
Medical Transportation
2021 Percent Below Poverty
Less than 5%
5% to 14.9%
15% to 24.9%
25% to 34.9%
35% and over
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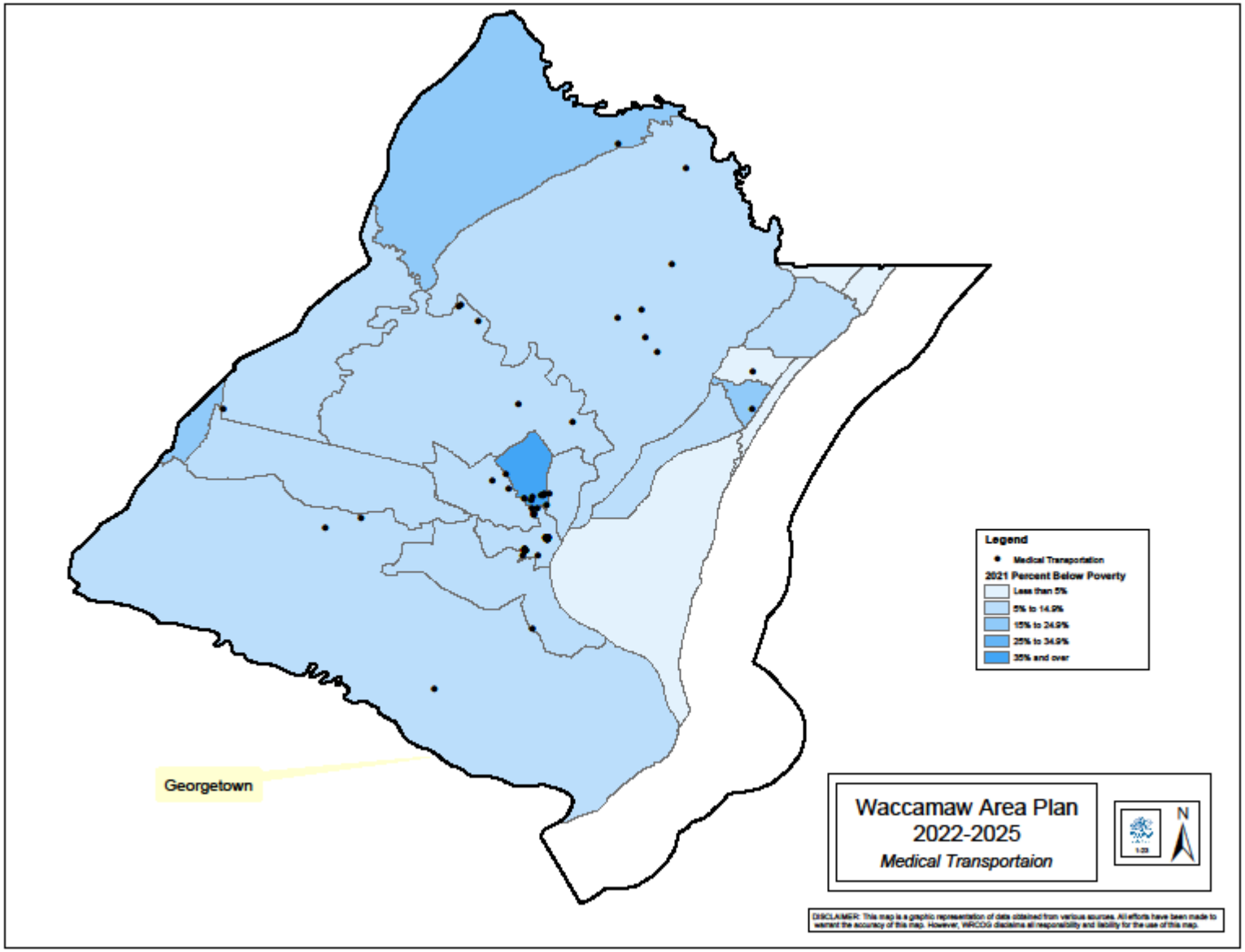
Waccamaw Area Plan
2022-2025
Medical Transportaion
N


Legend
Medical Transportation
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Georgetown
Waccamaw Area Plan
2022-2025
Medical Transportaion
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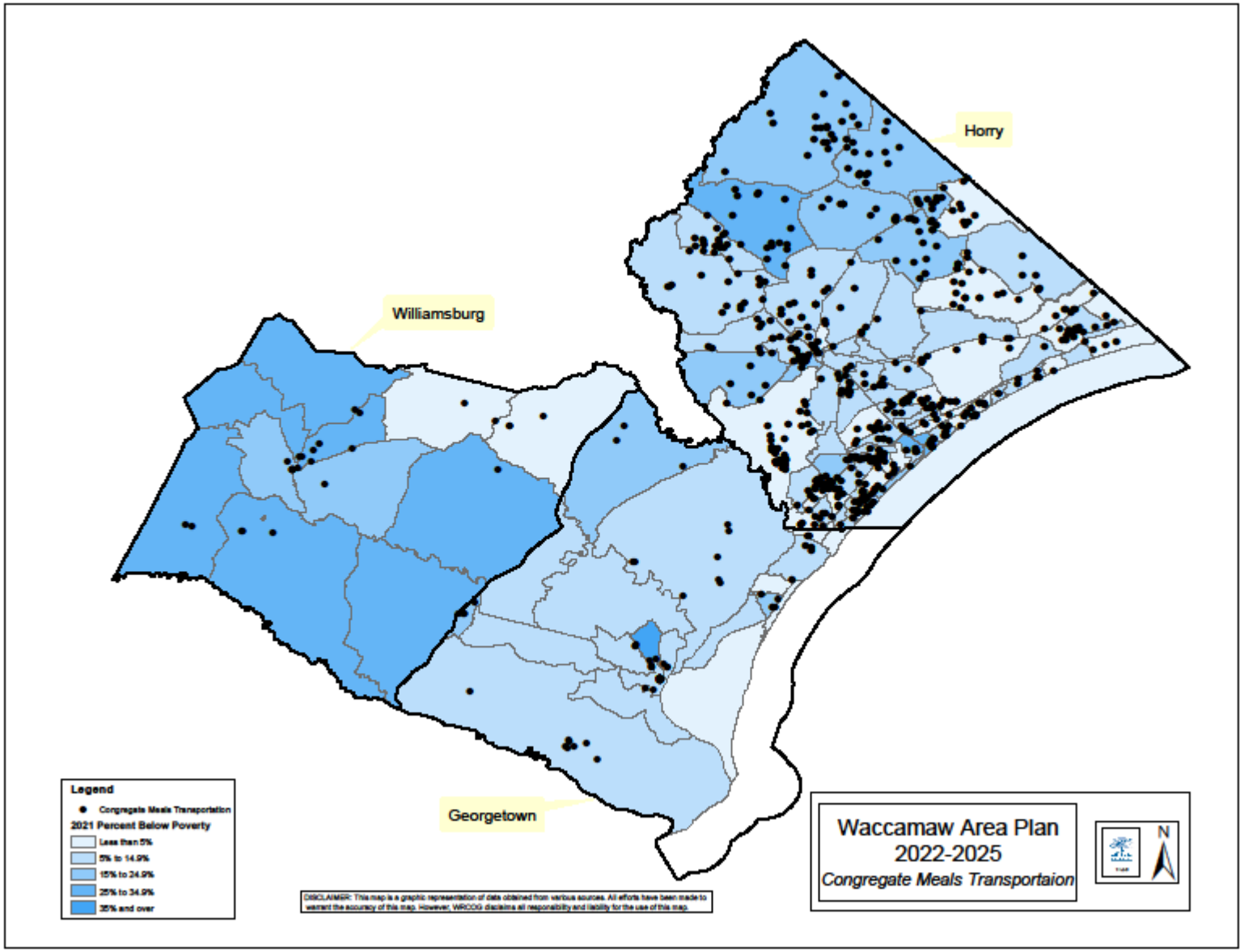
Horry
Williamsburg
Georgetown
Legend
Congregate Meals Transportation
2021 Percent Below Poverty
Less than 5%
5% to 14.9%
15% to 24.9%
25% to 34.9%
35% and over
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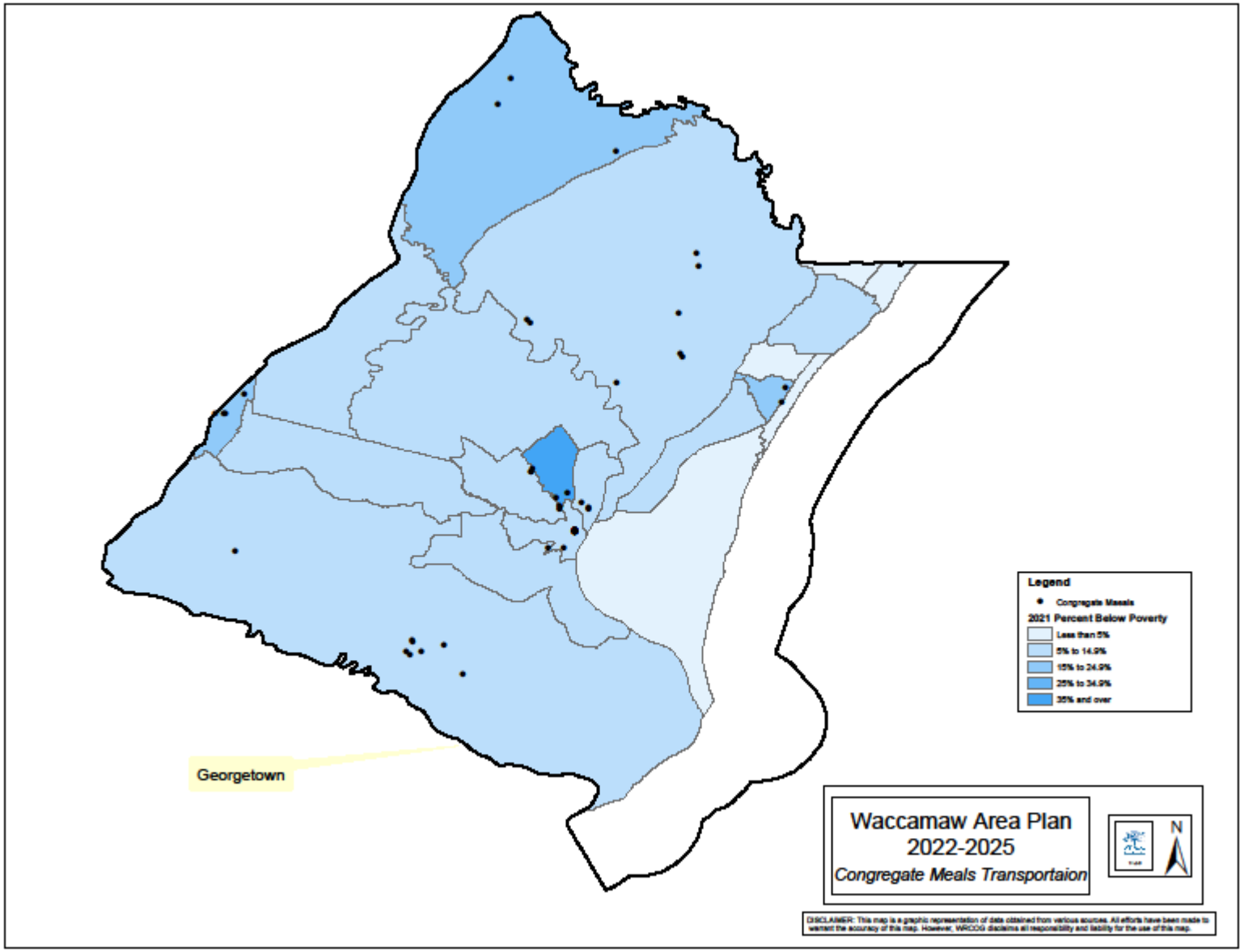
Waccamaw Area Plan
2022-2025
Congregate Meals Transportaion
N


Legend
Congregate Meals
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Less than 5%
5% to 14.9%
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35% and over
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Waccamaw Area Plan
2022-2025
Congregate Meals Transportaion
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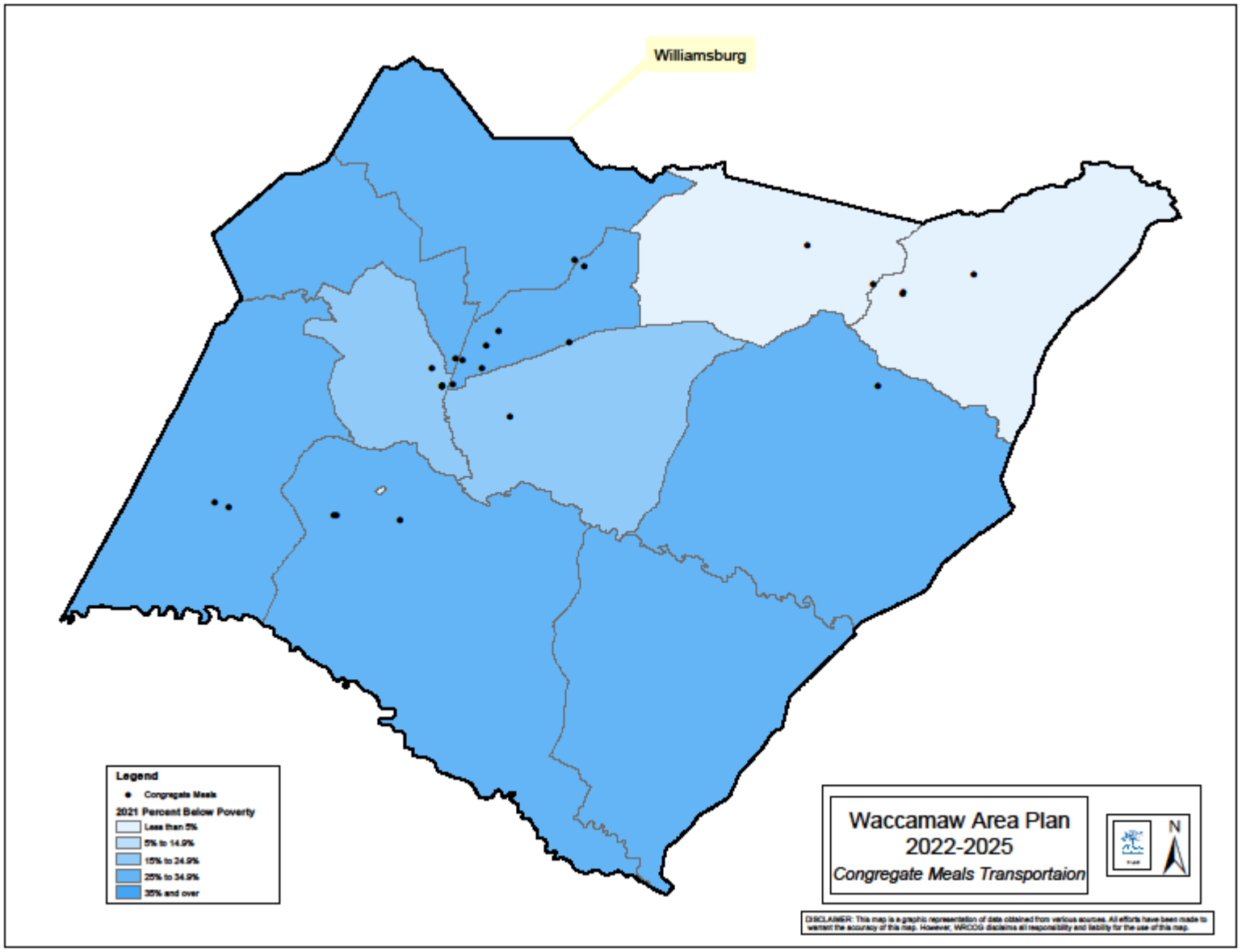
Williamsburg
Legend
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2022-2025
Congregate Meals Transportaion
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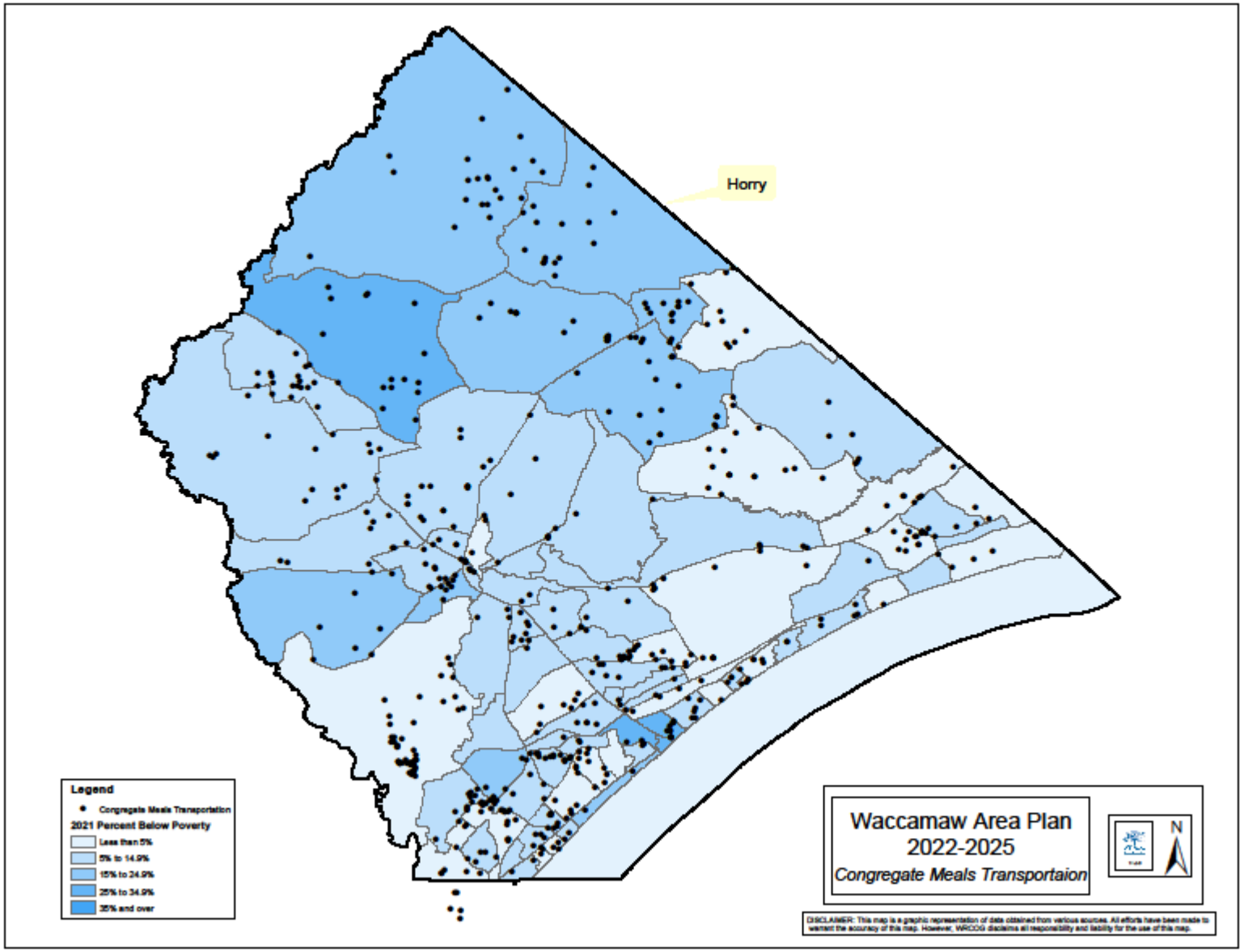
Horry
Legend
Congregate Meals Transportation
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35% and over
Waccamaw Area Plan
2022-2025
Congregate Meals Transportaion
N
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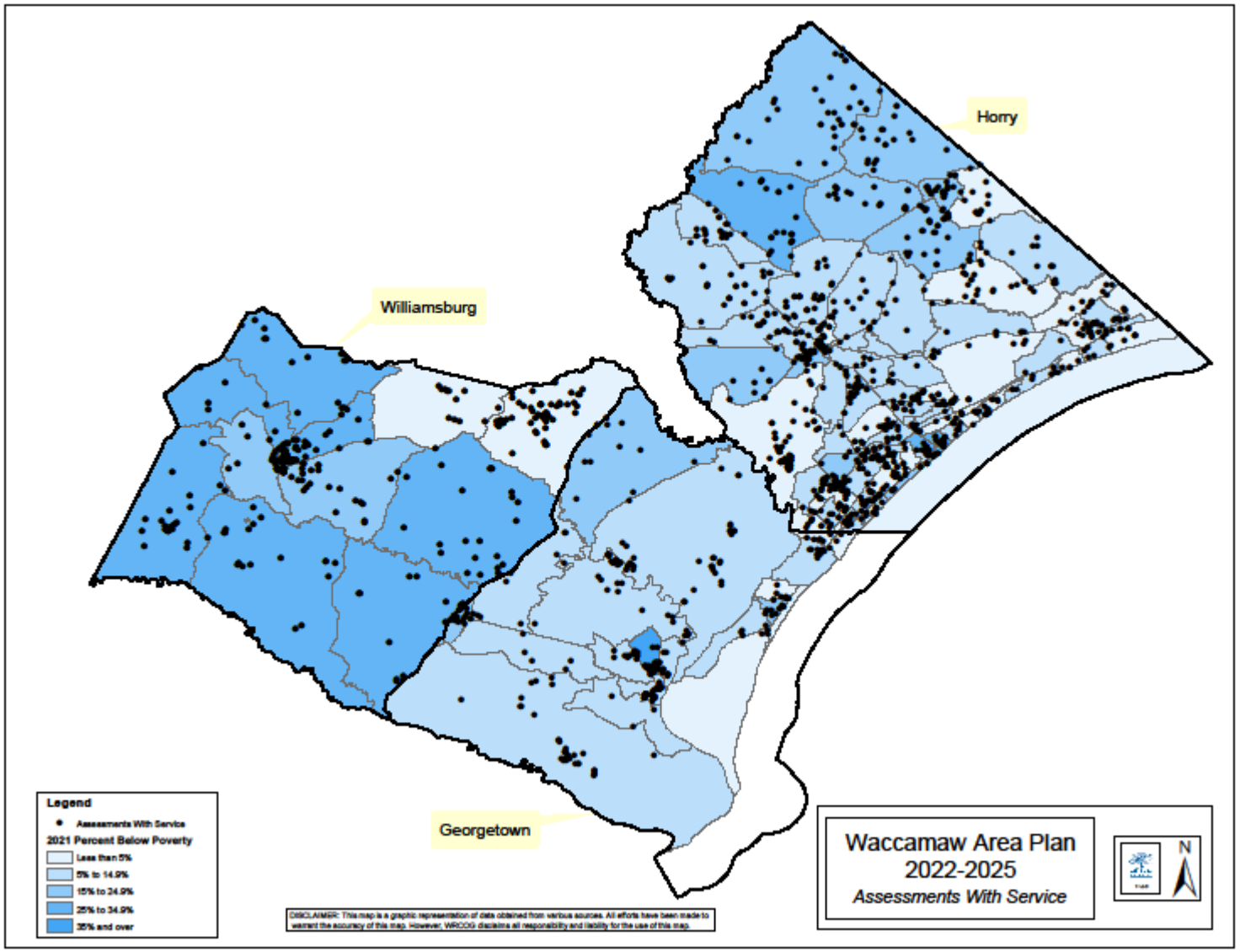
Horry
Williamsburg
Georgetown
Legend
Assessments With Service
2021 Percent Below Poverty
Less than 5%
5% to 14.9%
15% to 24.9%
25% to 34.9%
35% and over
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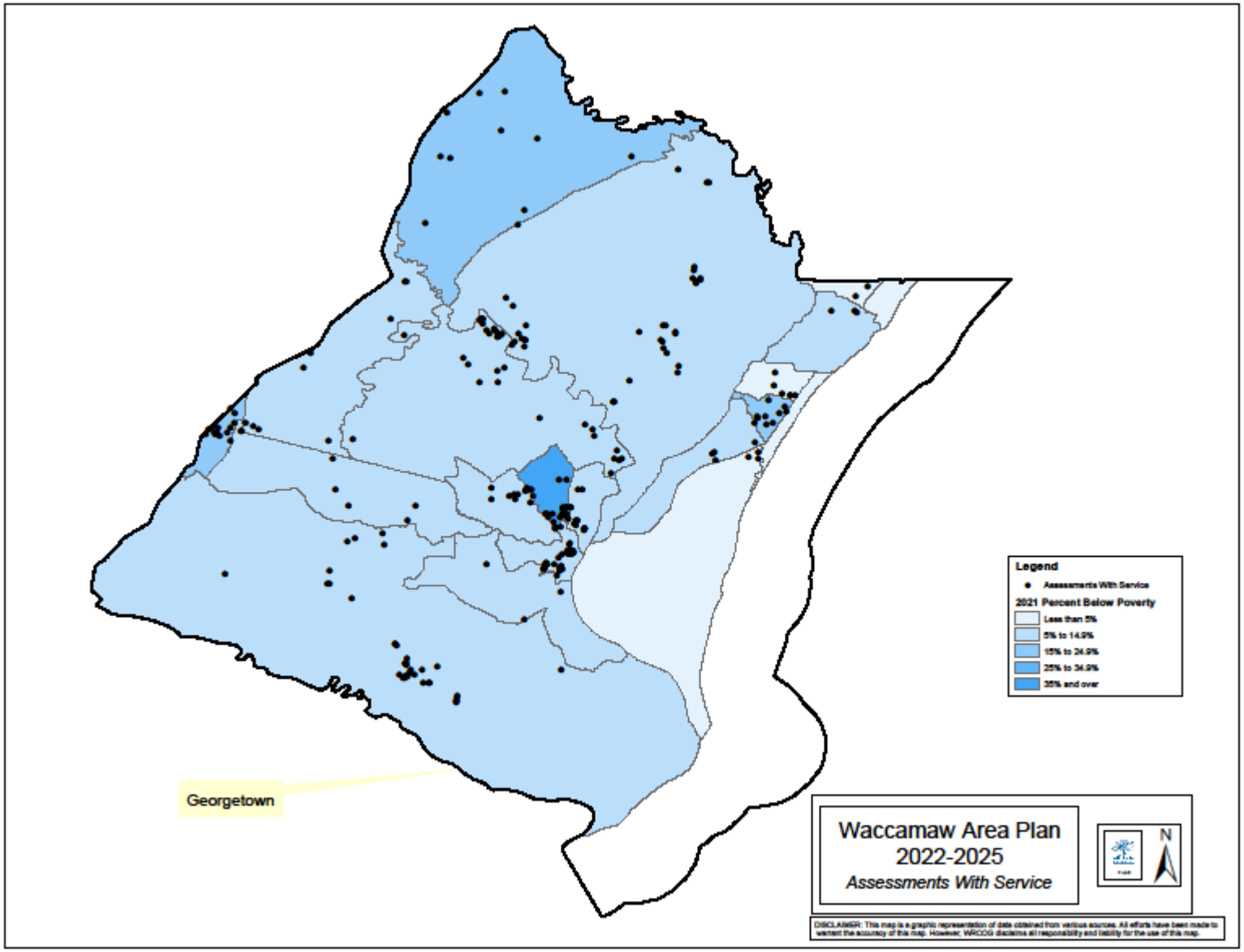
Waccamaw Area Plan
2022-2025
Assessments With Service
N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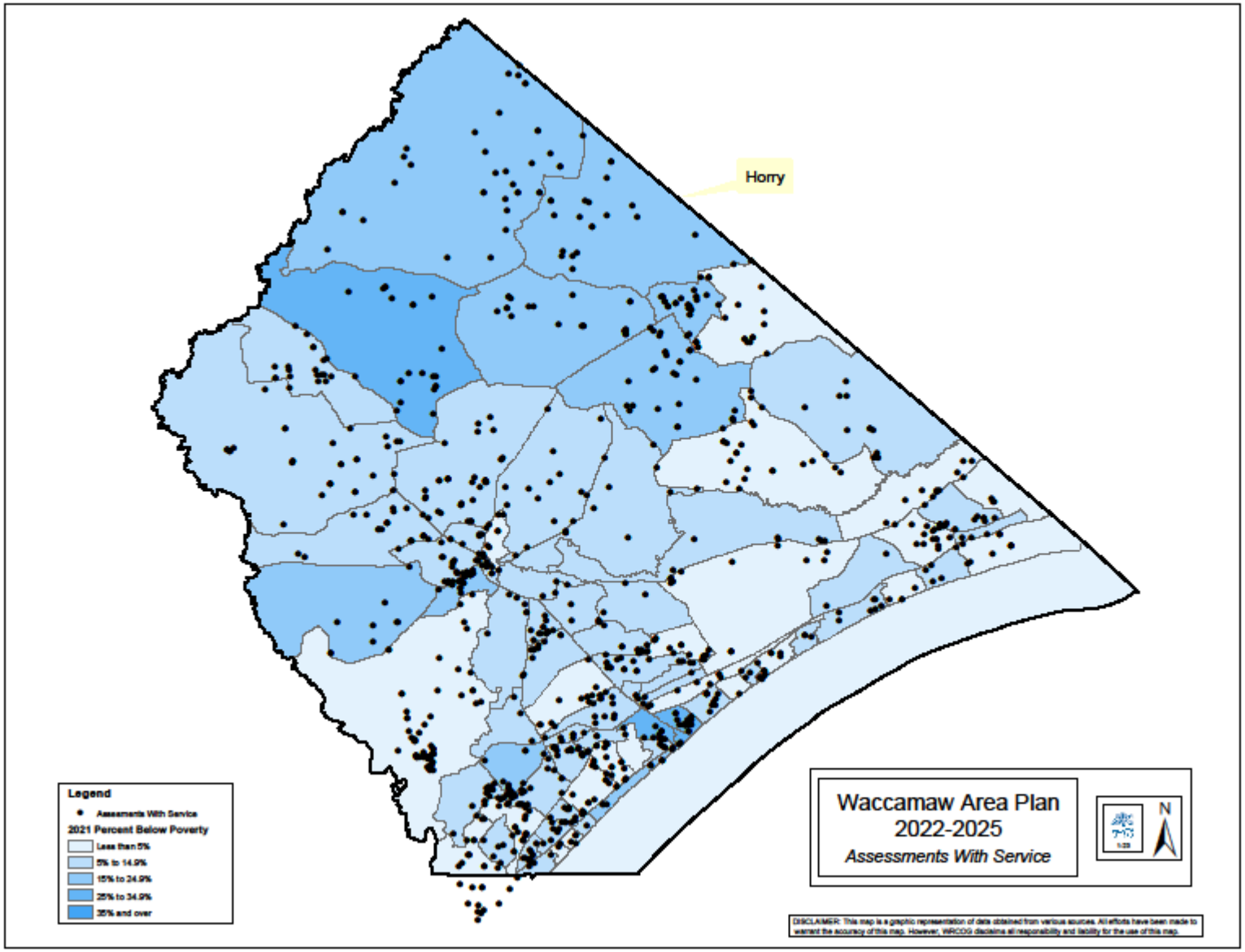
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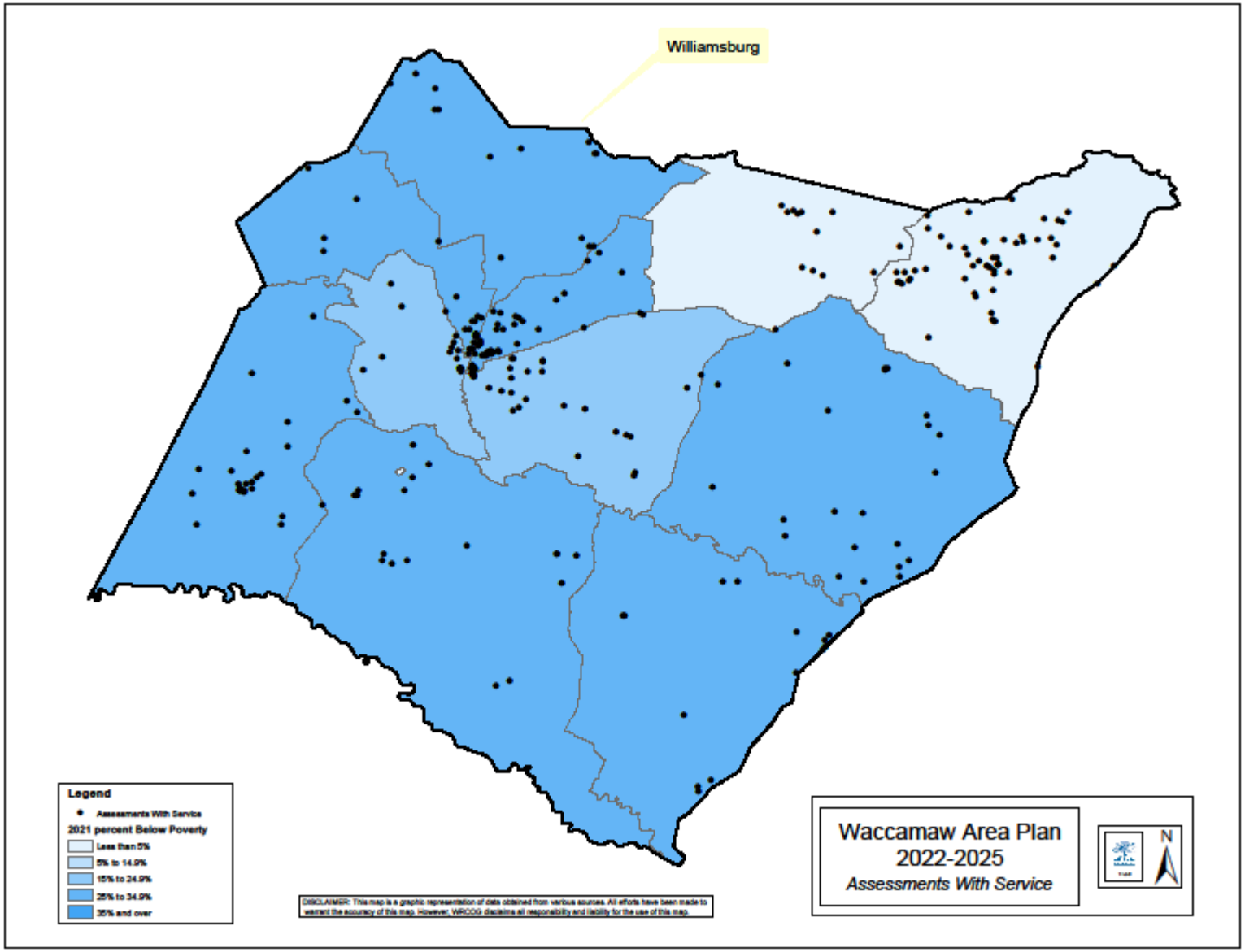
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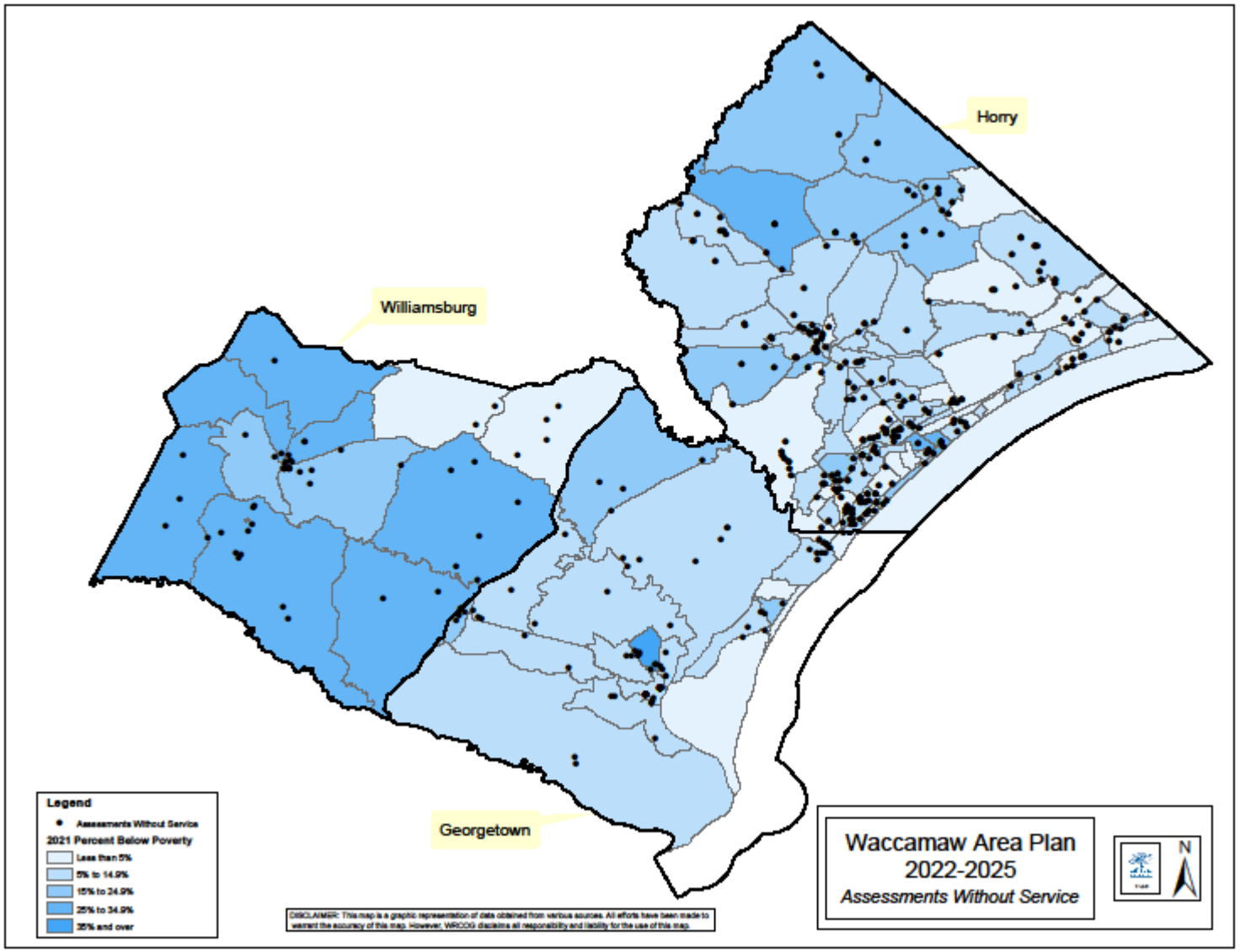
Waccamaw Area Plan
2022-2025
Assessments With Service
N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Waccamaw Area Plan
2022-2025
Assessments Without Service
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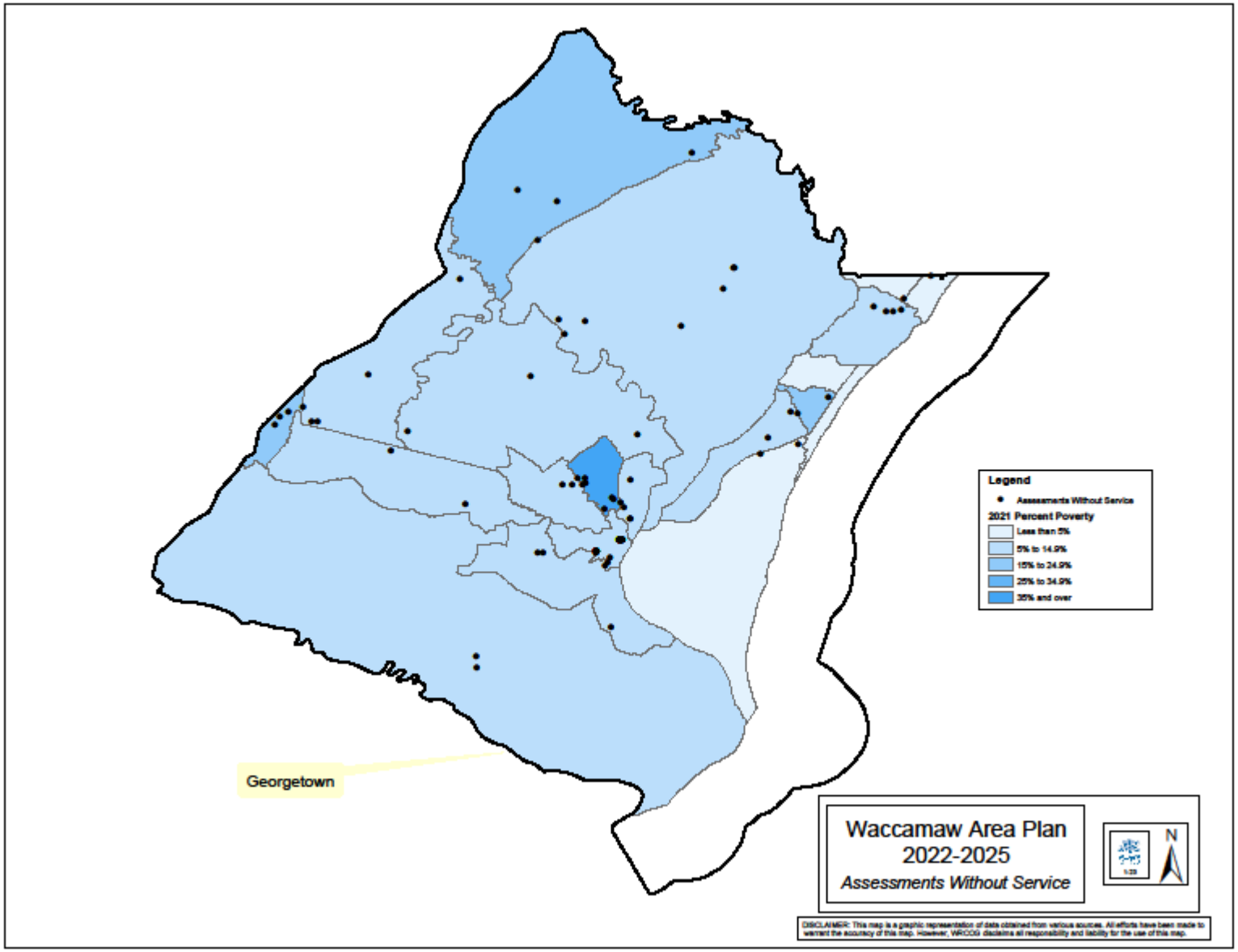
Legend
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2022-2025
Assessments Without Service
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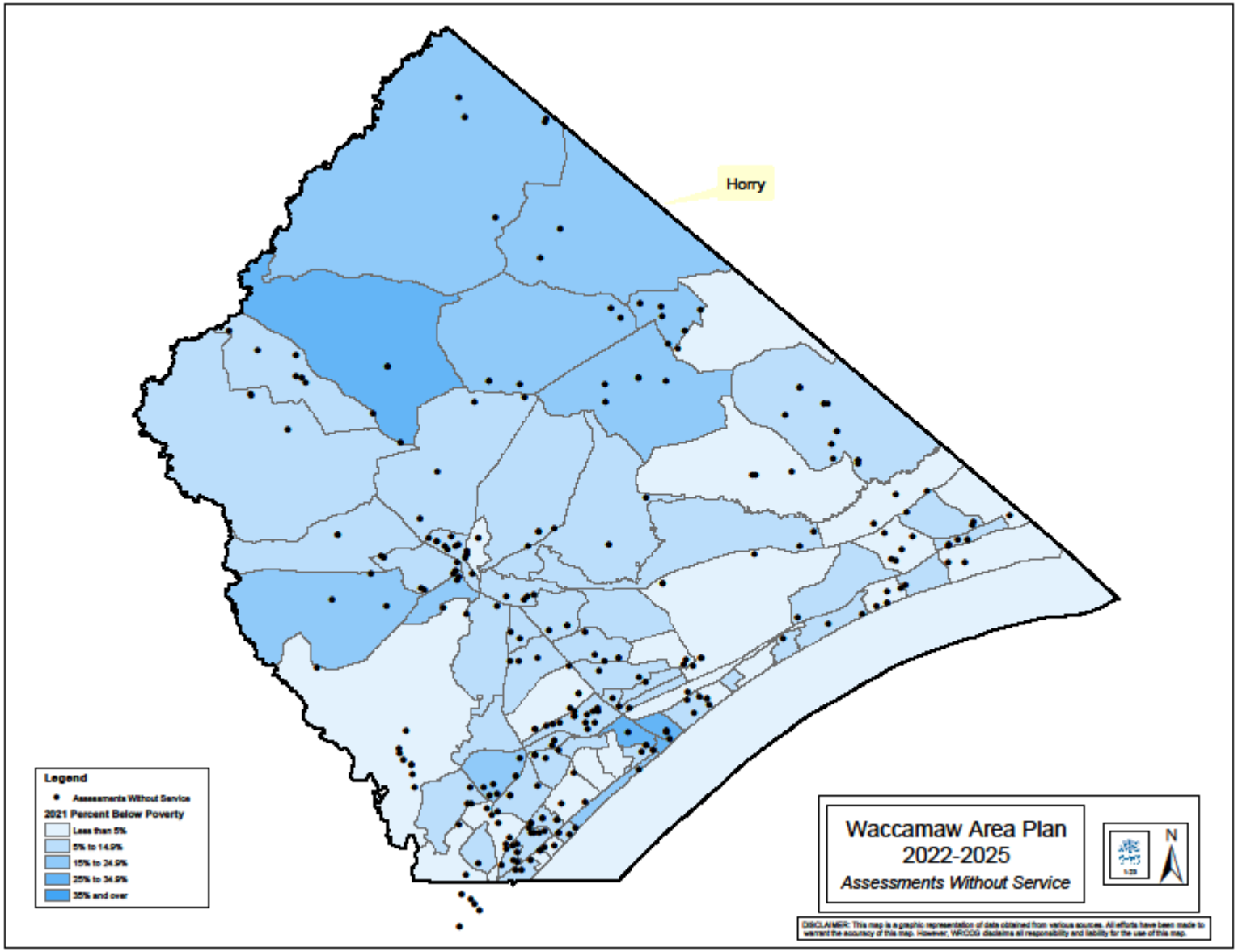
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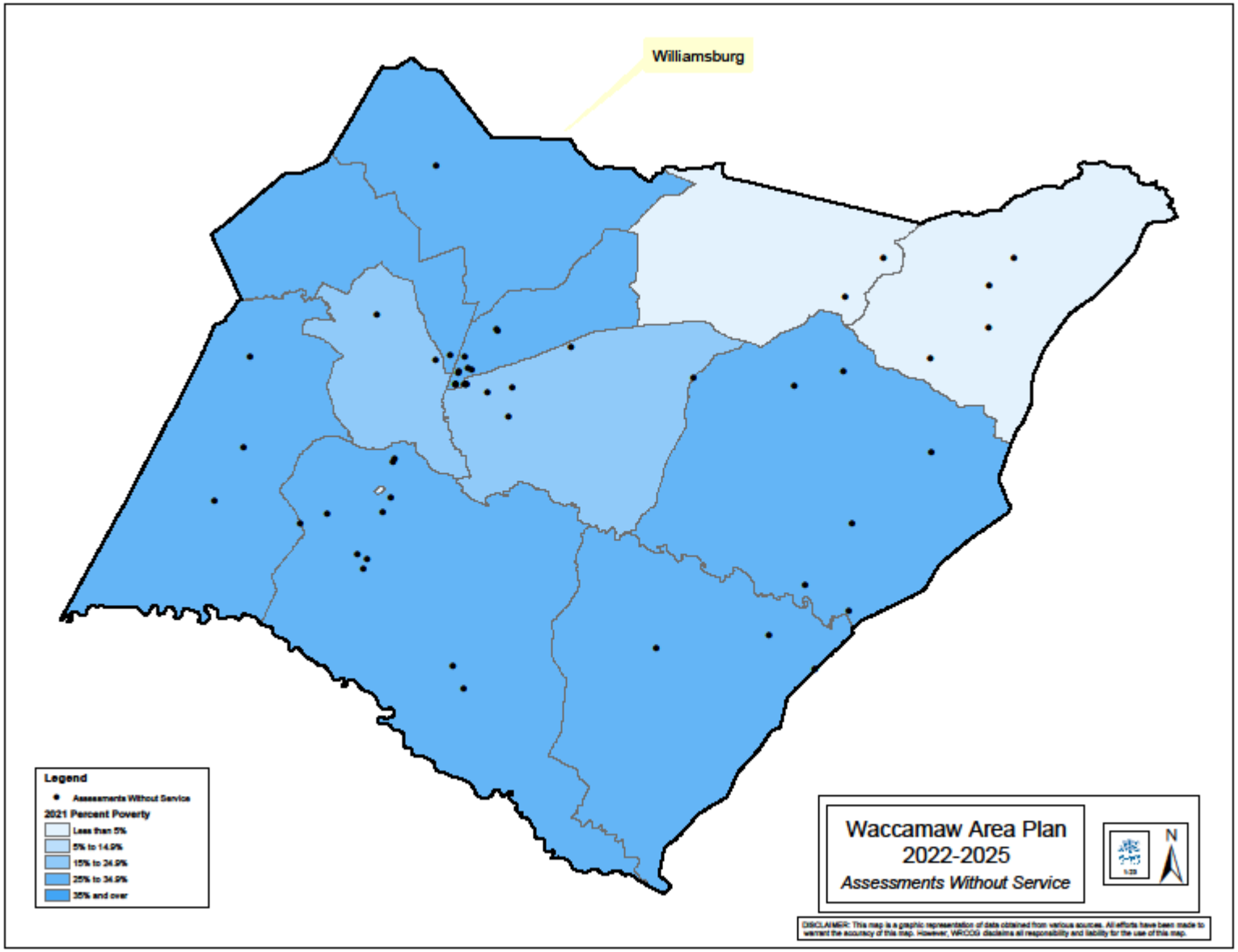
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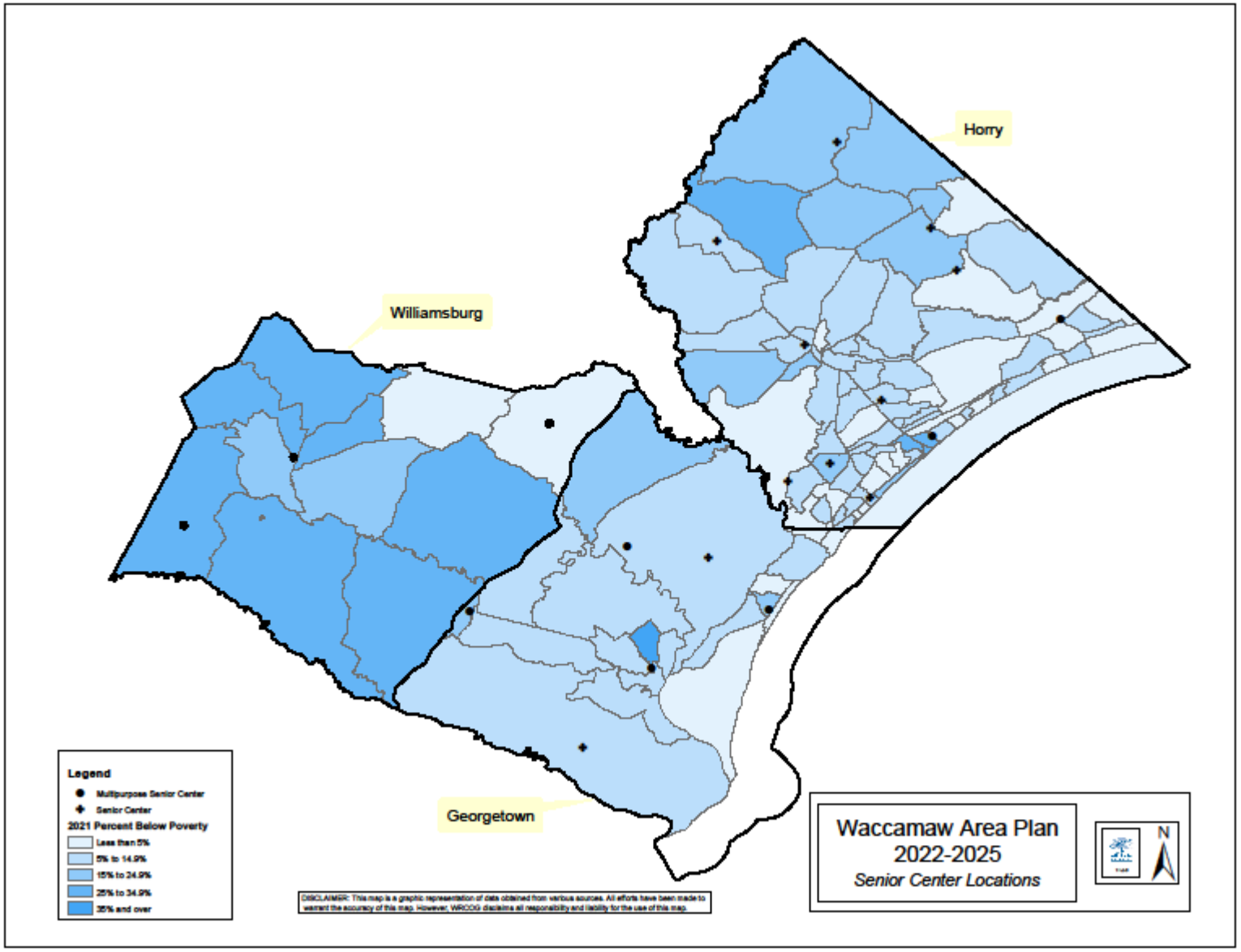
Horry
Williamsburg
Georgetown
Legend
Multipurpose Senior Center
Senior Center
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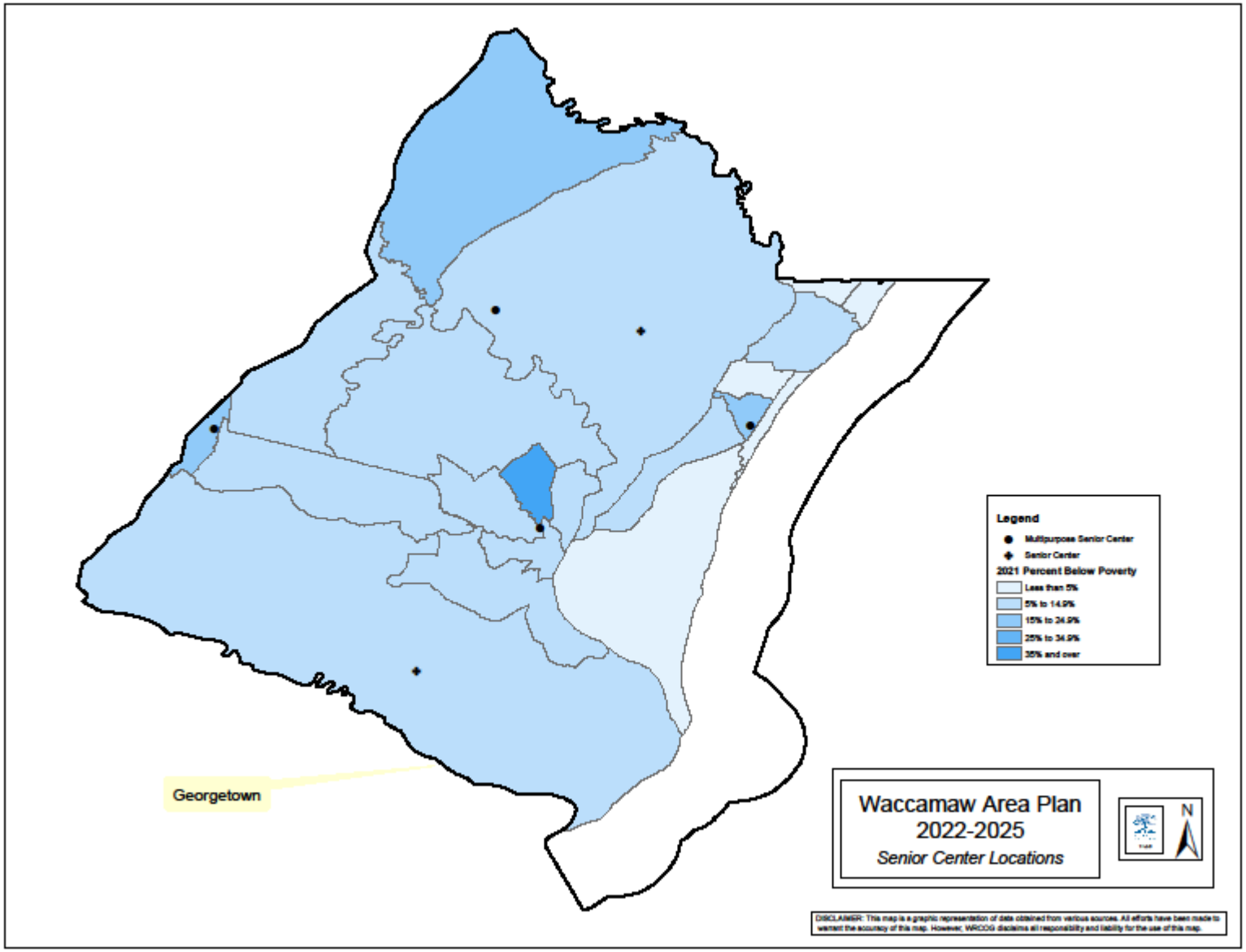
Waccamaw Area Plan
2022-2025
Senior Center Locations
N


Legend
Multipurpose Senior Center
Senior Center
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2022-2025
Senior Center Locations
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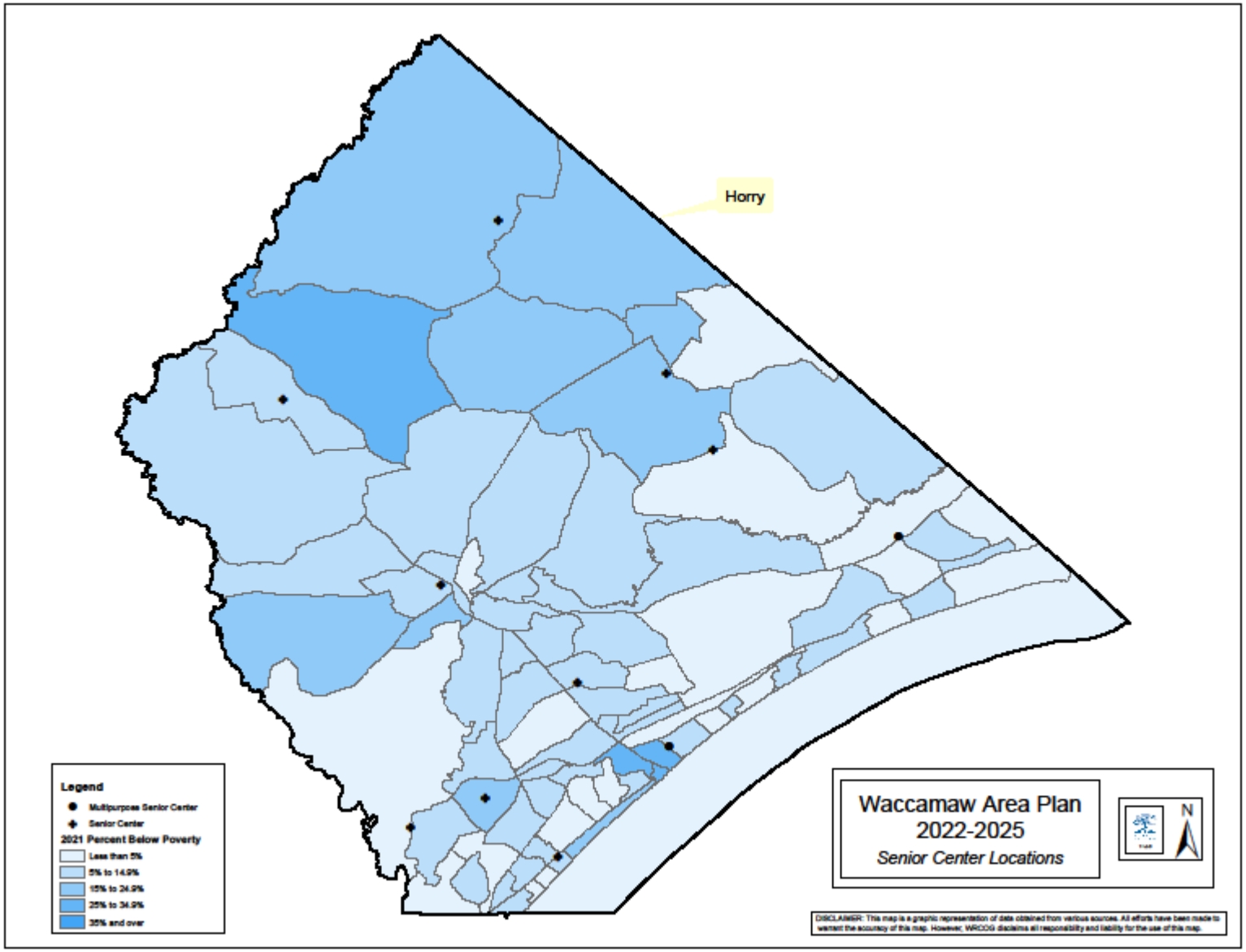
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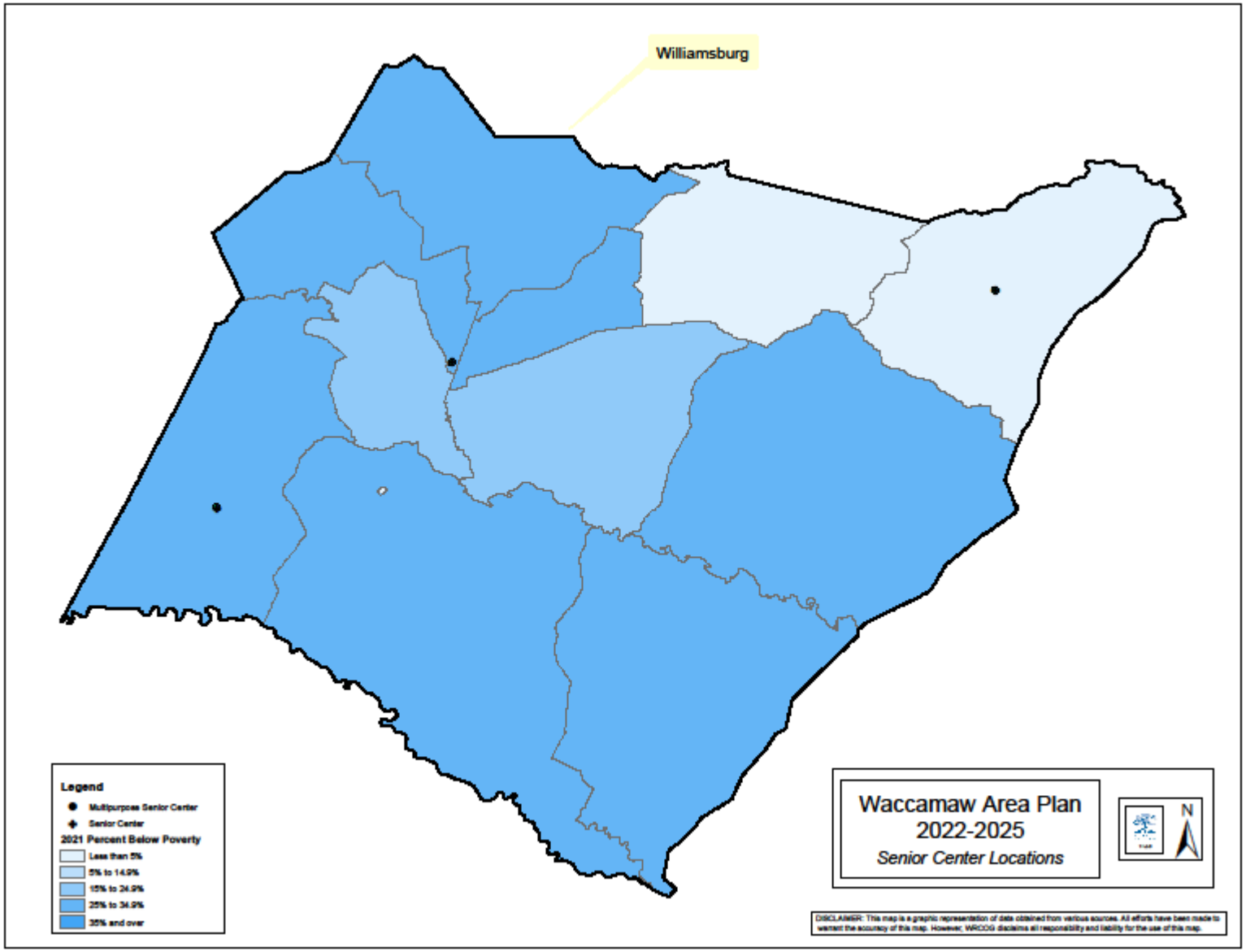
Williamsburg
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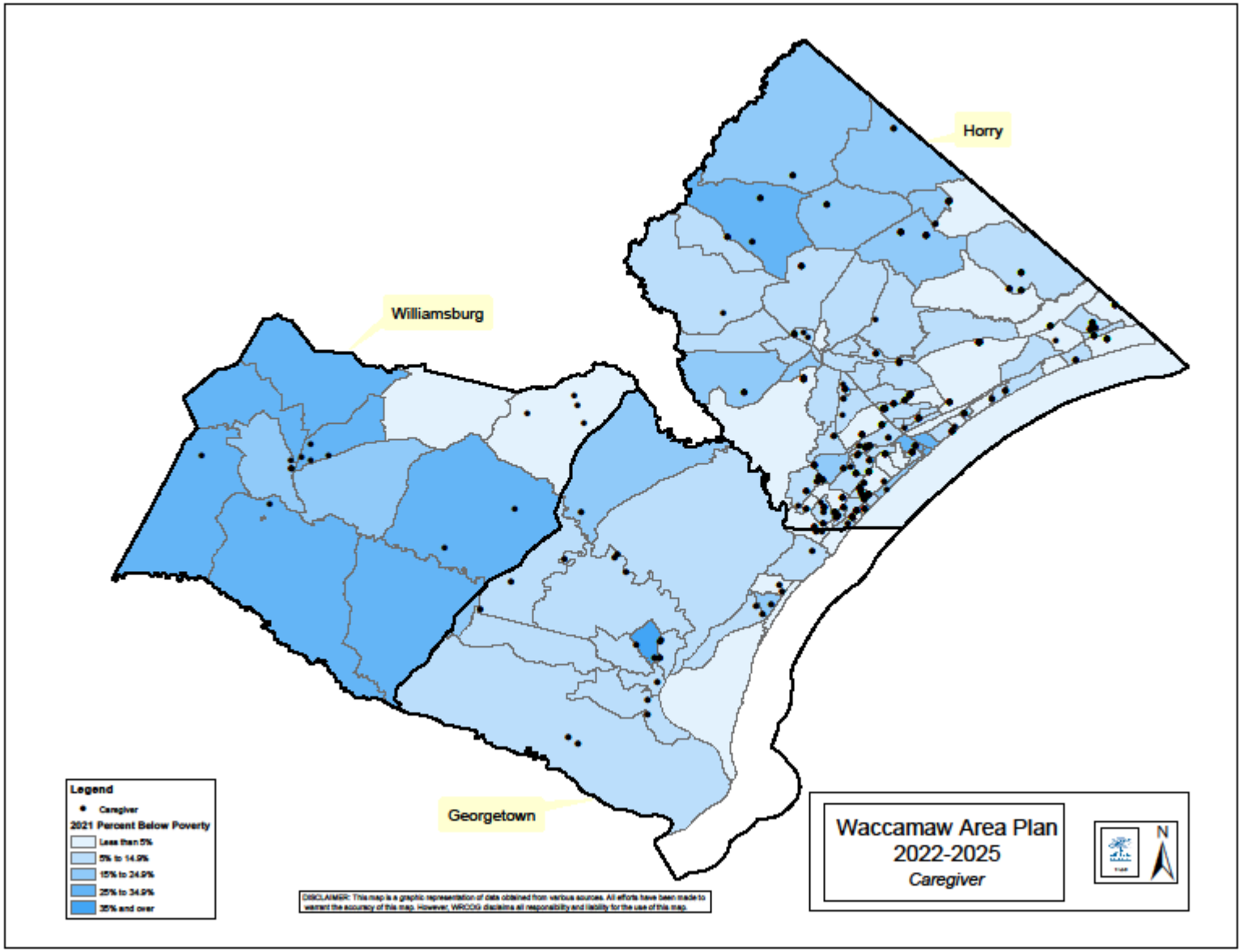
Evidenced-Based Program (Name)	Site Name(s) /Virtual	County Name
Hypertension Management Program	Kingstree Wellness Center	Williamsburg
Hypertension Management Program	Hemingway Wellness Center	Williamsburg
Hypertension Management Program	Kennedy Wellness Center	Williamsburg
Bingocize	Andrews Senior Center	Georgetown
Bingocize	Aynor Senior Center	Horry
Bingocize	Bucksport Senior Center	Horry
Bingocize	Burgess Senior Center	Horry
Bingocize	Carolina Forest Senior Center	Horry
Bingocize	Grand Strand Senior Center	Horry
Bingocize	Green Sea Floyd Senior Center	Horry
Bingocize	Loris Senior Center	Horry
Bingocize	Mt. Vernon	Horry
Bingocize	North Strand Senior Center	Horry
Bingocize	South Strand Senior Center	Horry
Bingocize	Hemingway Wellness Center	Williamsburg
Bingocize	Kingstree Wellness Center	Williamsburg
Walk With Ease	Andrews Senior Center	Georgetown
Walk With Ease	St. Luke (Choppee Senior Center)	Georgetown
Walk With Ease	N. Santee Senior Center	Georgetown
Walk With Ease	Plantersville Senior Center	Georgetown
Walk With Ease	Aynor	Horry
Walk With Ease	Bucksport Senior Center	Horry
Walk With Ease	Burgess Senior Center	Horry
Walk With Ease	Loris Senior Center	Horry
Walk With Ease	Mt. Vernon	Horry
Walk With Ease	South Strand Senior Center	Horry
Walk With Ease	Hemingway Wellness Center	Williamsburg
Walk With Ease	Kennedy Wellness Center	Williamsburg
Walk With Ease	Kingsstree Wellness Center	Williamsburg
Tai Chi	Carolina Forest Senior Center	Horry
Tai Chi	Grand Strand Senior Center	Horry
Arthritis Exercise Program	Conway Senior Center	Horry
Arthritis Exercise Program	Hemingway Wellness Center	Williamsburg
No III-D Programming was offered at the following site/county FY22	**Site Name(s)**	**County Name**
Bureau of Aging Services	Howard Senior Center	Georgetown
Bureau of Aging Services	Waccamaw Senior Center	Georgetown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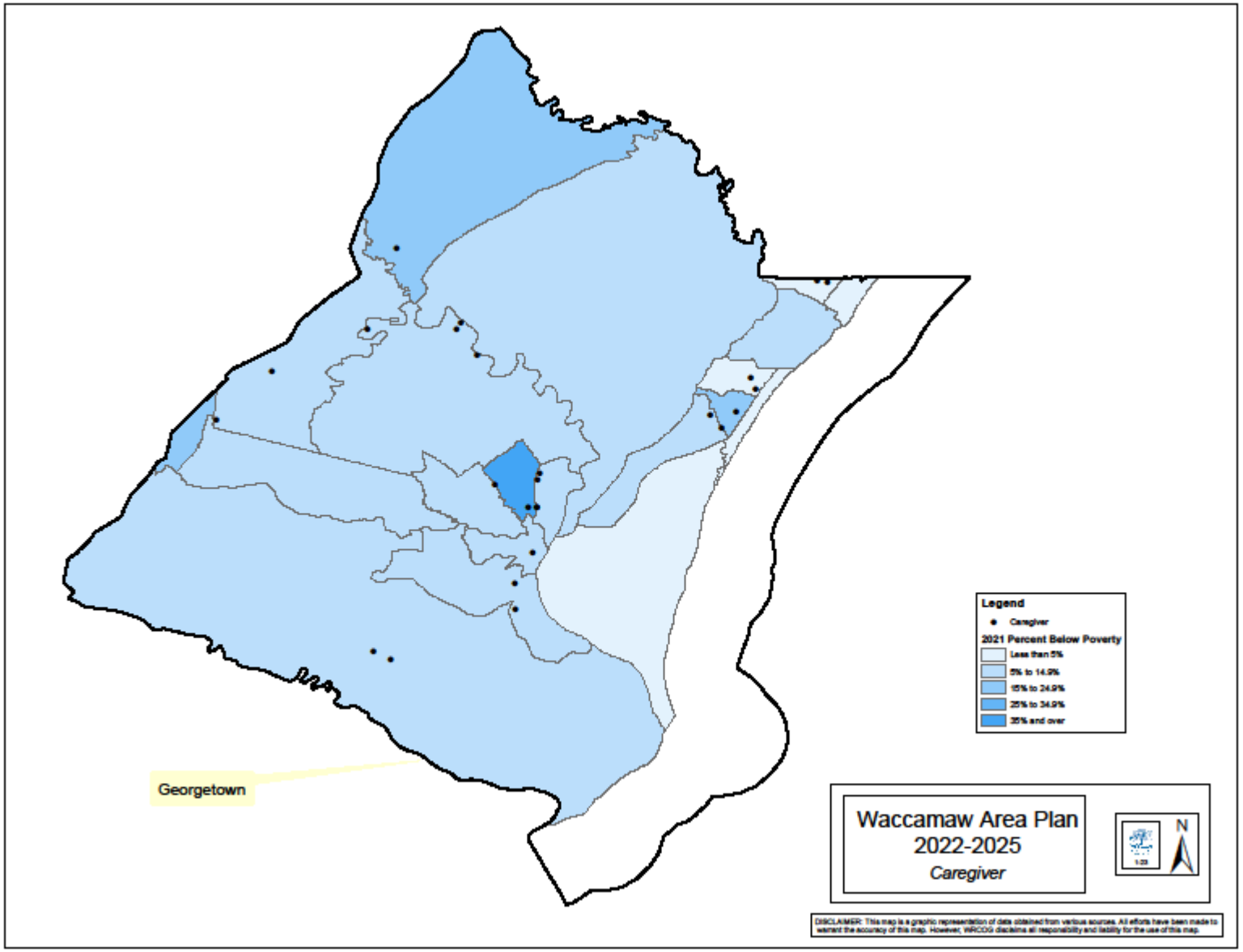
Waccamaw Area Plan
2022-2025
Caregiver
N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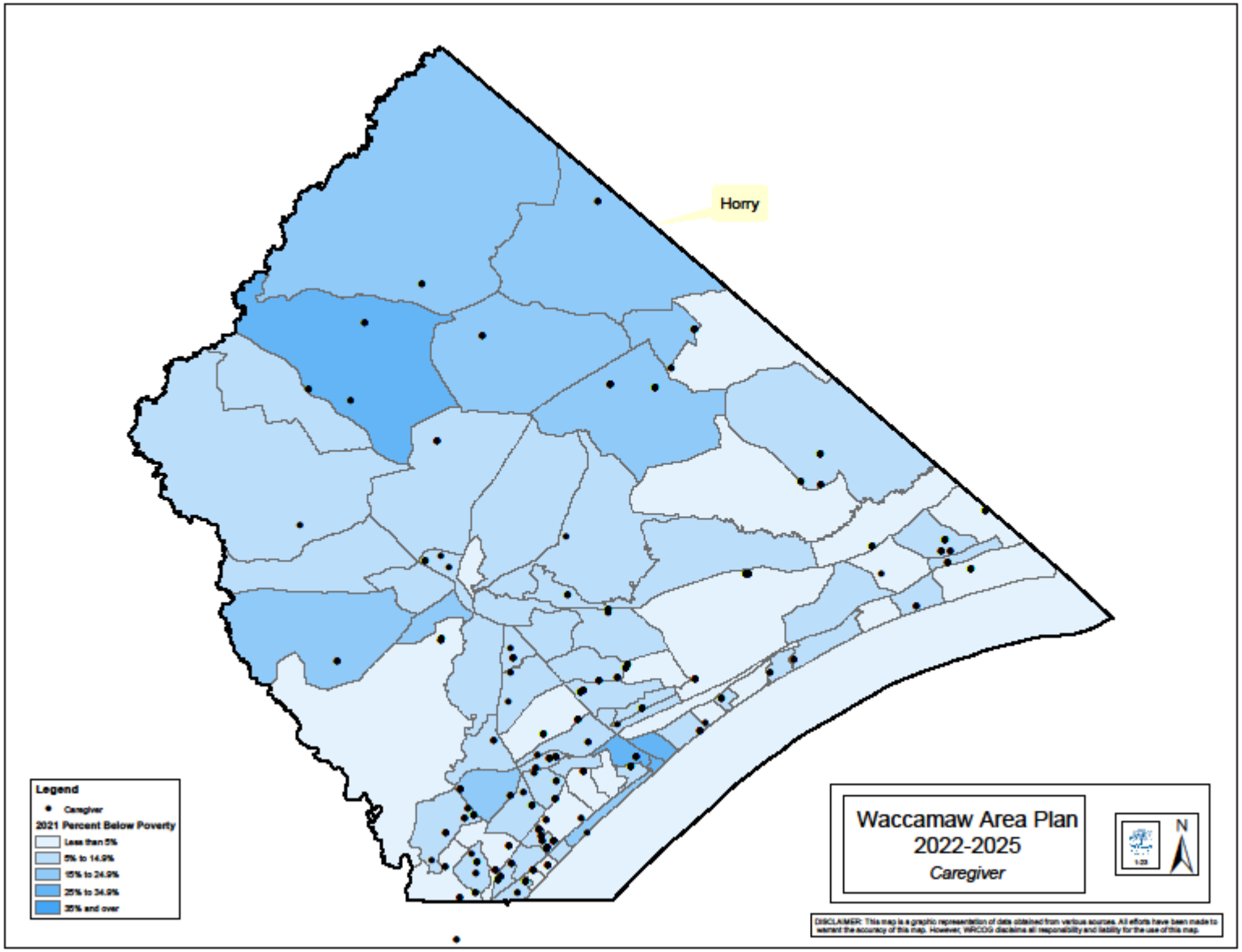
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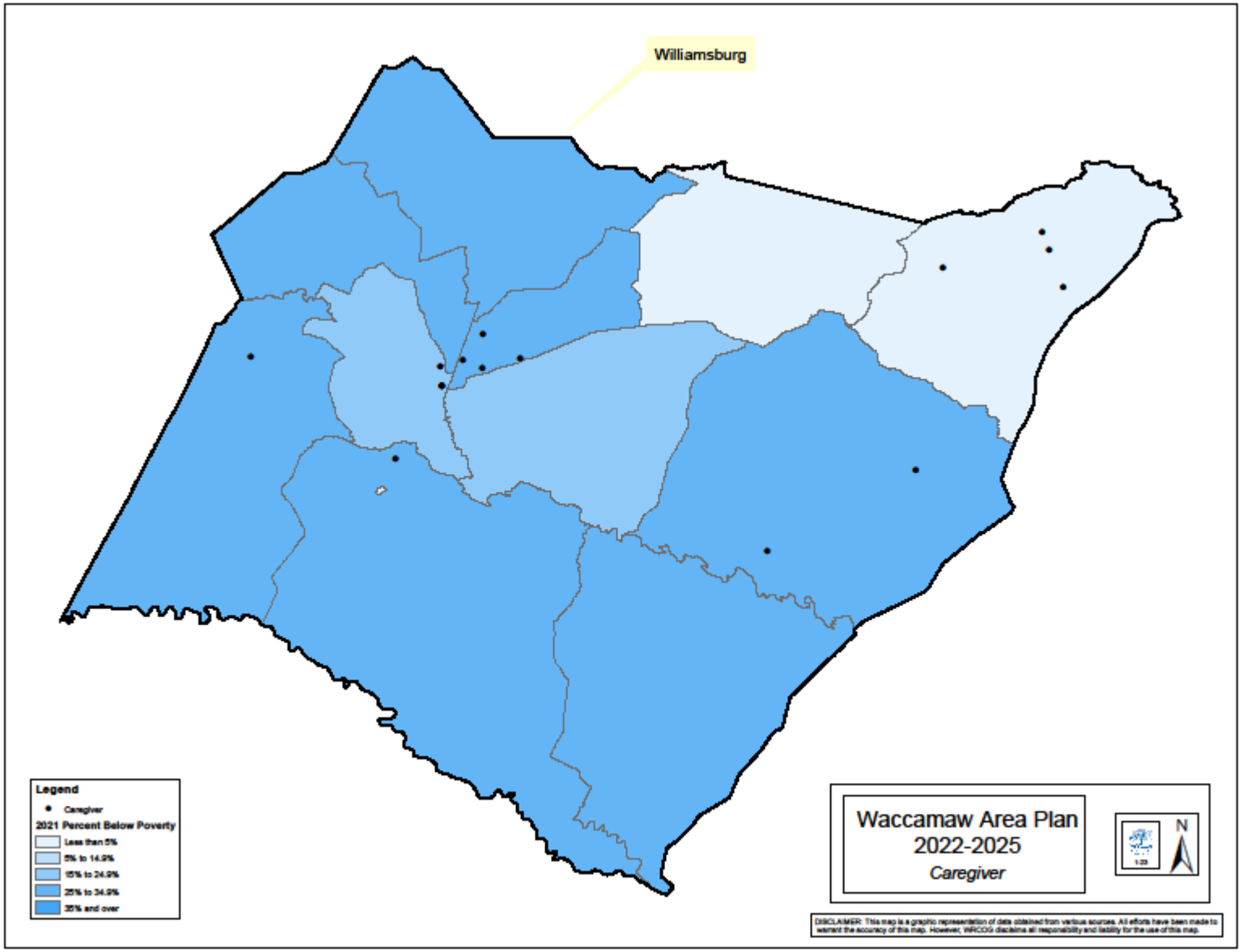
Williamsburg
Legend
Caregiver
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I. Attachment I – Fiscal

Match

All contractors would be paid 90% of their contracted unit rate, therefore, they would be meeting the match requirement. Waccamaw would record this match as third party match for each service for each contractor through the AccuFund system. Each county currently receives funding from their respective county governments that would assist them in meeting the ten percent match requirement. Waccamaw receives both local governmental funding as well as local aide to subdivisions that could be used to provide internal match for Aging programs.

Fiscal Monitoring

Financial Reporting Protocols	
Action:	Responsibility:
1. Provider submits the Monthly MUSR, LG45d, LG97c by the 10th day of each month	Provider/Contractor
2. LG97c reports are reviewed for current assessment date, status, risk scores	AAA Director/Aging Program Coordinator
3. LG45d reports are reviewed for status and reported number of units	AAA Director/Aging Program Coordinator
4. If any discrepancies are found in the above reports, the provider is notified for clarification or correction.	AAA Director/Aging Program Coordinator
5. When reports are satisfactorily reviewed, the MUSR data is transferred to in-house excel reimbursement reports. (Reimbursement Sheets and Reconciliation of Catering)These reports account for all reconciliation of the catering bills.	AAA Director
6. From these in-house reports, a payment request is compiled for each contractor as well as our caterer. This payment request is submitted to the COG Finance Department.	AAA Director
7. The payment request is entered into AccuFund, the COG's internal accounting system.	Financial Assistant
8. A AAA Revenue and Expense analysis is prepared and provided to the AAA Director, this report includes internal expenditures as well as pass through expenditures	Financial Assistant
9. PRFs are completed using the revenue and expenditure reports for each area: Admin, Ombudsman, Insurance, IR&A, Family Caregiver Staff portion of IIIE	AAA Director
10. MUSRs for IIIE, Alzheimers, Respite, IIIB-IIID, ARP and HCBS/Bingo are run from the AIM system for comparison and reconciliation prior to the PRFs submission to the SCDOA	AAA Director
11. When all reports are reconciled, the PRFs, MUSRs and all backup documentation and reports are given to the Executive Director for signature	AAA Director

12. When signatures are complete, the requests for payment MUSRs and all backup documentation are scanned, saved, and emailed to invoice@aging.sc.gov for processing by the 21st of each month	AAA Director
13. When payment is received from the SCDOA, payments are entered into the AccuFund accounting system and reconciled. Checks are cut to our provider/contractors based on the reimbursement sheets.	Financial Assistant

Competitive Procurement

Provider Name	Original Execution Date	End Date	Contractor/ Sub-recipient	Counties Served	Services Awarded
Waccamaw Area Agency on Aging	07-01-19	06-30-24	Horry County Council on Aging	Horry County	• Home Delivered Meal • Homemaker Services • Congregate Meal Services • Congregate Meal Transportation • Medical Transportation
Waccamaw Area Agency on Aging	07-01-19	06-30-24	Georgetown County Bureau of Aging Services	Georgetown County	• Home Delivered Meal • Congregate Meal Services • Congregate Meal Transportation • Medical Transportation
Waccamaw Area Agency on Aging	07-01-19	06-30-24	Williamsburg County Vital Aging	Williamsburg County	• Home Delivered Meal • Homemaker Services • Congregate Meal Services • Congregate Meal Transportation

Waccamaw Area Agency on Aging	07-01-19	06-30-24	Senior Catering	Horry County Georgetown County Williamsburg County	• Congregate Meals Regional.
Waccamaw Area Agency on Aging	07-01-19	06-30-24	Senior Catering	Georgetown County	• Home Delivered Meals

- Golden Gourmet – Horry County Council on Aging holds their own contract for HDM services.
- Tradition Meal Solutions – Williamsburg County Vital Aging holds their own contract for HDM services.

Allocation Methodology

The Waccamaw Regional Council of Governments AAA utilizes the following configuration as well as the needs assessment in allocating Older Americans Act and State Funding:

1. Fifty percent (50%) of available amount to be divided equally among the three counties of Horry, Georgetown and Williamsburg. This amount allows each county an equal base amount of support.
2. Twenty percent (20%) funding distributed to each county based on their applicable most current 10-year census 60+ general population in relation to percentage of Waccamaw regional totals.
3. Ten percent (10%) of funding distributed to each county based on their applicable most current 10-year census 60+ minority population in relation to percentage of Waccamaw regional totals.
4. Ten percent (10%) of funding distributed to each county based on their applicable most current 10-year census 60+ population in relation to percentage of Waccamaw regional totals.
5. Five percent (5%) of funding distributed to each county based on their applicable most current 10-year census 60+ rural population in relation to percentage of Waccamaw regional totals.
6. Five (5%) of funding distributed to each county based on their applicable 85+ frail population in relation to percentage of Waccamaw's regional totals.

Budget Narrative

Notifications of Grant Awards are received from the South Carolina Department on Aging, this triggers the budgeting process to begin for our region. Funding is allocated to our contractors based on the funding formula as described above in our Allocation Methodology. The aging budget both internal and external is folded into the overall budget of the Council of Governments and is approved by our Board of Directors as any changes are made during the year. Contracts are written and executed based on the budget and objectives for the year. Budget versus actual for all contracts are measured on a monthly basis and adjustments are made as needed or necessary. Contracts amendments with our providers occur at least once during the year normally in January/February timeframe. We expect no significant changes to our process for the upcoming planning period.