



SOUTH CAROLINA APPALACHIAN

AREA AGENCY ON AGING/AGING AND DISABILITY

RESOURCE CENTER

2017 - 2021 AREA PLAN

Appalachian Area Agency on Aging/Aging and Disability Resource Center: Area Plan 2017 – 2021

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VERIFICATION OF INTENT

The Area Agency on Aging hereby submits its Fiscal Year 2017 – 2021 Area Plan to the Lieutenant Governor’s Office on Aging. If approved, the plan is effective for the period of July 1, 2017 through June 30, 2021.

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 Lieutenant Governor’s Office 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 Lieutenant Governor’s Office on Aging when requested. Changes made to the approved plan will require an amendment submission to the Lieutenant Governor’s Office 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 Lieutenant Governor’s Office 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.

Area Agency on Aging

Planning Service Area Director

Date

Area Agency on Aging Director

Date

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Executive Summary

In accordance with its responsibilities under the Older Americans Act, the South Carolina Appalachian Council of Governments' Area Agency on Aging has prepared and submits this Regional Area Plan for FY 2017-2021 to the Lieutenant Governor's Office on Aging. The region is comprised of the following counties: Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg.

The Appalachian Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC) Area Plan documents how the AAA/ADRC will plan and provide program and resource development, service delivery, contracts and grants management, training, community education, advocacy and coordination for a comprehensive service delivery system in the Appalachian region.

In reviewing the pertinent issues facing the aging and disabled population of the region and the state, it is clear that all stakeholders must continue to evaluate the trends, needs and funding sources to adequately provide services to this ever-expanding service population. The people involved in making these decisions and policies should always include state policy makers, regional staff, service providers and the public that have a vested interest by either providing or receiving the services. The growth of the Baby Boomer generation that began reaching the age of 65 in this last decade means changes are coming. All the players will have to be constantly on top of the changing trends to serve as many as possible, and not always with the same traditional services as were served in previous years.

With the constant changes in the funding for these programs, the AAA will continue to focus on the population that is rural, minority, and with the greatest need and socio-economic status. The trends also show that the AAA's begin looking into business practices to serve the middle and upper class that are able to pay for some of their desired services.

With the increasing need of support services for seniors, their caregivers and the disabled population, the AAA is moving toward the development of a seamless long term care support services system that is flexible and meets the needs of consumers by offering them more choice. The flexibility of consumer-directed choices permits a mix of private and agency provided services, allows the consumer to find workers when agencies have a short supply, and provides services when needed rather than at fixed times.

The Appalachian AAA plans to take over the client assessment process beginning July 1, 2017. New staff members have been hired to do face-to-face assessments with any clients needing any service paid for with funds through the Older Americans Act. These interviews will be all encompassing, assessing each client for their specific needs. The assessment will be entered into the state database system as required, and can be viewed by any contractor providing services to eligible seniors.

Challenging times heighten the need to think creatively and strengthen partnerships. It also affords the opportunity for advocacy and advocacy coalition building aimed at all levels of elected officials from the local municipality to the U.S. Congress. The AAA will focus increased efforts to facilitate

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planning, collaboration, partnering and advocacy across the spectrum of human service providers and their constituencies.

Mission Statement

The mission of the Appalachian Aging and Disability Resource Center (ADRC) is to assist seniors, their caregivers, and those with disabilities in maintaining dignity and independence in their homes and communities through advocating, planning, and developing resources in partnership with the Lt. Governor's Office on Aging, Councils on Aging, nonprofits, the private sector, and individuals. The Appalachian Council of Governments' Area Agency on Aging/Aging and Disability Resource Center is the designated regional lead agency for the development of a comprehensive, coordinated and cost-effective long term care system.

Vision Statement

The vision of the Appalachian ADRC is to provide leadership and partnerships to assure that seniors and/or adults with disabilities have access to information about programs and services that may assist them in living with choice and dignity in their homes and communities.

- Continue to work with all aging service partners to provide quality services to maintain the seniors and adults with disabilities in their homes and communities;
- Meet the challenges of changing funding, programs, policies and needs of the service population;
- Work with the service providers and Regional Aging Advisory Council (RAAC) in planning and providing the desired services to the population;
- Keep all aging service partners abreast of changes in all aging issues on local, state and federal levels;
- Plan and develop new programs, educate the public, advocate with legislators and provide services that include the involvement of the service population and aging service partners;
- Promote a comprehensive long term care system; and,
- Support intergenerational partnering, planning and policy development.

Organizational Structure

The Area Agency on Aging/Aging and Disability Resource Center (AAA/ADRC) is a division of the South Carolina Appalachian Council of Governments (SCACOG). The Older Americans' Act charges the SCACOG AAA/ADRC with being the leader for aging issues on behalf of older persons and their caregivers in the Appalachian region. As the designated regional focal point for aging, the SCACOG AAA/ADRC proactively carries out a wide range of functions related to planning, advocacy, program development, contract management, service delivery, training, technical assistance, service delivery and resource development in the region.

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SCACOG is established as a unit of special purpose local government under Title VI, Ch. 29 of the SC Code of Laws and is a voluntary organization of local governments in Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg counties in Upstate South Carolina. Created in 1971, the Council of Governments has become a valuable resource for area local governments in the areas of public administration, planning, information systems and technology, grants, workforce development and services to the elderly population. While assistance to local government remains as the Council's first priority, the private sector also benefits from services designed to enhance the region's economic environment. These efforts include public/private partnerships in support of economic development, economic research and analysis, and small business lending programs.

The services to the elderly population are provided through the Appalachian Area Agency on Aging (AAA). The AAA is the largest division within the organization, with staff dedicated solely to the operations of the AAA. The SCACOG Executive Director certifies that the division functions as the AAA/ADRC for the purpose of carrying out all functions as specified in the Older Americans Act of 1965, as amended in 2006.

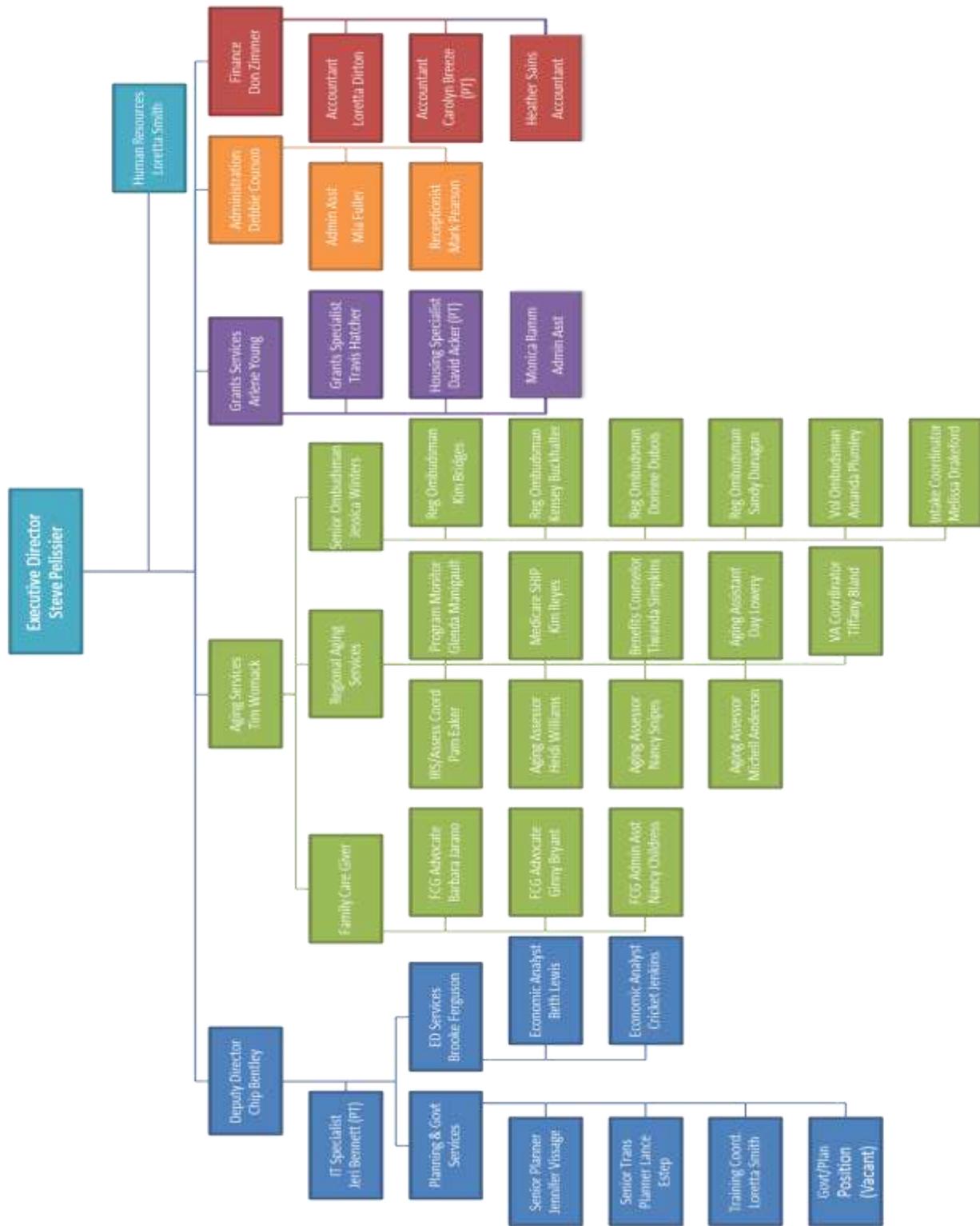
By June 2017, Carolyn Breeze will retire as the Aging Services Accountant. Currently, Heather Sains is training for that position. By the end of 2017, Glenda Manigault and Barbara Jardno will retire. Job postings for Nutrition Manager and for Family Caregiver Support Program Advocate will be posted by August 2017.

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Staff Experience and Qualifications

<u>POSITION</u>	<u>NAME</u>	<u>START DATE</u>
Aging Services Director	Tim Womack	09/17/10
Accounting/Finance	Carolyn Breeze	06/08/82
Accounting/Finance	Heather Sains	03/13/17
Nutrition Manager	Glenda Manigault	04/07/75
Ombudsman/Supervisor	Jessica Winters	08/15/05
Ombudsman	Sandy Dunagan	01/02/85
Ombudsman	Kim Bridges	08/10/09
Ombudsman	Kensey Burckhalter	05/06/14
Ombudsman	Dorinne Dubois	02/19/16
Ombudsman/Intake	Melissa Drakeford	09/02/16
Ombudsman/Volunteer	Amanda Plumley	10/16/15
Info & Referral/Assistance	Pam Eaker	10/21/16
Veteran-Directed HCBS	Tiffany Bland	08/19/16
Family Caregiver Advocate	Barbara Jardno	01/02/08
Family Caregiver Advocate	Ginny Bryant	08/04/14
Family Caregiver Advocate	Nancy Childress	01/02/15
SHIP Counselor	Kim Reyes	10/09/12
SHIP Counselor	Tiwanda Simpkins	06/12/15
SHIP Counselor	Day Lowery	01/02/14
Assessor	Heidi Williams	12/09/16
Assessor	Nancy Snipes	01/06/17
Assessor	Michelle Anderson	02/03/17

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Regional Aging Advisory Committee and Board of Directors

Regional Aging Advisory Committee

Anderson County

J. T. Boseman
Patricia Grate

Oconee County

Lamar Bailes
Edna Pitts-Reid

Cherokee County

Jack Allison
James McKinney

Pickens County

Jim Capaldi
Doug Finney
Michael Stogner

Greenville County

Joe Dill, Chair
Xanthene Norris
Mamie Reid

Spartanburg County

Janet Agnew
Mary Heatherly
Jayne McQueen

The duties of the RAAC are to:

- Advise the SCACOG Area Agency on Aging on matters relating to the development of the regional area plan.
- Promote and encourage local communities to recognize the needs and promote the establishment of programs for older adults or person with disabilities.
- Support and advocate on behalf of programs and services for older adults and persons with disabilities.
- Establish service and program priorities based upon the needs of the local communities and the region.
- Provide assistance in conducting public hearings to solicit local community input regarding the needs of older persons and persons with disabilities.

The RAAC members are appointed by the Council of Governments Board of Directors and serve in an advisory capacity to the Council in its role as the Area Agency on Aging. Ex-officio members of this committee include those members of the Board of the Lt. Governor's Office on Aging who reside in the Appalachian region. The Chairman of the Regional Aging Advisory Committee is also a member of the Council of Governments Board of Directors.

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The Committee makes recommendations concerning the administration of Older Americans Act programs, reviews and makes recommendations on the awarding of funds to service providers, and monitors local contracts. At least fifty (50) percent of the Committee is composed of older persons. The Committee also includes representation by minorities, service recipients, and persons with greatest economic and social need.

BYLAWS **Appalachian Council of Governments** **Regional Aging Advisory Committee** **Area Agency on Aging**

PREAMBLE

The Advisory Committee for Aging Program Planning of the South Carolina Appalachian Council of Governments (SCACOG) does hereby set forth the following Bylaws to govern its operation.

The term “Council” is used to designate the Appalachian Council of Governments. The term “Committee” is used to designate the Regional Aging Advisory Committee. The Committee shall function in an advisory capacity and not in a policy-making capacity.

PURPOSE AND RESPONSIBILITIES

The duties of the Committee are to:

1. Advise the SCACOG Area Agency on Aging on matters relating to the development of the regional area plan.
2. Promote and encourage local communities to recognize the needs and promote the establishment of programs for older adults or person with disabilities.
3. Support and advocate on behalf of programs and services for older adults and persons with disabilities.
4. Establish service and program priorities based upon the needs of the local communities and the region.
5. Provide assistance in conducting public hearings to solicit local community input regarding the needs of older persons and persons with disabilities.

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MEMBERSHIP

The Committee will be composed of at least the following:

1. Three individuals from each county with a population of 100,000 or more.
2. Two individuals from each county with a population of less than 100,000.
3. The overall size of the Committee shall be limited to sixteen (16) unless designated otherwise by the Council. Council Board members choosing to serve on the Committee will not affect the composition/representation on the Advisory Committee.
4. More than 50% older persons.
5. Representatives who fall into at least one or more of the following categories: minority, caregiver, representative of the business community, representative of older persons, health care provider, program consumer, or a member of the general public with a demonstrated interest in the well-being of seniors, persons with disabilities and/or community transportation needs. Citizen members shall be defined as individuals who are not employed by an agency and/or an organization which either receives funds prioritized by the Council or which works closely with the Council.
6. Recommendations to add or fill Committee vacancies shall come from current membership, ensuring each county is represented. When a vacancy occurs on the Committee, the Chairperson shall notify the COG Board delegation of the county with the vacancy.

MEETINGS

1. The committee shall meet at least six times annually or at such other time and date as called by the Chairman.
2. The majority of the members of the Committee shall constitute a quorum for the purpose of conducting business.
3. Only members of the Advisory Committee may vote on any matter before the Committee. Members must abstain from voting on issues that present a conflict of interest.
4. In the event of the absence of the Chairman and Vice-Chairman at a meeting of the Committee, the Advisory Committee members may select a temporary Chairman for that particular meeting and proceed as scheduled.

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OFFICERS AND THEIR DUTIES

1. The officers of the Committee shall consist of a Chairman and a Vice-Chairman. The Chairman shall be a Council member appointed by the Council chairman in March, with the concurrence of the full Council. The vice-chairman shall be chosen from and by the members of the committee.
2. The Chairman shall preside at all meetings of the Committee. The Chairman shall be responsible for attending the meetings of the Council and presenting the recommendations of the committee to the Council, as needed.
3. The Vice-Chairman shall assume the duties of the chairman in the absence of the Chairman.

MEETING ATTENDANCE

If a member is absent for three (3) consecutive meetings without contacting SCACOG staff prior to the meeting, the Chairman shall notify such member in writing of his absence, and if the member fails to attend the next regular meeting, the individual shall be notified that he has been removed from the Committee.

COMMITTEES

Ad Hoc Sub-committees and/or Project Groups shall be established as needed by the Committee. The Chairman shall appoint members of these Sub-Committees/Groups. Person from outside the committee may be added to provide the required technical expertise required for the area under review.

RECORDS

SCACOG staff will make and keep a record of all Committee meetings. Records shall be maintained within the SCACOG.

10/02/09

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S. C. Appalachian Council of Governments Board of Directors

Anderson County

Dennis Claramunt, Chair
Mack Durham
Rick Laughridge
Ted Mattison
Mayor Terence Roberts
Cindy Wilson

Oconee County

Sen. Thomas Alexander
Bill Brockington
Edda Cammick
Bennie Cunningham
Bob Winchester

Cherokee County

David Cauthen
Ed Elliott
Rufus Foster, Jr.
Mayor Henry Jolly
Rep. Dennis C. Moss

Pickens County

Mayor Larry Bagwell
Rep. Neal A. Collins
Roy Costner, III
Ensley Feemster
James Jackson

Greenville County

Brandy Amidon
Rev. Grady Butler
Joe Dill
Rev. Ennis Fant, Sr.
Lillian Brock-Flemming
Don Godbey
Butch Kirven
Willis Meadows
George Fletcher

Spartanburg County

Justin Bradley
Michael Brown
Larry Chappell
Rep. Mike Forrester
Michael Fowler
Jane Hall
Roger Nutt
Elbert S. Tillerson, Sr.
Mayor Junie White

Regional Members

Francis Crowder (Anderson County)
Ernest Riley (Oconee County)

The Board of Directors is made up of elected and appointed members from each county including Legislative Delegation members, County Council members, Mayor or Council Member of cities under 25,000 (appointed by Municipal Association), Mayor or Council Member of cities over 25,000, Citizen members, Minority members and Regional members.

Client Assessments

The Lieutenant Governor's Office on Aging (LGOA) issued a directive in January 2016 stating that all AAA's must do face-to-face assessments with any clients receiving services funded by state and federal dollars. The Appalachian AAA/ADRC began phasing in this assessment process on January 1, 2017 with clients from Pickens and Spartanburg Counties and all clients receiving homemaker services through ResCare in Pickens, Greenville and Spartanburg Counties. Working with these providers and

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clients early on will smooth the transition for assessing all clients in the six-county region on July 1, 2017.

The Information & Referral/Assistance Specialist will coordinate the assessors/assessments. Four assessors will be hired by July 1, 2017 to perform roughly 4,000 assessments per year.

Ten-Year Forecast for the Appalachian Region

The Appalachian AAA/ADRC senior population is expected to increase region wide by 23.91% in the next 10 years. The Appalachian AAA/ADRC will continue to work with contractors; communities; local, state and federal elected officials; Silver Haired Legislature (SHL) Regional Caucus; the Regional Aging Advisory Committee (RAAC); and the Appalachian COG Board of Directors to identify the needs of seniors in the Appalachian region.

Below is a comparison of the senior population in 2017 and the anticipated senior population in 2027.

60+ Population Comparison for SC Appalachian Region for the Next 10 Years			
County/Region	2017	2027	%
Anderson	48,192	57,572	19.46%
Cherokee	12,740	14,624	14.79%
Greenville	107,118	141,292	31.90%
Oconee	23,226	26,458	13.92%
Pickens	27,026	32,162	19.00%
Spartanburg	66,984	81,386	21.50%
ACOG Region	285,286	353,494	23.91%

Source: SC Revenue and Fiscal Affairs Office

ANDERSON COUNTY

Anderson County consists of 715.5 square miles, with a population of approximately 195,000 residents. In 2017, the senior population of Anderson County is 48,192, representing 25% of the total county population, and is expected to grow to 57,572 by 2027, a 19.46% increase. Cities and towns in Anderson County include Anderson, Belton, Honea Path, Iva, Pelzer, Pendleton, Starr, West Pelzer and Williamston.

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CHEROKEE COUNTY

Cherokee County consists of 392.7 square miles with a population of approximately 56,000 residents. In 2017, the senior population of Cherokee County is 12,740, representing 23% of the county's total population, and is expected to grow to 14,624 by 2027, a 14.79% increase. Cities and towns in Cherokee County include Blacksburg and Gaffney.

GREENVILLE COUNTY

Greenville County consists of 785.2 square miles with a population of approximately 490,000 residents. It is currently South Carolina's most populated county with an annual growth rate of 2.1%. In 2017, the senior population in Greenville County is 107,118, representing 22% of the county's total population, and is expected to grow to 141,292 by 2027, a 31.90% increase. Cities and towns in Greenville County include Fountain Inn, Greenville, Greer, Mauldin, Simpsonville and Travelers Rest.

OCONEE COUNTY

Oconee County consists of 626.3 square miles with a population of approximately 76,000 residents. In 2017, the senior population of Oconee County is 23,226, representing 30% of the county's total population, and is expected to grow to 26,458 by 2027, a 13.92% increase. Cities and towns in Oconee County include Salem, Seneca, Walhalla, Westminster and West Union.

PICKENS COUNTY

Pickens County consists of 496.3 square miles with a population of approximately 122,000 residents. In 2017, the senior population of Pickens County is 27,026, representing 22% of the county's total population, and is expected to grow to 32,162 by 2027, a 19% increase. Cities and towns in Pickens County include Central, Clemson, Easley, Liberty, Norris, Pickens and Six Mile.

SPARTANBURG COUNTY

Spartanburg County consists of 808 square miles with a population of approximately 297,000 residents. In 2017, the senior population of Spartanburg County is 66,984, representing 23% of the county's total population, and is expected to grow to 81,386 by 2027, a 21.5% increase. Cities and towns in Spartanburg County include Campobello, Central Pacolet, Chesnee, Cowpens, Duncan, Inman, Landrum, Lyman, Pacolet, Reidville, Spartanburg, Wellford and Woodruff.

With the anticipated growth of the senior population at almost 24% by 2027, the Appalachian AAA/ADRC will face many challenges in the next ten years. Below is an overview of some of the regional challenges:

- a) **Transportation Systems** – Funding for transportation to meet the needs of the senior community is the number one challenge. Currently, the Piedmont Health Foundation is

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conducting a study on transportation in the Greenville County area. The study is focusing on connecting the four major areas in Greenville County including Greenville, Travelers Rest, Simpsonville and Greer. Without a better transportation service in place or more funding, the AAA/ADRC will not be able to meet the transportation needs of its seniors. With the current funding, transportation to senior meal sites and non-emergency medical appointments are the priorities.

- b) **Nutrition Services** – Keeping seniors engaged and participating in the group dining program is the focus of our meal program. For those who are unable to attend a group setting, home delivered meals will be delivered to those eligible.
- c) **Information and Referral** – As our senior population in the Upstate of South Carolina explodes, it is imperative to partner with community organizations. The Information and Referral/Assistance Specialist must stay aware of resources available in the region.
- d) **Affordable Housing** – Affordable Housing in the metro areas is becoming scarce and much more expensive. The Appalachian AAA/ADRC works closely with the Housing Authorities in each county to provide listings to the low income residents.
- e) **Medical Facilities** – Even though the major hospital systems are expanding throughout the Appalachian region, there are not enough beds to meet a pandemic or disaster. The major hospital systems include AnMed, Bon Secours St. Francis, Spartanburg Regional, Mary Black and Greenville Health Systems.
- f) **Workforce Availability** – Greenville County has the lowest unemployment rate in the Appalachian region at 4.0%. Cherokee County has the highest unemployment rate in the Appalachian region at 5.3%. The other counties are currently ranging from 4.2% to 4.6% unemployment.
- g) **Long Term Care Systems** – Currently, there are over 11,000 nursing home and assisted living facility beds in the Appalachian Region. With the rapidly growing senior population, there are not enough beds available to meet the needs. It is much cheaper and advantageous to keep seniors active in their homes and communities rather than in a long term care facility.
- h) **Service Expectations of Seniors and Caregivers** – Emphasis will be placed on keeping seniors at home and in their communities. At times, seniors and their caregivers may need help through our programs to stay active in their homes. The programs offered through the Appalachian AAA/ADRC and its contractors will reflect the needs of the senior population in which it serves.
- i) **Distribution of Existing Resources** – The programs offered through the Appalachian AAA/ADRC and its contractors will reflect the needs of the senior population in which it serves in accordance to the Older Americans Act and state policies.
- j) **Creation of New Resources** – The AAA/ADRC will continue to explore, develop, and identify new resources that enable seniors to stay active in their homes and in their communities.

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- k) **Policy Changes** – The Appalachian AAA/ADRC will adhere to any policy changes from the federal, state or regional requirements.
- l) **Development and Location of Multipurpose Senior Centers** – The Appalachian AAA/ADRC will work with the Councils on Aging in each county to identify opportunities and provide technical assistance to increase the number of multipurpose senior centers in the region.
- m) **Emergency Preparedness** – The Appalachian AAA/ADRC will continue to work with seniors, the communities and emergency respondent organizations to ensure the safety of our growing senior population.

Focus Areas for FY 2017 Area Plan

Goal 1:

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

Objective 1.1: Appalachian Area Agency on Aging/Aging and Disability Resource Center

The Appalachian ADRC will:

- Follow the mandates of the Older Americans Act, the South Carolina Aging Network’s Policies and Procedures Manual, and all programmatic guidelines when setting region-specific policies for coordinating the delivery of services;
- Assure the supply of high quality services through contractual agreements with service providers, and for monitoring their services;
 - Provide local planning, program development and coordination, advocacy and monitoring;
 - Develop the Area Plan on Aging and area plan administration, and resource development;
 - Work with the community to develop a comprehensive coordinated service delivery system; and
- Establish and coordinate the activities of an advisory council, which will provide input on development and implementation of the area plan; assist in conducting public hearings; review and comment on all community policies, programs and actions affecting older persons in the area.

Objective 1.2: Veteran Directed Home and Community Based Services (VD-HCBS)

The United States Administration on Aging, in collaboration with the United States Department of Veterans Affairs, is providing an opportunity to help seniors and Veterans of any age, who are at immediate risk of nursing home placement, to participate in The Community Living Program Administered by the Lieutenant Governor’s Office on Aging (LGOA). South Carolina is one of ten states invited to implement the Community Living Program (CLP) and Veteran Directed Home and Community Based Services (VD-HCBS) program.

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The LGOA currently collaborates with the Dorn Veteran Affairs Medical Center (VAMC) and The Appalachian Council of Governments to provide VD-HCBS services to veterans in 10 Upstate counties: Anderson, Cherokee, Chester, Greenville, Laurens, Oconee, Pickens, Spartanburg, Union, and York.

Program Eligibility

- All veterans enrolled in the VA health care system are eligible to participate in the VD-HCBS program when the veteran is in need of nursing home care and is interested in self-directed care. Veterans are determined to be in need of nursing home care when one or more of the following eligibility criteria for home and community based services is met, as determined by the VAMC.
- Must be at least 70% service-connected disability rating; meet nursing home level of care; and want to stay at home.
- Must be assessed by the Dorn VAMC or clinic.
- Be able to make or designate someone to make decisions about care and budget.
- Work with a care coordinator to develop a plan of care and a budget.
- Cannot be receiving Medicaid benefits.

Program Goals

The goals for veterans in the program are:

- Improved access to and increased options of services (beyond traditional home and community based services)
- Consumer direction
- Empowerment
- Support of families and family caregivers of Veterans
- To stay in their homes and be engaged in their community.

In VD-HCBS, veterans have the right and the ability to make decisions to ensure that their care and support needs are met, including who will provide the services and when they will be provided.

Veterans who select the self-directed service options are required to utilize a financial management service called a Fiscal/Employer Agent (F/EA). The LGOA has contracted with Public Partnerships, LLC (PPL) to serve as the F/EA for this program. PPL will issue payments to the veterans' employees using the veteran's authorized funds and assumes all responsibility for managing tax withholdings and filings on the veteran's behalf.

Program Benefits

- Significantly lower cost than veterans who are institutionalized (approximately half the cost of a nursing home).
- Allows veterans whose needs are not being met with the limited VAMC Homemaker/Home Health Aide program to get services and remain at home.
- Gives veterans more independence

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- Gives veterans choice and control over their care (can hire neighbors, friends, church members etc., set the fee, task, and hours)
- Gives caregivers some respite, relieves stress
- Veterans claim a better quality of life and better quality of care
- Veterans and families are grateful for an opportunity to die at home with dignity

Vision

The Lieutenant Governor's office on Aging (LGOA) and the Veterans' Health Administration's (VHA) long-range national vision is to have a long-term services supports system that is person centered, consumer directed and helps people at risk of institutionalization to continue to live at home and be engaged in community life. The VHA will increase access to VD-HCBS to serve the growing demand of veterans who desire home care and prefer independence at home instead of living in a nursing facility.

Objective 1.3: Information and Referral/Assistance (I&R/A); SC Access

Information and Referral Assistance Services (I&R/A): Appalachian AAA/ADRC is the regional focal point on aging and disability. The I&R/A service is designed to allow consumers a "one-stop-shop" to go online, email, visit, or call for assistance, information or referrals on any aging and/or disability issue. Appalachian I&R/A staff are experienced in area-wide aging and disability programs.

Employment policies: Appalachian ADRC's policy requires a full time I&R/A specialist on staff. The I&R/A specialist meets all requirements set forth by the SC Aging Networks' Policies and Procedures. Additionally, Appalachian ADRC requires the I&R/A specialist to successfully pass the AIRS (Alliance for Information and Referral System) exam and be AIRS certified, maintain their required training and renew their AIRS certification every two years and retain their AIRS certification in good standing throughout their employment.

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

Outreach: Our I&R/A staff engages in outreach events when possible at various churches, senior events, senior centers, trainings at other agencies, health fairs, schools, farmer's markets, etc. I&R/A staff target those that are low income and reside in rural and minority areas. During outreach events, I&R/A staff try to convey as much information as possible to the seniors and their caregivers, including SMP, SHIP, QMB/SLMB/QI, LTCO, FCSP, and the other programs offered through the AAA/ADRC or its contractors. Some sites will ask for specific information such as advanced directives, Caregiver 101 and the Friendly Visitor Program. During the spring when Farmer's Market vouchers are distributed, I&R/A staff educate clients about other programs that may be available to them in the community.

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Projected Outreach Contacts Appalachian AAA/ADRC:

Year	Presentations	Booths	Media	Total	Year	Presentations
2017	719	1875	20,000	22,549	2017	719
2018	769	1900	20,000	22,669	2018	769
2019	819	1925	20,000	22,744	2019	819
2020	869	1950	20,000	22,819	2020	869

Efforts to Partner with Non-Profits: I&R/A staff attend interagency meetings with members of DSS, DHHS, APS, Social Security, hospices, hospitals, in-home care agencies, etc. The agencies meet in order to let each other know what is occurring in the community and upcoming events. This year we have partnered with Christmas in Action in Spartanburg to provide minor home repair/modifications for low income seniors.

Interpretation Services: I&R/A staff have a contract with the Language Line for non-English speaking callers. Once the individual calls, they are put on hold, I&R/A staff call the Language Line and hold a three-way call with the interpreter.

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

Supervisory Responsibilities: I&R/A certified staff are supervised by the Appalachian ADRC Director. All Appalachian ADRC direct service staff is AIRS certified and work schedules are coordinated to ensure and maintain a maximum number I&R/A, AIRS certified staff are available to consumers during operational hours (Monday-Friday, 8am-5pm). I&R/A certified staff have voice mail and email available. All voice mail and emails will be checked throughout the day and returned within a 24-hour period of time, or as soon as possible. It is the goal of the Appalachian ADRC to assist the caller on the first call and reduce the number of calls transferred to voice mail. All calls are answered by a person, not automated answering system, and all staff answering the phone will have all the necessary certifications and access to provide the service(s) requested/needed by the caller. It is a strategic goal of the Appalachian ADRC to ensure all staff are fully cross trained and certified to ensure access to the necessary workers needed to provide any agency service requested by the caller in a timely manner.

Crisis Calls: When emergency calls, such as abuse, neglect, or exploitation are received, the I/R&A staff will gather as much personal and pertinent information as possible. This information shall include, but is not limited to, the following: name, address, phone, age, current location and situation, nature of crisis and any other contact information for family or friends. Depending on the nature of the crisis the staff will contact Adult Protective Services (APS) or law enforcement in the appropriate county. In some cases, local law enforcement may be called to request a well-check.

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A client is first asked if they are willing to allow us to work with that agency. Depending on the severity of the case, we will work with or without the client's consent. Other agencies may contact the Appalachian ADRC with emergency referrals such as Meals on Wheels, Mobile Meals or the local senior centers. In this case, the client is called and/or seen face-to-face during a home visit in order to determine the severity of the problem(s). Suicidal callers are taken seriously and active listening occurs to try to calm down the caller and 911 may be called at times when appropriate. Unfortunately, the caller may not know what resources are available to them (mental health, food assistance, caregiving assistance, etc.). Once the caller understands help is available, many reach out for that help. All actions and contacts related to the crisis call will be documented and entered into OLSA.

Objective 1.4: Insurance and Medicare Counseling

STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIAP) Senior Medicare Patrol (SMP)

Goal: Appalachian Region 1 SHIAP/SMP program will provide assistance and unbiased counseling services to enhance and increase awareness to beneficiaries throughout the region. Using one-on-one counseling sessions and community educational outreach events will empower these beneficiaries to make informed choices and will increase Appalachian Region 1 delivery of SHIAP/SMP services.

Objective: The State Health Insurance Assistance Program (SHIAP) is a statewide health insurance counseling service for Medicare beneficiaries and their caregivers. SHIAP is a counselor, volunteer driven program designed to assist consumers in making informed health insurance decisions. The mission of the program encompasses the provision of information to the public regarding Medicare and other senior health insurance options, rates and issues, and provides objective counseling, assistance, and advocacy relating to Medicare, Medicaid, Medicare supplement, prescription drugs and other health insurance. Additionally, the mission includes targeted outreach to beneficiaries enabling access to counseling and education. Funding for this vital program is provided by CMS, Centers for Medicare and Medicaid services. This program is mandated by Congress to provide free and objective information, counseling, and assistance to consumers, their adult children, caregivers, health care providers, and other advocates about Medicare and all other related health insurance. The Senior Medicare Patrol (SMP) investigates fraud and abuse and disseminates intentional and accidental incidents involving Medicare or Medicaid.

ACL/LGOA Discretionary Grants (as applicable)

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Performance Measure #1 Number of Contacts

Projected SHIAP/SMP Contacts - Appalachian Region 1

Year	In person	Telephone	Email	Mail	Fax	Total
2017	350	4460	40	250	60	5160
2018	360	4525	50	260	65	5260
2019	370	4550	60	270	70	5320
2020	380	4600	70	280	75	5405

- Expand the number of older adults utilizing SHIAP/SMP counseling to include one on one interaction with beneficiaries.

Strategies and Action Steps

- Referrals from community partners, agencies, caregivers and existing beneficiaries will increase number of contacts

Performance Measure #2 Outreach

Projected SHIAP/SMP Outreach Contacts - Appalachian Region 1

Year	Presentations	Booths	Media	Total
2017	719	1875	20,000	22,549
2018	769	1900	20,000	22,669
2019	819	1925	20,000	22,744
2020	869	1950	20,000	22,819

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Strategies and Action Steps

- Outreach efforts will include trained staff and volunteers to participate in aging venues throughout Region 1. Included in the venues will be senior centers, community-based organizations, faith-based organizations, health fairs, senior expos, conferences and contributions to regional magazines, as well as publicity on websites, local news and radio stations.

Performance Measure #3 Substantial Contacts

Projected SHIAP/SMP In-person and Telephone

Year	In person	Telephone	Total
2017	350	4460	4810
2018	360	4525	4985
2019	370	4550	4920
2020	380	4600	4980

Strategies and Action Steps

- Best practice for Appalachian Region 1 include assessing needs, identifying resources, and linking beneficiaries with resolution during initial contact.

Performance Measure #4 Medicare Beneficiary under 65

Projected SHIAP/SMP beneficiaries under 65 receiving or applying for benefits due to disability

Year	64 or younger
2017	1725
2018	1750
2019	1760
2020	1780

Strategies and Action Steps

- Appalachian Region 1 will continue partnerships with medical case managers, dialysis clinics, SSA, Department of Health and Human Services and other community agencies.

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Performance Measure #5 Unduplicated Low Income Client Contacts

Part D LIS	2017	2018	2019	2020
Eligibility/Screening	720	725	730	735
Application Assistance	260	270	280	290
Claims/Billing	23	20	10	5
Appeals/Grievance	5	0	0	0

MSP, Medicaid, MIPPA	2017	2018	2019	2020
Eligibility/Screening	730	735	740	745
Application Assistance	240	245	250	255
Claims/Billing	23	20	10	5
Appeals/Grievance	5	0	0	0

Strategies and Action Steps

- Appalachian Region 1 will maintain subsidy efforts throughout the region to include rural settings. SHIAP Counselors will continue subsidy screenings with every phone call and face to face appointment to increase MIPPA efforts.

Performance Measure #6 Enrollment Contacts

Part D	2017	2018	2019	2020
Part D Eligibility	1160	1170	1180	1190
Part D Benefit Explanation	1415	1420	1425	1430
Part D Comparisons	1008	1020	1032	1046
Enrollment Assistance	290	300	310	320

Advantage Plans	2017	2018	2019	2020
Part C Eligibility	390	395	400	405
Part C Benefit Explanation	499	510	519	528
Part C Comparisons	395	400	405	410
Enrollment Assistance	90	100	110	120

Medicare Supplement	2017	2018	2019	2020
Eligibility	269	275	280	285
Benefit Explanation	305	310	315	320
Comparisons	177	180	183	186

Strategies and Action Steps

Appalachian Region 1 Counselors will continue beneficiary education on negative marketing practices through insurance carriers to reduce high stress placed upon the beneficiary. SHIAP Counselors will continue unbiased research and provision of enrollment options.

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Performance Measure # 7 Enrollment Contacts

Part D only	2017	2018	2019	2020
Enrollment Assistance	290	300	310	320

Strategies and Action Steps

Appalachian Region 1 SHIAP Counselors will maintain staff and volunteers with current credentials equipped to meet enrollment needs.

Performance Measure # 8 Counselor Hours

Counselor Hours	2017	2018	2019	2020
Total Hours/Years	3200	3300	3400	3500

Strategies and Action Steps

- Appalachian Region 1 schedules SHIAP staff during business hours 7:30am through 5:00pm Eastern Standard Time, Monday through Friday to ensure availability for telephone coverage, scheduled appointment slots and walk in clients. During AEP, demand for assistance is higher so therefore volunteers and other SHIAP certified staff are utilized to assist callers and appointments.

Objective 1.6: Long Term Care Planning

The Appalachian AAA/ADRC provides resources and information, which aids in planning for individuals' long-term care needs.

Goal 2:

Enable older South Carolinians and people with disabilities to live in the community and access high quality long-term services and supports through the provision of home and community-based services, including support for families and caregivers.

Objective 2.1: Family Caregiver Support Program

The Family Caregiver Support Program (FCSP) strives to promote the development of quality, cost-effective programs for the Caregivers in our six-county region (Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg counties). The FCSP's primary task is to provide a single entry point for caregivers, service providers, community organizations and other individuals to receive current resource information on caregiving and long term care issues.

It is the wish of most elderly and disabled persons to age in place while receiving the ancillary resources available to them to be safe and as independent as possible. It is our task to provide the resource information to the caregivers to assist them in carrying out those wishes. While providing some financial assistance for respite care, supportive services and supplemental supplies, we can reduce some of the emotional and financial stress that could lead to long term placements due to fatigue and burnout of the caregivers.

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The FCSP's Seniors Raising Children's Program tasks are similar but often require a different approach for their needs due to age, health related issues, parenting skill sets, limited income, legal interventions and familial support. Respite and financial assistance lends itself more toward school supplies, afterschool programs and summer activities.

All FCSP initiatives promote a person centered approach as participants are provided with information in order to make an informed decision on issues confronting them with their immediate and long term needs.

There are 5 components of the FCSP:

- Information about services
- Assistance with access to services
- Counseling, organization of support groups/training
- Respite care
- Supplemental service

Long-Term Goals

- Provide most current/accurate resource information to CG's and their families
- Improve timeliness of service delivery
- Increase options for respite care
- Identify possible funding for summer activities
- Identify opportunities for individual/group counseling, support groups, and training to increase consumer choice
- Find meaningful activities for volunteer involvement

These long term goals shall be integrated into the Appalachian Family Caregiver Support Program. The following short term goals will enhance those goals and assist in increasing the viability to all components of the FCSP.

Goals and Outcomes

- Goal: Continue to provide current/accurate resource information to CG's and their families.
Outcome: Attend workshops/seminars/SHIP training and other educational opportunities to share with families increasing the ability of CG's to receive other respite funding while ruling out others to avoid unnecessary time-consuming applications that would be known to be futile, thus decreasing some of their frustrations.
- Goal: Provide annual training to services providers/caregivers/seniors raising children in the region on:
- Basics of the FCSP
 - Eligibility determination
 - Related diseases of Alzheimer's
 - Other funding options
 - Timelines for service delivery
 - SRC's program

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- Priority funding
- Outcome: Decrease inappropriate referrals that are time consuming to both CG and Caregiver Advocate and offer other funding options should the CG not qualify or be a priority.
- Goal: Expand informational opportunities to SRC groups to promote awareness of services and avenues to advocate for more funding especially through the Recurring State Respite funds.
- Outcome: Increased funding for summer programs for SRC which would assist with respite care and promote educational/social/remedial activities.
- Goal: Meet with/create questionnaire for various CG's in both FCSP and SRCP to identify where and if there might be occasions to utilize volunteers. What would the criteria be for that volunteer (age, educational level, skills, etc.)?
- Outcome: Expand options for respite or other needs identified by the CG's. Promote training opportunities to persons seeking to volunteer with elderly persons needing respite and SRC for children 0-18 years of age.
- Goal: Decrease the amount of time it takes to process an application, determine eligibility and provide the CG with either a voucher or letter of intent or ineligibility or non-priority.
- Outcome: Conduct an in-house review of FCSP's respite care/supplemental services procedures. Streamline where possible and identify any duplication, reducing waiting times for authorizations.
- Goal: Provide our communities with a forum to increase their knowledge of long term care opportunities that would allow them to make informed decisions concerning aging in place.
- Outcome: Families will make informed person centered decisions about themselves or loved ones as to the reality of being able to stay in the home safely physically and mentally within their financial means.
- Goal: Increase coordination with local public and private entities that promote the FCSP's mission of person centered development of a service delivery system to support CG's in our region.
- Outcome: Continue supporting grant options addressing the needs of CG's development of coping skills in the home. (REACH, Success in Aging, Clemson's Institute for Engaged Aging).
- Outcome: Promote development of more out-of-home respite options such as Adult Active Day programs geared toward the elderly.

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Goal: Expand partnerships with local public and private sectors to ensure awareness of services opportunities for persons with Alzheimer’s and dementia-related diseases.

Outcome: Participate in Health Fairs, Community Resources Forums, support groups and other identified opportunities to disseminate knowledge and literature in our region. Either FCSP or a representative of the AAA will attend/present a minimum of 2 events a quarter.

All goals are meant to enhance or continue with ongoing efforts to promote visibility of all services to eligible seniors and CG’s in our six-county region regardless of their eligibility for FCSP, Alzheimer’s Association or State Respite funding.

Staff

- Regional Caregiver Advocates are professional, caring individuals committed to providing quality services to the CG’s in their area.
- Staff provides services to clients based on the person center approach, individualizing their particular needs.
- Staff is AIRS-A certified.
- Staff has been cross trained in all core areas of the AAA including SHIP to provide a wide spectrum of services.
- Advocates have good working relationships with the Center for Success in Aging, Alzheimer’s Association, CLTC, VA, SS, Clemson University Center for Engaged Aging and all of the medical home care agency social workers.

Support Groups

- Alzheimer’s Association has support groups in every county in our region.
- There are Parkinson’s, mental health, grief, AIDS, Cancer and domestic violence groups available, to name a few.

Goal 3:

Empower older adults to stay active and healthy through Older Americans Act services and other non-OAA services provided through the LGOA and South Carolina Aging Network.

Objective 3.1: Evidence-Based Health Prevention and Wellness Programs

Increase the number of older adults participating in evidenced based, prevention and wellness programs by at least 5 percent.

Objective 3.2: Transportation Services

Serve more eligible older adults with transportation needs by coordinating a transportation system across all funding sources that enhances the lives of older adults in the Appalachian Region, giving them the ability to live independently for as long as possible in the community.

Objective 3.3: Nutrition Program and Services

Increase the number of eligible older adults attending the group dining program; ensure that the meals served are appetizing and appealing to group dining and home-delivered meals clients; increase

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wellness activities at group dining locations; and strengthen access to transportation for group dining and essential shopping.

Annual Performance Measures

- Work with group dining sites to ensure that eligible older adults are aware of the nutrition program and services offered in the community where they live;
- Decrease the amount of the meals that may be thrown away because the meals are not appealing or appetizing;
- At some centers, increase by one day exercise activities planned in a week;
- Increase the number of persons needing transportation by making potential clients aware of this service, where available.

Strategies and Action Steps

- Poll diners to get their feedback on satisfaction with the meals served. Take the information gathered to quarterly menu reviews that are held with the caterers. In effect, making changes to items on the menus that the diners indicate are not being eaten.
- Conduct a consumer satisfaction survey quarterly at select group dining site(s), rotating counties quarterly, to gauge satisfaction with the meals and facilities and get suggestions on what needs improving;
- Work with providers to encourage use of on-site exercise equipment, videos, and partnerships with local gyms and/or fitness businesses to volunteer to instruct in low impact exercise, yoga, tai chi, etc., or do a train-the-trainer program to instruct staff;
- Work with providers to expand use of evidence-based programs funded through the Title III-D program to complement wellness programs with arthritis exercise, Zumba, stretching, yoga, and outside walking activities;
- Monitor waiting lists for requests for transportation to group dining, essential shopping, medical and recreational activities to minimize barriers that contribute to isolation.

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SENIOR CENTERS AND GROUP DINING SITES

Region County	Site	Days Meals Served
SENIOR SOLUTIONS*	Anderson Senior Center	M-F
Anderson	Jim Ed Rice Center	M-F
Anderson	Belton	M-F
Anderson	Honea Path	M-F
Anderson	Pendleton	MWF
Anderson	Williamston	MTuTh
Oconee	Oconee Senior Center	M-F
SR. CENTERS OF CHEROKEE CO.*	Gaffney Senior Center	M-F
Cherokee	Blacksburg	M-F
Cherokee	Gaffney	M-F
SENIOR ACTION*	SENIOR ACTION SENIOR CTR	M-F
Greenville	Needmore/Greer	M-F
Greenville	Piedmont	M-F
Greenville	Orchard Park	M-F
Greenville	Sterling	M-F
Greenville	Slater	MWThF
Greenville	Freetown Community Ctr.	M-W
Greenville	Mt. Pleasant Community Ctr.	M-W
Greenville	David Hellams Comm. Ctr.	M-F
Greenville	Westside Aquatic Center	M-F
PICKENS COUNTY MEALS ON WHEELS	Pickens Senior Center	M-F
Pickens	McKissick Center	M-F
SPARTANBURG COUNCIL ON AGING		M-F
Spartanburg	Northwest Center	M-F
Spartanburg	Pacolet	M-F
Spartanburg	Woodruff Leisure Center	MWF
Spartanburg	Timken Community Ctr. (Cowpens)	M-W
Spartanburg	Boiling Springs Comm. Ctr.	Tu&Th
Spartanburg	Middle Tyger Comm. Ctr. (Lyman)	M&Th

*Focal Point Agency

MWF – Monday, Wednesday & Friday

Tu-Th –Tuesday & Thursday

M-F – Monday thru Friday

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Objective 3.4: Enhancing Appalachian’s Senior Centers

Create and support senior centers that offer vibrant activities and multiple services aiding older adults to live independently in the community for as long as possible. It is the goal of the Appalachian AAA/ADRC to make all senior centers focal points for older adults in the region.

Strategies and Action Steps

- Evaluate and modify, as needed, the Senior Center program and provide support to senior centers that are striving to meet the needs of the current population and to embrace the needs of the emerging baby boomer population.
- Provide incentives for senior centers that develop and implement programming geared for meeting the needs of the baby boomers.
- Senior centers are encouraged to use the National Council on Aging’s established senior center standards and to model their best practice facilities, resulting in accredited and successful senior centers.
- Conduct site visits to assess operations, services, and activities.
- Enforce state and federal guidelines for senior centers and have open accountability processes to assure the required practices are adhered to each day at the centers and meal sites.
- Work with the contractors to offer more availability of evidence-based activities for adults at senior centers.

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Objective 3.6: Emergency Preparedness and Coordination

ACCESS INFORMATION FOR EMERGENCY PREPAREDNESS ACTIVITIES

REGION: I – APPALACHIAN	FISCAL YEAR 2017-2018
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ANY CHANGES TO THIS INFORMATION MUST BE REPORTED TO THE AAA, EPO, AND LGOA WITHIN TEN WORKING DAYS

COORDINATING AGENCIES (Agency Name & Address)	EMERGENCY CONTACT STAFF (Names and Job Titles)	CONTACT NUMBER After Business Hours
Area Agency on Aging		
S.C. Appalachian COG/AAA 30 Century Circle P.O. Box 6668	Tim Womack, AAA/ADRC Director Heather Sains, Aging Finance Jessica Winters, Long Term Care Ombudsman Supervisor	864-282-1953;864-907-0973 cell 864- 864-316-0011 cell
Area Agency Contractors		
Senior Action, Inc. 50 Directors Dr. Greenville, SC 29615	Andrea Smith, CEO	864-801-1351;864-303-5974
Senior Solutions 3420 Clemson Blvd. Anderson, SC 29621	Doug Wright, CEO Teresa Martin	864-933-0929 cell 864-378-6441 cell
Senior Centers of Cherokee 499 West Rutledge Ave. Gaffney, SC 29340	Amy Turner, Executive Director	864-489-7094;864-4812-0365 cell
Spartanburg Regional Foundation (Spartanburg Council on Aging) 101 East Wood St. Spartanburg, SC 29303	Amie Busbee	864-560-6729 cell
Pickens County Meals on Wheels 349 Edgemont Ave. Liberty SC 29657	Meta Bowers, Executive Director Marsha Robertson	864-884-7240 cell 864-787-6944 cell
S. C. Legal Services 701 South Main Street Greenville, SC	Kimaka Nichols-Graham, Attorney	864-679-3259
Senior Catering 314 Main St., Little Mountain, SC 29075	Judy Milhan	803-479-7511 cell
Senior Catering Newberry Kitchen	Donnie Edwards	800-768-8922;803-276-7350 (H)

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Emergency Preparedness Offices		
Anderson County	Taylor Jones	864-332-5751/5726
Cherokee County	Rick Peterson	864-487-2540/2590;761-6189 cell
Greenville County	Damon Hubber	864-467-2680
Oconee County	Scott Krein	864-638-4200
Pickens County	Denise Kwiatek	864-898-5945
Spartanburg County	Doug Bryson	
Volunteer Organizations Active in Disasters		
American Red Cross Upstate Chapter	Ann Wright	864-271-8222
American Red Cross Cherokee Chapter	Kathy Rogers	864-638-5919
American Red Cross Piedmont Chapter	Jane Morris	864-533-8000
Lt. Governor's Office on Aging	Jordan Newman	803-734-0533

Goal 4:

Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation.

Objective 4.1: Long Term Care Ombudsman Program (LTCOP)

Goal 4: Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the Regional Long Term Care Ombudsman Program.

Objective 4.1: Regional Long Term Care Ombudsman Program (RLTCOP)

Recognize and execute strategies to ensure that the Regional Long Term Care Ombudsman Program is more effective and proficient in advocating for all residents in long-term care facilities throughout Region 1. This will in turn improve the resident's quality of life and quality of care.

Objective 4.1.1 Increase resident and family access to advocacy services.

Annual Performance Measures

- Continue to complete 100% of all friendly visits to facilities in Region 1 quarterly.
- Increase the number of calls for consults and complaint resolution to the regional office.
- Increase the number of Volunteer Ombudsman in Region 1 by at least 10 active volunteers annually.

Strategies and Action Steps

- Create new literature about the Regional LTCO Program and the services we offer to distribute to facilities, the community and residents/families.
- Encourage residents and families during friendly visits to contact our office for advice or mediation.
- Recruit, interview and train volunteers with at least 2 annual training sessions at the Regional Office.

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- Have at least 3 recruitment events planned quarterly (to include meet and greets, health fairs, senior expos, group presentations, etc.)
- Conduct quarterly on-going training for volunteer ombudsman and one annual recognition event.

Objective 4.1.2 Empower residents and their families to resolve concerns through self-advocacy.

Annual Performance Measures

- Increasing community awareness of the Regional Long Term Care Ombudsman Program.
- Expand the number of Resident and Family Councils in Region 1.
- Increase participation of families and residents in recognizing and advocating for the resident's rights.

Objective 4.1.3 Expand outside partnerships to help prevent abuse, neglect and exploitation of the elderly.

Annual Performance Measures

- Increase community awareness of elder abuse.
- Increase law enforcement awareness of elder abuse and exploitation in long-term care facilities.
- Increase outside organizations' and agencies' awareness of the Long Term Care Ombudsman Program

Strategies and Action Steps

- Participate in at least 1 community education event (health fairs, senior expos, senior farmer's market) each quarter to raise awareness of elder abuse
- Host an annual workshop with local law enforcement to discuss elder abuse, exploitation and the role of the Ombudsman Program
- Participate in interagency meetings in the region and try to create a group that includes local law enforcement, legal services, etc., to work together on ANE issues throughout the region.

Objective 4.1.4 Improve efforts to address facility-wide or statewide issues and problems experienced by residents.

Annual Performance Measures

- Increase education of facility staff, residents and families
- Increase Ombudsman awareness of facility issues regionally and statewide

Strategies and Action Steps

- Develop training modules on specific topics that need to be addressed in facilities and to families:
 - o Dementia Education
 - o Abuse, Neglect and Exploitation and Reporting
 - o Resident's Rights
 - o Dealing with Difficult Behaviors
 - o Communication
- Increase facility in-service staff training by 5 percent
- Continue to participate in trainings and conferences that educate Long Term Care Ombudsman

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Goal 5:

Maintain effective and responsible management of OAA and State-funded services offered through the LGOA and administered through the nine contractors of service.

Objective 5.1: Programmatic Monitoring

Provide fiscal and programmatic compliance review to ensure programs and services are operating in accordance to the OAA, state and regional requirements.

Annual Performance Measures

- Monitor contractors of service annually.
- Revise/Update the Appalachian AAA/ADRC Policies and Procedures manual and the Nutrition Services manual as needed.
- Hold contractor meetings every other month.
- Review contracts annually to ensure that they meet programmatic and fiscal requirements.

Strategies and Action Steps

- Enact policies and procedures, which create a strong working environment where all requirements of the Older Americans Act, LGOA's Policy and Procedure manual, and the Appalachian AAA/ADRC are followed as required.
- Submit Quality of Assurance reports to the LGOA.
- Provide technical assistance to the contractors of service regarding fiscal and programmatic management, budgeting and reporting.
- Review contractor expenditures monthly and compare the number of clients served as reported in AIM to determine if programs and services are on target with performance goals to meet contract requirements.
- Implement revision of the LGOA assessment policy.
- Evaluate waiting lists to determine those of most need are being served.
- Ensure the Appalachian AAA/ADRC staff is well-trained and has access to the best technology and software within available resources.

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ATTACHMENT A: Area Plan Assurances and Required Activities

AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES by the Older Americans Act, As Amended in 2006

(Copied from the ACL State Plan Instructions)

The Older Americans Act (OAA) requires the Lieutenant Governor's Office on Aging (LGOA) to make assurances in its State Plan that the conditions of the OAA are strictly followed and executed in the State of South Carolina.

As an Area Agency on Aging in South Carolina, your organization is responsible for implementing the requirements of the OAA as stipulated in these assurances. The AAA also commits to supporting the LGOA in the delivery of aging services based on the stipulations set forth by the South Carolina Aging Network's Policies and Procedures Manual.

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 individuals with 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 use of 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 the needs of low-income minority older individuals and older individuals residing in rural areas.

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(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 plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) 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 service area will be expended for the delivery of each of the following categories of services-

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

in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the 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 residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (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—

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

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

(III) meet specific objectives established by the 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 older individuals residing in rural areas in the planning and service area;

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems 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 will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each 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 to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying 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 expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) 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-

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

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the 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 the planning and service area, to older Native Americans.

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

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(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--

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

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

(14) Each area agency on aging shall provide assurances that funds received under this title 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 not carried out to implement this title.

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

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

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

(17)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 other institutions 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

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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--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or 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;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) 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 Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an 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 year 2000.

(10) 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--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division

(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

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee 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

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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 able to 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.

(12) 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 that any 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 activities for--

(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 through outreach, 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 agencies where appropriate.

(13) 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.

(15) 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—

(A) 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 number of such older individuals who are of limited English-speaking ability; and

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(B) to designate an individual employed by the area agency on aging, or available to 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 assistance under 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.

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

(i) older individuals residing in rural areas;

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

(iii) older individuals with 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;

(iv) older individuals with severe disabilities;

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

(vi) older individuals with Alzheimer’s disease and related disorders with neurological and 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.

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

(18) 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--

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- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
 - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
- (19) The plan shall include the assurances and description required by section 705(a).
- (20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
- (21) The plan shall
- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
 - (B) 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 this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
- (22) 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).
- (23) The plan shall provide assurances that demonstrable efforts will be made--
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
 - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.
- (24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.
- (25) 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.

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(26) The plan shall provide assurances that funds received under this title will not be used to 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.

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 it contains assurances that no amounts received by the State under this paragraph will be used to 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 through use of amounts received under this paragraph.

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

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of 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.

(2) 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.

(3) 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.

(4) 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 funds that 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.

(5) 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 entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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- (A) 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--
- (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) 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
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
- (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) 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
 - (iii) upon court order

Verification of Older Americans Act Assurances

By signing this document, the authorized officials commit the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006 (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, the Lieutenant Governor's Office on Aging's (LGOA's) Multigrant Notification of Award Terms and Conditions, and to individual LGOA programmatic policies and procedures.

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Area Agency on Aging

Planning Service Area Director

Date

Area Agency on Aging Director

Date

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ATTACHMENT B: 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, 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 plan.

Appalachian AAA/ADRC Response

Starting on July 1, 2017, all client assessments will be done by the Appalachian AAA/ADRC. By doing these assessments, we will be able to ensure that seniors with the greatest economic and social needs are served by our contractors. All clients are given an AIM priority score. They are placed on the appropriate waiting list(s), if there is a waiting list. Contractors will pull the client with the next highest priority score when an opening exists.

Section 306(a)(17)

Describe the mechanism(s) for assuring that 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 other institutions that have responsibility for disaster relief service delivery.

Describe the AAA's protocols to deliver group dining and home-delivered meals, transportation, and home care during an emergency. (The AAA shall collaborate with providers to develop an emergency service delivery plan for group dining and home-delivered meals, transportation, and home care. The emergency plan shall also cover general agency operations during periods of crisis, hazardous weather, unscheduled closings, and any other emergency situations.)

Appalachian AAA/ADRC Response

The AAA/ADRC and local contractors are required to have a written disaster plan in place. Routine contact with each county's Emergency Management Director and staff is held to discuss strategies and action steps needed to ensure the safety and well-being of our senior population. Current contact information for state and local agencies, relief organizations, AAA/ADRC staff, and staff members of contractors will be kept updated in the event of a disaster.

Shelf-stable meals are given to home delivered and congregate diners in the event of weather related emergencies. Those clients that lack family or community support are identified during the assessment process, and are checked upon during an emergency. Transportation providers are encouraged to communicate with county officials to implement any needed evacuation of seniors.

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The entire Aging Services staff at the AAA/ADRC will assist our contractors in helping the senior community in the event of a disaster.

Operations

The Executive Director of the Appalachian Council of Governments will coordinate with key staff to establish that staff members are safe and have the ability to assist in any disaster efforts of the agency. Clients that are served by the ACOG/AAA, in particular those frail clients with limited ability to function during a disaster, will be contacted by the service providers within the region in order to identify their ability to shelter in-place. The LGOA assessment has provided some necessary basic information about the client's ability to prepare for emergencies. AAA staff will coordinate with other disaster response agencies to meet the needs of those clients. The ACOG/AAA will contact the services providers to identify their ability to provide services and provide technical assistance as needed.

Disaster Communications

During a response phase, the ACOG/AAA plans to be in contact with its staff, service providers and RAAC members initially to provide any and all information regarding dangerous inclement weather. The AAA Director receives email weather condition warnings from the state office and passes these along to all the above. All of the senior centers could be utilized as warming centers and short-term shelters. The service provider directors would need to work with their local emergency management for designating those shelters as needed. In the event that the ACOG/AAA is contacted by local/state/federal emergency management agencies, the Executive Director and AAA Director will assign staff to community disaster centers.

The AAA Director will contact the LGOA within 24-48 hours of a disaster with a report. This report will communicate the impact of the disaster on the region, clients and their services and how the ACOG/AAA, emergency management, service providers and other coordinating agencies have responded to the needs of the service population. The ACOG/AAA will convey all necessary information to LGOA per the report via emails as able and required.

During a recovery phase, the AAA staff will continue to work with service providers, especially local senior centers, to restore program basics and routine services. The ACOG/AAA will identify disaster relief assistance and make that information available to all service providers. The ACOG/AAA will also use the disaster as an opportunity to review the response of the agency, identify both the successes and shortcomings of the disaster effort in order to make revisions to the response effort for future planning. The ACOG/AAA will keep in contact with LGOA to provide updated status reports on the issues that have been resolved and the incurred costs during the disaster response and recovery phase to be reported as needed and required.

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Organization and Assignment of Responsibility

The AAA Director will be the key personnel responsible for coordinating the disaster preparedness and efforts in the response and recovery phases, with assistance from the ACOG Executive Director. The Regional Ombudsman and program staff will contact the long term care and assisted living facilities to check on the disaster efforts as part of their plans to keep their residents safe. The AAA staff over dining sites and AAA Director will contact the service providers. All other duties will be assigned by the AAA and ACOG Executive Director.

Continuity of Agency

As an event occurs, the AAA Director will contact the ACOG Executive Director to determine the geographic area involved in the disaster, the severity of the disaster, and preliminary response of the ACOG/AAA. Preliminary staff assignments will be determined by the AAA Director. Once assignments have been determined, a telephone tree will be initiated to contact the AAA staff. In the event that telephone contact is not possible, the staff will report to the ACOG office or any preliminary designated alternative sites as available.

The ACOG/AAA will coordinate with during a disaster:

- FEMA
- Local Divisions of Emergency Management
- Local Chapter of the Red Cross
- Local City and County Officials
- Senior Centers
- Public Health Departments
- County DSS
- Hospitals
- Regional Mental Health Providers

Plan Development and Maintenance

Emergency planning documents are required as part of the RFP process for services in the Appalachian region. Part of the region's planning will depend on the more localized providers in reference to the disaster site(s). As procurement cycles will continue, the emergency plans of the service providers will be updated. As the AAA develops more relationships to address emergency needs, the emergency plan document will be updated.

Administration, Finance and References

The AAA staff maintains a copy of their timesheet via computer. All staff time will continue to be recorded on the approved timesheet. Time designated to disaster efforts or overtime would be recorded so that it can be tracked appropriately. In the event that staff can't access their computers, handwritten copies of the timesheets will be completed.

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The ACOG Finance director and Aging Department finance staff person will be responsible for tracking supplies that are utilized during a disaster response. The aging finance staff person will log and tally those items and expenses and submit the information to the Finance Director and AAA Director.

Staff and service providers will continue to utilize the same forms that are typically used to record service delivery to show the type and amount of service provided. However, staff and service providers will be instructed to denote what services were provided in regard to the disaster.

The form that is currently used for intake will continue to be utilized during an emergency. The AAA has a Department of Elder Affairs Planning Tool for Rapid Needs Evaluation that can also be utilized in the case of an emergency.

Any contracted services will be prior approved by the ACOG Executive Director and AAA Director. The aging finance staff person will maintain records for any contracted services required during a disaster. Those expenses and the documentation will be forwarded to the AAA Director at the end of one month after the disaster.

The ACOG has a form in which to document personal expenses during a disaster. The AAA staff will maintain a copy of this form with their Phone Tree so that it will be accessible and can immediately begin logging those items as they are incurred. The AAA staff will submit these expenses along with travel expenses to the AAA Director after the recovery phase of the disaster is completed.

The ACOG will provide staff with a form in which to document telephone calls during a disaster. The staff will maintain a copy of this form with the Phone Tree so that it will be accessible and they can immediately begin tracking those calls.

During the recovery phase, AAA staff will contact service providers, long term care facilities and assisted living facilities to determine the extent of the disaster and the impact on their current operations and standards of living. Those findings will be reported to the LGOA as needed. The ACOG Executive Director and AAA Director will maintain contact with local/state/federal emergency services for preliminary information. During this phase, the ACOG/AAA will again rely on information from service providers, clients and other community service agencies as well as reports from FEMA, local divisions of emergency management, local American Red Cross, and city and county officials.

Operation Check List

- ACOG Executive Director contacts key staff
- Activate AAA phone tree
- Regional Ombudsman contacts long term care facilities
- AAA staff contacts RAAC and service providers
- Staff documents time, phone calls and expenses during disaster
- Maintain contact with local/state/federal emergency service agencies

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- Contact LGOA within 24-48 hours with report of situation and issues
- Maintain time, personal and agency expenses
- Follow-up with LGOA as needed
- Maintain all records for possible emergency funds from SC4A and AoA/ACL
- Send final report to LGOA
- Make report to RAAC and ACOG Board of Directors at next available meetings

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.

Appalachian AAA/ADRC Response

Starting on July 1, 2017, all client assessments will be done by the Appalachian AAA/ADRC. By doing these assessments, we will be able to ensure that seniors in rural areas with the greatest needs are served by our contractors. All clients are given an AIM priority score. They are placed on the appropriate waiting list(s), if there is a waiting list. Contractors will pull the client with the next highest priority score when an opening exists. All contractors must serve the entire county, whether it is urban or rural.

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 older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Appalachian AAA/ADRC Response

Starting on July 1, 2017, all client assessments will be done by the Appalachian AAA/ADRC. By doing these assessments, we will be able to ensure that seniors who are minorities or with a limited English proficiency and with the greatest needs are served by our contractors. All clients are given an AIM priority score. The score given by AIM will reflect minority status and that of individuals with limited English proficiency. They are placed on the appropriate waiting list(s), if there is a waiting list. Contractors will pull the client with the next highest priority score when an opening exists. All contractors must serve the entire county, regardless of race or language barriers.

Section 307(a)(29)

The plan shall include information detailing how the AAA will coordinate activities, and develop long-range emergency preparedness plans, with local emergency response agencies, relief organizations,

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local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery. Describe the involvement of the PSA Director and AAA Director in the coordination and implementation of emergency management plans.

Appalachian AAA/ADRC Response

The AAA/ADRC and local contractors are required to have a written disaster plan in place. Routine contact with each county's Emergency Management Director and staff is held to discuss strategies and action steps needed to ensure the safety and well-being of our senior population. Current contact information for state and local agencies, relief organizations, AAA/ADRC staff, and staff members of contractors will be kept updated in the event of a disaster.

Operations

The Executive Director of the Appalachian Council of Governments will coordinate with key staff to establish that staff members are safe and have the ability to assist in any disaster efforts of the agency. Clients that are served by the ACOG/AAA, in particular those frail clients with limited ability to function during a disaster, will be contacted by the service providers within the region in order to identify their ability to shelter in-place. The LGOA assessment has provided some necessary basic information about the client's ability to prepare for emergencies. AAA staff will coordinate with other disaster response agencies to meet the needs of those clients. The ACOG/AAA will contact the services providers to identify their ability to provide services and provide technical assistance as needed.

Disaster Communications

During a response phase, the ACOG/AAA plans to be in contact with its staff, service providers and RAAC members initially to provide any and all information regarding dangerous inclement weather. The AAA Director receives email weather condition warnings from the state office and passes these along to all the above. All of the senior centers could be utilized as warming centers and short-term shelters. The service provider directors would need to work with their local emergency management for designating those shelters as needed. In the event that the ACOG/AAA is contacted by local/state/federal emergency management agencies, the Executive Director and AAA Director will assign staff to community disaster centers.

The AAA Director will contact the LGOA within 24-48 hours of a disaster with a report. This report will communicate the impact of the disaster on the region, clients and their services and how the ACOG/AAA, emergency management, service providers and other coordinating agencies have responded to the needs of the service population. The ACOG/AAA will convey all necessary information to LGOA per the report via emails as able and required.

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During a recovery phase, the AAA staff will continue to work with service providers, especially local senior centers, to restore program basics and routine services. The ACOG/AAA will identify disaster relief assistance and make that information available to all service providers. The ACOG/AAA will also use the disaster as an opportunity to review the response of the agency, identify both the successes and shortcomings of the disaster effort in order to make revisions to the response effort for future planning. The ACOG/AAA will keep in contact with LGOA to provide updated status reports on the issues that have been resolved and the incurred costs during the disaster response and recovery phase to be reported as needed and required.

Organization and Assignment of Responsibility

The AAA Director will be the key personnel responsible for coordinating the disaster preparedness and efforts in the response and recovery phases, with assistance from the ACOG Executive Director. The Regional Ombudsman and program staff will contact the long term care and assisted living facilities to check on the disaster efforts as part of their plans to keep their residents safe. The AAA staff over dining sites and AAA Director will contact the service providers. All other duties will be assigned by the AAA and ACOG Executive Director.

Continuity of Agency

As an event occurs, the AAA Director will contact the ACOG Executive Director to determine the geographic area involved in the disaster, the severity of the disaster, and preliminary response of the ACOG/AAA. Preliminary staff assignments will be determined by the AAA Director. Once assignments have been determined, a telephone tree will be initiated to contact the AAA staff. In the event that telephone contact is not possible, the staff will report to the ACOG office or any preliminary designated alternative sites as available.

The ACOG/AAA will coordinate with during a disaster:

- FEMA
- Local Divisions of Emergency Management
- Local Chapter of the Red Cross
- Local City and County Officials
- Senior Centers
- Public Health Departments
- County DSS
- Hospitals
- Regional Mental Health Providers

Plan Development and Maintenance

Emergency planning documents are required as part of the RFP process for services in the Appalachian region. Part of the region's planning will depend on the more localized providers in reference to the

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disaster site(s). As procurement cycles will continue, the emergency plans of the service providers will be updated. As the AAA develops more relationships to address emergency needs, the emergency plan document will be updated.

Administration, Finance and References

The AAA staff maintains a copy of their timesheet via computer. All staff time will continue to be recorded on the approved timesheet. Time designated to disaster efforts or overtime would be recorded so that it can be tracked appropriately. In the event that staff can't access their computers, hand written copies of the timesheets will be completed.

The ACOG Finance director and aging department finance staff person will be responsible for tracking supplies that are utilized during a disaster response. The aging finance staff person will log and tally those items and expenses and submit the information to the Finance Director and AAA Director.

Staff and service providers will continue to utilize the same forms that are typically used to record service delivery to show the type and amount of service provided. However, staff and service providers will be instructed to denote what services were provided in regard to the disaster.

The form that is currently used for intake will continue to be utilized during an emergency. The AAA has a Department of Elder Affairs Planning Tool for Rapid Needs Evaluation that can also be utilized in the case of an emergency.

Any contracted services will be prior approved by the ACOG Executive Director and AAA Director. The aging finance staff person will maintain records for any contracted services required during a disaster. Those expenses and the documentation will be forwarded to the AAA Director at the end of one month after the disaster.

The ACOG has a form in which to document personal expenses during a disaster. The AAA staff will maintain a copy of this form with their Phone Tree so that it will be accessible and can immediately begin logging those items as they are incurred. The AAA staff will submit these expenses along with travel expenses to the AAA Director after the recovery phase of the disaster is completed.

The ACOG will provide staff with a form in which to document telephone calls during a disaster. The staff will maintain a copy of this form with the Phone Tree so that it will be accessible and they can immediately begin tracking those calls.

During the recovery phase, AAA staff will contact service providers, long term care facilities and assisted living facilities to determine the extent of the disaster and the impact on their current operations and standards of living. Those findings will be reported to the LGOA as needed. The ACOG Executive Director and AAA Director will maintain contact with local/state/federal emergency services for preliminary information. During this phase, the ACOG/AAA will again rely on information from

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service providers, clients and other community service agencies as well as reports from FEMA, local divisions of emergency management, local American Red Cross, and city and county officials.

Operation Check List

- ACOG Executive Director contacts key staff
- Activate AAA phone tree
- Regional Ombudsman contacts long term care facilities
- AAA staff contacts RAAC and service providers
- Staff documents time, phone calls and expenses during disaster
- Maintain contact with local/state/federal emergency service agencies
- Contact LGOA within 24-48 hours with report of situation and issues
- Maintain time, personal and agency expenses
- Follow-up with LGOA as needed
- Maintain all records for possible emergency funds from SC4A and AoA/ACL
- Send final report to LGOA Board of Directors at next available meetings

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ATTACHMENT C: AAA Funding and Fiscal Oversight

COMPETITIVE PROCUREMENT

APPALACHIAN COUNCIL OF GOVERNMENTS

PERSONNEL AND OPERATIONS MANUAL

Policy Number 9-1 Purchasing Procedures (Less Than \$15,000)

Small Purchasing Procedures

To fill the needs for supplies and services, the following purchasing procedures are to be followed by all staff members for all purchases under \$15,000 (except for travel expenses, committee meals, renewal of contracts, and recurring expenses, i.e., utility bills, telephone, office rent and other costs associated with approved contracts). Purchase orders are not required on prepaid subscriptions, publications, registrations, memberships, and maintenance agreements.

For a purchase to be valid, the Finance Department requires an original invoice with an invoice number and purchase price and a receiving report or packing slip. Order confirmations are not invoices.

Note that catering services for meetings shall not exceed **\$8.00** per person without prior approval of the Executive Director.

<i>Step</i>	<i>Action</i>	<i>Responsible Party</i>
1	The staff member should prepare and submit a check requisition to his/her Department Director prior to when the goods or services are required, indicating the estimated cost.	Staff Member
2	The Department Director shall determine that the item or service is authorized by the budget and that funds are available for purchase, sign and send check requisition to the Director of Administration, attaching necessary supporting information.	Department Director
3	If the item is not on the state contract, quotes will be obtained based on the dollar value of the item, as indicated below.	Director of Administration

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<i>Step</i>	<i>Action</i>	<i>Responsible Party</i>
4a	<\$300: An order shall be placed with a vendor most advantageous to the Council of Governments. (The purchasing procedures outlined elsewhere in this policy may be eliminated if a term contract exists on a specific item and the contract was awarded according to regular purchasing procedures.)	Director of Administration
4b	Between \$300 and \$5,000: The Director of Administration shall obtain at least two informal quotations, if possible, and inform the Executive Director of the results.	Director of Administration
4c	Between \$5,001 and \$10,000: The Director of Administration will obtain the Executive Director's approval to obtain three (3) or more written quotations, proposals, or bids as appropriate. The bids or quotes should be based on specifications approved by the Executive Director.	Director of Administration
4d	Between \$10,001 and \$15,000: The Director of Administration will obtain five (5) or more written quotations, proposals, or bids as appropriate based on specifications approved by the Executive Director.	Director of Administration
5	The Executive Director shall award a contract to the vendor most advantageous to the COG. The Director of Administration should maintain records of quotes for at least one year.	Executive Director
6	The Director of Administration shall prepare the purchase order, obtain the signature of the Executive Director, and send copy Number 1 to the vendor for all purchases over \$300, and maintain copy Number 2 with requisition in the suspension file.	Director of Administration
7	The Director of Administration shall hold the purchase order copy and requisition until requested material is received or service performed, delivered to originator, and obtain their signature that the item has been received. The Director of Administration shall reconcile purchase order to invoice; then date, sign, and attach invoice and packing slip, if available, and send to the Finance	Director of Administration

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<i>Step</i>	<i>Action</i>	<i>Responsible Party</i>
	Officer for payment.	
8	The Finance Officer shall check extensions of Finance Officer invoice, prepare check, attach to collated requisition, purchase order and invoice, send to responsible official for signing.	Finance Officer
9	A Department Director or the Executive Director shall sign check, cancel invoice and return to Finance Officer for posting and mailing.	Department Director or Executive Director
10	The Finance Officer shall post checks, send original check and a copy of the invoice to vendor as payment, file check copy, invoice, purchase requisition, and purchase order copies in file.	Finance Officer

Policy Number 9-2 Purchasing Procedures (Greater than \$15,000)

The acquisition of all services, equipment, or construction by the Council of Governments in an amount of \$15,000 or more will be acquired according to the following procedures.

<i>Step</i>	<i>Action</i>	<i>Responsible Party</i>
1	The staff member should prepare and submit a properly completed check requisition to his/her Department Director in advance of the time goods or services are required. The cost of the item or service must be indicated on the form.	Staff Member
2	The Department Director shall determine that the item or service is authorized by the budget and that funds are available for purchase, sign and send check requisition to the Director of Administration, attaching necessary supporting information.	Department Director
3	The Director of Administration shall check to see if the item can be purchased on State contract.	Director of Administration

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Step	Action	Responsible Party
4	<p>The Department Director shall prepare request for bids and specifications or request for proposals, list the potential vendors, and prepare proposed newspaper legal advertisement. The newspaper advertisement should include:</p> <ol style="list-style-type: none"> 1) Brief scope of services; 2) Name and telephone number of the person to contact for a copy of the RFP or bid specifications; 3) Deadline for submitting proposal or bids; and 4) Statement that the Council of Governments does not discriminate. 	Department Director
5	The Executive Director shall review and approve the requests for bids and specifications or RFP's, list of vendors and proposed newspaper advertisement.	Executive Director
6	The Department Director shall send out RFP's or bid request to list of vendors and advertise in Anderson, Greenville, and Spartanburg papers. He/she shall allow a minimum of ten (10) calendar days for submission of proposals or bids.	Department Director
Process for Bidding:		
7	The Department Director shall hold public bid opening at time and place announced, and tabulate bids, and the Executive Director shall submit results to the Council Executive Committee for selection of a successful bidder.	Department Director
8	The Director of Administration and Finance Officer shall follow procedures 5-9 of the Small Purchases Procedure (Policy 9-3).	Director of Administration/ Finance Officer
Process for Proposals and Subcontracting:		
7	The Department Director shall review proposals and submit the best three to the appropriate committee for approval.	Department Director
8	The appropriate committee shall select the best proposal.	Appropriate Committee
9	The Executive Director shall submit committee recommendations to Council	Executive

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Step	Action	Responsible Party
	for Executive Committee approval.	Director
10	The Council Executive Committee reviews and approves selection.	Executive Committee
11	In the event that there is only one proposal submitted, the Executive Director shall, if appropriate, request approval from the funding agency for employment of the contractor.	Executive Director
12	The Department Director shall prepare draft contracts with successful bidder using "Guide Form for Personal Services Contract" and "Additional Provisions" as appropriate and submit draft contract to the Executive Director	Department Director
13	The Executive Director shall review and approve or require revisions to draft contract, initial and return to appropriate Department Director.	Executive Director
14	The Department Director shall finalize contract, attach Document Certification Form with at least three final copies of the contract and shall submit to the Finance Director.	Department Director
15	The Finance Director shall review the final contract and submit it to the Executive Director for signature.	Finance Director
16	The Executive Director shall sign the contract	Executive Director
17	Following the signature by the Executive Director, the Department Director shall obtain the subcontractor's signature.	Department Director
18	The Department Director shall have an original copy of the contract filed in the finance department and in central files.	Department Director

Policy Number 9-3 Assistance to Minority Owned Businesses

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The Appalachian Council of Governments believes that it is in the Council's best interest to assist minority-owned businesses to develop fully as part of the Council's policies and programs, which are designed to promote balanced economic and community growth throughout the region. The Appalachian Council of Governments, therefore, wishes to ensure that those businesses owned and operated by minorities are afforded the opportunity to fully participate in the overall procurement process of the Council. The acquisition of all services, equipment, or construction by the Council of Governments will be acquired according to the following procedures:

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Step	Action	Responsible Party
1	The Director of Administration will maintain a list of all minority-owned businesses certified by the State Small and Minority Business Assistance Office (SMBAO).	Director of Administration
2	All minority vendors in the six-county region that are certified by the SMBAO, and that provide the appropriate services, equipment, or construction, will be included in all bid requests or RFP's as outlined in the purchasing procedures in Policies 9-1 and 9-2.	Director of Administration and Department Director

Policy Number 9-4 Subcontracting Procedures

The subcontracting procedures of the Council parallel the large purchases procedure (Policy 9-2) of the Council. This procedure is as follows:

- a. Following the selection of a subcontractor by the Council, the appropriate Department Director will draft a contract using as a model "Guide Form for Personal Services Contract" and "Additional Contract Provisions."
- b. This draft will be submitted to the Finance Director for review and discussion.
- c. Following approval of the draft by the Finance Director, the Department Director will prepare final copies of the contract.
- d. The Department Director will complete a Document Certification Form, attaching at least three (3) unsigned copies of the contract, and submit this to the Finance Director.
- e. After reviewing the final contract and checking financial ramifications, the Finance Director will sign the Document Certification Form and submit the final contract to the Executive Director.
- f. Following signature by the Executive Director, the contract will be returned to the appropriate Department Director, who will obtain the subcontractor's signature.
- g. Original signature copies of the contract will be placed in Central Files, the Finance Office, and given to the subcontractor by the appropriate Department Director.

In those cases in which the Council is a subcontractor, the procedure for subcontractor review is as follows:

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- a. Upon receipt of a proposed contract, the appropriate Department Director will be assigned responsibility for its review.
- b. After reviewing the contract, the Department Director will complete a Document Certification Form and submit the contract to the Finance Director for review.
- c. Following his/her review, the Finance Director will sign the Document Certification Form and submit the contract to the Executive Director.
- d. If the Executive Director approves the contract, it may be placed on the Executive Committee agenda, if appropriate.
- e. Following the Executive Committee or Executive Director approval, the Executive Director will sign the contract.
- f. The appropriate Department Director is responsible for ensuring that final signed copies of the contract are placed in central files and in finance files.

Policy Number 9-5

Guide for Personal Services Contract

GUIDE FORM FOR PERSONAL SERVICES CONTRACT

THIS AGREEMENT, entered into as of this _____ day of _____, 19_____, by and between _____ (hereinafter called the "Contractor") and the South Carolina Appalachian Council of Governments (hereinafter called the "Council") WITNESSETH THAT:

WHEREAS, The Council desires to engage the Contractor to render certain technical or professional services hereinafter described in connection with an undertaking that is expected to be partially financed under _____:

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. Employment of Contractor. The Council hereby agrees to engage the Contractor and the Contractor hereby agrees to perform [personally] (if applicable) the services hereinafter set forth in connection with the project of the Council under Grant Contract No. _____
2. Area Covered. The Contractor shall perform all the necessary services provided under this Contract in connection with and respecting the following area or areas, herein called the "planning area":

[Here identify the planning area or areas involved.]

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3. Scope of Services. The Contractor shall do, perform, and carry out [personally]¹, in a satisfactory and proper manner as determined by the Council, the following services:

- a.
- b.
- c.
- d.

[The character and extent of the services to be performed by the Contractor must be specified with clarity and with sufficient detail to preclude questions as to the scope of the services covered by the Contract. The Contract shall state the extent and character of any surveys, tests, studies, investigations, canvasses, analyses, and other activities required to be made or undertaken, the methods to be employed, and the sources of information to be used. The Contract shall identify the persons who will perform these services if they are not to be performed by the Contractor personally. It shall also identify and specify the types of plans, maps, designs, drawings, models, photographs, charts, estimates, tabulations, report recommendations, and other documents required to be prepared. It shall indicate the number of copies of any such documents required to be submitted. It shall indicate whether and to what extent the services include the review, inspection, coordination, or supervision of work performed by others, and whether consultations, conferences, and other services are included and the nature thereof.]

4. Personnel.

(Paragraph 4 may be deleted if all technical services are to be performed by the Contractor.)

- a. The Contractor represents that he has, or will secure at his own expense, all personnel required in performing the services under this Contract. Such personnel shall not be employees of or have any contractual relationship with the Council.
- b. All of the services required hereunder will be performed by the Contractor or under his supervision, and all personnel engaged in the work shall be fully qualified and shall be authorized under state and local law to perform such services.
- c. None of the work or services covered by this Contract shall be subcontracted without the prior written approval of the Council.

5. Time of Performance. The services of the Contractor are to commence as soon as practical after the execution of this Contract and shall be undertaken and completed in such sequence as to assure their expeditious completion in the light of the purposes of this Contract, but in any event, all of the services required hereunder shall be completed within _____ consecutive calendar days from the date of this Contract.

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6. Compensation. [The Contract shall state the consideration to be paid for the services. If the compensation is to be upon a lump-sum basis, the amount thereof shall be set forth together with a provision that such amount constitutes complete compensation for all the services to be rendered. If reimbursement for travel or other expenses is to be made, the Contract shall specify the limits and conditions of such reimbursement; it shall, for example, fix a maximum amount that will be reimbursed for travel for administrative expenses; it shall prescribe a maximum allowance per mile of travel by automobile and a maximum for subsistence expenses; it shall identify the types of expenses that are reimbursable; it shall further require authorization by the Council for travel which is to be reimbursed; and it shall also provide for the maintenance of proper records for all costs which shall be open to inspection by the Council.]

[The following provision is suggested as one that is appropriate.]

Compensation. The Council agrees to pay the Contractor the total sum of _____ Dollars (\$_____) for the above services. In addition to the compensation provided above, the Council will reimburse the Contractor monthly for travel and subsistence expenses in connection with the performance of the duties under this contract, as may be authorized by the Council for travel outside the (City) (Counties) of _____ in the State of _____, the actual cost of transportation by common carrier, or the sum of _____ cents per mile if the travel is performed by a privately owned automobile, and not to exceed _____ Dollars (\$_____ per day for subsistence expenses, which shall be open to inspection by the Council.

7. Method of Payment. [The Contract shall indicate when and in what amount the compensation is to be paid. It shall provide that a specified portion of the compensation will be retained by the Council until the services have been satisfactorily completed as determined by the Council. However, such retention is not essential when the services to be rendered are of an advisory, consultative type, payable on a per diem basis, and the Contractor is required to submit detailed written reports, studies, plans, or other documents. The Contract shall not provide for advance payments to the Contractor for work not actually performed.]

[The following provision is suggested as suitable for the payment of compensation under the Contract. Other provisions, however, may be used.]

The Council will pay to the Contractor the amount or amounts set forth in Paragraph 7, which shall constitute full and complete compensation for the Contractor's services hereunder. Such sum will be paid in the following manner, in every case subject to receipt of a requisition for payment from the Contractor specifying that he has performed the work under this Contract in conformance with the Contract and that he is entitled to receive the amount requisitioned under the terms of the Contract:

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\$_____ when the services covered by Paragraph ____, subparagraph ____, have been satisfactorily completed, as required hereunder, and as determined by the Council.

\$_____ when the services covered by Paragraph ____, subparagraph, have been satisfactorily completed, as required hereunder, and as determined by the Council.

\$_____ when the remainder of the services required under this Contract have been satisfactorily completed, as required hereunder, and as determined by the Council.

[The following paragraph is required to be included in every Contract regardless of the method of payment of compensation.]

It is expressly understood and agreed that in no event will the total compensation and reimbursement, if any, to be paid hereunder exceed the maximum sum of \$_____ for all of the services required.

8. The Contractor agrees to adhere to all provisions of OMB A-102 and OMB A-87, and to maintain all financial records of the contract for three years following the close-out of this contract.
9. "Additional Contract Provisions: Part ____" is attached hereto and constitutes part of this contract.

IN WITNESS WHEREOF, the Council and the Contractor have executed this agreement as of the date first above written.

_____	_____
Contractor	South Carolina Appalachian Council of Governments
_____	_____
Title	Title
_____	_____
Date	Date

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Policy Number 9-6 Additional Contract Provisions

1. ADDITIONAL CONTRACT PROVISIONS

PART _____

1. Termination of Contract for Cause. If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner his obligations under this Contract, ~~if the Contractor~~, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, the Council shall thereupon have the right to terminate this Contract by giving notice to the Contractor of such termination and specifying the effective date thereof, at least five days before the effective date of such termination. In that event, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs, and reports prepared by the Contractor shall, at the option of the Council, become its property, and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials.

Notwithstanding the above, the Contractor shall not be relieved of liability to the Council for damages sustained by the Council by virtue of any breach of the Contract by the Contractor, and the Council may withhold any payments to the Contractor for the purpose of setoff until such time as the exact amount of damages due to the Council from the Contractor is determined.

2. Termination for Convenience of Council. The council may terminate this Contract at any time by giving written notice to the Contractor of such termination and specifying the effective date thereof, at least 15 days before the effective date of such termination. In that event, all finished or unfinished documents, data, studies, and reports prepared by the contractor under this Contract shall, at the option of the Council, become its property. If the Contract is terminated by Council as provided herein, the Contractor will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Contractor covered by this Contract, less payments of compensation previously made: Provided, however, that if less than 60 percent of the services covered by this contract have been performed upon the effective date of such termination, the Contractor shall be reimbursed (in addition to the above payment) for that portion of the actual out-of-pocket expenses (not otherwise reimbursed under this Contract) incurred by the Contractor during the Contract period which are directly attributable to the uncompleted portion of the services covered by the Contract. If this Contract is terminated due to the fault of the Contractor, Paragraph 1 hereof relative to termination shall apply.
3. Changes. The Council may, from time to time, require changes in the scope of the services of the Contract to be performed hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation, which are mutually agreed upon by and

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between the Council and the Contractor, shall be incorporated in written amendments to this Contract.

4. Equal Employment Opportunity. There shall be no discrimination against any employee who is employed in the work covered by this Contract, or against any applicant for such employment, because of race, color, religion, sex, or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion, or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor shall insert a similar provision in all subcontracts for services covered by this Contract.
5. Interest of Members of Council and Others. No officer, member, or employee of the Council and no members of its governing body, and no other public official of the governing body of the locality or localities in which the Project is situated or being carried out who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of this Project, shall participate in any decision relating to this Contract which affects his personal interest or have any personal or pecuniary interest, direct or indirect, in this Contract or the proceeds thereof.
6. Assignability. The Contractor shall not assign any interest in this Contract, and shall to transfer any interest in the same (whether by assignment or notation), without the prior written consent of the Council thereto: Provided, however, that claims for money due or to become due to the Contractor from the Council under this Contract may be assigned to a bank, trust company, or other financial institution without such approval. Notice of any such assignment or transfer shall be furnished promptly to the Council.
7. Interest of Contractor. The Contractor covenants that he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Contract. The Contractor further covenants that in the performance of this Contract no person having any such interest shall be employed.
8. Findings Confidential. Any reports, information, data, etc., given to or prepared or assembled by the Council under this Contract which the Council requests to be kept as confidential shall not be made available to any individual or organization by the Contractor without the prior written approval of Council.
9. Identification of Documents. All reports, maps, and other documents completed as a part of this Contract, other than documents exclusively for internal use within the Council, shall carry the following notation on the front cover or a title page (or, in the case of maps, in the same block containing the name of the planning agency).

"The preparation of this report, map, document, etc., was financed in part through a grant from the (identify Federal agency) under the provisions of (identify Act), as amended,

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together with the date (month and year) the document was prepared and the name of the South Carolina Appalachian Council of Governments.

10. Copyright. No reports, maps, or other documents produced in whole or in part under this Contract shall be the subject of an application for copyright by or on behalf of the Contractor and shall belong to the Council.
11. Records and Inspections. The Contractor shall maintain full and accurate records with respect to all matters covered by this agreement. At any time during normal business hours and as often as the Council may deem necessary, there shall be made available to the Council for examination all records, with respect to all matters covered by this Contract, and the Contractor will permit the Council to audit, examine, and make excerpts or transcripts from such records, and to make audits of all contracts, invoices, materials, payrolls, records, or personnel, conditions of employment, and other data relating to all matters covered by this Contract.
12. Subcontracting. None of the services covered by this Contract shall be subcontracted without the prior written consent of the Council.

The Contractor shall be as fully responsible to the Council for the acts and omissions of his subcontractors and of persons either directly or indirectly employed by them, as he is for the acts and omissions of persons directly employed by him.

13. Indemnity. The Contractor shall indemnify and safe harmless the Council, its assignees, agents, officers, and employees from and against any and all claims, demands, suits, judgments, settlements, etc., for sums of money for or on account of personal injury, property damage, or loss of life or property of any person arising from or in any way connected with the performance of the project covered by this agreement; and

Further, the Contractor expressly releases the Council from any liability for any losses or damages suffered by the Contractor, directly or indirectly, from or in any way connected with the performance of this Contract.

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9-7-1

Authorization for the Executive Director to Delegate Responsibilities to the Assistant Director

The executive director is authorized to delegate any authority and responsibilities assigned to the executive director under Section 9 – Purchasing Procedures to the assistant executive director and to establish any conditions or limitations of such delegated authority. The mechanism for delegating such authority shall be a Memorandum to File, which shall be maintained on file by the director of administration. Additions, alteration, or revocation of delegated authority can be made through a subsequent Memorandum to File.

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PROTOCOLS AND POLICIES - ALLOCATING FUNDS TO SERVICE PROVIDERS

During procurement years, Aging Program funding will be targeted to support services that are determined to be in greatest need throughout the Appalachian region based upon data collected from sources such as needs assessments and waiting lists. During interim contract extension years, serving levels and waiting lists will guide the AAA/ADRC in the determination of services to be funded.

Title III - Older Americans Act funds are allocated to providers based upon the following;

- Consideration of provider's prior year serving levels and record of service,
- Consideration of documented changes in needs for services such as waiting lists, and
- Consideration of changes in services requested from each provider.

The Appalachian region also receives Home and Community Based Service (HCBS) – State Funds as well as Bingo-State Funds to provide aging program services to the elderly. To meet the federal first mandate and funding allocation directives, the Appalachian region will calculate the region's distribution of funds to its providers in the following order:

- Older Americans Act Funds
- Bingo-State Funds (allocated according to the State's Funding formula)
- HCBS-State Funds

Allocations to providers for service provision are based upon a negotiated unit rate, which may/may not equal a provider's actual budgeted unit cost. Aging program funds participate at 90% on the dollar earned while providers contribute local support at the rate of 10%. During procurement years, SCACOG/AAA/ADRC request each offeror to submit a Budget and Unit Cost Calculations spreadsheet that details the costs involved and the calculated unit rate to the agency to provide a service. If a provider requests an adjustment to a unit rate, they must submit a revised Budget and Unit Cost Sheet that justifies requested increases. SCACOG/AAA/ADRC may/may not renegotiate a unit rate based upon its observation of the unit rate data and any other relevant factors.

These allocation procedures will be followed unless otherwise directed by the Lieutenant Governor's Office on Aging.

SCACOG/AAA/ADRC will allocate Title III - Older Americans Act Funds to each provider under contract as follows:

-50% will be distributed equally among all providers.

-50% will be distributed among providers taking into consideration their prior years of service, if any, as well as any documented change in need for services and consideration of any approved changes in services Requested from each provider.

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Note: The aforementioned procedure to allocate funds for Legal Services is not included in the above formula. SCACOG/AAA/ADRC distributes the Older Americans Act dollars for legal assistance as allocated by the Office on Aging. Petitions for increases in funding for Legal Service, at times, are submitted to the State and, if accepted, Bingo and/or HCBS dollars may be used to meet this need.

Bingo-State and HCBS-State Funds are used to support needs that fall short of the Title III OAA funding levels. HCBS dollars are not allocated based upon a defined formula; however, Bingo funds will be distributed based upon the allocations per county made by the Office on Aging. A portion of Bingo and HCBS funds may be left unallocated at the beginning of each year in order to allow for unknowns such as what providers will actually earn from the first-come, first-served NSIP calculations for meals; however, the amount of unallocated dollars within the region will be determined based upon known provider needs.

FISCAL MONITORING

SCACOG/AAA/ADRC conducts desk-top fiscal monitoring on a monthly basis. Since providers have access to budget data in AIM; this monthly review entails a review of each provider's MUSR reports to assure that the budget data reflected on these reports coincides with the latest signed award documents or approved pending amendments for all services. Monthly review of provider Payment Request Forms is also conducted. Payment Request Forms are used to compile provider requests by Title. These forms reflect the following: service category by project, agency budget by service and year-to-date total funds earned, along with the Federal, State and Local breakdown. These forms currently serve as the signed request from each provider for reimbursement and provide data that is useful for monitoring each project's year-to-date activity at a glance. These forms are regularly used by both provider and by the AAA/ADRC to monitor the progress of program earnings.

Fiscal monitoring also includes review of local support documentation submitted.

Finance communicates any fiscal issues noted with its providers on a monthly basis, as needed, and formally notifies providers of any changes made to their payment request forms. Provider contracts stipulate that failure to meet reporting and/or local support guidelines may lead to the withholding of funds.

SCACOG/AAA/ADRC will conduct on-site fiscal monitoring of its providers on an annual basis. These visits are typically announced visits to allow providers to collect data that will be reviewed. With providers now serving as contractors, SCACOG/AAA/ADRC would benefit from the collaboration of all AAAs in the development of a state-wide fiscal monitoring tool.

REIMBURSEMENT FOR SERVICES

Breakdown of the Components of the Unit Cost

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During the procurement process, SCACOG/AAA/ADRC requires each provider to submit the Budget and Unit Cost Calculations spreadsheet that was developed to detail line-item expenditures associated with a particular service. This spreadsheet is also required when a provider wishes to re-negotiate a unit cost or to request an increase in a unit rate (please see attached). The Appalachian region is currently under the fourth (4th) year of a five-year contract extension with its providers.

SCACOG/AAA/ADRC also requests complimentary copies of audit reports or agreed upon procedures engagements for reviewing compliance from its providers and may use this information to assist in verifying costs for services.

SCACOG/AAA/ADRC requires that all of its providers follow the guidelines established by the Office on Aging for documenting units of service and for entering unit data into the state data base. Currently, SCACOG/AAA/ADRC reviews client data to assure that clients meet program requirements. If data reflects that a client does not meet program requirements, then providers are directed in writing to remove unallowable units from AIM. When SCACOG/AAA/ADRC becomes fully responsible for conducting all assessments throughout the region, it is anticipated that the need to review client data will be greatly reduced if not eliminated. Currently, SCACOG/AAA/ADRC has a formal reporting system in place for verifying the disposition of all meals ordered through the regional caterer and for obtaining reimbursement for the cost of those meals from each provider through their monthly payment request forms. Each month, SCACOG/AAA/ADRC reviews the data reflected on the MUSR report and payment request forms.

CURRENT FUNDING RESOURCES FOR AAA OPERATIONS AND MATCHING REQUIREMENTS

SCACOG/AAA/ADRC does not currently receive any other funding specifically earmarked for planning and administration of operations of the aging unit other than those received through the Office on Aging. SCACOG receives local support allocations from the State and from the six counties within the region. These revenue sources provide support in order to meet the matching requirements of the SCACOG/AAA/ADRC and provide over-match support, if needed. Currently, all local support for SCACOG/AAA/ADRC is through local cash.

SCACOG/AAA/ADRC contracts with all providers at a rate of 90% of each dollar awarded. Providers are responsible for the remaining support. This assures that the Aging Program is not bearing the total cost of the program.

SCACOG/AAA/ADRC has developed a Local Support Declaration Form for all contracting providers to complete at the start of each new fiscal year. This form details the local support revenues anticipated by each agency for the fiscal year where local cash is used to meet the 10% match required and informs SCACOG/AAA/ADRC of any other type of local support that will be used. As funds are actually earned each month, SCACOG/AAA/ADRC records its matching obligations in our books and also records the matching obligations of each of its providers in our books as local pass through revenue recognition and local pass through expense recognition. All providers are required to submit local

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support documentation each month once their MUSR reports have been run. Among the types of documentation accepted are actual revenue and expenditure reports for the agency that clearly distinguish local support that has been posted to the agency books by service category, signed local support certifications that detail the local revenue source(s), In-kind documentation for values that clearly support a service, and the value of unreimbursed excess units served if those units are entered in AIM or are clearly documented outside of the AIM system.

SCACOG/AAA/ADRC retains documentation of contract activity on hand for no less than three (3) years if a contract has been closed out and is not under audit. All providers are required to maintain contract documentation on file for at least three (3) years as well.

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Offeror:	Geographic Area:										RFP#:
Item #	SERVICE Delivery Costs: (Enter data in Green Cells Only)	100% Budget (All Svcs)	Group Dining Meals	Chore/Yardwork & Heavy Cleaning	Home Delivered Meals	Homemaker	Transport	Evidence Based Programs	Minor Home Repair	Legal Assistance Program	
1	Personnel Salaries										
2	Fringe Benefits										
3	Travel (for service delivery)										
4	Training (include training related staff travel)										
5	Facility/Building cost										
6	Utilities										
7	Equipment										
8	Insurance										
9	Supplies										
10	Raw Food/Meal Cost (Nutrition Svcs only)										
11	Other: (specify)										
12	Other: (specify)										
13	Other: (specify)										
14	Other: (specify)										
15	Other: (specify)										
16	Other: (specify)										
17	Subtotal - Service Provision Costs										
Management (Indirect/Overhead) Costs											
18	Personnel Salaries										
19	Fringe Benefits										
20	Other Overhead/Indirect Costs (include all)										
21	Other: (specify)										
22	Other: (specify)										
23	Subtotal - Mgmt (Indirect/Overhead) Costs										
Case Management/Assessment Costs											
24	Personnel Salaries										
25	Fringe Benefits										
26	Contractual (Case Mgmt/Assessment only)										
27	Other: (specify)										
28	Other: (specify)										
29	Other: (specify)										
30	Subtotal - Case MGMT/Assessment Costs										
31	Other Contractual										
32	Profit										
33	TOTAL OPERATING BUDGET										
34	Fringe Rate as % Of Salaries										
35	Projected Total # of Units										
36	Actual Unit Cost										
Matching Requirements											
37	Minimum Required Match (10 %) is:										
38	Total Cash Match (provide detail)										
39	Total In-Kind Cash Equivalent (provide detail)										
40	Subtotal - Available Match										
41	Minimum Match Requirement Met?	NO	NO	NO	NO	NO	NO	NO	NO	NO	
Net Unit Cost (Actual - Applied Match)											

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ATTACHMENT D: General and Programmatic Information

MONITORING

The Appalachian AAA/ADRC monitors contract compliance through desk top analysis of AIM reports, payment requests, formal and informal site visits, and report reviews. Desk top reviews include making sure that payment requests balance back to contracts and spreadsheets, AIM reports, meal site logs, activities and nutrition education reports. Unannounced visits to contractor sites ensure that quality services are maintained, and that programming and contracts are in compliance. Announced (formal) visits to contractor offices are for compliance reviews and meetings.

(Please See Attachment C)

In addition to the declarations found under Attachment C regarding monitoring, in order for providers to receive reimbursement for units served, SCACOG/AAA/ADRC policies and each contract stipulates reporting requirements as follows:

- (1) By the fifth (5th) day of each month, providers must enter all units of service for the month into AIM and review and submit to SCACOG/AAA/ADRC copies of their HHS25a, SC63, and LG97c reports for the month. These reports are thoroughly reviewed by the ADRC to determine if clients meet age requirements, have a current assessment on file, have no units that extend way beyond a closed, inactive or deceased status and, for meals, have a nutrition risk score of 6 or above. Written feedback is given to the provider if issues are found. (To assist SCACOG/AAA/ADRC in their review of client data, providers must submit a list and the working hours of all volunteers who consume a meal at the meal site when reimbursement is requested for their meal.)
- (2) On the eleventh (11th) day of each month, providers must run their MUSR report and submit signed composite Payment Request Forms by Project. This form is also called the Report of Documentation of Expenditures (RODOE). These forms are thoroughly reviewed by the ADRC for most recent budget, year-to-date funds earned by activity, federal, state and local breakdown and calculation of funds due the agency for the reporting month. These forms give a snapshot glance of each provider's earning progress compared to budget for each service under contract and have served as a monitoring and management tool for many years.
- (3) To verify the meals ordered through the regional caterer and the disposition of all meals ordered, providers are required to submit signed Monthly Meal Composite Reports. This report also reflects any meals added to the MUSR that were purchased from other than the regional caterer. Providers are required to present documentation that regularly served meals claimed for reimbursement but that were not purchased from the regional caterer meet the daily nutritional requirement.

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(4) Providers are required to submit monthly programmatic information such as calendars that show the schedule of activities at each dining site. Copies are forwarded to the State.

Note: All providers who receive funding for Evidence Based Activities must submit certifications for all who teach those classes before an activity for service can be set up in AIM.

All Provider contracts contain a schedule for unit of service review at three, six and nine-month intervals. The three (3) month review is a comparison to budget. The six (6) month review requires a plan of action from each provider who has served below or above 50% of its contracted units for a service. The nine (9) month review may require modification or even reduction of a contract if a provider has served below or above 75% of its contracted units. Provider contracts state that if a provider has not served 100% of their units by the end of the contract, those funds may be redistributed to other providers. A year-end review of serving levels is also completed and may result in a re-distribution of funds. Any such revisions are usually more so of a close-out nature.

CLIENT DATA COLLECTION

The Appalachian AAA/ADRC has begun some, but will be doing all, assessments by July 1, 2017. By doing this, we can assure that the assessments have been completed consistently, data entered into AIM/OLSA accurately, and ensure all National Aging Programs Information System (NAPIS) questions have been answered.

All providers within the Appalachian region are required to enter client and unit data into AIM in order to obtain reimbursement for services provided. Monthly, SCACOG/AAA/ADRC reviews provider data entered for each client for which reimbursement for a unit of service is requested. Providers are required to maintain signed records, logs, cards, etc., that document services provided for each client. These records are reviewed through a sampling of data that is requested when on-site monitoring is conducted; however, SCACOG/AAA/ADRC has in the past, and reserves the right to request service documentation from a provider at any time. All providers are required to follow state mandated guidelines regarding the provision of services.

RESOURCE DEVELOPMENT

With limited federal and state funding, contractors are urged to develop methods to increase grant related income or to institute cost-sharing for allowable services such as transportation, housekeeping, chore, wellness services and senior center activities. By finding creative ways to increase funding, more seniors may be served.

COST SHARING and VOLUNTARY CONTRIBUTIONS

While contractors are urged to find creative funding sources, the Appalachian AAA/ADRC does not allow cost-sharing under funding from the Older Americans Act or from low-income individuals whose income is at or below the Federal Poverty guidelines.

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Contractors should educate clients on the importance of grant related income (GRI) and how receiving GRI allows the contractor to serve more clients under that program.

GRANT RELATED INCOME (GRI) - RECEIVED JULY 1, 2015 – JUNE 30, 2016

Agency	Group Dining	HD Meals	Transportation
SENIOR Solutions – Anderson	\$1887.38		
SENIOR Solutions – Oconee	\$126.98		
SENIOR Solutions – Spartanburg	\$538.55		
Sr. Centers of Cherokee County	\$7280.83	\$2050.48	\$68.59
Senior Action (Greenville)	\$7803.35		
Pickens County Meals on Wheels	\$3704.15	\$3928.32	
Spartanburg Council on Aging	\$840.17		\$37.45
Totals	\$22181.41	\$5978.80	\$105.04

HIGH-RISK PROVIDERS and CORRECTIVE ACTION PLANS

A provider will be considered “high risk” if the Appalachian AAA determines that it:

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

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The Appalachian AAA/ADRC has identified the steps to be taken with the high risk providers with Corrective Action Plans.

- The “high risk” provider staff and Board Chair shall receive written notification of the deficiencies for which they are non-compliant and request a Corrective Action Plan with a timeline to comply with policies and procedures on those issues.
- If the provider fails to come into compliance, then the agency will be notified that they are now at “High Risk Status” and have a shorter timeline to correct the deficiencies. If necessary, the Appalachian AAA/ADRC staff will meet with the provider staff and Board Chair to determine if the deficiencies can be corrected or if the agency has the capability for corrective action.
- If the provider still can’t complete the corrective action plan, then the Appalachian AAA/ADRC will take the steps necessary to de-designate the provider. This provider will also be notified that they may not bid on or receive contracts unless the issues that necessitated the high-risk designation have been resolved to the satisfaction of the LGOA and the Appalachian AAA/ADRC.
- AAA/ADRC will run the appropriate reports to determine the number of clients receiving services, their addresses and directions to their homes, and if any assessments are in need of being completed. The provider would need to produce all original client files, equipment/supplies used for the services, current employee information, Bylaws, list of Board members, and all other applicable information, paperwork, etc., that has been utilized for any and all services provided through the agency.
- The Appalachian AAA/ADRC will then begin the process of seeking a new provider in the immediate area/adjacent county that would be capable of taking over the services as needed. If a provider is not found immediately, then the AAA/ADRC would request a waiver from the LGOA to operate the provider’s services until at such time an appropriate provider can adequately take over the responsibilities and services for that area.
- An example of the need for a Corrective Action Plan with a provider would be when the AAA/ADRC has received several complaints that the quality and/or quantity of food delivered by the catering provider is not adequate or in compliance with the certified menus. The AAA/ADRC staff would correspond with the provider regarding the specific complaints and a timeline to fix the problems within the corrective action plan. If the provider is unable to comply, then the AAA/ADRC will begin the process to de-designate the provider and replace with one that is capable of providing the service as required. The AAA/ADRC will provide any and all technical assistance to providers in need in hopes of not having to de-designate or make them a high risk provider.

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PROVIDER SERVICE DELIVERY AREAS

The Appalachian AAA/ADRC requires that contractors serve the entire county in which they serve and receive funding. A provider cannot choose to serve a fragmented or limited area of the county. By doing the assessments starting on July 1, 2017, the Appalachian AAA/ADRC will ensure that clients with the highest priority scores are served regardless of their location in the county.

2017-2021 AREA PLAN STANDARD ASSURANCES and CONDITIONS

The Appalachian AAA/ADRC is committed to compliance with the Area Plan Assurances and Conditions. Emphasis is placed on serving the target areas of the Older Americans Act, which includes older individuals of low-income, minorities, ones with limited English proficiency, and those living in rural areas. Also, the Appalachian AAA/ADRC is committed to following the requirements of the Older Americans Act and the Policies and Procedures of the Lt. Governor's Office on Aging.

TRAINING and TECHNICAL ASSISTANCE

The Appalachian AAA/ADRC is committed to providing training and technical assistance to our contractors, the AAA/ADRC staff members, and in the community.

The Appalachian AAA/ADRC staff is trained through the program managers at LGOA and cross-trained at the AAA/ADRC. Many are certified in their respective fields, such as Ombudsmen, the nutrition manager and SHIP counselors. Currently, there are 8 staff members that are AIRS (CIRS-A/D) certified.

Once a year, SHIAP training is provided to the AAA/ADRC staff, volunteers and local community partners by the LGOA. The SHIAP counselors then go out in the community to educate senior groups.

AAA/ADRC staff members work directly with the contractors through one-on-one visits, e-mails and phone calls. Information and updates that is given to the AAA/ADRC is shared with the contractors.

EMERGENCY PREPAREDNESS

The AAA/ADRC and local contractors are required to have a written disaster plan in place. Routine contact with each county's Emergency Management Director and staff is held to discuss strategies and action steps needed to ensure the safety and well-being of our senior population. Current contact information for state and local agencies, relief organizations, AAA/ADRC staff, and staff members of contractors will be kept updated in the event of a disaster.

Operations

The Executive Director of the Appalachian Council of Governments will coordinate with key staff to establish that staff members are safe and have the ability to assist in any disaster efforts of the agency. Clients that are served by the ACOG/AAA, in particular those frail clients with limited ability to function during a disaster, will be contacted by the service providers within the region in order to

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identify their ability to shelter in-place. The LGOA assessment has provided some necessary basic information about the client's ability to prepare for emergencies. AAA staff will coordinate with other disaster response agencies to meet the needs of those clients. The ACOG/AAA will contact the services providers to identify their ability to provide services and provide technical assistance as needed.

Disaster Communications

During a response phase, the ACOG/AAA plans to be in contact with its staff, service providers and RAAC members initially to provide any and all information regarding dangerous inclement weather. The AAA Director receives email weather condition warnings from the state office and passes these along to all the above. All of the senior centers could be utilized as warming centers and short-term shelters. The service provider directors would need to work with their local emergency management for designating those shelters as needed. In the event that the ACOG/AAA is contacted by local/state/federal emergency management agencies, the Executive Director and AAA Director will assign staff to community disaster centers.

The AAA Director will contact the LGOA within 24-48 hours of a disaster with a report. This report will communicate the impact of the disaster on the region, clients and their services and how the ACOG/AAA, emergency management, service providers and other coordinating agencies have responded to the needs of the service population. The ACOG/AAA will convey all necessary information to LGOA per the report via emails as able and required.

During a recovery phase, the AAA staff will continue to work with service providers, especially local senior centers, to restore program basics and routine services. The ACOG/AAA will identify disaster relief assistance and make that information available to all service providers. The ACOG/AAA will also use the disaster as an opportunity to review the response of the agency, identify both the successes and shortcomings of the disaster effort in order to make revisions to the response effort for future planning. The ACOG/AAA will keep in contact with LGOA to provide updated status reports on the issues that have been resolved and the incurred costs during the disaster response and recovery phase to be reported as needed and required.

Organization and Assignment of Responsibility

The AAA Director will be the key personnel responsible for coordinating the disaster preparedness and efforts in the response and recovery phases with assistance from the ACOG Executive Director. The Regional Ombudsman and program staff will contact the long term care and assisted living facilities to check on the disaster efforts as part of their plans to keep their residents safe. The AAA staff over dining sites and AAA Director will contact the service providers. All other duties will be assigned by the AAA and ACOG Executive Director.

Continuity of Agency

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As an event occurs, the AAA Director will contact the ACOG Executive Director to determine the geographic area involved in the disaster, the severity of the disaster, and preliminary response of the ACOG/AAA. Preliminary staff assignments will be determined by the AAA Director. Once assignments have been determined, a telephone tree will be initiated to contact the AAA staff. In the event that telephone contact is not possible, the staff will report to the ACOG office or any preliminary designated alternative sites as available.

The ACOG/AAA will coordinate with during a disaster:

- FEMA
- Local Divisions of Emergency Management
- Local Chapter of the Red Cross
- Local City and County Officials
- Senior Centers
- Public Health Departments
- County DSS
- Hospitals
- Regional Mental Health Providers

Plan Development and Maintenance

Emergency planning documents are required as part of the RFP process for services in the Appalachian region. Part of the region's planning will depend on the more localized providers in reference to the disaster site(s). As procurement cycles will continue, the emergency plans of the service providers will be updated. As the AAA develops more relationships to address emergency needs, the emergency plan document will be updated.

Administration, Finance and References

The AAA staff maintains a copy of their timesheet via computer. All staff time will continue to be recorded on the approved timesheet. Time designated to disaster efforts or overtime would be recorded so that it can be tracked appropriately. In the event that staff can't access their computers, handwritten copies of the timesheets will be completed.

The ACOG Finance director and aging department finance staff person will be responsible for tracking supplies that are utilized during a disaster response. The aging finance staff person will log and tally those items and expenses and submit the information to the Finance Director and AAA Director.

Staff and service providers will continue to utilize the same forms that are typically used to record service delivery to show the type and amount of service provided. However, staff and service providers will be instructed to denote what services were provided in regard to the disaster.

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The form that is currently used for intake will continue to be utilized during an emergency. The AAA has a Department of Elder Affairs Planning Tool for Rapid Needs Evaluation that can also be utilized in the case of an emergency.

Any contracted services will be prior approved by the ACOG Executive Director and AAA Director. The aging finance staff person will maintain records for any contracted services required during a disaster. Those expenses and the documentation will be forwarded to the AAA Director at the end of one month after the disaster.

The ACOG has a form in which to document personal expenses during a disaster. The AAA staff will maintain a copy of this form with their Phone Tree so that it will be accessible and can immediately begin logging those items as they are incurred. The AAA staff will submit these expenses along with travel expenses to the AAA Director after the recovery phase of the disaster is completed.

The ACOG will provide staff with a form in which to document telephone calls during a disaster. The staff will maintain a copy of this form with the Phone Tree so that it will be accessible and they can immediately begin tracking those calls.

During the recovery phase, AAA staff will contact service providers, long term care facilities and assisted living facilities to determine the extent of the disaster and the impact on their current operations and standards of living. Those findings will be reported to the LGOA as needed. The ACOG Executive Director and AAA Director will maintain contact with local/state/federal emergency services for preliminary information. During this phase, the ACOG/AAA will again rely on information from service providers, clients and other community service agencies as well as reports from FEMA, local divisions of emergency management, local American Red Cross, and city and county officials.

Operation Check List

- ACOG Executive Director contacts key staff
- Activate AAA phone tree
- Regional Ombudsman contacts long term care facilities
- AAA staff contacts RAAC and service providers
- Staff documents time, phone calls and expenses during disaster
- Maintain contact with local/state/federal emergency service agencies
- Contact LGOA within 24-48 hours with report of situation and issues
- Maintain time, personal and agency expenses
- Follow-up with LGOA as needed
- Maintain all records for possible emergency funds from SC4A and AoA/ACL
- Send final report to LGOA Board of Directors at next available meeting

LICENSING PROTOCOLS

The Appalachian AAA/ADRC will ensure all contractors who are in need of licensing meet all federal and/or state requirements. Currently, each Council on Aging and the Nutrition manager at AAA/ADRC

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are required to have staff who are ServSafe certified, which is mandated by the SC Department of Health and Environmental Control (SCDHEC) and the LGOA.

OUTREACH

The Appalachian AAA/ADRC staff members in all departments conduct outreach/presentations on all of our programs in the community. Staff members attend health fairs, senior centers, churches, civic group meetings, healthcare facilities, and anywhere else that is requested of us to reach the senior population or their caregivers.

MEMORANDUMS OF AGREEMENTS and MEMORANDUMS OF UNDERSTANDING

All of the Appalachian Council of Governments/AAA/ADRC aging services are issued under a contract. We will occasionally utilize an MOA or MOU between ourselves and partnering agencies if we are only referring clients to one another.

I&R/A FUNDING

As required, the Appalachian COG/AAA/ADRC only allocates funding through the Information & Referral/Assistance Program to the I&R/A Program, and will never use that funding for any other programs or activities outside of the I&R/A program area.

REGIONAL TRANSPORTATION SERVICES

The Appalachian AAA/ADRC's first priority with transportation is to get seniors from their homes and to local senior centers. The second priority is to get seniors to non-emergency medical appointments such as dialysis, radiation, chemotherapy, vision and hearing.

Spartanburg County has a "dial-a-ride" program. Persons of any age can call to get inexpensive transportation to any appointment. Spartanburg Council on Aging partners with this agency to provide rides to all of their senior centers at no cost to the senior.

Money is allocated in Oconee, Anderson, Pickens, Greenville and Cherokee counties to provide non-emergency medical transportation to those who qualify.

NUTRITION PROGRAM AND SERVICES

Nutrition services in the Appalachian region are provided through group dining (24 sites) and home-delivered meals to meet the needs of eligible older individuals. This service is provided to adults who are age 60 or over, who qualify through an assessment process that determines a risk score, along with the priority goal of reaching rural and minority individuals. Group dining sites provide the opportunity to decrease isolation through socialization and serves as a central location to inform participants of the services that they may qualify for to improve their quality of life. Where funding allows, transportation to group dining is provided in rural areas or to those qualifying diners who no

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longer drive. In addition to a nutritious meal, activities are planned on a monthly basis such as structured fitness and exercise classes; educational lunch and learn programs; computer classes; music and dance; language classes; day trips to shop or to points of interest; arts and crafts; and other programs of interest. Transportation is also provided to essential shopping for those who no longer own a vehicle or have no access to public transportation and need this extra service to pick up medication, groceries, and/or clothing in order to maintain independence and quality of life.

Home-delivered meals are provided to eligible participants who are homebound due to illness, incapacitating disability, or other isolating conditions. The meal choices include hot, frozen, and shelf stable (up to five shelf-stable meals are provided during inclement weather). Partnerships have been formed with area meals on wheels (Pickens County Meals on Wheels, Mobile Meals of Spartanburg, and Greer Community Ministries) to assist in delivering meals to clients who normally may not benefit from the nutrition program.

The table below demonstrates the number of group dining meals served over a three-year period.

Fiscal Year	Group Dining Meals Served	Group Dining Clients Served
FY 14-15	103,769	1,950
FY 15-16	102,323	1,906
FY 16-17 (8 Months)	65,232	1,244

As the data indicates, the number of participants in group dining continues to decline. While at the same time, the need for home-delivered meals continues to increase, as demonstrated below:

Fiscal Year	Home-Del. Meals Served	Home-Del. Clients Served
FY 14-15	116,807	1,520
FY 15-16	288,912	4,227
FY 16-17 (8 Months)	144,864	2,565

Between FY 14-15 and FY 15-16, there was an increase in home-delivered meals served of 172,105 and 2,707 clients.

In the later part of FY 15-16, Senior Centers of Spartanburg dissolved and SENIOR Solutions served as the provider until April 2, 2016. An RFP was issued and the Spartanburg Regional Foundation was the successful bidder chosen to serve the Spartanburg County area. At the time, there were only three group dining sites in the county. Spartanburg Regional Foundation partnered with the Spartanburg County Parks Department to form Spartanburg Council on Aging; to date there are five locations for group dining. Additionally, a partnership was formed with Mobile Meals to deliver hot meals to clients who are homebound, with Spartanburg Council on Aging providing the meals and Mobile

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Meals providing their volunteers to deliver the meals. This has proven to be a very success cooperative venture between the two agencies, with the goals of serving the senior population in Spartanburg County.

SENIOR Solutions is undertaking a demonstration project in group dining that will offer choice meals at a newly opened senior center in the Walhalla area of Oconee County. Diners will be able to choose from approved menus which meal they'd like to consume on a particular day. The meals will arrive at the center in bulk and maintained on-site in a frozen state. The chosen meal will be rethermed and served along with a fresh or juice item and fluid milk. This is a new venture in the Appalachian region that, if successful, could be replicated at select group dining sites.

FAMILY CAREGIVER SUPPORT PROGRAM PLAN

The Family Caregiver Support Program (FCSP) strives to promote the development of quality, cost effective programs for the Caregivers in our six-county region (Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg counties). The FCSP's primary task is to provide a single entry point for caregivers, service providers, community organizations and other individuals to receive current resource information on caregiving and long term care issues.

It is the wish of most elderly and disabled persons to age in place while receiving the ancillary resources available to them to be safe and as independent as possible. It is our task to provide the resource information to the caregivers to assist them in carrying out those wishes. While providing some financial assistance for respite care, supportive services and supplemental supplies, we can reduce some of the emotional and financial stress that could lead to long term placements due to fatigue and burnout of the caregivers.

The FCSP's Seniors Raising Children's Program tasks are similar but often require a different approach for their needs due to age, health related issues, parenting skill sets, limited income, legal interventions and familial support. Respite and financial assistance lends itself more toward school supplies, afterschool programs and summer activities.

All FCSP initiatives promote a person centered approach as participants are provided with information in order to make an informed decision on issues confronting them with their immediate and long term needs.

There are 5 components of the FCSP:

- Information about services
- Assistance with access to services
- Counseling, organization of support groups/training
- Respite care
- Supplemental service

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Long-Term Goals

- Provide most current/accurate resource information to CG's and their families
- Improve timeliness of service delivery
- Increase options for respite care
- Identify possible funding for summer activities
- Identify opportunities for individual/group counseling, support groups, and training to increase consumer choice
- Find meaningful activities for volunteer involvement

These long term goals shall be integrated into the Appalachian Family Caregiver Support Program. The following short term goals will enhance those goals and assist in increasing the viability to all components of the FCSP.

Goals and Outcomes

- Goal:** Continue to provide current/accurate resource information to CG's and their families.
- Outcome:** Attend workshops/seminars/SHIP training and other educational opportunities to share with families, increasing the ability of CG's to receive other respite funding while ruling out others to avoid unnecessary time-consuming applications that would be known to be futile, thus decreasing some of their frustrations.
- Goal:** Provide annual training to services providers/caregivers/seniors raising children in the region on:
- Basics of the FCSP
 - Eligibility determination
 - Related diseases of Alzheimer's
 - Other funding options
 - Timelines for service delivery
 - SRC's program
 - Priority funding
- Outcome:** Decrease inappropriate referrals that are time consuming to both CG and Caregiver Advocate and offer other funding options should the CG not qualify or be a priority.
- Goal:** Expand informational opportunities to SRC groups to promote awareness of services and avenues to advocate for more funding especially through the Recurring State Respite funds.
- Outcome:** Increased funding for summer programs for SRC which would assist with respite care and promote educational/social/remedial activities.

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- Goal:** Meet with/create questionnaire for various CG's in both FCSP and SRCP to identify where and if there might be occasions to utilize volunteers. What would the criteria be for that volunteer (age, educational level, skills, etc.)?
- Outcome:** Expand options for respite or other needs identified by the CG's. Promote training opportunities to persons seeking to volunteer with elderly persons needing respite and SRC for children 0-18 years of age.
- Goal:** Decrease the amount of time it takes to process an application, determine eligibility and provide the CG with either a voucher or letter of intent or ineligibility or non-priority.
- Outcome:** Conduct an in-house review of FCSP's respite care/supplemental services procedures. Streamline where possible and identify any duplication, reducing waiting times for authorizations.
- Goal:** Provide our communities with a forum to increase their knowledge of long term care opportunities that would allow them to make informed decisions concerning aging in place.
- Outcome:** Families will make informed person centered decisions about themselves or loved ones as to the reality of being able to stay in the home safely physically and mentally within their financial means.
- Goal:** Increase coordination with local public and private entities that promote the FCSP's mission of person centered development of a service delivery system to support CG's in our region.
- Outcome:** Continue supporting grant options addressing the needs of CG's development of coping skills in the home. (REACH, Success in Aging, Clemson's Institute for Engaged Aging).
- Outcome:** Promote development of more out-of-home respite options such as Adult Active Day programs geared toward the elderly.
- Goal:** Expand partnerships with local public and private sectors to ensure awareness of services opportunities for persons with Alzheimer's and dementia-related diseases.
- Outcome:** Participate in Health Fairs, Community Resources Forums, support groups and other identified opportunities to disseminate knowledge and literature in our regions. Either FCSP or a representative of the AAA will attend/present a minimum of 2 events a quarter.

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All goals are meant to enhance or continue with ongoing efforts to promote visibility of all services to eligible seniors and CG's in our six-county region regardless of their eligibility for FCSP, Alzheimer's Association or State Respite funding.

Staff

- Regional Caregiver Advocates are professional, caring individuals committed to providing quality services to the CG's in their area.
- Staff provides services to clients based on the person center approach, individualizing their particular needs.
- Staff is AIRS-A certified.
- Staff has been cross trained in all core areas of the AAA including SHIP to provide a wide spectrum of services.
- Advocates have good working relationships with the Center for Success in Aging, Alzheimer's Association, CLTC, VA, SS, Clemson University Center for Engaged Aging and all of the medical home care agency social workers.

Support Groups

- Alzheimer's Association has support groups in every county in our region.
- There are Parkinson's, mental health, grief, AIDS, Cancer and domestic violence groups available to name a few.

OMBUDSMAN PROGRAM

The Regional Long Term Care Ombudsman Program (RLTCOP) advocates for residents in long term care facilities (specifically community residential care facilities/assisted living facilities) to ensure that the resident's rights are being upheld and that the residents are receiving the quality of care they deserve. There are many ways in which the RLTCOP encourages and empowers residents and families and carries out the work of the Program:

Advocacy for residents of long term care facilities - The Regional Ombudsman can advocate for a resident in many different ways. The RLTCOP can offer advice and support via telephone consultations, one-on-one facility visits, and facility/resident mediations. Another way to spread advocacy is through the Program's educational presentations for residents, families, and facility staff, as well as throughout the community.

Complaint intake, investigation and resolution - Each Ombudsman staff member is trained and certified to complete the process to resolve a resident's complaint from intake to closing. During

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intake the RLTCOP staff may at times have to deal with a highly emotional situation and are trained in communication and how to appropriately deal with getting all of the pertinent information to start a case file for investigation. There are state and regional policies and procedures that all RLTCOP staff must follow during the intake/investigation process. After intake, consent must be obtained from the resident or the resident's legal representative to begin an investigation of the case. Once consent is obtained, the RLTCOP staff use facility visits, observations, resident and staff interview, record review and other related methods to resolve the complaint to the resident's satisfaction. It is important to also note that sometimes complaints can be resolved just by the RLTCOP staff empowering the resident or their family with the information on Resident's Rights or with working through mediation with the facility.

Information and Assistance - It is important that the RLTCOP staff is all trained to know the different resources that exist for the senior population in the region served. All RLTCOP staff is trained in SHIP counseling to get a better grasp of the Medicare/Medicaid systems. RLTCOP staff disseminates information regarding long-term care facilities on a regular basis. Staff can give advice on what to look for when choosing a nursing home or assisted living and provide information on the demographics of each facility for someone looking for placement. RLTCOP staff are also knowledgeable about each program that the ADRC offers in order to provide information about those programs as well, if requested.

Community Education - The RLTCOP strives to promote the program and the resident's rights within the community. Staff members are present at local health fairs, senior expos and other types of group events that promote the well-being of seniors. RLTCOP staff members also speak on resident's rights, the Ombudsman Program/Volunteer Ombudsman Program, dementia care and advance directives in group settings when given the opportunity. The Volunteer Coordinator often speaks to college students who are interested in geriatrics about getting involved and about the programs the ADRC offers.

Visits to residents in long term care facilities - The RLTCOP is dedicated to completing 100% of friendly visits to facilities in the region. These visits are conducted outside of the onsite visits for investigation and are completed at least one time each quarter, equaling 4 visits per year to each facility. Those facilities with an assigned volunteer are visited at least once a month. These routine or "friendly" visits are used to establish a rapport with the residents and let them know that the program exists for their benefit. To assist in this awareness, residents are given brochures about the RLTCOP and about resident's rights during each friendly visit.

Assistance with the development of resident and family councils - The RLTCOP recognizes the importance of participation in resident and family councils and encourages residents and their families to attend these. When invited, the RLTCOP has given presentations on the Ombudsman Program and the Volunteer Ombudsman Program at both resident and family council meetings. Several family councils have been established in facilities thanks to the RLTCOP staff assistance.

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LEGAL ASSISTANCE PROGRAM

The RFP criteria for legal services targeted access to the judicial system through advocacy, advice and representation in order to protect the dignity, rights, autonomy and financial security of persons 60+, caregivers and their families, particularly those who are economically needy. The requirements specified that legal assistance services must be provided in one or more priority areas identified in the Older Americans Act, including entitlement, health care, long term care, housing, utilities, protective services, and defense of guardianship, abuse, neglect, and age discrimination.

The AAA will contract with S.C. Legal Services for legal services in the region. The agency has a tri-part approach to help seniors with legal problems: (1) one-on-one representation, (2) education of seniors, and (3) outreach to seniors. If consumers needing services are immobile and unable to reach an office to see an attorney, the attorney visits the homebound clients. For clients in outlying counties where staff attorney/client may encounter difficulty in maintaining contact, the client may be referred to a private attorney in the applicant's area. Costs are paid by the law firm under its Private Attorney Involvement Program or to the S.C. Bar Pro Bono Program so that one way or another the client's needs are met. Elder law, housing, maintenance of income and public benefits are some of the priorities identified for the agency. These agency priorities are in accordance with the requirements of Section 307 (a)(11)(e).

SC Legal Services has a statewide toll-free number for intake calls from all residents. Both SC Legal Services and AAA/ADRC publicize this service through posters at agencies such as health clinics, mental health departments, employment offices, courthouses, senior centers and residential care facilities; outreach efforts such as health fairs and public presentations; and through the assessment staff, I&R/A Specialist, Family Caregiver Advocates, SHIAP Counselors, and Ombudsmen.

SC Legal Services provides a report/count of legal services provided by category to the AAA/ADRC twice per year. Once the AAA/ADRC receives the report from SC Legal Services, necessary reports are run from AIM to obtain the number of unduplicated clients served by age and race. The AAA/ADRC then sends this report to LGOA.

EVIDENCED BASED and WELLNESS PROGRAMS

Title III-D under the Older Americans Act requires all funding be spent on Evidenced Based Disease Prevention programs. The Appalachian AAA/ADRC requires copies of all certifications for those who are teaching the evidenced based classes.

REIMBURSEMENT REQUEST ACCURACY

SCACOG/AAA/ADRC requires each provider to enter units for eligible clients served into the AIM database and to submit client data reports (HHS25a, SC63, and LG97c) by the fifth (5th) day of each month. This information is reviewed to assure that clients that are served meet the eligibility

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requirements. Any needed feedback is formally reported back to each provider. On the eleventh (11th) day of each month, providers are to submit their MUSR reports along with their signed payment request forms called the Reports of Documentation of Expenditures. These reports are also reviewed for accuracy in recording year-to-date budgets, expenditures and the federal and/or state and local distributions as well as the request for funds for the month.

ASSESSMENT PROCESS

The Lieutenant Governor's Office on Aging (LGOA) issued a directive in January 2016 stating that all AAA's must do face-to-face assessments with any clients receiving services funded by state and federal dollars. The Appalachian AAA/ADRC began phasing in this assessment process on January 1, 2017 with clients from Pickens and Spartanburg counties, and all clients receiving homemaker services through ResCare in Pickens, Greenville and Spartanburg Counties. By working with these providers and clients early on, assessing all clients in the six-county region on July 1, 2017 may transition more smoothly.

The Information & Referral/Assistance Specialist will coordinate the assessors/assessments. Four assessors will be hired by July 1, 2017 to perform roughly 4,000 assessments per year.

LOCAL MATCH

The Appalachian Council of Governments contracts to provide "other" programs and services that are not funded through the Aging Program. Management thoroughly reviews the regulations and guidelines that accompany any and all potentially new awards for service and determines how those funds can be used and if they can be used to support other services. Currently, there are no "other" non-aging program funded projects that are being used as support to the Aging Program.

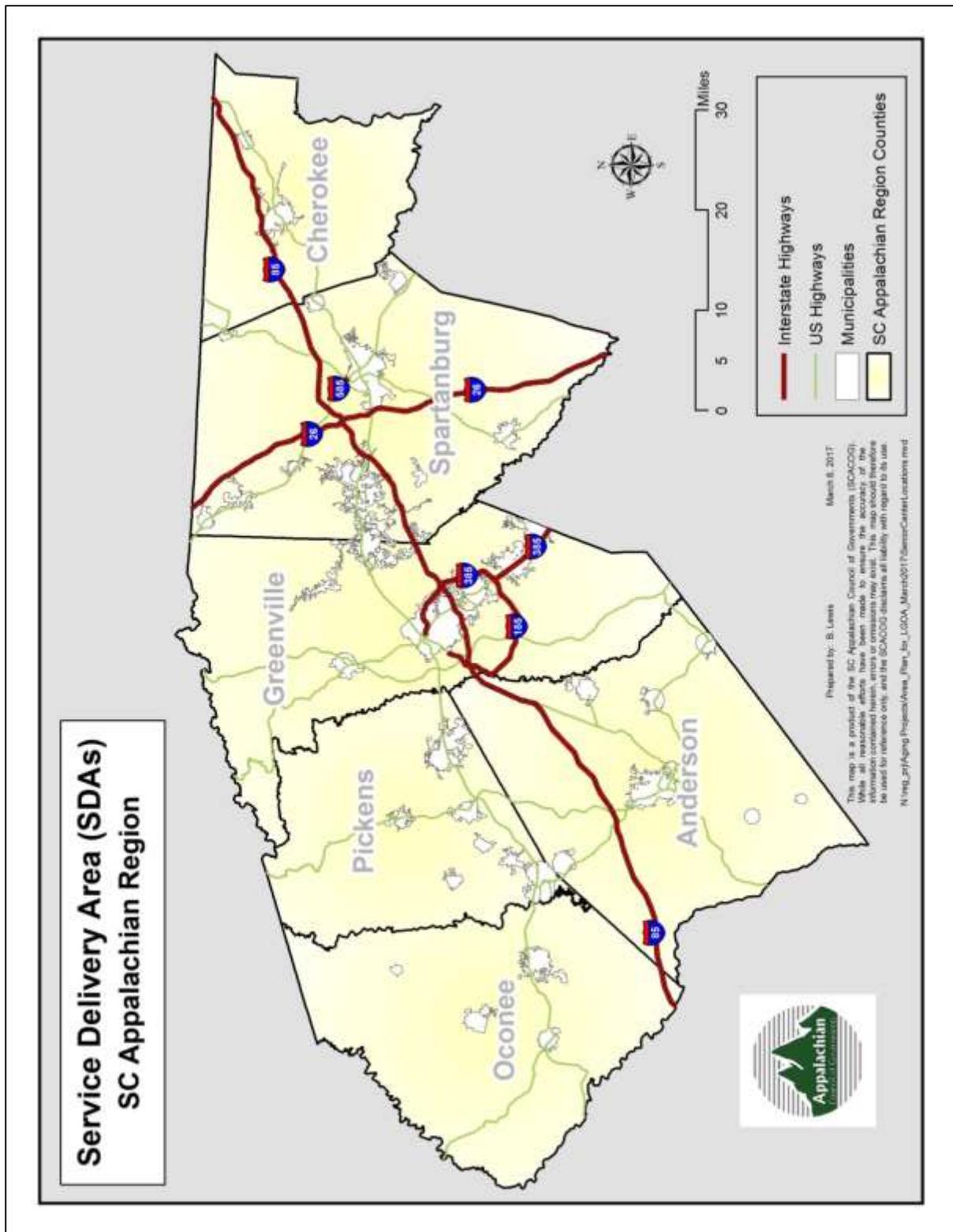
REGIONAL SUCCESSES

In early 2015, Senior Centers of Spartanburg ended their operations. Through much turmoil, a Request for Proposals (RFP) was issued in the spring. Several Spartanburg County agencies, which included Spartanburg Regional Foundation, Spartanburg County Parks and Recreation, Mobile Meals, and Spartanburg Transit Authority, partnered to create Spartanburg Council on Aging. This group won the bid for services and began their operations in October 2015.

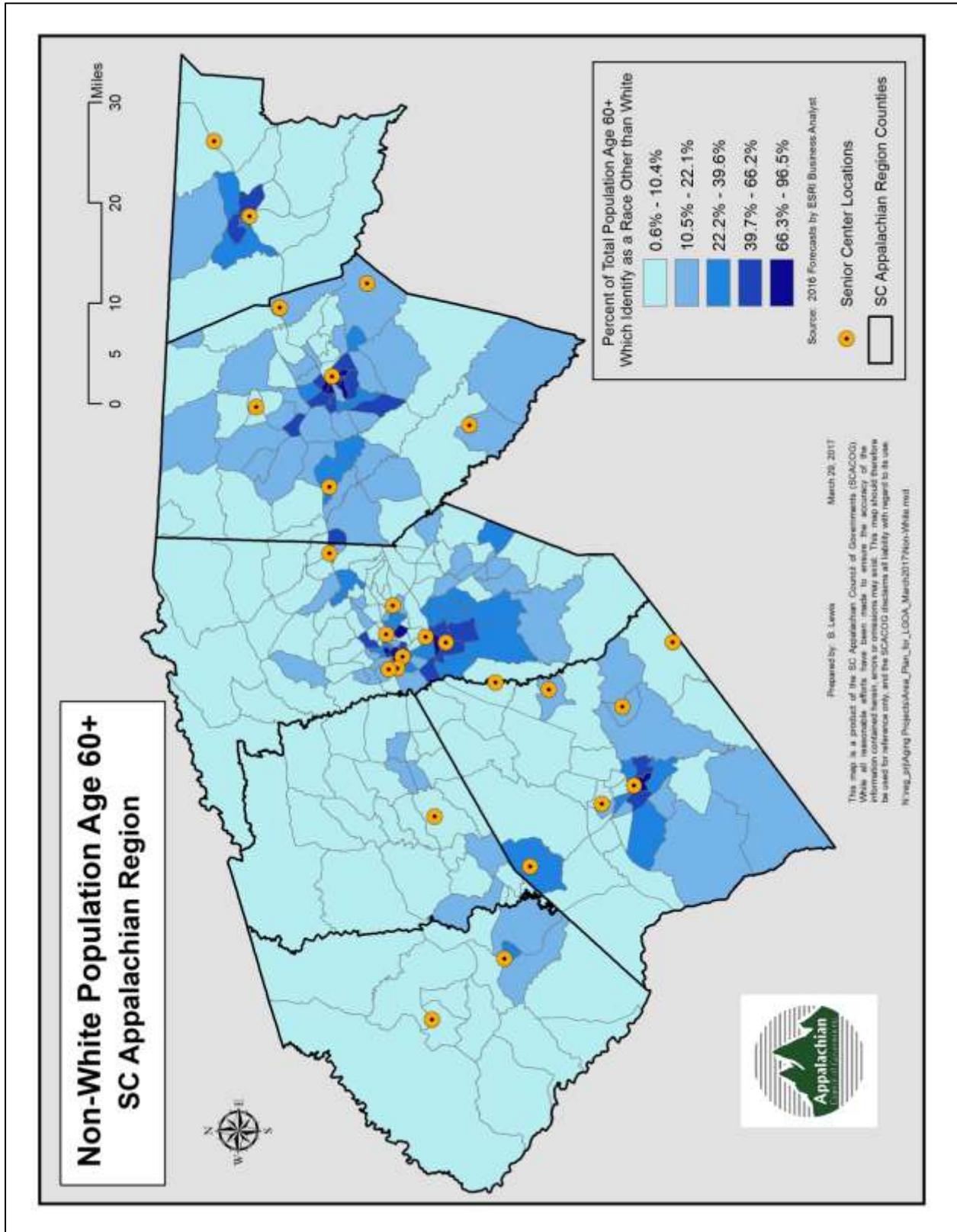
Since October 2015, Spartanburg Council on Aging has opened two new sites in Spartanburg County, including Middle Tyger Community Center in Lyman and one in Boiling Springs. The congregate dining numbers are steadily improving, more seniors are being served in Spartanburg County than ever before, and Spartanburg Council on Aging is continuously looking at new and innovative ways to grow.

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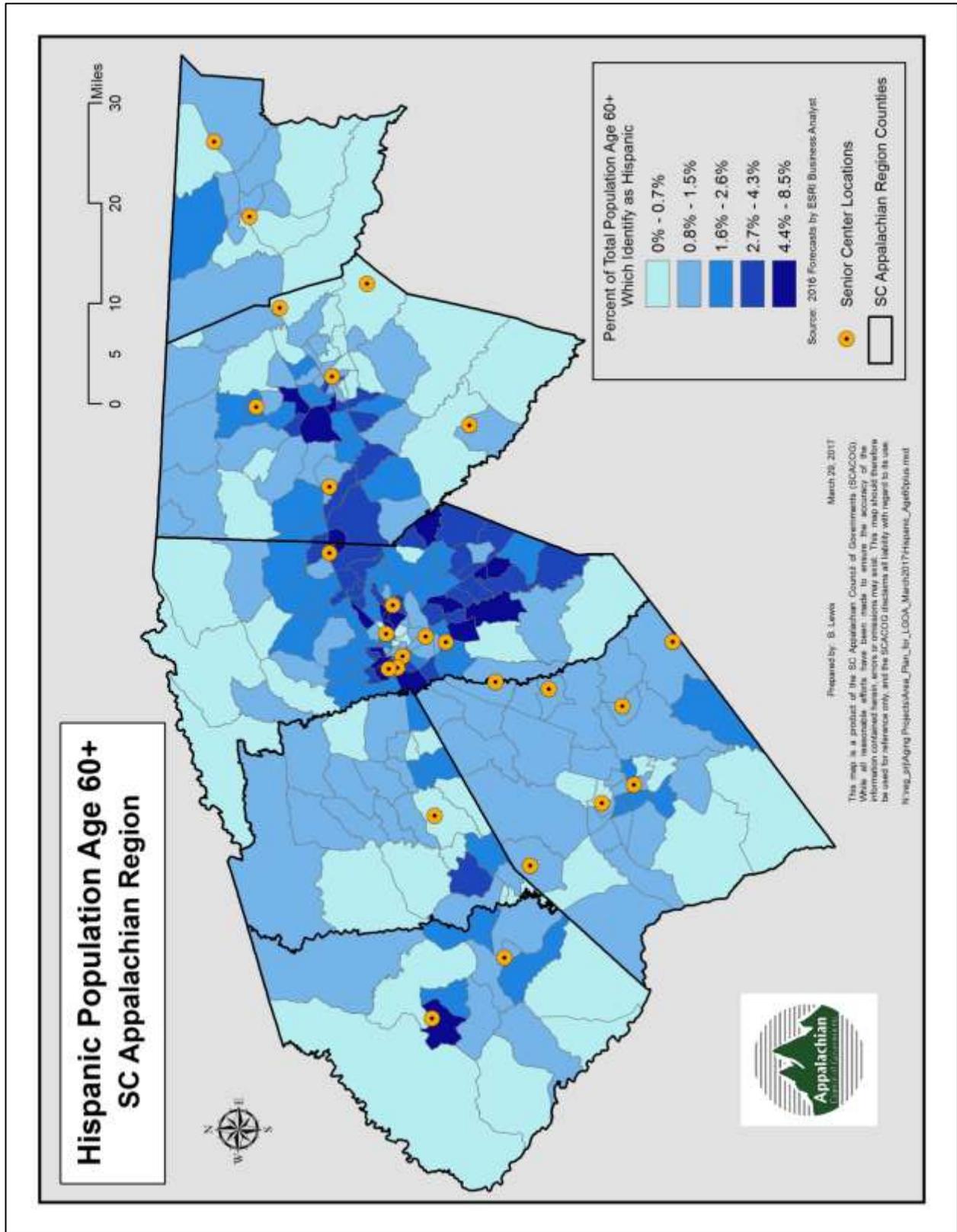
ATTACHMENT E: GIS Mapping



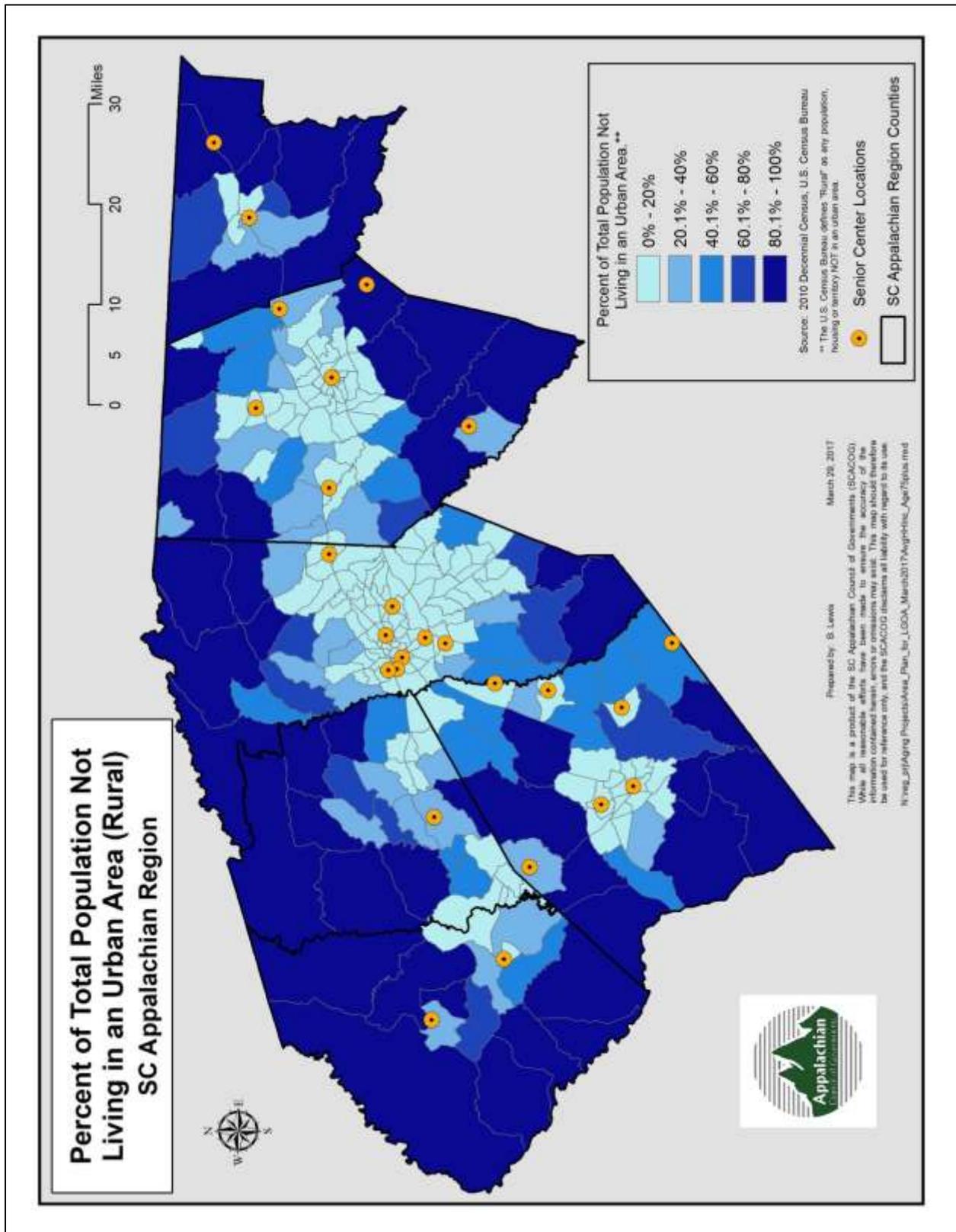
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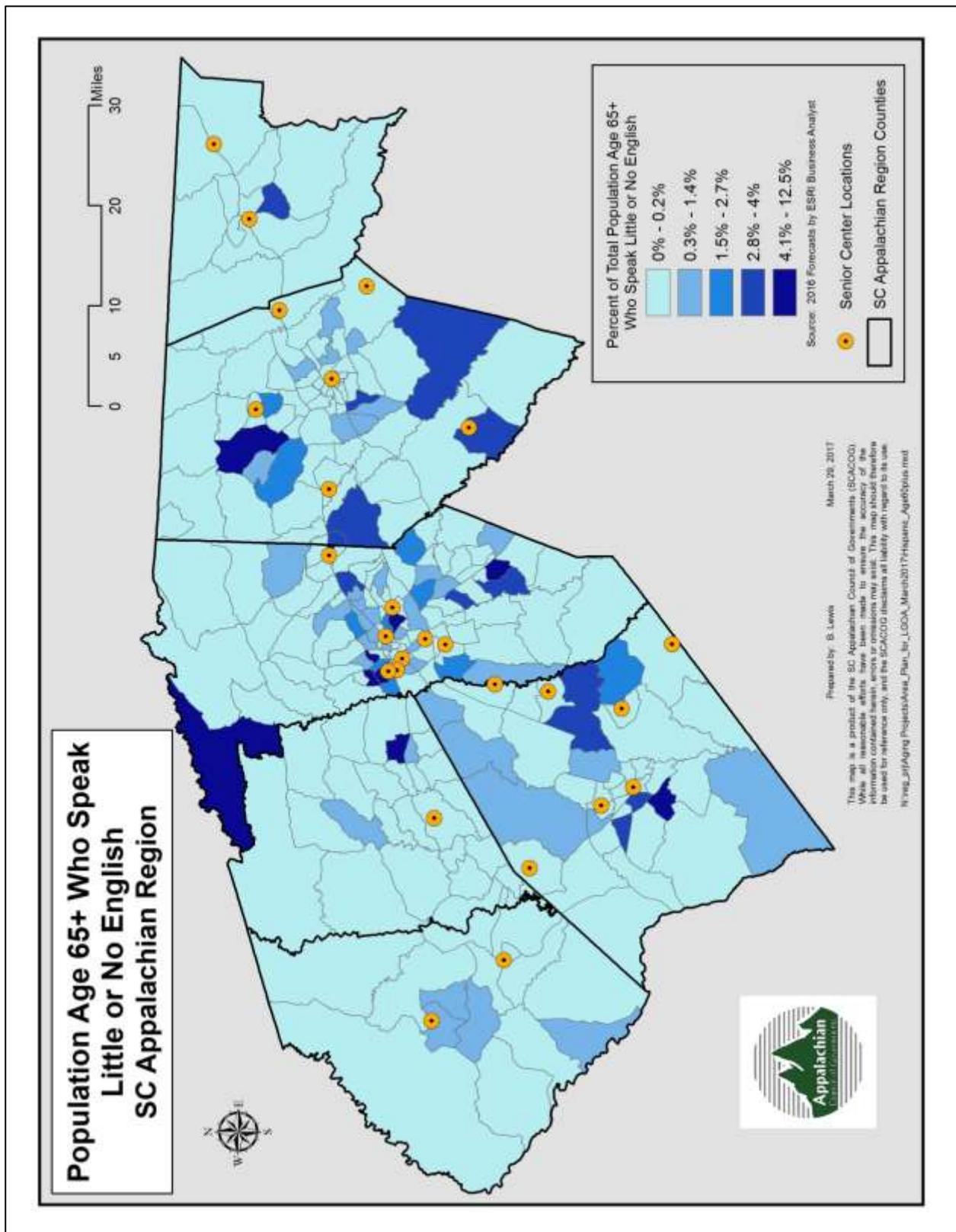
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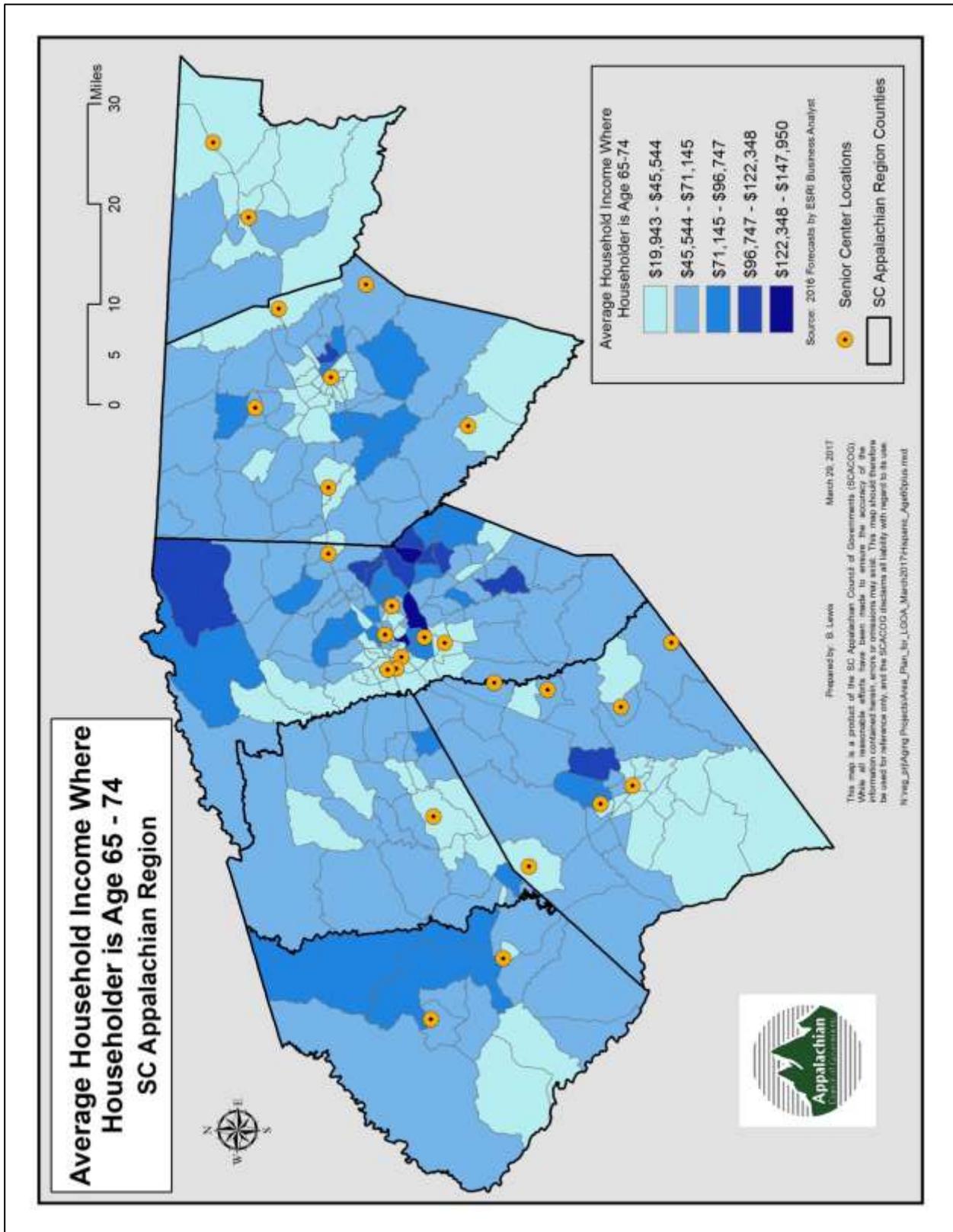
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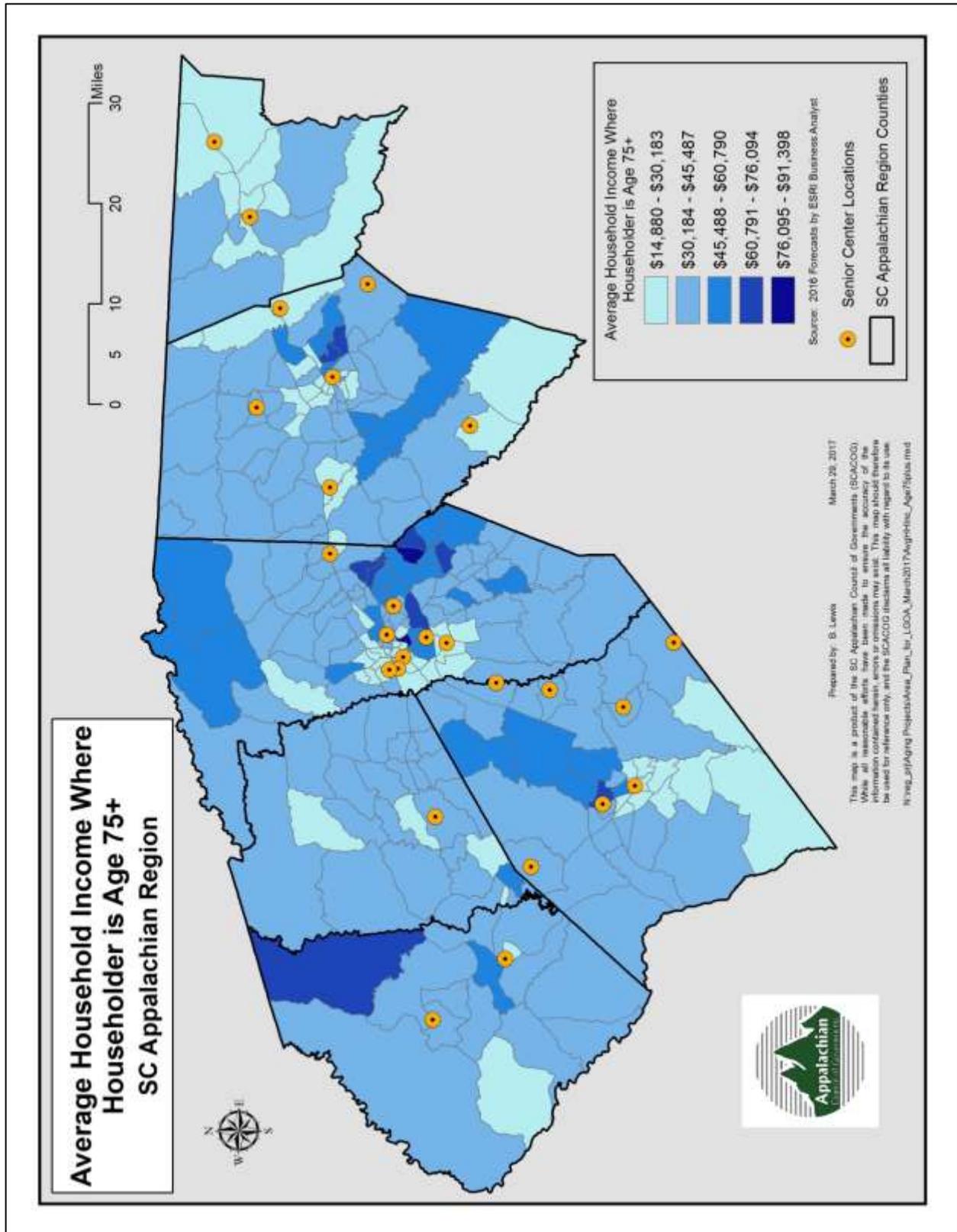
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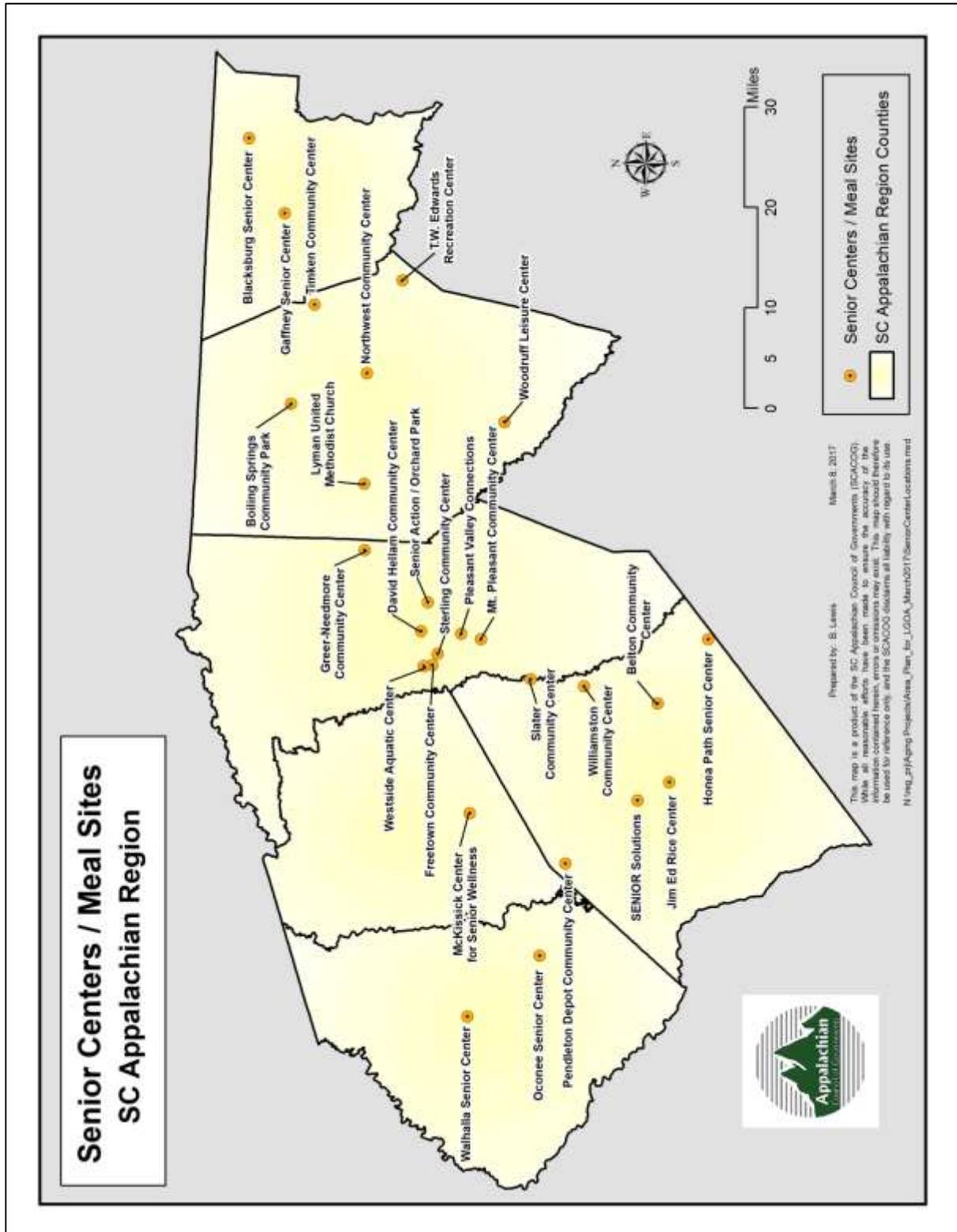
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ATTACHMENT F: Strategic Planning, Workforce, Process Management and Client/Customer Satisfaction

Strategic Planning

First and foremost, the goal of the Appalachian AAA/ADRC is to assist seniors, their caregivers, and those with disabilities in maintaining dignity and independence in their homes and communities. To meet that goal, the AAA/ADRC hires competent employees, partners with contractors who are well-qualified in their field of service, and continuously searches for community agencies that provide services for our target populations. Of course, the AAA/ADRC follows the instructions of the Older Americans Act and abides by the policies and procedures of the Lt. Governor's Office on Aging.

Each AAA/ADRC employee is given an annual review. During this review, staff members are evaluated on how they have performed. An assessment is made on how the staff member solves problems, works without supervision, works with fellow staff members, their professionalism, willingness to learn and improve, adherence to policies, oral and written skills, and organization. Staff members are often cross-trained to be able to assist clients across all of the programs that are offered through the LGOA, the AAA/ADRC, the contractors, and in the community.

Contractors, including councils on aging, are decided upon using the competitive procurement process. This process is used not only to generate the lowest costs, but to find an organization that is qualified and suited to serve the senior community. Through the monitoring process, these contractors must perform satisfactorily and meet all of the requirements of the program(s). These organizations are urged to use the funding dollars through the OAA as seed money and should look for innovative ways to generate additional funds to meet matching requirements and to serve more seniors.

No one organization can meet all of the needs of the senior community. It is up to the AAA/ADRC and its contractors to partner with agencies, ministries, and other community organizations to serve our target populations.

Workforce Focus

The current staff structure at the Appalachian AAA/ADRC includes the Aging Services Director, one Information and Referral/Assistance Specialist, three Family Caregiver Support Program Advocates, three SHIAP Counselors, one Nutrition Manager, one VD-HCBS Program Manager, seven Ombudsman, and four Assessors.

Meetings are regularly held between the Aging Services Director and at least one senior member of each of the programs to discuss program goals, projects and deadlines. Monthly meetings are held with all Aging personnel.

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Whenever possible, employees are cross trained within the different departments. Annual performance evaluations are given to discuss the employee's strengths, weaknesses and accomplishments.

Process Management

The Appalachian AAA/ADRC's process management system ensures that our programs including Information & Referral/Assistance, SHIP, Family Caregiver Support Program, VD-HCBS Program, Ombudsman Program and the Assessment Program function in the most effective and efficient way to meet the desired needs of the clients to help them age in place. By cross training the AAA/ADRC staff, there is greater utilization of staff between programs and expands the analysis of client needs beyond a specific program. Each of the AAA/ADRC staff members are evaluated to determine their knowledge, strengths and abilities to place them in an appropriate program.

Client/Customer Satisfaction

The Appalachian AAA/ADRC assists all consumers requesting program information regardless of age. The goal is to help navigate consumers through the long term care system. The staff members are active in the communities to not only do outreach about the programs offered through the AAA/ADRC and its contractors, but to build relationships, learn of new resources, and to network with other agencies. Client surveys are used to determine the level of satisfaction provided through programs and services.