

Appalachian Area Agency on Aging

Aging Services Policies and Procedures Manual

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THE OLDER AMERICANS ACT

The Older Americans Act, as amended, is intended to establish a comprehensive and coordinated network of services for older Americans. It seeks to do this by encouraging and providing financial assistance to state, regional, and local efforts to plan, administer, and deliver a wide range of needed services. Such efforts should increase existing services, coordinate development efforts, and facilitate the creation of new services needed to fill gaps.

The State of South Carolina divides the state into planning and service areas and designates an Area Agency on Aging to develop and administer the plan in each region. The Appalachian Council of Governments/Area Agency on Aging is the designated agency in the Appalachian region of South Carolina which includes Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg counties.

The Older Americans Act provides a strong basis for supported activities that are responsible to the complex and changing environment of older persons. It continues to underscore the collaborative efforts that are needed to ensure that every community provides the opportunity for individuals to live and mature with dignity and independence.

Area agencies on aging are expected to provide leadership and work to establish strong partnerships with other organizations to assure that a region is responsive to the challenge of an aging society.

APPALACHIAN COUNCIL OF GOVERNMENTS AREA AGENCY ON AGING

MISSION

The mission of the Appalachian Area Agency on Aging (AAA) 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 SC Department on Aging, Councils on Aging, nonprofits, the private sector, and individuals. The Appalachian Council of Governments' Area Agency on Aging is the designated regional lead agency for the development of a comprehensive, coordinated, and cost-effective long term care system.

VISION

The vision of the Appalachian AAA 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. Appalachian AAA agrees too:

- 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.

DEFINITIONS

1. Administration for Community Living (ACL):

The USDHHS agency that is responsible for the Administration on Aging (AoA), which administers the provisions of the OAA.

2. Area Agency on Aging (AAA)

Area Agency on Aging means the separate agency designated by the State Unit on Aging (SUA) to be responsible for the aging programs within a planning and service area. The Appalachian Council of Governments AAA is the designated agency in the Appalachian region, made up of Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg counties.

3. Older Americans Act (OAA)

The Older Americans Act of 1965, as amended. To serve as an effective and visible advocate for older individuals; collect and disseminate information related to problems of the aged and aging; administer grants; conduct evaluation of programs; provide technical assistance and consultation to states; and stimulate more effective use of existing resources.

4. Administration on Aging (AoA)

The agency established in the Office of the Secretary, Department of Health and Human Services as part of the Office of Human Development, which is charged with the responsibility of administering the provisions of the Older Americans Act except for Title V.

5. Alternate Care for the Elderly (ACE)

Programs funded by the S. C. General Assembly to assist frail and functionally impaired older persons remain in their homes. Any older person may receive community-based services. "Functionally impaired" means physical or mental limitations that restrict a person's ability to perform the activities of daily living. "Older person" means any person fifty-five years of age or older; not more than ten percent of the units purchased may be delivered to recipients between ages 55-59. Includes programs funded under the Community Services Program and Bingo revenues.

6. Area Plan

The official area planning document which is submitted by a designated Area Agency on Aging to the State Unit on Aging for approval. The area plan may be updated annually, or as is required by the State Unit on Aging. The area plan sets forth measurable objectives, identifies the planning coordination administration, social services, resource allocation, evaluation and other related activities to be undertaken in a project year.

7. Community Focal Point

A facility established to encourage the maximum coordination of services for older persons.

8. Community Services Program

Part of the Alternative Care for the Elderly (ACE) Program. See Item 4 above.

9. Comprehensive and Coordinated Systems

A program of interrelated social and nutrition services designed to meet the needs of older persons in a planning and service area.

10. Coordination

The process through which the Area Agency on Aging brings together planning and service resources of a given geographic area for the purpose of initiating, expending or strengthening services for older persons. The purpose is accomplished through cooperative efforts, services and other elements of existing programs and organizations related to aging operations.

11. Direct Services

Any activity performed to provide services directly to an older person(s).

12. Disability

A disability attributable to mental or physical impairment, or a combination of mental and physical impairments that result in substantial functional limitations in one or more of the following areas of major life activity:

- a. Self-Care
- b. Receptive and Expressive Language
- c. Learning
- d. Mobility
- e. Self-Direction
- f. Capacity for Independent Living
- g. Economic Self-Sufficiency
- h. Cognitive Functioning
- i. Emotional Adjustment

13. Donated Foods or Cash

Food or cash made available by the Nutrition Service Incentive Program (NSIP) through the Food Distribution Program for use by nutrition services. South Carolina currently uses only cash.

14. Eligible Individuals

Persons who are 60 years of age or older and their spouses. Preference must be given to older persons with the greatest economic or social need in the delivery of services under the area plan.

15. Frail

Having a physical or mental disability, including having Alzheimer's disease, or a related disorder with neurological or organic brain dysfunction that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently.

16. Greatest Economic Need

The need resulting from an income level at or below poverty threshold established by the State Office of Management and Budget.

17. Greatest Social Need

The need caused by non-economic factors which include physical and mental disabilities, language barriers, cultural, social, or geographic isolation included that caused by racial or ethnic status which restrict an individual's ability to perform normal daily tasks or which threaten such individual's capacity to live independently.

18. High Risk

An agency which (1) has a history of unsatisfactory performance, or (2) is not financially stable, or (3) has a management system which does not meet prescribed management standards, or (4) has not conformed to terms and conditions of previous awards, or (5) is otherwise not responsible.

19. In-Home Service

Services, provided to a client in his/her home. Services include (a) care of environment and care of the individual; (b) visiting and telephone reassurance; (c) in-home respite care for families, including adult daycare as a respite service for families; and (d) home delivered meals.

20. Means Test

The use of an older person's income or resource to deny or limit that person's receipt of services.

21. Minority Individuals

Persons who identify themselves as American Indian, African American, Asian, Hispanic, and members of any limited English-speaking groups designated as minority with the State of South Carolina by the State Unit on Aging.

22. Multipurpose Senior Center

A community facility for the organization and provision of a broad spectrum of services including health, social, nutritional, and educational services; and a facility for recreational and group activities for older persons.

23. Non-Profit

An agency, institution or organization which is owned and operated by one or more corporations or associations with no part of the net earnings benefiting any private share holder or individual.

24. Nutrition Services

Those services, whether provided by a public or private non-profit agency or organization, which provide meals and other nutrition services, including nutrition education and outreach to older persons.

Such services may be provided in:

- (a) A group dining setting in which a range of social and supporting services are available; and
- (b) In the home of an eligible older person if that individual is homebound by reason of illness, incapacitating disability or is otherwise isolated.

25. Planning and Service Area (PSA)

South Carolina's official sub state area wide aging planning and service districts. Planning and service areas are designated for purposes of planning, development, delivery, and overall administration of services under an area plan. The Appalachian Council of Governments Area Agency on Aging/AAA serves the Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg counties.

26. Program Income (also "Grant Related Income" or GRI)

Includes income from fees for services performed. Gross income received by the area agency on aging and service providers and directly generated by a contract supported activity, or earned only as a result of the contract during the contract period. "During the contract period" is the time between the effective date of the contract and the ending date of the contract reflected in the final financial report. Program income includes, but is not limited to: income from service fees; proceeds from the sale of personal or real property; usage or rental fees; sale of

assets purchased with grant funds; royalties on patents and copyrights; contributions of recipients of service, and interest on such contributions; and other income as defined by the State Unit on Aging.

27. Resource Development/Program Development

The development of new and existing resources for the purpose of creating new programs or expanding existing programs and services for older persons. This process includes those activities which result in the utilization for older persons of previously untapped resources of public, private, and other agencies.

28. Service Provider

An entity that is awarded a contract from an Area Agency on Aging to provide services under the area plan.

29. Severe Disability

A severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that:

- a. is likely to continue, indefinitely; and
- b. results in substantial functional limitation in 3 or more of the major life activities.

30. South Carolina Department on Aging

The state agency established to study, plan, promote, and coordinate a statewide program to meet the present and future needs of aging citizens in South Carolina and to administer all federal programs relating to aging which are not the specific responsibilities of another State Agency under the provisions of Federal or State law. SC Department on Aging (SC DOA) serves as the State Unit on Aging designated by the Governor and approved by AoA.

31. Target Groups

Eligible individuals identified by the state and federal government to be in greatest economic or social need of services.

32. Waiver of Policies

Any policy or procedure which is not federally mandated may be waived by the State Unit on Aging when circumstances dictate such action. Agencies desiring a waiver should carefully document the reasons for the needed waiver and the impact on operations if a waiver is not granted and submit to the Appalachian Council of Governments/AAA which will then request a waiver from the State Agency.

ABBREVIATIONS

The following abbreviations may be used throughout this Manual:

AIM – Advanced Information Manager

SC DOA - SC Department on Aging

PBC – Performance Based Contract

RFP - Request for Proposal

SSBG - Social Services Block Grant

SECTION 100: AREA AGENCY ON AGING ORGANIZATION

101. APPALACHIAN COUNCIL OF GOVERNMENTS AREA AGENCY ON AGING

The Area Agency on Aging (AAA) is a division of the South Carolina Appalachian Council of Governments (SCACOG). The Older Americans' Act charges the SCACOG/AAA 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 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.

Appalachian Area Agency on Aging: Area Plan July 1, 2023- June 30, 2025 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 ACOG 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 ACOG Executive Director certifies that the division functions as the AAA for the purpose of carrying out all functions as specified in the Older Americans Act of 1965, as amended in 2006.

102. BOARD OF DIRECTORS

A Board of Directors approves the policies of the Area Agency on Aging based on recommendations set forth by the Regional Aging Advisory Committee (RAAC). The Bylaws set forth the guidelines under which the Area Agency on Aging is governed and within the guidelines established by the ACOG's Board.

103. ADVISORY COMMITTEE

The RAAC members are appointed by the ACOG Board of Directors and serve in an advisory capacity to the Council in its role as the Area Agency on Aging. The Chairman of the Regional Aging Advisory Committee is also a member of the ACOG Board of Directors.

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.

104. ADVISORY COMMITTEE GENERAL RESPONSIBILITIES

The Advisory Committee has the following basic responsibilities:

- Advise the ACOG/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.

105. ADVISORY COMMITTEE BYLAWS

The Advisory Committee has Bylaws which outline the terms of membership, frequency of meetings, election of officers, etc. A copy of the Bylaws can be Found on the ACOG website at <u>WWW.SCACOG.ORG</u>

106. AGENCY STRUCTURE

The ACOG/AAA is located at 30 Century Circle Greenville SC 29607. Office hours are Monday – Friday, 8:00am – 5:00pm.

The Executive Director is the chief administrative officer of the ACOG/AAA. The Aging Services Director provides overall leadership for the ACOG/AAA and its staff.

The ACOG/AAA recruits and employs qualified staff to develop and administer the functions and responsibilities of the agency.

The ACOG/AAA maintains an EMPLOYEE POLICIES AND PROCEDURES HANDBOOK, which sets forth its personnel administration policies.

107. REPORTS AND FORMS

The ACOG/AAA will submit reports as required in a timely manner. Both performance and financial reports will be submitted.

108. DIRECT SERVICES

The ACOG/AAA must use sub-grants or contracts with local service providers to provide all services unless its seeks and obtains from the State Unit on Aging a decision that direct provision of a service by the Agency is necessary to assure an adequate supply of the service. Direct provision is necessary if the ACOG/AAA can and will provide services substantially more effectively and efficiently than any other provider. The ACOG/AAA will provide direct services for any services required and related to Area Agency on Aging statutory functions.

109. TECHNICAL ASSISTANCE

The ACOG/AAA will provide ongoing technical assistance to local service providers, public and private agencies, and organizations engaged in activities relating to the needs of older persons in the Appalachian region.

110. PUBLIC INFORMATION

The ACOG/AAA pursues a policy of Freedom of Information and will provide reasonable access to the area agency on aging approved plans for programs and other information. The intent of South Carolina's Freedom of Information policy is to provide citizens the opportunity to obtain information about the operation of their government and its impact upon them. The ACOG/AAA will, therefore, assist in making information available.

111. EVALUATION AND ASSESSMENTS

The ACOG/AAA will conduct ongoing evaluation and assessment of its programs. The general standards and policies for assessment are outlined in the STATE UNIT ON AGING'S POLICIES AND PROCEDURES MANUAL (can be found online at the ACOG website or SC DOA website). https://www.scacog.org

112. STAFFING

The ACOG/AAA is responsible for recruiting and employing adequate numbers of staff to carry out the responsibilities of the agency.

- A. The ACOG/AAA is headed by the Aging Services Director who is responsible to the ACOG/AAA Executive Director. The Aging Services Director is responsible for all staff functions.
- B. The State requires that an Area Agency on Aging employ the following minimum staff:
 - 1. Minimum staffing for a multi-county AAA with four or fewer providers is 2.5 Full-Time Equivalents (FTEs)
 - 2. Minimum staffing for a multi-county AAA with more than four providers is 3.5 Full-Time Equivalents (FTEs)
 - 3. Minimum staffing must include a full-time Director. Other agency responsibilities are to be handled by persons responsible for fiscal and some combination of program planning and clerical support.
 - 4. ACOG/AAA shall give preference to persons age 60 or over, disabled individuals, and minorities who are qualified in hiring for Older Americans Act and State funded positions.
 - 5. The ACOG/AAA must maintain sufficient legal authority and organizational capability to develop the required area plan, and to carry out effectively the functions and responsibilities of an area agency on aging as prescribed by the State Agency on Aging and the Act.

113. PROCEDURES FOR APPLICATIONS FOR STATE SUPPORT

All proposals for support of Older Americans Act activities shall be submitted to the State Unit on Aging by the ACOG/AAA in a format prescribed by the State Agency. The basic form for funding is the area plan format. Special State allocations are obtained through the area plan process.

114. STATE FUNDS

The ACOG/AAA is subject to the provisions of the authorizing legislation and any relevant policies established by the State Agency. The ACOG/AAA is also subject to the requirements of any Older Americans Act or any other program with which they may be associated.

115. TITLE VI OF THE CIVIL RIGHTS ACT

- A. All funds under the Older Americans Act shall be administered in compliance with Title VI of the Civil Rights Act of 1964 and be administered in compliance with Title VI of the Civil Rights Act of 1964, the Regulations (45 CFR Part 80), a Statement of Compliance signed by the ACOG/AAA in accordance with requirements.
 - B. The ACOG/AAA shall make no distinction because of race, color, sex, disability, religion, or national origin in providing to individuals any services or other benefits under projects financed in part with Older Americans Act funds. (This provision excludes age since the ACOG/AAA serves only older persons by design and by law except in the case of state programs.)
 - C. As a part of the overall methods of administration, the ACOG/AAA will carry out the following Civil Rights activities:
 - 1. Inform and instruct all area agency on aging staff regarding their obligations under the Civil Rights Act.
 - 2. Inform and instruct all agencies and organizations which provide services by the ACOG/AAA of their civil rights obligations as a condition to initial or continued financial participation in the program.
 - 3. Inform the area agency staff that referral may not be made to agencies, institutions, organizations, facilities, participants, etc. that engage in discrimination.
 - 4. Maintain a current, properly executed policy as part of their official files.
 - 5. Conduct periodic reviews, including on-site visits as appropriate, of the agencies and organizations participating in Older Americans Act programs to assure their practices are in conformity with the Civil Rights Act, state and federal regulations and policies, and executed Statement of Compliance.
 - 6. Require contractor compliance with policies and procedures to provide Older Americans Act project participants with the opportunity to file a Title VI Civil Rights Complaint.
 - 7. Require contractors to post in clear sight their Title VI Civil Rights policies.

116. PERSONNEL ADMINISTRATION

The ACOG/AAA maintains an "EMPLOYEE POLICIES AND PROCEDURES HANDBOOK" which sets forth its policies.

117. AFFIRMATIVE ACTION

The ACOG/AAA's "EMPLOYEE POLICIES AND PROCEDURES HANDBOOK" sets forth policy assurances for complying with the principles of affirmative action.

118. PUBLICATIONS

Any books, reports, pamphlets, papers, or articles based on activities funded by Older Americans Act shall contain an acknowledgment of that support. The ACOG/AAA is required to use the following, or a similar statement: "This publication was funded in part through funds authorized by the Older Americans Act."

119. STANDARDS

The ACOG/AAA shall meet such standards as may be developed by the State Unit on Aging.

120. CONFIDENTIALITY

Contract agencies funded by the ACOG/AAA must have procedures to ensure that no information about an older person, or obtained from an older person is disclosed in any form that identifies the person without the informed written consent of the person or his/her legal representative, unless the disclosure is required by court order, 45 CFR 92.42 or for other program monitoring by authorized Federal, State, Area Agency, or local monitoring agency.

The ACOG/AAA requires contract agencies to ensure that lists of older persons compiled under information and referral services are used solely for the purpose of providing services, and only with the informed consent of each individual on the list.

The Area Agency on Aging shall obtain written assurances from the contract agencies that they will comply with the confidentiality requirements of this section.

121. DISCLOSURE

The ACOG/AAA will make available at reasonable times and places to all interested parties its written policies and other information and documents in carrying out its responsibilities under the Older Americans Act. The ACOG/AAA is not required to disclose those types of information or documents that are exempt from disclosure by a federal agency under the federal Freedom of Information Act. The Long-Term Care Ombudsman case files and all documentation of any kind is exempt from the Freedom of Information Act (FOIA). Requests for such information will be forwarded to the state office for legal decision making.

122. CODE OF CONDUCT

The ACOG/AAA must meet the provisions of the State Agency's Code of Conduct. (See Chapter 300 Section 305-G: State Unit on Aging's Policies and Procedures Manual)

123. BUDGET YEAR

The ACOG/AAA shall recognize the State Unit on Aging's period for the award of Older Americans Act funds. The period is a number of years designated by the state during which time the recipient of the award may be granted continuation of the award. For budget purposes, the period is divided into budget years. Funds may only be awarded for one budget year at a time, not to exceed twelve months.

124. GRANTS AND CONTRACTS ADMINISTRATION

The ACOG/AAA shall maintain an adequate accounting system and procedures to control and support all of its operations.

125. MATCHING AND PERCENTAGE REQUIREMENTS

The ACOG/AAA shall meet all of the matching and percentage allocation requirements of the federal regulations.

126. PROCUREMENT

The ACOG/AAA's "EMPLOYEE POLICIES AND PROCEDURES HANDBOOK" sets forth procedures regarding procurement.

SECTION 200: AREA AGENCY ON AGING FUNCTIONS

The ACOG/AAA is intended to be a leader relative to all aging issues on behalf of older persons in the Appalachian Region. The Area Agency on Aging shall proactively carry out a wide range of functions to assist older persons in leading independent, meaningful, and dignified lives in their own homes as long as possible.

The ACOG/AAA will conduct the following functions:

201. PLANNING

The ACOG/AAA is responsible for coordinating all activities necessary for effective short and long-range regional planning for the elderly. Procedures for addressing these activities are as follows:

- A. Facilitate innovative, efficient, and effective services to people aged 60 and older within Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg counties.
- B. Conduct needs assessments using the following format:
 - 1. Review, compilation, and analysis of the needs assessment.
 - 2. Review, compilation, and analysis of objectives.
 - 3. Review, compilation, and analysis of the data on unmet needs.
 - 4. Compilation and analysis of data contained in other state plans such as that of the State Unit on Aging.
 - 5. Review, compilation, and analysis of demographic data and regional analysis from the ACOG/AAA's planning division.
 - 6. Surveys of appropriate federal, state, and local agencies for information on the needs of the elderly.
 - 7. Interviews and questionnaires of persons 60 and older eligible for services in the Appalachian Region.
- C. Collect and exchange area wide data from all available sources, including the State Unit on Aging.

- D. Conduct research by analyzing all available data in order to ascertain the current and projected trends and needs of an aging population and the resources to address them.
- E. Provide the coordination and collaboration of area wide planning efforts among eligible older people, and other area agencies, service providers, and any other organizations.
- F. Develop and publicly distribute both strategic and long range area plans for meeting the needs of older people. Review and update periodically.
- G. Designate local focal points for the delivery of services. Special considerations shall be given to developing and/or designating approved multipurpose senior centers as community focal points on aging.
- H. Develop and periodically review the regional funding formula for allocation of funds.

202. PROGRAM DEVELOPMENT

The ACOG/AAA will develop activities directed toward funding, maintaining, and enhancing existing programs as well as developing new programs. Development responsibility will be processed as follows:

- A. Coordinate in the development of service definitions, unit definitions, minimum standards and activities, and other criteria for specific services to be funded through the State Unit on Aging, Area Agencies on Aging, and other sources.
- B. Develop resources to be used region wide to fund new services and to expand existing ones.

203. TRAINING

ACOG/AAA will implement the following training guidelines:

- A. Develop an area wide training plan to address the training needs of aging service professionals. Provide leadership and assistance in the training of aging network personnel.
- B. Coordinate training of aging network personnel. Promote and receive training from appropriate core courses and curriculum.
- C. Assist service providers in meeting minimum staff training requirements.
- D. Share resources with aging network.

204. RESOURCES DEVELOPMENT

The ACOG/AAA continuously seeks resources to maintain, enhance services, and to develop services. The AAA seeks funds from local governments, foundations, federal grants, and other sources.

205. SERVICE DELIVERY

The ACOG/AAA is not expected to deliver services directly unless there is no viable alternative. The ACOG/AAA ensures efficient and effective service delivery through its providers who must follow all requirements outlined in the SUA's policies and procedures for service delivery.

206. GRANTS AND CONTRACTS MANAGEMENT

The ACOG/AAA shall maintain adequate control and accountability for funds awarded to them to ensure that funds are expended properly. Sufficient data shall be collected and maintained to complete and submit required reports. The ACOG/AAA conducts monitoring and technical assistance to assure that service providers fulfill their responsibilities under the contract. This function also includes procurement and purchasing activities such as bids and RFPs for services.

207. COMMUNITY EDUCATION

The ACOG/AAA will conduct activities to promote aging efforts and make aging issues visible in the Appalachian Region. The ACOG/AAA will make older adults aware of the availability of services. The AAA is expected to make the public aware of problems and the needs of older adults.

208. ADVOCACY

The ACOG/AAA will attend public hearings and give presentations when appropriate on problems and needs of older adults. The ACOG/AAA will be involved and visible in legislative and budgetary matters in support of older adults within the guidelines established by its Board of Directors.

209. TECHNICAL ASSISTANCE

- A. The ACOG/AAA shall provide ongoing technical assistance to its service providers. Technical assistance shall be provided on a regular basis through on-site visits and through written communication.
- B. The Area Agency on Aging will provide technical assistance to other organizations, public and private, in the Appalachian Region which are concerned with the needs of older adults.

210. COORDINATION

The ACOG/AAA provides the following:

A. General Coordination

- 1. Identification and development of public and private resources other than those available through the Older Americans Act to increase the quantity, quality, and coordination of services to older adults.
- 2. Joint funding and programming with all available resources to better serve older adults.
- 3. Assessment of progress and problems in developing interagency agreements, joint funding, and joint programming along with efforts to resolve the problems.
- 4. Dissemination of information on the status, concerns, and needs of older adults.
- Development and implementation of action plans for coordination and resource development activities which should result in the initiation of new and expanded services for older adults in the Appalachian Region.

B. Program Coordination

In carrying out its responsibilities for development of a comprehensive coordinated system, the ACOG/AAA is responsible for establishing effective and efficient procedures for coordinating programs funded by the state.

The service providers in the Appalachian Region are required to cooperate in such coordination efforts as the following:

- Workforce Investment Act
- Title II of the Domestic Volunteer Service Act of 1973
- Title XVI, XVII, XIX and XX of the Social Security Act
- Sections 231 and 232 of the National Housing Act
- United States House Act of 1937

- Section 202 of the Housing Act of 1939
- Title I of the Housing and Community Development Act of 1974
- Title I of the Higher Education Act of 1965, and the Adult Education
 Act
- Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964
- Public Health Service Act
- Low Income Home Energy Assistance Act of 1981
- Part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons
- Community Services Block Grant Act
- Demographic statistics and analysis programs conducted by the Bureau of the Census under Title 14, United States Code

The ACOG/AAA must coordinate its activities with other service providers in the Appalachian Region. The following coordination activities are to be conducted:

- Conduct efforts to facilitate the coordination of community-based, long-term care services designed to retain individuals in their homes, thereby deferring unnecessary institutionalization, and designed to emphasize the development of client-centered case management systems as a component of such services.
- Identify the public and private nonprofit entities involved in the
 prevention, identification and treatment of the abuse, neglect, and
 the exploitation of older adults. Based on such identification,
 determine the extent to which the need for appropriate services for
 such individuals is met.
- 3. Facilitate the involvement of long-term care providers in the coordination of community-based long-term care services to work to ensure community awareness of an involvement in addressing the needs of residents of long-term care facilities.

SECTION 300: AREA PLAN AND SERVICE DELIVERY PROCESS

This section sets forth the policies and procedures governing the development and submission of the information required by the Appalachian Regional service providers in the area plan.

301. FUNDING BASIS

As required in the Older Americans Act, service providers in the Appalachian Region shall give preference to providing services to older individuals with greatest economic or social needs with particular attention to low-income minority individuals.

The use of means testing is prohibited. Service providers must determine that potential participants are economically needy. Bureau of Census poverty thresholds are used as guidelines for determining economic need.

Social needs are determined through a needs assessment process which considers factors such as physical and mental disabilities, cultural or social isolation, or other factors which restrict an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.

302. FUNDING FORMULA

The ACOG/AAA utilizes the following configuration for guidance as well as the needs assessment in allocating Title III and SSBG funds:

- A. Fifty percent (50%) of available amount to be divided equally among the six counties of Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg. This amount allows each county an equal base amount of support.
- B. Twenty percent (20%) funding distributed to each county based on their applicable most current 10-year census 60+ general population in relation to percentage of Appalachian Regional totals.
- C. Ten percent (10%) of funding distributed to each county based on their applicable most current 10-year census 60+ minority population in relation to percentage of Appalachian Regional totals.
- D. Ten percent (10%) of funding distributed to each county based on their applicable most current 10-year census 60+ population in relation to percentage of Appalachian Regional totals.
- E. Five percent (5%) of funding distributed to each county based on their applicable most current 10-year census 60+ rural population in relation to percentage of Appalachian Regional totals.
- F. Five percent (5%) of funding distributed to each county based on their applicable most current 10-year census 85+ frail population in relation to percentage of Appalachian Regional totals.

State ACE BINGO funding: Per South Carolina state allocations.

State funding for in-home and community services: Distributed based on the needs assessment.

Deviation of this funding formula can be made based on needs assessments and meeting previous years' service levels with adjusted increases based on documented needs or waiting list data.

303. ELIGIBILITY REQUIREMENTS FOR FUNDING

Groups or organizations eligible for Older Americans Act funds made available by the ACOG/AAA may be private, public, or private non-profit agencies, organizations, or institutions with a governing board. Non-profit organizations must be chartered as non-profit organizations under the laws of the State of South Carolina.

304. PURPOSE OF THE AREA PLAN

The area plan is the document submitted by the ACOG/AAA to the State Unit on Aging in order to receive funds from the State Unit on Aging. An area plan contains provisions required by the Older Americans Act, State Policies and Procedures Manual and this manual. It sets forth the commitments that the ACOG/AAA will administer activities funded in accordance with State Unit on Aging requirements.

The area plan also contains a detailed statement of the manner in which the ACOG/AAA is developing a comprehensive and coordinated system throughout the Appalachian Region.

305. DURATION OF THE AREA PLAN

The Appalachian Council of Governments AAA shall prepare and develop an area plan for a two, three, or four-year period determined by the state unit on aging, with such annual adjustments as may be necessary.

306. FORMAT OF THE AREA PLAN

The ACOG/AAA shall provide information as needed by the State Unit on Aging in preparing the area plan.

307. COMPREHENSIVE AND COORDINATED SYSTEM

The ACOG/AAA shall require its service providers to provide a comprehensive and coordinated service delivery system.

308. SERVICE DELIVERY REQUIREMENTS

Appalachian Region service providers shall give preference to providing service to older adults with the greatest economic or social needs.

309. MINIMUM PERCENTAGES FOR PRIORITY SERVICES

The Appalachian Area Agency on Aging shall provide a minimum percentage of services as established by the state unit on aging for Title III-B priority services.

Priority Services:

- A. Services associated with access to services (i.e. group dining, transportation, outreach, information and referral, and care management);
- B. In-home services (i.e. care of the environment and care of the individual, visiting and homebound support, and supportive services for families of elderly victims of Alzheimer's disease and other neurological and organic brain disorders of the Alzheimer's type); and
- C. Legal Assistance

310. AMENDMENTS TO REGIONAL AREA PLAN

Regional Area Plan must be amended by Area Agency on Aging if:

- A. New or amended State of Federal statute or regulation requires a new provision;
- B. U. S. Supreme Court decision changes the interpretation of a statute or regulation;
- C. ACOG/AAA proposes to change the designation of the single organizational unit or component unit;
- D. ACOG/AAA proposes to add, substantially modify, or delete any area plan objective;
- E. State unit on aging requires further annual amendments; or
- F. ACOG/AAA proposes to change or add service providers funded under the regional Area Plan.

311. REVIEW AND REVISIONS OF REGIONAL AREA PLAN

- A. ACOG/AAA must submit area plan and amendments for review and comment to the Advisory Committee.
- B. ACOG's Regional Aging Advisory Committee shall review the area plan before conducting public hearings.
- C. ACOG's Regional Aging Advisory Committee shall review the area plan before submission to the State Unit on Aging.

312. PUBLIC HEARING PROCESS FOR REGIONAL AREA PLAN

- A. ACOG/AAA must hold at least one public hearing on the area plan and on any substantial amendments.
- B. Public Notice shall be given at least two weeks before the public hearing. This does not have to be paid public notice. Articles or public service announcements can be used.
- C. Public Hearings must be scheduled to allow sufficient time for review by the Advisory Committee.
- D. A complete copy of the area plan must be available for review by the general public at ACOG/AAA office prior to and after the public hearing.
- E. ACOG/AAA will have a written agenda for the public hearing. A sign-in sheet of participants will be maintained. The Area Agency on Aging shall accept written comments or audio testimony from individuals unable to attend.
- F. Summaries of the comments made at the public hearing shall be available at the Area Agency on Aging office after the public hearing.
- G. All records of the public hearing shall be on file at the Area Agency on Aging as a part of the official area plan file.

SECTION 400: RESPONSIBILITIES OF CONTRACTORS

401. RESPONSIBILITIES OF RECIPIENTS OF AWARDS

The ACOG/AAA requires recipients of awards under the Older Americans Act to carry out the policies and procedures set forth in this manual, state policies and procedures which may be promulgated, the Older American's Act of 1965, as amended, 45CFR Parts 74 and 92, and other appropriate federal regulations, Recipients of awards are responsible for familiarizing themselves with the

contents of this manual, the state policies and procedures manual as found on the SC Department on Aging website, and any other referenced documents in either manual.

402. APPLICABLE LAWS AND REGULATIONS

- A. All contract agencies receiving funds through the Area Agency on Aging under the Older Americans Act are subject to the following laws and regulations:
 - (1) All provisions of the Older American Act, as amended to date;
 - (2) Federal regulations issued pursuant to the Older American Act;
 - (3) Policies and Procedures set forth in the State Unit on Aging Policies and Procedures Manual;
 - (4) Policies and Procedures specified in this manual;
 - (5) Title 45 CFR of the Code of Federal Regulations:
 - Part 16 Procedures of the Departmental Grant Appeals Board
 - Part 74 Administration of Grants, except Subpart N
 - Part 80 Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education, and Welfare.

 Effectuation of Title VI of the Civil Rights Act of 1964
 - Part 81 Practice and Procedure for Hearings under Part 80 of this Title
 - Part 84 Nondiscrimination on the Basis of Handicap in Program Activities Receiving or Benefiting from Federal Financial Participation
 - Part 100 Intergovernmental Review of Department of Health and Human Services Programs and Activities
 - (6) Title 5 of the Code of Federal Regulations, Part 900, subpart F, Standards for a Merit System of Personnel Administration;
 - (7) Program Instructions issued by the Administration on Aging, State Unit on Aging, or ACOG/AAA will supersede this manual. AoA and State Unit on Aging program issuances will become effective only when contract agencies have received notice to that effect.

B. State Funds

Contract agencies receiving state funds are subject to the provisions of the authorizing legislation and any relevant polices established by the State Unit on Aging and ACOG/AAA. They are also subject to the requirements of any Older Americans Act or other program with which they may be associated. No more than ten percent of the units purchased with state funds may be delivered to recipients between the ages of 55-59.

C. Administration

The ACOG/AAA has been vested with the authority to carry out all functions and responsibilities prescribed for area agencies on aging under the Older American's Act, federal regulations and South Carolina State laws and regulations. Whenever the Area Agency on Aging executes grants or contracts with organizations or agencies to provide an aging service or program, the ACOG/AAA has the responsibility of assuring that such contract agencies or organizations are adhering to this manual and other policies and procedures identified and developed by this agency. Thus, the ACOG/AAA requires all contract agencies to establish acceptable methods for administering Older American Act programs. The ACOG/AAA will periodically monitor, assess, and evaluate in order to assure that standards of operation are met.

D. Title VI of the Civil Rights Act

- All funds under the Older American Act shall be administered in compliance with Title VI of the Civil Rights Act of 1964, the Regulations (45 CFR Part 80), a Statement of Compliance signed by each recipient of the funds, and other methods of administration established by the ACOG/AAA in accordance with the changing requirements.
- 2. The ACOG/AAA requires that each recipient of award make no distinction because of race, color, sex, disability, religion, or national origin in providing to individuals any services or other benefits under projects financed in part with Older American Act funds.
 - (This provision excludes age since the ACOG/AAA serves only older persons by design and by law in Older Americans Act Programs.)
- 3. As a part of its overall methods of administration, the ACOG/AAA will carry out the following Civil Rights activities:
 - a. Inform and instruct all contract agencies and organizations which provide services, financial aid or other benefits under the ACOG/AAA programs of their civil rights obligations as a condition to initial or continue financial participation in the program.

- b. Inform beneficiaries, participants, potential beneficiaries, and other interested persons that services, financial aid, and other benefits of the program must be provided on an anti-discriminatory basis as required by the Civil Rights Act; and of their right to file a complaint with the ACOG/AAA, State Unit on Aging, or Department of Health and Human Services, or all three, if there is evidence of discrimination on the basis of race, color, income, sex, physical handicap, or national origin. (Grievance Procedures)
- c. Inform the Area Agency on Aging staff, other agencies, and older persons that referrals may not be made to agencies, institutions, organizations, facilities, participants, etc. that engage in discrimination.
- d. All contract agencies receiving funds through the ACOG/AAA must maintain a current, properly executed policy meeting current antidiscrimination requirements.
- e. ACOG/AAA will conduct periodic reviews, including on-site visits as appropriate, to the contract agencies participating in Older Americans Act Programs to assure that their practices are in conformity with the Civil Rights Act, state and federal regulations and policies, and Area Agency on Aging policies.
- f. ACOG/AAA requires all contract agencies receiving funds through the Older American Act to post in clear sight their Title VI Civil Rights policies and affording project participants with the opportunity to file a Title VI, Civil Rights Complaint.

403. PERSONNEL ADMINISTRATION

All Appalachian Region, contract agencies, whether under Title 5 of the Code of Federal Regulations, part 900, subpart F, Standards for a Merit System of Personnel Administration or not, must be in accordance with applicable policies in their personnel administration.

404. AFFIRMATION ACTION

All contractors receiving funds from the ACOG/AAA must comply with current equal employment opportunity guidelines.

All contractors are required to have an acceptable affirmative action plan as a condition for approval of funds from the ACOG/AAA. All contractors' affirmative action plans require an annual update and will be monitored by the Area Agency on Aging.

405. PUBLICATIONS

Any books, reports, pamphlets, papers, or articles based on activities receiving support from the ACOG/AAA shall contain an acknowledgment of that support and a statement.

The ACOG/AAA requires contract agencies receiving funds to use the following, or a similar statement:

"This publication was funded in part through funds authorized by the Older Americans Act."

The ACOG/AAA, State Unit on Aging and Administration on Aging reserves the option to receive, free of charge, up to 12 copies of any publication published as a part of the Older Americans Act.

406. LICENSURE

All contract agencies receiving funds from the ACOG/AAA shall assure that when federal, state, or local public jurisdictions require licensure for the provision of services; the contract agency will meet such licensure requirements.

407. STANDARDS

All contract agencies funded by the ACOG/AAA shall meet such standards as may be developed by the State Unit on Aging.

408. DISCLOSURE

All contract agencies receiving funds through the Area Agency on Aging will make available at reasonable times and places to all interested parties its policies and other information and documents in carrying out its responsibilities under the Older Americans Act. Appalachian regional contractual agencies are not required to disclose the types of information or documents that are exempt from disclosure by a federal agency under the Federal Freedom of Information Act.

409. CODE OF CONDUCT

All contract agencies providing services under the Older American Act must meet the provisions of the State Unit on Aging Code of Conduct.

410. BUDGET YEAR AND PERIOD FOR AWARD

The Appalachian regional contractual agencies shall recognize the State Unit on Aging periods for the award of Older Americans Act funds. The period is a number of years designated by the state during which time the recipient of the award may be granted continuation of the award.

For budget purposes, the period is divided into budget years. Funds may only be awarded for one budget year at a time, not to exceed twelve months.

411. CONTRACTS ADMINISTRATION

The ACOG/AAA requires that all contract agencies receiving grant funds maintain proper accounts, with necessary supporting documents recorded accurately in the Advanced Information Manager (AIM) database system. Such accounts must be in a form that will provide for an accurate status of all funds at any time. Also included will be the disposition of funds received and the nature and amount of all expenditures and obligations claimed. Detailed procedures are specified in both the State Unit on Aging and the ACOG/AAA Policy and Procedures Manual.

412. NON-FEDERAL SUPPORT FOR SERVICES

Appalachian Council regional contractual agencies are required to assure that funds awarded in the area plan process are not used to replace funds from non-federal organizational sources. Contract agencies must agree to continue to initiate efforts to obtain private and other public organizational support for services funded by the ACOG/AAA.

413. MATCHING AND PERCENTAGE REQUIREMENTS

Each Appalachian regional contractual agency must meet all of the matching and percentage allocation requirements of the federal regulations as applied to its service area in the area plan.

414. NON-FEDERAL SHARE OF FUNDS

The portion on non-federal expenditures under the area plan shall be accounted for by Appalachian regional contractual agencies. This portion of the non-federal share may be cash and/or in-kind contributions. Contract agencies receiving funds through the ACOG/AAA shall accurately report to the ACOG/AAA the amount and source of funds/resources used as the non-federal share.

415. PREFERENCE FOR SERVICE

Contract agencies receiving funds from the ACOG/AAA shall ensure that preference for services is given to those older persons in greatest social and/or economic need, with particular attention to low-income minority individuals.

The term "greatest economic need" means the need resulting from an income level at or below the poverty threshold established by the Office of Management and Budget.

The term "greatest social need" means the need caused by non-economic factors which include physical and mental disabilities, language barriers, cultural, social, or geographical isolation including that caused by racial or ethnic status that restricts an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.

Preference for enrollment shall be given to persons with high priority scores who are referred by health care professionals. If demand for service exceeds availability of meals, requests are to be referred to other agencies providing meals, if appropriate. All requests, including referrals, are to be placed on a waiting list until referral has been accepted, an opening occurs, or additional funds are available.

416. CONTRIBUTIONS FOR TITLE III SERVICES

Each Appalachian regional contractual agency is required to meet the contribution requirements. Definition – A voluntary contribution is a gift or a donation, freely given, without persuasion, coercion, or legal obligation.

Each Contract agency must:

- A. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- B. Protect the privacy of each older person with respect to his or her contribution;
- C. Establish appropriate procedures to safeguard and account for all contributions;
- D. Develop a suggested contribution schedule for services provided under the Older Americans Act program. In developing a contribution schedule, the contract agency must consider the income ranges of older persons in the community and other sources of income. The contract agency's Board of Directors must approve such schedules and changes.

Appalachian regional contractual agencies shall not deny any older person a service funded under the Older American Act because the older person will not or cannot contribute to the cost of the service.

Contract agencies shall not bill, request, demand or solicit fees for Title III services from a client, family member, relative, or organization.

Contributions made by older persons who are recipients of services are considered pro-gram income and must be reported to the ACOG/AAA. Contributions must be spent during the budget year in which they are generated and in the Title III Service area in which they are generated.

417. FEES FOR NON-TITLE III SUPPORTED SERVICES

Definition – Fees or payments for service are legal obligations and are required in order to receive the service.

- A. When non-Title III funds are used to support a service in whole or in part, the Appalachian Region contract agencies may require a fee in order to provide a service. Such fees should be established by the contract agency, approved by the contract agency's Governing Board, provided in writing, and explained in advance or receipt of service to the client. The fees for such private pay clients may be paid by the client or subsidized in whole or in part by local sources; e.g., civic or religious organizations, United Way.
- B. Fees should be identified and tracked by client.

- C. Private pay fees must be based upon the full cost of the service as determined by the provider, as no part of the cost may be supported by Title III.
- D. Each Appalachian Regional contractual agency who offers private pay services shall have established a written methodology for determining priority for services under Title III as opposed to unsubsidized service. This methodology may not include a means test.

418. OLDER PERSONS ADVISORY ROLE TO CONTRACT AGENCIES

Each Appalachian regional contract agency must have procedures for obtaining the views of participants about the services they receive.

419. GRANTS AND CONTRACTS MANAGEMENT POLICY

ACOG/AAA shall require contractors to manage allocated funds in such a manner that all funds allocated shall be utilized within the contract period. ACOG/AAA shall have the authority to reallocate funds within a contract period.

420. GRANT RELATED INCOME POLICY

Grant Related Income (GRI) is income that is generated by an agency while carrying out the scope of work defined in a contract. For example, donations received from seniors participating in programs at a nutrition site would be considered Group Dining Nutrition Grant Related Income; or contributions collected by a van driver from persons being transported would be Transportation Grant Related Income.

Federal regulations state that Grant Related Income must be used to expand the contract from which it was collected and must be expended in the year in which it is collected.

ACOG/AAA shall use all Grant Related Income in the following manner:

- A. Applied against service unit cost,
- B. Purchase additional service units.

Grant Related Income shall be used in the fiscal year in which it is collected and in the program in which it was collected.

421. COST SHARING POLICY

The level of participation by the consumer is based upon the individual's willingness and ability to share in the cost and the agency's total cost of the service. A contribution is when the recipient of a service is provided the opportunity to make a donation toward the cost of the service on a voluntary basis.

A fee is when the recipient of a service is expected to pay all or part of the cost of the service as a condition for receipt of services.

Contributions are the required method for Title III and Social Services Block Grant Services. Fees are the required method for services provided using state funding; i.e., Alternative Care for the Elderly (Community Services and Bingo Revenue) and state funded services.

The following suggested sliding donation schedule is to be used for contributions and fees for services in the Appalachian Region.

Monthly Income Category % of Unit Cost				
\$0	-	500	0%	
\$551	-	750	5%	
\$951	-	1,150	15%	
\$1,151	-	1,350	20%	
\$1,351	-	1,550	30%	
\$1,551	-	1,750	40%	
\$1,751	-	1,950	50%	
Above		1,950	Full Cost	

The maximum total fees a client can be charged, regardless of the number of services, shall not exceed ten percent of the client's total annual income.

422. OPENING, RELOCATING OR CLOSING NUTRITION SITE POLICY

Group Dining Nutrition services are funded by the ACOG/AAA to enhance the nutritional health of older persons and to prevent social isolation. These funds are made available through the Older Americans Acts of 1965. ACOG/AAA requires congregate Nutrition services be targeted to persons with the greatest socio-economic need. Group Dining Nutrition services are provided by local aging service provider agencies located in Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg counties. All Group Dining Nutrition services shall be delivered in accordance with applicable rules, regulations, and standards. This policy applies to all facilities whether owned, leased, or donated.

ACOG/AAA requires planning and coordination when opening, relocating, or closing of Group Dining Nutrition sites. ACOG/AAA shall require involvement of the following in all matters relating to opening, relocating, or closing Congregate Nutrition Sites:

- Area Agency on Aging Staff
- Appalachian Council of Governments Advisory Council
- Local Aging Service Provider Agency Staff
- Local Aging Service Provider Agency Board of Directors
- Older Adults representing Group Dining Nutrition participants
- Elected Officials representing affected communities

Local aging service provider agencies desiring to open, relocate, or close a Group Dining Nutrition site shall submit a Plan of Action to Appalachian Area Agency on Aging which includes, but is not limited to the following:

OPENING OR RELOCATING

1. ESTABLISHMENTS OF NEED

- Population of elderly in social or economic need must be available within a definable distance of the site
- Demographic data must support the proposal
- Method of achieving volunteer, participant, and community involvement shall be documented
- Timetable with specific dates for complying with applicable regulations and requirements

2. FUNDING

- Sources of funding for start-up and/or continuing operations shall be determined and identified
- Proposed three year service delivery budget shall be submitted

3. LOCATION

- Sites shall be accessible to those eligible individuals in greatest economic and social need and be located as close as possible to concentrations of such individuals.
- The geographical location shall provide for the safety and security of the participants.
- Sites shall be reasonably convenient to other services such as shopping, health etc.
- Ample parking shall be provided as well as a loading/unloading area for participants.
- Preference in relocating sites shall be given to utilizing multipurpose senior centers.

4. ACTIVITIES

- Types and frequency of health and wellness programming and activities shall be provided.
- Persons responsible for conducting activity programs shall be identified.
- Levels of participant involvement shall be projected.
- Explanation of how nutrition education, physical fitness, health and mental well-being activities will be conducted.

5. FACILITY

- Sites shall comply with applicable local, county, Area Agency on Aging, state and federal building regulations, zoning, fire, health and sanitation codes, laws and ordinances.
- Sufficient space is available to accommodate for Group Dining Nutrition program activities as required.
- Site environments facilitate participant's safety, comfort, mobility, and independence.
- Sites shall have a generally attractive and functional exterior and interior.

6. TRANSPORTATION

- Resources shall ensure that the population can be safely transported at a reasonable cost.
- Arrangements shall be made for transporting disabled population.
- Effective transportation system shall be in place prior to initiating services.

7. CONTRACT

• If the facility is not owned by the local aging service provider agency, a contract or agreement shall be in writing between the owner of the facility and the local aging service provider agency.

CLOSING

1. ESTABLISHMENT OF NEED

- Data must support proposed closing.
- Rationale must be thoroughly explained.
- Demonstration of efforts to maintain site shall be given.
- Participant and community input shall be evidenced and documented throughout the proposed closure process.

2. CONTINUATION OF SERVICES

- Plan for continuation of services to affected participants shall be developed.
- Participants shall be notified in a timely manner.

If a local contractor envisions the possibility that a Group Dining site will be opened relocated or closed, the agency shall contact the Appalachian Area Agency on Aging. ACOG/AAA shall assist contractor as the Plan of Action is developed. Once the Plan of Action is accepted by Appalachian Area Agency on Aging, the contractor shall receive written approval to open, relocate, or close a Group Dining site.

423. MONITORING

The Appalachian AAA will monitor its contractors in the following ways to ensure accurate reimbursement policies are being followed. All services being offered by the AAA fall under the monitoring requirement.

- 1. On a monthly basis, desk top monitoring is performed to include the review of AIM reports, P&L statements if applicable for GRI, and reconciliation of meal counts between the caterer, the meal provider, and AIM entries.
- 2. Additional monitoring of the Minor Home Repair program includes a desktop review that includes before and after photos, receipts, invoices, and scope of work description.
- 3. Unannounced on site monitoring occur at a minimum of once per year for each contractor. During these visits, the following is reviewed:
 - Sign in sheets for exercise programs and congregate dining
 - GRI practices
 - Route sheets for HDM, volunteer sign in sheets
 - Travel logs for transportation programs
 - Shots, receipts, invoices for Minor Home Repair program
 - Record retention practices
 - Home care and personal care program review; home care provider logs and invoices
 - Home Chore review; yard work logs and invoices

Any areas of concern are addressed with an action plan in place to maintain compliance.

SECTION 500: AGING SERVICES

The Appalachian Council of Governments (ACOG) serves as the Area Agency on Aging (AAA) for the six-county Appalachian Region (Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg counties). The AAA provides information and assistance to older adults, persons with disabilities and caregivers. Primary aging services supported and/or delivered by the ACOG are Long Term Care Ombudsman Program, Family Caregiver Program, State Health Insurance Program (SHIP), Information and Referral, and the Nutrition Program.

For a complete reference on all policies and procedures related to administering aging services in the state of South Carolina, see the SC DOA Aging Services Policies and Procedures Manual effective July 1, 2023. This manual can be found on the SC DOA website. https://www.scacog.org

501. LONG TERM CARE OMBUDSMAN PROGRAM

The South Carolina Long Term Care Ombudsman Program (LTCOP) seeks to improve the quality of life and quality of care for residents of long term care facilities through advocacy for residents. The LTCOP serves as a point of entry where complaints made by, or on behalf of residents in long term care facilities can be received, investigated, and resolved. Additionally, the LTCOP identifies problems and concerns of residents receiving long term care services and recommends changes to improve the quality of care. The ACOG receives and investigates concerns reported in the six county Appalachian region.

- A. An Ombudsman is defined as an advocate who protects the rights of vulnerable adults living in long term care facilities. They investigate complaints and mediate to solve problems on behalf of the residents.
- B. The Ombudsman Program is a service available to anyone in the community. Residents, family, friends, facility staff, or any other person concerned about the welfare of residents in long term care facilities can file a complaint with our office.
- C. The ACOG's LTCOP covers six upstate counties in South Carolina: Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg.
- D. An Ombudsmen will:
 - 1. Receive and investigate complaints on behalf of residents.
 - 2. Educate Residents, family, staff, and the community on topics affecting long term care residents.
 - 3. Provide information and referrals regarding long term care programs and services.
 - 4. Advocate for residents' rights as well as improvements to state and federal laws and regulations affecting long term care.
 - 5. Mediate with the facility and family on behalf of, or with the resident.

Empower residents to advocate for their rights and resolve their complaints.

The Volunteer Ombudsman Program is a statewide program, managed from the State Long Term Care Ombudsman Program, under the South Carolina Department on Aging. Regional Offices coordinate the program within their geographic area.

- 1. Promoting public awareness of the need for support for individuals within the long term care environment;
- 2. Recruiting, training and supporting volunteers to provide greater connection for residents of long term care facilities;
- Providing one-on-one and group learning opportunities to meet individual needs for additional training and interaction as perceived by the coordinator and expressed by the volunteer;
- 4. Networking with other volunteer programs and support groups who provide resources and training that will improve and facilitate the work done by Volunteer Ombudsmen within the long term care facilities; and,

5. Improving awareness and reporting of any need for assistance for residents when these needs are expressed or when any situation precipitates observation or awareness of the need for additional support and/or knowledge.

(SC DOA Aging Services P&P Manual Chapter 800, pgs. 178-190)

502. FAMILY CAREGIVER SUPPORT PROGRAM

The Family Caregiver Support Program (FCSP) works with caregivers to assist with knowledge, resources and services to assist unpaid caregivers in their roles. The FCSP serves the following caregivers:

- Unpaid adults caring for an individual who is frail or disabled (60 or older)
- Unpaid adults caring for an individual with Alzheimer's disease or a related illness
- Unpaid older relative caregivers (55 or older) caring for an individual with a disability (18 and over; under 60)
- Grandparents or older relative caregivers (55 or older) raising a child 18 or younger

The ACOG is responsible for developing a plan to implement and monitor the FCSP for the six county region that is included as part of the regions area plan. Data will be collected and reported quarterly, and annually, to the SC DOA. A full time Family Caregiver Advocate (FCA) is required to administer, report and monitor the FCSP.

The following services will be provided through the FCSP:

- Information about services available to caregivers in the region;
- Assistance with access to services;
- Individual counseling, organization of support groups, and caregiver training
- Respite care; and
- Supplemental services, on a limited basis (average 15%)

The ACOG will maintain a regional caregiver program advisory committee to support ongoing activities and new program development that is expected to meet at least quarterly.

(SC DOA Aging Services P&P Manual, Chapter 500: 506, pgs. 158-162)

503. STATE HEALTH INSURANCE PROGRAM (SHIP)

South Carolina's State Health Insurance Assistance Program (SHIP) is a state-wide health insurance information, counseling, and assistance program administered by the Department on Aging with funding through the Administration for Community Living (ACL). The SHIP mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits.

The ACOG is responsible for designating and maintaining a SHIP coordinator. In the event the position is vacated, the AAA shall strive to fill the position within a three month (90 days) time-frame unless an exception or extension is approved by the Department on Aging. The designated new hire must take the on-line SHIP Certification exam within 45 days of hire date and achieve an 80% passing score. In the event that the 80% passing score is not achieved, the individual must retest within 30 days. The individual will be given 2 attempts total within 45 days to make a passing score. In the event this is not accomplished, the individual will not be eligible to work in SHIP/SMP program. The AAA shall develop and manage the work plan for the planning and service area.

SHIP responsibilities include:

- 1. AAA Directors shall review call activity reports on a quarterly basis to ensure staff are meeting monthly requirements (per terms and conditions of NGAs) and recording contacts appropriately in the STARS tracking system.
- 2. Each AAA shall conduct three outreach events per month according to the Notification of Grant Award (NGA) guidelines.
- 3. SHIP staff and coordinators shall enter contacts and public events, weekly, via the STARS tracking system to document types of calls and activities as required by the ACL grant terms and agreement.
- 4. AAA SHIP Coordinators shall have and use a locked cabinet or confidential database to store private client data.
- 5. If the regional SHIP staff resigns or is released for cause, the Department on Aging will be notified immediately so that the SHIP data access can be deactivated.

The AAA is required to submit two State Health Insurance Program (SHIP) Progress Reports semi-annually. The reporting periods are April 1 through August 31 and September 1 through March 31. The following are SHIP Performance Measure Definitions governing the SHIP program.

Performance Measure 1: Client Contacts—Percentage of total one-on-one contacts (in-person office, in-person home, telephone (all durations), and contacts by email, postal mail, or fax) per Medicare beneficiaries in the State.

Performance Measure 2: Outreach Contacts—Percentage of persons reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the State.

Performance Measure 3: Contacts with Medicare Beneficiaries under 65– Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the State.

Performance Measure 4: Hard—to-Reach Contacts —Percentage of low-income, rural, non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the State.

Performance Measure 5: Enrollment Contacts—Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topics) discussed per total Medicare beneficiaries in the State.

(SC DOA Aging Services P&P Manual, Chapter 500: 507, pgs. 163-166)

504. INFORMATION & REFERRAL

The I&R/A Program is established to help individuals, families, and communities identify, understand, and utilize the programs, services, and resources that are part of the human service delivery system. The I&R/A Program provides a system to link people in need of assistance to appropriate aging and disability resources provided regional throughout the State of South Carolina. At the community level, the I&R/A Program facilitates long-range planning by tracking requests for, and identifying gaps in and duplications of services.

The I&R/A Program reflects and adheres to the mission, policies, and procedures for the I&R/A Program set forth by the OAA, the ACL, and the Department on Aging. The I&R/A Program receives direction from and operates in contingency with the standards and guidelines for I&R/A service development and administration as outlined by the Alliance of Information and Referral Systems (AIRS) and the National Association of States United for Aging and Disabilities (NASUAD).

For a complete reference on the policies and procedures, see the SC DOA Aging Services P&P Manual. https://www.scacog.org

(SC DOA Aging Services P&P Manual, Chapter 500: 502, pgs. 107-120)

505. NUTRITION PROGRAM MONITORING

The goal of aging services, including nutrition program activities, is to keep older adults living safely and independently at home for as long as possible and to give them the tools necessary to make well-informed decisions that promote beneficial health and wellness practices. As such, nutrition program services are considered a part of the healthcare continuum with the purpose of maintaining and/or improving the nutritional, health status, and quality of life of older adults. Department on Aging funded nutrition services utilize both federal and state funds. Regardless of funding stream, all meals served in the nutrition program

shall follow the guidance set forth by the OAA in Title III-C as outlined by the Department on Aging P&P Manual (Chapter 300, Section 305 and Chapter 600, Section 603). Nutrition services under Title III-C-1 (group dining) of OAA Section 330 are provided to:

- reduce hunger and food insecurity;
- promote socialization of older individuals; and
- Promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

A. Area Agency on Aging Nutrition Responsibilities

1. Program Staffing

- a. The AAA will employ qualified staff, adequate in number to sufficiently manage nutrition service agreements and to ensure regional compliance with program. Staff shall be qualified by education or experience in foodservice operations, basic nutrition principles, and food safety.
- b. The AAA will ensure that providers have adequate, qualified staff to implement the group dining and home delivered meal programs in compliance with all federal, state, and local regulations. Staff will be qualified by education or experience in foodservice operations, basic nutrition principles, and food safety.
- c. Information on utilization of Registered Dietitians can be found in the SC DOA Aging Services P&P Manual. https://aging.sc.gov

B. Nutrition Program Monitoring

The ACOG is responsible for monitoring nutrition programs in the six county Appalachian region: Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg counties. Responsibilities and actions include:

At a minimum, at least one site per provider should be monitored on an annual basis. The AAA should plan for a rotation of sites when monitoring each year to ensure each site location has undergone review. A simple plan (only for regions where all sites will NOT be monitored in a fiscal year) showing which sites will be rotated for monitoring must be emailed to PSAHelp@aging.sc.gov for review and final approval (by the final workday of September of each year).

During the monitoring, the following is observed:

- Activities that are planned for the day, according to the calendar; participation in the activities
- Number of diners in attendance
- Number of diners transported

- Number of meals ordered and served
- Diners' satisfaction with the meal along with suggestions for improvement
- Observe procedures followed in serving the meal--gloves/aprons worn, temperatures taken and charted, seconds offered from leftovers
- Cleanliness of the site
- Interaction between site manager and diners
- Required materials posted on the bulletin board
- Provide guidance to newly hired staff on procedures of the nutrition program
- 1. Visit potential group dining sites and ensure that new site requirements are met. As needed, visit any potential new location and inspect the facility to ensure that it is safe and acceptable for a nutrition site, including accessibility to get into the building, room(s) heating and air are available, accessible restrooms, noting appliances that are available, sufficient parking, etc. This request will come from a provider that desires to open a new group dining site.
- Annually update Appalachian Nutrition Services Contribution Schedule.
 After the AAA received the Notice of Grant Award from the state, provide
 the Appalachian Nutrition Service Contribution Schedule to the Providers
 reflecting the meal unit rate for each provider as a guide to collect
 contributions from the meal clients.
- 3. Update list of Inclement Weather Closings Contact Persons. In November or early December inquire information from the Providers who will be the primary and alternate contacts for inclement weather information. The decision to open or close rests with the Provider. The Provider contact is to contact the AAA contact by 6:00 a.m. with a decision to close, open, or open at a later time. On occasion if the weather is too hazardous for the caterer's drivers, the caterer will make the call not to deliver until the danger passes.
- 4. Review meal site activity calendars and other reports. Monthly, calendars are emailed to the AAA by each provider's nutrition coordinator/staff on the last day of the previous month for the next month. Check each meal site calendar for required information (site name, address, phone number, site manager's name and contact information, variety of activities, etc.) Upon approval by the AAA, the calendars are scanned and collected in a file on the "W" drive to be made available to the SC DOA at their request.
- 5. Maintain records of all certificates for Title III D, Serve Safe and exercise class keeping all records up to date for exercise classes, CPR and serve safe certificates.

- 6. Maintain meal orders for all nutrition programs in the region. On a daily basis, order meals for the next day from the caterer before 2:00 p.m., including any picnics or special meals that the region's group dining sites may request through their provider agencies. On a designated form, the orders are emailed to the ACOG office from each county along with the provider. The numbers are then transferred to the AAA order sheet and in turn emailed to the caterer on a daily basis.
- 7. For meal count certification, enter daily meal reservations into an Excel spreadsheet and verify the numbers at the end of the month with the caterer and providers for accuracy, before sending the completed report to the ACOG Finance department for payment to the caterer.
- 8. Work to resolve meal shortages/issues between the caterer and providers that may arise. When a meal shortage, temperature issue, or any dissatisfaction with any part of the meal occurs, the provider contacts the AAA office for assistance in resolving the issue. The AAA staff contacts the caterer for direction, which is a requirement from the caterer in order for providers to receive reimbursement for any items that are purchased to replace shortages. Keep a log of any issues/resolutions to meal shortages/problems.
- 9. Menu reviews are held quarterly prior to the start of the next quarter, (January, April, July and October), for the providers in the Appalachian region. The caterers in the Appalachian region consist of MOW Anderson, MOW Greenville, MOW Pickens, Senior Catering, and Senior Solutions. The draft menus are summited to the Nutrition Program Manager in person or via email. Methods of the menu must demonstrate one of the following meal types: Computer Analysis or Meal Pattern. After approval from the Nutrition Program Manager, they must then be certified by a licensed nutritionist. Menus with final approval and dates will then be sent back to the Nutrition Program Manager.
- 10. Provide needed aging reports from the statewide database, currently AIM. Log into the database and run the AIM report that provides the information requested. The database is password protected and different passwords are assigned to AAA staff for a specific seat in AIM.

For a complete reference on all nutrition program policies and procedures, see the SC DOA Aging Services P&P Manual, Chapter 500: 503, pgs. 126-150.

506. CLIENT ASSESSMENTS TO DETERMINE ELIGIBITY

The Department on Aging and ACOG support a holistic, person-centered approach to assessments that results in all of the client's needs being identified, instead of an assessment process where clients are assessed for a specific service. In order to meet the person-centered assessment goal, each AAA shall conduct assessments in its respective region.

The Code of Federal Register states in §200.330(a)(1) that a sub-recipient (an AAA) determines who is eligible to receive federal assistance, thereby demonstrating why the AAA should be conducting assessments. All clients, with the exception of participants of group evidence-based programs and those receiving legal services under Title VII of the OAA, funded through the Department on Aging shall have a full and valid assessment in order to be a service recipient. When providing legal services, an assessment is encouraged to identify other potential needs. The AAA shall follow and utilize the approved protocols established by the Department on Aging for assessments. The AAA shall use staff who have undergone Department on Aging assessment training. Persons hired for the assessor positions shall have 90 days from the date of hire to complete the official Department on Aging assessment training. Assessments shall be conducted in person and by telephone on a limited basis described below. Prior to the assessment being conducted, the official Department on Aging Consent Form shall be signed by the prospective client or the prospective client's authorized representative. A previously signed Consent Form may serve as authorization for a telephone re-assessment. All assessments shall be conducted using only the authorized Department on Aging Assessment/Reassessment Forms. No other assessment form should be used to determine the client's needs for Department on Aging/Aging Network services. All AAA staff conducting assessments shall be required to use the Department on Aging Assessment Training Manual and sanctioned protocols, originally developed in conjunction with Clemson University. Note: The Family Caregiver Support Program uses a separate assessment form and has its own programmatic assessment protocols in place.

A. Uniform Assessment, Client Eligibility Determination, and Selection Protocols

With the skills acquired through the Department on Aging assessment training and training manual, as well as through Department on Aging policies, each AAA is responsible for developing its own processes for assessing, evaluating, and approving clients. Whenever possible, the AAA shall assess, determine eligibility of the potential client, and select clients within five to 10 business days after receiving a referral or when a contact is made to the AAA by an individual seeking service. The AAA will reassess existing clients annually, within 30 days of the clients' initial assessment anniversary date. Providers, currently serving the client, will be notified when the reassessment is completed and provided details about the status of services. The AAA shall establish and share protocols with providers regarding reassessments and payment for services if the 30 day reassessment deadline passes. Once the prospective client is approved by the AAA, the individual's name shall be placed on the waiting list, if necessary, for the appropriate county.

The AAAs are expected to maintain accurate and up-to-date waiting lists. Priority scores must be included to ensure that the individual with the greatest need is the next client selected from the waiting list. The AAA is expected to provide sufficient information to the provider based on the assessment, giving pertinent details needed to deliver services. For example, when home-delivered meals are provided, the provider should be made aware of the details pertaining to the home situation and the client. Pictures taken during the assessment should be shared with the provider, indicating any potential factors that may impact service.

B. Required Assessment, Eligibility Determination, and Client/Service Selection Protocols

- The AAA assesses, determines eligibility, and selects the client and service (based on highest priority score).
- The provider delivers the services as stipulated by the agreement with the AAA.

Provision of Temporary (short-term) Services before Client Approval and Service Selection Determination

The provider may offer services on a temporary basis to an individual prior to an assessment and client approval, if the provider anticipates the individual is eligible and it is in the individual's best interest (a justified emergency situation). If the AAA approves the individual for services then the services can be reimbursed through aging service funding provided by the Department on Aging. If an individual is denied approval after an assessment is conducted, the AAA will be unable to use aging service funds allocated by the Department on Aging to reimburse for that individual, and it will be the provider's responsibility to pay for the service units. Should an individual need assistance prior to completion of the assessment process, or while on a waitlist, appropriate referrals shall be made to resources outside the Aging Network, which can provide short term assistance to sustain the applicant.

C. General Assessment Provisions

The AAA is responsible through the assessment process for ensuring that regional waiting list data is collected. Department on Aging policy stipulates that waiting list information shall be entered into the approved Department on Aging data collection system (currently AIM), and kept current at all times. By recording this data in the AIM system, the statewide aging network will retain an accurate record of service needs that can be shared with policy makers. Each AAA will review and monitor its waiting lists and assessment data continuously and when necessary, communicate with the providers to determine why clients with high priority scores are not being served. The AAA shall have protocols in place to ensure that there is appropriate follow-through for referrals made after need is determined through an assessment; for example, if a referral is made to assist an individual in applying for SNAP benefits, the AAA should follow up with

the individual to see if those services were provided or if additional assistance is needed. These policies shall be made available to the Department on Aging upon request.

D. AIM Assessment Activities

AIM activities for assessments shall be available for each AAA region. Eligible assessments that are to be reimbursed by federal or state funds shall be appropriately captured in AIM. Assessment costs will be in AIM as a separate service category paid through either III-B funds or State Home and Community-Based Services funds. Assessments are to be budgeted through the same mechanism used to budget other allowable services. (See definitions below) While the AAA will not be reimbursed for specific assessment units earned, it will be monitored closely to determine if assessments are being conducted in a manner that shows program services are increasing annually, in accordance with the Performance Measures stipulated in each AAA's Area Plan and annual Area Plan update.

E. Levels of comprehensive and holistic assessments conducted by the AAAs

In-home assessments: An in-home assessment is required for all clients needing services provided in the home. In-home assessments will be conducted face-to-face with the client in the home, using the Department on Aging approved assessment form. Prior to the assessment being conducted, the official Department on Aging Consent Form shall be signed by the prospective client or authorized representative of the prospective client. In-home assessments are the preferred method of assessment.

Communal site assessments: A communal site assessment is an assessment that is performed at a communal site such as a group dining facility. Communal assessments will be conducted face-to-face in a private setting within the facility, using the Department on Aging approved assessment form. The AAA should schedule as many assessments as appropriate when utilizing a communal site to reduce costs. (A communal site assessment may determine the necessity of an in-home assessment.)

Phone assessments: On a limited basis, AAAs shall have the option to conduct assessments by phone on clients that have previously received an in-home or communal assessment. Phone assessments shall be used on a limited basis as determined by the AAA, using the Department on Aging approved assessment form. Justification shall be provided to demonstrate why a face-to-face assessment was not necessary. (A phone assessment may determine that an additional face-to-face or in-home assessment is necessary.)

(SC DOA Aging Services P&P Manual, Chapter 500: 502, pgs. 120-125)

SECTION 600: GRIEVANCE PROCEDURES

The Appalachian AAA has a grievance procedure that allows older persons who are dissatisfied with or denied services to file a grievance with the AAA and have their grievance heard. A written complaint must first be filed with the director of the contractor agency within thirty (30) days of the alleged discrimination and appropriate grievance procedures must be followed from that level. If the investigation indicates that the complaint is unjustified, the complainant will be notified immediately. All grievance concerns (written or verbal) filed by an individual to a contractor shall be documented and maintained in a central (confidential) file for no less than three (3) years. Documentation shall include all identifying information on the complainant and the older person who is the subject of the complaint; dates of the incident(s), complaint, and subsequent contacts; and, a narrative summary of the complaint and its resolution.

Complainants who voice or otherwise indicate dissatisfaction with the disposition of their complaints shall be referred immediately to the Appalachian AAA. Upon receipt of such a grievance, the AAA will review the outcome given by the contractor with regard to compliance of state and/or federal law. If necessary to review the grievance further, the AAA will schedule a review of the complaint with the Advisory Committee Grievance Sub-Committee within forty-five days (45) days of receipt of the complaint.

Grievances that fall within the boundaries for review by the AAA include the following:

- 1. Residence or citizenship will not be imposed as a condition for the provision of services.
- 2. Section 504 of the Rehabilitation Act of 1973. Section 504 of the Rehabilitation Act of 1973 states: "No otherwise qualified disability individual...shall, solely by reason of his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."
- 3. No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance (Title VI of the Civil Rights Act of 1964).
- 4. A means test is not used to deny or limit an older person's receipt of services.
- 5. A free and voluntary opportunity is provided for service recipients to contribute to the cost of the service.
- 6. An eligible individual for serve shall not be denied services based on where one lives.

The AAA will acknowledge in writing within three (3) working days of receipt of the complaint. Immediate contact will then be made with the contractor named in the complaint requesting a written summary of the agency's involvement with the senior who is the subject of the complaint. The AAA may make follow-up or investigative contacts as deemed appropriate. The AAA will schedule a complaint review, if necessary, and advise all parties concerned of the time, date and location. Again, reviews (if warranted) will be scheduled within forty-five (45) days of receipt of the complaint. Once the Grievance Committee holds a review and makes a determination, the AAA will advise the complainant of the outcome. If the complainant and/or the subject of the complaint is not satisfied with the resolution reached by the AAA. An appeal to the next level will be advised.

SECTION 700: EMERGENCY SERVICES AND COORDINATION

ACCESS INFORMATION FOR EMERGENCY PREPAREDNESS ACTIVITIES

COORDINATING AGENCIES	EMERGENCY CONTACT STAFF	CONTACT NUMBER
(Agency Name & Address)	(Names and Job Titles)	After Business Hours
	Area Agency on Aging	
S.C. Appalachian COG/AAA 30 Century Circle Greenville, SC 29607	Tim Womack, AAA Director Shelly Mitchell, Aging Grants Manager Jessica Winters, Long Term Care Ombudsman Supervisor Dani Vankirk, Nutrition Program	864-282-1953;864-907-0973 cell 864-387-9763 cell 864-316-0011 cell 864-477-8883 cell
Area Agency Contractors	Manager	
Senior Action, Inc. 50 Directors Dr. Greenville, SC 29615	Andrea Smith, CEO	864-467-3660 864-303-5974 cell
Senior Solutions 3420 Clemson Blvd. Anderson, SC 29621	Doug Wright, CEO Teresa Martin	864-933-0929 cell 864-378-6441 cell
Senior Center of Cherokee 499 West Rutledge Ave. Gaffney, SC 29340	Amy Turner, Executive Director	864-812-0365 cell 864-812-0365
Spartanburg Regional Foundation (Spartanburg Council on Aging) 101 East Wood St. Spartanburg, SC 29303	Lisa Patton, Financial Analyst	864-560-6761 office
Pickens County Meals on Wheels 349 Edgemont Ave. Liberty SC 29657	Kim Valentin, Executive Director Marsha Robertson, Program Coordinator	864-354-5036 cell 864-787-6944 cell
S. C. Legal Services 701 South Main Street Greenville, SC	Maureen White, Attorney	864-679-3238
Senior Catering 314 Main St., Little Mountain, SC 29075	Judy Milhan	864-345-1835
Senior Catering Newberry Kitchen	Matt Polkowsky	800-768-8922;803-212-8058 (c)

SECTION 800: REFERENCES

801. OLDER AMERICANS ACT DESCRIPTION

The Older Americans Act, as amended, is intended to establish a comprehensive and coordinated network of services for older Americans at the state and local levels. It seeks to do this by encouraging and providing financial assistance to state and local efforts to plan, administer, and deliver a wide range of needed services. Such efforts should bolster existing services, coordinate short and long range development efforts, and facilitate the creation of new services needed to fill current gaps.

As first enacted in 1965, the Act authorized funding under Title II to support in each state a state agency on aging. Title III also provided funds for each state agency to initiate local community projects to provide social services to older persons. Activities under the Act began on a modest scale. In fiscal year 1966, the total appropriation under the Act was \$7.5 million.

In 1972, a new Title VII was enacted which authorized funds for local community projects to provide nutrition services to the elderly. The projects were designed to provide persons aged 60 and older with at least one hot, nutritious meal five or more days a week. Emphasis in the project was placed on serving older persons with the greatest economic need, and on-reducing isolation of old age.

A second major change occurred in 1973: The amendments revised the Title III state grant program in order to provide for a better organization of state and local levels and to authorize the targeting of limited resources to priority services.

The State Agency was directed to divide the entire State into planning and service areas, determine for which areas an area plan would be developed, and designate an Area Agency on Aging (AAA) to develop and administer the plan in each area. The 1973 amendments also added a new Title V to the Act which authorized the Commissioner to make grants directly to local community agencies to pay part of the cost of acquisition, renovation, alteration or initial staffing of facilities for use as multipurpose senior centers.

The 1975 amendments specified four priority services to be provided under state plans: transportation, home services, legal services, and residential repair and renovations.

The 1978 amendments represent another evolutionary step in the process of establishing in each planning and service area a basic capacity to respond to the needs of older persons. They consolidated under an amended Title III the social services, nutrition, and multipurpose senior center programs authorized before under Titles III, VII, and V.

Amendments in 1981 and 1984 have given state agencies on aging more flexibility in administering Title III, and have placed more responsibility on the state unit for policy development.

The 1987 amendments provide a strong basis for Older Americans Act supported activities that are responsive to the complex and changing environment which is emerging with the aging of American society. With enactment of these amendments, the Act continues to underscore the collaborative efforts that are needed to ensure that every community in this nation provides the opportunity for individuals to live and mature with dignity and independence. The reauthorized Act reaffirms expectations that AoA, State Agencies on Aging and Area Agencies on Aging provide leadership at their respective levels and work to establish strong partnerships with other public, private, and voluntary sector organizations to assure that the nation is responding to the challenge of an aging society. The role of the State Agency on Aging is reinforced as the developer of policies and procedures to guide and direct area agencies. The amendments also further enhance the role of the Area Agency on Aging as an advocate on behalf of the elderly and catalyst for ensuring the existence of community-based systems of services for older persons in every community in the planning and service area.

The 1987 amendments authorize the initiation of a number of activities including the establishment in the Administration on Aging of an Office for American Indian, Alaskan Native and Hawaiian Native Programs headed by an Associate Commissioner responsible for Title VI and for chairing an interagency task force related to older Native Americans. The amendments also establish a separate Title VI-B program of grants for supportive and nutritional services to older Hawaiian Natives. Under Title III, the amendments create: A new part D to support non-medical in-home services for frail older persons; a new Part E providing grants to states to assist them in meeting special needs of older persons; a new Part F supporting preventive health services for elderly; and a new Part G providing grants to states for programs to prevent abuse, neglect and exploitation of older individuals. The new amendments require each state establish an Office of State Long Term Care Ombudsman. The Deputy Director is required to conduct a study of the ombudsman program and report to Congress on the findings and recommendations of the study.

The 1987 Amendments included mission statements for the State Agencies on Aging and Area Agencies on Aging strengthening and clarifying their roles. Under Title III, new parts (D, E, F and Cl) were added to address special needs of subgroups of older persons.

Note: Copies of the Older Americans Act are on file in the Area Agency on Aging office.