



CENTRAL MIDLANDS AAA/ADRC POLICY AND PROCEDURE MANUAL

NOTE: ANY UPDATES TO THE LGOA POLICY
AND PROCEDURE MANUAL WILL SUPERSEDE
THIS MANUAL
February 22, 2018

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CENTRAL MIDLANDS AAA/ADRC POLICY & PROCEDURES MANUAL

PURPOSE

The purpose of this manual is to set forth the official policies and procedures of the Central Midlands Area Agency on Aging/Aging and Disability Resource Center (CM AAA/ADRC) covering Fairfield, Lexington, Newberry and Richland Counties.

If contradictions with, or omissions of, federal or South Carolina state policies should occur in the manual, the federal or state policy shall take precedence.

The purpose of the manual is to assist the CM AAA/ADRC staff and its service providers receiving funding from the LGOA in carrying out their program and grants administration responsibilities.

This manual will be reviewed and/or updated at least annually to ensure that it is consistent with the most recent applicable federal and state requirements.

THE OLDER AMERICAN'S ACT

The Older American's Act, as reauthorized and amended, is intended to establish a comprehensive and coordinated network services for older Americans and adults with disabilities. 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 a AAA/ADRC to develop and administer the plan in each area. The CM AAA/ADRC is the designated agency in the Central Midlands Region which includes Fairfield, Lexington, Newberry and Richland Counties.

The Older American's Act provides a strong basis for supported activities that are responsible to the complex and changing environment of older persons and adults with disabilities. 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.

As an AAA/ADRC, we are expected to provide leadership and work toward establishing strong partnerships with other organizations to assure that this region is prepared for the challenge of an aging society.

CENTRAL MIDLANDS AAA/ADRC

A. MISSION AND VISION STATEMENTS

Mission: "The mission of the Central Midlands Area Agency on Aging/Aging and Disability Resource Center (CM AAA/ADRC) are to promote a positive experience of aging for older individuals and their families".

Vision: The vision of the Central Midlands Area Agency on Aging/Aging and Disability Resource Center (CM AAA/ADRC) "to continue to function as a vital part of the continuum of care for seniors and people with disabilities in the region evolving as home and community based services increase and institutionalization decreases"

B. OPERATION OF THE CM AAA/ADRC

The operations and administration of CM AAA/ADRC shall be determined by the Central Midlands Council of Governments (CMCOG) Board of Directors as set forth in the By-Laws. However, the Board recognizes the Central Midlands Regional Aging and Disability Advisory Committee's role in providing advice and making recommendations during the administration of the Area Plan and the Central Midlands's AAA Policy and Procedure manual.

C. ABBREVIATIONS, ACRONYMS, AND DEFINITIONS

Abbreviations, acronyms, and definitions used within this manual are defined as they appear. Additional definitions may be found in Chapter 100 of the SC Aging Network's Policies and Procedures Manual, Section 102 of the Older Americans Act, and in Parts 1321, 1326, and 128 of Section 45 of the Code of Federal Regulations. Additionally, Aging and Disability related acronyms are located on the Lt Governor's Office on Aging's website under Brochures, Tools, and Links.

SECTION 100: INTRODUCTION

101. HISTORY

Under the leadership of the Lieutenant Governor's Office on Aging, and the CMCOG, CM AAA/ADRC is charged with the responsibility of proactively carrying out a wide range of functions related to advocacy, planning, coordinating, inter-agency linkage, information sharing, brokering, monitoring, and evaluation. These activities are essential to Central Midlands in their role as the designated CM AAA/ADRC for the Central Midlands Region. The Central Midlands Region consists of Fairfield, Lexington, Newberry and Richland Counties.

102. BOARD OF DIRECTORS

The functions of the CMCOG Board of Directors are:

- 1.) To establish policy,

- 2.) To hire and supervise the Executive Director, and
- 3.) To authorize agency's fiscal expenditures

The purpose of the Council shall be to increase the capacity of local governments in the Council of Government's region of South Carolina to guide and promote the orderly development of the region so as to optimize the quality of life within its member counties and municipalities of Fairfield, Lexington, Newberry and Richland Counties, South Carolina.

103. ADVISORY COMMITTEE

The purpose of the Regional Aging and Disability Advisory Committee (RADAC) is to advise and assist the CM AAA/ADRC in planning, developing, promoting, and coordinating aging services. The Regional Aging and Disability Advisory Committee have by-laws which outline the terms of membership, frequency of meetings, and elections of officers. (See Appendix A)

104. ADVISORY COMMITTEE GENERAL RESPONSIBILITIES:

The responsibilities of the Advisory Committee are as follows:

- Promote and encourage local communities to recognize the needs and promote the establishment of programs for older persons and persons with disabilities;
- Review and comment on all local community policies, programs, and actions which affects older persons and persons with disabilities;
- Assist in establishing service and program priorities based upon the needs of the local communities and the region;
- Review, on an annual basis, regional comprehensive Area Plans based upon the needs and established priorities;
- Recommendations to the council for funding programs under the CM AAA/ADRC;
- Conduct Public Hearings to solicit local community input regarding needs of older persons;
- Encourage community service annually in the aging and disability network and assist the CM AAA/ADRC as needed.

105. AGENCY STRUCTURE

The CM AAA/ADRC is located on 236 Stoneridge Drive Columbia, SC 29210. Office hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.

The Executive Director is the chief administrative officer of the Central Midlands Council of Governments. The Executive Director provides overall leadership for the CM AAA/ADRC and its staff.

The CM AAA/ADRC is a department of the Central Midlands Council of Governments

and abides by the Central Midlands Council of Governments Policy and Procedures Manual, which sets forth its personnel administration policies.

The Executive Director and the Deputy Executive Director recruit and employ qualified staff to develop and administer the functions and responsibilities of the CM AAA/ADRC. An organizational chart of the (CM AAA/ADRC) is at Appendix B.

106. REPORTS AND FORMS

The CM AAA/ADRC will submit reports in a timely manner in the format prescribed by the LGOA. Both performance and financial reports will be submitted as directed within the LGOA Reports Schedule for Planning Service Areas (PSAs). This schedule is located on the LGOA website (<http://aging.sc.gov/>).

107. DIRECT SERVICES

The CM AAA/ADRC will provide direct services for any services required and related to CM AAA/ADRC statutory functions and services required by the LGOA.

The CM AAA/ADRC is a multi-county organization that does not provide direct services, except where, in the judgment of the LGOA, provision of such services by the AAA is necessary to ensure an adequate supply of such services, or where such services are directly related to such AAAs statutory functions, or where such services of comparable quality can be provided more economically by such AAA (OAA 307 (a) (8) (i through iii)).

108. TECHNICAL ASSISTANCE

The CM AAA/ADRC will provide ongoing technical assistance to local service providers, public and private agencies and organizations in the Central Midlands Region engaged in activities relating to the needs of older persons and adults with disabilities.

109. PUBLIC INFORMATION

The CM AAA/ADRC follows the Freedom of Information Act and will provide reasonable access of releasable records to the public according to the guidelines established by the CMCOG Policy and Procedures Manual.

110. QUALITY ASSURANCE PROCESS

The CM AAA/ADRC will conduct ongoing self-evaluations and assessments of all its programs (to include the services provided by its provider/contractor agencies). The general standards and policies for Quality Assurance (QA) are outlined in the SOUTH CAROLINA AGING NETWORK'S POLICIES AND PROCEDURES MANUAL. A copy of this manual may be found under the PSA Resources Tab at the LGOA website (<http://aging.sc.gov/>).

A. Program Responsibilities:

The CM AAA/ADRC will conduct a least one program evaluation and assessment on an annual basis according to an announced schedule. However, during the year and on an as-needed basis, technical assistance or no-notice visits will be conducted by the CM AAA/ADRC. After the annual Quality Assurance visit, a written report will be provided to the provider/contractor with a request for a Corrective Action Plan as needed. At its discretion, the CM AAA/ADRC will conduct follow-up visits to ensure that the corrections have been made. In the event the AAA finds that contractor has failed to comply with the terms of the contract or is unable to deliver services as contracted, the AAA should initiate a thirty (30) day Correction Action Plan (CAP) to resolve the issue. If the issue cannot be resolved, the AAA may determine the contractor high-risk, in accordance with the SC Aging Network's Policies and Procedures Manual with the consequences provided there in.

B. QA Focus

The QA process begins and ends with a focus on improving services. It is not a report card. There are no "pass" or "fail" grades either. Everyone involved in the review and all reports resulting from the review, should focus on what has the most impact on the service recipient outcomes.

C. Fiscal Responsibilities

The CMCOG Finance Department will conduct the fiscal review of the provider/contractor agencies. A written report will outline any necessary corrective action. The Finance Department will follow-up to ensure that corrective action has been completed.

The Quality Assurance schedule will be documented in the Area Plan or the Plan Update. Prior to the visit, the CM AAA/ADRC will announce the visit and provide a list of documents that will be needed by the QA team.

Upon completion of the QA visits, the CM AAA/ADRC will compile a regional analysis of the positive and negative findings and corrective actions taken. This analysis will contain common areas of weakness and if the CM AAA/ADRC can assist by providing additional training, technical assistance, or policy clarification. This report will be reviewed by RADAC and forwarded to the state no later than June 3rd of each year. Copies of the QA actions and responses will be maintained for at least a three year period.

The providers/contractors will:

- Delivery services in compliance with the established standards and directives;
- Maintain documentation as required;
- Prepare any data requested by the CM AAA/ADRC prior to the QA review;
- Arrange for appropriate staff, service recipients, volunteers and others to be available during the QA review as requested by the CM AAA/ADRC;

- Arrange for appropriate working space for conducting any interviews required during the review;
- Prepare and/or gather any documents, files, or reports needed during the review;
- Prepare and forward to the CM AAA/ADRC, a written response to the QA report as directed in the QA report; and
- Report on progress made on any open corrective actions until completion.

Follow-up Activities: The purpose of the QA process is to assure continual improvements in the capacity to deliver effective and efficient services to older individuals, adults with disabilities, and their caregivers. Follow-up activities by the CM AAA/ADRC will demonstrate the outcome of this process.

D. LGOA Nutritional Monitoring Procedures:

The CM AAA/ADRC shall ensure that all providers comply with all provisions for nutrition services contained in the Older Americans Act, as amended (http://www.aoa.gov/AoA_Programs/OAA/oa_full.asp), and shall

- provide all required information to the LGOA;
- ensure that nutrition service providers adhere to all provisions of this LGOA Section (503).

Review Topics such as:

- Financial monitoring in the Request for Payment Monitoring process (aka reconciliation)
- Menu monitoring. The menu shall be reviewed using a menu review protocol that includes review by AAA and LGOA staff. The CM AAA staff will be extended an invitation to all menu reviews by each contractor. Documentation and procedures are to be adhered to and include:
 - Daily records of participant attendance for meals, nutrition education (required six times per fiscal year), and daily programs promoting socialization (activity calendars);
 - daily records approved by the AAA that demonstrate the number of complete congregate and home delivered meals ordered, unable to deliver, received, served, and/or discarded;
 - documentation approved by the AAA on the daily meal voucher of any food shortages or changes and/or substitutions, as applicable;
 - all comments documented by the site manager on the catering packing slip reflecting the participants' satisfaction or dissatisfaction with the meals served;
 - participants annual survey approved by the AAA on program satisfaction;

- collection, protection, and deposit of participant contributions;
- staff and volunteer training related to program services, including protecting participant confidentiality;
- all program operation information as outlined in this Section LGOA (503); and
- all menus used in the region as outlined in Section LGOA 503K.

- Meal delivery reconciliation: The number of eligible meals served shall be verified and reconciled on a monthly basis per the established protocol. This process will verify the integrity of the system.

- Planned menu substitutions are to be made available upon request from the AAA with documentation of the old menu with respective recipe(s) and will include the new menu and new recipe(s) (approved by a registered dietitian) with a brief summary for the menu change.

- Documentation of substitutions is to be kept by the contractor and made available to AAA upon request.

(2) The Annually Monitoring Schedule follows:

<i>Month</i>	<i>Monitoring Topic</i>	<i>Documents to Provide</i>
February annually	QA Visits, menu, transportation, homecare, homemaker, HDM, and congregate meals.	Documents required by the LGOA
March annually	Regional Monitoring & QA Visits	To be announced
April annually	QA Monitoring & QA Visits	Report to LGOA

111. STAFFING

The CM AAA/ADRC is responsible for recruiting and employing adequate numbers of competent staff to carry out the responsibilities of the agency and develop and implement an effective area plan. The Deputy Executive Director and CM AAA/ADRC Director are responsible for all staff functions.

The CM AAA/ADRC must maintain sufficient legal authority and organizational capability to develop the required area plan, and to carry out effectively the functions and responsibilities of the CM AAA/ADRC as prescribed by the LGOA and the OAA Act. An organizational chart is located at Appendix B.

112. PROCEDURES FOR APPLICATIONS FOR STATE SUPPORT

All proposals for support of Older American's Act activities shall be submitted to the LGOA by CM AAA/ADRC in a format prescribed by the LGOA. Funding formulas are specified in the area plan. Special state allocations are specified in the area plan.

113. STATE FUNDS

The CM AAA/ADRC is subject to the provisions of the authorizing legislation and any relevant policies established by the State Agency. The CMAAA/ADRC is also subject to the requirements of the Older Americans Act or any other associated Federal programs as directed.

- A. All funds under the Older American's 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 CM AAA/ADRC in accordance with requirement.
- B. Within regulatory requirements, the CM AAA/ADRC and its provider/contractor agencies shall make no distinction because of age, 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's Act funds.

114. PERSONNEL ADMINISTRATION

The administration of CM AAA/ADRC personnel is set forth in the *CMCOG Policy and Procedures Manual*, which has been provided to each CM AAA/ADRC staff member and is also available by contacting the CM COG Administration Officer.

115. EQUAL EMPLOYMENT PRACTICE

The *CMCOG Policy and Procedures Manual* sets forth policy assurances for complying with the principles of equal employment practices.

116. PUBLICATIONS

Any books, reports, pamphlets, papers, or articles based on activities funded by Older Americans Act or LGOA shall contain an acknowledgment of that support. The CM AAA/ADRC is required to use the following, or a similar statement: *"This publication was prepared with financial assistance from the SC Lt Governor's Office on Aging and the US Administration on Aging through the Older Americans Act of 1965, as amended."*

117. STANDARDS

The CM AAA/ADRC shall meet such standards and/or requirements as may be developed

by the State Unit on Aging.

118. CONFIDENTIALITY

Provider/contractor agencies funded by the CM AAA/ADRC must have procedures to ensure that no information about a person they assist 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 other authorized program.

The CM AAA/ADRC requires contract/provider agencies to ensure that information obtained about its consumers or potential consumers are used solely for the purpose of providing services, and only with the informed consent of each individual applying for or using a service.

The CM AAA/ADRC shall also obtain written assurances from the provider/contractor agencies that they will comply with the confidentiality requirements of this section.

All employees, providers/contractors, volunteers, and interns are required to complete and sign the *Central Midlands Privacy & Confidentiality Policy Training & Certification* at Appendix H.

119. DISCLOSURE

The CM AAA/ADRC 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 CM AAA/ADRC 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 will not be released at this level.

All Freedom of Information Act (FOIA) requests and will be forwarded to the state office for legal decision making.

The CM AAA/ADRC staff must keep all client information confidential at all times. FOIA requests concerning any client will be cleared through the CMCOG's Executive Director and a legal representative.

120. CODES OF CONDUCT

All Service Providers shall adopt a code of conduct that provides, at a minimum, the features identified in 45 Code of Federal Register (CFR) 92.36(b)(3) or 45 CFR 74.42, as applicable. In addition, those entities above shall use the Code of Conduct published by the SC Ethics Commission as a model. Service Providers shall provide copies of their codes of conduct to the AAA.

121. BUDGET YEAR

The CM AAA/ADRC shall recognize the LGOA's fiscal period of the award of Older Americans Act funds. The period is the number of years, designated by the LGOA, during which time the grantee of the award may be granted continuation of the award to be used for long range budget planning. For budget purpose the period is divided into budget years. Funds are usually awarded for one budget year at a time, unless further stipulated.

The Finance Director, CM AAA/ADRC Director, Executive Director, prepare the CM AAA/ADRC budget/budget revisions based on the allocations received from the LGOA. The CMCOG Executive Director makes a recommendation to the CMCOG Board of Directors for approval. The budget/budget revisions are reviewed and approved by the CMCOG Board of Directors.

122. GRANTS AND CONTRACTS ADMINISTRATION

The CM AAA/ADRC and the Finance Department shall maintain an adequate accounting system and procedures to control and support its operations.

123. MATCHING AND PERCENTAGE REQUIREMENTS

The CM AAA/ADRC and its provider/contractor agencies shall meet all of the matching and percentage allocation requirements of the federal regulations and as directed by the LGOA.

124. PROCUREMENT

The *CMCOG's Policy and Procedures Manual* sets forth procedures that must be followed regarding procurement.

125. INVENTORY

The Finance Department maintains the list of the CM AAA/ADRC's inventory of Equipment and will update the list as items are purchased or removed from the inventory.

SECTION 200: CENTRAL MIDLANDS AAA/ADRC FUNCTIONS

The CM AAA/ADRC is intended to be a leader relative to all aging/disabilities issues on behalf of older persons and adults with disabilities in the Central Midlands region. The CM AAA/ADRC shall proactively carry out a wide range of functions to assist this group in leading independent, meaningful and dignified lives in their own homes as long as safely possible.

The CM AAA/ADRC will conduct the following functions:

201. PLANNING

The CM AAA/ADRC is responsible for coordinating all activities necessary for effective and long-range regional planning for the elderly and adults with disabilities. Procedure addressing these activities are as follows:

- A. Facilitate innovative, efficient, and effective services to adults with disabilities and to individuals age 60 and older and their caregivers in Fairfield, Lexington, Newberry and Richland Counties.
- B. Conduct community needs to determine the needs of caregivers, older persons, and adults with disabilities within the CM planning and service area. The following formats will be used:
 - 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 plans such as that of the State Unit on Aging.
 - 5. Review, compilation, and analysis of demographic data and regional analysis from the Central Midlands Council of Government's research division.
 - 6. Surveys of appropriate federal, state, and local agencies for information on needs of the elderly/adults with disabilities.
 - 7. Interviews and questionnaires of persons 60 years and older eligible for services in the Central Midlands 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 the region's serviced population and the resources to address them.
- E. Provide the coordination and collaboration of area-wide planning efforts among eligible people, and the other agencies, service providers, and any other organizations.
- F. Develop and distribute both strategic and long range area plans for meeting the needs of the region's served population. Prioritize unmet needs, review and update periodically.

G. Designate local focal points for the delivery of services. Special considerations shall be given to developing and/or designing approved multipurpose senior centers as community focal points.

H. Develop and periodically review the regional funding formula for allocation of funds.

202. PROGRAM DEVELOPMENT

The CM AAA/ADRC will develop activities directed toward funding, maintaining, enhancing existing programs as well as developing new programs. The CM AAA/ADRC may reduce or eliminate those projects having little value and/or low priority. 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

The CM AAA/ADRC will implement the following training guidelines:

- A. Develop an area-wide training plan to address the training needs of service professionals. Provide leadership and technical assistance in the training of network personnel. The annual community needs assessment is the blueprint necessary to identify the type of training necessary in the region.
- B. Coordinate, promote, provide, and receive training in appropriate courses and curriculum to ensure staff and provider/contractor agencies are trained adequately to meet the needs of the region.
- C. Assist service contractor in meeting minimum staff training requirements.
- D. Share resources with other networks as appropriate.

204. RESOURCE DEVELOPMENT

The CM AAA/ADRC will seek resources to maintain, enhance services, and to develop services. The CM AAA/ADRC seeks funds from local governments, foundation, federal grant and other sources.

205. SERVICE DELIVERY

The CM AAA/ADRC is not expected to deliver services directly unless there is no viable or economical alternative. The CM AAA/ADRC insures efficient and effective service

delivery through its providers/contractors. The CM AAA/ADRC will also ensure that a single entity shall not conduct the assessment, choose the client, and deliver the services. The LGOA has determined that the following services will be provided by the CM AAA/ADRC:

- A. Information, Referral, and Assistance
- B. Family Caregiver Support Program
- C. Seniors Raising Children.
- D. Insurance Counseling
- E. Outreach and Advocacy
- F. Long Term Care Ombudsman
- G. Senior Medicare Patrol
- H. Evidence Based Promotions / Disease Prevention Program

A. Information, Referral, and Assistance:

1. Purpose: The Information and Referral/Assistance (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 regionally or throughout the state/nation. The I&R/A Program facilitates long-range planning by tracking requests for, and identifying gaps in and duplications of, services.
2. Program Development: The South Carolina I&R/A Program reflects and adheres to the mission, policies, and procedures for the Information and Referral/Assistance Program set forth by the Older Americans Act (OAA), the Administration on Aging (AoA), the Aging and Disability Resource Center (ADRC), and the Lieutenant Governor's Office on Aging (LGOA). In South Carolina, 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).
3. Goal: The goal of the I&R/A Program is to connect seniors, adults with disabilities, and their caregivers with the programs, services, resources, and information (local, state, and national) they need to help meet their needs and enhance their quality of life.
4. Practice: The I&R/A Program answers calls, logging all calls into a booklet/tablet as the calls are received. When a client is called back (if reached) a check is made next to the person's name and phone number. If the return call is not answered by caller, the time (and date if not same day) the return call is made is documented next to their name to insure records are maintained showing call activity. A message is left with name and phone

number when able. If there is no answer to returned call, another call is attempted again later that day or as soon as possible.

5. Data collection from the calls answered is entered into OLSA within 48 hours per South Carolina's Aging Network's Policies and Procedures Manual (LGOA).
6. Staff meetings are attended weekly – usually on Monday at 10 am. Outreach: The Interagency Meetings; Healthcare/Disaster Relief; I & R/A/LGOA Training Meetings/Conference Calls occur monthly along with Outreach as available. Presentations are made and Health Fairs attended also when time and staffing allows. A banner is available to advertise the I&R/A Program. The Outreach Event information is entered into OLSA within the required 48 hour time frame.
7. The I & R/A Quarterly Report is completed quarterly and submitted to the I&R/A Program at LGOA with a copy emailed to the CM AAA/ADRC Aging Director; and, CMCOG Deputy Director.
8. Resources: The I & R/A Program uses an internal document named the “Information and Referral/Assistance – Contact Form” (see Appendix C-1) to collect information when talking to a Contact. This form is used to submit this data into the “On-Line Support Assistance (OLSA)” – a statewide database maintained by the Lt. Governor's Office on Aging. These Contact Forms are kept in a locked cabinet within the I&R/A Specialist/Coordinator's Office for six (6) months. After six (6) months the forms are shredded via CMCOG/CM AAA/ADRC.
9. The Senior & Disability Services Directory is a book of service/resource information maintained by the Aging Department at CM AAA/ADRC. This Directory contains information for the Midlands coverage area: Fairfield, Lexington, Newberry, and Richland County. The Directory is updated yearly. A hard copy of the Senior & Disability Services Directory is available to the public for purchase. A copy can be downloaded free from the CMCOG website (www.cmcog.org). Also, information/services and resources are located at the website –GetCareSC (<http://www.getcaresc.com/rg>) – the state-wide data base of information maintained by the Lt. Governor's Office on Aging (LGOA). Additional resource information is obtained thru reputable websites such as Social Security, Medicare, Medicaid, SC Dept. of Health & Human Services [Medicaid Waiver Program – CLTC and Medicare and Medicaid Program – PACE], SC Dept. of Social Services, SC Dept. of Health & Environmental Control, SC Assistive Technology Program, SC Housing Trust Fund, and, VA.
10. Translation Services currently receive assistance from Guillermo Espinosa, Senior Planner, CMCOG Planning Department.

11. Crisis and Emergency Calls: The I & R/A Program is not a 'first responder' and provides no financial assistance. However, incoming calls are checked regularly in case a caller needs assistance immediately. Crisis and emergency situation training opportunities are promoted to ensure education of staff. And, crisis intervention materials are kept at staff's desk: CMCOG/AAA PROCEDURES: CRISIS INTERVENTION - AIRS: Crisis Intervention within Information and Referral; Handling a call from a suicidal person; and, South Carolina Suicide & Crisis Hotlines.
12. CLIENT ADVOCACY POLICY (Effective April 2017) - The I & R/A Assistance program in compliance with guidelines established by the Alliance of Information and Referral Systems (AIRS) has established a client advocacy policy. Client Advocacy shall occur when available resources in life altering situations are scarce or not available. The I & R/A Specialist, I & R/A Coordinator or anyone acting in the Information and Referral/Assistance position shall assist the inquirer with getting access to possible resources by contacting the agency/business to see if any resources or alternative resources are available for the inquirer if determined eligible for the service. The I&R/A services will assist the inquirer by referring inquirer to one-on-one assistance when the inquirer has identifiable health conditions (mentally or physically) which prohibit them from being able to contact the resource(s) themselves. Client Advocacy shall occur when staffing manpower is sufficient to manage in-coming calls and other responsibilities of the I&R/A Service. The I&R/A service will record in OLSA acts of advocacy and follow-up.
13. Disaster/Emergency Preparedness: The I& R/A Specialist attends monthly Disaster Preparedness meeting with the DHEC Healthcare Coalition; Case Management Work Team (VOAD – United Way); and other meetings and trainings as available and staffing allows. The I & R/A Specialist maintains the Central Midlands Area Agency on Aging Emergency Preparedness Plan and the Standard Operating Procedures Plan. These policies and procedures are to be utilized during a disaster/emergency and shall be in accordance with federal and state emergency management.

B. Family Caregiver Support Program:

The Family Caregiver Support Program (FCSP) provides five critical categories of supportive services to family caregivers of older individuals, as well as grandparents and other relatives aged 55 and older who are raising children. Written broadly to provide flexibility and responsiveness to the needs of caregivers, these include:

- Information to caregivers about available services
- Assistance to caregivers in gaining access to the services
- Individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy and in making decisions and solving problems related to their caregiving roles

- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities
- Supplemental services, on a limited basis, to compliment the care provided by caregivers

Supplemental Services

Incontinence supplies, assistive technology devices, adaptive clothing, personal emergency response units, school related fees. (Home modification and transportation may be covered under HCBS or Title III-B, respectively.) Appendix G-4

The CM AAA/ADRC shall employ a full-time Family Caregiver Advocate (FCA) to play an active role in leveraging existing resources, developing partnerships, identifying and responding to caregiver needs, linking caregivers to community resources and services, developing needed community resources, expanding successful services and evaluating the program on an ongoing basis to guide continued development and improvements in the program. The CM AAA/ADRC shall maintain the position using allocated III-E Planning & Administrative (P&A) funds. FCSP service funds may also be used for staffing in order to provide direct caregiver assistance and to develop new resources and community partnerships.

The FCSP will provide access to accurate and reliable counseling, referral, and assistance. Caregivers will be able to choose from a broad array of service options available under the FCSP. Access to respite care and other supportive services in their community will be available to sustain the caregiver.

Serving Caregivers with Greatest Need

Older Americans Act (OAA) Title III-E specifies that PRIORITY for services will be given to the following groups:

- 1) Family caregivers who provide care for any individual with Alzheimer's disease or related disorders with neurological brain dysfunction regardless of the age of the person with dementia.
- 2) Grandparents or other older relative caregivers who provide care for children (under 18 years or age 19-59 with disabilities). These caregivers may receive services at 55 years of age and older (SRC).
- 3) Older relative caregivers providing care to adult children with disabilities, if the adult child is 60 years of age or older.

Additionally, AoA targets the following five groups as priority populations: Low Income, Rural, Minority, Limited English speaking, Age (defined by the OAA as an individual 60 or older or who is less than 60 but has a diagnosis of early-onset dementia). Risk scores, which

are useful in determining priority, are automatically calculated in the AIM Data Collection System.

Other Caregiver Respite Resources

In addition to utilization of Title III-E funds, two alternative funding streams are available for disbursement through the AAA. The Alzheimer's Association Respite Funds may be used to enable caregivers to be temporarily relieved from their caregiving responsibilities for individuals with Alzheimer's disease or other related dementias. The Lieutenant Governor's Office on Aging (LGOA) has entered into agreement with the Alzheimer's Association – South Carolina Chapter, to administer the Alzheimer's Association Respite Funds (AAR). The Alzheimer's Quarterly Report (Appendix G-9) is completed after each quarter and submitted to the LGOA. The LGOA, through the ten Area Agencies on Aging (AAAs), administers the program through the Family Caregiver Support Program or designated staff in each respective region. The AAR Funds are mandated solely to provide respite care and diagnostic services to those with Alzheimer's disease or a related disorder, as determined by a physician's statement of diagnosis. For caregivers who are receiving these Respite Assistance funds only, an ADRD Respite Voucher Application must be completed (See Appendix 4). No additional assessment is necessary; however, it is encouraged to determine eligibility for other services.

Eligibility criteria for the Alzheimer's Association Respite Funds are administered under the following guidelines:

- Vouchers are solely for persons with Alzheimer's disease or a related disorder and their caregivers;
- An assessment is not required for eligibility; however, it is encouraged as the caregiver/ care recipient may be eligible for other services;
- A physician's diagnosis statement is required;
- An Alzheimer's Disease and Related Disorders Respite Voucher Application must be completed for each client;

State Respite Non-Recurring funds (RNR) may be used to enable caregivers to be temporarily relieved from their caregiving responsibilities (SRC and CG Programs). Care receivers and caregivers receiving financial/monetary reimbursement for services shall be assessed at least annually using the LGOA 2013 Assessment and shall be documented in the Advanced Information Manager system (AIM). Two assessments should be completed, one for the care receiver and one for the caregiver.

Eligibility criteria for the RNR funds are administered under the following guidelines:

- No more than 10% of funds may be used for seniors raising children (e.g. grandparents or other relatives, not parents)
- No more than 10% of funds may be used for seniors with children with disabilities (this includes senior parents with adult children with disabilities)

- Eighty percent (80%) of funds may be used for all other senior respite needs (to include persons with a diagnosis of dementia)
- For maximum efficacy, AAAs/ADRCs are encouraged to utilize more restrictive funds first (e.g., the Alzheimer's voucher for persons with dementia, then other resources as needed)
- All potential recipients must be assessed using the Lieutenant Governor's Office on Aging Assessment/Re-Assessment form
- Consistent with the OAA as amended, eligibility for seniors raising children begins at age 55 (contingent upon scoring on standard assessment)

Respite Services (to enable caregivers to be temporarily relieved from their caregiving responsibilities) Examples include:

- Respite at a facility
- In-home respite care programs with trained companions, aides or senior companions
- Promotion of facility respite for overnight, or week-end respite
- Identification of respite options within their own communities
- Emergency respite care
- Other short-term respite options i.e. escape week-ends, camps, and retreats

FCSP Application Process:

- Applications can be sent from our office by mail, fax, or e-mail. They can be returned to us from the caregiver in like manner or dropped off in person (Appendix G-1).
- Applications are reviewed for eligibility, all documentations is completed and added to AIM and program spreadsheets for tracking and coordinating services.
- Applicants are contacted by phone and, if needed, by letter if any further action are required. (Appendix G-3- need anything letter)
- The CG Assessment (portion) contains additional caregiver specific questions and must be completed for every caregiver. The CG Assessment includes Consent to Release Information Form (Appendix G-2- page 5) which should be signed by the Client (Caregiver).
- For approved applications, the approval is noted on the spreadsheet, and authorizations are completed in AIM. Assessments are completed as required by policy, excluding Alzheimer recipients (Appendix G-12). Funding for the respite voucher
- All conversations (whether in person, by telephone, or e-mail, will be documented on progress notes and kept in the file for the caregiver and documented in OLSA/SC Access.
- The original respite award voucher document will be mailed directly to the agency provider (Appendix G-7).

- A copy of the respite award voucher (Appendix G-7), a cover letter (Appendix G-5), and information about the monthly support groups will be mailed to the caregiver. The information mailed to the caregiver does not require action unless they are using a private worker for respite services.
 - If the caregiver chooses to have a private worker, the appropriate forms will be mailed to the caregiver in order to be reimbursed for that service: a cover letter, award voucher form, a W-9 form (Appendix G-11), a timesheet (Appendix G-6), and information about the caregiver support group.
 - Respite invoices are returned to the office, they will be sent to the finance department for processing.
 - Reports will be completed on a quarterly (Appendix G-13) and annual basis for the Alzheimer's program (Appendix G-14) and for the respite program.
 - Reports will be submitted for RADAC and for the FCSP advisory committee.
 - Outreach: activities will be conducted to share information about programs and services available through the AAA.
 - Caregiver Support Group meetings take place on a monthly basis to provide educational and a separate support system for the caregivers.
- C. The Seniors Raising Children (SRC) program is designed to help those who are aged 55 or older, and who have primary care and responsibility for children who are not biologically their own. We ask that these seniors provide some sort of documentation regarding the reason they have the children and reason the children are under their care. That documentation could be in the form of DSS records, court documents, school records, church records, or other relevant information.

The two benefits currently available to these grandparents or others are:

- A) Assistance with back to school supplies and clothing. This benefit amount may vary based on the number of children participating in the program and the amount of the funding available.
- B) Summer camp programs for the children. Going to summer camp provides a respite break for the grandparents and constructive, healthy activities for the children.

Applications are accepted at any time by the grandparent or appropriate senior adult who lives in the Central Midlands region. (Appendix G-2)

Record Keeping

The CM AAA/ADRC shall develop and maintain procedures to assure that:

- Confidentiality and security of data is maintained, including confidential information sent via the internet. AAAs will implement procedures to assure that any personal information is kept secure and confidential. AAAs will ensure that Social Security numbers are NOT recorded in either AIM or OLSA.
- Demographic data in OLSA and AIM is current, accurate and complete, including Status, Dates, Phone Numbers, Physical and Mailing Addresses, Rural/Urban Designations, County Codes, Region Codes, Dates of Birth,

Race/Ethnicity, Gender, Consent to Release Information, Eligibility, and Income Information, according to state, Older Americans Act (OAA) and other funding guidelines.

- Pertinent data in OLSA and AIM is current, accurate and complete.
- Data entry into OLSA and AIM is completed accurately and reconciled with agency records by the 10th day of the following month. Data in AIM cannot be changed after the 10th of the following month. Corrections to data entry may be made during the month of the transaction, but data entry will be 'locked' after the 10th day of the following month. After that time, corrections to any data entry errors will be made by following the protocols for correcting any information or data within AIM.
- All contacts with caregivers and other callers are entered into OLSA per procedure. All required data will also be entered into AIM per procedure. The AIM Waiting List Feature to track Waiting List Information is being used. Program Income, including Grant Related Income (GRI) and Fees, is recorded (in AIM) according to state, OAA, and other funding source guidelines.

Each FCSP will follow their agency policy for record retention. Programs funded through Title-III Federal grants, like the Family Caregiver Support Program, are required to keep their records for 7 years. The FCSP completes a quarterly report (Appendix G-10) and a final annual report (Appendix G-11 & G-12) and submits the reports to the LGOA.

Regional FCSP Advisory Committee

The CM AAA shall maintain a regional caregiver program advisory committee to support ongoing activities and new program development. The advisory committee should have representatives from community organizations, service provider agencies, contractors, voluntary organizations, faith communities and include current or former family caregivers and if possible a caregiver of an individual with a disability. The cultural diversity of the community should be reflected in committee membership and each county in the region should be represented. This committee shall have at least one member from the Regional Aging Advisory Council who will act as liaison to the Regional Aging Advisory Committee. Meeting minutes showing discussion of caregiver issues, program activities, and development of new resources and partnerships shall demonstrate progress toward area plan and FCSP goals and outcomes.

D. Insurance Counseling:

1. Purpose. The Centers for Medicare & Medicaid Services (CMS) and the Administration on Aging (AoA) fund the State Health Insurance Program (SHIP). SHIP is a direct service of the LGOA, which has specialists throughout the state who can help with Medicare and Medicaid questions. The SHIP specialists, along with volunteers, assist older adults, their caregivers, and people with disabilities in understanding and/or enrolling in

Medicare health insurance policies, in accessing accurate information for Part D Low-income Subsidy and Medicare Savings Program for Part B coverage, and in resolving errors or fraud problems with benefit statements.

2. Basic Grant Objectives.

Objective 1: SHIPs will provide personalized counseling to an increasing number and diversity of individual beneficiaries unable to access other channels of information or needing and preferring locally-based individual counseling services.

Objective 2: SHIPs will conduct targeted community outreach to beneficiaries in public forums under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection (Appendix F-2).

Objective 3: SHIPs will increase and enhance beneficiary access to a counselor workforce that is trained, fully equipped, and proficient in providing the full range of services including enrollment assistance in appropriate benefit plans, and prescription drug coverage.

Objective 4: SHIPs will participate in CMS education and communication activities, thus enhancing communication between CMS and SHIPs to assure that SHIP counselors are equipped to respond to both Medicare program updates and a rapidly changing counseling environment and to provide CMS with information about the support and resources that SHIPs needs to provide accurate and reliable counseling services.

3. SHIP Performance Measures

State Health Insurance Program (SHIP) Progress Reports

The CM AAA/ADRC is required to submit two State Health Insurance Program (SHIP) Progress Reports semi-annually. The reporting periods are January 1 through August 31 and September through December 31.

Eight SHIP Performance Measure Definitions

The following are SHIP Performance Measure Definitions governing the SHIP program.

Performance Measure 1 – Number of total client contacts (in-person home, telephone (all durations), and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the State (AppendixF-1). (20 percent weight)

Performance Measure 2 – Number of persons reached through presentations, plus reached through booths/exhibits at health/senior fairs, plus persons receiving any enrollment assistance at enrollment events per 1,000 Medicare beneficiaries in the State. (10 percent weight)

Performance Measure 3 – Number of substantial, personal, direct client contacts (telephone calls of duration 10 minutes or more, in-person office, in-person home) per 1,000 Medicare beneficiaries in the State. (15 percent weight)

Performance Measure 4 – Number of contacts with Medicare beneficiaries coded in the CMS-defined Disabled program (under age 65 rule enforced during data entry) per 1,000 Medicare beneficiaries in the CMS-defined Disabled program. (10 percent weight)

Performance Measure 5 – Number of unduplicated low-income (below 150 percent FPL) (regardless of asset coding) Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS) per 1,000 low-income Medicare beneficiaries in the State. (15 percent weight)

Performance Measure 6 – Qualifying LIS topics: Any of the following three LIS topics discussed (unduplicated) – Part D Low Income Subsidy (LIS/Extra Help): Topic 11 LIS Eligibility/Screening, Topic 12 LIS Benefit Explanation, Topic 13 LIS Application Assistance.

Performance Measure 7 – Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the State (10 percent weight)

Performance Measure 8 – Qualifying Enrollment Topics: Any of the following 20 Enrollment Topics (unduplicated):

Topic 1 – Medicare Prescription Drug Coverage (Part D) Eligibility/Screening, **Topic 2** – Medicare Prescription Drug Coverage (Part D) Benefit Explanation, **Topic 3** – Medicare Prescription Drug Coverage (Part D) Plans Comparison, **Topic 4** – Medicare Prescription Drug Coverage (Part D) Plan Enrollment/Disenrollment, **Topic 10** – Medicare Prescription Drug Coverage (Part D) Plan Non-Renewal, **Topic 21** – Medicare (Parts A and B) Eligibility, **Topic 22** – Medicare (Parts A and B) Benefit Explanation, **Topic 27** – Medicare Advantage (HMO, POS, PPO, PFFs, SNP, MSA, Cost) Eligibility/Screening, **Topic 28** – Medicare Advantage (HMO, POS, PPO, PFFs, SNP, MSA, Cost) Benefit Explanation, **Topic 29** – Medicare Advantage (HMO, POS, PPO, PFFs, SNP, MSA, Cost) Plans Comparison, **Topic 30** – Medicare Advantage (HMO, POS, PPO, PFFs, SNP, MSA, Cost) Plan Enrollment/Disenrollment, **Topic 36** – Medicare Advantage (HMO, POS, PPO, PFFs, SNP, MSA, Cost) Plan Non-Renewal, **Topic 46** – MEDICAID Medicare Savings Programs (MSP) Screening (QMB, CMMB, QI), **Topic 47** – MEDICAID MSP Application Assistance, **Topic 48** – MEDICAID (SSI, Nursing Home, MEPD, Elderly Waiver) Screening, **Topic 49** – MEDICAID Application Assistance, **Topic 37** – MEDICARE SUPPLEMENT/SELECT Eligibility/Screening, **Topic 38** – MEDICARE SUPPLEMENT/SELECT Benefit Explanation, **Topic 39** –

**MEDICARE SUPPLEMENT/SELECT Plans Comparison, Topic 45 –
MEDICARE SUPPLEMENT/SELECT Plan Non-Renewal.**

Performance Measure 9 – Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the State. (10 percent weight)

Performance Measure 10 – Qualifying Part D Enrollment topics:

Any of the following five Part D Enrollment Topics (unduplicated):

Topic 1 – Medicare Prescription Drug Coverage (Part D) Eligibility/Screening,

Topic 2 – Medicare Prescription Drug coverage (Part D) Benefit Explanation,

Topic 3 – Medicare Prescription Drug Coverage (Part D) Plans Comparison,

Topic 4 – Medicare Prescription Drug Coverage (Part D) Plan

Enrollment/Disenrollment, **Topic 10** – Medicare Prescription Drug Coverage (Part D) Plan Non-Renewal.

Performance Measure 11 – Total counselor hours (from client contact form) per 1,000 Medicare beneficiaries in the State. (10 percent weight)

4. Databases. The CM AAA/ADRC shall utilize On-Line Support Assistant (OLSA) to record client contacts. The CM AAA/ADRC shall accurately input and monitor data and provide training for appropriate CENTRAL MIDLANDS AAA/ADRC staff and providers/contractors. All client data will be captured and keyed into OLSA, including SHIP contacts. Any edits needed to be made to a SHIP contact must be made on the SC Access Intake Form if it is a multiple contact on the same day.

E. Outreach and Advocacy:

Through coordination and collaboration with LGOA and other agencies, the CM AAA/ADRC shall work across the region to enhance access to services for the individuals we serve. This will be done by improving access for historically underserved communities and improving opportunities for our residents by closing gaps in services needed. We will also use all opportunities to ensure residents are aware of the services and assistance we have available. This outreach will be accomplished by participating in health fairs, education events, person-to-person consultation, etc.

F. Long Term Care Ombudsman:

Purpose: The South Carolina Long Term Care Ombudsman Program (LTCOP) advocates, mediates and investigates reports of abuse, neglect, exploitation, quality of care issues and Resident Rights concerns on behalf of vulnerable adults/residents in long-term care facilities. The Long-Term Care Ombudsman Program seeks to improve the quality of life and quality of care of residents residing in long term care facilities through advocacy. Additionally, the LTCOP identifies problems and concerns and provide advocacy on the issues identified in effort to improve the quality of care of residents receiving long term care services.

Goals: The main goal of the Long-Term Care Ombudsman Program is to protect vulnerable adults residing in long-term care facilities. Some of the efforts to achieve this are:

- to empower residents and their families by providing information on the SC Bill of Rights so they are prepared to advocate as needed,
- to provide facilities, the community, residents and families with information related to abuse, neglect and exploitation and give them the tools needed to make informed decisions,
- to maintain relationships with other investigative entities and regulatory entities/agencies to assist in investigative efforts.

Volunteer Ombudsman Program and the Long Term Care Ombudsman Program Responsibilities

The Older Americans Act (OAA) provides for the Long Term Care Ombudsman Program (LTCOP) to utilize volunteers and establishes the requirement for the Long Term Care Ombudsman Program (LTCOP) to provide training for any volunteer ombudsman.

In South Carolina, volunteers are recruited and placed by the Regional Long Term Care Ombudsman (RLTCO). These volunteers function under the supervision of the Regional LTCO; however, these volunteers are not certified ombudsmen. Volunteers may perform limited functions as specified by the State Long Term Care Ombudsman. Following screening, training, and testing, the Volunteer Ombudsman shall receive orientation to the facility and its procedures prior to making regular contact with the residents by visiting facilities and training with the RLTCO. The Volunteer Ombudsman may be called upon to visit residents in nursing homes or residential care facilities, resolve minor concerns, and bring issues or problems to the attention of the LTCO, when necessary.

The volunteer program seeks to diminish the sense of isolation and helplessness experienced by residents, especially those without family or friends, and can assist the resident in achieving a sense of self-determination of his/her health, safety, welfare, and rights. Volunteer Ombudsmen are a resource for improving the quality of life for residents, as well as for identifying issues and potential problems that can be addressed before intervention is needed by the LTCO or other appropriate regulatory agency.

1. The Volunteer Ombudsman performs the functions outlined below: visits residents of long term care facilities as determined by the RLTCO;
 - a. Documents and resolves resident' minor concerns and reports complaints to the RLTCO
 - b. Provides brochures and written information from the LTCOP on resident's rights, advance health care directives, and the role of and the contact information for the ombudsman to family, residents, and facility staff;
 - c. answers basic questions regarding the LTCOP and refers requests for assistance to the RLTCO; and maintains confidentiality at all times

2. Training required for Volunteer Ombudsmen will be conducted in accordance with
 - a. The protocols of the LGOA Volunteer Ombudsman training manual and the LTCOP.

Databases

The CM AAA/ADRC will utilize the Ombudsman Innovative Data System for capturing all data related to Ombudsman services. See Appendix E –National Ombudsman Reporting System (NORS) used for complaint in-take form.

G. Senior Medicare Patrol:

Purpose: The Senior Medicare Patrol (SMP) focuses on raising awareness of how fraud occurs in the Medicare program and empowering seniors and caregivers to recognize and report suspected fraud when it occurs. South Carolina's SMP purpose is to educate Medicare/Medicaid beneficiaries and caregivers about Medicare/Medicaid benefits in order to understand Medicare statements, such as Medicare Summary Notices (MSN), Medicare Part D Prescription Drug Plans (PDP), Explanation of Benefits (EOB), and other related health care statements. Through this knowledge, a person can identify, resolve, and/or report possible billing errors, fraud, abuse, and waste to the SMP. The LGOA's SMP project works in collaboration with federal and state fraud control units to help beneficiaries resolve complaints.

Databases: The CM AAA/ADRC shall utilize the SMART FACTS Senior Medicare Patrol (SMP) system to input fraud-related insurance data.

H. Client Assessment:

Purpose: Effective July 1, 2017, the CM AAA/ADRC became responsible for assessing and selecting clients for aging services. These procedures will help ensure that a single entity will not be completing both the selection and service performance according to the Federal guidelines. Also the CM AAA/ADRC is required to ensure clients having the most needs, as indicated by their risk assessment scores, will receive the services on a priority basis.

The below steps indicate the procedures that will be used within the Central Midlands Region to determine client eligibility, client assessments, selecting clients for services, and terminating services.

Step 1 – CM AAA/ADRC receives notification of the proposed client from its contractors using the "CENTRAL MIDLANDS AAA/ADRC Intake" Form (Appendix D-). If a client calls the AAA regarding a service, they will be referred to the appropriate COA to have an intake form completed. The need for the referral to originate with the COA stems from the fact that most of the COAs have local funding, and this is the most effective way to ensure that services are not being duplicated. Before the COA sends the Intake Form to CM AAA/ADRC, the COA will need to create the client in AIM/CMS and ensure that the AAA has access to the client for data entry purposes.

Step 2 – The Assessor Coordinator completes a preliminary screening of the client's basic information, as presented on the intake form, to ensure that the client meets age and location requirements for the requested service. After determining that the client meets preliminary requirements, the Assessor Coordinator places the client in the scheduling software program, and assigns the client to an Assessor.

Step 3 – If the CM AAA/ADRC Assessor deems the client not eligible, based on intake information or re-assessment, in accordance with the SC aging Network's Policies and Procedures Manual on Uniform Assessments, client eligibility determination, and selection protocols starting on July 1,2017 chapter 404 section E (LGOA,2014, chapter 404 page 67). The Assessor will relay this information to the client (or their authorized representative) verbally, or if requested in writing. The letter will be prepared within 2 work days. They will also provide referrals to alternative services, if appropriate. The potential client's Intake Form, letter, and all other correspondence will be filed within the CM AAA/ADRC's digital files, and will be maintained for no less than one year.

Step 4 – If the CM AAA/ADRC finds the potential client preliminarily eligible, they will establish a digital file folder for the client. They will also make two attempts to schedule a full assessment within 5 work days. If Assessment staff have difficulty contacting the potential client by phone, a letter will be sent to the potential client, asking for them to contact the AAA (Appendix D-1). Telephone assessments, to determine the estimated risk assessment scores, may be accomplished for those expected to remain on the wait list for longer than two weeks. However, before services can be provided, a face-to-face assessment must be accomplished. If the service is to be provided immediately (or in less than two weeks), the face-to-face assessment must be conducted as soon as possible and placed in the AIM system prior to beginning the service. The "LGOA Assessment/ Reassessment Form" (Appendix D-) will be used.

Step 5 – During the face-to-face interview, the CM AAA/ADRC will complete the following documents: (a) LGOA Assessment/Reassessment Form indicating the client's (or authorized individuals) Consent to Release Information (Appendix D-3); (b) the LGOA Assessment/Reassessment Form.

Step 6 – The CM AAA/ADRC will enter the assessment information into AIM ensuring correct year is selected and over-writing of a previous assessment is not taking place. If necessary, assessors will also complete the AAA Assessment Notes form. The assessors will then prepare the Client Eligibility Form (Appendix D-2), mail any remaining referral or resource information to the clients, and ensure that all relevant documents have been saved/scanned into the CM AAA/ADRC digital filing system.

Step 7 –CM AAA/ADRC Assessors will review the client's assessment with the Assessor Coordinator. The Assessor will enter the assessment in AIM and any notes.

Step 8 – The CM AAA/ADRC Assessor Coordinator will complete the Client Eligibility Form, fax it to the appropriate contractor, and make sure the final copy is saved in the client's digital file. The Assessor Coordinator will also enter any needed justification in AIM, and add clients to the appropriate Wait List. If a client is being added to a Wait List, a letter will be sent to the client with all relevant information (See Appendix D-6).

I. Evidence Based Health Promotions/Disease Prevention Programs (EBHP/DPP):

Evidence-based health programs offer proven ways to promote health and prevent disease among older adults, 60 years and older. These programs are based on research and they can significantly improve the health and well-being of older adults in the community. They can also help attract new participants and funders through innovative program. Additionally, implementation can create powerful partnerships with other organizations.

The primary goals of the Evidence Based Health Promotions Programs are to: (1) Empower older persons to adopt healthy lifestyles and behaviors, improve health status, and manage chronic conditions better; (2) Reduce their use of hospital services and emergency room visits; and (3) Enable aging networks to have the capacity to deliver evidence-based programs.

The CM AAA/ADRC encourages its providers/contractors to implement the Title III-D, Highest Tier Intervention Programs examples of these Highest Tier Programs are:

A Matter of Balance	Enhanced Fitness	Strong for Life
Active choices	Enhanced Wellness	Fit and Strong
Healthy moves for Aging Well	Walk with Ease	Stepping On
Active Living Every Day	Online Chronic Disease Self-Management Program	Chronic Disease Self-Management Program (CDSMP/Living Healthy)
Better Choice, Better Health-Diabetes	Diabetes Self-Management Program (DSMP/Living Healthy with Diabetes)	Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)
Arthritis Foundation Life Programs(Exercise Tai Chi, Aquatics Programs)	Arthritis Self-Management (Self-Help) Program	Healthier Living with Arthritis (Internet Arthritis Self-Management Program)
Medication Management Improvement System	Prevention and Management of Alcohol Problems in Older Adults	Program to Encourage Active, Rewarding Lives for

		Seniors (PEARLS)
Healthy Eating for Successful Living Among Older Adults	Tai Chi: Moving for Better Balance	Positive Self-Management Program
Chronic Pain Self-Management Program		

206. GRANTS AND CONTRACTS MANAGEMENT

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

207. COMMUNITY OUTREACH

The CM AAA/ADRC will conduct activities to promote aging efforts and make aging issues visible in the Central Midlands region. The CM AAA/ADRC will make older adults, adults with disabilities, and their caregivers aware of the availability of services. The CM AAA/ADRC is expected to make the public aware of problems and needs of their target population.

208. COMMUNITY EDUCATION

The CM AAA/ADRC will conduct activities to promote aging/disability efforts and make these issues visible in the Central Midlands Region. The CM AAA/ADRC will make our target population aware of the availability of services and the general public aware of problems and needs of older adults/adults with disabilities and their caregivers.

209. ADVOCACY

The CM AAA/ADRC will attend public hearings and give presentations when appropriate on the current issues and needs of caregivers, seniors, and adults with disabilities. The CM AAA/ADRC will be involved and visible in legislative and budgetary matters in support of caregivers, senior and adults with disabilities within the guidelines established by the advisory board.

210. TECHNICAL ASSISTANCE

- A. The CM AAA/ADRC shall provide ongoing technical assistance to its service providers/contractors. Technical assistance shall be provided on a regular basis through on-site visits and through written communications.
- B. The ADRC will also make every effort to provide technical assistance to

other organizations, public and private, in the Central Midlands region which are concerned with the needs of caregivers, seniors, and adults with disabilities.

211. COORDINATION

The CM AAA/ADRC provides for 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 seniors and adults with disabilities.
2. Joint funding and programming with all available resources to better serve caregivers, seniors, and adults with disabilities.
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 caregivers, seniors, and adults with disabilities.
5. Development and implementation of action plans for coordination and resource development activities which should result in the initiation of new and expanded services for caregivers, senior, and adults with disabilities in the Central Midlands Region.

B. Program Coordination

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

The CM AAA/ADRC and its service providers/contractors in the Central Midlands Region are required to coordinate with other federal/state entities conducting/managing the service programs. These programs include:

1. Workforce Innovation & Opportunity Act
2. Title II of the Domestic Volunteer Service Act of 1973
3. Titles XVI, XVII, XIX, and XX of the Social Security Act
4. Sections 231 and 232 of the National Housing Act
5. United States Housing Act of 1937
6. Section 202 of the Housing Act of 1959
7. Title I of the Housing and Community Development Act of 1974
8. Title I of the Higher Education Act of 1965, and the Adult Education Act
9. U.S. Department of Transportation, MAP-2, the moving Ahead Progress in the 21st Century Act (P.L. 112-141)

10. Public Health Service Act, including block grants
11. 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
12. Community Services Block Grant Act
13. Demographic statistics and analysis programs conducted by the Bureau of the Census under Title 14, United States Code
14. Parts II and III of Title 38, United States Code
15. The Rehabilitation Act of 1973
16. The Developmental Disabilities and Bill of Rights Act; and
17. The Edward Byrne Memorial State and Local Law Enforcement Assistance programs, established under Part E of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750093766b) (OAA 203(b) and 306(a)(12))

The CM AAA/ADRC must coordinate its activities with other service contractors in the Central Midlands Region. The following coordination activities are to be conducted.

1. Conduct efforts to facilitate the coordination of community-based and long-term care services designed to retain individuals in their homes, thereby deferring unnecessary institutionalization.
2. Identify the public and private nonprofit entities involved in the prevention, identification, and treatment of the abuse, neglect, and the exploitation of older adults and adults with disabilities. Based on such identification, determine the extent to which the need for appropriate services for such individuals is unmet.
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 CONTRACTOR PLAN PROCESS

This section sets forth the policies and procedures governing the development and submission of the Area Plan and annual plan updates submitted by the Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC).

According to OAA Section 306(a), each AAA/ADRC shall prepare and develop its Area Plan for the multi-year period determined by the Lieutenant Governor's Office on Aging (LGOA). The Area Plan submitted by the CM AAA/ADRC to the LGOA for review and approval shall be in the uniform format developed by the LGOA.

301. THE AREA PLAN PROCESS

A. General Provisions for the Area Plan

An Area Plan is the document submitted by the CM AAA/ADRC to the LGOA to define how the CM AAA/ADRC will apply the Older Americans Act (OAA) and state grants for services in the comprehensive and coordinated service delivery system within the planning and service area. Through the Area Plan, the AAAs/ADRCs commit to administering funded activities in accordance with all OAA and LGOA requirements. The Area Plan describes the AAA's/ADRC's efforts for continual development and maintenance of a comprehensive and coordinated service delivery system for older adults, adults with disabilities, and caregivers. The format and instructions for the development and submission of the Area Plan and annual updates are provided by the LGOA. The comprehensive and coordinated service delivery system described in the Area Plan shall facilitate access to and utilization of all existing services in the planning and service area, including access to the OAA in-home and community-based services. Elements of the coordinated service system include:

- services that facilitate access, such as transportation, outreach, and information, referral and assistance;
- services provided in the community, such as respite at an adult day care center, congregate meals, employment services, insurance counseling, and legal assistance, as well as recreational, wellness, educational, and cultural services delivered at multi-purpose senior centers;
- services provided in the home, such as home-delivered meals, homemaker services, housekeeping, in-home respite care, and telephone reassurance;
- ombudsman services to residents of care-providing facilities; and
- caregiver support services provided by respite.

B. Content of the Area Plan

According to OAA requirements, the plan must:

- Document the extent of need for supportive, nutrition, and wellness services, and the need for multi-purpose senior centers in the planning and service area;
- Provide demographic information used in determining the scope of services funded;
- Identify the efforts of voluntary organizations in meeting needs;
- Justify the level of funding budgeted for access to services, in-home services, and legal assistance in the planning and service area;
- Identify designated focal points in the planning and service area;
- Set specific objectives for providing services to the target population with the greatest economic need, those with greatest social need, low-income and low-income minority older persons, older persons residing in rural areas, older

individuals with limited English proficiency, and individuals at risk for institutional placement;

- Provide information on the extent to which the CM AAA/ADRC met the objectives that were set in the prior fiscal year;
- Describe appropriate methods providers/contractors can use in executing the above preferences in the planning and service area;
- Identify the populations targeted for outreach in the planning and service area;
- Outline the planning, advocacy, and systems development of the CM AAA/ADRC;
- Assure that the CM AAA/ADRC will coordinate planning, identification, assessment of needs, and provision of services for older persons with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;
- Outline advocacy issues for caregivers, older persons, and adults with disabilities in the planning and service area and the manner in which the CM AAA/ADRC plans to address these issues;
- Describe activities that facilitate the coordination of community-based, long-term care services designed to enable older persons to remain in their homes;
- Describe the Long Term Care Ombudsman Program as operated within the planning and service area;
- Provide grievance procedures for caregivers, older persons and adults with disabilities who are dissatisfied with or denied services;
- Coordinate OAA Title III services with those funded under OAA Title VI (the OAA Native American programs) when applicable;
- Identify the policies that assure the CM AAA/ADRC maintains the integrity and public purpose of services and service providers in all contractual and commercial relationships;
- Describe goals for further development of regional information and referral services;
- Discuss the development of the caregiver support program, with particular attention to the portion of the program that addresses the needs of older individuals caring for relatives who are children;
- Provide information on SHIP and Medicare Fraud Prevention services in the planning and service area;
- Justify direct provision by the CM AAA/ADRC of any supportive, nutrition, in-home, or wellness services;
- Detail a regional training plan;
- Provide data on the impact of contributions and cost sharing revenues to expand services;
- Describe the process for gathering the views of program beneficiaries regarding matters of general policy development and administration of the Area Plan;
- Assure that the CM AAA/ADRC contracts with providers/contractors of supportive, nutrition, wellness services, or multi-purpose senior centers for the provision of such services; and

- Assure that the CM AAA/ADRC contracts for legal assistance services only with providers who meet the requirements of the OAA.

The CM AAA/ADRC shall include in the Area Plan an assessment of how prepared the CM AAA/ADRC and the service delivery network in the planning and service area are for any anticipated change in the number of individuals to assist during the four year period following the fiscal year for which the plan is submitted. Such assessment may include:

- The projected change in the number of serviced individuals in the planning and service area;
- An analysis of how such change may affect the populations targeted in the Act;
- An analysis of how programs, policies, and services provided by the CM AAA/ADRC can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area;
- An analysis of Grant Related Income (GRI) that may be used by the CM AAA/ADRC to fund enhanced and improved aging services; and

C. Public Hearing

The CM AAA/ADRC shall submit the Area Plan and amendments to its Regional Aging and Disability Advisory Committee (RADAC) for review and comment at least one week prior to holding a public hearing in the region. A complete copy of the Area Plan shall be available to the public on its agency web site two weeks before the hearing for review and after the public hearing(s). The copy shall contain the methodology used to distribute service funds throughout the region.

Public hearings shall be advertised at least two weeks in advance of the hearing date in major newspapers in the region. News releases on public hearings may be sent to weekly and bi-weekly newspapers. Special notices shall be sent to providers/contractors and potential providers/contractors of the CM AAA/ADRC, organizations of older persons, and other public and private agencies in the planning and service area. Notices of public hearing(s) shall be published in a language other than English, when deemed appropriate by the CM AAA/ADRC. All notices of the public hearing must specify where interested parties may obtain copies of the Area Plan and copies of the plan should be placed on the CM AAA/ADRC website two weeks before each hearing is held.

To ensure maximum attendance by interested parties, including caregivers, older persons, and persons with disabilities, public hearings shall be held in barrier-free facilities and shall be scheduled at convenient times and locations. All persons in attendance must sign a register and shall be provided a comment sheet. Procedures for review and analysis of comments received shall be explained verbally and printed on the comment sheet. All records of public hearings shall be on file at the CMAAAA/ADRC as a part of the Official Area Plan File. Comments collected at the public hearings become part of the Area Plan.

D. Area Plan Submission, Review, and Approval

A signed original Area Plan, and such copies as may be required, must be submitted to the LGOA in accordance with the schedule, procedures, and format provided by the LGOA when area plan instructions are provided to the AAAs/ADRC.

Each Area Plan is reviewed by a committee of the LGOA which will include senior staff and program managers. Staff use the written instructions provided to the CM AAA/ADRC as basis for the review. Based upon the LGOA staff committee's decision, the LGOA Single Point of Contact (SPOC) will either notify the CM AAA/ADRC in writing of any corrective actions necessary, or will provide written documentation that the LGOA has approved the plan as submitted.

The LGOA will approve an Area Plan or amendment when the plan meets all of the requirements as prescribed by the LGOA. The LGOA provides the CM AAA/ADRC with a formal notice of approval of the Area Plan and the amount of approved funding, using the standard Notice of Grant Award (NGA) between the LGOA and the CM AAA/ADRC. The LGOA requires a NGA signed by all parties as official notification of acceptance of the award.

The LGOA may approve an Area Plan or amendment with conditions when necessary. The conditions of approval will be in writing. All conditions placed on an approved Area Plan will be consistent with the authority delegated to the LGOA by the OAA and the State of South Carolina. When an Area Plan is approved with conditions, the sub-grantee must meet these conditions within the specified time frame provided by the LGOA. No grant agreement shall be finalized between the LGOA and the CM AAA/ADRC until all conditions are satisfied. (OAA 306(a)(1) to (15))

Failure to comply with the Area Plan requirements listed in this Manual and the LGOA Area Plan guidelines will result in a delay or rejection of the Area Plan. Funding, as well as other support, may not be provided until all components of the Area Plan are received and approved by the LGOA.

E. Annual Area Plan Update

The Area Plan will be updated annually during the duration of the four year plan. The date that the update is due and the format required will be included in the Area Plan guidelines provided by the Lieutenant Governor's Office on Aging.

F. Circumstances Which Require Amendments to the Area Plan

The CM AAA/ADRC shall amend the plan if:

- a new or amended state or federal statute or regulation requires a new provision, or conflicts with any existing plan provision;
- a Program Instruction (PI) is distributed from the LGOA;
- the CM AAA/ADRC proposes to change the designation of the single organizational unit or component unit;
- the CM AAA/ADRC proposes to add, substantially modify, or delete any objective(s);
- the CM AAA/ADRC or its providers/contractors are unable to meet targeted populations and goals;
- the LGOA requires further annual amendments; or
- the CM AAA/ADRC proposes to change or add providers/contractors funded under an Area Plan.

Any Area Plan or amendment not in substantial conformity with the OAA, federal regulations, and the LGOA policy will be disapproved by the LGOA. If the LGOA disapproves an Area Plan, the CM AAA/ADRC will be notified in writing and informed of the opportunity for a hearing. If, after providing the CM AAA/ADRC proper opportunity for a hearing, the LGOA still finds the Area Plan unacceptable, it will disapprove the plan and may:

- withhold further payments to the CM AAA/ADRC;
- terminate funds, with written notification by the LGOA to the Administration on Aging (AoA);
- provide a plan for the continuity of services in the affected planning and service area;
- designate a new CM AAA/ADRC in a timely manner;
- perform the responsibilities of the CM AAA/ADRC, if necessary; or
- assign CM AAA/ADRC responsibilities to another agency in the planning and service area.

The LGOA does not require prior approval of CM AAA/ADRC contracts with a nonprofit public or private organization; however, a copy of all executed contracts must be forwarded to the SPOC within 30 days after execution.

Failure to report appropriate contracts to the LGOA shall be deemed as funding not earned for reimbursement, and a meeting shall be required along with a Corrective Action Plan (CAP) to assure that appropriate contracts are being submitted by the Planning Service Area (PSA).

302. DURATION OF THE AREA PLAN

The CENTRAL MIDLANDS AAA/ADRC shall prepare and develop an area plan for a two, three, four-year or a period determined by the LGOA, with such annual updates as may be necessary. The current duration is four years with an annual update.

303. FUNDING BASIS

As required in the Older Americans Act, CM AAA/ADRC and contractors in the Central

Midlands region shall give preference to providing services to older individuals with greatest economic or social needs with particular attention to low-income minority individuals, non-English speaking seniors, and those living in rural area.

The use of means testing is prohibited. The CM AAA/ADRC will use the LGOA-approved Assessment process to help determine that potential participants are economically needy. Bureau of Census poverty thresholds are used within this process as guidelines when 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. Again the designated LGOA Assessment will be used for the basis of this determination.

304. FUNDING FORMULA

The CM AAA/ADRC allocates funds according to the intrastate funding formula used for III funding. Other funds are distributed through other fair equitable methods that into account geographic distribution (i.e., older persons (60+) at or below poverty, person in rural areas who are at risk, etc.)

305. ELIGIBILITY REQUIREMENTS FOR FUNDING

Groups or organizations eligible for Older Americans Act funds made available by the CM AAA/ADRC 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.

306. COMPREHENSIVE AND COORDINATED SYSTEM

The CM AAA/ADRC shall require its providers/contractors to provide a comprehensive and coordinated service delivery system within the service area.

307. SERVICE DELIVERY REQUIREMENTS

The Central Midlands region providers/contractors shall give preference to providing service to older adults with the greatest economic or social needs, particularly low income older minority, older people with limited English proficiency, and older individuals residing in rural areas. Adults with disabilities and caregivers will also be assessed to determine priority of services.

308. MINIMUM PERCENTAGES FOR PRIORITY SERVICES

In-home services are a priority under the OAA. By direction of the LGOA, the CM AAA/ADRC will allocate a percentage of funding for Title III-B priority services.

Priority Services:

- A. In-home Services (i.e., homemaker, personal care, visiting and homebound support, and supportive services for families of elderly victims of Alzheimer's disease and other neurological or organic brain disorders of the Alzheimer's type); and
- B. Services associated with access to services, (i.e., transportation, outreach, information and referral, and care management);
- C. Legal Assistance. The service provider plan shall specify the amount of funds expended for each category during the fiscal year.

SECTION 400: APPLICATION PROCEDURES AND POLICIES FOR CONTRACTORS

401. RESPONSIBILITIES OF RECIPIENTS OF AWARDS

The CM AAA/ADRC requires recipients of contract 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, under the Older Americans 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 and the other referenced documents.

402. APPLICABLE LAWS AND REGULATIONS

- A. All contract agencies receiving funds through the area agency on aging (CM AAA/ADRC) under the Older Americans Act are subject to the following laws and regulations:
 - (1) All provisions of the Older Americans Act, as amended to date;
 - (2) Federal regulations issued pursuant to the Older Americans 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;
 - (6) Title 5 of the Code of Federal Regulations, Part 900, subpart F, Standards for a Merit System of Personnel Administration;
 - (7) Proposed policy changes will include a fair and open process to include meeting with contractors, recommendations by RADAC committee and presented to CMCOG board for final adoptions.

B. State Funds

Contract agencies receiving State funds are subject to the provisions of the authorizing legislation and any relevant policies established by the LGOA, and the CM AAA/ADRC. They are also subject to the requirements of the Older Americans Act or any other Federal program with which they may be associated.

C. Administration

The CM AAA/ADRC has been vested with the authority to carry out all functions and responsibilities prescribed for area agencies on aging under the Older Americans Act, federal regulations and South Carolina State laws and regulations. Whenever the CM AAA/ADRC executes grants or contracts with organizations or agencies to provide an authorized service or program, the CM AAA/ADRC 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 CM AAA/ADRC requires all contract agencies to establish acceptable methods for administering Older Americans Act programs. The CM AAA/ADRC will periodically monitor, assess and evaluate in order to assure that standards of operation are met.

D. Title VI of the Civil Rights Act

1. The CM AAA/ADRC 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 CM AAA/ADRC programs of their civil rights obligations as a condition to initial or continued 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 a nondiscriminatory basis as required by the Civil Rights Act; and of their right to file a complaint with the CM AAA/ADRC, 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 CM AAA/ADRC 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 CM AAA/ADRC must maintain a current, properly executed policy meeting current anti-discrimination requirements.
- e. The CM AAA/ADRC will conduct periodic reviews, including on-site

visits as appropriate, to the provider/contractor 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. The CM AAA/ADRC requires all contract agencies receiving funds through the Older Americans Act to post in clear sight their Title VI Civil Rights policies, and to provide project participants with the opportunity to file a Title VI, Civil Rights Complaint.

403. EQUAL OPPORTUNITIES FOR CONTRACTORS

All contractors receiving funds from the CM AAA/ADRC 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 CM AAA/ADRC.

All provider/contractor Affirmative Action plans require an annual review and will be monitored by the CM AAA/ADRC.

404. LICENSURES AND STANDARDS

All sub-grantees and providers/contractors shall ensure that when state or local public jurisdictions require licensures for the provision of any services under an Area Plan, such licensure shall be obtained. Projects funded with LGOA assistance shall adhere to all quality standards found in the LGOA Policy and Procedures Manual. Where a regulatory licensure program provides compliance standards as a condition of obtaining or maintaining a license, that program shall be considered to have occupied that field of regulation entirely. For any Service Provider or subcontractor, demonstration of compliance with that licensure program's regulatory requirements evidences compliance with the contract specifications relating to that regulated activity. With regard to any field regulated by any federal, state, or local licensure program, the AAA will not impose additional or conflicting standards upon a Service Provider or its subcontractor.

405. DISCLOSURE

All provider/contractor agencies receiving funds through the CM AAA/ADRC 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. Central Midland's provider/contractor 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.

406. CODE OF CONDUCT FOR CONTRACTORS

All contract agencies providing services under the Older American Act must meet the provisions of the LGOA Code of Conduct and the Rules of Conduct General Information issued by the State Ethics Commission.

407. BUDGET YEAR AND PERIOD FOR AWARD

The Central Midlands regional contractual agencies shall recognize the state unit on aging 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 are usually awarded for one budget year at a time, unless further stipulated.

408. CONTRACT ADMINISTRATION

The Central Midlands regional contractual agencies shall maintain an adequate accounting system and procedures to control and support all of its operations.

The CM AAA/ADRC requires that all contract agencies receiving grant funds maintain proper accounts, with necessary supporting documents. 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 LGOA and as directed by the Central Midlands Council of Governments.

409. NON-FEDERAL SUPPORT FOR SERVICES

The LGOA requires of AAAs and Service Providers that OAA funds will not replace funds from non-federal sources. The LGOA may not allow more than 85 percent of the cost of services or 75 percent of the AAA cost of planning and administration to be paid with OAA funds. The state must provide five percent of the allowable cost for services from state-appropriated funds.

410. MATCHING AND PERCENTAGE REQUIREMENTS

Each Central Midlands provider/contractor 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.

411. NON-FEDERAL SHARE OF FUNDS

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

412. PREFERENCE FOR SERVICE

Contract agencies receiving funds from the CM AAA/ADRC shall ensure that preference for services is given to those older persons in greatest social and/or economic need, with particular attention to older individuals with low income; low-income, minority older individuals; older individuals with limited English proficiency; older individuals residing in rural areas; and older individuals at risk for institutional placement. The LGOA-approved assessment will be used to establish the priority of service. 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.

413. COST SHARING FEE & VOLUNTARY CONTRIBUTION GUIDELINES

Definitions:

A cost sharing fee is when the recipient of a service is requested (and expected) to pay all or part of the cost of the service. However, 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 voluntary 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.

Voluntary contributions are the required method for most Title III Services and Cost Sharing Fees are the preferred method for services provided using state funding; i.e., Community Services and Bingo Revenue and other state funded services.

- A. Purpose: These guidelines are for service providers/contractors to use when developing and implementing their agency’s cost sharing fee and voluntary contributions policies and procedures. It clarifies regulations mandated by Section 315(a) and (b) of the Older American’s Act.

Cost sharing and/or voluntary contributions allows providers/contractors to request participants, with incomes at or above 100% of the Federal Poverty Guidelines and who are able and willing to do so, to share in the cost of services they receive.

Clients projected to use “certain” types of OAA funds (see para 413C (2) below) and all home and community based support/bingo funds (and other local funds) should be asked to cost share.

Participants unable or unwilling to pay the cost share or who report their income as being at or less than 100% of the Federal Poverty Guidelines shall be offered the opportunity to voluntarily contribute towards the cost of the service. Voluntary contributions are requested for all services not covered under cost sharing.

Central Midlands provider/contractor agencies shall not deny any older person a service funded under the Older American Act because the older persons will not or cannot contribute to the cost of the service.

B. Cost Sharing Fees and the OAA:

In accordance with Section 315(a) of the Older American's Act, the AAAs/ADRCs shall assure certain OAA services are maintained and can become self-sufficient by using cost sharing procedures.

OAA Section 315(b) states cost sharing contributions shall be encouraged for individuals who self-declared income is at or above 200% of the poverty line, at contribution levels based on the actual cost of services.

C. Cost Sharing Fee Policies:

(1) Cost sharing is required for all Older Americans Act Title III funded services except for the below listed services.

- Information and assistance, outreach, benefits counseling, or other case management services;
- Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services;
- Congregate and home delivered meals; and
- Any service delivered through tribal organizations.
- Individuals with incomes at or below 100 percent of the federal poverty level;
- Individuals receiving services through a Medicaid Waiver Programs (Community Long Term Care, etc.).

(2) AAA's are allowed to implement cost sharing fees for certain OAA services as:

- Title III-B Homemaker, Chore, Assisted Transportation, and Transportation
- Title III-D Disease Prevention and Health Promotion
- Title III-E Respite, Supplemental Services, and Health Promotions, Care Giving Consultation

(3) The Older Americans Act (Sec. 315a) guidance requires that service providers contractors to have written cost sharing policies and procedures that describe how they will implement and administer the cost sharing policy, including how the provider/contractor will:

- Protect the privacy and confidentiality of each individual, specifically with respect to the declaration or non-declaration of individual income and to any share of costs paid or not paid by an individual;
- Establish appropriate procedures to safeguard and account for cost sharing payments;

- Use cost sharing payments collected to expand the service for which the payment was given;
- Account for cost sharing funds under a separate accounting in the general ledger, do not co-mingle the funds with any funds received under any other agreement;
- Determine the unit of service cost as the basis for the cost sharing sliding scale;
- Establish a sliding scale so as not to impose cost sharing for an individual whose income is at or below 100 percent of the Federal poverty guidelines, but provides them with an opportunity to make a voluntary contribution;
- Inform individuals of their rights and responsibilities in relation to cost-sharing including cost of the service, recommended level of cost sharing, availability of the cost sharing sliding scale and information on availability of services if payment is not made due to inability or unwillingness to pay;
- Determine eligibility for cost sharing based solely on a confidential declaration of gross income, with no requirement for verification;
- Determine income level solely on the gross income of the individual who is 60 years and older, not considering assets, savings, or other property owned by an older individual, to determine whether cost sharing is permitted (In the case of a caregiver service, the income level will be based on the care receiver's income; where the caregiver and the care receiver live together also use the care receiver's income only.);
- Determine when cost sharing participation shall be waived for extreme hardship (e.g. high medical or living expenses) as determined by the CM AAA/ADRC and the provider; and
- Notify individuals of current cost sharing amount due (Cost sharing "statements" may be provided, but must not carry forward a balance due amount).

STEPS TO COST SHARING FEES:

Step 1 – Determine Unit Cost. A unit cost is defined as the cost incurred by an organization to produce one unit of service. Unit costs include all fixed costs and variable costs involved in production or provision of a service. (plant, equipment, personnel costs, travel, supplies, rent, phone utilities, etc.).

The unit cost is determined by dividing the total costs by the number of units anticipated to be provided.

Step 2 – Development of a Sliding Fee Scale. Once the unit cost is determined, a sliding fee scale, based solely on income and the cost of providing the service is developed.

The recommended scale is established on 10-15-25-50-75-100% of the cost of delivering the service and is applicable to the senior's income levels at: Greater than 10%, greater than 150%, greater than 200%, and greater than 250% of the Federal Poverty Guidelines.

Sliding Fee Scale Approval: Providers/contractors must submit a copy of the sliding fee scale (s) and related client education and notification materials to CM AAA/ADRC for review, comment, and approval prior to implementation.

Step 3 – Informing Clients: Service providers/contractors are required to inform seniors and/or their caregivers verbally and in writing of their rights and responsibilities to contribute toward the cost of the service including:

- The cost of the service.
- An explanation of the cost sharing policy, their opportunity to contribute toward the cost of services, and recommended level of cost-sharing;
- How income is determined based solely on gross income and does not include any assets, savings, or other property owned.
- That income level will be based on “self-reported” gross income. Note: A means-test shall not be used to determine income eligibility for receipt of services.
- The availability of a sliding fee scale;
- Information on the availability of services if payment is not received due to inability or unwillingness to pay;
- Notifying clients whose income is at or below 100% of the Federal Poverty Guidelines that they are exempt from cost sharing, but provide them an opportunity to make a contribution for the service received.
- The process for collecting the cost share payment. Note: Reminders may be provided to clients, but the reminders must not be a bill, must not carry forward a balance due amount, or must not demand a fee from a client, family member, relative or another organization.
- Assurance that privacy and confidentiality with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual will be protected.

Step 4 – Receipt and Accounting of Funds (cost sharing payments and voluntary contributions). Each provider/contractor shall establish procedures to safeguard and account for cost share payments and contributions. The voluntary contributions and cost share payments must be accounted for separately and not co-mingled with any other funds. Providers/contractors must also ensure that all collected cost payments are used to expand the service for which the payments were given.

D. Voluntary Contributions Policies:

Definition – A voluntary contribution is a gift or a donation, freely given, without persuasion, coercion, or legal obligation.

All contractors/providers providing Title III services, including those for which cost sharing is not required, are to establish and implement a voluntary contribution policy.

As such, the Older Americans Act (Sec. 315(a)) guidance requires that providers will:

1. Provide individuals with an opportunity to voluntarily contribute to the cost of a service;
2. Clearly inform each individual that service will not be denied due to inability or unwillingness to pay;
3. Protect the privacy and confidentiality of each individual with respect to their contribution or lack of contribution;
4. Establish appropriate procedures to safeguard and account for all contributions;
5. Develop a schedule of suggested contributions. The Service Provider shall provide a copy of this policy to the AAA.
6. Use all collected contributions to expand the service for which the contributions were given.
7. Providers/contractors who utilize voluntary contribution policies cannot:
 - Mandate a fee or rate; or
 - Means test for any service.
8. Contributions made by older persons who are recipients of services are considered program income and must be reported to the CM AAA/ADRC. 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.

Examples of a Cost Sharing Fee Sliding Scale Provided below:

EXAMPLE #1 OF A COST SHARE FEE SLIDING SCALE (This chart is based on a reimbursement rate of \$7.50 per meal)		
<i>Federal Poverty Level</i>	<i>Percentage of Client's Contribution</i>	<i>Client's Contribution Amount</i>
150%	10%	\$.75 per day or \$ 3.75 a week
175%	15%	\$ 1.13 per day or \$ 5.63 a week
185%	25%	\$ 1.88 per day or \$ 9.00 a week
200%	50%	\$ 3.75 per day or \$18.75 a week
250%	75%	\$ 5.63 per day or \$ 28.15 a week

Caution: Certain OAA funds are not to be cost shared (see Paragraph 413C(2) above); however other funding may be. All clients may voluntarily contribute, regardless of status.

EXAMPLE #2 OF A COST SHARE SLIDING SCALE <i>(This chart is based on a reimbursement rate of \$20.00 per hour of Homemaker Services)</i>		
<i>Federal Poverty Level</i>	<i>Percentage of Client's Contribution</i>	<i>Client's Contribution Amount</i>
150%	10%	\$ 2.00 per hour
175%	15%	\$ 3.00 per hour
185%	25%	\$ 5.00 per hour
200%	50%	\$ 10.00 per hour
250%	75%	\$ 15.00 per hour

414. FEES FOR NON-TITLE III SUPPORTED SERVICES

Fees or payments are defined by the LGOA as “legal obligations required in order to receive the service.” The LGOA allows fees to be collected for services provided with state Home and Community-Based Services funds, bingo tax revenue funds, and license fees, provided each source of funds has a distinct population receiving services only under those sources. A provider charging fees under this provision may not rotate the same population of service program beneficiaries through various funding sources. When no OAA funds are used to support a service, in whole or in part, and the funding source has no prohibitions against fees, a provider may require a fee from an individual in order to receive a service. The sliding scale used for cost sharing and voluntary contributions, and the method of developing it, should be used for establishing such fees.

The sliding scale shall establish a maximum total amount an individual may be charged, regardless of the number of services received. A “block” fee may be established as a percent of income whenever the AAA determines it to be in the best interest of the individual. When this method is used, payments shall be prorated over each type of service the individual receives. For purposes of explaining the sliding scale, the AAA may describe the unit in composite terms, such as “visit” for home care, a “ride” for transportation services, or an “hour” for other services.

Fees established for services may be waived by the provider, in whole or in part, for a specified period of time. In granting a waiver, the provider shall consider hardship caused by unusual or unpredictable situations. These include, but are not limited to: increased medical expenses; housing or energy expenses; natural disasters; or signs of abuse, neglect, or

exploitation. A waiver may be granted either at initial assessment or when the individual's circumstances change. A client shall be assisted by the provider to identify and track fees used by the client.

The following principles shall guide termination of services due to non-payment:

- Individuals above poverty level who have been determined able to pay a fee may be denied or terminated from services except when the individual's health and/or safety is at risk;
- Individuals or their representatives shall be given notice of actions that can be taken to avoid disruption/termination of service; and
- Individuals or their representatives shall notify the provider of any changes that affect their ability to make payments or when income or expenses have changed.

When the individual or representative notifies the provider of the inability to pay, the provider shall re-assess the client to determine if there is cause for a full or partial waiver of the fee or a suspension of the fee for a designated period. Staff shall encourage and support a sense of self-determination in all interactions so that the individual's dignity is preserved. When a provider offers private-pay services, fees shall be based upon the full cost of the service, as determined by the provider or identified in the Area Plan; no part of the cost may be supported by OAA funding. The fees for such private-pay services may be paid by the individual or subsidized, in whole or part, by local sources (for example, civic or faith based organizations, or the United Way). Each provider who offers private-pay services that are also provided under contract with the AAA shall establish a written methodology for determining priority for services under OAA, as opposed to private-pay or locally subsidized services. This methodology shall not include a means test. The AAA shall maintain a written copy of the methodology used for determining priority for services under the OAA, and this shall be made available to the LGOA upon request.

415. GRANTS AND CONTRACTS MANAGEMENT POLICY

CM AAA/ADRC requires its providers/contractors to manage allocated funds in such a manner that all funds allocated shall be utilized within the contract period. CM AAA/ADRC shall have the authority to reallocate funds within a contract period.

416. 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. CM

AAA/ADRC shall purchase additional service units and apply the GRI against service unit cost to expand services.

Grant Related Income may be transferred from one service to another service area if the service is related to the delivery of the service in which the funds were earned.

The CM AAA/ADRC shall authorize all expenditures of Grant Related Income.

417. OLDER PERSONS ADVISORY ROLE TO CONTRACT AGENCIES

Each Central Midlands provider/contractor agency must have procedures for obtaining the views of participants about the services they receive. This is done through regular Customer Service Surveys conducted throughout the year by the provider/contractor and during Quality Assurance (QA) visits by the QA Team.

418. OPENING, RELOCATING, OR CLOSING NUTRITION SITE POLICIES

Group Dining Nutrition services are funded by the CM AAA/ADRC 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. The CM AAA/ADRC requires congregate Nutrition services be targeted to persons with the greatest socio-economic need. Group Dining Nutrition services are provided by local aging contractor agencies located in Fairfield, Lexington, Newberry and Richland 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.

If a local provider/contractor envisions the possibility that a Group Dining site will be opened, relocated, or closed, the agency shall contact the CM AAA/ADRC immediately. The CM AAA/ADRC may assist contractor as the Plan of Action is developed. Once the Plan of Action is accepted by the CM AAA/ADRC, the contractor shall receive written approval to open, relocate, or close a Group Dining site.

The CM AAA/ADRC requires planning and coordination when opening, relocating, or closing of Group Dining Nutrition sites. The CM AAA/ADRC shall require involvement of the following in these matters:

- CM AAA/ADRC Staff
- Central Midlands Council of Governments Board of Directors and Regional Aging and Disability Advisory Committee
- Local Provider/Contractor Agency Staff
- Local Provider/Contractor Agency Board of Directors
- Older Adults representing Group Dining Nutrition participants
- Other stakeholders representing affected communities

Local aging contractor agencies desiring to open, relocate, or close a Group Dining Nutrition site shall submit a Plan of Action to the CM AAA/ADRC which includes, but is not limited to, the following:

A. Opening

1. Establishment 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 shall be provided to the CM AAA/ADRC in writing
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
3. Activities
 - Types and frequency of health and wellness programming and activities shall be provided
 - Persons responsible for conducting activity programs shall be identified (site manager and assistant)
 - Levels of participant involvement shall be projected
 - Explanation of how nutrition education, physical fitness, health and mental well-being activities will be conducted
 - Identify the opening hours per day and expected attendance (minimum will be four hours per day with 25 participants per day, unless a waiver will be requested and approved prior to opening).
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

- An on-site visit and site approval by CM AAA/ADRC are required during the planning stages
 - Sufficient space is available to accommodate for Group Dining Nutrition program activities as required
 - Sites environments facilitate participants' safety, comfort, mobility and independence
 - Sites shall have a generally attractive and functional exterior and interior
6. Transportation
- Resources shall insure 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 contractor agency, a contract or agreement shall be in writing between the owner of the facility and the local aging contractor agency.

B. Relocating

- Contractor agencies shall notify the CM AAA/ADRC with a written justification on the relocation of sites and a site visit must be accomplished and relocation must be approved by the CM AAA/ADRC.
- All subject areas listed above in an "Opening" shall be addressed in your written justification.

C. Closing

1. Establishment of need:
 - Data must support proposed closing
 - Rationale must be thoroughly explained in writing to the CM AAA/ADRC from the provider's/contractors governing board
 - Rationale must include benefits of the closing, including cost, what budget savings will be involved, and how the needs of those presently served at the site will be met
 - 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

419. EMERGENCY PROCEDURES DURING INCLEMENT WEATHER OR OTHER CONDITIONS

A copy of the caterer's and provider's/contractor's emergency procedures for delivering and/or receipt of food must be provided to the CM AAA/ADRC in the case there is a situation that prevents non-delivery or receipt of the meals. The CM AAA/ADRC may request an update on providers/contractors emergency procedures as needed but no less than annually.

419. GRIEVANCE PROCEDURES

A. General Guidelines:

Any older individual or an adult with disabilities who feels he/she has been discriminated against may file a grievance. A written complaint should be filed with the director of the local service provider within thirty (30) days of the alleged incident. Local service providers for Fairfield, Lexington, Newberry and Richland Counties are to have grievance procedures posted.

The individual who receives the complaint will see that a prompt and complete investigation is conducted. If the investigation indicates a failure to comply with these assurances, the complainant will be notified and the matter will be resolved by the appropriate means. If the investigation indicated that the complaint is unjustified, the complainant will be notified immediately.

All grievance concerns (written or verbal) filed by an individual to a provider/contractor agency shall be documented and maintained in a central (confidential) file for no less than two (2) years. Documentation shall include identifying information concerning the primary individuals or agency involved, date of the incident, description of the complaint, and subsequent contacts; and summary of the resolution.

Complainants who voice or otherwise indicate any dissatisfaction with the disposition of their complaints shall be referred immediately to the CM AAA/ADRC.

Upon receipt of a grievance, the CM AAA/ADRC will accomplish a full review of the complaint/incident within forty-five (45) days of receipt of the complaint.

Reasons for a grievance may include:

1. Residency or citizenship imposed as a condition for the provision of service.
2. Be excluded from participation in, be denied benefits of, or be discriminated under any program or activity by reason of a disability.
3. On the basis of race, color, or national origin be excluded from participation in, be denied benefits of, or be discriminated under any program or activity.
4. A means test shall not be used to deny or limit a person's receipt of service.

5. Payment of fees for service (beyond a free and voluntary opportunity to contribute to the cost of the service) shall not be used as a condition to deny or limit an eligible person's receipt of service.

CM AAA/ADRC Responsibilities:

1. Acceptance of the complaint as a grievance concern as defined in the area plan will be acknowledged in writing within five (5) working days of receipt of the complaint.
2. Immediate contact will be made with the provider/contractor agency named in the complaint requesting a written summary of the agency's involvement with the individual who is subject of the complaint. This summary is to be provided to the CM AAA/ADRC within three (3) working days of the request.
3. The CM AAA/ADRC may make the follow-up or investigative contacts with the complainant or subject of the complaint, provider staff persons, and additional persons as deemed appropriate.
4. The CM AAA/ADRC will schedule the complaint review, advising complainant(s), subject, and provider/contractor agency. Reviews will be scheduled within forty-five (45) days of receipt of the complaint.
5. The CM AAA/ADRC will advise its liaison at the LGOA of the complaint. When the complaint is resolved to the satisfaction of the complainant or subject, the CM AAA/ADRC will advise the LGOA. If the complainant and/or the subject of the complaint are/is not satisfied with the resolution, a referral to our liaison at the LGOA will be made. Both the CM AAA/ADRC and the provider agency will cooperate fully with the LGOA and follow through with recommendations made.

SECTION 500: PROCUREMENT OF AGING SERVICES

501. BACKGROUND

Beginning in the late 1970s, the AAAs in South Carolina contracted for services through solicitation of competitive proposals. After several years of experience, there were few, if any, proposals submitted to AAAs in competition with local councils on aging. As a result of this, the practice of open procurement was discontinued in the 1980s.

In January 2003 the LGOA was notified by the Administration on Aging (AoA) that the Area Agency award process for Older American's Act funds (OAA) was not in compliance with federal laws and regulations. The State Unit on Aging (SUA), in partnership with the AAAs, prepared a draft plan for submission to the Administration in July 2003. The plan was presented at ten public hearings throughout the state in July. After thorough review of public input, the final draft was submitted to the AoA by September 1, 2003. It is the goal of the LGOA that the aging services procurement process will be in full compliance with AoA

policies and provide the most cost effective quality services to seniors in South Carolina.

Competition: All procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft grant applications, or contract specifications, requirements, statements of work, invitations for bids and/or requests for proposals shall be excluded from competition for such procurements.

Awards shall be made to the bidder or offeror whose bid or offer is responsive to the solicitation and is most advantageous to the recipient, price, quality and other factors considered. Solicitations shall clearly set forth all requirements that the bidder or offeror shall fulfill in order for the bid or offer to be evaluated by the recipient. Any and all bids or offers may be rejected when it is in the recipient's interest to do so (45 CFR 74.48).

502. GRANTS AND CONTRACT MANAGEMENT

Each CM AAA/ADRC must meet with its contractor(s) to discuss questions, concerns, obstacles, and/or technical assistance required to be successful, either in group or one-on-one sessions. A summary of these meetings shall be maintained on file to include issues raised, and any resolutions achieved. Issues shall be addressed in the quarterly CM AAA/ADRC and contractors meetings.

503. HIGH RISK CONTRACTOR

A provider/contractor shall be considered "high-risk" if the CM AAA/ADRC determines that it:

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

If the CM AAA/ADRC decides to impose such conditions, it shall notify the "high-risk" contractor in writing. The notification shall include:

- the nature of the special conditions/restrictions imposed upon the contractor;
- the issues which necessitated the "high-risk" designation;
- the corrective actions that must be taken by the contractor before conditions are removed;
- the time allowed for completing the corrective actions;

- the consequences for failing to take corrective actions; and
- a method of requesting reconsideration of the conditions or restrictions imposed.

The LGOA also has the authority to designate a provider/contractor as “high-risk”. Previously designated high-risk contractors may not bid on or receive contracts unless the issues which necessitated the high-risk designation have been resolved to the satisfaction of the LGOA.

504. TECHNICAL ASSISTANCE

- It is the responsibility of the CM AAA/ADRC to disseminate information from the LGOA to its contractors in an accurate, timely, and effective ongoing basis. This includes any/and all policy statements, program instructions, or other aging information necessary for the contractor to maintain compliance. The CM AAA/ADRC will provide its protocols for maintaining communication with their contractors in the Area Plan and Annual Area Plan Update.
- Each AAA must meet with its contractor(s) to discuss questions, concerns, obstacles, and/or technical assistance required to be successful, either in group or one-on-one sessions. A summary of these meetings shall be maintained on file. Issues raised, and any resolutions achieved, in these meetings shall be addressed in the quarterly CM AAA/ADRC and contractors meetings.
- All CM AAA/ADRC Requests for Proposal (RFP) shall provide direction, coordination, and planning in the fulfillment of contractual agreements with contractors.
- All contractual agreements must include a procedure for the resolution of grievances or concerns between the Planning Service Area (PSA), CM AAA/ADRC, and contractor.
- When a grievance exists between the CM AAA/ADRC and a contractor, all efforts shall be made by the CM AAA/ADRC to resolve the use. Minimal contact should be made at the state level and only after all attempts have failed to resolve the issues locally. The LGOA shall serve only as a source of information the CM AAA/ADRC regarding the resolution process. All grievances shall be handled by the CM AAA/ADRC and contractor unless the grievance includes illegal, immoral, and/or unethical behavior, at which time the LGOA and proper authorities shall be notified. If the CM AAA/ADRC wants to include the LGOA, or cannot work out the issue, then the LGOA may be contacted to assist with the resolution process through guidance only.

SECTION 600: NUTRITION PROGRAMS

601. PROGRAM BACKGROUND:

Research in the 1960's concluded that many senior citizens did not eat well. As a result, the nutrition program for the elderly, Title III of the Older American's Act of 1965, was implemented. Funds first became available in 1973 to begin this new national nutrition program for senior citizens. The research findings are summarized in the Act as follows: "Many elderly persons do not eat adequately because: 1) they cannot afford to do so; 2) they lack the skills to select and prepare nourishing and well-balanced meals; 3) they have limited mobility which may impair their capacity to shop and cook for themselves; and 4) they have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone. These and other physiological, social and economic changes that occur with aging result in a pattern of living which causes malnutrition and further physical and mental deterioration."

Group dining sites began in South Carolina in 1973 under the rules of Title III of the Older American Act.

A daily, hot, noontime meal in a group setting for people ages 60 years or older is one aspect of the program. There were also other mandated supportive services required which included: transportation, outreach, nutrition education, volunteering and shopping assistance.

602. GROUP DINING PROGRAM OPERATIONS

A. Eligibility:

Persons Eligible for Group Dining Services (Title III-C1) includes the following:

- A person age sixty (60) years or older and the spouse of the person, regardless of age, are eligible to participate in the congregate nutrition programs under Title III-C.
- Nutrition services may be made available to adults with disabilities, who have not attained sixty years of age, but who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided.
- A volunteer under sixty (60) who provides volunteer services at the site during meal hours may be provided a meal and allowed to contribute based on the contribution schedule for participants. Each volunteer's hours must be logged.
- A disabled person under sixty (60) years of age who resides with an older person may receive a meal and be allowed to contribute based on the contribution schedule for participants.
- Meals will be provided only to persons who are not currently enrolled in any care-providing program or facility which allows for provision of a meal (i.e., adult day care, CLTC, etc.).

- All potential participants must be assessed. If their nutrition score is less than six (6), justification for serving the client must be provided in the justification tab in AIM.

B. Procedures for Adding Clients:

Providers will coordinate with the CM AAA/ADRC when preparing to add a participant. One must be sixty (60) or older or meet the requirements for person eligible for congregate nutrition services, an assessment accomplished, a service plan prepared, and have a valid priority score high enough to support use of the next open service slot.

Prior to receiving service, all nutrition clients must have a valid assessment. An initial and annual assessment will be accomplished. The built-in full rating score will be used when there is a question on choosing between two (2) clients when there is only one open service slot. The AAA assesses, determines eligibility, and selects the client and service (based on highest priority score).

C. Recording Temperatures:

Temperature checks should be taken with a food thermometer daily at the time food leaves the production site/area, upon arrival at the meal site (if food is prepared off site), and again at serving time. Records of these temperature checks with time taken and any corrective actions should be kept in the nutrition program files per policy.

- Each thermometer shall be calibrated on a regular basis with the results documented on the appropriate LGOA form. A labeling and tracking system shall be used where multiple thermometers are used. Infrared thermometers are not acceptable for measuring documented food temperatures.
- Meal sites without equipment specifically designed for longer term holding of hot foods shall take and document the temperature of the foods at serving time.
- These facilities shall include in their food safety plan written protocols to follow in the event temperatures are inadequate when taken.
- Daily food temperatures shall be taken for all Time/Temperature Control for Safety (TCS) foods

D. Serving Food

- Servers working with food will wear hairnets or hair restraints and will wash their hands before beginning to work. Plastic gloves are provided by the caterer and will be used while serving food. Should the caterer fail to send the correct utensils, or if accidental contamination of the sanitized utensils should occur, emergency type of sanitizer should be used. Mix one (1) part bleach and ten (10) parts water, dip utensils in solution, and air dry.
- Full portions of all foods and drink must be served to each participant. Federal law requires that regulation portions be served to constitute the 1/3 Daily Reference Intake (DRI). Usually, vegetable and fruit servings contain ½ cup of drained measure. In other words, liquid is usually not considered part of the ½ cup serving.
- Meals are classified when ordering but must also be charged against C1 and C2 depending on where the meal is consumed. Participants may receive home-delivered meals only in emergencies or in special circumstances (such as short-term illness or incapacitation). Working with the AAA, the contractors shall have established criteria to address special circumstances.
- Only commercially prepared or commercially canned foods may be served. Foods prepared or canned in the home may not be used in meals provided in the Nutrition Program.

E. Left Over Food

When there is left over food, second servings should be offered to the participants first and then volunteers and staff. After seconds have been offered, all foods left over must be placed in a plastic garbage bag and disposed of by the site employee or designated volunteer in an outdoor garbage dumpster, trash bin, or can. NOTE: No food, with the exception of fresh fruit or non-perishable food (wrapped cookies/cake), may be taken from the site by participants, guests, volunteers or staff members. Milk must not be taken home as it is a perishable beverage item.

F. Program Operations

The following is only one of many examples of a group dining program's daily schedule:

- _____ Assign chores to aides or volunteers
- _____ Set out supplies
- _____ Check incoming food for correct quantities ordered and correct temperature
- _____ Room arranged – lights, temperature, chairs and tables, etc.
- _____ Check bulletin boards for required materials present
- _____ Set tables for dinner, as well as setting out envelopes (for collection of cost sharing fees/voluntary contributions)
- _____ Check bathrooms for cleanliness and supplies

- _____ Participants transported
- _____ Greet people
- _____ Have participants sign in for the day
- _____ Take reservations for the next day
- _____ Conduct program's activities
- _____ Perform Announcements
- _____ Sanitize utensils that were not provided by the caterer using either one part bleach and ten parts water or follow instructions regarding the use of sanitizing tablets.
- _____ Check the temperature of food immediately before serving and record the temperatures on the catering voucher. Hot food must be maintained at 135 degrees Fahrenheit or higher and cold food must be maintained at 45 degrees Fahrenheit or lower
- _____ Serve meals
- _____ Collect contributions/Cost Share Fee Amounts
- _____ Clean up
- _____ Count and record contributions received.
- _____ Record number of meals ordered, delivered, served and lost. on the appropriate form/voucher. Be sure to ask the participants for their input on quality and taste of the food.
- _____ Program planning and follow-ups on absentees
- _____ Phone calls made
- _____ Order meals and needed supplies before 3 p.m.

G. Programs and Site Activities

- It is the provider's/contractor's responsibility to determine the types of programs presented at the nutrition site/centers each day. However, a variety of programs such as recreation, health services, shopping assistance, nutrition education, exercising, etc. must be provided. Each site will prepare a monthly activity calendar. Copies of the proposed activity calendars must be forwarded to the CM AAA/ADRC no later than the 20th of the preceding month. The activity calendars will be reviewed to ensure they meet activity requirements and then provided to the LGOA by the end of the month. A record of the type training and attendance must also be maintained and reported each month.
- Each site should also plan to have as a minimum quarterly fire drill. The time is recorded on the calendar of activities. The signal used for fire drills should be different from the signal used to gain attention for announcements.
- Announcements, calling the roll, and taking reservations should be done before serving the meal. Nutrition education sessions must also be conducted at least six times per year and for no less than 15 minutes per session to provide participants with appropriate information for improving nutritional status.

H. Program Facilities

The bulletin boards, ideally, should be located near each dining area. Encourage staff and participants to review it regularly. Check daily to determine if required materials are still available to review. Required materials include:

1. A choking poster
2. Grievance information
3. Grievance procedures that address the ADA concerns
4. Civil rights poster
5. Current set of menus
6. Contribution information
7. Evacuation/exit plan
8. Emergency telephone numbers
9. No smoking poster.

Each year the site must be inspected by the local fire department. Fire Inspection Reports must be made available upon request by CM AAA/ADRC or the LGOA. Local fire department inspection programs shall be considered to have occupied the fields of fire safety entirely. For any site operator, demonstration of compliance with local fire department inspection programs evidences compliance with the contract specifications relating to Group Dining sites.

1. The provider/contractor should be prepared for the fire department to check the exit door, exit signs, fire extinguishers, fire drill records and storage of combustible materials, etc. At least one fire extinguisher should be near the kitchen area and should be checked regularly (for pressure) by the fire department.
2. Daily, restrooms should be checked for supply of tissues and towels, liquid (not bar) soap should be in each restroom. All paper goods are to be stored at least six (6) inches off the floor. Bathrooms must meet ADA guidelines.
3. There should be a first aid kit centrally located at the site for minor cuts, etc.

I. Contributions

The group dining program is not a free meal program; it has a "contribution component" built into it. No one can be denied a meal because of inability or unwillingness to contribute. The method of collecting contributions must be done in a confidential manner. Contribution information must conform to the policies in the *South Carolina Aging Network's Policies and Procedures Manual* and Paragraph 413 of this manual. The contribution schedule shall be posted on the bulletin board and kept updated.

Stress to the group, on a regular basis, how important local dollars are to the program in replacing the shrinking federal dollars and in providing needed money to expand the program. The individual envelope system is one of the best ways to ensure confidentiality.

Recommend each place setting at the group dining table should have an envelope next to it, and sometime during the meal, a designated person should collect the envelopes in a box. However, a contribution box is also an option.

Once contributions are collected, at least two (2) persons (site manager and another designated staff or volunteer) will count the contents of all envelopes or boxes and record the date, site name, and the amount collected. The money will be placed in an envelope and initialed. Contributions will be recorded on the site manager's report for that day and should be turned into the agency's financial department or main office of the provider/contractor. In no way should money be left unlocked or unattended. Contributions should not be allowed to build up. They should be turned in on a regular basis.

J. Holiday Schedule

Providers shall submit holiday schedules to the AAA for approval, and providers shall adhere to their approved holiday schedule. These scheduled closings shall be part of the contract established between the AAA and providers.

Scheduled holiday closings shall not exceed 12 days per year, and shall not result in closing of group dining centers or suspension of home-delivered meal services for more than four consecutive days, including weekend days.

603. HOME DELIVERED MEALS PROGRAM OPERATIONS

A. Eligibility

- Age 60 or over and homebound;
- Spouses of eligible participants, regardless of age [AoA Sec. 1321.69(b)];
- A person with disabilities, under 60 years of age, that resides with a homebound older recipient if it is in the best interest of the older person [OAA Sec. 339 (H)].

Priority for this service shall be given to individuals with the greatest need [AoA Sec. 1321.69(a)] who meet one or more of the following conditions: (a) at nutrition risk, having a score of 6 or more on the *DETERMINE Checklist* tool developed by the Nutrition Screening Initiative; (b) unable to prepare meals without assistance; (c) unable to shop for food without assistance; (d) unable to eat without assistance; and/or (e) lack adequate support from relatives or other caregivers. The approved LGOA assessment form takes into consideration these conditions, thus the priority score provided by the assessment will be used.

B. Serving

Full portions of all foods and drink must be served to each participant. Federal guidelines require that portions be served to constitute 1/3 Recommended Daily Reference Intake (DRI). There can be no “stretching” of meals; vegetable and fruit servings must contain ½ cup of drained measure. Failure to serve required portions will be considered a meal not earned and will not be eligible for reimbursement.

C. Contributions

The home delivered meals program is not a free meal program; it has a “contribution component” built into it. No one can be denied a meal because of inability or unwillingness to contribute. During assessments and reassessments, clients should be informed how important local dollars are to the program in replacing decreased federal dollars and in providing needed money to expand the program in order to serve clients on waiting lists for services.

The individual envelope system is one of the best ways to ensure confidentiality. The driver/volunteer may distribute envelopes to clients when delivering meals and envelopes may be mailed to the main office or given to the driver/volunteer. All envelopes must be returned to the manager of the program’s location or to the organization’s main office.

SECTION 700: HOME CARE PROGRAM

701. ELIGIBILITY

Persons Eligible for Homemaker Services:

Homebound individuals 60 years of age and above, or their spouses of any age, who have a chronic illness, have limitations in two or more instrumental activities of daily living or have an acute episode of a chronic illness that affect their ability to maintain a safe and sanitary home environment without assistance.

702. SERVICE ACTIVITIES (Homemaker Services)

- The contractor shall have the capacity to provide the following services activities to clients according to the client’s rights and the service care plan.
- Assistance such as preparing meals, shopping for personal and household items, using the telephone, and doing light housework.

703. UNIT RESTRICTIONS

Unless the situation warrants, no more than four (4) units will be provided to each client per week. Couples living in the same home are usually provided six units per week. If more

units are required, justification will be provided to the CM AAA/ADRC prior to providing the service.

704. CONTRIBUTIONS

The home care program is not a free service; it has a cost sharing fee or contribution component built into it. No one can be denied home care services because of inability or unwillingness to contribute. During assessments and reassessments, clients shall be informed how important contributions are to the program in replacing decreased federal dollars and in providing needed money to expand the program in order to serve clients on waiting lists for services.

705. ELIGIBILITY

Persons Eligible for Personal Care:

Homebound individuals 60 years of age and above, or their spouses of any age, who have a chronic illness, have limitations in two or more instrumental activities of daily living or have an acute episode of a chronic illness that affect their ability to maintain a safe and sanitary home and needs assistance with their personal care.

706. SERVICE ACTIVITIES (Personal Care)

- The contractor shall have the capacity to provide the following services activities to clients according to the client's rights and the service care plan.
- Assistance such as preparing meals, shopping for personal and household items, using the telephone, and doing light housework, stand by assistance, supervision or cues such as with eating, bathing, toileting, transferring in/out of bed or chair, walking, dressing, grooming, and reminder assistance with medicine.

707. UNIT RESTRICTIONS

Unless the situation warrants, no more than four (4) units will be provided to each client per week. Couples living in the same home are usually provided six units per week. If more units are required, justification will be provided to the CM AAA/ADRC prior to providing the service.

708. CONTRIBUTIONS

The personal care program is not a free service; it has a cost sharing fee or contribution component built into it. No one can be denied home care services because of inability or unwillingness to contribute. During assessments and reassessments, clients shall be informed how important contributions are to the program in replacing decreased federal dollars and in providing needed money to expand the program in order to serve clients on waiting lists for services.

SECTION 800: LEGAL ASSISTANCE SERVICES

Legal assistance will be provided as a requested service under the CM AAA/ADRC Home and Community-Based Services Program.

801. PURPOSE

To provide access to the judicial through advocacy, advice and representation, in order to protect their dignity, rights, autonomy and financial security of persons age 60 and older, particularly those who are socially or economically in need.

802. ELIGIBILITY

Individuals 60 years of age or older with greatest economic or social needs;

- Low income minority individuals over 60
- Isolated older individuals; or
- Older individuals with severe disabilities

803. CASE PRIORITIES

Priority will be given to case areas identified in the Older American's Act. These include:

- Entitlement program benefits;
- Health care;
- Long term care;
- Housing;
- Utilities;
- Protective services;
- Defense of guardianship;
- Abuse and neglect; and
- Age discrimination.

804. SERVICE ACTIVITIES

Legal Assistance activities may include:

- Intake, outreach and interview;
- Action plan development;
- Legal research of relevant laws, regulations and pertinent data;
- Legal advice and counseling;
- Drafting of simple legal documents;
- Client representation in court and in hearings;
- Preparation and presentation of legal concerns to elderly groups and individuals;

- Referrals to private attorneys, pro bono panel, LSC, and/or Lawyer Referral service if the case does not fall within the pre-determined priority guidelines.

**CENTRAL MIDLANDS COUNCIL OF GOVERNMENTS
REGIONAL AGING AND DISABILITY ADVISORY COMMITTEE**

BYLAWS

MISSION STATEMENT

The Advisory Committee for Aging Program Planning of the Central Midlands Council of Governments does hereby set forth the following Bylaws to govern its operation.

The term "Council" is used to designate the Central Midlands Council of Governments. The term "Committee" is used to designate the Aging and Disability Advisory Committee.

To promote a positive experience of aging for older individuals, the disabled community and their families. The Central Midlands Council of Governments is the regional lead agency for advocating, planning, coordinating and developing resources to help localities provide a comprehensive range of social and health-related services within a statewide aging and disability network.

ARTICLE I

MEMBERSHIP

- 1-1 The membership shall consist of those individuals appointed by the Council for two-year terms. The term may be extended by mutual agreement upon completion of the term.
- 1-2 At least fifty percent (50%) of membership shall be of age 60 years or older. The membership shall be representative of the disability community.
- 1-3 Formula for Membership: Representatives shall consist of one (1) member for each three thousand (3,000) persons age 60+ within each county as identified by current census data. Minority elderly representation will equal the percentage of 60+ minority elderly in the CMCOG planning and service areas as indicated by the current census data.

- 1-4 Vacancies on the Committee shall be filled by the Council upon recommendations by the Committee. All prospective members will be required to submit an application.

**CENTRAL MIDLANDS COUNCIL OF GOVERNMENTS
REGIONAL AGING AND DISABILITY ADVISORY COMMITTEE
ARTICLE II**

RESPONSIBILITIES

- 2-1 The duties of the Committee are to:
- 2-1.1 Promote and encourage local communities to recognize the needs and promote the establishment of programs for older persons and disabled persons.
 - 2-1.2 Establish priorities, based upon the needs of the local communities and the Region.
 - 2-1.3 Develop and revise, on a yearly basis, regional comprehensive Aging and Disability Program plans based upon the needs and established priorities.
 - 2-1.4 Make recommendations to the Council for approval or disapproval of applications from units of local governments, the Council, and/or local service provider agencies.

ARTICLE III

MEETINGS

- 3-1 Regular meetings shall be held six (6) times annually or at such other time and date as called by the Chairperson.
- 3-2 The Committee and the public shall be notified by the Chairperson of the time and place of meetings at least fourteen (14) days in advance of such meetings.
- 3-3 Action can be taken by a majority vote by those present at the meeting.

- 3-4 Only duly appointed members of the Advisory Committee may vote on any matter before the Committee. Members must abstain from voting on issues that present a conflict of interest.

ARTICLE IV

MEMBER ATTENDANCE

- 4-1 In order for the Committee to carry out its duties and responsibilities, it is necessary for all members to attend all meetings. If a member is absent for two (2) consecutive meetings, CMCOG staff shall notify the Chairperson. The Chairperson will notify such member, in writing, of his absences. If such member fails to attend the next regular meeting, without a valid excuse the Chairperson shall forward a recommendation from the Committee to the CMCOG board chair.

CENTRAL MIDLANDS COUNCIL OF GOVERNMENTS REGIONAL AGING AND DISABILITY ADVISORY COMMITTEE ARTICLE V

OFFICERS AND THEIR DUTIES

- 5-1 The officers shall consist of a Chairperson and Vice-Chairperson.
- 5-2 The Chairperson shall preside at all meetings of the Committee and shall have the duties normally conferred on such officers, including the appointment of sub-committees or project groups.
- 5-3 The Vice-Chairperson shall assume the duties of chairperson in the absence of the Chairperson.
- 5-4 CMCOG staff shall keep the minutes and records of the Committee; prepare, with the Chairperson, the agenda of regular and special meetings; provide notice of meetings and such other duties, as requested by the Chairperson.

ARTICLE VI
ELECTION OF OFFICERS

- 6-1 The Chairperson and Vice-Chairperson shall be appointed by the Council of Governments.
- 6-2 The Chairperson and Vice-Chairperson shall serve for a term of two (2) years and shall serve until the successor is appointed.

ARTICLE VII
SUBCOMMITTEES

- 7-1 Standing subcommittees shall be: (1) Advocacy; (2) Nutrition Program; (3) Quality Assurance; (4) Grievance; and (5) Caregiver subcommittee. Special sub-committees may be established by the Committee. Members of such committees shall be appointed by the Chairperson of the Committee.

ARTICLE VIII
RECORDS

- 8-1 The Committee shall keep a record of its recommendations, transactions, findings, and determinations. Such records shall be maintained in the Council's office

ARTICLE IX
BYLAWS CONFLICT

CENTRAL MIDLANDS COUNCIL OF GOVERNMENTS
REGIONAL AGING AND DISABILITY ADVISORY COMMITTEE

- 9-1 In the event of conflict between the provision of these Bylaws and the Bylaws or other policies of the Council, the Bylaws or policies of the Council shall prevail.

ARTICLE X
ADOPTION AND AMENDMENT

- 10-1 These Bylaws may be adopted by a majority vote of the membership present at a regular meeting of the Regional Aging and Disability Advisory Committee.
- 10-2 These Bylaws may be amended by a majority vote of the membership present at a regular meeting, providing the proposed amendment has been submitted to the membership in writing at least seven (7) days before the meeting.
- 10-3 **The adoption of these Bylaws shall be effective January 12, 2010.**
The Bylaws shall be reviewed by the Committee as needed.

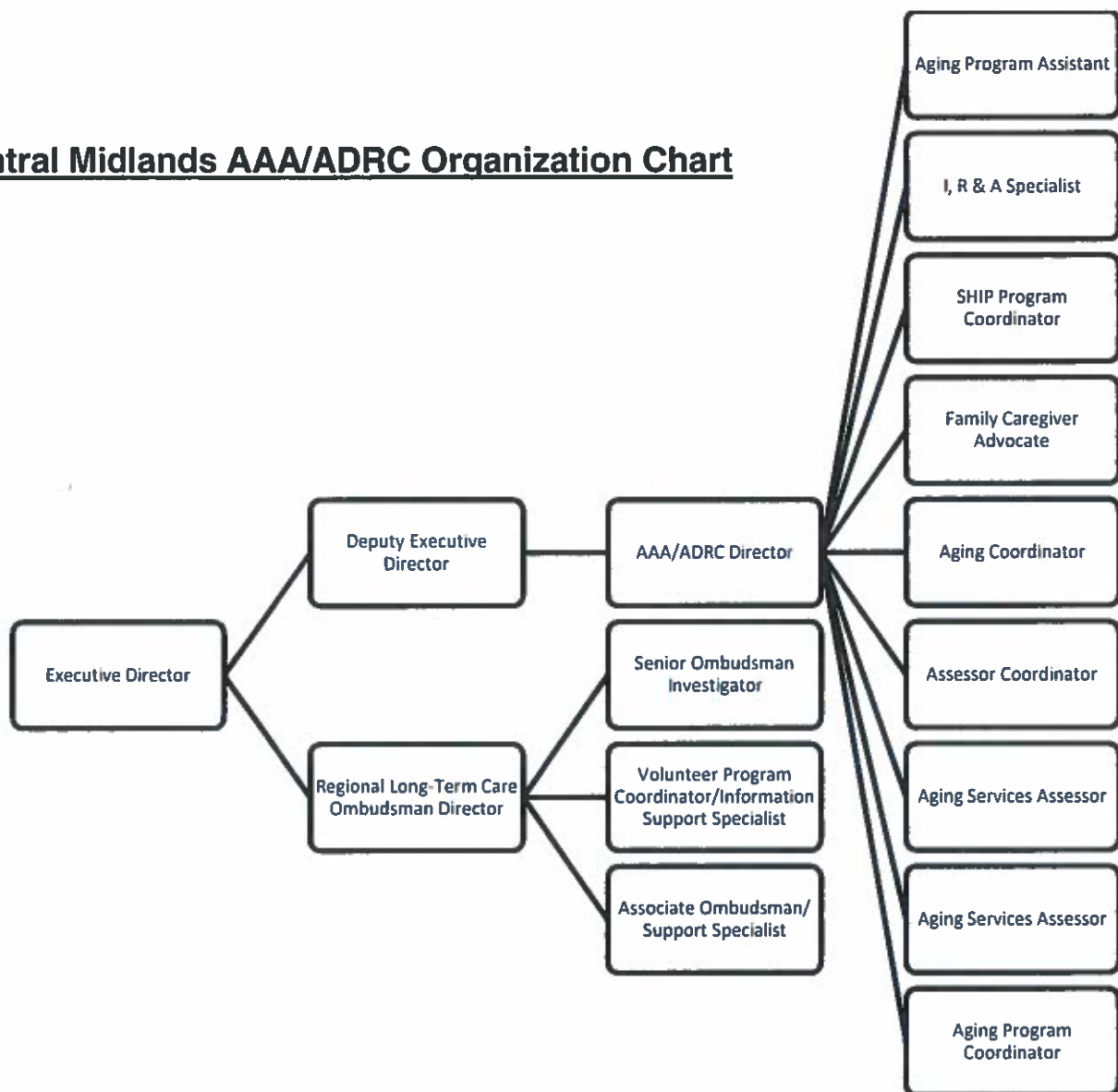
Adopted July 1, 1975
Amended September 18, 1990
Amended October 20, 1993
Amended September 20, 1995
Amended September 18, 1996
Amended November 17, 1999
Amended April 18, 2002
Amended July 19, 2005
Amended November 8, 2005
Amended January 12, 2010

Appendix B

Central Midlands Council of Governments Area Agency on Aging

The Central Midlands Area Agency's primary function is to carry out the functions outlined in the Older Americans Act that include in providing critical services – such as home-delivered and congregate meals, family caregiver support, in-home assistance, preventive health services, transportation, job training, protection from abuse, and other supportive services – that help older adults stay as independent as possible.

Central Midlands AAA/ADRC Organization Chart



Appendix C-1

CALLER:

Minutes:

Name: _____

Contact Date:

Phone # _____ Agency: _____

Zip Code: _____ State: _____ County: _____

Staff who took contact: _____ Consent Given: Yes ☐ No ☐

Type of Call

Unmet Needs

<input type="radio"/> I & R	<input type="radio"/> Non-English
<input type="radio"/> Information Only	<input type="radio"/> Simple Transfer
<input type="radio"/> Assistance	<input type="radio"/> Caller talking about another Person
<input type="radio"/> Advocacy	<input type="radio"/> Edit/Add a Note Only
<input type="radio"/> Emergency	
<input type="radio"/> Follow-up	

DOB: _____ County: _____ Zip Code: _____

Address: _____

Income and Resources: _____

Client Has a Disability (if so please list below)

Presenting Needs:

Referrals:

Contact Notes/etc:

Appendix D-1
(Can't contact new client)

Central Midlands Council of Governments
Area Agency on Aging
236 Stoneridge Drive
Columbia, SC 29210

Client Name
Address Line 1
Address Line 2

Dear _____:

We have attempted to contact you regarding a referral for the following service(s):

Please give us a call at (803) 376-5390 ext. _____, or contact us via mail at the address provided above to let us know if you are interested in services.

If you do not contact us by _____, we will assume that you are not interested in services, and will close out the referral.

We look forward to hearing from you.

Sincerely,

Central Midlands Area Agency on Aging
803-376-5390

Appendix D-1
(Can't contact existing client)

Central Midlands Council of Governments
Area Agency on Aging
236 Stoneridge Drive
Columbia, SC 29210

Client Name
Address Line 1
Address Line 2

Dear _____:

We have attempted to contact you regarding your annual assessment for the following service(s):

We need to complete your assessment in order for you to continue services through our program. Please give us a call at (803) 376-5390 ext. _____, or contact us via mail at the address provided above.

If you do not contact us, and allow for your annual assessment to be completed, your service(s) will be terminated on _____.

We look forward to hearing from you.

Sincerely,

Central Midlands Area Agency on Aging
803-376-5390

Appendix D-2

Client Eligibility Form

Central Midlands AAA/ADRC		Client's Name (L, F):		Assessment Date:
ASSESSMENT APPROVAL		AIM ID:		
Address:		<input type="checkbox"/> New Client <input type="checkbox"/> Significant Change <input type="checkbox"/> Annual Reassessment <input type="checkbox"/> Returning Client		
Phone number(s):		Emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alternate Contact:		If yes, Explain: _____		
County:	Age/DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
SERVICE(S) APPROVED				
	Home Maker preparing meals, shopping for personal and household items, using the telephone, and doing light housework	Start Date: _____ Termination: _____	<input type="checkbox"/> Age 60+ <input type="checkbox"/> Homebound <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Limitations in 2 or more ADLs <input type="checkbox"/> Inability to provide safe and sanitary home environment <input type="checkbox"/> At risk of institutionalization	
	Personal Care Personal assistance, stand by assistance, supervision or cues	Start Date: _____ Termination: _____	<input type="checkbox"/> Age 60+ <input type="checkbox"/> Homebound <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Limitations in 2 or more ADLs <input type="checkbox"/> Inability to bathe, dress, assistance ambulating <input type="checkbox"/> At risk of institutionalization	
	Home Delivered Meal	Start Date: _____ Termination: _____	<input type="checkbox"/> Incapacitating Disability <input type="checkbox"/> Nutrition Score 6 or greater <input type="checkbox"/> Isolated <input type="checkbox"/> Inability to leave home Unassisted <input type="checkbox"/> Inability to Prepare Meals/Purchase Food <input type="checkbox"/> Homebound <input type="checkbox"/> Candidate for Frozen Meal <input type="checkbox"/> At risk of institutionalization	
	Group Dining	Start Date: _____ Termination: _____	<input type="checkbox"/> Age 60+ <input type="checkbox"/> Nutrition score of 6 or greater <input type="checkbox"/> In need of socialization	
	Transportation	Start Date: _____ Termination: _____	<input type="checkbox"/> Needs to ride bus <input type="checkbox"/> Type of transport needed: <input type="checkbox"/> Wheelchair transport <input type="checkbox"/> Ambulatory transport <input type="checkbox"/> Site	
NOTES:				
AAA/ADRC Decision				
AAA/ADRC Signature:				Date:
PLEASE RETURN THIS FORM TO CMCOG UPON STARTING/TERMINATING SERVICES, INCLUDING THE ACTION DATE				
Service:	Action Date:	Submitted by:		
		Date:		
Comments:				

July 1, 2017



Lieutenant Governor's Office on Aging

Consent to Participate

1. The purpose of this interview is to
 - Assist us in suggesting and providing services to you
 - Help us improve the services offered within your community and the state of South Carolina

2. The information you share with us is for the purpose of documenting and identifying needs for which you may qualify for assistance. This data will be maintained with the highest regard for your security. In addition, general information without names may be used for reporting and research to support senior services.

3. You have the option to decline to answer any of the questions that you are asked.

4. You may end the interview at any time.

Do I have your consent to collect and use your information to suggest and provide services to you personally and to improve the services available within the state? Yes ☐ No ☐

Signature _____

Date _____

Print Name _____

Appendix D-4

Client Program Assessment				Interviewer		Date	
Introductory Information							
First Name			M.	Last Name			
Physical Address / Mailing (if different)						Apt	
City			State	Zip		Phone: Home • Mobile • Work () -	
Phone: Home • Mobile • Work () -		Phone: Home • Mobile • Work () -		Email			
Age	DOB mm-dd-yyyy		ID Verified <input type="checkbox"/>	County		Urban • Rural (circle)	
Reason for: Visit • Call (circle)				Client: New • Current • Returning • Change in Status (circle)			
Demographics							
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Declined				Hispanic, Latino, or Spanish origin (If yes, what ancestry?) <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> Declined			
Marital Status <input type="checkbox"/> Married (now) <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other Name of Spouse: _____ <input type="checkbox"/> Declined				Race <input type="checkbox"/> White, Caucasian <input type="checkbox"/> Black, African American <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ <input type="checkbox"/> Declined			
Military Service (US Armed Forces, Reserves, or Ntd Gd) <input type="checkbox"/> Never served <input type="checkbox"/> Reserves <input type="checkbox"/> Past Active Duty							
Education <input type="checkbox"/> No formal <input type="checkbox"/> Some College (no degree) <input type="checkbox"/> Grade 1 to 12 _____ <input type="checkbox"/> Associate's degree <input type="checkbox"/> HS Diploma <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> GED <input type="checkbox"/> Advanced degree _____				Household Size and Income (refer to income table) <input type="checkbox"/> < 100 % <input type="checkbox"/> < 135 % <input type="checkbox"/> Amount _____ <input type="checkbox"/> < 150 % <input type="checkbox"/> < 175 % Actual people in Household _____ <input type="checkbox"/> < 200 % <input type="checkbox"/> > 200 % LGOA adjusted Household size _____ <input type="checkbox"/> Declined Lives Alone? Yes • No			
Languages Known							
Does the client speak a language other than English at home? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No							
How well does the client speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all							
Social Relations							
How many different social activities (groups) are you involved with? _____							
How often do you attend these activities? Daily _____ Weekly _____ Monthly _____ Yearly _____							
How often do you use the Internet to connect with others? Daily _____ Weekly _____ Monthly _____ Yearly _____							
What programs (apps) do you use most? _____							
Support and Assistance							
Non-Emergency Support Contact						Relationship	
Phone: Home • Mobile • Work		Phone: Home • Mobile • Work		Email			
How close is this support person, in miles? _____							
Notes:							

Client Program Assessment				Client Name / ID	
Emergency Information					
Emergency Contact				Relationship	
Phone: Home • Mobile • Work		Phone: Home • Mobile • Work		Email	
Will someone check on you during an emergency? Yes • No		Will you need help during an emergency? Yes • No		Are you on Oxygen? Yes • No	
Do you have a portable medical device that requires electricity? Yes • No		Do you have medication that requires refrigeration? Yes • No			
Will you need transportation in the event of an evacuation? <input type="checkbox"/> None <input type="checkbox"/> Regular <input type="checkbox"/> Lift Accessible <input type="checkbox"/> Ambulance					
Nutritional Screening				Y / N	Pt
1 Do you have any illness or condition that made you change the kind or amount of food you eat?					
2 Do you eat fewer than 2 meals a day?					
3 Do you eat a few (three or less) fruits or vegetables, or milk products?					
4 Do you have 3 or more drinks of beer, liquor, or wine almost every day?					
5 Do you have tooth or mouth problems that make it hard for you to eat?					
6 Do you sometimes not have enough money to buy the food you need?					
7 Do you eat alone most of the time?					
8 Do you take 3 or more different prescribed or over the counter drugs per day?					
9 Without wanting to, have you lost or gained 10 pounds within the last 6 months?					
10 Are you sometimes physically unable to shop, cook, or feed yourself?					
Have you gone without eating, because of circumstances?					
Do you have a three day supply of meals on hand?					
Caregiving					
Are you the primary caregiver for anyone? Yes • No (If yes, please specify?)					
Mobility					
<input type="checkbox"/> Needs assistance to go outside		<input type="checkbox"/> Difficulty walking / climbing stairs		<input type="checkbox"/> Uses cane / walker / crutch	
<input type="checkbox"/> Uses wheelchair occasionally		<input type="checkbox"/> Uses wheelchair all of the time		<input type="checkbox"/> In need of a ramp	
Transportation	Drives themselves	Family / friend drives them	Requires someone else to drive	Requires transportation with assistant	Requires transportation with lift
Transportation needs					
Homebound					
This client meets the criteria to be considered homebound. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Considerations for Client Visits					
Pets in house? Yes • No			Type of pet? Dog • Cat • Other _____ Quantity _____		
Visits to be conducted with two people? Yes • No					
Special considerations:					
Comments					
Pilot Project Questions					
Do you have a problem with pests in your home? Yes • No					
Do you have working smoke detectors in your home? Yes • No					
If not, would you like a local fire department official to follow-up to discuss home fire safety issues with you? Yes • No					

Client Program Assessment				Client Name / ID			
Activities of Daily Living (check applicable column)							
IADLS		Independent	Needs Some Assistance		Dependent		Declined
Preparing Meals							
Microwave Use							
Light Housekeeping							
Heavy Housekeeping							
Telephone Use							
Money Management							
Shopping							
Medication Management							
Driving / Using Public Transportation							
ADLS	Independent	Assistive Tech (No Help)	Supervision / Coaching	Limited Assistance (Some Help)	Extensive Assistance	Total Dependence	Declined
Walking / Mobility							
Dressing							
Eating							
Toilet Use							
Transferring							
Bathing							
Personal Grooming							
Continence		Continent	Usually Continent	Occasionally Incontinent	Frequently Incontinent	Incontinent	Declined
Bladder Incontinence							
Bowel Incontinence							
Health Limitations from specific and/or general diseases, disorders, and illnesses (check those that apply)							
Alzheimer's, Dementia, and Related Disorders				Heart			
Arthritis				Intellectual			
Blood				Joint replacement			
Cancer				Kidney (renal)			
Chronic Obstructive Pulmonary Disease (COPD)				Mental			
Circulatory				Neurological			
Cognitive				Physical			
Diabetes				Respiratory			
Digestive system				Speech			
Ear and Hearing				Stroke			
Eye and Vision				Other:			
Notes:							
Health and Safety (check or enter value)							
Number of falls experienced in the past six months?							
How many times have you been to an ER, hospital, rehab facility, or nursing home in the past 6 months?							
How many prescription medications do you take daily?							
Do you have prescriptions from more than one doctor?							
Do you have your prescriptions filled at more than one pharmacy?							

Client Program Assessment		Client Name / ID
Financial		
Have you gone without medication, because of lack of funds (or other circumstances)?		
Have you missed a rent or mortgage payment, because of lack of funds?		
Have you missed a utility payment, because of lack of funds?		
Have you missed a phone payment, because of lack of funds?		
How many other people rely on you for financial support?		
Observations of Housing Condition		
Home has structural problems		
Renovation needed		
Weatherization needed		
Indoor plumbing problem		
Inadequate lighting		
Pest problem		
Yard work needed		
Needs:		
Electricity • Stove • Refrigerator • Microwave • HVAC • Water		
Benefits and Referral	Currently has	Referred to
Adult Protective Services		
Area Agency on Aging (AAA) Caregiver		
Community Long Term Care (CLTC)		
Council on Aging (COA)		
Dept of Disabilities and Special Needs (DDSN)		
Dept of Mental Health (DMH)		
Dept of Social Services (DSS)		
Hospice		
Hospital		
Legal Assistance / SC Bar Association		
Medicaid		
Medicare		
Medigap		
No Health Insurance		
Physician		
Private Care Agency		
Private Health Ins / Affordable Health Care		
Supplemental Nutrition Assistance Program (SNAP)		
Social Security / Federal Retirement / Railroad Retirement		
Substance Abuse Organization		
Supplemental Security Income (SSI)		
Veterans Administration / Veterans Organization		

Appendix D-5

(AIM notes)

Outside of the home:

Inside of the home:

Client:

Other participants:

General:

Medical:

Additional Comments / Concerns:

Appendix D- 6



Area Agency on Aging Home Care Program

Dear: _____

Date:

You have recently been placed on the Central Midlands' Personal Care Home Care Program waiting list.

This program is for individuals who need assistance with personal care (bathing, getting dressed, etc), in order for them to remain safe and healthy in their homes.

We will call and check in with you, periodically, to see how you are doing, and to make sure our information stays up to date.

It is your responsibility to notify our office if:

- Your phone number or address changes
- You begin another in-home care service (Hospice, Community Long Term Care, etc.)
- You have a major change in your life (Decline in your health, new diagnosis, extended hospital stay, etc.)

If you have any questions or concerns, or need assistance with locating other services, please feel free to give us a call.

Thank you,

Central Midlands AAA
803-376-5390

Appendix E

NATIONAL OMBUDSMAN REPORTING SYSTEM (NORS)

Case Specific Information

1. State 2. Case # 3. Ombudsman Name
Intake Name

4. Region # 5. Facility Name Facility Type #
Facility Type Codes: 1 – (NF) Nursing Home Facility; 2 – (RCF/BCF) Resident Care/Basic Care; 3 – (RCF/BCF) DDSN Regional; 4 – (RCF/BCF) DDSN CTHI; 5 – (RCF/BCF) DDSN CTHII; 6 – (RCF/BCF) DDSN SLPI; - (RCF/BCF) DDSN SLPII; 8 – (RCF/BCF) DMH; 9 – Other; 12 – (PPH) Private Psychiatric Hospital; 15 – (NF) DMH; 16 – (HOSP) Psychiatric Hospital

6. Complainant's Name

7. Complainant's Address

8. Complainant's Phone # Area Code Number Ext. E-mail Address

9. Relationship of Complainant to Resident

☐ Non-Relative Guardian/ Legal Representative ☐ Ombudsman/ Ombudsman Volunteer ☐ Resident ☐ Relative/Friend of Resident ☐ Facility Administrator/Staff or Former Staff
☐ Other Medical Person. i.e., physician/staff ☐ Representative of other Health or Social Services Agency or Program
☐ Unknown/Anonymous ☐ Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.

Resident's Name

Wing/Room #

(If Group of residents, use GROUP for resident's last name)

Resident's Age

Resident's DOB

(If Group, skip/leave blank)

Resident Type (Agency Contracting with Facility for Patient):

☐ DDSN ☐ DMH ☐ Other

GENDER:

☐ Male ☐ Female

RACE:

☐ Black ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American
☐ Unknown/Multi ☐ Other

PAY STATUS:

☐ Medicare ☐ Medicaid ☐ Both Medicare & Medicaid ☐ Private Pay ☐ VA ☐ Other

Date of Intake

MM/DD/YYYY

Date of First Action

MM/DD/YYYY

Date Closed

MM/DD/YYYY

Comments:

ABUSE – OBTAIN NAME, CNA CERTIFICATE NUMBER OF ALLEGED ABUSER:

Abuser Name

Abuser CNA Cert

Responsible Party

Relationship

Address

Phone #

City

State

Zip

Area Code Number Ext

NATIONAL OMBUDSMAN REPORTING SYSTEM (NORS)

Page 2 – Comments

CASE NUMBER

This text field will expand as you type in your case comments:

NATIONAL OMBUDSMAN REPORTING SYSTEM (NORS)

CASE NUMBER

Complaint #	A Complaint Code	B # Residents	C Verified/Not Verified or Consultation	D Complaint Against	E Referral Code	F Disposition	G Investigated By	H Legal Action Needed	I Regulatory Action Needed	J Administrative Appeal Needed	K Civil Legal Action Needed
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Complaint/Problem Grid Legend

Compliant/Problem Specific Reporting Grid (accommodates up to 10 complaints/problems per case)

Complaint Code # from AoA List Number of residents affected by this complaint. Enter 1 if only one resident is affected) Verification of Complaint: 1 – Verified; 2 – Not verified; 3 – Enter as Consultation (information or assistance – no investigation required) complaint should have a code of 2 – Not Verified until the investigation is complete for the Ombudsman) <i>4oA: It is determined after work (interviews, record inspection, observation, etc) that the circumstances described in the complaint are substantiated or generally accurate.</i>	F. Disposition of Complaint/Problem: 1 – Legislative or regulatory action; 2 – Not resolved; 3 – Withdrawn; 4 – Referred/no final report; 5 – Referred/other agency act; 6 – No action needed/appropriate; 7 – Partially resolved; 8 – Fully resolved (* Resolved: The Complaint/Problem was addressed to the satisfaction of the resident complainant) G. Complaint investigated by: 1 – Ombudsman program only; 2 – Referred only; 3 –
Who was complaint against? 1 – Facility; 2 – Family; 3 – Resident; 4 – Sitter; 5 – Medicaid; 6 – Medicare; 7 – M.D.; 8 – Licensing or certification agency; 9 – APS; 10 – Legal representative; 11 – Other	Legal Assistance Remedies H. Was legal consultation needed? 1=Yes;2=No I. Was a regulatory enforcement action needed? 1=Yes;2=No J. Was an administrative appeal or adjudication needed? 1=Yes;2=No K. Was civil legal action needed? 1=Yes;2=No
Primary Referral Code: 1 – Licensing or certification agency; 2 – Social Services; 3 – Both; 4 – Legal representative; 5 – Other agency of person; 6 – Law Enforcement; 7 – Attorney General; 8 – Sled; 9 – Lic/Cert Agency – Law Enforcement; 10 – Lic/Cert Agency – Attorney General; 11 Lic/Cert Agency – Sled; 2 Social Services – Law Enforcement (If complaint was referred, disposition code must be entered in F.	

Appendix F-1

CLIENT CONTACT

OMB No. 0938-0850

Client Identifiers - To Be Used To Lookup Clients With More Than One Contact and Link All Such Contacts Together	
Client Identifier Used by Your Agency or State	
Client Identifier Auto-Assigned by NPR - Optional	

Client Name and Contact Information - Optional	
Client First Name	
Client Last Name	
Client Phone Number	() - - - - -
Representative First Name	
Representative Last Name	

Client ZIP Code and County Code	
ZIP Code of Client Residence	
County Code of Client Residence - Optional	

Counselor and Agency	
Counselor User ID	
Agency Code	
County Code of Counselor Location	
ZIP Code of Counselor Location	

Date of Contact			/			/		
-----------------	--	--	---	--	--	---	--	--

First vs Continuing Contact	
1	First Contact for Issue
2	Continuing Contacts for Issue

Client Age Group	
1	64 or Younger
2	65-74
3	75-84
4	85 or Older
9	Not Collected

Client Gender	
1	Female
2	Male
9	Not Collected

Client Primary Language Other Than English	
1	Primary Language Other Than English
2	English is Client's Primary Language
9	Not Collected

Client Monthly Income	
1	Below 150% FPL
2	At or Above 150% FPL
9	Not Collected

Client Assets	
1	Below LIS Asset Limits
2	Above LIS Asset Limits
9	Not Collected

Receiving or Applying for Social Security Disability or Medicare Disability	
1	Yes
2	No
9	Not Collected

How Did Client Learn About SHIP	
1	Previous Contact
2	CMS / Medicare
3	Presentations
4	Mailings
5	Another Agency
6	Friend or Relative
7	Media
8	State Website
9	Other
99	Not Collected

Method of Contact	
1	Phone Call
2	Face to Face at Counseling Location or Event Site
3	Face to Face at Client's Home or Facility
4	E-Mail
5	Postal Mail or Fax

Client Race-Ethnicity - Check all that Apply	
1	Hispanic, Latino, or Spanish Origin
2	White, Non-Hispanic
3	Black, African American
4	American Indian or Alaska Native
5	Asian Indian
6	Chinese
7	Filipino
8	Japanese
9	Korean
10	Vietnamese
11	Native Hawaiian
12	Guamanian or Chamorro
13	Samoan
14	Other Asian
15	Other Pacific Islander
16	Some Other Race-Ethnicity
99	Not Collected

Dual Eligible with Mental Illness / Mental Disability	
1	Yes
2	No
9	Not Collected

PRESCRIPTION DRUG ASSISTANCE		MEDICARE ADVANTAGE (HMO, POS, PPO, PFFS, SNP, MSA, Cost)	
<i>Medicare Prescription Drug Coverage (Part D)</i>			
1	Eligibility/Screening	27	Eligibility/Screening
2	Benefit Explanation	28	Benefit Explanation
3	Plans Comparison	29	Plans Comparison
4	Plan Enrollment/Disenrollment	30	Plan Enrollment/Disenrollment
5	Claims/Billing	31	Claims/Billing
6	Appeals/Grievances	32	Appeals/Grievances
7	Fraud and Abuse	33	Fraud and Abuse
8	Marketing/Sales Complaints or Issues	34	Marketing/Sales Complaints or Issues
9	Quality of Care	35	Quality of Care
10	Plan Non-Renewal	36	Plan Non-Renewal
 <i>Part D Low Income Subsidy (US/Extra Help)</i>		MEDICARE SUPPLEMENT/SELECT	
11	Eligibility/Screening	37	Eligibility/Screening
12	Benefit Explanation	38	Benefit Explanation
13	Application Assistance	39	Plans Comparison
14	Claims/Billing	40	Claims/Billing
15	Appeals/Grievances	41	Appeals/Grievances
 <i>Other Prescription Assistance</i>		42	Fraud and Abuse
16	Union/Employer Plan	43	Marketing/Sales Complaints or Issues
17	Military Drug Benefits	44	Quality of Care
18	Manufacturer Programs	45	Plan Non-Renewal
19	State Pharmaceutical Assistance Programs	 MEDICAID	
20	Other _____	46	Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
 MEDICARE (Parts A & B)		47	MSP Application Assistance
21	Eligibility	48	Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
22	Benefit Explanation	49	Medicaid Application Assistance
23	Claims/Billing	50	Medicaid/QMB Claims
24	Appeals/Grievances	51	Fraud and Abuse
25	Fraud and Abuse	 OTHER	
26	Quality of Care	52	Long Term Care (LTC) Insurance
		53	LTC Partnership
		54	LTC Other
		55	Military Health Benefits
		56	Employer/Federal Employee Health Benefits (FEHB)
		57	COBRA
		58	Other Health Insurance
		59	Other

Total Time Spent on This Contact Date

HH	Hours	MM	Minutes
----	-------	----	---------

Status

1	General Information and Referral
2	Detailed Assistance - In Progress
3	Detailed Assistance - Fully Completed
4	Problem Solving / Problem Resolution - In Progress
5	Problem Solving / Problem Resolution - Fully Completed

Nationwide and CMS Special Use Fields										State and Local Special Use Fields									
01	02	03	04	05	06	07	08	09	10	01	02	03	04	05	06	07	08	09	10

Appendix F-2

PUBLIC AND MEDIA EVENTS

OMB No. 0938-0850

Agency Code							
-------------	--	--	--	--	--	--	--

Presenter *	SHIP User ID	First Name	Last Name	Affiliation	Total Hours Spent on Activity
Primary Presenter					
Second Presenter					
Third Presenter					
Fourth Presenter					
Fifth Presenter					
Sixth Presenter					

* Can Enter Up To 25 Presenters / Staff Contributors Per Event - Record Any Additional Presenters on Back of Form

Activity of Event

1	Interactive Presentation to Public Face to Face In-Person.
---	--

Estimated Number of Attendees				
-------------------------------	--	--	--	--

Estimated Persons Provided Enrollment Assistance				
--	--	--	--	--

2	Booth or Exhibit At Health Fair, Senior Fair or Special Event.
---	--

Estimated Number of Direct Interactions with Attendees				
--	--	--	--	--

Estimated Persons Provided Enrollment Assistance				
--	--	--	--	--

3	Dedicated Enrollment Event Sponsored By SHIP or in Partnership.
---	---

Est Number Persons Reached at Event Regardless of Enroll Assistance				
---	--	--	--	--

Estimated Number Persons Provided Any Enrollment Assistance				
---	--	--	--	--

Estimated Number Provided Enrollment Assistance with Part D				
---	--	--	--	--

Estimated Number Provided Enrollment Assistance with LIS				
--	--	--	--	--

Estimated Number Provided Enrollment Assistance with MSP				
--	--	--	--	--

Estimated Number Provided Enrollment Assist Other Medicare Program				
--	--	--	--	--

4	Radio Show Live or Taped Not a Public Service Announce or Ad.
---	---

Estimated Number of Listeners Reached					
---------------------------------------	--	--	--	--	--

5	TV or Cable Show Live or Taped Not a Public Service Announce or Ad.
---	---

Estimated Number of Viewers Reached					
-------------------------------------	--	--	--	--	--

6	Electronic Other Activity PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat
---	--

Est Persons Viewing or Listening to PSA, Electronic Ad, Crawl					
---	--	--	--	--	--

Across Entire Campaign, Video Conf, Web Conf, Web Chat					
--	--	--	--	--	--

7	Print Other Activity Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings
---	---

Est Persons Reading Article, Newsletter, Ad or Pieces of					
--	--	--	--	--	--

Targeted Mail or Other Printed Across Entire Campaign					
---	--	--	--	--	--

Start Date of Activity			/			/			
End Date of Activity			/			/			

Event or Group Name	
Contact First Name - Optional	
Contact Last Name - Optional	
Contact Phone Number - Optional	() - .

State Code of Event				
County Code of Event				
ZIP Code of Event				
City of Event				
Street Address of Event				

Topic Focus - Check All That Apply	
1	Medicare Parts A and B
2	Plan Issues - Non-Renewal, Termination, Employer-COBRA
3	Long-Term Care
4	Medigap - Medicare Supplements
5	Medicare Fraud and Abuse
6	Medicare Prescription Drug Coverage - PDP / MA-PD
7	Other Prescription Drug Coverage - Assistance
8	Medicare Advantage
9	OMB - SLMB - OI
10	Other Medicaid
11	General SHIP Program Information
12	Medicare Preventive Services
13	Low-Income Assistance
14	Dual Eligible with Mental Illness/Mental Disability
15	Volunteer Recruitment
16	Partnership Recruitment
17	Other Topics - Describe:

Target Audiences - Check All That Apply	
1	Medicare Pre-Enrollees - Age 45-64
2	Medicare Beneficiaries
3	Family Members - Caregivers of Medicare Beneficiaries
4	Low-Income
5	Hispanic, Latino, or Spanish Origin
6	White, Non-Hispanic
7	Black, African American
8	American Indian or Alaska Native
9	Asian Indian
10	Chinese
11	Filipino
12	Japanese
13	Korean
14	Vietnamese
15	Natho Hawaiian
16	Guamanian or Chamorro
17	Samoan
18	Other Asian
19	Other Pacific Islander
20	Some Other Race-Ethnicity
21	Disabled
22	Rural
23	Employer-Related Groups
24	Mental Health Professionals
25	Social Work Professionals
26	Dual-Eligible Groups
27	Partnership Outreach
28	Presentations to Groups in Languages Other Than English
29	Other Audiences - Describe:

Nationwide and CMS Special Use Fields									
01	02	03	04	05	06	07	08	09	10

State and Local Special Use Fields									
01	02	03	04	05	06	07	08	09	10

Form CMS-100288 (07/13)



Appendix G-1

Area Agency on Aging (AAA) Respite Programs FY 2017-2018

The Area Agency on Aging Respite Programs are for those unpaid caregivers providing care at home for a loved one or family member. These respite programs can be used to hire an agency provider or individual to help assist the caregiver with his/her loved one's care and provide much needed relief. The following guidelines will help determine eligibility:

STATE CAREGIVER PROGRAM (HCBS funds)

- Caregivers (age 60+) with respite needs.
- Caregivers (age 60+) with children with disabilities needing respite. This includes senior parents (age 55+) with adult children with disabilities.
- Caregivers (age 55+) raising children (grandparents or other relatives, not parents)

ALZHEIMER'S RESPITE (ALZ funds)

- Individuals caring for someone with Alzheimer's disease or another form of dementia.

FAMILY CAREGIVER SUPPORT PROGRAM (Title III)

- Caregivers caring for someone who is aged 60 or older and who has health problems.
- Caregivers (55+) raising children 18 and under

The following guidelines will be followed in order to be determined eligible for the Area Agency on Aging Respite Program funds:

- Respite funding from different respite sources will be considered when determining the needs of the caregiver. These other sources include Community Long Term Care, Hospice, Medicaid (PACE) program (for Alzheimer's Respite and SC Respite), VA benefits providing in-home care, and SC Respite Coalition Vouchers.
- Priority in awarding respite funds will be given to caregivers who provide direct care for their loved ones, as well as other factors to be considered.
- Caregivers of those who have a diagnosis of dementia will need to provide a doctor's statement or written diagnosis of Alzheimer's disease or a related memory disorder disease.
- Respite awards will need to be used within 90 days. Funds may be lost if voucher is unused.
- When demand for services exceeds available funding, applicants are placed on a waiting list.

For more information, go to www.centralmidlands.org/agingservices.asp, or call (803) 376-5390.



Appendix G-2

Date: _____ Caregiver telephone # _____

Caregiver or Grandparent Name: _____

Care Receiver's or Grandchildren's Name(s): _____

Caregiver's Address: _____

Dear _____:

Thank you for your interest in the Central Midlands Family Caregiver Support Program (FCSP). We have several programs under the Family Caregiver Program including the FCSP Respite Program, FCSP Supplemental Services, Seniors Raising Children (SCR) Program, the South Carolina Caregiver Program (State Respite), and the Alzheimer's Respite Program. Based on your completed application, if you qualify, we will place you in the program you are best qualified for and which program will best meet your needs as a caregiver.

Please complete the enclosed application and return it to my attention. I look forward to hearing from you. If you have any questions, my contact information is below.

Thank you,

Becky Baird
Becky Baird, LMSW
Family Caregiver Advocate
Area Agency on Aging
Central Midlands Council of Government

Care Receiver Information

Last Name:			First Name:		
Address:					
County:			City:	Zip:	
Care Receiver or Grandchild DOB:	Age:	Race:	Gender:	Marital Status or Grade in School:	
Has this person used a respite award or voucher before? If so, what program? (Yes or No)			Does this person receive funds or assistance from another agency?		Who does this person live with full-time? No. In Household:
Last Name:			First Name:		
Address:			County:	City/Zip	
Care Receiver or Grandchild DOB:	Age:	Race:	Gender:	Marital Status or Grade in School:	
Has this person used a respite award or voucher before? If so, what program? (Yes or No)			Does this person receive funds or assistance from another agency?		Who does this person live with full-time? No. In Household:
Last Name:			First Name:		
Address:			County	City/Zip:	
Care Receiver or Grandchild DOB:	Age:	Race:	Gender:	Marital Status or Grade in School:	
Has this person used a respite award or voucher before? If so, what program? (Yes or No)			Does this person receive funds or assistance from another agency?		Who does this person live with full-time? No. In Household:
For Seniors Raising Children Program only: Please briefly explain why you are raising your grandchild(ren) and provide copies of any legal documents awarding custody of the minor child(ren):					

Caregiver or Grandparent Information

Last Name:		First Name:		
Relationship to the person you care for or grandchildren(SRC Program):		Telephone #:		
Caregiver's Address(If different from Care Receiver)		Total Monthly Household Income:		Marital Status:
Caregiver DOB:	Race:	Gender:	Ethnicity:	Do you work? FT or PT?

Do you live with the above person needing care?

Do you have a member of the household who is disabled or qualifies as disabled?

What kind of help do you give to the above person? What are the care recipient's medical and/or physical needs?

Please check all current services that your care recipient(or loved one) is receiving: Please let us know if you've been in the Caregiver Support Program, or have received a respite voucher in the past.

Medicaid ☐ VA ☐ Medicare ☐ Hospice ☐ Caregiver Support Program ☐ Home Health ☐
 Community Long Term Care-CLTC ☐ SC Respite Coalition Program ☐ PACE Program ☐ Palmetto Senior Care ☐ Long-term care insurance ☐

Please note the following requirements for our respite programs. You may only qualify for one program and you will be placed in the program that best serves your needs.

Serving Caregivers with Greatest Need

- 1.) Family caregivers who provide care for any individual with Alzheimer's disease or related disorders with neurological brain dysfunction regardless of age of the person with dementia.
- 2.) Caregivers of persons age 60 or older with health problems.
- 3.) Grandparents or other relative caregivers who provide the primary care for children (under 18 years or ages 19-59 with disabilities) These caregivers may receive services at 55 years of age or older(SRC)
- 4.) Older relatives caregivers providing care to adult children with disabilities, if child is 60 year of age or older.

Please check which type of respite or supplemental services you would like:

In-Home care with an approved & licensed agency ☐ Adult Daycare ☐ Short-Term Facility Stay ☐
Supplemental (or Incontinence) Supplies ☐

Respite funds may be used for respite at an Adult Daycare, for In-Home Care with an approved agency, or a short-term stay in a facility. Do not spend the voucher funds before you receive the voucher or before the issued date on the voucher.

****FOR ALZHEIMER'S RESPITE PROGRAM: PLEASE ATTACH A DIAGNOSIS STATEMENT FROM THE PATIENT'S PHYSICIAN/NEUROLOGIST OR HAVE THE PHYSICIAN / NEUROLOGIST COMPLETE THE DIAGNOSIS SHEET ATTACHED TO THIS APPLICATION. A SIGNATURE FROM THE PHYSICIAN IS REQUIRED. NO LETTER OF AWARD WILL BE ISSUED WITHOUT A STATEMENT OF DIAGNOSIS. *Alzheimer's Respite Program provided through a partnership with the Alzheimer's Association.***

Please check which type of Grandparent or Seniors Raising Children (SRC) support you are in need of:

After-school program/Tutoring ☐ Back To School Supplies ☐ Back to School Clothes ☐
Summer Camp ☐

Submitted by (family member) _____

Signature: _____ Date: _____

Relationship to Care Receiver: _____

The above signature must be a spouse, family member or POA of the person with dementia. This signature authorizes the LGOA, AAAs, and the Alzheimer's Association to share the information for the provision of services. Please return application and doctor's diagnosis statement to:

Becky Baird, LMSW
Family Caregiver Advocate
Central Midlands Council of Governments
Area Agency on Aging, 236 Stoneridge Drive Columbia, SC 29210
Direct Line: 803-744-5140, Fax: 803-376-5394
bbaird@centralmidlands.org

Caregiver's or Grandparent's Name:

Care Receiver/ Grandchild(ren) Name(s):

1. I certify that I am responsible for the care of the Care Receiver/Grandchild(ren), who lives in the Central Midlands Region(Lexington, Richland, Newberry & Fairfield Counties), and I am the primary responsible person providing or directing his/her care.
2. I certify that all information provided to the Central Midlands Area Agency on Aging FCSP staff is correct to the best of my knowledge.
3. I certify that I have provided a complete list of all members of the household, and understand that no one who lives in the household may receive FCSP funds or respite funds for providing services. I further understand that if I break this rule or provide incorrect or fraudulent information or the misuse of funds, I may be permanently terminated from this program.
4. I understand that my participation in cost sharing is voluntary. My level of participation depends on my willingness and ability to share in the cost of the service.
5. I pledge to promptly (within 7 working days)notify the Caregiver Advocate of changes in situation (such as major health changes, hospitalization, change of address or phone number, change in respite of either the Care Receiver, grandchildren I am responsible for, or myself.
6. I am willing to abide by the guidelines of the FCSP, including making choices of providers and resources, following the required hiring procedures, completing monthly forms and sending them in for reimbursement (within 30 days for date of service or purchase). I have been informed of my responsibility (if any) regarding IRS and Labor laws.
7. I understand that the maximum amount of funds received in one calendar year will vary depending on available funding; no more than \$500 may be paid to a Caregiver in a calendar year. I understand it is my responsibility to pay the providers of the services I choose if hiring a non-agency worker. I understand that if I use a non-agency worker, I will be responsible for the taxes incurred on any amount paid to me over \$599. A 1099 will be issued for amounts over \$600 per calendar year.
8. I understand that I will be given forms to complete and return monthly to the Caregiver Advocate for pre-approved expenses by the Central Midlands Agency on Aging's Caregiver Advocate. Additionally, if any FCSP funds or respite funds are misused or used for unauthorized services or items, I may be permanently terminated from the program. I have been informed of my rights and responsibilities as a client in the FCSP.
9. I understand that the Central Midlands Area Agency on Aging FCSP and other respite programs is a Caregiver directed program and I will be requested to participate in interviews and/or surveys to measure client satisfaction and effectiveness of the program. I also understand that if I choose not to respond it will not affect my eligibility for the program and its benefits.

(CG)Signed:_____ Date:_____

~~ THIS SECTION TO BE COMPLETED BY QUALIFIED PROFESSIONAL ONLY~~

(Doctor, Licensed Nurse, Social Worker, PT, ST or OT or Case Manager; Note: CNA's are not qualified to determine the information required in this form.)

Please complete the assessment for _____ (person receiving care) based on your professional opinion. Form(s) must be returned to the Family Caregiver Support Program for eligibility evaluation.

Please indicate the level of ability for each activity:

ADLS	0 Independent	1 Assistive Tech.	2 Supervision	3 Limited Assist	4 Extensive Assist	5-Total Dependence
Ambulation						
Dressing						
Eating						
Bathing						
Toileting						
Grooming						
Bowel						
Bladder						
Transfer						

Due to cognitive or other mental impairment, the care recipient requires moderate to substantial supervision because he or she behaves in such a manner that poses a health or safety hazard to him/herself or others.

Yes _____ No _____

*Cognitive Diagnosis: _____ MD Signature _____

** A diagnosis of Alzheimer's or a related memory disorder disease is required for Alzheimer's respite funding.*

☐ Alzheimer's disease
 ☐ Creutzfeld-Jakob disease
 ☐ Vascular dementia
 ☐ Parkinson's disease
☐ Huntington's disease
 ☐ Pick's disease
 ☐ Lewy-Body dementia
 ☐ Mixed dementia

I have asked the family if this person is receiving any hospice or CLTC services or other respite type services, and they have said that they are not receiving such services. To the best of my knowledge, this is true.

Completed by: _____

Healthcare Profession's Signature (not the caregiver)

Date

Printed Name

Agency

Title

Contact Number

page 6

Central Midlands Council of Governments - Area Agency on Aging
 236 Stoneridge Drive, Columbia, SC 29210. (803)376-5390. FAX (803)376.5394

Appendix G-3

Status of Respite Services

Date:

Re: Caregiver:

Care-receiver:

Address:

Our office has received an application for respite services for the care-giver named above. Please be aware of the following information that relates to whether we will be able to offer respite services:

1. _____ We have been unable to reach you by telephone. If you are still interested in respite help, please contact our office at 803-376-5390.
2. _____ Your application/paperwork cannot be processed because the following information is missing:
 - A) Your signature or relevant information
 - B) The medical form (page 6 of the application)
 - C) A W-9 form
 - D) The timesheet
 - E) A photo ID (copy) of the worker
3. _____ You are not eligible for respite services at this time because:
 - A) You live outside of our service area. You can contact _____.
 - B) You do not meet program guidelines for respite services.
4. _____ You have not made any decision regarding what agency provider you would like to choose for the respite service (either in-home care, agency, adult day care, or private worker).
5. _____ We have issued a voucher for respite services for you, but the voucher has not been used in full and it has now expired. Any remaining benefit is no longer valid at this time.

You are welcome to contact our office at 803-376-5390 for questions or additional information. We commend you for your effort to provide excellent care for your loved ones. Thank you for your interest in the Family Caregiver Support Program.

Signature:

Title:

Appendix G-4

Area Agency on Aging Incontinence Supplies Voucher

Dear: _____

Date: __/__/__

Address:

Telephone:

You have been awarded \$_____ for incontinence supplies for _____.

This program is for those who care for a family member or other person who is still at home.

Your Area Agency on Aging Voucher can be used to purchase incontinence supplies through our approved vendor, HDIS.

Upon receiving this voucher, please follow these instructions:

- * Call HDIS at 1-866-997-8771.
- * An HDIS employee will assist you with placing an order for needed supplies, such as pads, briefs, gloves, wipes, etc.
- * The supplies will be shipped to your home.
- * Please be aware that for all vouchers, you will need to use the award amount within 90 days of receiving the voucher.

The funds awarded to you must be used by __/__/__ or they may be lost to you and given to the next family in need of supplies who are on our waiting list. If you have any unexpected circumstances that delay using the voucher before the expiration date, please contact my office at 803-376-5390.

Sincerely,

Appendix G-5

Area Agency on Aging Respite Program

Dear: _____

Date: ____/____/____

You have been awarded \$ _____ for respite care services for _____.

This program is for those who care for a family member or other person who is still at home. Respite services can be used to hire someone to help assist you with the care they need.

When you have determined the agency you prefer to use, please follow these guidelines to ensure payment by our office for the respite services:

- * If you use an agency, I have already sent to them the colored copy of the voucher award form.
- * It is the responsibility of the agency to return that form to our office with an invoice and W-9 form.
- * If you hire a worker who is not associated with an agency, you must complete the W-9 form (not the worker). You will need to also complete the timesheet and the bottom portion of the respite voucher form (colored copy) and return all 3 forms together to our office. You may make copies of the timesheet as needed.
- * For a privately hired worker, please note that we will issue only one check to you when you have spent the limit of the voucher amount.
- * Please be aware that for all respite award vouchers, you will need to use the award amount within 90 days of receiving the voucher.

The funds awarded to you must be used by _____ or they may be lost to you and given to the next family in need of respite services who are on our waiting list. If you have any unexpected circumstances that delay using the voucher before the expiration date, please contact my office at 803-376-5390.

Thank you,

Appendix G-6

Area Agency on Aging
Central Midlands Council of Governments

Central Midlands Respite Programs Timesheet

Care Receiver: _____

Care-giver: _____

Worker: _____

Relationship of worker to caregiver _____

Please include copy of worker's photo ID

Date:	# of Hours Worked	Amount Paid Per Hour
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please be aware that the worker may be contacted to verify the
services being provided for the care recipient.**

Caregiver Signature: _____

Worker's Signature: _____ Date: _____

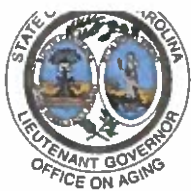
Worker's Address: _____

Worker's Telephone numbers: _____

This paper should be completed in order to receive payment for respite care services.

Please mail to:

Central Midlands COG
236 Stoneridge Drive
Columbia, SC 29210



Appendix G-7

Central Midland Council of Governments Area Agency on Aging Respite Award Program (White Copy –Family/ Color Copy –Provider)

Amount of Funding by CMCOG: \$ _____ Fund Source: _____ Date Award Issued: _____

Person Receiving Care: _____

Name of Caregiver: _____ Relationship: _____

Telephone: _____ County: _____

Full Address: _____

Agency Provider: _____ Zip: _____

The Central Midlands Council of Government agrees to pay the undersigned for care rendered to the person named above.

Authorized: _____ Award Expires: _____

*Becky Baird, LMSW, Family Caregiver Advocate

*Please use award by expiration date

Family acknowledges financial responsibility for amounts over the award provided by CMCOG-AAA.

***Agency or Caregiver (not hired worker), please complete below for payment.**

*Agency Care Provider or Caregiver: _____ Date received: _____

Full Address: _____

Authorized by: _____ Phone: _____ Fax: _____

Signature of agency or caregiver who hired a worker

Agency Title / or relationship to person receiving care

Cindy Curtis, Director, Area Agency on Aging

Date

Agency must submit W9 and invoice reflecting dates of service performed during award letter period.

Caregiver, who hired in-home worker, must send in completed and signed time sheet(s) for time hired during award period. Caregiver to complete W9 (not the hired worker).

-Payment for award will be delayed if requested paperwork is not submitted-

-Payment for late invoices and/or receipts may not be honored or funding may not be available.

Mail this form to:

Central Midlands Council of Governments
236 Stoneridge Drive, Columbia, SC 29210
803-376-5390

Appendix G-8

End of Respite Care service survey

Please answer the following questions to help us ensure quality services for the family caregivers we serve.

1. Using respite services has increased my ability to be an effective caregiver:

Strongly Agree Agree Unsure Disagree
Strongly Disagree

2. Having respite care services has decreased my level of stress:

Strongly Agree Agree Unsure Disagree
Strongly Disagree

3. Because of respite services, I have been better able to take care of myself:

Strongly Agree Agree Unsure Disagree
Strongly Disagree

4. Respite care has been a positive experience for my family members:

Strongly Agree Agree Unsure Disagree
Strongly Disagree

5. What is the most important benefit you received from respite care?

6. Do you have any suggestions about how to improve respite services?

If you want someone contact you to discuss your answers,
add your name and telephone number here:

We appreciate your time and will use your input to enhance our program and services. Please return this form to our office at 236 Stoneridge Drive, Columbia, S.C. 29210, or fax to 803-376-5394. Thank you.

Appendix G-9 (Quarterly Alzheimer's Report)

QUARTERLY VOUCHER REPORT

Participants	
New Participants	
Returning Participants	
Total*	
Age	
18-59	
60-Over	
Total*	

Gender	
Male	
Female	
Total*	

Race	
Caucasian	
African American	
Other	
Unknown	
Total*	

Ethnicity	
Hispanic or Latino	
Non-Hispanic or Non-Latino	
Unknown	
Total*	

Service	
In-home Care Agency	
Private-Duty Caregiver (in-home)	
Facility Stay	
Adult Day	
Not Indicated	
Unknown	
Total*	

Counties**	
Total*	

***In order to improve reporting, please ensure that ALL totals are consistent.**

****List all Counties in your region. If no vouchers were issued place a "0" in the total.**

Family Caregiver Support Program Report

1st Quarter

2017-2018

Area Agency on Aging: _____

Signature of Family Caregiver Staff: _____

Signature of Director: _____

FCSP Status of Funds

Provide the expenditures for the following funds as of October 1, 2017

- Family Caregiver IIIE - Care Giver, SRC, Supplemental
- State Respite - Care Giver and SRC
- Alzheimer's

Do you plan on requesting additional *State Respite Funds* from the LGOA?

FCSP Wait List (i.e., because of work load, need for assessment, no funds, etc.)

Which programs have a wait list? What is the reason for the wait list?

What is the estimated time it is taking individuals to receive a voucher?

What is the estimated time in which the last person on the wait list will be served?

FCSP Group Counseling, Training and Support

Provide a list of this quarter's trainings and support groups

(include who led the group, how many in attendance and the topic)

Copy of minutes of FCSP Regional Advisory Committee Meeting (this quarter only)

Provide the dates of the Regional Meetings that are set for 2017-2018

Special issues or comments:

Lieutenant Governor's Office on Aging

Family Caregiver Support Program Annual Report -- FY16-17



REPORTING PERIOD:	
DUE DATE:	
Agency & Region #:	
Date of Submission:	
Reporting Personnel:	
Signature Of Director:	

Attached please find our Family Caregiver Support Program Report for the period which includes the following documents:

- ☐ Provide end of the year balances for the following funds (include FY15, FY 16): IIIIE, Respite Non-recurring, and Alzheimer's Respite. Provide Justification for the remaining balances – including any problems or barriers that resulted in remaining funds. If there are no remaining funds, provide some of the best practices that were implemented to best use the funds. *(A bulleted list is appropriate – a narrative is not required).*

--

- ☐ A description of any new caregiver resources or partnerships identified in the region.

--

- ☐ Copies of any new outreach materials, newspaper articles, flyers for trainings or support groups, brochures, etc.

--

Form W-9 (Rev. November 2017) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ </div> <div style="width: 45%;"> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> </div>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <small>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. </div> <div style="width: 35%;"> Social security number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 40%;"></div> </div> OR Employer identification number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 40%;"></div> </div> </div> </div>		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.		
Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 . Purpose of Form An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following. <ul style="list-style-type: none"> • Form 1099-INT (interest earned or paid) • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding</i> , later.		

Appendix G-13

ATI Hosted: User is Acting as provider: Central Midlands COG - [Assessment]

File Edit Localize Screens Options Window Help

Close Save Print Screen Report Insert Delete Row Undo Cut Copy Paste Bold Find Previous Next First Last

Unique ID	Last Name	First Name	Middle Name	Assessment Date	Next Assess Date	Assessment
18				01/05/2018	12/31/2018	2013 Caregiver

Spouse Name F

Doctor Name

Doctor Phone 1 () -

Doctor Phone 2 () -

Assess JG

Operat JG

Non-Emergency Support Contact

Non-Emergency Sup Contact Relationship Daughter

Non-Emergency Sup Contact Email

How close is this support person, in miles? 1.00

Home Phone - -

Work Phone - -

Mobile Phone 31

Assessment 1 of 3

☒ Lock Assessment Answers

Category	Question	Answer
Caregiver 2013	How is CAREGIVER related to the CARE RECEIVER? (I am the CR's Husband)	<input type="radio"/> Wife <input type="radio"/> Son/Son-In-L <input type="radio"/> Daughter/Da <input type="radio"/> Other Relatn <input type="radio"/> Non-Relative <input type="radio"/> Relationship <input type="radio"/> Grandparent <input type="radio"/> Other Elderly <input type="radio"/> Other Elderly
Eligibility 2013	Does the FAMILY CAREGIVER qualify for respite and other funded s	<input type="radio"/> Yes <input type="radio"/> No
	Does the GRANDPARENT or RELATIVE RAISING A CHILD qualify for	<input type="radio"/> Yes <input type="radio"/> No
Screening	Due to cog/mental imp, does CR require subst super to maint their h	<input type="radio"/> Yes <input type="radio"/> No
	SENIOR is Raising a Child with a severe disability?	<input type="radio"/> Yes <input type="radio"/> No
CG Screening	CG has <u>been</u> hospitalized or has visited ER in past 6 months?	<input type="radio"/> Yes <input type="radio"/> No
	CG has not has an annual check-up in the past 6 months?	<input type="radio"/> Yes <input type="radio"/> No
	CG has had more than 2 limiting current health problems?	<input type="radio"/> Yes <input type="radio"/> No

General Medical Medication Justification View Graph Continued Score 0

For Technical Support Call (888) 373-2090

<div style="display: flex; justify-content: space-between; padding: 2px;"> Close Save Print Screen Report Insert Delete Rec Undo Cut Copy Paste Quick Find Previous Next First Last </div>									
Unique ID	Last Name	First Name	Middle Name	Assessment Date	Next Assess Date	Assessment			
				01/05/2018	12/31/2018	2013 Caregiver			
Spouse Name:				Non-Emergency Support Contact:					
Doctor Name:				Non-Emergency Sup Contact Relationship:		Daughter			
Doctor Phone 1: () -				Non-Emergency Sup Contact Email:					
Doctor Phone 2: () -				How close is this support person, in miles?		1.00			
Assessor:				Home Phone:		Work Phone:			
Operator:				Mobile Phone:					
Assessment 1 of 3									
<input checked="" type="checkbox"/> Lock Assessment Answers									

Category	Question	Answer
CG Screening	CG has had more than 2 limiting current health problems?	No
	CG has chronic mental health issues?	Yes
		No
	CG household is multi-generational?	Yes
		No
	CG's income has been reduced as a result of caregiving?	Yes
		No
	CG's expenses have significantly increased as a result of caregiving?	Yes
		No
	CG's living arrangements create difficulty in providing care?	Yes
		No
		CG has no one to provide respite/relief?
		No
	CG has no one to call for help or assistance?	Yes
		No
Hours of Hands on Caregiving	CG provides X hours of hands on care for Care Recipient per week: (Less than 10	
	10 to 19 hrs	
	20 to 29 hrs	
	30 to 39 hrs	
	40 to 49 hrs	
	50 to 59 hrs	
	60 + hrs	
GC stress level screening	CG Is In Crisis	Never
		Rarely

General	Medical	Medication	Justification	View Graph	Combined Score: 8
---------	---------	------------	---------------	------------	-------------------

am - Retrieve Data: Retrieve Complete: 0 Rows Retrieved

Unique ID:	Last Name:	First Name:	Middle Name:	Assessment Date:	Next Assess Date:	Assessment:
				01/05/2018	12/31/2018	2013 Caregiver
Spouse Name:		Non-Emergency Support Contact:				
Doctor Name:		Non-Emergency Sup Contact Relationship: Daughter				
Doctor Phone 1: () -		Non-Emergency Sup Contact Email:				
Doctor Phone 2: () -		How close is this support person, in miles? 1.00				
Assessor: 3		Home Phone: - -		Work Phone: - -		
Operator:		Mobile Phone:		Assessment 1 of 3		
<input checked="" type="checkbox"/> Lock Assessment Answers						

Category	Question	
GC stress level screening	CG: Is in Crisis	Rarely
		Sometimes
		Frequently
		Always
CG: Has a CR that requires constant supervision		Never
		Rarely
		Sometimes
		Frequently
CG: Feels because of time spent with CR, doesn't have time for self		Always
		Never
		Rarely
		Sometimes
CG: Feels strained when around your relative		Frequently
		Always
		Never
		Rarely
CG: Feels uncertain about what to do about relative		Sometimes
		Frequently
		Always
		Never
		Rarely
		Sometimes
		Frequently
		Always

General	Medical	Medication	Justification	View Graph	Combined Score: 8
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2018 - Retrieval Data: Retrieval Completed: 01/05/2018



CENTRAL MIDLANDS COUNCIL OF GOVERNMENTS

STATEMENT OF CONFIDENTIALITY

In this agreement with the Central Midlands Council of Governments (CMCOG), employees of CMCOG may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their employment with CMCOG to any person, including relatives, friends and business and professional associates, other than to persons who have a legitimate need for such information and to whom CMCOG has authorized disclosure.

Confidential information includes, but is not limited to, technical, financial and/or employment-related information. Confidential information is also considered any information that under the circumstances surrounding disclosure, a reasonable person would regard as confidential. Employees shall use confidential information solely for the purpose of performing services as an employee of CMCOG. This agreement is not intended to prevent disclosure where disclosure is required by law.

Employees must exercise professionalism, good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Employees should be sensitive to the risk of inadvertent disclosure and should take care in ensuring that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Failure to adhere to this agreement is a serious violation and is subject to disciplinary action, up to and including termination.

Certification

I have read CMCOG's agreement on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the agreement and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the agreement has occurred. I understand that violation of this agreement will lead to disciplinary action, up to and including termination of my employment with CMCOG.

Printed Name

Date

Signature