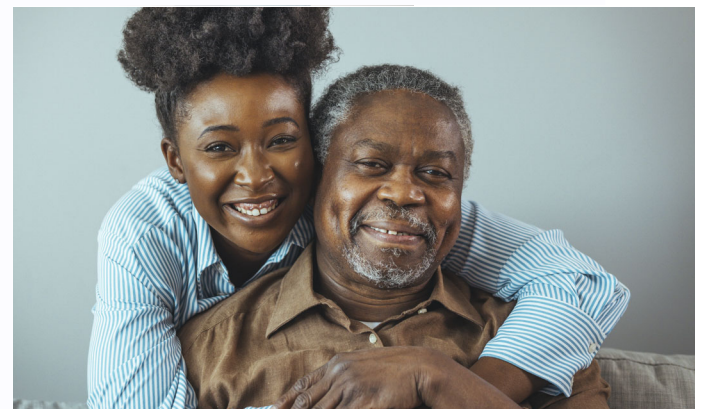


# CENTRAL MIDLANDS

AREA AGENCY ON AGING

2023-2025  
AREA PLAN



NEWBERRY • FAIRFIELD • LEXINGTON • RICHLAND



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## **A. EXECUTIVE SUMMARY**

The Central Midlands Council of Governments, Area Agency Aging Area Plan outlines the actions that will take place over the next two years, 2023-2025. The Area Plan is designed to report the status of older adults in the areas of service, the structure of the AAA's priorities based on the results of the needs assessment, and to set the aging agenda for proper planning in specific service areas to improve the aging experience in the home and community.

The Area Agencies on Aging across the nation are required to submit an Area Plan every four years, but this has changed due to the on-going changes within the aging and disabled population. It was decided to put forth a two-year area plan to identify the current needs and changes in the Central Midlands area, and the need of new and innovative programs, as this population continues to grow and needs increase. The Central Midlands AAA/ADRC is composed of four counties which make up the PSA; Richland, Lexington, Newberry, and Fairfield County.

As part of the two-year plan, Central Midlands AAA/ADRC will continue to focus on the key factors identified in the Older American's Act, which are to aid the: rural, minority, those with the greatest need, and socioeconomic status, limited English proficiency, and older individuals at risk of institutional placement.

This plan includes the current core programs and supportive services identified in the OAA and carried out by Central Midland AAA staff, and volunteers. This plan will also pinpoint the needed services and resources identified in the conducted needs assessment in 2022, which launch March 1, 2022-August 16, 2022. In 2020, Covid-19 opened the door and our eyes to the gaps in service areas and identified a new subset of older adults who were not aware of the services and resources provided through the AAA.

### **MISSION STATEMENT**

The Mission Statement for the AAA/ADRC is "*to promote a positive experience of aging for older individuals and their families*" for our aging population living in Fairfield, Lexington, Newberry, and Richland Counties.

### **VISION STATEMENT**

The Vision Statement of the 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. CONTEXT

The Central Midlands region of South Carolina is the middle area of the state. The region's main center is Columbia, the state's capital. The Midlands is so named because it is halfway point between the Upstate and the Low country. According to the 2020 census data, the “Central Midlands” is the second largest region amongst the 9 other regions, with Trident Area trailing closely behind with an ongoing increasing population. These numbers are solely based on the region’s population and the breakdown with individuals over 60, over 85, minorities, limited English speaking, and the percentage who reside in the rural areas. The Central Midlands Area Agency on Aging is housed within the Central Midlands Council of Governments (CMCOG) and there are several departments within the Agency that make up the COG; Community and Economic Development, Planning and Transportation, and Workforce Development.

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

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



Scan here to complete online! 

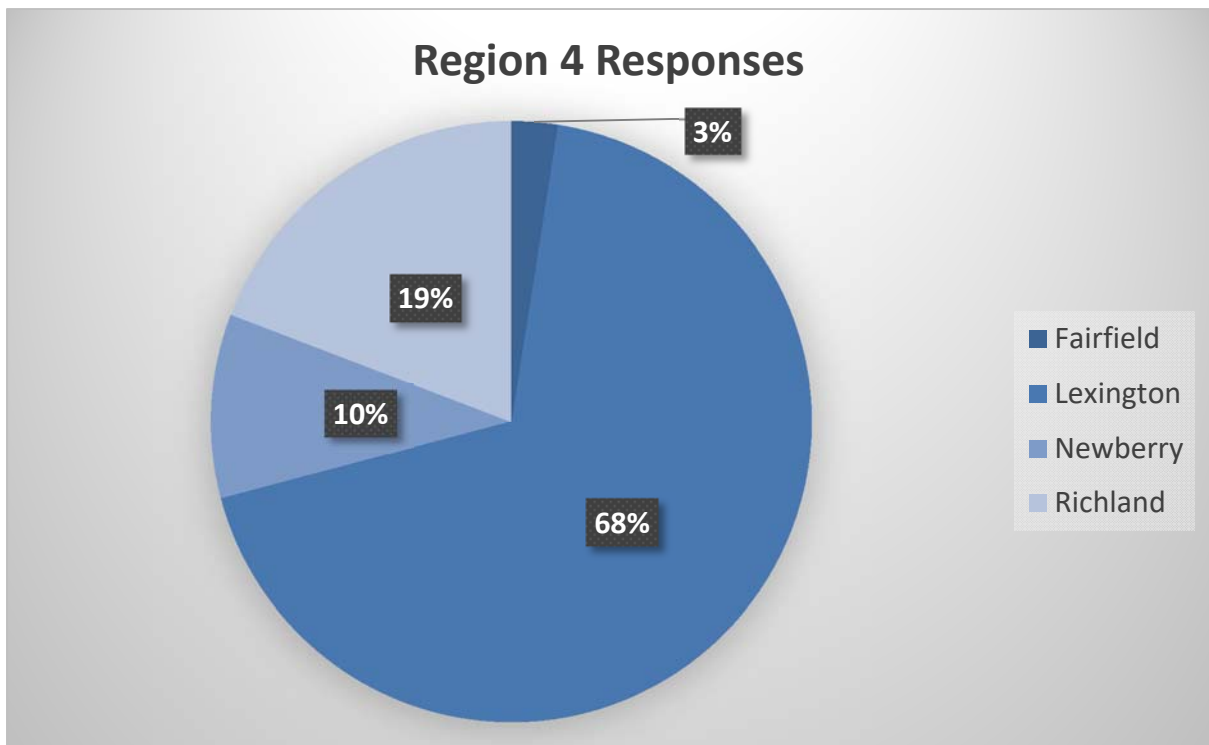
**South Carolina Association of Area Agencies on Aging  
2022 Needs Assessment**

Section 1: Demographic Information	
County	<input type="checkbox"/> Fairfield <input type="checkbox"/> Lexington <input type="checkbox"/> Newberry <input type="checkbox"/> Richland Zip code _____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____
Age	<input type="checkbox"/> Less than 40 <input type="checkbox"/> 55-59 <input type="checkbox"/> 70-74 <input type="checkbox"/> 41-49 <input type="checkbox"/> 60-64 <input type="checkbox"/> 75-79 <input type="checkbox"/> 50-54 <input type="checkbox"/> 65-69 <input type="checkbox"/> 80-84 <input type="checkbox"/> 85 or older
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner/Civil Union <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Income (monthly)	<input type="checkbox"/> \$1,074 or less <input type="checkbox"/> \$1,831-\$2,208 <input type="checkbox"/> Unknown <input type="checkbox"/> \$1,075-\$1,452 <input type="checkbox"/> \$2,209-\$2,589 <input type="checkbox"/> \$1,453-\$1,830 <input type="checkbox"/> \$2,590 or more
Number in Household	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more
Are you currently receiving services from _____ Area Agency on Aging (ex. Family Caregiver Support, Homecare, Minor Home Repair, Seniors Raising Children, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2: Senior Centers/Nutrition Sites	
Are you currently receiving services from a Senior Center or Nutrition Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your community have a Senior Center or Nutrition Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, do you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	

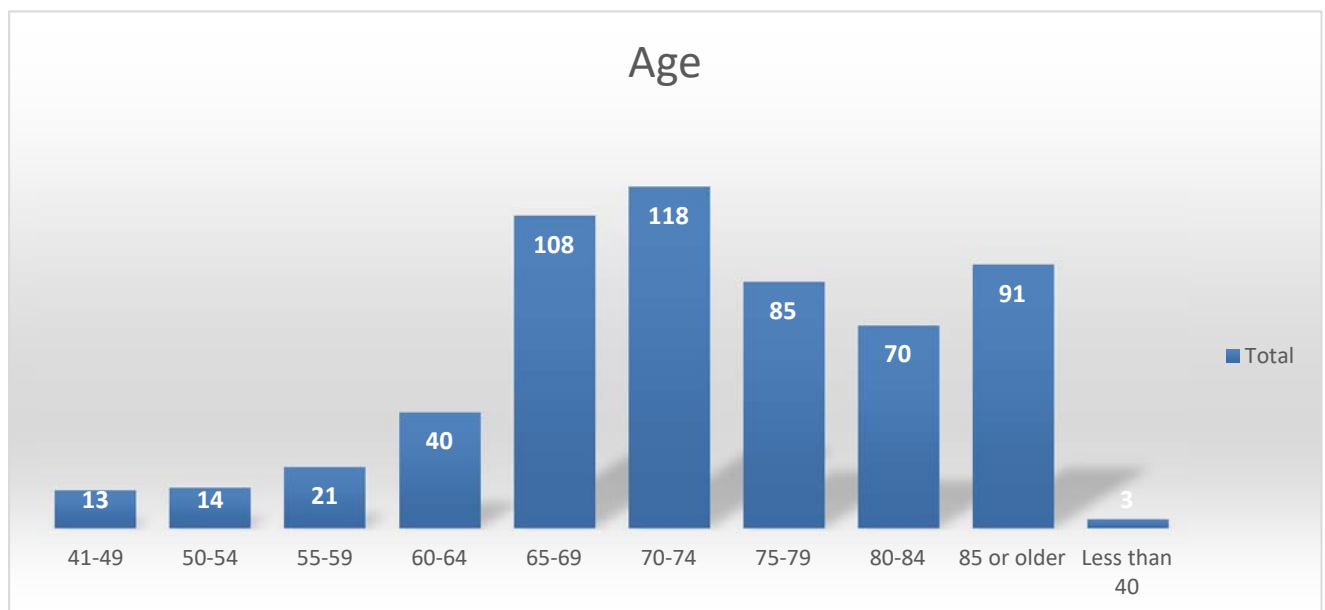
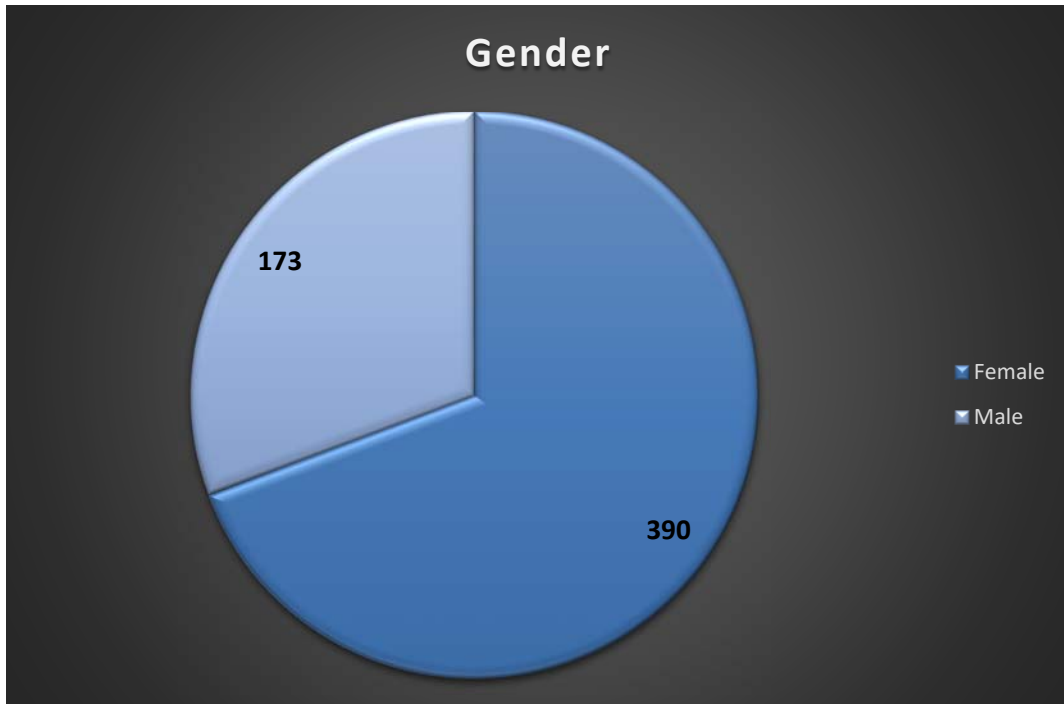
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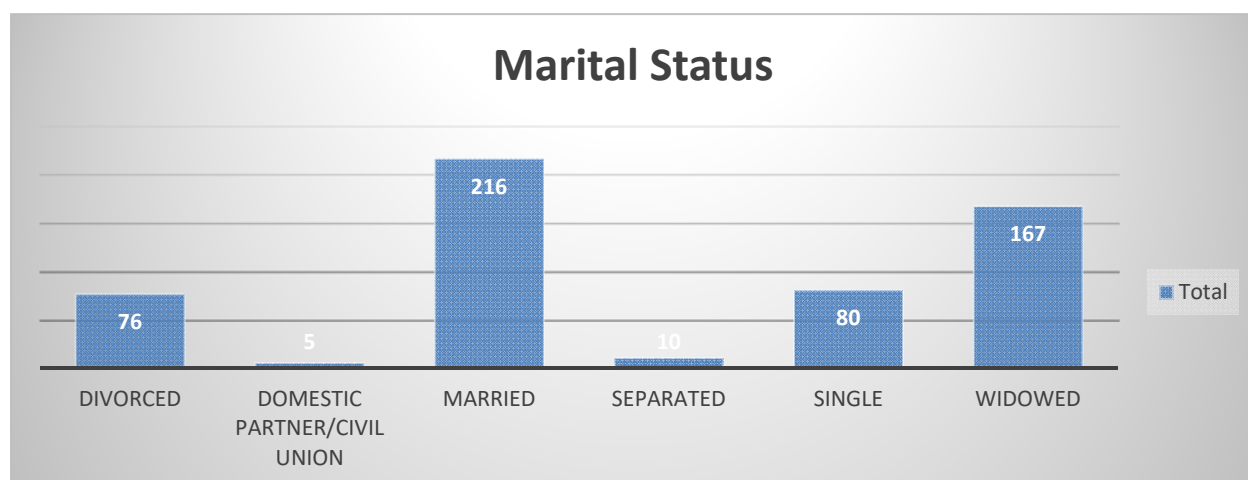
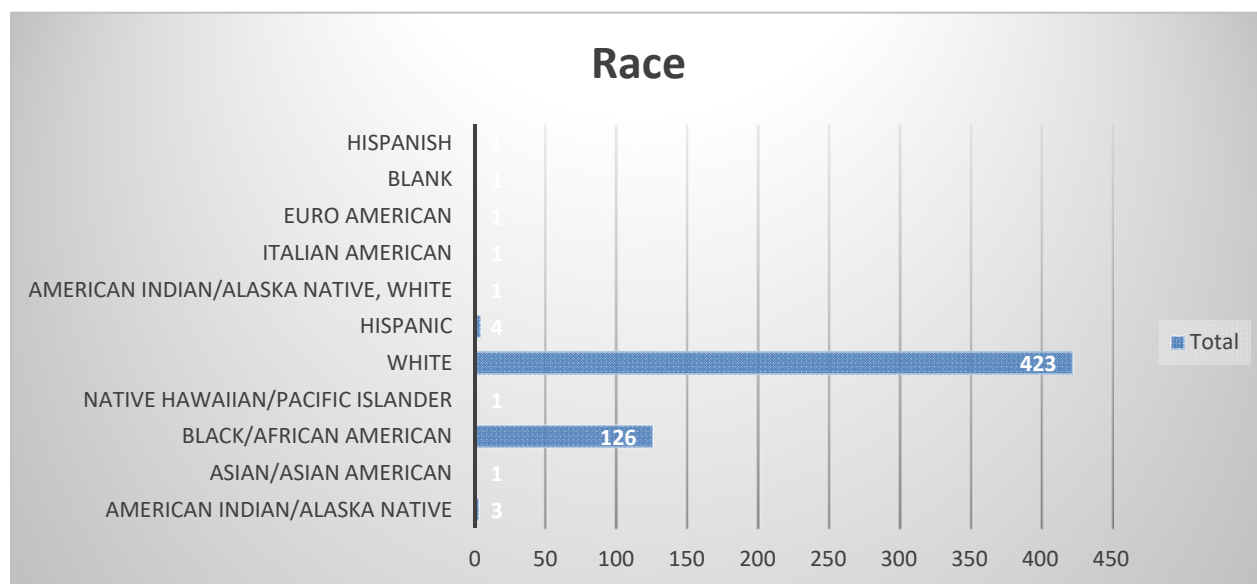
## Survey Responses for Central Midlands Region

County	Survey Responses
Fairfield	14
Lexington	385
Newberry	56
Richland	108
<b>REGION TOTAL</b>	<b>563</b>

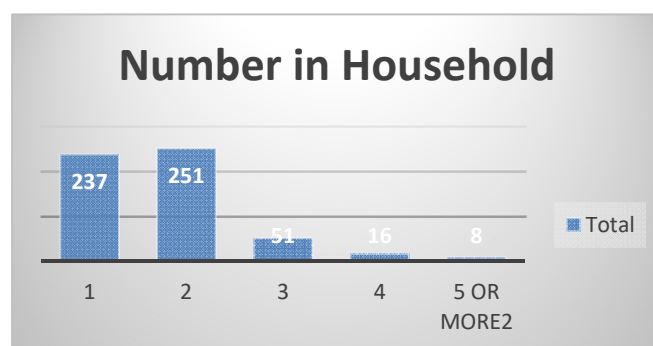


## Central Midlands Region Demographics 1: Gender, Age, Race, and Marital Status



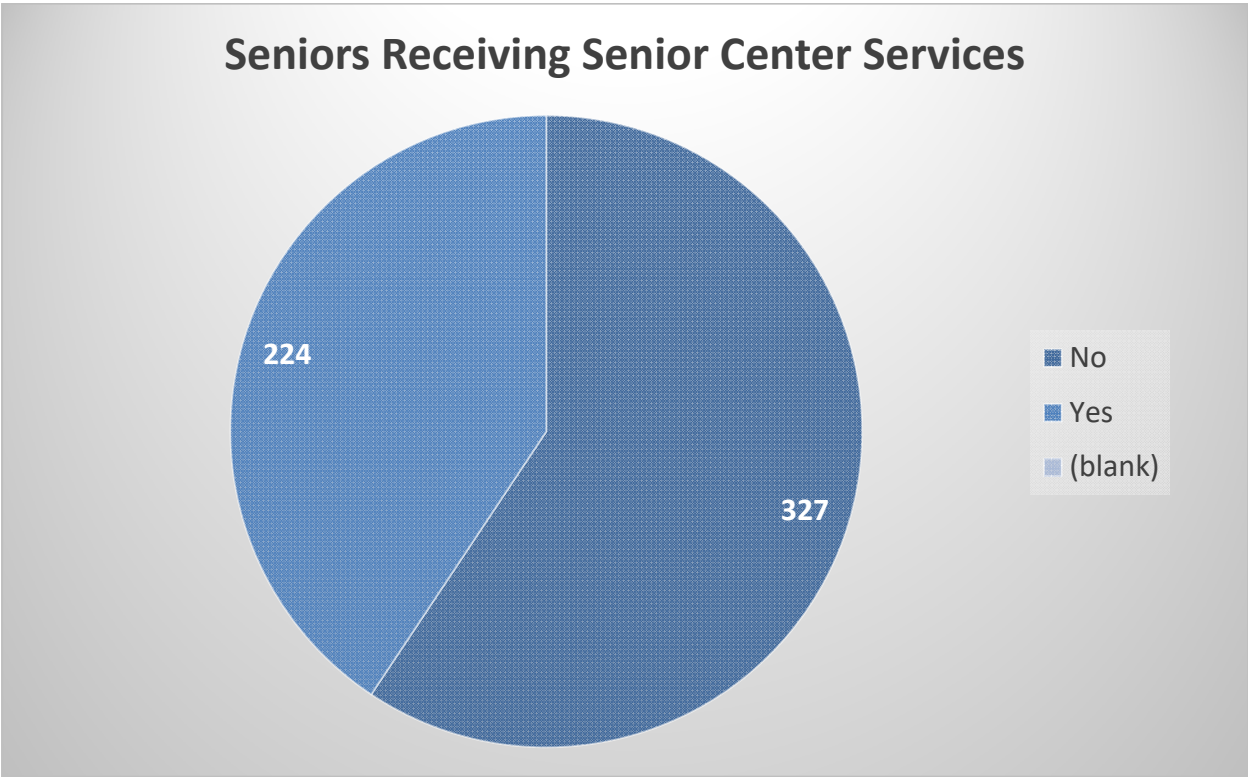
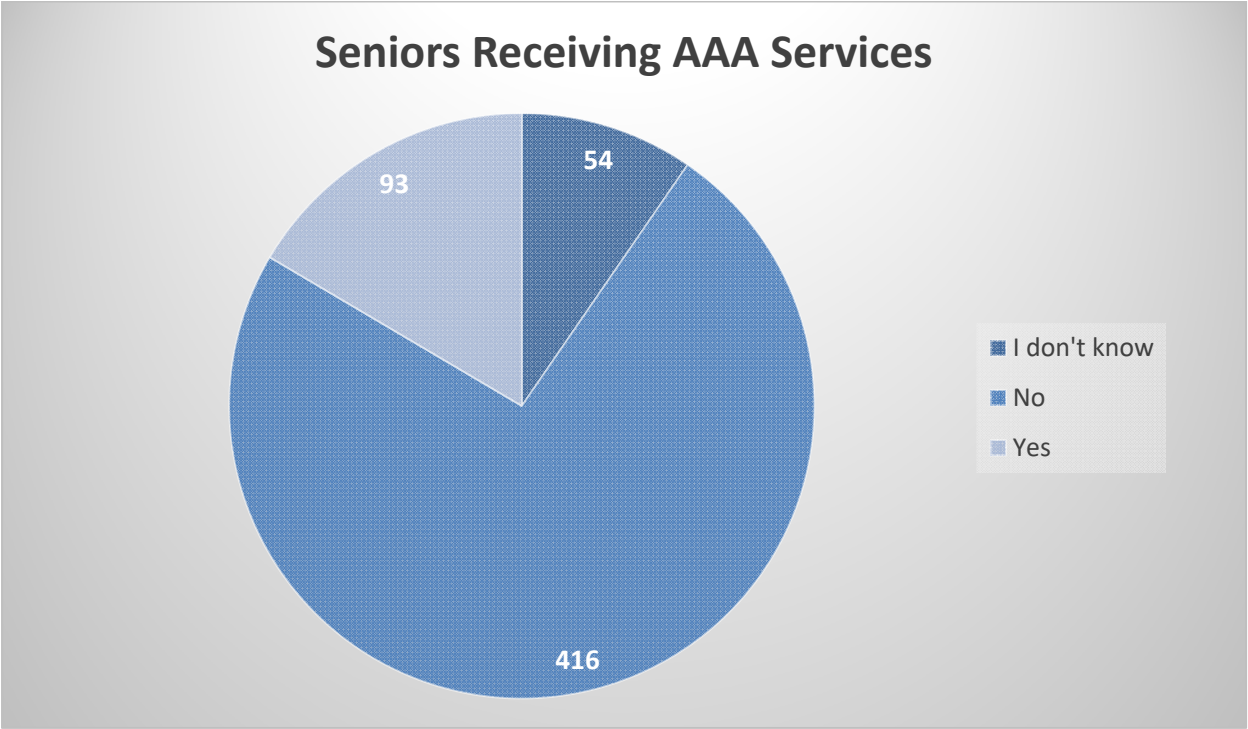


Income (monthly)	Regional Response
\$1,074 or less	82
\$1,075- \$1,452	84
\$1,453 - \$1,830	63
\$1,831 - \$2,208	43
\$2,209 - \$2,589	42
\$2,590 or more	169

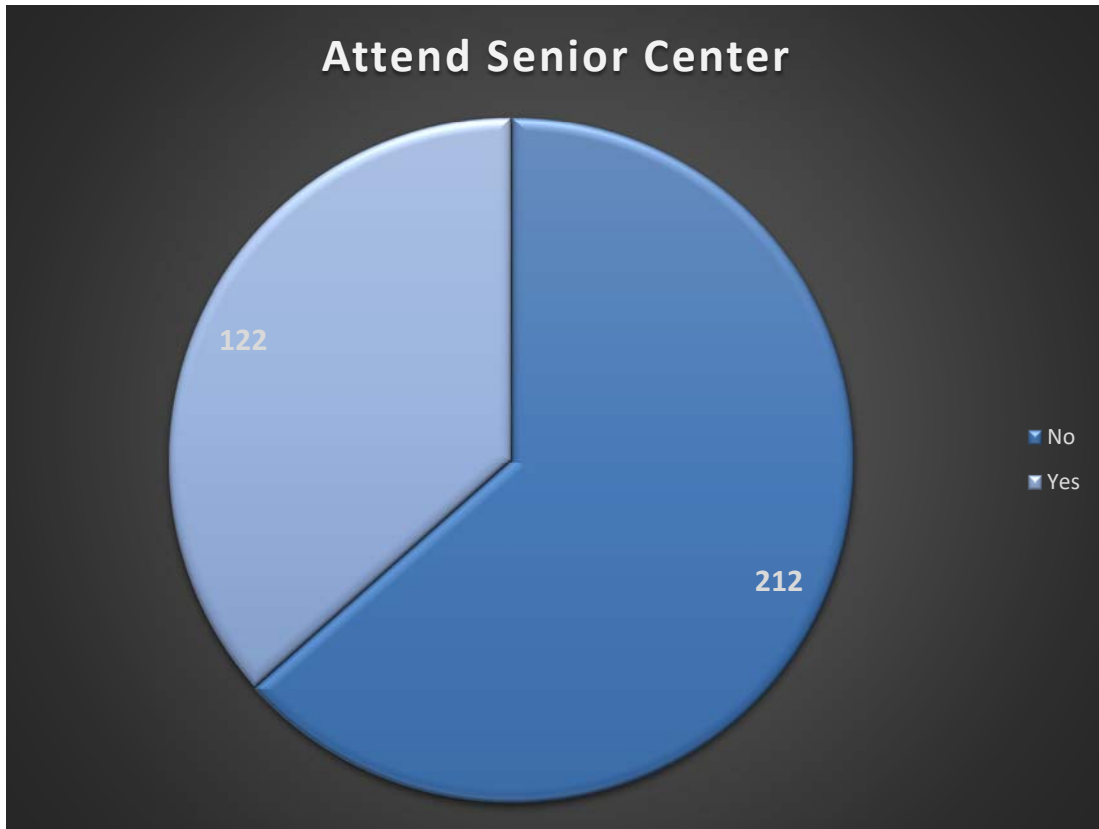




**Demographics 3: AAA and Senior Center Services**



#### Demographics 4: Senior Center Feedback



Does community have a Senior Center or Nutrition Site?	Regional Response
I don't know	158
No	71
Yes	334
Grand Total	563

Why don't you attend the Senior Center?	Response Per County
<b>Fairfield</b>	<b>8</b>
Daily schedule does not permit. Most of activities are between 11 - 1.	1
Not needed	1
Not one near my home I have to drive to get to one I am in the rural area	1
Too active	1
Not know enough about the senior center. All I know about is if you are home bound then you can sign up for meals on wheels.	1
Enjoy eating other places.	1
Thought she had to be 60 years of age to attend	1
Dementia	1
<b>Lexington</b>	<b>131</b>
Not able	2
No transportation	1
No reason	1
Not taking care of senior at this time.	1
Mobility issues	1
No answer	1
I do not require subsistence.	1
Not sure I could	1
No need	1
Don't drive	2
I don't feel like I am old enough or need to yet.	1
My husband and I deliver Meals on Wheels for Crooked Creek Park- not in need of senior service at this time.	1
COVID	2
Haven't felt the need.	1
Don't need it, yet	1
Do not need it now.	1
Not needed	6
Immunocompromised, not sure of practices or what's available.	1
We don't have a need	1
Unable to	2
Transportation	1
Homebound	1
Not a Senior	1
Receive SNAP	1
I went 11 year ago was told the people there are to old and don't do much. Never returned.	1
I have not needed it yet. I am a caretaker of my son and my mother who is 93.	1
Stopped by COVID. Plan to start back	1
No transportation: I don't drive	1
Too busy!	1
Did not know of services	1
We feel other people that need it more can use it.	1
I am not a senior yet, but am a caregiver for my elderly father so I am very familiar with the available resources	1
No interest	2
COVID	1
Not needed, busy enough, may return to gym at some point	1

I feel no need to.	1
Transportation	3
Don't need it	1
Homebound	1
Don't have a ride	1
Not needed yet	1
I don't know	1
Not needed	1
Unable	2
Not old enough. Family has used meals on wheels through county	1
Limited mobility	1
Didn't think I would need services yet	1
I don't drive	2
Attendance limited due to COVID-19. Closed 2020 to 2021 (Sept - Sept)	1
Not able to get around easily	1
Crippled	1
I am homebound	1
It's too much to get dressed and drive there	1
Not driving	1
Afraid to go	1
Health and mobility problems	1
Medical issues	1
Suffering from Parkinson	1
Physical difficulties and COVID	1
Mobility	1
full time caregiver for husband with Alzheimer's	1
Staying out of public due to COVID as much as possible	1
Meals on wheels	25
Meal on wheels	1
Unable due to physical problems	1
No accepting new members	1
Unable physically	1
Been sick	1
Meals on wheels	1
Not (able) well enough	1
No transportation/unable to dress myself	1
Blank	4
It's easier to eat at home	1
Partially disabled	1
Don't really exercise	1
No way to get there. Due to COVID the bus stopped coming.	1
Trouble walking, getting up & down. Hearing. Left center after near to 20 yrs. at COVID closing, health not good enough to so this now.	1
Cannot drive now	1
I am paralyzed	1
Disability TIBD	1
Do not want to go	1
Unable to get out and about	1
Need constant monitoring	1
Do not drive	1
I take care of my grandson (special child) 4 days a week	1
Just haven't gotten around to it yet.	1
We are home bodies & only go out for necessities	1
No transportation / don't want	1

No transportation / don't want to	1
No services needed	1
<b>Newberry</b>	<b>5</b>
COVID	1
Unable	1
Not available	1
I sleep late/they come early	1
Taking care of my husband	1
<b>Richland</b>	<b>25</b>
No transportation	1
No reason	1
Mobility issues	1
No answer	1
Too many other obligations and little knowledge of programs offered	1
Services not needed	1
Don't have any use for it.	1
Just do not	1
Do not need their services	1
No need	1
Have no need	1
I am getting my needs met in another way.	1
I do not currently need these services	1
Have not seen a need as of yet.	1
Unaware and don't deem needed at this point.	1
Current stage of Alzheimer's disease	1
Not needed	1
Too young	1
Don't need it yet	1
I'm caring for my aging mother	1
Still working full time.	1
My dad is not mobile.	1
I haven't needed one yet.	1
No answer given	1
Not answered	1
<b>Grand Total</b>	<b>169</b>

Reasons that affect your ability to live independently in the home.					
Reason	Fairfield	Lexington	Newberry	Richland	Total
24) I cannot do my yard work due to physical or medical reasons.	7	145	23	35	210
6) I am concerned about falls or other accidents.	5	131	20	42	198
15) I do not know how I could pay for nursing home care when/if I needed it.	4	119	19	33	175
3) I have trouble keeping my home clean.	5	121	13	36	175
2) Sometimes I feel lonely or sad, even isolated.	6	106	13	29	154
8) I cannot grocery shop or cook much, so home delivered meals would be helpful.	3	107	13	22	145
32) I have no needs or concerns.	3	100	10	22	135
7) It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.	4	90	9	31	134
4) It is difficult for me to do my laundry due to lifting, folding, and putting clothes away.	5	80	12	32	129
23) I am unable to make necessary repairs to my home due to costs.	4	87	12	22	125
1) I need to exercise more, but don't know where to start.	5	70	14	29	118
16) I cannot afford to pay for dental care.	4	70	15	23	112
11) I have problems keeping my paperwork in order and sometimes lose things.	3	68	16	19	106
28) I have to deal with challenging family issues that are stressful.	2	74	2	17	95
5) I need assistance with bathing, dressing and toileting.	2	54	9	26	91
17) I cannot afford to pay for hearing aids.	2	60	16	10	88
18) I cannot afford to pay for eyeglasses.	0	50	13	16	79
12) I have trouble keeping up with paying my bills.	9	38	7	20	74
19) I need access to assistive technology (ex: wheelchair, cane, walker etc.)	2	48	8	16	74
22) I struggle keeping warm and cool due to poor insulation, leaky windows, or structural damage.	2	51	7	10	70

Reasons that affect your ability to live independently in the home					
Reason	Fairfield	Lexington	Newberry	Richland	Total
26) I have a mental health issue that sometimes makes it difficult for me to live on my own.	2	44	4	7	57
10) I am unable to read and understand my mail.	2	34	8	10	54
21) I need safe and affordable housing.	0	42	3	7	52
13) I have difficulty paying for prescription medicines.	1	33	7	11	52
29) I don't have friends, neighbors or others that have a positive influence on my life.	1	38	4	4	47
14) My insurance premium is a struggle to pay monthly.	2	23	10	10	45
20) I need legal advice but cannot afford it.	1	24	5	14	44
33) Other Needs or Concerns	1	28	2	11	42
25) I have a serious problem with pests in my house (ex: Bed bugs, roaches, fleas, lice, rodents etc.).	2	26	5	1	34
9) Sometimes I do not have enough food to eat.	0	15	4	7	26
30) I am responsible for taking care of a child or children under the age of 18.	0	7	2	11	20
27) I (or someone close to me) have a drug or alcohol problem.	1	11	1	4	17

The charts below identify the services provided by The Central Midlands Area Agency on Aging in the PSA. At first glance, there does not seem to be any gaps in services in our current area, but over the past few years, there have been major issues and concerns for our seniors who need homecare services. Homecare includes yard work, personal care assistance, and homemaker services. Reviewing past reports, Central Midlands has unintentionally neglected a large set of eligible seniors who need these services, and this is due to lack of funding for those services and the workforce shortage that has occurred over the past few years.

Last year, CM AAA implemented a consumer choice program for Homemaker and Personal care services in all four counties. This new program has grown tremendously within the past several months because we have been able to properly identify and serve the seniors who are in need. All contracted providers receive Federal and State funds yearly to carry out these services, but a waitlist has been produced for those services due to lack of homecare workers, funding, and increased rates for these services. Central Midlands will expand its' consumer choice program to all counties in order adequately assist those seniors living in the home without assistance. The ARP funds provided will provide CMAAA the opportunity to serve more clients

and clear any waiting list for services that currently exist. According to the results of the needs assessment and the unmet needs identified in the monthly report, home chores are a high and unmet need in the area, such as yard work, pest control, deep cleaning, and home repairs. In the next 2 years CMAAA will utilize the ARP funds to develop programs to meet the needs of the seniors so they can continue aging in place in their homes.

### Current Service Coverage Tables

An “X” indicates the service is offered in the county listed.

Supportive Services	Richland	Lexington	Newberry	Fairfield
<b>Assessment</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Transportation</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Congregate</b>				
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Essential</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Assisted</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homecare</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Personal Care</b>				
<b>Homemaker</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Chore</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Minor Home Repair</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Information &amp; Referral</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal Services</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Nutrition Services	Richland	Lexington	Newberry	Fairfield
<b>Congregate Meals</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Home Delivered Meals</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Home Delivered Meals (Family Caregiver)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nutrition Education</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Nutrition Counseling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Health Promotion Services	Richland	Lexington	Newberry	Fairfield
Evidenced-Based Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health Promotion & Disease Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Family Caregiver	Richland	Lexington	Newberry	Fairfield
Information & Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caregiver Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Table 1: Top 10 presenting need in Needs Assessment**

24) I cannot do my yard work due to physical or medical reasons.	7	145	23	35	210
6) I am concerned about falls or other accidents.	5	131	20	42	198
15) I do not know how I could pay for nursing home care when/if I needed it.	4	119	19	33	175
3) I have trouble keeping my home clean.	5	121	13	36	175
2) Sometimes I feel lonely or sad, even isolated.	6	106	13	29	154
8) I cannot grocery shop or cook much, so home delivered meals would be helpful.	3	107	13	22	145
32) I have no needs or concerns.	3	100	10	22	135
7) It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.	4	90	9	31	134
4) It is difficult for me to do my laundry due to lifting, folding, and putting clothes away.	5	80	12	32	129
23) I am unable to make necessary repairs to my home due to costs.	4	87	12	22	125

## C. QUALITY ASSURANCE PROCESS

The Central Midlands AAA quality assurance process of service programs includes several functions to properly conduct monitoring and review data provided by the contractors. Data is collected through sign-in sheets, meal counts, and review of units completed to reports for accuracy. The AAA director uses the AIM reports, SC13 and LG45D and compares to requested documents provided by contractors researching any problem areas from the last Q&A, and continuous improvement.

Quality Assurance processes are conducted monthly by the Central Midlands AAA Director to ensure service units have been earned by regional contractors. All zMUSRs are required to be provided to the AAA Director by the 5<sup>th</sup> day of each month, this allows the AAA Director to properly review all reports for any errors. The contractors are required to have all units served accurately entered in AIM. In addition, contractors must submit the following supporting documentation:

- Monthly Report along with supporting documentation
- Monthly Meal Confirmation Form
- Provider Month and YTD general ledger of GRI/Program Income, which must balance with GRI reporting in AIM.

Annually the Central Midlands Finance Department conducts fiscal monitoring for our contracted providers. The following documentation is requested for specific months of the previous FY.

### **Outline of your procedures for the following:**

- Monthly reporting process (include things like what checks and balances you have, who prepares the report and who verifies it, etc.)
- GRI: process for receiving and recording GRI, verification, AIM entry, and AIM reconciliation.
- Group Dining: process for reservations, sign-in's, recording of meals served, site manager verification, AIM entry, and AIM reconciliation.
- Home-Delivered Meals: process for serving meals, recording meals served, site manager verification, AIM entry, and AIM reconciliation.
- Transportation: indicate if any or all the transportation is outsourced; how trip type is determined; determination of billable units; process for recording of units, site manager verification, AIM entry, and AIM reconciliation.
- Evidence-Based Health Promotion (IIID): process for sign-in's, verification, AIM entry (LG120A), and AIM reconciliation.

**Grant Related Income (GRI):**

- receipt books/collection logs
- ledger for GRI

**Group Dining:**

- sign-in sheets
- summary report used to enter units in AIM
- SC13s & LG45D

**Home-Delivered Meals:**

- drivers' logs
- summary report used to enter units in AIM.
- SC13s, and LG45D

**Transportation:**

- if using your own drivers/vehicles:
  - drivers' logs with the driver's signature included.
  - point-to-point mileage documentation (for each type of transportation) using the faster route tracking through google maps.
- summary report used to enter units in AIM.
- SC13s & LG45D

Annually, the AAA conducts an unannounced or announced program monitoring visits for all contractors. The uniformed templates provided by the SCDOA are utilized to complete Q&A on all services. The reporting template includes report of findings, the service delivery providers' comments, and required corrective action if applicable. All contractor monitoring reports are submitted to the SCDOA upon completion and are made available upon request during monitoring visits scheduled annually by SCDOA.

The Central Midlands COG internal policies are updated as needed or as mandated by state, federal and local policy changes/updates. Most policies are reviewed on an annual basis for changes and/or updates. The Employee Policy Manual is updated annually if needed or required by the State of Federal government. If there is a grievance related to a service provided by the CMAAA, that grievance can be filed directly with the AAA Director for review. If the grievance is in reference to the AAA Director, then it should be filed directly to the Executive Director. The grievance should be in written form and state clearly and concisely the issue to be addressed.

## **D. GOALS, OBJECTIVES, AND PERFORMANCE MEASURES**

Goals are visionary statements that describe the strategic direction in which the region is moving. Objectives are the attainable, specific, and measurable steps the region will take to achieve its goals. Strategies outline how the region will achieve the goals and objectives. Regions should have

at least one goal, objective, strategy, and performance measure for each of the four Area Plan focus areas listed in Section II-B of the Area Plan Workbook. State plan goals and objectives have been added to the required chart. It is expected that the AAA will add its own goals, objectives, and performance measures to meet the needs and planning for its region and to enhance the vision of the statewide aging network.

## Goals, Objectives, Performance Measures, Strategies, and Challenges

<b>State Plan Goal 1</b>	Maintain effective and responsible management of Older Americans Act (OAA) services offered through the Department on Aging (SCDOA) and within the 10 service regions in South Carolina.
<b>State Plan Objective 1.1</b>	Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as to achieve greater accountability and transparency.
<b>Annual Performance Measures</b>	
State Plan – SCDOA and AAAs conduct needs assessments to evaluate state and regional concerns and service demands.	
State Plan – AAAs submit Quality Assurance Reports to SCDOA annually.	
<b>Strategies and Actions</b>	
As part of the South Carolina Association of the Area Agency on Aging, Central Midlands AAA traditionally conducts a statewide needs assessment every four years. Conducting a needs assessment every two years will address or identify the current changes in needs and services for the aging and disabled population as it continues to evolve and grow.	
The Central Midlands Area Agency on Aging will continue to conduct monthly desktop monitoring and yearly Q&A monitoring for the services provided by the contractors of the Central Midlands area. This process will monitor the accuracy of the units, unit rate, and providing the service in adherence to the SCDOA P&P and the contracts put forth by the AAA.	
<b>Challenges and Barriers</b>	
The Central Midlands Area Agency on Aging does not foresee any barriers or challenges in the process.	
<b>State Plan Objective 1.2</b>	The client assessment program is the gateway to most services provided by the Aging Network. An assessment is necessary to determine a client's eligibility for services and it determines the level of need by establishing a priority score. The AAAs are responsible for conducting client assessments in their respective regions, thereby ensuring greater accountability, and providing a holistic approach to how each client is matched to services.
<b>Annual Performance Measures</b>	
State Plan – Expand the number of seniors assessed annually by 5% or as needed.	

State Plan – Decrease the number of seniors on waiting lists for services. (It should be noted that regional waiting lists can be a result of many factors, including funding and/or lack of capacity in rural areas.	
<b>Strategies and Actions</b>	
Central Midlands Area Agency on Aging will hire a fourth assessor to increase the number of seniors assessed for services monthly and yearly. The Central Midlands AAA is the 2 <sup>nd</sup> largest region in South Carolina with the largest counties continuously growing; Richland and Lexington County. With this continuous growth of senior in those specific counties, an additional assessor will assist with the backlog of seniors who need to be assessed at a faster rate.	
Due to the schedule conflicts with completing initial and annual visits at the congregate sites, Central Midlands AAA will provide each site with an IPAD or a type of tablet to complete those assessments virtually. This method will increase the number of assessments for congregate sites and make the assessment process easier for the assessment staff and participants.	
<b>Challenges and Barriers</b>	
<ul style="list-style-type: none"> <li>• Maintaining assessment staff</li> <li>• Attempting contact with seniors in the more rural areas,</li> <li>• consistent change in number or clients not answering the phone due to the increased number of spam calls.</li> </ul>	

<b>State Plan Goal 2</b>	Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, services, education, and counseling on their options to live as independently as possible in the community.
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<b>State Plan Objective 2.1</b>	Information and Referral/Assistance (I&R/A); SC ACT
<b>Annual Performance Measures</b>	
State Plan – Increase the number of contacts accessing I&R/A services by 5% annually.	
State Plan – Increase the I&R/A outreach by 5% annually.	
<b>Strategies and Actions</b>	
Long Term goal for IR&A program services is to continue to assist and advocate for seniors sixty and older and their families who live in the counties we serve; Lexington, Richland, Newberry, and Fairfield counties who need support and resources. This will be accomplished through assessing, planning, linking, monitoring, educating, and advocating to bring seniors together and provide them with resources. The success of the program will make sure the seniors' needs are being met. (Area Plan for 2023-2025)	
Methods used in the past to promote CMAAA/ADRC's location include setting up for community, health fairs/events in the counties providing information through business cards, brochures, and presentations at local churches and centers. Information is mailed regarding the agency, and we conduct outreach in the community to seniors. By during outreach in the Lexington, Richland, Newberry and Fairfield counties, it allows seniors to tell other seniors such as their friends, family, and neighbors about services our agency provides and receive calls asking about information regarding services.	

Challenges and Barriers
Maintaining the increased outreach events and not creating a backlog of calls when out of the office completing the outreach efforts.

State Plan Objective 2.2 Insurance and Medicare Counseling
Annual Performance Measures
State Plan – Increase by 5% annually, the number of older adults and adults with disabilities enrolled in prescription drug coverage that meets their financial and health needs.
State Plan – Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance.
State Plan – Three regional outreach events per required per quarter (36 annually).
State Plan – Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.
State Plan – Increase by 5% annually, the number of consumers reached in rural, isolated areas.
State Plan – Increase by 5% community partnerships to assist in raising awareness of fraud.
Strategies and Actions
<p>#5 State Plan – Increase by 5% annually, the number of consumers reached in rural, isolated areas.</p> <p>The Central Midlands SHIP Program will increase attempts in rural, isolated areas by providing more information to consumers with the greatest economic, social, and low-income need. Providing the most accurate information in understanding all facets of Medicare, Medicare Fraud, and LIS (Low Income Subsidy) programs. Information to places they tend to frequent such as senior centers, libraries, clinics, pharmacies, places of worship, gas stations, grocery stores, food banks and farmer’s market. Counselors will continue to form partnerships with the Council on Aging, nonprofit agencies, Home Health, and Hospice agencies to reach homebound and underserved seniors in rural areas. The SHIP Program will also partner with the Long-Term Care Ombudsman Program in effort to make sure residents in long-term care facilities are getting current Medicare information. The Ombudsman Program will share the SHIP/SMP information with residents as well as staff, so the most current information is distributed. We will be able to answer questions generated from those referrals so residents in long-term care facilities are properly informed and enrolled in the services/plans of their choice.</p> <p>The above-mentioned gas station promotions, Medibag, and billboards advertisements were developed to reach beneficiaries in rural, isolated areas.</p> <p>#6 State Plan – Increase by 5% community partnerships to assist in raising awareness of fraud.</p> <p>The following initiatives to increase community partnerships to assist in raising awareness of fraud:</p> <ul style="list-style-type: none"> <li>• Central Midlands SMP continues to work with the COA’s to spread awareness through the senior centers as well as home-delivered meal clients. Also exploring the idea of having the COA’s insert Central Midlands SMP fraud information into their newsletters. Exploring opportunities to conduct podcasts and write articles related to fraud and scams. Counselors will seek partnerships with the Department of Consumer Affairs and SLED to explore new fraud trends.</li> <li>• Central Midlands SMP continues the collaborative partnership with South Carolina Legal Services (SCLS) Fraud Alert Placemat Project.</li> <li>• Central Midlands SMP formed a collaborative partnership with AARP Fraud Watch Network Prevention Program to distribute the Watchdog Fraud Alert Handbook. Partner with Local Law Enforcement and local libraries in the community to help educate the elderly population regarding fraud, scams, and identity theft.</li> </ul>

- The overall mission of the SMP is to “Protect, Detect, and Report. Counselors continues to mail SMP brochures to Medicare beneficiaries.

### Challenges and Barriers

In response to the challenges, counselors will continue to use Medicare flyers and the questions about Medicare magnetic rack card as successful outreach tools, which will fully explain what SHIP is and how to contact the local office. The SHIP counselors’ main responsibility is to educate and counsel Medicare beneficiaries in all aspects of Medicare coverage and services. As the baby boomers continue to emerge, there will be an increased need to have more trained volunteers and Medicare counselors to properly navigate Medicare.

The SHIP/SMP Training is an avenue to increase volunteerism in the Central Midlands region. Counselors continues to recruit volunteers through presentations, health fairs and the SMP Facebook page. The objective is to increase emphasis on volunteer recruitment for the SHIP/SMP Programs and develop strategies to retain volunteers who receive the specialized training and to extend the training to health professional students to gain knowledge and understand the complexities of the Medicare Program, establishing partnerships with Midlands Technical College Human Services Program and the University of South Carolina College of Pharmacy is an avenue to guide students in the healthcare system.

The challenges continue to rise with the popularity of Medicare Advantage Plans and the increase of unsolicited phone calls from individuals claiming to represent Medicare. Marketing commercials are escalating resulting in beneficiaries changing from state retiree sponsored and federal government plans to enroll in plans with the belief they are missing out on coverage and services. Medicare Advantage Plans are becoming more popular, and enrollment continues to increase yearly among Medicare beneficiaries. Beneficiaries find it challenging to differentiate between our agency and the insurance agents.

In response to the challenge of differentiating between our agency and insurance agents, billboards were purchased to highlight the local SHIP office along with the local help navigating Medicare flyer and the questions about Medicare magnetic rack card, which fully explains what SHIP is and how to contact the local office. Medicare loses billions of dollars annually to fraud, scams, errors, and abuse, which affects everyone on a larger scale. “Theft from Medicare fraud threatens the integrity of the Medicare program and potentially affects available funds for those needing future Medicare services”. Medicare Beneficiaries reports the amount of unsolicited phone calls received daily from individuals claiming to represent Medicare. Counselors always mention that Medicare will not call and ask for personal information or visit to sell anything. The most effective way to prevent fraud and scams from occurring is to continue to educate and provide helpful and useful information on how to prevent, detect and report Medicare fraud throughout the region. Technology will continue to play a vital role with maintaining social connections and staying engaged, however, as the country continues to enhance technology and connect to a more digital world; the potential for fraud, scam and identity theft will continue to increase. The regional SMP program will continue to remain focus and dedicated to bringing awareness to these important issues. Beneficiaries continue to voice their concerns regarding increased phone calls from individuals claiming to represent Medicare and Social Security. SMP counselors continues to provide information and education regarding fraud/scams. The Placement Project, the AARP Watchdog Handbook, the SMP Facebook page noted previously are some of the efforts to combat fraudulent activity and provide awareness.

### State Plan Objective 2.3 Nutrition Program and Services

#### Annual Performance Measures

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

<b>Strategies and Actions</b>
<ul style="list-style-type: none"> <li>• Utilize mapping to identify geographic service gaps for Home Delivered meals.</li> <li>• Reference needs assessment for feedback concerning gaps in meal services.</li> <li>• Communicate with providers to identify gaps in meal services specifically in the rural areas.</li> <li>• Procure replacement or additional nutrition service providers as needed to fill in the gaps where meals may not be delivered</li> </ul>
<b>Challenges and Barriers</b>
<ul style="list-style-type: none"> <li>• Continuous increase in raw food cost</li> <li>• Potential for waitlist if demand exceeds annual units available for contractors.</li> <li>• Geographic layout of region and challenges serving more remote rural areas.</li> </ul>

<b>State Plan Objective 2.5</b>	<b>Evidence-Based Health Promotion and Disease Prevention Programs</b>
<b>Annual Performance Measures</b>	
State Plan – Track and identify service gaps for Evidenced-Based Health Promotion and Disease Prevention Programs including their causes and geographic distribution.	
<b>Strategies and Actions</b>	
<p>Assist in the recruitment of trained instructors in Richland County to offer EDP in Lexington County where they currently do not offer EBP.</p> <p>Request for the approval of different EBP in the Senior Centers to increase engagement among the participants. o</p> <p>Increase reimbursement to the regional service provider to support the competitive wages needed to recruit certified instructors.</p>	
<b>Challenges and Barriers</b>	
Identifying certified EBP instructors in rural areas. NCCOA is currently assisting FCCOA with EBP	

<b>State Plan Objective 2.6</b>	<b>Transportation Services</b>
<b>Annual Performance Measures</b>	
State Plan – Increase the number of clients utilizing transportation services by 5% annually, depending on available funding sources.	
<b>Strategies and Actions</b>	
<p>Expand transportation provider options for seniors needing specialized transportation services.</p> <p>Inform participants of monetary contributions</p> <p>Increase number of assessments monthly to identify the number of participants needing transportation</p>	
<b>Challenges and Barriers</b>	
Limited transportation in rural areas, medical appointments, and non-medical transportation	



<b>State Plan Objective 2.7</b>	<b>Family Caregiver Support Program</b>
<b>Annual Performance Measures</b>	
State Plan – Expand the number of family caregiver support recipients by 5% annually.	
State Plan – Increase outreach events by 5% annually.	
State Plan – Increase utilization of the Seniors Raising Children funding by 5%.	
State Plan – Increase partnerships and collaboration with other human-service agencies by 3%.	
<b>Strategies and Actions</b>	
<p>In communicating with the caregivers, staff may provide information or assistance.</p> <ul style="list-style-type: none"> <li>• In addressing any or all the components of FCSP.</li> <li>• Aid through explaining the aging network and how the FCSP assist clients.</li> <li>• Assistance with access to these services and other outer agency services.</li> <li>• Provide counseling services to caregivers through support groups or referral to other groups. The Central midlands office offers monthly support groups for caregivers. FCSP also offers counseling sessions to a private provider.</li> <li>• Provide respite care services; In-home, Adult daycare and In-patient facility.</li> <li>• Provider supplemental services as assessed with each contact between staff and family caregivers.</li> <li>• Provide continued outreach and support for Seniors raising children in providing respite in the form of assistance with paying for school supplies, clothing and extracurricular activities.</li> </ul>	
<b>Challenges and Barriers</b>	
<p>Challenges and Barriers:</p> <ul style="list-style-type: none"> <li>• Lack of staff to handle the increased demand for respite assistance.</li> <li>• Lack of funding for SRC program to meet the demand of participants.</li> <li>• Lack of participation from Rural areas</li> </ul>	

<b>State Plan Objective 2.10</b>	<b>Home Care</b>
<b>Annual Performance Measures</b>	
State Plan – Increase the number of seniors receiving home care services by 5% annually.	
<b>Strategies and Actions</b>	
<ul style="list-style-type: none"> <li>• Continue to expand the homemaker and PCA services to all counties.</li> <li>• Create more partnerships within the consumer choice program to provide seniors with more options of agencies.</li> <li>• Hire an additional assessor to assessor more eligible clients for services</li> </ul>	
<b>Challenges and Barriers</b>	
<ul style="list-style-type: none"> <li>• Provider staffing issues and inability/unwillingness to pay competitive wages.</li> <li>• Waitlist due to staffing issues throughout the region.</li> <li>• Difficulty staffing outlying geographic locations</li> </ul>	

<b>State Plan Goal 3</b>	Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the State Long Term Care Ombudsman Program, and elder abuse awareness and prevention activities including legal services and the Vulnerable Adult Guardian ad Litem program.
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<b>State Plan Objective 3.2</b>	<b>Legal Assistance Program</b>
<b>Annual Performance Measures</b>	
State Plan – Increase the number of outreach activities directed at the most vulnerable senior victims of abuse, neglect, and exploitation.	
State Plan – Increase the number of formalized partnerships between aging/disability and elder rights groups.	
State Plan – Develop and implement a continuous quality improvement component within the program.	
<b>Strategies and Actions</b>	
Utilize the South Carolina Bar - Speakers Bureau Program for future outreach in the region. This is a free service connecting attorneys with organizations to speak on various legal issues.	
Utilize the RADAC Committee to increase the number of partnerships who can assist in providing legal assistance resources to their local community.	
<b>Challenges and Barriers</b>	
Due to the number of clients requesting legal assistance and limited funding, many of the most vulnerable seniors will not have access to legal assistance or face costly legal fees. Currently the AAA budgets 1,416.67 units for a total of \$85,000 each FY.	

<b>State Plan Objective 3.3</b>	<b>Long Term Care Ombudsman Program</b>
<b>Annual Performance Measures</b>	
State Plan – Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.	
State Plan – Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.	
State Plan - Increase the number of trained Volunteer Ombudsmen by 5% annually.	
State Plan – Each local Ombudsman program will conduct eight educational trainings for residents/families on long-term care services and/or developing self-advocacy skills.	
State Plan – Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 5% annually.	
State Plan – Expand the number of Resident and Family Councils by 5% annually.	
<b>Strategies and Actions</b>	
<b>Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.</b> Central Midlands Ombudsman Program will track resident satisfaction by asking residents their satisfaction on the assistance provided and make those comments in WellSky. Family input will be requested as well. Requests will be made for an Ombudsman Volunteer to check on residents and their experience with our program and advocacy efforts.	
<b>Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.</b>	
Ombudsmen staff will make quarterly visits to all nursing homes and CRCF/Assisted Livings facilities in the region. That would be a 5% increase. That goal will be maintained for the second year as well. The Ombudsman	

program will utilize Volunteers to assist with this project as needed to help meet the goal to increase the number of quarterly visits to facilities by Ombudsmen representatives.

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

Currently, the Central Midlands Ombudsman Program has 17 trained volunteers. Recruitment efforts of advertising, health fairs, lunch/learns, distributing brochures and pamphlets will be made to recruit volunteers. Volunteer training times will be adjusted for the convenience of the potential volunteer. The goal is to increase volunteers by at least 3 volunteers in the first year. For the second year, the goal is to increase 5% above the number of volunteers.

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

The Central Midlands Ombudsmen will create materials and handouts related to long-term care and self-advocacy. Materials will be shared during facility training and lunch and learns. Each Ombudsman will conduct eight educational training courses. Those trainings will include Resident's Bill of Rights, Advance Directives, Prime Ombudsman, LTCOP Role and Responsibilities, Care Planning, Nursing Home vs. Assisted Living and Rehab, Resident and Family Councils, and Dementia Dialogues.

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

The Central Midlands Ombudsman Program will create materials related to awareness of the Ombudsman Program and share those materials at community educational trainings, church trainings, Board meetings and lunch and learns.

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

The Central Midlands Ombudsman Program will reach out to each facility to determine who has an active Resident and Family Council. Once those numbers are obtained, the goal will be to increase those councils by 5%. Volunteers will be encouraged to assist in this project. Material will be created to inform the councils of Residents Rights, the Omnibus Adult Protection Act, Advance Directives, and how to handle grievances. The Long-Term Care Ombudsman staff will also speak with staff about raising awareness and encouraging resident and family councils. This will increase the number of resident/family councils and it will also allow residents and their families to self-advocate as needed.

**Challenges and Barriers**

- **How do you plan to increase the recruitment and retention of Volunteer Ombudsman?**

The Long-Term Care Ombudsman/Volunteer Program plans to increase recruitment and retention through multiple methods such as: online portals, volunteer fairs, social media, radio, and newspaper advertisements. Not every method will work, nor will it be suitable, but we would like to try and attract volunteers from different demographics (baby boomers or millennials). This will allow our program to see which recruitment/retention efforts are working and which ones we need to revisit. Other ways that we plan to increase recruitment is by using resources such as flyers, visual aids, recruitment aids and incentives and visiting local schools and universities, businesses, clubs, community groups and non-profit organizations located in Richland, Lexington, Fairfield, and Newberry counties. Making recruitment enjoyable will help with retention. One of the ways to achieve this is to create an environment where volunteers can easily develop personal, emotional, and professional connections. A sense of belonging and a community go a very long way in creating a positive and enjoyable atmosphere that volunteers will want to keep coming back to.

- **How do you plan to increase program awareness among the community members and stakeholders?**

The Long-Term Care Ombudsman Program plans to increase program awareness by conducting more trainings on the role and responsibilities of the Ombudsman and Volunteer Ombudsman program, utilizing our social media platform more with a specific page geared for the Ombudsman program as well as a separate page for the Volunteer Ombudsman program. Increasing more awareness within the community such as lunch and learn sessions, flyers, handouts, and presentations will educate our community and stakeholders. Increasing awareness will allow those within the community to have the knowledge needed to report elder abuse, prevent it from happening, where to report or how to become a resident advocate, volunteer, or Ombudsman Witness.

## **E. LONG RANGE PLANNING**

Over the past 10 years Central Midlands has maintained its population of approximately 765,470 older adults across the four counties we serve. Based on the data Central Midlands has not seen an increase in the senior population, but the population has remained steady meaning seniors are not moving to other regions. The capital of South Carolina is in the Central Midlands area and is more of a metropolitan area, which is attractive to our current seniors and those who are moving towards the age of 60. There are several aging communities, churches, assisted living facilities, and other attractions for our seniors to remain in the area, specifically Richland and Lexington Counties.

Currently, we are experiencing the challenges of properly assessing and providing services to our current aging population. What does this mean moving forward as people continue to age and are living longer due to healthier styles of living and education? We need to become prepared to handle the vast number of seniors approaching who will need services and resources from the AAA. Also, what will we do as the aging population continues to grow in the areas, but the interest in the field of aging decreases? Who will provide the services, who will create the new and innovative ideas, who will advocate for the seniors? Those are some of the questions that have been raised in recent research determining or asking the question, how will WE move forward?

As the baby boomers emerge and the aging population increases, we will see continual increases in calls to IR&A for resources and assessments needed for services in the home and the community.

Central Midlands has experienced an enormous increase in calls and applications in the Family Caregiver Support Program. Caregivers are researching services in the area to assist them with the caregiver burnout, exhaustion, and mental health issues that occurs as being/becoming a caregiver. Central Midlands does not have adequate staff to handle to the current volume of caregivers, but if we inform, educate, and continue to conduct outreach events regarding the

program, we can decrease the demand of the need of respite and increase the need of education about being a caregiver and what to expect, providing support groups, and counselling services.

Affordable housing for our seniors in the Central Midlands area is a progressive problem. Every year the rent increases, but there is not a drastic increase in the senior's income, seniors are being priced out of their homes. If finances are not an issue, there are year long waiting lists for housing. There is a need for increased housing in larger counties and rural counties as well. The increased need for non-medical transportation has increased over the past few years and it has become more of a problem in the rural areas due to the lack of resources. Seniors are unable to afford the current cost of local transportation due to their fixed incomes. Our current service providers can provide transportation on a limited basis due to funding and lack of drivers. With the use of the ARP funds, we can offset the cost of transportation to the seniors through a transportation voucher program. This program will address the workforce shortages in transportation to move more independently.

The workforce is a vast issue throughout the region. Nutrition services and home care services are experiencing ongoing difficulties retaining employees due to wages and benefits. Central Midlands will continue to work with the providers to find volunteers and work closely with Workforce to fill these positions.

Central Midlands will continue its outreach efforts to inform the seniors and families about legal service assistance. Many needs assistance with simple wills, POA, and an increased number of scams. These outreach efforts in all counties will educate the seniors about the services provided and their rights as aging adults.

Central Midlands will continue to move forward with the current process put in place for Emergency preparedness. This plan is updated yearly for any changes of positions or staff. In case of an emergency the AAA staff, contractors, EMDs, work closely together to ensure the safety of each senior.

Central Midlands and other AAAs will benefit from the flexibility of services provided through the OAA. Our seniors are constantly evolving, and we must push to change the current policies regarding funding and services. The services and programs created 20-30 years ago, are no longer attractive to this current population. We must emerge ourselves out of the box in order for the AAAs to survive.

## ATTACHMENT A – VERIFICATION OF INTENT (VOI)

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

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

This Plan contains assurances that it will be implemented under provisions of the Older Americans Act, as amended in 2020, during the period identified, as well as the written requirements of the SCDOA and the South Carolina Aging Network's Policies and Procedures Manual.

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

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**Board of Directors Chairperson**

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**Date**

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**Planning Service Area Director**

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**Date**

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**Agency on Aging Director**

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**Date**

## **ATTACHMENT B – ASSURANCES**

### **AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES by the Older Americans Act, As Amended in 2016**

#### **(Copied from the ACL State Plan Instructions)**

The Older Americans Act (OAA) requires the South Carolina Department on Aging (SCDOA) to make assurances in its State Plan that the conditions of the OAA are strictly followed and executed in the State of South Carolina.

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

### **ASSURANCES**

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

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

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

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

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

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

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

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

Sec. 306(a), AREA PLANS

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

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

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

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

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

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

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

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



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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

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

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

(6)(F) Each area agency will:

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

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

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

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

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

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

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

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

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

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

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

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

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

#### Sec. 307, STATE PLANS

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

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

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

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

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

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will—

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

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

(A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently.

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

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

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

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

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

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

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

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

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

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order...



## Verification of Older Americans Act Assurances

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

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**Board of Directors Chairperson**

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**Date**

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**Planning Service Area Director**

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**Date**

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**Area Agency on Aging Director**

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**Date**

## ATTACHMENT C – INFORMATION REQUIREMENTS

The Area Agency on Aging must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your Area Plan submission. Please submit the AAA response under the appropriate sections below.

### **Section 305(a)(2)(E)**

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

#### **Region's Response:**

- **The programs and services provided and offered by The Central Midlands Area Agency on Aging are not means tested, we do not collect financial information to determine services. The assessment that is carried out by assessment staff that identifies health concerns or needs, physical and mental limitations, fall risk, social isolation, nutrition, and loneliness. Once the assessment is entered into the database AIM it configures a score based on the responses to the assessment questions. Clients with the greatest needs based on the score are provided with services first.**
- **Continuous outreach efforts are being done and also revamp to better reach the rural and low-income areas. Billboards, stack cards in doctor's offices and grocery stores, partnership with medibag.**
- **Outreach efforts will include targeting individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas according to the OAA.**

### **Section 306(a)(17)**

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

*Full Regional Emergency Preparedness Plans are to be submitted to the SC Department on Aging on an annual basis by April 1<sup>st</sup>. These plans must include the four phases of disaster management – Mitigation; Preparedness; Response; and Recovery (Stabilization) for the planning and coordination of activities for the state and timely continuation of service and the restoration of normal living conditions for older individuals.*

**Region's Response:**

- **Central Midlands Area Agency on Aging will coordinate with relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery, all provider agencies, local county Emergency.**
- **Management Departments, SCDHEC and other human service organizations as designated in our Central Midlands Area Agency on Aging Emergency Plan.**
- **Central Midlands Area Agency on Aging's Emergency Plan is updated annually based on any recommended changes per SCDOA.**
- **Reviewed and updated during assessments/reassessments.**
- **Central Midlands Area Agency on Aging coordinates with providers for the distribution of shelf-stable emergency meals as needed.**

**Section 307(a)(10)**

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

**Region's Response:**

- **Central Midlands has identified the lack of outreach in the rural areas and we are now creating more partnerships with local foodbanks, churches, and providing more outreach solely in the rural areas to inform individuals of the services we provide.**

**Section 307(a)(14)**

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

**Region's Response:**

- **Central Midlands utilizes Certified Languages as a language line for many different languages and will also translate marketing material or applications as needed. We have utilized All About Seniors magazine, which consist of English and Spanish.**
- **Central Midlands current outreach effort have been conducted in rural areas and low-income areas.**
- **The use of the current census data will better equip the agency on what areas need to be targeted.**

## ATTACHMENT D – PROGRAMMATIC QUESTIONS

### Disability

In what ways do you plan on incorporating disability and accessibility into your existing programs?

Central Midlands Area Agency on Aging in compliance with SCDOA and ALC, we provide and offer services to the aging and disabled population. With the use of BINGO funds, CMAAA has the ability to provide all services through the AAA for individual ages 55-59. Contractors will be provided with ongoing training to not only serve the aging population, but also those with disabilities.

### Transportation

What do you believe is the number one challenge facing your transportation program and what are some of your ideas to overcome this challenge?

One of the major issues or challenges CMAAA faces is the limitation of transportation in the more rural areas. Within our four county PSA, Newberry and Fairfield counties are considered rural, but Lexington County has a large services area and many of those areas are rural with limited resources. To move towards a solution, we can create partnerships in those more rural areas to provide the needed transportation.

### Assessment

Tell about your plans to increase productivity in your Assessment Program.

Central Midlands is aware of the low number of monthly assessments due to the lack of adequate staffing and large county areas. To address this issue properly; Central Midlands will hire a fourth assessor to assist with the number of seniors who need to be assessed for services in the larger counties; Richland and Lexington and also hire a part-time individual for data entry. Doing this will provide the assessor with more time to accurately assess the individual for services and complete more monthly assessments.

### Information and Referral/Assistance

Describe how your agency plans to address the external unmet needs identified in your monthly I&R data.

Central Midlands receives a monthly program report from SCDOA, which provides us with the current unmet needs in the area. In the past, the unmet need has been food or utility assistance, but there has been a shift in the past two years for homecare and transportation services. To address those issues. We will create more partnerships to identify outside resources such as Foodshare and food pantries in the area, especially for those rural areas and food deserts.

**Homecare**

Tell about the homecare worker challenges your region is currently experiencing and tell your plans to address these challenges over the next 2 years.

**Central Midlands has experienced many difficulties in providing Homemaker and personal care services in the serve area. We have implemented a consumer choice program for personal care and housekeeping services to better serve the need in the area. One of the largest challenges is issues with the workforce due to covid. Agencies do not have enough aides to assist with the amount of seniors who need assistance.**

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**Insurance and Medicare Counseling**

In future years how to plan to ensure that all counties in your regions are served by both the SHIP and SMP Programs quarterly?

**SHIP and SMP services are available in all four counties that make up the Central Midlands region. The AAA currently has two SHIP counselors on staff along with one volunteer who is licensed to assist with any calls. Increased outreach events are being completed with high emphasis on those rural areas to inform the senior of the program available.**

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**Insurance and Medicare Counseling**

Should the funding for the SHIP/SMP/MIPPA programs be reduced or eliminated, how would you sustain the programs to ensure that Medicare beneficiaries in your region were continued to be served?

**Central Midlands believes funding should not be reduced or eliminated due to the need for free, unbiased assistance with navigating insurance options. In the event SHIP/SMP funding is reduced or eliminated, we would seek partnerships in the region. Medicare beneficiaries would be referred and directed by Central Midlands Information and Referral/Assistance Specialist for Medicare information or advised to visit the Medicare.gov website. In the event MIPPA funding is reduced or eliminated, Medicare beneficiaries would be referred to the SSA.gov website or their local SSA office for assistance with part D extra help. Additionally, Medicare beneficiaries exploring any MSP programs would be referred to the SC DHHS call center at 1-888-549-0820, SC THRIVE, or the www.scdhhs.gov website.**

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**Nutrition Programs and Services**

Describe how your agency plans to provide innovative or modernized nutrition program services to an increasingly diverse aging population.

**Central Midlands currently has 15 congregate sites spread out over the counties. The dining sites provide older adults with a nutritious meal and an opportunity to connect and engage with individuals in the community. Expansion of the current restaurant voucher provided implemented by SRI as a pilot program has demonstrated great success. This type of program can be duplicated in all counties to attract a new subset of seniors who are not attracted to the current CM setup. Increased surveying of participants for meal choices and adjusted the assessment questions to better meet the needs of the participants.**

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<b>Nutrition Programs and Services</b>	Describe how your region plans to explore food insecurity and malnutrition data to understand community needs and available resources.
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**Food insecurity within the Central Midlands region continues to be an issue, especially in the more rural areas. Central Midlands will continue to assess individuals for HDM but will increase its marketing efforts in the underserved or food dessert areas. CMAAA will also create a partnership with Foodshare as part of the ARP to provide participants with fresh fruits and vegetables.**

<b>Senior Centers</b>	Describe how your agency will partake in learning collaborative, networking opportunities and broader communications to help centers address the needs, desires, and expectations of older adults.
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**Central Midlands will utilize resources provided through the South Carolina Association of Area Agencies on Aging (SC4A) as well as the Southeastern Association of Area Agencies on Aging (SE4A) to learn of ideas and opportunities to assist centers in addressing the needs of older adults. Information received from the South Carolina Department on Aging, conference announcements, webinars, trainings, and other resources that aid centers in addressing the needs and expectations of older adults will be provided to contractors.**

<b>Health Promotion &amp; Disease Prevention</b>	Describe how your agency plans to expand its reach with Evidence-Based Disease Prevention and Health Promotion programs.
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**Central Midlands will expand its EBP and health promotion programs, by integrating a virtual option for those who are unable to attend the sites. The use of the ARP funds will be utilized to implement the virtual option.**

<b>Health Promotion &amp; Disease Prevention</b>	Describe how your region plans to carry out integrated health and wellness activities to assist with modifying behaviors or improving health literacy.
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**Providing and disseminating health and wellness information to our homebound clients and those who attend the senior center will continue, but also offering additional options for those who are unable to leave the home participant in those activities virtually. Based on the current funding, ARP funds can be utilized.**

<b>Family Caregiver Support Program</b>	Tell about how your region is working towards incorporating all areas (information and assistance to caregivers; counseling; support groups and caregiver training; respite; supplemental services) of the OAA programing for the Family Caregiver Support Program.
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**Central Midlands AAA has always made efforts to carry out all the functions mentioned in the OAA for the Family Caregiver Support Program. We have monthly support groups, provide IR&A to all caregivers for additional resources to better assist with the care of their loved one and care for themselves. We currently have a partnership with a counseling agency to provide counseling to willing caregivers to better assist with their mental health when it comes to being a caregiver. We are currently working towards adopting Trualta for caregiver education and training for the caregivers at their own pace and in their home or office.**

<b>Long Term Care Ombudsman Program</b>	How do you plan to increase the recruitment and retention of Volunteer Ombudsmen?
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**The Long-Term Care Ombudsman/Volunteer Program plans to increase recruitment and retention through multiple methods such as: online portals, volunteer fairs, social media, radio, and newspaper advertisements. Not every method will work, nor will it be suitable, but we would like to try and attract volunteers from different demographics (baby boomers or millennials). This will allow our program to see which recruitment/retention efforts are working and which ones we need to revisit. Other ways that we plan to increase recruitment is by using resources such as flyers, visual aids, recruitment aids and incentives and visiting local schools and universities, businesses, clubs, community groups and non-profit organizations located in Richland, Lexington, Fairfield, and Newberry counties. Making recruitment enjoyable will help with retention. One of the ways to achieve this is to create an environment where volunteers can easily develop personal, emotional, and professional connections. A sense of belonging and community go a very long way in creating a positive and enjoyable atmosphere that volunteers will want to keep coming back to.**

<b>Long Term Care Ombudsman Program</b>	How to you plan to increase program awareness to the community members and stakeholders?
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**The Long-Term Care Ombudsman Program plans to increase program awareness by conducting more trainings on the role and responsibilities of the Ombudsman and Volunteer Ombudsman program, utilizing our social media platform more with a specific page geared for the Ombudsman program as well as a separate page for the Volunteer Ombudsman program. Increasing more awareness within the community such as lunch and learn sessions, flyers, handouts, and presentations will educate our community and stakeholders. Increasing awareness will allow those within the community to have the knowledge needed to report elder abuse, prevent it from happening, where to report or how to become a resident advocate, volunteer, or Ombudsman Witness.**

**Legal  
Assistance  
Program**

What issues do you see that affect justice for seniors?

**The issues I see that affect justice for seniors are fear and lack of education. Fear of retaliation for the situation they're in and not knowing there are resources available to assist. Seniors often feel they do not have a voice, and no one wants to be healthy or assist due to their age. Within the past few months, the agency has received a call from seniors regarding scams and terrible living conditions at a rental property. Most of them did not want to move forward with legal counseling due to retaliation.**

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**Legal  
Assistance  
Program**

What hurdles, beyond funding, do you see that impede access to justice for seniors?  
Describe future collaborative efforts to address hurdles identified.

**In the Central Midlands region, the hurdles are not knowing we exist as an agency and legal services is one of many services offered to better assist our seniors. Most of our seniors are homebound or very limited in the places they can travel due to no transportation. We will increase our outreach efforts to places our seniors frequent the most such as doctor's offices, post offices, grocery stores, or even gas stations to provide this needed information.**

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## ATTACHMENT E – PERFORMANCE MEASURES TEMPLATE

### Area Plan Performance Measure Goals Template

**Area Plan Dates 2023 – 2025**

Performance Measure		Year Prior	FY23	FY24	FY25
<b>PM 1: Will increase beneficiary contacts by 5% annually</b>	Achieved?				
	Target/Goal		1283	1347	1416
	Actual	1222			
	Comment (?)				
<b>PM2: Will conduct 3 Outreach contacts per quarter</b>	Achieved?				
	Target/Goal		1190	1249	1311
	Actual	1134			
	Comment (?)				
<b>PM 3: Will increase contacts with Medicare beneficiaries under 65</b>	Achieved?				
	Target/Goal		52	55	58
	Actual	49			
	Comment (?)				
<b>PM 4: Increase number of contacts to rural beneficiaries</b>	Achieved?				
	Target/Goal		47	49	52
	Actual	45			
	Comment (?)				
<b>PM 5: Increase number of contacts with new to Medicare beneficiaries and beneficiaries during Open Enrollment Period.</b>	Achieved?				
	Target/Goal		678	711	747
	Actual	646			
	Comment (?)				
<b>PM 6 Increase the number of contacts accessing I&amp;R/A services by 5%</b>	Achieved?	No			
	Target/Goal		3277	3441	3613
	Actual	3121			
	Comment (?)				
<b>PM 7 Increase the I&amp;R/A outreach contacts by 5%</b>	Achieved?	No			
	Target/Goal		45	47	49
	Actual	43			
	Comment (?)				
<b>PM 8: Contracted services are monitored annually with reports sent to the state</b>	Achieved?	No			
	Target/Goal	ALL	ALL	ALL	ALL
	Actual	0			
	Comment (?)				

<b>PM 9: Nutrition Programs operation in all counties of the PSA.</b>	Achieved?	Yes			
	Target/Goal	All	ALL	ALL	ALL
	Actual	ALL			
	Comment (?)				

<b>PM 10: Essential Transportation for shopping, to medical appointments and to group dining sites will be offered in each county.</b>	Achieved?	No			
	Target/Goal	All	ALL	ALL	ALL
	Actual	15			
	Comment (?)				

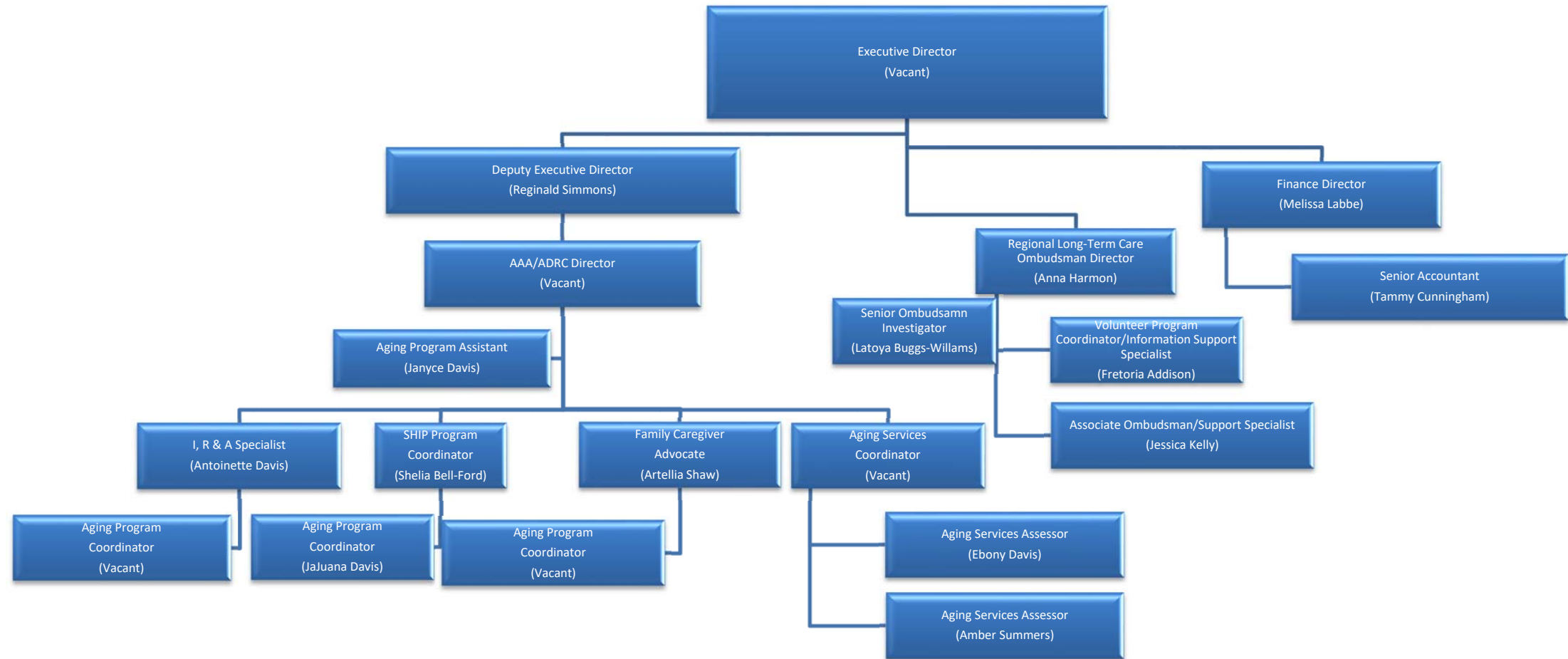
<b>PM 11: Homemaker services will be provided in each county of the PSA by direct contract with a single entity or via consumer choice with agreements with multiple companies.</b>	Achieved?	Yes			
	Target/Goal	All	ALL	ALL	ALL
	Actual	ALL			
	Comment (?)	SRI is DHEC licensed and provided Hmk and PCA services.			

<b>PM 12: At least 5% more unduplicated clients will be served by the homemaker program annually. Additional clients will be removed from waiting lists for Homemaker services will be provided in each county of the PSA by direct contract with a single entity or via consumer choice with agreements with multiple companies.</b>	Achieved?				
	Target/Goal		184	194	203
	Actual				
	Comment (?)	Lexington, Richland, Newberry and Fairfield counties operated as a consumer choice model			

<b>PM 13: At least one Evidenced Based Health Promotion program or Evidenced Based Wellness Program will be offered in each county of the PSA.</b>	Achieved?	NO			
	Target/Goal		15	15	15
	Actual	8			
	Comment (?)	Lexington does not have EBHP.			
<b>PM 14: Increased the number of seniors assessed annually by 5%</b>	Achieved?				
	Target/Goal		1967	2065	2168
	Actual	1873			
	Comment (?)				
<b>PM 15: Reduce the number of seniors on waiting list for services annually by 3%</b>	Achieved?				
	Target/Goal		604	586	568
	Actual	623			
	Comment (?)				
<b>PM 16: Increase the number of respite grants by 3%</b>	Achieved?				
	Target/Goal				
	Actual	983	1013	1043	1074
	Comment (?)				
<b>PM 17:2. Expand the number of family caregiver support recipients by 5% annually</b>	Achieved?				
	Target/Goal				
	Actual	1,109	1170	1231	1292
	Comment (?)				
<b>PM 18: 3. Increase the number of outreach events by 5% annually.</b>	Achieved?				
	Target/Goal		6	7	8
	Actual	5			
	Comment (?)				
<b>PM 19:4. Increase utilization of Seniors raising children funding by 5%</b>	Achieved?				
	Target/Goal		76	80	84
	Actual	72			
	Comment (?)				
<b>PM 20: 5. Increase partnerships and collaborations with other human-service organizations by 3%</b>	Achieved?				
	Target/Goal	10	13	16	19
	Actual				
	Comment (?)				
<b>PM 21: Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.</b>	Achieved?				
	Target/Goal		578	607	637
	Actual	550			
	Comment (?)				

<b>PM 22: Continue to complete 100% of all quarterly visits to nursing homes and community residential care facilities.</b>	Achieved?				
	Target/Goal		101	103	104
	Actual	97			
	Comment (?)				
<b>PM 23: Increase the number of trained Volunteer Ombudsmen by one new person annually.</b>	Achieved?				
	Target/Goal		18	19	20
	Actual	17			
	Comment (?)				
<b>PM 24: Each local Ombudsman program will conduct eight educational trainings annually for residents/families on long-term care services and/or developing self-advocacy skills.</b>	Achieved?				
	Target/Goal		8	8	8
	Actual	8			
	Comment (?)				
<b>PM 25: Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 15%.</b>	Achieved?				
	Target/Goal		158	165	174
	Actual	150			
	Comment (?)				
<b>PM 26: Expand the number of Resident and Family Councils by 20% annually.</b>	Achieved?				
	Target/Goal		4	5	6
	Actual	3			
	Comment (?)				
	Comment (?)				

## ATTACHMENT F – ORGANIZATIONAL INFORMATION



Agency name:	Central Midlands Area Agency on Aging Staff Responsibilities										
Region:	4										
Agency FTE (yearly hours):	1950										
Fiscal Year: 2023		Admin	I&RA	Assessments	Homecare	Legal	Nutrition	Family Caregiver	Ombudsman	SHIP/SMP	Total
Employee Names	Employee’s Titles										
<b>Vacant</b>	AAA Director	100									<b>100</b>
<b>Melissa Labbe</b>	Finance Director	30									<b>30</b>
<b>Tammy Cunningham</b>	Senior Accountant	30									<b>30</b>
<b>Aleigha Chee-You</b>	LTC Ombudsman								100		<b>100</b>
<b>Anna Harmon</b>	Regional LTC Ombudsman								100		<b>100</b>
<b>Laytoya Buggs-Williams</b>	LTC Ombudsman								100		<b>100</b>
<b>Jessica Kelly</b>	LTC Ombudsman								100		<b>100</b>
<b>Fretoria Addison</b>	LTC Volunteer Coordinator								100		<b>100</b>
<b>Sherry Sheppard</b>	LTC Ombudsman	50							50		<b>100</b>
<b>Artellia Shaw</b>	Family Caregiver Advocate							100			<b>100</b>
<b>Antionette Davis</b>	I&R/A Specialist		100								<b>100</b>
<b>Shelia Bell-Ford</b>	SHIP Coordinator						10		10	80	<b>100</b>
<b>Jajuana Davis</b>	SHIP Coordinator			10	10	10				70	<b>100</b>
<b>Ebony Davis</b>	Assessor			100							<b>100</b>
<b>Amber Summers</b>	Assessor			100							<b>100</b>
<b>Janyce Davis</b>	Consumer Choice Manager	80		10				10			<b>100</b>
<b>Lindsey Woolley</b>	Receptionist	80			20						<b>100</b>
<b>Reginald Simmons</b>	Deputy Director	10									<b>10</b>
<b>Total Hours</b>		380	100	220	30	10	10	110	560	150	<b>1570</b>
REQUIREMENTS:	<b>Ombudsman:</b> 1 staff per 2,000 beds			<b>I&amp;R/A</b> -Full time Equivalent							
Family Caregiver Support Program: <b>Full Time FC Advocate</b>				<b>AAA-</b> 37.5 hours per week solely to activities of the Area Plan							

**ATTACHMENT G – REGIONAL AGING ADVISORY COUNCIL (RAAC)**

REGION 4		Mark with an "X" all that apply										
RAAC Member Name	County of Residence	<50%										
		Age 60+	Program Beneficiary	Public Official	Minority	Rural Resident	Family Caregiver	Member of the Business Community	Veterans Organization	Member of the Disability Community	General Public	Provider Organization
Mary Gail Douglas	Fairfield											
Rosemouda Butler	Lexington											
Joyce Mize	Lexington											
Frances Kay Mitchell	Lexington											
Joyce Mason	Richland											
Julie Ann Dixon	Richland											
Ida Thompson	Richland											
Betty Brooks	Richland											
Harriet Miller	Richland											
Kevin Miller	Richland											
Vina Abrams	Newberry											
Dr. Rodger Gaddy	Fairfield											

## **REGIONAL AGING ADVISORY COMMITTEE (RADAC)**

The by-laws state:

- 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.
- At least fifty percent (50%) of membership shall be of age 60 years or older. The membership shall be representative of the disability community.

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.
- 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.

The duties are:

- Promote and encourage local communities to recognize the needs and promote the establishment of programs for older persons and disabled persons.
- Establish priorities, based upon the needs of the local communities and the region.
- Develop and revise, on a yearly basis, regional comprehensive Aging and Disability Program plans based upon the needs and established priorities.
- Make recommendations to the Council for approval or disapproval of applications from units of local governments, the Council, and/or local service provider agencies.

RADAC members assist with quality assurance reviews and set priorities for the area plan. They assist in advocacy and volunteer work at the AAA/ADRC.

Some RADAC members are eligible to be participants and express their views regarding matters of general policy development and administration of the area plan. RADAC meetings are held every other month and members are updated on a regular basis on all AAA/ADRC programming.

## **MEETINGS**

1. The committee shall meet at least six times annually or at such other time and date as called by the Chairman.
2. The majority of the members of the Committee shall constitute a quorum for the purpose of conducting business.



3. Only members of the Advisory Committee may vote on any matter before the Committee. Members must abstain from voting on issues that present a conflict of interest.
4. In the event of the absence of the Chairman and Vice-Chairman at a meeting of the Committee, the Advisory Committee members may select a temporary Chairman for that particular meeting and proceed as scheduled.

## **OFFICERS AND THEIR DUTIES**

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

## **MEETING ATTENDANCE**

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

## **COMMITTEES**

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

## **RECORDS**

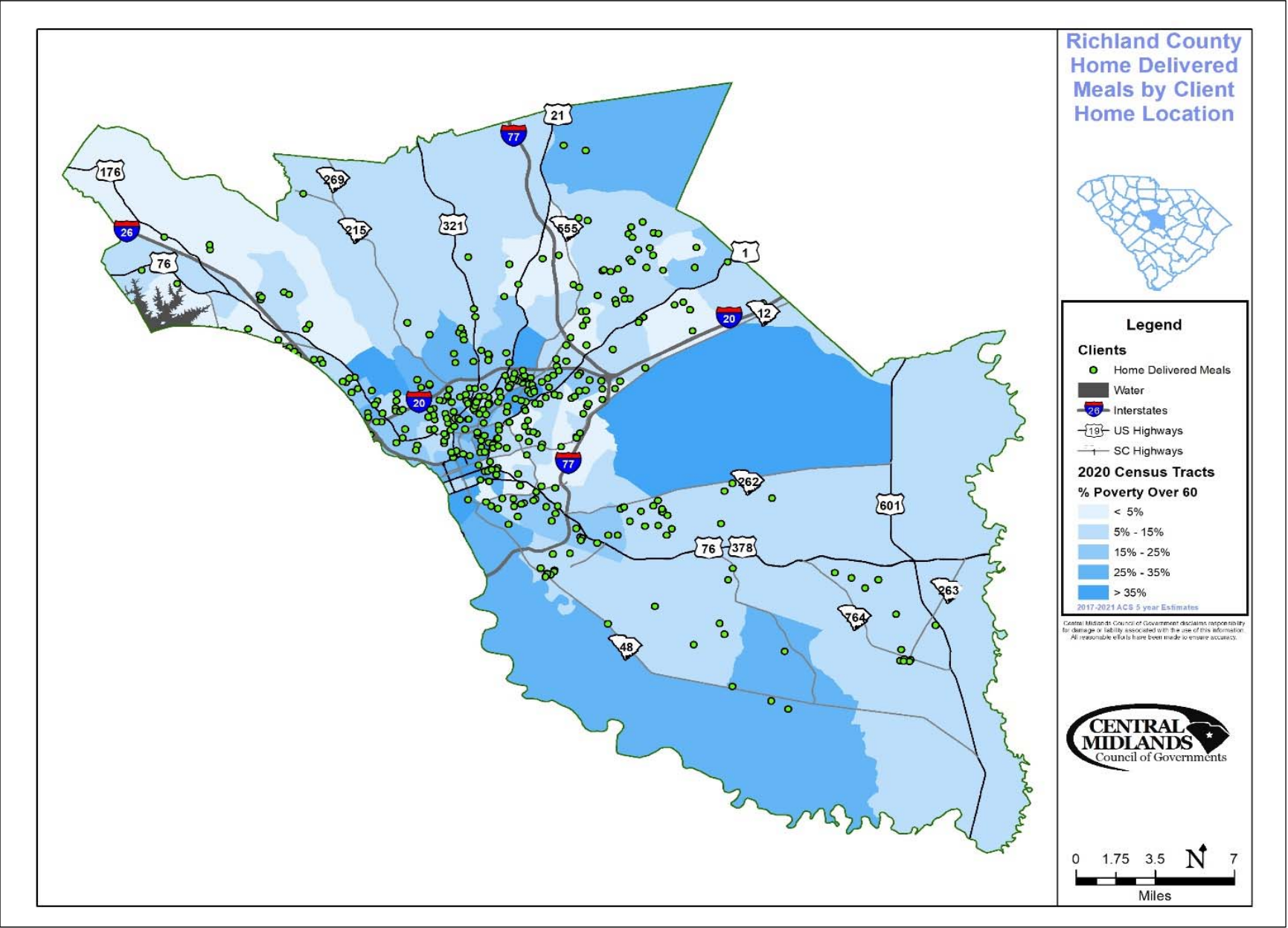
AAA/ADRC staff will make and keep a record of all Committee meetings. Records shall be maintained within the AAA/ADRC. All minutes of meetings will be posted on the CMCOC website.

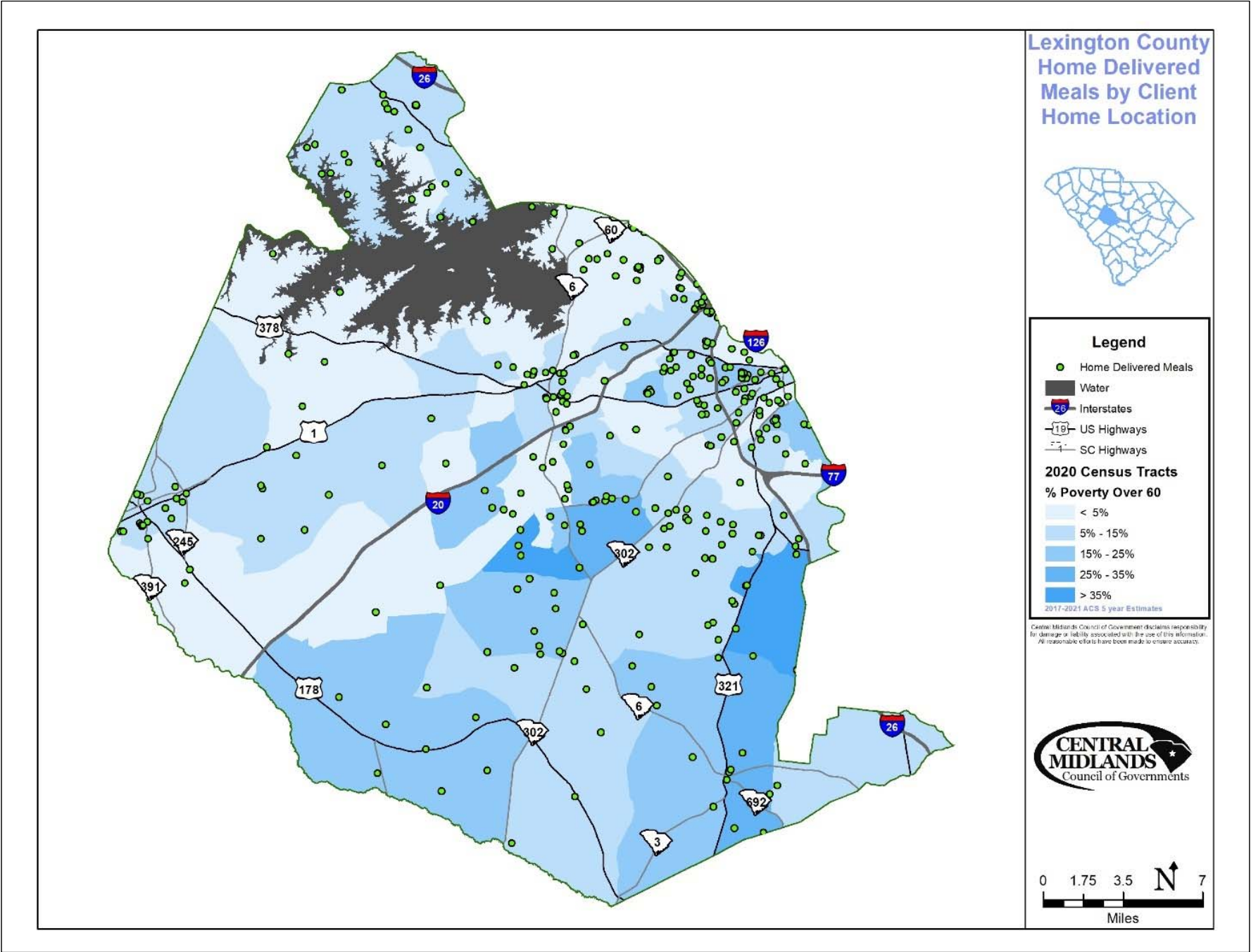
ATTACHMENT H – MAPPING

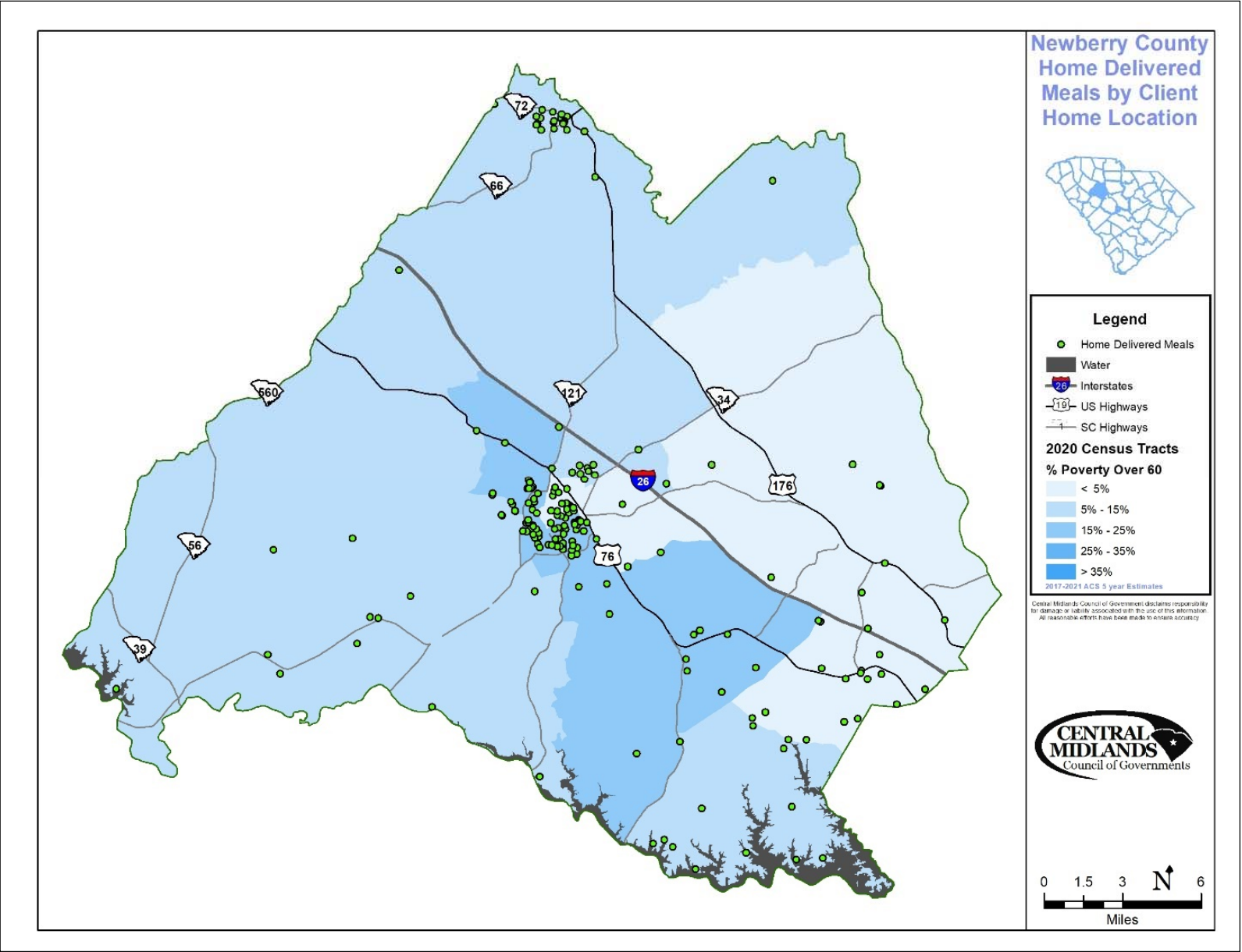
Demographics Chart

Each column is the percentage of the target based on the total population for the county.

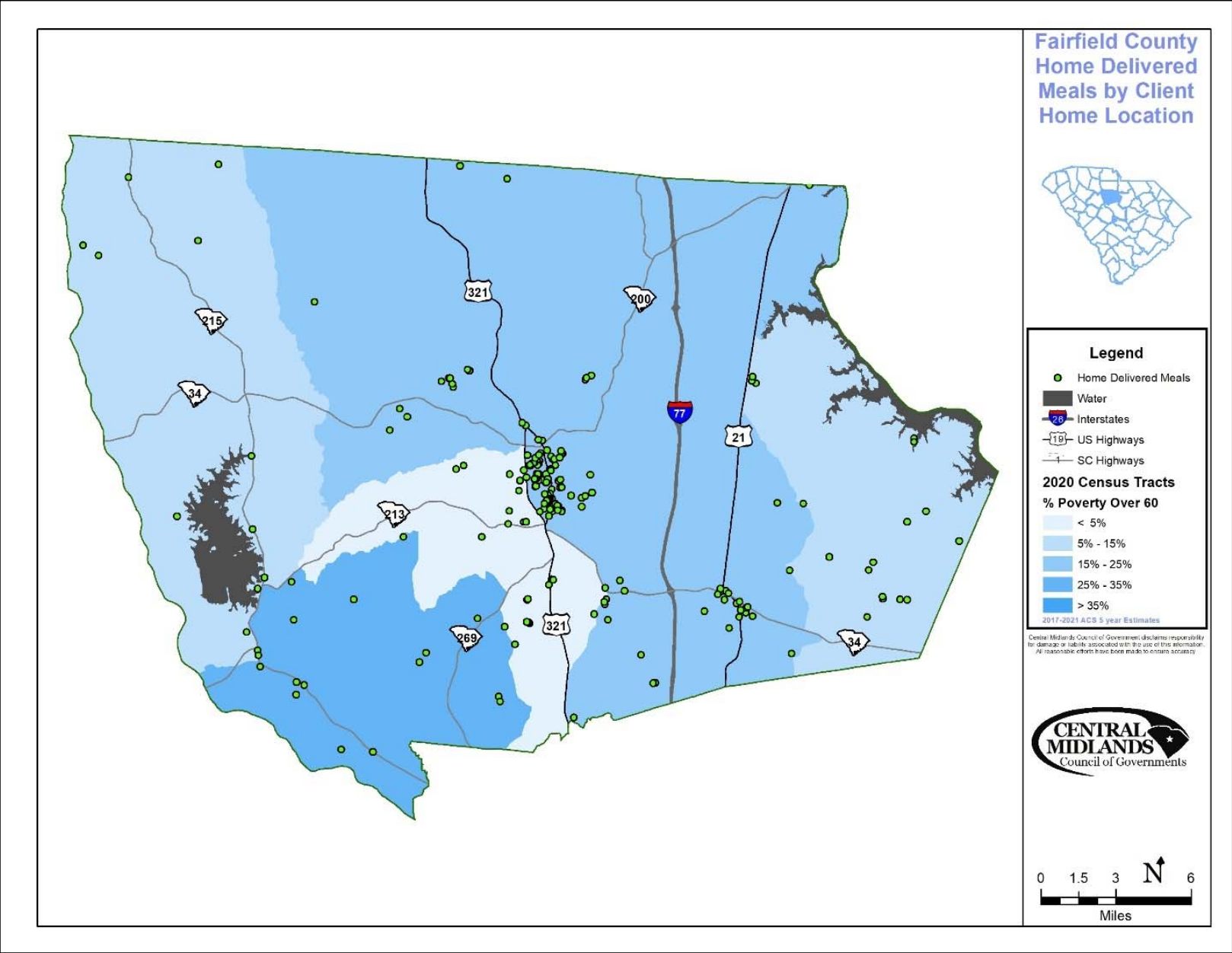
County	% 60+	% 85+	% Minority	% Rural	% Limited English
Fairfield	32.6%	3.4%	21.0%	0.0%	0.0%
Lexington	22.7%	1.7%	8.8%	71.5%	0.4%
Newberry	27.0%	1.6%	12.3%	0.0%	0.4%
Richland	37.4%	2.3%	22.6%	9.6%	1.1%

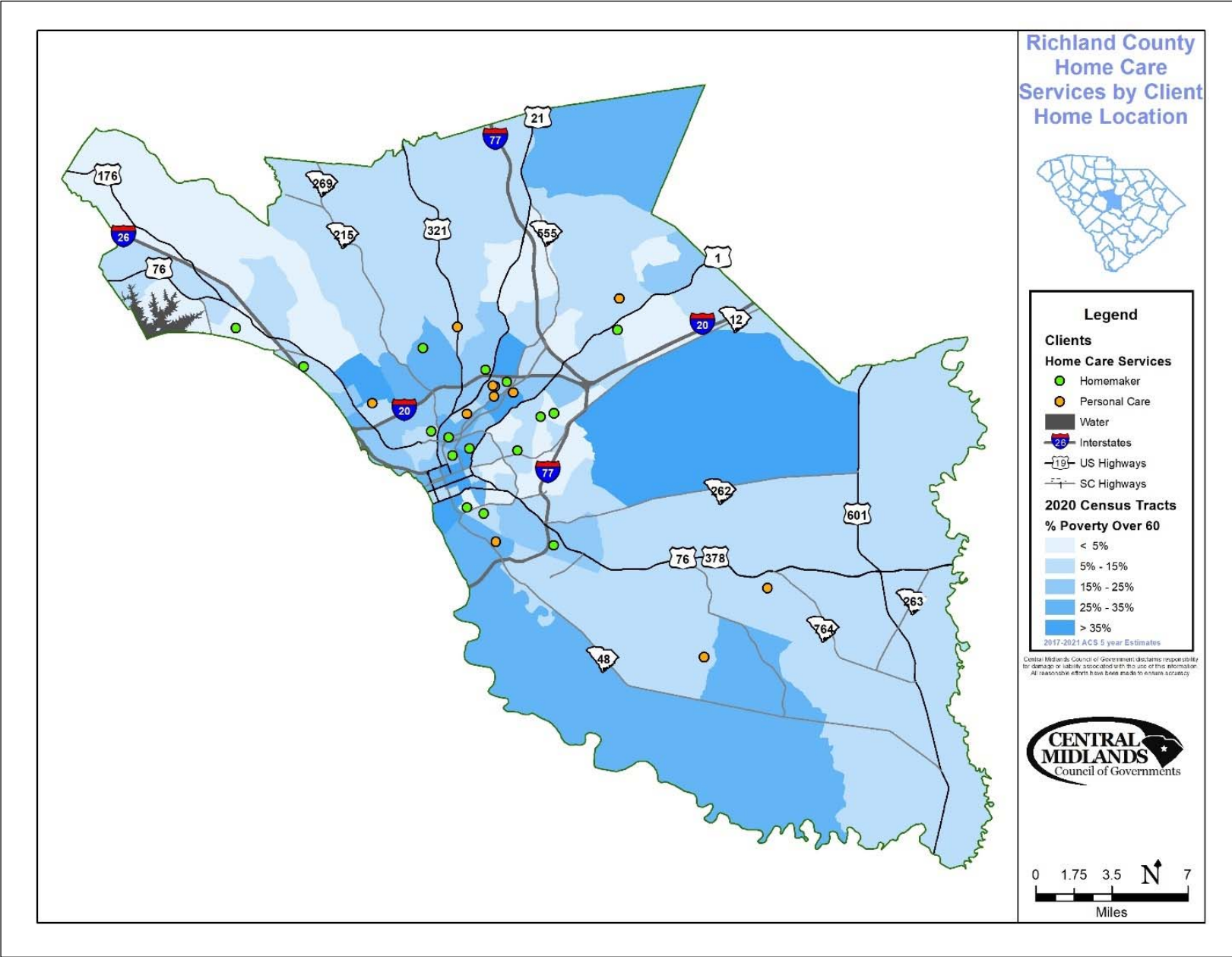


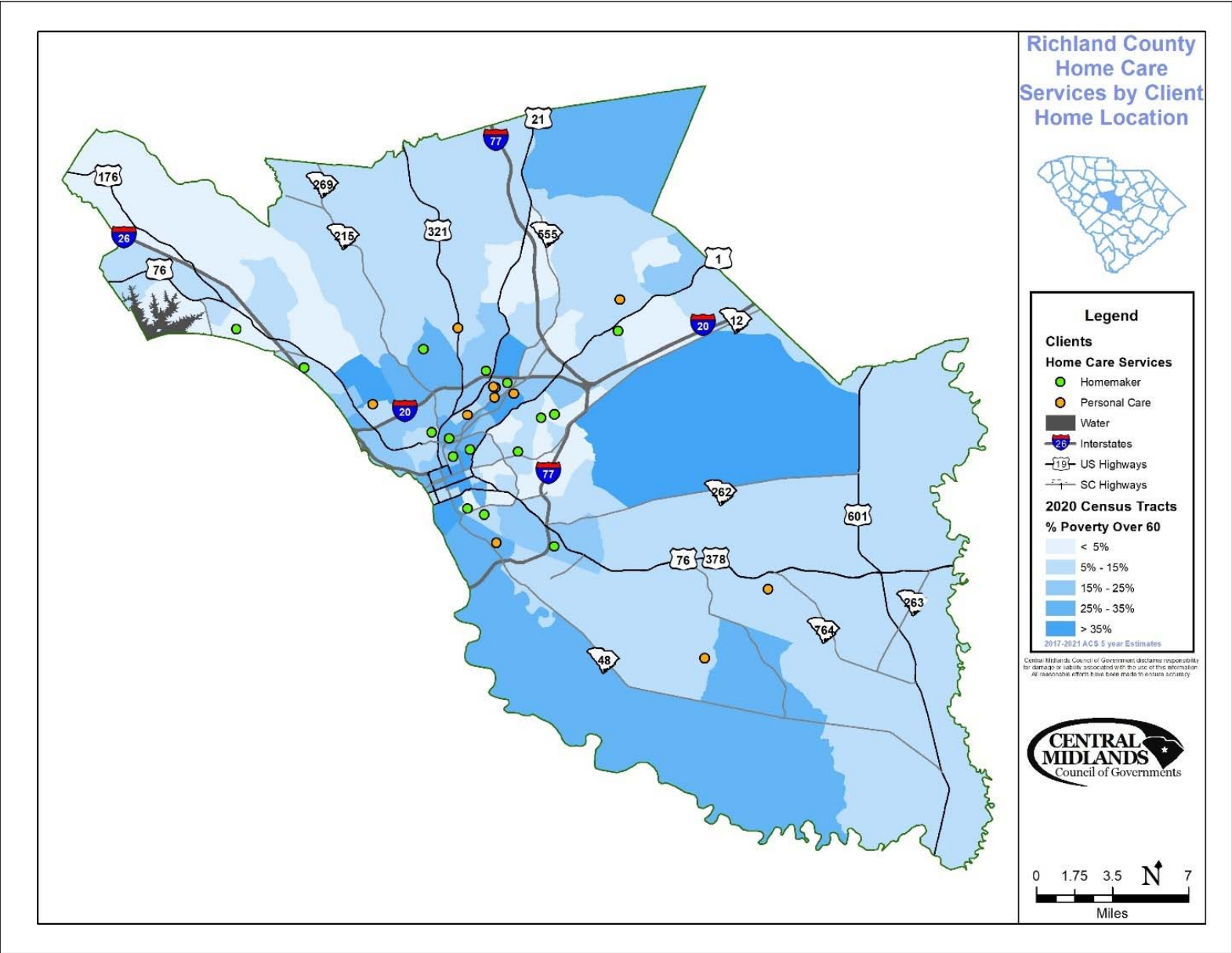




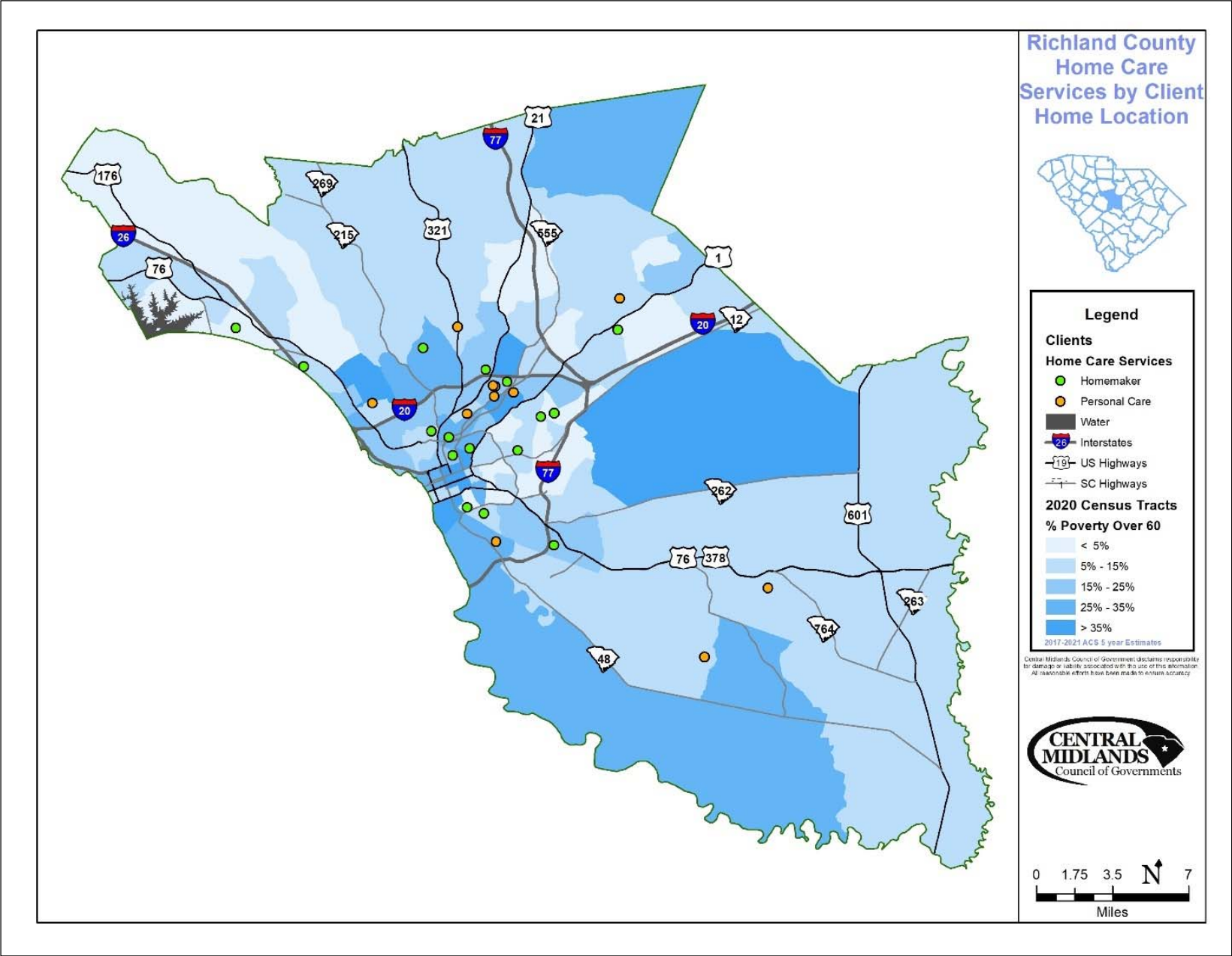


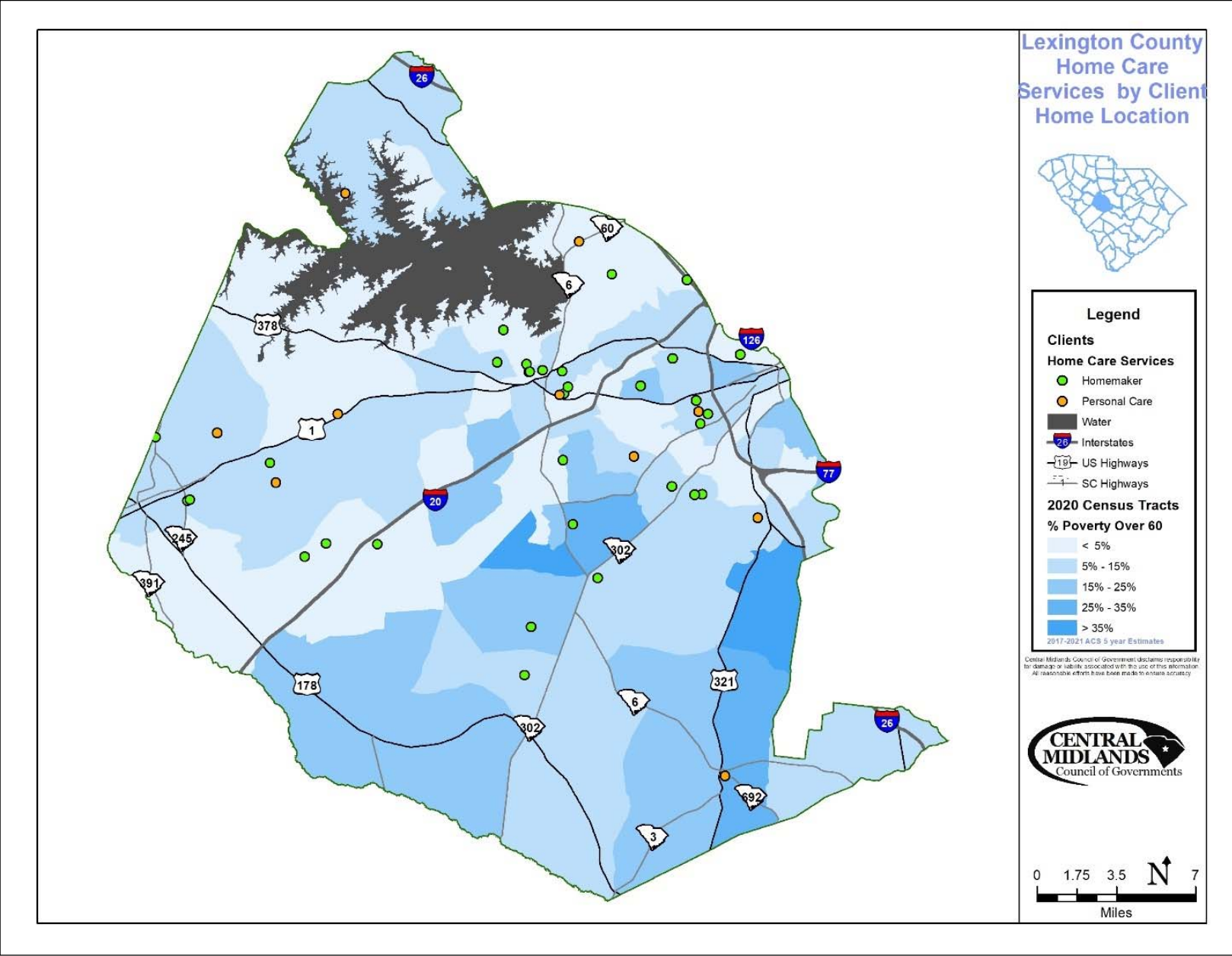


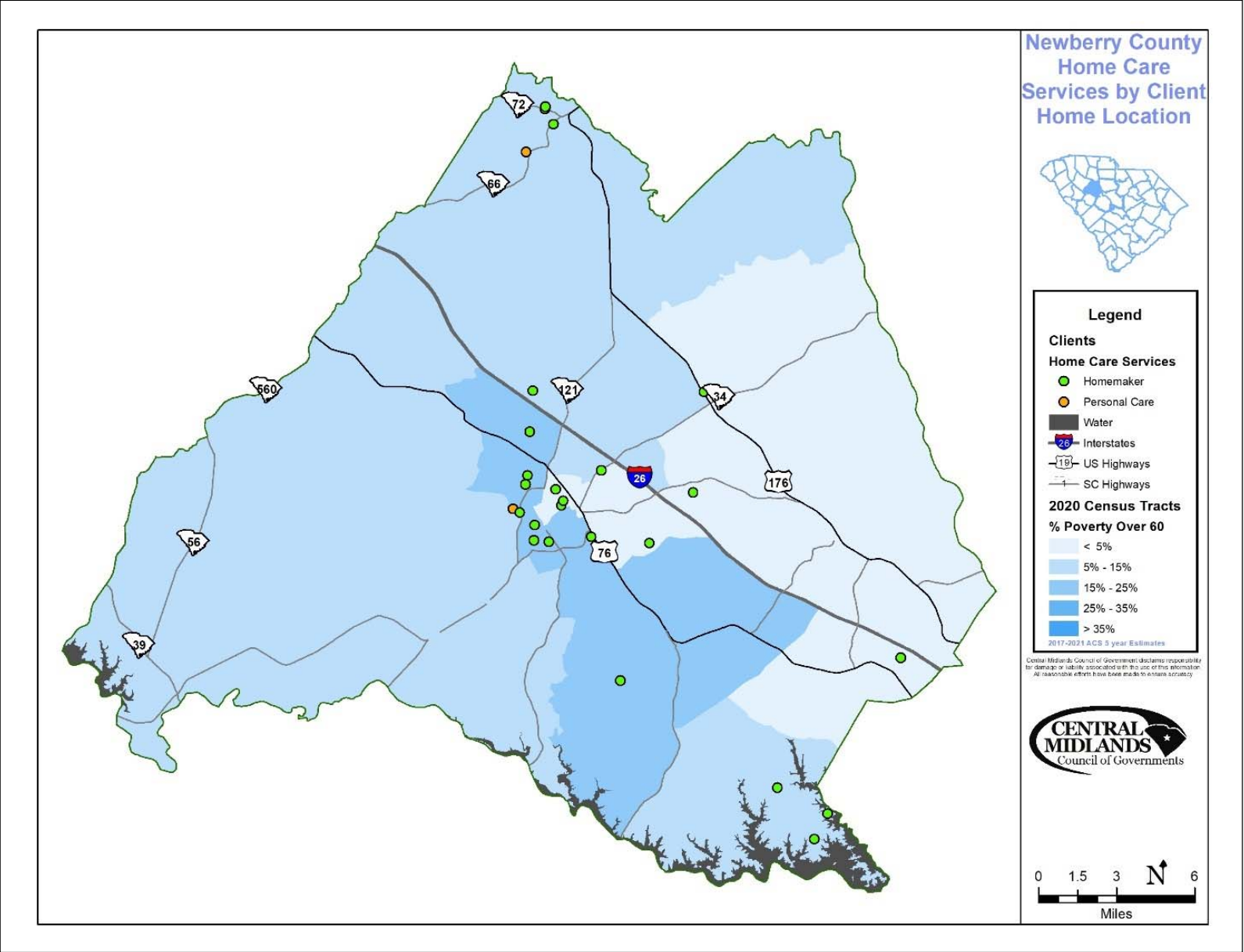


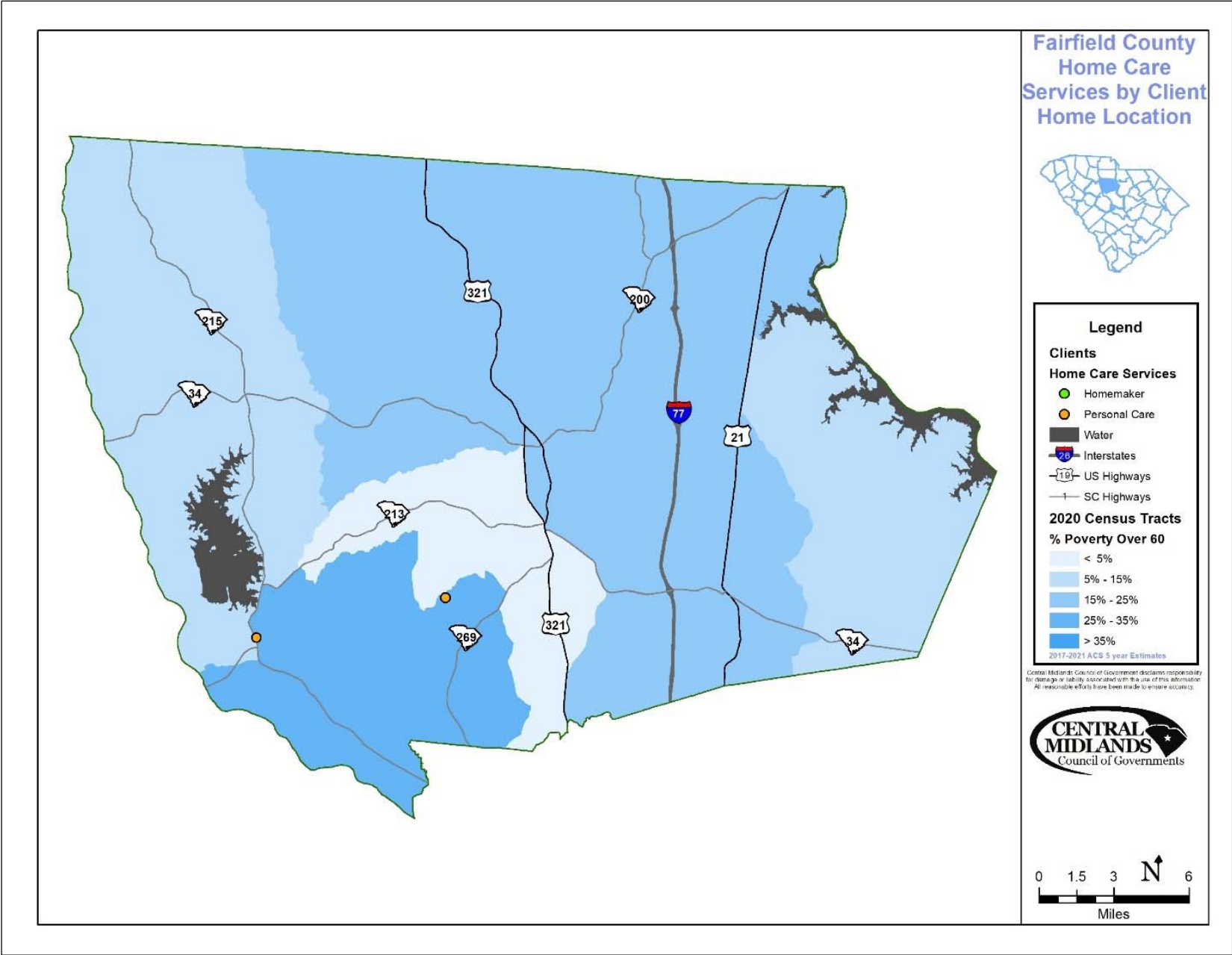




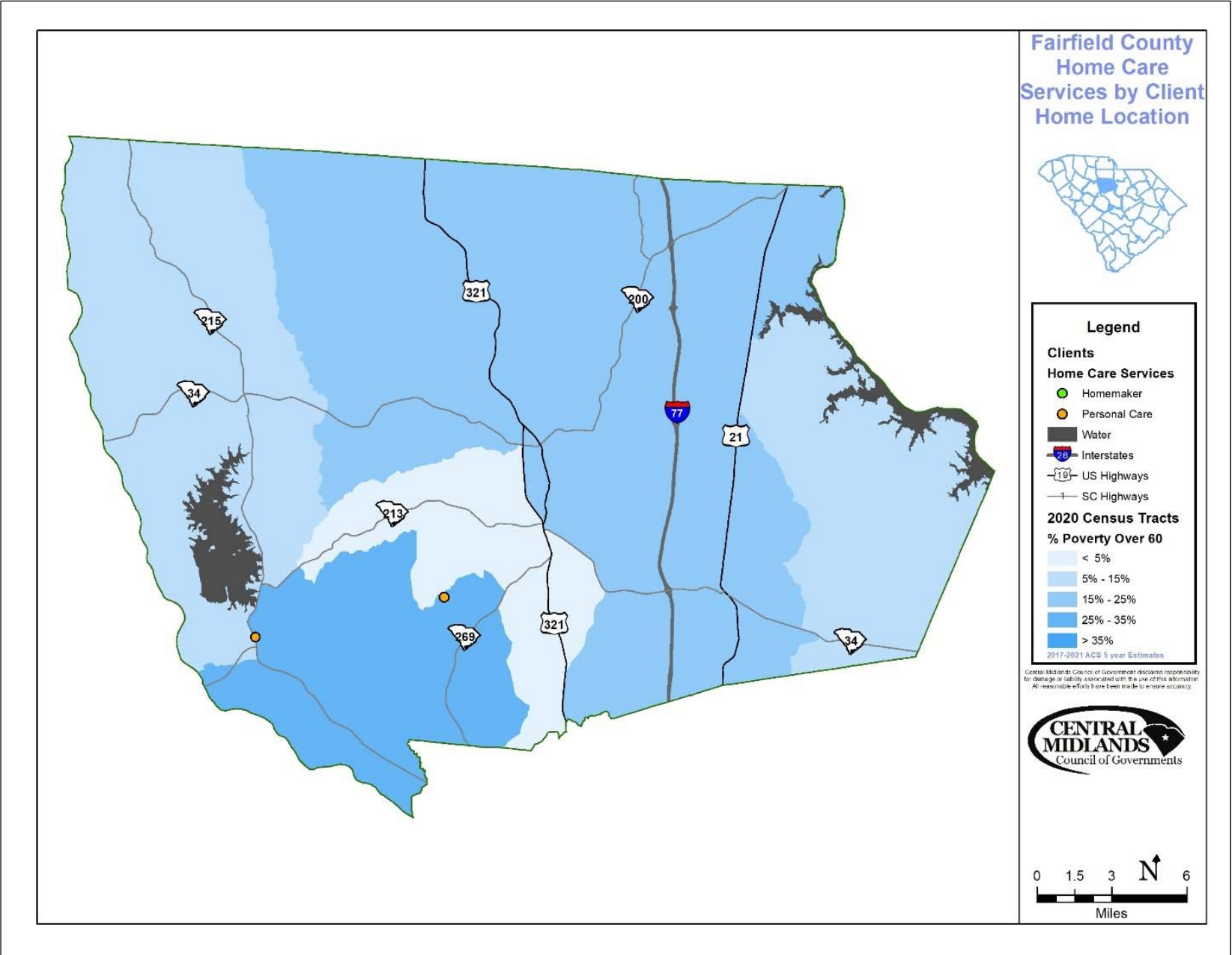


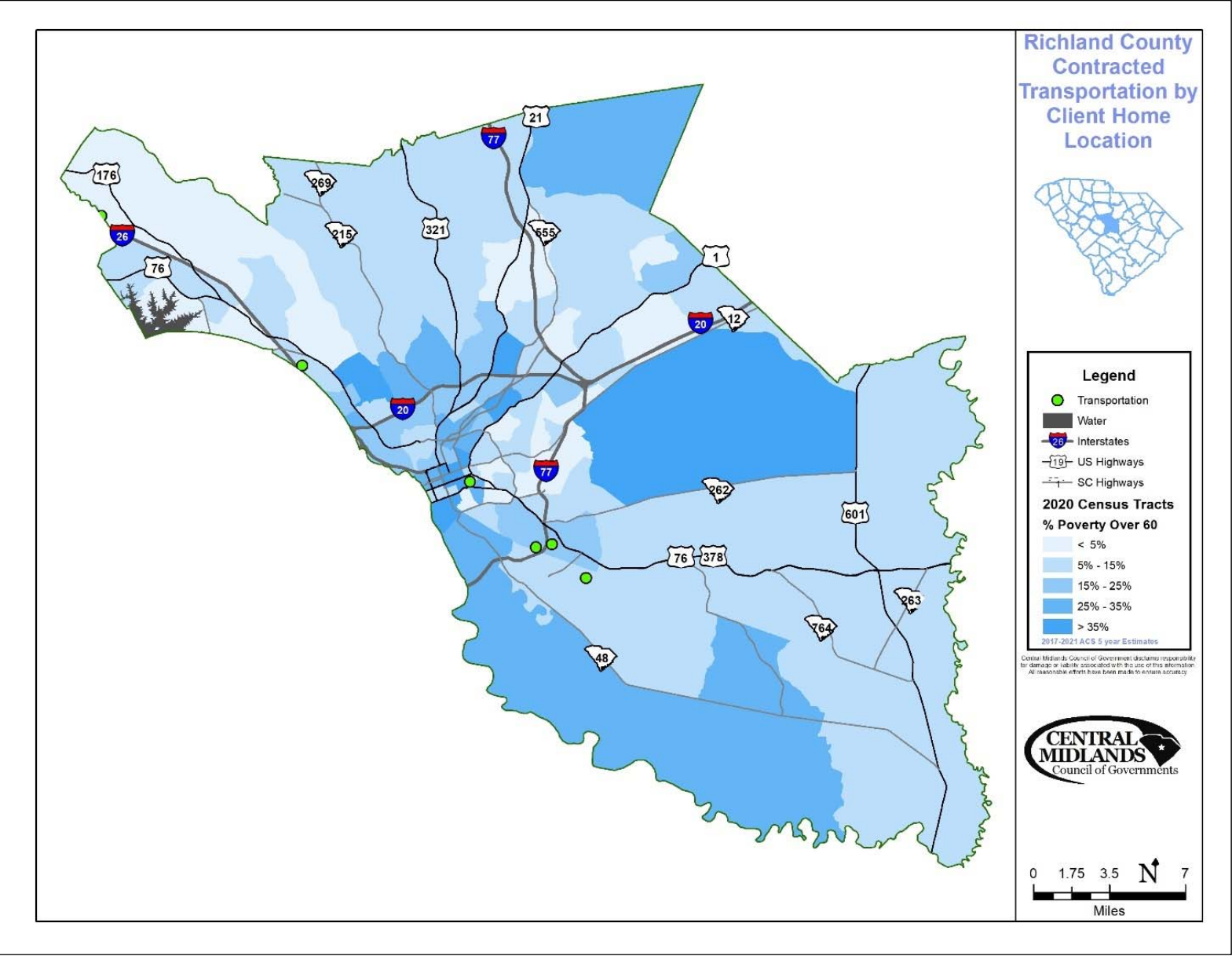


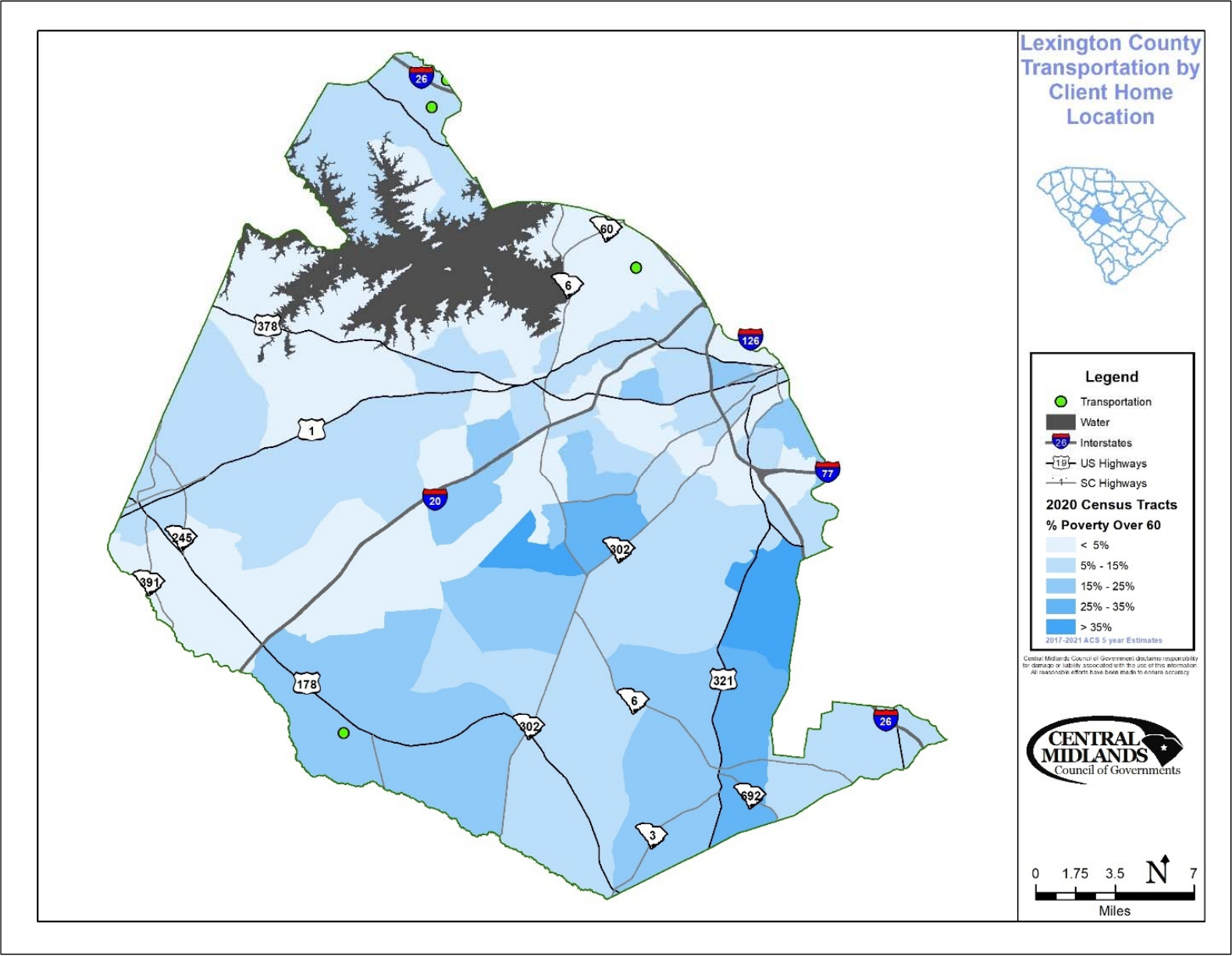


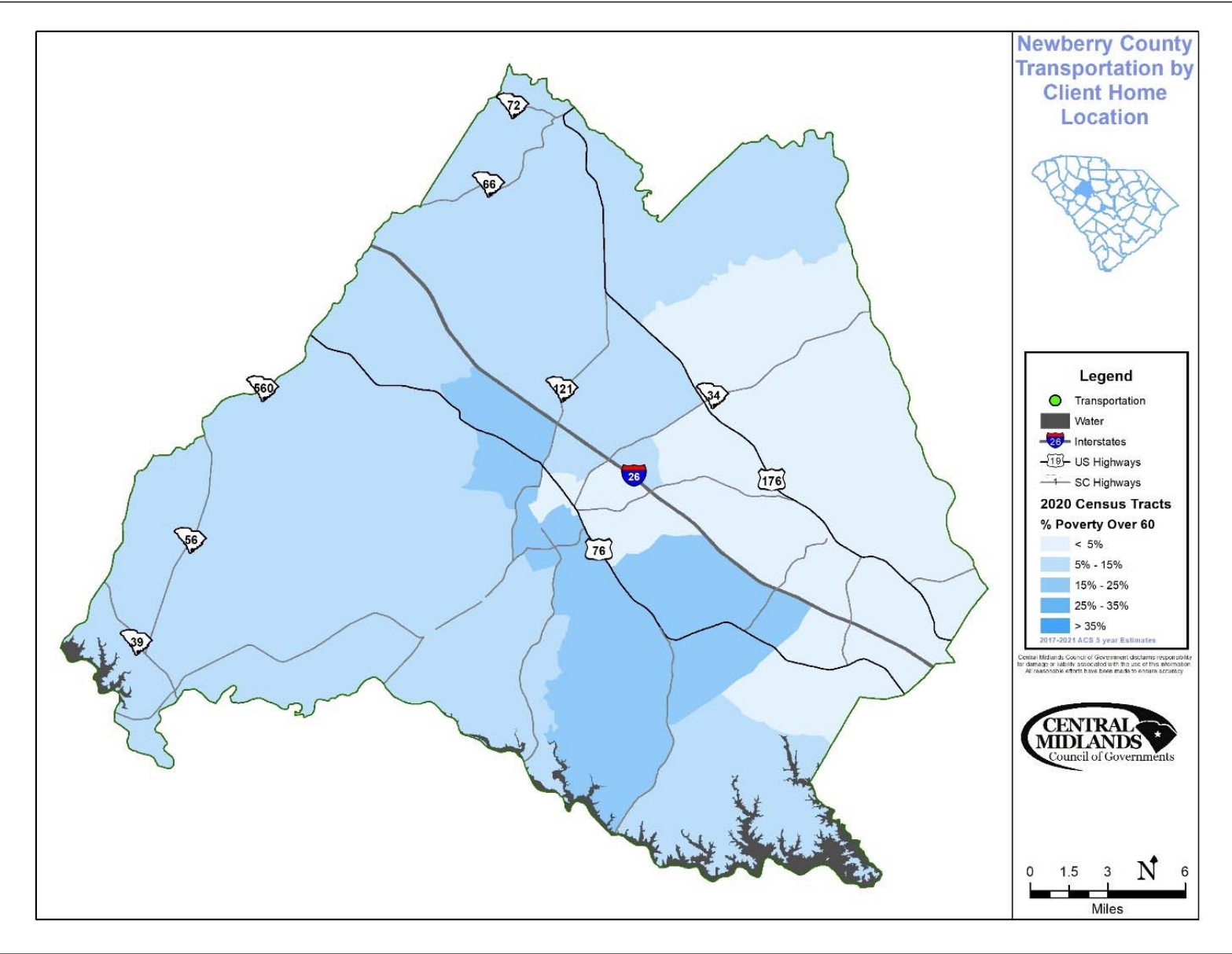




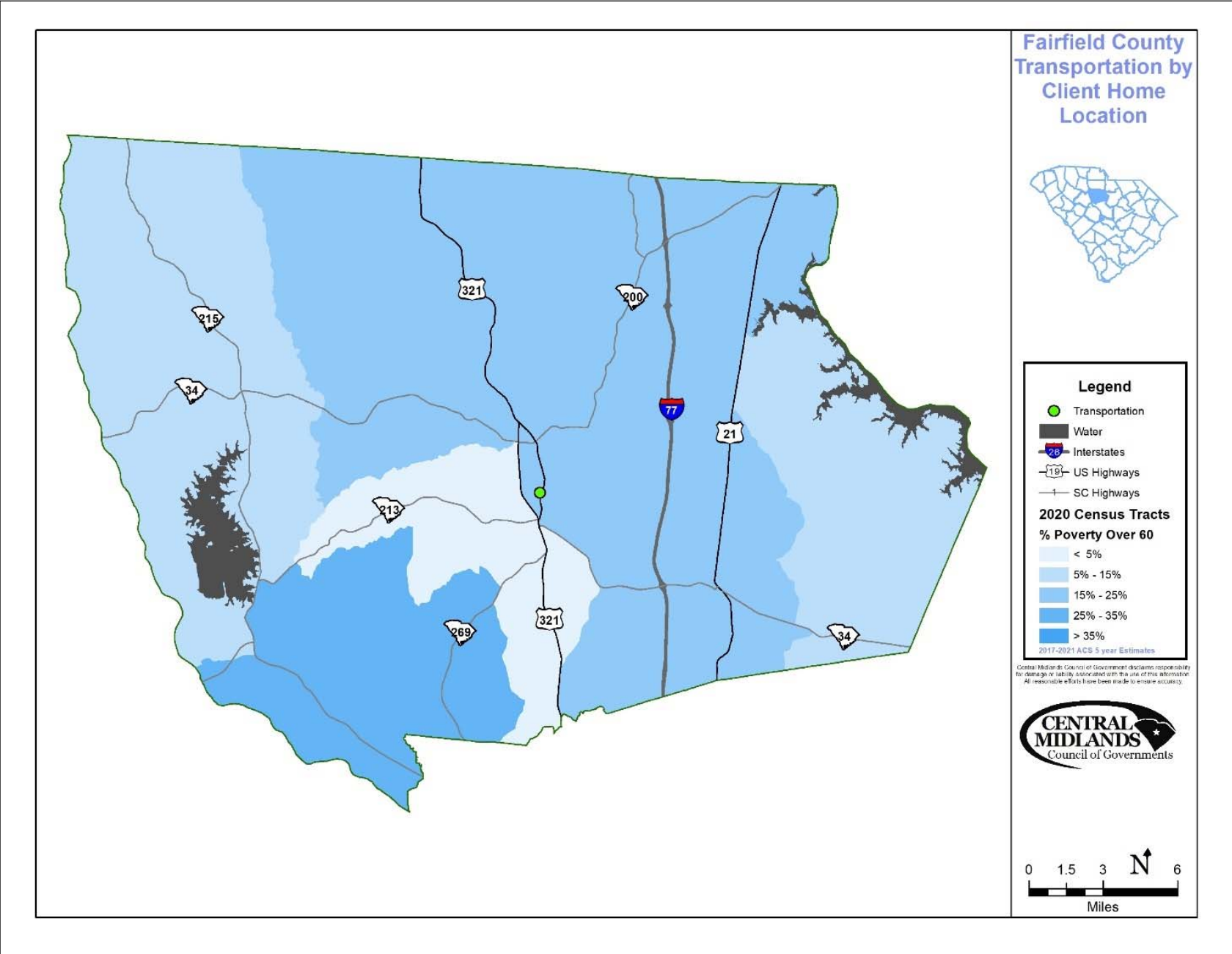


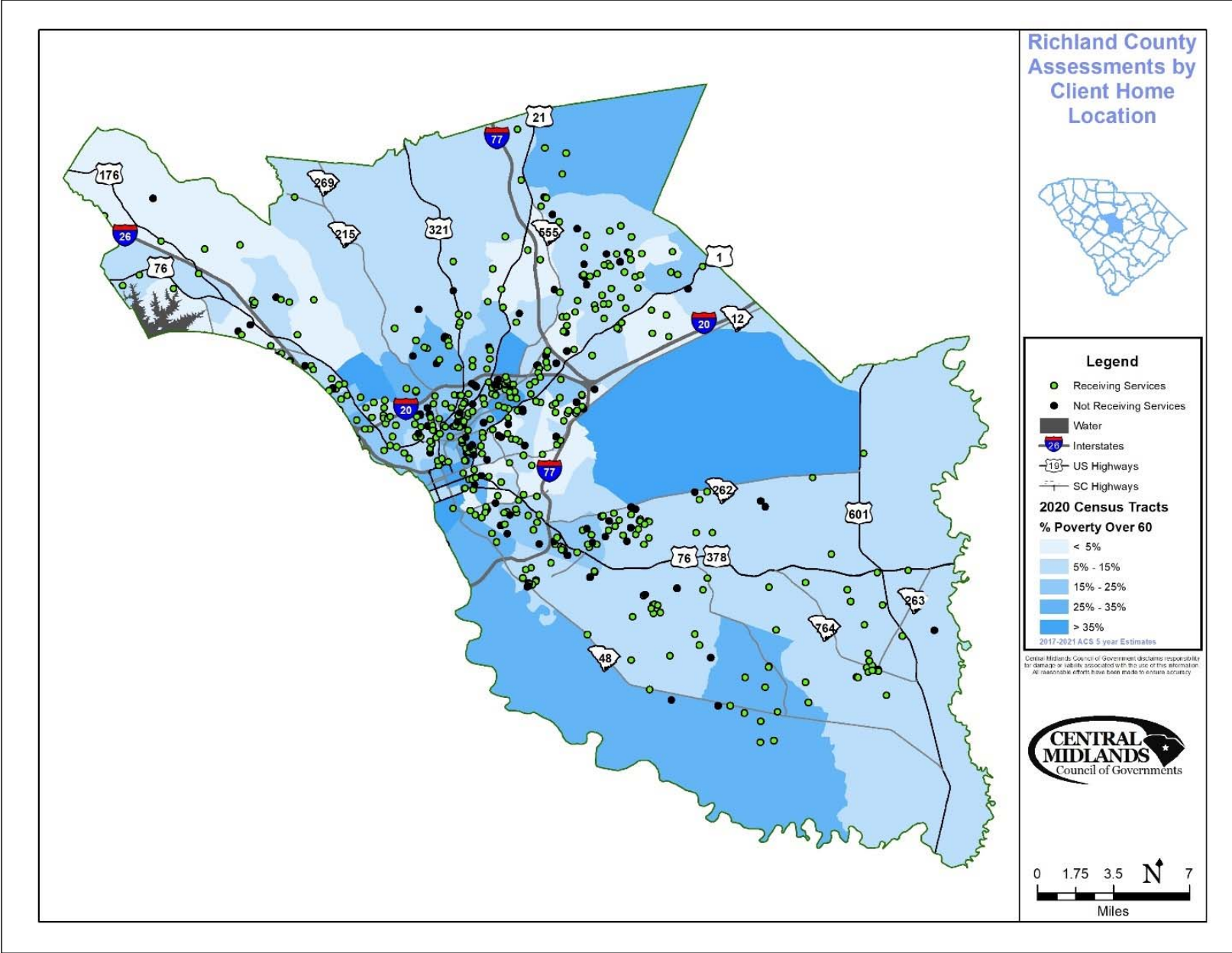


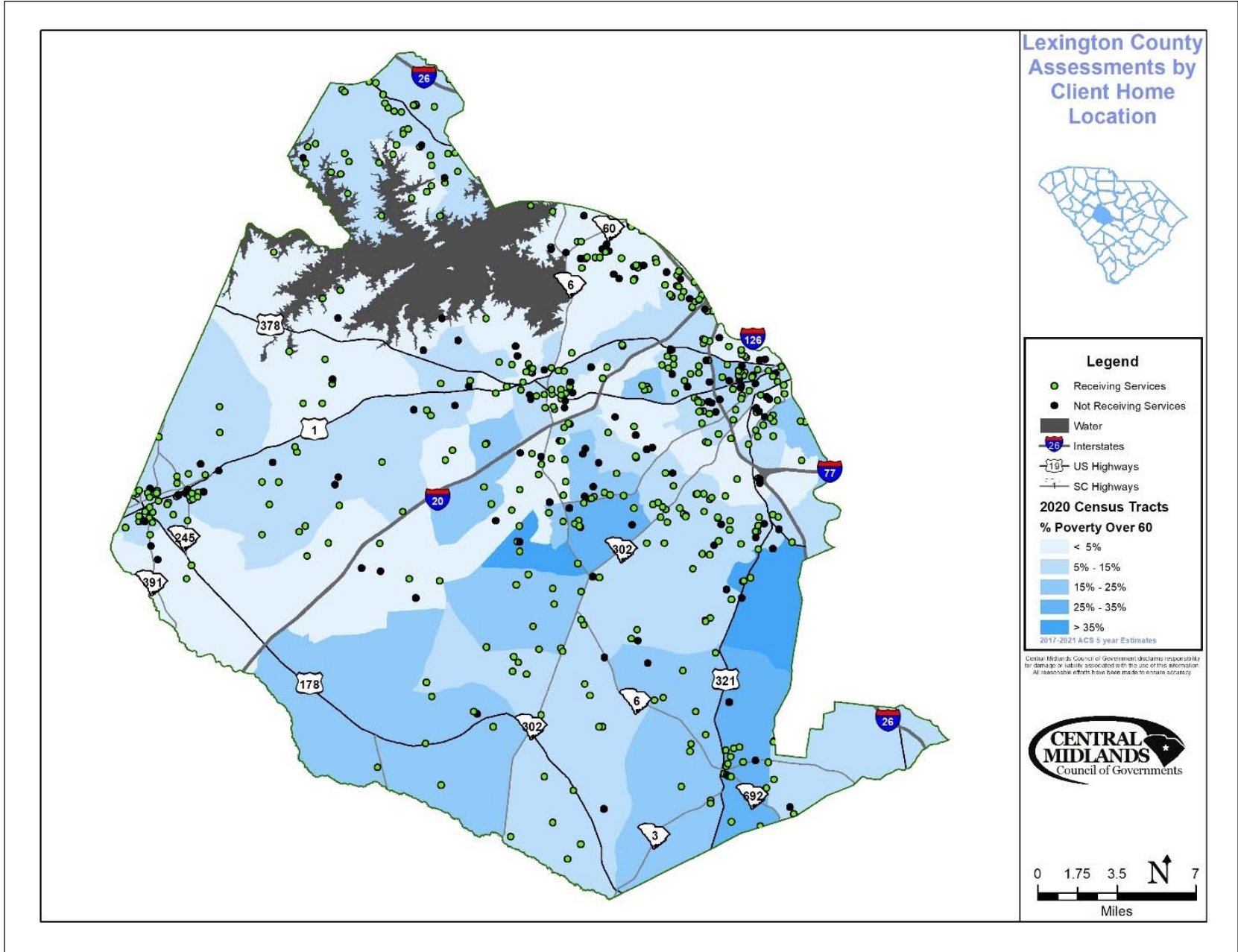


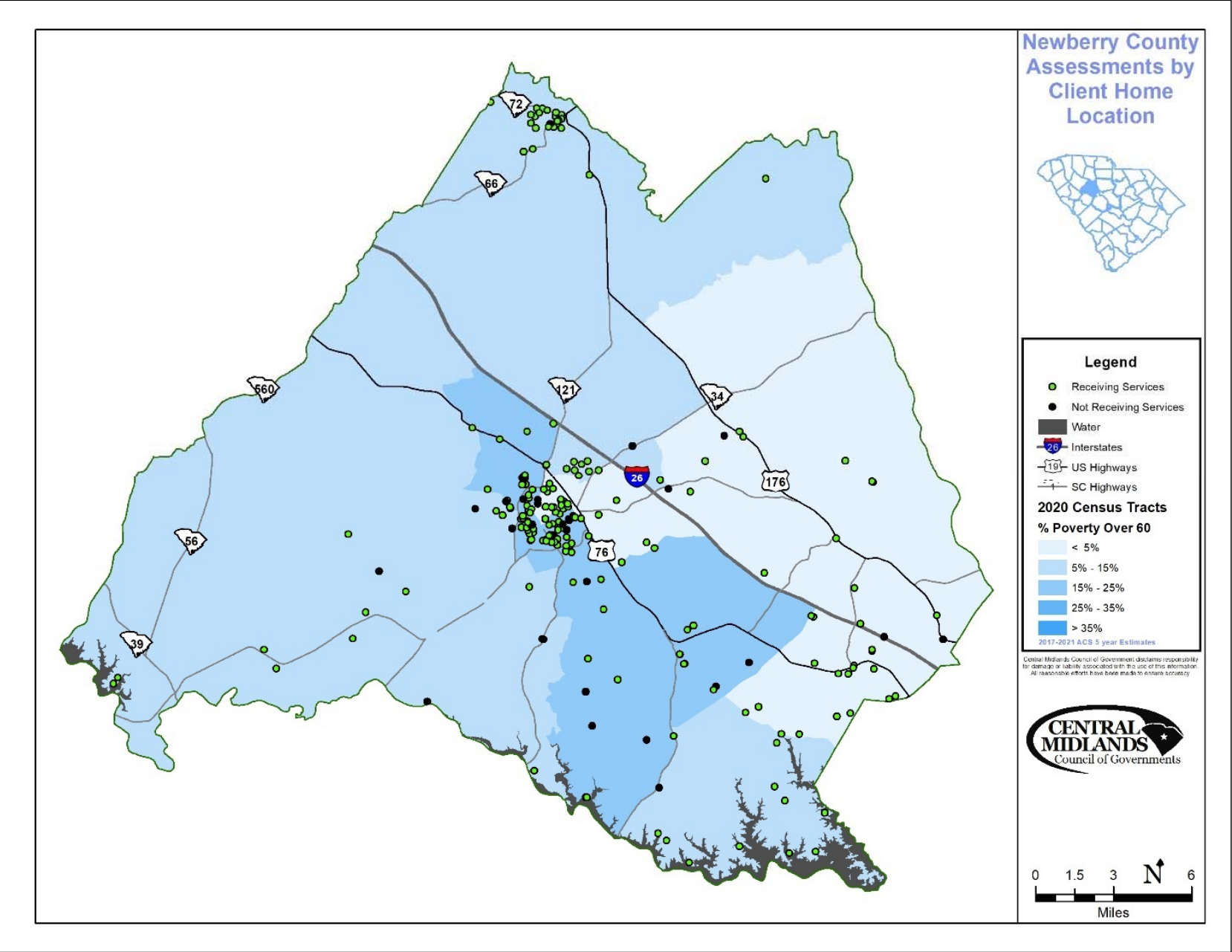




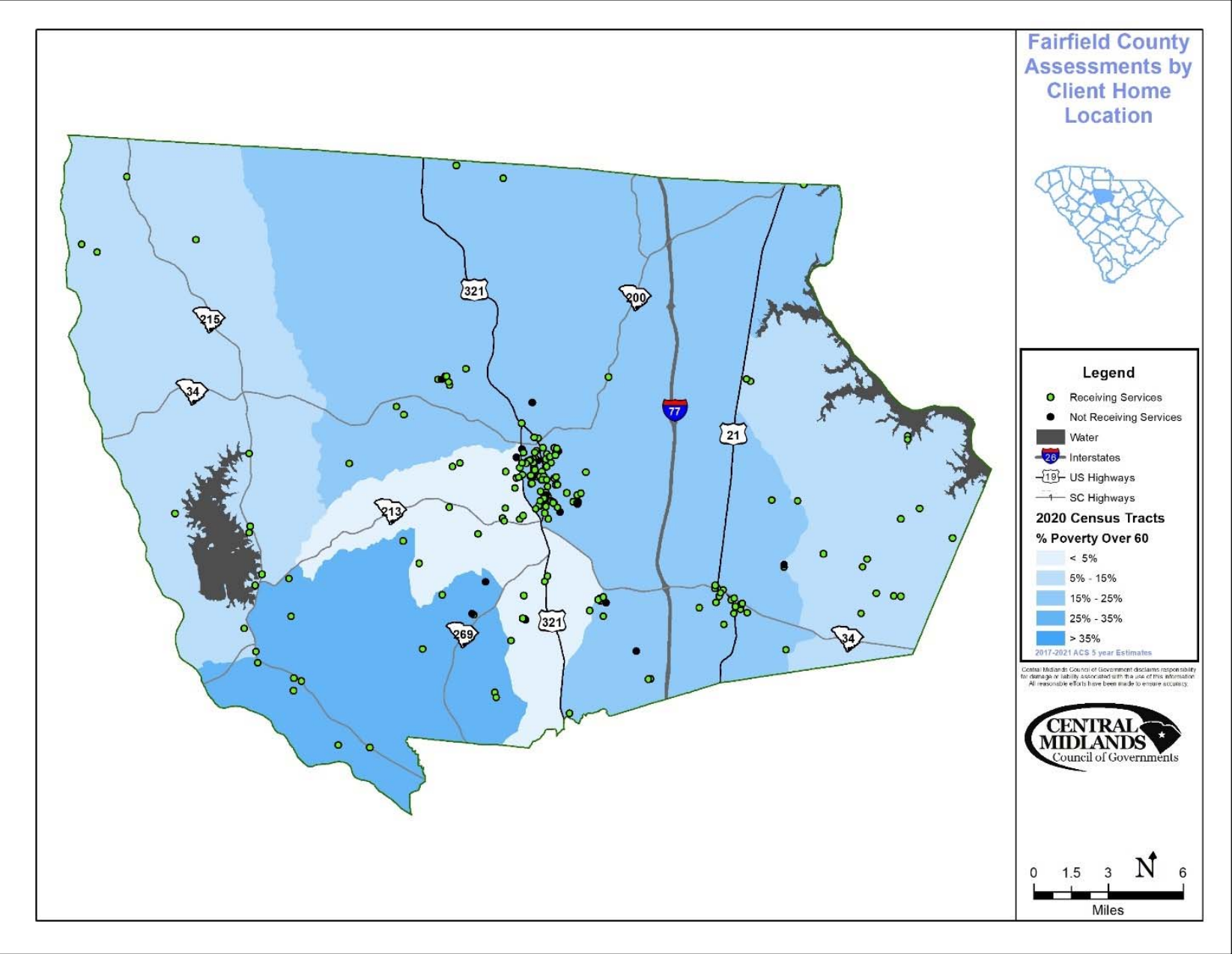


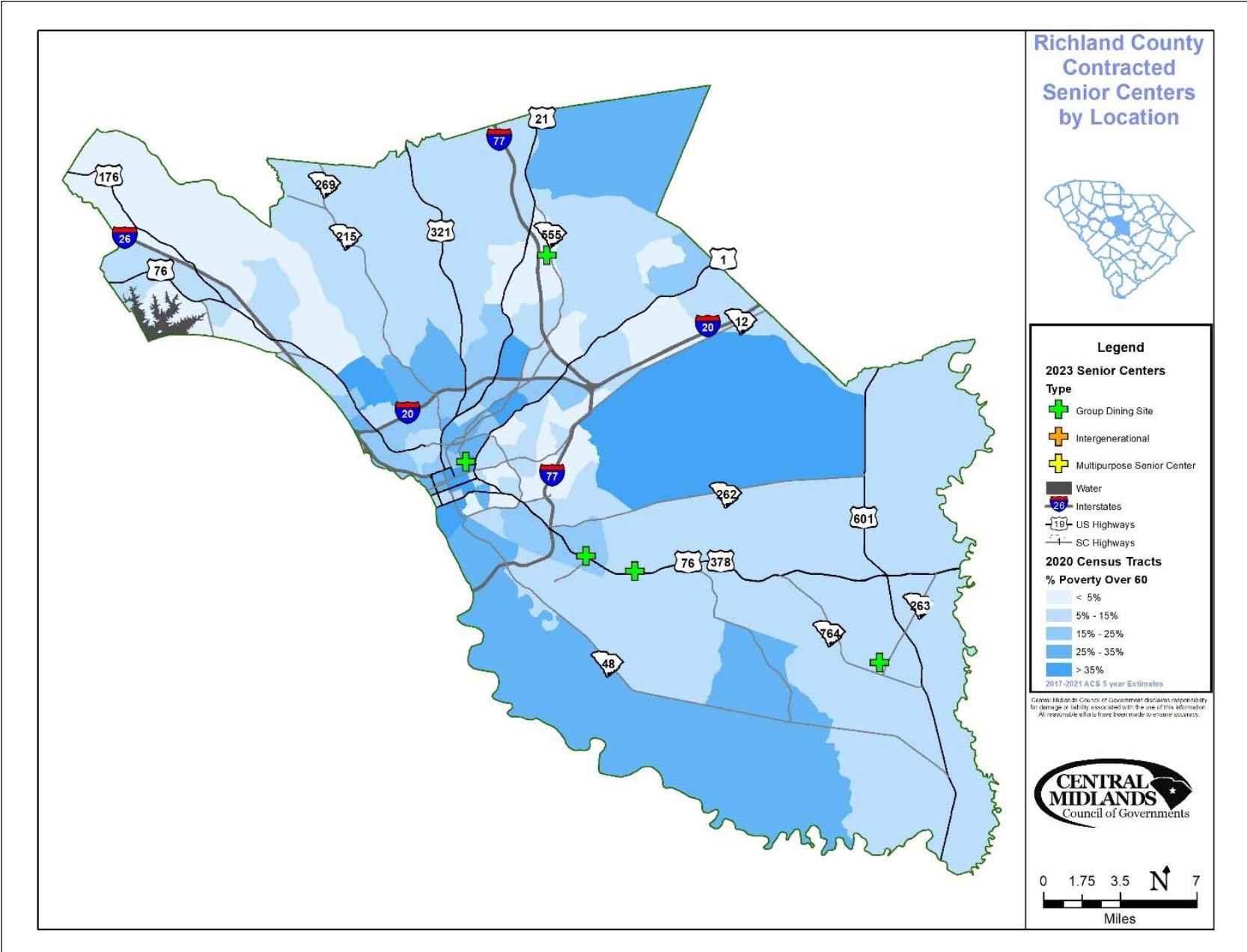




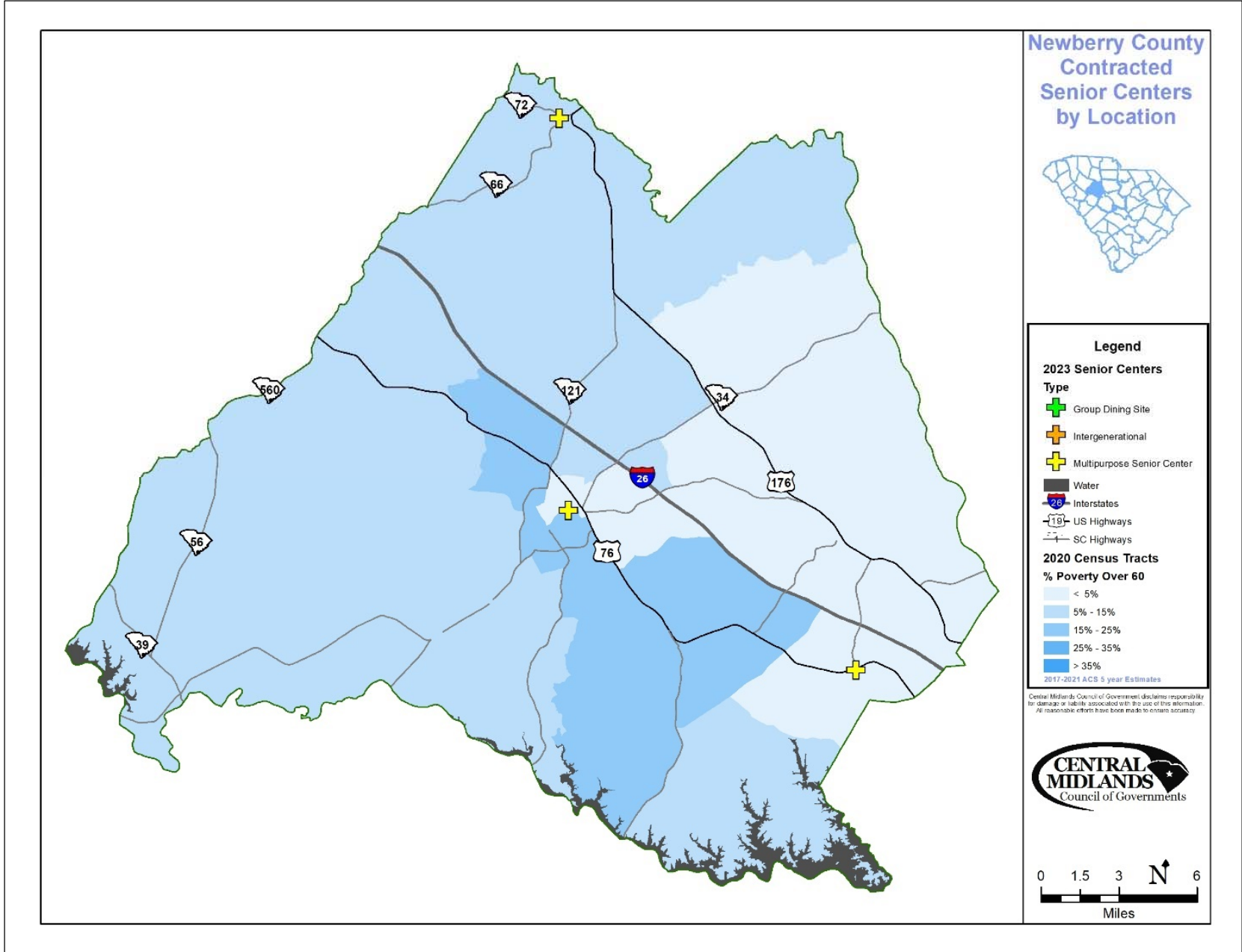




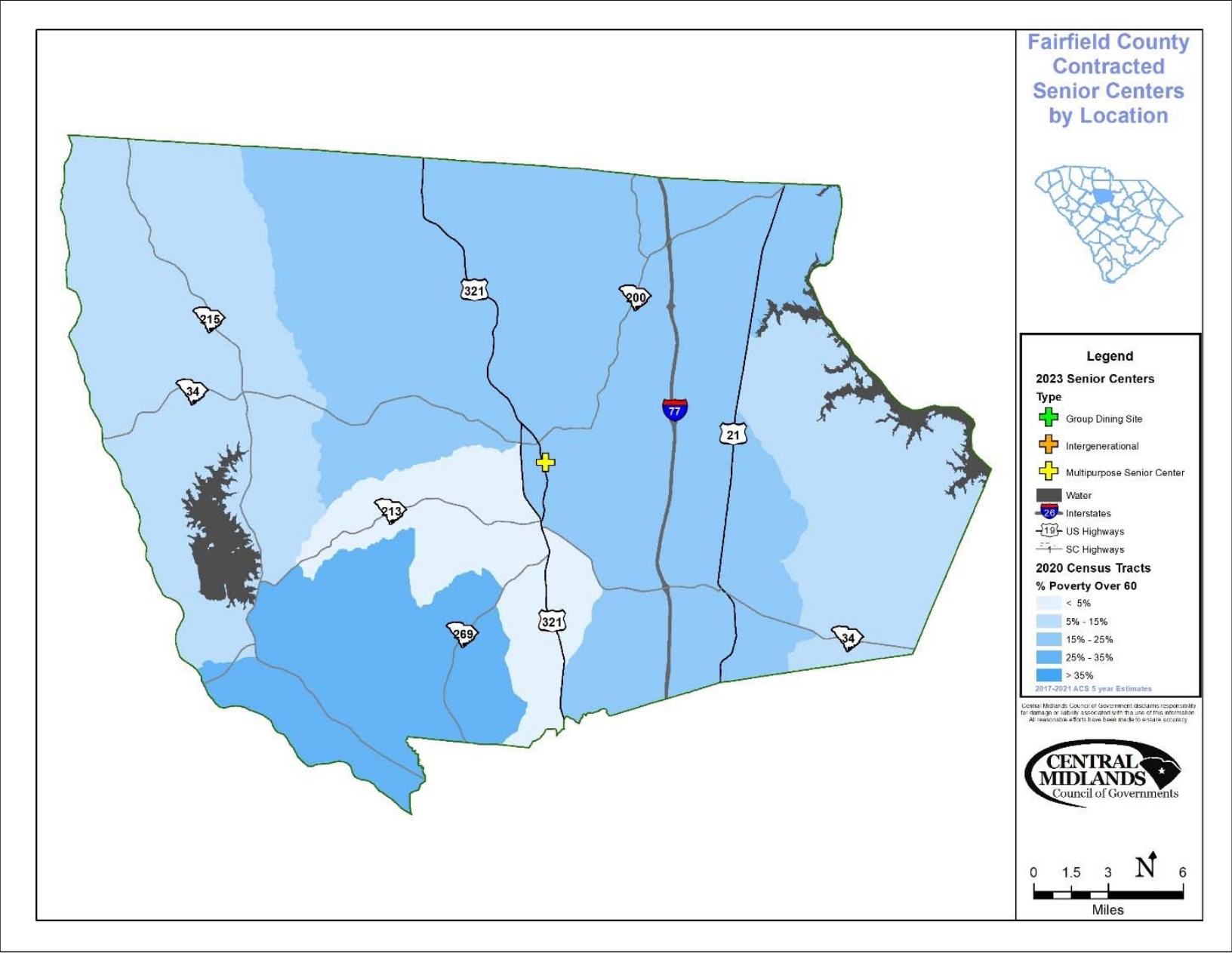


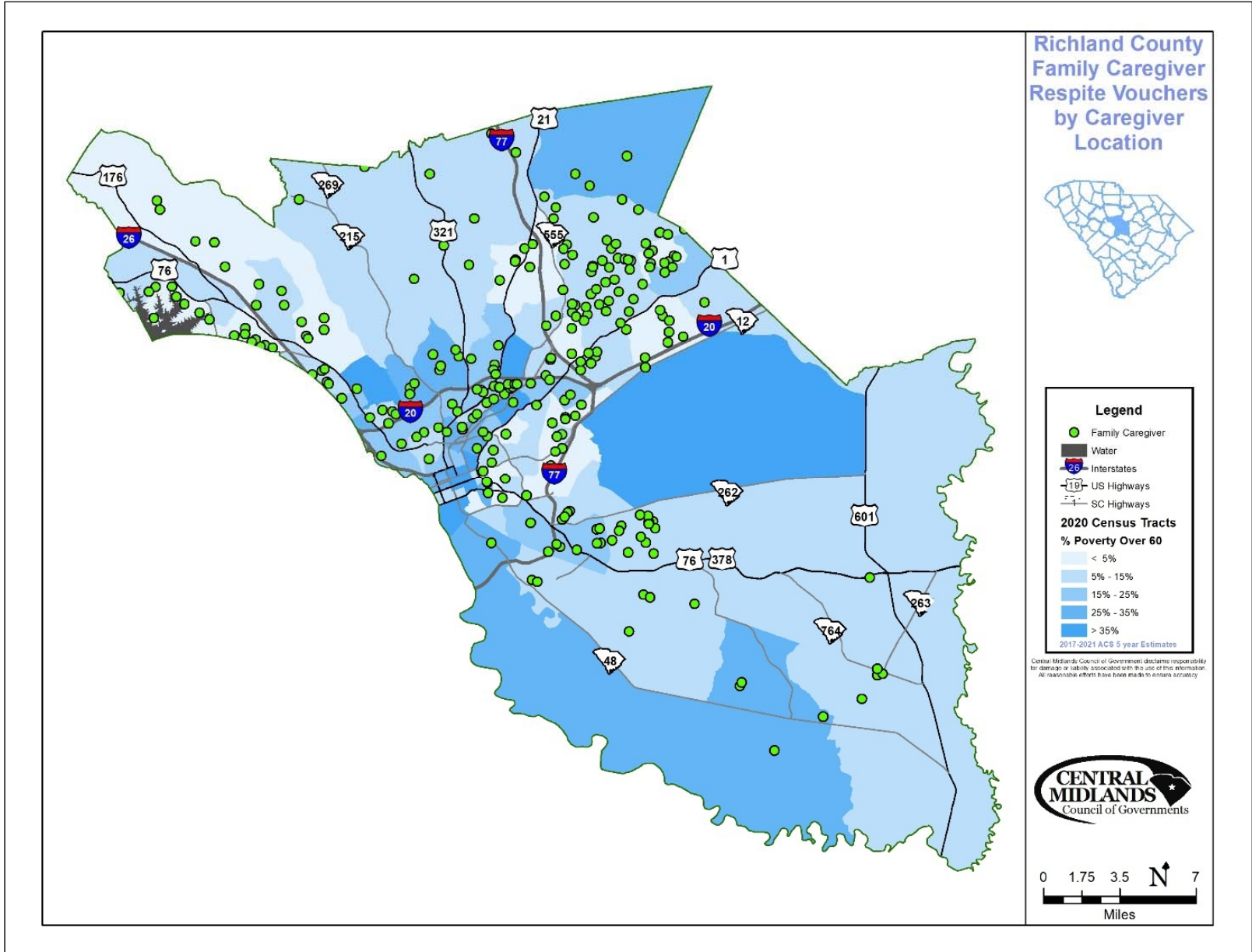


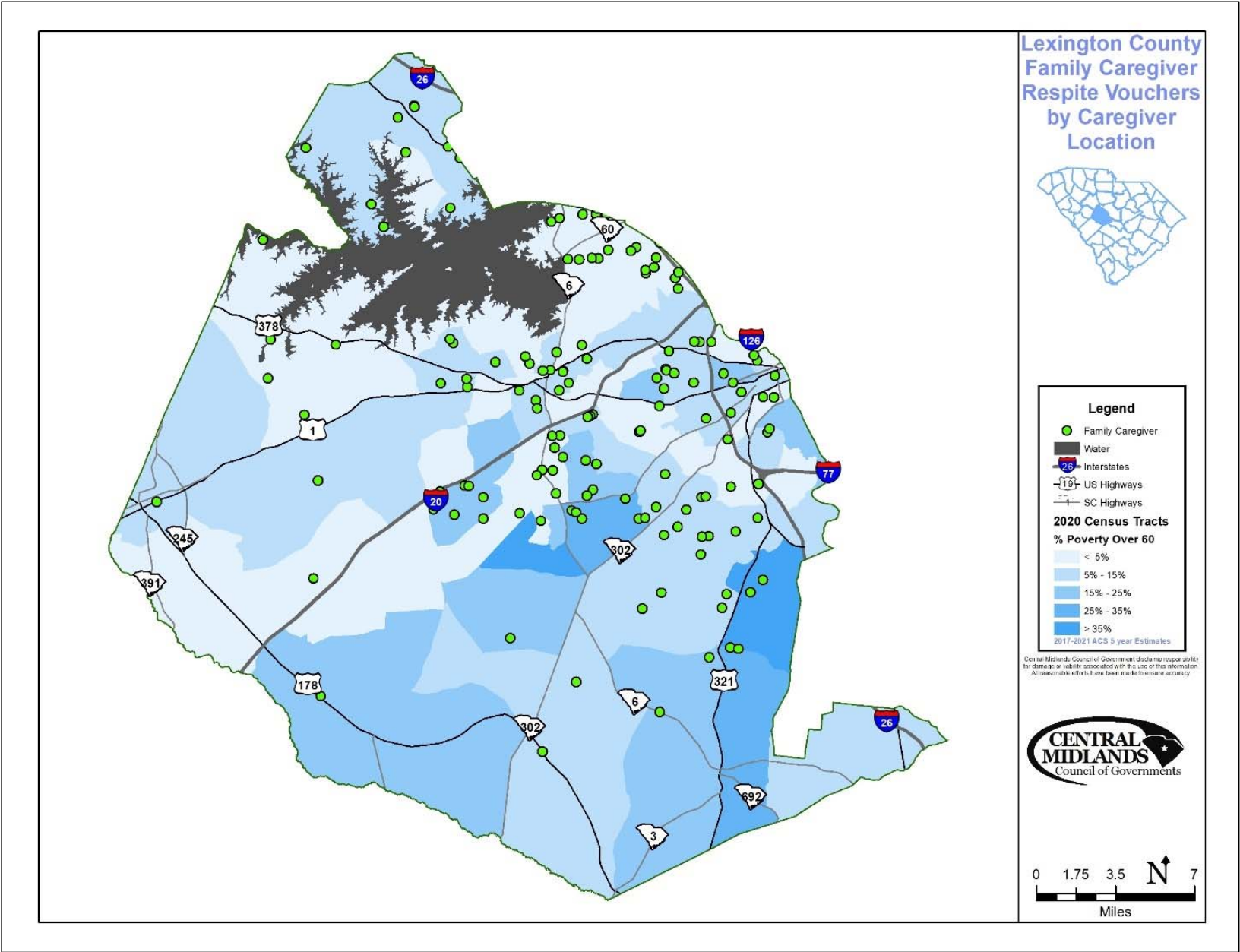


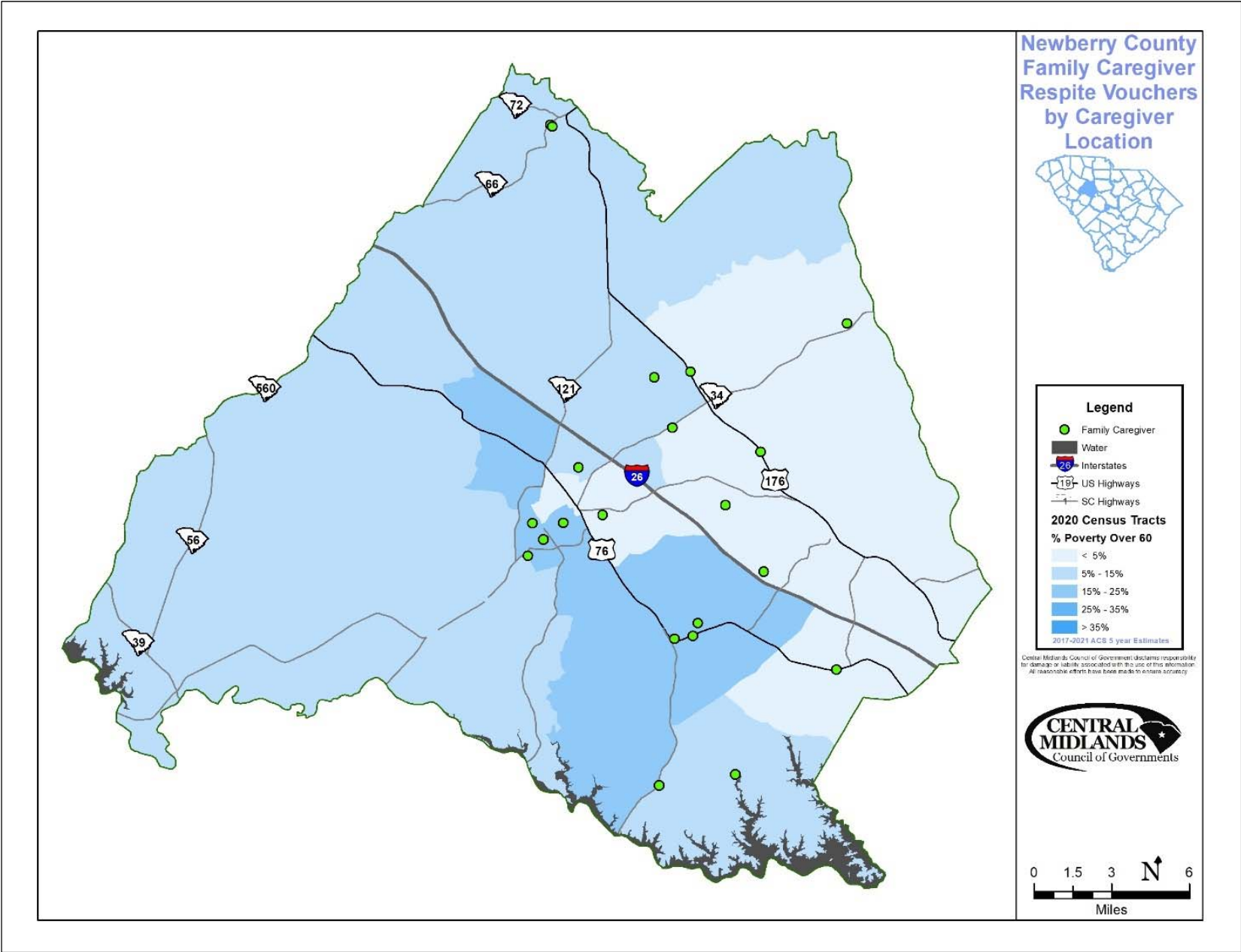




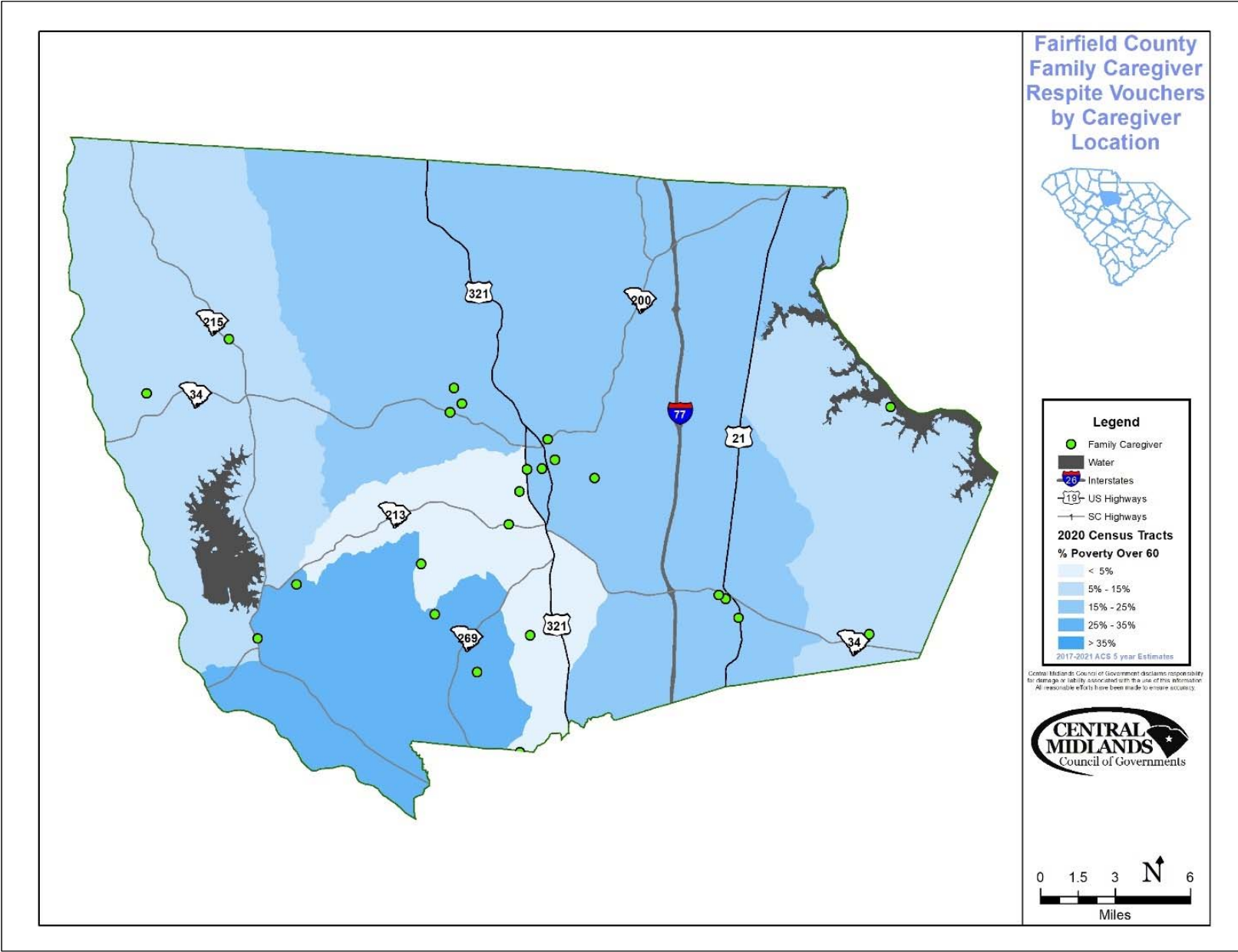












Senior Centers Mapping with III-D Table

Evidenced-Based Program (Name)	Site Name(s) /Virtual	County Name
Bingocize	Blythewood Wellness Center, Lourie Center Eastover Wellness Center Hopkins Wellness	Richland County
Arthritis Foundation Exercise Program	Columbia Wellness Eastover Wellness center	Richland County
Arthritis Foundation	Dave Waldrop, Whitmire Baker and Winnsboro	Newberry and Fairfield
Bingocize	Little Mountain	Newberry
No III-D Programming was offered at the following site/county FY22		
LCRAC	All 7 sites	Lexington County

# **Provider Sites**

Provider	Address	County	Check all that apply				
			Multi-purpose senior center	No congregate meals served	Group Dining Site	Focal Point	Intergenerational Site
Senior Resources, Inc.	Columbia Tillis Center 211 Simpkins Lane, Columbia, SC 29204	Richland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senior Resources, Inc.	Blythewood Wellness Center 1424 Marthan Road, Blythewood, SC 29016	Richland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senior Resources, Inc.	Eastover/Mamie Hilton Wellness Center 117 Henry Street, Eastover, SC 29044	Richland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senior Resources, Inc.	Hopkins Wellness Center 150 Hopkins Park Road, Hopkins, SC 29061	Richland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lexington County Recreation and Aging Commission	B-L Andre Bauer Center 241 Highland Ave, Batesburg-Leesville, SC 29006	Lexington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lexington County Recreation and Aging Commission	Gilbert Summit Center 409 Broad Street, Gilbert, SC 29054	Lexington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lexington County Recreation and Aging Commission	Lexington Center 108 Park Road, Lexington, SC 29072	Lexington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lexington County Recreation and Aging Commission	Pelion Center 210 Pine Street, Pelion, SC 29123	Lexington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lexington County Recreation and Aging Commission	Pine Ridge Center 1123 Courtney Drive, West Columbia, SC 29172	Lexington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lexington County Recreation and Aging Commission	Swansea Center 197 N. Lawrence Street, Swansea, SC 29160	Lexington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lexington County Recreation and Aging Commission	Tri-City Center 485 Brooks Avenue, West Columbia, 29169	Lexington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Newberry County Council on Aging	Waldrop Senior Center 1300 Hunt Street, Newberry SC 29108	Newberry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Newberry County Council on Aging	Baker Senior Center 310 Main Street, Whitmire, SC 29178	Newberry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Newberry County Council on Aging	Little Mountain Senior Center 16 Depot Street, Little Mountain, SC 29075	Newberry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fairfield County Council on Aging	210 E Washington Street, Winnsboro SC 29180	Fairfield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## **ATTACHMENT I – FISCAL**

### **Match**

The Central Midlands Area Agency on Aging has a great concern if we must provide the matching dollars for all services. For the past several years, SCDOA has provided all AAA's with the matching dollars, but a time may occur when the AAA will have to meet that match. In brainstorming of different methods to provide this match, Central Midlands will conduct fundraising activities, reach out local agency for donations, provide clients with the cost-sharing options, and applying for grants. If this were to occur the seniors in the region would be affected greatly. Most of the CMAAA contractors rely solely on the dollars of the AAA to carry out the current services. The larger counties can use local dollars to provide services, but moving to these options will put the rural areas at a disadvantage. Central Midlands will exhaust all options to meet the match, which will continue to meet the needs of the seniors.

The Central Midlands Council of Governments receives approximately \$650K in membership dues and \$125K in South Carolina State Aid. These funding sources will be available if additional matching dollars are needed. The CMAAA would also attempt to develop additional partnerships through other federal programs such as the Federal Transit Administration Section 5310 & Section 5311 Programs that can be used to support transportation services to seniors. The CMAAA will continue to identify local partnerships that are dedicated to serving seniors in order to create additional local funds that can be used to match federal funds that support senior services.

### **Fiscal Monitoring**

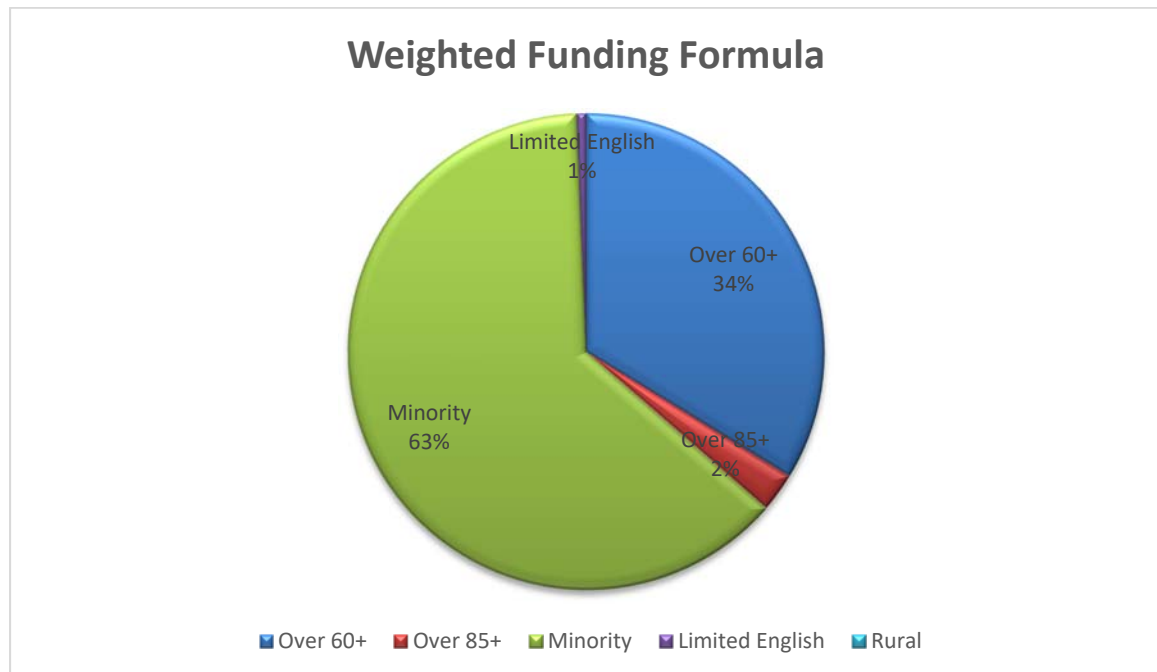
The AAA Director and program staff work closely to monitor the oversight of services provided by the contractors. Monthly desktop monitoring is completed on all services provided by contractors using the AIM reports, SC13 or LG45D. The AAA director monitors the units based on the reports and zMUSR and if any issues are identified the contractor is notified to make the needed corrections.

During the yearly Q&A, as part of monitoring units of services, the AAA Director is responsible for the task of reviewing sign-in sheet for CM and transportation (updated



insurance on all vehicles), HDM routes, mileage, and GRI collected throughout the year. Non-compliance or concern identified during the Q&As are reported to the contractor to make required change(s) immediately.

### Allocation Methodology



Central Midlands Area Agency on Aging uses the Intrastate Formula provided by SCDOA, which is based on the most recent Census data shown in the chart above. The Intrastate formula uses the weighted elements of poverty, two (2) ADLs, rural, minority, and other to determine the distribution to each county. Each of the services which include transportation, legal, assessments, home care 1, home care 2, congregate meals, home delivered meals, and Title III-D are included for each county.

Federal and State funds that have been approved in the notice of grant award are included in this formula. The formula uses the weighted elements to determine the recommended funding for each county. These amounts are adjusted based on average run-rates of each service provider and the need in each area.

Each year the CMCOG AAA works closely with the service providers to accurately determine the needs of each county for all services. Based on the results of the intrastate formula and the service provider meetings, a final determination is made to allocate the funding to each county for the provided services. All of the federal and state funds in the notice of grant award are allocated each year.

State ACE BINGO funding: Per South Carolina state allocations

### Competitive Procurement

Provider Name	Original Execution Date	End Date	Contractor/ Sub-recipient	Counties Served	Services Awarded
SC Legal Services	July 1, 2019	June 30, 2024	Contractor	Richland, Lexington, Newberry, Fairfield	Legal Services
Iacofano	July 1, 2019	June 30, 2024		Richland	Hot/Frozen Meals
Consumer Choice	July 1, 2022	June 30, 2023		Clarendon, Kershaw, Lee, and Sumter	Homemaker
Addus	July 1, 2019	June 30, 2022	Contractor	Clarendon, Kershaw, Lee, and Sumter	Homemaker/PCA
Consumer Choice	July 1, 2022	June 30, 2023		Clarendon, Kershaw, Lee, and Sumter	Homemaker
Senior Resources, INC	July 1, 2019	Nov. 11, 2024	Contractor	Richland	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion
Lexington County Recreation on Aging Commission COA	July 1, 2019	June 30, 2024	Contractor	Lexington	Congregate, Home Delivered Meals, Transportation,
Newberry County Council on Aging, COA	July 1, 2019	June 30, 2024	Contractor	Newberry	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion
Fairfield County Council on Aging, COA	July 1, 2019	June 30, 2024	Contractor	Fairfield	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion
Senior Catering	July 1, 2019	June 30, 2024	Contractor	Lexington, Fairfield, Newberry	Hot/Frozen meals

Central Midlands Area Agency on Aging 2023-2025