

Central Midlands Council of Governments
Area Agency on Aging

Central Midlands
Area Agency on Aging
Aging and Disability
Resource Center



*For the Central Midlands Region
Of South Carolina
Fairfield, Lexington,
Newberry & Richland
Counties*



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Verification of Intent

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

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

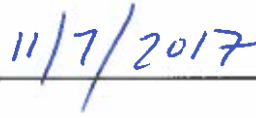
This plan contains assurances that it will be implemented under provisions of the Older Americans Act of 1965 during the period identified, as well as the written requirements of the Lieutenant Governor's Office on Aging and the South Carolina Aging Network's Policies and Procedures Manual.

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


Central Midlands Council of Governments/Area Agency on Aging



Planning Service Area Director



Date



Area Agency on Aging Director



Date

Executive Summary

All of the programs and services provided by Central Midlands Area Agency on Aging meet the requirements and objectives of the Older Americans Act, the South Carolina Aging Network's Policies and Procedures Manual, the terms and conditions set by the Lieutenant Governor's Office on Aging's (LGOA's) Multi-Grant NGA, and specific program instructions provided by the Administration for Community Living and the LGOA.

Area Agencies on Aging (AAA) across the nation are required to submit an Area Plan, typically every four years, that reflects future activities of the AAA to best serve the needs identified by older adults, adults with disabilities, and caregivers in their designated Planning and Service Area (PSA). The Central Midlands Aging and Disability Resource Center (ADRC) and Area Agency on Aging (AAA) serves four counties in the midlands of South Carolina. The four Counties are Fairfield, Lexington, Newberry and Richland counties.

The purpose of the Central Midlands Area Agency on Aging is:

- Plan, develop, fund, and provide a comprehensive and coordinated service delivery system to meet the needs of the older persons residing within the Planning and Service Area;
- Enter into contracts and vendor agreements with local service Contractors to furnish services at the community level;
- Serve as an advocate and focal point for the elderly within the community by monitoring, evaluating, and commenting on all policies, programs, and community actions that will affect the elderly, and monitor and evaluate the effectiveness and efficiency of service Contractors;
- Provide opportunities for community input on agency policies, procedures, and funding allocations; and coordinate with other service agencies to facilitate service delivery and access to the elderly;

The AAA conducted an extensive needs assessment of older adults in the past year, gathering survey responses from over 125 seniors whom attend senior centers in all four counties. The results provided significant and extensive information which has informed the planning process. An analysis of these results, along with other data sources, revealed that there were differences in the health status, nutritional needs, and access to caregiving services among those who were above financial self-sufficiency vs. those who are at or below. The top six concerns of all respondents, regardless of income, were: home delivered meals, homemaker services, and respite for caregivers, legal assistance, home repair and transportation.

The *Area Agency on Aging Area Plan: 2017–2021* is the roadmap that will guide the work of the AAA and is rooted in supporting the aging population living in the planning and service area.

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"*

Organizational Structure

The Central Midlands AAA/ADRC is a part of the Central Midlands Council of Governments. The Central Midlands Regional Planning Council was created by state legislation in 1969. Area agencies on aging were required by the Older Americans Act. The South Carolina Commission on Aging designated the Council as the region's Area Agency on Aging in 1977. As an arm of the Council, the Central Midlands Development Corporation (CMDC) was established as a South Carolina corporation on May 17, 1982. CMDC, a non-profit, is organized for charitable purposes as delineated in community development, environmental conservation, elderly services, and transportation improvement. The name of the Central Midlands Regional Planning Council was changed to Central Midlands Council of Governments in 1996.

CMCOG provides a wide range of services. The major activities are the Area Agency on Aging, Transportation Planning, Workforce Development, and Community Planning, Research and Demographics. The AAA is managed by a Director of the Area Agency on Aging, who reports to the Executive Director and Deputy Executive Director. The Long Term Ombudsman Director manages the Ombudsman program. The AAA Director and the Regional Ombudsman Director are both members of the CMCOG's management team, and advise the Executive Director, the RADAC and the CMCOG Board of Directors on aging-related issues.

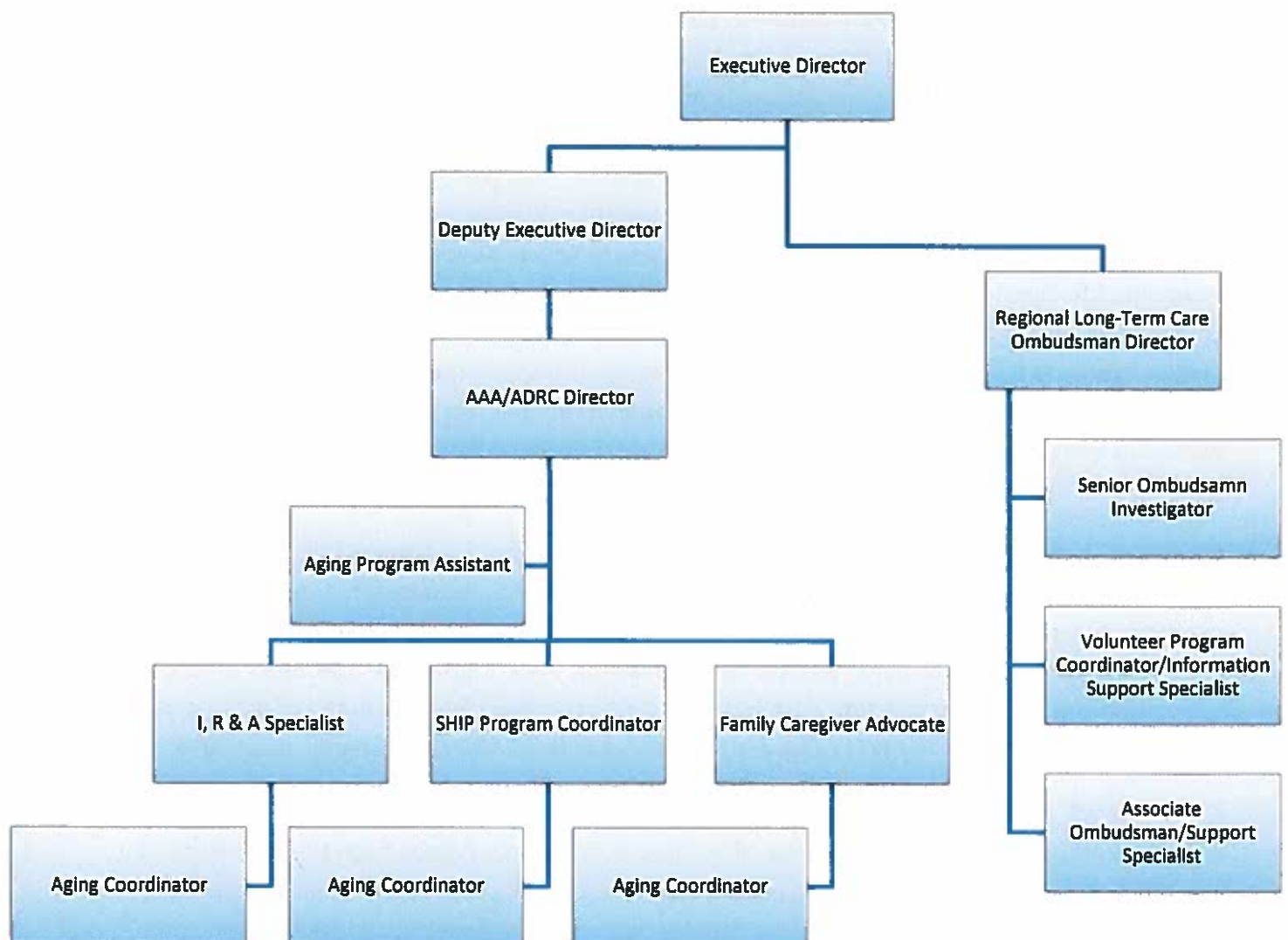
The AAA/ADRC Director oversees the aging and disability programs and the respective program staff that include:

- SHIP
- Family Caregiver Support Program
- Information, Referral & Assistance Program(IR &A) / ADRC information
- Client Selection/ Client Assessments

- Non- Older American Act programs include the My Will Program, Senior Squares and the Home Meds Program.

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

Central Midlands AAA/ADRC Organization Chart



Staff Experience and Qualifications

Benjamin J. Mauldin – Serves as the Executive Director for the Central Midlands Council of Governments in Columbia, South Carolina. The Council of Governments serves a population of 775,000 in Richland, Lexington, Newberry and Fairfield counties. The agency provides a range of local and regional planning services and technical assistance to local governments within the four-county region in a variety of fields, including transportation planning; aging services and programs; economic and community development; housing; environmental planning; GIS; governmental services; land use planning; research and statistics; and workforce development.

Mr. Mauldin has over 23 years of professional experience with the Central Midlands COG in areas ranging from transportation planning, geographic information systems to demographic research and information technology. Mr. Mauldin holds a Master of Criminal Justice degree in Research and Planning from the University of South Carolina and professional certifications in project management and information technology.

Reginald Simmons, MPA – Serves as the Deputy Executive Director for the Central Midlands Council of Governments. Mr. Simmons provides supervision and oversight to AAA/ADRC Program. Mr. Simmons has a Masters of Public Administration from Indiana State University. He has over eighteen (18) years of experience in managing federal grant programs at a senior and/or executive level. Mr. Simmons also serves as the Transportation Director and performs transportation analysis that assists in the coordination of human services and the purchase of accessible vehicles that are design to enhance the accessibility and mobility of seniors and persons with disabilities.

Cindy Curtis, MSW – Serves as the Director of the Area Agency on Aging/ADRC. Ms. Curtis is responsible for the day-to-day operations of the AAA/ADRC including but not limited to planning, program development, grant writing and grant management, resource development, community education, technical assistance and training. Ms. Curtis has a Masters in Social Work from the University of South Carolina. Ms. Curtis has been working in the social services industry for over twenty-one (21) years and has served as the AAA/ADRC Director since 2014.

Malia Ropel – Serves as the Finance Director for the Central Midlands Council of Governments. Ms. Ropel has a Bachelor of Science in Economics degree from the University of Maryland. Ms. Ropel has eleven (11) years of experience serving as an accountant and provides financial oversight with federal programs. She has served as the Aging Fiscal Officer for the past four years.

Anna Harmon – Serves as the Regional Long-Term Care Ombudsman Director for the Central Midlands Council of Governments. Ms. Harmon has 24 years of long-term care experience. She has served as Director of Social Services in nursing facilities. Ms. Harmon has been The Regional Long-Term Care Ombudsman since 1994.

Ms. Harmon is also a Licensed Baccalaureate Social Worker and earned her BA in Sociology from The University of South Carolina. Ms. Harmon and her staff have written educational guides and handbooks on long-term care which has been used in community trainings, physician's offices and hospice agencies. The handbooks are titled, Choosing Long-Term Care Placement and Empowering Residents and Families in Long-Term Care Facilities (which is also a Resident and Family Council Guide). She assists in developing materials for The Volunteer Ombudsman Program. She trains volunteer Ombudsman and the community on long-term care issues, abuse, neglect and exploitation. Ms. Harmon manages the ombudsman staff, advocates for resident, investigates complaints and writes findings.

Sheila Bell-Ford – Serves as the SHIP (State Health Insurance Plan) Coordinator for the AAA/ADRC. Ms. Bell-Ford has an Associate of Applied Science degree in Human Services and an Associate of Arts degree in Paralegal Services from Midlands Technical College. She is a Certified SHIP Worker, CIRS-A, and was DTV Coordinator for the National Telecommunications and Information Administration Grant. Ms. Bell-Ford has been trained in Advance Directives and provides advanced directives upon request. Along with her responsibility as SHIP Coordinator, Ms. Bell-Ford serves as the Nutrition Coordinator providing site inspections, nutrition and activities oversight at the senior centers.

JaJuana Davis – Serves as an Aging Program Coordinator for the Central Midlands Council of Governments. Since 2013, she has been certified to be SHIP counselor. Ms. Davis has a Bachelor of Science degree in Human Services from Springfield College. She is also certified to be an Information and Referral Specialist (CIRS-A) and provides support as an assessor providing in-home assessments.

Carol Boykin – Serves as the (I/R&A) Information/Referral & Assistant Specialist for the AAA/ADRC. She has held this position since August 2012. Ms. Boykin has a Bachelor of Science degree in Psychology from Georgia Southern College and SC State College. She has worked for 25 years with assisting people dealing with mental illness; substance abuse; victims of domestic violence; and with the aging population. Ms. Boykin is a Certified At-Risk Adult Crime Tactics Specialist (ACT) from the Georgia Department of Human Services and has experience to handle a crisis call. In 2014, Ms. Boykin became certified in Options Counseling, and in 2017, she earned a certification in Disability along with Aging thru the Alliance of Information & Referral Systems (AIRS). Previous positions she has held include RSVP Director, Senior Center Manager,

and SCSEP Manager and Intake/Gateway Specialist (CIRS-A) while working for The Legacy Link Area Agency on Aging/ADRC in Gainesville, GA.

Becky Baird, LMSW – Serves as the Family Caregiver Advocate for the AAA/ADRC. Ms. Baird has been working as a licensed social worker in South Carolina since 1992. She has a B.A. degree from the University of South Carolina in journalism, and earned her Master of Social Work degree from USC in 1992. She has experience in both state government programs as well as private businesses. Ms. Baird work history includes the Department of Social Services, Department of Mental Health, and the Department of Corrections. She has also worked for several hospice organizations.

Candice Holloway- Serves as the Family Caregiver Coordinator providing support to the Family Caregiver Support Program. Ms. Holloway has in Bachelors in Arts from the North Carolina Agricultural and Technical State University in Greensboro, North Carolina and her Masters in Art with a major in Gerontology from the University of North Carolina. Ms. Holloway is a certified Information, Referral Specialists for Aging and Disability (CIRS-A/D).

Jenny Andrews, MSW – Serves as an Aging Services Assessor Coordinator for the Area Agency on Aging. Ms. Andrews works with the Aging Services Assessors and schedules and coordinates in-home AIM assessments and provides in-home AIM assessments. Ms. Andrews has a B.A. in Human Services, Psychology and Sociology from Pfeiffer University. Ms. Andrews also received her Master's in Social Work from University of South Carolina. Ms. Andrews has previous experience in facility settings and Adult Protective Services. Ms. Andrews is also a Certified Information and Referral Specialist in Aging (CIRS-A).

Franicia Matthews – Serves as the Aging Services Assessor providing in-home AIM assessments for the Central Midlands Council of Governments. Ms. Matthews provides information to callers; assesses their needs; and assists them in locating appropriate resources. She advocates on behalf of clients to help ensure the provision of critical services. Ms. Matthews has a Bachelor of Arts Degree in Psychology from Winthrop University and a Masters of Arts Degree in Professional Counseling from Webster University. She has worked with adults with disabilities both physical and intellectual, has done case management of Medicaid Waiver Services and was a part of the Crisis Intervention Team with Easter Seals of NC & VA as a coordinator in the START (now called REACH) Program.

Tamara Friday- Serves as the Aging Services Assessor providing in-home AIM assessments for the Central Midlands Council of Governments. Ms. Friday provides information to callers; assesses their needs; and assists them in locating appropriate resources. She advocates on behalf of clients to help ensure the provision of critical services. Ms. Friday holds her Bachelor's Degree in Sociology from the University of South Carolina, M.A, Human Resources Management from Webster University and her Master in Social Work from Simmons College. Ms. Friday has

served at a case manager with DDSN for over 8 years as well as DDSN Central Office as an eligibility coordinator for over 3 years to include counties York to Calhoun counties. Her work history includes the Medicaid Waiver Management program as well as the Community Long Term Care program.

Kaitlin Marushia – The Aging Administrative Assistant is currently working towards her Associate's degree from Midlands Technical College. She is currently certified as an Administrative Professional. Ms. Marushia serves as supportive staff for the AAA Director and provides support to numerous aging programs and committee meetings including the RADAC and Silver Haired Legislators meetings. She is currently a member of the Midlands Technical College Alumni Association. Ms. Marushia's work history includes Midlands Technical College, Affordable Medical USA, and Herndon Chevrolet.

LaToya Buggs-Williams – Serves a Senior Long-Term Care Ombudsman Investigator. Ms. Williams has been Certified Ombudsman for over 13 years and previously was also the Volunteer Coordinator. She holds a Baccalaureate Degree.

Fretoria Addison – Serves as the Ombudsman Volunteer Program Coordinator/Information Support Specialist, she also performs administrative and program support such as complaint intake and follow-up, advocacy, trainings and presentations. Ms. Addison coordinates all volunteer trainings, provides direction, support and consultation for all volunteers and volunteer functions within the Central Midlands Long-Term Care Ombudsman Program. Ms. Addison has been with the Ombudsman Program for over 7 years.

Laurie Giarratano – Serves as the Associate Long-Term Care Ombudsman/Support Specialist. She has been with the Central Midlands Regional Long-Term Care Ombudsman Program since 2013 Ms. Giarratano has a Bachelor's of Arts in Geography and in Media Arts from the University of South Carolina.

Regional Aging Advisory Committee and Board of Directors

Fairfield County

Mary Gail Douglas (Chair)

Newberry County

Vina Abrams

Betty Schumpert

Lexington County

Bill Banning

Peggy Butler

Dr. Lorraine Fowler

Mary Joyner

Thomas Lloyd

Kay Mitchell

Joyce Mize

Richland County

Cookie Brooks

Larry Cooke

Ellen Cooper

Julie Ann Dixon (Vice Chair)

Mike Gutshall

Dr. Stephen Lloyd

Joyce Mason

Nate Rhodes

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.

Central Midlands Council of Government Board of Directors

FAIRFIELD COUNTY

David Brown

William (Billy) Smith, Jr. - *Elected*

VACANT SEAT

Winnsboro

Dr. Roger Gaddy, Mayor (**CHAIR**) - *Elected*

Fairfield County Legislative Delegation

Rep. MaryGail Douglas

LEXINGTON COUNTY

Melissa Atkins

Paul Lawrence "Larry" Brigham, Jr. - *Elected*

John W. Carrigg, Jr.

M. Todd Cullum, Councilman - *Elected*

George H. "Smokey" Davis

Erin Long Bergeson - *Elected*

Earl McLeod, Jr.

Joe Mergo, III, Administrator

Charles Simpkins

Debbie Summers, Councilwoman - *Elected*

Phillip Heyward Yarborough - *Elected*

Batesburg-Leesville

Todd O'Dell, Councilman - *Elected*

Cayce

Elise Partin, Mayor - *Elected*

Irmo

Kathy Condom, Councilwoman - *Elected*

Lexington, Town

Steve MacDougall, Mayor - *Elected*

Springdale

Juston Ricard, Councilman - *Elected*

West Columbia

Bobby Horton - *Elected*

Lexington County Legislative Delegation

Micah Caskey - *Elected*

NEWBERRY COUNTY

Vina Abrams

William (Bill) Waldrop, Councilman - *Elected*

VACANT SEAT

Newberry, City

Zebbie Goudelock, Councilman - *Elected*

Newberry County Legislative Delegation

Walton J. McLeod

RICHLAND COUNTY

Michael B. Bailey

Connie Breeden

Susan Brill

Alfred Comfort, III

Kendall Corley

Joyce Dickerson, Councilwoman - *Elected*

Julie Ann Dixon

Norman Jackson, Councilman (**VICE-CHAIR**) - *Elected*

Paul Livingston, Councilman - *Elected*

Anthony Mizzell

VACANT SEAT

VACANT SEAT

Blythewood

Malcolm Gordge, Councilman - *Elected*

Columbia

Ellen Cooper

Sam Davis, Councilman - *Elected*

Shawn C. Epps

John N. Hardee (**IMM PAST CHAIR**)

Tameika Isaac Devine, Councilwoman - *Elected*

William Leidinger

Teresa Wilson

Forest Acres

Mark Williams, City Administrator

Richland County Legislative Delegation

Rep. Jimmy C. Bales - *Elected*

KERSHAW COUNTY

Dennis Arledge, Councilman

Central Midlands Council of Governments Area Agency on Aging

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

Client Assessments

Based on the new assessment policies issued by the Lt Governor's Office on Aging on January 19 2016, all Area Agencies on Aging will be required to conduct assessments on all clients receiving services paid for with OAA (Older American Act) federal and state funds effective July 1, 2017. The Central Midlands Area Agency on Aging will implement this new policy requirement using current staff and the hiring of one additional staff person to conduct AIM assessments in the four counties beginning July 1, 2017.

Clients who are currently receiving services are required to receive an annual in-home re-assessment in order to continue receiving services. Annual re-assessments on existing clients will also be assessed by the AAA/ADRC and referred to the local contractor once reviewed and approved for services by the AAA/ADRC.

New clients referred by outside agencies and county councils on aging will go through in-take process that includes obtaining basic demographic information and information surrounding the need for requested services. Once the client is deemed eligible for the service(s), the client will receive a comprehensive assessment. The completed assessment will be reviewed and approved by AAA/ADRC staff and referred to the local contractor for services using the approval form. If the services are not available due to limited funding, the client will be added to the service waiting list based on their priority score upon completing the AIM assessment. The Area Agency on Aging will select the next available client once the service is available based on the client's priority score and remove the client from the waiting list. The AAA/ADRC will keep a current and up-to-date waiting list.

All clients that are assessed by the AAA/ADRC assessors will be referred to any eligible services available throughout the community including AAA/ADRC services such as SHIP counseling, Family Caregiver Support and referred to the IR&A program for additional resources.

Upon every completed assessment, data will be entered into the AIM software program by the AIM assessor who completed the assessment on the client. Any client denied services will have a letter sent to the client by the AIM assessor and a copy will be forwarded to the local contractor.

The Central Midlands Area Agency on Aging will hire one new AIM assessor, and use 2 program coordinators from two existing aging programs to perform the in-home AIM assessments. An additional program coordinator from the SHIP program will be used part-time to perform in-take calls and referrals. Extra support will also be provided by the AAA/ADRC Administrative Assistant and the

AAA/ADRC Director. Based on the number of assessments from the four counties, the AAA/ADRC will need to perform approximately 2000 AIM assessments per year.

Ten-Year Forecast for the Central Midlands Region

From 2017 to 2027 the CMCOG region is projected to gain 44,650 senior citizens a 22.6% increase. Within the four-county CMCOG region will experience a great percentage of growth in Fairfield 13.5 %, Lexington 26.2%, Newberry 14.0% and Richland County 21.1%., These results are shown below:

60+ Population Comparison for Central Midlands Region for the next 10 years*			
	2017	2027	% increase
Fairfield	6,410	7,410	13.5%
Lexington	63,420	85,910	26.2%
Newberry	9,980	11,610	14.0%
Richland	73,040	92,570	21.1%
Central Midlands AAA	152,850	197,500	18.7% averaged increase region- wide

*Data is from SC Revenue and Fiscal Affairs Office.

FAIRFIELD COUNTY

Fairfield County has as a total area of 710 square miles. As of the 2017 estimates, its senior population was 6,410 and is expected to grow to 7,410 by 2027, a 13.5% increase. 20.7% of those aged 60 or over are living below the poverty line. Towns in Fairfield County are Jenkinsville, Ridgeway and Winnsboro (county seat).

LEXINGTON COUNTY

Lexington County has seen the fastest increase in population since 2017 of any county in the Central Midlands Region at over 26.2% increase in their senior population. The county has a total area of 758 square miles. As of the 2017 estimates, the senior population was 63,420 and is expected to grow to 85,910 by 2027. 8.4% of the population age 60 or over are living below the poverty line. Towns in Lexington County are Batesburg-Leesville (partly in Saluda County), Cayce, Chapin, Gaston, Gilbert, Irmo (partly in Richland County), Lexington (county seat), Pelion, Pine Ridge, South Congaree, Springdale, Summit, Swansea and West Columbia.

NEWBERRY COUNTY

Newberry County has a total area of 647 square miles. Newberry County's senior population in 2017 is estimated to be 9,980 and expected to grow to 11,610 by the year 2027, a 14.0% increase. 10.9% of those aged 65 or over live below the poverty line. The towns located in Newberry County are Little Mountain, Newberry (County Seat), Peak, Pomaria, Prosperity, Silverstreet and Whitmire

RICHLAND COUNTY

Richland County has a total area of 772 miles. Richland County's senior population in 2017 is estimated 73,040 and is projected to grow by 2027 to 92,570, a 21.1% increase. 9.7% of those aged 60 and older live below the poverty line. The Cities in Richland County are Columbia (county seat) (Partly in Lexington County) and Forest Acres. The towns in Richland County are Arcadia Lakes, Blythewood, Eastover and Irmo (mostly in Lexington County).

Regional Challenges

With the anticipated growth of the senior population at almost 22.6% by 2027, the Central Midlands AAA/ADRC will face numerous challenges in the next ten years. Below is an overview of some of the regional challenges:

- a.) **Transportation Systems** –Transportation in the four counties remains as a significant problem for our senior population. In Richland County, there are pockets of coverage through the Central Midlands Regional Transit Authority (CMTRA) bus system. Currently, the CMTRA is purchasing new buses and DART vehicles to ensure safety and consistency in serving clients in Richland County with locations near designated bus routes. The Comet (CMRTA) is always reviewing and evaluating their routes. Expansions of their routes also encompass the fixed route system within a three-quarter mile buffer. In the rural areas of Eastover & Hopkins, bus services and transportation is almost non-existent. Also serving the Harbison area of Richland County is the Harbison Wheels program. Another small assisted rides program is currently being piloted in the West Columbia/Cayce area with collaboration with the faith-based community. Senior Resources. provides transportation to doctor appointments and other medical-related trips, including the pharmacy. The Senior Wheels service is currently available only to existing clients in our Meals on Wheels, Home Care or Wellness Center programs. Newberry County has public transit and offers van and transportation to medical appointments and grocery shopping. While there are pockets of transportation coverage, there remain large gaps, especially in the rural areas of the region, where seniors need basic transportation to medical appointments and essential shopping. Current funding is limited and it is mainly used to provide transportation to senior meal sites and non-emergency medical appointment for existing senior center clients.

- b.) **Nutrition Services** –Good nutrition helps keep our seniors healthy and even reduces falls and hospitalization. For those that attend the senior centers for congregate meals, the social interaction equates to social wellness. Keeping seniors engaged and participating in the group dining program is the focus of our meal program. For those who are unable to attend a group setting, home delivered meals will be delivered to those eligible. Waiting lists for Home Delivered meals is constant for Richland County. Lexington County may soon need to consider putting a cap on how many seniors they can feed. Newberry and Fairfield, while they have no waiting lists, have rural areas in the county that are difficult to reach due to limited transportation funds and volunteers. According to the “Food Insecurity among Older Adults” report in 2015 from AARP, South Carolina ranks 3rd lowest in the nation for older adults age 60 and older. With those 60 and older as part of the fastest growing sector of our population, the waiting lists for services are expected to grow exponentially.
- c.) **Information and Referral** – Is the gateway for many of our callers to find much needed resources and services that can allow them to age in place at home. Collaborating with numerous agency and non-profit organizations help of staff stay aware of new resources while sharing common goals in helping our seniors.
- d.) **Affordable Housing** – Affordable Housing in the metro areas is becoming scarce and much more expensive. The Central Midlands AAA/ADRC works closely with the Housing Authorities in each county to provide listings to the low income residents.
- e.) **Medical Facilities** –There are eleven major hospitals in the Central Midlands Region including the Dorn VA Hospital. Daily referrals come into the AAA/ADRC for services including respite and home delivered meals.
- f.) **Workforce Availability** – As of February 2017, unemployment rate for Richland County is 4.4%, Newberry is 4.1%, Fairfield is the highest at 6.6% and Lexington has the lowest unemployment rate at 3.8%
- g.) **Long Term Care Systems** – Currently, there are 6,881 nursing home facility beds in the Central Midlands region and 111 facilities. The average monthly cost for a monthly nursing home bed ranges from \$5,000-\$8,000. Care transitions such as home delivered meals, homemaker services and personal care, may allow for a senior to remain in the home longer and possibly delay facility placement.
- h.) **Service Expectations of Seniors and Caregivers** – By providing Seniors and Caregivers with resources, counseling and support, the Central Midlands AAA/ADRC staff have experienced the

reward that comes from hearing from our seniors and caregivers how much the information and support has helped them in their time of need or learning to adjust to a new lifestyle. Hence, the AAA/ADRC staff will continue to strive to support our seniors and caregivers on a daily basis with the most professional and caring manner.

- i.) **Distribution of Existing Resources** – The programs offered through the Central Midlands AAA/ADRC and its Contractors will reflect the needs of the senior population in which it serves in accordance to the Older Americans Act and state policies.
- j.) **Creation of New Resources** – The AAA/ADRC will continue to explore, develop, and identify new resources that enable seniors to stay active in their homes and in their communities.
- k.) **Policy Changes** – The Central Midlands AAA/ADRC will adhere to any policy changes from the federal, state or regional requirements.
- l.) **Development and Location of Multipurpose Senior Centers** – The Central Midlands AAA/ADRC will work with the Councils on Aging, the faith-based community and other non-profit organizations in each county to identify opportunities and provide technical assistance to increase the number of multipurpose senior centers in the region.
- m.) **Emergency Preparedness** – The Central Midlands AAA/ADRC attends monthly health care coalition meetings and participates in staying aware and updated on community awareness surrounding the region's and state-wide programs surrounding emergency preparedness. The Area Agency on Aging continues to work with the county council on aging in the distribution of information such as the SC Hurricane Guide from the SC Emergency Management Division to help ensure the safety of our growing senior population.

Focus Area for FY 2017 Area Plan

To meet the challenges associated with South Carolina's growing elder population; the Central Midlands AA/ADRC has identified the following goals and will strive to achieve the following goals in the State Plan 2017-2021:

Goal 1: Empower older people, individuals with disabilities, their families, and other consumers by providing them information, education, and counseling that will allow them to live as independently as possible in their own homes and in the community.

Goal 2: Provide home and community based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers.

Goal 3: Health and Wellness – Empower older people and their caregivers living at home to live active, healthy lives to improve their mental, behavioral, and physical health status.

Goal 4: Through the Long Term Care Ombudsman Program, ensure the rights of older adults and persons with disabilities and prevent abuse, neglect and exploitation.

Goal 5: Maintain effective and responsible management of Older Americans Act (OAA) and State funded services offered through the LGOA and administered through the four Contractors.

Goal 1: Empower older people, individuals with disabilities, their families, and other consumers by providing them information, education, and counseling that will allow them to live as independently as possible in their own homes and in the community.

Objective 1.1: Central Midlands Aging, Disability and Resource Center

I & R/A services include assisting and advocating for aging and disabled individuals and their families, in all geographic areas in counties served, who need special support. This will be accomplished by promoting self-confidence and self-determination thru education, planning and problem solving in order to bring them and needed resources together. The success of the program will be determined by ensuring reasonably convenient access to I & R/A services; and, assuring senior and disabled individual's needs are being served. Services will continue to expand to serve the disabled population as funding allows.

Annual Performance Measures

- A 5% increase in the number of calls and contacts the Central Midlands AAA/ADRC conducts
- Track unmet needs in SC Access.
- Increase efforts in collaborating with non-profits and social services agencies by 5%.

Strategies and Action Steps

- Increase efforts to partner with minority organizations through outreach efforts and by attending community healthcare fairs.
- Use a holistic approach when serving the client's needs and providing them available resources and services.
- Provide educational workshops and presentations during outreach events that include available services at the AAA/ADRC and through contracted Contractors.
- Work with United Way of the Midlands 211 telephone information system in assisting clients with pertinent information about aging services, programs and their respective agencies.

Objective 1.2: Insurance and Medicare Counseling

The Central Midlands Council of Governments AAA/ADRC State Health Insurance Assistance Program (SHIP, formally known as I-CARE) includes providing accurate information on all Medicare issues, reaching beneficiaries who need help in understanding all facets of Medicare, and reaching beneficiaries who need all the "Extra Help" programs offered by the state and the federal government. The AAA/ADRC will strengthen the partnership with the Lieutenant Governor's Office on Aging SHIP Program to assist with training and developing community contacts.

Performance Measure 1- Number of total client contacts (20% weight) – Central Midlands SHIP
program exceeded this measure with a performance of 100.0%.

Performance Measure 2- Number of persons reached through presentations (10% weight) – Central Midlands SHIP program exceeded this measure with a performance of 41.50% -interactive presentations to public and 46.75% booth or exhibits/health/senior fairs.

Performance Measure 3- Number of substantial, personal, direct client contacts (15% weight) - Central Midlands SHIP program exceeded this measure with a performance of 81.4%.

Performance Measure 4-Number of contacts with Medicare beneficiaries coded as in the CMS-defined Disabled program (10% weight) - Central Midlands SHIP program exceeded this measure with a performance of 28.4%.

Performance Measure 5- Number of unduplicated low-income Medicare beneficiary contacts (15% weight) - Central Midlands SHIP program exceeded this measure with a performance of 16.7% LIS eligibility/screening, 19.2% LIS benefit explanation and 2.8% LIS application assistance.

Performance Measure 6- Number of unduplicated enrollment contacts (10% weight) - Central Midlands SHIP program exceeded this measure with a performance of 16.0% Medicare Part D, 10.5% Medicare Advantage Medicare Supplement 10.4%, Medicaid MSP 12.8%, MSP application assistance 13.6%.

Performance Measure 7- Number of unduplicated Part D enrollment contacts (10% weight) - Central Midlands SHIP program exceeded this measure with a performance of 18.4%.

Performance Measure 8- Total counselor hours (10% weight) - Central Midlands SHIP program exceeded this measure with a performance of 855.42%.

Strategies and Action Steps

- The SHIP program will explore contacts made through involvement with the Interagency Network in Richland and Fairfield counties.
- The SHIP program will continue to strengthen the relationships with the faith based community, SC Hispanic Leadership Council and other civic organizations through the development of partnerships.
- The SHIP program will also continue contacts with the local libraries in the communities; one partnership with a local library has already been established. With these resources, we should be able to reach some of the underserved populations.

Goal 2: Provide home and community based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers.

Objective 2.1: Family Caregiver Support Program (FCSP)

The goal of the Central Midlands FCSP is to enhance the ability of unpaid caregivers in the home to better meet the needs of the care-receiver, and to improve their own health and overall well-being. By doing so, the care-receiver is often able to stay at home longer and avoid the immediate need for nursing home placement.

The FCSP staff attempts to tailor the service to the needs of each caregiver's unique situation. One way to better meet their needs is to allow the caregivers the choice of how to use the respite service in the way that is most effective from their own perspective. The caregivers have the option to use a short term facility stay for the care-receiver, or they may choose adult day care if that is more appropriate. They also have the option of choosing any licensed in-home care agency to provide services in the home so that they can have a short break from those responsibilities. Ultimately, it is the decision of the caregiver about which service is most helpful, as well as which provider will best meet their needs.

Annual Performance Measures

- Provide most current/accurate resource information to caregiver's and their families
- Improve timeliness of service delivery
- Identify possible funding for summer activities for Seniors Raising Children
- Identify opportunities for individual/group counseling, support groups, and training to increase consumer choice

Strategies and Action Steps

In communicating with the caregivers, staff may provide information or assistance in addressing any or all of the components of the FCSP:

- All FCSP staff is AIRS certified in order to assure competency in their performance of making appropriate referrals. Staff is continuously forming new partnerships in the community and updating information used in making referrals.
- Decrease the amount of time it takes to process an application, determine eligibility and provide the CG with either a voucher or letter of intent or ineligibility or non-priority. Respite care services. Staff sets up the budget within program parameters as soon as the information becomes available, and assists clients with all respite services. Tracking includes when application was received and date respite voucher was issued.
- Continued outreach and support for Seniors Raising Children in providing back-to-school supplies and respite in the form of summer camps. Since the funding sources change from year-to-year, outreach and networking efforts are on-going.
- The Central Midlands office offers a monthly *Caring for the Caregiver* support group for caregivers, and can offer individual counseling if needed by telephone or appointment. Monthly attendance will be measured through sign-in sheets and added outreach efforts

made with all new respite applications of the available service. Additional resources are offered to caregiver's in an effort to provide them additional support.

Goal 3: Health and Wellness – Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status.

Objective 3.1: Evidence Based Prevention and Wellness Programs

Increase the number of older adults participating in evidenced-based health prevention and wellness programs and ensure all trainers have current certifications.

Annual Performance Measures

- Increase the number of older adults participating in evidenced-based programs by 5%.
- Require Contractors utilizing evidence-based programs to provide Central Midlands AAA/ADRC with quarterly reports detailing the program activities and attendance and submit copies of trainer's current certifications.

Strategies and Action Steps

- Funding for the evidenced-based program, HomeMeds, was secured through grant funding provided by a non-profit organization. Training and implementation of the program HomeMeds is targeted for 2018. HomeMeds will provide medication review and reporting by a pharmacist for clients who elect to have the review done while being assessed in their homes for AAA/ADRC services. The HomeMeds program reports in having positive outcomes on the participants including reducing falls and emergency hospitalizations. HomeMeds has a cost saving value to the senior by reducing unnecessary and/or duplicated medications.
- The HomeMeds program will add to the existing evidence-based exercise programs available in the senior centers such as Arthritis Foundation Exercise Program (AFEP) and Walk With Ease.

Objective 3.2 Nutrition Programs and Services

Increase the number of eligible adults served healthy meals through group dining program and home delivered meal program. Ensure that the meals served are: appetizing; meet LGOA nutritional guidelines; provide senior client satisfaction; ensure that the nutritional program is cost efficient; and meets all state and federal guidelines for food safety.

Annual Performance Measures

- Increase the number of meal clients served by 5 percent annually.
- Decrease the number of seniors with food insecurity by 5%.
- Perform client satisfaction surveys on an annual basis by contractor with the goal of increasing client satisfaction by 5%.
- Attend quarterly nutrition meetings held at the LGOA.

Strategies and Action Steps

- Meet quarterly with Contractors to provide feedback and recommendations on food quality and future menus.
- Meet quarterly with Contractors to ensure services provided on in compliance and review current policies and procedures.
- Evaluate clients through the LGOA assessments for food insecurities and utilize, whenever possible, by referring senior clients to the 5 programs that address senior hunger: Senior Farmer's Market Nutrition Program (SFMNP), The Emergency Food Assistance Program (TEFAP), Healthy Bucks, The Elderly Simplified Application Project (ESAP) and The Commodity Supplemental Food Program (CSFP). Additionally, as funding allows, upon performing the required in-home assessment by AAA staff, seniors founds with a food insecurities status will received the Senior Squares box offering 7 days' worth of shelf-stable meals.
- Perform annual client satisfaction survey to gather feedback on the quality of the service, menu options, and satisfaction with the nutrition program.
- Explore food choice programs whereby the congregate meal site participants can chose their meals ahead of time between based on a presented menu. A food choice program can reduce food waste, increase food safety and provide better client satisfaction.

Objective 3.3: Non-OAA Programming- "Senior Squares- Square Meals Just In Time" Program

The Central Midlands Area Agency on Aging has created a heart-felt pilot program to combat the growing problem of finding seniors, while making a home visit in performing the LGOA assessment, that they have no food, or is food insecure - having less than a three day supply of food in the home. Getting the senior home-delivered meals, to a food bank, or qualified for SNAP benefits can take days, even weeks. South Carolina ranks 3rd lowest in the nation of individuals age 60 and older for food insecurity.

Senior Squares is a gift, a gift of food that can be provided immediately by the staff of the Area Agency on Aging. Inside the box of food, the senior will find enough shelf stable food to provide seven (7) breakfasts and seven (7) suppers. Seniors will also find a handy menu guide with nutritional facts listed after each meal that was reviewed by a registered dietitian and meets all state and federal guidelines.

The Central Midlands Area Agency on Aging, along with partnering with The Harvest Hope Food Bank, strives to provide good nutrition and support for our senior citizens, aged 60 and older, living in Richland, Lexington, Newberry and Fairfield.

The funds used to support this program come from donations, fundraising and grant writing efforts and are supported by the Central Midlands Development Corporation, a 501(3) (c) non-profit organization under the Central Midlands Council of Governments.

Annual Performance Measures

- Capture data and analyze frequency and where food insecurities are prevalent in the Central Midlands AAA/ADRC region.
- Evaluate clients through the LGOA assessments for food insecurities and utilize, whenever possible, referring clients to the 5 program that address senior hunger: Senior Farmer's Market Nutrition Program (SFMNP), The Emergency Food Assistance Program (TEFAP), Healthy Bucks, The Elderly Simplified Application Project (ESAP) and The Commodity Supplemental Food Program (CSFP).
- Perform client satisfaction surveys on an annual basis by contractor with the goal of increasing client satisfaction by 5%.

Strategies and Action Steps

- Continue to pursue funding sources including the sale of the CM AAA/ADRC Senior & Disability Resource Directory, grant writing and donations through the Central Midlands Development Corporation, a 501(3) (c) status. Any inquiries about the CM AAA/ADRC Senior & Disability Resource Directory, please call Kaitlin Marushia at (803)376.5390.
- Advertise Senior Squares through web page, social media, and outreach events in seeking donations to support the program.

Objective 3.4: Enhancing Central Midland's Senior Centers

Senior centers are designated as community focal points that not only provide helpful resources to older adults, but serve the entire community with information on aging; support for family caregivers, training professionals and students; and developments of innovative approaches to aging issues. It is the goal of the Central Midlands AAA/ADRC to make all senior centers focal points for older adults in the region.

Strategies and Action Steps

- Encourage and support applying for PIP funding to enhance, repair and remodel senior centers to adjust for growth and expansion in anticipation of the aging population growth predictions.
- Evaluate and modify, as needed, the Senior Center program and provide support to senior centers that are striving to meet the needs of the current population and to embrace the needs of the emerging baby boomer population.
- Senior centers are encouraged to use the National Council on Aging's established senior center standards and to model their best practice facilities, resulting in accredited and successful senior centers.
- Conduct site visits to assess operations, services, and activities.

- Periodic reviews, that include desktop and site visits to the meal sites, to ensure that state and federal guidelines are being followed at senior centers.
- Work with the Contractors to offer more availability of evidence-based activities for adults at senior centers.

Objective 3.5: Emergency Preparedness and Coordination

During a disaster, Central Midlands AAA/ADRC has daily contact with local contract agencies and will work together to coordinate and to assist in service delivery. Depending on the scope of the disaster, the Central Midlands AAA/ADRC may be required to become a direct contractor as it assists service Contractors to locate at-risk clients, and help to arrange or deliver services. The Central Midlands AAA/ADRC will work closely with existing, authorized and experienced local service Contractors and county authorities within the regional aging network. This Standard Operating Procedures (SOP) for Emergencies and Disasters apply to the paid and volunteer personnel of the Central Midlands Aging and Disability Resource Center.

Annual Performance Measures

- Coordinate with county aging service Contractors; review provider disaster plans - AAA/ADRC Director, I & R/A Specialist
- Communicate with State Unit Aging - LGOA
- Communicate and coordinate with other AAA/ADRC Directors
- Coordinate with caterer – County Councils on Aging (COA)
- Safeguard internal records and property; insure availability of fully battery-powered laptop computers for client tracking – AAA/ADRC Director, I & R/A Specialist, Long Term Care Ombudsman, Research Staff
- Education and training of staff – I & R/A Specialist
- Maintenance of SOP - AAA/ADRC Director, I & R/A Specialist
- Maintenance of Emergency Lists – AIM – AAA/ADRC Director, County Councils on Aging (COA), list of facility's relocation plans, providers running list on clients needing assistance during an emergency.
- Monitoring of the South Carolina Emergency Preparedness Division

Strategies and Action Steps

- Review and update Memorandums of understandings with other AAA/ADRC programs on an annual basis.
- Encourage semi-annual educational workshops in senior centers on emergency preparedness.
- Encourage educational flyers be given semi-annually about emergency preparedness including the information available from SC Emergency Management Division.
- Request updated emergency plan from Contractors on an annual basis. To include facilities

evacuation list.

- Review and update communication procedures in the event of dangerous weather, program closures or relocation with AAA/ADRC and the LGOA that affects normal services on the senior centers.
- Continue monthly attendance with the Healthcare Coalition meetings.
- Attend emergency disaster training, when possible, offered through the Health Care Coalition.
- Provide required reports to the LGOA on all aspects of disaster preparedness and emergency planning that includes a list of all home-delivered clients requiring assistance in the event of an emergency.

Goal 4: Ensure the rights of older adults and persons with disabilities and prevent abuse, neglect and exploitation.

Objective 4.1: Central Midlands LTC Ombudsman Program (CMLTCOP)

The Central Midlands Long-Term Care Ombudsman Program (CMLTCOP) will continue to advocate, mediate and investigate reports of abuse, neglect and exploitation, quality of care issues and Resident Rights on behalf of residents in long-term care facilities. The CMLTCOP will ensure effective and efficient advocacy, mediation and investigative efforts for all residents in long-term care facilities, thereby improving the quality of life and quality of care for residents in long-term care facilities. Ombudsman staff will carry out their duties as mandated by the State Long-Term Care Ombudsman Program. The Central Midlands Ombudsman Program will encourage advocacy, provide education, and empower residents and their families.

Objective 4.1.1: Advocacy Services

Increase resident/family access to effective and timely advocacy services.

Annual Performance Measure

- The CMLTCOP will monitor mandated posting such as the Omnibus Adult Protection Act (OAPA) and the Resident Bill of Rights. The OAPA should have contact information for the Ombudsman Program as well as the facility's grievance procedure.
- CMLTCOP staff will respond to callers within 24 hours or the next business day.
- By exposure to Ombudsman information, postings and trainings, complaints and consultations are expected to increase by 5% annually.
- Trained Volunteers will increase by at least 5% annually.
- CMLTCOP goal is to increase quarterly facility visits by 5%, monitor the resident's satisfaction and complaint resolution data to increase resident satisfaction by 5%.
- CMLTCOP will increase quarterly facility visits by 5% annually.

Strategies and Action Steps

- The CMLTCOP staff will attend State Ombudsman meetings and trainings to obtain current information on Ombudsman and Volunteer Ombudsman regulations and guidelines.
- The CMLTCOP will be posting Volunteer Ombudsman recruitment with media outlets, newspapers, websites and local churches.
- The CMLTCOP Director will monitor for timely response to complaints and train staff as necessary.
- CMLTCOP staff will monitor facility mandated postings as required by law, during weekly visits. Mandated postings empower and educate residents and families.
- The CMLTCOP staff will be sure contact information is noted on all Ombudsman materials. The Bills Of Rights have been printed in Spanish and Braille.

Objective 4.1.2: Empower Residents and Families

Empower residents and their families to resolve concerns through self-advocacy, while creating a greater awareness of the Regional Long-Term Care Ombudsman Program.

Annual Performance Measures

- Materials/handbooks/pamphlets will be provided to the community, during trainings and in-services, which will include contact information for the CMLTCOP.
- Advocacy/Educational materials will be reviewed, revised and developed with enlarged print size. Materials will be available to those with limited English proficiency, or vision, or hearing impairments.
- Community educational awareness information and trainings will be held to enhance awareness of the Long-Term Care Ombudsman Program. A 5% increase in awareness activities will be conducted.
- Advocacy/Educational materials will be distributed during facility onsite visits, facility trainings to residents and families. Trainings and distributing advocacy materials to resident/families will increase by 5%.
- Consultations, information/assistance and educational presentations will increase by 5%.
- Resident and Family Councils will be encouraged during onsite visits with a goal of 5% increase in the development of councils in nursing homes and community residential care facilities.

Strategies and Action Steps

- Ombudsman staff will distribute Resident Rights and Advance Directives education materials during onsite visits.
- Ombudsman staff will offer to assist and/or attend resident and family meetings. Will increase attendance/involvement by 5%.

- Volunteer Ombudsmen will be trained to advocate on behalf of residents and report concerns to the Long-Term Care Ombudsman Program.
- Family members will be provided with advocacy information, according to the need, when they call to report a concern.

Objective 4.1.3: Maximize partnership to prevent abuse, neglect, and exploitation.

Annual Performance Measure

- The CMLTCOP will make referrals to the regulatory agencies, the Attorney General's Office, Legal Services, licensing boards and law enforcement to increase protection of residents, promote prevention and to ensure mandatory reporting.
- Community training events related to prevention of elder abuse, neglect, exploitation will be increased by 10%.
- Facility staff will be trained by providing materials, trainings and consultations so they can be aware of reporting mandates.
- The CMLTCOP will increase the use of media outlets, newspapers and websites by 5%.

Strategies and Action Steps

- CMLTCOP staff will offer trainings and materials on the Resident Bill of Rights during onsite visits.
- CMLTCOP will monitor for concerns already reported/previously noted by the Ombudsman Program data base and educate as identified.
- CMLTCOP will coordinate with the Family Caregiver Program and the ICARE Program in educating families about Ombudsman services and the Elder Justice Act.

Objective 4.1.4: Educate staff of licensed long term care facilities about Resident Rights and specialized care needs of vulnerable adults to encourage compassionate, individualized care to each resident.

Annual Performance Measure

- Facilities with residents receiving services from the SC Department of Mental Health will be encouraged to maintain contact with the resident's case manager for appropriate specialized care needs and compassionate services.
- CMLTCOP has contacted the SC Department of Mental Health State Coordinator who has agreed to assist in difficult specialized care needs cases.
- Facility staff will be trained by providing Resident Bill of Rights materials, trainings and consultations.
- Facility staff training will increase by 5%

Strategies and Action Steps

- CMLTCOP staff will offer trainings and materials related to the Resident Bill of Rights during onsite visits.
- CMLTCOP will encourage staff to follow regulatory care planning guidelines to properly address resident needs.
- CMLTCOP will provide SC Department of Mental Health contact info to facilities as appropriate to enhance resident care and services.

Objective 4.1.5: Advocacy System Improvements

Improve systems advocacy efforts to address facility-wide or regional-wide issues and problems experienced by residents.

Annual Performance Measure

- CMLTCOP staff will increase facility staff educational trainings and distribute information regionally, related to advocacy by 5%.
- Complaints and consultations will increase by 5%.
- Resident voting will increase by 5%.

Strategies and Action Steps

- All facilities in the region will be provided with updated Resident Rights pamphlets, postings and materials.
- The CMLTCOP will continue relationships with the regulatory agencies, the Attorney General's Office, Legal Services, SC Department of Mental Health, licensing boards and law enforcement to improve advocacy, protect residents, promote prevention and to ensure mandatory reporting.
- Regional issues identified such as respect and dignity, accidental injuries and improper discharges will be addressed when identified and as reported. Trainings, advocacy, mediation and investigations will be done to protect residents.
- The Volunteer Ombudsmen will be trained to also bring awareness of Ombudsman services during their visits to facilities and interaction within the community.
- Family and resident contacts will be an opportunity for education and advocacy.
- The CMLTCOP will coordinate with the Central Midlands ADRC staff during community events for education opportunities.
- Residents will be encouraged to vote and will be given voting materials to include material provided by SC Protection and Advocacy. Facilities will be asked about the number of residents who voted from their facilities.

- Families and the community will be encouraged to contact the regulatory agency related to medication concerns and questions for proper guidance.
- CMLTCOP will monitor for concerns already identified in the Ombudsman data base.

Objective 4.2: Legal Assistance Program for the Elderly

Provide access to qualified legal representation to the residents in Long Term Care Facilities in the Central Midlands region by contracting with SC Legal Services to carry out funded Legal Assistance Program.

Annual Performance Measures

- Refer cases requiring legal services to SC Legal Services
- Inform families and residents that the service is available when needed

Strategies and Action Steps

- Make referrals for legal services as requested and needed.
- Make resident and families aware of legal services during complaint intake, routine visits and consultations.
- During training, families, residents and the community will be informed that legal service is available.

Objective 4.3 South Carolina Legal Services

The purpose of the Legal Assistance Program is to provide persons age 60 or older access to the judicial system through advocacy, advice, and representation in order to protect their dignity, rights, autonomy, and financial security. The greatest focus shall be placed on low-income and low-income minority older individuals, older individuals residing in rural areas, older individuals with limited English proficiency, and older individuals at risk of institutional placement.

Annual Performance Measures

- The Contractor shall comply with and make available information which documents compliance with all standards and indicators for Legal Assistance Services.
- The Contractor shall comply with Contribution and Cost-sharing policies in the State Unit on Aging as stated in the OAAA related to legal assistance services.
- Legal Assistance services shall be provided by personnel in accordance with federal and state law.
- The Contractor shall provide adequate supervision and evaluation of all personnel.
- Services shall be easily accessible to targeted client population and comply with the requirements for confidentiality and release of information to the funder.

- The Contractor shall follow written procedures to determine client satisfaction during service delivery and at the close of each case.
- The contractor shall maintain statistical reports and will submit Quarterly Title III B Legal Assistance Report Summary to the Central Midlands AAA/ADRC.

Strategies and Action Steps

- Screen clients through a formal intake system, maintain record of service requests and compile client information required for NAPIS.
- Provide clients accepted for representation with a copy of the retainer agreement.
- Provide legal services in one or more priority areas as identified in the Older Americans Act, including entitlements, health care, long term care, housing, utilities, protective services, defense of guardianship, abuse, neglect, wills, advanced directives, probate, consumer issues, custody and adoption of minor children, divorce and age discrimination.
- Coordinate with other legal service Contractors.
- Coordinate with aging service Contractors to receive referrals and provide public information.

Objective 4.4 - Non OAA Program: My Will Program

A collaborative effort led the USC School of Law Pro Bono Program, SC Bar Association Pro Bono Program, the Lieutenant Governor's Office on Aging and the Central Midlands Area Agency on Aging provides the opportunity for seniors, ages 60 and over, to meet with a volunteer attorney at a "My Will Program" to create a Simple Will. The "My Will Program" takes place on the third Friday of every month at one of the Central Midlands Area Agency on Aging Senior Centers in Richland, Lexington, Newberry and Fairfield counties from 9:00 am to 12:30 pm.

The "My Will Legal Clinic" is free of charge to eligible seniors in the Central Midlands region who do not have a Simple Will. Other legal services for seniors such as the assignment of a Power of Attorney, Health Care Power of Attorney or Living Wills are not available through this program. There is an application process and approved applicants will receive an appointment time at one of the Senior Center locations near them for participation in the "My Will Legal Clinic" program. A group of attorneys, USC law students and staff from the Central Midlands Area Agency on Aging will be available at each "My Will Legal Clinic" to witness, notarize and assist with the process. The participating senior will be able to meet with an attorney to draft a Simple Will and take the document home that day.

Annual Performance Measures

- Quantify the number of wills performed by region.
- Provide participating seniors with additional resources and information.

- Have participants complete a survey/questionnaire on the quality of the service.

Strategies and Action Steps

- Evaluate and modify program, as needed, to better serve the senior population.
- Continued outreach letting seniors know of the service including postings of flyers in Senior Center sites, churches, medical offices and community events with a 5% increase in those served annually.

Goal 5: Maintain effective and responsible management of OAA and State funded services offered through the LGOA and administered through the four Contractors serving Richland, Lexington, Newberry and Fairfield Counties.

Objective 5.1: Programmatic Monitoring

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

Annual Performance Measures

- Monitor Contractors of service annually as stated in the Central Midlands Policy and Procedures Manual.
- Revise/Update the Central Midlands AAA/ADRC Policies and Procedures manual and the Nutrition Services manual as needed.
- Hold contractor meetings quarterly to review policies, procedures, and review accomplishments and any problem areas.
- Review contracts annually to ensure they meet programmatic and fiscal requirements.

Strategies and Action Steps

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

- Ensure the Central Midlands AAA/ADRC staff is well-trained and has access to the best technology and software within available resources.

ATTACHMENT A: Area Plan Assurances and Required Activities

AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES by the Older Americans Act, As Amended in 2006 (Copied from the ACL State Plan Instructions)

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

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

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

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

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

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

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

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

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

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

Sec. 306 (a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

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

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

(II) Include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (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 Contractors, 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 Contractors 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 Contractors 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.

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 to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006 (2016). In addition, the AAA provides assurance that it will adhere to all components of the South Carolina Aging Network's Policies and Procedures Manual, the Lieutenant Governor's Office on Aging's (LGOA's) Multi-grant Notification of Award Terms and Conditions, and to individual LGOA programmatic policies and procedures.

Central Midlands

Planning Service Area Director

Date

Area Agency on Aging Director

Date

ATTACHMENT B: Information Requirements

Section 305(a)(2)(E)

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

Central Midlands AAA/ADRC Response

Starting on July 1, 2017, all client assessments will be done by the Central Midlands AAA/ADRC. By doing these assessments, we will be able to ensure that seniors with the greatest economic and social needs are served by our Contractors. All clients are given an AIM priority score. If due to funding, the services are not available and a slot isn't open for the senior, they will be placed on the appropriate waiting list(s), if there is a waiting list. The Area Agency on Aging will pull the client with the next highest priority score when an opening exists. Routine monthly checks will include that all assessed clients receive referred services or that they have been placed on the appropriate waiting list.

Section 306(a) (17)

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

Describe the AAA's protocols to deliver group dining and home-delivered meals, transportation, and home care during an emergency.

The AAA has collaborated with Contractors in developing an emergency service delivery plan for group dining and home-delivered meals, transportation, and home care. The emergency plan includes coverage with following the chain of command at the agency during periods of crisis with direct lines to contract personnel that includes current cell numbers to call when reporting and handling of hazardous weather, unscheduled closings, or any other emergency situations. Contractors are to notify the CM AAA/ADRC as soon as possible when the decision to close centers for services has been made and emergency meals are to be sent out.

Central Midlands AAA/ADRC Response

The AAA/ADRC and local Contractors are required to have a written disaster plans in place. The Central Midlands AAA/ADRC supports the S.C. State Comprehensive Emergency Preparedness Plan. The S.C. Emergency Preparedness Division, Office of the Adjutant General, is required by law and given authority by S.C. Legislative Act 199 of 1979, Section 21, to prescribe and assign policies, tasks and responsibilities to the various departments and agencies of State Government and the counties and municipalities of South Carolina. Each area agency on aging and local aging contractor is required by The State Unit on Aging to have a disaster plan. These entities also operate in cooperation with the county emergency plan and by authority of the board of directors. The Central Midlands AAA/ADRC has updated their Emergency Preparedness Plan for FY17-18. Our Standard Operating Plan (SOP) has been reviewed by SCDHEC Office of Public Health Preparedness.

Monthly contact with each county's Public Health Preparedness- Health Care Coalition is held to discuss strategies and action steps needed to ensure the safety and well-being of our senior population. Current contact information for state and local agencies, relief organizations, AAA/ADRC staff, and staff members of Contractors will be kept updated in the event of a disaster and can found in the Emergency Preparedness Plan for FY17-18. The AAA/ADRC Emergency Preparedness coordinator and/or the AAA/ADRC Director attend the SC Healthcare Coalition held the first Friday at the Lexington County Health Department to stay updated and make aware of any significant changes or health alerts.

Part of the contracts between the AAA/ADRC and the Contractors have a written component stating that the contractor's emergency plan is part of the contract and states the contractor's plans for each provided service. All Contractors provide shelf-stable meals to home delivered and congregate diners in the event of weather related emergencies. Clients that lack family or community support, are identified during the assessment process, and are checked upon during an emergency. Transportation Contractors are encouraged to communicate with county officials to implement any needed evacuation of seniors. The entire Aging Services staff at the AAA/ADRC will assist our Contractors in helping the senior community in the event of a disaster.

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.

Central Midlands AAA/ADRC Response

Starting on July 1, 2017, all client assessments will be done by the Central Midlands AAA/ADRC. All clients are given an AIM priority score; they are placed on the appropriate waiting list(s), if there is a waiting list. The CM AAA/ADRC will pull the client with the next highest priority score when an opening exists. All Contractors must serve the entire county, whether it is urban or rural.

Central Midlands has four counties in the region: Richland, Lexington, Newberry and Fairfield counties. Both Richland and Lexington counties are a mix of both urban and rural counties. Newberry and Fairfield are considered rural counties. The distribution of funds are based on the state funding formula and are distributed as follows:

- Fifty (50%) is equally divided among the 4 counties of Richland, Lexington, Newberry and Fairfield Counties.
- Twenty (20%) of the funding is distributed to each county based on their applicable 2010 60+ and older population in the Central Midlands region.
- Ten (10%) of the funding is distributed to each county based in their applicable 2010 60+ minority population in the Central Midlands region.
- Ten (10%) of the funding is distributed to each county based in their applicable 2010 60+ poverty population in the Central Midlands region.
- Five (5%) of funding distributed to each county is based on their 60+ rural population.
- Five (5%) of funding distributed to each county is based on their 85+ frail population.

State bingo funding is allocated one-half (1/2) of the funds are divided equally among the forty-six (46) counties and the remaining one-half (1/2) must be divided based on the percentage of population sixty (60) year and above in relation to the total State population aged sixty (60) years and above using current census status. Contractors receiving these funds must be agencies recognized by the LGOA as service delivery Contractors of the Central Midlands Council of Government AAA/ADRC. (South Carolina Code Section 12-12-4200) State funding will be distributed based on the documentation needed and the contractor's capacity to provide the service.

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.

Central Midlands AAA/ADRC Response

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

Section 307(a)(29)

The plan shall include information detailing how the AAA will coordinate activities, and develop long-range emergency preparedness plans, with local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery. Describe the involvement of the PSA Director and AAA Director in the coordination and implementation of emergency management plans.

Central Midlands AAA/ADRC Response

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

Operations

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

Disaster Communications

During a response phase, the CMCOG/AAA plans to be in contact with its staff, service Contractors and RADAC members initially to provide any and all information regarding dangerous inclement weather.

The AAA Director receives email weather condition warnings from the state office and passes these along to all the above. All of the senior centers could be utilized as warming centers and short-term shelters. The service provider directors would need to work with their local emergency management for designating those shelters as needed. In the event that the CMCOG/AAA is contacted by local/state/federal emergency management agencies, the Executive Director and AAA Director will assign staff to community disaster centers.

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

Recovery Phase

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

Organization and Assignment of Responsibility

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

Continuity of Agency

As an event occurs, the AAA Director will contact the CMCOG Executive Director to determine the geographic area involved in the disaster, the severity of the disaster, and preliminary response of the CMCOG/AAA. Preliminary staff assignments will be determined by the AAA Director. Once assignments have been determined, a telephone tree will be initiated to contact the AAA staff. In the

event that telephone contact is not possible, the staff will report to the CMCOG office or any preliminary designated alternative sites as available.

The CMCOG/AAA will coordinate with during a disaster:

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

Plan Development and Maintenance

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

Operation Check List

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

ATTACHMENT C: AAA Funding and Fiscal Oversight

The Central Midlands AAA/ADRC follows the Central Midland Council of Governments policy and procedures governing funds management and purchasing:

Procurement Standards

All procurement transactions shall be conducted using the selected sections of the S.C. Consolidated Procurement Code. These sections are identified below under item b. When procurement involves the expenditure of federal assistance or contract funds, the Agency will also comply with such federal laws and applicable regulations as are mandatory.

All procedures set forth in applicable Office of Management and Budget Circulars, Federal Management Circulars (FMC 74-4, FMC 74-7), and/or other directives regarding disbursement of federal grants-in-aid funds will be followed in implementation of all projects and programs assigned to or undertaken by this Agency.

The following methods of selection have been taken from the State Procurement for CMCOG procurement:

1. Competitive Sealed Bids
2. Competitive Sealed Proposals
3. Small Purchases
4. Sole Source
5. Emergency

Goods and services listed as exempt from the SC Procurement Code on the most recent Budget and Control Board Current Procurement Code Exemptions may be treated as exempt from the CMCOG procurement standards, providing that the requirements for compliance with all other relevant State and Federal requirements, as referenced in subsections "a" and "b" above, must be met.

1. Competitive Sealed Bidding

A formal competitive procurement procedure for transactions greater than \$50,000 where award is based on low bid only. Formal solicitations must be developed. Sealed written bids must be returned before a designated date and time. When bids are received, they must be secured until opened; all bids must be tabulated with the sheet being signed and witnessed. After evaluation of all bids, award is made to the lowest responsive and responsible bidder. All sealed bid solicitations must be advertised in the S.C. Business Opportunities (SCBO).

2. Competitive Sealed Proposals

A formal competitive procurement procedure for transactions greater than \$50,000, the award is based on weighted evaluation factors. Low bid is not the only award criteria. The same solicitation

requirements listed above for competitive sealed bidding apply, except that award may be based on evaluation criteria other than cost – such as experience and knowledge of the industry. Negotiations are allowed with responsive offerors. Prior to releasing an RFP, we may select an option called a Request for Qualifications (RFQ). This option allows us to solicit firms to submit their qualifications to provide the needed services. The responses are ranked, and at least the two highest ranked firms are sent the RFP.

3. Small Purchases

a. ***Purchases of \$2,499 or less*** - Small purchases not exceeding \$2,499 may be accomplished without securing competitive quotations if the prices are considered reasonable. It must be noted on the purchase form that “price is fair and reasonable” and requested purchaser must sign. For programs that dictate consumer choice for purchases of goods/services, such as statement will be reflected on the documentation in lieu of the fair and reasonable notation. Small purchases should be equitably distributed among qualified suppliers to the extent possible and practical. To prevent disruption of services or additional fees, normal monthly or quarterly services that will exceed \$2,500 annually (i.e. janitorial, etc.) may be accomplished with annual competitive quotations. Once a contract is established through this method, it may be renewed for up to five more years upon mutually satisfactory terms.

b. ***Purchases from \$2,500 to \$10,000*** require solicitation of verbal or written quotes from a minimum of three qualified sources of supply. If using a vendor of bidder’s list, the solicitation for quotes should be sent to all potential respondents at the same time by one standards method, either mail or email and must include a deadline for response. Responses may be returned by mail or hand delivery but must be received in a sealed condition and must remain sealed until the deadline form response has passed. Evidence of approval of procurement documentation must be kept on file. Every effort should be made to obtain a minimum of three written quotes. Documentation must be included in the file as the reason(s) less than the minimum quotes were obtained, if applicable. The award must be made to the lowest responsive and responsible source(s).

c. ***Purchases from \$10,001 to \$50,000*** require written solicitation of written quotes bids or proposals. The procurement must be advertised at least once in the South Carolina Business Opportunities (SCBO) Publication and may be publicly advertised in other media. If using a bidder’s/proposer’s list, the solicitation must be sent to all potential respondents at the same time by one standard method, either mail or email and include a deadline for response. Responses may be returned by mail or hand delivery but must be received in a sealed condition and must remain sealed until the deadline for response has passed. Evidence of approval of procurement documentation must be kept on file. The award must be made to the lowest responsive and responsible source or when a Request for Proposal (RFP) process is used, the highest ranking offeror.

d. **Purchases or more than \$50,000** must use a Request for Bid (RFB), Request for Proposal (RFP) or Request for Qualifications (RFQ) process. When acquiring any service that is not architectural or engineering, the full RFP process must be used.

4. Sole Source Procurements Sole source procurement is permissible under the following circumstances when the use of competitive procurement is not feasible:

- If a public emergency exist and the urgency of the requirement should not permit a delay incident to obtaining competition;
- If the item is available from only a single source; or
- If after soliciting a number of sources, competition is deemed inadequate.
- An opportunity for a public entity to public entity contracting exists and is allowable under the terms of the program or grant which the procurement is made.

In all sole source procurement, written documentation must be included in procurement file indicating the particular circumstance selected; why such determination was made, along with any other supplemental documentation as may be appropriate.

5. Emergency Procurements Emergency procurements may be made up to any amount as long as a written determination is approved by the **Executive Director**. There must be a serious need that cannot be met through normal purchasing procedures.

a. Purchases from vendors on State Term Contracts can be made without competition if the cost is reasonable.

b. Purchases from other governmental entities can be made without competition if the cost is reasonable.

Use of Small and Minority Owned Business

CMCOG will make positive efforts to utilize small businesses, minority-owned firms, and women's business enterprises, whenever possible. To further this goal, CMCOG will:

- Make information available to them and encourage and facilitate their participation;
- Consider whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, Disadvantaged Business Enterprises (DBE), and Women's Business Enterprises (WBE);
- Use the Unified Certification Program as administered by the South Carolina Department of Transportation;
- Encourage contracting with a consortium of small businesses, minority-owned firms, and women's business enterprises when a contract is too large for one of them to handle

individually; and Use local Chambers of Commerce and the Small Business Administration to identify small businesses, minority-owned firms, and women's business enterprises.

Ethics in Public Contracting

General

The CMCOG hereby establishes this code of conduct regarding procurement issues and actions and shall implement a system of sanctions for violations.

Conflicts of Interest

1. No employee, officer, Board member, or agent of the CMCOG shall participate directly or indirectly in the selection, award, or administration of any contract if a conflict of interest, either real or apparent, would be involved. This type of conflict would be when one of the persons listed below has a financial or any other type of interest in a firm competing for the award:
2. An employee, officer, Board member, or agent involved in making the award;
3. His/her relative (including father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister);
4. His/her partner; or an organization which employs or is negotiating to employ, or has an arrangement concerning prospective employment of any of the above.

Gratuities, Kickbacks, and Use of Confidential Information

No officer, employee, Board member, or agent shall ask for or accept gratuities, favors, or items of more than \$25 in value from any contractor, potential contractor, or party to any subcontract, and shall not knowingly use confidential information for actual or anticipated personal gain.

Prohibition Against Contingent Fees

Contractors wanting to do business with the CMCOG must not hire a person to solicit or secure a contract for a commission, percentage, brokerage, or contingent fee, except for bona fide established commercial selling agencies.

Members of the Board of Directors

The Board of Directors shall not engage in conduct resulting in a real, potential, or apparent conflict of interest. A potential conflict of interest may arise when action by a Board member, whether isolated, recurring, or continuous, is to the direct financial advantage of this individual, or their spouse, parent, or child. As appropriate, the Executive Director will be responsible for determining the disciplinary action that will be imposed for any ethics violations.

Audit

The Agency's financial records shall be audited annually at the close of the fiscal year.

The Executive Committee shall select a qualified auditor from a list of firms responding to a request for proposals. The selection will be based on qualifications recognized by the National Association of Certified Public Accountants. The contract for the audit may be renewed with the same firm for up to five succeeding years by negotiation, provided that satisfactory work was performed.

Agency Equipment- Equipment Disposal

When it is determined that Agency equipment or furniture is no longer needed, it shall be disposed of in one or more of the following ways.

1. Trade in on purchase of replacement equipment.
2. Advertise for bids on individual items in a newspaper of general circulation.
3. Solicit bids for the entire lot from three or more buyers dealing in the used merchandise.
4. Such other method as is determined to be in the best interest of the Agency.
5. Agency employees are not eligible to purchase excess equipment.

Contract Appeals Procedure

The Central Midlands Council of Governments will provide an opportunity to appeal to:

1. Any firm/agency whose offer/bid to provide a specified product or service is denied, or whose contract is terminated or not renewed, except as provided in this chapter.
2. Any contractor whose funding request is disapproved.
3. Any contractor whose audit report results in the Central Midlands Council of Governments making post-budget-year adjustment with which the contractor disagrees.

An appeal must be in writing and must be received by the Executive Director within ten (10) working days following its receipt of the notice of adverse action. An appeal must set forth both the grounds of the protest and the relief requested with enough particularity to give notice of the issues to be decided.

The Central Midlands Council of Governments appeals procedures are designed to meet the following standards:

1. Timely written notice of the reasons for which the Central Midlands Council of Governments action is being appealed and the evidence on which the action is based;
2. An opportunity to review any pertinent evidence on which the Central Midlands Council of Governments' action was based;
3. An opportunity to submit a written appeal to refute the basis for the decision;

The Chair of the Council of Governments will appoint a committee of CMCOG Board members to review any appeal.

1. The Committee shall have at least 3 members.
2. The Committee may request additional information or clarification from the Appellant.
3. The Committee may request or allow the appellant to present information or in person.
4. The Committee shall review the appeal documents and proceedings and shall render a decision for consideration by the CMCOG Executive Committee.

A written decision will be provided to the appealing party by the Council of Governments which:

1. sets forth the reasons for the decision;
2. References the evidence on which the decision is based; and
3. Represents the final position of the Central Midlands Council of Governments.

The Council of Governments may provide additional appeal opportunities or procedures if so required by any grant conditions or regulations governing the funding source involved in the contract appeal.

The chart below shows all current contracts the Central Midlands Area Agency on Aging

With the service Contractors and the services they provide during the fiscal year that starts July 1st and end June 30th:

Contract Dates	Contractor	County	Service(s)
07/01/14- 06/30/15 07/01/15- 06/30/16 07/01/16- 06/30/17 07/01/17- 06/01/18	Fairfield Council on Aging	Fairfield	Transportation Homemaker Group Dining Home Delivered Meals
07/01/14- 06/30/15 07/01/15- 06/30/16 07/01/16- 06/30/17 07/01/17- 06/01/18	Lexington County Recreation and Aging Commission	Lexington	Transportation Homemaker Group Dining Home Delivered Meals
07/01/14- 06/30/15 07/01/15- 06/30/16 07/01/16- 06/30/17 07/01/17- 06/01/18	Newberry County Council on Aging	Newberry	Transportation Homemaker Group Dining Home Delivered Meals Evidence Based Programs
07/01/14- 06/30/15 07/01/15- 06/30/16 07/01/16- 06/30/17 07/01/17- 06/01/18	Senior Resources	Richland	Transportation Homemaker Group Dining Home Delivered Meals Evidenced Base Programs

Fiscal Monitoring

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

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

CMCOG AAA/ADRC conducts on-site fiscal monitoring of its Contractors on an annual basis. These visits are typically announced visits to allow Contractors to collect data that will be reviewed. A list of records to be reviewed is sent to the contractor to pull for the review.

- The AAA/ADRC and its Contractors/Contractors will utilize the Advanced Information management (AIM) system to document and track units of services delivered. Reimbursements for service funds will be supported by client data correctly entered into AIM. The AAA/ADRC will assure that service Contractors/Contractors are trained properly and monitored accordingly, and that AIM data is inputted monthly by the tenth (10th) working day.
- Budget reimbursements to Contractors shall be made only in strict accordance with the schedule for reimbursement. Any additional funds Contractors need due to unforeseen or projected “overserving” shall be requested in writing to the CMCOG/AAA ninety (90) days in advanced prior to any “overserving” or over-spending, and are subject to approval by CMCOG/AAA. CMCOG/AAA requests the contractor state in writing the specific funding source and the clients that are being served when are asking for financial assistance (number of units) that has or will be exhausted by an estimated date during the current fiscal year.
- AIM Report ZMUSR with the Sub-report (MUSR South Carolina Monthly Units of Service Reimbursement Report for Fiscal Year Starting: with sub-reports USDA, GRI and Summary of Year-to-Date Activity Group/Funding Source) is due the 10th *working day of the following month*.

Reimbursement for Services

During the last 2014 procurement for the Central Midlands AAA/ADRC, Contractors completed the Cost Per Unit of Service and Unit of Service Itemized Cost Schedule forms as part of their proposal. Based on their proposals, the following unit costs per service were awarded:

	Congregate Meals Unit Rate	Home Delivered Meals Unit Rate	Transportation Unit Rate	Homemaker Unit Rate	Evidence Based Programs Unit Rate (per class for 1 hour)	Legal Services Unit Rate
Fairfield	\$9.26	\$9.20	\$2.22	\$20.25		
Lexington	\$8.95	\$7.93	\$2.50	\$20.25		
Newberry	\$8.08	\$7.01	\$2.16	\$20.25	\$70.00	
Senior Resources	\$9.45	\$7.59	\$2.19	\$20.25	\$70.00	
SC Legal Services						\$50.33

Current Funding Resources for AAA Operations

Estimation of funds to be utilized in FY 2017-2018 for AAA Operations

Source	Amount	Purpose
OAA, Insurance Counseling & State funds	\$650,369	AAA operations to include planning for and administration of programs such as Family Caregiver, Ombudsman, Information/Referral & Assistance and Insurance Counseling, and conducting client eligibility assessment
Local Member Government Dues	\$116,760	Unrestricted local funding available to be used for required match of AAA operations
TOTAL FUNDING/SUPPORT	\$767,129	

All of the grants/programs currently administered by the aging unit allow administrative expenditures.

The CMAAA/ADRC is staffed by employees of the Central Midlands Council of Governments (CMCOG). Therefore, all operating policies and procedures and financial management protocols and controls established for CMCOG apply to the CMAAA/ADRC. CMCOG has written personnel and procurement policies and financial procedures and is subject to a single audit each year by an independent auditing firm. CMCOG is monitored each year by at least one of its major federal funding sources, and this monitoring includes review of policies, practices and internal controls. CMCOG finance and CMAAA/ADRC staff perform annual quality assurance and financial monitoring of its Contractors of aging services to assure adherence to contractual requirements.

Local Match for OAA funds

The Central Midlands Aging program receives local funding from the Central Midlands Council of Governments' membership dues. The CMCOG finance department is responsible for recording the appropriate amount of federal, state and local funding per individual funding source. All the Contractors are paid 90% of their contracted rate and are required to provide their own 10% match. CMAAA/ADRC reviews the Contractors match during the fiscal monitoring.

As of July 1, 2017, the LGOA will allow the AAA to use state HCBS funds towards the local match for OAA funds. Under this one year pilot program, the AAA is still responsible for raising local funds, which would have previously been used to meet the match requirement, in order to increase service delivery capacities in the region. This pilot will be evaluated at end of the 2018 fiscal year to determine if it should be continued. If the practice is approved for the following fiscal year, an annual evaluation will occur to determine if it should continue.

Attachment D: General and Programmatic Information

1.) Monitoring

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

- Monthly Congregate Meal Activity Calendars are submitted to the AAA/ADRC by the 20th day of the month before for the subsequent month's calendar.

The CM AAA/ADRC will conduct a least one program evaluation and assessment on an annual basis according to an announced schedule. However, during the year and on an as-needed basis, technical assistance or no-notice visits will be conducted by the CM AAA/ADRC. After the annual Quality Assurance visit a written report will be provided to the provider/contractor with a request for a Corrective Action Plan as needed. At its discretion, the CM AAA/ADRC will conduct follow-up visits to ensure that the corrections have been made.

2.) Client Data Collection

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

3.) Resource Development

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

The Central Midlands AAA/ADRC has successfully written grants and secured funding for Project Lifesaver, Senior Squares, and Home Meds through the Harbison Housing Foundation. Additional grant writing is an on-going process as grant resources become available.

4.) Cost Sharing and Voluntary Contributions

Each Central Midlands regional contractor is required to meet the contribution requirements.

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

Each Regional Contractor must:

- Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- Protect the privacy of each older person with respect to his or her contribution;
- Establish appropriate procedures to safeguard and account for all contributions;
- Develop a suggested contribution schedule for services provided under the Older Americans Act program. In developing a contribution schedule, the contract agency must consider the income ranges of older persons in the community and other sources of income. The contract agency's Board of Directors must approve such schedules and changes.
- Central Midlands' regional Contractors shall not deny any older person a service funded under the Older American Act because the older person will not or cannot contribute to the cost of the service.
- Regional Contractors shall not bill, request, demand or solicit fees for Title III services from a client, family member, relative or organization.
- Contributions made by older persons who are recipients of services are considered program income and must be reported to the Central Midlands Council of Governments AAA/ ADRC. Contributions must be spent during the budget year in which they are generated. Contributions must be spent in the Title III Service area in which they are generated.

5.) High-Risk Contractors and Corrective Action Plans (CAP)

A provider will be considered "high risk" if the Central Midlands AAA/ADRC determines that it:

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

The Central Midlands AAA/ADRC has identified the steps to be taken with the high risk Contractors with Corrective Action Plans.

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

6.) Provider Service Delivery Area

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

7.) 2017-2021 Area Plan Standard Assurances and Conditions

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

8.) Training and Technical Assistance

The Central Midlands AAA/ADRC is committed to providing training and technical assistance to our Contractors, the CMAAA/ADRC staff members, and in the community. Several types of training and resources are used to keep CMAAA/ADRC staff and Contractors. While the list is not all inclusive, they include:

- Webinars
- Family Caring for an Aging America
- SC Aging Research Network
- Dementia Dialogs
- Dementia Day
- Caregiver Conference
- SC Assistive Technology Conference
- Summit on Aging
- I-Care certifications for AAA/ADRC staff
- AIRS certification for AAA/ADRC staff
- ServeSafe certification

The SHIP training is provided to the CMAAA/ADRC staff, volunteers and local community partners by the LGOA. The SHIP counselors then go out in the community to educate senior groups. Central Midlands AAA/ADRC staff members work directly with the Contractors through one-on-one visits, e-mails and phone calls. Information and updates that is given to the CMAAA/ADRC is shared with the Contractors.

9.) Emergency Preparedness

To prepare for a disaster, the Central Midlands AAA/ADRC needs to understand what will be required of the agency once a disaster occurs. Telephone communication may not be possible; contingency plans for this should be in place using the guidelines set in the pre-disaster phase. When advanced warning is possible – staff transportation is a first requirement. Ensure all vehicles have full gas tanks. Ensure that all cell phones, satellite phones, lap-top computers, and/or blackberries are charged. Staff

must have proper identification to ensure they are recognized as authorized emergency staff. Emphasize the critical need for record keeping.

PRE-DISASTER PHASE

- a. Coordinate with county aging service Contractors; review provider disaster plans - AAA/ADRC Director, I & R/A Specialist
- b. Communicate with State Unit Aging - LGOA
- c. Communicate and coordinate with other CMAAA/ADRC Directors
- d. Coordinate with caterer – County Councils on Aging (COA)
- e. Safeguard internal records and property; insure availability of fully battery-powered laptop computers for client tracking – AAA/ADRC Director, I & R/A Specialist, Long Term Care Ombudsman, Research Staff
- f. Education and training of staff – I & R/A Specialist
- g. Maintenance of SOP - AAA/ADRC Director, I & R/A Specialist
- h. Maintenance of Emergency Lists – AIM – AAA/ADRC Director, County Councils on Aging (COA)

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITY

The Central Midlands AAA/ADRC shall serve as the Emergency Preparedness Coordinator (EPC) and shall activate the emergency plan. All Aging staff shall report to the administrative office at the Central Midlands Council of Governments office as soon as possible. The alternate site is the SC4A designated Area Agency on Aging with a memorandum of understanding (MOU) with Region VII's Vantage Point Area Agency on Aging located in Hartsville, SC.

The line of succession for agency related decisions is as follows:

1. Executive Director, Central Midlands Council of Governments
2. Deputy Director, Central Midlands Council of Governments
3. Aging Director, AAA
4. I & R/A Specialist
 - a. All staff should be knowledgeable of types of disasters, (i.e. hurricane, tornado, earthquake, fire, flood, etc.).
 - b. Central Midlands AAA/ADRC recognizes that in order to carry out public disaster responsibilities, individual staff must have plans to protect and secure the safety of their families. Accordingly, Central Midlands AAA/ADRC encourages each staff member to develop a family emergency/disaster plan. The first action of Central Midlands AAA/ADRC following an emergency that affects the Central Midlands region is to ensure the safety of its staff.
 - c. After personal safety for one's family has been established, all staff shall report to the Central Midlands Council of Governments administrative offices. Should the administrative offices be uninhabitable, all staff will be notified where to report.

- d. The Central Midlands AAA/ADRC Director shall serve as the liaison for the Central Midlands AAA/ADRC and any other agencies with which the area agency has contacts.
- e. The Regional Ombudsman will coordinate with The State Unit on Aging in making provisions for the needs and safety of residents in long-term care facilities. Facilities identified as not having a Disaster Preparedness Plan will be reported to DHEC, as DHEC requires each facility to have such a plan in place when evacuation of residents to other facilities if needed. Other AAA/ADRC staff may also be required to assist as necessary.

CONTINUITY OF AGENCY

During and immediately after an emergency, staff will find the demands made upon their time by clients, other professionals, community agencies, and volunteers overwhelming. Emergencies and critical needs will be commonplace; yet the resources needed to solve problems will be disrupted, inoperable, or destroyed. Staff will find themselves expected to resolve situations and care for clients' needs. At the same time, the number and availability of staff for the agency may be reduced and the energy level of remaining staff greatly diminished by demands of family and household. For these reasons, planning for agency response is critical in disaster preparedness.

This plan is intended to improve the readiness and response capability of the Central Midlands AAA/ADRC in emergency and disaster situations. The role of an area agency is (1) to ensure the capability of the agency to continue or to resume operations as quickly as possible following a disaster, and (2) to facilitate the coordination of activities between the local aging contractor, the local emergency management network, and the aging network.

As the primary planning and administrative structure identified by the Older Americans Act, the Central Midlands AAA/ADRC is mandated and dedicated to serve and to protect all adults ages sixty (60) and older and people with disabilities in Fairfield, Lexington, Newberry, and Richland counties.

During a disaster, it is imperative that the Central Midlands AAA/ADRC and local contractor agencies work together to coordinate and to assist in service delivery. Of greatest importance at this time is service to clients.

Depending on the scope of the disaster, the Central Midlands AAA/ADRC may be required to become a direct contractor as it assists service Contractors to locate at-risk clients, and help to arrange or deliver services. The Central Midlands AAA/ADRC will work closely with existing, authorized and experienced local service Contractors and county authorities within the regional aging network. If due to the disaster a local contractor becomes disabled, the Central Midlands AAA/ADRC will assist with service provision until operations can be stabilized.

These Standard Operating Procedures for Emergencies and Disasters apply to the paid and volunteer personnel of the CMAAA/ADRC.

PLAN DEVELOPMENT AND MAINTENANCE

RECOVERY PHASE

- a. Conduct damage assessment (CMAAA/ADRC and provider agencies) - All Staff
- b. Provide technical assistance to provider agencies to secure proper disaster funding - AAA/ADRC Director
- c. Resource management - AAA/ADRC Director
- d. Management of volunteers and donated resources – I & R/A Specialist
- e. Recordkeeping and reporting - All staff
- f. Outreach and advocacy efforts - All staff

ADMINISTRATION, FINANCE AND REFERENCES

The Central Midlands AAA/ADRC shall serve as the Emergency Preparedness Coordinator (EPC) and shall activate the emergency plan. All Aging staff shall report to the administrative office at the Central Midlands Council of Governments office as soon as possible. The alternate site is the SC4A designated Area Agency on Aging. All information related to planning for, execution during and recovery following a disaster shall be maintained in a central location by the Central Midlands AAA/ADRC is to track services delivered and not delivered.

OPERATION CHECKLIST

- _____ Emergency Preparedness Manual – Original and Copies
- _____ All Original Contracts Include several copies of same (copies of each are in manual), include the Area Plan, contract (s) with caterer, Contractors, State Unit on Aging, other state programs
- _____ Emergency Telephone Number List
- _____ AIM reports for listing of clients needing assistance during an emergency
- _____ Network Back-up
- _____ Office Equipment (i.e., laptop, printer, etc.)

XII. ATTACHMENTS

- a. Evacuation, Decision and Response Timeline
- b. Region Operating Conditions
- c. Evacuation Zones
- d. Public Information

- e. Operational Areas/Area Planning Factors
- f. Shelters
- g. MOUs
- h. Emergency Contacts Template
- i. Trainings
- j. On-going Coordination Meeting Dates
- k. Greatest Needs Protocols
- l. Emergency Shelf-Stable Meals – Established Guidelines for Contractors
- m. Provider Caterer Contracts

Evacuation, Decision and Response Timeline

Disaster operations shall be conducted out of the Central Midlands Council of Governments office. If an emergency should occur during non-working hours, each staff person is responsible for making contact with his/her supervisor at the earliest possible time. If unable to make contact, the staff person should report to the office as soon as safety permits.

- a. Imminent Danger/Evacuation
- b. Stay in the building
- c. Turn off all air conditioning, heating systems, Close all doors and windows, and any other air-intake openings
- d. Do not evacuate building unless you receive instructions to do so.
- e. Call the local Emergency Preparedness Office
- f. Call all county aging service Contractors
- g. If TV is available, turn it onto channel 10, 19 or 25. Turn radio to local station.

Region Operating Conditions

Disaster operations shall be conducted out of the Central Midlands Council of Governments office. If an emergency should occur during non-working hours, each staff person is responsible for making contact with his/her supervisor at the earliest possible time. If unable to make contact, the staff person should report to the office as soon as safety permits. Should any regional office (AAA/ ADRC) and/or local aging network provider's offices become inoperable; a team or staff from AAA/ADRC not impacted by the event will be assembled under mutual aid agreements to operate as the affected AAA/ADRC until that office is re-established. The goal being to normalize operations as quickly as possible; in order to ensure critical services are restored or provided to seniors. Should a number of regional offices (AAA/ADRC) and/or local aging contractor's offices become inoperable, and all teams or staff from

AAA/ADRC not impacted by the event already be allocated, staff from the LGOA may be mobilized by the LGOA Director to the affected area to help operate the AAA/ADRC until other AAA/ADRC staff become available. The goal being to normalize operations as quickly as possible in order to ensure critical services are restored or provided to seniors; Should a local contractor provider become inoperable, the LGOA expects the AAA/ADRC to assume or contract those functions, to the extent possible, until provider operations are re-established. The goal is to normalize operations as quickly as possible in order to provide critical services to seniors.

The challenge of the 2015 floods hit Richland County the hardest and is still currently impacting residents that lost homes and all their belongings.

During the 2016 Hurricane Matthew, the MOU with Vantage Point was activated and with assistance from the Lexington County Recreation and Aging Commission (LCRAC), Vantage Point AAA/ADRC was able to order enough shelf stable meals through LCRAC's contract with Traditions Foods and have shelf stable meals delivered directly to Vantage Point AAA/ADRC within 24 hours. Meals were immediately distributed to local residents affected by Hurricane Matthew.

10.) Licensing Protocols

The Central Midlands AAA/ADRC will ensure all Contractors who are in need of licensing meet all federal and/or state requirements. Currently, each Council on Aging and the Nutrition manager at AAA/ADRC are required to have staff who are ServeSafe certified, which is mandated by the SC Department of Health and Environmental Control (SCDHEC) and the LGOA. In addition, the Central Midlands AAA/ADRC Nutritional Coordinator is also ServeSafe certified. All providers that are providing Personal Care services in the home to clients using state funding must be SC DHEC licensed.

11.) Outreach

The Central Midlands AAA/ADRC staff members in all departments conduct outreach/presentations on all of our programs in the community. Staff members attend health fairs, senior centers, churches, civic group meetings, healthcare facilities, and make every effort to honor request for presentations that allows the CM AAA/ADRC to reach the senior population or their caregivers.

12.) Memorandums of Agreement (MOA) and Memorandums of Understanding (MOU)

Central Midlands AAA/ADRC has a MOU with Vantage Point AAA/ADRC for Disaster Preparedness. And recently had an MOU with USC's College of Social Work for a research project surrounding the Family Caregiver Support Program.

13.) I&R/A Funding

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

14.) Regional Transportation Services

Transportation is a critical access need in the region. The funding available currently in the region can only meet the basic needs of those who are transported to group dining sites for a meal with Older Americans Act and state funding. The need for additional transportation to medical appointments and for essentials such as grocery shopping, and to legal services as required by the OAA, is of top priority. Transportation continues to be the most requested service, according to information and referral calls received. Transportation units are monitored during desktop monitoring when ZMUSRs are received each month. Transportation units are monitored in annual assessment and quality assurance reviews and original documentation is observed at these times.

Whenever possible, seniors are referred to local transportation services that are available in limited areas of the Central Midlands regions including Comet/DART, Harbison Wheels, and the Lourie Center. We also assist with referring and applying eligible seniors for Community Long Term Care benefits through Medicaid and any eligible veterans to the VA's Aid and Attendance Program.

15.) Nutrition Program

The Central Midlands AAA/ADTRC has four Contractors for nutrition services: Senior Resources (serving Richland County), Lexington County Recreation and Aging Commission, Newberry County Council on Aging, and Fairfield County Council on Aging. We work closely with our Contractors to ensure:

1) Food temperature and meal safety

- Each contractor and the AAA have at least one staff person that is ServeSafe Manager certified meeting the requirement established by the LGOA.
- Food temperatures are reported daily on the caterers meal voucher and reviewed by the AAA.
- The LGOA *Equipment, Sanitizer and Thermometer Calibration Log* is review monthly by the AAA.
- Each contractor has a copy of the Central Midlands Policies & Procedures Manual and it is given to each new site manager. Site managers receive on-going training throughout the year.

3) The Contractors are responsible for training their volunteers based on the training received by the AAA and Lt. Governor's Office on Aging Policies and Procedure Manual for FY2017.

4) Each contractor submits annually a nutrition education plan that details where the information was received, how and when nutrition education will be provided under their contract.

5) The AAA monitors AIM data and the Nutrition Education Evaluation Session form ensuring Contractors have provided nutrition education as planned.

6) The AAA will use the AIM waiting list and OLSA to document unmet needs in the Region to help advocate for the needs of seniors in the Region.

- 7) The Central Midlands AAA/ADRC staff reviews submitted menus to ensure a registered
- Dietitian has signed off and approved all Contractors' menus.
 - All menus are then forward to the LGOA.
 - The Central Midlands AAA/ADRC has utilized a Registered Dietitian to review the Senior Squares Program and design the 7 day menu.

By July 1, 2017, the AAA will be conducting assessments in all four Central Midlands counties and will continue to build waiting list to accurately reflect the needs of seniors in the Region.

SENIOR CENTERS

Provide a varied menu of hot, nutritious meals and social activities are provided to senior citizens who are 60+. This is a convenient way for seniors to maintain good nutritional habits, see neighbors and friends, and stay in touch with other community activities. Most programs provide van service for those who would like transportation. Donations for meals are requested, and used to expand the program. However, no senior is refused service for inability to make a donation.

FAIRFIELD COUNTY

Contract Agency: Fairfield County Council on Aging
210 East Washington Street
Winnsboro, SC 29180
(803)635-3015
FAX: 712-9171. Executive Director: Angela Connor

Centers: Winnsboro Senior Center
210 E. Washington St.
Winnsboro, SC 29180
(803) 635-9761 (hrs.) 9-4 M-F
Director: Wanda Mills
Activities: Betty Peak

LEXINGTON COUNTY

Contract Agency: Lexington County Recreation and Aging Commission
125 Parker St.
Lexington, SC 29072
(803)356-5111
Director: Lynda Christison
Assistant Director: Mary Beth Callais

Subcontract Agency: Irmo-Chapin Recreation Commission (ICRC)

1098 Old Lexington Highway
Chapin, SC 29036
(803)345-6181
Director: Kim Bowers

Centers:

- **Batesburg-Leesville Senior Center**
241 Highland Ave.
Batesburg, SC 29006
(803) 532-4536 (hrs.) 9-3 M-F
Director: Kyle Shealy
Assistant Director: D'Andre Merriweather
Activities: Mary Johnson
Driver: Roger Owens
- **Crooked Creek Park (ICRC)**
1098 Old Lexington Highway
Chapin, SC 29036
(803) 345-6181 (hrs.) 8-2 M-F
Senior Services Coordinator: Antwain Byrd
- **Gilbert-Summit Senior Center**
409 Broad St.
Gilbert, SC 29054
P.O. Box 437 *mailing address
(803) 892-5745 (hrs.) 9-3 M-F
Director: Maxine Caughman
Assistant Director: Annette Pierce
Driver: Melanie Wesolowski
- **Lexington Senior Center**
108 Park Rd.
Lexington, SC 29072
(803)957-7979 (hrs.) 9-3 M-F
Director: Annie Mack
Assistant Director: Loretta Mize
Activities: Arnell Saverino
Driver: Marie Harsey
- **Pelion Senior Center**
210 Pine St.
P.O. Box 159 *mailing address
Pelion, SC 29123
(803) 894-4351 (hrs.) 9-3 M-F
Director: Laura Dowey (as of 4/1/2017)
Driver: Topie Smith

- **Pine Ridge- S. Congaree Senior Center**
 1123 Courtney Drive
 West Columbia, SC 29172
 (803)755-1274 (hrs.) 9-3 M-F
 Director: Beverly Smith
 Assistant Director: Jo Ann Colson
 Driver: Darren Willbanks

- **Seven Oaks Park (ICRC)**
 200 Leisure Lane
 Columbia, SC 29210
 (803) 772-3336 (hrs.) 8-2 M-F
 Senior Services Coordinator: Al Thomas

- **Swansea Senior Center**
 197 North Lawrence Ave.
 Swansea, SC 29160
 (803)568-4545 (hrs.) 9-3 M-F
 Director: Jessie Green
 Assistant Director: Becky Pou
 Driver: Dwight Williams and Francis Wannermaker

- **Tri-City Senior Center**
 485 Brooks Ave.
 West Columbia, SC 29169
 (803) 939-9311 (hrs.) 9-3 M-F
 Director: Peggy Scott
 Assistant Director: Sarah Laird
 Kitchen Coordinator: Tommy Thompson
 Nutrition Coordinator: Aubrey Burroughs
 Driver: Robert Taylor

NEWBERRY COUNTY

Contract Agency: **Newberry County Council on Aging**
 1300 Hunt Street
 Newberry, SC 29108
 Director: Lynn Stockman
 (803) 276-8266

Centers:

Dave Waldrop Jr. Senior Center
 1300 Hunt Street
 Newberry, SC 29108
 (803) 276-8266 (hrs) 8-5 M-F

Site Manager: Nedra Folk

- **Whitmire (Baker) Senior Center**
311 Main Street
Whitmire, SC 29178
(803) 694-2828 (hrs) 9-1 M-F
Site Manager: Lisa Bundrick

RICHLAND COUNTY

Contract Agency: Senior Resources, Inc.
2817 Millwood Ave.
Columbia, SC 29205
(803) 252-7734
Director: Pamela Dukes
Program Director: Anne Shissias
Program Coordinator: Mekia Alston

Centers:

- **Meadowlake Park Wellness Center**
600 Beckman Road.
Columbia, SC 29203
691-1489 (hrs.) 10-2 M-F- (803)252-7734 x234
Site Manager/Driver: Vera Ford
Asst. Site Manager/Driver:
- **Blythewood Wellness Center**
1424 Marthan Road
Blythewood, SC 29203
786-2826 (hrs.) 10-2 M-T (803)252-7734 x234
Site Manager: Don Balthdrop
Driver: Marvin Edge
- **Eastover Wellness Center/ Lower Richland Community Center**
117 Henry St.
Eastover, SC 29244
353-0532 (hrs.) 10-2 M-F (803)252-7734 x234
Site Manager: Thelma Henson
Asst. Site Manager: Louis "BoMack" McMillian
- **Hopkins Wellness Center**
9620 Garners Ferry Rd
Hopkins, SC 29061
(803)252-7734 x234, 10am-2pm M-F
Site Manager: Shauntai Nelson

16.) Family Caregiver Support Program Plan

The goal of the Central Midlands FCSP is to enhance the ability of unpaid caregivers in the home to better meet the needs of the care-receiver, and to improve their own health and overall well-being. By doing so, the care-receiver is often able to stay at home longer and avoid the immediate need for nursing home placement.

We attempt to tailor the service to the needs of each caregiver's unique situation. One way to better meet their needs is to allow the caregivers the choice of how to use the respite service in the way that is most effective from their own perspective. The caregivers have the option to use a short term facility stay for the care-receiver, or they may choose adult day care if that is more appropriate. They also have the option of choosing any licensed in-home care agency to provide services in the home so that they can have a short break from those responsibilities. Ultimately, it is the decision of the caregiver about which service is most helpful, as well as which provider will best meet their needs. In addition, the caregivers have the ability to withdraw any portion of unused respite benefit and change to a different provider if their expectations are not met in a reasonable way.

In communicating with the caregivers, staff may provide information or assistance in addressing any or all of the components of the FCSP:

1. Information about services that can be provided.

All FCSP staff is AIRS certified in order to assure competency in their performance of making appropriate referrals.

2. Assistance with access to these or other services.

Staff is continuously forming new partnerships in the community and updating information used in making referrals.

3. Counseling; this may include attending a support group or referral to other groups.

The Central Midlands office offers our own monthly support group for caregivers, and can offer individual counseling if needed by telephone or appointment.

4. Respite care services.

Staff sets up the budget within program parameters as soon as the information becomes available, and assists clients with all respite services.

5. Supplemental services.

Needs for supplemental services are assessed with each contact between staff and family caregivers.

All conversations are documented in the record, as well as referrals made to other agencies. The monthly support group held in the Area Agency on Aging office is open to anyone involved in the FCSP, as well as other members of the community who may want to attend.

The FCSP employs two full time social workers, and is assisted by masters level social work student interns. The students are required to complete a number of hours of work time as a part of their academic program, which is counted as volunteer hours for the AAA. In addition, the speakers and sponsors of the monthly caregiver support groups volunteer their time and expertise to share information and that is counted as volunteer time.

The FCSP operates within a fiscal year, based on a budget that includes both federal and state funding. The services provided are funded from one of three sources: the Family Caregiver Support Program, the Alzheimer's program, or the state respite program. The amount of funding varies from year to year based on the decision of the state legislature and other factors.

The number of families that can be served within a fiscal year depends on the funding that is available. For the FY 16-17, our office was given a total of \$164,516 in Family Caregiver funding (IIIE), \$204,890 in State respite funding, and \$93,834 in Alzheimer's funding. The total budget for the fiscal year is \$463,242.

We have allocated all available funding at this time. There may be additional respite vouchers issued if changes occur that cause funds already allocated to families not to be used. To date, we have issued 108 vouchers using FCSP funds, 127 vouchers using state respite funds, and 85 vouchers using Alzheimer's funds. The total number of vouchers issued so far is 320.

To determine the success of our program and the satisfaction level of participants, we were able to partner with the graduate school at the University of SC College Of Social Work. A group of students conducted a research project within this fiscal year to assess the overall effectiveness of the program.

A copy of the results of this research is attached in attachment H. In general, the students determined that the satisfaction level of the majority of participants in the program was very high. We are very thankful to have had the benefit of the time and expertise of this group of master's level students at no cost to our program. In addition, the research can be utilized in the future by adding results as the program continues to grow.

17.) Ombudsman Program

The Central Midlands Long-Term Care Ombudsman Program (CMLTCOP) investigates, mediates and advocates on behalf of residents in long-term care facilities. The CMLTCOP handles reports of abuse, neglect, exploitation as well as Resident Rights and care related concerns. The CMLTCOP primary purpose is to ensure residents of long-term care facilities are safe, protected, taken care of, respected and able to exercise their Rights. Responsibilities of the CMLTCOP include the following:

Advocate for residents in long-term care facilities- Advocacy is a daily responsibility of the CMLTCOP. Ultimately, the purpose is to make sure our residents are safe. Advocacy efforts are done onsite, via telephone when permission is granted and during mediation. The Ombudsman consent protocol is followed. Advocacy efforts usually begin immediately or within 24hrs after a report or concern is reported. Request for advocacy material are usually mailed within 1 to 2 days of a request. Family members and residents are also given educational material related to issues they may find helpful when advocating for themselves.

Complaint, intake, investigation and resolution- The CMLTCOP staff receives reports via email, fax, phone, mail, and in-person and from residents during onsite visits. Some reports are from anonymous callers. Facilities are mandated reporters and normally report via fax or phone. The CM Ombudsman Program is equipped to receive messages when the office is closed. After intake of a complaint, the intake is normally forwarded to an investigator within an hour and a decision is made as to investigate, mediate or advocate. Staff is trained to handle reports requiring immediate action/efforts and to explain the process to family members effectively. Onsite visits are made on all cases unless they are handled via telephone. The objective is to resolve complaints to the resident's satisfaction. An effort will be made to increase complaints/consults by five percent annually.

Information and assistance- CMLTCOP staff provides consultations on various issues such as the role of the regulatory agencies, Resident Rights, Advance Directives, handling grievances, long-term care placement guidance, Adult Protective Services, Appeals and Hearings and community services, are a few. Information is provided by telephone, during trainings, onsite visits and by mail. The objective is to provide families, residents, facilities, agencies with resources needed to make informed decisions. Referrals are made to Legal Services when requested/as needed for residents in long-term care facilities. Spanish Bill of Rights have been printed for residents and facilities for distribution upon request, Braille information on the Resident Bill of Rights and the Omnibus Adult Protection Act have been printed as well in effort to empower our residents and their families. An effort will be made by Ombudsman staff to increase consultations by five percent annually.

Community Education- CMLTCOP staff will continue to conduct trainings, community education, consultations and develop educational literature on abuse, neglect, exploitation, Resident Rights, Resident/Family Council, the Volunteer Ombudsman Program and Advance Directives at least once monthly. The CMLTCOP holds trainings sessions on various topics as listed above. Information on filing a complaint is provided. The goal is to conduct eight educational trainings for resident/families/community related to self-advocacy. Advance Directive training sessions are held three to four times yearly. An Advance Directive handout has been made to easily explain the SC Advance Directives. The Ombudsman Program objective is to increase community education efforts and events addressing abuse, neglect and exploitation by ten percent. Staff will also increase publicizing events in various media outlets by five percent.

In-service Education- The CMLTCOP staff continues to provide in-service education when requested. The objective is to educate and empower residents, staff and the community. Topics include abuse, neglect, and exploitation, Resident/Family Council, Advance Directives, Resident Rights, Omnibus Adult Protection Act and the Volunteer Ombudsman Program. Advocacy materials have been created to empower residents and families.

Development of Resident and Family Council- An educational handout is frequently given to residents and family members about establishing and maintaining a productive Resident and Family Council. Contact numbers for the Ombudsman Program is noted in material distributed. This resource will be given upon request and also given to residents during weekly visits to facilities. Contact numbers for the Ombudsman Program is noted if additional information is needed or to file a complaint. Ombudsman staff objective is to increase Resident/Family Council participation by five percent.

Visits to residents in long-term care facilities- CMLTCOP staff makes weekly visits to facilities to conduct investigations and advocacy. Along with those visits, staff also conducts Routine Visits to long-term care facilities to engage with residents, monitor concerns, and distribute information to include the Ombudsman Program phone numbers and other pertinent phone numbers, should the resident desire to call for additional information or file a complaint. Voting information obtained from Protection and Advocacy is also distributed during these visits. Ombudsman staff will encourage voting during visits with an objective of an increase in voting by five percent. Facilities will be asked about those residents who actually voted. Ombudsman staff monitors for respect and dignity issues since those issues have been identified as a number one concern for the region. The other two issues are accidental injuries and discharges which are addressed as well during Ombudsman visit and during follow-up calls made to facilities by Ombudsman staff. Advocacy materials have been created to share an awareness of the Ombudsman Program and to empower residents and families. An effort will be made by the Ombudsman staff to increase onsite/Routine Visits by five percent annually.

Development of the Volunteer Ombudsman Program- The CMLTCOP currently have Certified Volunteers visiting residents in long-term care facilities. Recruitment is done through mail-outs, presentations and newspaper advertisements. Meet and Greet sessions are held at least three to four times per year to explain the Volunteer Ombudsman Program and to also recruit potential volunteers. A comprehensive training is provided to each volunteer before they are certified. Recruitment efforts will increase to increase volunteer participation in all counties in the program by five percent.

Partnership Development- With proper consent, the CMLTCOP also makes referrals to other investigative entities/regulatory agencies to ensure that the resident(s) are protected and safe. Relationships have been developed with SC Department of Health and Environmental Control Division of Certification and Health Licensing, SC Attorney General's Office Medicaid Fraud Division, Law Enforcement, Legal Assistance, Adult Protective Services, Community Long-Term Care, Protection and Advocacy, Financial Institutions, SC Medical Board, SC State Board of Nursing and SC Social Work

Board. Family members are encouraged to contact DHEC related to questions and issues involving medications. Information about The Home Again Program is distributed to residents and facilities when a resident expresses a desire to be discharged or with a facility/family request for assistance and information. CMLTCOP will work with the Family Caregiver Program to assist with those in the community who may need long-term care information.

18.) Legal Assistance Program

The CMAAA/ADRC receives daily calls that require legal assistance; therefore, the agency continues to allocate more than the minimum required by the state unit on aging to legal services in the region. The attorneys for legal services are willing to see homebound clients in their homes if necessary and consult with clients in long term care facilities. Each legal services contractor develops procedures that assure that the maximum number of participants is served with limited resources.

The purpose of SC Legal Services is to provide access to legal services through advocacy, advice and representation, in order to protect their dignity, rights, autonomy and financial security of persons age 60 and older, particularly those who are socially or economically needy.

The targeted population are: Individuals 60 years of age or older with the greatest economic need resulting from an income level at or below the poverty line and individuals 60 years of age or older with the greatest social need caused by non-economic factors, which include—(A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that— (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.

SC Legal Services will provide legal counsel through a contract agreements with Central Midlands Area Agency on Aging, private attorneys, non-profit legal assistance agencies and organizations, the private bar including pro bono or reduced fee panels. Legal assistance must be provided by licensed attorney as opposed to legal information.

Legal Assistance activities may include:

- outreach, intake and interview;
- action plan development;
- legal research of relevant laws, regulations and pertinent data;
- legal advice and counseling;
- drafting of legal documents;
- client representation in court and in hearings;
- preparation and presentation of legal concerns to elderly groups and individuals;

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

The Contractor shall comply with the following documentation requirements:

1. Meet all reporting requirements of the CMCOG/AAA.

Provide service documentation including:

- a. Record of all requests for service, including type of assistance requested.
- b. A record of all service provided, including required NAPIS information, and type of legal assistance provided
- c. Reports are provided to the Central Midlands AAA/ADRC semi-annually reflecting all services provided.

19.) Evidence Based and Wellness Programs

Title III-D under the Older Americans Act requires all funding be spent on Evidenced Based Disease Prevention programs. The Central Midlands AAA/ADRC requires copies of all certifications for those who are teaching the evidenced based classes and no Title III-D is awarded unless proper training and certification is provided to the Central Midlands AAA/ADRC.

In 2018, the Central Midlands will begin training for the evidence-based program, HomeMeds. Funds for training and start-up are to be covered by grant funds obtained during 2017.

20.) Reimbursement Request Accuracy

The Central Midlands AAA/ADRC requires each provider to enter units for eligible clients served into the LGOA AIM database by the tenth (10th) day of the following month. This information is reviewed to assure that clients that are served meet the eligibility requirements. Any needed feedback is formally reported back to each provider. To request payment, Contractors are to submit their signed ZMUSR reports along with their client data reports by the tenth (10th) day of the following month. These reports are also reviewed for accuracy in recording year-to-date budgets, expenditures and the federal and/or state and local distributions as well as the request for funds for the month. The Central Midlands COG Finance Director prepares all reimbursement requests for the Central Midlands AAA/ADRC.

21.) Assessment Process

The Lieutenant Governor's Office on Aging (LGOA) issued a directive in January 2016 stating that all AAA's must do face-to-face assessments with any clients receiving services funded by state and federal dollars. The Central Midlands AAA/ADRC will begin in this assessment process on January 1, 2017 with clients living in the service provider area including the counties Richland, Lexington, Newberry and Fairfield.

The CM AAA/ARDC has a full-time AIM Assessment Coordinator and two full-time Aging Services Assessors to perform required AIM assessments. The Central Midlands is expected to perform approximately 2,000 assessments per year.

The AAA shall follow and utilize the approved protocols established by the LGOA for assessments. The AAA shall use staffs that have undergone LGOA assessment training. To facilitate assessment training, the LGOA has entered into a contractual relationship with Clemson University to coordinate assessment training at the AAA level. Assessments shall be conducted in person and by telephone on a limited basis. All assessments shall be conducted using only the authorized LGOA Assessment/Reassessment Form. No other assessment form should be used to determine the client's needs for services. All AAA staff conducting assessments shall be required to take the LGOA sanctioned assessment training class coordinated by Clemson University.

22.) Local Match

The Central Midlands Aging program receives local funding from the Council of Governments' membership fees that have stayed constant with no rise in their funding since 2012. Local Contractors provide their own matching funds. The Central Midlands AAA/ADRC has yet to identify other sources of local funding to support additional ACL/LGOA programming or increase in programming without impeding on the same funding streams that provide local support to the contracted Contractors.

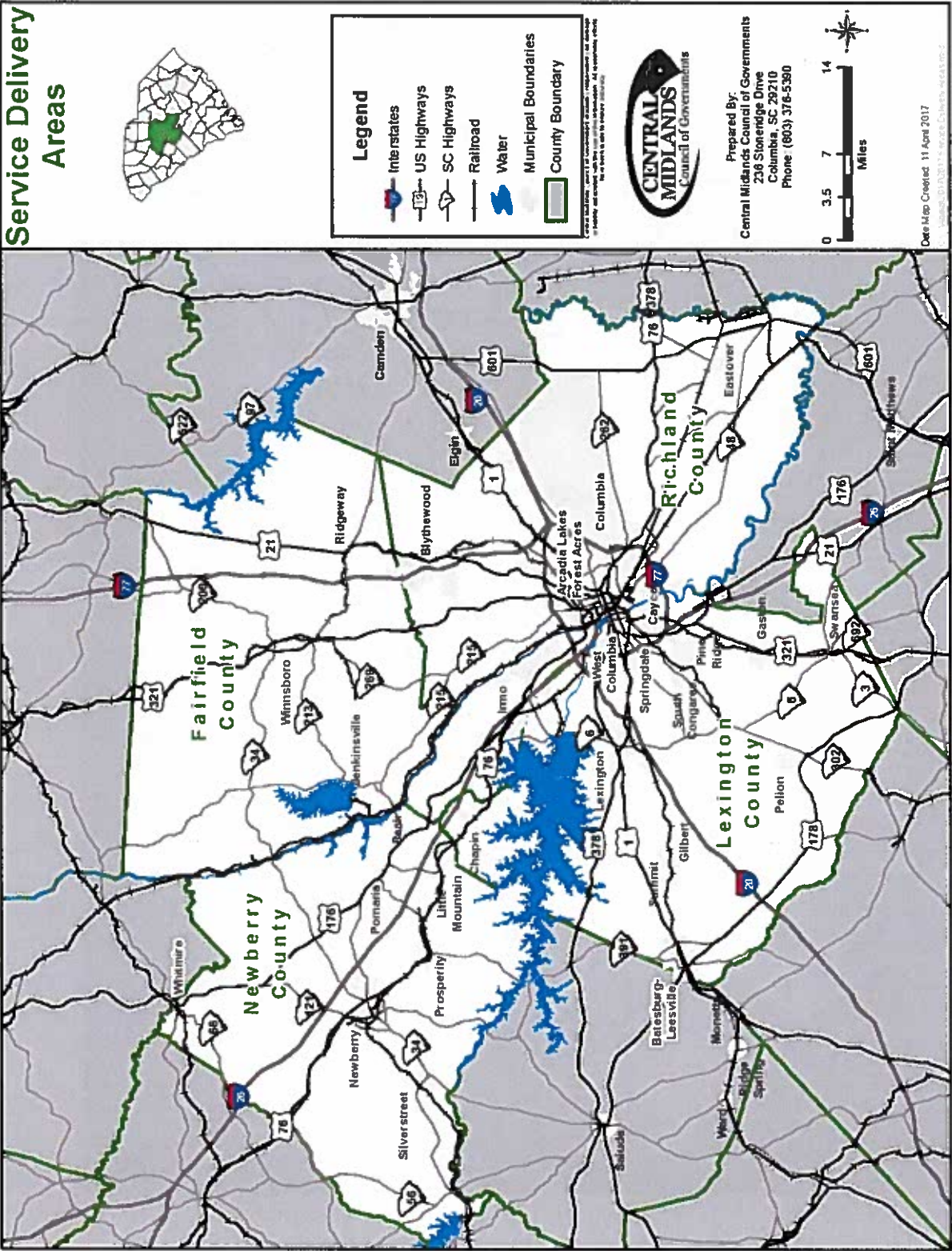
As of July 1, 2017, the LGOA will allow the AAA to use state HCBS funds towards the local match for OAA funds. Under this one year pilot program, the AAA is still responsible for raising local funds, which would have previously been used to meet the match requirement, in order to increase service delivery capacities in the region. This pilot will be evaluated at end of the 2018 fiscal year to determine if it should be continued. If the practice is approved for the following fiscal year, an annual evaluation will occur to determine if it should continue.

The My Will Program does not require any local funding, or any ACL/LGOA matching funds. Both Senior Squares and Home Meds will be supported by grants funds, in-kind support and donations.

23.) Regional Successes

A collaborative effort led the USC School of Law Pro Bono Program, SC Bar Association Pro Bono Program, the Lieutenant Governor's Office on Aging and the Central Midlands Area Agency on Aging will provide the opportunity for seniors, ages 60 and over, to meet with a volunteer attorney at a "My Will Program" to create a Simple Will. The "My Will Program" will take place on the third Friday of every month at one of the Central Midlands Area Agency on Aging Senior Centers in Richland, Lexington, Newberry and Fairfield counties from 10:00 am to 12:30 pm. Since the program began in 2015 and continues through May of 2017, The Central Midlands AAA/ADRC will serve approximately 200 seniors in providing them with free, simple wills and hundreds of hours of pro bono legal advice.

ATTACHMENT E: GIS Mapping



Senior Center Meal Sites



Legend

- Meal Sites
- Interstates
- US Highways
- SC Highways
- Railroad
- Water
- Municipal Boundaries
- County Boundary

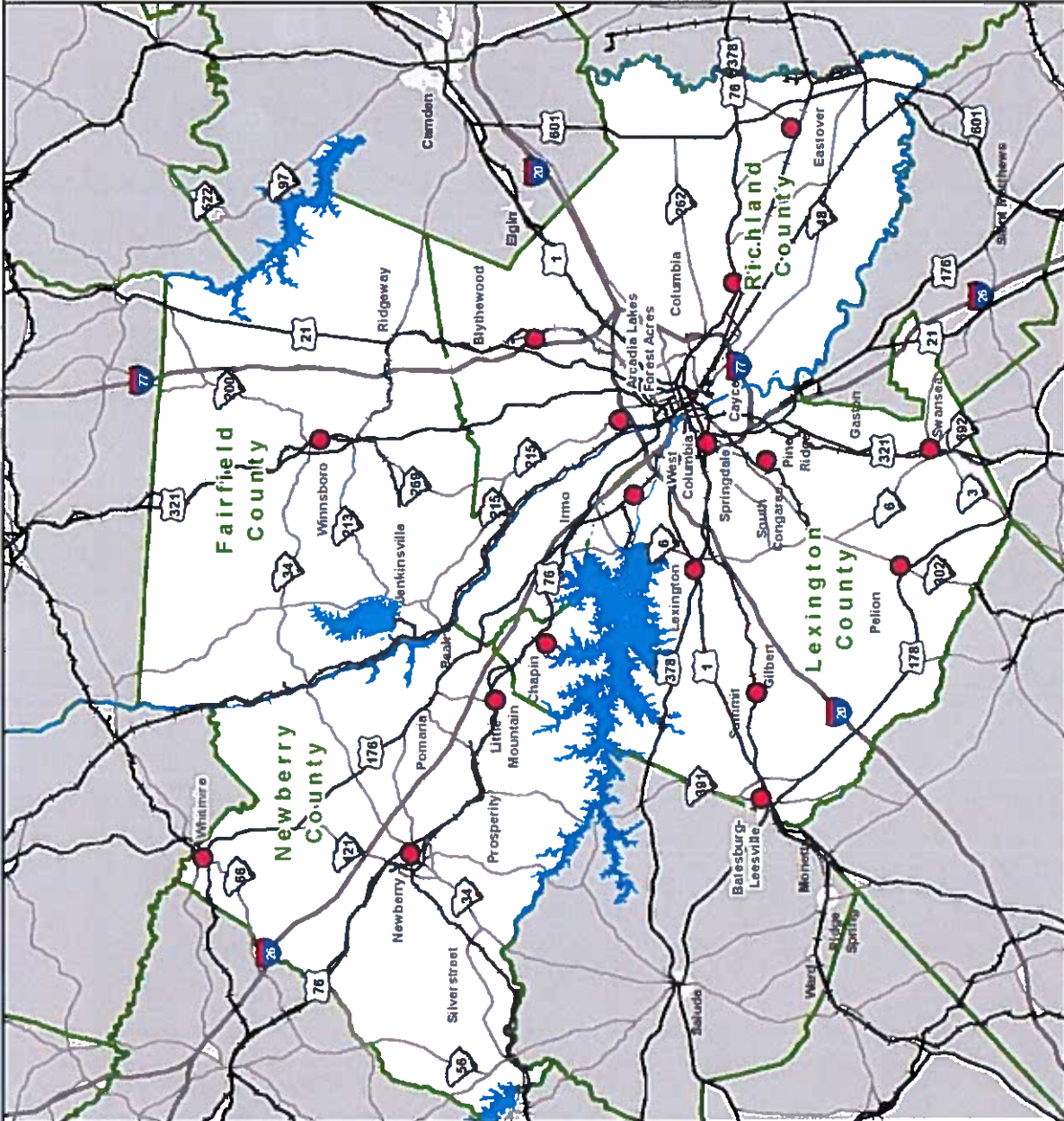
© 2011 Central Midlands Council of Governments. All rights reserved. This map is a service of the Council of Governments. All other names and symbols are the property of their respective owners.



Prepared By:
Central Midlands Council of Governments
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Columbia, SC 29210
Phone: (803) 376-5380



Date Map Created: 11 April 2017

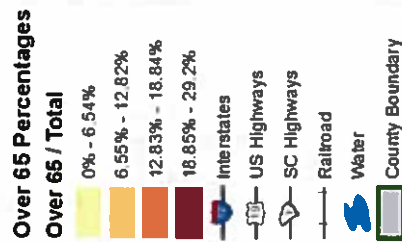


65 and Older Percentages

ACS 2011-2015
5 Year Estimates

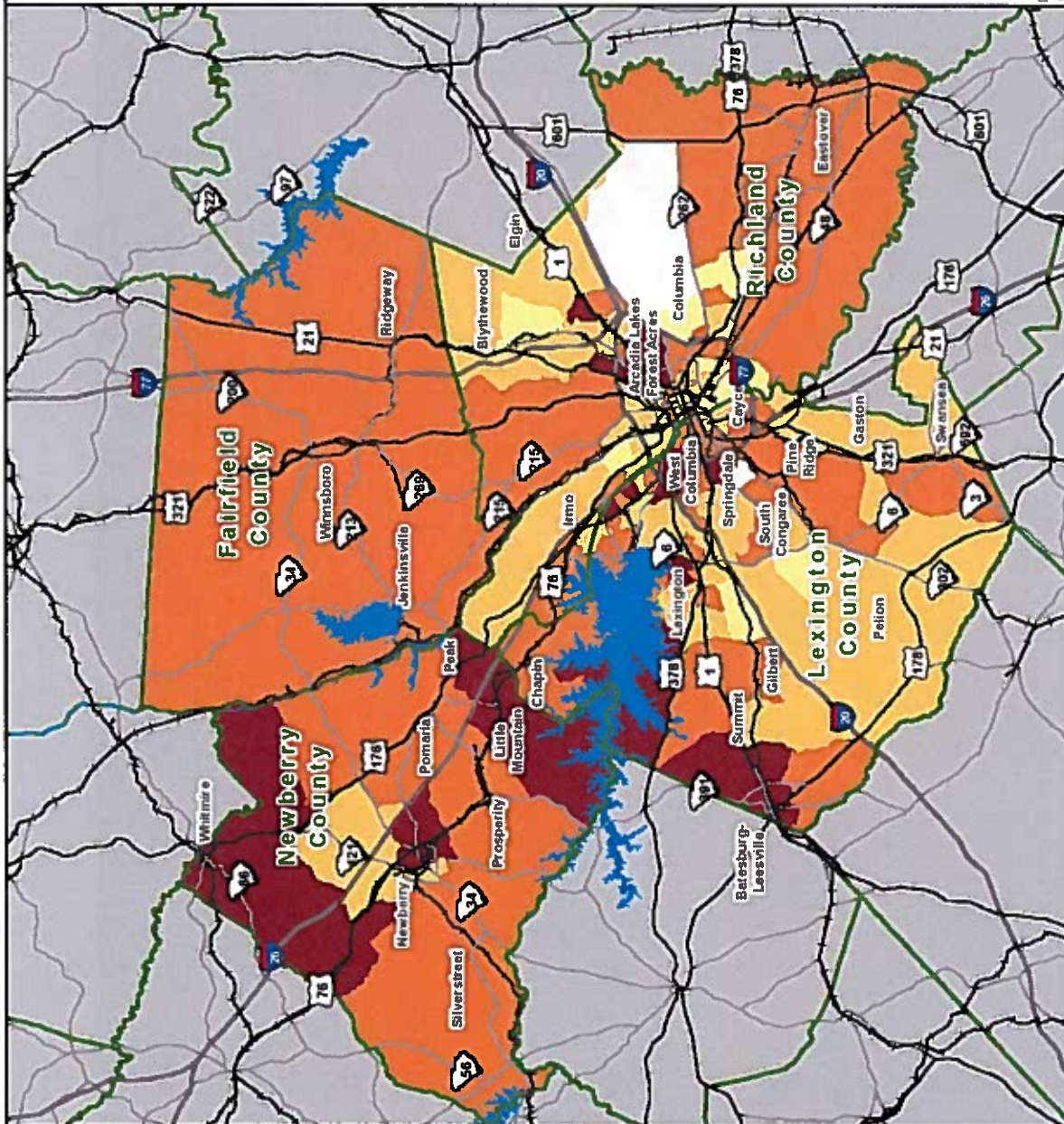


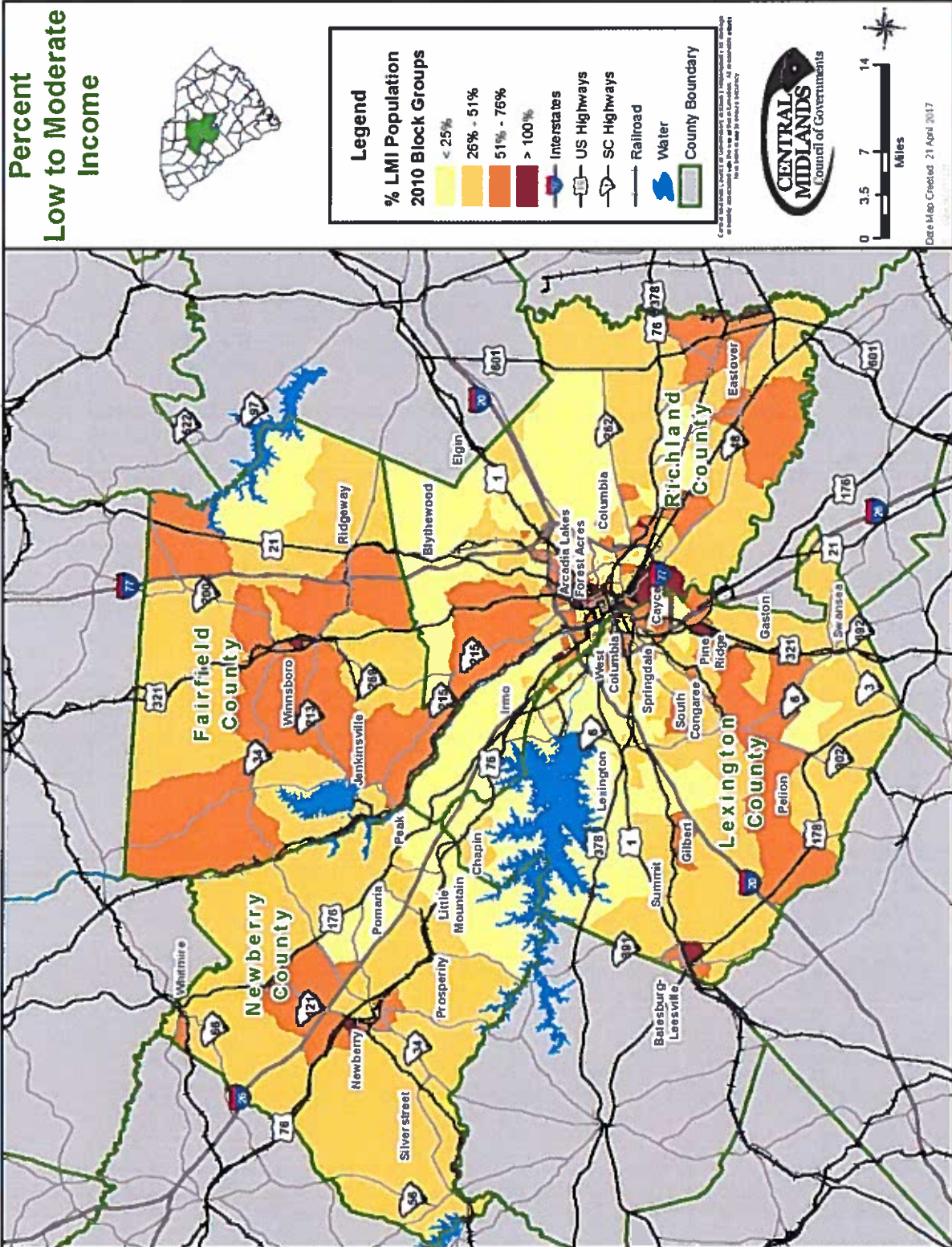
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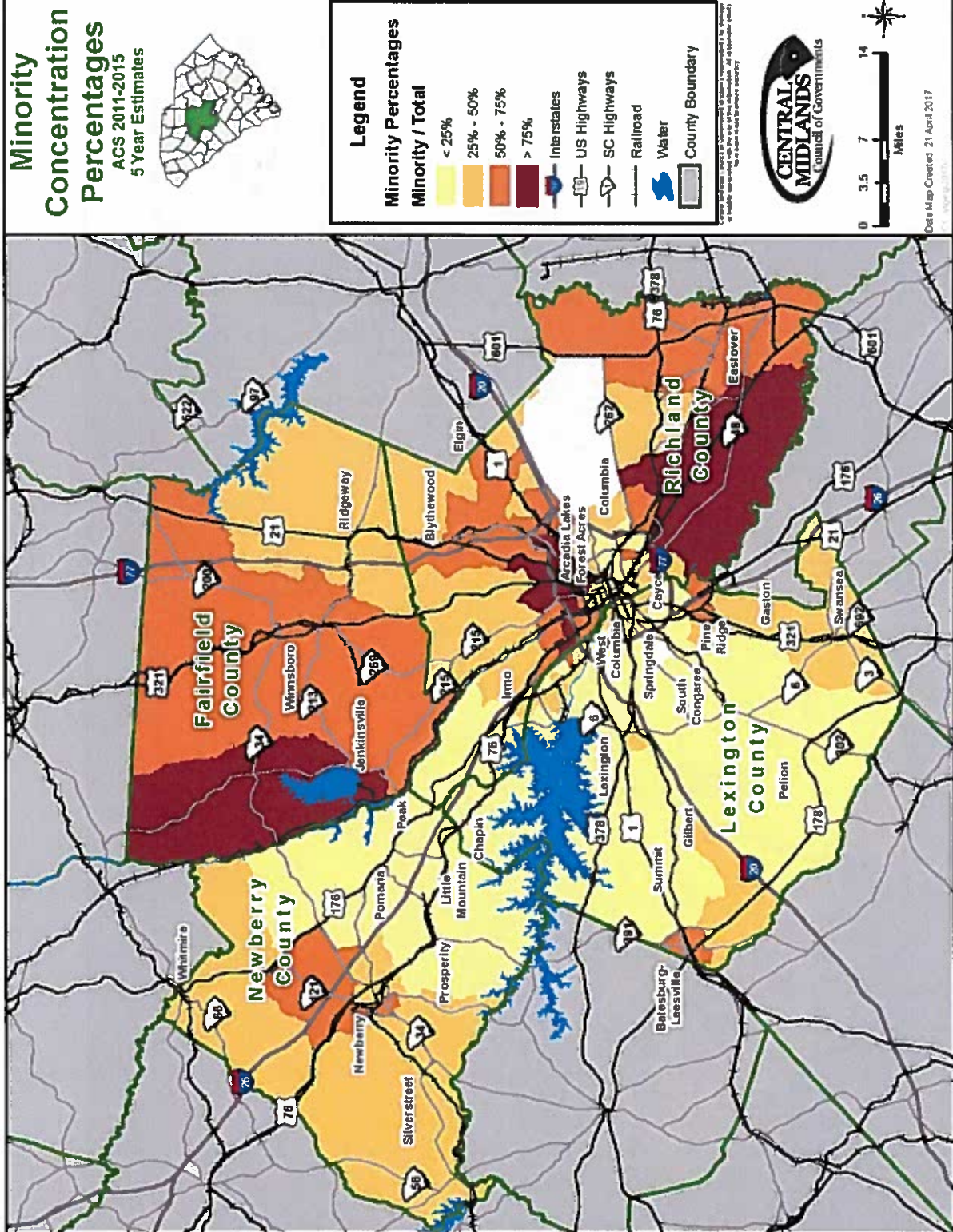


Date Map Created: 21 April 2017

File Name: 5/2016







65 and Older Who

Don't Speak
English Well or
Not at All

ACS 2011-2015
5 Year Estimates



Legend

Over 65

Not Good English / Total

0% - 1%

1.01% - 4.19%

4.2% - 9.86%

9.87% - 18.04%

Interstates

US Highways

SC Highways

Railroad

Water

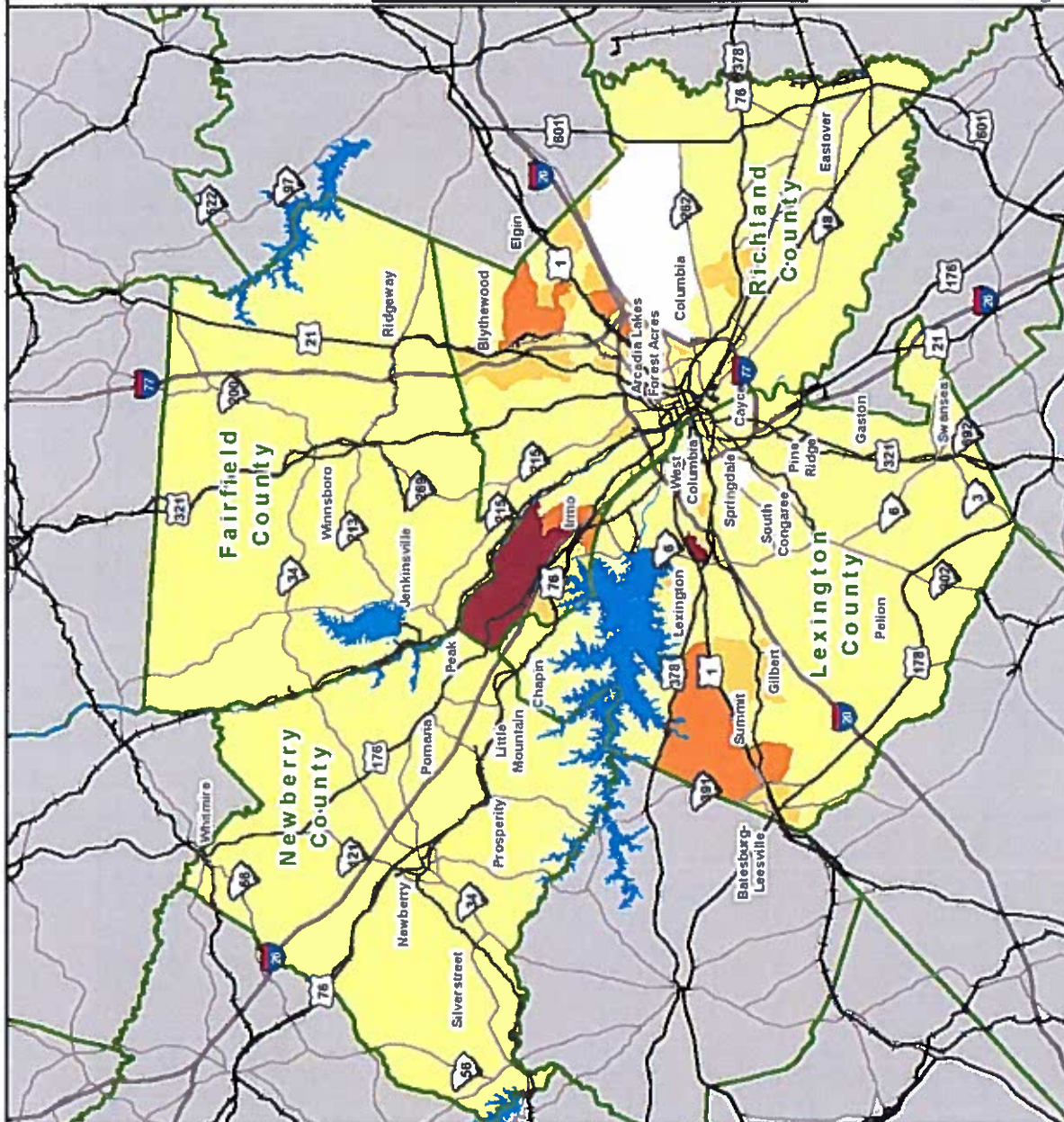
County Boundary

0 3.5 7 14 Miles

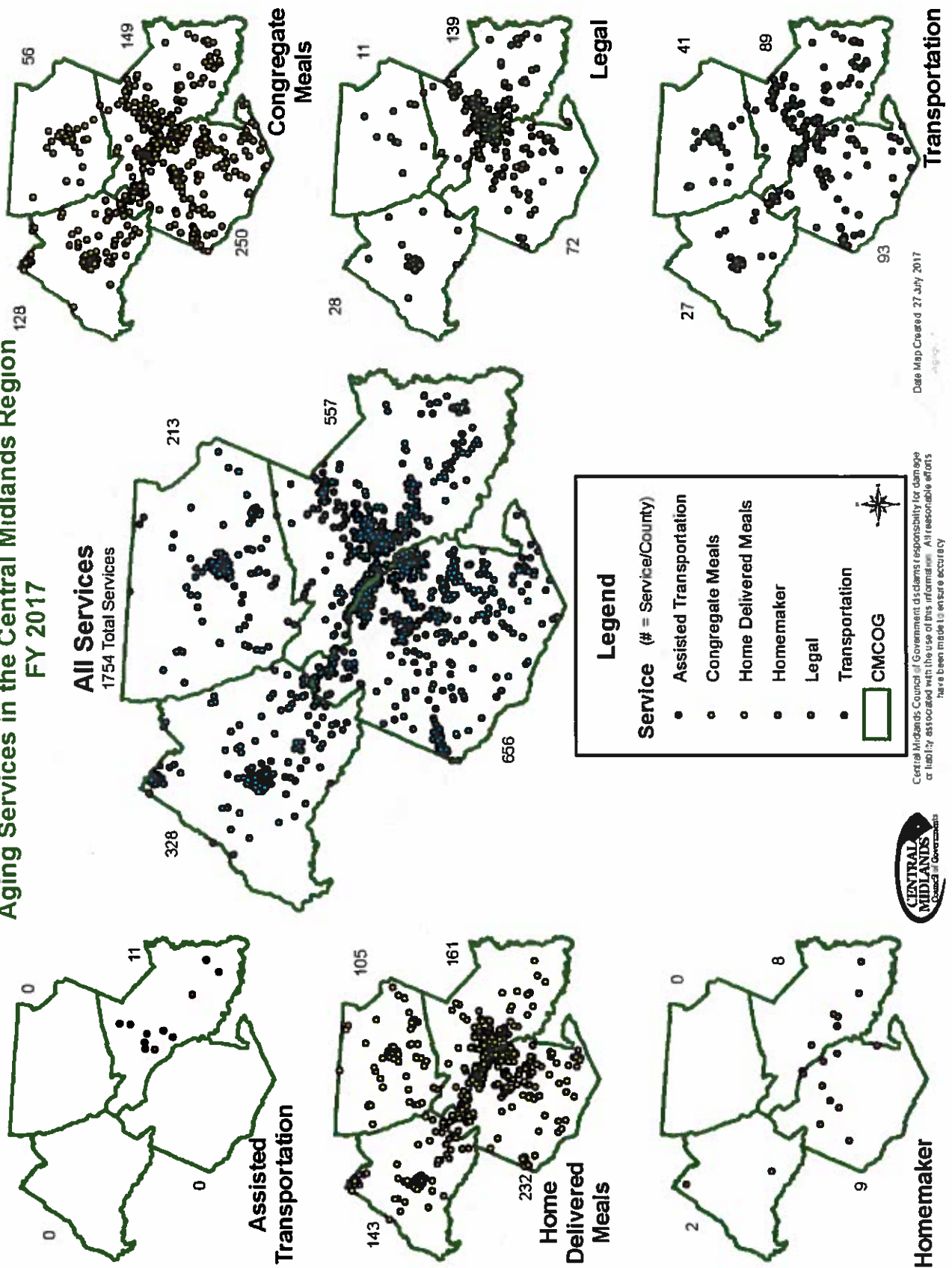
DATE: 10/10/16. MAPS OF THE COUNCIL OF GOVERNMENTS ARE NOT TO BE USED FOR ANY PURPOSE OTHER THAN THAT FOR WHICH THEY WERE DESIGNED. THE COUNCIL OF GOVERNMENTS IS NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS. THE COUNCIL OF GOVERNMENTS IS NOT RESPONSIBLE FOR ANY DAMAGES, INCLUDING CONSEQUENTIAL DAMAGES, ARISING FROM THE USE OF THESE MAPS. THE COUNCIL OF GOVERNMENTS IS NOT RESPONSIBLE FOR ANY DAMAGES, INCLUDING CONSEQUENTIAL DAMAGES, ARISING FROM THE USE OF THESE MAPS.



Date Map Created: 21 April 2017

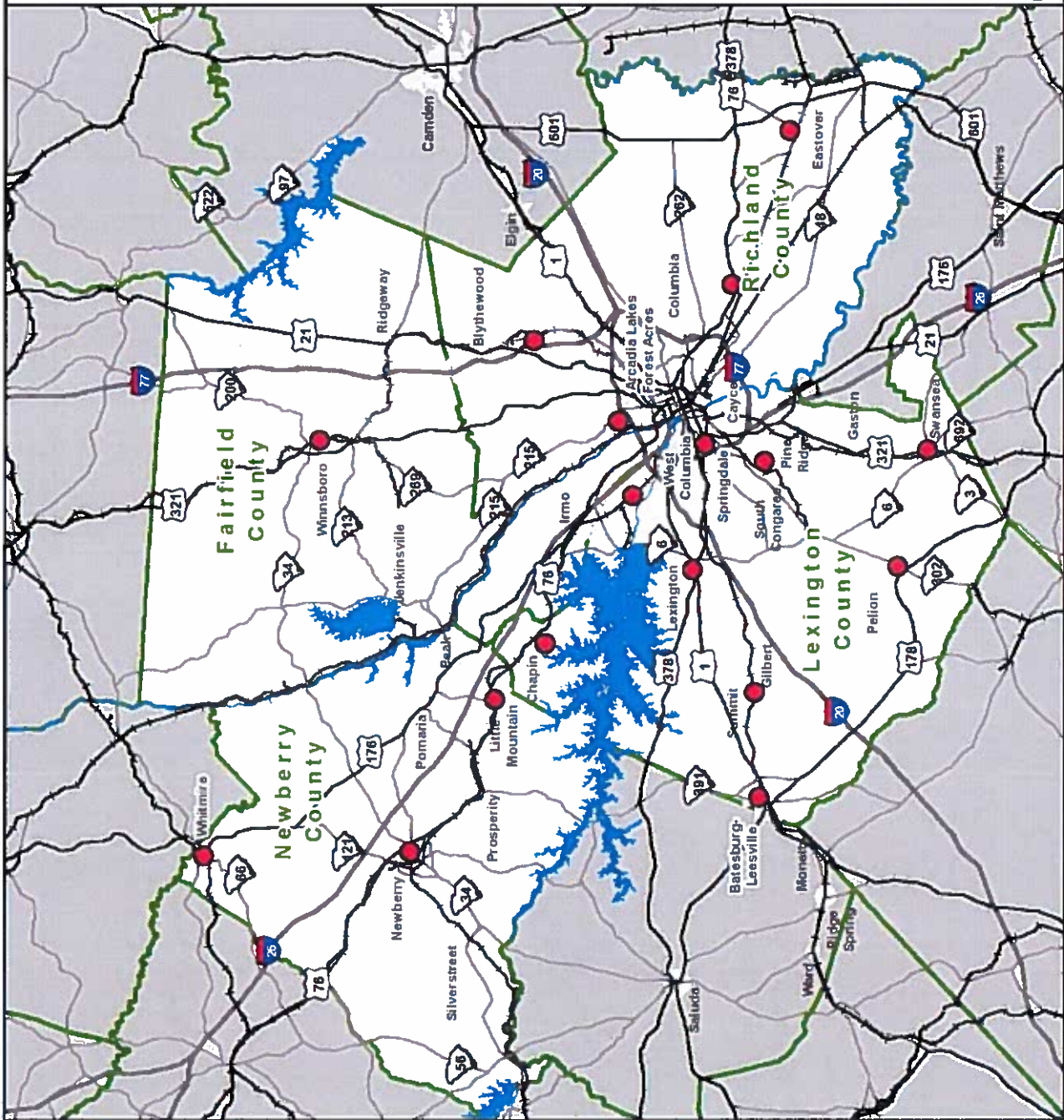


Aging Services in the Central Midlands Region FY 2017





Date Map Created 11 April 2017



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

Strategic Planning

To move forward in this planning period the Central Midlands has gathered input from older adults through phone surveys, their family caregivers, and service Contractors. In addition, staff is involved with multiple networks and organizations and is at the forefront in recognizing trends and directions in the aging network at the local and national level. To guide the Central Midlands in the next four years staff developed a vision that will keep the team focused while adjusting and planning for service delivery in the community.

In order move forward over the next four years, the Central Midlands AAA/ARDC will:

- will be a recognized leader in aging and disabled services through collaborations with community partners.
- will identify gaps in services and work to foster solutions to address needs.
- will continually assess internal and external organizational capacity of service Contractors and provide advocacy and support to address changing needs.
- will create an environment which promotes quality and cost effective services using measurable data and outcomes for internal and external programs.

To build on the plan, the Central Midlands AAA/ADRC must look to its community partners. The Central Midlands AAA/ADRC depends on the work of other service Contractors including the contracted Contractors. Central Midlands AAA Contractors are able to leverage other sources of funding and volunteers to provide the direct services that are so crucial to keeping older adults independent and healthy. The challenges these organizations face and their work in creating the capacity to meet the growing needs of the population is recognized by the CMAAA/ADRC.

The Central Midlands AAA/ADRC will strive to increase the support of its Contractors by providing increased communication, technical support and assistance whenever possible. Through the strengthening of the work of AAA/ADRC Contractors, the network will be able to increase capacity and serve even more consumers. In addition to working directly with local Contractors, Central Midlands AAA/ADRC will continue its work with the Lt. Governor's Office on Aging, National Association of Area Agencies on Aging, and the South Carolina Association of Area Agencies on Aging.

Workforce Focus

The current staff structure at the Central Midlands AAA/ADRC includes the Aging Services Director, one (1) Information and Referral/Assistance Specialist, one (1) Caregiver Support Program Advocates, one (1) SHIP Counselor who serves as the Nutrition coordinator, three (3) Aging Coordinators, one (1) Administrative Assistant, one (1) Long Term Care Ombudsman Director, a Senior Ombudsman Investigator, a Volunteer Program Coordinator/Information Support Specialist, and an Associate Ombudsman/Support Specialist.

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

Whenever possible, staff are cross trained within the various departments including I & RA, Family Caregiver Support, and SHIP. Annual performance evaluation will begin to identify the employee's weaknesses, strengths and accomplishments, plus future goals.

Process Management

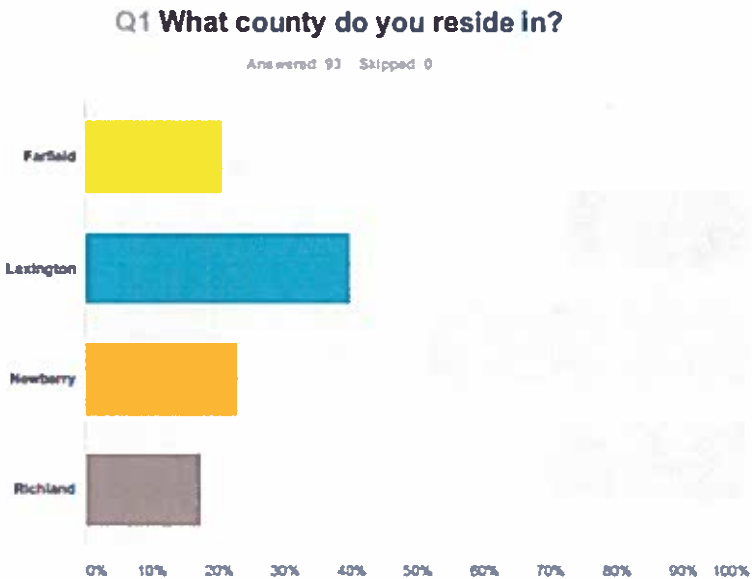
The Central Midlands AAA/ADRC uses the core guidelines set forth in the Older American Act, ACL guidelines and the policy and procedures provided by the South Carolina's Lt. Governor's Office on Aging (LGOA). With open communications with the LGOA, the core programs function in an efficient and effective manner that will best serve the clients needing services, resources and guidance in order to age in place.

Client/Customer Satisfaction

The Central Midlands AAA/ADRC is constantly seeking public opinion on services including surveys sent out monthly by the I & RA program, program evaluation completed by USC's College of Social Work on the Family Caregiver Support Program and semi-annual review of the service Contractors by conducting and completing phone surveys. Completed phone surveys of contractor's services were shared with each contractor in order for them to see their strengths and weakness in serving their senior clients. The services reviewed including congregate meals, home-delivered meals, transportation, and homemaker services.

Attachment G: Area Plan Public Hearing

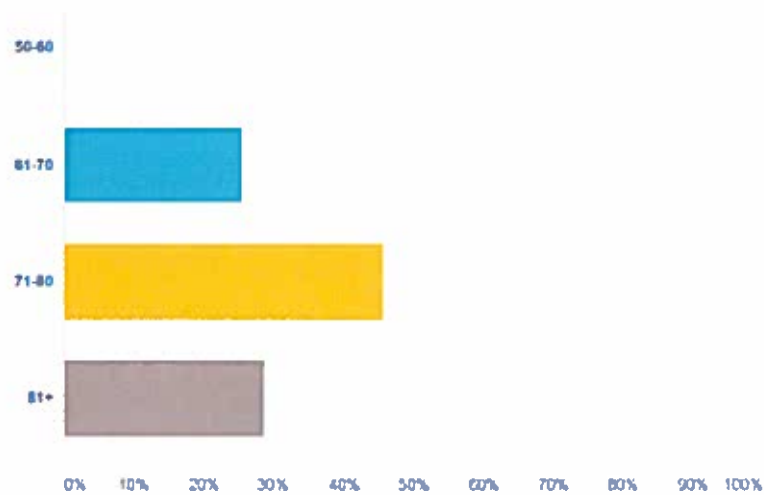
The following results are from surveys performed at each public hearing site.



Answer Choices	Responses	
Fairfield	20.43%	19
Lexington	39.78%	37
Newberry	22.58%	21
Richland	17.20%	16
Total		93

Q2 What is your age range?

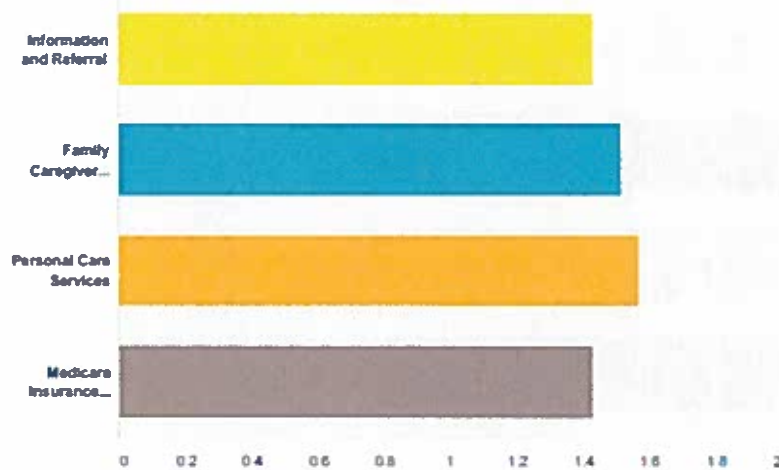
Answered: 90 Skipped: 3



Answer Choices	Responses	
50-60	0.00%	0
61-70	25.56%	23
71-80	45.56%	41
81+	28.89%	26
Total		90

Q3 How important are these services to you?:

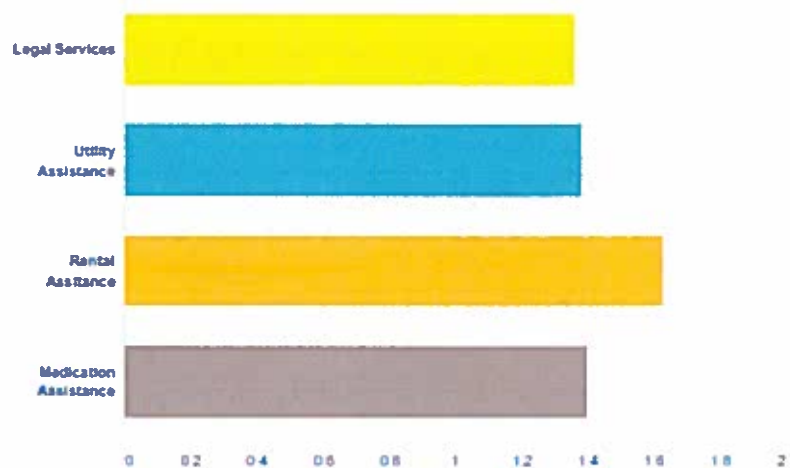
Answered: 88 Skipped: 5



	Very Important	Important	Neither Important or not Important	Not Important	Extremely Not Important	Total	Weighted Average
Information and Referral	70.37% 57	18.52% 15	9.88% 8	0.00% 0	1.23% 1	81	1.43
Family Caregiver Support Services	66.25% 53	20.00% 16	11.25% 9	1.25% 1	1.25% 1	80	1.51
Personal Care Services	67.11% 51	17.11% 13	10.53% 8	2.63% 2	2.63% 2	76	1.57
Medicare Insurance Counseling	71.43% 60	17.86% 15	8.33% 7	1.19% 1	1.19% 1	84	1.43

Q4 What services are most needed in your community?:

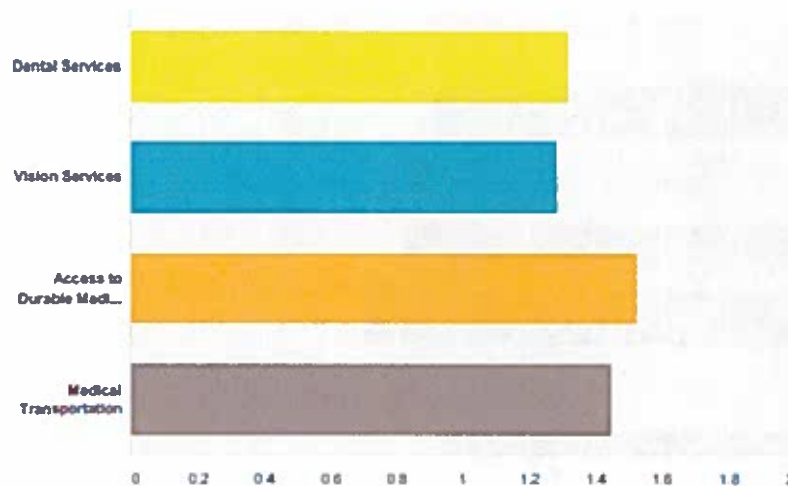
Answered: 88 Skipped: 5



	Extremely Needed	Somewhat Needed	Neither	Somewhat not needed	Extremely not needed	Total	Weighted Average
Legal Services	70.51% 55	25.64% 20	2.56% 2	0.00% 0	1.28% 1	78	1.30
Utility Assistance	72.73% 58	20.78% 16	3.90% 3	1.30% 1	1.30% 1	77	1.38
Rental Assistance	68.57% 48	15.71% 11	7.14% 5	1.43% 1	7.14% 5	70	1.63
Medication Assistance	73.49% 61	20.48% 17	2.41% 2	0.00% 0	3.61% 3	83	1.40

Q5 What health services are most needed in your community?:

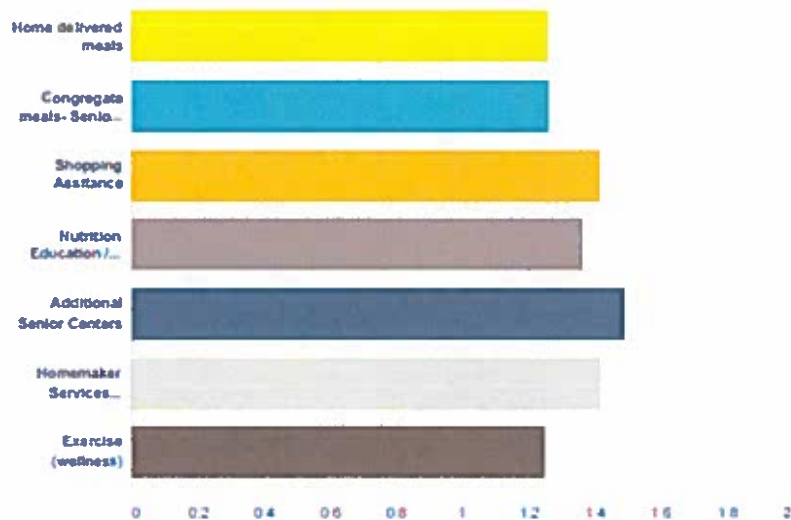
Answered: 87 Skipped: 8



	Extremely Needed	Somewhat Needed	Neither	Somewhat not needed	Extremely not needed	Total	Weighted Average
Dental Services	79.81% 64	14.81% 12	3.70% 3	0.00% 0	2.47% 2	81	1.32
Vision Services	82.05% 64	14.10% 11	0.00% 0	1.25% 1	2.56% 2	78	1.28
Access to Durable Medical Equipment	63.75% 40	24.66% 18	4.11% 3	1.37% 1	4.11% 3	73	1.53
Medical Transportation	76.62% 50	14.29% 11	1.30% 1	2.60% 2	5.19% 4	77	1.45

Q6 Please rate how much local services are needed in your community:

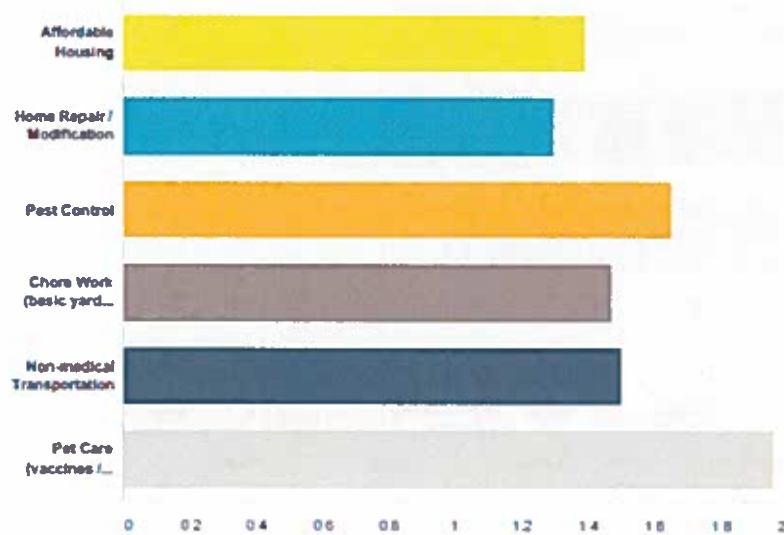
Answered: 85 Skipped: 8



	Extremely needed	Somewhat needed	Neither	Somewhat not needed	Extremely not needed	Total	Weighted Average
Home delivered meals	80.26% 61	15.79% 12	2.63% 2	0.00% 0	1.32% 1	76	1.26
Congregate meals- Senior Dining	77.63% 59	18.42% 14	3.95% 3	0.00% 0	0.00% 0	76	1.26
Shopping Assistance	65.79% 50	28.95% 22	3.95% 3	0.00% 0	1.32% 1	76	1.42
Nutrition Education / counseling	72.60% 53	21.92% 16	4.11% 3	0.00% 0	1.37% 1	73	1.36
Additional Senior Centers	65.28% 47	25.00% 18	6.94% 5	1.39% 1	1.39% 1	72	1.43
Homemaker Services (housekeeping)	73.08% 57	17.95% 14	5.13% 4	1.28% 1	2.56% 2	78	1.42
Exercise (wellness)	78.87% 56	18.31% 13	1.41% 1	1.41% 1	0.00% 0	71	1.25

Q7 Please rate how much housing resources are needed in your community:

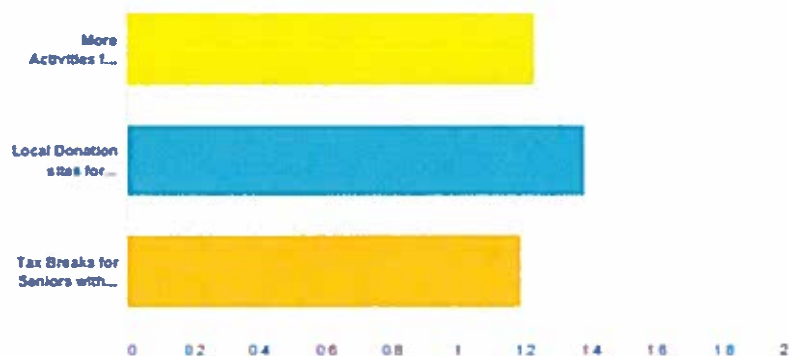
Answered: 89 Skipped: 4



	Extremely needed	Somewhat needed	Neither	Somewhat not needed	Extremely not needed	Total	Weighted Average
Affordable Housing	73.75% 59	17.50% 14	6.25% 5	1.25% 1	1.25% 1	80	1.39
Home Repair / Modification	77.91% 67	16.28% 14	3.49% 3	2.33% 2	0.00% 0	86	1.30
Pest Control	61.25% 49	25.00% 20	6.25% 5	2.50% 2	5.00% 4	80	1.65
Chore Work (basic yard work)	64.10% 50	29.49% 23	2.56% 2	2.56% 2	1.28% 1	78	1.47
Non-medical Transportation	64.47% 49	25.00% 19	6.58% 5	3.95% 3	0.00% 0	76	1.50
Pet Care (vaccines / food)	45.07% 32	30.99% 22	14.08% 10	2.82% 2	7.04% 5	71	1.56

Q8 Do you feel these services are needed?

Answered: 86 Skipped: 7



	Extremely needed	Somewhat needed	Neither	Somewhat not needed	Extremely not needed	Total	Weighted Average
More Activities for Seniors	79.52% 68	18.67% 15	2.41% 2	0.00% 0	0.00% 0	83	1.23
Local Donation sites for Medical Equipment	67.53% 52	28.57% 22	2.60% 2	1.30% 1	0.00% 0	77	1.38
Tax Breaks for Seniors within Counties	87.50% 70	8.75% 7	2.50% 2	0.00% 0	1.25% 1	80	1.19

Q9 What resources would you like to see in your area:

Answered: 24 Skipped: 69

#	Responses	Date
1	More senior citizen recreation centers in the community	4/18/2017 10:28 AM
2	More exercise programs	4/18/2017 10:22 AM
3	Transportation to Drs, Sight Seeing Tours, Grief Counseling	4/12/2017 4:24 PM
4	Home Repairs	4/12/2017 4:18 PM
5	transportation to Drs	4/12/2017 4:13 PM
6	Malls on wheels are very important for seniors and home bound seniors	4/12/2017 4:10 PM
7	need bigger senior center	4/12/2017 4:02 PM
8	need a bigger senior center	4/12/2017 4:00 PM
9	Bigger Senior Centers in Lexington	4/12/2017 3:49 PM
10	We would like to see better and bigger senior centers	4/12/2017 3:45 PM
11	more places with activities	4/12/2017 3:44 PM
12	Access to events, equipment for non-ambulatory people	4/12/2017 3:31 PM
13	Access to Foot Doctor	4/12/2017 3:21 PM
14	Yard Work, Home Repair, Medical Services, Caregiver	4/12/2017 2:49 PM
15	Help with dentures, rent, electricity	4/12/2017 2:42 PM
16	Affordable housing for young men	4/12/2017 2:39 PM
17	Chore work, yard work, repairs in home	4/12/2017 2:37 PM
18	For more people to care about us	4/12/2017 2:15 PM
19	Vision, Dental and all the above	4/12/2017 2:09 PM
20	Would like to go fishing	4/12/2017 2:00 PM
21	Legal Aid, Assistance with Medical Insurance Supplement and security	4/12/2017 1:41 PM
22	general information	4/12/2017 1:38 PM
23	Activities	4/12/2017 1:36 PM
24	Better facilities for exercise with certified trainer	4/12/2017 1:33 PM

Q10 Additional Comments:

Answered: 12 Skipped: 81

#	Responses	Date
1	transportation to get to these programs	4/18/2017 10:22 AM
2	Handicap accessible toilets in senior center bathrooms	4/12/2017 4:18 PM
3	Meals on wheels very important	4/12/2017 4:13 PM
4	different source of meals	4/12/2017 3:31 PM
5	meals on wheels is extremely important for all seniors	4/12/2017 3:10 PM
6	I've only been here for 8 months & the Senior center has been a life saver for me, for meals & Programs especially fellowship	4/12/2017 3:03 PM
7	Shower in bath tubs for seniors	4/12/2017 2:30 PM
8	homemaker services, affordable housing for young men 18-30 and dental services	4/12/2017 2:31 PM
9	We vote to put people in office, and they should fight more for senior services	4/12/2017 2:30 PM
10	People we put in office should do more for seniors without being asked or coaxed	4/12/2017 2:26 PM
11	More communications at our senior center	4/12/2017 2:15 PM
12	More places to go - public areas	4/12/2017 2:00 PM

Summary of Area Plan Public Hearings. In addition to the public hearings listed below, the input for the Central Midlands Area Plan was advertised in local newspapers and the Central Midlands Council of Governments' website.

- **Flyers were posted at all Senior Centers advertising hearing at the following locations:**
 - **Winnsboro Senior Center March 27th at 1 pm**
 - **19 attendees**
 - **Senior Resources, Inc., on March 29th at 11:00 am**
 - **0 attendees**
 - **Dave Waldrop Jr. Senior Center on March 30th at 1 pm**
 - **21 attendees**
 - **Tri-City Senior Center on March 31st at 10:30 am**
 - **37 attendees**
 - **Blythewood Wellness Center on April 4th at 11:30 am**
 - **16 attendees**

Attachment H: Program Evaluation Report for Central Midlands Area Agency on Aging- Family Caregiver Support Program



**Program Evaluation Report for
Central Midlands Area Agency on Aging
November 21, 2016**



**Written by: Amber Bochette, Lisa Davis & Duncan Howe
MSW Candidates**

Introduction

Central Midlands Area Agency on Aging (CMAAA) has requested the assistance from the College of Social Work (COSW) at the University of South Carolina (USC) to evaluate the impact of their respite program on the clients they serve. This report describes the purpose of the evaluation project, the methods used to collect data, and summarizes the main findings of the evaluation.

CMAAA Program Overview

CMAAA Family Caregiver Services (FCS) respite program provides vouchers for caregivers living in Richland, Lexington, Newberry, and Fairfield counties in South Carolina. Funding for the FCS respite program comes from three sources -- the state of South Carolina, the federal government through the Older Americans Act, and the Alzheimer's Foundation.

The vouchers allow caregivers to take a break from their stressful and demanding responsibilities in order to prevent emotional and physical fatigue, which may reduce the quality of care they can provide to their stay-at-home care receivers. If quality of care declines, the care receiver is at risk for premature institutionalization and the majority of care receivers prefer to stay in their home as long as possible. Increasing the length of time a care receiver stays in the home has the potential to improve the quality of life for care receivers, in addition to reducing costs to Medicaid in South Carolina.

Project Evaluation and Sampling Methods

A process and outcome evaluation was selected for this project based on the agency's needs and wants for the evaluation which emerged from a focus group held with key agency staff members on September 21, 2016. The input received at the focus group and follow-up feedback from the agency helped identify five evaluation questions. CMAAA considered these questions useful for evaluating not only the impact of the respite program on caregivers but also the effect of the caregiving role on the caregivers themselves, the caregivers' satisfaction with the CMAAA program, and the caregivers' satisfaction with the home care Contractors hired to provide respite services. An inductive analysis of the data collected from the focus group revealed the following five evaluation questions that guided this evaluation project:

1. What are the benefits of respite care for caregivers who receive CMAAA respite vouchers?
2. What are the impacts of caregiving on caregivers?
3. Are caregivers satisfied with CMAAA respite care program?
4. What are caregiver ideas for additional services the CMAAA respite program could provide?
5. How satisfied are caregivers with their respite Contractors?

Phone Survey

To answer the five evaluation questions, the evaluation team developed a 16-question telephone survey instrument (see Appendix A). Phone calls were made during the data collection period which began on October 26, 2016 and concluded on November 2, 2016. Data collection activities took place at the agency using agency phones and office space. An opening script (Appendix B) was used at the start of each phone call to inform participants of the evaluator's identity; the purpose of the survey; to ensure participants understood their names would not be linked to their responses and their responses would not

impact their ability to receive future vouchers; and to explain participation incentives. The survey instrument utilized plain language and was conducted via telephone to accommodate participants with low literacy levels. The length of the survey was purposefully limited to 16 questions to accommodate the limited time many caregivers have. The survey was piloted with three individuals to identify any areas for possible change. After piloting, no changes were made to the survey instrument.

Incentives were offered to increase survey response rates. Respondents were offered an opportunity to win one of five \$10 Walmart gift cards for participating in the survey. Five winners will be randomly drawn from the participant list. The drawing will be conducted by the evaluation team and the winners' names will be provided to the agency for gift card distribution to participants.

Sample

Survey participants were recruited from CMAAA's client population of current and past caregivers from the past two years. The agency provided multiple client lists from different programs and different fiscal years (2015 FY and 2016 FY). The evaluation team combined the lists into a single master list to remove duplicate client names. With the duplicate names removed, the total number of clients on the list totaled 512. The list was password protected and placed on a flash drive which remains at the agency in the possession of the agency contact.

From the master client list, participants were selected using a systematic random sampling method. At the beginning of each day, a starting integer was chosen by each evaluator using a random number generator (Haahr, 1998) to determine the first participant to be selected from the list. To determine the interval for selecting subsequent participants from the list, the number of clients on the list was divided by the desired number of surveys which resulted in an interval of 9. Starting with the randomly selected integer, contact was attempted with every 9th client on the list until the sequence was exhausted. When contact was unsuccessful (e.g., no answer, participant declined), the evaluator moved to the next name on the list using the calculated interval of 9. All contact attempts were documented as "completed," "no answer," or "declined" to prevent duplicate contact attempts by multiple evaluators.

A total of 90 phone calls were made and 49 caregivers were available and agreed to participate in the survey. 80% of the respondents were current caregivers and 20% were past caregivers (i.e., care receiver passed away, moved to a facility). Both the mean and median age of the sample was 64 years old with a range of 23-87 years old. In terms of race/ethnicity, 53% of respondents self-reported as white, 45% self-reported as African-American, and 2% declined to provide this information. No other racial groups were represented in the sample population. The caregivers were predominantly female (71%). Characteristics of the sample population are summarized in Table 1.

Table 1. Characteristics of respondents

Characteristic	Number of Responses	Percentage of Total Sample Population
Current caregiver (caring for 1 or more persons)	39	80%
Past caregiver (no longer caregiving)	10	20%
<ul style="list-style-type: none"> Care receiver passed away 	<ul style="list-style-type: none"> 7 	<ul style="list-style-type: none"> 70%
<ul style="list-style-type: none"> Care received moved to a facility 	<ul style="list-style-type: none"> 3 	<ul style="list-style-type: none"> 30%

White	26	53%
African American	23	45%
Declined to provide race	1	2%
Female	35	71%
Male	14	29%
Age		
Age, years (mean 64, median 64, range 23-87)		
< 50 years	4	8%
50 – 59 years	11	23%
60 – 69 years	18	37% (majority)
70 – 79 years	9	18%
80 – 89 years	5	10%
Declined to provide age	2	4%

imitations are possible in all sample selection methodologies,

L

and, as such, they should be considered in this evaluation as well. Some limitations include:

- Surveys were collected during the hours of 9am – 5pm so clients who are employed may have been less likely to answer the phone.
- Responses from those who agreed to participate may not represent those who declined or did not answer.
- The sample size (49) is relatively small compared to the total population (512) so confidence that the sample participant responses are generalizable to the agency's larger population of caregivers may be limited.
- Although the evaluation team used an opening script to inform participants of confidentiality, some responses still may have been influenced by participants' concerns about their ability to receive future vouchers.

Data Analysis

A deductive approach was used to analyze quantitative data collected from the closed-ended questions on the survey. A coding scheme was developed for the response options for each item and response codes were entered into an Excel workbook for quantitative analysis (codebook provided in Appendix C). The data collected from each survey question was analyzed using the Descriptive Statistic and Histogram tools available in the Excel Data Analysis Tool pack. A separate worksheet tab was then created in the workbook for each of the five evaluation questions along with the results from the relevant survey data. With the data grouped by evaluation question, tables, graphs and charts were created to display the data in this report.

An inductive approach was used to analyze qualitative data collected via the open-ended questions on the survey. Individual respondent responses were entered into the Excel workbook and analyzed for recurring themes and frequency of themes.

Results

Evaluation Question 1: What are the benefits of respite care for caregivers who receive CMAAA respite vouchers?

Table 2 shows the types of activities that caregivers reported being able to do as a result of receiving respite breaks. The data show most caregivers (45%) were able to rest and relax and take some down time, either at home or on a vacation.

Table 2. Activities engaged in by caregivers as a result of their respite break (Qualitative)

Q1: Activity during respite	Number of Caregivers (%)
Rest and relaxation, vacation, down time	22 (45%)
Attend to one's health	19 (39%)
Run errands	17 (35%)
Shop	12 (35%)
Spend time with family and/or friends	10 (20%)
Maintain work hours	7 (14%)

Table 3 shows additional benefits caregivers received as a result of their respite. Nearly all respondents stated they were better able to take care of their own health (96%) and provide better care for their loved one (94%). In addition, 78% felt their loved one was able to stay at home longer. Respondents also indicated their stress level (78%) and energy level (67%) improved as a result of their respite break.

Table 3. Benefits of respite for caregivers receiving vouchers (Quantitative)

Benefit	Yes	No	Unsure
Q2: Did your respite breaks allow you to better care for your own health needs?	47 (96%)	2 (4%)	0 (0%)
Q5: After your respite breaks, do you think you were better able to care for your loved one?	46 (94%)	1 (2%)	2 (4%)
Q6: Because of respite breaks, was the person you cared for able to stay at home longer than if you had not had respite breaks?	38 (78%)	7 (14%)	4 (8%)
	Improved	Stayed the Same	Got Worse
Q3: As a result of your respite breaks, do you believe your stress level:	38 (78%)	10 (20%)	1 (2%)
Q4: As a result of your respite breaks, do you believe your energy level:	33 (67%)	16 (33%)	0 (0%)

Evaluation Question 2: What are the impacts of caregiving on caregivers?

The act of caregiving had effects on the caregivers themselves in a number of domains as shown in Table 4. The majority of respondents (80%) stated they spent more than 40 hours per week caring for their loved one. Seventy-eight percent of respondents reported caregiving had caused financial strain and 40% reported job loss, or reduction of work hours, as a result of caregiving.

Table 4. Effects of Caregiving on Caregivers (Quantitative)

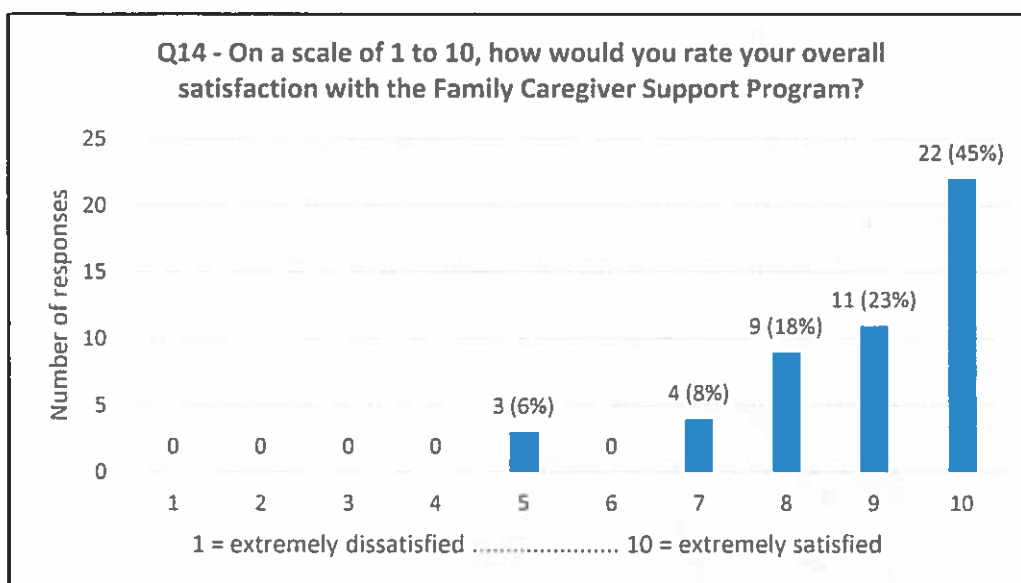
Caregiving Effects	Less than 20 hours/week	20 to 40 hours/week	40 or more hours/week
Q8: How many hours a week do you spend	2 (4%)	8 (16%)	39 (80%)

caring for your loved one?			
	Yes	No	Unsure
Q9: Has caregiving put a strain on your finances?	38 (78%)	10 (20%)	1 (2%)
	Yes	No	Not working before
Q10: Did you have to quit your job, or cut back your hours, to be a caregiver?	20 (41%)	15 (31%)	14 (28%)
	Yes	No	Not insured before
Q11: Did you lose health coverage (insurance) when you became a caregiver?	6 (12%)	43 (88%)	0 (0%)
	Yes	No	Not in school before
Q12: Did you have to quit school, or cut back your hours, to be a caregiver?	4 (8%)	3 (6%)	42 (86%)
	Yes	No	
Q13: Did you have to move or relocate to become a caregiver?	8 (16%)	41 (84%)	

Evaluation Question 3: Are caregivers satisfied with the CMAAA respite care program?

Respondents were asked to rate their satisfaction with the CMAAA respite care program on a scale of 1 to 10, with 1 being extremely dissatisfied and 10 being extremely satisfied. . The majority of respondents (86%) rated their satisfaction as 8 or higher. No respondents rated their satisfaction as less than 5.

Figure 1. Respondent satisfaction with CMAAA FCS respite care program



Evaluation Question 4: What are caregiver ideas for additional services the CMAAA respite program could provide?

The respondents had a number of suggestions for additional services the agency could provide. Table 5 shows that 41% were satisfied with the program “as is” or had no comment. On the other hand, fourteen of the respondents (28%) would like to see the benefits increased in number of hours and length of voucher period. Additional ideas from respondents included home care staff to help with bathing, lifting, overnight sitting, friendly visits, cleaning, transportation, medication assistance, meals, and equipment upkeep such as wheelchair batteries. Some respondents also suggested more advertising of the respite voucher program and more services for caregivers under 55 years of age.

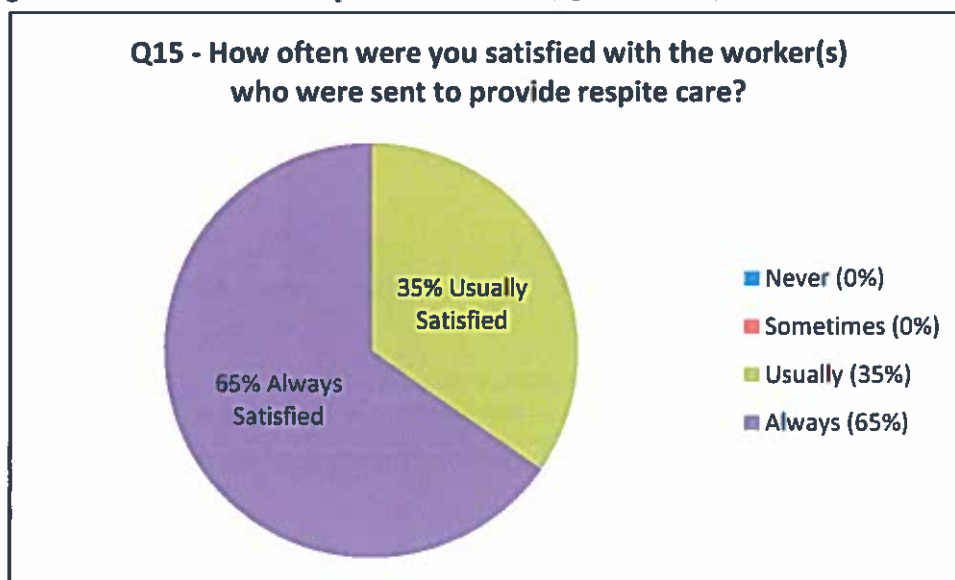
Table 5. Caregiver suggestions for additional CMAAA respite care services (Qualitative)

Q16: Please share one additional service the agency could have provided to better help you care for your loved one.	Number of Respondents (%)
Increase number of respite hours and length of voucher period	14 (29%)
Additional home care staff	5 (10%)
Advertisement of available services	3 (6%)
Assistance with transportation, medications assistance	4 (8%)
Providing meals, equipment upkeep, services for caregivers younger than 55 years	3 (6%)
No comment, satisfied with services “as is”	20 (41%)

Evaluation Question 5: How satisfied are caregivers with their respite Contractors?

Overall, respondents were satisfied with the services received from home care Contractors. Figure 2 shows that 65% of respondents were “always satisfied” and the remaining 35% were “usually satisfied.”

Figure 2: Caregiver satisfaction with respite Contractors (Quantitative)



Data presented in Table 6 shows the most frequently used respite Contractors by the respondents in the sample were private workers (7), Right at Home (6), Hand and Hearts Home Care (5), and First Priority (3).

Table 6. Respite Contractors used by caregivers (Quantitative)

*Respite Provider Name	# of respondents used by
Private respite worker	7
Right at Home	6
Hands and Hearts Home Care	5
First Priority	3
Bright Star	2
Brook Health Care	2
Columbia Adult Care	2
Comfort Keepers	2
Palmetto Health Private	2
Rice Estates	2
Addus	1
Be Well	1
Brookdale – Harbison	1
Caring Neighbors Home Care	1
ComForCare	1
First Light Home Care	1
Friendly Caregivers	1

Helping Hands	1
Home Care Solutions of SC	1
Interim HealthCare	1
Key Choice Home Care	1
Medical Directions	1
Nurses Are Us	1
Pruitt Health	1
Solutions for Living at Home	1
The Crossings	1

**Data derived from the Master Client List*

Discussion and Implications

The survey results showed that relieving stress and increasing energy were two benefits of receiving the respite vouchers. Most respondents spent over 40 hours per week taking care of their loved one. Caregiving also placed a strain on the financial resources of those caregivers surveyed. These findings are consistent with Petchers et al.'s (1991) findings that caregiver tasks are emotionally, physically, and financially draining. Caregiver stress has been increasing even more over the past decades as the expectation have increased that caregivers take on more of their care receiver's health needs (Schulz & Matine, 2004).

In the survey, the respondents offered a number of suggestions for improvements in the respite program, most of which involve increases to the current voucher benefits (number of hours and voucher period). In addition, a number of additional suggestions from other programs reported in the literature may be worth considering. Rudin (1994) has noted that availability and usefulness of respite services are important for effective caregiving. Wilkins et al. (2009) found caregivers to want additional training in caregiver skills. Hoffman et al. (2012) suggest that more support be given to helping caregivers make healthier life style choices in the areas of smoking, eating, and physical activity in the context of the stress they experience. Another suggestion in the literature involves the use of religious organizations to help implement programs. This follows from the observed religiosity of caregivers, especially African Americans (Navaie-Waliser et al., 2001).

Voluntary, unpaid caregiving places great physical and emotional on caregivers that adversely affects their health and drains their financial resources, while saving healthcare dollars for the state. The CMAAA FCS respite program provides caregivers with a much-needed break from their demanding and stressful caregiving activities. Positive caregiver responses to the respite program support continuance and expansion (more respite hours and longer voucher periods) of the program. Moreover, policy makers should continue to explore ways to support these informal health care workers.

Potential Limitations of the Evaluation Design

Busy caregiver schedules may have limited the amount of time respondents had to answer open-ended questions. This could account for some of the "no comment" or "satisfied as is" responses to

survey question 16. Written surveys could have allowed participants the opportunity to complete the survey at their convenience thus giving them more time to elaborate on their answers to the open-ended questions. On the other hand, however, written surveys would have taken longer to receive back from participants and may have been more challenging for participants with lower literacy.

Conducting more in-Department phone interviews using fewer closed-ended questions and more open-ended questions could have provided richer and deeper information. The limited amount of time available for the evaluation project, however, did not allow for more time-intensive data collection methods.

Conclusion

The purpose of this evaluation project was to conduct a process and outcome evaluation of the CMAAA FCS respite program and how it impacts the clients they serve. Five evaluation questions guided the study. The data collected demonstrate CMAAA is meeting their mission to preserve caregiver ability to care longer for their loved one(s) in the home by protecting caregivers from burnout. The results of this evaluation support the expansion of respite benefits to more caregivers, increasing the number of hours in the voucher, and extending the length of voucher periods.

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Appendix A

CMAAA Survey Questions

Status

Circle one: Current Past

Most current agency provider:

Please briefly list activities completed by caregiver.

1. What activities did you do while on your respite break?

•
•
•
•
•

Please check the box next to caregiver's response.

2. Did your respite breaks allow you to better care for your own health needs?
- ☐ Yes
☐ No
3. As a result of your respite breaks, do you believe your stress level:
- ☐ Improved
☐ Stayed the same
☐ Declined or got worse
4. As a result of your respite breaks, do you believe your energy level:
- ☐ Improved
☐ Stayed the same
☐ Declined or got worse
5. After your respite breaks, do you **think** you were better able to care for your loved one?
- ☐ Yes
☐ No
☐ Not sure or cannot remember
6. Because of respite services, was the person you cared for able to stay at home longer **than** if you had not had a respite break?
- ☐ Yes
☐ No
☐ Unsure
☐ Did not have another choice or option
7. What is your current status as a caregiver?
- ☐ Caring for one or more people
☐ No longer a caregiver because care-receiver passed away
☐ No longer a caregiver because care-receiver is in a facility
☐ other _____

8. How many hours a week do you think you spend/spent caring for your loved one?

- ☐ Less than 20 hours a week
- ☐ Between 20 and 39 hours a week
- ☐ 40 hours or more a week

9. Has caregiving put a strain on your finances?

- ☐ Yes
- ☐ No
- ☐ Unsure

10. Did you have to quit your job, or cut back your hours, to be a caregiver?

- ☐ Yes
- ☐ No
- ☐ Was not working when I began caregiving

11. Did you lose healthcare coverage (insurance) when you became a caregiver?

- ☐ Yes
- ☐ No
- ☐ Was not insured before caregiving

12. Did you have to quit school, or cut back your hours, to be a caregiver?

- ☐ Yes
- ☐ No
- ☐ Was not in school when I began caregiving

13. Did you have to relocate (move) to become a caregiver?

- ☐ Yes
- ☐ No

Please circle the caregiver's response on the Likert scale.

14. On a scale of 1 to 10, with 1 being extremely dissatisfied and 10 being extremely satisfied, how would you rate your overall satisfaction with the Family Caregiver Support Program?

1	2	3	4	5	6	7	8	9	10
(Extremely dissatisfied)					(Extremely satisfied)				

15. How often were you satisfied with the worker(s) who were sent to provide respite care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Please briefly list the caregiver's response.

16. Please share one additional service the agency could have provided to better help you care for your loved one?

•

About you. Please fill in the blank with caregiver's response to each demographic feature.

17. Age _____

18. Race _____

19. Gender _____

Appendix B

Opening Script for Survey

Hello. My name is _____ and I am a graduate student from the College of Social Work at the University of South Carolina. We are working with the Central Midlands Family Caregiver Support Program to help them better understand the impacts of caregiving and your satisfaction with the services your received.

Would you be willing to help out by answering a brief survey taking about 15 minutes of your time? Your responses will be kept **confidential** and your name will not be linked to your responses. Your responses will not affect your ability to receive services in the future. If you decide to participate in the survey, you will have a chance to win one of five \$10 Walmart gift cards. |

Appendix C

Codebook for Qualitative Survey Data

QA - caregiver status				Q10 - quit job or cut back hours			
Current	Past			yes	no	not wkg	
1	2			1	2	3	
QB - most current agency provider				Q11 - lose health care coverage			
Agency name				yes	no	not insrd	
				1	2	3	
Q2 - better care for your own health				Q12 - quit school or cut back hours			
yes	No			yes	no	not in sch	
1	2			1	2	3	
Q3 - stress level				Q13 - relocate (move) to be a caregiver			
Improved	Same	Worse		yes	no		
1	2	3		1	2		
Q4 - energy level				Q14 - satisfaction with FCSP			
Improved	Same	Worse		scale			
1	2	3		1 - 10			
Q5 - provide better care for your loved one				Q15 - how often satisfied with respite wkr			
yes	no			never	sometimes	usually	always
1	2			1	2	3	4
Q6 - stay at home longer				Q17 - CG Age			
yes	no	unsure	no choice	age			
1	2	3	4				
Q7 - caregiver status (reason)				Q18 - CG Race			
Still caring	CR Passed	CR Facility	Other	white	AA	other	declined
1	2	3	4	1	2	3	4
Q8 - how many CG hours per week				Q19 - CG Gender			
< 20 hrs	20-39 hrs	40+ hrs		female	male		
1	2	3		1	2		
Q9 - financial strain							
yes	no	unsure					
1	2	3					