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# Lowcountry Council of Governments AAA/ADRC Policies and Procedures

Updated May 25, 2017

This document contains basic policies and procedures for the Lowcountry Council of Governments Area Agency on Aging/Aging and Disability Resource Center. The Policies of this manual is does not supersede the policies of the Older Americans Act and the SC Lt. Governor's Office on Aging.

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## **Introduction**

The Lowcountry Council of Governments Area Agency on Aging's Manual of Policies and Procedures sets forth the official policies and procedures for Older Americans Act programs and state funded programs administered by the Area Agency on Aging in the Lowcountry region of the State of South Carolina: Beaufort, Colleton, Hampton, and Jasper Counties.

This manual attempts to incorporate all current policies, standards, and procedures required by the Older Americans Act, related federal regulations, and other applicable Federal and State rules and regulations. If contradictions with, or omissions of, Federal or South Carolina State Unit on Aging policies should occur in the Manual, the Federal or State policy shall take precedence.

The purpose of this Manual is to assist the Lowcountry Council of Governments and the agencies receiving funding through the Area Agency on Aging in carrying out their program and grants administration responsibilities.

This Manual will be updated periodically to ensure that it is consistent with the most recent applicable Federal and State requirements. To accomplish this purpose, the Lowcountry Council of Governments will periodically issue updated pages or sections of the Manual with revision dates properly indicated.

## **The Older Americans Act**

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

As first enacted in 1965, the Act authorized funding to support a SUA in each state. It provided funds for each SUA to initiate local community projects to provide social services to older persons.

The most recent re-authorization was signed into law on February 19, 2016 by President Barack Obama. The 2016 OAA Act reauthorizes programs for FY 2017 through FY 2019. It includes provisions that aim to protect vulnerable elders by strengthening the Long-Term Care Ombudsman program and elder abuse screening and prevention efforts. It also promotes the delivery of evidence-based programs, such as falls prevention and chronic disease self-management programs.

## **Lowcountry Council of Governments** **Area Agency on Aging**

### **Mission**

The Lowcountry Council of Governments Area Agency on Aging & Aging Disability Resource Center's mission is to serve as the regional lead agency responsible for advocating, planning, coordinating and developing resources to help local agencies provide a comprehensive range of social and health-related services for older individuals, adults with disabilities and their families within the statewide aging network and to promote a positive experience of safely aging in place.

### **Vision**

The vision of the Lowcountry Council of Governments Area Agency on Aging & Aging Disability Resource Center is to be recognized as the lead agency offering a comprehensive resource system that provides information, education and access to services for individuals and local agencies that will improve the lives of the elderly and disabled adults in the Lowcountry region. Our vision is also that all seniors and adults with disabilities have access to services they need to safely age in place.

## **Definitions**

1. Area Agency on Aging (AAA): Area Agency on Aging means the separate agency designated by the State Unit on Aging to be responsible for the aging programs within a planning and service area. The Lowcountry Council of Governments AAA is the designated agency in the Lowcountry region, made up of Beaufort, Colleton, Hampton and Jasper Counties.
2. Act: The Older Americans Act of 1965, as amended
3. Aging and Disability Resource Center (ADRC): An entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.
4. Administration on Aging (AoA): The agency established in the Office of the Secretary, Department of Health and Human Services as a part of the Office of Human Development, which is charged with the responsibility of administering the provisions of the Older Americans Act, except for Title V.
5. Alternate Care for the Elderly (ACE): Programs funded by the SC General Assembly to assist frail and impaired older persons to remain in their homes. Includes programs funded under the Community Services Program and Bingo revenues.
6. Area Plan: The official area planning document is submitted by a designated Area Agency on Aging to the State Unit on Aging for approval. The area plan may be updated annually, or as is required by the State Unit on Aging. The area plan sets forth measurable objectives, identifies the planning, coordination, administration, social services, resource allocation, evaluation and other related activities to be undertaken in a project year.
7. Community Focal Point: A facility established to encourage the maximum coordination of services for older persons.
8. Community Services Program: Part of the Alternative Care for the Elderly (ACE) Program. See item 4 above.
9. Comprehensive and Coordinated Systems: A program of interrelated social and nutrition services designed to meet the needs of older persons in a planning and service area.
10. Coordination: A process in which the Area Agency on Aging brings together planning and service resources of a given geographic area for the purpose of initiating, expending or strengthening services for older persons. The purpose is accomplished through cooperative efforts, services and other elements of existing programs and organizations related to aging operations.
11. Direct Services: Any activity performed to provide services directly to an older person(s).

12. Disability: A disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in one or more of the following areas of major life activity:
  - a. Self Care
  - b. Receptive and Expressive Language
  - c. Learning
  - d. Mobility
  - e. Self-Direction
  - f. Capacity for Independent Living
  - g. Economic Self-Sufficiency
  - h. Cognitive Functioning
  - i. Emotional Adjustment
13. Donated Foods or Cash: Food or cash made available by the United States Department of Agriculture (USDA) through the Food Distribution Program for use by nutrition services. South Carolina currently uses only cash.
14. Eligible Individuals: Persons who are 60 years of age or older and their spouses are considered eligible. Preference must be given to older persons with the greatest economic or social need in the delivery of services under the area plan.
15. Family Caregiver Advocate: A designated person who helps caregivers takes care of their loved ones over 60 years of age who cannot take care of themselves. Programs are designed to help caregivers through respite services and support programs.
16. Frail: Having a physical or mental disability, including having Alzheimer's disease or a related disorder with neurological or organic brain dysfunction, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently.
17. Greatest Economic Need: An income level at or below the poverty threshold established by the State Office of Management and Budget is considered to show greatest economic need.
18. Greatest Social Need: The need caused by non-economic factors which include physical and mental disabilities, language barriers, cultural, social, or geographic isolation including that caused by racial or ethnic status which restrict an individual's ability to perform normal daily tasks or which threaten such individual's capacity to live independently.
19. High Risk: An agency which (1) has a history of unsatisfactory performance, or (2) is not financially stable, or (3) has a management system which does not meet prescribed management standards, or (4) has not conformed to terms and conditions of previous awards, or (5) is otherwise not responsible.
20. In-Home Service: Services provided to a participant in his/her home. Services include (a) Homemaker and home health aides; (b) visiting and telephone reassurance; (c) chore maintenance; (d) in-home respite care for families, including adult daycare as a respite service for families; and (e) minor modification of homes that is necessary to facilitate

the ability of an older individual(s) to remain at home, and that is not available under other programs, except that not more than \$150 per participant may be expended under this part for such modifications.

21. Information Referral and Assistance (I/R&A): A system designed to link people in need of services to appropriate resources in the area.
22. Means Test: Use of an older person's income or resource to deny or limit that person's receipt of services.
23. Minority Individuals: Persons who identify themselves as American Indian, Negro, Oriental, Spanish language speaking, and members of any limited English-speaking groups designated as minority with the State of South Carolina by the State Unit on Aging.
24. Multipurpose Senior Center: A community facility for the organization and provision of a broad spectrum of services including health, social, nutritional, and educational services; and a facility for recreational and group activities for older persons.
25. Non-Profit: An agency, institution or organization which is owned and operated by one or more corporations or associations with no part of the net earnings benefiting any private share holder or individual.
26. Nutrition Services: Those services, whether provided by a public or private non-profit agency or organization, which provide meals and other nutrition services, including nutrition education and outreach to older persons.

Such services may be provided in:

- (a) a congregate setting in which a range of social and supporting services are available; and
  - (b) the home of an eligible older person if that individual is homebound by reason of illness, incapacitating disability or is otherwise isolated.
27. Ombudsman: The primary purpose of the Ombudsman is to investigate, or cause to be investigated reports of alleged abuse, neglect, and exploitation of vulnerable adults that occurs in care providing facilities and to resolve complaints regarding quality of care made by or for older persons in long term care facilities.
  28. Planning and Service Area (PSAs): South Carolina's official sub-state area wide aging planning, and service districts - Planning and service areas are designated for purposes of planning, development, delivery and overall administration of services under an area plan. The Lowcountry Council of Governments Area Agency on Aging serves the Lowcountry Region PSA, Beaufort, Colleton, Hampton and Jasper Counties.
  29. Procurement: The period in which agencies bid on services they can offer through contractual agreements. Businesses go out for procurement to ensure they are receiving the best services for their participants or participants.



30. Program Income (also “Grant Related Income” or GRI): This includes income from fees for services performed. Gross income received by the area agency on aging and service providers and directly generated by a grant supported activity, or earned only as a result of the grant agreement during the grant period. “During the grant period” is the time between the effective date of the award and the ending date of the award reflected in the final financial report. Program income includes, but is not limited to: income from service fees; proceeds from the sale of personal or real property; usage or rental fees; sale of assets purchased with grant funds; royalties on patents and copyrights; contributions of recipients of service, and interest on such contributions; and other income as defined by the State Unit on Aging.
31. Resource Development /Program Development: The development of new and existing resources for the purpose of creating new programs or expanding existing programs and services for older persons. This process includes those activities which result in the utilization for older persons of previously untapped resources of public, private and other agencies.
32. Service Provider: An entity that is awarded a contract from an Area Agency on Aging to provide services under the area plan.
33. Severe Disability: A severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that:
- (a) is likely to continue, indefinitely; and
  - (b) results in substantial functional limitation in 3 or more of the major life activities
34. South Carolina Lt. Governor’s Office on Aging: The State Unit on Aging established to study, plan, promote and coordinate a statewide program to meet the present and future needs of aging citizens in South Carolina and to administer all federal programs relating to the aging which are not the specific responsibilities of another State Unit on Aging under the provisions of Federal or State law. The Lt. Governor’s Office on Aging (LGOA) serves as the State Unit on Aging designated by the Governor and approved by AoA.
35. Target Groups: Eligible individuals identified by the State and Federal government to be in greatest economic or social need of services.
36. Waiver of Policies: Any policy or procedure which is not federally mandated may be waived by the State Unit on Aging when circumstances dictate such action. Agencies desiring a waiver should carefully document the reasons for the needed waiver and the impact on operations if a waiver is not granted and submitted to the Lowcountry Council of Governments AAA which will then request a waiver from the State Unit on Aging.

### **Abbreviations**

The following abbreviations may be used throughout this Manual

## Lowcountry Council of Governments AAA/ADRC Policies and Procedures

AAA	Area Agency on Aging
ADRC	Aging & Disability Resource Center
AIMS	Adv. Information & Mgt System
AoA	Administration on Aging
CLTC	Community Long Term Care
COA	Council on Aging
E Contact	Emergency Contact
FCSP	Family Caregiver Support Program
LGOA	Lt. Governor's Office on Aging
LCOG	Lowcountry Council of Governments
LTC	Long-term care
I/R &A	Information, Referral & Assistance
NSIP	Nutrition Services Incentive Program
OAA	Older Americans Act
PBC	Performed Based Contract
PSA	Planning and Service Area
RFP	Request for Proposal
RNR	Respite Non Recurring
SUA	State Unit on Aging
SALK	Salkehatchie Summer Work Camp Program
SCDHEC	SC Dept of Health & Env. Control
SCDHHS	SC Dept of Health & Human Services
SS	Social Security
SSBG	Social Services Block Grant
SSI	Social Security Supplemental Income
USDA	United States Department of Agriculture

USDHHS U. S. Department of Health and Human Services USDOL United States

Department of Labor

VA Veterans Administration

## **Area Agency on Aging Organization**

### **LOWCOUNTRY COUNCIL OF GOVERNMENTS AREA AGENCY ON AGING**

The Lowcountry Council of Governments is a part of a quasi-governmental agency designated as the Area Agency on Aging in 1976 by the State Unit on Aging under directives issued by the Administration on Aging (AoA) to serve Region X, the Beaufort, Colleton, Hampton and Jasper Counties of South Carolina.

The Lowcountry Council of Governments AAA is a broad-based, aging focused organization whose mission is to support the county-wide aging programs in meeting the needs of the older population in the Lowcountry Region.

The Lowcountry Council of Governments AAA will provide the following Home & Community-Based Services through contractual arrangements with local service providers: transportation, group dining, home delivered meals, health promotion. As directed by the State Unit on Aging (SUA) and AoA the AAA will provide the following direct services: Comprehensive Person-Centered Assessments, Long Term Care Ombudsman, Health Insurance Counseling, Family Caregiver Advocate Program, and Regional Information and Referral Assistance services. The AAA will also provide Home Care Services through a Consumer Choice Program model, as encouraged by AoA the SUA.

### **BOARD OF DIRECTORS**

A Board of Directors approves the policies of the Area Agency on Aging based on recommendations set forth by the AAA Advisory Committee. The Bylaws sets forth the guidelines under which the AAA is governed and within the guidelines established by the LCOG Board of Directors.

The operations and administration of the Lowcountry Council of Governments Area Agency on Aging shall be determined by the Council's Board as set forth in the By-laws of the Lowcountry Council of Governments. However, the Board recognizes the Lowcountry Regional Aging Advisory Committee's role is assisting oversight and making their recommendations during the administration of the Area Plan.

### **ADVISORY COUNCIL**

Although the Advisory Council has no official governing power or policy making authority, the Lowcountry Council of Governments AAA could not operate effectively without assistance from the Advisory Council.

The Advisory Council is a mechanism through which older persons and other community leaders can provide input regarding their interests and the needs of the Lowcountry Region. The Advisory Council members assist the Area Agency to understand and meet the interests and needs of the older persons in the Lowcountry Region.

## **ADVISORY COUNCIL GENERAL RESPONSIBILITIES**

The Advisory Council has the following basic responsibilities:

Advising the AAA in developing and implementing the area plan;

- Identifying the needs and problems of older persons;
- Advising the AAA in the area plan public hearing process;
- Analyzing needs in light of available resources, programs, and services;
- Identifying gaps in service system and recommending new services or changes in current services to meet identified needs;
- Alerting AAA staff to emerging and critical issues related to older persons;
- Reviewing and commenting on all federal, state, regional and community policies, programs, and actions which affect older persons;
- Reacting to problems and issues raised by AAA staff;
- Representing the interests of older persons by acting as advocates;
- Participating in program assessment/quality assurance activities;
- The active participation of its members in other aging organizations and serving on other community committees and boards in order to improve communication and ensure informed representation of the needs of older persons;

## **ADVISORY COUNCIL ADVOCACY RESPONSIBILITIES**

The Advisory Council has the following advocacy responsibilities:

- A. The Council itself is an example of advocacy because it ensures that community interests and concerns are reflected in the area plan.
- B. The Council can serve as a political force by testifying or making presentations at local and state legislative hearings or meetings and providing information to decision-makers through other mechanisms.
- C. The Council can serve as a political force by meeting with local elected officials to acquaint them with the needs of the elderly within their respective jurisdictions and the specific actions of the AAA has identified to meet those needs.
- D. Council members can put older persons in direct touch with services available in the community.
- E. The Council can stimulate needed changes in service delivery within the Region.
- F. The Council can help to recruit and train volunteers.
- G. The Council can help to recruit Advisory Council members to ensure representation from the various segments of the older population.
- H. The Council can encourage local community groups and local governments to provide financial assistance to the AAA and local service providers.

## **ADVISORY COUNCIL BYLAWS**

The Advisory Council has bylaws which outline the terms of membership, frequency of meetings, election of officers, etc.

## **AGENCY STRUCTURE**

The Lowcountry Council of Governments Area Agency on Aging is located at 634 Campground Rd, Yemassee, SC 29945-0098. Office hours are 9:00 am to 5:00 pm, Monday through Friday. The Executive Director is the chief administrative officer of the Lowcountry Council of Governments AAA. The Area Agency on Aging Director provides overall leadership for the Lowcountry Council of Governments AAA and its staff.

The Lowcountry Council of Governments AAA recruits and employs qualified staff to develop and administer the functions and responsibilities of the agency. Lowcountry Council of Governments maintains an EMPLOYEES PERSONNEL HANDBOOK which sets forth its personnel administration policies.

## **REPORTS AND FORMS**

The Lowcountry Council of Governments AAA will submit reports as required by the LGOA in a timely manner. Both performance and financial reports will be submitted.

## **DIRECT SERVICES**

The Lowcountry Council of Governments AAA uses contracts with local service providers to provide the following services unless it seeks and obtains from the State Unit on Aging a decision that direct provision of a service by the Agency is necessary to assure an adequate supply of the service. Contracted services include: Group Dining, Home Delivered Meals, Transportation, Health Promotion and Legal Services. Home Care and Home repair programs are provided through a Consumer Choice model as encouraged by AoA and the SUA.

Direct provision is necessary if the Lowcountry Council of Governments AAA can and will provide services substantially more effectively and efficiently than any other provider. The Lowcountry Council of Governments AAA will provide direct services to include: Comprehensive Person-Centered Assessments Program, Long Term Care Ombudsman Program; Family Caregiver Advocate Program, Information Referral and Assistance Program, Service Coordination, and Health Insurance Counseling.

## **TECHNICAL ASSISTANCE**

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

## **PUBLIC INFORMATION**

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

## **EVALUATION AND ASSESSMENT**

The Lowcountry Council of Governments AAA will conduct ongoing evaluation and assessment of its programs. The general standards and policies for assessment are outlined in the STATE UNIT ON AGING'S POLICY AND PROCEDURES MANUAL (on file in the Area Agency on Aging Office).

## **STAFFING**

The Lowcountry Council of Governments AAA is responsible for recruiting and employing adequate numbers of staff to carry out the responsibility of the agency.

- A) The Lowcountry Council of Governments AAA is headed by the Executive Director who is responsible to the Lowcountry Council of Governments Board of Directors. The Area Agency on Aging Director is responsible for all staff functions of the Area Agency on Aging and is responsible to the LCOG Executive Director.

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

## **PROCEDURES FOR APPLICATIONS FOR STATE SUPPORT**

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

## **STATE FUNDS**

The Lowcountry Council of Governments AAA is subject to the provisions of the authorizing legislation and any relevant policies established by the State Unit on Aging. The Lowcountry Council of Governments AAA is also subject to the requirements of any Older Americans Act or other program with which they may be associated.

## **TITLE VI OF THE CIVIL RIGHTS ACT**

- A) All funds under the Older Americans Act shall be administered in compliance with the Title VI of the Civil Rights Act of 1964, the Regulations (45 CFR Part 80), a Statement Compliance signed by the Lowcountry Council of Governments AAA in accordance with requirements.
- B) The Lowcountry Council of Governments AAA shall make no distinction because of race, color, sex, disability, religion or national origin in providing to individuals any services or other benefits under projects financed in part with Older Americans Act funds. (This provision

excludes age since the Lowcountry Council of Governments AAA serves only older persons by design and by law.

- C) As a part of its overall methods of administration, the Lowcountry Council of Governments AAA will carry out the following Civil Rights activities:
- 1) Inform and instruct all area agency on aging staff regarding their obligations under the Civil Rights Act.
  - 2) Inform and instruct all agencies and organizations which provide services funded by the Lowcountry Council of Governments AAA of their civil rights obligations as a condition to initial or continued financial participation in the program.
  - 3) Inform the area agency staff that referrals may not be made to agencies, institutions, organizations, participants, etc. that engage in discrimination.
  - 4) Maintain a current, properly executed policy as part of their official files.
  - 5) Conduct periodic reviews, including on-site visits as appropriate, of the agencies and organizations participating in Older Americans Act programs to assure their practices are in conformity with the Civil Rights Act, State and Federal regulations and policies and executed Statements of Compliance.
  - 6) Require contractor compliance with policies and procedures to provide Older Americans Act project participants with the opportunity to file a Title VI Civil Rights Complaint.
  - 7) Require contractors to post in clear sight their VI Civil Rights policies.

## **PUBLICATIONS**

Any books, reports, pamphlets, papers, or articles based on activities funded by Older Americans' Act shall contain an acknowledgement of that support. The Lowcountry Council of Governments AAA is required to use the following, or a similar statement:

*"This (report) (document) (video), etc., was prepared with financial assistance from the South Carolina Lieutenant Governor's Office on Aging and the U. S. Administration on Aging through the OAA of 1965, as amended."*

## **STANDARDS**

The Lowcountry Council of Governments AAA shall meet such standards as may be developed by the State Unit on Aging.

## **CONFIDENTIALITY**

Lowcountry Council of Governments "EMPLOYEE'S PERSONNEL HANDBOOK" sets forth procedures ensuring confidentiality.

## **DISCLOSURE**



The Lowcountry Council of Governments AAA will make available at reasonable times and places to all interested parties its written policies and other information and documents in carrying out its responsibilities under the Older Americans' Act. The Lowcountry Council of Governments AAA is not required to disclose those types of information or documents that are exempt from disclosure by a Federal agency under the Federal Freedom of Information Act.

## **CODE OF CONDUCT**

The Lowcountry Council of Governments AAA must meet the provisions of the State Unit on Aging Code of Conduct as outlines in the SC Lt. Governor's Office on Aging Manual of Policies and Procedures.

## **BUDGET YEAR**

The Lowcountry Council of Governments AAA shall recognize the State Unit on Aging period for the award of Older Americans' Act funds. The period is a number of years designated by the State during which time the recipient of the award may be granted continuation of the award.

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

## **GRANTS ADMINISTRATION**

The Lowcountry Council of Governments AAA shall maintain an adequate accounting system and procedures to control and support all of its operations.

## **MATCHING AND PERCENTAGE REQUIREMENTS**

The Lowcountry Council of Governments AAA shall meet all of the matching and percentage allocation requirements of the Federal regulations.

## **INVENTORY**

LCOG's Finance Department will maintain a list of AAA/ADRC inventory and will update the list as items are purchased. The auditor maintains the depreciation schedule on all equipment in excess of \$5,000.

## **GENERAL FINANCIAL PROCEDURES FOR AGING PROGRAM**

1. Paying Contractors for Services
  - a. Payments to Contractors in Nutrition Program

Once all of the contractors have entered their units in AIM, AAA staff prints the MUSR for each individual contractor. Those reports along with each contractor's Authorization to Pay the Caterer are passed to the finance department. Finance Director reviews the MUSR's, reconciles the Caterer's invoice and prepares the monthly reimbursement request for each contractor. Payment requests are passed to Account Payable for payment.

Contractors must submit the following in order to receive reimbursement from the AAA/ADRC by the **10th working** day of each month.

- All contracted information and units served entered into AIMS
- Vouchers from the approved contractor
- Signed Authorization to Pay Caterer
- Contractors must provide the AAA/ADRC with all requested data required by the LGOA.

b. Payments to Consumer Choice Homecare Agencies.

Homecare agencies send monthly invoices. Staff enters the units provided by each agency into AIM and then reconciles those units to each agency's invoice. Invoices are approved and passed to the finance department for payment. A MUSR for LCOG as Provider is printed and passed to finance.

2. Reconciliation with Finance and Monthly reporting

The MUSRstatem, MUSRIIE, MUSRResp and MUSRIIb-dm are generated and passed to the finance department. General ledger expenses and AIM reports are reconciled. The HCBS Payment request form is prepared and sent to Aging Director or PSA Director for approval and signature.

In order to prepare the Internal and the ICARE Payment request forms, general ledger trial balances are printed for each grant. Expenditures are reported on each form. Payment request forms are sent to the Aging Director or PSA Director for approval and signature.

Internal Services

The finance department provides detail general ledger expenses for Family Caregiver and Minor Home Repair to AAA/ADRC Staff at month end. Expenses and AIM data are reconciled for these two programs.

3. The AAA uses the steps described above to reconcile all units that are claimed in AIM to general ledger expenses. The provider/contractors also have internal reconciliation documents and processes that are followed monthly. These processes are verified and monitored by the PSA annually.
4. All aging funds are received on a reimbursement basis. The average reimbursement occurs 30-45 days after the expenditure is made.
5. The AAA operates under the Accounting Policies and Procedures of the Lowcountry Council of Governments. Lowcountry Council of Governments also obtains an independent audit of

its financial statements annually. Federal funds passed through the SC Lieutenant Governor's Office on Aging are considered a major program of LCOG and are audited under Government Auditing Standards and 2 CFR 200. A copy of the most recent audit report has been provided to LGOA.

## **AREA AGENCY ON AGING FUNCTIONS**

The Lowcountry Council of Governments AAA is intended to be a leader relative to all aging issues on behalf of older persons in the Lowcountry Region. The area agency on aging shall proactively carry out a wide range of functions to assist older persons in leading independent, meaningful and dignified lives in their own homes as long as possible.

The Lowcountry Council of Governments AAA will conduct the following functions:

### **PLANNING**

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

- A) Facilitate innovative, efficient, and effective services to people 60 years old and older within Beaufort, Colleton, Hampton, and Jasper counties.
- B) Conduct needs' assessment using the following format:
  - 1) Our Region-Wide Comprehensive Person-Centered Assessment Program
  - 2) Compilations and analysis of data contained in other state plans such as the SC Lt. Governor's Office on Aging.
  - 3) Review, compilation, and analysis of demographic data and regional analyses from the Lowcountry Council of Governments planning department.
  - 4) Surveys of appropriate Federal, State, and local agencies for information on needs of the elderly.
  - 5) Interviews and questionnaires of persons 60 years and older eligible for services in the Lowcountry Region.
- C) Collect and exchange area wide data from all available sources, including the state unit on aging.
- D) Conduct research by analyzing all available data in order to ascertain the current and projected trends and needs of an aging population and the resources to address them

- E) Provide the coordination and collaboration of area wide planning efforts among eligible older people, and the other area agencies, service providers, and any other organizations.
- F) Develop and publicly distribute both strategic and long range area plans for meeting the needs of older people. Review and update periodically.
- G) Designate local focal points for the delivery of services. Special considerations shall be given to developing and/or designating approved multipurpose senior centers as community focal points on aging.

### **PROGRAM DEVELOPMENT**

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

- A) Coordinate in the development of service definitions, unit definitions, minimum standards and activities, and other criteria for specific services to be funded through the state unit on aging, area agencies on aging, and other sources.
- B) Develop resources to be used region wide to fund new services and to expand existing services.

### **TRAINING**

Lowcountry Council of Governments AAA will implement the following training guidelines:

- A. Share resources with aging network.
- B. Coordinate training of aging network personnel. Promote and receive training from appropriate core courses and curriculum.
- C. Assist service providers in meeting minimum staff training requirements.
- D. Hold *Lunch & Learn* events to network with and educate human service agencies.

### **RESOURCE DEVELOPMENT**

The Lowcountry Council of Governments AAA continuously seeks resources to maintain, enhance services, and to develop services. The AAA seeks funds from local governments, foundations, Federal grants and other resources.

### **SERVICE DELIVERY**

The Lowcountry Council of Governments AAA is expected to deliver the following services through contract as directed by the Lt. Governor's Office on Aging: group dining, home delivered meal, transportation, homemaker services, legal services and health promotion. If any of the aforementioned services cannot be procured through a contract via the RFP Procurement process then the AAA will ask for a waiver to deliver the service. The Lowcountry Council of

Governments AAA insures efficient and effective service delivery through a contractual relationship with aging service providers.

The AAA will maintain staff to deliver the following services Comprehensive Person-centered Assessment Program, LTC Ombudsman, Family Caregiver Program, Health Insurance Counseling (I-CARE), Information Assistance and Referral Services and Service/Resource Coordination. Additionally, Home Care and Home repair programs are provided through a Consumer Choice model as encouraged by AoA and the SUA.

## **CONTRACTS MANAGEMENT**

The Lowcountry Council of Governments' AAA maintains adequate control and accountability for all funds received and expended. This is done in order to insure that funds are utilized properly. Sufficient data shall be collected and maintained to complete and submit required reports. The Lowcountry Council of Governments' AAA conducts oversight and technical assistance to assure that contractors fulfill their responsibilities under the contract.

## **COMMUNITY EDUCATION**

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

## **ADVOCACY**

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

## **TECHNICAL ASSISTANCE**

- A) The Lowcountry Council of Governments AAA shall provide ongoing technical assistance to its service providers. Technical assistance shall be provided on a regular basis through on-site visits and through written communication. Technical assistance may address AIMs, Budgetary Concerns, and etc.
- B) The Area Agency on Aging will provide technical assistance to other organizations, public and private, in the Lowcountry Region which are concerned with the needs of older adults.

## **COORDINATION**

The Lowcountry Council of Governments AAA provides for the following:

**A) General Coordination**

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

**B) Program Coordination**

- 1) In carrying out its responsibilities for development of a comprehensive coordinated system, The Lowcountry Council of Governments AAA is responsible for establishing effective and efficient procedures for coordinating programs funded by the State.
- 2) The Lowcountry Council of Governments AAA must coordinate its activities with other service providers in the Lowcountry Region. The following coordination activities are to be conducted:
  - a) Conduct efforts to facilitate the coordination of community-based, long-term care services designated to retain individuals in their homes, thereby deferring unnecessary institutionalization, and designed to emphasize the development of person-centered case management systems as a component of such services.
  - b) Identify the public and private nonprofit entities involved in the prevention, identification, and treatment of the abuse, neglect, and the exploitation of older adults. Based on such identification, determine the extent to which the need for appropriate services for such individuals is met.
  - c) Facilitate the involvement of long-term care providers in the coordination of community-based long-term care services to work to ensure community awareness of an involvement in addressing the needs of residents of long-term care facilities.

**HIGH RISK POLICY**

1. A contractor may be considered "high-risk" if an awarding agency determines that a contractor:
  - has a history of unsatisfactory performance or

- is not financially stable, or
  - has not conformed to terms and conditions of contracts, or
  - is otherwise not responsible; and if the State Unit on Aging or LCOG determines that an award will be made, special conditions and or restrictions shall correspond to the “high-risk” condition and shall be included in the award.
2. Special conditions or restrictions may include:
- Payment on a reimbursement basis;
  - Requiring additional, more detailed financial reports;
  - Additional monitoring;
  - Requiring the contractor to obtain technical or management assistance; or
  - Establishing additional prior approvals.
3. If the LCOG decides to impose such conditions, the agency will notify the Contractor in writing. The notification will include:
- The nature of the special conditions/restrictions
  - The reason for imposing them;
  - The corrective actions that must be taken before they will be removed and the time allowed for completing the corrective actions; and
  - The method of requesting reconsideration of the conditions or restrictions imposed.
4. The final decision to put an agency on “high-risk” would be the result of a recommendation from the LCOG Advisory Committee to the full LCOG Board of Directors. It would remain the discretion of the LCOG Board of Directors to decide if a contract would be made to the agency on “high-risk” and what special conditions/restrictions would be included in the contract.
5. Any such “high risk” status shall be reviewed every six months.

## **PROCUREMENT OF AGING SERVICES**

### **A. BACKGROUND**

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

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

September 1, 2003. It is the goal of the SUA that the aging services procurement process will be in full compliance with AoA policies and provide the most cost effective quality services to seniors in South Carolina.

## **B. COMPETITION**

All procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft grant applications, or contract specifications, requirements, statements of work, invitations for bids and/or requests for proposals shall be excluded from competition for such procurements. Awards shall be made to the bidder or offeror whose bid or offer is responsive to the solicitation and is most advantageous to the recipient, price, quality and other factors considered. Solicitations shall clearly set forth all requirements that the bidder or offeror shall fulfill in order for the bid or offer to be evaluated by the recipient. Any and all bids or offers may be rejected when it is in the recipient's interest to do so. (2 CFR 200).

## **AREA PLAN PROCESS**

This section sets forth the policies and procedures governing the development and submission of the information required in the area plan.

### **FUNDING BASIS**

As required in the Older Americans' Act, the AAA and its Service Providers in the Lowcountry Region shall give preference to providing services to older individuals with greatest economic or social needs with particular attention to low-income minority individuals.

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

Social needs are determined through a needs assessment process which considers factors such as physical and mental disabilities, cultural or social isolation, or other factors which restrict and individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently. Needs Assessments and Reassessments will be conducted by the Area Agency on Aging.

### **FUNDING**

- A) Federal (Title III Funding) Per LGOA
- B) State ACE Bingo Funding: Per South Carolina state allocations.
- C) State Grant Funding: Distributed evenly among the four counties in the Lowcountry Region.
- D) HCBS Home & Community Based Services (State)
- E) Additional Funding as identified and obtained. (i.e. Grants and other sources)



## **ELIGIBILITY REQUIREMENTS FOR FUNDING**

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

## **PURPOSE OF THE AREA PLAN**

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

The area plan also contains a detailed statement of the manner in which the Lowcountry Council of Governments AAA is developing a comprehensive and coordinated system throughout the Lowcountry Region. The area plan serves as the agency's contract with the Lt. Governor's Office on Aging.

## **DURATION OF THE AREA PLAN**

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

## **FORMAT OF THE AREA PLAN**

The Lowcountry Council of Governments AAA shall provide information as needed and outlined by the State Unit on Aging in preparing the area plan.

## **SERVICE PROVIDERS OBLIGATIONS**

Carry out requirements as stated in RFP, AAA Policies and Procedures and State and Federal Policies.

## **COMPREHENSIVE AND COORDINATED SYSTEM**

The Lowcountry Council of Governments AAA shall require its Service Providers to provide a comprehensive and coordinated service delivery system.

## **SERVICE DELIVERY REQUIREMENTS**

The Lowcountry Council of Governments AAA shall give preference to providing services to older adults with the greatest economic or social need and/or disabled. Those in greatest need shall be determined by an Assessment Process as outlined by the SUA. These assessments shall be conducted by the AAA.

### **MINIMUM PERCENTAGES FOR PRIORITY SERVICES**

Lowcountry Region Service Providers shall provide a minimum percentage of services as established by the State agency for Title III-B priority services.

Priority Services:

- A. Services associated with access to services (i.e., transportation, outreach, information and referral, and care management);
- B. In-home services (i.e., homemaker, home health aide, visiting and homebound support, chore maintenance, and supportive services for families of elderly victims of Alzheimer's disease and other neurological and organic brain disorders of the Alzheimer's type);and
- C. Legal Assistance  
The State Unit on Aging shall specify the amount of funds expended for Legal Assistance during the fiscal year as per contract agreement.

### **AMENDMENTS TO AREA PLAN**

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

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

Plan shall only be amended two times per year; last date for changing is May 1<sup>st</sup> of current year.

### **REVIEW AND REVISIONS OF REGION AREA PLAN**

- A. Lowcountry Council of Governments AAA must submit area plan and amendments for review and comment to the Advisory Council.
- B. Lowcountry Council of Governments AAA Advisory Committee shall review the area plan before conducting public hearings.
- C. Lowcountry Council of Governments Board of Directors shall review the area plan before submission to State Agency.

## **PUBLIC HEARING PROCESS FOR REGION AREA PLAN**

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

## **APPLICATION PROCEDURES AND POLICIES FOR CONTRACTORS**

### **RESPONSIBILITIES OF CONTRACTORS**

The Lowcountry Council of Governments AAA requires contractors under the Older Americans Act to carry out the policies and procedures set forth in this Manual, State Policies and Procedures which may be promulgated, the Older Americans Act of 1965, as amended, 45CFR Parts 74 and 92, and other appropriate federal regulations. **Recipients of awards are responsible for familiarizing themselves with the contents of this Manual, the LGOA's Policies and Procedures Manual and other referenced documents.**

## **APPLICABLE LAWS AND REGULATIONS**

A. All contract agencies receiving funds through the area agency on aging under the Older Americans Act are subject to the following laws and regulations:

- (1) All provisions of the Older Americans Act, as amended to date;
- (2) Federal regulations issued pursuant to the Older Americans Act;
- (3) Policies and Procedures set forth in the State Agency's Policies and Procedures Manual;
- (4) Policies and Procedures specified in this Manual;
- (5) 2 CFR 200
- (6) Title 5 of the Code of Federal Regulations, Part 900, subpart F, Standards for a Merit System of Personnel Administration;
- (7) Program Instructions issued by the Administration on Aging, State Unit on Aging, or the Lowcountry Council of Governments supersedes this Manual. AoA and State Agency program issuances will become effective only when Contract agencies have received notice to that effect;

## **B. State Funds**

Contract Agencies receiving State funds are subject to the provision of the authorizing legislation and any relevant policies established by the State Agency and the Lowcountry Council of Governments AAA. They are also subject to the requirements of any Older Americans Act or other program with which they may be associated.

## **C. Administration**

The Lowcountry Council of Governments AAA has been vested with the authority to carry out all functions and responsibilities prescribed for area agencies on aging under the Older Americans Act, Federal regulations and South Carolina State laws and regulations. Whenever the area agency on aging executes grants or contracts with organizations or agencies to provide an aging service or program, the Lowcountry Council of Governments AAA has the responsibility of assuring that such contract agencies or organizations are adhering to this Manual and other policies and procedures identified and developed by this agency. Thus, the Lowcountry Council of Governments AAA requires all contract agencies to establish acceptable methods for

administering Older American Act programs. The Lowcountry Council of Governments AAA will periodically monitor, assess and evaluate in order to assure that standards of operation are met.

**D. Title VI of the Civil Rights Act**

1. All funds under the Older Americans' Act shall be administered in compliance with the Title VI of the Civil Rights Act of 1964, the Regulations (2 CFR 200), a Statement of Compliance signed by each recipient of the funds, and other methods of administration established by the Lowcountry Council of Governments AAA in accordance with the changing requirements.
2. The Lowcountry Council of Governments AAA requires that each recipient of award make no distinction because of race, color, sex, disability, religion or national origin in providing to individuals any services or other benefits under projects financed in part with Older Americans' Act funds. (This provision excludes age since the Lowcountry Council of Governments AAA serves only older persons by design and law.)
3. As a part of its overall methods of administration, the Lowcountry Council of Governments AAA serves only older persons by design and law.
  - a. Inform and instruct all contract agencies and organizations which provide services, financial aid or other benefits under the Lowcountry Council of Governments AAA programs of their civil rights obligations as a condition to initial or continued financial participation in the program.
  - b. Inform beneficiaries, participants, potential beneficiaries and other interested persons that services, financial aid and other benefits of the program must be provided on a nondiscriminatory basis as required by the Civil Rights Act; and of their right to file a complaint with the Lowcountry Council of Governments AAA, SUA, or Department of Health and Human Services, or all three, if there is evidence of discrimination on the basis of race, color, income, sex, physical handicap or national origin. (Grievance Procedures)
  - c. Inform the area agency on aging staff, other agencies, institutions, organizations, facilities, participants, etc. that engage in discrimination.
  - d. All contract agencies receiving funds through the Lowcountry Council of Governments AAA must maintain a current, properly executed policy meeting current anti-discrimination requirements.
  - e. Lowcountry Council of Governments AAA will conduct periodic reviews, including on-site visits as appropriate, to the contract agencies participating in Older Americans Act programs to assure that their practices are in conformity with the Civil Rights Act, State and Federal regulations and policies, and area agency on aging policies.

- f. Lowcountry Council of Governments AAA requires all contract agencies receiving funds through the Older Americans Act to post in clear sight their Title VI Civil Rights policies, and to provide project participants with the opportunity to file a Title VI, Civil Rights Complaint.

## **PERSONNEL ADMINISTRATION**

All contractors receiving funds from the Lowcountry Council of Governments AAA, whether under Title 5 of the Code of Federal Regulations, part 900, subpart F, Standards for a Merit System of Personnel Administration or not, must be in accordance with applicable regulations in their personnel administration.

## **AFFIRMATIVE ACTION**

All contractors receiving funds from the Lowcountry Council of Governments AAA must comply with current equal opportunity guidelines.

All contractors are required to have acceptable affirmative action plan as a condition for approval of funds from the Lowcountry Council of Governments AAA.

All contractors' Affirmative Action plans require an annual update and will be monitored by the Area Agency on Aging.

## **PUBLICATIONS**

Any books, reports, pamphlets, papers, or articles based on activities receiving support from the Lowcountry Council of Governments AAA shall contain an acknowledgement of that support, and a statement.

The Lowcountry Council of Governments AAA requires contract agencies receiving funds to use the following, or a similar statement:

*"This (report) (document) (video), etc., was prepared with financial assistance from the South Carolina Lieutenant Governor's Office on Aging and the U. S. Administration on Aging through the OAA of 1965, as amended."*

The Lowcountry Council of Governments AAA, State Agency and Administration on Aging reserves the option to receive, free of charge, up to 12 copies of any publication published as part of the Older Americans Act.

## **LICENSURE**

All contract agencies receiving funds from the Lowcountry Council of Governments AAA shall assure that when Federal, State, or local public jurisdictions require licensure for the provision of services, the Contract agency will meet such licensure requirements.

## **STANDARDS**

All contract agencies funded by the Lowcountry Council of Governments AAA shall meet such standards as may be developed by the State Unit on Aging.

## **CONFIDENTIALITY**

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

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

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

## **DISCLOSURE**

All contract agencies receiving funds through the area agency on aging will make available at reasonable times and places to all interested parties its written policies and other information and documents in carrying out its responsibilities under the Older Americans Act. Lowcountry Region, Contract agencies are not required to disclose those types of information or documents that are exempt from disclosure by a Federal agency under the Federal Freedom of Information Act.

## **CODE OF CONDUCT**

All contract agencies providing services under the Older Americans' Act must meet the provisions of the State Agency's Code of Conduct.

## **BUDGET YEAR AND PERIOD FOR AWARD**

The Lowcountry AAA and its contracting agencies shall recognize the State Agency's period for the award of Older Americans Act funds. The period is a number of years designated by the State during which time the recipient of the award may be granted continuation of the award.

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

## **GRANTS ADMINISTRATION**

The Lowcountry AAA and its contract agencies shall maintain an adequate accounting system and procedures to control and support all of its operations.

Lowcountry Council of Governments AAA requires that all contract agencies receiving grant funds maintain proper accounts, with necessary supporting documents. Such accounts must be in a form that will provide for an accurate status of all funds at any time. Also included will be the disposition of funds received and the nature and amount of all expenditures and obligations claimed. Detailed procedures are specified in both the Lt. Governor's Office on Aging and the Lowcountry Council of Governments AAA's Policy and Procedures Manual.

## **NEPOTISM**

Two or more members of an immediate family shall not be employed by a recipient of funds awarded by the Lowcountry Council of Governments AAA is such employment will result in one individual supervising a member of his/her immediate family, or where one member occupies a position which has influence over another's employment, promotion, salary administration and other related management or personnel considerations.

For the purpose of this policy, the immediate family shall include spouse, mother, father, sister, brother, son, daughter, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, grandmother, grandfather, grandson, and granddaughter.

## **NON-FEDERAL SUPPORT FOR SERVICES**

Lowcountry Region contract agencies are required to assure that funds awarded in the area plan process are not used to replace funds from non-Federal organizational sources.

Contract agencies must agree to continue to initiate efforts to obtain private and other public organizational support for services funded by the Lowcountry Council of Governments AAA.

## **MATCHING AND PERCENTAGE REQUIREMENTS**

Each agency that contracts with the LCOG AAA must meet all of the matching and percentage allocation requirements of the Federal regulations as specified in its RFP and contract.

## **NON-FEDERAL SHARE OF FUNDS**

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

## **PREFERENCE FOR SERVICE**



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

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

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

### **CONTRIBUTIONS FOR TITLE III SERVICES**

Each Lowcountry Region Contract agency is required to meet the contribution requirements.

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

Each Contract agency must:

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

Lowcountry Region Contract agencies shall not deny any older person a service funded under the Older Americans’ Act because the older persons will not or cannot contribute to the cost of the service.

***Contract agencies shall not bill, request, demand or solicit fees for Title III services from a participant, 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 Lowcountry Council of Governments AAA via the AIMS reporting system. Contributions must be spent during the budget year in which they are generated.

### **FEEES FOR NON-TITLE III SUPPORTED SERVICES**

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

- A. When non-Title III funds are used to support a service (in whole or in part), within the Lowcountry Region, Contract agencies may require a fee in order to provide this service. Such fees should be established by the contract agency, approved by the contract agency's Governing Board, provided in writing and explained in advance or receipt of service to the participant. The fees for such private pay participants may be paid by the participant or subsidized (in whole or in part) by local sources; e.g., civic or religious organizations, United Way.
- B. Fees should be identified and tracked by participant.
- C. Private Pay fees must be based upon the full cost of the service as determined by the provider, as no part of the cost may be supported by Title III.
- D. Each Lowcountry Region, Contract agency who offers private pay services shall have established a written methodology for determining priority for services under Title III as opposed to unsubsidized service. This methodology may not include a means test.

#### **OLDER PERSONS ADVISORY ROLE TO CONTRACT AGENCIES**

Each Lowcountry Region Contract agency must have procedures for obtaining the views of participants about the services they receive.

#### **GRANT RELATED INCOME POLICY**

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

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

All grant related income shall be reported in AIMs. AIMs will automatically calculate the increase in miles, units or hours of service for which the GRI was collected.

#### **COST SHARING POLICY**

Cost sharing is the sharing of the full cost of a service by the provider and the consumer. The level of participation by the consumer is based upon the individual's willingness and ability to share in the cost and the agency's total cost of the service.

A contribution is when the recipient of a service is provided the opportunity to make a donation toward the cost of the service on a voluntary basis.

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

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

## **GRIEVANCE PROCEDURES**

### General Guidelines

Any older individual who feels he/she has been discriminated against may file a grievance. A written complaint should be filed with the director of the local service provider at the appropriate address within thirty (30) days of the alleged discrimination. Contact information for local service providers can be obtained from the Lowcountry AAA.

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

All grievance concerns (written or verbal) filed by an individual to a provider agency shall be documented and maintained in a central (confidential) file for no less than two (2) years. Documentation shall include all identifying information on the complainant and the older person who is the subject of the complaint; dates of the incident (s), complaint, and subsequent contacts; and, a narrative summary of the complaint and its resolution.

Complainants who voice or otherwise indicate any dissatisfaction with the disposition of their complaints shall be referred immediately to the Lowcountry Council of Governments Area Agency on Ageing.

Upon receipt of a grievance, the Lowcountry Area Agency on Aging will schedule the review of the complaint with the Advisory Council's Grievance Committee. The Area Agency on Aging will assure that the Committee is duly notified of the receipt of a complaint, and the date, time and place of the review. The Area Agency on Aging will assure that the complaint review is accomplished within forty-five (45) days of receipt of the complaint.

### Grievances

Reasons for a grievance include:

1. Residency or citizenship imposed as a condition for the provision of service.

2. By reason of handicap, be excluded from participation in, be denied benefits of, or be discriminated under any program or activity.
3. On the basis of race, color, or national origin be excluded from participation in, be denied benefits of, or be discriminated under any program or activity.
4. A means test shall not be used to deny or limit an older person's receipt of service.
5. Payment of fees for service (beyond a free and voluntary opportunity to contribute to the cost of the service) shall not be used as a condition to deny or limit an older person's receipt of service.

#### Area Agency on Aging Responsibilities

The following lists specific tasks of the Area Agency on Aging:

1. Acceptance of the complaint as a grievance as defined in Area Plan and, as interpreted by the Advisory Council Grievance Committee will be acknowledged in writing within three (3) working days of receipt of the complaint
2. Immediate contact will be made with the provider agency named in the complaint requesting a written summary of the agency's involvement with the older individual who is subject of the complaint. This summary is to be provided to the Area Agency on Aging within three (3) working days of the request.
3. The Area Agency on Aging may make the follow-up or investigative contacts with the complainant or subject of the complaint, provider staff persons, and additional persons as deemed appropriate.
4. The Area Agency on Aging will schedule the complaint review, advising complainant(s), subject(s), and provider agency(ies). Reviews will be scheduled within forty-five (45) days of receipt of the complaint.
5. The Area Agency on Aging will advise the LGOA. When the complaint is resolved to the satisfaction of the complainant or subject, the Area Agency on Aging will advise the LGOA. If the complainant and/or the subject of the complaint are/is not satisfied with the resolution, a referral to the LGOA will be made. Both the Area Agency on Aging and the provider agency will cooperate fully with the LGOA and follow through with recommendations made.

#### Advisory Council Role

All complaints received by the Lowcountry Area Agency on Aging will be reviewed by the Aging Advisory Committee. Investigations at the Area Agency on Aging level that do not favor the complainant may be further heard and investigated by the Advisory Committee. Notification to the complainant of the result of investigations at the County Council and Area Agency on Aging levels will be given within 45 days of receipt of the complaint. Any decision may be appealed to the next level, and ultimately to the South Carolina Lt.

Governor's Office. All other individuals or their representatives will be told of and given a written copy of the grievance procedure at the time of application for service.

Description of the Complaint Review

1. The Advisory Council Grievance Committee shall meet. Prior to any disbursement of written or verbal identifying information regarding the complaint, the Area Agency on Aging shall stress the requirement that all such information must be protected with confidentiality. Further, the committee members will be cautioned to identify any possible conflicts of interest they may have in regards to the complainant or the subject of the complaint. In the presence of any such conflict of interest, the committee member shall disqualify her/himself and not participate in that particular complaint review.
2. The Lowcountry Area Agency on Aging will present the complaint to the Grievance Committee in ten (10) minutes or less.
3. The complainant and/or the subject will (each) be allowed up to the ten (10) minutes to present information to the committee.
4. The provider agency will be allowed up to ten (10) minutes with which to present information to the committee. The committee may ask questions of anyone (beyond the ten minute time limit).

The committee will convene afterwards and render their decision afterwards orally and in writing to all involved.

## **AAA REGIONAL DISASTER PREPAREDNESS PLAN**

### **GENERAL**

The purpose of this Disaster Preparedness Plan is to assure that the needs of the elderly persons in the Lowcountry Region are adequately met during times of disaster.

The South Carolina Standard Assurances for Aging Service Providers require that each provider have a Disaster Preparedness Plan with specific instructions for staff and participants to adhere to in the event of an emergency.

To the degree possible during the time of a disaster, it is the responsibility of the Lowcountry Area Agency on Aging and the aging service providers in Beaufort, Colleton, Hampton, and Jasper counties to provide for the protection of life and property, to maintain routine services and to try to restore to normality the lives of older adults. During and immediately after an emergency, staff will find the demands made upon their time by participants, 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 participants' 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 Lowcountry Area Agency on Aging in emergency and disaster situation. The role of the 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 service provider, the local emergency management network, and the aging network.

## **AUTHORITY**

The Lowcountry Area Agency on Aging 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 service provider is required by the Lt. Governor's Office to have a disaster plan. These entities also operate in cooperation with the county emergency plan and by authority of the board of directors.

## **APPLICABILITY**

As the primary planning and administrative structure identified by the Older Americans Act, the Lowcountry Area Agency on Aging is mandated and dedicated to serve and to protect all adults sixty and older in Beaufort, Colleton, Hampton, and Jasper counties. During a disaster, the Lowcountry AAA will function as the coordinating body for the aging network within the region.

During a disaster, it is imperative that the Lowcountry AAA and local service provider agencies work together to coordinate and to assist in service delivery. Of greatest importance at this time is service to participants.

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

This Standard Operation Procedure for Emergencies and Disasters applies to the paid and volunteer personnel of the Lowcountry Area Agency on Aging.

## **ADMINISTRATION**

The AAA shall serve as the Emergency Preparedness Coordinator (EPC) and shall activate the emergency plan. All staff shall report to the administrative office at the Lowcountry Council of

Governments office as soon as possible. The alternate site is the Hampton County Council on Aging.

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

1. Executive Director, Lowcountry Council of Governments
2. Area Agency on Aging Director

## **AREA AGENCY EMERGENCY PLAN**

See Attachment

## **PROGRAMS AND SERVICES**

This section will outline the services and programs offered by the Area Agency on Aging and Disability Resource Center. A complete description of all services and programs can be found in the Policies and Procedures Manual of the State Unit on Aging.

### **PROCURED SERVICES**

The following services will be procured through an RFP process and provided through a contractual arrangement with the successful contractor: Group Dining, Home Delivered Meals, Transportation, and Health Promotion. Home Care will be provided through a Consumer Choice model with Providers procured through an RFP process.

In 2012 the Lowcountry AAA&ADRC with permission from its Advisory Committee and the State Unit on Aging began providing Home Care Services under a Consumer Choice Model.

Successful bidders/contractors agree to provide services as outlined in the RFP document, the Scope of Work, Quality Assurance Standards and the Policies set forth in this document and in the State Unit on Aging Policies and Procedures Manual.

Units of service for each program shall also be entered into the AIMs data base in a timely manner as outlined by the Policies and Procedures of the State Unit on Aging and by the Lowcountry AAA to facility timely and accurate payment of services.

Unit costs approved and agreed upon by contract negotiations will be entered into AIMs by AAA staff at the beginning of a new fiscal/program year for each service provider.

### Assessments/Reassessments

All participants receiving services in this section must have an Assessment and/or a Reassessment using the approved LGOA form. Assessments and/or Reassessment will be conducted by AAA staff and entered in to AIMs by AAA staff.

### Contract Oversight of Services

Oversight and Program Evaluation of the above mentioned programs and services shall be conducted by AAA staff as outlined in the AAA& Area Plan and by the State Unit on Aging Policies and Procedures Manual.

## **NUTRITION SERVICES**

*Below are general requirements for the Nutrition Services. More in-depth requirements are provided via the Scope of Works and Quality Assurance Standards for Group Dining and Home Delivered Meals. Additional information regarding service delivery of the nutrition program can be found in the S.C. Lt. Governor's Office on Aging Policies and Procedures Manual as amended.*

Nutrition services under Title III C-1 and Title III C-2 are provided to:

- Reduce hunger and food insecurity
- Promote socialization of older individuals; and
- Promote the health and well-being of older individuals

These services are provided to seniors/qualified persons through an approved assessment process designed to provide services to those most in need. Nutrition services are delivered via a congregate/group setting and in home for qualified seniors. Meals are determined to be hot, frozen, and shelf stable.

Assessment for eligibility and determination of *most in need* for nutrition services shall be conducted by AAA staff. An initial assessment shall be conducted to determine eligibility and an annual reassessment will be conducted for as long as the senior participates. If conditions occur such as a change in in-home assistance; or caregiver assistance; or change in medical condition a reassessment will be conducted prior to the annual reassessment date.

Additional information regarding assessments and reassessments of eligible participants shall be found in the Policies and Procedures for Assessments/Service Coordination Section of this manual.

### **Service Eligibility- Group Dining**

Services are provided to eligible individuals using uniform criteria specified in the Scope of Work for Group Dining Meals and the Quality Assurance Manual as set by the State Unit on Aging. Preference shall be given to those determined through the OAA to be at high nutrition risk and those in greatest economic and social need and those referred by a medical professional.

- Person age 60 or older
- Spouse of the older program beneficiary, regardless of age;
- Person under age with a disability who resides in a housing facility occupied primarily by older adults, at which group dining services provided;
- Person with a disability under age 60 may receive a meal if they reside with an individual who is a program beneficiary; or
- A person under age 60 who volunteers at the group dining center five or more hours a week during meals.



## **Service Delivery**

Group Dining Services shall be provided in nutrition sites or senior centers approved by the AAA. Group Dining Services shall be provided five days a week to at least 25 persons per day unless approval is given by way of a Waiver to serve less than five days a week or less than 25 persons.

Group Dining Services shall consist of a meal and four hours of activities designed to provide education, promote socialization and prevent isolation. In the event of predicted hazardous weather (hurricane or winter storm) group dining meal participants may be provided with shelf stable or emergency meals.

In the event of inclement weather in any county, if the schools are closed then the group dining sites may be closed. AAA staff shall be contacted by contracted provider staff prior to when a decision has been made to close so that the State Unit on Aging may be notified.

## **Program Operations for Group Dining**

A. Except for eleven (11) holidays, programs will be open every weekday (Monday through Friday unless a waiver has been approved) for a minimum of four (4) hours, preferably 9:00 a.m. – 1:00 p.m., with a site manager, as well as a site aide, or a volunteer present.

### **B. Holiday Schedule -**

Nutrition Programs observe the following holidays:

New Year's Day

Labor Day

Martin Luther King Day

Thanksgiving Day

**Presidents' Day**

Day after Thanksgiving

Good Friday

Christmas Day

Memorial Day

Christmas Eve or Day after Christmas

Independence Day

### **C. Procedure for Adding Participants -**

Each provider has its own system for adding participants and will use the priority score and nutrition score to determine which participant to remove from the waiting list. Participant must have a complete assessment in the system conducted by the AAA. Additionally, Contractors may serve participants as of the date of screening and receive funding for units prior to a full assessment being conducted if participant is found to be eligible in said assessment and there is no waiting list for services. If participant is found ineligible or a waiting list is in place, contractor is responsible for any costs incurred in serving this participant. This was added to LGOA Policies and Procedures as of July 1, 2016

### **D. Meal Reservations -**

A daily reservation system for ordering meals will be used. Each day before 3:00 p.m., the program's meal order for the next day must be called into the service provider's main office. If someone makes a reservation and is not present by a time that has been set to confirm this reservation, or otherwise confirms their intended presence, you will need to invite "substitutes" from the backup list that is maintained by the manager.

E. Backup List -

Agencies serving congregate meals should maintain a backup list. The list should consist of a minimum of ten (10) participants who do not wish to participate every day in the nutrition program, but who would be interested in participating on an occasion when there is not a sufficient number present to meet the site's quota of meals. A person on the backup list must qualify for services and need to understand that if they are not called prior to a specified time, they should not expect to eat at the site/center that day. Backup list participants will have intake forms on file at the service provider office and will have been assessed for group dining services by the AAA/ADRC.

F. Ordering Meals -

From the reservation list, count the number of persons expected. Meals will need to be ordered from Caterer each day by 3:00 p.m. by calling the Caterer's main office with the number of meals needed. Each office will develop a specific procedure for taking the meal orders, and will see that the meal orders are called into Caterer by 3:00 p.m. Orders cannot, under most circumstances, be changed after 3:00 p.m.

The caterer will try to accommodate special meal requests for picnic lunches if they are a part of the yearly plan and if the caterer is given two (2) week's notice. It is necessary to give the number of picnic meals desired on the day that they ordered.

In the event that people attend the site without a reservation, site managers/directors should tell them they are welcome to stay; however, they may not be served a meal unless someone is absent. In no way are participants to be short and served less than one-third RDA as required in the law.

For budgeting purposes, each provider has assigned a number of meals to each site in order to remain in budget compliance. It is the site manager's responsibility to discuss large variances in their programs.

Staff Meals - There is no objection to occasionally tasting the food; however, site workers may not remove an amount of food that would prohibit participants from getting a complete meal.

***PLEASE NOTE: Contractor is responsible for the cost of all meals not served to assessed and approved participants.***

G. Recording Temperatures -

Upon receiving meals from the caterer, time of receipt and the temperatures of one hot item (preferably the meat or casserole) and one cold item MUST be recorded.

ServSafe (Updated as of 2013) standards are to be followed. Contractor is responsible for having at least one Certified ServSafe manager on staff to train and monitor food safety.

Note: If cold items are above 41 degrees Fahrenheit, or hot dishes are below 135 degrees Fahrenheit upon receipt, contractor MUST notify the agency's main office to determine next

steps. Please note any problems with temperatures on the delivery voucher so the caterer can begin to solve the problem.

#### H. Meal Shortages -

Check the menu to ensure that the entire meal has been delivered. If food shortages are large enough to affect the day's meals, call the office. It is possible that with enough notice, the caterer will deliver the shortages to the site. List shortages of food on the catering voucher ONLY if you did not get additional food delivered. If the caterer is unable to replace substantial food shortages, the provider agency may purchase food from a nearby deli or restaurant and attach the receipt to the catering voucher for reimbursement.

Please indicate on food report comments (good and bad) about the meal served each day. This information is used when writing new menus every three months. **DO NOT SERVE food that appears to be spoiled**. Call the caterer and agency director immediately. Get instructions! At the very least, save a one cup portion for testing and refrigerate the sample. Eat the other food that is not spoiled; if necessary, there will be permission granted to purchase a replacement for the spoiled food. Remember: Alerting the caterer and the main office (director) early will allow more time to correct any problems.

Each site should have an emergency location at which to purchase food in the event the caterer shorts, leaves off food or does not arrive during the specified meal period. Each service provider will need to make necessary credit arrangements. A general rule to follow is: If the caterer has not arrived at the site by 11:30 a.m., call the main office for instructions. If the food is not there by 12:00 noon, call the office again for permission to purchase food to replace the food which has not been delivered. DO NOT go out and purchase meals without first getting permission from either main office or the caterer. When permission is obtained, one must get a receipt to submit to the caterer for reimbursement. Be sure the date and the site name appears on the receipt/ticket. The site manager should sign the ticket. It would be advisable to keep juices or crackers on hand for those diabetics at the site who would be adversely affected at times when the food is late.

The caterer will deliver food each day along with a delivery voucher for the site manager's signature. The voucher is a purchase order. Be sure the date and the number of meals are clearly visible. The delivery vouchers should be checked carefully before signing and must indicate any deviations from the written list. Leave the signed delivery voucher for the driver to pick up. A copy should be kept for the main office. Supplies need to be ordered two (2) to three (3) days before needed. Refer to the caterer as to the dates of the monthly supply inventory. The inventory should be made after the noon meal. Count all paper products and beverage materials and record it on the inventory form the caterer provides. Have all paperwork ready for the driver the next morning. Servers working with food will wear hairnets or hair restraints and will wash their hands before beginning to work. Plastic gloves are provided by the caterer. Should the caterer fail to send the correct utensils, or if accidental contamination of the sanitized utensils should occur, emergency type of sanitizer should be used. Mix one (1) part bleach and ten (10) parts water, dip utensils in solution, and air dry.

Meals are to be consumed on the premises. No leftover food may be taken home. The practice of bringing any containers from home in which to take prepared leftovers out of the building will not be permitted. Site managers will encourage second helping should there be any food left over

in the pans. Employees may partake of the leftover food as long as it still meets the nutrition safety standards and is not counted as a billable unit. The site manager will be responsible for ensuring that any uneaten food is disposed of safely.

The LGOA has a policy stating that “foods prepared or canned in the home may not be used in meals provided under Title III-C. Only commercially prepared or commercially canned foods may be used.

### **Inclement Weather Closings**

In the event there is severe weather in the region (ice, snow, etc.) nutrition sites/centers will follow the same schedule as the public schools in their area. Listen to the radio and TV for school closing announcements. It is the responsibility of the Contractor and the Caterer to notify each other prior to 7:00 a.m. if hazardous weather conditions exist in the contract area or the production center area, so that meals can be cancelled. The caterer has the right to cancel meals if he/she feels the roads are unsafe for his/her drivers. The AAA/ADRC does not wish to jeopardize the health of our senior citizens, nor food service drivers during ice and snow.

### **Programs and Site Activities**

- It is the site manager’s responsibility, along with service provider staff, to determine the types of programs presented at the nutrition site/centers each day. Programs such as recreation, health services, shopping assistance, nutrition education, exercising, etc. should be provided. Each site will prepare a monthly activity calendar. Additionally, Nutrition Education Reports shall be prepared accordingly.
- Each site should plan to have monthly fire drills. The details of the drill are recorded on the Fire Drill Report and kept on file for oversight verification. The signal used for fire drills should be different from the signal used to gain attention for announcements.
- Announcements, calling the roll, and taking reservations should be done before serving the meal. Nutrition education sessions must also be conducted at least six per year to provide participants with appropriate information for improving nutritional status.

### **Program Facilities**

#### **Bulletin Board**

This should be located near the dining area. Contractor staff shall encourage participants to review it regularly and check daily to determine if required materials are still posted.

Required materials include:

- 1) A choking poster,
- 2) grievance information,
- 3) grievance procedures that address the ADA concerns,
- 4) civil rights poster,
- 5) current set of menus,
- 6) contribution information,
- 7) evacuation/exit plan,
- 8) emergency telephone numbers,
- 9) No smoking poster

- 10) current fire inspection,
- 11) current sanitation inspection.

### **Inspections**

Each year the site must be inspected by the health department and the local fire department. Reports should be sent to the regional office. The county office will make arrangements for these inspections. The purpose is to ensure the safety of everyone. The fire inspections are not standardized as the health inspections are. Some things the fire department should check are the exit door, exit signs, fire extinguishers, monthly fire drill records and storage of combustible materials, etc. The fire extinguisher should be near the kitchen area and should be checked yearly (for pressure) by the fire department.

Restrooms should be checked daily for supply of tissues and towels, Liquid (not bar) soap should be in each restroom. Garbage bags are not supplied by the caterer; check with the provider main office for ordering these. The health department requires all paper goods to be stored at least six (6) inches off the floor.

### **First Aid**

There should be a first aid kit centrally located at the site for minor cuts, etc.

## **Contributions**

The group dining program is not a free meal program; it has a contribution component built into it. However, no one can be denied a meal because of inability or unwillingness to contribute. The Contractor may develop a schedule of suggested contributions for services offered in the region. But no payment may be required. The contribution information must be based on the South Carolina Aging Network's Policies and Procedures Manual. Such schedules shall be posted on the bulletin board and updated annually. Contributions are to be anonymous and voluntary.

The individual envelope system is one of the best ways to ensure confidentiality. Each place setting at the dinner table should have an envelope next to it, and sometime during the meal, a designated person should collect the envelopes in a box. However, a contribution box is an option. Once contributions are collected, at least two (2) persons (site manager and another designated staff or volunteer) will count the contents of all envelopes or boxes and record the date, site name, amount collected, and initial one (1) envelope. Contributions will be recorded on the site manager's report for that day and should be turned into the agency's financial department or main office to be reported to the AAA as Grant Related Income (GRI). Money should never be left unlocked or unattended. It is the Contractor's responsibility to have a procedure in place to safeguard funds. Contributions should be turned in at least weekly or more often if determined by the Provider/Contractor.

## **Service of Meals**

Full portions of all foods and drink must be served to each participant. If the participant wants to give away portions of his serving to another participant, that is acceptable, but federal law requires that regulation portions be served to constitute 1/3 Recommended Dietary Allowance (RDA). **THERE CAN BE NO STRETCHING OF MEALS.** No more than the number of

meals ordered may be served. Vegetable and fruit servings must contain ½ cup of drained measure. In other words, liquid is not considered part of the ½ cup serving.

Meals are classified when ordering but must also be charged against C1 and C2 depending on where the meal is consumed. Meals are not considered C1 if they are consumed anywhere other than the site, except for picnic or other bag lunch provided for the congregate participants. The persons to whom meals are served must clearly be shown on the site manager records. ***NOTE:** Back-up participants must eat the C-1 meal at the site. C-1 meals may not be taken home.*

## **Receipts**

If the caterer delivers more meals than ordered, notations must be made on the caterer's receipt and shown on daily log of site manager. If the caterer delivers fewer meals than ordered, this too must be noted on the caterer's receipt and shown on the site manager's daily log.

## **Left-Over Food**

After seconds have been offered, all foods left over must be placed in a plastic garbage bag and disposed of by the site employee or designated volunteer in an outdoor garbage dumpster, trash bin, or can. ***NOTE:** No food*, with the exception of fresh fruit, may be taken from the site by participants, quests, volunteers or staff members. ***NOTE:** When there is left over food, second servings should be offered to the participants first.*

## **Volunteers**

Volunteers under age sixty (60), to be entitled to a meal, must (1) volunteer during meal time usually 9:00 a.m., to 1:00 p.m. for at least five (5) hours per week and (2) must not be paid by or be on payroll of any organization.

## **Home Delivered Meals**

In addition to the eligibility for group dining service, a person receiving home delivered meals must be homebound due to the following:

- Illness
- Incapacitating disability; or
- Otherwise isolated
- Criteria for determination of need shall include the following:
  - An initial assessment to determine qualification for home delivered meals, as well as reassessments annually (in person) or as needed to determine future eligibility;
  - An inability to leave home unassisted;
  - An inability to purchase and/or prepare food due to his/her disability;

- Qualification under one (1) of the prior criteria, and a lack of anyone to prepare a nutritious meal on a daily basis; and
- A capability to store and heat the meals unassisted (or documentation of the availability of any necessary assistance)

Priority for this service shall be given to individuals with the greatest need [AoA Sec. 1321.69(a)].

## **Service Delivery**

In addition to the meal, qualified seniors shall receive written nutrition education delivered with their meal periodically. Qualified seniors shall receive a meal five days a week. These meals shall be a daily hot delivered meal or a frozen meal. If a frozen meal is delivered, the senior will receive daily reassurance contact by volunteers or assigned staff of the contractor.

In the event of a predicted hazardous weather forecast (hurricane or winter weather) the home delivered meal participant shall be provided with shelf stable or emergency meal prior to the hazardous weather event.

In the event of holiday closings a home delivered meal participant may be provided with a shelf stable meal if the contracted provider is to be closed more than three days.

Full portions of all foods and drink must be served to each participant. Federal guidelines require that portions be served to constitute 1/3 Recommended Dietary Allowance (RDA). *THERE CAN BE NO STRETCHING OF MEALS.* No more than the number of meals ordered may be served.

## **Contributions**

The group dining program is not a free meal program; it has a contribution component built into it. However, no one can be denied a meal because of inability or unwillingness to contribute. The Contractor may develop a suggested schedule of contributions for services offered in the region. But no payment may be required. The contribution information must be based on the South Carolina Aging Network's Policies and Procedures Manual.

Contributions are to be anonymous and voluntary.

During assessments and reassessments, AAA staff will inform participants of their opportunity but not requirement to contribute. When delivering meals agency staff may distribute the schedule of suggested contribution amounts.

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

It is the Contractor's responsibility to have a procedure in place to safeguard funds. Contributions should be turned in at least weekly or more often if determined by the Contractor.

Contributions will be recorded on the site manager's report for that day and should be turned into the agency's financial department or main office to be reported to the AAA as Grant Related Income (GRI).

### **Transportation Program**

Transportation service is a priority under the Older Americans Act (OAA). The service is intended to facilitate access to services essential to an older adult's ability to remain active and independent in the community by:

- Participating in social service programs;
- Accessing community businesses and health resources;
- Reducing social isolation
- Maintaining health and independence; and
- Preventing premature institutionalization

Currently the Lowcountry AAA&DRC provides transportation services for seniors needing transportation to the nutrition sites and senior centers in its service area.

### **Eligibility Requirements**

Eligible Participants are 60 years of age or older who are unable to drive, do not have access to a vehicle, or have no access to affordable public transportation and must be transported to destinations and services necessary for independent living and quality of life.

A unit of Service for transportation is Point to Point (Origin to Origin). Provider staff and AAA will utilize Map Quest or some other GIS system to determine the correct miles for each participant.

### **Health Promotion Program**

The Lowcountry AAA will annually contract with Meal Service Contractors to deliver Evidence Based Programming in the Senior Sites, utilizing IIID funds. Additionally, the AAA will conduct certain programs as needed in the region in conjunction with the region's faith-based network and health industry.

### **Consumer Choice Home Care Services**



Home care services address a progressive level of need that a program beneficiary usually experiences when dealing with a condition that requires assistance with incidental or routine activities of daily living. The Purpose of home care services is to provide assistance to older individuals, families, and/or caregivers to overcome specific barriers to maintain, strengthen, and safeguard independent functioning in the home.

These services are designed to prevent or delay institutionalization and improve the individuals or caregivers quality of life. These services include Homemaker Services, Personal Care, and Chore as defined in LGOA PI-2016-001 issued April 27, 2016.

Home Care Services will be administered using a Consumer Choice Model of provider selection.

### **Participant Eligibility**

Individuals 60 years or older who have a chronic illness, limitations in two or more activities of daily living, or have an acute episode of a chronic illness that affects their ability to provide self-care and maintain a safe and sanitary home environment without assistance.

### **Service Delivery**

AAA/ADRC staff will conduct assessments and reassessments, ensuring that participants are receiving and/or have access to services available through the AAA and/or other providers in the area and ensure that participants receiving services are those most in need.

Staff will take responsibility for inputting participant data into AIMS.

After being determined eligible, the Participant will be provided a list of Agencies procured by the AAA to serve the region. After the Participant selects an Agency, the AAA staff will forward pertinent information to the respective Contracted Agency, who will then contact the Participant in order to begin services.

Provider will invoice the AAA by the 10<sup>th</sup> of each month. Units will be entered into AIMS system by AAA staff.

A unit of service for the Consumer Choice Home Care is an hour of service provided to the participant.

### **Participant Documents**

- Assessment Tool – AIMS Generated
- Participant Agreement Forms/Participant Consent Forms to provide care
- Termination Policies
- Permission to Share Information/Make Referrals
- Voluntary Contributions Information
- Waiting List File
- Ensure that AIMS data base seat is updated and/or changed
- Written service plans as per assessment/reassessment that participant and caregiver are involved in.

### **Home Care Agencies**

Participating Homecare Agencies will be solicited annually through an RFP process.

All Home Care Agencies will be given a copy of the Scope of Work and Quality Assurance Standards for the Home Care Program.

AAA will perform oversight via regular communication with regulatory agencies including DHEC, SLED, and various business licensing authorities in the region.

As part of the Oversight Process, AAA staff will communicate with participants in order inquire if participant is satisfied with quality of work and with the worker assigned to provide services.

### **Resource/Service Coordination**

On July 1, 2013 the Area Agency on Aging began assessing and reassessing all participants receiving or inquiring about services funded under a contractual or non-contractual agreement with aging service providers in the Lowcountry counties of Beaufort, Colleton, Hampton and Jasper Counties. This was initiated in an effort to assess the senior comprehensively and impartially.

Participants receiving Comprehensive Assessments and Reassessments are referred to all services and or partners in the regional aging network, including contracted, in-house, or unaffiliated entities that may be of assistance to the AAA's stated goal promoting *Aging in Place*.

All actions of the AAA will be recorded in the applicable data system(s). i.e. AIM and/or SC Access. These policies and procedures will help the AAA and its providers/ contractors achieve the intent of the Older Americans Act (OAA), as amended, which mandates that service preference will be given to older individuals (60 years and older) and persons with disabilities having the ***greatest economic or social need***, with particular attention to:

- (1) Minorities,
- (2) Those with limited English proficiency,
- (3) Those at risk of institutionalization,
- (4) Those having Alzheimer's and related disorders, and
- (5) Those residing in rural areas.

In order to do this, every individual receiving or inquiring about an aging service must receive an official Eligibility Screening to determine the AAA's next steps, which will include a Comprehensive Assessment if necessary. If an Assessment is not warranted, appropriate referrals for service are offered and recorded.

Since the assessment/reassessment will be conducted by the AAA, many of the steps indicated will require cooperation and collaboration between the AAA and the contracted providers of services, particularly as it pertains to participant selection.

- Assessment and Reassessments – AAA Staff
- Service Delivery –Contractor
- Participant Selection – Contractor

The Assessment of participants by the AAA does not relieve the Contractor of following its own policies and procedures for obtaining certain information that it requires in providing services and does not relieve the provider of getting as much information about the participants as possible as “getting to know one’s participants” is essential.

## **General Information**

Participants will be assessed and reassessed to address the needs of the participants not just the need for the particular program requested. Referrals will be made to contracted service providers in the region.

During an assessment each participant will receive the following information:

- All services and programs provided by the AAA and the service provider in the county where the participant resides.
- Information on Voluntary Contributions
- Health Insurance Information
- Information on Advanced Directives
- Other information as deemed necessary by the Assessor
- Basic termination of services information to include loss/reduction of funding and change in priority scores.
- Participant Responsibilities

Once the assessment for a new participant is completed:

- Participant will be put into AIMs by AAA staff for prioritization
- Service Provider will be notified as to service(s) requested and approved.
- Service Provider and AAA staff will coordinate service delivery for group dining, home delivered meals and transportation. Provider will contact participant as to services approved and when to expect service to begin.
- AAA staff and Consumer Choice Home Care Providers will coordinate service delivery for home care participants.

**Reassessments** will be conducted by AAA staff

Reassessment of ***Group Dining, Transportation Participants and Health Promotion Participants*** will be conducted at nutrition sites and/or senior centers unless there has been a life changing event in the prior year.

AIMs information for each participant reassessed will be updated. In the event of reduction of funding, AAA staff and the Contractor will look at prioritization scores of each participant to ensure that services will continue to be provided to those most in need. Contractor will notify participant of changes in service delivered.

Reassessment of ***Home Delivered Meal Participants*** will be conducted face to face annually or whenever there is a reported change in the participant's situation.

- If the reassessment indicates that the participant will be better served in the group dining program participant will be notified by Contractor of change in service delivery.
- If there is a reduction in funding and/or a need to provide remove a participant off the waiting list ASAP – the prioritization scores will be looked to determine that the most in need is actually receiving services.
- Participant will be notified by Contractor of changes in service delivery.

Reassessments of ***Consumer Choice Home Care Program*** will be conducted face to face annually or more often if there is a reported change in participant situation or if the original care plan indicated a need for a reassessment to be conducted more often.

- If there is a reduction in funding and/or a need to remove a participant off the waiting list ASAP – the prioritization scores will be looked to determine that the most in need is actually receiving services.
- Participant will be notified by AAA of changes in service delivery.

### **Referrals for other Services**

If Participant's Assessment or Reassessment indicates a need for non-contracted services, once participant's information has been inputted into AIMs, referrals will made to other agencies and recorded in SC Access. Follow up will be made with participant to see if participant made contact with referred agency, if agency called participant and/or if participant needs assistance in accessing referred agency.

If Provider of Services Staff becomes aware of additional services that a participant may need Provider Staff will make referrals to other agencies and/or call the AAA. Referred services will be documented in participant's care plan.

### **Eligibility Determination:**

- a. Within two (2) business days of a referral, an eligibility screening will be conducted using the official Eligibility Screening Form provided by Lowcountry Council of Governments AAA (Part II, attachment 1). This form provides the eligibility requirements for each service area. It may be completed by telephone or during a face-to-face meeting with the potential participant.
- b. The purpose of this step is to determine if the individual preliminarily qualifies to be served according to the eligibility criteria set forth by the OAA, LGOA, and this region. If a participant is found preliminarily eligible, a Comprehensive Assessment will be scheduled as soon as possible. The Eligibility Screening Form will be maintained in the participant's file a minimum of three (3) years.
- c. If the individual does not preliminarily qualify, the person will be notified immediately and provided other options, if available. These options may include referrals to another helping agency, whether non-profit, public, or private pay. If the individual requests the ineligible

notification in writing, forward that response to them within two (2) business days of their request. Maintain the Eligibility Screening Form and a copy of the letter for a minimum of three (3) years.

- d. If person is determined to eligible for a Comprehensive Assessment AAA staff will conduct an assessment as soon as possible.

### **Assessments/Re-Assessments:**

The goal of the assessment/reassessment program is to be comprehensive and person-centered. Assessors will ensure that a complete and thorough person-centered assessment of the participant, reflects the full picture of the participant's situation and needs.

- a. An initial assessment will be conducted on each individual requesting service, even if the individual is a volunteer, is a private pay/locally funded participant, or it becomes obvious he/she will remain on the wait list for an extended time due to their lower priority situation. When conducting the assessment, the "Lieutenant Governor's Office on Aging (LGOA) Assessment/Re-Assessment Form" will be used.
- b. **Prior to** conducting the assessment (or re-assessment) interview, obtain the participant's consent by ensuring completion of page 7 of the LGOA Assessment/Re-Assessment Form.
- c. Ensure the participant understands that he/she has a right to refuse to provide the requested information, but refusing to provide any of the following specific details may result in waiving his/her right to receive services: ***zip code, race/ethnicity, gender, date of birth, income, English/Non-English speaking information, and number in household. These are all required.***
- d. *Means Testing:* According to OAA policy, there is no means testing when conducting assessments; however, other Federal Codes require that aging programs be directed toward the following persons: Those 60 years of age or older who are in the greatest social and/or economic need, are limited English-speaking, are those living in rural areas, and/or are low-income minorities. Because of the two different statements, participants will not be required to provide income statements to determine eligibility, only the assessment priority scores (which weights income and size of household) will be used.
- e. Initial Assessments and those Re-Assessments for participants receiving Home Delivered Meals and Consumer Choice Home Care Program services should be conducted in-person and in the senior's home.

- f. Re-Assessments for other aging services (i.e. group dining, physical fitness/health promotions, transportation, etc.) may be conducted at a Group Dining Facility if participant is not interested in other services and has not had a *Life-Changing Event* in the prior year.

Initial Assessments should include a thorough evaluation of the seniors's home living environment will be conducted. This will assist in referrals to other programs such as minor home repair, family caregiver, Adult Protective Services, and etc. If concerns arise as to the participants vulnerability to being exploited or abused AAA assessor will consider whether a call needs to be made to APS or another agency.

Re-assessments will be conducted at least annually within thirty days of the anniversary date or whenever the participant has a life changing event (i.e., change in health status, death of primary program beneficiary, etc.). ***Assessor must assure that all information in the previous assessment has been reviewed with participant to capture any and all changes.***

Once the assessment/re-assessment is completed, data is entered into the AIM and SC Access systems in order to obtain a "Full Risk Score," "Assessment Category Score," and a "Nutrition Risk Score."

A hard copy assessments/re-assessment will be maintained in the participant's file for no less than three (3) years. All participant information shall be maintained in such a manner as not to violate confidentiality or privacy. *A copy of the assessment will be scanned and securely transmitted to the provider of service.*

If a participant who is scheduled to receive meals (group or home delivered) has a Nutritional Risk Score below six (6), a justification as to why the participant is receiving services will be placed in the Justification Tab of the AIM Assessment Screen. An example of an acceptable justification would include:

- (1) Meals needed to reduce hunger and food insecurity,
- (2) Improve the health and well-being of the individual, and
- (3) For those receiving meals at a Group Dining Facility, participant's attendance would promote socialization of this individual.

### **Waiting Lists:**

- a. Once an assessment is completed and scores are obtained, an approval/referral sheet is sent to the contractor to initiate service and in AIM, the participant will be placed on the waiting list for the contractor to remove once service begins.
- b. When a true waiting list begins to build, Contractor will prepare a "Quarterly Wait List Report" reflecting the actions that are being undertaken to eliminate or reduce their waiting lists.

*Note: The practice of regularly placing participants on the waitlist for contractors to remove as service begins is an exercise that does not constitute a "True Waiting List."*

*A True Waiting List is when Contractor is serving at full capacity versus their contracted unit amount and therefore cannot serve new participants until a spot opens or a reshuffle of those most in need occurs.*

### **Selecting Participants to Serve (Contractor's Responsibility)**

**New Participants:** It is the Contractor's responsibility, in the case where a waiting list is present, to use applicable Risk Scores along with Justifications in AIMs to determine who is served next.

- a. If there is an available service slot and no waiting list, the new individual may be placed in that service slot immediately.

Every effort will be made to uphold the OAA/LGOA policy to select consumers with the highest priority scores. However, there will be instances that will support over-riding the priority scores to select a person with critical needs that are not reflected in the scores.)

**New participant approved:** If the participant is approved to receive service, the provider/contractor will be immediately notified, and they will make arrangements to begin serving the participant as soon as possible). The AAA is to be notified in writing once services begin via the Service Action Form provided by the AAA.

**New participant is to remain on the waiting list:** If the assessment and priority scores don't justify moving the participant into a service slot, the contractor will notify the AAA via the Service Action Form. This does not mean the Senior does not receive service. There are more options. Examples of these options may be:

1. Using local funds to begin serving the participant.
2. Informing participant of private pay options. (A copy of the provider/contractor's private pay procedures should be on file at the AAA/ADRC.)

**Active Participants Undergoing a Re-Assessment:** If the re-assessed participant's priority scores (full, category, or nutrition) have decreased significantly, the participant will be treated much like a new participant entering the system. A decision will be made by the Contractor if the participant remains in their service slot or is moved to a waiting list. If the participant is to remain in their service slot no action will be taken. However if the participant is to be moved to the waiting list the Contractor will contact the participant to inform them of their change in service.

**Request for Reconsideration:** *At any time during the process, the Contractor or Potential Participant may request reconsideration of assessment scores established by the AAA/ADRC should they believed the AAA overlooked certain aspects regarding the participant and the participant's living environment. In the case of a Potential Participant challenging scores, a form will be sent to the individual on which a Physician can verify their claim.*

### **Creating a Service Action Plan and Progress Notes: (Contractor's Responsibility)**

A Service Action Plan is created, signed, and dated when:

- (a) Participant is new to the system
- (b) Participant receives an annual reassessment, or

(c) Participant has a change in health or other significant life changing event, resulting in an out-of-cycle reassessment.

The Service Action Plan will contain:

- (a) The service(s) to be provided,
- (b) The participant's problem/need(s),
- (c) The service goal(s),
- (d) The service timeframe (usually this is a 12 month period),
- (e) Intervention responsibilities, and
- (f) The start and end service dates. (Start date is the date of the assessment/re-assessment and end date may read "until further notice.")

The Service Action Plan provided by the AAA will be finalized by provider no later than five (5) business days after receiving the electronic referral for service. Once completed, Service Action Form will again be scanned and securely transmitted to the AAA. This form will be filed in the participant's file for at least a three (3) year period.

If the participant has been chosen to receive frozen home delivered meals, the Service Action Plan must identify if the participant has decided to opt out of daily reassurance phone calls. This is required since in-person contact between the participant and the contractor will usually take place only once a week. For participants that do not to opt-out of this service, a daily service call log will be maintained by the Contractor. **This log will be made available for review by the LGOA or AAA upon request.**

Progress Notes: Progress notes addressing a participant's problem/needs and/or goals will be prepared each time there is significant activity concerning the participant's progress or any problems found while helping the participant achieve his/her established goals. These notes will be documented using the Progress Notes Form provided by the AAA. Significant information should also be placed in the AIM Assessment, General Information area as well as in the participant's record. Having the information in AIM and in the participant's file is essential if the automated system goes down during any disaster or other emergency.

Progress notes will allow the AAA and Contractor to review any changes, good or bad, in the twelve months between the assessment and the reassessment. Progress notes are a tool to note any progress, change or decline in the participant's status. It can be done by phone, or an aide/delivery person, or a Caregiver can report to any changes in the status of a participant. The progress notes are required to assure continued contact with the participant and as a means to document changes. Examples: Hospital stays, falls, living conditions, gaps in service, assistance requested by the participant, etc. This information will be shared by Provider and AAA and documented in participant's record at the Provider and AAA level.

If Contractor staff notice changes in a group dining or home delivered meal participant that may require a reassessment this change should be documented in participant's file and the AAA should be notified ASAP.



Examples are:

- Group dining participant may require more assistance than your staff can provide and participant may benefit from a home delivered meal
- A home delivered meal participant is no longer home bound, have adults who have moved into the home with them
- Change in participant's mental status, home environment, physical appearance, etc.

**Termination of Services:** Both the LGOA and the AAA/ADRC are in agreement that the best time to begin services for a new participant is through attrition. Therefore, every effort will be made to prevent curtailment of services to participants when they have not requested the termination. However, when it is clear that another participant critically needs the services, and a service termination is unavoidable, the action will be documented in AIM and in the participant's record. A letter to the participant on the curtailment of services must be sent **before** the service actually ends, except in item a(3) below, deceased participant. Also, whenever possible, the following steps will be taken within the below listed timeframes:

a. Immediate termination may be taken when:

- (1) The service is no longer desired according to the participant or the participant's authorized representative.
- (2) The participant has moved outside the county and region.
- (3) The participant is deceased.
- (4) The participant presents a safety or health risk to participants or staff

b. Two week notification will be provided to the participant in writing so other arrangements may be made when:

(1) According to a reassessment, the participant's condition has improved and he/she is no longer in critical need of the service. The participant should be moved to the wait list and/or offered other options (i.e., local funding, cost sharing with local funds and a sliding scale, or private pay, etc.)

(2) Participant is not available to accept the services (i.e., low attendance at the group dining facility, participant frequently not at home, etc.). The participant will be contacted in writing by provider staff and the participant will be given an opportunity to either provide reason for poor attendance or time to improve attendance/availability. If no response from the participant, move the participant to "Inactive."

c. Timeframe Dictated by the Situation: For safety reasons, a termination of services will be considered when the participant's condition has outgrown the capabilities of authorized services. Services should now be provided by another appropriate agency (i.e., CLTC, Nursing Home, extended hospital stay with rehab, etc.). Close coordination among the provider/contractor, AAA staff, and the family, caregiver, CLTC, etc., must be accomplished to ensure there is a smooth transition to the new service provider.

**Training for Assessors:** New assessors will receive training by the Lowcountry AAA before beginning to assess participants. Additionally, upcoming LGOA training through Clemson University will be included.

Update training for all assessors will be held as policies or procedures change or whenever the quality of the assessment/re-assessment packages indicates additional training is required.

Training for Provider Staff: Training for provider staff will be provided by the Lowcountry AAA whenever there is a change in the AAA policies and procedures or the LGOA's policies and procedures.

## **ASSESSMENTS FOR MINOR HOME REPAIR AND LEGAL SERVICES**

Assessments for Minor Home Repair and Legal Services are one time assessments unless during the assessment a determination has been made that other services require reassessments are required.

Assessments for these programs will require use of the LGOA Assessment Tool. Once services have been provided this is to be documented into AIMs so that the Participant can be moved from the waiting list.

*Procedures for assessments/reassessments of Family Caregiver Participants can be found in the Family Caregiver Advocate Policies and Procedures Section.*

## **FAMILY CAREGIVER SUPPORT PROGRAM POLICIES AND PROCEDURES**

### **Eligibility Requirements**

Persons are eligible for FCSP services if the Care Receivers age is 60 or older and needs assistance with two or more activities of daily living (ADLs) and/or has a cognitive disorder as determined by a professional (physician, nurse, social worker, case manager).

***Age is not a requirement for the Caregiver of an eligible Senior Care Receiver.***

The AAA, in an effort to both ensure the validity of the Care Receiver's needs, and to help serve those needs more holistically, will conduct a Comprehensive Assessment on all Senior Care Receivers.

Individuals are also eligible if they are 55 or older and caring for an adult relative with a disability or a child 18 or under who is not their own child (SRC). The ***Non-Senior Care Receiver*** must also be located in one of the four counties that make up the Lowcountry Region.

- Seniors Raising Children (SRC) – Caregiver must be 55 or older. Non parental caregiver, including adoptive parents, caring for at least one child age 18 or younger.
- Caregivers of Adults with a Disability (CGAD) – Caregiver age 55 and older (non-spousal relative); Non-parental caregiver caring for an individual between 19 and 59

years of age with a disability; documentation from SSA, DDSN, VA or Vocational Rehabilitation indicating disability status required. Those with severe disabilities will be served first (defined as needing assistance with three or more major life activities or ADLs).

### **Service Delivery/Program Guidelines**

- Caregivers are provided a menu of services, which include counseling, help to find and understand resources, educational programs, screening and referral to other service programs which might be helpful, emotional support and provision of written information to help answer questions about caregiving issues. These services will be offered prior to the caregiver being considered for a mini-grant. All mini-grant awards are reimbursable, i.e., awardees must spend their own money out of pocket on approved items, then submit appropriate documentation (receipts, invoices, reimbursement forms) to the office of the FCSP. Once the items have been deemed as eligible, the care receiver will be issued a reimbursement check within 10-15 business days. If an item requested for reimbursement is denied, a written explanation will be provided to caregiver.
- If the Caregiver has not requested funds in the first half of the grant period, the Caregiver Advocate will contact Caregiver to check on the status of the grant and its utilization. If this communication indicates that funds will not be used, the funding will revert back to the program to be re-distributed to other eligible applicants. The Caregiver must submit all requests for reimbursement by the stipulated date on the award letter that is typically prior to June 15<sup>th</sup>. Special exceptions may be considered on a case-by-case basis by the Caregiver Advocate in coordination with the AAA Director, but all funds must be spent during the award period.
- Caregivers who received financial assistance during the previous year may be asked to wait until October 1 of the next year to request help again, in order to serve those on existing waiting lists.
- During the first three months of each new program year, priority will be given to:
  - a) Applicants who have not previously been helped with funding in the program or
  - b) A caregiver who has been helped within the past fiscal year, but is experiencing an emergency situation. The emergency must be well documented by the applicant. Emergency funding must be approved by the Caregiver Advocate and the AAA Director. The applicant will receive award notification as soon as possible by phone or mail within ten business days the request.
- Grants awarded are valid until the end of the fiscal year (June 30). Award dates are printed on the award letter. However, Caregivers receiving support are asked to submit final requests for reimbursement prior to June 15<sup>th</sup> in order to aid in year-end closing.
- Service Dollars are primarily to benefit family caregivers of seniors (over 60) with several core services. Supportive Services and services for grandparents are limited to percentages of the total funds.

FCSP will allow SRC to spend up to \$250.00 per child for school supplies, school uniforms/school clothes, day care, summer camp and other (as approved by the Caregiver Advocate and AAA Director). That amount may be reduced (per child) in the case of more than one child in household.

- Additional documentation regarding children may also be required for SRC, including but not limited to school records, DSS information, Disabilities and Special Needs documentation, etc.
- If a caregiver is being assisted by services from other agencies, **documentation will be required in order to justify service with FCSP dollars.**
- In any case in which the Advocate is not certain that he/she has an adequate picture of the total caregiver situation, a home visit may be made to determine the extent of need.

### **Documentation and Financial Guidelines**

Caregiver program information is inputted into both AIM and SC Access Databases.

Our guideline is that funds for each Caregiver are limited to a maximum of \$1,500.00 per program year in total from all applicable funding sources. (i.e. \$500 IIIE, \$500 State Respite, and \$500 Alzheimer's) This mix will vary. It may be comprised of different percentages, up to 100% from one source in order to best Caregiver's needs. Exceptions to the maximum may be made due to special circumstances with documentation by the Advocate in the participant file.

FCSP will allow SRC to spend up to \$250.00 per child for school supplies, school uniforms/school clothes, day care, summer camp and other (as approved by the Caregiver Advocate and AAA Director). That amount may be reduced (per child) in the case of more than one child in household.

Files shall be set up for each Caregiver and SRC. Accounting files shall contain copies of receipts and a brief note/justification as to why each Caregiver and/or SRC is in program. Caregiver files will contain information clearly stating what services and/or assistance will be provided. In the case of paperless files, each file will contain scanned in documentation as listed above.

Do not authorize Supplemental Services, "Other" without clear documentation in the files of how the service complements the care provided by the particular caregiver. "Briefly make a case for authorizing the expenditure for this caregiver. This is a consumer-driven program and we encourage the caregiver to identify their greatest needs, but we can only provide services that are allowable under the FCSP.

*All correspondence to Caregiver and SRC must be dated.*

### **Financial Procedures**

*FCSP is designed to be a reimbursement program. However other circumstance do arise that permit alternative actions. These include:*

- *Advocate may accept invoices and pay directly to licensed and bonded Home Care Agencies approved Emergency Response providers.*
- *Advocate may purchase approved supplemental services and/or approved supplies online for Caregiver.*
- *Advocate may meet SRC or Caregiver at store checkout to pay for approved items.*

Caregivers and SRCs will send in receipts with requests for reimbursement. Advocate requests that Caregivers and SRCs do not to highlight allowable items on their receipt with a highlighter, instead, circle the allowable item. If possible, caregivers and SRCs are asked to keep copies of all receipts and reimbursement forms submitted to the FCSP office.

The Advocate will then attach receipts and documentation as required by finance dept. to green sheet for payment by finance dept.

## **MINOR HOME REPAIR AND SAFETY PROGRAM**

The Minor Home Repair Program was developed to help homeowners sustain their efforts to care for themselves and/ or a relative who reside in the home, by assisting to remove health and safety hazards and to provide nonstructural environmental modifications.

### **A. Considerations for Program Design**

AAA staff developed the following considerations for the design of the Minor Home Repair Program:

- flexible services to meet a specified range of needs of the Seniors in need.
- evaluate and document outcomes;
- allow flexibility for innovation;
- provide for accountability
- ensure the availability and consistent quality of services to grantees

### **B. Elements of Program Design**

The design for the Minor Home Repair Program contains the following elements:

- driven by the needs and values of the residents of the home over the age of 60;
- offers consumer choice
- promotes flexibility of services;
- is cost effective;
- builds upon the strength of families and communities by empowerment.
- enhances and does not supplant existing services and resources through collaboration and coordination;
- maintains the AAA mission and vision in that the program is accessible in all communities;
- includes a component for evaluation of outcomes; and
- allows for cost sharing.

C. Program Goals and Outcomes

The desired outcome of the Minor Home Repair Program is to improve the quality of life for persons 60 and older *and* their caregivers by maintaining home safety.

D. Allowable Services

The Minor Home Repair and Safety Program provides services to make homes more handicap accessible and safe so that our seniors can remain in their homes longer, avoiding long term care facilities. The program accomplishes this by focusing its efforts on the following categories and items:

Ingress/Egress

- Wheelchair ramps
- Stairs
- Hand-rails
- Widening of doorways for wheelchair access

Bathroom Safety

- Handicapped toilet
- Transfer bench
- Bathroom grab bars

Extreme Temperature Safety

- Purchase HVAC repair parts up to \$500
- OR Purchase emergency stand-alone units up to \$500 (i.e. window units)

Hazardous Environment Issues

- Insect infestation removal (3 month interval)
- Septic Tank drain field repairs/replacement (fume issues)

In carrying out the Minor Home Repair Program, and to expand the provision of the available services described, the AAA shall work in coordination with organizations that have experience in providing a labor force and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National Community Service) in community service settings, Economic Opportunity Commission, United Way, etc..

E. Conditions for Program Eligibility

All applicants must:

- be age 60 or older.
- be named on the deed, title or tax notice as the homeowner **or** submit a notarized affidavit indicating living rights in the home.
- attest that they are not involved in a purchase or sale agreement related to the said home.
- provide accurate and complete information including legal name, address, and telephone number, and date of birth.

Additionally:

- Supplies requested must meet an immediate health and safety need.
- The Minor Home repair and Safety Program does not address major mechanical and structural repairs such as roofing, electrical, plumbing, or foundations. Applicants will be referred to alternative resources in these cases.
- Homes that apply for cosmetic purposes will not be considered, Applicants will be referred to alternative resources.

#### F. AAA Responsibilities

The AAA has overall responsibility for ensuring the proper expenditure of Program funds and for the continuing development of the service delivery system that is responsive to at-risk homeowners/residents. To oversee and support the development of the Program, the AAA established the protocol of immediate response for evident and documentable health and safety risks.

#### G. Partnership Development

The AAA intends to coordinate their activities with those of other community agencies and voluntary organizations providing services corresponding to those in Paragraph D of this section. The AAA shall identify and build upon existing resources and activities within the region and working relationships with those entities that are essential to carrying out the regional Minor Home Repair and Safety Program. These interagency agreements should ensure that existing services are accessed first to assure that the Program is not supplanting existing resources.

#### H. Record Keeping

Record keeping and data reporting is important for accountability, evaluation and future program development. The AAA staff works with the state required systems for data collection and reporting to help document achievements of this program. Documentation will cover the following program components:

- expenditures for the four county service area
- contact and intake data; and
- document progress with before and after pictures of projects
- units and people served in each service area

### **LONG-TERM CARE OMBUDSMAN PROGRAM**

#### A. Purpose

The Long-Term Care Ombudsman Program seeks to improve the quality of life and quality of care for residents of long-term care facilities through advocacy for residents and through the promotion of family and community involvement.

#### B. Authorization

The Long-Term Care Ombudsman Program administered by AAA/ADRC is authorized under the federal Older American's Act of 1965, as amended; the South Carolina Ombudsman Act (Investigation of Health Facilities by Ombudsman), Chapter 38; and the South Carolina Omnibus Adult Protection Act, Chapter 35, to protect the health, safety, welfare and rights of residents.

#### C. Authority of the Ombudsman

The Ombudsman Program is "authorized" to

1. investigate or cause to be investigated reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in facilities or
2. investigate any problem or complaint.

#### D. Confidentiality

Files maintained by the Long Term Care Ombudsman Program may only be released at the discretion of the State Long Term Care Ombudsman. Requests for release should be forwarded to that office. Requests from other state agencies will normally be granted in order to facilitate their investigation and their cooperation with the Ombudsman investigations. Complaints or resident information may only be released with the written consent of the resident or the legal representative, or by court order, unless the request is from a state agency which already has statutory authority.

#### E. Qualifications

A Long-Care Ombudsman employed by the Lowcountry AAA must have a Bachelor's Degree in Social Work, Nursing, or related field with two or more years experiences in long term care. Additional experience may be substituted for the educational requirements. Ombudsmen must be a certified by the State Long-Term Care Ombudsman in order to perform all functions of the program.

#### F. AAA Responsibilities

1. The AAA/ADRC will administer the contract for the regional LTCOP in Beaufort, Colleton, Hampton and Jasper Counties. In addition, the AAA/ADRC will provide oversight to include fiscal and programmatic monitoring of the RLTCOP in order to assess adequate provision of LTCO services pursuant to the Ombudsman Annual Plan, will adhere to the scope of work requirements for the RLTCOP, will monitor regional LTCOP attainment of its goals and objectives as stated in the Area Plan, and will assist in the operation of the RLTCOP.
2. The AAA/ADRC will provide opportunities for the RLTCOP and other aging and social service organizations to collaborate to promote the health, safety, welfare and rights of residents.
3. The AAA/ADRC will assure that RLTCOP data is provided to the office of the State Long-Term Care Ombudsman in the required format in a timely manner.
4. The AAA/ADRC will prohibit inappropriate disclosure of the identity of any complainant or resident with respect to LTCO files or records.
5. The AAA/ADRC will assist in developing a transition plan to minimize disruption in LTCO services to residents of the Lowcountry Region in the event the AAA/ADRC contract is terminated by either party.



6. The AAA/ADRC will perform each of its responsibilities in administering the RLTCOP in accordance with all applicable federal and state law, regulations, and policies.

#### G. Long-Term Care Ombudsman Responsibilities

Long-Term Care Ombudsmen are responsible for:

1. providing services to protect the health, safety, welfare and rights of residents in accordance with the provisions of the federal and state laws governing the LTCOP,
2. documenting LTCO activities and case work as required by the SLTCOP,
3. adhering to the Ombudsman Code of Ethics,
4. prohibiting inappropriate access to LTCO records in the possession of the RLTCOP,
5. carrying out either duties that the LTCO and AAA/ADRC deem appropriate, and
6. performing each responsibility in accordance with all applicable federal and state law, regulations, and policies.

#### H. Conflicts of Interest

The AAA/ADRC and the individuals who carry out the duties of the LTCOP must be free from conflicts of interest. A conflict of interest exists when other interests intrude upon, interfere with, or threaten to negate the ability of the LTCO to advocate without compromise on behalf of long-term care facility residents. LTCO must:

- not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service,
- not have an ownership or investment interest in a long-term care facility or a long-term care service,
- not be employed by, or participating in the management of a long-term care facility,
- not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility.

### **INFORMATION, REFERRAL AND ASSISTANCE**

The AAA/ADRC will provide services to individuals seeking information, referral and assistance in order to link them to the appropriate services and to follow-up in order to determine if referrals were adequate.

The regional family caregiver advocate and resource coordinators, housed at the AAA/ADRC, will provide back-up support to the Information Referral and Assistance Specialist. It is the policy of the AAA/ADRC that all information, referral and assistance calls (with the exception of emergency calls) will be returned within 24 hours.

- A. Emergency Calls -
  1. All emergency calls will be referred to the appropriate source immediately.
  2. The Information, Referral and Assistance Specialist will maintain a complete, accurate, and current directory of emergency assistance

providers, programs, and services in order to provide effective and efficient service to the caller(s) in need.

3. The Information, Referral, and Assistance Specialist or Family Caregiver Advocate will document emergency calls in SC Access and will verbally notify the director.
4. Follow-up will be provided to callers in all emergency situations. If the Information, Referral, and Assistance Specialist believes that the inquirer does not have the ability to follow through and resolve their problems, follow-up will also be conducted.

**B. Supervisor's Review**

1. The AAA/ADRC director will provide on-going monitoring of the Information, Referral, and Assistance program. On a monthly basis, the director will review SC Access.
2. The director will randomly follow-up with individuals requesting IR&A services. The follow-up will be documented on an internal follow-up form to assess participant satisfaction.
3. In addition, the AAA/ADRC annually participates in the a administration on Aging Performance Outcomes Measurements Project in order to assess participant satisfaction.

**LEGAL ASSISTANCE SERVICES**

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

**PURPOSE**

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

**ELIGIBILITY**

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

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

**CASE PRIORITIES**

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

- |                  |             |
|------------------|-------------|
| • Income         | • Nutrition |
| • Healthcare     | • Housing   |
| • Long-term care | • Utilities |

- Protective Services
- Defense of Guardianship
- Abuse
- Neglect
- Age discrimination

#### SERVICE ACTIVITIES

Legal Assistance activities may include:

- intake, outreach and interview;
- action plan development;
- legal research of relevant laws, regulations and pertinent data;
- legal advice and counseling;
- drafting of simple legal documents;
- participant representation in court and in hearings;
- preparation and presentation of legal concerns to elderly groups and individuals;
- referrals to state approved provider, SC Legal Services.