

# Lowcountry AAA

Area Plan 2017-2021

April 7, 2017

Lowcountry Council of Governments  
Hank Amundson



**Lowcountry**  
COUNCIL OF GOVERNMENTS

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# VERIFICATION OF INTENT

## Verification of Intent

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

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


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


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

### *Lowcountry – Region X*

\_\_\_\_\_  
Area Agency on Aging

  
\_\_\_\_\_  
Planning Service Area Director

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Area Agency on Aging Director

  
\_\_\_\_\_  
Date



## PURPOSE OF THE AREA PLAN

Under the Older Americans Act of 1965, as amended, each Area Agency on Aging is charged with the responsibility of preparing an Area Plan to foster the development of a comprehensive, coordinated service system to meet the needs of older persons and adults with disabilities in the planning and service area. The development of the Plan helps to establish the AAA/ADRC as the focal point for services and resources in each planning and service area.

The Area Plan has two principal purposes. **First**, the Area Plan serves as a document describing the strategic objectives to be undertaken by the AAA/ADRC on behalf of older persons, adults with disabilities, and their caregivers during the Plan years. The Plan also sets forth the manner in which the AAA/ADRC proposes to carry out certain functions which support implementation of the Area Agency's programs and which are mandated by the Older Americans Act, and its regulations. The **second** purpose of the plan is to represent a formal commitment made to the State Unit on Aging as to how the AAA/ADRC intends to carry out its administrative responsibilities and to utilize Federal and State funds made available through the State Agency.

The Area Plan represents a commitment by the AAA/ADRC to its role as the planner-catalyst-advocate for programs for older persons and adults with disabilities in each planning and service area. The AAA/ADRC and the programs it sponsors under the Area Plan, together with other public and private funds, providers of services for older persons, and the Lt. Governor's Office on Aging form the comprehensive, coordinated service system called for under the Older Americans Act.

The Area Plan is a tool through which the concept of advocacy for older persons and adults with disabilities is crystallized for those individuals and organizations that participate in plan development and implementation. It is also a mechanism through which coordinating and cooperative relationships may be initiated and structured with other agencies and organizations in the planning and service area. Through the development and implementation of the Area Plan, a mutuality of interest occurs among advocates on behalf of older persons.

The goals for the 2017-2021 Area Plan are: to have a succinct but complete picture of the major initiatives which the Area Agency on Aging intends to implement from July 1, 2017, through June 30, 2021; to have an area wide view of service delivery systems and program development objectives; and to have reliable information, presented in a uniform format, that is easily referenced and usable for policy development.

As put forth in the previous Area Plan, there is recognition of the need for growth. In recent years, new service strategies and efficiencies has been enacted to help this happen. With projected growth of the older population, more home and community based services will continue to be a need in order to enable older adults to maintain maximum independence and remain a vital part of their communities. It is anticipated that as the "silver tsunami" continues to retire and require services, even more new service and outreach strategies must be developed. This includes innovative programs, service delivery options, and better ways of collaborating with other agencies and partners.

The Lowcountry Area Agency on Aging & Disability Resource Center has demonstrated a willingness to try new approaches and will continue to do so in an effort to address the challenges of meeting the needs of more and different seniors, adults with disabilities and their caregivers in the Lowcountry Region.



## EXECUTIVE SUMMARY

The Lowcountry Council of Governments Area Agency on Aging, over the past 3 years, has made significant strides to more efficiently and effectively serve the Aging population of the Lowcountry Region of Beaufort, Colleton, Hampton and Jasper Counties. These improvements are attributable to a blend of a Person Centered Approach along with a “*No Wrong Door*” Model powered by staff training, communication, education and outreach with other agencies in the region and the cornerstone of our operation, which is our building and improving of a region-wide comprehensive, person-centered Assessment system. This Assessment system helps to not only better identify the holistic needs of those assessed, but as a result of this, we now have a uniform method of reviewing the needs of those assessed.

This now proven system has been effective in driving the growth of our Core Programs, as well as improving our ability to provide “wrap-around” services with other agencies. Additionally, it has improved our Information & Referral/ Assistance program in that we now have the opportunity to directly interface with seniors and make more referrals to serve the senior holistically.

The Lowcountry Area Agency on Aging, over the next four years, plans to grow the number of eligible individuals and families contacted and served as we know the population is growing, as is the need within this population. Through our analysis of GIS data and better community outreach, and leveraging of outside funds, we plan to be able to not only serve more individuals, but to serve them with more services as determined through our ever-improving Assessment Program.

The AAA faces some distinct challenges in moving forward with this plan. These challenges include: 1. the limited capacity of current contracted providers, 2. the limited number of potential contracted providers with which to drive competition, and 3. difficulty outreaching to the remote rural areas due to this limited capacity and limited media options in these regions. In this plan we are putting forth goals to help address these issues.

The Mission & Vision of the Lowcountry Area Agency on Aging is clearly stated in its Policies & Procedures Manual.

### **Mission**

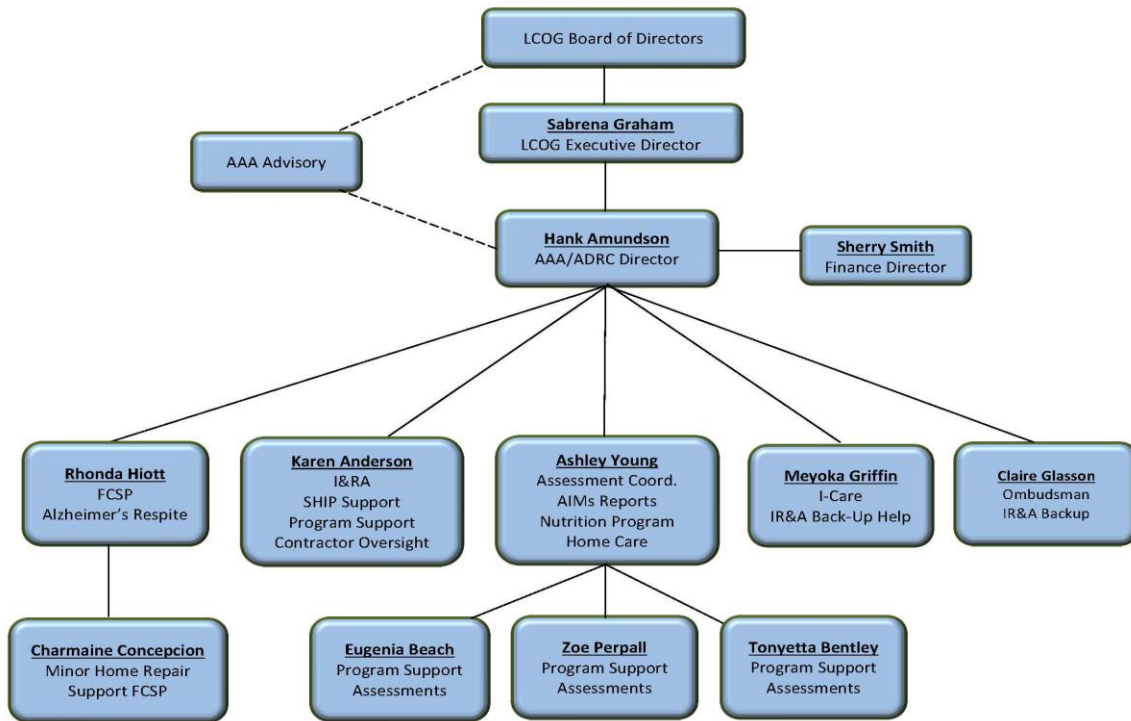
The Lowcountry Council of Governments Area Agency on Aging is the regional lead agency for advocating, planning, coordinating and developing resources to help localities provide a comprehensive range of social and health-related services for older individuals in a statewide aging network whose mission is to promote a positive experience of aging for older individuals and their families

### **Vision**

The Lowcountry Council of Governments Area Agency on Aging vision is the creation of a comprehensive and accessible system in providing information, education and services to improve the lives of the elderly and disabled adult in the Lowcountry and to ensure that those most in need have access to this system.

The organizational structure of the AAA is set up to best serve clients in the region.

Please see how we are organizationally set up in this Organizational Chart:



The Lowcountry Council of Governments (LCOG) Board of Directors determines the operation and administration of the Area Agency on Aging as well as the other activities and programs of the LCOG. These activities include Community and Economic Development, Planning and the Workforce Innovation and Opportunity Act (WIOA) Program. The LCOG Board of Directors recognizes the Area Agency on Aging Advisory Committee's role in assisting in the oversight and providing recommendations for the administration of the Area Agency on Aging Plan as guidelines are provided by the S.C. Lt. Governor's Office on Aging. The LCOG Board appoints a Board member to be Chair of the Advisory Council. Together with the AAA Director, this Board member helps to communicate and bring recommendations back to the LCOG Board for approval and/or assistance.

The Area Agency on Aging and Disability Resource Center is managed by the AAA Director who reports to the LCOG Executive Director. The AAA Director advises the Executive Director, the Advisory Committee and the LCOG Board of Directors on aging-related issues. The AAA/ADRC receives administrative and fiscal management services from the LCOG. Because the AAA/ADRC is part of a regional agency providing diverse services to four counties (Beaufort, Colleton, Hampton and Jasper), the AAA/ADRC capabilities are enhanced and extended through coordination efforts and assistance from other departments of the LCOG. Planning and GIS Department helps with demographic and mapping information; Community and Economic Development Department provides information regarding housing and community development projects of interest to the elderly and disabled population. The AAA/ADRC is also involved in the transportation coordination efforts of the Planning Department and the Planning Department assists the AAA/ADRC in identifying needs and opportunities.

## **Staff Experience and Qualifications**

The Area Agency on Aging staff includes:

1. Hank Amundson - Area Agency on Aging Director
2. Sherry Smith - Finance Director for the Lowcountry Council of Governments
3. Karen Anderson
4. Ashley Young
5. Claire Glasson
6. Rhonda Hiott
7. Meyoka Griffin
8. Eugenia Beach
9. Charmaine Concepcion
10. Zoe Perpall

As an AAA/ADRC all staff is cross trained to be able to assist in all programs and services. This cross training ranges from database training, to core principles of programs, to I-CARE and AIRS certification.

## **Regional Aging Advisory Committee**

The Bylaws of the Lowcountry Council of Governments AAA Advisory Committee By-Laws reflect the current status of the agency as an Aging and Disability Resource Center.

Members of the committee are appointed by the Lowcountry Council of Governments Board of Directors based upon the recommendations of the Committee. Members are recruited from the community as well as other provider agencies such as Social Security and the Veterans Affairs Office. Members are allowed to serve three years with the ability to serve a second consecutive term.

The purpose of the Committee is to act in an advisory capacity to the Board of Directors on all matters relating to the development of plans, programs, and services for the targeted population. All of the committee members are involved either formally or informally in programs and services in the communities that they represent and bring attention to the committee on those concerns they see present in their communities and how they can be addressed through the plan. Some are with service provider agencies representing health services, the disabled population, and the elderly and will often make referrals to this agency. Some are seniors who participate in the group dining program. These seniors will bring back concerns and suggestions regarding the menus and activities. The members are encouraged to do outreach into their communities promoting the programs and services of the AAA/ADRC.

## **Comprehensive Person-Centered Assessment Program Details**

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.

Since AAA/ADRC staff is responsible for the assessments and reassessments, staff can ensure that particular attention will be made to low-income older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and eligible individuals, as defined in the Older Americans Act.

Clients will be assessed and reassessed to address the needs of the clients not just the need for a particular program. Referrals will be made to service providers in the region. Clients will also be assessed for eligibility for a private pay service or cost share program if state or local funding is available.

- 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 1 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 when dealing with Home Repair/Safety 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.*



## **PLANNING IN THE REGION AND OUR TEN YEAR FORECAST**

Region X has certainly witnessed an influx of seniors, but we have also noted an increase of Supportive Services in the region. As all Human Service agencies braced for the Baby-Boomers, the private sector in our region did as well, but it did so as the private sector does, near to those who have financial resources. This has provided two worlds in which we must operate. The small-urban, high income retirement world and the rural, isolated, and low to moderate income surrounding world. The AAA plans to continue to bridge the services needs for seniors, as well as measure Service Gaps to determine need for implementation of programs. The small-urban areas of Beaufort County continue to show the highest increase in the senior population and would benefit from a multi-purpose center that could serve as a venue for safe socialization and as a focal point to gain aging network education. The rural world will require more innovative thinking and resource optimization.

We know that, as the population ages, seniors and caregivers will demand more services and resources to aid the senior to age in place and provide assistance and relief for the caregiver. We hope to take a lead in addressing this need with an increase in the Home and Community Based Services participant base. Being that the Title III funding stream would be the primary funding source and any unforeseen reductions in funding would be detrimental to this cause, it is imperative that the AAA/ADRC look for alternative funding such as private pay sources and cost share opportunities offered through state funded programs and other grants.

An older and frailer population requires additional medical attention and access to medical facilities (physical and mental) has always been especially difficult for those seniors who reside in rural areas because of transportation issues. While Private transportation is available in all of Region X, it remains unaffordable for most, especially those farther from medical centers. The Fixed Route transportation available in Beaufort County is not replicated in the other areas of the region for a couple of reasons. 1. It is easier to make a transportation system work in more densely populated areas, and (2) it is financially easier when you have more riders able to pay full fare. We are constantly looking at ways to grow transportation resources in the greater region. An all-of-the-above approach needs to be pursued in the transportation world. This means expanding current systems, volunteer assisted rides programs, seeking private and blended funding to fill holes between Medicaid and full-fare travel, and seeking new transportation providers. Medicaid transportation is available for those on Medicaid it is difficult for the frail elderly due to scheduling issues and the distance to travel to a medical facility. A more individualized medical transportation program has rated as a top 5 need for Region X for 10+ years, therefore the AAA has attempted to meet this need with a Non-Emergency Medical Transportation Program that will assist elderly adults to remain in their homes and communities.

The Lowcountry AAA has a good working relationship with the workforce development operations in the region. We communicate the need for services staff and even new businesses in the areas of Human Services provision. This is demonstrated by the regional workforce board's adoption of health care and transportation as focus clusters in training our workforce of the future. Our ten year forecast also shows a need for more and more efficient Information & Referral services. Our Comprehensive, Person-Centered Assessment program will continue to produce more quality referrals and strengthen working relationships between the AAA and local providers and Care Coordinators. The efforts of the recent years have also fostered better relationships with the Emergency Preparedness Community. The AAA is now welcome in room for planning and coordinating on the front-end, as well as in the aftermath period due to the AAA showing value in recent events. This will continue and grow even stronger moving

forward as we see the increased risk for greater storm and event loss in the next ten years, which will generate a greater need for support.

Affordable Housing is most surely an issue in the region. This will continue into the next decade. There are more active Housing Authorities and development interest recently, but the AAA and Council of Governments must keep this need in the forefront of the network's mind moving forward. Even seniors who had resources at one time, may need this more dense and affordable option later in life, but the development must happen long before this step. And for those with lesser resources, we see an issue of credit score requirements and prior credit history hurting their ability to take advantage of the resources they need later in life.

In summary, we do see growth in senior population, but also a changing of their needs and new opportunities to serve them in innovative ways through working with partners, thinking outside the box, and leveraging resources in order to serve the two worlds we are faced with.

## **CONTEXT FOR THE PLAN**

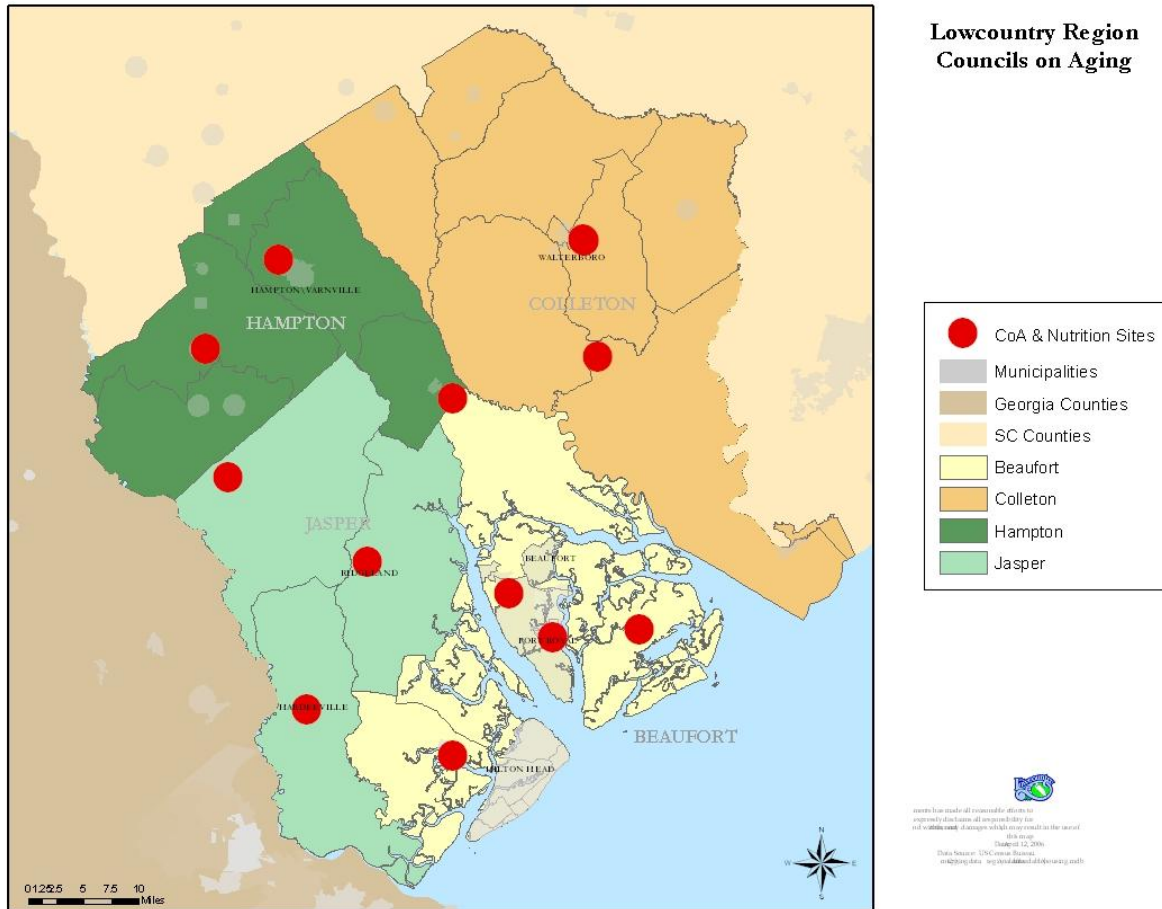
Though the state's AAAs have not conducted the formal statewide needs assessment of the past, we in the Lowcountry continuously measure the needs, met and unmet, of seniors and disabled individuals almost daily via the activities of our Assessment Program and high-functioning I&RA program. We additionally conduct periodic surveys in the region, regular interface with partner agencies in our 'lunch and learn' and Senior 101 activities, as well as our quarterly RAAAAC meetings. Public input is solicited for RFP publications, the Area Plan, Plan updates, and Plan amendments. This input is solicited through our website and in person, advertised both online and in print.

Our findings have shown and continue to show a growing need for:

- Nutritional Support
  - Home Delivered and Congregate
- Poor/Unsafe Housing Conditions
  - Big Infestation
  - Home Safety Modification Needs
  - Supportive Services in the Home (Home and Personal Care)
- Caregiver Support
  - Respite
- Transportation Needs
  - Basic Needs
  - Non-Emergency Medical
  - Access to Services

Our Goals and Objectives will focus on how we can better perform as an Area Agency on Aging in order to serve or facilitate the service of these needs moving forward.

## OVERVIEW OF THE PLANNING AND SERVICE AREA REGION



The Lowcountry Region is comprised of four counties; Beaufort, Colleton, Hampton and Jasper Counties. It is about 2867 in square miles. **Colleton, Hampton and Jasper Counties are considered entirely rural.** Parts of Beaufort County more specifically the Hilton Head/Bluffton areas are considered urban. Beaufort County has one of the fastest growing 60 and over population in this state. The total population for Beaufort County is twice that of the other counties in this region combined. We currently purchase services for the entire region and provide assistance to all of the targeted populations in the region.

According to the 2013 Census Block ACS the total 60+ populations for each of the counties in the region is as follows:

Beaufort – 48,420  
Colleton – 9,040  
Hampton – 4,375  
Jasper – 4,423

The agency serves more than 2000 seniors in these programs: group dining meals, transportation, home delivered meals, home care, family caregiver, minor home repair/safety, and legal services. In the areas of health insurance counseling and information referral and assistance, we have grown to be one of the leading areas in the state.

## GOALS FOR UPCOMING PLAN PERIOD 2018-2021

The Lowcountry AAA's goals for the upcoming four years are driven by the over-riding principle of finding new and better ways to serve Seniors and Disabled Adults in the region. In order to better serve, "we" must be willing to change. This includes AAA staff, Contractors, Partners, and even the participants we serve. We have changed many small things in recent years, but big changes will require effort, ideas, and willingness.

Our goals for the upcoming 4 years are the following:

- GOAL 1 *Improve services delivered through innovation, support, outreach, and education for the purpose of increasing both the number of individuals served and the quality of the services.*
- GOAL 2 *Make strides towards providing more service options to older adults and disabled individuals in the region, driving new service model ideas and therefore finding new ways to serve the New Senior of Tomorrow.*
- GOAL 3 *Continue to deliver existing services at a high level in compliance with OAA and LGOA policy and guidance and policy.*

The following section breaks each goal into objectives, performance measures, strategies and action steps in order to provide a roadmap with both guideposts and intermediate measuring points to ensure progress or the indication of the necessity for plan change.

### **GOAL #1 Improve Service Delivery**

*Improve services delivered through innovation, support, outreach, and education for the purpose of increasing both the number of individuals served and the quality of the services.*

#### **Objective 1.1: Improve Regional Nutrition Program with Existing Providers**

We are currently exploring creative Nutrition Education activities as well as alternate Health and Wellness programs that will entice Seniors to participate in the Nutrition Programs offered by the current providers. These efforts encompass Regional Contractor training with heavy local level support, and a more aggressive marketing approach to ensure a positive outcome.

#### **Performance Measures.**

Ideally considering the actions taken, we should note an increase in *New* participants and more interest from current participants. We will measure these efforts by reviewing data at each semi FY mark to determine if alternate actions should be taken. Our goal is an increase of 5% to start as we are fighting out of a hole created by a stumbled caterer transition.

#### **Strategies and Action Steps**

1. The AAA will experience an increase in Eligibility Screenings due to higher call volume, following a marketing sweep across the Region, accompanied with an increased level of local presentations to promote AAA in-house programs that will in turn bring attention to the local provider services.
  - a) The AAA will advertise as a Regional entity in local media once per quarter. This will eventually portray the AAA as an identified resource to local communities.

- b) The AAA Program Managers will schedule events in the communities that are indicated on the service coverage map as true underserved areas. Using *word-of-mouth* as a media vessel, this will help build community rapport.
- c) The AAA will reach out to the Medical Network to build a stronger working relationship. This will result in the AAA to be recognized as a focal point of the Aging Network in Region 10; and to bridge the gap in services that the discharge planners are charged with avoiding.
- d) The AAA will participate more actively in local Human Service coalitions. Being at the table with other service providers should solidify the premise of pushing Lowcountry AAA to the fore front of being recognized as a focal point across all service sectors.
- e) The AAA will approach civic organizations at the county level to expose the AAA service and partnership opportunities.

**Objective 1.2: Improve The Regional Insurance Counseling & Referral for Elders (ICARE) Program.**

**Performance Measures**

We have seen significant growth in the last year, so to keep that at the same pace may not be sustainable, but with increased and varied outreach, we aim to increase by 5%.

**Strategies and Action Steps**

- a) The ICARE program suffered setbacks in collaboration and partnerships during the shift in staffing at the AAA. The current ICARE Coordinator plans to continue to rekindle those existing relationships as well as develop new productive relationships with as many local service providers that are receptive to the AAA presence. This effort should result in an increase of referrals to the ICARE program.
- b) The ICARE program will reach out to the local Disability and Special Needs Boards as well SSA work incentive programs as an additional means to reach the LIS and MSP population. The recordable number of LIS and MSP should increase.
- c) The ICARE Program will participate in each Senior 101 to address any changes in Medicare or upcoming events. This type of outreach event should offer new Medicare beneficiaries the opportunity to meet their local ICARE Coordinator.
- d) The ICARE Program will seek partners and/or host sites to offer local community education events that focus on the Preventative Benefits offered by Medicare. The additional education opportunity should help reiterate personal responsibility in use and monitoring of personal benefits.
- e) The ICARE/SMP program will work closely with the I&R/A Program and the ACCESS Network to bring a Money Smart Program to local communities. The program will address Fraud Preventions. These dates are training currently pending and the event will be recorded in the current FY. If the information is accepted and deemed as useful by survey, following one round of events (1 event in each county), the AAA will continue this effort across the region.
- f) The ICARE program will increase efforts to enhance the SMP program. Media coverage and local presentations in retirement communities will bring awareness to the need of SMP Volunteers. The volunteer network will be utilized to assist with local events such as health fairs, expos and public speaking events. An increase in “*hands on deck*” should help ensure a lower rate of Fraud and Abuse reported to Medicare for Region 10 of SC.

## **Objective 1.3: Improve The Elder Justice System at the AAA**

### **(1) The Long Term Care Ombudsman Program**

#### **Strategies and Action Steps**

The proven method of increasing community rapport of Ombudsman services is an open line of communication with Skilled Nursing Facilities (SNF) and Assisted Living Facilities (ALF) staff and residents.

- a) The Regional Ombudsman will continue to visit the licensed facilities of Region 10 as unannounced visits, upon request of a resident and when invited to care plan meetings.
- b) The Regional Ombudsman will work closely with The ICARE program and the I&R/A program to stay abreast of notable information to share with residents of the facilities.
- c) The Regional Ombudsman will reach out to Civic organizations in search of Volunteers for the Friendly Visitor Program.
- d) The Regional Ombudsman Program will continue to offer Legal Assistance to residents of facilities that are experiencing legal concerns. The Legal Developer will submit payment invoices to the AAA. No other identifying information is kept on file at the AAA in regards to Legal Assistance for the respective resident.

### **(2) The Legal Assistance Program**

#### **Strategies and Action Steps**

The Legal Assistance Program has experienced a significant increase in the number of participants as compared to the former plan period. This increase is due in-large to the change in Service providers. The AAA offered a Plan of Correction to LGOA in 2014 to indicate compliance in working with the states Legal Developer. The Legal Developer offers a lower rate and a reduced wait time for service.

- a) The AAA will continue to utilize the Assessment team to capture candidates for the Legal Assistance Program. The interview practice used by the assessment team is suitable to capture candidates for the Legal Assistance program for further review and/ or directly to the Legal Developer.
- b) The AAA has an excellent working relationship with the Legal Developer and works in coordination to use the “No Wrong Door” approach. The AAA makes direct referrals to the Attorney services for those that do and do not qualify for the AAA Legal Assistance Program. The AAA also receives referrals of those who approach the Legal Developer by indirect referral and are then sent to the AAA for consideration of payment any fees associated with the case.
- c) The Legal Assistance Program will continue be marketed at all AAA events. This should bring awareness to local aging residents.
- d) The Legal Assistance Program staff will continue to approach Probate and Family Court members to educate staff of the program. This again, will also allow for an increase in both direct and indirect referrals to the Legal Developer and in turn the Legal Assistance Program.

## **Objective 1.4: Improve The Home and Community Based Services Programs at the AAA**

### **Strategies and Action Steps**

#### **(1) Home Care**

- a) Current Homecare services are currently secured under formal working relationships supported by a MOU's and are each offering different unit cost rates. An internal effort to bring uniformity to the program is slated for FY 2018. The AAA plans to offer a fair contracted rate to all current providers and offer a public RFP to any potential providers of Home Care services in Region 10. The fair rate should secure several service providers to allow continuance of a Consumer Choice system.
- b) The Home Care service program has developed a means to avoid duplicating service in homes served by other providers. The program is building strong working relationships with CLTC, Hospice and Home Health organizations to collaborate needed services and offer families a stronger network of support. We will continue this effort of reaching out to the providers and offer AAA in-service for staff development.

**Performance Measures** – Increase the number of participants and hours served by 6%.

#### **(2) Minor Home Safety (MHR)**

- a) The Minor Home Safety program has experienced an increase in participation due to the one-on-one in home assessment activity. In an effort to grow the program even more the AAA will focus attention on enhancing relationships with local and national civic organizations to collaborate resources and serve more safety needs in the area of Long Term Care planning needs to support the AAA mission of promoting *Safely Aging in Place*. The program will depend on the overall relationship building with local Hospital discharge planners to serve emergency needs of the region and support safe discharge practices.

**Performance Measures** – Increase the number of homes improved by 5%.

#### **(3) Non Emergency Medical Transportation (NEM)**

- a) The Non Emergency Medical Transportation pilot program was developed as a Service Gap program for Region 10 following review of several years of unmet needs data. The NEM pilot program was initially introduced to a formal Discharge program of a local Government Hospital, in 1 county of Region 10. The program is now in the growing stages to offer widespread opportunity to other Hospital discharge programs in the Region. Promotion of this program will offer sustenance to the to the aging network that supports the “patient” to maintain independence and avoid a readmission to the Hospital.

**Performance Measures** – Our goal is to truly get this off the ground and that will be defined by a minimum of 10 referrals.

## **Objective 1.4: Regional Family Caregiver Support Program (FCSP)**

### **Strategies and Action Steps**

The Family Caregiver Support Program, like all other AAA programs, has streamlined the enrollment process without jeopardizing the eligibility or quality of service. The model implemented in the current plan period will continue for the Area Plan 2017-2021 period. The current practice of relieving the Care Giver stress of completing a paper application process, supported by a face to face assessment of all Title III funded Care Receivers has proven to be

both efficient and effective in preventing fraud and more comprehensively supporting families by supplementing other local resources.

**Performance Measures** – Higher expenditure level versus obligations and providing more services to Care Receiver.

### **Objective 1.5: Continue growth in Regional Information & Referral/ Assistance Program**

#### **Strategies and Action Steps**

Responsiveness to marketing efforts has always posed as a weak area that the Lowcountry AAA/ADRC continues to address. The goal for the next four years is to improve upon current marketing efforts. These efforts will include increased advertising, participation in more community events, approaching more Human Service organizations as an effort to revisit AAA in-service offers and to host more Human Service entities, as an effort to increase staff knowledge of local resources.

**Performance Measures** – We have experienced a large jump this year as we continue to cross train staff and assessments grow. Our goal for the next period is a 10% growth target.

### **Objective 1.6: Seek additional funding: Support fund leveraging; And pilot programs**

*Seek additional funding to support fund leveraging, and pilot programs to demonstrate needs/success.* The AAA will continue to explore private grant opportunities as well as additional local, state, or federal funding sources that meet the both the Mission and Vision of the AAA. New funding sources will be sought that either: can be leveraged to further current Title III activities or offer adaptability and foster innovation in the hopes of expansion of overall services.

#### **Performance Measure**

One new funding source identified and successfully put into place. (i.e SCDOT 5310)

### **GOAL #2 Service Model**

*Make strides towards providing more service options to older adults and disabled individuals in the region, driving new service model ideas and therefore finding new ways to serve the New Senior of Tomorrow.*

### **Objective 2.1: Push existing providers to innovate the ways they serve our participants**

#### **Strategies and Action Steps**

The current contracted providers have acclimated to the new role of Contractor as opposed to Sub-Grantee. The shift in status imposed unfamiliar milestones that took most of the current Plan period to overcome. To date the contracted providers are moving in a direction to base their foundations without implied support of the AAA. The AAA has offered and will continue to offer Technical assistance and support of the new business model that the providers must actively pursue. The model will promote new programs, new marketing and new approaches to servicing the “Senior of Tomorrow” which will in turn foster continuity of a of aging services in local communities. The AAA stance has been steadfast in promoting preparation for the new wave of seniors to come and will continue to support the current contractor while searching the market for potential providers.



**Performance Measures** - An increase in participation will be realized. New programs will be implemented by providers.

**Objective 2.2: Foster Competition and more potential providers in next procurement.**

**Strategies and Action Steps**

Communicate with local governments, business incubators, Small Business Development Centers, and Chambers of Commerce to educate them on the benefits of communicating the business potential in bidding/providing our services to the businesses they serve.

**Performance Measure**

Solicit one new bidding entity in next cycle.

**Objective 2.3: Improve on existing Consumer Choice Programs**

**Strategies and Action Steps**

We will continue to grow our Home Care and Home Safety Programs that currently operate with the Consumer Choice model. Goals will include the adding of participating contractors and therefore competition to drive better overall service.

**Performance Measures**

We will gauge success on whether or not additional contractors are added.

**Objective 2.4: Research options and plan to convert more programs to Consumer Choice.**

**Performance Measures**

Identify at least one program and begin the process of change.

**Objective 2.5: Work with LGOA to encourage business friendly policies.**

*Work with LGOA to encourage a business friendly policies/bid specs to entice more competition in the provider marketplace.*

Being as though the AAA is charged with recognizing and attempting to fulfill Service Gaps; the AAA is willing to approach LGOA in search/support of new and innovative programming ideas. The practice of evaluating Regional data in an effort to deduce unmet needs will continue to be the driving force of any questions, concerns and program models, in meeting Home and Community Based service needs. The Lowcountry AAA understands that regulation and guidance from funding sources are always going to be present, but in-turn the AAA expects to be permitted to be innovative in service evolution.

**GOAL #3 Quality Services**

*Continue to deliver existing services at a high level in compliance with OAA and LGOA policy and guidance.*

**Objective 3.1: Educate Providers & Staff**

**Strategies and Action Steps**

The AAA currently offers annual provider training, update training and staff development in-service. We will continue this practice of re-enforcing funding requirements and quality assurances. During the new plan period, we will shift into an old practice of offering new and innovative program models that the AAA has been exposed to. This practice was well received

in the past and the providers showed a strong interest in remodeling local sites and redeveloping marketing practices. The oversight became lenient and the practices fell to the wayside. The stronger emphasis on quality of service will be supported by periodic recordable surveys and reported to the Director of the local contractor.

**Performance Measures** – The AAA will hold at least quarterly meetings with Providers to grow understanding and capacity.

### **Objective 3.2: Provide Oversight**

#### **Strategies and Action Steps**

The AAA conducts formal oversight (monitoring) activities annually. Additionally, the AAA operates on an open door policy to internal AAA program managers as well as contracted providers. This method of oversight allows for a level of ease in the expected protocols of program management. In the event that an issue or concern arises at the AAA level, an independent review will be performed, if applicable.

**Performance Measures** – Oversight will be conducted in accordance with policy.

## **QUALITY MANAGEMENT**

It is the practice of the AAA Director and staff to, on a monthly basis, measure activities versus budget for the purpose of remaining fully aware of operational issues. The results range from successful programs that need to be continued, to the programs that may be lagging behind and require actions to stimulate or correct. This is done in coordination with the Finance Director's reports that monitor each funding stream and corresponding program. We have percentage targets for each month and these reports are reviewed in detail. Staff meetings and regular contractor communication is in place to ensure that all are informed and on top of their program's status and needs. In the case of a lagging program, either staff or contractors are communicated with to review ongoing practices and discuss options for stimulating or correcting issues.

# **Attachment A: AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES**

*AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES by the Older Americans Act, As Amended in 2006*

## **Attachment A: AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES by the Older Americans Act, As Amended in 2006**

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

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

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

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

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

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

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

(4)(A)(i)(I) provide assurances that the area agency on aging will—  
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;  
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and  
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);  
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—  
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;  
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and  
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and  
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--  
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;  
(II) describe the methods used to satisfy the service needs of such minority older individuals; and  
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).  
(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under

this Act, with special emphasis on--

- (I) older individuals residing in rural areas;
  - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (IV) older individuals with severe disabilities;
  - (V) older individuals with limited English proficiency;
  - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
  - (VII) older individuals at risk for institutional placement; and
- (4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6)(F) Each area agency will:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Sec. 307, STATE PLANS

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

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

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

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

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

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

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

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

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

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

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

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

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

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal

assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

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

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
  - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
  - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

- (i) older individuals residing in rural areas;
- (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and



(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and  
(A) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--  
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;  
(B) are patients in hospitals and are at risk of prolonged institutionalization; or  
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--  
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and  
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access

to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

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

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

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

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

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

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

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

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

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

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

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

- (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
- (i) public education to identify and prevent elder abuse;
  - (ii) receipt of reports of elder abuse;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
  - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
- (i) if all parties to such complaint consent in writing to the release of such information;
  - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
  - (iii) upon court order

#### **Verification of Older Americans Act Assurances**


**By signing this document, the authorized officials commit the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006 (2016). In addition, the AAA provides assurance that it will adhere to all components of the South Carolina Aging Network's Policies and Procedures Manual, the Lieutenant Governor's Office on Aging's (LGOA's) Multigrant Notification of Award Terms and Conditions, and to individual LGOA programmatic policies and procedures.**

#### ***Lowcountry – Region X***

\_\_\_\_\_  
Area Agency on Aging

  
\_\_\_\_\_  
Planning Service Area Director

4/7/17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Area Agency on Aging Director

4-7-17  
\_\_\_\_\_  
Date

## Attachment B: FY 2017 Area Plan Guidance INFORMATION REQUIREMENTS

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

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

### Lowcountry AAA Responds

Please see this citation from the Lowcountry AAA's Policy and Procedure Manual on page 41 in the section titled Resource/Service Coordination:

*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.*

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

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

Describe the AAA’s protocols to deliver group dining and home-delivered meals, transportation, and home care during an emergency. (The AAA shall collaborate with providers to develop an emergency service delivery plan for group dining and home-delivered meals, transportation, and home care. The emergency plan shall also cover general agency operations during periods of crisis, hazardous weather, unscheduled closings, and any other emergency situations.)

### **Lowcountry AAA Responds**

Please see the attached Emergency Plan, submitted to LGOA most recently on December 12, 2016. Additionally please see the following citation from the Lowcountry AAA’s Emergency Plan:

*After a warning has been issued the COG Director and AAA/ADRC Director will meet with staff to:*

- *Discuss plan and staff duties*
- *Determine whether to evacuate office*
- *Discuss who is evacuating and how they can be reached*
- *Disseminate updated Emergency plans and phone numbers*

***Provider Contact*** - *When a Disaster Warning has been issued, Lowcountry AAA/ADRC staff will contact all Meal Program contractors to verify that three days of non-perishable meals have been provided to both Home Delivered Meal participants and Group Dining participants. If not, attempts will be made to purchase these meals from Senior Catering or alternate vendor.*

***SC Lieutenant Governor’s Office on Aging Contact*** - *When a disaster warning is issued AAA/ADRC Director will contact the State Unit on Aging via the Single Point of Contact (SPOC) or by phone. This purpose of the contact is to inform the State Unit on Aging of status of disaster preparations and to discuss when and how the AAA/ADRC staff can be located after the disaster.*

***In the Event of a Localized Disaster*** - *In the event of a disaster that affects the planning and service area, AAA/ADRC staff will contact agencies in other parts of the Lowcountry Region, the State Unit on Aging staff, and other providers throughout the state for assistance in getting services and other types of assistance to contract providers and to the elderly in the disaster area. Lowcountry AAA/ADRC will also work with the Emergency Preparedness Centers in the affected area, The American Red Cross and VOAD to attempt to coordinate the provision of supplies and volunteers to the providers and the elderly affected. AAA/ADRC staff will also be dispersed to the affected areas to assist contractor staff in providing services for seniors in need. The AAA/ADRC will become the providers of services to the elderly in the event the contract provider is unable to do so.*

*Long Term Care Facilities – When an evacuation has been ordered LTC facilities in the areas affected by the evacuation will be contacted by the LTC Ombudsman to determine if the facility is evacuating and to where. This information will be provided to concerned family members who call after the emergency situation has passed.*

### ***Response and Stabilization***

*Lowcountry AAA/ADRC Staff Duties and Responsibilities:*

*Lowcountry AAA/ADRC recognizes that in order to carry out public disaster responsibilities, individual staff must have plans to protect and secure the safety of their families. Each staff member is encouraged to develop a family emergency/disaster plan. The AAA/ADRC will assure the safety of its staff.*

### ***Recovery***

*Lowcountry AAA/ADRC through its relationship with the Council of Governments (COG) will assist in long term recovery efforts such as assisting with community redevelopment and restoring the economic viability of the disaster area(s) through the collective efforts of governmental and non-governmental organizations. These efforts will include:*

- *Assisting seniors and the agencies serving them, in reestablishing themselves, and*
- *Continuing advocacy for seniors affected by the disaster who may be having difficulty obtaining the assistance they require.*

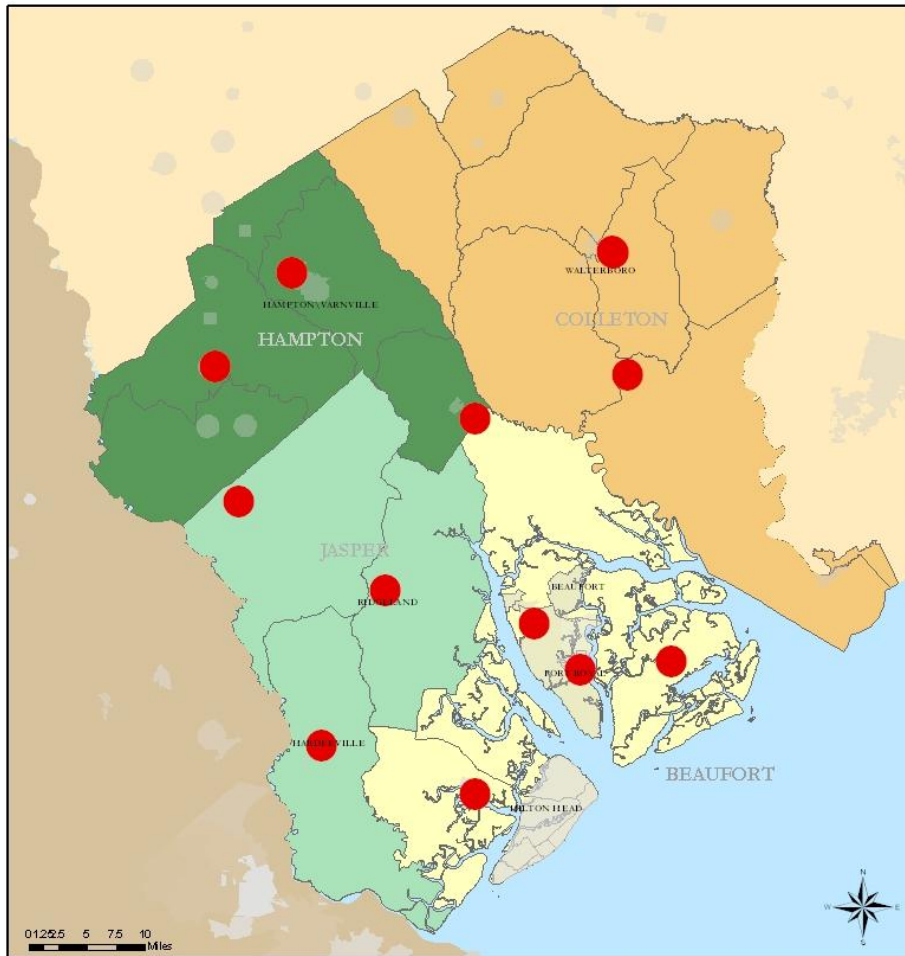
*Please see full attachment for more detail.*

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

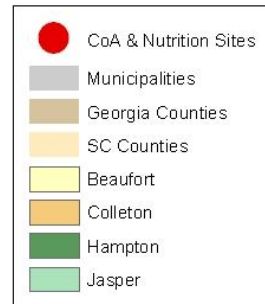
The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

### **The AAA Responds**

The vast majority of our region is rural, most of our plan and operation is and has been geared to serve these specific individuals. Please see map below to observe that sites are placed in areas that serve rural and target populations.



## Lowcountry Region Councils on Aging



  
 maps have made all reasonable efforts to ensure that maps are accurate and up-to-date. However, we do not warrant the accuracy of the data or the maps.  
 Date: 10/1/2016  
 Data Source: UNC Geomatics Branch  
 www.geomatics.org/unc-geomatics-branch

### Section 307(a)(14)

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

### Lowcountry AAA Responds

The AAA utilizes GIS maps from our Planning Department and LMI data from our Community and Economic Development Department to target and adequately fund services for these individuals. Additionally we, in our assessment process, more emphasize that AAA funded services do not require payment for services. We found that in the past, this was not clear. We are working diligently to educate seniors that while contributions are allowed and encouraged, they are 100% voluntary and anonymous.



**Section 307(a)(29)**

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

**Lowcountry AAA Responds**

The PSA Director, AAA Director, and I&R/A Staff are in close contact and in close coordination with emergency preparedness agencies. This has been strengthened by our demonstration of worth during the most recent disaster events of the past few years. The attached Emergency Plan details this further. However please see the citation below for assurance of the PSA having plans in place:

*The Lowcountry region includes the four counties of Beaufort, Colleton, Hampton and Jasper Counties. Total population of this region is 252,761 including a senior population of 64,234. 49,883 of that total senior population reside in Beaufort County; 6574 in Colleton County; 4365 in Hampton County; and 3412 in Jasper County.*

*Each County’s Emergency Management Office Director will serve as the lead for the declaration of any emergency of disaster in order for this plan to be implemented. After an emergency or disaster has been declared the Council of Governments Executive Director and the AAA/ADRC Director will begin implementation of this plan.*

*The AAA will maintain current maps of the locations of senior centers and nutrition sites. This information will give the Lowcountry AAA/ADRC, the LGOA and others a visual glance of where seniors and nutrition sites are located. Current senior centers and nutrition sites are listed below:*

**Beaufort County Council on Aging**, Patricia Jenkins, Exec. Director

P.O. Box 1776, 1406 Paris Avenue, Beaufort, SC 29901 (843) 524 1787

[seniorservices1970@gmail.com](mailto:seniorservices1970@gmail.com)

***Beaufort County Sites***

*Burton Wells Senior Center, Helen Elliott, Senior Center Manager  
1 Middleton Recreational Rd., Burton, SC 29906 (843) 255-6695*

*St. Helena Nutrition Site, Mary Bolles, Site Manager  
6315 Jonathan Francis Road, St. Helena, SC 29920 (843) 838-3606*

*Burton Wells Nutrition Site, Beulah Chislom, Site Manager  
11 Ulmer Rd, Bluffton, SC 29909 9843) 255-6772*

\*\*\*\*\*



**Colleton County Council on Aging**, Everlena Brown, Executive Director

39 Senior Avenue, Walterboro, SC 29488 (843) 549-7642 [coas1@lowcountry.com](mailto:coas1@lowcountry.com)

**Colleton County Sites**

Walterboro Nutrition Site, Michelle Colson, Site Manager  
78 Highland Circle, Walterboro, SC 29488 (843) 549-6852

Greenpond Nutrition Site, Isabell Jones, Site Manager  
29 Playground Lane, Greenpond, SC 29446 (843) 844-8824

\*\*\*\*\*

**Hampton County Council on Aging**, Tammy Washington, Exec. Director

108 Pine St. West, Hampton, SC 29924 (803) 943-7555 [twashington@hamptonsc.org](mailto:twashington@hamptonsc.org)

**Hampton County Sites**

Hampton Nutrition Site, Letitia Smith, Site Manager  
108 Pine St. West, Hampton, SC 29924 (803) 943-7555

Estill Nutrition Center, Dottie Warren, Site Manager  
791 Fifth Street, Estill, SC 29918 (803) 625-4321

Yemassee Senior Center, Ann Lerch, Site Manager  
4 Orrell Street, Yemassee, SC 29945 (843) 589-3365

\*\*\*\*\*

**Jasper County Council on Aging** Marvile Thompson, Exec. Director

444 Wise Street, Ridgeland, SC 29937 (843) 726 5601 [jccoamarvile@hargray.com](mailto:jccoamarvile@hargray.com)

**Jasper County Sites**

Ridgeland Senior Center, Amanda Anderson, Site Manager  
444 Wise Street, Ridgeland, SC 29937 (843) 726 5601

Hardeeville Senior Center, Jeanette DeLoach, Site Manager  
205 E. Main St., Hardeeville, SC 843-784-2838

Robertsville Nutrition Site, Ethel Best, Site Manager  
9731 Cotton Hill Rd., Garnett, SC 29922 (843) 726-6464

.....

*The physical location of the Lowcountry Council of Governments Area Agency on Aging/Aging and Disability Resource Center makes it susceptible to damage from strong winds and flooding. Because of this the AAA/ADRC has made arrangements with the Hampton Council on Aging to relocate to the Yemassee Senior Center in Yemassee, SC or the Hampton Nutrition Site and Administration Office in Hampton, SC.*

*Three of the counties of the lowcountry region border the Atlantic Ocean. In the event of a Hurricane these counties may be part of a mandatory evacuation ordered by the Governor of South Carolina. At present Hampton County is designated to receive many of these evacuees at shelters set up by Red Cross.*

## **SITUATIONS**

*Possible hazards and/or emergency situations that may be faced by this region include the following:*

- *Hurricanes and Tropical Storms*
- *Tornadoes*
- *Coastal Flooding*
- *Fires*
- *Severe Winter Weather*
- *Droughts*
- *Pandemic*
- *Hazardous Materials*
- *Nuclear Power Plants*
- *Terrorism*

*Vulnerable critical facilities are the nursing homes, assisted living facilities, hospitals, senior centers and nutrition sites. In the event of a hurricane a mandated evacuation may be ordered for these facilities. The facilities on Hilton Head Island and in Beaufort County are the most vulnerable. In other emergency situations i.e. senior centers and residential care facilities located in rural areas are more vulnerable to power outages and accessibility particularly in inclement weather such as a winter storm.*

*The Lowcountry AAA/ADRC is dependent on the following jurisdictions during any emergency situation: Federal, State, County Emergency Management agencies and Community based organizations. The Lowcountry Council of Governments and its Executive Director has a working relationship with all of the governmental agencies so the AAA/ADRC will have access to them. The AAA/ADRC has working relationships with several Community based agencies in the region such as Red Cross, Salvation Army and will continue to further these relationships through our continue participation with VOAD. The AAA/ADRC currently serves on the VOAD Advisory Committee.*

## **OPERATIONS**

*County Level Emergency Operations Centers will contact LCOG's Executive Director upon activation via email and/or phone. The Operation Centers will keep the COG informed on the Centers Operating Conditions throughout the duration of the Emergency. The COG's Executive Director will continue to communicate each level of readiness to staff throughout the Emergency including if an Evacuation has been ordered.*

## COMMUNICATIONS

*After notification that a County Level Operations Center has been activated, the COG Executive Director will contact all COG Departments including the AAA/ADRC and advise the directors to review the COG's Emergency Protocols and its particular program mandated Emergency Preparedness Plans. The COG Director will keep directors informed as to each level of activation. AAA/ADRC staff will contact the Lt. Governor's Office on Aging and its Contract Providers. AAA/ADRC staff and Contract Provider Staff will communicate with Program Participants.*

*AAA/ADRC Director will serve as the liaison for the AAA/ADRC. The AAA/ADRC IR&A Specialist will serve as the designated back up.*

*Disaster Recovery Staff will assist older persons to apply for financial and other assistance at Local Recovery Centers (LRC). AAA/ADRC will make and accept referrals to the LRC's.*

*The Regional Long Term Care Ombudsman will coordinate with the State Long Term Care Ombudsman, and the Department of Health and Environmental Control (DHEC), in making provision for the needs and safety of residents in long-term care facilities. Facilities identified as not having a Disaster Preparedness Plan will be reported to DHEC. Other Lowcountry AAA/ADRC staff may also be required to assist as necessary.*

## ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITY

*In preparation of a disaster, all Lowcountry AAA/ADRC staff will review the Emergency Plan and the Operations Check List, locate laptops, thumb drives, wireless communication devices for laptops, boxes, and etc.*

*If an order to evacuate the office is given by the COG Director AAA/ADRC staff should clear all desks of paper, cover all equipment with plastic bags and unplug all appliances and equipment.*

*All staff members will secure their personal work area first, and then assist others in securing remaining areas. Staff should refer to the Operations Checklist. The following listings outline the AAA/ADRC staff member who is responsible for taking pertinent items in the event an evacuation is ordered as the COG Director will determine what staff member is responsible for taking pertinent items that affects the COG as well as the AAA/ADRC; Also included is The AAA/ADRC Service Delivery Contact listing. This tool is used to secure information and gain updates pertaining to contracted service provider capabilities and action plans during an event.*

- *Sherry Smith, Finance Director.* Designated by the LCOG Director to remove insurance information and a server back up.
- *AAA Emergency Contact list.* Compilation of contracted provider Emergency Contact

**ACCESS INFORMATION FOR EMERGENCY PREPAREDNESS ACTIVITIES**

**REGION: 10- Lowcountry**

**FISCAL YEAR 2016-2017**

ANY CHANGES TO THIS INFORMATION MUST BE REPORTED TO THE AAA, EPO, AND LGOA WITHIN TEN WORKING DAYS

**COORDINATING AGENCIES**

**EMERGENCY CONTACT STAFF**

**CONTACT NUMBER**

(Agency Name & Street Address)

(Names and Job Titles)

After Business Hours

**Area Agency on Aging**

**Area Agency on Aging**

Hank Amundson, Director

(843) 599-0865 CELL

Lowcountry Council of Governments

PO Box 98/ 634 Campground Rd

Yemassee, SC 29945

Long Term Care Ombudsman

Claire Glasson

(843)252-4537 CELL

Information and Referral Specialist

Karen Anderson

(803) 942-8247 CELL

**Area Agency Contractors**

**Beaufort County Council on Aging**

Patricia Jenkins Executive Director

(843) 608-6547 HM

PO Box 1776

(843) 476-8356 CELL

Beaufort, SC 29901

Helen Elliot

(843)846-4989 HM

(843) 812-4917 CELL

**Colleton County Council on Aging**

Everlena Brown, Executive Director

(843) 909-0811 HM

39 Senior Avenue

Michelle Colsen, Alternate

(843) 635-7684

Walterboro, SC 29488

**Hampton County Council on Aging**

Tammy Washington, Executive Director

(803) 943-9122 HM

308 Pine Street

Linda Kearse, Program Clerk

(803) 943-8645

(803) 942-2982 Cell

Hampton, SC 29924

**Jasper County Council on Aging**

Marvile Thompson , Executive Director

(803) 943-5215 HM

506 Wise Street/ PO Box 641

(843) 305-9760 CELL

Ridgeland, SC 29936

Lila Resh, Admin. Assistant

(843) 717-3101 HM

(843) 726-1149 CELL

**Senior Catering**

Judy Milhan, Executive Director

(803)345-1835 ADMIN

314 Main St

Susan Frost

(\*\*\*) \*\*\*-\*\*\* ADMIN

(\*\*\*)\*\*\*-\*\*\* CELL

Little Mountain, SC 29075

Mary Sandifer, Kitchen Manager

(803) 531-4395 Kitchen

South Carolina Legal Services 2803 Carner Avenue North Charleston, South Carolina 29405		(888) 346- 5592 TOLL FREE (803) 744-9430 GENERAL (843) 266-2173 ADMIN (843) 760-1090 FAX
Director	Andrea Loney <a href="mailto:andrealoney@sclegal.org">andrealoney@sclegal.org</a>	
Managing Attorney	Angela M. Myers <a href="mailto:angelamyers@sclegal.org">angelamyers@sclegal.org</a>	
<b>Emergency Preparedness Offices</b>		
<b>Beaufort County EPO</b>	Lt. Col. Neil Baxely, Director	(843) 255-4000 ADMIN
2001 Duke Street PO Box 1228	Major David Zeoli, Deputy Director	
Beaufort, SC 29901		
<b>Colleton County EPO</b>	Suzanne Gant, Director	(843) 549-5632 ADMIN
108 Simmons Street/ PO Box 677		(843) 549-2529 FAX
Walterboro, SC 29488		
<b>Hampton County EPO</b>	Susanne Peeples, Director	(803) 914-2150 ADMIN
703 2nd Street West/ PO Box 667		(803) 914-2154 FAX
Hampton SC, 29924		
<b>Jasper County EPO</b>	Wilbur Daley, Director	(843) 726-7797 ADMIN
1509 Grays Hwy/ PO Box 1509		(843) 726-9158 FAX
Ridgeland, SC 29936		
<b>Volunteer Organizations Active in Disasters</b>		
<b>American Red Cross Palmetto Chapter</b>	Todd Musselman, Disaster Specialist	(843) 764-2323 x 322 (843) 616-7245
<b>Hampton Red Cross</b>	Dietra Lawton	803) 943-4818 DDSN
3422 Charleston Hwy.		(803) 943-2174 HM
Varnville, SC 29944		

## **Attachment C: AAA Funding & Fiscal Oversight**

Please demonstrate the protocols and policies the Area Agency on Aging uses to distribute federal and state funds, allocated by the Lieutenant Governor's Office on Aging (LGOA), to its local service providers. The methodology for distributing the funds should be clearly explained in Attachment C.

### **Competitive Procurement**

Describe the AAA's procurement policy and the process that it uses to award services to contracted service providers.

*The AAA follows Competitive Procurement Protocol as instructed by LGOA under the policies outlined within the South Carolina Procurement Code/ OMB's "Super Circular"/ CFR.*

*All services are currently secured by means of a Standard Provider Contract or by a Memorandum of Understanding (MOU).*

*Request for Proposals and Public Hearings are offered as public information in all local major print media. Contractual Awards follow assurances offered to the RAAC and approval of the LCOG Board of Directors.*

Include the execution and end date for all active contracts.

*It is the AAA's policy that contracts begin and end according to a fiscal year. This begins July 1 and ends on the next June 30<sup>th</sup>.*

Are there any counties in the AAA's service region where services were not competitively procured? If so, please explain the circumstances. Provide details on steps taken to identify service contractors in those counties.

*All services are competitively procured.*

### **Fiscal Monitoring**

Please describe how the AAA conducts fiscal monitoring of the providers and the frequency of the reviews. Provide details of how the AAA addresses issues of non-compliance as a result of monitoring providers. (Attach a copy of the AAA's written procedures for monitoring and compliance to this Area Plan.

*The AAA conducts fiscal monitoring of current contractors annually. Units are tested for each of the services procured by choosing random months during the fiscal year and tracing the units from source documents to the AIM system. Grant related income is also tested for random months by tracing participant's donations from the site level to the administrative office. Donations should be receipted, traceable to the bank account and reconciled to AIM. Local funds are verified to prove matching requirements.*

*A monitoring report is issued to each contractor and their Board of Directors detailing what areas were reviewed and the results. Any issued of non-compliance are noted and the contractor is asked to provide a Corrective Action Plan.*

In addition, provide a copy of the AAA's Excel Spread Sheet used to determine the unit cost for each specific service delivered by the AAA and/or the contracted provider. For meals, use Attachment B found in the 2016 Minimum Meal Bid Specifications for determining unit costs.

- **Reimbursement for Services:** The AAAs shall include as part of their Area Plans, a breakdown of the components of the unit cost for each different unit of service and the methodology showing how the unit cost is determined. In its Area Plan, the AAA shall provide the process it uses to verify the providers'/contractors' unit costs.  
PLEASE SEE SPREADSHEET USED FOR UNIT COST BREAKDOWN

### Budget and Unit Cost Calculations

Offeror: \_\_\_\_\_

Geographic Area: \_\_\_\_\_

RFP#: \_\_\_\_\_

Item #	SERVICE Delivery Costs: data in Green Cells Only	(Enter Budget (All Svc's)	Group Dining Meals	Health Promotions	Home Delivered Meals	Home Living Support	Transport
1	Personnel Salaries	0.00					
2	Fringe Benefits	0.00					
3	Travel (for service delivery)	0.00					
4	Training (include training related staff travel)	0.00					
5	Facility/Building cost	0.00					
6	Utilities	0.00					
7	Equipment	0.00					
8	Insurance	0.00					
9	Supplies	0.00					
10	Raw Food/Meal Cost (Nutrition Svcs only)	0.00					
11	Other: (specify)	0.00					
12	Other: (specify)	0.00					
13	Other: (specify)	0.00					
14	Other: (specify)	0.00					
15	Other: (specify)	0.00					
16	Other: (specify)	0.00					
17	Subtotal - Service Provision Costs	0.00	0.00	0.00	0.00	0.00	0.00
<b>Management (Indirect/Overhead) Costs</b>							
18	Personnel Salaries	0.00					
19	Fringe Benefits	0.00					
20	Other Overhead/Indirect Costs (Include all)	0.00					
21	Other: (specify)	0.00					
22	Other: (specify)	0.00					
23	Subtotal - Mgmt (Indirect/Overhead) Costs	0.00	0.00	0.00	0.00	0.00	0.00
<b>Case Management/Assessment Costs</b>							
24	Personnel Salaries	0.00					
25	Fringe Benefits	0.00					
26	Contractual (Case Mgmt/Assessment only)	0.00					
27	Other: (specify)	0.00					
28	Other: (specify)	0.00					
29	Other: (specify)	0.00					
30	Subtotal - Case MGMT/Assessment Costs	0.00	0.00	0.00	0.00	0.00	0.00
31	Other Contractual	0.00					
32	Profit	0.00					
33	<b>TOTAL OPERATING BUDGET</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
34	<b>Fringe Rate as % Of Salaries</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
35	<b>Projected Total # of Units</b>						
36	<b>Actual Unit Cost</b>		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Matching Requirements</b>							
37	<b>Minimum Required Match (10 %) is:</b>	0.00	0.00	0.00	0.00	0.00	0.00
38	Total Cash Match (provide detail)	0.00					
39	Total In-Kind Cash Equivalent (provide detail)	0.00					
40	Subtotal - Available Match	0.00	0.00	0.00	0.00	0.00	0.00
41	<b>Minimum Match Requirement Met?</b>	NO	NO	NO	NO	NO	NO
<b>Net Unit Cost (Actual - Applied Match)</b>			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



- The AAA shall provide the LGOA with a written plan, to be submitted in their Area Plan, which addresses how the AAA shall ensure that providers/contractors are earning their units in accordance with the OAA and LGOA policies.

*This is ensured through the use of the AIM system. We also, as mentioned earlier in the attachment perform oversight/monitoring. And finally all units are reconciled to our caterer bill monthly for accuracy insurance. All required forms and guidance put forth by LGOA are utilized in this process.*

- **Current Funding Resources for AAA Operations:**

Source	Amount	Purpose
OAA, Insurance Counseling & State funds	\$222,485	AAA operations to include planning for and administration of programs such as Family Caregiver, Ombudsman, Information/Referral & Assistance and Insurance Counseling, and Assessments
Member local government support	\$45,234	Unrestricted local funding available to be used for required match of AAA operation
<b>TOTAL FUNDING/SUPPORT</b>	<b>\$267,719</b>	

The AAA is operated by Lowcountry Council of Governments. All policies and procedures adopted by LCOG are applicable to the AAA. LCOG obtains a single audit annually by an independent auditing firm which includes a review of policies, practice and internal controls. We are also monitored regularly by various funding sources. The AAA also monitors our contractors annually. This includes both programmatic and financial monitoring

- **Match Requirements:** Providers satisfy the 10% match requirement with local cash. Lowcountry Council of Governments reimburses each provider 90% of the price based contracted unit rate, therefore leaving the additional cost to be incurred at the provider level. At the time of monitoring, the AAA verifies that the agency receives enough local revenue to cover the annual matching requirements.

Matching for funds retained at the AAA for both Administration and Services are also matched with a combination of cash and in-kind services. Programs matched by cash include: Administration, Ombudsman, IR&A, Family Caregiver Admin and Assessments. Our Minor Home Repair and our Consumer Choice Homecare programs are matched by in-kind services valued at fair market value.

All match is recorded in the Agencies accounting books of record. Other documentation of required match is kept in program files. Both accounting files and program files are retained in storage for 2-5 years.

## **Attachment D: General and Programmatic Information**

1. **Monitoring:** The Lowcountry AAA has policy in place to ensure that the providers/contractors are delivering services as described in the provider's contract. Our oversight/monitoring activities are in place to do this. The AAA performs multiple site visits each year for the purposes of quality assurances. These visits are at random and unannounced. Additionally, fiscal monitoring is conducted annually to verify units served and billed. If there are issues found. The Monitoring letter will include findings/observations to be remedied. The AAA gives the contractor and a 30 day period in which to respond with a plan of correction.  
Please see the terms and Conditions included in each contract with providers in blue.

### APPENDIX A

#### CONTRACT TERMS AND CONDITIONS FOR FISCAL YEAR 2016-2017

The Terms and Conditions herein are based on established policies of the Lieutenant Governor's Office on Aging (herein, "LGOA) under the Older Americans Act of 1965 (OAA,) 42 U.S.C. §§ 3001-3058, as amended, and policies of the Lowcountry Council of Governments Area Agency on Aging/Aging and Disability Resource Center (AAA/ADRC).

#### GENERAL AND ADMINISTRATIVE ASSURANCES

1. Providers/contractors of the Lowcountry Council of Governments Area Agency on Aging/Aging and Disability Resource Center (AAA/ADRC) must comply with the policies and procedures set by the Older Americans Act (OAA), the current South Carolina Aging Network's Policies and Procedures Manual, and any Program Instructions (PI) issued by the Lieutenant Governor's Office on Aging (LGOA) and the Administration on Aging (AoA)
2. Providers/contractors shall assure that each activity undertaken by the agency, including planning, advocacy, and systems development, shall include a focus on the needs of low income minority older individuals and older individuals residing in rural areas. (OAA 306(a)(4)(C))
3. Providers/contractors shall comply with all applicable Federal, State, and local laws, regulations, and guidelines.
4. Providers/contractors shall have written policies and procedures manual for complying with all of its functions as prescribed by the OAA, the LGOA and the Lowcountry AAA/ADRC.
5. Providers/contractors accept the standards and programmatic requirements issued for all services authorized by the Lieutenant Governor's Office on Aging. All providers/contractors and/or vendors of services shall be monitored for compliance with such standards and carry out the standards and requirements in the delivery of each service to be reimbursed with funds awarded under this plan.
6. Providers/contractors shall provide adequate and qualified staff to perform all of the functions prescribed. (CFR 1321.55(b))

7. During monitoring visits Providers/contractors shall provide the AAA/ADRC information on how its board members are selected, appointed; the established terms of office; by-laws and minutes of meetings.
8. Providers/contractors agency directors are expected to be engaged and informed aging advocates who work to promote senior matters and educate the community on issues facing the aging network and their respective counties/public service areas.
9. Providers/contractors shall not means test for any service under Title III. When contributions are accepted, or cost sharing implemented, providers/contractors shall not deny services to any individual who does not contribute to the cost of the service. **(OAA 315(b)(3) and CFR 1321.61(c))**
10. Providers/contractors shall assure that residency or citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals.
11. The AAA/ADRC shall assess the level of need for supportive services including legal assistance, transportation, nutrition services, and multipurpose senior centers within the planning and service area. **(OAA 306(a)(1))**
12. Providers/contractors shall assure that the special needs of older individuals residing in rural areas are taken into consideration and shall describe to the AAA/ADRC how those needs have been met and how funds have been allocated to services to meet those needs. **(OAA 307(a)(10))**
13. Providers/contractors shall establish effective and efficient procedures for coordination of entities conducting programs under the OAA and entities conducting other Federal programs for older individuals at the local level. **(OAA 306(a)(12))**
14. The AAA/ADRC shall assure that clients receive an initial assessment and then reassess service recipients no less than annually, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and eligible individuals, as defined in the Older Americans Act of 1965 (OAA) §518, 42 U.S.C. §3056p, as amended in 2006.
15. Based on that assessment, Providers/contractors shall assure that services delivered with resources under the Area Plan are provided to individuals with the highest priority scores.
16. Providers/contractors are responsible for developing emergency/disaster preparedness and response plans for their perspective counties that are updated and reviewed annually. These plans should incorporate all requirements of the South Carolina Aging Network's Policies and Procedures Manual regarding Emergency Management and Disaster Preparedness.
17. Providers/contractors must assure that lists of clients compiled under any programs or services are used solely for the purpose of providing or evaluating services. Providers/contractors shall provide written assurances to the AAA/ADRC stating that they will comply with all LGOA confidentiality requirements, as well as any and all applicable Federal and State privacy and confidentiality laws, regulations, and policies.

18. Providers/contractors must have written procedures for protecting the identifying client information against unlawful distribution through any means, physical or electronic. All identifying client data must be protected through limited access to electronic records. Each employee with access to identifying client information must sign a notice prepared by the grantee specifying the requirement to maintain confidentiality and the penalty for failure to comply.
19. Providers/contractors shall meet with AAA/ADRC staff to discuss questions, concerns, obstacles, and/or technical assistance required to be successful, either in group or one-on-one sessions.

## **CLIENT DATA COLLECTION ASSURANCES**

1. Providers/contractors will utilize the Advanced Information Management (AIM) system to document and track units of services delivered. Reimbursements for service funds will be supported by client data correctly entered into AIM. The AAA/ADRC will assure that service providers/contractors are trained properly and monitored accordingly, and that AIM data is inputted monthly by the tenth (10th).
2. The AAA/ADRC shall ensure that each group dining site uses the LGOA approved LG-94 sign-in sheet and that each client sign his/her name or make a mark on the sign-in sheet daily. In addition, home-delivered meal drivers must sign and date the route sheet at the service delivery area. The provider/contractor dining manager will sign and date that route sheet before the driver makes his/her deliveries.

## **FISCAL ASSURANCES**

1. Providers/contractors shall assure that funds received under the OAA shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. **(OAA 321(d))**
2. Providers/contractors shall assure that each funding source shall have a distinct client population for the duration of the contract period or until the client's service is terminated. A new client, who is in need of the service and meets the eligibility criteria of that funding source, will be added when such vacancies occur.
3. Providers/contractors shall assure that it has a process in place to verify to the AAA/ADRC how its unit costs are determined and that the units are being earned.
4. Providers/contractors shall assure that any revenue generated from voluntary contributions or cost sharing shall be used to expand the services for which such contributions or co-pays were given. **(OAA 315(a)and(b))**
5. The voluntary contributions system adopted shall be clearly explained to individuals who use the agency's services. The explanation shall be made both verbally and in writing at the time service delivery is arranged; and shall be posted in a conspicuous location accessible to clients within the site. The explanation shall include the voluntary nature of the contribution, confidentiality policies, and how contributions are collected and used. Providers/contractors must provide their policies to the AAA upon request.

6. Providers/contractors must meet all matching requirements for funds awarded under the Area Plan.
7. Providers/contractors shall assure that funds received for Nutrition Services Incentive Program (NSIP) shall be used only for the purchase of United States agricultural commodities or commercially prepared meals served in the Title III-C services. **(OAA 311(d)(2))**

## **MONITORING AND COMPLIANCE ASSURANCES**

1. Providers/contractors shall assure the AAA/ADRC that they are earning their units in accordance with the OAA and LGOA policies.
2. Providers/contractors shall assure that no group dining facility shall be funded unless an average of twenty-five (25) eligible participants attends daily. All group dining sites must serve at least twenty-five (25) clients per day or request an LGOA Group Dining Waiver.
3. Providers/contractors shall assure that an OAA III C-2 home delivered meal shall be delivered to a participant for no less than five days a week unless it is documented that the participant is receiving meal(s) from another source. Further, in addition to federal eligibility requirements, special consideration shall be given to those eligible clients living alone, those in isolated rural areas, and those seventy-five (75) years of age or older. **(OAA 336)**
4. Providers/contractors shall provide copies of the group dining site activity calendars to the AAA/ADRC by the 10<sup>th</sup> of the month for the following month's activities for approval. The AAAs/ADRCs shall scan and forward by email copies of approved monthly site activity calendars to the LGOA Policy and Planning Manager by the close of business on the last business day of the month.

## **PROCUREMENT AND CONTRACTUAL ASSURANCES**

1. Providers/contractors shall assure the AAA/ADRC that all programs funded under the Area Plan is operated fully in conformance with the LGOA and all applicable Federal, State and local fire, safety, health and sanitation standards or licensing prescribed by law or regulation. **(CFR1321.75(a))**
2. Providers/contractors shall provide to the AAA/ADRC all program information and reports required by the Lieutenant Governor's Office on Aging. Provision of timely and correct data shall be in a format and contain such information as the LGOA may require the AAA/ADRC to submit. **(OAA 307(a)(6))**
3. Providers/contractors must provide to the AAA/ADRC their procedures for the resolution of grievances or concerns between service/program recipients and the provider/contractor.
4. When there is grievance between the AAA/ADRC and a provider/contractor, all efforts shall be made by the AAA/ADRC to resolve the issue. Minimal contact should be made at the State level and only after all attempts have failed to resolve the issues locally. The Lieutenant Governor's Office on Aging (LGOA) shall serve only as a source of information to the AAA/ADRC regarding the resolution process. All grievances shall be handled by the AAA/ADRC and provider/contractor unless the grievance includes illegal, immoral, and/or



unethical behavior, at which time the LGOA and proper authorities shall be notified. If the AAA/ADRC wants to include the LGOA, or cannot work out the issue, then the LGOA may be contacted to assist with the resolution process through guidance only.

5. Providers/contractors shall assure the AAA/ADRC that it has the necessary equipment, technology, software, and trained staff to operate in a professional manner and to execute or administer the duties.
6. Providers/contractors of group dining programs are encouraged to be a member of the National Council on Aging (NCOA) / National Institute of Senior Centers (NISC) or to operate according to NISC's national standards for senior centers and group dining sites.
7. If the AAA/ADRC finds that a provider/contractor under the Area Plan has failed to comply with the terms of the contract or with Federal or State laws, regulations and policies, the AAA/ADRC may withhold that portion of the reimbursement related to that failure to comply. The Regional Aging Advisory Council (RAAC) shall recommend appropriate procedures for consideration by the Governing Board of the AAA/ADRC. (OAA 306(e)(1))
8. In the event that the AAA/ADRC finds that a provider/contractor has failed to comply with the terms of the contract or is unable to deliver services as contracted, the AAA/ADRC may initiate a thirty (30) day Corrective Action Plan (CAP) to resolve the issue. If the issue cannot be resolved the AAA/ADRC may determine the provider/contractor high-risk, in accordance with the South Carolina Aging Network's Policies and Procedures Manual.
9. The AAA/ADRC shall afford providers/contractors due process, such as that described for AAAs/ADRCs in OAA Section 306(f)(2)(B) before making a final determination regarding withholding providers'/contractors' reimbursements.
10. Providers/contractors will provide the LGOA with all requested data in the format necessary to document the outcome of services purchased.
11. Providers/contractors shall assure that a facility purchased for use as a multi-purpose senior center with OAA or State Permanent Improvement funds, shall continue to be used for the same purpose for not less than ten (10) years after acquisition, or twenty (20) years after construction.
12. Providers/contractors shall assure that group dining service facilities are located in as close proximity to the majority of eligible individuals' residences as feasible. Particular attention shall be given to the use of multipurpose senior centers, churches, or other appropriate community facilities for such group dining service. (OAA 339(E))
13. Providers/contractors shall assure that demonstrable efforts shall be made to coordinate services provided under the OAA with other State services that benefit older individuals and to provide multi-generational activities involving older individuals as mentors to youth and support to families. (OAA 306(a)(23))
14. Providers/contractors shall maintain the integrity and public purpose of services provided under the OAA, in all contractual and commercial relationships. (OAA306(a)(13)(A))
15. Providers/contractors shall demonstrate that a loss or diminution in the quality or quantity of the services provided under the Area Plan has not resulted and shall not result from such contracts or commercial relationships, but rather, shall be enhanced. (OAA 306(a)(13)(C) and (D))

16. Providers/contractors shall not give preference in receiving services under the OAA to particular older individuals as a result of a contract or commercial relationship. (OAA 306(a)(15))
17. Providers/contractors are required to reasonably accommodate the particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals and require caterers to provide flexibility in designing meals that are appealing to older individuals participating in the program. (OAA 339 (A) and (B))
18. Providers/Contractors shall submit holiday schedules to the AAA/ADRC for approval and the providers/contractors shall adhere to their approved holiday schedule. The AAAs/ADRCs shall include their providers'/contractors' holiday schedules in their Area Plan. These scheduled closings shall be part of the contract established between the AAA/ADRC and providers/contractors. Any changes to the scheduled holiday closings must be noted in the Area Plan update.

## **COORDINATION, OUTREACH, AND INFORMATION AND REFERRAL ASSURANCES**

1. Providers/contractors shall be a visible focal point of contact where anyone can visit or call for assistance, information, or referrals on any aging issue.
2. Providers/contractors are required to use outreach efforts that shall identify individuals eligible for assistance under the OAA, with special emphasis on
  - a. Older individuals residing in rural areas
  - b. Older individuals with greatest economic need
  - c. Older individuals with greatest social need
  - d. Older individuals with severe disabilities
  - e. Older individuals with limited English speaking ability
  - f. Older individuals with Alzheimer's disease or related disorders and caregivers
  - g. Low income minority individuals in each of the above populations. (OAA 306(a)(4)(B))
3. Providers/contractors must take adequate steps to ensure that persons with limited English language skills receive, free of charge, the language assistance necessary to afford them meaningful and equal access to the benefits and services provided under this grant award.

*The AAA reserves the right to suspend payment and/or take all other necessary actions in the event that Providers/Contractors do not abide by all the Terms and Conditions of this Contract Amendment during the grant period. The AAA/ADRC will conduct a thirty (30), sixty (60) or ninety (90) day review to ensure that the provider/contractor is in compliance with the Terms and Conditions.*

2. **Client Data Collection:** *The AAA ensures accurate and consistent client data through staff training and spot checking as we are the entering entity as we conduct assessments. Providers are trained and supported by AAA staff. Oversight is performed to make sure this is accurate and payment is only rendered when proper documentation is provided by provider.*

3. **Resource Development:** *The AAA assessment staff clearly communicates the opportunity for participants to contribute to services in a voluntary and anonymous manner. We additionally make sure providers have required signage and practices in place. Finally, GRI is one of the items monitored in the sample months selected during fiscal oversight. The data below indicates how many units of service were provided with grant related income in the most recently completed program year.*

Lowcountry FY 15/16			
	GRI	Rate	Units
Transportation	\$ 4,657.82	\$ 1.10	4234
Congregate Meals	\$ 32,158.86	\$ 8.00	4020
Home Delivered Meals	\$ 10,701.59	\$ 8.00	1338
Health Promotion	\$ 77.65	\$ 5.50	14

4. **Cost Sharing and Voluntary Contributions:**

*The AAA follows and reinforces LGOA and OAA policy.*

5. **High-Risk Providers and Corrective Action Plans (CAP):** *Please see citation below in blue from pages 13 & 14 of our Policy and Procedure Manual regarding High-Risk Providers:*

**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.*
6. **Provider Service Delivery Areas:** *Our RFP and Contracts clearly state that Providers are to serve their entire county. We, in conducting the assessment program can now better verify if persons from a certain area of a county are or are not being served and can then request justification of why and or a timeline from the provider. Additionally, we have secured a grant from SCANA for the purpose of supplementing our Home Delivered Meal Program. We are using these funds to motivate current providers in that if they do not serve a client, we will and they lose revenue. We have already seen service in areas previously resisted.*
7. **2017 – 2021 Area Plan Standard Assurances and Conditions:** *The AAA uses Assurances and Conditions as a road map. They are very useful. We have built Procedures around following them. They are written for a purpose and we understand that and appreciate them.*
8. **Training and Technical Assistance:** *The AAA encourages all staff to participate in local staff development opportunities within their respective roles, as well as to maintain current program credentials. The AAA/ADRC hosts “Lunch and Learn” events, non formal trainings, to all staff regardless of area of expertise to engage in a networking practice with other local providers. The local provider is invited to attend an in-depth and personal view of AAA programs and operational practice & in return offers the same information to the AAA staff. This practice encourages collaboration between the AAA and other aging network providers, as an effort to bridge services and supports for the aging population of Region 10.*
9. **Emergency Preparedness:** *The PSA Director, AAA Director, and I&R/A Staff are in close contact and in close coordination with emergency preparedness agencies. This has been strengthened by our demonstration of worth during the most recent disaster events of the past few years. During the recent Hurricane we coordinated, with the help of LGOA, the activities of Beaufort EMD, Beaufort Sheriff’s Dept., Port Royal Police, and Senior Services of Beaufort County to receive, load, and deliver emergency rations to seniors in need.*
10. **Licensing Protocols:** *All contracted Service providers and those that offer services under an MOU must follow the same process of submitting to the AAA the documents listed, prior to referral or reference as an AAA provider:*
  1. *A formal contract that outlines responsibilities, expectations and grievance procedure for both parties; MOU indicative of the respective program, containing the original signature of the AAA Director, the type of service, the published hourly rate and the AAA discounted rate; as well as the current mailing, billing, and street address of the Service provider along with the contact name, telephone and email address located at the Service provider administrative office.*

2. *Current SC DHEC License*
  3. *Current Business License*
  4. *Current System for Award Management (SAM) record Functional Area: Entity Management, Performance Information*
  5. *If the entity is to be paid as a Licensed labor provider under the Minor Home Repair Program, then the provider must offer to the AAA finance department a W-9 Request for Taxpayer Identification Number and Certification.*
11. **Outreach:** *The AAA requires, via the RFP and Contract, that providers market their services in the region. Additionally and recently, the AAA has taken on the responsibility of region wide marketing to ensure more coverage and the service of targeted populations. We conduct outreach with partners in our Senior 101 events, and also through various regional meetings and presentations.*
12. **Memorandums of Agreement (MOA) and Memorandums of Understanding (MOU):** *Memorandums of Understanding (MOU) are offered annually to current non-contractual providers. Currently, requests for MOU's are considered at request in the FY. However, beginning at procurement 2018, a new practice will be established to offer a PSA that the AAA will be accepting MOU's for the upcoming FY and the closure date will be June 1. The new acceptance practice will follow the current policy of having a complete hard file of listed documents prior to referral or reference as an AAA provider:*
1. *Agreement form indicative of the respective program, containing the original signature of the AAA Director, the type of service, the published hourly rate and the AAA discounted rate; as well as the current mailing, billing, and street address of the Service provider along with the contact name, telephone and email address located at the Service provider administrative office.*
  2. *Current SC DHEC License*
  3. *Current Business License*
  4. *Current System for Award Management (SAM) record Functional Area: Entity Management, Performance Information*
13. **I&R/A Funding:** *The I&R/A Specialist is employed full time as a Lowcountry Council of Governments employee, in the Aging Dept., aka AAA/ADRC. The I&R/A Specialist has met all of the COG employee requirements and has been employed as an AIRS Certified I&R/A Specialist for 13 years, coming into employment with 5 years' experience working with disabled individuals with the DDSN network.*
14. **Regional Transportation Services:** *Lowcountry AAA strives to maximize transportation funds to serve our predominantly rural region. We have recently acquired SCDOT funding on behalf of two of our counties for the purchase of services and utilize those funds with IIB funds as part of our match to allow IIB to stretch further. This amount was \$100,000 this year. This will be granted again next year and we will continue to pursue more funds to grow transportation services in the region.*

15. **Nutrition Program:** Summarize the AAA's protocols addressing:
  - a. food temperatures and meal safety; *Lowcountry AAA has a ServSafe Certified individual on staff that regularly and in an unscheduled manner, checks to ensure compliance. Additionally, we require documentation of temps and times of receipts and service. In the event of a bad temp or time the AAA is to be contacted for agreement on next steps.*
  - b. staff and volunteer nutrition program training; *The AAA conducts training annually in conjunction with the Contracted Caterer.*
  - c. evidenced-based nutrition education; *The AAA closely monitors the issuance and content of the required Nutrition Education materials/curriculum.*
  - d. maintaining waiting lists in the AIM system; *The AAA maintains and monitors the waitlist regularly. AS one of the pioneering areas to conduct regional assessments, we are able to better regulate providers and ensure that the waitlist is accurate and that priority scores are used properly. We use the waitlist as a monitoring tool.*
  - e. the provision of more than five meals in one week; *The AAA, in the absence of a waiting list, allows providers to serve participants more than 5 meals per week.*
  - f. ensuring justifications are entered in AIM for those clients that require justification for services; and *The AAA is the assessing entity and therefore enters justifications on our end. This is ensured to be correct through training and internal checks.*
  - g. how the AAA addresses the utilization of a Register Dietitian in the region (outside the vendor level). *The AAA utilizes a dietitian reviews menus and recipes as well as Nutrition Education materials.*
16. **Family Caregiver Support Program Plan:** *The AAA, with coordination between Director, Finance Director, PSA Director and Caregiver Advocate budget all funds to be utilized in the current program year. We have a timeline that sets expectations of great majority of funds to be allocated in the first half of the year so that efforts can then be focused on supporting Caregivers and potentially recapturing unused funds to then distribute to those on the waitlist. Outcomes and measures are based on both written and oral feedback as well as budget monitoring to ensure fund utilization. Consumer Choice is addressed by our practice of allowing a Caregiver to select a service provider of their choice, whether it be a private individual from within their support network, or a licensed agency. We ensure that all five categories of FCSP services are available by adhering to our policies and procedures. We have struggled fostering an active volunteer program. In the current year we have established an intern program with a local University's Social Work program and have better communicated with Caregivers in order to build a better volunteer program.*
17. **Ombudsman Program:** *The Long Term Care Ombudsman Program includes many elements critical to the safety and support of vulnerable adults. The Ombudsman advocates for residents in long term care facilities, as well as their families and responsible parties. In advocating for this population, there are a wide range of issues that may come in to play, ranging from infringement of Residents Rights, to personal care and attendance, to adequate and properly trained staff to issues of respect and dignity. These are just a few of the complaints that are received through this office. When a complaint is made, an intake is performed, and an investigation may begin in order to pursue reaching a solution that is acceptable to the resident and/or responsible party. An investigation may include reviewing documentation from resident files, interviewing staff*

*(including Administrators, Directors of Nursing, and front line staff), and interviewing family members. Depending on the situation, other state agencies and partners may be called in to help with clarification of the complaint.*

*Information and assistance is provided through various avenues, including Friendly Visits to facilities, providing an opportunity to talk with residents, family, visitors and staff about this program and the other programs of the AAA/ADRC. The Ombudsman is available to speak to community groups to provide education and information on the Ombudsman program. Facilities often ask the Ombudsman to provide training and professional development to staff and are often invited to attend resident council and family council meetings.*

18. **Legal Assistance Program:** These Legal Assistance components shall be summarized in the Area Plan. The AAA shall:
  - a. establish specific objectives for targeting appropriate populations as set forth in the OAA in the provision of legal assistance; *The AAA's objectives for targeting appropriate populations is that same as it is in our other core programs. We market programs together as a battery of offerings and not individually.*
  - b. create a plan to achieve those objectives; and *This has been covered in the Goals section as we are growing services overall. Our gains in recent years have been notable and we know we can do more.*
  - c. provide detailed reporting that documents the extent to which the PSA met the objectives. *Since being out of compliance two years ago, the AAA submitted a Corrective Action Plan and has exceeded requirements and expectations since.*
  
19. **Evidence Based and Wellness Programs:** Describe the protocols used by the AAA to ensure that evidence based and wellness programs comply with Title III-D. Please include the AAA's certification protocols.

*All contracted providers are required to follow the instruction outlined by the Administration on Aging. They may utilize the list of approved activities or embark on an activity that meets the following definition, with pre- approval from the AAA.*

  - *The program is considered to be an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults.*
  
20. **Reimbursement Request Accuracy:** Describe the protocols and processes the AAA uses to ensure and accurate payment request.

*The use of the AIMs system is used for balancing requests.*
  
21. **Assessment Process:** Describe the AAA's assessment protocols and processes from initial client interaction to service delivery, including waiting lists and client selection. *This is covered at length in the Narrative as required. It is also in our Policy & Procedures Manual.*

22. **Local Match:** Describe how the AAA reviews its “other” programs and services (not funded through ACL/LGOA) to identify possible sources for ACL/LGOA local matching requirements.

*The majority of our programs are matched with local cash match. The only programs matched otherwise are our Minor Home Safety Program and our Consumer Choice Home Care Program. In Minor Home Repair/Safety, labor is provided as match. In Consumer Choice Home Care the 10% match is provided by the Contractor.*

23. **Regional Successes:** Please use this opportunity to highlight successes or best practices that the AAA wants shared with the South Carolina Aging Network.

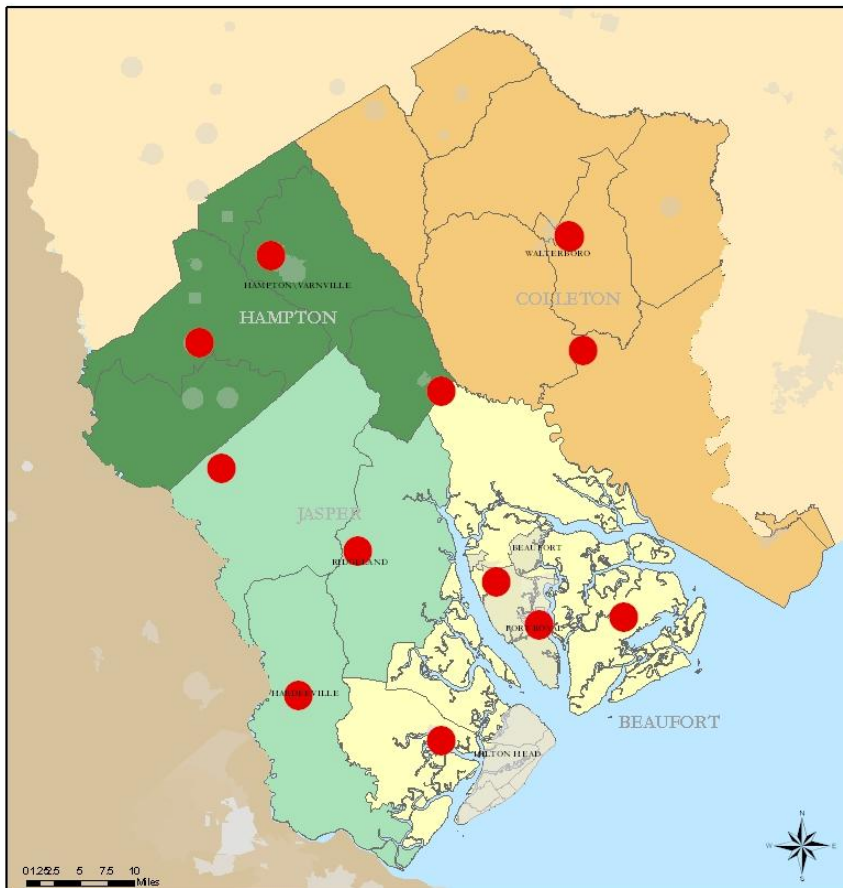
1. *The AAA has successfully launched and continuously improves an innovative Comprehensive Person-Centered Assessment program region-wide. This is now being replicated state-wide.*
2. *The AAA has brought in FTA (5310) funds to help leverage IIIIE funds as match instead of the primary source, therefore increasing over all funding by \$100,000, simplifying contracts for providers, and setting an example for other regions.*
3. *The AAA has launched a successful Consumer Choice Home Care program that continues to grow while giving participants choice of participating providers and flexibility if not happy with their initial provider.*
4. *The AAA has secured private grant funding for the purpose of launching a pilot Home Delivered Meal program to both push current providers to stretch and remotely serve seniors un-served by current providers.*

## Attachment E: GIS Mapping

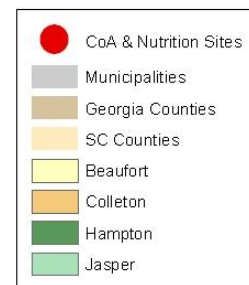
- **Service Delivery Areas (SDAs):** Provide a map of the region that shows the location of specific service delivery areas included in the Requests for Funding Proposals (RFPs) for this area plan period. Identify the cities, towns, and communities for whom the AAA is purchasing services or directly providing services for older adults.
- **GIS Maps:** The AAA shall provide GIS maps showing that its clients meet the requirements (at-risk clients) specified by the Older Americans Act. These maps should pay particular attention to rural and low-income clients. Maps shall show where each category of “at-risk” senior clients reside within the counties within the planning and service area.
- **Senior Centers/Meal Sites:** Please map the locations of senior centers and meal sites. Denote which locations are meal sites or senior centers. (Senior centers should be fully functioning and multipurpose sites.)

The following maps address all of these requirements and more. We use them to compare and contrast actual activity of the AAA and Contractors versus Census data in order to verify service strategies and target new areas for growth. These maps show:

- The location of the seniors we serve today.
- Household in the region with a person 60+
- Households with Minority persons 60+
- LMI Data



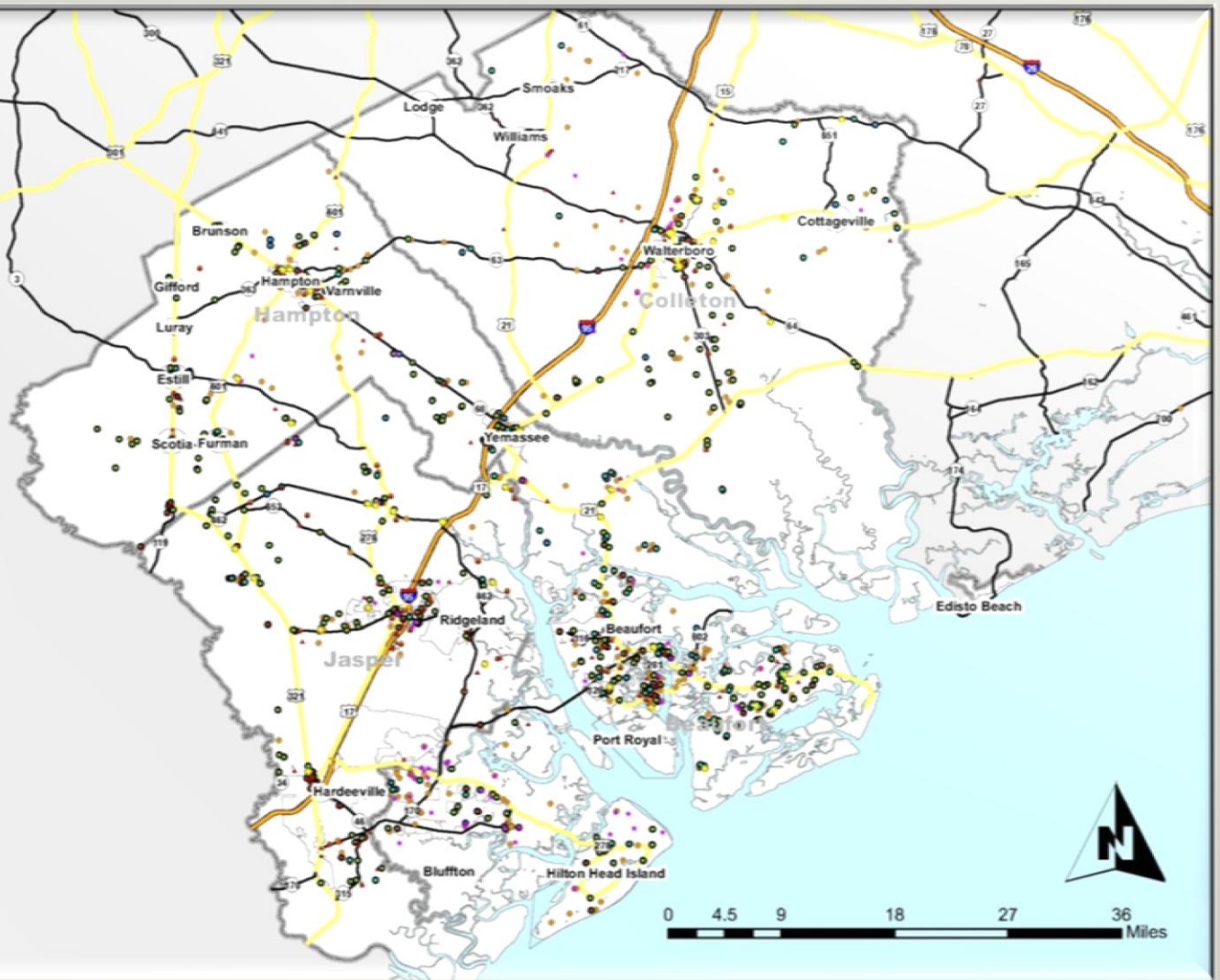
Lowcountry Region  
Councils on Aging



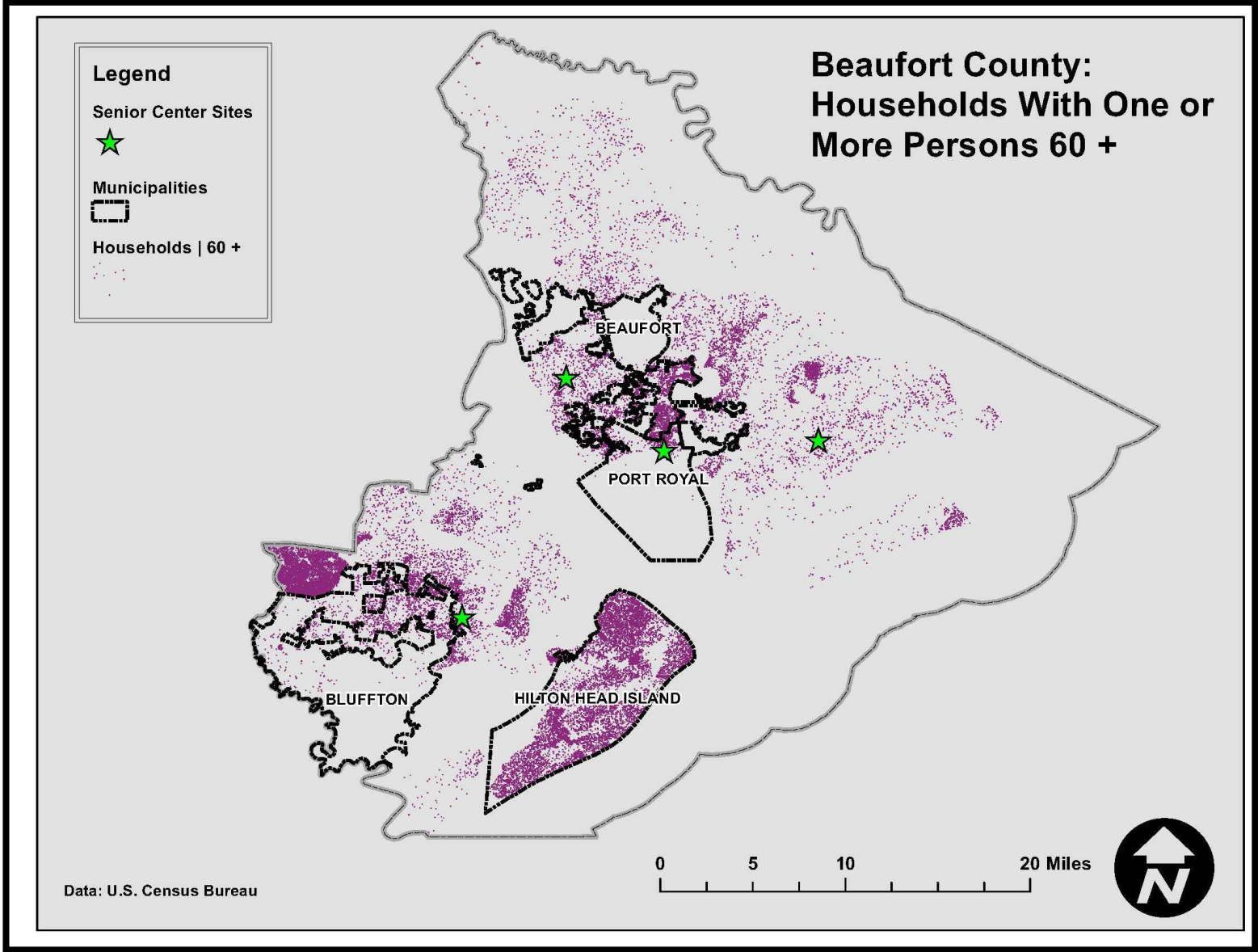
  
events are made available to clients to  
represent the state of emergency for  
and stability of the region which may result in the need  
for more  
January 12, 2020  
Data Source: US Census Bureau  
www.census.gov/ipeds/data/geography.html

# LOWCOUNTRY AREA AGENCY ON AGING SERVICE MAP

Service	ROUTE_TYPE
Assessment	Interstate
Homecare	US Route
Group Dining	SC Route
HDM	Locality Municipalities
FCSP	Water
Legal	County Boundary
MHR	
Multi-service	






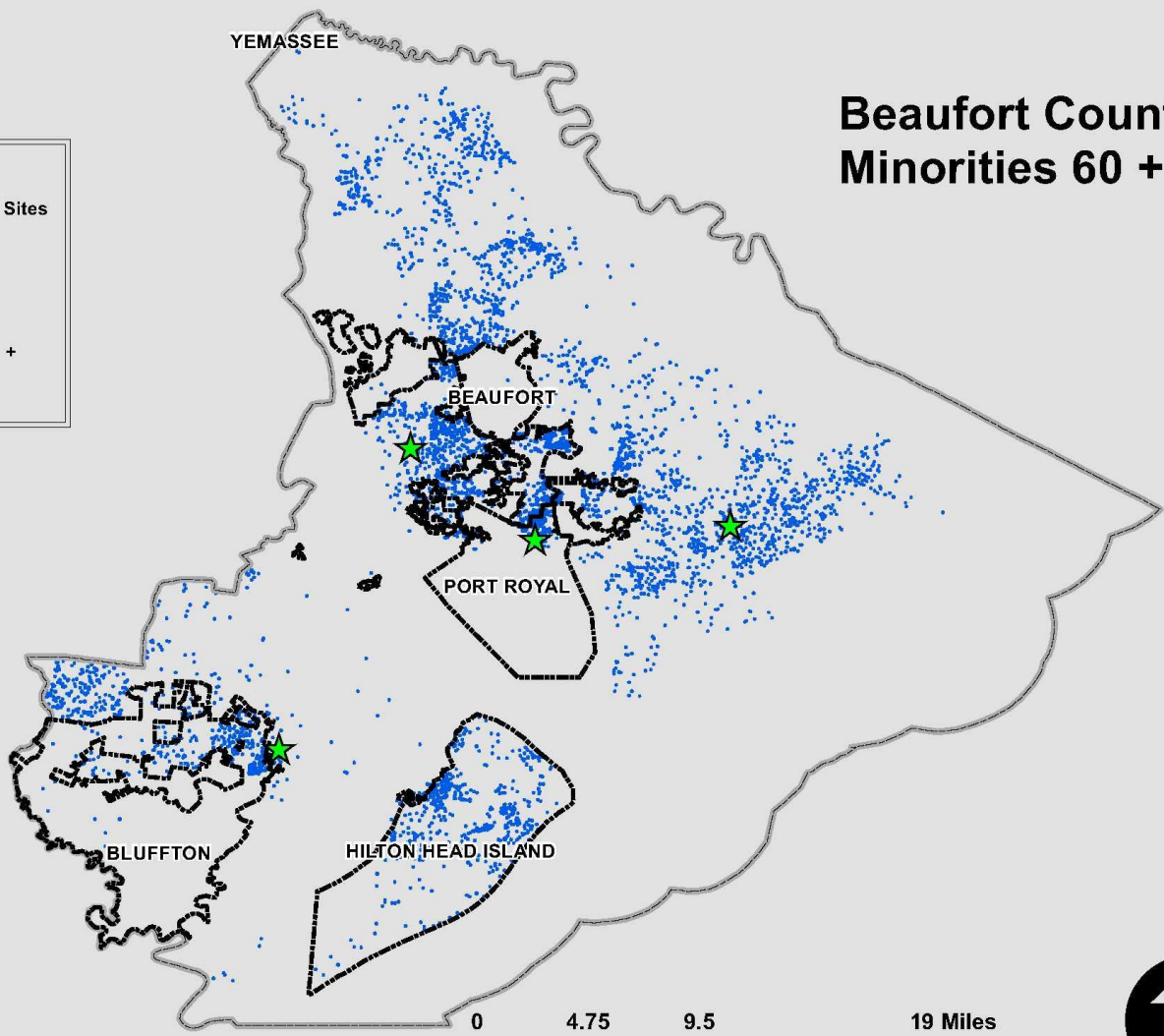




# Beaufort County: Minorities 60 +

**Legend**

- Senior Center Sites 
- Municipalities 
- Minorities | 60 + 



Data: U.S. Census Bureau 2010



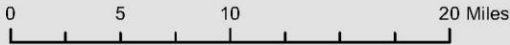
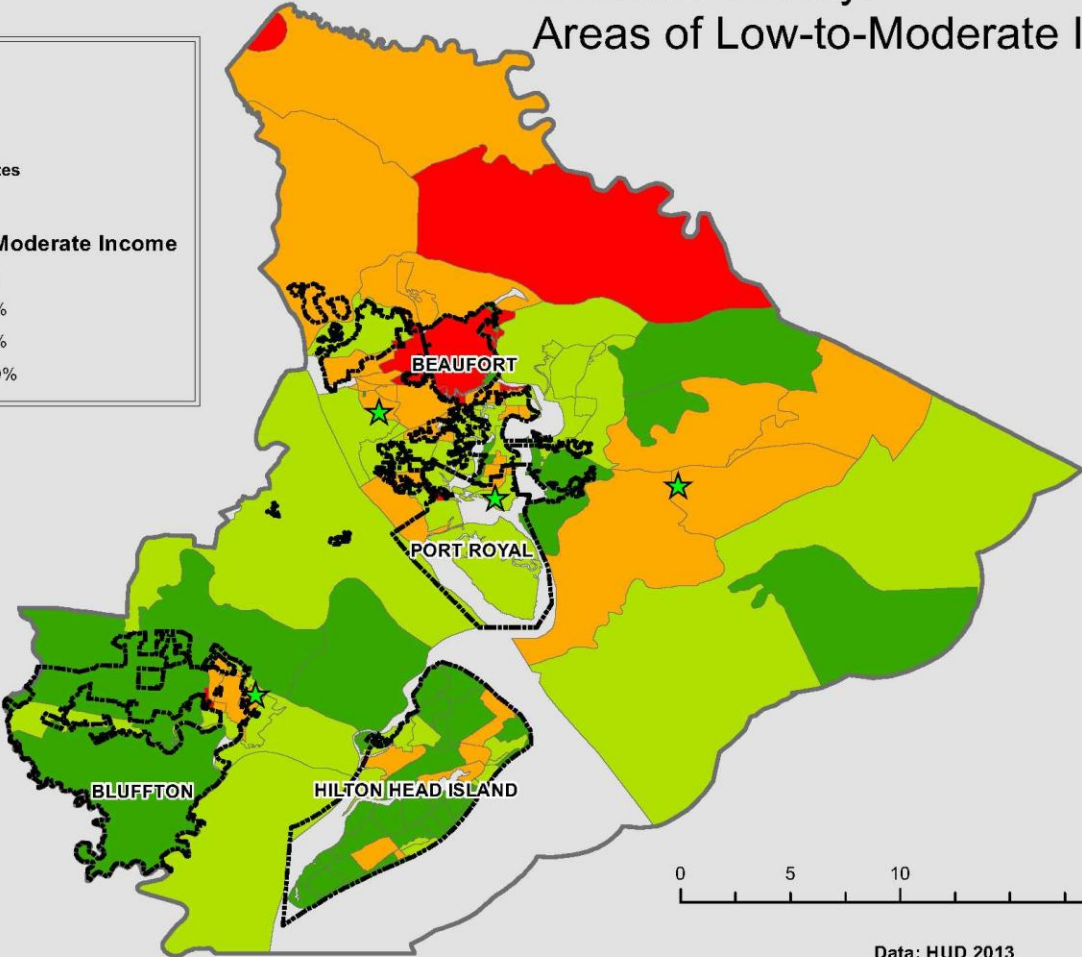
# Beaufort County: Areas of Low-to-Moderate Income

**Legend**

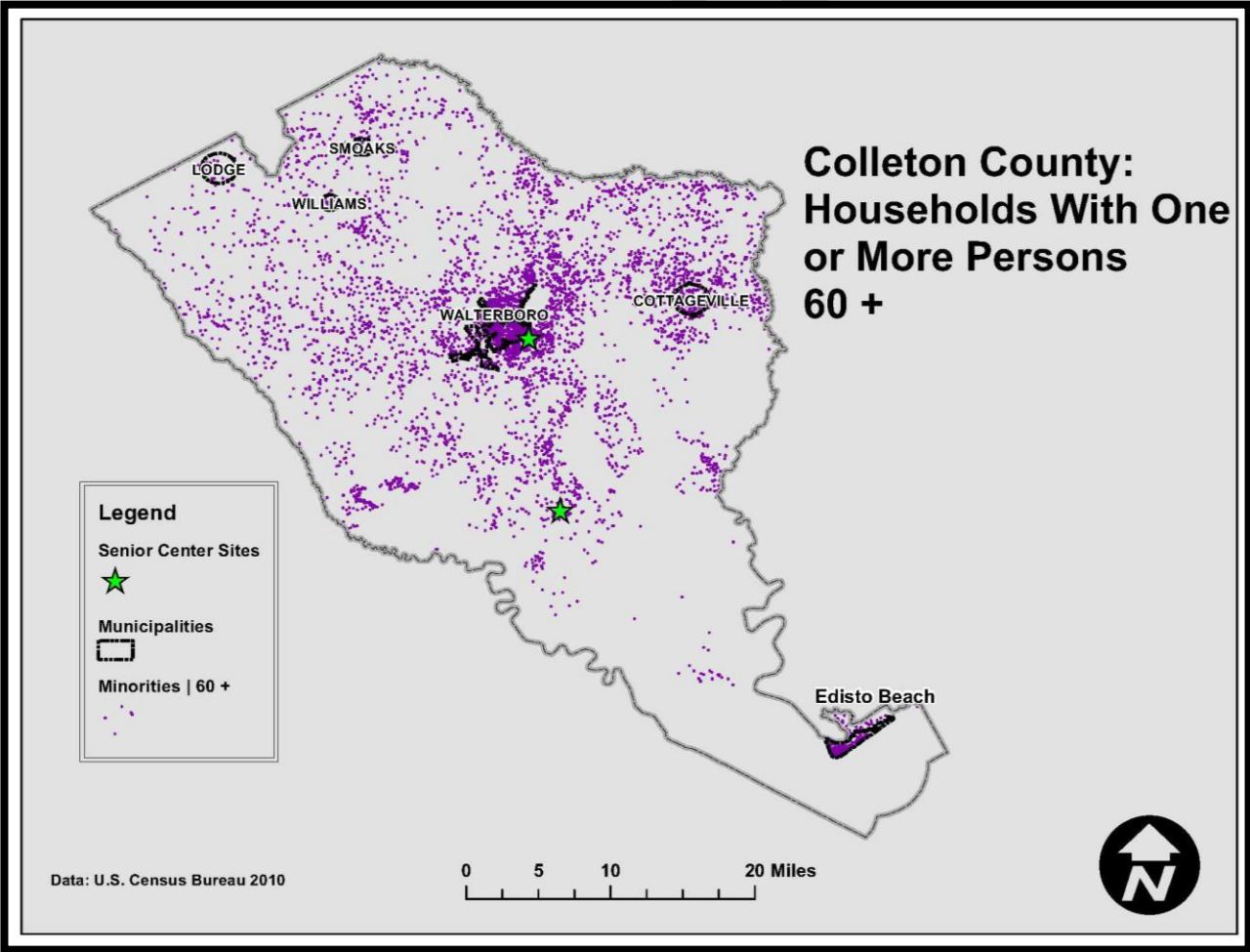
Municipalities  
Senior Center Sites

**BC - Low-to-Moderate Income**

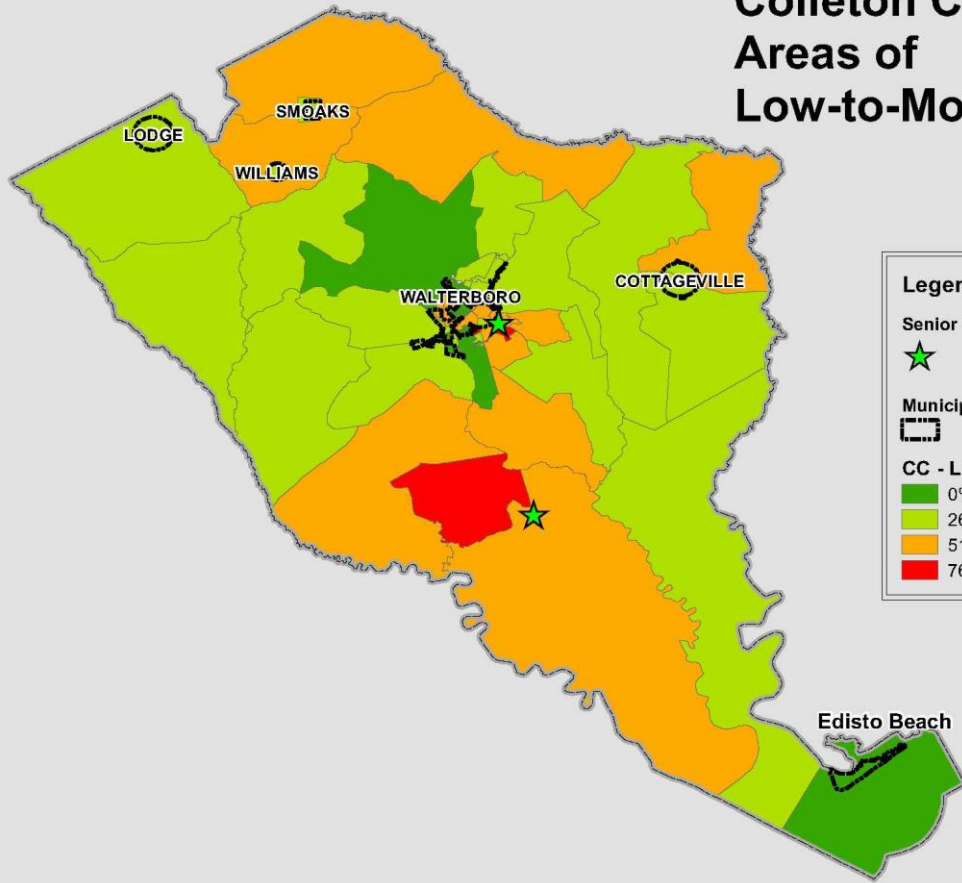
- 0% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%



Data: HUD 2013



# Colleton County: Areas of Low-to-Moderate Income



**Legend**

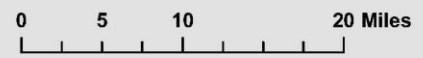
Senior Center Sites  
★

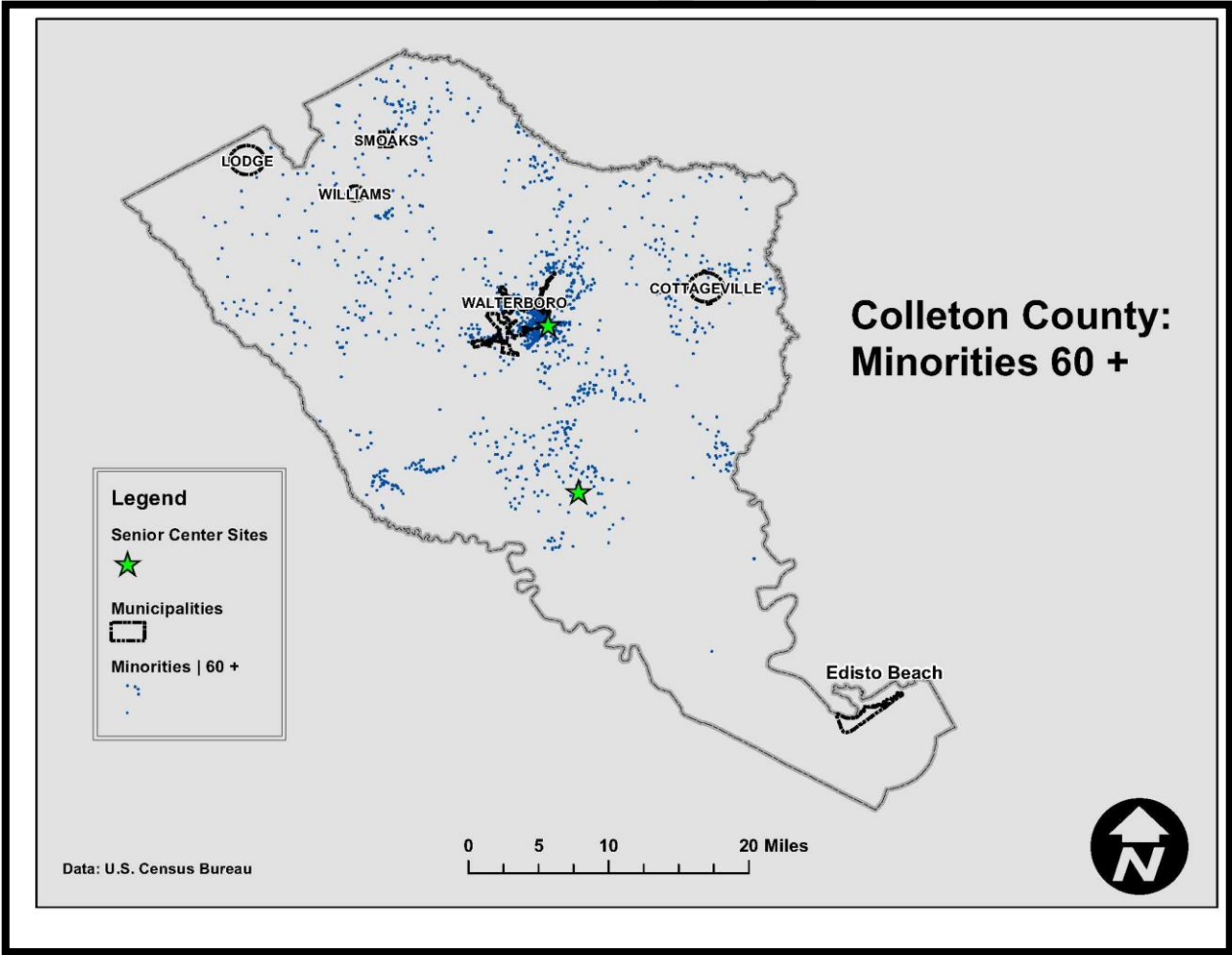
Municipalities  
⬡

**CC - Low-to-Moderate Income**

- 0% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%

Data: HUD 2013

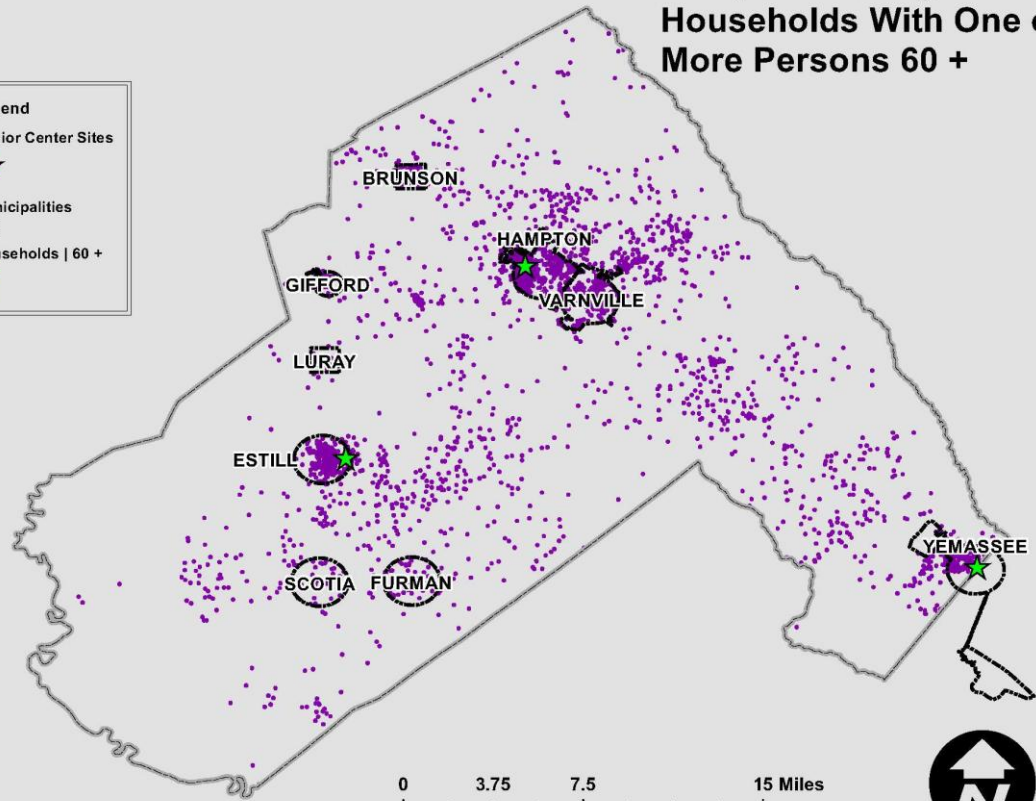




# Hampton County: Households With One or More Persons 60 +

**Legend**

- Senior Center Sites 
- Municipalities 
- Households | 60 + 



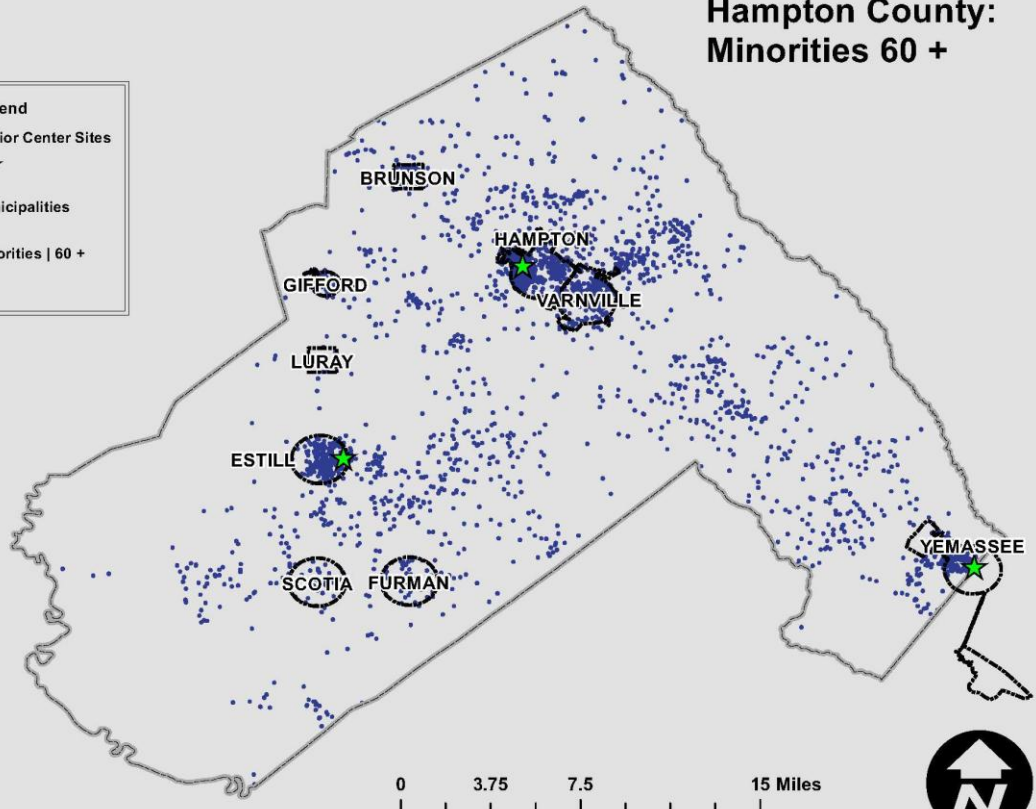
Data: U.S. Census Bureau 2010



# Hampton County: Minorities 60 +

**Legend**

- Senior Center Sites
- Municipalities
- Minorities | 60 +



Data: U.S. Census Bureau 2010

# Hampton County: Areas of Low-to-Moderate Income

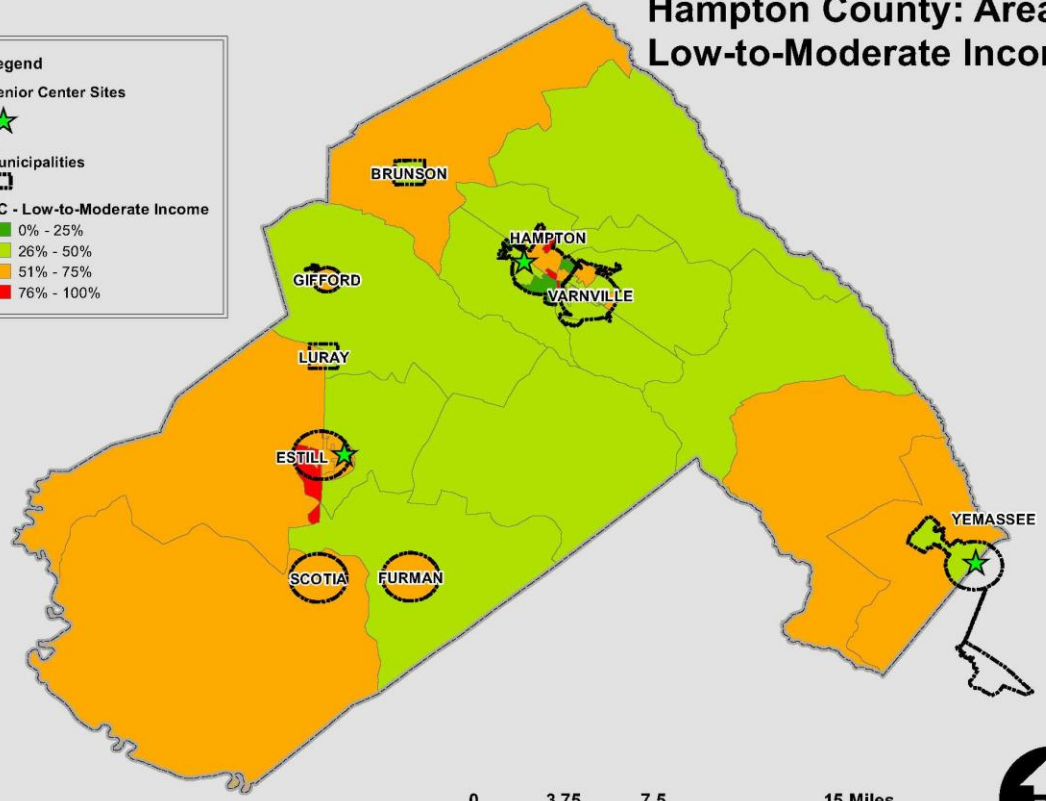
**Legend**

Senior Center Sites  
★

Municipalities  
□

HC - Low-to-Moderate Income

- 0% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%



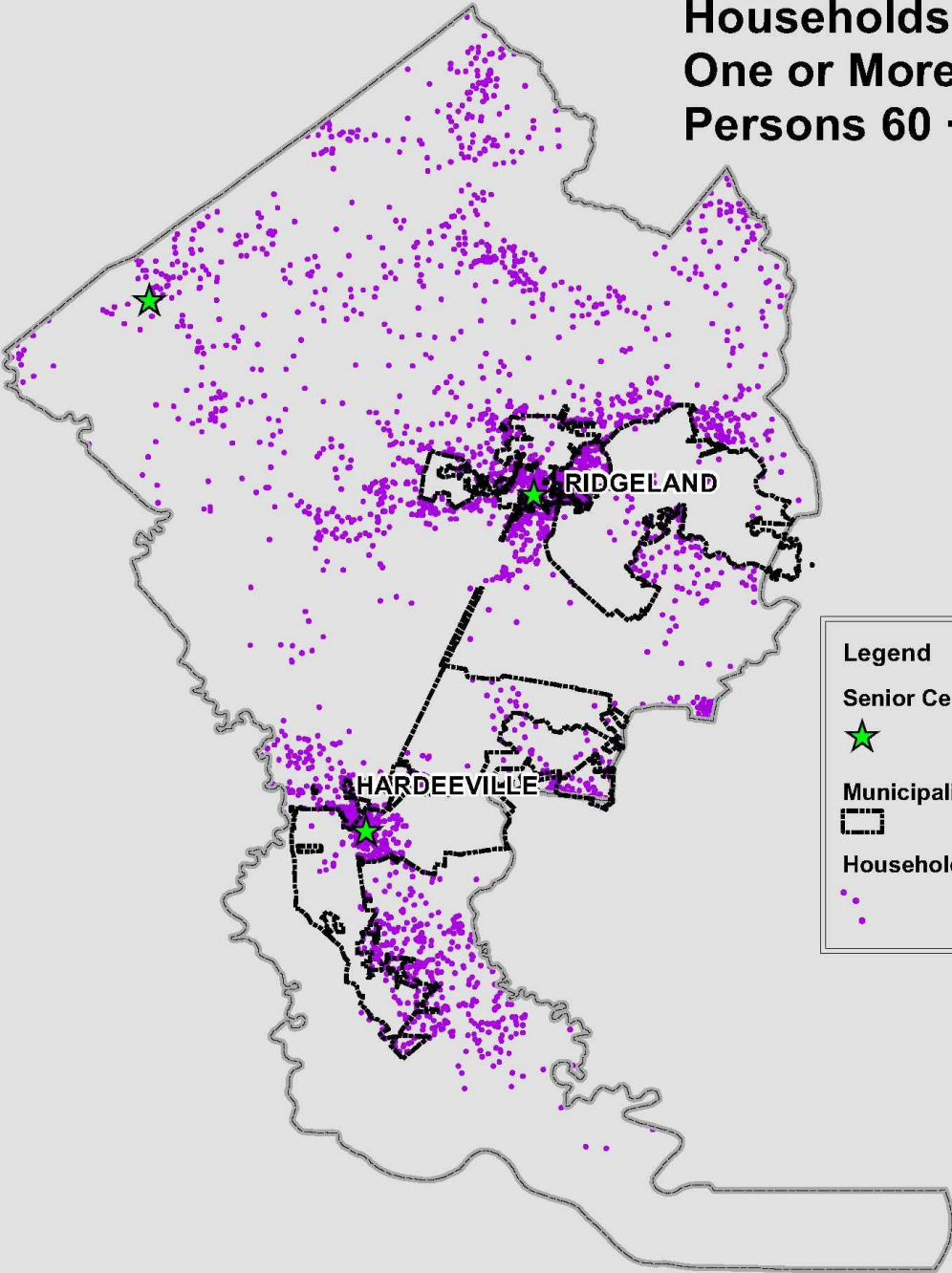
Data: HUD 2013

0 3.75 7.5 15 Miles





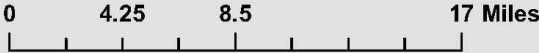
# Jasper County: Households With One or More Persons 60 +



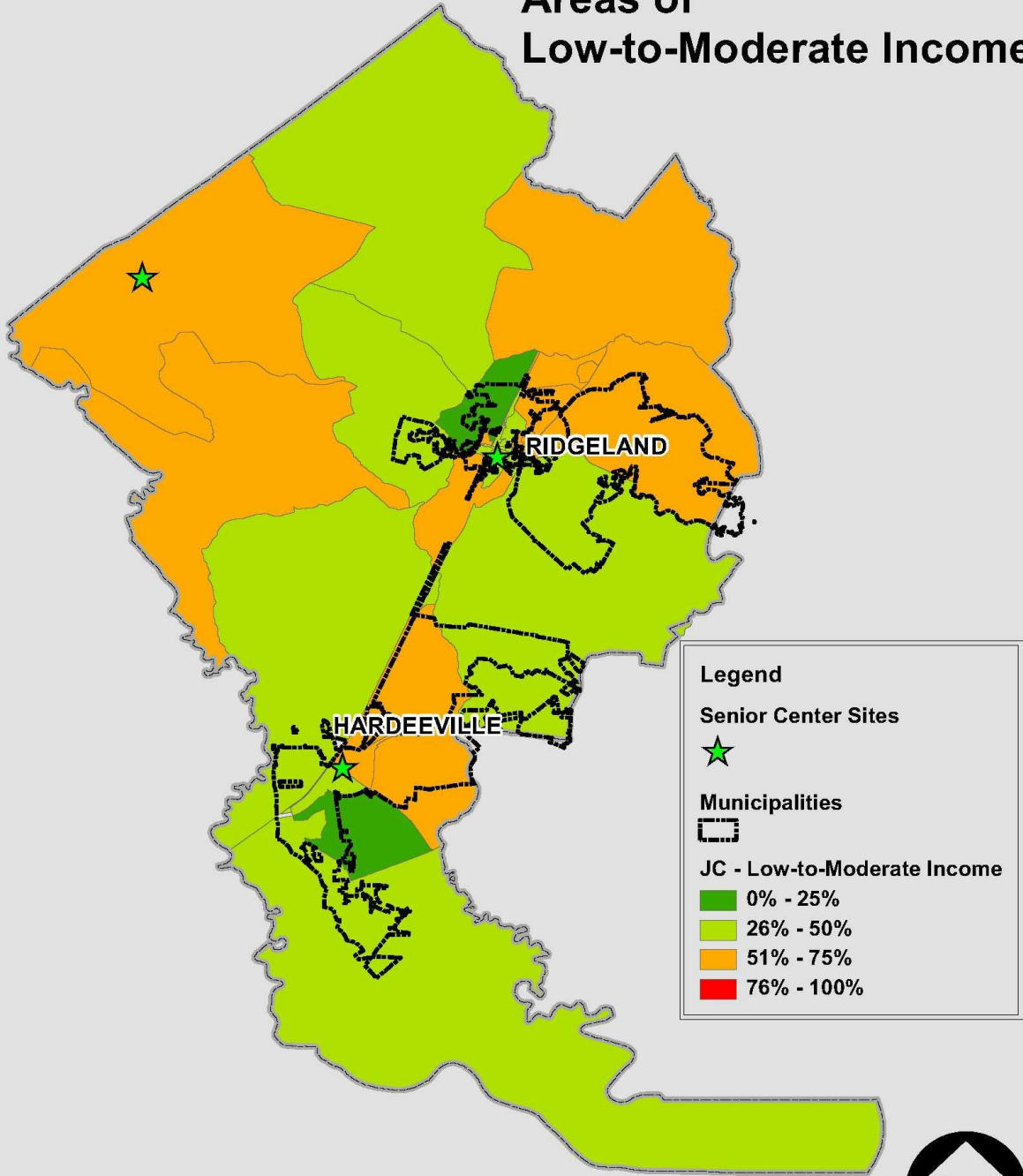
**Legend**

- Senior Center Sites  
★
- Municipalities  
□
- Households | 60 +  
●

Data: U.S. Census Bureau



# Jasper County: Areas of Low-to-Moderate Income



### Legend

Senior Center Sites



Municipalities



JC - Low-to-Moderate Income

0% - 25%

26% - 50%

51% - 75%

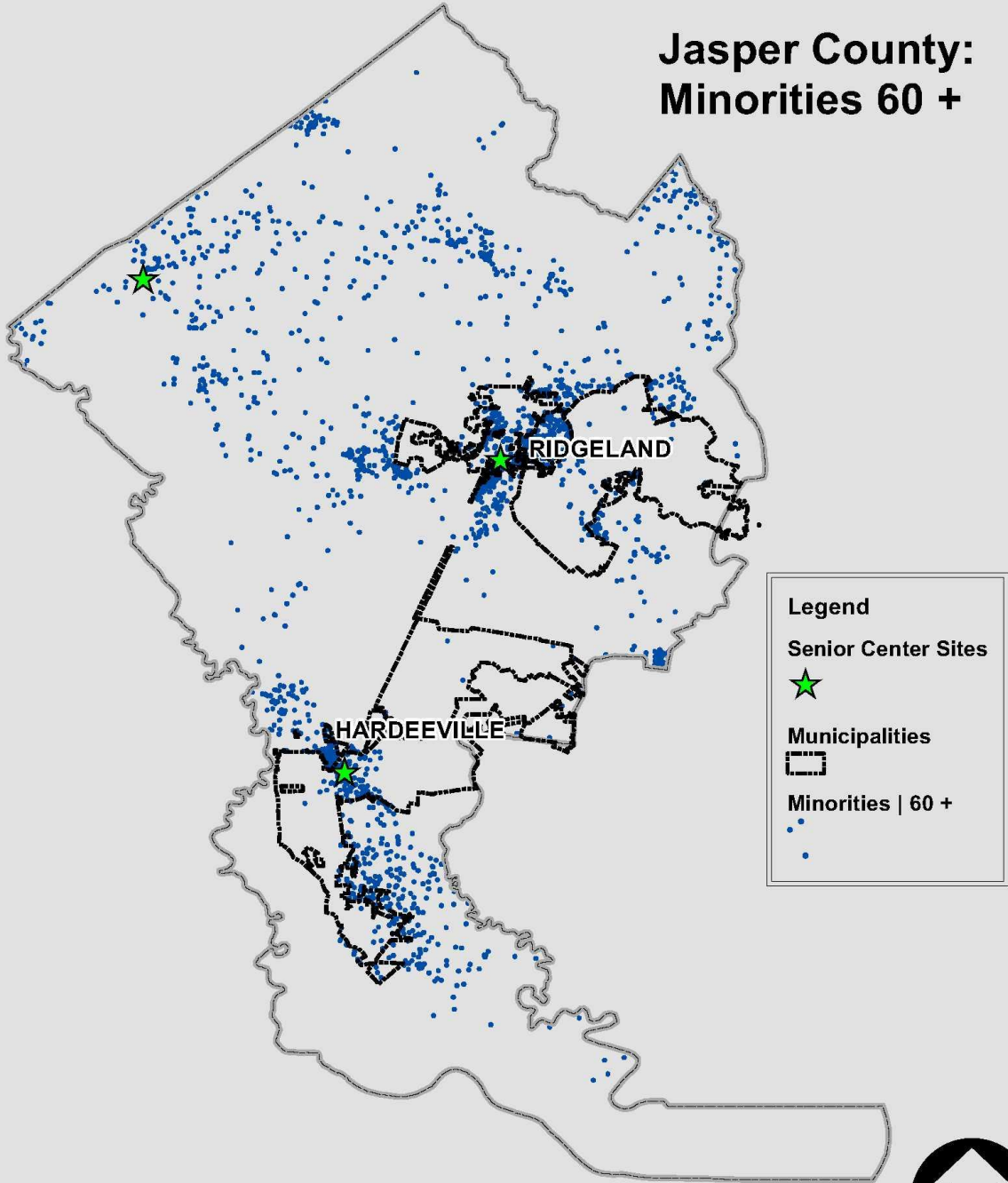
76% - 100%

Data: HUD 2013

0 4.25 8.5 17 Miles



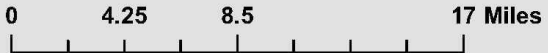
# Jasper County: Minorities 60 +



**Legend**

- Senior Center Sites
- ★
- Municipalities
- ▭
- Minorities | 60 +
- 

Data: U.S. Census Bureau



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

### **Strategic Planning**

1. *The Lowcountry AAA coordinates with regional partners, contracted providers, its Board of Directors, and the Regional Area Agency on Aging Advisory Committee in planning and setting forth goals and objectives. A formal Strategic Planning exercise is to be held in the coming year. The Area Agency as well as the State Unit on Aging has undergone great change in the past three years and the AAA is now poised to grow even further now that it is on solid footing. We look forward to this process.*
2. The AAA accomplishes this through communication with staff, the Board, partners, contractors, and also through community education events.  
*The AAA uses GIS maps as visual aids to educate and motivate the Contracted providers as well as AAA Program Managers. The maps indicate where customers are, contacts have been made, which homes are utilizing multiple aging service programs and what areas of the region remain untouched. The tool is used to produce public media tools and outreach efforts to local organizations and civic groups are vamped up in the unreached areas.*
3. How does the AAA measure progress on its action plans? The AAA utilizes AIM reports, updates service maps and reports versus budget from our Finance Department.  
*Caller and referral volume indicates whether or not we are meeting projected expansion of information and education goals and review of budget expenditures produce results as to what programs are best received by the public and may or may not need to be enhanced.*
4. How does the AAA evaluate and improve its strategic planning process?  
*The AAA measures its performance versus goals.*

### **Workforce Focus**

1. As the aging network matures, explain how the AAA plans to address potential workforce transitions over the next four years.  
*All AAA are cross trained within the respective parameters of Aging services core programs and are well prepared to inherit the responsibility as well as use the education for professional development.*
2. How do senior leaders at the AAA promote and personally participate in succession planning and the development of future organizational leaders?  
*The AAA holds regular group meetings and discussions for the purpose of individuals understanding more than just their particular job and task list. The Director in conjunction with the PSA Director regularly discuss staff development and strategies to continually move staff forward for this purpose.*
3. How do senior leaders set, deploy, and ensure two-way communication for: a) short and long-term organizational direction and organizational priorities, b) performance expectations, c) organizational values, and d) ethical behavior?  
*Staff meetings as a group as well as one-on-one are conducted in order to review performance and discuss goals and measurement of success/failure. The AAA, in the past three years has instituted a true TEAM approach and these items are shared for all to know and discuss. Ethics are at the forefront of all discussions. We have a moto. It is: "We will do all we can, within the law, to find a way to say YES to serving individuals in need." Unethical behavior is not tolerated in our organization.*

4. How do senior leaders create an environment for organizational and workforce learning?  
*The AAA has worked hard to create an environment of continuous learning. We hold regular training for staff. We also have extremely open communication on an ongoing basis. Our office is set up with cubicles and we all hear each other deal with participants. This provides for quality assurance and “teachable moments”, both good and bad. We discuss participant cases as a group as well, in order to find new and creative ways to serve our participants.  
Additionally, the AAA encourages and funds ongoing certification.*
5. How do senior leaders actively support and strengthen the communities in which the AAA and its providers operate? Include how senior leaders determine areas of emphasis for organizational involvement and support, and how senior leaders, the workforce, and the organization contribute to improving these communities.  
*This is accomplished by involving staff and contractors, and participants in the decision making and implementing phases of the process. We operate as a team. But teams have coaches who ultimately have to make decisions. However, if input is truly sought, taken in, and utilized, buy-in follows.*
6. How does management organize and measure work to enable the workforce to: 1) develop to their full potential, aligned with the organization’s objectives, strategies, and action plans; and 2) promote cooperation, initiative, empowerment, teamwork, innovation, and your organization’s culture?  
*As stated above, the AAA has worked hard to create an environment of teamwork. We hold regular staff meetings and we also have extremely open communication on an ongoing basis in our open format office. We discuss participant cases as a group in order to find new and creative ways to serve our participants. This is also undertaken when discussing policy. The Director seeks input from the front lines as they see participants every day.*
7. How does the AAA achieve effective communication and knowledge/skill/best practice sharing across departments, jobs, and locations?  
*This is achieved through regular communication with the South Carolina Association of Area Agencies on Aging. Additionally, the Council of Governments holds monthly department head meetings in which successes, difficulties, and best practices are shared.*
8. How does the AAA assess its workforce capability and capacity needs, including skills, competencies, and staffing levels?  
*This is part of being a quality manager. Supervising, delegating, empowering, and monitoring are skills that are essential to being the AAA Director. This is supported by regular meetings with the PSA Director to additionally ensure that this happens. In the event of an issue, difficulty or low functioning program or staff person, senior staff analyzes the situation to see if it is due to a systems problem, a capacity issue or a true problem of overloading a staff person. These findings are taken into account and fixes are then employed.*
9. How does the AAA collect, transfer and maintain organizational and workforce knowledge? How does it identify, share, and implement best practices?  
*The AAA accomplishes this by updating Policies and Procedures as well as continued communication with staff.*

## Process Management

1. How does the AAA determine the organization's core competencies, and how these core competencies relate to the organization's mission, competitive environment, and action plans?

*In operating an organization a manager must identify strengths and weaknesses. This is done for multiple reasons. First it is to know what needs to be corrected or strengthened in an organization, second it is to identify opportunities to take advantage of strengths to be more effective and competitive in delivering a service. This ability allows the AAA to properly utilize their human resources to best accomplish its mission. The Lowcountry AAA prides itself on having this ability.*

2. How does the AAA determine and what are the key work processes that produce, create, or add value for customers, providers and the AAA. How does the AAA ensure these processes are used?

*This is determined by talking to customers, both in person and via survey. Additionally the re-assessment process allows us to check on the effectiveness of services and customer satisfaction. As for Providers, our regular communication and quarterly meetings cover this thoroughly. In fact, there is a designated item on each agenda to solicit and strongly encourage input, questions, concerns, and maybe even positive feedback from time to time.*

3. How does the AAA incorporate organizational knowledge, new technology, cost controls, and other efficiency and effectiveness factors into process design and delivery?

*At all points, the AAA looks at how we can streamline services, be more efficient and effective, and most importantly serve our customers better. This constant awareness and overriding principle is how we accomplish this.*

4. How does the AAA systematically evaluate and improve its key product and service related work processes?

*The AAA believes that constant awareness is key. Designing, implementing, and evaluating programs and practices are not one time activities. We take the approach of constant improvement. Service data, customer sentiment, and budget efficiency help us as dials on the dashboard in driving this organization forward. Just as in driving a car, one should never take your hands off of the wheel or lose focus.*

5. How does the AAA determine the resources needed to meet current and projected budget and financial obligations (non-LGOA related resources)?

*The PSA and its contributing entities fully understand the resources needed to meet current and projected budget financial obligations. The PSA is always seeking additional sources of funds in the case that more match is required for Federal/State funds or a service is needed that is not funded by Federal/State funds.*

## **Attachment G: Area Plan Public Hearings**

- Provide a summary of Area Plan public hearings – locations, number of attendees, comments, etc.

**Note: Each AAA is responsible for ensuring that all required services and programs of the OAA and LGOA provided by the AAA, that may not be specifically addressed in the 2017 – 2021 Area Plan Program Instructions are included in the Area Plan.**

**In addition, please denote all initiatives and services not mandated by the OAA and LGOA as region specific activities in the Area Plan.**

DRAFT

**Attachment H: Lowcountry AAA Policy & Procedure Manual**

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