



# Lowcountry Area Agency on Aging Area Plan 2023-2025

---

## Table of Contents

<b>A.</b>	<b>Executive Summary .....</b>	<b>2</b>
<b>B.</b>	<b>Context.....</b>	<b>3</b>
<b>C.</b>	<b>Quality Assurance Process.....</b>	<b>18</b>
<b>D.</b>	<b>Goals, Objectives, and Performance Measures .....</b>	<b>20</b>
<b>E.</b>	<b>Long Range Planning .....</b>	<b>27</b>
<b>F.</b>	<b>Attachments.....</b>	<b>30</b>
	<b>Attachment A – Verification of Intent (VOI).....</b>	<b>31</b>
	<b>Attachment B – Assurances.....</b>	<b>32</b>
	<b>Attachment C – Information Requirements .....</b>	<b>44</b>
	<b>Attachment D – Programmatic Questions .....</b>	<b>47</b>
	<b>Attachment E – Performance Measures Template .....</b>	<b>53</b>
	<b>Attachment F – Organizational Information.....</b>	<b>57</b>
	<b>Attachment G – Regional Aging Advisory Council (RAAC) .....</b>	<b>59</b>
	<b>Attachment H – Mapping .....</b>	<b>61</b>
	<b>Attachment I – Fiscal .....</b>	<b>89</b>

## **A. Executive Summary**

The Lowcountry Area Agency on Aging is one of the ten Area Agencies on Aging in the State of South Carolina. While we are statistically proven to be one of the smaller regions geographically as well as in population, we strive to provide equal opportunities and resources in comparison to those of the larger, more metropolitan areas. While doing so, we are also attentive to the differences that exist in needs, challenges and resources that arise in our predominantly rural region and position our staff to address those differences with proficiency and determination to make a difference in the lives of those we serve.

This regional Area Plan for 2023-2025, to be submitted to the South Carolina Department on Aging, outlines the Lowcountry Area Agency on Aging's intent to increase current services and develop services that address the current needs of the Lowcountry region. This will be accomplished by maintaining a resourceful, talented staff, utilizing resources of Human Services Agencies, Emergency Management Departments, the Faith Based Community, & others and accessing the knowledge, support, and advocacy efforts of the Lowcountry Area Agency on Aging's Regional Aging Advisory Council.

It is our mission to serve as the regional lead agency responsible for advocating, planning, coordinating and developing resources to help local agencies provide a comprehensive range of social and health-related services for older individuals, adults with disabilities and their families within the statewide aging network and to promote a positive experience of safely aging in place.

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

In recent years, the response to the global pandemic, COVID-19, created avenues for increased funding and opportunities for creativity and diversity within our programs. While this has been a tremendous benefit to our region, it also leaves concern for the sustainability of services implemented due to the availability of relief given due to COVID-19. In addition, the revision of the Intrastate Funding Formula's negative impact on the Lowcountry region has created a reduction of funding. With these challenges, Lowcountry Area Agency on Aging will move forward aware of the need to create partnerships and seek additional funding sources in order to thrive and seamlessly serve this region with excellence.

## B. Context

The Lowcountry Area Agency on Aging is housed within the Lowcountry Council of Governments (LCOG). Other departments include Community and Economic Development, Planning and Transportation and Workforce Development. The Planning Service Area includes Beaufort, Colleton, Hampton and Jasper counties.

The Area Agency on Aging is tasked with carrying out the duties of Planning, Program and Resource Development, Technical Assistance, Grant and Contract Management, Training, Advocacy, Coordination, Service Delivery and Community Education. Services delivered in the Lowcountry region, as authorized by the Older Americans Act, include Information and Referral, Congregate and Home-Delivered Meals, Evidence Based Disease Prevention and Health Promotion, Home Care, Transportation, Caregiver Support, Long Term Care Ombudsman, Minor Home Repair and Legal Assistance. The following chart identifies services offered by the Lowcountry Area Agency on Aging:

### Current Service Coverage Tables

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

Supportive Services	Beaufort	Colleton	Hampton	Jasper
Assessment	☒	☒	☒	☒
Transportation	☒	☒	☒	☒
Congregate				
Medical	☐	☐	☐	☐
Essential	☐	☐	☒	☒
Assisted	☐	☐	☐	☐
Homecare	☒	☒	☒	☒
Personal Care				
Homemaker	☒	☒	☒	☒
Chore	☐	☐	☐	☐
Minor Home Repair	☒	☒	☒	☒
Information & Referral	☒	☒	☒	☒
Legal Services	☒	☒	☒	☒



<b>Nutrition Services</b>	<b>Beaufort</b>	<b>Colleton</b>	<b>Hampton</b>	<b>Jasper</b>
Congregate Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Delivered Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Delivered Meals (Family Caregiver)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Health Promotion Services</b>	<b>Beaufort</b>	<b>Colleton</b>	<b>Hampton</b>	<b>Jasper</b>
Evidenced-Based Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health Promotion & Disease Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Family Caregiver</b>	<b>Beaufort</b>	<b>Colleton</b>	<b>Hampton</b>	<b>Jasper</b>
Information & Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caregiver Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

The chart above identifies services currently offered by Lowcountry Area Agency on Aging. However, not all services are matured in our region. Where Transportation-Medical, Essential and Assisted services are not offered, it is due to capacity, either financial or staff. The Lowcountry Area Agency on Aging plans to address this in part by offering Medical Transportation in Hampton County with ARPA funds. Chore services have rarely been offered due to funding limitations but are planned to be implemented for the planning period of 2023-2025 due to the availability of ARPA funds. Home Delivered Meals through the Family Caregiver Support program are not offered as all family caregivers are fully assessed through our Assessment program where if there is a need for meals, it is addressed through our Nutrition Services. Nutrition Counseling is not

offered in the Lowcountry due to financial limitations to contract a Registered Dietician. Family Caregiver Counseling has not been requested in the Lowcountry region. However, should the need arise, we will assist in finding a licensed therapist and pay for a limited number of sessions.

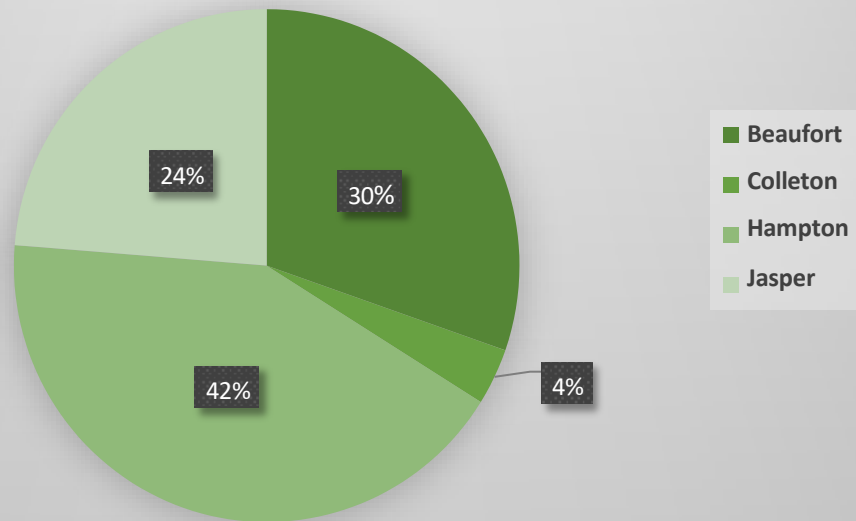
In addition to the core services identified in the Older Americans Act, Lowcountry Area Agency on Aging offers additional services to meet the needs of aging adults in our region. To enhance the aging adult experience at congregate sites, Lowcountry Area Agency on Aging employs the use of MySeniorCenter kiosks through pilot funding for participants to check-in upon arrival, schedule services and activities for the day and reserve their upcoming meals, depending on how each site has their system programmed. This also assists providers with tracking units for transportation and meal delivery. Lowcountry Area Agency on Aging, in contract with Santee-Lynches Regional Council of Governments, conducts Long-Term Care (LTC) education and application submission for up to ten participants through SC Thrive Hub and SC Thrive tools. Staff also assist aging adults through the process of obtaining Supplemental Nutrition Assistance Program (SNAP) benefits. The Community and Economic Development team at LCOG has secured (on Lowcountry Area Agency on Aging's behalf) funding through the Community Development Block Grant to purchase up to 200 tablets for aging adults in our region to be able to access virtual programming such as Evidence Based Health Promotion Services.

Gaps in service are identified by unmet needs data collected through the SC ACT system as input by AAA staff based on daily encounters with those calling into the agency for assistance. We also use data collected from the agency assessments & reassessments, community & partner feedback, the Regional Aging Advisory Council and the Needs Assessment. The South Carolina Association of Area Agencies on Aging (SC4A) released a uniform Needs Assessment throughout the state from March 1, 2022 until August 16, 2022. The assessment was available by mail, through nutrition service sites, through community partners and faith-based organizations and online. Results for the Lowcountry region are as follows:

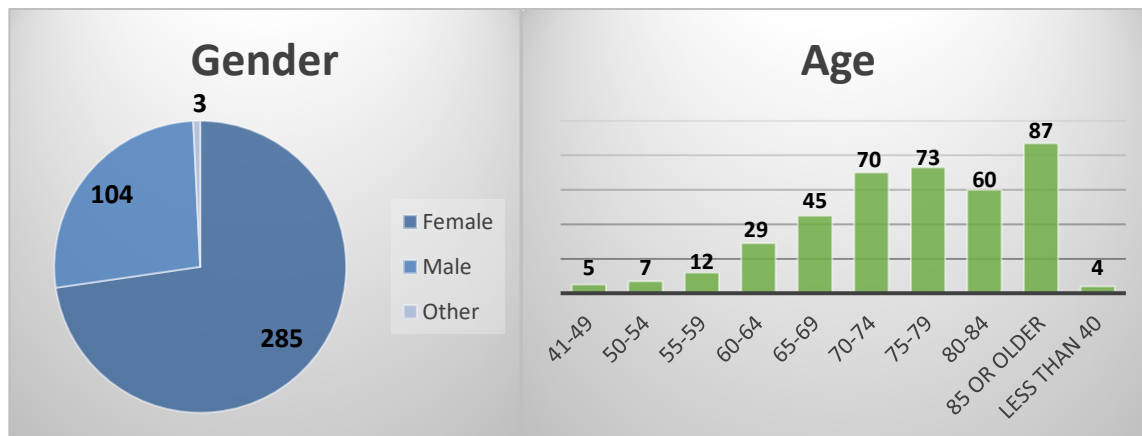
### Survey Responses for the Lowcountry Region

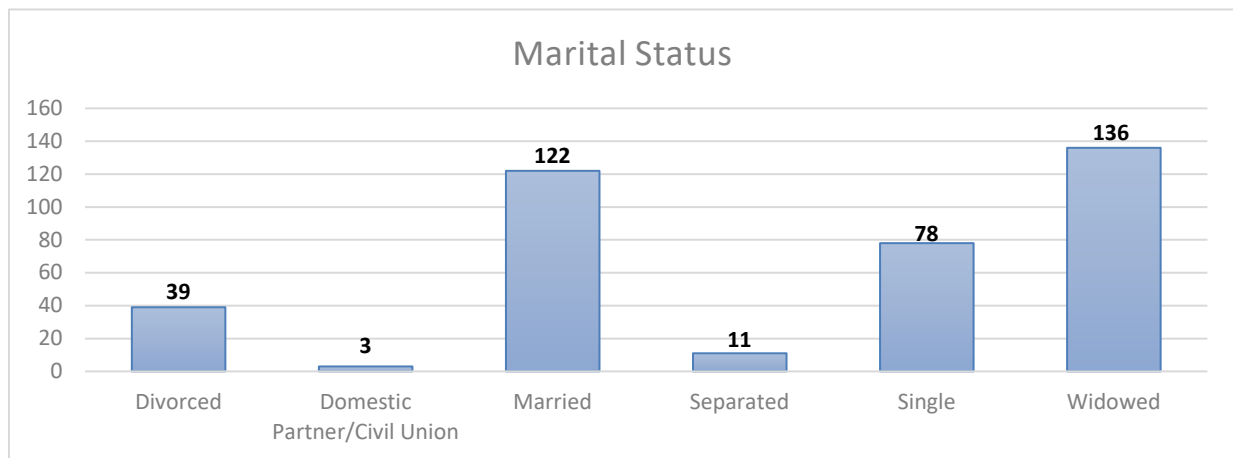
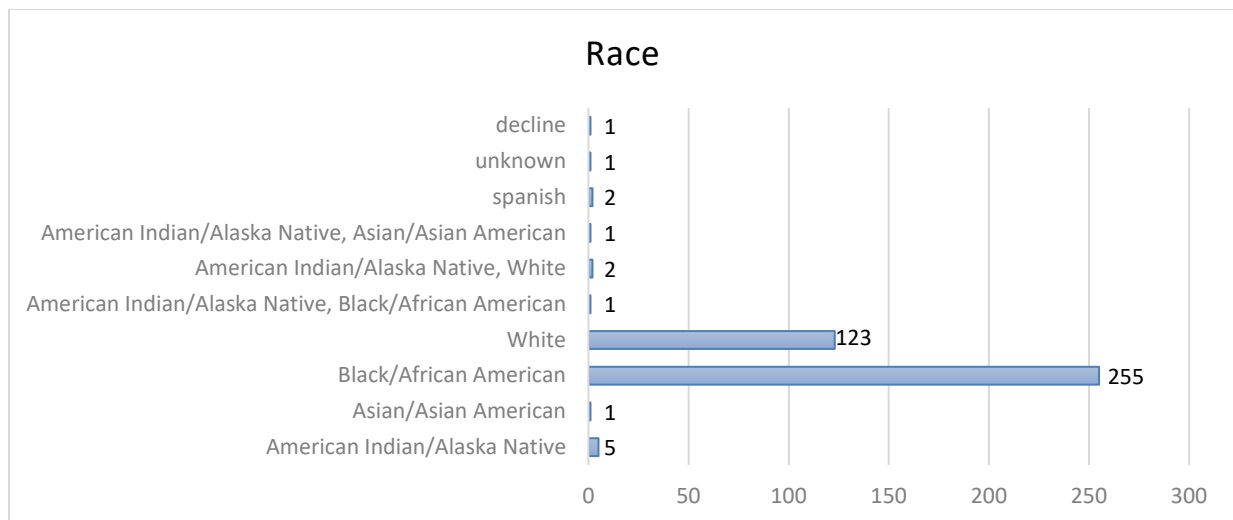
County	Survey Responses
Beaufort	119
Colleton	14
Hampton	166
Jasper	93
<b>REGION TOTAL</b>	<b>392</b>

## Lowcountry Responses by County



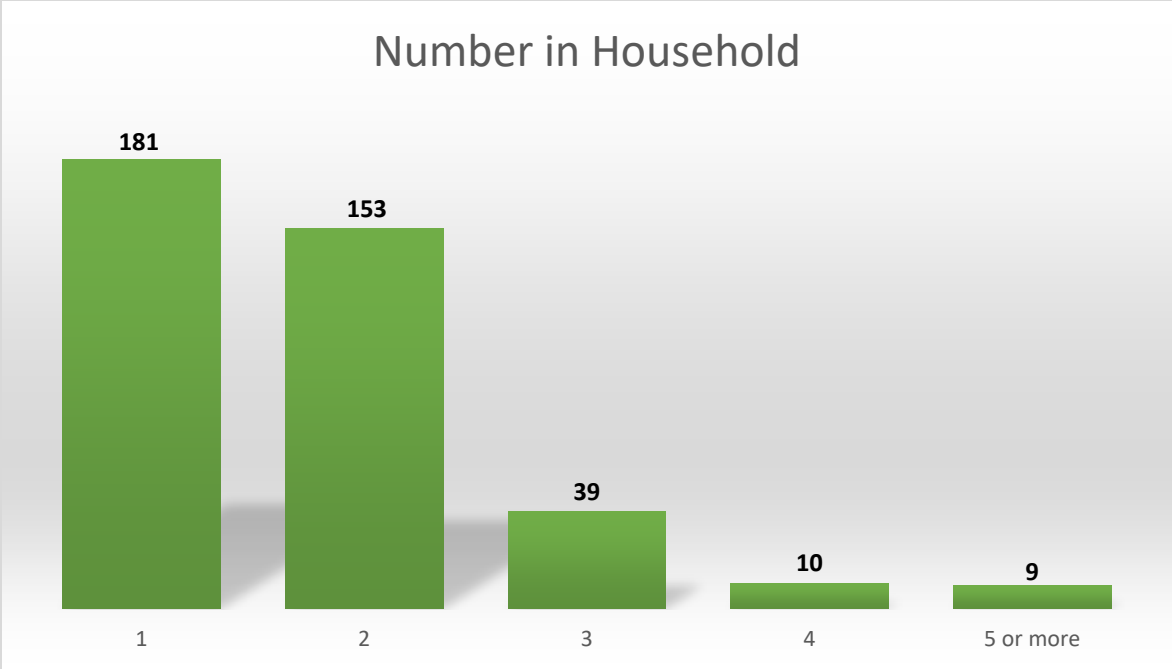
## Lowcountry Demographics: Gender, Age, Race, and Marital Status



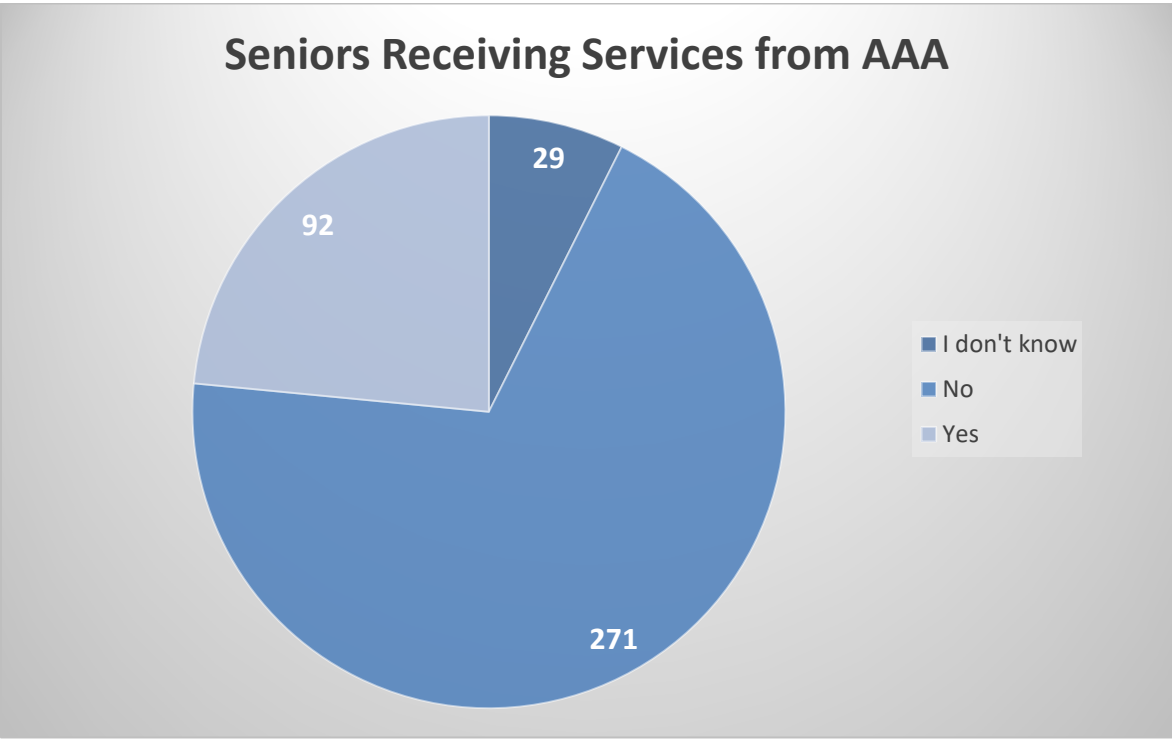


## Lowcountry Demographics: Income and Number in Household

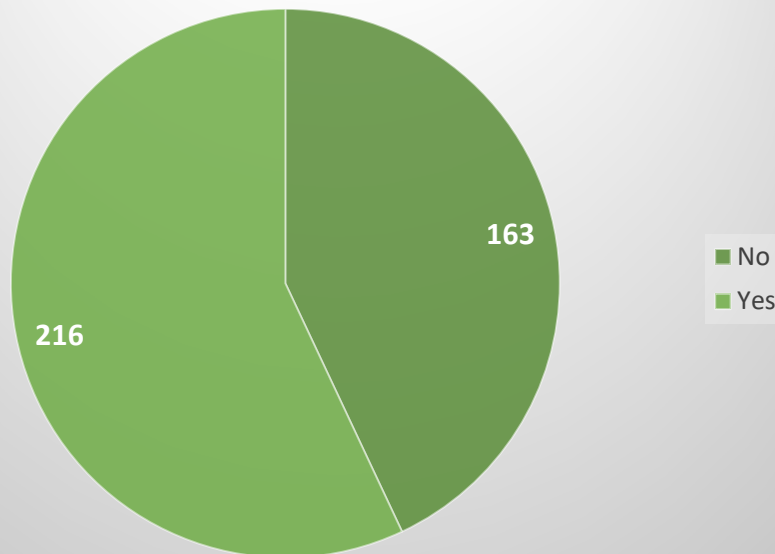
Income (monthly)	Regional Response
\$1,074 or less	128
\$1,075- \$1,452	74
\$1,453 - \$1,830	44
\$1,831 - \$2,208	25
\$2,209 - \$2,589	27
\$2,590 or more	62
<b>Grand Total</b>	<b>360</b>



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

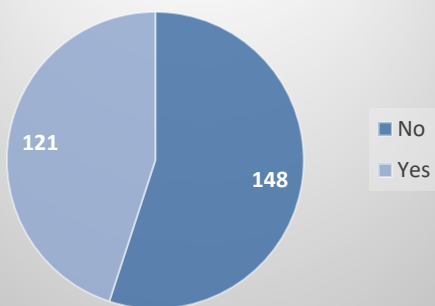


## Seniors Receiving Senior Center Services



## Lowcountry Demographics: Senior Center Feedback

### Attend the Center



Does community have a Senior Center or Nutrition Site?	Regional Response
I don't know	65
No	58
Yes	269
Grand Total	392

Why don't you attend the Senior Center?	Response Per County
<b>Beaufort</b>	<b>21</b>
Not able	1
Did not have much in common with people in center other than we were all elderly.	1
Transportation logistics	1
Can't physically attend	1
I have enough food.	1
Not interested	1
My Mom is 87 and limited mobility she has not gone since covid started	1
Time to care for my bedridden wife limits my free time to carry out additional activities.	1
Scheduling conflicts	1
Will go soon	1
They don't let her attend alone.	1
Because of getting in or out of the bus. And Dr's appointments.	1
I can't ride the bus and I don't drive anymore. I used to before I fell and had to have hip repair.	1
Sickly	2
health	1
I don't drive	1
Not necessary at this time	1
Don't have transportation	1
Wheelchair bound	1
No transportation available	1
<b>Colleton</b>	<b>6</b>
Nothing interesting to offer, poor facility	1
I don't need it at this point	1
Unable to get around like I use to	1
Mom's not able to attend	1
I am 50 and not in need of the service at this time.	1
Schedule does not allow.	1

<b>Hampton</b>	<b>39</b>
Not interested	1
Not able	2
Mobility issues	1
Health issues	1
Still employed and work daily.	1
Disabled	2
N/A	1
Age	1
Too young	1
Work	1
Don't feel good have trouble breathing	1
I have limited mobility	1
No comment	3
I am still employed and my aunt who receives services has dementia.	1
DIFFICULTY WALKING	1
Unable	2
Mobility	1
On hospice because of Covid	1
Because they use microwave	1
Take care of homebound spouse	1
Not indicated	2
Not able to attend	1
No transportation, chronic pain	1
Don't like to leave the house	1
No comment	1
No explanation	1
Get home delivered meals	1
Due to health issues	1
Unable to drive	1
Too far to travel	1
I am sick	1
Having surgery	1
Work FT and do not need service at this time.	1



<b>Jasper</b>	<b>35</b>
Don't need to	1
Not able	4
No reason	1
COVID	2
Still employed full time	1
The facilities are so dilapidated. The food is better at home.	1
Homebound	1
Don't have a ride	1
I don't feel that I need to attend right now	1
Currently attending another provider	1
Caregiver for husband with dementia	1
Can't have home health care and Senior Center	1
Unable	1
Physically and mentally disable.	1
I am still actively working and do not have time	1
Not physically able	1
No specific reason, stay home to do house chores and exercise.	1
Covid concerns on oxygen	1
No car	1
Hard to walk long distance	1
Unable to attend	1
I must care for 2 house bound seniors	1
Bed/Wheelchair bound	1
Takes care of my husband	1
Has Dementia	1
Vision problems	1
Can't drive, Wheelchair bound	1
Didn't know I could	1
I was very sick, and I just haven't joined yet.	1
Because I have family around to entertain me	1
I have Alzheimer's and I stay at home. Thank you	1
<b>Grand Total</b>	<b>101</b>

## Reasons that affect your ability to live independently in the home

Reason	Beaufort	Colleton	Hampton	Jasper	Total
24) I cannot do my yard work due to physical or medical reasons.	49	2	62	39	152
6) I am concerned about falls or other accidents.	55	4	53	32	144
8) I cannot grocery shop or cook much, so home delivered meals would be helpful.	33	2	42	33	110
23) I am unable to make necessary repairs to my home due to costs.	34	3	39	31	107
7) It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.	40	2	37	28	107
3) I have trouble keeping my home clean.	30	2	41	26	99
1) I need to exercise more, but don't know where to start.	30	4	48	17	99
32) I have no needs or concerns.	23	4	48	23	98
2) Sometimes I feel lonely or sad, even isolated.	29	3	34	28	94
4) It is difficult for me to do my laundry due to lifting, folding, and putting clothes away.	39	3	29	19	90
11) I have problems keeping my paperwork in order and sometimes lose things.	23	1	41	21	86
15) I do not know how I could pay for nursing home care when/if I needed it.	32	2	24	24	82
5) I need assistance with bathing, dressing and toileting.	29	3	21	22	75
16) I cannot afford to pay for dental care.	18	3	33	20	74
19) I need access to assistive technology (ex: wheelchair, cane, walker etc.)	28	1	19	17	65
10) I am unable to read and understand my mail.	17	1	28	19	65
18) I cannot afford to pay for eyeglasses.	14	2	27	19	62
17) I cannot afford to pay for hearing aids.	18	0	23	16	57
31) I am taking care of one or more adults over the age of 60.	22	2	17	9	50

## Reasons that affect your ability to live independently in the home

Reason	Beaufort	Colleton	Hampton	Jasper	Total
12) I have trouble keeping up with paying my bills.	10	0	21	14	45
13) I have difficulty paying for prescription medicines.	10	1	17	14	42
20) I need legal advice but cannot afford it.	16	0	10	11	37
26) I have a mental health issue that sometimes makes it difficult for me to live on my own.	16	1	5	11	33
14) My insurance premium is a struggle to pay monthly.	11	1	10	10	32
28) I have to deal with challenging family issues that are stressful.	13	0	11	7	31
33) Other Needs or Concerns	14	1	11	3	29
9) Sometimes I do not have enough food to eat.	8	2	11	6	27
21) I need safe and affordable housing.	11	0	8	7	26
25) I have a serious problem with pests in my house (ex: Bed bugs, roaches, fleas, lice, rodents etc.).	6	0	9	5	20
29) I don't have friends, neighbors or others that have a positive influence on my life.	9	0	3	3	15
30) I am responsible for taking care of a child or children under the age of 18.	4	0	5	3	12
27) I (or someone close to me) have a drug or alcohol problem.	4	0	0	2	6

Results of the Needs Assessment indicate that focus in the Lowcountry Region should be given to the following: chore services to ensure that areas in the immediate exterior and the interior of the participant's home is safe and free of trip hazards, increasing the outreach, availability and delivery of home delivered meals, minor home repairs, essential and medical transportation, homemaker services, Evidence Based Health Promotion and social isolation.

In 2022, the Lowcountry COG Planning Department prepared the Lowcountry Area Agency on Aging Program Evaluation Report with financial assistance from the South Carolina Department on Aging. The focus of the evaluation was the Nutrition Services including congregate meals/group dining and activities offered at senior centers, home

delivered meals to homebound older adults, and transportation services. Senior Center participants, Home Delivered meal participants, Senior Center staff, and potential participants were surveyed. The distribution of the older adult population in 2020 in the Lowcountry region is shown below (adapted from LAAA Program Evaluation, updated to 2020):

County	2000		2010		2020		% Change	% Change
	Total 60+	% of Total Population	Total 60+	% of Total Population	Total 60+	% of Total Population	2000-2020	2010-2020
Beaufort	25,251	20.9%	45,305	27.9%	64,664	34.1%	156.08%	42.73%
Colleton	6,666	17.4%	8,683	22.3%	10,427	27.7%	56.42%	20.09%
Hampton	3,416	16.0%	4,105	19.5%	4,830	25.1%	41.39%	17.66%
Jasper	3,213	15.5%	4,069	16.4%	8,279	28.0%	157.67%	103.47%
Total	38,546	19.2%	62,162	25.2%	88,200	31.94%	128.82%	41.89%

The population in poverty and participating in the Supplemental Nutrition Assistance Program (SNAP) as of 2019 is shown below (adapted from LAAA Program Evaluation):

County	Total 60+	Total 60+ in Poverty	% 60+ in Poverty	Total Households	Households with at Least One 60+	Households with at Least One 60+ Receiving SNAP	% Households with at Least One 60+ Receiving SNAP
Beaufort	61,612	2,965	4.8%	71,477	37,346	1,223	3.3%
Colleton	0,311	1,166	12.0%	15,075	6,893	946	13.7%
Hampton	4,719	662	14.7%	6,993	3,143	368	11.7%
Jasper	7,577	963	12.9%	10,269	4,728	522	11.0%
Total	84,219	5,756	6.9%	103,814	52,110	3,059	5.9%

This data displays a 129% increase in population from 2000 to 2020 of adults 60 and over in the Lowcountry region. This trend is expected to continue upward. It also indicates that 6% of the Lowcountry population over 60 were recipients of SNAP benefits as of 2019 and 7% of were impoverished.

The following outcomes of the evaluation were realized (from the LAAA Program Evaluation):

*Table 10: Older Adults' Outcomes of the Congregate Meals*

Variables	Total Respondents	Frequency	Percentage
Making friends	124	108	87.1%
Feeling positive and energetic		51	41.1%
Having sense of purpose		51	41.1%
Staying in physical motion		50	40.3%
Feeling more independent		37	29.8%

Feeling healthier	36	29.0%
Having using skill in daily tasks	33	26.6%
Make no difference	5	4.0%
Other	3	2.4%

*Note.* The total of frequency is more than the total of respondents because each respondent can select more than one answer.

*Table 16: Older Adults' Outcomes of the Home Delivered Meals*

Variables	Total Respondents	Frequency	Percentage
Eat healthier food	266	194	72.9%
Continue to live at home		133	50.0%
Improve overall health		107	40.2%
Maintain a healthy weight		73	27.4%
Make no difference		11	4.1%
Other		8	3.4%

*Note.* The total of frequency is more than the total of respondents because each respondent can select more than one answer.

*Table 18: Participation of Potential Older Adults*

Variables	Categories	Total	Frequency	Percentage
<b>Reasons not to Participate</b>	Do not know about it	278	111	39.9%
	Do not have interest in it		101	36.3%
	Do not know where it is		24	8.6%
	Do not like it		6	2.2%
	Too far from my residence		4	1.4%
	Do not have transportation		1	0.4%
	Other		31	11.2%
<b>Services that would attract potential older adults</b>	Exercise class/equipment	260	115	44.2%
	Educational program		106	40.8%
	Socialization		94	36.2%
	Entertainment program		86	33.1%
	Special event trips		75	28.9%
	Health program		74	28.5%
	Art class		72	27.7%
	Computer lab		63	24.2%
	Games		49	18.8%
	Meal program		23	8.9%
	Transportation services		20	7.7%
	Other		25	9.6%
<b>Younger generation preference</b>	Yes	239	222	51.1%
	No		117	49.0%

Evaluation findings were as follows:

Overall, the Nutrition Program is achieving its expected outcomes, as indicated by key evaluation findings below.

- Surveyed participants are highly satisfied with the services that were provided.
- Surveyed participants and Local Service Providers gave positive ratings to the condition of the facilities where services were provided.
- Participants experienced reduced food insecurity through group dining and home delivered meals.
- Surveyed participants experienced increased healthy food intake which led to healthy weight and improved overall physical health.
- Surveyed participants experienced enhanced emotional well-being and socialization via group dining and activities provided at senior centers, and home delivered meal contact.
- Local Service Providers are satisfied with the working relationship with the Lowcountry AAA.

Evaluation recommendations are as follows:

Recommendations are based on the surveyed participants' suggestions and a review of other relevant Nutrition Program studies. These recommendations are geared toward the improvements of the Nutrition Program. They include:

- Developing a continuous monitoring system to track the outcomes of the program.
- Reorienting the program by upgrading facilities and offerings in response to the shift in older adults' demographics and the needs of dynamic generation of older adults.
- Participating in the National Senior Center Accreditation Program.
- Promoting capacity building of the program's personnel to maintain quality of and commitment with Nutrition Program provision.

While positive findings were realized in the findings of the evaluation, in our pursuit for excellence, we will work with providers to upgrade facilities and offerings by encouraging and supporting those wishing to seek funding from the Senior Center Permanent Improvement Program, partner with Parks and Recreation departments as well as YMCAs where available and identify activities that cater to the diverse needs of aging adults.

This accumulation of surveys, evaluations, Census data, and other feedback will prove instrumental in guiding the Lowcountry Area Agency on Aging staff toward impactful service offerings in the Lowcountry Planning Service Area.

### **C. Quality Assurance Process**

Quality Assurance (QA) procedures are in place for services and service delivery. The monitoring activities of the Area Agency on Aging in the QA process is outlined as follows:

- The Area Agency on Aging will survey randomly selected participants with use of standard indicators to measure satisfaction in both obtaining and utilizing Aging service offered by the AAA and the AAA contracted providers of service.
- The Area Agency on Aging will staff ServSafe certified personnel to monitor Nutrition program activities.
- The Area Agency on Aging will offer Annual Provider training to all contractors for service.
- Contractors will submit monthly supporting documentation for units claimed in order to be compensated. Documents will be reviewed by Program Manager, Aging Director (as needed) and Finance Director for approval.
- Should a concern with a contractor or the AAA arise, a grievance may be submitted. Grievance procedures are available upon request.
- The Area Agency on Aging will conduct announced and unannounced monitoring visits to contractors to ensure compliance with the AAA, State, and Older American Acts standards. If monitoring tool is not provided by the South Carolina Department on Aging, Lowcountry Area Agency on Aging will produce a satisfactory monitoring tool for use.
- The Area Agency on Aging will provide timely feedback to contractors following monitoring. Once notified, contractors will have 30 days to correct any findings.
- Should any provider have a history of unsatisfactory/non-compliant reviews, measures may be taken to deem such contractor as “high-risk”.

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.

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.

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.

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. Any such “high risk” status shall be reviewed every six months.

Minutes for Council and LCOG Board of Director meetings are available upon request.



## D. Goals, Objectives, and Performance Measures

<b>State Plan Goal 1</b>	Maintain effective and responsible management of Older Americans Act (OAA) services offered through the Department on Aging (SCDOA) and within the 10 service regions in South Carolina.
<b>State Plan Objective 1.1</b>	Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as to achieve greater accountability and transparency.
<b>Annual Performance Measures</b>	
State Plan – SCDOA and AAAs conduct needs assessments to evaluate state and regional concerns and service demands.	
State Plan – AAAs submit Quality Assurance Reports to SCDOA annually.	
<b>Strategies and Actions</b>	
<ul style="list-style-type: none"> <li>Monthly oversight of units and dollars allocated by Program Managers and Director.</li> <li>Annually monitor contractors using SCDOA monitoring tools and agency monitoring tools.</li> <li>Provide timely responses to contractors of monitoring findings.</li> <li>Collect and review needs assessment results for indicators of gaps and areas requiring adjustments on four-year cycle.</li> <li>Survey participants receiving services from AAA.</li> <li>Adjust programming based on results of surveys and needs assessment within the parameters of the Older Americans Act when fiscally and programmatically possible.</li> <li>Input and maintain data in state authorized data system(s), reconciling monthly.</li> <li>Provide Quality Assurance report to SCDOA annually.</li> </ul>	
<b>Challenges and Barriers</b>	
<ul style="list-style-type: none"> <li>Quantity of needs assessment and survey responses received from participants.</li> <li>Reliability of state data system.</li> </ul>	
<b>State Plan Objective 1.2</b>	The client assessment program is the gateway to most services provided by the Aging Network. An assessment is necessary to determine a client's eligibility for services and it determines the level of need by establishing a priority score. The AAAs are responsible for conducting client assessments in their respective regions, thereby ensuring greater accountability and providing a holistic approach to how each client is matched to services.
<b>Annual Performance Measures</b>	
State Plan – Expand the number of seniors assessed annually by 5% or as needed (Performance Measure 1).	
State Plan – Decrease the number of seniors on waiting lists for services. (It should be noted that regional waiting lists can be a result of many factors, including funding and/or lack of capacity in rural areas (PM 2).	
<b>Strategies and Actions</b>	
<ul style="list-style-type: none"> <li>Conduct assessments in real time via tablets when possible.</li> <li>Schedule assessments effectively to conserve time and resources.</li> </ul>	

<ul style="list-style-type: none"> <li>• Part-time data entry staff to assist with entering of assessments not conducted in real time.</li> <li>• Expand program outreach and awareness throughout the region.</li> <li>• When possible, conduct virtual assessments coordinated with congregate meal sites.</li> <li>• Make necessary participant updates and adjustments as service needs change.</li> <li>• Provide training to Assessors through SCDOA trainings, conferences and other resources.</li> </ul>
<b>Challenges and Barriers</b>
<ul style="list-style-type: none"> <li>• Maintaining assessment staff.</li> <li>• Broadband infrastructure limitations for real time assessments in rural areas.</li> <li>• Geographic layout of region.</li> </ul>

<b>State Plan Goal 2</b>	Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, services, education, and counseling on their options to live as independently as possible in the community.
--------------------------	---

<b>State Plan Objective 2.1</b>	Information and Referral/Assistance (I&R/A); SC ACT
<b>Annual Performance Measures</b>	
State Plan – Increase the number of contacts accessing I&R/A services by 5% annually (PM 3).	
State Plan – Increase the I&R/A outreach by 5% annually (PM 4).	
<b>Strategies and Actions</b>	
<ul style="list-style-type: none"> <li>• Expand program outreach and awareness throughout the region.</li> <li>• Utilize social media and website resources to display AAA services.</li> <li>• Attend community meetings to conduct presentations on AAA services.</li> <li>• Increase presence at local food banks, health fairs and expos, and other community events.</li> <li>• Distribute brochures outlining services offered by AAA.</li> <li>• Educating partners on services offered by AAA.</li> <li>• Identify and target areas with service gaps.</li> </ul>	
<b>Challenges and Barriers</b>	
<ul style="list-style-type: none"> <li>• Cost of advertising and marketing materials.</li> <li>• Requires the assistance of multiple staff beyond I&amp;R/A to execute, making time and financial resources a challenge.</li> </ul>	

<b>State Plan Objective 2.2</b>	Insurance and Medicare Counseling
<b>Annual Performance Measures</b>	
State Plan – Increase by 5% annually, the number of older adults and adults with disabilities enrolled in prescription drug coverage that meets their financial and health needs (PM 5).	
State Plan – Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance (PM 6).	
State Plan – Three regional outreach events per required per quarter (36 annually) (PM 7).	
State Plan – Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling (PM 8).	

State Plan – Increase by 5% annually, the number of consumers reached in rural, isolated areas (PM 9).
State Plan – Increase by 5% community partnerships to assist in raising awareness of fraud (PM 10).
<b>Strategies and Actions</b>
<ul style="list-style-type: none"> <li>• Expand program outreach and awareness throughout the region.</li> <li>• Solicit volunteers.</li> <li>• Distribute promotional material.</li> <li>• Continue utilizing community partners for referrals.</li> <li>• Utilize social media and website resources to display services.</li> <li>• Increase presence at local food banks, health fairs and expos, and other community events.</li> <li>• Offer education sessions at congregate meal sites, libraries, faith-based sites, town hall meetings and other available locations.</li> <li>• Share fraud information as it becomes available through social media platforms and agency websites.</li> </ul>
<b>Challenges and Barriers</b>
<ul style="list-style-type: none"> <li>• Limited funding.</li> <li>• Limited staff.</li> <li>• Low to no volunteer response.</li> </ul>

<b>State Plan Objective 2.3</b>	<b>Nutrition Program and Services</b>
<b>Annual Performance Measures</b>	
State Plan – Track and identify service gaps for Congregate and Home delivered meal services.	
<b>Strategies and Actions</b>	
<ul style="list-style-type: none"> <li>• Utilize mapping to identify geographic service gaps for Home Delivered meals.</li> <li>• Reference needs assessment for feedback concerning gaps in meal services.</li> <li>• Reference Lowcountry Area Agency on Aging Program Evaluation Report (2022) for gaps in meal services.</li> <li>• Communicate with providers to identify gaps in meal services.</li> <li>• Procure replacement or additional nutrition service providers as needed and as resources allow.</li> </ul>	
<b>Challenges and Barriers</b>	
<ul style="list-style-type: none"> <li>• Increasing cost of food incurred by providers due to various supply and demand factors.</li> <li>• Potential for waitlist if demand exceeds annual units available for contractors.</li> <li>• Geographic layout of region and challenges serving more remote rural areas.</li> <li>• Staff concerns at provider level to address service gaps.</li> <li>• Limited competitive providers responding to procurement.</li> </ul>	

<b>State Plan Objective 2.5</b>	<b>Evidence-Based Health Promotion and Disease Prevention Programs</b>
<b>Annual Performance Measures</b>	
State Plan – Track and identify service gaps for Evidenced-Based Health Promotion and Disease Prevention Programs including their causes and geographic distribution.	

Strategies and Actions
<ul style="list-style-type: none"> <li>• Diversify the Evidence-Based Health Promotion and Disease Prevention Programs' delivery by offering in-person and virtual programs.</li> <li>• Expand partnerships with agencies offering EBHP.</li> <li>• Expand program awareness throughout the region by utilizing social media and website resources to introduce EBHP to the region.</li> <li>• Be attentive to health trends as they pertain to aging adults.</li> </ul>
Challenges and Barriers
<ul style="list-style-type: none"> <li>• Due to loss of contractor, staffing turnover, and slow return from COVID, the Lowcountry region has not had a successful recent launch of Evidence-Based Health Promotion and Disease Prevention Programs.</li> <li>• Participation from older adults.</li> </ul>

State Plan Objective 2.6 Transportation Services
Annual Performance Measures
State Plan – Increase the number of clients utilizing transportation services by 5% annually, depending on available funding sources (PM 11).
Strategies and Actions
<ul style="list-style-type: none"> <li>• Use ARP funds to Pilot non-emergency medical transportation in Hampton County, which has most limited access and geographic constraints for PCP and Specialists.</li> <li>• Explore vouchers for non-medical transportation service.</li> <li>• Utilize volunteers when possible.</li> </ul>
Challenges and Barriers
<ul style="list-style-type: none"> <li>• Availability of vehicles to provide services due to supply and demand.</li> <li>• Fluctuating cost of fuel.</li> <li>• Liability Insurance concerns.</li> <li>• Sustainability beyond ARP funds.</li> </ul>

State Plan Objective 2.7 Family Caregiver Support Program
Annual Performance Measures
State Plan – Expand the number of family caregiver support recipients by 5% annually (PM 12).
State Plan – Increase outreach events by 5% annually (PM 13).
State Plan – Increase utilization of the Seniors Raising Children funding by 5% (PM 14).
State Plan – Increase partnerships and collaborations with other human-service agencies by 3% (PM 15).
Strategies and Actions
<ul style="list-style-type: none"> <li>• Implement Trualta platform for caregiver education.</li> <li>• Partner with school districts throughout the region to promote Seniors Raising Children.</li> <li>• Increase awareness of support group “Tea Time for Caregivers” by promoting on social media platforms and agency website.</li> <li>• Continue current partnerships and reach out to additional agencies to ensure that they are aware of the FCSP.</li> <li>• Re-engage partnerships that declined due to COVID.</li> </ul>

Challenges and Barriers
<ul style="list-style-type: none"> <li>• Navigating the school districts and their ability to see the value of Seniors Raising Children.</li> <li>• Agencies having staff available to give attention to partnerships.</li> <li>• Funding for outreach materials.</li> </ul>

State Plan Objective 2.10 Home Care
Annual Performance Measures
State Plan – Increase the number of seniors receiving home care services by 5% annually (PM 16).
Strategies and Actions
<ul style="list-style-type: none"> <li>• Add additional homecare agencies to current provider list.</li> <li>• Limit number of units allowed per participant to allow for additional seniors to be added.</li> </ul>
Challenges and Barriers
<ul style="list-style-type: none"> <li>• Provider staffing issues and inability/unwillingness to pay competitive wages.</li> <li>• Waitlist due to staffing issues throughout region.</li> <li>• Difficulty staffing outlying geographic locations.</li> </ul>

State Plan Objective 2.11 Minor Home Repairs
Annual Performance Measures
State Plan – Increase the number of seniors receiving home repair services by 5% annually (PM 17).
Strategies and Actions
<ul style="list-style-type: none"> <li>• Streamline services offered to be able to serve more aging adults.</li> <li>• Practice cost sharing for MHR services.</li> <li>• Limit services to once every two years, excluding rare circumstances as approved by Director.</li> <li>• Lower client limit to allow more aging adults to be served.</li> <li>• Partner with agencies for labor and services when possible.</li> </ul>
Challenges and Barriers
<ul style="list-style-type: none"> <li>• Limited funding sources.</li> <li>• Supply cost due to supply and demand.</li> <li>• Participants finding labor sources.</li> </ul>

Regional Objective Chore
Annual Performance Measures
Regional Plan-Expand home care service to include consumer choice chore service for needs of aging adults to remedy safety and hazardous concern inside and around the immediate perimeter of their home.
Strategies and Actions
<ul style="list-style-type: none"> <li>• Utilize ARP funding for chore services.</li> <li>• Limit funding for service per participant, per year.</li> <li>• Provide referrals for requests that are not considered a safety or hazardous concern.</li> </ul>

Challenges and Barriers
<ul style="list-style-type: none"> <li>• Availability of service providers in rural areas.</li> <li>• Potential workforce issues.</li> </ul>

Regional Objective	Nutrition Services (Insecurity/Malnutrition)
Annual Performance Measures	Regional Plan-Provide fresh produce as an option for aging adults.
Strategies and Actions	<ul style="list-style-type: none"> <li>• Pilot FoodShare SC initially in Hampton County through Huspah Missionary Baptist Church FoodShare site.</li> <li>• Provide FoodShare boxes at least once per month to aging adults participating in the Congregate Meal Service programs.</li> </ul>
Challenges and Barriers	<ul style="list-style-type: none"> <li>• Logistics of providing delivery of boxes to participants.</li> </ul>

<b>State Plan Goal 3</b>	Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the State Long Term Care Ombudsman Program, and elder abuse awareness and prevention activities including legal services and the Vulnerable Adult Guardian ad Litem program.
--------------------------	---

State Plan Objective 3.2	Legal Assistance Program
Annual Performance Measures	State Plan – Increase the number of outreach activities directed at the most vulnerable senior victims of abuse, neglect, and exploitation (PM 18).
	State Plan – Increase the number of formalized partnerships between aging/disability and elder rights groups (PM 19).
	State Plan – Develop and implement a continuous quality improvement component within the program.
Strategies and Actions	<ul style="list-style-type: none"> <li>• Research relevant legal issues that pertain aging adults.</li> <li>• Build rapport with Law Enforcement for education, aid and assistance pertaining to vulnerable older adults.</li> </ul>
Challenges and Barriers	<ul style="list-style-type: none"> <li>• SC Legal backlog due to demand.</li> <li>• Limitations of APS.</li> <li>• Participant income restriction limits older adults who need services from being served.</li> </ul>

State Plan Objective 3.3	Long Term Care Ombudsman Program
Annual Performance Measures	State Plan – Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually (PM 20).

State Plan – Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually (PM 21).
State Plan - Increase the number of trained Volunteer Ombudsmen by 5% annually (PM 22).
State Plan – Each local Ombudsman program will conduct eight educational trainings for residents/families on long-term care services and/or developing self-advocacy skills.
State Plan – Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 5% annually (PM 23).
State Plan – Expand the number of Resident and Family Councils by 5% annually (PM 24).
<b>Strategies and Actions</b>
<ul style="list-style-type: none"> <li>• Assess residents to identify, clarify and focus on what the resident’s desired outcome is when taking complaint intakes.</li> <li>• Monitor resident satisfaction outcomes by compiling quarterly WellSky reports.</li> <li>• LTC Ombudsman will complete required quarterly visits to DDSN and DMH facilities in addition to helping with routine visits to SNF and CRCF facilities in the Lowcountry region.</li> <li>• Conduct outreach for volunteer outreach quarterly.</li> <li>• Solicit assistance from RAAC for volunteer outreach.</li> <li>• In addition to conducting outreach in facilities, initiate outreach in the community by promoting Resident’s Rights Month and World Elder Abuse Awareness Day.</li> <li>• Compile a excel spreadsheet tracking the status of resident/family councils in each facility, dates the council meeting take place, and contact information of the facilitating resident council president and staff member if applicable.</li> <li>• Distribute information on resident/family councils to residents and their family members.</li> <li>• Continue to attend resident/family council meetings when invited.</li> </ul>
<b>Challenges and Barriers</b>
<ul style="list-style-type: none"> <li>• Lack of volunteers willing to complete the training certification process.</li> <li>• Case investigations and advocacy cannot always be resolved to the satisfaction of the resident.</li> <li>• Family members and Residents can be hesitant to participate in councils, or to provide consent for Ombudsman assistance due to fear of retaliation.</li> <li>• The lack of cooperation and participation on the part of some facilities staff members.</li> </ul>

## **E. Long Range Planning**

The Lowcountry region has experienced an upward trend in the population of adults over 60, increasing 128.8% from 2000 to 2020. This increase is due in part to the rise of retirement and assisted living communities located predominately in Beaufort and Jasper Counties, bringing new residents from across the United States. In addition, life expectancy in the United States is 79.11 years, up 3% from 2000.

With the growth in population comes the growth in the need for physical, medical and mental care. We expect to see a continual increase in information and referral services and assessments as more aging adults will realize needs for services offered. This will require a robust statewide data system capable of handling the demands of all services offered with the ability to save data entry time and maintain up to date resource information. It will also require a more comprehensive online directory for services throughout the state.

Also, as life expectancy continues to rise, we will continue to see a demand for Family Caregiver Support Services as many aging adults have loved ones providing care and support to allow them to remain in their homes as long as possible. This area is gaining national attention due in part to the COVID-19 pandemic and the realization of how stressed and overworked caregivers are and how often they neglect their own physical and mental wellbeing. We will seek the use of programs like Trualta to build skills to help families manage care at home.

Neighborhoods throughout Beaufort and Jasper Counties have developed Neighborhood Councils comprised of volunteers who provide basic, non-emergency support to their neighbors for a monthly or annual fee. While most of these councils are set up as concierge services, they prove resourceful for meeting many basic needs of aging adults. This access is beneficial to have, but we recognize that many aging adults in our region are not in position to pay for such services. This presents opportunity for the Lowcountry Area Agency on Aging to meet the needs of aging adults in our region. With assistance from Federal and State funding as well as grant opportunities, we can provide many of the needed services or refer aging adults to other agencies capable of doing so. We also work to partner with agencies to share the load, increasing our ability to serve more aging adults throughout our region. There are also partnering opportunities within the Neighborhood Councils who often call upon our office for Insurance Counseling.

Lowcountry recognizes the shift that the aging community is making to remain healthy and active as they age. Because our region is populated with many who relocate from other states, the expectation of services can mirror their previous location. This presents us with the welcomed challenge of offering new, innovative services, while being impacted by a decrease in funding due to the Intrastate Funding Formula. We will work with local Parks and Recreation Departments and YMCAs to do so. Using III-D funding, we will also work with Evidence Based Health Promotion providers in the University extension campuses in our region to provide options to help aging adults reach and maintain wellness. This not only benefits those who relocate, but it is a great benefit to natives of our region to be introduced to new and different social and physical opportunities. We will also encourage and support contractors to pursue Permanent Improvement Program funds to update existing or build new senior centers where needed.



The population increase in our region impacts more than health and wellness resources. While some areas experience an overflow of nutrition resources with grocery stores, superstores and specialty stores, other areas are limited to two or three grocery stores in the entire county, creating food deserts in the more rural, outlying areas. Even in areas where grocery stores are present, the current food demand keep shelves empty for one product or another, often for days at a time. While our hope is that the supply and demand pendulum will swing in the favor of more resources, we are aware of the needs that many communities currently face. The FoodShare SC program is a great implementation in the state of South Carolina. However, their resources are often the same as grocery stores and limitations apply to them as well. In addition to the availability of foods, cost becomes a major issue. With our Nutrition Services contractors experiencing increased rates for food, we anticipate above average rate increases during contract negotiations. As trends have shown, usually when food prices increase, they do not return to the original cost prior to the increase. This will be a long-term impact on our Nutrition Services and will Many have SNAP benefits but must save up months of their allocation to be able to buy enough food to suffice. This is where a policy change would be beneficial to increase the allocation of SNAP benefits. Also, it would be beneficial to have a Senior Voucher, much like the current WIC voucher to aid in basic nutrition needs for aging adults. Fresh food vouchers consistently offered could be helpful, giving aging adults the opportunity to access farmers markets or grocers consistently for nutritious fruits and vegetables.

Supply and demand also impact the Minor Home Repair services due to the increased cost of wood and other supplies. To sustain this program, cost sharing will be practiced in order to provide services to more aging adults. We will also utilize partnerships when possible to assist with costs.

Another impact of the population increase is in the area of housing. Often, those who relocate to the Lowcountry region are financially able to pay asking price or more for real estate due to the wage levels of their previous location. This, and other factors, creates a shortage of affordable housing for many aging adults. A regulation in the increase of housing rates for aging adults is needed to protect them from being priced out of their residences. There is also the need for additional housing resources due to the increase of aging adults in the region in all counties. Lowcountry will work with local housing authorities and legal services, when necessary, to aid with assisting aging adults with housing concerns. However, housing authorities in our region have waitlists of up to a year or more, which reinforces the need for additional housing resources for aging adults.

Transportation for aging adults has barriers in all Lowcountry counties, but the more rural counties are at a greater disadvantage with even fewer resources than other areas. Accessible vehicles are limited, and agencies that provide transportation services are often too costly for aging adults to afford. The current demand for microchips and chassis for passenger vans create a delay in contractors receiving new vehicles, limiting their transportation to existing vehicle supplies. The workforce issue is also impacted as providers struggle to pay drivers competitive wages. Lowcountry will utilize ARP funding to implement non-emergency medical transportation, beginning in Hampton County which has more limited resources. In areas with public transportation, more routes may need to be considered, and some possibly with less stops to accommodate the needs of the aging population and the mobility issues some may have. The increase in the use of mobile medical facilities would be beneficial to the Lowcountry region, bringing medical needs to the people instead of working to get the people to the medical facilities in the more remote rural areas.

The introduction of a “one stop shop” for health and human services as a new resource would be beneficial to the Lowcountry region. This would be envisioned as reclaiming unused property (ideally in a more rural county) to house representation from DSS, Mental Health, Dental services, Social Security and medical services (clinic or urgent care) with food and necessities available on site as well. The addition of recreation could make this concept a combination of a one stop health and human services shop and a multipurpose senior center.

Workforce is not just an issue with drivers. Nutrition services and Home Care services are having difficulty filling vacancies due to their inability to pay make attractive wage and benefits offers. Lowcountry has and will continue to refer agencies to the LCOG Workforce Development team to assist with hiring. We will also continue to offer annual training for providers and encourage consistent training for their staff to aid in retention.

Long-Term Care facilities have seen tremendous impacts in their workforce since COVID-19 for many of the same reasons that workforce has been impacted in other areas. With DHEC as the regulator of LTC facilities, they too are experiencing a staff shortage. This presents a growing issue in facilities with having sufficient, qualified staff who operate in compliance with the ordinances established for the LTC facilities. A recommendation would be to have “think tanks” in groups of 25 or less with LTC facilities around the country on a quarterly basis to identify best practices within the LTC system. The Lowcountry Ombudsman will work to educate residents and families of their rights. They will also recruit volunteers to assist in providing a presence of someone who is concerned for the wellbeing of residents of the facilities.

Many aging seniors require legal assistance both in facilities and those who remain in their home. Shelters for aging adults are becoming more of a need, as well as Elder Justice Centers to help aging adults who may be in danger. Aging adults and their families also need to be educated on legal matters as they pertain to housing, healthcare, and real estate. A statewide initiative could prove beneficial for the dissemination of resourceful information concerning legal matters.

Lowcountry will continue to maintain contact with our local Emergency Management Departments, the Lowcountry Healthcare Coalition, DHEC, and other providers to remain vigilant in responding to emergencies that arise in our region. We will work to increase communication with EMDs in all counties and ensure that our data is up to date concerning aging adults in our system for resources they may need in the event of an emergency.

Ultimately, the Lowcountry region will benefit from policy changes that include flexibility of the Older Americans Act to better respond to regional needs. We will seek partnering opportunities to stretch our resources and will strengthen our referral database by engaging in the community to learn of additional resources.

## **F. Attachments**

**Attachment A – Verification of Intent (VOI)**  
**Attachment B – Assurances**  
**Attachment C – Information Requirements**  
**Attachment D – Programmatic Questions**  
**Attachment E – Performance Measures Template**  
**Attachment F – Organizational Information**  
**Attachment G – Regional Advisory Council (RAAC)**  
**Attachment H – Mapping**  
**Attachment I – Fiscal**

## **Attachment A – Verification of Intent (VOI)**

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

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

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

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

---

**Board of Directors Chairperson**

---

**Date**

---

**Planning Service Area Director**

---

**Date**

---

**Area Agency on Aging Director**

---

**Date**

## **Attachment B – Assurances**

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

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

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

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

### **ASSURANCES**

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

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

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

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

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

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

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

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

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

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

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

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

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

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

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

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

(6)(F) Each area agency will:



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

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

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

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

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

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

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

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

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

(ii) the nature of such contract or such relationship.

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

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

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

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

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

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

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

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

## Sec. 307, STATE PLANS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older

individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Verification of Older Americans Act Assurances

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

---

**Board of Directors Chairperson**

---

**Date**

---

**Planning Service Area Director**

---

**Date**

---

**Area Agency on Aging Director**

---

**Date**



## **Attachment C – Information Requirements**

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

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

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

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

- The programs and services that are offered by Lowcountry Area Agency on Aging are not means tested; the services are solely based on need. The assessment process provides reliable insight to identify services needed based on the individual being evaluated. The assessment identifies health concerns, physical and mental limitations, fall risk, social isolation, nutrition security, and level of support available. The state database then assigns a numerical rating based on the outcome of the overall limitations. Clients with the greatest need are served prior to service being available to those identified with a lower needs rating.
- Lowcountry's funding formula for allocating Federal and State funding to services and providers will ensure that preference is given to providing services to the targeted populations identified in the Older Americans Act, as amended. As allocations are received, the funding formula will be applied and distributed to each county based on the most recent Census data. Funding formula:
  - 25% for 60+ population
  - 25% for 60+ poverty
  - 25% for 65+minority
  - 10% for 65+disability
  - 10% for 85+
  - 5% for rural
- Outreach efforts will include targeting individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

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

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

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

- Lowcountry Area Agency on Aging will coordinate with relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery, all provider agencies, local county Emergency Management Departments, SCDHEC and other human service organizations as designated in our Lowcountry Area Agency on Aging Emergency Plan.
- Lowcountry Area Agency on Aging's Emergency Plan is updated annually and on an as needed basis in response to and in preparation for emergencies, disasters, and pandemics.
- In times of peace, communication processes are updated, and participant data is reviewed and updated during assessments/reassessments.
- Lowcountry Area Agency on Aging has a Memorandum of Understanding with Lower Savannah Area Agency on Aging.
- Lowcountry Area Agency on Aging coordinates with providers for the distribution of shelf-stable emergency meals as needed.

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

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

**Region's Response:**

- Outreach is conducted in rural and remote areas of the Lowcountry region by collaborating with Food banks, faith-based organizations, and town halls.
- Food deserts, which are often located in rural outlying areas, are identified by using DHEC and USDA data, which is used to target outreach.
- The funding formula outlines 5% for rural areas.

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

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

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

**Region's Response:**

- Lowcountry, when possible, provides marketing material in Spanish and utilizes the Language Line service for translation when providing services to older individuals with limited English proficiency. Other language options will be explored as needed.
- Outreach efforts include targeting low-income minority older individuals and low-income minority older individuals with limited English proficiency.
- Lowcountry utilizes information from the US Census, assessment tool and needs assessment to identify and satisfy the needs of low-income minority individuals.

## Attachment D – Programmatic Questions

### Disability

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

**This can be done by ensuring that our marketing materials and that of our providers are easy to read and understand. We will also work to expand our network base in order to provide more referral options for those who are disabled or have accessibility needs.**

---

### Transportation

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

**Because the Lowcountry region is situated in a predominately rural area, the selection of non-emergency medical resources (Primary Care Physicians, Specialists, Therapists, Various Treatment Centers, Surgical Centers, etc.) becomes reduced. The region also has limited options for those needing low-to-no cost non-emergency medical transportation. This presents the challenge of transporting Seniors to medical facilities located in the more highly populated regions at an affordable cost. Currently, we do not have any providers that offer non-emergency medical transportation. An idea to remedy this challenge is to provide non-emergency medical transportation either through a current provider (with vehicle and staff availability) and/or through a partnership, at a minimum addressing the more rural area(s) in our region.**

---

### Assessment

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

**Lowcountry plans to increase productivity by staffing a part-time data entry position to assist Assessors with the entering of assessments into multiple databases. This provides assessors more time to conduct assessments. When possible, we will also encourage the use of tablets or laptops to enter live data in place of the hard document at the time of the assessment, understanding that this will be limited to areas with the ability to connect to a wi-fi source.**

---

### Information and Referral/Assistance

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

**In order to address the external unmet needs in the Lowcountry region, we will seek partnerships that are specific to those needs. We will also position ourselves to become**

---

---

more aware of the available resources in our region by networking, which will extend our resource database.

---

**Homecare**

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

**Currently, we are facing the challenge of providers not having available staff to meet the needs of our clients, causing many clients to be delayed in receiving services by being added to the waitlist. Over the next two years, we will work to increase the number of Consumer Choice agencies on our roster. We will encourage providers to work with the LCOG Workforce Development team to assist with their staffing issues.**

---

**Insurance  
and  
Medicare  
Counseling**

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

**Lowcountry will ensure that SHIP and SMP programs are served quarterly in our four counties by increasing the number of outreach and targeting the hard-to-reach areas by partnering with food banks that service those areas as well as faith-based communities in those areas. We will also work with Town Halls and Libraries to reach more residents of each county. We will look for creative advertising opportunities to display our services.**

---

**Insurance  
and  
Medicare  
Counseling**

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

**Lowcountry strongly believes that funding should not be reduced or eliminated due to the need for free, unbiased assistance with navigating insurance options. However, in the event SHIP/SMP funding is reduced or eliminated, we would seek partnerships in our region. Medicare beneficiaries would be referred and directed by the Lowcountry Information and Referral/Assistance Specialist to 1-800-633-4227 for Medicare or advised to visit the Medicare.gov website. In the event MIPPA funding is reduced or eliminated, Medicare beneficiaries would be referred to the SSA.gov website or their local SSA office for assistance with part D extra help. Additionally, Medicare beneficiaries exploring any MSP programs would be referred to the SC DHHS call center at 1-888-549-0820, SC THRIVE, or the [www.scdhhs.gov](http://www.scdhhs.gov) website.**

---

**Nutrition Programs and Services**

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

Lowcountry will seek diverse menu options from providers that accommodate the diversity among the aging population. Lowcountry will also encourage and support providers wishing to utilize the restaurant voucher program. We are also exploring the idea of partnering with agencies that currently provide other services and activities for seniors like the local YMCA, local government recreation and arts programs, etc. The partnership would benefit both agencies and allow us to reach a larger, more diverse aging population and also combat social isolation.

---

**Nutrition Programs and Services**

Describe how your region plans to explore food insecurity and malnutrition data to understand community needs and available resources.

Lowcountry will encourage participation at the provider level in the Senior Farmer's Market Voucher Program, which occurs annually. We will also implement a FoodShare Pilot initiative in Hampton County, working with the FoodShare location at Huspah Missionary Baptist Church to distribute fresh produce twice monthly. Priority will be given to those with the greatest need based on assessment data, current participant condition and emergency situations. We will also work with local Food Banks to meet the needs of those requiring support beyond the 5-day congregate or home delivered meal. Those who may be malnourished or food insecure will also be encouraged to secure additional resources from the Supplemental Nutrition Assistance Program (SNAP).

---

**Senior Centers**

Describe how your agency will partake in learning collaboratives, networking opportunities and broader communications to help centers address the needs, desires, and expectations of older adults.

Lowcountry will utilize resources through the South Carolina Association of Area Agencies on Aging (SC4A) as well as the Southeastern Association of Area Agencies on Aging (SE4A) to learn of ideas and opportunities to assist centers in addressing the needs of older adults. We will pass through information received from the South Carolina Department on Aging and will also share conference announcements, webinars, trainings, and other resources that aid centers in addressing the needs and expectations of older adults.

---

<b>Health Promotion &amp; Disease Prevention</b>	Describe how your agency plans to expand its reach with Evidence-Based Disease Prevention and Health Promotion programs.
--	--

**Lowcountry will offer Evidence Based Disease Prevention and Health Promotion Programs virtually and in person to accommodate the various positions of our older adults. Through the Community Development Block Grant, we will work to secure tablets to support the access to virtual Evidence Based Programs. We will utilize our agency website and social media platforms to share the programs that are offered. We will also ensure that our providers are aware of the Evidence Based Programs that we offer so that they may encourage the participation of older seniors in Evidence Based Programs. When possible, we will seek partnership with regional Evidence Based Program Providers to expand our service offerings.**

<b>Health Promotion &amp; Disease Prevention</b>	Describe how your region plans to carry out integrated health and wellness activities to assist with modifying behaviors or improving health literacy.
--	--

**Lowcountry will see Evidence Based Health Promotion programs that address the health and wellness needs of our region. We will also partner with local Parks & Recreation departments, University Extension Campuses, and other agencies that offer health and wellness awareness and activities. During COVID, challenges arose in this area. Lowcountry has since positioned the region to be able to access a variety of Evidence Based Programs.**

<b>Family Caregiver Support Program</b>	Tell about how your region is working towards incorporating all areas (information and assistance to caregivers; counseling; support groups and caregiver training; respite; supplemental services) of the OAA programming for the Family Caregiver Support Program.
---	--

**During the caregiver interview, Lowcountry staff are attentive to needs that arise and provide necessary information and referrals to caregivers, both internally and externally, as needed. During our assessment, caregivers who indicate a need for counseling are referred to a Licensed Therapist. If necessary, the FCSP will pay for limited sessions. To maximize consumer choice, we allow caregivers the opportunity to select from several therapy providers.**

**As part of our support group services, we facilitate a monthly, virtual “Tea Time for Caregivers” Support Group. This support group has helped dozens of caregivers by allowing them to network with each other, learn adaptive skills together, provides a safe place to vent frustrations and validate feelings of guilt, remorse, grief, anxiety, as well as positive feelings of pride and resilience against overwhelming caregiver situations.**

---

Should the need or demand arise, we will also consider outsourcing our support group services.

Regarding caregiver training, we have 3 certified class leaders who conduct sessions using the “Powerful Tools for Caregivers” curriculum. We will also offer the Trualta educational software program as an option for caregiver training and education. Both tools are approved evidence-based programs.

Our region currently provides grants for respite care to unpaid caregivers through our Family Caregiver Support Program. This service helps caregivers find a healthy balance between caring for others as well as caring for themselves. It can be a useful break in reducing the level of despair and burnout that many caregivers would otherwise suffer. We also offer support to Seniors Raising Children by reimbursing for after school programs, tutoring, school supplies and other needs that provide respite for the senior.

While we do provide caregivers with supplemental services, the resources are limited and must therefore be pre-approved. For caregivers who receive supplemental services, we provide them multiple options of where and how to purchase items needed.

---

**Long Term  
Care  
Ombudsman  
Program**

How do you plan to increase the recruitment and retention of Volunteer Ombudsmen?

Lowcountry will solicit the assistance of the Regional Aging Advisory Council for the recruitment of Volunteer Ombudsmen. We will also share literature at outreach events (by all staff conducting outreach), churches and facilities. We will conduct speaking engagements/information sessions in each of our four counties and provide volunteer interest cards with the goal of obtaining at least one volunteer per county. Retention will be accomplished by volunteer support, training, mentoring, clear and timely communication, recognition and accommodating their geographic need based on their location.

---

**Long Term  
Care  
Ombudsman  
Program**

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

We will utilize social media platforms and the Lowcountry COG website to promote awareness. We will also be in communication with EMTs, local law enforcement, the Beaufort Jasper Hampton Comprehensive Health Centers, social service offices in Colleton County Medical Center, Coastal Carolina Medical Center and Hilton Head Medical Center.

---



**Legal  
Assistance  
Program**

What issues do you see that affect justice for seniors?

**Fear is a great obstacle that affects justice for aging adults. Often, they will remain in unsafe conditions for fear of family members and possible abuse or retaliation. With limited shelter options for seniors, they remain in harmful situations far too long. Another issue is the lack of senior justice centers and shelters for aging adults. Often, referrals are made to aging adults for shelters that are in other regions, at which point transportation can become a barrier.**

---

**Legal  
Assistance  
Program**

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

**Technology is a hurdle that impedes access to justice for seniors due to many resources being accessible online and even finding contact information for services is often dependent upon an online search. Ability to navigate the internet as well as broadband limitations add to the burden of technology for older adults. Lowcountry will work to partner with local law firms to serve as a point of information for justice for seniors.**

---

## Attachment E – Performance Measures Template

### Area Plan Performance Measure Goals Template

#### Area Plan Dates 2023 - 2025

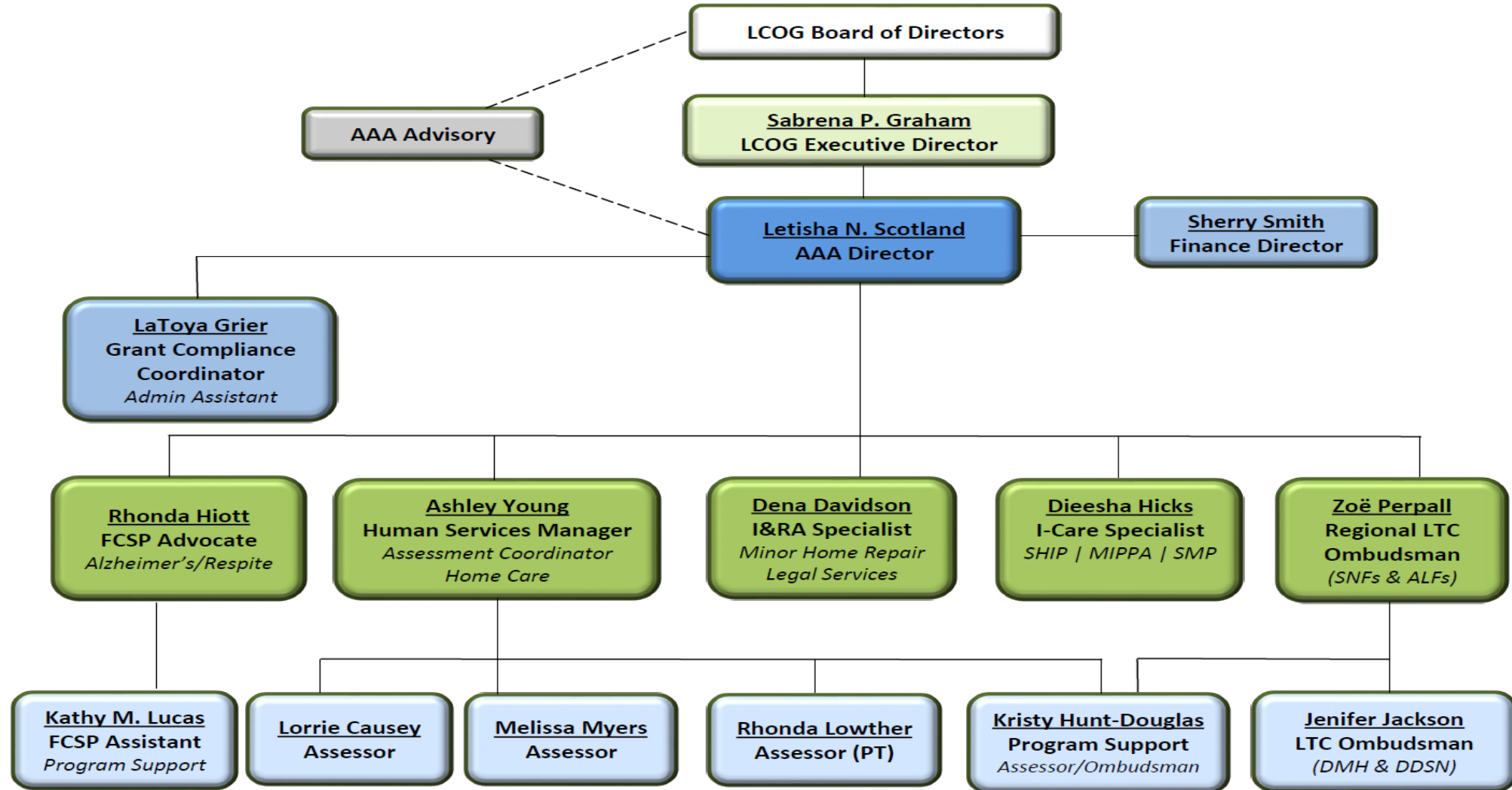
Performance Measure		FY22	FY23	FY24	FY25
<b>PM 1:</b> Expand the number of seniors assessed annually by 5% or as needed.	Achieved?				
	Target/Goal		1,633	1,714	1,800
	Actual	1,555			
	Comment (?)	AIM			
<b>PM 2:</b> Decrease the number of seniors on waiting lists for services. (It should be noted that regional waiting lists can be a result of many factors, including funding and/or lack of capacity in rural areas.	Achieved?				
	Target/Goal		154	146	139
	Actual	161			
	Comment (?)	SCDOA PowerPoint			
<b>PM 3:</b> Increase the number of contacts accessing I&R/A services by 5% annually.	Achieved?				
	Target/Goal		3,196	3,356	3,524
	Actual	3,044			
	Comment (?)	SC ACT			
<b>PM 4:</b> Increase the I&R/A outreach by 5% annually.	Achieved?				
	Target/Goal		35	36	38
	Actual	33			
	Comment (?)	SC ACT			
<b>PM 5:</b> Increase by 5% annually, the number of older adults and adults with disabilities enrolled in prescription drug coverage that meets their financial and health needs.	Achieved?				
	Target/Goal		576	605	636
	Actual	549			
	Comment (?)	STARS			
<b>PM 6:</b> Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance.	Achieved?				
	Target/Goal		5,374	5,643	5,925
	Actual	5,118			
	Comment (?)	STARS			

<b>PM 7:</b> Three regional SHIP outreach events per quarter (36 annually).	Achieved?				
	Target/Goal		36	36	36
	Actual	74			
	Comment (?)	STARS			
<b>PM 8:</b> Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.	Achieved?				
	Target/Goal		282	297	311
	Actual	269			
	Comment (?)	STARS			
<b>PM 9:</b> Increase by 5% annually, the number of consumers reached in rural, isolated areas.	Achieved?				
	Target/Goal		305	320	336
	Actual	290			
	Comment (?)	STARS			
<b>PM 10:</b> Increase by 5% community partnerships to assist in raising awareness of fraud.	Achieved?				
	Target/Goal		8	9	9
	Actual	8			
	Comment (?)	Excel			
<b>PM 11:</b> Increase the number of clients utilizing transportation services by 5% annually, depending on available funding resources.	Achieved?				
	Target/Goal		126	132	139
	Actual	120			
	Comment (?)	AIM			
<b>PM 12:</b> Expand the number of family caregiver support recipients by 5% annually.	Achieved?				
	Target/Goal		338	355	373
	Actual	322			
	Comment (?)	Ranny			
<b>PM 13:</b> Increase family caregiver outreach events by 5% annually.	Achieved?				
	Target/Goal		49	52	54
	Actual	47			
	Comment (?)	Quick Base			
<b>PM 14:</b> Increase utilization of the Seniors Raising Children funding by 5%.	Achieved?				
	Target/Goal		\$4,088	\$4,261	\$4,474
	Actual	\$3,865			
	Comment (?)	Ranny/AIM			
<b>PM 15:</b> Increase partnerships and	Achieved?				
	Target/Goal		5	5	5

collaboration with other human-service agencies by 3%.	Actual	5			
	Comment (?)	Quick Base			
<b>PM 16:</b> Increase the number of seniors receiving home care services by 5% annually.	Achieved?				
	Target/Goal		195	205	215
	Actual	186			
	Comment (?)	AIM			
<b>PM 17:</b> Increase the number of seniors receiving home repair services by 5% annually.	Achieved?				
	Target/Goal		100	105	110
	Actual	95			
	Comment (?)	Excel			
<b>PM 18:</b> Increase the number of outreach activities directed at the most vulnerable senior victims of abuse, neglect, and exploitation.	Achieved?				
	Target/Goal		3	3	3
	Actual	3			
	Comment (?)	Wellsky			
<b>PM 19:</b> Increase the number of formalized partnerships between aging/disability and elder rights groups.	Achieved?				
	Target/Goal		1	1	1
	Actual	1			
	Comment (?)	Contract			
<b>PM 20:</b> Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.	Achieved?				
	Target/Goal		36	37	39
	Actual	34			
	Comment (?)	Wellsky			
<b>PM 21:</b> Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.	Achieved?				
	Target/Goal		234	246	258
	Actual	223			
	Comment (?)	Wellsky			
<b>PM 22:</b> Increase the number of trained Volunteer Ombudsmen by 5% annually.	Achieved?				
	Target/Goal		1	1	1
	Actual	1			
	Comment (?)	Wellsky			
<b>PM 23:</b> Improve targeted educational activities that raise awareness of the	Achieved?				
	Target/Goal		1	1	1
	Actual	1			

Ombudsman program in the communities by 5% annually.	Comment (?)	Wellsky			
<b>PM 24:</b> Expand the number of Resident and Family Councils by 5% annually.	Achieved?				
	Target/Goal		3	3	3
	Actual	3			
	Comment (?)	Wellsky			

## Attachment F – Organizational Information



Agency name: Lowcountry Area Agency on Aging  
Region: 10  
Agency FTE (yearly hours): 1820  
Fiscal Year: 2022-2023

Area Agency on Aging Staff Responsibilities

Employee's Name	Employee's Title	Admin	I&R/A	Assessments	Homecare	Legal	Nutrition	Family Caregiver	Ombudsman	SHIP/ SMP	Total
Letisha N. Scotland	Director	1									1
Ashley Young	Human Services Manager	0.25		0.4	0.25		0.1				1
LaToya Grier	Grant Compliance Coordinator	0.65				0.1	0.25				1
Zoe Perpall	Regional Long-Term Care Ombudsman								1		1
Jenifer Jackson	Long-Term Care Ombudsman								1		1
Dena Davidson	Information& Referral Assistance Specialist		1								1
Dieesha Hicks	I-CARE Specialist									1	1
Rhonda Hiott	Family Caregiver Advocate							1			1
Lorrie Causey	Assessor			1							1
Melissa Myers	Assessor			1							1
Kristy Douglas	Program Coordinator			0.5					0.5		1
Sherry Smith	Finance Director	0.15									0.15
Kathy M. Lucas	Family Caregiver Advocate Assistant							1			1
Rhonda Lowther	Assessor			0.5							0.5
		2.05	1	3.4	.25	.1	.35	2	2.5	1	12.65

REQUIREMENTS: Ombudsman: 1 staff per 2,000 beds  
Family Caregiver Support Program: Full Time FC Advocate

I&R/A-Full time Equivalent  
AAA- 37.5 hours per week solely to activities of the Area Plan

Attachment G – Regional Aging Advisory Council (RAAC)

REGION	LOWCOUNTRY	Mark with an "X" all that apply										
		<50%										
RAAC Member Name	County of Residence	Age 60+	Program Beneficiary	Public Official	Minority	Rural Resident	Family Caregiver	Member of the Business Community	Veterans Organization	Member of the Disability Community	General Public	Provider Organization
Gerald Dawson, Chair	Beaufort	X		X	X	X					X	
Danny Lucas	Jasper	X		X	X							
Deborah Walsh	Jasper							X			X	
Barbara Temple	Beaufort	X									X	
Ethel Denmark	Hampton	X			X	X	X				X	
Harry Scott	Beaufort				X		X					X
Ervena Faulkner	Beaufort	X	X		X	X						
Sharon Johnson	Hampton				X				X	X	X	
Pete Hagood	Hampton	X			X							
Non-Voting Committee Representatives												
Shannon Loper*	Beaufort			X								X
Mary M. Wrighten*	Colleton	X			X	X						X
Louise Hopkins*	Hampton	X			X	X	X	X			X	X
Don Newton*	Jasper	X	X	X	X		X	X	X	X	X	X
Everlena Brown*	Colleton	X			X	X		X			X	X
Meyoka Griffin*	Hampton				X	X						X
Lila Resh*	Jasper	X				X		X			X	X
Hattie Askew*	Hampton	X		X	X	X		X			X	X
Letitia Walters*	**Provider based out of region											X
Janice Steve*	Hampton	X			X	X	X	X				X
Judy Milhan*	**Provider based out of region	X	X			X		X			X	X
Sean LoBianco*	**Provider based out of region											X
Eric Greenway*	Beaufort			X								X

RAAC Narrative

The purpose of the Regional Aging Advisory Council is to act in an advisory capacity to the AAA and LCOG Board on matters relating to the development of plans, programs and services for the aging population and thus provide a framework which will assist older persons in the region to live independent, meaningful and dignified lives in their own homes as long as possible.

The Lowcountry Aging Advisory Council meets quarterly in February, May, August, and November and as called meetings are deemed necessary by Chairperson. Minutes and zoom recordings are available upon request. Members are appointed by the LCOG Board of Directors upon the recommendation of the Council. Members hold a three-year

Area Plan Lowcountry Area Agency on Aging 2023-2025



term with the option of serving a second consecutive term. Currently, there are 9 RAAC members with vacancies in the LCOG appointed official for Colleton County, and Colleton and Jasper County senior representation. The by-laws are revised as needed and are approved by the LCOG Board of Directors.

The RAAC enhances the leadership role of the Area Agency on Aging by advocating on behalf of the needs for our region, informing the community of Aging related issues, and facilitating connections for partnerships and collaborations. During the procurement process, the RAAC reviews bids received and makes recommendations for selection. They also review and advise on the compilation of the Lowcountry Area Agency on Aging's Area Plan. Required Lowcountry Area Agency on Aging public hearings are facilitated through the RAAC meetings for input concerning the needs of aging adults in the region.

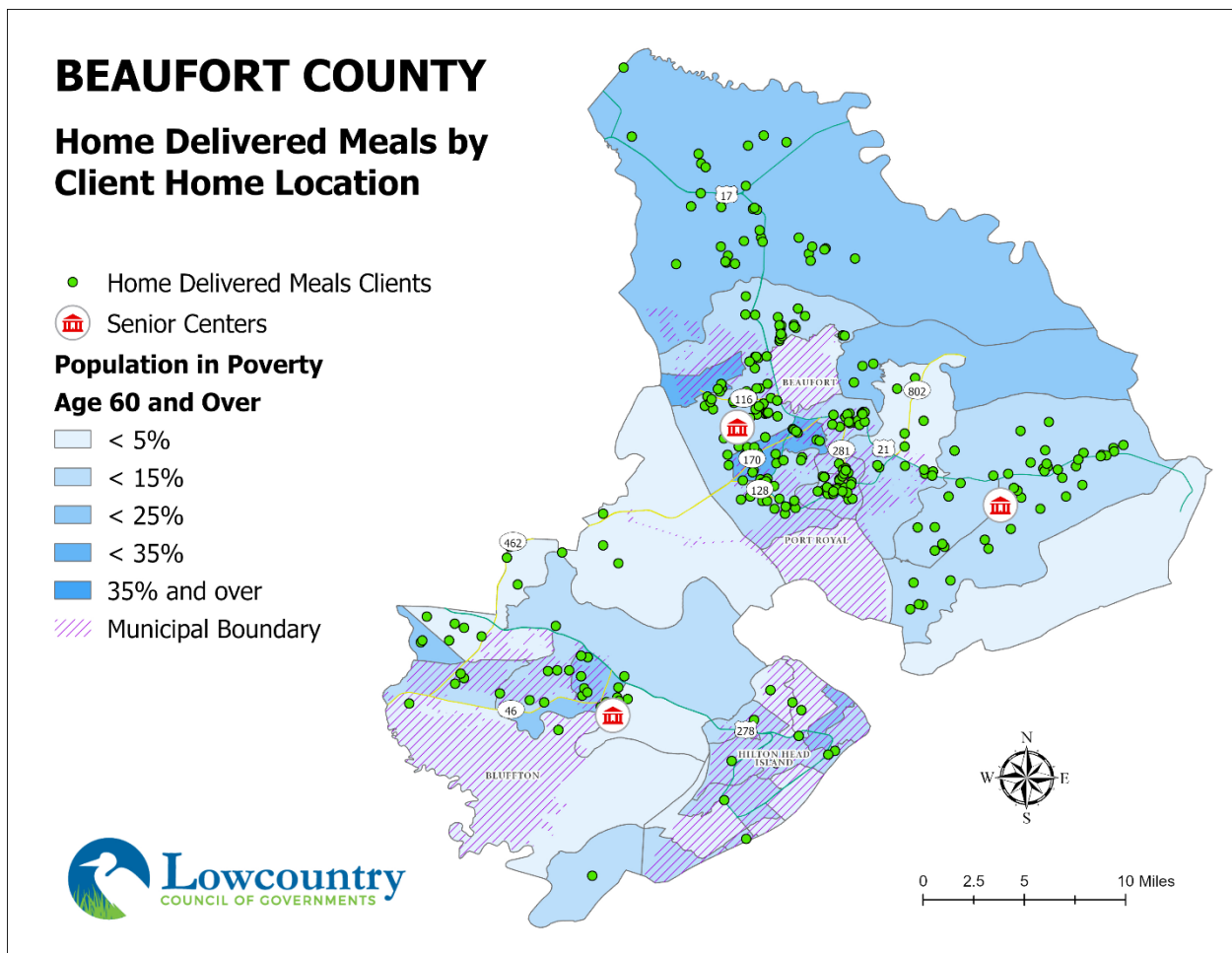
The Lowcountry RAAC serves as the Family Caregiver Advisory Council and has active caregivers on the Council. The Lowcountry Family Caregiver Support Advocate presents updates at each RAAC meeting.

## Attachment H – Mapping

### Demographics Chart

Target populations shall be represented in a table along with mapping. Each column is the percentage of the target based on the total population for the county. See the Workbook for references to acceptable Census reports and how to apply the information.

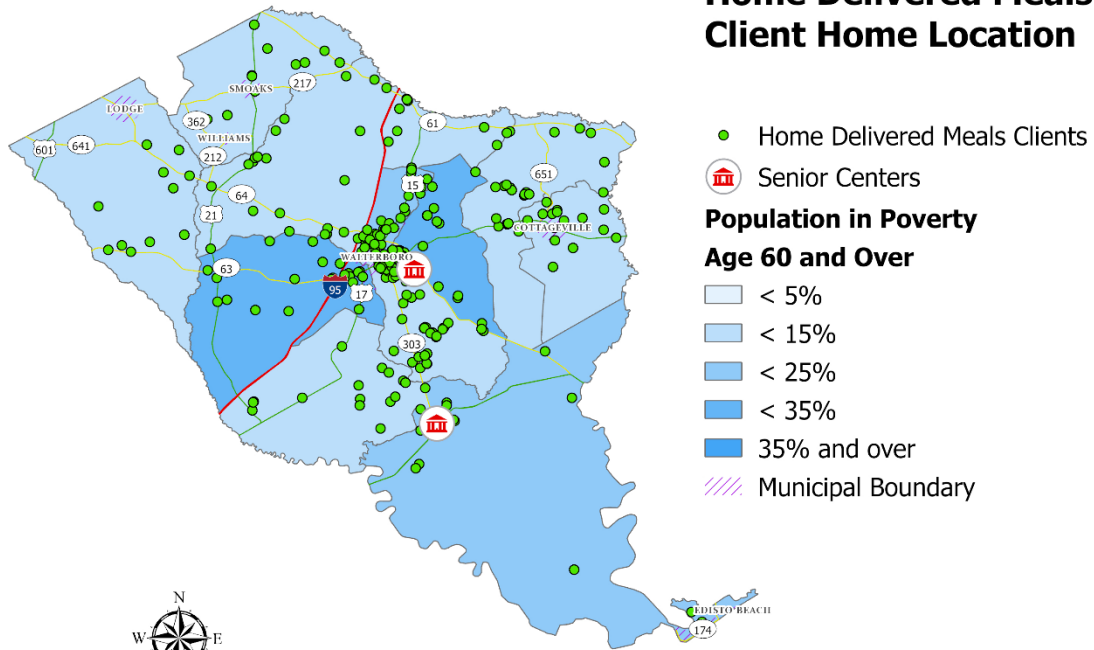
County	% 60+	% 85+	% Minority	% Rural	% Limited English
Beaufort	34.3%	2.3%	76.3%	44.2%	0.5%
Colleton	28.0%	1.6%	87.8%	44.0%	0.1%
Hampton	25.8%	2.8%	90.4%	12.5%	1.5%
Jasper	28.3%	3.5%	86.5%	0.0%	0.2%



Area Plan Lowcountry Area Agency on Aging 2023-2025

# COLLETON COUNTY

## Home Delivered Meals by Client Home Location



# HAMPTON COUNTY

## Home Delivered Meals by Client Home Location

● Home Delievered Meals Clients

🏠 Senior Centers

### Population in Poverty

#### Age 60 and Over

< 5%

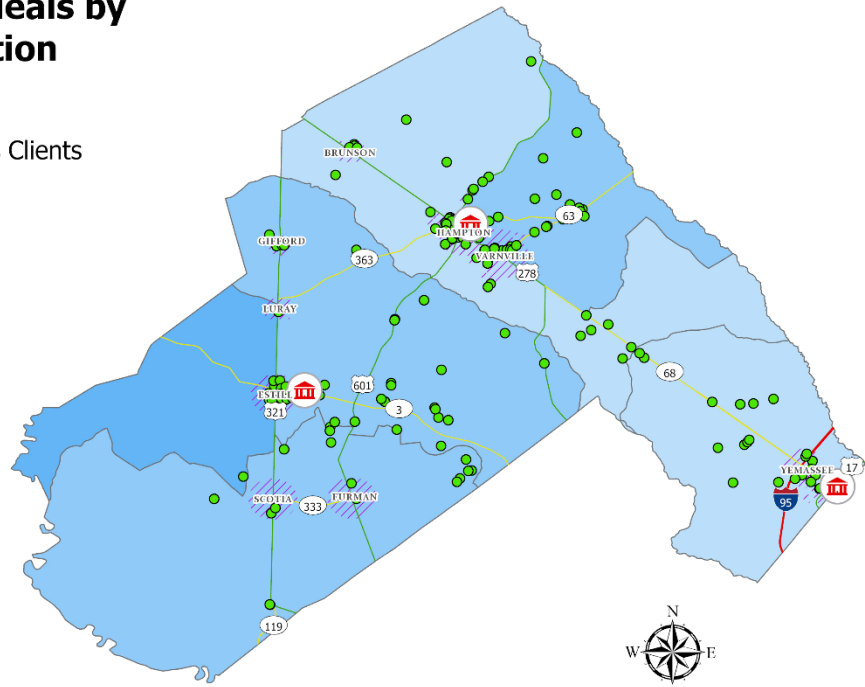
< 15%

< 25%

< 35%

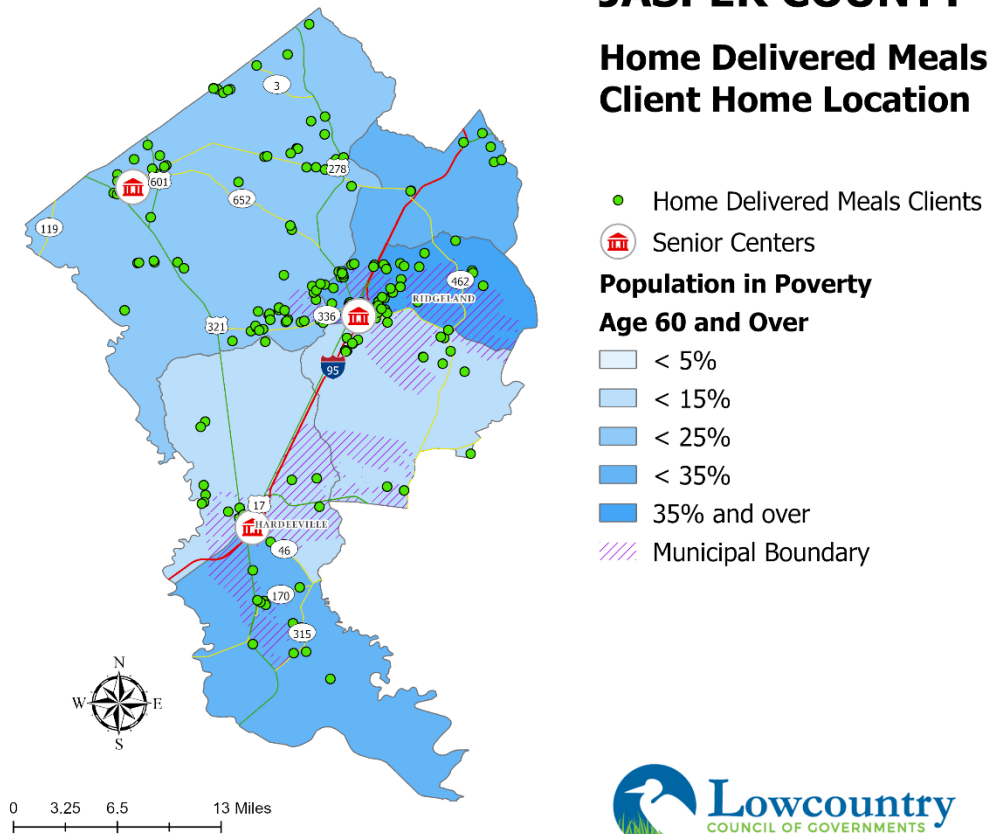
35% and over

▨ Municipal Boundary



# JASPER COUNTY

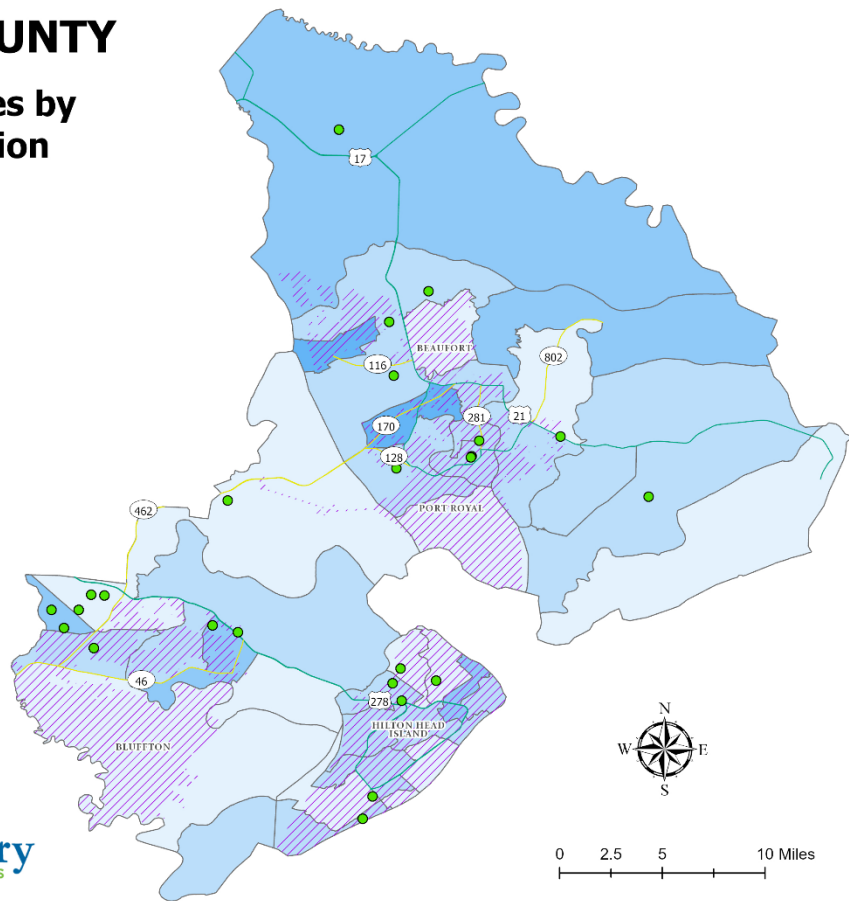
## Home Delivered Meals by Client Home Location



# BEAUFORT COUNTY

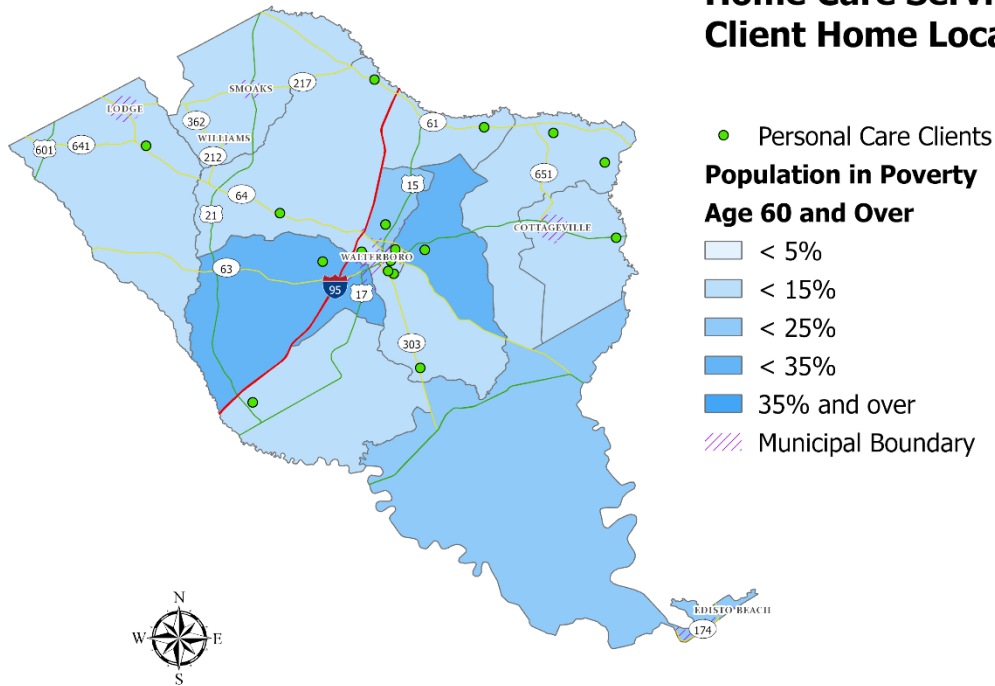
## Home Care Services by Client Home Location

- Personal Care Clients
- Population in Poverty Age 60 and Over**
  - < 5%
  - < 15%
  - < 25%
  - < 35%
  - 35% and over
- ▨ Municipal Boundary



# COLLETON COUNTY

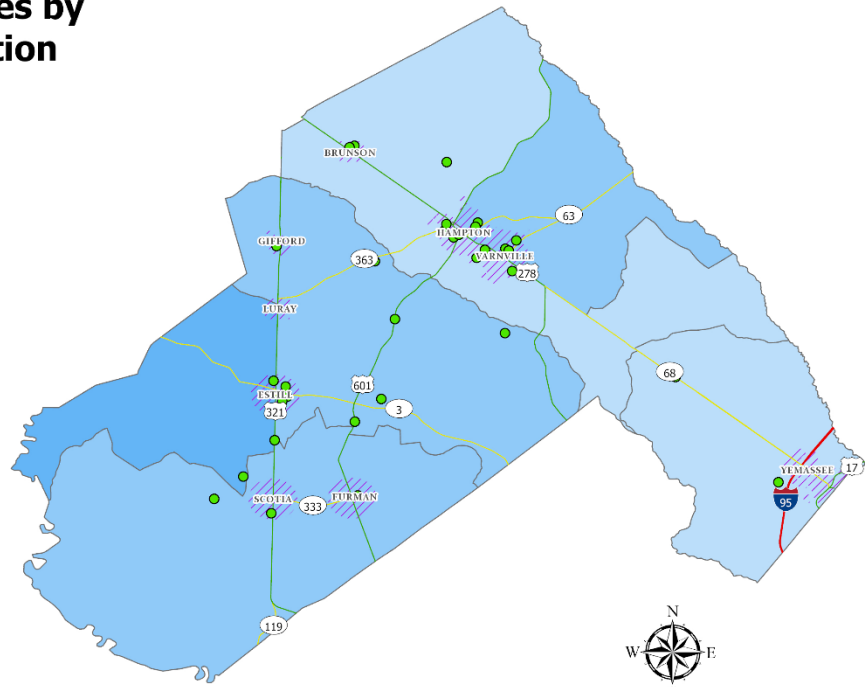
## Home Care Services by Client Home Location



# HAMPTON COUNTY

## Home Care Services by Client Home Location

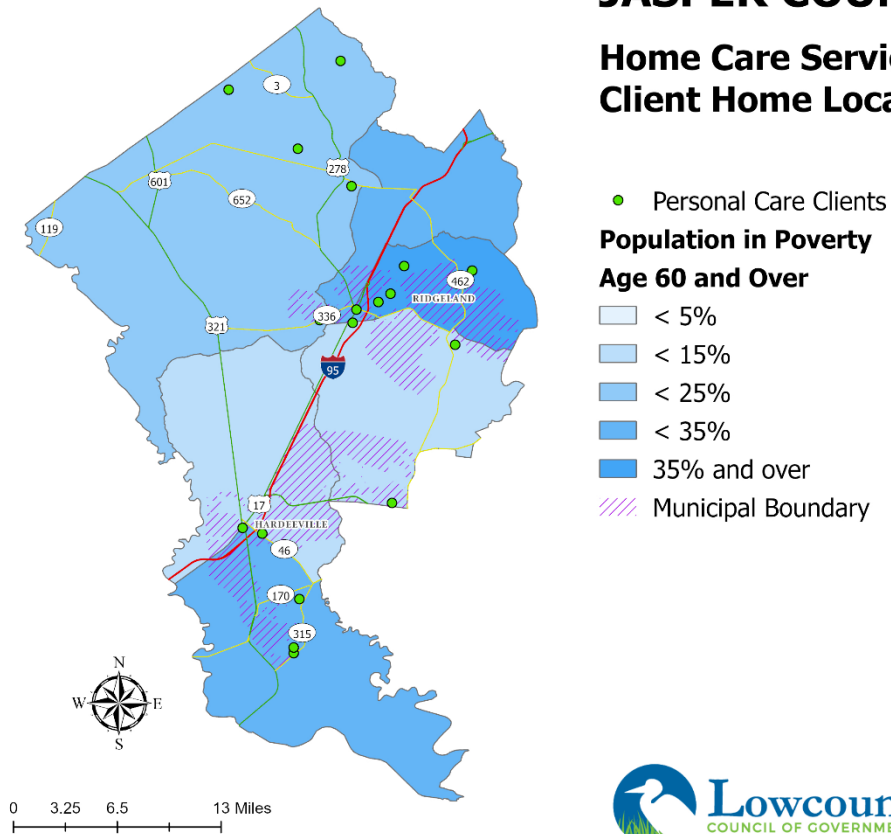
- Personal Care Clients
- Population in Poverty Age 60 and Over**
  - < 5%
  - < 15%
  - < 25%
  - < 35%
  - 35% and over
- ▨ Municipal Boundary





# JASPER COUNTY

## Home Care Services by Client Home Location



# BEAUFORT COUNTY

## Home Care Services by Client Home Location

● Minor Home Repair Clients

### Population in Poverty

#### Age 60 and Over

< 5%

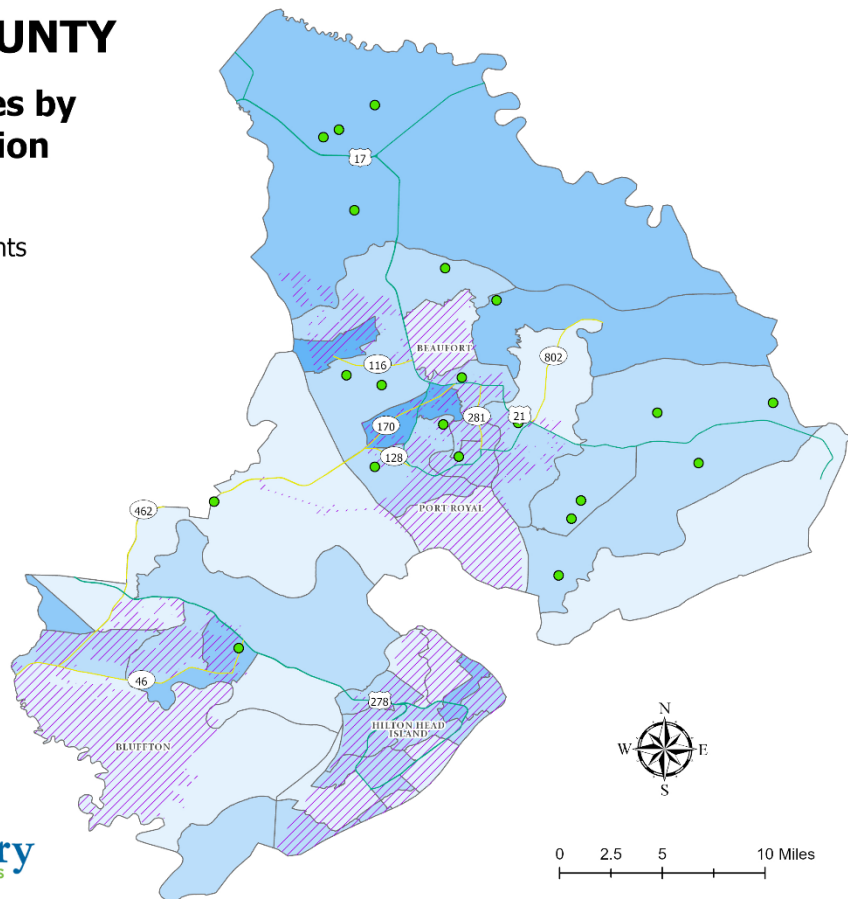
< 15%

< 25%

< 35%

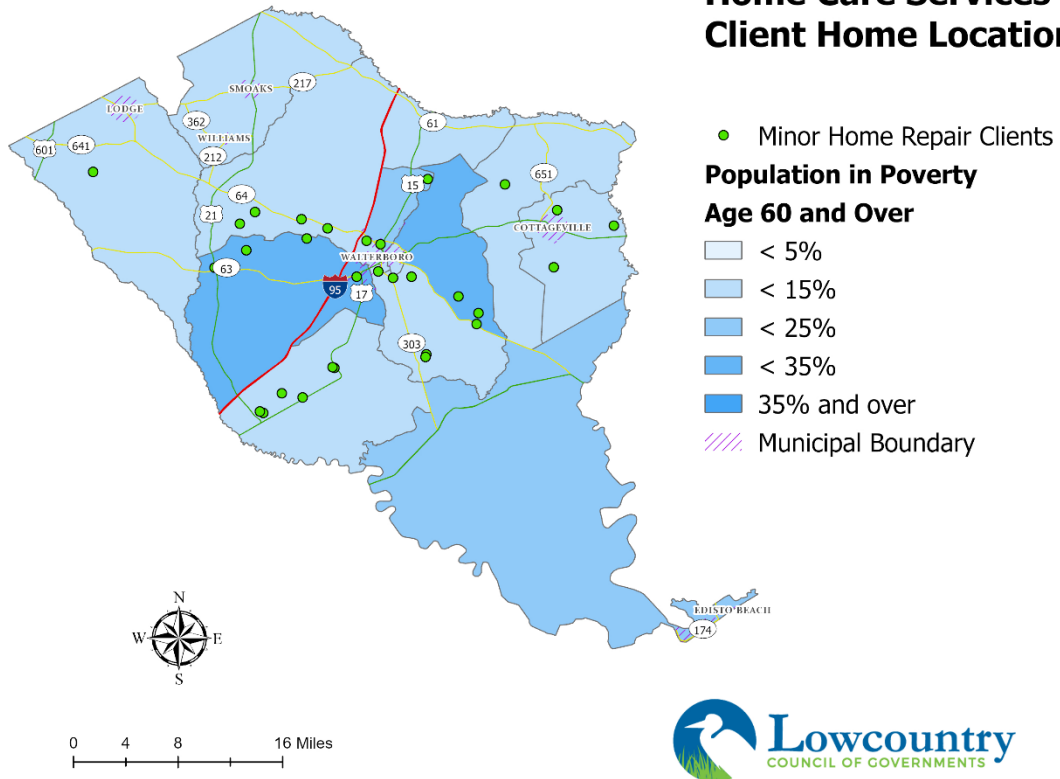
35% and over

Municipal Boundary

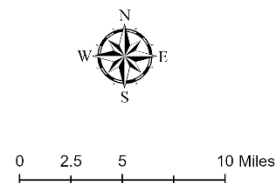
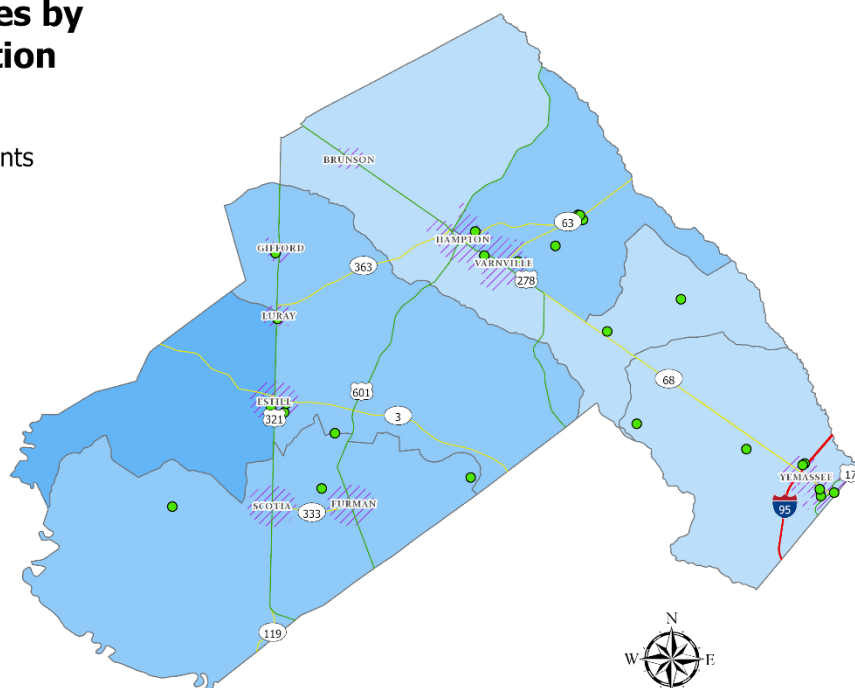


# COLLETON COUNTY

## Home Care Services by Client Home Location

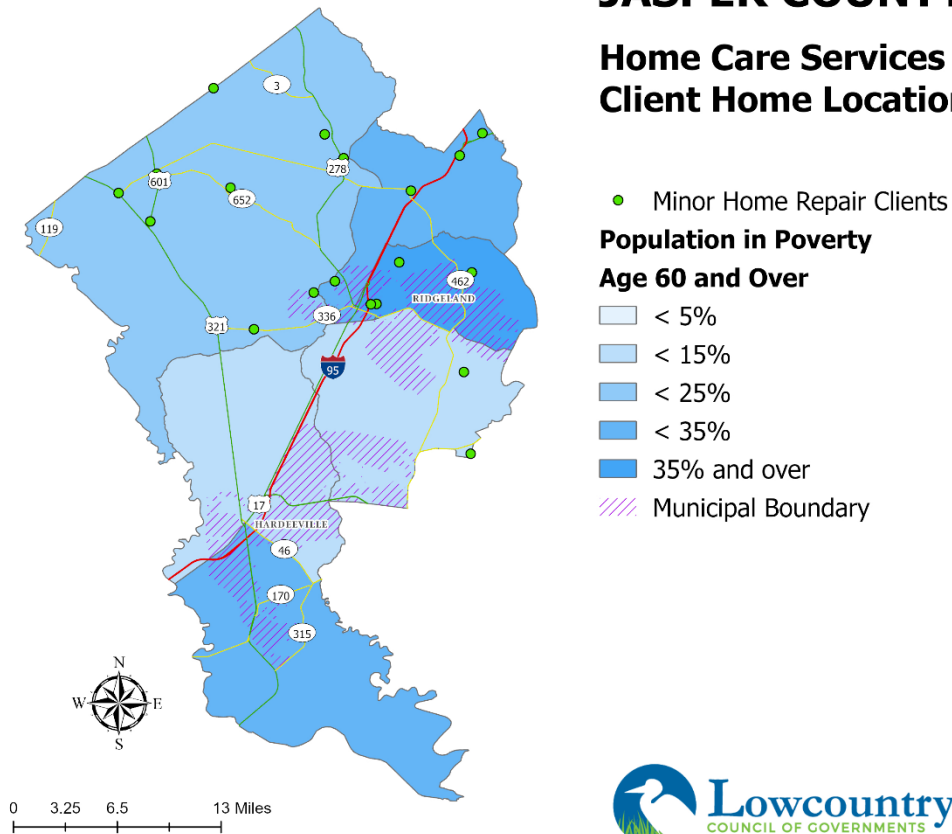


## Home Care Services by Client Home Location



# JASPER COUNTY

## Home Care Services by Client Home Location



# BEAUFORT COUNTY

## Home Care Services by Client Home Location

● Home Maker Clients

### Population in Poverty Age 60 and Over

< 5%

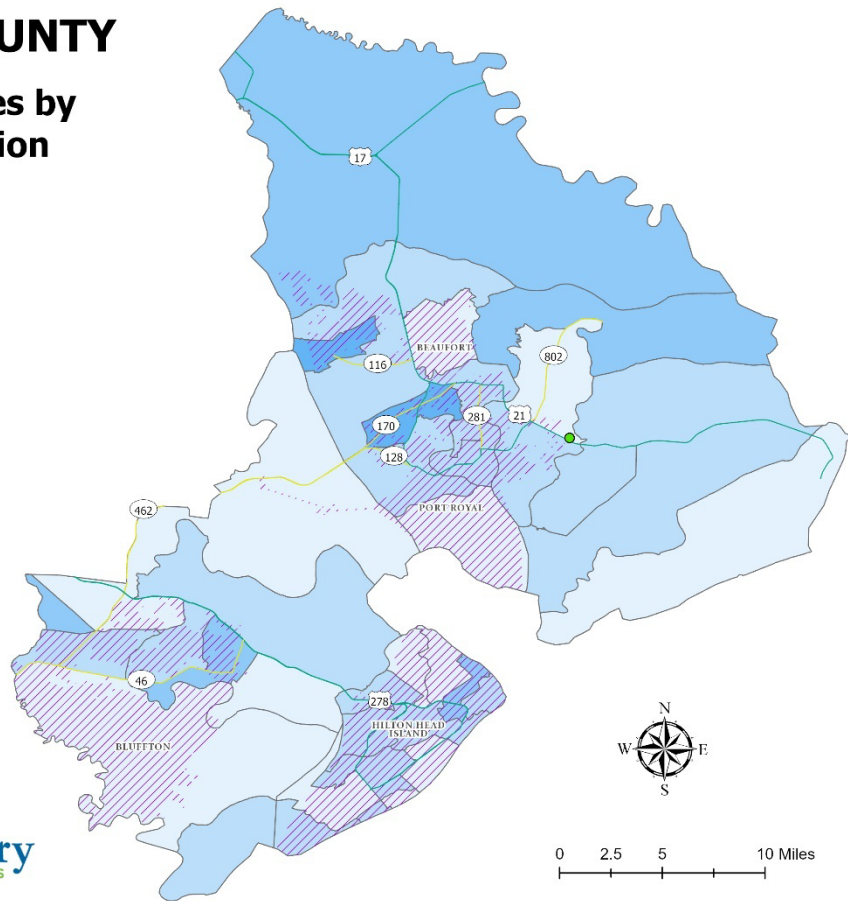
< 15%

< 25%

< 35%

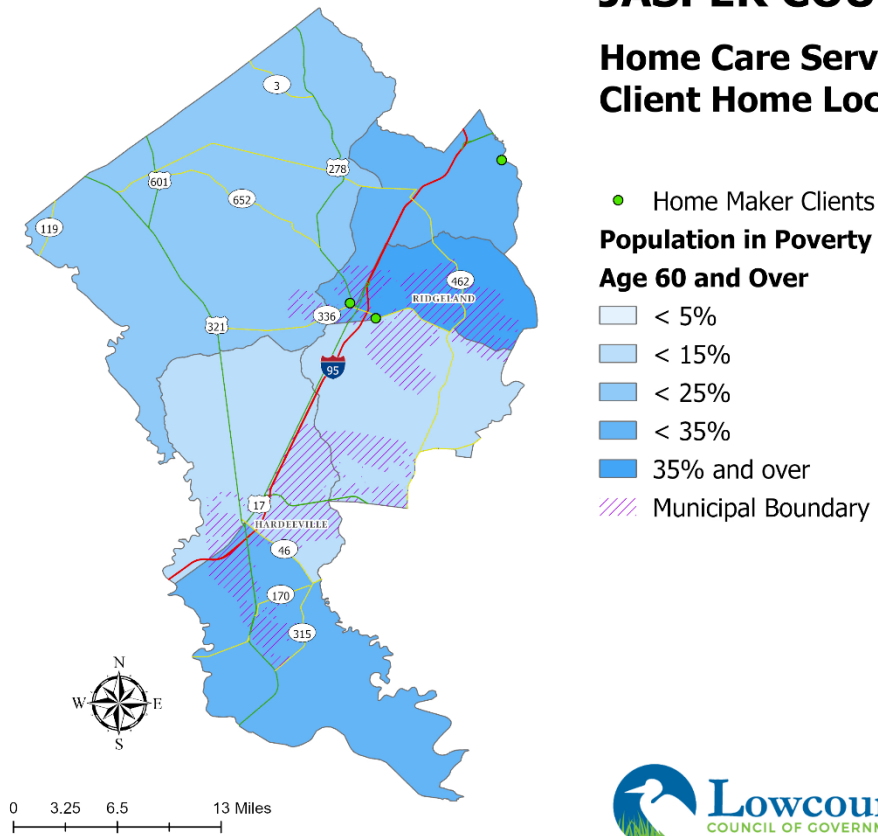
35% and over

▨ Municipal Boundary



# JASPER COUNTY

## Home Care Services by Client Home Location



# BEAUFORT COUNTY

## Contracted Transportation by Client Home Location

● Transportation Clients

**Population in Poverty  
Age 60 and Over**

< 5%

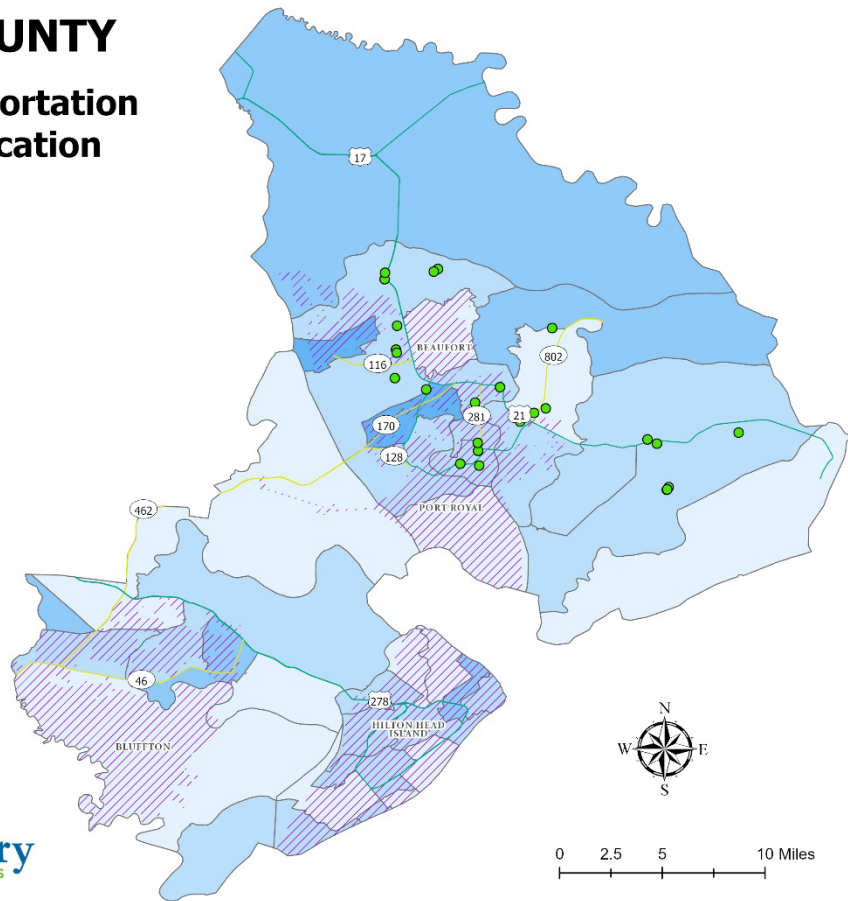
< 15%

< 25%

< 35%

35% and over

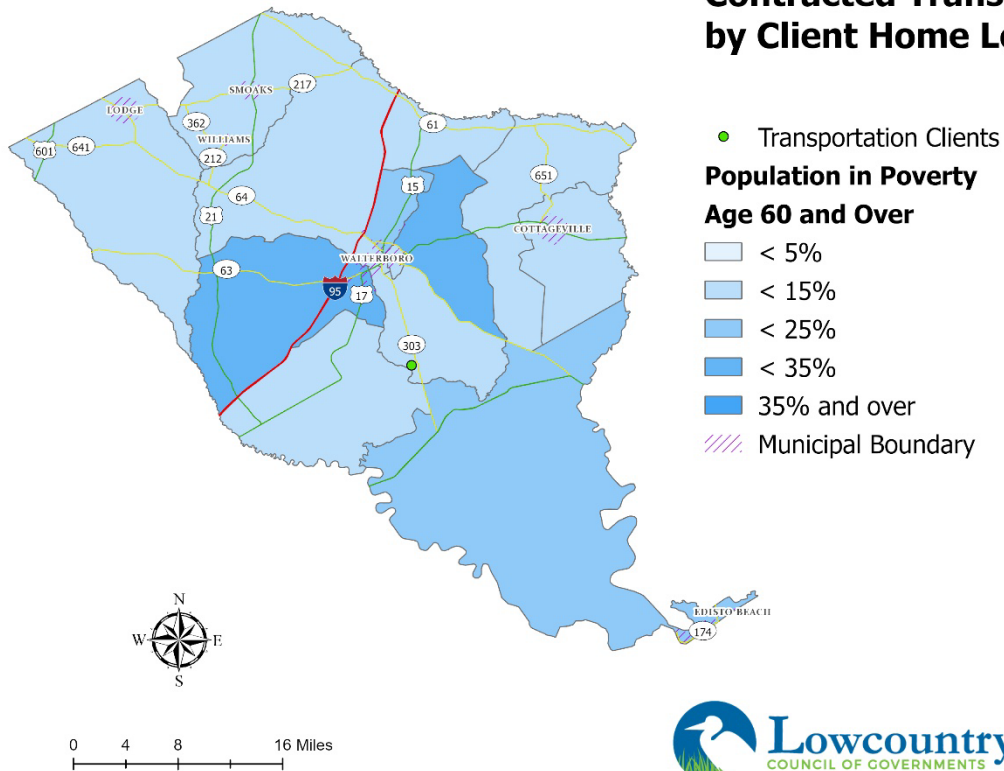
▨ Municipal Boundary





# COLLETON COUNTY

## Contracted Transportation by Client Home Location



# BEAUFORT COUNTY

## Assessments by Client Home Location

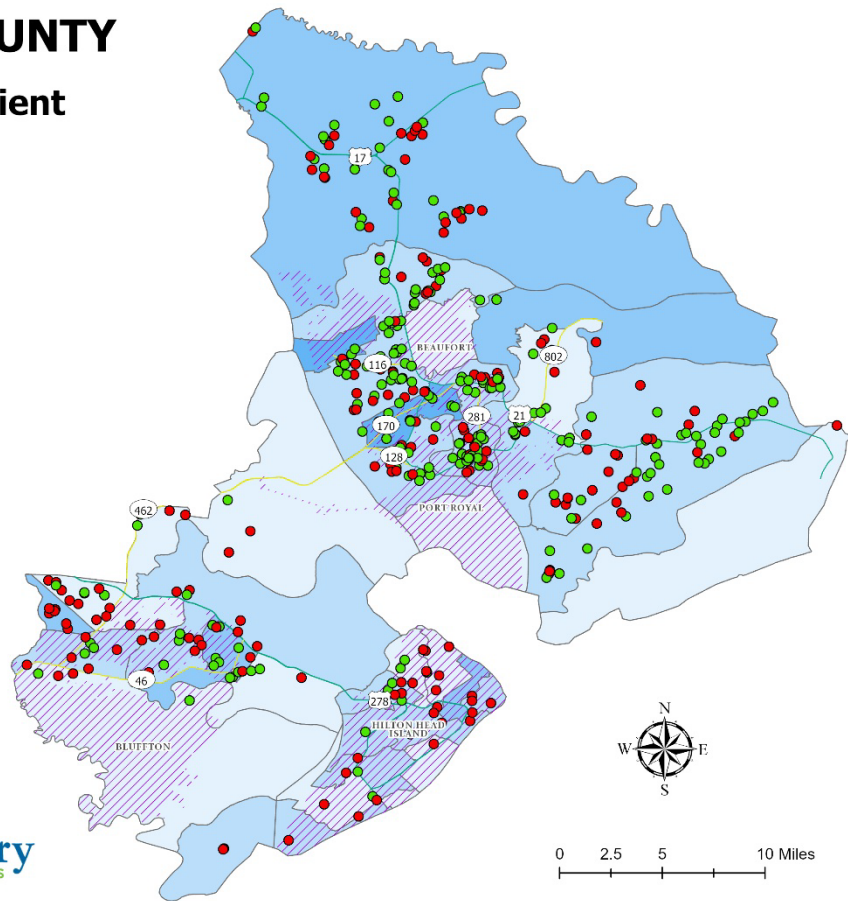
### Assessed Clients

- Receiving Services
- Not Receiving Services

### Population in Poverty

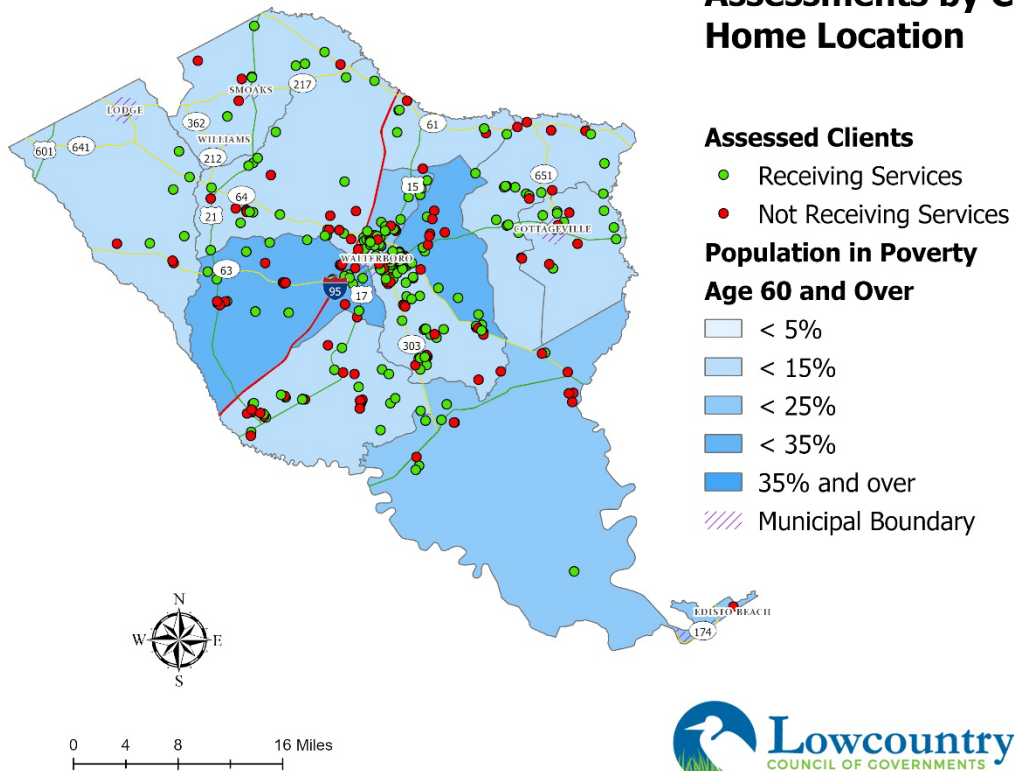
#### Age 60 and Over

- < 5%
- < 15%
- < 25%
- < 35%
- 35% and over
- Municipal Boundary



# COLLETON COUNTY

## Assessments by Client Home Location



# HAMPTON COUNTY

## Assessments by Client Home Location

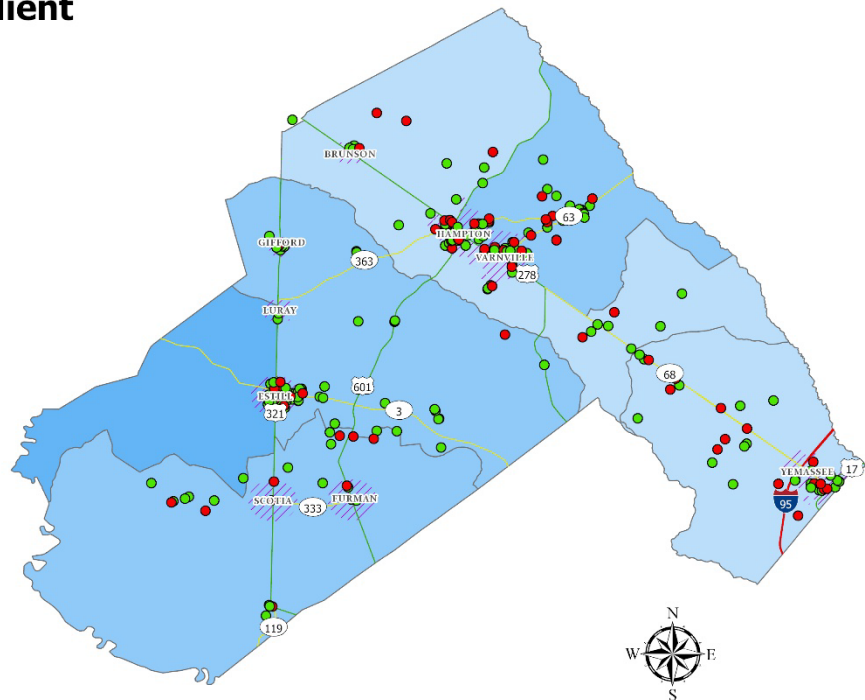
### Assessed Clients

- Receiving Services
- Not Receiving Services

### Population in Poverty

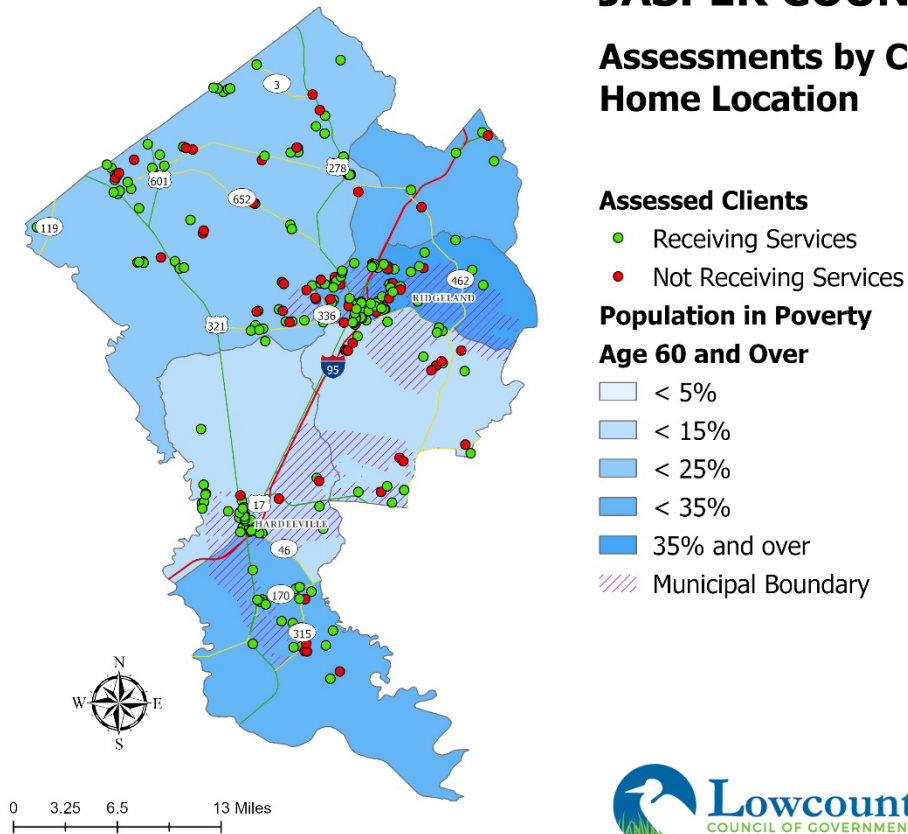
#### Age 60 and Over

- < 5%
- < 15%
- < 25%
- < 35%
- 35% and over
- Municipal Boundary



# JASPER COUNTY

## Assessments by Client Home Location




# BEAUFORT COUNTY


## Contracted Senior Centers by Location


 Group Dining Site


### Population in Poverty


#### Age 60 and Over

 < 5%

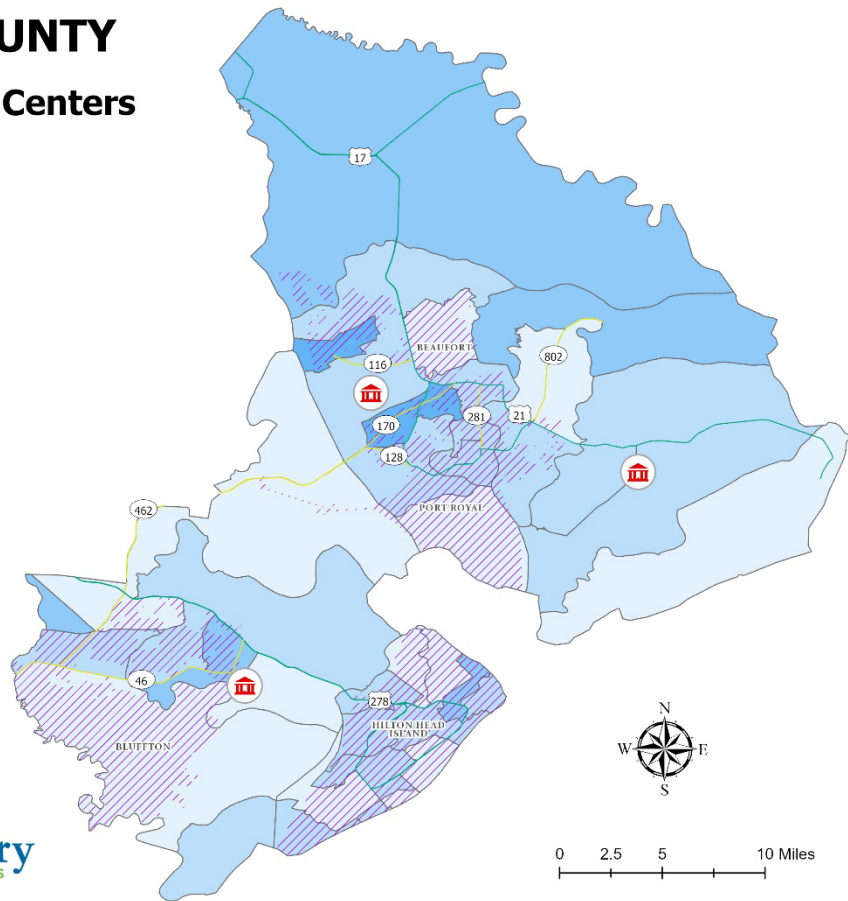
 < 15%

 < 25%

 < 35%

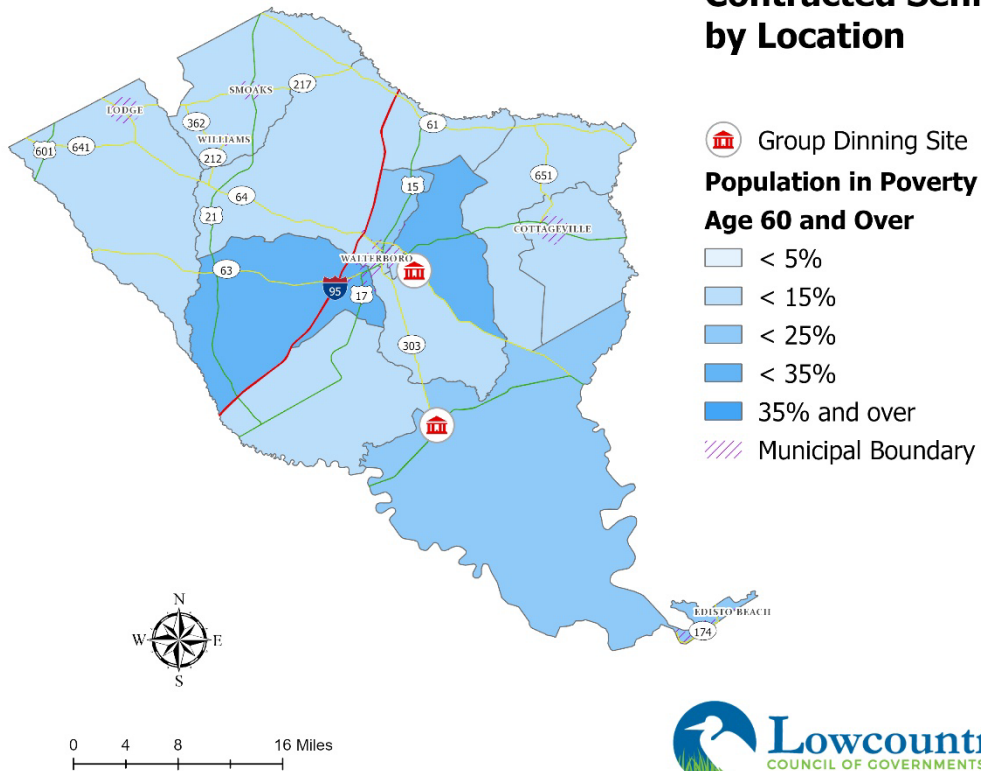
 35% and over

 Municipal Boundary



# COLLETON COUNTY

## Contracted Senior Centers by Location





# HAMPTON COUNTY


## Contracted Senior Centers by Location


 Group Dining Site


### Population in Poverty


#### Age 60 and Over

 < 5%

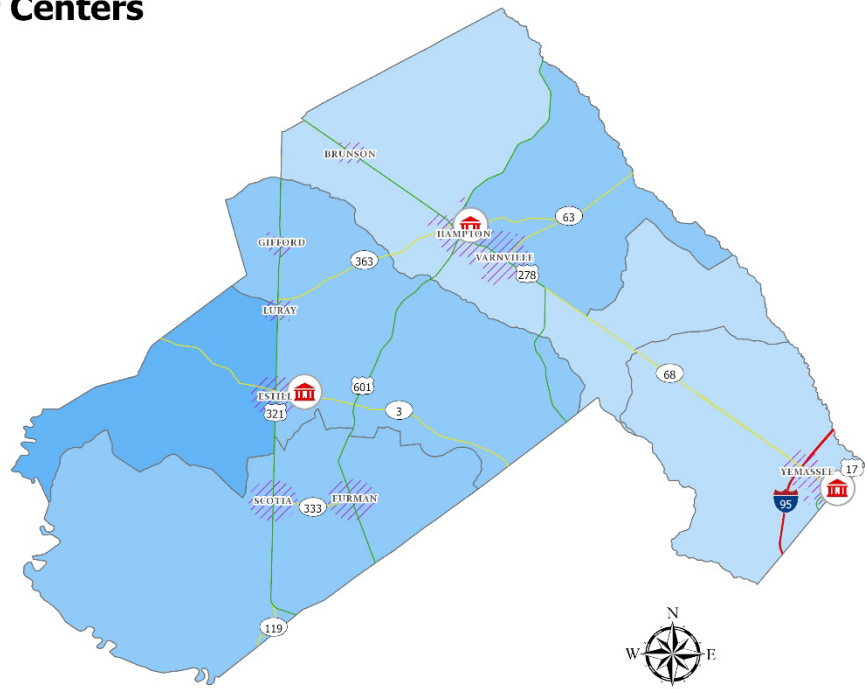
 < 15%

 < 25%

 < 35%

 35% and over

 Municipal Boundary

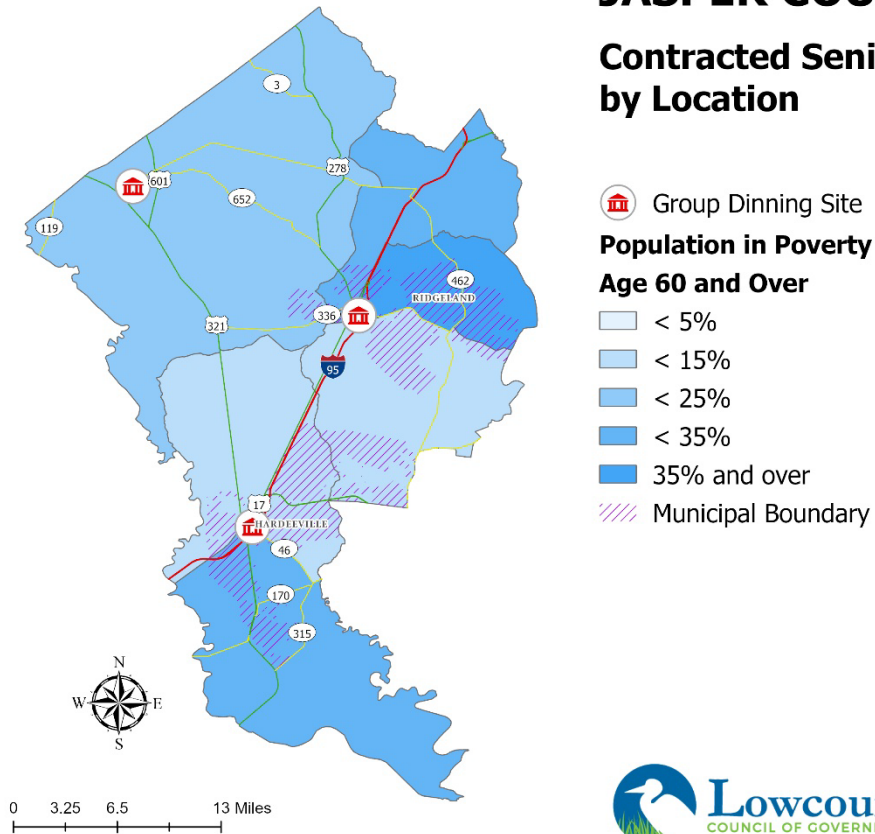


0 2.5 5 10 Miles



# JASPER COUNTY

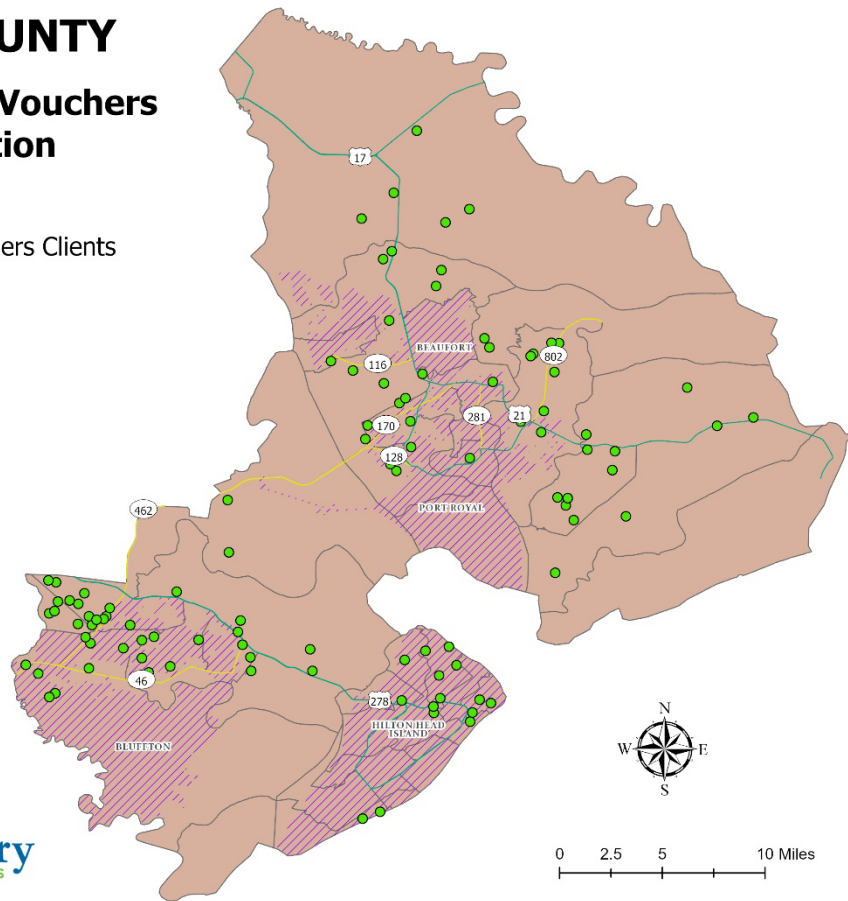
## Contracted Senior Centers by Location



# BEAUFORT COUNTY

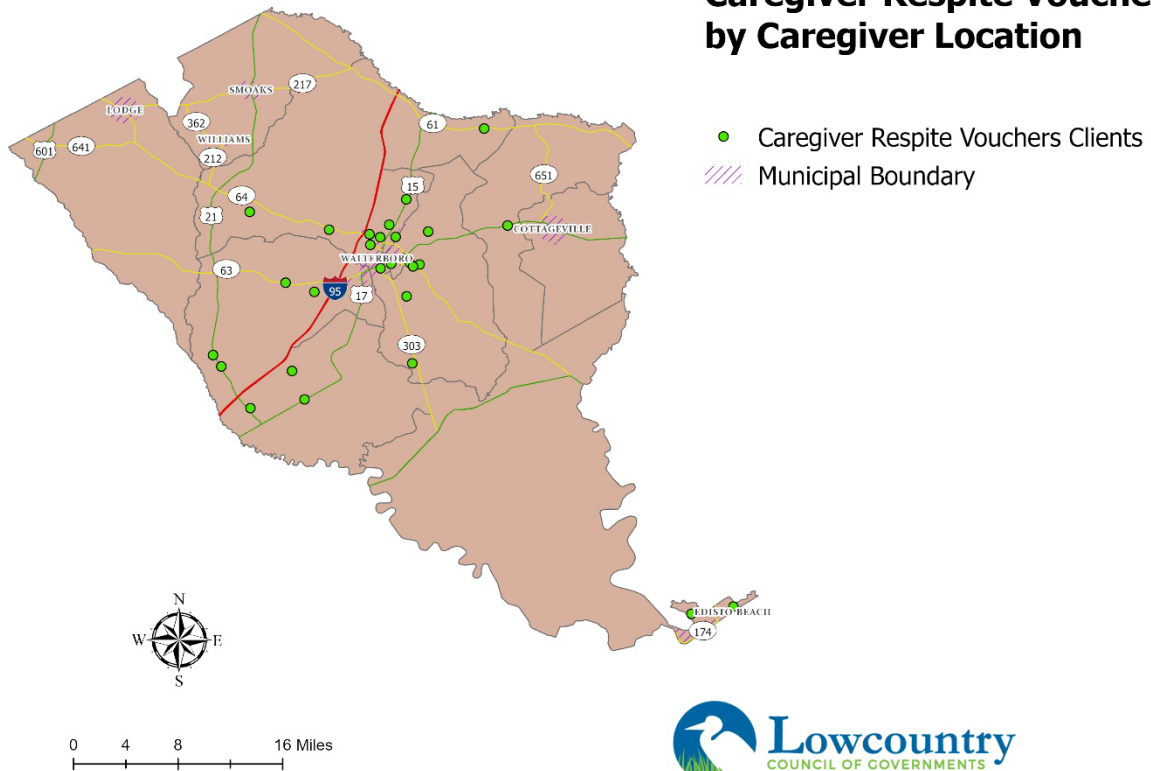
## Caregiver Respite Vouchers by Caregiver Location

- Caregiver Respite Vouchers Clients
- /// Municipal Boundary



# COLLETON COUNTY

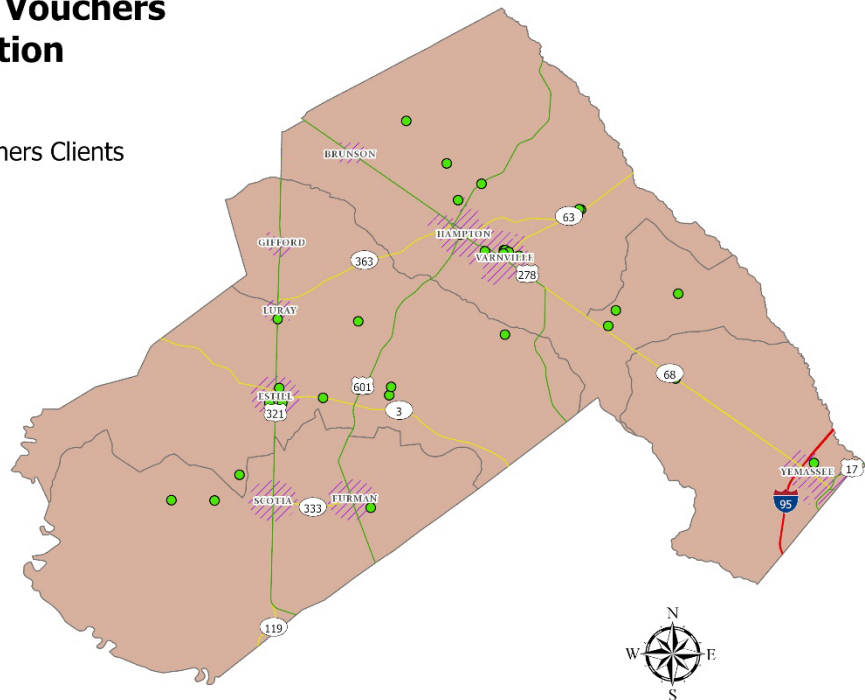
## Caregiver Respite Vouchers by Caregiver Location



# HAMPTON COUNTY

## Caregiver Respite Vouchers by Caregiver Location

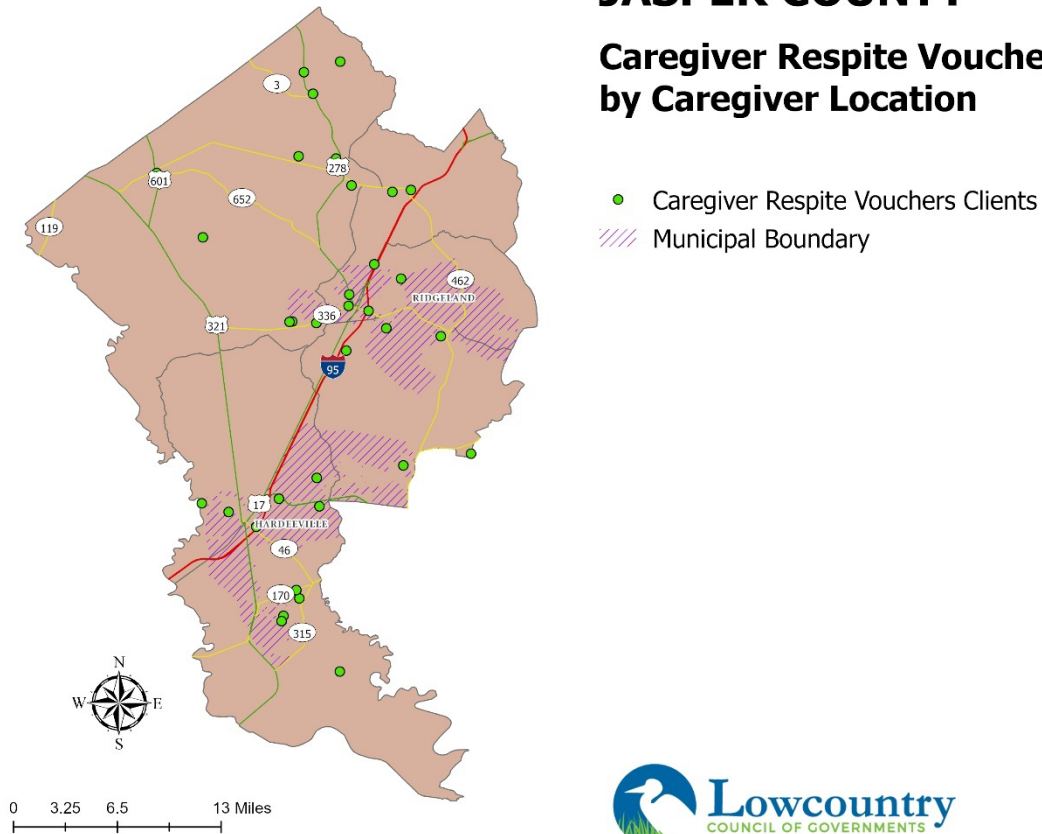
- Caregiver Respite Vouchers Clients
- /// Municipal Boundary



0 2.5 5 10 Miles

## JASPER COUNTY

### Caregiver Respite Vouchers by Caregiver Location



### Senior Centers Mapping with III-D Table

Evidenced-Based Program (Name)	Site Name(s) /Virtual	County Name
<b>No III-D Programming was offered at the following site/county FY22</b>	<b>Site Name(s)</b>	<b>County Name</b>
Eat Smart, Move More, Weigh Less	<b>Virtual</b>	<b>All</b>
Bingocize	<b>N/A</b>	<b>All</b>

## **Attachment I – Fiscal**

### **Match**

The Lowcountry region has been most appreciative of the matching dollars that have been provided by the state in recent years. Should those matching requirements be passed down to Lowcountry AAA again in the future, Lowcountry Council of Governments would be responsible for providing the local cash necessary. Lowcountry Council of Government's limited amount of unrestricted funds come from only two sources. We receive dues from each of our four county governments and have a small line item in the state budget. These funds must stretch to cover all matching requirements for grants throughout our Council of Governments. Therefore, Lowcountry Council of Governments would strive to match funds used at the AAA level, but match for contracted services would have to be passed down to the provider level. While service providers currently participate in some level of fundraising activities, the level of funds needed for match are significantly more than they have been successful at raising in the past. We would anticipate that a reduction in services would be inevitable due to the limited amount of local dollars available. This would in turn limit the amount of federal funds that we would be able to match.

### **Fiscal Monitoring**

Lowcountry Area Agency on Aging maintains a compliant level of continuous fiscal oversight throughout the fiscal year. As the Finance staff processes monthly reimbursement requests, checks and balances are in place to verify and reconcile units of service. LCOG holds a regional catering contract, so we can compare the number of meals served to the number of meals purchased. This is helpful in finding discrepancies. We also review the Grant Related Income report from the AIM system monthly to assure that funds are entered and appear reasonable. In addition, onsite fiscal monitoring is conducted annually. As part of this monitoring, units of service are verified by reviewing sign-in sheets, transportation logs, catered meal delivery documents, point to point mileage for clients and other documents reflecting unit compilations. Participant's contributions are also traced from the point of donation to the collection at the administrative office, to the bank statement and ultimately to the AIM data base. Annual audit reports, proper insurance, accounting software and other fiscal policies are reviewed. If necessary, any areas of concern are addressed in a report and a corrective action plan is developed to remedy problems.

## Competitive Procurement

Provider Name	Original Execution Date	End Date	Contractor/ Sub-recipient	Counties Served	Services Awarded
SC Legal Services	July 1, 2019	June 30, 2024	Contractor	Beaufort, Colleton, Hampton, Jasper	Legal Services
Senior Catering	July 1, 2019	June 30, 2024	Contractor	Beaufort, Colleton, Hampton, Jasper	Meal Caterer Services
GA Foods	July 1, 2019	June 30, 2024	Contractor	Beaufort, Colleton, Hampton, Jasper	Meal Caterer, Home Delivered Meals (Frozen)
ACCESS Health Care Services, Inc.	July 1, 2019	June 30, 2024	Contractor	Beaufort, Colleton, Hampton, Jasper	Consumer Choice Home Care Services
Low Country Family Services	July 1, 2019	June 30, 2024	Contractor	Colleton, Hampton	Consumer Choice Home Care Services
RAHCO Hilton Head LLC, DBA Right at Home	July 1, 2019	June 30, 2024	Contractor	Beaufort, Jasper	Consumer Choice Home Care Services
Smiley's Home Senior Care, LLC	July 1, 2020	June 30, 2024	Contractor	Beaufort, Hampton, Jasper	Consumer Choice Home Care Services
Priority Home Care, LLC	July 1, 2019	June 30, 2024	Contractor	Colleton, Hampton, Jasper	Consumer Choice Home Care Services
Beaufort County Parks & Recreation Department	July 1, 2022	July 30, 2026	Contractor	Beaufort	Congregate, Home Delivered Meals, Transportation
Colleton County Council on Aging	July 1, 2019	June 30, 2024	Contractor	Colleton	Congregate, Home Delivered Meals, Transportation
Hampton County Council on Aging	July 1, 2019	June 30, 2024	Contractor	Hampton	Congregate, Home Delivered Meals, Transportation
Jasper County Council on Aging	July 1, 2019	June 30, 2024	Contractor	Jasper	Congregate, Home Delivered Meals, Transportation

## Allocation Methodology

Funding for services is allocated based on need. In order to assure that all funds are utilized before expiration dates, AAA may transfer funding to another region or agency should there be a greater need.

In recent years we have seen an influx of funding due to COVID. In preparation for the expiration of COVID, CARES and ARP funds, Lowcountry AAA plans to adopt the following formula based on Census data:

Factor	85+	Population 60+	Minority 65+	Poverty 60+	Rural	Diability 65+	
Weight	10%	25%	25%	25%	5%	10%	100%

## Budget Narrative

Lowcountry AAA is a department of Lowcountry Council of Governments. Lowcountry Council of Government's annual budget is presented to and approved by the Board of Directors in June each year. The AAA's budget process begins with discussions between the AAA Director and Finance Director about any special upcoming plans for the new year, any expectations of new funding and the parameters of the new funding. Based on the sources of funds, a AAA budget is compiled to include administration and the services that are provided at the AAA level, as well as services pass through budget. This represents all the contracted services. Internal Budget to Actual and Units of Service reports are provided to the AAA Director and staff monthly to help with the funds management process.