



Santee-Lynches Area Agency on Aging Area Plan 2023-2025

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A. Executive Summary

In accordance with its responsibilities under the Older Americans Act, the Santee-Lynches Regional Council of Governments /Area Agency on Aging (SLRCOG/SLAAA) has prepared and submits this Regional Area Plan for FY 2023-2025 to the South Department on Aging (SCDOA). The Santee-Lynches Region includes the counties of Clarendon, Kershaw, Lee, and Sumter.

The Santee Lynches Area Agency on Aging Area Plan documents how the AAA will plan and provide programs and resources resource development, service delivery, contracts/grant management, training, community education, advocacy, and coordination for a comprehensive service delivery system in the Santee-Lynches Region.

In reviewing the pertinent issues facing the aging population of the region and the state, it is evident that all stakeholders must continue to evaluate the trends, needs and funding sources to adequately provide services to this growing service population. The individuals involved in making these decisions and policies should always include state policy makers, regional staff, service providers and the public that have a vested interest by either providing or receiving the services. The growth of active senior population reaching the age of 65 in the last decade means changes are coming. All key players must be in front of the shifting trends to serve as many as possible and be open to service delivery outside of its traditional method as in previous years.

With the constant changes in funding for these programs, the AAA will continue to focus on populations which are low-income, minority, rural, limited English proficiency and at risk for institutionalization. As a result of the 2020 Census data and the funding formula utilized by SCDOA, an impact to the projected budget of approximately \$160,000 in service and administrative funds for the Santee-Lynches Region will come. As a result, this indicates the AAA must be innovative by considering business practices which serve individuals who have the ability to private pay for desired services and seek alternate funding sources outside of the OAA to meet the needs of our four-county region.

With the increasing need of support services for seniors and their caregiver's, the AAA continues moving toward the development of a seamless long term care support services system that is flexible and meets the needs of consumers by offering them more choice. The flexibility of consumer-directed choices permits a mix of private, and agency provided services, allows the consumer to find workers when agencies have a short supply, and provides services when needed rather than at fixed times.

Challenging times heighten the need to think creatively and strengthen partnerships. It also affords the opportunity for advocacy and partnership building aimed at all levels of elected officials from the local municipality to the U.S. Congress. The AAA will focus increased efforts to facilitate planning, collaboration, partnering and advocacy across the spectrum of human service providers and their constituencies.

The mission of the Santee-Lynches Area Agency on Aging is to enable older persons in Clarendon, Kershaw, Lee, and Sumter Counties to lead meaningful dignified lives in their communities by providing leadership, direction, and support a comprehensive continuum of aging and long-term services. Therefore, incorporated into this Plan are benchmarks, outcomes, and future initiatives on which to measure SLAAA's achievement towards developing a comprehensive delivery system for older adults, persons with disabilities, as well as caregivers and their families.

The vision of the Santee-Lynches Area Agency on Aging is to support a region where seniors enjoy an enhanced quality of life, contribute to their communities, have economic security, and receive those supports necessary to age with choice and dignity.

The Santee-Lynches Area Agency on Aging operates within the Santee-Lynches Regional Council of Governments (SLRCOG). Since 1971, the SLRCOG has been assisting local governments in

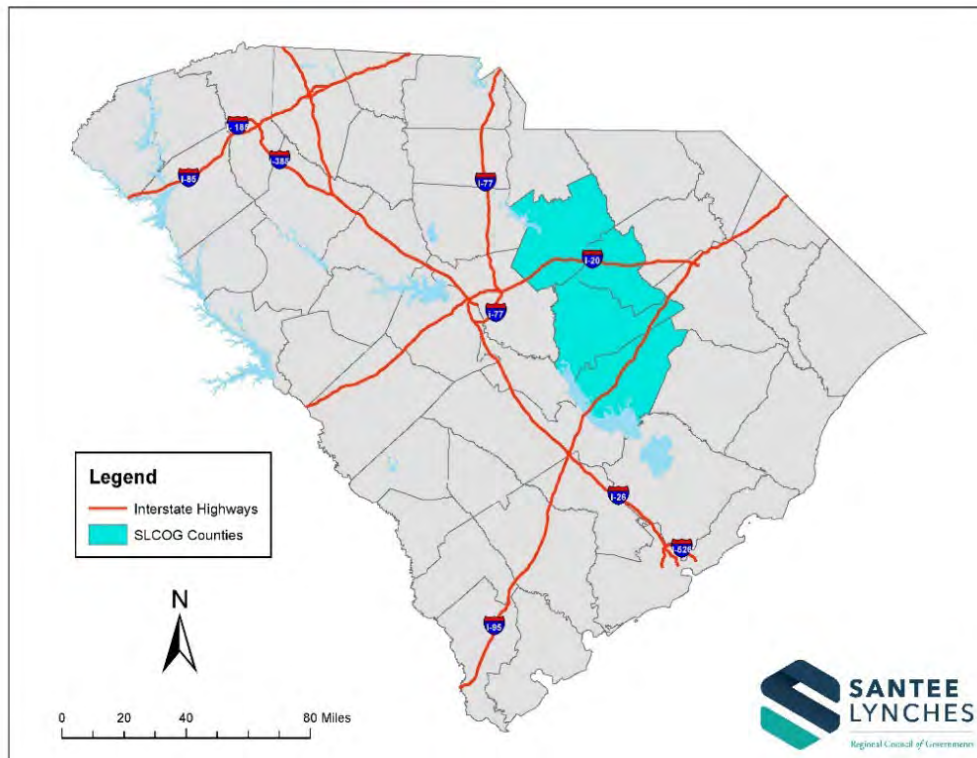
development of local and regional plans within the four Santee-Lynches Counties (Clarendon, Kershaw, Lee, and Sumter) of South Carolina.

Currently, the Santee-Lynches Area Agency on Aging employs nine (9) employees to include an Aging Director. Although not employed as aging staff, the SLAAA receives ongoing support from the SLRCOG Finance Department. Since 2006, the SLAAA continues to serve as a single point of entry for long-term support and service systems for older adults and persons with disabilities in the Santee-Lynches Region.

Sometimes referred to as a “one stop shop” or “no wrong door” system, the Santee-Lynches Area Agency on Aging addresses many of the frustrations consumers and their families experience when trying to locate needed information, services, and supports. Through integration or coordination of existing aging and disability service systems, the Santee-Lynches Area Agency on Aging programs raise visibility about the full range of options that are available; provide objective information, advice, counseling and assistance; empower individuals to make informed decisions about their long term supports; and help people more easily access public and private long term supports and services programs. Through this concept, the Santee-Lynches Area Agency on Aging continues to cross train all aging staff.

B. Context

The Santee-Lynches Region includes Clarendon, Kershaw, Lee, and Sumter Counties. The Region is located in the upper coastal plain of South Carolina, with its boundaries approximately thirty-one (31) miles east of downtown Columbia, forty-six (46) miles north of Charleston, sixty-three (63) miles west of the Atlantic Ocean, and fourteen (14) miles south of the North Carolina State line. The principal urbanized areas in the Region are the Cities of Sumter, Camden, Bishopville, and Manning located in Sumter, Kershaw, Lee, and Clarendon Counties, respectively. The City of Sumter, being centrally located and the largest city in the Region. The Santee-Lynches Region is a predominantly rural region with relatively small areas of urbanization in each county. The Region covers 2,409 square miles. The jurisdiction is highlighted in blue below.



Target populations are represented in the below table. Each column is the percentage of the target based on the total population for each county.

County	%60+	%85+	%Minority	%Rural (pop)	%Rural (land area)	%Limited English
Clarendon	32.4	2.5	41.2	30.0	16.9	0.2
Kershaw	25.9	1.7	25.4	12.1	28.5	0.0
Lee	26.2	1.3	56.8	75.2	58.2	0.0
Sumter	22.5	2.1	49.4	0.0	0.0	0.2

Santee-Lynches Region Population Projection 2018-2030

County	2018	2030*	Change	% Change	% Regional Change
Clarendon	33,700	29,030	-4,670	-13.9	38%
Kershaw	65,592	67,870	2,278	3.5	18.75%
Lee	17,142	14,100	-3,042	-17.7	25%
Sumter	106,512	104,290	-2,222	-2.1	18.25%
S-L Region	222,946	215,290	-7,656	-3.4	


Source: U.S. Census Bureau, 2018 estimates

*Projections made by staff of SC Revenue and Fiscal Affairs Office, <http://abstract.sc.gov/chapter14/pop5.html>

Fundamental processes include conducting a needs assessment, obtaining public and partner feedback, reviewing community health needs assessments, facilitating public hearings with minorities and diverse populations, an analysis of census data, GIS analysis, and regional demographic data, as well as input from the Regional Aging and Disability Advisory Committee, etc. As gaps are identified through these tools, the AAA strives to find practical solutions that can be sustainable considering the challenges faced with funding, provider resources and staffing, and service capacities.

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




[Scan here to complete online!](#)

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

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

PLEASE CONTINUE ON BACK →

Section 3: Please put a check (✓) by the items listed below that affect your ability to live independently at home.

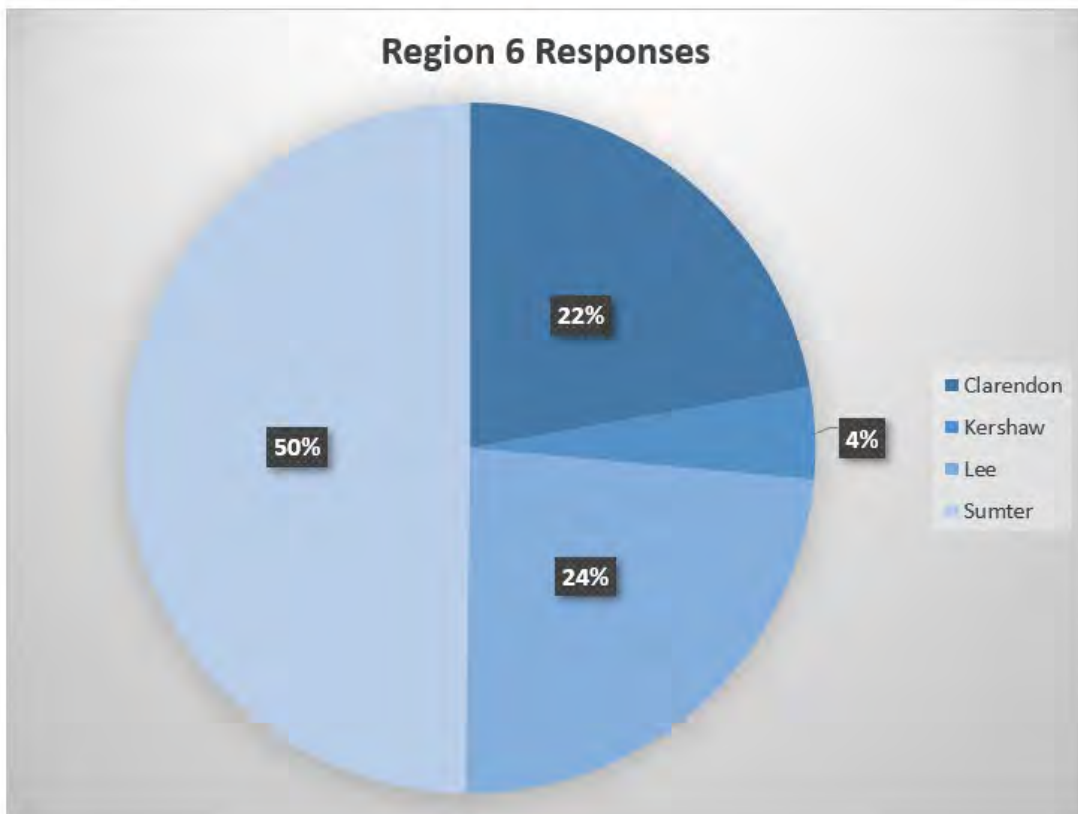
1. I need to exercise more, but don't know where to start.
2. Sometimes I feel lonely or sad, even isolated.
3. I have trouble keeping my home clean.
4. It is difficult for me to do my laundry due to lifting, folding and putting clothes away.
5. I need assistance with bathing, dressing and toileting.
6. I am concerned about falls or other accidents.
7. It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.
8. I cannot grocery shop or cook much, so home delivered meals would be helpful.
9. Sometimes I do not have enough food to eat.
10. I am unable to read and understand my mail.
11. I have problems keeping my paperwork in order and sometimes lose things.
12. I have trouble keeping up with paying my bills.
13. I have difficulty paying for prescription medicines.
14. My insurance premium is a struggle to pay monthly.
15. I do not know how I could pay for nursing home care when/if I needed it.
16. I cannot afford to pay for dental care.
17. I cannot afford to pay for hearing aids.
18. I cannot afford to pay for eyeglasses.
19. I need access to assistive technology, i.e., wheel chair, cane, walker, etc.
20. I need legal advice, but cannot afford it.
21. I need safe and affordable housing.
22. I struggle keeping warm and cool due to poor insulation, leaky windows or structural damage.
23. I am unable to make necessary repairs to my home due to costs.
24. I cannot do my yard work due to physical or medical reasons.
25. I have a serious problem with pests in my house (ex. Bed bugs, roaches, fleas, lice, rodents, etc.).
26. I have a mental health issue that sometimes makes it difficult for me to live on my own.
27. I (or someone close to me) have a drug or alcohol problem.
28. I have to deal with challenging family issues that are stressful.
29. I don't have friends, neighbors or others that have a positive influence on my life.
30. I am responsible for taking care of a child or children under the age of 18.
31. I am taking care of one or more adults over the age of 60.
32. Other: _____

Please return to:
 Santee-Lynches Regional Council of Governments - Area Agency on Aging
 39 East Calhoun Street
 Sumter, SC 29150

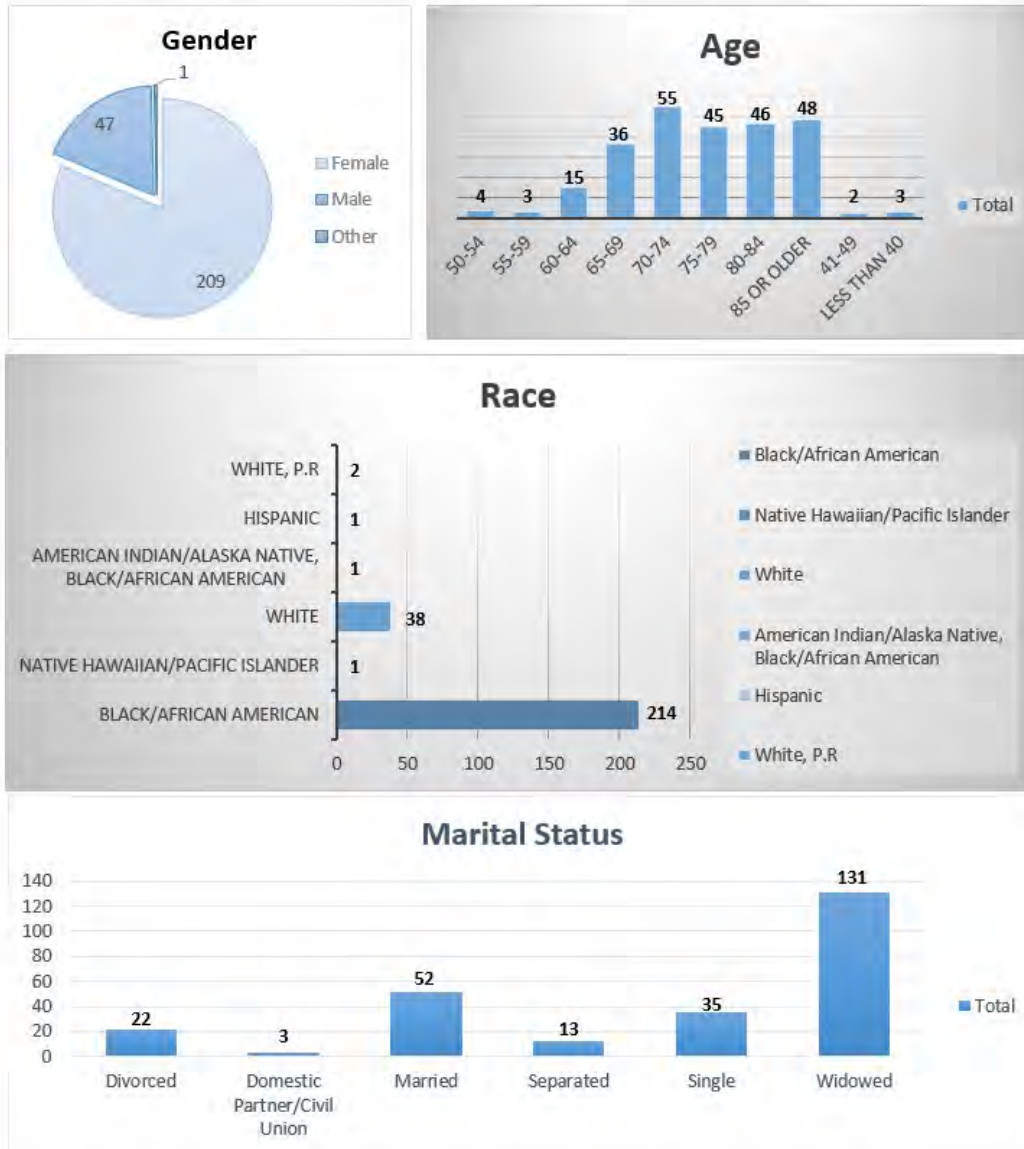
SC4A targeted numerous community partners, statewide agencies, local providers, media outlets, and faith-based organizations to assist in the distribution of the Needs Assessment Survey to determine the current needs of seniors/caregivers within our communities and plan for future services in the years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

Survey Response for the Santee-Lynches Region

County	Survey Responses
Clarendon	57
Kershaw	11
Lee	61
Sumter	128
REGION TOTAL	257

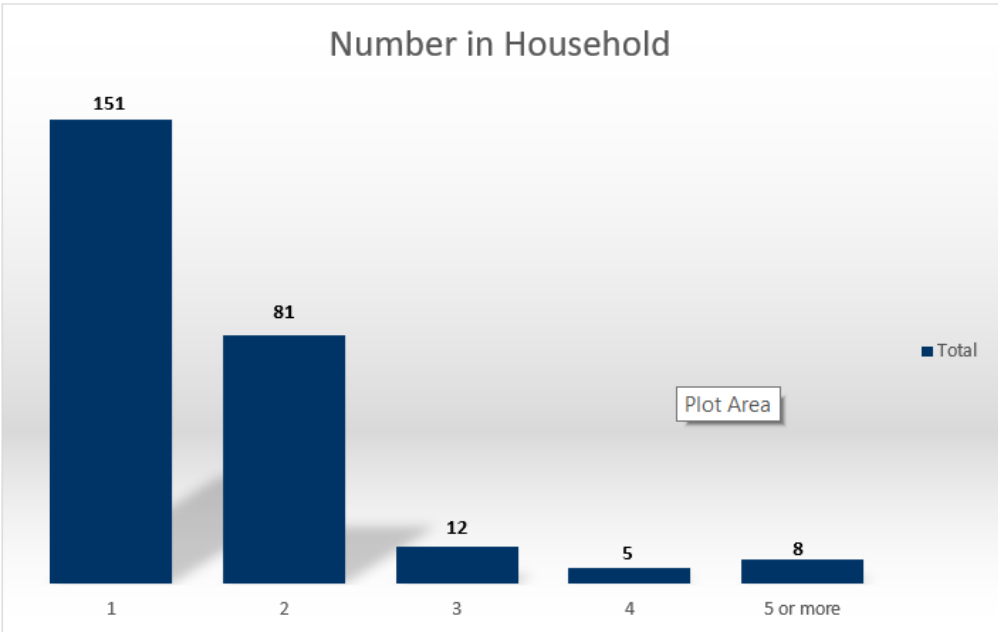


Santee-Lynches Demographics: Gender, Age, Race, and Marital Status

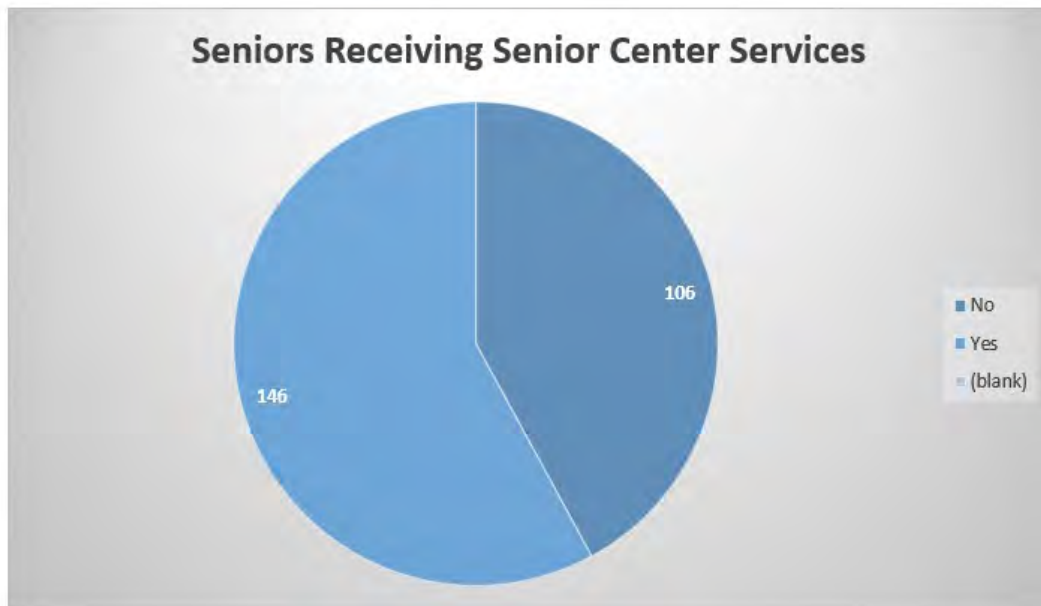
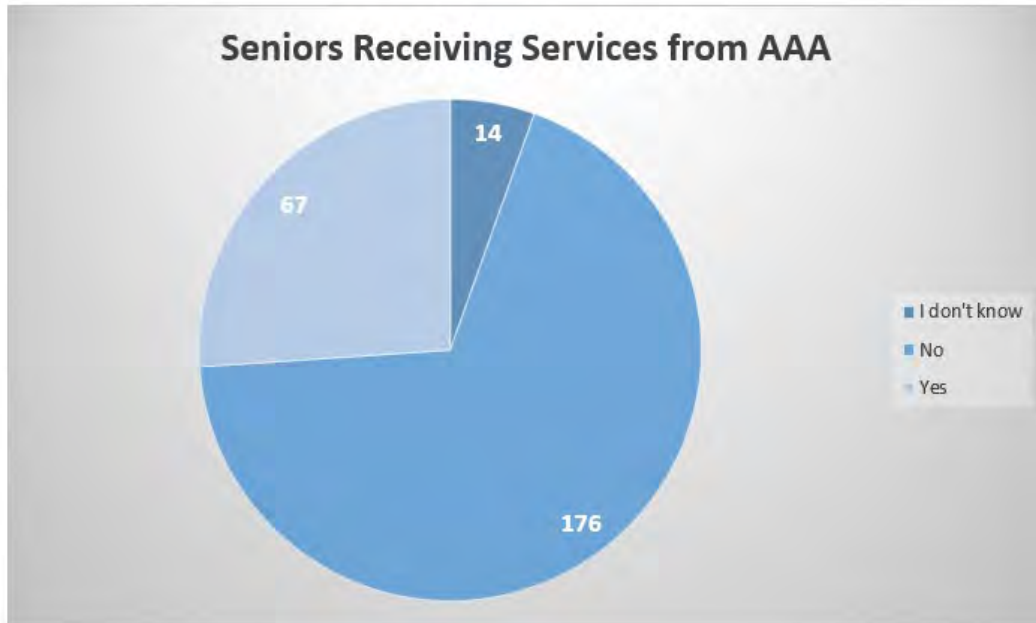


Santee-Lynches Demographics: Income & Number in Household

Income (monthly)	Regional Response
\$1,074 or less	94
\$1,075- \$1,452	74
\$1,453 - \$1,830	21
\$1,831 - \$2,208	8
\$2,209 - \$2,589	12
\$2,590 or more	12
Grand Total	221



Santee-Lynches AAA Senior Center Services



Santee-Lynches AAA Senior Center Feedback



Does community have a Senior Center or Nutrition Site?	Regional Response
I don't know	23
No	49
Yes	185
Grand Total	257

Why don't you attend the Senior Center?	Response Per County
Clarendon	2
My mother's confined to a bed and I am her caregiver	1
My understanding in the past has been the only allow so many. I live appx 15 miles from site and when I get there, it is packed with people who are bused in.	1
Lee	3
Not able to get down or up steps unassisted and not able to drive.	1
I am planning to do so.	1
Not sure	1
Grand Total	5

Reasons that affect your ability to live independently in the home

Reason	Clarendon	Kershaw	Lee	Sumter	Total
24) I cannot do my yard work due to physical or medical reasons.	17	4	32	59	112
6) I am concerned about falls or other accidents.	22	5	24	46	97
23) I am unable to make necessary repairs to my home due to costs.	17	3	20	43	83
1) I need to exercise more, but don't know where to start.	24	4	22	28	78
15) I do not know how I could pay for nursing home care when/if I needed it.	14	4	20	37	75
2) Sometimes I feel lonely or sad, even isolated.	15	6	23	31	75
3) I have trouble keeping my home clean.	16	5	17	31	69
11) I have problems keeping my paperwork in order and sometimes lose things.	9	2	20	37	68
16) I cannot afford to pay for dental care.	17	3	14	31	65
4) It is difficult for me to do my laundry due to lifting, folding, and putting clothes away.	14	1	19	29	63
8) I cannot grocery shop or cook much, so home delivered meals would be helpful.	8	4	21	29	62
12) I have trouble keeping up with paying my bills.	21	2	12	22	57
7) It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.	16	4	13	22	55
18) I cannot afford to pay for eyeglasses.	12	2	14	23	51
17) I cannot afford to pay for hearing aids.	12	1	15	18	46
22) I struggle keeping warm and cool due to poor insulation, leaky windows, or structural damage.	10	2	6	21	39
5) I need assistance with bathing, dressing and toileting.	14	1	6	18	39
19) I need access to assistive technology (ex: wheelchair, cane, walker etc.)	4	3	15	16	38
20) I need legal advice but cannot afford it.	10	0	5	22	37
13) I have difficulty paying for prescription medicines.	17	2	3	12	34
28) I have to deal with challenging family issues that are stressful.	15	3	4	12	34
14) My insurance premium is a struggle to pay monthly.	16	1	5	5	27
9) Sometimes I do not have enough food to eat.	18	0	3	5	26
32) I have no needs or concerns.	5	5	2	13	25

Reasons that affect your ability to live independently in the home

Reason	Clarendon	Kershaw	Lee	Sumter	Total
25) I have a serious problem with pests in my house (ex: Bed bugs, roaches, fleas, lice, rodents etc.).	11	2	6	6	25
31) I am taking care of one or more adults over the age of 60.	2	0	4	12	18
29) I don't have friends, neighbors or others that have a positive influence on my life.	6	0	4	7	17
21) I need safe and affordable housing.	12	0	2	3	17
26) I have a mental health issue that sometimes makes it difficult for me to live on my own.	6	0	5	3	14
27) I (or someone close to me) have a drug or alcohol problem.	2	0	5	5	12
30) I am responsible for taking care of a child or children under the age of 18.	5	0	1	4	10
33) Other Needs or Concerns	1	1	0	5	7

The Current Service Coverage Tables below represents a summary of services currently provided by county for the Santee-Lynches Region. The details regarding an absence of service by county or specific location/site are described below.

Current Service Coverage Tables

An "X" indicates the service is offered in the county listed.

Supportive Services	Clarendon	Kershaw	Lee	Sumter
Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Congregate				
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Essential	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assisted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homecare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Care				
Homemaker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Home Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information & Referral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Nutrition Services	Clarendon	Kershaw	Lee	Sumter
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

Health Promotion Services	Clarendon	Kershaw	Lee	Sumter
Evidenced-Based Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health Promotion & Disease Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Family Caregiver	Clarendon	Kershaw	Lee	Sumter
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"/>

An absence of essential and assisted services under transportation are due to funding constraints as well as staffing shortages for contracted providers. The service of counseling under Family Caregiver is not currently being provided since the need has not been presented by caregivers within the region. However, should the need be presented, the Santee-Lynches AAA will reimburse caregivers for counseling services. Homecare service dollars were procured based on the need for service at that time. However, the 2022 needs assessment indicated seniors are unable to do yard work due to physical or medical conditions as the regions number one need. The Santee-Lynches AAA plans to implement chore services with American Rescue Plan (ARP) funding to fill the service gap within the region.

A description of programs and services offered in the Santee-Lynches Region that go beyond “traditional” service delivery are as follows.

In FY 19-20, SC Department on Aging awarded the Santee-Lynches region with \$10,000 to implement a Veteran Transportation Pilot Project and provide transportation reimbursement to Veterans 60 or older for transportation to doctor’s appointment and other non-essential trips. The Santee-Lynches Aging staff executed this program so well, on April 1, 2022, SC Department on Aging awarded the Santee-Lynches AAA with an additional \$75,000 to expand the program. Since the funding has been awarded additional needs for Veterans have been identified. A justification has been submitted to SCDOA for approval to fill the service gaps presented by our Veterans. The service area for these funds includes the Santee-Lynches Region as well as the counties of Bamberg, Barnwell, Calhoun, Lexington, Fairfield, Richland, Orangeburg, and Newberry for a total of (12) counties.

The Santee-Lynches AAA in collaboration with our Government Services Department was awarded a Community Development Block Grant (CDBG) for facility improvements for two (2) of our senior centers. The intent of this grant is to fulfill the need for walk-in freezers to store the extra required meals to maintain normal operations due to the pandemic. In addition, SC is prone to natural events such as hurricanes and ice storms and to avoid jeopardizing frozen meals, generators are a must have. Our seniors depend on daily/weekly meal operations since it could be the only meal they consume in a day. The procurement process was completed in January of 2023 and a General

Contractor will begin coordinating with both the Bishopville and Camden senior centers for construction and installation of freezers/coolers and generators.

The Santee Lynches AAA in partnership with SC Thrive and nine (9) AAA's provides Long Term Care/Medicaid applications to provide services to help meet health and personal needs of individuals who are aged, blind, or disabled. Applicants must need help with self-care due to illness or disability and require the level of care provided by a nursing home or certified at-home care provider. Please see LTC contacts, submitted applications and outreach statewide efforts below.

LTC Contacts, Submitted Applications and Outreach Events
July 1, 2021 – June 30, 2022

AAA	Contacts	Submitted Applications	Outreach Events
Appalachian	192	54	36
Catawba	44	41	41
Central Midlands	70	6	14
Lowcountry	10	9	26
Pee Dee	58	21	54
Santee-Lynches	127	108	24
Trident	244	89	53
Upper Savannah	15	15	78
Waccamaw	26	2	9
TOTAL	786	345	335

As a result of our regional and statewide efforts SC Thrive awarded Santee-Lynches AAA with Partner of the Year for 2022. Please see photos below.



On May 12, 2022, the SC Department on Aging and Santee-Lynches AAA staff hosted a Senior Day event at the South Hope Center to celebrate Older Americans Month. The 2022 theme was Aging My Way, an opportunity for all of us to explore the many ways older adults can remain in and be involved with their communities. Over 300 Seniors were transported from our ten (10) senior centers within Clarendon, Kershaw, Lee, and Sumter County. On this day (33) seniors were either vaccinated or

received their booster. We met seniors where they are and enjoyed a fun filled day of music, games, exercise ball drumming and prizes. Expanding Access to COVID-19 Vaccines funding was utilized to accommodate this regional event.



Santee-Lynches AAA was awarded by the National Association of Development Organizations (NADO) for 2022 for this project titled, "Regional COVID Educational Campaign."

The Santee-Lynches AAA offers Powerful Tools for Caregiver Classes virtually twice a year (twelve classes annually) for the caregivers of our four-county region. This IIID evidence-based course was designed with the caregiver's well-being in mind. Powerful Tools for Caregivers classes help caregivers take better care of themselves while caring for a friend or relative. Health outcomes include improvement with self-care behaviors, management of emotions, self-efficacy in a caregiver role, and use of community resources. The SCDOA has highlighted this service delivery model performed by the Santee-Lynches Region as being performed exceptionally well. In addition, staff have been requested to present the model as a best practice to the other regions for possible adoption.

C. Quality Assurance Process

The Santee-Lynches AAA quality assurance process of service programs encompasses three functions: data collection to assess ongoing program implementation, remediation of problem areas, and continuous improvement. The following quality assurance activities will be undertaken during the plan period.

Quality Assurance activities are conducted monthly by the Santee-Lynches Finance Department to ensure service units have been earned by regional providers/contractors. On the 5th day of each month providers/contractors are required to have all units served accurately entered in AIM. In addition, providers/contractors must submit the following supporting documentation:

- Monthly Report and Monthly Payment Request Form
- Monthly Meal Confirmation Form
- Provider Month and YTD general ledger of GRI/Program Income, which must balance with GRI reporting in AIM.
- Packing slips for regional caterers' meals served

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

Outline of procedures for the following:

- Monthly reporting process (include items such as checks and balances, who prepares the report and who verifies it, etc.)
- GRI: process for receiving and recording GRI, verification, AIM entry, and AIM reconciliation.
- Group Dining: process for reservations, sign-in's, recording of meals served, site manager verification, AIM entry, and AIM reconciliation.
- Home-Delivered Meals: process for serving meals, recording meals served, site manager verification, AIM entry, and AIM reconciliation.

- Transportation: indicate if any or all the transportation is outsourced; how trip type is determined; determination of billable units; process for recording of units, site manager verification, AIM entry, and AIM reconciliation.
- Evidence-Based Health Promotion (IIID): process for sign-in's, verification, AIM entry, and AIM reconciliation.
- Include information on changes to any of your procedures that occurred.

Grant Related Income (GRI):

- receipt books/collection logs
- ledger for GRI

Group Dining:

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

Home-Delivered Meals:

- drivers' logs
- summary report used to enter units in AIM
- SC13s

Transportation:

- if using RTA, send invoices/invoice details
- if using your own drivers/vehicles:
 - drivers' logs
 - point-to-point mileage documentation (for each type of transportation)
- summary report used to enter units in AIM
- SC13s

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

Bi-annually, the Family Caregiver Advocate conducts a two (2) hour provider training for agencies delivering respite services to qualifying clients. The provider training is designed to educate agencies on policy and procedures, expectations for invoicing, AAA programs, etc. Agencies must be DHEC licensed and are required to attend the training to be placed on our partner listing.

The Santee-Lynches grievance procedure can be located on the Santee-Lynches Region COG's website at [Information and Referral Assistance | Santee-Lynches Regional Council of Governments \(santeelynychescog.org\)](https://www.santeelynychescog.org/information-and-referral-assistance).

All Santee-Lynches RCOG Board and Councils/Committees meeting minutes can be located on the Santee-Lynches Regional COG's website at <https://www.santeelynychescog.org/agenda-minutes>.

The Santee-Lynches RCOG internal policies are updated as needed or as mandated by state, federal and local policy changes/updates. Most policies are reviewed on an annual basis for changes and/or updates. The Employee Policy Manual, for example, is reviewed annually at the end of the year for updates/changes to be implemented in the new calendar year. Other policies may be updated and implemented immediately as applicable.

D. Goals, Objectives, and Performance Measures

The charts below describe the State Plan and AAA goals, objectives, strategies, and challenges during the two-year period of this Area Plan.

Goals, Objectives, Performance Measures, Strategies, and Challenges

State Plan Goal 1	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.
State Plan Objective 1.1	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.
Annual Performance Measures	
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.	
Strategies and Actions	
Currently the SC Association of Area Agency on Aging (SC4A) conducts a statewide needs assessment every four (4) years. A strategy may include conducting a needs assessment every (2) years to evaluate regional concerns and service demands more often.	
The Santee-Lynches AAA will continue to conduct monthly monitoring of providers/contractors to ensure service units have been earned and adherence to the terms and conditions of contracts. In addition, annually onsite monitoring to include corrective action plans if applicable will be conducted and reported to SCDOA.	
Challenges and Barriers	
Quantity of needs assessment and survey responses received from participants.	
State Plan Objective 1.2	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.
Annual Performance Measures	
State Plan – Expand the number of seniors assessed annually by 5% or as needed. (PM1)	
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). (PM2)	
Strategies and Actions	
The AAA plans to increase productivity to our Assessment Program by implementing a virtual assessment process for one (1) senior center within the region. If the productivity increases the AAA will expand the virtual assessment process to all senior centers within the region.	
An additional action may include collaboration between SCDOA and the AAAs to consider modifying the assessment process for services to be delivered in tiers. (i.e., seniors accessing home delivered meals may only require meals for a 3-month period after being hospitalized). Currently, once a senior is approved for home delivered meal services our continuous until either a cancellation request is made, the senior relocates, transitions to an assisted living/nursing home, or passes away.	

Challenges and Barriers
Collection of data to track the need statewide to determine if modification should take place. Program modification would increase the need for administrative funding for the assessment program. Tracking the need for a tiered approach.

State Plan Goal 2	Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, services, education, and counseling on their options to live as independently as possible in the community.
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State Plan Objective 2.1	Information and Referral/Assistance (I&R/A); SC ACT
Annual Performance Measures	
State Plan – Increase the number of contacts accessing I&R/A services by 5% annually. (PM3)	
State Plan – Increase the I&R/A outreach by 5% annually. (PM4)	
Strategies and Actions	
GIS mapping will be analyzed to identify areas which are underserved to reach and educate more individuals and caregivers on available services. Additionally, the SL Administration staff will coordinate the setup of community resource tables in 30-day increments throughout the region. These tables will be located at doctors' offices and local libraries for the community to access flyers/pamphlets of services offered by the AAA.	
Conduct customer satisfaction surveys, provide follow-up calls and emails where applicable, develop a spreadsheet to track follow-up efforts for new and existing clients, and provide clients with an agency grievance process when applicable.	
Challenges and Barriers	
The AAA does not anticipate challenges or barriers with community resource tables. A challenge for mailed and telephone surveys may include unresponsiveness.	

State Plan Objective 2.2	Insurance and Medicare Counseling
Annual Performance Measures	
State Plan – Increase by 5% annually, the number of older adults and adults with disabilities enrolled in prescription drug coverage that meets their financial and health needs. (PM5)	
State Plan – Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance. (PM6)	
State Plan – Three regional outreach events per required per quarter (36 annually). (PM7)	
State Plan – Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling. (PM8)	
State Plan – Increase by 5% annually, the number of consumers reached in rural, isolated areas. (PM9)	
State Plan – Increase by 5% community partnerships to assist in raising awareness of fraud. (PM10)	
Strategies and Actions	
Obtain interns/volunteers to assist with increasing regional outreach efforts that pertains specifically to SMP, SHIP, and MIPPA. In addition, create promotional materials which includes income limit information for distribution at outreach events, website, and social media outlets to attract more beneficiaries. Continue to educate the providers/contractors on the role of a SHIP counselor and to encourage seniors to contact the AAA when a beneficiary mentions concerns.	
Challenges and Barriers	
Challenges and barriers include communication between state entities such as SCDHHS, SCDSS, and SSA regarding client benefits. SHIP agents no longer advocate for beneficiaries regarding their Part D plans or Advantage plans unless there is the ability to do a conference call. Additional funding is essential for this program to meet NGA requirements for the four-county region and increase the number of consumers reached.	

State Plan Objective 2.3	Nutrition Program and Services
Annual Performance Measures	
State Plan – Track and identify service gaps for Congregate and Home Delivered meal services.	
Strategies and Actions	
The AAA will consider procurement for an alternate meal provider to serve clients throughout the entire county when current provider/contractors are unable to provide Home Delivered Meals due to a shortage of staffing/resources.	
The AAA will utilize GIS mapping to identify underserved areas of the region and increase awareness for Nutrition Services within the region through outreach.	
Collaborate with regional professionals and recruit a Registered Dietitian to the Santee-Lynches Regional Aging Disability Advisory Committee (RADAC).	
Challenges and Barriers	
Time constraints of the procurement process and the potential high unit cost for dropped shipped meals throughout the region. Securing engaged RADAC committee members.	

State Plan Objective 2.5	Evidence-Based Health Promotion and Disease Prevention Programs
Annual Performance Measures	
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	
The AAA will continue to have discussions with providers about the possibility of implementing Bingocize within the region. To close service gaps in Clarendon and Kershaw County SLAAA will create a partnership with SC DHEC to implement Walk with Ease (WWE) with the use of Fitbits (purchase revised WWE guidebooks which includes customized walk-for fitness routine, stretching exercises and heart-rate monitoring techniques). This partnership will be offered regionally with high priority in Clarendon and Kershaw County. Set implementation deadlines for Evidenced-Based programs for providers.	
Challenges and Barriers	
Implementation deadlines not reached by providers/contractors.	

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. (PM11)	
Strategies and Actions	
Collaborate with regional providers/contractors who do not have public transportation resources and develop partnerships to increase access to transportation services (i.e., faith-based organizations).	
Collaborate with SCDOA to discuss the possibility of a transportation voucher program with utilization of ARP funds.	
Challenges and Barriers	
Limited resources in rural areas and fluctuating fuel costs.	

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. (PM12)	
State Plan – Increase outreach events by 5% annually. (PM13)	
State Plan – Increase utilization of the Seniors Raising Children funding by 5%. (PM14)	
State Plan – Increase partnerships and collaboration with other human-service agencies by 3%. (PM15)	
Strategies and Actions	
Analyze GIS mapping and target areas to educate communities who may not be aware of the services provided under the Family Caregiver Support Program.	
Host bi-annual provider trainings to sustain professional relationships and ensure all providers are informed of current services and policies.	
Increase partnerships and collaborate with other Human Service Agencies (i.e., home health and healthcare organizations).	
Challenges and Barriers	
Inflation has caused the cost of respite care to rise significantly. To help alleviate the rise in the cost of respite care services the AAA increased the voucher amount. However, without an increase in funding this results in serving less family caregiver support and senior raising children recipients. In FY22-23 an additional amount of \$175,000 for respite services were requested from SCDOA to meet the needs of our caregivers.	

State Plan Objective 2.10	Home Care
Annual Performance Measures	
State Plan – Increase the number of seniors receiving home care services by 5% annually. (PM16)	
Strategies and Actions	
Currently, the AAAs contracts with three homecare providers. An additional provider may need to be integrated to ensure adequate staffing to seniors seeking homecare services. In addition, the current funding received for homecare services must align with the current increase to the Medicaid reimbursement rates.	
PC – Personal Care - \$25/hour HM – Homemaking Services - \$22/hour RE – Respite Services - \$6.25 /15 min = \$25/hour	
Challenges and Barriers	
Staffing shortages and reimbursement rates must be increased to maintain our current level of services.	

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. (PM17)	
Strategies and Actions	
Leverage partnerships across the region to link seniors to minor home repair services. Encourage community partnerships to increase volunteer base for service completion.	
Challenges and Barriers	
Lack of adequate agencies and funding resources to assist seniors with minor home repair needs.	

State Plan Goal 3	Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the State Long Term Care Ombudsman Program, and elder abuse awareness and prevention activities including legal services and the Vulnerable Adult Guardian ad Litem program.
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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. (PM18)	
State Plan – Increase the number of formalized partnerships between aging/disability and elder rights groups. (PM19)	
State Plan – Develop and implement a continuous quality improvement component within the program.	
Strategies and Actions	
Utilize the South Carolina Bar - Speakers Bureau Program for future outreach events in the region. This is a free service connecting attorneys with organizations to speak on various legal issues.	
Utilize the RADAC Committee to increase the number of partnerships who can assist in providing legal assistance resources to their local community.	
Challenges and Barriers	
Due to the number of clients requesting legal assistance and limited funding, many of the most vulnerable seniors will not have access to legal assistance or face costly legal fees. For FY 22-23 the AAA budgeted 625 units for a total allowable reimbursement to SC Legal Services of \$37,500 which are projected to be fully spent by June 30, 2023.	

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. (PM20)	
State Plan – Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually. (PM21)	
State Plan - Increase the number of trained Volunteer Ombudsmen by 5% annually. (PM22)	
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. (PM23)	
State Plan – Expand the number of Resident and Family Councils by 5% annually. (PM24)	
Strategies and Actions	
<ul style="list-style-type: none"> • Hire a Volunteer Coordinator. Increase the number of trained Volunteer Ombudsman with the implementation of a recruitment plan once a Volunteer Coordinator is hired/trained. • Solicit assistance from RADAC for volunteer outreach. • Access residents to identify, clarify and focus on what the resident's desired outcome is when taking complaints. Monitor resident satisfaction outcomes through Wellsky reports. • Continued outreach efforts to promote Resident's Rights Month and World Elder Abuse Awareness Day. • Provide outreach education that is resident-centered and focused. Ensure the LTCOP is visible and accessible to residents and individuals involved with long-term residents. Ensure information provided is focused on empowering residents to competently advocate on their own behalf if they so choose. • Distribute information on resident/family councils to residents/family members. Once councils are developed ensure tracking of all efforts. 	

Challenges and Barriers
Retaining a Volunteer Coordinator. Requiring volunteers to be certified ombudsmen without resources to provide incentives. Family members and residents may be hesitant to participate in councils or provide consent for Ombudsman assistance due to fear of retaliation. Monthly dashboard of performance metrics from State LTCO.

Regional Objective	Home Care – Consumer Choice Chore-program
Annual Performance Measures	
Expand homecare services by implementing a consumer choice chore-program. Santee-Lynches 2022 Needs Assessment data indicated this need as number one.	
Strategies and Actions	
Utilize American Rescue Plan funding and limit funding for services per participant annually.	
Challenges and Barriers	
Availability of service providers and workforce shortages.	

Regional Objective	Nutrition Services – food insecurity
Annual Performance Measures	
Provide fresh food boxes to seniors within the region.	
Strategies and Actions	
Initiate collaborate with providers/contractors on the opportunity to become FoodShare partner sites to allow easy access to fresh food boxes for congregate meal site participants and the community.	
Challenges and Barriers	
Buy in from providers/contractors to become FoodShare Partner sites.	

E. Long Range Planning

Transportation Services: Reports and national statistics have classified the “Baby Boomer” Generation as the fastest growing segment of the population. Moreover, due to medical advances, Baby Boomers will live longer. These “new age” seniors are generally more active, and they plan to work beyond retirement age. Thus, many will encounter various health related issues, resulting in senior having multiple disabilities such as loss of motor skills, degenerative eye disease, memory loss, and dementia. All these factors affect a senior’s ability to access transportation. Therefore, the challenge is to ensure all seniors, as they age, can live independently as long as possible. Once such method is to ensure seniors can obtain transportation in order to acquire life enriching/enhancing activities.

Baby Boomers may have multiple incomes as they retire. However, living on a fixed income, with housing and transportation costs increasing coupled with the advancement of age where seniors are no longer able to drive due to health-related diseases, may cause senior to go without medicine and essential nutritious food. There may be times they purposefully miss medical appointments, social engagements, etc., which create additional issues such as depression, anxiety, and loneliness. Undoubtedly, residing within the urban area of Sumter, there are more opportunities to acquire taxi and public transportation, which may come with a cost that may not be feasible. However, in the rural areas of Clarendon, Kershaw, Lee, and Sumter, there is a very limited access to outside transportation services; and where transportation services are available, it comes with an exorbitant cost. Subsequently, in these areas, the transportation demands for life enriching and enhancing activities for seniors may fall on the following; senior centers who are on limited budgets; faith-based organizations; family members, if available; local communities; Santee-Lynches sponsored home delivered meals; seniors trying to find their own resources, which creates the need to maintain the Santee-Lynches AAA; seniors obtaining needed services through volunteer transportation, or seniors may find it more convenient to simply drop out of society’s view – never leaving their home. As a result, it is essential for leaders to determine how to address this vital issue of transportation in the region now, verse waiting until the younger seniors are well into their 70’s and beyond with limited resources and multiple disabilities.

Nutrition Services: Nutrition Services are essential to our senior’s health and well-being. While the OAA is designated with some local flexibility in mind, there are still restrictions on the amount of money that can be transferred between Congregate Meals and Home Delivered Meals. The AAAs need to have more flexibility to determine how the funding is spent within their region. In addition, the Meal Minimum Specifications should be revisited with input from program participants. The clients we are serving is changing and our focus needs to change. Seniors are requesting “restaurant quality” food that can accommodate the meal preferences and requirements imposed by cultural, religious, and personal preference.

Information and Referral: There are several challenges within the I&R/A program which provide obstacles now and will continue over the years. The first challenge is the major influx of people (particularly Baby Boomers) who will continue coming into the Aging system. This large increase in the number of potential clients will impact the amount of services available and how much services and resources they will be eligible for. The second challenge will be the available resources for clients. Our region has limited resources on hand. With the expected senior growth, these resources and services will be strained to maximum capacity. It will be imperative for Santee-Lynches to make every effort to locate additional resources for its clients. A third challenge is the fact that the Santee-Lynches Region has one of the lowest educational levels in the state. This places an extra burden on the I&R/A program to help these clients in explaining the various requirements and expectations.

Affordable Housing: Housing problems and barriers to accessing safe, affordable living environments are more concentrated in the low-income population categories and impact people who live in both renter and owner households. Furthermore, the most serious housing problems – severe housing cost burden is highly concentrated among the poorest people and often affects the most vulnerable, i.e. the elderly and children. Housing cost burden tends to become prevalent as seniors

adjust to their retirement and/or social security income. In addition, the elderly tends to live in older homes, their homes can be difficult to maintain or require more maintenance. Home modification and repair remains a common priority need in allowing older individuals to remain in their homes and communities. A significant barrier has been the lack of funds and providers that the elderly trust to make home modification and repairs. It is projected that this trend will continue especially due to the impact of the COVID-19 pandemic.

Long-term care systems: The Long-Term Care System encompasses services and supports, ranging from home care services to skilled nursing services in a facility. As the needs of seniors and adults with disabilities become more challenging and complex, the AAA recommends that there be a focus on staff training, professional development, and livable wages for staffing to support a robust Long-Term Care System. The rapid increase in the number of people with Alzheimer's disease and related dementias demands priority from policy makers. According to the South Carolina Alzheimer's Disease Registry published in November 2022, Clarendon County has seen a 163% increase in documented cases since 2000. Kershaw County has seen a 254% increase. Lee County has seen a 153% increase and Sumter County has seen a 195% increase. Of the 111,818 South Carolinians living with Alzheimer's disease or related Dementias, 5,196 are living in the Santee-Lynches Region. Dementia is a family and a community health concern. Family caregivers experience both psychological and financial stress in caring for their homebound loved ones. More and more families are dealing with the rising costs of long-term care and having to address safety issues, such as driving and wandering. Seniors and families continue to have expectations about how long-term care services are paid for and believe that Medicare will pay for most of their long-term care needs. As referenced in the 2022 Needs Assessment, those who are aware that Medicare will not pay for their long-term care, are concerned about the affordability of long-term care if and when they may need it. In response, the AAA will continue to provide outreach and education to assist families in preparing for long term care.

Service Expectations of Seniors and Caregivers: The AAA often hears the challenges faced by family caregivers, particularly the working family caregiver. Program staff often receive calls from stressed family caregivers who are balancing fulltime employment, their family, and their caregiving responsibilities for aging parents and grandparents. The AAA utilized ARP funding to assist essential workers during the pandemic with the heightened need for respite services. However, the lack of workforce in the home care industry continues to be a barrier in providing respite for all family caregivers. As a result, it is critical for the advocacy of additional funding to increase the amount administrative support for AAA staffing to serve more caregivers as well as an increase in program dollars to increase the amount of respite vouchers to truly meet the needs of our caregivers.

Distribution of Existing Resources: With the constant changes in funding for these programs, the AAA will continue to focus on populations which are low-income, minority, rural, limited English proficiency and at risk for institutionalization. As a result of the 2020 Census data and the funding formula utilized by SCDOA an impact to the projected budget of approximately \$160,000 in service and administrative funds for the Santee-Lynches Region will come. As a result, this indicates the AAA must be innovative by considering business practices which serve individuals who have the ability to private pay for desired services and seek alternate funding sources to meet the needs of our four-county region.

Creation of New Resources: There must continue to be creation of new resources to address the continued growth in the senior population. The AAA will continue to advocate for additional funding to provide needed services. These advocacy efforts involve education of the board and elected officials of the unmet needs across our region. The creation of new and innovative resources will be essential to meeting the needs of the growing aging population.

Policy Changes: The AAA will continue to advocate for and recommend policy changes that will allow AAAs, with justification, the ability to offer more flexible services. This flexibility was beneficial during the COVID-19 pandemic as the Aging Network was able to quickly respond to the needs of seniors and offer supports, such as grocery bags, grab-and-go meals at senior centers, and assistance with

supplies. While the OAA is designed with some local flexibility in mind, there are still restrictions on the amount of money that can be transferred between Supportive Services under Title III-B and Nutrition Services under Title III-C. AAAs need to have more flexibility to determine how the funding is spent within their region.

Legal assistance: The AAA will continue to work with SC Legal Services, the contracted Legal Service provider, to identify new outreach locations, specifically in rural and underserved communities. The AAA recommends the SCDOA to partner with the South Carolina Bar Association to develop standardized Fact Sheets about Legal Services for each of the ten (10) AAAs to use and market the program. This will provide more standardization with the Legal Services Program and will convey consistent messaging throughout the state.

Development and Location of Multipurpose Senior Centers: In order to meet the growing needs of the new age senior population, Senior Center must create activities and functions that attract the “baby boomer” population. The AAA will work with partners to ensure the location of multipurpose centers are strategically located to optimize attendance in centers.

Emergency Preparedness: The AAA continues working within the region to provide leadership to its constituents, their family members and service providers to ensure all entities are aware and prepared for all emergencies/disasters which may cause disruption to the region. Currently, our assessment ensures emergency contact information is collected for all clients receiving services. Contractors have developed partnerships with local law enforcement, fire department, and emergency management agencies in their perspective counties. Contractors are also responsible for printing the YEmrgInfo report from the AIM database monthly and before a foreseen emergency/disaster.

The AAAs primary role in disaster preparation is to ensure all service providers have the necessary support structure in place for its clients so that re-establishing services and providing assistance can begin shortly after a catastrophic event. The AAA works closely with service providers to ensure emergency plans are updated annually so that we have knowledge of what plans are in effect to contact every client within the service provider’s area, as well as identify any potential weaknesses or coverage gaps to overcome. The AAA updates its emergency contact information as least annually or when necessary for AAA staff, directors of providers/contractors, and county emergency management officials in the event of a disaster or emergency. This is accomplished by either calling or emailing agencies on the list for updates.

Currently, the AAA Director coordinates any emergency preparedness response activities and keeps updated emergency contact information for the local EMD official, AAA staff, and the SCDOA Emergency Preparedness Coordinator. The AAA Director and designated staff are required to be on call throughout the duration of a declared emergency. The AAA Director will maintain communication with SCDOA in the event of an emergency/disaster. The AAA Director will also establish that all providers/contractors develop Emergency Preparedness protocols. All protocols will be implemented during contract renewals.

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 Aging and Disability Advisory Council (RADAC)
Attachment H – Mapping
Attachment I – Fiscal

Attachment A – Verification of Intent (VOI)

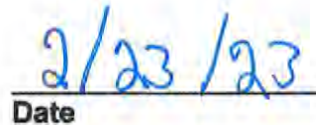
The Area Agency on Aging hereby submits its Fiscal Year 2023 – 2025 Area Plan to the South Carolina Department on Aging (SCDOA). If approved, the plan is effective for the period of July 1, 2023, through June 30, 2025.

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.

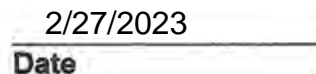

Board of Directors Chairperson


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) Multigrant Notification of Award Terms and Conditions, and to individual SCDOA programmatic policies and procedures.

Julia B. Nelson
Board of Directors Chairperson

2/23/23
Date

Dennis Cyphers
Planning Service Area Director

2/27/2023
Date

Janae Stowe
Area Agency on Aging Director

2/27/2023
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 the Santee-Lynches AAA 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.

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 1st. 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: The Santee-Lynches Area Agency on Aging (SLAAA) Emergency Preparedness Plan (EPP) is the document submitted to the Department on Aging (DOA) that defines how the AAA will apply the Older Americans Act (OAA) for comprehensive and coordinated service delivery system in the event of an emergency within the planning service area (PSA). The SLAAA EPP is to detail the activity undertaken by the SLAAA staff in all phases of Disaster Planning: Mitigation, Preparedness, Response, Recovery to specifically address the needs of and protection for seniors and persons with disabilities in the Santee-Lynches Region that includes Clarendon, Kershaw, Lee, and Sumter Counties.

1. Mitigation

To lessen the impact to seniors and persons with disabilities of any declared disaster, the SLAAA EPP will detail action taken through education and coordination of efforts with community resources and government entities.

2. Preparedness

To prepare for the threat of a disaster of any type, anticipated or not, the SLAAA will prepare and maintain an EEP to detail actions to be taken. This coordination of efforts is to provide protection of seniors and persons with disabilities during a disaster and restoration of key services to meet their needs following a disaster.

3. Response

To ensure that the needs of the seniors and persons with disabilities are met following a disaster, the SLAAA EEP details the activity that the SLAAA staff will provide to local Emergency Management Response Team following a declared disaster.

4. Recovery

To assist recovery efforts, the SLAAA will detail the action to be taken by the SLAAA to be a source for timely disaster recovery resources and information to seniors and persons with disabilities in the service area.

The SLAAA designated point of contact responsible for emergency management functions during an emergency is the SLAAA Director. This person is responsible for the implementation/activation of the SLAAA EPP. The SLAAA EPP establishes protocols to provide for the basic physical and emotional needs of the disabled and/or elderly before, during and after a disaster. Operational Plans of the SLAAA are carried out in the four categories of disaster preparedness: Mitigation, Preparedness, Response and Recovery.

Mitigation Operations

The SLAAA will coordinate efforts with local service providers under contract with the SLAAA and other local agencies who serve senior citizens and persons with disabilities to educate citizens about the need to develop a personal disaster plan to include educating themselves about local resources, identifying special needs they have to consider, coordinating a plan with a family member or nearby friend and establishing a communication network to ensure their needs are met or that assistance is provided to them following a disaster. The SLAAA will ensure appropriate staff receives emergency preparedness training at least once per year.

Preparedness Operations

The SLAAA disaster preparedness operation is threefold and addresses the following:

1. SLAAA must prepare for a disaster that would affect the provision of critical services provided directly by the SLAAA which include Home and Community Based services, Family Caregiver services, Ombudsman services and Information and Referral services.
2. SLAAA must prepare to support and assist the SLAAA providers/contractors in each of the four counties to normalize operations as soon as possible in the event a disaster occurred in the county that prevented any delays in the delivery of services to the disabled and elderly.
3. SLAAA must prepare to serve as a back-up support system to help local providers/contractors, to assist callers seeking disaster assistance by maintaining a current database of emergency contact information for disaster response resources and establish and maintain cooperative working relationships with each county's Emergency Management Director and local agency staff to promote the resources and assistance available from the SLAAA staff in response to a disaster.

To prepare for a disaster that would affect the functionality of the physical building that houses the SLAAA and affects critical services the following procedures are in place:

1. Emergency contact information (phone numbers) for all staff of the SLAAA is updated at least annually and distributed to all staff. When new staff is hired and when any advance notice is given for potential weather disasters reminders of agency procedure are provided to staff of the SLAAA and Santee-Lynches Council of Governments (SLCOG) Executive Director. Emergency contact information for key SLAAA staff is provided at least annually and upon any advance notice of a potential weather disaster to all contractors of the SLAAA.
2. The emergency plan for the SLCOG will be followed in the event there is weather related emergency, natural disaster or other disaster that prevents staff from using the building which includes telephone notification to each staff by the Division directors and Department directors to report when staff should or can return to the building.
3. Client information databases are accessed through a web-based system to allow for remote access to client data in the event the SLAAA building is not usable.
4. There is routine data backup of all information on in-house computer servers that is stored off site for safety in the event of fire, wind, or water damage to the SLCOG building. These steps are taken to aid in timely recovery and establishment of an alternative operation site for critical services.
5. As practical and needed, forwarding service will be used for the main AAA phone number to allow consumers to reach the AAA Information and Assistance program staff and Long-Term Care Ombudsman regardless of staff location.

To prepare to support and assist the providers/contractors in each of the four counties in the event a disaster occurred in the county that prevented the delivery of services to the elderly, the AAA Program Manager(s) will:

1. Require that each provider/contractor provides the SLAAA with a copy of their agency's written disaster plan that includes their involvement with local county disaster management organization, a current list of emergency contact information for all key provider/contractor staff with their identified roles and responsibilities during a disaster.
2. Encourage providers/contractors to have written agreements with other entities in the contractor's area to provide vehicles as needed for basic transportation or evacuation and to serve as alternate group dining sites or temporary office locations in the event of building damage to any currently functioning group dining site or the contractor's office.
3. Encourage the pre-delivery of non-perishable meals to high-risk consumers receiving home delivered meals and congregate meals that have been identified through the assessment process who lack family or community support during a disaster or weather-related emergency. High risk consumers are those who responded during the assessment process that the individual would not have anyone check on him or her during a disaster.

When forecasts indicate that a weather-related disaster may occur in any part of the Santee-Lynches Region, advanced preparations for the disaster will be directed to both SLAAA staff and local contractor/provider staff by the SLAAA that may include, but are not limited to, the following:

1. Instructing SLAAA staff (including finance staff) to back up necessary computer data, gather necessary documents and supplies, and as able takes laptop computers home to avoid having all computer equipment in the same area. All SLAAA staff use laptops for ease of transport and/or relocation.
2. Encouraging the AAA and provider/contractor staff to fill all agency vehicles with gasoline, obtain necessary batteries and supplies for adequate first aid kits and basic office operations.
3. Confirming and distributing emergency contact information for key SLAAA staff and all contractor directors and key staff.
4. Encouraging SLAAA staff and providers/contractors to implement the preparedness phase of their individual disaster plan.
5. Instructing contractors to back up computer data base systems, print reports of high-risk consumer information to include their emergency and personal contact information and provide copies of the high-risk consumer information summaries to the SLAAA.
6. Encouraging providers/contractors to contact the county emergency management director as detailed in their individual disaster plans to provide names, physical addresses and phone numbers of high-risk consumers.
7. Notifying isolated consumers lacking community support of the potential weather-related disaster, delivery of non-perishable meals to home bound clients, and contacting long term care facilities potentially affected by the weather-related disaster to determine if they are sheltering in place or relocating.

Response Operations

Upon activation of the SLAAA EPP by the Aging Director, SLAAA staff named by position as having key roles in the implementation of the plan will be notified of the plan activation by means available that include but are not limited to, phone, email, or text in an effort to provide relief and assistance to senior citizens and persons with disabilities in the disaster area and to restore routine services in a timely manner. Response includes assessment of the SLAAA office, local contracted providers' local area offices and/or communication with county Emergency Management Directors or designees to determine the effects of the disaster at each location.

In response to a disaster in the area of the SLAAA agency building that affects the functionality of the SLAAA building, the Aging Director and Managers will coordinate response efforts with the SLCOG Executive Director.

1. The SLAAA will be established in a temporary location with the assistance of the SLCOG Information Technology staff.
2. All equipment, supplies and records left onsite at the SLAAA building will be removed and safeguarded in the temporary location and/or alternate location.

3. The SLAAA phone number will be forwarded to an alternate phone number, or the state telephone service provider will be contacted to assist in forwarding phone calls to alternate phone numbers used by the SLAAA.
4. The Aging Director or designee will contact each contractor to assess the damage, if applicable, in the various service areas in the region and to inform the providers/contractors of the status of the SLAAA building and means of contacting key SLAAA staff.
5. The Aging Director or designee will report the status of the providers/contractors, the SLAAA and critical services to the DOA Disaster Response Coordinator, designee through the PSA help desk email as soon as practical following the disaster and then at least once each established workday until essential function and/or normal operations are restored.

All EPP named staff will report to the SLAAA or alternate location as directed to ensure that the SLAAA staff:

1. Contact directors of SLAAA contracted provider agency staff to verify their contact with their respective Emergency Management Director and to assess service delivery capabilities within the impacted county.
2. Requests updated information relative to vulnerable seniors in the area of impact from the local provider directors and ensures such information has been provided to the county Emergency Management Directors as necessary.
3. Requests information from local Emergency Management Directors relative to services available and needs identified to work cooperatively with public and private partners to meet the needs identified.
4. Disseminates information relative to disaster response services available and restoration of routine services to callers to the SLAAA.
5. Provides information to the state unit on aging relative to the status of local service providers, recovery efforts and affects to seniors in the disaster area.
6. Ensures re-establishment of routine contracted services as soon as possible.

The SLAAA EPP is not intended to interfere with or supersede the emergency plans and implementation protocol established by any agency or provider required by regulation to have an EPP in place to protect their consumers and staff that may include, but is not limited to, the following:

- All local hospitals and urgent care centers.
- All public, private and charter schools, universities, and technical colleges.
- All public and private child day care centers.
- All public and private adult day care centers and Adult Medical Day Care Centers or PACE Programs.
- All long-term care facilities for adults to include all Community Residential Care Facilities and nursing homes, regardless of the number of beds occupied.
- All other agencies or programs in the serve area that have EPPs.

Recovery Operations

The SLAAA is an entity that has specialized staff that are trained to provide quality Information and Referral Assistance about a variety of disaster recovery centers and assistance. Information databases will be updated and/or staffs informed of local resources to ensure all callers to the SLAAA are provided with timely beneficial contact information to meet their identified needs.

The SLAAA may provide information as requested to Emergency Management Directors at the local and state level about specific needs of the Santee-Lynches PSA citizens for which no service is available so that future planning may address these unmet needs.

OPCON Operating Conditions

OPCON 3 – Normal Operations/Steady State

The SLAAA coordinates with regional providers to ensure their county plans are ready to be activated if needed. The SLAAA requires providers to print the **YEmrgInfo** report from AIM to ensure welfare checks can be conducted. In addition, SLAAA prints waiting list to ensure welfare checks can be conducted.

Providers are also required to coordinate with county emergency managers. Preparation for the disbursement of shelf stable meals to clients is coordinated by SLAAA and with regional providers. The SLAAA provides continuous updates from SCEMD and other sources as it becomes available to providers and clients.

OPCON 2 – Enhanced Steady State/Partial Activation

Providers are required daily, to conduct welfare checks on active clients and report to the SLAAA with changes in status within each county. The SLAAA conducts welfare checks for clients who are currently on waiting lists. Regional reports are sent daily to the Department on Aging.

OPCON 1 – Full Activation

Office is closed until the threat passes and normal operating hours can resume safely. Welfare checks continue and coordination with county Emergency Managers takes place. The SLAAA role is planning, preparation and recovery. Response will take place by emergency officials.

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: The AAA conducts outreach in rural and remote areas of the Santee-Lynches Region by collaborating with faith-based organizations, community centers, libraries, and doctors’ offices, etc. As a result, individuals reached are educated on the services provided by the AAA and its provider/contractors. Once a client contacts our office for services an assessment is completed and an AIM priority score is assigned. The client is then placed on the appropriate waiting list(s). The providers/contractors are required to service the highest priority once an opening exists. All contractors must serve the entire county, whether it is urban or rural.

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: The AAA, when possible, provides marketing materials in Spanish and utilizes the Language Line for translation services when assisting individuals with limited English proficiency. Additional language options will be explored as needed. Outreach efforts include targeting low-income minorities older individuals and low-income minority individuals with limited English proficiency. The AAA utilizes the Census, assessment, and the needs assessment data 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?

Disability and accessibility for access into existing programs is incorporated currently in accordance with OAA and SCDOA program guidelines. In-home and community-based programs allow services to those 60 years of age and older to include the disabled population. For individuals 59 years of age and under, assistance is provided through referrals to other assistance entities. Information and Referral and Insurance Counseling services are provided to individuals regardless of age or disability. Many referrals are made to community agencies specializing in servicing the disabled population. Insurance counseling is provided on a continued basis for those under the age of 65. The Santee-Lynches region will maintain service delivery and will continue to be a resource for the disabled population.

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?

Lack of funding/staffing to support the increased need for assistance with non-emergency medical transportation and essential shopping transportation. The AAA will explore the option to implement a transportation voucher program utilizing ARP funding when a contracted provider is unable to do so. Transportation may be arranged by the senior and services may be provided by a friend, family member, or neighbor. The reimbursement rate would include 50 cents per mile and would be reimbursed to the senior upon review of mileage printout (miles from home to destination) and signature from doctor's office and/or driver.

Assessment

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

The AAA plans to increase productivity to our Assessment Program by implementing a virtual assessment process for one (1) senior center within the region. If the productivity increases the AAA will expand the virtual assessment process to all senior centers within the region.

Information and Referral/Assistance

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

Evaluate needs, identify resources, and link clients with resolution during contact opportunity. The I&R/A service is designed to allow consumers a "one-stop-shop" to go online, email, visit the office, or call for assistance, information or referrals on any aging or disability issue. The Santee-Lynches I&R/A Specialist is experienced in area-wide aging and disability programs. The I&R/A Specialist staff is certified in the Alliance of Information and Referral Specialists (AIRS). Our goal is to maintain and enhance the resources we currently utilize. As our senior population in the Santee-Lynches region increases, it is imperative to maintain our partnerships with community organizations.

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.

The AAAs current service providers offer employees incentives to maintain adequate staffing. However, the service providers are still faced with limited staffing due to high turnover rates. The AAA will continue to facilitate ongoing communication with service providers quarterly and as needed to collaborate and assist with resolving staffing concerns. In addition, the current funding received for homecare services must align with the current increase to the Medicaid reimbursement rates.

PC – Personal Care - \$25/hour

HM – Homemaking Services - \$22/hour

RE – Respite Services - \$6.25 /15 min = \$25/hour

Insurance and Medicare Counseling

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

SHIP and SMP services are available in all counties of the Santee-Lynches region as requested/needed from the public. A certified counselor is available Monday through Friday from 8:30 am until 5:00 pm to serve the needs of beneficiaries. Outreach efforts are ongoing and continue for entities as requested.

Insurance and Medicare Counseling

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

In the event SHIP/SMP funding is reduced or eliminated, Medicare beneficiaries will be referred and directed to 1-800-633-4227 for Medicare or advised to visit the Medicare.gov website by the IR&A Specialist. 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, they would be referred to the SC DHHS call center, SC THRIVE, or by visiting the www.scdhhs.gov website by the IR&A Specialist.

Nutrition Programs and Services

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

Nutrition Services are essential to our senior's health and well-being. While the OAA is designated with some local flexibility in mind, there are still restrictions on the amount of money that can be transferred between Congregate Meals and Home Delivered Meals. The AAAs need to have more flexibility to determine how the funding is spent within their region. In addition, the Meal Minimum Specifications should be revisited with input from program participants. The clients we are serving is changing and our focus needs to change. Seniors are requesting "restaurant quality" food that can accommodate the meal preferences and requirements imposed by cultural, religious, and personal preference. The AAA will

explore the option of procurement of meal services to areas of each county the current contractor/providers are unable to serve.

Nutrition Programs and Services

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

Food insecurity is often expressed by callers to the AAA staff and to the assessment team during assessment appointments. Additionally, the community needs assessment and program surveys collect this data. Referrals are made to the appropriate partners in effort to assist which include local food banks, faith-based organization, SCDSS, and SC THRIVE. In addition, providers/contractors' partner with organizations for the provision of nutritional education and food boxes to clients attending their centers. Additionally, brochures are delivered periodically with the daily meals to homebound clients.

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.

The AAA will consult with leadership of provider organizations to engage in learning collaboratives sponsored by National Institute of Senior Centers, US Aging, the South Carolina Association of Council on Aging Director, and the National Council on Aging. The Santee-Lynches AAA champions the importance of South Carolina Department on Aging working with the SC Conference on Aging to re-establish an annual training to address the training needs of the South Carolina aging network. The agency will increase networking opportunities by partnering with leadership organizations to host and engage opportunities to establish more collaboration in respective communities in the Santee-Lynches Region.

Health Promotion & Disease Prevention

Describe how your agency plans to expand its reach with Evidence-Based Disease Prevention and Health Promotion programs.

The AAA will continue to collaborate with providers on the implementation of Bingocize within the region. To close service gaps in Clarendon and Kershaw County the AAA will create a partnership with SC DHEC to implement Walk with Ease (WWE) with the use of Fitbits (purchase revised WWE guidebooks which includes customized walk-for fitness routine, stretching exercises and heart-rate monitoring techniques). This partnership will be offered regionally with high priority in Clarendon and Kershaw County. Program implementation deadlines will be set with providers/contractors.

Health Promotion & Disease Prevention

Describe how your region plans to carry out integrated health and wellness activities to assist with modifying behaviors or improving health literacy.

Collaborate with providers/contractors and encourage partnership with Parks and Recreation, SC DHEC, and other agencies that offer health and wellness awareness and activities.

Family Caregiver Support Program

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

We strive to manage our Family Caregiver Support Program in a way that best serves our regional caregivers. We continue to work towards not only incorporating all five areas of the Older Americans Act programing into our FCSP, but to incorporate them in a way that best supports the specialized needs of each individual caregiver, as everyone's caregiving journey is unique to them. The following is how we currently incorporate each area, or how we intend to do so in the future.

Information and assistance is a key component to the Family Caregiver Support Program. It is critical for our Caregiver Advocate to empower family caregivers by providing them with information and assistance to make informed decisions, as well as direct them to appropriate resources. The caregiver advocate frequently participates in conferences, webinars, interagency meetings, in-services, trainings, etc. to ensure their knowledge and resources are up to date and relevant. Every individual who contacts our program receives assistance and information tailored to his or her needs.

The Caregiver Advocate has readily available a listing of counseling facilities in our region if requested by caregivers. Counseling vouchers are not currently being issued by the AAA. However, should the need be presented by the caregiver a voucher would be issued for counseling sessions with a licensed professional.

Support Groups and Caregiver trainings are offered to our four-county region. Monthly the Caregiver Advocate offers a regional support group via Zoom. In addition, the AAA offers Powerful Tools for Caregiver Classes virtually twice a year (twelve classes annually) for the caregivers of our four-county region. This IIID evidence-based course was designed with the caregiver's well-being in mind. Powerful Tools for Caregivers classes help caregivers take better care of themselves while caring for a friend or relative. Health outcomes include improvement with self-care behaviors, management of emotions, self-efficacy in a caregiver role, and use of community resources.

Respite, especially when combined with the other key components listed, has been shown to reduce stress and prevent caregiver burnout. As a result, providing respite to our caregivers in a manner that best suits their lifestyle is essential to our program. Since our program is designed to provide caregivers a choice, we partner with approximately thirty providers to ensure respite care is provided safely and efficiently. Caregivers may choose to have their loved one receive respite care at home, at an adult day center, or at an overnight facility. Traditionally, eligible caregivers receive a \$2,000 respite voucher once every twelve months, to be used over a three-month period.

Supplemental services are provided to caregivers on an as needed basis and can look very different depending on the need of the caregiver. The most common supplemental services our region provides is assistance with the purchasing of incontinent supplies and nutritional supplements. For the Seniors Raising Children program, some of the supplemental services we provide are tutoring, summer camps, and assistance with extracurricular activities. Because each caregiver's journey is unique, our advocates take the time to discuss each caregiver's needs and assist them in meeting those needs to the best of our ability.

Long Term Care Ombudsman Program

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

The AAA will utilize the RADAC for assistance with recruitment of Volunteer Ombudsman. In addition, the opportunity will be shared during outreach events across the region with assistance from all AAA staff. Retention will be accomplished by consistent communication, quarterly training opportunities, and recognition events for volunteers.

**Long Term Care
Ombudsman
Program**

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

The AAA will continue to utilize its social media platforms and its website to promote awareness. In addition, increase participation in regional community outreach events with assistance from all AAA staff and host an annual World Elder Abuse Awareness Day walk to increase awareness to the community and stakeholders.

**Legal Assistance
Program**

What issues do you see that affect justice for seniors?

Language barriers if senior's primary spoken and written language is not English; transportation; technology (including bandwidth issues and internet availability in rural areas of the state); Information and Resources not written in plain language making understanding the issue and possible solution difficult; Disability/Handicap Accessibility; and Exploitation/coercion from family members, friends, and targeted scammers.

**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.

Knowledge of how to use technology; transportation; Disability (needing homebound services will impede access); Entities that refer seniors for assistance who bounce people without knowing if that referral is the proper referral. Ways to address hurdles: 1) Conduct "How-To"/hands on Tech trainings for seniors at senior centers. [There is a possible kiosk technology grant projects here to explore] 2) Work on creating, manifesting, and sustaining dual collaboration with senior centers and those justice system agencies to ensure referrals are being made to the appropriate places that can address the senior's needs. 3) Revamping outreach to where it is more of a conversation than a lecture (getting audience engaged without providing individual legal advice)

Attachment E – Performance Measures Template

Area Plan Dates 2023 - 2025

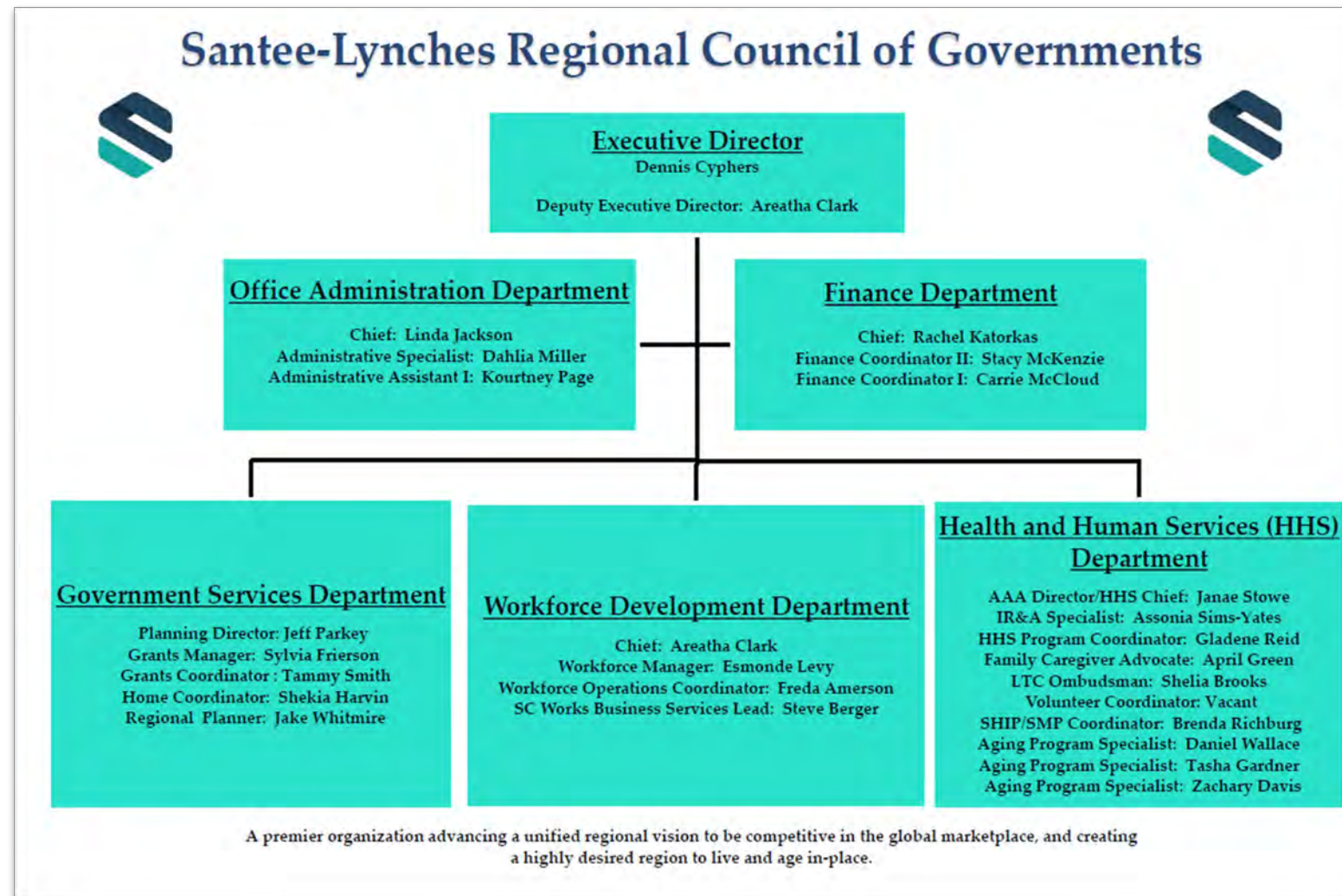
Performance Measure		Year Prior (FY21/22)	FY23	FY24	FY25
PM 1: Expand the number of seniors assessed annually by 5% or as needed.	Achieved?				
	Target/Goal		1,624	1,640	1,656
	Actual	1,608			
	Comment (?)	AIM			
PM 2: Decrease the number of seniors on waiting lists for services. (It should be noted that regional waiting lists can be a result of many factors, including funding and/or lack of capacity in rural areas.	Achieved?				
	Target/Goal		619	612	605
	Actual	626			
	Comment (?)	AIM			
PM 3: Increase the number of contacts accessing I&R/A services by 5% annually.	Achieved?				
	Target/Goal		935	944	953
	Actual	926			
	Comment (?)	SCACT			
PM 4: Increase the I&R/A outreach by 5% annually.	Achieved?				
	Target/Goal		18	21	24
	Actual	15			
	Comment (?)	SCACT			
PM 5: 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		80	81	82
	Actual	79			
	Comment (?)	STARS			
PM 6: Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance.	Achieved?				
	Target/Goal		2,552	2,556	2,560
	Actual	2,548			
	Comment (?)	STARS			
PM 7: Three regional SHIP outreach events per quarter (36 annually).	Achieved?				
	Target/Goal		36	36	36
	Actual	34			
	Comment (?)	STARS			
PM 8: Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.	Achieved?				
	Target/Goal		2,462	2,466	2,470
	Actual	2,458			
	Comment (?)	STARS			
	Achieved?				

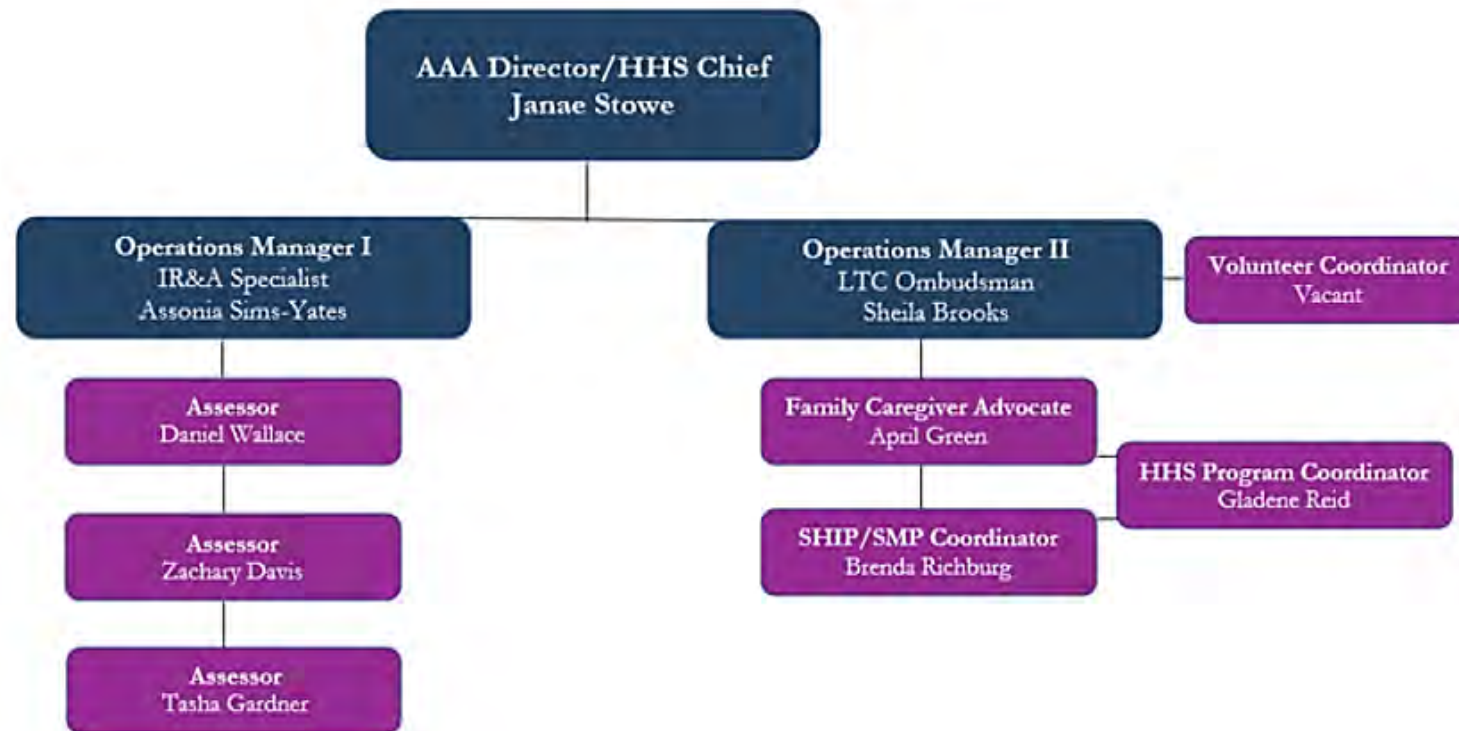
PM 9: Increase by 5% annually, the number of consumers reached in rural, isolated areas.	Target/Goal		645	651	657
	Actual	639			
	Comment (?)	STARS			
PM 10: Increase by 5% community partnerships to assist in raising awareness of fraud.	Achieved?				
	Target/Goal		6	6	6
	Actual	5			
	Comment (?)	STARS			
PM 11: Increase the number of clients utilizing transportation services by 5% annually, depending on available funding resources.	Achieved?				
	Target/Goal		270	276	282
	Actual	264			
	Comment (?)	AIM			
PM 12: Expand the number of family caregiver support recipients by 5% annually.	Achieved?				
	Target/Goal		219	225	231
	Actual	213			
	Comment (?)	AIM			
PM 13: Increase family caregiver outreach events by 5% annually.	Achieved?				
	Target/Goal		17	18	19
	Actual	16			
	Comment (?)	QuickBase			
PM 14: Increase utilization of the Senior Raising Children funding by 5%	Achieved?				
	Target/Goal		27	28	29
	Actual	26			
	Comment (?)	AIM			
PM 15: Increase partnerships and collaboration with other human-service agencies by 3%	Achieved?				
	Target/Goal		46	47	48
	Actual	45			
	Comment (?)	RADAC (12), community colleges (3), home health agency partners (30).			
PM 16: Increase the number of seniors receiving home care services by 5% annually.	Achieved?				
	Target/Goal		22,239	22,639	23,039
	Actual units/hours	21,839.75			
	Comment (?)	AIM			
PM 17: Increase the number of seniors receiving home repair services by 5% annually.	Achieved?				
	Target/Goal		0	0	0
	Actual	0			

	Comment (?)	N/A			
PM 18: Increase the number of outreach activities directed at the most vulnerable senior victims of abuse, neglect, and exploitation.	Achieved?				
	Target/Goal		5	6	7
	Actual	4			
	Comment (?)	Spreadsheet			
PM 19: Increase the number of formalized partnerships between aging/disability and elder rights groups.	Achieved?				
	Target/Goal		2	2	2
	Actual	1			
	Comment (?)	Contract			
PM 20: Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.	Achieved?				
	Target/Goal		32	33	34
	Actual	31			
	Comment (?)	Wellsky			
PM 21: Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.	Achieved?				
	Target/Goal		144	145	146
	Actual	158			
	Comment (?)	Wellsky			
PM 22: Increase the number of trained Volunteer Ombudsmen by 5% annually.	Achieved?				
	Target/Goal		6	7	7
	Actual	6			
	Comment (?)	Wellsky			
PM 23: Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 5% annually.	Achieved?				
	Target/Goal		12	12	12
	Actual	12			
	Comment (?)	Spreadsheet			
PM 24: Expand the number of Resident and Family Councils by 5% annually.	Achieved?				
	Target/Goal		1	1	1
	Actual	0			
	Comment (?)	Wellsky			

Attachment F – Organizational Information

Organizational charts for the Santee-Lynches Regional Council of Governments and the Area Agency on Aging are provided below.





Agency name:	Santee-Lynches Regional Council of Governments											
Region:	R-06											
Agency FTE (yearly hour)	1950											
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	
Brooks, Sheila	Ombudsman & HHS Manager								1		1	
Clark, Areatha	Deputy Executive Director & Workforce Development Chief	0.02									0.02	
Cyphers, Dennis	Executive Director	0.02									0.02	
Davis, Zachary	Aging Program Specialist	0.01		0.9			0.03			0.06	1	
Gardner, Tasha	Aging Program Specialist (part-time)			0.6							0.6	
Green, April	Family Caregiver Coordinator							1			1	
Heyward-Reid, Gladene	HHS Program Coordinator		0.07			0.05		0.58		0.1	0.8	
Jackson, Linda	Administration Dept. Chief	0.01									0.01	
Katorkas, Rachel	Finance Dept. Chief	0.2									0.2	
McCloud, Carrie	Finance Coordinator I	0.09									0.09	
McKenzie, Stacy	Finance Coordinator II	0.35									0.35	
Miller, Dahlia	Administrative Specialist	0.02									0.02	
Page, Kourtney	Administrative Assistant I	0.08									0.08	
Richburg, Brenda	SHIP/SMP Coordinator									1	1	
Stowe, Janae	HHS Chief & AAA Director	0.96	0.02		0.02						1	
Wallace, Daniel	Aging Program Specialist	0.07		0.9					0.01	0.02	1	
Whitmire, Jacob	Regional Planner	0.01									0.01	
Yates, Assonia	IRA Specialist & HHS Manager	0.01	0.95	0.04							1	
											0	
											0	
											0	
											0	
											0	
											0	
REQUIREMENTS:	Ombudsman: 1 staff per 2,000 beds			I&R/A- Full time Equivalent								
	Family Caregiver Support Program: Full Time FC Advocate			AAA- 37.5 hours per week solely to activities of the Area Plan								

Attachment G – Regional Aging and Disability Advisory Council (RADAC)

Under the Older Americans Act (**OAA 306(a)(6)(D) and 45 CFR 1321.57**) (each region is required to have a Regional Aging and Disability Advisory Committee (RADAC). The composition of the Santee-Lynches Area Agency on Aging's (SLAAA) RADAC is displayed in the chart below.

REGION: Santee-Lynches AAA

Mark with an "X" all that apply

RADAC Member Name	County of Residence	<50%										
		Age 60+	Program Beneficiary	Public Official	Minority	Rural Resident	Family Caregiver	Member of the Business Community	Veterans Organization	Member of the Disability Community	General Public	Provider Organization
Debra Lee Walker, Chairperson	Clarendon		X		X	X	X	X		X	X	X
Donna Walker, Co-Chairperson	Sumter		X		X	X	X	X		X	X	X
Carla Walker-Alston, Treasurer	Sumter		X		X	X	X	X		X	X	X
Dolores Riley	Clarendon	X	X		X	X	X					
Elizabeth Hill	Sumter	X	X		X	X	X					
Lisa Nelligan	Sumter							X		X	X	X
Lindsey Kilgo	Kershaw							X		X	X	X
Jasmine Mingo	Kershaw							X		X	X	X
Laurie Watkins	Lee					X		X		X	X	X
Jennifer Jones	Kershaw					X		X		X	X	X
Virbria Conyers	Clarendon					X		X			X	X
Lynn Melton	Clarendon	X				X		X		X	X	X

The Santee-Lynches Regional Aging and Disability Advisory Committee (RADAC) Meetings are held quarterly or as often as necessary in order to carry out its responsibilities. Annually, at the last meeting of each fiscal year, the following officers will be elected, Chairman, Vice-Chairman, and Treasurer. All officers shall be elected by the Committee. Vacancies on the Committee shall be filled by the Council upon recommendations by the Membership Committee. Each officer shall serve for a term of one (1) fiscal year (July 1 - June 30). They should be eligible to succeed himself/herself provided, however, that he/she shall serve no more than two consecutive terms. Terms of the Committee members shall be for two (years) by the Council and on a staggered basis to ensure continuity. The Committee will determine the term of the member. A member in good standing shall be eligible for reappointment for one (1) consecutive term of two (2) years for a total of four (4) years before rotating off. A member is eligible for reappointment in six (6) months after rotating off. By-Laws and meeting minutes are available upon request for the public to access.

The Santee-Lynches RADAC enhances the leadership role of the AAA by encouraging community service annually in the aging and disability network and to assist the AAA as needed. The Chairperson is responsible for submitting all the committee recommendation to the Santee-Lynches Regional Council of Governments. The RADAC's purpose and responsibilities are as follows.

1. Promote and encourage local communities to recognize the needs and endorse the establishment of programs for older person and persons with disabilities.
2. Review and comment on all local community policies, programs, and actions which affect older persons and persons with disabilities.
3. Establish service and program priorities based upon the needs of the local communities and the region.
4. Review, on an annual basis, regional comprehensive area plans based upon the needs and established priorities.
5. Recommend to the Council, for approval or disapproval, application for funding from local units of government, the Council, and/or local service provider agencies.
6. Conduct public hearings to solicit local community input regarding needs of older persons.

As a result of the pandemic the RADAC committee was dissolved due to lack of participation and engagement. In FY21-22 the Santee-Lynches staff began collaborating with potential committee members to restructure the RADAC with representatives who recognize the purpose and who will be actively engaged with responsibilities as stated above.

The Santee-Lynches RADAC plans to further the AAA's mission of developing and coordinating community-based systems of service for all older person in the planning and service area through implementation of Sub-Committees. Each Sub-Committee will be tasked with researching one particular phase of services for the elderly and report on that phase and/or make program recommendations to the full Committee. Members of each Sub-Committee will be appointed by the coordinator. Standing Sub-Committees will be established for the following areas.

- Program Planning
- Resource Development
- Nutrition
- Advocacy
- Membership
- Family Caregiver Support Program
- AAA/ADRC

The basic responsibilities of the Sub-Committees will be to assist in:

- Identifying the needs and problems faced by seniors/disabled;

- Recognizing and identifying gaps in the service systems;
- Analyzing needs in relation to available resources, programs, and services; and
- Implementing priorities, goals, and objectives established by the AAA.

Program Planning Committee will be formed to:

1. Assist in initiating, expanding, improving, and coordinating services for older persons/disabled;
2. Identify and analyze barriers that prevent access to services; and
3. Analyze feedback provided by older adults/disabled who participate in any aging program in the area – wide planning process.

Resource Development Committee will be formed to:

1. Assist in finding available resources;
2. Maintain or enhance existing programs using available resources; and
3. Develop new programs using available resources.

Nutrition Committee will be formed to:

1. Assist in the procurement process of selecting a regional caterer;
2. Review new and improved methods of service delivery attributed to nutrition;
3. Review and make recommendations in establishing priorities and methods of serving older persons in the targeted populations; and
4. Review socialization activities as needed in congregate meal sites.

Advocacy Committee will be formed to:

1. Assist older persons/disabled to access service in benefits; and
2. Keep informed about legislation which affects aging services.

Membership Committee will be formed to:

1. Assist in ensuring that the membership of the RADAC committee is maintained;
2. Assist in recruiting new RADAC members; and
3. Assist in all function identified in Article III (Note: The membership committee shall be made up of one (1) member from each county.)

Family Caregiver Support Program Committee will be formed to:

1. Identify the needs and problems faced by caregivers of the aging and disabled population and grandparents of relatives raising children;
2. Implement priorities, goals, and objectives as established by the Title III-E-Program;
3. Act as an advocate to caregivers of older or disabled persons and grandparents or relatives raising children 18 or younger in the Santee-Lynches region;
5. Keep informed about legislation which affects aging services, as well as caregivers of the elderly or disabled, and grandparents or relatives raising children;
6. Review Family Caregiver Advocate reports and recommendations; and
7. Prepared to discuss, formulate, and forward well –developed thoughtful recommendations to the family caregiver advocate.

ADRC Committee will be formed to:

1. Work positively to influence strong community support for the AAA/ADRC and promote the establishment of programs or older persons and persons with disabilities; and for such persons to the AAA/ADRC for information on services provided;

2. Support an advocate as appropriate for the AAA/ADRC program; and actively encourage inter-organizational collaboration;
3. Review local community policies, program, and actions which affect older persons and persons with disabilities and provide comments, advice, or recommendations to the AAA/ADRC
4. Establish service and program priorities based upon the needs of the local communities and the region;
5. Provide assistance in conducting public hearings to solicit local community input regarding needs of older persons and persons with disabilities;
6. Advise staff of AAAADRC on the design and operations of the AAA/ADRC;
7. Monitor the progress toward achieving the vision and goals of the organization.

Attachment H – Mapping

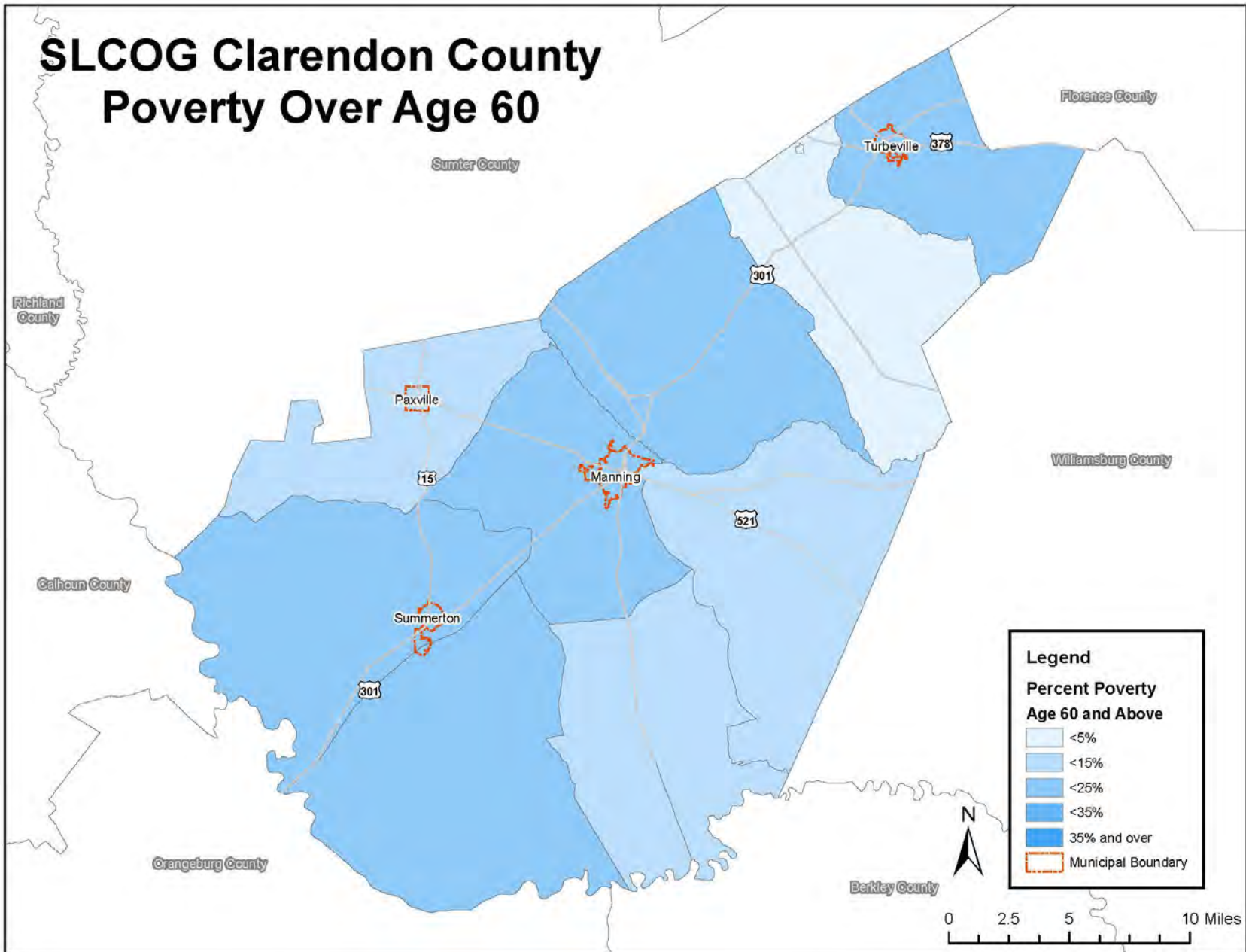
Demographics Table

Target populations are represented in the below table along with mapping. Each column is the percentage of the target based on the total population for the county.

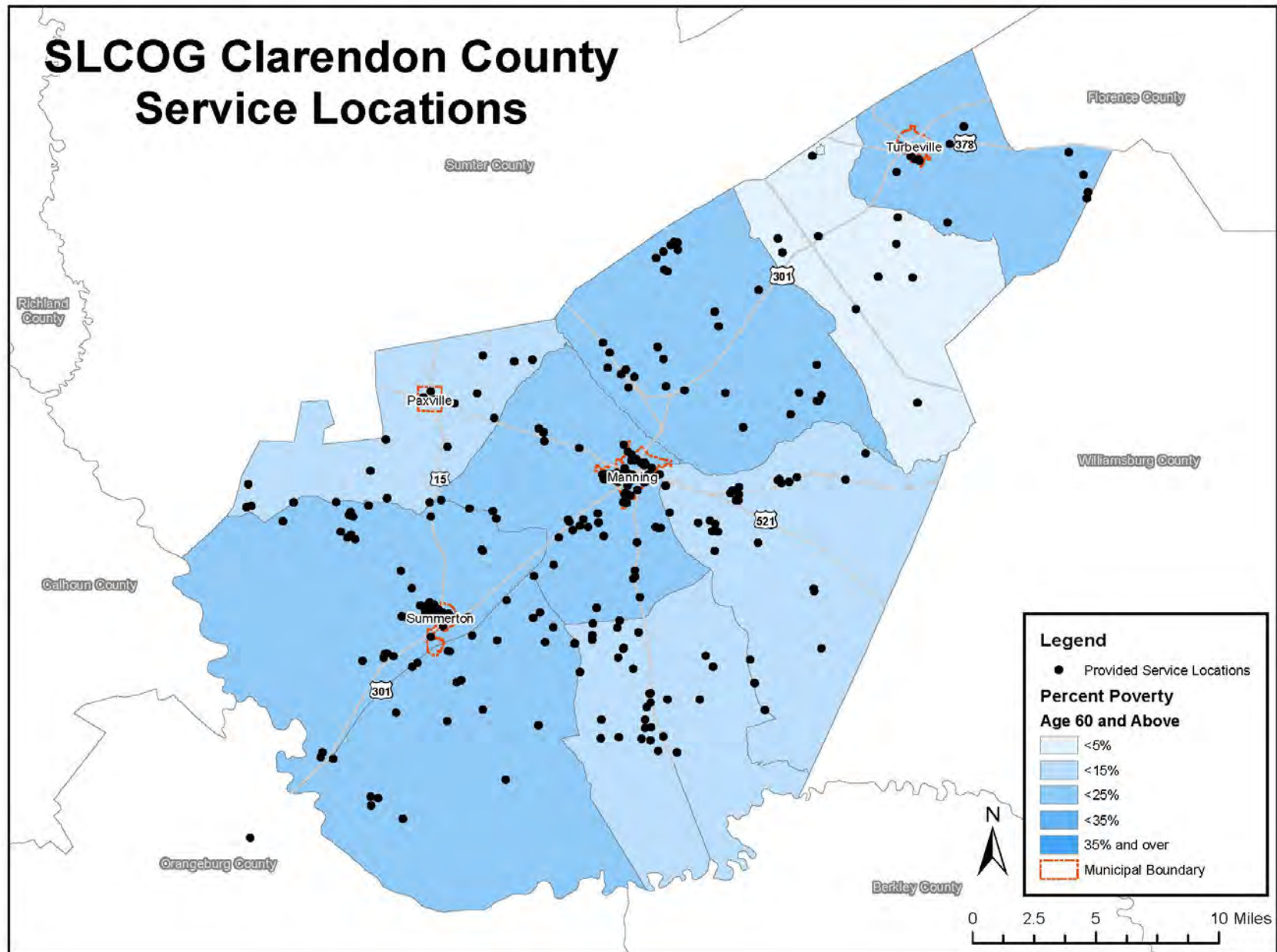
County	%60+	%85+	%Minority	%Rural (pop)	%Rural (land area)	%Limited English
Clarendon	32.4	2.5	41.2	30.0	16.9	0.2
Kershaw	25.9	1.7	25.4	12.1	28.5	0.0
Lee	26.2	1.3	56.8	75.2	58.2	0.0
Sumter	22.5	2.1	49.4	0.0	0.0	0.2

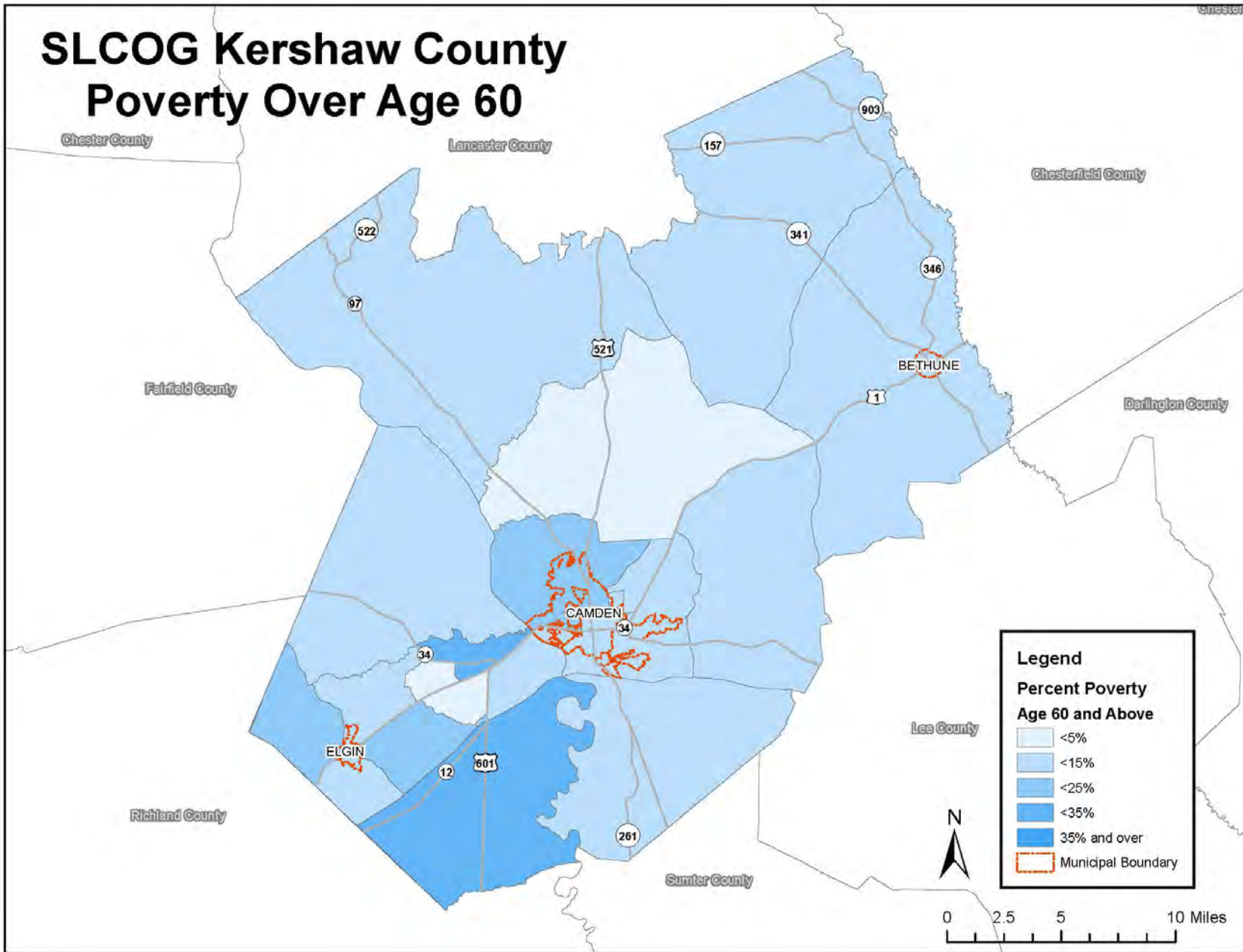
The Clarendon, Kershaw, Lee, and Sumter County maps can be found below which indicate the low-income seniors based on the 5-year American Community Survey data from 2021 broken out to the census tract level. The subsequent maps/chart displays Santee-Lynches Area Agency on Aging services overlaid on top of this data. These maps allow for planning and expansion of services where coverage gaps are identified. The additional maps are as follows:

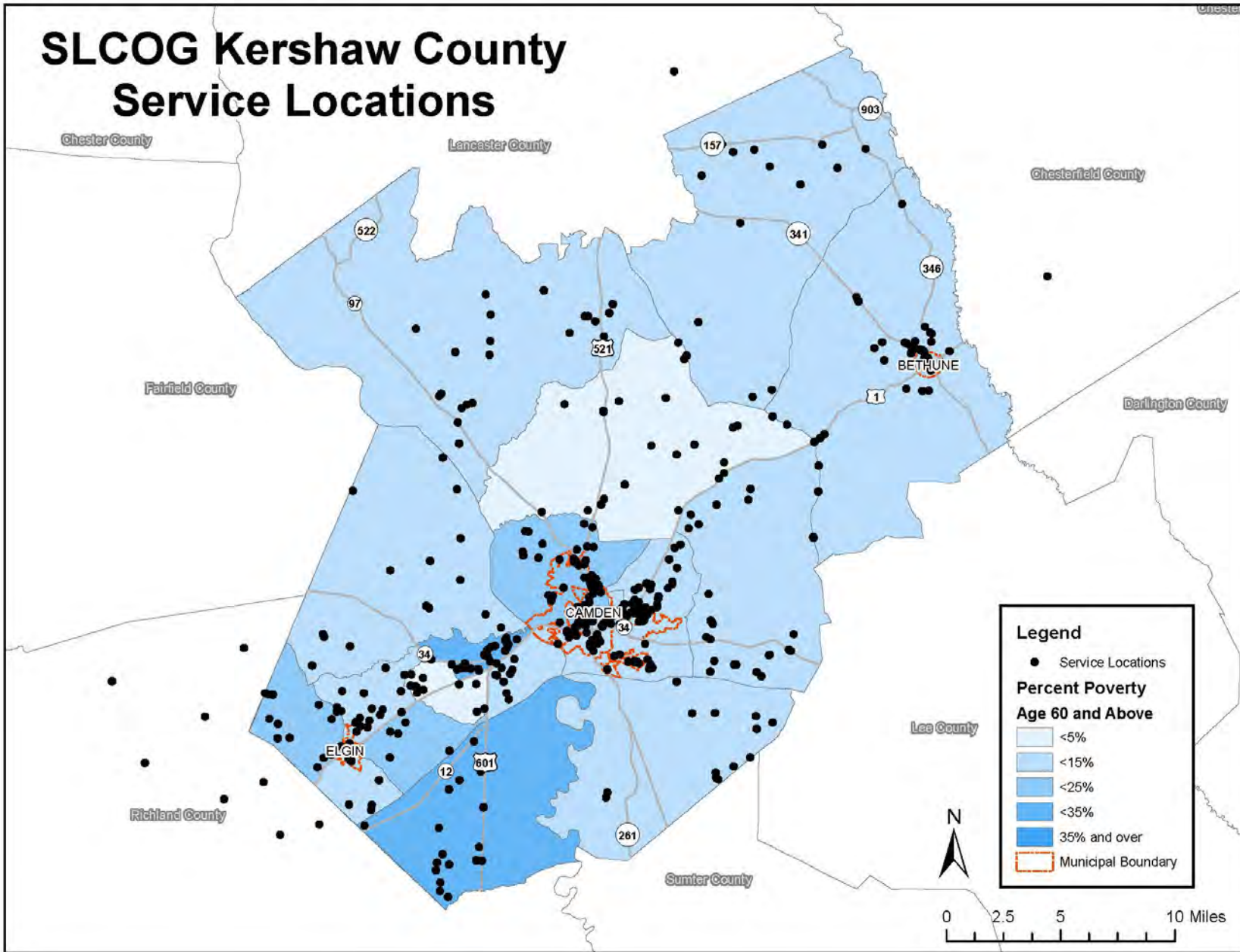
- Assessments by County and Client Home Location
- Home Delivered Meals by County and Client Home Location
- Home Care Service by County and Client Home Location
- Evidenced- Based Programs by Site and County
- Family Caregiver Respite Vouchers by County and by Caregiver Location

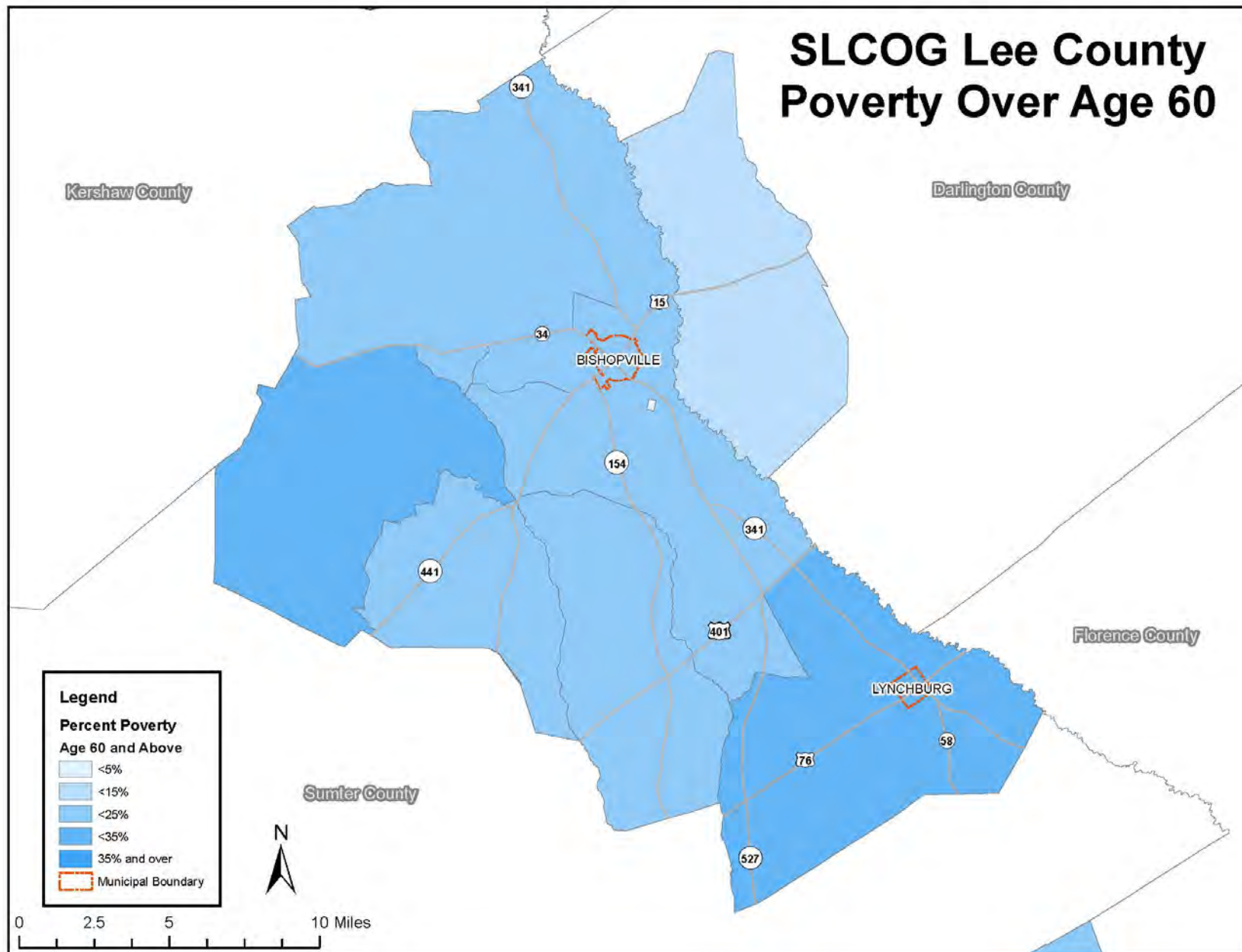


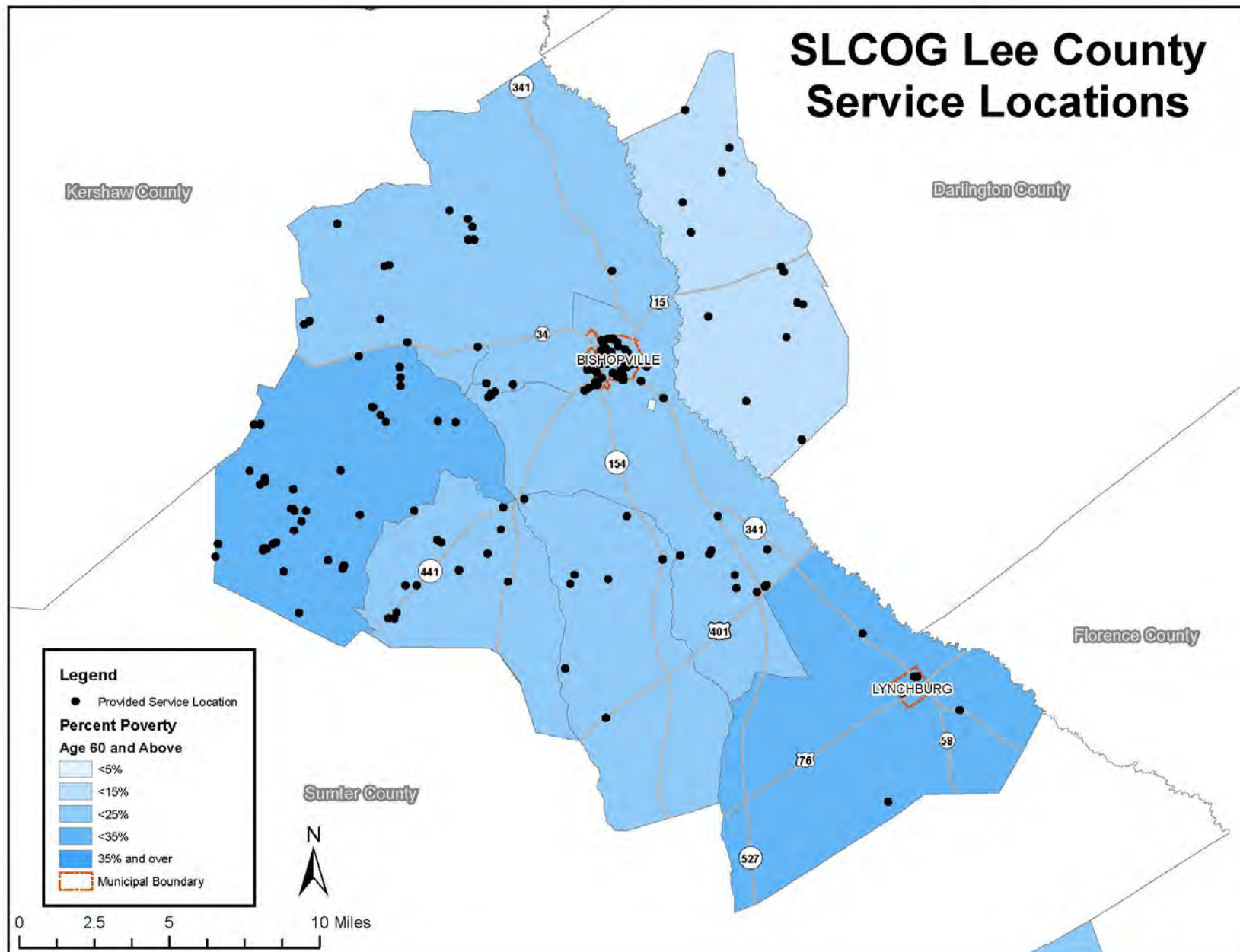
SLCOG Clarendon County Service Locations

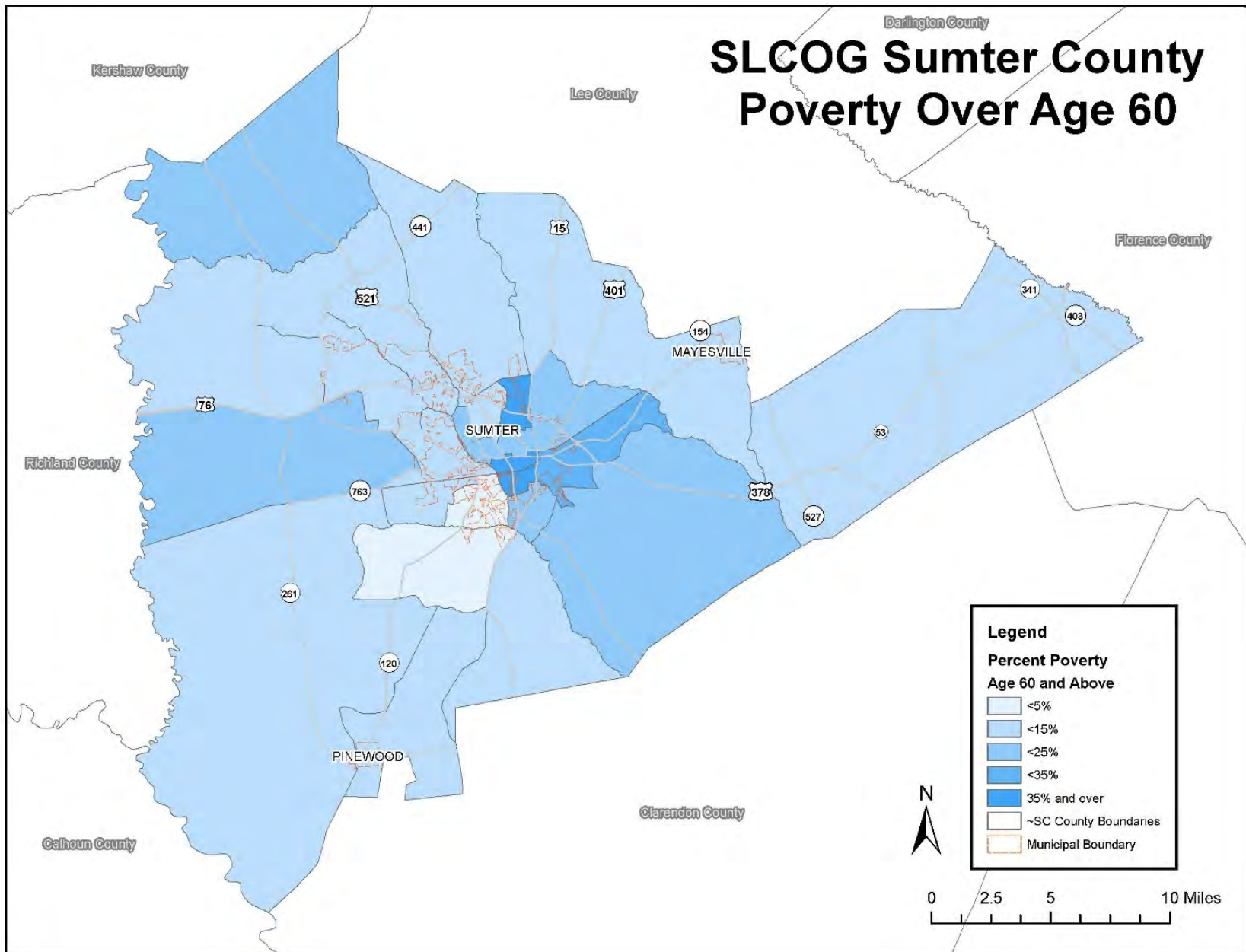


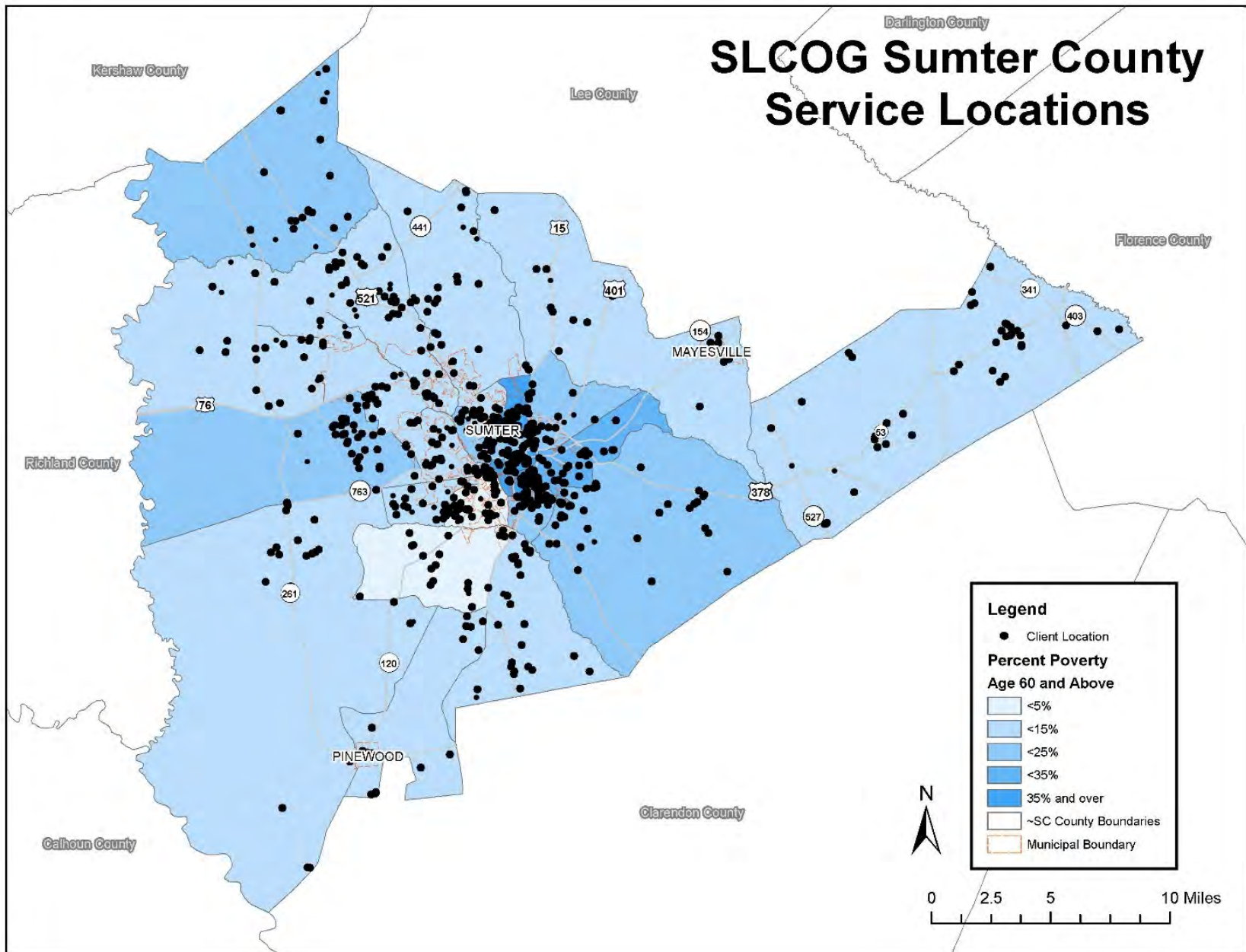




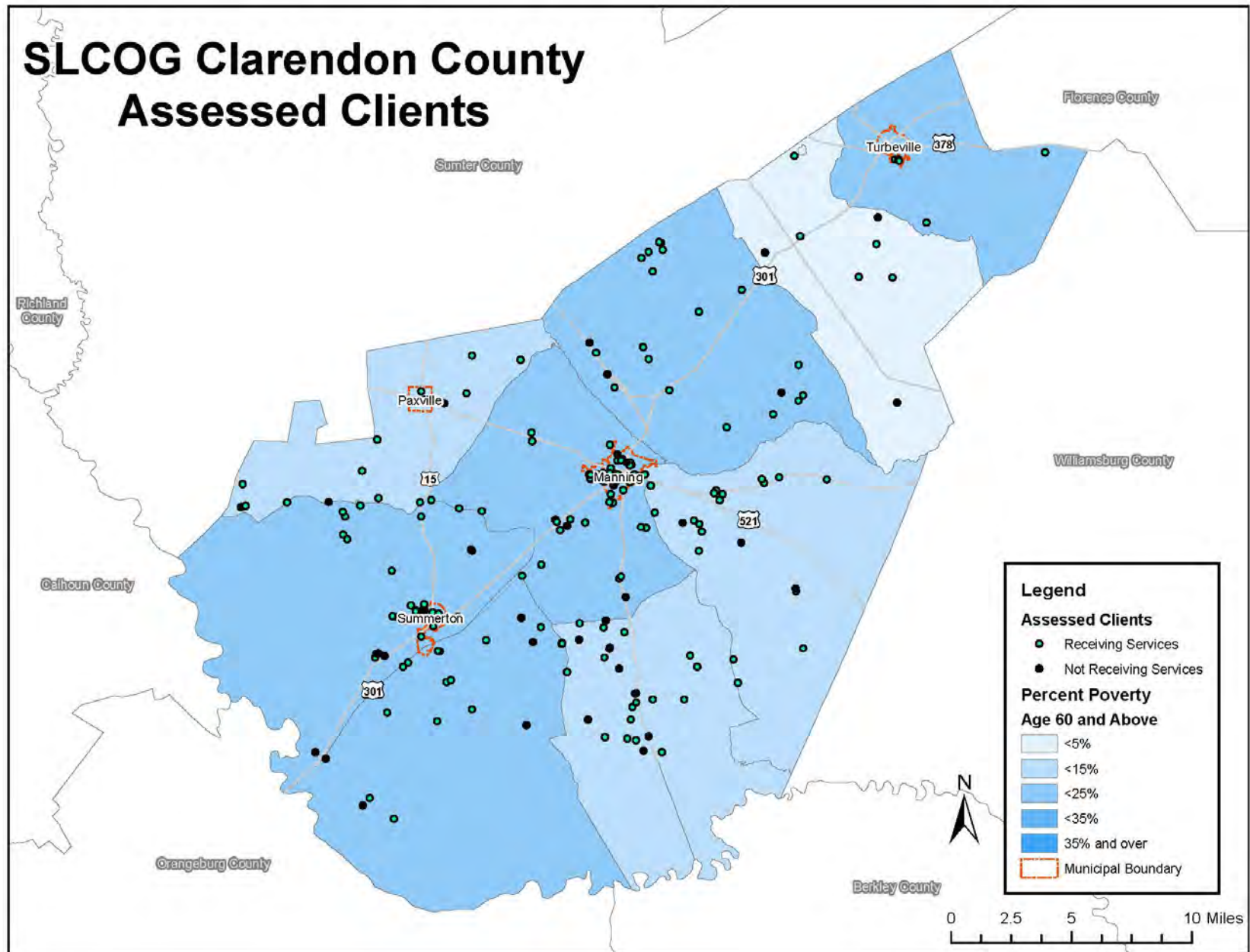




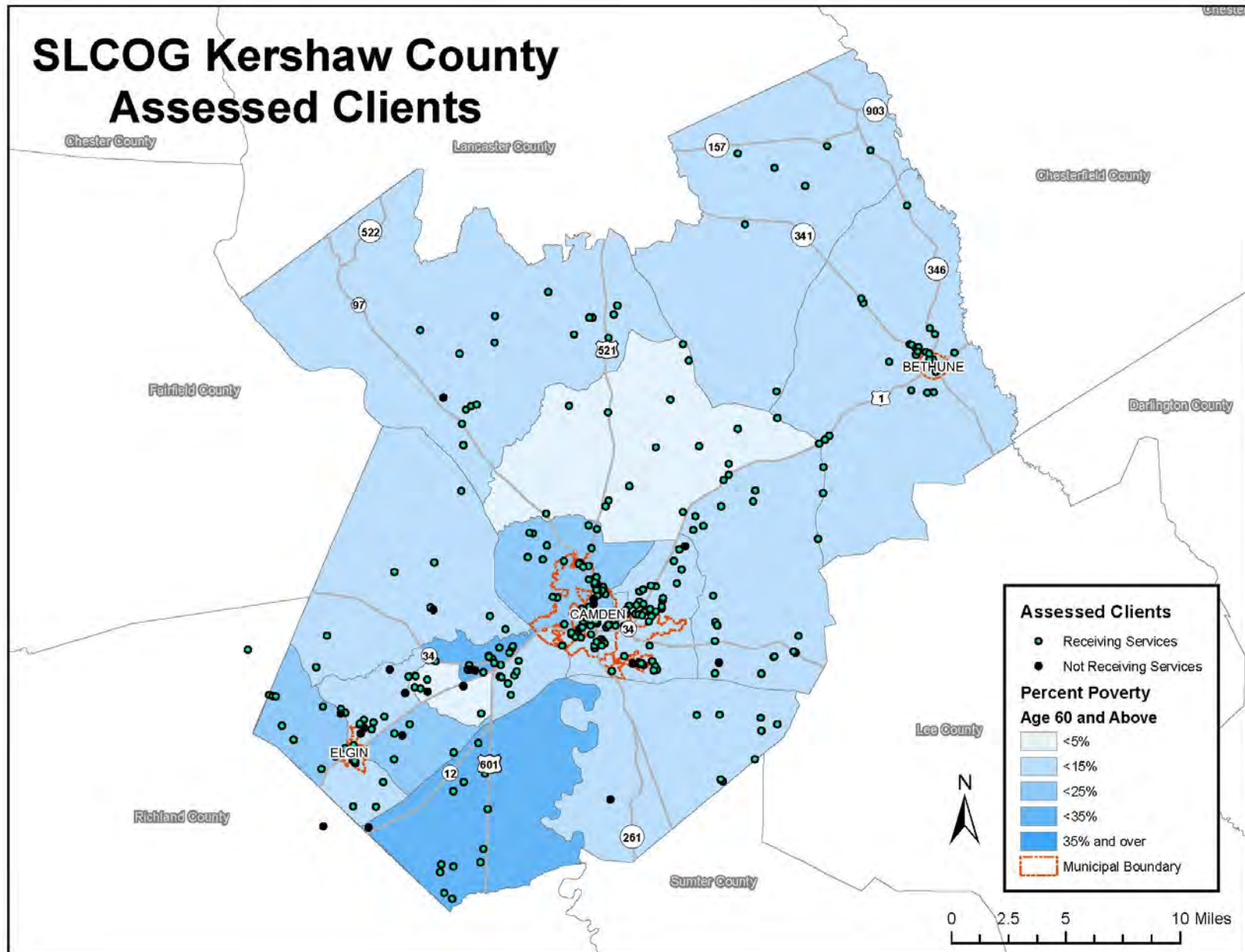


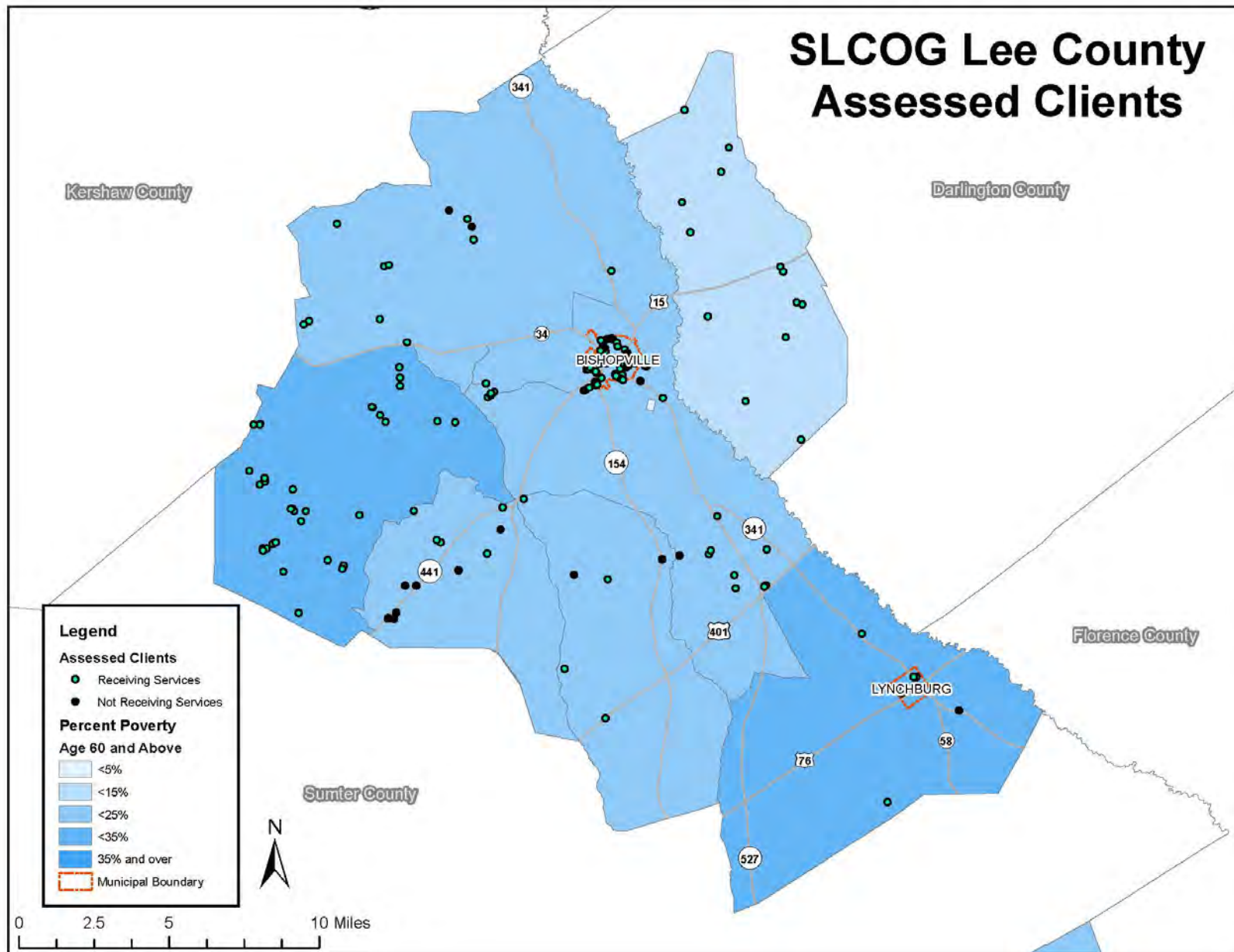


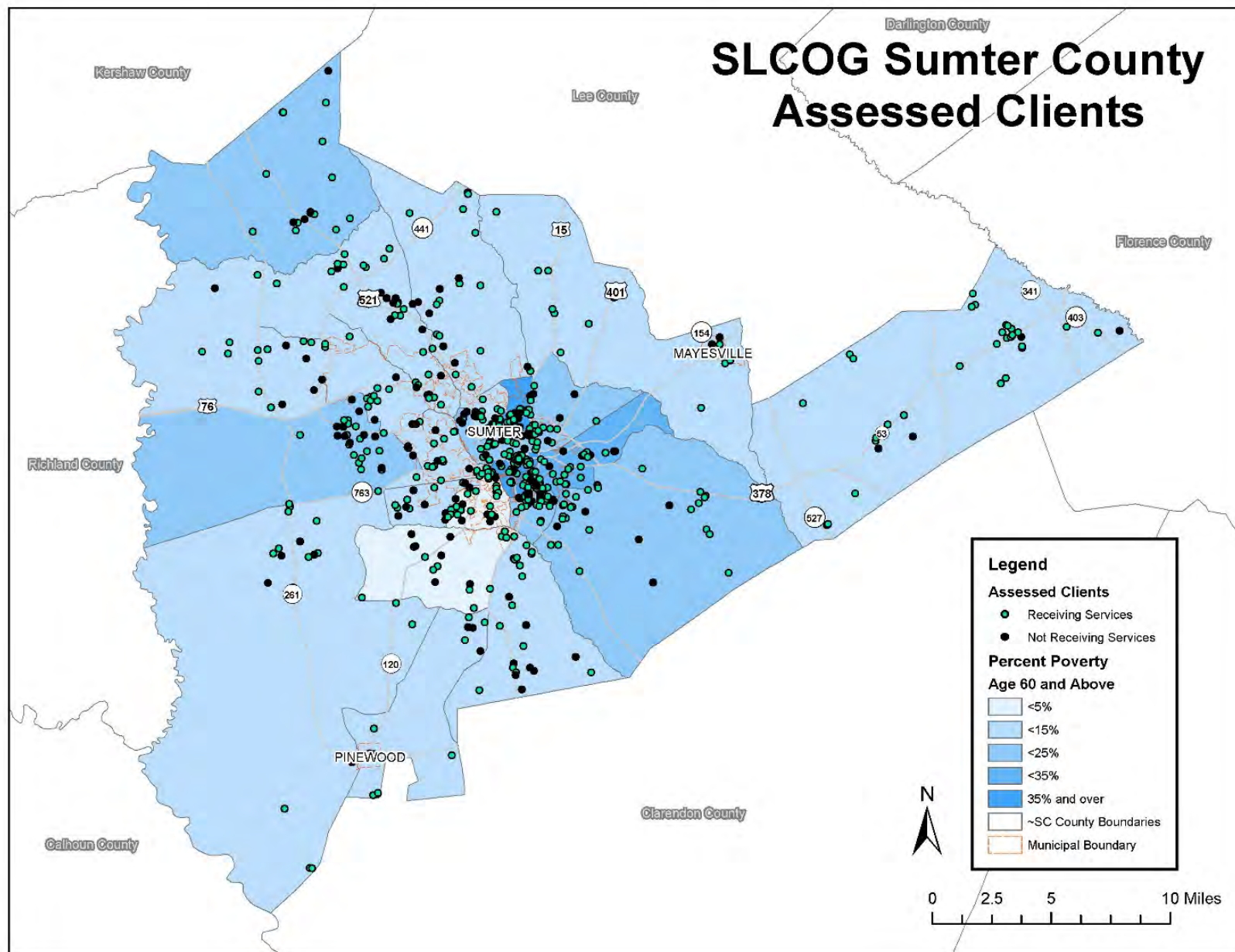
SLCOG Clarendon County Assessed Clients



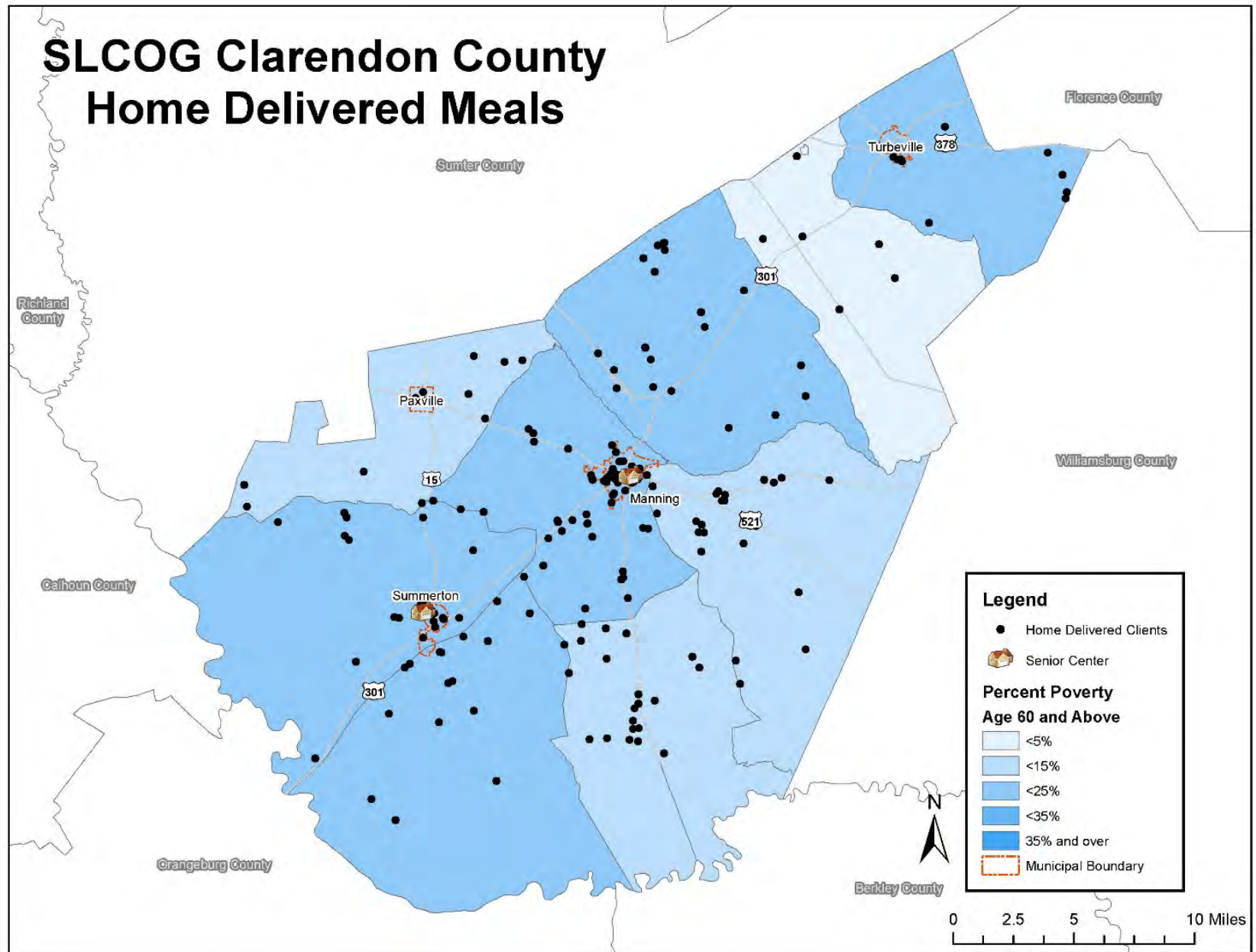
SLCOG Kershaw County Assessed Clients



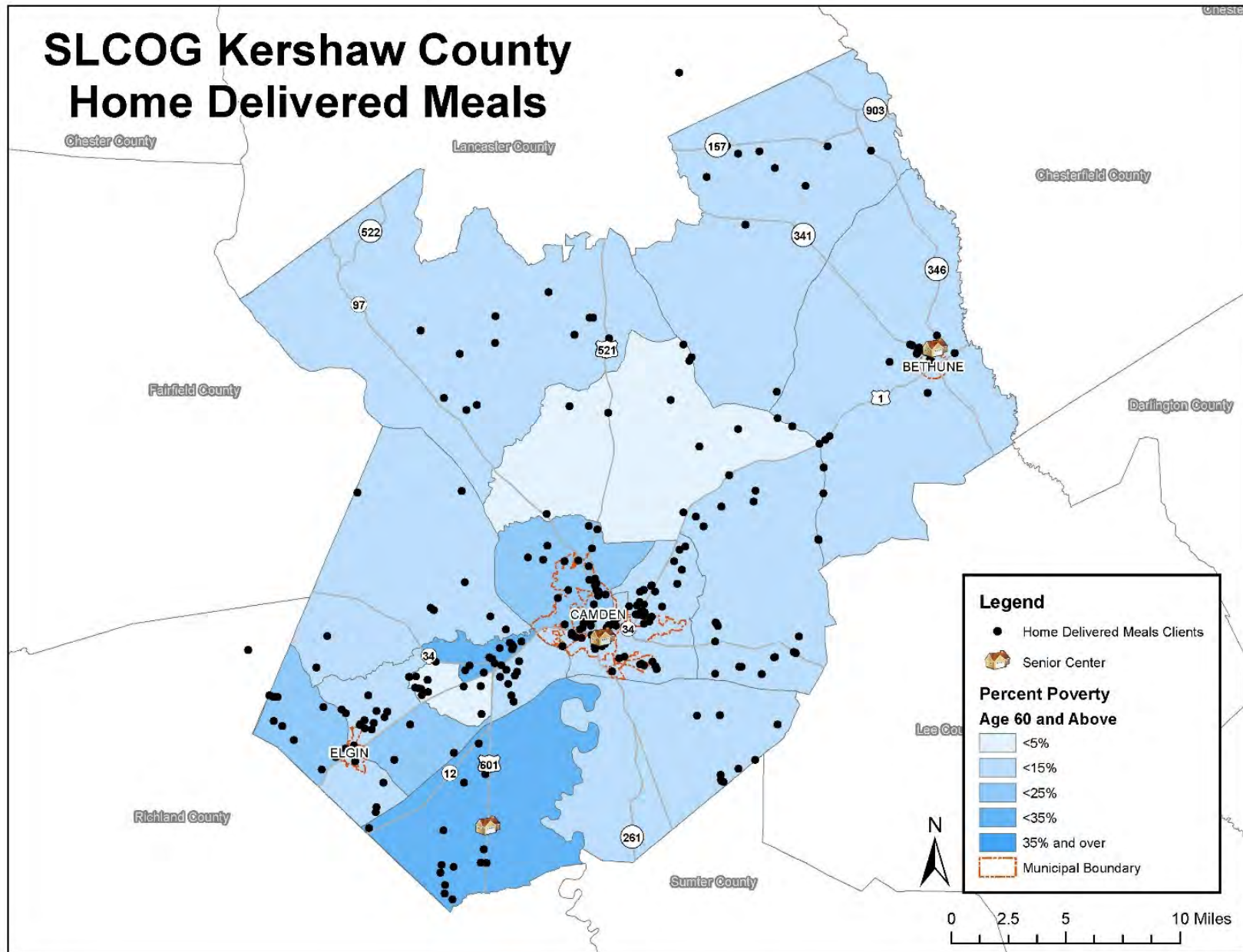


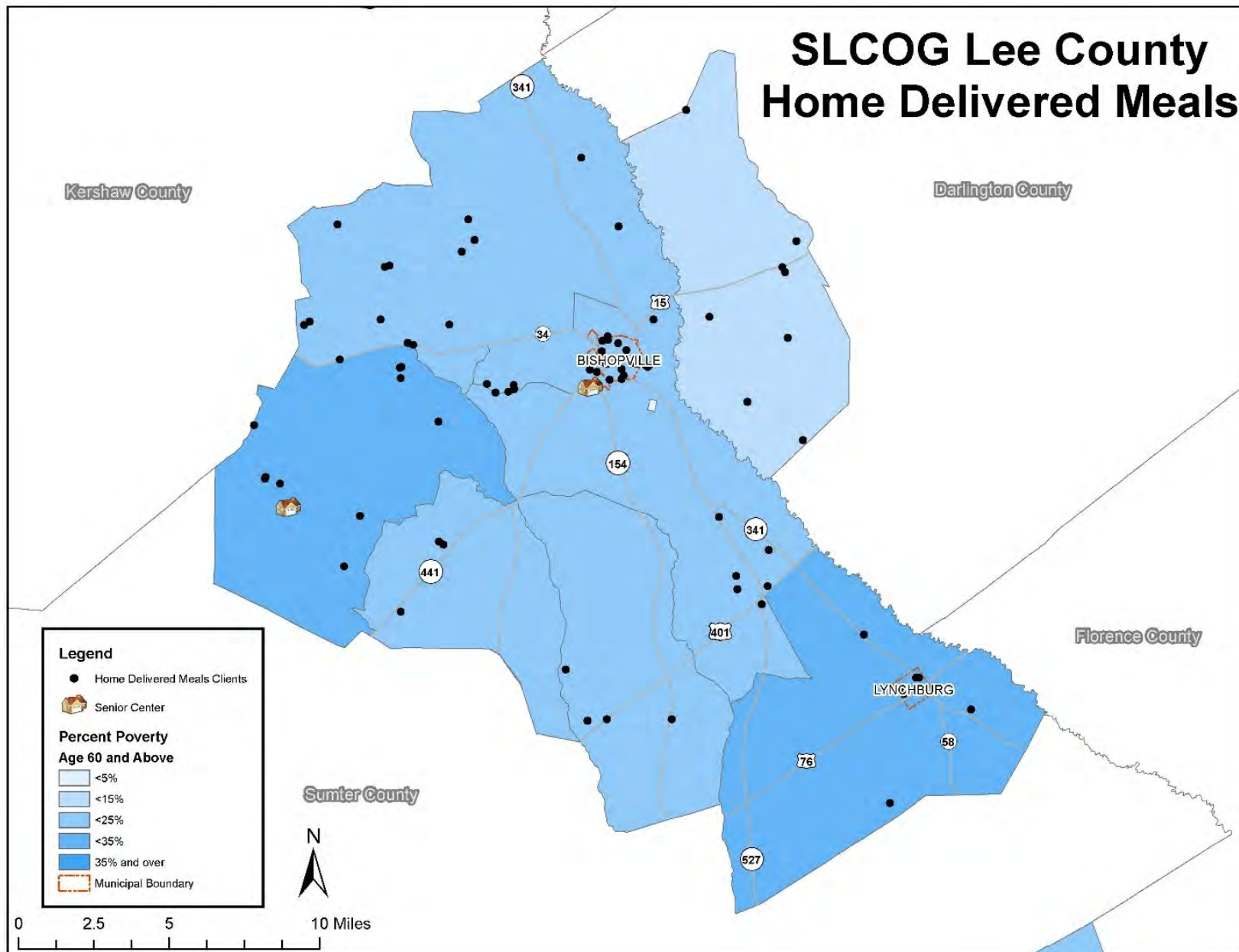


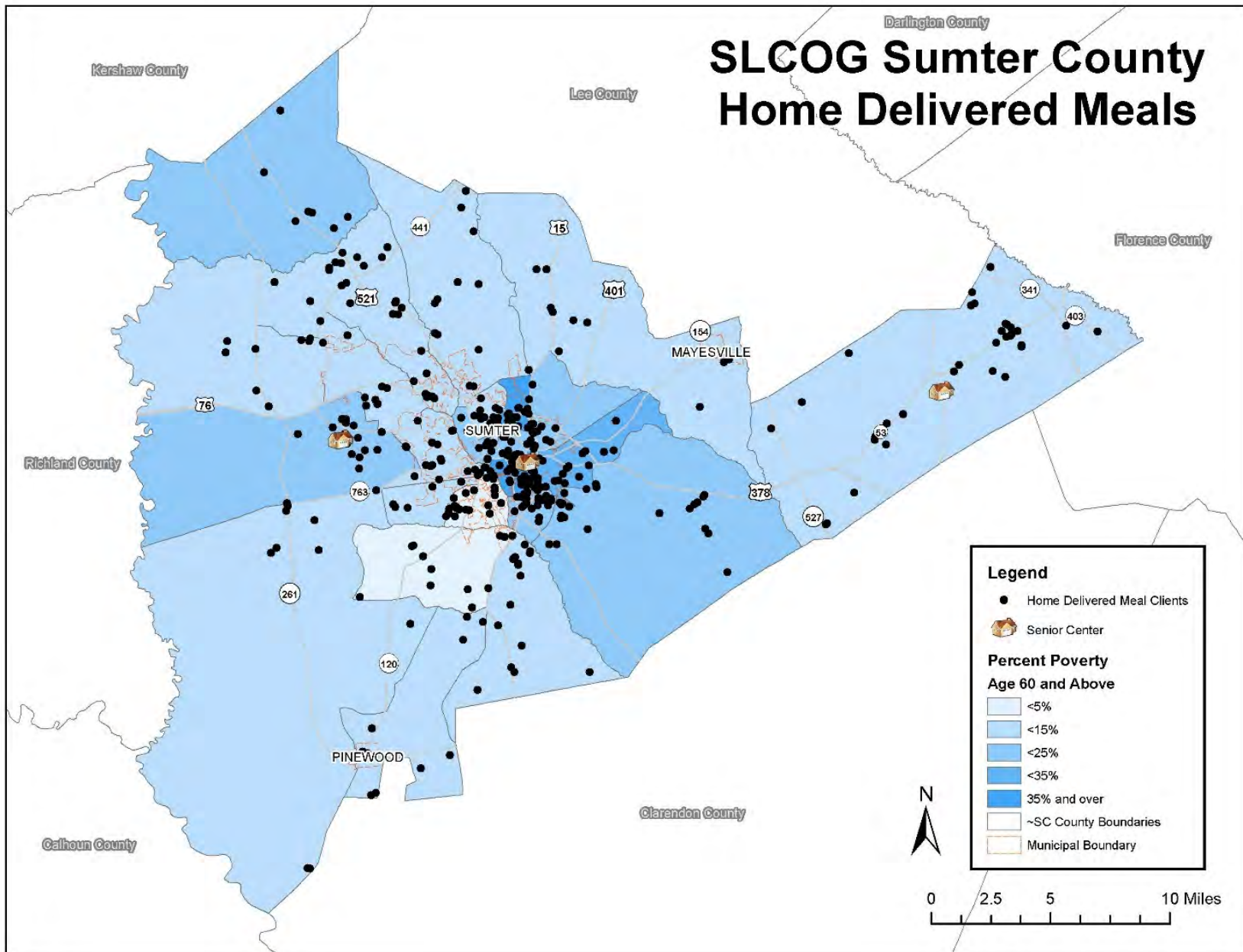
SLCOG Clarendon County Home Delivered Meals



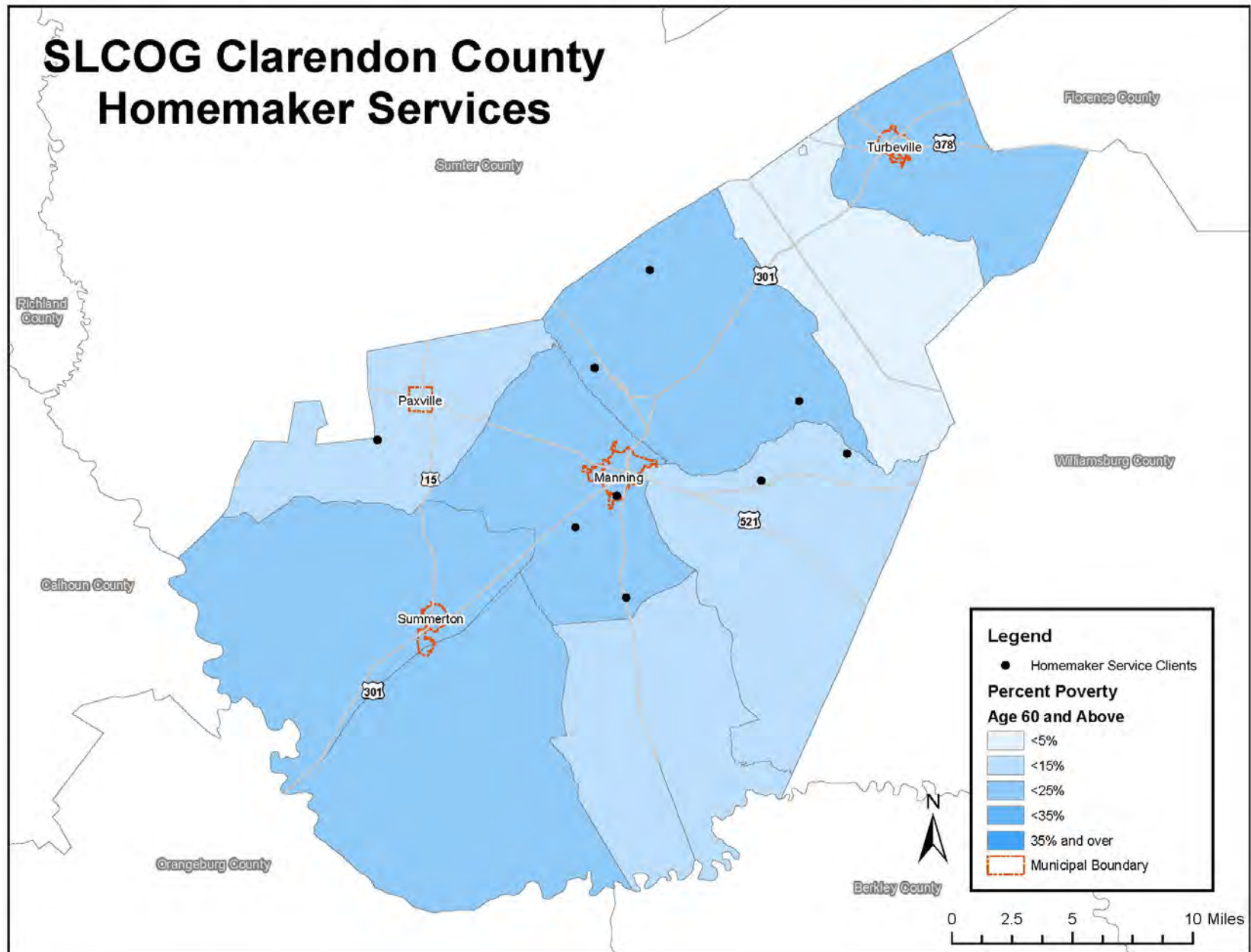
SLCOG Kershaw County Home Delivered Meals



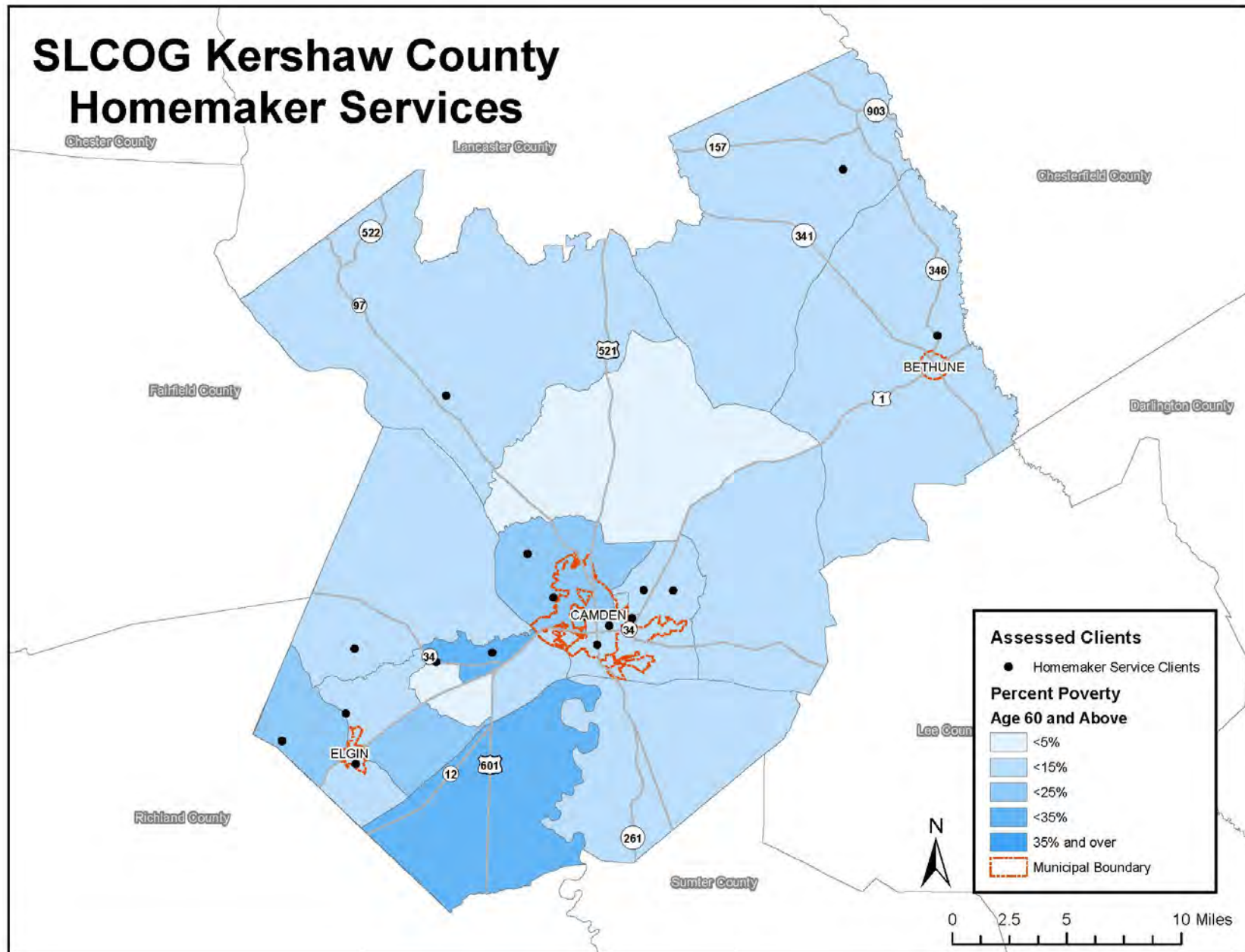


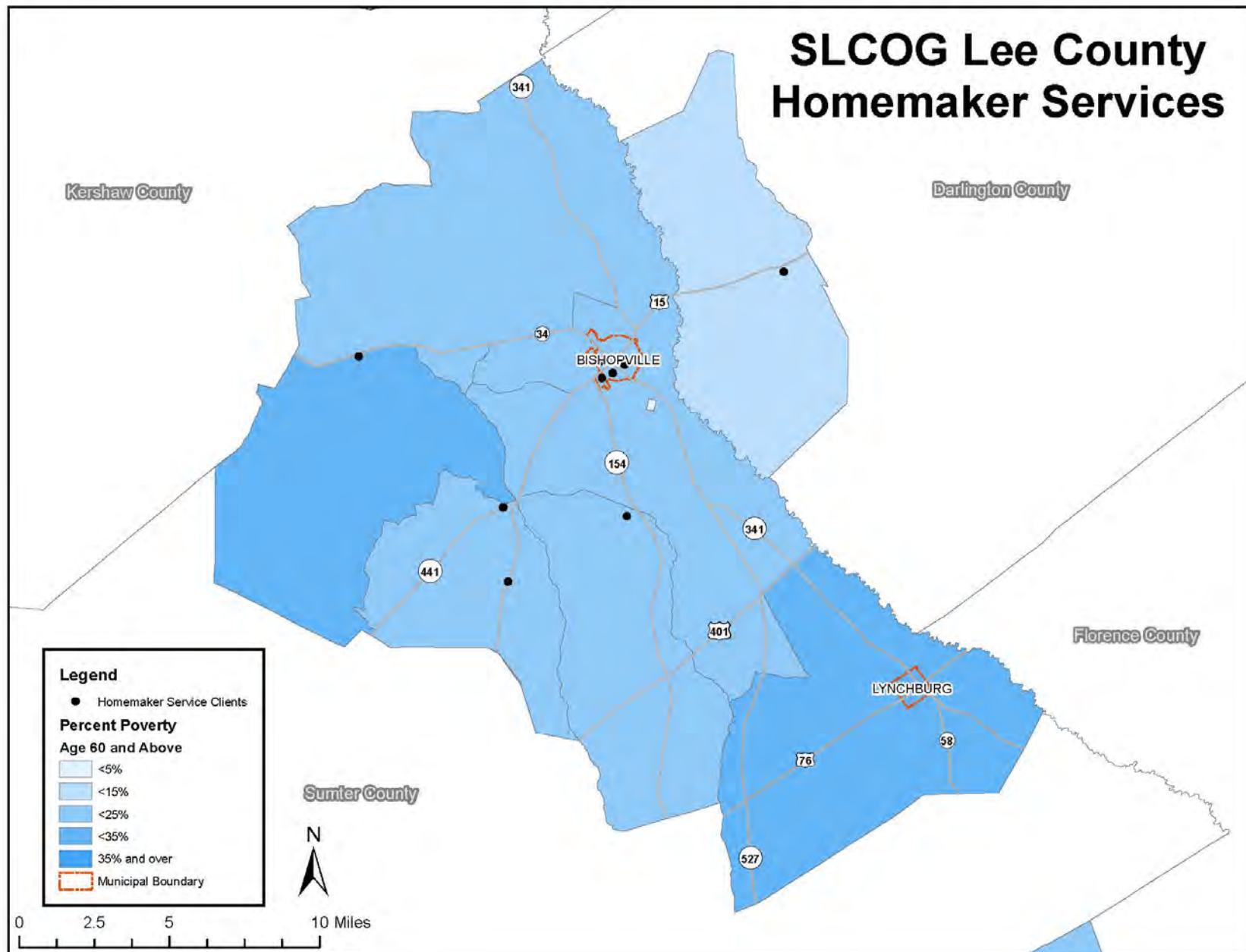


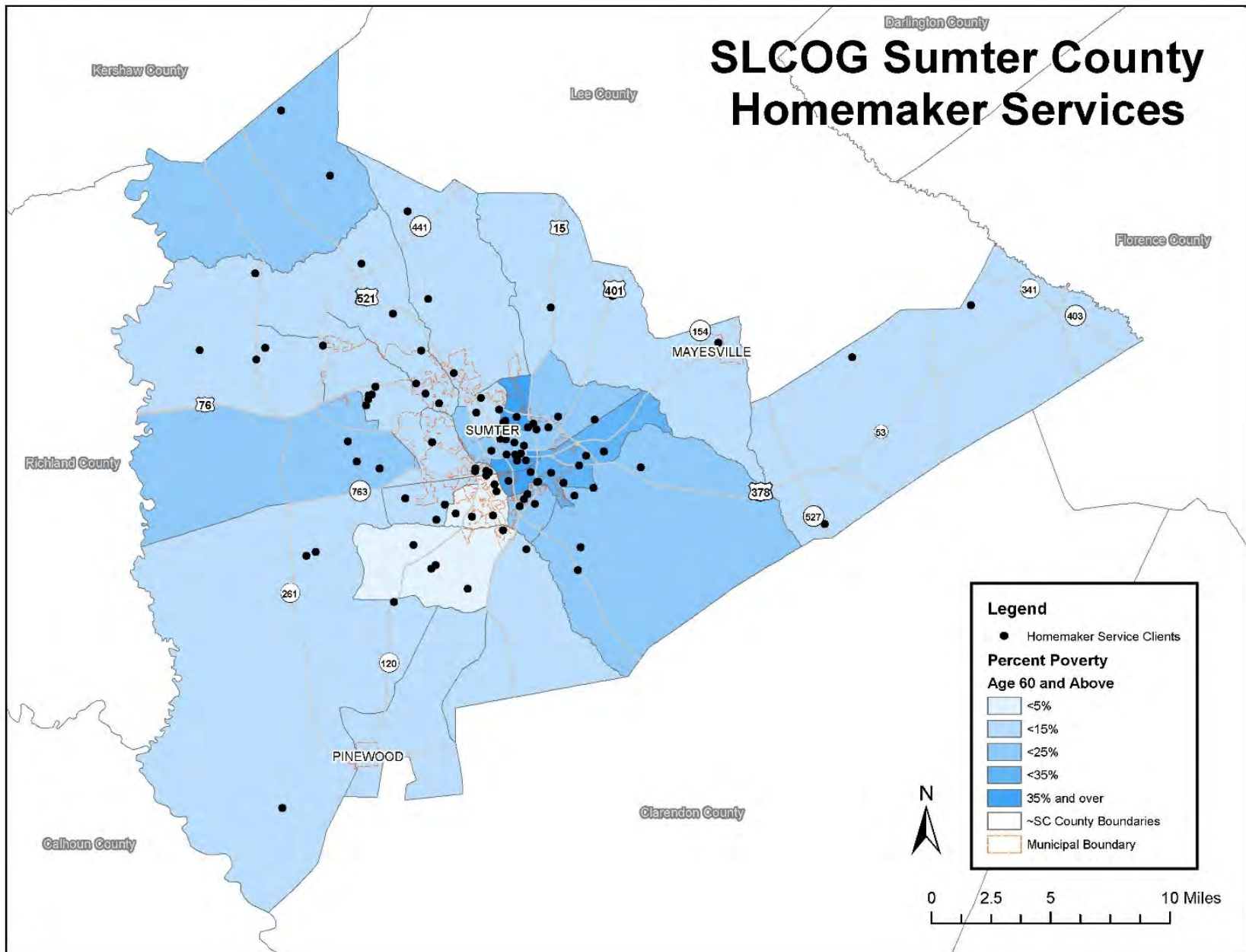
SLCOG Clarendon County Homemaker Services

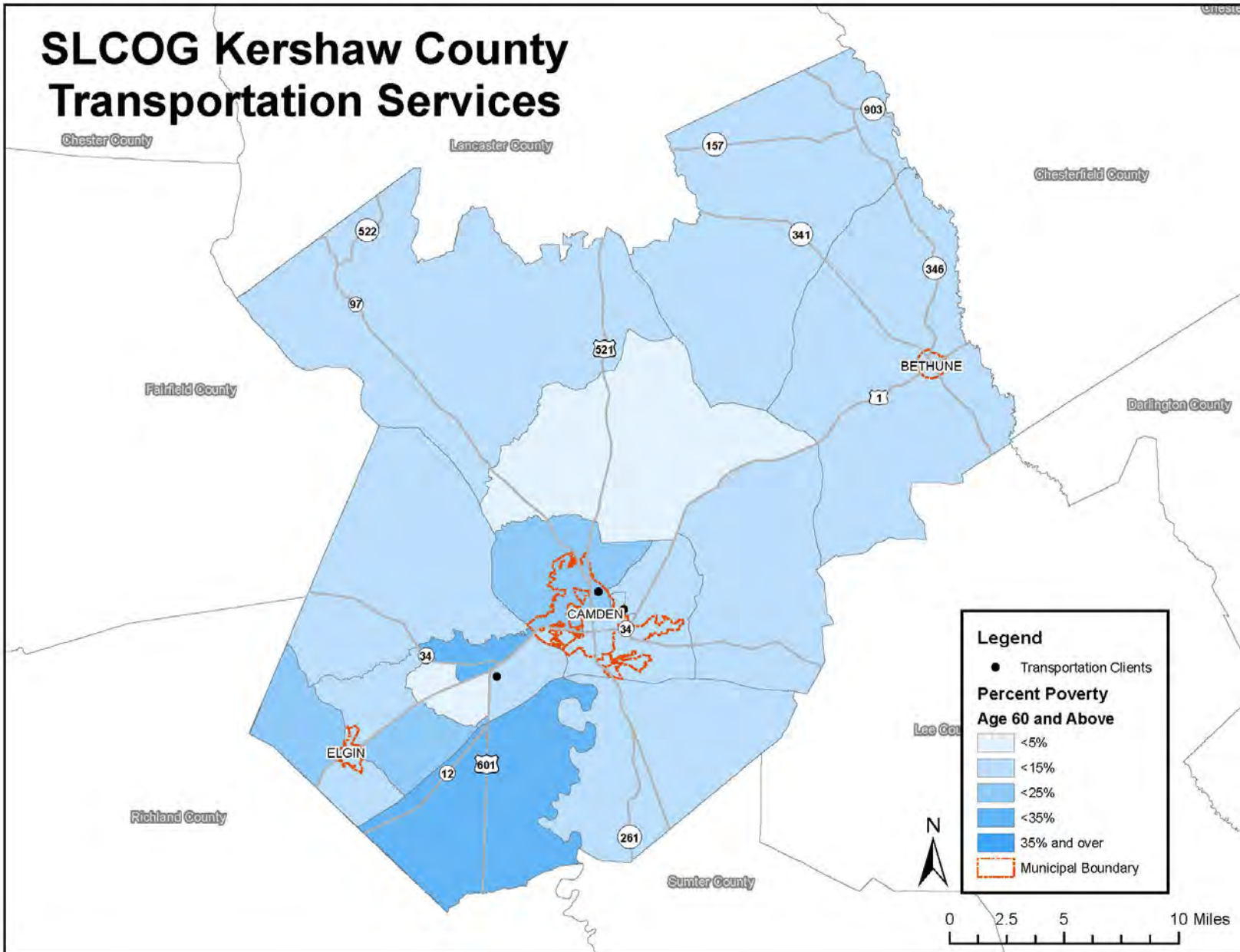


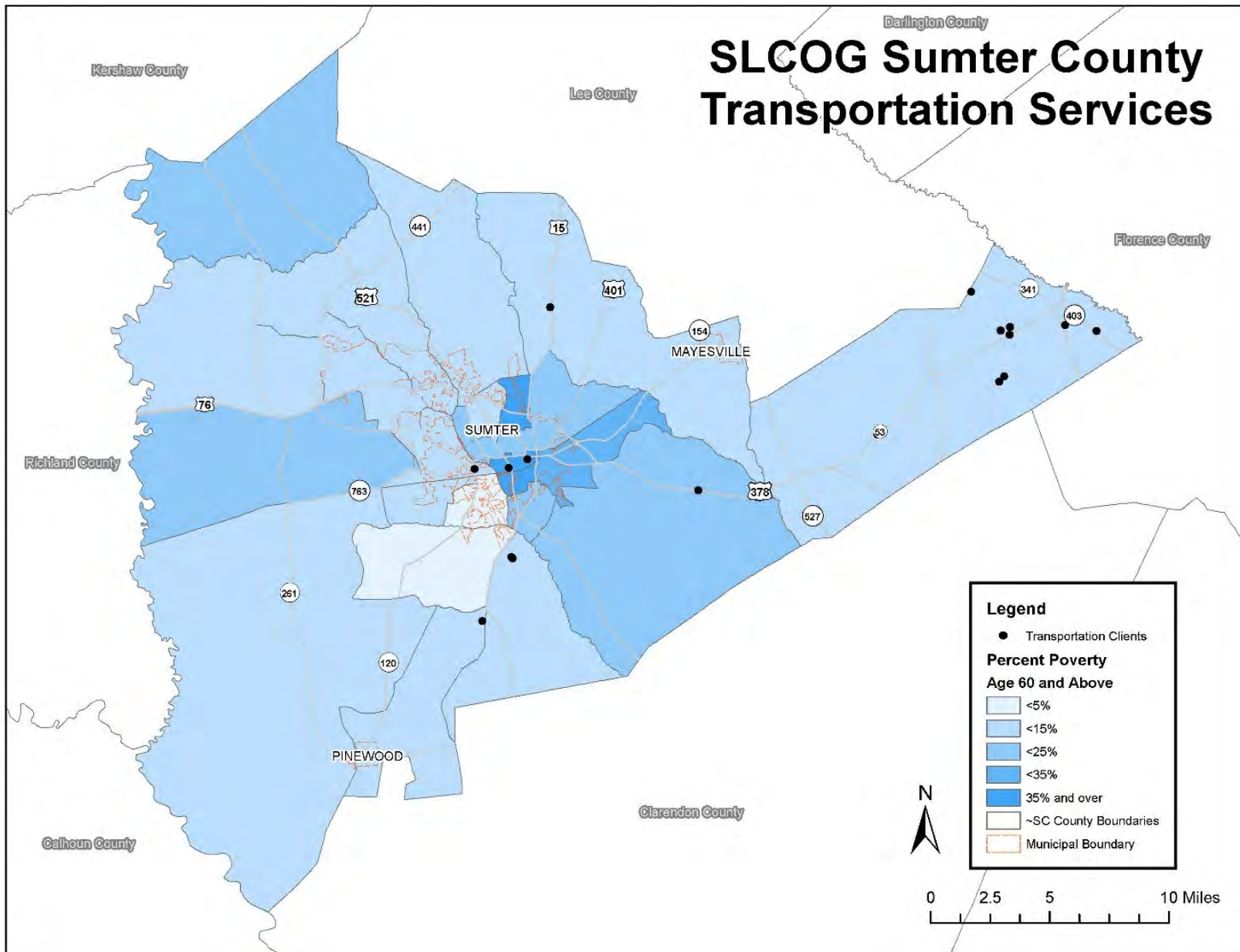
SLCOG Kershaw County Homemaker Services









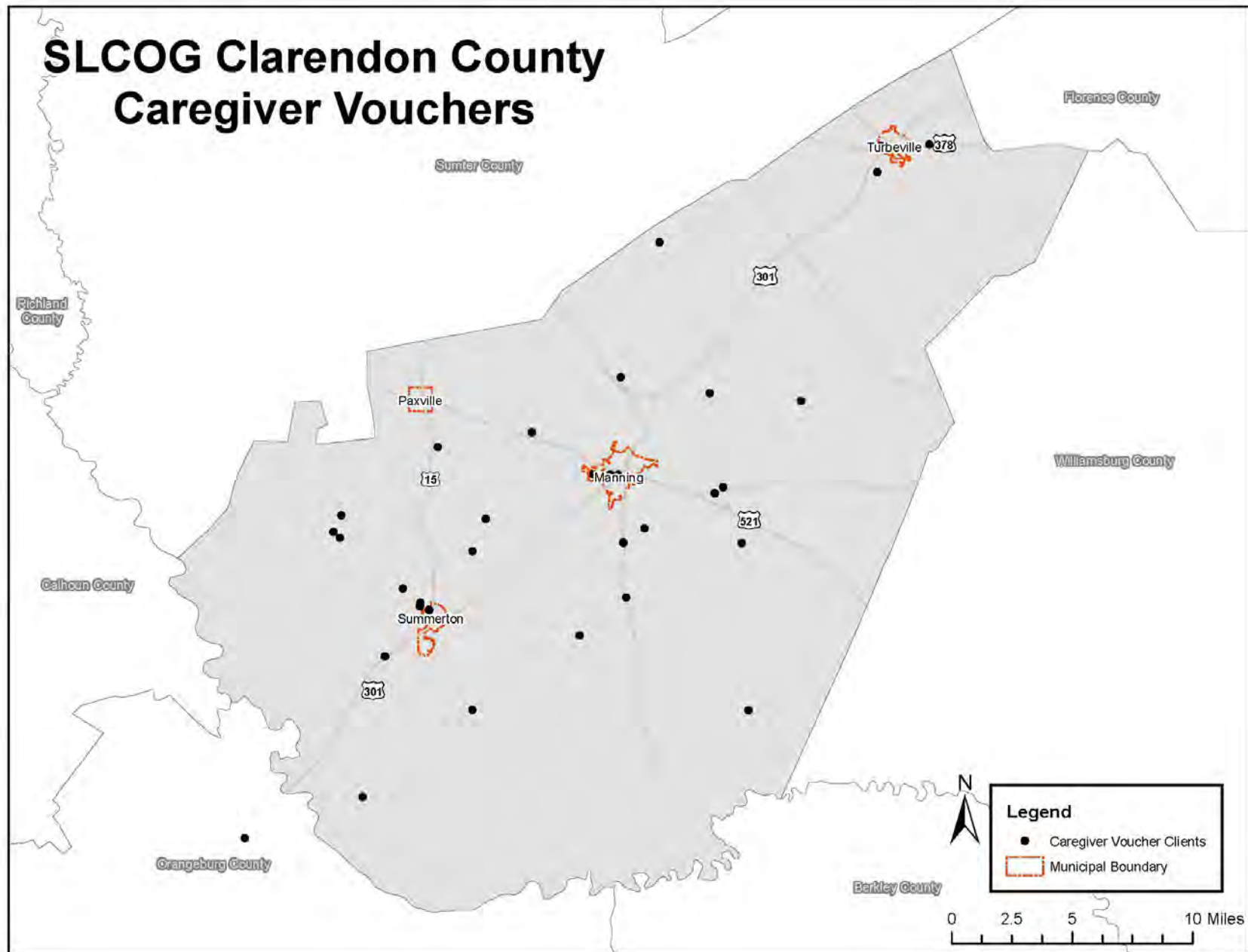


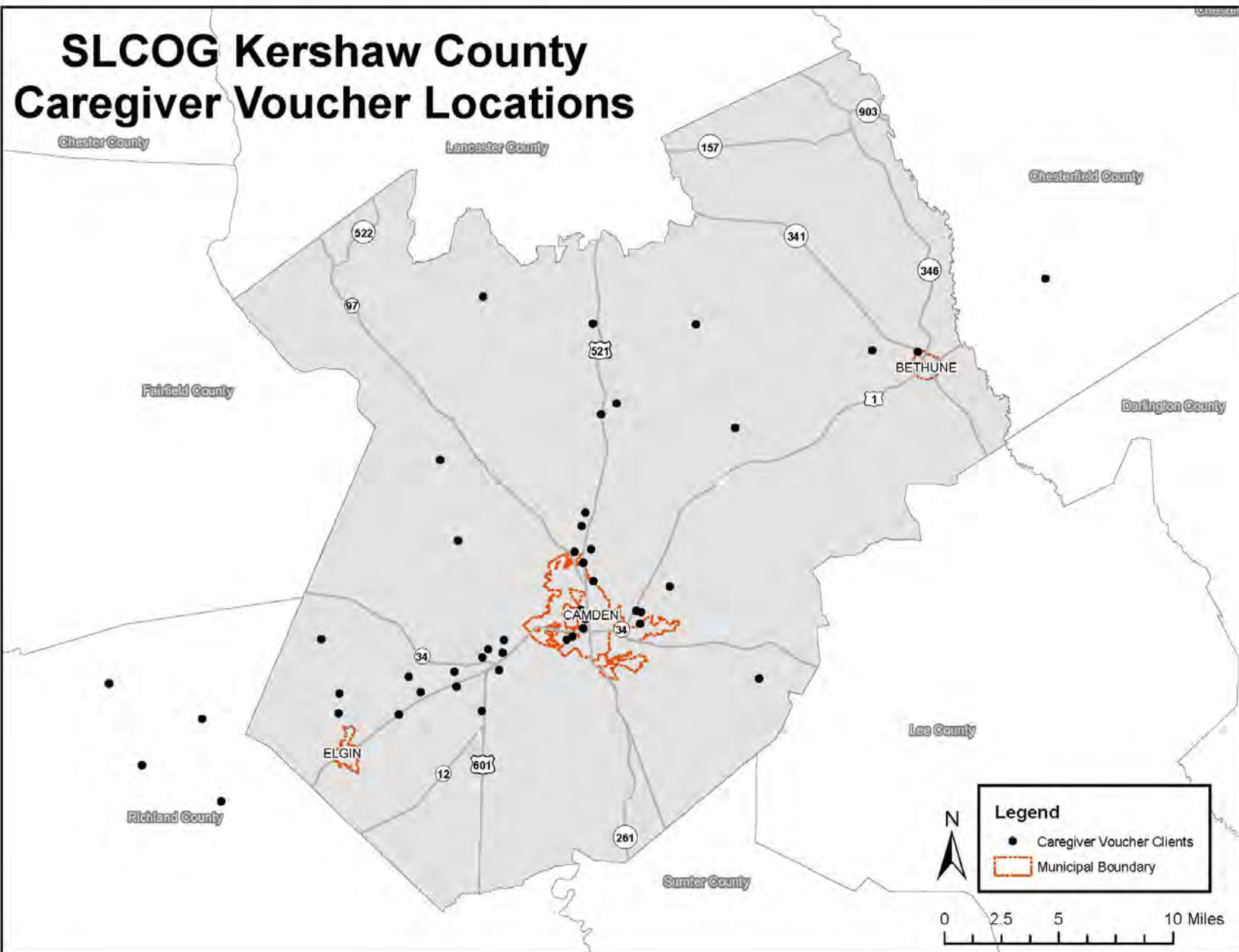
Senior Centers Mapping with III-D Table

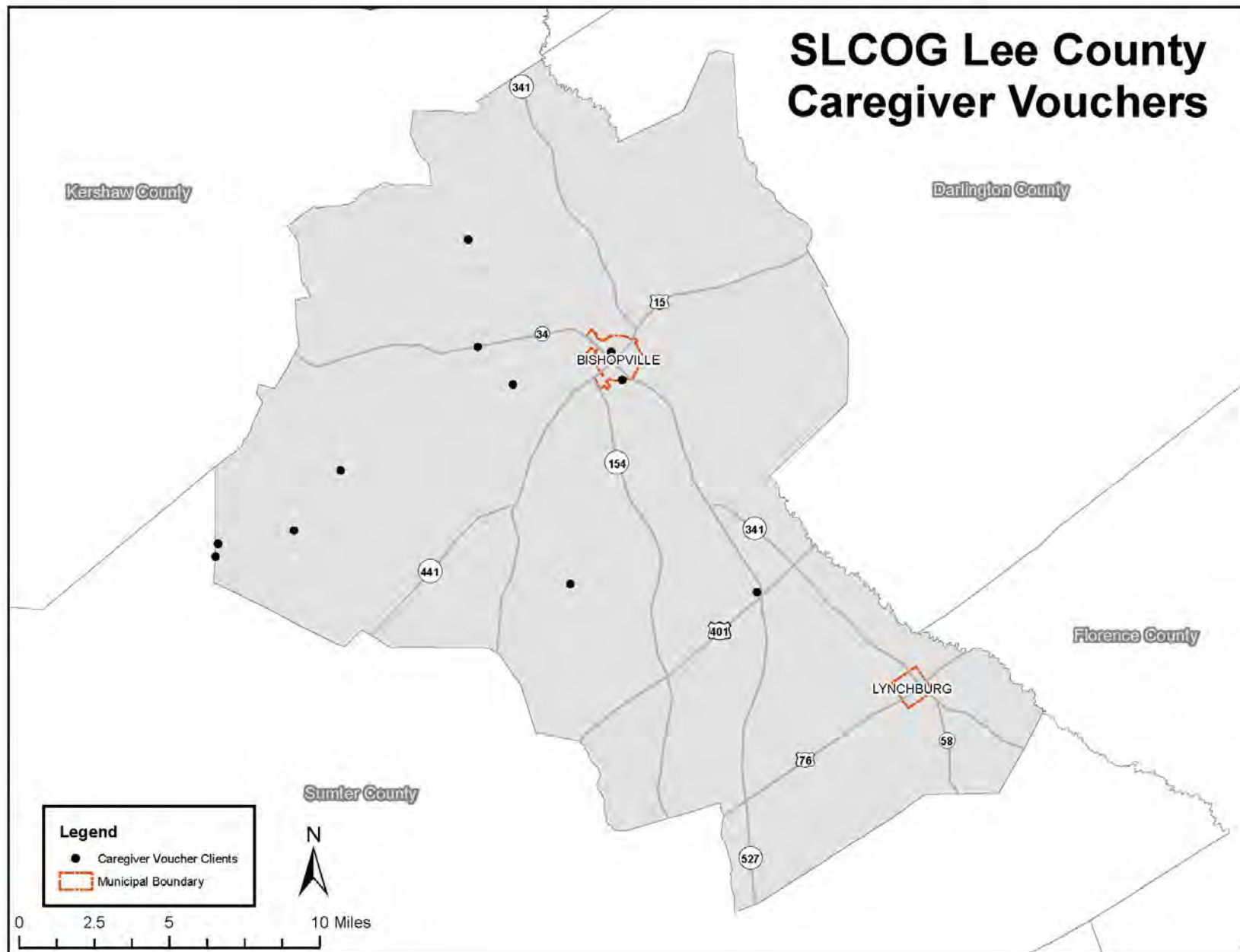
The table displayed below indicates the name of Evidenced-Based Programs by site name and county in the Santee-Lynches Region.

Evidenced-Based Program (Name)	Site Name(s) /Virtual	County Name
Walk With Ease	Lee County COA	Lee County
Walk With Ease	Springhill	Lee County
Walk With Ease	Sumter Senior Services	Sumter County
Walk With Ease	Delaine	Sumter County
Walk With Ease	Shiloh St. John	Sumter County
Powerful Tools for Caregivers	Santee-Lynches AAA/Virtual	Regional
No III-D Programming was offered at the following site/county FY22	Site Name(s)	County Name
Walk With Ease	Clarendon County COA	Clarendon County
Walk With Ease	Summerton	Clarendon County
Walk With Ease	Kershaw County COA	Kershaw County
Walk With Ease	Bethune	Kershaw County
Walk With Ease	Greater Faith & Joy	Kershaw County

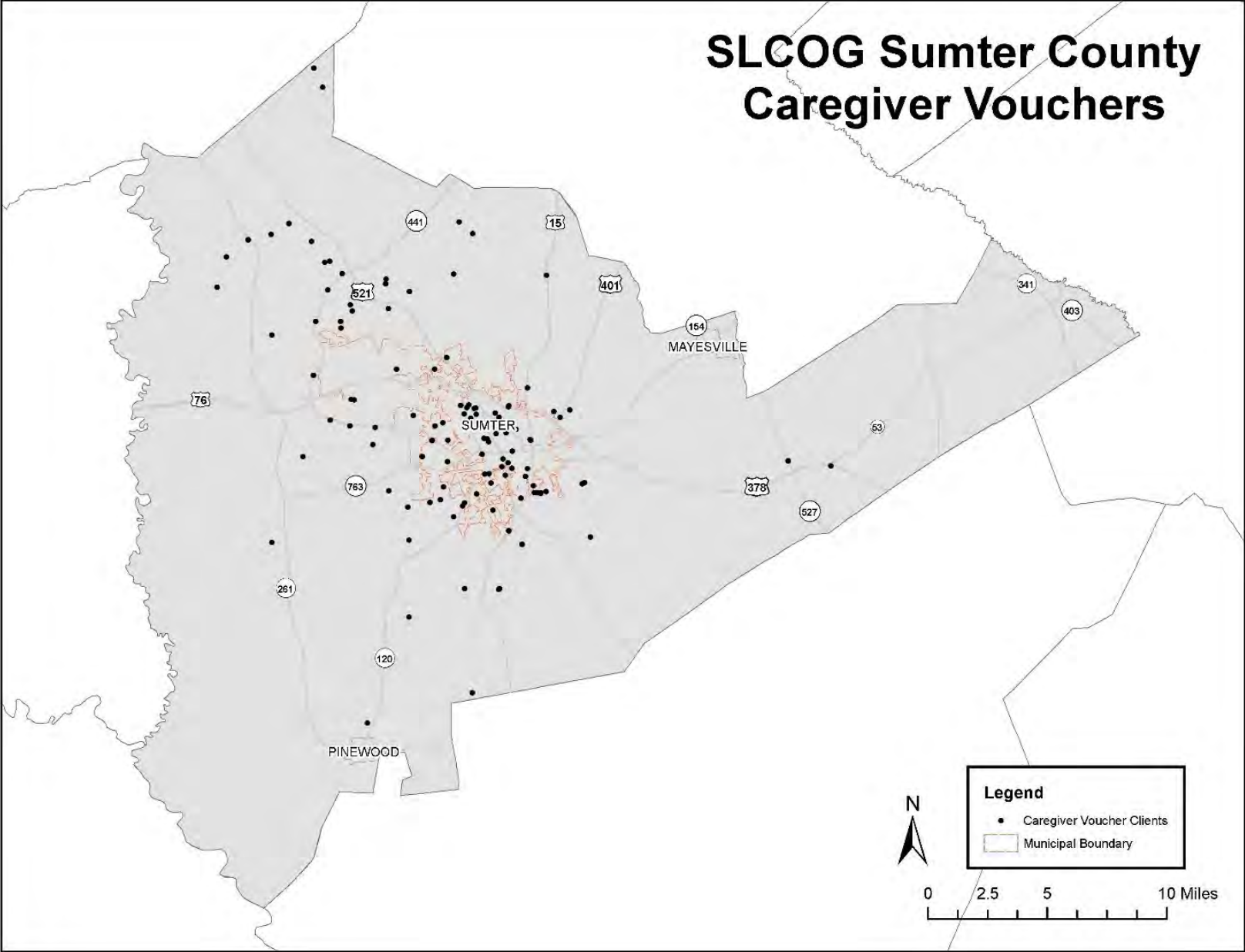
SLCOG Clarendon County Caregiver Vouchers







SLCOG Sumter County Caregiver Vouchers



Attachment I – Fiscal

Match

In the event that the AAA must provide matching funds, the match for most grants will come from funds paid by our member local governments as support to our agency. Match on group dining meals, home-delivered meals, and transportation, would come from the contractor.

Fiscal Monitoring

Fiscal monitoring on high-risk providers is conducted each month. Documentation of services claimed by all providers for Evidence-Based Programs is reviewed each month as well. Fiscal monitoring on all other providers/programs is conducted annually. When conducting the fiscal monitoring, AAA staff compare source documentation, such as delivery logs and sign-in sheets, to unit and client data inputted into AIM. A sample of approximately 10% of clients served in a tested month is selected for review. If issues are found in the sample, the sample size is expanded. AAA staff also review receipt books, collection reports/logs, and general ledgers for Grant-Related Income to ensure the accuracy of the providers' entries of GRI in AIM. When the annual monitoring process has been completed, a monitoring report is issued to the provider. Issues of non-compliance found during the monitoring process are included in the monitoring report and providers are required to respond within 30 days. If units are disallowed, adjustments are required to be made in AIM.

Competitive Procurement

Below is a chart showing the contracts, Memorandum of Understanding, and Memorandum of Agreement with all providers for the Santee-Lynches Region.

Provider Name	Original Execution Date	End Date	Contractor/ Sub-recipient	Counties Served	Services Awarded
SC Legal Services	July 1, 2019	June 30, 2024	Contractor	Clarendon, Kershaw, Lee, and Sumter	Legal Services
Iacofano	July 1, 2021	June 30, 2026	Contractor	Clarendon, Kershaw, Lee, and Sumter	Hot/Frozen Meals
Access	July 1, 2020	June 30, 2025	Contractor	Clarendon, Kershaw, Lee, and Sumter	Homemaking Personal Care
Addus	July 1, 2020	June 30, 2025	Contractor	Clarendon, Kershaw, Lee, and Sumter	Homemaking Personal Care
At Your Service	July 1, 2020	June 30, 2025	Contractor	Clarendon, Kershaw, Lee, and Sumter	Homemaking Personal Care
Clarendon County COA	July 1, 2019	Nov. 11, 2022	Contractor	Clarendon	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion
Kershaw County COA	July 1, 2019	June 30, 2024	Contractor	Kershaw	Congregate, Home Delivered Meals, Transportation, Evidence-

					Based/Health Promotion
Lee County COA	July 1, 2019	June 30, 2024	Contractor	Lee	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion
Sumter Senior Services	July 1, 2019	June 30, 2024	Contractor	Sumter	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion
Mom's Meals	Oct. 25, 2022	June 30, 2023	Contractor	Clarendon	Home Delivered Meals

Allocation Methodology

Funding is allocated to providers and services based on demonstrated need. If funding is restricted, then the funding is spread proportionately across the region based on senior population and/or client base. AAA staff allocate federal and state funding in a way that ideally each provider will utilize the funding at approximately the same rate.

Budget Narrative

A budget for services is created in June of each year for the upcoming fiscal year. These budgets are based on known funding for the upcoming year, estimated carryover, and estimates of other funding based on what was received in the prior year. When changes to the AAA's grant awards are made during the year, the budget is also amended. When creating the budget, we first analyze the service trends and needs, then adjust based on funding limitations. Federal funding sources are used prior to state funding sources where both can be used for the same service type.