



UPPER SAVANNAH

Council of Governments

**Upper Savannah
Area Agency on Aging
Area Plan
2023-2025**

support, educate, protect, and advocate for seniors

Table of Contents

A.	Executive Summary.....	3
B.	Context.....	5
C.	Quality Assurance Process.....	16
D.	Goals, Objectives, and Performance Measures.....	17
E.	Long Range Planning.....	28
F.	Attachments.....	32
	Attachment A– Verification of Intent (VOI).....	33
	Attachment B– Assurances.....	34
	Attachment C– Information Requirements.....	44
	Attachment D– Programmatic Questions.....	48
	Attachment E– Performance Measures Template.....	53
	Attachment F– Organizational Information.....	54
	Attachment G– Regional Aging Advisory Council (RAAC).....	59
	Attachment H– Mapping.....	60
	Attachment I– Fiscal.....	98

A. Executive Summary

The challenge to provide for the needs of a growing aging population must be addressed now. By the year 2030, it is estimated that 70 million seniors 65 years of age and older will live in the United States. This is a doubling of senior citizens between the years of 2000 and 2030. Are families, regions, states, and our country prepared to meet the needs of this large aging population?

As the Area Agency on Aging(AAA) for the Upper Savannah region of South Carolina, Upper Savannah Council of Governments Area Agency on Aging, is tasked with meeting the current and future needs of older adults, their caregivers, and adults with disabilities. The Upper Savannah region consists of Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda counties.

This Area Plan documents the AAA's plan and preparation in meeting the challenges ahead.

Long range strategic planning is critical to manage the aging growth impact on all communities. It is imperative that federal, state, local agencies, and community leaders and stakeholders plan cohesively for the needs of senior citizens. This aging population growth will impact many aspects of society including housing, health care, sustainability of Medicare, Medicaid, and Social Security, transportation, and food programs to name a few.

Upper Savannah AAA will continue to advocate for seniors and the challenges that they face, at the local, state, and federal levels and with community leaders.

Upper Savannah AAA will continue supporting seniors with services, providing consumer choice when possible. Expanding and continuously updating our referral base is crucial to assist seniors with needs. Educational programs will be offered on topics of concern for seniors, caregivers, and disabled adults.

Additional needs of seniors in our region are determined by conducting a needs assessment survey and having daily conversations with seniors and caregivers. Input is also provided by our Regional Aging Advisory Committee, Upper Savannah COG Board members and community partners. Brainstorming ideas and planning with partners will be crucial to meeting unfilled needs in our region.

Mission Statement

Upper Savannah's Area Agency on Aging's mission is to support, educate, protect, and advocate for seniors, so they may age in place with dignity.

Vision

Upper Savannah's Area Agency on Aging's vision is to provide leadership, advocacy, and collaboration to ensure a full spectrum of services are available for seniors, caregivers, and disabled adults in our region. Upper Savannah AAA wants all seniors to enjoy an enhanced quality of life, economic and food security, contribute to their communities and receive the support necessary to age with choice and dignity.

We envision a world where ageism does not exist, where seniors are revered and treated with the dignity and respect they deserve. Where all seniors have a voice that is heard and valued. Where no senior goes hungry or has to live on the streets. Where health care is available and affordable for all seniors. Where a senior has choices in all aspects of their lives.



Corner Café, Clinton S.C.

B. Context

Upper Savannah Area Agency on Aging's region consists of the counties of Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda.

Founded in 1785, Abbeville County is located on the western side of the state and consists of 508 square miles. Abbeville is a rural county. Abbeville County has a current population of 24,404 with race representation of 70% white, 27.5% black, and 2.5% other racial/ethnic groups. Approximately 29% of Abbeville County's population is 60 years and older. Over 28% of Abbeville's seniors live below 150 percent of the poverty level. In Abbeville County over 500 grandparents live with their grandchildren and 52.7% of them are responsible for the basic needs of their grandchildren.

Abbeville County's total population has a disability rate of 13.5%. The likelihood of having a disability varied by age-from 5.8% of people under 18 years old, to 10.7% of people 18 to 64 years old, and to 28.5 % of those 65 and over.

Established in 1785, Edgefield County is located on the Savannah River just north of Augusta and northwest of Aiken County. Edgefield County covers an area of 502 square miles. The population of the county is 27,120 consisting of 58.3% whites, 34.4% blacks, 6.3% Hispanics and 1% other racial/ethnic groups. Approximately 26% of Edgefield County's population is 60 years and older. Over 52% of Edgefield County's seniors live below the poverty level. In Edgefield County 988 grandparents live with their grandchildren and 33.2% are responsible for the basic needs of their grandchildren.

Edgefield County's total population has a disability rate of 15.7%. The likelihood of having a disability varied by age-from 8.2% of people under 18 years old, to 11.3% of people 18 to 64 years old, and to 36.4 % of those 65 and over.

Greenwood County was formed in 1897 and has a land area of 456 square miles. Greenwood County has a current population of 71,074 with race representation of 59.7% white, 32.2% black, 6.5% Hispanic and 1.6% other racial/ethnic groups. Approximately 25% of Greenwood County's population is 60 years and older. Over 25% of Greenwood's seniors live below 150 percent of the poverty level. In Greenwood County over 1,300 grandparents live with their grandchildren and 57.5% of them are responsible for the basic needs of their grandchildren.

Greenwood County's total population has a disability rate of 13.1%. The likelihood of having a disability varied by age-from 1.8% of people under 18 years old, to 11.3% of people 18 to 64 years old, and to 33.3% of those 65 and over.

Laurens County was formed in 1785 and has a land area of 715 square miles. Laurens County has a current population of 67,833 with race representation of 68.2% white, 25.3% black, 5.6% Hispanic and .9% other racial/ethnic groups. Approximately 25% of Laurens County's population is 60 years and older. Over 26% of Laurens's seniors live below 150 percent of the poverty level. In Laurens County over 1,900 grandparents lived with their grandchildren and 45.8% of them are responsible for the basic needs of their grandchildren. Laurens County's total population has a disability rate of 17.6%. The likelihood of having a disability varied by age-from 6.4% of people under 18 years old, to 14.5% of people 18 to 64 years old, and to 42.3% of those 65 and over.

McCormick County was formed in 1916 and has a land area of 360 square miles. McCormick County has a current population of 9,430 with race representation of 53.5% white, 44.1%

black, 1.5% Hispanic and .9% other racial/ethnic groups. Approximately 25% of McCormick County's population is 60 years and older. Over 9% of McCormick's seniors live below 150 percent of the poverty level. In McCormick County over 180 grandparents live with their grandchildren and 35.6% of them are responsible for the basic needs of their grandchildren. McCormick County's total population has a disability rate of 18.8%. The likelihood of having a disability varied by age-from 1.7% of people under 18 years old, to 16% of people 18 to 64 years old, and to 28% of those 65 and over.

Saluda County was formed in 1895 and has a land area of 452 square miles. Saluda County has a current population of 20,315 with race representation of 59.5% whites, 24.1% black, 15.6% Hispanic and .7% other racial/ethnic groups. Approximately 27% of Saluda County's population is 60 years and older. Over 45% of Saluda's seniors live below 150 percent of the poverty level. In Saluda County over 300 grandparents live with their grandchildren and 38% of them are responsible for the basic needs of their grandchildren.

Saluda County's total population has a disability rate of 15.1%. The likelihood of having a disability varied by age-from 2.6% of people under 18 years old, to 12.4% of people 18 to 64 years old, and to 37.8% of those 65 and over.

Upper Savannah's counties are expected to have a significant increase in seniors 60 years of age and older in the next 7 years. This increase will stretch the capacity of funding and programs available in our region. This will impact caregivers, housing, medical staff, health care workers, hospitals, nursing care facilities, transportation and increase the financial viability of social security and Medicare.

We currently offer medical transportation, group dining transportation, congregate meals, home delivered meals, home care, personal care, home chore, minor home repair, evidence based programs, legal services, nutrition education, SHIP services, Information and Referral services, Ombudsman services, Family Caregiver Advocacy, and assessments.

We are piloting a dental assistance program in our region using ARP funding. The senior in each county chooses the dentist of their choice and we work with the dentist to determine the dental work reimbursement. This is available to seniors who do not currently have dental coverage through insurance.

We see a need in our region to help eligible seniors complete a Community Long Term Care Application. We partnered with SC Thrive and Santee Lynch's AAA to provide this valuable service in our region.

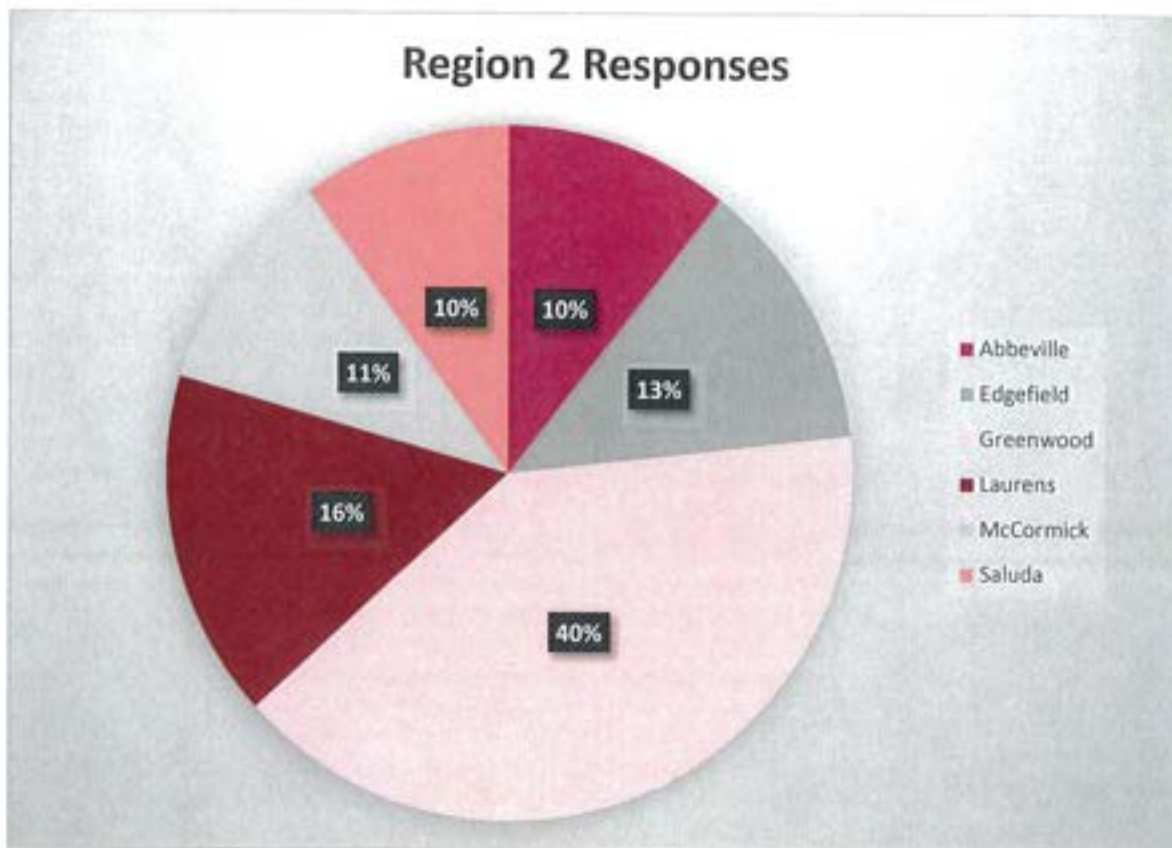
Our process to determine the needs and priorities is accomplished by utilizing many available tools in our region. The IR&A staff is our first line of communication with community members. The monthly IR&A reports provided by SCDOA provide a list of the most presenting needs in our region. We also use a needs assessment survey as a tool for planning. Our COG Board of Directors and the Regional Aging Advisory Committee offer invaluable information on the needs they are seeing or hearing about in their counties. Service gaps are shared between community partners and provider partners.

2022 Needs Assessment Survey

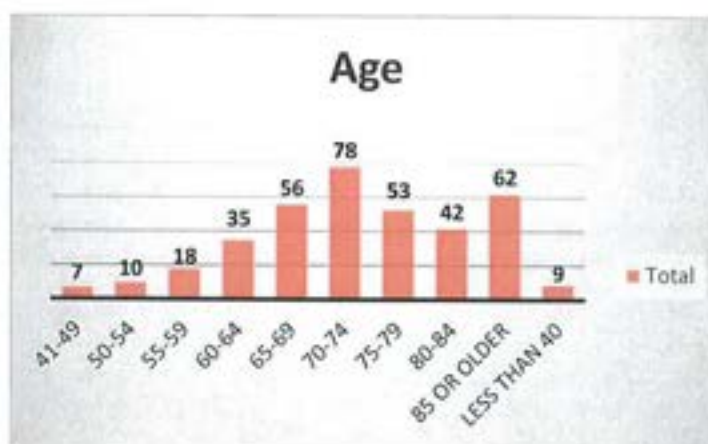
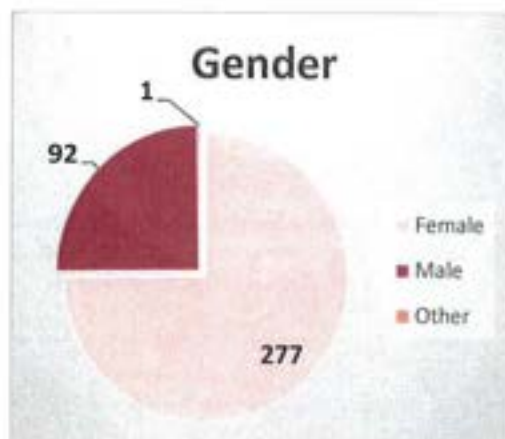
See the below attached needs survey that was completed in 2022 in the Upper Savannah region with the help of our regional aging advisory committee, the Women's Ministry of the AME churches, and many other agencies in our communities. This tool is invaluable in helping us determine the unmet needs in our community. We will work diligently towards meeting these needs in the coming months and years.

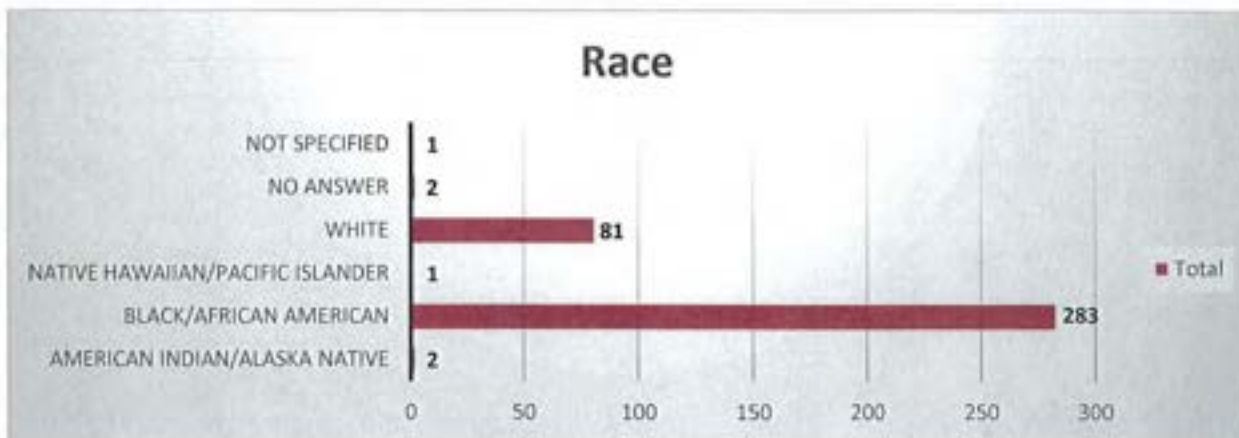
Survey Responses from Upper Savannah Region

County	Survey Responses
Abbeville	39
Edgefield	47
Greenwood	148
Laurens	60
McCormick	39
Saluda	37
REGION TOTAL	370



Demographics 1: Gender, Age, Race, and Marital Status

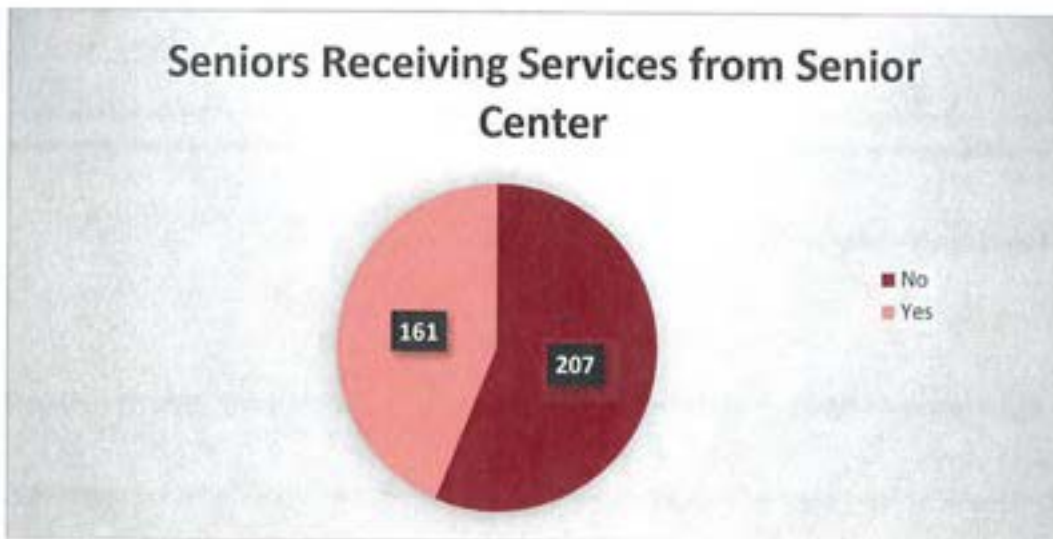




Demographics 2: Income

Income (monthly)	Regional Response
\$1,074 or less	79
\$1,075- \$1,452	59
\$1,453 - \$1,830	55
\$1,831 - \$2,208	40
\$2,209 - \$2,589	21
\$2,590 or more	53
Grand Total	307

Demographics 3: AAA and Senior Center Services



Demographics 4: Senior Center Feedback



Does community have a Senior Center or Nutrition Site?	Regional Response
I don't know	23
No	53
Yes	294
Grand Total	370

Why don't you attend the Senior Center?	Response Per County
Abbeville	2
Not interested	1
Not able	1
Greenwood	3
No reason	2
Too busy	1
Laurens	3
Not able	1
Mobility issues	1
Temporary health reasons, but interested	1
McCormick	4
Not interested	1
Not needed	1
Health issues	1
COVID	1
Grand Total	12

Reasons that affect your ability to live independently in the home							
Reason	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Saluda	Total
32) I have no needs or concerns.	12	6	64	9	16	3	110
24) I cannot do my yard work due to physical or medical reasons.	11	19	33	13	11	15	102
6) I am concerned about falls or other accidents.	14	23	23	14	4	7	85
1) I need to exercise more, but don't know where to start.	11	10	33	18	4	8	84
23) I am unable to make necessary repairs to my home due to costs.	8	10	24	18	7	13	80
2) Sometimes I feel lonely or sad, even isolated.	18	14	25	7	6	6	76
3) I have trouble keeping my home clean.	11	13	26	12	4	7	73

15) I do not know how I could pay for nursing home care when/if I needed it.	15	9	29	7	4	8	72
16) I cannot afford to pay for dental care.	5	11	16	11	8	9	60
17) I cannot afford to pay for hearing aids.	4	11	12	11	7	11	56
11) I have problems keeping my paperwork in order and sometimes lose things.	9	10	21	6	5	4	55
4) It is difficult for me to do my laundry due to lifting, folding, and putting clothes away.	8	13	12	9	6	3	51
8) I cannot grocery shop or cook much, so home delivered meals would be helpful.	3	19	7	6	6	7	48
7) It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.	6	14	9	11	5	3	48
18) I cannot afford to pay for eyeglasses.	3	9	10	11	4	7	44
12) I have trouble keeping up with paying my bills.	7	7	14	5	4	3	40

Reasons that affect your ability to live independently in the home

Reason	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Saluda	Total
19) I need access to assistive technology (ex: wheelchair, cane, walker)	4	14	4	5	2	6	35
20) I need legal advice but cannot afford it.	7	3	15	5	2	0	32
22) I struggle keeping warm and cool due to poor insulation, leaky windows, or structural damage.	2	3	14	8	1	3	31
28) I have to deal with challenging family issues that are stressful.	5	3	12	6	1	3	30
13) I have difficulty paying for prescription medicines.	3	4	9	3	2	4	25
10) I am unable to read and understand my mail.	6	3	6	1	6	1	23
14) My insurance premium is a struggle to pay monthly.	2	2	8	4	4	2	22
5) I need assistance with bathing, dressing and toileting.	3	10	3	1	4	0	21

31) I am taking care of one or more adults over the age of 60.	2	2	7	3	4	1	19
21) I need safe and affordable housing.	1	5	9	2	1	1	19
30) I am responsible for taking care of a child or children under the age of 18.	2	0	6	7	1	2	18
33) Other Needs/ Concerns	1	4	2	3	4	3	17
27) I (or someone close to me) have a drug or alcohol problem.	3	0	8	2	1	1	15
29) I don't have friends, neighbors or others that have a positive influence on my life.	1	1	2	2	3	3	12
25) I have a serious problem with pests in my house (ex: Bed bugs, roaches, fleas, lice, rodents etc.).	0	0	2	6	3	0	11
9) Sometimes I do not have enough food to eat.	0	2	6	2	1	0	11
26) I have a mental health issue that sometimes makes it difficult for me to live on my own.	0	4	0	0	3	1	8

Based on the results of our regional needs survey, the surveyors are indicating a strong need for help with yardwork and the cost of home repairs. We also hear about this need from our IR&A staff and our assessment staff. We are exploring ways to meet these needs by partnering with volunteer groups, including men's ministries. We will consult with SCDOA to see if ARP funding can also be used for yardwork and consider hiring students (high school or college) to provide yard services.

We are encouraging our providers to provide more evidence based programs to address the need for more exercise and concerns about falls and accidents. We are encouraging our providers to have staff and volunteers certified in Bingocize as a way to incorporate exercise into a popular activity at the senior centers. We plan on partnering with neighboring agencies, such as the YMCA and other health based agencies to meet these needs and concerns. A virtual evidence based program (Eat Smart, Move More, Weigh Less) will be pilot tested in Greenwood county this year.

We are currently piloting a dental care program with ARP funding. It is a consumer choice program to assist with preventative care, dentures, and other necessary procedures. If this is successful, we are hoping there may funding to continue the program and also help with hearing aids.

Homemaker service in our region is a huge need. We currently have a waiting list and as providers add capacity, we will continue to take seniors off the waiting list and provide this service. We cost share this service to help expand the number of seniors we can serve. Only seniors 150% above the poverty level are encouraged to cost share.

Nursing home care costs and long term home care costs are a concern for most seniors. We are planning a workshop, which we will offer at least twice a year, to educate seniors, caregivers, and family members on the options for long term care and options for paying for it. Our first workshop will be held on April 18, 2023.



Health Fair 2022

Current Service Coverage Charts

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

Supportive Services	ABBEVILLE	EDGEFIELD	GREENWOOD	LAURENS	MCCORMICK	SALUDA
Assessment	☒	☒	☒	☒	☒	☒
Transportation	☒	☒	☒	☒	☒	☒
Congregate						

Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Essential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homecare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chore	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minor Home Repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information & Referral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ABBEVILLE EDGEFIELD GREENWOOD LAURENS MCCORMICK SALUDA						
Congregate Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Delivered Meals (Family Caregiver)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion Services ABBEVILLE EDGEFIELD GREENWOOD LAURENS MCCORMICK SALUDA						
Evidenced-Based Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Family Caregiver	ABBEVILLE	EDGEFIELD	GREENWOOD	LAURENS	MCCORMICK	SALUDA
Information & Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Socializing at the Senior Center

C. Quality Assurance Process

As stewards of federal and state funding for our region, we are diligent in assuring that funding is utilized for what it is intended. We conduct desktop monitoring every month with our providers. This ensures that if an issue is found, it can be corrected in a timely manner.

Unannounced visits are periodically made to the senior centers for observation of activities and conversations with participants. Formal monitoring is done once a year and more often if needed. Any unsatisfactory findings are addressed immediately with providers. Quality Assurance reports are shared with SCDOA annually.

Technical assistance and educational training is offered to providers periodically and as needed for ideas and strategies to improve programs.

Internally, we review the Program Eligibility and Prioritization Matrix and assessment scores, to approve and prioritize clients for service. Assessments are conducted once a year and eligibility is redetermined at that time.

All public records of board meetings and RAAC meetings are available upon request and all meetings are open to the public.

D. Goals, Objectives, and Performance Measures

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	
<ul style="list-style-type: none"> Regional needs assessments are conducted periodically. IR&A staff and assessor staff report on local concerns and needs. Communicate and educate providers of all service expectations and continue monitoring and reviewing services provided. Monthly desktop monitoring and contact with providers ensures that services are meeting performance measures. Quality Assurance reports are submitted to SCDOA annually. Evaluate the level of spending monthly to determine shifts in needs in the region. Ensure that AAA staff is appropriately trained as program changes occur. 	
Challenges and Barriers	
<ul style="list-style-type: none"> Shortages of providers to serve all of the seniors that need services. Limited resources and partners in very small and rural communities. 	
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.	
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.	
Strategies and Actions	
<ul style="list-style-type: none"> Hire additional assessment staff to facilitate assessing seniors by 5% annually. To decrease the number of seniors on the HDM waiting list we partner with a "drop ship" meal provider. Evaluate and strategize ways to decrease waiting lists for services. 	

<ul style="list-style-type: none"> • Redetermining eligibility as clients are reassessed each year to determine and serve those with the highest needs.
Challenges and Barriers
<ul style="list-style-type: none"> • Our region covers 2,993 square miles and is mostly rural, so we are limited in how many homes can be visited per day for completing assessments. • The waiting list is impacted by several factors. Four of our counties prepare their own meals and do not have public transportation, so lack of capacity is an issue for these services. • We are experiencing a lack of staff in health care agencies to serve our Home Care seniors and a lack of agencies that want to serve our smaller counties. This has created a large waiting list for homecare services.

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.	
State Plan – Increase the I&R/A outreach by 5% annually.	
Strategies and Actions	
<ul style="list-style-type: none"> • In reviewing our SCDOA fiscal year-end report, we need to focus and increase our outreach in Edgefield, McCormick, Laurens, and Saluda counties. • We will increase our contacts for IR&A services by 5% annually. • We are expanding our partnerships throughout each county, specifically focusing on hospital partnerships. • We will increase IR&A outreach by 2% annually. • The increase in partnerships and outreach should increase our number of contacts annually. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Limited AAA staff time available to do outreach. • Due to COVID, limited in person events are happening, but ZOOM does allow for outreach. • Updating resources on an ongoing basis. 	

Regional Objective	Information and Referral/Assistance (I&R/A); SC ACT
Annual Performance Measures	
Empower seniors and the community by providing a wealth of resources in our region. These resources will be available to educate the community and AAA staff on various topics and provide regional specific resources for the seniors in our region.	
Strategies and Actions	

- Create a database of resources by topic and by county on our Upper Savannah COG/AAA website to provide the public with a one stop shop for exploring region specific, state, and national resources.
- This will also aid any staff member to provide resources when the IR&A is unavailable.

Challenges and Barriers

- Commitment of time
- Updating the resources as needed

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.	
State Plan – Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance.	
State Plan – Three regional outreach events per required per quarter (36 annually).	
State Plan – Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.	
State Plan – Increase by 5% annually, the number of consumers reached in rural, isolated areas.	
State Plan – Increase by 5% community partnerships to assist in raising awareness of fraud.	
Strategies and Actions	
<ul style="list-style-type: none"> • Increase by 1% annually outreach to all counties. • We plan to contact industries, manufacturing plants and large employers yearly to provide a program on Medicare for upcoming retirees. • ZOOM meetings will be held quarterly for SMP with senior centers, etc. • Possible Lunch & Learn sessions. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Contacting HR departments to approve and schedule this service to their organizations. • Identifying retirees. 	

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	

- Use available tools and research additional tools to help determine service gaps for meals.
- Once gaps are determined, strategize with community partners and providers on ways to close the gaps.
- Reallocate funding as necessary.
- Review GIS mapping with service providers to identify gaps in service and remedies.
- Reimagine the senior centers to fit the needs and interests of the seniors

Challenges and Barriers

- Providers capacity to serve more meals.
- Negative stigma of senior centers.
- The cost of group dining transportation and the capacity of transportation providers.
- Lack of volunteers to deliver HDM's

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

- Pilot the Evidence based program Eat Smart, Move More, Weigh Less in Greenwood County, using tablets rented from SC Assistive Technology Program.
- Start Bingocize in at least 3 counties in our region.
- Create an incentive to get providers on board with expanding evidenced based programs in our region.
- Partner with Clemson Extension Services and Parks & Recreation Departments.

Challenges and Barriers

- Abbeville, Laurens, and Saluda counties have very limited access to Evidence-Based programs.
- Providers have limited staff to attend training to become certified.



Corner Café, Clinton SC

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.	
Strategies and Actions	
<ul style="list-style-type: none"> • Increase the number of clients utilizing transportation services by 2% annually. • Provide a voucher program for transportation where there is a lack of available drivers, especially in Abbeville, Greenwood, Laurens, and Saluda counties. • Explore the possibility of providing seniors with a prepaid ride card for public transportation where it is available. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Lack of drivers and vehicles available in some counties. • The cost of providing transportation is increasing. 	

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.	
State Plan – Increase outreach events by 5% annually.	
State Plan – Increase utilization of the Seniors Raising Children funding by 5%.	
State Plan – Increase partnerships and collaboration with other human-service agencies by 3%.	
Strategies and Actions	
<ul style="list-style-type: none"> • Expand the number of FCG support recipients by 3% annually. • Host a forum for social workers and case managers from hospitals, hospices, and Medicaid offices in all counties to provide outreach, education, eligibility, and explain processes to receive services from the Care Giver Support Program. • Increase utilization of Senior Raising Children funding by 5% by partnering with case managers and social workers in all the school districts of our region to provide information about resources available for seniors raising grandchildren. • Increase outreach events by 10% annually. Extra focus of outreach to our underserved counties of McCormick and Saluda. • Present our services to board members and RAC members annually to increase information in the community. • Expanding outreach and information through social media sites and our agency's webpage. 	

Challenges and Barriers	
<ul style="list-style-type: none"> • Correcting misinformation about the FCG services in the communities, so inappropriate referrals are limited. • Finding caregivers that have the time and/or interest to participate in educational and training programs is a challenge. • Shortage of health care agencies staff to provide respite. 	

Regional Objective	Family Caregiver Support Program
Annual Performance Measures	
Increase by 5%, support and education to all caregivers currently receiving Family Caregiver Services.	
Strategies and Actions	
<ul style="list-style-type: none"> • Design, format, and create a quarterly newsletter. Newsletters will include, but are not limited to, information regarding caregiver resources, support groups, relevant events, and information regarding other Area Agency on Aging programs. Newsletters will be mailed to caregivers and posted on AAA social media. • Provide in person or ZOOM trainings and support to family caregivers. Possible topics include but are not limited to health, self-care, long term planning and care for those with Alzheimer's or dementia. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Connecting training courses with those in extremely rural areas, who have poor access to internet connections, or are otherwise unable to participate despite the need. • Getting a commitment from the caregivers to participate in training. • Providing information in a newsletter that is relevant to the needs of all caregivers. 	

Regional Objective	Expand Transportation Services
Annual Performance Measures	
Expand medically necessary and essential shopping transportation in our region by exploring nontraditional transportation options. There is limited or no public transportation available in our region. Current providers have limited capacity to meet the total need in our region.	
Strategies and Actions	

- Explore the possibility of piloting a transportation voucher program. A plan has already been created describing the purpose, eligibility, scope of work and conditions and a reimbursement form.
- Review GIS maps to determine where there is a gap in transportation

Challenges and Barriers

- Approval by SCDOA.
- Startup challenges and time.

State Plan Objective 2.10	Home Care
Annual Performance Measures	
State Plan – Increase the number of seniors receiving home care services by 5% annually.	
Strategies and Actions	
<ul style="list-style-type: none"> • Increase home care services by 5% annually. • Expand outreach, especially to Abbeville, Edgefield, Laurens, McCormick, and Saluda counties. • Establish new partnerships with hospital facilities and doctor offices in all counties for referrals. • Explore the possibility of partnering with local cleaning services for homecare services. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Home health agencies have a shortage of staff, especially for very rural areas, which has created a waiting list in our region. This issue has limited our ability to serve more seniors in our region. 	

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.	
Strategies and Actions	
<ul style="list-style-type: none"> • We are looking to partner with more volunteer organizations to help provide the labor for minor home repairs. We have created a list of churches and organizations in each of our counties. We will contact each one to explore the possibility of a working partnership. • Increase utilization of minor home repair funding by 3% annually. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • A significant number of past partnerships with men's ministries have ended due to the "aging out" of the volunteers. • Due to COVID and inflation, material costs have significantly increased. • It is hard to find volunteers or contractors willing to work in some of our rural outlying areas. 	



Ramp built by Men's Ministries

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.
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.	
State Plan – Increase the number of formalized partnerships between aging/disability and elder rights groups.	
State Plan – Develop and implement a continuous quality improvement component within the program.	
Strategies and Actions	
<ul style="list-style-type: none"> Collaborate with legal services provider to conduct targeted outreach, provide legal education clinics and presentations in the region. 	

- Legal education clinics will be promoted by newspapers, printed materials and/or social media.
- Create a standardized legal client satisfaction survey for the state.
- Entire AAA staff will distribute information on abuse, neglect and exploitation to caregivers, senior centers, adult day care centers, food banks and other agencies in the region.
- Promote World Elder Abuse Awareness day in June.

Challenges and Barriers

- Legal staff turnover in our region.
- Coordinating workshops with legal staff.

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.

State Plan – Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.

State Plan - Increase the number of trained Volunteer Ombudsmen by 5% annually.

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.

State Plan – Expand the number of Resident and Family Councils by 5% annually.

Strategies and Actions

- WellSky will be used to enter case disposition to track resident satisfaction and complaint resolution.
- Increase resident satisfaction and complaint resolution by 1% annually.
- As our new DDSN Ombudsman/ Volunteer Coordinator gets trained our goal is to get at least one volunteer in each county.
- We will arrange at least 2 volunteer recruitment events per quarter, including participation in health fairs, group presentations, meet and greet events.
- Volunteer flyers will be posted on social media and shared by all AAA staff conducting outreach.
- As volunteers increase, we will be able to increase quarterly friendly visits by 2% annually.
- Ombudsman will increase Resident and Family Councils and education for the councils by 1% annually.
- Ombudsman will communicate with Resident Council presidents on a regular basis and determine the educational needs of the residents and families.
- Ombudsman will provide training or partner with a community partner to provide training.
- The ombudsman will advocate for Councils at each facility and provide assistance as needed.

Challenges and Barriers

- Limited number of Ombudsman staff.
- Facilities spread out over many square miles.
- Prioritization and time management.
- Increase in cases, which reduces time for quarterly friendly visits.

Regional Objective

Provide education to meet the needs of our region.

Annual Performance Measures

Provide an annual long term care planning workshop to help prevent unexpected situations. Educate the community on what long term care is, options for long term care, who pays for long term care, making your wishes known, etc.

This will be an ongoing effort to empower seniors and caregivers with knowledge. We will create more workshops exploring various topics.

Strategies and Actions

- Community agencies will participate in the workshop and share their expertise.
- Advertise the workshop across the region.

Challenges and Barriers

- Gaining interest from seniors and caregivers in the region.
- Costs of handouts.



Health Fair, cosponsored with YMCA



COVID Vaccines at Health Fair

Regional Objective	Provide caregivers with education and self-care tools to assist them with the challenges of caregiving.
Annual Performance Measures	
Provide Powerful Tools for Caregivers class in our region	
Strategies and Actions	
<ul style="list-style-type: none"> Analyze the interest of caregivers in participating in the training. Obtain certification for facilitators of the class. Provide caregivers with respite during class time. 	
Challenges and Barriers	
<ul style="list-style-type: none"> Limited FCG staff. Commitment of caregivers to complete the class. 	

Regional Objective	To prevent seniors from falling victim to scams.
Annual Performance Measures	
To present scam prevention information to seniors on an ongoing basis.	
Strategies and Actions	
<ul style="list-style-type: none"> To present types of scams and ways that scammers work to seniors in senior centers, information via home delivered meals, at other senior facilities and via social media. 	
Challenges and Barriers	
<ul style="list-style-type: none"> Keeping up with the ever increasing ways that scammers operate. 	

E. Long Range Planning

According to SC Revenue & Fiscal Affairs at <https://rfa.sc.gov/data-research/population-demographics/census-state-data-center/population-data/population-projections-2000-2035-rev2019>, South Carolina will see an increase in the senior population from 2020 to 2035 of 43 percent. The senior population growth will also be significant in the Upper Savannah region. Laurens county will have the greatest increase at 21%, followed by McCormick county at 19%, Greenwood county at 16%, Abbeville county at 10%, Edgefield county at 10%, and Saluda at 2%. This increase will place a tremendous strain on the current services and funding allocated for seniors.

In order to serve the seniors with the greatest need, we send a letter to each senior who is approved for service. This letter explains that eligibility is determined on a yearly basis and service is not guaranteed to be permanent. As each senior is reassessed, their eligibility is redetermined. If they do not have the greatest need they are placed back on the waiting list and those with the highest needs are served. This helps prevent the misconception in the community that once you receive a service, you are guaranteed that service for the rest of your life.

We use cost sharing with our Homecare and Minor Home Repair services. We have a cost sharing chart and guidelines for any senior above 150% of the federal poverty guidelines. This allows us to stretch the funding for these highly needed services.

For many seniors in our region, income stability is lacking. Seniors living solely on social security benefits often struggle to have their basic needs met- food, adequate housing, transportation, and health needs, including lifesaving prescriptions.

There are many homebound seniors in our region, who have little or no emotional or financial family support. These are the seniors whom we need to provide extra time and support. They often need assistance and reassurance with different aspects of life, from setting up appointments, to help with utility service cutoffs. I see a need to provide case management services in our region to these select seniors to help them navigate through the challenges that they are facing alone. Along with check in calls, weekly home visits need to be provided to these isolated seniors. Funding may need to be adjusted to serve these vulnerable seniors or train volunteers to assist them.

The growing increase of seniors needing more services and limited funding provided is an opportunity for the aging network to think outside of the box. Although

chronological age is not always an indication of health age, life expectancy has increased and more seniors are staying healthier longer. Seniors who are able to work should be given incentives by states to remain in the workforce longer. Volunteerism has been shown to keep seniors engaged and healthier longer. Seniors who are able to volunteer could be rewarded for the hours served.

Now, more than ever we need to begin discussions and share stories with our local city councils and officials outlining the needs of seniors and planning for the future of our seniors. Available and affordable housing and senior friendly communities will need to be addressed. No senior should have to be homeless or live in a dilapidated house. We currently provide ramps, grab bars and handrails through our minor home repair program. The expansion of the minor home repair program is needed to repair leaky roofs, rotting floors, and plumbing issues to name a few. This will be a challenge to find contractors to serve our region.

Adequate and affordable transportation is essential to allow a senior to live independently in their home. A shortage of drivers and vans is currently challenging our providers. Several of our counties are beginning public transportation programs which currently have a limited range of services. The expansion of public transportation will be a great benefit to our region. To additionally expand transportation a voucher program could be an option. This program would reimburse a private driver, after required documentation of an allowable trip was completed.

Additional partnerships and programs will need to be established to embrace the whole senior. In order to keep aging seniors healthy, it will be essential that the health community provides preventative care patient education and prevention activities encouraging healthy behaviors and decisions. According to the Stern Center for Evidence-Based Policy, by 2030, 4 out of 10 seniors aged 65+ are likely to have diabetes, and 8 out of 10 will experience hypertension. The Stern Center also predicts that at the rate chronic conditions are increasing that by 2050, 27 million seniors will be in need of long term services and support. The AAA's can assist with this effort by increasing nutrition education, disease prevention education, and increasing evidenced based programs to improve health outcomes and possibly prevent the onset of disease. Explore the option of providing memberships to gym facilities. Policy levers include eliminating copays for Medicare beneficiaries for preventive screenings, promote early detection of diseases by promoting public awareness campaigns, and provide access to screening in low income communities with community health programs.

In planning for long-term care and services, it is important that we educate the public about the options and eligibility for services (OAA services, CLTC, VA, etc.), who pays for services, what documents need to be completed, how to have a talk about end of

life issues. In our region, we are planning a workshop to share this information with seniors, family caregivers and the general public. We hope that training and preparation will help families navigate the long term care system.

Family caregivers provide a large amount of long term care services and support. Studies show that support groups and structured training programs can benefit caregiver effectiveness. A beneficial resource for caregivers is found at <https://www.caregiver.org/caregiver-resources/all-resources/>. This website contains training videos on caring for a loved one with bathing and dressing tips, how to approach behavioral issues, advance health directives, and many more topics. Self-care for the caregiver is also included. The AAA will begin a quarterly newsletter to provide education to caregivers. We would like to explore the possibility of providing Resources for Enhancing Alzheimer's Caregiver Health (REACH) in our region. This is an evidence-based, caregiver skill building program that addresses dementia-related behaviors, home safety, self-care, social support, and caregiver stress. Completion of this program by a caregiver could be a mandate to the AAA's providing extra respite funding to the caregiver.

Current senior centers can be reimaged to meet the changing needs of seniors. There are many tools available to assist providers with this, including Nutrition and Resource Center, National Resource Center for Engaging Older Adults, and Modernizing Senior Centers Resource Center. Additionally multipurpose senior centers may be created in existing community facilities such as churches, recreation centers, or health centers. These options would have built in benefits for seniors and overhead expenses could be shared.

Our challenges will continue to change, and we will adapt as needed to support, protect, educate, and advocate for seniors.



ATTACHMENTS

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 2/27/23


Planning Service Area Director

Date 2/27/23


Area Agency on Aging Director

Date 2/27/23

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.


Board of Directors Chairperson

2/27/23
Date


Planning Service Area Director

2/27/23
Date


Area Agency on Aging Director

2/27/23
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 SCDOA assessment tool, which creates a priority score, and the observations of the assessors during home visits allow us to prioritize individuals who meet OAA's and SCDOA's targeted populations. The assessment tool is a comprehensive tool that identifies seniors with the greatest economic and social need. The priority score generated by the answers to the assessment, assures that the target population of the OAA and SCDOA are served.
- Outreach will be directed to reach targeted populations
- The below AIM report HHS38, shows the percentage of targeted populations that were served last year in our region.

UPPER SAVANNAH COG
PARTICIPATION OF TARGET GROUPS
BETWEEN 7/1/2021 AND 6/30/2022
BASED ON 2009 POVERTY GUIDELINES FOR ONE PERSON

	<u>TITLE III-B</u>	<u>TITLE III-C1</u>	<u>TITLE III-C2</u>	<u>TITLE III-D</u>	<u>TITLE III-F</u>	<u>ALL TITLE III</u>
Low Income	452	285	833	0	0	1,293
%	92%	65%	87%			77%
Minority	274	270	445	0	0	848
%	56%	61%	46%			61%
Low Income Minority	254	239	407	0	0	892
%	52%	72%	42%		0%	41%
Rural	388	245	770	0	0	1,227
%	78%	73%	80%			73%
Social Need	0	0	0	0	0	0
%	0%	0%	0%			0%
Frailty/Disabled	94	30	311	0	0	397
%	19%	9%	32%			24%
ALL CLIENTS	493	334	958	0	0	1,679
%	29%	20%	57%	0%	0%	100%

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 importance of planning for an emergency is of outmost importance. This ensures that everyone understands their role in an emergency and the safety and welfare of our seniors is our top priority.
- Upper Savannah COG and Upper Savannah AAA have established relationships with emergency agencies in the service area. The AAA requires all providers to update their emergency plans yearly. The AAA updates all emergency contact information on a yearly basis. Plans are reviewed yearly and updated as needed.
- Our emergency plan ensures that all members of our network are prepared to respond to an emergency and continue services for our seniors and assist with other needs if necessary.
- We have a Memorandum of Understanding with Appalachian Area Agency on Aging and with Lower Savannah Area Agency on Aging. This will allow us to assist each other in an emergency as needed.

Section 307(a)(10)

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

Region's Response:

- All of Upper Savannah's AAA service area is considered rural. The providers contract has a provision that states all areas of each county must be served. We partnered with Mom's Meals to serve seniors when providers who prepare their own meals are at their capacity to produce meals, or a volunteer is not available to deliver in the most rural outlying areas. COVID has greatly impacted volunteerism in our region.
- We reserve the right in our contracts to reallocate provider funds in our region to serve any area of our region that is not sufficiently being served by the provider.

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:

- Low income minority seniors are served by the prioritization of assessment scores.
- Outreach efforts are made with rural minority churches and community leaders of rural areas and areas of seniors with limited English proficiency.
- Partnerships are in place with United Ministries Free Clinic to identify and assess mutual seniors and for referrals.
- We partner with University of SC PASOs program. PASOs helps build a stronger SC by supporting Latino communities with education, advocacy and leadership development. We have a relationship with their support person serving Greenwood and Saluda which allows us to coordinate outreach efforts.

Attachment D – Programmatic Questions

Disability

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

- Invite individuals with disabilities to serve on the Regional Aging Advisory Committee.
- The IR&A will provide resources and referrals for the disabled.
- All senior centers are ADL compliant and provide vehicles with lifts for their transportation programs.

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?

- We are facing a shortage of drivers and vehicles.
- Vehicles have been vandalized, adding to issues with services.
- It is hard to accommodate everyone when one provider holds the transportation contract for four counties and there is a large square mile area to cover.
- I would like to initiate a voucher program for medical and essential shopping transportation.
- Explore the possibility of providing a prepaid senior pass for public transportation.

Assessment

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

- Our service area is so rural that we will need to hire additional assessors to increase productivity.
- We will initiate virtual assessments for congregate diners.

Information and Referral/Assistance

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

- **We are currently creating an extensive resource database for referrals**
- **Increase partnerships with volunteer groups for minor home repair and other unmet needs.**

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.

- **Many agencies have limited staff and choose to serve a limited area.**
- **There are only a few agencies that serve some of our very small communities.**
- **Unit rates may need to increase to retain and encourage agencies to serve all areas of our region.**
- **Local cleaning and housekeeping companies are a consideration.**

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?

- **Provide outreach in all areas**
- **Provide education at senior centers**
- **Reach out to manufacturers and large business to provide education for their retiring employees.**

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?

- **Recruit and train volunteers.**
- **Refer to neighboring AAA's or other agencies that provide that service.**
- **Refer directly to Medicare's toll free number.**

**Nutrition
Programs
and
Services**

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

- **We will poll seniors to determine their interests and wants and partner with our senior centers to develop options.**
- **Work on providing more diverse menu options.**

**Nutrition
Programs
and
Services**

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

- **We will be reviewing data available regarding food insecurity and malnutrition and will be outreaching and educating community partners of our available resources for seniors.**
- **We will continue assisting seniors with SNAP applications and referring to other sources of food in the community.**
- **We plan to form working partnerships with local food agencies and churches providing food boxes.**

**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.

- **Provider meetings to brainstorm ideas and share information across the region.**
- **Promote learning opportunities shared by SCDOA, USAging, National Institute of Senior Centers and other appropriate aging agencies.**

**Health
Promotion
& Disease
Prevention**

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

- **We are partnering with SCATP to provide tablets in our region so virtual classes such as Eat Smart, Move More, Weigh Less can begin.**

- We plan to encourage senior centers to have staff and/or volunteers trained in various IIID programs, while we have ARP funding available to reimburse for training and materials.

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.

- Partner with Clemson Extension to provide educational workshops and activities.
- Explore the possibility of partnering with Diabetes Centers through Self Regional.
- Partner with YMCAs to hold Health Fairs in the region.

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 are starting a quarterly newsletter for caregivers to provide caregiving education, self-care education and resources.
- We offer a voucher to pay for counseling
- We will gauge the interest of caregivers to form a support group

Long Term Care Ombudsman Program

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

- We have hired a part time Volunteer Ombudsman Coordinator to begin the recruitment process.

Long Term Care Ombudsman Program

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

- Meet with community agencies, churches, and clubs to share information about our programs.

- Aging presentations are presented to and discussed with USCOG's board members on a regular basis.

**Legal
Assistance
Program**

What issues do you see that affect justice for seniors?

- Language barriers if non-English speaking, transportation, technology availability(such as Internet),difficulty understanding issues and solutions, Disability/Handicap accessibility, and exploitation or coercion from family, friends, and 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.

- How to use technology, access to transportation, and being homebound.
- Provide tech use training, create, and sustain collaboration with justice system agencies.
- Provide legal outreach and education.

Attachment E – Performance Measures Template

Area Plan Performance Measure Goals Template

Area Plan Dates 2023 - 2025

Performance Measure		Year Prior	FY23	FY24	FY25
Increase assessments by 5% annually	Achieved?				
	Target/Goal		1745		
	Actual	1662			
	Comment (?)				
Increase the number of IR&A contacts by 5% annually.	Achieved?				
	Target/Goal		1485		
	Actual	1414			
	Comment (?)				
Increase the number of IR&A outreach by 2% annually.	Achieved?				
	Target/Goal		14		
	Actual	12			
	Comment (?)				
Increase SHIP group outreach by 1% annually.	Achieved?				
	Target/Goal		2230		
	Actual	2208			
	Comment (?)				
Expand the number of FCG support recipients by 3% annually.	Achieved?				
	Target/Goal		426		
	Actual	414			
	Comment (?)				
Performance Measure		Year Prior	FY23	FY24	FY25
Expand FCG outreach events by 5% annually.	Achieved?				
	Target/Goal		12		
	Actual	11			
	Comment (?)				
Increase Senior Raising Children recipients by 5% annually.	Achieved?				
	Target/Goal		\$22,158		
	Actual	\$21,103			
	Comment (?)				
	Achieved?				

Increase Home Care services by 5% annually.	Target/Goal		\$137,128		
	Actual	\$130,598			
	Comment (?)				
Increase Minor Home Repair Services by 3% annually.	Achieved?				
	Target/Goal		\$46,605		
	Actual	\$45,248			
	Comment (?)				

Performance Measure		Year Prior	FY23	FY24	FY25
Increase LTC quarterly friendly visits by 5% annually.	Achieved?				
	Target/Goal		102		
	Actual	97			
	Comment (?)				
Performance Measure		Year Prior	FY23	FY24	FY25
Increase the number of trained volunteers by 5% annually.	Achieved?				
	Target/Goal		5		
	Actual	0			
	Comment (?)				
Increase the number of clients using transportation by 2% annually.	Achieved?				
	Target/Goal		401		
	Actual	393			
	Comment (?)				
	Achieved?				
	Target/Goal				
	Actual				
	Comment (?)				
	Achieved?				
	Target/Goal				
	Actual				
	Comment (?)				
	Achieved?				
	Target/Goal				
	Actual				
	Comment (?)				

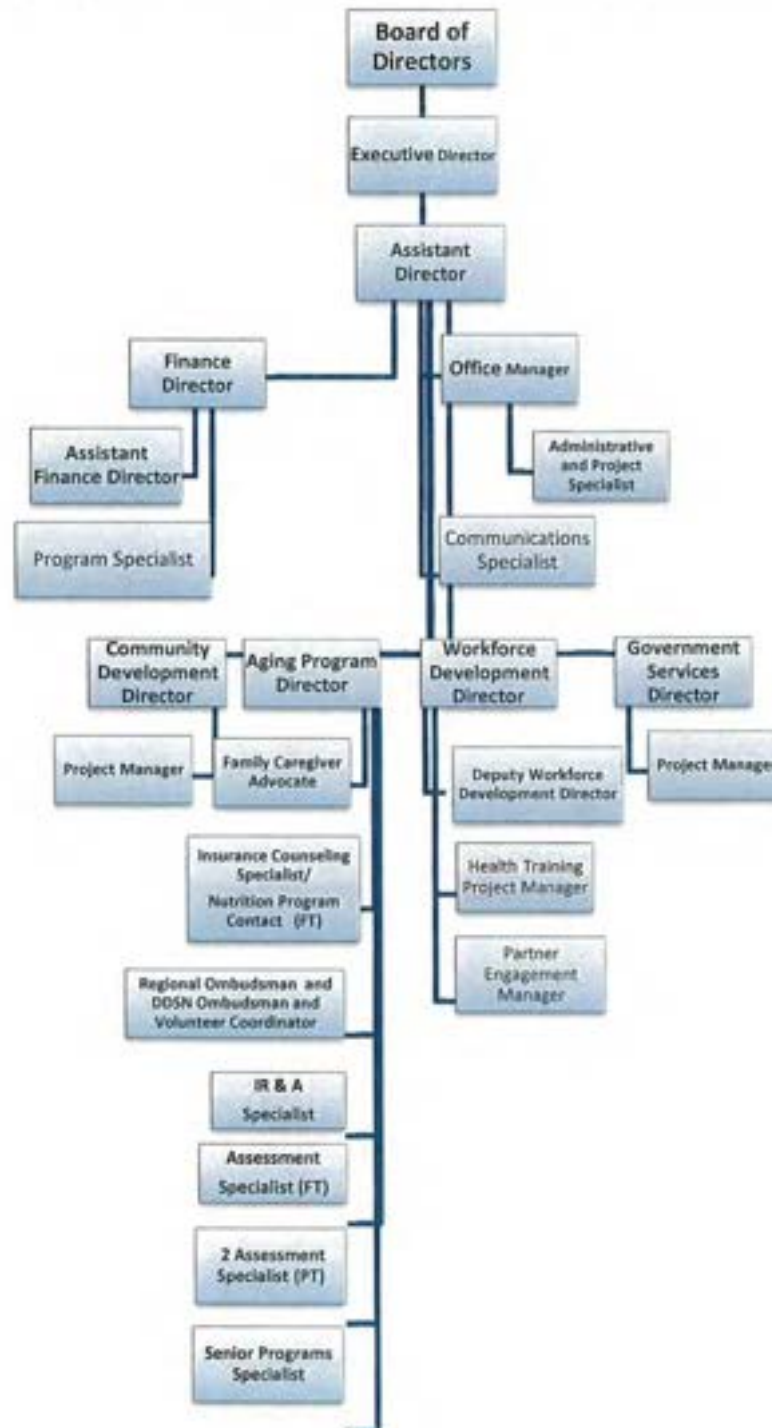
Organizational Structure

The Upper Savannah Area Agency on Aging is housed within the regional planning council known as the Upper Savannah Council of Governments (COG). There are ten COGs located throughout the state. COGs are partnerships of—and provide resources to—the local counties, cities, and towns in their regions. The Councils are also partners with numerous Federal and state agencies, obtaining and administering grants for a variety of community-based programs and economic development initiatives.

COGs are recognized for their fiscal responsibility and outstanding capabilities in professional program management. As a result, thousands of state residents today depend on COG services and capabilities for a host of critical functions that affect quality of life and economic development. From extension of water and sewer lines in rural areas, to providing transportation to the doctor and government offices, to overseeing compliance with clean water standards, COG programs are filling vital community needs. In addition to the Aging Program administered by the Aging Unit, other major programs of the Upper Savannah COG include the Government Services Program, Community Development, and Workforce Development Program.



Upper Savannah Council of Governments Organizational Chart



Attachment F– Organizational Information

Agency Name: Upper Savannah
 Region:2
 Agency FTE (yearly hours):1950
 Fiscal Year: 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
Uinda McAllister	AAA Director	1									1
Erica Livingston	Ombudsman/Legal					0.01			0.99		1
Langley Minton	IR&A Specialist		1								1
Brenda Minor	SHIP Coordinator				0.05		.01			0.94	1
Tonya Mann	Assessor/Program Coordinator			0.65			0.35				1
Julie Gilbert	Assessor			0.4							0.4
Wanda Coleman	Assessor			1							1
Aeriell Bowick	FCG Advocate							1			1
David Hays	Data Entry	0.5									0.5
Ashley Shaffer	Data Entry/Finance	0.5									0.5
Ashley Capps	Ombudsman/Vol Coordinator								1		1
		2	1	2.05	0.05	0.01	0.35	1	1.99	0.95	9.4

I&R/A-Full time
 Equivalent

AAA- 37.5 hours per
 week solely to

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

Attachment G – Regional Aging Advisory Council (RAAC)

REGION Upper Savannah

Mark with an "X" all that apply

RAAC Member Name	County of Residence	<50%										
		Age 50+	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
JANET VANDIVER	ABBEVILLE	x									x	SCDHHS
JANET NABORS	ABBEVILLE							x				
NORMA CURTIS	GREENWOOD	X	X				X					
BELINDA TURNER	GREENWOOD	X			X						X	
DIANE WYATT	LAURENS	X				X					X	
HAROLD LIGON	LAURENS	X			X	X						
ARTHUR BANKS	MCCORMICK	X			X	X						
ELESTINE NORMAN	GREENWOOD(REGIONAL)	X			X	X					X	
BELINDA ADAMS	GREENWOOD(REGIONAL)	X			X			X				CLTC
LEBBIE LIGON	GREENWOOD(REGIONAL)	X			X			X				PTC/MT ZION CHURCH

REGIONAL AGING ADVISORY COMMITTEE

As a designated Area Agency on Aging, we are required to have an advisory committee consisting of certain community representatives.

- The committee shall function in an advisory capacity and not in a policy making or decision making capacity.
- The purpose of the committee is to promote and educate local communities.
- To recognize the need and promote the establishment of programs for older citizens.
- To review and comment on all local community policies, programs and actions which affect older persons.
- To establish service and program priorities based upon the needs of the local communities and the region.
- Annually review the regional comprehensive Aging Area plans based upon the needs and established priorities.
- Conduct public hearing to solicit local community input regarding the needs of older persons.
- To serve as the Advisory planning body to the Upper Savannah Council of Governments.

Membership shall consist of two individuals from each county and three individuals at large. Total membership will be 15 individuals. At least fifty percent of the membership from each county shall be 60 years or older and there will be a family caregiver represented. The committee will meet 4 times a year and more if needed.

Attachment H – Mapping

Demographics Chart

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

County	% 60+	% 85+	% Minority	% Rural	% Limited English
Abbeville	29.1%	2.7%	25.9%	80.5%	1.1%
Edgefield	25.5%	1.7%	32.0%	28.9%	1.6%
Greenwood	24.6%	2.3%	24.9%	100%	2.0%
Laurens	25.0%	1.8%	23.6%	81.5%	3.0%
McCormick	44.7%	2.6%	27.3%	74.7%	1.1%
Saluda	26.8%	2.3%	24.0%	79.6%	1.9%

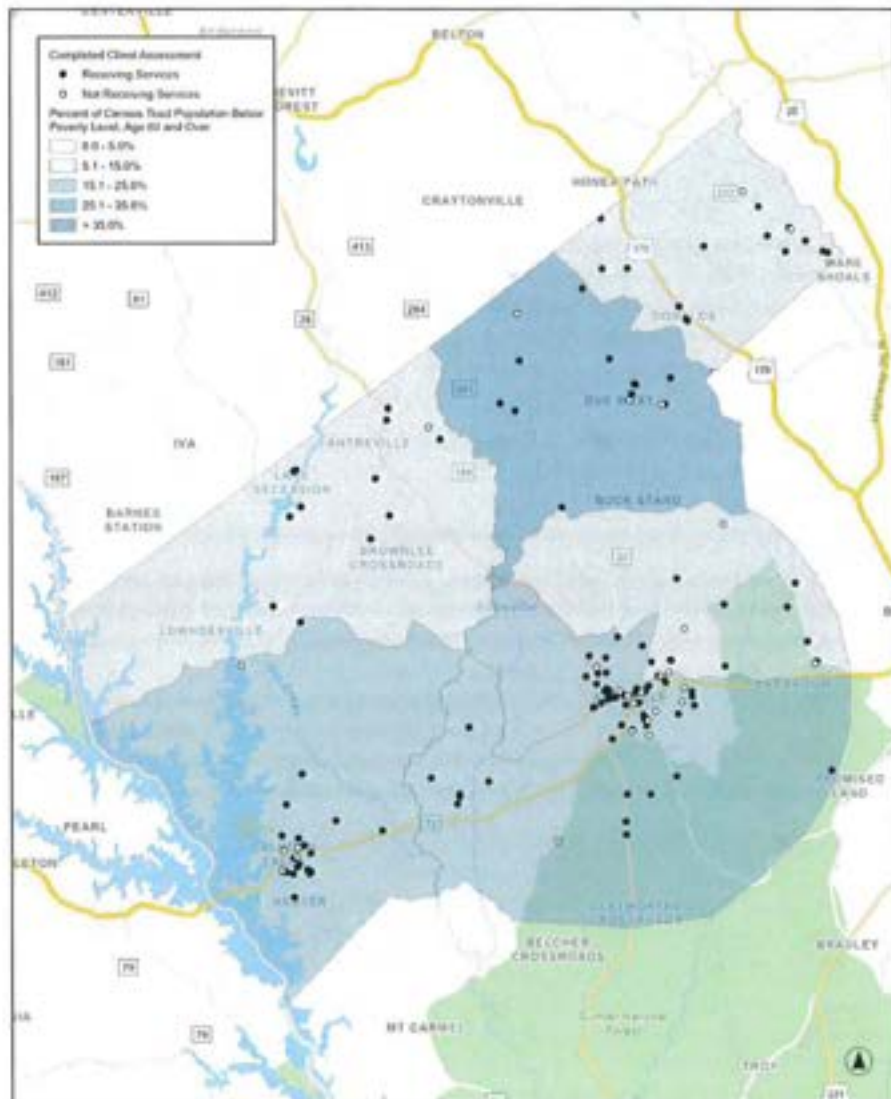
Senior Centers Mapping with III-D Table

In the "Evidenced-Based Program" column, provide the name of the program offered in the Fiscal Year. Include whether the program is offered at a site and/or virtually.

Evidenced-Based Program (Name)	Site Name(s) /Virtual	County Name
Arthritis Foundation Exercises	Edgefield Sr Center	Edgefield
Silver Sneakers Boom Move	Talmdage Fitness Center	McCormick
Silver Sneakers Boom Move	Village Square for Seniors	McCormick
Silver Sneakers Boom Muscle	Village Square for Seniors	McCormick
Silver Sneakers Stability	Village Square for Seniors	McCormick
Silver Sneakers Boom Mind	Village Square for Seniors	McCormick

Silver Sneakers Boom Move	Virtual	Greenwood
Walk with Ease	Sunrise Cafe	Greenwood
Walk with Ease	Café at Ninety Six	Greenwood
Silver Sneakers Boom Mind	Virtual	Greenwood
Silver Sneakers Boom Move	Virtual	Laurens
Silver Sneakers Boom Mind	Virtual	Laurens
Silver Sneakers Boom Move	Virtual	Saluda
No Ill-D Programming was offered at the following site/county FY22	Site Name(s)	County Name
Abbeville		

Abbeville County Assessments

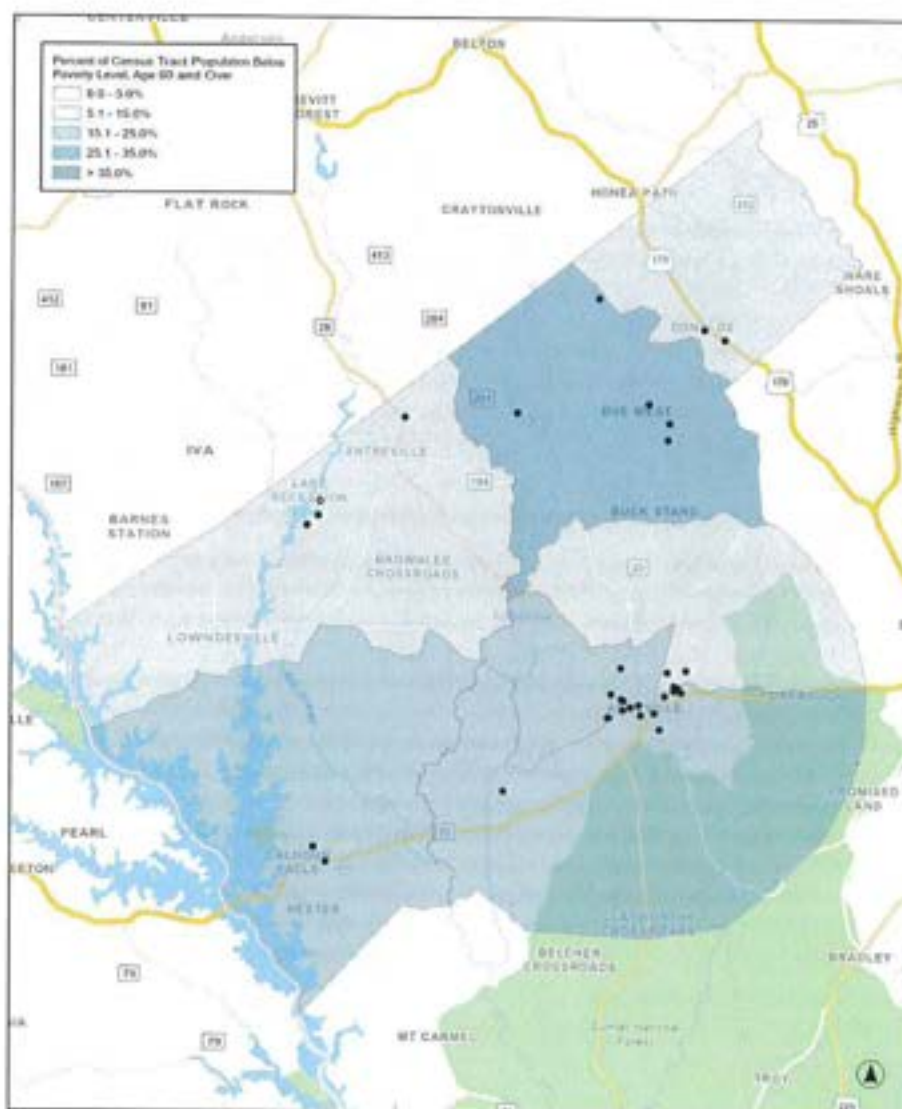


Assessments

by Client Home Location, Abbeville County



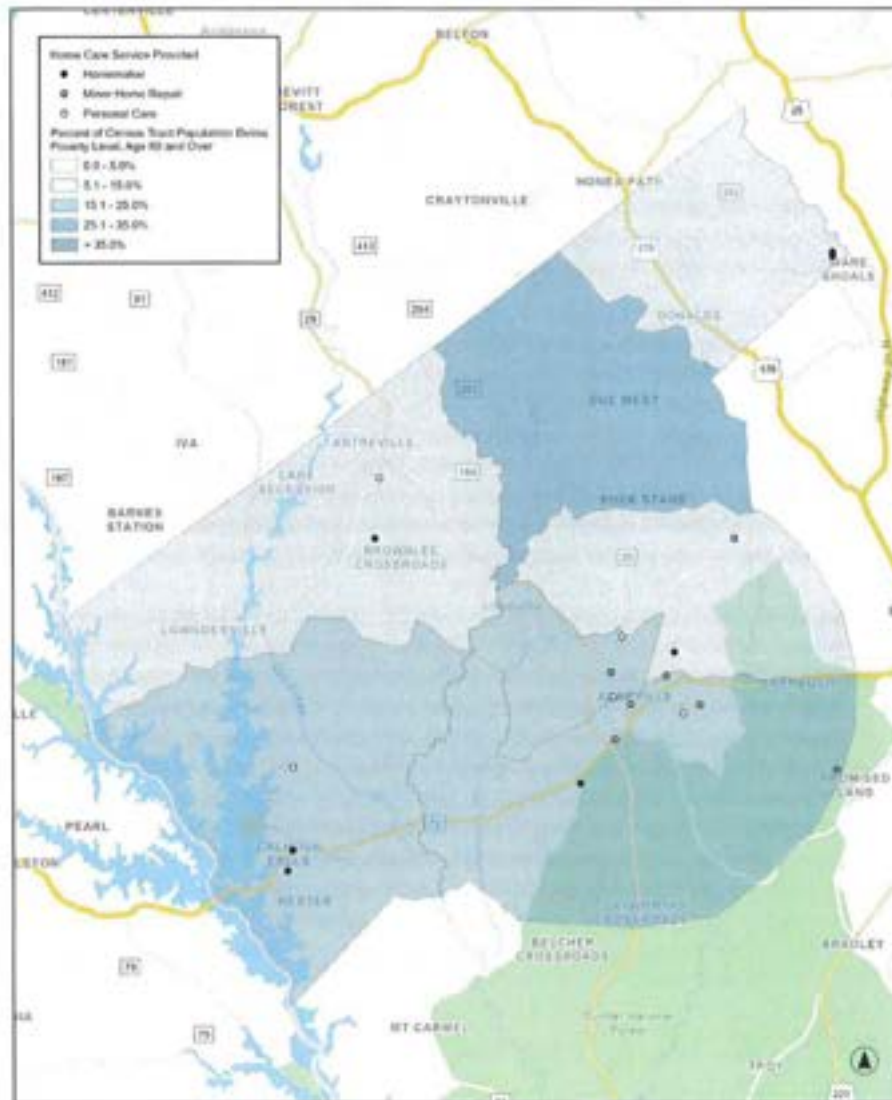
Abbeville County Transportation



Contracted Transportation
by Client Home Location, Abbeville County



Abbeville County Home Care Services

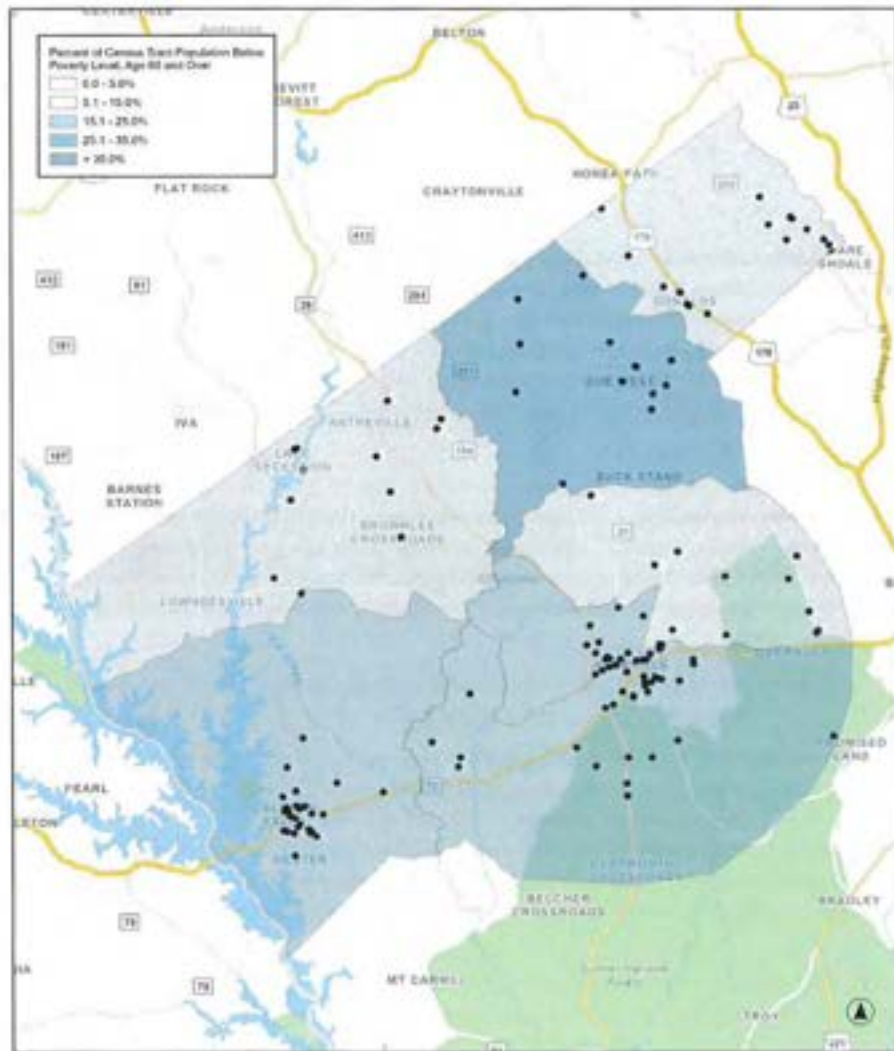


Home Care Services

by Client Home Location, Abbeville County



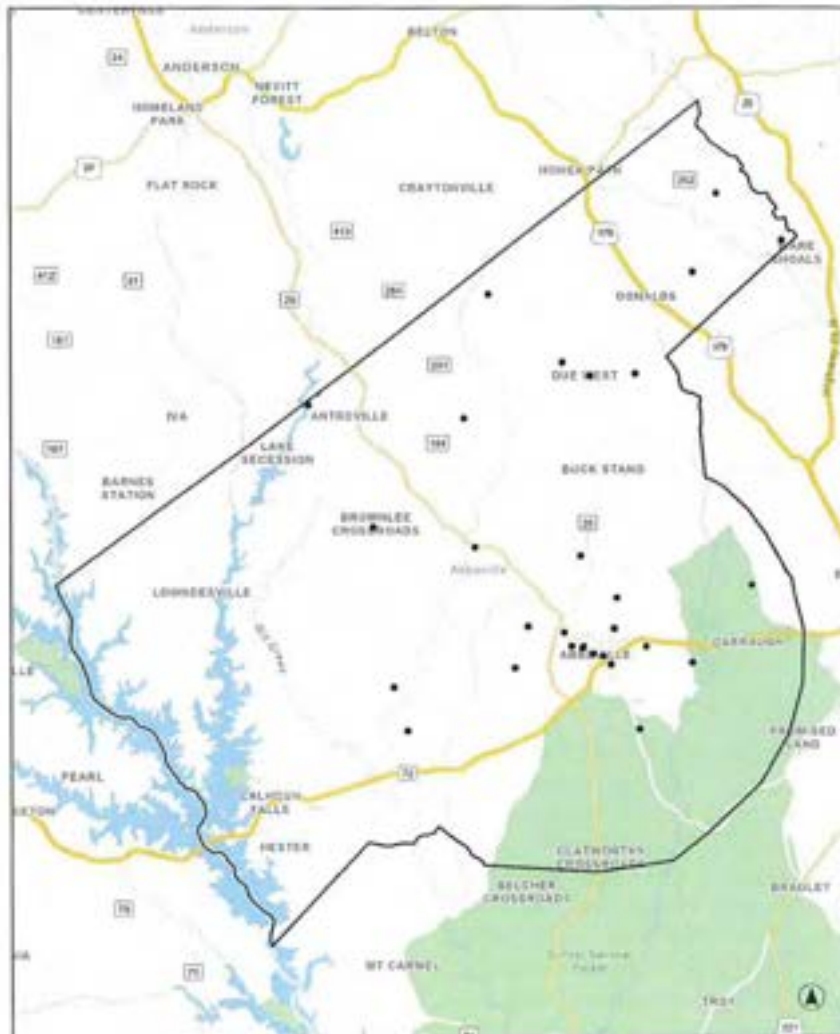
Abbeville County Home Delivered Meals



Home Delivered Meals
by Client Home Location, Abbeville County



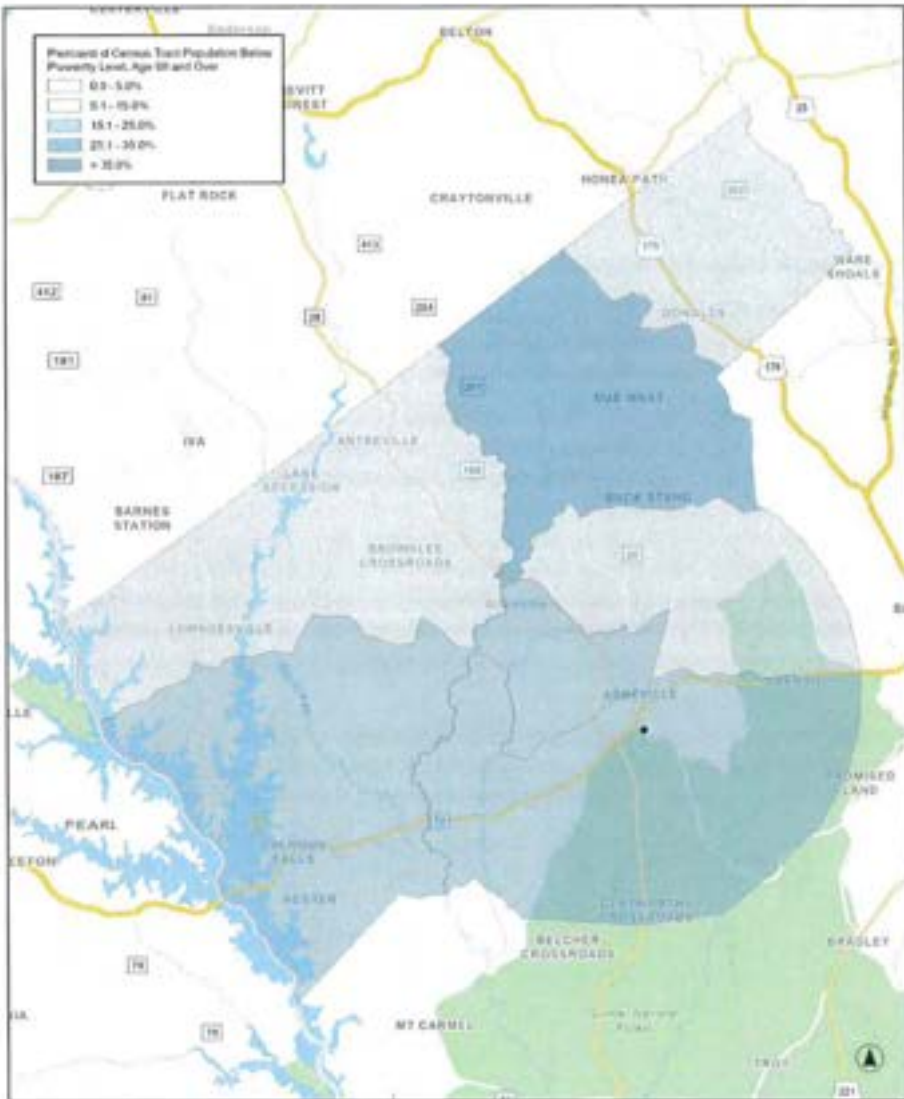
Abbeville County Family Caregivers



Family Caregiver Vouchers
by Caregiver Location, Abbeville County



Abbeville County Senior Center

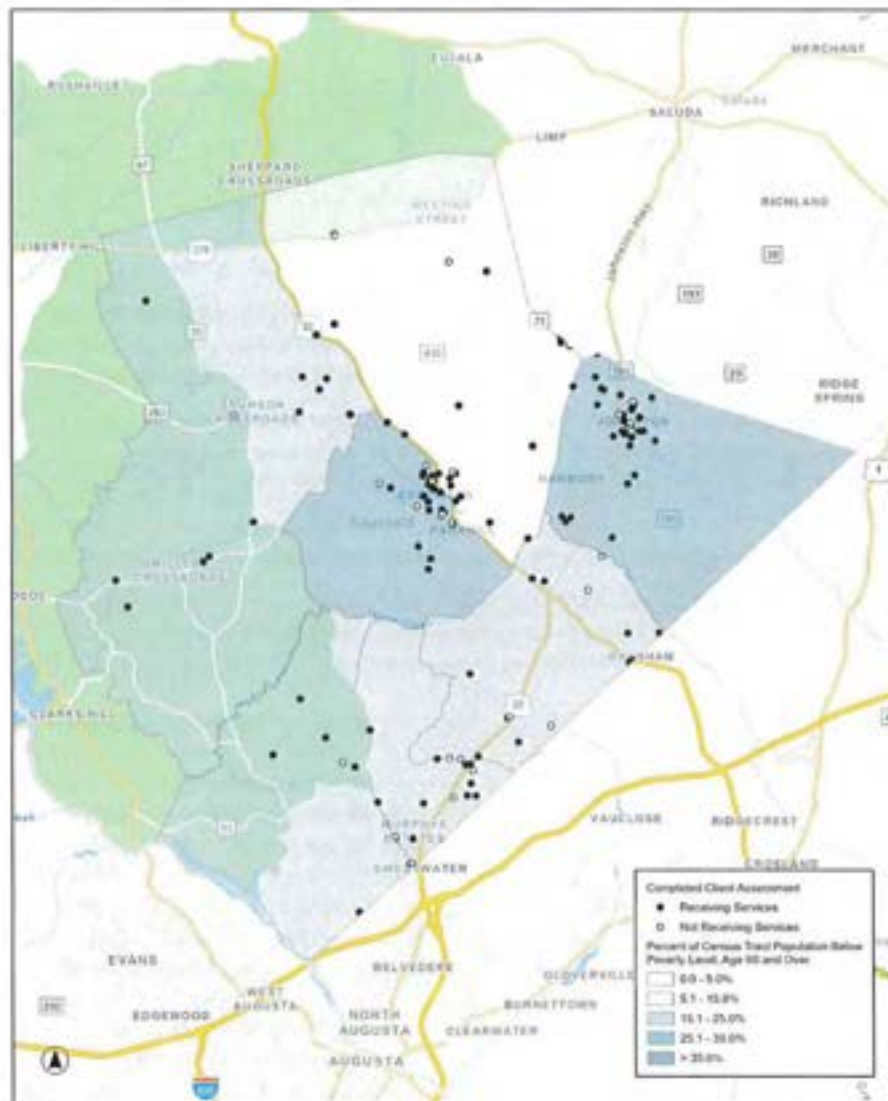


Contracted Senior Centers

by Center Location, Abbeville County



Edgefield County Assessments

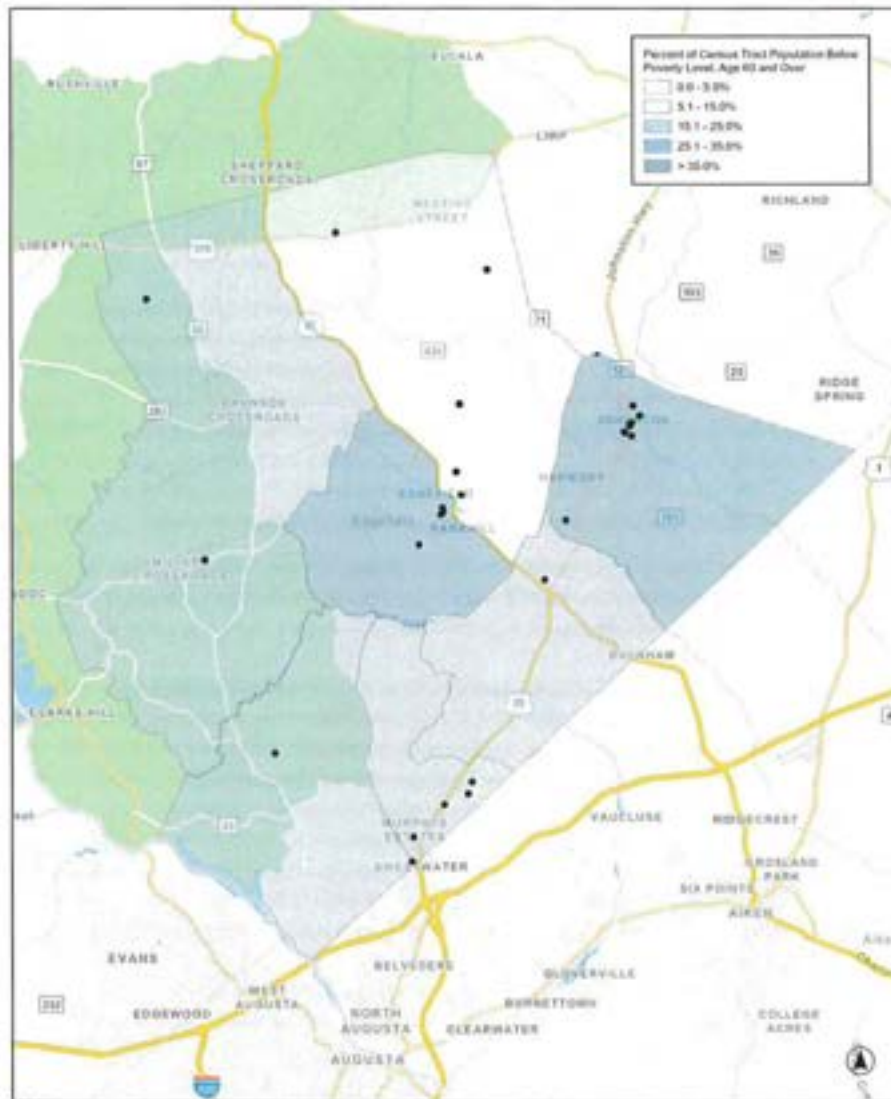


Assessments

by Client Home Location, Edgefield County



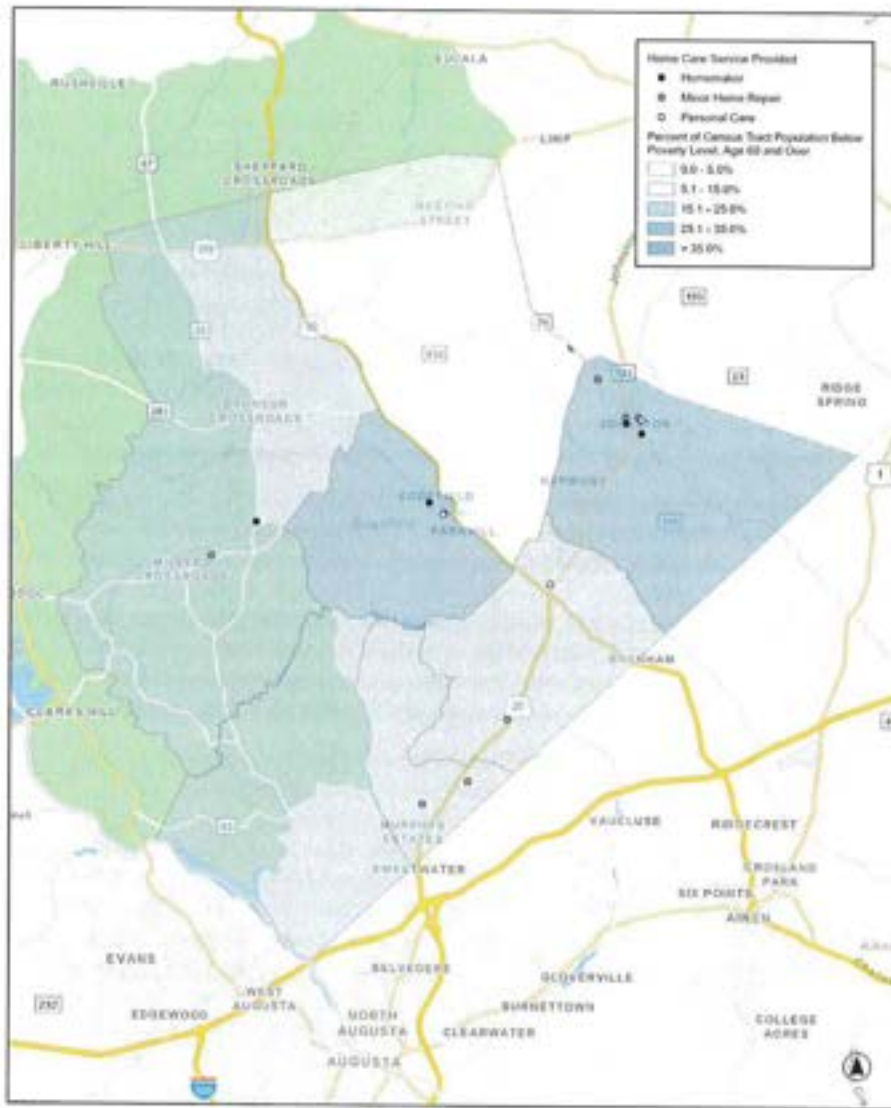
Edgefield County Transportation-Group Dining Only



Contracted Transportation
by Client Home Location, Edgefield County



Edgefield County Home Care Services

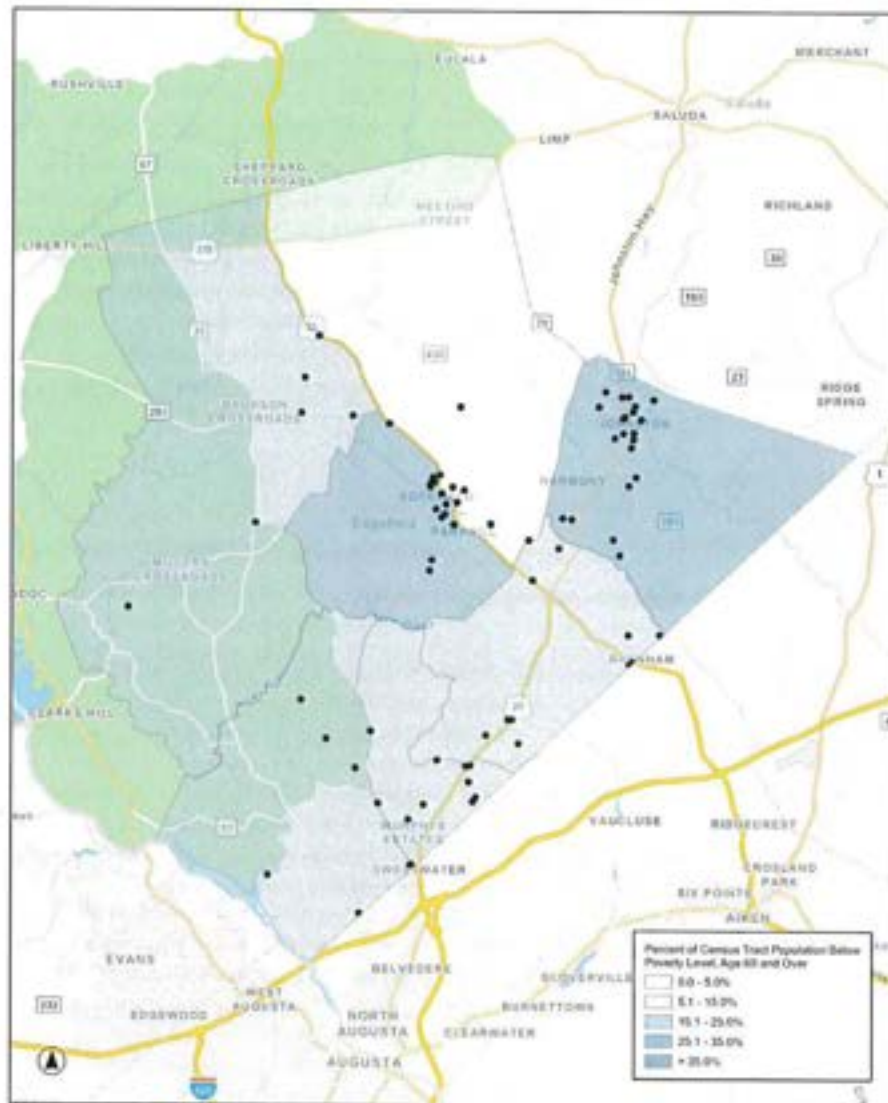


Home Care Services

by Client Home Location, Edgefield County



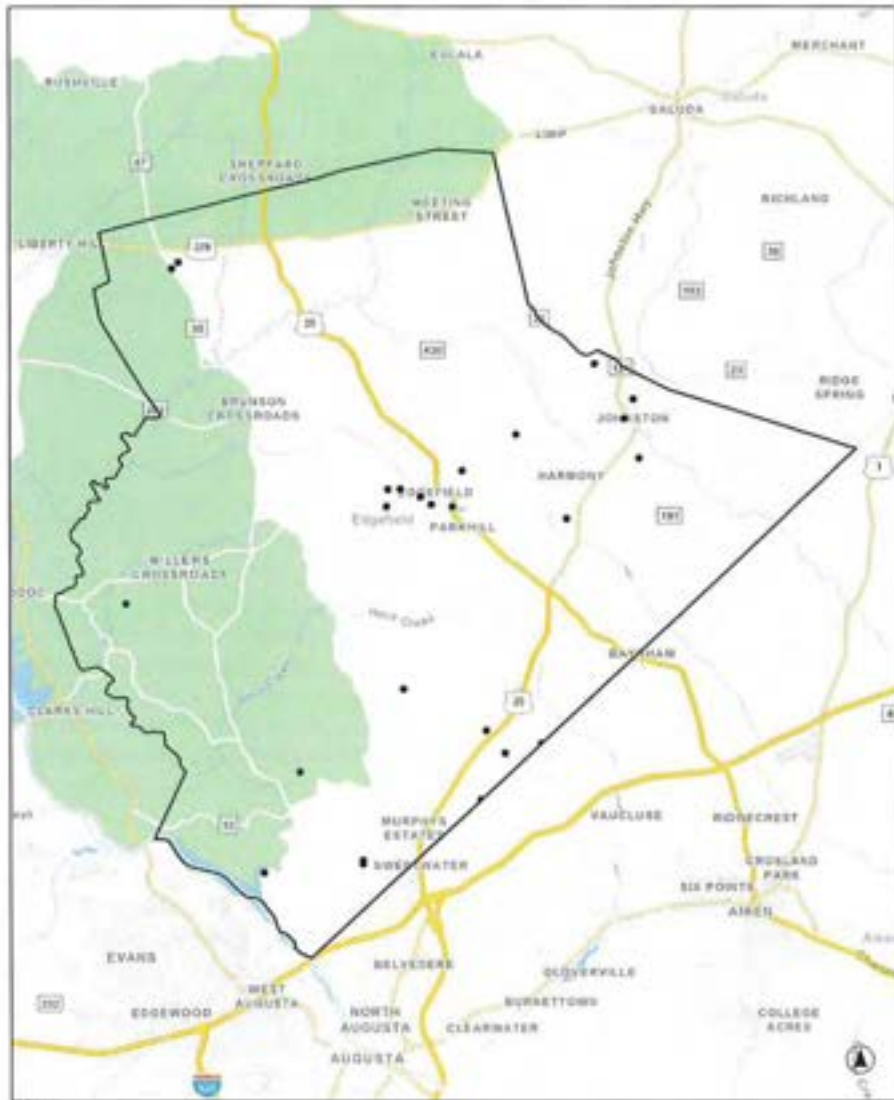
Edgefield County Home Delivered Meals



Home Delivered Meals
by Client Home Location, Edgefield County



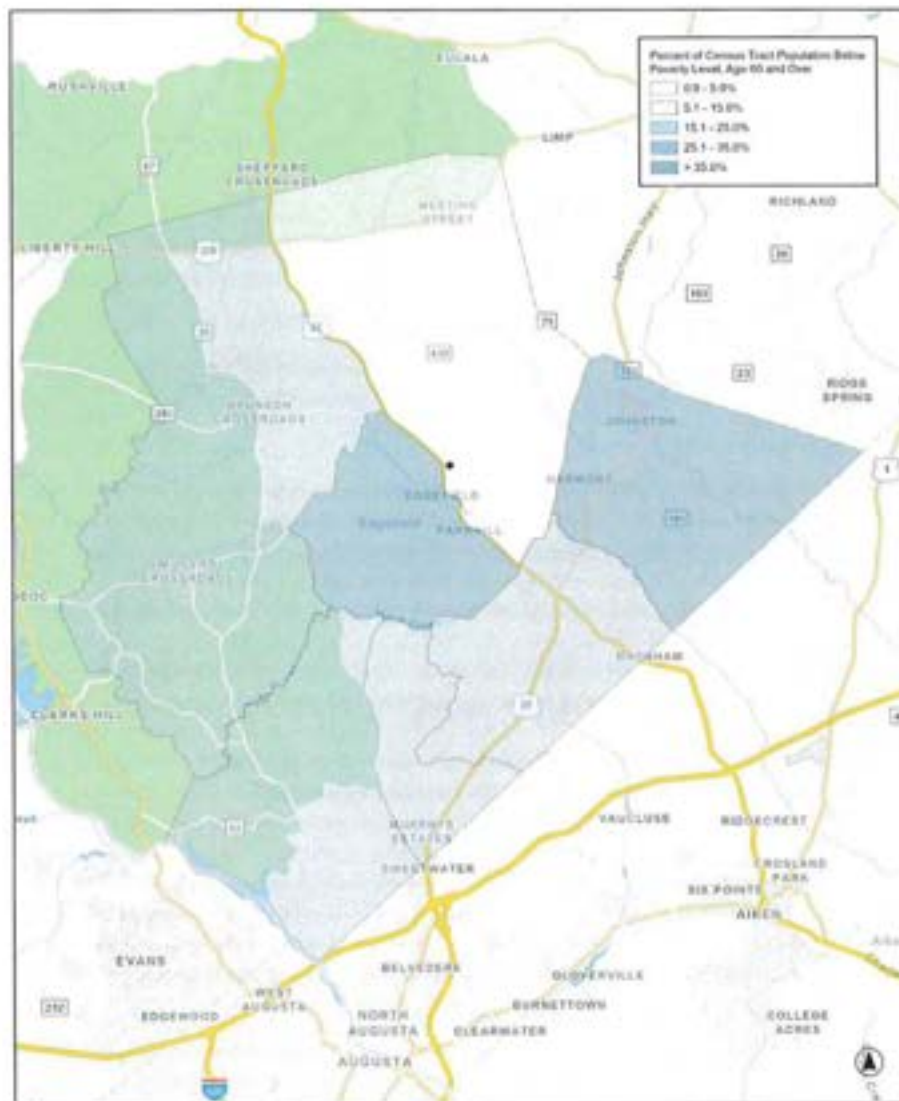
Edgefield County Family Caregivers



Family Caregiver Vouchers
by Caregiver Location, Edgefield County



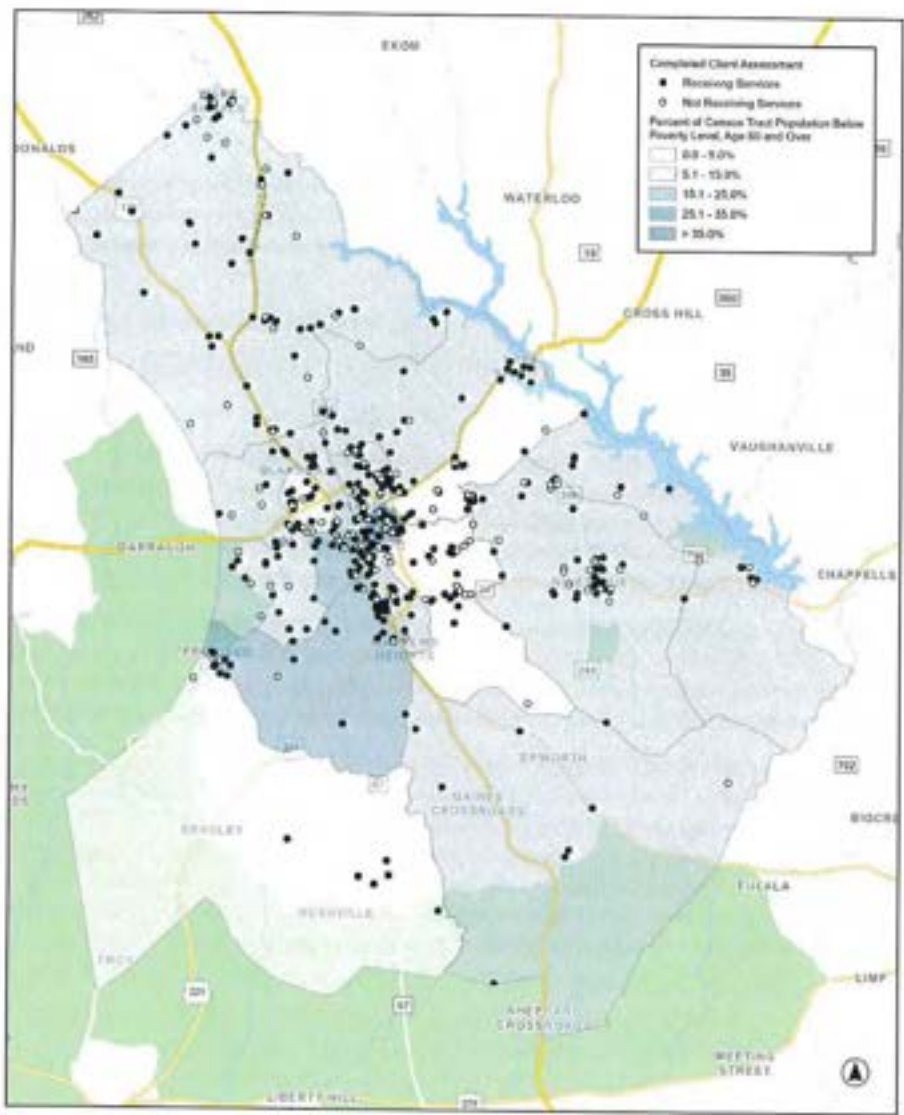
Edgefield County Senior Center



Contracted Senior Centers
by Center Location, Edgefield County



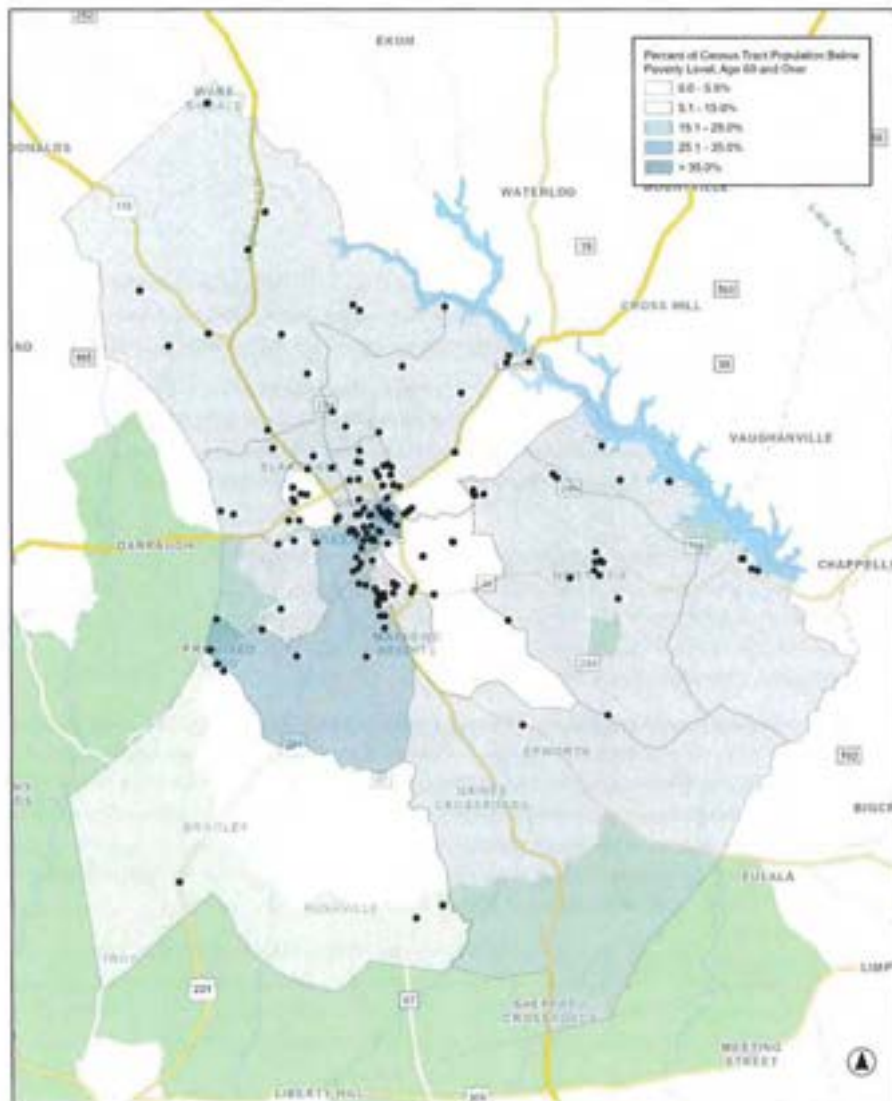
Greenwood County Assessments



Assessments
by Client Home Location, Greenwood County

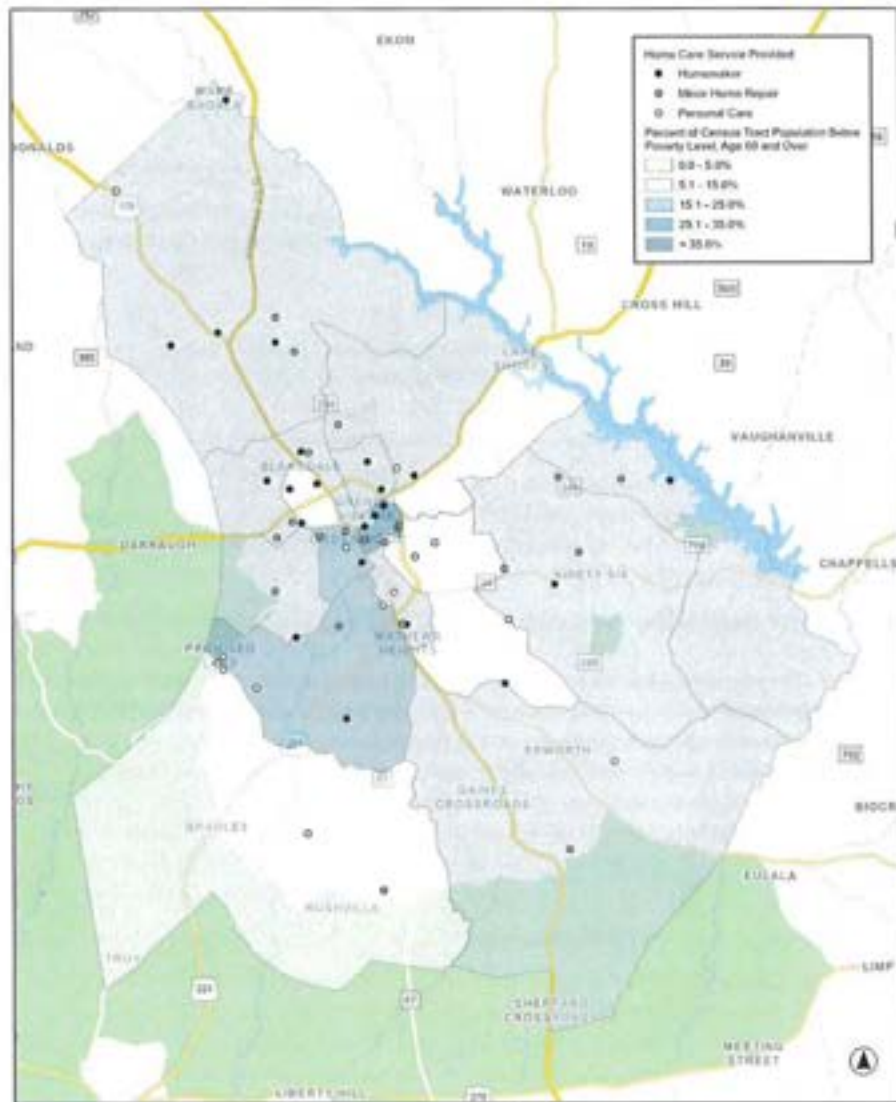


Greenwood County Transportation-Medical, Essential and Group Dining



Contracted Transportation
by Client Home Location, Greenwood County



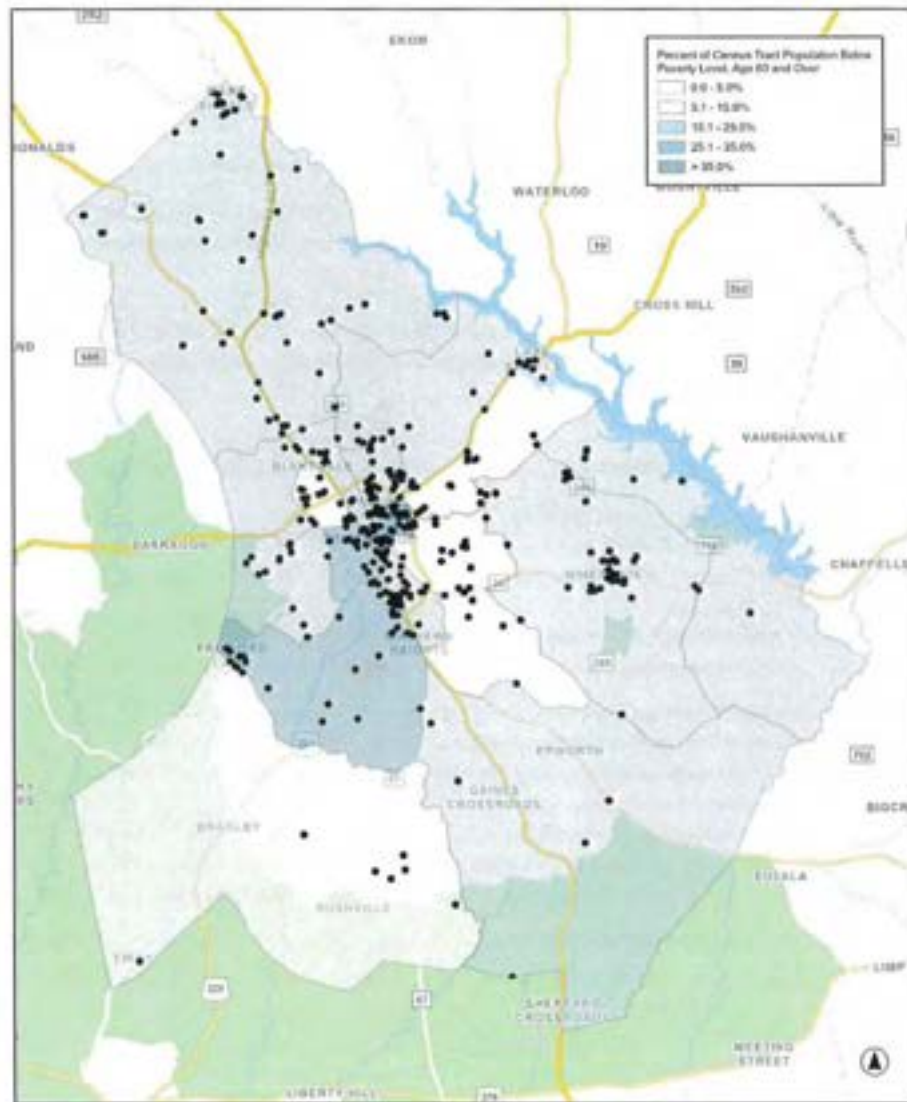


Home Care Services

by Client Home Location, Greenwood County



Greenwood County Home Delivered Meals

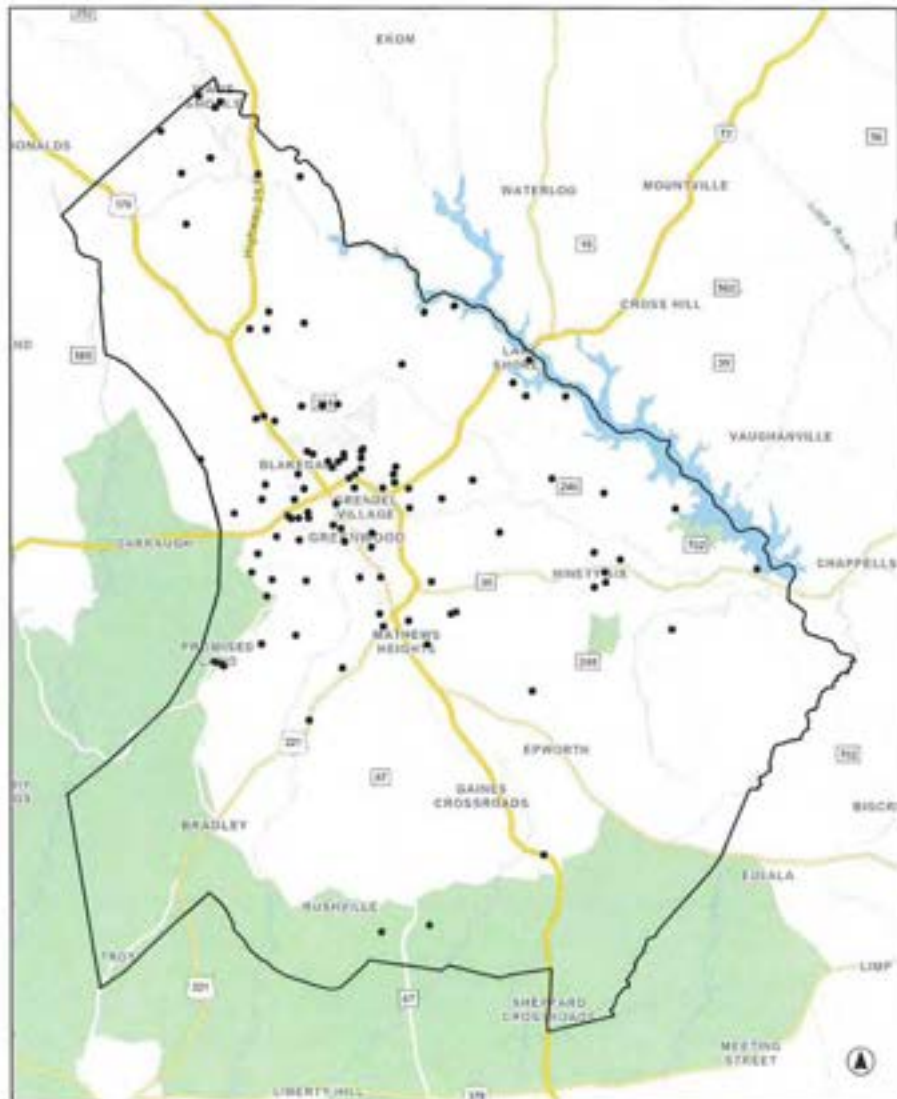


Home Delivered Meals

by Client Home Location, Greenwood County



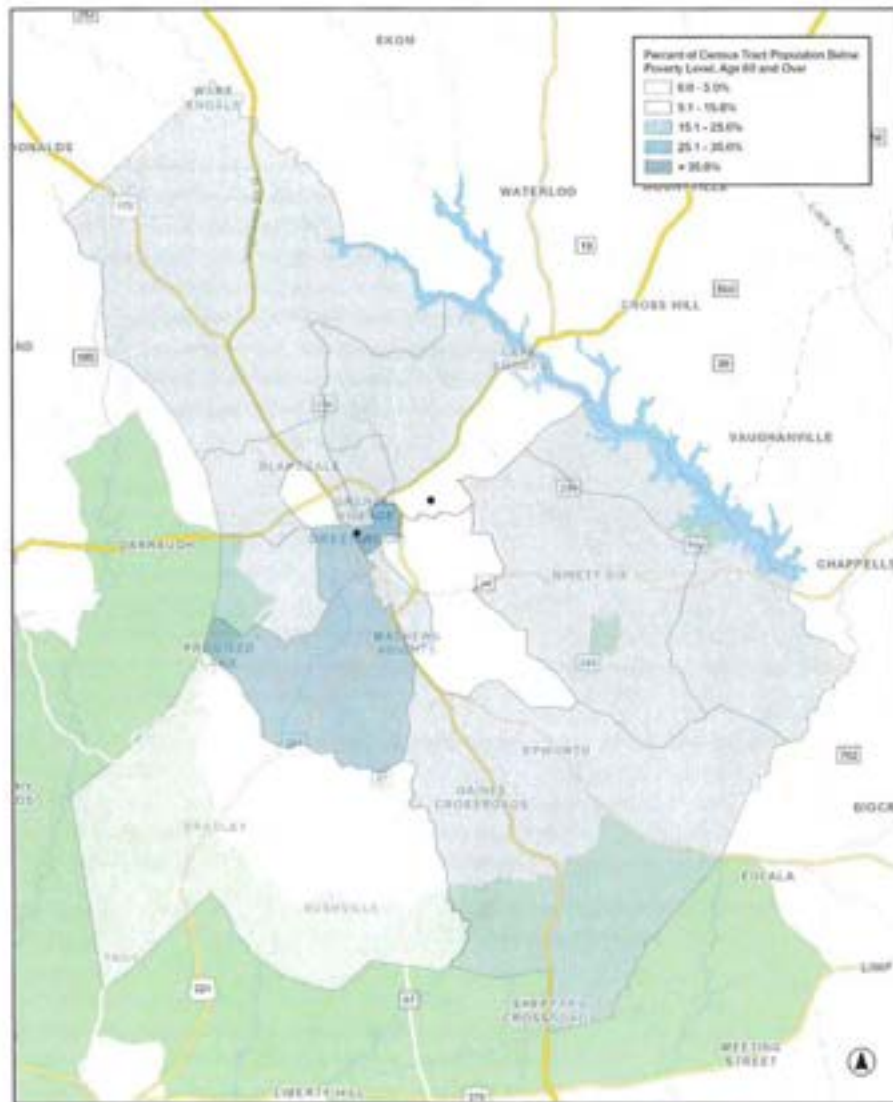
Greenwood County Family Caregivers



Family Caregiver Vouchers
by Caregiver Location, Greenwood County



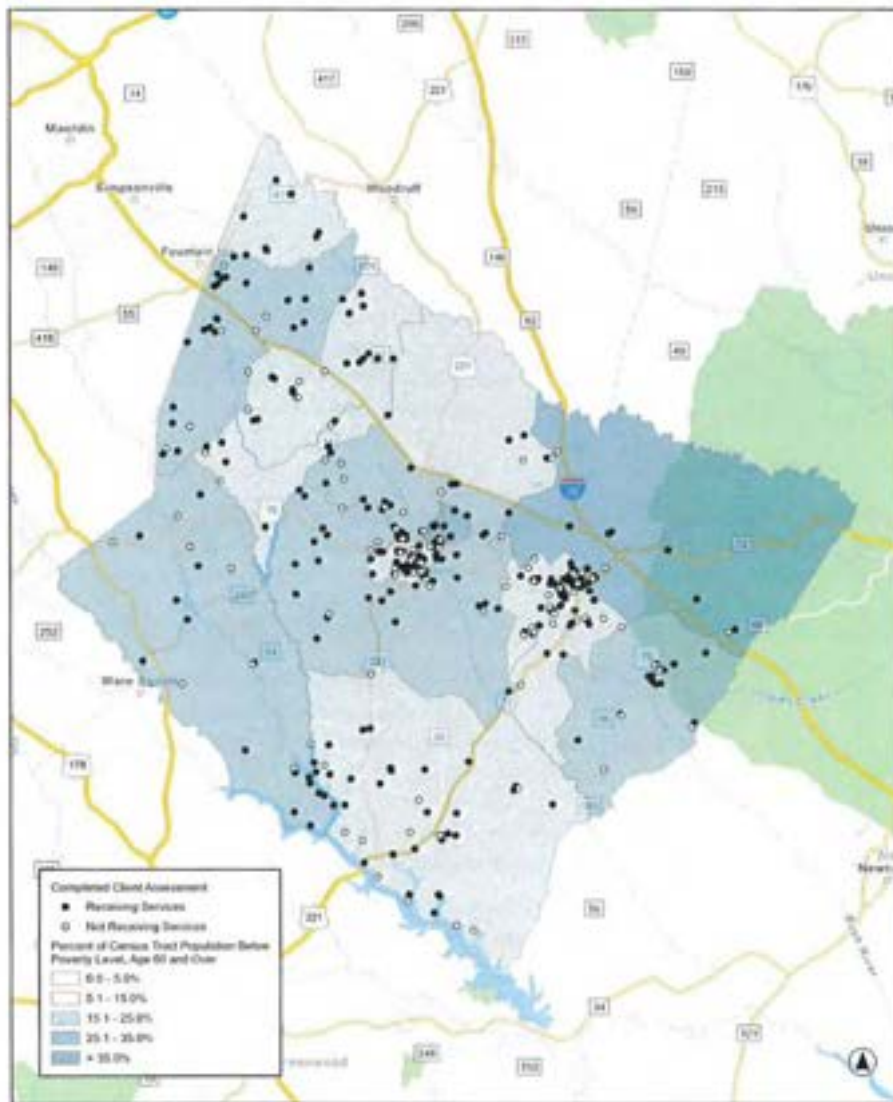
Greenwood County Senior Centers



Contracted Senior Centers
by Center Location, Greenwood County



Laurens County Assessments

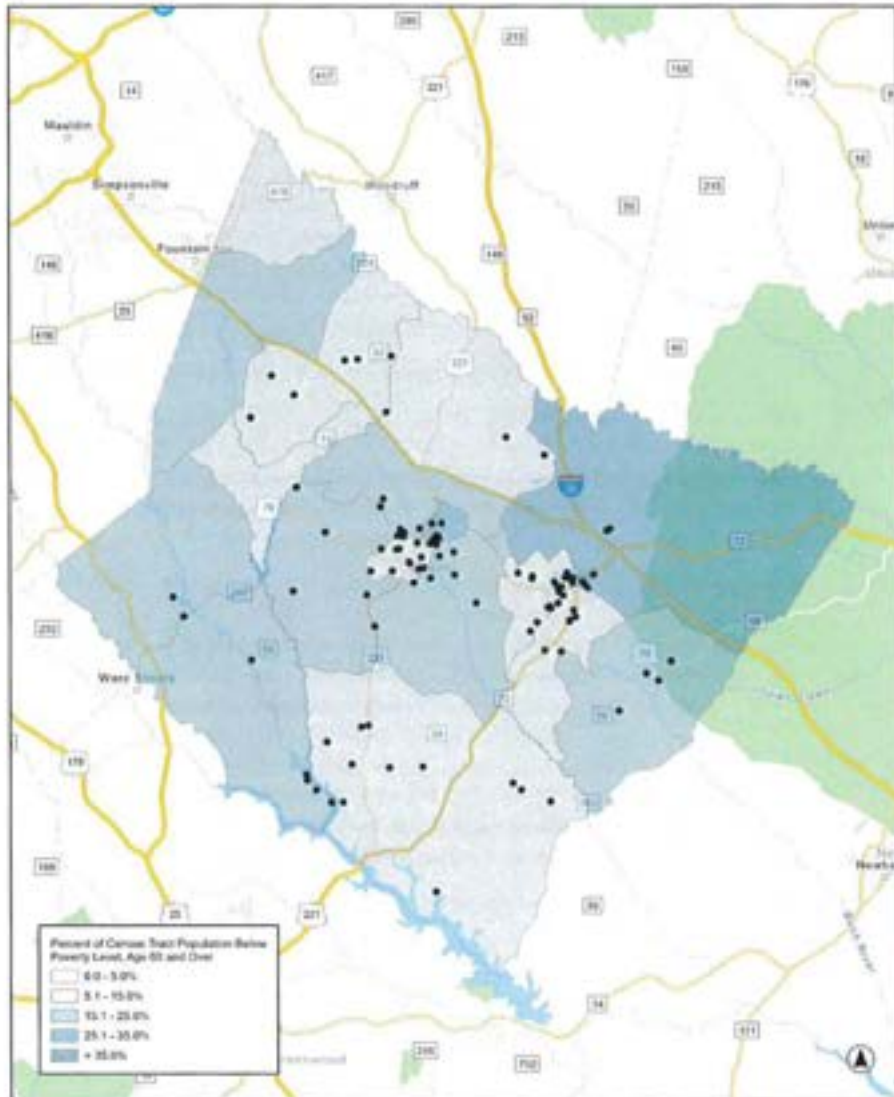


Assessments

by Client Home Location, Laurens County



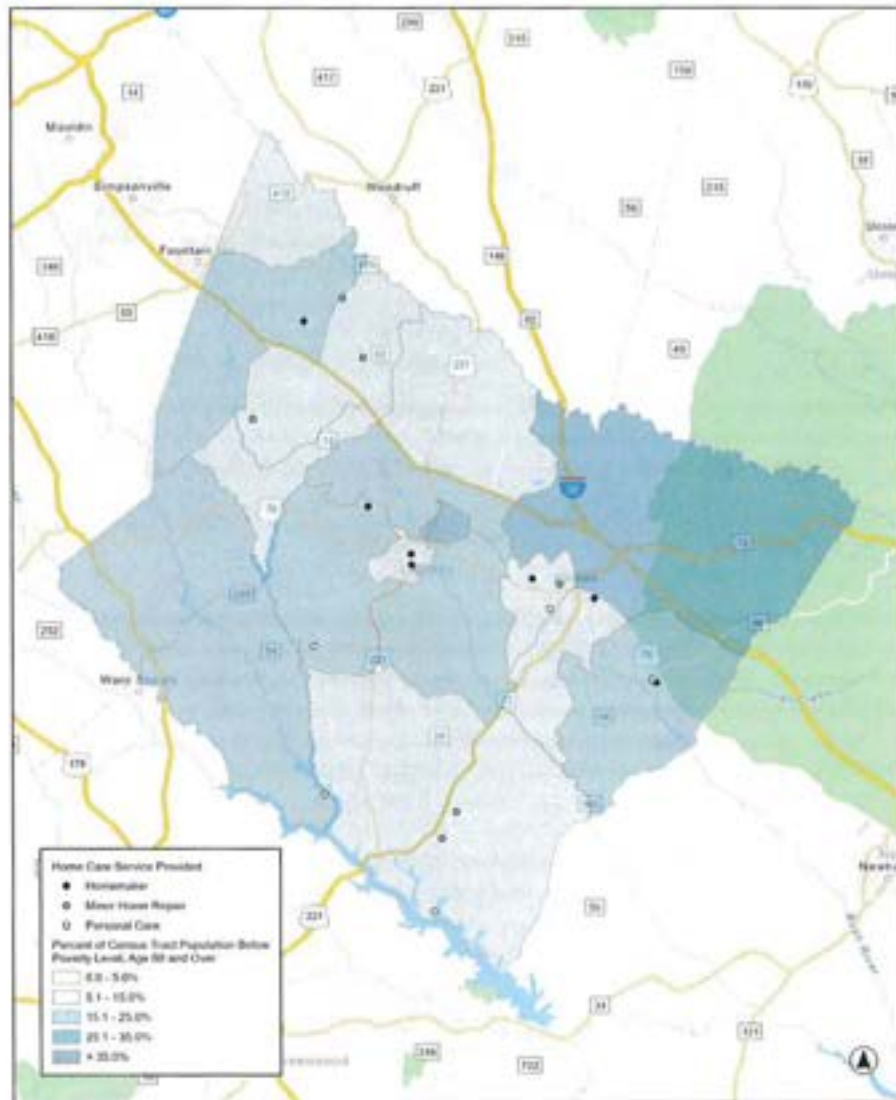
Laurens County Transportation-Medical, Essential and Group Dining



Contracted Transportation
by Client Home Location, Laurens County



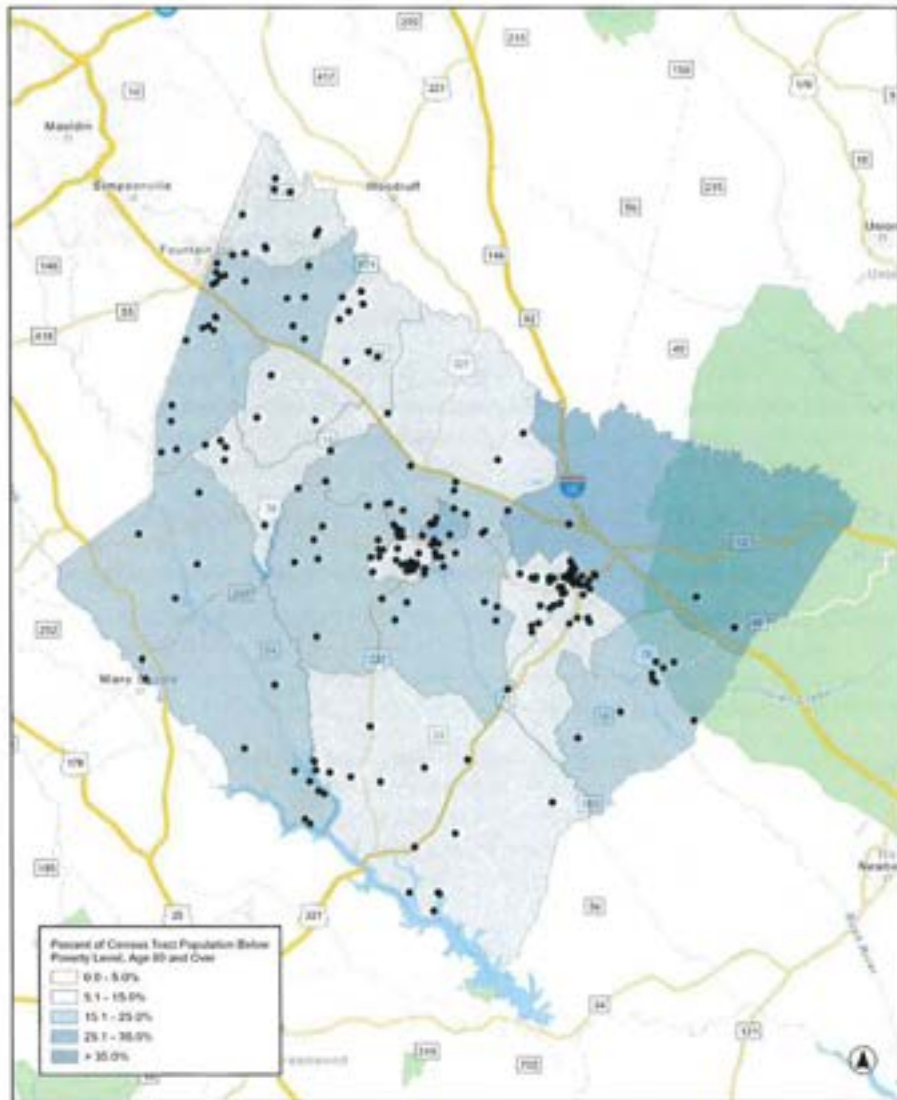
Laurens County Home Care Services



Home Care Services
by Client Home Location, Laurens County



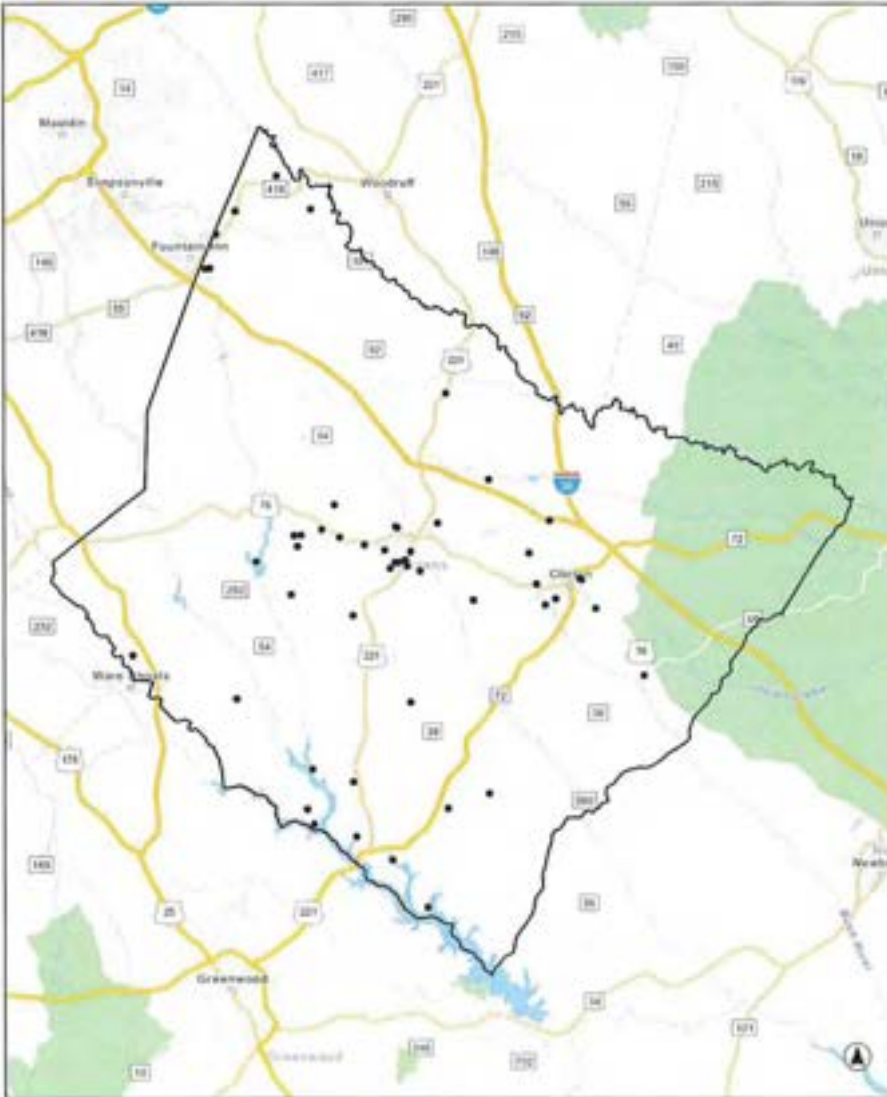
Laurens County Home Delivered Meals



Home Delivered Meals
by Client Home Location, Laurens County



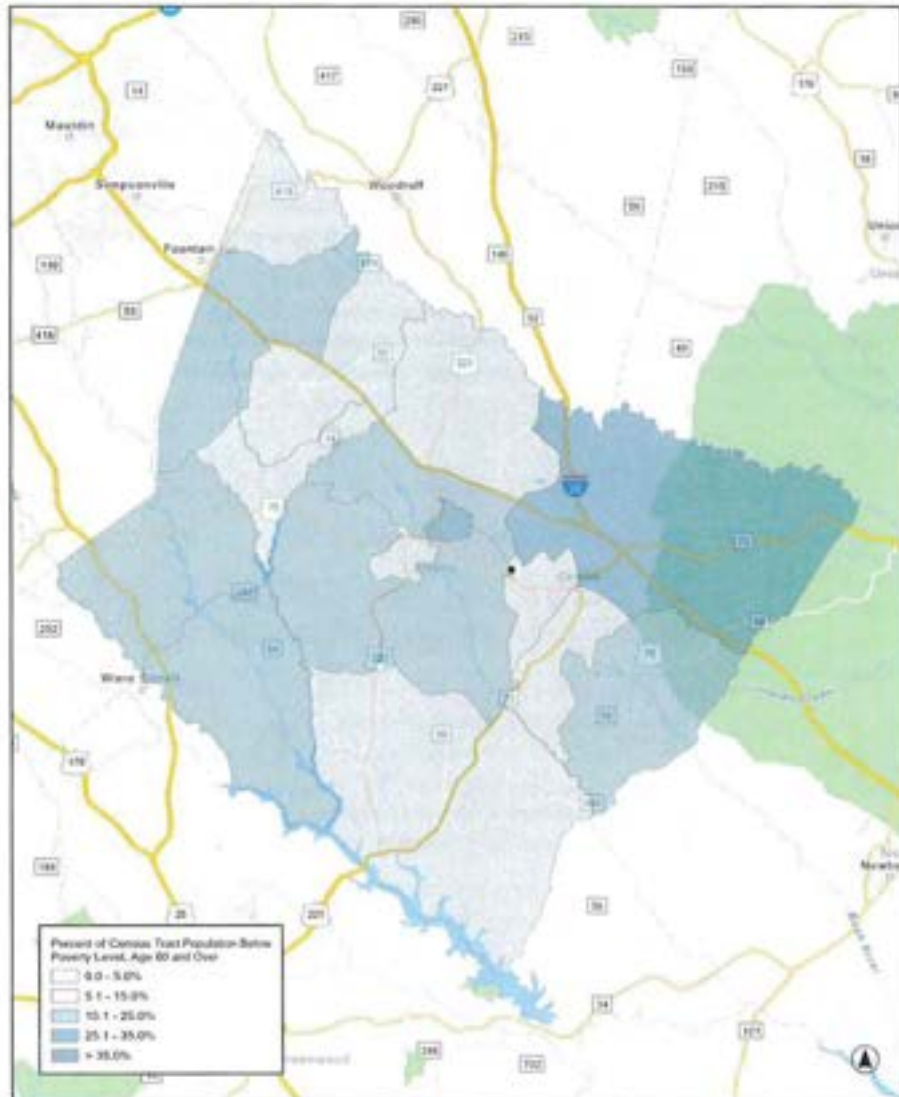
Laurens County Family Caregivers



Family Caregiver Vouchers



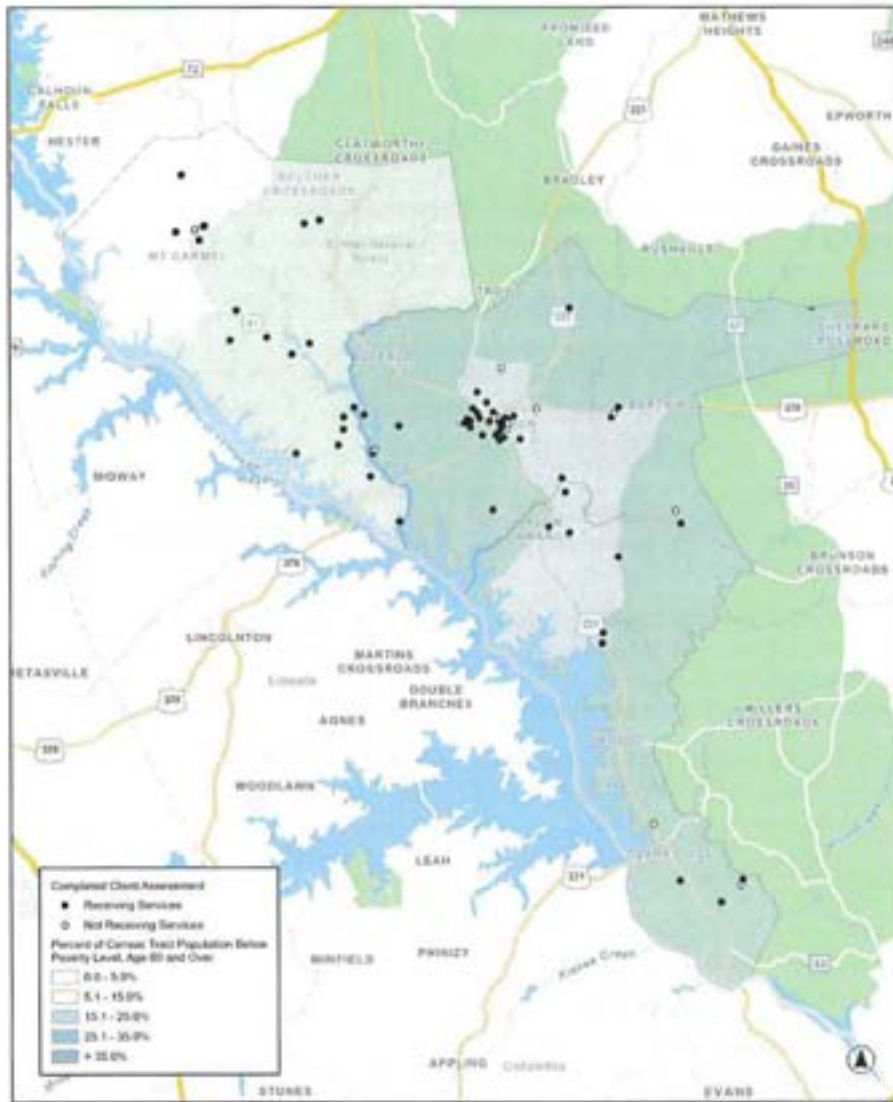
Laurens County Senior Center



Contracted Senior Centers
by Center Location, Laurens County



McCormick County Assessments

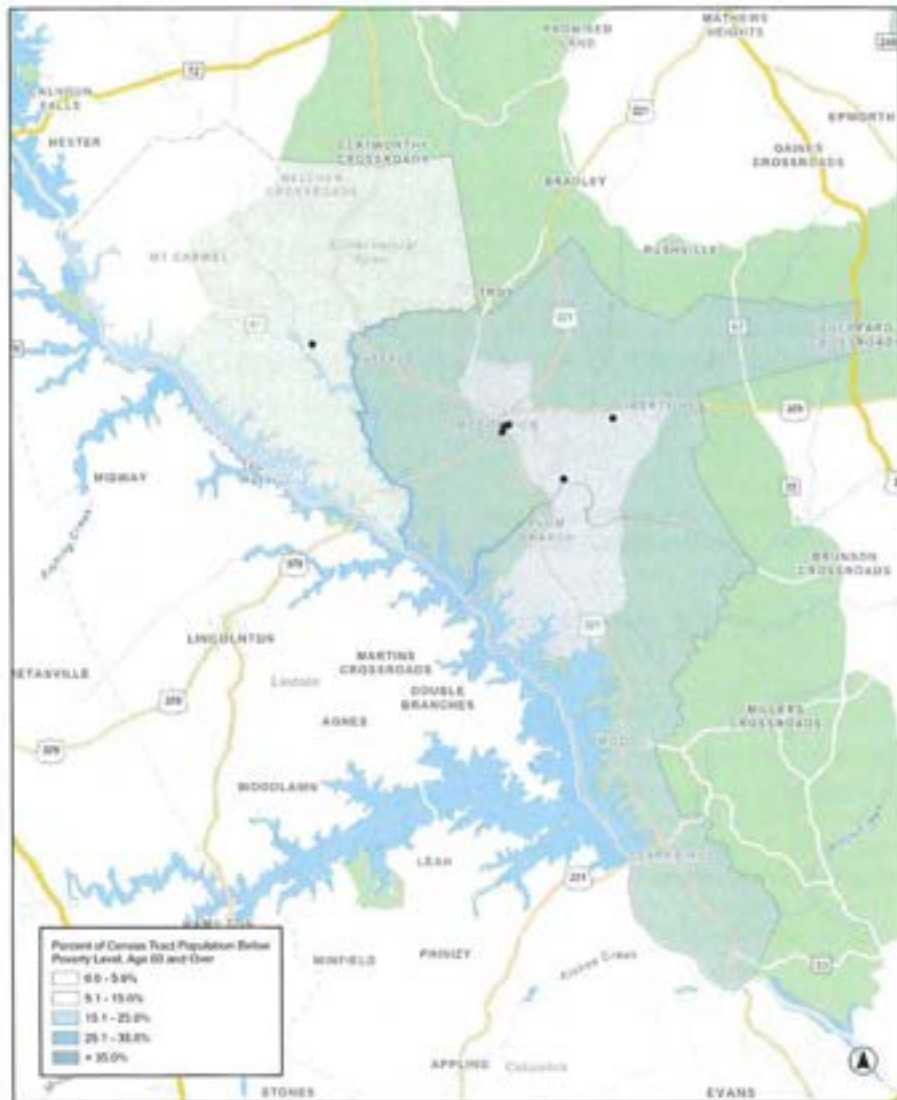


Assessments

by Client Home Location, McCormick County



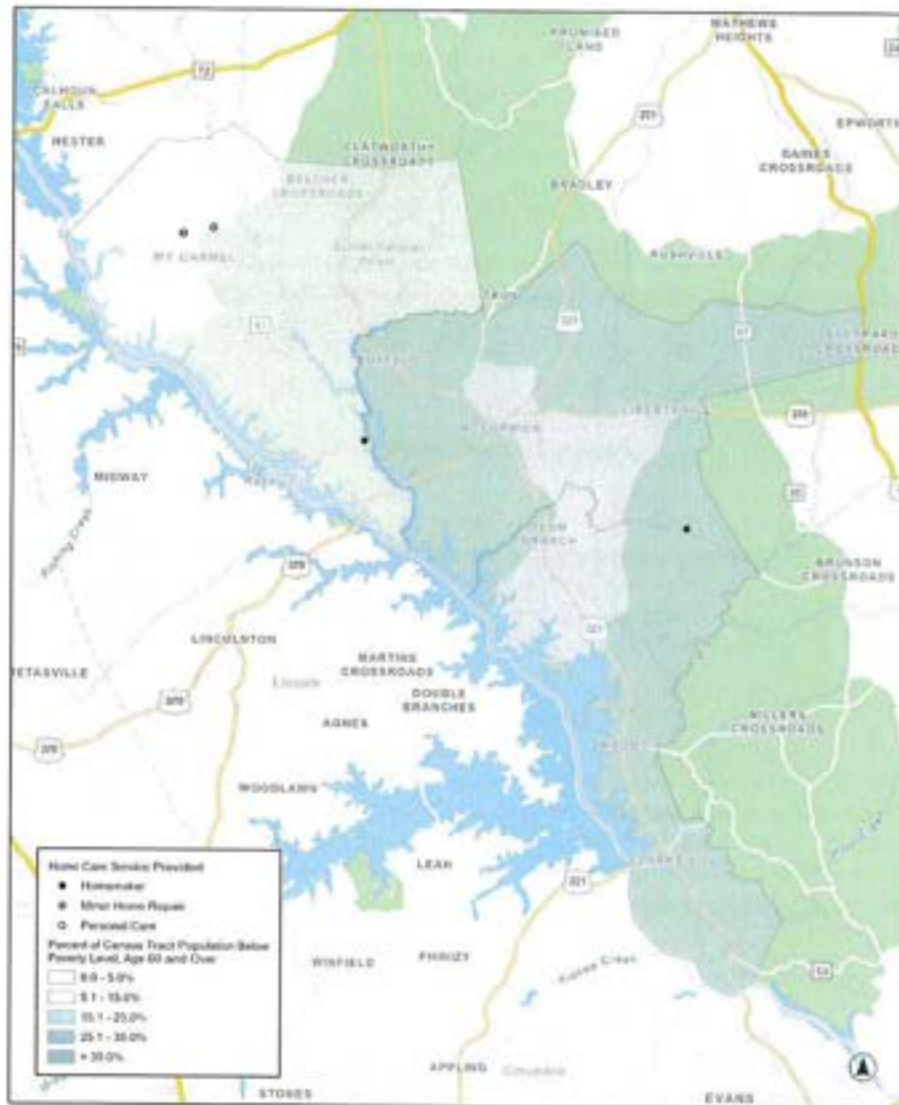
McCormick County Transportation- Group Dining Only



Contracted Transportation
by Client Home Location, McCormick County



McCormick County Home Care Services

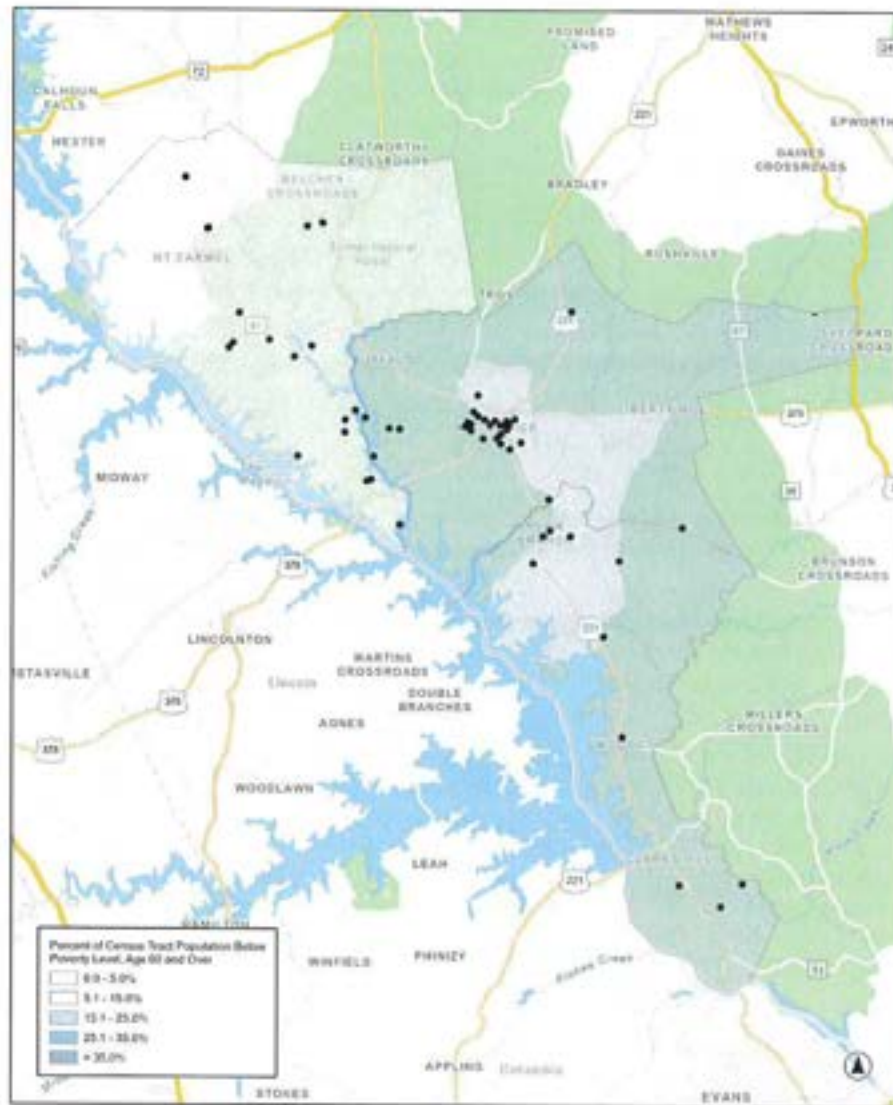


Home Care Services

by Client Home Location, McCormick County



McCormick County Home Delivered Meals



Home Delivered Meals

by Client Home Location, McCormick County



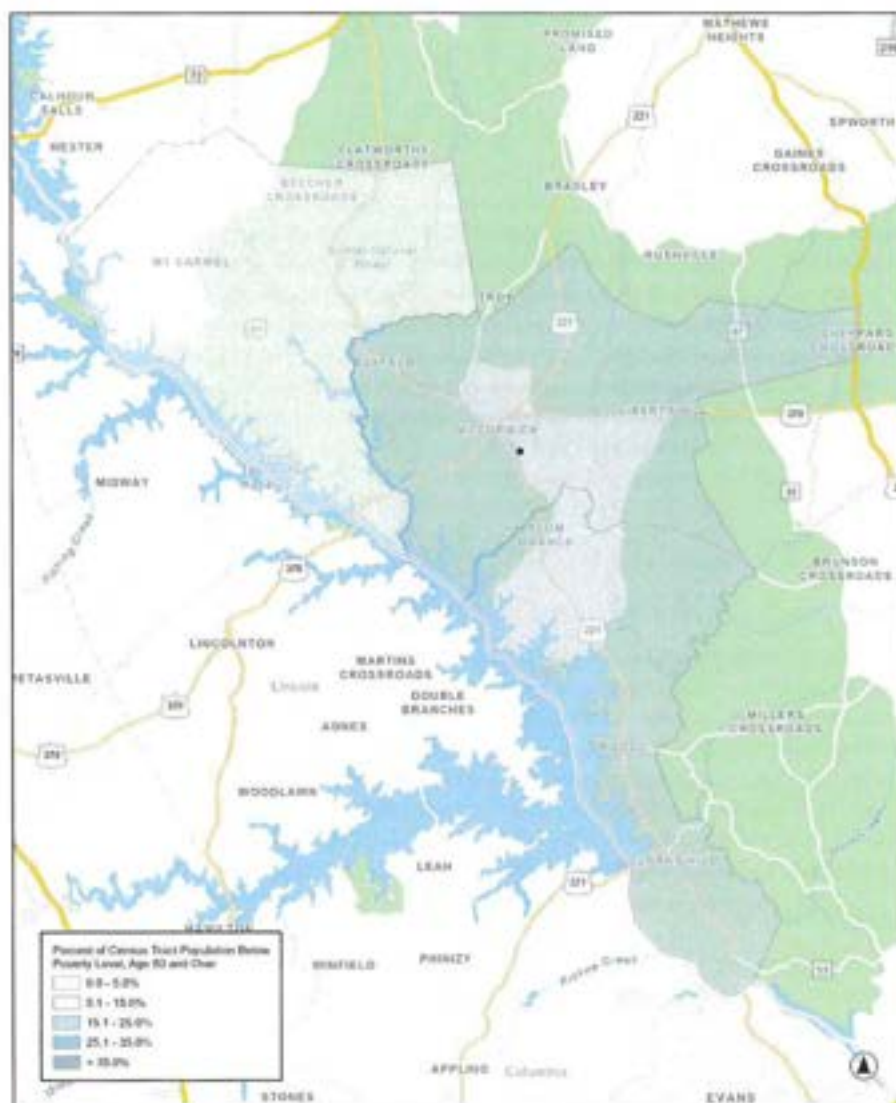
McCormick County Family Caregivers



Family Caregiver Vouchers
by Caregiver Location, McCormick County



McCormick County Senior Center

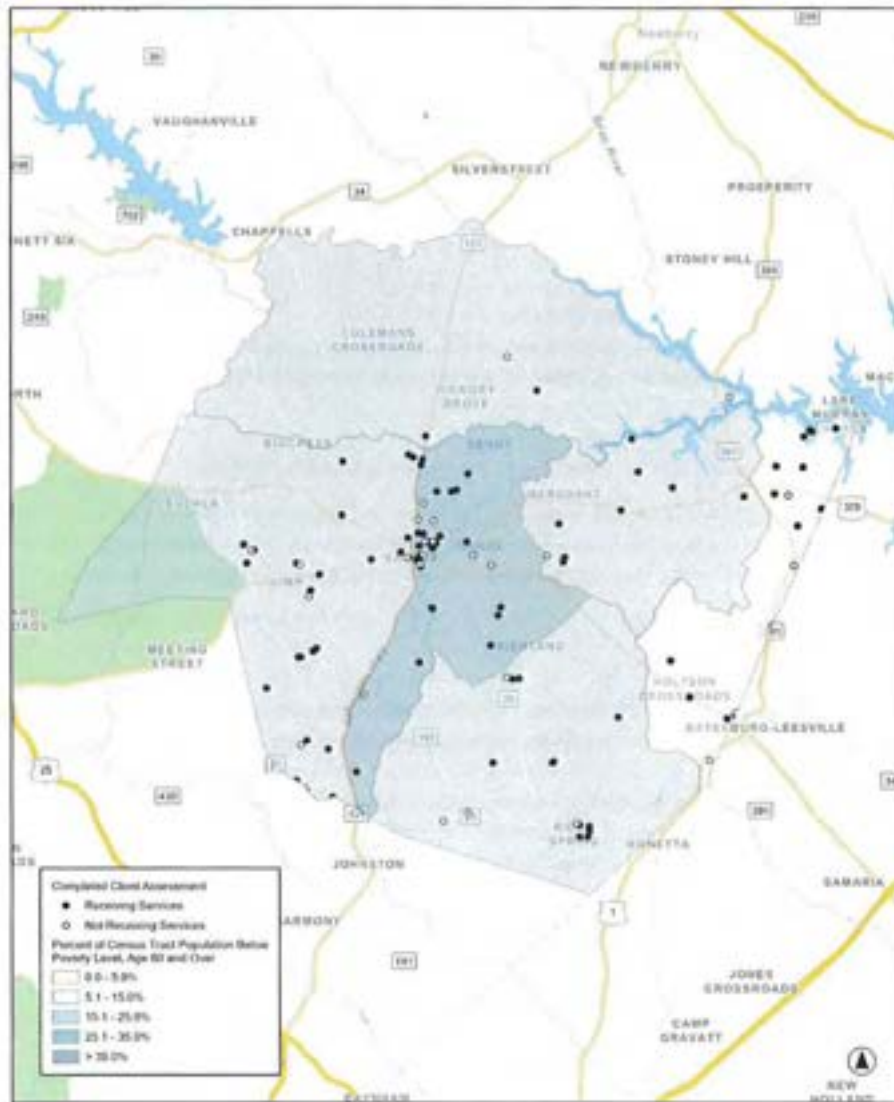


Contracted Senior Centers

by Center Location, McCormick County



Saluda County Assessments

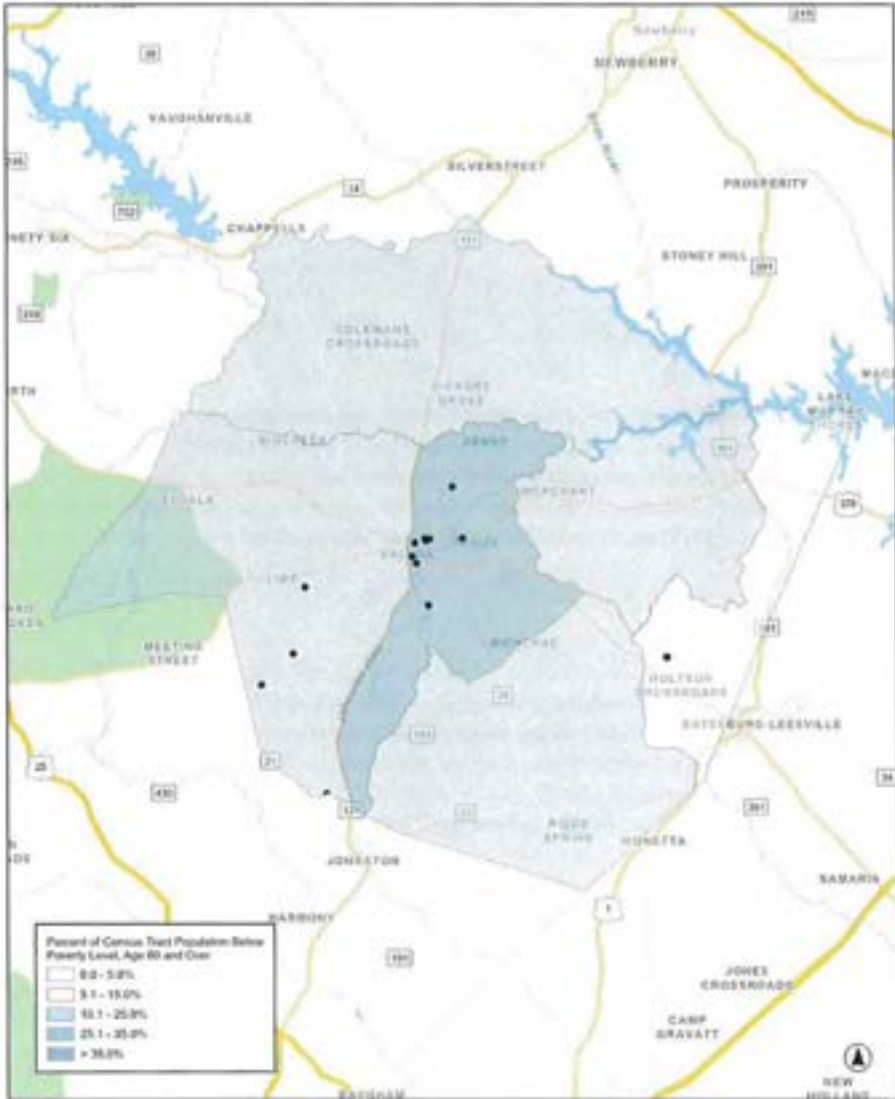


Assessments

by Client Home Location, Saluda County



Saluda County Transportation-Medical, Essential and Group Dining

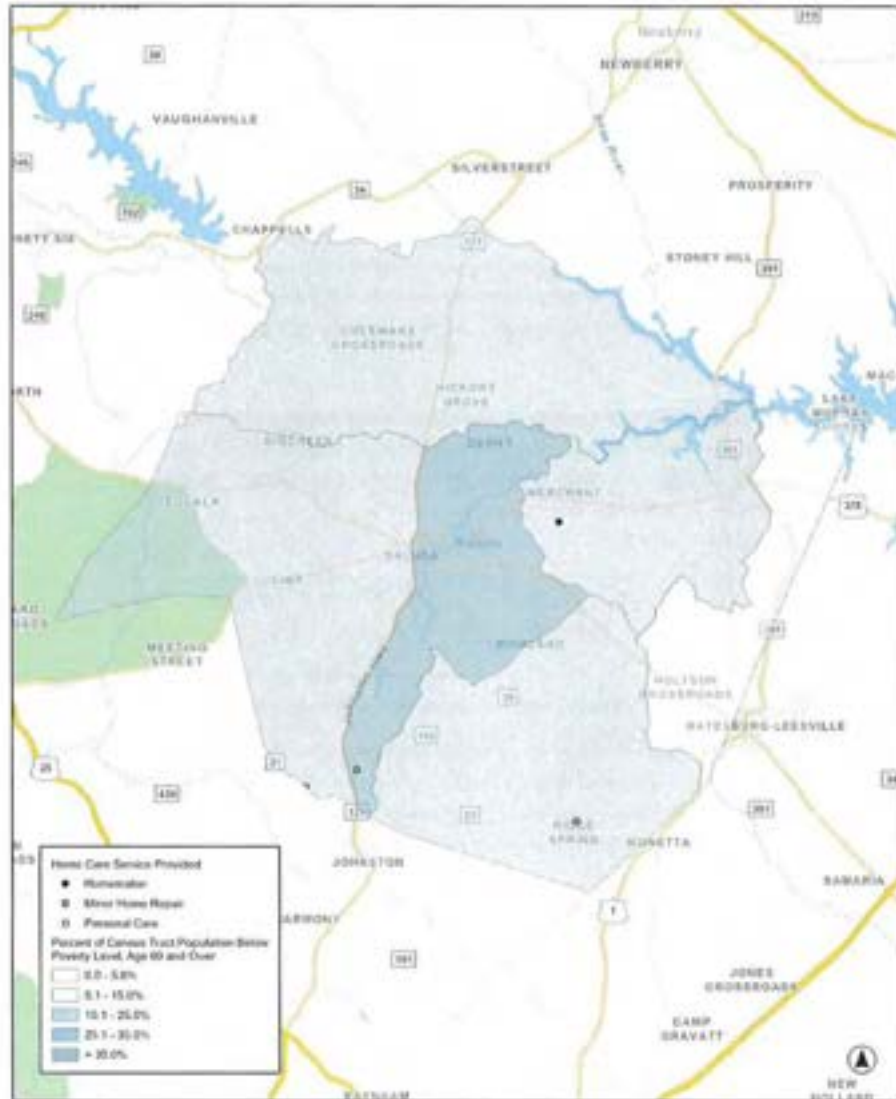


Contracted Transportation

by Client Home Location, Saluda County



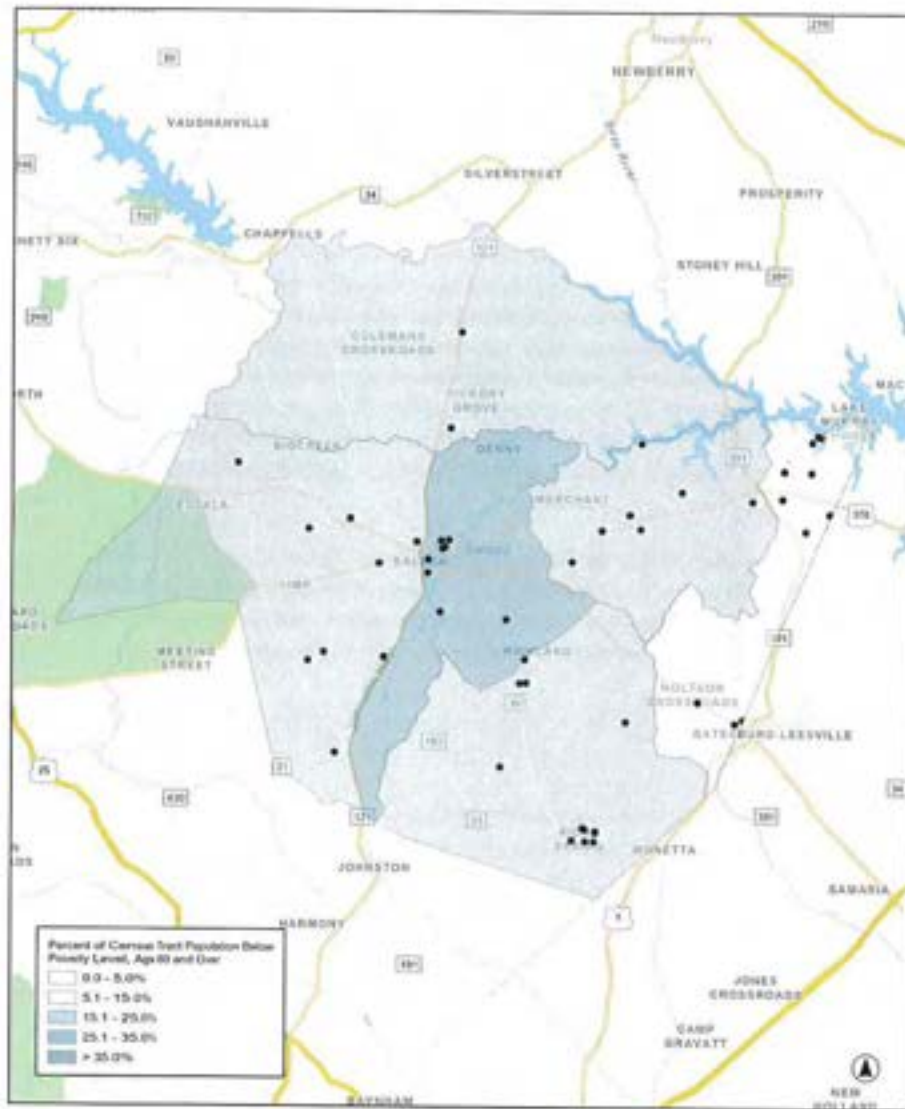
Saluda County Home Care Services



Home Care Services
by Client Home Location, Saluda County



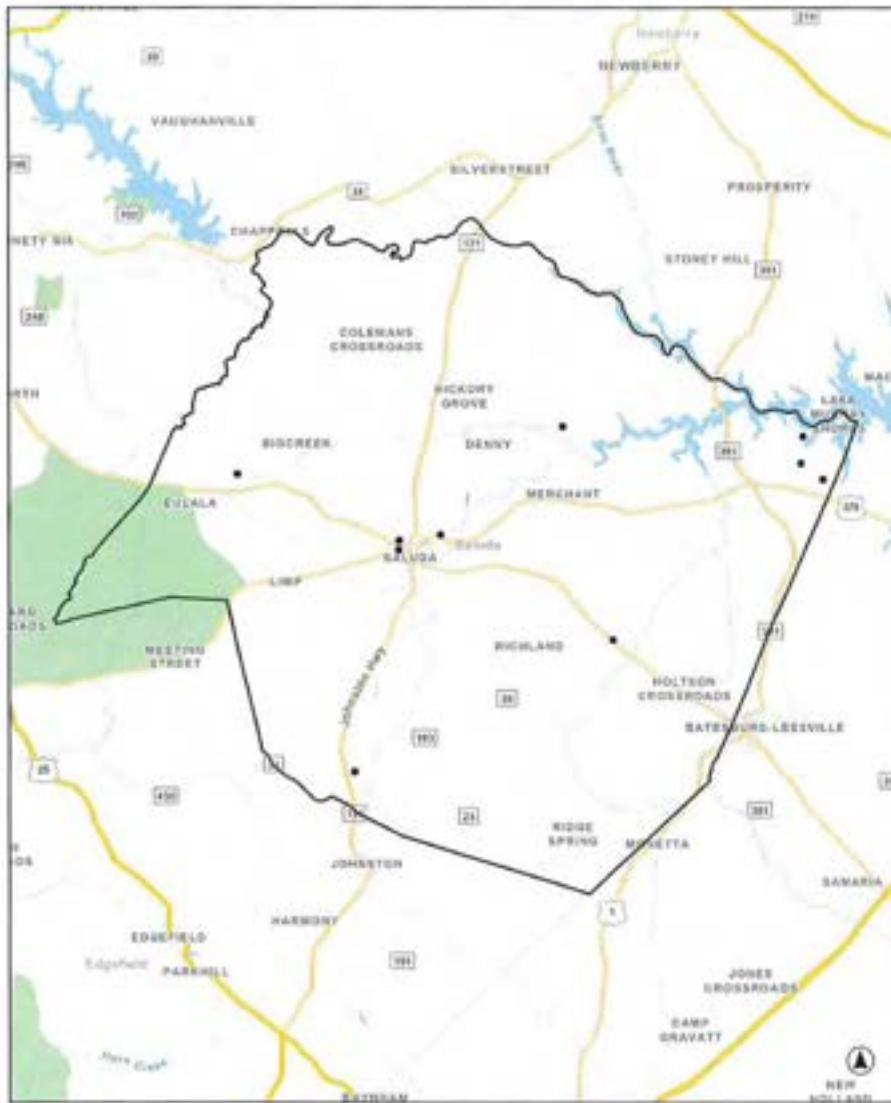
Saluda County Home Delivered Meals



Home Delivered Meals
by Client Home Location, Saluda County



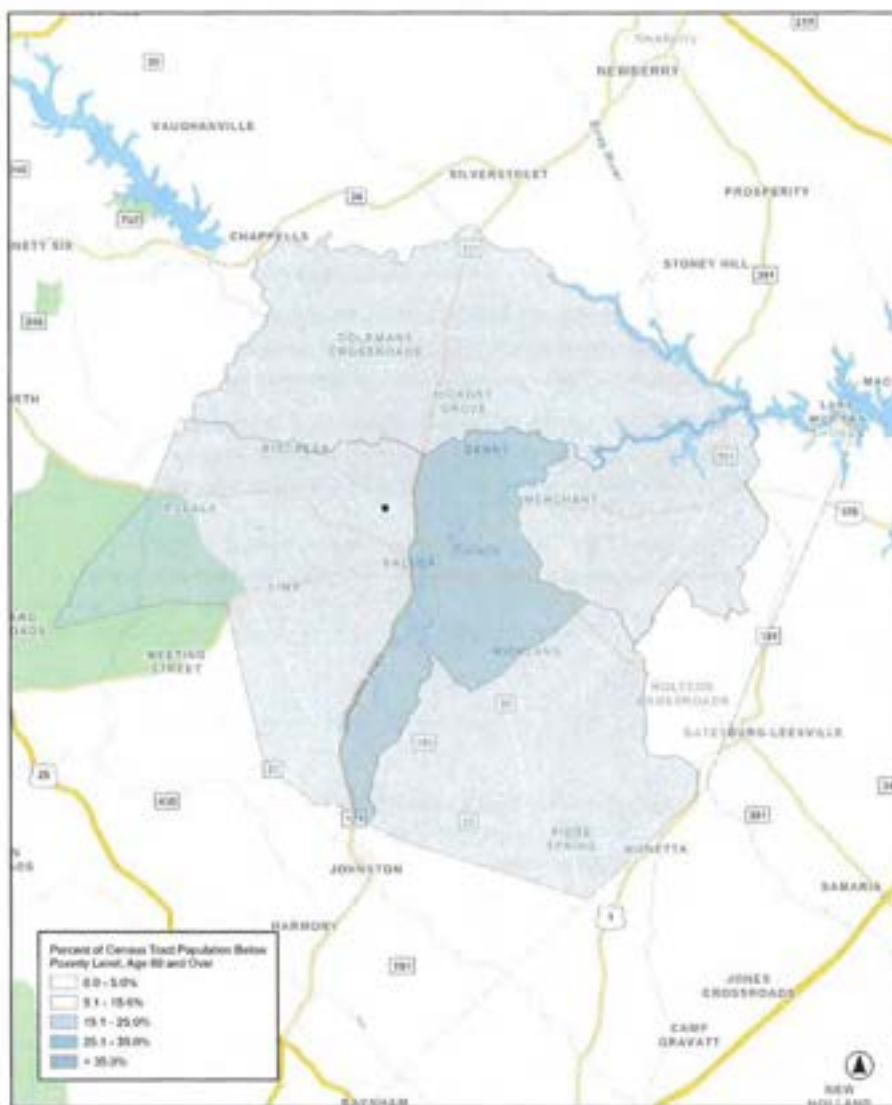
Saluda County Family Caregivers



Family Caregiver Vouchers
by Caregiver Location, Saluda County



Saluda County Senior Center



Contracted Senior Centers

by Center Location, Saluda County



Attachment I – Fiscal

Match

Upper Savannah AAA is very appreciative of the SUA providing the match funds for aging services. Upper Savannah COG will assist with the match if the time comes with local, state, county funds or with other received appropriations. In kind contributions will also be used for match. Upper Savannah COG would not be able to provide match for providers, so they would use fund raising, local funds and in kind contributions.

Fiscal Monitoring

Upper Savannah AAA monitors for contract compliance annually utilizing a variety of methods. Unannounced site visits are made to nutrition sites at a minimum of twice a year. Desktop monitoring is reviewed monthly by using AIM reports to monitor budgets, unit prices, units served, contract utilization and grant related income. The AAA reviews provider annual audits of independent accountant reports on meeting agreed-upon procedures. Fiscal monitoring of providers is conducted on an annual basis and documentation is sampled for each service provided. Staff reviews sign in sheets, drivers' logs, route sheets, client records, etc. to ascertain that service provision is adequately documented and meets state and federal policies. Corrective actions are discussed with the provider and recommended improvements are provided. The provider updates us when requested actions are completed.

The purpose of financial monitoring is to determine if records are maintained in accordance with the federal guidelines. Monitors will review policies, documentation and procedures that are in place to safeguard the program and financial objectives of the awards. Desk reviews will be performed monthly when monthly reports are received from contractors. On site reviews will be conducted annually and more frequently if needed.

Procedure for On Site Monitoring:

1. Financial staff or AAA director will contact the contractor and arrange a date to monitor.
2. The contractor will be provided with an internal control and accounting procedure questionnaire to be completed prior to the monitoring.
3. Staff will use AIM report SC 13 to identify clients, services and units claimed for two months.
4. Staff will select a sample of at least five clients for each service to verify units claimed in AIM.
5. Staff will develop a trail from the client to the documentation provided to verify units. Documentation should include driver logs; sign in sheets, trip sheets, etc.
6. Staff will review random client records (5-10) in each program for eligibility, assessments, and consent forms.
7. Staff will review Grant Related Income records and all related documentation and procedures.
8. Staff will review match source documentation for local matching funds (if appropriate).
9. Staff will review board minutes and agency policies and procedures.
10. Staff will review volunteer records and documentation.
11. Staff will review audit reports.
12. Upon completion, staff will discuss with the contractor observed areas of strength and any evidence of improvements from previous monitoring.
13. Staff will review with the contractor any findings or concerns and provide technical assistance and recommendations as needed. Any units claimed which are unallowable

based on the SCDOA Policy and Procedure guide and AAA contract agreement will be disallowed. The contractor, upon notification, will immediately back the disallowed units out of AIM.

14. Staff will prepare a written summary to submit to the contractor within 30 days of the monitoring date, outlining any remedial action deemed necessary.
15. If remedial action is required, staff will follow up with contractor within 60 days of monitoring to review action plan.

Procedure for Desktop Monitoring:

1. Review meal certifications and cross check against Senior Catering invoice.
2. Run AIM report LG97 to verify client age, current assessment date and risk scores.
3. Run AIM report LG45d to verify clients address is complete and a date of birth is entered. Review units claimed for each client for each service to notice any excessive units claimed. Check that clients receiving Group Dining transportation units are also receiving Group Dining units.
4. GRI count certifications are signed by two staff. GRI documentation forms are reviewed monthly and matched against the amount entered into AIM.
5. Request random sign in sheets quarterly to see if number of participants match the number of units claimed (Group dining and IID evidenced based)
6. Client justifications and point-to-point mileage documentation are reviewed when client approvals are given by the AAA.

Competitive Procurement

Provider Name	Original Execution Date	End Date	Contractor/ Sub-recipient	Counties Served	Services Awarded
Edgefield County Senior Citizens Council	July 1, 2020	June 30, 2024	Contractor	Edgefield	Congregate Meals, Home Delivered Meals, Group Dining Transportation, IID Services
Piedmont Agency on Aging	July 1, 2020	June 30, 2024	Contractor	Abbeville, Greenwood, Laurens, Saluda	Congregate Meals, Home Delivered Meals, Group Dining Transportation, Medical & Essential Transportation, IID Services
Senior Catering	July 1, 2020	June 30, 2024	Contractor	Edgefield, McCormick	Hot and Frozen Meals
Pur Foods (Mom's Meals)	March 25, 2021	June 30, 2023	Contractor	Abbeville, Greenwood, Laurens, McCormick	Home Delivered Meals
SC Legal Services	July 1, 2022	June 30, 2024	Contractor	All 6 counties	Legal Services
Elite	November 22, 2021	June 30, 2024	Contractor	Abbeville, Greenwood, Laurens, McCormick, Saluda	Homemaker

180 Health & Wellness	July 1, 2020	June 30, 2024	Contractor	Abbeville, Greenwood, McCormick	Homemaker
AllCaregivers	July 1, 2020	June 30, 2024	Contractor	All 6 counties	Homemaker
All Ways Caring Homecare	July 1, 2020	June 30, 2024	Contractor	All 6 counties	Homemaker
Always Best Care	July 1, 2020	June 30, 2024	Contractor	Abbeville, Greenwood, Laurens, McCormick, Saluda	Homemaker
Comfort Home Health Care	July 1, 2020	June 30, 2024	Contractor	All 6 counties	Homemaker
Health Related Personnel Services	July 1, 2020	June 30, 2024	Contractor	Abbeville, Greenwood, McCormick	Homemaker
Home Care South Services, LLC	July 1, 2020	June 30, 2024	Contractor	Edgefield, McCormick	Homemaker
Plan Home Health Care	July 1, 2020	June 30, 2024	Contractor	Abbeville, Greenwood, Laurens, McCormick	Homemaker
Senior Helpers	July 1, 2020	June 30, 2024	Contractor	Greenwood, McCormick, Saluda	Homemaker

Allocation Methodology

Upper Savannah AAA allocates funds based on prior year's actual service units and gives increases as funding allows. AAA takes into account unmet needs in the region and waiting list information in order to allocate more funding to meet those needs as available. Upper Savannah AAA conducts at a minimum a semiannual review of providers spending. If a provider underserves in a particular program, AAA looks to decrease funding and units from that provider and allocate them where the need and capacity to serve is greater.

Budget Narrative

Upper Savannah AAA's annual budget is compiled by the AAA Director based on prior years funding or predicted funding for the new year. An administrative budget is compiled based on current staff and the anticipated need for additional staff. To remain competitive and retain staff we are having to look at increasing starting wages.

Service budgets are compiled based on the funding source for pass thru services and services that are administered at the AAA level. Inflation is having an impact on all of our services and in order to keep providers afloat, an increase in unit costs may be justified.

The AAA budget is presented to the Finance Director and the COG Administrative Director. It will then be presented to the COG Board of Directors for approval.