



Assistance, Advocacy, Answers on Aging

Trident Area Agency on Aging Area Plan

2023 - 2025

*Serving the needs of seniors and family caregivers in
Berkeley, Charleston, and Dorchester Counties since 1991*

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A. Executive Summary

Trident Area Agency on Aging (TAAA) is designated by the South Carolina Department on Aging (SCDOA) as the Area Agency on Aging for Berkeley, Charleston and Dorchester Counties. TAAA is a private, not for Profit Corporation and began serving as the Aging and Disability Resource Center (ADRC) in August 2007. Since the organization was formed in October 1991, TAAA has worked within the public and private sectors to develop a cost-effective approach to long-term care services. The mission of TAAA is to promote and support the health and wellness of current and future generations of older citizens in our communities. We focus on the overall well-being of these older citizens so that they can enjoy lives of dignity, confidence, and personal and family fulfillment. The vision for this Area Plan is to empower seniors, adults with disabilities, and caregivers to make informed decisions about their long term care and to coordinate innovative, cost-effective and quality home and community-based services for those with the greatest needs. Services provided directly by TAAA or under contract will comply with the Older Americans Act (OAA) of 1965, as amended, and with the SCDOA Policies and Procedures Manual.

The Trident Region Area Plan seeks to inform funders, the public, and policymakers about the planning, coordination, and delivery of services designed to promote independence and to improve the quality of life for seniors, family caregivers, and adults with disabilities. The focus areas of this Area Plan include OAA Core Programs, Administration on Aging (ACL) Discretionary Grants and Other Funding Sources, Participant Directed/Person-Centered Planning, and Elder Justice. TAAA continues to move forward with the development of seamless long term care support services so that seniors and adults with disabilities can successfully age in place. The region's demographics are changing due to the number of baby boomers, in migration, and longer life expectancy. These factors will affect how TAAA coordinates service delivery, manages resources and identifies possible solutions to barriers. It is essential to provide innovative social and prevention activities for the more active seniors as well as provide supports for those who lack the basic needs, such as food, adequate housing, and transportation.

Due to the steady increase in the Trident Region's aging population and the demand for services since the COVID-19 pandemic, TAAA will continue to focus on cost sharing and developing private pay services in the region. Cost-sharing and private pay services will be essential due to increased waiting lists, specifically for Home Delivered Meals and Home Care. TAAA will continue to expand consumer directed services, offering seniors and family caregivers with increased flexibility and choice. The changing demographics and increased aging population in the region will necessitate further collaboration with organizations serving OAA targeted populations. TAAA will partner with aging coalitions and advocacy groups to educate the community about the necessity to better plan for future long term care needs.

B. Context

TAAA serves the Trident Planning and Service Area (PSA) consisting of Berkeley, Charleston, and Dorchester Counties. The Trident PSA, also known as Region IX, has become a popular retirement destination. Since 2010, all three counties in the Trident PSA have experienced a steady increase in the senior population, age sixty (60) and older. According to the 2021 Census data, the Trident PSA's senior population totaled 185,362, representing a 75% increase since 2010. According to the Charleston Regional Development Alliance, the region's total population is growing three times faster than the US average, with the sixty-five (65) and older adult population accounting for 15.1% of the region's total population. The growing and diverse aging population will place unprecedented pressures on our health care system, economy and long-term care resources; therefore, the need for a more coordinated system of long-term care and supports will be essential to support seniors and family caregivers. TAAA's collaboration with the Medical University of South Carolina, the Lowcountry Senior Network, the Exchange Club of Charleston, the City of Charleston's Mayor's Office on Aging, and others, will continue to enhance service delivery.

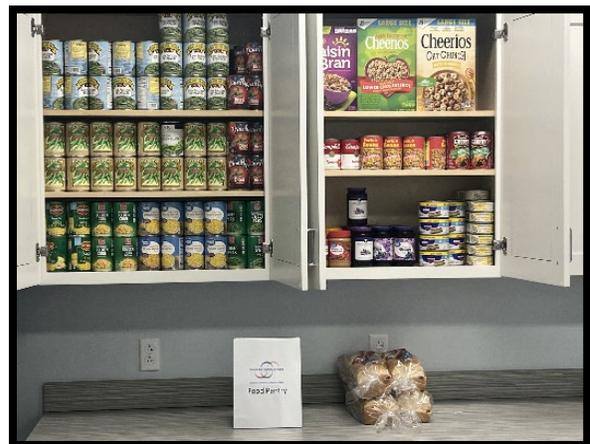
As outlined by the OAA, as amended, TAAA carries out the functions of Area Agencies on Aging (AAAs) to include: Planning, Program Development, Resource Development, Grant and Contract Management, Technical Assistance, Training, Advocacy, Coordination, Service Delivery and Community Education. TAAA provides the following services: Assessment, Family Caregiver Support, Information and Referral Assistance, Long Term Care Ombudsman, Insurance Counseling, and Senior Medicare Patrol. Contracted services include: Home Delivered Meals, Congregate Meals, Transportation, Home Care, Legal Assistance, and Evidence-based Health Promotion.

TAAA offers a variety of Supportive and Nutrition services in the region that go beyond "traditional" service delivery. Nontraditional Supportive Services, funded by the American Rescue Plan (ARP), include Prescription Drug Assistance and Pest Control Assistance. The Prescription Drug Assistance provides up to \$250 in assistance for seniors age sixty (60) and older, who have no prescription drug coverage or for seniors who have prescription drug coverage and cannot afford the out-of-pocket medication costs. TAAA provides Pest Control Assistance for vulnerable seniors who need assistance in keeping their homes safe and sanitized. The lack of pest control in a senior's home can delay other supportive services in the home, such as personal care or homemaker services.

TAAA utilizes ARP Funding to enhance the Congregate Meals Program by contracting with a Registered Dietician to provide quality Nutrition Education services in senior centers. As a part of Nutrition Education programming, the Registered Dietician provides interactive, hands-on activities, cooking demonstrations and taste-testing. TAAA has formal contracts with multiple nutrition service providers and utilizes OAA Funding (Title III C-2), State Funding, and ARP Funding to offer consumer-directed Nutrition Services in the region. Consumer-directed Nutrition Services, particularly in the Home Delivered Meals Program, expand menu options for home delivered meals participants, allowing

them to choose what they want to eat. TAAA is able to better serve seniors who have special dietary needs by offering tailored menus to support common health conditions. The person-centered approach increases service delivery options, provides flexibility, and allows seniors to stay independently in their homes for as long as possible.

TAAA identifies gaps in services by conducting regional needs assessments, reviewing unmet needs data collected by the Information and Referral Assistance Specialist, utilizing Geographic Information System (GIS) mapping, and documenting unmet needs during the consumer assessment and reassessment process. TAAA participates in the Lowcountry Senior Network to gain input from advocates and key informants. Partnerships with other organizations, such as the Lowcountry Food Bank and the SC Department of Social Services, allow TAAA to engage in opportunities to serve unserved, targeted populations. TAAA's Food Pantry, in partnership with the Lowcountry Food Bank, serves seniors who have been assessed and are suffering from hunger and food insecurity. In Fiscal Year 2022, TAAA served one hundred fifty-three (153) seniors with emergency food. TAAA utilizes monetary and in-kind donations to support the Food Pantry. As gaps are identified, the TAAA Advisory Council provides input on the development of annual goals and assists staff in developing strategies to meet the needs of seniors and family caregivers.



Current Service Coverage Charts

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

Supportive Services	[Berkeley]	[Charleston]	[Dorchester]
Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Congregate			
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Essential	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assisted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homecare	<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"/>
Chore	<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"/>
Information & Referral	<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"/>

Nutrition Services	[Berkeley]	[Charleston]	[Dorchester]
Congregate Meals	<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"/>
Home Delivered Meals (Family Caregiver)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Promotion Services	[Berkeley]	[Charleston]	[Dorchester]
Evidenced-Based Programs	<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"/>

Family Caregiver	[Berkeley]	[Charleston]	[Dorchester]
Information & Assistance	<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"/>
Respite	<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"/>
Counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

C. Quality Assurance Process

TAAA is committed to assuring quality assurance for programs provided internally and for programs contracted through service providers. Our organization maintains adequate control and accountability for public funds to ensure that these funds are spent appropriately and that programs are in compliance with the Older Americans Act, as amended, and SCDOA Policies and Procedures. TAAA maintains up-to-date regional policies and procedures that provide guidance for TAAA staff and service providers. TAAA's Executive Director reviews SCDOA programmatic reports for internal programs on a monthly basis to identify programs that are meeting performance measures as well as areas that need improvement. The Executive Director, Finance Manager and other program and administrative staff work jointly in the oversight of contract monitoring. TAAA requires service providers to submit supporting documentation each month in order to be reimbursed. The Executive Director and the Finance Manager meet with service providers either in group meetings or in one-on-one meetings. If areas of concern are identified, both TAAA and the service provider work together to develop a plan to remedy the concern. TAAA will continue to strive for continuous improvements in programmatic oversight and service delivery through announced and unannounced visits to service providers in order to ensure that services are being provided in accordance with Older Americans Act regulations. As a part of monitoring, TAAA obtains client satisfaction information and provides a thorough review of service delivery data, such as sign-in sheets, transportation logs, and program income documentation. Technical assistance and training will be provided based on input from service providers.

TAAA's grievance procedures provide program participants and the general public a standardized process for addressing concerns regarding administration and/or service delivery. Program participants and members of the community may obtain a copy of TAAA's grievance procedures by oral or written request. TAAA requires that senior centers and nutrition sites post information on how to access grievance procedures in visible locations. During regular site visits, TAAA will ensure that Grievance Procedures are posted according to policies and procedures.

Program participants and members of the general community may obtain copies of Board and Advisory Council minutes upon written request. TAAA's leadership, with input from TAAA program staff, reviews and updates internal policies and procedures at least annually in order to ensure that policies are relevant and up-to-date. The schedule for updating policies and procedures varies and is dependent upon when the SC Department on Aging releases updated policies and procedures to the Aging Network. Once policies and procedures are updated, they are distributed internally and/or to TAAA's service provider network. In some cases, TAAA may present new or revised policies and procedures during provider meetings or as requested.

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"> ○ Conduct a Regional Needs Assessment ○ Provide annual quality assurance and fiscal monitoring by program of service providers. ○ Submit Quality Assurance Monitoring Reports to the SCDOA in accordance with Policies and Procedures. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ No challenges or barriers anticipated. 	

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"> ○ Purchase the necessary equipment to provide virtual assessments for active Congregate Meals program participants at two senior centers. ○ Develop internal protocols that will enhance the intake and screening process to better target seniors who are at a higher risk of institutionalization. ○ Offer the opportunity for Assessors to work overtime on Saturdays to complete more assessments as opposed to hiring additional staff. ○ Develop policies and procedures for short-term Home Delivered Meals service authorization periods for seniors with acute medical conditions. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ When seniors call TAAA, they expect to receive services because they feel that they are entitled to them regardless of TAAA’s method of prioritization. ○ Lack of funding for assessments and services limits the ability to increase assessments. 	

State Plan Goal 2	Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, services, education, and counseling on their options to live as independently as possible in the community.
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"> ○ Increase outreach events specifically in northern Berkeley and northern Dorchester Counties. ○ Improve internal coordination and communication among TAAA program staff. ○ Continue existing partnerships with SC Thrive, Good Friends of the Lowcountry, ShelterNet, Palmetto Community Action Partnership, and Catholic Charities. ○ Engage in a new, formal partnership with a local community service organization. ○ Contract with a marketing firm to develop and increase marketing efforts in the region. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ Seniors are reluctant to attend events due to COVID. ○ Missing the documentation of consumer contacts due to the multiple data entry systems. 	

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 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"> ○ Develop an internal follow-up procedure for beneficiaries who received a comparison by the SHIP. ○ Hire additional staff to promote the SHIP and SMP and assist beneficiaries, if funding is available. ○ Develop a radio advertisement to promote the SHIP and the SMP. ○ Identify at least one additional partnership in Berkeley and in Dorchester Counties. ○ Increase outreach events and presentations in Berkeley and in Dorchester Counties. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ Competing television advertisements from for-profit insurance companies. During Annual Open Enrollment, the television is flooded with Medicare Advantage Prescription Drug commercials. ○ AAAs are able to assist beneficiaries in completing applications, but do not have the ability to update beneficiaries on the status of an application when asked. 	

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	
<ul style="list-style-type: none"> ○ Utilize GIS Mapping to identify service gaps for Congregate and Home Delivered Meals. ○ Develop and implement a restaurant voucher program in partnership with Dorchester Seniors, Inc. in the St. George area of Dorchester County in order to increase participation in the Congregate Meals Program. ○ Continue to offer choice within the Home Delivered Meals Program. ○ Monitor the Home Delivered Meals waiting lists and reallocate funding to providers that have the capacity to serve additional meals. ○ Track service provider spending on a monthly basis and reallocate funding to meet the needs of seniors. ○ Order COVID test kits and continue taking precautions to prevent COVID outbreaks in senior centers. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ Overcoming the perception that the Congregate Meals Program is only for low-income seniors. ○ The lack of provider capacity to transport additional Congregate Program participants to the senior center. ○ The lack of provider capacity to serve additional Home Delivered Meals participants due to staffing and limited vehicles. ○ Increased catered meals cost due to rising food cost. ○ The decrease in volunteer drivers for the Home Delivered Meals Program since the COVID-19 pandemic. Service providers are relying more on paid staff to deliver meals; therefore, TAAA anticipates requests for reimbursement rate increases. ○ The reluctance of seniors to return to the Congregate Meals Program due to the fear of catching COVID. 	

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	
<ul style="list-style-type: none"> ○ Assist in the recruitment of trained instructors in Berkeley County to offer EnhanceFitness® classes. ○ Advocate for adding PWR Moves and Drums Alive as approved evidence-based programming in order to expand Evidence-Based Disease Prevention and Health Promotion programs in the region. ○ Increase reimbursement to the regional service provider to support the competitive wages needed to recruit certified instructors. ○ Implement Bingocize® in order to expand evidence-based programming in the region. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ Identifying certified instructors, especially in rural communities. ○ Identifying space to host classes in the region. 	

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"> ○ Utilize ARP Funding in full to expand transportation services to those in need of specialized transportation to necessary medical appointments and to those receiving lifesaving medical treatments. ○ Explore innovative solutions for transportation needs in areas in the region without transportation options. ○ Expand transportation provider options for seniors needing specialized transportation services. ○ Request participant contributions to expand the transportation services. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ Affordability of options available in the region. ○ Availability and the accessibility of transportation options in the region. ○ Sustainability of programs offered once there is no more ARP Funding. ○ Increase in costs associated to providing transportation, such as maintenance, wages, insurance, etc. 	

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"> ○ Utilize ARP Funding in full to expand the caregiver base to reach working family caregivers. ○ Continue and expand ongoing outreach and education efforts provided to the community by creating regularly scheduled events and identifying new opportunities with special attention to the seniors raising children population. ○ Continue agency participation in senior networking groups to identify new partnerships to reach family caregivers. ○ Strengthen partnerships with kinship care organizations and work towards regular collaboration and outreach within those organizations to identify gaps in services and how FCSP would be able to support efforts to help kinship caregivers. ○ Increase collaboration within TAAA programs such as Assessment, Information and Referral and SHIP to identify caregivers who are eligible for services. ○ Increase outreach efforts in northern Berkeley County and in northern Dorchester County. ○ Recruit additional Advisory Council members who are caregivers or who have experienced caregiving. 	
Challenges and Barriers	

- Concerns of duplication of services provided to families.
- Reluctance of potential partner's interest in collaboration efforts.
- The rising cost of per hour respite care services.

Regional Objective	Expand Family Caregiver Support Services
Annual Performance Measures	
Increase the amount of consumer contributions in Family Caregiver Support Program by 2% annually.	
Strategies and Actions	
<ul style="list-style-type: none"> ○ Develop internal policies and procedures following Older American Act guidelines regarding administering consumer contributions. ○ Ensure that program staff involved in collecting contributions have a clear understanding of expectations. ○ Ensure that family caregivers have a clear understanding of how contributions are used. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ Willingness of family caregivers to contribute. ○ Ensuring that existing staff are able to handle the extra financial responsibilities associated with the collection, protection, and reporting of contributions. ○ Ensuring policies do not prevent family caregivers from accessing services, as required by the Older American Act. 	

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"> ○ Review the current processes for client selection and further develop prioritization for at-risk populations. ○ Explore options to service both temporary acute home care needs in addition to serving those with on-going home care needs. ○ Contract with at least two additional home care providers and offer competitive per-hour rates for providers who can serve the rural areas of the region. ○ Identify partners in the healthcare field to target populations who are at risk for hospitalization or re-hospitalization in need of home care supports. ○ Continue to streamline the referral process. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ The increasing cost of providing home care services due to increased wages, insurance, and the overall cost of doing business. ○ The lack of providers' capacities to serve all areas of the region. ○ The increasing need in the community with uncertainty of funding. ○ The reluctance of potential home care agencies willingness to collaborate. ○ The lack of funding to fully fund the program (based on current waiting list). 	

Regional Objective	Expand the Home Care Program
Annual Performance Measures	
<ul style="list-style-type: none"> ○ Increase the amount of participant contributions in the Home Care Program by 2% annually. 	
Strategies and Actions	
<ul style="list-style-type: none"> ○ Develop internal policies and procedures following Older American Act guidelines regarding administering consumer contributions. ○ Ensure that all staff involved in collecting contributions have a clear understanding of expectations. ○ Ensure that all program participants have a clear understanding of how contributions are used. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ Willingness of program participants to contribute. ○ Ensuring that existing staff are able to handle the extra financial responsibilities associated with the collection, protection, and reporting of contributions. ○ Ensuring policies do not prevent targeted populations from accessing services, as required by the Older American Act. 	

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"> ○ Increase outreach to targeted populations about the availability of minor home repair services. ○ Utilize State Funding to serve additional seniors in need of minor home repair services. ○ Utilize Assessors to assist in identifying seniors who are most in need. ○ Expand home repair partnerships in order to assist seniors who may be at risk of losing their homes due to poor home maintenance. ○ Provide referrals to Charleston County Community Development for seniors who may qualify for services through 1) The Housing and Development Funding for emergency repairs; 2) The Critical Home Repair Program; and/or 3) The Well and Septic Program for low to moderate income households. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ Finding licensed, insured, and affordable general contractors. ○ Increased cost of materials. ○ Prioritizing the use of state funding for other services, such as home delivered meals and home care. 	

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"> ○ Engage in a partnership with the South Carolina Justice Navigator Network, a project of the Georgetown Law Center. ○ Train AAA and service provider staff on the basic legal system concepts and an overview of the most common legal issues faced by seniors. ○ Increase the number of Certified Legal First Aid staff in the region. ○ Participate in elder abuse awareness activities during World Elder Abuse Awareness Day in June. 	
Challenges and Barriers	
<ul style="list-style-type: none"> ○ The threat of staff burnout. ○ Not enough legal services funding to meet the needs of seniors. 	

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	
<ul style="list-style-type: none"> ○ Continue to address complaints in a timely manner to ensure resident’s rights are protected. ○ Continue to monitor all facilities when conducting quarterly, routine visits to bring awareness of the program and to build rapport with residents. ○ Establish and maintain a working rapport with staff to assist with improving the quality of care for residents. ○ Promote the Volunteer Program on the TAAA Website, Volunteer Match, and Social Media. 	

- Distribute flyers about the Volunteer Program to community boards in various locations.
- Collaborate with other TAAA programs to attend community events to recruit volunteers.
- Continue to maintain 100% of the quarterly visits.
- Facilitate trainings on Residents' Rights, abuse, neglect exploitation, and other topics for residents/families to bring awareness about the program.
- Collaborate with staff at facilities in the tri-county area to promote and facilitate trainings for Resident Councils, Family Councils or scheduled events.
- Collaborate with internal and external agencies to facilitate education within the community.
- Provide materials such as power points, brochures, and posters to distribute during trainings to emphasize the education provided.
- Participate in the Charleston area's Coordinated Community Response (CCR), a group of multidisciplinary partners in the region that currently includes representation from TAAA, Medical University of South Carolina, City of Charleston Mayor's Office on Aging, Charleston County Probate Court, Adult Protective Services, My Sister's House, and the City of Charleston Police Department.
- Collaborate with other TAAA program staff to increase participation in community outreach and educational events, such as the MUSC Senior Expo, Senior Day at the Coastal Carolina Fair and other community health fairs.
- Continue to acquaint with current Resident and Family Council presidents during routine visits and offer support.
- Participate in Resident and Family Council meetings when invited and share information about the LTCOP.
- Collaborate with the appropriate facility staff to encourage implementation and/or retention of Resident and Family Councils and provide education along with toolkits to assist with the process.

Challenges and Barriers

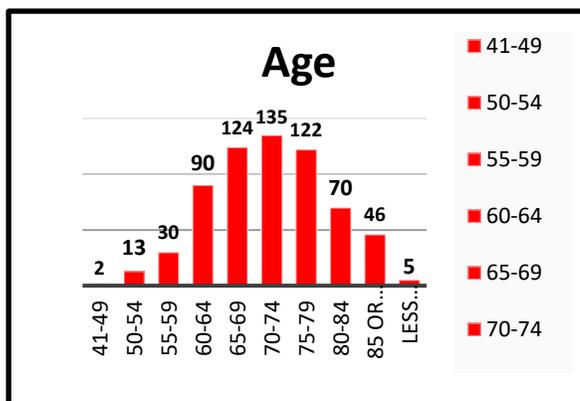
- COVID presents challenges to provide routine visits and/or necessary visits to address concerns in a timely manner or during the course of an investigation.
- Residents are reluctant to report concerns due to the fear of retaliation, which causes some issues not to be addressed properly.
- Due to continuous outbreaks of COVID, volunteers have resigned and are reluctant to inquire about volunteering in facilities to protect their wellbeing. Therefore, recruitment has been scarce due to limited exposure of individuals at community events which are currently few to nonexistent.
- COVID outbreaks within the community and in the facilities can limit in-person trainings in the community and at facilities.
- Due to COVID and continuous outbreaks within facilities, it is difficult to complete quality quarterly visits at times. Because of staff shortage and high turnover, the quality of service has decreased significantly in facilities creating an increase in complaints leading to the inability to successfully complete routine visits.
- Facility staff have misconceptions of their roles with Resident and Family Councils.
- Residents and families may not participate due to the fear of retaliation.
- There are little to no resolutions to issues presented during council meetings leaving residents and families discouraged.

E. Long Range Planning

TAAA perceives its role in the community as the “one stop shop” for aging and disability support services. Meeting the future and diverse needs of seniors, family caregivers, and adults with disabilities will require policy makers, regional planners, and service providers to understand the changing trends in order to put forth new, innovative ideas that will make positive impacts in our community. Since 2010, the 60+ senior population in the Trident Region has increased from 105,670 seniors to 185,114 seniors, with significant increases in Berkeley County, having a 105% increase and Dorchester County having an 88% increase. Charleston County, still by far the largest county in the region, had a 59% increase in senior population.

TAAA utilizes aging industry research and needs assessment data to plan for senior services now and over the course of the next decade. The South Carolina Association of Area Agencies on Aging (SC4A) conducted a statewide Needs Assessment in 2022. The Needs Assessment, an essential part of strategic planning, helps TAAA to understand the needs of our targeted populations and identifies gaps in long term care services and supports. A total of 637 individuals representing various income ranges and ages responded to the Trident Area’s Needs Assessment. TAAA was deliberate in seeking out seniors who never received services through the Aging Network. 81% of those surveyed never received services through TAAA, while 73% never received services through a senior center.

County	Survey Responses
Berkeley	114
Charleston	429
Dorchester	94
REGION TOTAL	637



Income Monthly	Regional Responses
\$1,074 or less	136
\$1,075- \$1,452	102
\$1,453 - \$1,830	77
\$1,831 - \$2,208	46
\$2,209 - \$2,589	50
\$2,590 or more	151

The following data from the Needs Assessment outlines the top concerns from survey respondents.

	Berkeley	Charleston	Dorchester	Total
1) I need to exercise more, but don't know where to start.	24	100	24	148
24) I cannot do my yard work due to physical or medical reasons.	27	99	21	147
6) I am concerned about falls or other accidents.	21	91	29	141
23) I am unable to make necessary repairs to my home due to costs.	20	94	22	136
15) I do not know how I could pay for nursing home care when/if I needed it.	22	87	18	127

According to the Needs Assessment, 23% of respondents reported that they need to exercise more, but don't know where to start and 22% reported that they are concerned about falls or accidents. TAAA contracts with Roper St. Francis Healthcare to offer EnhanceFitness® classes. EnhanceFitness® is an evidence-based exercise and falls prevention program that helps seniors, regardless of fitness level, become more active. The hour-long class is led by a certified instructor and focuses on cardiovascular exercise, strength training, balance, and flexibility. TAAA will work with Roper St. Francis Healthcare to expand EnhanceFitness® classes to additional locations in the region. TAAA will continue to allocate funding for chore services, such as yard work and heavy housekeeping, and minor home repairs. Daily requests for assistance from seniors and family caregivers, raise the question about the preparedness of our community to handle future long-term care needs. Twenty percent of survey respondents expressed concern about the affordability of nursing home care should they need it.

The growing and diverse aging population will continue to place demands on our current service delivery system. During Fiscal Year 21-22, 34% of the total assessments completed were from first-time callers to TAAA and many of those seniors had to be placed on a waiting list due to a variety of factors: lack of provider capacity, workforce shortages, and the uncertainty of sustained funding. TAAA will continue to expand consumer directed services, offering seniors and family caregivers with increased flexibility and choice, specifically in the Family Caregiver Support Program, Home Care Program, Nutrition Program and Transportation Program. TAAA will increase focus on cost sharing and developing private pay services in the region. Program participants will be better informed about the value of services that they are receiving and will be encouraged to share in the cost of providing these important services. All cost share dollars will be used to expand

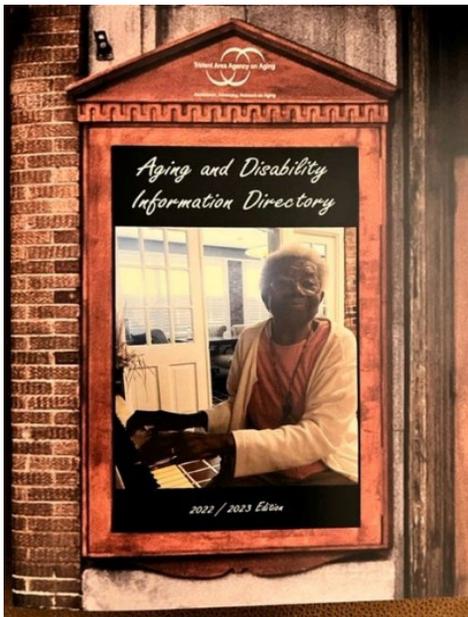
services and to remove seniors from extensive waiting lists. TAAA will promote successful aging by providing education about long-term care resources and supports through our Assessment Program and Information and Referral Assistance Program. TAAA will work to promote healthy lifestyles and raise awareness that older adults bring significant economic and civic assets to our community.

There are major issues that will impact seniors in the region and TAAA will advocate for solutions that will build capacity to meet the needs of older individuals. Transportation continues to be a huge barrier for seniors and adults with disabilities. They need access to basic resources, such as food, medication, and preventative services, such as doctor appointments and routine health screenings. TAAA will utilize ARP Funding to expand transportation services to those in need of specialized transportation to necessary medical appointments and to those who need transportation to lifesaving medical treatments, such as chemotherapy and dialysis. TAAA will partner with USAging to advocate for additional OAA Title III-B Supportive Services to sustain transportation services.

Nutrition services are essential to overall good health and well-being. While the OAA is designed with some local flexibility in mind, there are still restrictions on the amount of money that can be transferred between Congregate Meals and Home Delivered Meals. AAAs need to have more flexibility to determine how the funding is spent within their planning and service area. Furthermore, Meal Minimum Specifications should be revisited with input from program participants. Food waste occurs daily in OAA Nutrition Programs. TAAA also recommends funding be set aside to support regular food waste analysis in the Congregate and Home Delivered Meals Programs to identify what is being thrown away by program participants.

Locating available affordable housing in the Trident Region, especially in the more urban and suburban areas of the region, is difficult due to the high demand for housing and the extensive housing waiting lists for subsidized housing in each of the three (3) counties. TAAA maintains a list of housing resources in the Aging and Disability Information Directory. Public Housing units are in very short supply. There are 1,079 vouchers allocated for Charleston County. Currently, the Housing Choice Voucher Program (HCVP) waiting list is closed and the HCVP division of Charleston County Housing and Redevelopment Authority (CCHRA) is not accepting applications. We have seen the cost of housing, rent, and home repair increase significantly, while the income for seniors in search of housing remain the same. These factors make it more difficult for seniors to stay in their home or secure affordable housing. TAAA recommends using surpluses in Home and Community Based Services State Funding to offer rental assistance to help seniors remain in their homes.

Information and Referral Assistance is the gateway to services in the Aging Network. The program averages over 6,000 contacts annually and partners with an array of community-based organizations to meet the growing demands of our targeted populations. TAAA maintains an up-to-date Aging and Disability Information Directory that is available in hard copy and on TAAA's website. Annually, TAAA distributes over two thousand (2,000) copies of the directory throughout the planning and service area. TAAA recommends building partnerships with disability organizations in order better serve the disability community.



Ms. Althea is a youthful 95-year old pianist. Her love for the piano started at a very young age, as she would watch her mother playing the piano in their home on Cannon Street. Althea would accompany her mother to work on Broad Street and watch the woman of the house play the piano, when one day she said, "I want to play like you." This was the beginning of her lifelong love of the piano and today, Ms. Althea is an accomplished piano. She plays by note and by ear. You can often see her playing the piano at the Charleston Area Senior Center on Meeting Street where she attends and plays most days.

The major medical facilities in the Trident Region have been strategic in opening up satellite medical locations throughout the region in order to be more accessible to those in need of medical services. In the past, individuals had to travel to downtown Charleston in order to access the quality medical services of Roper St. Francis Healthcare and the Medical University of South Carolina. Now, those hospitals offer healthcare services in Summerville, Ladson, Mt. Pleasant, West Ashley, James Island, Moncks Corner, and North Charleston. Trident Medical System continues to offer healthcare services in North Charleston, Summerville and Moncks Corner and East Cooper Hospital has a strong presence east of the Cooper and has a long-standing partnership with the Mt. Pleasant Senior Center. Roper St. Francis Healthcare manages the Waring Senior Center in West Ashley and the Lowcountry Senior Center on James Island. This unique hospital and senior center collaboration strengthens senior center programming and embeds comprehensive wellness services in the community.

The lack of workforce in the home care industry continues to be a barrier in providing respite for family caregivers and home care services, especially in the

COVID-19 pandemic. We rely heavily on trained, professional direct care workers to perform personal care, light housekeeping, and meal preparation for seniors who are at risk for long-term care placement. Unfortunately, hiring and retaining direct care workers has become a tremendously difficult task given the low wages this work pays despite the demands of the job. TAAA recommends competitive compensation for direct care workers and increased reimbursement rates for home and community-based service providers who employ these workers in order to meet the rising and complicated service needs of our aging population.

The Long Term Care System encompasses services and supports, ranging from home care services to skilled nursing services in a facility. As the needs of seniors and adults with disabilities become more challenging and complex, TAAA recommends that there be a focus on staff training, professional development, and livable wages for staffing to support a robust Long Term Care System. The rapid increase in the number of people with Alzheimer's disease and related dementias demands priority from policy makers. According to the South Carolina Alzheimer's Disease Registry published in November 2022, Berkeley County has seen a 318% increase in documented cases since 2000. Charleston County has seen a 206% increase, while Dorchester County has seen a 313% increase. Of the 111,818 South Carolinians living with Alzheimer's disease or related Dementias, 12,296 are living in the Trident Region. Dementia is a family and a community health concern. Caregivers experience both psychological and financial stress in caring for their loved ones. More and more families are dealing with the rising costs of long term care and having to address safety issues, such as driving and wandering.

Seniors and families continue to have expectations about how long term care services are paid for and believe that Medicare will pay for most of their long-term care needs. As referenced in the 2022 Needs Assessment, those who are aware that Medicare will not pay for their long term care, are concerned about the affordability of long term care if and when they may need it. In response, TAAA will continue to provide education to assist families in preparing for long term care.

TAAA often hears challenges faced by family caregivers, particularly the working family caregiver. Program staff often receive calls from stressed out family caregivers who are balancing fulltime employment, their family, and their caregiving responsibilities for aging parents and grandparents. TAAA is using ARP Funds to support twenty-six (26) working family caregivers. Once the ARP Funding is spent, TAAA recommends using State and/or Federal Title III-E Funding to continue supporting working caregivers.

TAAA uses the regional funding formula as a base for the distribution of existing federal and state funds to each of the three counties in the region. Using the 2021 Census data, TAAA recommends the following population factor weighting to be 25% for the 60+ population; 25% for 65+ minority; 25% for the 60+ poverty; 5% for 60+ rural; 10% for the 85+ population; and 10% for 65+ with Disability. TAAA may

adjust the allocation if there is a greater documented need through waiting list or needs assessment data.

TAAA will work with service providers and other community partners to create new resources as long as those resources align with the purpose and mission of TAAA. The creation of new, innovative resources will be essential to meeting the needs of the growing aging population. TAAA will continue to advocate for and recommend policy changes that will allow AAAs, with justification, the ability to offer more flexible services. This flexibility was beneficial during the COVID-19 pandemic as the Aging Network was able to quickly respond to the needs of seniors and offer supports, such as grocery bags, grab-and-go meals at senior centers, and assistance with supplies. While the OAA is designed with some local flexibility in mind, there are still restrictions on the amount of money that can be transferred between Supportive Services under Title III-B and Nutrition Services under Title III-C. AAAs need to have more flexibility to determine how the funding is spent within their Planning and Service Area.

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

TAAA will continue to support senior center development as a major prevention strategy. During the 2017-2021 Area Plan, TAAA committed to support the development and location of multipurpose senior centers in North Charleston, West Ashley, and Summerville. Since then, three new senior centers have opened, two in North Charleston and one in West Ashley. The Senior Center Permanent Improvement Program provides funding for “brick and mortar” projects, but does not support ongoing operational and programming costs. TAAA recommends that State Funding be allocated to support competitive grants to enhance multipurpose senior centers. Continued multi-purpose senior center development and enhancing wellness activities are essential to assisting seniors, regardless of income status and demographics.

Although TAAA and service providers are not emergency management agencies, we have a responsibility to assist seniors, family caregivers, and disabled adults with emergency preparedness. TAAA has an ongoing partnership with Dorchester County Emergency Management and the Lowcountry Bureau of Public Health Preparedness; however, more collaboration is needed with Berkeley County Emergency Management and Charleston County Emergency Management. TAAA recommends more emergency preparedness coordination on the state, regional, and local levels.

F. Attachments

Attachment A – Verification of Intent (VOI)

Attachment B – Assurances

Attachment C – Information Requirements

Attachment D – Programmatic Questions

Attachment E – Performance Measures

Attachment F – Organizational Informational Information

Attachment G – Regional Aging Advisory Council (RAAC)

Attachment H – Mapping

Attachment I – Fiscal

Attachment A – Verification of Intent (VOI)

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

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

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

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



Board of Directors Chairperson

2/21/2023
Date



Planning Service Area Director

2-21-2023
Date

Area Agency on Aging Director

Date

Attachment B – Assurances

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

(Copied from the ACL State Plan Instructions)

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

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

ASSURANCES

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

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

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

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

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 307, STATE PLANS

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

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

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

- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

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

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

- (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and
- (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

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

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

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall--

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access

by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

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

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
- (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order...

Verification of Older Americans Act Assurances

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

Jessica W. Shani
Board of Directors Chairperson

2/21/2023
Date

Stephanie M. ...
Planning Service Area Director

2-21-2023
Date

Area Agency on Aging Director

Date

Attachment C – Information Requirements

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

Section 305(a)(2)(E)

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

Region's Response:

- TAAA is committed to serving seniors with the greatest economic need and social need by conducting comprehensive client assessments and approving services for seniors with the greatest need(s). The assessment identifies health concerns, nutrition risk, social isolation, deficits in activities of daily living, and social isolation. TAAA reviews risk scores generated by the state-approved data collection system in order to prioritize serving those with the greatest need(s). In addition, TAAA Assessors provide detailed documentation to support the need for service delivery.
- TAAA analyzes client assessment data to determine population service gaps and develops strategies to reach underserved populations.
- TAAA applies the Board-approved regional funding formula to allocate Federal and State funding to services and providers to ensure that preference is given to providing services to the targeted populations as outlined in the Older Americans Act, as amended. When TAAA receives allocations, the funding formula is applied and distributed to each county based on the most recent Census data. The regional funding formula is as follows:
 - 25% for 60+ population
 - 25% for 60+ poverty
 - 25% for 65+minority
 - 10% for 65+disability
 - 10% for 85+
 - 5% for rural

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:

- TAAA maintains an up-to-date Emergency Preparedness Plan as required by the SCDOA that outlines TAAA's role as a partner in carrying out emergency management coordination within the region. The Emergency Preparedness Plan is designed to:
 - Facilitate the return of TAAA and home and community-based services to normal operating conditions as soon as practical based on the circumstances and the threat environment;
 - Ensure that TAAA is prepared to respond to emergencies, to recover from them and to mitigate against their impacts;
 - Assist in the coordination to ensure uninterrupted communications to the local service providers, local EMD and SCDOA; and
 - Provide a means for information gathering and dissemination
- TAAA has a Memorandum of Understanding with the Catawba Area Agency on Aging and Vantage Point. In addition, TAAA has signed a Member Agency Agreement with the Lowcountry Food Bank to provide food for the emergency food pantry.
- TAAA participates in the Lowcountry Healthcare Coalition, comprised of County Emergency Managers, SCDHEC, area hospitals, and other community partners.
- TAAA maintains an active working relationship with SCDHEC, Lowcountry Region.

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:

- TAAA performs client assessment and selection to ensure that seniors are not denied services based on where they live.
- TAAA engages in outreach efforts through initiatives such as the Senior Farmer's Market Nutrition Program and emergency food pantry deliveries to reach seniors in rural communities.
- TAAA analyzes client assessment data to determine population service gaps and develops strategies to reach the rural populations.
- TAAA partners with rural community-based programs, such as Wadmalaw Island Community Center, South Santee Senior and Community Center and the Edisto District AME Church, to reach the rural communities.

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:

- TAAA performs client assessment and selection to ensure low-income minority seniors are served.
- TAAA partners with the Charleston Hispanic Association to provide outreach to older individuals with limited English proficiency.
- TAAA engages in outreach efforts through initiatives such as the Senior Farmer's Market Nutrition Program and emergency food pantry deliveries to reach the targeted populations.
- TAAA analyzes client assessment data to determine population service gaps and develops strategies to reach underserved populations.

Attachment D – Programmatic Questions

Disability

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

The concept of diversity, equity and inclusion must include representation and participation from the disability community. TAAA plans on incorporating disability and accessibility into existing programs by inviting individuals with disabilities to serve on the Advisory Council so that they are included in meaningful conversations and decision-making regarding programs and services. TAAA will offer training on disability etiquette and recruitment internally and for service provider staff in order to make inclusion successful.

TAAA will continue to update and disseminate the Aging and Disability Resource Directory throughout the region to targeted populations.

If funding is available, TAAA utilize ARP Funding to expand specialized transportation services for seniors with disabilities.

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?

The number one challenge facing the Transportation Program is the lack of affordable transportation. Seniors need to be able to access senior center services, medical services and other essential services. One way to address this challenge is to develop a transportation voucher program that would assist seniors in paying for a portion of transportation services. The voucher program would make transportation services more affordable for seniors.

Assessment

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

TAAA continues to receive new requests for home and community-based services on a daily basis. Once seniors are assessed, they are added to the waiting lists. Seniors with the greatest needs are served first, leaving a large number of seniors with lower priority risk scores on waiting lists. As the waiting lists continue to grow for home and

community-based services, the number of seniors who need an annual reassessment also continues to grow, thus causing a strain within the Assessment Program. In order to increase productivity within the Assessment Program, TAAA will develop internal protocols that will enhance the intake and screening process to better target seniors who are at a higher risk of institutionalization. Only seniors with the greatest need for home and community-based services will be assessed, thereby reducing the number of assessments and annual reassessments for those who may never receive services. For seniors who are truly at risk for institutionalization, the goal is to reduce their waiting time for an assessment and ultimately, service delivery.

Another way of increasing productivity in the Assessment Program is providing virtual visits to reassess Congregate Meals participants. The goal would be to reduce the wait-time for an assessment and expedite service delivery.

Information and Referral/Assistance	Describe how your agency plans to address the external unmet needs identified in your monthly I&R data.
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Historically, the lack of affordable housing has been an issue in the region. TAAA plans to address the external unmet need of housing by expanding home repair partnerships in order to assist seniors who may be at risk of losing their homes. Furthermore, TAAA will allocate additional funding to the Minor Home Repair Program in order to allow seniors to continue living in their homes. The goal is to keep seniors in their homes so they would not be forced into homelessness due to the fact that there are long waiting lists for affordable housing.

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.
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Recruiting and retaining homecare workers in the rural areas of the region (Edisto, McClellanville, Cross, Pineville, St. Stephen and Jamestown) continues to be a challenge. TAAA plans to contract with at least two additional home care providers and offer competitive per-hour rates for providers who can serve the rural areas of the region.

In order to off-set the increased rate costs, TAAA will develop a plan to increase participant contributions in order to maintain services.

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?

The SHIP/SMP Coordinator will develop new partnerships/collaborations and identify new locations to disseminate information and conduct in-person counseling with a focus on the underserved areas of northern Berkeley and northern Dorchester Counties. Educating and assisting beneficiaries, their families, and caregivers through outreach, and counseling to make informed health insurance decisions that optimize their care and benefits will not only ensure that they receive the best coverage, but also help protect them from unnecessary chances of being victims of Medicare fraud and abuse.

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?

Should the funding for the SHIP/SMP/MIPPA programs be reduced or eliminated, TAAA would cross-train internal staff of other programs, such as Assessment and Information and Referral Assistance, to provide the service to SHIP/SMP/MIPPA beneficiaries. As back-up, Medicare beneficiaries will be referred and directed to Medicare’s toll free number or advised to visit the Medicare.gov website. In the event MIPPA funding is reduced or eliminated Medicare beneficiaries would be referred to the SSA.gov website or their local SSA office for assistance with Part D extra help. Additionally, Medicare beneficiaries exploring any Medicare Savings Programs, may be referred to the SC DHHS call center, SC THRIVE, or by visiting the www.scdhhs.gov website.

Nutrition Programs and Services

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

Participation in the Congregate Meals Program in the St. George area of Dorchester County has decreased due to COVID over the past three years. In partnership with Dorchester Seniors, TAAA plans to develop and implement a restaurant voucher program in order to increase participation in the Congregate Meals Program. Seniors

who attend the Congregate Meals Program on a regular basis will receive restaurant vouchers as an incentive for attending the senior center for meals.

Nutrition Programs and Services

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

TAAA plans to utilize food insecurity and malnutrition data to expand nutrition services by making services more accessible to those in need. For twenty-one years, TAAA has coordinated the Senior Farmer’s Market Nutrition Program annually for Charleston County. Each year, TAAA staff make a concerted effort to offer the farmer’s market vouchers to all areas of Charleston County, both urban and rural.

It is the goal of TAAA to engage in an Agreement with the SC Department of Agriculture Commodity Supplemental Food Program in order to serve those who are food insecure.

For seniors who have been assessed and who are without food, TAAA will continue to offer food pantry services to meet the senior’s immediate need for food.

TAAA’s partnership with Lowcountry Street Grocery offers a home delivery of fresh produce and Nutrition Education to homebound seniors in need.

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.

TAAA will continue to engage in and promote learning collaboratives sponsored by the National Institute of Seniors Centers, USAgging, and the Southeastern Association of Area Agencies on Aging.

In partnership with the Medical University of South Carolina’s Institute for Healthy Aging, TAAA will host and participate in the Senior Expo in March 2023. As a part of the Expo, seniors will have access to long-term care services information and supports, vaccinations, and health screenings.

TAAA will utilize the results of the most recent Needs Assessment to educate decision makers and the community about the needs, desires and expectations of older adults.

TAAA will continue to engage in Lowcountry Senior Network to expand networking opportunities.

**Health
Promotion &
Disease
Prevention**

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

Currently, there are a lack of program instructors to carry out evidence-based health promotion programs, specifically in Berkeley County and in the more rural areas of the region. This seems to be a common issue due to COVID, both locally and across the nation. TAAA will work with the regional provider to recruit instructors by offering incentives and increasing reimbursement for classes to offset wage increases.

TAAA continues to advocate adding PWR Moves and Drums Alive as approved evidence-based programming in order to expand Evidence-Based Disease Prevention and Health Promotion programs in the region.

**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.

TAAA will continue to partner with the Medical University of South Carolina's Institute for Healthy Aging to host and participate in the Senior Expo on an annual basis. As a part of the Expo, seniors will have access to long-term care services information and supports and health screenings that will assist with modifying behaviors or improving health literacy.

TAAA will continue to promote Trualta's online training platform as well as Powerful Tools for Caregivers. TAAA will continue to advocate adding PWR Moves and Drums Alive as approved evidence-based programming in order to expand Evidence-Based Disease Prevention and Health Promotion programs in the region.

TAAA will continue partnering with HealthLinks in efforts to better connect seniors with the available health resources in the community.

**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.

Respite

Respite, the most requested service within the FCSP, provides family caregivers a temporary break from their caregiving responsibilities. Respite is offered in the home, in an adult day or social group setting, or as a short-term stay in a long term care facility. Older relative caregivers, specifically to children, often have different needs, and therefore respite takes form in activities such as enrolling the child in child care centers, after school programs and/or summer camps in order for the senior to obtain their break.

Supplemental Services

Supplemental services, though limited, provides financial assistance with the purchase of supplies or equipment that assists the caregiver in caregiving responsibilities. There is not a finite list of what could constitute a supplemental service, as long as it is justifiably helpful to the caregiver. Common supplemental services requested by caregivers often include financial assistance towards the purchase of incontinence supplies, nutritional supplements (with a physician’s order), minor home safety modifications, and personal emergency response systems. TAAA has provided transportation assistance for caregivers needing help with specialized transport for necessary appointments for their loved one.

Information to Caregivers about Available Services

Funding spent on outreach is minimal and TAAA provides information about agency services by daily interactions with caregivers and community members on an ongoing basis. TAAA uses traditional “word-of-mouth” and local media to increase awareness of services available to caregivers. The agency uses social media and maintains program information on the website. The agency regularly participates in outreach events such as health fairs and presentations to provide information about services.

Assistance to Caregivers in Gaining Access to the Services

During the caregiver assessment, TAAA staff obtains information on the needs of the caregiver as well as the care receiver. Referrals are often made to other programs and services. When appropriate, TAAA is be able to assist with the applications to other supportive services or programs and follow-up. Family caregivers also have access to TAAA’s Aging and Disability Resource Directory that is updated and disseminated annually.

Individual Counseling, Organization of Support Groups, and Caregiver Training

TAAA provides one-on-one options counseling to caregivers on a daily basis either on the phone, in the home, or an appointment in the office. In FY 20-21, TAAA established partnerships with local mental health professionals to provide mental health services

to family caregivers within the FCSP supplemental services budget. TAAA offers counseling services to caregivers based on their responses to questions during the interview/assessment. TAAA also makes referrals to family mediators, and/or geriatric care managers for ongoing case management services for situations beyond the scope of TAAA.

TAAA connects caregivers based on the diagnosis of the person for whom the caregiver is caring. Support groups that are available in the area are provided by organizations such as The Alzheimer's Association, hospitals, hospice organizations and more. TAAA assists with the organization/implementation of a self-help group for caregivers caring for individuals with Alzheimer's disease or Dementia in rural Berkeley County. TAAA has plans to hold regularly scheduled educational sessions for caregivers who are new to caring for persons with dementia as well as developing a support group for male caregivers. TAAA is actively searching new community partners to offer additional options for general caregiver support groups in the region.

In addition to maintaining a physical library of educational materials, videos, and publications on specific caregiving topics, TAAA added an online training platform designed to help families build skills to manage care at home for their loved ones. The service is provided through Trualta, and has been identified by the SCDOA as an approved evidence-based program to benefit family caregivers. Popular topics on the platform include but are not limited to: personal care, safety and injury prevention, dementia care/brain health, and caregiver wellness. The hope is the platform will serve as a gateway for caregivers to interact and support each other as well.

TAAA continues to refer caregivers to multiple training opportunities accessible in the community. Powerful Tools for Caregivers is available in the region. The program is a six-week course, aimed to provide self-care education to family caregivers. The Dementia Dialogues Program, provided by University of South Carolina Arnold School of Public Health is another training resource and is currently offered online in the region. The Dementia Dialogues Program is a five-session course designed to educate those who care for someone with Alzheimer's disease or any related dementias. All programs are free to the family caregiver. TAAA plans to work with family caregivers to identify the gaps in training in the area to avoid duplication and provide them the training needed.

**Long Term
Care
Ombudsman
Program
(LTCOP)**

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

The LTCOP currently has seven (7) active volunteers and TAAA will work towards gaining additional volunteers during the fiscal year. The Volunteer Program is promoted on the TAAA website, Volunteer Match, and social media. The Volunteer Coordinator will distribute flyers to community boards in various locations as well as other avenues as presented. The Volunteer Coordinator will collaborate with other programs within TAAA to attend community and outreach events in order to promote the program and recruit volunteers.

To increase volunteer participation and retention, the Volunteer Coordinator will conduct two (2) bi-quarterly meetings and/or trainings with current and new volunteers. Volunteer Ombudsmen will have the opportunity to meet with the Volunteer Coordinator at least once during the fiscal year to perform a routine visit for performance assessment. TAAA will recognize active volunteers during Volunteer Appreciation Week in April.

**Long Term
Care
Ombudsman
Program**

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

The LTCOP will increase program awareness by attending and participating in community outreach and educational events, such as the MUSC Senior Expo and other community health fairs, to provide education through facilitation and/or material.

The LTCOP will participate in the Charleston area's Coordinated Community Response (CCR), a group of multidisciplinary partners in the region that currently includes representation from TAAA, Medical University of South Carolina, City of Charleston Mayor's Office on Aging, Charleston County Probate Court, Adult Protective Services, My Sister's House, and the City of Charleston Police Department. The CCR works together on abuse, neglect, and exploitation throughout the region and explores resources to better serve seniors' needs.

Legal Assistance Program

What issues do you see that affect justice for seniors?

TAAA’s daily contact with vulnerable adults, along with input from other stakeholders and partners in the community, raise awareness to the many issues that affect justice for seniors. Exploitation and/or coercion from family members, friends and scammers continue to have a negative impact on the senior population. TAAA partnered with SC Legal Services to obtain educational materials concerning fraud, scams, and advance planning from the Bureau Consumer Financial Protection. Because of this partnership, TAAA distributed over 5,000 educational materials in the community. The lack of access services, to include transportation and technology (internet access in rural areas) also affect justice for seniors.

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.

The lack of on-going legal assistance training for front-line staff, such as AAA assessment staff, senior center staff, home care workers, and van drivers, continue to impede access to justice for seniors. Without on-going legal assistance training and support, front-line staff are not able to identify legal issues or connect seniors to appropriate and timely legal resources. TAAA will engage in a partnership with the South Carolina Justice Navigator Network, a project of the Georgetown Law Center to train AAA and service provider staff on the basic legal system concepts and an overview of the most legal issues faced by seniors. The goal is to increase the number of Certified Legal First Aid staff in the region.

Attachment E – Performance Measures Template

Area Plan Performance Measure Goals Template

Area Plan Dates 2023 - 2025

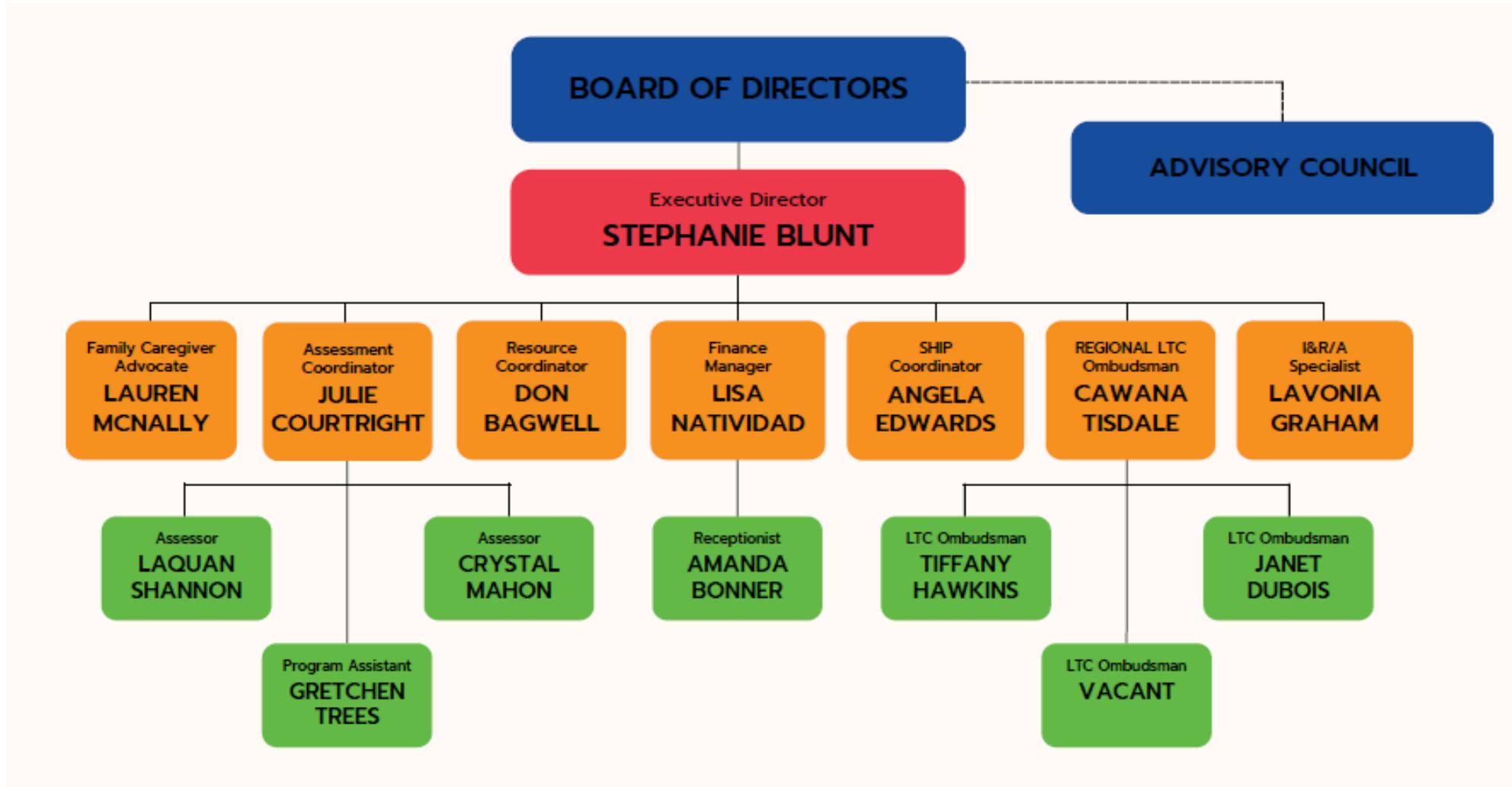
Performance Measure		FY22	FY23	FY24	FY25
PM 1: Expand the number of seniors assessed annually by 5% or as needed.	Achieved?				
	Target/Goal		3,129		
	Actual	2,980			
	AIM/SCDOA Program Report				
PM 2: Decrease the number of seniors on waiting lists for services by 5%. (It should be noted that regional waiting lists can be a result of many factors, including funding and/or lack of capacity in rural areas.	Achieved?				
	Target/Goal		1,112		
	Actual	1,171			
	SCDOA PowerPoint				
PM 3: Increase the number of contacts accessing I&R/A services by 5% annually.	Achieved?				
	Target/Goal		6,393		
	Actual	6,088			
	SCDOA Program Report / SCACT				
PM 4: Increase the I&R/A outreach by 5% annually.	Achieved?				
	Target/Goal		63		
	Actual	60			
	SCDOA Program Report / SCACT				
PM 5: Increase by 5% annually, the number of older adults and adults with disabilities enrolled in prescription drug coverage	Achieved?				
	Target/Goal		26		
	Actual	25			
	STARS				

that meets their financial and health needs.					
PM 6: Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance.	Achieved?				
	Target/Goal		4,067		
	Actual	3,873			
	STARS				
PM 7: Three regional SHIP outreach events per quarter per county (36 annually).	Achieved?				
	Target/Goal		36		
	Actual	48			
	STARS				
PM 8: Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.	Achieved?				
	Target/Goal		566		
	Actual	539			
	SIRS				
PM 9: Increase by 5% annually, the number of consumers reached in rural, isolated areas.	Achieved?				
	Target/Goal		275		
	Actual	262			
	STARS				
PM 10: Increase by 5% community partnerships to assist in raising awareness of fraud.	Achieved?				
	Target/Goal		14		
	Actual	13			
	SIRS				
PM 11: Expand the number of family caregiver support recipients by 5% annually.	Achieved?				
	Target/Goal		748		
	Actual	712			
	Quickbase				
PM 12: Increase family caregiver outreach events by 5% annually.	Achieved?				
	Target/Goal		24		
	Actual	27			
	Quickbase				
PM 13: Increase utilization of the Seniors Raising Children funding by 5%.	Achieved?				
	Target/Goal		\$11,000.96		
	Actual	\$10,477.10			
	AIM				

PM 14: Increase partnerships and collaboration with other human-service agencies by 3%.	Achieved?				
	Target/Goal		3		
	Actual	2			
	MOUs				
PM 15: Increase the number of seniors receiving home care services by 5% annually.	Achieved?				
	Target/Goal		232		
	Actual	221			
	AIM				
PM 16: Increase the number of clients utilizing transportation services by 5% annually, depending on available funding sources.	Achieved?				
	Target/Goal		185		
	Actual	176			
	AIM				
PM 17: Increase the number of seniors receiving home repair services by 5% annually.	Achieved?				
	Target/Goal		14		
	Actual	13			
	AIM				
PM 18: Increase the amount of participant contributions in Family Caregiver Support Program by 2% annually.	Achieved?				
	Target/Goal		\$5,814.00		
	Actual	\$5,700.00			
	Internal Spreadsheet				
PM 19: Increase the amount of participant contributions in the Home Care Program by 2% annually.	Achieved?				
	Target/Goal		\$31,592.18		
	Actual	\$30,972.73			
	AIM				
PM 20: Increase the number of outreach activities directed at the most vulnerable senior victims of abuse, neglect, and exploitation.	Achieved?				
	Target/Goal		3		
	Actual	2			
	TAAA Internal Calendar				
PM 21: Increase the number of formalized partnerships between	Achieved?				
	Target/Goal		2		
	Actual	1			

aging/disability and elder rights groups	Formal Agreement				
PM 22: Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.	Achieved?				
	Target/Goal		246		
	Actual	234			
	WellSky				
PM 23: Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.	Achieved?				
	Target/Goal		225		
	Actual	214			
	WellSky				
PM 24: Increase the number of trained Volunteer Ombudsmen by 5% annually.	Achieved?				
	Target/Goal		10		
	Actual	9			
	Volunteer Coordinator				
PM 25: Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 5% annually.	Achieved?				
	Target/Goal		18		
	Actual	17			
	WellSky				
PM 26: Expand the number of Resident and Family Councils by 5% annually.	Achieved?				
	Target/Goal		4		
	Actual	3			
	WellSky				

Attachment F – Organizational Information



Agency name: Trident Area Agency on Aging
Area Plan Trident Area Agency on Aging 2023-2025

Region: 9
 Agency FTE (yearly hours): 1950
 Fiscal Year: 2022-2023

Area Agency on Aging Staff Responsibilities

Employee's Name	Employee's Title	Admin	I&R/A	Assessments	Homecare	Legal	Nutrition	Family Caregiver	Ombudsman	SHIP/SMP	Total
Stephanie Blunt	Executive Director	.8					.2				1
Lisa Natividad	Finance Manager	1									1
Amanda Bonner	Receptionist	.8			.2						1
Cawana Tisdale	Regional LTC Ombudsman								1		1
Janet DuBois	LTC Ombudsman								1		1
Tiffany Hawkins	LTC Ombudsman								1		1
Lauren McNally	Family Caregiver Advocate							1			1
Don Bagwell	Resource Coordinator							1			1
Lavonia Dixon	I&R/A Specialist		1								1
Angela Edwards	SHIAP Coordinator									1	1
Julie Courtright	Assessment Coordinator			.8	.15	.05					1
Gretchen Trees	Intake Coordinator		.5	.5							1
Crystal Mahon	Assessor			1							1
Laquan Shannon	Assessor			1							1
		2.6	1.5	3.3	.35	.05	.2	2	3	1	14

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

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

Attachment G – Regional Aging Advisory Council (RAAC)

The Older Americans Act of 1965, as amended, requires TAAA to establish an Advisory Council. The purpose of the Council is to advise the TAAA Board of Directors, to share areas to pursue in the future, and to identify and to prioritize the needs of seniors, adults with disabilities and caregivers. The Council advises TAAA on all matters relating to the development of the Area Plan, the administration of the Plan, and the operations conducted under the Plan. Each year, the Advisory Council identifies priority areas of focus and develops key deliverables for each of these areas. In pursuing this purpose, the Council strives to meet the following goals:

Goal 1: Improve the awareness about services provided through TAAA and its service providers.

Goal 2: Improve the access to home and community-based services for seniors, adults with disabilities and family caregivers.

Goal 3: Increase participant investment in the Nutrition, Supportive Services and Family Caregiver Support programs.

Goal 4: Increase SHIP resources for targeted populations and their caregivers by providing information, education, and counseling about their Medicare options.

Goal 5: Expand participant choice for Home Care Services.

In accordance with the Bylaws, the Advisory Council consists of a minimum of nine (9) members, with at least fifty-one (51) percent of the Council members being at least sixty (60) years of age. The members of the Advisory Council broadly represent the demographics of the people served through TAAA. Currently, there are nine (9) members on the Council, with vacancies in Berkeley and Dorchester Counties. Furthermore, there are vacancies in the family caregiver representation as well as the disability community. The Advisory Council's Nominating Committee brings forth recommendations to the Council for membership consideration. Advisory Council members must maintain objectivity and integrity and be free of conflicts of interest. Each member serves for a term of three (3) years with a maximum of two (2) consecutive terms, for a total of six (6) years. The Advisory Council meets every other month with the exception of summer months. The Chairperson may call a special meeting, if necessary. Minutes of all Advisory Council meetings are available upon request.

REGION

Trident

Mark with an "X" all that apply

RAAC Member Name	County of Residence	<50%										
		Age 60+	Program Beneficiary	Public Official	Minority	Rural Resident	Family Caregiver	Member of the Business Community	Veterans Organization	Member of the Disability Community	General Public	Provider Organization
Mackenzie Cochran	Charleston							X				X
Jo Ann Garrett	Charleston	X			X						X	
Kishia Gibbs	Charleston				X							X
Nancy Goodman	Charleston	X									X	
Mary Peters	Charleston	X									X	
Mary Rohaley	Charleston										X	
Wesley Perich	Berkeley	X									X	
William Streyffeler	Dorchester	X									X	
Marlene Williamon	Charleston	X					X		X		X	

Attachment H – Mapping

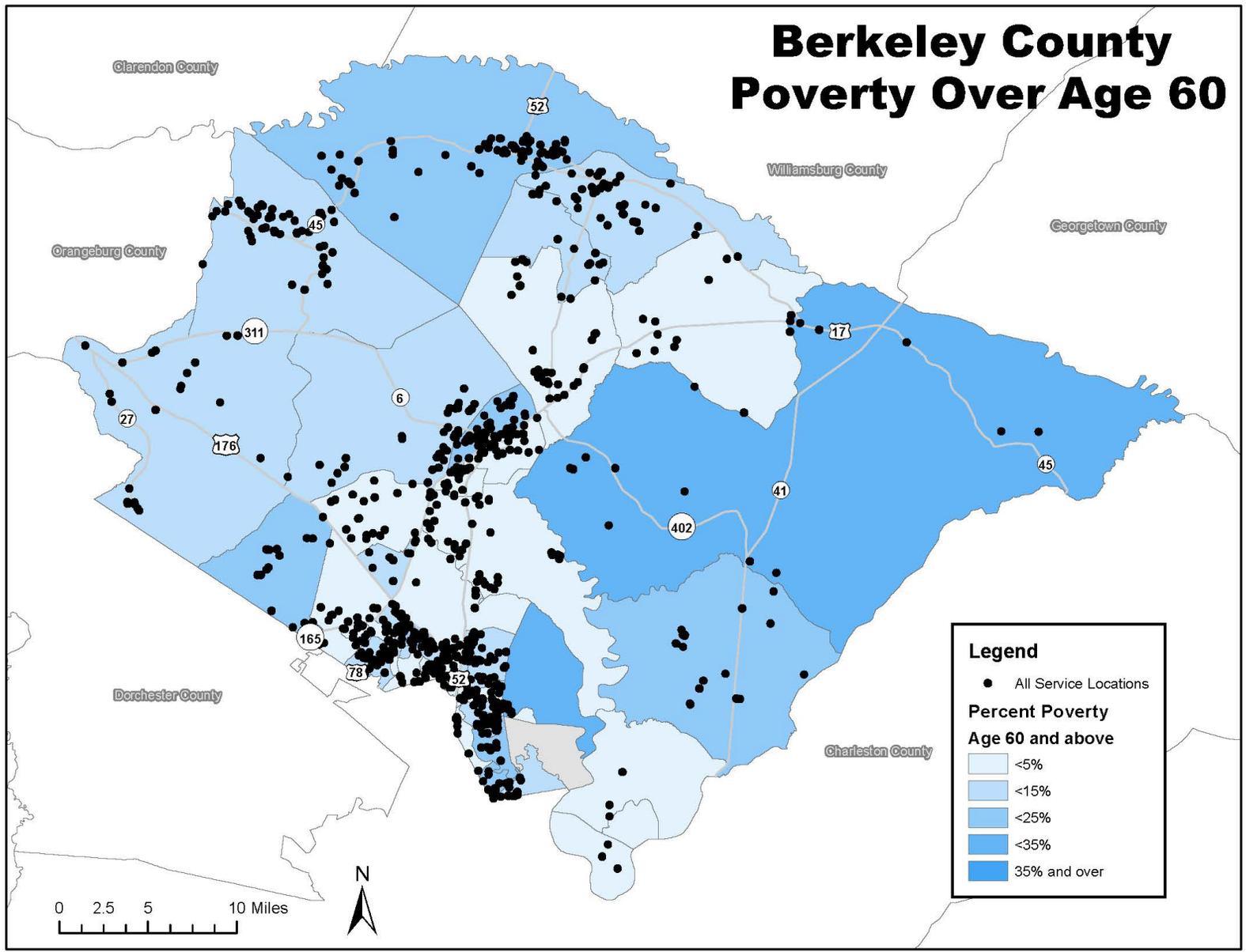
Demographics Chart

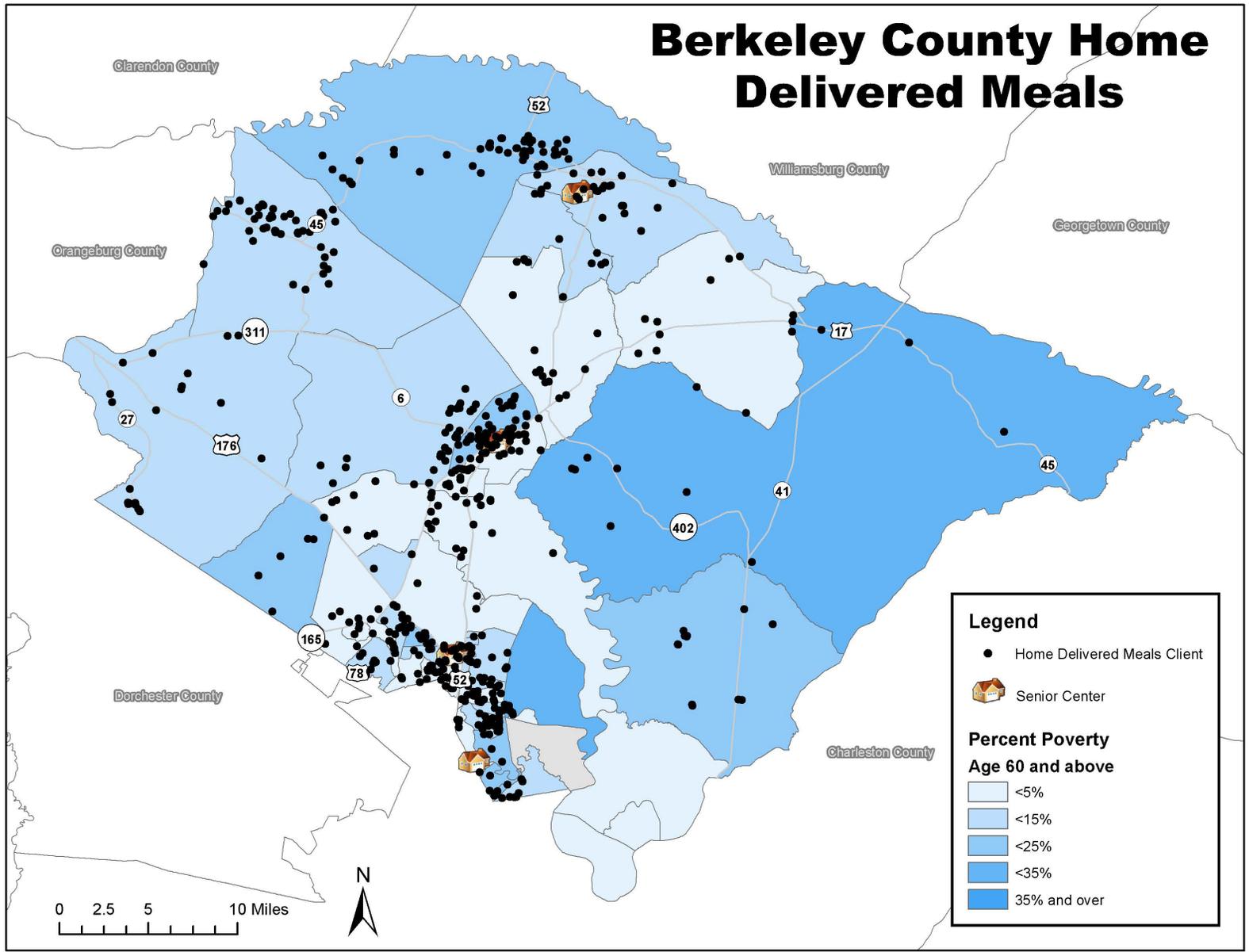
Target populations are represented in the following table along with mapping. Each column is the percentage of the target based on the total population for the county.

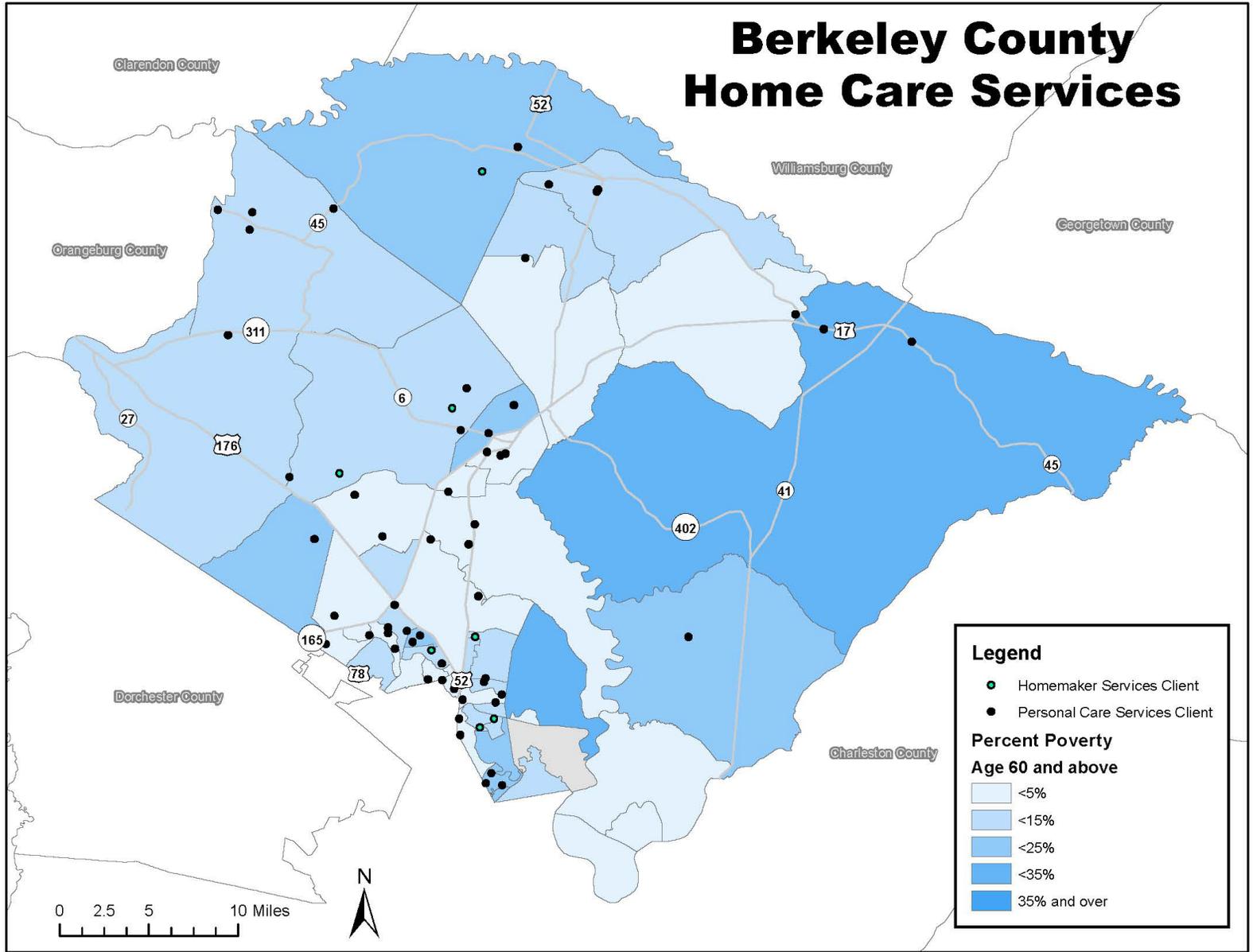
County	% 60+	% 85+	% Minority	% Rural	% Limited English
Berkeley	21.5	1.2	37	0	1
Charleston	23.6	1.5	35	0	.8
Dorchester	22.5	1.5	37	0	1.3

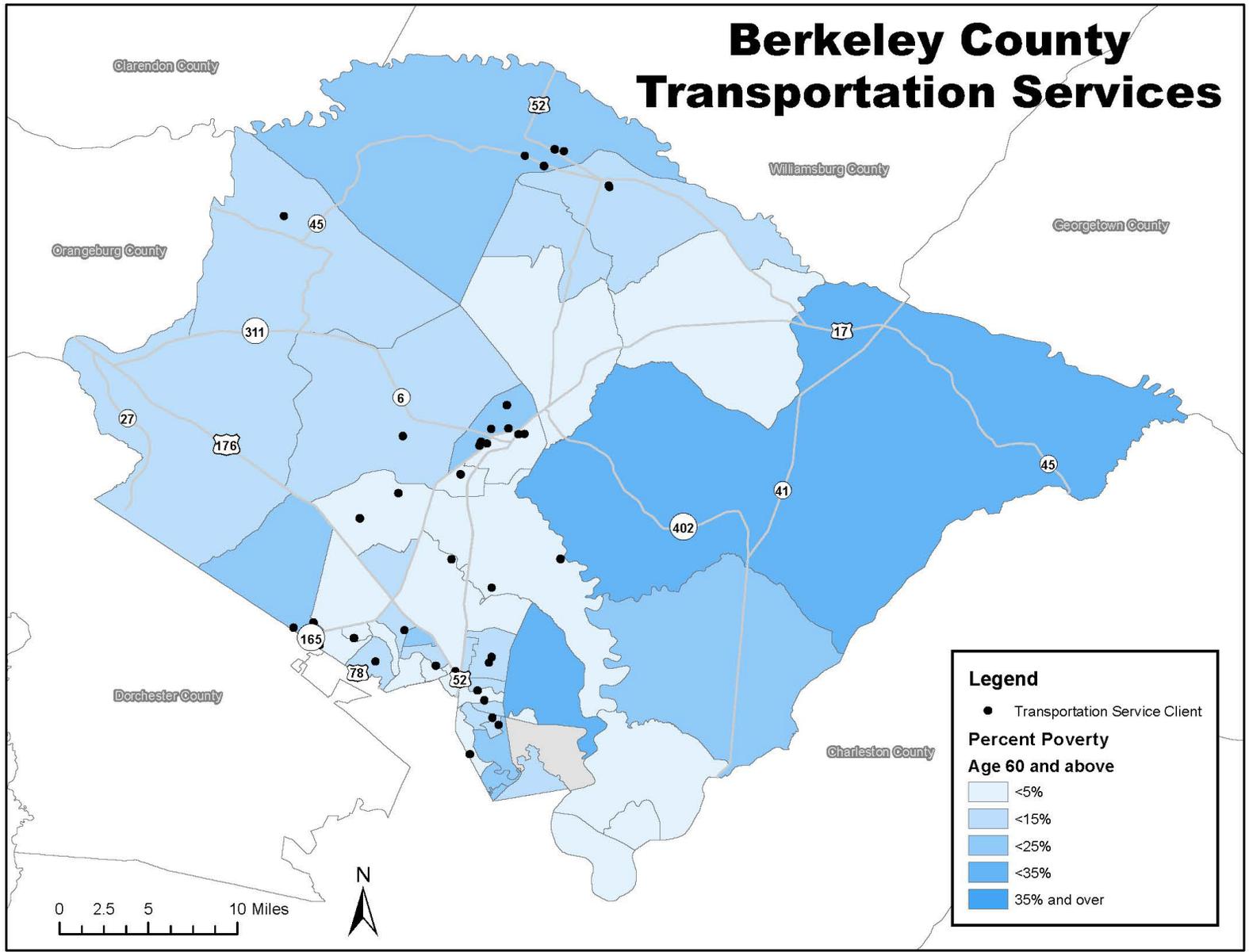
Senior Centers Mapping with III-D Table

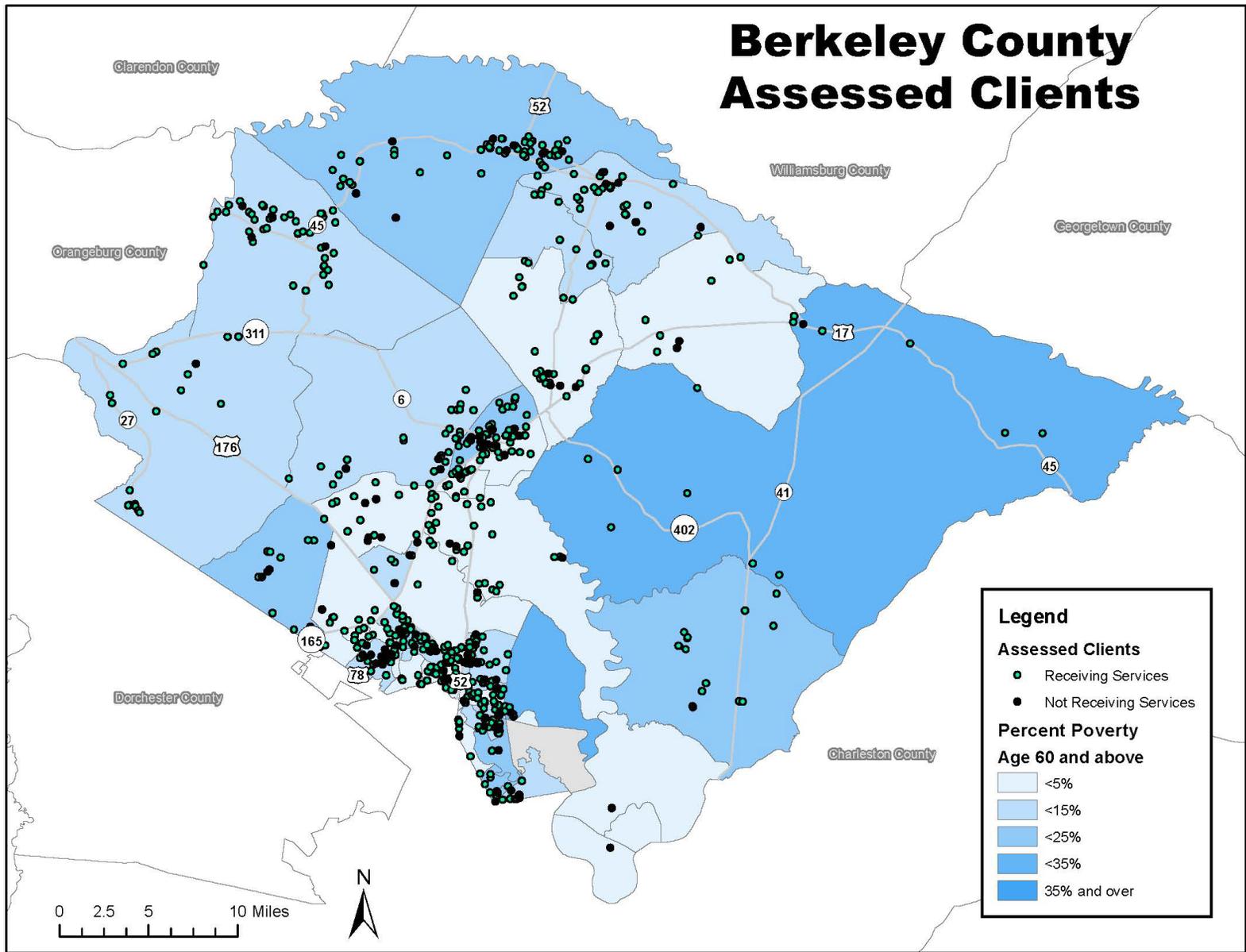
Evidenced-Based Program (Name)	Site Name(s) /Virtual	County Name
Enhance Fitness - Sit and Fit Level I	Waring Senior Center	Charleston
Enhance Fitness - Sit and Fit Level I	Lowcountry Senior Center/Hybrid	Charleston
Enhance Fitness - Sit and Fit Level I	Waring Senior Center/Hybrid	Charleston
Enhance Fitness - Level II	Waring Senior Center	Charleston
Enhance Fitness - Level II	Lowcountry Senior Center	Charleston
Enhance Fitness - Level II	Rollins Edward Community Center	Dorchester
Enhance Fitness - Level III Fit and Firm	Lowcountry Senior Center	Charleston
Enhance Fitness - Level III Fit and Firm	Lowcountry Senior Center/Hybrid	Charleston
Enhance Fitness - Level III Fit and Firm	Waring Senior Center	Charleston
No III-D Programming was offered at the following site/county FY22	Site Name(s)	County Name
Enhance Fitness	Roper St. Francis Moncks Corner	Berkeley

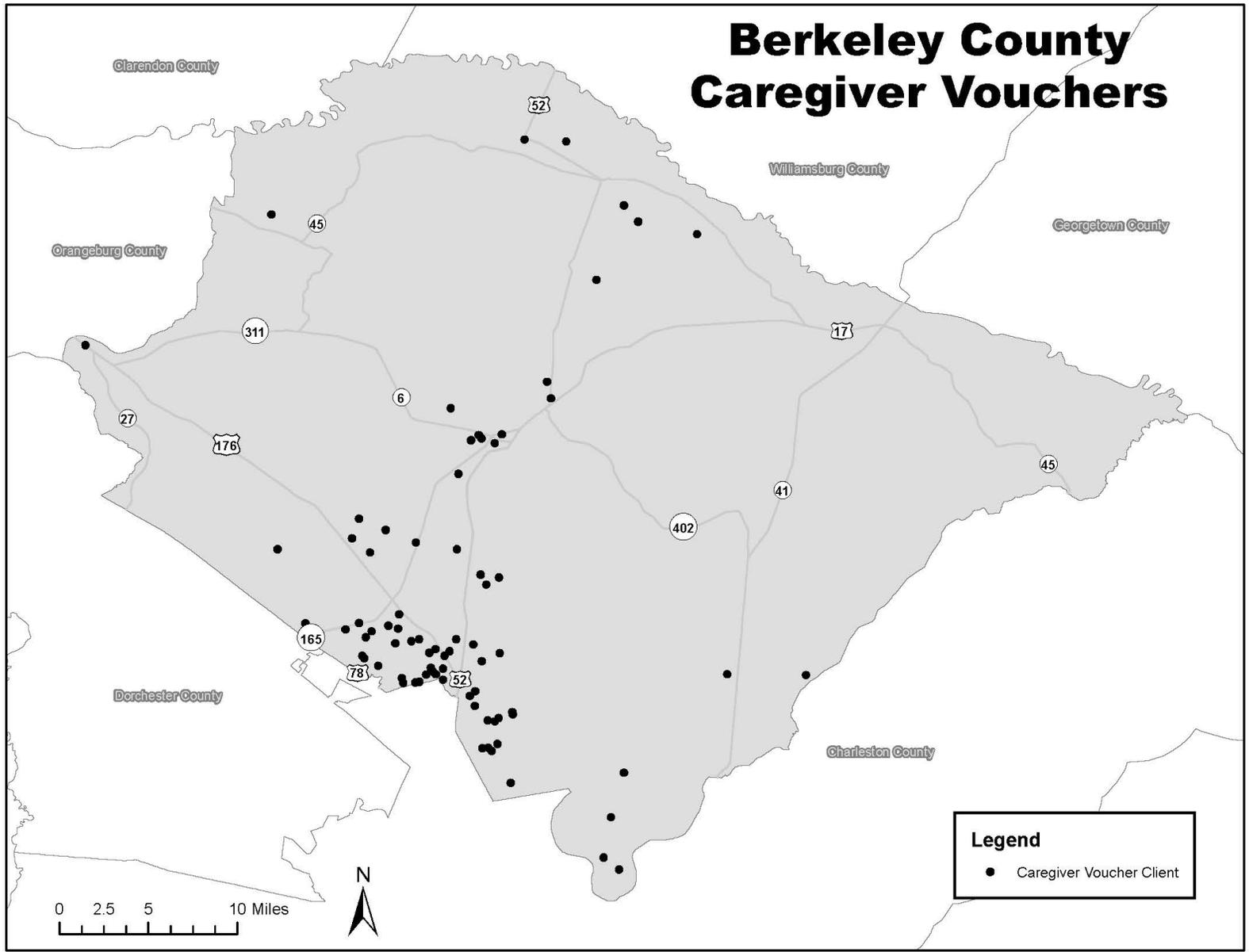


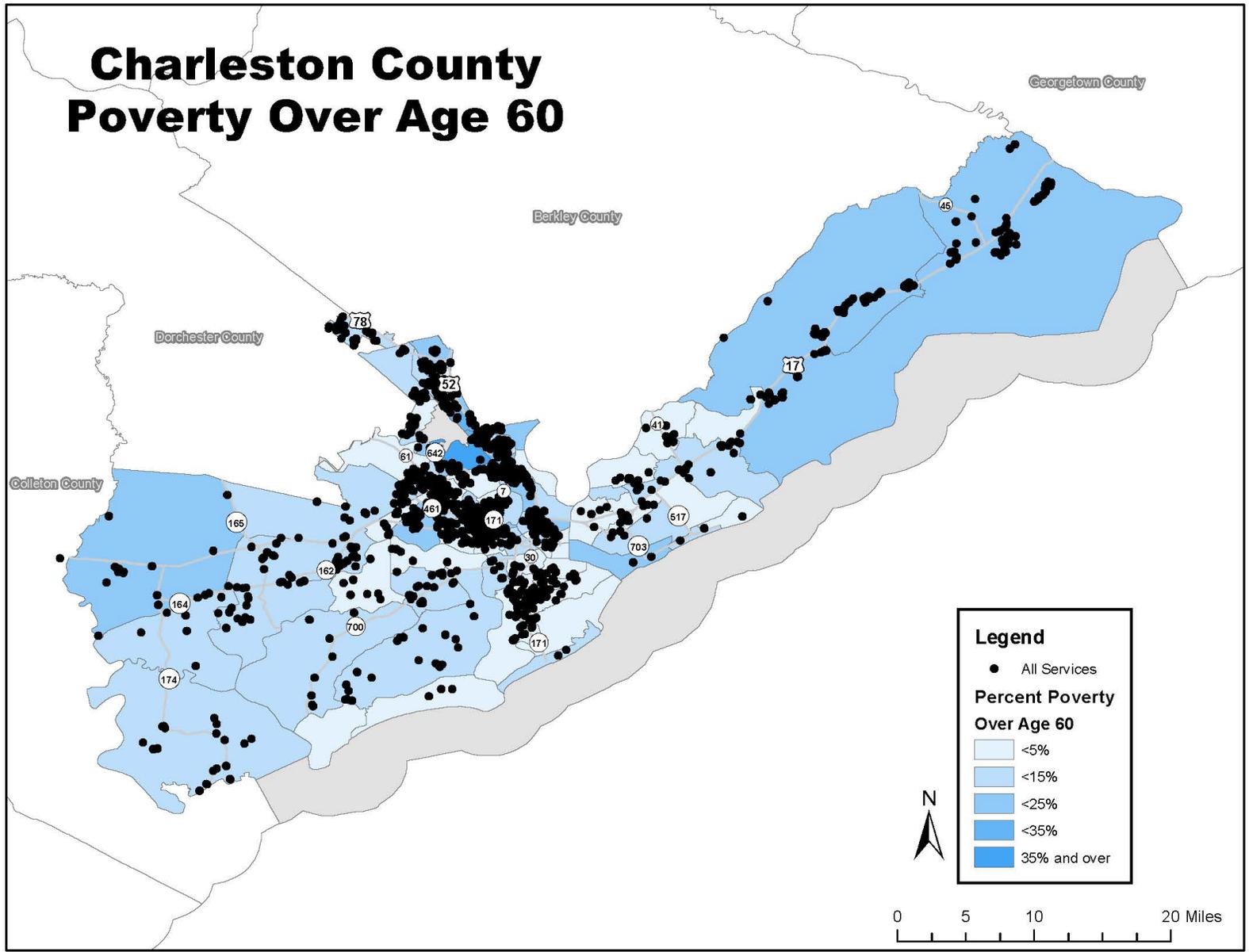


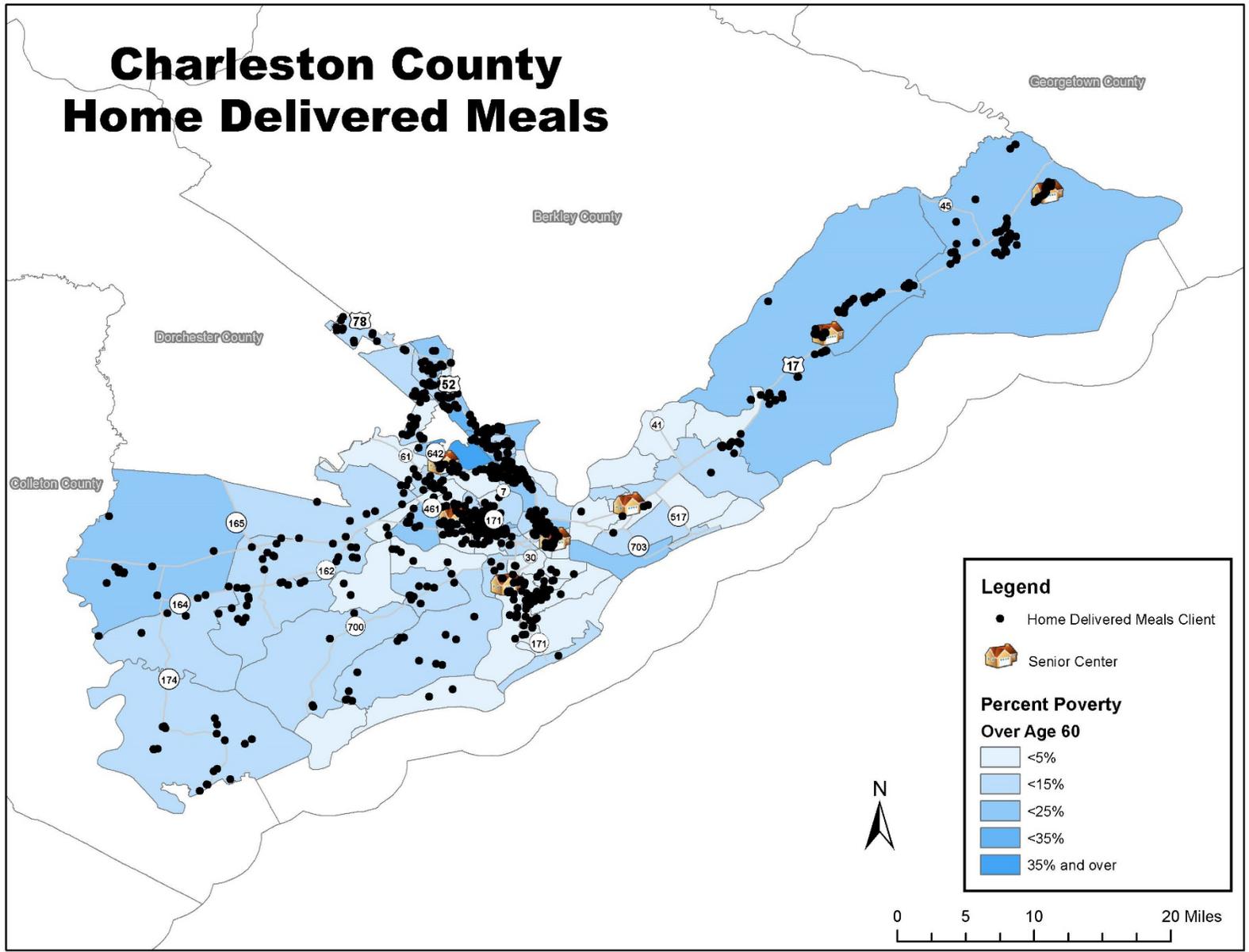


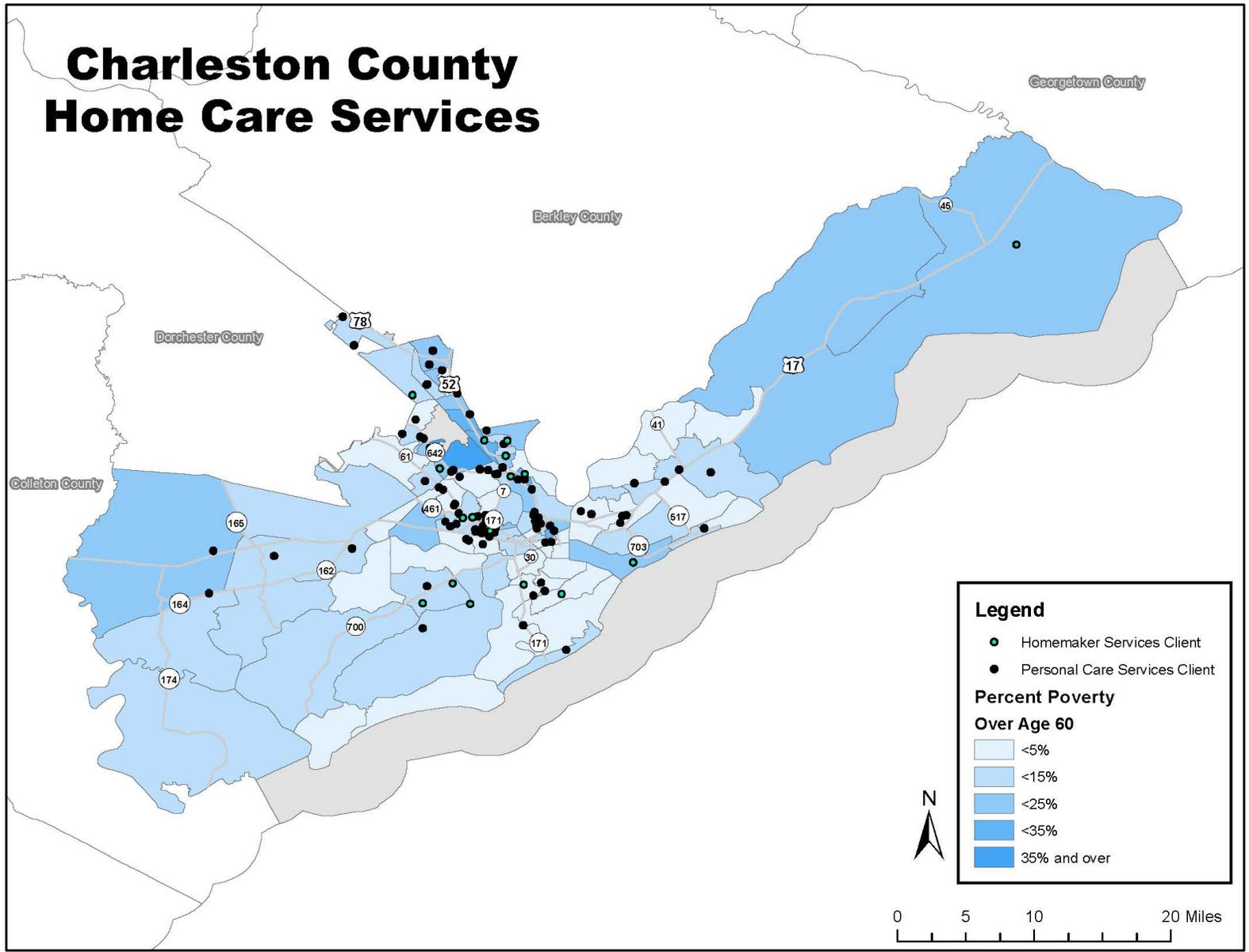


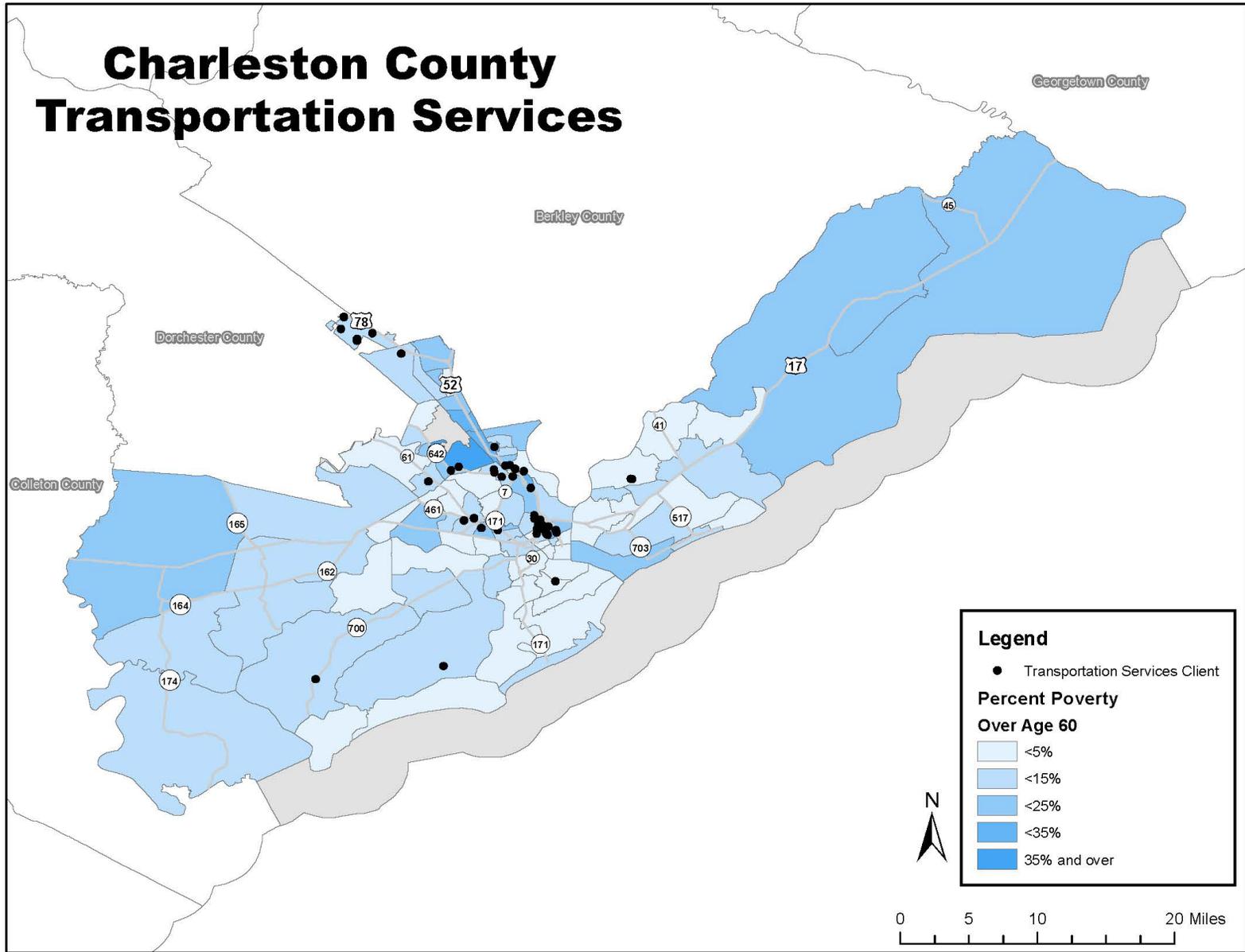


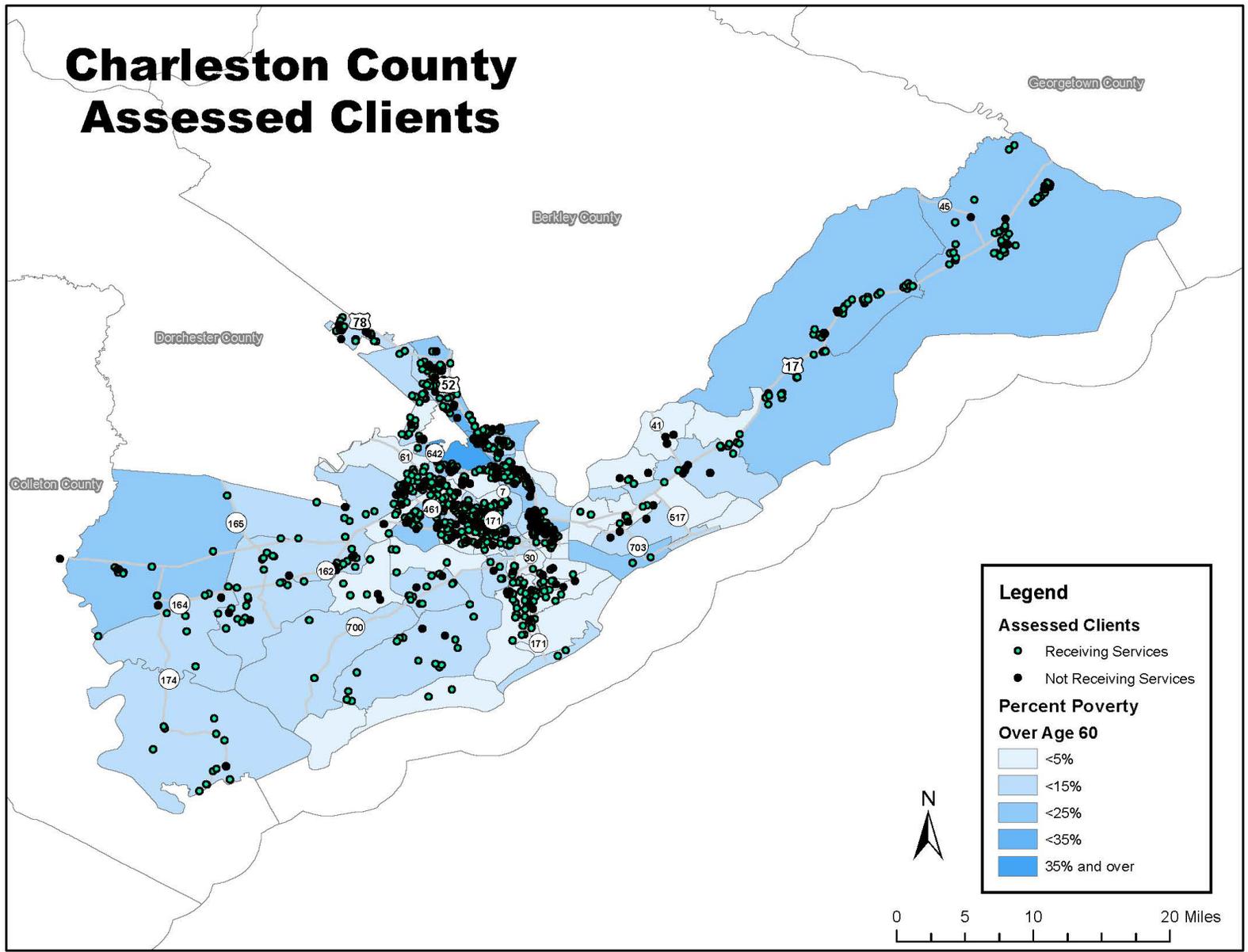


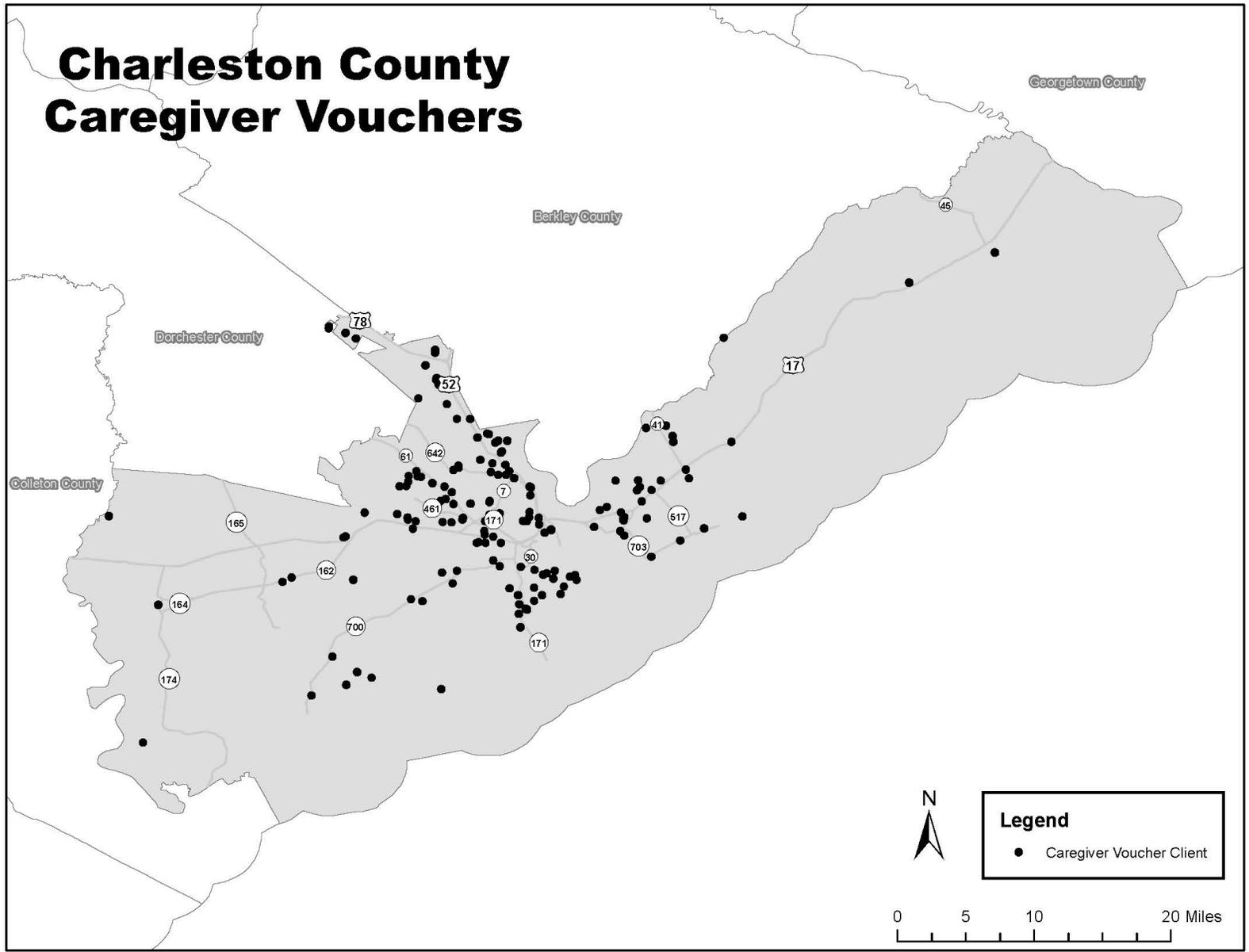


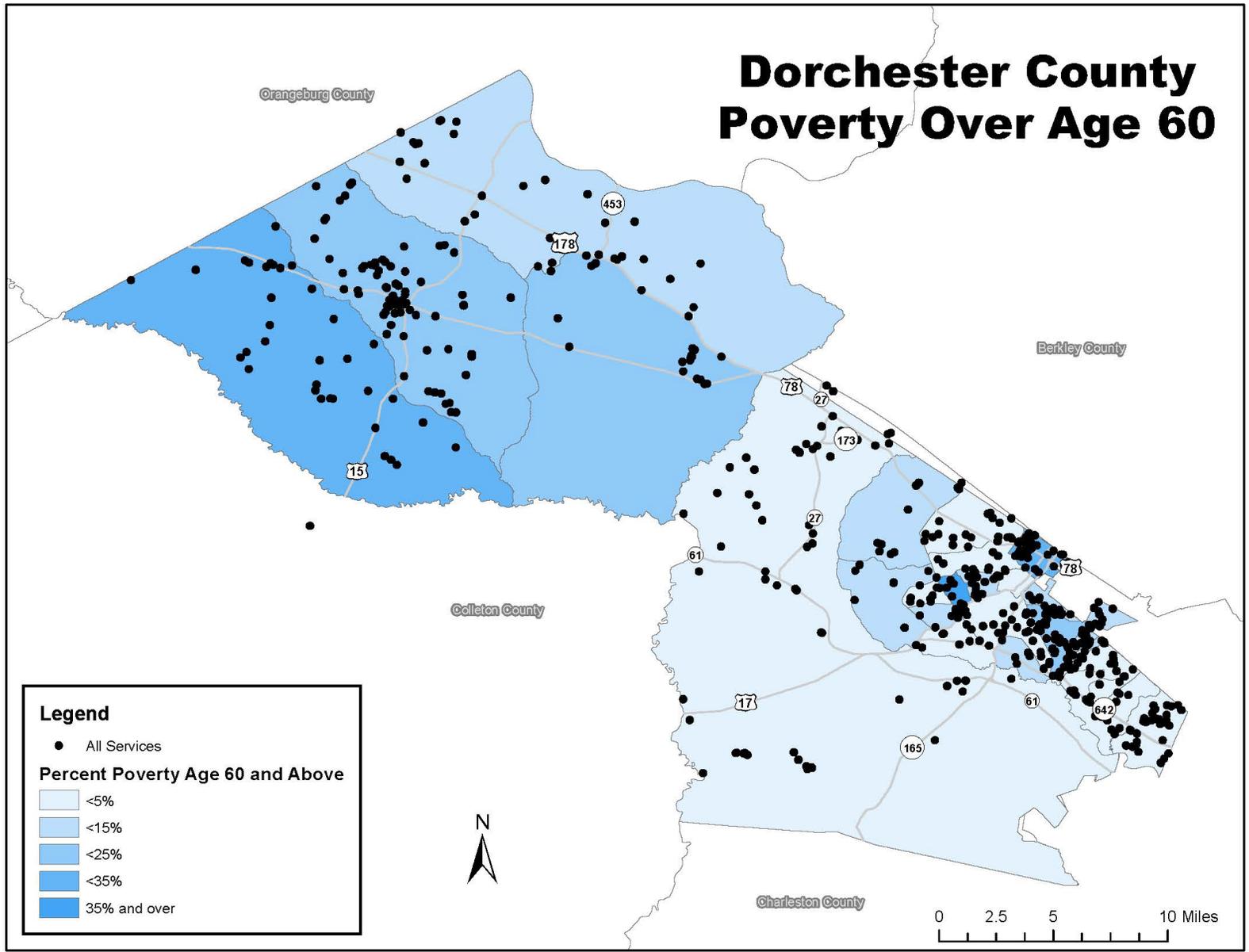




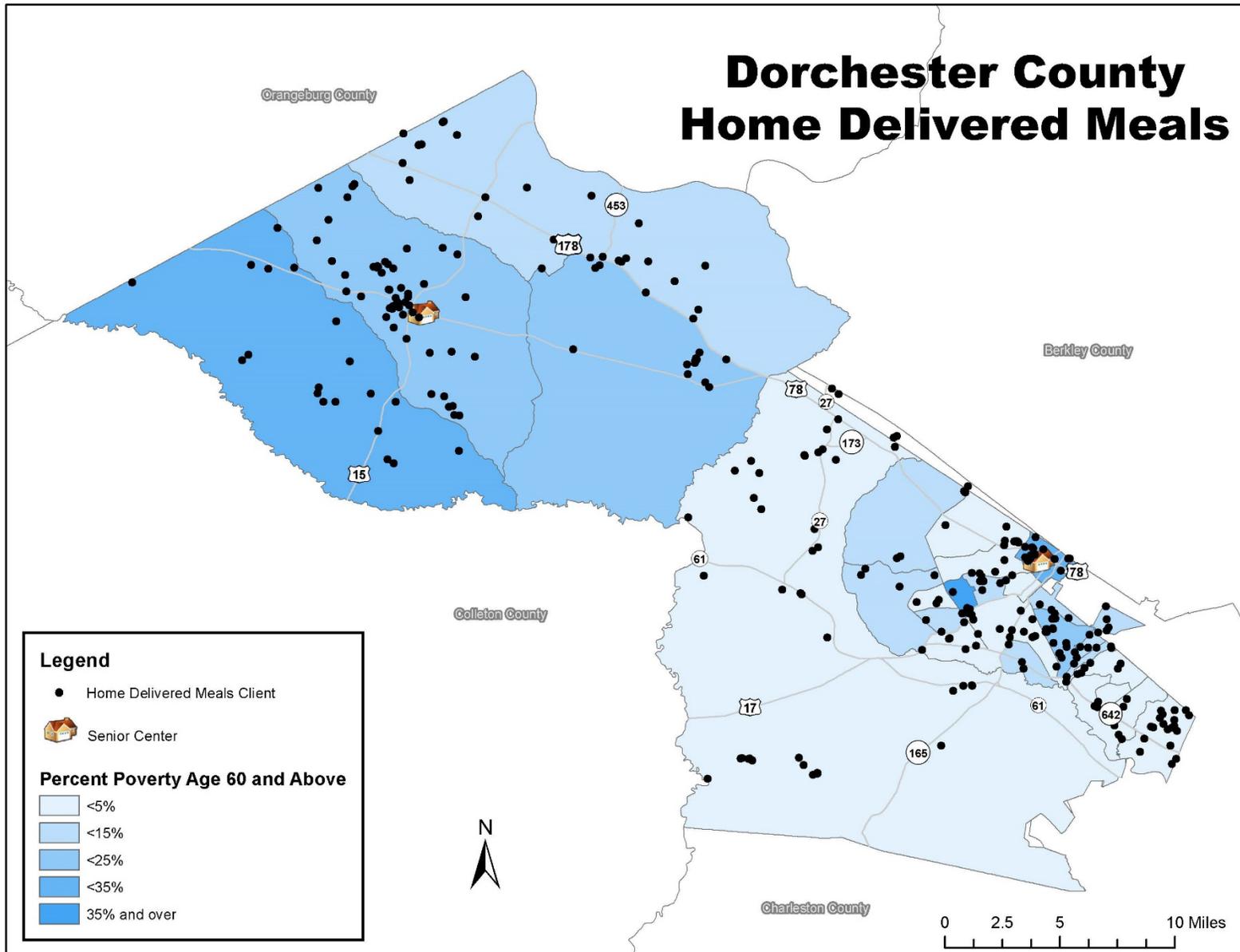


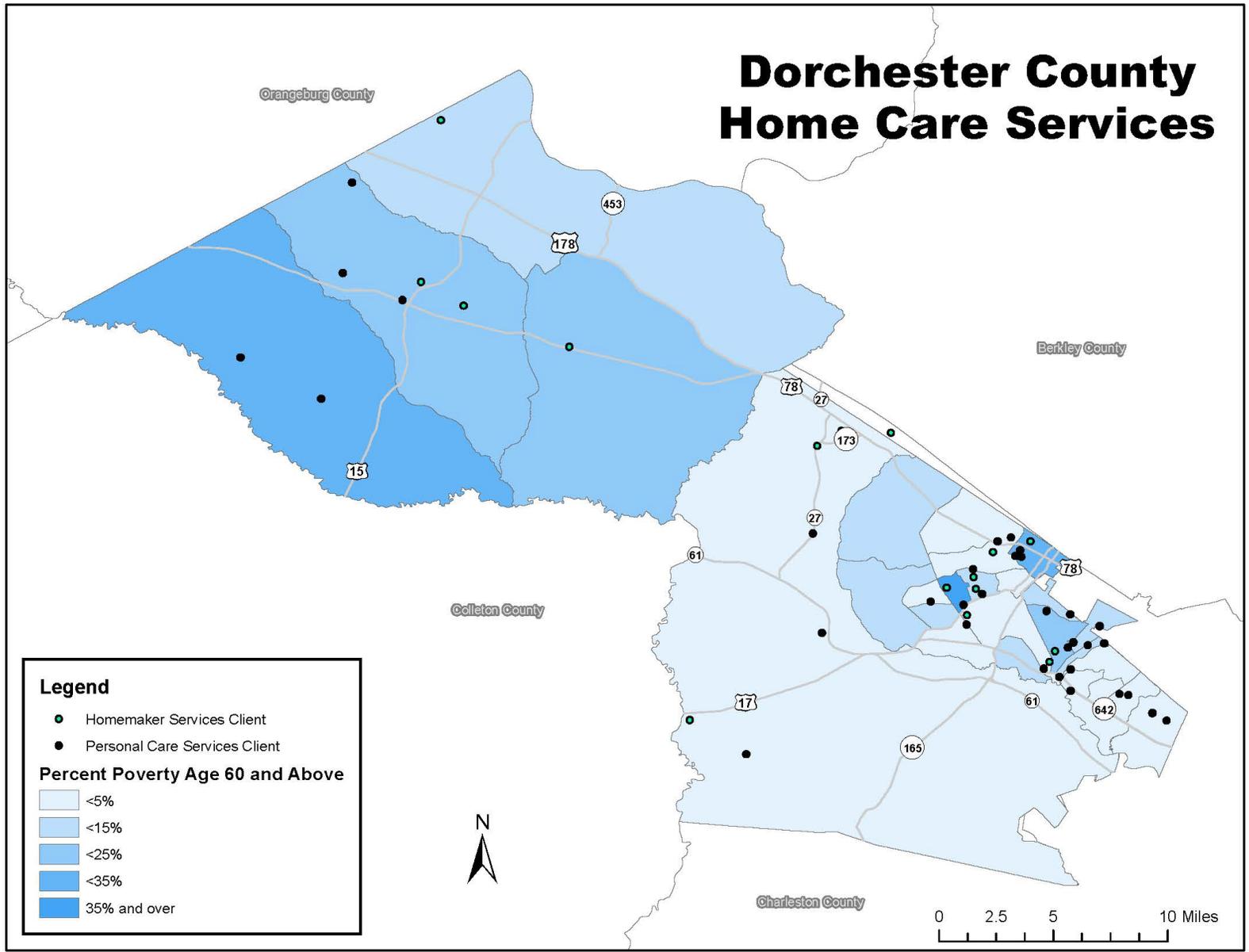


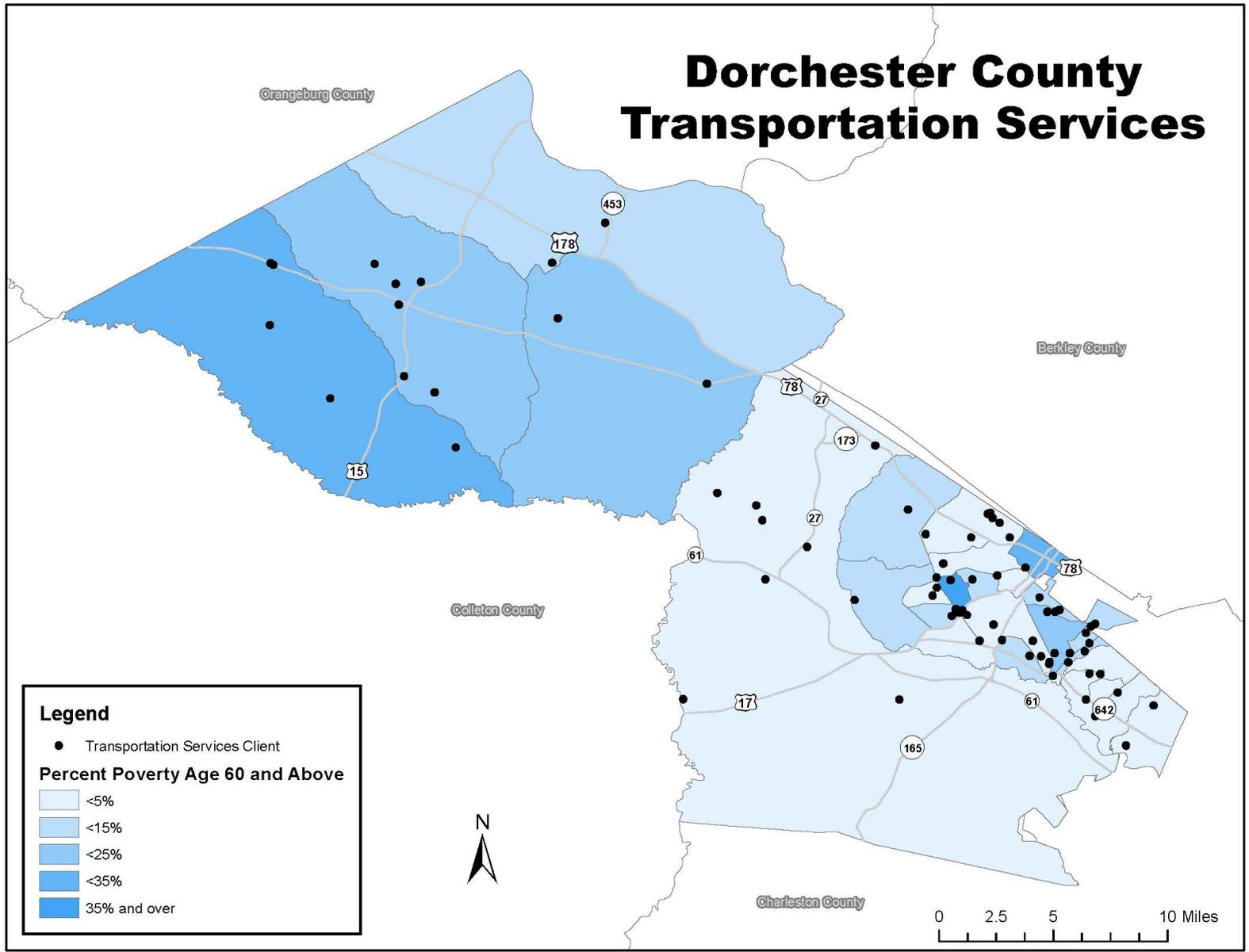


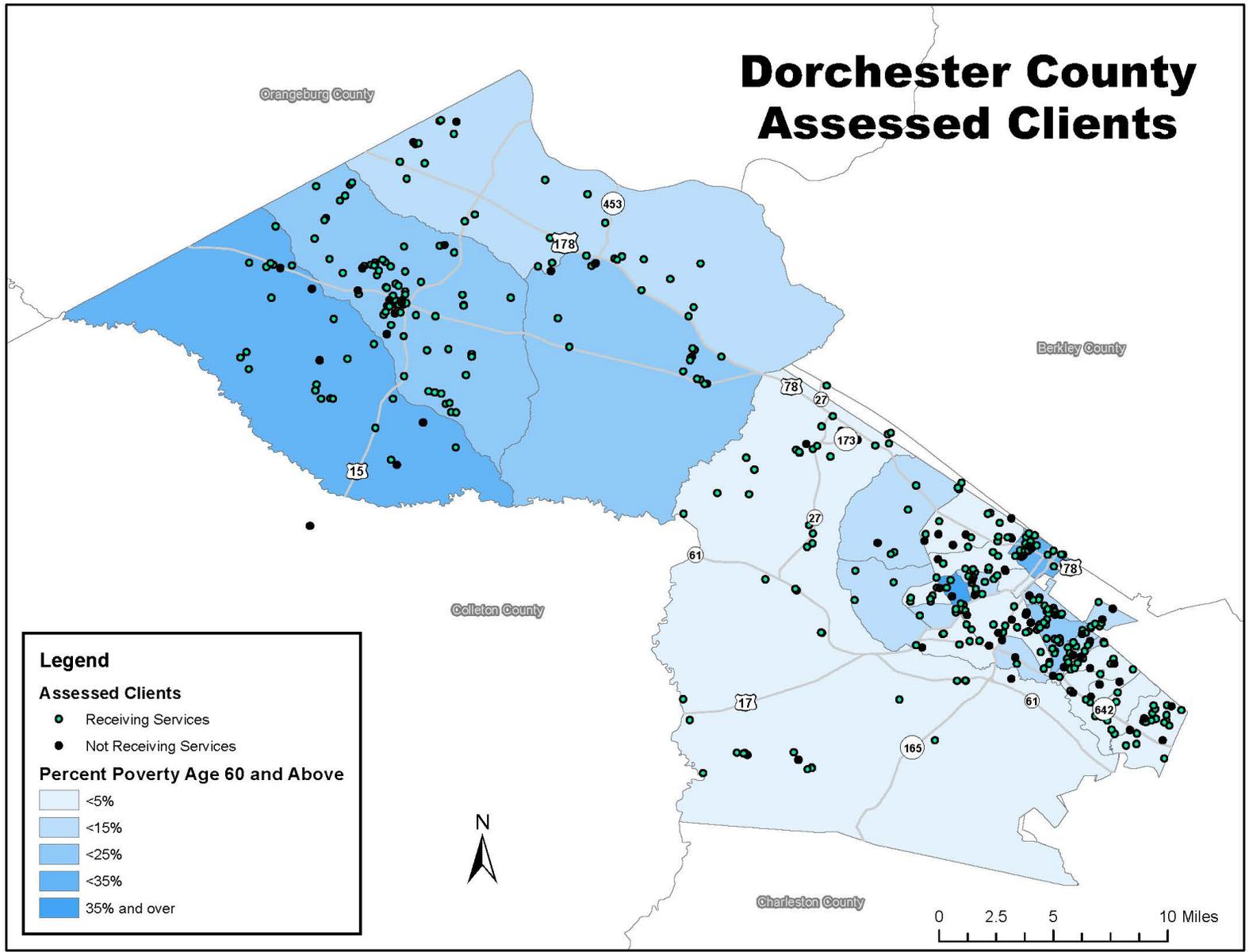


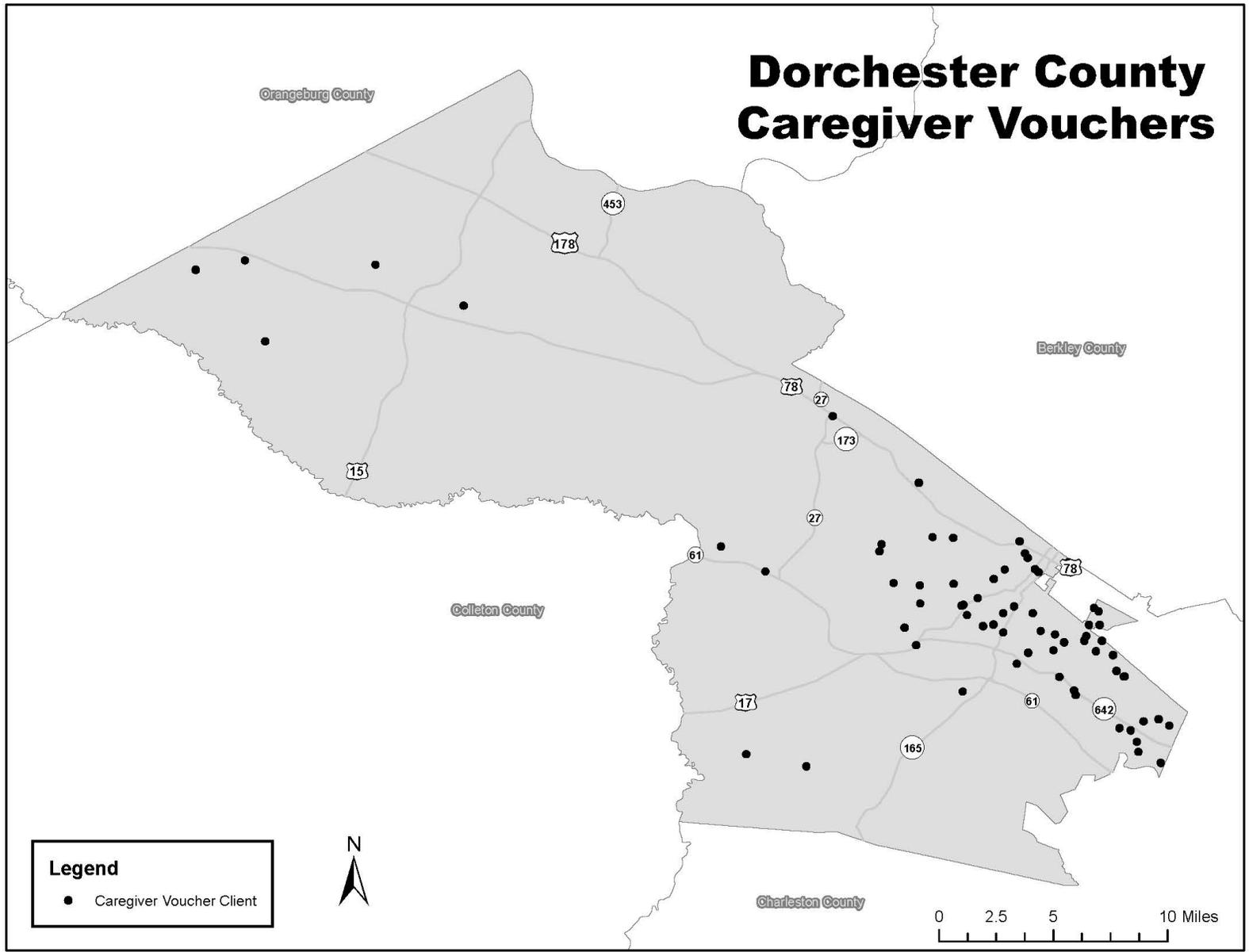
Dorchester County Home Delivered Meals











Attachment I – Fiscal

Match

The matching funds currently provided by the SCDOA have reduced the financial strain on TAAA as well as service providers. As a result, TAAA and service providers are able to focus on service delivery, quality assurance, program compliance, and consumer satisfaction. Should the SCDOA discontinue providing the matching funds, TAAA and service providers would redirect more of their time to fundraising activities and soliciting monetary and in-kind donations in order to maintain services. Valuable time would be taken away from areas that support quality programming and overall consumer satisfaction. TAAA would increase grant writing; however, funders are less likely to fund administration and a reduction in staff would be expected. TAAA would consider reaching out to local municipalities for support; however, many municipalities are already supporting programs at the service provider level. It is not the goal of TAAA to compete with local service providers for funding.

Fiscal Monitoring

The Executive Director, Finance Manager and other program and administrative staff work jointly in the oversight of contractual requirements. TAAA conducts fiscal monitoring annually. As a part of fiscal monitoring, TAAA reviews Audits, service delivery documentation, such as sign-in sheets and transportation logs, documentation of paid expenses, and liability insurance documentation. In addition, TAAA requires that service providers submit monthly supporting documentation in order to be reimbursed for services provided to eligible program participants. Such documentation includes: signed and dated invoices, copies of receipts, reports from the state-approved data collection system, catering vouchers, participant care notes, participant contribution documentation, and the Site Manager Meal Certification Reports. If areas of concern are identified, both TAAA and the service provider work together to develop a plan to remedy the concern.

A service provider may be considered “high-risk” if TAAA determines that the service provider has a history of unsatisfactory performance, is not financially stable, has a management system which does not meet standards set forth in the OMB Uniform Guidance for Federal Awards, has not conformed to terms and conditions of the Agreement, or is otherwise not responsible. Special conditions or restrictions may include: requiring additional, more detailed financial reports, additional monitoring, requiring the service provider to obtain technical or management assistance, or establishing additional prior approvals. If TAAA decides to impose such conditions, the agency will notify the service provider in writing. The notification will include:

- The nature of the special conditions/restrictions;

- The reason for imposing conditions/restrictions;
- The corrective actions that must be taken before they will be removed and the time allowed for completing the corrective actions; and
- The method of requesting reconsideration of the conditions or restrictions imposed.

The final decision to put an agency on “high-risk” would be the result of a recommendation from TAAA Executive Director to the TAAA Board of Directors. It would remain the discretion of TAAA Board of Directors to decide if an Agreement would be made to the service provider on “high-risk” and what special conditions/restrictions would be included in the Agreement.

If the service provider is unable to take appropriate corrective action(s), then the Agreement will be terminated in accordance with the “Termination Clause.”

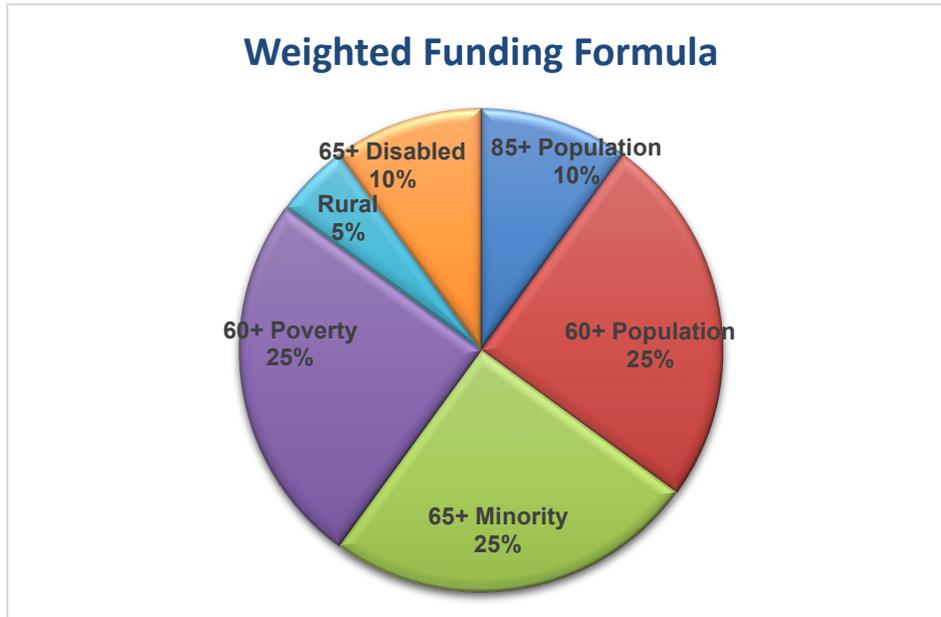
Competitive Procurement

The following chart shows the contracts, Memorandum of Understanding, and Memorandum of Agreement with all providers whether as a contractor or a sub-recipient. The chart includes the original execution date the anticipated end date after all renewals.

Provider Name	Original Execution Date	End Date	Contractor/ Sub-recipient	Counties Served	Services Awarded
All Ways Caring Homecare	7-1-2019	6-30-2024	Contractor	Berkeley, Charleston, and Dorchester	Home Care
Berkeley Seniors, Inc.	7-1-2019	6-30-2024	Sub-recipient	Berkeley	Congregate, Home Delivered Meals, and Transportation
Charleston Area Senior Citizens, Inc.	7-1-2019	6-30-2024	Sub-recipient	Charleston	Congregate, Home Delivered Meals, and Transportation
Dorchester Seniors, Inc.	7-1-2019	6-30-2024	Sub-recipient	Dorchester	Congregate, Home Delivered Meals, and Transportation
Palmetto Family Homecare	7-1-2019	6-30-2024	Contractor	Berkeley, Charleston, and Dorchester	Home Care
Right at Home Charleston	7-1-2019	6-30-2024	Contractor	Berkeley, Charleston, and Dorchester	Home Care
Roper St. Francis Healthcare	7-1-2019	6-30-2024	Contractor	Berkeley, Charleston, and Dorchester	Evidence-Based Based Health Promotion
Mom's Meals	7-1-2020	6-30-2024	Contractor	Berkeley, Charleston, and Dorchester	Catered Meals
Senior Catering	7-1-2022	6-30-2026	Contractor	Berkeley, Charleston, and Dorchester	Catered Meals
South Carolina Legal Services	7-1-2019	6-30-2024	Contractor	Berkeley, Charleston, and Dorchester	Legal Services
South Santee Senior and Community Center	7-1-2019	6-30-2024	Sub-recipient	Charleston	Congregate, Home Delivered Meals, and Transportation

Allocation Methodology

TAAA uses the Board-approved funding formula to allocate Federal and State funding to services and providers. When TAAA receives allocations, the funding formula is applied and distributed to each county based on the most recent Census data.



TAAA may adjust the allocation if there is a greater documented need (based on waiting list information or the most recent Needs Assessment) for in-home and community-based services within another county or service delivery area.

Budget Process

Each year, TAAA assesses all anticipated financial resources to include SCDOA funding, discretionary grant funding, donations, and participant contributions/program income. The Executive Director and Finance Manager review prior year expenses, to include internal operations and contracted services by provider, and determine expenses for the upcoming year. The Executive Director meets with program lead staff to set goals and to seek input on programmatic needs. The Finance Manager, with consultation from the Executive Director, develops the budget for internal operations for Board approval.