SOUTH CAROLINA

LIEUTENANT GOVERNOR'S OFFICE
OFFICE ON AGING

FY 2004 - 2005

ANNUAL ACCOUNTABILITY REPORT

SEPTEMBER 2005

ACCOUNTABILITY REPORT TRANSMITTAL FORM

Agency Name: SC Lieutenant Governor's Office
                          Office on Aging

Date of Submission: September 15, 2005

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September 15, 2005

SECTION I: EXECUTIVE SUMMARY

1.1   Mission, Values, and Vision

The Lieutenant Governor's Office on Aging (LGOA) is the designated "State Unit on Aging" (SUA) as required by the Older Americans Act (OAA). The OAA intends that SUA shall be the leader relative to all aging issues on behalf of all older persons in the state. Enabling legislation for the SUA is found in Title 43 of the Code of Laws of South Carolina, 1976, as amended. Proviso 57.2 of the 2004-2005 Appropriations Act placed the SUA in the Office of the Lieutenant Governor.

The **Mission** of the LGOA is to enhance quality of life for seniors through advocating and developing resources in partnership with state and local governments, non-profits and the private sector, individuals, and advocates to meet the present and future needs of seniors.

The **Values** of the LGOA are customer service, excellence in government, senior-friendly communities, supporting quality of life for seniors, and research-based decision-making.

The **Vision** of the LGOA is a state where seniors enjoy an enhanced quality of life, contribute to communities, are economically secure, and receive supports necessary to age with dignity.

1.2   Major Achievements from Past Year

A. <u>Transferred the Office on Aging into the Office of the Lieutenant Governor</u>

The LGOA successfully transitioned from the Department of Health and Human Services (DHHS) into the Office of the Lieutenant Governor with full assumption of all state and federally mandated functions. The LGOA physically relocated to reduce the cost of office space approximately $40,000 per year. The number of staff was reduced from 46 to 34. This reduction included 6 temporary grant employees slated to terminate September 30, 2005, and one staff to transfer to DHHS, resulting in a net adjusted reduction of 7 staff. All position descriptions and EPMS Planning Stages were revised to bring duties and objectives in line with the strategic plan.

B. <u>Service Delivery to Seniors</u>

During FY 2004-2005 the ten Area Agencies on Aging (AAAs) were awarded a total of $20,015,896 in federal, state and local funds to provide for local service delivery to approximately 35,000 older adults. Services include home delivered and congregate meals; transportation; information and referral; family caregiver support; home care services; social adult day care services; respite; and disease prevention and health promotion services.

The Family Caregiver Support Program provided information to 3,638 family caregivers; 4,481 caregivers received help in accessing services; 1,563 received training; 692 received support or counseling; 1,702 received respite services; and 951 received supplemental services. A total of 19,489 hours of respite care was provided to 373 caregivers; 1,523 caregivers participated in education sessions through the LGOA Alzheimer's Resource Coordination Center (ARCC).

State and regional Information, Referral, and Assistance (I/R&A) specialists were contacted by 8,036 individuals; information was provided to all callers and 7,277 referrals were made.

Staff also have investigated, reported and assisted with suspected fraud complaints associated with the Medicare program: 12,507 persons were served through the Senior Medicare Patrol Program through individual contacts, suspected fraud complaints or outreach events. An additional 67,820 persons were reached through media events.

The State Health Insurance Information Program (SHIP) provided 13,359 persons with insurance counseling through individual contacts or outreach events. An additional 58,573 persons were reached through media events.

C. Competitive Procurement of Older Americans Act Services

In January 2003, the SCDHHS was notified that the state was not in compliance with the Administration on Aging (hereinafter referred to as the AoA) mandate to comply with 45CFR part 92.36c that states: "That all procurement transactions will be conducted in a manner providing full and open competition consistent with the standards of 92.36." The LGOA successfully complied with federal requirements to procure OAA services competitively, with contracts implemented July 1, 2005. The LGOA also for the first time competitively procured the Title V Senior Employment Program.   Through this program, 27,348 hours of community service were provided, 218 participants were served, and 26 were placed into unsubsidized employment.

D. Development of State and Local Partnerships to Address Critical Issues

Under the leadership of the Lieutenant Governor, the LGOA assumed the responsibility to advocate for seniors by engaging experts to identify critical issues facing South Carolina's growing senior population. An effort has been made to present the critical issues and opportunities facing the state to key government policy makers and the business community.

The Lieutenant Governor appointed a Commission on Aging for Review and Evaluation (CARE) in December 2004 comprised of key business leaders and experts in aging issues. He charged CARE commissioners to identify critical issues and to advise him on solutions that should be addressed by the state to support a sustainable quality of life for the state's seniors. CARE provided leadership for the SC White House Conference on Aging and recommended legislative initiatives. Presentations were made to various Chambers of Commerce to educate them on issues identified both by the Commission and the 399 delegates to South Carolina's White House Conference on Aging.

The Coalition for Successful Aging, a statewide group of experts from colleges and universities and public and private sectors, served as an adjunct to the CARE Commission to assist in creating the LGOA's legislative agenda and to prepare for the SC White House Conference on Aging. Members created position papers that were fundamental to the success of this initiative.

With a federal grant to develop a pilot Aging and Information Resource Center (ADIC), the LGOA and the Lower Savannah Council of Governments developed partnership agreements with the Medicaid Community Long Term Care (CLTC) program, Vocational Rehabilitation, local hospitals, aging service providers, rehabilitation facilities, and disability advocacy groups to improve access to support services for seniors and adults with physical disabilities in Aiken and Barnwell counties.

The LGOA collaborated with the Department of Health and Environmental Control to pilot two PACE (*People with Arthritis Can Exercise*) programs in Marion and Bamberg counties. This was made possible with a grant from the Centers for Disease Control and developed through collaboration with the AAAs, local service providers, and the faith-based community. Approximately forty people have participated in classes through this program.

The LGOA took the leadership role in working with the USC School of Public Health and MUSC on a grant from the Duke Endowment to develop data necessary to plan for and evaluate the impact on the state of our growing senior population and to provide policy research to help the state address the needs of seniors in a cost effective manner. As a result of this effort, USC's Arnold School of Public Health has been awarded $70,000 from the Duke Endowment to create a statewide seniors' healthcare database.   A statewide steering committee composed of USC, MUSC, Clemson University, the LGOA, the Office of Research and Statistics within the State Budget and Control Board, the AARP and the Sage Institute will work to establish the database.

E. Customer Service, Public Information and Education

SC Access, a web-based directory designed to help older South Carolinians, disabled adults, and others who need long-term care supports locate the services available in their local community, was developed with funding from a federal grant from the AoA and the Centers for Medicare and Medicaid (CMS). Information, Referral, and Assistance (I/R&A) staff specialists located in each AAA have been trained and certified to assist citizens with service information. The *SC Access* website received 9,821 hits and I/R&A specialists reported 8,036 direct contacts.

In August 2004 the LGOA created an electronic newsletter to provide customers and stakeholders with information that is useful and relevant to them. This communication is directed at an audience that it is actively involved in senior issues. Among targeted groups are AARP, the Silver Haired Legislature, the CARE Commission, the Advisory Council on Aging, the Coalition for Successful Aging, the Adult Protection Coordinating Council, the Medical Care Advisory Committee, the 10 AAAs, county Councils on Aging, the Real Choice Advisory Committee, and the Senior's Cube Steering Committee. Over 650 separate email addresses are on the mailing list.

The 28th Annual Summer School of Gerontology was held at Springmaid Beach on August 15-20, 2004; 264 persons attended. Some received national certification training as ombudsmen or I,R&A specialists; others participated in classes on gerontology and components of service delivery.

Utilizing federal grant funds, the LGOA opened the state's first Aging and Disability Resource Information Center (ADIC) in Aiken and Barnwell counties on December 2004, in partnership with the Lower Savannah Council of Governments and USC's Arnold School of Public Health

On November 4-5, 2004, 220 persons attended the Annual Conference on Aging held in Columbia.

F. Medicare Modernization Act (MMA)

The MMA is a critical issue facing all Medicare eligible seniors. The LGOA worked with over 6,000 beneficiaries to educate them on the new Medicare rules and regulations, including the new prescription drug program. Over 200,000 were reached by media and group presentations. Over 500 outreach events were held. The LGOA maintains a close working relationship with the Social Security Administration and the Centers for Medicare and Medicaid Services to assist seniors with access to prescription drug coverage.

G. Impact on National Policy

The LGOA took a leadership role hosting the SC White House Conference on Aging. The 399 delegates developed recommendations to be addressed at the White House Conference on Aging in Washington, DC (Dec. 11-14, 2005). South Carolina's White House Conference, the largest state event in the nation, was funded primarily by $63,000 raised from the private sector. For the first time state funds were not requested to support the conference.

The 2005-2008 State Plan on Aging was approved by the AoA, and the 2005 State Coordination Plan for the senior worker program was approved by the Department of Labor. The LGOA completed the annual National Aging Program Information System (NAPIS) report in January.

H. State Grant Funding Distribution

The Elder Care Trust Fund received $33,268 through income tax check-offs in 2004. Five projects were funded: two for medication awareness, two for senior home repairs, and one for an Alzheimer's social day care program.

The Senior Center Permanent Improvement Project (PIP) fund has awarded 91 renovation and new construction grants since the program's inception.

The Alzheimer's Resource Coordination Center program (ARCC) awarded $150,000 in state funds for projects to assist caregivers of persons with Alzheimer's disease or related dementias.

I. Federal and Private Grant Funds Received

The LGOA has been exceptionally successful in securing new monies for critical projects:

Grant	Source	05 Amt Budgeted	Total Grant Amount
Real Choice: (3 Yrs) *SC Access* and *SC Choice*	AoA and CMS	$495,083	$2.3 Million
SC Access Plus (3 Yrs)	AoA and CMS	$141,333	$424,000
Performance Outcomes Measurement Project (POMP)	AoA	$15,000	$15,000
ABC Coalition	Nat. Council on Aging	$40,000	$40,000
	Total Amounts	**$691,416**	**$2,779,000**

The total amount of grant funding budgeted this year comprised 2.73% of total agency budget.

J. Expansion of Ombudsman Program

In 2004, the Long Term Care Ombudsman program had ten regional (local) programs with fifteen full-time ombudsmen to serve as advocates for residents in nursing homes and residential care facilities as mandated by the OAA. The program did not meet the national standard of one ombudsman for every 2,000 beds; therefore it was unable to respond to complaints in a timely manner. Additional funding was obtained to provide five additional ombudsman staff at the regional level to increase the ratio to one for every 2,000 beds.

South Carolina has been one of only five states in the nation without a volunteer ombudsman program. The LGOA worked in partnership with the long term care industry and advocates to implement a volunteer program to begin in July, 2005. Having a volunteer ombudsman assigned to a facility will provide the most accessible means of complaint resolution.

K. Geriatric Physician Loan Repayment

The LGOA took an important step in improving seniors' access to quality healthcare by introducing legislation to create a Geriatric Loan Forgiveness Program that will assist physicians in repaying their student loans as an inducement to practice geriatric medicine in South Carolina. Legislation was introduced and passed during the 2005 session (Act 165).

L. Promotion of Health and Wellness

As part of the celebration for Older Americans Month, the first annual "*You Can*" Lt. Governor's Walk to promote health and wellness for all seniors was held at the State House on May 4, 2005. Over 300 people from as far away as Cherokee and Charleston Counties came to participate in the walk.

M. Disaster Preparedness

The LGOA's Disaster Preparedness Coordinator completed revisions and additions to the agency's Disaster Preparedness Manual and Standard Operating Procedures. Staff demonstrated the LGOA disaster preparedness software program to Aging Network staff and to DHHS Community Long Term Care staff. The LGOA's Disaster Preparedness Coordinator participated in the activation of the EMD and staff were activated to assist at ESF 6 (Mass Care) for two hurricanes.

N. Lieutenant Governor's Writing Awards

This awards program, housed in the Lieutenant Governor's office, is designed to encourage 5th and 8th grade students in South Carolina's schools to demonstrate writing talent. In 2005 over 100,000 students participated, with hundreds receiving certificates. The Lieutenant Governor presented regional awards to 185 students.

1.3   Key Strategic Goals for the Present and Future Years

GOAL 1:   IMPROVE THE QUALITY AND LENGTH OF HEALTHY LIFE FOR SOUTH CAROLINA'S SENIOR POPULATION

Strategic Goal 1:   Promote opportunities for seniors and their families to exercise more control of and access to the services they receive.

Strategic Goal 2:   Provide education and information that will help seniors prevent or delay the onset of chronic conditions that put at risk independence and quality of life.

Strategic Goal 3:   Develop on-going public information/advocacy efforts by January 1, 2005.

Strategic Goal 4:   Provide on-going training and education activities to professional staff and the seniors of South Carolina.

Strategic Goal 5:   Provide increased social opportunities for seniors; support caregivers; plan help for seniors in emergencies; and aid in preventing institutionalization.

GOAL 2:   IMPROVE PROTECTIONS FOR THE STATE'S VULNERABLE ADULTS

Strategic Goal 1:   Administer the LTC Ombudsmen Program as mandated under the OAA, which is responsible for protecting the rights of residents in long-term care facilities.

Strategic Goal 2:   Develop programs for the prevention of elder abuse, neglect, and exploitation.

Strategic Goal 3:   Provide Elder Rights and Legal Assistance Programs for the elderly.

GOAL 3:   EFFECTIVELY AND EFFICIENTLY MANAGE FEDERAL AND STATE RESOURCES TO PROVIDE MANDATED SERVICES

Strategic Goal 1:   Implement a competitive procurement process for services funded by the AOA by July 1, 2005.

Strategic Goal 2:   Plan, allocate, advocate for all Older Americans Act and State resources by July 1, 2005.

Strategic Goal 3:   Establish and maintain full administrative functions and activities to support the Lieutenant Governor's Office on Aging.

Strategic Goal 4:   Maintain and enhance research and data collection efforts on the status of seniors and on the effectiveness of services through grant requests and use of available federal and state resources.

Strategic Goal 5:   Meet federal and state reporting requirements on a timely basis.

1.4   Opportunities and Barriers That May Affect Success

The state's 60+ population is expected to double to 1.3 million by 2025. South Carolina's growth rate of older adults over the past decade ranks ninth in the nation. Maturing baby boomers comprise a senior community growing from two directions: the in-migration of retirees moving to our state and our indigenous aging population.   These demographic changes will result in two senior communities with different expectations and needs for public services: more affluent in-migrants will fuel the economy while expecting scenic beauty, recreational and cultural opportunities and modest taxes, while less fortunate seniors will depend on state services including Medicaid, housing, transportation, and other social services. The synergy between the two senior communities can benefit our state economically if we plan well for our future. Growth of the senior population presents both business opportunities and challenges that must be addressed in a partnership between the corporate community and public sector if we are to assure a sustainable quality of life.

A. Limited Resources and a Growing Population in Need of Services

Resources to fund services are declining. Funding levels have been flat for the past several years, allowing no ability to address inflation. Inflation has forced reductions in services and increased waiting lists at a time when our senior population's need for services is increasing.   Service providers have had to make difficult choices concerning which seniors to serve. Volunteers cannot

afford the gasoline necessary to deliver meals and provide transportation. As a result, service providers are forced to reduce service provision for the frailest, most vulnerable segment of the state's population. This problem is made even worse by the steady decline in bingo revenues used to fund home and community-based services.

B. Health Care Needs of the Aging Population

South Carolina must plan to meet our aging population's health needs and support a sustainable quality of life. Neither poor health nor disabilities is an inevitable consequence of aging, especially if we help ourselves by promoting good health, preparing financially to meet our health needs, and managing chronic diseases to postpone or avoid disability and institutionalization.

Senior health issues have less to do with funding, since 97% are covered by health insurance, and more to do with lack of access to preventative services and failure to make good lifestyle decisions. Although covered by Medicare, only one third of older Americans are receiving the benefits of immunizations and cancer screening, medicine's most effective tools for preventing some of the leading causes of death. Lifestyle decisions to smoke, to eat poorly, and to be physically inactive were responsible for one out of every three deaths in 2000.

One in seven seniors in South Carolina lives below poverty level and is dually qualified for Medicaid and Medicare coverage. Another group, with incomes less than 200% of poverty, potentially qualifies for Medicaid coverage of long term care needs. The Centers for Medicare and Medicaid predicts dramatic increases in spending for nursing home costs ($178.8 billion by 2012) and home health care spending ($68.9 billion by 2012). Community-based care has increased from $500,000 in 1981 to $93.6 million in 2002 while long term nursing care services have increased from $78 million in 1981 to $372.7 million in 2004.

C. Transportation

Transportation is critically important for the senior population if they are to remain independent and have access to services. The state's White House Conference on Aging recognized the importance of having affordable, reliable and accessible transportation. If the state is to be successful in meeting the transportation needs of its seniors, then it must address liability issues that hinder availability of volunteers and provide expansion of transportation services that are affordable, reliable and ADA compliant.

D. Family Caregivers

There are 364,800 family caregivers in South Carolina. They provide 339.6 million hours of care per year at an estimated value of over $2.7 billion. About 15% of the workforce leaves annually to be full-time caregivers. When 1,500 caregivers stop working, $22 million in purchasing power is lost to the SC economy. Without caregivers, 50% of care recipients would go to a nursing home and cost the state $7.4 million in state funds to provide Medicaid nursing home care for one year.

E. Increasing Number of Alzheimer's Cases

43,020 persons in South Carolina 65 and older have Alzheimer's disease. By 2025, 125,190 South Carolinians will have Alzheimer's disease. The average lifetime cost of an Alzheimer's patient is $174,000. Assuming a 5% cost of inflation, the cost of Medicaid nursing home care for persons in South Carolina with Alzheimer's disease and dementia will be $2.6 billion by 2025.

F. Investigations of Abuse, Neglect and Exploitation in DDSN and DMH Facilities

The OAA mandates that the LTC Ombudsman program investigate complaints and advocate for residents' rights in nursing homes and residential care facilities. The SC Omnibus Adult Protection Act also mandates that ombudsmen be responsible for investigating complaints in facilities operated by the Department of Disabilities and Special Needs (DDSN) and the Department of Mental Health (DMH). The LTC Ombudsman program is responsible for investigating complaints in over 1,400 facilities: 200 nursing homes, 130 Intermediate Care Facilities for Mental Retardation (ICF/MRs),

500 residential care facilities, over 600 other facilities operated by DDSN, 9 inpatient DMH facilities and 17 community mental health centers operated by DMH. Because of the small number of ombudsmen in past years and the lack of funding to support these additional duties, the LGOA has a Memorandum of Agreement (MOA) with DDSN and DMH to conduct their own investigations and refer findings to the LGOA for review. However, there is significant opposition from consumer advocates to allowing both DDSN and DMH to investigate their own facility complaints; advocates believe complaints should be investigated by an independent agency.

South Carolina has the only ombudsman program in the nation that is responsible for providing coverage to facilities operated by state agencies exclusively for the disabled and mentally ill populations. (Source: National Association of State Units on Aging [NASUA] survey)

G. Work Force Shortages

As the state's baby boomer workforce ages, South Carolina will face a growing shortage of workers in the service-related fields including physicians, nurses, health care workers, teachers, and government workers. This shortage will create significant barriers to meeting the needs of seniors.

The state's business and employer community will need to adapt to create adequate incentives to meet the coming workforce shortages**.**

H. Business Opportunities and Challenges

As our population grows older over the next twenty-five years, there will be many opportunities and challenges for the business community. The influx of many affluent in-migrating seniors has created a growing need for services and many opportunities for creation of new businesses and the expansion of existing organizations.

I.   Bankruptcy and Increased Debt for Seniors

Seniors are the fastest-growing group of debtors in the U.S. In 1992, only 35% of seniors carried debt, but this figure increased to 59% by 2000. The frequency of bankruptcy among seniors has also jumped 244% from 1991-2002. Reasons for increasing debt include: insufficient retirement funds, low interest rates, a sluggish stock market, climbing medical bills, and major home repairs.

1.5   How the Accountability Report is Used to Improve Organizational Performance

The report is distributed to LGOA staff, Advisory Board members, and AAA directors. It is placed on the agency's website for staff and the public to view. It is used internally and externally as a resource for communicating agency performance and achievements. It is used in organizational assessment, performance improvement, orientation of new staff, and as an agency resource. Externally, it is used to communicate agency performance to state and federal governments.

SECTION II: BUSINESS OVERVIEW

II.1   Number of Employees

The SC Lieutenant Governor's Office currently employs forty-three (43) Full Time Equivalents (FTEs).

II.2   Operation Locations

The Office of the Lieutenant Governor is in the State House. The LGOA is located at 1301 Gervais Street, Suite 200.

II.3 Expenditures/Appropriations Chart

Major Budget Categories	03-04 Actual Expenditures		04-05 Actual Expenditures		04-05 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	$181,159	$161,159	$1,999,604	$1,062,968	$1,983,350	$1,113,530
Other Operating	$68,679	$68,679	$20,319,065	$1,386,340	$1,609,667	$150,000
Special Items	$	$	$913,403	$908,086	$150,000	$150,000
Permanent Improvements	$	$	$	$	$	$
Case Services	$	$	$	$	$	$
Distributions to Subdivisions	$	$	$1,613,327	$19,000	$26,151,971	$1,794,841
Fringe Benefits	$35,631	$35,631	$503,174	$268,207	$608,510	$348,302
Non-recurring	$	$	$5,316	$	$332,516	$
Total	**$265,469**	**$265,469**	**$25,353,889**	**$3,644,601**	**$30,836,014**	**$4,031,472**

Sources of Funds	02-03 Actual Expenditures	03-04 Actual Expenditures
Supplemental Bills	None	None
Capital Reserve Funds	None	None
Bonds	None	None

Total 02-03 Interim Budget Reduction	Total 03-04 Interim Budget Reduction
None	None

September 15, 2005

II.4 Major Program Areas

Program Number and Title	Major Program Area Purpose	FY 03-04	FY 04-05	Key Gross References for Financial Results
I. Admin Lt. Governor	Serves as President of the Senate Provides executive leadership and constituent service	**State:** $229,838 Federal: Other: **Total:** $229,838 **% of Total Budget:** 87%	**State:** $195,058 Federal: **Other:** $5,316 Total: $200,374 **% of Total Budget:** 1%	: N/A
II.A Office on Aging Admin	Provides leadership, training, and coordination to promote services to seniors	State: Federal: Other: Total: % of Total Budget:	**State:** $1,235,553 **Federal:** $1,498,538 **Other:** $13,355 **Total:** $2,747,446 **% of Total Budget:** 11%	**Figure III.7.2.30**
II.B Aging Assistance	Provides funding for seniors in order to improve the quality and length of health life	State: Federal: Other: Total: % of Total Budget:	**State:** $1,945,784 **Federal:** $17,631,194 **Other:** $2,325,916 **Total:** $21,902,894 **% of Total Budget:** 86%	**Figure III.7.1.1 through Figure III.7.2.29**
II.C Employer Contribution	Provides for retirement, FICA, Workers Compensation, health insurance, and unemployment insurance for agency staff	**State:** $229,838 Federal: Other: **Total:** $229,838 **% of Total Budget:** 13%	**State:** $268,207 **Federal:** $234,968 Other: **Total:** $503,175 **% of Total Budget:** 2%	N/A
		State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:	

Below: List any programs not included above and show the remainder of expenditures by source of funds. None

Remainder of Expenditures: None	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:

II.5 Key Customer Segments Linked to Key Products/Services

All seniors in South Carolina, their families, and their caregivers
The Lieutenant Governor
The General Assembly
Area Agencies on Aging
Residents of long term care facilities and their families (includes nursing facilities and residential care facilities)
Residents of DDSN and DMH facilities
Long term care facility staff
Local service providers
Communities
Providers of supplies and equipment

II.6 Key Stakeholders (other than customers)

All seniors in South Carolina, their families, and their caregivers
Federal, state, and local governments
LGOA Staff
Communities
AARP
Persons with disabilities
Silver-Haired Legislature
Local Chambers of Commerce
State colleges and universities
State agencies
Courts
Providers of supplies and equipment
Long term care facilities
Hospitals

II.7 Key Suppliers

All seniors in South Carolina, their families, and their caregivers
State and local governments
Providers of services to the elderly
Communities
State agencies
Administration on Aging (AoA)
Center for Medicaid and Medicare Services (CMS)
Advisory Board
LGOA staff
Providers of information and data

II.8 Organizational Structure

LIEUTENANT GOVERNOR'S OFFICE

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                    │   LIEUTENANT GOVERNOR    │
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                    │     R. ANDRÉ BAUER       │
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            ┌──────────────────┼──────────────────┐
  ┌──────────────────┐ ┌──────────────────┐ ┌──────────────────┐
  │Executive Assistant│ │  Chief of Staff  │ │  Office on Aging  │
  │ John Y. McGill, Jr.│ │  Mike Easterday  │ │Cornelia D. Gibbons│
  └──────────────────┘ └──────────────────┘ └──────────────────┘
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       │Press and Communications│ │  Office Manager  │
       │       (Open)         │ │   Bonnie Heddy   │
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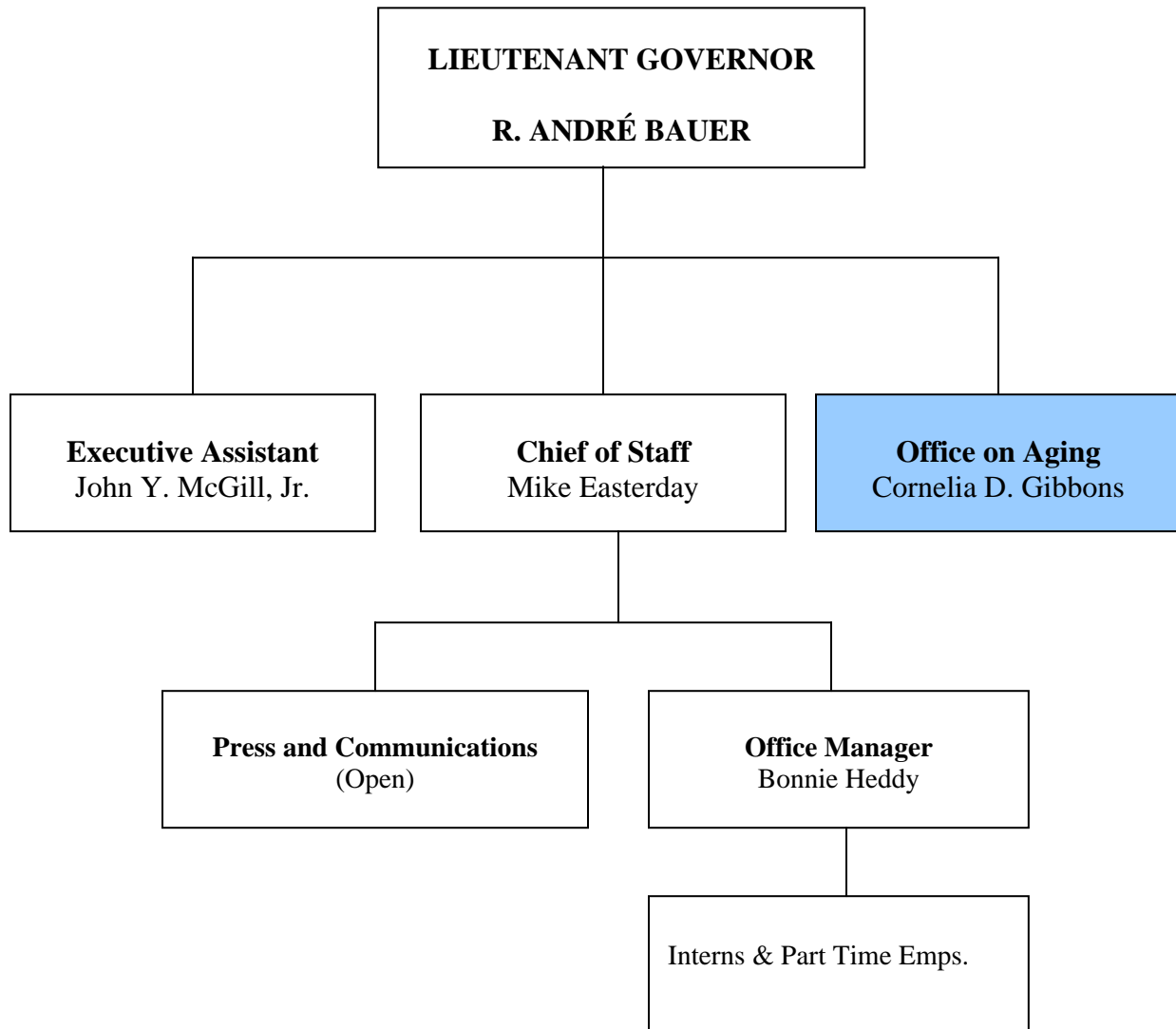
Office on Aging
July 1, 2005

Director
Cornelia D. Gibbons

LTC Ombudsman
Jon Cook

Executive Assistant
Judi Davis

Deputy Director
Division of Public Information
Frank Adams

Program Assistant
Elizabeth Rumph

Elder Rights Manager
Dale Watson

Volunteer Program Manager
Cheryl Stone

Administrative Assistant
Lisa Reupke

Elder Rights Manager
Ethel Corley

Public Information Manager
David Lucas

Deputy Director
Division of Aging Services
Terri Whirrett

Deputy Director
Division of Policy and Planning
Bruce Bondo

Deputy Director
Division of Consumer Information &
Caregiver Services
Barbara Kelley

Deputy Director
Division of Administration
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Linda Danielsen

Education & Training
Manager
Kay Mitchell

ADIC Manager
Denise Rivers

Personnel Manager
Susan Lifsey

Program Grants Manager
Marsha Stepp

Policy & Program Manager
Jennifer Hall

SC Access Manager
Barbra Link

Operations Manager
Joanne Metrick

Insurance Counseling
Manager
Gloria McDonald

Program Information Manager
Beth Hollingsworth

Data Coordinator
Karen Power-Davis

Fiscal Coordinator
Richard Schmidt

Fiscal Coordinator
Brian Wheeler

Medication Management
Coordinator
Pamela Grant

Planning/Grants Manager
Jeanette Bodie

Access Coordinator
Rosina Brown

I-CARE Coordinator
Crystal Kelly

Administrative Assistant
John Roberts

Access Coordinator
Temp

IT Manager
Kevin Pondy

Medicare Patrol Coordinator
Clarissa Cain

Family Caregiver Support
Program Manager
Eve Barth

IT Coordinator
Harold Faust

I-CARE Coordinator
Judy Ehney

Alzheimer's Resource Center
Coordinator
Frances Brannon

IT Coordinator
Paula Hightower

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SECTION III: ELEMENTS OF MALCOLM BALDRIDGE AWARD CRITERIA

III.1   Leadership

Director Cornelia Gibbons leads the Lieutenant Governor's Office on Aging.   Executive Management includes Ms. Gibbons; Frank Adams, Public Information Officer; Bruce Bondo, Deputy Director for Policy and Planning, Jon Cook, State Long Term Care Ombudsman; Barbara Kelley, Deputy Director for Consumer Information & Caregiver Services, Tony Kester; Deputy Director for Administration; Terri Whirrett, Deputy Director for Aging Services.

The agency's improvement efforts require strong leadership. Senior leaders continue to examine and evaluate all practices and procedures in all program areas to address the impact of internal and external factors. This is accomplished through on-going attention to formal and informal feedback.

III.1.1   How do Senior Leaders set, deploy, and communicate (a) for short and long-term direction (b) performance expectations (c) organizational values (d) empowerment and innovation (e) organizational and employee learning (f) ethical behavior?

The LGOA Executive Management Team meets weekly; management staff and general staff meetings each are held monthly; and individual divisions meet on a monthly basis. Short and long-term direction, information on agency initiatives, progress on meeting objectives and any causes of concern are addressed at each level. Position descriptions and EPMS planning stages for all staff focus on these issues.

III.1.2   How do senior leaders establish and promote a focus on customers and other stakeholders?

The LGOA actively promotes a focus on customers and stakeholders and has developed coalitions and partnerships with stakeholders to maximize customer focus. Input and involvement from multiple partnerships has broadened the outreach of the office. Examples of active partnerships include:

- Aging Advisory Council appointed by the Governor
- The CARE Commission appointed by the Lieutenant Governor
- The Coalition for Successful Aging formed to serve as an adjunct to the Care Commission
- The Adult Protection Coordinating Council
- The Alzheimer's Resource Coordination Center Advisory Council
- AARP
- The Real Choice Advisory Committee that provided guidance for the development of the grant funded projects to increase choice and consumer control in long term care services
- The Silver Haired Legislature
- AAA Directors meet regularly with LGOA Leadership

The LGOA represents the interests of seniors before governmental agencies to protect their health, safety, welfare, and rights; recommends changes in laws, regulations, policies, and actions as deemed appropriate; and works cooperatively with all organizations and agencies which have as their mission the protection of the frail elderly.

III.1.3   How do senior leaders maintain fiscal, legal, and regulatory accountability?

The Older Americans Act (OAA) intends that the LGOA administer and assure accountability for federal funds. Fiscal staff monitor all funding requests and conduct audits. Grantees and contractors are required to submit program and financial reports. Site visits are conducted to monitor grantees. The agency is further accountable through internal and external audits as well as to the Lieutenant Governor, the Advisory Board, and the General Assembly.   Additional monitoring includes the following:

- Designating and de-designating AAAs
- Developing and maintaining program policies, procedures, and standards
- Managing and making decisions about the use of the program's fiscal resources
- Developing a formula for distributing funds to the regional programs
- Supervising the work of regional programs
- Evaluating statewide program performance
- Maintaining the confidentiality of program data and information at all levels
- Maintaining a statewide reporting system
- Preparing and distributing the annual Accountability Report
- Making all decisions regarding the disclosure of ombudsman program records
- Monitoring fiscal, legal and regulatory requirements
- Monitoring all funding requests, conduct audits, and site visits

III.1.4   What key performance measures are regularly reviewed by your senior leaders?

Consumer Information and Caregiver Support

- Number of Persons using *SC Access*
- Number of Persons using Information, Referral and Assistance Services
- Number of Persons served by the Family Caregiver Support Program
- Number of new or expanded respite programs developed by ARCC grant seed money
- Number of ARCC seed grants to counties without any group respite sites
- Number of persons served with respite or educational programs through ARCC grant sites
- Number of agencies signing partnership agreements with the ADIC and share referrals through *SC Access*
- Number of outreach and community education events
- Number (%) of consumers who report satisfactory experiences with information and referral services

Aging Programs and Services

- Number of Persons served by Title III B and C of the Older Americans Act: transportation, home care, and nutrition services
- Number of persons obtaining employment as a result of participation in the Senior Employment Program (Title V)
- Number of senior centers offering required variety of health and wellness activities
- Number of participants engaged in PACE exercise classes
- Number of seniors reached by medication management activities
- Number of quality assurance deficiencies found and number of deficiencies rectified
- Number of seniors receiving Medicare prescription drug program information
- Number of grants funded through the senior center Permanent Improvement Program
- Number of grants funded through the Alzheimer's Resource Coordination Center Grants
- Number of grants obtained to enhance and improve the senior service programs
- Number of persons counseled annually by the I-CARE program
- Number of persons served by the Medicare fraud program
- Number of grants funded annually from the Elder Care Trust Fund

Long Term Care Ombudsman

- Number of cases opened and closed by Long Term Care Ombudsmen
- Number of cases verified and not verified by Long Term Care Ombudsmen
- Number of complaints resolved to customer satisfaction
- Number of complaints not resolved to customer satisfaction

- Number of complaints withdrawn by complainant
- Number of facility trainings conducted
- Number of facility consultations provided
- Number of consultations to individuals
- Number of friendly visits made to facilities
- Number of community educations sessions provided

Planning and Education

- Number of persons receiving training and education services through the Summer School of Gerontology, the Annual Conference on Aging, and other LGOA training programs
- Number of inquiries through the LGOA web-site and the *Mature Adults Count* website
- Number of staff certified to meet required national standards
- Number and dollar value of grants received to enhance the LGOA's research based decision making
- Number of sponsorships recruited for annual conferences and training events

III.1.5 How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness and the effectiveness of management throughout the organization?

The LGOA actively practices preventative management by applying the Budget & Control Board *Human Resources for Supervisory Practices*. The Director ensures that each supervisor's EPMS is tied to the Strategic Plan and the established state personnel guidelines.

As a result of the performance review process, the LGOA reviewed organizational performance and capabilities to effect an agency-wide reorganization this past year. Position descriptions and EPMS planning stages were re-written for all staff to ensure that the agency's activities result in successful completion of strategic goals and initiatives.

III.1.6 How does the organization address the current/potential impact on the public of its products, programs, services, facilities and operations, including associated risks?

The LGOA's Manual of Policies and Procedures for Aging Services incorporates all current policies, standards and procedures required by the OAA, related federal regulations issued by the AoA and the US Department of Labor (hereinafter referred to as DOL), and other applicable federal and state regulations. The purpose of this manual is to assist the LGOA, AAAs, and other subgrantees in carrying out their program responsibilities. It contains a detailed scope of work and quality assurance standards for all aging programs and services. Service providers are audited on these standards annually. For example, it includes specific standards for food service delivery to ensure that all food served to seniors by service providers and vendors is safe and nutritious.

III.1.7 How does the senior leadership set and communicate key organizational priorities for improvement?

The LGOA Strategic Plan, the Executive Management Team and the Employee Performance Management System (EPMS) place emphasis on success criteria; all provide constant focus on priorities for improvement.

III.1.8 How does senior leadership and the agency actively support and strengthen the community? Include how you identify and determine areas of emphasis.

Through the leadership of senior staff, the LGOA provides extensive leadership to support and strengthen communities through many initiatives. Areas of emphasis are determined by the benefit to the senior population and include:

- Individual staff contributions to community organizations such as the Alzheimer's Association, the SC Respite Coalition, the Caregiver Coalition, the Silver Haired Legislature, United Way and the Good Health Appeal
- Active membership on state and local disaster response teams
- Providing training and education for community providers, including Alzheimer's training for law enforcement personnel and security staff through ARCC grants
- Providing access to information on demographics and needs of seniors through the Mature Adults Count report which has been utilized in the preparation of grant requests for community development
- Staff "Sunshine Committee" activities supporting community projects
- Promoting health and wellness and public awareness through "*You Can*" Walks, health fairs, and other community projects
- Providing information on available community services through *SC Access*
- Supporting families through the Family Caregiver Support Program

III.2 Strategic Plan

III.2.1 **What is your Strategic Planning process, including key participants and how does it account for:**

    (A) **Customer Needs and Expectations**

    (B) **Financial, Regulatory, Societal and other potential risks**

    (C) **Human Resource Capabilities and Needs**

    (D) **Operational Capabilities and Needs**

    (E) **Supplier/Contractor/Partner Capabilities and needs**

See **Strategic Plan Chart**, Addendum A, Pages 47 – 49.

III.2.2 **What are your key strategic objectives?**

Strategic Goal 1: Promote opportunities for seniors and their families to exercise more control and access over the services they receive

Strategic Objectives:

- Implement *SC Access* Plus pilot in the Lower Savannah regions by October 1, 2004
- Evaluate *SC Access* Plus pilot to determine the feasibility of replication by June
- Implement *SC Access* statewide by June, 30, 2005
- Conduct two trainings a year to increase the number of AIRS certified I/R&A specialists
- Develop strategies to increase awareness about *SC Access* throughout the state
- Develop additional modules within the *SC Access* website to reach targeted populations

Strategic Goal 2: Provide programs, education, and information that will help older South Carolinians; that can prevent delay of the onset of chronic conditions; and that can increase the risk of long term loss of independence and quality of life

A. Health and Wellness Promotion: Provide opportunities for seniors that increase physical activity, and provide information about disease prevention and healthy aging

    Strategic Objectives:

- Submit a joint grant proposal with DHEC to increase access to physical fitness classes in targeted rural communities by November 2004
- Implement the DHEC PACE program in targeted rural communities by July 2005
- Monitor and report on health and wellness activities taking place in senior centers and group dining sites annually

B. Medication Management: Help seniors manage their medications, comply with physician orders, and identify resources for assisting with the purchase of prescription drugs

Strategic Objectives:

- Research availability of free prescription drug programs and report this information to the Lt. Governor's Aging Advisory Council by November 2004
- Develop materials for distribution about the availability of prescription drug programs in SC by March 2005
- Identify medication management best practice models in SC and distribute the information by March 2005
- Issue a Request for Proposals for the development of programs that will increase free prescription drugs in SC by June 2005

C. Dining Meals: Provide seniors with opportunities for increased socialization through the development and promotion of senior centers and group dining sites

Strategic Objectives:

- Research innovative programs that improve attendance at group dining sites and senior centers by February 2005
- Identify and help develop two pilot sites willing to develop an innovative meal program in a group dining site or senior center by July 1, 2005
- Share new resources on healthy eating and daily intake of needed nutrients with the AAAs and service providers as acquired
- Ensure that AAAs are compliant with Group Dining Scope or Work and Quality Assurance Standards by monitoring annually
- Provide technical assistance to the AAAs on regulations regarding local services of meals and delivery of meals to the dining site as requested

D. Home-Delivered Meals

Strategic Objectives:

- Ensure that AAAs are compliant with Home-Delivered Meal Scope of Work and Quality Assurance Standards by monitoring annually
- Ensure that homebound seniors are receiving nutrition information and/or counseling by monitoring AAAs annually
- Provide technical assistance to the AAAs in promoting meal vendors
- Provide technical assistance to the AAAs on regulations regarding service and delivery of meals as requested

E. State Insurance Program: Provide Medicare and Medicaid health care insurance and fraud information to seniors

Strategic Objectives:

- In coordination and collaboration with other interested partners, develop and implement a plan to increase the number of seniors receiving information on the new Medicare Prescription Drug program by February 2005
- Implement the "Be Smart" program through Clemson University to alert seniors about Medicare and Medicaid fraud and how to report it by January 2005

F. Senior Center Development: Plan and develop senior centers where needed

Strategic Objectives:

- Administer existing senior center projects annually

- Develop and distribute a request for proposals for the development of new senior centers or renovation of existing centers eligible to receive permanent improvement funds through Bingo tax revenues

G. Disaster Planning: Provide information to seniors on how to prepare for a disaster and plan and coordinate activities, as directed by the state, to protect seniors pre and post disaster

Strategic Objectives:
- Complete newly updated Lt. Governor's Disaster Plan for seniors by May 2005
- Train aging network staff on newly developed software to be used for identification of needs of seniors after a disaster by June 2005

H. Home Care: Ensure that eligible seniors receive personal care and/or homemaker services in order to prolong independence and prevent institutionalization

Strategic Objectives:
- Ensure that AAAs are compliant with Home Care Service Standards for Levels I, II and III homecare by monitoring annually

Strategic Goal 3: Develop on-going public information /advocacy efforts by January 2005

Strategic Objectives:
- Create Lt. Governor's Office on Aging Newsletter to communicate with the media and aging service and advocacy organizations to provide information and educational purposes by September 30, 2004
- Staff the Commission on Aging Review and Evaluation activities regarding the White House Conference on Aging, and development of national, state, and legislative issues through December 31, 2005
- Staff the Coalition for Successful Aging that serves as an adjunct to the Commission on Aging Review and Evaluation
- Provide necessary staff support for the state White House Conference on Aging to be held in Myrtle Beach, SC April 25-27, 2005, and support South Carolina's effort for delegates attending the federally mandated national White House Conference on Aging December 11-14, 2005, in Washington, DC
- Consolidate legislation regarding the Aging Advisory Council, eliminating the Long Term Care Council and the Coordinating Council by changing provisos in the Lt. Governor's section of the State Appropriations bill by June 30, 2005

Strategic Goal 4: Provide on-going training and education activities to professional staff and the seniors of South Carolina

Strategic Objectives:
- Hold the annual Summer School of Gerontology in August 2005 at Springmaid Beach, SC for aging network professionals and participating seniors
- Complete study considering the consolidation of the Annual Conference on Aging and the Summer School of Gerontology by July 1, 2005
- Meet Title V Senior Employment Department of Labor mandates for the administration of the program by July 1, 2005
- Provide an orientation to new aging network staff when sufficient numbers of new staff are identified statewide, usually by June every other year

- Work with the Healthy Aging Coalition (DHEC) to develop a campaign to educate legislators, other health professionals and the public on health disparity issues in SC and develop a plan on how to address certain targeted issues

Strategic Goal 5: Provide services that increase social opportunities for seniors; aid in preventing institutionalization; support caregivers and plan for help to seniors in times of state emergencies

A. Alzheimer's Resource Coordination Center: Provide information and resources on Alzheimer's disease to individuals and groups dealing with Alzheimer's disease. Provide grants for the purpose of developing new educational and respite resources for Alzheimer's families

Strategic Objectives:

- Enhance the Alzheimer's Resource Coordination Center grant process so that more underserved communities have the community support needed to successfully compete for grants by March 31, 2006

B. Family Caregiver Support Program: Work with AAAs to deliver information, assistance, training, respite, and other support services to family members for seniors and seniors raising children

Strategic Objectives:

- Using Brookdale Foundation funds, work with the Family Caregiver Advocates in each region to develop five new support groups for seniors raising children by June 30, 2005

- With the AAAs, host a statewide Family Caregiver workshop by December 1, 2005

- Update site visit protocols and conduct a site visit to each Family Caregiver Support Program to ensure compliance with federal laws and regulations by December 1, 2005

- Continue development of a flexible, consumer-driven statewide service delivery system by providing regional Family Caregiver Advocates with at least 6 technical assistance/training meetings per year

- Develop new caregiver resources and post on *SC Access* by April 30, 2006

III.2.3   How do you develop and track action plans that address your key strategic objectives?

Program staff are involved in developing an annual operational plan incorporating strategies and activities for their program area. Each division has a detailed action plan that is built into the EPMS planning document for individual staff members. Progress towards outcomes and goals is evaluated through the EPMS process..

III.2.4   What are your key action plan/initiatives?

<u>**Consumer Information and Caregiver Services**</u>

- Announce *SC Access* system at SC State Fair Senior Day in October 2005 and implement the *SC Access* marketing and outreach plan

- Conduct regional trainings on *SC Access* in September and October 2005

- Develop the Medicaid Infrastructure Grant webpage for people with disabilities interested in maintaining/entering employment and post on *SC Access* by September 2005

- Implement the Registered User Component of *SC Access* to allow registered providers to up-date their information on the database by October 2005

- Implement plan for using *SC Access* to track requests and payments for the new emergency rent assistance program by October 2005

- Implement electronic submission of the Medicaid application for long term care services in the ADIC pilot area by October 2005
- Develop the "Learn About" module for *SC Access* to provide educational materials online by June 2006
- Hold a statewide caregiver conference in October 2005
- Continue to stimulate the development of new respite programs and caregiver education programs through ARCC grant and the Family Caregiver Support Program
- Seek funding for continued development of systems transformation activities and supportive services for caregivers (Systems Transformation Grant application and AoA Alzheimer's demonstration grant application)
- Replicate the ADIC model in two new regions by June 2006

Information Technology
- Create IT organization for office
- Hire the necessary personnel to provide IT support for the Office on Aging
- Relocate the Office on Aging (off of DHHS premises). This included moving files, print, e-mail, networking, and other IT duties and capabilities away from DHHS and to internal IT staff and SC CIO.
- Upgrade aging PCs and Printers – Purchase and replace the aging Windows 98 computers with Windows XP computers

Policy and Planning
- Complete the annual National Aging Program Information System report in January 2005
- Hold the decennial State White House Conference on Aging at Springmaid Beach, Myrtle Beach, SC on April 25-27, 2005. 399 persons attended
- Hold the annual Conference on Aging in conjunction with a statewide partnership in Columbia, SC on November, 4-5, 2004. 224 persons participated
- Hold the 28th annual Summer School on Gerontology at Springmaid Beach, Myrtle Beach, SC in August 2004. 264 persons attended, with 812 duplicated persons attending the entire event
- Complete the FY 2005-2008 State Plan on Aging as required by the AoA
- Request a $15,000 grant from the AoA in September 2004 for the first year of the Advanced Performance Outcomes Measurement Project to address potential cost savings from use of Older Americans Act funded home and community-based programs to avoid more costly acute care and institutional services
- Request a $70,000 grant from the Duke Endowment in June, 2005 to develop a web-based senior's cube in conjunction with the USC School of Public Health and the State Budget and Control Board's Office of Research and Statistics

Aging Services
- Organize and staff "You Can" walks across the state
- Partner with DHEC's Division of Health Promotion and Disease Prevention to use CDC funding to implement pilot projects called "People with Arthritis Can Exercise (PACE)"
- Monitor ongoing Senior Center Permanent Improvement projects
- Update the agency's Disaster Preparedness Manual and Standard Operating Procedures
- Update the agency's Manual of Policies and Procedures, including updating the scope of work outlines and quality assurance standards for all programs
- Accomplish competitive procurement for all Older Americans Act programs and services, to include a Title V Senior Employment contractor
- Provide insurance counseling and Medicare Fraud Control education statewide

- Research sources of free prescriptions and disseminate information to seniors

Long Term Care Ombudsman Program

- Request legislative approval to fund five (5) additional LTC Ombudsman positions in order to meet the recommended national standard of one ombudsman to every 2,000 nursing home beds
- Develop and implement a volunteer ombudsman program in at least five regional ombudsman programs with the highest number of facilities and complaints
- Request funding to hire a Volunteer Ombudsman Coordinator at the state level to develop a training curriculum and coordinate and supervise a statewide volunteer ombudsman program
- Update the ombudsman reporting system to a terminal based system which would result in greater accuracy, speed and security and would eliminate the tasks of installation and maintenance
- Identify, investigate, and resolve complaints that are made by or on behalf of residents in nursing homes and residential care facilities
- Educate the community about the needs of long-term care residents
- Review abuse, neglect and exploitations investigations conducted by DDSN and DMH as mandated by state law, or conduct independent investigations if necessary
- Develop programs for the prevention of elder abuse, neglect and exploitation
- Develop statewide standards for the delivery of legal assistance for older individuals
- Provide education and training on Advance Health Care Directives to community groups and individuals requesting information

III.2.5   How do you communicate and deploy your strategic objectives, action plans, and performance measures?

The Strategic Plan determines division action plans as well as staff position descriptions and EPMS planning stages. All employees are made aware of operational plans through this process, and progress on success criteria is discussed routinely at all levels.

III.2.6   If the agency's strategic plan is available to the public through the agency's Internet homepage, please provide an address for that plan on the website.

www.aging.sc.gov

III.3   Customer Focus

III.3.1   How do you identify your customers and what their key requirements are?

The OAA intends that the SUA shall be the leader relative to all aging issues on behalf of all older persons in the state age 60 and above. This means that the LGOA must proactively carry out a wide range of functions, including advocacy, interagency linkages, monitoring and evaluation, information and referral, LTC ombudsman, information sharing, planning, and coordination.

These functions are designed to facilitate the development or enhancement of comprehensive and coordinated community-based systems serving communities throughout the state. These systems shall be designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

Target groups are identified in the State Plan as required by the Older Americans Act and are those eligible individuals identified by the agency or the Administration on Aging to be:

- in greatest economic need
- in greatest social need
- considered minorities
- residing in rural areas

Some LGOA customers are specifically determined by the OAA: Every state must create a statewide Long Term Care Ombudsman Program (LTCOP). The primary role of the Ombudsman is to advocate for the rights and interests of residents of long-term care facilities, and to identify, investigate, and resolve "complaints made by or on behalf of residents."

The definition of "resident" is "an older individual who resides in a long-term care facility." (OAA Section 711(6)). The term "long-term care facility" means any skilled nursing facility and residential care facility licensed by the state regulatory agency. Long-standing AoA policy is that ombudsmen may serve disabled individuals under the age of 60 who are living in LTC facilities, if such service does not weaken or decrease service to older individuals covered under the Act. These mandated responsibilities in large part dictate the customers as listed in Section II.5.

III.3.2   How do you keep your listening and learning methods current with changing customer/business needs?

The LGOA uses many mechanisms and resources to identify the needs of seniors. The LGOA staff analyze data from *SC Access* searches on the website and requests for referral to services through I/R&A Specialists, Caregiver Support Specialists, and calls coming to the LGOA front desk. AAAs conduct needs assessments and prepare regional plans that are updated each year. Demographic data from the Budget and Control Board is analyzed to refine the focus on target populations. Information collected on waiting lists for services from local aging service providers is used to direct service dollars. Input from Advisory Committees, the Silver Haired Legislature and a variety of advocacy groups keep the agency's focus on client needs.

The National Ombudsman Resource Center, located in Washington DC, provides on-going support, technical assistance and training material to the 53 State Long Term Care Ombudsman Programs and their statewide networks of almost 600 regional programs. The Center's objectives are to enhance the skills, knowledge and management capacity of the State programs and to enable them to handle residents' complaints and represent resident interests (individual and systemic advocacy). The State Long Term Care Ombudsman, in turn, conducts monthly training meetings with regional ombudsmen, and conducts an annual certification, re-certification training class for all new and current ombudsmen.

Views of older persons are considered by the LGOA in the development and administration of the aging programs and services. Input is obtained through such means as the following:

- public hearings
- review by advisory committees or other groups of older people
- surveys
- publication of the draft plan and solicitation of written comments

Annually, AAAs conduct needs assessments in preparation for compiling Area Plans. Additionally, the South Carolina State Plan for Aging for 2005-2008 incorporated detailed findings and recommendations from the USC College of Social Work, the Sage Institute, Performance Outcomes Review Project (POMP) survey results, public forums, and the legislative agenda from AARP and the Silver Haired Legislature.

III.3.3   How do you use information from customers/stakeholders to keep services or programs relevant and provide for continuous improvement?

Data from *SC Access* searches on the web site are analyzed, as well as requests for referral to services through the I/R&A Specialists and calls coming to the LGOA front desk   AAAs conduct needs assessments and prepare regional plans for services needed in their regions. Information on waiting lists for services from local aging service providers are also used to formulate changes to service provision and delivery.

The Ombudsman Program from the outset has recorded and reported data. These data were designed primarily to track patterns and trends within the facilities ombudsmen monitor and are primarily tools for advocacy for change and for describing and measuring program inputs, processes, and outputs. Outcomes measurement is also tied to the accomplishment of the most important performance measure of the program: protecting residents' health, safety, and rights.

Quality assurance surveys and quality assurance program reviews ensure that programs meet the needs of seniors while providing services and activities that meet a certain standard.

III.3.4   How do you build positive relationships with customers and stakeholders? Indicate any key distinctions between different customer groups.

See Section III.2.1(A) and Section III.7.1.

III.4   Measurement, Analysis, and Knowledge Management

III.4.1   How do you decide which operations, processes, and systems to measure for tracking financial and operational performance?

The Strategic Plan process determines measures of key performance and aligns them with desired outcomes. Measures of outcomes, operations, processes, and systems support the LGOA'a mission and its strategic goals and objectives.

III.4.2   What are your key measures?

See section III.2.4.

III.4.3   How do you ensure data integrity, timeliness, accuracy, security, and availability for decision-making?

The LGOA provides the latest operating system and hardware so that the most recent, fully featured, and secure applications will run quickly and are less likely to fail or otherwise diminish the integrity of data. Downtime is greatly reduced as are the time and cost to manage systems. The LGOA is also moving to web based applications so that they can be accessed any time from anywhere. Data management, control, and backups have been centralized. Data resides on a secure server, and reports can be done on up-to-the-minute data.

The LGOA provides information via its web site:

- Online documents are easily searchable, and can to be downloaded as needed
- Data is available to everyone quickly, and can be accessed at any time from a browser
- An IT professional is always available during business hours to address problems immediately and take proactive measures to keep machines running properly and safely

The LGOA works with software contractors, internal staff and service providers to improve timeliness and accuracy of data for our information systems.

III.4.4   How do you use data/information/analysis to provide effective support for decision-making?

Data collection and analysis is the first step in the strategic planning process. All individuals responsible for decision-making are provided with support to assist them in data collection and analysis. Information gathered in analyzing performance also is useful in spotlighting strengths and weaknesses and can be used to update the strategic plan. The LGOA divisions use reports to

spot trends, project future needs and address federal requirements. Customer satisfaction surveys are carefully evaluated and used in the consideration of improvements or new services.

Since 2001, the LGOA has received a series of grants provided by the AoA, the Performance Outcomes Measurement Project (POMP). The USC Institute of Public Service and Policy Research has conducted two series of satisfaction surveys of the major OAA services. Additionally, the LGOA, in conjunction with the Office of Research and Statistics, State Budget and Control Board, has worked on the enhancement of research-based decision making through the POMP grants and the award of a Duke Endowment grant for the preparation of an interactive web-based seniors' cube (data warehouse) that will assist the LGOA and other institutions in the research and analysis of senior issues and programs.

III.4.5 How do you select and use comparative data and information?

Selection and use of comparative data is based upon the agency's key strategic goals and objectives and to assess the effectiveness of aging programs and services as mandated by the OAA. The agency uses comparative data to monitor and address national and regional trends, and to consider improvements in service delivery when necessary.

To promote research-based decision-making, the LGOA is leading the development of an integrated data model to select and use comparative data from numerous state and private data sources. Funded by a grant from the Duke Endowment, this project is conducted in partnership with USC Arnold School of Public Health, MUSC, Clemson University, Budget and Control Board Office of Research and Statistics, AARP, and the Sage Institute.

III.4.6 How do you manage organizational knowledge to accomplish the collection and transfer and maintenance of accumulated employee knowledge, and identification and sharing of best practices?

The LGOA reorganization process was accomplished to promote the sharing of information and the transfer of knowledge. The *Policies and Procedures Manual for Aging Programs and Services* under the OAA is available on the agency's website.

The LGOA has established a process of cross training and leadership development to create a seamless transition of leadership as many senior staff retire over the next several years. The LGOA shares data collected through processes noted in III.4.4 and 4.5.

III.5 Human Resources

III.5.1 How do you and your managers/supervisors encourage and motivate employees) formally and/or informally)

Employees understand how their positions support the agency's mission, values, and strategic objectives and are involved in setting achievable goals and success criteria. Staff are recognized in monthly staff meetings for accomplishments and by individual supervisors on a routine basis. A staff appreciation luncheon is held annually to recognize staff accomplishments.

III.5.2 How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management and leadership development, new employee orientation and safety training?

Individual training needs are addressed through the EPMS process, participation in formal training opportunities and attendance at conferences and seminars specifically related to job duties. Staff receive required certification training for specific positions such as the long term care ombudsmen and information and referral specialists. The 2004 Summer School of Gerontology and Conference on Aging both provided many training and educational opportunities for LGOA staff and local service providers. For technical training, LGOA has purchased yearly subscriptions to a web-based training site. IT staff can take all or part of a course and review courses at their pace and timing.

III.5.3   How does your employee performance management system, including feedback to and from employees, support high performance?

The proper use of both the position description and the EPMS allows the employee and supervisor to agree upon a measurable goal for each individual. The documents can be easily modified when new duties are added, old duties are removed and current duties need changing.

III.5.4   What formal and/or informal assessment methods and measures do you use to determine employee well-being, satisfaction, and motivation?

A variety of formal and informal methods are used in individual divisions to determine employee well-being, satisfaction, and motivation.

III.5.5   How do you maintain a safe, secure, and healthy work environment? (Include you workplace preparedness for emergencies and disasters)

The LGOA has an excellent record in Worker's Compensation claims, and monitors staff activities to ensure and promote work place safety. The agency has a staff member designated as disaster coordinator, and has developed a plan to respond to disasters anywhere in the state. The agency is not located in a state facility, but does have an evacuation plan for fire or other catastrophes.

III.5.6   What activities are employees involved with that make a positive contribution to the community?

Community involvement and voluntarism is supported and encouraged by management, especially those activities that benefit the senior population. The entire LGOA staff participated in Columbia's *Families Helping Families* program in December 2004, by adopting a grandmother who is raising six grandchildren. Many LGOA staff contribute to the United Way. The LGOA recognizes community contributions through the following awards:

- Aging Network Impact Award
- Outstanding Community Intergenerational Award
- Outstanding Youth and Young Adult Volunteer Award
- Network Volunteer Service Award
- Leadership in Aging Award
- SC Business and Aging Award
- Health Promotion for Older South Carolinians Award

Staff of the LGOA serve on various boards and advisory groups, such as the Sage Institute, USC Center for Gerontology, the South Carolina Institute for Poverty and Deprivation, the Adult Protection Coordinating Council, and the Health Care Council of the Untied Way of the Midlands.

III.6   Process Management

III.6.1   What are your key processes that produce, create, or add value for your customers and your organization, and how do they contribute to success?

- Administering the mandated responsibilities of the Older Americans Act
- Promoting easier access to services and allowing choices for seniors and their families
- Providing programs, education and information to help seniors prevent or delay the onset of chronic conditions that increase the risk of loss of independence and quality of life
- Developing on-going public information/advocacy efforts to allow seniors and their families to make informed decisions and choices about the services they need
- Providing on-going training and education activities to professional staff and seniors
- Providing services that increase social opportunities for seniors; aid in preventing institutionalization; support caregivers and ensure help for seniors in emergencies
- Administering the LTC Ombudsmen program as mandated under the OAA
- Developing programs for the prevention of elder abuse, neglect and exploitation

- Providing Elder Rights and Legal Assistance Programs for the elderly
- Planning, allocating, advocating for all federal and state resources by July 1, 2005
- Establishing and maintaining full administrative functions and activities to support the Lieutenant Governor's Office on Aging
- Enhancing research and data collection efforts on the status of seniors and the effectiveness of services through grant requests and use of available federal and state resources
- Meeting federal and state reporting requirements on a timely basis

III.6.2   How do you incorporate organizational knowledge, new technology, changing customer and mission-related requirements, cost controls, and other efficiency and effectiveness factors into process design and delivery?

The LGOA uses its information technology effectively to document client counts; provide current demographic data; analyze functional limitations; document unmet needs for services; advocate for services; and ensure the allocation of services to the most needy clients.

The LGOA takes advantage of grant opportunities that enable the agency to achieve research-based decision making and to utilize partnerships with research-oriented university groups to measure customer satisfaction and program effectiveness, such as the USC's evaluation of the Family Caregiver Support Program and survey of people who contacted the ADIC pilot site**.**

III.6.3   How does your day-to-day operation of these processes ensure meeting key performance requirements?

Performance is continuously monitored through information systems (*AIM*, NAPIS, and *SC Access)*. Customer response is used to modify goals and objectives. Constant input from advisory and advocacy groups ensure a focus on key performance measures.

III.6.4   What are your key support processes, and how do you improve and update these processes to achieve better performance?

- Administration of OAA, state and grant funding
- Development and monitoring of quality standards for OAA services
- Provision of information, referral, and assistance on available services
- Management Information System support
- Legislative information and external communications
- Training and certification of service providers
- Investigations of allegations of abuse, neglect and exploitation in LTC Facilities

Process outputs are continuously monitored by management staff. Customer satisfaction data is collected and reviewed, and routine audits are conducted. Changes and improvements are made based on the above reviews.

III.6.5   How do you manage and support your key supplier/contractor/partner interactions and processes to improve performance?

The agency manages and supports its key suppliers, contractors, and partnership interactions through monthly meetings with directors of the Area Agencies on Aging, audits, and technical assistance. Primary responsibility for providing feedback and working with each key supplier to improve performance is delegated to the staff responsible for the specific function.

III.7   Business Results

III.7.1   What are your performance levels and trends for the key measures of customer satisfaction?

**A: Satisfaction with Older Americans Act Programs**

1. Home Delivered and Congregate Meals. Home delivered meals are provided to frail seniors statewide. These services help them to remain at home and independent. Satisfaction with home delivered meals was 91% ranging from good to excellent.
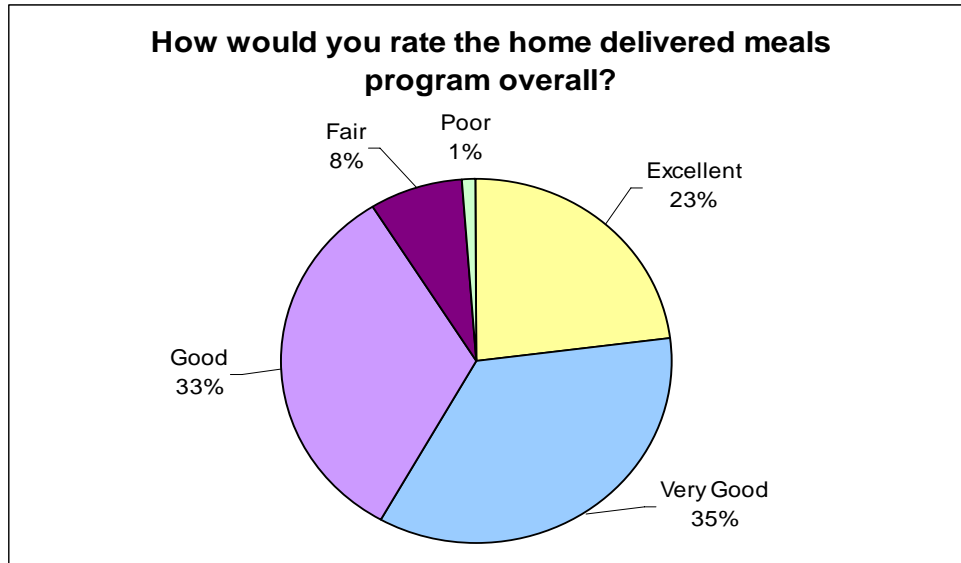
Figure III.7.1.1

Source: Performance Outcomes Measurement Surveys funded by Administration on Aging during FY2001-2004

Congregate meals provide necessary nutrition, socialization, health and wellness, as well as physical fitness activities which assist and enhance their quality of life. Satisfaction with congregate meals was 85% ranging from good to excellent.
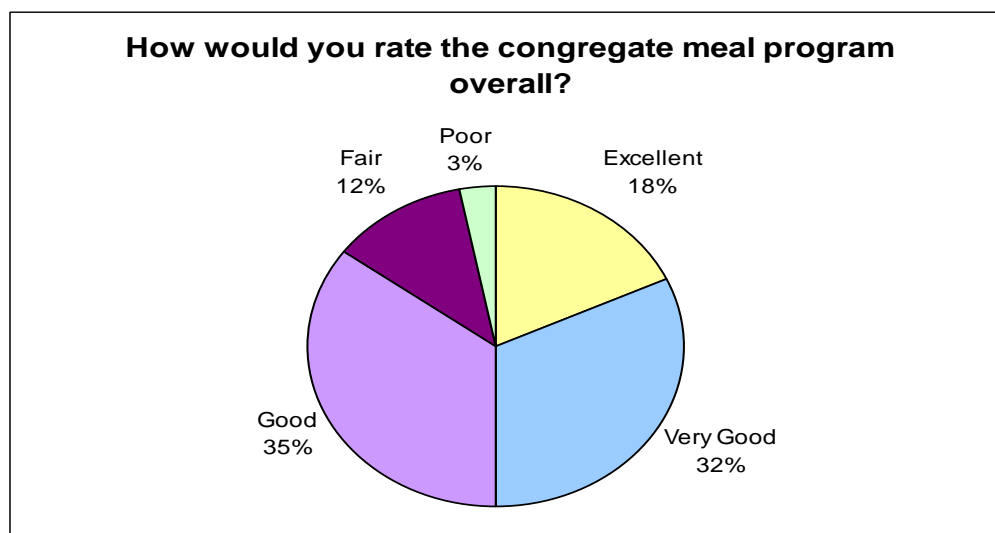
Figure III.7.1.2

Source: Performance Outcomes Measurement Surveys funded by Administration on Aging during FY2001-2004

2. **Information, Referral, and Assistance (I/R&A).** Information, referral and assistance services are the gateway for access to other services and resources for older adults. Persons looking for help need a visible place where they can receive reliable information about resources and services that might address their needs.

Do you expect the information you received will be helpful in resolving the issue you called about?
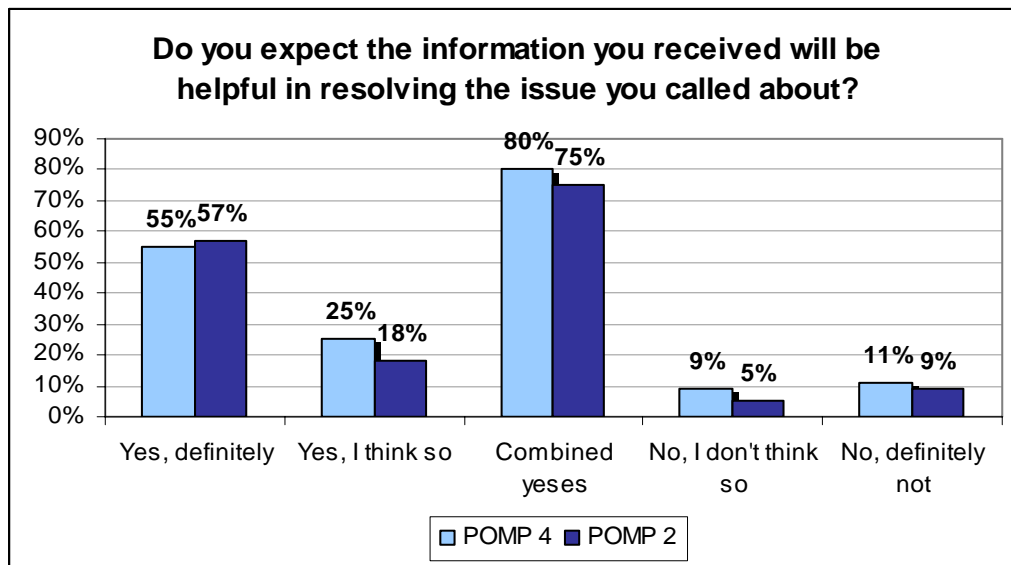
Figure: III.7.1.3

Source: Performance Outcomes Measurement Surveys funded by Administration on Aging during FY2001-2004

Does the Family Caregiver Program help to be a better caregiver?
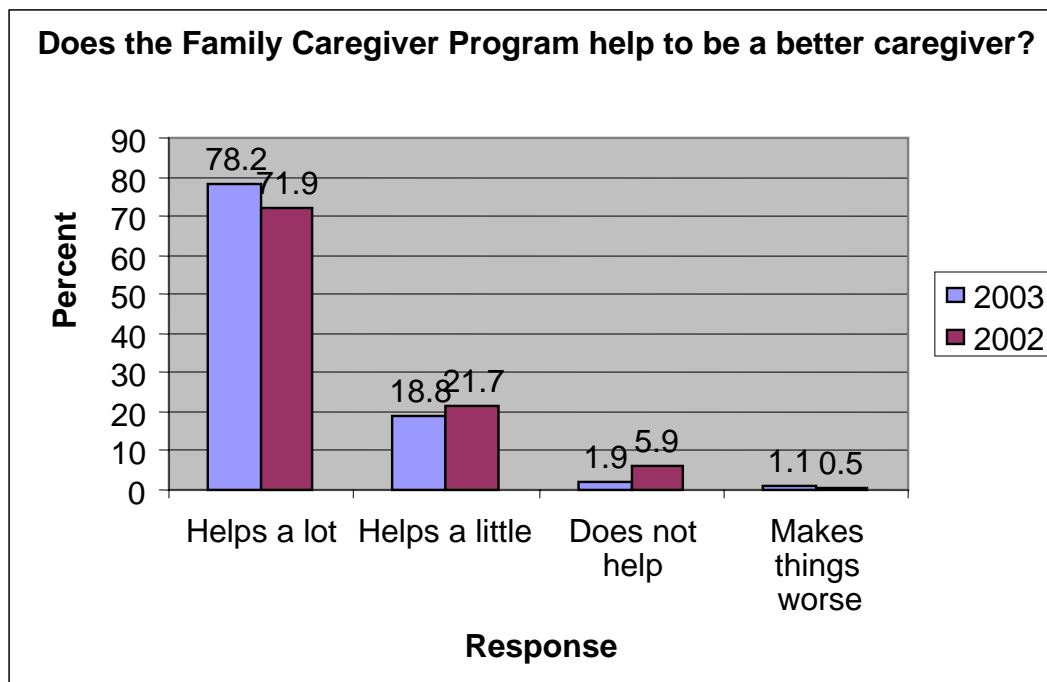
Figure III.7.1.4

Source: Performance Outcomes Measurement Surveys funded by Administration on Aging during FY2001-2004
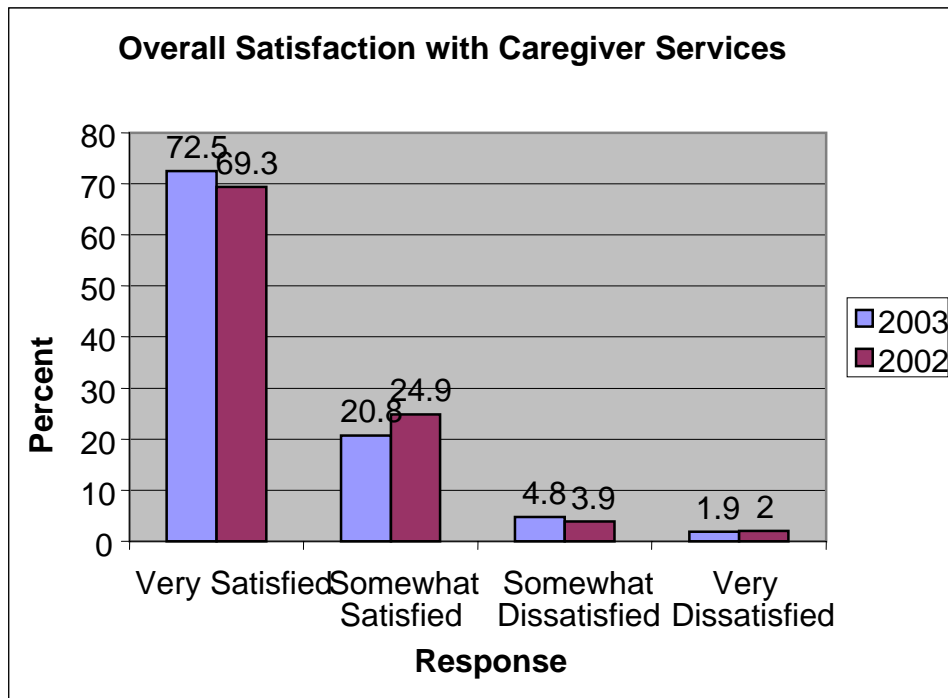
Figure III.7.1.5

Source: Performance Outcomes Measurement Surveys funded by Administration on Aging during FY2001-2004

3. Long Term Care Ombudsman.   The program's primary responsibility is for identifying, investigating, and resolving complaints that are made by or on behalf of residents.
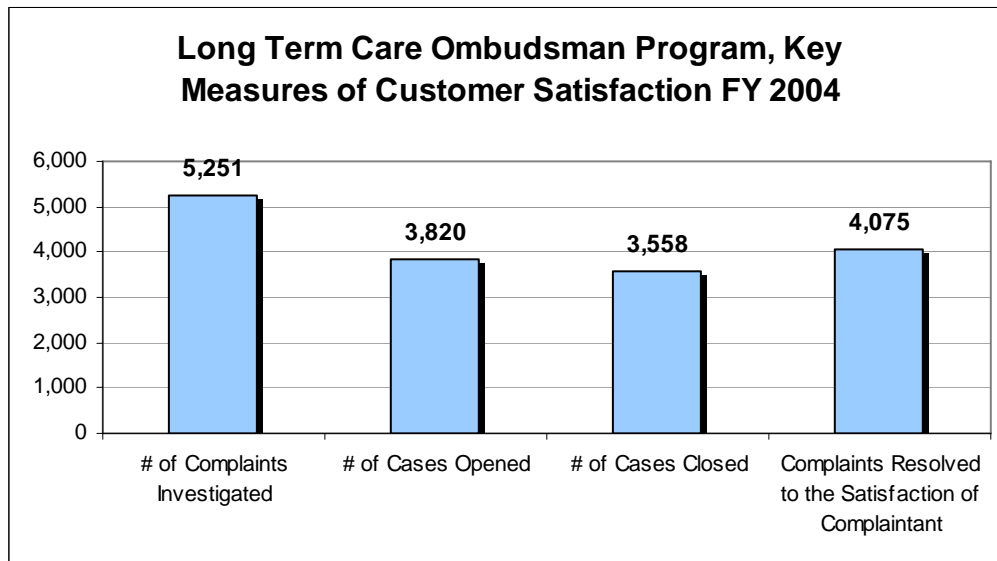
Figure III.7.1.6

Source: National Ombudsman Reporting System (NORS)

III.7.2   What are your performance levels and trends for the key measures of mission accomplishment and organizational effectiveness?

A. Goals

There will be an almost 597% increase in the 65+ population.

65+ Population and Population Projections

Year	Population
1970	190,171
1980	287,328
1990	396,935
2000	485,333
2010	605,660
2030	1,134,459
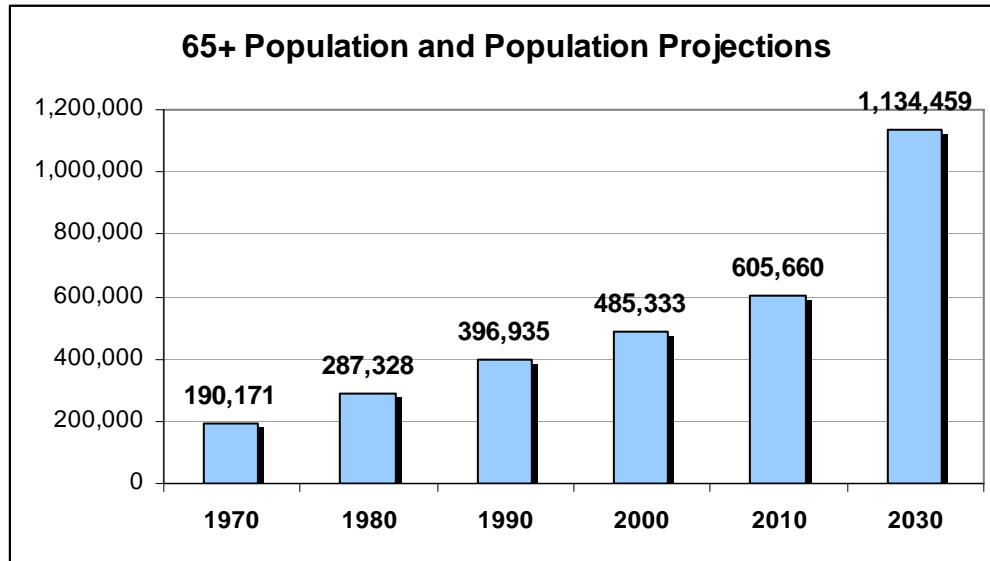
Figure III.7.2.1

Source: US Census Bureau, Interim Population Projections, 2005.

The information below represents first time drivers licenses issued to persons in SC aged 50 and older. The rate of increase from calendar year 2000 to 2004 is 84.2% or 21.06% annually.

Growth of Mature Adults Migrating to South Carolina

Year	Number
2000	13,686
2001	14,131
2002 *	15,015
2003	15,898
2004	25,214
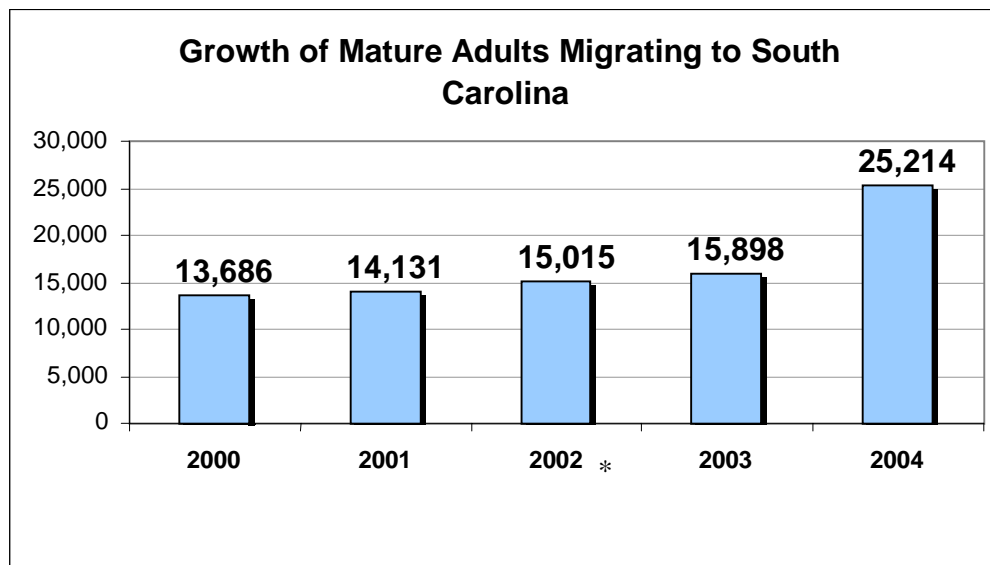
Figure III.7.2.2

Source: SC Department of Motor Vehicles. *2002 is an estimate due to the SCDMV's changing computer systems.

Based upon analysis of first time driver's licenses issued to persons 50+ in SC, and a significant jump in persons from 2003 to 2004, an estimated 430,864 persons could move to SC by 2010.

Potential Estimate of In-Migrants Age 50+ to South Carolina

Year	Value
2010	81,110
	71,794
2008	62,478
	53,162
2006	43,846
	34,530
2004	25,214
	15,898
2002	15,015
	14,131
2000	13,686
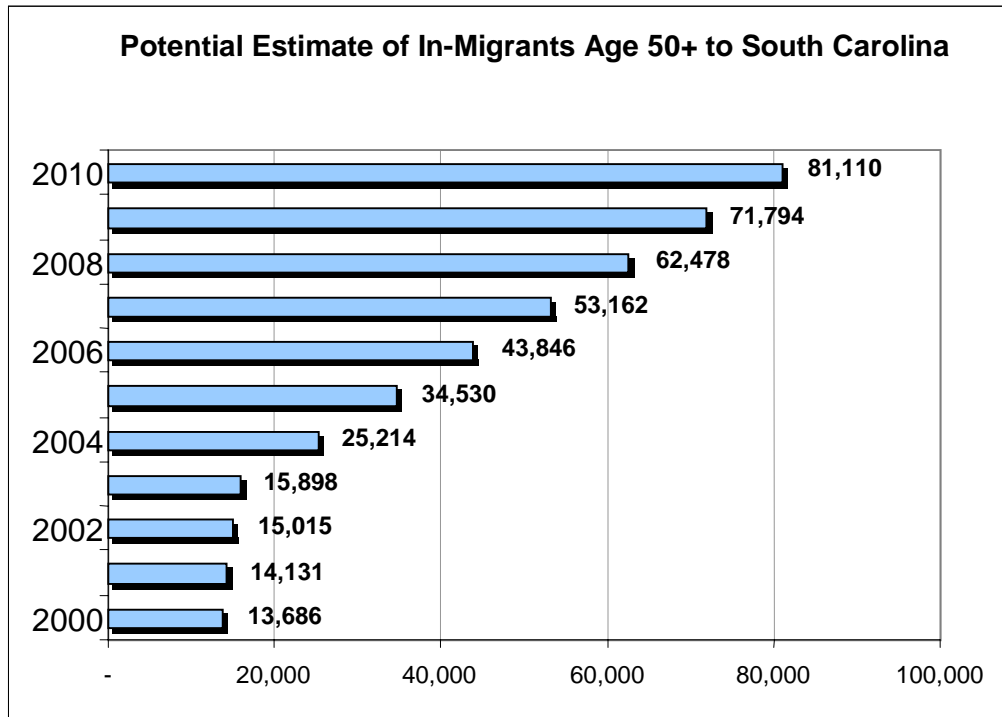
Figure III.7.2.3

Source: SC Department of Motor Vehicles. Estimate provided by Lieutenant Governor's Office on Aging

In 1990, South Carolina was 37th in the nation for the percent of 65+ population to total population. By 2030, South Carolina will be ranked 15th in the nation.

South Carolina 65+ Population as a Percent of Total Population

Year	Percent
1990	11.4%
2000	12.1%
2010	13.6%
2030	22.0%
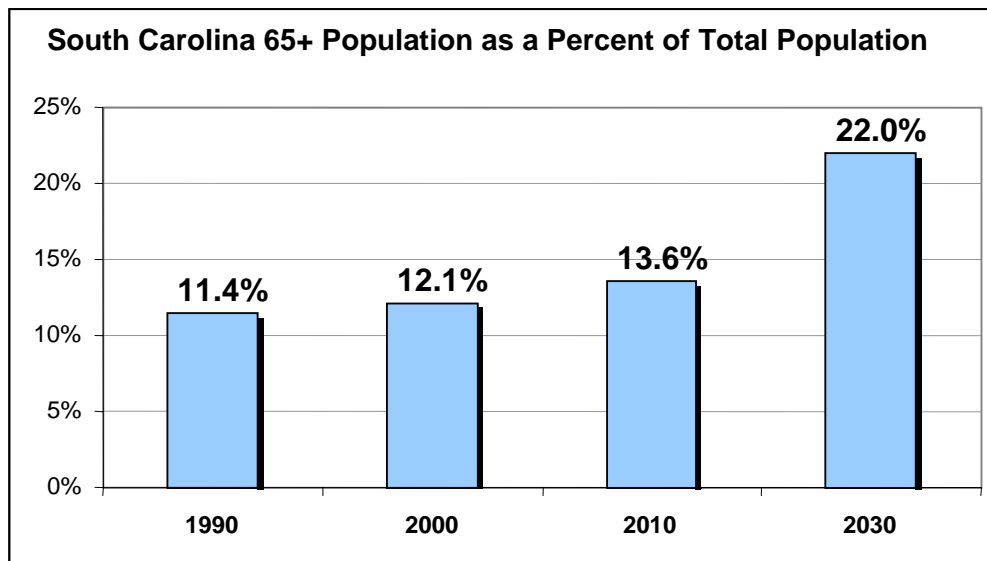
Figure III.7.2.4

Source: US Census Bureau, Interim Population Projections, 2005.

As the population grows, the number of clients served has declined with the availability of limited state and federal resources; therefore, the percentage of persons served has declined.

Persons 60+ Eligible for Services, Received Services, and Percentage of the Eligible Population
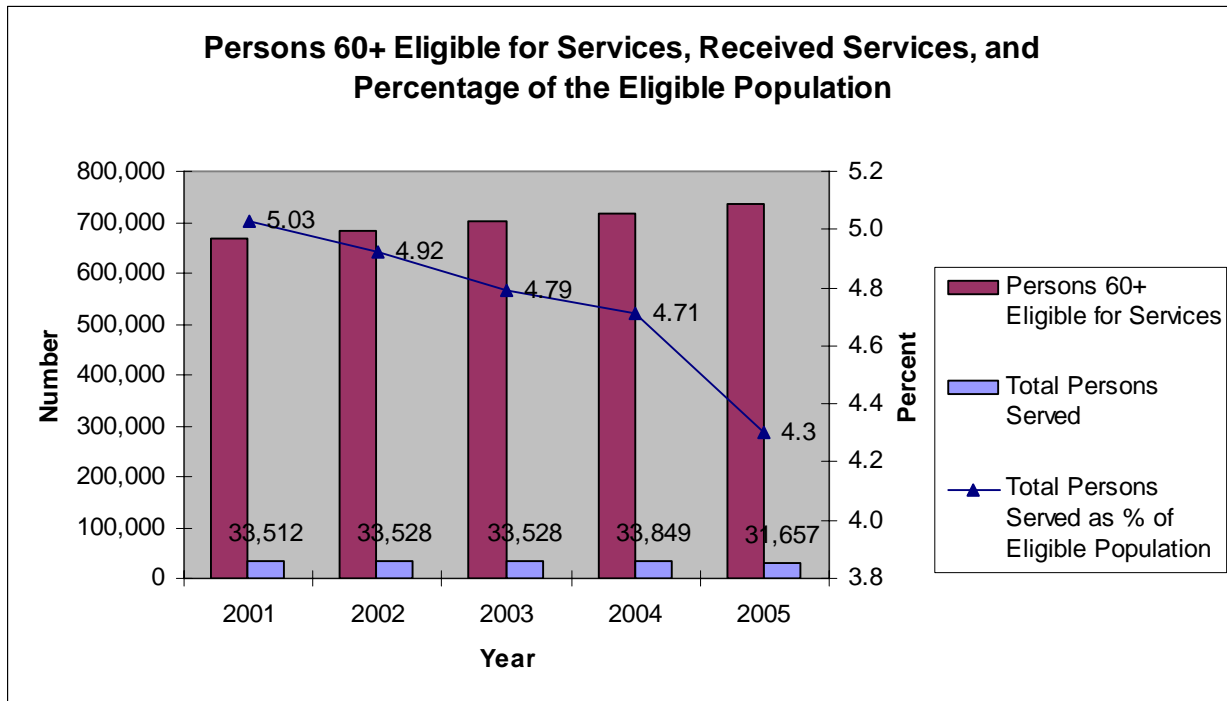
Figure III.7.2.5

Source: **US Census current population and National Aging Program Information System Federal Report**

As funding remains flat, with no adjustments for inflation, the amount spent per eligible person has declined from $3.44 to $3.11.

State Funding, Persons Eligible for Services, and State Funds Spent per Eligible Person
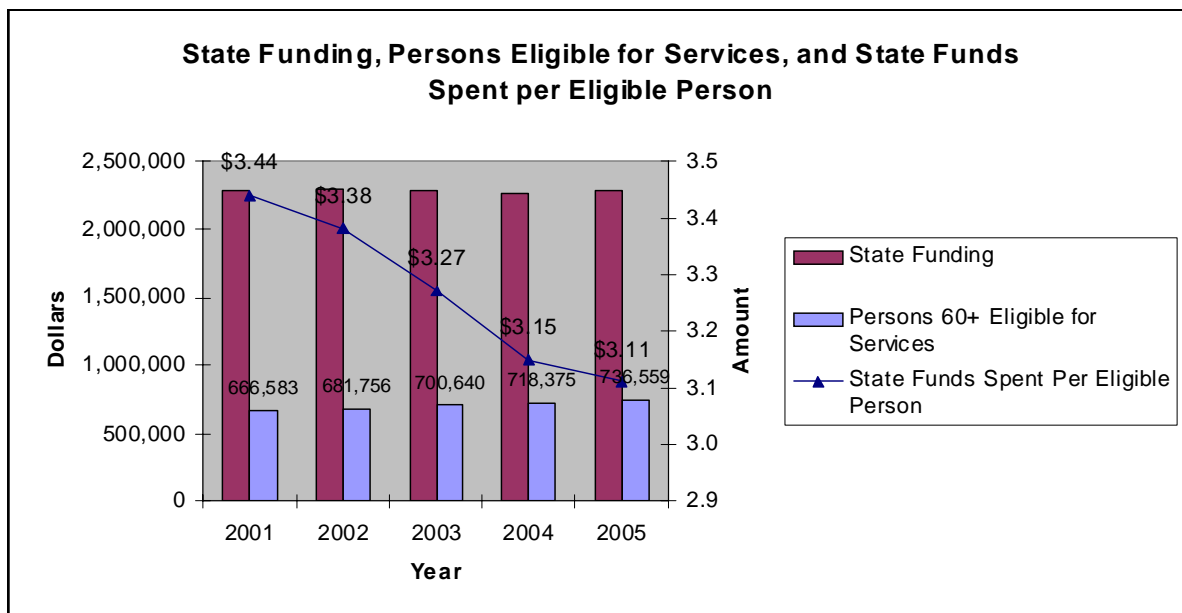
Figure III.7.2.6

Source: **US Census current population and LGOA appropriations.**
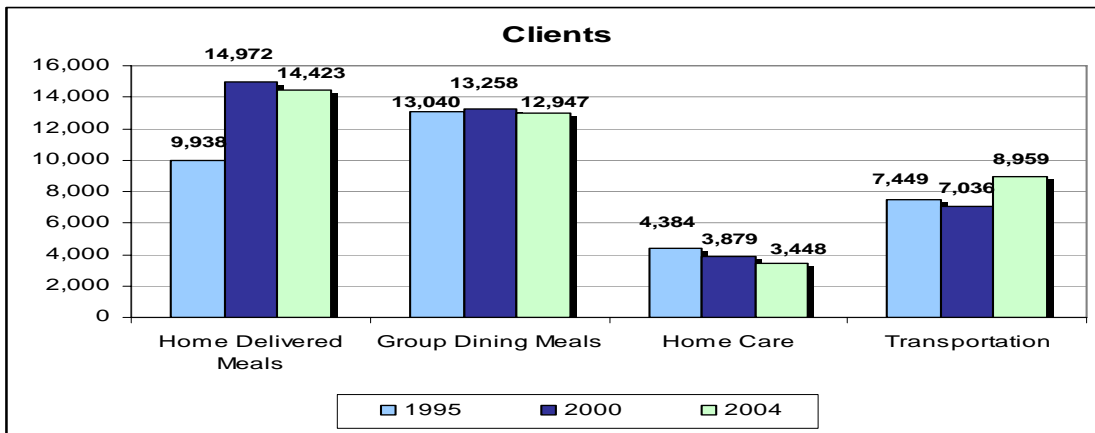
Figure III.7.2.7

Source: LGOA National Aging Program Information System FY03-04.
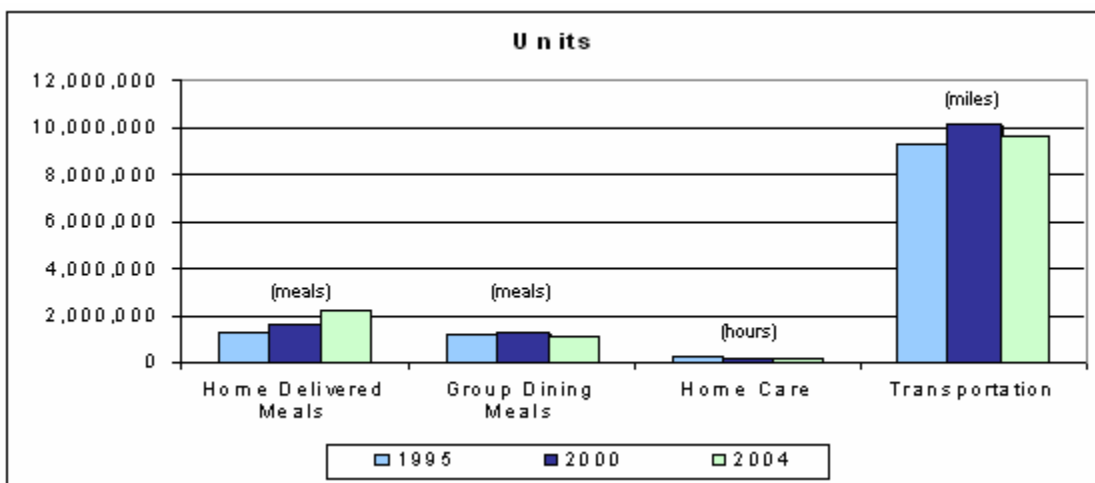
Figure III.7.2.8

Source: LGOA National Aging Program Information System FY03-04.
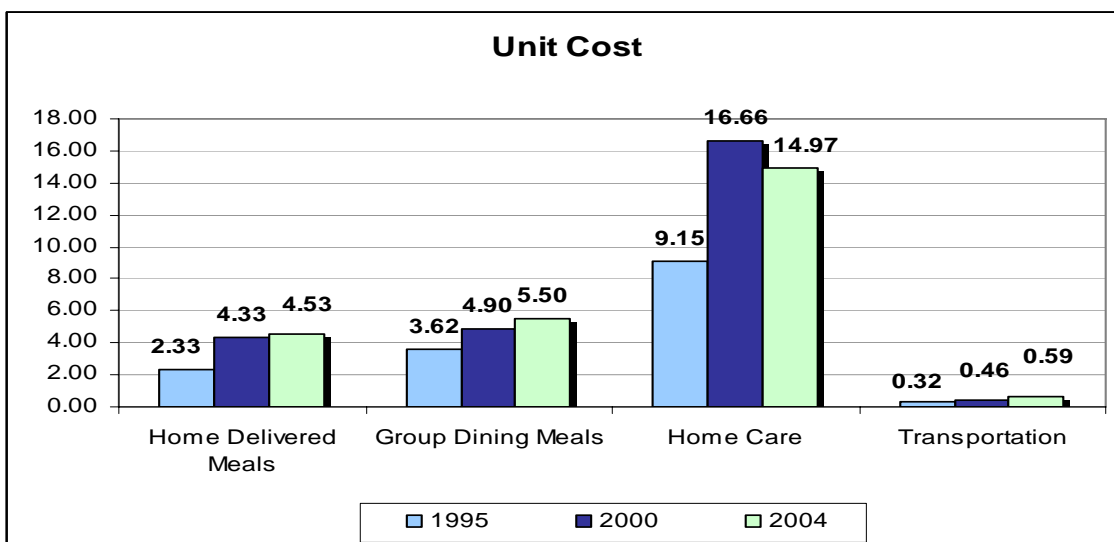
Figure III.7.2.9

Source: LGOA National Aging Program Information System FY03-04.

The Older Americans Act provides $2,259,468 to transport approximately 9,000 seniors annually.

In an average month, do you rely on Title III transportation for:

- ☐ Just a few of your local trips — 35%
- ▨ About 1/4 of all your local trips — 7%
- ☐ About 1/2 of all your local trips — 14%
- ☐ About 3/4 of all your local trips — 4%
- ■ Nearly all of your local trips — 40%
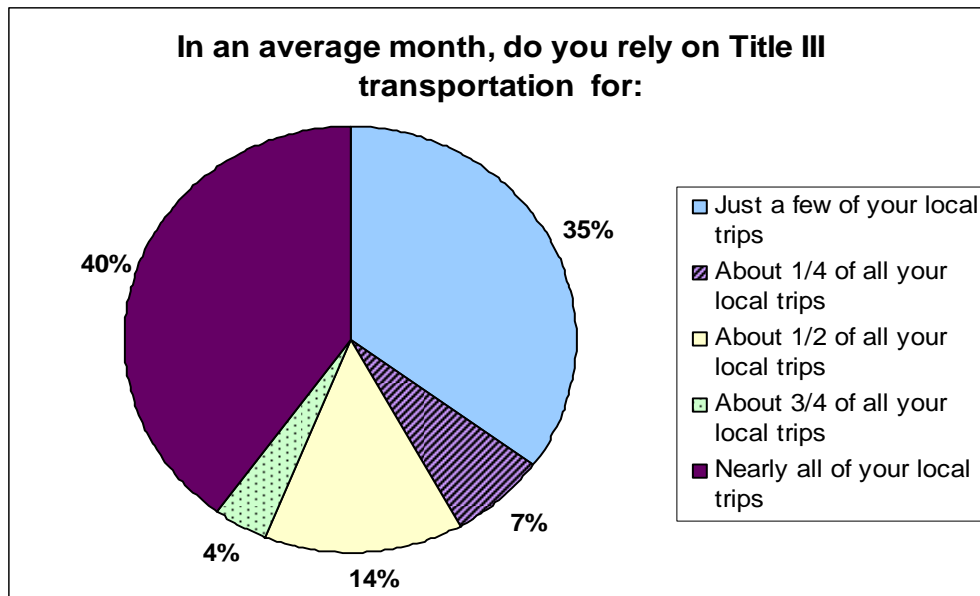
Figure III.7.2.10

Source: **Performance Outcomes Measurement Surveys funded by Administration on Aging during FY2001-2004**

B. Success Indicators

   1. Alzheimer's Resource Coordination Center (ARCC).   In the year 2000, there were 43,020 persons in South Carolina 65+ with Alzheimer's disease. By 2025, it is estimated that there will be 125,190 persons.

SC Projected Alzheimer's Cases for Persons 65+

Year	Cases
1995	31,031
2000	43,020
2005	56,870
2015	90,480
2025	125,190
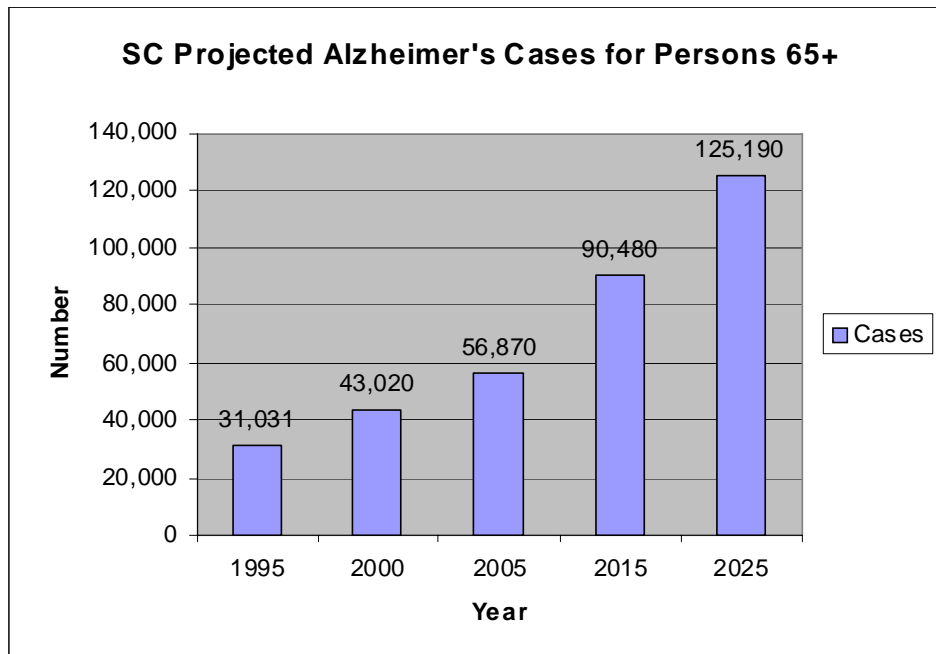
Figure III.7.2.11

Source: University of South Carolina Arnold School of Public Health

The ARCC provides seed grants to communities to develop or expand supportive services for families coping with Alzheimer's disease or a related dementia. The requests for funding exceeded available funding.
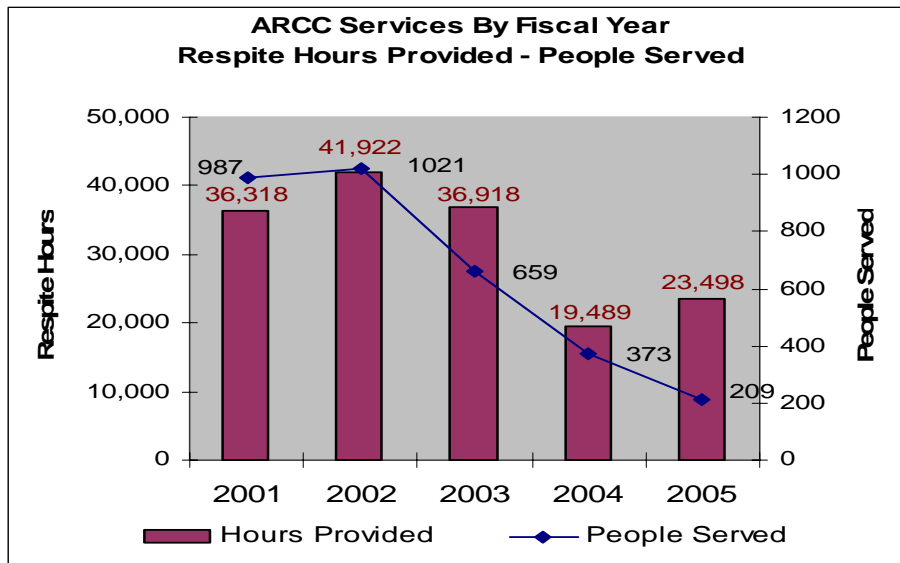
Figure III.7.2.12

Source: LGOA, Alzheimer's Resource Coordination Center

The chart below shows the number of persons who received respite services and the number of hours of service provided through respite sites developed through ARCC grants from 2001 through 2005. Communities provide matching funds for the grants allowing additional hours of service for the caregivers. ARCC grants also have provided education and training programs for caregivers and professionals.
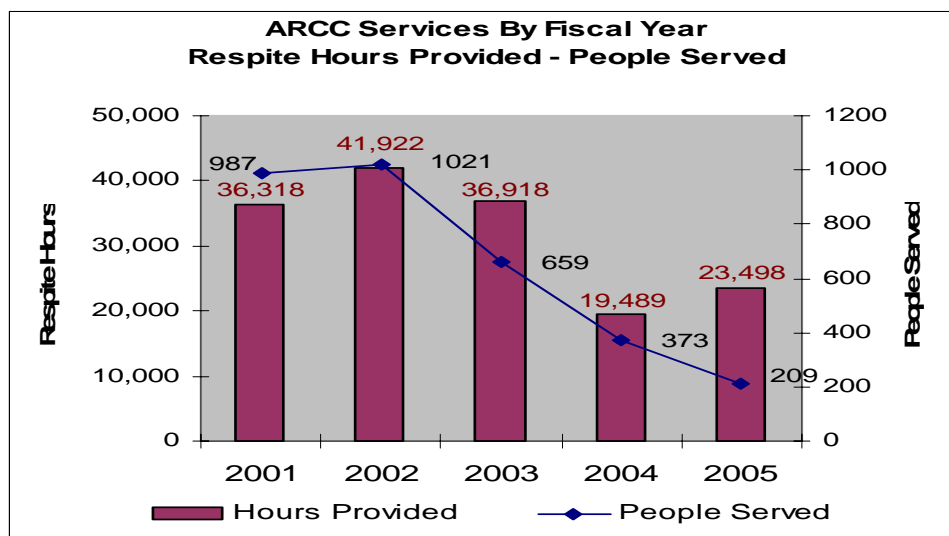
Figure III.7.2.13

Source: LGOA, Alzheimer's Resource Coordination Center

2. **Information and Referral Services.** These are the primary reasons people contacted Information/Referral and Assistance Specialists. Callers may call for multiple reasons.
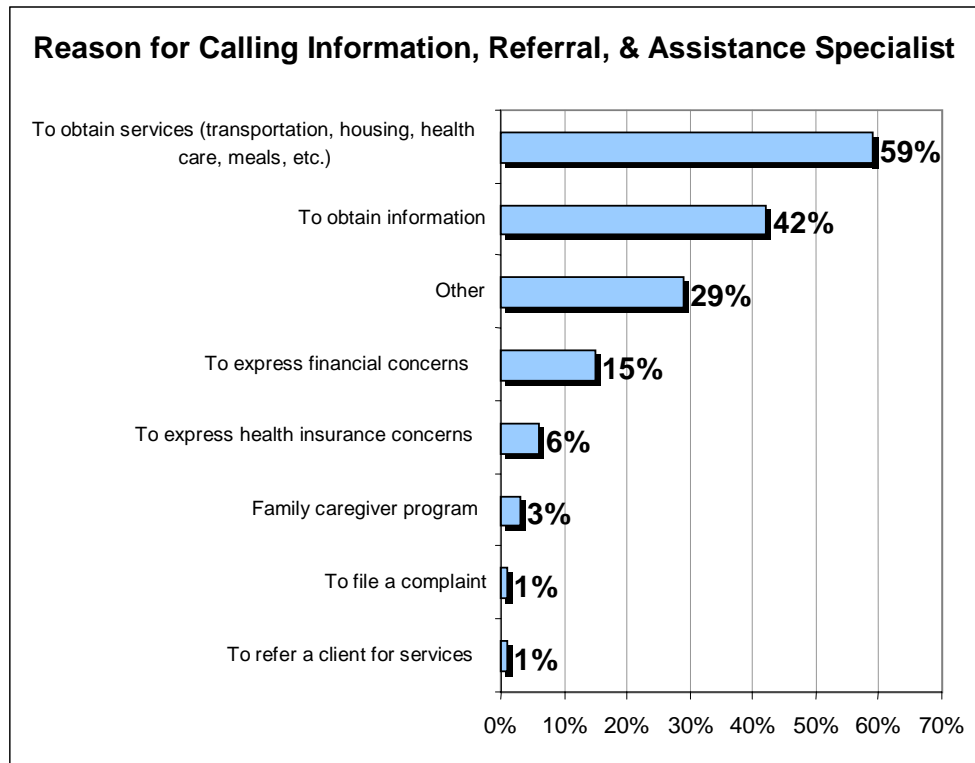
Figure III.7.2.14

Source: Source: Performance Outcomes Measurement Program (POMP) Survey, USC

79% of the callers surveyed indicated that they received the information they were seeking when they called the I/R&A Specialist.
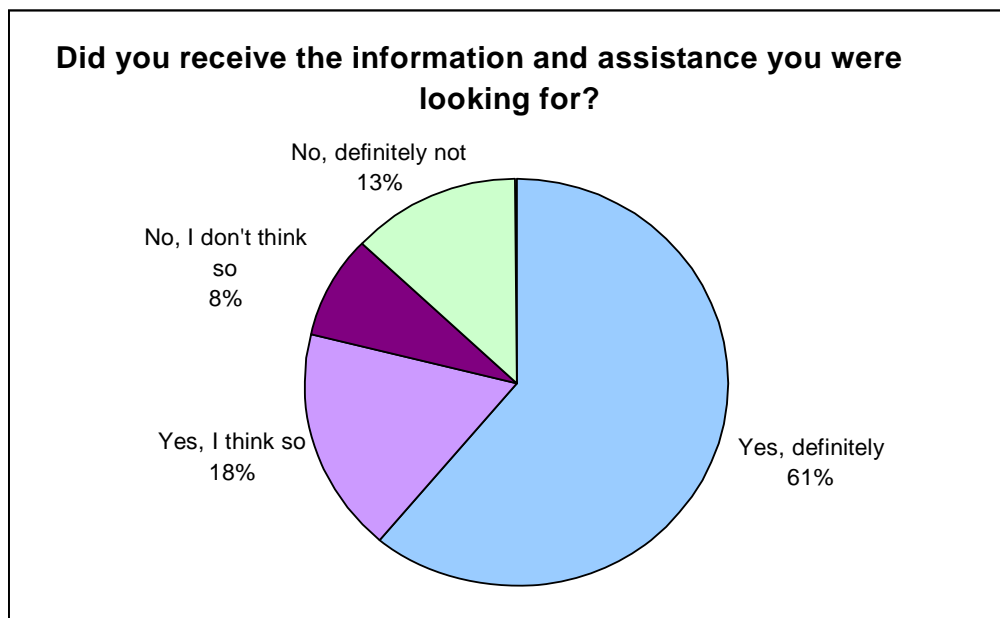
Figure III.7.2.15

Source: Source: Performance Outcomes Measurement Program (POMP) Survey, USC

80% of the callers indicated they thought the information provided would be helpful in resolving the issue they called about.
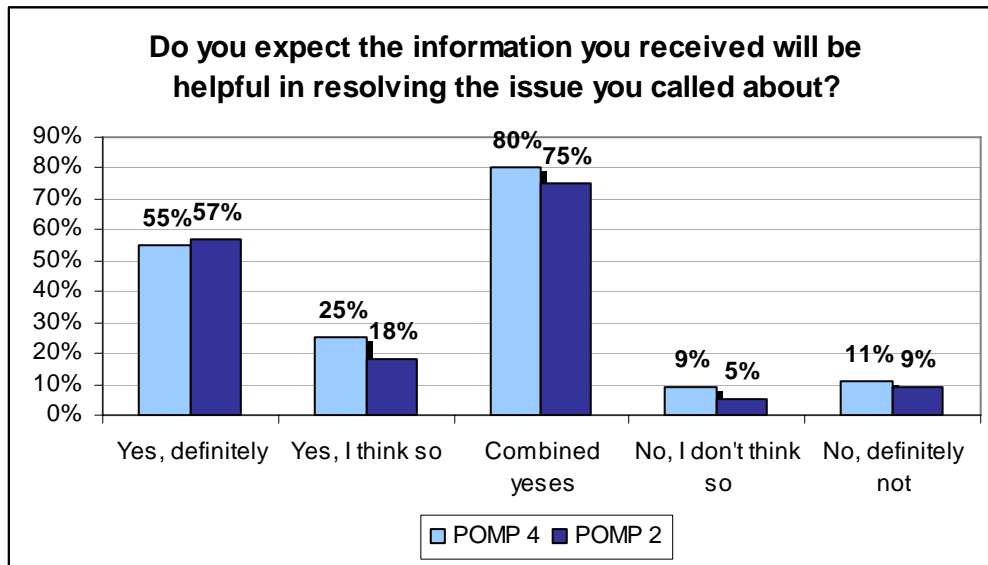
Figure III.7.2.16

Source: Source: Performance Outcomes Measurement Program (POMP) Survey, USC

88% of the callers were satisfied with the way the call was handled; 6% said the service they received was fair; 6% were not satisfied.

Figure III.7.2.17

Source: Source: Performance Outcomes Measurement Program (POMP) Survey, USC

Information is available through the *SC Access* website or by contacting an I/R&A Specialist, who can provide assistance in linking callers to the services or in understanding the eligibility requirements for publicly supported services. These specialists are certified through the Alliance for Information and Referral Systems' national certification process. 88% of those surveyed said they would recommend this service to a friend or colleague.

Would you recommend Information, Referral, & Assistance service?
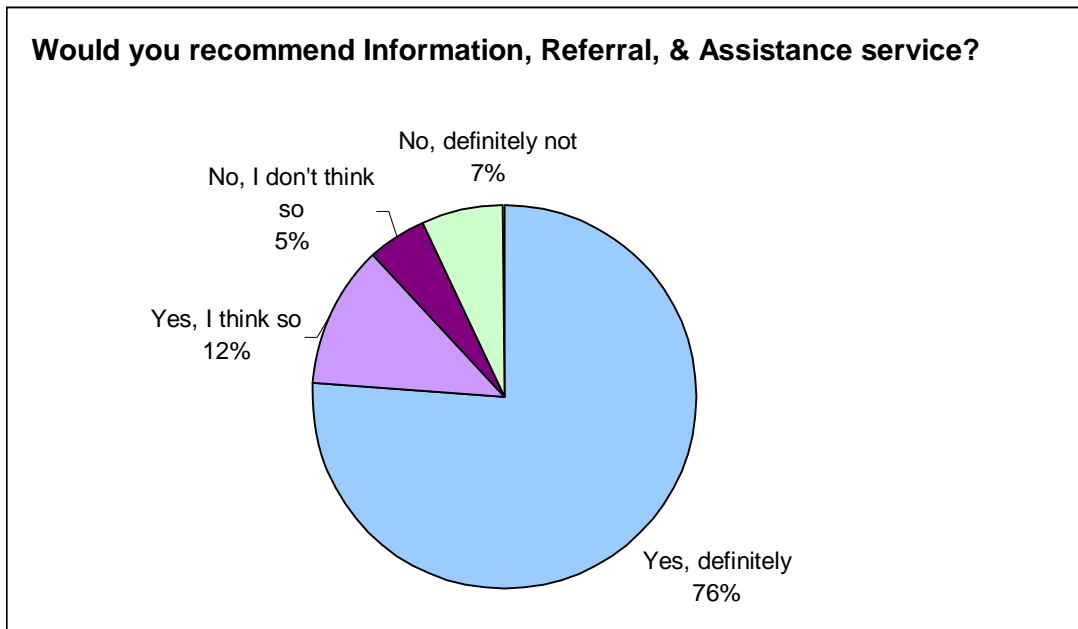
Figure III.7.2.18

Source: Source: Performance Outcomes Measurement Program (POMP) Survey, USC

3. Caregiver Support Services.

In 2004-05, 3,157 caregivers received assistance in accessing services, 1,483 received respite, 932 received supplemental services, and 421 received counseling, support or caregiver training through the Family Caregiver Support Program.
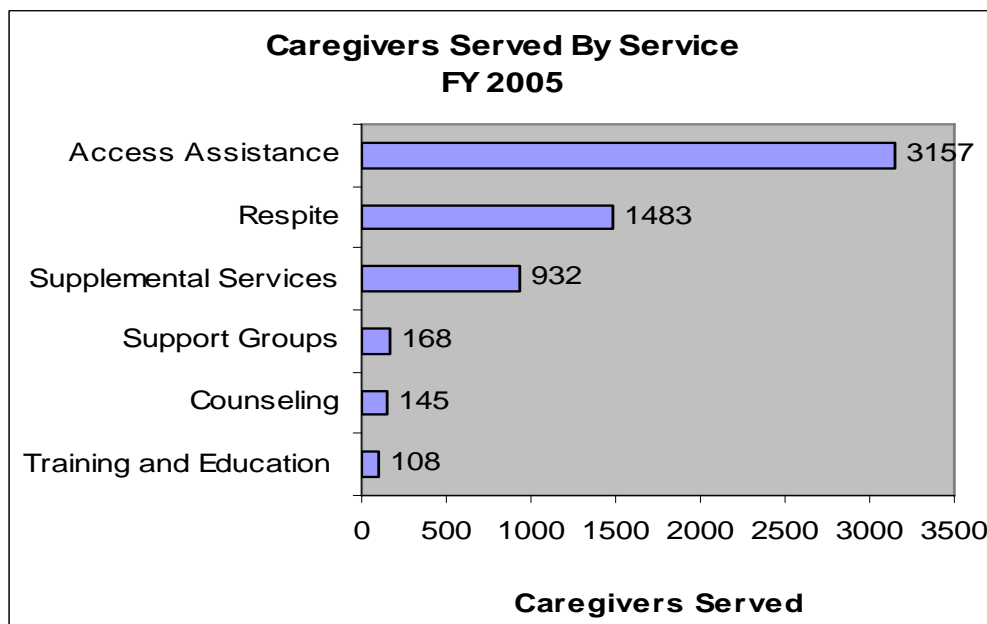
Figure III.7.2.19

Source: LGOA Caregiver Data System Reports

This chart shows the number of caregivers receiving respite services and the hours of respite care provided through the FCSP in the first three years.
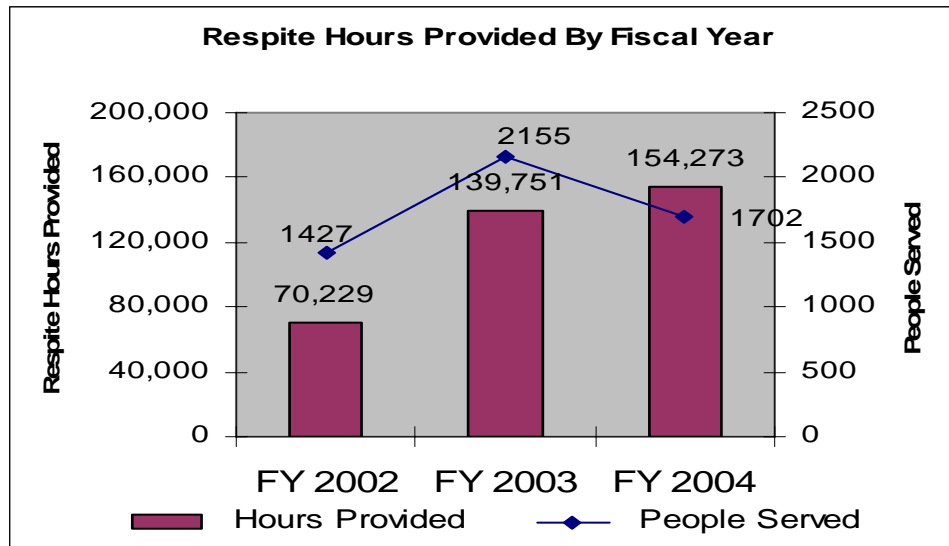
Figure III.7.2.20

Source: LGOA Caregiver Data System Reports

4. **Nutrition Services: Home Delivered Meals**.

    ADLs are Walking/Mobility; Dressing; Eating; Toileting; Transferring; and Bathing

    IADLs are Meal Preparation; Light/Heavy Housekeeping; Telephone Use; Money Management; Shopping; and Medication Management

    Lacks Support means client needs help and/or someone to check on them during an evacuation or disaster OR needs help in caregiver area OR lives alone

    Below Poverty means below 100% poverty

    Nutritionally at Risk is a score based on assessment of eating habits

    Mentally Disabled means Alzheimer's or Related Dementia, Behavioral or Mental Health Problems
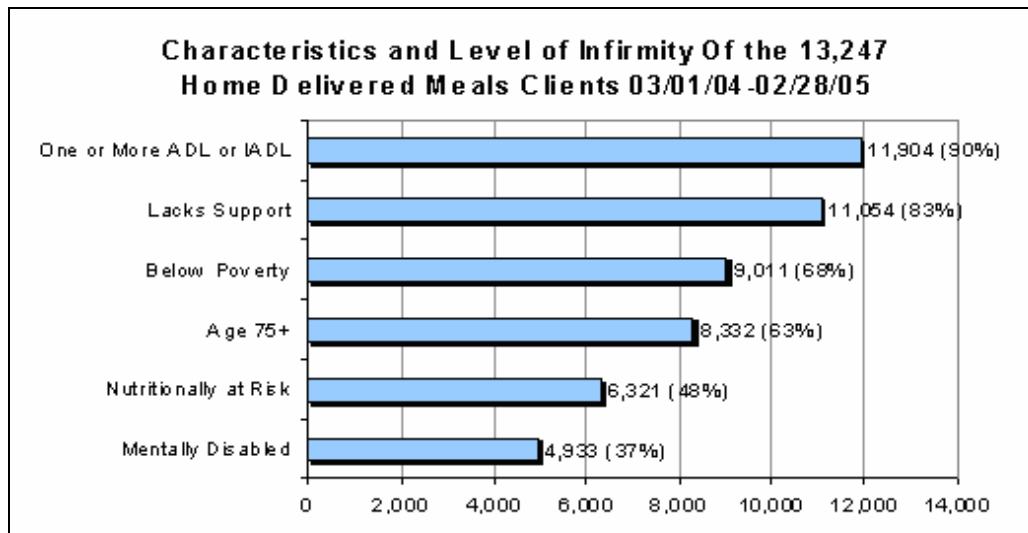
Figure III.7.2.21

Source: LGOA Advanced Information Manager (AIM)

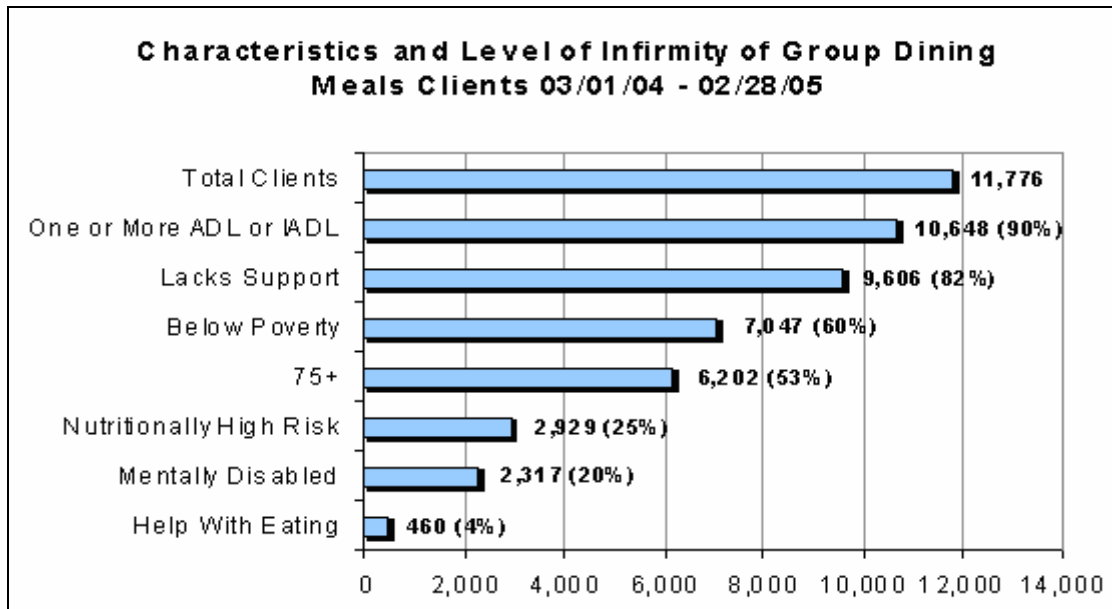**Nutrition Services: Congregate Meals**.

Figure III.7.2.22

Source: LGOA Advanced Information Manager (AIM)

5. **Home Care.** Home care services address a broad range of activities based on the client's level of need. Activities include housekeeping, shopping, meal preparation, personal care assistance with Activities of Daily Living, as well as respite for family caregivers.
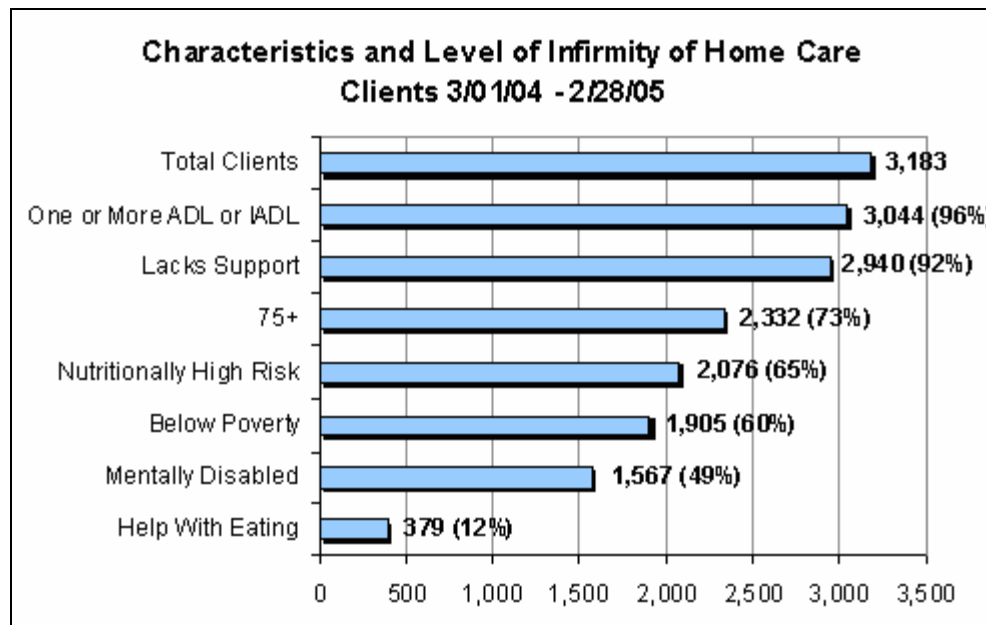

Figure III.7.23

Source: LGOA Advanced Information Manager (AIM)

6. **Long Term Care Ombudsman Program.** The Long Term Care system is complex and sometimes difficult to understand. The Long Term Care Ombudsman is responsible for assisting individuals in understanding long term care issues.
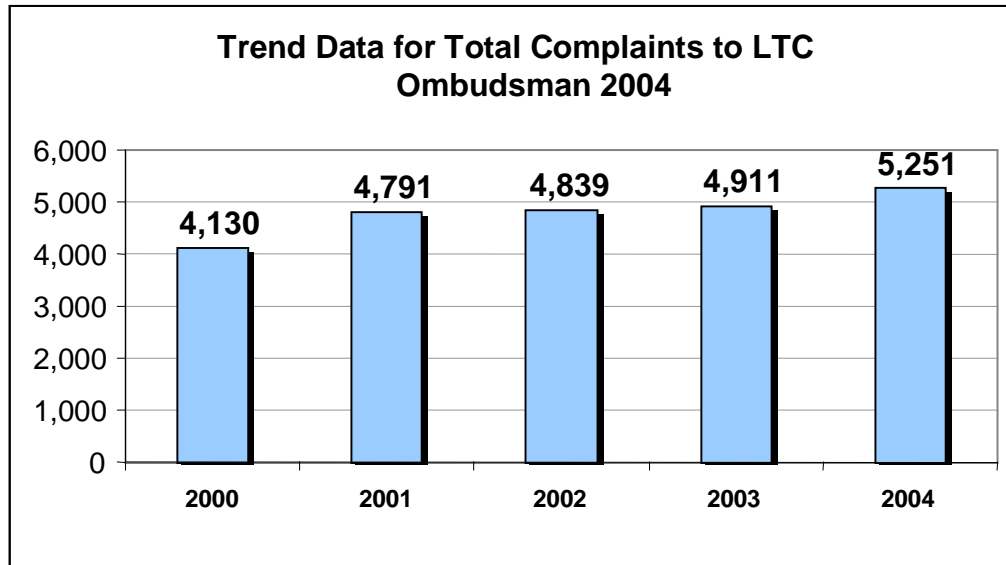

Figure III.7.2.24

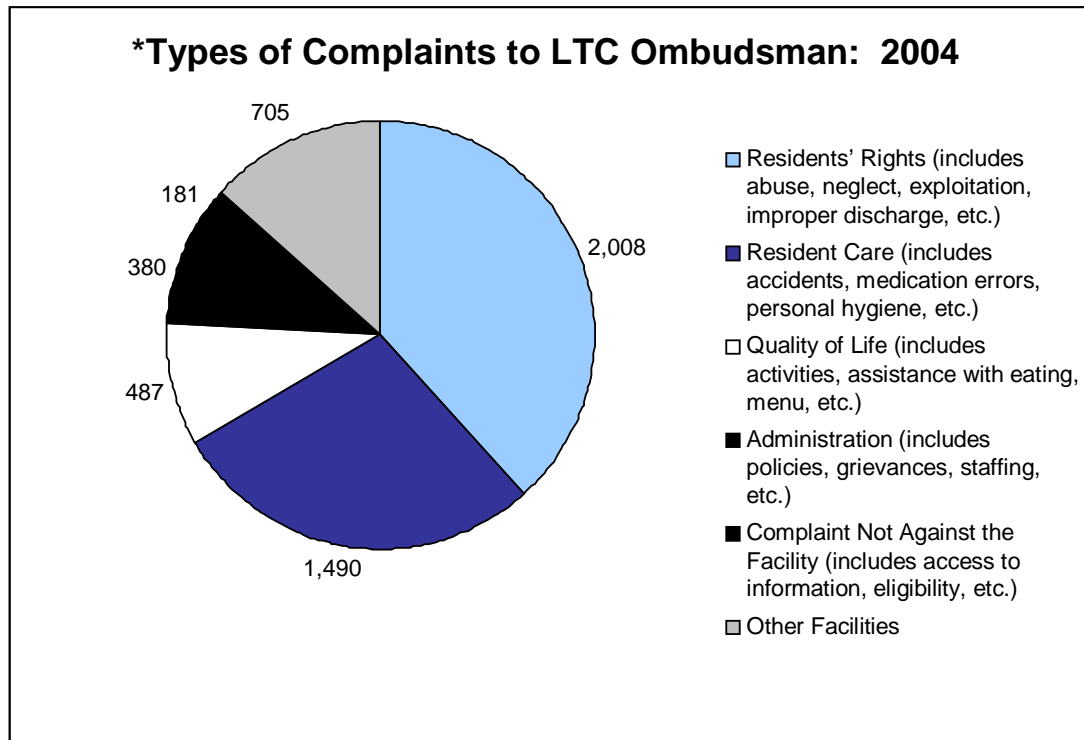**Source: National Ombudsman Reporting System (NORS)**

Figure III.7.2.25
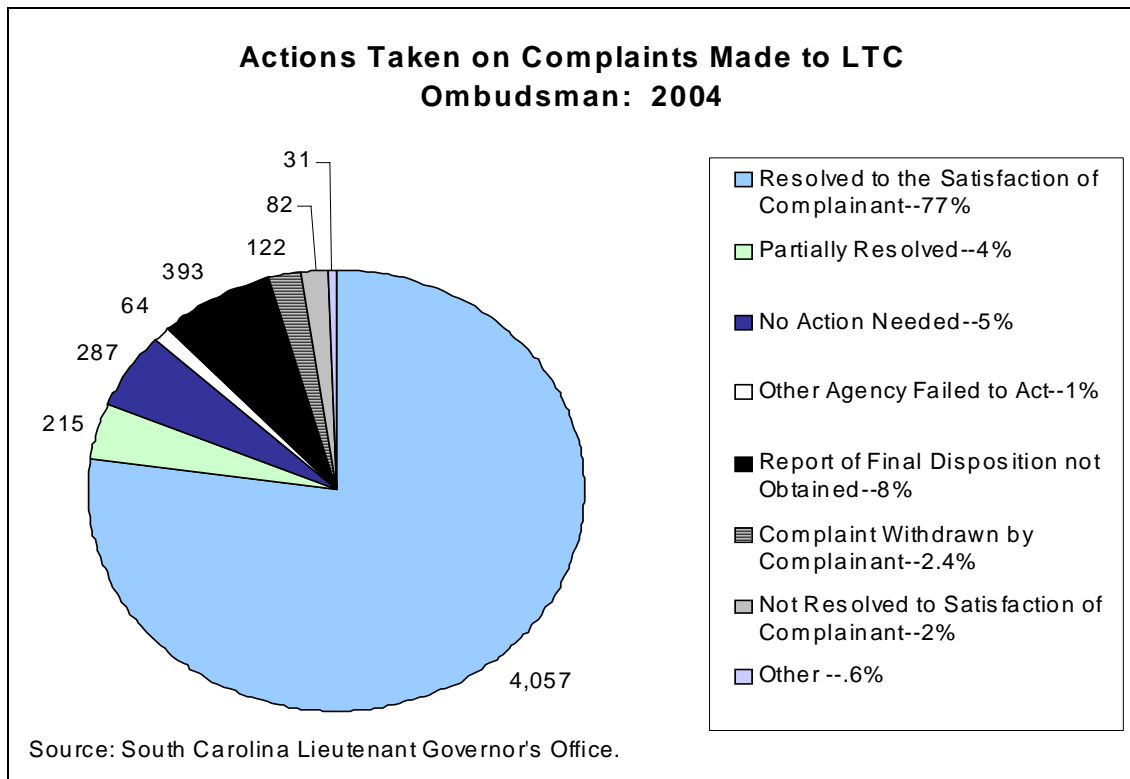
Source: National Ombudsman Reporting System (NORS)

Actions Taken on Complaints Made to LTC Ombudsman: 2004

- ☐ Resolved to the Satisfaction of Complainant--77%
- ☐ Partially Resolved--4%
- ☐ No Action Needed--5%
- ☐ Other Agency Failed to Act--1%
- ■ Report of Final Disposition not Obtained--8%
- ▤ Complaint Withdrawn by Complainant--2.4%
- ☐ Not Resolved to Satisfaction of Complainant--2%
- ☐ Other --.6%

Values shown on chart: 31, 82, 122, 393, 64, 287, 215, 4,057

Source: South Carolina Lieutenant Governor's Office.

Figure III.7.2.26

Source: National Ombudsman Reporting System (NORS)

Key Measures of Program Accomplishments 2004

- ☐ Number of Facility Complaints Investigated
- ■ Number of Facility Trainings Conducted
- ☐ Number of Facility Consultations Provided
- ■ Number of Consultations to Individuals
- ☐ Number of "Friendly" Visits Made to Facilities
- ■ Number of Facility Certification Survey Participated
- ■ Number of Resident and Family Councils Attended
- ■ Number of Community Education Sessions Provided

Values shown on chart: 62, 32, 16, 533, 869, 584, 64, 5,251
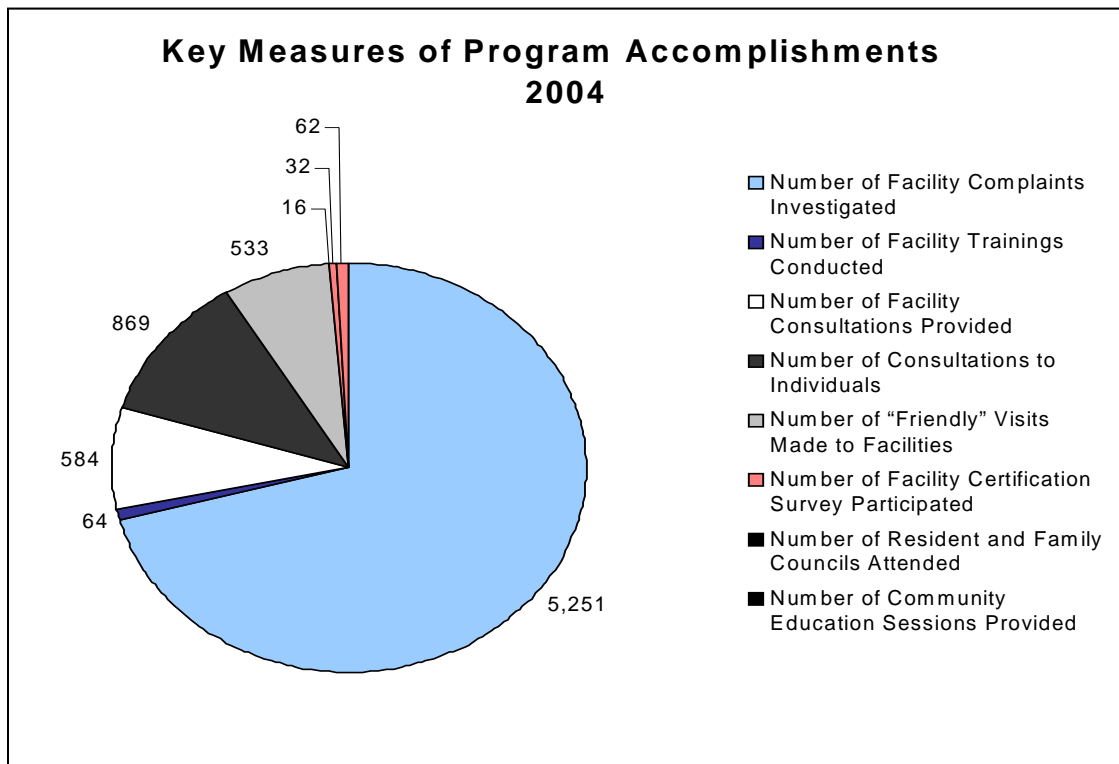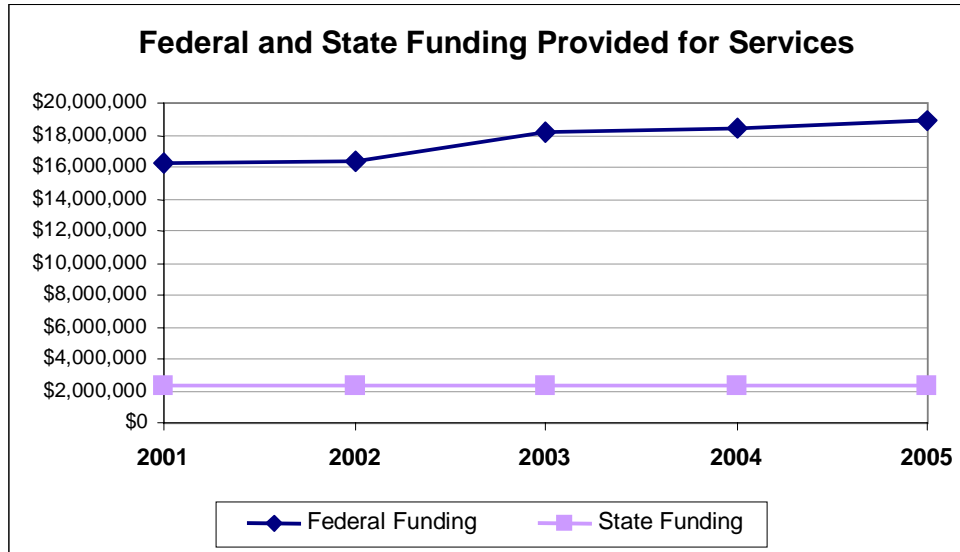
Figure III.7.2.27

Source for both charts: National Ombudsman Reporting System (NORS)
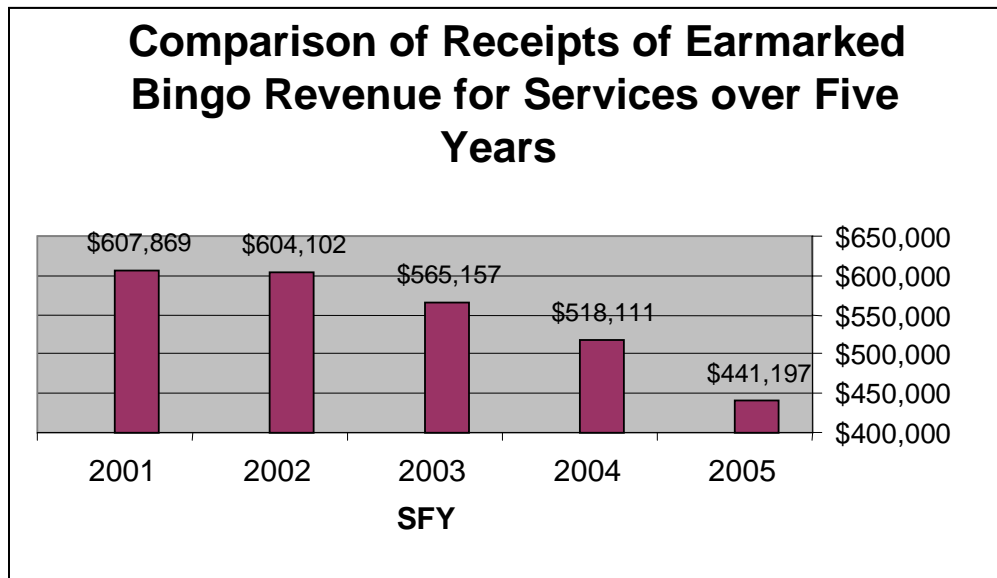
C.   Trends. Federal dollars have increased slightly but State dollars have remained flat.

Figure III.7.2.28
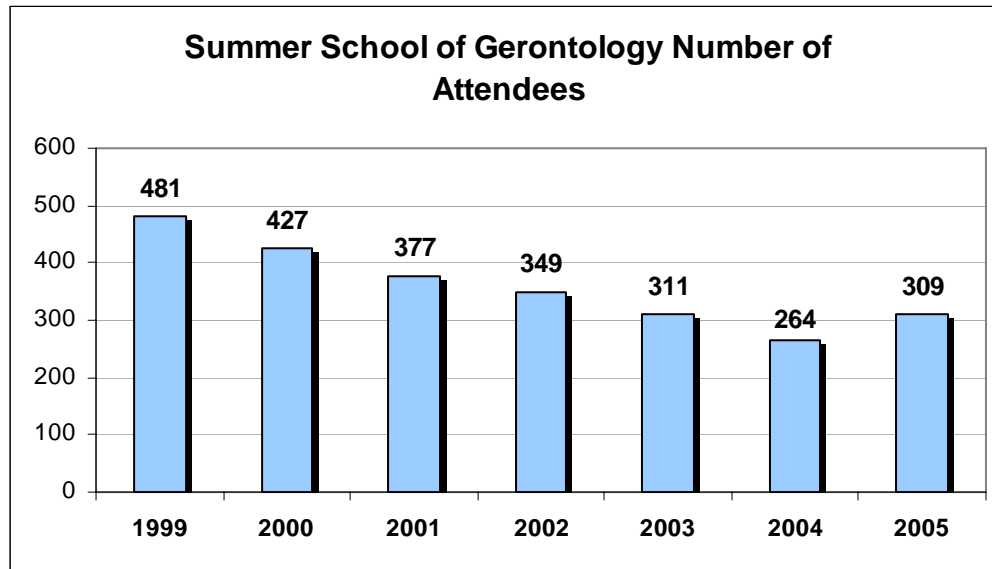
Source: SC Lieutenant Governor's Office on Aging

Bingo Revenue 5-Year History

Figure III.7.2.29

Source: SC Lieutenant Governor's Office on Aging

The LGOA receives $948,000 annually from Bingo Fees collected from participating operators. Funds received exceeding this balance are earmarked for home care services at the local level. As a result of changes in the law governing the distribution formula and bingo operators changing their classifications to charitable organizations, funds allocated to the LGOA have declined $166,672, or 27.4% since SFY 2001.

Figure III.7.2.30

Source: SC Lieutenant Governor's Office on Aging

The above statistics represent the primary training and education activity for the state's network of AAAs, local service providers, and other state public and private organizations. The Summer School of Gerontology has been held for 29 years for certification and enrichment of professionals in the State's senior services network and professionals in state agencies, local organizations, etc.

Summer School attendance has declined for several years due to budget constraints experienced by other agencies and service providers. When making decisions on budget priorities in times of decreasing resources, training activities are the usually the first activities to be deleted.

III.7.3 What are your performance levels for the key measures of financial performance?
Fiscal staff continuously monitor fiscal data to ensure that agency operations remain within appropriated funds. An annual state audit is conducted to ensure sound fiscal management.

III.7.4 What are your performance levels and trends for the key measures of Human Resource Results?
As the LGOA is a new agency, we have no history to use in comparison.

III.7.5 What are your performance levels and trends for the key measures of regulatory/legal compliance and community support?
As the LGOA is a new agency, we have no history to use in comparison.

Strategic Planning			
Program Number and Title	Supported Agency Strategic Planning Goals/Objectives	Related FY 04-05 Key Agency Action Plan/Initiatives	Key Cross References for Performance Measures
I. Admin Lt. Governor	Fulfill the constitutional duties of the office of Lieutenant Governor	Preside over the Senate. Provide leadership to the LGOA. Respond to constituent needs as appropriate.	N/A
II.A Office on Aging Admin	Effectively and efficiently manage and distribute OAA and state resources to provide services	Plan, allocate, and advocate for all OAA and state resources. Establish and maintain full administrative functions and activities to support the Lieutenant Governor's Office on Aging. Develop and implement a schedule for program and fiscal audits of AAAs. Review reports and interview staff to determine that goals and initiatives are on target and are in compliance with laws and regulations Create IT organization for office. Hire the necessary personnel to provide IT support for the Office on Aging. Relocate the Office on Aging (off of DHHS premises). This included moving files, print, e-mail, networking, and other IT duties and capabilities away from DHHS and to internal IT staff and SC CIO. Upgrade aging PCs and Printers – Purchase and replace the aging Windows 98 computers with Windows XP computers.	III.7.2.30
II.B Aging Assistance	Improve the quality and length of healthy life for the state's senior population Improve protections for the state's vulnerable adults	Consumer Information and Caregiver Services Kick-off *SC Access* system at SC State Fair Senior Day in October 2005 and implement the *SC Access* marketing and outreach plan. Conduct regional trainings on *SC Access* in September and October 2005. Develop the Medicaid Infrastructure Grant webpage for people with disabilities interesting in maintaining/entering employment and post on *SC Access* by September 2005. Implement the Registered User Component of *SC Access* to allow registered providers to up-date their information on the database by October 2005. Implement plan for using *SC Access* to track requests and payments for the new emergency rent assistance program by October 2005. Implement electronic submission of the Medicaid application for long term care services in the ADIC pilot area by October 2005. Develop the "Learn About" module for *SC Access* to provide educational materials online by June 2006. Hold a statewide caregiver conference in October 2005. Continue to stimulate the development of new respite programs and caregiver education programs through ARCC grant and the Family Caregiver Support Program.	III.7.1.1 through III.7.2.29

		Strategic Planning	
Program Number and Title	**Supported Agency Strategic Planning Goals/Objectives**	**Related FY 04-05 Key Agency Action Plan/Initiatives**	**Key Cross References for Performance Measures**
		Seek funding for continued development of Systems transformation activities and supportive services for caregivers.	
		Replicate the ADIC model in two new regions by June 2006.	
		Policy and Planning	
		Complete the annual National Aging Program Information System report in January, 2005.	
		Hold the decennial State White House Conference on Aging at Springmaid Beach, Myrtle Beach, SC on April 25-27, 2005. 399 persons attended.	
		Hold the annual Conference on Aging in conjunction with a statewide partnership in Columbia, SC on November, 4-5, 2004. 224 persons participated.	
		Hold the 28th annual Summer School on Gerontology at Springmaid Beach, Myrtle Beach, SC in August 2004. 264 persons attended, with 812 duplicated persons attending the entire event.	
		Complete the FY 2005-2008 State Plan on Aging as required by the AoA.	
		Request a $15,000 grant from the AoA in September 2004 for the first year of the Advanced Performance Outcomes Measurement Project to address potential cost savings from use of Older Americans Act funded home and community-based programs to avoid more costly acute care and institutional services.	
		Request a $70,000 grant from the Duke Endowment in June, 2005 to develop a web-based senior's cube in conjunction with the USC School of Public Health and the State Budget and Control Board's Office of Research and Statistics.	
		Aging Services	
		Organize and staff "You Can" walks across the state.	
		Partner with DHEC's Division of Health Promotion and Disease Prevention to use CDC funding to implement pilot projects called "People with Arthritis Can Exercise (PACE)."	
		Monitor ongoing Senior Center Permanent Improvement projects.	
		Update the agency's Disaster Preparedness Manual and Standard Operating Procedures.	
		Update the agency's Manual of Policies and Procedures, including updating the scope of work outlines and quality assurance standards for all programs.	
		Accomplish competitive procurement for all Older Americans Act programs and services, to include a Title V Senior Employment contractor.	
		Provide insurance counseling and Medicare Fraud Control education statewide.	
		Research sources of free prescriptions and disseminate information to seniors.	

Strategic Planning			
Program Number and Title	**Supported Agency Strategic Planning Goals/Objectives**	**Related FY 04-05 Key Agency Action Plan/Initiatives**	**Key Cross References for Performance Measures**
		Long Term Care Ombudsman Program Request legislative approval to fund five (5) additional LTC Ombudsman positions in order to meet the recommended national standard of one ombudsman to every 2,000 nursing home beds. Develop and implement a volunteer ombudsman program in at least five regional ombudsman programs with the highest number of facilities and complaint. Request funding to hire a Volunteer Ombudsman Coordinator at the state level to develop a training curriculum and coordinate and supervise a statewide volunteer ombudsman program. Update the ombudsman reporting system to a terminal based system which would result in greater accuracy, speed and security and would eliminate the tasks of installation and maintenance. Identify, investigate, and resolve complaints that are made by or on behalf of residents in nursing homes and residential care facilities. Educate the community about the needs of long-term care residents. Review abuse, neglect and exploitations investigations conducted by DDSN and DMH as mandated by state law, or conduct independent investigations if necessary. Develop programs for the prevention of elder abuse, neglect and exploitation. Develop statewide standards for the delivery of legal assistance for older individuals. Provide education and training on Advance Health Care Directives to community groups and individuals requesting information.	
II.C Employer Contribution	Establish and maintain full administrative functions and activities to support the LGOA	State employer contributions for health, dental, and unemployment insurance, workers compensation, social security, and retirement.	N/A