AGING SERVICES POLICIES AND PROCEDURES MANUAL

South Carolina
DEPARTMENT ON AGING

Effective October 1, 2021

This Manual supersedes all previous editions of the South Carolina Aging Services Policies and Procedures Manual.

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MAINTENANCE LOG
SUMMARY LIST OF UPDATES TO THE MANUAL

I. CHAPTER 100: INTRODUCTION

101: Purpose of the SC Aging Services Policies and Procedures Manual

The South Carolina Department on Aging (SCDOA) is the designated State Unit on Aging (SUA) for South Carolina. The South Carolina Aging Services Policies and Procedures Manual (hereinafter referred to as "this Manual") sets forth South Carolina's official policies and procedures for the administration of the aging and disability programs and services funded and authorized by the South Carolina Department on Aging.

This Manual reflects the mission set forth by the Older Americans Act (OAA), the Administration for Community Living (ACL), and the South Carolina Department on Aging.

The mission of the Department on Aging is to meet the present and future needs of South Carolina's seniors by adhering to the core mission of the federal Older Americans Act. In addition, the department enhances the quality of life for seniors through advocating, planning, and developing resources in partnership with federal, state, and local governments, nonprofits, the private sector and individuals. The policies stated in this Manual are intended to aid in keeping seniors at home, independently and safely for as long as possible.

This Manual incorporates policies, standards, and procedures required by Administration for Community Living (ACL) in order of precedence: the Statute of the Older Americans Act (OAA), Executive Order, Program Regulations (45 CFR 1321), Administrative Regulations (45 CFR 75), Agency Policies, Additional Terms and Conditions and Remarks on Notice of Award (NOA).

It is also reflective of related federal regulations issued by the Administration for Community Living (ACL), 45 CFR 75, and the United States Department of Labor (USDOL, 20 CFR 641) and other applicable federal and state rules and regulations, unless specifically noted otherwise. If there are any contradictions between federal and state policies in this Manual, federal policy shall take precedence.

The purpose of this Manual is to assist the Department on Aging and the 10 designated Area Agencies on Aging (AAAs) in executing programs, services, and grants administration responsibilities in a professional manner. As stewards of OAA funding on the state level, the Department on Aging strives, through this Manual and its policies and procedures, to maintain the utmost professionalism while administering aging services throughout the State of South Carolina. Likewise, this Manual is written to provide the AAAs with the guidance necessary to maintain region specific operating policies and procedures, which reflect effective (best) business practices in order to ensure the quality delivery of programs and services to the aging population and to adults with disabilities. The Department on Aging recognizes that exemptions to specific policies may be needed in individual cases when circumstances dictate, as long as justification is provided, and the exemption does not violate the applicable federal and state laws. The Department will work directly with the AAA to set these exemptions on a case-by-case basis.
Note: Aging services not delivered by the AAAs and their contracted providers may have their own policy documents or terms and conditions.

Each AAA is different and should develop specific regional policies that follow the framework of this Manual. While the provisions of this Manual reflect OAA and Department on Aging requirements, the AAAs are responsible for using this Manual as a guide for setting policies and protocols that best represent the needs of the respective planning and service area regions. In setting region-specific policies and protocols, the AAAs shall ensure that each policy and

procedure established is set within the parameters of OAA and Department on Aging guidance and policies.

This Manual supersedes all previous editions of the South Carolina Aging Services Policies and Procedures Manual. The AAAs shall adhere to the current Manual. The Department on Aging reserves the right to issue Program Instructions (PIs) as necessary, in order to ensure that its policies and procedures are in accordance with federal and state laws, requirements, and regulations.

The AAAs shall enact region specific policies and procedures, using this Manual, for the providers to follow for the duration of this Manual. Current copies of the region-specific policies and procedures manual shall be provided to the Department on Aging via PSAHelp@aging.sc.gov by June 30 annually.

The Department on Aging has taken every step to ensure accuracy when drafting this Manual. Any corrections or comments should be directed to the Department on Aging Policy Manager via PSAHelp@aging.sc.gov.

Note: Starting in March 2020, the Department on Aging issued numerous temporary COVID-19 related Program Instructions for services during the pandemic. These PIs are not specifically addressed in this manual, as they are temporary. Once the pandemic state of emergency is lifted, the SCDOA will review each PI to determine if it should be rescinded or made permanent.

102: Scope and Organization of the SC Aging Services Policies and Procedures Manual

The general organization of this Manual is as follows:

- **Chapters 100 through 200** provide programmatic policies and procedures that guide the application of agency operations, the financial assistance process, and all program operations under the OAA and state-funded programs.
- **Chapters 300 through 800** provide grants administration policies and procedures applicable to grantees and providers.

103: Updating the SC Aging Services Policies and Procedures Manual

This Manual is evolving and will be updated as needed, particularly when the Older Americans Act (OAA) is reauthorized, ensuring that it is consistent with the most recent applicable federal and state requirements. To accomplish this objective, the Department on Aging will periodically issue updated pages or chapters of this Manual. These updated pages are to be inserted in place of the outdated pages. The Department on Aging will officially notify the Area Agency on Aging (AAA) of any changes, indicating the effective date of the changes through email or letter. The AAA will be expected to note the change in the Maintenance Log found in this Manual.

A. Program Instruction (PI)

Changes in policy or procedures that may be required quickly or for only a short period will be announced through a Program Instruction (PI). The appropriate Department on Aging program manager will draft new PIs after consultation with the Policy Manager and approval from the Director. In such cases, the Department on Aging may issue a PI for temporary use until an appropriate change in this Manual can be issued or until the short-term need for the change is terminated. Manual holders will be notified when the change is made permanent or is terminated. PI changes will take effect when the Department on Aging notifies the Area Agency on Aging (AAA). The AAA shall immediately notify the providers in the regions of the mandated changes.

B. Maintenance Log

A "Maintenance Log" follows the "Table of Contents." The log permits updates to be noted as they are placed in this Manual and provides a permanent record of changes to this Manual. Notations in the log should ensure that an individual using this Manual has the current version.

104: History of the Older Americans Act (OAA)

The Older Americans Act (OAA), as amended, is intended to establish a comprehensive and coordinated network of services for older Americans at the state and regional levels. It seeks to do this by providing financial assistance to state and regional efforts to plan, administer, and deliver a wide range of needed services. Such efforts should bolster existing services, coordinate short and long-range development efforts, and facilitate creation of new services needed to fill current gaps.

When first enacted in 1965, the Act authorized funding to support a State Unit on Aging (SUA) in each state (the Department on Aging in South Carolina). It also provided funds for each SUA to initiate local community projects to provide social services to older persons.

The OAA was last reauthorized in 2020.

105: Reauthorization of Older Americans Act (OAA) in 2020

The Older Americans Act (OAA) has been reauthorized or amended by Congress 17 times since 1965 and was last amended in 2020.

106: Definitions of Terms Used in the SC Aging Services Policies and Procedures Manual

For the purpose of this Manual, the following definitions apply:

Act: The Older Americans Act of 1965 as amended and re-authorized.

Activities of Daily Living (ADL) (as defined by OAAPS):
ADL activities: bathing, dressing, toileting, transferring, continence, and feeding.

A limitation is defined as unable to perform the activity without substantial assistance (including verbal reminding, physical cuing, or supervision).
(Source: NAMRS/OAA)

Administration on Aging (AoA): The agency established in the Office of the Secretary, for the United States Department of Health and Human Services (USDHHS), which is charged with the responsibility for administering the provisions of the OAA. The AoA is now part of the Administration for Community Living (ACL) at the USDHHS.

Administration for Community Living (ACL): The USDHHS agency that is responsible for the Administration on Aging (AoA), which administers the provisions of the OAA.

Adult Child with Disabilities: According to the OAA, means a child who is 18 years of age or older; is financially dependent on an older individual who is a parent of the child; and has a disability.

Adult Day Care/Adult Day Health: (Day. One (1) day is equal to eight (8) hours. Partial days may be reported using two decimal places.) (as defined by OAAPS): Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living

skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. (Source: NAMRS)

The OAA considers Adult Day Care to be a temporary Respite function.

Advance payment: a payment that a Federal Awarding agency or pass-through entity makes by any appropriate payment mechanism, including a predetermined payment schedule, before the non-Federal entity disburses the funds for program purposes.

Agency Executive/Management Staff (as defined by OAAPS): Personnel such as State Unit on Aging (SUA) director, directors of key divisions, and other positions that provide overall leadership and direction for the state or Area Agency on Aging.

Aging and Disability Resource Center (ADRC): An entity, network, or consortium established by the state as part of the state's system of long-term care to provide a coordinated system for providing consumers access to the range of publicly and privately-supported long-term care programs for which older individuals and persons with disabilities may be eligible by serving as a convenient point of entry for such programs. ADRC's work in collaboration with (as appropriate) area agencies on aging. In South Carolina, ADRCs are part of the AAAs. ADRC's include an emphasis on independent living and home and community-based services. ADRC counseling should include a broad range of Long Term Services and Support (LTSS) and take personal choices into consideration.

Aging Unit: The separate organizational unit specified to administer OAA responsibilities whenever the Department on Aging designates a multi-function organization as the AAA.

Altering or Renovating: Making modifications to, or in connection with, an existing facility necessary for its effective use as a senior center. These modifications may include restoration, repair, or expansion that is not in excess of double the square footage of the original facility and all physical improvements.

Area Agency Advisory Council: A Regional Aging Advisory Council (RAAC), required by the OAA, which is organized to advise the AAA on development and administration of the area plan, conduct its public hearings, and to otherwise represent the interests of older people.

Area Agency on Aging (AAA): The agency, within a planning and service area, designated by the Department on Aging for administering OAA aging programs described in this Manual.

Area Plan: The official document that is submitted by a designated AAA to the Department on Aging for approval in order to receive aging grant funding during a grant period set by the Department on Aging every four years. The State of South Carolina has a four-year State Plan, which is submitted to the ACL. The AAA's Area Plan is based partly on the State Plan Assurances. The AAA's approved area plan shall be updated annually, or as required by the Department on Aging. The Area Plan process shall be comprehensive and inclusive of all programmatic systems and services. The area plan sets forth measurable objectives and identifies the planning, coordination, administration, social services, resource allocation, evaluation, and other related activities to be undertaken for the plan period. An Area Plan is required for the receipt of OAA funds and shall be strictly adhered to by the AAA and its providers.

Assessment: The process of determining the level of need of aging clients in order to provide OAA services.

Assisted Transportation (One-way trip)(as defined by OAAPS): Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort or other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity. (Source: NAMRS/HCBS Taxonomy).

Assistive Technology: Devices, equipment, technology, engineering methodologies, or scientific principles appropriate to meet the needs of and address the barriers confronting older individuals with functional limitations. Modifies OAA Section 411 to clarify that grants for applied social research should be aligned with evidence-based practice and that the development, implementation, and assessment of technology-based service models are consistent with the Rehabilitation Act's Section 508 accessibility standards. ACL defines the state assistive technology entity as the entity designed by the Assistive Technology Act of 1998. Assisted technology directs the AAAs to coordinate with the state unit to disseminate information about the state assistive technology entity and to provide options available for individuals.

At Risk for Institutional Placement: When an individual is unable to perform at least two activities of daily living without substantial assistance (such as verbal reminding, physical cuing, or supervision) and is determined by the state to be in need of placement in a long-term care facility (according to 42 USCS § 3002 [Title 42. The Public Health and Welfare; Chapter 35. Programs for Older Americans; Declaration of Objectives and Definitions]).

Budget Period: the time interval during which recipients are authorized to expend the current funds awarded and must meet the matching or cost-sharing requirements, if any.

Caregiver: (as defined by OAAPS)**:** An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. (Source: OAA)

Caregivers' Information and Assistance (one contact) (as defined by OAAPS):
A service that:

- provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
- assesses the problems and capacities of the individuals;
- links the individuals to the opportunities and services that are available;
- to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
- serves the entire community of older individuals, particularly—
  - caregivers who are older individuals with greatest social need;
  - older individuals with greatest economic need;
  - older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities;
  - family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

caregivers of "frail" individuals defined as: unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision;

and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (Source: OAA)
Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied.

Caregivers' Counseling (Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)) (as defined by OAAPS): A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state/territory policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training (see definitions for these services). (Source: ACT committee)

Caregivers' Information Services (public) (one activity) (as defined by OAAPS):
A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. (Source: SHIP)

Unlike Information and Assistance, this service is not tailored to the needs of the individual.

Caregivers' Supplemental Services (as defined by OAAPS)**:** Goods and services provided on a limited basis to complement the care provided by caregivers. (Source: OAA)

Case Management (Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.))(as defined by OAAPS)**:**
Means a service provided to an older individual, at the direction of the older individual or a family member of the individual:

- by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and
- to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and

Includes services and coordination such as—

- comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);
- development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—
    - with any other plans that exist for various formal services, such as hospital discharge plans; and
    - with the information and assistance services provided under the Older Americans Act;
- coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;

- periodic reassessment and revision of the status of the older individual with—
- the older individual; or
- if necessary, a primary caregiver or family member of the older individual; and
- in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

(Source: OAA).

Child Receiving Care (as defined by OAAPS)**:** An individual who is not more than 18 years of age who lives with and receives informal care from an eligible "older relative caregiver". (Source: OAA)

Chore: (Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)) (as defined by OAAPS): Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework. (Source: HCBS Taxonomy)

Comprehensive and Coordinated Systems: Interrelated social and nutritional services designed to meet the needs of older persons in a planning and service area.

Conflict of Interest: When an employee, officer, agent, or any member of that person's immediate family, a partner, or an organization, which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.
Note: A conflict of interest exists in the Long Term Care Ombudsman Program when other interests intrude upon, interfere with, or threaten to negate the ability of the Regional Ombudsman to advocate without compromise on behalf of long-term care facility residents. Types of conflicts of interest include: (1) Conflicts of loyalty: incentives, often related to financial or employment considerations that shape one's judgment or behavior in ways that are contrary to the interest of residents; (2) Conflicts of commitment: goals or obligations that direct one's time and/or attention away from the interest of the residents; and (3) Conflicts of control: limitations or restrictions that effectively foreclose one's ability to take actions to advocate for the interest of residents **(OAA 712(f)(1-3) and 45 CFR 1324.21).**

Congregate Nutrition (one meal) (as defined by OAAPS)**:** A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. (Source: OAA)

Constituent: A person who authorizes another to act on his or her behalf, as a voter in a district represented by an elected official.

Construction: Building a new multipurpose senior center facility (including the cost of land acquisition, architectural and engineering fees) or making modifications to or in connection with an existing facility that is in excess of double the square footage of the original facility, or any physical improvements to a building. (PIP does not pay for land acquisition or architectural and engineering fees.)

Contract (For the purpose of federal financial assistance): a legal instrument by which a non-federal entity purchases property or services needed to carry out the project or program under a federal award. The term as used in this part does not include a legal instrument, even if the non-

federal entity considers it a contract, when the substance of the transaction meets the definition of a federal award or subaward (see Subaward).

Contractor: An entity that receives a contract as defined in the contract definition above.

Coordination: The formal or informal process through which the Department on Aging and AAAs bring together the planning and services resources (public and private) of a given geographic area for the purpose of initiating, expanding, or strengthening services for older persons. The AAAs shall coordinate program planning and service resources through outreach and collaboration with local organizations within the planning and service areas in order to expand, enhance, and strengthen services for seniors.

Department on Aging: The agency federally designated as the State Unit on Aging (SUA) in South Carolina. The Department on Aging was established to study, plan, promote, and coordinate a statewide program to meet the present and future needs of aging citizens. The Department on Aging is designated as the SUA for South Carolina to administer OAA funds and OAA programs. State Code Section 43-21-40 authorizes the SUA to be housed in the Department on Aging and to administer all federal programs relating to aging that are not the specific responsibilities of another state agency under the provisions of federal or state law.

Direct Services: Any activity performed to provide services directly to individuals and/or older persons by the staff of the Department on Aging, AAA, or provider.

Disability: A condition attributable to mental or physical impairment, or a combination of mental and physical impairments, that result in substantial functional limitations in one or more of the following:

- self-care;
- receptive and expressive language;
- learning;
- mobility;
- self-direction;
- economic self-sufficiency;
- cognitive functioning; and
- emotional adjustment.

The Department on Aging's role with disabilities is to provide information and referral, education, advocacy, and respite resources for adults with disabilities over age 18, the individuals' families, and caregivers.

Donated Food/Cash: Food/cash made available by the United States Department of Agriculture (USDA) through the Food Distribution Program to ACL for use in OAA nutritional services.

Elder Justice: Efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation; and to protect older individuals with diminished capacity while maximizing the individual's autonomy and the recognition of the individual's right to be free of abuse, neglect, and exploitation.

Eligible Individuals: Persons 60 years of age or older, and spouses, regardless of age, who qualify for OAA services. Under the State and Area Plans, preference in the delivery of services shall be given to older persons in the target groups identified in the Act and elsewhere within this Manual.

Event Transportation: Round trip transportation, with multiple riders, starting from and returning to a single point of origin, going to an event that is beneficial for seniors, and approved by the Area Agency on Aging (AAA). (Examples of Event Transportation include, but are not limited to, trips to cultural events, parks, and/or sporting events).

Evidence-Based Health Promotion Programs: A research-based program related to the prevention and mitigation of the effects of chronic diseases such as osteoporosis, hypertension, obesity, diabetes, or cardiovascular disease; and programs directed at alcohol or substance abuse, smoking cessation, stress management, fall prevention, physical activity, and improved nutrition that produce validated positive outcomes.

Exploitation: The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, who uses the resources of an older individual for monetary or personal benefit, profit, or gain that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.

Fair Market Value: The amount that a reasonable buyer would pay to a reasonable seller when neither party is compelled to make the transaction. For fair market value for donated personal services, change the terms "buyer and seller" to "employer and employee."

Family Caregiver Support Program: A program required by the OAA to provide support to an adult family member, or another individual, who is an "informal" provider of in-home and community care to an older individual. The OAA sets five required FCSP support services:

1. Information to Groups
2. Assistance to Caregivers in Gaining Access to Services
3. Individual Counseling, Support Groups, and Caregiver Training
4. Respite Services
5. Supplemental Services

Fees/Payments: Legal obligations required in order to receive the service.

FinanceHelp: The email account used for centralized retention of Finance related emails sent by the AAAs to the Department on Aging which are to be addressed by staff. The email address is FinanceHelp@aging.sc.gov.

Fiscal Year: The State Fiscal Year (SFY) covers the period from July 1 through June 30. Normally, the Federal Fiscal Year (FFY) covers the period from October 1 through September 30.

Focal Point (OAA Definition): A facility established to encourage the maximum collocation and coordination of services for older individuals. **OAA Section 102**

Frail: Having a physical or mental disability, such as Alzheimer's disease or a related disorder with neurological or organic brain dysfunction, that restricts the ability of an individual to perform normal daily tasks or that threatens the capacity of an individual to live independently.

Funding Stream: Sources of the monies that are available for providing the required aging services. Each service has its own funding stream(s). A funding stream can fund more than one kind of service.

Geographically Isolated: Those seniors living in remote or rural areas.

Grandparent or other older relative caregiver of a child): A older relative caregiver (grandparent, step grandparent, or other relative of a child by blood, marriage, or adoption), who is 55 years of age or older and—

(A) lives with the child (means an individual who is not more than 18 years of age);
(B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child;
(C) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally; and
(D) lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or individual with a disability.

Note: In South Carolina the program that supports a grandparent or other older relative caregiver of a child is called Seniors Raising Children.

Grant-Related Income (GRI): Income generated by the persons participating in activities funded under a grant. GRI can be in the form of cost-sharing or voluntary contributions and includes income from fees for state-funded services.

Grantee: The entity or government agency to which a grant is awarded and which is accountable for the use of the funds provided. The grantee is the entire legal entity even if only a particular component of the entity is designated in the grant award document.

Greatest Economic Need: The need resulting from an income level at or below the poverty threshold, as published annually in the Federal Register.

Greatest Social Need: The need caused by non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restrict an individual's ability to perform normal daily tasks or that threaten such individual's capacity to live independently.

Group Dining Site Activities: The OAA requires group dining sites to provide a mid-day activity that includes a nutritious meal and nutritional education, as well as a variety of activities to promote socialization. These activities include, but are not limited to, health, social, nutritional, and educational services. The activities should be beneficial to the group dining recipient's health and wellness in order to promote independent living.

Note: Congregate Nutrition (as defined by OAAPS): A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. (Source: OAA)

Group Transportation: A trip, with multiple riders, starting from a single point of origin, going to a single drop-off point (for example, a trip starting at the group dining site to a grocery store).

Health Promotion: Evidence Based (as defined by OAAPS)**:** Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL/AoA's definition for an evidence-based program, as presented on the ACL website. (Source: OAA)

High Nutritional Risk (persons) (as defined by OAAPS): An individual who scores six or higher on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative.

High Risk Contractor: An entity that has entered into a legal agreement, and has demonstrated not to have the capacity to meet the legal requirements and terms of a contract. A contractor shall be considered "high-risk" if the AAA determines that it: (1) has a history of unsatisfactory performance; (2) is not compliant with OAA, Department on Aging, or AAA protocols and required procedures; (3) is proven not to have the skills, knowledge, staff, or professional capacity to successfully deliver services as contracted; (4) is not financially stable; (5) has a management system that does not meet the standards in 45 CFR Part 92 or 45 CFR Part 74, as applicable; (6) has not conformed to terms and conditions of previous contracts; (7) is otherwise irresponsible and/or nonresponsive to fulfilling Department on Aging and AAA data collection policies and procedures; (8) has misrepresented material facts regarding funding reimbursements or service units earned; or (9) has engaged in unethical, immoral, or illegal behavior or activities.

High Risk AAA: An Area Agency on Aging (AAA) or provider that: (1) has a history of unsatisfactory performance; (2) is not financially stable; (3) has a management system that does not meet the management standards prescribed; (4) has not conformed to terms and conditions of previous awards; or (5) is otherwise not responsible.

Homebound: Homebound status is established if an individual resides at home and meets one or more of the following: is unable to drive, or is limited in ability to drive extended time or distance, or does not have access to transportation, or is geographically isolated, and may be at risk for institutionalization.

Home Delivered Nutrition (one meal) (as defined by OAAPS): A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. (Source: OAA).

Homemaker (Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)) (as defined by OAAPS): Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework. (Source: HCBS Taxonomy)

Indian Tribal Organization (ITO): Recognized governing body of any Native American tribe, or any legally established organization of Indians controlled, sanctioned, or chartered by the governing body.

Indian Tribe: Any tribe, band, nation, or other organized group or community of Native Americans recognized as eligible for special programs and services provided by the United States to them because of official status as Native Americans (Indians); or that is located on, or in proximity to, a federal or state reservation or rancheria. The Catawba Nation is the only federally recognized tribe in South Carolina.

Information and Assistance (one contact) (as defined by OAAPS):
A service that:

- provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
- assesses the problems and capacities of the individuals;
- links the individuals to the opportunities and services that are available;
- to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
- serves the entire community of older individuals, particularly—
  - older individuals with greatest social need;
  - older individuals with greatest economic need; and
  - older individuals at risk for institutional placement.

(Source: OAA)

In-Home Service: Personal care, chore, and homemaker, telephone reassurance, and in-home respite care for families.

Instrumental Activities of Daily Living (IADL) Limitations (as defined by OAAPS):
IADL activities: include ability to use telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, medication management, and ability to manage finances.

A limitation is defined as unable to perform the activity without substantial assistance (including verbal reminding, physical cuing, or supervision).
(Source: NAMRS/OAA)

Invoice@aging.sc.gov: The email account where NGAs, PRFs, Terms & Conditions, and other specific documents are to be sent by grant recipients. An automated system watches this account and processes the emails and attachments, storing them in pre-defined places and notifying appropriate people. No human looks at this account and all emails are deleted as a part of the process. Therefore, do not send correspondence to it, send correspondence to FinanceHelp@aging.sc.gov instead. The email address is invoice@aging.sc.gov.

Legal Assistance: (Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)) (as defined by OAAPS): Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(a)(23 and (24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law. (Source: OAA)

Living alone (as defined by OAAPS): A one-person household. An individual who occupies a housing unit as their usual place of residence and no other person occupies the housing unit as a usual place of residence.

Long-Term Care: Any service, care, or item (including assistive devices), Evidence-Based Disease Prevention and Health Promotion services, and in-home services intended to assist individuals to cope with or to compensate for a functional impairment in performing activities of

daily living; and not intended to prevent, diagnose, treat, or cure a medical disease or condition. These may be furnished at home, in a community care setting, or in a long-term care facility.

Meal Volunteer: An individual who provides volunteer services during meal hours, has assigned duties, and is properly recorded and documented as a meal volunteer by the provider.

Means Test: Use of an older person's income or resources to deny or limit receipt of services.

Medically Underserved Areas/Populations: According to the Health Resources and Services Administration of the United States Department of Health and Human Services, Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons). Additional information can be found at data.HRSA.Gov or https://data.hrsa.gov/tools/shortage-area/mua-find.

Minor Home Modification/Repair: Limited assistance with home improvements in owner-occupied homes of seniors.

Minority Individuals: Persons who identify themselves as Native American, African-American, Asian, Hispanic, or members of any limited English-speaking groups designated as minorities within the state by the Department on Aging or the federal government.

Monthly Units of Service Report (MUSR): The Aging Information Manager System (AIM) (or current data system) report which shall be submitted monthly by the AAAs to the Department on Aging.

Multi-Purpose Senior Center: A community facility or focal point for the provision of a broad spectrum of services including health, social, nutritional, cultural, and educational group activities for older persons.

Neglect: The failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual, or self-neglect.

Non-Federal entity (NFE): means a state, local government, Indian tribe, Institution of Higher Education (IHE), or nonprofit organization that carries out a federal award as a recipient or subrecipient.

Nonprofit Organization: any corporation, trust, association, cooperative, or other organization, not including IHEs, that:
(1) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest;
(2) Is not organized primarily for profit; and
(3) Uses net proceeds to maintain, improve, or expand the operations of the organization.

Nutrition Counseling (Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)) (as defined by OAAPS): A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal. (Source: Input Committee)

Nutrition Education (Sessions (which may be delivered in-person or via video, audio, online or the distribution of hardcopy materials)) (as defined by OAAPS): An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (Source: National Nutrition Monitoring and Related Research Act of 1990 and Input Committee)

Nutrition Services: Those services, whether provided by a government entity, nonprofit agency, or other organization, that provide meals and other nutritional services, including nutrition education and outreach to older persons. Such services may be provided in a group dining setting that offers a range of social and supporting services or in the home of an eligible older person.

Nutrition Service Incentives Program (NSIP) Meals (one meal) (as defined by OAAPS): A meal provided to a qualified individual in a congregate or group setting. through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C):

- Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and
- Served to an eligible person who has NOT been means-tested for participation; and
- Compliant with the nutrition requirements; and
- Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and
- Served to a person who has an opportunity to contribute toward the cost of the meal.

Meals served under Title III-E supplemental services may be included if all the above criteria are met. (Source: OAA)

Older Adult (as defined by OAAPS): A person aged 60 years or older. (Source: OAA)

Other Services (as defined by OAAPS): A service provided using OAA funds under Titles III-B or C in whole or in part, that do not fall into the previously defined service categories. (Source: Current SPR)

Passenger Mile: One mile ridden by one passenger is the unit of service for transportation services. It is also the unit of service for riders provided assisted transportation.

Pass-Through Entity (PTE): A non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program.

Payment Request Form (PRF): The Department on Aging form used by AAAs to seek payment.

Personal Care (Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)) (as defined by OAAPS): Assistance (Personal assistance, stand-by assistance, supervision, or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). (Source: HCBS taxonomy).

Planning and Service Areas: According to the OAA, a legislatively mandated sub-state, area-wide district designated for purposes of planning, development, delivery, and overall administration of service. In South Carolina, there are 10 planning and service areas (AAAs).

Planning Service Area (PSA): Designated by the Department on Aging, the regional organization provides OAA services, including full fiscal and administrative responsibility.

Point-to-Point Transportation: A transportation system in which a client travels directly to a destination. In this Manual, point-to-point describes a transportation service for clients from point-of-origin to point-of-destination.

Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary of the United States Department of Health and Human Services (DHHS)) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual DHHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

Precedence: priority in importance, order, or rank. The order of Precedence set by ACL for following regulations or laws is as follows:

1. Statute (Older Americans Act)
2. Executive order
3. Program Regulations (45 CFR Part 1321)
4. Administrative regulations (45 CFR Part 75)
5. Agency Policies
6. Additional Terms and Conditions and Remarks by NOA

Program Beneficiary: An eligible individual who receives services from the Department on Aging, AAA, or a provider.

Program Income (as defined by OAAPS): Gross income received by the grantee and all providers, such as voluntary contributions or income earned only as a result of the grant project, during the grant period (Program income is required to be put back into the program that collected the income and be used to expand or enhance those services).
Gross income earned by the **non-federal** entity that is directly generated by a supported activity or earned as a result of the federal award during the period of performance except as provided in § 75.307(f). (See Period of performance). Program income includes, but is not limited to income from fees for services performed, the use or rental or real or personal property acquired under federal awards, the sale of commodities or items fabricated under a federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with federal award funds. Interest earned on advances of federal funds is not program income. Except as otherwise provided in federal statutes, regulations, or the terms and conditions of the federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also §§ 75.307, 75.407 and 35 U.S.C. 200-212 (applies to inventions made under federal awards). Gross income received by the **grantee** and all providers, such as voluntary contributions or income earned only as a result of the grant project, during the grant period (Program income is required to be put back into the program that collected the income and be used to expand or enhance those services).

Provider: Either a subrecipient or contractor that has entered into an agreement with an AAA to deliver services under the Area Plan, as determined by the AAA, using criteria set by 45 CFR 74 and 75. (The Department on Aging is a grantee of the ACL; the AAA is a subgrantee of the Department on Aging; and the provider receives its funding directly from the AAA.) As defined by OAAPS, a provider is an organization or person, which provides services to individuals under

a formal contractual or grant arrangement with an AAA or the Department on Aging. When the mechanism of service delivery is direct cash payment or vouchers are made to an older adult or caregiver and the ultimate provider is unknown, the number of providers may be omitted. (Source: current SPR)

PSAHelp: The email system used as a centralized retention site for non-IT, Ombudsmen, or Finance related emails sent by the AAAs to the Department on Aging. For example, emails involving programmatic or policy concerns should be copied to PSAHelp@aging.sc.gov, including all program updates, Area Plans, Area Plan Updates, and program plans.

Race/Ethnicity Status: The following reflects the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the "two-question format." When questions on race and ethnicity are administered, respondents are to be asked about ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:

Ethnicity:
Hispanic or Latino
Not Hispanic or Latino
Race:
American Indian or Alaskan Native: A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment.
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African-American: A person having origins in any of the black racial groups of Africa.
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa.
" (Alone)": When appended to a racial category (e.g., "White (Alone)" means that the individual only designated one race category.

Recipient: An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include subrecipients. See also non-federal entity. The entity to which a United States Department of Health and Human Services (USDHHS) or any other federal agencies award funds and which is accountable for the use of the funds provided. The recipient is the entire legal entity, even if only a particular component of the entity is designated in the award document. For this Manual, the Department on Aging will use Grantee instead of Recipient.

Reservation: A designated area of land set apart for the sole use and habitation by any federally- or state-recognized Native American tribe.

Resource Development/Program Development: The identification and use of new and existing resources to create new programs or to expand existing programs and services for older persons. This process includes those activities that result in the utilization of previously untapped resources.

Respite Care (Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)) (as defined by OAAPS)**:** Service which offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. (Source: Current SPR)

Rural (as defined by ACL)**:** Rural is based on the Rural-Urban Commuting Area codes and defined by ACL. The "Title III ACL RUCA Guidance" document can be found at https://oaaps.acl.gov/Resources/techDocs.

Self-Directed Care: Self-direction (SD) is a service delivery model where services are planned, budgeted, and directly controlled by the person receiving services. Self-direction should involve the individuals receiving HCBS to the maximum extent possible and include family members, guardians, or other legal representatives as applicable. Through SD, the person can maximize independence and control over needed services. Self-Directed Care typically involves a fiscal intermediary or financial management service that performs tasks such as payroll processing and tax withholding. People who self-direct services may have varying levels of control over a flexible budget, which is required to be sufficient to meet the needs appropriately in the community, and maintain health and safety. This service delivery model is also referred to as self-direction, participant-direction, consumer-direction, and cash and counseling.

Self-Neglect: An adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks (such as obtaining food, clothing, shelter, medical care, or goods and services necessary to maintain physical and mental health or general safety) or to manage one's own financial affairs.

Service Unit: The provision of one service to one client.

Severe Disability: A severe, chronic condition attributable to mental or physical impairment or a combination of mental and physical impairments that is likely to continue indefinitely, resulting in substantial functional limitation in three or more life activities as specified in the definition for "Disability."

Sole Responder Bid/Agreement: When there is only one bid (offer) for an aging service during the competitive bid process.

Sole Source Bid/Agreement: When there is only one bidder/contractor with the skills, ability, or resources to provide services.

State Unit on Aging (SUA) or Department on Aging (Department on Aging**)**: The State Unit on Aging (SUA) was established to study, plan, promote, and coordinate a statewide program to meet the present and future needs of aging citizens. The Department on Aging is designated as the SUA for South Carolina to administer OAA funds and OAA programs. State Code Section 43-21-40 authorizes the SUA to be housed in the Department on Aging and to administer all federal programs relating to aging that are not the specific responsibilities of another state agency under the provisions of federal or state law.

Statutory Functions: Statutory functions of the AAA are those functions that shall be performed in a consistent manner throughout the planning and service area. These services are information

and referral/assistance, outreach, advocacy, program development, coordination, and individual needs assessment.

Subaward: An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

Subrecipient: A non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.

Target Groups: Those persons 60 years of age or older and spouses, regardless of age, identified by the OAA and the Department on Aging to be:

- in greatest economic need;
- in greatest social need;
- considered minorities;
- at risk for institutionalization;
- older individuals with limited English proficiency; and/or
- who reside in rural areas.

Note: While not an official target, the OAA as amended in 2016 stipulates that outreach and service provisions be developed to address the Holocaust survivor population. The AAA shall provide outreach to meet the Holocaust survivor population.

Therapeutic Diet: A diet ordered by a healthcare provider as part of treatment for a disease or clinical condition, or to eliminate, decrease, or increase specific nutrients in the diet.

Third-party in-kind Contributions: The value of non-cash contributions (i.e., property or services) that:
(1) Benefit a federally assisted project or program; and
(2) Are contributed by non-federal third parties, without charge, to a non-federal entity under a federal award.

Total Older Americans Act (OAA) Expenditures (as defined by OAAPS)**:** Outlays or payments made by the SUA and/or AAA's using Title III-B, C, D, or E OAA federal funds to provide an allowable service.

Transportation (one way trip)(as defined by OAAPS): Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. Does not include any other activity. (Source: NAMRS/HCBS)

Unit Cost: The amount of funding needed to provide one service unit.

Vaccination: The 2020 reauthorization of the OAA adds "immunization status" to the allowable health screening activities within the definition of disease prevention and health promotion services. Includes "infectious disease and vaccine-preventable disease" within evidence-based health promotion programs as part of the definition of disease prevention and health promotion services.

Volunteer (as defined by OAPPS)**:** An uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA

contractors, shall be included. (Source: current SPR) Additional definitions may be found in Section 102 of the OAA and 45 CFR Parts 1321, 1326, and 1328 (the regulations implementing the OAA).

Waiting List: The data tool used when there are more assessed clients requesting services than units/funds available or the individual has a low priority score. Waiting list data shall be entered into the Department on Aging's approved data system (currently the AIM system) and updated as necessary by the AAA. The waiting list shall be used to determine the next eligible individual (based on a priority score) is selected, when there is an available service opening.

107: Abbreviations and Acronyms

The following abbreviations may be used throughout this Manual:

- **AAA** – Area Agency on Aging
- **AARP** – American Association of Retired Persons
- **ACE** – Alternative Care for the Elderly
- **ACL** – Administration for Community Living
- **ACT** – South Carolina Aging Contact Tracker
- **ADA** – Americans with Disabilities Act
- **ADLs –** Activities of Daily Living
- **AND** – Academy of Nutrition and Dietetics
- **ADRC** – Aging and Disability Resource Center
- **ADRD** – Alzheimer's Disease and Related Disorders Resource Coordination Center
- **AIM** – Advanced Information Manager System
- **AoA** – Administration on Aging
- **ADPI** – Alzheimer's Disease Program Initiative
- **ARCC** – Alzheimer's Resource Coordination Center
- **C1** – Group Dining or Congregate Meal under Title III of OAA
- **C2** – Home Delivered Meal under Title III of OAA
- **CAP** – Corrective Action Plan
- **CBOC** – Community Based Outpatient Clinic (VA)
- **CDSME** – Chronic Disease Self-Management Education
- **CDSMP** – Chronic Disease Self-Management Program
- **CFPM** – Certified Food Protection Manager
- **CFR** – Code of Federal Register
- **CLTC** – Community Long Term Care
- **CMS** – Centers for Medicare & Medicaid Services
- **COA** – Council on Aging
- **DGA** – Dietary Guidelines for Americans
- **DHS** – United States Department of Homeland Security
- **DRI** – Dietary Reference Intake
- **EBP** – Evidenced Based Program
- **ECTF** – ElderCare Trust Fund
- **EMC** – Emergency Management Coordination
- **EMD** – Emergency Management Division
- **EOC** – Emergency Operations Center
- **EOB** – Explanation of Benefits

- **ESF-6** – Emergency Support Function-6 (Mass Care)
- **FCSP** – Family Caregiver Support Program
- **FEMA** – Federal Emergency Management Administration
- **FFY** – Federal Fiscal Year
- **FOIA** – Freedom of Information Act
- **GD** – Group Dining
- **GIS** – Geographic Information System
- **GRI** – Grant-Related Income (Program Income)
- **HCBS** – Home and Community-Based Services
- **HDM** – Home Delivered Meal
- **HIPAA** – Health Insurance Portability and Accountability Act
- **IADLs** – Instrumental Activities of Daily Living
- **IM** – Information Memoranda
- **I&R/A** – Information and Referral/Assistance
- **ITO** – Indian Tribal Organization
- **LTCO** – Long Term Care Ombudsman
- **LTCOP** – Long Term Care Ombudsman Program
- **MIPPA** – Medicare Improvement for Patients and Providers Act
- **MOA** – Memorandum of Agreement
- **MSA** – Metropolitan Statistical Area
- **MSN** – Medicare Summary Notices
- **MUSR** – Monthly Units of Service Report
- **NCOA** – National Council on Aging
- **NGA** – Notification of Grant Award
- **NSIP** – Nutrition Services Incentive Program
- **OAA** – Older Americans Act
- **OAAPS** – Older Americans Act Performance System
- **OMB** – United States Office of Management and Budget
- **PAM** – Public and Media
- **PCE** – Person of Comparable Expertise Qualifications (nutrition)
- **PDP** – Part D Prescription Drug Plan
- **PI** – Program Instruction
- **PIP** – Permanent Improvement Program
- **PSA** – Planning Service Area
- **QA** – Quality Assurances
- **RAAC** – Regional Aging Advisory Council
- **RD** – Registered Dietitian
- **RDA** – Recommended Daily Allowance
- **RDN** – Registered Dietitian Nutritionist
- **SC ACT** – South Carolina Aging Contact Tracker
- **SC4A** – South Carolina Association of Area Agencies on Aging
- **SCDHEC** – South Carolina Department of Health and Environmental Control
- **SCDHHS** – South Carolina Department of Health and Human Services
- **SCDMV** – South Carolina Department of Motor Vehicles

- SCDOA – South Carolina Department on Aging
- **SCDOR** – South Carolina Department of Revenue
- **SCSEP** – Senior Community Service Employment Program
- **SEOC** – State Emergency Operations Center
- **SDC** – Service Delivery Contractor
- **SFY** – State Fiscal Year
- **SHIP** – State Health Insurance Assistance Program
- **SHL** – Silver-Haired Legislature
- **SLTCO** – State Long Term Care Ombudsman
- **SMP** – Senior Medicare Patrol
- **STARS** – SHIP Tracking and Reporting System
- **SUA** – State Unit on Aging
- **TCS** – Time/Temperature Control for Safety
- **USDA** – United States Department of Agriculture
- **USDHHS** – United States Department of Health and Human Services
- **USDOL** – United States Department of Labor
- **VA** – Veteran's Administration
- **VAMC** – VA Medical Center
- **VOAD** – Volunteer Organization Active in Disasters

II. CHAPTER 200:STATE UNIT ON AGING OPERATIONS

201: Purpose and Overview of the Department on Aging as the Federally-Designated State Unit on Aging

This chapter sets forth policies and procedures that the State Unit on Aging (SUA), the South Carolina Department on Aging in South Carolina follows in planning and administering Older Americans Act (OAA) programs with the Area Agencies on Aging (AAAs) and providers who utilize state and federal aging funding. In addition, this chapter provides an overview of the Department on Aging's relationship with the OAA and the ACL.

The Department on Aging was established to study, plan, promote, and coordinate a statewide program to meet the present and future needs of aging citizens in South Carolina and to administer all federal programs relating to aging that are not the specific responsibilities of another state agency under the provisions of federal or state law. The Department on Aging is the designated operational agency for the State Unit on Aging for South Carolina. In that role, the Department on Aging is the administrator and steward of the OAA and its funds in South Carolina.

A. Federal Mandate for the State Unit on Aging (SUA)

The OAA mandates the existence of a State Unit on Aging (SUA) in each state to administer provisions of the Act.

B. State Designation of Department on Aging

According to South Carolina Code Section 43-21-40:

> *"The department shall be the designated state agency to implement and administer all programs of the federal government relating to the aging, requiring acts within the State which are not the specific responsibility of another state agency under the provisions of federal or state law. The department may accept and disburse any funds available or which might become available pursuant to the purposes of this chapter.*
>
> *The department shall study, investigate, plan, promote, and administer a program to meet the present and future needs of aging citizens of South Carolina, and it shall receive the cooperation of other state departments and agencies in carrying out a coordinated program.*
>
> *It shall also be the duty of the department to encourage and assist in the development of programs for the aging in the counties and municipalities of this state. It shall consult and cooperate with public and voluntary groups, with county and municipal officers and agencies, and with any federal or state agency or officer for the purpose of promoting cooperation between state and local plans and programs, and between state and interstate plans and programs for the aging."*

202: The Mission of the Department on Aging

SCDOA Mission Statement

The Department on Aging adheres to the core mission of the federal Older Americans Act (OAA) to meet the present and future needs of South Carolina's seniors and vulnerable adults. Through its programs and services, the agency enhances the quality of life for seniors through advocating, planning, and developing resources in partnership with federal, state governments, local governments, nonprofits, private sector, and individuals.

Through the OAA, the Department on Aging is authorized to be the leader, relative to all aging issues, on behalf of every aging citizen in the State of South Carolina.

In order for a state to be eligible to participate in programs and services funded through ACL grants, the designated State Unit on Aging (SUA) shall develop a State Plan to be submitted to the Assistant Secretary of the Administration for Community Living (ACL), and upon approval, administer the Plan within the state. The Department on Aging, as the SUA, shall serve as an effective and visible advocate for older persons by reviewing and commenting upon all State plans, budgets, and policies that affect older persons and by providing technical assistance to any agency, organization, association, or individual representing the needs of older persons. The Department on Aging has divided South Carolina into 10 distinct geographic planning and service areas to enhance services for older citizens statewide.

As the administrator and steward of the OAA and its funds in South Carolina, the Department on Aging shall perform a wide range of aging and disability functions, including, but not limited to:

- advocacy;
- planning;
- coordination;
- interagency linkages;
- information sharing;
- monitoring and evaluation;
- information and referral/assistance system; and
- long term care ombudsman.

These functions are designed to develop or enhance comprehensive and coordinated home and community-based systems, serving communities throughout the State of South Carolina via the aging network structure, which includes AAAs and the providers that enter into agreements with the AAAs to deliver services. These aging network systems shall be innovative and designed to be consumer-driven and senior-focused. These systems will enable older persons to age in place, which is the ability of seniors to lead independent, meaningful, and dignified lives in the older people own homes and communities for as long as possible.

As authorized through the OAA, the Department on Aging shall designate AAAs for the purpose of executing, at the regional level, the stated mission described above. The Department on Aging shall designate only those substate agencies having the capacity to carry out fully the mission described for such agencies in the OAA as AAAs.

The OAA intends that the AAA shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area (**45 CFR 1321.53(c)**).

The AAA shall design and actively implement a wide range of services related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring, and evaluation intended to create a comprehensive and coordinated home and community-based system in accordance with the South Carolina Aging Services Policies and Procedures Manual and through the standards set by the OAA, the Department on Aging, and the State Plan on Aging.

The Department on Aging shall ensure that the resources made available to an AAA under the OAA are used to perform the mission described for Area Agencies on Aging (AAAs).

The AAAs are responsible for following and applying the federal definitions in classification of expenditures and types of providers to ensure compliance.

The AAAs for Title III – Grants for State and Community Programs on Aging, Title VII – Allotments for Vulnerable Elder Rights Protection Activities, and Nutrition Services Incentive Program (NSIP) are to follow order of precedence:

1. Statute (Older Americans Act)
2. Executive Order
3. Program Regulations (45 CFR 1321)
4. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards under 45 CFR 75
5. Agency Policies (program regulations issued by the SCDOA)
6. Additional Terms and Conditions and Remarks on NOA

The governance, functions, and designations of the AAAs in South Carolina can be found in Chapter 400 of this Manual – Area Agency on Aging (AAA) Administration.

203: The Department on Aging's Leadership

The Department on Aging is the federally designated State Unit on Aging (SUA). Enabling legislation for the Department on Aging is found in Title 43 of the Code of Laws of South Carolina, 1976, as amended. The Department on Aging is in the Governor's cabinet.

A. Director of the Department on Aging

Section 43-21-70 of South Carolina Code provides for an Aging Director, appointed by the Governor. The Aging Director is responsible for administering the Department on Aging and its policies, coordinating and reviewing both federal and state policies affecting older adults and caregivers, undertaking broad advocacy activities, and serving as a liaison with public and private agencies and organizations to represent the interests of South Carolina's elderly population.

B. Department on Aging Divisions

1. Community Resources Division

The Community Resources Division, under the direction of the Department on Aging's Community Resources Divisional Manager, is responsible for coordinating a broad array of aging programs, as well as home and community-based services, directed toward enhancing the quality of life for older persons, persons with disabilities and their caregivers. These include federal Lifespan Respite grant programs, senior employment, insurance counseling, the ElderCare Trust Fund grant initiative, the Geriatric Loan Forgiveness Program, transportation services, in-home supportive services, Evidence-Based Health and Wellness Programs, and assessment services. Additionally, the Community Resources Division houses the Supportive Services and Outreach Unit, which serves senior adults, adults with disabilities, their families, and professionals through outreach; partnerships; information and referral/assistance; data collection and dissemination; training; and advocacy. Under the direction of the Program Manager for the Supportive Services and Outreach Unit, this unit is responsible for the collection, analysis, and publication of client-driven statistical data collected from the agency's programs. Data is made available through data collection systems such as the SC Aging Contact Tracker (SC ACT), Advanced Information Manager (AIM), and State Health Insurance Program (SHIP) SIRs STARs, which track

client data for agency reporting purposes. This unit also administers the Information and Referral/Assistance (I&R/A) program and monitors programmatic activities from the data entered by the I&R/A specialists in the AAA regions. Unit personnel assist in coordination of the agency's and aging network's Emergency Management Division (EMD) procedures and services; outreach to aging network partners; and GetCareSC, a statewide readily accessible internet database of formal and informal resources available to assist older adults and caregivers. The data from these systems is provided to the Administration for Community Living (ACL) for reporting purposes, as aging funding is now based on solid data and is results driven. The Community Resources Division works directly with the AAAs in fulfilling their responsibilities by providing grant management and coordination, programmatic oversight, monitoring, and training. It combines the data inputted and collected from Community Resources programs and services with the data received from the AAAs and their contractors in order to create the South Carolina client and service data reports submitted to ACL.

2. State Long Term Care Ombudsman

The Office of the State Long Term Care Ombudsman is headed by the State Long Term Care Ombudsman. This division is housed in the Department on Aging and has specified federal and state duties, functions, and responsibilities, which set it apart from the Department on Aging. The Long Term Care Ombudsman Program has specific authority provided through the Older Americans Act (OAA) and the South Carolina Omnibus Adult Protection Act of 1993.

Ombudsmen serve as advocates on behalf of seniors and vulnerable adults. Ombudsmen are authorized by the OAA and South Carolina's Omnibus Adult Protection Act to investigate complaints related to quality of care and quality of life as well as abuse, neglect, and exploitation of residents in long term care facilities.

A secondary function of the Ombudsman Program is The Friendly Visitor Program, a program that recruits, trains, and utilizes volunteers in long term care facilities. These trained volunteers visit facilities to help educate residents and residents' families about residents' rights and advocate for the residents' quality of care and quality of life.

3. Finance/Fiscal/Budget and Grants

Under the direction of the Department on Aging Fiscal Divisional Manager, the divisional staff manages the financial operations necessary for the efficient functioning of payment of providers.

The Budget and Grants staff, along with the program managers and IT Division begin the process of allocating federal and state funds to generate the Notice of Grant Award for the subrecipient. The division sends out the Notice of Award along with the Terms and Conditions for Title III, VII, and NSIP.

All of the Notice of Grant Awards documents are to be returned electronically via e-mail to invoice@aging.sc.gov with the proper subject line information to ensure proper distribution of the documents. The Budget and Grants division has the ability to request certain documentation to be supplied by the subrecipient for review upon request or on a schedule.

The division is responsible for monitoring the grants, as well as submitting the federal reports in accordance with the grant terms and conditions. The division provides

technical assistance to the subrecipients. The division is responsible for submitting all required documentation to the various state and federal agencies.

The Budget and Grants Division is responsible for analyzing all of the service activities to determine if any additional funds are required to support the agency's mission. The Budget and Grants Division provides information to the program areas in a supportive role to assist with the management of state and federal funds to ensure compliance.
Note: The Finance Division has established its own Policies and Procedures Manual detailing finance and budget protocols.

4. Caregiver and Alzheimer's Resource Division:

The Caregiver and Alzheimer's Resource Division, under the direction of the Department on Aging's Caregiver and Alzheimer's Resources Divisional Manager, is responsible for coordinating programs designed to educate, train, provide information and assistance to family caregivers and those living with Alzheimer's and related dementias. These include the federal Lifespan Respite grant program, the Family Caregiver Support Program, The Alzheimer's Resource Coordination Center, and the Alzheimer's Disease Program Initiative. Through community partnerships, cohesive collaboration, outreach, training, advocacy, and data collection/dissemination, this division strives to influence and implement long-term impacts on the state to positively affect family caregivers and persons living with Alzheimer's and related dementias. The Lifespan Respite grant provides education and training to both family and professional caregivers, outreach, community education, and respite care to caregivers of persons of any age. The National Family Caregiver Support Program, a program funded through the Older American's Act, provides respite care, counseling, caregiver training and education, information and assistance, as well as supplemental services in order to help family caregivers continue in their roles. Data in this program is tracked in the state-approved data system and provided to the Administration for Community Living (ACL) for reporting purposes. The FCSP Program Manger works directly with the AAAs in fulfilling their responsibilities by providing grant management and coordination, programmatic oversight, monitoring, and training. The Alzheimer's Resource Coordination Center houses the Alzheimer's Resource Coordination Council, a Governor-appointed council which provides diverse perspectives from the professional, caregiver, and persons living with Alzheimer's Disease. Under the Alzheimer's Disease Program Initiative, three rural counties have been able to have lay persons trained in an Evidence-Based Program aimed at serving rural African American persons.

5. Information Technology

Under the direction of the Department on Aging Information Technology (IT) Divisional Manager, the Information Technology Division is responsible for the support of all hardware, software, and equipment utilized by the Department on Aging staff; the management of the AIM and Nursing Facility Bed Locator programs; and the security of the network, computer hardware, and websites. In addition, the IT Team assists with data and information to support the Department on Aging's executive staff in the development of strategic plans, modernization of practices, program development and analysis, and federal and state reporting. The IT team produces

system reports as requested by staff and the aging network. The IT Divisional Manager also acts as the liaison for third-party vendors for system software applications.

6. Human Resources (HR)

Under the supervision of the Department on Aging Human Resources (HR) Manager, HR provides knowledge, advice, and counsel to the Department on Aging executive staff on staffing issues, employee ethics, legal issues, strategic planning, classification and compensation, employee reviews, and health and other related benefits issues. In addition, the HR Manager assists with the modernization of workforce practices and staff trainings for employee development. The HR Manager maintains compliance with state and federal regulations and agency policies including, but not limited to, Equal Employment Opportunity and Affirmative Action programs. This division also supports the South Carolina Enterprise Information System (SCEIS) HR/Payroll module to assure accuracy on all employee and agency records.

In addition, this division coordinates the purchase of materials, equipment, and supplies; and supports the day-to-day administrative operations of the agency including the agency's fleet of vehicles.

Policies for Leased Vehicles from State Fleet

The current transportation policy is for the Department on Aging (lessee) to lease vehicles from State Fleet Management (SFM) and, in turn, sublease to aging service providers (sublessee is an entity which provides services with an AAA in the aging network) for a limited number of vehicles using the Department on Aging Vehicle Third Party Agreement form.

While the agreement for State Fleet vehicles is between the Department on Aging and providers, the Area Agency on Aging (AAA) should establish a protocol with the providers to be notified when a provider has entered into a sublease agreement with the Department on Aging. In addition, should the AAA and its provider amend the service agreement, the Department on Aging shall be notified within three business days.

Questions regarding vehicles leased from State Fleet should be made to the Department on Aging Vehicle Coordinator via PSAHelp@aging.sc.gov.

7. Special Grants Management

When the Department on Aging receives grants for special purposes from state or federal sources, responsibility for the grant may be assigned to a temporary division or incorporated into an existing division. The decision on the administrative placement of the special program grant will be made at the discretion of the Department on Aging Director.

8. Policy Division

The Policy Division formulates and develops policies and protocols that aid in the coordination of a statewide aging network. The Policy Manager is the agency's liaison with the Administration for Community Living, the Council of Governments, the Area Agencies on Aging, and the regional service providers. The Policy Manager coordinates the South Carolina Advisory Council on Aging; and the Joint Legislative Committee to Study Services, Programs, and Facilities for Aging. The division writes the agency's four-year State Plan on Aging and the Annual Agency Accountability Report. The

policy division manager coordinates the Senior Center Permanent Improvement Project (PIP) Grant Program.

9. Legal Services
Legal Assistance is provided under Title III-B of the Older Americans Act. The network of legal service providers can, among other things, help older persons access long-term care options, and protect against infringements against direct challenges to independence, choice, and financial security. Per the statutory text, legal services are to be directed to individuals with the "greatest economic or social need."

C. Committees and Advisory Boards

The Department on Aging is involved in committees and advisory boards that assist the agency with meeting its mission of serving South Carolina's older adults and adults with disabilities. Department on Aging participation in various committees is established by law, while others are related to a grant, program, or special project.

1. South Carolina Advisory Council on Aging

The Council is established under Section 43-21-10 of the Code of Laws of South Carolina, 1976, as amended. The purpose of the South Carolina Advisory Council on Aging shall be to act in an advisory capacity to the Department on Aging regarding problems and issues affecting older South Carolinians, older individuals' families, and caregivers.

The Council shall consist of one member from each of the 10 planning and service areas and five members from the state at large. The Governor shall make all appointments to the Council. Council members shall serve terms of four years or until successors are appointed by the Governor. Should vacancies occur mid-term, they shall be filled in the manner of the original appointment for the remaining portion of the term only.

2. Alzheimer's Resource Coordination Center (ARCC)

The Alzheimer's Resource Coordination Council (ARCC), located within the Caregivers and Alzheimers Resource Center, was established by state legislation in 1994. The council's goal is to serve as a statewide focal point for coordination, service development, information, and education to assist persons with Alzheimer's disease and related disorders (ADRD) and their families.

The Advisory Council serves as a resource for education, research and training and provide information and referral services; provides technical assistance for the development of support groups and other local initiatives to serve individuals, families and caregivers; recommends public policy concerning Alzheimer's disease and related disorders to state policymakers; and submits an annual report to the Joint Legislative Committee to Study Services, Programs and Aging and to the General Assembly.

204: Department on Aging Policy Development

As the federally designated State Unit on Aging (SUA), the Department on Aging is tasked through the Older Americans Act (OAA) with setting policies and procedures for the delivery of aging services in the State of South Carolina. The Department on Aging takes this function seriously, since its statewide policies and procedures establish the standard for the AAAs to follow in developing regional policies for service delivery.

The Department on Aging adheres to written procedures in performing its major functions and daily operations. Such procedures, policies, protocols, and trainings closely follow the established mandate of the OAA. Using the OAA, Administration for Community Living (ACL), and state guidance, the Department on Aging follows the steps below:

- develops, administers, and amends proposed procedures;
- when appropriate, accepts comments by the AAAs and other aging network partners;
- creates, assesses, and reviews updates in order to modernize and improve operations and incorporates new policies and procedures into this Manual when necessary; and
- keeps aging network policies and procedures current through the use of Program Instructions (PIs).

  Note: The Department on Aging reserves the right to issue Program Instructions (PIs) as necessary, in order to ensure that its policies and procedures are in accordance with federal and state laws, requirements, and regulations.

205: State Plan on Aging

A. General

The State Plan is the document that the Administration for Community Living (ACL) mandates the Department on Aging submit in order to be eligible to participate in ACL programs and to receive its funding.

The State Plan provides the Department on Aging with a blueprint to successfully fulfill the mission and components of the OAA and provides the ACL with the assurances and measurements necessary to guarantee that the mandates of the OAA are being performed and services are being provided statewide.

In order for the Department on Aging to be eligible to participate in programs of grants to states from allotments under Title III of the OAA, the State of South Carolina, in accordance with regulations of the Assistant Secretary of the United States Department of Health and Human Services, has designated the Department on Aging as the sole state agency to develop and administer a State Plan within the State of South Carolina (**OAA 305(a)(1)(A)(B)**).

The State Plan ensures that the Department on Aging will comply with all statutory and regulatory requirements in the administration of OAA funds, and it outlines the Department on Aging's strategies for fulfilling its responsibilities.

B. Effective Period for the State Plan on Aging

The State Plan can have an effective period of two, three, or four years, as determined by the Department on Aging. The Plan is developed according to a format determined by the Department on Aging within the statutory and regulatory requirements of the ACL.

The South Carolina State Plan shall be based on the structure of the OAA with details from area plans developed by the AAAs. It shall contain assurances that the Department on Aging will meet all of its statutory and regulatory requirements regarding all Department on Aging functions, including administration and delivery of services. The State Plan identifies each AAA designated by the Department on Aging. The Intrastate Funding Formula is used to allocate OAA and state funds to the AAAs, and there are other funds distributed without uniformity through other allocation methods.

South Carolina's State Plan on Aging specifies, in writing, to the ACL:

- program objectives to implement service delivery requirements consistent with the OAA requirements, those established by the ACL, and those established in area plans;
- documentation of the designation of the Department on Aging as the State Unit on Aging (SUA);
- resource allocation plan indicating the proposed use of all funds directly administered by the Department on Aging and the distribution of OAA funds to each planning and service area;
- proposed methods for giving preference to those with greatest economic or social need in the provision of services under the plan; and
- extensive demographic and statistical data.

The Department on Aging is required to amend the plan under certain conditions:

- to comply with new or revised federal statutes or regulations;
- to reflect changes in state or federal law, policy, Department on Aging organization, or operations that will substantially impact the administration of the State Plan on Aging;
- to reflect a change in the designation of any Area Agency on Aging (AAA); and/or
- to reflect a change in the Intrastate Funding Formula.

C. Development and Review of the State Plan on Aging

The Department on Aging will research, review, and consider all information contained in the area plans submitted by the AAAs when developing the State Plan on Aging for the ACL in order to incorporate activities and services performed by the aging network. Views of older persons and adults with disabilities are considered by the Department on Aging in the development and administration of the State Plan and any amendments to the Plan through such means as the following:

- public hearings;
- consultation with AAA staff and the providers;
- review by advisory committees or other groups of older people;
- surveys; and
- publication of the draft plan and solicitation of written comments.

1. Public Hearings

The ACL requires the Department on Aging to hold public hearings before the State Plan is officially submitted. Public hearings are advertised in advance of the hearing date. Public hearings are to be held at convenient times and in places that are barrier-free. All persons in attendance shall sign a register and shall be provided with a comment sheet. Comments collected shall become part of the Plan.

2. Plan Submission

The Department on Aging shall submit the Plan and/or amendments to the ACL at least 60 days prior to the proposed effective date. Upon ACL approval, the Plan becomes effective on the date designated by the ACL.

206: Department on Aging Functions to Oversee the Older Americans Act (OAA) Funds and Services

The primary functions of the Department on Aging are planning, coordination, advocacy, resource development, program development, training, information and referral, and outreach on behalf of South Carolina's senior population.

As the administrator of the OAA and its funds in South Carolina, the Department on Aging shall carry out a wide range of aging and disability functions, including, but not limited to:

- advocacy;
- planning;
- coordination;
- interagency linkages;
- information sharing;
- monitoring and evaluation;
- transportation;
- information and referral/assistance system; and
- long term care ombudsman.

These functions are designed to develop or enhance comprehensive and coordinated home and community-based systems serving communities throughout South Carolina via the aging network structure, which includes AAAs and service providers that enter into agreements with the AAAs. These aging network systems shall be innovative and designed to be consumer-driven and senior-focused in order to assist older persons wishing to age in place, which is the ability of seniors to lead independent, meaningful, and dignified lives in the older individuals' own homes and communities for as long as possible and regardless of age, income, or ability level.

The Department on Aging has the responsibility for coordinating all activities necessary for effective short and long-range statewide planning regarding the needs of older adults by using the client data and information submitted by the AAAs. The information and data inputted into the Department on Aging's data collection systems by AAA staff and the providers provide a critical path to accurate and timely data at a point when the Administration for Community Living (ACL) has become more data-driven when providing aging funding. It is imperative that the AAAs properly input client data in an accurate and timely manner to ensure that programmatic and service data is properly reported by the Department on Aging to the ACL.

The Department on Aging has statutory authority over OAA programs and any state-funded programs specifically designated by the General Assembly. In addition, the Department on Aging has a responsibility to coordinate its planning with other state agencies and to implement aging policies and services. Procedures for conducting Department on Aging activities are as follows:

A. Department on Aging Planning Process for Enhancing Aging Services in the State Plan

In developing the State Plan, the Department on Aging planning process integrates long-range plans, strategy sessions, and operational plans to address the needs of older adults. In addition, client and service data collected by the AAAs is reviewed to ensure that aging trends are monitored for planning purposes. To facilitate this process, the Department on Aging staff reviews the needs of South Carolina's seniors prior to preparing each State Plan. Senior staff and program managers review the data to successfully craft a blueprint that serves the state's aging population. Data reviews include the following:

- needs evaluation conducted by the AAAs for area plans;
- service prioritizations conducted by AAAs;
- objectives contained in AAAs' Area Plans;
- data on unmet needs submitted by the AAAs;
- regional AAA demographic data;
- reviews of appropriate federal, state, and regional agencies on needs of older adults;

- public forums concerning the needs of seniors;
- input from the South Carolina Advisory Council on Aging, the Silver-Haired Legislature, the Alzheimer's Resource Coordination Center (ARCC) Advisory Council, and South Carolina AARP (American Association of Retired Persons).

The Department on Aging provides opportunities for input and participation in the planning process to older adults and caregivers, providers, and other appropriate parties at regional public hearings prior to the submission of the State Plan. On an ongoing basis, the Department on Aging conducts research and collects data necessary for effective planning.

B. Coordination of Department on Aging Responsibilities

The Department on Aging provides for the dissemination of information on the needs of older adults and the development of cooperative working relationships, particularly with other state agencies that provide services to older adults and adults with disabilities. The Department on Aging has representation on relevant advisory committees, task forces, and other interagency groups working on behalf of older adults, adults with disabilities, and caregivers.

C. Department on Aging Advocacy of Aging Issues

Nothing in this section shall be deemed to supersede statutory or other regulatory restrictions regarding lobbying or political advocacy with federal funds.

The Department on Aging will advocate on behalf of older adults in order to ensure that they receive all rights to which they are entitled and to encourage and assist in the development of services and benefits that can meet the older individuals' needs or contribute toward independence and dignity. As a part of its advocacy responsibilities, the Department on Aging will:

- review and comment on national plans, budgets, and policies that affect older persons;
- represent interests of older persons before legislative, executive, and regulatory bodies;
- operate a long term care ombudsman and other elder rights programs;
- assist in the development of legal assistance programs for older persons; and
- provide information or technical assistance to public officials and agencies, organizations, or associations working on behalf of older adults and caregivers.

D. Department on Aging Resource Development and Program Development

The Department on Aging works toward the development of new resources that can be used to create, expand, enhance, or maintain needed services and programs for older adults. Resource development activities of the Department on Aging administration include:

- maintaining data recording protocols, which underscore the importance of the accurate and timely input of data into the Department on Aging data collection systems by the AAAs and the providers;
- reviewing data from the AAAs to determine which services need additional resources to better serve a growing aging population;
- requesting and justifying state appropriations through the General Assembly for new or expanded programs using client data which shows the need for increased funding to support a growing aging population in South Carolina;
- developing applications for federal grants or other sources of funds;
- encouraging other organizations to support needed programs and services in communities; and

- promoting the use of volunteers as a resource.

The Department on Aging will develop and implement new programs, improve or modify existing programs, and encourage other agencies to do likewise in response to the changing needs of older adults and older adults' caregivers in the State of South Carolina, as directed by the OAA and the mission statement of the Department on Aging.

E. Training for Aging Services and Staff Development

The Department on Aging shall train the Area Agencies on Aging (AAAs) Directors and staff to ensure that an orientation to aging services and programs (including the State Health Insurance Program Assistance (SHIP), Family Caregiver, Information and Referral Assistance (I&R/A), Ombudsman, Assessments, Policy and Accounting/Administration, etc.) is provided. These trainings may be available through conference calls and virtual meetings, etc. The AAAs are responsible for providing training to service providers.

The AAA Directors shall have the opportunity to identify and address training needs with the Department on Aging when necessary. This allows the AAA Directors to be forthcoming and proactive with needs and to discuss specific statewide training needs for the programs and services with the Department on Aging.

F. Technical Assistance for Aging Services

The AAA shall provide technical assistance to its providers to assist with the delivery of services to older South Carolinians. The AAA is expected to be up-to-date on OAA, 45 CFR 75, ACL programs, and Department on Aging policies in order to provide technical assistance.

The administrative oversight and the collaborative and technical assistance provided to the AAAs will be closely related to issues and activities identified through area plans and other evaluation findings. The Department on Aging will also provide technical assistance, consultation, and partnership assistance as part of a plan to assist the AAAs, <u>but the Department on Aging is not solely responsible for finding a resolution to address the needs identified by AAAs or providers.</u>

G. Quality Assurance

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

- establish a uniformed Quality Assurance template to be used by the AAAs annually to ensure regional services are being delivered as stipulated by the SCDOA's and the AAA's region specific policies and procedures;
- review the schedule of service(s) in each planning and service area as part of the Area Plan process and its annual update review;
- establish and update QA, with AAAs input as needed, the standards and indicators for each service funded through state and OAA funding;
- establish procedures for amending, editing, updating, and reissuing standards and/or indicators (determined by specific SCDOA program managers);
- establish the basic elements to be included in the AAA's QA reviews; and
- establish the basic reporting process for the AAA to use to transmit findings to appropriate parties.

The Department on Aging will involve program coordinators and divisional managers in the

process of creating service standards, amending existing standards, and editing of any established standards or indicators. The Department on Aging will undertake amendments, edits, and updates resulting from changes in law, regulation, or policy, or when indicated by analysis of Quality Assurance (QA) findings.

Changes to QA standards may be made as necessary. Standards will be reviewed for required changes in the year prior to the AAA competitive procurement process. This will allow ample time for Department on Aging staff to review recommendations and agree upon decisions prior to the AAAs issuing Requests for Proposals (RFP) for competitive procurement.

H. Reports for Department on Aging Programs

The Department on Aging will submit program reports for OAA activities to the ACL and other federal and state entities when due. The Department on Aging has established and maintains an effective and quality system of reporting that will ensure that all AAAs and providers submit timely, accurate information to the Department on Aging with deadlines established by program managers. The overall quality of this data is determined by the accuracy and quality of data inputted by the AAAs and providers.

The State Program Report is designed to provide information on all clients, service units, and expenditures for services that are funded in whole or in part by SCDOA funding, as required by ACL instructions. This includes performance-related data (clients, providers' units of service, program income, etc.) related to the service as a "whole", even if the SCDOA funding is one of several funding sources used to support the service. This is based on the assumption that all the units of service and persons served are attributable to the presence of the SCDOA funding.

I. Evaluation and Review of AAAs

Each SCDOA program manager and coordinator will conduct onsite monitoring of programs at the regional level at least once annually. The monitoring will include uniformed monitoring tools developed for specific programs and services. Additional monitoring visits may be announced or unannounced. SCDOA fiscal monitoring is separate from the programmatic reviews and is conducted by Finance staff.

SCDOA has currently revised program policies and procedures that requires (all) program monitoring annually on site with a consistent monitoring tool that contains questions, level of compliance, notes/observations, monitoring guidance and standard documentation. SCDOA requires supporting documentation to be provided by the AAAs via on site, scanned, mailed, or through secured computer systems utilized by the aging network.

In addition, SCDOA program managers, IT/data staff, grant manager, and accounting/fiscal staff conduct on-going, monthly, and annual reviews of Area Agency on Aging (AAA) service units earned and reimbursement requests. Monthly and ongoing programmatic reviews of appropriate documentation include, but are not limited to, Monthly Units of Service Reports (MUSRs) and Payment Request Forms (PRFs).

In addition, the Department on Aging conducts ongoing, monthly, and annual evaluations and reviews of the Area Plan, Notification of Grant Award (NGA), and this Manual's administration, and reviews the AAA's fiscal operations and programmatic services as needed, in order to monitor the appropriate use of aging funds and to ensure programmatic integrity. The AAA will be required to take corrective action when adverse findings are identified by the Department on Aging.

The State Long Term Care Ombudsman evaluates regional Ombudsman programs per the regulations contained in 45 CFR 1324.

The AAAs are responsible for evaluating home and community-based services delivered at the local level and reporting the monitoring findings to the Department on Aging in a summary in the annual Area Plan Update. Any significant findings should be reported immediately in writing to the Department on Aging via PSAHelp@aging.sc.gov.

The Department on Aging will conduct programmatic evaluations and reviews on an annual basis, or as needed, at each AAA. Specific justification for the evaluations will be provided by the program coordinator. After an evaluation visit, a written report will be provided to the AAA by the appropriate program coordinator. The AAA will have an opportunity to respond to the report and to present its views concerning any findings and recommendations. The AAA is expected to take corrective action when adverse conditions are identified in the Department on Aging report. The AAA will conduct follow-up visits to ensure that corrections have been made and provide the results to the grant manager at the Department on Aging.

The AAA Director has fiscal responsibilities to ensure that OAA and state funds are being properly utilized by the AAA. The COG Director or AAA Director shall sign all Notification of Grant Awards (NGA) and certify that services and activities in the NGA will be performed. The SCDOA Director will sign NGAs after the AAA Directors have signed and returned the document to the SCDOA.

Unannounced visits to nutrition sites, senior centers, and other program service locations may be made as deemed necessary by the Department on Aging.

J. Designation of Planning and Service Areas and Area Agencies on Aging (AAAs)

The current AAAs in South Carolina were designated before the SCDOA was created in 2019. Below are the criteria for designation of AAAs set by the Older Americans Act.

To comply with federal statutes and regulations, a planning and service area shall have a resident population of 100,000 or more **(OAA 305(b))**.

In order to be eligible for OAA funds, the Department on Aging shall designate an appropriate number of planning and service areas **(OAA 305(a)(E))**.

In each planning and service area, the Department on Aging will designate an Area Agency on Aging (AAA) **(OAA 305(a)(2)(A))**.

The Department on Aging may not designate any regional or local office of the state as an AAA **(45 CFR 1321.33)**.

Whenever the Department on Aging designates a new AAA, the Department on Aging shall give the right of first refusal to a unit of general-purpose local government, if such unit can meet the requirements outlined below. The boundaries of such a unit and the boundaries of the planning and service area shall be reasonably contiguous **(OAA 305(b)(5)(B))**.

The AAA shall be:

- an established office providing aging services within a planning and service area designated by the Department on Aging;
- any office or agency of a unit of regional government designated for the purpose of serving as an area agency by the chief elected official of such unit;

- any office or agency designated by the appropriate chief elected official(s) of any combination of units of general-purpose regional governments, to act only on behalf of such combination for such purpose; or
- any public or nonprofit private agency in a planning and service area, or any separate organizational unit within such an agency that is under the supervision or direction for this purpose of the Department on Aging and that can and will engage only in the planning or provision of a broad range of supportive services or nutrition services within the planning and service area (**OAA 305 (c) (1 through 4)**).

The Department on Aging has set the following policies for the designation of planning and service areas and area agencies:

- all AAAs shall be multi-county organizations that do not provide direct services, except where, in the judgment of the Department on Aging, provision of such services by the AAA is necessary to ensure an adequate supply of such services, or where such services are directly related to such AAAs statutory functions, or where such services of comparable quality can be provided more economically by such AAA (**OAA 307 (a) (8) (i through iii)**);
- there shall be no more than 10 planning and service areas (AAAs); and
- as changes occur in AAA designations and functions, the Department on Aging shall explore the reconfiguration of planning and service areas as needed.

The Department on Aging has developed procedures for addressing any mandated changes in the structure of planning and service areas. Criteria for implementing these procedures are as follows:

- the older population of the planning and service area is an important consideration in deciding on a configuration, because the number of residents 60 years of age or older is the major factor in the funding formula;
- attention shall be given to natural community areas in developing a configuration;
- each planning and service area should have a mix of economically-strong and economically-depressed areas;
- the location of Metropolitan Statistical Areas (MSA) is a consideration, and each planning and service area should have at least one MSA since these areas are growth centers;
- relationships between local jurisdictions within a planning and service area shall be considered because a significant portion of required local matching funds shall come from the local jurisdictions within a planning and service area;
- a balance is needed between maintaining local relationships and having a sufficient population and economic base within a planning and service area;
- there is a fiscal limit on the number of AAAs that can be supported in South Carolina;
- each planning and service area shall be large enough to support an AAA of sufficient staff size to accomplish its mission;
- the coordinating role of an AAA and the impact that planning and service area boundaries might have on this role should be considered; and
- the district lines of other statewide agencies should be taken into consideration, but should not be considered a constraint.

In changing the configuration of planning and service areas, potential disruption of existing entities and personnel should be considered. Existing entities should be encouraged to

collaborate. The process should be open, with all interested parties given an opportunity to participate, including local officials, legislators, community leaders, providers, and organizations of older adults.

K. Withdrawal of Designation of Planning and Service Area or Area Agency on Aging (AAA)

For adequate reason(s), the Department on Aging may reconfigure planning and service areas or remove the designation of an AAA from an organization serving in that capacity. The Department on Aging may withdraw the designation as an AAA after reasonable notice and opportunity for a hearing whenever it finds that:

- an Area Agency does not meet OAA requirements;
- an Area Plan is not approved;
- there is substantial failure to comply with any OAA provision, or policies and procedures established and published by the Department on Aging; or
- AAA activities are inconsistent with the OAA statutory mission (**45 CRF 1321.35(a)**).

If the Department on Aging withdraws an AAA's designation, it shall provide a plan for the continuity of AAA functions and services in the affected planning and service area and designate a new Area Agency in the planning and service area in a timely manner (**45 CFR 1321.35(b)**).

If necessary to ensure continuity of services, the Department on Aging may perform the duties of the AAA for a period of up to 180 days. If the Department on Aging demonstrates to the satisfaction of the Assistant Secretary of the Administration for Community Living (ACL) a need for an extension, the ACL may extend the period for an additional 180 days (**45 CFR 1321.35(c) and (d)).**

L. Planning and Service Area Designation Hearings

The Department on Aging will provide a hearing to any applicant denied designation as a planning and service area and to any designated AAA when the Department on Aging proposes to disapprove an Area Plan or plan amendment submitted by the AAA or to withdraw the AAA's designation (**45CFR 1321.29(d) and 1321.35(a)**).

The planning and service area designation hearing will be led by the Department on Aging Director and include all parties at a location determined by the Department on Aging. The meeting will follow all protocols established by the OAA. The Department on Aging will make the final determination of the matter and inform the ACL of its decision.

The Department on Aging will:

- afford opportunity for a hearing, upon request, by a provider (or applicant to contract) or by any program beneficiary who believes that he or she has been unfairly denied services under the provision of the OAA because of any waiver or appropriate Title III transfer approved by the Department on Aging (**OAA 307(a)(5)(C)**);
- hear an appeal from a provider who disagrees with the findings of the results of an audit review which requires repayment; and
- require the AAAs to establish procedures to hear grievances from older individuals who are dissatisfied with or denied services under the OAA (**OAA 306(a) (10)**).

<u>Planning and Service Area Designation Hearing Process</u>:

If an agency, organization, or individual requests a hearing, a written request shall be filed with the Department on Aging Director within 30 days following the receipt of the notice of the adverse action. Any appellant under the provisions of this section shall first follow appeal procedures provided by the AAA before the Department on Aging will grant a request for a hearing.

M. Department on Aging Hearing Standards

Department on Aging hearing procedures are designed to meet the following standards:

- timely written notice of the reasons for the Department on Aging action;
- an opportunity to review any pertinent evidence on which the action was based;
- an opportunity to appear in person to refute the basis for the decision;
- an opportunity to present witnesses and documentary evidence;
- an opportunity to cross-examine witnesses; and
- a written ruling by a decision-maker that sets forth the reasons for the ruling and the evidence on which the decision is based.

N. Hearing Procedures

The Older Americans Act (OAA) Section 306 (F) specifies that a final determination on funding cannot be made until the AAA is afforded its due process in accordance with procedures established by the Department on Aging.

Specific hearing procedures to be followed by the Department on Aging are as follows:

1. Appeals on Funding Actions

If the applicant wishes to appeal a funding action, the applicant shall file a written request for appeal to the Department on Aging within 10 working days of the date on the letter. A hearing officer shall be appointed, and a review will be scheduled within 30 days of the request for appeal.

The appellant shall be given the opportunity to make an oral presentation and to submit any written justification or documentation. The appellant will be notified in writing within five working days of the decision of the hearing officer. The appellant will be required to provide the Department on Aging with written acceptance of the findings within 10 working days from the date of notification of action.

In the event a signed agreement is not received by the Department on Aging, no funds will be forwarded to the appellant during the review process. (Signing the AAA agreement does not deny the right to appeal, nor will it prejudice the findings of the appeal; however, the terms of the AAA agreement will be binding if the appeal action upholds the original action.) In the event that funds are refused or denied, the Department on Aging will not be liable for any expenditure during the appeal. In the event the final action results in a reduction from the request, the Department on Aging will not be liable for expenditures in excess of the approved budget.

2. Appeals on Audit Review

The Department on Aging will review the AAAs' financial audits conducted by outside professionals. Upon completion of the Department on Aging review, if any findings indicate under or over-payment, reimbursement or adjustments will be required. The Department on Aging will issue either a check for the amount due to the AAA or request repayment by the AAA to the Department on Aging for any unearned federal or state funds to be forwarded within 30 days.

If the AAA or provider is not in agreement with the audit review findings, the AAA or provider shall so notify the Department on Aging in writing within 10 days of the date on the review report. A meeting will then be scheduled with Department on Aging staff to review the audit report and any supporting documents provided by the AAA and provider.

Should issues be resolved to the satisfaction of both parties, the audit report will be appropriately revised in writing, and the AAA or provider advised to take appropriate action to close out the award. Should an agreement not be reached, the Department on Aging Director shall make the final determination.

3. Termination of Formal Hearing Procedures

The Department on Aging may terminate formal hearing procedures at any point if the Department on Aging or organization that requested the hearing, negotiate a written agreement that resolves the issues that led to the hearing.

4. Individual Senior Client Service Denial Hearings

Every service provider shall post notices within its program and services locations that indicate procedures available to older persons who wish to notify the Department on Aging of complaint. Providers shall post notices in a conspicuous location within view of all older persons, or otherwise notify all who participate in community-based programs or receive in-home services. The Department on Aging will assist providers to ensure that this policy is being implemented in an effective manner.

O. Freedom of Information Act (FOIA)

The Department on Aging fully complies with the South Carolina Freedom of Information Act (FOIA), which requires that the public, defined in the statute as "any person," must be given access to documents and meetings of state agencies (**South Carolina Code 30-4-10**).

P. Maintenance of Effort

The State's fiscal year allotment under Section 304 of the OAA shall be reduced by the percentage (if any) by which expenditures of state sources for such year under the approved State Plan under Section 307 of the OAA are less than the average annual state expenditures for the three preceding fiscal years (**OAA 309(c)**).

Q. Requirements for Non-Federal Share of OAA Funds

The Department on Aging requires of AAAs and providers that OAA funds will not replace funds from non-federal sources. The Department on Aging may not allow more than 85 percent of the cost of services or 75 percent of the AAA cost of planning and administration to be paid with OAA funds. The state must provide five percent of the allowable cost for services from state-appropriated funds. Each AAA shall ensure the provision of the non-federal share required for all funds provided under its Area Plan (**OAA 304 (d) and 309 (b)).**

R. Emergency Management Coordination

1. Department on Aging and AAA's Disaster Response Role

The Older Americans Act (OAA) assigns a very proactive emergency management coordination role for the Department on Aging and AAAs. OAA Section 307 (29) stipulates that the AAA shall include in its Area Plan "information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief

organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery."

The South Carolina Aging Network has a shared responsibility for emergency management coordination, as defined by Presidential Policy Directive / PPD-8: National Preparedness, which includes sharing the responsibility of preparedness through a "whole community" approach. This directive has changed how emergency management coordination is conducted on the federal, state, and local levels. After Hurricane Katrina, there is now a greater emphasis on emergency management coordination at the local level, as opposed to the state level.

State Unit on Aging

It is the Department on Aging's role, as the State Unit on Aging and as a state constitutional office, to ensure that each AAA has an operational Emergency Preparedness Plan. A copy of the uniform AAA Emergency Preparedness Plan template shall be submitted to the agency's emergency coordinators via PSAHelp@aging.sc.gov by April 1 of each year for review. The Department on Aging annually reviews and updates its disaster preparedness and response plan, which establishes the protocols that the Department on Aging uses to coordinate its emergency activities with federal and state emergency management divisions and the aging network. The Department on Aging is mandated to assist with the State Emergency Operations Center's pre-disaster and post-disaster activities when the South Carolina EMD declares Operating Condition-3. The Department on Aging works primarily with the Mass Care Emergency Support Function, designated as ESF-6.

Area Agency on Aging (AAA)

The AAA is responsible for developing emergency/disaster preparedness and response plans for its planning and service areas as part of the Area Plans. The AAA shall follow all Department on Aging requirements and templates when developing emergency plans, and shall be actively engaged with all county emergency management directors and other relevant partners to ensure that there is a working relationship between the counties and the AAA. In addition to the AAA Director, the AAA shall provide the Department on Aging with the name of the staff member who coordinates emergency preparedness efforts for the agency. The AAA is expected to maintain current and up-to-date emergency contact information for AAA staff, directors of providers, and county emergency management officials. This information is to be submitted with Area Plans and updated as needed. The AAA will designate staff to be on call throughout the duration of declared disasters, and this staff shall maintain communications with the Department on Aging Emergency Preparedness Coordinator.

2. AAA Emergency Preparedness Responsibilities

The Older Americans Act (OAA), the Administration for Community Living (ACL) and the Department on Aging require the AAAs operating in South Carolina to have working emergency/disaster plans detailing how critical aging services are to be delivered during an emergency situation. As part of its emergency plan, the AAA is expected to be collaborative partners with local and county emergency management coordinators. The policies and procedures set forth by the Department on Aging for the AAA as it relates to disaster preparedness and service delivery during crisis, hazardousweather, emergencies, and unscheduled closings are as follows:

A. The AAA shall establish local emergency management policies and procedures to utilize during a disaster/emergency event, in accordance with federal and state emergency management divisions and its officials. The plan should provide specific detail showing how aging services will continue to be provided during emergencies.

B. The AAA shall have knowledge of contact persons at each local county emergency management division, including but not limited to federal programs, state and county emergency management divisions, and Voluntary Organizations Active in Disaster (VOAD). The AAA shall have a good understanding of the basic emergency management division operations in all counties in the region, and shall attend local meetings held by county emergency management divisions or other related assemblies, when appropriate.

Note: The AAA shall meet at least annually with local county emergency managers to convey the emergency needs of the AAAs, providers, and the regional aging network. The Department on Aging emergency coordinators are available to assist in facilitating meetings.

C. The AAA shall have current and extensive knowledge of emergency preparedness procedures for the AAA and service area, as well as an understanding of federal and state expectations of what local emergency management divisions are responsible for in the event of an emergency.

D. The AAA shall have established protocols in place to ensure that there is a viable communication process in place to exchange information between the AAA and providers before, during, and after an emergency situation (including the recovery stage) in order to collect/provide essential information to determine operating conditions, interruption of services (if any), and clients' needs for assistance.

E. The AAA shall ensure that clients directly receiving services through the aging network who are affected during an emergency/disaster situation are identified and shared with the appropriate emergency officials to receive assistance, as needed.

F. The AAA shall share timely and accurate notices with the providers in regards to weather watches/warnings, hazardous conditions/situations, disaster resources, and/or emergency related public notifications, as received by local emergency management officials and/or the Department on Aging Emergency Preparedness and Response Coordinator.

G. The AAA shall help disseminate critical emergency related information pertaining to evacuation orders, emergency evacuation plans/routes, road closings, emergency shelter locations, emergency/temporary food sites, and any other crucial information that shall assist clients during a disaster/emergency. Public notices, helpful resources, and recovery information shall be promoted and shared via any feasible means, such as the agency website, providers, outreach opportunities, and/or applicable social media.

H. The AAA shall interact and coordinate with other agencies and organizations to ensure the health, welfare and safety of seniors served through the aging network to the extent possible.

I. The AAA shall provide information, referral and assistance services for senior disaster survivors and the survivors' families; such as advocacy and assistance with applying for State and Federal assistance programs, as requested.

J. The AAA shall update its emergency plan annually, or as needed, taking into

consideration lessons learned from the most recent emergency situations.

K. The AAA shall incorporate the State Emergency Management op-con levels into the its regional emergency plan and determine what emergency functions should be performed at each op-con level in order to ensure that emergency responses are coordinated properly. This documented coordination shall be included as a chapter or index in the emergency plan and shall be updated as needed.

3. Continuity of Services

The AAA shall have policies in place to ensure the continued delivery of aging services during an emergency in the event that the contracted service provider is unable to operate or to deliver services. Provisions should be made in advance for all services, but specifically for meals and transportation. This shall also include protocols to provide safety checks for senior clients in impacted areas.

Note: Department on Aging policy does not stipulate the number of shelf-stable meals to be provided to senior clients during emergencies, but the total shall not exceed five meals per delivery to a client. Meals provided during declared emergencies or disasters, or when the meal site is not operational, shall always meet federal requirements including 1/3 DRI in order to be reimbursed using Title III C-2. The Department on Aging shall be notified if a meal site is not operational.

The number of meals provided per senior, as well as contract information for the procurement of emergency meals and a plan for delivery of all aging services shall be detailed in the AAA's emergency plan.

Note: The costs of emergency meals which are federally compliant should be reasonable and necessary, properly documented, and justification must be provided to show need.

Alternative service delivery options should be attempted to fulfill service agreements in the event of crisis, hazardous weather, emergencies, and unscheduled closings that result in the suspension of normal service operations. The Department on Aging recommends that there be multiple food service providers in the event that the primary meal supplier is unable to provide service during the emergency. The Department on Aging discourages the stockpiling of shelf-stable meals and advises the meals be ordered immediately upon the emergency declaration being issued. Emergency meals will be reimbursed after delivery to a client. Documentation must be provided to the Department on Aging showing the client received the meal.

When an emergency is declared and the AAA has implemented its emergency-disaster plan, the AAA shall provide up to five federally compliant emergency shelf-stable meals to clients who are receiving congregate and home-delivered meals at that time. Each AAA shall establish guidelines for providers on the issuance of shelf-stable emergency meals based on the weather patterns of the regions served (e.g. hurricane season or ice storms). While the number of emergency shelf-stable meals provided is determined by the AAA, no more than five emergency shelf-stable meals may be issued at one time per client. It is the AAA's duty to determine the regional needs of clients. The Department on Aging will monitor this process and report any challenges or barriers identified to ESF-6, as necessary.

Note: If a client refuses an emergency meal, the AAA must provide justification if requested by the Department on Aging.

Should a local service provider become inoperable, the Department on Aging expects the AAA to assume or arrange services to be provided, to the extent possible, until provider operations are re-established.

The Limited Use of Non-Compliant Emergency Meals: Emergency meals utilizing OAA funds shall meet all federal requirements, including the 1/3 DRI. However, during an emergency, if the AAA is unable to procure meals that meet the federal requirements, the AAA may use state HCBS emergency funds to pay for emergency meals, as long as it is an emergency declared by the Governor of South Carolina, with the approval of the Department on Aging's Nutrition Manager or other authorized Department on Aging representative. While state HCBS emergency funds may be used during a declared emergency for non-federally compliant meals, the AAA and its providers should use this option only if meals meeting the federal requirements cannot be delivered by the meal provider during the declared event. Every effort should be made to procure emergency meals that are as close to the federal requirements for 1/3 DRI as possible.
Note: It is the Department on Aging's longstanding policy that emergency meals meeting the 1/3 DRI requirement shall continue to be paid through Title III or state funds. The procurement of emergency meals, which are not federally compliant should be limited, reasonable, and necessary, and must have the approval of the Department on Aging's Nutrition Manager or other authorized Department on Aging representative in order to be reimbursed. The AAA or provider shall provide justification showing why emergency meals not meeting federal requirements are being provided.

Reimbursement for non-federally compliant emergency meals: The AAA shall establish a procedure when a declared emergency or disaster occurs to record all disaster related expenditures separately from normal day-to-day expenditures. The AAA will submit a form, provided by the Department on Aging that will total the amount of the request for reimbursement for the declared emergency or disaster for the Department on Aging staff to review. The Department on Aging will issue a Notice of Award specifically for the declared emergency or disaster along with a PRF for reimbursement for the related expenditures. The AAA will submit proper supporting documentation along with the PRF to receive the reimbursement.

It is the responsibility of the AAA to ensure proper documentation, internal controls, and verification that the expenditures are related to the declared emergency or disaster. The AAA shall retain proper documentation in accordance with the AAA's retention policy. The AAA shall establish as part of the process, protocols to ensure the contractor is not able to duplicate the services under emergency and normal reimbursement; therefore, a review process shall be conducted to cross reference the reimbursement request to detect any potential duplicate reimbursement request. The AAA shall review the current documentation to ensure proper information is provided by the contractor that would allow a cross check to be conducted in the event of an emergency or declared disaster.
Note: The procurement of emergency meals that are not federally compliant should be limited, reasonable, and necessary, and justification shall be provided to show need.

4. Mutual Aid Agreements between AAAs for Emergency Situations

The Department on Aging mandates the establishment of Memorandum of Agreements (MOAs) amongst the regional AAAs and between providers for the purpose of continuity of services. The AAA shall have a MOA with AAAs for provision of mutual aid in times

of crisis, hazardous weather, emergencies and/or unscheduled closings to ensure standard operations within the planning and service area are maintained and that normal operations are resumed as quickly as possible.

Should any regional office (AAA) and/or local aging network provider's offices become inoperable, a team or staff from AAAs not impacted by the event will be assembled under a MOA to operate as the affected AAA until that office is re-established. The goal is to normalize operations as quickly as possible in order to ensure critical services are restored or provided to seniors.

In the event of widespread damage and disruption of services at the AAA level, the Department on Aging agency head and/or Emergency Preparedness and Response Coordinator may assist with coordinating the assignment of Department on Aging staff to provide remote assistance (as requested) in the affected area to help normalize operations as quickly as possible.

5. Written Agreements between AAAs and Providers for Crisis, Hazardous Weather, Emergencies, and Unscheduled Closings

The AAAs are responsible for having appropriate operations and protocols in place to ensure that each service recipient affected is aware of all closings/suspensions due to crisis, hazardous weather, emergencies, and unscheduled closings. The providers shall be obligated to keep service recipients aware of the situation throughout the duration of the event when possible, and appropriate provisions shall be made to provide critical services to homebound and frail recipients until normal operations are resumed. The following shall be part of the written agreements between the AAA and providers:

a. The AAA shall collaborate with providers to develop an emergency service delivery plan for group dining and home-delivered meals, transportation, and home care. This emergency service delivery plan shall be included in the Area Plan submitted to the Department on Aging by the AAA, as well as included in each contract signed between the AAA and an aging service provider. The emergency plan shall also cover general agency operations during periods of crisis, hazardous weather, emergencies, and unscheduled closings.

b. The AAA shall require, by contract, any entity responsible for meal preparation and delivery operations to contact the AAA whenever emergencies or unscheduled closings interfere with services. The AAA shall coordinate the actions to be taken to ensure service to vulnerable clients.

c. Providers shall contact the AAA Director within an hour, or as soon as possible, of any decision that is made regarding interruption of normal operations. The caller shall report to the AAA what actions can be taken to serve homebound and frail clients during periods of crisis, hazardous weather, emergencies, and unscheduled closings.

d. Once contacted by the provider, the AAA shall notify the Department on Aging via PSAHelp@aging.sc.gov in a timely manner of any decision that is made regarding interruption of normal operations. This notification shall include the specifics of any closings/suspensions and the provisions of the provider's emergency plan to be followed to protect vulnerable clients.

e. When a crisis, hazardous weather, an emergency, or an unscheduled closing requires a change to normal operations, the AAA shall coordinate with its providers regarding

alternative procedures to be followed to ensure meal service delivery to vulnerable clients throughout the event, when possible.

f. The AAAs shall work with providers to conduct welfare checks for all clients' currently receiving services, with special attention to those experiencing any level of interruption of services. Any unmet and/or critical needs shall be reported to the local county emergency management office.

g. The AAA shall contact the Department on Aging regarding possible reimbursements available for extended hours of operation resulting from a crisis, hazardous weather, an emergency, or unscheduled closing. It is the AAA's responsibility to track and maintain all staff involvement in any disaster operations, to include actual hours worked, specific activities, mileage, and/or any other expenses incurred.

h. Providers who are capable, may voluntarily open facilities to provide shelter for older persons who lack adequate heat, air conditioning, or running water due to weather conditions or power outages during a crisis, hazardous weather, or an emergency. This information shall be shared as necessary, or upon request of the AAA or Department on Aging.

i. Following unscheduled closings or suspensions of normal service operations due to a crisis, hazardous weather, an emergency, or unscheduled closings, the AAA Director, the provider, and any other entity involved shall meet to evaluate the effectiveness and timeliness of the procedures and actions used to respond to the situation. Any shortcomings noted in this evaluation shall result in corresponding improvements and revisions to the Area Plan and the AAA's emergency plan.

207: Allotments and Grants to South Carolina

A. Older Americans Act (OAA) Allotments

The Administration for Community Living (ACL) makes annual allotments to South Carolina based on the state's ratio of the population aged 60 years and older to the national population aged 60 years and older. From these allotments under Title III, the Department on Aging expends five percent to pay part of the costs of administration of the State Plan on Aging.

South Carolina receives separate allotments for the following programs **(OAA 303 and 304)**:

- in-home supportive services (Title III-B);
- long-term care ombudsman program (Title III-B and Title VII);
- elder abuse prevention services (Title VII);
- health insurance counseling and fraud prevention (ACL);
- congregate nutrition services (Title III-C-1);
- home-delivered nutrition services (Title III-C-2);
- Evidence-Based Disease Prevention and Health Promotion services (Title III-D);
- family caregiver support services (Title III-E); and
- Nutrition Services Incentive Program (NSIP, formerly through the United States Department of Agriculture (USDA), but now through ACL)

B. Limitations of Department on Aging Allotments

The Department on Aging shall use each allotment for its authorized purpose; however, limited transfers are permitted between nutrition services and support services. Except for a portion of Title III-B funds, which are reserved for the ombudsman program retained at the

Department on Aging, all social, nutrition, wellness, and caregiver service allotments are granted to AAAs under approved Area Plans.

In the 2020 reauthorization, OAA Section 210 provides improvements to the nutrition program by providing language that encourages states to collaborate with area agencies on aging to ensure smoother processes when transferring funds between Title III-B and III-C nutrition programs. States and area agencies on aging would be accountable to consult with each other to modify processes to mitigate administrative barriers when transferring funds between programs to ensure resources are addressing nutritional needs.

C. Intrastate Funding Formula to Distribute Aging Funds in State Plan on Aging

The Department on Aging is required to develop a formula for the distribution of OAA funds to the planning and service areas. Under Proviso 40.5, State funds appropriated for aging services are required to be distributed using a funding formula developed by the SCDOA (State Respite funding and funds received from the Alzheimer's Association are exempt from the Proviso 40.5 formulary requirement). The methodology shall include flexibility to reallocate funds amongst the AAAs, and be composed of, at a minimum, the following factors: a minimum base amount, the fiscal year's federally allocated funds, federal and state carry forwards funds, and an appropriate weighted proportion that will achieve the mission of the Department on Aging to provide as many services as possible to the citizens of South Carolina.

With the development of each new State Plan on Aging, the Department on Aging publishes the proposed Intrastate Funding Formula for review and comment, which includes:

- *a descriptive statement of the formula's assumptions and goals, and application of the definitions of greatest economic or social need (see definitions below);
- a numerical statement of the actual funding formula to be used;
- a list of population, economic, and social data to be used for each planning and service area; and
- a demonstration of funds allocated to each AAA through the funding formula.

**The term ''greatest economic need'' means the need resulting from an income level at or below the poverty line.*

The term ''greatest social need'' means the need caused by non-economic factors, which include—

(A) physical and mental disabilities;

(B) language barriers; and

(C) cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, that:

1) restricts the ability of an individual to perform normal daily tasks; or

2) threatens the capacity of the individual to live independently.

The resulting formula is submitted to ACL for approval (**OAA 305(d)**).

D. Priority Service Requirements

The Department on Aging has established the following minimum percentage of OAA Title III-B funds received by each AAA that shall be expended for priority service categories:

- 15 percent for services associated with access: transportation, outreach, and Information and Referral/Assistance;

- 10 percent for in-home services: homemaker and home health aide, telephone reassurance, and chore maintenance; and
- one percent for legal assistance.

In approving AAA area plans, the Department on Aging may waive the requirement for any category of services if the AAA demonstrates that services being furnished for such category in the area are sufficient to meet the need for such services in such area. The AAA shall use the waiver policy and procedures found in Sections 209 and 210.

Before the AAA requests this waiver, using the Department on Aging State Waiver Request Form, the AAA shall conduct a timely public hearing. The AAA requesting this waiver shall notify all interested parties in the planning and service area region of the public hearing and furnish the interested parties with an opportunity to testify.

The AAA shall prepare a recorded, transcribed record of the public hearing conducted and shall furnish the record of the public hearing with the request for this waiver to the Department on Aging. In preparing each State Plan on Aging, the Department on Aging shall review the minimum percentages and make adjustments as warranted.

E. Long Term Care Ombudsman (LTCO) Program

In addition to the portion of the Title III allotment for supportive services that the Department on Aging directs towards the Long Term Care Ombudsman (LTCO) Program, ACL also awards funds under Title VII for the Ombudsman Program. The Intrastate Funding Formula is not applicable to either Title III or Title VII Ombudsman Program funding. A formula based on the number of nursing home beds and the number of cases investigated per region has been used to distribute Ombudsman resources.

Neither the Department on Aging nor the AAA shall consider Title VII funds in the calculation of allowable administrative costs. No match is required for the Title VII portion of the LTCO funding; however, states are not precluded from requesting a match for Title VII funding awarded by grant or contract.

Neither the law nor legislative history require the Department on Aging to use funding provided for LTCO services to fund ombudsman or advocacy services for individuals living in their own homes or receiving acute medical care in facilities not licensed as long-term care facilities.

The Department on Aging also receives an award under Title VII for elder abuse prevention. The Department on Aging has the option of using, or not using, any portion of the elder abuse funding to support abuse prevention activities conducted through the Ombudsman Program. The Department on Aging may use abuse prevention funding for specific, identifiable activities (such as Adult Protective Services) conducted by any public or private nonprofit program or agency. These funds are generally allocated to the AAAs to be used by the regional Ombudsman for investigative and educational activities.

F. Transfer between Supportive, Congregate, and Home-Delivered Funds

The Department on Aging will follow the established procedures of the OAA for transfers, and when feasible will work with the AAAs regarding transfers of funds.

The state may not delegate to an Area Agency on Aging, or any other entity, the authority to make a transfer under the preceding OAA provisions (**OAA 308(b)(6)**).

The Department on Aging may elect to transfer not more than 30 percent of the State's allotments between supportive services (III-B) and nutrition services (III-C) (**OAA 308 (b)(5)**).

The Department on Aging may elect to transfer not more than 40 percent of Title III-C funds received between congregate and home-delivered meals. If the Department on Aging demonstrates to the satisfaction of the Assistant Secretary of the Administration for Community Living that a larger transfer is required to satisfy service needs, the Department on Aging may request a waiver from the ACL to allow an additional 10 percent transfer between congregate and home-delivered nutrition services (**OAA 308 (b)(4)**).

G. Administration of OAA Funding

The AAA may use 10 percent of the total OAA Title III allotments to pay no more than 75 percent of the cost of Area Plan administration (**OAA 304 (d)(1)(A)**).

The Department on Aging may use five percent of the federal Title III allotments to pay no more than 75 percent of the cost of State Plan administration. Any funds not needed by the Department on Aging to fund State Plan administration may be used to supplement the amount available to cover part of the cost of administration of Area Plans (**OAA 308 (a)(1)(2) and 308 (b)(1)(A)**).

The Department on Aging will not fund program development and coordination activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments for Titles III-B, C-1, C-2, and E on planning and administration activities (**45 CFR 1321.17 (14)(i)**).

H. Administration of United States Department of Labor (USDOL) Funds

Senior employment and training services (Title V) funding is allocated through the United States Department of Labor (USDOL) and administered by the Department on Aging.

208: Allotments of Special State Funds

The South Carolina General Assembly currently appropriates funds each year to the Department on Aging to fund aging programs throughout South Carolina. These aging services funds shall be used for the following:

- the required five percent match for OAA funds;
- home and community-based services for older adults;
- state grant funds for Area Agencies on Aging (AAAs); and
- the Ombudsman Program.

A. Explanation of State General Revenue Funds

(Funds appropriated by the South Carolina General Assembly for Aging services.)

1. Required Match

The state shall provide a minimum of five percent match to earn federal revenue (**OAA 309(b)(2)**).

2. Home and Community-Based Services

These funds are used to provide in-home services for older persons with functional impairments and family caregivers. State funds for in-home and community are allocated based on Proviso 40.5. The HCBS funds can be utilized for the local match requirement.

3. The Use of HCBS Funds for Local Match on OAA Funding

The Department on Aging allows the AAA to use state HCBS funds toward the local match for OAA funds. The AAA is still responsible for raising local funds, which would have previously been used to meet the match requirement, in order to increase service delivery capacities in the region.

4. **Actual Costs for Title III and HCBS Expenditures**

The AAA will only submit the actual unit cost expense with proper documentation and not the contract price unless all of the discounts and/or negotiated reductions equal the actual cost for Title III and HCBS expenditures. The AAA is encouraged to negotiate the best and reasonable rates for all services to ensure the funds are spent in a responsible manner, as well as serve as many seniors as possible.

Note: If the state HCBS budget is reduced and/or any other factors occur that cause state funds to be unable to meet the match requirements, the AAA may be required to resume responsibility for meeting local matching practices.

B. Bingo Revenue for the Department on Aging

1. Bingo Funds

The amount of revenue from the fees collected from bingo operators is $600,000 annually (Non-PIP funds). These funds are distributed according to South Carolina law as follows: one-half of the funds are divided equally among the 46 counties; the remaining one-half must be divided based on the percentage of each county's population aged 60 years and above, in relation to the total state population aged 60 years and above using current census data. Providers receiving these funds shall be agencies recognized by the Department on Aging as service delivery providers of the AAAs (**South Carolina Code Section 12-21-4200**).

Neither the Department on Aging nor the AAA may use any bingo funds for administration expenses, as the General Assembly has appropriated these funds for actual aging services. The Department on Aging has determined that 10 percent of Bingo funds can be used to provide services to clients age 55 to 59 as outlined in Chapter 600.

2. Senior Center Permanent Improvement Program (PIP)

The state sets aside $79,000 monthly from bingo revenue collected by the South Carolina Department of Revenue (SCDOR) in an earmarked fund for competitive grants to construct, renovate, or make major repairs to multi-purpose senior centers.

C. Allotments Other Than OAA and State Funds

The Department on Aging may receive and administer other funds that will contribute toward meeting the needs of older South Carolinians. Such funds may include federal grants, resources from private organizations, or other grants to assist older adults, such as the ElderCare Trust Fund (ECTF).

1. ElderCare Trust Fund (ECTF)

The ElderCare Trust Fund (ECTF) is funded from monies received from a State of South Carolina income tax check-off. These voluntary contributions to the fund shall be used to award grants to public and private nonprofit agencies and organizations to establish and administer innovative programs and services that enable older persons to remain at home and in communities with maximum independence and dignity. The ECTF supplements and augments programs and services provided by or through state

agencies, but ECTF funds may not take the place of current resources used for these programs and services (**South Carolina Code 43-21-160**).

The Department on Aging performs all activities necessary to administer the fund. These activities include, but are not limited to, the following:

- assessing critical needs of the frail elderly;
- establishing priorities for meeting these needs;
- receiving gifts, bequests, and devises for deposit and investment into the trust fund;
- providing technical assistance to those who have expressed an interest in preparing a grant proposal, as appropriate;
- soliciting proposals for programs that are aimed at meeting the identified needs;
- establishing criteria for awarding grants; and
- awarding grants to successful AAAs and providers.

The number of grants awarded each year is based upon the amount of funds available in the trust fund. No ECTF funding is awarded for more than three years for the same or similar project.

2. Geriatric Loan Forgiveness Program (GLFP)

Established by Statute in 2005, the Geriatric Loan Forgiveness Program (GLFP) was created to encourage physicians specializing in the fields of geriatrics and geriatric psychiatry to practice in South Carolina by assisting them in repaying student loans; in exchange for the commitment to practice in South Carolina for at least five years. Qualified doctors can receive as much as $35,000 to repay the student loan indebtedness. **(South Carolina 43-21-200)**

A GLFP Advisory Board, appointed by the Department on Aging, reviews qualified applicants and selects award recipients. Per the statute, the GLFP Advisory Board is composed of representatives from the following institutions: (a) the South Carolina Medical Association; (b) the South Carolina Commission on Higher Education; (c) the Medical University of South Carolina; (d) the School of Medicine of the University of South Carolina; and (e) a fellow in geriatrics or geriatric psychiatry.

3. Alzheimer's Disease and Related Disorders Resource Coordination Center

The Alzheimer's Disease and Related Disorders Resource Coordination Center (ARCC) was established in 1994 and is administered by the Department on Aging. The ARCC's goal is to serve as a statewide focal point for coordination; service system development; information and referral; caregiver support; and education to assist persons with Alzheimer's disease and Related Disorders (ADRD), families, and caregivers. The Governor appoints members to the Alzheimer's Disease and Related Disorders Resource Coordination Center Advisory Council, whose members represent state agencies and organizations identified in the statute (**South Carolina Code 44-36-330**).

The Department on Aging administers a grant program to assist communities and other entities in addressing problems related to ADRD. The Department on Aging solicits grant applications annually for respite care services and educational intervention for persons with ADRD and families and caregivers, pursuant to the instruction packet for grant submission. ARCC grant periods are from July 1 through June 30 each year and may be extended for a second year at 50 percent of the original amount if it is in the

best interest of the ARCC. Detailed information on eligibility criteria and allowable programming may be found in the official instruction packet for the grant program.

The Alzheimer's Disease Program Initiative
Awarded to the South Carolina Department on Aging in 2020, the Alzheimer's Disease Program Initiative grant is authorized under Title IV of the Older Americans Act. It is a multi-year grant to provides educational training opportunities for caregivers of African-Americans with Alzheimer's disease in 16 rural counties. The first year of the grant is designated as a planning period.

4. State Health Insurance Assistance Program (SHIP)

The Administration for Community Living (ACL) funds the State Health Insurance Assistance Program (SHIP), which is a direct service of the Department on Aging. There are specialists throughout the state who can help with Medicare and Medicaid questions. (**Note**: The Department on Aging is not the South Carolina State Medicaid agency; however, Department on Aging counselors are knowledable in navigating the Medicaid system). The SHIP counselors, along with volunteers, assist older adults, caregivers, and people with disabilities in understanding and/or enrolling in Medicare health insurance policies, in accessing accurate information for Part D, Low-income Subsidy, and Medicare Savings Programs for Part B coverage, and in resolving errors or fraud problems with benefit statements.

SHIP Basic Grant Objectives:

Objective 1: SHIPs will provide personalized counseling to an increasing number and diversity of individual beneficiaries unable to access other channels of information or needing and preferring locally-based individual counseling services.

Objective 2: SHIPs will conduct targeted community outreach to beneficiaries in public forums under a sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.

Objective 3: SHIPs will increase and enhance beneficiary access to a counselor workforce that is trained, fully equipped, and proficient in providing the full range of services including enrollment assistance in appropriate benefit plans, and prescription drug coverage.

Objective 4: SHIPs will participate in CMS education and communication activities, thus enhancing communication between CMS and SHIPs to assure that SHIP counselors are equipped to respond to both Medicare program updates and a rapidly changing counseling environment and to provide CMS with information about the support and resources that SHIPs need to provide accurate and reliable counseling services.

5. Senior Medicare Patrol (SMP)

The Senior Medicare Patrol (SMP) focuses on raising awareness of how fraud occurs in the Medicare program and empowering seniors and caregivers to recognize and report suspected fraud when it occurs. South Carolina's SMP purpose is to educate Medicare/Medicaid beneficiaries and caregivers about Medicare/Medicaid benefits in order to understand Medicare statements, such as Medicare Summary Notices (MSN),

Medicare Part D Prescription Drug Plans (PDP), Explanation of Benefits (EOB), and other related health care statements. Through this knowledge, a person can identify, resolve, and/or report possible billing errors, fraud, abuse, and waste to the SMP. The Department on Aging's SMP project works in collaboration with federal and state fraud control units to help beneficiaries resolve complaints.

209: Federal Waiver Policy

A. Process for Requesting Waivers from the Administration for Community Living (ACL)

Whenever the Department on Aging proposes to request a waiver under the Older Americans Act (OAA), the Department on Aging shall publish its intention, together with the justification for the waiver, at least 30 days prior to submission of the request to ACL. An individual or the provider from the area with respect to which the proposed waiver applies is entitled to request a hearing before the Department on Aging on the decision to request such waiver. The waiver request as submitted to ACL shall contain the following documentation (**OAA Section 316 (a)**):

- approval of the General Assembly or a statement that legislative approval is not required;
- collaboration with AAAs and other organizations affected by the waiver;
- opportunity for public review and comment;
- circumstances in the state that justify the waiver;
- probable positive consequences;
- probable negative consequences; and
- expected benefits for older individuals (**OAA 316 (a)**).

B. Requirements Subject to Administration for Community Living (ACL) Waiver

The Department on Aging may request a waiver for:

- any provision of OAA Sections 305, 306, and 307 that requires statewide uniformity, if the waiver permits demonstrations of innovative approaches to assist older individuals;
- any Area Plan requirement in OAA Section 306(a), if the waiver promotes innovations that improve service delivery and will not diminish services already provided under the OAA;
- any State Plan requirement in OAA Section 307(a), if the waiver promotes innovations that improve service delivery and will not diminish services already provided under the OAA;
- the limit of transfers between Part B and Part C in Section OAA 308(b)(5); and
- the requirements in OAA Section 309(c) related to reduced state expenditures (**OAA 316(b)**).

C. Duration of the ACL Waiver

In each waiver request to the ACL, the Department on Aging shall include a recommendation as to the duration of the waiver, but that duration may not exceed the period of the applicable State Plan. If ACL approves the waiver request(s), it shall specify the duration of the waiver. ACL may specify the duration recommended by the Department on Aging or set a shorter time period (**OAA 316(c)**).

D. Evaluation Reports to the Assistant Secretary of the Administration for Community Living

The Department on Aging shall prepare and submit any reports requested by ACL to evaluate the impact of the waiver on the operation and effectiveness of programs and services provided under the OAA (**OAA 316(d)**).

210: State Waiver Policy

A. Process for Requesting Waivers from Department on Aging

Any policy or procedure in this Manual that is not federally mandated may be waived by the Department on Aging when circumstances dictate such action. It is important to note, however, that most of the policies herein are requirements under the Older Americans Act (OAA) or other federal or state regulations. Therefore, the Department on Aging has limited flexibility in granting waivers.

The Department on Aging shall consider a State Waiver from the Area Agency on Aging (AAA) and the request will be granted or denied based on the justification and recommendation of the needs identified by an AAA Director. If a waiver is granted that allows the AAA to operate outside the parameters of the Manual, the AAA shall be responsible for all outcomes and shall assume all liability for the consequences that result from the region-specific policy variation.

The Department on Aging has provided each AAA with a current copy of the State Waiver Form via email. Questions regarding waivers shall be made to the Department on Aging via PSAHelp@aging.sc.gov.

B. Duration of the Department on Aging Waiver

A State Waiver may be requested at any time. However, waivers shall be granted for the duration of one fiscal year (July 1 – June 30) only. The Department on Aging reserves the right to terminate the waiver when deemed appropriate by the Department on Aging Director in coordination with the AAA.

III. CHAPTER 300: APPLICATION PROCEDURES AND GENERAL POLICIES FOR CONTRACTUAL AGREEMENTS

301: Purpose of Application Procedures and General Policies for Contractual Agreements

This Chapter sets forth the policies and procedures governing the application process for obtaining funding and general policies that affect the program contractual agreements. Unless otherwise stipulated, general budget questions should be referred to the Department on Aging's Budget Manager.

302: Eligible Department on Aging Contractual Agreements

The Department on Aging shall award Older Americans Act (OAA) funds and related state funds to designated planning and services areas (organizationally the Department on Aging recognizes 10 Area Agency on Aging (AAA) regions in the State of South Carolina). No OAA funds shall be awarded directly to any other agency when a designated AAA already exists, unless the AAA has been suspended temporarily, is non-compliant, or does not have the capacity to adequately deliver specific services. The designated AAA shall administer, directly or through an agreement, a program approved in the Area Plan. The Department on Aging shall make other program awards in keeping with state and federal regulations and policies.

303: Area Agency on Aging (AAA) Responsibilities under the Older Americans Act (OAA)

The Department on Aging is a grantee of the Administration for Community Living (ACL); the Area Agencies on Aging (AAAs) are subgrantees of the Department on Aging; and the service providers receive funding from the AAAs.

The Department on Aging requires the AAAs and providers to comply with the policies and procedures set forth in this Manual; in the OAA; in 45 Code of Federal Register (CFR) Parts 74, 75, and 1321; in other appropriate federal regulations; and with any applicable state policies and procedures that may be promulgated. The AAA is responsible for knowing and understanding the contents of this Manual and referenced documents, and ensuring that its providers do likewise.

304: Procedures for Applications for Support

Applications for funding shall be made through an Area Plan process prescribed by the Department on Aging, as stipulated by the OAA. An Area Plan submitted by an AAA shall be approved by the Department on Aging in accordance with any instructions or guidelines provided by the Department on Aging. After a Department on Aging review, a written report shall be sent to the AAA outlining any modifications needed or conditions to be met prior to approval of a plan. In addition, each AAA Director may provide the Department on Aging with an oral summary and presentation detailing its Area Plan or Area Plan Update documents before approval is granted by the Department on Aging.

Note: Oral summaries and presentations are encouraged, as these briefings afford the AAA an opportunity to explain in detail its operational protocols and service delivery activities.

The Department on Aging shall approve an Area Plan or amendment when a plan meets all of the requirements in this Manual, or as otherwise prescribed by the Department on Aging. The Department on Aging shall provide a formal notice of approval of the Area Plan to the AAA director. After the Area Plan or Area Plan Update is approved, the Department on Aging will inform the AAA Director of the amount of approved funds for the region using a Notification of Grant Award (NGA). The Department on Aging requires an NGA signed by all listed parties as official notification of acceptance of the award by the AAA agency. The SCDOA Director will sign and execute an NGA after all the other parties have signed the document.

305: General Policies

This information on policies and procedures applies to all AAAs and providers. The Area Agency on Aging (AAA) shall ensure that each provider meets the appropriate requirements of this subsection. AAAs and providers receiving OAA funds shall also be subject to the following laws and regulations (including but not limited to):

- all provisions of the OAA, as amended to date; and
- Federal regulations issued pursuant to the OAA in the Code of Federal Register (CFR) and Office of Management and Budget (OMB) flyers:
    - 45 CFR 1321.5 cites that the following regulations apply to all activities under this part [Title III] and adds that there may be others not listed here;
    - 45 CFR Part 16: Procedures of the Departmental Grant Appeals Board;
    - 45 CFR Part 74: Uniform Administrative Requirements for Awards and Sub awards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations;
    - OMB Circular A-122: Cost Principles for Non-Profit Organizations;
    - 45 CFR Part 80: Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education, and Welfare; Effectuation of Title VI of Civil Rights Act of 1964;
    - 45 CFR Part 81: Practice and Procedure for Hearings under Part 80 of this Title;
    - 45 CFR Part 84: Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation;
    - 45 CFR Part 91: Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance;
    - 45 CFR Part 75: Uniform Administration Requirements for Grants and Cooperative Agreements with state and local government;
    - OMB Circular A-87: Cost Principles for state, local, and Indian Tribal Governments;
    - 45 CFR Part 100: Intergovernmental Review of Department of Health and Human Services Programs and Activities;
    - 5 CFR Part 900, subpart F: Standards for a Merit System of Personnel Administration; and
    - United States v. Windsor, 133 S.Ct. 2675 (June 26, 2013); section 3 of the Defense of Marriage Act, codified at 1 USC § 7. All grantees are expected to recognize any same-sex marriages legally entered into a U.S. jurisdiction that recognizes the marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriages. However, this does not apply to registered domestic partnerships, civil unions, or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures, which interpret or apply federal statutory or regulatory references to such terms as “marriage,” “spouse,” “family,” “household member” or similar references to familial relationships to reflect inclusion of same-sex spouse or marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

Program Instructions (PIs) issued by the Administration for Community Living (ACL) or the Department on Aging shall supersede this Manual. ACL policies shall become effective only after the Department on Aging has provided notice to that effect.

In addition to the above provisions, AAAs and providers receiving funds under the OAA are also subject to the policies and procedures contained in any supplemental instructions issued by the Department on Aging. Entities or organizations receiving Alzheimer's Resource Coordination Center (ARCC) or ElderCare Trust Fund (ECTF) awards are subject to the provisions of the authorizing legislation and any relevant policies established by the Department on Aging.

A. Administration

The Department on Aging is vested with the authority to administer all functions and responsibilities prescribed under the OAA, federal regulations, and the Code of Laws of South Carolina. Whenever the Department on Aging administers a subgrant with the Area Agency on Aging (AAA) or other organization to provide aging services or programs, the Department on Aging has the responsibility of ensuring that such agency or organization adheres to this Manual and other policies and procedures that might be developed from time to time. The Department on Aging requires all aging fund recipients to establish acceptable methods in writing for administering OAA programs. The Department on Aging shall periodically monitor, assess, and evaluate in order to ensure that fund recipients meet the standards of operation.

B. Standards of Personnel Administration

In keeping with OAA regulations, the Department on Aging maintains methods of personnel administration that conform to the standards for a merit system of personnel administration as set forth in the Code of Laws of South Carolina Title 8, Chapter 19, 1976, as amended. *("A grant-in-aid agency required by federal law to operate under merit principles in the administration of its personnel programs as a condition of receiving federal grants, shall establish those policies and procedures necessary to assure compliance with the federal merit principles requirements.")* **(South Carolina Code Section 8-19-10)**

C. Equal Opportunity

AAAs, providers, and other funding recipients receiving OAA/state aging funding shall comply with Equal Employment Opportunity principles in all agreements. Area Agency on Aging (AAA) shall monitor agreement compliance.

D. Publications

Any published material based on activities receiving support or funding from the Department on Aging shall contain an acknowledgement of that support and a statement that the activities comply with Title VI of the Civil Rights Act. In any acknowledgment of support, both the Department on Aging and the ACL shall be credited. **The AAAs and providers may use the following, or a similar acknowledgement statement:**

> *"This (report) (document) (video), etc., was prepared with financial assistance from the South Carolina Department on Aging and the U.S. Administration for Community Living through the OAA of 1965, as amended."*

The ACL reserves the option, upon request, to receive, free of charge, up to 12 copies of any publication developed as a part of OAA Program operations.

When Department on Aging supported activities result in copyrightable material, the author is free to obtain a copyright, but the Department on Aging and the ACL reserve a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, use, or authorize others to use all such material.

The Department on Aging shall be provided, free of charge, 15 copies of any publications that an AAA or its provider may publish utilizing Department on Aging funds. In addition, the AAA shall ensure that the State Library receives 15 copies of any book or brochure produced with federal or state Department on Aging funding as required by law.

E. Licensure and Standards

All AAAs and providers shall ensure that when state or local public jurisdictions require licensure for the provision of any services under an Area Plan, such licensure shall be obtained. Projects funded with Department on Aging assistance shall adhere to all quality standards found in this Manual.

F. Confidentiality and Disclosure of Information

The Area Agency on Aging (AAA) shall have written procedures and effective monitoring practices to ensure that no information about any client (older persons, adults with disabilities, family members, caregivers, etc.) nor any personal information obtained from a client by a provider or AAA is disclosed by the provider or AAA in a form that identifies the person without the informed consent of the person or the person's legal representative, unless the disclosure is required by court order, statute, or regulation. Disclosure of data for aging funded clients shall be provided to the Department on Aging for monitoring by authorized federal, state, or regional agencies, including to the Department on Aging. In addition, each AAA shall ensure that providers make available aggregate client data to the Department on Aging for federal and state reporting purposes, regardless of funding source.

The AAA shall ensure that lists of clients compiled under any programs or services are used solely for the purpose of providing or evaluating services. AAAs shall obtain written assurance from the providers stating that they will comply with all Department on Aging confidentiality requirements, as well as any and all applicable federal and state privacy and confidentiality laws, regulations, and policies. The AAA shall provide the Department on Aging with confidentiality assurances through its Area Plan, annual Area Plan updates, or as changes are made in confidentiality policies.

The AAA shall ensure that each of its employees, and all of its provider's employees, who input data into any Department on Aging required data system/data warehouse, including the current client financial tracking system, GetCareSC and/or the Ombudsman case tracking system, have signed confidentiality agreements. All data shall be maintained in a secure and confidential manner at all times, and shall be used only for the necessary and legitimate purposes for which the information is required. By signing this agreement form, users acknowledge that they understand the confidentiality agreement, and agree to adhere to the agreement. It is the responsibility of the AAA to uphold the confidentiality agreements entered into by employees of the providers, as well as the AAA staff. The AAA shall keep all data related to confidentiality agreements on file and make them available to the Department on Aging upon request. Failure to maintain the confidentiality of data may result in disciplinary action.

G. Code of Conduct

The Department on Aging has an established code of conduct prescribed by the South Carolina Ethics Commission that governs the performance of its employees or agents in contracting with or expending federal or state grant funds. The Code of Conduct is available from the State Ethics Commission.

As a part of this Code of Conduct, no Department on Aging employee or agent shall solicit or accept gratuities, favors, or anything of monetary value from providers or potential providers. The Code provides, to the extent possible under state law, rules and regulations for penalties, sanctions, or other disciplinary actions to be applied for violations of standards by employees or agents of the Department on Aging, current providers, or potential providers.

All AAAs, other recipients of aging funding from the Department on Aging, and providers shall adopt a code of conduct that provides, at a minimum, the features identified in 45 Code of Federal Register (CFR) 92.36(b)(3) for procurement or 45 CFR 74.42, as applicable. In addition, those entities above shall use the Code of Conduct published by the SC Ethics Commission as a model. The AAAs shall maintain copies of its and its provider's codes of conduct and provide those copies to the Department on Aging upon request.

Each AAA is required to have a written Code of Conduct, signed by each AAA employee.

H. Conflicts of Interest

All contracts awarded shall be in accordance with the Code of Federal Register's, OAA's, and the South Carolina Ethics Commission's rules and regulations concerning conflicts of interest.

Department on Aging policy stipulates that a conflict of interest exists when an employee, officer, agent, or any member of that person's immediate family, a partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. Each AAA should have written policies for its providers to follow to avoid conflicts of interests in the delivery of aging services on the local level.

A conflict of interest exists in the Long Term Care Ombudsman Program when other interests intrude upon, interfere with, or threaten to negate the ability of the Regional Ombudsman to advocate without compromise on behalf of long-term care facility residents. Types of conflicts of interest include: (1) Conflicts of loyalty: incentives, often related to financial or employment considerations that shape one's judgment or behavior in ways that are contrary to the interest of residents; (2) Conflicts of commitment: goals or obligations that direct one's time and/or attention away from the interest of the residents; and (3) Conflicts of control: limitations or restrictions that effectively foreclose one's ability to take actions to advocate for the interest of residents **(OAA 712(f)(1-3) and 45 CFR 1324.21).**

I. Budget Year and Period for Award

At the time of approval of an Area Plan, the Department on Aging shall establish an effective period for the award. The period is the number of years, designated by the Department on Aging, during which time the grantee of the award may be granted continuation of the award to be used for long-range budget planning. Funds obtained under the OAA or through state appropriations are planned and requested for only one budget year at a time. Once a budget year has been established, the Notification of Grant Award (NGA) provided by the

Department on Aging shall not be changed by the AAA without the approval of the Department on Aging. If approved by the Department on Aging, an amended NGA will be issued to the AAA.

J. Grants Administration

The Department on Aging maintains a professional accounting system and follows generally accepted accounting practices to assure proper disbursement of, and accounting for, federal funds paid to the state under the OAA, including funds paid to the grantee of a grant or contract. Such practices shall be in accordance with policies issued by the ACL or the state **(OAA 307(a)(7)(A))**.

The Department on Aging requires that AAAs shall maintain proper records with all necessary supporting documents that meet general audit standards. Records shall be in a form, approved by the Department on Aging, which provides an accurate and expeditious determination of the status of all federal and non-federal funds at any time, including the disposition of funds received and the nature and amount of all expenditures and obligations claimed against OAA and state allotments. AAAs shall enter the liability for the local matching funds in the appropriate accounts when payment is requested from the Department on Aging. The AAAs shall assure the Department on Aging that all funds requested for payment shall be for service units and services actually provided and earned by the providers. The AAA shall provide and maintain written assurances through the Area Plan and annual updates to monitor and audit the payment requests for accuracy and integrity purposes.

K. Maintenance of Local Support for Services

The AAA shall require each provider to ensure that neither OAA funds nor state funds are used to replace funds from existing local sources, and that any increases of federal and state funds shall result in increased federal and state-funded units of service. The AAAs shall provide the Department on Aging with this data upon request.

L. Matching and Percentage Requirements

The AAA and its providers shall meet all of the matching and percentage allocation requirements of the federal regulations as applied to the Area Plan. The AAA may use no more than 10 percent of the total of its combined allotments for supportive (Title III-B), nutrition (Title III-C-1 and Title III-C-2), and family caregiver services (Title III-E), to pay no more than 75 percent of the costs of administering its Area Plan. The AAA shall ensure that matching resources are utilized only once and are easily identified in the AAA's records. All matching records shall be submitted to the Department on Aging on an annual basis and upon request.

Note: The Department on Aging provides the AAAs with funds to meet the federal match requirement using state HCBS funds. The match requirement will be addressed annually if the Department on Aging does not have sufficient funds to continue funding the match.

If the AAA is using federal funds to match other federal funds, approval must be granted by the Department on Aging before the AAA enters into any agreements.

The AAA may use its allotments for supportive, nutrition, and wellness services to pay no more than 85 percent of the costs of these activities. Five percent shall be provided by the state. The state matching funds for OAA services shall be distributed on the same basis as the federal funds they are used to match. The AAA shall ensure that 10 percent of the cost of the supportive, nutrition, and wellness services is from non-federal sources.

The AAA may use its allotments for family caregiver services to pay 100 percent of the costs of these activities. The South Carolina Department of Mental Health (SCDMH) provides the 25 percent match requirement through an in-kind contribution.

M. Requirements for the Non-Federal Share

For both the AAA and provider, the non-federal share may be cash and/or third-party in-kind contributions. Third-party in-kind contributions may be in the form of real property, equipment, supplies, other expendable property, and/or the value of goods and services that directly benefit and are specifically identifiable to the project or program (**45 CFR Part 74.2**).

The AAA shall develop and maintain an adequate control system that ensures that the AAA and its providers are meeting the match requirements. The AAA shall make this information available to the Department on Aging upon request.

All resources used to meet the match requirements shall comply with allowable cost provisions of the program to which they are applied and shall be used for program costs that are necessary for the delivery of the services or activities.

When computing the value of a third-party in-kind match, the AAA and provider shall use the fair market value of the third-party donation. Fair market value is defined in this Manual as "what a reasonable buyer would pay to a reasonable seller when neither party is compelled to make the transaction." When volunteer time is used as in-kind match, the definition would be the same except that the terms "buyer" and "seller" would be changed to "employer" and "employee."

Note: Guidance about determining the value of donations is available from the Internal Revenue Service.

N. Populations Targeted for Service under the Older Americans Act (OAA)

The AAA shall ensure that preference for service is given to those older persons in greatest social and/or economic need, with particular attention to: older individuals with low income; low-income, minority older individuals; older individuals with limited English proficiency; older individuals residing in rural areas; and older individuals at risk for institutional placement.

"Minority older persons" are defined by ACL as:

- African American, Not of Hispanic Origin -- A person having origins in any of the black racial groups of Africa;
- Hispanic Origin -- A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish/Portuguese culture, or origins, regardless of race;
- Native American (Indian) or Alaskan Native -- A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition; and
- Asian American/Pacific Islander -- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (which include China, India, Japan, Korea, the Philippine Islands, Samoa, and the Hawaiian Islands).

The Department on Aging uses the Census Bureau's definition of rural, which defines it as an area (territory, population, and housing units) located outside Urban Areas (UA) and Urban Clusters (UC).

O. Voluntary Contributions for Older Americans Act (OAA) Services

OAA amendments continue to provide for solicitation of voluntary contributions for services delivered with OAA funds. A voluntary contribution is a gift or donation, freely given, without persuasion, coercion, or legal obligation. Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under the OAA if the method of solicitation is non-coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of the service (**OAA 315 (b)(1)**).

The AAA and its providers shall not use a means test for any service in which contributions are accepted or deny services to any individual who does not contribute to the cost of the service. The AAA shall consult with providers and older individuals in the planning and service area to determine the best method for accepting voluntary contributions. The same sliding scale used for cost sharing shall be used to guide voluntary contributions (**OAA 315 (b)(2) and (3)**).

The AAA shall ensure that each provider will:

- provide each program beneficiary with an opportunity to voluntarily contribute to the cost of the service;
- protect the privacy and confidentiality of each program beneficiary with respect to the contribution or lack of contribution;
- clearly inform each program beneficiary that the client is not obligated to contribute and that any contribution is purely voluntary;
- establish appropriate and professional finance and accounting procedures to safeguard and account for all contributions; and
- use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under the OAA (**OAA 315(b)(4)(A through E)**).

The voluntary contributions system adopted shall be clearly explained to individuals who use the agency's services. The explanation shall be made both verbally and in writing at the time service delivery is arranged and shall be posted in a conspicuous location accessible to clients within the site. The explanation shall include the voluntary nature of the contribution, confidentiality policies, and procedures showing how contributions are collected and used. The AAA shall ensure that these voluntary contribution requirements are included in service agreements, and each provider's policy shall be retained by the AAA for the agreement period.

Note: When utilizing state funds, voluntary contributions and private pay measures shall follow the OAA requirements. The AAA shall establish guidelines for enacting these measures in its region.

P. Cost Sharing for Older Americans Act (OAA) Services

OAA amendments provide for cost sharing for limited services delivered with OAA funds. Cost sharing is defined as "sharing of the full cost of the service by the provider and the program beneficiary." The level of participation is based on the individual's willingness and ability to share in the cost and the provider's total cost of the service. The AAA shall ensure that each provider meets the OAA requirements. The following provisions are taken from the OAA:

1. The Department on Aging permits cost sharing by program beneficiaries for all services

funded under the OAA with the exceptions noted in items 2 and 3 of this section.

2. The state is not permitted to implement cost sharing for the following OAA services:
   (a) information & assistance, outreach, benefits counseling, or case management services;
   (b) ombudsman, abuse prevention, legal assistance, or other consumer protection services;
   (c) group dining (congregate) and home-delivered meals funded under the OAA; or
   (d) any services delivered through tribal organizations (**OAA 315(a)(2)(A through D)**).

   Note: Cost-sharing is allowed with non-OAA funds.

3. The Department on Aging does not permit cost sharing for services by older persons whose income is at or below federal poverty guidelines. The Department on Aging may exclude from cost sharing low-income persons whose incomes are above the federal poverty line if other factors warrant partial or full exemption. The Department on Aging shall not consider any assets, savings, or other property owned by older persons when defining low-income persons who are exempt from cost sharing, when creating or explaining a sliding scale for the cost sharing, or when seeking contributions. The AAA may describe the unit in composite terms, such as a "visit" for home care services, a "ride" for transportation services, or an "hour" for other services.

4. The Department on Aging shall require that each AAA ensure that its providers shall:
   (a) protect the privacy and confidentiality of each older individual with respect to declared income and share of cost paid;
   (b) establish appropriate professional finance and accounting procedures to safeguard and account for payments received;
   (c) use all collected payments to expand the service for which the payment was given;
   (d) not consider assets, savings, or property owned by the older individual in determining whether cost sharing is permitted under the OAA;
   (e) not deny services to an individual due to income or failure to participate in cost sharing;
   (f) determine eligibility of individuals to cost share solely by a confidential self-declaration of income with no required verification; and
   (g) widely distribute state-created written materials in formats reflecting the reading abilities and languages of older individuals to describe the criteria for cost sharing, the sliding scale, and mandate cited in statement (e) (**OAA 315(a)(5)(A through G)**).

   In an effort to distribute state-created materials, the Department on Aging shall collaborate with the aging network to fulfill the need for these materials in each planning and service area.

   The explanation for cost-sharing policies shall be made both verbally and in writing at the time the service is arranged by the provider and shall be posted in a conspicuous location accessible to clients within the site. It shall include confidentiality policies and explain how payments are used to expand services. Income from cost sharing shall not be used to meet the local match requirement. The AAA shall ensure that this is included in procurement contracts, and each provider's cost-sharing policy shall be kept on file at the AAA for the contract period.

When the Department on Aging conducts public hearings for the State Plan and the AAAs conduct public hearings on Area Plans, they shall solicit the views of older individuals, providers, and other stakeholders on implementation of cost sharing in the planning and service area or the state. Prior to the implementation of cost sharing, the Department on Aging and each AAA shall develop plans that are designed to ensure that the participation of low-income older individuals (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) will not decrease with the implementation of cost sharing (**OAA 315(c)(1) and (2)**).

Q. Fees for Non-Older Americans Act (OAA) Supported Services

Fees or payments are defined by the Department on Aging as "legal obligations required in order to receive the service." The Department on Aging allows fees to be collected for services provided with state Home and Community-Based Services funds, bingo tax revenue funds, and license fees, provided each source of funds has a distinct population receiving services only under those sources. An AAA or provider charging fees under this provision may not rotate the same population of service program beneficiaries through various funding sources.

When no OAA funds are used to support a service, in whole or in part, and the funding source has no prohibitions against fees, a provider may require a fee from an individual in order to receive a service. The sliding scale used for cost sharing and voluntary contributions, and the method of developing it, should be used for establishing such fees. The sliding scale shall establish a maximum total amount an individual may be charged, regardless of the number of services received. A "block" fee may be established as a percent of income whenever the AAA determines it to be in the best interest of the individual.

When this method is used, payments shall be prorated over each type of service the individual receives. For purposes of explaining the sliding scale, the AAA may describe the unit in composite terms, such as "visit" for home care, a "ride" for transportation services, or an "hour" for other services.

Fees established for services may be waived by the provider, in whole or in part, for a specified period of time. In granting a waiver, the provider shall consider hardship caused by unusual or unpredictable situations. These include, but are not limited to: increased medical expenses; housing or energy expenses; natural disasters; or signs of abuse, neglect, or exploitation. A waiver may be granted either at initial assessment or when the individual's circumstances change. A client shall be assisted by the provider to identify and track fees used by the client.

The following principles shall guide termination of services due to non-payment:

- individuals above poverty level who have been determined able to pay a fee may be denied or terminated from services except when the individual's health and/or safety is at risk;
- individuals or the individuals' representatives shall be given notice of actions that can be taken to avoid disruption/termination of service; and
- individuals or the individuals' representatives shall notify the provider of any changes that affect the ability to make payments or when income or expenses have changed.

When the individual or representative notifies the provider of the inability to pay, the provider shall re-assess the client to determine if there is cause for a full or partial waiver of

the fee or a suspension of the fee for a designated period. Staff shall encourage and support a sense of self-determination in all interactions so that the individual's dignity is preserved.

When a provider offers private-pay services, fees shall be based upon the full cost of the service, as determined by the provider or identified in the Area Plan; no part of the cost may be supported by OAA funding. The fees for such private-pay services may be paid by the individual or subsidized, in whole or part, by local sources (for example, civic or faith-based organizations, or the United Way). Each provider who offers private-pay services that are also provided under an agreement with the AAA shall establish a written methodology for determining priority for services under OAA, as opposed to private-pay or locally subsidized services. This methodology shall not include a means test. The AAA shall maintain a written copy of the methodology used for determining priority for services under the OAA, and this shall be made available to the Department on Aging upon request.

IV. CHAPTER 400: AREA AGENCY ON AGING (AAA) ADMINISTRATION

401: Area Agency on Aging (AAA) Administration

This Chapter sets forth the policies and procedures that the Department on Aging and the Administration for Community Living (ACL) require the Area Agency on Aging (AAA) to follow as stipulated in the Notification of Grant Award (NGA) Terms and Conditions (found in Section 405 of this Manual), while executing activities under an area plan.

Area Agencies on Aging (AAA) in South Carolina

1. Appalachian
2. Upper Savannah
3. Catawba
4. Central Midlands
5. Lower Savannah
6. Santee-Lynches
7. Pee Dee (Vantage Point-Caresouth)
8. Waccamaw
9. Trident
10. Lowcountry

402: Area Agency on Aging Operations

The AAA is the organization designated by the Department on Aging to provide OAA services, including full fiscal and administrative responsibility within a planning and service area.

The AAA may be either a freestanding agency whose single purpose is to administer programs for older persons, or it can be a separate organizational unit within a multi-purpose agency. This separate organizational aging unit within a multi-purpose agency shall function only for the purpose of serving as the AAA (**OAA 305(c)(2)**).

403. Area Agency on Aging (AAA) Role

The role of the Area Agency on Aging (AAA) is to plan, coordinate, administer, and assess a comprehensive and coordinated system of services to older persons in the planning and service area.

A. The role of each AAA includes the following:

- establishing priorities and methods for serving older persons with greatest economic or social need with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- allocating and coordinating available resources to achieve the most effective program for older persons, with emphasis on the targeted populations;
- selecting, administering, and evaluating a network of service provider agencies which are responsible for the provision of services to older persons, with objectives specifically focusing the targeted populations;
- ensuring the use of outreach efforts that will identify eligible individuals, with special emphasis on the targeted populations;
- partner with nonprofits, for profit groups, faith-based organizations, and other community groups when marketing its outreach efforts;

- ensure that through its outreach efforts, the AAA successfully markets regional programs, services, and locations to the targeted populations;
- conducting annual evaluations of the effectiveness of outreach efforts for the targeted populations;
- conducting annual and on-going assessments that utilize the best practices which reflect a modernized aging structure and service delivery system;
- creating appropriate professional policies that address conflicts of interest that may arise;
- monitoring of the service providers with written feedback within 30 days of the monitoring visits. Copies of the monitoring reports shall be made available to the Department on Aging upon request; and
- establishing protocols to provide outreach and services to Holocaust survivors.
  Note: ACL stipulates that guidance be issued on practices to conduct outreach and service provision to the Holocaust survivor population. This guidance shall be a tool by which the Aging Services Network builds stronger connections to organizations and stakeholders providing care to Holocaust survivors, to enhance service capacity and quality. The guidance should examine the unique needs and challenges of serving Holocaust survivors, with a particular focus on mental and physical health, nutrition, transportation, caregiver support, outreach, legal and ombudsman services, with a foundation in person-centered, trauma-informed approaches.

B. Area Agency on Aging (AAA) Procedural Requirements

The following policies and procedures are intended to encourage AAA's support of aging services in South Carolina and in the planning and service area regions:

1. The legal entity serving as an Area Agency on Aging shall assure that no employee, officer, or agent shall participate in the selection, award, or administration of an agreement supported by federal funds if a real or apparent conflict of interest would be involved. Likewise, no individual (appointed or otherwise) involved in the designation of the head of an Area Agency on Aging shall be subject to a conflict of interest as defined in this Manual. Mechanisms shall be in place to identify and remove conflicts of interest prohibited under the OAA (**45CFR 74.42) and OAA 307 (a)(7) (B)(i)**).

   A conflict of interest exists in the Long Term Care Ombudsman Program when other interests intrude upon, interfere with, or threaten to negate the ability of the Regional Ombudsman to advocate without compromise on behalf of long-term care facility residents. Types of conflicts of interest include: (1) Conflicts of loyalty: incentives, often related to financial or employment considerations that shape one's judgment or behavior in ways that are contrary to the interest of residents; (2) Conflicts of commitment: goals or obligations that direct one's time and/or attention away from the interest of the residents; and (3) Conflicts of control: limitations or restrictions that effectively foreclose one's ability to take actions to advocate for the interest of residents **(OAA 712(f)(1-3) and 45 CFR 1324.21)**.

2. In accordance with OAA Section 203(b) and 306(a)(12), the AAA shall establish effective and efficient procedures for coordination with entities conducting other

federal programs for older persons and adults with disabilities at the regional level.

C. Responsibilities of the Area Agency on Aging

The AAA, in partnership with the Department on Aging, shall proactively perform a wide range of functions related to advocacy, planning, interagency linkages, information sharing, monitoring and evaluation, and coordinating services while executing activities under an approved Area Plan. Activities administered under an Area Plan are intended to create a comprehensive and coordinated community-based system that assists older persons to live independently in older individuals' own homes and communities for as long as possible. This comprehensive and coordinated community-based system shall:

- have a visible focal point of contact where anyone can visit or call for assistance, information, or referrals on any aging and/or adults with disability issue;
- provide a range of service options;
- utilize viable methods to ensure that all service options are publicized and promoted through the internet, paid advertising, and earned-media (interviews, press conferences, and press releases) for the purpose of ensuring access to information and services for older persons;
- ensure that these options are readily accessible to older persons who are independent, semi-dependent, or totally dependent, regardless of income;
- include commitment of public, private, and/or voluntary resources to support the system through effective outreach, collaboration, and partnering;
- involve collaborative partners in decision-making of the AAA's strategic planning process to include older persons in the community as well as organizations that are public, private, civic, nonprofit, voluntary, philanthropic, and/or faith-based;
- offer special help or targeted resources for the most vulnerable older persons (those in danger of losing independence);
- provide effective referrals to ensure that information or assistance is received, regardless of how or where contact is made in the community;
- demonstrate sufficient flexibility to respond with appropriate individualized assistance, especially for the most vulnerable older persons;
- create programs tailored to the specific needs and characteristics of the community;
- incorporate partnerships with community leaders who have the respect, capacity, and authority necessary to convene all interested parties;
- assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future;
- work with local elected officials and community partners to designate one or more focal points in each community, as defined by the AAA, to maximize coordination of services for older individuals and adults with disabilities;
- designate multi-purpose senior centers as community focal points;
- ensure that services financed under the OAA will be based at, linked to, or coordinated with the designated community focal points;
- work with other community agencies to encourage maximum collocation for partnering, coordination with, or access to service opportunities from designated community focal points;

- ensure that all programs and services have written privacy and confidentiality protocols; and
- not engage in any activity inconsistent with its "statutory functions" as defined by the Administration for Community Living (ACL). (See definition in Chapter 100.)

1. Planning

The Area Agency on Aging (AAA) shall engage in a continuous process of area planning for the benefit of older persons and adults with disabilities. The AAA shall develop and administer an Area Plan in compliance with OAA Section 306 and all other applicable laws and regulations, including all requirements of the Department on Aging. For a fully functioning AAA, the following components shall be included in the planning process:

The AAA shall have sufficient legal authority and organizational capability to develop an Area Plan, and to effectively carry out the functions and responsibilities prescribed for an AAA.

2. Recruitment and Staff Development

The AAA is responsible for recruiting, employing, and training competent staff to develop and administer the Area Plan. The AAA shall also ensure that staff carries out the functions and responsibilities prescribed by the Department on Aging, the OAA, and the South Carolina Aging Services Policies and Procedures Manual. Staff providing the direct services identified in Section 403C-9 of this Manual are in addition to the staff responsible for the area agency responsibilities. The AAA shall develop and implement a staffing plan consistent with federal and state standards (**45 CFR 1321.55**).

- The AAA shall hire qualified staff with the knowledge, skill, and ability to develop an Area Plan and fulfill the obligations set forth by that plan and to effectively perform the functions of an AAA as prescribed in federal and state regulations and in this Manual;
- The director of an AAA shall be an individual, qualified by education and experience to provide leadership in area-wide aging and disability programs. The director shall be expected to be an actively engaged and informed aging advocate who works to promote senior matters and to educate the community on issues facing the aging network and the planning and service area. The aging unit director shall devote full time of at least 37 ½ hours per week solely to activities in the area plan. In the event that an AAA director is absent from work for an extended period or is temporarily unable to perform the assigned duties, the AAA shall notify the Department on Aging via PSAHelp@aging.sc.gov and provide the name and contact information for the acting director;
- Each AAA shall have a staffing plan, which identifies the number and types of staff assigned to carry out AAA responsibilities and functions, on file for review. Such staff shall be in addition to staff employed by the AAA to provide any direct services under OAA Title III or Title VII. Any AAA that is a public agency shall meet federal affirmative action requirements;
- Each AAA shall provide the Department on Aging with a copy of its Staffing Excel Spread Sheet at least twice annually (last working days in September and March), when requesting new users for state data systems, or as needed, to keep the Department on Aging apprised of all staffing changes;

- Job descriptions shall be established for each position funded by Title III, OAA, and associated unpaid positions;
- The minimum education, training, experience, and qualifications necessary for each position shall be established;
- A salary range for each position shall be established;
- An approved organizational chart or charts illustrating the structure and relationship of positions, units, supervision, and functions shall be developed;
- Personnel policies, which are incorporated into agency operating procedures, shall be developed which address, at a minimum, the following topics:
  a. employee recruitment and hiring;
  b. lines of authority and supervision;
  c. work schedules and hours of operation;
  d. employee compensation;
  e. employee fringe benefits;
  f. incentive compensation (2 CFR Part 230);
  g. employee evaluation and promotion;
  h. leave;
  i. confidentiality and privacy;
  j. employee discipline and termination;
  k. employee grievance procedures;
  l. accidents, safety, and unusual incidents;
  m. transportation/travel;
  n. employee conduct;
  o. employee pre-service and in-service training and staff development; and
  p. procedures for selecting the AAA executive director.
- It is the responsibility of the AAA to disseminate information from the Department on Aging to its staff and providers in an accurate, timely, and effective ongoing basis. This includes any/and all policy statements, program instructions, or other aging information necessary for the provider to maintain compliance. The AAA will provide its current protocols for maintaining communication with providers in the Area Plan;
- The AAA shall have written policies and procedures to administer aging services in the region and to provide guidance for its providers. These policies and procedures shall be updated, at least annually, and an updated copy shall be provided to the Department on Aging via PSAHelp@aging.sc.gov and maintained on the AAA's aging services website;
- The AAA directors shall assure that all contact information for all respective AAA board members provided to the Department on Aging is accurate and up-to-date, and the director will post the date and time of board meetings on an events calendar on the agency's web site;
- The AAA directors shall be expected to be engaged and informed aging advocates who work to promote senior matters and educate the community on issues facing the aging network and the regional Area Agency on Aging (AAA);
- COG directors and/or AAA directors are encouraged to attend Department on Aging-sponsored public hearings, forums, or public events within the region. PSA board members, Regional Aging Advisory Council (RAAC) members, and any

other affiliated groups are encouraged to attend and participate in local aging events where regional, state, and federal aging issues are discussed;

- The AAA shall implement and comply with the 48 Code of Federal Register (CFR) Section 3.908, implementing Section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013); and
- When contacting the Department on Aging, the AAA staff shall use one of the following emails: FinanceHelp@aging.sc.gov or PSAHelp@aging.sc.gov.

3. Community Needs Evaluation

The AAA shall perform a community needs evaluation to determine the needs of the older persons and adults with disabilities within its planning and service area. The review shall include the existence and effectiveness of other public or private programs serving those needs in the region. Each community needs evaluation should be continuously updated to meet the evolving needs of its population.

4. Unmet Needs

The AAA shall prioritize the unmet needs of older persons with the greatest economic and social needs, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and older individuals at risk for institutional placement. Per the Older Americans Act, amended in 2016, the unmet needs of Holocaust survivors should be identified.

5. Measureable and Attainable Goals

The AAA shall establish measurable and attainable goals, objectives, and standards of performance for meeting prioritized needs.

6. Coordination of Services

The AAA shall proactively initiate, expand, improve, and coordinate services for older persons and caregivers on an ongoing basis.

- provide a range of service options;
- utilize viable methods to ensure that all service options are publicized and promoted through the internet, paid advertising, and earned-media for the purpose of ensuring access to information and services for older persons;
- create programs tailored to the specific needs and characteristics of the community (including ethno-cultural and social issues which may have an impact on a particular population's willingness and ability to access the information and/or services they need);
- When a grievance exists between the AAA and a provider, all efforts shall be made by the AAA to resolve the issue. Minimal contact should be made at the state level and only after all attempts have failed to resolve the issues locally. The Department on Aging shall serve only as a source of information to the AAA regarding the resolution process. All grievances shall be handled by the AAA and provider unless the grievance includes illegal, immoral, and/or unethical behavior, at which time the Department on Aging and proper authorities shall be notified. If the AAA wants to include the Department on Aging, or cannot work out the issue, then the Department on Aging may be contacted to assist with the resolution process through guidance

only (provided by the Director, with support from the appropriate program coordinator).

- The AAA shall collect copies of its provider's monthly activity calendars to ensure activities encouraging socialization are being offered at meal sites. The AAA shall retain the calendars and make them available to the Department on Aging upon request for monitoring purposes. Calendars shall be in an easy to read font and format for the aging service participants to easily view.

7. **Analysis of Barriers**
   The AAA shall identify and analyze barriers to service access in its region. The AAA shall provide a copy of this analysis to the Department on Aging upon request.
8. **Information and Feedback**
   The AAA shall analyze feedback obtained through public hearings, the Regional Aging Advisory Council (RAAC), local officials, public and private agencies, older persons in South Carolina, and those older adults who participate in any aging programs, in order to facilitate an area-wide planning process. This is an ongoing process and data collected shall be shared with the Department on Aging Policy Manager.
9. **Implementation of Information and Referral**
   - The AAA shall implement an information and referral program that enhances the quality of lives for seniors in the region.
   - The AAA shall have a visible focal point of contact where anyone can visit or call for assistance, information, or referrals on any issues related to aging and/or adults with disabilities.
   - Each AAA receptionist or switchboard operator should identify the AAA in a telephone greeting; or the AAA should have a dedicated telephone line for the AAA answered separately from the hosting entity (Council of Governments or Planning Service Area).
10. **Distribution of Resources**
    The AAA shall distribute available resources throughout the planning and service area in a manner that addresses the needs for services identified in its community assessment.

C. Resource Development

Since the resources provided through Older Americans Act funds are considered "seed funding" to target those seniors with the greatest economic and social needs, the AAA shall support its providers in seeking necessary (alternative) resources from local governments, foundations, federal grants, fundraising, cost sharing, private pay, and other sources to maintain, enhance, and develop services. When appropriate, these efforts should be coordinated and supported through the Department on Aging to maximize successful outcomes (**45 CFR 1321.53(a)**).

D. Service Delivery

The AAA shall use providers to deliver supportive services, nutrition services, or in-home services under the Area Plan except where, in the judgment of the Department on Aging **(307(8)(A)(iii))**:

- provision of service by the AAA is necessary to ensure adequate services;
- such services are directly related to the AAA statutory functions; or
- such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Note: Department on Aging policy prohibits one entity from assessing, selecting clients, and providing services. Should an AAA provide a direct supportive service, it shall be required

to have another entity (such as another AAA) provide assessments to determine service eligibility, unless the AAA provides vouchers for the client to obtain services. An AAA using vouchers can assess since it will not be providing all three functions of assessing, selecting clients, and providing the service.

AAA services directly related to statutory functions, advocacy, and service delivery functions shall be performed in a consistent manner throughout the planning and service area. The Department on Aging has determined that these services are as follows:

- information, referral, and assistance;
- caregiver support services;
- insurance counseling;
- outreach and advocacy;
- legal assistance;
- ombudsman;
- program development and coordination; and
- client needs assessments.

E. Regional Training

The AAA shall provide program overview information, train new providers, and field questions for all aging network operations in the region. The AAA shall train to assure earned service units and client data are being captured, tracked, and reconciled in the approved Department on Aging data system for reimbursement. The AAA shall provide technical direction to ensure quality assurance and reconciliation of the provider invoices for OAA services in the AAA region. The AAA shall be responsible for assuring that providers are appropriately trained to track service units earned in the current client financial tracking system for all OAA funds.

Each AAA shall meet with its providers to discuss questions, concerns, obstacles, and/or technical assistance required to be successful, either in group or one-on-one sessions. A summary of these meetings shall be maintained on file.

The AAA shall be the point of contact for providers' needs and shall ensure accurate, quality tracking and monitoring for reimbursement of OAA services, prior to billing the Department on Aging. The AAA shall be the authorized agent to make contact with the Department on Aging. On the rare occasion that the AAA cannot assist the provider, the AAA may advocate on behalf of the provider with the Department on Aging for assistance through the PSAHelp@aging.sc.gov. The AAA shall be responsible for disseminating the information received from the Department on Aging to the providers.

The AAA is responsible for designing and implementing a regional training and education plan. This plan should be comprehensive in nature and reflect the training requirements identified by the AAA, address the service priorities in the Area Plan, and complement state efforts. The training should address geographic characteristics, demographics, infrastructure, GIS Mapping, and local and community partnering resources. The annual needs assessment is the blueprint necessary to identify the types of trainings necessary in the region.

Each AAA is responsible for coordinating the annual training for:

- All AAA staff conducting assessments;
- PSA Board of Directors;

- AAA staff;
- Regional Aging Advisory Council (RAAC); and
- Service provider staff.

Training shall be immediately provided for AAA and providers' staff when policies and procedures for programmatic services and activities have changed.

All providers under an Area Plan shall comply with procedures established by the AAA for training of volunteers and paid personnel according to Quality Assurance standards of both the Department on Aging and the AAAs.

The AAA shall ensure that all of its staff and its providers' staff are proficiently trained to perform the job duties assigned and are trained to properly input data into all Department on Aging relevant information systems. These systems include, but are not limited to, contact tracking system, client financial tracking system, SHIP Tracking and Reporting System (STARS), the Ombudsman case tracking system, and any other information and client data tracking system(s) that are required to capture client data by the Department on Aging, Administration for Community Living (ACL), or grant program.

Service provider procurement agreements shall address current staff development and training responsibilities of both the AAA and the provider to ensure the efficiency and integrity of programs and services delivered.

As a result and outcome of these efforts, the AAA Director will disseminate the results of the training plan to and stay in continual communication with the appropriate Department on Aging Program Managers via PSAHelp@aging.sc.gov.

The role of each AAA includes the following:

- hiring qualified staff with the knowledge, skill, and ability to develop an Area Plan and fulfill the obligations set forth by that plan and to effectively perform the functions of an AAA as prescribed in federal and state regulations and in this Manual;
- selecting, administering, and evaluating a network of service provider agencies which are responsible for the provision of services to the targeted populations;
- ensuring the use of outreach efforts that will identify eligible individuals, with special emphasis for the targeted populations;
- establishing priorities and methods for serving older persons in the targeted populations;
- conducting annual evaluations of the effectiveness of outreach efforts for the targeted populations;
- allocating and coordinating available resources to achieve the most effective programs for the targeted populations;
- conducting annual and on-going assessments that utilize the best practices which reflect a modernized aging structure and service delivery system;
- creating appropriate professional policies that address conflicts of interest that may arise;
- conducting monitoring of the service providers and giving the providers a written report within 30 days of the monitoring visits. Records should be retained by the AAA stating if the monitoring was announced or unannounced and whether corrective actions were

required as a result of the monitoring. Copies of the monitoring reports shall be made available to the Department on Aging upon request; and

- establishing protocols to provide outreach and services to Holocaust survivors.
  Note: ACL stipulates that guidance be issued on practices to conduct outreach and service provision to the Holocaust population. This guidance shall be a tool by which the Aging Services Network builds stronger connections to organizations and stakeholders providing care to Holocaust survivors, to enhance service capacity and quality. The guidance should examine the unique needs and challenges of serving Holocaust survivors, with a particular focus on mental and physical health, nutrition, transportation, caregiver support, outreach, legal and ombudsman services, with a foundation in person-centered, trauma-informed approaches.

F. Community Education and Awareness

The Code of Federal Regulations encourages the AAA to conduct activities and the outreach necessary to promote designated focal points and make them visible in communities. Efforts should be directed towards older persons, Medicare consumers seeking assistance with benefits or Medicare fraud, adults with disabilities, and caregivers seeking information and/or services. The AAA should raise the awareness of public officials and other agencies regarding the issues and needs of older persons and adults with disabilities (**45 CFR 1321.53(b)(1)(7) and (10)**).

The goal shall be to work with local elected officials and community partners to designate one or more focal points in each community, as defined by the AAA, to maximize coordination of services for older individuals and adults with disabilities.

G. Advocacy

The AAA is expected to attend public hearings and events held within the planning and service area or by statewide entities on issues, plans, grants, etc., that affect older persons and adults with disabilities. The AAA shall keep an active summary of events attended that benefit these constituencies, and the AAA shall provide the Department on Aging with a written summary upon request. The AAA is expected to make presentations when appropriate. Advocacy efforts should include attention to legislative and budgetary matters of concern to older persons and adults with disabilities. When requested, the AAA shall assist these individuals to access all services and benefits for which they qualify (**45 CFR 1321.61(b)(1)**).

H. Coordination

The AAA shall provide for the identification of public and private resources in, or serving persons in, the planning and service area as part of the overall outreach and coordination efforts. Local aging partners should be brought into the AAA's planning process in order to better serve the region's older population. The AAA shall work to coordinate the programs funded under the Area Plan with such resources to increase older persons' access to quality services. Coordination and outreach efforts should be detailed in the Area Plan, with particular emphasis on coordination with entities conducting federal programs as outlined below. Where appropriate, the AAA shall consider joint funding and programming to better serve older persons. Program coordination at all levels shall focus on the following functions:

- facilitate coordination of community-based and long-term care services designed to retain individuals in their homes;

- involve long-term care providers in the coordination of community-based, long-term care services; and
- address the needs of residents of long-term care facilities (**OAA 306(a)(6)(E) and (12) and OAA 203(b) and 45 CFR 1321.61(b)(5)**).

In executing its responsibilities for the development of a comprehensive and coordinated system, the AAA shall establish effective and efficient procedures for the coordination with entities conducting other federal programs for older persons at the regional level, with particular emphasis on entities conducting the following programs:

- the Workforce Investment Act;
- Title II of the Domestic Volunteer Service Act of 1973;
- Titles XVI, XVIII, XIX, and XX of the Social Security Act;
- Sections 231 and 232 of the National Housing Act;
- the United States Housing Act of 1937;
- Section 202 of the Housing Act of 1959;
- Title I of the Housing and Community Development Act of 1974;
- Title I of the Higher Education Act of 1965 and the Adult Education Act;
- United States Department of Transportation, MAP-21, the Moving Ahead for Progress in the 21st Century Act (P.L. 112-141);
- the Public Health Service Act, including block grants under Title XIX of such act;
- the Low-Income Home Energy Assistance Act of 1981;
- Part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons;
- the Community Services Block Grant Act;
- demographic statistics and analysis programs conducted by the Bureau of the Census under Title 13, United States Code;
- Parts II and III of Title 38, United States Code;
- the Rehabilitation Act of 1973;
- the Developmental Disabilities and Bill of Rights Act; and
- the Edward Byrne Memorial State and Local Law Enforcement Assistance programs, established under Part E of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750093766b) (**OAA 203(b) and 306(a)(12)**).

I. Written Policies and Procedures

The AAA shall have a comprehensive, written regional policies and procedures manual demonstrating compliance with all of its functions as prescribed in the OAA and this Manual. These written policies and procedures shall be available for inspection upon request at the AAA and are subject to the South Carolina Freedom of Information Act (FOIA) requirements. The AAA may not adopt this Manual as a substitute for developing a regional manual, but may use it as a guide for what should be included in the Regional Manual. An updated summary of the AAA's written policies and procedures shall be provided to the Department on Aging annually by January 1.

J. Technical and Programmatic Assistance

Each AAA "shall undertake a leadership role in assisting communities throughout the planning and service area to target resources from all appropriate sources to meet the needs

of older persons with greatest economic or social need, with particular attention to low-income minority individuals" (**45 CFR 1321.61(b)(5)**).

The AAA shall provide ongoing technical and programmatic assistance to providers under the Area Plan. This assistance should be provided on a regular basis through on-site visits, regular provider meetings, and written communications. Technical and programmatic assistance should be based on quality assurance findings to ensure continual improvement in service delivery and on any topics requested by providers under the Area Plan.

Likewise, the AAA should provide similar programmatic assistance to all organizations, public and private, in the planning and service area that are concerned with the needs of older persons when requested**.**

The AAA shall assure, through the Area Plan that its policies and procedures are providing technical and programmatic assistance and training opportunities for AAA staff and providers.

The ACL is focusing on training development and may establish additional policies in the future. Any new policies may require aging services staff from the Department on Aging, AAA, and providers to obtain training in order meet the aging challenges ahead and to enhance agency and practitioner's qualifications and expertise in the field of aging and disabilities. Such trainings are offered by the Southeastern Area Agencies on Aging Association University and Boston University's Institute for Geriatric Social Work. With the ACL's increased focus on training, the AAAs and providers are encouraged to provide this valuable training to staff.

K. Procurement

Area Agency on Aging (AAA) Requirements for Request for Proposal (RFP)

The AAAs shall reference 45 CFR 75 in developing Requests for Proposal (RFP).

75.351 Subrecipient and contractor determinations cited from the Code of Federal Register.

The non-federal entity may concurrently receive federal awards as a recipient, a subrecipient, and a contractor, depending on the substance of its agreements with HHS awarding agencies and pass-through entities. Therefore, a pass-through entity must make case-by-case determinations whether each agreement it makes for the disbursement of federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor. The HHS awarding agency may supply and require recipients to comply with additional guidance to support these determinations provided such guidance does not conflict with this section.

(a) Subrecipients. A subaward is for the purpose of carrying out a portion of a Federal award and creates a federal assistance relationship with the subrecipient. See §75.2 Subaward. Characteristics that support the classification of the non-federal entity as a subrecipient include when the non-Federal entity:

(1) Determines who is eligible to receive what federal assistance;

(2) Has its performance measured in relation to whether objectives of a Federal program were met;

(3) Has responsibility for programmatic decision making;
(4) Is responsible for adherence to applicable federal program requirements specified in the federal award; and
(5) In accordance with its agreement, uses the federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.
(b) Contractors. A contract is for obtaining goods and services for the non-Federal entity's own use and creates a procurement relationship with the contractor. See §75.2 Contract. Characteristics indicative of a procurement relationship between the non-federal entity and a contractor are when the contractor:
(1) Provides the goods and services within normal business operations;
(2) Provides similar goods or services to many different purchasers;
(3) Normally operates in a competitive environment;
(4) Provides goods or services that are ancillary to the operation of the federal program; and
(5) Is not subject to compliance requirements of the federal program as a result of the agreement, though similar requirements may apply for other reasons.
(c) Use of judgment in making determination. In determining whether an agreement between a pass-through entity and another non-Federal entity casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above may not be present in all cases, and the pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract.

It is the responsibility of the AAA to determine the legal relationship of the provider, as to whether the provider is a subrecipient or contractor. A tool titled: *Recipient Checklist For Determining If The Entity Receiving Funds Has A Contractor or Subrecipient Relationship* is found in Appendix 500b of this Manual.

The AAA shall have monitoring protocols in place to ensure that its providers are meeting all requirements as stipulated in service agreements. This shall include a review of all measurable performance outcomes and benchmark requirements placed in the agreement to show that the provider is meeting the terms of the service agreement. The AAA may seek comments from providers as long as the procurement standards of Section Two §200.319(a) of the Code of Federal Register are followed. §200.319(a) states "In order to ensure objective contractor performance and eliminate unfair competitive advantage, providers that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements."

Provider Specifications for Procurement Bids (Offers)
Each service procurement agreement executed by the AAA shall incorporate all components of the South Carolina Aging Services Policies and Procedures Manual. Under the direction of this Manual, all AAA's procurement agreements shall be based on meeting that planning and service area's unique regional needs.

The Department on Aging shall not require prior approval of AAA agreements executed with a nonprofit public or private organization; however, the AAA shall forward to the Department on Aging copies of all agreements and all amendments within 10 days of the effective date of the contractual documents via PSAHelp@aging.sc.gov. Agreements should be labeled appropriately when sent using the following format: R1 Senior Action (New) 2-26-17 or R1 Senior Action (Amended) 2-26-17

In the rare event that a sole source or sole responder procurement agreement is needed, the AAA Director shall provide justification for the bid to the Department on Aging.

Note: Regional service agreements shall be executed within 30 days of the Department on Aging providing Notifications of Grant Awards (NGAs) to the AAA. If the AAA is unable to execute agreements within the 30-day period, both the Department on Aging and service provider or successful bidder shall be provided justification for the delay in writing. The written justification shall be sent to the Department on Aging via PSAHelp@aging.sc.gov. Once executed, the AAA shall provide a copy of the agreement to the Department on Aging within 10 working days.

In order to meet the procurement policies of the Department on Aging, the AAA shall adhere to the following provisions:

- When amendments are made to the terms and conditions between the AAA and a provider, the AAA shall provide the Department on Aging with a copy of the amendment within three working days by sending to PSAHelp@aging.sc.gov. The notification shall include a summary of what changes were made and include assurances guaranteeing that all service units are being earned by the provider.
- The AAA shall have written procurement policies in place and adhere to those policies.
- The AAA shall have the Knowledge, Skills, and Abilities (KSA) to use professional practices in performing, reporting, tracking, and administering services through the OAA and state funding. The AAA shall ensure through service agreements that its providers also have the professional knowledge and skills necessary to successfully and efficiently deliver services as stipulated by this Manual.
- Each Request for Proposal (RFP) shall include the Department on Aging's policy requirements and scopes of work for all programs and services. (It should be clearly stated in the RFP all of the expectations that the provider is legally required to meet.)
- All executed service agreements shall include the requirements and scopes of work, as well as measureable performance outcomes and benchmarks needed to show that the provider is meeting the terms of the service agreement. The AAA and its providers shall adhere to the Code of Federal Register §200.319(a).
- Dates demonstrating the duration of the agreement period shall be required.
- The AAA shall host a pre-RFP application informational meeting for potential providers three weeks following the public release of the RFP to explain the RFP process and aging network policies/procedures and to answer questions about the RFP. The date, time, and location of the meeting shall be included in the RFP packet. This shall assure fairness in the bid process. Opportunities for submitting written questions shall be provided by the AAA before the pre-application meeting.
- Prior to executing a service agreement, the AAA shall assure through the RFP bid that the provider has the capacity to effectively serve clients and to fulfill the legally obligated requirements of the agreement. All bids offered by potential providers shall

demonstrate that they have the necessary equipment, technology, software, and trained staff to operate in a professional manner and to execute or administer the duties required of the agreement.

- The AAA shall ensure through executed procurement agreements that its providers shall share all aging service data regardless of funding source, so that the Department on Aging can meet its legally required federal and state data reporting responsibilities.
- All providers are expected to input client data into the Department on Aging's client financial tracking system regardless of whether they use another data system. An AIM Operational Manual shall be provided with the start of the bid process so that the provider knows what is expected in advance if the provider gets the agreement.
- The AAA shall provide all potential providers with an overview of the Department on Aging organization and procurement process before submitting a bid (offer) for agreement so that they understand the proper procedures and policies.
- Through the RFP, the AAA shall encourage each group dining provider to be a member of the National Council on Aging (NCOA)/National Institute of Senior Centers (NISC) or to operate according to NISC's national standards for senior centers and group dining sites.
- The ACL has expectations that every group dining site will have an advisory council comprised of stakeholders. While the Department on Aging would like each provider to have an advisory council, it will allow the surveying of clients as an alternative method to record client satisfaction and needs. Clients should be surveyed at least annually to ensure that the needs are being met through the services offered. The AAA and provider shall analyze the data collected from the advisory council and/or client surveys in order to ensure the needs of stakeholders are being addressed. The providers shall keep documentation of these actions and make it available to the AAA and Department on Aging upon request.
- When preparing agreements, the AAA shall note that the information contained in this Manual and the Minimum Meal Specification do not constitute legal advice. The AAA should retain legal counsel to draft and review agreements with providers for compliance with the South Carolina Aging Services Policies and Procedures Manual.
- When emailing required documents to the Department on Aging, the AAA shall name the scanned document in a uniform manner.
  For example, please use the following format for uniformity purposes:
  Agreements: R1 Senior Action (New) 2-26-17 or
  Agreements: R1 Senior Action (Amended) 2-26-17
  RFP: R1Appalachian RFP 2-10-17
  Calendars: R1 Senior Action Calendar 2-16-17
- All AAA Requests for Proposal (RFP) shall provide direction, coordination, and planning in the fulfillment of service agreements with providers.
- All service agreements shall include a procedure for the resolution of grievances or concerns between the AAA, and provider.

L. Service Agreement and Grant Management

OAA Section 307(a)(7)(A) states that the AAAs are responsible for maintaining professional systems for financial management, purchasing, and property management that provide reasonable assurances that funds are being used in accordance with applicable laws,

regulations, assuring that there are protocols, a system in place for maintaining units, and terms and conditions.

Standards for such grantee and provider systems are contained in 45 CFR 75 for governmental entities, and 45 CFR 74 for educational institutions, hospitals, nonprofit organizations, and commercial entities.

M. Quality Assurance (QA)

1. Quality Assurance Process

The Department on Aging has established a uniformed Quality Assurance (QA) template to be used by each AAA when preparing the QA report. The report will be submitted annually on a date established by the SCDOA.

Quality Assurance (QA) procedures are in place for programs and service delivery. The AAA's QA process is outlined as follows:

- use a uniformed Quality Assurance template provided by the SCDOA when evaluating all services on the regional level. (Services to be reviewed are Group Dining, Home Delivered Meals, Transportation, Home Care, Home Chore, and Minor Home Modification);
- use a uniform template created by the AAA when monitoring services at the provider level;
- provide a schedule for QA review of all service delivery providers and follow that schedule during the plan cycle;
- establish detailed written procedures to follow in conducting QA reviews of service delivery providers and the reporting of these findings;
- include the report of findings, the service delivery providers' comments, and required corrective action, if necessary, in the written procedures;
- compile a regional analysis of all findings and corrective actions taken;
- review the regional analysis with the Regional Aging Advisory Council (RAAC) and document the RAAC response to the report;
- forward a copy of that regional analysis to the Department on Aging via PSAHelp@aging.sc.gov and to each service delivery provider to be reviewed. Include a summary of the QA recommendations for all services reviewed at each service delivery provider by June 3rd of each year;
- maintain all original reports, responses, and documentation of corrective action in agency files for three years following the QA review and make them available for review by official monitors or auditors;
- establish protocols and procedures to develop a Corrective Action Plan (CAP), when needed, to improve services and service delivery, and provide the Department on Aging with a copy of the CAP protocols and procedures within three days of the plan being drafted; and
- provide written feedback to the service providers within 30 days of a monitoring visit.

Note: SCDOA has currently revised program policies and procedures that requires (all) program monitoring annually on site with a consistent monitoring tool that contains questions, level of compliance, notes/observations, monitoring guidance and standard documentation. SCDOA requires supporting documentation to be provided

by the AAAs via on site, scanned, mailed, or through secured computer systems utilized by the aging network.

Complete QA reports of individual service delivery providers' reviews shall be to the Department on Aging, and copies should be maintained by the AAA.

The QA process should focus on improving services available to the seniors in South Carolina. It is not a report card. Everyone involved in the review, and all reports resulting from the review, should focus on what practices lead to the best outcomes for seniors. Follow-up reports should focus on improving services for seniors.

2. Quality Assurance (QA) Standards Development

The AAAs will work with the Department on Aging in the process of creating service standards, amending existing standards, and editing any established standards or indicators. Standards will be reviewed for required changes in the year prior to the AAA competitive procurement process. This will allow ample time for Department on Aging staff and AAA staff to review recommended revisions prior to issuing Requests for Proposals for competitive procurement. The Department on Aging's Quality Assurance responsibilities are outlined in this Manual.

3. Quality Assurance (QA) Report Requirements

All QA reviews shall be conducted by AAAs using a uniform template provided by the SCDOA. The AAAs' regional analyses of the reports, including the QA recommendations for each service delivery provider, shall be submitted to the Department on Aging via PSAHelp@aging.sc.gov by a date established by the SCDOA. Such analyses shall:

- document positive outcomes in the delivery of service achieved through implementation of standards and indicators;
- identify any common areas of weakness in the service delivery system that can be corrected by training, technical assistance, or policy clarification; and
- propose what changes, amendments, or edits may be necessary to the standards and/or indicators for the service(s) reviewed.

4. Quality Assurance (QA) Policies and Procedures Development

In addition to using the SCDOA uniformed QA template, each AAA shall establish, in writing, the detailed procedures to be followed in executing its QA responsibilities within the region. At a minimum, such procedures shall specify:

- standardized monitoring tools created by the AAA that are uniformed;
- staff position(s) with any responsibility for the QA process and the specific tasks assigned to each position;
- staff preparation undertaken for the QA review;
- involvement of other individuals in the QA process, including program participants, when feasible and appropriate;
- orientation process for all those who will be involved in conducting the QA review;
- notification to service delivery providers of any preparation required prior to the review visit;
- copies of the instruments used by the AAA for the QA review;
- details of the reporting process/schedule;

- follow-up activities by the AAA; and
- Identification of all parties who will receive communications of findings.

5. Quality Assurance (QA) Review Participants

The AAA staff has the main responsibility for QA reviews, based on criteria provided by Department on Aging program managers. However, the regional review procedures should include the roles of the following participants in the enhancement of the QA review process:

- Regional Aging Advisory Council (RAAC) members;
- COG or AAA Board members, where applicable;
- peer service providers;
- current, former, or potential program participants; and
- representatives of other service delivery systems not contracting with the AAA.

N. AAA Regional Aging Advisory Council (RAAC) Purpose and Structure

The AAA shall establish an active, functioning, engaged, and qualified Regional Aging Advisory Council (RAAC) of individuals who will enhance the leadership role of the AAA. The RAAC shall carry out advisory functions that further the AAA's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area. Through its Area Plan, the AAA shall provide the Department on Aging information on how board members are selected, appointed, or elected; the established terms of office; and RAAC by-laws. The South Carolina Association of Non-profit Organizations (SCANPO) may be a tool that the AAA may utilize to train RAAC members to better serve and advise the AAA. SCANPO can be found at http://www.scanpo.org/resource-center/.

The RAAC shall be comprised of residents of the planning and service area region including:

- more than 50 percent older persons;
- minority persons and older persons residing in rural areas who participate or who are eligible to participate in programs under the area plan;
- family caregivers;
- representatives of the business community, including providers of services;
- representatives of older persons;
- representatives of health care provider organizations, including veterans' health care;
- persons with leadership experience in the private and voluntary sector;
- individuals with disabilities;
- local elected officials; and
- the general public.

The RAAC has no decision making authority. The RAAC shall advise the AAA relative to:

- all matters relating to the development of the Area Plan;
- administration of the Area Plan;
- operations conducted under the Area Plan; and
- conducting public hearings.

In addition, the RAAC shall represent the interests of older persons by reviewing and commenting on policies, programs, and actions in the AAA that affect older persons with the intent of assuring maximum coordination and responsiveness to older persons (**OAA 306(a)(6)(D) and 45 CFR 1321.57**).

The RAAC shall have the opportunity to review the Area Plan before public hearings on the plan, and again prior to final submission of the plan to the Department on Aging. The RAAC carries out advisory functions that further the AAA mission.

Not more than 50 percent of the RAAC may serve on the Board of Directors of any PSA. To avoid a conflict of interest, AAA and provider staff shall not serve as voting members on the RAAC or on the Board of Directors of a PSA.

The AAA shall develop written protocols and make public on its website the bylaws of its RAAC. The bylaws for each RAAC shall specify the role and functions, number of members, procedures for selection of members, term of membership, and the frequency of meetings. RAAC meetings shall be held at least quarterly. The AAA shall make RAAC meeting agendas and minutes available to the Department on Aging when requested. The AAA shall provide any staff assistance required by the RAAC and Board of Directors, as applicable.

404: Multigrant Notification of Grant Award (NGA) Terms and Conditions

Each AAA is responsible for ensuring that it adheres to the terms and conditions of its current Multigrant Notification of Grant Award (NGA). Current Multigrant NGA terms and conditions can be found on the Department on Aging website under PSA Resources.

405: Funding and Reimbursement for Area Agencies on Aging (AAAs)

A. Funding

1. Sources of Funds

The Department on Aging administers federal funds received through the OAA and other funds received through the State of South Carolina. These funds are distributed through funding streams to 10 regional Area Agencies on Aging (AAA) for each planning and service area.

Each AAA shall be a good steward of OAA and Department on Aging funding and is accountable for programmatic budgeting, monitoring, and operation. The AAA shall assure in writing, through its Area Plan, that budgeted funding is being used for its allocated purpose, and is not being used to fund programs or activities outside of the designated program area. The AAA shall establish measures and performance goals to monitor and report usage of allocations to assure all expenditures are consistent with the intent of that allocation.

2. Planning for Use of Funds

In order to maximize the number of clients served and to help minimize the number of people on waiting lists, the Department on Aging encourages each AAA to use the following conceptual formulas in its overall planning to calculate the total number of service units which can be provided with all funding sources available. The formulas provide the AAA with a benchmark for maximizing services.

Formula A: Any service providing one service unit per day per client (i.e. meals)
Total budget ÷ unit costs ÷ the number of days services are provided (249) = number of service units per day (number of days based on five serving days and 12 holidays.)

Formula B: Any service providing more than one service unit per day per client

Total budget ÷ unit costs = number of service units per year

3. Funding Streams and Service Provisions

a. The AAA shall make decisions regarding the services based on a review of client needs within a planning and service area and the budget available.

b. The AAA shall ensure, through planning and monthly monitoring, that all service units are utilized throughout the course of the year.

c. The AAA shall educate, train, and furnish the providers the tools necessary to fully perform the functions stipulated by the agreement and to input client data into client financial tracking system according to Department on Aging policies and procedures.

d. The AAA shall designate a funding stream to be used to provide a specific service unit. State law requires federal funds to be expended first when possible.

e. The AAA shall monitor the provider to ensure that all contracted service units are used each year.

f. The AAAs shall closely monitor the assessment of clients to ensure that services are provided to those with the most need.
Note: If a client no longer requires service, the AAA and/or provider shall fill the service slot with the client on the waiting list with the greatest need for that service, to ensure that individuals with priority scores are served first.

g. The AAA shall provide to the Department on Aging the formula used to determine the unit cost for each service provided in the region via the Area Plan, and as adjusted or requested by the Department on Aging.

h. Assessment costs are not to be included in the service unit cost. Assessment costs will be in tracked as a separate category.

i. Nutrition Services Incentive Program (NSIP) funding will be calculated within the client financial tracking system system. This funding will be split accordingly at reimbursement until the funds are expended.

B. Reimbursements for Area Agencies on Aging (AAAs)

Department on Aging Reimbursement for Service Units Earned:

1. The AAA shall include, as part of its Area Plan, a breakdown of the components of the unit cost for each different unit of service and the methodology showing how the unit cost is determined. The cost justification shall include the formula for determining the unit cost for each service, assessment costs, activities costs, product costs, administrative costs, and any other relevant variable that contributes to the overall rate.

2. The AAA shall require each provider to set consistent unit rates for services funded through Title III and by state (Home and Community-Based Services) funds. For example, there shall be no difference for a meal rate funded through Title III or state funds, as the OAA and Department on Aging service requirements are the same regardless of the source. This applies to all services utilizing Title III and state funds.

3. The AAA shall require each provider to determine its unit cost using the manner described above and shall specify that unit cost in its agreement with the provider.

4. In its Area Plan, the AAA shall provide the process it uses to verify the providers' unit costs.

5. Each AAA's Monthly Units of Service Report (MUSR) and PRF/invoice for a particular service shall specify the number of earned service units and the unit cost

(both the provider's and AAA's costs), as well as the total reimbursement due, for each individual provider.

6. The Department on Aging shall hold the AAA responsible for any funding not being earned by providers and for resolving any issues regarding units that have not been earned. Reimbursement payments shall be withheld if the Department on Aging determines the service units have not been earned.
7. The AAA shall require financial recoupment or other actions when a Department on Aging review or investigation by appropriate enforcement agency determines that service units that were reimbursed by the AAA were not earned by the provider.
8. The AAA Director shall have a written plan that addresses how the AAA shall ensure that providers are earning service units in accordance with the OAA and Department on Aging policies.
9. The invoice for reimbursement of service units earned is based upon approved client financial tracking system data. The Department on Aging requires all client service data to reside in the client financial tracking data collection system. Service units earned shall be reported according to the site providing the service. The AAAs and the Department on Aging shall accurately monitor and audit each site's activities and services to ensure data integrity.

Note: It is the responsibility of the AAA to pay its providers in a timely manner using a written reimbursement schedule. The Department on Aging will reimburse the AAA following the AAA's payment to the provider for services rendered and documented according to protocol.

406: Client Data Tracking and Record Collection

The Area Agencies on Aging (AAAs) and providers will input client service data into the appropriate Department on Aging approved client data tracking system, contact tracking system, client financial tracking system, State Health Insurance Program's SHIP Tracking and Reporting System (STARS) and the Ombudsman case tracking system. The data will be inputted by the 10th day of the month in an accurate manner appropriate to each system. No client data input system used by any AAA or provider shall take the place of the above systems for reporting data to the Department on Aging. If the AAA or provider uses a different data collection system other than an approved Department on Aging client data tracking system, that data shall be transferred accurately into the Department on Aging system by the 10th day of the month.

The AAA shall ensure that its providers share all aging service aggregate data regardless of funding source, so that the Department on Aging can meet its legally required federal and state data reporting responsibilities.

Note: Federal funding is based on all services provided (for example: the number of meals served regardless of source). By providing this data, the Department on Aging can accurately show the need in the state, which impacts federal funding levels.

All AAAs and providers shall register any employee who is to have access to Department on Aging client data reporting systems in order to obtain clearance, access, and passwords.

When an employee who has access to a Department on Aging client data reporting system retires, is terminated, or otherwise vacates the current position, the AAA and/or the provider shall notify the Department on Aging within one working day so that accounts and passwords may be rescinded.

The Department on Aging requires all providers to input client service data into the client data collection system for each site they serve and not collectively for the entire organization. By inputting the client service data by individual or separate sites, the AAAs and the Department on Aging can accurately monitor and audit each site's activities and services, thus ensuring data integrity for aging services. Billing for service unit reimbursement is based upon data in the client financial tracking system originated by the provider and approved by the AAA.

The AAA will utilize the Department on Aging's designated data system to record contacts. The AAA will accurately input and monitor data and provide trainings for appropriate staff. All client contact data will be captured and keyed into the contact tracking system in an accurate manner. While data entry staff is not required to be AIRS certified to enter data into the contact tracking system, they should be AIRS compliant.

The AAA will utilize the Department on Aging's designated data system to input insurance-related data after a contact is made with a client.

The AAA will utilize the Department on Aging's authorized Ombudsman data system for capturing all data related to Ombudsman services.

Each AAA shall compare its client data with the Census statistics for each county in its planning and service area in order to determine if the appropriate high-risk senior clients are being served. Emphasis shall be placed on serving and comparing clients with levels of poverty, income, minority, non-English, and rural as required by the OAA.

The AAA shall provide the Department on Aging with current Regional Staffing Sheets twice a year on the last working days of September and March and when requesting new state data systems users. New users will not be added without complying with this requirement.

407: Direct Provision of Services

The AAA may provide a direct service (OAA supportive service, such as transportation, nutrition service, or in-home service) only when, in the judgment of the Department on Aging Director, it is necessary to ensure an adequate supply of such service and if the AAA can provide the service more economically and with comparable quality. Any direct supportive service provided by the AAA requires written approval from the Department on Aging Director and shall meet all requirements of the OAA and the Department on Aging.

Note: Should an AAA be allowed to provide a direct supportive service that did not use vouchers, it would be required to have another entity provide assessments for that service, such as another AAA.

The AAA may plan, coordinate, and provide supportive services funded under other programs if it does not use funds under the OAA Section 307(a)(8)(A) for those services, and if those services do not interfere with meeting all OAA responsibilities (**OAA 307(a)(8)(A)**).

The 2006 amendments to the OAA provide that the AAA shall facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home- and community-based settings, in a manner responsive to the needs and preferences of older individuals and family caregivers. This shall be accomplished by:

- collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

- conducting analyses and making recommendations for modifying the local system of long-term care to better respond to the needs and preferences of older individuals and family caregivers;
- conducting analyses and making recommendations for modifying the local system of long-term care to better facilitate the provision, by service providers, of long-term care in home- and community-based settings;
- conducting analyses and making recommendations for modifying the local system of long-term care to better target services to older individuals at risk for institutional placement, permitting such individuals to remain at home;
- implementing, through the agency or service providers, evidence-based programs to assist older individuals and family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- providing for the availability and distribution of information relating to the need to plan in advance for long-term care and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources through public education campaigns, AAAs themselves, and other appropriate means (**OAA 306(7)(A through D)**).

In keeping with the overall theme of the OAA, the AAA is to provide, to the extent feasible, for furnishing services under this Act consistent with the principle of self-directed care (**OAA 306(16)**).

408: Scheduled and Unscheduled Closing of Aging Services Operations

The AAAs shall include the closing policies found in this Manual in agreements with each provider. This shall include scheduled holidays, anticipated closings, unscheduled closings, and emergency closings. These policies apply to any locations, operations, or services delivered to vulnerable, older populations in the aging network structure.

Scheduled Holidays and Anticipated Closings

Providers shall submit holiday schedules to the AAA for approval, and the providers shall adhere to the approved holiday schedule. These scheduled closings shall be part of the agreement established between the AAA and providers.

Providers shall submit anticipated closings to the AAA for approval a minimum of three business days prior to the closing. The AAA shall notify the Department on Aging of the anticipated closing upon being informed by the service provider of a closing.

Holiday Closings for Nutrition Services (Group Dining/Home-Delivered Meals)

1. Scheduled holiday closings shall not exceed 12 days per year.

2. Scheduled holiday closings shall not result in closing of group dining centers or suspension of home-delivered meal services for more than four consecutive days, including weekend days.

Note: Clients shall be surveyed to determine if meals are to be provided to them during a holiday.

Emergency and Unscheduled Closings

Alternate service delivery options should be attempted to fulfill agreements in the event of crisis, hazardous weather, emergencies, and unscheduled closings that result in the suspension of normal service operations. The AAAs and providers are expected to adhere to the written Emergency and Unscheduled Closings protocol during emergency situations. Department on Aging sanctioned

emergency management protocols, including closings due to an emergency, are included in Chapter 206R.

Permanently Closing Nutrition Sites

The provider shall consult with the AAA when planning to permanently close a nutrition site. The decision to close a nutrition site is made by the service provider and the AAA, as the Department on Aging does not have an agreement with the provider. It is the responsibility of the provider to adhere to all contractual stipulations set by the AAA regarding closings. If the AAA approves a request for the provider to close a meal site, the AAA shall notify the Department on Aging in writing within one working day.

Note: If a site is closed, the AAA has a responsibility to ensure that all current clients continue to receive meals and other critical aging services as needed. The AAA and provider shall have a plan in place to continue serving clients affected by the site closing. If feasible, clients should be afforded the opportunity to utilize other sites in the county. The AAA shall canvas each client at a closed site to determine need and to provide service options.

409: Competitive Procurement of Services

In response to a directive from the Administration for Community Living (ACL) in State Fiscal Year 2004, the Department on Aging established a policy of open and competitive procurement of services by the Area Agencies on Aging (AAAs). Each AAA shall competitively procure for services using its established procurement policies. It is the responsibility of the AAA to properly classify a provider as a subrecipient or contractor, using the tool titled: *Recipient Checklist For Determining If The Entity Receiving Funds Has A Contractor or Subrecipient Relationship* found in Appendix 500b of this Manual. Annual agreement amendments are allowed, but unit cost increases shall be held to the Consumer Price Index (CPI). If a rate increase is necessary, justification for the increase shall be provided in writing to the Department on Aging via PSAHelp@aging.sc.gov.

A. Guiding Principles

The competitive process developed for purchasing aging services in South Carolina is based on these principles:

1. Each AAA shall use established written competitive procurement protocols when securing regional aging services.
2. The AAA will provide information about its appeal process in the Request for Proposal (RFP).
3. The process and methods shall ensure compliance with federal, state, and Department on Aging regulations and requirements. (Including the required use of the contractors' versus subrecipients' form. If deemed a subrecipient, a risk assessment will need to be performed and documented).
4. The process provides a level playing field for competition among current provider organizations and other interested parties.
5. The process results in an improved statewide system of accountability.
6. The AAA will only enter into an agreement with a provider who serves clients in the entire county. The AAA shall ensure that its providers serve all areas of the counties that the providers are contracted to serve. If it is determined that the provider is not serving the entire county as stipulated by the agreement, funding reimbursements to the AAA will be deemed ***"Not Earned"***.
7. The process promotes flexibility and responsiveness to changing needs, best price considerations, and increased demands for consumer choice.

8. The process promotes private pay and cost sharing measures when at all possible.

9. In the rare event a sole source and/or a sole responder procurement agreement are needed, the AAA Director provide justification to the Department on Aging.

10. The Administration for Community Living (ACL) allows for the use of Memorandums of Agreement (MOAs) or Memorandums of Understanding (MOUs) in place of legally executed service agreements for aging services if there is a provision for this action by the AAA in the South Carolina State Plan on Aging and/or the AAA's Area Plan. However, when procuring for aging services during the competitive procurement process, the Department on Aging encourages the AAA to use legally executed service agreements. MOAs and MOUs, in place of competitively procured agreements for aging services shall be approved by the Department on Aging Director.

11. Previously designated "high-risk" providers may not receive agreements unless the issues that necessitated the "high-risk" designation have been resolved to the satisfaction of the Department on Aging and the AAA. The AAA shall be prepared to present documentation showing why a provider who was not allowed to bid is considered "high risk".

12. To maintain continuity of services, the AAA shall execute agreements with its providers without lapses in services, unless executing the agreement would conflict with state or federal law. If a new agreement is not in place for a needed service by the beginning of the State Fiscal Year, existing agreements may be extended up to 90 days by mutual agreement of the AAA and the provider. The Department on Aging will agree prior to the start of the State Fiscal Year to honor the reimbursements for services delivered in good faith based upon these extended agreements.

13. The approval of the Area Plan by the Department on Aging constitutes the acceptance by the Department on Aging to reimburse at the unit rates and services specified in the agreements. Modification of the agreements shall be agreed to by all parties (AAA, provider, and Department on Aging). Written justification for rate increases must be provided to the Department on Aging.

B. Regional Services Provided by the Area Agency on Aging (AAA)

Each and every service directly related to functions of the OAA, ACL, and the Department on Aging, including advocacy and service delivery functions, shall be performed in a consistent manner throughout the planning and service area. The Department on Aging, guided by the OAA and ACL, has determined that these services are as follows:

- information, referral, and assistance;
- caregiver support services;
- insurance counseling;
- outreach;
- advocacy;
- program development and coordination;
- needs assessment; and
- client assessments.

C. Locally-Delivered Services Procured by the Area Agency on Aging (AAA)

By virtue of its statutory authority, the Department on Aging directs AAAs to competitively procure the following services:

- Home and Community-Based Supportive Services;

- Group Dining Services;
- Home-Delivered Nutrition Services;
- Transportation; and
- Health Promotion and Disease Prevention Services.

D. Administration for Community Living (ACL) Criteria for Sole Source/Sole Responder Procurement Agreements

The ACL provided the following guidance related to sole source procurement:

"All procurement transactions will be conducted in a manner providing full and open competition consistent with the standards of 45 CFR Part 92.36. Noncompetitive procurement may be used only when there is no other provider that can provide the services of the grant award or contract."

Note: In the rare event a sole source/sole responder procurement agreement is needed, the AAA Director shall provide justification to the Department on Aging.

E. Matching Funds and Other Resources

All proposals submitted in response to the AAA solicitation for purchase of services shall provide detailed information related to the respondent's ability to meet matching requirements set by the AAA. Since purchase of service agreements do not support the entire organization responding, the proposals submitted shall address the other resources available to the respondent that will be used to support the service delivery, as well as any other activities of the organization. Many of these additional resources, when provided from non-federal sources, may qualify as cash or in-kind match for the service delivery activities supported by the OAA with proper back up documentation related to the specific services. This documentation shall be required to be submitted to the Department on Aging with the PRF submissions.

F. Program Income

Many of these additional resources, when provided from non-federal sources, may qualify as cash or in-kind match for the service delivery activities supported by the OAA with proper back-up documentation related to the specific services. This documentation shall be required to be submitted to the Department on Aging with the PRF submissions.

G. Providers Staff Assurances

The AAAs shall assure that the providers meet minimum staffing requirements and standards. All providers shall:

- abide by all federal and state regulations regarding employment;
- provide background checks appropriate for the position;
- hire personnel with qualifications appropriate to the positions;
- obtain written certification from all personnel that they understand and will comply with the federal, Department on Aging's, AAA's, and providers' policies on confidentiality of information regarding service recipients;
- have sufficient professional staff present during all hours of program operation at each facility and designate one as the supervisor; and
- provide all paid staff and volunteers with written descriptions of responsibilities, an orientation, and appropriate training for specific tasks.

H. Providers' General Facility Requirements

The AAAs shall ensure that their providers only provide aging services in facilities that meet the following general facility requirements. Each facility shall:

- be available year round for use;
- contain the appropriate space and equipment to provide services;
- be appropriate for the specific activities and services offered therein; and
- comply with all federal, state, and local health, fire, and safety requirements and codes.

I. Area Agency on Aging (AAA) Extension of Services

1. Each AAA, when extending service agreements with providers, shall title each agreement extension appropriately. The title shall include the name of the AAA and the provider. (For example: In-home Services Agreement Extension between Central Midlands Area Agency on Aging (AAA) and Senior Services of Pelion, Inc.).

2. When extending a procurement agreement, the AAA will officially state that all stipulations of the current agreement are included in the amendment/extension, unless specifically amended.

410: The Area Plan Process

This section sets forth the policies and procedures governing the development and submission of the Area Plan and annual plan updates submitted by the Area Agency on Aging (AAA).

According to OAA Section 306(a), each AAA shall prepare and develop its Area Plan for the multi-year period determined by the Department on Aging, which is currently four years. The Area Plan submitted by the AAA to the Department on Aging for review and approval shall be in the uniform format developed by the Department on Aging.

A. General Provisions for Area Plans

An Area Plan is the document submitted by the AAA to the Department on Aging to define how the AAA will apply the Older Americans Act (OAA) and state grants for services in the comprehensive and coordinated service delivery system within the planning and service area. Through the Area Plan, the AAAs commit to administering funded activities in accordance with all OAA and Department on Aging requirements. The Area Plan describes the AAA's efforts for continual development and maintenance of a comprehensive and coordinated service delivery system for older adults, adults with disabilities, and caregivers. The format and instructions for the development and submission of the Area Plan and annual updates are provided by the Department on Aging. The comprehensive and coordinated service delivery system described in the Area Plan shall facilitate older persons' access to and utilization of all existing services in the planning and service area, including access to the OAA in-home and community-based services. Elements of the coordinated service system include:

- services that facilitate access, such as transportation, outreach, and information, referral and assistance;
- services provided in the community, such as temporary respite at an adult day care center, congregate meals, employment services, insurance counseling, and legal assistance, as well as recreational, wellness, educational, and cultural services delivered at multi-purpose senior centers;

- services provided in the home, such as home-delivered meals, minor home maintenance, homemaker services, housekeeping, in-home respite care, and telephone reassurance;
- ombudsman services to residents of care-providing facilities; and
- caregiver support services provided by respite.

B. Content of the Area Plan

According to OAA requirements, the plan shall:

- document the extent of need for supportive, nutrition, and wellness services, and the need for multi-purpose senior centers in the planning and service area;
- provide demographic information used in determining the scope of services funded;
- identify the efforts of voluntary organizations in meeting needs;
- justify the level of funding budgeted for access to services, in-home services, and legal assistance in the planning and service area;
- identify designated focal points in the planning and service area;
- set specific objectives for providing services to older persons with the greatest economic need, those with greatest social need, low-income and low-income minority older persons, older persons residing in rural areas, older individuals with limited English proficiency, and older individuals at risk for institutional placement (**OAA 306(a)(4)(A)(i)(I)(aa)and(bb)**);
- provide information on the extent to which the AAA met the objectives that were set in the prior fiscal year;
- describe appropriate methods providers can use in executing the above preferences in the planning and service area;
- identify the populations targeted for outreach in the planning and service area;
- outline the planning, advocacy, and systems development of the AAA;
- assure that the AAA will coordinate planning, identification, assessment of needs, and provision of services for older persons with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;
- outline advocacy issues for older persons in the planning and service area and the manner in which the AAA plans to address these issues;
- describe activities that facilitate the coordination of community-based, long-term care services designed to enable older persons to remain in their homes;
- describe the Long Term Care Ombudsman Program as operated within the planning and service area;
- provide grievance procedures for older persons who are dissatisfied with or denied services;
- coordinate OAA Title III services with those funded under OAA Title VI (the OAA Native American programs) when applicable;
- identify the policies that assure the AAA maintains the integrity and public purpose of services and service providers in all agreements and commercial relationships;
- describe goals for further development of regional information and referral services;
- discuss the development of the caregiver support program;
- provide information on the State Health Insurance Assistance Program (SHIP), also known as Insurance Counseling Assistance and Referral for Elders (I-CARE) in South

Carolina, and Senior Medicare Patrol, Medicare Fraud Prevention services, in the planning and service area;
- justify direct provision by the AAA of any supportive, nutrition, in-home, or wellness services;
- detail a regional training plan;
- provide data on the impact of contributions and cost sharing revenues to expand services;
- describe the process for gathering the views of program beneficiaries regarding matters of general policy development and administration of the Area Plan;
- assure that the AAA agreements with providers of supportive, nutrition, wellness services, or multi-purpose senior centers for the provision of such services; and
- assure that the AAA agreements for legal assistance services only with providers who meet the requirements of the OAA.

An AAA shall include in the Area Plan an assessment of how prepared the AAA and the service delivery network in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted. Such assessment may include:
- the projected change in the number of older individuals in the planning and service area;
- an analysis of how such change may affect the populations targeted in the Act;
- an analysis of how programs, policies, and services provided by the AAA can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area;
- an analysis of Grant Related Income (GRI) that may be used by the AAA to fund enhanced and improved aging services; and
- an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

C. Public Hearings

The AAA shall submit the Area Plans and amendments to its Regional Aging Advisory Council (RAAC) for review and comment at least one week prior to holding a public hearing in the region. A complete copy of the Area Plan shall be available to the public on its agency web site two weeks before the hearing for review and after the public hearing(s). The copy shall contain the methodology used to distribute service funds throughout the region.

Public hearings shall be advertised at least two weeks in advance of the hearing date in major newspapers in the region. News releases on public hearings may be sent to weekly and bi-weekly newspapers. Special notices shall be sent to providers and potential providers of the AAA, organizations of older persons, and other public and private agencies in the planning and service area. Notices of public hearing(s) shall be published in a language other than English, when deemed appropriate by the AAA. All notices of the public hearing shall specify where interested parties may obtain copies of the Area Plan, and copies of the plan should be placed on the AAA website two weeks before each hearing is held.

To ensure maximum attendance by interested parties, including older persons and persons with disabilities, public hearings shall be held in barrier-free facilities and shall be scheduled at convenient times and locations. All persons in attendance shall sign a register and shall

be provided a comment sheet. Procedures for review and analysis of comments received shall be explained verbally and printed on the comment sheet. All records of public hearings shall be on file at the AAA as a part of the Official Area Plan File. Comments collected at the public hearings become part of the Area Plan.

D. Area Plan Submission, Review, and Approval

A signed original Area Plan, and such copies as may be required, shall be submitted to the Department on Aging in accordance with the schedule, procedures, and format provided by the Department on Aging when area plan instructions are provided to the AAA's.

Each Area Plan is reviewed by a committee of the Department on Aging which will include senior staff and program managers. Staff use the written instructions provided to the AAA as basis for the review. Based upon the Department on Aging staff committee's decision, the Department on Aging's Policy Manager will either notify the AAA in writing of any corrective actions necessary or will provide written documentation that the Department on Aging has approved the plan as submitted.

The Department on Aging will approve an Area Plan or amendment when the plan meets all of the requirements in this Manual, or as otherwise prescribed by the Department on Aging. The Department on Aging provides the AAA with a formal notice of approval of the Area Plan and the amount of approved funding, using the standard Notification of Grant Award (NGA) between the Department on Aging and the AAA. The Department on Aging requires a NGA signed by all parties as official notification of acceptance of the award.

The Department on Aging may approve an Area Plan or amendment with conditions when necessary. The conditions of approval will be in writing. All conditions placed on an approved Area Plan will be consistent with the authority delegated to the Department on Aging by the OAA and the State of South Carolina. When an Area Plan is approved with conditions, the AAA and its providers shall meet these conditions within the specified time frame provided by the Department on Aging. No grant agreement shall be finalized between the Department on Aging and the AAA until all conditions are satisfied (**OAA 306(a)(1) to (15)**).

Failure to comply with the Area Plan requirements listed in this Manual and the Department on Aging Area Plan guidelines will result in a delay or rejection of the Area Plan. Funding, as well as other support, may not be provided until all components of the Area Plan are received and approved by the Department on Aging.

E. Annual Area Plan Update

The Area Plan will be updated annually during the duration of the four-year plan. The date that the update is due and the format required will be included in the Area Plan guidelines provided by the Department on Aging.

F. Circumstances Which Require Amendments to the Area Plan

An AAA shall amend the plan if:

- a new or amended state or federal statute or regulation requires a new provision, or conflicts with any existing plan provision;
- a Program Instruction (PI) is distributed from the Department on Aging;
- the AAA proposes to change the designation of the single organizational unit or component unit;

- the AAA proposes to add, substantially modify, or delete any objective(s);
- the AAA or its providers are unable to meet targeted populations and goals;
- the Department on Aging requires further annual amendments; or
- the AAA proposes to change or add providers funded under an Area Plan.

Any Area Plan or amendment not in substantial conformity with the OAA, federal regulations, and the Department on Aging policy shall be disapproved. When the Department on Aging disapproves an Area Plan, the AAA shall be notified in writing and informed of the opportunity for a hearing. If, after providing the AAA proper opportunity for a hearing, the Department on Aging still finds the Area Plan unacceptable, it shall disapprove the plan and may:

- withhold further payments to the AAA;
- terminate funds, with written notification by the Department on Aging to the Administration for Community Living (ACL);
- provide a plan for the continuity of services in the affected planning and service area;
- designate a new AAA in a timely manner;
- perform the responsibilities of the AAA, if necessary; or
- assign AAA responsibilities to another agency in the planning and service area.

The Department on Aging will not require prior approval of AAA agreements or amended agreements with a nonprofit public or private organization; however, a copy of all executed agreements shall be forwarded to the Department on Aging via PSAHelp@aging.sc.gov within 10 working days after execution. If an AAA fails to submit the amended agreement as required by the Department on Aging, it shall be deemed out of compliance and funding shall be considered not earned.

Failure to report appropriate agreements to the Department on Aging shall be deemed as funding not earned for reimbursement, and a meeting shall be required along with a Corrective Action Plan (CAP) to assure that appropriate agreements are being submitted by the Area Agency on Aging (AAA).

411: "High-Risk" AAAs

The Code of Federal Register (CFR) provides for a special case of approval by the State Unit on Aging (SUA), known as the Department on Aging in South Carolina, with conditions for "high-risk" AAAs found in CFR 45 Part 92.12. An AAA is considered "high-risk" if the Department on Aging determines that it:

- has a history of unsatisfactory performance;
- is not financially stable;
- has a management system that does not meet the standards in 45 CFR Part 75 or 45 CFR Part 74, as applicable;
- has not conformed to terms and conditions of previous awards;
- is otherwise irresponsible and irresponsive to fulfilling Department on Aging data collection policies and procedures;
- is incapable of fulfilling Department on Aging guidelines set forth to be incorporated into the AAA agreement bid process for one year; or
- has engaged in unethical, immoral, or illegal behavior or activities.

If the Department on Aging makes an award to a "high-risk" AAA, special conditions and/or restrictions corresponding to the issues that necessitated the "high-risk" designation shall be included in the award. Special conditions or restrictions may include:

- withholding authority to proceed to the next phase;
- requiring additional, more detailed financial reports;
- increasing monitoring by, and client data reporting to, the Department on Aging;
- requiring the AAA to obtain technical or management assistance to meet the goals and functions of the OAA funded services;
- establishing additional prior approvals;
- holding the AAA responsible for any funding not being earned by providers and for resolving any issues regarding units that have not been earned (the Department on Aging will not reimburse any funds for units not earned); and
- requiring financial recoupment or other actions when a Department on Aging review, or investigation by an appropriate enforcement agency, determines that service units that were reimbursed by the AAA were not earned by the provider.

If the Department on Aging decides to impose such conditions, it shall notify the "high-risk" AAA in writing. The notification shall include:

- the nature of the special conditions/restrictions imposed upon the AAA;
- the issues which necessitated the "high-risk" designation;
- the corrective actions that must be taken by the AAA before conditions are removed;
- the time allowed for completing the corrective actions;
- the consequences for failing to take corrective actions; and
- a method of requesting reconsideration of the conditions or restrictions imposed.

High-Risk Provider

When designating a provider as "high risk", the AAA shall adhere to its established and written protocols. The AAA shall be expected to maintain documentation supporting a "high risk" designation. The AAA shall notify the Department on Aging within three business days if a provider is deemed "high risk."

A provider shall be considered "high-risk" if the AAA determines that it:

- has a history of unsatisfactory performance;
- is not compliant with OAA, Department on Aging, or AAA protocols and required procedures;
- is proven not to have the skills, knowledge, staff, or professional capacity to successfully deliver services as stipulated by the agreement;
- is not financially stable;
- has a management system that does not meet the standards in 45 CFR Part 75 or 45 CFR Part 74, as applicable;
- has not conformed to terms and conditions of previous agreements;
- is otherwise irresponsible and irresponsive to fulfilling Department on Aging and AAA data collection policies and procedures;
- has misrepresented material facts regarding funding reimbursements or service units earned; or
- has engaged in unethical, immoral, or illegal behavior or activities.

If the AAA decides to impose such conditions, it shall notify the "high-risk" provider in writing. The notification shall include:

- the nature of the special conditions/restrictions imposed upon the provider;
- the issues which necessitated the "high-risk" designation;
- the corrective actions that must be taken by the provider before conditions are removed;
- the time allowed for completing the corrective actions;
- the consequences for failing to take corrective actions; and
- a method of requesting reconsideration of the conditions or restrictions imposed.

In the event that the AAA does not act, the Department on Aging also has the authority to designate a provider as "high-risk."

V. CHAPTER 500: AGING SERVICES

501: Purpose of Aging Services under the Older Americans Act (OAA) and the Department on Aging

This chapter sets forth specific policies and procedures governing Older Americans Act (OAA) services funded by the Department on Aging in South Carolina, through 10 Area Agencies on Aging (AAAs).

Each AAA signs a Notification of Grant Award (NGA) and Terms and Conditions statement annually for the Department on Aging. These documents contain assurances made by the AAA director and the director shall administer and provide oversight of all OAA funding and programs carried out by the AAA in its respective planning and service area region. This NGA shall be signed before the AAA can receive aging funding from the South Carolina Department on Aging.

By agreeing to the terms and conditions, the agency director shall assure that the AAA Director is responsible for management, effective operations, and service delivery in the planning and service area.

Each AAA is expected to maintain professional office policies and procedures that reflect effective (best) business practices in order to ensure the quality delivery of programs and services to South Carolina's aging population and to adults with disabilities.

In order to successfully administer aging services and programs, the AAA shall have knowledge of and incorporate information about the current demographics of the community served, including ethno-cultural and social issues which may have an impact on a particular population's willingness and ability to access the information and/or services it needs.

Aging services found in this section include Supportive Services

- Information and Referral/Assistance to older adults and adults with disabilities;
- Transportation;
- Homecare;
- Respite;
- Nutrition;
- Evidence-Based Disease Prevention and Health Promotion;
- Family Caregiver Support Program, and
- Multi-Purpose Senior Centers.

Note: Aging programs and services funded through recurring or discretionary sources shall be administered only if funding is available for the Department on Aging to allocate. If available, these funds will be noted on a Notification of Grant Award (NGA).

Note: All programmatic and Standard Financial 425 reports submitted by the AAA to the Department on Aging shall be completed using standardized templates approved by the Department on Aging. The AAA shall be expected to follow the format and questions provided by the Department on Aging.

Note: Aging services shall not be provided to persons who are currently enrolled in a care-providing facility, other state and/or federal program providing duplicative service, or a day program that requires provision of specific services. For example, a Community Long Term Care client would not be eligible for a meal funded through aging services if that

person received or was eligible to receive a meal through CLTC. However, that client may be eligible for other aging services not provided by the applicable referenced entities above. The AAA shall determine through the assessment process duplication and eligibility of services.

Note: Unless otherwise noted, all emails involving programmatic or policy concerns shall be copied to PSAHelp@aging.sc.gov and to the specific program coordinator. The PSAHelp email system is used as a centralized retention site for non-IT, Ombudsmen, or Finance related emails sent by the AAAs to the Department on Aging. For example, emails involving programmatic or policy concerns should be copied to PSAHelp@aging.sc.gov, including all program updates, Area Plans, Area Plan Updates, and individual program plans.

Note: SCDOA has currently revised program policies and procedures that requires (all) program monitoring annually onsite with a consistent monitoring tool that contains questions, level of compliance, notes/observations, monitoring guidance and standard documentation. SCDOA requires supporting documentation to be provided by the AAAs via onsite, scanned, mailed, or through secured computer systems utilized by the aging network. Each SCDOA program or service manager/coordinator will conduct monitoring of their specific program at least once annually with an onsite monitoring visit. Uniform monitoring tools will be created for each program and service. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA.

502: Title III – B: Supportive Services

A provision of the Older Americans Act (OAA) requires the Department on Aging to set a minimum level of expenditure of OAA Title III-B funding on access services that include legal, transportation, outreach, and information and referral. Supportive Services can be used for information and referral, and health screenings to detect or prevent illnesses that occur most frequently in older individuals. **321(a)(8)**

Note: The Older Americans Act was amended in 2016 to clarify that health screening includes mental and behavioral health screening and falls prevention screening to detect or prevent illnesses and injuries that occur most frequently in older individuals. **(321(a)(8))**

A. Information and Referral/Assistance Services

The Area Agency on Aging (AAA) in partnership with the Department on Aging shall provide information sharing activities, which are executed under an area plan. The Information and Referral/Assistance (I&R/A) service provides information to an inquirer in response to a direct request for such information.

The I&R/A service recognizes the inquirer's right to accurate, comprehensive, and unbiased information provided in a confidential and/or anonymous, nonjudgmental manner and is a non-partisan, non-ideological, and impartial information source for available nonprofit, government, and for-profit services that meet the I&R/A service's inclusion/exclusion criteria. Service is provided by trained I&R/A Specialists and is delivered in a variety of practical ways that support the mission of the I&R/A program, the accessibility requirements of the community, and the communication preferences of inquirers.

South Carolina Information and Referral/Assistance Program

a. Purpose

The I&R/A Program is established to help individuals, families, and communities identify, understand, and utilize the programs, services, and resources that are part of the human service delivery system.

The I&R/A Program provides a system to link people in need of assistance to appropriate aging and disability resources provided regionally throughout the State of South Carolina.

b. I&R/A Program Development

The I&R/A Program reflects and adheres to the mission, policies, and procedures set forth by the OAA, the ACL, and the Department on Aging. The I&R/A Program receives additional programmatic guidance for I&R/A service development and administration from the Alliance of Information and Referral Systems (AIRS) and ADvancing States.

The Department on Aging shall establish the position of a full-time I&R/A Program Coordinator to serve as the liaison for the regional I&R/A Specialists.

Each AAA is required to have a full-time, or equivalent, trained I&R/A Specialist and its own organizational structure and policies to ensure quality delivery of services and to fulfill the obligations and protocols of all federal and state entities to receive funding; and adhere to all policies, procedures, and protocols set by the Department on Aging.

Regional I&R/A Specialists work with multiple organizations in order to provide accurate and current informational resources for constituents within their service area. The I&R/A Program works in contingency with GetCareSC, the Department on Aging's website database of available resources for older adults, people with disabilities, their family members, and caregivers in South Carolina. Contacts, referrals, and demographic information for I&R/A are tracked in SC ACT (South Carolina Aging Contact Tracker).

c. Service Delivery

The basis of the I&R/A Program is the evaluation conducted by the I&R/A Specialist during one-to-one interaction with the inquirer, known as contacts. The evaluation process consists of determining the needs of the inquirer through effective communication skills, identifying appropriate resources, making referrals to organizations capable of meeting those needs, and providing enough information about each organization to help an inquirer make an informed choice. Partnerships with nonprofits, profit groups, faith-based organizations, and other community groups are established in order to provide useful information and services to inquirers. In situations where services are unavailable, the I&R/A Program, through its I&R/A Specialist, engages in problem solving to help the inquirer identify alternative strategies.

Information and Referral/Assistance (I&R/A) Service Delivery Requirements and Responsibilities

1. Area Agency on Aging (AAA) Information and Referral/Assistance (I&R/A) Responsibilities:

a. The AAA shall establish internal written policies and procedures (P&P) and protocols as reported in an Area Plan regarding the I&R/A program that must be made available upon request by the Department. The following procedures should be included but not limited to

the following: Accountability measures for budgeting, monitoring, and operations; program assurances; performance measures and goals; marketing; and hiring procedures for specialists.

b. The AAA shall incorporate ACL, Department on Aging, The Alliance of Information and Referral Systems (AIRS), and ADvancing States standards to implement professional assurances for I&R/A operations that set forth personal goals for the targeted populations that shall be reached and served.

1. Interpretation Service - The AAA shall arrange for professional interpretation services so that a non-English speaking caller (including those with disabilities) has prompt and timely access to I&R/A services in in the caller's own language. The AAA shall ensure through the service agreement with the interpretation service that client data is kept confidential. A copy of the interpretation service's annual audit showing that it has complied with confidentiality requirements shall be kept on file by the AAA. The documents should be made available to the Department on Aging as requested.

2. Crisis Intervention and Emergency Calls - The AAA is encouraged to have a Memorandum of Agreement (MOA) or agreement with its local mental health centers or another appropriate organization to ensure quality of service when facilitating and expediting a crisis intervention or emergency call. Training should be provided at least annually to recognize when an inquirer is experiencing a crisis, and that the specialist (and other employees) know how to determine whether the individual is in imminent danger and what steps to ensure that the individual is safe before continuing with an evaluation.

3. Disaster Situations – The AAA shall assure the I&R/A Specialist has a working understanding of the AAA's Emergency Preparedness Plan and its local county emergency management offices (to include nonprofit disaster relief organizations) in order to disseminate accurate information and referrals to senior clients during a declared emergency situation.

4. Privacy and Confidentiality - The Area Agency on Aging (AAA) shall have written procedures and effective monitoring practices to ensure that no information about any client (older persons, adults with disabilities, family members, caregivers, etc.) nor any personal information obtained from a client by a provider or AAA is disclosed by the provider or AAA in a form that identifies the person without the informed consent of the person or the person's legal representative, unless the disclosure is required by court order, statute, or regulation. Disclosure of data for aging funded clients shall be provided to the Department on Aging for monitoring by authorized federal, state, or regional agencies, including to the Department on Aging. In addition, each AAA shall ensure that providers make available aggregate client data to the Department on Aging for federal and state reporting purposes, regardless of funding source.

c. The AAAs are responsible for creating performance goals for contact volume and outreach efforts based on the region's population demographics, as well as implementing monitoring practices and measurements to support planning activities, internal analysis, and appropriate coverage of all of the counties served.

d. Capturing, Monitoring, and Reporting of I&R/A Data

1. Client contact information, as well as outreach efforts, shall be recorded in accordance with the protocols set by the Department on Aging (48 hours) to ensure current client information is up to date to prevent duplication of client profiles, and to identify the need to create a new client record. All I&R/A data must be entered no later than the 5th working day of the following month.When inputting I&R/A data into an approved SCDOA data system, an I&R/A unit is considered one contact.

2. The SCDOA I&R/A Program Coordinator is required to visit the AAA annually to monitor specific service(s)/program(s). Scheduled monitoring sessions will use uniformed and approved tools to evaluate programs and services. Additionally, throughout the year the coordinator will use desktop monitoring tools and will make unscheduled monitoring visits as needed. The coordinator will provide guidance including monitoring tools and protocols to the AAA based on the policies and requirements of the program.

3. Each AAA Director, along with the I&R/A Specialist, shall review the monthly I&R/A reports provided by the SCDOA for the planning and service area monthly. Using this data, the AAA shall determine how to best administer, amend, and improve the I&R/A Program and its goals to assure regional success.

e. I&R/A Training

1. The AAA shall guarantee that I&R/A Specialists receive training in aging and disability programs and earn AIRS (Alliance for Information and Referral Systems) certification within 90 days of their hire dates. If the I&R/A Specialist, hired by the AAA, does not meet the AIRS requirements to obtain AIRS certification within 15 months of hire, or if the I&R/A Specialist fails to maintain recertification, the AAA shall notify the Department on Aging I&R/A Program Coordinator within one working day of learning the regional specialist has not maintained required training.
2. All backups for I&R/A Specialists shall receive training in aging and disability programs and complete at least four hours of additional I&R/A training annually. AIRS certification is preferred.
3. I&R/A Specialists shall be trained by the AAA to use the SC Aging Contact Tracker (SC ACT) in accordance with I&R/A Program protocols set by the Department on Aging.
4. Training support and/or technical assistance can be requested from the Department on Aging at any time. Other I&R/A training opportunities can be found online by AIRS and Advancing States.

f. I&R/A Program and Specialists Requirements:

1. **The I&R/A specialist is a trained and qualified professional** that demonstrate the abilities to assist people and understand their problems and make informed decisions about possible solutions. They are attentive to identifying barriers to resolution such as client feelings or circumstances that can include but not limited to affordability, accessibility, or geographic convenience.

2. The I&R/A Specialist is an advocate that listens and supports the individual's capacity for self-reliance and self-determination through education, affirmation, collaborative planning, and problem solving. They recognize the inquirer's right of respect, privacy, confidentiality, and treatment that is professional, nonjudgmental, and culturally appropriate.

3. The AAAs are encouraged to hire regional I&R/A Specialists that have, at a minimum, Bachelor's degree from an accredited college or university or three years of experience in the field of public health or social services. I&R/A Specialist candidates without a Bachelor's degree should possess three years of experience and/or practical experience in the areas of aging and/or disabilities.

4. The AAAs shall notify the Department's I&R/A Program Coordinator, whenever there has been a change in the I&R/A Specialist's employment status within three working days.

5. The AAA shall provide appropriate space and tools to ensure: privacy for phone calls and documents, to protect clients' confidentiality, and to evaluate clients; and access to the Department on Aging's documentation system for I&R/A (SC ACT, the SC Aging Contact Tracker).

6. The AAA shall provide a trained professional backup if the primary I&R/A Specialist is unavailable to ensure the continuum of service and assistance.

g. Core Functions/Duties

1. At a minimum, through conversation and direct questioning, the I&/R/A Specialist shall request and record the demographic information outlined by the Department on Aging upon receiving a constituent call (i.e. required client data, request for service; and reason for Request for services).

2. The I&R/A Specialist shall provide the inquirer with at least three appropriate referral choices (per contact), when possible. If resources are unavailable at the time, the I&R/A Specialist shall make a good faith effort to assist the caller with alternate avenues for seeking services and/or encourage the caller to call back at a future date.

3. I&R/A Specialists shall provide problem-solving assistance and advocacy, as needed, using practices established by the ACL, Department on Aging, AIRS, and I&R/A policies.

4. The AAAs shall work with the I&R/A Specialists to develop and maintain current information regarding programs, opportunities, and services available to older adults, adults with disabilities, and their families/caregivers within their geographical regions and statewide.

5. Each AAA and I&R/A Specialist shall abide by procedures established under federal and state law, as well as all policies set by the Department on Aging, which protect the privacy of individuals utilizing I&R/A services.

6. I&R/A Specialists shall encourage inquirers to notify them if the information provided proves incorrect, inappropriate, or insufficient to link them with needed services.

Incorrect, outdated, or missing information should be forwarded to the Department on Aging in order for the GetCareSC.com and SC ACT resource databases to be updated.

7. Each AAA and I&R/A Specialist shall promote the local and toll-free telephone numbers, which are available throughout its region, and are accessible to any client seeking I&R/A or constituent services.

8. Each I&R/A Specialist shall accurately input client data into SC ACT within 48 hours of receipt and document every call and contact, including information only calls, by recording the type of information requested and the action taken.

9. I&R/A Specialists shall work with the AAA Directors to review reports using inquirer data and/or data from SC ACT to support community planning activities (or planning at other levels), internal analysis, and advocacy. Reports shall have the ability to provide statistics regarding types of calls (information, referral, crisis), follow-up results (if feasible), and unmet needs. Specialists should be prepared to provide instrumental feedback and proposed resolutions to address any concerns or obstacles encountered in reference to the previously stated statistics for the purpose of a collaborative effort to continuously enhance and expand the I&R/A Program to its highest possible potential.

10. The AAA Director and I&R/A Specialist shall work in conjunction to evaluate the efficiency and effectiveness of their outreach plan(s) through a variety of means including examination of inquirer demographic information and referral source data.

11. I&R/A Specialists, in conjunction with AAA Directors, shall notify the Department on Aging via PSAHelp@aging.sc.gov of any changes pertaining to providers or other resources within the planning and service areas.

12. I&R/A Specialists shall participate in community health fairs, seminars, webinars, etc. that promote and identify appropriate providers, services, and service delivery system improvements.

13. Each I&R/A Specialist shall be knowledgeable of local officials for the purpose of legislative advocacy and capable of identifying the appropriate party of interest when constituent services are not being rendered as designed.

14. I&R/A Specialists shall work closely with others in the aging network (GetCareSC staff, Family Caregiver Advocates, SHIP Counselors, Directors, Ombudsmen, etc.) to ensure that service and resource information is shared within the AAAs and with appropriate Department on Aging staff.

15. The SCDOA I&R/A coordinator will conduct monitoring of the I&R/A program at least once annually with an onsite monitoring visit at the AAA. Uniform monitoring tools will be created. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA.

B. Transportation Services

This section establishes the guidelines and requirements for the Area Agencies on Aging (AAAs) that procure for transportation services for older adults and people with disabilities. The section deals directly with transportation service client eligibility and reimbursement.

Transportation services are a priority under the Older Americans Act (OAA) **(OAA 306)**.

Transportation services under the OAA are intended to facilitate access to services essential to an older adult's ability to remain active and independent in the community by:

- participating in social service programs;
- accessing community businesses and health resources;
- reducing social isolation;
- maintaining health and independence; and
- preventing premature institutionalization.

These transportation services shall be coordinated with those provided by government, public, and private entities to ensure the sufficient provision of transportation services for older individuals.

The Area Agency on Aging (AAA) may enter into transportation agreements with agencies that administer programs under the Rehabilitation Act of 1973 and Titles XIX and XX of the Social Security Act to meet the common need for transportation of service participants under the separate programs. OAA Title III-B funds may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973 and Titles XIX and XX of the Social Security Act (**OAA 306 (d)(1-2)**).

The South Carolina Aging Network actively participates in the implementation of supportive services throughout South Carolina. As the administrator and steward of the OAA and its funds in South Carolina, the Department on Aging shall carry out a wide range of aging and disability functions. Using OAA and state funds, the AAA shall administer appropriate levels of services in the planning and service areas. The AAA Director shall provide direction to the AAA for transportation operations in accordance with OAA and Department on Aging regulations and guidelines.

Reimbursable Transportation Service Eligibility

The AAAs shall ensure that the providers offer reimbursable transportation services to eligible participants 60 years of age or above who are unable to drive, do not have access to a vehicle, or have no access to affordable public transportation and shall be transported to destinations and services necessary for independent living and quality of life.

Transportation Service Activities

The Department on Aging stipulates that each AAA shall utilize the Point-to-Point system (actual miles) for reimbursement purposes. The AAA shall assure that they meet the transportation needs of individuals covered by the OAA in the planning and service area through one or more of the following service methods, as appropriate:

- fixed route;
- demand response;
- passenger assistance services;
- door-to-door;
- curb-to-curb;
- door through door; and/or
- assisted transportation.

Services should be provided for those clients who need transportation in order to remain at home safely and independently, so as to delay institutionalization. Transportation service includes

transporting eligible older adults to local community resources or other locations necessary for accessing services and/or accomplishing activities necessary for daily living.

Destinations may include, but are not limited to, nutrition sites, senior centers, shopping centers, and pharmacies.

Transportation Agreement Standards
The AAAs shall ensure that providers operate service programs in accordance with all standards for the transportation services, as well as all requirements of the OAA and Department on Aging.

The designated transportation service for the Department on Aging is Point-to-Point. Point-to-Point is the provision of a means of going from one location to another. It does not include any other activity.

Transportation Units of Service
The unit of service for as stipulated by the agreement for point-to-point transportation services for an individual is a mile. It is also the unit of service for riders receiving assisted transportation. (This is for non-group transportation).

Group Transportation: Group Transportation is a trip, with multiple riders, starting from a single point of origin, going to a single drop-off point (for example, a trip starting at the group dining site going to a multi-purpose store). A unit of service for group transportation is a mile. A group trip is determined by the actual miles between points, regardless of the number of clients riding (more than two riders going to one destination). Destinations may include, but are not limited to, nutrition sites, senior centers, shopping centers, and pharmacies.

Event Transportation: Event transportation, formerly known as a Social Trip, provides the means for seniors to have the transportation to beneficial events and activities. The AAA will reimburse each provider for up to two AAA approved Event Transportation trips annually per provider. The two AAA-authorized event transportation trips are to be reimbursed through Department on Aging funds. Event transportation is for in-state travel only, unless funded through non-Department on Aging funds. To be eligible for reimbursement, all event trips must have a reasonable cost, receive prior approval from the AAA, and have a justification in the client financial tracking system. Event transportation trips shall be reimbursed based on the cost of the entire trip rather than for each individual traveling.

Note: While the Department on Aging will reimburse for two Event Transportation trips per provider annually, it is still the priority of transportation services, funded through the Department on Aging, to provide life sustaining transportation services, such as for medical care or grocery shopping before offering transportation to special events. The Department on Aging strongly recommends that providers utilize local or alternative funding for Event Transportation, so that the limited transportation funds allocated through Department on Aging resources can be used to provide the clients with the essential transportation services necessary to allow them to remain home safely and independently for as long as possible.

Note: General administrative activities such as record keeping, travel and training time, time spent coordinating with other agencies, etc. are not counted as units of service but are elements of the total unit cost.

1. **Area Agency on Aging (AAA) transportation responsibilities**
   - **a.** All AAAs shall ensure that transportation services for properly assessed eligible participants are available in the planning and service area in accordance with the OAA and the Department on Aging.
   - **b.** The AAAs shall assess the transportation needs of the planning and service areas via needs assessments to ensure that the transportation service activities are coordinated according to the transportation needs. Regional transportation assessments and coordination of services should be reflected in the Area Plan.
   - **c.** The AAA, as well as its providers providing transportation services, shall practice sound and effective fiscal planning and management, financial and administrative record keeping, and reporting.
   - **d.** The Department on Aging will reimburse only for the actual miles between a client's point of origin and destination. Steps shall be taken to ensure that the shortest route between points is pre-determined.
   - **e.** The AAA shall ensure that providers compile a record of actual mileage for each client utilizing transportation services. This can be accomplished by using recognized online mapping sites, or any other mapping services, to determine the miles between the client's point-of-origin and destination. It is the responsibility of the AAA to monitor and verify mileage and supporting documents before submitting for reimbursement. The Department on Aging will not reimburse if the number of miles recorded into the client financial tracking system is different than the record kept on file by the provider. This information shall be made available to the Department on Aging upon request.
   - **f.** Each AAA shall ensure that transportation providers accurately input required data into the client financial tracking system, or any other required Department on Aging client data collection systems, in a timely manner and as mandated by the terms, conditions, policies, procedures, and specifications of the indicated aging program. Data shall be submitted to the Department on Aging by the 10th day of the month.
   - **g.** If a transportation procurement agreement entered into by the AAA is amended and results in any changes in services provided, the AAA shall notify the Department on Aging in writing within five working days and provide assurances that all services units are being earned by the provider.
   - **h.** The AAA shall ensure that the providers maintain all information which documents the providers are in compliance with federal and state transportation standards.
   - **i.** For monitoring purposes by the Department on Aging and/or AAA, the providers shall keep the following records:
     - driver certified daily rider logs for each vehicle, miles ridden by each passenger (trip starting point and drop-off point), and names of companion riders (this includes Group Transportation trips);
     - incident reports for any unexpected event and/or registered complaints with follow-up; and
     - daily contributions from riders and fares paid by private pay passengers.
   - **j.** The AAA through its monitoring, shall ensure that its providers protect collected contributions and fares made daily by the riders and track the contribution to the deposit process into the provider's bank account.

k. The AAA shall require the provider to give documentation to the AAA that any vehicle used in the delivery of services shall be adequately insured, fully equipped for safety, and mechanically sound.

l. The AAA shall ensure that any volunteer using a personal vehicle to transport clients shall have a current South Carolina Law Enforcement Division (SLED) check and provide documented evidence of personal vehicle insurance coverage as required by South Carolina law. If the volunteer is reimbursed for mileage, proper documentation shall be submitted to and maintained by the AAA.

m. The AAA shall, with guidance by the Department on Aging Transportation Manager, ensure that the provider maintains an appropriate number of vehicles accessible to persons with disabilities.

n. The AAA shall ensure that each service provider has clearly defined written policies to handle any concerns or complaints regarding the service, vehicles, drivers, or other passengers. All complaints need to be submitted to the Department on Aging for review through PSAHelp@aging.sc.gov.

o. The AAA shall ensure that all of their providers' drivers have current good driving records from the South Carolina Department of Motor Vehicles and up-to-date SLED checks. Documentation verifying the providers' drivers' driving records and SLED checks shall be submitted to the AAA and submitted to the SCDOA upon request.

p. The AAA shall ensure that each service provider offers a non-coercive method that allows service recipients to make voluntary contributions for the services they receive each day and use such contributions to expand the services provided.

q. The AAA and its providers shall conduct consumer satisfaction evaluations on at least an annual basis. This can be accomplished through various methods including, but not limited to, surveys, interviews, and/or focus groups. This data shall be reviewed by the AAA for program development and made available to the Department on Aging.

2. Reimbursement for transportation service units earned

a. The Department on Aging shall reimburse the AAA based on the actual miles between an established point-to-point trip. Documentation verifying units earned shall be provided to the Department on Aging upon request, including the number of miles per client from a mapping service and transportation sign in sheets.

b. The Department on Aging shall not reimburse the AAA for any transportation service units not earned by the providers.

c. The AAA Director shall provide the Department on Aging with a written plan, to be submitted in the Area Plan, which addresses how the AAA shall ensure that providers are earning service units in accordance with the OAA and Department on Aging policies.

d. Anyone who volunteers as a driver or is being compensated by an AAA or provider to provide transportation services cannot be counted as a service unit earned for transportation services funded through the Department on Aging while providing that compensated service. When monitoring aging services, the AAA shall match service clients with a list of AAA and provider employees to ensure funding and programmatic integrity.

e. Invoice for reimbursement of service units earned is based upon data in the client financial tracking system originated by the provider and approved by the AAA.

f. For proper reporting in OAAPS, trips should be tracked.

Note: The SCDOA transportation coordinator will conduct monitoring of the transportation program at least once annually with an onsite monitoring visit at the AAA. Uniform monitoring tools will be created. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA.

C. Home Care Services

Home care services address a progressive level of need that a program beneficiary usually experiences when dealing with a condition that requires assistance with incidental or routine activities of daily living. Home care services assist older individuals, families, and/or caregivers to overcome specific barriers to maintain, strengthen, and safeguard independent functioning in the home**.** These services are designed to prevent or delay institutionalization and improve the individual's or caregiver's quality of life and include personal care, homemaker and chore assistance. Home care services are funded by the Area Agencies on Aging (AAAs). Home Care Service definitions are based on the OAAPS definitions.

Using OAA and state funds, the AAA shall administer appropriate levels of services in the planning and service area. The AAA Director shall provide direction to the AAAs for home care service operations in accordance with OAA and Department on Aging regulations and guidelines.

1. Home Care Service Definitions

- **a.** Personal Care – Personal assistance, stand by assistance, supervision or cues (such as with eating, bathing, toileting, transferring in/out of bed or chair, walking, dressing, grooming, and assistance with medicine).
- **b.** Chore – Assistance with heavy housework, yard work or sidewalk maintenance for the person.
- **c.** Homemaker – Assistance such as preparing meals, shopping for personal and household items, using the telephone, and doing light housework.
- **d.** Minor Home Modification – Limited assistance with home improvements in the owner-occupied homes of seniors.

2. Planning Service Area (PSA) & Area Agency on Aging (AAA) Home Care Service Responsibilities

- **a.** Each AAA shall ensure that all home care service providers provide initial and ongoing training for all appropriate staff.
- **b.** Each AAA shall ensure that all home care service providers' staff have current SLED checks prior to being hired and at least everyth two years thereafter. All SLED criminal background checks must include all data for the individual with no less than a ten (10) year timeframe being searched. The SLED criminal background check must include statewide data. The statewide data must include South Carolina and any other state or states the worker has resided in within the prior ten years.— We don't say what to do if something comes back on the SLED background check. CLTC says this Potential employees with felony convictions within the last ten (10) years cannot provide services to SCDHHS/SCDDSN participants or work in an administrative/office position. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to SCDHHS/SCDDSN participants under the following circumstances:

• Notification of participant/responsible party of aide's SLED criminal background
• Provider must obtain a written statement, signed by the participant/responsible party acknowledging awareness of the aide's SLED criminal background and Manual Updated 10/01/20 Community Long Term Care Provider Manual SECTION 6 CLTC STANDARDS FOR WAIVER SERVICES PERSONAL CARE I 6-100 agreement to have the aide provide care; this statement must be placed in the participant record. Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the discretion of the provider. Hiring of employees with misdemeanor convictions will be at the discretion of the provider.

c. Providers are required to check the CNA registry and the Office of Inspector General (OIG) exclusions lists for all staff prior to hire then at least every two years thereafter. A copy of the search results page must be maintained in each employee's personnel file. Anyone appearing on either of these lists is not allowed to provide services.

d. Each AAA shall ensure that home care service providers adhere to all licensing, confidentiality and privacy regulations and all applicable laws as established by federal and state governments, in addition to the regulations set by the United States Department of Health and Human Services (USDHHS), the ACL, Department on Aging, DHEC, and the AAA. AAAs and providers should contact the applicable regulating agency, such as USDHHS or DHEC, for guidance as to the applicability of regulations and guidance on questions as to what licenses providers must have based on the services they provide.

e. Each AAA shall ensure that home care service providers accurately input required client data into the client financial tracking system as stipulated in Chapter 407.

f. The AAA shall ensure that providers have clearly defined criteria to determine when to terminate home care services as approved by the AAA. This documentation must be kept on file and provided to the AAAs and Department on Aging upon request or as required.

g. The AAA shall ensure that all home care service activities and client information is documented and maintained by the providers to include eligibility, plan of care, progress notes with supervisor's notes from any on-site visits, and paper or electronic termination forms. Documentation must be kept on file and provided to the AAA and Department on Aging upon request or as required.

h. The AAA shall ensure that all providers maintain documentation, signed by the older individual or the responsible party, of in-home visit activities, such as activities performed, time spent in direct service to the older individual, and notations on condition. In addition, the provider shall maintain documentation of any missed or attempted visits. Documentation must be kept on file and provided to the AAA and Department on Aging upon request or as required.

i. The AAA shall ensure that all providers maintain records of incident reports, registered complaints, and follow-ups. This documentation must be kept on file and provided to the AAA and the Department on Aging upon request or as required.

j. The AAA shall ensure that all home care service providers maintain a list of emergency contacts and a written agreement with the caregiver regarding arrangements for emergency care and ambulance transportation.

k. If a home care services procurement agreement entered into by the AAA and a provider is amended and results in any change in the service provided, the AAA must notify the Department on Aging in writing within three working days and provide assurances that ensure that all service units are being earned by the provider.

l. The AAA shall ensure that homecare services are not provided to individuals who have family/non-family members who are living in the home and are able to provide the home care services. If a family/non-family member is living in the home and not able to provide home care services a justification must be made in the state data collection system.

3. Department on Aging Reimbursement for Service Units Earned

The Department on Aging shall not reimburse the AAA for any home care service units not earned by the providers. Reimbursement payments shall be withheld if the Department on Aging determines the service units have not been earned.

4. Unit of Service

A unit of service is defined as one hour of direct services provided to or in the older individual's residence.

Note: General administrative activities such as record keeping, travel and training time, time spent coordinating with other agencies, etc. are not counted as units of service but are elements of total unit cost.

Note: The Code of Federal Register (CFR § 1321.3.) sets a cap of $150 when using Title III-B Supportive Services funding for Minor Home Modification. The SCDOA will allow state HCBS funds to be used with Title III-B funds for minor home modifications if limited and justified.

5. Home Care Service Eligibility and Considerations

Individuals 60 years of age or older may be eligible for home care services if the older individual has a chronic illness, has limitations at least two ~~in the~~ activities of daily living, or has an acute episode of a chronic illness that affects the ability to provide self-care and maintain a safe and sanitary home environment without assistance. Home care service beneficiaries are expected to be homebound or to have a medical condition that prevents them from safely performing the activities involved in the services received.

When more than one elderly person eligible for home care services lives in a household, services not specific to the individual are considered one unit of service. For example, bathing, personal grooming, or medication management are specific to the individuals served and would count as two units, if documentation shows that each person received one of these services during the visit.

6. Priority Services

In-home services are a priority under the OAA. A provision of the Act requires the Department on Aging to set a minimum level of expenditure of OAA Title III-B funding on in-home services. The AAA may set a higher limit based on the regional service needs assessment for home care services.

7. Rights Related to In-Home Services for Frail Older Individuals

The OAA shall require entities that provide in-home services to promote the rights of each older individual who receives such services. Such rights include the following:

- the right to be fully informed in advance about each in-home service provided and any changes in service that may affect the well-being of the program beneficiary;
- the right to participate in planning and changing the in-home services unless the program beneficiary is judicially adjudged incompetent;
- the right to voice a grievance with respect to such service that is or fails to be so provided without discrimination or reprisal as a result of voicing such grievance;
- the right to confidentiality of records relating to the program beneficiary;
- the right to have the property of the program beneficiary treated with respect; and
- the right of the program beneficiary to be fully informed (orally and in writing), in advance of receiving in-home service, of the beneficiary's rights and obligations (**OAA 314**).

Note: The SCDOA Home Care coordinator will conduct monitoring of the Home Care program at least once annually with an onsite monitoring visit at the AAA. Uniform monitoring tools will be created. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA.

D. Client Assessment Protocols

The Department on Aging supports a holistic, person-centered approach to assessments that results in all of the client's needs being identified, instead of an assessment process where clients are assessed for a specific service. In order to meet the person-centered assessment goal, each AAA shall conduct assessments in its respective region.

Assessments are a service of Title III-B under the Older Americans Act and should be treated like all III-B services. Therefore, the AAA shall budget its assessment allocation in the same manner as other III-B services. When budgeting for assessments, the AAA shall take into account factors such as regional needs, as well as its capacity to effectively deliver program services with its resources in the region.

The Code of Federal Register states in §200.330(a)(1) that a subrecipient (an AAA) determines who is eligible to receive federal assistance, thereby demonstrating why the AAA should be conducting assessments.

All clients, with the exception of participants of group evidence-based programs and those receiving legal services, funded through the Department on Aging shall have a full and valid assessment in order to be a service recipient.

Note: Legal service clients are not required to provide income or resource information to be eligible for legal assistance. The client shall be asked but not required to provide the following data on the Department on Aging Assessment/Reassessment Form: county, income, zip code, race and ethnicity, and gender, date of birth, income, English or Non-English-speaking, and number in household.

Clients who do not wish to provide all of the requested data shall be informed by the entity conducting the assessment that there may be other services available for which the client is

eligible and that not providing the additional data may impact the client's ability to receive additional services; however, this does not affect the ability to receive legal services.

Neither referral to receive legal assistance nor payment to the legal services provider(s) shall be delayed pending any assessment or data entry process.

The AAA shall follow and utilize the approved protocols established by the Department on Aging for assessments. The AAA shall use staff who have undergone Department on Aging assessment training. Persons hired for the assessor positions shall have 90 days from the date of hire to complete the official Department on Aging assessment training. Assessments shall be conducted in person, via a video conferencing platform (Zoom), and by telephone on a limited basis described below. Prior to the assessment being conducted, the SCDOA Consent Form shall be signed by the prospective client or the prospective client's authorized representative. A previously signed Consent Form may serve as authorization for a video conferencing platform (ZOOM) or telephone re-assessment. In times of emergency, clients may authorize an assessor to sign the Consent Form on their behalf. A copy of the assessor signed Consent Form must be mailed to the client within three days after the assessment is completed.

All assessments shall be conducted using only the authorized Department on Aging Assessment/Reassessment Form. No other assessment form should be used to determine the client's needs for Department on Aging/Aging Network services. When providing legal services, an assessment is helpful, but not required, to identify other potential needs.

Legal service clients are not required to provide income or resource information to be eligible for legal assistance. The client shall be asked but not required to provide the following data on the Department on Aging Assessment/Reassessment Form: county, income, zip code, race and ethnicity, and gender, date of birth, income, English or Non-English-speaking, and number in household.

Clients who do not wish to provide all of the requested data shall be informed by the ~~entity~~ AAA conducting the assessment that there may be other services available for which the client is eligible and that not providing the additional data may impact the client's ability to receive additional services; however, this does not affect the ability to receive legal services.

Neither referral to receive legal assistance nor payment to the legal services provider(s) shall be delayed pending any assessment or data entry process.

Note: The Family Caregiver Support Program uses a separate assessment form and has its own programmatic assessment protocols in place.

1. **Uniform Assessment, Client Eligibility Determination, and Selection Protocols**
   With the skills acquired through the Department on Aging assessment training policies, each AAA is responsible for developing its own processes for assessing, evaluating, and approving clients.

   Whenever possible, the AAA shall assess and determine eligibility of the potential client within 10 business days after receiving a referral or when a contact is made to the AAA by an individual seeking service.

The AAA will reassess existing clients annually, within 30 days of the clients' initial assessment anniversary date. Providers, currently serving the client, will be notified when the reassessment is completed and provided details about the status of services. The AAA shall establish and share protocols with providers regarding reassessments and payment for services if the 30-day reassessment deadline passes.

Once the prospective client is approved by the AAA, the individual's name shall be placed on all of the waiting lists, if necessary, for the appropriate county. The AAAs are expected to maintain accurate and up-to-date waiting lists. Priority scores must be included to ensure that the individual with the greatest need is the next client selected from the waiting list.

The AAA is expected to provide sufficient information to the provider based on the assessment, giving pertinent details needed to deliver services. The provider should be made aware of the details pertaining to the home situation and the client and should be documented in the client financial tracking. Pictures taken during the assessment should be shared with the provider, indicating any potential factors that may impact service.

2. **Required Assessment, Eligibility Determination, and Client/Service Selection Protocols**
   - The AAA assesses, determines eligibility, and selects the client and service (based on highest priority score).
   - The provider delivers the services as stipulated by the agreement with the AAA.

Provision of Temporary (short-term) Services before Client Approval and Service Selection Determination

The provider may offer services on a temporary basis to an individual prior to an assessment and client approval, if the provider anticipates the individual is eligible and it is in the individual's best interest (a justified emergency situation). If the AAA approves the individual for services, then the services can be reimbursed through aging service funding provided by the Department on Aging. If an individual is denied approval after an assessment is conducted, the AAA will be unable to use aging service funds allocated by the Department on Aging to reimburse for that individual, and it will be the provider's responsibility to pay for the service units.

Should an individual need assistance prior to completion of the assessment process, or while on a waitlist, appropriate referrals shall be made to resources outside the Aging Network, which can provide short term assistance to sustain the applicant.

Provision of Group Dining Meals before an assessment can be conducted

A Program Instruction (PI) was issued on January 22, 2019 to further clarify the provision of group dining meals for clients prior to an assessment being conducted. As the primary qualification for group dining clients under the Older Americans Act is to be 60 years old or older, Aging Service Providers are now authorized to serve group dining meals to seniors who meet the age requirement without assessments if the following conditions are met.

a. The provider does not have a group dining waiting list.
b. The provider has funds available to immediately serve the group dining recipient upon being added to the service.

c. The provider has the funds available to sustain the group dining recipient long term if added as a client. The provider shall assume responsibility for funding if the client was added without properly reviewing funds available or if funds were not budgeted accurately. Neither the Department on Aging or the AAA will be responsible for funding a client added by a provider that did not budget accurately for the addition of new clients.

Upon adding a new group dining client, the provider will email a scanned copy of the *"*Client Authorization for Group Dining Clients without Assessments*"* form provided by the South Carolina Department on Aging to the Area Agency on Aging. It will be the responsibility of the Area Agency on Aging to assess that client at a later date to determine eligibility for other aging services. The Department on Aging recommends that these assessments be conducted at the group dining site within 30 days of the client being added. If the AAA is not able to assess (cannot reach or dies) the client the provider will be responsible for paying for any units the client receives.

3. **Assessor Safety**
It is the responsibility of the AAA to enact assessment policies in writing that provide safeguard protocols for professionals conducting assessments in the region. These safeguards should include, but not be limited to, the assessor's personal safety and wellness. For example, the policy should state how a professional terminates an assessment if there are concerns for safety and health. These policies shall be made available to the Department on Aging as requested.

4. **Client Safety**
It is the responsibility of the AAA to enact assessment policies in writing that provide safeguards for the individuals being assessed. These safeguards should include, but not be limited to, background checks for employees and protocols related to Adult Protective Services laws and requirements. The assessment professional, as a mandatory reporter, should have protocols to follow that provide guidance for notifying Adult Protective Services and/or law enforcement. In addition, the AAA should have policies in place to ensure appropriate follow-through of health and safety issues noticed during a home assessment. These policies shall be made available to the Department on Aging as requested.

5. **General Assessment Provisions**
The AAA is responsible through the assessment process for ensuring that regional waiting list data is collected. Department on Aging policy stipulates that waiting list information shall be entered into the approved Department on Aging data collection system (currently AIM), and kept current at all times. By recording this data in the system, the statewide aging network will retain an accurate record of service needs that can be shared with policy makers. Each AAA will review and monitor its waiting lists and assessment data continuously and when necessary, communicate with the providers to determine why clients with high priority scores are not being served.

The AAA shall have protocols in place to ensure that there is appropriate follow-through for referrals made after need is determined through an assessment; for example, if a referral is made to assist an individual in applying for SNAP benefits, the AAA should

follow up with the individual to see if those services were provided or if additional assistance is needed. These policies shall be made available to the Department on Aging upon request.

6. AIM Assessment Activities

AIM activities for assessments shall be available for each AAA region. Eligible assessments that are to be reimbursed by federal or state funds shall be appropriately captured in AIM. Assessment costs will be in AIM as a separate service category paid through either III-B funds or State Home and Community-Based Services funds. Assessments are to be budgeted through the same mechanism used to budget other allowable services. (See definitions below)

While the AAA will not be reimbursed for specific assessment units earned, it will be monitored closely to determine if assessments are being conducted in a manner that shows program services are increasing annually, in accordance with the Performance Measures stipulated in each AAA's Area Plan and annual Area Plan Update.

7. Levels of comprehensive and holistic assessments conducted by the AAAs

In-home assessments: An in-home assessment is required for all clients needing services provided in the home. In-home assessments will be conducted face-to-face with the client in the home, using the Department on Aging approved assessment form. Prior to the assessment being conducted, the official Department on Aging Consent Form shall be signed by the prospective client or authorized representative of the prospective client. In-home assessments are the preferred method of assessment.

Communal site assessments: A communal site assessment is an assessment that is performed at a communal site such as a group dining facility. Communal assessments will be conducted face-to-face in a private setting within the facility, using the Department on Aging approved assessment form. The AAA should schedule as many assessments as appropriate when utilizing a communal site to reduce costs. (A communal site assessment may determine the necessity of an in-home assessment.)

Phone assessments: On a limited basis, and during emergencies, the AAAs shall have the option to conduct assessments by phone on clients that have previously received an in-home or communal assessment. Phone assessments shall be used on a limited basis as determined by the AAA, using the Department on Aging approved assessment form. Justification shall be provided to demonstrate why a face-to-face assessment was not necessary. (A phone assessment may determine that an additional face-to-face or in-home assessment is necessary.)

Video conferencing platform assessments (ZOOM): A video conferencing platform assessment is conducted in a client's home or at a congregate meal site. Video conferencing platform assessments provide assessors the ability to conduct face to face assessments virtually. Although video conferencing platform assessments allow the assessor to "see" the client, they do not present all of the benefits of an in-person, in-home assessment.

8. Assessment Budget

Budgeting Assessment Services

The Department on Aging has classified assessments as a required direct service provided by the AAA using Title III-B Supportive Services and State Home and Community-Based Services (HCBS) funding. Therefore, assessments are to be budgeted in the same manner as other allowable services.

Note: The AAA is required to utilize a pre-assessment screening tool; the tool and/or pre-assessment screening plan shall be approved in advance by the Department on Aging until such time as the Department on Aging has issued a uniform pre-screening tool through a Program Instruction (PI).

Allowable Assessments
The Department on Aging allows the following types of assessments to be utilized at the discretion of the AAA:

- In Home
- Communal Site
- Video Conferencing Platform (Zoom)
- Phone

During an assessment, the clients must be informed that they are not legally required to provide income or resource information in order to be eligible for assistance. A client not providing all of the required data may receive a reduced assessment score which could impact the ability to receive services.

The Department on Aging does not require the AAA conducting the assessment to collect Social Security Numbers (SSNs). Any AAA that chooses to collect Social Security Numbers (SSN) and/or any other personally identifying information not required by the Department on Aging shall safeguard this information in a manner consistent with the security measures required by the Department on Aging to protect the client's privacy. Both the AAA and provider shall provide assurances that the personal data is protected should any additional information be collected, and the Department on Aging assumes no liability for that data.

Aging service clients shall be reassessed 30 days before or after the date of the client's initial assessment, or when necessary due to a change in status (health or other life status changes) to assure receipt of services continue to match the client's needs.

If the AAA experiences a backlog in conducting assessments, or finds that an outlying county in its region may have greater proximity to a neighboring AAA, it may be beneficial to enter into a Memorandum of Agreement (MOA) or contract with another AAA to engage that AAA's services in order to bring current the backlog or more efficaciously handle those assessments in outlying areas. The Department on Aging encourages AAAs to utilize the most cost-efficient and productive approaches for assessing clients in neighboring counties, should the need arise.

Note: If the AAA uses Information and Referral/Assistance (I&R/A) Specialists in the assessment process, there must still be a fulltime Specialist to ensure adequate I&R/A coverage and to fulfill the requirements of the Older Americans Act (OAA) and the Department on Aging.

Note: The SCDOA Assessment coordinator will conduct monitoring of the Assessment program at least once annually with an onsite monitoring visit at the AAA. Uniform monitoring tools will be created. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA.

503: Title III-C Nutrition Service Operations

Purpose of Nutrition Services
The goal of aging services, including nutrition program activities, is to keep older adults living safely and independently at home for as long as possible and to give them the tools necessary to make well-informed decisions that promote beneficial health and wellness practices. As such, nutrition program services are considered a part of the healthcare continuum with the purpose of maintaining and/or improving the nutritional, health status, and quality of life of older adults.

Department on Aging funded nutrition services utilize both federal and state funds. Regardless of funding stream, all meals served in the nutrition program shall follow the guidance set forth by the OAA in Title III-C as outlined in this section, except as stipulated, in this manual, by the Department on Aging **(Chapter 300, Section 305 and Chapter 600, Section 603**).

The Aging Nutrition Program was established by the Older Americans Act (42 U.S. Code Chapter 35, Subchapter 3, Part C – Nutrition Service) to:

- reduce hunger, food insecurity and malnutrition;
- promote socialization of older individuals; and
- promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Statutory Authority
The Older Americans Act (OAA) of 1965, as amended in March 2020, under Title IIIC, authorizes the Assistant Secretary to carry out a program for making grants to States under State plans approved under section 307 for the establishment and operation of nutrition projects that:

Subpart 1 - Congregate (Group Dining) Nutrition Services (Title III C1)

1. provide five (5) or more days a week (except in rural area where such frequency is not feasible [as defined by the Assistant Secretary by regulation] and a lesser frequency is approved by SCDOA), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant contract under this subpart may elect to provide;
2. shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and
3. provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal recipients. **(42 U.S.C. 3030e)**

Subpart 2 – Home Delivered Nutrition Services (Title III C2)

1. provide five (5) or more days a week (except in rural area where such frequency is not feasible [as defined by the Assistant Secretary by regulation] and a lesser frequency is approved by SCDOA), provide at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental goods and any additional meals that the recipient of a grant or contract under this subpart elects to provide; and

2. Nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal recipients. **(42 U.S.C. 3030f)**

Service outcomes include:

- identification of eligible and target group persons at malnutrition risk and/or food insecurity;
- delay decline in health and nutrition status through nutrition screening, services, and referrals;
- reduce isolation of program participation through socialization and home-delivered meal contact.

A resource for OAA nutrition program information is the National Resource Center on Nutrition and Aging. This resource can be found in **Appendix 500 C (a).**

A. Service Eligibility and Priority

Nutrition services shall be provided to eligible individuals based upon completion of the Department on Aging assessment. The Nutrition Score is used to determine client prioritization for meal services. The total is calculated from the Malnutrition Screening Tool and the Expanded Food Security Screener questions within the client assessment. Additionally, it is federally mandated that the score from the DETERMINE Your Nutritional Health (NSI- Nutrition Screening Initiative) screening questionnaire to be reported via OAAPS.

Nutrition Program Eligibility and Prioritization Matrix

Group Dining	Home Delivered Meals
Title III-C1 Eligibility: • Aged 60+ • Spouse of any age of a 60+ program participant • Individual with a disability who resides with a 60+ participant • Volunteer who provides services during the meal period. **Bingo:** • Ages 55-59	**Title III-C2 Eligibility:** • Aged 60+ • Spouse of any age of a 60+ program participant • Individual with a disability who resides with a 60+ program participant **AND Homebound** • Unable to attend the Senior Center due to reason of illness or disability; or • Unable to leave the home without assistance; or • Only able to leave the home for short-periods of time due to financial or cognitive limitations; or • When the individual does leave their home, it is infrequent and only for short-periods of time, or it is attributable to the need to receive medical treatment and other essential treatment; or • Geographical isolation and may be at risk for institutionalization; **HCBS:** • A full time caregiver who is < 60 y.o. (not the spouse) **Bingo:** • Above eligibility criteria, but aged 55-59
Nutrition Score Points: Malnutrition Screening Tool: permissible values 0-5 Expanded Food Security Screener: permissible values 0-15 **Total** **Permissible Values: 0-20**	

• The score is used to prioritize clients for nutrition program services.
DETERMINE Your Nutrition Risk (NSI) **Total** **Permissible Values: 0-10** • The score is a federal reporting requirement for OAAPS. Score is not used for prioritizing clients.
Total Prioritization Points: Score is tabulated from all parts of the client assessment process. **Total Permissible Values: 0-150** • The score is used to further prioritize clients who have the same Nutrition Score.

The Administration for Community Living (ACL) note that OAA nutrition services (group dining and home-delivered meals) are not intended to reach every eligible individual in the community. OAA funded nutrition services are targeted to those in greatest social and economic need with particular attention to:

- low income individuals;
- minority individuals;
- older individuals in rural communities;
- older individuals with limited English proficiency; and
- older individuals at risk of institutional placement (see definition in Chapter 100, of this Manual)

Individuals that do not meet the eligibility requirements or targeted criteria as outlined should be served using local or private pay funds when available.

Note: Group dining clients are allowed to be served before an assessment per Chapter 500, Section D-2, Client Assessment Protocols. Each requirement of the section referenced above must be met before the provider can serve the group dining client without an assessment.

B. Federal and State Nutrition Service Requirements

The AAA's shall ensure that all providers comply with all provisions for nutrition services contained in the Older Americans Act and (Appendix 500 C (b)) and shall

1. ensure that nutrition service providers adhere to all provisions of this Section (503);
2. ensure that its providers operate nutrition programs a minimum of 249 days a year based on a five day per week schedule, per OAA Section 331;
3. provide to the Department on Aging the guidelines established for operating hours and socialization requirements for all sites that do not receive Permanent Improvement Project (PIP) funding;
    - complete "Change in Meal Site Operations Report" form for those sites that are; opening, reopening, closing (long-term and temporary) or other changes per form **(Appendix 500 C (c))**
4. purchase nutrition services, with funds received from the Department on Aging, from service providers who have the capacity to provide meals in accordance with the OAA Section 339, Nutrition. Separate contracts may be utilized for the different types of meals (e.g. hot, frozen,

cold, or emergency shelf-stable), nutrition education, and counseling (due to limited funding, counseling is not a reimbursable service.) if the meal vendor does not provide these services;

5. ensure that all participants receiving services utilizing Department on Aging funds have a full and valid assessment in order to be a service recipient;
6. ensure that all aspects of Chapter 300, Section 305 (O-Q) of this Manual are adhered to in the establishment, notification, and implementation of voluntary contributions, cost-sharing and private pay programs when procuring service agreements and in the implementation of agreements;
7. ensure that clients are prioritized for nutrition services as determined by the Department on Aging assessment nutrition score and total score;
8. ensure that federal funding is the primary funding source for nutrition services financed by the Department on Aging. State funds may be used after federal funds are expended, as allowed by Chapter 600;
9. assure that nutrition services will be delivered in the region in compliance with OAA and Department on Aging requirements. If the services are not being provided, the AAA must notify the Department on Aging of the problem, in writing within five business days of the discovery. The AAA shall allow the provider 30 days after discovery to correct the problem and ensure that its service provider is serving the senior participants as stipulated by the agreement. The AAA shall notify the Department on Aging, in writing, when and how the problem was resolved, within 10 days of the resolution;
10. ensure that each meal provider has procedures in place to make certain all eligible participants receive the appropriate serving (serving sizes are not to be reduced when attendance exceeds expectations) in order to maintain the nutritional adequacy of meals served;
11. approve the following in writing: facilities, nutrition services attendance records/sign-in sheets, hours of operations, socialization requirements, documentation for nutrition counseling where provided, and plating and packaging procedures used at facilities;
12. ensure facilities used for meal services comply with SCDHEC Regulation 61-25, September 27, 2019**(Appendix 500 C (h)**;
13. ensure that providers address a service recipient's request for a short-term change in service, such as days of attendance or temporary transfer to the home-delivered meal service, within three days of the request;
14. ensure that the termination of an individual's nutrition services is a carefully planned process with supporting documentation;
15. establish policies for serving multiple meals per day and/or more than five meals per week per person in the region. Multiple meals per day and more than five meals per week per person will not be reimbursed by the Department on Aging as long as there is a regional and/or county waiting list for meal services. All meals served must meet nutrient specifications in Section 503K of this Chapter and be included in the nutrition analysis. Also refer to the SCDOA Minimum Meal Specifications (Appendix 500 A); and
16. meet and adhere to all competitive procurement and agreement requirements in accordance with OAA (339(2)(C), the Department on Aging encourages AAAs and providers to enter into agreements that limit the amount of time meals must spend in transit before they are consumed.
    a. In accordance with OAA (339(2)(C), the Department on Aging encourages AAAs and providers to enter into agreements that limit the amount of time meals must spend in transit before they are consumed.

b. The AAA may make awards for group dining and home-delivered nutrition services to a service provider that furnishes either or both (group dining, home-delivered) types of services. Under the guidelines of and with the prior approval of the Department on Aging, the AAAs and/or the providers may enter into agreements with profit-making organizations for the delivery of nutrition services (**OAA 212**).
c. The AAA shall not include Nutrition Service Incentive Program (NSIP) units in provider agreements. The NSIP is an incentive program and not a funding stream.
d. Each AAA shall ensure that all nutrition procurement agreements for meals include each provision of the Department on Aging *Minimum Meal ~~Bid~~ Specifications*. Current specifications are included in Appendix A of this Manual.
e. With the advice of a registered dietitian, the AAA may add requirements to the minimum ~~bid~~ specifications to meet regional needs but may not reduce any existing requirements. The Department on Aging shall be notified by the AAA of any changes to the minimum meal ~~bid~~ specifications prior to procurement agreements being signed between the AAA and its provider and/or meal caterer.
f. Terms and conditions of nutrition service agreements shall include performance measures specific to the region's needs.
g. When minimum meal ~~bid~~ specifications are updated, they become effective for the meal provider/caterer at the next annual agreement renewal. If increased requirements have a cost impact on the provider/caterer that exceeds any increase allowed in the regional agreement, the AAA shall negotiate a fair price with the provider/caterer to assure quality service is maintained for the participants.
h. The South Carolina Tax Code provides a sales tax exemption for meals or food items sold to public and nonprofit organizations for group dining or home-delivered meal services to certain populations. This sales tax exemption applies to all providers/caterers and to public and nonprofit organizations preparing and serving meals to the designated populations.
i. The cost of test meals shall be negotiated and included in the procurement agreement.

C. Area Agency on Aging Nutrition Responsibilities

1. Program Staffing

a. The AAA shall employ qualified staff, adequate in number to sufficiently manage nutrition service agreements and to ensure regional compliance with program requirements. Staff shall be qualified by education or experience in food service operations, basic nutrition principles, and food safety;
b. The AAA shall ensure that providers have adequate, qualified staff to implement the group dining and home delivered meal programs in compliance with all federal, state and local regulations. Staff shall be qualified by education or experience in foodservice operations, basic nutrition principles, and food safety; and
c. Information on utilization of Registered Dietitians is found in Section M of this chapter. **(OAA 339(G)(i)**

2. Nutrition Program Monitoring and Quality Assurance Tools/Reports

SCDOA shall:

a. monitor the AAA annually (AAA Monitoring Tool) for contract and Chapter 5, Section 503 compliance; **(Appendix 500 C (d))**
b. review monitoring of provider contract and Chapter 5, Section 503 compliance conducted by AAA/appointed Quality Assurance staff;

c. conduct randomly selected, unannounced site visits in each region
d. compile a written narrative report of the AAA monitoring visit to include findings and plans for compliance and corrective action, as applicable; and
e. send a copy of the monitoring report to the AAA and keep a copy on file at SCDOA.

AAA Monitoring and Quality Assurance

1. The AAA shall:
a. conduct an internal review annually using the AAA Monitoring Tool **(Appendix 500 C (d))**
b. monitor each nutrition service provider annually using the Provider Monitoring Tool **(Appendix 500 C (e))**
c. conduct unannounced monitoring visits to each meal production facility annually using the Site Monitoring Tool, Food Safety Monitoring Section **(Appendix 500 C (f))**
d. unannounced monitoring visits to each nutrition site annually utilizing the Site Monitoring Tool, Food Safety Monitoring Section AND as appropriate the Congregate Service Monitoring Section and Home Delivered Service Monitoring Section **(Appendix 500 C (f))**
e. document findings and plans for compliance and corrective action;
f. send a copy of monitoring tools and supporting documentation including findings and plans for compliance and corrective action to the nutrition provider and maintain a copy on file at the AAA;
g. assure that personnel who monitor nutrition programs have knowledge and experience in food preparation and storage, food safety and sanitation, including current food safety certification.

Participant Satisfaction Surveys

1. Information regarding meal satisfaction should be collected from congregate and home-delivered participants at least annually.
a. Survey items may include meal quality, food quantity, variety of offerings, service, and the value of the activities/nutrition education.
b. Plate waste studies may also be used to evaluate meals satisfaction.
c. Data received through these surveys shall be reviewed, summarized in a report and as needed, action plans developed.

1. <u>Nutrition Program Monitoring</u>

a. The Department on Aging requires each AAA to have written monitoring protocols that validate the data provided for the services submitted for reimbursement;
b. The AAA nutrition coordinator shall accurately monitor each meal site's activities and services monthly to ensure data and program integrity before reimbursement;
c. The AAA shall collect monthly activity calendars for each meal site in the region and make them available to the Department on Aging as requested. Calendars shall be in an easy to read font and format for the aging service participants to view. Calendars should include activities, nutrition education, and specific evidence-based programs.
d. Each AAA shall ensure that its providers maintain the following (and any additional) information that documents compliance with group dining and home-delivered meal standards and make the information available to the Department on Aging for compliance monitoring upon request:
- daily records of participant attendance for meals, nutrition education, and daily programs promoting socialization (activity calendars), including copies of the sign-

in sheet (or printouts of electronic records from digital systems) approved by the AAA;
- daily records regarding the number of complete meals ordered, received, served, and/or discarded;
- documentation of any food shortages or substitutions, as applicable;
- collection, protection, and deposit of participant contributions;
- staff and volunteer training related to program services, including protecting participant confidentiality;
- all program operation information as outlined in this Section (503);
- all menus used in the region as outlined in Section 503K.

e. Each AAA shall ensure that proper documentation is kept regarding initial participant registration, assessments, reassessments, justifications, and termination forms, when applicable.

f. Each AAA shall ensure that its providers keep incident reports and registered complaints with documentation of follow-up on file with both the program supervisor and AAA whenever any fall, injury, choking, illness, or other unusual event occurs in or on the grounds of the group dining center, or during any site provided transport.

g. Each AAA shall monitor the use of state and federal funds to ensure federal funds (most restrictive) are expended first. After a funding stream is exhausted, the participants can be moved to another funding source once the required changes are noted in the client financial tracking data system.

h. The AAA shall approve, in advance, nutrition education sessions appropriate to the population to ensure evidence based materials, approved by a registered dietitian, are the basis of the session. **(SCDOA Nutrition Education Guide- Appendix 500 C (g))**

i. The AAA shall review provider menus prior to implementation, with input from a registered dietitian, to ensure menus are compliant, appropriate, and updated to reflect the preferences of a majority of participants. Each AAA shall retain approved menus that include dates of service and nutrition compliance documentation, on file for a period of three years, and provide to the Department on Aging upon request for monitoring purposes. The requirements can be found in Appendix A of this Manual.

2. <u>Food Safety and Quality</u>

a. Each AAA shall ensure, through ~~the~~ schedule of monitoring activities completed by an individual with sufficient knowledge through education and/or experience, that nutrition service providers and caterers comply with all federal, state, and local health laws and ordinances concerning storage, preparation, handling, and serving of food (OAA(339(2)(f).). Adherence to the current Department on Aging Minimum Meal Specifications shall also be monitored whether meals are provided through a local county agreement, regional catering agreement, purchased frozen from a distributor, or prepared on-site. The AAA shall ensure providers have policies and procedures in place relating to food safety (i.e. health policies for food handlers-employees/volunteers, temperature taking, calibration records, etc.) and sanitation practices. Reference SCDHEC Regulation 61-25, September 27, 2019 **(Appendix 500 C (h).**

b. Each AAA must develop detailed policies for providers to follow when disposing of leftover foods and the removal of food from the premises by meal participants. If AAA policy allows that foods may be taken from group dining sites by participants, there must

be food safety education for participants and a legal disclaimer sign visible to all. The current required minimum holding temperature for heated food is 135 degrees °F and 41 degrees °F for cold foods. After removal from electric or gas powered temperature control, foods shall be held at proper temperatures for no more than four hours before serving.

c. The AAA shall ensure providers clearly establish each delivery route in writing and assure that routes are planned to minimize the amount of time food spends in transit. Meals must be delivered within 4 hours of removal from temperature control devices, packed appropriately in thermal transport equipment, and meet food safety temperature guidelines upon delivery; heated food >/= 135°F, cold foods </= 41°F, Frozen meals kept in a frozen solid state.
d. Each AAA shall ensure that its providers develop a written plan detailing how the monthly food safety monitoring for home-delivered meals will be conducted (i.e., test meals).
e. Each AAA shall have written food safety protocols for providers to implement when home-delivered meal route monitoring fails to meet the minimum temperature requirements.
f. Each AAA shall ensure provider staff and volunteers receive food safety (at least annually) and other training adequate to perform required duties.
g. Each AAA shall ensure provider staff are aware of the importance of prompt handling and referral of a suspected foodborne disease outbreak. Regional policies and procedures should include the following:
    1. Assist individual(s) in obtaining medical treatment.
    2. If available, label and refrigerate suspected food items until appropriate health authorities are contacted.
    3. Provider should notify the AAA of the suspected foodborne disease outbreak.
    4. Procedures should include which personnel (either AAA or provider) who will be responsible for reporting the incident to SCDHEC.
        - **SCDHEC Online Complaint portal:** https://apps.dhec.sc.gov/FoodSafety/FileAComplaint
        - **SCDHEC Telephone Line:** 803-896-0640, between 8:30am and 5:00pm Monday-Friday.
    5. Privacy and security policies and protocols are to be in place to effectively protect and secure personally identifiable and personal health information.

D. Unit of Service for Nutrition Services

1. Meals: one eligible meal served to an eligible participant. All necessary costs associated with delivery of group dining and home-delivered meal services that comply with the standards are to be included in the unit cost of "one meal." Line item financial information on how the meal unit cost is calculated must be made available to the Department on Aging upon request for monitoring purposes.

Note: General administrative activities such as record keeping, travel and training time, time spent coordinating with other agencies, etc. are not counted as units of service but are elements of total unit cost. These costs should be quantified and listed on the Department on Aging approved meal cost worksheet.

2. Nutrition education: (1 session per participant) -- a group session to promote better health by providing approved, accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and caregivers in a group setting overseen by a dietitian or individual of comparable expertise. There is no cost associated with nutrition education.

3. Nutrition counseling: (1 session per participant) -- individualized guidance to individuals who are at malnutrition risk because of health or nutrition history, dietary intake, chronic illnesses, medication use, or counseling given to caregivers. Counseling is provided, one-on-one by a Registered, Licensed Dietitian (RD, LD), and addresses individualized options and methods for improving nutritional status. Nutrition counseling costs shall be based upon an hourly rate, and may be broken down into 15-minute increments. See 503N for details on nutrition education and nutrition counseling. Due to limited funding, this is not a reimbursable service.

E. Nutrition Service Data Input

The AAA and Nutrition Service providers shall promptly and accurately input required participant data into the client financial tracking system as requested by the terms, conditions, policies, procedures, and specifications of Title III-C of the OAA and Department on Aging policies and procedures, unless a State Waiver has been approved by the Department on Aging.

1. All data for nutrition service participants shall be entered into the client financial tracking system for the site that delivers and the individual participant that receives the service.

2. All data must be entered and finalized into the client financial tracking system by the 10th day of the following month to be eligible for reimbursement.

3. Group dining meals shall be tracked in the client financial tracking system as congregate meals.

a. Community sponsored special meals shall be included in the AIM data collection system database as USDA-eligible, only when the meal meets all of the requirements of the OAA Title III-C program (1/3 DRI and DGA).

b. Meals served at special events that do not meet OAA Title III-C program requirements shall be reported in the client financial tracking system as meals ineligible for USDA.

c. Units served to eligible individuals who participate only in special events and/or holiday meals shall be reported in the group services screen.

d. OAA funded emergency meals must meet the federal nutrition requirements, including 1/3 DRI (the sodium requirement is waived during a declared disaster) in order to be reimbursed. In the event of an imminent emergency or disaster declared by either the President of the United States or the Governor of South Carolina, the AAAs may provide up to five federally compliant emergency shelf-stable meals to their clients who are receiving direct services at that time. Each AAA shall establish guidelines for providers on the issuance of shelf-stable emergency meals based on the weather patterns of the regions served (e.g. hurricane season or ice storms). While the number of emergency shelf-stable meals provided is determined by the AAA, no more than five shelf-stable emergency meals may be issued at one time per client. The expiration date should be clearly noted on all shelf-stable meals and packaging of the meals shall be easy to open. It is the AAA's duty to determine the regional needs of clients.

However, during an emergency declared by the Governor of South Carolina, if meals meeting the federal requirements cannot be procured, the AAA may use state HCBS emergency funds to pay for those meals. While it is allowable for state HCBS emergency funds to be used during a declared emergency for non-federally compliant meals, the AAA and its providers should use this option only if meals meeting the federal requirements cannot be procured.

Reimbursement for non-federally compliant emergency meals: The AAA shall establish a procedure when a declared emergency or disaster occurs to record all disaster related expenditures separately from normal day-to-day expenditures.

Note: The AAA or its contractors shall enter all federally compliant emergency meals in AIM, by individual recipient, using the AIM service categories: HDM shelf-stable meal or GD shelf-stable.

During a declared emergency or disaster, the AAA will submit a form, provided by the Department on Aging that will total the amount of the request for reimbursement for the declared emergency or disaster to be reviewed by Department on Aging staff. The Department on Aging will issue a Notice of Award specifically for the declared emergency or disaster along with a PRF for reimbursement for the related expenditures. The AAA will submit proper supporting documentation along with the PRF to receive the reimbursement.

It is the responsibility of the AAA to ensure proper documentation, internal controls, and verification that the expenditures are related to the declared emergency or disaster. The AAA shall retain proper documentation in accordance with the AAA's retention policy. The AAA shall establish as part of the process, protocols to ensure the provider is not able to duplicate the services under emergency and normal reimbursement; therefore, a review process shall be conducted to cross reference the reimbursement request to detect any potential duplicate reimbursement request. The AAA shall review the current documentation to ensure proper information is offered by the provider that would allow a cross check to be conducted in the event of an emergency or declared disaster.

Note: The procurement of emergency meals, which are not federally compliant should be limited, reasonable, and necessary, and must have the approval of the Department on Aging's Nutrition Manager or other authorized Department on Aging representative in order to be reimbursed. The AAA or provider shall provide justification showing why emergency meals not meeting federal requirements are being provided.

4. Home-delivered meals shall be tracked in the client financial tracking system and specified as one of the following:

- cold (e.g. deli meal);
- frozen;
- hot; or
- shelf

5. Nutrition Education shall be entered into the client financial tracking system database system as a group activity and specified as C1 or C2. Data entry shall include the date of the session, the number of clients attending the activity, the title of the presentation, instructor name and credentials, source of materials, and the length of the session.

6. Nutrition counseling shall be entered into the client financial tracking system in increments of or a whole of one unit (a whole unit equals one hour) and specify whether the participant receiving the service is a C1 or C2 client. Due to limited funding, nutrition counseling is not a reimbursable service at this time.

F. Reimbursement for Nutrition Service Units Earned

1. The AAA must submit invoices to the Department on Aging no later than the 21st day of each month for the previous month. The Department on Aging shall not reimburse for any nutrition service units deemed not earned.

2. If an AAA fails to submit billing invoices for accurately verified nutrition service units earned, it shall be deemed out of compliance, and funding shall be considered not earned.

3. Group dining sites must use a sign-in sheet approved by the AAA to record participants who are utilizing nutrition services (meals, nutrition education, and nutrition counseling) in order to receive reimbursement. This daily sign-in sheet is required, even if providers use another sign-in process (including electronic card scanning). Sign-in sheets must be kept on file and provided to the Department on Aging upon request for a minimum of three years.

4. The AAA shall establish regional policies that verify the delivery of a meal to a client. To the maximum extent and whenever possible, client verification shall be obtained. A variety of methods may be used to verify delivery of the meals to the client including electronic verification systems, client's signature, stamp, handwritten initials or mark. The signature of a family member or caregiver is acceptable, but the provider must follow AAA procedures for visual or verbal contact with the participant on a regular frequency.

G. Funding Sources

1. Funds available for use in the nutrition services programs are specified as follows: Title III-C-1 is used for congregate or group dining and emergency shelf-stable meals; Title III-C-2 is used for home-delivered meals and emergency shelf-stable meals; State Home and Community-Based Services (HCBS) funds may be used for either group dining or home-delivered meals. However, the Department on Aging requires OAA Title III- to be expended first. The sales tax exemption in this Manual (Chapter 500, Section 503(B)(17)(i)) is linked to purchases allowable under the food stamp program. The OAA allows the use of Supplemental Nutrition Assistance Program (SNAP) funds by program beneficiaries for contributions to the meals service, where the capability exists.

2. In order to increase the number of meals served, and to supplement state and federal funds, each AAA shall encourage service providers to establish non-coercive, voluntary contribution programs. Cost sharing is prohibited for nutrition services funded under the OAA. However, cost sharing programs shall be established for State HCBS funds. See Chapter 300, Section 305(O) of this Manual.

3. Each AAA shall encourage service providers to initiate voluntary contribution (private-pay) programs for individuals who have the means to pay in order to raise funds to expand and enhance the program.

4. The AAA shall include details of the voluntary contribution, cost sharing (State HCBS only), and private pay programs in the Area Plans.

5. Once the Area Plan and/or Area Plan Update is approved and a grant award is issued to the AAA, only Nutrition Services Incentive Program (NSIP) funds may be transferred between Title III-C-1 and Title III-C-2 of the OAA; then only if budget changes are necessary to pay for these individualized participant services.

H. Nutrition Service Incentive Program

The purpose of NSIP is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals (OAA 311(a)). The AAA must ensure that funds awarded through the NSIP are applied to the purchase of domestically produced foods used in the meals served in the nutrition program (OAA 311(d)(4)). NSIP should serve to increase the number of OAA Title III-C meals served and not supplant costs paid by other funding sources including OAA Title III-C.

NSIP is based on the number of qualified meals served in the previous fiscal year and is not subject to the Intrastate Funding Formula (IFF). The Department on Aging has elected to receive cash reimbursements instead of commodity foods under this program.

Meals must meet all program criteria for a Title III-C meal in order to be eligible for NSIP funding. State funded meals are also eligible for NSIP. Meal activity recorded in the AIM system shall have a true check mark (in the activities setup) in order to track whether or not it meets the qualifications under NSIP. Meals served in the Title XIX Medicaid Waiver Program cannot be included in counts used to determine NSIP funding because Title XIX is means tested and does not allow contributions from participants.

The Department on Aging shall disburse all funds received under NSIP to the AAA's according to OAA requirements. The NSIP funds shall be distributed to nutrition service providers based on each programs proportion of the total number of eligible participant meals served in the region.

- NSIP will be consistently distributed by documented eligible meals as recorded in the client financial tracking system.
- The NSIP rate shall be based on the domestic portion of actual raw food costs of the current meal service agreement.
- The rate for NSIP shall be determined annually by each AAA using uniform criteria provided by the Department on Aging.
- NSIP activities shall be defined as congregate or home-delivered meals.
- The client financial tracking system shall split the funding for the AAAs and will allocate funds until depleted. By focusing on the utilization of Title III-C-1 and Title III-C-2 funds and the provision of local data, this system will enhance the share of NSIP funds received in a region.
- NSIP funds will be included on the AAA Multi-Grant Notification of Grant Award (NGA).
- NSIP funds shall not be included in provider agreements as a funding stream.

Note: By reporting eligible meal counts from all funding streams, the NSIP rate will be maximized.

I. Determination of Need for Group Dining Nutrition Services (Congregate Program)
Participant assessment as described in Chapter 500, Section 502, D-2 of this Manual shall determine the need for group dining services. Eligible participants in the targeted categories, as outlined in Section 503A, are prioritized for nutrition services based on their score tabulated from the assessment process (Nutrition Score/Total Priority Score).

Note: Meals shall not be provided to persons who are currently enrolled in a care-providing facility providing meals, other state and/or federal program providing meals, or a day program that requires provision of meals.

Following the determination of need and enrollment of the participant, a service request should be promptly met as soon as funds are available to provide the service. When the service cannot be initiated immediately, a referral shall be made to another home-delivered meal program that serves the area.

If no alternative program is available, the individual shall be placed on a program's waiting list in the client financial tracking system and referred to other meal or food assistance programs, such as local food banks, the Supplemental Nutrition Assistance Program (SNAP), the commodity supplemental food program (CFSP), or the Emergency Food Assistance Program (TEFAP) administered by SCDSS.

1. Waiting Lists for Services

a. Standards for waiting lists shall follow the criteria established in Chapter 500, Section 502, D-1 and 406(A) of this Manual.

b. The AAA shall have a written policy and standardized procedure for prioritizing clients requesting nutrition services and maintain a waiting list in the approved Department on Aging data collection system (currently the AIM system) for services based on the initial assessment and annual reassessment.

J. Eligibility and Priortization for Home-Delivered Nutrition Services
In addition to the eligibility outlined in 503A, a person receiving home-delivered meals must be homebound due to the following:

- illness;
- incapacitating disability; or
- other isolating conditions (such as geographic isolation)

Through the Department on Aging-approved assessment process, criteria for prioritizing need shall include the following:

- initial qualification for home-delivered meals, as well as ongoing assessments (in person), as outlined in Section 502 D to document continued eligibility;
- an inability to leave home unassisted;
- an inability to leave home except for medical and other essential appointments;
- an inability to shop for and purchase and/or prepare food due to the client's disability;
- qualification under one of the prior criteria, and a lack of anyone to prepare a nutritious meal on a daily basis, and
- if single-day delivery of multiple frozen or shelf-stable meals are utilized, the individual's assessment shall include a determination of the capability to store and heat the

meals unassisted (or documentation of the availability of any necessary assistance), and need for daily contact through telephone reassurance.

Any individual determined to qualify for home-delivered meals, if unable to self-feed, must have a person in the household to assist with feeding.

1. Waiting Lists for Services
a. Guidelines in Section 503(H) shall be followed for the home-delivered meal program.

K. Coordination of Group Dining and Home-Delivered Nutrition Services

1. Group dining and home delivered meal programs shall have a site manager or program director (person in charge) with appropriate education and experience that is responsible for all required services and activities. Designation of site manager versus program director shall be determined by criteria developed by the AAA and provider, based on meal site size and scope of operations.

2. The AAA shall ensure that the providers adhere to the eligibility requirements for Title III-C-1 and Title III-C-2 meals and shall stipulate in its agreements with the providers that Title III-C-1 participants may receive home-delivered meals only in emergencies or in special circumstances (such as short-term illness or incapacitation). Working with the AAA, the provider shall have established criteria to address special circumstances.

3. Providers may serve meals to guests at group dining sites, or to OAA ineligible persons at home-delivered locations, as long as the cost of these meals is paid through private or other funding sources, and not funds allocated by the Department on Aging. Although alternative funding sources are being used, each AAA shall ensure that its providers make available aggregate client data to the Department on Aging for federal and state reporting purposes.

4. Accommodating a participant's request for a change in service, such as for temporary home-delivered meals, shall be addressed as quickly as possible (within three business days from the request being made).

5. Sites providing nutrition services are encouraged to serve a minimum of 25 meals daily in order to meet health and safety standards, and to ensure financial viability. The AAAs should periodically (recommended annually) access the viability of above referenced sites that serve fewer than 25 meal participants daily.

6. Special diet (i.e., vegetarian, kosher, low salt, diabetic, etc.) requests shall be monitored to identify when the need has reached a level to make honoring the request feasible.

7. In areas subject to weather-related emergencies, the AAA shall have a written emergency plan that ensures aging services will continue during the emergency period. While the AAA determines its own emergency protocols, up to five shelf-stable meals can be delivered to clients at one time, provided the meals can be prepared safely. See Section 503(E) of this Manual for information on nutrition data input.

8. The AAAs shall maintain a list of participants who are unable to prepare shelf-stable meals and do not have anyone to assist in the preparation as identified through the Department on Aging assessment process. This list of highly vulnerable participants will be included in the emergency preparedness plan requirements outlined in Chapter 200, Section 206(R) of this Manual.

L. Requirements of Menus and Meals Served

1. Each group dining and home-delivered meal (including hot, frozen, cold/deli, and shelf-stable) shall comply with the OAA nutrient requirements in Section 339(2)(A)(i-iii). These requirements follow the current Dietary Reference Intake (DRI), as established by the Food and Nutrition Board of the Institute of Medicine and the National Academy of Sciences. Refer to the Minimum Meal Specifications for the meal pattern versus nutrient analysis method for meeting nutritional guidelines **(Appendix A):**
   - **a**. programs that provide one meal per day must show that the meal meets the minimum of 33⅓ percent of the DRI;
   - **b**. programs that provide two meals per day must show that the meals meet a combined total of 66⅔ percent of the DRI;
   - **c.** programs that provide three meals per day must show that they meet 100 percent of the DRI; and
   - **d.** to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants.
2. Meal providers shall solicit the advice and expertise of:
   - **a.** dietitian or other individual (of comparable expertise);
   - **b.** meal participants; and
   - **c.** other individuals knowledgeable with regard to the needs of older individuals (OAA 339(2)(G)(i-iii).
3. Menu items shall be prepared using standardized quantity recipes as required in the Minimum Meal Specifications in Appendix A.
4. Nutrients and values for analysis may be found in the Minimum Meal Specifications. The Dietary Reference Intakes link can be found in **(Appendix 500 C (i)).**
5. All menus shall be certified and contain the following information while also adhering to the format of Attachment G found in the Minimum Meal Specifications:
   - **a.** have a length of four weeks and be planned with the input of a registered dietitian on a quarterly basis;
   - **b.** include the cycle week and dates for each day the menu is to be served;
   - **c.** Nutrition providers must demonstrate compliance with the DGA's and DRI's by using one of the following documentation methods:

     1. Nutrient Analysis Software:
     include values for the nutrients listed in the Minimum Meal Specifications presented for each day and, where allowed, the average for the week. Any percentages listed shall be for the meal, not for a calorie level (i.e., 2000 calories). [Refer to Attachment H: South Carolina Menu Checklist – Computer Analysis, within the Minimum Meal Specifications];

     2. Meal Pattern:
     [Refer to Attachment I: South Carolina Menu Checklist- Meal Pattern, within the Minimum Meal Specifications] and;
     The dietitian must complete and sign the applicable South Carolina Menu Approval Sheet, and this shall be kept on file with a copy of the dietitian signed menu.

Use of computer nutrient analysis software allows for increased menu planning flexibility. The South Carolina Guide for Menu Planning is designed to meet the DRI/DGA's for those without access to nutrient analysis software.

The menu should include a signature by an RD, LD. The signature indicates the menu was reviewed and meets Department on Aging specifications.

6. Specific terms shall be used on the menu so the participant can make an informed choice on what they will eat (e.g. "apple slices," or "fresh pear" instead of "fruit," or "baked lemon chicken" instead of "chicken").
7. Menu substitutions, due to last minute supplier shortages or production issues, must be made using foods of similar nutritive value. Menu substitutions should be documented as such with the replacement food, portions, and date served. The menu copy shall be retained on file per policy for monitoring purposes.
8. Changes to the menu, during the cycle period, may be made by the caterer or provider of food services with the prior approval of the AAA. The changes must be of similar nutritive value and approved by a registered dietitian. The AAA shall have written protocols in place stating the process for submitting and approving menu changes.
9. Special dietary needs of participants must be considered in menu planning, food selection, and meal preparation. Nutrition providers shall provide menus for special dietary requirements, where feasible and appropriate. See Section 503(L) for Special Dietary Needs and Therapeutic (Modified) Meals.
10. Shelf-stable meals are composed of foods that have been processed in such a manner to be free of microorganisms (disease causing and spoilage) capable of growth in the product at non-refrigerated conditions during distribution and storage. Long-term service of shelf-stable meals is not recommended. Shelf-stable meals may be used in two situations:
    a. Shelf-stable meals delivered to the home of a participant on a regular basis because daily delivery of hot meals is not feasible or the individual does not have the ability to store and prepare frozen meals or because of holiday and scheduled closings; and
    b. emergency meals provided at the participant's home or a group dining site when daily prepared meals cannot be delivered due to bad weather, problems at the preparation or serving site, over holiday weekends, when the dining center is going to be closed for more than one weekday, or when the group dining program has an unscheduled closing. Shelf-stable meals for use in emergencies shall consist of easy to open packaging and should require little or no preparation.

Note: Shelf stable meals served as a regular daily meal must meet the federal 33 1/3 percent DRI requirement and be used infrequently.

M. Special Dietary Needs and Therapeutic (Modified) Meals

To the maximum extent practicable, menus are adjusted to meet any special dietary needs of program participants (OAA 339(2)(A)(iii).

Offering menus for special dietary needs will help encourage certain targeted groups of older persons to participate in the nutrition program when the lack of special menus would otherwise deny participation. Cultural preferences as a classification of special dietary needs may include kosher or vegetarian diets. Therapeutic diets (modified diets) as a classification of special dietary needs may be modified in individual nutrients, caloric values, food consistency, flavor, content of specific foods, or combinations of the preceding.

Except as specifically noted, all standards and requirements applicable to regular group dining and home-delivered meals and menus shall also apply to these meals.

1. Meals such as diabetic, heart healthy, vegetarian/vegan, etc. may be provided if:
   a. the providers verify that there are sufficient numbers of persons needing the special meals to ensure that the provision is practical;
   b. the AAA ensures that the appropriate foods and skills necessary to plan and prepare meals are available in the area; and
   c. Other specialty diets, not listed here, must be discussed with the SCDOA dietitian for approval of use. An example would be the request for a renal diet. Renal diets should be prescribed by a physician and closely monitored by a Physician/Registered Dietitian.

2. Texture Modified diets must adhere to all of the following requirements:
   a. may be served when there is a referral from a medical professional and where the meal provider has the necessary staff expertise to prepare the meal. Written documentation from the medical professional with the diet type, and projected length of need, shall be updated annually and kept on file. Privacy and security policies and protocols are to be in place to effectively protect and secure personally identifiable and personal health information. This information shall be made available for review by the Department on Aging or AAA upon request;
   b. be prepared under the supervision of a registered dietitian;
   c. follow a service protocol, which protects participant privacy, to ensure participants receive the correct diet for both group dining and home-delivered meal programs.
3. An individual may refuse a special diet, after referral by a medical professional. In these instances, a "diet waiver" letter, signed by the participant, may be utilized by the provider to show that the individual refused the recommended diet. A copy of this release form shall be retained for a period of three years for monitoring purposes.
4. Meal supplements (products such as Boost, Ensure, Glucerna) shall not be reimbursed unless there is a current physician or other qualified health professional's order and no waiting list for nutrition services in the region, these products, when used as outlined above, must be served with an eligible meal for reimbursement at the regular meal rate. AAA and providers shall have and follow policies and procedures.

Note: The Aging Network shall not issue, diagnose or prescribe liquid nutritional supplements without a physician's order.

N. Requirements for Registered Dietitians

The OAA directs that the nutrition program be administered with the advice and expertise of dietitians, or individuals with comparable expertise. Dietitians may be a volunteered, employed, or contracted person at the AAA or provider level. Registered dietitians must hold a valid South Carolina Dietitian's license in accordance with the South Carolina Department of Labor, Licensing, and Regulation **(Appendix 500 C (j)).**

Duties of the registered dietitian may include:

- Technical assistance in program operations;
- Nutrition program training;
- Program monitoring, planning, and evaluation;
- Menu planning;
- Nutritional analysis of menus;
- Development of standardized recipes;
- Approval of menu substitutions;
- Planning, overseeing, and/or delivering nutrition education;
- Providing nutrition counseling services; and
- Addressing client nutritional issues.

1. Per the OAA Section 339(G), a state that establishes and operates a nutrition project shall utilize the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, a person with comparable expertise (PCE) in the planning of nutritional services.

2. Any caterer or service provider operating a meal production site shall have a registered dietitian on staff, or as a paid or volunteer consultant.

3. Signed and dated time and activity reports that document the services provided by the registered dietitian shall be kept on file. Such reports shall be examined when provider or catering compliance reviews are performed and provided to the AAA and the Department on Aging upon request.

4. Registered Dietitian have met the following criteria to earn the registration credential.

a. who has completed specialized academic training in dietetics, including a minimum of a four-year degree in food and nutrition from an Accreditation Council for Education in Nutrition and Dietetics (ASCEND) approved university, or completion of a Coordinated Program;

b. has completed an Academy of Nutrition and Dietetics ASCEND approved, supervised practice program at a health care facility, community agency, foodservice corporation, or completed a Coordinated Dietetics Program;

c. Registered dietitian with the Commission on Dietetic Registration (CDR);

d. holds licensure as a dietitian in South Carolina;

e. holds a certified food protection manager credential that is recognized by SCDHEC; and

f. has knowledge through education or experience on the nutritional needs of older adults and food service operations.

If using the services of a PCE, the AAA shall obtain advance authorization in writing from the Department on Aging nutrition program manager. The AAA shall forward copy of the candidate's resume, curriculum vitae, transcripts, certified food protection manager credential, and/or other certificates and documents that show the appropriate education, training, and experience.

O. Nutrition Education and Nutrition Counseling Service Requirements

The OAA requires that nutrition services shall provide for nutrition screening, a program of nutrition education, and nutrition counseling if appropriate **(OAA 339(j)).**

Nutrition Education

a. The AAA and/or providers may utilize the services of an RD or approved PCE to oversee the nutrition education program. The AAA shall provide written notification to the Department on Aging one month prior to the program change and shall include the person's name, credentials, registration, and license number, as applicable. PCE's require preauthorization as described in Chapter 500, Section 503 (M). For those regions where the AAA and provider do not yet have an RD/PCE on staff or as a consultant, the Department on Aging RD will oversee the nutrition education program.
b. Sessions at meal sites shall be provided at least six times per year and last no less than 15 minutes in length, excluding questions and answers. Topics should be based on the participants' needs and interests and come from an approved, reliable source.
c. Nutrition education shall be provided to home-delivered meal participants once per year. Per OAA requirements, this shall include the opportunity for participants to ask questions, including follow up and program evaluation.
d. Providers shall submit Nutrition Education Reports for approval, prior to the session, on a schedule determined by the AAA **(Appendix 500 C (k) (l)).** Providers should use only evidence-based materials approved by the RD overseeing the program for the basis of the sessions. The Department on Aging has developed a list of approved resources **(Appendix 500 (g)).**
e. Nutrition presentations by Department on Social Services SNAP-ED Partners and Clemson Extension Agents should be scheduled at all sites, as able. See the SCDOA Nutrition Education Guide for information **(Appendix 500 (g)).**
f. Nutrition education sessions shall be listed on each meal site's monthly activity calendar in a way that identifies the session as nutrition education and includes the specific topic title.
g. Approved sessions at meal sites and for home delivered meals shall be entered as a group activity per Section 503E5 Nutrition Service Data Input. Feedback on each session shall be collected from
h. Each nutrition service provider shall maintain written documentation (on the Department on Aging form) of programs presented for a period of three years to verify that the requirements are met. Documentation shall be made available upon request to the AAA and Department on Aging.

1. Nutrition Counseling

a. Nutrition counseling is a service that may be provided, and may include an appropriate nutrition care plan, instruction on appropriate food choices based on needs, and other interventions. It is an important component of a nutrition program, in which a RD gives professional guidance to an individual as part of a care plan.
b. Nutrition counseling shall be offered, where feasible, to those participants who are most likely to benefit from such service and may be provided via referral to community resources such as a county health department, or local hospitals, or the registered, licensed dietitian.
c. Only Registered, Licensed Dietitians may provide nutrition counseling.

P. Group Dining Nutrition Service Operations – (Congregate)

The primary purpose of operating a group-dining center is to provide a nutritious meal and education in proper nutrition, health, and wellness and to promote socialization. The group dining site shall provide opportunities for socialization to prevent social isolation in accordance with the OAA. The AAA shall ensure that at a minimum, twice a year, providers solicit the advice and input of meal program participants on program development and implementation that is documented and can be made available for monitoring purposes based on OAA 339(G). Advisory councils are recommended where feasible.

The goal of aging services, including group dining site socialization, is to keep older adults living safely and independently at home for as long as possible and to give them the tools necessary to make well-informed decisions that promote beneficial health and wellness practices. While activities are a component of socialization in the group dining program, the AAA and its provider must be good stewards of the limited federal and state funding available and shall assess and survey participants to ensure the needs and interests of the participants are being met.

1. Group dining shall be available in multipurpose senior centers and at meal sites, located in other facilities such as churches, community centers, hospitals, schools, day care centers, and other public or private facilities, where older persons can obtain social, educational, recreational, cultural, wellness, and other services **(OAA 331(2))**.
2. Meals shall be served in a group setting at least once a day, five or more days a week, except in a rural area where such frequency is not feasible and a lesser frequency is approved by the Department on Aging (**OAA 331**). The AAA shall provide the Department on Aging with a current operating schedule for all sites serving fewer than five days a week (**OAA 331).**
3. The AAA shall notify the Department on Aging in advance of a new site opening with the following information on the Change in Meal Site Operations Report **(Appendix 500 C (c)).**
   a. Contact Information: Site Manager, address, telephone number, and email address.
   b. Hours of operation and days open each week.
   c. Is the site to be opened year round? Is it a seasonal site?
   d. Names of the services to be provided at the site.
   e. Will this site replace another site being closed or consolidated?
   f. Will the site be a community focal point for seniors as defined in this Manual?
4. The AAA shall provide the Department on Aging with a current list of meal sites by January 1st annually. The list shall include the following:
   a. Contact information.
   b. Days and hours of operation.
   c. Names of services provided at the site.
5. Service providers are encouraged to have, where feasible, joint arrangements with schools or other facilities serving meals to children in order to promote intergenerational meal programs (OAA 339(2)(D)).
6. Group dining centers shall be provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible (**OAA 339(2)(E)**).
7. Group dining facilities that receive PIP funding shall have set hours of operations (minimum of four hours per day) approved by the AAA and offer programs and activities that shall provide opportunities for socialization to prevent isolation. These

opportunities should include a variety of ongoing activities reflective of the interests and needs of participants and are appropriate to the seasons. PIP senior centers that do not provide group dining facilities shall continue to operate a minimum of six hours daily.

8. Group dining facilities (non-PIP funded), with a primary purpose of serving meals, shall follow the operational guidelines established by the AAA for such sites. These sites shall fulfill the primary purpose of a meal site by the OAA as stated at the beginning of Section 503.

9. Clients attending meal sites that are open less than five days per week shall be assisted in accessing additional sources of nutrition support as outline in Bullet H of this Section (503). Efforts should be documented in the Department on Aging data entry system to demonstrate the service was provided.

10. Group dining program service requirements for providers:

a. Group dining sites are encouraged to have a daily minimum of 25 group dining participants in order to meet health and safety standards and to ensure financial viability for meal sites. The AAA and its providers are encouraged to periodically assess the viability of above referenced sites that serve fewer than 25 meal participants daily.

b. Group dining sites shall post the actual cost of meals. This notice shall be posted in a prominent location (by the main entrance) within each site, in a font (14 point or higher) large enough for the participants to see. In addition, a notice providing suggested meal contributions shall also be posted along with the meal cost notice. Notices shall comply with Section 305 (O-Q) of this Manual.

c. Each group dining site shall have a designated person in charge.

d. Each group dining site shall have trained staff present and available for all hours of operation.

e. Each provider shall make special provisions, as necessary, for the service of meals to eligible older adults with disabilities.

f. Meal site facilities shall be available to the program on a year round basis, serving five days per week, and have appropriate equipment for serving meals (i.e., hand washing facilities).

g. All current certified menus must be posted in an accessible and visible location in each group dining center, as well as at each place of food preparation and plating. The weekly posting menus for participant use shall be in large print (no smaller than 14-font point). The provider must abide by the certified menus. Information on menu changes and substitutions can be found in Section 503K.

h. Each group dining site shall offer opportunities for volunteer service during meal hours. All volunteer hours must be documented and made available to the Department on Aging upon request. Volunteers shall be trained on the required duties and volunteers during the meal hours are entitled to a meal.

i. Each provider shall assist participants in accessing available transportation in order to attend the group dining center, when feasible.

Q. Special Meals for Events

1. Special meals are reimbursable, as long as proof is available to show the meal meets the one-third DRI requirement. Special meals, which do not meet the DRI requirements, should be funded through alternative sources.

2. Meals provided by local sponsors for holidays, special occasions, or other events are encouraged. Sponsors of these meals should be encouraged to focus on healthy foods that follow the principles of the Dietary Guideline for Americans or other recognized healthy eating pattern. These meals are not reimbursable by the Department on Aging.
3. Events should be scheduled so as not to interfere with the provision of home-delivered meals or meals provided to those unable to attend the event.

R. Home-Delivered Nutrition Services

1. No participant shall receive C-2 classified meals unless the individual has been fully assessed per Chapter 500, Section 502, D of this Manual, except as noted in Chapter 500, Section 502 D-2 for justified temporary services.
2. When frozen or shelf-stable meals are provided, five or more meals may be delivered at one time. In accordance with Section 503(D) of this Chapter, a determination of the number of meals to be provided on a daily or weekly basis shall be made during the evaluation of the assessment. Where allowed, and when the need for more than five meals is demonstrated, the provider shall include the weekly number of meals to be provided along with a justification in the client financial tracking system. The justification shall include information specific to the participant's needs and an estimated length of time that more than five meals per week are to be served.
3. When providing five or more meals at one time, the provider shall adhere to the Department on Aging waiting list requirements and also ensure that daily contact needs, as determined by the assessment, are being made through a telephone reassurance service or other reassurance system. A contact log shall be maintained and made available to the AAA and Department on Aging for review upon request.
4. Meals delivered to the home shall be classified in the client financial tracking system according to Section 503(E).
5. Written menus should be made available to participants receiving home-delivered meals.
6. Each home-delivered meal service provider must:
   - **a.** provide service to all areas of the region or the entire county in which they have as stipulated by agreement with the AAA to serve;
   - **b.** have a designated person in charge and the site shall be staffed with an adequate number of trained individuals to deliver services during all hours of operation.
   - **c.** make appropriate referrals, with the consent of the older person or the client's representative, when conditions or circumstances are noticed that may place the older person or the household in certain danger;
   - **d.** have trained staff, including staff trained in food safety, present at each location used for plating and packaging meals for delivery;
   - **e.** use thermal tools appropriate to the type of meal being delivered in order to maintain temperatures to protect product safety and integrity;
   - **f.** use individuals who are trained to deliver meals to the homes, including trained volunteers;
   - **g.** have a written policy and plan in place regarding the distribution of meals to older persons in the event of a weather-related or other emergency; and
   - **h.** make available educational information, approved by the AAA or Department on Aging, such as health related brochures and/or information on how and where to get

vaccines such as influenza, pneumonia, and shingles, in the individual's community (**OAA 339 (2)(K)**).

S. Food Delivery Requirements Home-Delivered Meals

1. Aging service providers, offering home-delivered meals, may use various systems of delivery. If a participant receives more than one meal per day, only one of those meals can be hot.

2. The AAA and provider must have established policies for undelivered meals. Meals shall not be left at the door, or anywhere else, unattended.

3. All frozen and prepared daily meals must be individually portioned with spill proof seals or lids.

4. Cold and hot food items shall be packed for delivery in separate insulated food carriers made of materials that can be cleaned and sanitized after each delivery cycle.

5. To ensure food safety for home-delivered meals, providers must have a food safety plan that details home-delivered route temperature monitoring, including corrective actions.

6. The written food safety plan shall include time and temperature readings of required foods in home-delivered meals. This information shall be documented, including any actions taken, and maintained on file by the provider and made available for program monitoring. Foods must meet the current recommended minimum holding temperatures as set by SCDHEC Regulation 61-25 Retail Food Establishments **(Appendix 500 C (h))** until delivery to the home:

a. Greater than or equal to (>/=) 135 degrees Fahrenheit (°F) for hot foods, and

b. Less than or equal to (</=) 41 degrees Fahrenheit (°F) for cold foods.

7. The AAA and provider shall have protocols in place to ensure meal safety based on SCDHEC regulations, in the event that test meals fail to pass the temperature check.

8. Undelivered hot and cold meals must be discarded. If the integrity of a frozen meal is intact (still frozen hard) the meal may be returned to the center's freezer.

9. Provide food handling and food safety instructions to home-delivered meal recipients. Daily meal dating, safe food handling instructions and "use by" date labeling is encouraged.

T. Food Safety & Sanitation Requirements for Central Kitchens and Meal Sites

1. Any food service operation that prepares meals funded through the Department on Aging resources shall be permitted and inspected by SCDHEC. All foods shall be prepared, transported, and served in a manner that preserves flavor, nutrients, and appearance. These facilities will utilize operating procedures for serving populations highly susceptible to food borne illness. The SCDHEC Regulation 61-25 Retail Food Regulations can be found **(Appendix 500 C (h)).**
2. Meal sites that receive food from an offsite caterer's kitchen and are not inspected by DHEC, should not perform the following food service functions due to the fact these acts are considered critical control points (CCP) in the preparation and service of food to the public:

a. reheat foods that have been held at hot temperatures, including foods that have fallen below the recommended minimum holding temperature of 135°F

b. clean and sanitize dishes, equipment and serving utensils; and

c. prepare and cook food. Multiple step food preparation is a core function of food service establishments.

3. At all levels of the aging network (Department on Aging, AAA, provider, and in some cases sites), at least one employee that has oversight authority and/or supervisory/management responsibility and the authority to direct or control food preparation and service shall be a Certified Food Protection Manager (CFPM) as recognized by SCDHEC or a Certified Food Handler. ServSafe is a food training and certificate program administered by the U.S. National Restaurant Association that meets this requirement. The program is accredited by ANSI and the Conference for Food Protection. **(Appendix 500 C (m))**

a. The SC Department on Aging Nutritionist shall maintain a CFPM;

b. AAA personnel in charge of overseeing and monitoring the nutrition program shall maintain a Food Handler credential at the minimum;

c. The AAA shall ensure that the personnel in charge of overseeing and monitoring the nutrition program at the providers' level maintain a CFPM credential if the establishment prepares food and is therefore inspected by SCDHEC. Food Handler certification is strongly suggested for those facilities that receive food (do not prepare their own food) from an offsite caterer/vendor.

4. Meal site managers or the designated staff member must be aware of and abide by all federal, state, and local health, sanitation, and safety regulations applicable to the type of food preparation and meal delivery systems used.

5. Hot food items must be maintained at or above (>) 135 F and cold food items must be maintained at or below (<) 41 F throughout the period of meal service. In order to retain maximum nutritional value and food quality, foods should be served as soon as possible after preparation. Holding times for foods should not exceed four hours from the final stage of food preparation until the meal is served to participants.

6. Temperature checks should be taken with a food thermometer daily at: 1) the time food leaves the production site/area, 2) upon arrival at the meal site (if food is prepared off site), and 3) again at serving time. Records of these temperature checks with time taken and any corrective actions should be kept in the nutrition program files per policy.

a. Each thermometer shall be calibrated on a regular basis with the results documented on the appropriate Department on Aging form. A labeling and tracking system shall be used where multiple thermometers are used. Infrared thermometers are not acceptable for measuring documented food temperatures.

b. Meal sites without equipment specifically designed for longer term holding of hot foods shall take and document the temperature of the foods at serving time.

c. These facilities shall include in the food safety plan, written protocols to follow in the event temperatures are inadequate when taken.

d. Daily food temperatures shall be taken for all Time/Temperature Control for Safety (TCS) foods.

7. Foods must be prepared, transported, and served, with the least possible manual contact, using suitable utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross contamination.

8. Unless specified otherwise in the AAA's regional policy manual, no leftover TCS food items can be removed by a participant from a group dining site. The AAA may allow clients to remove TCS foods from the meal site as long as the AAA develops policies and procedures

that include a requirement that providers educate participants on the safe handling of food prior to the removal of any leftover TCS foods. This training shall be held on an annual basis and the training materials used and signatory acknowledgement of the training must be kept on file per Department on Aging policy. Title III funds may not be used to purchase carry out containers or other materials for the removal of food from a site. Non-TCS foods such as fruit, breads, aseptically packed foods (packaged in a sterile container in a way that maintains sterility) and packaged items such as cookies or cakes are not subject to the education requirement.

Note: If regional policy permits food to be removed from a meal site, the AAA must provide a notice in large print to be displayed prominently in the meal site, stating that the client assumes all liability for removing the food from the site.

U. Group Dining Site Safety Requirements

The AAA shall ensure the following:

1. All areas of the group dining sites shall be clean and have adequate lighting, heat/air conditioning, and ventilation. Group dining site kitchen and dining room doors, and windows that open, shall be equipped with screens.
2. Group dining sites shall have appropriate standards for fire safety, meeting Federal, State and Local requirements. Inspections by local authorities must be completed per local guidelines, documented and available upon request. When deficiencies are found, the provider shall forward a copy of the inspection and a Corrective Action Plan (CAP) to the Area Agency on Aging (AAA) and the deficiency must be rectified within 30 days.
3. Each group dining site shall agreement for regular extermination service by a licensed exterminator or other individual certified by the State of South Carolina as a pest control operator.
4. The provider shall maintain detailed inspection reports must be kept by the provider for review by the AAA and Department on Aging, if requested.

V. Emergency or Unscheduled Closings

Each AAA and its providers shall follow the guidance of Chapter 200, Section 206R, and Chapter 400, Section 408 of this Manual:

a. **Each AAA shall establish guidelines for providers on the issuance of shelf-stable emergency meals based on the weather patterns on the regions served (e.g. hurricane season or ice storms). Up to five emergency meals may be issued at one time and shall be replenished by the provider when necessary (after an emergency event or by the meal expiration date).**

b. Alternative service delivery options should be attempted to fulfill contractual agreements in the event of crisis, hazardous weather, emergencies, and unscheduled closings that result in the suspension of normal service operations. The Department on Aging recommends that there be contracts with multiple food service providers in the event that the primary meal supplier is unable to provide service during the emergency. The Department on Aging discourages the stockpiling of shelf-stable meals and advises the meals be ordered immediately upon the emergency declaration being issued. Emergency meals will be reimbursed only after delivery to a client. Documentation must be provided to the Department on Aging showing the client received the meal.

c. Should a local service provider become inoperable, the Department on Aging expects the AAA to assume or contract those functions, to the extent possible, until provider operations are re-established.

W. Scheduled Holiday Closings

See Chapter 400, Section 408 of this Manual.

504: Evidence-Based Disease and Health Promotion Services

Title III-D of the Older Americans Act (OAA) provides grants to states and territories based on the share of the population aged 60 years and over for education and implementation activities that support healthy lifestyles and promote healthy behaviors. Priority is given to serving older adults living in medically underserved areas of South Carolina or to those who are of the greatest economic need. Congress has mandated that OAA Title III-D funding be used only for programs that have been demonstrated to be evidence-based.

The Administration for Community Living's (ACL's) goal is to increase seniors' access to interventions that have proven to be effective in reducing the risk of disease, disability, and injury. The South Carolina Aging Network's role in health prevention is to introduce these interventions into practice within community settings.

The Department on Aging's objectives of the Evidence-Based Programs are to: 1) empower older persons to adopt healthy lifestyles and behaviors, improve health status, manage chronic conditions better; 2) reduce the use of hospital services and emergency room visits; and 3) enable aging networks to have the capacity to deliver evidence-based programs.

Examples of Evidence-Based programs include, but are not limited to:

- A Matter of Balance (MOB)
- Active Choices
- Active Living Every Day (ALED)
- AEA Arthritis Foundation Aquatics Program (AFAP)
- AEA Arthritis Foundation Exercise Program (AFEP)
- Aging Mastery Program (AMP)
- Stanford Programs
  - Arthritis Self-Management (Self-Help) Program (ASMP)
  - Bingocize (developed by Western Kentucky University)
  - Chronic Disease Self-Management Program (CDSMP)
  - Chronic Pain Self-Management Program (CPSMP)
  - Diabetes Self-Management Program (DSMP)
- Online version of Stanford Programs:
  - Better Choices, Better Health® (BCBH)
  - Better Choices, Better Health®-Diabetes (BCBH-Diabetes)
  - Better Choices, Better Health®-Arthritis (BCBH-Arthritis)
- Spanish version of Stanford Programs:
  - Programa de Manejo Personal de la Arthritis (Arthritis Self-Management Program)
  - Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program)
  - Tomando Control de su Salud (Chronic Disease Self-Management Program)
- Diabetes Prevention Program (DPP – CDC)

- EnhanceFitness
- EnhanceWellness
- Fit and Strong!
- Geri-Fit
- Health Coaches for Hypertension Control (Clemson)
- Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)
- Healthy Moves for Aging Well
- HomeMeds
- Matter of Balance (MOB)
- Prevention and Management of Alcohol Problems in Older Adults
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
- Powerful Tools for Caregivers
- SAIL (Stay Active and Independent for Life)
- Stepping On
- Tai Chi for Arthritis
- Tai Chi Quan: Moving for Better Balance (TJQMBB)
- Walk with Ease
- WISE (Wellness Initiatives)

There are two ways in which to determine whether a program is considered to be Evidenced Based:

1. ACL's Evidence-Based 5 point criteria:
   - Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
   - Proven effective with older adult population, using Experimental or Quasi-Experimental Design; * *and*
   - Research results published in a peer-review journal; *and*
   - Fully translated in one or more community site(s); *and*
   - Includes developed dissemination products that are available to the public.

   If the AAA wishes to implement a new program in their region or a program that is not pre-approved (see no. 2 below), but believes it meets the above 5 point criteria to be considered evidenced based, please submit any program materials, references, etc. to support justification and submit these items to the SUA III-D Program Coordinator for approval prior to implementation. Refer to Appendix 500 D (c), III-D-Pre-Approval - Final Approval Form.
2. The program is considered to be an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults:

See Appendix D (a) for pre-approved Evidenced Based Programs

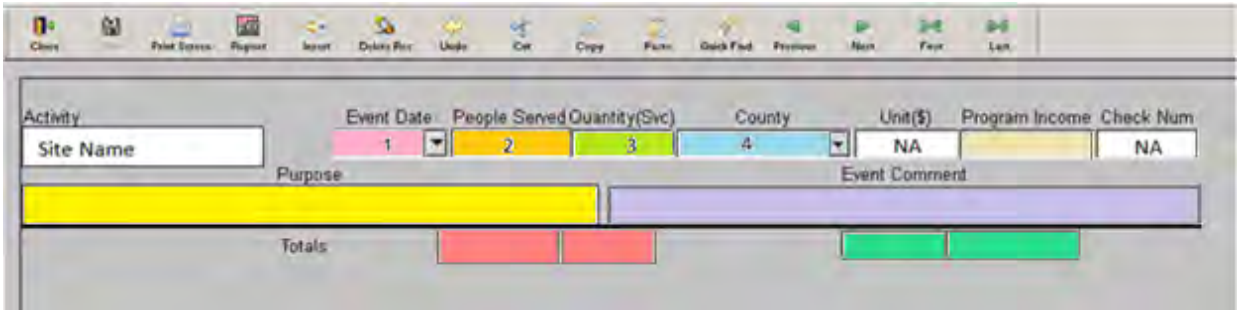
A. Area Agency on Aging (AAA) Evidence-Based Disease and Health Promotion Services

1. Each AAA shall administer appropriate levels of services in its planning, service area, and provide for Evidence-Based Disease and Health Promotion Services in accordance with the OAA and Department on Aging policies and procedures.

2. Each AAA shall ensure that providers of Title III-D programs have a valid, current certification, and/or license for the program being offered and forward to the Department on Aging as requested.
3. Each AAA shall ensure that providers of Evidence-Based services requesting Title III D reimbursement accurately input required data into the client financial tracking system by the 10th day of the month as required by the SCDOA. Each class/workshop shall be entered using the **EBP Group Activity** and completing all required fields.

The current AIM Data Entry Screen for EBP Activity

Click on Screens; then Click on Group Service



Activity - Type in Site Name/Location of Workshop/Class

1	Date of Evidence-Based Training Workshop/Class
2	Number of participants attending EBP
3	Total Time of EBP on increments of 15 minutes: 15, 30, 45, 60
4	County in which the EBP was held
5	Any donations received
6	Name of EBP
7	Trainer name (s)
8/9	Certification **expiration** date (if certificate does not expire, date certificate received) (mm/yyyy) of trainer one
10/11	Certification **expiration** date (if certificate does not expire, date certificate received) (mm/yyyy) of trainer two

4. The AAA shall have monitoring measures in place to accurately audit each providers' evidence based programs to ensure data integrity before reimbursement.

B. Department on Aging's Standardized Earned Units of Service for Evidence-Based Disease and Health Promotion Services

All evidence-based programs shall fall under the auspices and criteria of the Evidence-Based Disease and Health Promotion Services program in Section 504.

Individuals participating in EBP classes or workshops are exempt from the Department on Aging assessment policy, in order to increase EBP participation from the community. EBP participants should be made aware of all available aging services and offered assessments if other services are needed.

A unit of service is defined as one EBP class or workshop.

General administrative activities related to this service such as record keeping, travel and training time, time spent coordinating with other agencies, etc. are not counted as units of service but elements of total unit cost proposed.

C. Reimbursement for Service Units Earned

1. If an AAA fails to submit billing invoices for accurately verified EBP service units earned, it shall be deemed out of compliance and funding shall be deemed not earned.
2. The AAA shall provide the Department on Aging with a written plan, to be submitted in the Area Plan, which addresses how the AAA shall ensure that EBP/HP services' providers are earning service units in accordance with the OAA and Department on Aging. The Plan shall include evidence-based programs approved by ACL and Department on Aging.
3. The Department on Aging shall not reimburse the AAA for any service units not earned by the EBP services' providers. Reimbursement payments shall be withheld by the Department on Aging if it is determined the service units have not been earned. (ex. class led by instructor with outdated certification).

D. Goals of Evidence-Based and Health Promotion Services (OAA 361)

Evidence-based disease and health promotion services shall:

- maintain improved health;
- increase years of healthy life;
- reduce risk factors associated with illness, disability, or disease;
- delay onset of disease;
- minimize periods of disability;
- preserve functional capacity;
- manage chronic diseases; and
- prevent premature institutionalization.

E. Persons Eligible for Evidence-Based Disease and Health Promotion Services (EBP)

Any individual is eligible to participate in the EBDDP/HP services. However, priority will be given to persons aged 60 years or older such as:

- primary caregivers of eligible older persons;
- older individuals who have the greatest economic and social needs for services;
- older individuals who are at increased risk of health impairment;
- older individuals without access to other preventive and health maintenance services; and
- older individuals who live in rural areas (that reside in medically underserved areas).

F. Coordination with Other Programs

Each AAA shall coordinate EBP with other community agencies, faith based organizations, hospitals, and volunteer organizations with similar program goals. This program coordination shall be provided to the Department on Aging Program Manager.

Partnerships to extend the reach of EBP Services shall include, but not be limited to, community health centers, mental health centers, state and local government agencies, centers for independent living, public health departments, state and local nonprofit organizations, YMCAs, Federally Qualified Health Centers (FQHCs), veteran organizations, faith based organizations, hospitals, and other volunteer organizations. Senior centers and group dining sites are key partners for implementation and consumer feedback for Evidence-Based Disease and Health Promotion Services.

G. Documentation of Evidence-Based Disease and Health Promotion (EBP) Services Activities

The AAA shall require all providers to retain documentation of all EBP programs conducted at group dining sites, senior centers, or in other community locations. The providers shall include all EBP programs on the monthly activity calendars with the specific program name being listed.

In order to comply with documentation requirements, providers shall:

- provide copies of current certification and/or licenses for each program and trainer/leader providing the program to the AAA;
- maintain "sign-in" sheets (or digital record keeping is a software program is used) to track earned units of service;
- prepare incident reports of any injury or other unusual event that occurs during delivery of services, document follow-up, and keep these on file;
- keep documentation on file at the provider's office of the monthly EBDDP/HP programs conducted at group dining centers, senior centers, or in other community locations;
- collect and protect contributions donated by participants or fees paid by private pay recipients, record the amount collected each day, and track it to deposit in the provider bank account. Any funds collected shall be used to further implement EBDDP/HPs; and
- survey site participants annually to determine the type(s) of EBPs that are of interest to seniors utilizing aging services. This information shall be provided annually to the AAA by December 31.

H. Evidence Based Program and Disease Prevention Program Monitoring and Quality Assurance Tools/Reports

1. SCDOA shall:
    a. monitor the AAA annually (AAA Monitoring Tool – III-D) for contract and Chapter 5, Section 504 compliance; **(Appendix 500 C (b)).** The SCDOA Title III-D coordinator will conduct monitoring of the Evidence Based programs at least once annually with an onsite monitoring visit at the AAA. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA.
    b. conduct randomly selected, unannounced site visits in each region

c. compile a written narrative report of the AAA monitoring visit to include findings and plans for compliance and corrective action, as applicable; and
d. send a draft copy of the monitoring report to the AAA for review and response prior to finalization. A copy will be on file at SCDOA.

AAA Monitoring and Quality Assurance

1. The AAA shall use the AAA Monitoring Tool – III-D to annually:
   a. conduct an internal and provider review (AAA Monitoring Tool – III-D) **(Appendix 500 D (b)).**
   b. conduct unannounced monitoring visits to providers and facilities contracted for EBP services; can follow the same schedule as IIIC site monitoring visits
   c. document findings and plans for compliance and corrective action; and
   d. use the SCDOA QA Template to compile and summarize the monitoring findings. Send a copy of the QA Template (and other required documentation noted on p. 3 of the template) to (by the final workday of September annually.

505: Respite

Respite is a service that provides a temporary break to an unpaid caregiver caring for an older adult, an adult with a disability, or a caregiver age 55+ caring for a minor child (not their own). Respite care has been shown to help sustain family caregiver health and well-being. The primary caregiver is a person who is responsible for an individual's daily care, provision of food, shelter, clothing, health care, education, nurturing, and supervision on an uncompensated basis.

Respite services are person-centered and may include in or out-of-home respite care or group respite care to include adult daycare or adult day health centers. Under a person-centered system, the caregiver chooses the providers of respite services.

The AAA's Family Caregiver Advocate (FCA) shall contact the caregiver to determine the caregiver's needs. Once these needs are determined and approved, a caregiver shall be given a letter of authorization, sometimes referred to as a respite voucher, which shall specify the services authorized, the dollar amount allotted for these services, and the time period in which the money must be spent. Each AAA establishes their own protocols and procedures for voucher reimbursement.

The South Carolina Department on Aging is charged with distributing three different funding sources for respite care: Title III-E funds, Alzheimer's Association Funds, and State Respite Funds.

Grant-Specific Requirements and Eligibility

1. National Family Caregiver Support Program (FCSP) Eligibility

Persons who are eligible for respite services that are reimbursable through federal or state funding include:

- Caregivers of persons of any age who have Alzheimer's disease or a related dementia
- Caregivers of persons age 60 or older determined to be frail; either requiring assistance with two or more activities of daily living (ADL's), or due to cognitive impairment, requiring substantial supervision [OAA Section 102(22)(A-B). (Subparagraph (A)(i) or (B) of Section 102(22) of the Older Americans Act).]

- Older relatives caregivers (55+) serving as the primary caregiver for a child (under 18) as defined in OAA Section 372(a)(4)(A) of the Older Americans Act.
- Older relative caregivers (55+) of an individual with a disability (18 and over; under 60) as defined in OAA Section 373(a)(4)(C).

2. Alzheimer's Disease and Related Dementia Respite Voucher Program

(Respite Assistance Program):

Since 2003, the South Carolina General Assembly has directed funds to the South Carolina Department of Mental Health for respite care to those who qualify as determined by the Alzheimer's Association. The South Carolina Department of Aging and the Alzheimer's Association have entered into a Memorandum of Agreement for the South Carolina Department on Aging to carry out Respite Services. The Respite Assistance Program provides respite assistance to the family members of individuals with Alzheimer's disease through a voucher system.

A) The South Carolina Department on Aging provides administrative support to manage the Respite Assistance Program. Through the 10 Area Agencies on Aging, Respite Assistance Program Vouchers, most frequently referred to as "Alzheimer's Vouchers", are distributed in the same manner as III-E and State Respite Funds are awarded. The Alzheimer's Vouchers differ in that:
   a. All Alzheimer's Voucher's require a one-time physician statement of Alzheimer's or a related dementia.
   b. Vouchers are solely to provide respite care to caregivers of persons with Alzheimer's or a related dementia whom are citizens of the State of South Carolina.
   c. Voucher amounts must be a minimum of $500.
   d. Caregivers and individuals with Alzheimer's receiving home care services including, but not limited to, services provided by the Department of Veteran Affairs, Community Long Term Care, or Hospice are not ineligible to receive vouchers.

B) The Department on Aging collectively may retain up to 10 percent of the Respite Assistance Funds to cover administrative expenses.

C) Quarterly reports will be submitted by the South Carolina Department on Aging to the Alzheimer's Association showing the number of vouchers issued and demographic breakdowns.

3. State Respite

1. As with all other respite funds, all caregivers must receive a full direct assessment which is to be entered into the approved state data base. State respite vouchers are to serve the same population as Title III-E Funding to provide unduplicated services for caregivers.

2. State Respite Funds may be used for Seniors (age 55 or older) Raising Children.

4. Lifespan Respite

A) The Lifespan Respite Care Program is a program funding through ACL by federal Lifespan Respite dollars as well as state respite dollars which are provided by the SC Department on Aging. The sub-grantee must, therefore, adhere to:

a. Reporting requirements of the federal and state funding sources.
b. Enter client information into the state-approved data system(s).
c. Participate in programmatic and fiscal monitoring.

Funding Source	Eligibility Requirement
Title III-E	• Caregiver of person age 60+ requiring assistance with 2 ADL's • Caregiver of person with Alzheimer's or related dementia • Caregiver age 55+ of minor child (not parent) • Caregiver age 55+ of disabled adult age 18-59 (including parent)
Alzheimer's	• Caregiver of person with Alzheimer's or related dementia
State Respite Funding	• Caregiver of person age 60+ requiring assistance with 2 ADL's • Caregiver of person with Alzheimer's or related dementia • Caregiver age 55+ of minor child (not parent) • Caregiver age 55+ of disabled adult age 18-59 (including parent)
Lifespan	• Caregivers of disabled children and adults age 0-59

506: Title III-E National Family Caregiver Support Program (FCSP)

A. Family Caregiver Support Program Services

The OAA (Sec. 373) specifies required categories of service for the FCSP. Each AAA is required to build a system of operation for the FCA. The AAA shall ensure that all categories of FCSP services are available throughout the planning and service area.

The service categories of FCSP:

1. **Information Services (Activities):** A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booths/exhibits, or radio, TV, or website events. This service is not tailored to the needs of the individual.
2. **Information and Assistance (contacts):** A services that provides the individuals with current information on opportunities and services available to the individuals within their communities; assesses the problems and capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults. All contacts must be captured in the state-approved data system.
3. **Counseling (hours):** A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are licensed and credentialed (Licensed Professional Counselor, Licensed Independent Social Worker, Licensed Clinical Psychologist or PhD), trained to work with older adults and families and specifically to understand and address the complex physical,

behavioral, and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Each AAA is responsible for establishing partnerships with licensed counselors as well as length of service to be covered by the AAA. The client maintains the ability to choose counselors as terms of payment are established.

4. **Training (hours)**: A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communication with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line, and be provided in individual or group settings.
5. **Support Groups (sessions):** A service led by trained individuals to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. Caregiver education groups nor peer-to-peer support groups meet the requirements for III-E funding.
6. **Respite (hours):** A service which offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.
    a. In-home respite: a respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
    b. Out-of-home respite (day): A respite service provided in setting other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential settings (i.e.: day camps, after school care for SRC).
    c. Out-of-home Respite (overnight): a respite service provided in a residential setting such as a nursing home or assisted living facility (i.e.: summer camps for SRC) in which care receiver resides in the facility for a full 24 hour period of time.
    d. Other Respite: A respite service that does not fall into the previously defined respite service categories.
7. **Supplemental Services (units):** Services, on a limited basis, not to exceed 20% of Title III-E Service Funding, intended to complement the care provided by caregivers. Examples include, but are not limited to:

    - Assistive Technology/DME (bedside commodes, grab bars, raised toilet seat, feeding tube supplies, etc.)
    - Consumable Supplies (adult diapers, wipes, chuck pads)
    - Home Modification/Repairs (ramps, hand rail repair, etc.)
    - Legal/Financial Consultation
    - Homemaker/Chore/Personal Care
    - Transportation
    - Nutrition Services (Nutritional Supplements, tube feedings)

Regarding supplements, the Department on Aging allows for the use of meal supplements for caregiver services the AAA FCSP shall not issue, diagnose or prescribe liquid nutritional supplements without a physician's order which should be kept according to PHI/PII standards.

B. Conditions on Older Americans Act (OAA) Title III-E Family Caregiver Support Program (FCSP) Funding

1. Funds under the FCSP are not earmarked or targeted for any specific service. States have the flexibility to determine the funding allocated to provide the categories of services authorized: 1) information about services; 2) assistance with access to services; 3) individual counseling; 4) support groups; 5) caregiver training; 6) respite care; and 7) supplemental services, on a limited basis. The AAA is allowed no more than 10 percent of the regional allocation of FCSP funds for planning and administration activities related to the FCSP.
2. The FCSP requires a 25 percent non-federal share for both administrative costs and services delivered under the program. As with all services provided under the OAA, the Department on Aging assures that FSCP funds shall be used to provide caregiver services and shall not be used for other aging services.

C. Priority in Providing Family Caregiver Support Program Services

Priority shall be given to the following:

1. Family caregivers of a person with Alzheimer's disease or a related dementia may be served regardless of the age of the person with dementia.
2. Caregivers who are older individuals with greatest social and economic need.
3. Older relative caregivers (55+) of children (0-18 years old) or a person with severe disabilities (18-59 years old).

D. South Carolina Department on Aging Family Caregiver Support Program

To oversee and support statewide development of the FCSP, the Department on Aging has established the position of FCSP Manager to work in partnership with the AAAs and the regional Family Caregiver Advocates (FCAs). The Department on Aging FCSP Manager shall establish a close professional working relationship with the AAA staff and shall directly monitor the regions through site visits, trainings, required update reports from the AAA, and all other necessary actions to ensure caregiving services are being provided.

1. Monitoring

a. The SCDOA Family Caregiver Program Manager will conduct monitoring of the Family Caregiver Support Program at least once annually with an onsite monitoring visit at the AAA. Uniform monitoring tools are in place and will be utilized and updated as needed. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA. Program staff is expected to be on-site and available during monitoring visits.

2. Area Agency on Aging (AAA) Family Caregiver Support Program Responsibilities:
    a. Measures and Goals: In accordance with the FCSP as defined in Title III of the OAA, the AAA shall establish a FCSP plan to include a budget, timeline, outcomes, and measures as part of its Area Plan. In the plan, the AAA shall address the method for providing consumer choice within its planning and service area. A quarterly report, provided by the Department on Aging, shall be submitted. These reports shall be collected and compiled by the Program Manager to produce an annual report.
    b. Advocate: Each AAA shall employ a full-time Family Caregiver Advocate (FCA) to play an active role in leveraging existing resources, developing partnerships, identifying and responding to caregiver needs, linking caregivers to community resources and services, and evaluating the program on an ongoing basis to guide continued development and improvements in the program.

       AAAs are encouraged to hire advocates that have, at a minimum, a Bachelor's degree in a human services field such as social work, psychology, sociology, or from an accredited college or university or three years of experience in the field of public health or social services. Assessor candidates without a Bachelor's degree should possess three years of experience and/or practical experience in the areas of aging.
    c. Data Tracking: The AAA shall input client service data into the appropriate Department on Aging approved client data tracking systems to capture client data, record contacts, and to develop reports. Data shall be inputted by the 10th day of the following month. Data cannot be inputted or changed after the deadline. Services to be tracked:

       - Information and Assistance (contacts)
       - Support Groups (sessions)
       - Information Services (activities)
       - Supplemental Services (units)
       - Respite (hours)
       - Counseling (hours)
       - Caregiver Training (hours)

    d. Stewardship of Funds: The AAA shall establish policies to address financial limits on services provided to caregivers. The AAA shall have protocols in place that ensure each caregiver is informed of potential tax liabilities when receiving financial awards for respite services.
    e. Security: The AAA shall develop policies and procedures to ensure confidentiality and security of regional client data. As a part of these policies and procedures, the AAA shall establish security measures to protect Personally Identifiable Information (PII) and Personal Health Information (PHI) that are in accordance with privacy laws and practices. If an Advocate is working from home, security measures must be in place to ensure client information is kept confidential.

f. Outreach: The AAA is responsible for outreach programs within the entire region. All FCSP outreach activities must be captured in the state-approved data system.
g. Volunteers: In executing the FCSP, each AAA shall make use of trained volunteers in order to expand services and leverage support of the FCSP in the community. The AAAs are encouraged to work in conjunction with organizations experienced in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out federal service programs administered by the Corporation for National Community Service) in community service settings (**OAA 373(d)**).
h. Advisory Committee: The AAA shall maintain a quarterly regional caregiver program advisory committee to support ongoing activities and new program development. The advisory committee shall include representatives from community organizations, service provider agencies, providers, volunteer organizations, and faith-based communities. In addition, the committee members shall include caregivers or former caregivers and at least one grandparent or other older relative caring for a child and, whenever possible, caring for a child with intellectual and/or developmental disabilities. The cultural diversity of the community shall be reflected in committee membership; each county in the region shall have representation. This committee may stand in conjunction with the Regional Aging Advisory Committee, allowing that family caregivers are represented. If it is a stand-alone committee, a member of the Regional Aging Advisory Council and shall act as liaison between the two Committees. Meeting minutes showing discussion of caregiver issues, program activities, and development of new resources and partnerships shall demonstrate progress toward both the Area Plan and the FCSP goals and outcomes. Copies of the minutes shall be provided to the Department on Aging FCSP Manager with quarterly reports.
i. Service Providers: The FCSP is a client-choice program. Often, families are overwhelmed at the decision process of selecting an in-home care provider and requests a list from the AAA. It is recommended that any agency included on a AAA-supplied list adhere to all licensing, confidentiality and privacy regulations and all applicable laws as established by federal and state governments, in addition to the regulations set by the United States Department of Health and Human Services (USDHHS), the ACL, Department on Aging, DHEC, and the AAA.

3. Family Caregiver Support Program Assessment

Caregivers receiving person-centered planning caregiver program services must receive a direct assessment before being provided service. This direct assessment shall be completed annually by FCSP staff and entered into the approved data system. A full assessment must be conducted annually in order to accurately track data and impact of services.

The AAA's Family Caregiver Advocate (FCA) shall make direct contact with the caregiver to determine the caregiver's needs. A direct assessment must be conducted by telephone, video conference, or in-person by family caregiver support program staff. Assessment must not be completed by mailing an application to the family caregiver. Once these needs are determined and approved, a caregiver shall be given a letter of authorization, sometimes

referred to as a respite voucher, which shall specify the services authorized, the dollar amount allotted for these services, and the time period in which the money shall be spent.

4. Older Relative Caregivers

a) The Seniors Raising Children (SRC) program meets the needs of older relative caregivers (55+) serving as the primary caregiver for a child (under 18) including grandparent, step-grandparent, or other relative by blood, marriage, or adoption of the child. This person is the primary caregiver of the child because the biological parent is unwilling or unable to care for the child. This relationship can be legal custody, adoption, guardianship, or an informal but permanent situation.

    i. Services under the SRC Program mimic those of the FCSP in that all service areas are offered: Information Service, Access Assistance, Counseling, Support Group referral, caregiver training, respite care, supplemental services. While these offerings differ in the nature they are provided to serve this population, the core components remain. Each region is responsible for determining the need and demand present to serve older relative caregivers. The OAA has lifted restrictions on the percentage of funds (previously 10%) that may be utilized in programs for older adult caregivers. Regions may allocate up to 20 percent of their total Title IIIE and State Respite Funds for Seniors Raising Children.

b) Older relative caregivers (55+) of an individual with a disability (18-59 year old) including parent, grandparent, or other relative by blood, marriage, or adoption.

507: State Health Insurance Assistance Program (SHIP)

South Carolina's State Health Insurance Assistance Program (SHIP) is a statewide health insurance information, counseling, and assistance program administered by the Department on Aging with funding through the Administration for Community Living (ACL).

The SHIP mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits.

State Health Insurance Program (SHIP) Progress Reports

Each Area Agency on Aging (AAA) is required to submit two State Health Insurance Program (SHIP) Progress Reports semi-annually. The reporting periods are April 1 through August 31 and September 1 through March 31.

Five SHIP Performance Measure Definitions

The following are SHIP Performance Measure Definitions governing the SHIP program.

Performance Measure 1: Client Contacts – Percentage of total one-on-one contacts (in-person office, in-person home, telephone (all durations), and contacts by email, postal mail, or fax) per Medicare beneficiaries in the State.

Performance Measure 2: Outreach Contacts – Percentage of persons reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the State.

Performance Measure 3: Contacts with Medicare Beneficiaries under 65 – Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the State.

Performance Measure 4: **Hard–to-Reach Contacts** – Percentage of low-income, rural, non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the State.

Performance Measure 5: Enrollment Contacts – Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topics) discussed per total Medicare beneficiaries in the State.

The Department on Aging SHIP Program is staffed by a SHIP Coordinator and and/or SHIP Program Assistant. Each AAA has a SHIP/SMP regional coordinator and its own organizational structure and policies.

a. SHIP Monitoring

1. The Department on Aging shall audit SHIP activities to ensure data integrity by using SHIP Tracking and Reporting System (STARS) **for** tracking data.
2. To comply with the ACL mode of collecting data, SHIP activities will be uploaded monthly from STARS by the SHIP Manager/Coordinator at the Department on Aging.
3. The SCDOA SHIP coordinator will conduct monitoring of the SHIP program at least once annually with an onsite monitoring visit at the AAA. Uniform monitoring tools will be created. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA.

b. SHIP Training

1. Upon request from the regional coordinator, the Department on Aging shall provide the SHIP Annual Basic training, annual updates/workshops training, or additional formal training courses for all volunteers.
2. The Department on Aging shall provide the manuals and other materials needed for all trainings.
3. All certified SHIP coordinators and counselors will have to take a re-certification exam every three (3) years and achieve a passing score of 80% to remain current. This can be done through the SHIP Annual Basic Training or the SHIP On-line Certification Tool. In the event that the desired score is not achieved on the first attempt, individuals may retest two additional times within 45 days via the on-line tool. If a passing score is still not achieved, additional training must be provided by the SHIP Director.
4. Certified coordinators and counselors must have 24 training hours per year to maintain certification.

c. SHIP at the Area Agency on Aging (AAA)

Each AAA shall designate and maintain a SHIP coordinator. In the event the position is vacated, the AAA shall strive to fill the position within a three month (90 days) time-frame unless an exception or extension is approved by the Department on Aging. The designated new hire must take the on-line SHIP Certification exam within 45 days of hire date and achieve an 80% passing score. In the event that the 80% passing score is not achieved, the individual must retest within

30 days. The individual will be given two attempts total within 45 days to make a passing score. In the event this is not accomplished, the individual will not be eligible to work in SHIP/SMP program. The AAA shall develop and manage the work plan for the planning and service area.

d. AAA SHIP Responsibilities

1. AAA Directors shall review call activity reports on a quarterly basis to ensure staff are meeting monthly requirements (per terms and conditions of NGAs) and recording contacts appropriately in the STARS tracking system.
2. Each AAA shall conduct three outreach events per month according to the Notification of Grant Award (NGA) guidelines.
3. SHIP staff and coordinators shall enter contacts and public events, weekly, via the STARS tracking system to document types of calls and activities as required by the ACL grant terms and agreement.
4. AAA SHIP Coordinators shall have and use a locked cabinet or confidential database to store private client data.
5. If the regional SHIP staff resigns or is released for cause, the Department on Aging will be notified immediately so that the SHIP data access can be deactivated.

Note: The SCDOA SHIP Program will conduct monitoring of the regional SHIP program at least once annually with an onsite monitoring visit at the AAA. Uniform monitoring tools will be created. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA.

508: Senior Medicare Patrol (SMP)

South Carolina's Senior Medicare Patrol (SMP) Program is a health care fraud program administered by the Department on Aging with funding through the Administration for Community Living (ACL). SMPs empower and assist Medicare beneficiaries, beneficiaries' families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. Federally, the SMP program is authorized in Title IV. **411(a)(31).**

Senior Medicare Patrol Program (SMP) Progress Reports

Each Area Agency on Aging (AAA) is required to submit two Senior Medicare Patrol (SMP) Progress Reports semi-annually. The reporting periods are June 1 through November 31 and December 1 through May 31.

The Department on Aging SMP Program is staffed by a SMP Coordinator. Each AAA has a SHIP/SMP regional coordinator and its own organizational structure and policies.

a. SMP Monitoring

1. The Department on Aging shall audit SMP activities to ensure data integrity by using SMP Information and Reporting System (SIRS) tracking data.
2. To comply with the ACL mode of collecting data, SMP activities will be uploaded monthly from SIRS by the SMP Manager/Coordinator at the Department on Aging.
3. The SCDOA SMP coordinator will conduct monitoring of the SMP program at least once annually with an onsite monitoring visit at the AAA. Uniform monitoring tools will be created. Additional monitoring visits may be announced or unannounced. Desktop monitoring is an ongoing function at the SCDOA.

b. SMP Training

Upon request from the regional coordinator, the Department on Aging shall provide the SMP Foundations and SMP Orientation training, annual updates/workshops training, or additional formal training courses for all volunteers.

1. The Department on Aging shall provide the manuals and other materials needed for all trainings.

c. SMP at the Area Agency on Aging (AAA)

Each AAA shall designate and maintain a SMP coordinator. In the event the position is vacated, the AAA shall strive to fill the position within a three month (90 days) time frame unless an exception or extension is approved by the Department on Aging. The AAA shall develop and manage the work plan for the planning and service area.

d. AAA SMP Responsibilities

1. AAA Directors shall review call activity reports on a quarterly basis to ensure staff are meeting monthly requirements (per terms and conditions of NGAs) and recording contacts appropriately in the SIRS tracking system.
2. Each AAA shall conduct three outreach events per month according to NGA guidelines.
3. SMP staff and coordinators shall enter contacts and public events, weekly, via the SIRS tracking system to document types of calls and activities as required by the ACL grant terms and agreement.
4. AAA SMP Coordinators shall have and use a locked cabinet or confidential database to store private client data.
5. If the regional SMP staff resigns or is released for cause, the Department on Aging will be notified immediately so that the SMP data access can be deactivated.

509: Multipurpose Senior Centers, Meal Sites and Focal Points

The AAA shall provide the Department on Aging with a list of multipurpose senior centers and group dining sites in its region annually, designating whether the sites are focal points as defined in section 506 of this Manual. The list will be due to the Department on Aging by January 1st each year, and shall include contact information, hours of operations, and services provided.

Note: This requirement is similar to number 4 in section O of chapter 503 and can be combined when reporting to the Department on Aging.

Note: Where a senior center facility is available for use, the AAA shall work with the local service provider to utilize all the resources available to the seniors of that community. In addition, as the Permanent Improvement Project (PIP) grantee, the AAA shall ensure that its providers adhere to the PIP reversionary provisions. If a PIP senior center closes within the reversionary period, the AAA will work with the provider to secure a suitable operator for that facility.

1. Definitions

A. Focal Points

The Older Americans Act (OAA) defines a focal point as a facility established to encourage the maximum collocation and coordination of services for older individuals. **OAA Section 102**

A focal point is a facility established to provide local leadership on aging issues, to provide older adults access to services at a central location with customer-oriented staff, and to assist those in the community who have an interest in, or need for, information, resources, or services. All

Permanent Improvement Program (PIP) funded Multipurpose Senior Centers shall be focal points of the respective communities.

B. Group Dining Sites

Group dining sites are operated by providers of the Area Agencies on Aging (AAAs) to offer a nutritious meal either through group dining or home-delivered meal services to seniors at the community level. The provider chooses designated building locations of operations in its communities. The primary purpose of operating a group dining site is to provide a nutritious meal, socialization, and nutrition education. Group dining sites must comply and operate according to the agreement requirements set by the AAA and the policies found in section 503 of this Manual.

C. Multipurpose Senior Centers

Multipurpose senior centers are to be the "village square" or "focal point" of the community. The multipurpose senior center should be a resource hub for activity, services, and programs for all active older adults in the community, with a specific focus on improving health and wellness, education, and socialization. Typically, these are community buildings and structures that stand alone and are used primarily as a senior center and host facility for community activities.

These multipurpose senior centers are encouraged to function at National Council on Aging accredited standards. These centers should provide a variety of programs and services throughout the day. A meal may or may not be part of the senior center operation.

Multipurpose senior centers typically offer a wide variety of programs and services including, but not limited to:

- Meal and nutrition programs
- Information and assistance
- Health, fitness, and wellness programs
- Transportation services
- Public benefits counseling
- Employment assistance
- Volunteer and civic engagement opportunities
- Social and recreational activities
- Educational and arts programs
- Intergenerational programs

2. National Senior Center Accreditation

The National Council on Aging (NCOA) and its subsidiary, the National Institute of Senior Centers (NISC) provides accreditation and certification for senior centers meeting strict requirements. Currently, there are only two nationally certified senior centers in South Carolina. The Department on Aging expects all PIP recipient senior centers to meet national certification requirements and specifications if possible.

NCOA/NISC National certification overview: https://www.ncoa.org/national-institute-of-senior-centers/standards-accreditation/senior-center-self-assessment-guidelines/

510: Permanent Improvement Project Grants (PIP)
Multi-purpose Senior Center Construction, Expansion, and Repair

A. Permanent Improvement Project (PIP) Background

In 1991, the South Carolina General Assembly established the Senior Center Permanent Improvement Project (PIP) and appropriated from state bingo tax and licensing fee revenues to fund a list of 74 specifically identified capital improvement projects.

The original legislation was amended by the General Assembly in 1997 to continue the program beyond the original list. The Department on Aging was given responsibility for developing an ongoing process to select and fund applications for senior center capital improvement projects. The resulting procedures created a competitive grant process for securing PIP funds:

1. PIP grant applications shall be accepted and grants shall be awarded by the Department on Aging through a competitive process when announced by the agency.
2. PIP funds are available only for permanent improvements to multi-purpose senior centers. Examples of allowable expenditures include construction, renovation, expansion, or acquisition of a move-in ready facility, as well as emergency repairs necessary to protect the integrity of the building or the safety and security of the staff and older adults in the facility. PIP guidelines do not allow expenditures for architectural, engineering, and planning expenses or general operations, furnishings, supplies, vehicles, or office equipment.
3. The PIP applicant shall be a nonprofit entity (public, private, or governmental) recognized by the Department on Aging as a provider of services to older adults in South Carolina's aging network. While national senior center certification is not required, the applicant shall ensure that the PIP multi-purpose senior center meets the established standards set by the National Council on Aging (NCOA) and the National Institute of Senior Centers (NISC).
   Note: The SCDOA encourages the AAAs and providers to work with county and municipal governments when planning senior centers.
4. Occasionally, the Department on Aging may have a special one-time PIP cycle to provide funding for commercial freezers and ovens in order to serve frozen meals. This special one-time funding will be considered a renovation for matching purposes.
5. The total dollar amount awarded in each grant cycle shall vary depending on the number of applications received, the dollar amounts requested in the applications, and the amount of funds available in the restricted PIP account.
6. When a PIP grant application is approved, a Notification of Grant Award (NGA) shall be signed between the Department on Aging and the grantee. The Department on Aging shall provide funds to the grantee as a reimbursement. The PIP recipient is required to provide proof (receipts, invoices, contracts, pictures) that the work being invoiced has been completed.
7. All grantees are required to adhere to the terms of the reversionary period established by the SCDOA.

Note: In addition to being multi-purpose senior centers, all PIP sites shall be community focal points as defined in section 106 of this Manual.

B. Overview of the Grant Process

1. PIP applicants and AAAs shall follow the policies and procedures found in the Senior Center Permanent Improvement Program Grant Application Package, which is updated annually or as needed by the Department on Aging.
2. The Department on Aging reserves the right to revise the PIP Grant Application Package and guidelines as needed. Revisions may be made if there have been any legislative changes or mid-year budget actions that impact Department on Aging PIP funding.
3. Current PIP grantees shall be notified of any changes made to funding due to legislative changes, loss of funding, or budget cuts.
4. The grantee, and not the AAA, is responsible for meeting deadlines established through the PIP application guidelines and NGA. It is the sole responsibility of the grantee to provide required documents.

Note: The grantee is responsible for adhering to the grant period to ensure that the PIP NGA does not end before the project is completed. Once the NGA (grant period) has expired, the Department on Aging is not responsible for making final payments to the grantee. The grant period is often different than the budget year. While extensions are rare, if an extension is necessary, the grantee shall make the request at least 30 days before the grant period ends using the policies and procedures found in this Manual and in the PIP Application. There will be no grant extensions for funding, revenue or budgetary reasons.

C. Protocols for Evaluating PIP Applications and the Awarding of Grants

1. Grant applications are due to the Department on Aging annually, on a date selected by the Department.
2. Applications must be approved by the local AAA Director before the Department on Aging will consider the project.
3. The PIP Coordinator reviews the applications for compliance with application requirements.
4. Available data is reviewed to determine service performance and actual need in the area served by the senior center.
5. Meetings are scheduled with the Department on Aging PIP Coordinator and appointed Department on Aging staff to meet with each applicant and local AAA Directors to discuss applications, finances, project details, and long-term sustainability/viability of the senior center. All applicants will answer questions provided in a uniformed set of questions during the meeting.
6. Awards will be made based on the highest scoring applications, within the limits of the funding available for PIP grants. In addition, other considerations may be given to geographic need in supporting South Carolina Aging Network providers that deliver Older Americans Act services contracted by an Area Agency on Aging.
7. The PIP Coordinator and appointed Department on Aging staff will brief the Department on Aging Director and the director shall make final determinations based on those recommendations.
8. PIP recipients and local AAAs will be notified in writing of the awards.
9. After the recipients are notified, the Department on Aging will prepare NGAs for the AAAs to sign and execute.

D. PIP Monitoring Requirements

The SCDOA has established monitoring protocols to ensure that grantees are adhering to the PIP guidelines as required.

1. In order to protect the SCDOA's funds and ensure the project is being completed as stipulated, the SCDOA PIP Coordinator will schedule at least one annual monitoring visit during the two-year grant period. The PIP Coordinator will use a uniform monitoring tool for each visit. All SCDOA program managers visiting PIP sites will provide the PIP Coordinator with a report of their visits. All monitoring visits made to PIP projects will be documented by a uniformed documentation document.
2. When submitting Quarterly Reports, the PIP Grantee shall use the Quarterly Report template provided by the SCDOA. In addition, when submitting the Quarterly Report source documentation supporting the report is required.
3. The grantee will certify that 50 percent of the work is completed before the first reimbursement. The grantee is required to submit a notarized SCDOA PIP Certification Form signed by the grantee, AAA, and contractor before funds can be reimbursed.

E. PIP Reimbursement Payments

PIP grants are awarded for two-year grant periods, which means the grantee has two years to finish the project and be reimbursed by the SCDOA. No payments will be made to the provider unless sufficient documentation is provided before a payment request is made. This documentation shall include invoices and receipts for construction and construction supplies, and pictures showing the work completed. In addition, the notarized PIP Certification Form must be provided to the SCDOA.

The SCDOA PIP Coordinator or an AAA representative will meet with the PIP grantee before payments are made to ensure the work being invoiced has been completed.

VI.CHAPTER 600: STATE FUNDED HOME AND COMMUNITY-BASED SERVICES

601: Purpose of State Funded Home and Community-Based Services

This Chapter sets forth specific policies and procedures that the Department on Aging follows in planning and administering state funded Home and Community-Based Services.

Note: State funds shall have the same service/programmatic requirements stipulated by the Department on Aging, regardless of funding source, unless otherwise noted by a written Program Instruction.

602: Source of Funds

The Area Agency on Aging (AAA) shall award State Home and Community-Based Services funds allocated by the Department on Aging to maintain services to functionally impaired older persons and provide other community-based services needed within the region. Bingo revenues derived from operator license fees and admission taxes paid to the SC Department of Revenue (SCDOR) are another source of funding for HCBS. All services provided with state funds, regardless of the source, shall comply with all state program and fiscal requirements.

A. Home and Community-Based Services

State HCBS revenue is appropriated as "Aid to Subdivisions" to the Department on Aging. It is from this source that funds are awarded to AAAs to procure services for homebound individuals and services that are available to older individuals in the community.

B. Bingo

From the annual revenue derived from Class B bingo license and admissions taxes, $948,000 is set aside for senior center development. This portion of revenue is distributed through a competitive grant process.

The amount of revenue from the fees collected from bingo operators for aging services is $600,000 annually. These funds are distributed according to South Carolina law as follows: one-half of the funds are divided equally among the 46 counties; the remaining one-half must be divided based on the percentage of each county's population aged 60 years and above, in relation to the total state population aged 60 years and above using current census data. Providers receiving these funds shall be agencies recognized by the Department on Aging as service delivery providers of the AAAs (**South Carolina Code Section 12-21-4200**).

603: Persons Eligible for Services

Any older person may receive community-based services. "Functionally-impaired" means physical or mental limitations that restrict a person's ability to perform the activities of daily living.

Note: State HCBS funds cannot be used to serve individuals age 55 to 59 years old.

Priority shall be given, without regard to income, to those functionally impaired persons who:

- are 75 years of age or older;
- lack adequate social support; and
- are ineligible for services under the Community Long Term Care Program (CLTC).

"Inadequate social support" refers to an absence of support from relatives, neighbors, church members, etc., who can ensure that the activities of daily living or the instrumental activities of daily living are performed.

604: Allocation of State Funds

The method of allocation is different for each source of state funds.

Note: AAAs may expend no more than 10 percent for administrative services. All state funds appropriated for Home and Community Based Services are to be allocated to the AAAs based on the methodology of the Intrastate Funding Formula. State Law requires that federal dollars be spent before state dollars when possible.

1. Home and Community Based Services Funds

Under Proviso 40.5, State funds appropriated for Home and Community-Based Services (HCBS) shall be used to fund those services that most directly meet the goal of allowing seniors to live independently at home. Allowable services include: group dining, home-delivered meals, transportation to group dining sites, transportation for essential trips, Home Care Level I and II, Home Chore, Home Modification, Legal Assistance, Assessments, and Area Agencies on Aging (AAAs) may expend no more than 10 percent for administrative services. All state funds appropriated for HCBS are to be allocated to the AAAs based on the methodology of the Intrastate Funding Formula. However, up to three percent of the annual state appropriation for HCBS may be retained at the state office to be allocated to the affected regions in cases of a recognized emergency and/or natural disaster. If these funds are not utilized in the fiscal year allocated, they are to be treated as carry forward funds and reallocated to the AAAs. The AAAs are to submit a budget for approval by the Department on Aging indicating the services to be provided. Any unexpended funds in this program shall be carried forward and used for the same purposes. Funds may not be transferred from the HCBS special line item for any other purpose.

Note: Proviso 40.5 currently references Home Care Level I and II. The Department on Aging refers to Home Care Level I as Homemaker and Home Care Level II as Personal Care to reflect the OAAPS definitions.

2. Bingo

These funds are allocated by the Department on Aging according to the formula as specified in the authorizing legislation – Code of Laws of South Carolina 1976, as amended, Section 12-21-4200:

a. one-half of the funds shall be divided equally among the 46 counties; and
b. the remaining one-half shall be divided based on the percentage of the county's population aged 60 or above, in relation to the total state population aged 60 or above, using the latest United States Census Bureau information.

Services that may be funded with State Bingo Funds include: All Title III B and C services including group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, personal care (formerly Home Care Level I), homemaker (formerly Home Care Level II), Home Chore, Home Modification, and Legal Assistance.

When using Bingo Funds, no more than 10 percent of units purchased can be used on individuals between ages 55 and 59. If persons age 55 to 59 are served, justification for service must be included in the client financial tracking system.

Note: If the individual age 55 to 59 is eligible for services from an alternative funding source, the alternative funding (non-aging) source must be used. Clients age 55 to 59 do not qualify for aging services funded through federal sources.

605: Coordination with Other Programs

Services funded by bingo fees and State Home and Community-Based Services Funds shall be coordinated with services funded by other federal sources, including the OAA. Each Area Agency on Aging (AAA) shall require providers who provide services under both Title III and state sources to develop and follow a written methodology for determining which program beneficiaries receive service under each program.

AAAs shall require providers of state services to assign those allowable service units to specific individuals. These services complement the other services funded through the Department on Aging. State funds may not be used to supplant any other funds. If a provider offers the same service both with state funds and other sources of funds, then:

- the client is eligible for services from an alternative funding source; and
- the alternative funding source shall be used if that funding is available (not already filled to capacity).

606: Fees for Services Funded Through State Resources

Fees are defined as legal obligations of payments for services provided. All fees collected shall be used for the expansion of state aging services. Policies and procedures in Section 305 of this Manual apply to the state program.

VII.CHAPTER 700: SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

This Chapter of the Manual describes the Senior Community Service Employment Program (SCSEP) and specifies procedures to be followed by applicants who wish to receive employment assistance. This is a service not performed by the AAAs and is in this manual for informational purposes.

701: Purpose of the Senior Community Service Employment Program (SCSEP)

SCSEP is designed to provide, foster, and promote useful part-time employment opportunities in community service projects for low-income persons who are 55 years of age or older and, to the maximum extent possible, assist and promote the transition of participants to private or otherwise unsubsidized employment. The program is designed to provide eligible persons who enroll in an approved project the following benefits:

- wages and fringe benefits;
- restorative experience of community service work;
- renewed sense of personal value arising from involvement with the community and being in the mainstream of life;
- acquisition or revitalization of specific job skills through limited pre-job training and continued training on-the-job;
- upgrading of job-seeking skills;
- yearly physical examinations;
- assistance with personal and job-related problems through counseling and referral to appropriate human service agencies;
- provision of important consumer-related information in areas such as Social Security benefits, income tax requirements, nutrition, personal health, etc.; and
- assistance in finding placement into the labor market.

The program is also designed to provide benefits to communities. Projects shall provide the communities in which they operate with a federally subsidized pool of workers that can be drawn upon to upgrade existing human services or to establish new ones. Projects shall enable communities to enhance or establish human service activities that could not normally be enhanced or established through currently available regional resources.

702: Eligible Senior Community Service Employment Program (SCSEP) Training

Community service projects are required to obtain, and place enrollees in, training positions that provide a community service. "Community Service" is understood to mean:

- social services;
- health services;
- welfare services;
- educational services;
- legal and other counseling services and assistance;
- tax counseling and assistance;
- financial counseling;
- library services;
- recreational and other similar services;
- conservation services;

- maintenance or restoration of natural resources;
- community betterment or beautification;
- antipollution and environmental quality efforts;
- weatherization activities;
- economic development; and
- any other type of service that the Department on Aging may include in a subproject agreement.

SCSEP service projects exclude building or highway construction (except that which is normally performed by the project sponsor) and work that primarily benefits private and for profit organizations.

703: Allocation of Senior Community Service Employment Program (SCSEP) Slots

The total number of SCSEP slots allocated to South Carolina is determined by the United States Department of Labor (USDOL). The information is then distributed to the Department on Aging and national providers by a formula, which takes into consideration the proportion of the number of eligible persons in each area to the total number of such persons in South Carolina.

The Department on Aging will meet together with SCSEP providers to distribute employment slots in an equitable manner throughout South Carolina. The Department on Aging takes the lead responsibility in this effort and then continues to work with providers throughout the year to improve efforts being made to achieve the goals of the SCSEP. Principles for allotment of employment slots are as follows:

- retain all current participant slots;
- assign "new" slots to underserved areas; and
- assign any additional temporary slots to areas that maintained enrollment levels in the previous year.

704: Procurement of Senior Community Service Employment Program (SCSEP) Providers for Program Operations

The Department on Aging competitively procures the SCSEP operations and services in South Carolina. The Department on Aging is responsible for the performance of the sub-grantee and works closely with them to ensure program performance goals are met and seniors are served.

The sub-grantee shall be required to follow all federal and state regulations and codes, including those of the USDOL and the Department on Aging. The Department on Aging Program Manager shall programmatically monitor the compliance of SCSEP providers with Department on Aging and USDOL policies and procedures. In addition, the Department on Aging Finance Division shall monitor SCSEP providers through an annual fiscal review and review of all audits submitted.

705: Operational Requirements

The sub-grantee shall operate an approved project in accordance with the general requirements of this Manual, the Department on Aging SCSEP Manual, and the following federal regulations:

- SCSEP Regulations (20 CFR, Part 674, Sub-part C-Project Operations); and
- fiscal requirements (CFR, part 29-7.206, Matching Share).

Reporting forms, payment invoices, and other applicable forms and instructions that are provided by the Department on Aging shall be used by the providers.

VIII.CHAPTER 800: ELDER RIGHTS ADVOCACY (LONG TERM CARE OMBUDSMAN PROGRAM (LTCOP) AND LEGAL ASSISTANCE)

The purpose of this chapter is to define Elder Rights Programs that are administered statewide in South Carolina and to delineate the federal and state statutory mandates and responsibilities that are administered under the direction of the State Long Term Care Ombudsman (SLTCO).
For purposes of this section, "long term care facility" means any:

- skilled nursing care facility as defined in Section 1819(a) of the Social Security Act;
- nursing facility as defined on Section 1919(a) of the Social Security Act;
- community residential care facility licensed by the State of South Carolina;
- psychiatric hospital;
- rehabilitation facility; or
- facility operated or contracted for operation by the State Department of Mental Health (SCDMH) or the South Carolina Department of Disabilities and Special Needs (SCDDSN) (See **S.C. Code Ann §43-35-5 et seq. and §43-38-10 et seq.**).

Note: The South Carolina Aging Services Policies and Procedures Manual should be used along with the Ombudsman Program's programmatic manual to gain a full understanding of the program's service protocols.

801: Purpose and Authority of the Long Term Care Ombudsman Program (LTCOP)

A. Purpose of the Long Term Care Ombudsman Program (LTCOP)

The South Carolina Long Term Care Ombudsman Program (LTCOP) seeks to improve the quality of life and quality of care for residents of long term care facilities through advocacy for residents. The LTCOP serves as a point of entry where complaints made by or on behalf of residents in long term care facilities can be received, investigated, and resolved. Additionally, the LTCOP identifies problems and concerns of residents receiving long term care services and recommends changes to improve the quality of care.

B. Authorization for the Long Term Care Ombudsman Program (LTCOP)

The South Carolina Long Term Care Ombudsman Program (LTCOP) is authorized under the federal Older Americans Act (OAA) of 1965 and the South Carolina Ombudsman Act (Investigation of Health Facilities by Ombudsmen), Chapter 38. The South Carolina Omnibus Adult Protection Act, Chapter 35, further enables the protection of the health, safety, welfare, and rights of residents of long term care facilities.

1. OAA Authorization

   The State Long Term Care Ombudsman (SLTCO) has established procedures to ensure that representatives of the State Long Term Care Ombudsman (SLTCO) office shall have authority to:

   - provide services to protect the health, safety, welfare, and rights of residents;
   - ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance;
   - identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents;

- represent the interests of residents before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
- support the development of resident and family councils; and
- carry out other activities that the Ombudsman determines to be appropriate (**OAA 712**).

2. South Carolina Omnibus Adult Protection Act
In 1993, the General Assembly found it necessary to create the Omnibus Adult Protection Act (**S.C. Code Ann §43-35-5 et seq.**). The purpose of this Act is to:
- provide a system of adult protection in South Carolina;
- clarify the roles and responsibilities of agencies involved in the system;
- designate the Long Term Care Ombudsman Program (LTCOP) as an investigative entity;
- provide a mechanism for problem resolution and interagency coordination;
- uniformly define abuse, neglect, and exploitation for vulnerable adults in all settings;
- clarify reporting procedures for allegations of abuse, neglect, and exploitation; and
- issue, through the State Long Term Care Ombudsman (SLTCO), administrative subpoenas for gathering information and documents.

3. South Carolina Ombudsman Act (Investigation of Health Facilities by Ombudsmen)
This law (**S.C. Code Ann §43-38-10 et seq.**) defines facilities and further lists those facilities in which ombudsmen have the ability to access residents and investigate complaints.

802: Goals, Functions, and Components of the Long Term Care Ombudsman Program (LTCOP)

A. Long Term Care Ombudsman Program (LTCOP) Goals

The goals of the Long Term Care Ombudsman Program (LTCOP) are as follows:
- to seek resolution of resident complaints/concerns;advocate for the rights of residents and work to enhance the quality of life and care for residents
- to serve as a single point of entry for receipt and resolution of complaints and problems concerning long term care;
- to provide regional and local information about services in long term care facilities; and
- to maintain the statewide advocacy network on behalf of long term care residents.

B. Long Term Care Ombudsman Program (LTCOP) Functions

Under the OAA, and other federal law, the functions of the Long Term Care Ombudsman Program (LTCOP) include:
- identifying, investigating, and resolving complaints made by or on behalf of residents of long term care facilities (**OAA 712(a)(3)(A) and (a)(5)(B)(iii)**);
- providing services to assist the residents in protecting their health, safety, welfare, and rights (**OAA 712(a)(3)(B) and (a)(5)(B)(i)**);
- informing the residents about means of obtaining other services (**OAA 712(a)(3)(C)**);

- ensuring that residents have regular and timely access to the services provided through the program and that residents and complainants receive timely responses from the Ombudsman (**OAA 712(a)(3)(D) and (a)(5)(B)(ii)**);
- representing the interests of the residents before governmental agencies and judicial entities and seeking administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents (**OAA 712(a)(3)(F) and (a)(5)(B)(iv)**);
- providing administrative and technical assistance to entities designated as local Ombudsman and representatives of the LTCOP (**OAA 712(a)(3)(F)**);
- analyzing, commenting on, and monitoring federal, state, and local laws, regulations, and policies that pertain to the health, safety, welfare, and rights of the residents with respect to the adequacy of long term care facilities and services in South Carolina (**OAA 712(a)(3)(G)(i)**);
- recommending changes in such laws, regulations, and policies deemed to be appropriate (**OAA 712(a)(3)(G)(ii)**);
- coordinating Ombudsman services for individuals with developmental disabilities and mental illness with the protection and advocacy systems established under Part A of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 et seq.) and under the Protection and Advocacy for the Mentally Ill Individuals Act of 1986 (Public Law (99-319);
- providing training for the representatives of the State Long Term Care Ombudsman (SLTCO) office, promoting the development of citizen organizations to participate in the program, and providing technical support for the development of resident and family councils to protect the well-being and rights of residents (**OAA 712(a)(3)(H)**); **and**
- performing other activities consistent with the requirements of the OAA that the Assistant Secretary of the Administration for Community Living (ACL) determines appropriate (**OAA 712(a)(3)(H)(iii)(I)**).

C. Components of the Long Term Care Ombudsman Program (LTCOP)

Each Long Term Care Ombudsman Program (LTCOP) shall provide services to protect the health, safety, welfare, and rights of residents. These services, known as Program Components, are:

- advocacy for residents of long term care facilities;
- complaint intake, investigation, and resolution;
- information and assistance;
- community education;
- in-service education;
- regular access to the LTCO through quarterly visits to residents in facilities; and
- seek administrative, legal and other remedies to protect residents.

Each of these components should be addressed in the Area Plan to include measurable and time-specific objectives for each program component and to provide for complaint processing to be the highest priority of the program component.

803: Responsibilities Relating to the Long Term Care Ombudsman Program (LTCOP)

A. State Responsibilities for the Long Term Care Ombudsman Program (LTCOP)

The Department on Aging shall:

- provide for a full-time State Long Term Care Ombudsman (SLTCO);
- provide funding for a statewide Long Term Care Ombudsman Program (LTCOP);
- provide support to the LTCOP to enable it to fulfill its responsibilities consistent with all applicable federal and state laws, regulations, and policies;
- administer the Notification of Grant Awards (NGAs) between the Department on Aging and the AAAs;
- provide technical assistance for LTCOP and monitor the performance of the Long Term Care Ombudsman (LTCOP) (**CFR §1324.15 (e)**);
- ensure that willful interference with Ombudsmen in the performance of official duties (as defined by the Assistant Secretary of the Administration for Community Living) shall be unlawful (**OAA 712(j)(1)**);
- prohibit retaliation and penalties by a long term care facility or other entity with respect to any resident or employee for having filed a complaint with, or providing information to, the Ombudsman about such entity (**OAA 712(j)(2)**);
- provide for appropriate sanctions with respect to such interference, retaliation, and reprisals (**OAA 712(j)(3)**);
- ensure that adequate legal counsel is available to the Ombudsman for advice and consultation and that legal representation is provided to any representative of the Ombudsman against whom suit or other legal action is brought in connection with the performance of official duties (**OAA 712(g)(1)(A) and (B)**);
- ensure access to review the resident's medical and social records or, if a resident is unable to consent to such review and has no legal guardian, appropriate access to the resident's medical and social records (**OAA 712(b)(1)(B)**); and
- ensure that the Ombudsman has the ability to pursue administrative, legal, and other appropriate remedies on behalf of residents of long term care facilities (**OAA 712(g)(1)(B)(2)**).

B. Responsibilities of the State Long Term Care Ombudsman (SLTCO)

The State Long Term Care Ombudsman (SLTCO) is responsible for providing leadership for the statewide Long Term Care Ombudsman Program (LTCOP).

1. General Responsibilities of the State Long Term Care Ombudsman (SLTCO)

   The SLTCO is responsible for:

   - administering the statewide LTCOP in accordance with all applicable federal and state laws, regulations, and policies;
   - providing leadership, planning, and direction for the statewide LTCOP;
   - providing fiscal and programmatic oversight;
   - evaluating statewide LTCOP performance during an annual review process;
   - setting policies, procedures, and standards for administration of the LTCOP and LTCO practices;
   - adhering to the Ombudsman Code of Ethics;
   - prohibiting any representative of the LTCOP from performing any LTCO services unless the representative has received certification training and has been approved by the SLTCO as qualified to carry out the activity on behalf of the SLTCO;
   - advocating for policy, regulatory, and/or legislative changes in long term care;

- coordinating with statewide and national advocacy organizations involved in long term care issues;
- maintaining awareness of current issues and trends in long term care;
- coordinating LTCOP services with Protection and Advocacy systems, Adult Protective Services, state agencies which license and certify long term care facilities, law enforcement agencies, the Attorney General's Office, and other appropriate agencies;
- maintaining case records through the LTCO with assurances that such records may not be released, disclosed, duplicated, or removed without the written permission of the SLTCO or designee;
- maintaining a statewide uniform reporting system to collect and analyze data, relating to complaints and conditions in long term care facilities and to residents, for the purpose of identifying and resolving significant problems, and submitting such data to appropriate entities as required by the OAA;
- preparing and distributing the LTCOP annual report as required by the OAA;
- providing information and referrals regarding long term care issues and the LTCOP to the general public, residents, community organizations, and other agencies;
- oversight for the recruiting, training, and managing, of volunteers for the LTCOP;
- providing technical assistance, consultation, training, and resources to the LTCO and the Area Agency on Aging (AAA) related to the operation of the LTCOP;
- ensuring that the AAA has a backup plan to support the regional LTCO when there is an absence of the LTCO or an excess of cases requiring investigation;
- making periodic visits to the regional LTCOP as deemed necessary;
- reviewing, commenting on, and approving the LTCOP section of the Area Plan in a timely manner;
- monitoring and evaluating the statewide LTCOP; and
- developing policies for the designation and de-designation of a LTCOP or a LTCO.

2. The State Long Term Care Ombudsman (SLTCO) Responsibilities to Long Term Care Residents

   The SLTCO shall personally or through representatives of the office:

   - identify, investigate, and resolve complaints that are made by or on behalf of residents, and relating to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of residents;
   - provide services to assist residents in protecting health, safety, welfare, and rights;
   - inform residents, family members, or legal representatives about means of obtaining services provided by long term care service providers, public agencies, health and social service agencies, or other services to assist residents in protecting health, safety, welfare, and rights;
   - provide regular and timely access to LTCOP services for residents and timely responses to complaints;

- represent the interests of residents before governmental agencies and pursue administrative, legal, and other remedies to protect the health, safety, welfare, and rights of residents;
- analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions pertaining to the health, safety, welfare, and rights of residents with respect to the adequacy of long term care facilities and services in South Carolina;
- recommend changes in such laws, regulations, policies, and actions as deemed appropriate;
- facilitate public comment on laws, regulations, policies, and actions;
- provide technical support for the development of resident and family councils to protect the well-being and rights of residents as requested; and
- prohibit inappropriate disclosure of the identity of any complainant or resident with respect to LTCO files or records.

3. The State Long Term Care Ombudsman (SLTCO) Responsibilities to the Long Term Care Ombudsmen (LTCO)
   The SLTCO shall provide to the LTCO:
   - certification training and ongoing training in accordance with the certification requirements for LTCO;
   - program management and development to enable the LTCO to fulfill the program components; and
   - technical assistance and supervision as needed related to complaint handling and other LTCOP services.

C. Area Agency on Aging (AAA) Responsibilities under the Long Term Care Ombudsman Program (LTCOP)

The Area Agency on Aging (AAA) is responsible for ensuring the provision of the Long Term Care Ombudsman Program (LTCOP) in its planning and service area.

To fulfill this responsibility, the AAA shall:

- provide fiscal and programmatic monitoring of its LTCOP in order to assess adequate provision of Long Term Care Ombudsman (LTCO) services pursuant to the Ombudsman section of the AAA Area Plan;
- adhere to scope-of-work requirements for its LTCOP;
- monitor its LTCOP's attainment of goals and objectives as stated in the AAA Area Plan;
- assist in the operation of its LTCOP;
- provide opportunities for its LTCOP and aging and social service organizations to collaborate in promoting the health, safety, welfare, and rights of residents;
- ensure that its LTCOP data is provided quarterly to the Office of the State Long Term Care Ombudsman (OSLTCO) in the format required by the SLTCO, or as requested;
- prohibit disclosure of the identity of any complainant or resident with respect to LTCO files or records;
- ensure the security and confidentiality of files and records maintained by its LTCO;
- assist in developing a transition plan to minimize disruption in its LTCOP services to

residents of its planning and service area in the event the Notification of Grant Award (NGA) between the AAA and the Department on Aging is terminated by either party;
- request a waiver from the SLTCO if, due to demonstrable and unusual circumstances, the AAA anticipates it will be unable to comply with any of these responsibilities;
- assist its Regional Long Term Care Ombudsman in maintaining Ombudsman Certification through attendance at trainings, seminars, and/or conferences;
- perform each of its responsibilities in administering its LTCOP in accordance with all applicable federal and state laws, regulations, and policies;
- screen all candidates prior to employment for possible conflicts of interest and conduct background checks; provide SLTCO with the candidate's resume prior to hire and
- notify the SLTCO of any conflicts of interest and the suggested remedy. The AAA will screen for conflicts of interest with the LTCOP, as described in OAA 803(I), annually and as necessary, for its providers, staff, board members, and organizational interests. The AAA will handle conflicts of interest pursuant to section 803(J) of this Manual.

D. **Responsibilities**

A Long Term Care Ombudsman (LTCO) is designated by the State Long Term Care Ombudsman (SLTCO) to provide ombudsman services in an assigned area. A LTCO shall:
- provide LTCO services to protect the health, safety, welfare, and rights of residents in accordance with provisions of the federal and state laws governing the State Long Term Care Ombudsman Program (SLTCOP);
- document LTCO activities and case work as required by the SLTCO;
- adhere to the Ombudsman Code of Ethics;
- prohibit inappropriate access to LTCO records in the possession of the LTCOP;
- perform other duties that the SLTCO deems appropriate; and
- perform each responsibility in accordance with all applicable federal and state laws, regulations, and policies.
- The LTCO shall review any facility resident for conflicts of interest, as described in section 803(I) of this Manual. The LTCO shall handle conflicts of interest pursuant to section 803(J) of this Manual.

E. **Ombudsman and the Long Term Care Ombudsman (LTCO) Program Responsibilities**

The OAA provides for the Long Term Care Ombudsman Program (LTCOP) to utilize volunteers and establishes the requirement for the Long Term Care Ombudsman Program (LTCOP) to provide training for any volunteer ombudsman.

In South Carolina, volunteers are recruited and placed by the Regional Long Term Care Ombudsman (RLTCO). These volunteers function under the supervision of the Regional LTCO; however, these volunteers are not certified ombudsmen. Volunteers may perform limited functions as specified by the State Long Term Care Ombudsman (SLTCO). Following screening, training, and testing, the Volunteer Ombudsman shall receive orientation to the facility and its procedures prior to making regular contact with the residents by visiting facilities and training with the RLTCO. The Volunteer Ombudsman may be called upon to visit residents in nursing homes or residential care facilities, resolve minor concerns, and bring issues or problems to the attention of the LTCO, when necessary.

The volunteer program seeks to diminish the sense of isolation and helplessness experienced by residents, especially those without family or friends, and can assist the resident in achieving a sense of self-determination of the resident's health, safety, welfare, and rights.

Volunteer Friendly Visitors are a resource for improving the quality of life for residents, as well as for identifying issues and potential problems that can be addressed before intervention is needed by the LTCO or other appropriate regulatory agency.

1. Volunteer friendly visitor functions
   The Volunteer Friendly Visitor performs the functions outlined below:
   - visits residents of long term care facilities as determined by the LTCO;
   - documents and resolves residents' minor concerns and reports complaints to the RLTCO;
   - provides brochures and written information from the LTCOP on residents' rights, advance health care directives, and the role of and the contact information for the ombudsman to family, residents, and facility staff;
   - answers basic questions regarding the LTCOP and refers requests for assistance to the RLTCO; and
   - maintains confidentiality at all times.
2. Training required for Volunteer Friendly Visitors
   Training for Volunteer Friendly Visitors (VFV) will be conducted in accordance with the protocols of the VFV training manual and the LTCOP.

F. Confidentiality and Disclosure Requirements

The Long Term Care Ombudsman Program (LTCOP) has established written procedures to protect the confidentiality of residents' records and files. These procedures include the following requirements.

1. No information or records maintained by the LTCOP shall be disclosed unless authorized by the State Long Term Care Ombudsman (SLTCO) (**OAA 712(d)(2)(A)**).
2. The State Long Term Care Ombudsman office shall not disclose the identity of any complainant or resident unless:
   - the complainant or resident, or a legal representative of either, consents in writing to the disclosure and specifies to whom the identity may be disclosed (**OAA 712(d)(2)(B)(i)**); or
   - disclosure is required by court order (**OAA 712(d)(2)(B)(iii)**).

G. Outside Sources

Long Term Care Ombudsman Program (LTCOP) case information and case files do not fall under the purview of the Freedom of Information Act (FOIA). Therefore, the State Long Term Care Ombudsman (SLTCO) does not release cases or information upon request under this act. Subpoenas and requests for information under FOIA shall be handled in accordance with the Long Term Care Ombudsman Program Policies and Procedures Manual.

H. Reporting System

The Department on Aging, Office of the State Long Term Care Ombudsman has a statewide uniform reporting system (WellSky) to collect and analyze information on complaints and conditions in long term care facilities. This data shall be submitted to the Assistant Secretary

of the Administration for Community Living (ACL), and the National Ombudsman Resource Center. (OAA 712(c)(1) and (2)).

The Long Term Care Ombudsman (LTCO) shall comply with all federal and state laws and regulations regarding the confidentiality of client information, as well as the policies and procedures of the OAA, the ACL, the Department on Aging, and the office of the SLTCOP.

I. Conflict of Interest in the Long Term Care Ombudsman Program (LTCOP)

The organizational placement of the Long Term Care Ombudsman Program (LTCOP) and the individuals who execute the duties of the LTCOP shall be free from conflicts of interest. No representative of a local Ombudsman entity, or member of the immediate family of the representative, can be subject to a conflict of interest.

A conflict of interest exists in the Long Term Care Ombudsman Program when other interests intrude upon, interfere with, or threaten to negate the ability of the Regional Ombudsman to advocate without compromise on behalf of long-term care facility residents. Types of conflict of interest include:

1. **Conflicts of loyalty:** incentives, often related to financial or employment considerations that shape one's judgment or behavior in ways that are contrary to the interest of residents.
2. **Conflicts of commitment:** goals or obligations that direct one's time and/or attention away from the interest of the residents.
3. **Conflict of control:** limitations or restrictions that effectively foreclose one's ability to take actions to advocate for the interest of residents **(OAA 712(f)(1-3)).**

Organizational Conflicts

Conflicts arising from organizational location include, but are not limited to Long Term Care Ombudsman Program placement in an agency which:

- has an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
- provides long-term care services, including the provision of personnel for long-term care facilities or the operation of programs which control access to or services for long-term care facilities;
- operates programs with responsibilities conflicting with Long Term Care Ombudsman Program responsibilities. Examples of such responsibilities include developing and carrying out care plans and serving as guardian over long-term care residents;
- has governing board members with ownership, investment or employment interest in long-term care facilities; and
- has direct involvement in the licensing or certification of a long-term care facility or long-term care services.

Individual Ombudsman Conflicts

Conflicts for a long-term care ombudsman include, but are not limited to the following as stipulated by the Long Term Care Ombudsman Final Rule:

1. Employment of an individual or a member of his/her immediate family currently or within the previous year by a long-term care facility in the service area or by the owner or operator of any long-term care facility in the service area.

2. Participation in the management of a long-term care facility by an individual or a member of his/her immediate family.
3. Ownership or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility or long-term care service by an individual or a member of his/her immediate family.
4. Involvement in the licensing or certification of a long-term care facility or provision of a long-term care service by an individual or a member of his/her immediate family.
5. Receipt of remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility by an individual or a member of his/her immediate family.
6. Accepting any gifts of gratuities from a long-term care facility or resident or resident representative. A Long Term Care Ombudsman should adequately compensate a facility for food provided by the facility with the exception of sample portions of food tested as part of an investigative process.
7. Accepting money or any other consideration from anyone other than the provider agency or other entity designated by the Office of the State Long Term Care Ombudsman for the performance of an act in the regular course of a Long Term Care Ombudsman's duties.
8. Provision of services with conflicting responsibilities while serving as a Long Term Care Ombudsman, such as adult protective services; discharge planning; serving as guardian, agent under power of attorney or other surrogate decision maker for a long-term care resident in the service area; pre-admission screening or case management for long-term care residents.
9. Serving residents of a facility in which an immediate family member resides.

J. **Procedures for Addressing Conflicts of Interest**

Procedures for identifying and removing conflicts of interest are as follows:

1. When an actual or potential conflict of interest within the Long Term Care Ombudsman Program (LTCOP) has been identified, the State Long Term Care Ombudsman (SLTCO) shall be notified. All agents of the Department on Aging, Area Agency on Aging (AAA), and Long Term Care Ombudsman (LTCO) have a duty to notify the SLTCO of any actual or potential conflict of interest of which they have knowledge.
2. The SLTCO shall determine whether appropriate actions shall be taken to sufficiently remedy a conflict. In the event that a perceived conflict does not interfere with any duties of the LTCO or is not likely to alter the perception of the LTCO as an independent advocate for residents, the SLTCO may determine that no real conflict exists.
3. Failure on the part of a LTCO or AAA to identify and report to the SLTCO a known conflict of interest may be sufficient grounds for refusal to designate or for the de-designation of the LTCOP or the LTCO.
4. Existence of a non-remedied conflict of interest shall be sufficient grounds for the de-designation of the LTCOP.

K. **Training**

The Office of the State Long Term Care Ombudsman Program (OSLTCOP) shall provide training for the LTCOs that can be credited towards annual certification during the monthly meeting of the Long Term Care Ombudsmen (LTCO). However, the AAA is responsible

for assisting each LTCO in the maintenance of ombudsman certification through attendance at trainings, seminars, and conferences that provide the Continuing Education Units that can be credited towards Ombudsman Certification.

L. Designation and De-Designation of Ombudsman Programs and Ombudsmen

1. Designation of a Long Term Care Ombudsman Program (LTCOP)
   To be eligible for designation as a LTCOP, an entity shall:
   - demonstrate the capability to execute the responsibilities of the office;
   - be free of conflicts of interest;
   - be a public or private nonprofit entity;
   - ensure that the designated individual meets both the educational and training requirements;
   - ensure that employment practices will provide stability to the program;
   - ensure that the designated individual receives sufficient support to perform the duties of the office; and
   - meet such additional requirements as the State Long Term Care Ombudsman (SLTCO) may specify.

2. Designation of an individual as a Long Term Care Ombudsman (LTCO)
   To be eligible for designation as a Long Term Care Ombudsman (LTCO), an individual shall:
   - demonstrate the capability to carry out the responsibilities of the program;
   - meet the educational and training requirements;
   - be free, and remain free, from all conflicts of interest with the program;
   - carry out the duties of the program in accordance with the policies and procedures established by the SLTCO and the Department on Aging;
   - provide services to protect the health, safety, welfare, and rights of residents;
   - ensure that residents in the planning and service area of the LTCOP have regular, timely access to the program and receive timely responses to complaints and requests for assistance;
   - identify, investigate, and resolve complaints made by, or on behalf of, residents that relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, and rights of the residents;
   - review and, if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions that pertain to the rights and well-being of residents;
   - facilitate the ability of the public to comment on the laws, regulations, policies, and actions;
   - provide technical assistance, information, training, or support to resident and family councils; and
   - conduct routine visits to facilities for the purpose of monitoring and assessing the general condition of residents and/or the physical plant of the facility.

3. De-Designation of a Long Term Care Ombudsman Program (LTCOP) or a Long Term Care Ombudsman (LTCO):

   The SLTCO and the Department on Aging may de-designate any entity previously

designated as a LTCOP or a LTCO for failure to meet any of the above conditions of designation. The SLTCO and the Department on Aging shall provide a written notice of not less than 30 days to the entity. Any and all appropriated funding shall be pro-rated and all remaining funds shall be returned to the Department on Aging.

M. Qualifications

A certified Long Term Care Ombudsman (LTCO) shall have a Bachelor of Science or a Bachelor of Arts Degree from a four-year college or university, or an Associate Degree with a minimum of three years of experience in the field of health or social services.

To become certified, a new LTCO is required to be thoroughly familiar with the Long Term Care Ombudsman Program Policies and Procedures Manual and the Long Term Care Ombudsman Program Basic Curriculum prior to attending training at the Department on Aging. It shall be reviewed and documented by the State Long Term Care Ombudsman (SLTCO) and the regional Ombudsman that the new Ombudsman has completed the requirements of the Ombudsman Competency Checklist, and is thoroughly familiar with this material prior to making any unaccompanied facility visits or before investigating any complaints. A new Ombudsman shall also complete any other requirements deemed appropriate by the SLTCO prior to receiving Ombudsman Certification.

N. Liability of Representatives of the State Long Term Care Ombudsman Program

Federal law requires states to "…ensure that representatives of the Office will not be liable under state law for good faith performance of official duties" **(42 USC §3058g(i)).** Representatives can help ensure immunity by acting in good faith and within the scope of the official duties.

O. Immunity from Liability for the Representatives of the State Long Term Care Ombudsman Program

A Long Term Care Ombudsman (LTCO) shall not incur any civil or criminal liability for performing his or her official duties in good faith.

1. "Official duties" are those duties of a LTCO set forth in applicable federal and state law and these policies and procedures. These duties shall include, but not be limited to, making statements or communication relevant to advocacy, receiving a complaint or conducting an investigation.
2. Evidence of performing duties in "good faith" includes, but is not limited to:
   - making every reasonable effort to follow procedures set forth in applicable laws and these policies and procedures; and
   - seeking and making reasonable efforts to follow direction from the Office of the State Long Term Care Ombudsman (OSLTCO).

P. Interference with a Long Term Care Ombudsman (LTCO)

No person shall willfully interfere with a Long Term Care Ombudsman (LTCO) in the performance of official duties. "Interference" includes any inappropriate or improper influence from any individual or entity, regardless of the source, which may in any way compromise, decrease, or negatively impact:

- the objectivity of the investigation or outcome of complaints;
- the LTCO's role as advocate for the rights and interests of the resident;
- the LTCO's work to resolve issues related to the rights, quality of care, and quality of

life of residents of long term care facilities; or

- the LTCOs statutory responsibility to provide such information as the Office of the State Long Term Care Ombudsman (OSLTCO) deems necessary to public and private agencies, legislators, and other persons regarding the problems and concerns of residents and recommendations related to residents' problems and concerns.

Q. Retaliation against a Person Cooperating with a Long Term Care Ombudsman (LTCO)

No person shall discriminate or retaliate in any manner against any resident, any relative or guardian of a resident, any employee of the long term care facility, or any other person due to filing a complaint with, providing information to, or otherwise cooperating in good faith with a LTCO.

R. Procedures for Reporting Interference or Retaliation Involving the Long Term Care Ombudsman Program (LTCOP)

1. Any person who has knowledge of such interference or retaliation may report such information to the State Long Term Care Ombudsman (SLTCO).
2. The SLTCO shall review the information provided and conduct further investigation, if necessary, to confirm the occurrence of the interference or retaliation.
3. If the SLTCO, based on such review, determines that enforcement action is warranted, the SLTCO shall pursue the following course of action:
   a. Where the entity which has interfered or retaliated is a long term care facility or its staff or agents:
      - the SLTCO shall submit a written report of such interference or retaliation to the South Carolina Attorney General's Office for investigation in accordance with its procedures for complaint investigation; and
      - if the South Carolina Attorney General's Office complaint investigation confirms the occurrence of such interference or retaliation, the Attorney General has the authority to impose penalties in accordance with its procedures for the imposition of penalties.
   b. Where the entity which has interfered or retaliated is an entity other than a long term care facility, its staff, or agents:
      - the SLTCO shall report such interference or retaliation to the Director of the Department on Aging; and
      - the Department on Aging Director shall assist the SLTCO in determining appropriate remedies or sanctions and assuring that appropriate sanctions are imposed**.**

S. Retention and Destruction Policy for the State Long Term Care Ombudsman Program

The State Long Term Care Ombudsman sets the criteria for retention and destruction of Ombudsman documents. The policy summarizes the minimum length of time that documents shall be preserved by the Office of the State Long Term Care Ombudsman Program. This includes all types of records, regardless of media or format, including those found in electronic form (including e-mail), audio, video, and hardcopy.

Note: No records can be destroyed while they are subject to audit, litigation, investigation, or where investigation is probable, even if permissible under the requirements below.

Once it is permissible to destroy a document under this policy, note that tangible records containing confidential or personal information (i.e. information not to be disclosed publicly) shall be destroyed by shredding or other means that will render them unreadable.

1. **Purpose of the retention and destruction policy**
   The purpose of the retention and destruction policy is to ensure that necessary records and documents of the Office of the State Long Term Care Ombudsman Program and entities being duly contracted by the Office of the State Long Term Care Ombudsman Program (hereafter, "LTCOP") are adequately protected and maintained and to ensure that records that are no longer needed by LTCOP are discarded at the proper time. Through this policy, employees of the LTCOP shall have an understanding of the obligations in retaining records, electronic documents - including e-mail, Web files, text files, sound and movie files, PDF documents, and all Microsoft Office or other formatted files.
2. **Administration**
   The State Long Term Care Ombudsman (the "Administrator") is the officer in charge of the administration of this policy and the implementation of processes and procedures to ensure that the Record Retention Schedule is followed. The Administrator is also authorized to make modifications to the Record Retention Schedule when needed to ensure that the policy complies with local, state, and federal laws, and that it includes the appropriate document and record categories for the LTCOP.
3. **Suspension of Record Disposal in Event of Litigation or Claims**
   In the event the LTCOP is served with any subpoena or request for documents or any employee becomes aware of any pending litigation concerning an investigation conducted by the LTCOP, such employee shall inform the Administrator and any further disposal of documents shall be suspended until the Administrator, with the advice of counsel, determines otherwise. The Administrator shall take such steps as is necessary to promptly inform all staff of any suspension in the further disposal of documents.
4. **Notification of Record Disposal**
   The Administrator and Records Clerk will receive written notification of the records being destroyed and the manner in which they were destroyed within three business days after completion of the task.
5. **Applicability**
   The retention and destruction policy that has been in effect since PIP 2014, applies to all physical records generated in the course of LTCOP's operation, including both original documents and reproductions. It also applies to the electronic documents.
6. **Record Retention Schedule**
   The State Long Term Care Ombudsman has approved a Record Retention Schedule that is approved as the initial maintenance, retention, and disposal schedule for physical and electronic records of the LTCOP.

Retention and Destruction Schedule

Administrative	Owner: All	
Document Name	**Document Description**	**Retention Period**
Policy, Standards and Procedure Documents	Policy, Standards, and Procedure Documents	Policy manuals, publications, bulletins and substantive supportive material: Permanent All other records: three years
Publications	Publications	Permanent
ASKUS Email		Retain until Administrative uses ceases
Training and Certification Records	Employee training and certification records	Certification date Permanent; All other training records: one calendar year
Electronic mail		Retain until Administrative uses ceases or one year
Annual Reports		Three years
Investigation	Owner: Ombudsman	
Complaint/Investigation Records	Investigation files	Retain three years after case final action
SLED Intake		Retain hardcopy for one year and electronic copy for three years
Complaint Intake		Retain hardcopy for one year and electronic copy for three years
Medical Records not related to the case findings		Destroy 90 days after final action
Personnel records not related to the case findings		Destroy 90 days after final action
Consultations		Retain until administrative uses ceases or one year
Legal	Owner: Administrative Coordinator	
Subpoena		3 years
FOIA requests		3 years
Correspondence (Legal)		3 years
Conflict of Interest		3 years
Discharge Notices		1 year
Administrative Law Court: Notice of Appeal		1 year

T. Ombudsman Monitoring and Quality Assurance

Information regarding Ombudsman monitoring and quality assurance can be found in Appendix 500F. In addition, the LTCOP will provide the monitoring tools to the Area Agencies on Aging annually or as needed.

804: Elder Abuse Prevention

Elder Abuse prevention activities in South Carolina were established to protect the health, safety, and well-being of all older adults. The OAA stipulates that the Department on Aging shall use the

allotment for Elder Abuse to carry out programs to educate the public for the prevention, detection, assessment, treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation, including financial exploitation. In South Carolina, Long Term Care Ombudsmen (LTCO) do not conduct investigations in regards to complaints of elder abuse in unlicensed facilities, or domestic- or community-based settings.

The SC Adult Protection Coordinating Council (APCC) was developed to coordinate the planning and implementation efforts of the entities involved in adult protection. As a group, many of the duties of the Council facilitate the attainment of the elder abuse prevention goals mentioned in the OAA 721(b). The Department on Aging Director and the State Long Term Care Ombudsman are named in statute as members of the APCC. As members of the Council, the Department on Aging and the SLTCO work collaboratively with other adult protection agencies and organizations to develop and strengthen programs to combat elder and vulnerable adult abuse. The APCC serves as a statewide network of organizations devoted to the prevention and reduction of abuse, neglect, and exploitation amongst South Carolina's most vulnerable population.

In an effort to continue and increase our efforts of decreasing the incidence of elder abuse, systems shall be developed and sustain to:

- educate the public on the identification and prevention of elder abuse;
- provide public education and outreach to promote financial literacy and prevent identity theft and financial exploitation of older individuals;
- receive reports of elder abuse;
- refer complaints to law enforcement or public protective services agencies;
- conduct analyses of state information concerning elder abuse, neglect, and exploitation and identifying unmet service, enforcement, or intervention needs;
- conduct training for individuals, including caregivers, professionals, and paraprofessionals, in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self-determination and autonomy;
- provide technical assistance to programs that provide or have the potential to provide services for victims of elder abuse, neglect, and exploitation and for family members of the victims;
- conduct special and on-going training for individuals involved in serving victims of elder abuse, neglect, and exploitation on the topics of self-determination, individual rights, state and federal requirements concerning confidentiality, and other topics determined by a state agency to be appropriate;
- examine various types of shelters serving older individuals (in this paragraph referred to as 'safe havens'), and testing various safe haven models for establishing safe havens (at home or elsewhere), that recognize autonomy and self-determination, and fully protect the due process rights of older individuals;
- support multidisciplinary elder justice activities, such as:
    1. supporting and studying team approaches for bringing a coordinated multidisciplinary or interdisciplinary response to elder abuse, neglect, and exploitation, including a response from individuals in social service, health care, public safety, and legal disciplines;
    2. providing training, technical assistance, and other methods of support to groups carrying out multidisciplinary efforts at the state level;

3. broadening and studying various models for elder fatality and serious injury review teams to make recommendations about the composition, protocols, functions, timing, roles, and responsibilities, with a goal of producing models and information that will allow for replication based on the needs of states and communities (other than the ones in which the review teams were used); and
4. developing best practices, for use in long-term care facilities, which reduce the risk of elder abuse for residents, including the risk of resident-to-resident abuse.

- address underserved populations of older individuals, such as—
  1. older individuals living in rural locations;
  2. older individuals in minority populations; or
  3. low-income older individuals (**OAA 721(b)**).

805: Legal Assistance Program Development

Legal Assistance provided under Title III-B of the Older Americans Act represents one of the central tenets of the elder rights and justice objectives of the statute. The network of legal service providers can, among other things, help older persons access long-term care options, and protect against infringements against direct challenges to independence, choice, and financial security. Per the statutory text, legal services are to be directed to individuals with the "greatest economic or social need."

The South Carolina Department on Aging requires and shall promote and assist in the development of legal assistance programs for older South Carolinians with the greatest economic or social needs. The term "legal assistance" means legal advice and representation and, by South Carolina law, shall be provided by a licensed attorney to older individuals with economic and social needs and includes, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and counseling or representation by a nonlawyer where permitted by law, in accordance with Section 102(33) of the Older Americans Act. Representation may include interpreting law, regulations, court rules, and legal procedures; recommending a course of action based on the facts of the case; and providing counseling.

As the State Unit on Aging, the South Carolina Department on Aging will:

- Provide for the coordination of the furnishing of legal assistance to older individuals within the State of South Carolina;
- Provide advice and technical assistance in the provision of legal assistance to older individuals within the state; and
- Support the furnishing of training and technical assistance for legal assistance for older individuals.

A. Targeting and Outreach for Legal Assistance as Required by the Older Americans Act

Both the Area Agency on Aging (AAA) and the South Carolina Department on Aging (SC DOA) are required by the Older Americans Act (at Section 306(a)(4)(B) and Section 307(a)(16), respectively) to use outreach to identify individuals eligible for supportive services, including legal assistance under Title III-B, with special emphasis on: those residing in rural areas; those in greatest economic need, including low-income individuals, low-income minority individuals, older individuals with limited English proficiency, and those residing in rural areas; older individuals with greatest social need, including low-income individuals, low-income minority individuals, older individuals with limited English proficiency, and those residing in rural areas; older individuals with severe

disabilities; older individuals with limited English-speaking ability; and, older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and caretakers of such individuals). Moreover, both the AAA and SC DOA shall inform those older individuals referred to above and their caretakers of the availability of such assistance, including legal assistance.

B. Information About Income and Resources for Legal Assistance

According to 45 CFR 1321.71 (d) and (e), a legal assistance provider may not require an older person to disclose information about income or resources as a condition for providing legal assistance. A legal services provider may, however, ask about the person's financial circumstances including any public assistance received as part of the process of providing legal advice, counseling, and representation, or for identifying additional resources and benefits for which an older person may be eligible.

The Department on Aging and its aging service providers do not means test when conducting assessments.

When providing legal services, an assessment is helpful, but not required, to identify other potential needs.

Legal service clients are not required to provide income or resource information to be eligible for legal assistance. The client shall be asked but not required to provide the following data on the Department on Aging Assessment/Reassessment Form: county, income, zip code, race and ethnicity, and gender, date of birth, income, English- or Non-English-speaking, and number in household.

Clients who do not wish to provide all of the requested data shall be informed by the entity conducting the assessment that there may be other services available for which the client is eligible and that not providing the additional data may impact the client's ability to receive additional services; however, this does not affect the ability to receive legal services.

Neither referral to receive legal assistance nor payment to the legal services provider(s) shall be delayed pending any assessment or data entry process.

C. Legal Assistance under the Area Plan

The Area Agency on Aging (AAA) shall utilize OAA funds to provide legal assistance to older persons with the greatest economic or social needs. Legal assistance service is a priority under the OAA. The Act requires the Department on Aging to set a minimum level of expenditure of Title III-B funding on legal assistance services. In the absence of a State Waiver, which can be found on the Department on Aging web site, each AAA shall expend not less than one percent of the allocation of Title III-B funding, after transfers, on agreements for legal assistance services.

Priority for legal assistance shall focus on older persons with the greatest economic or social need, with particular attention to low-income individuals, low-income minority older individuals, older individuals residing in rural areas, older individuals with limited English proficiency, older individuals at risk of institutional placement, those with severe disabilities, and those with Alzheimer's disease and related disorders. Any legal assistance provided under the OAA shall be in addition to any legal assistance already being provided to older persons in the planning and service area from sources other than the OAA. Not only shall

reasonable efforts be made to maintain existing levels of legal assistance for older individuals, the AAA shall also seek to increase the visibility and availability of legal assistance.

D. Agreements with Legal Assistance Providers

The AAAs shall enter into agreements with legal assistance providers who can demonstrate the experience or capacity to deliver legal assistance. Agreements shall include provisions to assure that any recipient of funds will be subject to the same restrictions and regulations established under the Legal Services Corporation Act (with the exception of the restrictions and regulations regarding eligibility for legal assistance under the Legal Services Corporation Act and governing membership of local governing boards).

The AAA shall attempt to involve the private bar in legal assistance activities, including groups within the private bar who provide services to older individuals on a pro bono and reduced fee basis.

Legal assistance providers must be either: 1) an organization that receives funds under the Legal Services Corporation Act; or 2) an organization that has a legal assistance program or the capacity to develop one.

The AAA shall ensure that any legal services provider(s) delivering services under Title III-B meet) the following standards: 1) has staff with expertise in elder law and other specific areas of law affecting older persons in economic or social need (for example, public benefits, institutionalization, and alternatives to institutionalization); 2) demonstrates the capacity to provide effective administrative and judicial representation in the areas of law affecting older persons with social or economic need; 3) demonstrates the capacity to provide support to other advocacy efforts such as the Long Term Care Ombudsman Program (LTCOP); 4) demonstrates the capacity to effectively deliver legal assistance to institutionalized, isolated, and/or homebound individuals effectively; demonstrates the capacity to provide legal assistance in the principal language spoken by clients in areas where a significant number of clients do not speak English as their principal language; 5) has offices and/or outreach sites that are convenient and accessible to older persons in the community; 6) demonstrates the capacity to provide legal assistance in a cost effective manner; and 7) demonstrates the capacity to obtain other resources to provide legal assistance to older persons.

E. Legal Assistance Units of Service

One unit of service is one hour of service by an attorney on behalf of an individual. This may include case preparation time, client counseling, staff travel time, time spent in training related to delivery of services, making group presentations, etc.

Units of service are to be recorded in the client information system in quarter hour increments. Each participant in a group presentation should be recorded individually.

F. Legal Assistance Case Priorities

A legal services provider under the OAA shall set priorities for the categories of cases for which it will provide legal representation based on the priorities set forth in the OAA. The legal assistance provider shall focus on providing services to those older persons with the greatest economic or social need, with particular attention to older individuals who are low-

income minorities, or reside in rural areas, or have limited English proficiency, or are at risk of institutional placement. The case priorities under the OAA include:

- income;
- health care;
- long-term care;
- nutrition;
- housing;
- utilities;
- protective services;
- defense of guardianship;
- abuse;
- neglect; and
- age discrimination.

G. Attorney-Client Privilege

The AAA may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

H. Conditions for Legal Services Providers

Each legal services provider shall:

- Ensure that no attorney of the legal assistance provider engages in any outside practice of law where such practice is inconsistent with the attorney's full-time responsibilities or is a conflict of interest to representing the AAA or its clients;
- Ensure that, while employed under this part, no employee and no staff attorney of the provider shall ever directly or indirectly coerce or attempt to coerce, command, or advise an employee of any provider to pay, lend, or contribute anything of value to a political party, or committee, organization, agency, or person for political purposes;
- Ensure that legal assistance is provided in the client's primary language if the individual does not speak English;
- Have a procedure, approved by the AAA, ensuring a client's access to the regulations and guidelines of the OAA; the provider's written policies, procedures, and guidelines; the names and addresses of the members of its governing body; and other materials to be disclosed as determined by the provider;
- Ensure that legal assistance utilizing Title III-B funding is not provided in fee-generating cases, as defined in 45 CFR 1321.71(g)(1);
- Ensure that in all representation utilizing Title III-B funding, the provider shall give precedence to the legal assistance priorities established by the OAA, including income, health care, long term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination, and defense of guardianship;
- Coordinate with other legal service providers;
- Utilize available pro bono programs or services to effectively optimize use of Title III-B funding, including referral of clients to no-cost programs when the legal matter is not urgent and it is appropriate to do so;

- Process clients through a formal intake system that establishes, without means testing, that the appropriate target population is identified and served;
- Maintain records of service requests and compile client information required for all reporting requirements of the AAA and the Department on Aging;
- Provide clients accepted for representation with an outline of the scope of representation;
- Provide referrals to other supportive services when appropriate; and
- Coordinate with aging service providers to receive referrals, arrange transportation to receive legal assistance, and provide public information.

When a legal services provider is an entity other than a Legal Services Corporation, that entity shall coordinate its services with the local Legal Services Corporation to ensure that older persons with the greatest economic and social needs are receiving services using OAA funds and are not eligible for services under the Legal Services Corporation Act. In carrying out this requirement, legal services providers may not use a means test or require older persons to apply first for services through a Legal Services Corporation. The legal service provider shall adhere to the Department onAging's and AAA's reporting schedules.

IX. APPENDIX 500A

South Carolina
DEPARTMENT
ON AGING

Minimum Meal Specifications

Nutrition Program for Older Adults

REVISED 3-4-21

Minimum Meal Specifications

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Minimum Meal Specifications

Nutrition Program for Older Adults

OVERVIEW

The primary purpose of this program is to fulfill the requirements of the Older Americans Act, as Amended in 2020, by providing nutritionally balanced meals to strategically located centers that provide meals and socialization to eligible individuals.

It is estimated that there shall be approximately _____ serving days during each contract period. The period covered is from July 1, _____ through June 30, _____.

The food shall be delivered to sites designated within the specifications of this document. Food shall be packaged and maintained at specified temperatures according to state and federal regulations and guidelines (South Carolina Department of Health and Environmental Control (SCDHEC) and the U.S. Department of Agriculture (USDA). Proposers shall provide all vehicles, food-handling and transportation equipment, service ware, serving and eating utensils, cutlery, napkins, hot and cold cups, and other accessories required to serve a complete meal.

USEFUL RESOURCES

SCDOA Aging Services Policies and Procedures Manual
SCDHEC Retail Food Establishment- Regulation 61-25 (9/27/19)
Dietary Guidelines for Americans 2020-2025
USDA FoodData Central

A. Types of Meals

Refer to **[Attachment A – Requested Menu Types]** for the meal types and cycle length requested for this proposal.

1. **Regular Hot or Cold prepared meals:** may be delivered in bulk, daily to the sites by the proposer. These meals can be breakfast or main meals.
2. **Cold Bag/Box (or unnecessary to heat):** can be used as a daily meal, second meal of the day, a weekend meal, or for special circumstances. Individual components of the meals shall be individually portioned and wrapped as appropriate.
3. **Frozen meals:** pre-plated frozen meals combined with fresh or frozen supplemental foods to meet nutrient requirements. Frozen meals should include, at a minimum, preparation instructions and should be marked with use by dates.
4. **Shelf-stable meals:** composed of individually portioned foods that have been processed in such a manner as to be free of microorganisms capable of growth in the products at non-refrigerated conditions during distribution and storage. The packaging must be easy to open, clearly labeled, and include preparation instructions when needed. A multi-pack shall include menus to instruct participants on how to combine the foods to meet requirements. The box (or individually packaged items) should be clearly marked with a "use by" or "best by" date. Low sodium products should be used to the maximum extent when building shelf-stable meals due to the high sodium content of these types of products. Due to the nature of shelf-stable products, food items may be lacking in quality vegetables and protein, as well as several key nutrients, and therefore, are not appropriate for ongoing use. Shelf-stable meals may be used as **Emergency Meals**.
5. **Texture Modified meals:** may be hot or frozen and may be variations of the regular diet that are modified in food consistency, such as pureed or ground (minced and moist). etc.
6. **Diabetic:** a type of therapeutic meal that may be a variation of the regular diet and incorporates lean proteins, dietary fiber, healthy fats and a consistent carbohydrate content. If this meal type is included in the proposal, provide a narrative describing your diabetic friendly nutritional standards.

- Meal types are to meet with the most recent Dietary Guidelines for American (DGA's) and Dietary Reference Intakes (DRI'S).
  [See pages 10-12: Section E: South Carolina Nutrition Services Requirements]
- On occasion, hot or cold meals may be served in a location other than the group dining meal site (such as for a special event or outing). The proposer shall agree to deliver the meals on the day of the event at the usual location or at another agreed upon location for the same price.

- Regular meals, Cold Bag/Box, Texture Modified and/or Diabetic meals, they shall be proposed at the same price.
- Shelf-stable meals may be proposed at a separate price.

- For frozen meals with fresh supplemental foods, prices are requested for the following categories as indicated on **[Attachment A: Requested Menu Types]:**
  - Regular only; Regular, Texture Modified and Diabetic at the same price;
    - If equipment is provided, then installation, leasing, and maintenance of equipment shall be included); and pricing proposed on the basis of ordering the frozen component by complete case

B. Site Location and Meal Type Schedule

Refer to [**Attachment B – Meal Cost Schedule**] and [**Attachment C1 – Site Location and GROUP DINING Meal Type Schedule**]/[**Attachment C2 – Site Location and HOME-DELIVERED Meal Type Schedule**] for the type and number of meals requested at each location. The Site Location and Meal Type Schedule will determine the service area for the proposal. Proposals shall be submitted on the delivered price per type of meal, with disposables and beverages as applicable, and if requested, with equipment. The proposal shall conform to all the descriptions herein. Meals provided under this proposal are not subject to South Carolina State sales tax. The successful proposers may be requested to provide the same meals and services at the same price to additional sites.

Holiday closings: Meal sites served under this contract shall be closed for approximately ____ holidays during the contract year.

C. Required Information

[Required Information Checklist on Page 13]

1. **Meal Cost Schedule [Attachment B]:** Provide the appropriate price per requested meal. The template provides the projected number and type of meal.

2. **Meal Cost Analysis Worksheet [Attachment D1]/[Attachment D2]:** Provide the percentage of the total cost of the meal for raw food, disposables, labor, delivery, equipment, and administration. If equipment is being provided, then installation, leasing, and the maintenance of such equipment shall be included. The price is based on the basis of ordering the frozen component by complete case lots.

3. **Location(s) Food Production Facilities [Attachment E]:** Provide information regarding vendor and food production facility location and delivery vehicle information (type and age). Attach additional sheets if needed. Include a copy of the most recent health department sanitation inspection (initial and follow-up reports); and/or USDA/FDA certification, if applicable shall be provided.

4. **Food Safety Inspection Report-** Provide the most recent health department food inspection report; if the most recent report is for a follow-up inspection, include the initial inspection report.

5. **USDA/FDA Certification for Frozen meal production facilities as needed**: Provide certification as appropriate. This requirement applies to out of state inspected food production facilities that are bringing meals **into** South Carolina (crossing state lines).

6. **Quality Assurance Procedures**: Provide a description of quality assurance procedures as related to food quality and safety. At a minimum, include the following information:

   Refer to **[Pages 8-9: SC Vehicle, Equipment, and Temperature Requirements] and [Pages 10-12: SC Nutrition Services Requirement]**

   A. Meal Order Accuracy: Describe your process to ensure the correct amount of food is delivered each day.

   B. Food Quality: Describe your organizational food purchasing/sourcing standards.

   C. Hazard Analysis Critical Control Points: Include process flow chart for quality assurance and or the Hazard Analysis Critical Control Point (HACCP) summary for production and handling of all meal types included in the proposal. Please include the required qualifications of the individuals who have overall responsibility of the food service quality control program.

   D. Description of Thermal Transport Equipment: Delivery equipment that is designed to maintain safe food temperatures for allowed holding periods. Provide a description of the types and sizes of equipment, including brand name and quantity, used to transport daily-prepared, cold boxes/bags, and frozen meals. Explain how the equipment is monitored on a continuous basis to ensure proper function.

   E. Temperature Compliance: Include recent (within three years or since equipment purchases) documentation of validation that the equipment and handling procedures are adequate to maintain food temperatures in accordance with SCDHEC requirements until portioning and serving time(s). The current required minimum holding temperature for heated food is 135 degrees °F and 41 degrees °F for cold foods. Frozen meals should be kept in a frozen solid state. After removal from electric or gas powered temperature control, foods shall be held at proper temperatures for no more than four hours before serving.

   F. Example of daily meal delivery record: Include forms with the times and temperatures for all time/temperature control for safety (TCS) foods. The time shall represent when the food was removed from temperature control (i.e. when foods were removed from a heating or cooling source). The daily meal delivery form shall have a place for the meal sites to document the time and temperature of TCS foods for up to four monitoring points (arrival, plating of home-delivered, prior to group dining service and an optional point.)

7. **Proposed Route Schedule [Attachment F]:** Provide a packing and delivery schedule that includes the following information by route: total number of stops, length in miles, estimated travel time and delivery times by site, based on the Site Location and Meal Type Schedule. The delivery schedule is to be compatible with requirements for food safety and minimizes the amount of time food spends in transit.

8. **Proposed Menu Plan [Attachment G]:** Provide completed sample menu plans for each meal type and cycle length requested on Attachment A. ***If proposer submits a Regular Hot/Cold menu plan for bulk delivered meals, a Serving Guide must also be provided within the proposal. The proposer will provide cleaned and sanitized serving utensils with daily bulk delivered meals. The utensils are to provide the correct amounts of foods in accordance with the nutrient analysis or meal pattern. These utensils will be listed on the Serving Guide that accompanies the menu.***

9. **SC Menu Checklist provided with each meal type proposed:** Complete South Carolina Menu Checklist (*Computer Analysis) **[Attachment H]** or South Carolina Guide for Menu Checklist (Meal Pattern) **[Attachment I]** by menu plan type.
*For the nutrient analysis method, include the nutrient reports from the software program utilized to show source documentation.

10. **Meal Choice:** Provide a description as to how meal choice will be incorporated into service provided. Menu choice is encouraged to allow for consumer choice and increase participant satisfaction. Choice Menus will comply with menu planning requirements. If more than one menu item is offered, the food item that has lower nutrient value will be counted towards the weekly nutrient average when computer analysis is used. If a meal pattern approach is used, then both meals must meet the guidelines.

11. **Description of Meal and Beverage Service Equipment and Supplies:** Provide an itemized description of beverage and/or serving equipment and utensils, dishware, flatware, beverage cups, napkins, straws and other accessories, and other supplies to be used for packaging home-delivered meals.

12. **Description and Expectations of Food Management Staff:** Provide a description of the current food management staff and any other staff who will be employed for this contract period. Include an organizational chart, job titles, educational and/or experience requirements, and staffing levels.

Include specific roles and responsibilities for the managers, cooks, drivers, dietitian, etc. Provide verification of ServSafe Food Protection Manager Certification for Food Management staff. Registered Dietitians (either employed

or contracted) are to ensure the integrity of the menu and nutrient analysis/meal pattern. Provide verification of Registered Dietitian licensure and registration status. Also, identify who will be the primary liaison as well as point of contact for each production facility.

Annual training via Food Management Staff to be available at least annually and cover topics such as portion control, food safety, and proper care and cleaning of equipment or other related issues. Identify individual responsible for such trainings.

Menu review meetings shall be conducted on a quarterly basis. Identify 1-2 representatives for the review. At least two weeks prior to the quarterly review, the draft menu will be provided for preview and to solicit feedback from clients.

13. **Description on Maximum Meal Production Load:** Provide information on the current total meal production load and the safe, maximum meal production load for each kitchen facility used to serve the contract. In addition, a brief statement that demonstrates the capability, based on past experience, to implement the nutritional and logistical aspects applicable to the performance of the contract shall be included.

14. **Contingency Plans:** Provide a written plan for contingencies including, but not limited to, substitute driver availability, delivery of food in the event of vehicle breakdown, delivery of food in the event of emergency at a production site, and method of reimbursement if replacement food must be purchased. Please include in your plan the length of time it will take to implement each of the examples above.

D. South Carolina Vehicle, Equipment & Temperature Requirements

1. **General Requirements**

All equipment and vehicles used in the preparation, transportation, service and delivery of food must have records of appropriate maintenance and meet the current requirements of the state and county health department. Equipment shall be classified or certified to listed NSF (National Sanitation Foundation)/American National Standards Institute (ANSI) Commercial Food Equipment Standards.

2. **Time and temperature control for safety (TCS) foods** shall be packaged and transported in closed thermal containers and enclosed vehicles in a manner that will maintain required temperatures.

If necessary, vehicles must be equipped with adequate facilities, automatic in operation and thermostatically controlled, for maintaining food at safe temperature requirements.

The proposer shall provide support and necessary equipment for maintaining safe temperatures during the entire holding time for foods (until served or packed for delivery to the client). If delivered in bulk, food shall be packaged so that there will be a minimum of spills in the carrier. Measures may include monitoring fill level and covering pans with plastic film, aluminum foil and/or metal lids. Foods for group dining and home-delivered meals may be packed together when it benefits compliance with food safety temperature requirements (i.e. less than 30 servings when using insulated carrier equipment). Thermal containers, etc. shall be provided in a size and/or quantity to contain all food delivered to the sites. Special care shall be taken in packaging cold food to prevent melting ice from contacting food.

The current required minimum holding temperature for heated food is 135 degrees °F and 41 degrees °F for cold foods. After removal from electric or gas powered temperature control, foods shall be held at proper temperatures for no more than four hours before serving.

Daily records of the time and temperature of all potentially hazardous foods shall be maintained and provided upon request. Recorded information includes the time and temperature when the food was removed from temperature control (i.e. when foods were removed from a heating or cooling source). Temperature information shall be reported to each meal site on a daily basis. These records shall be kept for a period of three years.

The proposer shall provide at least one, properly calibrated dial or digital style thermometer to each site as well as provide instructions on re-calibrating the thermometers to ensure the accuracy of each.

Frozen meals must be stored as zero degrees °F. During transportation and delivery, the meals must remain solid to the touch. The proposer shall take any measure necessary to provide equipment and vehicles to ensure they remain in this state. If frozen meals are delivered with fresh or canned supplemental foods, these should be handled appropriately.

Equipment needed at dining sites to properly handle and prepare these meals may include chest freezers, rethermalization ovens/convection ovens, holding cabinets and refrigerated units. Maintenance of this equipment, when provided by the proposer, shall be the responsibility of the proposer, but daily cleaning of the equipment shall be the responsibility of the meal site personnel.

3. **Beverage Equipment Requirements**
   Insulated beverage dispensers are to be used to keep beverages hot or cold. The capacity of the beverage holding equipment will be dependent upon the number of meals served at the site. Refer to Beverage Service with Meals.

4. **Supply/Equipment Responsibilities**

As appropriate, daily meal delivery to include the provision of cleaned and sanitized serving utensils. Authorized designees are responsible for rinsing/removing food debris from equipment (utensils and serving pans, etc.); wiping any spills from thermal delivery containers; placing the rinsed and dry equipment into the delivery units and having it ready for pick up at the next delivery.

The proposer should have a method to ensure a working food thermometer is available for all days of service. Authorized designees are responsible for monitoring the operation of the supplied food thermometer and making timely requests for replacement when required.

Authorized designees are responsible for taking inventory and requisitioning paper supplies and edible items in a timely manner to ensure a perpetual inventory. Both parties shall rotate inventory of any edible supplies to ensure freshness.

E. South Carolina Nutrition Services Requirements

1. Nutrient Requirements

Each Nutrition Program meal must comply with the Dietary Guidelines for Americans (DGA's)- 2020-2025, and provide to each participating individual: A minimum of 33 1/3 percent of the Dietary Reference Intakes (DRI's) per meal, if the project provides one meal per day. A minimum of 66 2/3 percent of the DRIs if the project provides two meals per day, and 100% of the DRIs if the project provides three meals per day.

2. Methods of Menu Compliance

Proposers must demonstrate compliance with the DGA's and DRI's by using **one** of the following documentation methods by meal type:

a. ***Computer Analysis*** - South Carolina Menu Guide Checklist **[Attachment H]**

Use of computer nutrient analysis software allows for increased menu planning flexibility. If the nutrient analysis method is used for menu compliance, it will supersede the meal pattern.

or

b. ***Meal Pattern*** - South Carolina Menu Guide Checklist **[Attachment I]**

This method is typically employed when there is no access to nutrient analysis software, but may also be selected for other reasons, such as ease of use when making substitutions.

Regardless of the method utilized, all standardized recipes and menus must be reviewed by a Registered Dietitian Nutritionist (include verification of Registration and Licensure status) to ensure compliance. The completion of the checklist and Registered Dietitian's final signature verifies that the corresponding signed menu is in compliance with the guidelines as set forth within this document.

3. Food Specifications

All food used in the preparation or service of meals shall be of high quality and meet any required standards and guidelines of the SCDHEC and the USDA. Food shall be

from sources approved or considered satisfactory by the SCDHEC and USDA; shall be properly labeled; shall be free from spoilage, adulteration, and other contamination; and shall be safe for human consumption. No home-prepared or home-canned food is allowed.

The following minimum food standards must be met:

- Canned Fruits and Vegetables – USDA Grade A
- Fresh Fruits and Vegetables – #1 Quality
- Poultry – USDA Grade A or better
- Beef – USDA Choice or better; lean cuts should be selected and cooking methods that promote tenderness used
- Pork – USDA #1 or better; lean cuts should be selected and cooking methods that promote tenderness used
- Ground Meats (beef, pork and poultry) shall not exceed 20 percent fat by weight
- Fish – all fish and seafood products shall be of comparable quality to USDA guidelines for beef and poultry.
- Eggs (or pasteurized eggs) – USDA Grade A or better
- Milk and milk products (fluid or dry) – pasteurized and USDA Grade A
- Salt – Iodized

4. Recipes & Menu Planning

All bidders, regardless of menu compliance method utilized, should refer to the Dietary Guidelines for Americans 2020-20205. See **[Attachment J]**.

Tested quantity recipes, adjusted to yield the number of servings needed, must be used to achieve consistent and desirable quality and quantity. Only actual recipe ingredients, that have been accurately identified, should be used in the menu approval process.

Successful bidders shall maintain a recipe file at each production site and provide copies of these recipes upon request. If the proposer provides meals from more than one production site, all production sites must use the same products and follow the same standardized recipes.

Foods must be selected, stored, and prepared to assure maximum nutritional content. Specific attention should be given to batch cooking and short cooking times, minimizing the use of water in the preparation of vegetables and minimal holding times for foods. No deep fat frying of foods is permitted.

When delivered, the food shall be appetizing, attractive in color and texture, lightly seasoned and not greasy. Whenever possible, herbs and spices appropriate to the dish should be utilized to reduce the amount of sodium added in food preparation. Fats should be primarily from vegetable sources and in a liquid or soft (spreadable) form (polyunsaturated and monounsaturated fats) that are lower in partially hydrogenated fat (trans-fatty acids), saturated fat and cholesterol.

Food items within the meat, vegetable, fruit, and dessert groups shall be varied within the week and not repeated on the same days of consecutive weeks. A variety of food attributes and combinations shall be considered in menu planning.

Religious, ethnic, cultural or regional dietary requirements or preferences shall be reflected in the planned menus. Cycle menus should include the provision of seasonal foods.

5. Beverage Service with Meals

Dehydration is a common problem in older adults. Therefore, at a minimum, drinking water should be available with all meals.

- Milk is not a required beverage as long as calcium requirements are met.
- Other beverages, such as 100% fruit juices, may be served occasionally, as long as nutrient/meal pattern targets are met. Low nutritive value beverages that provide excess calories, such as fruit flavored beverages and sweetened drink mixes, should be avoided.
- Non-nutritive beverages (i.e. sugar-free drinks) do not help meet nutrition requirements, but can help with hydration.

Optional Beverage Service: One optional beverage may be requested. The beverage option can be switched according to seasonal preference. The size of the urns and dispensers provided to each site shall be large enough to accommodate the number of group dining meals ordered for the site.

The following items, as appropriate, would be provided and included in the cost if optional beverage service is desired:

- Hot Beverage: urns, sugar, sugar substitute, creamer, six or eight ounce cups for hot liquids, and stirrers;
- Cold Beverage: dispenser, ice, unsweetened tea, sugar, sugar substitute, stirrers, and nine or ten ounce cups for iced tea.

Minimum Meal Specifications
Required Information Checklist

Proposers shall thoroughly examine all aspects of this Request for Proposals. All of the supplemental materials identified and requested in this section must be submitted and made a part of the Proposal.

Failure to submit any required information will be grounds for rejection of a Proposal. Include this checklist.

☐	1. Completed Meal (Cost) Schedule **[Attachment B]**
☐	2. Meal Cost Analysis Worksheets for included Meal Types **[Attachment D1][Attachment D2]**
☐	3. Location of Vendor and Food Production Facilities **[Attachment E]**
☐	4. Food Safety Inspection Report (include the most recent inspection report; if the most recent report is for a follow up inspection, include initial inspection report
☐	5. USDA/FDE Certification for frozen meal production facility, as needed
	6. Quality Assurance Procedures:
	☐ **A.** Meal Order Accuracy
	☐ **B.** Food Quality
	☐ **C.** HACCP program summary (personnel, processes, monitoring, frequency, & response)
	☐ **D.** Description of thermal transport equipment for various meal types
	☐ **E.** Temperature Compliance
	☐ **F.** Example of Meal Delivery Form
☐	7. Vendor Proposed Route Schedule **[Attachment F]**
☐	8. Proposed Menu Plans by meal type as requested on Attachment A **[Attachment G]**
	☐ Serving Guide as appropriate (bulk delivered meals)
☐	9. SC Menu Checklist Sheet for each meal type: Meal Pattern **[Attachment H]** or *Nutrient Analysis **[Attachment I]: *Include nutrient analysis report originating from software program as appropriate.** ☐ Narrative for Diabetic Meal nutritional standards as appropriate
☐	10. Meal choice description
☐	11. Itemized description of meal and beverage service equipment and supplies
☐	12. Description of Food Management Staff ☐ ServSafe Food Protection Manager Certification ☐ Registered Dietitian verification of Licensure/Registration status
☐	13. Description of maximum safe meal production load and current production volumes for each production facility
☐	14. Contingency plans

ATTACHMENT A

REQUESTED MENU TYPES

Menu plans must be developed for the following menu types as checked:

☐ **Regular (Hot/Cold):** main meal menus for July, August, and September (4-week cycle, 5 days = 20 menus)

☐ **Cold Box/Bag:** menus for July, August, and September to include two meals for weekend days (2-week cycle, 7 days = 14 menus)

☐ **Frozen meals (with *frozen* supplements):** menus for July, August, and September (4-week cycle, 5 days = 20 menus)

☐ **Frozen meals (with *fresh* supplements):** menus for July, August, and September (4-week cycle, 5 days = 20 menus)

☐ **Shelf-stable/Emergency Meals:** non-perishable meal menus (1-week cycle, 5 days = 5 menus)

☐ ***Texture Modified Meals:** menus for July, August, and September (4-week cycle, 5 days = 20 menus).
*specify type (Pureed, Ground (minced and moist), etc.): _____

☐ **Diabetic Meals:** menus for July, August, and September (4-week cycle, 5 days = 20 menus).

ATTACHMENT B
MEAL COST SCHEDULE

Region: _____ **Date:** _____

MEALS	QUANTITY PER YEAR	COST PER MEAL	COST PER MEAL PLUS OPTIONAL BEVERAGE
REGULAR			
COLD BOX/BAG			
FROZEN- with *Frozen* Supplements			
FROZEN- with *Fresh* Supplements			
SHELF-STABLE			
TEXTURE MODIFIED MEALS: _____ (Specify: Pureed, etc.)			
DIABETIC MEALS			

Note: Using **[Attachment D1 & D2 – Meal Cost Analysis Worksheet],** the proposer shall provide a breakdown of the cost of group dining meals and home-delivered meals (Regular-Hot/Cold, frozen, and/or shelf-stable) using the forms provided. The breakdown shall provide the percentage of the total cost of the meal for raw food, disposables, labor, transportation/delivery, and administration.

ATTACHMENT C1
SITE LOCATION AND GROUP DINING MEAL TYPE SCHEDULE

REGION: _____ DATE: _____
PROVIDER: _____

AVERAGE NUMBER OF MEALS PER DAY								
Site & Location	**Regular (Hot/Cold)**	**Frozen with *Frozen* supplements**	**Frozen with *Fresh* supplements**	**Cold Box/Bag**	**Shelf-stable**	***Texture Modified: _____**	**Diabetic**	**Delivery Time**

***Specify Texture Type- "Pureed", "Ground", etc.**

ATTACHMENT C2
SITE LOCATION AND <u>HOME-DELIVERED</u> MEAL TYPE SCHEDULE

REGION: _____ DATE: _____
PROVIDER: _____

AVERAGE NUMBER OF MEALS PER DAY								
Site & Location	**Regular (Hot/Cold)**	**Frozen with *Frozen* supplements**	**Frozen with *Fresh* supplements**	**Cold Box/Bag**	**Shelf-stable**	***Texture Modified: _____ –**	**Diabetic**	**Delivery Time**

***Specify Texture Type- "<u>Pureed</u>", "<u>Ground</u>", etc.**

ATTACHMENT D1
MEAL COST ANALYSIS WORKSHEET – Daily Prepared (Regular, Cold Box/Bag, Textured, Diabetic, etc.)

On the worksheet below, provide the **percentage** breakdown of the meal components listed.

[INSERT MEAL TYPE HERE] MEALS

Meal Cost Component	Percent of Total
1. Raw Food Cost	_____
2. Disposable Meal supplies (serve-ware, cutlery, napkins, glassware)	_____
3. Beverage Service	_____
4. Labor	_____
5. Equipment (thermal transport)	_____
6. Transportation/Delivery - Labor	_____
7. Transportation/Delivery – Equipment	_____
8. Administrative Expense	_____
9. Nutrition Education (if included in contract)	_____
TOTAL (should equal 100%)	_____

ATTACHMENT D2
MEAL COST ANALYSIS WORKSHEET – Frozen and Shelf-Stable

On the worksheet below, provide the **percentage** breakdown of the meal components listed.

FROZEN MEALS

Meal Cost Component	Percent of Total
1. Raw Food Cost (**frozen**)	_____
2. Raw Food Cost (fresh supplemental foods as applicable)	_____
3. Labor	_____
4. Equipment (thermal transport)	_____
5. Transportation/Delivery - Labor	_____
6. Transportation/Delivery – Equipment	_____
7. Administrative expense	_____
8. Nutrition education (if included in contract)	_____
TOTAL (should equal 100%)	_____

SHELF-STABLE MEALS

Meal Cost Component	Percent of Total (equal 100%)
1. Raw Food Cost **(shelf-stable)**	_____
2. Raw Food Cost (fresh supplemental foods as applicable)	_____
3. Labor	_____
4. Equipment	_____
5. Transportation/Delivery – Labor	_____
6. Transportation/Delivery – Equipment	_____
7. Administrative expense	_____
8. Nutrition education (if included in contract)	_____

ATTACHMENT E: LOCATION OF PRODUCTION FACILITIES

PROPOSER:	
OFFICE ADDRESS:	
PHONE:	
CONTACT:	

	LIST OF PRODUCTION FACILITIES	*DATE OF MOST RECENT INSPECTION	GRADE
1.	Address:		
	Phone:		
	Manager:		
	Description, number and age of vehicles:		
2.	Address:		
	Phone:		
	Manager:		
	Description, number and age of vehicles:		
3.	Address:		
	Phone:		
	Manager:		
	Description, number and age of vehicles:		

*Copies of most recent sanitation inspection (and/or USDA/FDA certification, if applicable) for each production facility must be attached. If the most recent inspection was a follow-up inspection, the initial inspection that required the follow-up inspection must be provided.

ATTACHMENT F
PROPOSED ROUTE SCHEDULE

Date: _____

Name of Route: _____ Is this a Contract Dedicated Route? Yes/No

Total Number of Stops on Route: _____ Number of Non-Contract Stops: _____

Use one page per route. Add pages as needed. Indicate non-contract stops using "Stop 1", "Stop 2", etc.

Do not complete travel time and delivery window for non-contract stops.

Estimated Route Start Time:		
Sites Names in Delivery Order	**Estimated Travel Time***	**Window for Delivery Time**

TOTAL ESTIMATED AMOUNT OF TIME FOR ROUTE: _____

*** Estimated travel time includes period from start time and all stops prior to the delivery of any particular meal site.**

ATTACHMENT G: MENU PLAN _____

CYCLE:_____ WEEK #:_____

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Month, Day					
Protein or Alternate					
Vegetable					
Fruit					
Grain					
Milk or alternate					
Dessert (optional)					
Beverage (optional)					

Analysis Weekly Avg.		**Nutrient Analysis Daily Values** [leave section below blank if utilizing meal pattern]									
Kcal	Pro%	Kcal	Pro%	Kcal	Pro%	Kcal	Pro%	Kcal	Pro%	Kcal	Pro%
Fat%	Carbs%	Fat%	Carbs%	Fat%	Carbs%	Fat%	Carbs%	Fat%	Carbs%	Fat%	Carbs%
Vit C (mg)	Carbs (gm)	Vit C (mg)	Carbs (gm)	Vit C (mg)	Carbs (gm)	Vit C (mg)	Carbs (gm)	Vit C (mg)	Carbs (gm)	Vit C (mg)	Carbs (gm)
Vit B12 (mg)	Na (mg)	Vit B12 (mg)	Na (mg)	Vit B12 (mg)	Na (mg)	Vit B12 (mg)	Na (mg)	Vit B12 (mg)	Na (mg)	Vit B12 (mg)	Na (mg)
Vit B6 (mg)	Vit A (µg)	Vit B6 (mg)	Vit A (µg)	Vit B6 (mg)	Vit A (µg)	Vit B6 (mg)	Vit A (µg)	Vit B6 (mg)	Vit A (µg)	Vit B6 (mg)	Vit A (µg)
Fiber (gm)	Ca (mg)	Fiber (gm)	Ca (mg)	Fiber (gm)	Ca (mg)	Fiber (gm)	Ca (mg)	Fiber (gm)	Ca (mg)	Fiber (gm)	Ca (mg)

	K (mg)		K (mg)		K (mg)		K (mg)		K (mg)		K (mg)

Prepared by: _____ **Effective date:** _____ to _____

I certify that these menus meet the nutrition requirements as specified in the SCDOA Meal Specifications for compliance with the *DGA-1/3 DRIs*.

_____ _____

Registered Dietitian Nutritionist RDN License Number

ATTACHMENT H:
SOUTH CAROLINA MENU CHECKLIST
Computer Analysis

SCDOA Nutrient Requirements and Values for Analysis

For menus that are documented as meeting the nutrient requirements through nutrient analysis software, this form must be completed and signed by the Registered Dietitian.

Menu Cycle Name/Months/Year: _____

NUTRIENT	Daily Target Values (Represent 1/3 of daily DRI)	Compliance Values Averaged over 1 week	Weekly Average Criteria Met ☒			
			Week 1	Week 2	Week 3	Week 4
Calories (Kcal)	>/= 600 calories	625-850	☐	☐	☐	☐
Protein (% of meal calories)	>/= 15% of total calories	> 15% of total calories	☐	☐	☐	☐
Fat (% of meal calories)	Less than (<) 35% of total calories	20-35% of total calories	☐	☐	☐	☐
Carbs (% of meal calories)	45-65% of total calories	45-65% of total calories	☐	☐	☐	☐
Fiber (gm)	>/= 9 gm*	9 gm	☐	☐	☐	☐
Vitamin A (µg)	300 micrograms* or 1000 I.U.	300 micrograms or 1000 I.U.	☐	☐	☐	☐
Vitamin C (mg)	30 milligrams*	30 milligrams	☐	☐	☐	☐
Vitamin B6 (mg)	0.57 milligrams*	0.57 milligrams	☐	☐	☐	☐
Vitamin B12 (µg)	0.79 micrograms*	0.79 micrograms	☐	☐	☐	☐
Calcium (mg)	400 milligrams*	400 milligrams	☐	☐	☐	☐
Sodium (mg)	</= 1100 milligrams*	1100 milligrams	☐	☐	☐	☐
Potassium (mg)	1133 milligrams*	1133 milligrams	☐	☐	☐	☐

*When adhering to DRI requirements, some target values may vary from the daily target value listed as long as the weekly Compliance Value Average is met. The Compliance Value Average is to allow for menu flexibility and client satisfaction. Please note that some nutrients such as calories and protein should meet Target Values daily. No individual meal should be less than 600 calories.

To increase menu variety, slight increases in the one-third (1/3) DRI minimums for fat and sodium may occur twice per menu cycle: sodium must not exceed 1400 milligrams and fat shall not exceed 35%.

Prepared by: _____

I certify that these menus meet the nutrition requirements as specified in the Meal Specifications and that the corresponding computer nutrient analysis indicates compliance with the *DGA-DRIs*.

_____ _____

Registered Dietitian Nutritionist RDN License Number

ATTACHMENT I:
SOUTH CAROLINA MENU CHECKLIST

Meal Pattern

If nutrient software is not used, each meal will follow the meal pattern described in this section.
Instructions: A food item in one or more food group can only be classified once as meeting the requirement for a meal. For example: cottage cheese can be counted as a Milk/Milk alternative *or* a Lean Protein source, not both. Nutrient-rich desserts that include fruit, whole grains, and low-fat milk can count toward meeting the appropriate food group required servings.

Meal Pattern					
FOOD GROUP OR SUBGROUP	**Amount when 1 Older Adult Nutrition Program Meal is served per day**	**Criteria Met ☒**			
		Week 1	Week 2	Week 3	Week 4
Vegetables	2 servings per meal	☐	☐	☐	☐
Dark-Green Vegetable	1 serving/week	☐	☐	☐	☐
Red & Orange Vegetable	1 serving/week	☐	☐	☐	☐
Beans, Peas, Lentils	1 serving/week	☐	☐	☐	☐
Starchy Vegetable	1 serving/week	☐	☐	☐	☐
Other Vegetables	1 serving/week	☐	☐	☐	☐
Fruits	1 serving per meal	☐	☐	☐	☐
Grains	1-2 servings per meal	☐	☐	☐	☐
Whole Grains	2 servings/week	☐	☐	☐	☐
Dairy and Alternates	1 serving/meal	☐	☐	☐	☐
Protein Foods	2-3 oz (equiv.) per meal	☐	☐	☐	☐
Processed meat	Max. 1 serving/week	☐	☐	☐	☐
Vitamin A- good sources ◆	3 servings/week	☐	☐	☐	☐
Vitamin C- good sources ◆	3 servings/week	☐	☐	☐	☐
***Fresh Fruits/Vegetables**	3 servings/week	☐	☐	☐	☐
Dessert	Optional	☐	☐	☐	☐
Beverage	Optional	☐	☐	☐	☐

***Criteria does not apply for frozen meal systems**

Prepared by: _____

I certify that these menus meet the nutrition requirements as specified in the SCDOA Meal Specifications for compliance with the *DGA-1/3 DRIs*.

_____ _____

Registered Dietitian Nutritionist RDN License Number

ATTACHMENT J - Dietary Guidelines for Americans 2020-2025

The Dietary Guidelines translates the nutrient quantitative requirements or limits – known as Dietary Reference Intakes (DRI) – into food and beverage recommendations. The information within this section provides the framework for healthy menu planning practices for the older adult nutrition program. Using nutrient analysis method for menu compliance supersedes the meal pattern method.

Meal Pattern		
FOOD GROUP OR SUBGROUP	**Amount when 1 Older Adult Nutrition Program Meal is served per day**	**Recommendations and Notes**
Vegetables	2 servings per meal	A fruit serving may be substituted for a vegetable serving. A serving from each vegetable subgroup must be served **at least once per week**.
Dark-Green Vegetable	1 serving/week	
Red & Orange Vegetable	1 serving/week	
Beans, Peas, Lentils	1 serving/week	
Starchy Vegetable	1 serving/week	
Other Vegetables	1 serving/week	
Fruits	1 serving per meal	Serve fresh, canned, and dried more often than juice to increase fiber
Grains	1-2 servings per meal	Whole grains should be served at least **twice per week.**
Whole Grains	2 servings/week	
Dairy and Alternates	1 serving/meal	Products selected should be mostly fat-free and low-fat options.
Protein Foods	2-3 oz (equiv.) per meal	Lean protein sources should be emphasized. Beans and peas may be used as a protein source, but may not count as both a protein and a vegetable in the same meal. Processed meats (higher in fat and sodium) should be served a maximum of 1 time per week.
Processed meat	Max. 1 serving/week	
Vitamin A- good sources◆	3 servings/week	Refer to Vegetable and Fruit categories on next pages for good sources of Vitamin A and C. A single fruit or vegetable may count as both a source of vitamin A and C for the week.
Vitamin C- good sources◆	3 servings/week	
Fresh Fruits/Vegetables	3 servings/week	Fresh fruits/vegetables shall be served at least three times a week. Fresh means not frozen or canned.
Dessert	Optional	Should come from existing food groups such as fruit, grain, and milk groups
Beverage	Optional	Water, Tea, Coffee in addition to those listed in other food groups

https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf

USDA FoodData Central: https://fdc.nal.usda.gov/

Vegetables

Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut-up, or mashed. Canned vegetables are usually high in sodium; low sodium varieties are available and are encouraged. *Fresh* vegetables (not canned or frozen) provide additional fiber.

Nutrients provided include potassium, dietary fiber, and vitamin A ◆& C◆, potassium, calcium, and B vitamins amongst others.

Vegetable Serving Sizes:

½ cup cooked, drained fresh, frozen, canned or raw
1 cup leafy raw vegetable (lettuce, spinach, etc.)
½ cup (4 oz) 100% tomato or vegetable juice (low sodium preferred)

Vegetables are organized into 5 subgroups based on their nutrient content: Dark-Green, Red & Orange, Beans, Peas and Lentils, Starchy, and Other.

Vegetable Subgroups	
Dark-Green *Forms: Fresh - Frozen – Canned*	**Red & Orange** *Forms: Fresh - Frozen - Canned*
Bok Choy (cooked◆) Broccoli◆ (cooked◆) Chard◆ Collard greens◆ (cooked◆) Escarole◆ (cooked◆) Kale◆ (cooked◆) Mesclun Mustard greens◆ (cooked◆) Romaine lettuce◆◆ Spinach◆ (cooked◆) Turnip greens◆ (cooked◆) Watercress◆	Acorn squash◆◆ Butternut squash◆◆ Carrots (raw or cooked◆) Carrots and Peas◆ Pumpkin◆ (cooked◆) Red◆ or Orange Bell Pepper Sweet potatoes◆◆ Tomatoes◆◆ 100% Tomato Juice◆◆
***Beans, Peas, Lentils** *Forms: Cooked from dry – Canned*	**Starchy Vegetables** *Forms: Fresh - Frozen - Canned*
Black beans Black-eyed peas Edamame Garbanzo beans (Chickpeas) Kidney beans Lentils Lima beans (mature) Baked Beans Navy beans Pigeon Peas Pinto beans Soy beans Split peas Tofu (bean curd made from soybeans)	Corn Green peas◆ Lima beans (green◆) Potatoes◆ Rutabagas◆ Yams

*subgroup does not include green beans or green peas	
◆ **Vitamin A sources,** ◆ **Vitamin C sources**	

Vegetable Subgroups	
Other *Forms: Fresh - Frozen – Canned*	
Artichokes Asparagus◆ Avocado Beets Brussels sprouts◆ Cabbage (green◆, red◆, napa, savoy) Cauliflower◆ Celery Cucumbers Eggplant Green beans◆ Green peppers◆	Iceberg (head) lettuce Mushrooms Okra◆ Onions (raw◆) Parsnips Radicchio Snow Peas◆ Summer Squash◆ Turnip◆ Wax beans Zucchini
◆ **Vitamin A sources,** ◆ **Vitamin C sources**	

Fruits

Meals should include a variety of fruits—whether fresh, frozen, canned, pureed or dried—rather than fruit juice for most of the fruit choices. When canned fruit is served, it must be in water or 100% juice—not light or heavy syrup. *Fresh* fruits (not canned or frozen) provide additional fiber.

Nutrients provided include potassium, dietary fiber, and vitamin A ◆& C◆

Fruit Serving Sizes:

½ cup of cooked, frozen or canned, drained fruit1/2 cup (4 oz) of 100% fruit juice
¼ cup dried fruit15 grapes
Medium piece of fresh fruit (banana, pear, orange, apple, etc.)

Fruits *Forms: Fresh – Frozen – Canned – Dried*			
Apple (raw◆) Apricot◆ Asian pear Banana◆	Figs Fruit Juices (100%) Guava (raw◆) Grapes	Nectarine◆◆ Orange◆ Papaya◆◆ Passion Fruit	Prunes◆ Raisins Raspberries◆ Rhubarb

Blackberries (raw◆) Blueberries (raw◆) Cantaloupe◆◆ Cherries◆ Citrus Juice◆ Dates	Grapefruit◆ Honeydew melon◆◆ Kiwifruit◆ Mandarin Oranges◆◆ Mango◆◆	Peach (frozen & raw◆) Pear◆ Pineapple (fresh or canned◆) Plantain Plum◆◆	Star fruit Strawberries◆ Tangerine◆ Watermelon◆◆

◆ Vitamin A sources, ◆ Vitamin C sources

Grains

Grains are divided into two subgroups, whole grain and refined grains.

- **Whole grains** contain the entire grain kernel – the bran, germ and endosperm.
  - Provide a higher fiber and potassium content
- **Refined grains** have been milled, a process that removes the bran and germ.
  - ***Enriched grains***- B vitamins (thiamin, riboflavin, niacin, folic acid) and iron are added back in after processing. Fiber is not added back in.

Grain serving sizes:

1 slice (1 oz) of bread3/4 cup (1 oz) of ready-to-eat-cereal
½ cup cooked rice½ cup cooked cereal (grits, oatmeal)
1 biscuit (2 inch diameter) ½ cooked pasta (noodles, macaroni, spaghetti)
1 small muffin (2 oz)½ bagel/English Muffin (1 oz)
Cornbread (2" cube)1 tortilla, 6" diameter
½ large hotdog/hamburger bun (1 oz)½ cup bread dressing/stuffing
4-6 Crackers (1 oz)– saltine type2 pancakes, 4" diameter
1 waffle, 7" diameter

Note: Limit use of breads that are relatively high in fat such as biscuits, muffins, cornbread, and dressings.

Grain Subgroups	
Whole Grains	**Refined Grains**
All whole-grain products and whole grains used as ingredients: amaranth, barley (not pearled), brown rice, buckwheat, bulgur, millet, oats, popcorn, quinoa, dark rye, triticale, whole-grain cornmeal, whole-wheat bread, whole grain multi-grain bread, whole-wheat chapatti, whole-grain cereals and crackers, and wild rice.	All refined-grain products and refined grains used as ingredients: white breads, refined-grain cereals and crackers, corn grits, cream of rice, cream of wheat, barley (pearled), masa, pasta, and white rice. Refined-grain choices should be ***enriched***.

Dairy or Alternates

What foods are included:

All fluid, dry, or evaporated milk, including lactose-free and lactose-reduced products and fortified soy beverages (soy milk), buttermilk, yogurt, kefir, frozen yogurt, dairy desserts, and cheeses. Most choices should be fat-free or low-fat. Cream, sour cream, and cream cheese are not included due to their low calcium content.

Nutrients provided include, calcium, vitamin A, vitamin D, and potassium amongst others.

Dairy/Alt. serving sizes:

1 cup (8 oz) milk

- skim, 1%, low-fat chocolate or buttermilk (higher in sodium), lactose-reduced, lactose-free, calcium fortified soy/rice/almond milk (fat free or 1%/flavored)

½ cup (4 oz) evaporated milk

up (8 oz) yogurt- fruited or non (a 4-6 oz container represents as ½ - ¾ of a serving)

1/3 cup non-fat dry milk powder

½ cup calcium processed tofu

1 ½ ounces hard cheese (cheddar, mozzarella, Swiss, parmesan)

1/3 cup cheddar cheese

2 ounces processed cheese (American)- higher in sodium

½ cup ricotta cheese- higher in sodium

1 cup pudding made with milk- higher in sugar

Note: Most dairy choices should be fat-free or low-fat (use skim or 1% milk).

Protein

All foods made from meat, poultry, fish, dry beans and peas, eggs, processed soy products, nuts, and seeds are considered part of this group. Dry beans and peas are also part of the vegetable group. If being used in the protein category of the meal pattern, it may not count as a vegetable in the same meal.

Ounce equivalents:

1 ounce of meat, poultry or fish (excluding breading, bones)¼ cup cooked dry beans or peas

1 egg2 Tbsp peanut butter

½ ounce of nuts or seeds¼ cup tuna

¼ cup of tofu¼ cup roasted soybeans

2 Tbsp hummus

Note: Breading does not count towards meeting the serving requirement (nor the grain).

Protein Subgroups		
Meat, Poultry, Eggs	**Seafood**	**Nuts, Seeds, Soy Products**
Common meat selections include beef, liver and pork. Poultry includes chicken and turkey. Eggs include chicken eggs and other birds' eggs. Meats and poultry should be lean or low-fat. **Processed meats (high in sodium and saturated fat) may be served a maximum of 1 x's weekly:** Bologna Canned, pressed luncheon meat Corndogs Hot dogs	Common seafood includes sea bass, catfish, cod, flounder, haddock, hake, pollock, salmon, sardine, sole, tilapia, light tuna, and whiting.	Nuts and seeds include all nuts (tree nuts and peanuts), nut butters, seeds (e.g., chia, flax, pumpkin, sesame, and sunflower), and seed butters (e.g., sesame or tahini and sunflower). Soy includes tofu, tempeh, and products made from soy flour, soy protein

Pepperoni Polish Sausage		isolate, and soy concentrate. Nuts should be unsalted.

Sodium

The Dietary Guidelines recommends moderate sodium (e.g. salt) intake, and therefore the SCDOA Menu Policies have established target sodium content per meal, maximum values per menu cycle as well as weekly averages. To assist in determining if food products meet the sodium limits, please refer to chart below, and review the Protein Foods section. Foods should be flavored with herbs and spices instead of salt.

Food and Drug Administration Regulations for Low Sodium Labeling Terminology

Terms	Sodium Amount
"Sodium Free"	Less than 5 milligrams per serving
"Very low sodium"	35 milligrams or less per serving
"Low sodium"	140 milligrams or less per serving
"Reduced Sodium"	Usual sodium level is reduced by 25%
"Unsalted, no-salt-added, or without added salt"	Made without the salt that is normally used, but contains the sodium that is a natural part of the food itself.

Oils

Oils are important to consider as part of a healthy dietary pattern as they provide essential fatty acids. Acceptable oil use for food preparation includes canola, corn, olive, peanut, safflower, soybean, and sunflower oils. Oils also are naturally present in nuts, seeds, seafood, olives, and avocados. Meals preparation should avoid the use of butter, shortening, lard, coconut oil, palm kernel oil, and palm oil (contain a higher percentage of saturated fat than do other oils).

1 serving is equivalent to:

1 Tablespoon vegetable oil or margarine½ medium avocado
1 Tablespoon mayonnaise1 oz (1/4 cup) nuts or seeds
2 Tablespoons low-sodium salad dressing
2 Tablespoons peanut butter

Condiments

Encourage herbal seasonings, lemon, and vinegar to provide flavor without sodium. Limit foods high in sodium.

Condiments include items on the side like salad dressing, ketchup, mustard, relish packets, etc. If part of the planned meal, these items should be included in the meal pattern or nutrient analysis.

Desserts

Recommend fruit for dessert to decrease added sugar consumption. Nutrient-rich desserts that contain fruit, whole grains, and low-fat milk products are encouraged.

X. APPENDIX 500B

Recipient Checklist for Determining If the Entity Receiving Funds Has a Contractor or Subrecipient Relationship

Using the Checklist for Determing tool provided by the Department on Aging's Budget and Grants Division, establish whether the AAA's provider is a subrecipient or contractor.

RECIPIENT CHECKLIST FOR DETERMINING IF THE ENTITY RECEIVING FUNDS HAS A CONTRACTOR OR SUBRECIPIENT RELATIONSHIP

This document is intended to help determine if a recipient of federal funds make a judgment as to whether each agreement it makes, for the disbursement of federal program funds, casts the entity receiving the funds in the role of a subrecipient or a contractor. Based on 45 CFR 75.

Important Terms:

Subrecipient: A non-federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program and creates a Federal assistance relationship with the subrecipient. (See 45 CFR 75.2 and 75.351)

Contractor: A contract is for the purpose of obtaining goods and services for the non-Federal entity's own use and creates a procurement relationship with the contractor. (See 45 CFR 75.2 and 75.351

Instructions: The "Characteristics" column in this checklist is based on language in the Uniform Guidance. The column lists characteristics that support the classification of a non-federal entity as a subrecipient or contractor. Since all of the characteristics listed may not be present in all cases, the Uniform Guidance recognizes that the recipient "...must use judgment in classifying each agreement as a subaward or a procurement contract." (45 CFR 75.351.) In the "Explanations" column, provides additional information to assist in answering the questions under "Characteristics." Answer each question by checking "yes" or "no" where indicated. Based on responses to the questions, a key provided at the end of each section will help in making a judgment as to whether a subrecipient or contractor relationship exists. White space is provided in between the "Characteristics" column and the "Explanation" column so that users can tailor this checklist to accommodate the unique aspects of various programs or jurisdictions.

Note: One check in a subrecipient box does not necessarily mean the entity is a subrecipient. A judgment should be based on the totality of responses.

Office _____

Entity receiving funds _____

Funding Source(s) _____

Notes:

_____

_____

_____

_____

CHARACTERISTICS	EXPLANATIONS

Decision Making Authority

75.351. a. 1 Determines who is eligible to receive what Federal assistance;

a. Does the entity determine who is eligible to participate in the federal program? Yes ☐ No ☐

75.351. a.3 Has responsibility for programmatic decision making;

a. Does the entity have the ability to make decisions about how services will be delivered to participants, in accordance with federal programmatic requirements? Yes ☐ No ☐

OR

75.351. b.4 Provides goods or services that are ancillary to the operation of the Federal program;

b. Does the entity provide goods or services for the recipient's own use? Yes ☐ No ☐

b. Does the entity provide services designated by the recipient to serve the recipient's participants without regard to specific federal programmatic requirements? Yes ☐ No ☐

If you selected "yes" to EITHER item a, this is an indicator of a subrecipient relationship.
If you selected "yes" to EITHER item b, this is an indicator of a contractor relationship.

Subrecipient	Contractor

If the entity determines whether a participant meets a federal program's eligibility requirements for assistance, it is most likely a subrecipient.

A contractor may provide services to clients in a program after eligibility has been determined by the recipient.

If the entity has authority to make decisions regarding the delivery of service, operations, or types of assistance provided within the terms of the agreement, it is typically a subrecipient.

If the entity provides goods or services directly to the recipient or to program participants at the direction of the recipient and does not make programmatic decisions or adhere to program requirements, it is typically a contractor.

Nature of Award

75.351. a. 2 Has its performance measured in relation to whether objectives of a federal program were met;

a. Are the scope of work (or portion, if applicable) and terms and conditions of the agreement the same for the entity as they are for the recipient that received the federal funds? Yes ☐ No ☐

a. Is the entity carrying out completion of the goal of the grant (or part, if applicable) as stated in the federal award? Yes ☐ No ☐

OR

75.351. b.5 Is not subject to compliance requirements of the Federal Program as a result of the agreement, though similar requirements may apply for other reasons.

b. Does the recipient develop the scope of work and terms and conditions of the agreement to meet the recipient's needs? Yes ☐ No ☐

If you selected "yes" to EITHER item a, this is an indicator of a subrecipient relationship.
If you selected "yes" to item b, this is an indicator of a contractor relationship.

Subrecipient	Contractor

If the entity is providing a service for the recipient to meet the goals of the grant, it is a contractor; if the entity is providing a service that carries out a goal within the scope of within the scope of the grant, it is a subrecipient. When a grant program contains multiple goals, it is possible for the recipient to complete part of the goals and for the entity to perform another part.

If the scope of the agreement is per the federal program terms/guidance, the entity is a subrecipient. A subrecipient may also provide programmatic or progress reports to ensure compliance with federal program requirements.

Conversely, if the scope of the agreement is per the recipient's terms and not federal program guidance, and if the recipient's oversight is governed only by the contract terms and conditions, it is a contractor.

Award Risk

75.351. a.4 Is responsible for adherence to applicable Federal program requirements specified in the Federal award;

a. Funding to the entity depends on the entity's ability to best meet the objectives of the award. Although performance is measured against federal award objectives, the entity assumes little risk if the objectives are not met. Yes ☐ No ☐

OR

75.351. b.5 Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

b. The entity assumes financial risk if they fail to deliver the goods or services agreed upon. Yes ☐ No ☐

Subrecipient	Contractor

If you selected "yes" to item a, this is an indicator of a subrecipient relationship.
If you selected "yes" to item b, this is an indicator of a contractor relationship.

EXPLANATIONS

If the funding is given to the entity with a purpose of completing the goal of the grant, the recipient will be required to ensure the entity adheres to federal grant program guidance. The recipient will also be required to monitor the activities of the entity per Uniform Guidance section 200.331. The entity assumes little risk should federal grant guidance not be met. The risk falls with the recipient.

If the recipient directs specific activities to be completed by the entity, by providing goods or services, the risk falls on the entity to deliver, per the agreement terms. In this case, the entity would not be required to adhere to the federal grant program requirements, just the terms and conditions in the agreement with the recipient.

Criteria for Selection

75.351. a.5 In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.

a. Does the entity demonstrate a financial or public need for funding to carry out a project or provide a service? Yes ☐ No ☐

a. Will the entity be contributing match or other non-Federal funding in support of the award? Yes ☐ No ☐

a. Will the entity be reimbursed for only actual costs incurred? Yes ☐ No ☐

OR

75.351. b.3 Normally operates in a competitive environment;

b. Were procurement policies applied in the selection of the entity? Yes ☐ No ☐

b. Was the entity's proposed price a factor in the selection process? Yes ☐ No ☐

b. Will the entity derive a profit from the agreement? Yes ☐ No ☐

Subrecipient	Contractor

If you selected "yes" to ANY item a, this is an indicator of a subrecipient relationship.
If you selected "yes" to ANY item b, this is an indicator of a contractor relationship.

EXPLANATIONS

If the entity was chosen because it has the best widgets or service for the price, it has a contractor relationship with the recipient. Typically, a procurement method is followed, such as a competitive bid or RFP process. In this type of agreement, the entity usually makes a profit by delivering this good or service to the recipient. Payments to contractors are typically made based on contract terms. Conversely, if the entity was chosen because it was already providing a service within the guidelines of the grant program and wants to partner with the recipient to expand the delivery or assist in meeting the goal of the grant, it may be a Subrecipient. Typically, the entity may not make a profit and may provide its own non-federal funding as match or cost sharing. The entity may have been chosen through an application process or an announcement of funding, as opposed to the procurement process described above. Payment to a subrecipient is generally based on actual expenses unless awarded on a fixed amount sub award (2 CFR 200.332). It is typical of sub recipients to submit budgets, financial reports, or copies of invoices to the recipient, to document activity.

Entity's Business Environment	EXPLANATIONS

75.351.b.1 Provides the goods and services within normal business operations;

b. Is the entity's normal business to provide the goods or services being purchased in the agreement? Yes ☐ No ☐

75.351.b.2 Provides similar goods or services to many different purchasers;

b. Does the entity provide the same goods or services to other organizations? Yes ☐ No ☐

If you selected "no" to EITHER item, it is an indicator of a subrecipient relationship.
If you selected "yes" to BOTH items, it is an indicator of a contractor relationship.

Subrecipient	Contractor

If a federal program provides funding to modify public buildings for handicapped accessibility and the recipient provides funds to an entity to update the entity's building, per the terms of the award, then a subrecipient relationship exists.

Conversely, if the recipient hires an entity to update their own building to be handicapped accessible, then a contractor relationship exists.

Determination	EXPLANATIONS

Final Determination

Subrecipient	Contractor

Review all the entries and make an overall determination of the relationship. **Check the appropriate box in this section.**

Determined by _____ _____
(enter name of person initially making decision) (date)

Approved by _____ _____
(enter name of person reviewing) (date)

Notes for Justification of determination:

_____
_____
_____
_____
_____
_____

XI. APPENDIX 500C

Appendix 500 C - Nutrition Resources

***Available upon request- Send request to SCDOA Nutritionist by way of psahelp@aging.sc.gov**

(a) National Resource Center on Nutrition and Aging
https://nutritionandaging.org/

(b) Older Americans Act, Enacted March 2020
https://acl.gov/sites/default/files/about-acl/2020-04/Older%20Americans%20Act%20Of%201965%20as%20amended%20by%20Public%20Law%20116-131%20on%203-25-2020.pdf

(c) Change in Meal Site Operations Report
*Available upon request.

(d) AAA Monitoring Tool
*Available upon request.

(e) Provider Monitoring Tool
*Available upon request.

(f) Site Monitoring Tool
*Available upon request.

(g) SCDOA Nutrition Education Guide
*Available upon request.

(h) SCDHEC Regulation 61-25 Retail Food Establishments (September 27, 2019)
https://www.scdhec.gov/sites/default/files/media/document/R.61-25.pdf

(i) National Institutes of Health: Dietary Reference Intakes (DRI)
https://ods.od.nih.gov/Health_Information/Dietary_Reference_Intakes.aspx

(j) SC Labor Licensing Regulation (LLR) Lookup (Dietitian)
https://verify.llronline.com/LicLookup/LookupMain.aspx?AspxAutoDetectCookieSupport=1

(k) Department on Aging Nutrition Education Report- Group Dining
*Available upon request.

(l) Department on Aging Nutrition Education Report – Home Delivered Meals

*Available upon request.

(m) ServSafe: Certified Food Protection Manager and Food Handler Training/Certification
https://www.servsafe.com/

(n) Dietary Guidelines for Americans 2020-2025
https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf

(o) Department on Aging Nutrition Education Evaluation Form
*Available upon request.

XII. APPENDIX 500D

Evidence Based Health Promotion and Disease Prevention Resources

***Available upon request- Send request to SCDOA Nutritionist by way of psahelp@aging.sc.gov**

(a)
Title III-D Highest Tier Evidence-Based Health Promotion/Disease Prevention Programs Updated February 2020
https://d2mkcg26uvg1cz.cloudfront.net/wp-content/uploads/Title-IIID-Highest-Tier-EBPs-February2020.pdf

Caregiving: Evidenced Based Programs
https://bpc.caregiver.org/#searchPrograms

(b)
AAA Monitoring Tool – III D
*Available upon request

XIII. APPENDIX 500E

Ombudsman Monitoring and Quality Assurance

QUALITY ASSURANCE THROUGH MONITORING

Introduction

The South Carolina Department on Aging Office of the State Long Term Care Ombudsman (OSLTCO), the Area Agencies on Aging (AAAs), and the local Long Term Care Ombudsman Programs (LTCOPs) share the duty of ensuring the quality of ombudsman services provided to residents of long term care (LTC) facilities.

During periodic quality assurance visits, the OSLTCO monitors the designated local LTCOPs to ensure compliance with program policies, and with all applicable federal and state laws and regulations. The OSLTCO also tracks services provided to LTC residents as documented in National Ombudsman Reporting System (NORS) data inputted by the local LTCOPs. NORS data shows resolution and partial resolution of complaints as well as other program activity.
This information is compiled and analyzed for state reports and for inclusion in the State Annual Report to the federal Administration on Community Living.

Legal Authority

FEDERAL Title 42 United States Code sections 3026(a)(6)(B) and 3026(a)(13)(E)
Title 42 United States Code section 3058g(a)(5)(D)

South Carolina Department on Aging

SCDOA is the repository of federal funds for programs provided under the Older Americans Act (OAA). SCDOA ensures federal funds are spent prudently on OAA programs, including the LTCOP. According to the OAA, the State Unit on Aging (in South Carolina, SCDOA) is charged with the oversight and administrative review of OAA programs operated within the state through AAAs. SCDOA personnel must periodically monitor AAAs to ensure that the OAA programs are being administered according to federal and state laws.

Monitoring of local LTCOPs is a shared responsibility of the OSLTCO, SCDOA, and the AAAs. Because of the confidential nature of Ombudsman Program files, the OSLTCO oversees local LTCOP compliance with federal and state laws and regulations. In addition, the OSLTCO reviews local LTCOP records to provide programmatic and policy guidance and direction. Financial oversight is the responsibility of SCDOA auditors, who review AAA and LTCOP expenditures of federal and state funds. The AAA monitors the local LTCOP to ensure that it meets SCDOA Area Plan contract requirements. AAA monitoring is limited because of Ombudsman Program confidentiality restrictions**.**

Office of the State Long-Term Care Ombudsman

As stated in the OAA, the State Long-Term Care Ombudsman supervises, monitors, and

provides guidance and oversight of LTCOP operations. He or she may hire staff to assist with this process. In South Carolina, the State Ombudsman and staff make up the Office of the State Long-Term Care Ombudsman (OSLTCO). The OSLTCO establishes program policies and procedures and provides statewide oversight of the LTCOP to ensure consistent advocacy and resolution of complaints on behalf of LTC residents.

To ensure program consistency and quality throughout the state, the OSLTCO provides:

1. Training
   A. LTCOP training for newly appointed Ombudsmen
   B. Monthly meetings for Ombudsmen
2. Technical assistance to local LTCOPs through phone calls and E-mail
3. The *LTC Ombudsman Program Manual*
4. Program Instruction Letters
5. Legal representation and consultation
6. Participation in cross-departmental coordination APCC and quarterly meetings with DHEC Healthcare Quality
7. Assurance that the amount each LTCOP spends each year is not less than the Minimum Funding Requirement found in Title 42 U.S. Code section 3027 (a)(9). This section of the OAA requires that the amount of federal funds received by the program be equal to or greater than the amount expended by the state in the last fiscal year prior to the reauthorization of the OAA in 2000.
8. SCDOA Program Memoranda specific to the Ombudsman Program.

   On a national level, the OSLTCO participates in the coordination of ombudsman related issues with other organizations including: the ACL and the National Association of State Ombudsman Programs (NASOP).

Area Agencies on Aging

Each AAA is responsible for oversight of the provisions of its Area Plan contract with SCDOA to provide ombudsman services locally. The AAA decides whether it will administer the local LTCOP directly or subcontract local LTCOP services to another organization. The State LTC Ombudsman then designates the local LTCOP if it meets designation standards.

The AAA impacts local LTCOP quality by ensuring that:

1. Local LTCOP activities are conducted in accordance with a facility coverage plan maintained by the local LTCOP
2. The local LTCOP complies with designation requirements
3. A Memorandum of Understanding exists between the local LTCOP and the Title III-B Legal Services provider to provide advice, counsel, and representation to residents of LTC facilities
4. The LTCOP and its representatives meet conflict of interest and confidentiality requirements

To assist the AAA with monitoring the contract provisions of the local LTCOPs, the OSLTCO has provided a model monitoring tool, *Monitoring Tool for Title III- B/Title VII-A Ombudsman Program* (OSLTCO S408, Exhibit 9-A) to each AAA. This tool was designed for the AAA to

conduct on-site assessments of the local LTCOPs. Although the AAA does not have the

authority to review case files, local LTCOPs may provide a sample of redacted files to the AAA for review.

Local Long-Term Care Ombudsman Program

The local LTCOP is the OSLTCO "approved organization" designated to carry out the functions of the LTCOP.

The local LTCOP promotes program quality by:

1. Focusing on resident advocacy as its primary function
2. Identifying, investigating, and resolving complaints to the satisfaction of residents
3. Giving hands-on training through internships and mentoring
4. Providing ongoing training on topics related to the LTCOP to meet the program mandated 16 hours of training required of each ombudsman representative to maintain certification
5. Employing adequate personnel to carry out the mandates and responsibilities of the program, including a sufficient number of paid staff to meet the recommendation of the Institute of Medicine's (IOM's) ratio of one full-time paid ombudsman for every 2,000 LTC facility beds
6. Actively recruiting volunteers to comply with the local facility coverage plan
7. Coordinating with the regional offices of other state agencies on LTC issues, including DHEC, DHHS, DOJ, local law enforcement, Adult Protective Services (APS), and other LTC advocates
8. Requesting technical assistance from the OSLTCO as needed
9. Seeking administrative policy guidance from the AAA as needed

Monitoring Visits

The OSLTCO conducts periodic monitoring visits to the local LTCOPs to ensure that federal and state laws and program policies are being followed and that LTCOP funds are being managed properly by the AAA and the local program. During a monitoring visit, the SLTCO views a snapshot of program management by the local LTCOP and the AAA.

Monitoring visit arrangements begin approximately two months in advance of the visit. The SLTCO schedules the monitoring visit with the AAA Director and the local Regional LTCO. Once the monitoring visit schedule is set, the OSLTCO sends a letter to the AAA Director and the Regional LTCO confirming the date and time of appointments with the AAA Director, the Regional LTCO, and paid ombudsman representatives. The completed monitoring tool and all documents requested are forwarded to the OSLTCO for review prior to the monitoring visit.

The Program monitoring tool was designed to addresses all aspects of local LTCOP management, and is broken down into the following sections:

Section A – Program Management [Interview with the AAA Management Team and the Regional LTCO
Section B – Management of local LTCOP [Regional LTCO]
Section C – Fiscal and Administrative Support [Regional LTCO and the program's fiscal officer]
Section D – Data [Regional LTCO]

Section E – Interviews with Ombudsman Volunteers [Interview with three randomly chosen volunteers]
Section F – Site Visit to LTC facilities [Ombudsman volunteer or staff member]

Program Management of Elder Abuse Prevention Program

The answers to monitoring tool questions reveal AAA and local LTCOP level of compliance with the federal and state laws and regulations governing the program.

The actual monitoring visit is conducted over a three-day period. On the first day, the OSLTCO analyst meets with the AAA Director and the Fiscal Officer. During this meeting, if the LTCOP is a contracted service, the analyst discusses the Monitoring Tool questions found in Section A, AAA Management of the Ombudsman Program.

The remainder of the monitoring visit focuses on the local LTCOP. The SLTCO evaluates the program through interviews with the Regional LTCO, OmbudsManager data entry clerk, and randomly selected ombudsman volunteers. In addition, the SLTCO examines a sample of

complaint files, volunteer files, and program files to ensure compliance with federal and state statutes as well as OSLTCO policies and procedures.

During the monitoring visit, the SLTCO accompanies an ombudsman representative to one or two LTC facilities. By observing local ombudsman representative interactions with LTC facility residents and staff under real world conditions, the SLTCO can evaluate their understanding and application of the training they received.

The final step of the monitoring visit is the exit interview. The AAA Director, the Regional LTCO and the SLTCO meet to discuss the preliminary monitoring report. The preliminary report reviews best practices, recommendations, and any findings uncovered during the monitoring visit. The official monitoring report detailing the monitoring visit is sent to the AAA Director within 45 days of the exit interview. If there is a finding, the AAA and the local LTCOP are given 60 days to respond with a Corrective Action Plan (CAP) and a timeline for implementation of the CAP.

The monitoring visit provides a snapshot of local LTCOP management. It also allows the OSLTCO to provide guidance and technical assistance when findings or recommendations are uncovered. Ultimately, the OSLTCO monitoring visit fosters a uniform State LTC Ombudsman Program; helping the 10 local LTCOPs operate under consistent program standards and quality assurance specifications.

Ongoing Monitoring

In addition to on-site monitoring visits, the OSLTCO has responsibility for ongoing oversight and monitoring of the local LTCOP. The SLTCO reviews portions of the AAA Area Plan Update related to ombudsman services, monitors the local program budget, reviews program organizational charts, reviews required NORS data entered by the program, and looks at program certification information.