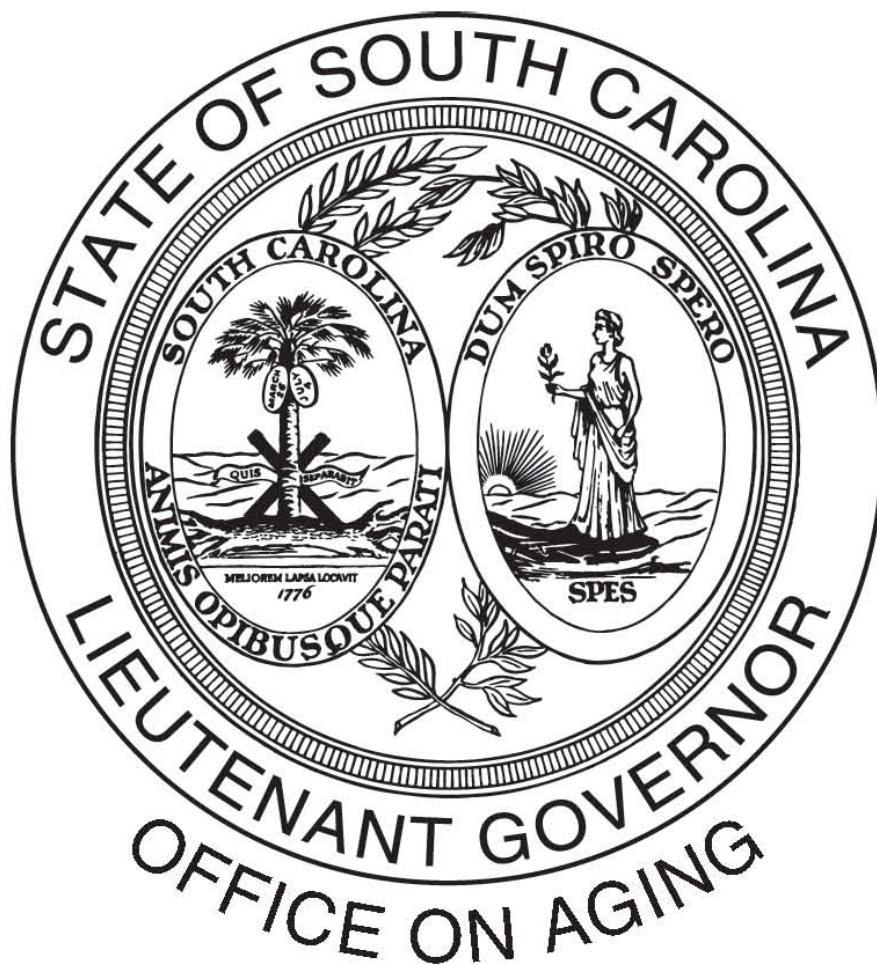


STATE OF SOUTH CAROLINA
OFFICE OF THE LIEUTENANT GOVERNOR
AND
THE LIEUTENANT GOVERNOR'S
OFFICE ON AGING



ANNUAL ACCOUNTABILITY REPORT

FY 2006 – 2007

SEPTEMBER 14, 2007

Accountability Report Transmittal Form

Agency Name: SC Lieutenant Governor's Office on Aging

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SECTION I: EXECUTIVE SUMMARY

1.1 Mission, Values, and Vision

The Office of the Lieutenant Governor provides leadership where and whenever possible on legislative matters and public policy for the State of South Carolina. The Vision of this office is to be a key factor in developing methods for efficient government, and a progressive plan to improve the state's economy.

The Lieutenant Governor's Office on Aging (LGOA) is the designated "State Unit on Aging" (SUA) as required by the Older Americans Act (OAA). The OAA intends that the SUA shall be the leader relative to all aging issues on behalf of all older persons in the state. Enabling legislation for the SUA is found in Title 43 of the Code of Laws of South Carolina, 1976, as amended. Proviso 73.2 of the 2004-2005 Appropriations Act placed the SUA in the Office of the Lieutenant Governor.

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

The Values of the LGOA are customer service, excellence in government, person-centered care, teamwork, and research-based decision-making.

The LGOA's Vision is for seniors to enjoy an enhanced quality of life, contribute to communities, have economic security, and receive supports necessary to age with choice and dignity.

1.2 Major Achievements from Past Year

A. Medicare Modernization Act (MMA)

The LGOA's State Health Insurance Program (SHIP) staff worked directly with 9,132 beneficiaries to educate them on Medicare regulations, including the prescription drug program, Medicare Part D. Over 2,649,520 persons were reached by media and mailings. Staff conducted 151 outreach events serving 44,006 persons, and attended 7 enrollment events, serving 128.

B. Service Delivery to Seniors

During FY 06-07 the state's ten regional Area Agencies on Aging (AAAs) were awarded a total of \$22,929,177 in federal, state and local funds to provide for local service delivery to 45,207 older adults and their family caregivers. Services included home delivered and congregate meals; transportation; information and referral; family caregiver support; home care services; social adult day care services; respite; and disease prevention/health promotion services. The number of persons served includes 4,839 seniors served through the Supplemental Funds provided for home and community-based services from January 1, 2007 through June 30, 2007.

The Family Caregiver Support Program (FCSP) provided information and assistance in accessing community services to 5,095 family caregivers. A total of 15,921 contacts were provided by a network of 11 full time Family Caregiver Advocates located at the AAAs. A total of 6,309 family caregivers received information about the FCSP and caregiving issues. 1,229 family caregivers received counseling, training and/or support services. 1,656 Family Caregivers received small, one-time grants to purchase respite services from formal or informal sources, or in-home respite providers of their choice, for a total of 149,655 hours of respite. 811 family caregivers received small one-time grants to purchase other needed services or supplies, such as incontinence supplies; chore or homemaker services; assistive technology; emergency response monitoring; nutritional supplements, transportation, and wheelchair ramps.

From October 1, 2006 through June 2007, 289 seniors have received \$138,909 to help them remain at home through the Emergency Rental Assistance Program established through a \$1,000,000 grant from the State Housing Finance and Development Authority. Since the programs inception, 806 eligible seniors have been assisted, receiving \$330,449.35 in rental assistance.

State and regional Information, Referral, and Assistance (I/R&A) specialists were contacted by 4,272 individuals; information was provided to all callers, and referrals were made as appropriate.

Staff investigated suspected Medicare fraud complaints: 25,447 persons were served through the Senior Medicare Patrol Program through individual contacts, suspected fraud complaints, or outreach events. Additionally, 1,231,336 persons were reached through media events.

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

The LGOA continues to advocate for seniors by engaging experts to identify critical issues facing the growing senior population. The LGOA presented critical issues and opportunities facing South Carolina to key government policy makers and the business community. On April 27, 2007 the LGOA held the 2007 SC Leadership Summit in Myrtle Beach, SC. The Summit was attended by Lt. Governor André Bauer and Assistant Secretary for Aging Josefina Carbonell. Approximately 200 federal, state and local representatives attended to hear the changes resulting from the reauthorization of the Older Americans Act and the Choices for Independence initiatives.

The LGOA has created a partnership with the University of South Carolina Arnold School of Public Health and the Office of Research and Statistics to create the SC Seniors' Cube (statewide healthcare database). The project has been awarded a second year grant of \$60,000 from the Duke Endowment to complete Phase II of the statewide seniors' healthcare database. A statewide steering committee has guided the establishment of the database. This is a nationally unique database to help with the development of aging policy and research, and will assist the LGOA in the successful targeting of state and federal funds for obtaining the greatest return on investment with limited governmental resources. This healthcare database will assist the Lieutenant Governor's Office on Aging in tracking the impact of this year's \$2.9 million supplemental appropriation in assisting South Carolina's seniors to remain independent and to avoid more costly institutional expenses. In May, 2007 South Carolina received a national award from the Administration on Aging for "Best Practices" for its work in developing the SC Seniors' Cube.

Implementation activities for the five-year System Transformation Grant began July 1, 2006 following CMS approval of the Strategic Plan that was developed by the Systems Transformation Grant Advisory Committee, and the five work groups (Developmental Disabilities, Transportation, Information Technology, Waiting Lists, and Evaluation). These partnerships of state and local agencies and stakeholders met on a quarterly basis to provide input and oversight for the following major implementation grant activities: 1) expansion of the Lower Savannah Aging and Disability Resource Center (ADRC) to four additional counties and to a broader population, to include adults with developmental disabilities; 2) development of ADRCs in the Santee-Lynches and Appalachia regions to serve seniors and adults with physical disabilities; 3) development of a model one-stop/call mobility information, assistance, and management center in the Lower Savannah region to improve access to transportation for seniors and adults with disabilities; 4) development and implementation of a methodology for prioritization of individuals wanting services from CLTC's Community Choices Medicaid waiver; and 5) use of integrated IT systems to allow seamless exchange of data between information systems. The goal of these partners is to transform our state's systems to empower and support older adults and persons with disabilities living in the community through streamlined access to services and increased consumer choice.

Through the Systems Transformation Grant, the staffing pattern of the Lower Savannah ADRC was realigned to serve the remaining four counties in its area and to add adults with developmental disabilities to its target population. The Lower Savannah ADRC contracted with the Aiken Disabilities and Special Needs Board to provide training, expertise, support and a limited amount of co-located services. The Santee-Lynches ADRC officially opened on October 12, 2006. It has a main site in downtown Sumter and a mobile unit that goes out eight times a month to reach rurally isolated seniors and adults with disabilities in the four county region. The Santee-Lynches ADRC

has developed an outstanding working relationship with the Medicaid and Social Security Offices and is considered a "trusted agent" by each. The Appalachia ADRC serves Anderson and Oconee counties; it contracts with DHHS for an on-site Medicaid eligibility specialist. An I&R Specialist and a case manager (shared with the local council on aging) staff the ADRC.

The Lower Savannah Council of Governments (COG), working with local stakeholders, the Department of Transportation (DOT) and other technical consultants, was awarded a *Mobility Services for All Americans* grant from the Federal Transit Administration in December 2006. The grant will assist the Lower Savannah COG in its efforts to develop a model one-stop/call mobility information, assistance, and management center.

Lower Savannah COG played host and active participant in DOT regional coordination planning meetings held in November 2006 and February 2007. The needs of publicly and privately funded transportation providers and consumers were discussed at these meetings.

A methodology for prioritizing the *Community Choices* Medicaid waiver waiting lists was developed and piloted in the Florence CLTC area office. The Office of Research and Statistics is working with CLTC to change its automated system to include additional variables regarding caregiver capability and stress, and participant use of medical services, identified as needed for the prioritization system, so as to move toward a statewide waiting list system.

D. Appropriations Success

Thanks to hard work by all of the LGOA's partners, the Legislature provided \$2.9 million in non-recurring (one year only) funds to the LGOA for home and community based services to South Carolina seniors for FY 2006-2007. From July 2006 through December 2006 the LGOA developed a plan to serve 2,300 seniors statewide with \$2.9 million in Supplemental State Funds. Service delivery began in January 2007. As of June 2007, 4,839 seniors began receiving services statewide. A total of \$1,314,823 was spent in the first six months of implementation. The LGOA implemented a system for tracking clients receiving services funded by the \$2.9. The LGOA carried forward the remainder of the \$2.9 million in Supplemental State funds for the first six months of FY 2007-2008, and the legislature appropriated an additional \$1.4 million in non-recurring funds for the fiscal year.

Additionally, the LGOA received \$15,000 for operational costs for the Silver-Haired legislature for FY 2007-2008. These funds will assist this body to identify the needs of South Carolina's seniors.

The Legislature was encouraged to appropriate these funds due to the effective partnerships of AARP, SC Adult Day Services Association, SC Association of Area Agencies on Aging, SC Association of Councils on Aging, Protection and Advocacy for People with Disabilities, the South Carolina Chapter of the National Association of Social Workers (SCNASW), SC Health Care Association, Disability Action Council, and Disability Solutions, plus evidence-based research from the LGOA showing potential Medicaid and Medicare cost savings. Based upon our first two years of research using Advanced POMP efforts and the development of the South Carolina's Seniors Cube, research data suggests the existence of a threshold effect for average meals per week, the provision of more than four meals per week of both types of service is related to the reduction of inpatient admissions and ED visits. Third year data further suggests that meals may reduce Emergency Department and Inpatient Hospital Admissions.

During FY 06-07 the LGOA provided funding for four physicians through the Geriatric Physicians' Loan Forgiveness Program. \$140,000 was appropriated as permanent funding for FY 2006-2007.

During FY 06-07, SC's Bingo legislation was amended to address the way charitable organizations are taxed; effective July 1, 2007 the LGOA is guaranteed at least \$600,000 for home and community based services and \$948,000 for the Senior Center Permanent Improvement Program.

These appropriations, effective July 1, 2007, represent an investment in South Carolina's future, and will enable the LGOA to provide quality, cost effective services and positive outcomes for seniors.

E. Customer Service, Public Information and Education

The Office of the Lieutenant Governor takes an active role in constituent services, providing assistance to citizens in need of help via the PAL line, a toll-free line that citizens can call for direct assistance with state government agencies or for referrals. Constituent calls are also taken via the regular office line. Incoming calls fall into two categories: 1) simple requests for information or referral, and 2) calls that require staff to research a problem and make contacts with other agencies to resolve it. Staff estimates that the number of both types of calls increased in the past year, but only cases that require additional research or "casework" beyond the initial phone call are currently tracked. Those calls decreased from 262 in FY 05-06 to 184 in FY 06-07.

SC Access (www.scaccesshelp.org) is an Internet-based database designed to provide information on community-based services for seniors, the disabled, and their caregivers. These services are specific to South Carolina. Providers have their information posted to *SC Access* free of charge. As of June 30, 2007 there were 12,951 active service profiles listed in *SC Access*. During fiscal year 2007 there were 252,950 successful page views, averaging 691 per day. Successful page views occur when a constituent actually views a page of information in *SC Access*, whether it be information in the "Learn About" section, the Personal Care Worker Listing, available e-forms, or the search for a particular service in their community. This number indicates how much information people are actually obtaining from the site. The previous year (July 1, 2005 to June 30, 2006), there were only 116,874 successful page views for the year averaging, 314 successful page views per day. This represents a 116% increase in use.

The 30th Annual Summer School of Gerontology was held at Springmaid Beach August 20-25, 2006; 213 persons attended. Some received national certification training as ombudsmen or I/R&A specialists; others participated in classes on gerontology and components of service delivery.

The LGOA published the State 2006 *Mature Adults Count (MAC)* in June 2006. In FY 2007 the LGOA updated the report with American Community Survey data and additional US Census data on South Carolina's seniors. In FY 06-07, the *MAC* website had 23,979 visitors, with 51,050 pages of information downloaded.

F. State Grant Funding Distribution

In FY 2006-07, the ElderCare Trust Fund received \$41,332 through income tax check-offs and donations and funded seven (7) projects, including two senior home repair programs, two nutrition programs, one medication management program, one transportation program, and one program to expand Alzheimer's support services into small towns and rural area that have little access to care resources. The Alzheimer's Resource Coordination Center (ARCC) awarded \$153,750 for nineteen (19) respite and educational programs to assist caregivers of persons with Alzheimer's disease or related dementias.

G. Federal and Private Grant Funds Received

The LGOA has been exceptionally successful in securing funding for critical projects: The total amount of grant funding budgeted this year comprised 4.71% of total agency budget.

Grant	Source	06-07 Amt Budgeted	Total Grant Amount
Systems Transformation	CMS	\$754,484	\$2,971,799
<i>SC Access Plus Expansion</i>	AoA and CMS	\$351,432	\$895,628
<i>SC Access Plus Extension</i>	AoA and CMS	\$144,039	\$800,000
<i>Living Well South Carolina</i>	AoA	\$250,000	\$900,000
Performance Outcomes Measurement Project (POMP) (Second award)	AoA	\$60,000	\$60,000
	Total Amounts	\$1,559,955.00	\$5,627,427.00

H. Expansion of the Long Term Care Ombudsman Program (LTCOP)

In May 2006, the Omnibus Adult Protection Act (OAPA) was amended, prohibiting self-investigation of abuse allegations by DDSN and DMH. Instead, the Act mandates that investigations be conducted by the State Law Enforcement Division (SLED) if the complaint is criminal, and by the LTCOP if it is non-criminal. In anticipation of the increased work load for the LTCOP, the General Assembly allotted \$329,249 to hire seven additional investigators.

I. Geriatric Physician Loan Repayment

In the second year of this program, the LGOA granted Geriatric Loan Forgiveness awards to four geriatricians. Loan forgiveness awards assist physicians in repaying students loans. In return, they agree to remain in South Carolina for five years and care for the ever increasing senior population. Funds in the amount of \$140,000 were appropriated by the Legislature for FY 06-07.

J. Promotion of Health and Wellness

In October, 2006, the LGOA and its partner, the Department of Health and Environmental Control (DHEC) received a three year grant for \$750,000 from the AoA in collaboration with the Centers for Disease Control to develop, implement and sustain evidence-based disease prevention programs in three regions of South Carolina: Appalachia, Pee Dee and Trident.

The first program introduced was the Stanford University Chronic Disease Self Management Program, named *Living Well SC* in our state. The program targets seniors with chronic disease by empowering them to take charge of their own future health. The program has "graduated" 240 seniors since the first classes began in March, 2007. Plans are to expand the program statewide through developing additional partnerships at the state, regional and local levels and including businesses, health care providers and faith based organizations as well as aging service providers. The LGOA has also developed an "incentive package" to encourage other regions and their service providers to provide the program without the aid of grant funds.

LGOA and DHEC completed a collaborative effort to provide the evidence-based fall prevention program, *A Matter of Balance* in Lee County. Several faith-based organizations and one aging service provider will continue classes beyond the grant period. Funds were provided by the National Association of Chronic Disease Directors.

The LGOA website and newsletter have been expanded to include more information related to health promotion and disease prevention. Other health promotion activities held last year were Public Health Month Celebration, sponsored by the SC Public Health Association; and, the SC Public Health Association's Annual Meeting that focused on *Where in the World is Public health?*

K. Lieutenant Governor's Writing Awards

The Office of the Lieutenant Governor actively promotes education through its Lieutenant Governor's Writing Awards program. Fifth and eighth grade students may participate, and are encouraged to work on their writing and communication skills through an essay contest. Winning students from each school district and private/home school area are invited to participate in a workshop for Young Writers, and are recognized for their achievements. In 2007, more than 100,000 students participated, and 176 were recognized with writing awards. There were approximately 46,250 fifth graders and 49,910 eighth graders participating in the program.

1.3 Key Strategic Goals for the Present and Future Years

GOAL 1: IMPROVE QUALITY AND LENGTH OF HEALTHY LIFE FOR THE SENIOR POPULATION

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

Strategic Goal 2: Provide programs, education and information to help seniors prevent or delay the onset of chronic conditions and maintain independence and quality of life.

Strategic Goal 3: Provide Medicare, Medicaid, and long term care information to seniors.

Strategic Goal 4: Promote development and increased utilization of senior centers to provide information and services that encourage socialization, health and education.

Strategic Goal 5: Support the protection of vulnerable seniors in times of disaster.

Strategic Goal 6: Provide information on Alzheimer's disease and related dementias and seed grants to community organizations for educational and respite programs.

Strategic Goal 7: Partner with AAAs to deliver information, assistance, training, and respite to family members caring for seniors and seniors raising grandchildren.

Strategic Goal 8: Provide emergency rental assistance to eligible seniors.

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

Strategic Goal 1: Administer the LTC Ombudsmen Program as mandated under the OAA and state statutes to protect the rights of residents in long term care facilities.

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

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

GOAL 3: EFFICIENTLY MANAGE OAA AND STATE RESOURCES FOR MANDATED SERVICES

Strategic Goal 1: Maintain and support the competitive procurement process for services.

Strategic Goal 2: Request, plan, allocate, advocate for state resources by July 1, 2007.

Strategic Goal 3: Provide administrative support to include accounting, budgeting, payroll, and information technology to the LGOA.

Strategic Goal 4: Monitor subgrantees to ensure compliance with federal and state requirements.

GOAL 4: PROVIDE INFORMATION ON TRENDS/ISSUES IMPACTING QUALITY OF LIFE

Strategic Goal 1: Increase awareness of aging issues; encourage consensus for policy changes.

Strategic Goal 2: Provide ongoing training and educational activities for seniors.

Strategic Goal 3: Enhance research and data collection on effectiveness of aging services.

Strategic Goal 4: Meet federal and state reporting requirements on a timely basis.

Strategic Goal 5: Establish ongoing training to improve staff knowledge of computer software.

1.4 Opportunities and Barriers That May Affect Success

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

Prior to FY 06-07 resources to fund services had declined. Funding levels were flat for several years, allowing no ability to address inflation. This forced reductions in services and increased waiting lists at a time when our senior population's need for services was increasing. Providers had to make difficult choices concerning which seniors to serve. Volunteers were not able to afford the gasoline necessary to deliver meals and provide transportation. As a result, service providers were forced to reduce service provision for the frailest, most vulnerable segment of the population. This problem was made even worse by a steady decline in bingo revenues that are used to fund home and community-based services. The General Assembly provided significant relief for FY 06-07 through a \$2,900,000 supplemental appropriation for home and community based services, and also amended Bingo legislation to provide a minimum of \$600,000 in funds for home and community based services effective in July 2007. This was a major step toward addressing current and future needs of our state's senior population. Based upon 2005 federal data, South Carolina serves 4.12% of all seniors 60 and older, as compared to the southeastern average of 9.41%.

B. Health Care Needs of the Aging Population

South Carolina must plan to meet our aging population's health needs and support a sustainable quality of life. Poor health and disabilities are not inevitable consequences of aging, especially if we help ourselves by promoting good health, preparing financially to meet our health needs, and preventing chronic disease in order to postpone or avoid disability and institutionalization.

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

One in seven seniors in South Carolina lives below poverty level, and is dually qualified for Medicaid and Medicare coverage. Another group, with incomes less than 200% of poverty, potentially qualifies for Medicaid coverage of long term care needs.

C. Transportation

Transportation is critical for seniors to remain independent. Efforts to coordinate transportation services at the state level continue. The Lower Savannah Council of Governments, through the Systems Transformation Grant, worked to facilitate coordinated public transportation options for residents of Orangeburg and Calhoun counties. Lower Savannah Council of Governments hired a Mobility Information Specialist in October 2006 to conduct research on existing transportation resources for the mobility center's use and for inclusion in the LGOA's *SC Access Resources* data base. This position also takes calls from the public on transportation needs/questions and is the intake "gatekeeper" for the 5310 transportation program in Orangeburg and Calhoun counties. Eligibility for the program is determined, and arrangements for the first ride with their contracted provider are handled by the mobility manager. Efforts to enhance transportation coordination and services in Barnwell County were continued. A new transportation option was launched on October 16, 2006 for the Elderly and Persons with Disabilities. This shared ride program was modeled after other shared ride programs in other Lower Savannah counties.³ The Lower Savannah COG provided training on use of software for trip reservations, scheduling, and dispatching.

The Independent Transportation Network, a non-profit service for seniors and people with visual impairment, serves the metropolitan Charleston area. It is a no-cash enterprise. Riders have an account, and can set pre-determined spending limits, adding to the account at any time. Adult children can add money to their parents' accounts as a gift. The average ride costs about \$8.00.

York County Council on Aging is piloting an "on demand" transportation program for seniors who need assistance. Riders pay on a sliding fee scale.

D. Family Caregivers

There are 560,000 family caregivers in South Carolina who provide 610,000 hours of care per year at an estimated value of over \$5.5 billion. About 15% of the workforce leaves annually to be full-time caregivers. When 1,500 caregivers stop working, \$22 million in purchasing power is lost to the SC economy. Without caregivers, 50% of care recipients would go to a nursing home and cost the state \$7.4 million in state funds to provide Medicaid nursing home care for one year.

E. Increasing Number of Alzheimer's Cases

As of January 1, 2003, 48,640 persons in South Carolina have Alzheimer's disease, based upon the Alzheimer's Resource Registry. By 2030, 90,000 South Carolinians will have Alzheimer's disease. The average lifetime cost of an Alzheimer's patient is \$174,000. The cost to individuals, families, Medicare, Medicaid, insurance companies and businesses would be \$15.7 billion. With a 3% inflation factor, the cost would double to \$31.4 billion.

Medicaid pays \$40,400 per person for a full year based upon 2006 data. Currently 38% of an estimated 90,000 persons will be in a nursing home; 71.5% of persons in nursing homes are paid for by Medicaid; therefore, 24,453 of the 90,000 estimated persons with Alzheimer's disease and Related Dementias would be in a Medicaid nursing home bed in 2030. The cost would be \$74,000 per person, or \$1.8 billion and \$543 million in state funds, assuming a 3% annual inflation rate.

F. Work Force Shortages

As the baby boomer workforce ages, South Carolina will face a growing shortage of workers in service-related fields including physicians, nurses, health care workers, teachers, and government workers. This shortage will create significant barriers to meeting the needs of seniors. The state's business community must create incentives to meet this shortage. As baby boomers retire, employers must plan to prevent loss of knowledge by transferring it to other staff through cross training so that their organizations can maintain efficiency.

G. Business Opportunities and Challenges:

As our population grows older over the next twenty-five years, there will be many opportunities and challenges for businesses. The influx of affluent, in-migrating seniors has created a growing need for services, opportunities for creation of new businesses, and expansion of existing organizations. Research conducted by the Center for Carolina Living shows that many in-migrants bring assets of \$800,000 to \$1,000,000, and pre-move households have annual incomes of \$119,000 (2005 survey). Additionally, 80% of new in-migrants are college-educated and 14% start new businesses.

H. Bankruptcy and Increased Debt for Seniors

Seniors are the fastest-growing group of debtors in the U.S. In 1992, only 35% of seniors carried debt, but this figure increased to 59% by 2000. The frequency of bankruptcy among seniors has also jumped 244% from 1991-2002. Reasons for increasing debt include: insufficient retirement funds, medical bills, major home repairs, and increased property taxes. Many employers are freezing or eliminating pensions and medical benefit programs for retirees. Many are going into increased debt and using credit cards, or having to work past their intended retirement age.

1.5 How the Accountability Report is Used to Improve Organizational Performance

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

SECTION II: ORGANIZATIONAL PROFILE

II.1 Main Products, Services and Primary Delivery Method

The LGOA is designated as the State Unit on Aging (SUA), responsible for administration of all OAA funds, as well as annual state appropriations awarded. The LGOA is also responsible for program planning and advocacy for seniors in South Carolina. Key components are as follows:

- **Long Term Care Ombudsman** program (includes the Volunteer LTCOP)
- **Aging Services:** nutrition; transportation; home care; adult day care; evidence-based health promotion and disease prevention programs; insurance counseling (including Medicare Part D); education and training; legal services; Family Caregiver Support, the Alzheimer's Resource Coordination Center (ARCC), IR&A services, and the ElderCare Trust Fund.
- **Policy, Planning, and Reporting:** Activity Based Budget, Lt. Governor's Office Budget Request, State Accountability Report, federal NAPIS report, Performance Outcomes Measurement Project grant, Duke Endowment SC Seniors' Cube grant, Lieutenant Governor's Office on Aging Strategic Plan, and SC Mature Adults Count Reports
- **Consumer Information and Caregiver Services:** Aging and Disability Resource Centers, and Systems Transformation
- **Public Information,** including disaster planning and preparedness
- **Administrative Services, Financial Management, and Information Technology,** emergency rental assistance, *SC Access*, and the annual Summer School of Gerontology

The LGOA allocates funding annually to ten (AAAs) who are responsible for oversight of local contract service providers. The AAAs competitively procure a wide range of home and community-based services and deliver them locally.

Sixty-three (63) local service contractors provide a wide range of services to seniors throughout the state: home delivered meals, group dining, home care, transportation, adult day care, respite care, sitter or companion services, legal assistance services, case management, and home repair.

II.2 Key Customer Segments and Their Key Requirements/Expectations

- All seniors in South Carolina, their families and caregivers: services for their needs and advocacy for their concerns
- The Lieutenant Governor: cost efficient administration
- The General Assembly: cost efficient administration and meeting/addressing the needs and interests of seniors, their families, and taxpayers
- Area Agencies on Aging: provide oversight, guidance, and financial and advocacy support.
- Residents of long term care facilities and their families (includes nursing facilities and residential care facilities): provide information, assistance, and protection
- Residents of DDSN and DMH facilities: information and assistance, and protection from abuse, neglect and exploitation in partnership with the State Law Enforcement Division.
- Long term care facility staff: information and assistance, and training
- Local service contractors: administrative oversight, guidance, and financial and advocacy support in partnership with the Area Agencies on Aging
- Communities: information and assistance and grants where appropriate and possible.
- Providers of supplies and equipment: Provide efficient reimbursement.

II.3 Key Stakeholders

- Seniors, their families and caregivers
- Federal, state, and local government agencies
- Communities and Local Chambers of Commerce
- AARP
- Persons with disabilities and disability advocates
- Silver-Haired Legislature
- State agencies, colleges and universities
- Courts
- Providers of supplies and equipment
- Hospitals and Long term care facilities

II-4 Key Suppliers and Partners

- Seniors, their families and caregivers
- Federal, state, and local government agencies
- Service providers
- Communities
- Advisory Boards
- Colleges and universities
- Information technology providers

II-5 Operation Location

The Office of the Lieutenant Governor: the State House; the LGOA: 1301 Gervais St., Suit 200.

II-6 Number of Employees

The Office of the Lieutenant Governor and the LGOA are currently authorized fifty-three (53) Full Time Equivalents (FTEs) and two (2) Temporary Grant Positions. Of these, forty-six (46) FTEs are classified, and seven (7) are unclassified.

II-7 Regulatory Environment Under Which the Agency Operates,

The LGOA is the designated "State Unit on Aging" (SUA) as required by the Older Americans Act (OAA). The OAA intends that SUA shall be the leader relative to all aging issues on behalf of all older persons in the state. Enabling legislation for the SUA is found in Title 43 of the Code of Laws of South Carolina, 1976, as amended. Proviso 73.2 of the 2004-2005 Appropriations Act placed the SUA in the Office of the Lieutenant Governor.

II-8 Key Challenges

The Office of the Lieutenant Governor has a new responsibility mandated by the passage of an amendment to the Code of Laws of South Carolina, 1976, Section 1-3-630 to establish the Division of Affordable Housing. The amendment created a study committee within the Office of the Lieutenant Governor, supported by an advisory committee, to make recommendations on the lack of affordable housing in South Carolina. The study committee is comprised of individuals from a variety of disciplines who are trained and knowledgeable in affordable housing needs. The study committee is composed of seventeen members who shall study and recommend legislative changes, if appropriate, regarding affordable housing issues in this state. Lieutenant Governor Bauer is chairman and Representative Harold Mitchell is vice-chairman of the study committee. The study committee held its organizational meeting on April 25, 2007. Subcommittees are continuing their work between quarterly meetings; study committee will issue a final report by January 15, 2009.

As staff retire, the LGOA must maintain adequate numbers of trained staff to handle the growing number of seniors and the many needs and concerns facing them, and to support organizations serving seniors as they strive to provide excellence in service. In response, the LGOA has taken a proactive approach to workforce planning in recruitment, retention, and maintenance of a healthy workforce environment. Knowledge will be transferred as staff retires over the next 5 years.

The LGOA, its stakeholders, and partners provide a wide range of services to South Carolina's citizens. A key challenge is to provide cost efficient services. The many organizations that are funded through the LGOA need support, guidance, and assistance.

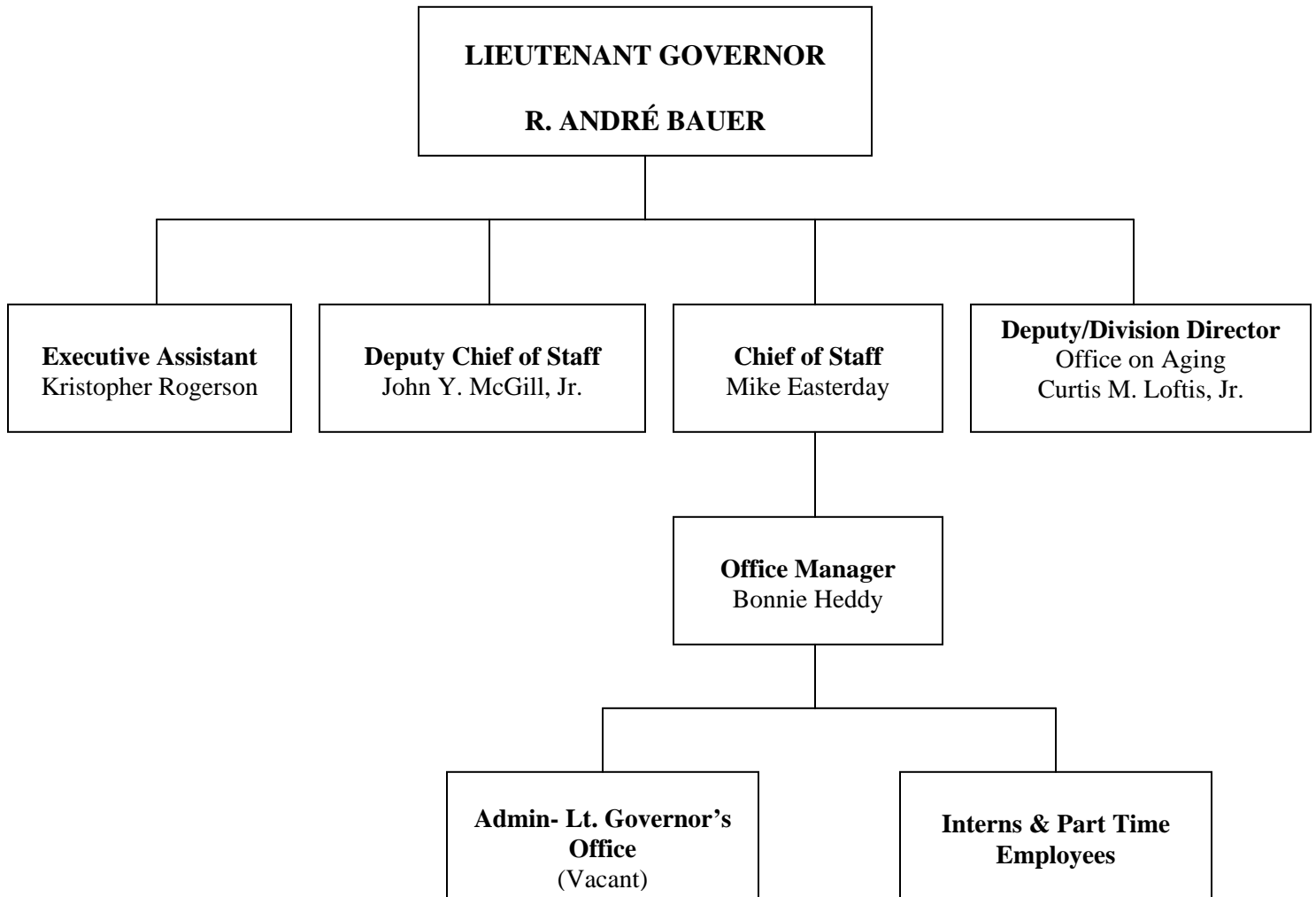
The LGOA faces several strategic challenges over the next five years and further into the future:

- The LGOA must obtain adequate funding to provide cost efficient services to seniors and their families in order to help South Carolina leverage all sources of funding and serve the state's seniors in order that they might have an enhanced quality of life. One of our key goals is to provide those services which will enable South Carolina to control health care costs with the knowledge that the state's financial resources are limited.
- The LGOA must develop evidence-based decision-making to assist in the advocacy process for obtaining resources necessary to meet the future needs of our state's seniors. This will enhance quality of life while minimizing the need for governmental resources.
- The LGOA faces the challenge of developing a comprehensive service system that is market-driven and provides consumer choice. With the growing number of seniors, South Carolina communities must adapt to the growing and changing needs of this population.
- The LGOA must continue to educate South Carolina's citizens on planning for their retirement, health care, and potential need for long term care. Our citizens cannot expect the government to provide for their needs in retirement. Resources will be limited, and the responsibility will rest with the individual to plan for an enhanced quality of life. The LGOA must make information available for informed decision-making and planning.

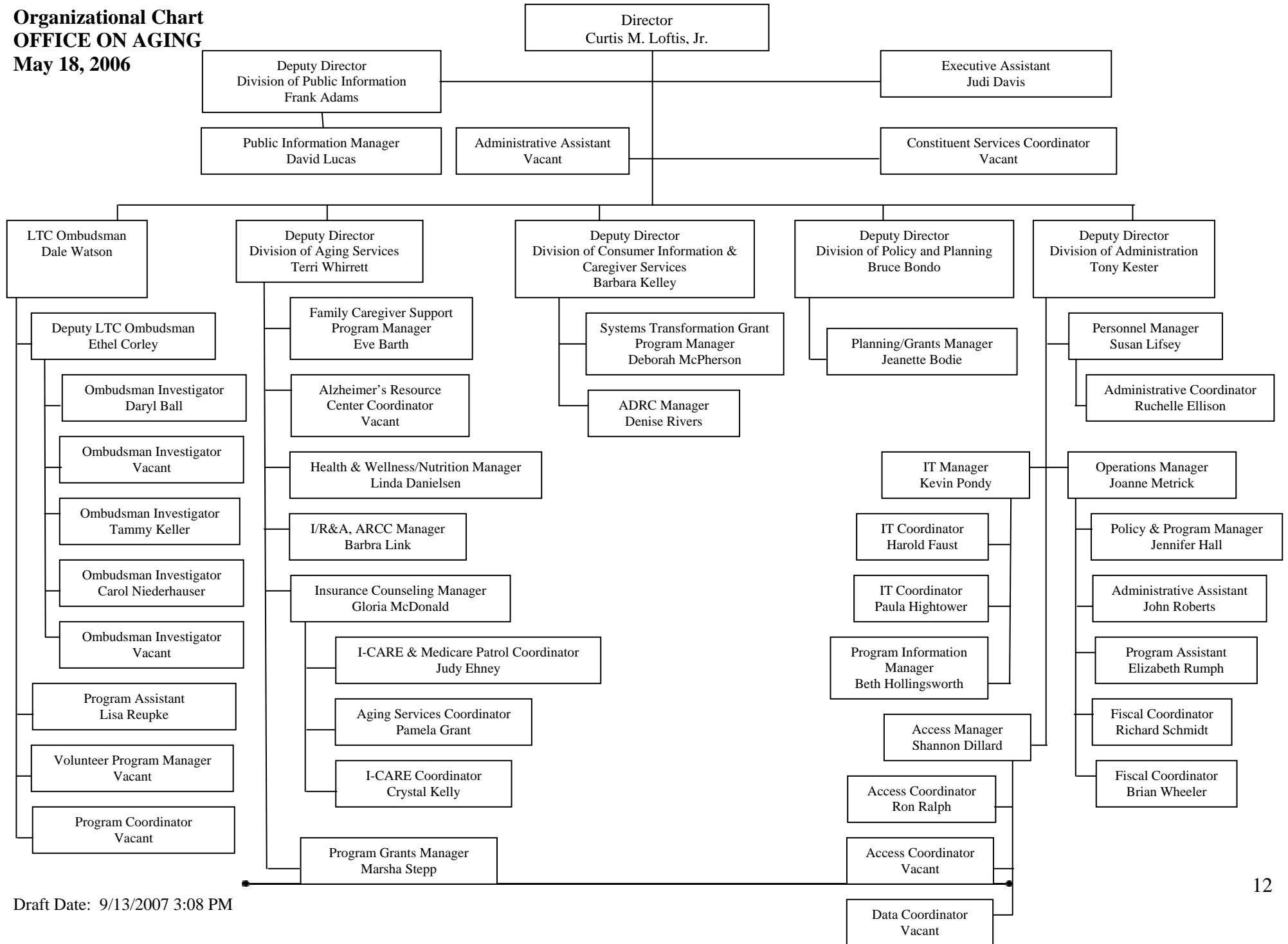
II-9 Performance Improvement System

Performance improvement starts with the individual's Employee Performance Management System (EPMS) through defined goals and objectives laid out in the strategic planning process. The agency constantly monitors progress through attainment of its mission, goals and objectives.

**II.10 Organizational Structure
OFFICE OF THE LIEUTENANT GOVERNOR**



**Organizational Chart
OFFICE ON AGING
May 18, 2006**



II.11 Expenditures/Appropriations Chart

Major Budget Categories	05-06 Actual Expenditures		06-07 Actual Expenditures		07-08 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$2,168,741	\$1,191,926	\$2,359,582	\$1,421,886	\$2,586,550	\$1,449,733
Other Operating	\$877,674	\$497,155	\$1,015,335	\$427,550	\$1,745,814	\$650,261
Special Items	\$155,645	141,188	\$287,200	\$287,200	\$290,000	\$290,000
Permanent Improvements	\$	\$	\$3	\$	\$	\$
Case Services	\$100,366	\$	\$153,205	\$	\$500,000	\$
Distributions to Subdivisions	\$22,221,000	\$1,908,533	\$22,106,137	\$2,113,977	\$26,964,410	\$1,890,008
Fringe Benefits	\$553,200	\$297,696	\$624,810	\$375,490	\$764,955	\$434,120
Non-recurring		\$	\$	\$	\$	\$
Total	\$26,076,626	\$4,036,498	\$26,546,272	\$4,626,103	\$32,851,729	\$4,714,122

Sources of Funds	04-05 Actual Expenditures	05-06 Actual Expenditures
Supplemental Bills	None	\$1,314,823
Capital Reserve Funds	None	None
Bonds	\$150,000	

Total 04-05 Interim Budget Reduction	Total 05-06 Interim Budget Reduction
None	None

- Key Cross-References link to Category 7 - Business Results by a Chart number that is included in the 7th section of this document.

II.12 Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 05-06 Budget Expenditures	FY 06-07 Budget Expenditures	Key Cross References for Financial Results*
I. Admin Lt. Governor	Serves as President of the Senate. Provides executive leadership and constituent service.	State: 225,697.00 Federal: Other: 14,457.00 Total: 240,154.00 % of Total Budget: 1%	State: 270,520.00 Federal: Other: Total: 270,520.00 % of Total Budget: 1%	N/A
II.A Office on Aging Admin	Provides leadership, training, and coordination to promote services to seniors.	State: 1,463,384.00 Federal: 1,223,357.00 Other: 133,977.00 Total: 2,820,718.00 % of Total Budget: 11%	State: 1,578,915.00 Federal: 1,328,946.00 Other: 196,535.00 Total: 3,104,396.00 % of Total Budget: 11%	Figure III.7.1 through Figure III.7.1.5
II.B Aging Assistance	Provides funding for seniors in order to improve the quality and length of life.	State: 2,049,721.00 Federal: 18,321,188.00 Other: 2,241,646.00 Total: 22,612,555.00 % of Total Budget: 86%	State: 3,716,001.00 Federal: 18,547,228.00 Other: 1,598,137.00 Total: 23,861,366.00 % of Total Budget: 86%	Figure III.7.1.1 through Figure III.7.2.30
II.C Employer Contribution	Provides for Retirement, FICA, Workers Compensation, Health Insurance, and Unemployment Insurance for agency staff.	State: 297,696.00 Federal: 228,863.00 Other: 26,640.00 Total: 553,199.00 % of Total Budget: 2%	State: 375,490.00 Federal: 245,793.00 Other: 3,527.00 Total: 624,810.00 % of Total Budget: 2%	N/A

Below: List any programs not included above and show the remainder of expenditures by source of funds.

Remainder of Expenditures:	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:
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SECTION III: ELEMENTS OF MALCOLM BALDRIDGE AWARD CRITERIA

III.1 Leadership

Cornelia Gibbons was Director during FY 06. Effective September 5, 2006, Michael Easterday became Interim Director. Curtis M. Lofts, Jr. was appointed Director in March 2007. Executive Management includes Frank Adams, Deputy for Public Information; Bruce Bondo, Deputy for Policy and Planning, Dale Watson, State Long Term Care Ombudsman; Tony Kester; Deputy for Administration; Terri Whirrett, Deputy for Aging Services, and Barbara Kelley, Deputy for Consumer and Caregiver Services.

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

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

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

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

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

- Aging Advisory Council appointed by the Governor
- Coalition for Successful Aging formed to serve as an adjunct to the Care Commission
- ARCC Advisory Council appointed by the Governor
- The ElderCare Trust Fund Advisory Board
- Systems Transformation Grant Advisory Committee
- Silver Haired Legislature
- AAA Directors
- Local service contractors
- South Carolina Seniors' Cube Statewide Steering Committee
- AARP State Office

* Proviso 73.7 suspends the meeting requirement for the Coordinating Council and the Long Term Care Council.

III.1.3 How does the organization address the current/potential impact on the public of its products, programs, services, facilities and operations, including associated risks?

The LGOA's Manual of Policies and Procedures for Aging Services incorporates policies, standards and procedures required by the OAA, related federal regulations issued by the AoA and the US Department of Labor, and other applicable federal and state regulations. For example, it includes specific standards for food service delivery to ensure that all food served to seniors by service providers is safe and nutritious. It contains a detailed scope of work and quality assurance standards for all aging programs and services. Contractors are audited on these standards annually. Competitive procurement of services ensures that the LGOA obtains the highest quality, cost effective services available in an on-going effort to procure services at the most reasonable price, to maximize services available to South Carolina's seniors and their caregivers.

III.1.4 How do senior leaders maintain fiscal, legal, and regulatory accountability?

The OAA intends that the LGOA ensures accountability for federal funds. This is accomplished by the following:

- Developing and maintaining program policies, procedures, and standards
- Developing a formula for distributing funds to the regional programs
- Maintaining the confidentiality of program data and information at all levels
- Maintaining a statewide reporting system
- Preparing and distributing the annual Accountability Report
- Monitoring fiscal, legal and regulatory requirements
- Monitoring all funding requests, conduct audits and site visits

III.1.5 What key performance measures are regularly reviewed by your senior leaders?

Aging Programs and Services

- Number of persons using I/R&A, and Family Caregiver Support programs
- Number of new or expanded respite programs developed by ARCC grant seed money
- Number of persons served with respite or educational programs through ARCC grant sites
- Number of outreach and community education events
- Number (%) of consumers reporting satisfactory experiences with I/R&A services
- Number of persons served by OAA services
- Number of persons enrolled in evidence-based health prevention programs
- Number of persons participating in the Senior Employment Program (Title V)
- Number of seniors reached by medication management activities
- Number of quality assurance deficiencies found and number of deficiencies rectified
- Number of seniors receiving Medicare prescription drug program (Part D) information
- Number of senior center, ElderCare Trust, and ARCC grants funded
- Number of persons counseled annually by the I-CARE and Medicare fraud programs
- Number of seniors receiving home and community-based services through Supplemental State Funds

Long Term Care Ombudsman

- Number of cases opened and closed by Long Term Care Ombudsmen
- Number of facility trainings and community education sessions conducted
- Number of consultations to facilities and individuals
- Number of friendly visits made to facilities

Planning and Education

- Number of inquiries to the LGOA web site and the *Mature Adults Count* web site
- Number and dollar value of grants received to enhance research based decision making

Administration, Financial Management, and Information Technology

- Number of persons using *SC Access*
- Number of persons receiving emergency rental assistance
- Number of persons receiving training and education services through the Summer School of Gerontology

III.1.6 How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness and the effectiveness of management throughout the organization?

The LGOA actively practices preventative management by applying the B&C Board's *Human Resources for Supervisory Practices*. The Director ensures that each supervisor's EPMS is tied to the Strategic Plan and the B&C Board's Supervisory Program. Position descriptions and planning stages are updated as necessary to ensure that activities result in successful completion of goals and initiatives. This process continues to reflect employees' duties and responsibilities.

III.1.7 How do senior leaders promote and personally participate in succession planning and the development of future organizational leaders?

Senior leaders realize that the LGOA will be in a transition mode with senior employees retiring over the next five years. Leaders consider this during recruitment of new employees and their possibility for advancement. Senior leaders regularly consider the performance of middle level staff for promotion. Staff members are encouraged to take courses and attend meetings and conferences with the goal of increasing their knowledge and abilities for future leadership roles. Senior leaders are regularly involved in workforce planning and development of certified training programs, recommending staff to participate in the Certified Program Managers program, and Executive Management Institute with the State Budget and Control Board. Additionally, staff are cross-trained in order that an organization as small as the Office of the Lieutenant Governor and the LGOA can meet the demands of its constituents and meet its mission and goals.

III.1.8 How do senior leaders create an environment for performance improvement, accomplishment of strategic objectives, and innovation?

Leaders set examples through performance. The LGOA updates its Strategic Plan annually with its goals and objectives, and also sets specific expectations for achievement of organization goals and objectives through the Employee Performance Measurement System (EPMS).

III. 1.9 How does leadership actively support and strengthen the communities in which your organization operates? Include how senior leaders and employees contribute to improving these communities.

Leadership actively supports and strengthens the communities throughout South Carolina by creating partnerships with the Area Agencies on Aging, local service contractors, business groups and the faith based community. Leaders provide information, provide on-going presentations on senior issues, and provide information and financial resources to improve the lives of seniors and their families throughout South Carolina. Leaders participate on numerous boards.

III.2 Strategic Planning

The strategic planning process is based on the *Planning and Managing for Results* model, an outcomes-based process focusing on agency goals. Senior staff developed the current plan. It was subsequently reviewed by all staff. Each area was charged to develop operational plans with strategies, activities and outcomes related to agency goals. The strategic plan is revised annually.

The LGOA uses analysis of data from its information systems to ascertain basic customer needs. LGOA has a history of active involvement with consumers, caregivers, private providers, community leaders, special interest groups and the public in the formation of goals and objectives.

III.2.1 What is your Strategic Planning process, including key participants, key process steps, and how it addresses:**(A) Your organization's strengths, weaknesses, opportunities, and threats:**

The LGOA's strategic planning process annually assesses key goals and objectives compatible with the mission and values of the organization. The Strategic Plan reviews strengths, weaknesses, opportunities, and threats on an annual basis. Leadership reviews critical areas where major objectives must be met for the next year through the action plan. During June through August major accomplishments are reviewed and the Strategic Plan is updated prior to the development of the budget request in August and September. The above factors are reviewed based upon comprehensive information gained internally and externally from numerous advisory bodies, other senior advocacy organizations such as the AARP, the Silver Haired Legislature, the General Assembly, and other stakeholder organizations.

(B) Financial, regulatory, societal and other potential risks

Fiscal accountability is accomplished by adherence to state and federal laws and regulations. The EMT maintains fiscal, legal, and regulatory accountability through active involvement in the day-to-

day operations of the agency. In addition to established audit schedules, both EMT members and program managers review reports and interview staff to determine that goals and initiatives are on target and are in compliance with laws and regulations. Oversight from the legislature and the state budget office is provided as the agency's budget is developed.

(C) Shifts in technology or the regulatory environment

The LGOA's Strategic Planning process takes into account shifts in technology and the regulatory environment as required. Technology and regulatory changes are addressed immediately in order that the organization meets efficient operational standards and regulatory and legal requirements.

(D) Human resource capabilities and needs

The EMT constantly monitors the agency's resources and needs to ensure that staff have the tools necessary to achieve the agency's goals and objectives, as well as monitoring success criteria for individual staff members. These needs are discussed in weekly EMT meetings, monthly staff meetings, and in individual division meetings.

(E) Opportunities and barriers described in the Executive Summary

The LGOA addresses the opportunities and barriers that impact its mission, goals and objectives and incorporates them in the Strategic Planning process. The process reviews the existing opportunities and barriers and determines what is achievable for the coming year based upon available knowledge of resources, issues and available support to achieve its goals and objectives.

(F) Business continuity in emergencies

The LGOA provides for continuity in several ways. In the event of a natural disaster or mass casualty, it follows the organization's *Disaster Plan* that ensures clear accountability and communication. In the event of key leadership being away during an emergency, executive staff meets weekly to keep the agency on target during the emergency. The regional AoA office has recognized the LGOA's *Disaster Plan* as a model.

(G) Ability to execute the Strategic Plan

The LGOA considers execution of the Plan to be based upon available human and financial resources. The process is future-oriented and constantly changes to meet on-going expectations of its key customers, stakeholders, suppliers and partners.

III.2.2 What are your key strategic objectives? How do you develop and track action plans that address your key strategic objectives, and how do you allocate resources to ensure the accomplishment of these plans?

Strategic objectives and action plans are a direct result of the LGOA's overall Strategic Plan and are derived from its Mission and Strategic Goals. Each year overall needs are evaluated based upon many information sources; objectives and action plans are developed within available resources. New objectives drive development of the budget. Based upon available resources and highest priority needs, the LGOA allocates resources to those objectives and action plans

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

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

Strategic Objectives:

1. Have established ADRCs in 5 regions by June 30, 2007. Three new regions (Appalachia, Pee Dee, and Trident) will be developed in 2007.
2. Expand the Lower Savannah ADRC to add mental retardation and developmental disabilities to the target population and add four additional counties by December 31, 2007.
3. Provide training on planning for long term needs, including long term care insurance and reverse mortgages, in the 5 ADRC regions by September 30, 2008.

4. Add resources for the mental retardation/developmental disabilities population and for traumatic brain injuries to the SC Access database by June 2007.
5. Add transportation/mobility resources in the Lower Savannah area to the SC Access database by October 1, 2007.
6. Conduct two (2) trainings a year to increase the number of nationally certified Information & Referral specialists in the state.
7. Increase SC Access utilization through Public Information & trainings throughout the state targeting older adults, persons with disabilities and caregivers.
8. Work with the Adult Protection Coordinating Council and other partners to develop state-specific information for the Learn About module in SC Access.
9. Work with the lower Savannah ADRC in developing a model for the mobility center by October 1, 2007.
10. Work with DHHS in development and testing the methodology for prioritization of individuals interested in receiving services from CLTC's Community Choices waiver by October 1, 2007
11. Work with AssistGuide software in the development of new electronic application forms (eforms), such as Aged, Blind, and Disabled (ABD) and market the existing Medicaid and GAPS eforms.
12. Develop a plan for integration of data systems by building bridges between systems and purchased software with existing aging programs by September 30, 2007.
13. Update the Working with a Disability and Personal Care Registry information in *SC Access* by December, 2007.
14. Provide nine training/technical assistance meetings per year for the Regional Information, Referral and Assistance Specialists so they may maintain their Certification in Information and Referral and provide the most accurate information available.
15. Senior state representatives attend the national Choices for Independence Conference in Washington, DC in December, 2006 to learn about the major changes in federal policy and laws resulting from the reauthorization of the Older Americans Act, the passage of the Deficit Reduction Act and the Choices for Independence Initiatives.
16. Hold the 2007 SC Leadership Summit in Myrtle Beach, SC in April, 2007 for top federal officials from the Administration on Aging, Centers for Medicaid and Medicare, state officials, service providers and advocates for senior services.
17. Develop a plan for utilizing \$2.9 million in supplemental state funds for home and community based services for seniors by December, 2006.
18. Monitor expenditures and service delivery for legislative intent during the first six months of service delivery and prepare initial report on findings by September, 2007.

Strategic Goal 2: Provide programs, education and information that will help older South Carolinians prevent or delay the onset of chronic conditions, maintain independence and quality of life

Strategic Objectives:

1. Provide seniors with health and wellness information and opportunities to participate in activities and programs that promote and encourage physical activity.
2. Plan and implement the Stanford University evidence-based health promotion program (EBHP) for chronic disease self management (Living Well South Carolina program) in three regions of the state by March, 2007.
3. Plan for implementation of the evidence-based fall prevention program A Matter of Balance in two regions of the state by July 31, 2007.

4. Develop incentive program for the expansion of EBHP programs statewide by August, 2007.
5. Develop EBHP website link to statewide classes by July, 2007.
6. Plan and implement the LGOA Health and Wellness Walk by May, 2007.
7. Provide information on medication management, compliance with physician's orders and medication assistance programs to obtain prescription drugs.
8. Provide grants to organizations to deliver educational programs on the importance of medication management.
9. Assure the provision of nutritional meals and related services to prevent or delay institutionalization.

Strategic Goal 3: Provide Medicare and Medicaid health care insurance and fraud information to seniors.

Strategic Objectives:

1. Provide current information on Medicare, Medicaid and long-term care insurance.
2. Provide training on identification of Medicare and Medicaid fraud and report suspected fraud to the Centers for Medicare and Medicaid Services.
3. Provide information and assist with Medicare Part-D during open enrollment periods in 2007.
4. Provide current information and counseling on Medicare Part-D.
5. Develop a partnership between AoA, CMS, Health Integrity and SC Department of Insurance to assure coordination in relationship to Medicare fraud issues.

Strategic Goal 4: Promote development and utilization of senior centers to provide information and services to encourage socialization, health and education.

Strategic Objectives:

1. Require that senior centers promote physical activity, good nutrition, general health and wellness and assure increased utilization of senior center services.
2. Fund construction, expansion and renovation of senior centers to improve statewide access.
3. Maintain and increase funding to support senior centers and community based services.

Strategic Goal 5: Support the protection of vulnerable seniors in times of disaster.

Strategic Objectives:

1. Maintain an operational disaster plan in partnership with local entities.
2. Provide leadership and actively participate in the Emergency Operations Center (EOC).
3. Coordinate and deliver services to support seniors impacted by a disaster

Strategic Goal 6: Provide information on Alzheimer's disease and related dementias, and seed grants to community organizations to develop educational and respite programs.

Strategic Objectives:

1. Provide trainings for caregivers and professionals who care for persons with dementia.
2. Target underserved communities to expand respite services.
3. Provide seed grants to grantees by June, 2007.
4. Initiate planning of new AoA Alzheimer's Disease Demonstration Grant to States grant to support and advance services to persons with ADRD and their caregivers by July, 2007.

Strategic Goal 7: Partner with the Area Agencies on Aging to deliver information, assistance, training, respite and other support services to family members

Strategic Objectives:

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

2. Develop new caregiver resources and post on SC Access or agency website by June 30, 2007.
3. Initiate a Caregiver Research Committee to explore potential and grant opportunities to demonstrate the benefit of the Family Caregiver Support Program by July, 2007.

Strategic Goal 8: Provide emergency rental assistance to eligible seniors.

Strategic Objectives:

1. Distribute funds in accordance with program guidelines to enable eligible seniors to remain in their homes and prevent homelessness.
2. Evaluate the program and recommend changes by April, 2007.

GOAL 2: IMPROVE PROTECTIONS FOR SOUTH CAROLINA'S VULNERABLE ADULTS

Strategic Goal 1: Administer the Long Term Care Ombudsman Program as mandated under the Older Americans Act and South Carolina statutes to protect the rights of residents in long-term care facilities.

Strategic Objectives:

1. Identify, investigate and resolve complaints made by or on behalf of residents in LTC facilities.
2. Expand the Volunteer Ombudsman Program to all ten regions of the state by June, 2007 to protect the rights of residents
3. Educate the community about the LTC needs; provide training for facility staff and councils.
4. Refine the ombudsman reporting system to meet requirements of the Administration on Aging.

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

Strategic Objectives:

1. Provide public education to prevent elder abuse, neglect and exploitation.
2. Participate in coordination of services instituted under the State Omnibus Adult Protection Act.
3. Publish information to quantify the extent of elder abuse, neglect and exploitation in the state.
4. Conduct training for facility staff and resident and family councils in the prevention and treatment of elder abuse, neglect and exploitation.

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

1. Provide education and training on elder rights and legal assistance to older individuals.
2. Increase awareness of advance health directives including the *Five Wishes* document through training and education.

GOAL 3: EFFECTIVELY AND EFFICIENTLY MANAGE AND DISTRIBUTE OLDER AMERICANS ACT AND STATE RESOURCES TO PROVIDE STATUTORILY MANDATED SERVICES

Strategic Goal 1: Maintain and support a competitive procurement process for services funded by AoA and the LGOA.

Strategic Objectives:

1. Procure operation of the Senior Community Service Employment Program (SCSEP) statewide by July 2007.
2. Ensure that Area Agencies on Aging issue Request for Proposals for new services provided by an unsatisfactory contractor by March, 2007.
3. Ensure that Area Agencies on Aging negotiate contract renewals with existing contractors with satisfactory performance by April, 2007.

Strategic Goal 2: Request, plan, and allocate all OAA and State resources by February 15, 2007.

Strategic Objectives:

1. Prepare the uniform Area Plan format for the biennial Area Plans by February 15, 2007.
2. Complete the Area Plan Update review process with the AAAs on Aging by May 31, 2007.
3. Submit and support the LGOA activity-based budget by August 31, 2007.
4. Submit the detailed budget request by September 2007.

Strategic Goal 3: Provide administrative support to include accounting, budgeting, payroll and information technology to the LGOA.**Strategic Objectives:**

1. Prepare and submit required Federal program and fiscal reports by the due dates established by the various agencies.
2. Maintain a computer network for employees and constituents which allows for communication and exchange of resources both internal and external to the Lt. Governor's Office on Aging.
3. Provide employees with updates to the hardware and software to maximize efficiency and productivity.

Strategic Goal 4: Monitor sub-grantees to ensure compliance with federal and state requirements.**Strategic Objectives:**

1. Develop payment request forms and procedures for use by grantees of the LGOA bi-annually.
2. Site monitor grant recipients for programmatic and fiscal compliance by April 15, 2008.
3. Ensure that all reporting requirements are met by grant recipients.
4. Provide regular technical to grant recipients to promote the use of best practices.
5. Monitor Supplemental State Funding Plan for home and community based services through December 2007.

GOAL 4: PROVIDE INFORMATION, RESEARCH, AND DATA ON TRENDS AND ISSUES THAT IMPACT THE QUALITY OF LIFE OF OLDER SOUTH CAROLINIANS**Strategic Goal 1: Increase awareness of aging issues and encourage consensus and support for aging policy changes.****Strategic Objectives:**

1. Provide timely updates of events and news for dissemination to the South Carolina Senior Community through an electronic mailing list.
2. Provide periodic updates to Local Aging Services Contractors.
3. Create an Aging News Services to update agency website as needed to share developing news and other information with the senior community.
4. Provide pertinent and timely information to the public about aging-related issues, programs and activities of the LGOA.
5. Create the Lieutenant Governor's Office on Aging Weekly Update to deliver weekly updates to Area Agency on Aging and Lieutenant Governor's Office on Aging Staff.

Strategic Goal 2: Provide on-going training and educational activities to improve the quality of life for seniors.**Strategic Objectives:**

1. Hold the annual Summer School of Gerontology in August 2007.
2. Provide training for older workers and professionals serving older workers by August 2007.
3. Provide annually a comprehensive overview of aging services in South Carolina.

Strategic Goal 3: Maintain and enhance research and data collection efforts on the status of seniors and on the effectiveness of services.**Strategic Objectives:**

1. Identify emergent national and state issues that improve the quality of life for our senior population by October 1, 2007.
2. Update the *Mature Adults Count* report by June 30, 2007, with America Community Survey Data & special issue modules.
3. Complete Phase Two of Seniors Cube funded by Duke Endowment by June 30, 2007.
4. Establish sustainability of SC Seniors' Cube for research purposes by October, 2007.

5. Complete year three (3) research phase of Advanced Performance Outcomes Measurement Grants by September 30, 2007.

Strategic Goal 4: Meet federal and state reporting requirements on a timely basis.

Strategic Objectives:

1. Complete annual National Aging Program Information System (NAPIS) report for OAA programs by January 31, 2007.
2. Complete other required annual OAA reports annually.
3. Complete the Annual Accountability Report by September 14, 2007.
4. Implement plan to move *AIM* reporting to HIPPA-compliant system by October 1, 2007.
5. Increase reporting capacity for the Caregiver Data System to provide data required by AoA.

III.2.3 What are your key action plan/initiatives? How do you communicate and deploy your strategic objectives, action plans, and related performance measures?

Key objectives and action plans are deployed in the Strategic Plan and action steps are included in individual's EPMS forms. The Strategic Plan is communicated by sharing it with stakeholders and partners, by including it on the agency website, and by sharing it with agency staff.

Administration, Financial Management and Information Technology

SC Access Staff will:

- expand information for Traumatic Brain Injury and homecare service options, under grant funding from DHEC and DHHS;
- develop outreach-training program for older adults and adults with disabilities to be ongoing throughout FY 06-07, and include use of the web-based service directory, access to regional I/R&A Specialists. and access to the on-line Personal Care Worker Registry;
- add South Carolina specific information to the *Learn About* feature in the areas of Traumatic Brain Injury, Elder Abuse issues, disabilities, transportation and work place issues. These topic modules are targeted for completion by June, 2007;
- continue to collaborate with other agencies such as the Adult Protection Coordinating Council, DHHS, United Way 211 and DHEC to pool resources and add information; and
- promote and refine the remote entry process to increase use by organizations interested in updating their own data contained in the resource database.

The Systems Transformation Grant will accomplish the following:

- expand the Lower Savannah ADRC to serve the four additional counties in the area, as well as adults with developmental disabilities by June 30, 2008.
- expand *SC Access* and *Learn About* topics for expanded target populations by June 2008.
- expand and promote the personal care worker registry by June 2008.
- develop a model that can be replicated for a one stop/call mobility, information, assistance, and management center for the Lower Savannah region by June 30, 2008.
- develop additional e-forms to streamline multiple eligibility processes by June 30, 2008.
- with DHHS pilot a methodology for prioritization of individuals interested in receiving services from CLTC's Community Choices waiver by December 30, 2007.

Information Technology

- build bridges between existing data systems within the LGOA and *SC Access* to reduce or eliminate duplicate data entry by May 2008
- contract with VisionLink to make customized changes to the *Tapestry* system so that it is more efficient; completion date is targeted for December 2007

Policy and Planning

- complete the annual National Aging Program Information System report in January 2007.

- supervise a \$60,000 AoA grant for the third year of the Advanced Performance Outcomes Measurement Project to address potential cost savings from use of OAA funded home and community-based programs to avoid more costly acute care and institutional services.
- supervise a \$60,000 TDE grant to develop the second phase of a web-based senior's cube in conjunction with the USC School of Public Health and the State Budget and Control Board's Office of Research and Statistics. Complete the third year of the Advanced POMP grant project in conjunction with the SC Seniors' Cube project as part of the LGOA's evidence based research efforts by September 2006
- develop a plan for using the \$2.9 million in supplemental funds for home and community-based services statewide by December 2007.
- Complete the FY 07-08 Activity-Based Budget and the FY 08-09 LGOA budget request by August 2007.

Aging Services

- partner with DHEC to use CDC funding to implement the evidence-based *Matter of Balance* program in Lee County
- monitor ongoing Senior Center Permanent Improvement projects
- update the agency's Disaster Preparedness Manual and Standard Operating Procedures.
- update the agency's Manual of Policies and Procedures, including updating the scope of work outlines and quality assurance standards for all programs
- in partnership with the Social Security Administration, provide Medicare Part D education and assistance to the state's Medicare recipients
- provide insurance counseling and Medicare Fraud Control education statewide
- participate in the Agency for Healthcare Research and Quality Learning Network to develop, implement, and expand evidence-based prevention programs for seniors

Long Term Care Ombudsman Program

- implement a volunteer ombudsman program in all regions
- identify, investigate, and resolve complaints that are made by or on behalf of residents in nursing homes and residential care facilities.
- develop statewide standards for the delivery of legal assistance for older individuals.
- provide education and training on Advance Health Care Directives to community groups and individuals requesting information.

III.2.4 How do you develop and track action plans that address your key strategic objectives? How do you measure progress on your action plans?

Program staff are involved in developing an annual work plan incorporating action plans for their program area. Each division has a detailed action plan that is built into the EPMS planning document for individual staff members. Progress towards outcomes and goals is evaluated through the EPMS process. Executive management monitors progress and revises plans as necessary based on changing needs and available resources.

III.2.5 How do you communicate and deploy your strategic objectives, action plans, and related performance measures? How do your strategic objectives address the strategic challenges you identified in your Organizational Profile (Section II, Question 8)

The Strategic Plan determines action plans as well as staff position descriptions and EPMS Planning Stages. All employees are made aware of operational plans, and progress on success criteria is discussed routinely at all levels. The LGOA considers many factors in developing its Strategic Plan: organizational challenges and present and the future needs considered as it develops the Activity Based Budget, the Annual Budget Request, and the State Accountability Report. All of these are closely correlated with the Strategic Plan.

III.2.6 How do you measure progress on your action plan? How do you evaluate and improve your strategic planning process?

Leadership monitors progress regularly through review of the Strategic Plan and all action plans. Specific actions are targeted by timetables and by steps that can be measured. These action plans are incorporated into the organizational areas and individual EPMS documents. The process is reviewed annually by Executive Management and steps are taken to improve the process as necessary.

III.2.7 If the agency's strategic plan is available to the public through the agency's Internet homepage, please provide an address for that plan on the website.

www.aging.sc.gov

III.3 Customer and Market Focus**III.3.1 How do you identify your customers and what their key requirements are?**

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

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

Target groups under the OAA: Those eligible individuals identified by the AoA are as follows:

- in greatest economic need;
- in greatest social need;
- considered minorities; and/or
- residing in rural areas.

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

The definition of "resident" is "an older individual who resides in a long-term care facility." (OAA Section 711(6)). The term "long-term care facility" means any skilled nursing facility and residential care facility licensed by the state regulatory agency. Long-standing AoA policy is that ombudsmen may serve disabled individuals under the age of 60 who are living in LTC facilities, if such service does not weaken or decrease service to older individuals covered under the Act. These mandated responsibilities in large part dictate the customers as listed in Section II.3.

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

The LGOA uses many mechanisms and resources to identify the needs of seniors. Information gathered aids state, regional and local agencies plan for services to meet the needs of seniors.

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

The National Ombudsman Resource Center, located in Washington, DC, provides on-going support, technical assistance and training material to 53 State Long Term Care Ombudsman Programs and

their networks of almost 600 regional programs. The Center's objectives are to enhance the skills, knowledge and management capacity of State programs to enable them to handle residents' complaints and represent resident interests. The State Long Term Care Ombudsman, in turn, conducts monthly training meetings with regional ombudsmen, and conducts an annual certification, re-certification training class for all new and current ombudsmen.

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

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

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

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

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

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

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

III.3.4 How do you measure customer/stakeholder satisfaction and dissatisfaction, and use this information to improve?

The Lieutenant Governor's Office and the LGOA measure customer/stakeholder satisfaction and dissatisfaction through various ways. The LGOA conducts periodic surveys of clients, holds and attends public hearings, and meets with key advisory committees throughout the year. Input is received from key policymakers such as the Governor, Lieutenant Governor, members of the General Assembly, the AoA, the CMS, granting organizations, seniors, and the many senior service delivery and advocacy organizations. Both positive and negative input is received on a regular basis and senior management meets on a regular basis with advisory groups to improve efficiency/effectiveness of programs and services, and to develop appropriate initiatives to meet the needs and challenges that face the Lieutenant Governor's Office and the LGOA.

III.3.5 How do you build positive relationships with customers and stakeholders? Indicate any key distinctions between different customer groups.

The Lieutenant Governor's Office and the LGOA build positive relationships through customer service and continuous involvement and communication with customers and stakeholders. The LGOA meets on a regular basis with advocacy groups, service delivery organizations, the State AARP, the Silver Haired Legislature, advisory bodies, staff of the general assembly, and associated groups to address its key goals and objectives. The LGOA strives to provide cost effective administration and services to seniors, their families and the taxpayer, while addressing their needs

within available resources. The LGOA monitors needs, expectations and results in order to continuously improve its administration, service delivery statewide, and obtaining results meaningful to its customers and stakeholders who are the same individuals and groups.

III.4 Measurement, Analysis, and Knowledge Management

III.4.1 How do you decide which operations, processes, and systems to measure for tracking financial and operational performance, including progress relative to strategic objectives and action plans?

The Strategic Plan process determines measures of key performance and aligns them with desired outcomes. Outcome measurements, processes, and systems support the LGOA's mission, strategic goals, and objectives. Strategic objectives and action plans are updated on an ongoing basis.

III.4.2 How do you use data/information analysis to provide effective support for decision making throughout your organization?

Data collection and analysis is the first step in strategic planning. Individuals responsible for decision-making are provided with support to assist them. Information gathered in analyzing performance is useful in spotlighting strengths and weaknesses and is used to update the plan. The LGOA divisions use reports to spot trends, project future needs, and address federal requirements. Customer satisfaction surveys are carefully evaluated and used in the consideration of improvements or new services.

The LGOA, in conjunction with the Office of Research and Statistics, has enhanced research-based decision making through the POMP grants and the award of The Duke Endowment grants for the preparation of an interactive web-based seniors' cube (data warehouse) to allow research and analysis of senior issues and programs.

III.4.3 What are your key measures, how do you review them, and how do you keep them current with business needs and direction? List measures only. Include key performance results in Category 7.

- Aging environment in South Carolina - key demographics
- Characteristics of Aging Clients Based on Assessment for Services
- Funding and Clients Served
- Family Caregiver Support Program and Alzheimer's Resource Coordination Program
- Information and Referral Services
- Ombudsman Program
- Medicare Part D
- Federal and State Funding and Comparative Statistics

III.4.4 How do you select and use key comparative data and information to support operational and strategic decision making and innovation?

Comparative data is used to assess the effectiveness of aging programs and services as mandated by the OAA. The LGOA also uses comparative data to monitor and address national and regional trends, and to consider improvements in service delivery.

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

III.4.5 How do you ensure data integrity, timeliness, accuracy, security, and availability for decision-making?

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

The LGOA provides information via its web site: online documents are easily searchable, and can to be downloaded as needed; data is available to everyone quickly, and can be accessed at any time from a browser; and an IT professional is always available during business hours to address problems immediately and take proactive measures to keep machines running properly and safely. The LGOA works with software contractors, internal staff and service providers to improve timeliness and accuracy of data for our information systems.

III.4.6 How do you translate organizational performance review findings into priorities for continuous improvement?

Performance review findings are translated into priorities for continuous improvement through a number of activities: updating of the strategic plan, incorporating the revised goals and objectives into the various organizational action plans, and incorporating them into staff EPMS process. Findings are also reviewed with key advisory bodies and advocacy partners for inclusion into the budget process. Obtaining needed resources is critical to attainment of long term goals and objectives. With the growth of the senior population, key initiatives must be updated as the environment requires in order that continuous improvement can occur.

III.4.7 How do you collect, transfer and maintain organizational and employee knowledge? How do you identify and share best practices?

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

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

The LGOA identifies best practices through ongoing research, collaboration with its customers, stakeholders, and partners, as well as through attendance at state, regional, and national conferences. Results of findings are shared with staff and the above parties.

III.5 Workforce Focus**III.5.1 How do you organize and manage work: to enable employees to develop and utilize their full potential, aligned with the organization's objectives, strategies and action plans; and to promote cooperation, initiative, empowerment, innovation, and your desired organizational culture?**

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

III.5.2 How do you evaluate and improve your organization's human resource related processes?

Human Resources constantly monitors its human resources related processes through meetings with supervisors and individual staff. Trends are monitored and processes are modified as necessary to make necessary improvements.

III.5.3 How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management and leadership development, new employee orientation and safety training? How do you evaluate the effectiveness of this education and training? How do you encourage on the job use of the new knowledge and skills?

Individual training needs are addressed through the EPMS process, formal training opportunities, and attendance at conferences and seminars specifically related to job duties. Staff receive certification training for specific positions such as the LTC ombudsmen and I/R&A specialists.

III.5.4 How does your employee training contribute to the achievement of your action plans?

The LGOA utilizes trainings offered by the State Office of Human Resources, professional trainers, as well as internal training opportunities to enhance individual staff skills and knowledge.

III.5.5 How does your employee performance management system, including feedback to and from employees, support high performance and contribute to the achievement of your action plans?

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

III.5.6 How do you motivate your employees to develop and utilize their full potential?

The LGOA maintains current and up to date EPMS documents on each employee which reflect the mission of the agency. Each employee understands the importance of their position as it relates accomplishing that mission. Effective supervisory practices allow the employee to excel in areas that they find interesting. Employees are financially rewarded for additional knowledge, skills, abilities, initiative, and accomplishment.

III.5.7 What formal and/or informal assessment methods and measures do you use to determine employee well-being, satisfaction, and motivation? How do you use other measures such as employee retention and grievances? How do you determine priorities for improvement?

A variety of formal and informal methods are used in individual divisions to determine employee well-being, satisfaction, and motivation. The agency uses tools such as flex time; telecommuting (where advantageous to both the agency and the employee); training; competitive compensation through performance recognition; full staff meetings; division meetings; one-on-one meetings, as well as active participation through the Human Resources Office. Senior leadership determines priorities for improvement based upon a constant feedback process.

III.5.8 How do you maintain a safe, secure, and healthy work environment? (Include your workplace preparedness for emergencies and disasters)

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

III.6 Process Management

III.6.1 What are your key processes that produce, create, or add value for your customers and your organization? How do you ensure that these processes are used?

- Administering the mandated responsibilities of the Older Americans Act
- Promoting easier access to services and allowing choices for seniors and their families
- Providing programs, education and information to help seniors prevent or delay the onset of chronic conditions that increase the risk of loss of independence and quality of life

- Developing on-going public information/advocacy efforts to allow seniors and their families to make informed decisions and choices about the services they need
- Providing on-going training and education activities to professional staff and seniors Providing services that increase social opportunities for seniors; aid in preventing institutionalization; support caregivers and ensure help for seniors in emergencies
- Administering the LTC Ombudsmen program as mandated under the OAA
- Developing programs for the prevention of elder abuse, neglect and exploitation
- Providing Elder Rights and Legal Assistance Programs for the elderly
- Planning, allocating, advocating for all federal and state resources by July 1, 2005
- Establishing and maintaining full administrative functions and activities to support the LGOA
- Enhancing research and data collection efforts on the status of seniors and the effectiveness of services through grant requests and use of available federal and state resources
- Meeting federal and state reporting requirements on a timely basis
- These processes are reviewed on a regular basis through regular Executive Staff review and on-going monitoring of the Strategic Plan for achievement of key goals and objectives. A chart of achievements is kept on an on-going basis in order that senior leadership and key advisory bodies are aware of the current status of initiatives and achievements.

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

The LGOA uses its information technology effectively to document client counts; provide current demographic data; analyze functional limitations; document unmet needs for services; advocate for services, and ensure allocation of services to those most in need. It also uses information technology to reduce cycle time, or inefficiencies, through implementation of an internet-based registration system for the Summer School of Gerontology, use of "Go to Meeting" software to provide training and hold meetings via the internet, and use of cellular based technology to accomplish work statewide.

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

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

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

III.6.4 How do you systematically evaluate and improve your key product and service related processes?

The Lieutenant Governor's Office and the LGOA systematically evaluate and improve key products and service-related processes through a strategic planning process, and through the continuous feedback received from the organization's many customers and stakeholders that they interact with. New processes and initiatives are developed based upon the continuous review process and from the feedback noted. The key goal is to continually work for organizational improvement in terms of efficiency/effectiveness and product and service improvement.

III.6.5 What are your key support processes, and how do you improve and update these processes to achieve better performance?

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

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

III.6.6 How does your organization determine the resources needed to meet current and projected budget and financial obligation?

The Lieutenant Governor's Office and the Lieutenant Governor's Office on Aging management review available resources in relation to current and future needs and develops the projected budget based upon information from trends, public hearings and input from various advocacy and provider organizations. The LGOA carefully listens to input from its customers and stakeholders, and develops its budget according to sound business and financial management practices.

III.7 Results

III.7.1 What are your performance levels and trends for the key measures of mission accomplishment and organizational effectiveness?

South Carolina faces an environment where its population is aging and resources are limited. Our environment is one with both opportunities and challenges, and it offers the opportunity for a quality life for our state's seniors if we plan well, administer our resources well, make wise decisions, and encourage seniors to take personal responsibility for their own health and well-being. This section will portray the demographics of aging and show the fiscal constraints in the state. Second, we show the demographics of the seniors that are served through the partnership with our Area Agencies on Aging and local service contractors. We then document success indicators that show our accomplishments and effectiveness as an organization in relation to our mission. Finally, we show additional trends that impact success in accomplishing our goals and objectives.

A. Aging Environment in South Carolina

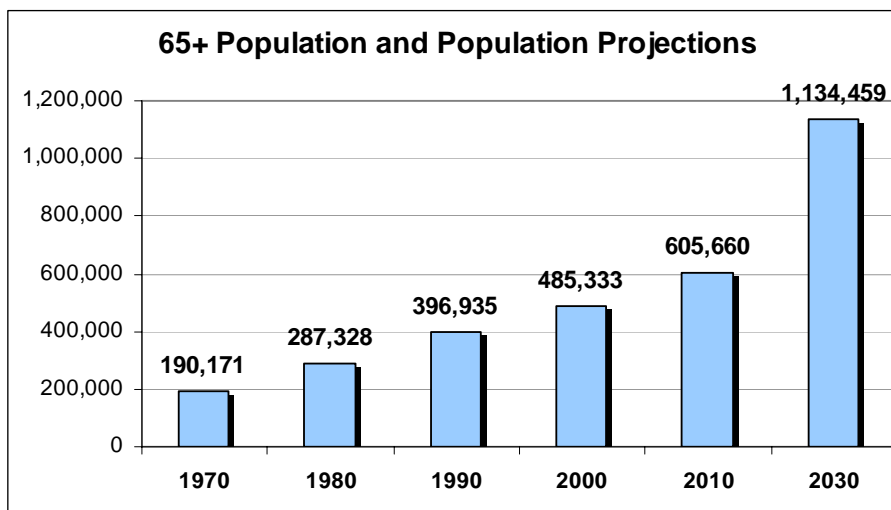


Figure III.7.1-1

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

The information below represents first time drivers licenses issued to persons in SC age 50 and older. The increase from calendar year 2002 to 2006 is 107.4.7%.

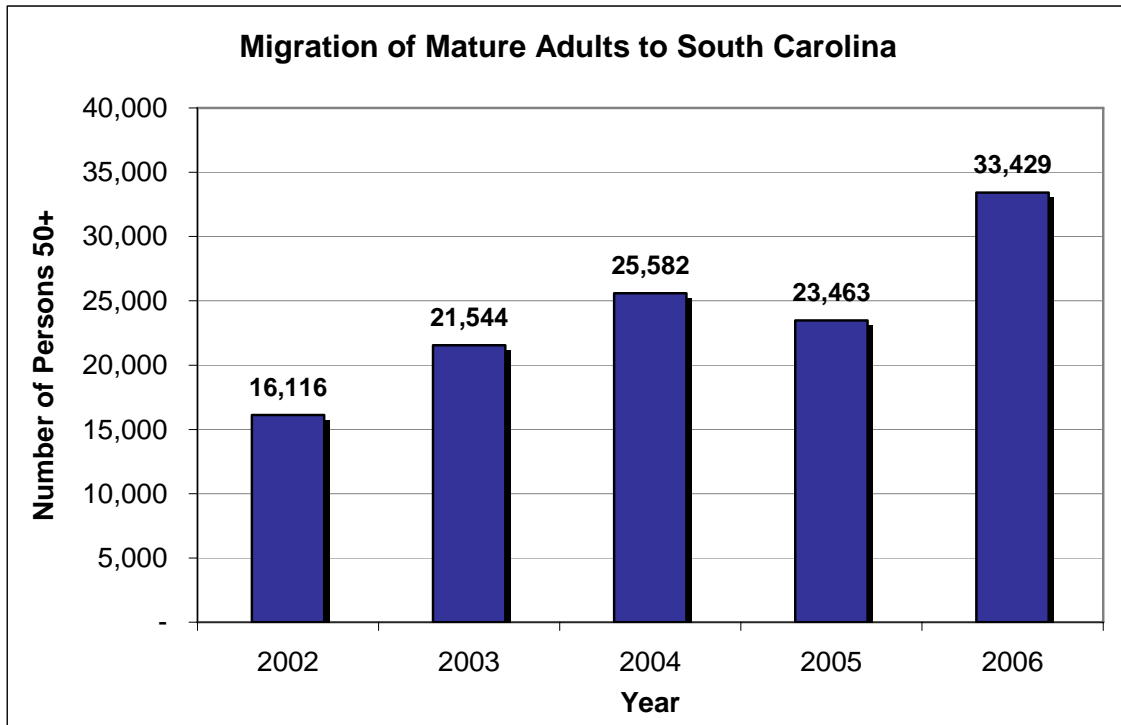


Figure III.7.1-2

Source: SC Department of Motor Vehicles.

Based upon first time driver's licenses issued to persons age 50 and over, and a significant jump in persons from 2002 - 2006, an estimated 411,596 persons could move to SC by 2012.

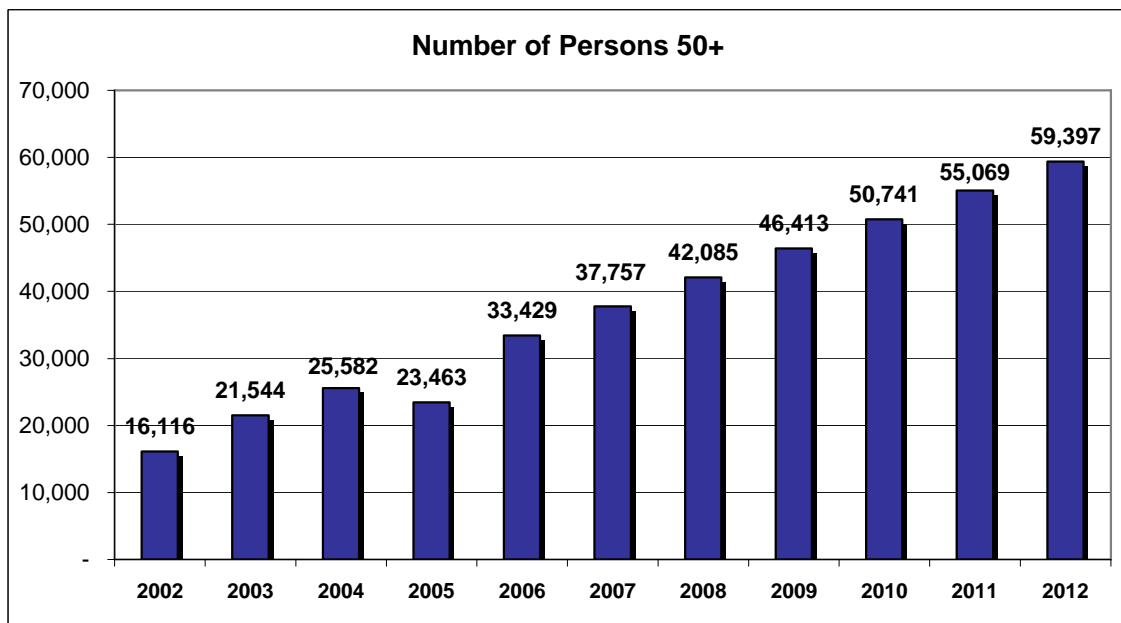


Figure III.7.1-3

Source: SC Department of Motor Vehicles. Estimate provided by the LGOA

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

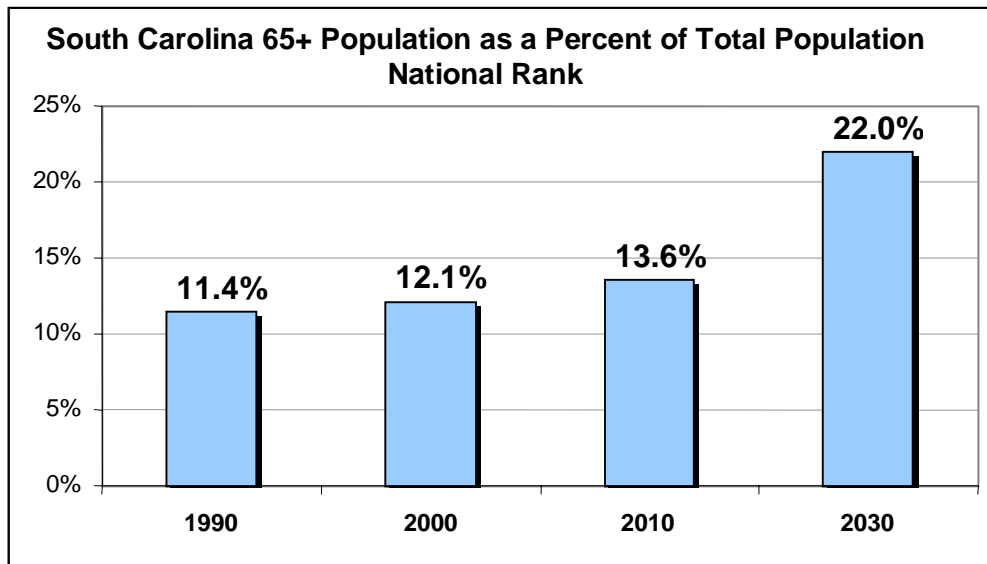


Figure III.7.1-4

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

In the year 2005, there were almost 50,000 persons in South Carolina 65 and older with Alzheimer's disease. By 2030, it is estimated that there will be 90,000 persons.

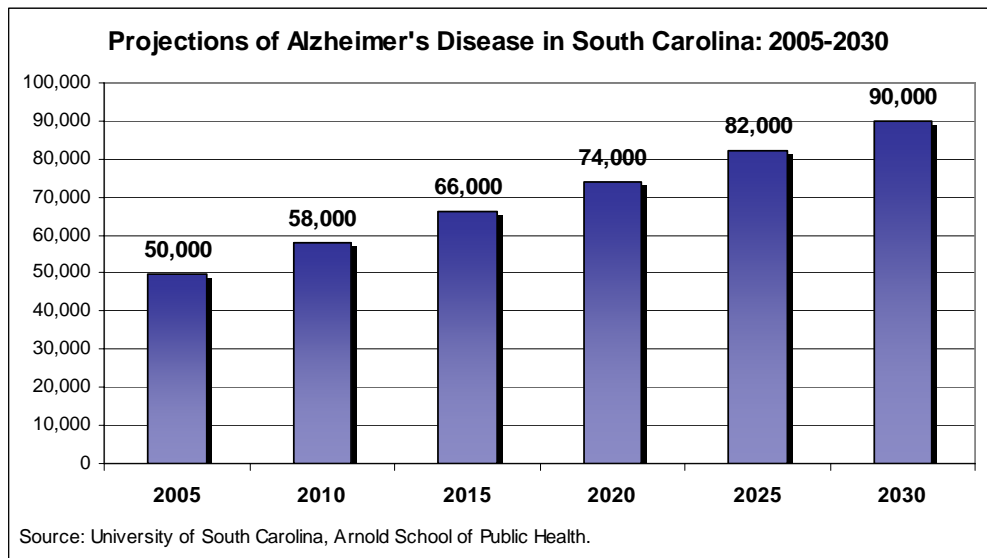


Figure III.7.1-5

Characteristics of Aging Clients Based on Assessment for Services

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

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

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

Below Poverty means below 100% poverty.

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

Mentally Disabled means Alzheimer's or Related Dementia, Behavioral or Mental Health Problems

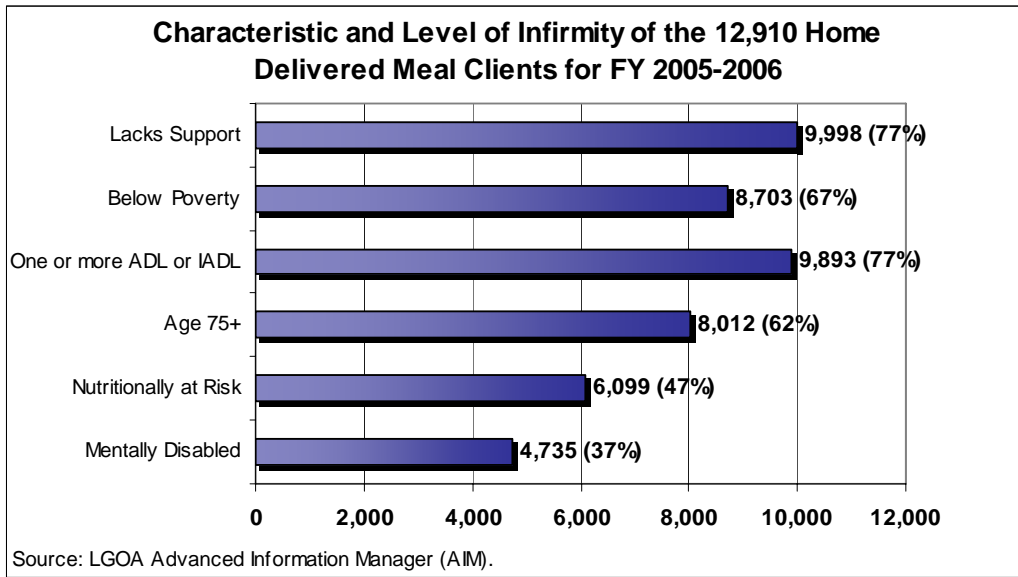


Figure III.7.1-6

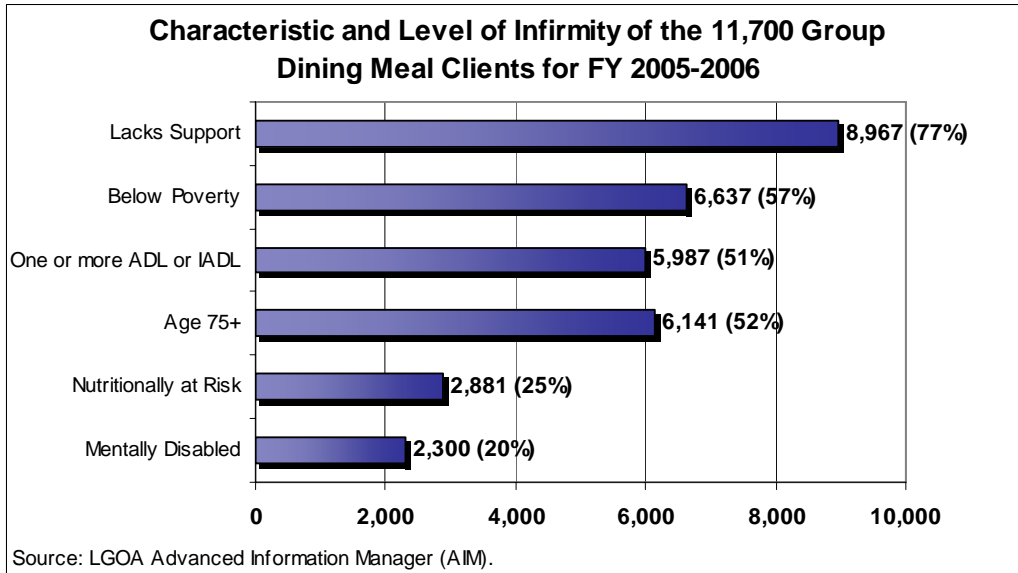


Figure III. 7.1-7

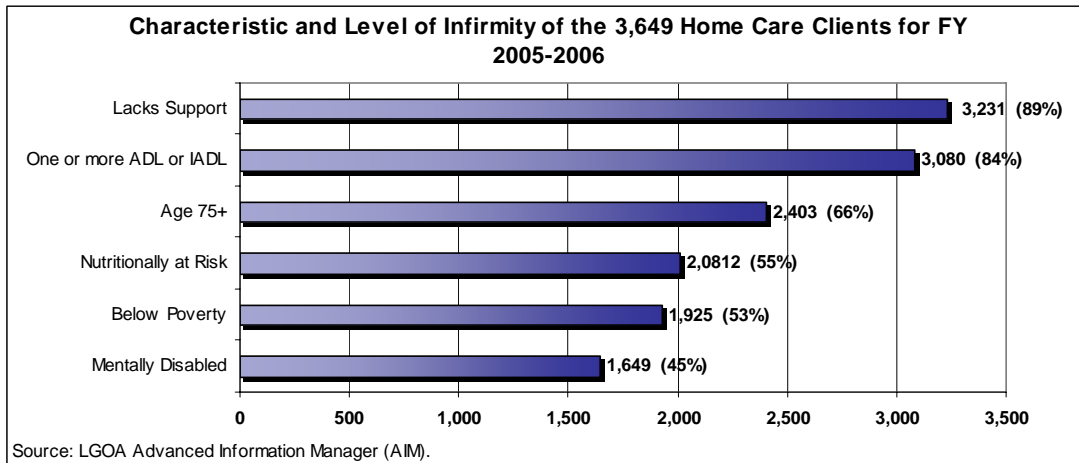


Figure III.7.1-8

The Lieutenant Governor's Office and the LGOA have provided the latest information available in its results section of this year's State Accountability Report. The National Aging Program Information System (NAPIS), the Caregiver Reporting System, and the National Ombudsman Reporting Systems are compiled based upon federal reporting requirements. Because of this, 2006 data is the latest available. 2007 data is due January 2008, and is therefore not available for this report. 2007 data is provided wherever possible for results indicators. The following two charts, Total Funding and Title III Funding show the major services funded under the Older Americans Act, state and all other sources of funding. 92% of all funds are utilized in four services: home delivered meals, group dining meals, transportation and home care. All other services comprise 8% of available funding.

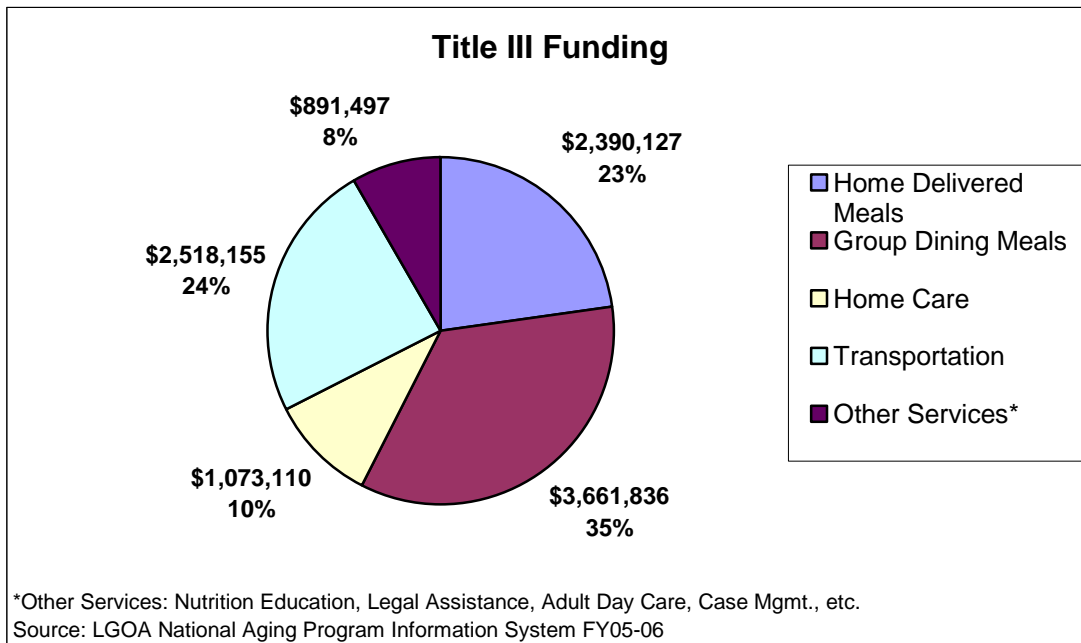


Figure III.7.1-9

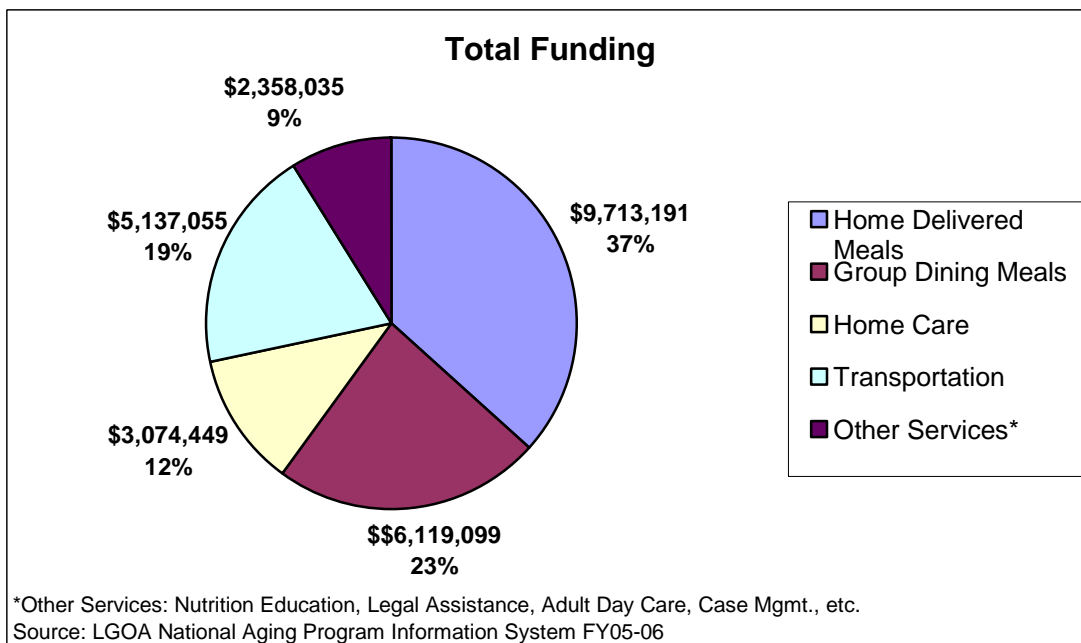


Figure III.7.1-10

The following charts on Older Americans Act services provide a picture of utilization of the core services funded over a period of ten years. Three charts show the number of clients served, units provided and the change in unit cost over this time period.

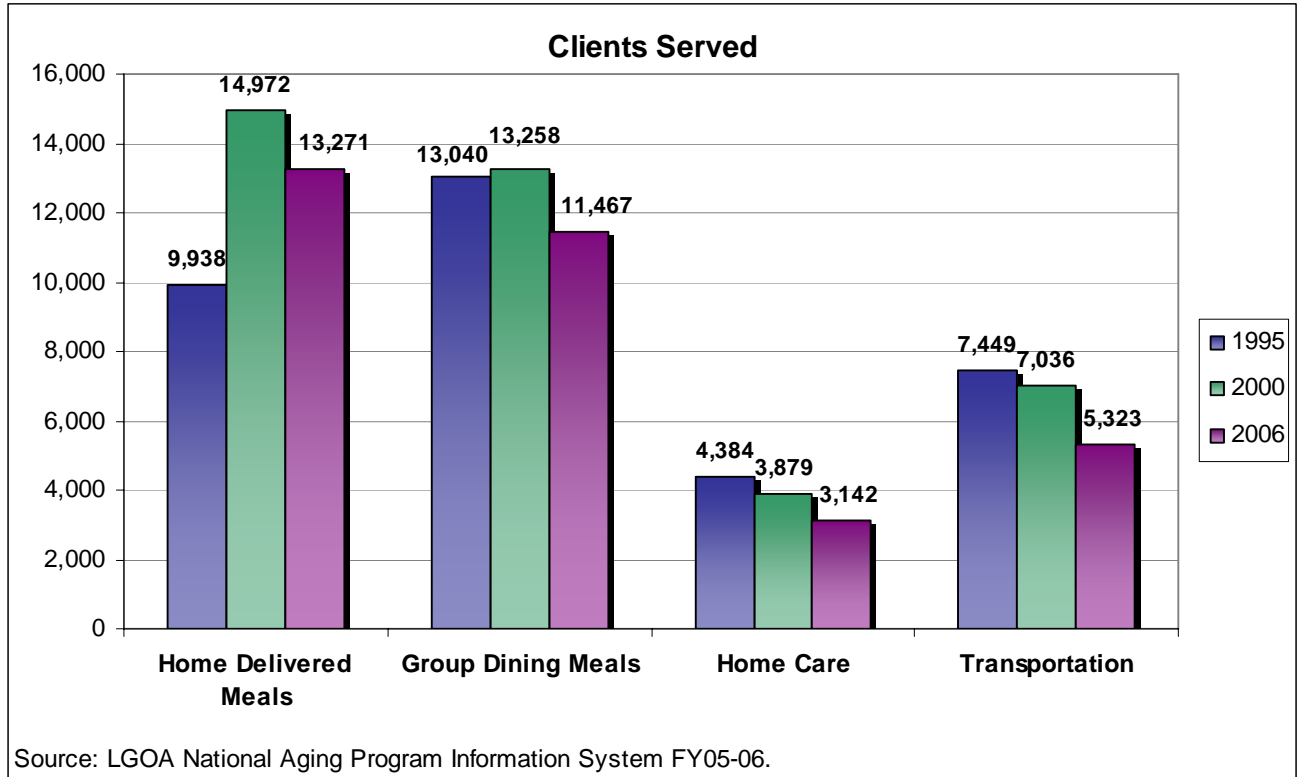


Figure III.7.1-11

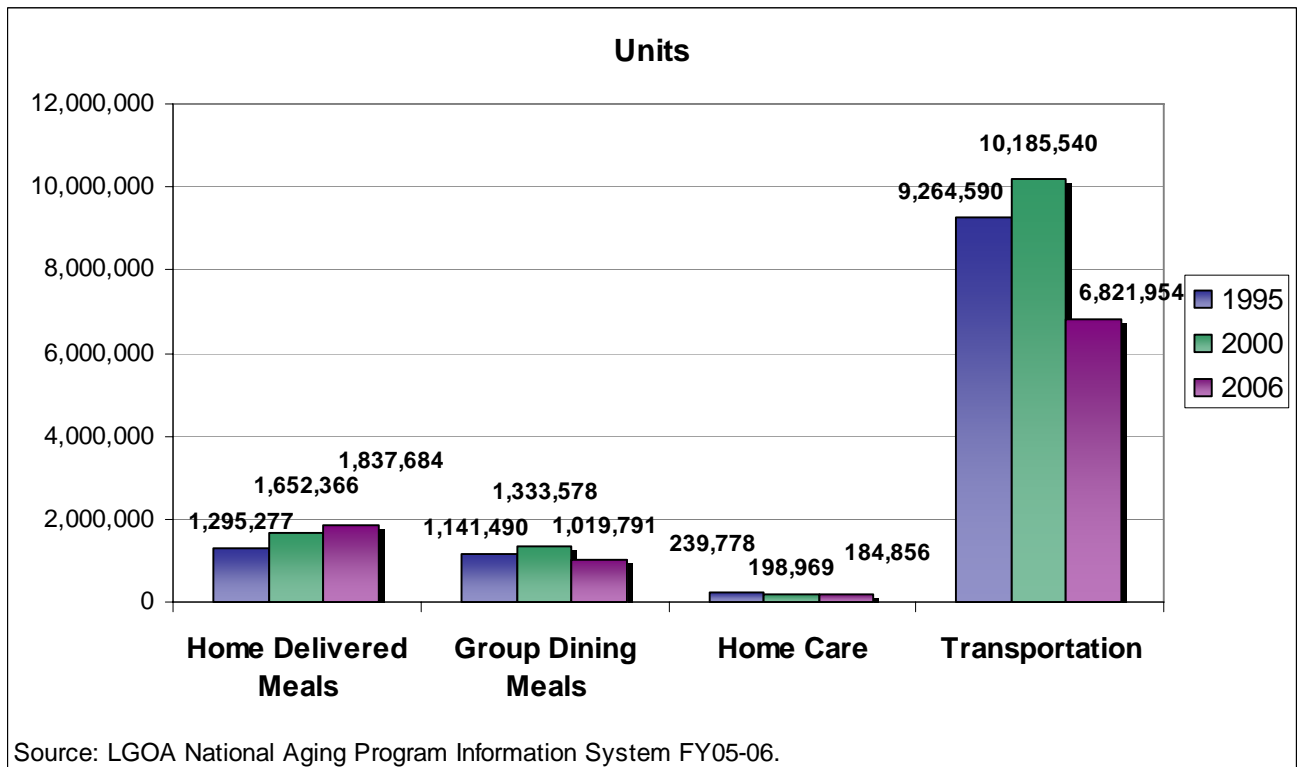


Figure III.7.1-12

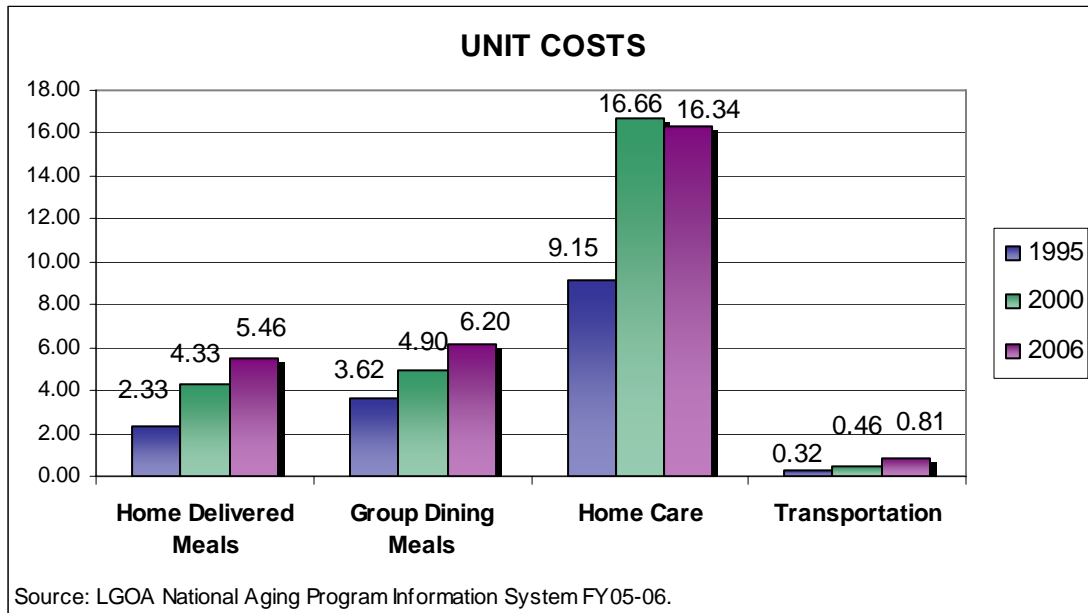


Figure III.7.1-13

Supplemental State Funds for Home and Community-Based Services. The Legislature provided \$2.9 million in non-recurring (one year only) funds to the LGOA for home and community based services to South Carolina seniors for FY 2006-2007. As of June, 2007 4,839 seniors began receiving services statewide. More seniors than anticipated have been assisted due to the types of services provided. A total of \$1,314,823 was spent in the first six months of implementation. An additional 4,000 seniors have been identified and put on the waiting list. The LGOA has surveyed a significant number of its recipients to see what the impact has been. Some of the findings include:

- 1,097 persons surveyed, 336 responded
- 96.5% thought the quality of the service was very satisfactory or satisfactory
- 98.7% thought the service met their needs
- 90.8% thought the service helped them stay at home
- 58.7% were willing or able to pay for part of their service

The LGOA has also reviewed its *AIM* reporting system for a profile of South Carolina's seniors currently being served by home and community-based services funded by Supplemental State Funds. Of the 4,839 seniors receiving the new home and community based services we see the following:

- 47% are nutritionally at risk
- 86% lack support (needs help or someone to check on them during evacuation or disaster, needs caregiver assistance and lives alone)
- 54% have incomes less than the federal poverty level
- 47% live alone
- 55% live in rural areas
- 55% are 75 and older
- 36% are 80 and older

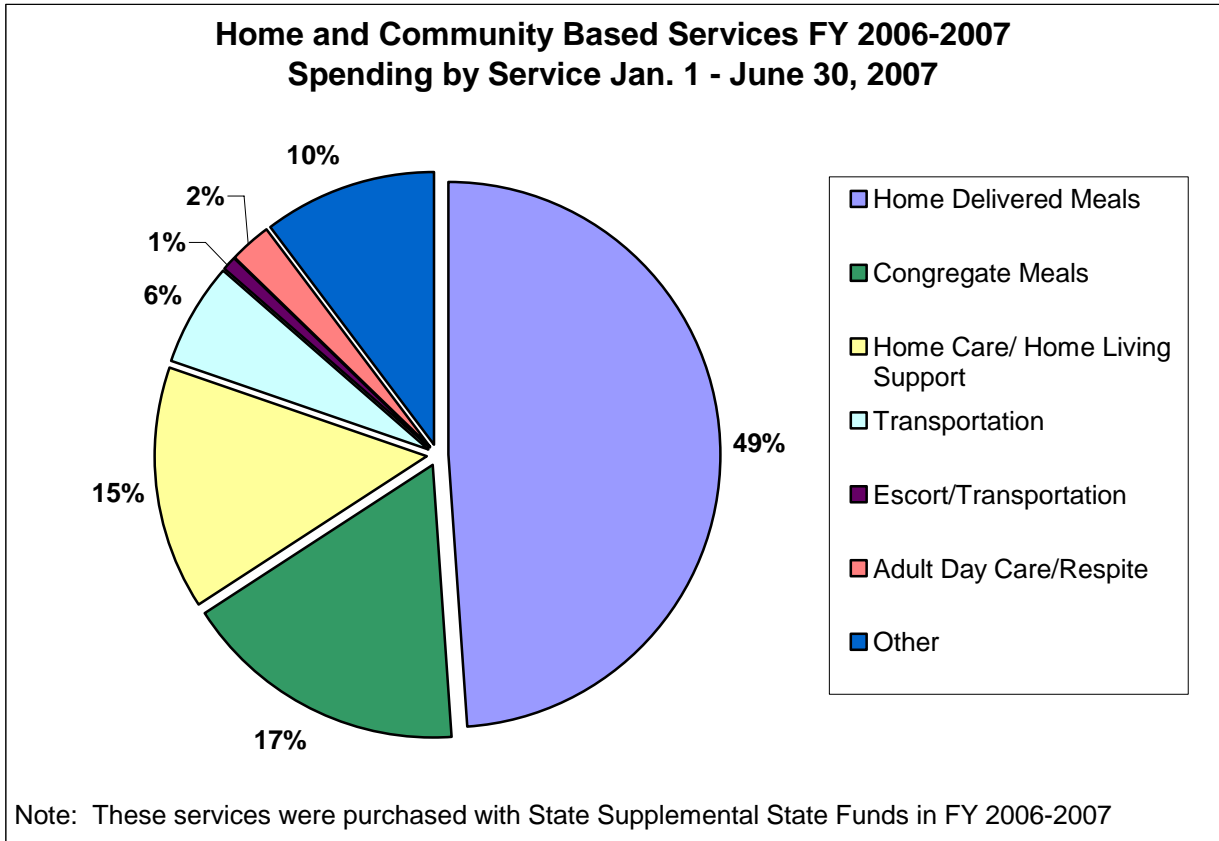


Figure 7.1-14

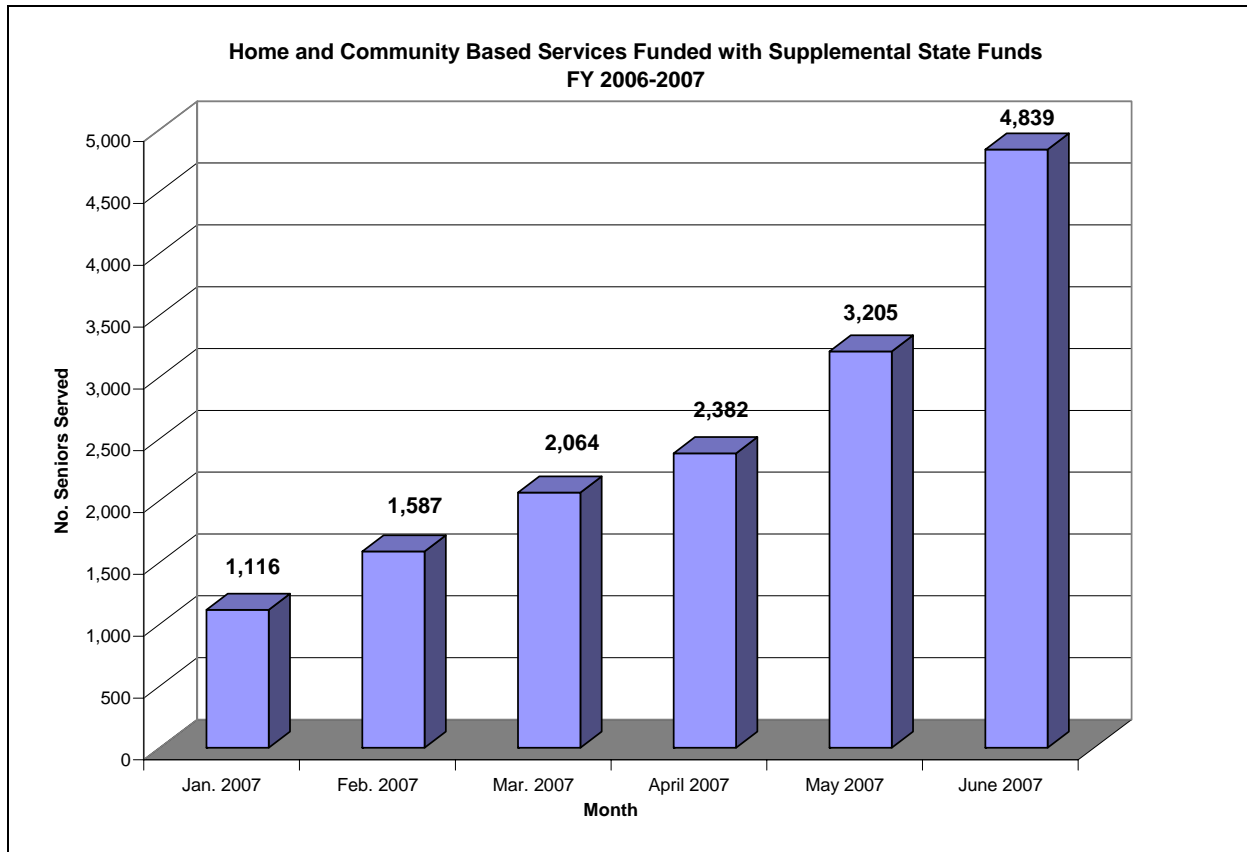


Figure 7.1-15

B. Success Indicators

Caregiver Support Services. In South Carolina, 45% of adults over the age of 65 have a disability, but 80% of these adults are able to remain in their homes and communities due to the care and support of family members. One in five adults is a family caregiver. The FCSP supports family caregivers with information about existing programs and services, caregiver counseling and training, support groups, respite from caregiving, and other supplemental services. These services allow caregivers to continue the hard work of caregiving, delaying or avoiding costly institutionalization.

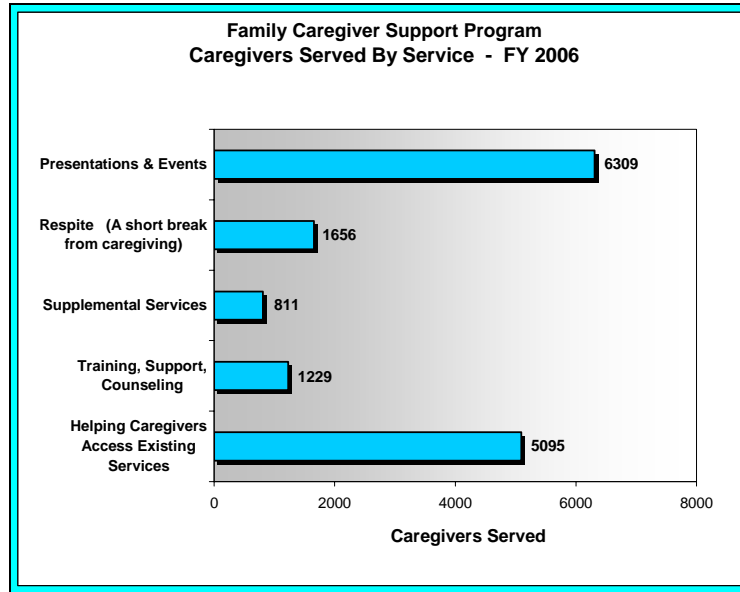


Figure III.7.1-16

Source: LGOA Caregiver Data System

The FCSP accommodates peoples' needs and preferences by offering choice and control over the services they use. Caregivers choose from a menu of services, and may use a small grant (federal, state, and local funds) to purchase respite and/or supplemental services from formal or informal providers; family members may be paid to provide personal care and respite. Caregivers use their funds wisely: in 2006 the average caregiver purchased 90.4 hours of respite, at an average of \$9.08 per hour.

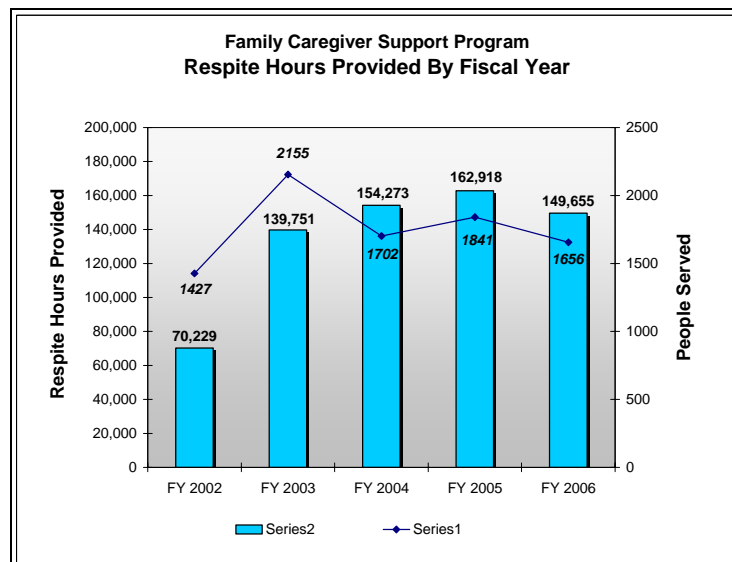


Figure II.7.1-17

Source: LGOA Caregiver Data System

In FY 06-07, 1,158 families were assisted through ARCC grants. Forty-five educational programs were conducted, and sixty-two support group sessions were supported through grant funds.

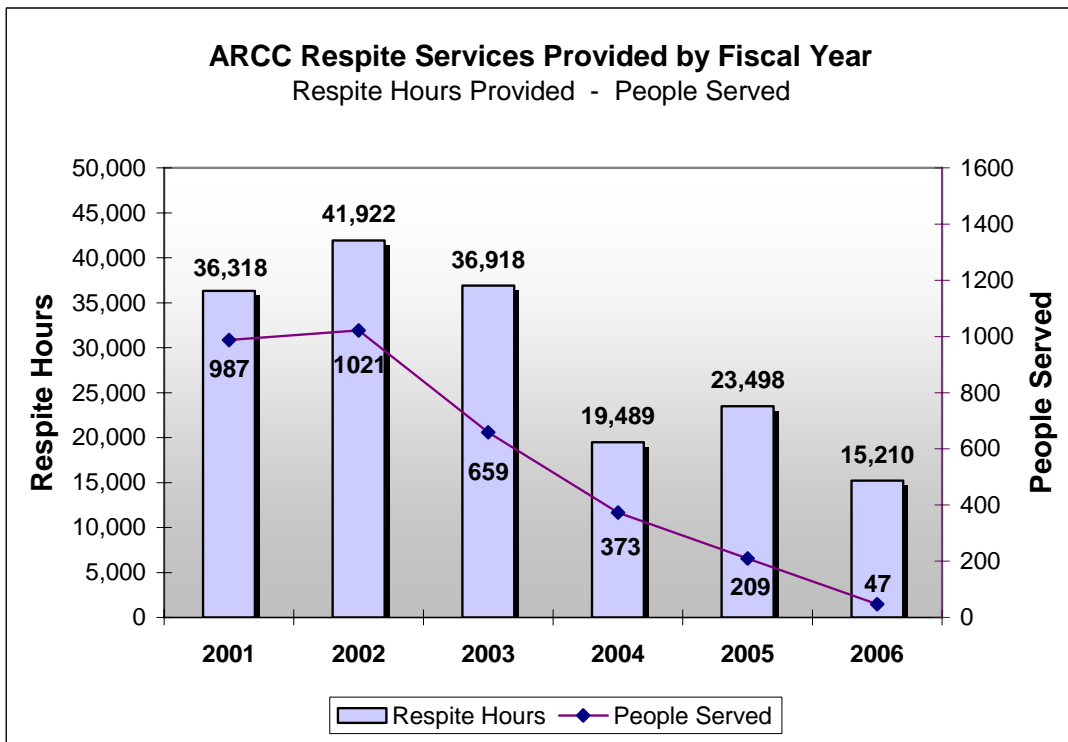


Figure III.7.1-18
 Source: LGOA Caregiver Data System

The ARCC provides seed grants to communities to develop or expand supportive services for families coping with Alzheimer’s disease or dementias. ARCC grant funds are equally matched with community resources. The number and type of grants awarded varies from year to year.

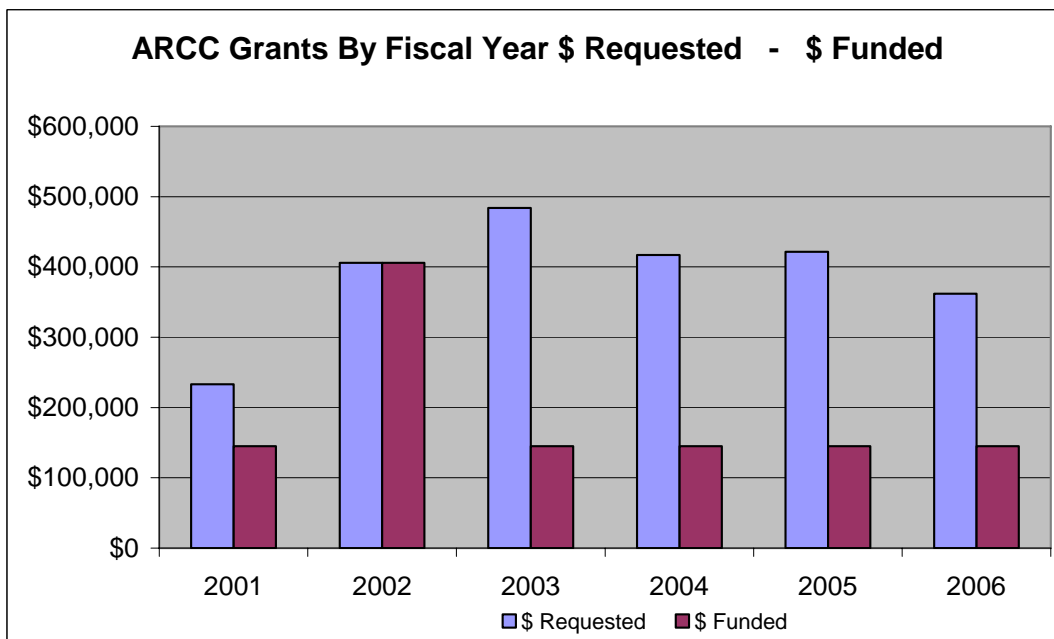


Figure III.7.1-19
 Source: LGOA Caregiver Data System Reports

Information and Referral Services

Information is available through the *SC Access* website, or by contacting an I/R&A Specialist who can provide assistance in linking callers to agencies or in understanding eligibility requirements for publicly supported services. The LGOA provides funding and training for regional I/R&A Specialists located within the AAAs. These specialists are certified through the Alliance for Information and Referral Systems' (AIRS) national certification process.

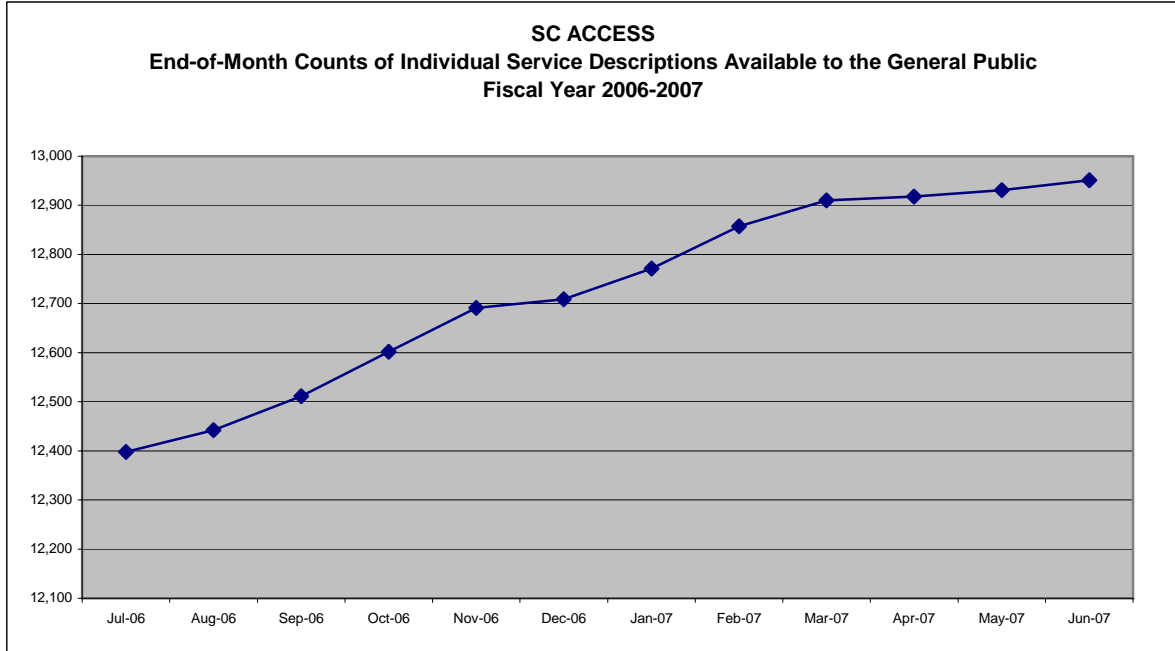


Figure III.7.1-20
 Source: AssistGuide (Vendor for Online E-Form Capabilities)

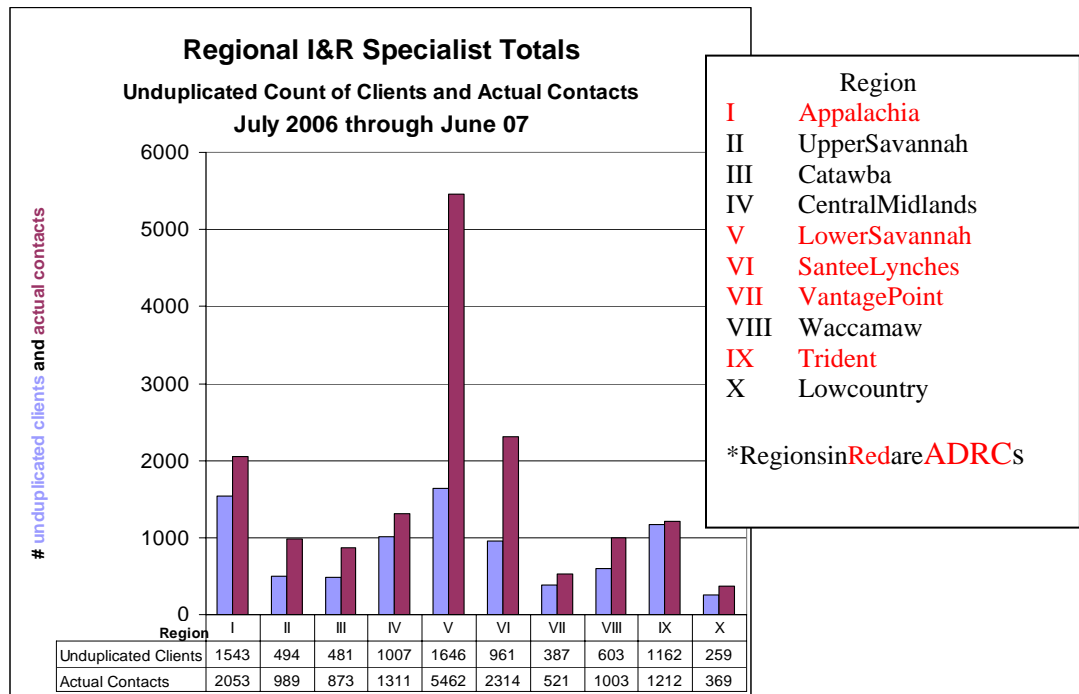


Figure III.7.1-21
 Source: VisionLink, Tapestry web reports

**SC Access Successful Page Views
July 2006 – June 2007**

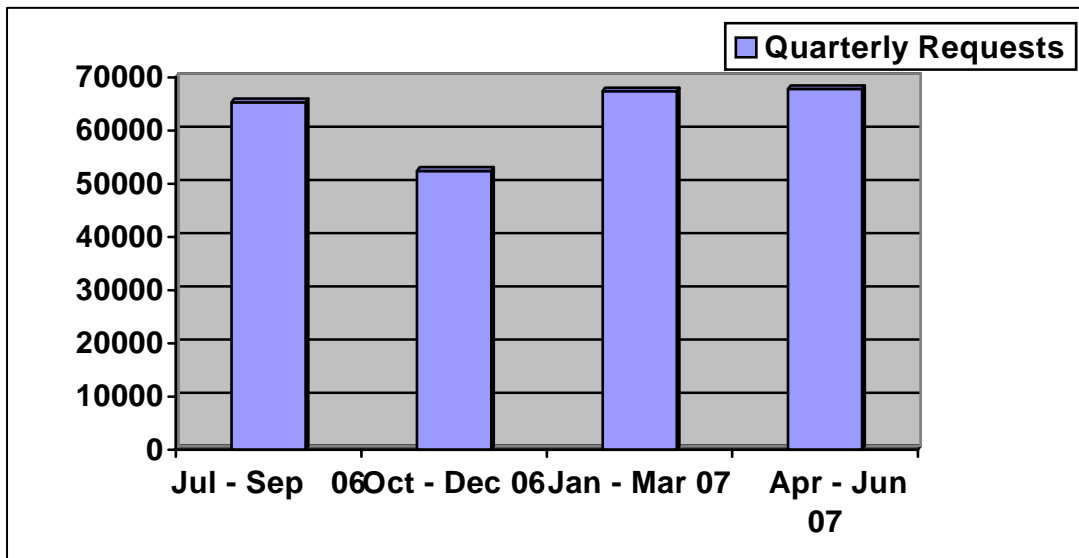


Figure III.7.1-22
Source: VisionLink, Tapestry web reports

SC Access Web Hits by Month

<p>July 2006 Requests: 32,092 Average per day: 1,035</p>	<p>January 2007 Requests: 24,595 Average per day: 793</p>
<p>August 2006 Requests: 14,563 Average per day: 471</p>	<p>February 2007 Requests: 19,909 Average per day: 711</p>
<p>September 2006 Requests: 18,728 Average per day: 624</p>	<p>March 2007 Requests: 22,893 Average per day: 739</p>
<p>October 2006 Requests: 19,049 Average per day: 615</p>	<p>April 2007 Requests: 21,137 Average per day: 682</p>
<p>November 2006 Requests: 18,391 Average per day: 613</p>	<p>May 2007 Requests: 26,406 Average per day: 852</p>
<p>December 2006 Requests: 14,963 Average per day: 482</p>	<p>June 2007 Requests: 20,274 Average per day: 676</p>

Figure: III.7-1.23
Source: VisionLink, Tapestry web reports

Ombudsman Program. The Long Term Care System is multi-faceted with complaints ranging from physical and verbal abuse to failure to follow a Care Plan for a resident. The Long Term Care Ombudsman is responsible for advocating for rights for LTC residents, and investigating abuse, neglect, and exploitation of these residents.

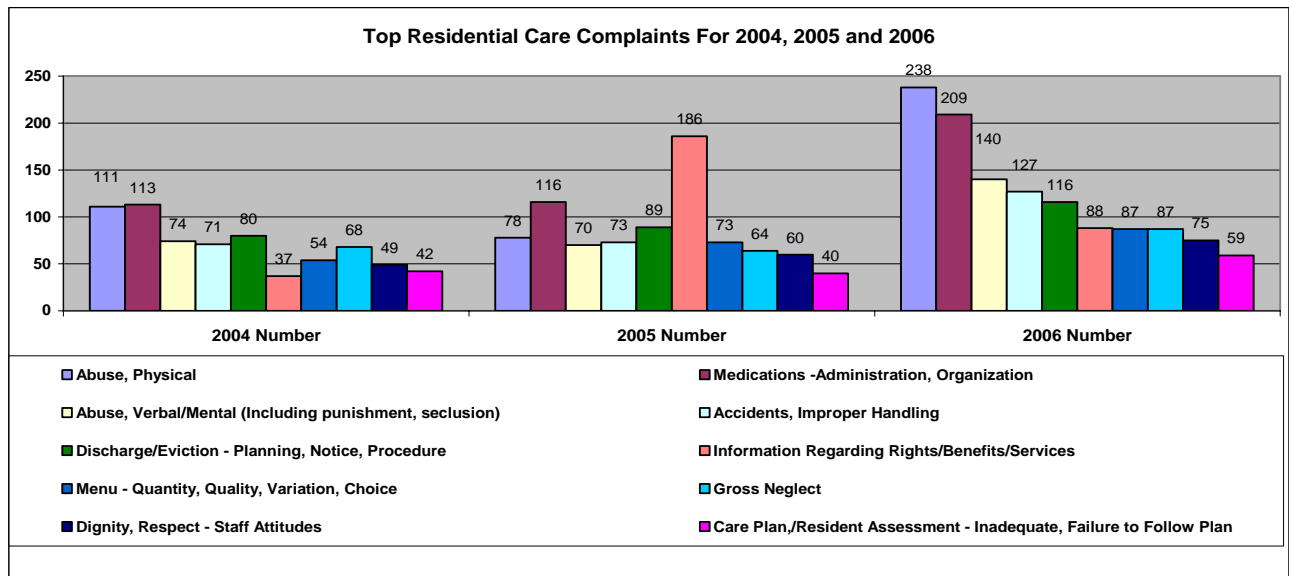


Figure III.7.1-24
 Source: National Ombudsman Reporting System (NORS)

Improper handling of accidents has been the number one complaint for the last three years.

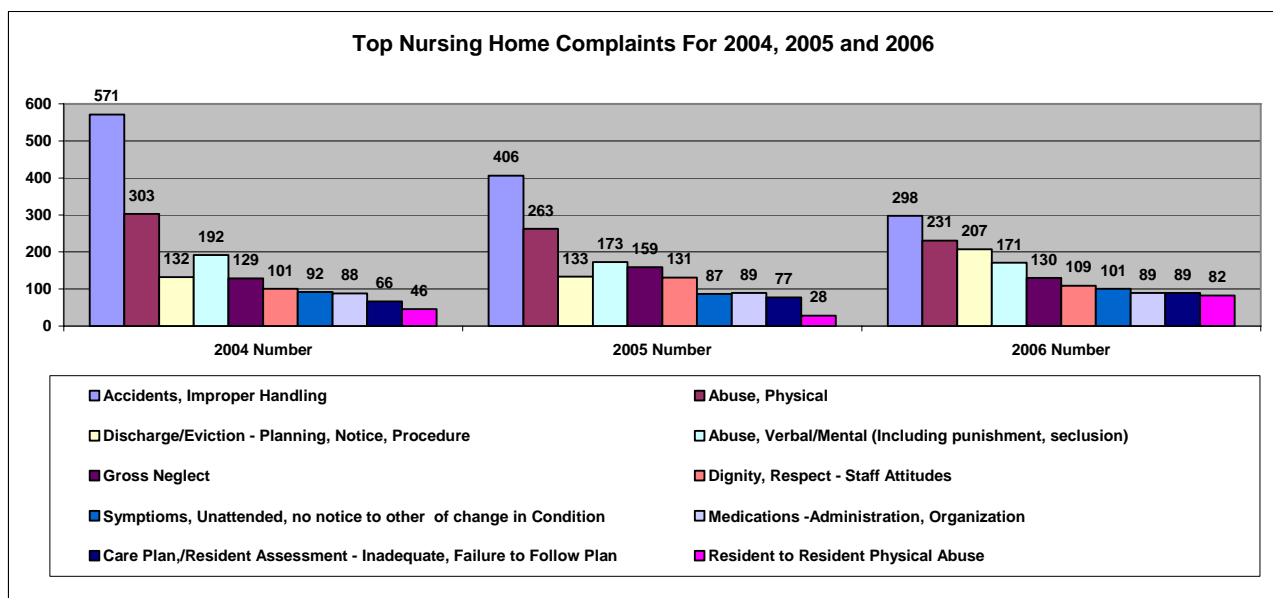


Figure III.7.1-25
 Source: National Ombudsman Reporting System (NORS)

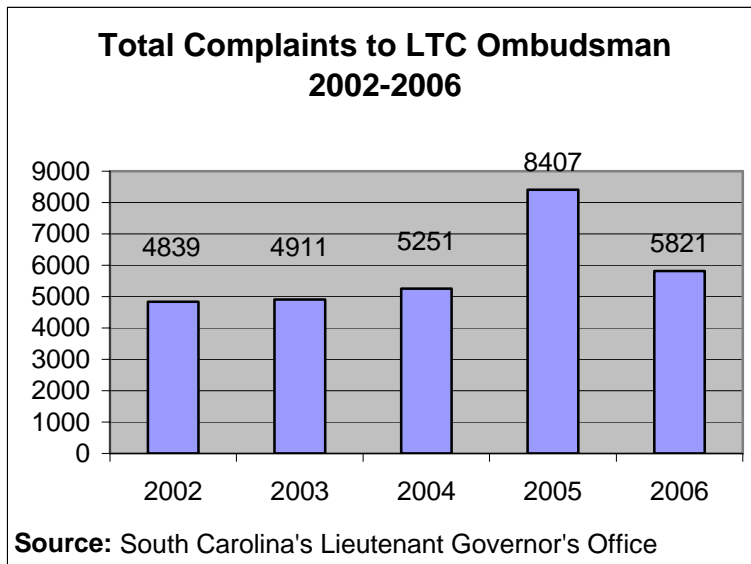


Figure III.7.1-26

Source: National Ombudsman Reporting System (NORS)

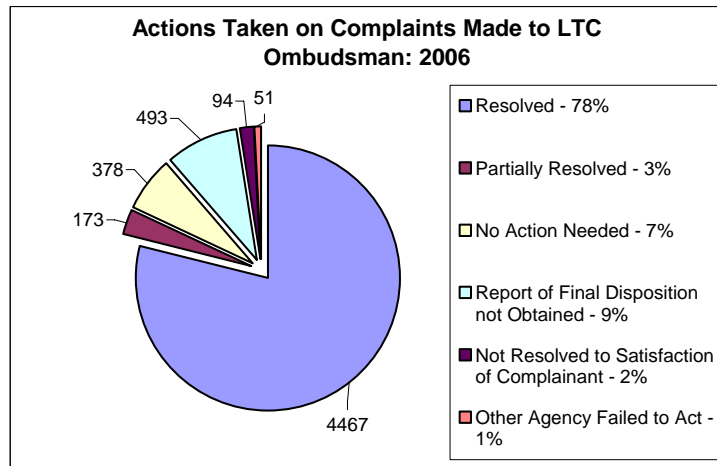


Figure III.7.1-27

Source: National Ombudsman Reporting System (NORS)

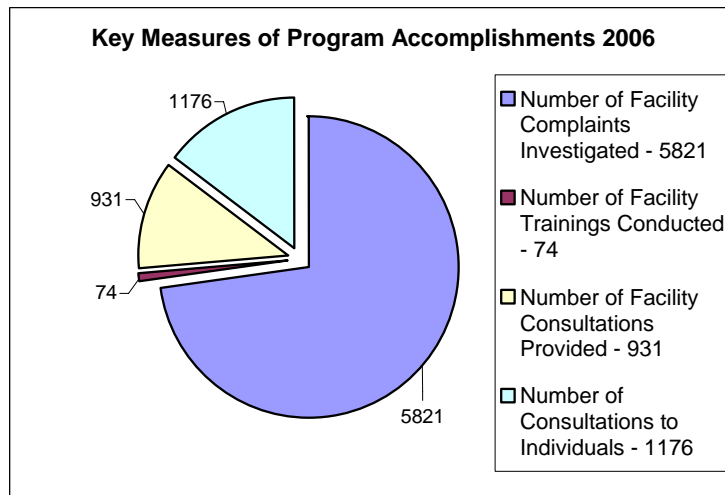


Figure III.7.1-28

Source: National Ombudsman Reporting System (NORS)

Medicare Part D. The LGOA maintains a close working relationship with the Social Security Administration (SSA) and the Centers for Medicare and Medicaid Services (CMS) to assist seniors and disabled persons with access to prescription drug coverage. Seventy-five percent (75%) of South Carolina's seniors were enrolled in Part D prior to the May 15th deadline.

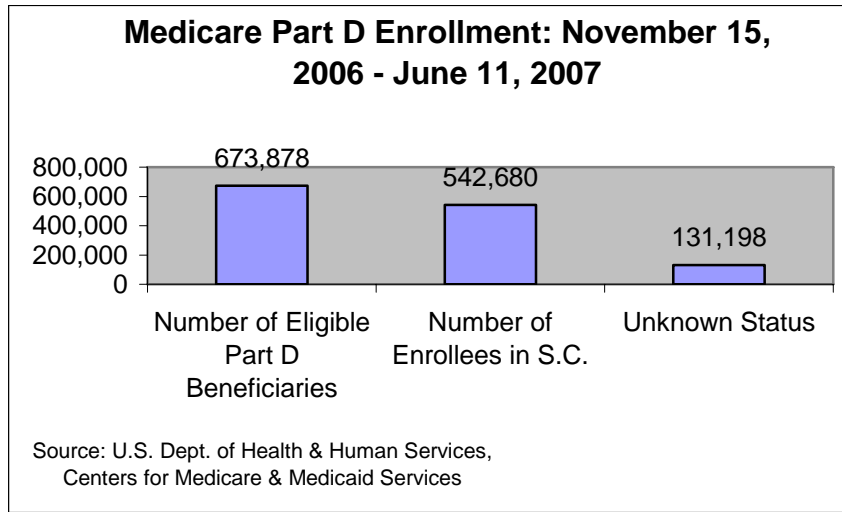


Figure III.7.1-29

C. Trends. Federal dollars have increased slightly but State dollars have remained flat until FY 06-07 when LGOA received an additional \$2.9 million for home and community-based services.

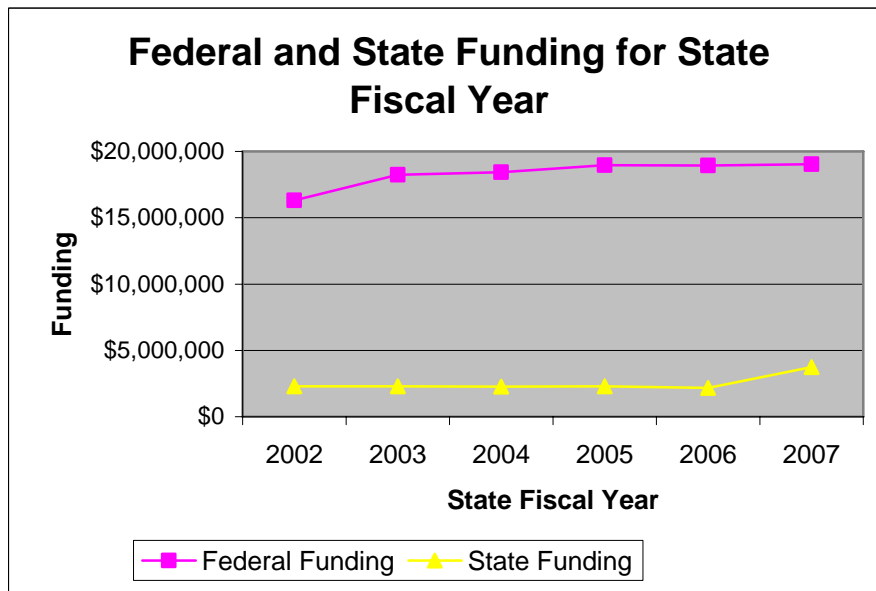


Figure III.7.1-30
Source: LGOA

The LGOA receives \$948,000 annually from Bingo Fees collected from participating operators. Funds received exceeding this balance are earmarked for home care services at the local level. As a result of changes in the law governing the distribution formula and bingo operators changing their classifications to charitable organizations, funds allocated to the LGOA have declined \$218,893, or 36%, since FY 00-01. Note: The SC Legislature changed the distribution formula effective July 1, 2007 to resolve this problem.

Bingo Revenue: Six-Year History

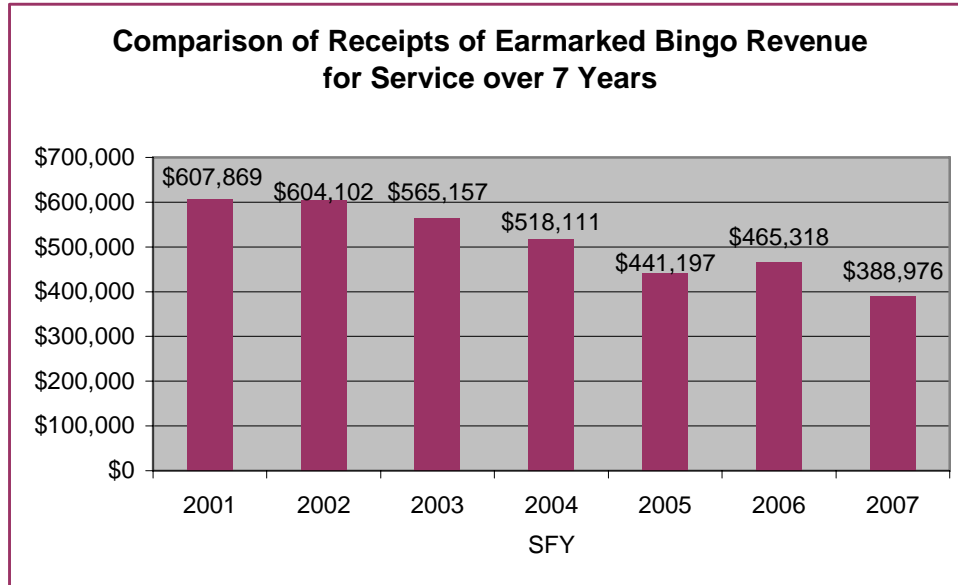


Figure III.7.1-31
Source: LGOA

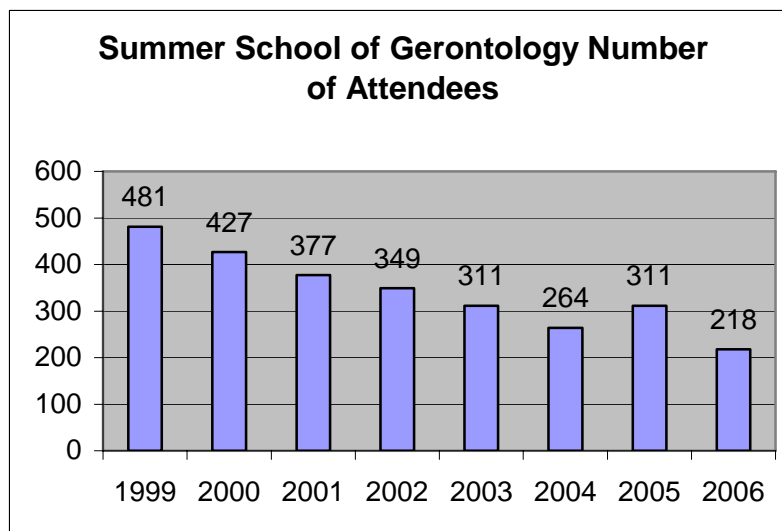


Figure III.7.1-32
Source: LGOA

The above statistics represent primary training and education activities for the state's network of AAAs, local service providers, and other public and private organizations. The Summer School of Gerontology has been held for 30 years for certification and enrichment of professionals in the State's senior services network, and professionals in state agencies, local organizations, etc.

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

As the population grows, the number of clients served has declined with the availability of limited state and federal resources; therefore, the percentage of persons served has declined. With the availability of Supplemental State Funds for FY 2006-2007, the LGOA anticipates that the percentage of eligible seniors will increase with this additional state funding and increased funding in the future.

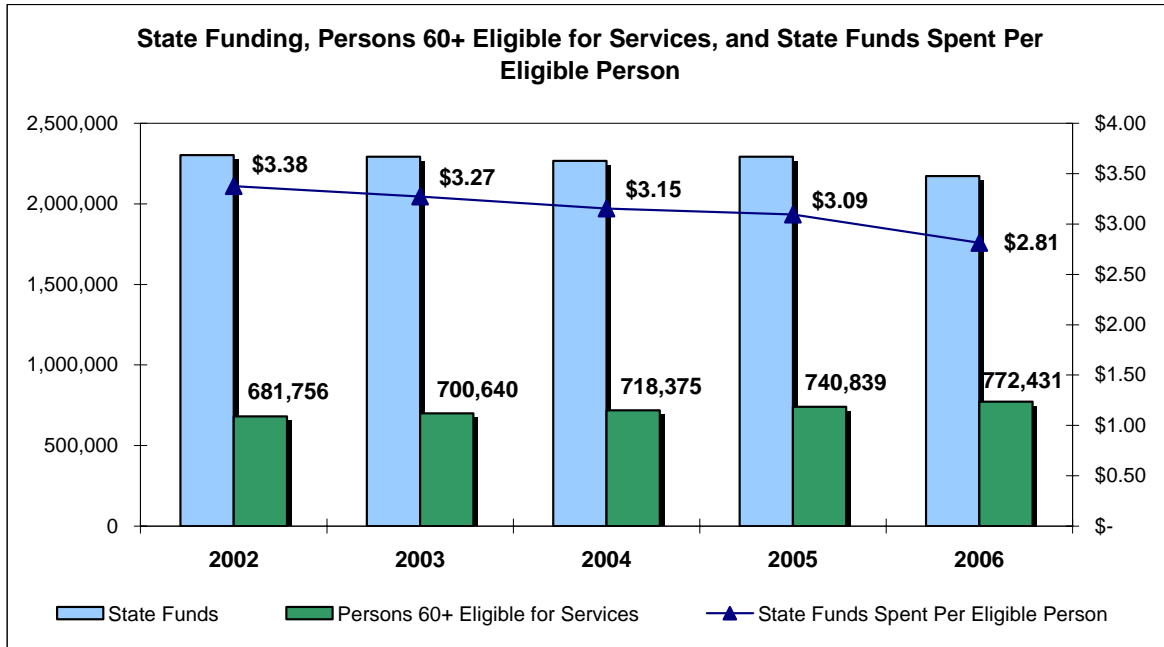


Figure III.7.1.33

As funding remains flat, with no adjustments for inflation, the amount spent per eligible person has declined from \$3.09 to \$2.81.

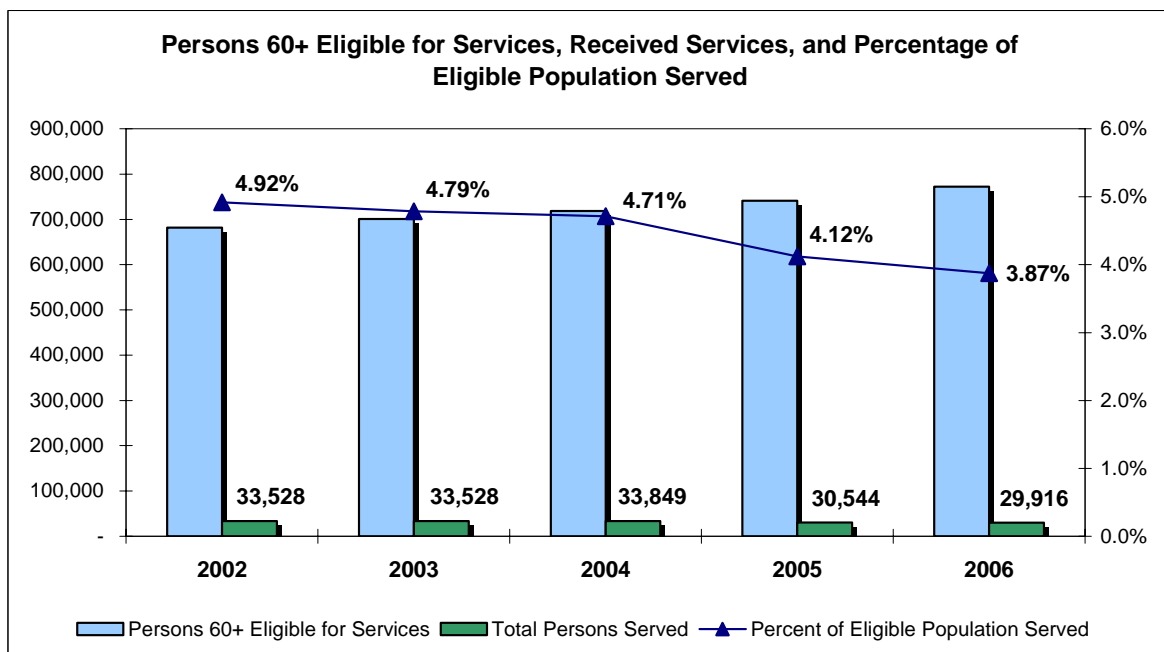


Figure III.7.1-34

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

III.7.2 What are your performance levels and trends for key measures of customer satisfaction?

The LGOA periodically conducts customer satisfaction surveys. The major effort during FY 05-07 has been administering the Advanced Performance Outcomes Measurement Program (POMP grants that have addressed the value and impact of home and community-based services on the well-being of seniors receiving them. Since the move to the Lieutenant Governor’s office, the LOGA has reorganized to meet the changing environment and needs of the state’s growing senior population. As a result of our evidence-based research and the effective partnership of the AARP, Adult Day Services Association, the SC Association of Area Agencies on Aging, the SC Association of Councils on Aging, Protection and Advocacy for People with Disabilities, the SC National Association of Social Workers, the SC Health Care Association, the Disability Action Council, and Disability Solutions, the state legislature appropriated \$2.9 million in supplemental funding for home and community-based services for FY 06-07.

As a result of this appropriation, the LGOA has implemented a plan to provide additional services to eligible seniors through its state-funded home and community-based services effort. (See pages 37 & 38) The LGOA surveyed 1,097 or the 4,839 seniors served in the first six months. The LGOA also surveyed participants in the Family Caregiver Support program the Information, Referral and Assistance efforts, as well as the Aging and Disability Resource Center initiatives. The LOGA has established satisfaction criteria for addressing complaints for the state Long Term Care Ombudsman program. The LGOA Continues to look for cost effective ways to address satisfaction and meet the needs of our state’s seniors.

- A. Customer Satisfaction with the Long Term Care Ombudsman program.** The program’s primary responsibility is for identifying, investigating, and resolving complaints that are made by or on behalf of, residents of long term care facilities.

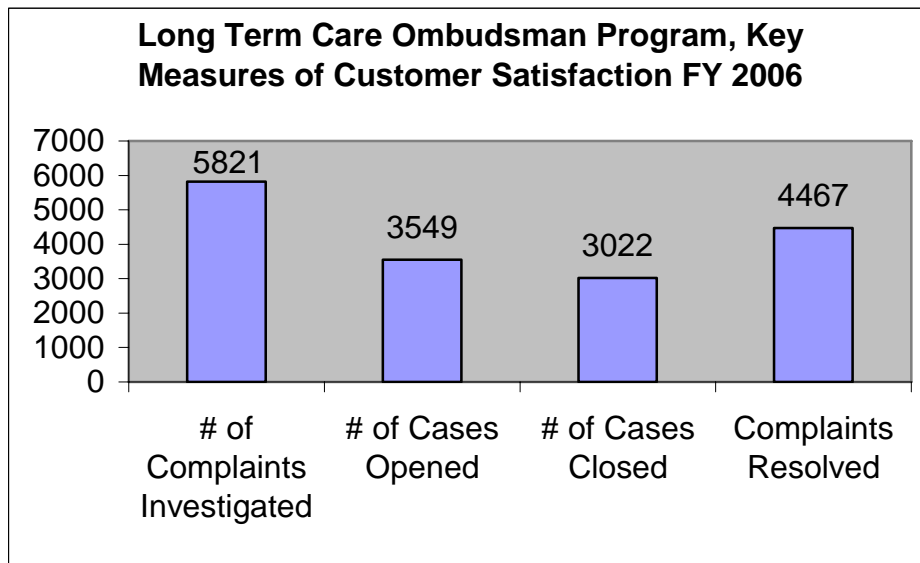


Figure III.7.2-1

Source: National Ombudsman Reporting System (NORS)

- B. Customer Satisfaction with Family Caregiver Support Program.** Findings concerning family caregiver support services were validated when an outcomes tool developed by the LGOA and USC was tested in May 2006. 100 caregivers were interviewed, and asked to rate the overall support and services that the care receiver receives from the Family Caregiver Support Program.

93% rated the as excellent, very good, or good. 82% of respondents felt that the services provided by the FCSP enabled them to provide care for a longer time than would have been possible without these services. When asked the extent to which the program helped with difficulties that result from caregiving. 84% said it was very helpful.

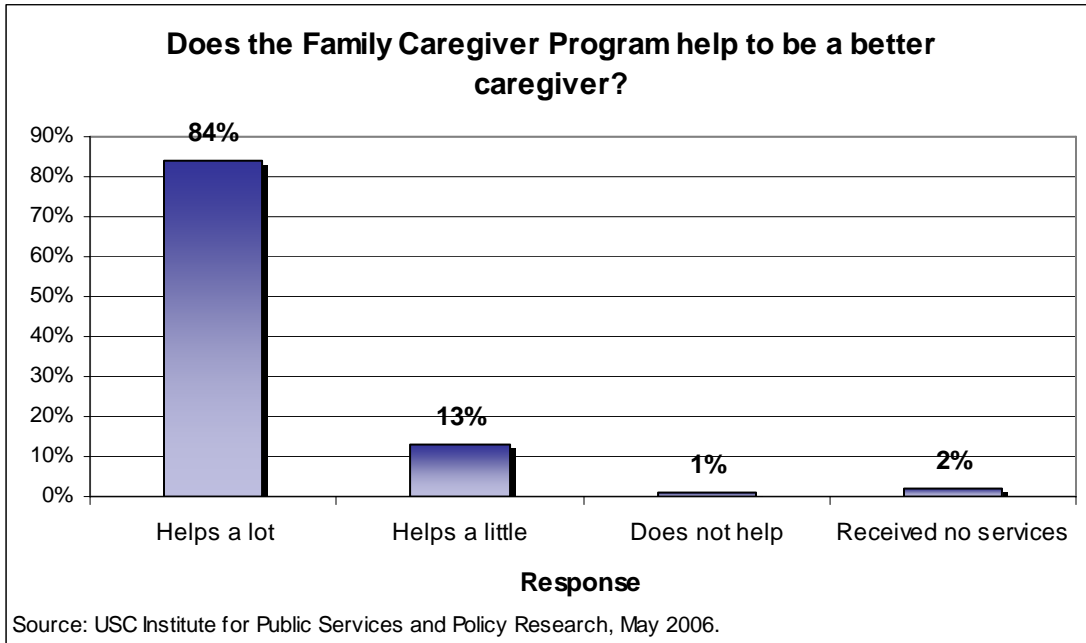


Figure III.7.2-2

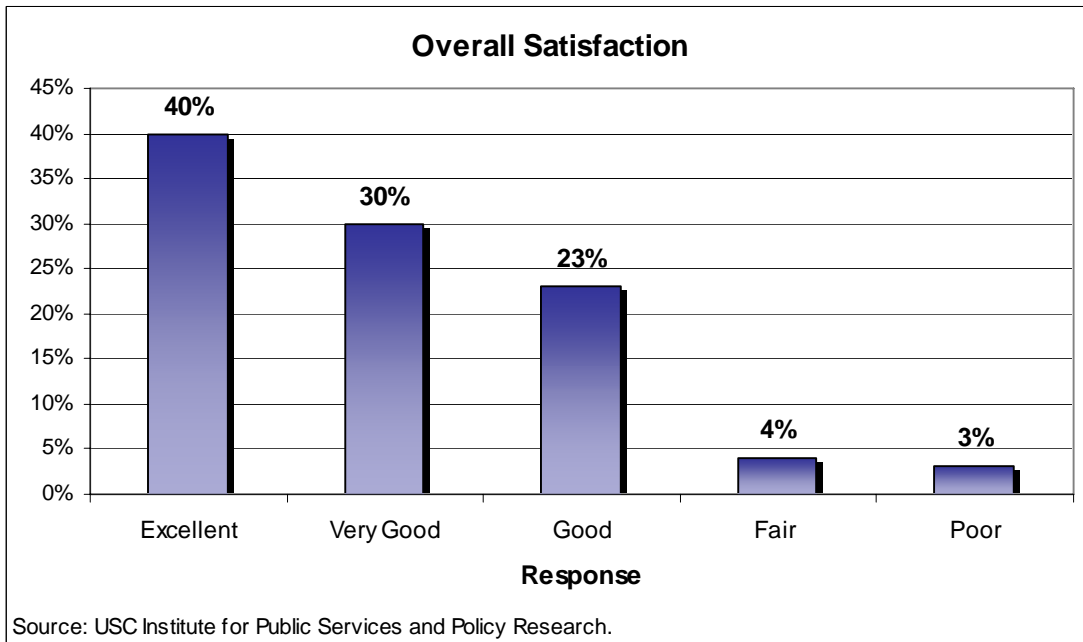


Figure II.7.2-3

Source: USC Institute for Public Services and Policy Research, May 2006

C. Customer Satisfaction with the Aging and Disability Information Centers

The Center for Health Services and Policy Research at the USC Arnold School of Public Health has been assessing consumer satisfaction in all five ADRC regions by way of a 25-question consumer satisfaction survey. The Survey instrument is, has been and will continue to be mailed bi-weekly to a simple random sample of consumers identified from the SC Access Tapestry database. The interim results used to generate the charts that follow were collected during State Fiscal Year 2007 and preliminary results suggest an overall satisfaction with 25 of the 25 indices assessed.

Satisfaction Survey Questions

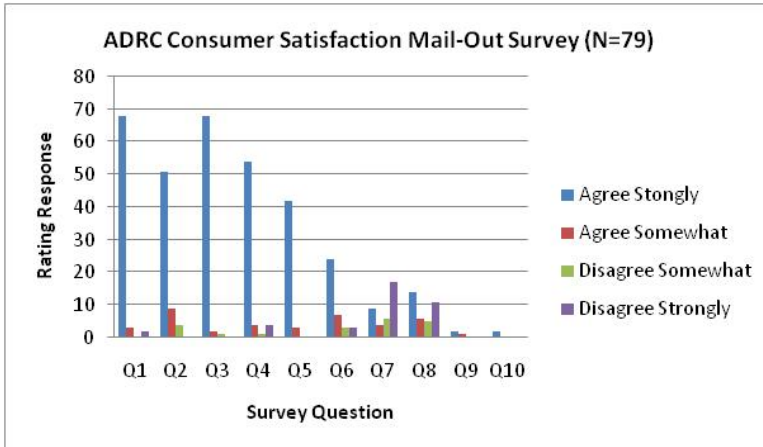


Figure III.7.2-4

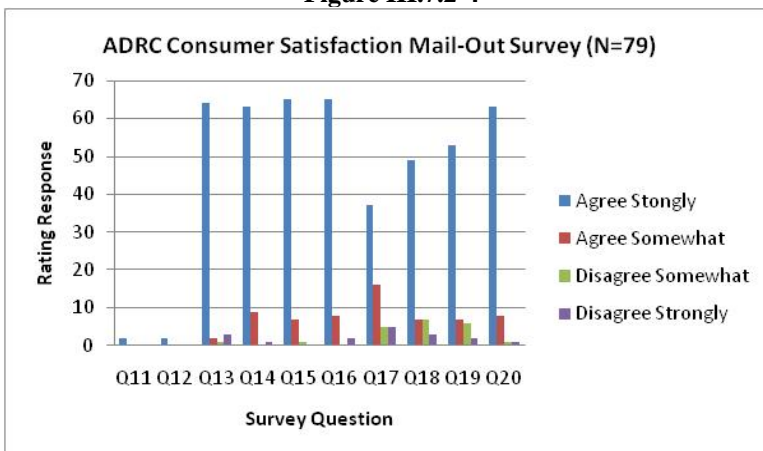


Figure III.7.2-5

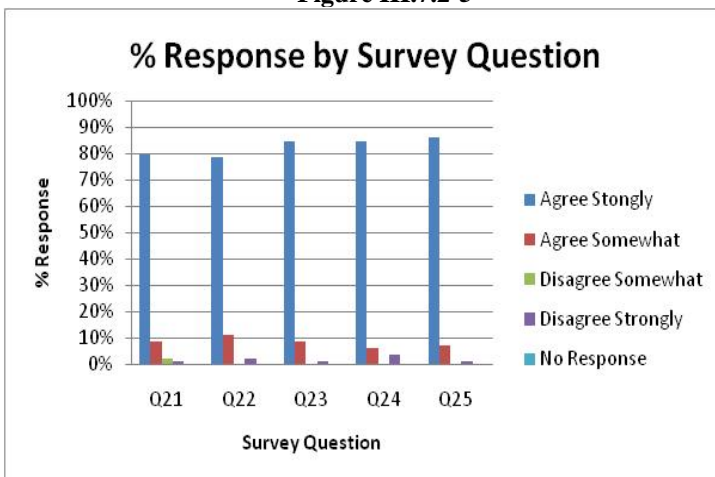


Figure III.7.2-6

If you contacted the ADRC by phone:

- Q1. I was able to talk to a "real" person when I called.
- Q2. If I had to leave a message, someone called me back within 24 hours.
- Q3. The person answering the phone was friendly and courteous.
- Q4. If the first counselor I was connected to could not help me, I was referred to someone who could right away.

If you contacted the ADRC in person at the local office:

- Q5. The receptionist is friendly and courteous.
- Q6. I was given a choice to wait or accept an appointment at a later time.
- Q7. If I decided to wait, I had to wait a long time to meet with someone.
- Q8. I could not see someone right away and had to schedule an appointment.

If you contacted the ADRC by coming to the mobile van:

- Q9. I knew about the van's upcoming location and hours well in advance.
- Q10. The van's location was easy to reach.

If you contacted the ADRC by coming to the mobile van:

- Q11. The van comes to my area often enough.
- Q12. It was easy to schedule an appointment for the van.

To be completed by everyone:

- Q13. The staff person told me that my information would be handled confidentially.
- Q14. I felt like the staff person understood what I needed.
- Q15. The staff person answered my questions.
- Q16. The staff person gave me information useful to my specific situation.
- Q17. The staff person told me about a lot of different services available to me in the area.
- Q18. The staff person referred me to services that are appropriate for me.
- Q19. The staff person explained to me what he or she could or could not do on my behalf.
- Q20. It was easy to follow what the staff person was telling me.

To be completed by everyone:

- Q21. I have trust in what the staff person told me.
- Q22. Working with the ADRC was easy.
- Q23. I was pleased with the way I was treated.
- Q24. I would use the ADRC again in the future.
- Q25. I would recommend the ADRC to others.

III.7.3 What are your performance levels for the key measures of financial performance, including measures of cost containment, as appropriate?

Fiscal staff continuously monitor fiscal data to ensure that agency operations remain within appropriated funds. An annual state audit is conducted to ensure sound fiscal management.

III.7.4 What are your performance levels and trends for the key measures of Human Resource Results (i.e., work system performance, employee learning and development, employee well-being, employee satisfaction, diversity, and retention)?

The LGOA is still evolving and has not developed significant trends. The LGOA has had three directors with different management styles and priorities. Staff turnover increased due to retirement eligibility, disability, and personal choices to pursue other opportunities. As a result of turnover, opportunities for internal promotions were available. The agency has made available ample resources and training opportunities to enable employees to successfully perform their jobs.

III.7.5 What are your performance levels and trends for the key measures of regulatory/legal compliance and community support?

The LGOA actively participates in the Human Resources Advisory meetings as well as the SCIPMA. Human Resource staff recently obtained the state Human Resource Development certification. Active participation keeps the agency abreast of and in compliance with state and federal laws and regulations.

STRATEGIC PLANNING CHART

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 06-07 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
I. Admin Lt. Governor	Fulfill the constitutional duties of the office of Lieutenant Governor.	Preside over the Senate. Provide leadership to the Office on Aging. Respond to constituent needs. Respond to other needs as appropriate.	N/A
II.A Office On Aging Admin	Effectively and efficiently manage and distribute Older Americans Act and State resources to provide services.	Plan, allocate, and advocate for all Older Americans Act and State resources. Establish and maintain full administrative functions and activities to support the LGOA.	Figure III.7.2.1 through Figure III.7.2.6
II.B Aging Assistance	Improve the quality and length of healthy life for South Carolina's senior population.	Promote opportunities for seniors and their families to exercise more control over the services they receive. Provide programs, education and information to help older South Carolinians prevent or delay the onset of chronic conditions and maintain independence and quality of life	Figure III.7.1.1 through Figure III.7.1.34
II.C Employer Contribution	Establish and maintain full administrative functions and activities to support the LGOA.	State Employer Contributions for health, dental, and unemployment insurance, workers compensation, social security, and retirement.	N/A

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.