

**STATE OF SOUTH CAROLINA**

**OFFICE OF THE LIEUTENANT GOVERNOR**

**AND**

**THE LIEUTENANT GOVERNOR'S  
OFFICE ON AGING**

**ANNUAL ACCOUNTABILITY REPORT**

**FY 2005 – 2006**

**SEPTEMBER, 2006**

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## Accountability Report Transmittal Form

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

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**Agency Director:** Michael E. Easterday

**Agency Contact:** Tony Kester  
Phone: 803 734-9881  
Email: [kester@aging.sc.gov](mailto:kester@aging.sc.gov)

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**TABLE OF CONTENTS**

<b>SECTION I: EXECUTIVE SUMMARY</b> .....	<b>1</b>
<b>1.1 Mission, Values, and Vision</b> .....	<b>1</b>
<b>1.2 Major Achievements from Past Year</b> .....	<b>1</b>
A. Medicare Modernization Act (MMA) .....	1
B. Service Delivery to Seniors .....	1
C. Development of State and Local Partnerships to Address Critical Issues .....	2
D. Appropriations Success.....	3
E. Customer Service, Public Information and Education.....	3
F. Impact on National Policy .....	4
G. State Grant Funding Distribution.....	4
H. Federal and Private Grant Funds Received.....	5
I. Expansion of the Long Term Care Ombudsman Program.....	5
J. Geriatric Physician Loan Repayment .....	5
K. Promotion of Health and Wellness .....	5
L. Disaster Preparedness .....	5
M. Lieutenant Governor's Writing Awards .....	6
<b>1.3 Key Strategic Goals for the Present and Future Years</b> .....	<b>6</b>
<b>1.4 Opportunities and Barriers That May Affect Success</b> .....	<b>7</b>
<b>1.5 How the Accountability Report is Used to Improve Organizational Performance</b> .....	<b>9</b>
<b>SECTION II: ORGANIZATIONAL PROFILE</b> .....	<b>10</b>
<b>II.1 Main Products, Services and Primary Delivery Method</b> .....	<b>10</b>
<b>II.2 Key Customer Segments and Their Key Requirements/Expectations</b> .....	<b>10</b>
<b>II.3 Key Stakeholders</b> .....	<b>11</b>
<b>II-4 Key Suppliers and Partners</b> .....	<b>11</b>
<b>II-5 Operation Location</b> .....	<b>11</b>
<b>II-6 Number of Employees</b> .....	<b>11</b>
<b>II-7 Regulatory Environment Under Which the Agency Operates</b> .....	<b>11</b>
<b>II-8 Key Challenges</b> .....	<b>11</b>
<b>II-9 Performance Improvement System</b> .....	<b>12</b>
<b>II.10 Organizational Structure</b> .....	<b>13</b>
<b>II.11 Expenditures/Appropriations Chart</b> .....	<b>15</b>
<b>II.12 Major Program Areas</b> .....	<b>16</b>
<b>SECTION III: ELEMENTS OF MALCOLM BALDRIDGE AWARD CRITERIA</b> .....	<b>17</b>
<b>III.1 Leadership</b> .....	<b>17</b>
<b>III.2 Strategic Planning</b> .....	<b>19</b>
<b>III.3 Customer Focus</b> .....	<b>26</b>
<b>III.4 Measurement, Analysis, and Knowledge Management</b> .....	<b>28</b>
<b>III.5 Human Resources</b> .....	<b>30</b>
<b>III.6 Process Management</b> .....	<b>31</b>
<b>III.7 Results</b> .....	<b>33</b>
<b>STRATEGIC PLANNING CHART</b> .....	<b>53</b>

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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 57.2 of the 2004-2005 Appropriations Act placed the SUA in the Office of the Lieutenant Governor.

The Mission of the LGOA is to enhance quality of life for seniors through advocating, 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 26,901 beneficiaries to educate them on the new Medicare regulations, including Medicare Part D, the new prescription drug program. Over 1,090,733 were reached by media and group presentations. Over 733 outreach events were held. 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.

#### B. Service Delivery to Seniors

During FY 05-06 the state's ten regional Area Agencies on Aging (AAAs) were awarded a total of \$21,533,576 in federal, state and local funds to provide for local service delivery to 42,007 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. On July 1, 2005, contracts for these services resulting from competitive procurement were implemented.

The Family Caregiver Support Program (FCSP) provided information and assistance in accessing community services to 6,223 family caregivers. A total of 12,572 contacts were provided by a network of 11 full time Family Caregiver Advocates located at the AAAs. A total of 5,676 family caregivers received information about the FCSP and caregiving issues. 2,254 family caregivers received counseling, training and/or support services. 1,841 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 162,918 hours of respite. 1,025 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, wheelchair ramps.

From October 1, 2005 through June 2006, 227 seniors have received \$93,231.27 to assist them in remaining at home through the Emergency Rental Assistance Program established through a \$1,000,000 grant from the SC State Housing Finance and Development Authority.

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State and regional Information, Referral, and Assistance (I/R&A) specialists were contacted by 9,024 individuals; information was provided to all callers, and 9,862 referrals were made.

Staff have investigated and reported suspected fraud complaints associated with Medicare: 81,500 persons were served through the Senior Medicare Patrol Program through individual contacts, suspected fraud complaints, or outreach events. Additionally, 108,000 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 South Carolina's growing senior population. The LGOA has presented critical issues and opportunities facing South Carolina to key government policy makers and the business community.

The LGOA took the lead in working with the USC Arnold School of Public Health, the USC School of Medicine, the Budget and Control Board's Office of Research and Statistics (ORS), and the Medical University of South Carolina (MUSC) on a joint grant from The Duke Endowment (TDE) to develop data necessary to plan for and evaluate the impact of in-migration, and to provide policy research to help the state address seniors' needs in a cost effective manner. As of May 1<sup>st</sup>, a Beta version of the "Seniors Cube" has been successfully tested; full implementation of Phase 1 was completed on June 30th. The "Seniors Cube" will be a nationally unique database to facilitate development of aging policy, and will assist the LGOA in targeting state and federal funds to obtain the greatest return on investment. In June TDE awarded \$60,000 in funds for Phase 2.

South Carolina (through the LGOA) was one of 10 states to receive a \$2.97 million Systems Transformation Grant from the CMS for the five-year period October 1, 2005 through September 30, 2010. Major implementation activities will include: 1) expansion of the Lower Savannah Aging and Disability Resource Center (ADIC) to four additional counties and to a broader population, to include adults with developmental disabilities; 2) development of ADICs 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 Elderly/Disabled and *SC Choice* Medicaid waivers; and 5) use of integrated IT systems to allow seamless exchange of data between information systems.

During the past year, the LGOA developed a Strategic Plan for the implementation of the Systems Transformation Grant through assistance and input from major state and local agencies, and stakeholders for seniors and people with disabilities. Members were appointed to the Systems Transformation Grant Advisory Committee, and five work groups (Developmental Disabilities, Transportation, Information Technology, Waiting Lists, and Evaluation) were named to continue to provide input and oversight for grant activities over the next four years. This partnership of state and local agencies and stakeholders will work 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. It is the LGOA's intent to expand successful demonstration projects to serve the entire state as additional resources are identified and obtained.

In October 2005, a user-friendly, online Medicaid Long Term Care Application was launched and added to the *SC Access* homepage. In January 2006, this "e-form" was also added to the DHHS website. Medicaid-eligible individuals interested in receiving services in their homes (CLTC services), or those needing nursing home placement, answer easy-to-understand questions. When the online application is completed, the individual prints the form and mails it to the local Medicaid eligibility office. During the first three months the e-form was available, (Oct-Dec 2005), applicants in Aiken and Barnwell counties could submit the form electronically instead of mailing

it. In January 2006, four more counties (Allendale, Bamberg, Calhoun and Orangeburg) were added for electronic submission. Almost 500 e-form applications have been processed to date. Negotiations are underway with DHHS to allow for electronic submission statewide.

The electronic application for GAPS (Gap Assistance Program for Seniors, state-sponsored prescription coverage for seniors not covered by Medicare Part D) and the former state-funded Silvercard program) will be available October 1, 2006, with statewide electronic submission.

Using e-forms is an efficient process for consumers, since they can enter most of their information only once, no matter how many different applications they complete. Fields common between applications will be automatically populated.

#### **D. Appropriations Success**

Thanks to hard work by all of the LGOA's partners, the Legislature is providing \$2.9 million in non-recurring (one year only) funds to the LGOA for home and community based services to South Carolina 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 cost savings.

Using research from our Performance Outcomes Measurement Project (POMP) grants and the Seniors' Cube, with strong support from the Silver Haired Legislature, AARP, and other advocates, the LGOA has been successful in showing that home and community-based services (home delivered meals and congregate meals in particular) can reduce emergency room use and inpatient hospital admissions for seniors on Medicaid and Medicare. As a result of this research and support, the LGOA has obtained a \$2.9 million supplemental appropriation for home and community based services for FY 06-07. Implementation of an automated Waiting List on June 30<sup>th</sup> is being used to develop plans for serving new clients resulting from this appropriation.

During FY 05-06 the LGOA provided funding for 8 physicians through the Geriatric Physicians' Loan Forgiveness Program. \$140,000 was appropriated as permanent funding for FY 06-07.

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

The (OAPA) Adult Protection Act was amended to address abuse and neglect investigations in the Department of Mental Health and Department of Disabilities and Special Needs facilities and residential care facilities. An additional fourteen positions for SLED and \$1,000,000 in appropriations, as well as \$329,249 in appropriations and seven positions for the State Ombudsman program in the LGOA were provided to carry out these responsibilities.

These appropriations, effective July 1, 2006 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 the area of constituent service, 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) a simple request 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 increased from 155 in FY 04-05 to 262 in FY 05-06.

*SC Access*, an internet-based directory designed to help seniors, disabled adults, and others who need long term care services locate those available in their communities, was developed with funding from a federal grant (*Real Choice*) and officially implemented in July, 2005. Through June of this year, *SC Access* received 343,973 hits. Over 11,000 active services are listed on the web site. The *LearnAbout* tool located on the *SC Access* website assists users in finding other helpful websites, read about important topics, and make informed choices regarding aging issues. Topics range from transportation issues to health and wellness information for older adults and persons with disabilities. The average "hits per month" has increased from zero to over 4,000 from its inception in October, 2005 through June 30, 2006.

The LGOA implemented the *SC Aging News Service* on its web site February 9, 2006 to compile news and information of interest to the state's seniors and their families, advocates, and professionals working in aging-related fields. Also implemented in June was *LGOA Week*, featuring recent news and events taking place at the state office.

The 29<sup>th</sup> Annual Summer School of Gerontology was held at Springmaid Beach August 21-26, 2005; 311 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.

Using federal grant funds, the LGOA opened the state's first ADIC in Aiken and Barnwell counties in 2004, in partnership with the Lower Savannah Council of Governments, DHHS, disability organizations, the 211 information helpline, and USC's Arnold School of Public Health. The ADIC expanded to four additional counties in this region during FY 05-06. Two new ADICs are in development in the Santee-Lynches and Appalachia regions; two others are scheduled to open in 2007 in the Trident and Pee Dee regions.

The LGOA, in collaboration with DHEC, DHHS' CLTC program, and the Santee-Lynches AAA, received a grant in the amount of \$13,866 to implement the fall prevention program *A Matter of Balance*, in Lee County, that has a high incidence of falls among seniors. It is an evidence based program to teach seniors, through education and strength training, how to overcome fear of falling.

The LGOA published the 2006 *Mature Adults Count (MAC)* in June 2006. In FY 05-06, the *MAC* website had 11,895 visitors, with 30,030 pages of information downloaded.

#### **F. Impact on National Policy**

A group of fourteen delegates from South Carolina, led by Lieutenant Governor André Bauer, attended the National White House Conference on Aging in December. South Carolina exhibited significant leadership at this event. Sixty-three recommendations developed at South Carolina's White House Conference were adopted by the National Conference.

Lieutenant Governor André Bauer was also invited to testify before the U.S. House Committee on Education and the Workforce Subcommittee, including South Carolina's Fourth District Representative Bob Inglis. His testimony included support for reauthorization of the OAA; he also encouraged Congress to add new provisions to the OAA to give more service choices to seniors, and more flexibility to local providers who deliver those services.

The LGOA successfully submitted the Administration on Aging's (AoA) National Aging Program Information Systems (NAPIS) report in January, 2006.

#### **G. State Grant Funding Distribution**

In FY 05-06 the Elder Care Trust Fund received \$58,857 through income tax check-offs and donations and funded five projects, including two nutrition programs, one medication management program, and two senior home repair programs. The Senior Center Permanent Improvement Project awarded 10 renovation and new construction grants, for a total of \$2,309,000. The Alzheimer's Resource Coordination Center (ARCC) awarded \$150,000 for eleven respite and educational projects to assist caregivers of persons with Alzheimer's disease or related dementias.

## H. Federal and Private Grant Funds Received

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

Grant	Source	05-06 Amt Budgeted	Total Grant Amount
<b>Real Choice:</b> (3 Yrs) <i>SC Access and SC Choice</i>	AoA and CMS	\$495,083	\$2,300,000
<b>Systems Transformation</b>	CMS	\$297,179	\$2,970,000
<i>SC Access Plus</i> (3 Yrs)	AoA and CMS	\$351,432	\$895,628
<b>Performance Outcomes Measurement Project (POMP)</b> (Second award)	AoA	\$50,000	\$50,000
<b>ABC Coalition</b>	Nat. Council on Aging	\$25,000	\$25,000
<b>Fall Prevention Grant</b>	AoA & CDC	13,866	13,866
	<b>Total Amounts</b>	<b>\$1,232,560</b>	<b>\$6,254,494</b>

The total amount of grant funding budgeted this year comprised 4.73% of total agency budget.

## I. Expansion of the Long Term Care Ombudsman Program

In July 2005, the LGOA implemented its Volunteer Ombudsman Program. SC was one of only five states without one. The program has grown rapidly, with 40 trained volunteer ombudsmen and 60 facilities now participating. It is currently in 6 regions, and by the end of the next fiscal year, every region will have it. The program's impact has been very positive; it allows for "friendly visits" and visits to residents who may have no family or friends.

## J. Geriatric Physician Loan Repayment

In the first year of this program, the LGOA granted eight Geriatric Loan Forgiveness awards to six geriatricians and two geriatric psychiatrists. Loan forgiveness awards assist physicians in repaying students loans. In return, they have agreed to remain in South Carolina for five years and care for the state's ever increasing senior population. Additional funds were appropriated by the Legislature for FY 06-07. The second round of awards will take place next year.

## K. Promotion of Health and Wellness

As part of the celebration for Older Americans Month, the second annual Lieutenant Governor's, "You Can!" walk was held at and hosted by Riverbanks Zoo. Approximately 275 seniors, their families, caregivers and friends attended the walk and *Fun Day for Seniors*. Eleven other "You Can!" walks were held around the state, including Charleston, Anderson, Ridgeland, Spartanburg, Florence, Beaufort, and Rock Hill, to encourage seniors to take personal responsibility for better lifestyle decisions. Research is showing that proper diet and moderate exercise are factors in lowering seniors' risks of chronic illnesses. These include arthritis and falls, which together exact more than \$500 million annually in hospital bills alone. Overall, South Carolina spends \$5 billion annually in Medicare, Medicaid and state health plan payments for seniors, and if seniors can avoid or postpone even a small percentage of these expenses, not only will the savings be significant, but the quality of life will be enhanced.

Other health promotion activities held last year were Public Health Month Celebration, sponsored by the SC Public Health Association; the annual Arthritis Conference, co-sponsored by the LGOA, the Arthritis Foundation and DHEC with approximately 75 seniors ages 50+ in attendance; and, the SC Public Health Association's Annual Meeting that focused on *Public Health Across the Ages*.

## L. Disaster Preparedness

The LGOA's Disaster Preparedness Coordinator published updates to the agency's *Disaster Preparedness Manual and Standard Operating Procedures*. Staff developed a two-page assessment form to document seniors' needs in the event of a disaster. Information Technology staff redesigned Disaster Preparedness software to incorporate changes needed in preparation for

hurricane season. The Disaster Preparedness Coordinator attended Volunteer Organizations Active in Disasters (VOAD) meetings, statewide Special Needs Task Force meetings, and participated in a panel session at the annual two-day Special Needs Workshop held at the Emergency Management Division (EMD), sponsored by EMD and FEMA. LGOA staff participated in other trainings: an earthquake tabletop exercise, the two-day hurricane exercise, and the pandemic flu workshop. During Hurricane (Katrina and Rita) evacuations, LGOA staff worked at the evacuee Reception Center in Columbia assessing seniors and helping resolve multiple, complex issues related to their relocation. LGOA staff also worked at the EMD in Emergency Support Function (ESF) 6, Mass Care, helping to relocate evacuees, (including seniors and their families), finding appropriate shelter/housing, food, programs and services. During that time the EMD was fully activated for a hurricane that was predicted to impact the state and LGOA staff were also activated for that event.

### **M. 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 2006, more than 100,000 students participated, and 185 were recognized with writing awards.

### **1.3 Key Strategic Goals for the Present and Future Years**

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

- Strategic Goal 1:** Promote opportunities for seniors and their families to exercise more control of and access to the services they receive.
- Strategic Goal 2:** Provide 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 the 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 the 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 funded by the AoA and the LGOA.
- Strategic Goal 2:** Request, plan, allocate, advocate for state resources by July 1, 2006.
- 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 and issues impacting quality of life of seniors.

**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**

The state's senior population could double to 1.3 million by 2025. The growth rate over the past decade ranks SC ninth in the nation. Maturing baby boomers comprise a senior community growing from two directions: in-migration of retirees, and our indigenous aging population. These changes will result in two senior communities with different expectations and needs: more affluent in-migrants will fuel the economy while expecting scenic beauty, recreational opportunities, and modest taxes, while less fortunate seniors will depend on federal and state services, including Medicaid, housing, and transportation. The synergy between the two communities can benefit SC economically if we plan well. Growth of the senior population presents both business opportunities and challenges to be addressed by public and private partnerships.

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

Prior to FY 06-07 resources to fund services have been declining. Funding levels have been flat for the past several years, allowing no ability to address inflation. Inflation has forced reductions in services and increased waiting lists at a time when our senior population's need for services is increasing. Service providers have had to make difficult choices concerning which seniors to serve. Volunteers have not been able to afford the gasoline necessary to deliver meals and provide transportation. As a result, service providers have been forced to reduce service provision for the frailest, most vulnerable segment of the state's population. This problem was made even worse by the steady decline in bingo revenues used to fund home and community-based services. The General Assembly has 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 is a major step toward addressing the current and future needs of our state's senior population. Based upon the 2004 federal data, South Carolina serves 4.13% of all seniors 60 and older, as compared to the Southeastern average of 9.54%.

##### **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.

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### **C. Transportation**

Transportation is critically important for the seniors if they are to remain independent and have access to services. Efforts to coordinate and/or provide transportation services at the state level continue and several successful models have been implemented in three regions during FY 05-06.

Lower Savannah Area Agency on Aging has expanded its *Scooter* program from Allendale into Bamberg County. The program, called *Handy Ride*, has been a success story because agencies have shared valuable resources by actually "selling their empty seats". A Mobility Manager matches riders with available seats when the general public calls an 800 number.

In addition, as a result of a Systems Transformation grant received by the LGOA from the AoA in 2005, a transportation committee was formed that has begun development of a regional mobility information, assistance, and management center to help individuals link to transportation information and resources, and to set a new standard in transportation coordination.

The Independent Transportation Network is a non-profit transportation service for seniors and people with visual impairment, serving the 3 counties around Charleston. The entire operation is a no-cash enterprise. Riders have an account set up 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 getting to appointments and other important destinations. Riders will pay on a sliding fee scale.

### **D. Family Caregivers**

There are 400,000 family caregivers in South Carolina who provide 419 million hours of care per year at an estimated value of over \$3.69 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**

48,640 persons in South Carolina have Alzheimer's disease based upon the Alzheimer's Resource Registry as of January 1, 2003. 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.

SC Medicaid pays \$37,000 per person for a full year based upon 2005 data. Currently 38% of the 90,000 estimated persons will be in a nursing home and 71.5% of persons in nursing homes are paid for by Medicaid. Based upon this, 24,453 of the 90,000 estimated persons with Alzheimer's Disease and Related Dementia would be in a Medicaid nursing home in 2030. The cost would be \$74,000 per person or \$1.8 billion and \$543 million in state funds in the year 2030 assuming a 3% annual inflation rate.

### **F. Investigations of Abuse, Neglect and Exploitation**

The OAA mandates that the LTC Ombudsman (LTCOP) program investigates complaints and advocates for residents' rights in nursing homes, assisted living and residential care facilities. The OAPA also mandates that ombudsmen be responsible for investigating complaints in nursing homes, residential care facilities, as well as, facilities operated or contracted for operation by the Department of Disabilities and Special Needs (DDSN) or the Department of Mental Health (DMH). The LTCOP is responsible for investigating complaints in over 1,400 facilities: 200 nursing homes, 130 Intermediate Care Facilities for Mental Retardation (ICF/MRs), 500 residential care facilities, over 600 other facilities operated by DDSN, 9 inpatient DMH facilities and 17 community mental

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health centers operated by DMH. In May 2006, the 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 positions for the program.

### **G. Work Force Shortages**

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

The state's business and employer community must create adequate incentives to meet coming workforce shortages. As baby boomers retire, employers must plan to prevent this potential loss of knowledge by transferring it to other staff through cross training so that their organizations can maintain efficiency.

### **H. Business Opportunities and Challenges:**

As our population grows older over the next twenty-five years, there will be many opportunities and challenges for the business community. The influx of many affluent, in-migrating seniors has created a growing need for services, many opportunities for creation of new businesses, and the expansion of existing organizations. Based on research conducted by the Center for Carolina Living, many in-migrants bring assets of \$800,000 to \$1,000,000 in net worth prior to retirement, 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.

### **I. Bankruptcy and Increased Debt for Seniors**

Seniors are the fastest-growing group of debtors in the U.S. In 1992, only 35% of seniors carried debt, but this figure increased to 59% by 2000. The frequency of bankruptcy among seniors has also jumped 244% from 1991-2002. Reasons for this increasing debt include: insufficient retirement funds, low interest rates, a sluggish stock market, climbing medical bills, and major home repairs, and increased property taxes. Many employers are freezing or eliminating their pensions and medical benefit programs for their retirees. In view of this, many are going into increased debt 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.

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## 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 the 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 LTC Ombudsman program)
- Aging Services: nutrition; transportation; emergency rental assistance; home care; adult day care; health and wellness, program grants; insurance counseling; education and training; legal services; and disaster planning
- Policy, Planning, and Reporting
- Consumer Information and Caregiver Services (Aging and Disability Resource Centers, *SC Access*, Family Caregiver Support, and Alzheimer's Resource Coordination Center, and ElderCare Trust Fund)
- Public Information
- Administrative Services and Financial Management

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.

The AAAs also provide services, including the Long Term Care Ombudsman Program (LTCOP); Information, Referral and Assistance (I/R&A); and the Family Caregiver Support Program (FCSP). A new component is the Aging and Disability Information Centers (ADICs) that are being implemented in selected regions.

Sixty 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: Information, services for their needs, and advocacy for their concerns

The Lieutenant Governor: Cost efficient administration and serve the needs and interests of seniors, their families, and taxpayers

The General Assembly: Cost efficient administration and meeting and addressing the needs and interests of seniors, their families, and taxpayers

Area Agencies on Aging: Provide administrative 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 and assistance, and protection from abuse, neglect and exploitation.

Residents of DDSN and DMH facilities: Provide information and assistance, and protection from abuse, neglect and exploitation in partnership with the State Law Enforcement Division.

Long term care facility staff: Provide information and assistance, and training

Local service contractors: Provide administrative oversight, guidance, and financial and advocacy support in partnership with the Area Agencies on Aging

Communities: Provide information and assistance and grants where appropriate and possible.

Providers of supplies and equipment: Provide efficient payment for services, supplies and equipment.

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**II.3 Key Stakeholders**

Seniors, their families and caregivers  
Federal, state, and local government agencies  
LGOA Staff  
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  
LGOA staff  
Colleges and universities  
Information technology providers

**II-5 Operation Location**

The Office of the Lieutenant Governor's is in the State House; the LGOA is at 1301 Gervais St., Suite 200.

**II-6 Number of Employees**

The Office of the Lieutenant Governor and the LGOA are currently authorized forty-six (46) Full Time Equivalent (FTEs) and two (2) Temporary Grant Positions. Of these, thirty-nine (39) 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 57.2 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 creates 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.

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. The LGOA has assumed new responsibilities: the Emergency Rental Assistance program; the implementation of Medicare Part D; and the amendment to the OAPA. 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.

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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.

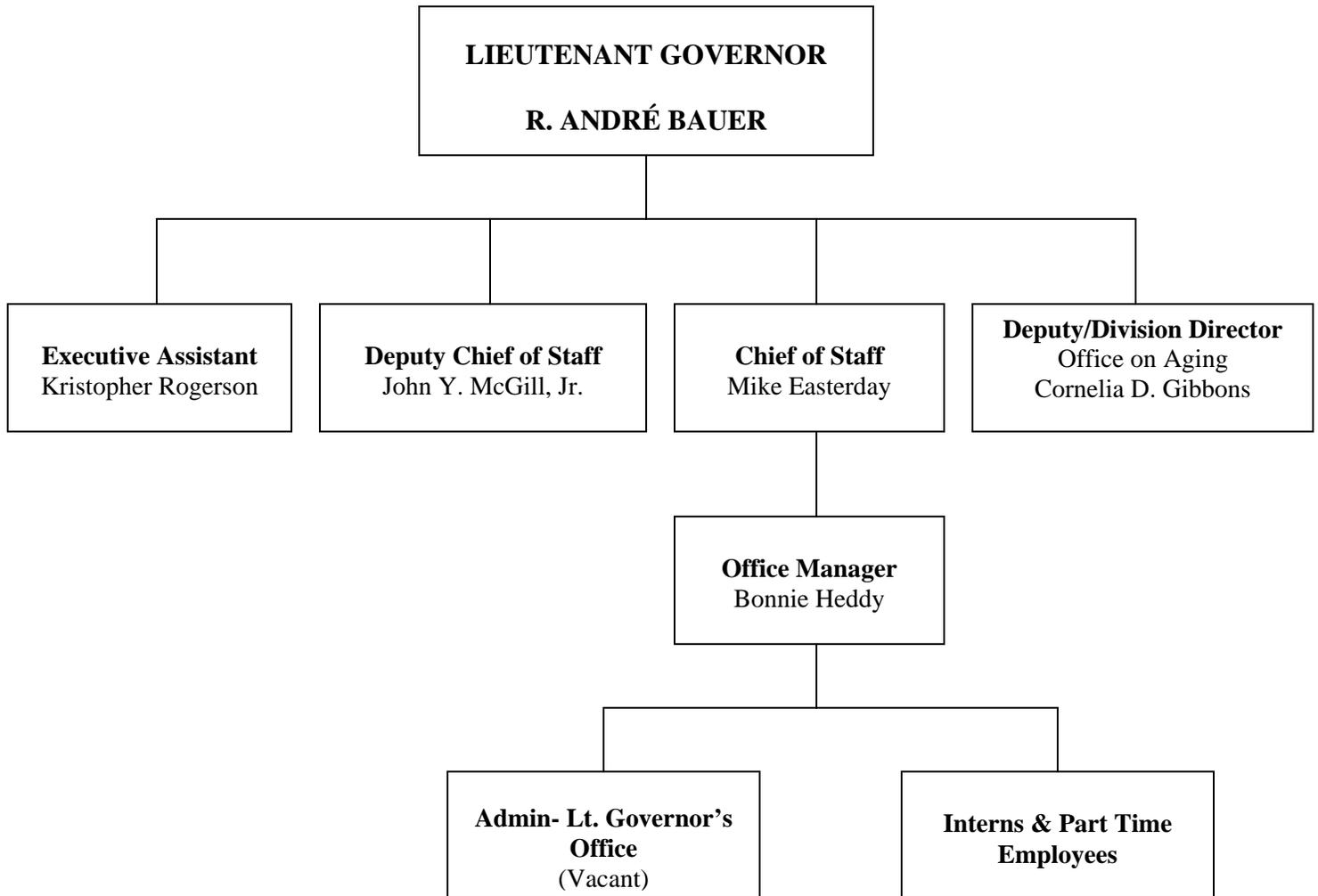
The LGOA faces several strategic challenges over the next five years and further into the future:

- 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 also faces the challenge of developing a comprehensive service system that is market-driven and can provide 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.

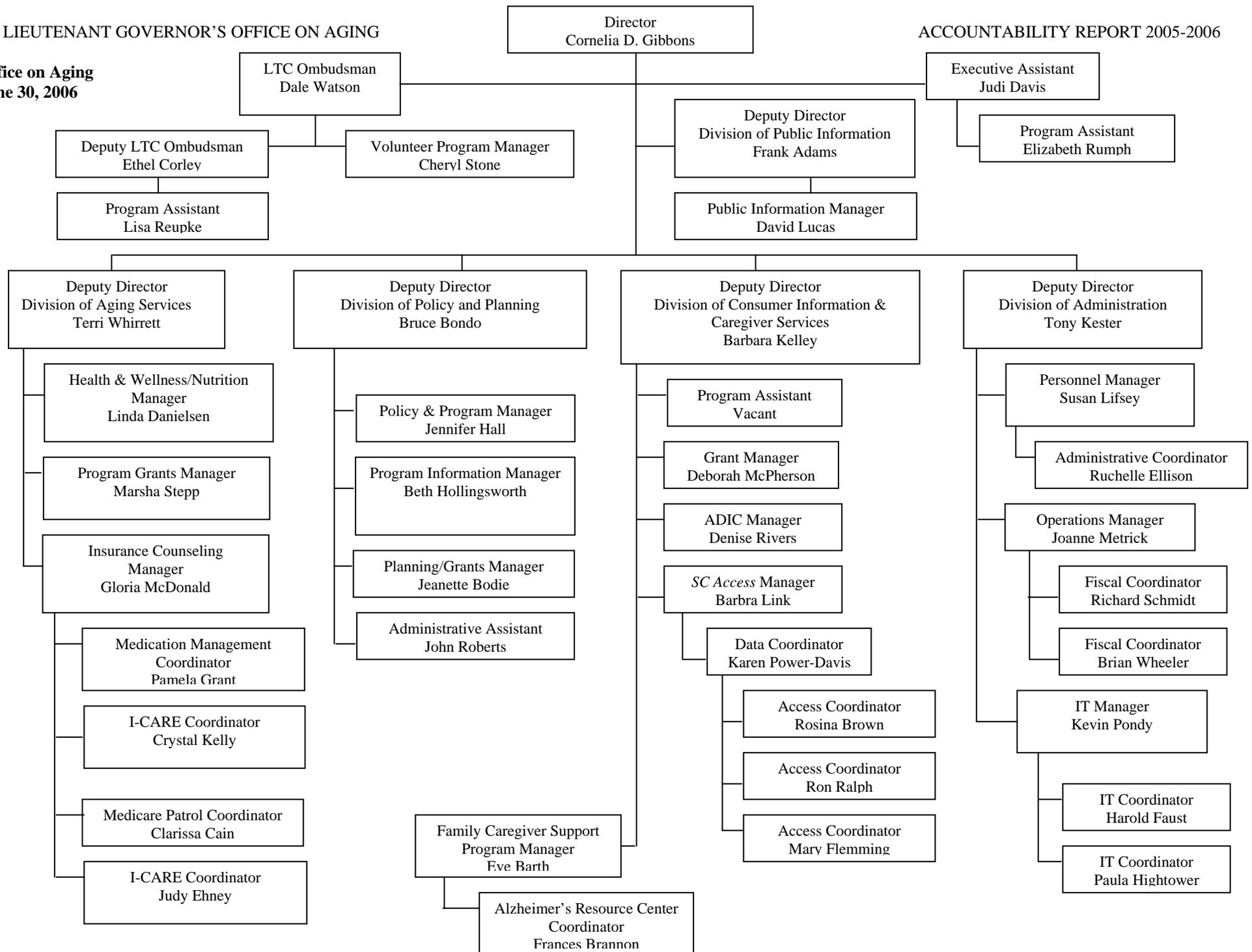
## **II-9 Performance Improvement System**

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

**II.10 ORGANIZATIONAL STRUCTURE**  
**OFFICE OF THE LIEUTENANT GOVERNOR**



Office on Aging  
June 30, 2006



**II.11 Expenditures/Appropriations Chart**

Major Budget Categories	04-05 Actual Expenditures		05-06 Actual Expenditures		06-07 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$1,999,604	\$1,062,968	\$2,168,741	\$1,191,926	\$2,586,550	\$1,449,733
Other Operating	\$20,319,065	\$1,386,340	\$877,674	\$497,155	\$1,745,814	\$650,261
Special Items	\$913,403	908,086	\$155,645	\$141,188	\$290,000	\$290,000
Permanent Improvements	\$	\$	\$	\$	\$	\$
Case Services	\$	\$	\$100,366	\$	\$500,000	\$
Distributions to Subdivisions	\$1,613,327	\$	\$22,221,000	\$1,908,533	\$26,964,410	\$1,890,008
Fringe Benefits	\$503,174	\$268,207	\$553,200	\$297,696	\$764,955	\$434,120
Non-recurring	\$5,316	\$	\$	\$	\$	\$
<b>Total</b>	<b>\$25,353,889</b>	<b>\$3,644,601</b>	<b>\$26,076,626</b>	<b>\$4,036,498</b>	<b>\$32,851,729</b>	<b>\$4,714,122</b>

Sources of Funds	04-05 Actual Expenditures	05-06 Actual Expenditures
Supplemental Bills	None	None
Capital Reserve Funds	None	None
Bonds	None	<b>\$150,000</b>

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

**II.12 Major Program Areas**

**Major Program Areas**

<b>Program Number and Title</b>	<b>Major Program Area Purpose (Brief)</b>	<b>FY 04-05 Budget Expenditures</b>	<b>FY 05-06 Budget Expenditures</b>	<b>Key Cross References for Performance Measures*</b>
I. Admin Lt. Governor	Serves as President of the Senate. Provides executive leadership and constituent service.	<b>State:</b> 195,058.00 <b>Federal:</b> <b>Other:</b> 5,316.00 <b>Total:</b> 200,374.00 <b>% of Total Budget:</b> 1%	<b>State:</b> 225,697.00 <b>Federal:</b> <b>Other:</b> 14,457.00 <b>Total:</b> 240,154.00 <b>% of Total Budget:</b> 1%	N/A
II.A Office On Aging Admin	Provides leadership, training, and coordination to promote services to seniors	<b>State:</b> 1,235,553.00 <b>Federal:</b> 1,498,538.00 <b>Other:</b> 13,355.00 <b>Total:</b> 2,747,446.00 <b>% of Total Budget:</b> 11%	<b>State:</b> 1,463,384.00 <b>Federal:</b> 1,223,357.00 <b>Other:</b> 133,977.00 <b>Total:</b> 2,820,718.00 <b>% of Total Budget:</b> 11%	Figure III.7.1.1 through Figure III.7.1.5
II.B Aging Assistance	Provides funding for seniors in order to improve the quality and length of life.	<b>State:</b> 1,945,784.00 <b>Federal:</b> 17,631,194.00 <b>Other:</b> 2,325,916.00 <b>Total:</b> 21,902,894.00 <b>% of Total Budget:</b> 86%	<b>State:</b> 2,049,721.00 <b>Federal:</b> 18,321,188.00 <b>Other:</b> 2,241,646.00 <b>Total:</b> 22,612,555.00 <b>% of Total Budget:</b> 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.	<b>State:</b> 268,207.00 <b>Federal:</b> 234,968.00 <b>Other:</b> <b>Total:</b> 503,175.00 <b>% of Total Budget:</b> 2%	<b>State:</b> 297,696.00 <b>Federal:</b> 228,863.00 <b>Other:</b> 26,640.00 <b>Total:</b> 553,199.00 <b>% of Total Budget:</b> 2%	N/A

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

<b>Remainder of Expenditures:</b>	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b>	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b>
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## **SECTION III: ELEMENTS OF MALCOLM BALDRIDGE AWARD CRITERIA**

### **III.1 Leadership**

Cornelia Gibbons was LGOA's Director during FY 05-06. (Effective September 5, 2006, Michael Easterday became Director.) Executive Management included Ms. Gibbons; Frank Adams, Deputy Director for Public Information; Bruce Bondo, Deputy Director for Policy and Planning, Dale Watson, State Long Term Care Ombudsman; Barbara Kelley, Deputy Director for Consumer Information & Caregiver Services, Tony Kester; Deputy Director for Administration; Terri Whirrett, Deputy Director for Aging Services.

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

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

The LGOA Executive Management Team meets weekly; program managers meet monthly; general staff meetings are held monthly; and individual divisions meet on a monthly basis. 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
- Coordinating Council\*
- CARE Commission appointed by the Lieutenant Governor
- Coalition for Successful Aging formed to serve as an adjunct to the Care Commission
- Long Term Care Council\*
- 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

#### **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 all current 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. The purpose of this manual is to assist the LGOA, AAAs, and other subgrantees in carrying out their program responsibilities. It contains a detailed scope of work and quality assurance standards for all aging programs and services. Service providers are audited on these standards annually. For example, it includes specific standards for food service delivery to ensure that all food served to seniors by service providers and vendors is safe and nutritious.

\* Proviso 57.7 suspends the meeting requirements for FY 06-07 for these councils.

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

The Older Americans Act (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?**

#### **Consumer Information and Caregiver Support**

- Number of persons using *SC Access*, 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

#### **Aging Programs and Services**

- Number of Persons served by OAA services
- 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

#### **Long Term Care Ombudsman**

- Number of cases opened and closed by Long Term Care Ombudsmen
- Number of complaints resolved and not resolved to customer satisfaction
- 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 persons receiving training and education services through the Summer School of Gerontology, and other LGOA training programs
- 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

### **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. As a result of the EPMS process, the LGOA reviewed organizational performance to effect an agency-wide reorganization during FY 05-06. Position descriptions and planning stages are updated as necessary to ensure that activities result in successful completion of goals and initiatives. This process has continued to actively reflect employees' duties and responsibilities.

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### **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?**

Senior leaders set an example through their performance and leadership. The organization updates its Strategic Plan annually with its strategic 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 LGOA 's strategic planning process is based on the *Planning and Managing for Results* model, an outcomes based process that focuses on agency goals. Senior staff participated in a planning retreat to develop 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 and how does it address: (A) Your organization's strengths, weaknesses, opportunities, and threats:**

The LGOA's strategic planning process 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. 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 on an annual basis and as required during the fiscal year. Technology and regulatory changes must be 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 to achieve its goals and objectives 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?**

**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 and access over the services they receive**

**Strategic Objectives:**

1. Establish ADIC sites in two regions, Appalachia and Santee Lynches, by September 30, 2006.
2. Develop expansion plan for the ADIC pilot in Lower Savannah by June 2006 to add mental retardation and development disabilities to the target population, and to add three (3) counties.
3. Provide information on long term care needs including LTC insurance and reverse mortgages.
4. Increase the number of programs and services in the *SC Access* database to provide comprehensive information on 2800 programs and 11,000 services by June 30, 2006.
5. Add resources for the mental retardation/developmental disabilities population to the *SC Access* database by June 2007.
6. Conduct two 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 Systems Transformation project partners to develop a strategic plan to expand the Aging & Disability Information Center; coordinate mobility and transportation services in Lower Savannah; and to prioritize CLTC's waiting list in a pilot region.

**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. Provide information on medication management, compliance with physician's orders and medication assistance programs to obtain prescription drugs.
3. Provide 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 open enrollment in the fall of 2006.
4. Provide current information and counseling on Medicare Part-D.

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

**Strategic Objectives:**

1. Encourage senior centers to promote physical activity, good nutrition, general health and wellness and to increase utilization of services.
2. Fund and support 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.

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

1. Host a statewide Family Caregiver Workshop by December 1, 2006.
2. Continue development of a flexible, consumer-driven statewide service delivery system by providing Family Caregiver Advocates with at least 6 training meetings per year.
3. Develop new caregiver resources and post on *SC Access* website by June 30, 2006.

4. Create a statewide Relatives as Parents task force to study issues related to grandparents and other relatives raising children and to develop state policy recommendations.

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

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 as necessary.

**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 that are made by or on behalf of residents in nursing homes and residential care facilities.
2. Secure funding to conduct independent investigations of allegations of abuse, neglect and exploitation in facilities operated by the Department of Mental Health (DMH) and the Department of Disabilities and Special Needs (DDSN).
3. Implement and evaluate the Volunteer Ombudsman Program to protect the rights of residents.
4. Educate the community about the needs of LTC residents; provide training for facility staff.
5. Refine the ombudsman reporting system to meet the requirements of the AoA.

**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.
5. Translate the Omnibus Adult Protection Act Poster to Spanish.

**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. Revise the Senior Citizens Handbook in partnership with the SC Bar.
3. Increase awareness of advance 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. Negotiate the contract renewal by July 1, 2006 with Experience Works to operate the Senior Employment Program statewide.
2. Ensure that Area Agencies on Aging issue Request for Proposals for services provided by any unsatisfactory contractor by February 15, 2006.
3. Ensure that Area Agencies on Aging negotiate contract renewals with existing contractors with satisfactory performance by May 15, 2006.

**Strategic Goal 2: Request, plan, and allocate all OAA and State resources by July 1, 2006.**

**Strategic Objectives:**

1. Prepare the uniform Area Plan format for the biennial Area Plans by February 15, 2006.
2. Complete the biennial Area Plan review process with the ten Area Agencies on Aging by May 31, 2006.

3. Submit and support the LGOA activity-based budget by August 2006.
4. Submit the detailed budget request by November 2006.

**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. Standardize the award procedures of the LGOA for distribution of pass-through funds to sub-grantee agencies by July 1, 2006.
3. Maintain a computer network for employees and constituents which allows for communication and exchange of resources both internal and external to the LGOA.
4. Provide employees with updates to the hardware and software to maximize efficiency and productivity.

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

**Strategic Objectives:**

1. Develop payment request forms and procedures for use by grantees of the LGOA on Aging by July 1, 2006.
2. Site monitor grant recipients for programmatic and fiscal compliance.
3. Assure that all reporting requirements are met by grant recipients.
4. Provide regular technical training and assistance to grant recipients to promote the use of best practices.

**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. Distribute the Lt. Governor's Newsletter to the Senior Community on a semi-monthly basis.
2. Publish quarterly newsletter to the Local Aging Services Contractors.
3. Update agency website to share developing news and other information with the community.
4. Provide pertinent and timely information to the public about aging-related issues, programs and activities of the LGOA.

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

**Strategic Objectives:**

1. Implement training plan for revised Summer School of Gerontology by January 2006.
2. Hold the annual Summer School of Gerontology in August 2006.
3. Provide Department of Labor mandated training for older workers and professionals serving older workers by August 2006.
4. 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, 2006.
2. Update the Mature Adults Count report by June 1, 2006.
3. Complete Phase One of Seniors Cube funded by Duke Endowment by June 30, 2006 and submit the second year grant request by January 15, 2006.

4. Complete year two (2) research phase of Advanced Performance Outcomes Measurement Grants by September 30, 2006 and submit year 3 grant request by June 30, 2006.

**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, 2006.
2. Complete other required annual OAA reports during the FY 05-06.
3. Complete the Annual Accountability Report by September 15, 2006.
4. Implement plan to move *AIM* reporting to HIPPA-compliant system by October 1, 2006.
5. Increase reporting capacity for the Caregiver Data System to provide data required by AoA.

**Strategic Goal 5: Establish a process for on-going cross training to improve staff knowledge in computer software.**

**Strategic Objectives:**

1. Train staff on the use of Word, Excel, PowerPoint and Internet.
2. Train staff on the use of Event Planning and Go To Meeting software.

**III.2.3 What are your key action plan/initiatives?**

**Consumer Information and Caregiver Services**

*SC Access* will:

- expand database to include service areas contained in the Systems Transformation grant, to include updating and adding data on accessible transportation services, and disability services such as mental health and developmental disability programs;
- 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.

*SC Access* staff will:

- provide 2 trainings and test sites for the National Information and Referral Certification Program (Alliance of Information and Referral Systems (AIRS) during FY 06-07.
- implement s new quality assurance procedure by Feb 2007 to ensure I/R&A standards are met.
- open 4 new ADIC's between September 2006 and September 2007.
- implement electronic submission of the GAPS form statewide by October 2006, and increase usage of e-forms through targeted marketing.
- complete replication manual for use by new ADIC's by December 2006.
- hold a statewide caregiver support conference in October 2007

The Systems Transformation Grant will accomplish the following:

- expand the Lower Savannah ADIC to serve the four additional counties in the area, as well as adults with developmental disabilities by June 30, 2007.

- expand *SC Access* and develop *Learn About* topics for expanded target population and services by June 2007.
- expand and promote the personal care worker registry by June 2007.
- develop a model that can be replicated for a one stop/call mobility, information, assistance, and management center for the Lower Savannah region by December 30, 2007.
- establish ADICs in the Appalachia and Santee-Lynches regions by March 31, 2007.
- develop additional e-forms to streamline multiple eligibility processes by June 30, 2007.
- with DHHS develop 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
- contract with VisionLink to make customized changes to the *Tapestry* system so that it is more efficient; completion date is targeted for December 2006

### **Policy and Planning**

- complete the annual National Aging Program Information System report in January 2006.
- hold the 29<sup>th</sup> annual Summer School of Gerontology at Springmaid Beach in August 2005.
- request a \$60,000 grant from the AoA in Jun. 2006 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.
- request a \$60,000 grant from TDE in June 2006 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 2007
- develop a Waiting List module within the AIM system to track clients being served by the additional \$2.9 million supplemental state dollars by June 2006. This module will be used in combination with the SC Seniors' Cube to track the outcomes and assess the impact of additional spending on client's status and the impact on health care spending.
- develop a plan for using the \$2.9 million in supplemental funds for home and community-based services statewide by November 2006.

### **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**

- request legislative approval to fund seven (7) new LTC Ombudsman positions.

- hire state-level Volunteer Ombudsman Program Coordinator to develop training curriculum and supervise the volunteer program.
- develop and implement a volunteer ombudsman program in at least five regions with the highest number of facilities and complaints.
- update the ombudsman reporting system to a terminal based system to gain greater accuracy, speed and security. This would eliminate the tasks of installation and maintenance.
- identify, investigate, and resolve complaints that are made by or on behalf of residents in nursing homes and residential care facilities.
- request legislative change to Adult Omnibus Protection Act concerning independent investigations of complaints concerning residents of DDSN and DMH 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?**

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.

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

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

### **III.2.6 How do you measure progress on your action plan?**

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.

### **III.2.7 How do your strategic plan objectives address the challenges you identified in your Organizational Profile?**

The strategic plan objectives focus on those key challenges identified in the Organizational Profile. The strategic plan particularly focuses on achieving the goals and objectives thought to be possible during the next year, while keeping in mind long term goals and objectives. See Section II-8.

### **III.2.8 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](http://www.aging.sc.gov)

## **III.3 Customer Focus**

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

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

These functions are designed to facilitate the development or enhancement of comprehensive and coordinated community-based systems serving communities throughout the state. These systems

shall be designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

Target groups 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.

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**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.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 Centers for Medicare and Medicaid Services, 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 weekly and 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.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 its 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 in data collection and analysis.

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?**

The key measures are outlined in the Strategic Plan and major goals and objectives are monitored on a regular basis and incorporated into the individual organizational units action plans, as well as incorporated into the EPMS process for those individuals responsible for achieving the desired outcomes. Section 1.2 for major achievements outlines the major accomplishments for the fiscal year. These are incorporated into the Strategic Plan and are reviewed against the on-going challenges that seniors and the LGOA faces in the future. Business needs and direction are modified based upon the results achieved, further improvement necessary, expectations from stakeholders and customers, as well as available resources that make future achievement possible.

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

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

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

#### **III.4.5 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 are less likely to fail or otherwise diminish the integrity of data. Downtime is greatly reduced as are the time and cost to manage systems. The LGOA is also moving to web based applications so that they can be accessed any time from anywhere. Data management, control, and backups have been centralized. Data resides on a secure server, and reports can be done on up-to-the-minute data.

The LGOA provides information via its web site: online documents are easily searchable, and can to be downloaded as needed; data is available to everyone quickly, and can be accessed at any time from a browser; 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?**

Organizational 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. These findings are also reviewed with key advisory bodies and advocacy partners for inclusion into the annual state budget process. Obtaining required and needed resources are key to the attainment of long term strategic goals and objectives of the Lieutenant Governor's Office and the LGOA. With the growth of the senior population in South Carolina, key initiatives need to be updated and modified 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 Human Resources**

### **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 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 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, compressed work weeks, telecommuting (where advantageous to both the agency and the employee), training, and competitive compensation through performance recognition. Senior leadership determines priorities for improvement based upon a constant feedback process.

**III.5.7 How do you maintain a safe, secure, and healthy work environment? (Include you workplace preparedness for emergencies and disasters)**

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

**III.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.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**

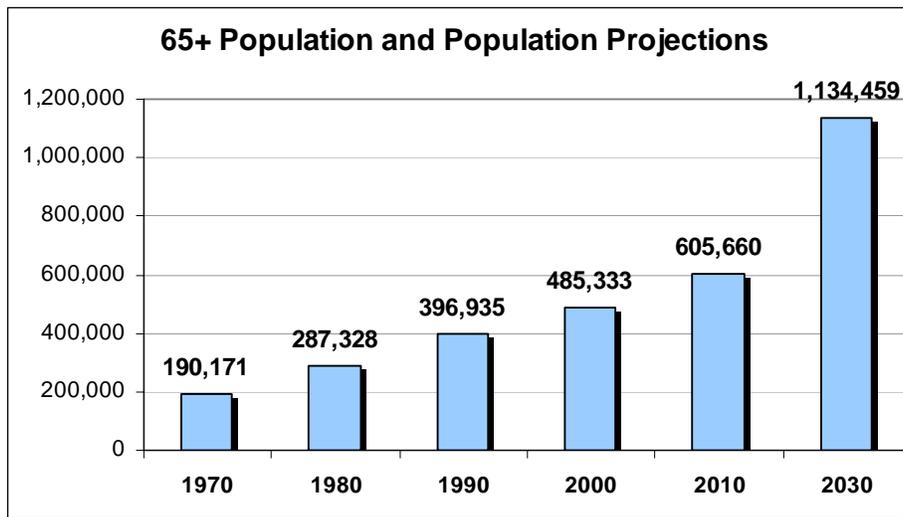


Figure III.7.1.1

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 rate of increase from calendar year 2000 to 2004 is 84.2% or 21.06% annually.

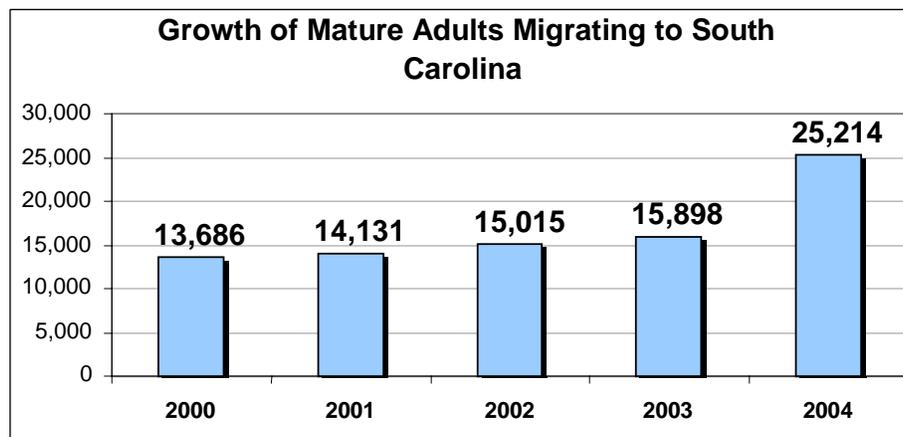


Figure III.7.1.2

Source: SC Department of Motor Vehicles.

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

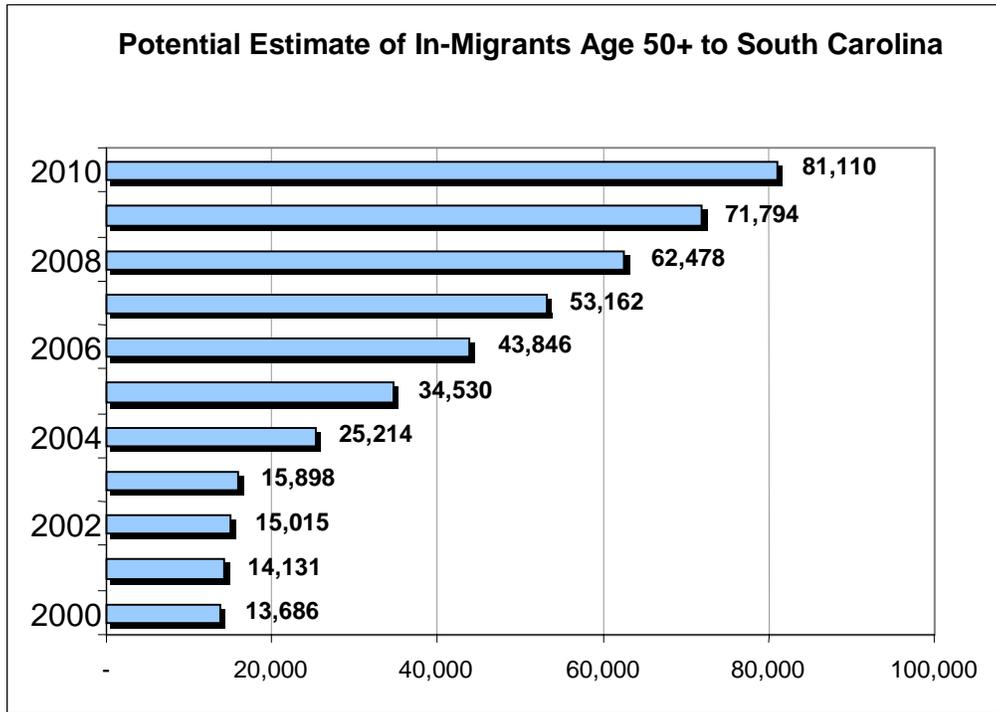


Figure III.7.1.3

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

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

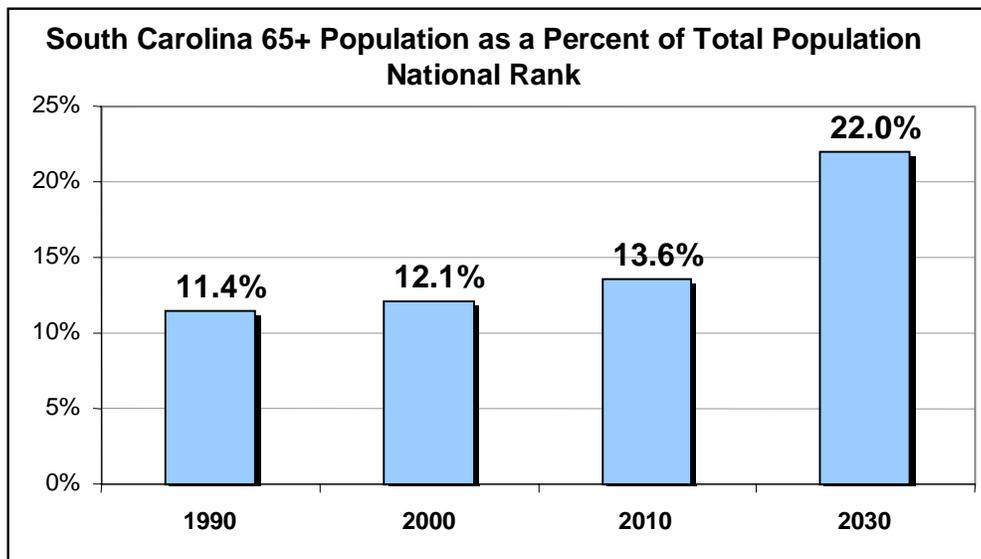


Figure III.7.1.4

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.

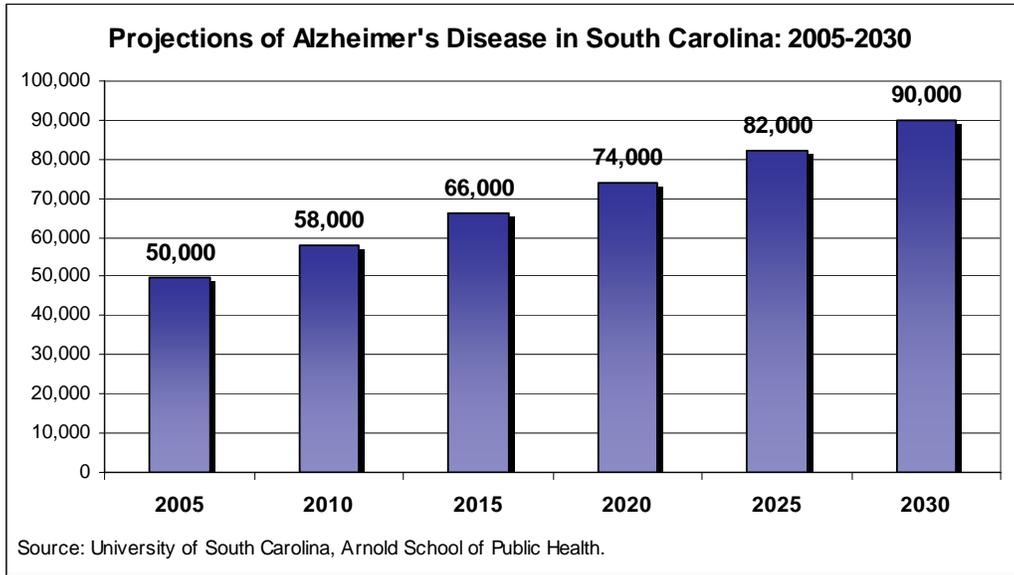


Figure III.7.1.5

**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

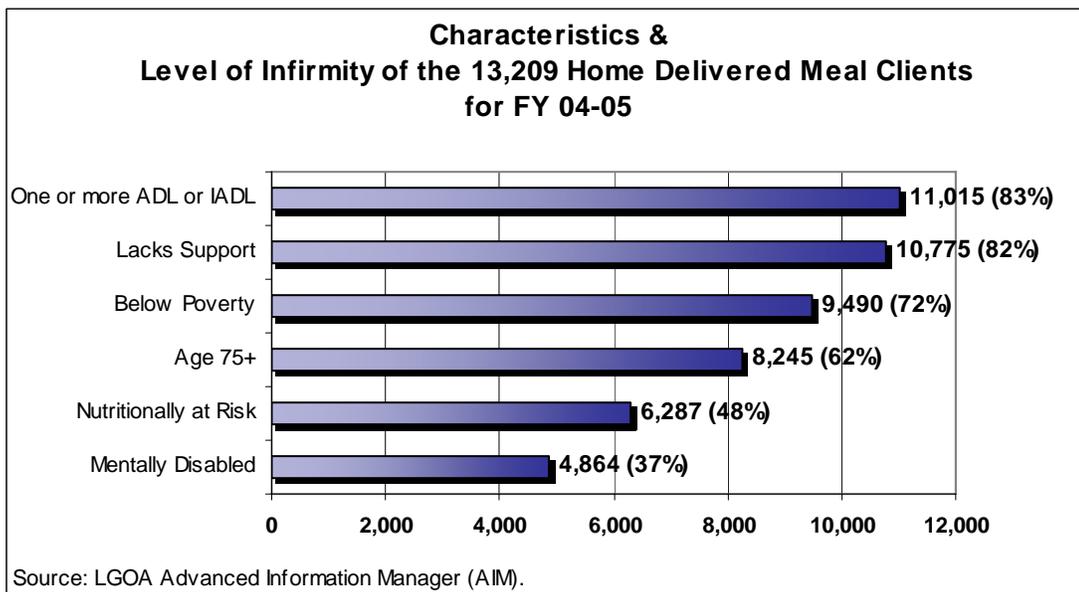


Figure III.7.1.6

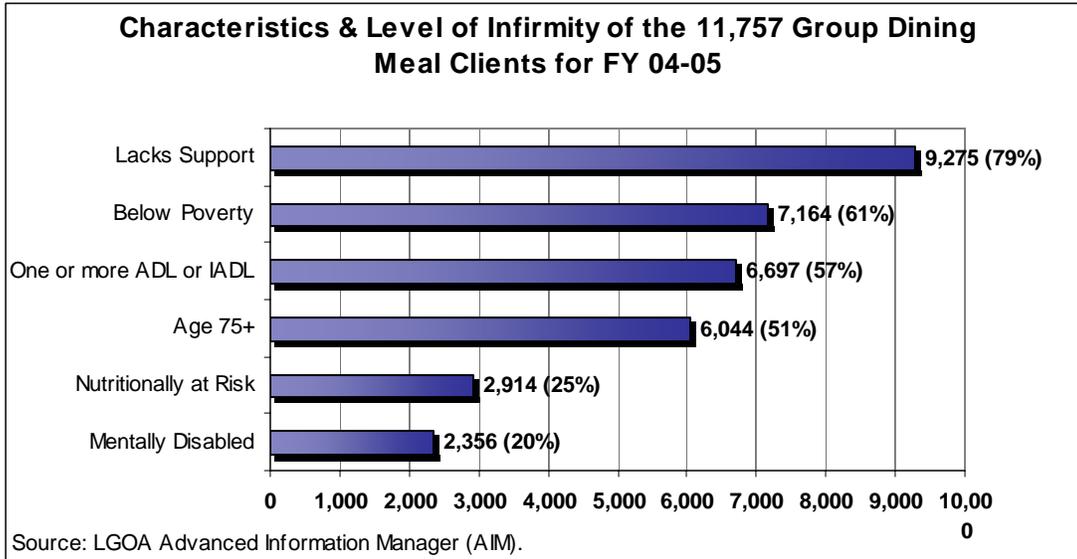


Figure III. 7.1.7

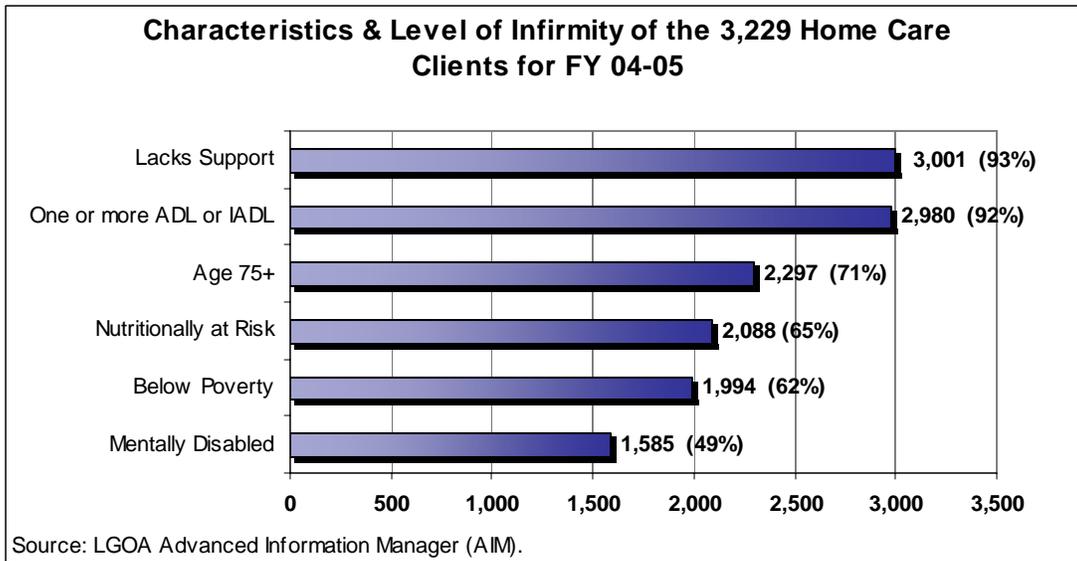


Figure III.7.1.8

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, 2005 data is the latest available. 2006 data is due January 2007, and is therefore not available for this report. 2006 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. 93% of all funds are utilized in four services: home delivered meals, group dining meals, transportation and home care. All other services comprise 7% of available funding.

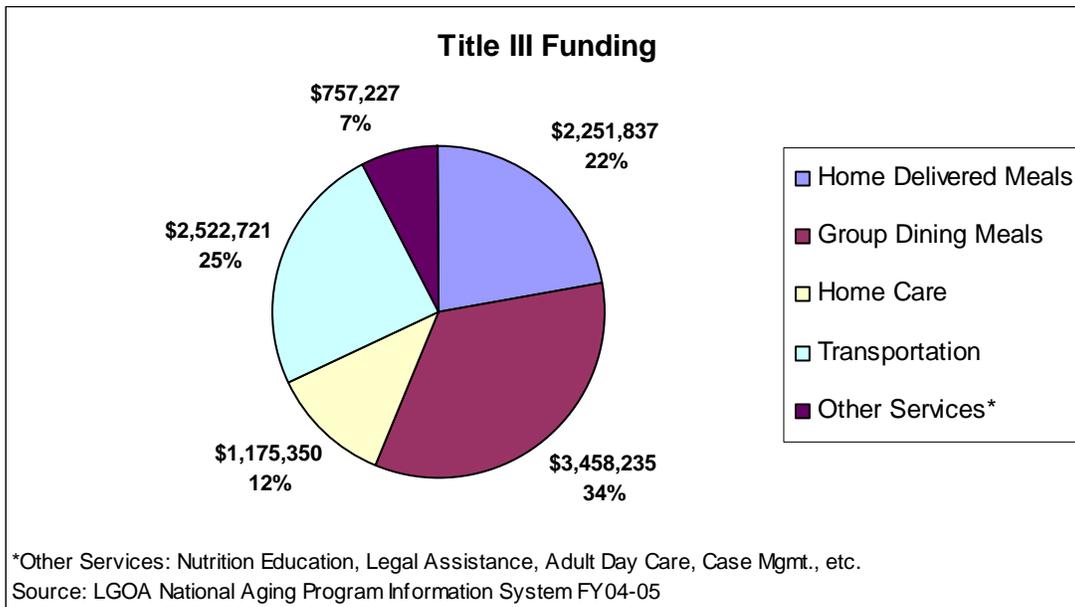


Figure III.7.1.9

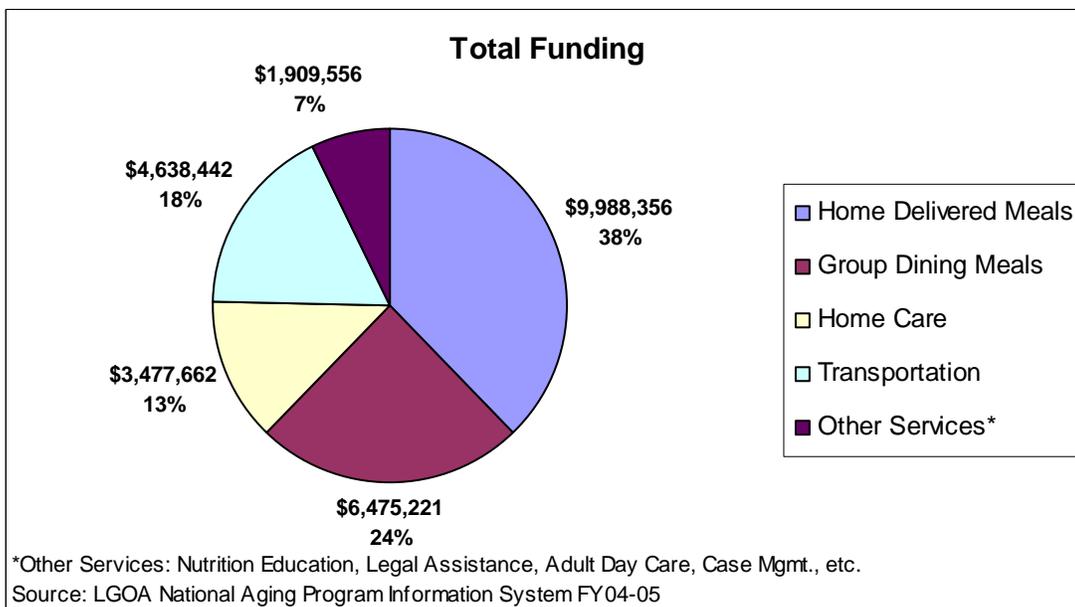


Figure III.7.1.10

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.

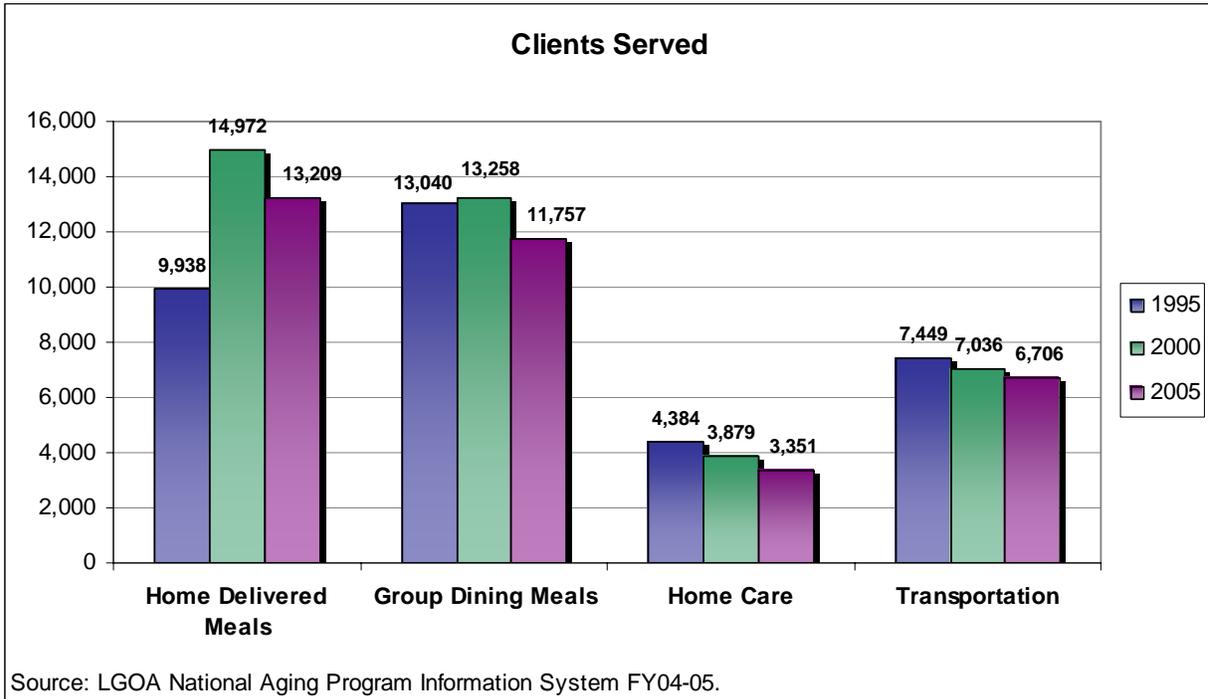


Figure III.7.1.11

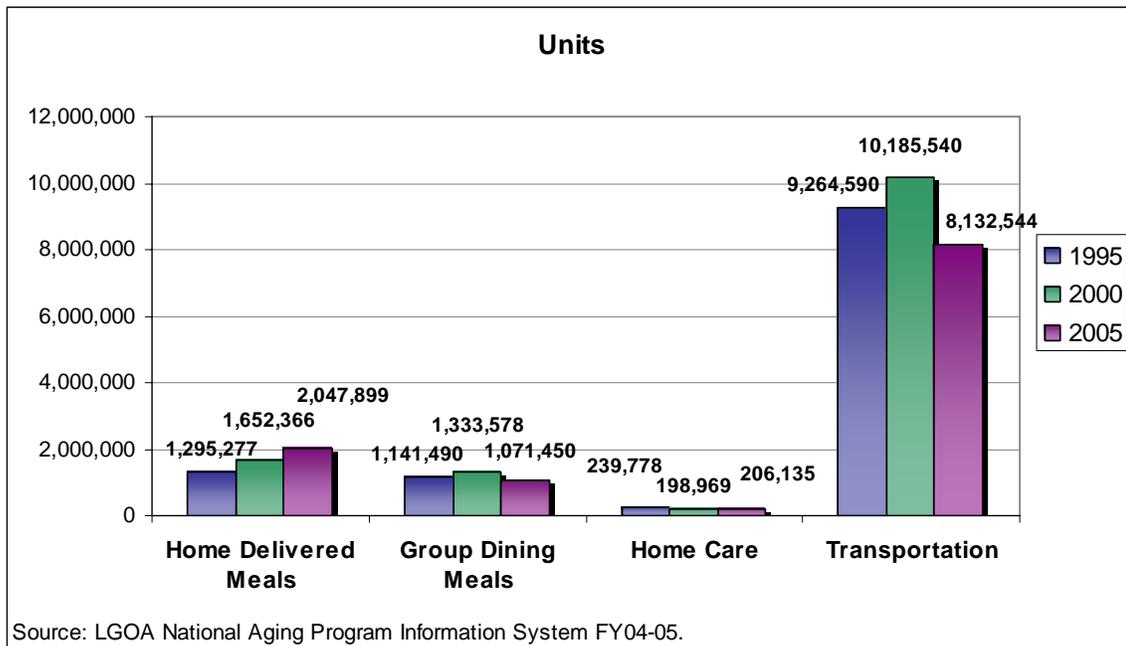


Figure III.7.1.12

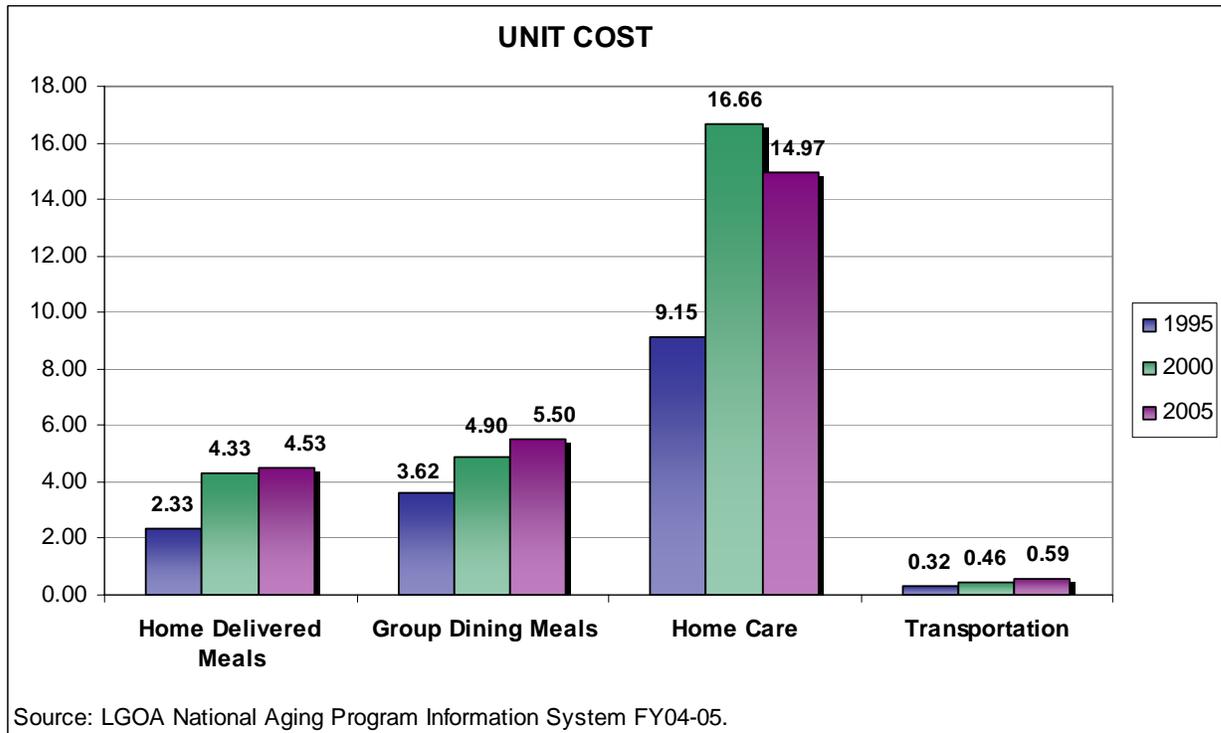


Figure III.7.1.13

**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.

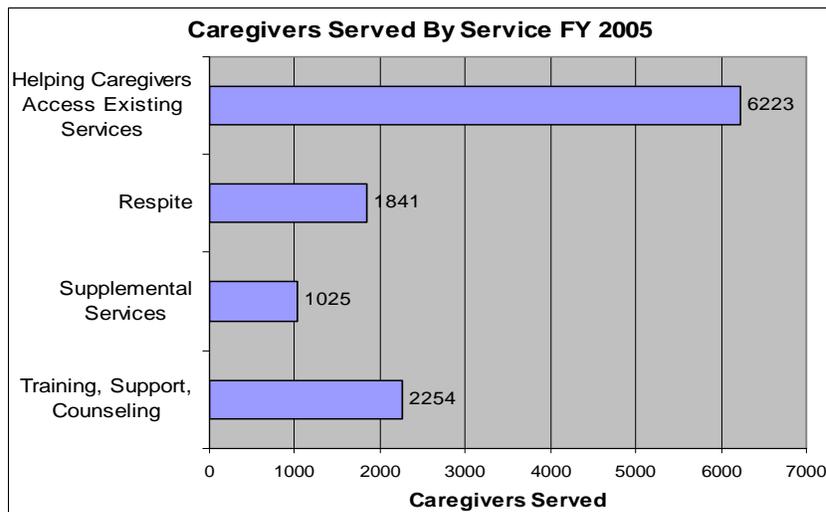


Figure III.7.1.14

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. Other family members may be paid to provide personal care and respite. Caregivers use their funds wisely: in 2005 the average caregiver purchased 88.5 hours of respite, at an average of \$8.86 per hour.

**Family Caregiver Support Program Respite Hours Provided by Fiscal Year**

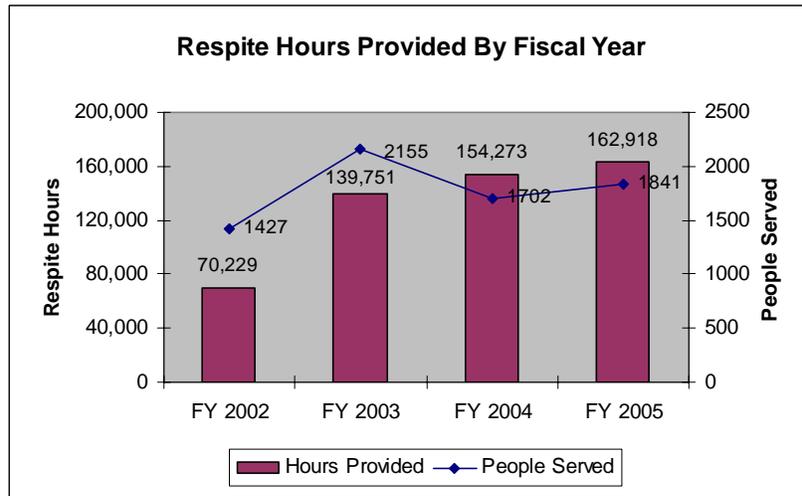


Figure II.7.1.15

Source: LGOA Caregiver Data System

In FY 05-06, 150,000 in state dollars funded 20 group respite, in-home respite, and education grants. These programs provided 18,944 hours of respite for 199 families, and 139 education sessions for 1,786 participants.

**ARCC Respite Services by Fiscal Year**

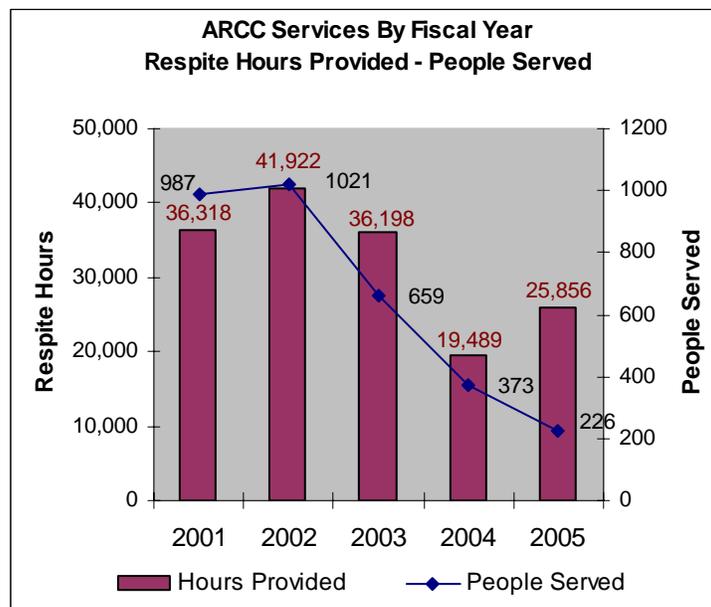


Figure III.7.1.15

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. All ARCC grant funds are equally matched with community resources. The number and type of grants awarded varies from year to year. Of the 118 seed grants awarded since 1995, 67 programs are still in operation.

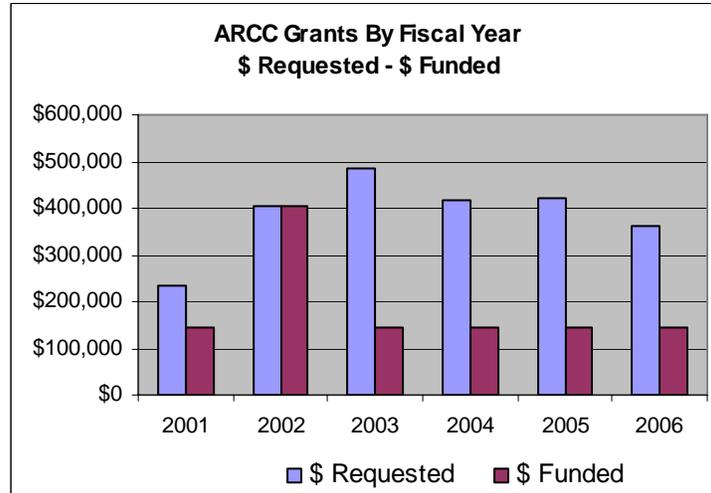


Figure III.7.1.16

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 also can provide assistance in linking callers to agencies, or in understanding eligibility requirements for publicly supported services. The LGOA provided 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. 88% of those surveyed said they would recommend this service to a friend or colleague.

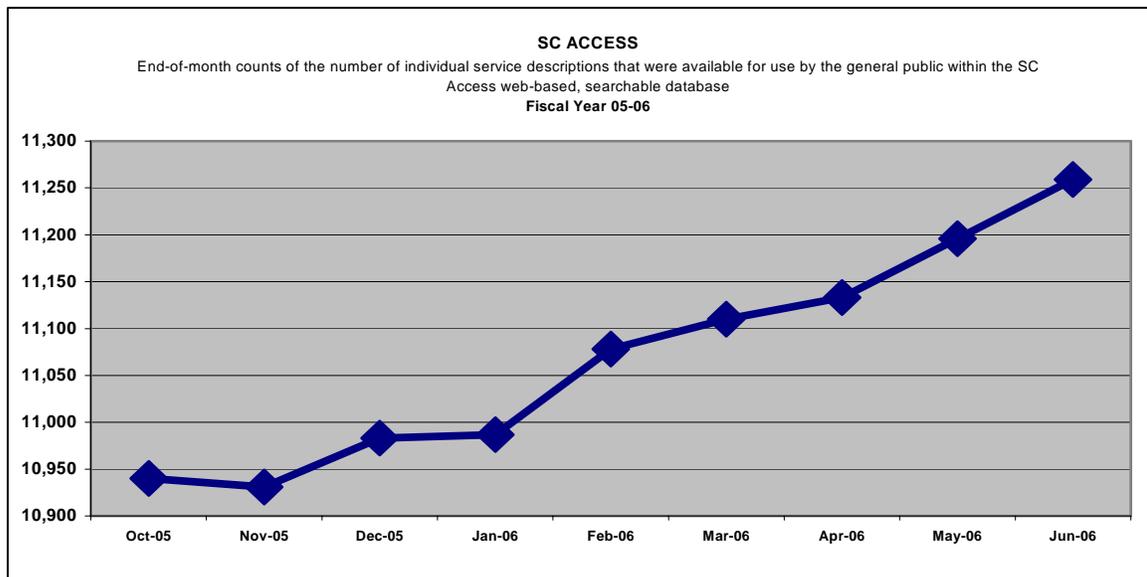
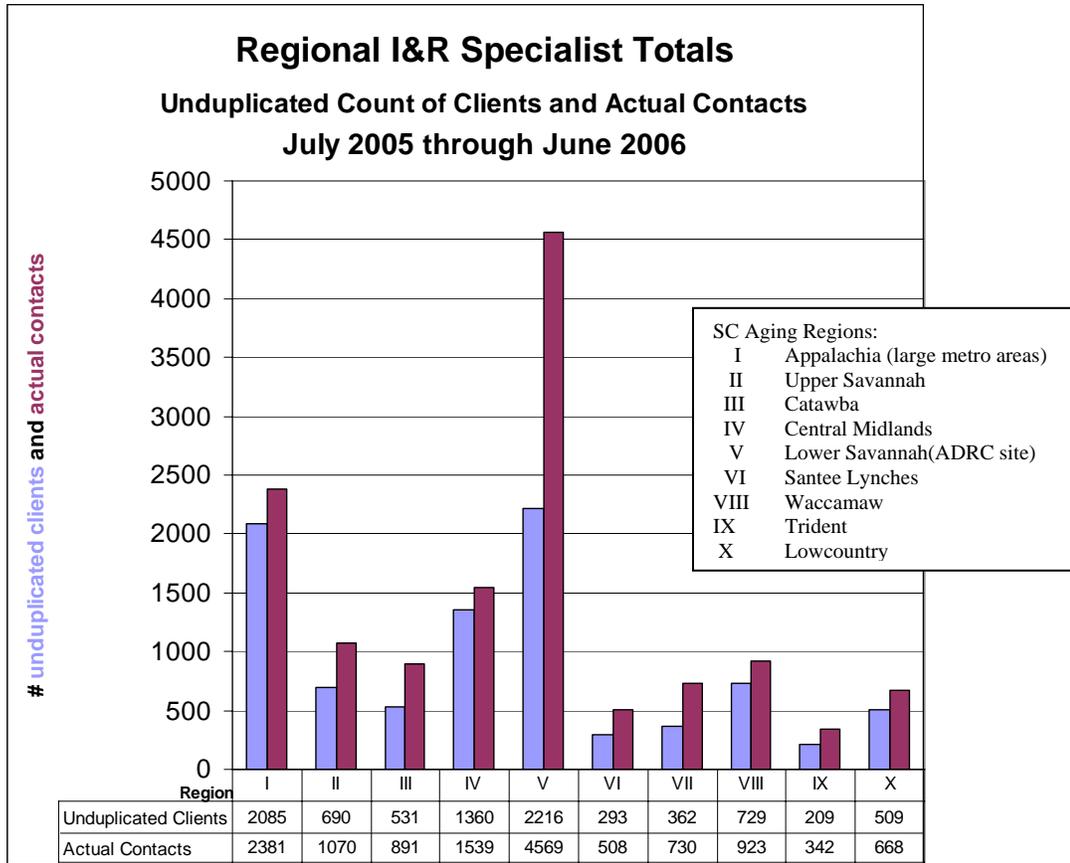


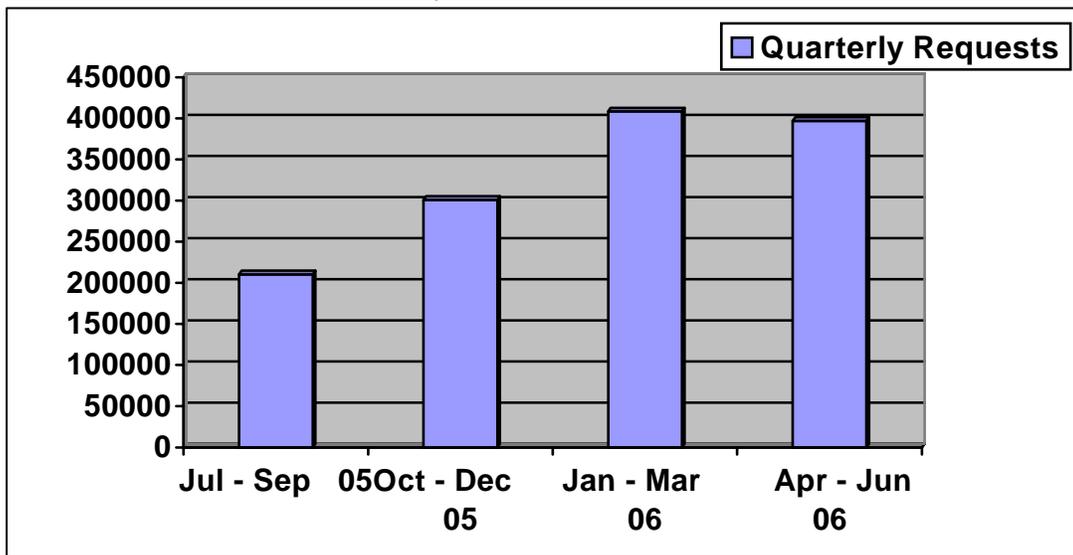
Figure III.7.1.17

Source: Source: AssistGuide (Vendor for Online E-Form Capabilities)



**Figure III.7.1.18**  
Source: VisionLink, Tapestry web reports

### SC Access Web Hits July 2005 – June 2006



**Figure III.7.1.19**  
Source: VisionLink, Tapestry web reports

**SC Access Web Hits by Month**

<b>July 2005</b> Requests: 121,467 Average per day: 4,053	<b>January 2006</b> Requests: 121,467 Average per day: 4,053
<b>August 2005</b> Requests: 66,482 Average per day: 2,148	<b>February 2006</b> Requests: 157,449 Average per day: 5,079
<b>September 2005</b> Requests: 75,152 Average per day: 2,505	<b>March 2006</b> Requests: 157,449 Average per day: 5,079
<b>October 2005</b> Requests: 120,750 Average per day: 3,901	<b>April 2006</b> Requests: 122,432 Average per day: 4,081
<b>November 2005</b> Requests: 96,994 Average per day: 3,233	<b>May 2006</b> Requests: 138,119 Average per day: 4,456
<b>December 2005</b> Requests: 83,331 Average per day: 2,692	<b>June 2006</b> Requests: 136,438 Average per day: 4,548

**Figure: III.7.1.20**

Source: VisionLink, Tapestry web reports

**Ombudsman Program.** The Long Term Care system is complex and sometimes difficult to understand. The Long Term Care Ombudsman is responsible for advocating for rights for LTC residents, and investigating abuse, neglect, and exploitation of these residents.

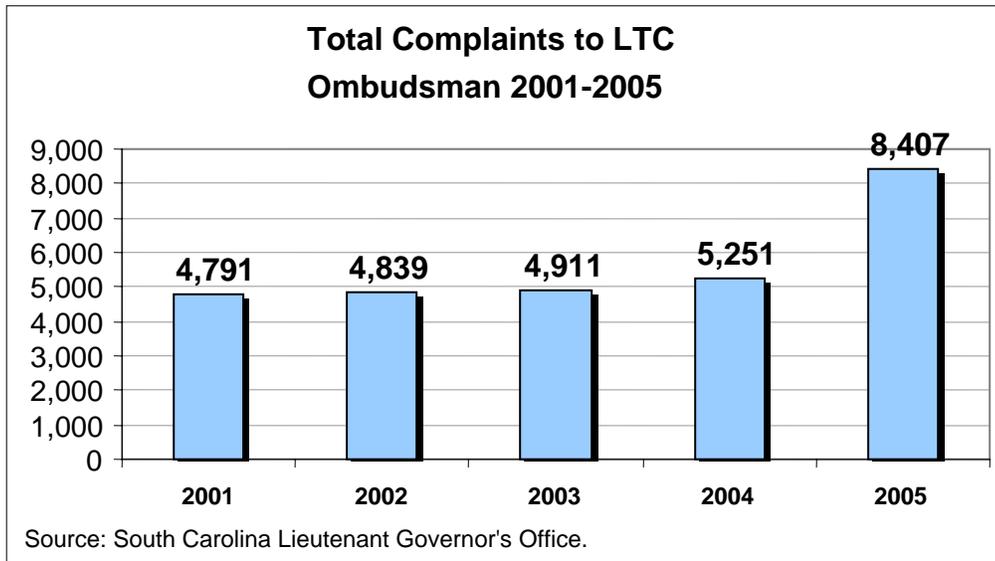


Figure III.7.1.21

Source: National Ombudsman Reporting System (NORS)

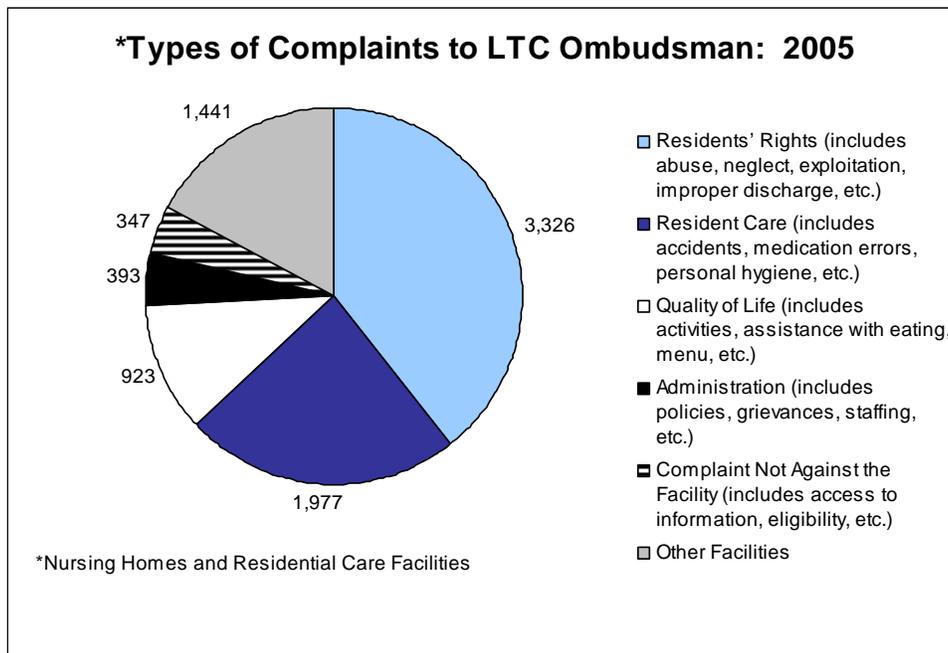


Figure III.7.1.22

Source: National Ombudsman Reporting System (NORS)

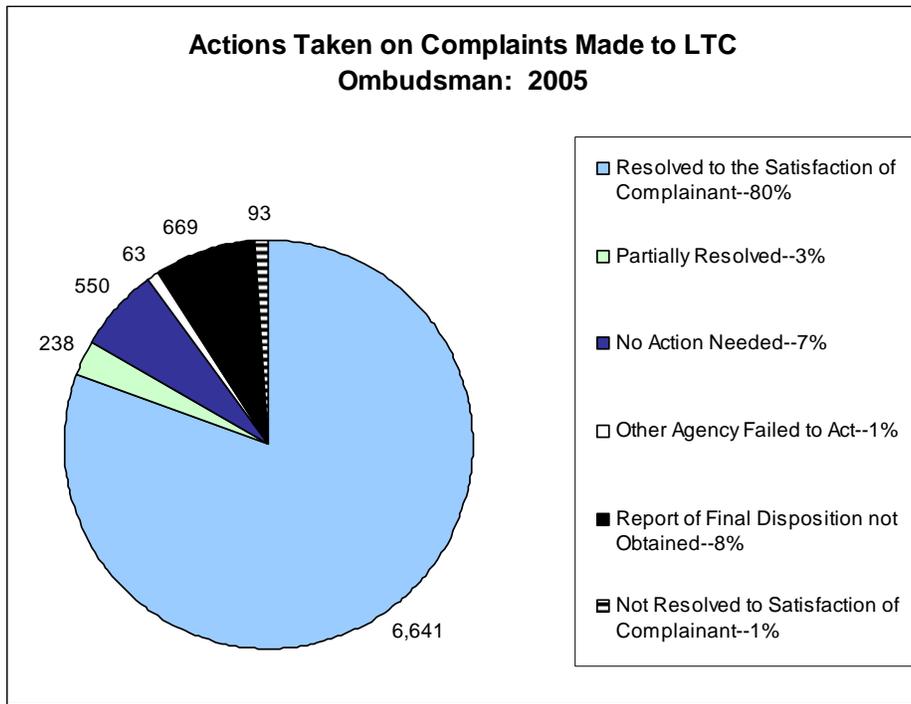


Figure III.7.1.23

Source: National Ombudsman Reporting System (NORS)

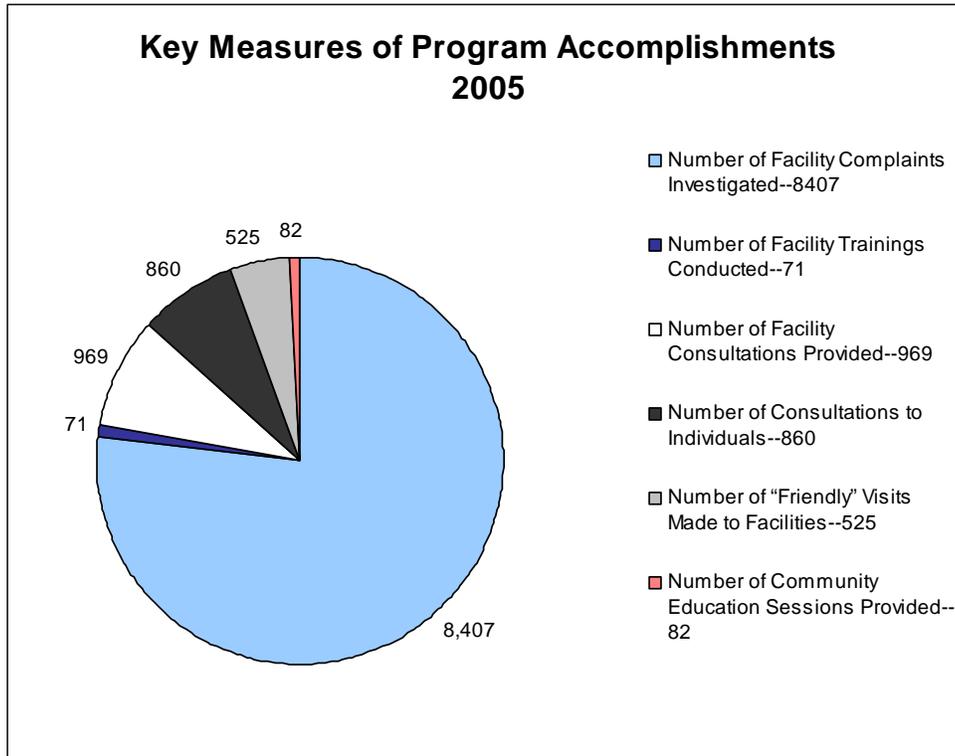


Figure III.7.1.24

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.

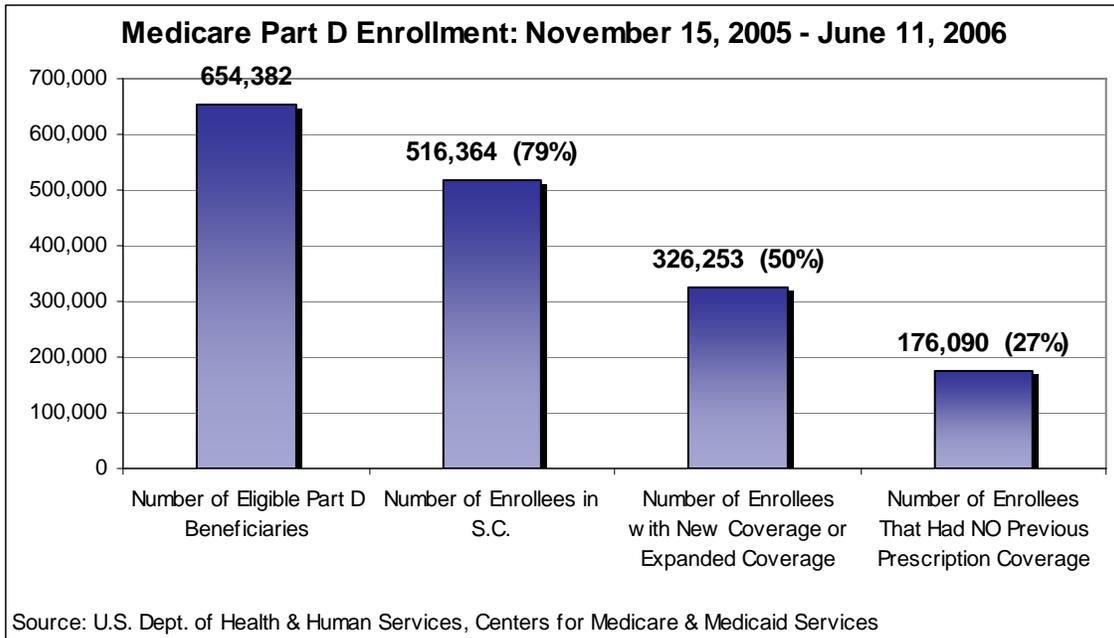


Figure III.7.1.25

**C. Trends.** Federal dollars have increased slightly but State dollars have remained flat. **NOTE:** The LGOA has received \$2.9 million for home and community-based services for FY 06-07.

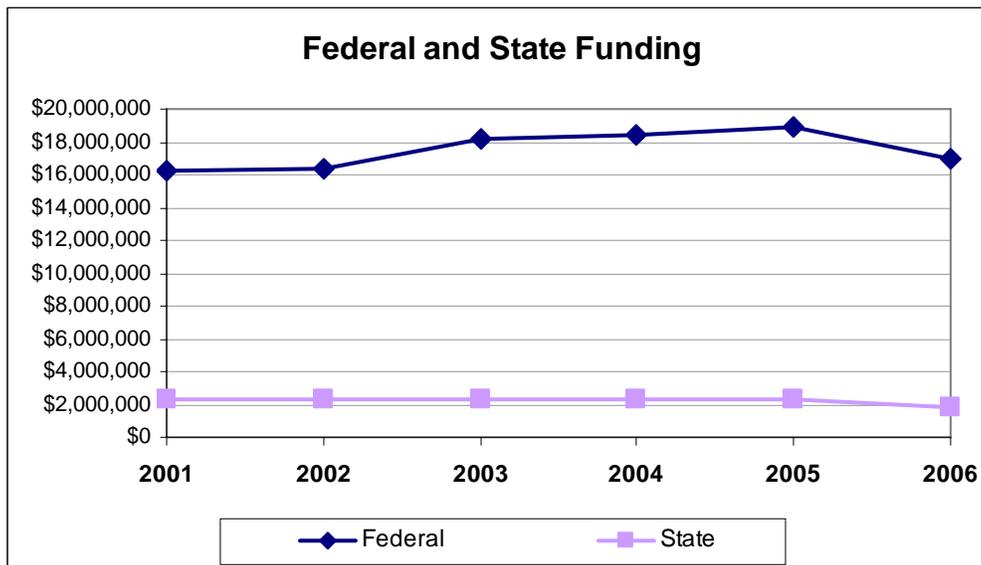


Figure III.7.1.26

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 \$166,672 or 27.4% since FY 00-01. **Note: The SC Legislature has changed the distribution formula effective July 1, 2007 to resolve this problem.**

**Bingo Revenue: Six-Year History**

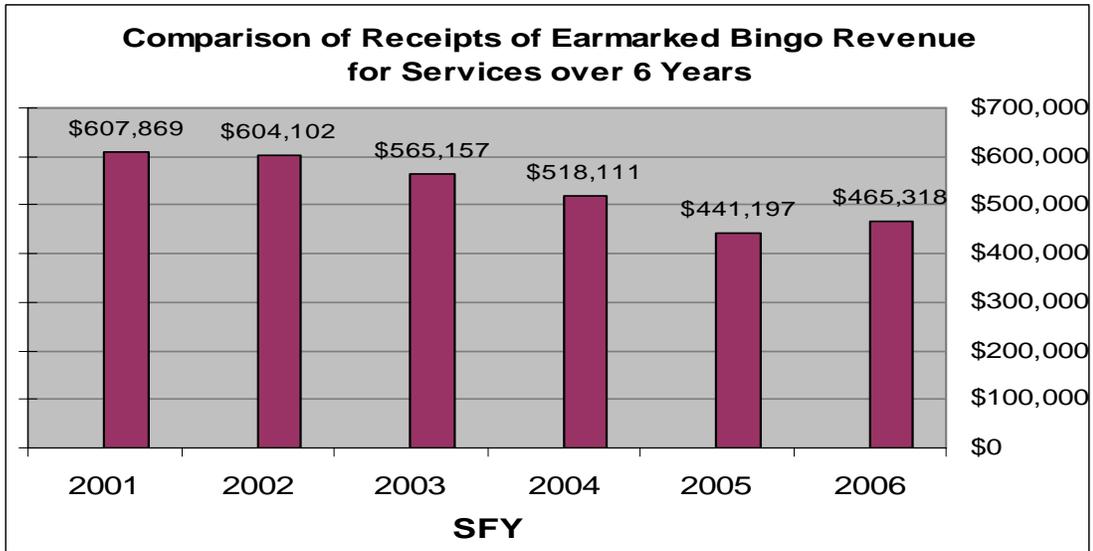


Figure III.7.1.27

Source: LGOA

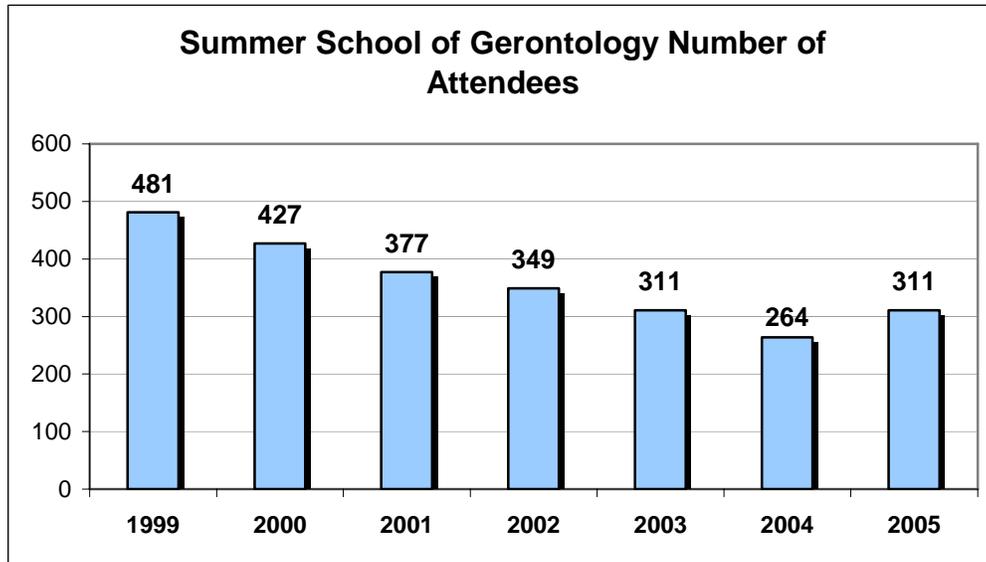


Figure III.7.1.28

Source: LGOA

The above statistics represent the 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 29 years for certification and enrichment of professionals in the State's senior services network, and professionals in state agencies, local organizations, etc.

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

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.

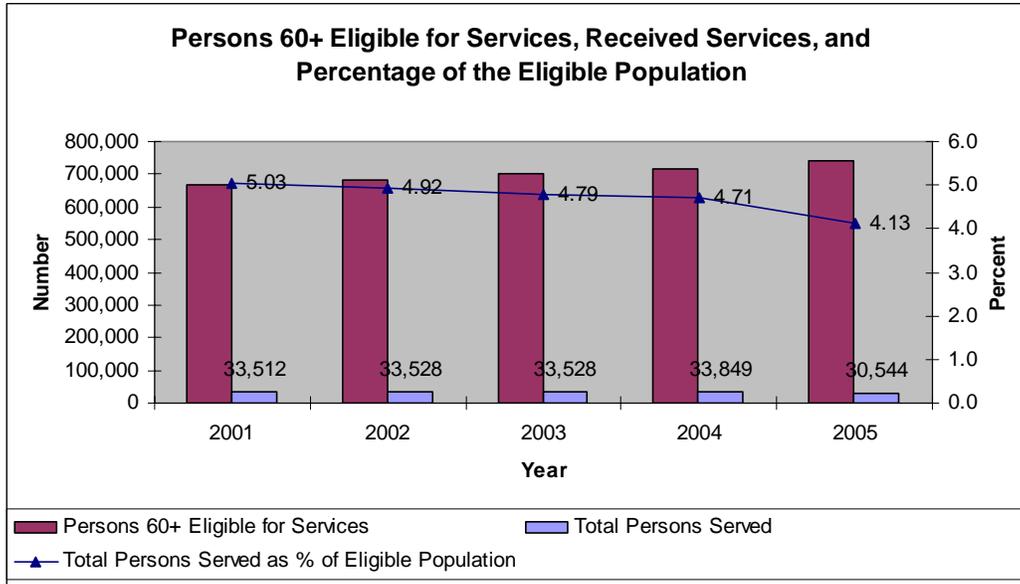
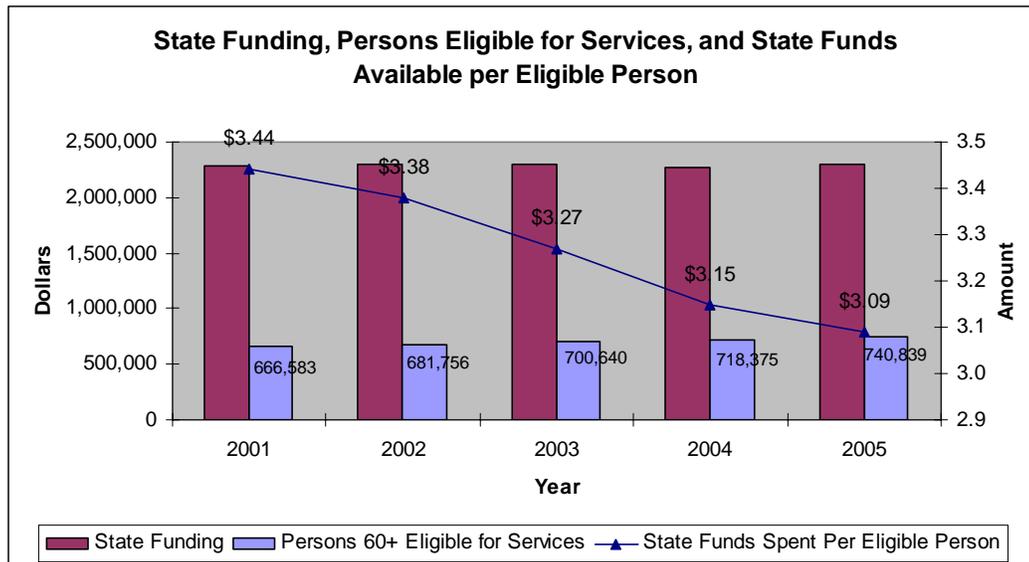


Figure III.7.1.29

As funding remains flat, with no adjustments for inflation, the amount spent per eligible person has declined from \$3.44 to \$3.09.



Figure

III.7.1.30

Source: US Census current population and National Aging Program Information System Federal Report (Last published in January 06 for FY 04-05)

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

The LGOA periodically conducts customer satisfaction surveys. A number of them were conducted in 2002 and 2004 under the auspices of the AoA’s Performance Outcomes Measurement Project (POMP) grant process. In view of the cost and resources required to conduct these surveys, the LGOA has not conducted any since 2004. With the move to the Lieutenant Governor’s Office, the LGOA is reviewing other less costly approaches for the future. The major effort during FY 05-06 has been administering the Advanced POMP grants which have addressed the value and impact of home and community based services on the well-being of seniors receiving them. The LGOA has also received two grants from The Duke Endowment (TDE) for the creation of the South Carolina Seniors’ Cube. These two efforts have led to research findings that show that home and community based services (nutrition services in particular) have been shown to be statistically significant in reducing emergency room and inpatient hospitalizations.

As a result of our evidence-based research and the effective partnership of the 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, SCNASW, SC Health Care Association, the Disability Action Council, and Disability Solutions, the General Assembly appropriated \$2.9 million in supplemental funding for home and community based services for FY 06-07. Further research from the POMP project and use of the Seniors’ Cube will track the impact of these services for new clients this year. Evidence-based research will help show healthcare cost savings for seniors who receive home and community based services.

**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.

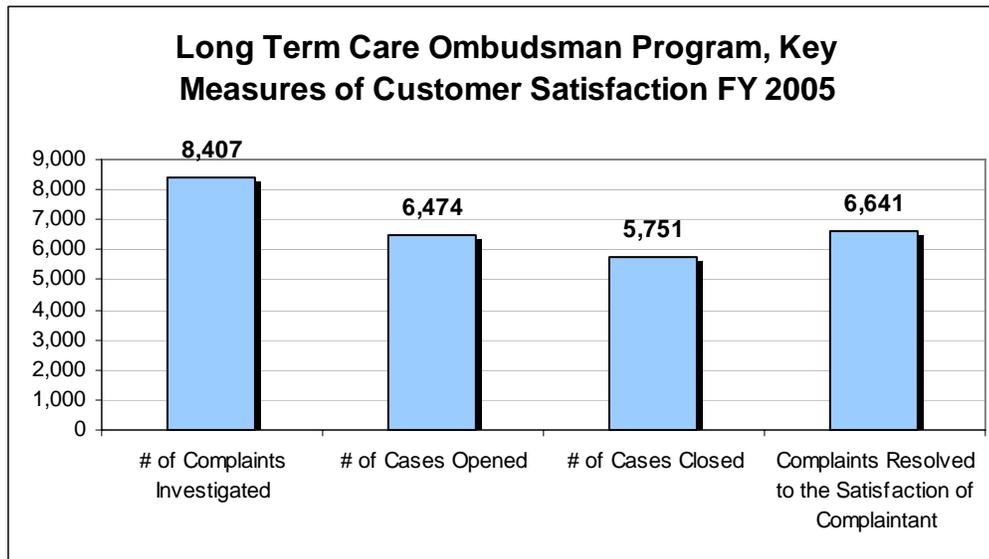
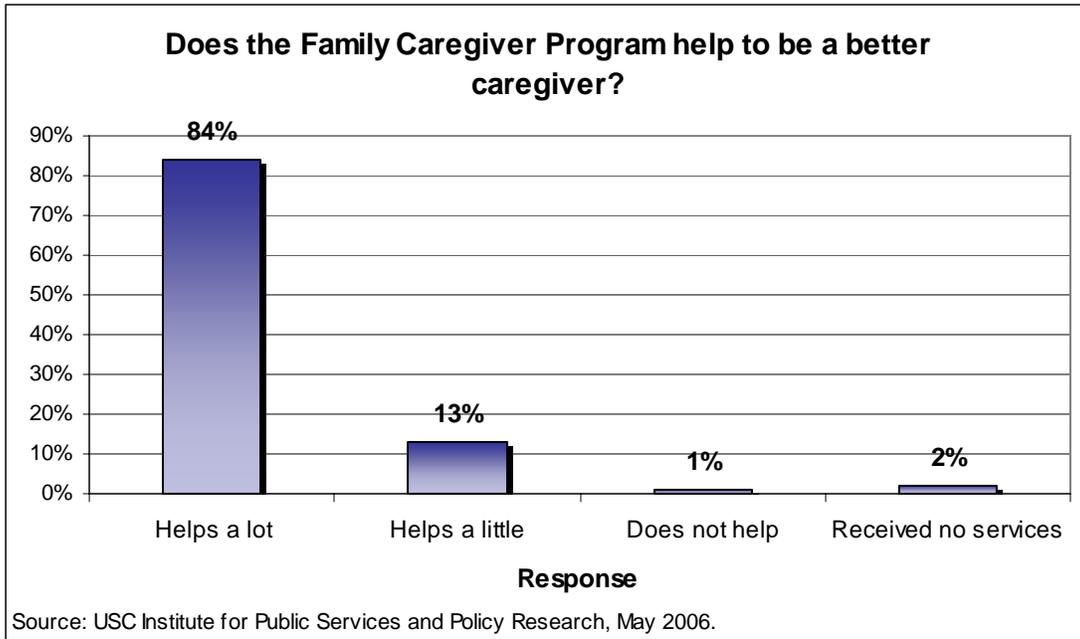


Figure III.7.2.1

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.7.22**

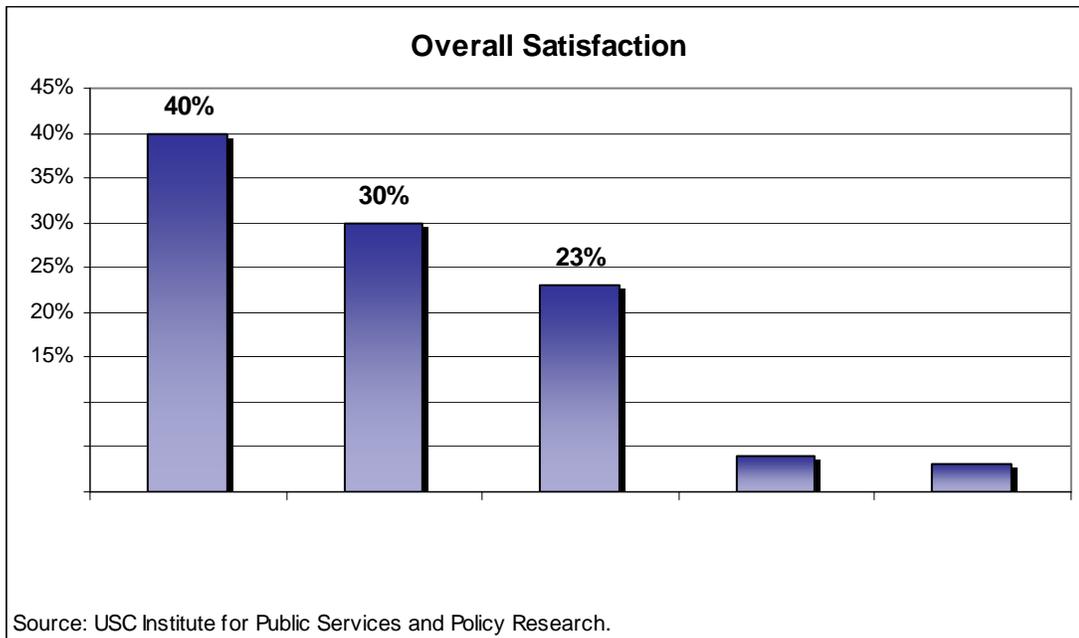


Figure II.7.2.3

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

**C. Customer Satisfaction with the Aging and Disability Information Centers**

Data for this survey was compiled by the USC Center for Health Services and Policy Research. The data was collected by mail from random samples of clients of the Lower Savannah ADIC.

**Satisfaction Survey Questions 1 – 9**

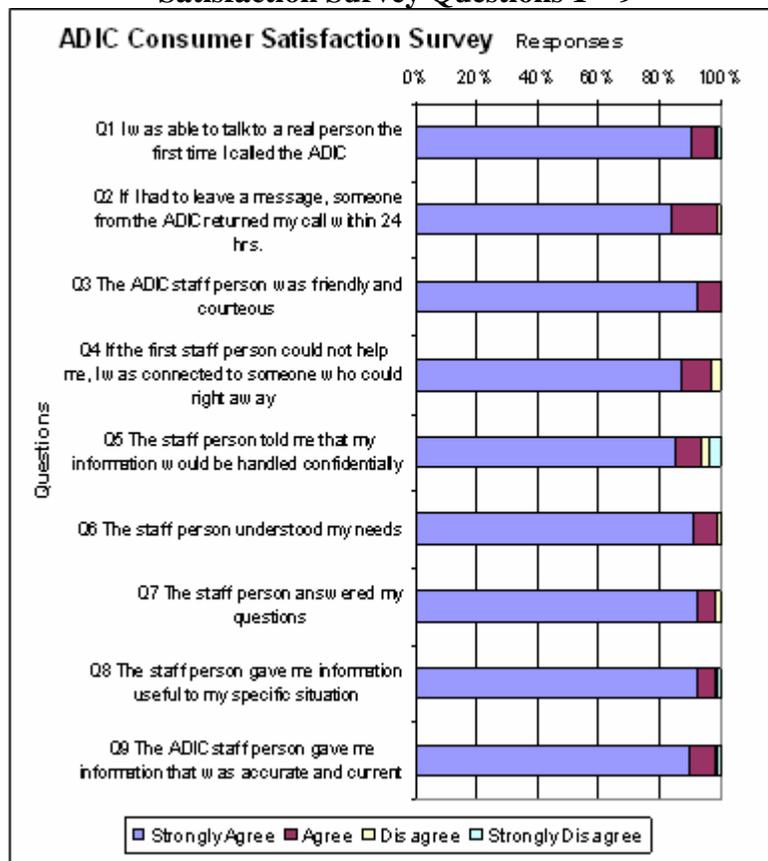
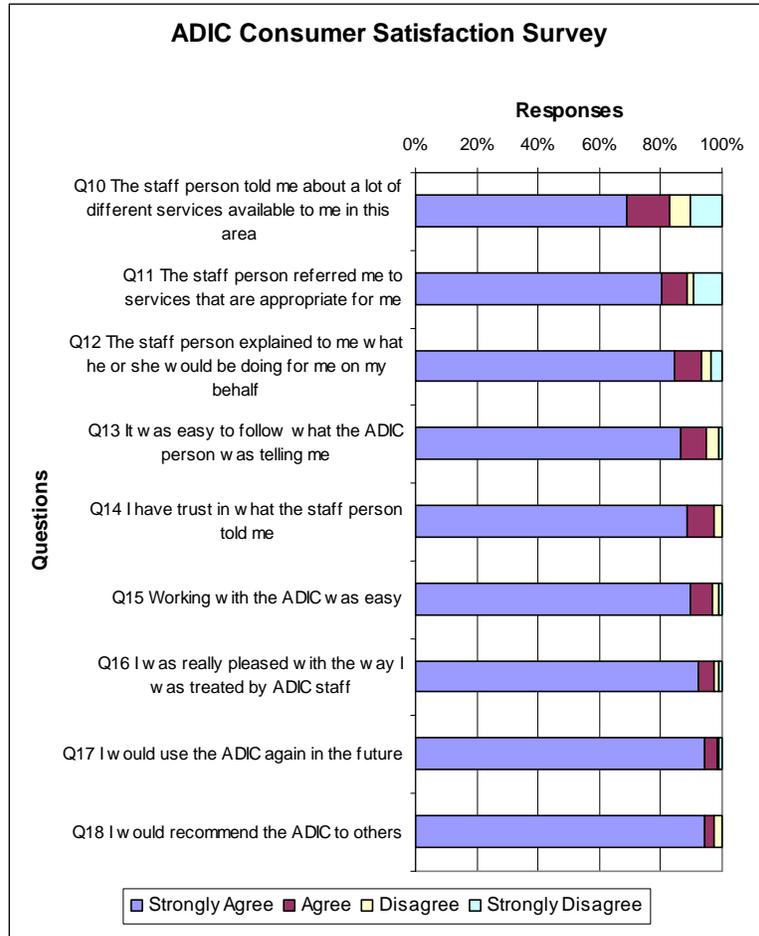


Figure III.7.2.4

**Satisfaction Survey Questions 10 - 18**



**Figure 7.2.5**

**III.7.3 What are your performance levels for the key measures of financial performance?**

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

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

The LGOA is new to the Lieutenant Governor's Office and has not yet developed significant trends. Significant progress has been made through the establishment of policies, procedures and operations. Employee retention is high. Turnover of staff is minimal with only two employees who retired under the TERI program during the fiscal year. The LGOA has identified needs for staff development and training. The LGOA recognizes the value of its employees through two employee appreciation luncheons annually.

**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 during the fiscal year. Active participation keeps the agency abreast of and in compliance with state and federal laws and regulations.

**STRATEGIC PLANNING CHART**

<b>Program Number and Title</b>	<b>Supported Agency Strategic Planning Goal/Objective</b>	<b>Related FY 05-06 Key Agency Action Plan/Initiative(s)</b>	<b>Key Cross References for Performance Measures*</b>
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.7.2.5
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.7.1.30
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.