Trident Area Agency on Aging

Assistance, Advocacy, Answers on Aging

Aging and Disability Resource Center

2014 – 2017
Regional Area Plan

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I. INTRODUCTION

Purpose

Under the Older Americans Act of 1965, as amended, an Area Agency on Aging is charged with the responsibility of preparing an Area Plan that describes the development of a comprehensive, coordinated system to meet the needs of older persons in their planning and service area. This document is a means of communicating the Agency's plan for meeting the needs of the Trident Region's seniors, adults with disabilities and caregivers.

The purpose of the Area Plan is to delineate the goals, objectives and actions to be undertaken by Trident Area Agency on Aging (TAAA) for the period 2014-2017. The Plan describes the actions that TAAA will take to implement the Area Agency on Aging functions that are mandated in accordance with the Older Americans Act and the South Carolina Lieutenant Governor's Office on Aging Policies and Procedures. The Area Plan is a commitment to the Lieutenant Governor's Office on Aging outlining how TAAA intends to carry out its administrative responsibilities and how the agency will utilize the Federal and State funds to serve eligible individuals with the greatest need(s).

Through the development and implementation of the Area Plan, other agencies and organizations in the Trident planning and service area can identify shared interests and work cooperatively to meet the needs of Trident Region's senior and disabled adult population. TAAA, together with aging network contractors, service providers, the private sector, advocacy groups and human services organizations, form the comprehensive, coordinated service system called for under the Older Americans Act.

2014 – 2017 Verification of Intent

The Area Plan submitted for the Trident Region for the period of July 1, 2013 through June 30, 2017, includes all activities and services provided by the Trident Planning Service Area (PSA) and Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC). The PSA and AAA/ADRC shall comply with applicable provisions of the Older Americans Act (OAA), as amended and other legislation that may be passed during this period identified. The PSA and AAA/ADRC will assume full authority to develop and administer this Area Plan in accordance with the Act and related State policy. In accepting this authority, the PSA and AAA/ADRC assumes responsibility to develop and administer this Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older persons in the planning and service area.

This Area Plan was developed in accordance with all rules, regulations, and requirements specified under the OAA and the Lieutenant Governor's Office on Aging (LGOA), including the South Carolina Aging Network's Policies and Procedures Manual and the LGOA Multigrant Notice of Grant Award's (NGA's) Terms and Conditions. The PSA and AAA/ADRC agrees to comply with all standard assurances and general conditions submitted in the Area Plan throughout the four (4) year period covered by the plan. This Area Plan is hereby submitted to the South Carolina Lieutenant Governor's Office on Aging for approval.

The Trident PSA and AAA/ADRC certifies that it is responsible for overseeing the provision of Aging Services throughout the Trident Region. This responsibility includes, but is not limited to, the following functions:

1. Contract management
2. Programmatic and fiscal reporting activities
3. Oversight of contracted service delivery
4. Coordination of services and planning with the LGOA, service contractors, and other entities involved in serving and planning for the older population in the planning and service area
5. Provision of technical assistance and training to providers/contractors and other interested parties
6. Provision of public information and advocacy related to aging program activities and issues

7. Provision of all activities, programs, and services contained within the South Carolina Aging Network's Policies and Procedures Manual, and compliant with all Notice of Grant Award's (NGA's) Terms and Conditions, and assurances from the Administration on Aging (AoA) and Lieutenant Governor's Office on Aging (LGOA).

_____	_____
Date	Signature of Executive Director Planning Service Area (PSA)
_____	_____
Date	Signature of Aging Unit Director

The Area Agency Advisory Council has reviewed and approved this Area Plan.

_____	_____
Date	Signature of Chair, Area Agency Advisory Council

The Governing Board of Planning Service Area (PSA) has received and approved this Area Plan.

_____	_____
Date	Signature of Governing Board Chair

2014 – 2017 Area Plan
Verification of Administration on Aging's (AoA'S) and Lieutenant Governor's Office on Aging's (LGOA'S) Standard Assurances and General Conditions

ASSURANCE CATEGORIES

A. PLANNING AND SERVICE AREA (PSA) AND AREA AGENCY ON AGING (AAA)/AGING AND DISABILITY RESOURCE CENTER (ADRC) GENERAL AND ADMINISTRATIVE ASSURANCES
B. AAA/ADRC TRAINING RESOURCES ASSURANCES
C. CLIENT DATA COLLECTION ASSURANCES
D. FISCAL ASSURANCES
E. MONITORING AND COMPLIANCE ASSURANCES
F. PROCUREMENT AND CONTRACTUAL ASSURANCES
G. COORDINATION, OUTREACH, AND INFORMATION AND REFERRAL ASSURANCES
H. STATE PLAN ASSURANCES FROM THE ADMINISTRATION ON AGING (AoA)

2014 – 2017 Area Plan Assurances

A. PLANNING AND SERVICE AREA (PSA) AND AREA AGENCY ON AGING (AAA)/AGING AND DISABILITY RESOURCE CENTER (ADRC) GENERAL AND ADMINISTRATIVE ASSURANCES

1. The Planning Service Area (PSA), Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC), and the AAAs'/ADRCs' providers/contractors must comply with the policies and procedures set by the Older Americans Act (OAA), the current South Carolina Aging Network's Policies and Procedures Manual, current Notices of Grant Award (NGA) Terms and Conditions, and any Program Instructions (PI) issued by the Lieutenant Governor's Office on Aging (LGOA) and the Administration on Aging (AoA) during the Area Plan period.

2. The AAA/ADRC shall ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, shall include a focus on the needs of low income minority older individuals and older individuals residing in rural areas. (**OAA 306(a)(4)(C)**)

3. The PSA, AAA/ADRC, and the AAAs'/ADRCs' providers/contractors shall comply with all applicable Federal and State laws, regulations, and guidelines.

4. The PSA and AAA/ADRC shall have a comprehensive, written policies and procedures manual for complying with all of its functions as prescribed by the OAA, the LGOA, and the South Carolina Aging Network's Policies and Procedures Manual. These written policies and procedures shall be available for inspection upon request and are subject to the South Carolina Freedom of Information Act (FOIA) requirements. The AAA/ADRC may not adopt the South Carolina Aging Network's Policies and Procedures Manual as a substitute for developing a regional manual, but may use it as a guide for what should be included in the regional manual. A summary of the written policies and procedures should be noted in the Area Plan.

5. The AAA/ADRC accepts the standards and programmatic requirements issued for all services authorized by the Lieutenant Governor's Office on Aging. All providers/contractors and/or vendors of services shall be monitored for compliance with such standards and carry out the standards and requirements in the delivery of each service to be reimbursed with funds awarded under this plan.

6. The PSA and AAA/ADRC shall maintain professional office policies and procedures which reflect effective (best) business practices in order to ensure the quality delivery of programs and services to South Carolina's aging population and adults with disabilities.

7. The AAA/ADRC shall provide a qualified full-time director of the aging unit and an adequate number of qualified staff to carry out the functions required under the Area Plan. (**CFR 1321.55(b)**)

8. The AAA/ADRC shall maintain a Regional Aging Advisory Council (RAAC) whose purpose is:
a. to advise the AAA/ADRC on all matters related to the development of the Area Plan;
b. to advise on the administration of the plan; and
c. to advise on operations conducted under the plan.
The RAAC shall have no decision-making authority that is binding on the AAA/ADRC staff or on the AAA/ADRC Executive Board. (**OAA 306(a)(6)(D)**)

9. Through its Area Plan, the AAA/ADRC shall provide the LGOA information on how board members are selected, appointed, or elected; the established terms of office; and RAAC by-laws.

10. The PSA and AAA/ADRC directors shall be expected to be engaged and informed aging advocates who work to promote senior matters and educate the community on issues facing the aging network and their respective regional AAA/ADRC.

11. Each PSA are encouraged to have at least one (1) board meeting annually that is dedicated to aging issues and shall invite the LGOA Director and senior staff to attend.

12. All Planning Service Area (PSA) Directors are required to attend quarterly and scheduled PSA Directors' meetings at the LGOA, or to send an appropriate representative, approved by the LGOA Director.

13. All AAA/ADRC Directors are required to attend monthly and scheduled ADRC meetings or to send an appropriate representative, approved by the LGOA Director.

14. PSA Directors and their governing board members shall be encouraged to provide a minimum of six (6) hours of community service annually in their region. Options for community service may be conducted through, but not limited to, working at a group meal site; delivering home-delivered meals; or volunteering in an adult day care, assisted living facility, or a multipurpose senior center. The desired goal of this community service is for the PSA leaders to see firsthand the many challenges and obstacles facing older persons, persons with disabilities, and their families and caregivers and to seek solutions in order to improve the aging network in their regions.

15. The PSA director shall ensure that all contact information for all respective PSA board members provided to the LGOA is accurate and up-to-date and comply with the South Carolina Freedom of Information Act (FOIA).

16. The AAA/ADRC shall use grants made under the Older Americans Act (OAA) to pay part of the cost of the administration of the Area Plan, including preparation of plans, evaluation of activities carried out under such plans, development of a comprehensive and coordinated system for delivery of services to older adults and caregivers, development and operation of multipurpose senior centers, and the delivery of legal assistance as required under the OAA of 1965, as amended in 2006, and in accordance with the regulations, policies, and procedures established by the LGOA, the Assistant Secretary of the AoA, the Secretary of the U.S. Department of Health and Human Services and State legislation. (**OAA 303 (c) (1) and (2) and CFR 1321.11**)

17. The AAA/ADRC shall assure through the Area Plan that it has protocols in place to provide technical and programmatic assistance and training opportunities for AAA/ADRC staff and providers/contractors as required by the South Carolina Aging Network's Policies and Procedures Manual.

18. The AAA/ADRC is responsible for designing and implementing a regional training and education plan. This plan should be comprehensive in nature and reflect the training requirements identified by the AAA/ADRC, address the service priorities in the Area Plan, and complement State efforts. The training should address geographical characteristics, demographics, infrastructure, GIS Mapping, and local and community partnering resources. The annual needs assessment is the blueprint necessary to identify the types of trainings necessary in the region. Regional training shall also address all required LGOA client data tracking systems, as well as any other fiscal or programmatic requirements of the LGOA.

19. The AAA/ADRC and providers/contractors shall not means test for any service under Title III. When contributions are accepted, or cost sharing implemented,

providers/contractors shall not deny services to any individual who does not contribute to the cost of the service. (**OAA 315(b)(3) and CFR 1321.61(c)**)

20. The AAA/ADRC shall comply with Title VI of the Civil Rights Act of 1964 and shall require such compliance from all providers/contractors under the Area Plan. (**CFR 1321.5(c)**)

21. The AAA/ADRC shall comply with all the appropriate Titles of the Americans with Disabilities Act of 1990, require such compliance from all contractors under the Area Plan, and assure that otherwise eligible older individuals shall not be subjected to discrimination under any program or activity under the Area Plan. (**CFR 1327.5 and 1321.5 (c)**)

22. The AAA/ADRC shall assure that residency or citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals.

23. The AAA/ADRC shall assess the level of need for supportive services including legal assistance, transportation, nutrition services, and multipurpose senior centers within the planning and service area. (**OAA 306(a)(1)**)

24. The AAA/ADRC shall assure that the special needs of older individuals residing in rural areas are taken into consideration and shall describe in the Area Plan how those needs have been met and how funds have been allocated to services to meet those needs. (**OAA 307(a)(10)**)

25. The AAA/ADRC shall utilize Geographic Information System (GIS) mapping in order to determine if Older Americans Act (OAA) targeted client populations are being served in its planning and service areas.

26. The AAA/ADRC shall establish effective and efficient procedures for coordination of entities conducting programs under the OAA and entities conducting other Federal programs for older individuals at the local level. (**OAA 306(a)(12)**)

27. Where there are an identifiable number of older individuals in the PSA who are Native Americans, the AAA/ADRC shall require outreach activities to such individuals and encourage such individuals to access the assistance available under the OAA. (**OAA 306(a)(6)(G)**)

28. The AAA/ADRC shall assure the coordination of planning, identification and assessment of needs, and provision of services for older individuals with disabilities, (with particular attention to those with severe disabilities) with agencies that develop or provide services for individuals with disabilities. (**OAA 306(a)(5)**)

29. The AAA/ADRC, in carrying out the State Long Term Care Ombudsman program, shall expend not less than the total amount of funds appropriated and expended by the agency in fiscal year 2000 in carrying out such a program under the OAA. (**OAA 306(a)(9)**)

30. The AAA/ADRC, when seeking a waiver from compliance with any of the minimum expenditures for priority services, shall demonstrate to the LGOA that services furnished for such category within the PSA are sufficient to meet the need for those services and shall conduct a timely public hearing upon request. (**OAA 306(b)**)

31. The AAA/ADRC shall, to the maximum extent practicable, coordinate services under the Area Plan with services that may be provided under Title VI in the planning and service area. (**OAA 306(a)(11)(B) and (C)**)

32. The AAA/ADRC shall ensure that clients receive an initial assessment and then reassess service recipients no less than annually, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and eligible individuals, as defined in the Older Americans Act of 1965 (OAA) §518, 42 U.S.C. §3056p, as amended in 2006. Assessments must be recorded on the LGOA Assessment Form. No reimbursements will be made without proper and current assessments.

33. Based on that assessment, the AAA/ADRC shall assure that services delivered with resources under the Area Plan are provided to individuals with the highest priority scores.

34. Assessed individuals who must be terminated because of low priority scores shall be provided an opportunity to continue to receive services as a private pay recipient or as a partial-pay recipient subsidized through local resources, if available.

35. The LGOA requires that the AAA/ADRC directly provide ombudsman, information and assistance, insurance counseling, and family caregiver services. (**OAA 307(a)(8)(A)and(C)**)

36. The AAA/ADRC shall provide other direct services, only with a waiver approved by the State agency, and only when such direct provision is necessary to assure an adequate supply of such services, or where such services are directly related to the AAA's/ADRC's administrative functions, or where such services of comparable quality can be provided more economically by the AAA/ADRC. (**OAA 307(a)(8)(A)and(C)**)

37. The AAA/ADRC shall administer the nutrition programs with the advice of a dietitian (or an individual with comparable expertise). Whenever the AAA/ADRC allows providers/contractors to purchase catered meals directly, or has providers/contractors who prepare meals on site, the AAA/ADRC shall assure that such providers/contractors have agreements with a registered dietitian who provides such advice. (**OAA 339(G)**)

38. The AAA/ADRC shall conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who:
a. reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
b. are patients in hospitals and are at risk of prolonged institutionalization; or
c. are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. (**OAA 307(a)(18)**)

39. The AAAs/ADRCs are responsible for developing emergency/disaster preparedness and response plans for their planning and service area regions that are updated and reviewed annually. These plans should incorporate all requirements of the South Carolina Aging Network's Policies and Procedures Manual regarding Emergency Management and Disaster Preparedness.

40. In addition, the AAA/ADRC shall ensure that each of its providers/contractors has a disaster preparedness plan that is reviewed and updated annually.

41. AAAs/ADRCs shall meet with county emergency management directors in their regions to ensure that there is a working relationship between the counties and the AAAs/ADRCs. AAAs/ADRCs are expected to maintain current and up-to-date emergency contact information for AAA/ADRC staff, directors of providers/contractors, and county emergency management officials in the event of a disaster or emergency, and submit this information with their Area Plans. The AAA/ADRC will designate staff to be on call throughout the duration of the declared disaster and this staff shall maintain communications with the LGOA Emergency Preparedness Coordinator.

42. The AAA/ADRC must ensure that lists of clients compiled under any programs or services are used solely for the purpose of providing or evaluating services. AAAs/ADRCs shall obtain written assurance from providers/contractors stating that they will comply with all LGOA confidentiality requirements, as well as any and all applicable Federal and State privacy and confidentiality laws, regulations, and policies. The AAA/ADRC shall provide the LGOA with confidentiality assurances through its Area Plan, annual Area Plan updates, or as changes are made.

43. The AAA/ADRC and its providers/contractors under the grant must have written procedures for protecting the identifying client information against unlawful distribution through any means, physical or electronic. All identifying client data must be protected through limited access to electronic records. Each employee with access to identifying client information must sign a notice prepared by the grantee specifying the requirement to maintain confidentiality and the penalty for failure to comply.

44. Individually identifiable health information is to be protected in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. No. 104-191, 110 Stat. 1936.

45. Each AAA/ADRC shall meet with its provider(s)/contractor(s) to discuss questions, concerns, obstacles, and/or technical assistance required to be successful, either in group or one-on-one sessions. A summary of these meetings shall be maintained on file. Issues raised, and any resolutions achieved, in these meetings shall be addressed in the quarterly AAA/ADRC and providers/contractors meetings.

46. Each AAA/ADRC shall host a quarterly regional meeting with its providers/contractors. At a minimum, each quarterly meeting shall address the following topics:

Quarter One: • AAA/ADRC Area Plan; • Needs assessment; • Comparison of service delivery to GIS mapping to ensure that all clients with the greatest needs within the entire county are being served; • Challenges in business operations (what is working and what isn't working); • Training requests and topics for providers/contractors; • Best practices; • AAA/ADRC goals and mission for the year; and • Other issues and concerns.	**Quarter Two:** • Career development; • Continuing education training or Continuing Education Units (CEU); • Educational workshops; and • Other issues and concerns.
Quarter Three: • Modernizing operations; • Community resources and new partnerships; • Aging focus; • Business development; and • Other issues and concerns.	**Quarter Four:** • End of year Area Plan review; • Strategic planning and forecasting session for specific regional needs and concerns; • Analyzing end of the year data (comparing data to the GIS mapping that the AAAs/ADRCS are required to provide to the LGOA); and • Other issues and concerns.

47. The following constitutes a substantial change in the approved Area Plan and requires an amendment to the Area Plan:
a. change or termination of a service contractor;
b. reduction in the funding for priority services procured; and/or
c. loss or change in the services available in any county in the region.

B. AAA/ADRC TRAINING RESOURCES ASSURANCES

1. The AAA/ADRC shall appoint an AAA/ADRC Training Liaison for its planning and service area region. This liaison shall serve as the LGOA point of contact for AIM operations in its region. The liaison shall provide program overview information for AAA/ADRC providers/contractors for general aging network structure and operations. In addition, his/her primary role shall be to assure earned service units and client data are being captured, tracked, and reconciled in the AIM system for reimbursement.

2. The AAA/ADRC Training Liaison shall have a firm understanding of programmatic operations and overall knowledge of finance and accounting operations for the aging network. The AAA/ADRC shall appoint the person within the AAA/ADRC who provides

quality assurance and reconciliation of the provider/contractor invoices for OAA services in the AAA/ADRC region. (Note: The best candidate may be the financial manager and/or accounting reimbursement officer/manager. This person should have a strong working relationship with the person authorized to approve payment of funds to the provider/contactor for service units earned.) The liaison shall be responsible for assuring that the AAA's/ADRC's providers/contractors are appropriately tracking service units earned in the AIM system for all OAA funds.

3. The AAA/ADRC Training Liaison shall train new providers/contractors, field questions in the region, and provide assistance with challenges of the AIM tracking system. The liaison shall be the only person authorized to make contact with the LGOA AIM Coordinator. On the rare occasion that the liaison cannot assist the provider/contractor, he/she may contact the LGOA AIM Coordinator for assistance. The liaison shall be responsible for forwarding the information received from the AIM Coordinator to the providers/contractors. The liaison shall be the point of contact for providers/contractors needs and shall ensure accurate, quality tracking, and monitoring for reimbursement of OAA services, prior to billing the LGOA.

4. The AAA/ADRC shall assure on-going training within its region of operation for its providers/contractors. At a minimum, the AAA/ADRC shall do the following:

- assure that a minimum one monthly e-mail is disseminated to their providers/contractors regarding a variety of aging issues, including but not limited to outreach opportunities, outreach events, national initiatives, activity development, resources, etc.
- host an aging orientation meeting within the first thirty (30) days of a new contract agreement for all new providers/contractors in their region. Materials provided in the orientation shall include, but are not limited to, the following:
    - a general overview of the LGOA and ADRC network operations and roles;
    - a LGOA two-sided flyer;
    - a LGOA benefits guide;
    - a SC Access flyer;
    - a copy of the AAA/ADRC Area Plan;
    - a copy of the SC Aging Network's Policies and Procedures Manual;
    - a summary of structure of the aging network in South Carolina;
    - a copy of general AAA/ADRC goals for that operating year;
    - an AAA/ADRC staffing contact sheet; and
    - a copy of the AAA/ADRC Strategic Plan.

5. The AAAs/ADRCs shall assure that an Advanced Information Manager (AIM) training session is provided by the AAA/ADRC Training Liaison and an operation manual shall be given to the new provider/contractor within the first thirty (30) days of a new contract agreement.

C. CLIENT DATA COLLECTION ASSURANCES

1. The AAA/ADRC and its providers/contractors will utilize the Advanced Information Management (AIM) system to document and track units of services delivered.

Reimbursements for service funds will be supported by client data correctly entered into AIM. The AAA/ADRC will assure that service providers/contractors are trained properly and monitored accordingly, and that AIM data is inputted monthly by the tenth (10th).

2. The AAA/ADRC shall ensure that each group dining site uses the LGOA approved LG- 94 sign-in sheet and that each client sign his/her name or make a mark on the sign-in sheet daily. In addition, home-delivered meal drivers must sign and date a document daily listing their clients and certifying that the meals were delivered. The provider/contractor dining manager will sign and date that document after the driver has returned to the operational site.

3. The AAA/ADRC shall utilize On-line Support Assistant (OLSA) to record contacts. The AAA/ADRC shall accurately input and monitor data, and provide training for appropriate AAA/ADRC staff and providers/contractors. All client contact data will be captured and immediately keyed into OLSA (preferably by an AIRS Certified Specialist) after a contact is made with a client, successfully ensuring accuracy and timeliness.

4. The AAA/ADRC shall utilize the State Health Insurance Program (SHIP) Talk system to input insurance-related data after a contact is made with a client, successfully ensuring accuracy and timeliness.

D. FISCAL ASSURANCES

1. The PSAs and AAAs/ADRCs shall be good stewards of OAA and LGOA funding and be accountable for programmatic budgeting, monitoring, and operation. The AAA/ADRC shall assure in writing, through its Area Plan, that I&R/A funding is not being used to fund other programs outside of the I&R/A program area. Should the LGOA determine the AAA/ADRC is in violation of using I&R/A funds for other activities, then funding for I&R/A services may be withheld in the future.

2. The PSA and AAA/ADRC shall provide satisfactory assurance that such fiscal control and accounting procedures shall be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal and State funds paid under the Area Plan to the AAA/ADRC, including funds paid to the recipients of grants or contracts. (**OAA 307(a)(7)(A)**)

3. The AAA/ADRC shall assure that funds received under the OAA shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. (**OAA 321(d)**)

4. Each funding source shall have a distinct client population for the duration of the contract period or until the client's service is terminated. A new client, who is in need of the service and meets the eligibility criteria of that funding source, will be added when such vacancies occur.

5. The PSAs and AAAs/ADRCs shall include as part of their Area Plans, a breakdown of the components of the unit cost for each different unit of service and the methodology showing how the unit cost is determined. The cost justification shall include the

assessment costs, activities costs, product costs, administrative costs, and any other relevant variable that contributes to the overall rate.

6. The AAA/ADRC shall ensure that it has a process in place to verify how the provider's/contractor's unit costs are determined and that the units are being earned.

7. All invoices and financial and program reports must be submitted in the format provided by the LGOA and on the schedule(s) set by the LGOA. Invoices and financial reports shall be submitted to the Accounting and Finance Division, while program reports will be submitted to the appropriate program manager as stipulated by the LGOA.

8. The AAA/ADRC shall submit a total aging budget, disclose all sources and expenditures of funds that the AAA/ADRC receives or expends to provide services to older individuals, and the cost allocation plan, or approval of the indirect cost rate from the funding agency, used to prepare such budget. (**OAA 306(a)(13)(E)**)

9. The AAA/ADRC shall expend all prior year's funds first, before expending any new funds.

10. Planning and Administration funds for Titles III-B, III-C, III-C-2, and III-E must be expended before any program development of III-E service funds are expended for subgrantee staff activities or internal operations.

11. The AAA/ADRC shall assure that any funds received under the Area Plan, or funds contributed toward the non-Federal share, shall be used only for activities and services to benefit older individuals and others specifically provided for in Title III of the OAA or in State legislation. This shall not be construed as prohibiting the AAA/ADRC from providing services by using funds from other sources. (**OAA 301 (d)**)

12. The LGOA requires that AAAs/ADRCs shall maintain proper records with all necessary supporting documents. Such records must be in a form, approved by the LGOA, which provides an accurate and expeditious determination of the status of all Federal and non- Federal funds at any time; including the disposition of funds received and the nature and amount of all expenditures and obligations claimed against OAA and State allotments. The AAA/ADRC shall enter the liability for the local matching funds in the appropriate accounts when payment is requested from the LGOA. The AAAs/ADRCs shall assure the LGOA that all funds requested for payment shall be for service units and services actually provided and earned by the providers/contractors. The AAAs/ADRCs shall provide and maintain written assurances through their Area Plans and annual updates to monitor and audit the payment requests for accuracy and integrity purposes.

13. Any AAA/ADRC that expends a total of $500,000 or more in Federal awards must monitor delivery and have an audit that complies with OMB Circular A-133. The audit shall be submitted to the LGOA within nine (9) months after the close of the organization's fiscal year.

14. The AAA/ADRC shall consult with relevant service providers/contractors and older individuals to determine the best method for accepting voluntary contributions that

comply with the Cost Sharing policies of the LGOA and the OAA, as amended in 2006. (**OAA 315(b)(2)**)

15. The AAA/ADRC shall assure that any revenue generated from voluntary contributions or cost sharing shall be used to expand the services for which such contributions or co-pays were given. (**OAA 315(a)and(b)**)

16. The voluntary contributions system adopted shall be clearly explained to individuals who use the agency's services. The explanation shall be made both verbally and in writing at the time service delivery is arranged; and shall be posted in a conspicuous location accessible to clients within the site. The explanation shall include the voluntary nature of the contribution, confidentiality policies, and how contributions are collected and used. The AAA/ADRC shall ensure that this is included in procurement contracts and each provider's/contractor's policy shall be included in the AAA's/ADRC's Area Plan

17. The AAA/ADRC shall assure that amounts expended for services to older individuals residing in rural areas shall not be less than the amounts expended for such services in fiscal year 2000. (**OAA 307(a)(3)(B)**)

18. The AAA/ADRC shall assure that the AAA/ADRC and all its providers/contractors meet all matching requirements for funds awarded under the Area Plan.

19. The AAA/ADRC shall assure that any funds received from the State for Cost of Living Adjustment shall be used for personnel costs only.

20. The AAA/ADRC shall submit an independent audit to the Lieutenant Governor's Office on Aging (LGOA), Division of Finance and Accounting, within 180 days after the close of the project year.

21. A final financial report for the grant period shall be submitted to the LGOA, within forty-five (45) days of the close of each State fiscal year in the grant period (August 14) or within forty-five (45) days of the last payment made, whichever occurs first.

22. The AAA/ADRC shall assure that funds received for Nutrition Services Incentive Program (NSIP) shall be used only for the purchase of United States agricultural commodities or commercially prepared meals served in the Title III-C services and that NSIP funds shall be distributed throughout the region based on the percentage of eligible meals served by each provider/contractor. (**OAA 311(d)(2)**)

23. The AAA/ADRC shall not use funds received under the OAA to pay any part of a cost, including an administrative cost, incurred to carry out a contract or commercial relationship that is not carried out to implement the OAA. (**OAA 306(a)(14)**)

E. MONITORING AND COMPLIANCE ASSURANCES

1. The PSA Director and AAA/ADRC Director shall ensure that providers/contractors are earning their units in accordance with the OAA and LGOA policies.

2. The AAA/ADRC shall ensure that anyone compensated by an AAA/ADRC or provider/contractor cannot be counted as a service unit earned. When monitoring aging services, the AAA/ADRC must match service clients with a list of AAA/ADRC and provider/contractor employees to ensure funding and programmatic integrity.

3. The AAA/ADRC shall assure that no group dining facility shall be funded unless an average of twenty-five (25) eligible participants attends daily. All group dining sites must serve at least twenty-five (25) clients per day or request a LGOA Group Dining Waiver.

4. The AAA/ADRC shall assure that an OAA III C-2 home delivered meal shall be delivered to a participant for no less than five days a week unless it is documented that the participant is receiving meal(s) from another source. Further, in addition to federal eligibility requirements, special consideration shall be given to those eligible clients living alone, those in isolated rural areas, and those seventy-five (75) years of age or older. (**OAA 336**)

5. Each AAA/ADRC shall be provided copies of the group dining site activity calendars from the group dining providers/contractors monthly for approval. The AAAs/ADRCs shall scan and forward by email copies of approved monthly site activity calendars to the LGOA Policy and Planning Manager by the close of business on the last business day of the month.

6. As a means of monitoring for quality assurance, the AAA/ADRC Director, or designated appointee, shall personally deliver a minimum of three (3) home-delivered meals from three (3) different home-delivered meal routes monthly. Any issues that arise from these monitoring visits shall be corrected within three (3) business days. A monthly report of these home visits, including the name of the staff member making the visit, shall be provided in writing to the LGOA during the monthly AAA/ADRC Directors' meeting. In the report, the AAA/ADRC Director shall guarantee that all services contracted with the provider/contractor, which are to be reimbursed by the LGOA, are in fact being provided according to OAA and LGOA standards. The AAA/ADRC shall use the Monthly Home-Delivered Meal Monitoring Form provided by the LGOA to report the home monitoring visits.

7. The AAA/ADRC Director, or their designee, shall visit at least three (3) group dining sites monthly and provide the LGOA with a written report summarizing each visit. In the summary, the AAA/ADRC Director shall assure that all services contracted by the provider/contractor, and being reimbursed by the LGOA, are being provided.

F. PROCUREMENT AND CONTRACTUAL ASSURANCES

1. Service procurement contracts must incorporate all components of the South Carolina Aging Network's Policies and Procedures Manual. Through the direction of the South Carolina Aging Network's Policies and Procedures Manual, each of the PSA's procurement contracts for aging services shall be based on meeting the unique regional needs of each planning and service area.

2. The PSA and AAA/ADRC shall require all programs funded under the Area Plan to be operated fully in conformance with the LGOA and all applicable Federal, State and local fire, safety, health and sanitation standards or licensing prescribed by law or regulation. (**CFR1321.75(a)**)

3. The PSA and AAA/ADRC shall contract only with service delivery agencies that shall provide to the AAA/ADRC all program information and reports required by the Lieutenant Governor's Office on Aging. Provision of timely and correct data shall be in a format and contain such information as the LGOA may require the AAA/ADRC to submit. (**OAA 307(a)(6)**)

4. All PSA and AAA/ADRC Requests for Proposal (RFP) shall provide direction, coordination, and planning in the fulfillment of contractual agreements with providers/contractors.

5. All contractual agreements must include a procedure for the resolution of grievances or concerns between the Planning Service Area (PSA), AAA/ADRC, and provider/contractor.

6. When there is grievance between the AAA/ADRC and a provider/contractor, all efforts shall be made by the AAA/ADRC to resolve the issue. Minimal contact should be made at the State level and only after all attempts have failed to resolve the issues locally. The Lieutenant Governor's Office on Aging (LGOA) shall serve only as a source of information to the AAA/ADRC regarding the resolution process. All grievances shall be handled by the AAA/ADRC and provider/contractor unless the grievance includes illegal, immoral, and/or unethical behavior, at which time the LGOA and proper authorities shall be notified. If the AAA/ADRC wants to include the LGOA, or cannot work out the issue, then the LGOA may be contacted to assist with the resolution process through guidance only.

7. The PSA and AAA/ADRC must advertise the Request for Proposal (RFP) in legal ads in newspapers throughout the region and post information in a prominent spot on its website at least thirty (30) days before the release of the RFP. The AAA/ADRC shall notify the LGOA Policy Manager so that the RFP can be posted on the LGOA web site.

8. The PSA and AAA/ADRC shall include in each solicitation for providers/contractors of any service under the OAA, a requirement that the applicant will:

a. Specify how the organization intends to satisfy the service needs of low income minority individuals and older individuals residing in rural areas;

b. Provide services to low income minority individuals in accordance with their need for such services;

c. Meet specific objectives set by the AAA/ADRC, for providing services to low income minority individuals; (**OAA 306(a)(4)(A)**)

d. Make a good faith effort to obtain a client consent form from all service recipients to allow their information to be included in AIM for research and advocacy purposes.

9. All contracts for the procurement of services or goods which are supported with financial assistance through the LGOA, must adhere to applicable Federal and State procurement codes (COG: OMB Circulars A102 and A-87) (PN-P: OMB Circulars A110 and A-122).

10. The AAA/ADRC and providers/contractors shall have the Knowledge, Skills and Abilities (KSA) to use professional practices of performing, reporting, tracking, and administering their Older American Act (OAA) and State funding, and this should be reflected in all procurement contracts and RFPs.

11. The PSA and AAA/ADRC shall have legal representation on their RFP (Request for Proposal) Board.

12. The PSA and AAA/ADRC shall host a pre-RFP application informational meeting for potential providers/contractors three weeks following the public release of the RFP to explain the RFP process and aging network policies/procedures and to answer questions about the RFP. The date, time, and location of the meeting shall be included in the RFP packet. This shall assure fairness in the bid process. Opportunities for submitting written questions shall be provided by the AAA/ADRC before the pre-application meeting.

13. Prior to engaging in a contract, the PSA and AAA/ADRC shall assure through the RFP bid and contract that the provider/contractor has the necessary equipment, technology, software, and trained staff to operate in a professional manner and to execute or administer the duties.

14. An AIM Operational Manual shall be provided at the start of the bid process so that providers/contractors know what is expected in advance if the provider/contractor gets the contract.

15. The PSA and AAA/ADRC shall provide all potential providers/contractors with an overview of the LGOA organization and procurement process before submitting a bid for contract in order that they understand the proper procedures and policies.

16. The AAA/ADRC shall encourage each group dining provider to be a member of the National Council on Aging (NCOA) / National Institute of Senior Centers (NISC) or to operate according to NISC's national standards for senior centers and group dining sites.

17. The AAA/ADRC shall require, through the procurement contract, that the provider's/contractor's representative attend quarterly regional meetings. This representative shall be required to take the information provided and disseminate it appropriately and incorporate it into his/her organization immediately.

18. If the AAA/ADRC finds that a provider/contractor under the Area Plan has failed to comply with the terms of the contract or with Federal or State laws, regulations and policies, the AAA/ADRC may withhold that portion of the reimbursement related to that failure to comply. The Regional Aging Advisory Council (RAAC) shall recommend

appropriate procedures for consideration by the Governing Board of the AAA/ADRC. (**OAA 306(e)(1)**)

19. In the event that the PSA and AAA/ADRC finds that a provider/contractor has failed to comply with the terms of the contract or is unable to deliver services as contracted, the AAA/ADRC should initiate a thirty (30) day Corrective Action Plan (CAP) to resolve the issue. If the issue cannot be resolved the AAA/ADRC may determine the provider/contractor high-risk, in accordance with the South Carolina Aging Network's Policies and Procedures Manual.

20. The AAA/ADRC shall afford providers/contractors due process, such as that described for AAAs/ADRCs in OAA Section 306(f)(2)(B) before making a final determination regarding withholding providers'/contractors' reimbursements.

21. Electronic copies of procurement contracts and all amendments thereto, shall be provided to the LGOA's Policy and Planning Manager within thirty (30) days of execution or as amended.

22. The AAA/ADRC agrees to comply with the "Debarment and Suspension" terms and conditions of 45 C.F.R. § 92.35 or 45 C.F.R. § 74.13 as applicable to the AAA/ADRC and/or provider/contractor.

23. The AAA/ADRC shall only purchase services from providers/contractors that will provide the LGOA with all requested data in the format necessary to document the outcome of services purchased.

24. The AAA/ADRC shall assure that any facility authorized for use in programs operated under the Area Plan shall have annual certification that the facility complies with the appropriate fire, safety and sanitation codes. (**CFR 1321.17(4)**)

25. The AAA/ADRC shall assure that a facility purchased for use as a multi-purpose senior center with OAA or State Permanent Improvement funds, shall continue to be used for the same purpose for not less than ten (10) years after acquisition, or twenty (20) years after construction.

26. Prior to authorizing use of OAA or State Permanent Improvement funds for renovation, purchase or construction, the AAA/ADRC shall require assurance from the grantee that funding is, and shall continue to be, made available for the continued operations of these senior centers. (**OAA 312**)

27. The AAA/ADRC shall assure that group dining service facilities are located in as close proximity to the majority of eligible individuals' residences as feasible. Particular attention shall be given to the use of multipurpose senior centers, churches, or other appropriate community facilities for such group dining service. (**OAA 339(E)**)

28. When possible, the AAA/ADRC shall enter into arrangements and coordinate services with organizations that are Community Action programs and meet the

requirements under section 675(c)(3) of the Community Services Block Grant Act. (**42 U.S.C.9904(c)(3)**) and (**OAA 306(a)(6)(C)**)

29. The AAA/ADRC shall take into account, in connection with matters of general policy arising in the development and administration of the Area Plan, the views of recipients of services under the Area Plan. (**OAA 306(a)(6)(A)**)

30. Where possible, the AAA/ADRC shall enter into arrangements with organizations providing day care services for children or adults, and respite for families, to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. (**OAA 306(a)(6)(C)**)

31. The AAA/ADRC shall assure that demonstrable efforts shall be made to coordinate services provided under the OAA with other State services that benefit older individuals and to provide multi-generational activities involving older individuals as mentors to youth and support to families. (**OAA 306(a)(23)**)

32. The AAA/ADRC shall coordinate any mental health services provided with III B funds with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations. (**OAA 306(a)(6)(F)**)

33. The AAA/ADRC shall maintain the integrity and public purpose of services provided, and service contractors, under the OAA, in all contractual and commercial relationships. (**OAA306(a)(13)(A)**)

34. The AAA/ADRC shall demonstrate that a loss or diminution in the quality or quantity of the services provided under the Area Plan has not resulted and shall not result from such contracts or commercial relationships, but rather, shall be enhanced. (**OAA 306(a)(13)(C) and (D)**)

35. The AAA/ADRC shall not give preference in receiving services under the OAA to particular older individuals as a result of a contract or commercial relationship. (**OAA 306(a)(15)**)

36. The AAA/ADRC shall require nutrition service providers/contractors to reasonably accommodate the particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals and require caterers to provide flexibility in designing meals that are appealing to older individuals participating in the program. (**OAA 339 (A) and (B)**)

37. The AAA/ADRC shall enter into contract only with providers/contractors of legal assistance who can:

a. demonstrate the experience or capacity to deliver legal assistance;

b. assure that any recipient of funding for legal assistance shall be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act;

c. require providers/contractors of legal assistance to give priority to cases related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination; and
d. attempt to involve the private bar in legal assistance activities. (**OAA 307(a)(11)(A) through (E)**)

38. The AAA/ADRC shall make special efforts to provide technical assistance to minority providers/contractors of services whether or not they are providers/contractors of the AAA/ADRC. (**OAA 307(a)(32)**)

39. The AAA/ADRC is responsible for on-going contract management; establishing procedures for contract cost containment; reviewing and approving contracts; setting criteria for contract amendments; reviewing and analyzing provider/contractor fiscal and program reports; conducting quality assurance reviews; and reviewing meal vendor performance.

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

41. Providers/Contractors shall submit holiday schedules to their AAA/ADRC for approval and the providers/contractors shall adhere to their approved holiday schedule. The AAAs/ADRCs shall include their providers'/contractors' holiday schedules in their Area Plan. These scheduled closings shall be part of the contract established between the AAA/ADRC and providers/contractors. Any changes to the scheduled holiday closings must be noted in the Area Plan update.

42. The AAA/ADRC shall afford an opportunity for a public hearing upon request, in accordance with published procedures, to any agency submitting a plan to provide services; issue guidelines applicable to grievance procedures for older individuals who are dissatisfied with or denied services funded under the Area Plan; and afford an opportunity for a public hearing, upon request, by a provider/contractor of (or applicant to provide) services, or by any recipient of services regarding any waiver requested. (**OAA 307(a)(5) (A) through (C)**)

G. COORDINATION, OUTREACH, AND INFORMATION AND REFERRAL ASSURANCES

1. Coordination and outreach efforts should be detailed in the Area Plan, with particular emphasis on coordination with entities conducting Federal programs as outlined in Section 403 B-10 of the South Carolina Aging Network's Policies and Procedures Manual.

2. The AAA/ADRC shall have a visible focal point of contact where anyone can visit or call for assistance, information, or referrals on any aging and/or adults with disability issue.

3. The AAA/ADRC shall require providers/contractors to use outreach efforts that shall identify individuals eligible for assistance under the OAA, with special emphasis on

a. Older individuals residing in rural areas
b. Older individuals with greatest economic need
c. Older individuals with greatest social need
d. Older individuals with severe disabilities
e. Older individuals with limited English speaking ability
f. Older individuals with Alzheimer's disease or related disorders and caregivers
g. Low income minority individuals in each of the above populations. (**OAA 306(a)(4)(B)**)

4. The AAA/ADRC and those with whom they contract must take adequate steps to ensure that persons with limited English language skills receive, free of charge, the language assistance necessary to afford them meaningful and equal access to the benefits and services provided under this grant award.

5. The AAA/ADRC shall provide for the identification of public and private resources in or serving persons in, the planning and service area as part of their overall outreach and coordination efforts. Local aging partners should be brought into the AAA's/ADRC's planning process in order to better serve the region's older population. The AAA/ADRC shall work to coordinate the programs funded under the Area Plan with such resources to increase older persons' access to quality services. Coordination and outreach efforts should be detailed in the Area Plan, with particular emphasis on coordination with entities conducting Federal programs as outlined in Section 403 B-10 of the South Carolina Aging Network's Policies and Procedures Manual. Where appropriate, the AAA/ADRC shall consider joint funding and programming to better serve older persons.

6. The AAA/ADRC shall employ a fulltime (or fulltime equivalent) Information and Referral/Assistance (I&R/A) Specialist as a requirement of receiving Title III-B and Title III-E funding.

H. ASSURANCES REQUIRED BY THE ADMINISTARTION ON AGING (AoA)

(Taken directly from the Program Instructions for the 2013 State Plan)

These assurances are required by the Administration on Aging (AoA) and the Lieutenant Governor's Office on Aging (LGOA) for the Planning Service Area (PSA) and AAA/ADRC (AAA)/Aging and Disability Resource Center (ADRC) as part of the 2013 State Plan submission. (The assurances below are from the 2013 State Plan Instructions provided by the AoA.) By signing this document, the PSA and AAA/ADRC have assured they shall adhere to these Older Americans Act requirements.

Section 306(a) of the Older Americans Act (OAA), AREA PLANS

(2) Each AAA/ADRC shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area shall be expended for the delivery of each of the following categories of services
(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(B) in home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance; and assurances that the AAA/ADRC shall report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.
(4)(A)(i)(I) provide assurances that the AAA/ADRC shall—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (I);
(ii) provide assurances that the AAA/ADRC shall include in each agreement made with a provider/contractor of any service under this title, a requirement that such provider/contractor shall—
(I) specify how the provider/contractor intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider/contractor;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the AAA/ADRC, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each AAA/ADRC shall
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the AAA/ADRC met the objectives described in clause (a)(4)(A)(i).
(4)(B)(i) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall use outreach efforts that shall identify individuals eligible for assistance under this Act, with special emphasis on
(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each AAA/ADRC shall provide assurance that the AAA/ADRC shall ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, shall include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

(5) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each AAA/ADRC shall:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the AAA/ADRC with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

(11) Each AAA/ADRC shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

> (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA/ADRC shall pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
> (B) an assurance that the AAA/ADRC shall, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
> (C) an assurance that the AAA/ADRC shall make services under the Area Plan available; to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall maintain the integrity and public purpose of services provided, and service providers/contractors, under this title in all contractual and commercial relationships.

(13)(B) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall disclose to the Assistant Secretary and the State agency
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

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

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

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

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

(15) provide assurances that funds received under this title shall be used-
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.

The AAA/ADRC certifies compliance with all of these assurances and requirements of the OAA, as amended, the Federal regulations pertaining to such Act, and the policies of the LGOA throughout the effective period of this Area Plan. Should any barriers to compliance exist, the AAA/ADRC shall develop procedures to remove such barriers. Some assurances may be modified by Federal regulations issued or the OAA reauthorization during the plan period. In such event, a revised list of assurances shall be issued.

By signing this Assurances document, the Planning and Service Area (PSA) and Area Agency on Aging (AAA) and Aging and Disability Resource Center (ADRC) accept the assurances mandated by the Older Americans Act (OAA), Administration on Aging

(AoA) and Lieutenant Governor's Office on Aging (LGOA), and will ensure that components of these assurances are included in the 2014 – 2017 Area Plan.

Date	Signature of Executive Director Planning Service Area (PSA)
Date	Signature of Aging Unit Director

The Area Agency Advisory Council has reviewed and approved these Assurances.

Date	Signature of Chair, Area Agency Advisory Council

The Governing Board of Planning Service Area (PSA) has received and approved these Assurances.

Date	Signature of Chair, PSA Governing Board

II. EXECUTIVE SUMMARY

The Trident Regional Area Plan on Aging outlines the action that will be taken over the next four years in order to better prepare Trident Area Agency on Aging/Aging and Disability Resource Center (TAAA/ADRC), the community, and the senior services network for the increased demands of a diverse aging and disabled adult population. Under this Area Plan, TAAA/ADRC will carry out the functions of the Area Agencies on Aging as outlined in the Older Americans Act to include: Planning, Program Development, Resource Development, Grant and Contract Management, Technical Assistance, Training, Advocacy, Coordination, Service Delivery and Community Education. TAAA/ADRC will directly provide the following services: Family Caregiver Support, Information and Referral Assistance, Long Term Care Ombudsman, Insurance Counseling, Senior Medicare Patrol. Each of the Programs has goals and objectives for the 2014-2017 Area Plan. Home Delivered Meals, Group Dining Meals, Transportation, Home Care and Evidenced-based Health Promotion are contracted services. All services provided directly by TAAA/ADRC or under contract will comply with the Older Americans Act of 1965, as amended and with the South Carolina Lieutenant Governor's Office on Aging Policies and Procedures.

The Area Plan process began over a year ago and reflects the combined efforts of seniors, caregivers, adults with disabilities, professionals, providers of services, community volunteers and other community members. TAAA/ADRC partnered with eight other Area Agencies on Aging to initiate and implement the needs assessment process. Santee-Lynches Regional Council of Governments took the lead on the project and contracted with System-Wide Solutions to perform a region-specific needs assessment of seniors, adults with disabilities and their caregivers and to develop a demographic trend analysis to effectively estimate the demand for services and activities. Findings from the needs assessment offer the most recent and comprehensive demographic and service-related data available in the region, providing a strong foundation for future planning and program development seniors, adults with disabilities and caregivers.

The region's demographics are changing due to the number of baby boomers, in migration and longer life expectancy. These factors will affect how TAAA/ADRC coordinates service delivery, manages resources and identifies possible solutions to barriers during the next four years. The development of additional multi-purpose senior centers in Moncks Corner (Berkeley County), West Ashley (Charleston County), Awendaw (Charleston County), and North Charleston (Charleston County) areas are needed in order to expand programs and supports for seniors. It is essential to provide new, innovative social and prevention activities for the more active older adults as well as provide supports for those who lack the basic needs, such as food, adequate housing, medication and transportation. TAAA/ADRC will prioritize requests for services and strive to serve those with the greatest need(s). As required in the Older Americans Act, contractors in the Trident Region shall give preference to providing services to those older persons in greatest social and/or economic need, with particular attention to: older individuals with low income; low income minority older individuals; older individuals with limited English proficiency; older individuals residing in rural areas; and older

individuals at risk for institutional placement. As resources become more limited, TAAA/ADRC will continually evaluate the efficiencies of internal operations and programs through the monitoring of data provided at the regional and county levels.

TAAA/ADRC will increase focus on cost sharing and developing private pay services in the region. Program participants will be better informed about the value of services that they are receiving and will be encouraged to share in the cost of providing home and community-based services. All participant cost share revenue will be used to expand direct services in the planning and service area. The person-centered approach will empower consumers, increase options and service flexibility and allow them to stay independently in their homes for as long as possible.

As final decisions at the federal level for 2013 budgets are still unknown, there are questions as to how sequestration and other State funding decisions will impact services. Only projected federal funding is included in this Area Plan. There will be approximately 38,257 additional home delivered meals provided in FY 2013-2014; however, there will be approximately 8,312 fewer Group Dining Meals provided. Transportation services will be reduced by seventy percent. Any State funding for home and community-based services will be used to make up the losses within these programs. TAAA/ADRC will strive to identify new sources of revenue and create program efficiencies in service delivery. Formalizing partnerships with disabilities organizations may present opportunities for further grant funds in order to expand services to meet the needs of disabled adults.

The Trident Regional Area Plan on Aging seeks to inform the general public and policymakers about the planning, coordination and delivery of services designed to promote independence and to improve the quality of life for older adults, caregivers and adults with disabilities. On-going, focused and collaborative effort is needed in order to effectively implement activities and to evaluate outcomes described in the Plan. TAAA/ADRC requests that the South Carolina Lieutenant Governor's Office on Aging provide the grant funding under the Older Americans Act of 1965 (as amended) and State General Revenue funding in order to support the coordination and implementation of the Plan.

III. OVERVIEW OF THE AREA AGENCY ON AGING (AAA)/AGING AND DISABILITY RESOURCE CENTER (ADRC)

A. Mission Statement

It is the mission of Trident Area Agency on Aging to enhance the quality of life for seniors, adults with disabilities and caregivers residing in the Trident area (Berkeley, Charleston and Dorchester counties).

B. Vision for the Four Years Covered by this Plan

The vision for the four years covered by this Area Plan is to empower seniors, adults with disabilities and caregivers to make informed decisions about their long-term care and to coordinate innovative, cost-effective and quality home and community-based services for those with the greatest needs. According to Census data, the Trident Region's senior population, age 60 and older, has increased over forty-six percent between the years 2000 and 2010. The number of seniors, age eighty-five and older, are expected to double by the year 2030. The aging of our society will place unprecedented pressures on our health care system, economy and long-term care resources. The need for a coordinated system of long-term care that promotes person-centered planning, offers qualified, trained options counselors and continues to improve practices that result in accountability, transparency and maximized operating efficiency will be essential so that individuals can successfully age in place.

C. Organizational Structure

ElderLink received its charter as a private, non-profit corporation on October 23, 1991 and began functioning independently on July 1, 1992. For the prior fifteen years, the agency was called Trident Area Agency on Aging and was a division of Trident United Way. Existing staff, Trident United Way membership and State designation as the regional Area Agency on Aging serving Berkeley, Charleston and Dorchester counties, were also transferred to ElderLink on July 1, 1992.

ElderLink began to operate independently of Trident United Way, and was governed by its own Board of Directors. On January 26, 2005, the ElderLink Board of Directors voted to change the name from "ElderLink" back to "Trident Area Agency on Aging" in order to be consistent with area agencies across the state. In August 2007, Trident Area Agency on Aging began serving as the Aging and Disability Resource Center (ADRC).

TAAA has a governing Board of Directors, with various backgrounds and experience, who represent all areas of the region. The Board is heavily involved in financial oversight, in policy development and in fundraising. The agency is led by Stephanie Blunt, Executive Director and has one and a half FTE's of additional administrative staff.

D. Staff Experience and Qualifications

Stephanie Blunt is the Executive Director of TAAA/ADRC. She was hired as Program Manager at the Area Agency on Aging in August 2000 and was promoted as Executive Director in January 2002. Under the direction of the

Board of Directors of TAAA, Stephanie provides oversight for over $3 million in federal, state and local grant funds for services for seniors, adults with disabilities and caregivers. She leads the development of strategic and operational plans in support of the agency's mission and the priorities developed under the Regional Area Plan for Aging Services.

Prior to Stephanie's employment at TAAA/ADRC, she was the Program Director for Berkeley Seniors from February 1996 to August 2000. During her time at Berkeley Seniors, Stephanie supervised the administration of in-home and community-based services for over three hundred program participants each day. The programs provided were home delivered meals, group dining meals, transportation, in-home care, adult day care and health promotion. Stephanie received her Bachelor of Arts Degree in English from the University of South Carolina. Her professional affiliations include: South Carolina Association of Area Agencies on Aging, where she formerly served as President and as Secretary; Southeastern Association of Area Agencies on Aging Board of Directors where she currently serves as President and Kiwanis Club of Charleston.

Lisa Natividad, Finance Manager, has been employed with the TAAA/ADRC since August 2002. She is responsible for all accounting and cash functions for approximately $3 million in federal and state funds for services to seniors in the region. Lisa provides technical assistance to all contractors regarding reporting requirements and data collection.

Prior to Lisa's employment at TAAA/ADRC, she was the Accountant at Charleston Area Senior Citizens, Inc. and at Sea Island Comprehensive Health Care Corporation. While working for Charleston Area Senior Citizens, Inc. and for Sea Island Comprehensive Health Care Corporation, Lisa completed the reimbursement requests to funders, provided data entry and fiscal oversight for Title III and State funded home and community-based services and completed reporting requirements for other discretionary grants. She received an Associate in Business Management Degree from Midlands Technical College. Lisa currently serves as an active member of the Advisory Council for the Retired and Senior Volunteer Program.

Linda Naert began employment with TAAA/ADRC in March 2011. She was hired as a Resource Coordinator and her position has transitioned to Program Developer. Under the guidance of the TAAA/ADRC Executive Director, her position includes: information and referral assistance services, marketing, fundraising liaison and public relations. She provides assistance, advocacy and answers to senior and disabled adults in the region, while maintaining focus on agency's mission of enhancing the quality of life for seniors, adults with disabilities and caregivers in the Trident Area.

Prior to Linda's employment with TAAA/ADRC, she was the Marketing Director for Utopia Home Care, providing resources and assistance to in-home caregivers. Linda interviewed and hired caregivers and provided outreach to professionals in the area. Linda received her Associate Degree in Marketing from Trident Technical College. Linda is Certified in the Alliance of Information and Referral Systems in Aging (CIRS-A) and also is a Certified Dementia Dialogues Specialist. Her professional affiliations include: Lowcountry Senior Network, South Carolina Aging in Place Coalition and Charleston Metro Chamber of Commerce.

E. Regional Aging Advisory Council Board

The Older Americans Act of 1965, as amended, requires TAAA/ADRC to establish an Advisory Council consisting of older individuals (including minority individuals) who are participants or who are eligible to participate in programs assisted under this Act, or who are representatives of older individuals, or local elected officials, or providers of veterans' healthcare (if appropriate), and the general public, to continuously advise TAAA/ADRC on all matters relating to the development of the Area Plan, the administration of the Plan, and the operations conducted under the Plan.

In accordance with TAAA/ADRC Bylaws (located under Section H), the Advisory Committee is a standing committee of the Board of Directors. At least three TAAA Board members (one from each county) serve on the Advisory Committee and other Advisory Committee members are recruited from the community. Additional representatives of the current Advisory Committee include: City of Charleston Mayor's Office on Aging and ADA Coordinator, a former family caregiver, a Veteran, two representatives from the disAbility Resource Center (Center for Independent Living), a service recipient and a Community Long Term Care representative. Each member shall serve for a term of three (3) years with a maximum of two (2) consecutive terms. The Chairperson shall be elected for a term of one (1) year and shall be eligible to serve more than two (2) consecutive terms. The Advisory Committee meets on a quarterly basis. The purpose of the Committee is to advise the TAAA Board of Directors, to share visions of areas to pursue in the future and to prioritize and identify the needs of seniors, adults with disabilities and caregivers. Each year, the Advisory Committee develops and identifies priority areas and develops key deliverables for each area.

F. Current Funding Resources for AAA/ADRC Operations

TAAA/ADRC receives discretionary grants from the Lieutenant Governor's Office on Aging (LGOA), Exchange Club of Charleston and foundation grants. Funding is targeted for direct services. Administrative costs are

matched by in-kind services provided by College of Charleston interns, Trident Technical College interns and donations.

Internal Funds:

Funding Source	Eligibility Requirements	Priority
Rock A Thon (TAAA Board Fundraiser) $15,000	Seniors and Adults with Disability (>18 years)	Social/economic need At risk for institutional placement Low income, minority Limited English Proficiency
Senior Medicare Patrol and Expansion Grant $27,779	Seniors and Adults with Disability (>18 years)	Medicare beneficiaries both in and out of long term care facilities
I-CARE $55,377	Seniors and Adults with Disability (>18 years)	Medicare beneficiaries Medicaid beneficiaries
Exchange Club of Charleston $2,500	Seniors and Adults with Disability (>18 years)	Social/economic need At risk for institutional placement Low income, minority Limited English Proficiency Rural areas
Veterans Directed Home and Community-Based Services $26,775	Veterans	At risk for institutional placement Referred by the Veterans Administration
Cost Share $30,000	Seniors and Adults with Disability (>18 years)	Social/economic need At risk for institutional placement Low income, minority Limited English Proficiency Rural areas

Pass Through Funds:

Funding Source	Eligibility Requirements	Priority

Title III-B Supportive Services	Senior (60+) For In Home Care, must be homebound - an individual who resides at home and may be at risk for institutionalization and is incapable of performing at least two ADLs without substantial/extensive assistance and is unable to leave home unassisted.	Greatest social/economic need Risk for institutional placement Low income, minority Limited English Proficiency Rural areas
Title III C-1 Group Dining Meals	Senior (60+) Spouse of the senior, regardless of age Person under 60 with a disability who resides in a housing facility occupied primarily by seniors, at which group dining services are provided Person with a disability under age 60 if they reside with a senior who is a program participant Person who volunteers at the group dining site five (5) or more hours per week during meals.	Greatest social/economic need High nutritional risk Low income, minority Limited English Proficiency Rural areas
Title III C-2 Home Delivered Meals	Senior (60+) Must be homebound - an individual who resides at home and may be at risk for institutionalization and is incapable of performing at least two ADLs without substantial/extensive assistance and is unable to leave home unassisted.	Greatest social/economic need Risk for institutional placement High nutritional risk Low income, minority Limited English Proficiency Rural areas

ACE Bingo State Funded (10% max under 60)	Senior (55 +) For In Home Care – must be homebound - an individual who resides at home and may be at risk for institutionalization and is incapable of performing at least two ADLs without substantial/extensive assistance and is unable to leave home unassisted.	75+ Lack of social support Does not receive CLTC
Title III-D Evidenced-Based Health Promotion	Senior (60+)	Seniors living in medically underserved areas of the region who are at the greatest economic need

G. Written Procedures

AAA/ADRC has a Policies and Procedures Manual that assists TAAA/ADRC and contractors receiving Older Americans Act and State funded programs (administered through TAAA in Berkeley, Charleston and Dorchester counties) in carrying out programs and contract administration responsibilities.

The Policies and Procedures Manual attempts to incorporate all current policies, standards and procedures required by the Older Americans Act (as amended), federal regulations and State rules and regulations. If contradictions with, or omissions of, Federal or South Carolina State policies should occur in the Manual, the Federal or State policy shall take precedence. The Manual is updated annually to ensure that it is consistent with the most recent applicable Federal and State requirements.

H. Sign-In Sheets

Nutrition services contractors must use the official LGOA approved sign-in sheet to record participants receiving Group Dining services daily. The sign-in sheets must be completed in full and signed off by the appropriate staff. The daily sign-in sheet is required even if contractors use another sign-in

process (including electronic card scanning). Sign-in sheets must be kept on file and provided to the LGOA and to TAAA/ADRC upon request for a minimum of three (3) years.

Nutrition services contractors must provide documentation of the daily home-delivered meal service delivery, which has been signed and dated by the driver, as well as the provider/contractor manager, to assure that meals have been delivered. Documentation must be provided to TAAA/ADRC when submitting Monthly Units of Service Report (MUSR) in order to provide accountability showing that the recipient received the meal, the meal was delivered and the service units were earned.

I. Activity Calendars

All nutrition sites will have planned activities for at least four (4) hours per day. Activity calendars for each senior center or nutrition site should be posted in a highly visible location to ensure that nutrition education, social, informational, recreational, artistic or musical activity are offered to program participants. Activity calendars will be approved by the TAAA Executive Director prior to posting at the site or prior to public distribution.

J. Service Units Earned

TAAA/ADRC will not reimburse contractors for service units not earned and reimbursement payments shall be withheld if TAAA/ADRC determines the service units have not been earned in accordance with LGOA and TAAA/ADRC Policies and Procedures. AIM data must be submitted to TAAA/ADRC by the fifth working (5th) day of the month.

When monitoring services, TAAA/ADRC shall match service participants with a list of TAAA/ADRC and provider/contractor employees to ensure funding and programmatic integrity. Any attempt to include employees or compensated individuals as program participants earning units shall be denied by TAAA/ADRC.

Invoice for reimbursement of service units earned is based upon AIM data, daily documentation signed by the program participant or their responsible party to include: documentation of in-home visit activities, such as activities performed, time spent in direct service to the older individual and notations on condition. The contractor shall maintain documentation of any missed or attempted visits. This documentation must be kept on file and provided to TAAA/ADRC upon request.

K. Reimbursement for Services

TAAA/ADRC has defined procedures for processing contractors' requests for reimbursements. Contractors shall input all participant service data into the AIM database by the fifth ($5^{th)}$ working day of each month. Data must be entered for each site and not collectively for the entire organization. The inputting of participant service date by individual or separate sites will assist TAAA/ADRC and the LGOA to better monitor and evaluate each site's activities and services and ensure that the data is accurate. Unit service reimbursement is based on AIM data originated by the contractor and approved by TAAA/ADRC. The Finance Manager at TAAA/ADRC will generate AIM reports monthly for general reporting purposes.

- Monthly Units of Service Report (MUSR) – Although TAAA/ADRC requires contractors to submit the MUSR with their required monthly billing, the TAAA/ADRC will run the MUSR or verify that the MUSR submitted by the contractor is correct and provide it to the LGOA Finance Division no later than the twentieth of each month following service(s).

- TAAA/ADRC requires that contractors' signed invoices for services must specify the number of service units earned, the unit cost and the total reimbursement due.

- LG97c Report – TAAA/ADRC shall submit the LG97c report, along with the MUSR monthly, explaining any anomalies.

TAAA/ADRC shall designate specific funding streams to be used to provide units of service. TAAA/ADRC shall direct contractors to allocated units of services for eligible participants to each funding stream when recording the delivery of a specific service. In order to maximize the number of program participants served and to help minimize the number of people on waiting lists, TAAA/ADRC requests each contractor to use the following methods in its overall planning to calculate the total number of service units that can be provided with TAAA/ADRC funding sources available. The formulas provide the contractors with a benchmark for maximizing services.

1) Funding stream ÷ unit costs ÷ the number of days service are provided i.e. meals (249) = number of service units per day
2) Funding stream ÷ unit costs = number of service units per year

L. Client Data Collection

TAAA/ADRC and contractors will utilize the Advanced Information Manager (AIM) system to document and track units of services delivered. Reimbursements for eligible service units will be documented accurately and

entered into the AIM System. TAAA/ADRC will assure that service contractors are trained properly and are monitored regularly through desktop monitoring and visits to service delivery locations. TAAA/ADRC requires that AIM data is entered monthly by the fifth (5^{th}) working day of the month.

TAAA/ADRC shall ensure that protocols are in place for input data from every contact, regardless of language, is entered into the appropriate approved data tracking system. TAAA/ADRC uses On-Line Support Assistant (OLSA), Advanced Information Manager (AIM) and the Ombudsman Innovative System.

TAAA/ADRC has seven (7) staff who are Certified in the Alliance of Information and Referral Systems in Aging (CIRS-A). All data will be entered by the tenth (10^{th}) of the month in an accurate manner appropriate to each system and in accordance with Program Instructions (PI) and LGOA Policies and Procedures. No data collection system shall be used by TAAA/ADRC or contractors in lieu of the LGOA-approved data collection systems for reporting data. Units of service cannot be earned prior to service delivery.

All contractors must register any employee who needs access to LGOA data collection systems in order to obtain clearance, access and passwords. When an employee who has access to an LGOA reporting system retires, is terminated or otherwise vacates her/his current position, the contractor must notify TAAA/ADRC and LGOA within three (3) working days so that accounts and passwords can be rescinded.

M. Client Assessments

In order to continue serving as many program participants as possible, Trident Region contractors will continue to complete participant assessments and reassessments. The justification for the decision is based on several factors. TAAA/ADRC contractors collectively leverage over $1.4 million in additional funds through support from counties, United Way, foundation grants and private donations. As a result, contractors are able to allocate portions of the various streams to pay the costs associated in performing participant assessments. Should TAAA/ADRC choose to perform the participant assessment function, there would be little to no revenue (other than Older Americans Act and State funds) to pay for the cost of the assessment. Taking funds away from direct services in order to pay the administrative costs associated in performing participant assessments, would have a negative impact on the amount of home and community-based services available to seniors, adults with disabilities and caregivers. If TAAA/ADRC opted to complete participant assessments, there would be a duplication of effort because Trident Region contractors provide face-to-face visits with potential program participants in order to complete Plans of Service.

TAAA/ADRC will, however, select program participants based on priority risk scores and emergency requests from Adult Protective Services and local law enforcement officials. Potential participants will be assessed over the telephone using the LGOA-approved assessment form and placed on the Waiting List for Services. When there is an opening, the contractor will notify the TAAA Executive Director or designee to request another program participant. TAAA/ADRC will approve program participants via email so that services can begin for individuals as soon as possible. The contractor will provide a face-to-face visit to verify assessment information. Program participants will be reassessed on an annual basis.

N. General Fiscal Issues

TAAA/ADRC expends all prior year funds before expending any new funds. Typically, TAAA/ADRC does not receive Program Development funds; however, all Program Development funds will only be expended after Planning Administration funds for Title III-B, Title IIIC-1, and Title III-E funds have been expended. TAAA/ADRC assures that the federal share of grant awards is earned only when the cost is incurred and the non-federal share (matching funds) of the cost has been contributed.

TAAA/ADRC assures that all invoices and all financial and program reports are submitted in the format provided by the LGOA and on the schedule(s) set by the LGOA. Invoices and financial reports will be submitted to the Accounting and Finance Division and program reports will be submitted to the appropriate program manager as stipulated by the LGOA.

TAAA/ADRC requires each contractor to determine unit costs for services and propose unit costs in it RFP. Contractors shall provide a breakdown of the components of the unit costs for each services and the methodology showing how the unit cost is determined. The cost justification shall include the assessment costs, activities costs, products costs, administrative costs, and any other relevant variable that contributes to the overall rate.

TAAA/ADRC will submit payment requests for both internal and flow-through expenditures monthly, quarterly, and/or regularly in accordance with the policies set by the LGOA. TAAA/ADRC will make every effort to keep invoices current in the event of mid-year budget cuts or reductions.

TAAA/ADRC expends more than $500,000 in Federal Awards; therefore, will monitor service delivery, have an audit each year that complies with OMB Circular A-133 and will submit the audit to the LGOA within nine (9) months after the close of the organization's fiscal year.

O. General Provisions for the AAA/ADRC

TAAA/ADRC will comply with all applicable Federal and State laws, regulations and guidelines as well as the policies and procedures of the LGOA. TAAA/ADRC staff established the following protocol to identify, to understand and to follow all applicable Federal and State laws, regulations and guidelines. Training will be provided to staff and to contractors during the current Area Plan period. A list of applicable laws has been developed (based on LGOA Policies and Procedures Manual) and will be included with annual contracts and contract extensions. TAAA/ADRC will provide technical support to contractors as needed.

Contractors indicate their commitment to honor the content of the LGOA Policies and Procedures Manual and Program Instructions annually when they engage in a contractual agreement with TAAA/ADRC or sign a contract extension. Information has been made available to staff and contractors on the accessibility of the latest version of the Manual on the LGOA website. In addition, TAAA/ADRC Executive Director and Finance Manager provided an overview of new policies and procedures outlined in the Manual to contractors on May 29, 2013.

As collaboration with Berkeley-Charleston-Dorchester Council of Governments (BCD COG), TAAA/ADRC uses Geographic Information Systems (GIS) mapping to determine if the targeted populations as defined by the Older Americans Act is being served in the Trident planning and service area. TAAA/ADRC will continue to use GIS mapping and will incorporate AIM data, the census data and American Community Service data to demonstrate that the targeted populations under the Older Americans Act are being served in each community throughout the entire planning and services area. TAAA/ADRC will utilize GIS Mapping as a tool to collect, to organize and to analyze and display data in relation to a location that could not otherwise be apparent to planning and human service professionals.

TAAA/ADRC accesses interpretation services so that a non-English speaking caller has prompt and timely access to services in his/her own language through LanguageLine Services (LLS). Contractors funded through TAAA/ADRC will also have access to the interpretation service. LLS is an on-demand phone interpretation provider and offers customer service twenty-four hours per day, seven days per week and utilizes skilled interpreter employees.

P. High-Risk Providers/Contractors and Corrective Action Plans (CAP)

A Contractor/Grantee may be considered “high-risk” if TAAA determines that a contractor: (1) has a history of unsatisfactory performance; (2) is not

financially stable, (3) has a management system which does not meet with standards set forth in 45 CFR, Part 92; (4) has not conformed to terms and conditions of contracts/grant agreement, (5) is otherwise not responsible.

Special conditions or restrictions may include: (1) requiring additional, more detailed financial reports; (2) additional monitoring; (3) requiring the contractor/grantee to obtain technical or management assistance; or (4) Establishing additional prior approvals.

If TAAA/ADRC decides to impose such conditions, the agency will notify the Contractor/Grantee in writing. The notification will include: (1) the nature of the special conditions/restrictions; (2) the reason for imposing them; (3) the corrective actions that must be taken before they will be removed and the time allowed for completing the corrective actions; and (4) the method of requesting reconsideration of the conditions or restrictions imposed.

The final decision to put an agency on "high-risk" would be the result of a recommendation from TAAA/ADRC Executive Director to the TAAA Board of Directors. It would remain the discretion of TAAA Board of Directors to decide if a contract/subgrant would be made to the agency on "high-risk" and what special conditions/restrictions would be included in the contract/grant agreement.

If the contractor is unable to take appropriate corrective action(s), then the contract will be terminated in accordance with the "Termination Clause" outlined in the contract. The Agreement may be terminated by TAAA unilaterally for any of the following reasons: (1) withdrawal of federal or state funding; (2) default or breach of contract by the contractor; (3) convenience of TAAA (4) insolvency or Bankruptcy of the contractor; or (4) loss of Licensure or Certification (if applicable).

Notice of such termination shall be in writing and immediate. The effective date of the termination shall be at the discretion of TAAA/ADRC based on the best interest of the Older Americans Act program and its beneficiaries. In the event that the Contract is terminated because of default or breach of contract by the Contractor, the Contractor agrees that it will repay TAAA/ADRC for the actual cost of termination and procurement.

The Agreement may be terminated bilaterally by both Parties. However, in the interest of maintaining continuation of services to beneficiaries, such termination will not take effect for at least ninety (90) days following execution of the agreement to terminate.

The Agreement may be terminated unilaterally by the Contractor by the providing written notice to TAAA/ADRC at least ninety (90) days prior to the

intended effective date. TAAA/ADRC may, at its option, replace the Contractor before the intended effective date when it is in the interest of the program to do so. In addition, TAAA/ADRC may, at its option and for good cause, adjust payments due to the contractor by deducting expenses incurred by TAAA/ADRC in arranging for alternative service delivery.

TAAA/ADRC will assume responsibility for providing the direct services until a new contractor can be obtained through the competitive procurement process.

IV. OVERVIEW OF THE PLANNING AND SERVICE AREA REGION

A. Service Delivery Areas

The Trident Area includes Berkeley, Charleston and Dorchester counties. Each county in the region has unique characteristics that impact the service delivery plan for providing services to seniors, adults with disabilities and caregivers. The major goal is to serve the targeted senior populations as identified by the Older Americans Act. TAAA/ADRC uses zip codes to define service delivery areas because several towns and cities cross county lines. In the most recent Request for Proposal, offers were requested for the following service delivery areas:

Berkeley Area:
29410 North Charleston
29430 Bethera
29431 Bonneau
29434 Cordesville
29436 Cross
29445 Goose Creek
29450 Huger
29453 Jamestown
29456 Ladson
29461 Moncks Corner
29468 Pineville
29469 Pinopolis
29476 Russellville
29479 St. Stephen
29492 Charleston

Dorchester Area:
29420 North Charleston
29437 Dorchester
29447 Grover
29448 Harleyville

West Charleston Area:
29412 James Island
29438 Edisto Island – Chas Co.
29439 Folly Beach
29449 Hollywood
29455 Johns Island
29470 Ravenel
29407 West Ashley
29414 West Ashley
29426 Adams Run
29487 Wadmalaw
29494 Younges Island

East Charleston Area:
29429 Awendaw
29451 Isle of Palms
29458 McClellanville
29464 Mt. Pleasant
29466 Mt. Pleasant
29482 Sullivan's Island

Central Charleston Area:

29471 Reevesville
29472 Ridgeville
29477 Saint George
29483 Summerville
29484 Summerville
29485 Summerville

29401 Calhoun St. to Harbor
29403 Neck Area
29404 Joint Base Charleston
29405 North Charleston
29406 Rivers/Montague to Trident Hospital
29418 North Charleston

Berkeley County is roughly 1,098 square miles and is considered the largest county in the State of South Carolina when factoring in both land and water. The area is mainly rural with a population density of 145 persons per square mile. According to 2010 Census data, approximately 10.2 percent of Berkeley County's population is age 65 and older. 11.7 percent of seniors, age 65 and older are below poverty. Berkeley Seniors, Incorporated is the current contractor for home and community-based services. Berkeley Seniors is a private, not for profit organization and has been providing services for Berkeley County seniors since 1996.

The objectives for Berkeley County are as follows:
Objective 1-Increase services for Berkeley County's seniors by advocating for and providing technical assistance to Berkeley Seniors, Incorporated, to Berkeley County Government and to residents in their efforts to build a multi-service senior center in Moncks Corner.
Objective 2- Develop additional resources, for low, middle and high income persons to meet the increasing senior population by strengthening cost share and private programs for areas such as Daniel Island and Goose Creek with an expected increase in the number of retirees.

Dorchester County is roughly half the size of Berkeley County, covering 575 square miles. The County has many rural areas; however, it is more densely populated than Berkeley County with 237 persons per square miles based on 2010 population estimates. Dorchester County has an estimated population of 14,847 persons age 65 and older. 10.3 percent of Dorchester County's seniors are living below poverty. Of the three counties in the region, Dorchester County has the lowest percentage of seniors age 65 and older who are living below poverty. Dorchester Seniors, Incorporated is the current contractor for home and community-based services. Dorchester Seniors is a private, not for profit organization and has been providing services for Dorchester County seniors since 1980.

The objectives for Dorchester County are as follows:
Objective 1 - Develop additional resources to meet the increasing needs of the senior population and create programs for areas such as Oakbrook and Givhans.

Objective 2- Develop additional resources, for low, middle and high income persons to meet the increasing senior population by strengthening cost share and private programs.

Charleston County was divided into three Service Delivery Areas because of the diversity of the geography and populations with areas divided by water and high bridges.

Central Charleston has the least land area and the highest population density in the region. The county has the greatest number of seniors living in the Trident Region; many living in cities in the Central Charleston Service Delivery Area. The City of Charleston has a population of 125,583 persons with 12.2% percent over the age of 65. North Charleston, the other major city in Central Charleston, has a population of 101,989 with a population density of 1,332 persons per square mile. The population is 47.2 percent African American, 2 percent Native American and 10.9 percent Hispanic.

The objectives for the Central Charleston Area are as follows:
Objective 1- Secure a donation of land by county government, another party or organization and the receipt of Senior Center Permanent Improvement funds for construction of a senior center in North Charleston.
Objective 2- Develop additional resources, for low, middle and high income persons to meet the increasing senior population by strengthening cost share and private programs.

West Charleston is an area of contrasts. The West Ashley section and parts of James Island are suburban, with residents that visit peninsular Charleston for work and health care. The islands of Folly, Johns, Edisto, Wadmalaw and the communities of Hollywood and Ravenel are rural and isolated. The island communities are constantly facing growth issues and struggling with the problem of finding employment. The rural nature of the islands has also attracted an increasing number of Hispanic residents that were first attracted to the area because of the need for agricultural workers. The isolated nature and poverty of the Sea Islands has resulted in a limited availability of resources. Charleston Area Senior Citizens Services, Incorporated is contracted service provider for the Central and West Charleston Service Delivery Areas.

The objectives for West Charleston Area are as follows:
Objective 1- Build successful nutrition programs on Johns Island and on Edisto Island.
Objective 2- Secure a donation of land by county government, another party or organization and the receipt of Senior Center Permanent Improvement funds allocated for construction of a senior center in West Ashley.
Objective 3- Develop additional resources, for low, middle and high income persons to meet the increasing senior population by strengthening cost share and private programs.

East Charleston is very diverse; the area is east of the Cooper River and spread out in length. It varies from the relatively wealthy, densely populated town of Mount Pleasant to the rural areas of Awendaw, McClellanville and South Santee. Mount Pleasant has a population of 71,875 and a population density of 1,505 persons per square mile within a total area 45 square miles. 12.2 percent of the population is age 65 and older. South Santee Senior and Community Center, a private, not for profit organization, is the contracted provider for the East Charleston Service Delivery Area.

Objective 1-Secure a multi-purpose senior center in the Town of Awendaw.

Objective 2-Develop additional resources for access to home and community-based services.

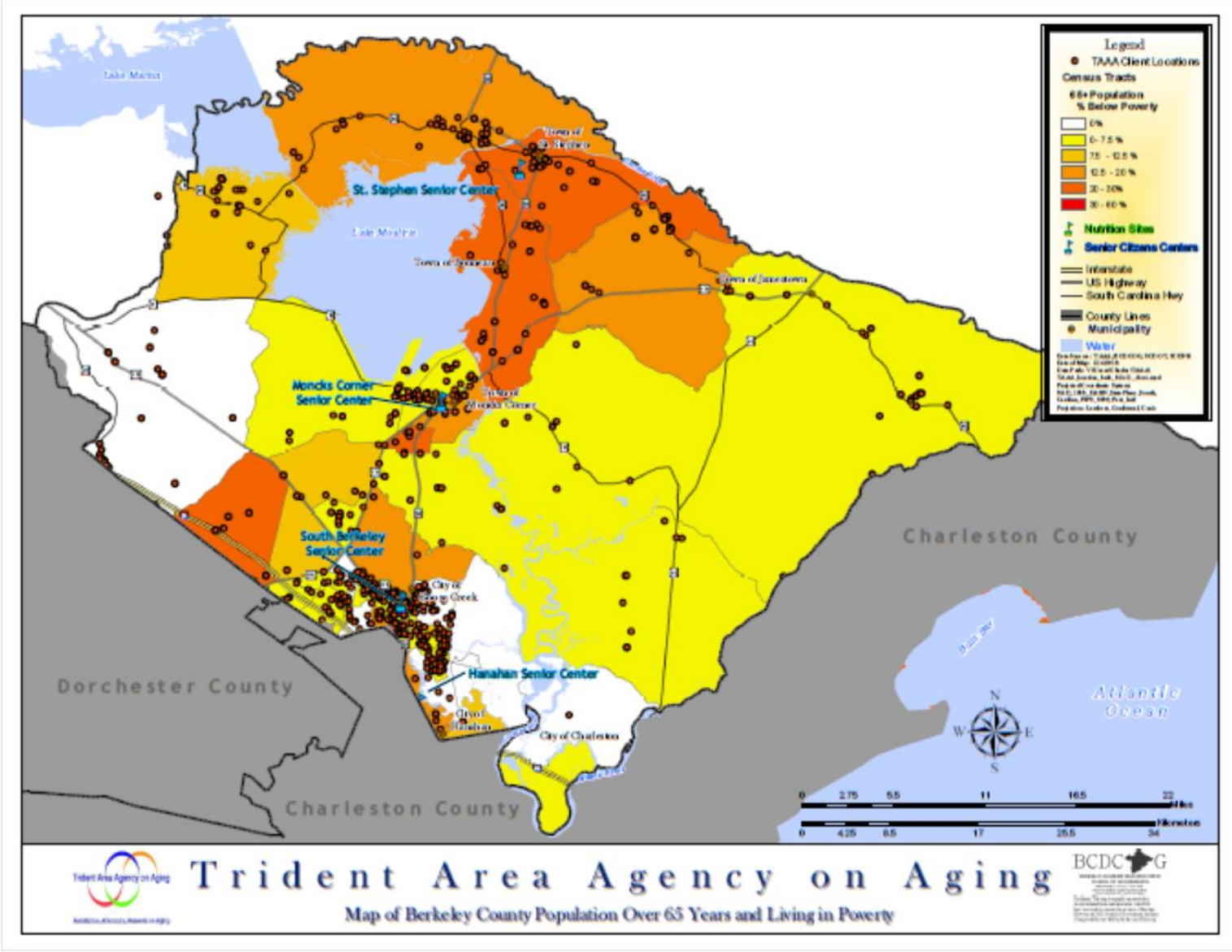
TAAA/ADRC will coordinate GIS Mapping services with Berkeley-Charleston Dorchester-Council of Governments (BCD COG). Maps will be requested each spring in order for review and to meet the reporting requirements in each Area Plan Update. TAAA/ADRC will use the maps to determine whether or not the targeted populations are being served according to the Older Americans Act of 1965, as amended. The following timetable represents how TAAA/ADRC will use GIS Mapping to analyze the program participants being served in the region.

Activity	Target Date	Person(s) Responsible
Service Delivery Maps Request to BCD COG	March 1	TAAA Executive Director
Maps Completed	April 1	BCD COG
TAAA Advisory Committee Review and Recommendations	May 1	TAAA Advisory Committee
TAAA Board Review	May 15	TAAA Board
Follow-up Meeting with Contractors	June 1	Executive Director and Finance Manager

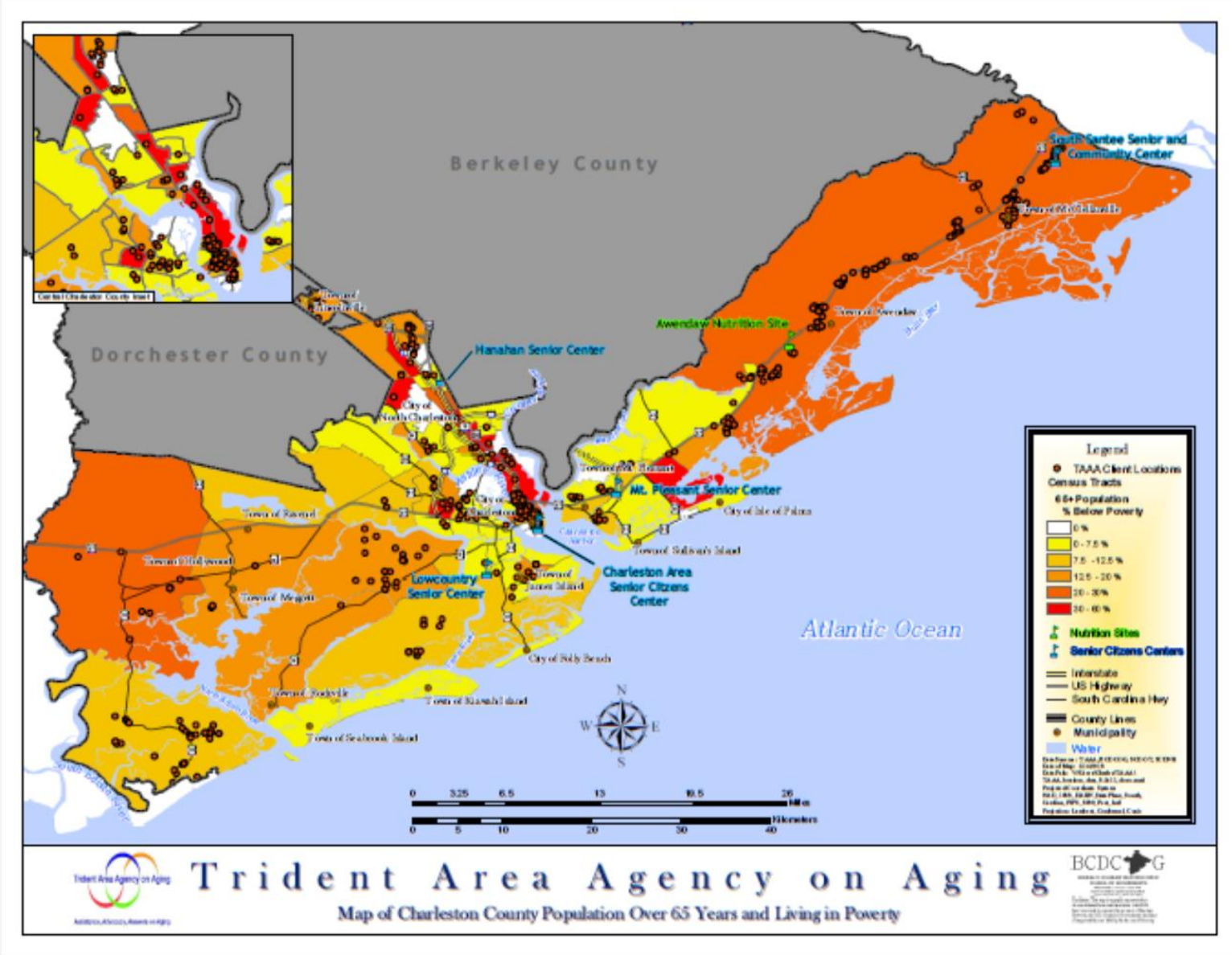
Maps for each of the three counties (Berkeley, Charleston and Dorchester) pinpoint the addresses for those served through TAAA/ADRC and senior centers/nutrition sites. The addresses were compiled from the Advanced Information Manager (AIM)-generated Report LG97c. The maps incorporate data using 2010 Census and American Community Service data from 2007-2011 on poverty combined with the senior population, age 65 and older.

The addresses will be compiled from the (AIM)-generated Report LG97c.

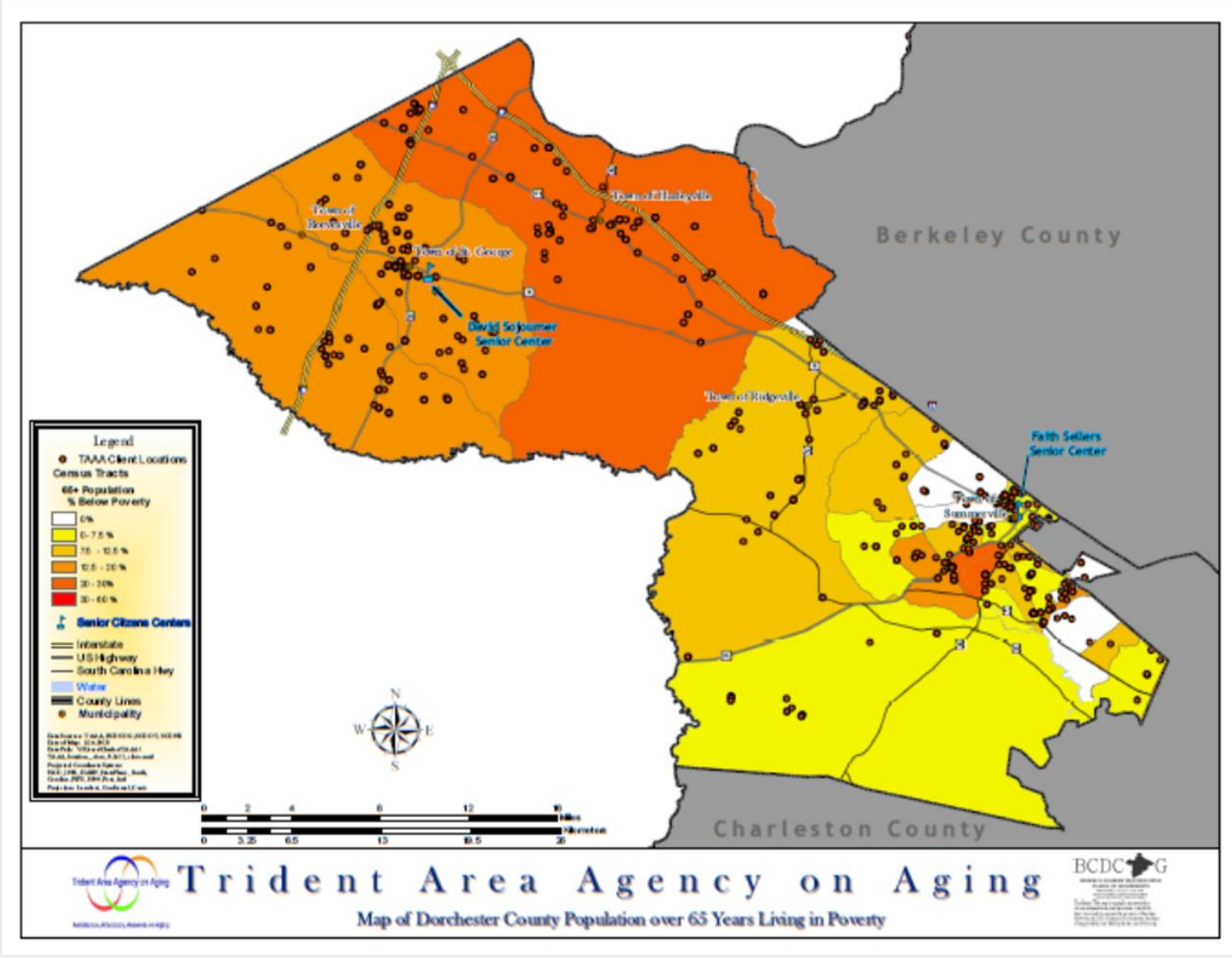
Berkeley Service Delivery Area:



Charleston Service Delivery Area:



Dorchester Service Delivery Area:



B. Objectives and Methods for Services to OAA Targeted Populations

The Trident Region's percentage of older persons served for specific OAA target groups far exceeds the percentage of the region's senior population, age 65 and older. This information is based on demographics and assessment data collected in the Advanced Information Manager (AIM) database and the 2010 Census.

The percentage of low-income seniors served for Berkeley County is **73%**, for Charleston County is **79%** and for Dorchester County is **75%**. Based on the 2010 Census, the percentage of low-income seniors is **16%** for Berkeley County, **16%** for Charleston County and **13%** for Dorchester County.

The percentage of low-income, minority seniors served for Berkeley County is **38%**, for Charleston County is **65%** and for Dorchester County is **54%**. Based on the 2010 Census, the percentage of minority seniors who are below poverty level is **13%** for Berkeley County, **25%** for Charleston County and **21%** for Dorchester County.

Based on the 2010 Census, the percentage of seniors with limited English proficiency is **2%** for Berkeley County, **0%** for Charleston County and **1%** for Dorchester County. TAAA/ADRC will increase outreach efforts to serve seniors with limited English proficiency in the region.

The percentage of rural seniors served for Berkeley County is **41%**, for Charleston County is **26%** and for Dorchester County is **33%**. Based on the 2010 Census, the percentage of rural seniors is **13%** for Berkeley County **18%** for Charleston County and **13%** for Dorchester County.

According to AIM data, 1,321 seniors served through TAAA/ADRC-funded programs have at least two or more deficits with activities of daily living and are therefore, at risk for institutional placement.

For all Trident Region contractors, the objective for Fiscal Year 2013-2014 will be to maintain or increase services to the populations targeted in the Older American Act, at or above their current rate.

Programs, such as the Family Caregiver Support Program and the Home and Community-Based Choice Program for Charleston County will allow TAAA/ADRC to ensure that all areas of the region are being served. TAAA/ADRC will assess participants living in the outlying rural areas, and areas with a large number of Asians, Hispanics and Native Americans and ensure that there are home and community-based services available to serve them. TAAA/ADRC will annually monitor the number of seniors persons

served who are targeted in the OAA, using the both the (AIM) system and GIS mapping services provided by the Berkeley-Charleston Dorchester Council of Governments. Request for Proposals issued by TAAA/ADRC will

C. Ten-year Forecast for the Planning and Service Area Region

In order to meet the needs of the Trident Region's seniors now and in the ten years hence, the Older Americans Act of 1965, as amended, needs to better reflect the changing needs of healthier and better educated "baby boomers." Rather than funding specific services, the funds need to be allocated in one lump sum so that the Area Agencies on Aging can pay for services that are needed by seniors, adults with disabilities and caregivers. TAAA/ADRC will advocate for policy, standards and regulation changes that will foster the "Consumer Choice" model of meeting the needs of seniors in Trident Region. The coastal areas of the Trident Region will continue to attract more affluent retired persons from areas where there is a great availability of services.

Four (4) major issues that will have major impacts on seniors in the region are: the increased need for home and community based services, the need for the creation of new resources, service expectations of seniors and caregivers and the lack of transportation systems.

In order to address the increased need for home and community based services as well as the need for the creation of new resources, TAAA/ADRC has been seeking ways to generate additional funding by collecting cost share funds and by exploring opportunities with Managed Care Organizations. TAAA/ADRC has signed two Letters of Intent thus far and will continue to look for additional revenue streams. TAAA/ADRC has been planning for the future for the last several years by expanding consumer-directed services through the use of Title III-B Supportive Services funds, State General Revenue Funds, local grants, Veterans Directed Home and Community-Based Services funding and donations. TAAA/ADRC continues to advocate for major changes in the focus and funding of home and community based services on the state and federal levels. TAAA/ADRC will increase awareness opportunities in order to better inform seniors and caregivers about the necessity to better plan for future long term care needs. PSAs with local radio stations will be better utilized in order to provide community information and education about the services that are available and how to access them.

Transportation continues to be a huge barrier for seniors and adults with disabilities. They need access to important basic needs, such as food and medication as well preventive services, such as doctor appointments and routine health screenings. TAAA/ADRC will explore collaborative transportation opportunities with Independent Transportation Network (ITN) Charleston/Trident and the LGOA Assisted Rides Program funded through the

South Carolina Department of Transportation. TAAA/ADRC will encourage collaboration, not duplication of service efforts.

TAAA/ADRC perceives its role in the community as the "one stop shop" for information and access to aging and disability services. The agency is moving towards this role by no longer contracting for all services in all service areas. TAAA/ADRC could best meet individual consumer's needs by offering them a choice of an array of services and providers no matter what their income level. After a one-time assessment, assistance in paying for services would be available based on the individual's needs and available resources. TAAA/ADRC will advocate for one data system that will track information contacts, referrals and services provided by or funded through TAAA/ADRC. Multiple assessments are tedious for the consumer. Entering data in numerous data systems is costly, leads to duplicated counts of contacts and does not yield reports that are useful. A system of aging and disability services requires one entry point for gaining information and access to aging and disability services, one assessment and data system and a choice of services for the consumer.

In addition, if TAAA/ADRC is to become a true Aging and Disability Resource Center, the "one stop shop" for disability services, it needs to perform the same functions for adult disabled consumers as it does for seniors. TAAA/ADRC will advocate for a policy change that distributes funds for disability services through Area Agencies on Aging just as Older Americans Act funds are. There cannot be a "Resource Center" without appropriate resources to assist consumers.

D. Emergency Preparedness

Although TAAA/ADRC and local contractors are not primary emergency management agencies, the organizations still have a number of responsibilities to seniors, adults with disabilities and caregivers in order to prepare for a disaster. During a disaster, TAAA/ADRC and contractors work together to coordinate and assist in service delivery and assist in meeting basic human needs. Depending on the scope of the disaster, TAAA/ADRC may be required to be a direct service contractor and may have to assist in locating at-risk individuals and help to arrange for or deliver services. TAAA/ADRC may provide or assist in coordinating the outreach to locate vulnerable adults affected by the disaster, transportation for older adults to disaster assistance shelters and offer local staff to work with other social service agencies in providing assistance to vulnerable adults affected by the disaster.

The TAAA/ADRC Disaster Plan is outlined according to phases. The first phase is "Preparedness" and focuses on disaster planning. During the Preparedness Phase, TAAA/ADRC Executive Director reviews contractors' plans and updates the emergency contact information list. Contractors are

required to maintain alphabetized lists and contact information for all at-risk homebound individuals in order to assist them in evacuation, if needed. TAAA/ADRC participates in quarterly Volunteer Organizations Active in Disaster (VOAD) meetings. Organizations represented for VOAD meetings include: Charleston County Emergency Management Department, Trident United Way, Salvation Army, American Red Cross, Department of Health and Environment Control. TAAA/ADRC will assist contractors, the American Red Cross, Salvation Army, and other community organizations in distributing written information and providing on-site and community educational activities for vulnerable persons in order to self-prepare for potential disastrous situations. Seniors will be advised on the necessary supplies to have on hand, the supplies to take to a shelter, and evacuation procedures. TAAA/ADRC maintains updated evacuation routes in the Disaster Preparedness Plan. TAAA/ADRC Executive Director will be on call throughout the duration of a declared disaster.

The "Response" Phase is time period immediately following the disaster when staff will be called upon to initiate activities that stabilize the lives of people affected by a disaster. All TAAA/ADRC staff will provide information and assistance as needed.

The "Stabilization" Phase may take from a few hours to several months, depending upon the scope of the disaster. All TAAA/ADRC staff will provide information and assistance as needed.

The "Recovery" Phase will offer sustained assistance and care over a longer period of time and is intended to assist people in rebuilding their lives. TAAA/ADRC staff and contractor staff will conduct damage assessment, provide technical assistance to contractor agencies to secure proper disaster funding, document and report of activities associated with service delivery or financial assistance and continue outreach and advocacy efforts.

When a Disaster warning is declared for any area of the Trident Region, TAAA/ADRC Executive Director will contact the Office on Aging liaison, Ron Ralph. This purpose of the contact will be to inform the State Unit on Aging on the status of disaster preparations and to discuss when and how TAAA/ADRC and contractor staff can be located after the disaster. TAAA/ADRC has a Memorandum of Understanding (MOU) in Place with United Way 211 Hotline. Both programs are committed to quality care and service to individuals in need of information or assistance.

E. Holiday Closings

TAAA/ADRC, Berkeley Seniors, Charleston Area Seniors Citizens Services and South Santee Senior and Community Center will observe the following holidays:

Holidays	Date
Independence Day	July 4, 2013
Labor Day	September 2, 2013

Thanksgiving Day	November 28, 2013
Day after Thanksgiving Day	November 29, 2013
Christmas Eve	December 24, 2013
Christmas Day	December 25, 2013
Day After Christmas	December 26, 2013
New Year's Day	January 1, 2014
Martin Luther King's Birthday	January 20, 2014
President's Day	February 17, 2014
Good Friday	April 18, 2014
Memorial Day	May 26, 2014

Dorchester Seniors will observe the following holidays:

Holidays	Date
Independence Day	July 4, 2013
Labor Day	September 2, 2013
Staff In-Service	November 5, 2013
Thanksgiving Day	November 28, 2013
Day after Thanksgiving Day	November 29, 2013
Christmas Eve	December 24, 2013
Christmas Day	December 25, 2013
New Year's Day	January 1, 2014
Martin Luther King's Birthday	January 20, 2014
President's Day	February 17, 2014
Good Friday	April 18, 2014
Memorial Day	May 26, 2014

V. AAA/ADRC OPERATIONAL FUNCTIONS AND NEEDS

A. Assessment of Regional Needs

In July 2012, TAAA/ADRC allocated resources and joined eight other South Carolina Area Agencies on Aging in the selection of an entity to complete activities for the development of the region's Needs Assessment. The Needs Assessment would lay the foundation on how TAAA/ADRC will procure and allocate funds under the 2014-2017 Area Plan. System Wide Solutions (SWS) was the entity chosen and Santee-Lynches Regional Council of Governments took the lead and procuring the service. SWS's responsibilities were to draft the needs assessment survey, to analyze the data from the survey and to produce the results of the survey in a written report to TAAA/ADRC. In October 2012, SWS provided the "Needs Assessment Report" to TAAA/ADRC.

In the Needs Assessment Report, respondents viewed Information and Referral Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver

services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining supplemental services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety). The Needs Assessment stresses the importance of consumer direction and flexibility, especially in the Family Caregiver Support Program. Therefore, TAAA/ADRC will continue to promote choice in offering home and community-based services in the region. Funds generated through cost-sharing, as well as additional State Generated Revenue, will be used to expand choice programs to seniors, adults with disabilities and caregivers.

The partners surveyed indicated that they have a good relationship with TAAA/ADRC; however, they have little interaction with TAAA/ADRC on the planning process, have little knowledge of the plan, do not understand how priorities are set for which clients receive services and have very little knowledge of the planning process. Unfortunately, the time constraints outlined in the Area Plan Instructions gave contractors, service providers and the community at large very little time to be a part of the Area Plan process. Having less than thirty (30) days to complete the full Area Plan with budgets is not enough time. TAAA/ADRC proposes to have additional time to present the Area Plan to the public and in order to give opportunity for input and comments.

B. Program Development

TAAA/ADRC will allocate revenue generated through cost share, State General Revenue, State Mental Health Funds (previously administered by the Alzheimer's Association) and ACE BINGO revenue to consumer directed programs. In addition, revenue generated from TAAA's Annual Rock A Thon (fundraiser) and the Exchange Club of Charleston Grant will be used for consumer directed programs.

Three of the four contractors in the region, Berkeley Seniors, Dorchester Seniors and Charleston Area Senior Citizens Services have strong private pay programs. These contractors serve a more diverse population and are able to more easily market private pay services. The offices are more visible and are located in urban/suburban areas of the region. The contractors have support from the Berkeley County Government, Charleston County Government and

Dorchester County Government and are able to leverage strong volunteer support.

South Santee Senior and Community Center, however, is located in the rural area of East Charleston County. The center is located in the heart of the Francis Marion National Forest and is located approximately forty-one miles north of the large suburban Town of Mount Pleasant. The service delivery area stretches over sixty miles from the Cooper River in Mount Pleasant to the Santee River at the Georgetown County line. Because the South Santee area is so rural, there are several challenges that limit access to the programs and the expansions of them. South Santee Senior and Community Center has partnerships within the community that allow the youth and the seniors to utilize the center as the local hub for service delivery. Partnerships with entities located in the City of Charleston and in the City of North Charleston, such as Charleston County Human Services, Trident United Way and Trident Area Agency on Aging, are also vital to the success of programs. The fact that South Santee Senior and Community Center is located in a very rural area of Charleston County makes it difficult for the center to access supports, such as getting necessary supplies or recruiting volunteers and generating private pay income. TAAA/ADRC will continue to work with South Santee Senior and Community Center on ways to generate revenue.

C. Program Coordination

In addition to ADRC program activities already discussed in the Plan, TAAA/ADRC will continue to collaborate with the Alzheimer's Association to train caregivers and supports the Alzheimer's Elks Educational Training each September. The Executive Director serves on the planning committee for the conference. The Planning Committee is charged with developing the conference theme, securing the location for the conference, identifying program tracks, recruiting sponsors and exhibitors and marketing the conference to caregivers and other professionals.

TAAA/ADRC signed a Memorandum of Understanding with Charleston County Human Services and has been designated as a 2013 Collaborative Partner. TAAA has received training to screen applicants for the Low Income Home Energy Assistance Program (LIHEAP). The targeted populations for the current year include disabled individuals of all ages, seniors and new clients. There is no limit on how many applications TAAA/ADRC can process per week. Last year, the TAAA/ADRC Information and Referral Assistance Specialist served the most individuals out of the five partners in the Trident Region.

TAAA/ADRC is working with the disAbility Resource Center (Center for Independent Living) to develop a Memorandum of Understanding to

demonstrate the history and the successful partnership that the two organizations have in working to meet the needs of adults with disabilities.

Senior Day at the Coastal Carolina Fair brings several organizations together to provide information, education, and outreach. During Senior Day, TAAA/ADRC sponsors senior awards. Each year, TAAA/ADRC collaborates with the Exchange Club of Charleston, Berkeley Seniors, Charleston Area Seniors, Dorchester Seniors, South Santee Senior and Community Center, Clemson Extension, the Retired Senior and Volunteer Program and several other organizations to coordinate the event for thousands of seniors.

D. AAA/ADRC and Long Term Care

TAAA/ADRC has core services that are essential to the success of the ADRC to include Family Caregiver Support, Insurance Counseling, Information and Referral Assistance, Veterans Directed Home and Community-Based Services and Home and Community-Based Choice Services. The ADRC's purpose is to create and maintain a strong, clear link between the services that are available in the community and the people who need them. The ADRC serves as the entry point for information, eligibility determination and will provide access to services for adults age eighteen and older with disabilities, enabling them to remain in the community as long as possible.

The transformation to Trident ADRC has improved access for consumers; however, most consumers who contact TAAA/ADRC are looking for financial resources, assistance with basic needs or home and community-based services. Unfortunately, the majority of TAAA/ADRC program funding is age restricted, thus creating confusion for those who contact the ADRC for these types of assistance. TAAA/ADRC has received a limited amount of local grant funding in order to serve consumers who do not meet the age requirement as defined by the Older Americans Act of 1965, as amended or the Lieutenant Governor's Office on Aging Policies and Procedures. TAAA/ADRC staff are better trained to assist consumers with eligibility determination; however, ongoing "Options Counseling" training is needed.

During the next four years, TAAA/ADRC will continue to seek out grants and fund raising opportunities to better serve the ADRC population. Having better representation of adults with disabilities on the TAAA/ADRC Board of Directors and on the Advisory Committee will attribute to the future success of the ADRC. The TAAA Board Nominating Committee and the Advisory Council with assist with recruitment. TAAA/ADRC will continue to work with the Southeastern Association of Area Agencies on Aging and Boston University to develop online Options Counseling training for staff.

E. Advocacy

TAAA/ADRC will continue to work with the Trident Caucus of the Silver Haired Legislature to develop resolutions for the South Carolina General Assembly. The Executive Director will continue to attend caucus meetings on a regular basis and provide updates regarding the TAAA/ADRC service delivery system and issues affecting the older adult population. Advocating for increased appropriations and Reauthorization of the Older Americans Act will be essential in order to provide resources to implement person-centered and cost-effective home and community-based services. TAAA/ADRC will work with the South Carolina LGOA, AARP, the Silvered Legislature, the South Carolina Association of Area Agencies on Aging, and other advocacy groups for increases in State General Revenue funds for home and community-based services.

F. Priority Services

TAAA/ADRC utilizes Title III B funds for "Access" services to include in-home care services, legal assistance, transportation and information and referral assistance services. The LGOA designates funding for Long Term Care Ombudsman and Information and Referral Assistance. Four percent of the Title III-B funds will be allocated for legal services. Although there is a need in the region for Adult Day Care, there is not adequate Title III-B funding to support the service. In fact, there is not adequate funding available to carry out the priority services under the Older Americans Act. The remaining funds will be allocated for transportation services for seniors to travel to and from the Group Dining Centers and for in-home care services. In-home care services are priority in accordance with the Older Americans Act and with TAAA/ADRC Policies and Policies and Procedures. Home Care services are for homebound seniors, age 60 and older, who have a chronic illness, limitations in two or more activities of daily living, or have an acute episode of a chronic illness that affects their ability to provide self-care and maintain a safe and sanitary home environment without assistance.

G. Priority Service Contractors

Contract services through TAAA/ADRC are procured through a competitive Request for Proposal (RFP) process. The purpose of the solicitation is to acquire Older Americans Act (OAA) and/or State funded services in full compliance with all applicable Federal, State and Local requirements. Contractors and the services provided must also be in compliance with the applicable specifications and conditions described in the solicitation. Standard Contract Terms and Conditions are located in as an attachment to the RFP. Exceptions or unwillingness to comply with a particular standard must be explained.

The submission of a proposal to TAAA/ADRC represents that potential contractors have read and understand the solicitation and that its offer is made in compliance with the solicitation.

Contractor and service requirements defined in the solicitation are primarily based, as applicable, on the following Laws, Regulations and Policies:

- The OAA, as amended to date;
- Federal regulations issued pursuant to the OAA;
- 45 CFR 1321.5 cites that the following regulations apply to all activities under this part [Title III] and adds that there may be others not listed here.
- 45 CFR Part 74: Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations;
- OMB Circular A-122: Cost Principles for Non-Profit Organizations;
- 45 CFR Part 80: Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education, and Welfare; Effectuation of Title VI of Civil Rights Act of 1964;
- 45 CFR Part 81: Practice and Procedure for Hearings under Part 80 of this Title;
- 45 CFR Part 84: Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation
- OMB Circular A-87: Cost Principles for State, Local, and Indian Tribal Governments; and
- Program Issuances (PIs) issued by AoA or the LGOA that supersede TAAA Policies and Procedures Manual. AoA issuances will become effective only after the LGOA has provided notice to that effect.
- 45 CFR.74.48 and Appendix A will apply to any awarded contract by their terms: Equal Employment Opportunity, Copeland "Anti-Kickback" Act, Davis-Bacon Act, as amended, Contract Work Hours and Safety Standards, Rights to Inventions Made Under a Contract or Agreement, Clean Air Act, Byrd Anti-Lobbying Amendment, and Debarment and Suspension.
- The LGOA Policies and Procedures Manual
- TAAA/ADRC Policies and Procedures Manual

TAAA/ADRC requires potential contractors to summarize how the organization's history, capacity and strong financial background make the organization best for the services they are proposing to provide. Potential contractors must address the mission statement, philosophies and values or principles that will be reflected in the provision of services, a brief summary of the organization's strategic or business plan, experience providing similar services and/or experience providing services to older adult and relationships

with other human services organizations. The organization's experience in providing senior activities (including partnerships, acquisition of senior centers, fundraising, etc.) must be fully explained. The experience of the executive and/or management staff who oversees the internal operations of the organization must be included in the proposal.

Proposals to TAAA/ADRC must include the list of current services provided by the potential contractors and the funding sources that pay for them. Proposals should include an explanation/description of the Emergency/Disaster Plan to ensure the continuation of services when an emergency arises, including but not limited to, staff shortages, financial hardship and inclement weather. TAAA/ADRC evaluates the financial management and strength and quality management functions of potential contractors. Program-specific information such as staffing, experience, service delivery plans and unit costs are considered as key elements in the evaluation process.

H. Transportation

The Trident Region's Transportation funding through Title III-B has been decreased by 70% (379,885) for State Fiscal Year 2013-2014. As a result of the reduction in transportation funds, TAAA will ensure that transportation services will be provided to eligible participants in accordance with the Older Americans Act and LGOA Policies and Procedures. Trips and special outings will no longer be supported by Title III-B Supportive Services funding. Each reimbursable unit of transportation service is defined as "Point to Point." Although the contractors will maintain daily rider logs for each vehicle, miles ridden by each passenger and names of companion riders, TAAA/ADRC will no longer reimburse passenger assistance miles.

Trident Region transportation contractors earn reimbursement for eligible transportation units served in accordance with the Older Americans Act, the LGOA Policies and Procedures and TAAA/ADRC Policies and Procedures. On a monthly basis, the TAAA/ADRC Finance Manager reviews AIM-generated reports to ensure that eligible seniors with the greatest needs are being served. The reports are reviewed to ensure that contractors are serving those with the greatest need for access services. In addition, no contractor will be reimbursed for transportation for program participants who do not have an updated and/or completed assessment in the AIM database. TAAA/ADRC will provide participant selection for the transportation service.

I. Nutrition Services

The Trident Region's nutrition programs have continued the trend of declining participation in the Group Dining program and an increasing demand and

need for Home Delivered Meals. The number of Title III – C Group Dining contracted meals served declined from approximately 69,780 meals to 61,468 meals between Fiscal Years 2011-2012 and 2012-2013. The reduction in meals can be accounted for by the increase in the raw food costs and the transfer of Title III C-1 Group Dining Meals to Title III C-2 Home Delivered Meals.

Between Fiscal Years 2011-2012 and 2012-2013, the number of Title III C – 2 Home Delivered Meals provided increased from 118,178 to 156,435 meals per year. Thus, the trend of the increasing demand and need for home delivered meal services continues as people are discharged from hospitals sooner each year and as homebound seniors need the meals to be able to continue living in their homes as opposed to residing in more costly long term care facilities. Home delivered meals are one of the cost-effective options available to keep seniors in their homes for as long as possible.

For the Trident Region, the LGOA transferred approximately $160,000 in the Title III C-2 Home Delivered Meals program from Title III C-1 Group Dining Meals Program and the Title III-B Supportive Program in response to shifting needs and demands for Home Delivered Meal services. Therefore, TAAA/ADRC will allocate approximately $50,000 less for Group Dining Meals.

Trident Region nutrition contractors earn reimbursement for eligible meals served in accordance with the Older Americans Act, the LGOA Policies and Procedures and TAAA/ADRC Policies and Procedures. On a monthly basis, the TAAA/ADRC Finance Manager reviews AIM-generated reports, such as the LG97c and the SC13 to ensure that eligible seniors with the greatest needs are being served. The reports are reviewed to ensure that contractors are serving those with the greatest priority risk and/or nutrition risk scores. In addition, no contractor will be reimbursed for meals for program participants who do not have an updated and/or completed assessment in the AIM database.

Only Trident Region nutrition sites with an approved LGOA waiver will be able to serve less than twenty-five meals per day. TAAA/ADRC will apply for waivers to continue developing new nutrition programs in Mount Pleasant, Johns Island and Edisto Island. The programs will be funded with State General Revenue funds if the waivers are approved. All other TAAA/ADRC funded nutrition programs will be required to serve a minimum of twenty-five (25) meals per day, five (5) days per week. Unannounced visits to sites, monthly reviews of completed sign-in-sheets and Site Mangers' Reports will ensure that contractors are in compliance.

All nutrition sites will have planned activities for at least four (4) hours per day. Activity calendars for each senior center or nutrition site should be

posted in a highly visit location to ensure that nutrition education, social, informational, recreational, artistic or musical activity are offered to program participants. Activity calendars will be approved by the TAAA/ADRC Executive Director prior to posting at the site or prior to public distribution.

TAAA/ADRC will ensure that preference for nutrition services is given to those seniors in the greatest social, nutritional and/or economic need, with particular attention to seniors with low income (less than 125 percent of the poverty level published annually in the Federal Register); low-income, minority seniors, seniors with limited English proficiency; seniors residing in rural areas; and seniors at risk for institutional placement. TAAA/ADRC will provide the participant selection.

TAAA/ADRC will encourage cost sharing with state funds in accordance to the following chart:

Monthly Income If Care receiver is single, separated, divorced, or widowed: Income is self only (FPG for Family of 1)	Cost Share Recommendation Percentage
$958 and below (100% of the poverty level)	0%
$959 - **$1,436**	10%
$1,437 - **$1,915**	20%
$1,916 - **$2,394**	30%
$2,395 - **$2,874**	40%
$2,875 - **$3,353**	50%
$3,354 and above (more than 350% of the poverty level)	TAAA recommends private pay

Monthly Income If Care receiver is married: Income is self and spouse (FPG for Family of 2)	Cost Share Recommendation Percentage	For Each Additional Dependent Household Member Add
$1293 and below	0%	$335
$1,294 - $1,939	10%	$503

$1,940 - $2,585	20%	$670
$2,586 - $ 3,232	30%	$838
$3,233 - $3,879	40%	$1,005
$3,880 – $4,524	50%	$1,171
$4,525 and above	TAAA recommends private pay	

Regional menus will be reviewed on quarterly basis by a registered dietician. Menus will be posted in an accessible and visible location in each senior center/nutrition site. The serving guide will also be available for use by nutrition site workers and volunteers to ensure that program participants are receiving the proper portions in order to meet the 1/3 Recommended Dietary Allowance. Requests for menu changes are approved by a registered dietician and will be sent to TAAA/ADRC for approval at least three (3) business days prior to the change.

J. Training and Technical Assistance

TAAA/ADRC will offer technical assistance to contractors, service providers, churches or organizations wishing to expand or to start programs, advocacy groups, coalitions and networking groups. As an on-going activity, TAAA/ADRC's Finance Manager will assist contractors in improving data input. Through more desktop monitoring, the Finance Manager will review contractor's data entry and will provide technical assistance to ensure that all data is usable for justification of current and additional funding.

TAAA/ADRC Training Plan:

Training Topic	Person(s) Responsible	Month Each Year of the Area Plan Period
Contract Extensions Overview	TAAA Executive Director and Finance Manager	July
Portion Control Training for Nutrition Program Workers and Volunteers	Caterer	August
Alzheimer's and Family Caregiver Training	Family Caregiver Advocate and Resource Coordinator	November
Site Manager's Training (activity calendars, sign-in sheets, reporting)	TAAA Executive Director	January

Community Resources Training	Information and Referral Assistance Specialist and Resource Coordinator	March
Review of GIS Mapping Data	TAAA Executive Director	May

K. Monitoring

TAAA/ADRC maintains adequate control and accountability for public and private funds to ensure that programs are in compliance with contractual standards and funds are expended properly. Sufficient data is collected ongoing via the AIM database. The Executive Director and Finance Manager work jointly in the oversight of contract requirements. In addition, monthly reporting documentation is required in order for a contractor to be reimbursed for services provided. Such documentation includes: TAAA/ADRC-approved activity calendars, AIM-generated reports, home delivered meals daily logs signed by the driver/deliverer and contractor, catering vouchers and Site Manager Certification Reports.

TAAA/ADRC conducts announced and unannounced monitoring visits to contractors and provides technical assistance to assure that contractors fulfill their responsibilities under contract. Monthly reporting documentation, such as sign-in sheets, participant assessments and AIM-generated reports are reviewed during monitoring visits. In addition, TAAA/ADRC staff and Advisory Committee members interview program participants in order to obtain feedback about overall service delivery.
TAAA/ADRC has policies and procedures in place if a contractor is found to be out of compliance in fiscal and/or programmatic areas. If the contactor fails to meet the reporting requirements established by the LGOA Policies and Procedures and/or TAAA/ADRC Policies and Procedures, reimbursement requests will be withheld until the contractor is able to provide the necessary documentation. The contractor will be deemed as a "High Risk Contractor." A "High Risk Contractor" is an organization that (1) has a history of unsatisfactory performance, or (2) is not financially stable, or (3) has a management system that does not meet the management standards prescribed or (4) has not conformed to terms and conditions of previous awards, or (5) is otherwise not responsible. Special conditions or restrictions may include: (1) requiring additional, more detailed financial reports; (2) additional monitoring; (3) requiring the contractor/grantee to obtain technical or management assistance; or (4) establishing additional prior approvals.

If TAAA/ADRC decides to impose such conditions, the agency will notify the Contractor/Grantee in writing. The notification will include: (1) the nature of the special conditions/restrictions; (2) the reason for imposing them; (3) the corrective actions that must be taken before they will be removed and the time

allowed for completing the corrective actions; and (4) the method of requesting reconsideration of the conditions or restrictions imposed.

The final decision to put an agency on "high-risk" would be the result of a recommendation from TAAA/ADRC Executive Director to the TAAA Board of Directors. It would remain the discretion of TAAA/ADRC Board of Directors to decide if a contract/subgrant would be made to the agency on "high-risk" and what special conditions/restrictions would be included in the contract/grant agreement.

If the contractor is unable to take appropriate corrective action(s), then the contract will be terminated in accordance with the "Termination Clause" outlined in the Contract. The Agreement may be terminated by TAAA/ADRC unilaterally for any of the following reasons: (1) withdrawal of federal or state funding (2) default or breach of contract by the contractor; (3) Convenience of TAAA/ADRC; (4) insolvency or bankruptcy of the contractor; or (5) Loss of Licensure or Certification (if applicable).

Notice of such termination shall be in writing and immediate. The effective date of the termination shall be at the discretion of TAAA/ADRC based on the best interest of the Older Americans Act program and its beneficiaries. In the event that the Contract is terminated because of default or breach of contract by the contractor, the contractor agrees that it will repay TAAA/ADRC for the actual cost of termination and procurement.

The Contract may be terminated bilaterally by both Parties. However, in the interest of maintaining continuation of services to beneficiaries, such termination will not take effect for at least ninety (90) days following execution of the agreement to terminate.

The Contract may be terminated unilaterally by the contractor by the providing written notice to TAAA/ADRC at least ninety (90) days prior to the intended effective date. TAAA/ADRC may, at its option, replace the Contractor before the intended effective date when it is in the interest of the program to do so. In addition, TAAA/ADRC may, at its option and for good cause, adjust payments due to the contractor by deducting expenses incurred by the TAAA/ADRC in arranging for alternative service delivery.

TAAA/ADRC will assume responsibility for providing the direct services until a new contractor can be obtained through an emergency competitive procurement process.

L. Contract Management

TAAA/ADRC will provide electronic copies of procurement contracts and all amendments thereto, to the LGOA's Policy and Planning Manager in the Programs Services Division within thirty (30) days of execution. TAAA/ADRC contracts contain provisions for Contract Administration and Monitoring. As outlined in all contracts, TAAA/ADRC will conduct such post-award contract administration and monitoring as it deems necessary based on the nature of the services being performed. Such actions may include, but not be limited to, site visits, facility and operational inspections, review of submitted reports, review of underlying programmatic, financial and compliance documentation, obtaining of information from third parties, conduct of financial and performance audits.

To facilitate such contract administration, monitoring and oversight, the contractor agrees to maintain all financial and programmatic records that are pertinent to the contract for a period of three years after contract close-out and to provide access to all such records by the Comptroller General of the United States, the U.S. Department of Health and Human Services, the South Carolina Lieutenant Governor's Office on Aging, TAAA/ADRC and any of their duly authorized representatives. This access shall include unrestricted access to the contractor's officers, employees and agents for the purpose of interview and discussion of such records and documentation.

M. Grievance Procedures

Contractors receiving financial support through TAAA/ADRC will post TAAA-approved Grievance Procedures in highly visible areas at senior centers and nutrition sites. During regular site visits, TAAA/ADRC will ensure that Grievance Procedures are posted according to policies and procedures. All programs supported by TAAA/ADRC are operated in compliance with the following assurances:

1. Residence or citizenship will not be imposed as a condition for the provision of services.
2. All programs supported by TAAA/ADRC must be operated in compliance with Section 504 of the Rehabilitation Act of 1973. Section 504 of the Rehabilitation Act of 1973 states: "No otherwise qualified handicapped individual…shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."
3. No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial Assistance. (Title VI of the Civil Rights Act of 1964)

4. A means test is not used to deny or limit an older person's receipt of service.
5. A voluntary opportunity for service recipients to contribute to the cost of service is provided.
6. An eligible individual for services shall not be denied services based on where they live.

Any program participant who feels he/she has been discriminated against may file a grievance. A written complaint should be filed with the Executive Director of the local contractor within thirty (30) days of the alleged discrimination. Upon receiving the complaint, the contractor will ensure that a prompt and complete investigation is conducted. If the investigation indicates a failure to comply with these assurances, the complainant will be notified and the matter will be resolved by the appropriate means. If the investigation indicated that the complaint is unjustified, the complainant will be notified immediately.

All grievance concerns, either written or verbal, filed by an individual to a contractor shall be documented and maintained in a confidential file for no less than two (2) years. Documentation shall include all identifying information on the complainant, date(s) of the incident(s), complaint and subsequent contacts and narrative summary of the complaint and its resolution.

Complainants who voice or otherwise indicate any dissatisfaction with the disposition of their complaints shall be referred immediately to the Executive Director at TAAA/ADRC. Upon receipt of a grievance, TAAA/ADRC will schedule the review of the complaint with the Advisory Committee. TAAA will assure that the Committee is duly notified of the receipt of a complaint, and the date, time and place of the review. TAAA/ADRC will carry out the responsibilities as noted in the organization's Policies and Procedures. Acceptance of the complaint as a grievance concern will be acknowledged in writing within five (5) working days of receipt of the complaint. TAAA/ADRC will contact the contractor named in the complaint requesting a written summary of their involvement with the senior who is the subject of the complaint. This summary is to be provided to TAAA/ADRC within five (5) working days of the request. TAAA/ADRC will follow-up or investigate contacts with the complainant, contractor staff persons and additional persons as deemed appropriate.

TAAA/ADRC will schedule the complaint review, advising complainant(s), subject(s) and contractor. Reviews will be scheduled within thirty (30) days of receipt of the complaint. TAAA/ADRC will advise its liaison in the State Unit on Aging of the complaint. When the complaint is resolved to the satisfaction of the complainant or subject, TAAA/ADRC will advise the LGOA. If the complainant and/or the subject of the complaint are not

satisfied with the resolution, a referral to our liaison in the LGOA will be made. Both the TAAA/ADRC and the contractor will cooperate fully with the LGOA and follow through with recommendations made.

N. Performance Outcome Measures

The following performance outcome measures, based on annual assessment data entered into the AIM system and participant satisfaction surveys, have been designed for Trident Region's Home and Community Based Services:

Participant satisfaction surveys will show a ninety (90) percent satisfactory rating after twelve months of service.

Family Caregiver satisfaction surveys will show that eighty-five (85) percent of participants believed they had control over the services received after twelve months of service.

Home care participants who are high risk of falling will improve their health status by decreasing their number of falls by twenty-five (25) percent after twelve months of service.

O. Resource Development

TAAA/ADRC assists contractors in developing additional grant-related income, by supporting their grant applications to expand in-home and community-based services and by promoting cost sharing and private pay at the regional level. During the last completed fiscal year (2011-2012), TAAA/ADRC contractors collected $52,718.19 in grant related income. The grant related income generated 3,240 additional Group Dining Meals, 5,395 additional Home Delivered Meals, 257.75 additional hours of Home Care services and 9,325 additional miles of transportation. TAAA/ADRC monitors the programs annually to ensure that participants are given an opportunity to contribute towards the cost of services.

TAAA/ADRC writes letters of support for contractors' grant applications and provides technical assistance to contractors for proposal development as requested. Technical assistance was provided for the following grants during the current fiscal year: Leadership South Carolina Application, Alzheimer's Resource Coordination Grant, Exchange Club Grant and two Senior Center Permanent Improvement Projects.

During Fiscal Year 2011-2012, the TAAA/ADRC Board of Directors raised almost $10,000 during the Rock A Thon Annual Fundraiser. One hundred

percent of funds collected were used to serve individuals needing in-home and community-based services.

During Fiscal Year 2011-2012, TAAA/ADRC collected $25,100 in cost share generated by Title IIIB Supportive Services and $10,683 in cost share generated by Title IIIE. With the additional cost share funds, TAAA/ADRC has served twenty-seven additional families so far in the current fiscal year.

P. Cost-Sharing and Voluntary Contributions

In order to serve additional program participants, all contractors are strongly encouraged to collect contributions for services they provide. During the annual budget negotiations process, TAAA/ADRC staff encourage contractors to increase Grant Related Income (GRI) projections. In some cases, contractors have collected more GRI than previously budgeted. This factor was taken into account during the budgeting process each spring. During monitoring visits, TAAA/ADRC will observe GRI collections during service provision. Contractors who do not give program participants an opportunity to contribute will receive written notification in the contract monitoring report and will be required to correct the deficiency.

TAAA/ADRC will assist contractors in revising their "Service Planning and/or Authorization" forms. The forms will entail what the total cost is to provide a service. Program participants will indicate what they agree to contribute on a voluntary basis. We anticipate an increase of the GRI collections during the FY 2014-2017 Area Plan period.

In efforts to increase cost sharing at TAAA/ADRC for consumer-directed programs, such as Family Caregiver Support Program and the Home and Community-Based Choice Program, the following sliding scale is used to encourage cost sharing for eligible services:

Monthly Income If Care receiver is single, separated, divorced, or widowed: Income is self only (FPG for Family of 1)	Cost Share Recommendation Percentage
$958 and below (100% of the poverty level)	0%
$959 - **$1,436**	10%
$1,437 - **$1,915**	20%
$1,916 - **$2,394**	30%
$2,395 - **$2,874**	40%
$2,875 - **$3,353**	50%

$3,354 and above (more than 350% of the poverty level)	TAAA recommends private pay

Monthly Income If Care receiver is married: Income is self and spouse (FPG for Family of 2)	Cost Share Recommendation Percentage	For Each Additional Dependent Household Member Add
$1293 and below	0%	$335
$1,294 - $1,939	10%	$503
$1,940 - $2,585	20%	$670
$2,586 - $ 3,232	30%	$838
$3,233 - $3,879	40%	$1,005
$3,880 – $4,524	50%	$1,171
$4,525 and above	TAAA recommends private pay	

Q. Confidentiality and Privacy

Lists of program participants compiled under TAAA/ADRC -funded programs or services are used for the purpose of providing direct services or evaluating participant satisfaction. TAAA/ADRC has *Confidentiality Policies* on file for each contractor. In addition, TAAA/ADRC provided a copy of the organization's Board-approved Confidentiality Policy/Statement to all contactors for technical assistance purposes. The Confidentiality Statement was approved by an attorney as directed by the LGOA.

TAAA/ADRC requires that contractors sign and comply with the written LGOA confidentiality requirements. TAAA/ADRC contractors will be required to submit revised Confidentiality Policies and Procedures to TAAA/ADRC with their signed Contract Extensions effective July 1, 2013. During the three required monthly visits to senior centers and nutrition sites, TAAA/ADRC will observe operational procedures to ensure contractor compliance.

VI. AA/ADRC DIRECT SERVICE DELIVERY FUNCTIONS

A. Staff Experience and Qualifications

Johnsie Currin, Family Caregiver Advocate, is a graduate of the University of North Carolina at Wilmington, earning a Bachelor of Arts in Health and Physical Education and a Master of Education in Counselor Education from

North Carolina State University. As a licensed professional counselor, she has worked extensively with geriatric patients in a hospital setting, and provided educational seminars for families. Johnsie is Certified in the Alliance of Information and Referral Systems in Aging (CIRS-A) and a Dementia Dialogues Trainer. As the Family Caregiver Advocate for TAAA/ADRC, she provides assessments, memory screenings, authorizes respite and supplemental services for caregivers, provides care coordination, co-facilitates a support group for families caring for a loved one with Alzheimer or Dementia in Mt. Pleasant and provides information and training as requested.

Johnsie had first-hand experience as a caregiver. She shared in the journey of dementia with her mother for nine years. This became the driving force for her to work professionally with families affected by Alzheimer's or Dementia.

Don Bagwell, Resource Coordinator, was hired at TAAA/ADRC in December 2007. He is a dementia care consultant, Certified in the Alliance of Information and Referral Systems in Aging (CIRS-A) and a Dementia Dialogues Trainer. He provides assessments, authorizes respite and supplemental services for caregivers, coordinates legal clinics, memory screenings and provides care coordination. Prior to Don's employment with TAAA, he was Field Director for The ARK's NOAH Project (Neighborhood Outreach Alzheimer's Help), a program that develops dementia services in rural areas. Don spent twelve years as the Senior Clinical Research Coordinator with Alzheimer's Research and Clinical Programs at the Medical University of South Carolina. He is a graduate of the College of Charleston and Trident Technical College. Don was originally hired to administer the Alzheimer's Disease Supportive Services Program. The Alzheimer's Disease Supportive Services Program was a discretionary grant funded through the Administration on Aging and assisted families in caring for individuals with dementia in rural, underserved communities. Don has authored numerous articles, and is a frequent speaker on aging and dementia topics, with over 200 presentations at local, state and national events. His professional interests include agitation in dementia, dignity and care, driving issues, rural gerontology and how culture affects care.

Lauren McNally has over five years experience in the aging field and is a Resource Coordinator at TAAA/ADRC. In 2005, Lauren graduated from the College of Charleston with a Bachelor of Science in Sociology. Lauren decided to further her education and received her Masters of Social Work from the University of South Carolina in 2008. While in graduate school, Lauren discovered her interest in the aging field during an internship with the TAAA/ADRC, eventually leading to a part-time position with the agency. Upon receiving her Masters and Licensure, Lauren was employed by Amedisys Home Health as a Medical Social Worker. In 2010, Lauren left Amedisys and joined the staff at the TAAA/ADRC to assist in the development of the Community Living and Veteran Directed Home and

Community Based Services Programs. Lauren is Certified in the Alliance of Information and Referral Systems in Aging (CIRS-A).

Lavonia Dixon, Information and Referral Assistant Specialist was hired at TAAA/ADRC in 2007 to provide SC Access data entry. Since then, she has received an a Certificate in Gerontology in 2007, an Associate Degree in Human Services in 2008 and a Bachelor of Science Degree in Human Services in 2009. Prior to working at TAAA/ADRC she had more than fourteen years of Human Services experience and actively worked with seniors and disabled adults as a Certified Nursing Assistant. She served as the head Certified Nursing Assistant at Heartland Healthcare. In addition, she is proficient in data entry and word processing. Lavonia is Certified in the Alliance of Information and Referral Systems in Aging (CIRS-A).

Angela Edwards, State Health Insurance Assistance Program (SHIP) Coordinator, graduated with an Associate from Trident Technical College majoring in Computer Programming/ Information Technology. She has several years of experience working to connect clients with information and resources in their communities. She worked for a local Council on Aging in Charleston County (South Santee Community Center) and Roper/St. Francis (Mockingbird Project) which was a community based project that connected clients with resources. Angela works extensively throughout Berkeley, Charleston and Dorchester counties providing educational seminars for Medicare beneficiaries and/or their caregivers on the various Medicare programs, Medicaid and Fraud issues facing beneficiaries. She is Certified in the Alliance of Information and Referral Systems in Aging (CIRS-A).

Alice Streetman, Long Term Care Ombudsman, has been employed by TAAA/ADRC since August 1998, investigating complaints from residents of Long Term Care facilities. She retired in 1993 from Federal Civil Service and entered Lafayette Nursing School, Williamsburg Virginia. Alice worked part time as a Certified Nursing Assistant while attending nursing school and graduated in 1995 as a Licensed Practical Nurse.

From 1995 to 1997 she held the positions of clinical services manager, unit charge nurse and resident care director at a facility in Williamsburg, Virginia. Prior to that time she was employed for three years as a unit charge nurse in nursing facility in Charleston SC and attended Trident Technical College Nursing Program. Alice is a Certified Long Term Care Ombudsman and is Certified in the Alliance of Information and Referral Systems in Aging (CIRS-A).

Patti Lobik, Long Term Care Ombudsman has been employed at the TAAA/ADRC since January 2000. Ms. Lobik is a full time Long Term Care Ombudsman investigating allegations of abuse, neglect and exploitation in nursing homes and residential care facilities. She provides training on

resident's Bill of Rights to licensed long term care facility staff and to police departments. She was employed as a part-time Occupational Therapy Assistant at Summerville Medical Center. She is a graduate of Maria College in New York and received an Associate degree as a licensed and board certified Occupational Therapy Assistant. In 2008, she was trained as an Arthritis Foundation Exercise Instructor. Patti is a Certified Long Term Care Ombudsman and is Certified in the Alliance of Information and Referral Systems in Aging (CIRS-A). Her career has been focused on the quality of care, well being and the rights of Trident's geriatric population.

Kathy Braddock, Long Term Care Ombudsman, was hired at TAAA/ADRC in February 2011 as a part-time Long Term Care Ombudsman. She became a certified Long Term Care Ombudsman in 2012. The majority of her duties as a part-time Ombudsman is to lead and manage the Friendly Visitor Volunteer Program. In addition, Kathy makes quarterly friendly visits to the long-term care facilities within the Trident Region. She holds a Bachelor's Degree in Management from the University of Pennsylvania's Wharton School of Business and is currently attending the College of Charleston on a part-time basis to obtain a Bachelor's Degree in Sociology.

B. Long-term Care Ombudsman Services

The Regional Long Term Care Ombudsman (LTCO) Program advocates for optimal quality of life and quality of care for the residents in Long Term Care Facilities and Assisted Living Facilities. The LTCO identifies, investigates and resolves complaints made by or on behalf of the residents to include, but not limited to, abuse, neglect and exploitation. The Ombudsmen use a problem-solving process to analyze and resolve complaints based on resident consent and resident direction. Empowering residents and citizens of the community is an integral part of the daily assignment. The Ombudsmen provide education to residents, families, friends and/or potential consumers about their rights in a facility. As a result, the residents and the community are better equipped to advocate on their own behalf. The Ombudsmen promote and mediate open lines of communication between the facility administration, facility staff, residents and their families. The LTCO have devoted approximately 104 hours of telephone time for consultations and 572 hours of time meeting with facility administration, direct care staff and families to assist with difficult or ongoing problems with residents during the current year. During the October 1, 2011 through September 30, 2012 reporting period, the Ombudsmen opened 670 cases and investigated and closed 662 cases during the previous fiscal year. The Ombudsmen made 1,176 visits and visited with 6,434 residents during this time. The numbers of facilities and residents visited have increased sixty-six percent over passed two years due to an increased focus on facility and resident visits and the Friendly Visitor Program.

Improved Services Needed in the following Areas:

The Long Term Care Ombudsmen who advocate for the Department of Disability and Special Needs (DDSN) and Mental Health individuals in the Trident Area are now located in the State Office in Columbia. The LTCO should be located in regional offices. The DDSN and Mental Health clients should be represented and served by the Regional Long Term Care Ombudsmen in their areas. If the Ombudsmen serving these very vulnerable clients were located in the regional offices, it would decrease travel time from Columbia to each region. The travel time could more wisely be used to increase LTCO visibility in the facilities and with the DDSN County Offices. Facility visits, increased visits to see the clients and more timely investigation and resolutions would improve our services to these very vulnerable clients.

There is a need for increased visibility and knowledge about the LTCOP throughout the State. The agencies that support the program, as well as the community at large, need to be educated on the role of the LTCO.

Before new programs are implemented state-wide that affect the residents of long-term care (for example OCSCAP), the LTCO should be involved at the onset to insure that there is an understanding of the impact the program will have on the residents.

Major Strengths:

- Tenure and experience of LTCO staff, who have been in place for over thirteen years.
- Good working relationship with facility administrators, staff and local law enforcement officials.
- Advocates who provide the necessary resources to empower the resident to take responsibility for themselves.
- Advocates who are focused on the quality of care, well being, support and rights of our vulnerable adult population.
- Ability to communicate and work well with a variety of individuals on a one-on-one basis or in large group settings.

Weaknesses:

- The Ombud 4.2 Data System is not user friendly.
- The loss of potential Friendly Visitor Volunteers because of State training delays.
- Lack of communication between the LTCO and DHEC related to the current status of licensed facilities and closures.

Goals:

1. Complaint intake, investigation, resolution – To meet the goals set in the Long Term Care Policy and Procedures Manual regarding complaint response and handling.

2. Information and Assistance – To respond to all requests for information and assistance within twenty-four (24) hours or next working day.

3. Community Education – To participate in a minimum of five (5) community education sessions annually.

4. In-Service Education – To increase the number of in-service trainings by 10% by proactively working with facility administration to schedule the event. The trainings will be focused on Abuse, Neglect and Exploitation (ANE), Resident Rights, Sensitivity and any appropriate training requested by the residents or facility administration.

5. Volunteer Program – To increase the number of new volunteers per year by 15% and to streamline the time between the volunteer interview and completion of training from an average of nine (9) weeks to an average of less than three (3) weeks. This can be accomplished by decentralizing the training function into the regions.

6. Visits to Residents in facilities – To visit each facility with the sole purpose of visiting with the residents at least once per quarter.

7. Resident Councils – To participate in at least four (4) Resident Council meetings per quarter to insure they are being held and are functioning effectively.

8. Family Councils – To work with facility administration to promote active family councils and to ensure meaningful speakers are slated to speak about topics important to families; i.e. dementia, nutrition, exercise, activities and overall well being.

9. Medicare Fraud – To educate residents of Long Term Care Facilities and their families on the interpretation of the Medicare Summary Notice, and where to report Medicare fraud. The goal is to contact an average of 100 residents/families quarterly.

I. Information and Referral Assistance Services

The long term goals for Information and Referral Assistance (I&R/A) Program within the TAAA/ADRC and in the planning and service area are to increase awareness of I&R/A services within the community by expanding the provision of I&R/A services to seniors, disabled adults and caregivers who are seeking information and services and to increase the number community partnerships for vulnerable seniors, adults with disabilities and caregivers in underserved communities.

Weaknesses in the program must be addressed in order to reach the goals. All staff who provide information and referral assistance, need access to on-going

Options Counseling Training that is cost-effective. Outreach and marketing strategies need to be developed in order to raise awareness of I&R/A services. The I&R/A program is able to continue to assist consumers despite the decrease in funding in certain programs within the community.

SC Access, maintained by the LGOA, is an available resource for seniors, adults with disabilities caregivers and professionals in South Carolina. The goal of SC Access is to provide useful information. SC Access allows I&R/A an opportunity to refer and assist individuals seeking resources.

The 2-1-1 system, through Trident United Way is available twenty-four hours per day for consumers to access a live person to get help. 2-1-1 offers information about community resources. Alliance for Information and Referral Services (AIRS) and United Way of America are national partners driving the movement for community resources.

Follow-up consists of successfully contacting the inquirer to find out if their needs were met and if not, why. Follow-up is generally conducted within one to three days of the original inquiry in cases of endangerment and within seven to fourteen days in other situations. If the inquirer has not received services or the need has not been met, the I&R/A Specialist determines whether there is still a need and makes additional appropriate referrals. The I&R/A Specialist also determines whether the inquirer has additional, new needs and makes appropriate referrals prior to completing the contact. The I&R/A Specialist documents the follow-up results (whether service was received or there was an unmet need) into OLSA for use in reports.

The major challenge that will be addressed over the four (4) year planning period will be ensuring that data entry is more complete in order to capture contact type, disability of the caller (if any), the type of disability and referral source information for federal reporting purposes. Another challenge that will be addressed is

The funding stream to hire the I&R/A Specialist is Title III-B Supportive Services. I&R/A funding is not being used to fund other programs outside of the I&R/A program area. TAAA/ADRC is good steward of OAA and LGOA funding, and is accountable for programmatic budgeting, monitoring, and operation within its organization and region.

TAAA/ADRC has developed uniform marketing materials for all programs.

Currently, TAAA/ADRC is partnering with The Benefits Bank (TBB). TBB is a web-based service that simplifies and centralizes the process of applying for many state and federal benefits for low and moderate-income individuals and families. Through its eligibility screening tool, TBB can ensure that people are

fully aware of the benefits to which they are entitled and, as an expert system, it helps maximize the benefits. The "one-stop-shop" concept of TBB reduces the amount of time needed to apply for benefits. To ensure a continuum of this partnership, the I&R/A Specialist will need to maintain updated training with the Regional Coordinator to remain an active counselor. TBB is expanding services to allow certain counselor sites permission to become "premier sites". When selected by Department of Health and Human Services (DHHS) a "premier site" will be able to conduct follow-up calls with DHHS staff concerning Medicaid applications.

TAAA/ADRC partners with Charleston County Human Services Commission. Charleston County Human Services Commission is a Community Action Agency (CAA). Community Action Agencies are private, non-profit organizations providing services to the economically disadvantaged residents of Berkeley, Charleston and Dorchester counties by increasing self-sufficiency and developing strategies to promote economic independence through partnerships. Through TAAA/ADRC's partnership, aging and disabled clients are able to apply and receive monetary assistance with rent, utilities, weatherization and other programs. Financial and budgeting classes along with emergency food can be obtained through the local CAA. To maintain a partnership, the I&R/A Specialist is required to attend an annual refresher training with the Outreach Director at Charleston County Human Services.

TAAA/ADRC accesses interpretation services so that a non-English speaking caller has prompt and timely access to I&R/A services in his/her own language through LanguageLine Services (LLS).

LLS is an on-demand phone interpretation (OPI) provider, has over 170 Language Coverage, offers customer service twenty-four hours per day, seven days per week and utilizes skilled interpreter employees. The Personal Interpreter (PI) program is not an established account but the "pay-as-you-use plan." Interpretation is charged to TAAA/ADRC at a flat rate of $3.95 per minute.

When the I&R/A Specialist is not available, other TAAA/ADRC staff provide the information and referral assistance service. TAAA/ARDC utilizes the On-line Support Assistant (OLSA) tracking system to input caller information data after a contact is made with an individual. The I&R/A Specialist makes every effort to enter all contacts into OLSA in real time. To ensure accuracy and timeliness, TAAA requires staff to input contact data later than the fifth (5^{th}) day of the following month. The TAAA/ADRC Executive Director reviews SC Access data entry for each program staff member.

II. Insurance Counseling and Senior Medicare Patrol

The long-term goals for the Insurance Counseling and Referral Services Program and the Senior Medicare Patrol Program are as follows:

1. To increase the number of Insurance Counseling volunteers by twenty-five percent during the four-year period.
2. To increase the number of Senior Medicare Patrol volunteers by twenty-five percent during the four-year period.
3. To meet the one-on-one required contacts outlined on the LGOA Notification of Grant Award during each year of the Plan period.
4. To provide at least one outreach event per month in a rural area.
5. To host a volunteer recognition event for volunteers in the two programs by year two of the Area Plan period.

In order to accomplish the outlined goals, monthly communication, at a minimum, is needed between the program coordinator and volunteers. Marketing and celebrating the accomplishments of volunteers would make the volunteers feel more appreciative and would encourage others to get involved and to stay involved with the program. Often times, the only reason why individuals sign up to take the annual certification training is for their personal benefit or understanding of Medicare, Medicaid and supplemental insurances. Some volunteers are reluctant to get involved with other people's personal business and are therefore, reluctant to provide the insurance counseling component.

TAAA/ADRC formalized a new partnership with Charleston County Human Services. A Memorandum of Understanding was signed and Charleston County Human Services will utilize TAAA/ADRC office space to complete applications for energy assistance. Individuals with appointments will also be given SHIP information.

TAAA/ADRC developed uniformed marketing materials and the materials will be used by TAAA/ADRC staff who provide outreach and presentations.

TAAA/ARDC utilizes the On-line Support Assistant (OLSA) tracking system to input insurance related data after a contact is made with an individual. To ensure accuracy and timeliness, TAAA/ADRC requires staff to input contact data later than the fifth (5^{th}) day of the following month.

The State Health Insurance Program/Senior Medicare Patrol (SHIP/SMP) Coordinator and certified SHIP/SMP volunteers meet their annually required twelve hours of Medicare/Medicaid update training by attending several different events: LGOA's annual Update SHIP/SMP training, Trident SHIP/SMP update training, and webinars sponsored by the Centers for

Medicare and Medicaid Services or the national SMP program. Event sign-in sheets or copies of attendance certificates will be kept in training files.

Four TAAA/ADRC staff members are certified SHIP/SMP counselors. Therefore, as part of the assessment for TAAA/ADRC services, potential program participants are screened for potential Low Income Assistance and Medicare Saving Program eligibility. When an individual is thought to be eligible, the person doing the assessment assists with completing the application or refers the individual to the coordinator. A follow-up call is done to see if the individual is interested in applying for either program.

TAAA/ADRC staff members utilize the LGOA-approved assessment form to document pertinent information that is needed to assist callers should the coordinator be unavailable due to a speaking engagement or assisting someone else. Most simple inquiries can be answered by one of the certified staff members. More detailed questions are referred to the coordinator for follow-up.

During the Annual Open Enrollment Period (AOP), staff gathers the caller's contact information and list of medication in order for the coordinator to perform a Medicare Part C or D comparison. Interns and volunteers also answer the phone when the coordinator is unavailable. During extreme high call volume, TAAA/ADRC has extended hours during the work week to ensure that the organization reaches as many individuals as possible during AOP.

Volunteers have been utilized to input medication information into Medicare.gov comparison tool in order to expedite a timely response to callers. The comparison is then reviewed by the coordinator and mailed to consumers for follow-up. The consumer is offered the option of making an appointment to come to the TAAA/ADRC office or to meet at one of several senior centers or in some cases public libraries in Berkeley, Charleston or Dorchester counties. Consumers also have the option of having the comparison explained to them over the phone.

In order to expand SHIP marketing strategies to reach underserved consumers in the region, TAAA/ADRC partnered with a local dialysis clinic, home health agencies, Palmetto Project, Charleston County Human Services and the disAbility Resource Center. TAAA/ADRC participated in the following outreach activities: the Senior Farmers Market Nutrition Program, Senior Day at the Coastal Carolina Fair, TAAA Rock a Thon fundraiser at Tanger Outlets, South Carolina State Representative Joe Jefferson's radio show, Cumulus Radio Station free PSAs, and Channel 2 Medicare Phone Bank.

TAAA makes every attempt to fill position vacancies within one month. Such time is needed for advertising the vacant position, conducting the interview process, calling references and offering the position.

SHIP and SMP funding are not being used to fund programs outside of SHIP and SMP program areas.

Trident ADRC data integrity and quality is maintained to the best of the organization's ability. TAAA/ADRC staff is required to obtain the most information as possible for each participant based on data fields located on the OLSA client tracking system. SHIP contact data is inputted into OLSA completely and accurately and is then uploaded by LGOA in to the SHIPTalk.

III. Family Caregiver Support Program

TAAA/ADRC has designated the following long-term goals for the Family Caregiver Support Program (FCSP):

- To utilize limited resources for an expanded number of caregivers while encouraging consumer choice
- To continue collaboration with local academic and medical institutions in training health professionals to advocate for those caring for older adults
- To offer educational seminars and activities for caregivers at least twice per year
- To connect caregivers to local resources in their own communities
- To provide counseling to caregivers needing guidance in developing coping and self advocacy skills
- To assist older individuals (relative caregivers) raising children by providing assistance with school supplies, uniforms, summer camps, or additional educational opportunities

The program has a number of challenges in assisting caregivers. As the area population of seniors, disabled adults and caregivers grows exponentially, so does demand for services. Alternative sources of revenue must be identified and increased cost sharing must be encouraged to fund those services as a response to a declining budget.

Since other agencies are experiencing similar budgetary constraints, TAAA/ADRC is increasingly identified as a resource for referrals of very complex situations. Reports of neglect, self-neglect, abuse and exploitation are increasing, while the number of Adult Protective Service social workers is declining. Caregivers of people with dementia in need of geropsychiatric crisis services often must be referred to specialized resources outside of the Trident area now. In addition, it is a challenge to find sources of assistance for a growing number of relatives raising grandchildren once the mandated service maximum has been reached.

Limited program staff will face growing demands as they balance field assessments with new mandates for data entry and clerical duties. More time is needed for face to face interaction with caregivers in rural areas.

Despite challenges, TAAA/ADRC has been successful in responding to community needs in a number of areas. Supplemental services have been expanded to include lawn care, safety railings and grab bars. More participants are served in support groups and other community educational venues. TAAA has strengthened a partnership with MUSC College of Health Professions to develop and implement a pioneer curriculum that creates empathy and compassion for caregiving families.

A waiting list procedure that prioritizes need has been implemented to address demand for services, while agency fundraising has empowered the agency's ability to expand services for additional clients. The FCSP also embraces the "Consumer Choice" philosophy for providing in-home and community based services. Caregivers feel empowered by selecting a local provider that meets their personal requirements.

FCSP Proposed Services Budget:

Information, Training and Access	$7,367
Supplemental	$19,644
Seniors Raising Children	$9,822
Respite	$85,945
Total	**$122,778**

FCSP outreach is conducted through monthly presentations at senior centers, community trainings, support groups, memory screens, legal clinics and health fairs. In addition, staff members participate in media appearances and television information phone banks.

Outreach to grandparents and older relatives caring for children is addressed through partnerships with Helping and Lending Outreach Support (HALOS) children's advocacy group, Palmetto Primary Care medical practice offices and selected rural schools.

Caregiver Eligibility /Assessment of Needs:
When a call is received from a caregiver, the Family Caregiver Advocate or Resource Coordinator will immediately assess needs and obtain a prioritization score for inclusion on the agency's waiting list. Caregivers with the highest risk scores merit approval for services. An in-home assessment will be provided.

FCSP Required Services:
The Family Caregiver Advocate ensures that the following National FCSP Required Services are available in Charleston, Berkeley, and Dorchester Counties: Information to Groups; Assistance to Caregivers in Gaining Access to Services; Individual Counseling, Support Groups, and Caregiver Training; Respite Services; and Supplemental Services

Addressing Service Gaps:
A growing Hispanic community and other ethnic populations increase the need for cultural outreach, with translational services needed to overcome language barriers. The FCSP is diligently adding caregiver educational materials in a variety of languages to expand use by a larger and more diverse community.

Partnerships/Collaboration:
Residents in the Trident area are fortunate to access a wide variety of services through nonprofits, governmental agencies and the private business sector. TAAA/ADRC is an active member of the Aging in Place Coalition and the Dorchester Human Services Coalition. In addition, a recent collaboration through the Alzheimer's Disease Supportive Services Program strengthened partnerships with local and state entities such as USC School of Public Health and businesses catering to the senior population. TAAA/ADRC works with the Medical University of South Carolina College of Health Professions, Alzheimer's Research, and the College of Nursing in both education and research endeavors. In addition, FCSP staff members provide in-service training to such diverse organizations as area support groups, Charleston Southern University's School of Nursing, and local churches. TAAA/ADRC also partners with the local chapter of the Alzheimer's Association and the disAbility Resource Center (Center for Independent Living) to assist individuals with respite care opportunities and other specific needs. Two staff members are certified as trainers of a ten hour Dementia Dialogues course, in cooperation with the University of South Carolina Arnold School of Public Health.

Changing demographics will necessitate increased networking with organizations serving Hispanic and other ethnic community residents. TAAA/ADRC is also working to cement relationships with two of the state-recognized Native American tribes in the Trident Area.

Caregiver Access to Services:
TAAA/ADRC has relied on traditional means such as word-of-mouth and local media to increase awareness of services available to caregivers. In addition, TAAA/ADRC has added a Facebook page and expanded the agency's website to include a calendar of events and more information about services. The FCSP maintains a library of educational materials, videos and

publications on specific caregiving topics which are available to local residents on request.

An informal network of community social workers assists with promoting TAAA/ADRC services through referrals. The Alzheimer's Association's Family Consultant Program also has representatives in rural churches in each county who refer for services and provide agency information to families coping with dementia.

Priority Groups:
With increased demand and declining funds, the FCSP has the following priorities in providing service:

- Families caring for older individuals with dementia and related disorders
- Older relative caregivers of children with severe disabilities
- Older caregivers with greatest social need and older individuals with greatest economic need
- Older caregivers of individuals and children with severe disabilities

Individuals in these priority groups may self-refer, but increased collaboration with groups such as the Alzheimer's Association, local physicians, geriatric social workers, religious communities and disability advocacy agencies will also assist in identifying those with greatest needs.

Grandparents and older relatives will be accessed through schools, churches and referring agencies.

Caregivers with greatest social and economic need will be identified and tracked through a priority score on the assessment.

As FCSP staff continues to collaborate with disability advocacy partners, TAAA will increase the number of clients caring for individuals with severe needs.

Basic Caregiver Services Availability:
For consistency, caregivers in Berkeley, Charleston and Dorchester counties will access services in the same manner.

Disease Prevention and Health Promotion Services:
TAAA/ADRC will work in tandem with partners such as Lowcountry Senior Center, which offers programs such as the evidence-based Powerful Tools for Caregivers training, Chronic Disease Self-Management courses and an Arthritis Foundation Exercise Program. These programs empower caregivers with self-management and stress reduction tools. In addition, TAAA/ADRC

sponsors community memory screens throughout the Trident area to increase dementia awareness. The screening tool is aimed for early detection of possible cognitive problems for referral to medical professionals for further evaluation.

IV. Disease Prevention/Health Promotion

TAAA/ADRC contracts with Roper Saint Francis Foundation to provide evidenced based programming throughout the Trident Region.

Contractor	Evidenced Based Programs Offered (Frequency)	Program Locations	III –D Funds	Contracted Units	Contracted Unit Cost
Roper St. Francis	**Enhance Fitness-weekly; Matter of Balance-quarterly; Powerful Tools for Caregivers-bi-monthly; Arthritis Foundation Exercise-spring and fall; Walk With Ease-spring and fall**	Lowcountry Senior Center 865 Riverland Drive James Island	$30,323	8,650	$3.51
Roper St. Francis	**Enhance Fitness-weekly**	Roper Berkeley Day Hospital Stoney Landing Drive Moncks Corner			
Roper St. Francis	**Living Well (CDSMP) annually Matter of Balance annually Enhance Fitness**	Isle of Palms Recreation Department 24 Twenty-Eighth Avenue			

	Weekly	Isle of Palms			
Roper St. Francis	**Enhance Fitness-weekly**	Summerville YMCA 140 South Cedar Street Summerville			
Roper St. Francis	**Enhance Fitness-weekly**	Bees Landing Recreation Center 1580 Ashley Gardens Blvd. Charleston			

VII. CHANGING DEMOGRAPHIC IMPACT ON AAAS/ADRCS EFFORTS

I. Intervention vs. Prevention

Continued calls and visits by seniors and caregivers requesting assistance through TAAA/ADRC, raise the question about the preparedness of seniors to handle future long-term care needs. TAAA/ADRC will promote successful aging by providing education about long-term care and access to home and community-based services through our Aging and Disability Resource Center (ADRC) programs, such as Family Caregiver Support and Information and Referral Assistance. TAAA/ADRC will work to promote healthy lifestyles and raise awareness that older adults bring significant economic and civic assets to our community. TAAA/ADRC staff provide *Planning for Aging* presentations as requested. *Planning for Aging* booklets were purchased through Journeyworks Publishing and are provided to office walk-ins and to individuals during outreach events. In addition, TAAA/ADRC's website (www.tridentaaa.org) has been enhanced in order to provide an updated community calendar of events. Healthcare organizations and providers of service utilize the calendar to promote social and health promotion activities as well as educational seminars for consumers and professionals.

TAAA/ADRC has defined marketing guidelines in place to ensure that staff are relaying a consistent message to the community.

II. Senior Center Development and Increased Usage

TAAA strongly supports senior center development as a major prevention strategy. The region's demographics are changing due to the number of baby boomers, in migration and longer life expectancy. These factors will affect how TAAA/ADRC coordinates service delivery, manages resources and identifies possible solutions to barriers during the next four years. It is essential to provide new, innovative social and prevention activities for the more active older adults as well as provide supports for those who lack the basic needs, such as food, adequate housing and transportation. Multi-purpose senior center development is one of the TAAA/ADRC's means of assisting seniors of all incomes and to further wellness activities. Active seniors are healthier and at lower risk of disability than inactive ones.

The development of additional multi-purpose senior centers in the Moncks Corner (Berkeley County), West Ashley (Charleston County), Awendaw (Charleston County) and North Charleston (Charleston County) areas are needed in order to expand programs and supports for older adults and caregivers. During this four-year Plan, TAAA/ADRC Executive Director will work with Berkeley Seniors and Berkeley County Government for the construction of a senior center in Moncks Corner. She will work with South Santee Senior and Community Center to open a facility in the Awendaw Community. A Senior Center Permanent Improvement Grant Application has been submitted to the LGOA for the project. In addition, grant applications have been submitted to Charleston County Government and the Weinberg Foundation. The City of North Charleston has plans to build two new senior centers in North Charleston and TAAA/ADRC's Executive Director will be available to provide technical assistance. The City of Charleston, Charleston County Government and a steering committee are working together on a monthly basis to plan for a senior center in the West Ashley area of Charleston County and TAAA/ADRC will support the project.

TAAA/ADRC supported senior center accreditation and reaccreditation of the Lowcountry Senior Center on James Island and will continue to encourage senior center accreditation region-wide. Contractors will be encouraged to join the National Council on Aging in order to have access to the latest senior center innovations.

III. Alzheimer's Disease

The rapid increase in the number of people with Alzheimer's Disease and related dementias demands priority from aging service providers in the Trident Region. According to the annual report from the USC Arnold School of Public Health Alzheimer's Disease Registry, one can expect a continued steady growth in the numbers of families coping with dementia and associated concerns. Currently in South Carolina, there are over 80,000 people with

dementia, and those numbers are growing exponentially. Of those cases recorded, 7,449 individuals with dementia are residents of Berkeley, Charleston and Dorchester counties. Between reporting periods of 2007 and 2009, the Trident area has 1659 additional individuals with dementia. (see appendix)

Dementia is a family and a community health concern as the ranks of older residents grow. Caregivers experience both psychological and financial stress in meeting the needs of homebound family members and friends. Communities are beginning to face public policy issues such as long term care funding and safety issues like driving and wandering. Since at least 65% of people with dementia dwell in the community, expertise is needed to assist both family caregivers and community entities in meeting demands created.
Among the unique challenges offered by a growing clientele are the need for respite and support services in both urban and rural areas, a lack of adequate geropsychiatric services, and connecting with needed services. In addition, more younger people are being diagnosed with early onset dementia. Stresses of continual care needs may create a strain on family dynamics also.

TAAA/ADRC is responding to the growing demands of people with dementia by providing grant awards for temporary, limited respite care through local providers of adult day care, companion sitter agencies, social respite programs and local nursing facilities. In addition, program participants have an option to purchase supplemental supplies such as incontinence care products and nutrient supplements.

Six TAAA/ADRC staff members have completed the ten-hour Dementia Dialogues training course. Two staff members are certified Dementia Dialogues class instructors. These staff members are available to offer their expertise in both individual counseling and group training sessions. Training in practical care giving techniques is provided through presentations to civic and community groups, senior centers and professional organizations. TAAA offers needs assessments and assists families and individuals with dementia in setting priorities for care. Staff members create and maintain a variety of publications and media tools to empower caregivers to handle issues ranging from agitation and personal care to wandering and financial coping.
Staff members assist with facilitation of an Alzheimer's support group in Mt. Pleasant, and unique Alzheimer's Self-Help Clubs in Saint Stephen and Ridgeville.

Partnerships:
TAAA/ADRC has strengthened collaboration with social respite groups, such as Respite Care Charleston and The Ark. Partnerships the Alzheimer's Association and Alzheimer's Foundation of America have expanded resources to caregivers. A network of informal Family Consultants in rural area churches was trained and implemented through a recent Alzheimer's Disease

Supportive Services Program grant and those partnerships continue with referrals and educational activities.

Future Goals:

- To expand respite funding for family caregivers
- To identify grant opportunities and funding sources for a dedicated dementia care resource coordinator
- To expand partnerships to nontraditional resources, such as financial counseling programs (such as the nonprofit Increasing Hope) to assist caregivers
- To organize an Alzheimer's Roundtable work group for area dementia care advocates to coordinate and plan services
- To expand community outreach with rural neighborhood educational programs and cooperative programs with ethnic interest groups
- To work with free medical clinics and other health providers for memory screenings and dementia, stroke, and diabetes awareness programs
- To expand community dementia awareness through social media technology (such as blogs, Skype, Facebook and Twitter)
- To create a quarterly in-house caregiver "crash course" for families with a recent diagnosis of dementia

IV. Legal Assistance

TAAA/ADRC will allocate at least four percent of the region's Title IIIB funding for legal services as outlined in the Lieutenant Governor's Office on Aging Policies and Procedures. In the Trident Region, legal services are offered to eligible individuals under the *Home and Community-Based Choice Program*; therefore, more funds could be spent on legal services should there be a need for them. TAAA/ADRC gives priority for legal services to health and welfare problems, such as, problems related to income, health care, long term care, nutrition, housing, protective services, abuse, neglect, defense of guardianship, utilities and age discrimination. (OAA section 307(a) (11) (E).

The availability of Legal Services information is part of TAAA/ADRC staff presentations to the general public along with the other services that the agency provides. TAAA/ADRC created a Resource Directory containing contact information for legal assistance providers and Elder Law Attorneys to disseminate to seniors who do not have access to the internet. TAAA/ADRC developed a *Legal Services/Elder Rights* rack card for inclusion in the TAAA/ADRC mini folders to maintain a level of consistency in marketing efforts.

While assessing homebound participants, individuals may identify the need for legal services. TAAA/ADRC Resource Coordinators consider the priority issues related to consumers' health and welfare when considering whether or

not to award funding assistance for legal services. The Long Term Care Ombudsmen promote legal assistance services in facilities and legal services are authorized for residents, if appropriate. Documentation of the type of legal problem for which an individual is requesting assistance is determined before legal service assistance funding is authorized. The assessment process identifies the type of legal problem an individual needs addressed; therefore, there is no need for the attorneys to breach confidentiality by identifying the nature of their client's problem.

As an important part of the *Home and Community-Based Choice* program, TAAA/ADRC has built a rapport with local attorneys. Attorneys provide will clinics and pro bono services, such as advance directives. The South Carolina Bar Association has been a resource to expand and offered legal assistance services, such as will clinics, in Moncks Corner (Berkeley County), Goose Creek (Berkeley County) and Edisto Island (Charleston County). In Dorchester County, private attorneys provided will clinics in Ridgeville and in Summerville. Each year, TAAA/ADRC partners with Charleston Pro Bono Legal Services to coordinate legal assistance outreach during the Senior Farmer's Market Nutrition Program each summer. Attorneys are available at six locations to provide information and outreach. Approximately 1,500 seniors participate in the program annually and the program is expected to continue throughout the Area Plan period.

VIII. REGION SPECIFIC INITIATIVES

Senior Farmer's Market Nutrition Project

TAAA/ADRC, through a Memorandum of Agreement with the South Carolina Department of Social Services, will continue to coordinate the Senior Farmer's Market Nutrition Program for Charleston County. The program serves eligible seniors, age 60 and older, by providing vouchers that can be redeemed for fresh fruits and vegetables at participating farmer's markets. TAAA partners with ten locations to disseminate the vouchers. During FY 2011-2012, 2000 individuals were served with a redemption rate of 89.95%. Additional nutrition education as well as legal assistance information is provided annually through the program.

Partnership with Medical University College of Health Professions

During the past four years, TAAA/ADRC has worked with the College of Health Professions at the Medical University of South Carolina to offer innovative learning experiences that will prepare seven hundred twenty (720) students to work with the aging population in their future private practices. The College of Health Professions has embraced the concepts of interprofessional education and identified an innovative opportunity for

students enrolled in physical therapy (PT), occupational therapy (OT) and physician assistant (PA) programs to learn about challenges associated with aging in place. Health professional students had opportunities to learn about the life changing experiences and challenges faced by the caregivers who provide care to homebound, disabled elderly individuals. Each year approximately sixty-five (65) newly enrolled PA students, sixty-five (65) PT students and forty-five (45) OT students are assigned to teams of three or four individuals to visit selected caregivers. TAAA/ADRC helps to identify fifty-four to sixty caregivers in the region each spring. Caregivers who choose to participate in the project talk to students about the rewards and the challenges they face in caring for their loved ones. Faculty prepares the students for the encounter through lectures, seminars and reading assignments. TAAA/ADRC staff members discuss the role of the Agency on Aging and the demographics of the population served. Students are asked to consider the various aspects of their encounter with the caregiver and write an assessment and proposed plan if they were the healthcare provider for the caregiver.

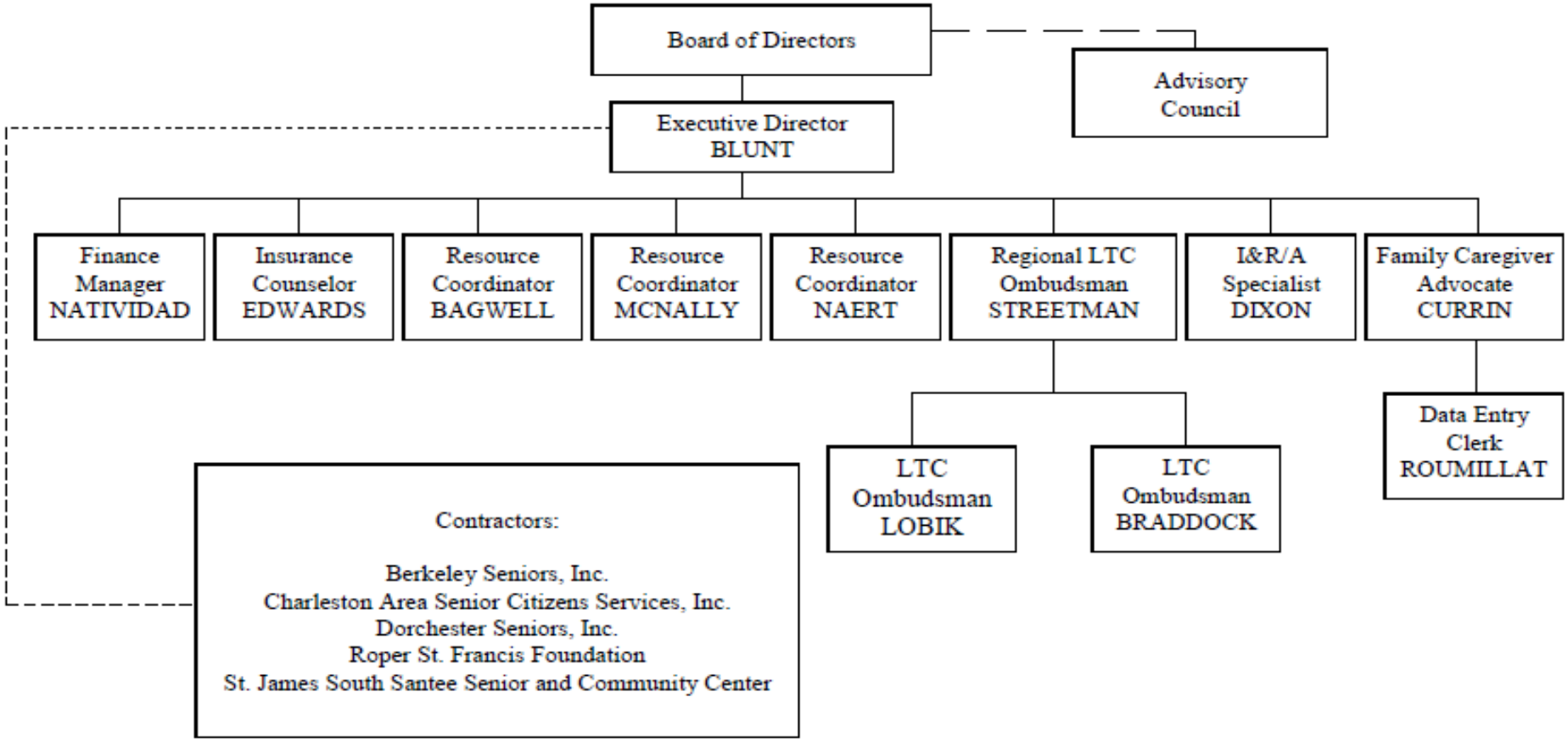
The educational philosophy is to achieve an affective change, to instill and engender compassion and empathy and an appreciation for the perspective of the caregiver within the healthcare system. The student presentations about the experiences can be summed up by one student's quote, "This experience has opened our minds and our hearts." The collaboration is expected to continue during the 2014-2017 Area Plan period.

Older Americans Month Golden Ribbon Campaign

TAAA/ADRC celebrates Older Americans Month each May with a *Golden Ribbon Awareness Campaign*. While TAAA/ADRC provides services, support and resources to older adults year-round, Older Americans Month is a great opportunity to show special appreciation. TAAA/ADRC staff, with input and guidance from a Board committee, created a golden ribbon lapel pin. TAAA/ADRC disseminates the golden lapel pins and requests donations for them. These golden ribbon lapel pins are worn throughout the month of May in order to create awareness about Older Americans Month. In addition, Anchor Signs donated an Older Americans Month banner that hangs in the City of Charleston on Meeting Street each May. TAAA/ADRC participates in Second Sunday on King Street in order to raise awareness about home and community-based serves and Older Americans Month.

APPENDIX A

Trident Area Agency on Aging Organizational Chart



APPENDIX B

NEEDS ASSESSMENT SUMMARY OF FINDINGS: REGION 9 – Trident

Representation of the Population

A total of 405 surveys were completed in Region 9. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (the ARDC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 405 surveys completed, 291 (71.9%) were categorized as a senior receiving services, 74 (18.3%) were categorized as a senior not receiving services, 106 (26.2%) were categorized as being a caregiver, and 238 (58.8%) were categorized as an individual with a disability.

For Region 9, the confidence interval for the sample of seniors receiving services is 5.27 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a relatively high probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 5.27 percentage points). The confidence interval for seniors not receiving services is higher (11.38 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is less representative of the population of seniors not receiving services. The representation of caregivers is relatively high (2.81 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is acceptable (6.05 points at a 95% confidence level assuming 50% agreement). (See Table 9-1.)

TABLE 9-1: SAMPLE REPRESENTATION OF POPULATION

	Population Size	Sample Size	Representation
Seniors Receiving Services	1,836	291	5.27
Seniors Not Receiving Services	105,623	74	11.39
Caregivers	116	106	2.81
ADRC	2,546	238	6.05

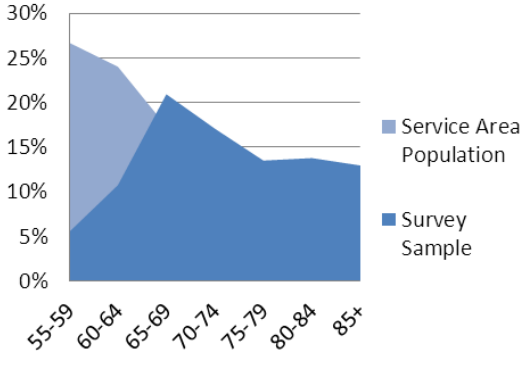
Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older; however, the overall pattern of age distribution is very similar. A small percentage of survey respondents are under 55 (n=20, 5.1%), 55 to 59 years old (n=20, 5.5%), or 60 to 64 years old (n=39, 10.7%), whereas 26.7% and 24% of the service area senior population is between these ages, respectively. However, for both the survey sample and the service area senior population, the percentage peaks at 65 to 69 years (n=76, 20.9% of

the sample and 17.3% of the population) and slowly declines until it reaches 85 years and over (n=47, 12.9% of the sample and 5.6% of the population). (See Figure 9-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 9-2: AGE GROUP

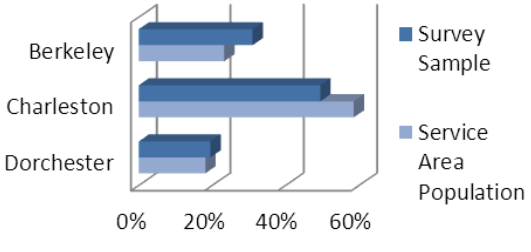
	Survey Sample	Service Area Population
Total	**363**	**154,966**
Under 55 years	5.5%	--
55 to 59 years	5.5%	26.7%
60 to 64 years	10.7%	24.0%
65 to 69 years	20.9%	17.3%
70 to 74 years	17.1%	11.8%
75 to 79 years	13.5%	8.5%
80 to 84 years	13.8%	6.0%
85 years and over	12.9%	5.6%



About half of the survey sample reside in Charleston (n=177, 49.4%) this is proportionate to service area senior population (58.6% respectively). Smaller proportions of the survey sample reside in Berkeley (n=111, 31.0%) and Dorchester (n=70, 19.6%) again this is proportionate to service area senior population (23.3% and 18.1%, respectively). (See Figure 9-3.)

FIGURE 9-3: COUNTY OF RESIDENCE

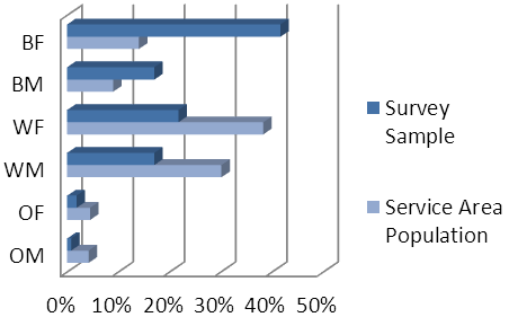
	Survey Sample	Service Area Population
Total	**358**	**76,364**
Berkeley	31.0%	23.3%
Charleston	49.4%	58.6%
Dorchester	19.6%	18.1%



A much larger percentage of the survey sample are African American female (n=159, 41.6%) or African American male (n=65, 17%) than in the service area senior population (14% and 9%, respectively). Conversely, a smaller percentage of the survey sample are White/Caucasian female (n=83, 21.7%) or White/Caucasian male (n=65, 17%) compared to the service area senior population (38.3% and 30.1%, respectively). Very few respondents were of other races (females: n=7, 1.8%; males: n=3, .8%). These populations are also relatively small in the service area senior population (other females: 4.5%; other males: 4.2%). (See Figure 9-4.)

FIGURE 9-4: RACE AND GENDER OF SENIORS

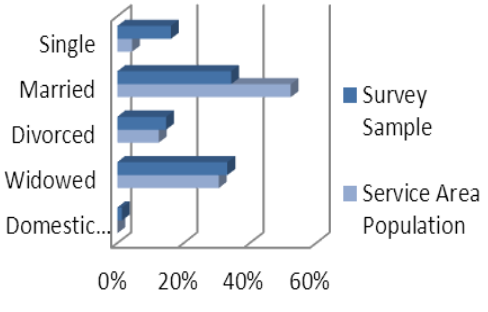
	Survey Sample	Service Area Population
Total	**382**	**76,364**
African American Female	41.6%	14.0%
African American Male	17.0%	9.0%
White Female	21.7%	38.3%
White Male	17.0%	30.1%
Other Female	1.8%	4.5%
Other Male	0.8%	4.2%



The survey sample has a much larger percentage of individuals who are single (n=57, 16.2%) than exist in the service area senior population (4.4% respectively). Conversely, there is a much smaller percentage of individuals who are married (n=121, 34.4% of the sample compared to 52.3% of the service area senior population). A similar percentage of respondents are divorced (n=52, 14.8%) as are in the service area senior population (12.6%). (See Figure 9-5.)

FIGURE 9-5: MARITAL STATUS OF SENIORS

	Survey Sample	Service Area Population
Total	**352**	**70,019**
Single	16.2%	4.4%
Married*	34.4%	52.3%
Divorced*	14.8%	12.6%
Widowed	33.2%	30.7%
Domestic Partner**	1.4%	--



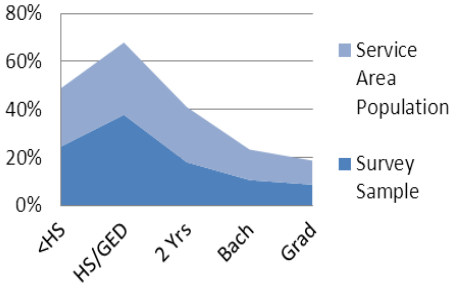
*Individuals in the service area population categorized as "Married, spouse absent, not separated" were excluded from the counts.
**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation.

Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single ("never married").

The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. More than half of the respondents completed less than high school (n=90, 24.7%) or received a high school diploma or GED (n=138, 37.8%), compared to 24.3% and 30.1% of the service area senior population, respectively. A slightly lower percentage of the respondents (n=66, 18.8%) attended some college or earned as Associate's degree than the service area senior population (23%). The percentage of respondents who earned a Bachelor's degree (n=39, 10.7%) or an Advanced/Graduate degree (n=32, 8.8%) are similar to the percentage in the service area senior population (12.7% and 10%, respectively). (See Figure 9-6.)

FIGURE 9-6: EDUCATIONAL ATTAINMENT OF SENIORS

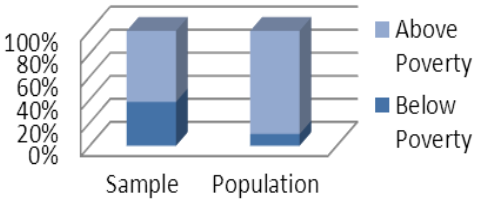
	Survey Sample	Service Area Population
Total	**365**	**71,414**
Less than high school	24.7%	24.3%
High school diploma/GED	37.8%	30.1%
Some college/Associate's	18.1%	23.0%
Bachelor's degree	10.7%	12.7%
Advanced/Graduate degree	8.8%	10.0%



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=139, 38.2% compared to 10.4% of the service area senior population). (See Figure 9-7.)

FIGURE 9-7: POVERTY STATUS OF SENIORS

	Survey Sample	Service Area Population
Total	**364**	**69,689**
Below Poverty Line	38.2%	10.4%
Above Poverty Line	61.8%	89.6%



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, is more likely to be single, and below the poverty line, as well as more likely to be African American and female.

Demographic Characteristics of Individuals Who Have a Disability

Only 14 survey respondents from this region are considered to have a disability and also be under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 56.3% (n=227) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 14.4% (n=58) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises comprise 25.8% (n=104) of the sample. Persons with disabilities are the smallest group (n=14, 3.5%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 93 respondents (23% of the sample and 35.9% of those classified). Cluster 2 is comprised of 59 respondents (14.6% of the sample and 22.8% of those classified). Cluster 3 is comprised of 66 respondents (16.3% of the sample and 25.5% of those classified). Cluster 4 is comprised of 41 respondents (10.1% of the sample and 15.8% of those classified). The remaining 146 (36%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be between a little important and quite important (*mean=2.64, median=2.67, n=226, sd=1.05*). The most important of these needs are keeping warm or cool as the weather changes (*mean=2.98, median=4.0, n=221, sd=1.24*), home repairs and maintenance (*mean=2.95, median=4.0, n=215, sd=1.23*), transportation for errands (*mean=2.86, median=4.0, n=222, sd=1.3*). The least important services to seniors who are already receiving services are personal care (*mean=2.23, median=2.0, n=218, sd=1.3*), housekeeping (specifically laundry) (*mean=2.25, median=2.0, n=216, sd=1.33*). (See Figure 9-8.)

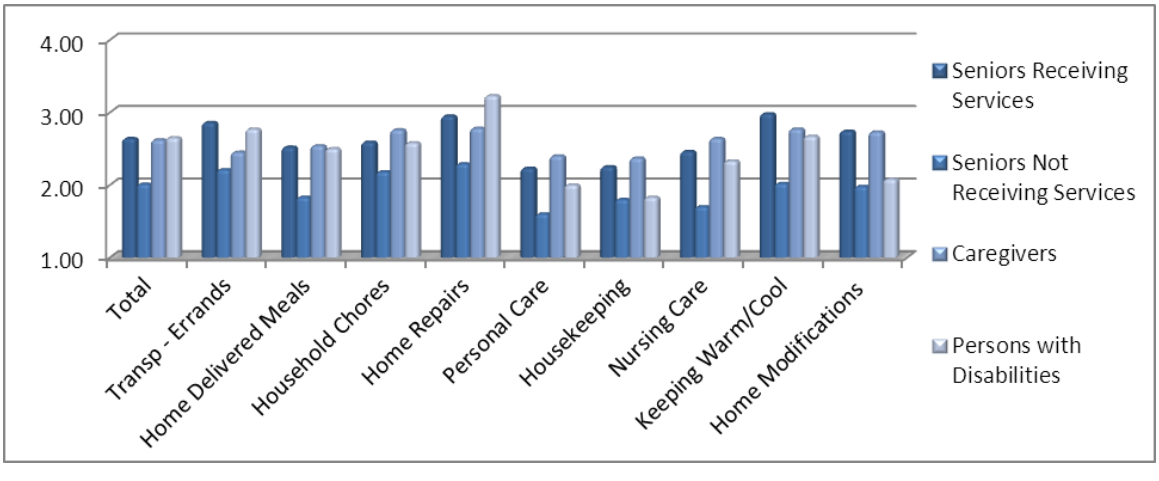
Seniors who have not received services view personal and home care needs to be a little important (*mean=2.01, median=1.78, n=57, sd=0.92*). The services deemed to be a little important by most of the respondents is home repairs and maintenance (*mean=2.29, median=2.0, n=55, sd=1.24*), transportation for errands (*mean=2.21, median=2.0, n=53, sd=1.2*), household chores (specifically keeping home clean) (*mean=2.18, median=2.0, n=55, sd=1.28*). The least important services to seniors who are not already receiving services are personal care (*mean=1.60, median=1.0, n=53, sd=1.04*) and nursing care (specifically assistance with prescription medicine) (*mean=1.70, median=1.0, n=53, sd=1.15*). (See Figure 9-8.)

Caregivers view personal and home care needs to be between a little and quite a bit important (*mean=2.4, median=2.0, n=102, sd=1.28*). The services deemed to be a little important by most of the respondents is home repairs and maintenance (*mean=2.78, median=3.0, n=99, sd=1.26*) and keeping warm or cool as the weather changes (*mean=2.77, median=3.0, n=103, sd=1.26*). The least important services to caregivers is housekeeping (specifically laundry) (*mean=2.37, median=2.0, n=103, sd=1.27*). (See Figure 9-8.)

Persons with disabilities view personal and home care needs to be a little (*mean=2.0, median=2.0, n=12, sd=1.13*). The most important service to persons with disabilities are home repairs and maintenance (*mean=3.23, median=4.0, n=13, sd=1.17*), transportation for errands (*mean=2.77, median=4.0, n=13, sd=1.48*). The least important service to persons with disabilities is housekeeping (specifically laundry) (*mean=1.83, median=1.5, n=12, sd=1.03*). (See Figure 9-8.)

FIGURE 9-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	**2.64**	**2.01**	**2.62**	**2.65**
Transportation for Errands	2.86	2.21	2.45	2.77
Home Delivered Meals	2.52	1.83	2.54	2.50
Household Chores	2.59	2.18	2.76	2.58
Home Repairs/Maintenance	2.95	2.29	2.78	3.23
Personal Care	2.23	1.60	2.40	2.00
In-Home Housekeeping	2.25	1.80	2.37	1.83
Nursing Care/Prescription Assistance	2.46	1.70	2.64	2.33
Keeping Warm/Cool	2.98	2.02	2.77	2.67
Home Modifications	2.74	1.98	2.73	2.08



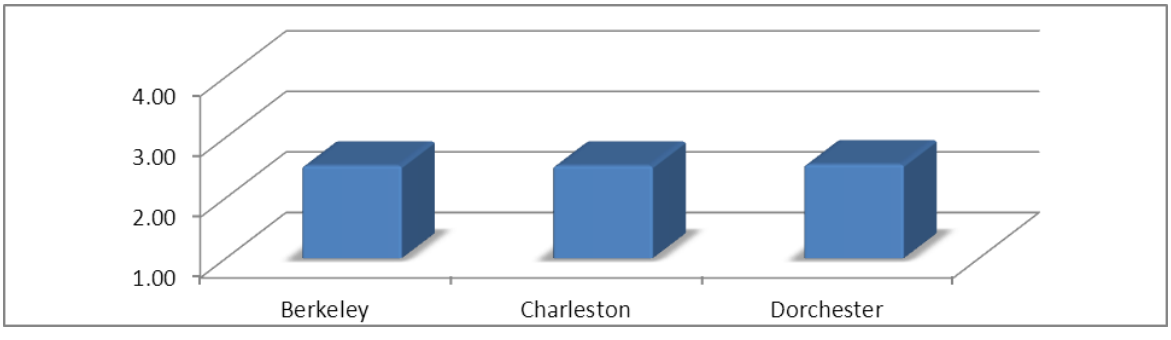
The difference in the personal and home care needs composite is significantly different between the targeted groups (*F=6.32, df=3, p<0.001*). Therefore, seniors receiving services, caregivers, and persons with disabilities view personal and home care needs to be more important than do seniors who have not received services. However, the target group categorization only accounts for 4.6% of the variability in this composite (r^2*=0.046*).

African Americans, those with less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them (*F=17.47, df=1, p<0.001; F=4.77, df=4, p=0.001, and F=15.73, df=1, p<0.001,*

respectively). For seniors, those who have a disability have a significantly greater need (*diff=0.38, t=3.04, df=267.7, p=0.003*).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line), the majority of whom are seniors receiving services (F=2.69, df=3, p=0.047)

FIGURE 9-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important (*mean=3.08, median=3.26, n=224, sd=0.90*). All but one of the items has a median value of either quite a bit or very important. The most important of these needs are getting exercise (*mean=3.40, median=4.0, n=220 sd=0.96*) and counseling (having someone to talk to) (*mean=3.18, median=4.0, n=215, sd=1.09*). The least important service to seniors who are already receiving services is transportation to the senior center (*mean=2.67, median=3.0, n=218, sd=1.36*). (See Figure 9-10.)

Seniors who have not received services view senior center activities to be a little important (*mean=2.27, median=2.31, n=56, sd=0.77*). The most important of these needs is getting exercise (*mean=2.75, median=3.0, n=53, sd=1.16).* The least important service to seniors who are not already receiving services is transportation to the senior center (*mean=1.89, median=1.0, n=53, sd=1.16*). (See Figure 9-10.)

Caregivers view senior center activities to be between a little and quite a bit important (*mean=2.70, median=2.75, n=104, sd=0.78*). The most important of these needs are getting exercise (*mean=3.06, median=3.0, n=103, sd=1.07)* and counseling (having someone to talk to) (*mean=2.99, median=3.0, n=103, sd=1.13).* The least important

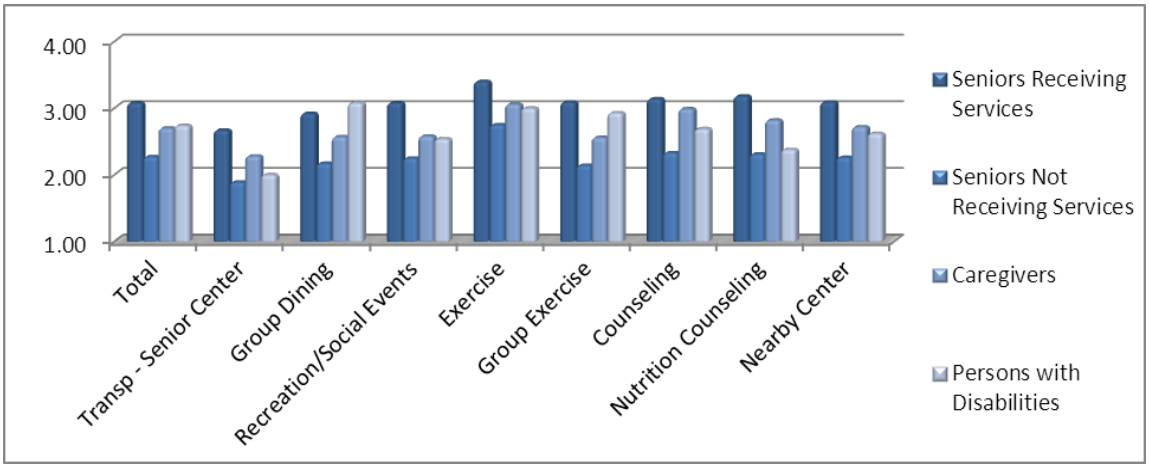
service to caregivers is transportation to the senior center (*mean=2.28, median=2.0, n=100, sd=1.3*). (See Figure 9-10.)

Persons with disabilities view senior center activities to be between a little and quite a bit important (*mean=2.74, median=2.38, n=14, sd=0.93*). The most important services to persons with disabilities are group dinning (*mean=3.08, median=4.0, n=13, sd=1.2*) and getting exercise (*mean=3.0, median=3.0, n=13, sd=1.2*). The least important service to persons with disabilities is transportation to the senior center (*mean=2.0, median=1.0, n=13, sd=1.41*). (See Figure 9-10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and caregivers.

FIGURE 9-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	**3.08**	**2.27**	**2.70**	**2.74**
Transportation to the Senior Center	2.67	1.89	2.28	2.00
Group Dining	2.92	2.17	2.57	3.08
Recreation/Social Events	3.08	2.25	2.58	2.54
Exercise	3.40	2.75	3.06	3.00
Group Exercise	3.09	2.14	2.56	2.93
Counseling (someone to talk to)	3.14	2.33	2.99	2.69
Nutrition Counseling	3.18	2.31	2.82	2.38
Nearby Senior Center	3.09	2.26	2.72	2.62

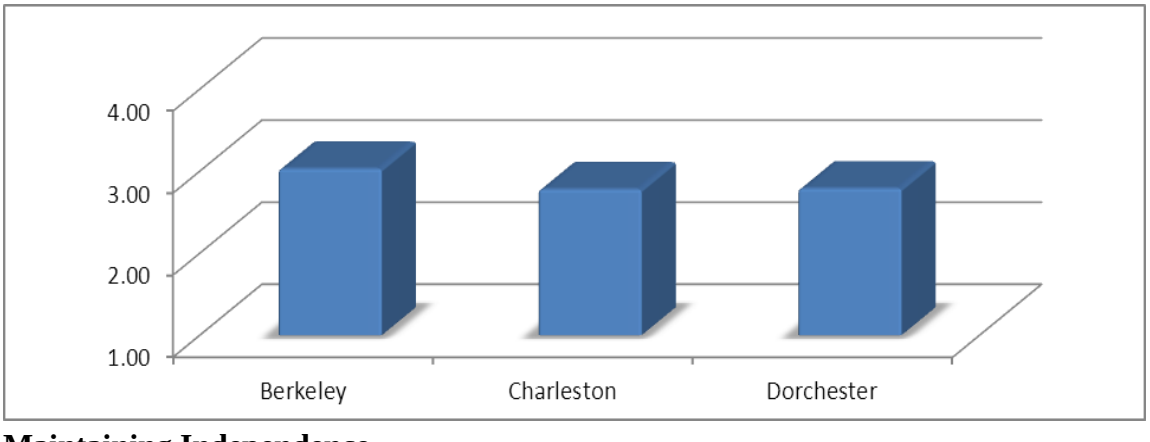


The difference in the senior center activities composite is significantly different between the targeted groups (*F=14.94, df=3, p<0.001*). Therefore, seniors receiving services view senior center activities to be more important than do seniors not receiving services. However, the target group categorization only accounts for 10.2% of the variability in this composite (r^2*=0.102*).

African Americans, females, those with a high school diploma/GED or less, those who are below the poverty line rated these services as being of greater importance to them (*F=34.21, df=1, p<0.001; F=13.35, df=1, p<0.001; F=2.63, df=4, p=0.034; F=8.59, df=1, p=0.004, respectively*). There are no significant differences by county (*F=2.38, df=3, p=0.070*).

Overall, the demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 2 (White females, widowed, with a high school education, who are above the poverty line and most likely to be over the age of 85) (*F=8.6, df=3, p<0.001*).

FIGURE 9-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and

end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual's responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be quite a bit important (*mean=2.92, median=3.25, n=221, sd=1.12*). All services were deemed to be quite important with the most important being having someone to call if feeling threatened or taken advantage of (*mean=2.96, median=4.0, n=214, sd=1.26*), protection of rights (*mean=2.96, median=4.0, n=216, sd=1.28).* (See Figure 9-12.)
Seniors who have not received services view services to help in maintaining independence to be a little important (*mean=2.19, median=2.25, n=56 sd=1.03*). All of the services were deemed to be a little important (preventing falls: *mean=2.24, median=2.0, n=55, sd=1.22*; healthcare directives: *mean=2.17, median=2.0, n=53, sd=1.19*; protection of rights: *mean=2.11 median=2.0, n=54, sd=1.25*; having someone to call if feeling threatened or taken advantage of: *mean=2.13, median=2.0, n=55, sd=1.25*). (See Figure 9-12.)

Caregivers view services to help in maintaining independence to be quite a bit important (*mean=2.86, median=3.0, n=104, sd=0.98*). The most important of these services is preventing falls (*mean=2.99, median=3.5, n=102, sd=1.17*). The remainder of the services were deemed to be quite a bit important (healthcare directives: *mean=2.72, median=3.0, n=102, sd=1.2*; protection of rights: *mean=2.93, median=3.0, n=99, sd=1.17*; and someone to call if feeling threatened or taken advantage of: *mean=2.84, median=3.0, n=103, sd=1.24*). (See Figure 9-12.)

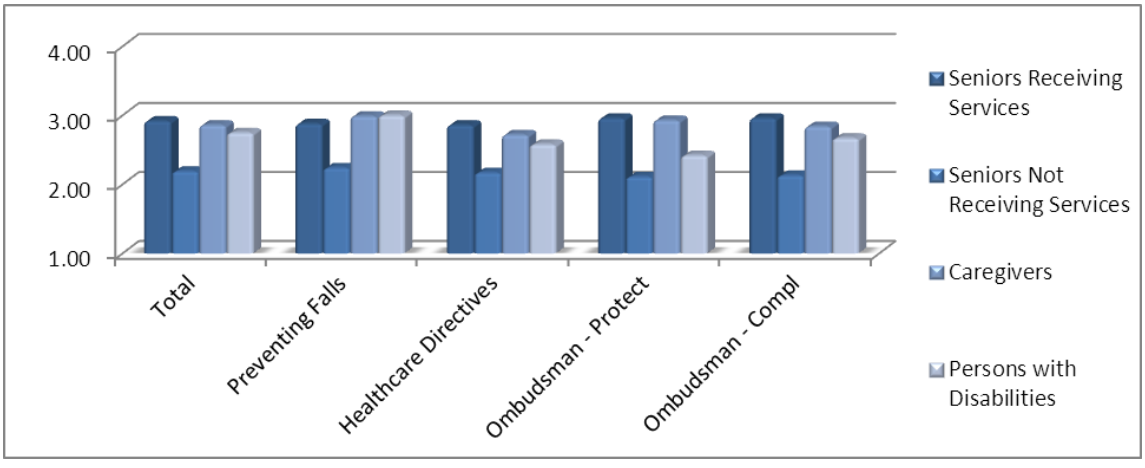
Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean=2.75, median=3.0, n=13, sd=1.15*). The most important of these services is preventing falls (*mean=3.0, median=3.0, n=13, sd=1.16*). The least important of these services for persons with disabilities is protection of rights (*mean=2.42, median=2.0, n=12, sd=1.31* (See Figure 9-12.)

Preventing falls is most important to caregivers, seniors not receiving services and persons with a disability. Seniors receiving services perceive the services of the ombudsman to be the most important.

FIGURE 9-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	**2.92**	**2.19**	**2.86**	**2.75**
Preventing Falls	2.88	2.24	2.99	3.00
Healthcare Directives	2.86	2.17	2.72	2.58

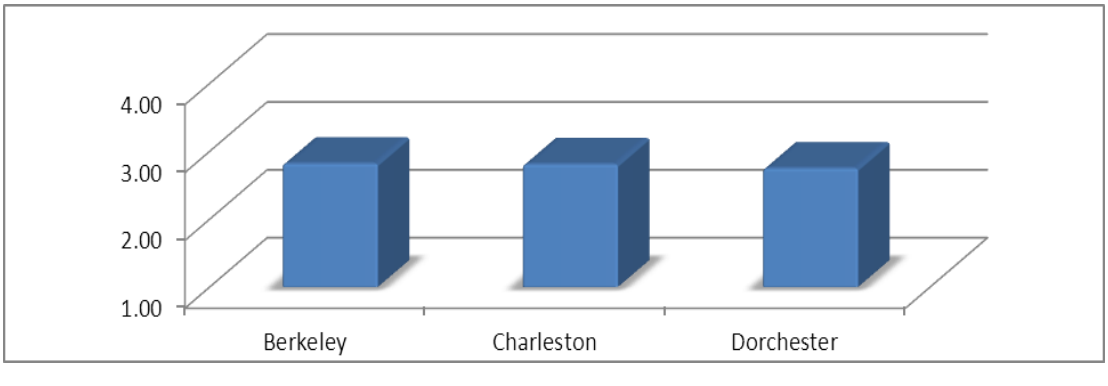
Ombudsman - Protection	2.96	2.11	2.93	2.42
Ombudsman - Complaints	2.96	2.13	2.84	2.67



The difference in the maintaining independence composite is significantly different between the targeted groups (*F=7.1, df=3, p<0.001*). Therefore, seniors receiving services, caregivers and persons with disabilities view services to help maintaining independence to be more important than do seniors who have not received services. However, the target group categorization only accounts for 5.2% of the variability in this composite (r^2*=0.052*).

African Americans and individuals below the poverty line also rated these services as being of greater importance to them (*F=8.65, df=1, p=0.003; F=3.36, df=1, p=0.012, respectively*). For seniors, those who have a disability have a significantly greater need (*diff=0.29, t=2.09, df=268.8, p=0.038*). There are no significant differences by county (*F=0.41, df=3, p=0.750*).

FIGURE 9-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these

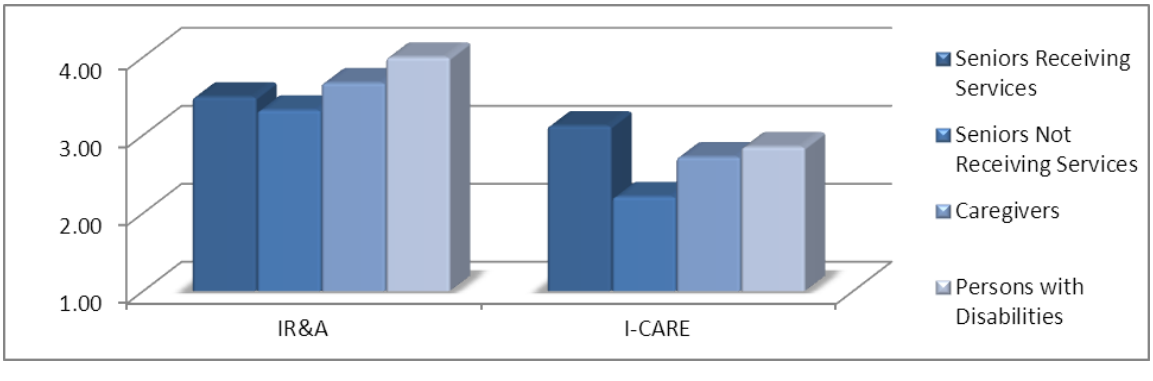
two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 405 respondents, 391 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important (*mean=3.32-4.0, median=4.0*). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups (X^2_{K-W}*=9.11, df=3, p=0.028*). In particular, persons with disabilities and caregivers view this service to be more important than do seniors (both those receiving services and those not receiving services). (See Figure 9-14.)

Of the 405 respondents, 386 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. Seniors receiving servics view IR&A to be quite a bit to very important (*mean=3.12, median=4.0, n=219, sd=1.17*). Disabled persons, caregivers, and seniors not receiving services view this service to be quite a bit important (*mean=2.85, median=4.0, n=13, sd=1.35*; *mean=2.72, median=3.0, n=102, sd=1.23; and mean=2.21, median=2.0, n=52, sd=1.21, respectively*). The results of the Kruskal Wallis test indicate that there was significant differences between the target groups (X^2_{K-W}*=25.66, df=3, p<0.001*). In particular, seniors receiving services and persons with disabilities view this service to be more important than do caregivers and seniors not receiving services. (See Figure 9-14.)

FIGURE 9-14: IR&A AND I-CARE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.49	3.32	3.67	4.00
Insurance Counseling (I-CARE)	3.12	2.21	2.72	2.85



Since most of the respondents viewed Information, Referral and Assistance services to be quite a bit to very important, there are no significant differences by demographics. The demographic cluster of respondents who reported that IR&A services are of greatest importance to them is Cluster 2 (White females, widowed, with a high school education, who are above the poverty line) (X^2_{K-W}*=8.65, df=3, p=0.034*).

African Americans, females, and individuals below the poverty line also rated these services as being of greater importance to them (*t=10.58, df=1, p=0.001; t=6.54, df=1, p=0.011; and t=4.58, df=1, p=0.032, respectively*). There are no significant differences by county ($X^2_{K\text{-}W}$*=1.61, df=2, p=0.447*). The demographic cluster of respondents who reported that I-CARE services are of greatest importance to them is Cluster 3 (African American females, widowed, with less than high school education, who are below the poverty line) ($X^2_{K\text{-}W}$*=10.56, df=3, p=0.014*).

Monetary Assistance

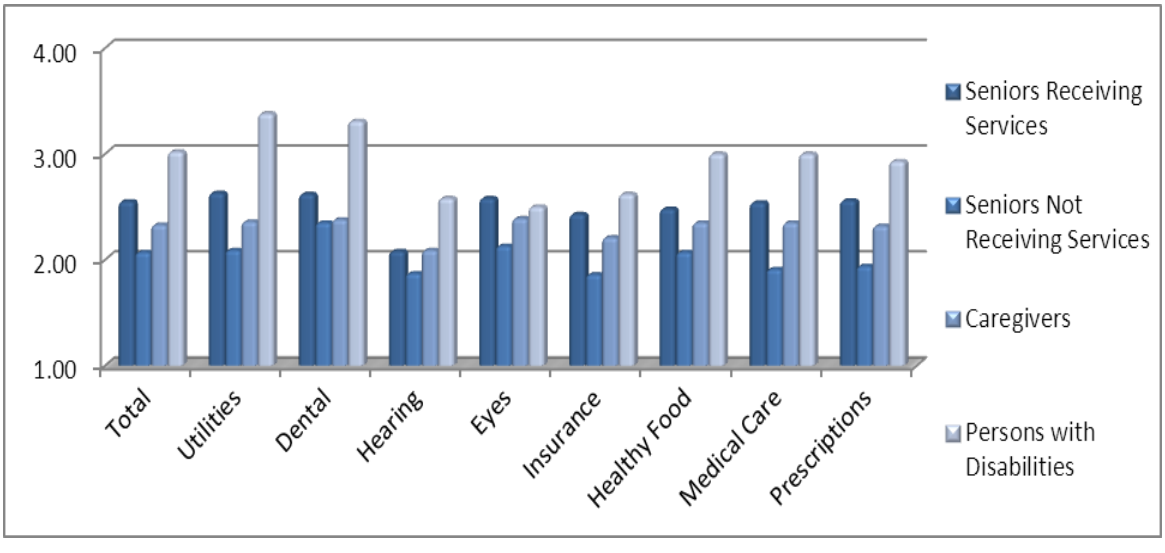
The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be between a little important and quite a bit important (*mean=2.55, median=2.5, n=224, sd=1.05*). The most important of these needs are for utilities or an unexpected bill (*mean=2.63, median=3.0, n=214, sd=1.23*) and dental care and/or dentures (*mean=2.62, median=3.0, n=209, sd=1.29*). The least important services to seniors who are already receiving services are hearing exams and/or hearing aids (*mean=2.08, median=2.0, n=201, sd=1.24*) and paying for health insurance (*mean=2.43, median=2.0, n=202, sd=1.23*). (See Figure 9-15.)
Seniors who have not received services view monetary assistance to be a little important (*mean=2.07, median=1.88, n=14, sd=0.93*). The most important these needs is dental care and/or dentures (*mean=2.35, median=2.0, n=55, sd=1.29*). The least important need to seniors who are already receiving services is health insurance (*mean=1.87, median=1.0, n=53, sd=1.2*). (See Figure 9-15.)
Caregivers view monetary assistance to be a little important (*mean=2.33, median=2.38, n=101, sd=0.98*). All of these needs are considered to be a little important (*mean=2.09-2.36, median=2.0, sd=1.13-1.3*). (See Figure 9-15.)
Persons with disabilities view monetary assistance to be quite a bit important (*mean=3.02, median=3.2, n=14, sd=0.93*). The most important of these needs are for utilities or an unexpected bill (*mean=3.38, median=4.0, n=13, sd=1.12*) and dental care and/or dentures (*mean=3.31, median=4.0, n=13, sd=1.18*). The least important service to persons with disabilities is help paying for eye exam and/or eyeglasses (*mean=2.5, median=2.5, n=12, sd=1.31*). (See Figure 9-15.)

FIGURE 9-15: MONETARY ASSISTANCE BY TARGETED GROUP

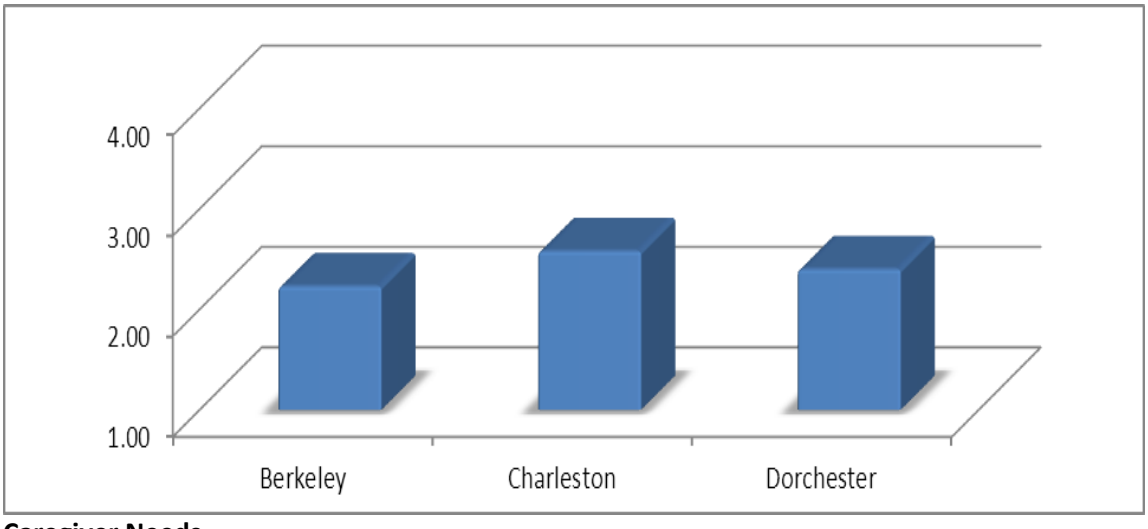
	Seniors Receiving Services	Seniors Not Receiving	Caregivers	People with a Disability

		Services		
Monetary Assistance Composite	**2.55**	**2.07**	**2.33**	**3.02**
Utilities or an unexpected bill	2.63	2.09	2.36	3.38
Dental Care and/or Dentures	2.62	2.35	2.38	3.31
Hearing Exam and/or Hearing Aids	2.08	1.87	2.09	2.58
Eye Exam and/or Eyeglasses	2.58	2.13	2.39	2.50
Health Insurance	2.43	1.86	2.21	2.62
Healthy Food	2.48	2.07	2.35	3.00
Medical Care	2.54	1.91	2.35	3.00
Prescriptions or Prescription Drug Coverage	2.56	1.94	2.32	2.93



The difference in the monetary assistance composite is not significantly different between the targeted groups (*F=5.06, df=3, p=0.002, r^2=0.037).* African Americans, those who have less than a high school diploma/GED, and individuals below the poverty line also rated these services as being of greater importance to them (*F=26.35, df=1, p<0.001; F=13.1, df=4, p<0.001; and F=37.63, df=1, p<0.001, respectively*). Individuals who are divorced rated these services as being of greater importance to them than individuals who are single, widowed, or married (*F=3.96, df=3, p=0.009*). For seniors, those who have a disability have a significantly greater need (*diff=0.55, t=4.44, df=267.3, p<0.001*). There are no differences in the need for monetary assistance based on county.

FIGURE 9-16: MONETARY ASSISTANCE BY COUNTY



Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items. Doing so also allows for an individual to have a composite score even if they did not respond to any one of the items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. These responses were used to categorize caregivers into four types: caregivers of seniors (*n=24, 24.5%*), caregivers of seniors with disabilities (*n=59, 60.2%*), caregivers of persons with disabilities (*n=9, 9.2%*), and caregivers of children (*n=6, 6.1%*). It must be noted that these items on the survey were not mutually exclusive, and as such, respondents may have selected more than one response for the same individual. Furthermore, approximately half of the caregivers of children are also the caregiver for a senior or senior with a disability, and approximately half of the caregivers of persons with disabilities are also the caregiver for a senior or a senior with a disability.

Caregivers of seniors (who do not have a disability) agree that caregiver services are necessary to help them care for the individual(s) (*mean=2.72, median=3.0, n=24, sd=0.98*). The most important need is information and referral services (*mean=2.87, median=3.0, n=23, sd=1.06*). The least important need is training on caregiving (*mean=2.33, median=3.0, n=21, sd=1.02*). (See Figure 9-17.)

Caregivers of seniors who do have a disability agree that caregiver services are necessary to help them care for the individual(s) (*mean=3.02, median=3.2, n=59, sd=0.74*). The most important of these needs are for temporary relief from caregiver duties (respite) (*mean=3.39, median=4.0, n=57, sd=0.98*), information and referral for services (*mean=3.32, median=4.0, n=57, sd=1.0*), and monetary assistance for acquiring services (*mean=3.27, median=4.0, n=56, sd=0.94*). (See Figure 9-17.)

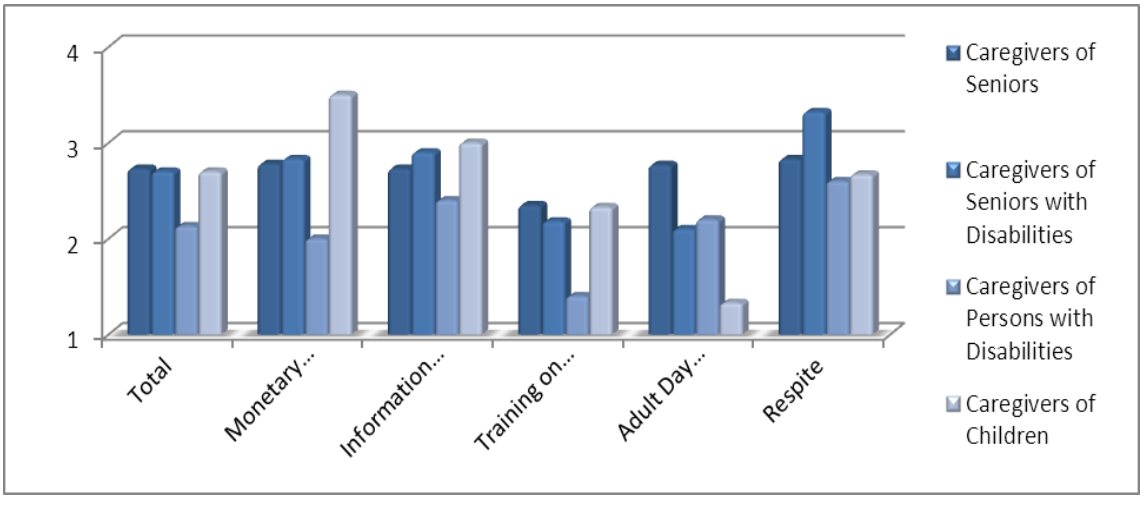
Caregivers of persons who have a disability (and are under 60 years of age) agree that caregiver services are necessary to help them care for the individual(s) (*mean=2.96, median=3.2, n=9, sd=0.89*). The most important of these needs are temporary relief from caregiver duties (respite) (*mean=3.57, median=4.0, n=7, sd=0.53*), adult daycare (*mean=3.0, median=3.5, n=8, sd=1.2*), information and referral for services (*mean=3.0, median=3.0, n=9, sd=1.12*) and monetary assistance in acquiring services (*mean=2.89, median=3.0, n=9, sd=1.27).* (See Figure 9-17.)

Seniors who are also caregivers of children agree that caregiver services are necessary to help them care for the individual(s) (*mean=2.8, median=3.0, n=6, sd=1.1*). The most important need are for monetary assistance in acquiring services (*mean=3.0, median=3.5, n=6, sd=1.27*), followed by training on caregiving (*mean=3.0 median=3.0, n=5, sd=1.0*). Note that some of these senior caregivers of children also care for other seniors. (See Figure 9-17.)

The difference in the caregiver needs composite is not significantly different between the type of person being cared for (*F=0.820, df=3, p=0.486, r^2=0.026*). Monetary assistance and respite are the services most needed by all types of caregivers, followed by information and referral. Caregivers in Dorchester county have a significantly greater need than do caregivers in Berkeley or Charleston counties (*F=3.1, df=3, p=0.029*).

FIGURE 9-17: CAREGIVER NEEDS BY WHO CARE IS PROVIDED TO

	Caregivers of Seniors	Caregivers of Seniors with Disabilities	Caregivers of Persons with Disabilities	Caregivers of Children
Caregiver Needs Composite	**2.72**	**3.02**	**2.96**	**2.80**
Monetary Assistance	2.57	3.27	2.89	3.00
Information & Referral	2.87	3.32	3.00	2.40
Training on Caregiving	2.33	2.55	2.56	3.00
Adult Day Care	2.57	2.57	3.00	2.50
Respite	2.95	3.39	3.57	2.80



Partner/Professional Survey

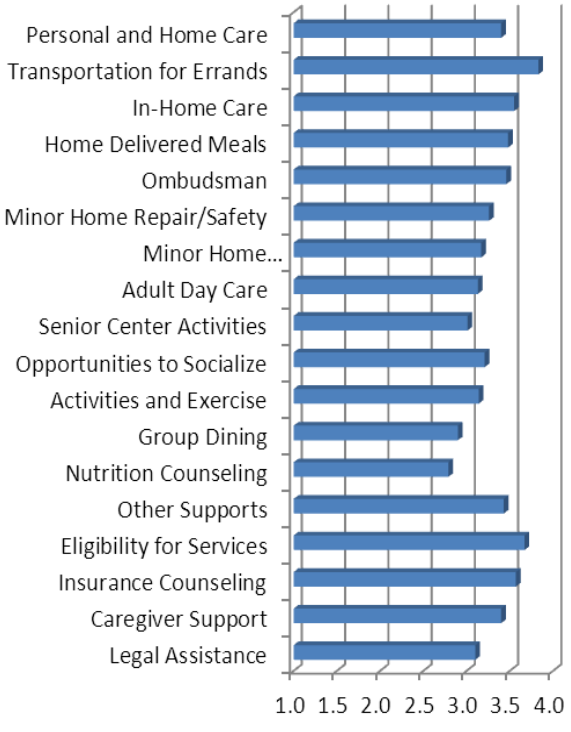
Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Overall, Personal and Home Care services (*mean=3.35, median=3.43, n=15, sd=0.51*) and Senior Center Activities (*mean=3.45, median=3.5, n=15, sd=0.55*) are viewed to be more essential services to helping seniors and those with disabilities in Region 9 to remain independent. The most essential services are Activities and Exercise (*mean=3.73, median=4.0, n=15, sd=0.46*), in-home care (housekeeping, laundry, personal care) (*mean=3.71, median=4.0, n=14, sd=0.61*), home delivered meals (*mean=3.67, median=4.0, n=15, sd=0.62*), and group dining (*mean=3.6, median=4.0, n=15, sd=0.74*). (See Figure 9-18.)

Partners and professionals who reported that their primary line of business is in providing personal and/or home care (such as nutrition/meals, adult day services or in-home, or transportation) reported that senior center activities (*mean=3.77, n=5, sd=0.33*) and personal and home care services (*mean=3.4, n=5, sd=0.47*) were more essential than other supports (*mean=3.1, n=5, sd=0.42*). Partners and professionals who reported that their primary line of business is in community or senior centers reported that personal and home care services (*mean=3.46, n=4, sd=0.62*) and other supports (*mean=3.44, n=4, sd=0.52*) were more essential as senior center activities (*mean=3.38, n=4, sd=0.48*). Partners and professionals who reported that their primary line of business is in healthcare or wellness (such as skilled nursing, healthcare, health and wellness, mental health or behavioral health) reported that personal and home care services (*mean=3.5, n=2, sd=0.71*) and other supports (*mean=3.0, n=2, sd=0.35*) were more essential than senior center activities (*mean=2.88, n=2, sd=0.88*).

FIGURE 9-18: PARTNER PERCEPTION OF ESSENTIAL SERVICES

	Mean Response
Personal and Home Care	**3.35**
In-Home Care	3.71
Home Delivered Meals	3.67
Transportation for Errands	3.47
Ombudsman	3.29
Minor Home Repairs/Upkeep	3.21
Minor Home Repair/Safety	3.21
Adult Day Care	3.00
Senior Center Activities	**3.45**
Nutrition Counseling	3.07
Activities and Exercise	3.73
Group Dining	3.60
Opportunities to Socialize	3.36
Other Supports	**3.15**
Info on Eligibility	3.36
Insurance Counseling	3.00
Caregiver Support	3.36
Legal Assistance	2.93



Overall, partners' perceptions of how their organization interacts with the AAA are positive. The majority are knowledgeable of the services offered (n=13, 86.7%), are aware of strategic plan (n=10, 66.7%), know who is eligible to receive services (n=8, 53.3%), understand the priorities for services (n=10, 66.7%), believe that the AAA is a critical partner for their organization (n=13, 92.9%), refer clients to the AAA/ADRC (n=13, 86.7%), believe services are easily accessible (n=12, 85.7%), and disagree that there are unmet needs for caregivers (n=11, 78.6%), seniors (n=11, 78.6%), and persons with disabilities (n=11, 78.6%). Of concern is that 57.1% of partners (n=8) disagree that the clients are able to pay part of the cost of their services, and 64.3% (n=9) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates. (See Figure 9-19.)

FIGURE 9-19: PARTNER PERCEPTIONS OF INTERACTIONS WITH AAA

	Agree	Disagree	Total Responses
Knowledgeable of Services	86.7%	13.3%	15
Aware of Strategic Plan	66.7%	33.3%	15
Know who is Eligible	53.3%	46.7%	15
Understand Priorities for Services	66.7%	33.3%	15

Critical Partner	92.9%	7.1%	14
Refer to AAA	86.7%	13.3%	15
Services Easily Accessible	85.7%	14.3%	14
Clients able to Pay	42.9%	57.1%	14
Unmet Needs for Caregivers	21.4%	78.6%	14
Unmet Needs for Seniors	21.4%	78.6%	14
Unmet Needs for PWD	21.4%	78.6%	14
Fixed Reimbursement	64.3%	35.7%	14

For both seniors and persons with disabilities, the geographic areas that are most underserved are, in order of prominence:

- **Rural**
- **Dorchester/Upper Dorchester**
- **Charleston County, N Charleston, Western Charleston County, SE Charleston County**
- **St. Stephens**
- **Specific underserved communities**
    - **Edisto**
    - **upper Berkeley**
    - **Jedburg**
    - **Ridgeville**
    - **Jamestown**
    - **Huger**
    - **Shulerville**
    - **Macedonia**
    - **Hollywood**
    - **Cross**
    - **Alvin**

The services most needed by seniors in the underserved areas are, in order of prominence:

- **Transportation**
- **Meals**
- **In home services/home care/homemaker**
- **Senior Center**
- **Also noted were home repair, adult day care, housing, nursing assistance, knowing their rights, Community Education**

The services most needed by persons with disabilities in the underserved areas are, in order of prominence:

- **Transportation (top 2)**
- **Home delivered meals**
- **Also mentioned as needs were Adult Day Care, in home care, home repair, home health, homemaker, healthcare, pest control, community education**

Quotes

[Need to have] Technical Assistance to contractors providing services under the plan, Contract Management, Service Delivery
I have found that a lot of clients and caregivers are not prepared for end of life care both mentally and financially. Majority of the time, one child caregiver is taking care of their parent or grandparent independently [sic] without help from any other person in their family.
Because of the limitations that are placed on where and how money can be distributed / spent the AAA agency is only able to provide services to a very amount of the elderly population. There are waiting lists that are very long and services will probably not be provided due to not having the proper funding. The AAA is only able to touch a very small portion of the elderly population due to money constraints and further cut backs. The numbers of elderly continue to rise and services are not alw….
Even with budget cuts, AAA/ADRC does a good job helping the older persons residing in the Trident Area.
Trident Area Agency on Aging has always been a wonderful resource for me. As director of a 2,300 member senior center I have relied on Stephanie Blunt and her staff many times with questions.

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 9. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Discussion and Summary

As might be expected, the population in need is more poor, more African-American, more female, less likely to have a spouse, and older than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the

most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and whether they are also caring for children. Senior Center Activities, which are viewed as very important by seniors who are already receiving services, is viewed as less important by caregivers and persons with disabilities. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 9 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 9 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

While partners believe they have a good relationship with the AAA, they believe they have little interaction with the AAA on the planning process, have little knowledge of the plan, do not understand how priorities are set for which clients receive services and have very little knowledge of the strategic plan or the planning process. In short, the partners feel that they are a strong part of service provision and a small part of planning and prioritizing. This may or may not be an important issue, but should be explored.

APPENDIX C

Long Term Care Ombudsman Service Report

State Fiscal Year July 1, 2011 - June 30, 2012

	Opened	Closed	Hours
Cases	667	661	
Complaints	1013	1337	
Consultations			73
Ombudsman Training			54
LTC Trainings for 3 Staff			120
Community Education			22
Friendly Visits			1100

APPENDIX D

Information and Referral/Assistance (I&R/A) Report

The Information and Referral/Assistance Report is a SC Access-generated report for the July 1, 2012 to May 30, 2013 timeframe for TAAA/ADRC.

Count of Contact Record ID	Column Labels					
Row Labels	CG	Consumer	Other	Professional	Unknown	Grand Total
Trident Area Agency on Aging (AAA)	1048	1582	321	207	1766	4924
(blank)						
Grand Total	**1048**	**1582**	**321**	**207**	**1766**	**4924**

APPENDIX E

SHIP Midterm Report

The purpose of this report is for sub-grantees to indicate SHIP activates performed during September 1, 2012 through December 31, 2012 and state proposed activities for 2013.

I. What actions did your region take in FY 2012 to expand your outreach and counseling efforts?
   a. Channel 2 conducted an interview with a beneficiary who has been been assisted by Trident AAA/ADRC several years. This interview ran prior to a Medicare Phone Bank which led to a follow-up Channel 2 Medicare Phone Bank in the fall.
   b. Trident AAA/ADRC developed uniformed marketing policies and procedures.
   c. Between the periods September 2012 and December 31, 2012, Trident ADRC participated in the following outreach events:
      i. Robert Bosch 15th Annual Non-Profit Showcase
      ii. Alzheimer's Elks Education Conference
      iii. MOJA Annual Health Fair
      iv. Wadmalaw Island Senior Center Fun Day
      v. Cumulus Radio Station PSAs
      vi. Channel 4's Low Country Live Show
      vii. South Berkeley Senior Center Annual Health Fair
      viii. All clients requesting grant assistance were screened for LIS and/or MSP needs.

   A. What changes will your region make in 2013 to enhance these efforts?
      a. Trident AAA/ADRC will continue to screen all clients requesting any grant assistance through the organization.
      b. Trident AAA/ADRC formalized a new partnership with Charleston Human Services (LIHEAP). A MOU was signed and Charleston Human Services will utilize Trident ADRC office space to complete applications for energy assistance. Individuals with appointments will also be given SHIP information.

II. What actions did your region take to reach more consumers through presentations and health fairs?
   a. Trident ADRC contacted host sites that held previous Medicare presentations and rescheduled presentations. 12 various outreach events, including health fairs, booths and presentation events were held during this period reaching approximately 1,057 individuals.

   A. What changes will your region make in 2013?
      a. In 2013, Trident ADRC will utilize our community volunteers and partnerships more to help to increase the number of events. Trident ADRC staff, certified as SHIP volunteer, will be equipped with Medicare and SMP fliers and brochures when they are requested to speak on their program.

III. What actions did you reach take to increase the number of consumers reaching your office through direct contact such as in-person, telephone calls and home visits?
    i. Trident ADRC utilized I-CARE volunteers and interns as backup to the SHIP Coordinator when she is out doing a presentation.
    ii. Appeared on Channel 4's Low Country Live Show
    iii. SHIP Counselors were present during the Senior Farmer's Market Voucher Issuance (eight locations)
    iv. Booth at Blackbaud Stadium for the Charleston Battery Game – Trident ADRC was chosen as Non-Profit of the Game
    v. Cumulus Radio PSAs
    vi. Facebook Announcements
    vii. Two Channel 2 Medicare Phone Banks
    viii. Postcards were mailed out to previously served SHIP clients
    ix. Senior Day at the Fair Bag Inserts
    x. Medicare Banner on the Trident ADRC Website

A. What changes will your region make to increase direct contacts in 2013?
    a. Agency FaceBook Announcements
    b. Agency Website Banner
    c. PSAs
    d. Monthly Electronic Newsletter
    e. Staff referrals from agency assessments
    f. Medicare posters in various locations
    g. Partnership with Charleston County Human Services

IV. What actions did you region take to reach more beneficiaries under age 65?
    a. Trident ADRC partnered with a local dialysis clinic, the Center for Independent Living, SC Department of Social Services, Ryan White Program and the Social Security Administration to identify potential Medicare beneficiaries with disabilities under age 65.
    b. Trident ADRC provided outreach during the Farmers Market Nutrition Program. There were an increased number of 60-year olds and we expanded to an additional location (Jewish Community Center).

A. What are your 2013 strategies to reach more consumers under age 65?
    a. Tridents ADRC continue to expand on the relationships and collaborate with Goodwill Industries, Charleston County Human Services, Palmetto Project and Palmetto Primary Physician Offices to better serve Medicare beneficiaries with disabilities under age 65.

V. What was your region's strategy for reaching LIS eligible's?
    i. Callers were asked their income and resource amounts and those that met the requirement were offered the opportunity to apply for LIS to assist with the cost of their drug plan.

ii. TAAA/ADRC employees performing in-home client assessments of potential grant recipients also screened the recipients for LIS eligibility.
iii. Insurance counselors were available during the Senior Farmers Market Voucher Program.

A. What are your strategies for 2013?
   a. Continuing to screen all callers
   b. Continuing Channel 2 Medicare annual phone bank
   c. Continuing to have a strong volunteer presence during the Farmers Market Voucher Issuance.

VI. What was your strategy or process for enrolling consumers into Part D plans? The process was conducted either over the phone or by an office appointment or a prearrange location closer to where they live.
   i. Obtaining a complete list of medication, pharmacy they are currently using to purchase their medication in order to complete a comparison of three plans the was covering all or most of their medication
      1. When clients preferred to have the comparison done over the phone, the comparison was mailed to them. Clients called back when they received the comparison and we discussed the monthly premium, drug cost and the different stages of the drug/ health plan.
      2. Clients that preferred to meet face to face came to the office or were met at a location closer to them. The comparison was done and we discussed the monthly premium, drug cost and the different stages of the drug/ health plan.
      3. Individuals interested in joining a Medicare Advantage plan were advised to contact their doctors and preferred hospital to make sure that their new plan will be accepted.
      4. When time permitted, follow-up calls were made to those who had done a 2012 review of their current plan or to those who were joining for the first time to inform them about the end of open enrollment.
   ii. Once a client has made their decision of whether they want a stand-alone drug plan or a health plan with or without drug coverage, they were enrolled and given the confirmation letter.

A. What is your strategy for increasing Part D enrollment in 2013?
   a. It is always explained that the comparison and enrollment can be done at the same time. Most people need to review and absorb the information that has been given to them. Most individuals who really need the assistance of the Part D coverage will make the decision that day or within a week of having the comparison done.

While all coordinators would love to have 100% Part D enrollment, the ultimate decision on how our clients join a Part D plan is their choice. Every effort is used to explain how the Part D program works and what the estimated cost will be to every individual. The options are given to the individual or their love ones at the time their comparison is done. This year we reached 30% enrollment.

b. Increasing the number of follow-up calls. This year several individuals who were called back after having a comparison done did self enroll into the plan of their choice or told the coordinator which plan they wanted to be enrolled into and the enrollment confirmation was either given to them or mailed to them.

APPENDIX F

SMP REPORT

The SMP Grant is to support regions in achieving the following AOA outcomes. Please list your goals and describe activities to implement key requirements of the program.

1. What did you do to promote the National and Regional SMP Program?
   What were your regional marketing activities?
   Describe all efforts with the National SMP program such as webinars, ordering materials, etc.

   Trident AAA/ADRC promotes the national and regional SMP marketing efforts and outreach was done at various events listed below. The SMP informational "Rack Card" was developed and is included in the ADRC mini-folders. SMP magnetic business cards and SMP brochure/postcards were distributed during Senior Day at the Coastal Carolina Fair, various health fairs, community events and senior centers. All SMP materials contain the official SMP logo.

MUSC Pharmacy Students	Low Country Live
Charleston Area Senior Center	Wadmalaw Island Senior Fun Day
Senior Day at the Fair	Mt. Horr AME Church
South Berkeley Senior Center Health Fair	Calvary Church of God in Christ
Mt. Pleasant Library	BOSCH 15th Annual Health Fair
Faith Sellers Senior Center	St. Paul AME Church
Goodwill AME Church	Charleston Battery (Non-Profit of the Game)
EIMAS Self-Help	Redeemer Reform Episcopal Church
Canterbury House	SC Access folder insert
Post Card	MOJA Annual Health Fair
AoA Personal Health Care Journal	SMP Booklet

2. What did you do to improve beneficiary education and Inquiry resolution?
   Education:
   Simple Inquiries:
   Complex Inquiries:
   Include numbers served through Simple, Complex, Media and Group Education. List follow-ups, resolution process and intake process.

   Are inquiries entered into SMART-Facts bi-weekly Yes? If not, why?

The program continues to disseminate program literature such as: Understand their Summary Notice, Protecting Medicare and You from Fraud and How to Report Fraud and Abuse whenever someone calls with questions regarding billing issues or marketing practices. Should it be determined that further assistance is needed from the LGOA's SMP staff, consumers will be sent a Consent to Release form to be signed and returned with all documentation for review. SMP volunteers refer individuals to the SMP Coordinator at Trident ADRC. The SHIP Coordinator documents and sends beneficiary complaints (if any) to the statewide SMP Coordinator, who sends complaints to the appropriate state and national fraud control/consumer protection entities, including Medicare contractors, state Medicaid fraud control units, state attorneys general, the Office of the Inspector General and the Centers for Medicare and Medicaid Services (CMS). The SMP Coordinator will follow-up with the beneficiary, as appropriate.

3. How did you foster the National SMP Program Visibility?
   Do you have a link to the national SMP?
   How do you market the national SMP (newspaper, promotional items, etc)?
   Number of group presentations conducted _4__. What were your outreach goals?
   Did you meet or exceed your goals? What is your improvement plans?

   The national SMP program's visibility is encouraged through a link on our website, during all presentations, health fairs and booth events staffed by either the coordinator or SMP volunteers. Marketing materials include: the SMP postcard, SMP Rack Card, SMP booklet, keychain and the Healthcare Journal. The certified volunteers market the program and make presentations throughout the Trident area. Trident AAA/ADRC met the goal of meeting the required number of contacts.

4. How did you improve efficiency?
   - How many SMP volunteers do you have? ___8____
   - Did contacts or inquiries increased or decreased? WHY?
   - What are your strategies to improve contacts for the next report period?
   - What were the prevalent fraud trends in your area and what did you do to inform or help consumers?

   The program's efficiency has improved and will continue to improve because all volunteers are using a standardized packet of information for presentations. The development of the SMP Booklet has enabled volunteers to consistently educate themselves and the community on what the SMP Program is all about and ways that everyone can learn to protect, detect and report suspicious billing issues or marketing activities. Volunteers are given the booklet to take home. Improvement to outreach and contacts will be improved by securing additional locations to educate and by recruiting additional trained volunteers to help with health fairs, presentations and data entry.

   There were no prevalent fraud trends in our area during this reporting period.

5. In addition to reaching all populations, how did you target underserved populations?
   Training sites are targeted to faith-based organizations, senior housing complexes, human services organizations/programs, support groups, rural age-appropriate communities and referrals.

   Trident AAA/ADRC utilized partners in our region whenever possible. Palmetto Project Patient Advocates, the disAbility Resource Center (Center for Independent Living) and Lowcountry Senior Center have certified volunteer counselors.

6. Who were your targeted underserved populations?
   Trident SMP targeted individuals living in Berkeley, Charleston and Dorchester counties. Special efforts were made to take low income seniors and seniors in rural areas.

7. Who are your <u>new partners</u> since last report period?
   The new partners are Social Workers and discharge nurses in hospitals, health clinics and homecare agencies.
   What new approaches did you implement since last report period and what will you do different for the current period? What are you goals for the upcoming period?
   - Trident AAA/ADRC will continue to increase the number of rural partners in order to reach those underserved consumers and potential volunteers. We are in the process of having a SHIP/SMP volunteer get certified in Ridgeville, which is a rural area that is underserved. Finding community/senior groups in the rural parts of Berkeley and Dorchester counties willing to hold events has been a challenge for the program.
   - Trident AAA/ADRC will participate in Food Bank distribution with Palmetto Project who already has a well established relationship with the Food Bank and with local churches throughout the Tri-County.

8. Please list all events and trainings for the upcoming period.
   - MUSC's Transplant Social Workers
   - Senior Day at the Coastal Carolina Fair
   - Senior Farmer's Market Nutrition Voucher Issuance
   - St. Francis Hospital Diabetes group
   - Roper Hospital Diabetes group
   - SMP Volunteer Training Update

9. Please list your process for maintaining the confidentiality of client's records and SMP information.
   All Trident AAA/ADRC staff signed a confidentiality agreement at the time of employment. All participant records are kept in a locked desk drawer. Computers are password protected. SHIP/SMP Volunteers sign a confidentiality/ non-conflict of interest form.

APPENDIX G

SC FAMILY CAREGIVER SUPPORT PROGRAM: DATA REPORT Region: Trident

July 1, 2012 -December 31, 2012	Seniors Raising Children						
	III-E Expenditures	Program Income	Other Funding	TOTAL EXPENDITURES	People Served		Units Provided
I Information (To Groups)							
Community / Public Education				0			
Participation in Community Events				0			
Publicity Campaign				0			
Resource Development				0		Unduplicated CGs Served	
TOTAL	0	0	0	0	0		0
STAFFING				0			
TOTAL INFO TO GROUPS	0	0	0	0			
II Assistance							
Assessment / Screening				0	35		44
Assessment / Screening -Home				0			
Care Coordination				0	40		87
Follow-Up / Evaluation				0			
Information & Assistance				0		Unduplicated CGs Served	
TOTAL	0	0	0	0	75		131
STAFFING	2,590			2,590			
TOTAL ASSISTANCE	2,590	0	0	2,590			
III Counseling							
Group Counseling (Sessions)				0			
Individual Counseling				0		Unduplicated CGs Served	
TOTAL	0	0	0	0	0		0
Support Groups							
Support Group (Sessions)				0			
Individual Support				0		Unduplicated CGs Served	
TOTAL	0	0	0	0	0		0
Training							
Group Training				0			
Individual Training				0		Unduplicated CGs Served	
TOTAL	0	0	0	0	0		0
STAFFING for CST				0			
TOTAL FOR CST	0	0	0	0			

SC FAMILY CAREGIVER SUPPORT PROGRAM: DATA REPORT **Region: Trident**

July 1, 2012 - December 31, 2012	Seniors Raising Children						
	III-E Expenditures	Program Income	Other Funding	TOTAL EXPENDITURES	People Served		Units Provided
IV Respite							
Child Day Care (Hours)				0			
After School / Summer Programs (Hours)							
Emergency Respite (Hours)				0			
Group Respite (Hours)				0			
In-Home Respite (Hours)				0			
Facility Respite (Hours)				0		Unduplicated CGs Served	
TOTAL	0	0	0	0	0		0
STAFFING				0			
TOTAL RESPITE	0	0	0	0			
V Supplemental Services							
Assistive Technology (Piece of equipment)				0			
Chore (Hours)				0			
Emergency Response (1 installation or 1 month)				0			
Home Health (1 hour)				0			
Homemaker/Housekeeping (1 hour)				0			
Home Modification (Hours)				0			
Chore (Hours)				0			
Home Modification (Hours)				0			
Incontinence Supplies (1 case)				0			
Legal Services (Hours)				0			
Medication Management (1 contact)				0			
Nutrition, Meals (1 meal)				0			
Nutrition, Supplements (1 meal)				0			
Other (1 item)	12,694	1,294	4,564	18,552	39		1914
Personal Care (1 hour)				0			
Shopping (1 round trip)				0			
Transportation, Assisted (1 one-way trip)				0			
Transportation (1 one-way trip)				0			
Volunteer Services (1 volunteer service hour)				0		Unduplicated CGs Served	
TOTAL	12,694	1,294	4,564	18,552	39		1,914
STAFFING	1136	0	0	1,136			
TOTAL SUPP. SERVICES	13,830	1,294	4,564	19,688			
TOTAL	16,420	1,294	4,564	22,278	0	0	2045

SC FAMILY CAREGIVER SUPPORT PROGRAM: DATA REPORT **Region: Trident**

July 1, 2012 - Dec 31, 2012	CAREGIVERS OF OLDER ADULTS						
	III-E Expenditures	Program Income	Other Funding	TOTAL EXPENDITURES	People Served		Units Provided
I Information (To Groups)							
Community / Public Education	1,274			1,274	692		
Participation in Community Events				0			
Publicity Campaign				0			
Resource Development				0		Unduplicated CGs Served	
TOTAL	1,274	0	0	1,274	692		0
STAFFING	1,789			1,789			
TOTAL INFO TO GROUPS	**3,063**	**0**	**0**	3,063			
II Assistance							
Assessment / Screening				0	5		5
Assessment / Screening -Home	995			995	77		79
Care Coordination				0	89		194
Follow-Up / Evaluation				0			
Information & Assistance				0		Unduplicated CGs Served	
TOTAL	995	0	0	995	171		278
STAFFING	8,050			8,050			
TOTAL ASSISTANCE	9,045	0	0	9,045			
III Counseling							
Group Counseling (Sessions)				0			
Individual Counseling				0		Unduplicated CGs Served	
TOTAL	0	0	0	0	0		0
Support Groups							
Support Group (Sessions)				0	39		138
Individual Support				0	1	Unduplicated CGs Served	2
TOTAL	0	0	0	0	40		140
Training							
Group Training	1054			1,054	46		
Individual Training				0		Unduplicated CGs Served	
TOTAL	1054	0	0	1,054	46		0
STAFFING for CST	4048			4,048			
TOTAL FOR CST	5102	0	0	5,102			

SC FAMILY CAREGIVER SUPPORT PROGRAM: DATA REPORT **Region: Trident**

July 1, 2012 - Dec 31, 2012	CAREGIVERS OF OLDER ADULTS						
	III-E Expenditures	Program Income	Other Funding	TOTAL EXPENDITURES	People Served		Units Provided
IV Respite							
Adult Day Care (Hours)	2,385			2,385	3		273
Emergency Respite (Hours)	0			0			
Group Respite (Hours)	2,215			2,215	7		288
In-Home Respite (Hours)	23,592			23,592	36		1344
Facility Respite (Hours)	5,245			5,245	4	Unduplicated CGs Served	816
TOTAL	33,437	0	0	33,437	50		2,721
STAFFING	5840		0	5,840			
TOTAL RESPITE	39,277	0	0	39,277			
V Supplemental Services							
Assistive Technology (Piece of equipment)				0			
Chore (Hours)				0			
Emergency Response (1 installation or 1 month)	382			382	2		2
Home Health (1 hour)				0			
Homemaker/Housekeeping (1 hour)				0			
Home Modification (Hours)				0			
Chore (Hours)				0			
Home Modification (Hours)	1,436			1,436	2		2
Incontinence Supplies (1 case)	2,570			2,570	11		97
Legal Services (Hours)				0			
Medication Management (1 contact)				0			
Nutrition, Meals (1 meal)				0			
Nutrition, Supplements (1 meal)	553			553	1		13
Other (1 item)	2,560			2,560	8		74
Personal Care (1 hour)				0			
Shopping (1 round trip)				0			
Transportation, Assisted (1 one-way trip)				0			
Transportation (1 one-way trip)				0			
Volunteer Services (1 volunteer service hour)				0		Unduplicated CGs Served	
TOTAL	7,501	0	0	7,501	22		186
STAFFING	1136			1,136			
TOTAL SUPP. SERVICES	8,637	0	0	8,637			
TOTAL	65,124	0	0	65,124	0	0	3325

APPENDIX H

REGION: TRIDENT — AREA AGENCY ON AGING COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2013 - 2014 Page 1

LINE ITEM	100% AAA Budget	III- B &C Planning & Admin. 75/25	III-B Program Development 85/5/10	AAA Direct HCBS Services (See Note) 85/5/10	III-B I, R & A 85/5/10	III-B Ombudsman 85/5/10	VII Ombudsman 100	VII Elder Abuse 100	State Ombudsman Funds 100	III-E Planning & Admin 75/25	III-E I, R & A 88.24/11.76	III-E Services Staff 88.24/11.76	III-E Caregiver Services 100
Personnel Salaries	$369,980	$82,566	$18,356	$15,319	$36,672	$61,889	$19,333	$5,213	$14,789	$29,004	$0	$46,888	$0
Fringe Benefits	$79,325	$29,581	$0	$4,676	$7,354	$12,411	$3,877	$1,045	$2,966	$0	$0	$9,403	$0
Contractual	$164,284	$15,472	$0	$2,448	$3,849	$6,495	$2,029	$547	$1,553	$0	$0	$4,921	$122,778
Travel	$28,000	$10,442	$0	$1,650	$2,596	$4,381	$1,368	$369	$1,047	$0	$0	$3,319	$0
Equipment	$8,500	$3,169	$0	$500	$788	$1,330	$416	$112	$318	$0	$0	$1,008	$0
Supplies	$6,500	$2,422	$0	$383	$603	$1,017	$318	$86	$243	$0	$0	$771	$0
Indirect Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Allocated Costs	$138,483	$51,619	$0	$8,167	$12,843	$21,673	$6,769	$1,825	$5,178	$0	$0	$16,419	$0
Other Direct Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL OPERATING BUDGET	$795,072	$195,271	$18,356	$33,143	$64,705	$109,196	$34,110	$9,197	$26,094	$29,004	$0	$82,729	$122,778
LESS: In-kind Above Match	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
LESS: Local Cash Above Match	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
TOTAL AREA PLAN BUDGET: LGOA	$795,072	$195,271	$18,356	$33,143	$64,705	$109,196	$34,110	$9,197	$26,094	$29,004	$0	$82,729	$122,778
COMPUTATION OF GRANT													
APPROVED AREA PLAN BUDGET	$795,072	$195,271	$18,356	$33,143	$64,705	$109,196	$34,110	$9,197	$26,094	$29,004	$0	$82,729	$122,778
LESS: State 5%Match	$11,270		$918	$1,657	$3,235	$5,460							
LESS: Required Grantee Match	$91,491	$48,818	$1,836	$3,314	$6,471	$10,920				$7,251	$0	$9,729	
Federal Share	$666,217	$146,453	$15,603	$28,172	$54,999	$92,817	$34,110	$9,197		$21,753	$0	$73,000	$122,778
BREAKOUT OF LOCAL MATCH (L19	$91,491	$48,818	$1,836	$3,314	$6,471	$10,920				$7,251	$0	$9,729	
Local Cash Match Resources	$25,000	$25,000	$0	$0	$0	$0				$0	$0	$0	$0
Local In-kind Match Resources	$55,572	$23,818	$1,836	$3,314	$6,471	$0				$7,251	$0	$9,729	$0
State Funds Used as Local Match	$10,920			$0		$10,920							
Total Local Match (Must = Line 25)	$84,241	$48,818	$1,836	$3,314	$6,471	$10,920					$0	$9,729	$0

FRINGE RATE AS % OF SALARIES: 21.44% — INDIRECT COST AS % OF FUNDED PERSONNEL: 0.00%

AAA COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2013 - 2014 Page 2

I-CARE SHIP 100	Senior Medicare Patrol 75/25	SMP Expansion 100	III B and C P&A and PD	III-B and III-E Information Referral and Assistance	AAA Direct HCBS Services (See Note) 85/5/10	III-B, VII and State Ombudsman	III-E P&A, Staff and FC Supports	I-CARE (SHIP), MIPPA and SMP	TOTAL AAA BUDGET	LINE ITEM
$31,386	$6,065	2500	$100,922	$36,672	$15,319	$101,224	$75,892	$39,951	$369,980	Personnel Salaries
$6,294	$1,718	0	$29,581	$7,354	$4,676	$20,299	$75,892	$8,012	$145,814	Fringe Benefits
$3,294	$898	0	$15,472	$3,849	$2,448	$10,624	$9,403	$4,192	$45,988	Contractual
$2,222	$606	0	$10,442	$2,596	$1,650	$7,165	$127,699	$2,828	$152,380	Travel
$675	$184	0	$3,169	$788	$500	$2,176	$3,319	$859	$10,811	Equipment
$516	$141	0	$2,422	$603	$383	$1,664	$1,008	$657	$6,737	Supplies
$0	$0	0	$0	$0	$0	$0	$771	$0	$771	Indirect Costs
$10,990	$3,000	0	$51,619	$12,843	$8,167	$35,445	$0	$13,990	$122,064	Allocated Costs
$0	$0	0	$0	$0	$0	$0	$16,419	$0	$16,419	Other Direct Costs
$55,377	$12,612	$2,500	$213,627	$64,705	$33,143	$178,597	$310,403	$70,489	$870,964	TOTAL OPERATING BUDGET
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	LESS: In-kind Above Match
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	LESS: Local Cash Above Match
$55,377	$12,612	$2,500	$213,627	$64,705	$33,143	$178,597	$310,403	$70,489	$870,964	TOTAL AREA PLAN BUDGET: LGOA

COMPUTATION OF GRANT		
$55,377	$12,612	$2,500
	$3,153	
$55,377	$9,459	$2,500
	$3,153	
	$0	
	$3,153	
	$3,153	

NOTE: Legal Assistance, Med Management,Case Management, Minor Home Repair, and Consumer Directed HCBS

Use this space to breakout the home and community-based services delivered through the AAA that are budgeted in column E. If using State HCBS funded services for match, enter the amount of state funds on the appropriate services lines. If using In-kind or local cash for match, enter the total on line 28 in the appropriate column.

Services	III-B	III-D	5% Match	10% Match	Total Title III	State Funds
Legal Assistance	$0		$0	$0	**$0**	
Medication Management		$5,764	$339	$678	**$6,781**	
Case Management	$22,405		$1,318	$2,636	**$26,359**	$0
Minor Home Repair	$0		$0	$0	**$0**	$0
Consumer Directed HCBS	$0		$0	$0	**$0**	$0
85% Federal	**$22,405**	**$5,764**				TOTAL STATE
5% Match	**$1,318**	**$339**				

NARRATIVE JUSTIFICATION OF AAA/ADRC OPERATING BUDGET

The Trident Area Agency on Aging's Operating Budget was approved by the Board of Directors and includes only the allowable costs per the allocation. To properly fund and staff the AAA, the total budget exceeds $795,072.

SALARIES - $369,980

Personnel salaries include ten full-time and one part-time staff of TAAA/ADRC.

FRINGE BENEFITS – $ 79,325
Fringe benefits are approximately 21.44% of direct salaries. The fringe benefits include the following: FICA, Medicare, health insurance, dental insurance, group life insurance, retirement, and annual leave, sick leave and holidays.

CONTRACTUAL - $164,284

- $122,778 – Family Caregiver Service Dollars
- $ 4,000 – Copier Lease
- $ 8,300 – Computer Support
- $ 21,710 – Audit/CPA Support
- $ 7,496 - Janitorial, Security and Pest Control

TRAVEL - $ 28,000
Trident AAA reimburses staff and volunteers/interns $ .565 per mile for the use of their personal vehicle to conduct agency business. Each meeting in Columbia costs the AAA approximately $140.00

Director:	2 scheduled meetings in Columbia per month - $ 3,360 per year SE4A Conference and one national conference - $ 2,400 per year QA/TA visits to Contractors - $ 900.00 per year PSA Directors Meetings - $ 600.00 per year Travel for Special Training/Community Events/Presentations - $ 300.00 per year Quarterly Menu Review Meeting - $ 400 per year
Finance Manager:	QA/TA visits to Contractors - $ 800.00 per year
Three Ombudsmen:	Investigations/Friendly Visits to Facilities - $ 10,800 per year Scheduled Meetings in Columbia - $ 1,680 per year Travel for Special Training/Community Events - $ 300.00 per year Training Conference – $1,000
SHIP Coordinator:	Regional Trainings/Community Events/Meetings - $ 1,000 per year
FC Advocate:	Travel for Special Training/Community Events/Networking Meetings - $2,660 per year

I&R/A Specialist: Travel for Special Training/Community Events/Presentations/Networking Meetings - $1,600.00 per year

Other: Reimbursement to interns and volunteer for travel - $ 200.00 per year

EQUIPMENT - $8,500
Equipment cost includes purchase and the cost of maintenance for all computers and office equipment.

SUPPLIES - $6,500
Supplies cost includes purchase of office supplies for year.

OTHER ALLOCATED COSTS - $138,483
Costs include phone, postage, rent, printing, advertising, membership dues (NCOA, SC4A, SE4A, SCANPO and n4a), subscriptions, liability insurance, Directors and Officers insurance, registration, and special training (Board, Advisory Council and contractors).

NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)	(TRIDENT) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13/14										Page 1
	IN-HOME & COMMUNITY-BASED SERVICES									NUTRITION SERVICES	
	Transportation	Chore or House-keeping	Homemaker with Some Personal Care	Home Living Support	Legal Assistance	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Case Manage-ment	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals
CONTRACTED UNITS	159,725	7,099	1,518	0	131	2,800	4,826	655	N/A	61,468	156,435
Title III Federal B, C	$132,041	$76,164	$0	$0	$7,808	$55,000	$0	$22,405	$293,418	$296,891	$554,249
Title III Federal E	$0	$0	$0	$0	$0	$0	$122,778	$0	$122,778	$0	$0
State 5% Match B and C	$7,767	$4,480	$0	$0	$459	$3,235	$0	$1,318	$17,260	$17,464	$32,603
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$15,535	$8,960	$0	$0	$919	$6,471	$0	$2,636	$34,521	$34,928	$65,206
Total Local Match	$15,535	$8,960	$0	$0	$919	$6,471	$0	$2,636	$34,521	$34,928	$65,206
ACE-Bingo	$0	$28,948	$27,964	$0	$0	$0	$0	$0	$56,912	$0	$0
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$187,483
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$10,000	$0	$10,000	$0	$0
GRI for Title III (Estimate)	$5,000	$3,700	$0	$0	$0	$0	$0	$0	$8,700	$19,600	$21,300
Total Contracted Funds	$160,343	$122,252	$27,964	$0	$9,186	$64,706	$132,778	$26,359	$543,589	$368,883	$860,841
Contracted Rate	$1.0039	$17.2211	$18.4216	0	$70.12	$23.1094	$27.5131	$40.2427	N/A	$6.0012	$5.5029
NOTE: Contracted rate includes Local Match											
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE											
Net Contracted (AIM) Rate	$1.0039	$17.2211	$18.4216	0	$70.12	$23.1094	$27.5131	$40.2427	NA	$6.0012	$5.5029
AIM Units: ACE-BINGO	0	1,681	1,518	0		0	0	0		0	0
AIM Units:State H&CB Svs	0	0	0	0		0	0	0		0	0
AIM Units: State Cost Share/GRI	0	0	0	0			363	0		0	0
NSIP Share of Meal Unit Cost										$0.0000	$1.1985
AIM Title III Meal Rate										$6.0012	$4.3044
AIM Units: Title III GRI (Estimate)	4,981	215	0	0			0	0		3,266	4,948
AIM Units:Title III (F+S+L)	154,745	5,203	0	0	131	2,800	4,463	655		58,202	151,487
TOTAL CONTRACT UNITS	159,725	7,099	1,518	0	131	2,800	4,826	655	N/A	61,468	156,435
NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income											
Total of All Other Resources by Service	$68,000	$225,300	$0	$0	$0	$0	$0	$0	NA	$96,345	$308,797
Total of Units Served with those Other Resources	0	1,237	0	0	0	0	0	0	NA	4,495	12,474
TOTAL SERVICE BUDGET	$228,343	$347,552	$27,964	$0	$9,186	$64,706	$132,778	$26,359	N/A	$465,228	$1,169,638
Total Unit Cost	$1.4296	$41.6928	$18.4216	$0	$70.1280	$23.1095	$27.5131	$40.2428	NA	$7.0529	$6.9247

(TRIDENT) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13										Page 2
	PREVENTION AND WELLNESS SERVICES							INSURANCE COUNSELING		TOTALS
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE SHIP and MIPPA	All Sources (Both Pages)
CONTRACTED UNITS	0	0	8,650	0	0	0	N/A	950	3,372	N/A
Title III Federal D, SMP, I-CARE	$0	$0	$25,774	$0	$0	$5,764	$31,538	$9,459	$44,592	$1,230,147
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$122,778
State 5% Match D	$0	$0	$1,516	$0	$0	$339	$1,855	$0	$0	$69,182
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$0	$0	$3,032	$0	$0	$678	$3,710	$3,153	$0	$141,518
Total Local Match	$0	$0	$3,032	$0	$0	$678	$3,710	$3,153	$0	$141,518
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$56,912
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$187,483
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$10,000
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$49,600
Total Contracted Funds	$0	$0	$30,322	$0	$0	$6,781	$37,103	$12,612	$44,592	$1,867,620
Contracted Rate	0	0	$3.5054	0	0	0	N/A	$13.2758	$13.2242	N/A
NOTE: Contracted rate Includes Local Match										
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE										
Net Contracted (AIM) Rate	0	0	$3.5054	0	0	0	NA	$13.2758	$13.2242	NA
AIM Units: ACE-BINGO		0			0					
AIM Units:State H&CB Svs		0			0					
AIM Units: State Cost Share/GRI		0			0					
NSIP Share of Meal Unit Cost										
AIM Title III Meal Rate										
AIM Units: Title III GRI (Estimate)	0	0	0	0	0					
AIM Units:Title III (F+S+L)	0	0	8,650	0	0	0				
TOTAL CONTRACT UNITS	0	0	8,650	0	0	0	N/A	950	3,372	N/A
	NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees									
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA
Total of Units Served with those Other Resources	0	0	0	0	0	0	NA	0	0	NA
TOTAL SERVICE BUDGET	$0	$0	$30,322	$0	$0	$0	NA	$12,612	$44,592	NA
Total Unit Cost	$0	$0	$3.5054	$0	$0	$0	NA	$13.2758	$13.2242	NA

NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)	(Berkeley) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13/14										Page 1
	IN-HOME & COMMUNITY-BASED SERVICES									NUTRITION SERVICES	
	Transportation	Chore or House-keeping	Homemaker with Some Personal Care	Home Living Support	Legal Assistance	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Case Manage-ment	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals
CONTRACTED UNITS	46,300	3,229	0	0	0	0	0	0	N/A	20,940	36,040
Title III Federal B, C	$37,350	$32,836	$0	$0	$0	$0	$0	$0	$70,186	$95,336	$116,204
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match B and C	$2,197	$1,932	$0	$0	$0	$0	$0	$0	$4,129	$5,608	$6,836
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$4,394	$3,863	$0	$0	$0	$0	$0	$0	$8,257	$11,216	$13,671
Total Local Match	$4,394	$3,863	$0	$0	$0	$0	$0	$0	$8,257	$11,216	$13,671
ACE-Bingo	$0	$15,471	$0	$0	$0	$0	$0	$0	$15,471	$0	$0
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$50,620
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$2,500	$1,500	$0	$0	$0	$0	$0	$0	$4,000	$13,500	$11,000
Total Contracted Funds	$46,441	$55,602	$0	$0	$0	$0	$0	$0	$102,043	$125,660	$198,331
Contracted Rate	$1.0030	$17.2194	0	0	$0.00	0	0	0	N/A	$6.0010	$5.5031
NOTE: Contracted rate Includes Local Match											
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE											
Net Contracted (AIM) Rate	$1.0030	$17.2194	0	0	$0.00	0	0	0	NA	$6.0010	$5.5031
AIM Units: ACE-BINGO		898	0	0		0	0	0			0
AIM Units:State H&CB Svs	0	0	0	0		0	0	0			0
AIM Units: State Cost Share/GRI	0	0	0	0			0	0			0
NSIP Share of Meal Unit Cost										$0.0000	$1.4046
AIM Title III Meal Rate										$6.0010	$4.0985
AIM Units: Title III GRI (Estimate)	2,492	87	0	0			0	0		2,250	2,684
AIM Units:Title III (F+S+L)	43,808	2,243	0	0	0	0	0	0		18,690	33,356
TOTAL CONTRACT UNITS	46,300	3,229	0	0	0	0	0	0	N/A	20,940	36,040
NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income											
Total of All Other Resources by Service	$38,000	$106,000	$0	$0	$0	$0	$0	$0	NA	$38,000	$95,500
Total of Units Served with those Other Resources	0	1,237	0	0	0	0	0	0	NA	4,250	6,102
TOTAL SERVICE BUDGET	$84,441	$161,602	$0	$0	$0	$0	$0	$0	N/A	$163,660	$293,831
Total Unit Cost	$1.8238	$36.1848	$0	$0	$0	$0	$0	$0	NA	$6.4970	$6.9724

(Berkeley) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13										Page 2
	PREVENTION AND WELLNESS SERVICES							INSURANCE COUNSELING		TOTALS
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE SHIP and MIPPA	All Sources (Both Pages)
CONTRACTED UNITS	0	0	0	0	0	0	N/A	0	0	N/A
Title III Federal D, SMP, I-CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$281,726
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match D	$0	$0	$0	$0	$0	$0	$0	$0	$0	$16,572
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$33,144
Total Local Match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$33,144
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$15,471
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$50,620
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$28,500
Total Contracted Funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$426,033
Contracted Rate	$0	$0	$0	$0	$0	$0	N/A	$0	$0	N/A
NOTE: Contracted rate Includes Local Match										
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE										
Net Contracted (AIM) Rate	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	NA	$0.0000	$0.0000	NA
AIM Units: ACE-BINGO		0			0					
AIM Units:State H&CB Svs		0			0					
AIM Units: State Cost Share/GRI		0			0					
NSIP Share of Meal Unit Cost										
AIM Title III Meal Rate										
AIM Units: Title III GRI (Estimate)	0	0	0	0	0					
AIM Units:Title III (F+S+L)	0	0	0	0	0	0				
TOTAL CONTRACT UNITS	0	0	0	0	0	0	N/A	0	0	N/A
NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees										
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA
Total of Units Served with those Other Resources	0	0	0	0	0	0	NA	0	0	NA
TOTAL SERVICE BUDGET	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA
Total Unit Cost	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA

NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)	(CASC) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13/14										Page 1
	IN-HOME & COMMUNITY-BASED SERVICES									NUTRITION SERVICES	
	Transportation	Chore or House-keeping	Homemaker with Some Personal Care	Home Living Support	Legal Assistance	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Case Manage-ment	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals
CONTRACTED UNITS	15,625	0	0	0	0	0	0	0	N/A	7,970	74,610
Title III Federal B, C	$13,339	$0	$0	$0	$0	$0	$0	$0	$13,339	$38,125	$291,484
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match B and C	$785	$0	$0	$0	$0	$0	$0	$0	$785	$2,243	$17,146
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$1,569	$0	$0	$0	$0	$0	$0	$0	$1,569	$4,485	$34,292
Total Local Match	$1,569	$0	$0	$0	$0	$0	$0	$0	$1,569	$4,485	$34,292
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$63,744
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$3,000	$4,000
Total Contracted Funds	$15,693	$0	$0	$0	$0	$0	$0	$0	$15,693	$47,853	$410,666
Contracted Rate	$1.0043	$0	$0	$0	$0	$0	$0	$0	N/A	$6.0041	$5.5042
NOTE: Contracted rate Includes Local Match											
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE											
Net Contracted (AIM) Rate	$1.0043	$0	$0	$0	$0	$0	$0	$0	NA	$6.0041	$5.5042
AIM Units: ACE-BINGO		0	0	0		0	0	0			0
AIM Units:State H&CB Svs	0	0	0	0		0	0	0			0
AIM Units: State Cost Share/GRI	0	0	0	0			0	0			0
NSIP Share of Meal Unit Cost										$0.0000	$0.8544
AIM Title III Meal Rate										$6.0041	$4.6498
AIM Units: Title III GRI (Estimate)	0	0	0	0			0	0		500	860
AIM Units:Title III (F+S+L)	15,625	0	0	0	0	0	0	0		7,470	73,750
TOTAL CONTRACT UNITS	15,625	0	0	0	0	0	0	0	N/A	7,970	74,610
NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income											
Total of All Other Resources by Service	$5,000	$0	$0	$0	$0	$0	$0	$0	NA	$23,545	$94,797
Total of Units Served with those Other Resources	0	0	0	0	0	0	0	0	NA	245	6,372
TOTAL SERVICE BUDGET	$20,693	$0	$0	$0	$0	$0	$0	$0	N/A	$71,398	$505,463
Total Unit Cost	$1.3243	$0	$0	$0	$0	$0	$0	$0	NA	$8.6911	$6.2417

(CASC) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13										Page 2
	PREVENTION AND WELLNESS SERVICES							INSURANCE COUNSELING		TOTALS
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE SHIP and MIPPA	All Sources (Both Pages)
CONTRACTED UNITS	0	0	0	0	0	0	N/A	0	0	N/A
Title III Federal D, SMP, I-CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$342,948
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match D	$0	$0	$0	$0	$0	$0	$0	$0	$0	$20,173
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$40,346
Total Local Match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$40,347
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$63,744
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$7,000
Total Contracted Funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$474,211
Contracted Rate	$0	$0	$0	$0	$0	$0	N/A	$0	$0	N/A
NOTE: Contracted rate Includes Local Match										
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE										
Net Contracted (AIM) Rate	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	NA	$0.0000	$0.0000	NA
AIM Units: ACE-BINGO		0			0					
AIM Units:State H&CB Svs		0			0					
AIM Units: State Cost Share/GRI		0			0					
NSIP Share of Meal Unit Cost										
AIM Title III Meal Rate										
AIM Units: Title III GRI (Estimate)	0	0	0	0	0					
AIM Units:Title III (F+S+L)	0	0	0	0	0	0				
TOTAL CONTRACT UNITS	0	0	0	0	0	0	N/A	0	0	N/A
NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees										
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA
Total of Units Served with those Other Resources	0	0	0	0	0	0	NA	0	0	NA
TOTAL SERVICE BUDGET	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA
Total Unit Cost	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA

	(Dorchester) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13/14										Page 1
	IN-HOME & COMMUNITY-BASED SERVICES									NUTRITION SERVICES	
	Transportation	Chore or House-keeping	Homemaker with Some Personal Care	Home Living Support	Legal Assistance	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Case Manage-ment	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals
CONTRACTED UNITS	60,500	3,870	0	0	0	0	0	0	N/A	17,435	30,685
Title III Federal B, C	$50,461	$43,328	$0	$0	$0	$0	$0	$0	$93,789	$87,230	$94,423
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match B and C	$2,968	$2,549	$0	$0	$0	$0	$0	$0	$5,517	$5,131	$5,554
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$5,937	$5,097	$0	$0	$0	$0	$0	$0	$11,034	$10,262	$11,109
Total Local Match	$5,937	$5,097	$0	$0	$0	$0	$0	$0	$11,034	$10,262	$11,109
ACE-Bingo	$0	$13,477	$0	$0	$0	$0	$0	$0	$13,477	$0	$0
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$52,495
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$1,400	$2,200	$0	$0	$0	$0	$0	$0	$3,600	$2,000	$5,200
Total Contracted Funds	$60,766	$66,651	$0	$0	$0	$0	$0	$0	$127,417	$104,623	$168,781
Contracted Rate	$1.0044	$17.2224	$0	$0	$0	$0	$0	$0	N/A	$6.0008	$5.5004
NOTE: Contracted rate Includes Local Match											
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE											
Net Contracted (AIM) Rate	$1.0044	$17.2224	$0	$0	$0	$0	$0	$0	NA	$6.0008	$5.5004
AIM Units: ACE-BINGO	0	783	0	0		0	0	0			0
AIM Units:State H&CB Svs	0	0	0	0		0	0	0			0
AIM Units: State Cost Share/GRI	0	0	0	0			0	0			0
NSIP Share of Meal Unit Cost										$0.0000	$1.7108
AIM Title III Meal Rate										$6.0008	$3.7897
AIM Units: Title III GRI (Estimate)	1,394	128	0	0			0	0		333	1,372
AIM Units:Title III (F+S+L)	59,106	2,960	0	0	0	0	0	0		17,102	29,313
TOTAL CONTRACT UNITS	60,500	3,870	0	0	0	0	0	0	N/A	17,435	30,685
NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income											
Total of All Other Resources by Service	$25,000	$119,300	$0	$0	$0	$0	$0	$0	NA	$31,000	$112,700
Total of Units Served with those Other Resources	0	0	0	0	0	0	0	0	NA	0	0
TOTAL SERVICE BUDGET	$85,766	$185,951	$0	$0	$0	$0	$0	$0	N/A	$135,623	$281,481
Total Unit Cost	$1.4176	$48.0490	$0	$0	$0	$0	$0	$0	NA	$7.7788	$9.1733

(Dorchester) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13										Page 2
	PREVENTION AND WELLNESS SERVICES							INSURANCE COUNSELING		TOTALS
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE SHIP and MIPPA	All Sources (Both Pages)
CONTRACTED UNITS	0	0	0	0	0	0	N/A	0	0	N/A
Title III Federal D, SMP, I-CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$275,442
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match D	$0	$0	$0	$0	$0	$0	$0	$0	$0	$16,202
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$32,405
Total Local Match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$32,405
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$13,477
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$52,495
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$10,800
Total Contracted Funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$400,821
Contracted Rate	$0	$0	$0	$0	$0	$0	N/A	$0	$0	N/A
NOTE: Contracted rate Includes Local Match										
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE										
Net Contracted (AIM) Rate	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	NA	$0.0000	$0.0000	NA
AIM Units: ACE-BINGO		0			0					
AIM Units:State H&CB Svs		0			0					
AIM Units: State Cost Share/GRI		0			0					
NSIP Share of Meal Unit Cost										
AIM Title III Meal Rate										
AIM Units: Title III GRI (Estimate)	0	0	0	0	0					
AIM Units:Title III (F+S+L)	0	0	0	0	0	0				
TOTAL CONTRACT UNITS	0	0	0	0	0	0	N/A	0	0	N/A
NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees										
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	N/A	$0	$0	N/A
Total of Units Served with those Other Resources	0	0	0	0	0	0	N/A	0	0	N/A
TOTAL SERVICE BUDGET	$0	$0	$0	$0	$0	$0	N/A	$0	$0	N/A
Total Unit Cost	$0	$0	$0	$0	$0	$0	N/A	$0.0000	$0.0000	N/A

NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)	(AAA) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13/14										Page 1
	IN-HOME & COMMUNITY-BASED SERVICES									NUTRITION SERVICES	
	Transportation	Chore or House-keeping	Homemaker with Some Personal Care	Home Living Support	Legal Assistance	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Case Manage-ment	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals
CONTRACTED UNITS	0	0	1,518	0	131	2,800	4,826	655	N/A	0	0
Title III Federal B, C	$0	$0	$0	$0	$7,808	$55,000	$0	$22,405	$85,213	$0	$0
Title III Federal E	$0	$0	$0	$0	$0	$0	$122,778	$0	$122,778	$0	$0
State 5% Match B and C	$0	$0	$0	$0	$459	$3,235	$0	$1,318	$5,013	$0	$0
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$0	$0	$0	$0	$919	$6,471	$0	$2,636	$10,026	$0	$0
Total Local Match	$0	$0	$0	$0	$919	$6,471	$0	$2,636	$10,025	$0	$0
ACE-Bingo	$0	$0	$27,964	$0	$0	$0	$0	$0	$27,964	$0	$0
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$10,000	$0	$10,000	$0	$0
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Contracted Funds	$0	$0	$27,964	$0	$9,186	$64,706	$132,778	$26,359	$260,994	$0	$0
Contracted Rate	$0	$0	$18.4216	$0	$70.12	$23.1094	$27.5131	$40.2427	N/A	$0	$0
NOTE: Contracted rate Includes Local Match											
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE											
Net Contracted (AIM) Rate	$0.0000	$0.0000	$18.4216	$0.0000	$70.12	$23.1094	$27.5131	$40.2427	NA	$0	$0
AIM Units: ACE-BINGO		0	1,518	0		0	0	0			0
AIM Units:State H&CB Svs	0	0	0	0		0	0	0			0
AIM Units: State Cost Share/GRI	0	0	0	0			363	0			0
NSIP Share of Meal Unit Cost										$0	$0
AIM Title III Meal Rate										$0	$0
AIM Units: Title III GRI (Estimate)	0	0	0	0			0	0		0	0
AIM Units:Title III (F+S+L)	0	0	0	0	131	2,800	4,463	655		0	0
TOTAL CONTRACT UNITS	0	0	1,518	0	131	2,800	4,826	655	N/A	0	0
NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income											
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	$0	$0	NA	$0	$0
Total of Units Served with those Other Resources	0	0	0	0	0	0	0	0	NA	0	0
TOTAL SERVICE BUDGET	$0	$0	$27,964	$0	$9,186	$64,706	$132,778	$26,359	N/A	$0	$0
Total Unit Cost	$0	$0	$18.4216	$0	$70.1280	$23.1095	$27.5131	$40.2428	NA	$0	$0

(AAA) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13										Page 2
	PREVENTION AND WELLNESS SERVICES							INSURANCE COUNSELING		TOTALS
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE SHIP and MIPPA	All Sources (Both Pages)
CONTRACTED UNITS	0	0	0	0	0	0	N/A	950	3,372	N/A
Title III Federal D, SMP, I-CARE	$0	$0	$0	$0	$0	$5,764	$5,764	$9,459	$44,592	$145,028
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$122,778
State 5% Match D	$0	$0	$0	$0	$0	$339	$339	$0	$0	$5,352
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$0	$0	$0	$0	$0	$678	$678	$3,153	$0	$13,857
Total Local Match	$0	$0	$0	$0	$0	$678	$678	$3,153	$0	$13,856
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$27,964
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$10,000
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Contracted Funds	$0	$0	$0	$0	$0	$6,781	$6,781	$12,612	$44,592	$324,979
Contracted Rate	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	N/A	$13.2758	$13.2242	N/A
NOTE: Contracted rate Includes Local Match										
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE										
Net Contracted (AIM) Rate	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	NA	$13.2758	$13.2242	NA
AIM Units: ACE-BINGO		0			0					
AIM Units:State H&CB Svs		0			0					
AIM Units: State Cost Share/GRI		0			0					
NSIP Share of Meal Unit Cost										
AIM Title III Meal Rate										
AIM Units: Title III GRI (Estimate)	0	0	0	0	0					
AIM Units:Title III (F+S+L)	0	0	0	0	0	0				
TOTAL CONTRACT UNITS	0	0	0	0	0	0	N/A	950	3,372	N/A
	NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees									
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	N/A	$0	$0	NA
Total of Units Served with those Other Resources	0	0	0	0	0	0	N/A	0	0	NA
TOTAL SERVICE BUDGET	$0	$0	$0	$0	$0	$0	N/A	$12,612	$44,592	NA
Total Unit Cost	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	N/A	$13.2758	$13.2242	NA

NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)	(ROPER) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13/14										Page 1
	IN-HOME & COMMUNITY-BASED SERVICES									NUTRITION SERVICES	
	Transportation	Chore or House-keeping	Homemaker with Some Personal Care	Home Living Support	Legal Assistance	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Case Manage-ment	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals
CONTRACTED UNITS	0	0	0	0	0	0	0	0	N/A	0	0
Title III Federal B, C	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match B and C	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Local Match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Contracted Funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Contracted Rate	$0	$0	$0	$0	$0	$0	$0	$0	N/A	$0	$0
NOTE: Contracted rate Includes Local Match											
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE											
Net Contracted (AIM) Rate	$0	$0	$0	$0	$0	$0	$0	$0	NA	$0.0000	$0.0000
AIM Units: ACE-BINGO		0	0	0		0	0	0			0
AIM Units:State H&CB Svs	0	0	0	0		0	0	0			0
AIM Units: State Cost Share/GRI	0	0	0	0			0	0		0	0
NSIP Share of Meal Unit Cost										$0	$0
AIM Title III Meal Rate										$0	$0
AIM Units: Title III GRI (Estimate)	0	0	0	0			0	0		0	0
AIM Units:Title III (F+S+L)	0	0	0	0	0	0	0	0		0	0
TOTAL CONTRACT UNITS	0	0	0	0	0	0	0	0	N/A	0	0
NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income											
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	$0	$0	NA	$0	$0
Total of Units Served with those Other Resources	0	0	0	0	0	0	0	0	NA	0	0
TOTAL SERVICE BUDGET	$0	$0	$0	$0	$0	$0	$0	$0	N/A	$0	$0
Total Unit Cost	$0	$0	$0	$0	$0	$0	$0	$0	NA	$0	$0

(ROPER) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13										Page 2
	PREVENTION AND WELLNESS SERVICES							INSURANCE COUNSELING		TOTALS
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE SHIP and MIPPA	All Sources (Both Pages)
CONTRACTED UNITS	0	0	8,650	0	0	0	N/A	0	0	N/A
Title III Federal D, SMP, I-CARE	$0	$0	$25,774	$0	$0	$0	$25,774	$0	$0	$25,774
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match D	$0	$0	$1,516	$0	$0	$0	$1,516	$0	$0	$1,516
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$0	$0	$3,032	$0	$0	$0	$3,032	$0	$0	$3,032
Total Local Match	$0	$0	$3,032	$0	$0	$0	$3,032	$0	$0	$3,032
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Contracted Funds	$0	$0	$30,322	$0	$0	$0	$30,322	$0	$0	$30,322
Contracted Rate	$0	$0	$4	$0	$0	$0	N/A	$0	$0	N/A
NOTE: Contracted rate Includes Local Match										
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE										
Net Contracted (AIM) Rate	$0.0000	$0.0000	$3.5054	$0.0000	$0.0000	$0.0000	NA	$0.0000	$0.0000	NA
AIM Units: ACE-BINGO		0			0					
AIM Units:State H&CB Svs		0			0					
AIM Units: State Cost Share/GRI		0			0					
NSIP Share of Meal Unit Cost										
AIM Title III Meal Rate										
AIM Units: Title III GRI (Estimate)	0	0	0	0	0					
AIM Units:Title III (F+S+L)	0	0	8,650	0	0	0				
TOTAL CONTRACT UNITS	0	0	8,650	0	0	0	N/A	0	0	N/A
NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees										
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	N/A	$0	$0	NA
Total of Units Served with those Other Resources	0	0	0	0	0	0	N/A	0	0	NA
TOTAL SERVICE BUDGET	$0	$0	$30,322	$0	$0	$0	N/A	$0	$0	NA
Total Unit Cost	$0	$0	$3.5054	$0	$0	$0	N/A	$0	$0	NA

NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)	(South Santee) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13/14 Page 1										
	IN-HOME & COMMUNITY-BASED SERVICES									NUTRITION SERVICES	
	Transportation	Chore or House-keeping	Homemaker with Some Personal Care	Home Living Support	Legal Assistance	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Case Manage-ment	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals
CONTRACTED UNITS	37,300	0	0	0	0	0	0	0	N/A	15,123	15,100
Title III Federal B, C	$30,891	$0	$0	$0	$0	$0	$0	$0	$30,891	$76,200	$52,138
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match B and C	$1,817	$0	$0	$0	$0	$0	$0	$0	$1,817	$4,482	$3,067
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$3,634	$0	$0	$0	$0	$0	$0	$0	$3,634	$8,965	$6,134
Total Local Match	$3,634	$0	$0	$0	$0	$0	$0	$0	$3,634	$8,965	$6,134
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State H&C-B Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$20,624
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$1,100	$0	$0	$0	$0	$0	$0	$0	$1,100	$1,100	$1,100
Total Contracted Funds	$37,442	$0	$0	$0	$0	$0	$0	$0	$37,442	$90,747	$83,063
Contracted Rate	$1.0038	$0	$0	$0	$0	$0	$0	$0	N/A	$6.0006	$5.5009
NOTE: Contracted rate Includes Local Match											
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE											
Net Contracted (AIM) Rate	$1.0038	$0.0000	$0.0000	$0.0000	$0.00	$0.0000	$0.0000	$0.0000	NA	$6.0006	$5.5009
AIM Units: ACE-BINGO		0	0	0		0	0	0			0
AIM Units:State H&CB Svs	0	0	0	0		0	0	0			0
AIM Units: State Cost Share/GRI	0	0	0	0			0	0			0
NSIP Share of Meal Unit Cost										$0.0000	$1.3658
AIM Title III Meal Rate										$6.0006	$4.1350
AIM Units: Title III GRI (Estimate)	1,096	0	0	0			0	0		183	266
AIM Units:Title III (F+S+L)	36,204	0	0	0	0	0	0	0		14,940	14,834
TOTAL CONTRACT UNITS	37,300	0	0	0	0	0	0	0	N/A	15,123	15,100
NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income											
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	$0	$0	NA	$3,800	$5,800
Total of Units Served with those Other Resources	0	0	0	0	0	0	0	0	NA	0	0
TOTAL SERVICE BUDGET	$37,442	$0	$0	$0	$0	$0	$0	$0	N/A	$94,547	$88,863
Total Unit Cost	$1.0038	$0	$0	$0	$0	$0	$0	$0	NA	$6.2519	$5.8850

(South Santee) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13										Page 2
	PREVENTION AND WELLNESS SERVICES							INSURANCE COUNSELING		TOTALS
CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE SHIP and MIPPA	All Sources (Both Pages)
CONTRACTED UNITS	0	0	0	0	0	0	N/A	0	0	N/A
Title III Federal D, SMP, I-CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$159,229
Title III Federal E	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State 5% Match D	$0	$0	$0	$0	$0	$0	$0	$0	$0	$9,366
Local:Cash match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Local:In-kind match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$18,733
Total Local Match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$18,733
ACE-Bingo	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
State H&C-B Services (ACE-CS)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NSIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$20,624
Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GRI for Title III (Estimate)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$3,300
Total Contracted Funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$211,252
Contracted Rate	$0	$0	$0	$0	$0	$0	N/A	$0	$0	N/A
NOTE: Contracted rate Includes Local Match										
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE										
Net Contracted (AIM) Rate	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	$0.0000	NA	$0.0000	$0.0000	NA
AIM Units: ACE-BINGO		0			0					
AIM Units:State H&CB Svs		0			0					
AIM Units: State Cost Share/GRI		0			0					
NSIP Share of Meal Unit Cost										
AIM Title III Meal Rate										
AIM Units: Title III GRI (Estimate)	0	0	0	0	0					
AIM Units:Title III (F+S+L)	0	0	0	0	0	0				
TOTAL CONTRACT UNITS	0	0	0	0	0	0	N/A	0	0	N/A
	NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees									
Total of All Other Resources by Service	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA
Total of Units Served with those Other Resources	0	0	0	0	0	0	NA	0	0	NA
TOTAL SERVICE BUDGET	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA
Total Unit Cost	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA

NAPIS/SPR Region FTE Breakout for SFY14 For Area Plan Budget Spreadsheets Region _TRIDENT_				
AAA Personnel Categories	**TOTAL FTE's**	**MINORITY FTE's**		**Associated Staff Name(s) and (M) for Minority (ex J. Doe (M), B. Smith)**
1. Agency Administration (i.e. COG)	0.00			
2. Other Paid Professional Staff (Other Functional Responsibility)	0.00			
A. Planning	0.00			
B. Development	0.50			Linda Naert
C. Administration	2.00	1.00		Stephanie Blunt (M), Lisa Natividad
D. Service Delivery (Total a-e)	7.10	1.00		
a) Ombudsman Services	2.60			Alice Streetman, Patti Lobik, Kathy Braddock
b) I-CARE Project	1.00	1.00		Angela Edwards (M)
c) Caregiver Program Services	1.00			Johnsie Currin
d) Legal Assistance	0.00			
e) Other Direct Services	2.50			Don Bagwell, Linda Naert, Lauren McNally
E. Access/Care Coordination (Total a-e)	1.00	1.00		
a) Outreach	0.00			
b) Screening	0.00			
c) Assessment	0.00			
d) Case Management	0.00			
e) I&R	1.00	1.00		Lavonia Dixon (M)
F. Other	0.00			
3. Clerical/Support Staff	0.00			
4. Volunteers	0.00			
5. TOTAL STAFF	**10.60**	**13.60**		
Functional Responsibilities:				

A. Planning—Includes needs assessment, plan development, budgeting/resource analysis, service inventories, standards development and policy analysis.	
B. Development—Includes public education, resource development, training and education, research and development and legislative activities.	
C. Administration—Includes bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.	
D. Service Delivery—Includes those activities associated with the direct provision of a service which meets the needs of an individual older person and/or caregiver.	
E. Access/Care Coordination—Include outreach, screening, assessment, case management and I&R.	

REGION: TRIDENT

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Transportation Contracted Funds	Transportation Contracted Units	Transportation Contracted Unit Cost	Chore, Housekeeping Funds	Chore, Housekeeping Units	Chore, Housekeeping Unit Cost	Homemaker limited Pers.Care Funds	Homemaker limited Pers.Care Units	Homemaker limited Pers.Care Unit Cost	Personal Care ltd Med. Asst. Funds	Personal Care ltd Med. Asst. Units	Personal Care ltd Med. Asst. Unit Cost	Home Living Support Funds	Home Living Support Units	Home Living Support Unit Cost
2012-2013	CASC	$36,416	50,100	$0.7269	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014	CASC	$15,693	15,625	$1.0044	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	Berkeley Seniors	$104,688	144,000	$0.7270	$78,265	4,545	$17.2200	$0	0	0	$0	0	0	$0	0	0
2013-2014	Berkeley Seniors	$46,441	46,300	$1.0030	$55,602	3,229	$17.2198	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	Dorchester Seniors	$132,459	182,200	$0.7270	$105,677	6,133	$17.2308	$0	0	0	$0	0	0	$0	0	0
2013-2014	Dorchester Seniors	$60,766	60,500	$1.0044	$66,651	3,870	$17.2226	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	South Santee	$92,539	127,300	$0.7269	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014	South Santee	$37,442	37,300	$1.0038	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	AAA	$0	0	0	$0	0	0	$72,441	3,932	$18.4234	$0	0	0	$0	0	0
2013-2014	AAA	$0	0	0	$0	0	0	$27,964	1,518	$18.4218	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	West Charleston	$20,000	36,000	$0.6656	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014	West Charleston	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	REGIONWIDE	$386,102	539,600	$0.7156	$183,942	10,678	$17.2263	$72,441	3,932	$18.4234	$0	0	0	$0	$0	0
2013-2014	REGIONWIDE	$160,342	159,725	$1.0038	$122,253	7,099	$17.2212	$27,964	1,518	$18.4218	$0	0	0	$0	$0	0
2014-2015	REGIONWIDE															
2015-2016	REGIONWIDE															

REGION: TRIDENT

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Legal Assistance Funds	Legal Assistance Units	Legal Assistance Unit Cost	Adult Day Service Contracted Funds	Adult Day Service Contracted Units	Adult Day Service Contracted Unit Cost	Respite Care Contracted Funds	Respite Care Contracted Units	Respite Care Contracted Unit Cost	I, R and A Contracted Funds	I, R and A Contracted Units	I, R and A Contracted Unit Cost	Care Management Contracted Funds	Care Management Contracted Units	Care Management Contracted Unit Cost
2012-2013	AAA	$14,118	200	$70.6800	$0	0	0	$141,442	4,826	$29.3083	$64,706	2,800	$23.1093	$12,241	305	$40.1344
2013-2014	AAA	$9,186	131	$70.1221	$0	0	0	$132,778	4,826	$27.6131	$64,706	2,800	$23.1093	$12,241	305	$40.1344
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	REGIONWIDE	$14,118	200	$70.6800	$0	0	0	$141,442	4,826	$29.3083	$64,706	2,800	$23.1093	$12,241	305	$40.1344
2013-2014	REGIONWIDE	$9,186	131	$70.1221	$0	0	0	$132,778	4,826	$27.6131	$64,706	2,800	$23.1093	$12,241	305	$40.1344
2014-2015	REGIONWIDE															
2015-2016	REGIONWIDE															

REGION: TRIDENT

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Congregate Meals Contracted Funds	Congregate Meals Contracted Units	Congregate Meals Contracted Unit Cost	Home Delivered Meals Contracted Funds	Home Delivered Meals Contracted Units	Home Delivered Meals Contracted Unit Cost	Health Screening Contracted Funds	Health Screening Contracted Units	Health Screening Contracted Unit Cost	Nutrition Risk Assessment Contracted Funds	Nutrition Risk Assessment Contracted Units	Nutrition Risk Assessment Contracted Unit Cost	Health Promotion Contracted Funds	Health Promotion Contracted Units	Health Promotion Contracted Unit Cost
2012-2013	CASC	$60,789	10,125	$6.0038	$318,724	60,660	$5.2543	$0	0	0	$0	0	0	$0	0	0
2013-2014	CASC	$47,853	7,970	$6.0041	$410,666	74,610	$5.5042	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	Berkeley Seniors	$125,660	20,940	$6.0010	$212,793	40,500	$5.2541	$0	0	0	$0	0	0	$0	0	0
2013-2014	Berkeley Seniors	$125,660	20,940	$6.0010	$198,331	36,040	$5.5031	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	Dorchester Seniors	$145,168	24,175	$6.0048	$157,782	30,050	$5.2506	$0	0	0	$0	0	0	$0	0	0
2013-2014	Dorchester Seniors	$104,623	17,435	$6.0007	$168,781	30,685	$5.5004	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	South Santee	$80,939	13,480	$6.0044	$73,643	14,020	$5.2527	$0	0	0	$0	0	0	$0	0	0
2013-2014	South Santee	$90,747	15,123	$6.0008	$83,063	15,100	$5.5008	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	West Charleston	$25,767	4,386	$5.8748	$33,986	6,797	$5.0001	$0	0	0	$0	0	0	$0	0	0
2013-2014	West Charleston	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	Roper	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$30,322	8,650	$3.6064
2013-2014	Roper	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$30,322	8,650	$3.6064
2014-2015																
2015-2016																
2012-2013	REGIONWIDE	$438,323	73,106	$6.0057	$796,928	152,027	$5.2420	$0	0	0	$0	0	0	$30,322	8,650	$3.6064
2013-2014	REGIONWIDE	$368,883	61,468	$6.0012	$860,841	156,435	$5.5028	$0	0	0	$0	0	0	$30,322	8,650	$3.6064
2014-2015	REGIONWIDE															
2015-2016	REGIONWIDE															

REGION: TRIDENT

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Physical Fitness Contracted Funds	Physical Fitness Contracted Units	Physical Fitness Contracted Unit Cost	Home Injury Prevention Contracted Funds	Home Injury Prevention Contracted Units	Home Injury Prevention Contracted Unit Cost	Senior Games Contracted Funds	Senior Games Contracted Units	Senior Games Contracted Unit Cost	Minor Home Repair Contracted State Funds	Minor Home Repair Contracted State Units	Minor Home Repair Contracted Unit Cost	Medication Management Contracted Funds	Medication Management Contracted Units	Medication Management Contracted Unit Cost
2012-2013	AAA	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$6,033	0	0
2013-2014	AAA	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$6,782	0	0
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2013-2014		$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0
2014-2015																
2015-2016																
2012-2013	REGIONWIDE	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$6,033	0	0
2013-2014	REGIONWIDE	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$6,782	0	0
2014-2015	REGIONWIDE															
2015-2016	REGIONWIDE															

SUMMARY OF SERVICE FUNDING, CONTRACTED UNITS and AVERAGE UNIT COST TRIDENT REGION SFY 2013-2014			
SERVICE	**TOTAL AAA FUNDING PER SERVICE**	**TOTAL UNITS FOR REGION**	**REGIONAL AVERAGE UNIT COST**
Transportation	$160,343	159,725	$1.0039
Housekeeping or Chore	$122,252	7,099	$17.2210
Homemaker with Limited Personal Care	$27,964	1,518	$18.4216
Legal Assistance	$9,186	131	$70.1221
Information and Referral Assistance	$64,706	2,800	$23.1093
Care Management	$12,241	305	$40.1344
Group Dining	$368,883	61,468	$6.0012
Home Delivered Meals	$860,841	156,435	$5.5029
Evidence Based Health Promotion Program	$30,322	8,650	$3.5054
Medication Management	$6,781	0	0
I-Care Calls/Contacts	$44,592	3,372	$13.2242
SMP Calls/Contacts	$12,612	950	$13.2758
Caregiver Staff	$82,729	2,200	$37.6041
Caregiver Services	$132,778	4,826	$27.5131
All entries must include both AAA delivered services and contracted services			
NUMBER OF MINORITY PROVIDERS			1
NUMBER OF RURAL PROVIDERS			2
TOTAL NUMBER OF PROVIDERS			5

REGION: TRIDENT

2013-2014 EXPENDITURES AND BUDGET FOR PRIORITY SERVICE CATEGORIES

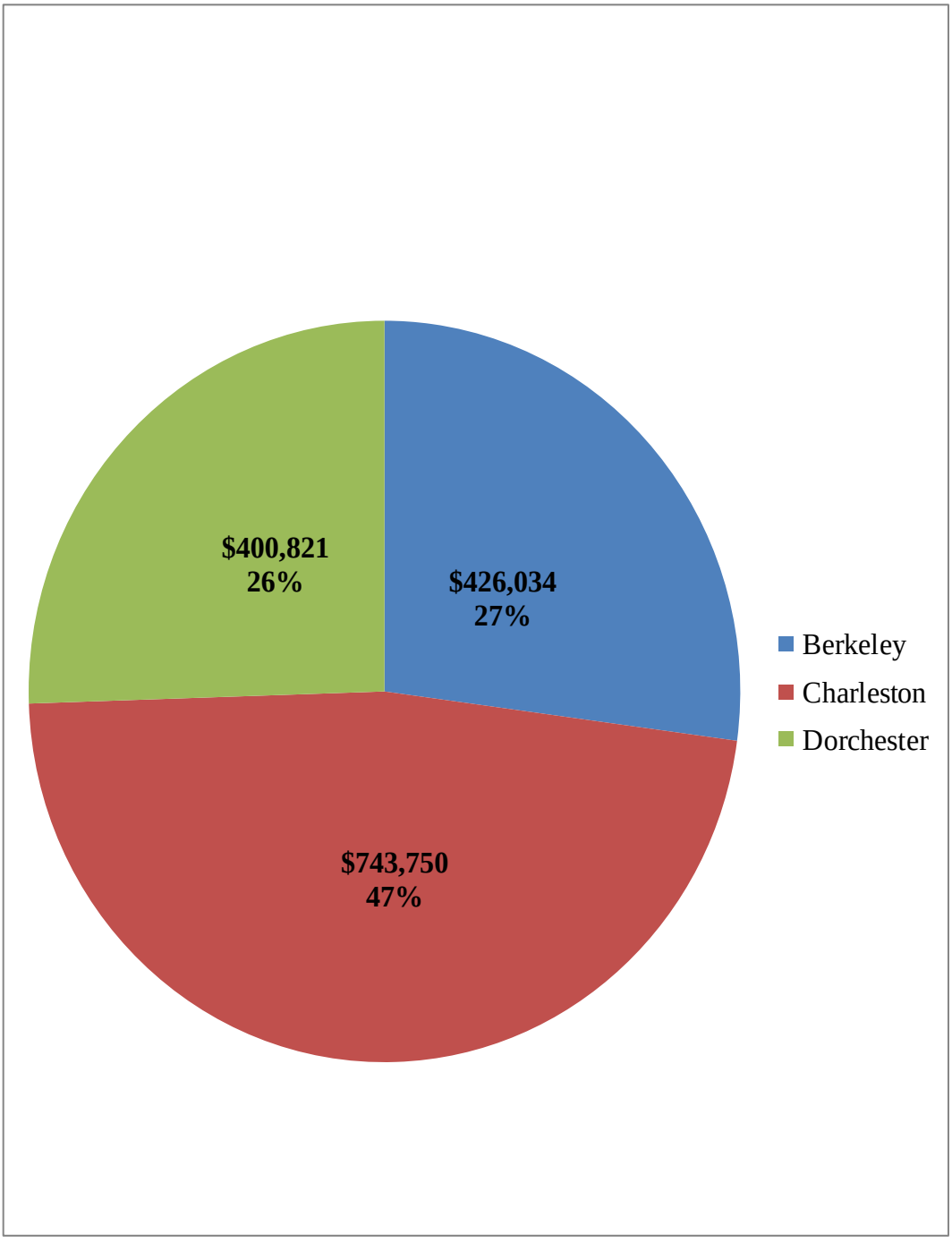
As required by the Older Americans Act and State policy, an adequate amount of Title III-B shall be expended for the delivery of each of the categories of service identified on this form.

The AAA shall determine the "adequate amount" based upon the most recent needs assessment data, I&A reports, FCSP reports, and AIM data. The percentages set by the Area Agency on Aging for each priority service category, after careful analysis of the identified data and discussion with the legal services program manager at LGOA, shall be entered on line 5.

Access Services _69__% In-Home Services 27_% Legal Assistance __4__%

Enter Total III B after Transfers for SFY 2012-2013		$550,747	**and SFY 2013-2014**	$285,610
ACCESS SERVICES	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
A. Transportation	$323,936		$132,041	
B. Information & Assistance (**III-B** funding **Only**)	$55,000		$55,000	
C. Case Management	$10,405		$10,405	
D. Outreach	$0		$0	
TOTAL ACCESS EXPENDITURES	$389,341	70.69%	$197,446	69.13%
IN-HOME SERVICES	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
A. Level I Housekeeping and Chore	$128,600		$76,164	
B. Level II Homemaker with Limited Personal Care	$20,806		$0	
TOTAL IN-HOME EXPENDITURES	$149,406	27%	$76,164	27%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
LEGAL ASSISTANCE EXPENDITURES	$12,000	2.18%	$12,000	4.20%

Geographic Distribution of Revenue for Purchased Services



Client Demographics - Target Populations Served Shown as % of Total Persons Served

REGION: TRIDENT	YTD Data From AIM SFY2012-2013													
Service Delivery Contractors	Total Unduplicated People Served (a)	Number of Unduplicated Minority Served (b)	Of Total Unduplicated Persons Served % Who Are Minority	Unduplicated Number in Rural Areas Served (c)	Of Total Unduplicated Persons Served % Who Live in Rural Area	Unduplicated Number at or Below Poverty Served (d)	Of Total Unduplicated Persons Served % Who Are Below Poverty	Unduplicated Number of Minority Poor Served (e)	Of Total Unduplicated Minority Served % Who Are Poor	Unduplicated Number of Non-Minority Poor Served (f)	Of Total Non-Minority Served % Who Are Poor	Unduplicated Number of Clients Served for First Time **in SFY13** (g)	Of Total Persons Served % Who Received Services **for the First Time** in SFY'13
Berkeley Seniors	905	443	48.95%	683	75.47%	510	56.35%	298	67.27%	458	99.13%	460	50.83%
CASC	851	673	79.08%	98	11.52%	540	63.45%	435	64.64%	175	98.31%	194	22.80%
Dorchester Seniors	670	455	67.91%	579	86.42%	363	54.18%	282	61.98%	214	99.53%	135	20.15%
AAA	209	151	72.25%	113	54.07%	118	56.46%	94	62.25%	58	100.00%	133	63.64%
Roper St Francis	269	88	32.71%	55	20.45%	183	68.03%	53	60.23%	181	100.00%	17	6.32%
SC Legal Services	20	13	65.00%	13	65.00%	5	25.00%	4	30.77%	7	100.00%	16	80.00%
South Santee	227	217	95.59%	209	92.07%	127	55.95%	118	54.38%	10	100.00%	78	34.36%
Family Caregiver Program	190	107	56.32%	126	66.32%	95	50.00%	58	54.21%	77	92.77%	128	67.37%
Regionwide	3341	2147	64.26%	1876	56.15%	1941	58.10%	1342	62.51%	1180	98.83%	1161	34.75%

(a) This is the number of unduplicated persons in the region served directly by the AAA or under AAA purchase of service contracts in SFY'13.

(b) Of total persons served, this is the number who were minority **(Show breakout of minority population on next page.)**

(c) Of the total persons served this is the number that reside in rural areas (outside incorporated cities and towns.)

(d) Of the persons served, this is the number whose self reported income was at or below the 2012 poverty level established by the Bureau of the Census.

(e) Of those whose self reported income was below the 2012 poverty level cited above, this is the number who were minority

(f) Of those whose self reported income was below the 2012 poverty level cited above, this is the number who were not minority

(g) Of the total number served, this is the number who received services for the first time in SFY 2013 **or who had not received any contracted service since June 30, 2011**

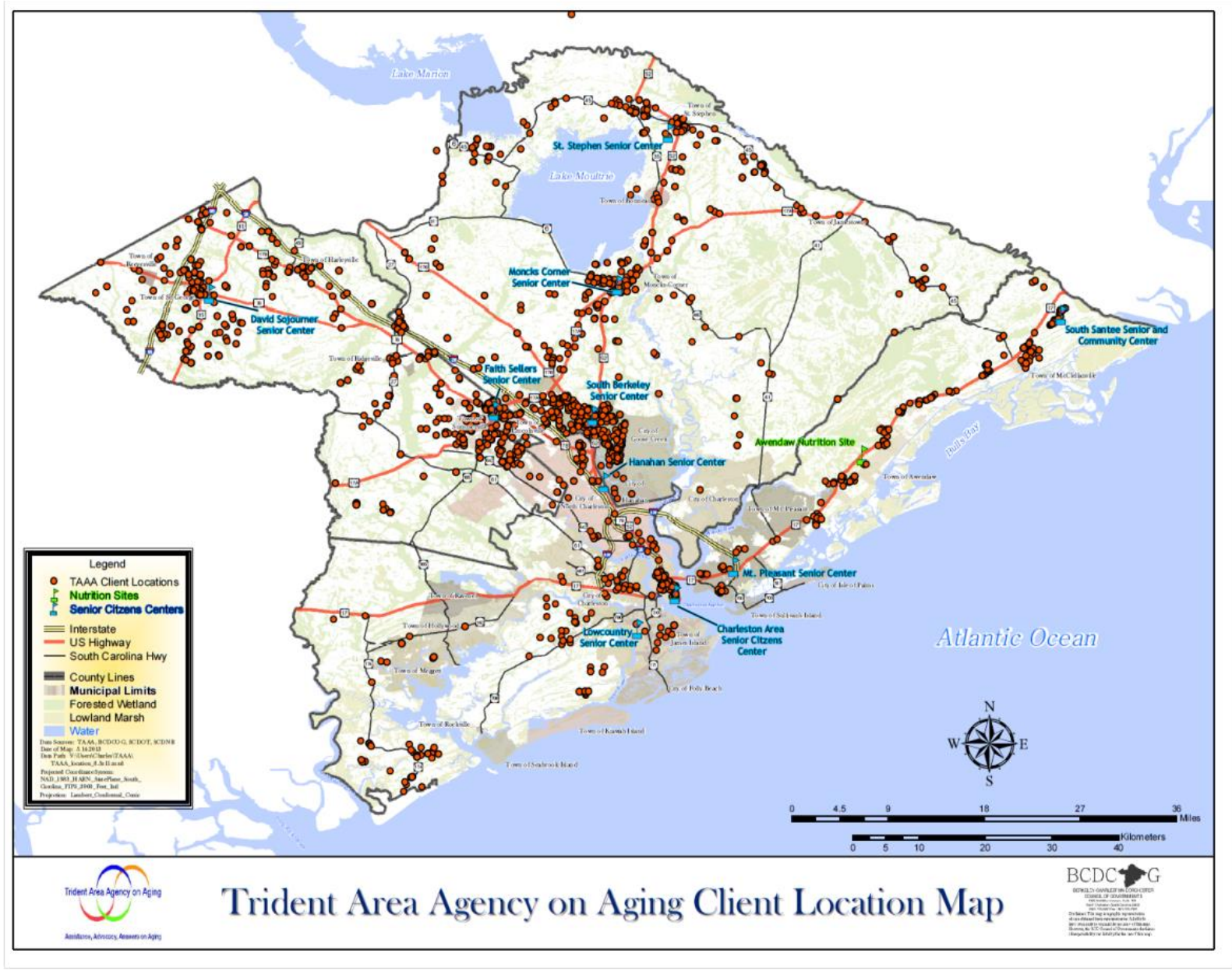
TRIDENT REGION SUPPLEMENTAL DETAIL - Breakout of the ethnicity of the Minority Population SERVED in SFY 2012-2013					
Service Delivery Contractors	**African-American**	**Hispanic**	**Native American or Alaskan Native**	**Asian/ Pacific Islander**	**Unknown Ethnicity**
Berkeley Seniors	432	0	1	10	0
CASC	673	0	0	0	0
Dorchester Seniors	447	0	6	2	0
AAA	151	0	0	0	0
Roper St. Francis	88	0	0	0	0
SC Legal Services	13	0	0	0	0
South Santee	217	0	0	0	0
Family Caregiver Program	107	0	3	1	0
	0	0	0	0	0
	0	0	0	0	0
Region Wide	2128	0	10	13	0

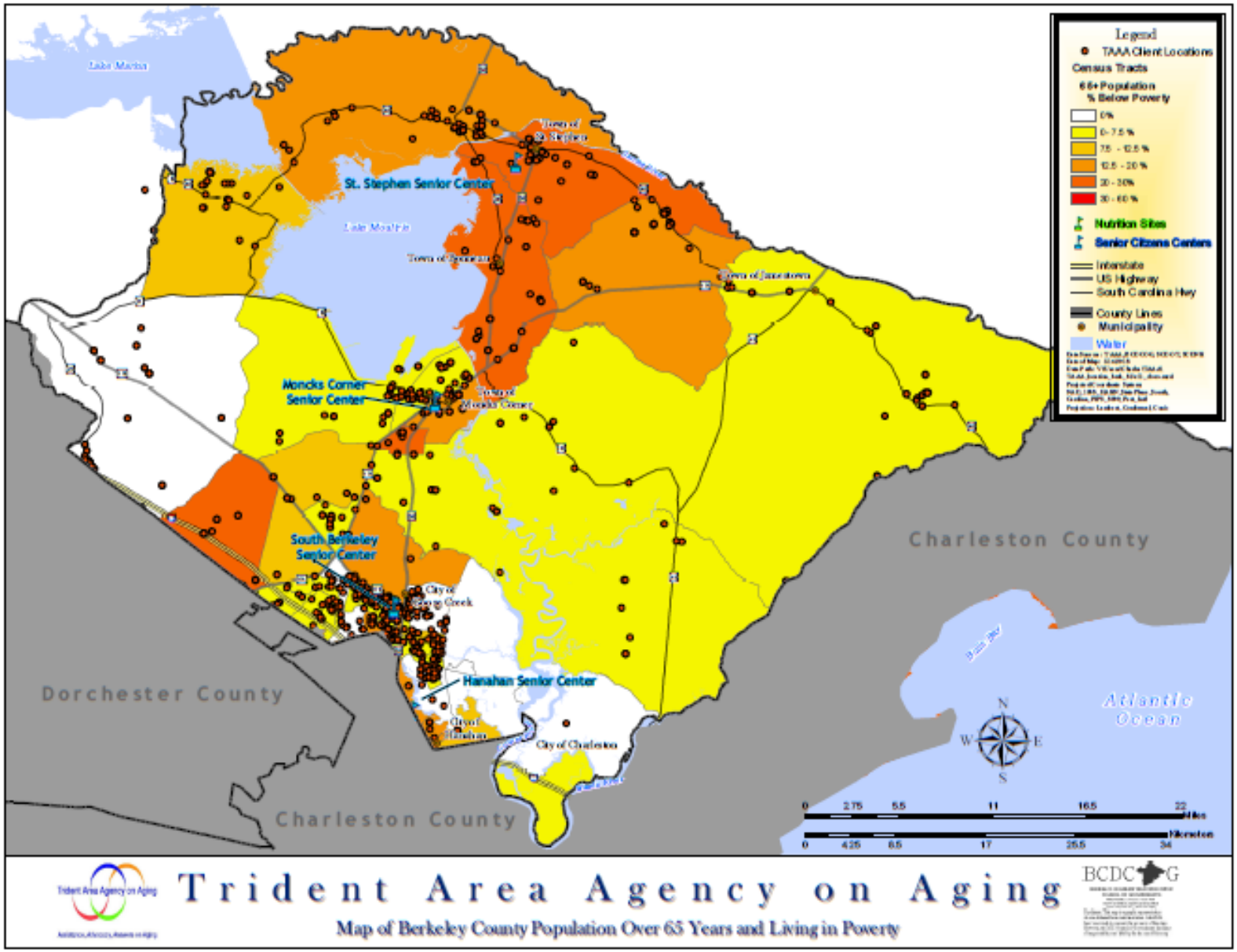
Designated and Undesignated Focal Point Chart

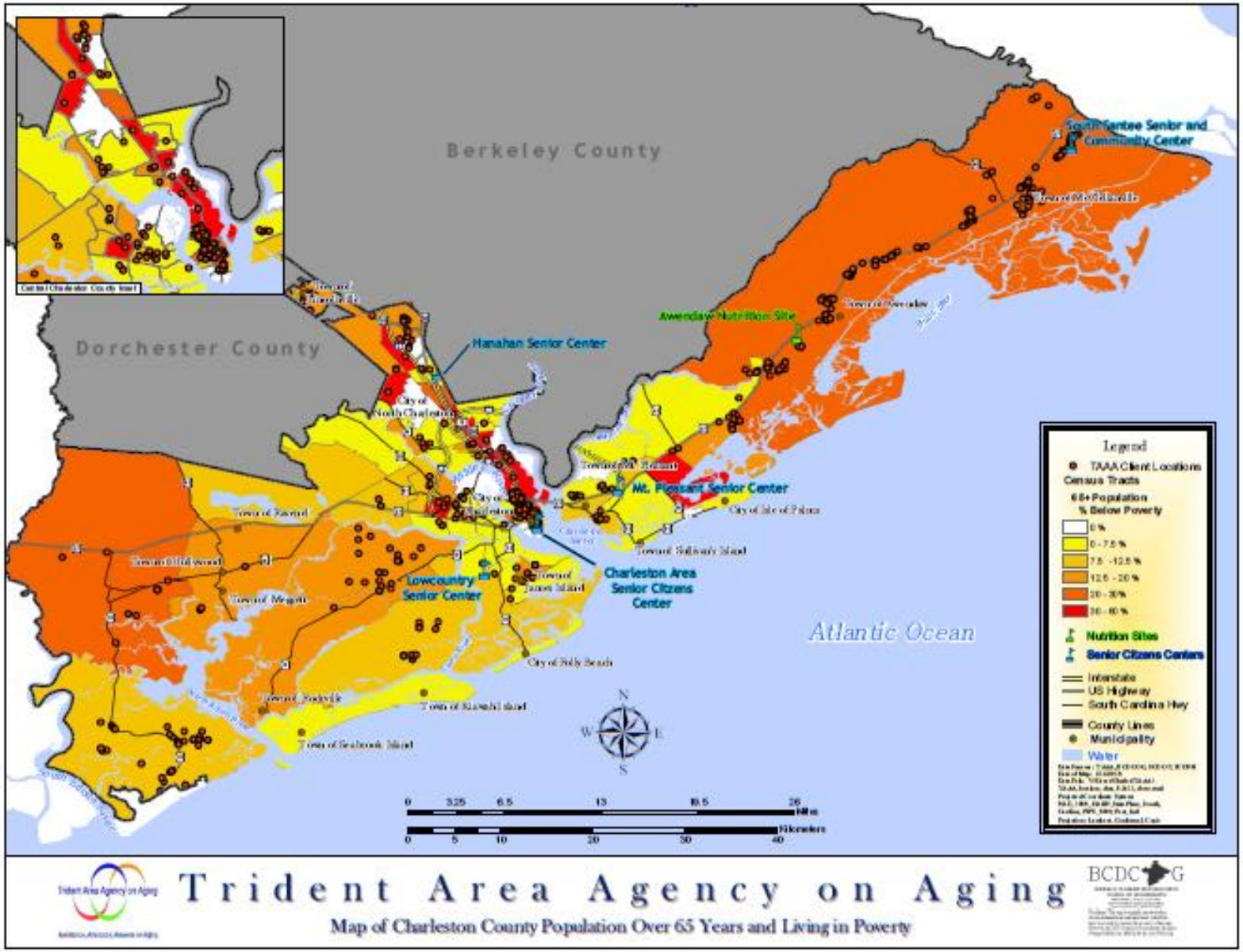
TRIDENT DESIGNATED AND UNDESIGNATED FOCAL POINTS IN THE PSA IN 2013-2014
At a minimum include all Contractors, all Senior Centers in the region and all Congregate Dining Centers not located in a Senior Center

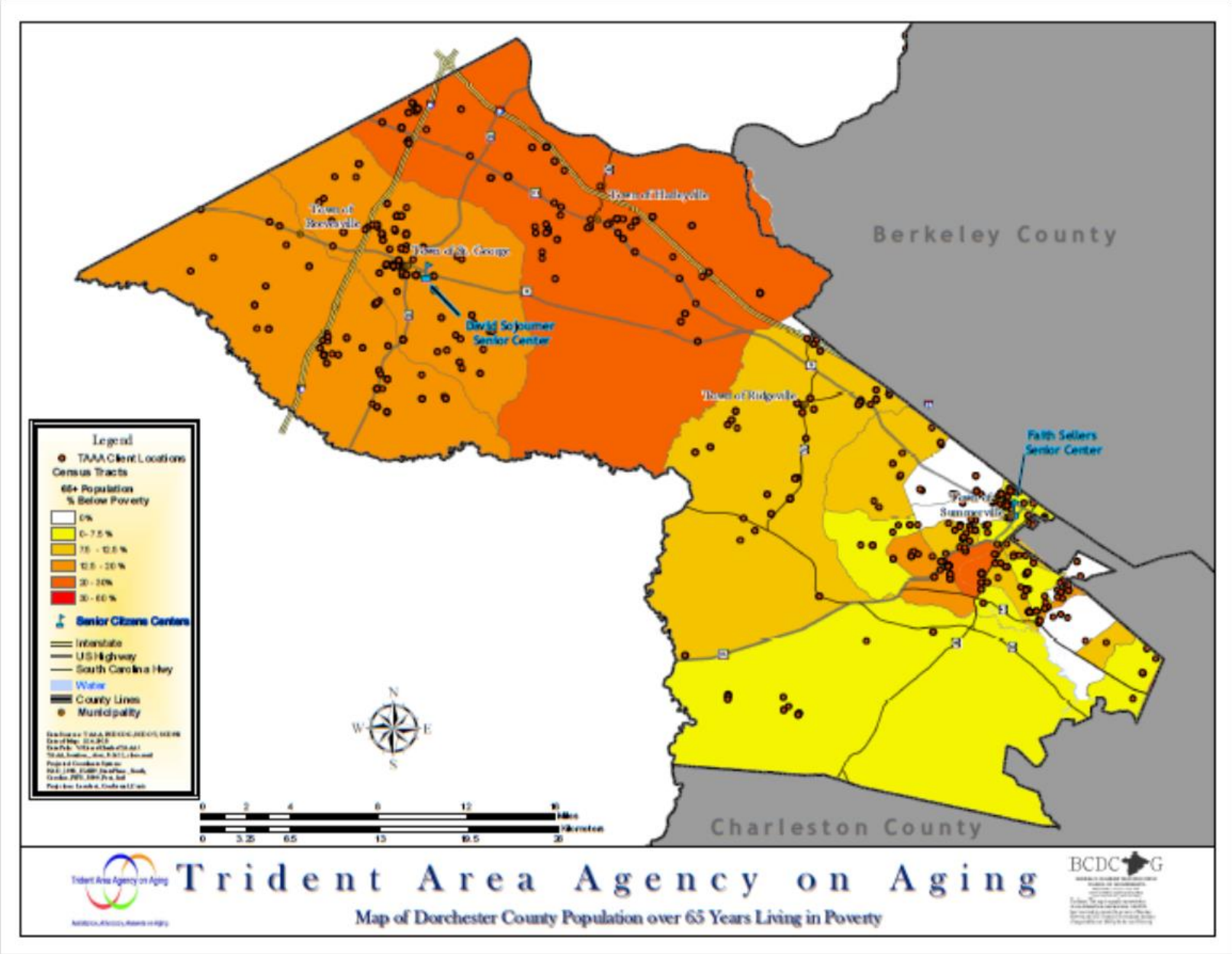
County	Focal Point Organization	Focal Point Street Address	AAA Designated Focal Point	Type of Facility	Owner of Facility
Berkeley	Berkeley Seniors	South Berkeley Senior Center 103 Thurgood Road Goose Creek, SC29445	Yes	Voluntary Organization	Berkeley County
Berkeley	Berkeley Seniors	St. Stephen Center 1264 Russellville Road St. Stephens, SC 29479	Yes	Voluntary Organization	Town of St. Stephen
Berkeley	Berkeley Seniors	Moncks Corner Senior Center 222 Heatley Street Moncks Corner, SC 29461	No	Voluntary Organization	Berkeley County
Berkeley	Hanahan Senior Center	3100 Maybeline Road Hanahan, SC 29406	No	City of Hanahan	City of Hanahan
Dorchester	Dorchester Seniors	Faith Sellers Senior Center 312 N. Laurel Stree Summerville, SC 29483	Yes	Voluntary Organization	Dorchester County
Dorchester	Dorchester Seniors	David Sojourner Senior Center 5361 E. Jim Bilton Blvd. St. George, SC 29477	Yes	Voluntary Organization	Dorchester County
Charleston	Lowcountry Senior Center	865 Riverland Drive Charleston, SC 29412	No	Voluntary Organization	City of Charleston
Charleston	Charleston Area Sr. Citizens	259 Meeting Street Charleston, SC 29401	Yes	Voluntary Organization	Charleston County
Charleston	South Santee Senior and Community Center	710 S. Santee Road McClellanville, SC 29458	Yes	Voluntary Organization	Santee Coastal Reserve
Charleston	Mt. Pleasant Senior Center	840 Von Kolnitz Road Mt. Pleasant, SC 29464	No	Town of Mt. Pleasant	Town of Mt. Pleasant
Charleston	Jewish Community Center	1695 Raoul Wallengerg Boulevard Charleston, SC 29407	No	Community Center	Jewish Federation
Charleston	South Santee Senior and Community Center	Awendaw Group Dining Site 6655 North Hwy 17 Awendaw, SC 29429	No	Voluntary Organization	Robert Baker

INSTRUCTION: In addition to any focal points officially designated by the Area Agency, include those community facilities and programs that are considered by older adults to be their community's source of information or access to services, activities and programs as undesignated focal points.


Lake Marion
Lake Moultrie
St. Stephen Senior Center
Moncks Corner Senior Center
David Sojourner Senior Center
Faith Sellers Senior Center
South Berkeley Senior Center
Hanahan Senior Center
Awendaw Nutrition Site
South Santee Senior and Community Center
Mt. Pleasant Senior Center
Lowcountry Senior Center
Charleston Area Senior Citzens Center
Atlantic Ocean
Legend
TAAA Client Locations
Nutrition Sites
Senior Citzens Centers
Interstate
US Highway
South Carolina Hwy
County Lines
Municipal Limits
Forested Wetland
Lowland Marsh
Water
N
W
E
S
0 4.5 9 18 27 36 Miles
0 5 10 20 30 40 Kilometers
Trident Area Agency on Aging
Assistance, Advocacy, Answers on Aging
Trident Area Agency on Aging Client Location Map
BCDCOG


Legend
TAAA Client Locations
Census Tracts
65+ Population
% Below Poverty
0%
0 - 7.5 %
7.5 - 12.5 %
12.5 - 20 %
20 - 30%
30 - 60 %
Nutrition Sites
Senior Citizens Centers
Interstate
US Highway
South Carolina Hwy
County Lines
Municipality
Water
St. Stephen Senior Center
Moncks Corner Senior Center
South Berkeley Senior Center
Hanahan Senior Center
Dorchester County
Charleston County
Charleston County
Atlantic Ocean
Trident Area Agency on Aging
Map of Berkeley County Population Over 65 Years and Living in Poverty
BCDC
G


Berkeley County
Dorchester County
Hanahan Senior Center
Awendaw Nutrition Site
South Santee Senior and Community Center
Mt. Pleasant Senior Center
Lowcountry Senior Center
Charleston Area Senior Citizens Center
Atlantic Ocean
Legend
TAAA Client Locations
Census Tracts
65+ Population
% Below Poverty
0 %
0 - 7.5 %
7.5 - 12.5 %
12.5 - 20 %
20 - 30 %
30 - 60 %
Nutrition Sites
Senior Citizens Centers
Interstate
US Highway
South Carolina Hwy
County Lines
Municipality
Water
Trident Area Agency on Aging
Map of Charleston County Population Over 65 Years and Living in Poverty
BCDCOG


Berkeley County
Charleston County
Town of Ridgeville
Town of St. George
Town of Ridgeville
David Sojourner Senior Center
Faith Sellers Senior Center
Legend
TAAA Client Locations
Census Tracts
65+ Population % Below Poverty
0%
0 - 7.5 %
7.5 - 12.5 %
12.5 - 20 %
20 - 30%
30 - 60 %
Senior Citizens Centers
Interstate
US Highway
South Carolina Hwy
Water
County Lines
Municipality
N
W
E
S
Trident Area Agency on Aging
Map of Dorchester County Population over 65 Years Living in Poverty
BCDCOG

TRIDENT Region – Requested Waivers - Area Plan Period July 1, 2013 to June 30, 2014

Before the Area Agency on Aging requests waivers allowable under the OAA, the Agency shall conduct a timely public hearing. Area Agencies requesting a waivers shall notify all interested parties in the PSA of the hearing and invite such parties to testify. (OAA 306(b)(2)(A)

The Area Agency on Aging shall prepare a record of the public hearing and shall furnish such record to the LGOA with the request for the waiver. (OAA 306(b)(2)(B)

Any individual or any provider of services from the area who will be affected by the waiver is entitled to request a hearing before the LGOA on the request to grant such a waiver. (OAA 306(b)(C)

State the Current Federal or State Requirement	Describe the Proposed Change	Expected Outcomes with Change	Impact on Current Services	Method to Evaluate the Impact of the Change
Group Dining sites must have a minimum of 25 participants, five days per week (Edisto Island, rural Charleston County)	TAAA will assess participants and authorize the service. TAAA will maintain participant records, ensuring confidentiality and accurate data collection, in AIM.	Isolated seniors will have access to a program in their community.	Edisto Island Nutrition Program is a partnership between TAAA/ADRC and local two churches in the community. There are no other senior services in the rural area.	Increased number of program participants from twenty to twenty-five participants, three days per week, by July 1, 2014
Group Dining sites must have a minimum of 25 participants, five days per week (Johns Island, rural Charleston County)	TAAA will assess participants and authorize the service. TAAA will maintain participant records, ensuring confidentiality and accurate data collection, in AIM.	Isolated seniors will have access to a program in their community.	The Nutrition Program on Johns Island is a partnership between TAAA/ADRC, Intergenerational Kneeds and the schools. There are no other senior services in the rural area.	Increased number of program participants from ten to fifteen participants, three days per week, by July 1, 2014
All clients receiving services through the LGOA must have a full and valid assessment in order to be a service recipient.	Roper St. Francis will provide the following participant information to TAAA for AIM: name, address, date of birth, phone number, race. TAAA will be responsible entering service units based on attendance sheets.	Expanded evidenced-based programming available in the region (Enhanced Fitness, Powerful Tools for Caregivers, CDSMP, Arthritis Exercise, Matter of Balance)	Services will be made available for seniors who do not attend traditional nutrition programs The development of new partnerships in order to expand services for seniors (YMCA and recreation departments)	At least 80% of program participants will have significantly improved in "Up and Go, Chair Stand and Arm Curl tests."

Emergency Contact Information

Coordinating Agencies	Emergency Contact Staff	Home Phone Numbers or After Hours Number
Trident **Area Agency on Aging** 4450 Leeds Place West Suite B North Charleston, SC 29405 (843) 554-2275	Stephanie Blunt Executive Director	(843) 336-3048 – Home (843) 412-3099 – Cell
	Angela Edwards Program Assistant	(843) 860-2278 – Cell
	Lisa Natividad Finance Manager	(843) 261-3784 – Cell
	Linda Naert Resource Coordinator	(843) 873-1984 – Home (843) 991-8436 – Cell
	Johnsie Currin Family Caregiver Advocate	(843) 819-1658
	Lavonia Dixon Information & Referral Assistance	(843) 642-0868 – Cell
	Lauren McNally Resource Coordinator	(843) 568-1834 – Cell
	Don Bagwell Resource Coordinator	(843) 851-9593 – Home (843) 408-1970 – Cell
Long -Term Care Ombudsman Same as above	Alice Streetman	(843) 224-0412 – Cell (843) 797-7645 – Home
	Patti Lobik	(843) 693-1945 – Cell
	Kathy Braddock	(843) 388-7917 (419) 349-5139
Berkeley Seniors, Inc. 103 Gulledge Street Moncks Corner, SC 29461 (843) 572-2423	Tonya Sweatman	(843) 697-6195
	Crystal Mahon	(843) 826-1176
Dorchester Seniors, Inc. 312 North Laurel Street PO Box 3349 Summerville, SC 29484 (843) 871-5053	Jean Ott	(843) 821-5749 (843) 810-8705
	Emma Wiggins	(843) 563-3918
	Martha Sue Hope	(843) 296-6458
Charleston Area Senior Citizens Services, Inc. 259 Meeting Street Charleston, SC 29401 (843) 722-4127	Sandy Clair	(843) 588-9261
	Betty Throckmorton	(843) 766-7854
	Stephanie Duncan	(843)

Coordinating Agencies	Emergency Contact Staff	Home Phone Numbers or After Hours Number
South Santee Senior and Community Center 710 South Santee Road McClellanville, SC 29458	Sheila Powell	(843) 928-3809 (843) 697-3644 (843) 546-2789 OFFICE
Dorchester County 212 Demming Way Suite 3 Summerville, SC 29483	MARIO FORMISANO	(843) 832-0341 (843) 259-9525
Charleston County 4045 Bridgeview Drive North Charleston, SC 29405	Jason Patno	(843) 202-7400 – Office
	ACTIVATED IN DISASTER MODE ONLY	(843) 202-7100
Berkeley County 223 North Live Oak Drive Moncks Corner, SC 29461	Tom Smith	(843) 719-4817 – Office
American Red Cross 8085 Rivers Avenue Suite F North Charleston, SC 29406	Joyce Gambrell	(843) 764-2323 Ext. 318
Trident United Way	Caroline Byrd	(843) 566-7184 – Office
6296 Rivers Avenue		(843) 729-7540 – Cell
N. Charleston, SC 29406		
City of Charleston City Hall 80 Broad Street Charleston, SC 29401	Tom O'Brien	(843) 724-3777
Senior Catering 314 Main Street Little Mountain, SC 29075	Judy Milhan	(803) 345-1126 – Home (803) 345-1835 – Office (803) 331-2631 – Cell
	Susan Frost	(803) 345-6170 – Home (803) 260-5045 – Cell
St. Stephen Kitchen	Donna Phillips	(803) 260-5048 – Office (800) 768-7856 – Office
Orangeburg Kitchen	Mary Sandifer	(800) 768-6426 – Office
Lieutenant Governor's Office on Aging 1301 Gervais Street, Ste. 300 Columbia, SC 29201	Ron Ralph	(803) 734- 989 – Office

BYLAWS OF TRIDENT AREA AGENCY ON AGING, INC.
A South Carolina Not-for-Profit Corporation

ARTICLE I. NAME

A. The name of the organization is Trident Area Agency on Aging, Inc. hereinafter referred to as TAAA, or the Corporation.

B. Trident Area Agency on Aging is a not-for-profit corporation, as defined by Section 501 (c) (3) of the U. S. Internal Revenue Code.

ARTICLE II. PURPOSE AND FUNCTION

A. The Trident Area Agency on Aging functions as the officially designated agency on aging serving Berkeley, Charleston, and Dorchester counties, also known as the Trident Area, and as Region IX of the state of South Carolina.

B. On behalf of all older persons residing in the Trident Area, it is the purpose, and the duty, of the Trident Area Agency on Aging to lead and coordinate community activities affecting issues that impact older persons

C. To fulfill its purpose and its obligation to the region and the state the TAAA will assume many tasks and perform multiple functions to include:

1. Planning
2. Information Gathering and Distribution
3. Program Development
4. Resource Development
5. Service Delivery
6. Contract and Grants Management
7. Provider and Services Procurement
8. Provider and Services Assessment(s)
9. Provider and Services Replacement(s)
10. Training
11. Community Education
12. Advocacy
13. Coordination
14. Technical Assistance

D. These tasks and functions will be performed in accordance with instructions Are contained in Policies and Procedures, issued by the South Carolina State Unit on Aging, as defined by the Older Americans Act of 1965, as amended.

E. Whenever circumstances seem to warrant, the President will appoint an ad-hoc committee to apply established criteria to a current proposal for amalgamation(s), joint ventures, and/or coalitions, etc. Recommendations will be made to the Board of Directors. The appointment should include a required reporting date. Notice of the meeting at which the report and recommendation(s) will be discussed must precede the meeting date by at least seven days.

F. The Corporation shall not engage in, carry out, or conduct any activities prohibited under existing or future Federal and State laws, rules, and regulations pertaining to non-profit organizations under Section 501 (c) (3) of the Internal Revenue Code.

G. No funds or property shall be distributed to or accrue to the benefit of any individual member of the Board of Directors of the Corporation. This shall not prohibit a member of the Board of Directors from being reimbursed for out-of-pocket expenses incurred for the benefit of the Corporation, such as copies, postage, supplies and similar expenses.

H. No compensation will be paid to any member of the Board of Directors for services as a member of the Board. By resolution of the Board of Directors, reasonable expenses may be allowed for unusual costs encountered by members of the Board of Directors in the performance of their duties.

I. To fulfill its obligations and carry out its functions, the Corporation may own or otherwise acquire, use, convey, or otherwise dispose of or deal in real and personal property, or any interest therein.

ARTICLE III. MEMBERSHIP

Membership of the Corporation shall consist of the members of the Board of Directors.

ARTICLE IV. BOARD OF DIRECTORS

A. COMPOSITION

The Board of Directors of the Corporation consists of no more than fifteen (15) members. These include three (3) residents from each county for a total of nine (9) and up to six (6) at-large members who reside in the region and represent credentials important to the purpose and operation of the Corporation.

The composition of the Board of Directors should reflect the purpose and goals of the corporation; as well as maintain a diversified membership, consisting of older persons, business and professionals, neutral service providers, etc. The Corporation is committed to a policy of fair and balanced representation on the Board of Directors, and therefore does not discriminate on the basis of factors such as race, physical handicap, gender, religion, national origin, sexual orientation, age, or political affiliation(s).

Employees of the TAAA, of direct service providers, and others who may have a significant conflict of interest in such service, are not eligible to serve on the Board of Directors.

B. TERMS

1. Members of the Board serve staggered two (2) year terms. No member will serve more than three (3) consecutive two (2) year terms.

2. Corporate officers serve staggered two year terms, and may be re-elected to one additional term.

3. The terms for respective Board members and officers will coincide with the Annual meeting.

C. ELECTIONS

The election of new directors, or re-election of current directors to serve an additional term, will occur as the last item of business at the annual meeting. A nominating committee, appointed by the President of the Board of Directors, will submit a list of nominees to the Board. Other nominations may be made by a petition requiring the signatures of at least five (5) Board members. Election will be by simple majority of those voting.

The election of the corporate officers will follow the election of Board members at the annual meeting. The nominating procedure for corporate officers will be the same as that for Board members in item 1 above.

Notwithstanding the possibility that his/her term as a Board member will have expired, the President-Elect shall assume the office of President as scheduled by the election calendar.

The new Board of Directors and Corporate officers will assume their duties immediately upon election.

Any vacancy which occurs on the board or among the officers may be filled for the remainder of the term of the vacant position by a simple majority vote of the Board of Directors at a regular meeting provided the Board received at least one week's notice of the election. At the discretion of the President, nominations for the vacant position(s) may be made by the Executive Committee of the Board.

The Nominating Committee will be charged to maintain a list of prospective Board members.

MEETINGS

The Board of Directors is mandated to conduct an annual meeting in January of every year at which elections take place. The Board is further required to achieve at least three additional meetings annually.

Special meetings of the Board of Directors may be called at any time by the President of the Board of Directors, or in his or her absence by the President-Elect, or upon receipt of a request signed by two-thirds (2/3), or more, of the directors.

Robert's Rules of Order will be the authority for all questions of procedure at any meetings of the Corporation.

It will be the common practice by TAAA that notice of regular and annual meetings, including an agenda and minutes of the previous meeting, will be mailed at least seven (7) days prior to the day such meeting is held.

Board of Directors members are required to attend at least three (3) Board meetings held during the year. Members who do not meet these requirements may be replaced in accordance with paragraphs C and G of this ARTICLE IV below. The Secretary will list the name(s) of Board members who fail to meet this requirement one time in the minutes of the meeting when the failure occurs.

VOTING

The presence of one-half (1/2) of the members of the Board of Directors will constitute a quorum.

The members present at a duly called meeting of the Board that starts with a quorum, may continue to transact business until adjournment notwithstanding the withdrawal of directors leaving less than a quorum. In the absence of a quorum, any meeting of the board may be adjourned by vote of a majority of the directors present.

At all meetings of the Board, each member present are entitled to cast one (1) vote on any motion coming before the meeting.

Proxy voting will not be permitted.

As determined by the President, in unusual circumstances, voting by a mailed ballot is permitted.

When a quorum is present, a simple majority affirmative vote of the directors is required to pass a motion except when amending these by-laws. (See ARTICLE VI.)

D. CORPORATE OFFICERS AND THEIR DUTIES

1. The officers of the Board of Directors shall be the President, President-Elect, Secretary and Treasurer.

2. The Corporate Officers will be elected by a majority vote of the Board of Directors at the annual meeting and will serve a two (2) year term. They may be re-elected to one additional term in accordance with ARTICLE IV. B.

3. The President is the chief executive officer of the Corporation, and serves as Chairman of the Board. It is the duty of the President to preside at the meetings of the Board of Directors. The President will execute on behalf of the Corporation all contracts, deeds, advances and other instruments in writing that may be required or authorized by the Board of Directors for the proper and necessary transaction of the business of the Corporation, except in cases where the execution thereof is expressly delegated by the Board of Directors or by these by-laws to some other officer or agent of the Corporation.

4. The President is an ex-officio member of all committees with the exception of the Nominating Committee.

5. The President, in general, shall perform all duties incident to the office of President and such other duties as may be prescribed by the Board of Directors.

6. The President-Elect shall perform such duties as may be assigned by the President of the Corporation, shall serve as acting President during the absence of the President, and shall assume the office of President when the Presidency becomes vacant.

7. The Secretary will keep the corporate records, including minutes of all meetings of the Board and the Executive Committee and will give or cause to be given all notices of meetings of the Board of Directors and all other notices required by law or by these by-laws.

8. The Treasurer will have general charge of the finances of the Corporation. When necessary and proper, the Treasurer will endorse or cause to be endorsed on behalf of the Corporation all drafts, checks, notes and other obligations or evidence of the payment of money to the Corporation and will deposit them in banks approved by the Board of Directors. The treasurer is also responsible for providing financial statements to the Board of Directors and the Executive Committee as well as all other reports of the financial condition of the Corporation that may be requested by the Executive Committee or Board of Directors.

COMMITTEES

The Executive Committee consists of the officers of the Board of Directors. This committee will serve as the central planning group for the organization and as an advisory group to the executive director. It has full authority to act for the Board in managing any urgent affairs of the Corporation during the intervals between meetings of the Board. Actions taken by the Executive Committee must be reported to the Board of Directors at its next meeting and may be rescinded by a 2/3 vote of the full board. The executive committee is empowered to act on behalf of the corporation only if all of its members are present.

The Nominating Committee consists of three (3) members of the Board of Directors, one from each county, appointed by the President of the Board of Directors. The Nominating Committee's duties are to:

a. Maintain a current list of potential candidates to ensure the best slate of directors for the Corporation;
b. At the annual meeting, present two slates of candidates: one to be members of the Board, the other to be officers of the Corporation.

3. Advisory Committee - The Older Americans Act of 1965, as amended, requires TAAA to establish an Advisory Council consisting of older individuals (including minority individuals) who are participants or who are eligible to participate in programs assisted under this Act, or who are representatives of older individuals, or local elected officials, or providers of veterans' healthcare (if appropriate), and the general public, to continuously advise TAAA on all matters relating to the development of the Area Plan, the administration of the Plan, and the operations conducted under the Plan. The charge of the Advisory Committee is to fulfill the role of the Advisory Council. This Committee is appointed by the President and consists of at least seven members among whom there is at least one Board member representing each county.

4. Special Committees may be established by the Board of Directors, on an ad-hoc basis and their members appointed by the President. Unless there is a specific prohibition by the Board, the members of special committees need not be members of the Board of Directors. Special committees may be dissolved when their work has been completed.

ARTICLE V. MISCELLANEOUS

A HOLD HARMLESS

The Corporation will have the power to indemnify and hold harmless any director, officer, or employee from any suit, damage, claim, judgment, or liability arising out of, or asserted to arise out of conduct of such person in his

or her capacity as director, officer, or employee (except in cases involving willful misconduct). The Corporation has the authority to purchase or procure insurance for such purposes.

B. EXECUTIVE DIRECTOR

The Executive Director of the Trident Agency on Aging is employed by the Board of Directors, and may serve as an ex officio member the Board of Directors, without vote. Likewise, the Executive Director can participate with all committees established by the Board, with the exception of the Nominating Committee.

C. SIGNATORY AUTHORITY

1. All checks, drafts, and other orders for payment of funds from the Corporation, will be signed by such officers as the Board of Directors may from time to time designate. Checks over $250US will require two (2) such signatures, at least one (1) of which must be that of a member of the executive committee and the other may be that of the Executive Director.

2. Checks under $250US will only require one (1) signature by either an officer or Executive Director. Officers or the Executive Director cannot sign checks for their own expenses.

3. The Corporation is authorized to require that all officers of the Corporation authorized to sign checks, drafts and other orders for payment of funds of the Corporation is bonded. The Executive Director shall not be authorized to obligate funds of the Corporation except to the extent permitted in writing by the Board of Directors.

D. BOOKS AND RECORDS

1. The Corporation will keep current and complete books and records of accounts, and will also keep minutes of the proceedings of the meetings of the Board of Directors, and committees of the Board of Directors and it will keep at the registered or principal office a record giving the names and addresses of the members entitled to vote.

2. All books and records of the Corporation may be inspected by any member of the board or a designated representative.

3. All books and records of the Corporation may be reviewed by Attorney for any member, or his or her agency, or attorney for any proper purpose at any reasonable time.

E. FISCAL YEAR

The fiscal year of the Corporation will be July 1 through June 30.

ARTICLE VI. AMENDMENTS

Only the Board of Directors may amend these by-laws to include or omit any provision that could lawfully be included or omitted at the time the amendment is made. Upon written notice of at least ten (10) days, any number of amendments or an entire revision of the by-laws may be submitted and voted upon at a single meeting of the Board of Directors. Any member or committee of the Board of Directors may submit revisions for adoption. To be adopted, amendments require a two-third (2/3) vote of the members present at the meeting.

ARTICLE VII. DISSOLUTION

In the event of dissolution, the Corporation shall dissolve itself in compliance with the statute(s) governing non-profit organizations under the South Carolina Code of Laws of 1976, as amended. Under dissolution, the residual assets of this organization will be turned over to one or more organizations described in sections 501 (c) (3) and 170 (c) or the Internal Revenue Code of 1986, or the corresponding provisions of any prior or future Internal Revenue Code, or the federal, state or local government for exclusively public purposes.

Revised: January 17, 2007
October 6, 2010

Alzheimer's Disease Registry for People with Alzheimer's Disease, Vascular Dementia or Mixed Dementia

Trident Area (Berkeley, Charleston and Dorchester counties)

Berkeley County	Community	Institution	Total
2007	755	324	1079
2009	1069	353	1422
Increase	314	29	343
Percent change	42	9	32

Charleston	Community	Institution	Total
2007	2617	1142	3759
2009	3677	1110	4787
Increase	1060	-32	1028
Percent change	41	-3	27

Dorchester	Community	Institution	Total
2007	641	311	952
2009	841	399	1240
Increase	200	88	288
Percent change	31	28	30

Trident Area Totals	Community	Institution	Total
2007	4013	1777	5790
2009	5587	1862	7449
Total Increase	1574	85	1659
Percent change	39	5	29

*Special thanks to Candace Porter, Ph.D, USC Arnold School of Public Health

*Represents KNOWN cases on record only.

Table compiled by Don Bagwell, Resource Coordinator, Trident Area Agency on Aging