

Lowcountry Council of Governments
Area Agency on Aging
2010-2013 Area Plan

PURPOSE OF THE AREA PLAN

Under the Older Americans Act of 1965, as amended, and the recent reauthorized Older Americans Act of 2006, each Area Agency on Aging (AAA) is charged with the responsibility of preparing an Area Plan to foster the development of a comprehensive, coordinated service system to meet the needs of older persons in the planning and service area. The development of the Plan helps to establish the AAA as the Focal Point on aging in each planning and service area.

The Area Plan has two principal purposes. **First**, the Area Plan serves as a document describing the strategic objectives to be undertaken by the AAA on behalf of older persons during the Plan years. The Plan also sets forth the manner in which the AAA proposes to carry out certain functions which support implementation of the Area Agency's programs and which are mandated by the Older Americans Act and its regulations. The **second** purpose of the plan is to represent a formal commitment made to the State Agency on Aging as to how the AAA intends to carry out its administrative responsibilities and to utilize Federal and State funds made available through the State Agency. The Area Plan represents a commitment by the AAA to its role as the planner-catalyst-advocate for programs for older persons in each planning and service area. The AAA and the programs it sponsors under the Area Plan, together with other public and private funds and providers of services for older persons, form the comprehensive, coordinated service system called for under the Older Americans Act.

The Area Plan is a tool through which the concept of advocacy for older persons is crystallized for those individuals and organizations that participate in plan development and implementation. It is also a mechanism through which coordinating and cooperative relationships may be initiated and structured with other agencies and organizations in the planning and service area. Through the development and implementation of the Area Plan, a mutuality of interest occurs among advocates on behalf of older persons.

The goals for the 2010-2013 Area Plan are: to have a succinct but complete picture of the major initiatives which the Area Agency on Aging intends to implement from July 1, 2009, through June 30, 2013; to have an area wide view of service delivery systems and program development objectives; and to have reliable information, presented in a uniform format, that is easily referenced and usable for policy development.

As we begin the Area Planning process this year there is recognition that a different approach is needed. With projected growth of the older population, more home and community based services are needed to enable older adults to maintain maximum independence and remain a vital part of their communities. It is anticipated that as the "baby boomers" (individuals born after 1945) continue to reach age 60 over the next several years, the traditional ways of

providing aging services will be challenged thus giving way to new and innovative programs and service delivery options to include consumer choice and possibly service voucher options.

The entire regional aging network including the Area Agency on Aging and the local service providers must meet these challenges. In view of this, we have determined that the Area Planning process should be a strategic planning process that focuses on meeting these challenges which will consume a significant portion of staff and resources over the next four years. It is hoped that this process will allow the Lowcountry Area Agency on Aging to address these challenges if it is to meet the needs of the seniors in the Lowcountry Region.

EXECUTIVE SUMMARY

The Lowcountry Council of Governments Area Agency on Aging looks forward to the continuation of planning for and providing services to the elderly population of the Lowcountry Region of Beaufort, Colleton, Hampton and Jasper Counties.

Some of the challenges the agency faces include that of an uncertain economy, a rapidly growing elderly population, reduction in service dollars and the challenge of using existing resources to increase home and community based services. These services are necessary so that seniors and the disabled can remain in their own homes and communities for as long as possible. The Lowcountry Regional Needs Assessment conducted in 2008 reveals that as in other regions across this state and across this country, the seniors in the Lowcountry Region have a desire to remain in their homes and communities for as long as they are able.

Over the next four years the Area Agency on Aging with guidance from the Lt. Governor's Office on Aging will carry out the basic functions of the Area Agency on Aging as outlined by Older Americans Act and the Administration on Aging. These functions are designed to assist the Area Agency on Aging in carrying out its goals of helping seniors to remain independent.

To address the changing demographics of the elderly population of the Lowcountry, staff will identify ways to address the issues and goals as outlined in Project 2020: Building on the Promise of Home and Community Based Services; increase in Senior Center Development and the increased use; the importance of Prevention versus Intervention and ways to address the issues and goals of the S.C. Purple Ribbon Alzheimer's Task Force report: Conquering the Specter of Alzheimer's Disease in South Carolina.

Because of an uncertain economy and dwindling funding the Area Agency on Aging sees community education, program coordination and cooperation among service providers as major components in meeting the goals of the above mentioned national and state wide initiatives.

Activities that the Area Agency on Aging will undertake to carry out the goals of the Area Plan include the following:

- "65 Birthday Celebrations" in each county per quarter.
- Placing information kiosks in the activity centers of the retirement/gated communities and those sections of the region that the Area Agency on Aging need to target i.e. the Town of Edisto Beach in Colleton County.
- Revamping the Lowcountry Senior Communique to increase the circulation
- Hold Long Term Care Planning forums in each county
- Yearly educational sessions for Aging Advisory Committee, LCOG Board and the Lowcountry Silver Hair Legislators about the Area Agency on Aging and its functions.

- Alzheimer's Educational Forums for the community as well as caregivers in each county
- Arrange an opportunity for AAA staff and Aging Advisory Committee members to meet with our legislative delegates to discuss issues regarding the elderly.
- Creation of an additional marketing tool for the IR&A program to be used in hospitals.
- Aging and Disability Resource Center Transition (ADRC)
- Establish opportunities for agencies involved in protecting to meet twice a year to keep abreast of changes in the adult protection arena.
- Continue to sponsor the Lowcountry Senior Health Fair/Senior Expo.

The Area Agency on Aging staff will communicate the availability of funding for Senior Center Development through the Lt. Governor's Office on Aging to all interested entities. The staff will identify those agencies that may want to partner to build and develop a senior center in an area with a larger senior population such as the Hilton Head Island area. The Regional Advisory Committee will assist staff with this endeavor.

Over the next four years the AAA will implement ways to encourage those agencies which provide services to the elderly to step out side of their comfort zones, their territory and their silos to work together to not only keep the Lowcountry region's elderly and disabled in their homes, but to assist with maintaining their homes as a safe and healthy environment. To achieve this goal the Area Agency on Aging will continue to improve upon the relationships we have developed over the last four years through the Minor Home Repair Program and Family Caregiver Support's Program and to foster new relationships with other agencies providing home and community based services. We will use these relationships with agencies in developing opportunities to educate the community. Education that focuses on topics that affect the elderly such as health promotion education aimed at prevention, resources that are available to help with minor home repairs, the importance of addressing minor problems with their homes before they become major, education and information on how to maximize their financial resources and their benefits such as Medicare and Medicaid.

AAA staff will continue to be involved in the development of LCOG's Regional Transportation Plan to ensure that issues involved in the transportation of the elderly are identified and addressed. Staff will also continue to be informed of the changes in LCOG's Home Consortium Programs. Staff will communicate these changes to agencies providing services to the elderly so that they and their caregivers may take advantage of these opportunities to maintain their homes. AAA staff feels that if the low to moderate income populations will take advantage of these housing programs before they become elderly and frail, living in a dilapidated house will not force them into a nursing home or to move into a community that they do not consider "home".

By carrying out the above mentioned activities the Area Agency on Aging hope to empower seniors and their caregivers to make decisions that will help them remain in their homes and communities; educate legislators and the community on the issues that effect the elderly, disabled and their caregivers. The agency also hopes to address those barriers that may keep seniors from remaining in their homes and communities such as transportation, financial

resources to maintain their home and to pay for in home services. It is anticipated that through improved housing and senior friendly transportation the agency will see more seniors remaining in their homes and communities and that the Regional Needs Assessment will no longer reflect that seniors want to remain in their homes as a major concern because mechanisms will already be in place to address this need.

OVERVIEW OF THE AREA AGENCY ON AGING

Mission Statement

Lowcountry Council of Governments Area Agency on Aging accepts the regional responsibility as lead agency for planning, developing and coordinating resources, as well as advocating for and assisting localities in providing a comprehensive range of health related and social services to and for the older persons in a statewide aging network. This statewide aging network has as its purpose to enhance a positive image and experience of aging for older persons and their families in South Carolina.

Vision

The vision of the Lowcountry Council of Governments Area Agency on Aging is a comprehensive, coordinated and accessible system providing information, education and services to improve the lives of the elderly and disabled in the Lowcountry region of South Carolina which will assist the elderly and disabled to age in place.

Organizational Structure

The Lowcountry Council of Governments Board of Directors determines the operation and administration of the Area Agency on Aging. The Lowcountry Council of Governments Board of Directors however recognizes the Area Agency on Aging Advisory Committee's role in assisting in the oversight and providing recommendations for the administration of the Area Agency on Aging Plan as guidelines are provided by the S.C. Lt. Governor's Office on Aging.

Staff Experience and Qualifications

The Area Agency on Aging Administrative staff includes that of the Area Agency on Aging Director, Finance Officer who also functions as the Finance Director for the Lowcountry Council of Governments and an Administrative Assistant.

The Area Agency on Aging Director has 19 years of experience working within the Area Agency on Aging serving as administrative assistant/program coordinator, health insurance counselor, and long term care ombudsman. The Finance Director has been with LCOG for 10 years and prior to coming to LCOG the finance director has worked as finance person/bookkeeper with each of the County Councils on Aging in this region. The Administrative Assistant not only provides support for each of the service delivery staff in

the Area Agency but assists the Area Agency on Aging Director with monitoring, contract management, resource development, community education, etc.

Current Funding Resources for AAA Operations

In-home and Community Based Services –

Title III-B, State Supplemental Funds, SSBG, ACE Bingo and State Grant Funding

Long Term Care Ombudsman program – Title III-B and Title VII

Elder Abuse Prevention Services – Title VII

Health Insurance Counseling, Senior Medicare Patrol, MIPPA – AoA, CMS

Group Dining Services – Title III C1 & State Supplemental Funds

Home Delivered Nutrition Services –

Title III C2, State Supplemental Funds, SSBG

Nutrition Services Incentive Program – USDA

Disease Prevention and Health Promotion – Title III-D

Family Caregiver Support Program – Title III E

Medicaid Assistance – S.C. Healthy Choices (via contract with Maximum)

OVERVIEW OF THE PLANNING AND SERVICE AREA

The planning and service area of the Lowcountry Region includes that of Beaufort, Colleton, Hampton and Jasper Counties. During the recent procurement process services were procured on a county wide basis. The Area Agency on Aging purchased services to be provided on a county wide basis. The AAA also provides direct services on a regionally.

The Area Agency on Aging will begin working with the GIS/Planning Department of the Lowcountry Council of Governments to map out where the senior populations are in each county. Once the 2010 Census has been completed we will also work with this department in determining where the low to moderate income seniors are in relation to existing group dining sites and senior centers.

The map shown on the next page indicates where each of the group dining sites is presently located in each of the four counties. One area of concern is Colleton County. As indicated by the map shown on the next page the existing nutrition sites are not located where services are accessible to all seniors of Colleton County particularly those clients in need of home delivered meals. During discussions with Colleton CoA, AAA staff suggested the use of a satellite station or packaging sites where meals can be delivered by the regional caterer and volunteers and/or staff can then package and deliver the meals to seniors in the more rural areas of Colleton County. The service provider was reminded that the use of packaging sites was mentioned in the RFP. This solution will assist the AAA and the CoA in reaching more seniors of Colleton County with home delivered meals. Staff will continue discussions with this provider and its Board of Directors to address this need.

Over the past year the Lowcountry Area Agency on Aging begun working in the more rural areas of the region, targeting the rural elderly to disburse information about programs and services offered through the Area Agency on Aging. The agency has begun placing information kiosks in rural health clinics, senior sites that are operated by the County Councils on Aging, Parks and Leisure Services of each county and churches. Kiosks were also placed in hospitals, libraries, satellite DSS offices and other sites hoping to target those seniors and their families that we normally do not reach. Staff monitors the kiosks regularly to ensure that the information is always available. Area Agency on Aging staff have a regular presence at rural health clinics and DSS offices, staff also participates in Faith Based health fairs and senior information expos and has representation at local Farmers Markets. In addition to continuing the aforementioned activities beginning this program year the AAA staff will target areas such as the Town of Edisto Beach in northern Colleton County making sure that seniors and their caregivers are aware of the Area Agency on Aging and the services that are offered.

Staff has also established closer working relationships with the Departments of Mental Health and Departments of Disabilities and Special Needs. Staff believes that these relationships will ensure that the elderly DMH client and the client with special needs and their caregivers are aware of services and assistance available through the Area Agency on Aging and will continue to improve upon these relationships. Staff will fill a vacancy on the Aging Advisory Committee with someone from the Department of Mental Health or someone from Department of Disabilities and Special Needs.

Ten Year Forecast

The biggest change in demographics of the elderly in this region in the next ten years will be the growth of the senior population it self. With resources dwindling and senior population in this area growing at a rapid rate the AAA sees itself more in the role of making sure that seniors and their caregivers are kept update on resources that are available and provided with information to make the most of those available resources. The *distribution of existing resources and the creation of new resources* to assist this growing population to age in place is going to be a particularly challenging in the face of a struggling economy. *Transportation systems* to address the needs of a growing elderly population will also be a challenge since public transportation in this region is in the developing stages. The AAA will look at ways to begin educating seniors on making sure that they are prepared for retirement, and as much as possible prepared for catastrophic medical events through better long term care insurance. Information and education on how to make their personal and public resources stretch will be also important in keeping elders in their homes for as long as possible. *Policy Changes* at the state and federal levels to put resources in to a *long term care system* geared to providing care at home will be needed to meet the economic challenge of assisting this population to age in place.

Emergency Preparedness

The AAA has not been involved in the actual emergency preparedness operations in any of the Lowcountry counties emergency preparedness offices. However, each of the county

emergency preparedness offices has information regarding LCOG and the Area Agency on Aging. The AAA does maintain current contact information with each of those offices.

Because three of the Lowcountry counties border the Atlantic Ocean our biggest concern is that of hurricanes. Once information is received in this office from Beaufort County's Emergency Management Agency on the status of a hurricane, the AAA will take the following steps:

The Ombudsman will call each facility to gather information as to their readiness for evacuating their facilities and to ascertain where they will be evacuating to so the AAA can assist with information and or location of residents in the event a hurricane does affect the area. Also throughout "hurricane season" as the ombudsman is visiting facilities she will ask about each facility's disaster plan, when it was updated, and etc.

Staff will begin making contact with the contractors to determine if they need any assistance with getting emergency meals for their clients and to make sure all contact information is current.

Staff will make sure that all emergency phone numbers for the county offices, Red Cross, current contractors and others are current. **Please see attached emergency listing.**

All staff at the COG is given updated phone numbers including cell phone numbers of each staff person. The Executive Director leaves with phone numbers of each department head and information as to where staff are evacuating to. Each department head is responsible for their staff phone numbers to include where each are evacuating to.

Updated information is shared with the Lt. Governor's Office on Aging and contact is made to the Lt. Governor's Office on Aging to determine if further information is needed.

The AAA has agreements with Hampton Council on Aging to use the Sr. Center in Yemassee as an Emergency site if this office sustains damage due to a natural disaster and the back up to this is the Hampton County Council on Aging administrative offices in Hampton.

Each service contractor was asked for a copy of the Disaster Plan as part of the procurement process this year. At least two of the providers' response to this request was no more than a statement about turning over their transportation to their county's emergency response office, informing them of seniors who may need assistance, making sure that clients have emergency meals, and giving the AAA their contact information.

The Area Agency will look to the Lt. Governor's Office on Aging for assistance in developing a workable Emergency Plan. Once the AAA feels comfortable with its own Emergency Plan we will get more involved in helping the agency's contractors with developing their Emergency Plans.

The Area Agency will be publishing a special edition to the Lowcountry Senior Communiqué on Evacuation Preparedness. The agency created this special edition three years ago and has since received several requests from other agencies to produce an update. The publication contained the regular evacuation checklists, special considerations for caregivers of the elderly, disabled, and care receivers with dementia. It also included information on shelter locations in this region and other important instructions. During our efforts to get updated information, AAA staff will begin dialoguing with The Red Cross,

Salvation Army and other recovery groups to make them aware of the AAA's readiness and willingness to be involved in any recovery efforts. This special edition of the Lowcountry Senior Communique will be published the 2nd week in July 2009 and plans are to distribute one each year.

AAA OPERATIONAL FUNCTIONS AND NEEDS

The Needs Assessment and survey conducted in the fall of 2008 indicated that many seniors have a desire to remain in their homes. This needs assessment included a survey, a review of waiting lists from current providers, a review of the Information Referral and Assistance program, Caregiver Support program and a round table discussion with service providers. The barriers that need to be addressed in order to assist seniors in remaining in their homes includes: financial assistance, home repair and/or modification, respite, personal care at home, and transportation to medical appointments.

Over the next four years the Area Agency on Aging will look at different ways of utilizing current funding resources to address some of these needs. Beginning with FY 09/2010 the agency will move additional funding into Home Care Level I and additional funding into a Minor Home Repair/Modification Program. During the next four years the AAA will consider transitioning the Home Care Level I program into that of Home Care Level II and/or a Home Living Support Program geared towards Consumer Choice.

The Area Agency will continue to be advised of all resources available to seniors in the Lowcountry Region that will help overcome many of the barriers listed above.

Program Development

Area Agency on Aging staff will continue to develop the Minor Home Repair Program. Over the last three years staff has identified several agencies and/or community groups to assist with this program. These contacts have helped in stretching the limited resources received by this agency, for this necessary program, and helps the agency to meet its objective to assist seniors in remaining in their homes in their communities for as long as possible.

The Agency will continue to develop the Family Caregivers Support Program and Information Referral and Assistance Program. The continued development of these two programs is important in assisting seniors to remain in their homes. This ongoing development will consist of training staff in a variety of issues and areas that affect seniors and/or their caregivers.

Seniors in the Lowcountry want to remain in their homes and are looking for resources that will help them to do so. Two of these resources are assistance with respite and personal care in their homes. The AAA staff will look at ways to enhance its current Home Care Service to include upgrading to Home Care Level II service and/or a Home Support Service.

Because of decreasing resources for services the Area Agency on Aging will work with the State Unit on Aging to assist current service providers on how to establish private pay service options. This will be a new venture for some of our current contractors. If they are to expand their services and programs and if they hope to attract a variety of elderly clients especially at the Senior Centers, establishing some type of private pay service option will be critical. This funding source will also be important in light of the fact that many of our current contractors will be facing a reduction in funding from their local governments.

Program Coordination

The AAA will expand upon their efforts to work with directors and staff of the aging program contractors, other service delivery agencies and programs operating in the region. We will coordinate program activities for efficient and effective use of limited resources to meet the needs of the elderly in the region.

Conversion to Aging and Disability Resource Centers

Since 2006 the AAA has been preparing its staff and Aging Advisory Committee regarding transitioning to that of an Aging, Disability and Resource Center (ADRC). Staff is in constant cross training so that the “one door” approach will work smoothly. The agency invited other agencies who provide services to the elderly and disabled population to a meeting with Lt. Governor’s Office on Aging (LGOA) staff pertaining to ADRCs and SC Access. The Aging Advisory Committee has also heard presentations from LGOA staff about ADRC. Over the past few years the agency has established working relationships with other agencies which provide services to the senior and disabled populations. Over the next program year the AAA, with assistance from LGOA will determine its readiness to make the transition from an AAA to that of an ADRC.

Advocacy

All staff is committed to advocating for seniors to make certain that they get the services they need on a day to day basis and will continue to do so. The Long Term Care Ombudsman will continue to work with staff of Long Term Care Facilities, family members of residents of long term care facilities and the residents themselves to ensure that residents’ rights are adhered to and to educate everyone involved on their rights. Staff has assisted seniors in applying for assistance in paying for prescription drugs, food stamps, applying for Medicaid and other resources.

Over the next four years AAA staff will establish relationships with their local legislative delegation. This will allow staff the opportunity to communicate concerns about issues affecting the elderly of the Lowcountry. Staff will look to the Regional Advisory Committee and LCOG’s Board of Directors with assistance in this area.

Staff will continue to participate in and attend public hearings held within the Lowcountry or by statewide entities on issues and plans that affect older persons.

Priority Services

Here in the Lowcountry Region, the AAA has used historical data to help determine the amount of funding needed to purchase an adequate supply of in-home services and transportation. Historically we have allocated the minimum amount for legal services and the minimum amounts recommended by the State Unit on Aging for Information Assistance and Referral.

The Area Agency on Aging has in the past and will continue to contract with a legal services firm to provide this service. Since the AAA has not had a response to the RFP for this service the AAA will ask for a waiver which will allow the agency to select a provider. The agency will seek a provider that is more central to all four counties in the region. The past provider used is located in the City of Hardeeville which is easily accessible to residents of Jasper County and some parts of Beaufort County. Staff feels that this is a barrier to all seniors having access to this service. However the current provider has been willing to meet seniors at their homes, senior centers and in long term care facilities.

At this time the AAA does not contract with an agency to provide case management services. However, with the growth of the senior population and the varied dynamics of this population, a reduction of resources for the elderly and our conversion to that of an ADRC the AAA is aware of the need for this type of service in the future.

Nutrition Services

The Area Agency on Aging will work with current providers of group dining to improve activities at the nutrition sites and/or senior centers. We hope that with improved and/or increased activities at these sites that the region will see an increase in group dining participation and senior center participation.

The Area Agency on Aging has scheduled training for Council on Aging Directors and nutrition site/senior center managers regarding activities. AAA staff has found that unless both administration and front line staff are in agreement on what makes for a varied activity calendar changes will not happen. This training has been scheduled for July 2009.

Nutrition Services have seen a decrease in participation at group dining sites particularly in the Bluffton Area and Colleton County. One of the reasons for the decline in the Bluffton group dining site is the location and size of the site. This is a barrier to attracting new clients and a barrier to being able to offer a variety of activities at this site. The Area Agency on Aging is working with the Executive Director of Beaufort County Council on Aging to identify another site for this program and/or identify possible partners for building a senior center in the Bluffton/Hilton Head Area. AAA staff and the CoA in Colleton County are working together to identify another location for a senior nutrition site in Colleton County.

The AAA is working with CoA Directors on identifying areas in their counties where a satellite site or meal packaging site will assist with increasing home delivered meal routes. Staff will also continue its efforts in establishing frozen meal routes in each county.

Training and Technical Assistance

The AAA will continue to provide technical assistance to contractors providing services under the area plan. This assistance will be provided through contractor meetings, on site visits and written communications.

The Area Agency on Aging has a new provider for home care services. Staff will provide ongoing technical assistance to the new provider on AIMS, forms and other requirements for the home care program.

Monitoring and Grant Management

The Area Agency on Aging will monitor contractors to determine if services are being provided as outlined in the Scopes of Work and Quality Assurance Standards for each service/program and to determine if units are being served as contracted. This monitoring will consist of on site visits and table top view of data received through AIMS (Advanced Information Management) program. Our focus for the upcoming year will be making sure that services procured are provided on a county wide basis.

During monitoring of local service providers AAA staff will review the grievance procedures to ensure that the Area Agency on Aging information and the state unit on aging is included as an avenue for clients to complain if they cannot reach a satisfactory conclusion to the issue. The providers have grievance procedures in place but will be looked at in the future to include documentation that the information is shared with each client and/or their caregiver.

Resource Development

For the next four years the AAA will use information gathered from the needs assessment to determine the amount of III-B funding needed for each of the priority services identified in the OAA.

Staff will begin to look at other resources to assist with addressing the needs of seniors such as grants earmarked from minor home repair/modifications and medical transportation.

The regional needs assessment indicated that seniors in the Lowcountry want to remain in their homes for as long as possible. To assist in addressing this concern the AAA will continue to fund the minimum required amount for legal assistance, will earmark funding for a minor home repair program and increase funding levels in home care from that of previous years.

AAA DIRECT SERVICE DELIVERY FUNCTIONS

The following staff is currently assigned to provide direct delivery of region wide services:

Gwen Coath – Long Term Care Ombudsman. The Ombudsman has served in this capacity for five years and prior to this served as coordinator for the Senior Aides Program at the Lowcountry Council of Governments for eight years.

Karen Anderson – Information and Referral Specialist. The Information and Referral Specialist came to LCOG in 2004 after five years at Hampton County Department of Disability and Special Needs. She is also AIRS Certified which is one of the requirements of being the agency's Information and Referral Specialist.

Riann Mihylov – Family Caregiver Advocate. The Advocate has served in this capacity for three years. Prior to coming to LCOG worked as an advocate for abused children. Has a Master's Degree in Clinical Psychology.

Susie F. Gordon – I-CARE and Senior Medicare Patrol. Before coming to LCOG, Ms. Gordon has worked as a Council on Aging Director and she has retired from Social Security Administration. When she was a CoA Director she was a certified I-CARE counselor and since her hire at LCOG has become a re-certified. She brought with her a working knowledge of how Social Security Benefits, Medicare Benefits and other benefits work together.

Due to a small staff and the importance that programs are provided effectively and efficiently LCOG's Executive Director insists upon cross training. In anticipation of becoming an ADRC all staff is encouraged to participate in training in multiple areas affecting the aging and disabled populations. This training includes in-house training and/or sharing of information between staff at staff meetings. The aforementioned direct services personnel including the AAA Director and the Aging Administrative Assistant are Certified I-CARE Counselors. All staff is kept up to date of changes in Medicare and in particular Medicare Part D. The AAA Director and the Family Caregiver Advocate are also AIRS Certified IR&A Specialists. The Family Caregiver and IR&A work closely together. As support staff to all programs, the Aging Administrative Assistant is trained to enter data into AIMS, SC Access and Ombud 4.2. It is hoped that the cross training will assist in a smooth transition into an ADRC.

Long Term Care Ombudsman

The Lowcountry Ombudsman Program provides advocacy and investigation of abuse, neglect, financial exploitation and quality of care concerns for residents living in 46 facilities. In the Lowcountry Region, there are 2 acute rehab units, 9 nursing homes and 19 Community Residential Care Facilities (CRCFs) - including 2 owned by the Department of Disabilities and Special Needs. In addition to these 2 CRCFs, there are also 14 Community Training Homes (CTH II) and 2 Intermediate Care Facilities for the Mentally Retarded (ICF/MR) located in the Lowcountry Region. There are a total of 1,741 beds in the facilities located throughout the region. The majority of the Department of Disabilities and Special Needs beds are covered by the state office for investigation; all other investigations are covered by the Ombudsmen in the region.

During 2008, there were 297 complaints reported to the Ombudsman and 138 cases initiated and investigated in the Lowcountry Region with the majority being quality of care concerns.

The greatest challenge facing our program is the number of staff assigned to handle the number of complaints, consultations, trainings and public awareness. This leads to a greater effort to prioritize complaints and educate complainants that in many cases, communication with the directors and administrators of the facilities can bring about desired resolutions.

In the next four years, the goals of our program are:

1. To inform law enforcement of the Ombudsman's role in an effort to make them more knowledgeable of the laws regarding abuse, neglect and exploitation. One activity that is planned to meet this goal is that of bi-annual meetings with law enforcement representatives and others involved in the protection of the vulnerable adult.
2. To encourage residents and families to become more active in establishing Resident and Family Councils, where they don't exist, and participation in the councils that do exist.
3. Increase awareness of the Friendly Visitors because they are an essential part of our program. Their presence and support is vital to the residents as well as to the Ombudsman. Recruiting new volunteers will continue to be an ongoing effort.

Annually, a request is made of the director and administrator of each facility in the region to provide detailed information regarding their Emergency Preparedness Plan. This effort will continue.

Information and Referral Services

The Lowcountry Area Agency on Aging's goal is to be the sole source for Aging Information and Referral in the Lowcountry Region. The I&R/A program works with the Service Managers of the local Councils on Aging offering support and keeping the staff abreast and updated on all senior issues. This allows a senior the option of either calling into the I&R service or posing the same concern to a familiar entity: as a result 1% of the regions senior population received the assistance that they needed, at a local level. The Aging I&R program is marketed to all Public and Private, For Profit and Non Profit Service Providers in the Lowcountry region as the consultant for area services as well as case review for needed services and in house staff trainings.

The long term goal of the AAA is to continue to support the local service providers and promote independence and responsibility of the seniors and their caregivers by continuing to market the program to seniors as the community connection to needed services.

The use of SC ACCESS as the I&R database is a dependable resource for both referral and tracking. The agency has an abundant number of repeat callers who do not realize that they have called the same office on two different numbers, toll free and standard, and then we

have those that simply do not understand the social service arena and continue to call in with additional questions. The Area Agency on Aging does not have an MOA with any community service providers that are used for direct referral. However, if a referral is made then the SC ACCESS systems tracking capability is used as a reference for the referral, for follow-up and case management if advocacy is needed. Desk top referrals are also used as referral sources. These referral sources are not phantom sources however they are local resources that only take referrals from an agency representative, or they have chosen not to be registered in SC ACCESS.

Another goal of the AAA has always been that of a “one stop shop” delivery system and providing seniors and their caregivers with information to make informed decisions for themselves. Because we rely on the Councils on Aging as focal points for aging services in each of their respective counties, the Directors, Service Managers and other staff are offered training to recognize concerns in the daily lives or activities of the seniors that they serve. The goal is that all provider staff will learn to recognize and address a seniors’ concern and offer the toll free number to the AAA or offer the senior the opportunity to speak with a Service Manager privately as soon as possible. Two trainings have been planned for the 2009-2010 to help all provider staff to recognize issues that seniors may have and how, when and where to make referrals.

A consistent challenge that the AAA faces is bringing awareness to the Information, Referral and Assistance Program. The growth rate and pattern of the Lowcountry I&R Program is measured by the increase in calls and decrease of duplicate calls each fiscal year as well as the number of working relationships with local service agencies. According to the call volume and description, the Lowcountry I&R Program is a trusted source to both local, state and federal agencies and most importantly, the local community of seniors and their caregivers.

The current marketing strategies have proven to be successful. We plan to continue marketing by means of reporting current issues in the AAA newsletter, placement of program information, including SC ACCESS information in the AAA kiosks, annual introductory letters and/or continued support letters to the local service providers and churches, and by providing the local libraries and hospitals with bookmarks for their clients that offers the AAA toll free number. We have created a new marketing tool to offer the local hospitals: placemats for the lunch trays that describe assistance at the toll free number. The I&R Specialist and AAA Director plan to continue attending community meetings that focus on senior issues and concerns.

Statistics show that the I& R/A call volume has continuously increased in the last 4 years. Calls are most prevalent among the low to moderate (LMI) population for income supplement or support services, but also in the Moderate to High Income (MHI) population in the area of LTC planning. We predict that the call volume will continue to increase in the next 4 years considering both the population predictions as well as the marketing plan for the I&R/A Program. In an effort to ease some of the concerns about income supplement or support services, the I&R Specialist plans to more aggressively target the low income communities that have low call volume by working with local entities and by providing

additional marketing materials, even outside of the Aging arena, in hopes that it will pass to the intended person. For example, school libraries, grocery stores, etc.

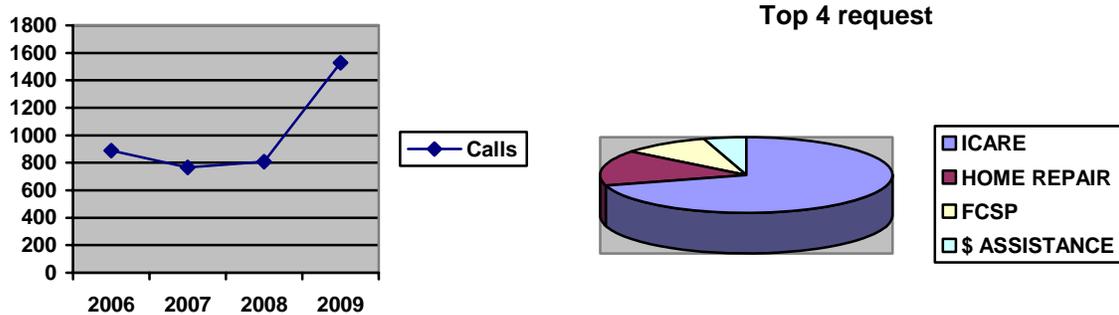


Chart above shows call volume for last four years.

Insurance Counseling and Referral for the Elderly and Senior Medicare Patrol

The long-term goals the AAA has for each of these services are: community awareness of each program through information, education, partnerships, outreach and the continued recruitment of I-Care and SMP volunteers.

Weakness in these programs that must be addressed in order to reach those goals are: the extreme rural areas and their lack of organizations, structured programs, meeting places, and distance make it very difficult to schedule presentations. These areas include Colleton County: Cottageville, Williams, Hendersonville, Edisto Beach, and Jonesville. In Beaufort County; Hilton Head Island, Okatie and many gated communities. Many residents of these gated communities often do not feel they need any programs the AAA offers until their substantial resources have been depleted. They are not open to presentations done by the AAA, refuse to return telephone calls for presentations and other information, and remain exclusionary. The population of seniors in these areas has exploded. Many in our population are frail, elderly, and home-bound. We are placing emphasis on getting more information to their caregivers. Clients who suffer from mental disorders pose a different set of challenges. We continue to work through the Mental Health organizations and any caregivers to help these clients.

The major strengths of both programs in their current configuration are: our presence at eight (8) rural health centers and three (3) DSS offices and eleven (11) senior nutrition sites and five(5) trained I-CARE counselors on the AAA staff. Clients are referred to us with great frequency both on the telephone and in person. At the rural health centers the Receptionists, Pharmacy Staff and even the Nurse Practitioner call us with referrals. We are given private office space, and clients get their listings of medications immediately from the pharmacies or from the nursing staff. Bi-lingual staff at all the centers has reached out to ‘partner’ with us as well as the Farm Worker Outreach Coordinator. We have become a ‘fixture’ at the rural health clinics. Bookmarks containing the AAA toll-free telephone number are left at all the reception desks. In doing our jobs we have also made their jobs easier ensuring AAA staff are welcomed in all of these facilities. The DDS offices have provided space for our

Information Booths and we are welcomed to speak with every client who enters the buildings. The Nutrition sites have always served as a way to speak with the aging about Medicare and Fraud.

To illustrate our strengths: We facilitated fifty-nine (59) presentations for 1,690 individuals. We participated in sixty-six (66) information booths and interacted with 1,883 individuals. We distributed 102 brochures reaching an estimated 7,663 individuals. We reached 7.8% of our disabled and elderly populations either in person or via the telephone. We reached 15.1% of those populations through brochure distribution.

The SMP program has gained strength as a session on Medicare fraud is done at every presentation. We also give current information about scams. We distribute literature to the Regional libraries, pharmacies, and the DHEC offices; we display the materials at our Information Booths. The Quarterly newsletter always contains a section on fraud. Community Awareness has been greatly increased by these efforts.

There are trained I-CARE Volunteers at the Councils on Aging offices, volunteers on the Aging Advisory Committee, and staff at other non-profit agencies. Ongoing training is one of the specific goals to increase the effectiveness of the volunteer effort and their training is updated by AAA staff. Five members of the AAA staff are trained I-CARE counselors; therefore, volunteers always have someone available to them for consultation.

Part D enrollment is handled by the five members of the AAA staff who are I-CARE counselors. Challenges will be addressed by stressing the enrollment periods as we do presentations, scheduling workshops across all four counties for October and November each year to do comparisons, radio, newspaper, and TV public service announcements to remind the public to compare before signing any contracts, using faith-based organizations to post flyers and read announcements in their churches, and reminding every client we speak with about the enrollment periods.

Challenges in these service areas will be addressed by radio spots on both faith-based radio and swap-meet radio stations to reach clients in rural areas, cable TV public service announcements that scroll for the more-previously-resistant-more-affluent clients, newspaper space in local papers for workshops, flyers posted at pharmacies, placemats for home-delivered meal clients (both Councils of Aging and other agencies that deliver meals), placemats and bookmarks at food distribution sites that contain the AAA toll-free phone number, coordination with AAA staffers who visit clients for home repair to also bring information about Part D and other I-CARE information, flyers for physicians offices and clinics, and flyers posted in grocery stores and local markets. About 50% of the clients spoken with over the past year were below 150% of the FPL. We will saturate the areas they frequent (physicians, clinics, churches, and grocery stores).

Within the next ten years we expect the population growth to continue in Beaufort and Jasper counties. The need for I-CARE and SMP will be greater as this population continues to age. As we are now heavily into securing applications for the LIS and GAPS programs, we expect to be full partners in whatever state and federal programs exist in the future. When we also

'layer-on' the expected rate of Alzheimer's disease we must be prepared for even greater challenges as we assist clients and their caregivers. We have always encouraged our clients to be proactive. That may be more difficult with a new type of client and a burdened caregiver. On the positive side many of our clients in the less rural areas use the internet, and we expect that some of our aging population will be able to do much of the work for Part D with only minimal help needed to navigate through the Medicare Prescription Plan Finder website.

A new activity that the AAA staff will be implementing this program year is the "Happy 65 Birthday" project. The plan is hold "Birthday" celebrations each quarter in each county for those have reached the age of 65 or within three months of reaching that age. At these celebrations staff will present information on Medicare to include preventative benefits, information on LTC Planning and information on programs offered by the Area Agency on Aging.

Family Caregiver Support Program (FCSP)

Region X is unique compared to other regions. In the Lowcountry we have the extremely wealthy and the extremely destitute. When considering long term goals the AAA has for these groups of caregivers, several ideas may be implemented in the near future. Understandably, these families do not have much in common, but they are caregivers and need assistance in creating a seamless transition from family member into primary caregiver by ensuring accessibility and referrals to community based resources and reception of correct and complete information.

Web tools such as a virtual FCSP Application and free online training courses are ways for caregivers to expedite the application process and learn caregiving techniques and ideas at their own pace. In FY 2007/2008 the FCSP served 239 caregivers with a budget of \$84,600. That comes to an average of \$354 per family. The caregivers that receive this grant seem to move mountains with it. The FCSP could decrease the grant amount awarded to caregivers in order to move funds around to partner with other community agencies in providing information and services to pockets of the population that we currently are not serving. That population would include the most rural areas of our four counties some without running water or telephone service. The partnership could focus on supplementing other programs in providing proper training for caregivers, nutrition issues and/or transportation solutions.

Weaknesses within the FCSP may include the lack of facilitated general support groups and outreach. Many caregivers approached about being involved in a support group are concerned with the care of their loved one while in the group and/or lose interest soon after the group is formed which causes the group to collapse and dissipate or are looking for disease specific groups in which there are many. Outreach efforts have been focused on community events and education, community gatherings (i.e., Medicare enrollments) and Councils on Aging nutrition sites and senior centers. More attention will be paid to the local doctor's offices, churches, and other local agency partnerships.

Major strengths of the FCSP are the strong working relationships we have with other community agencies and knowledge of services and programs within our service area. The FCSP makes sure to provide accurate information regarding other programs in the community. The FCSP appreciates when other community agencies do the same. The Family Caregiver Advocate works very closely with the IR&A Specialist to guarantee that all referrals made are necessary and that a working list of programs and services available are accessible to caregivers their families.

Currently, the FCSP does not use volunteers to assist in delivering services. The FCSP could train volunteers to be the voice in the community for the FCSP and the AAA. Volunteers could commit to speaking at question and answer engagements twice per month in each county. Who better to share information than someone who lives in that community and who can tailor the education and information to that communities needs? The FCSP will send out a general interest survey to discover who may be interested in volunteering their time to talk about their experiences working with the FCSP and the AAA.

Over the years the AAA has received many unusual requests. The FCSP is aware that all caregivers, families and situations are different- not one solution will fit every request. Each application and request for assistance is reviewed and discussed by the AAA staff. If it is determined that the ‘unusual’ request such as a blender will benefit and ease some of the caregiving responsibilities of the caregiver, it may be approved. Unusual requests such as the purchasing of electronics and alcohol will not be approved for obvious reasons- while they may ease the caregiver, they do not assist in the care of the care receiver.

Challenges to be addressed over this four year plan may include better accessibility to community services, education and training; creating ways to do more for existing caregivers while enrolling new caregivers for services; initiating new and maintaining positive relationships with community based agencies and services. Overall, the FCSP will continue to monitor and serve the emerging needs of target populations and find new and creative ways to meet those needs.

CHANGING DEMOGRAPHICS IMPACT ON AAA EFFORTS (8 pages)

In common with much of the rest of the United State, the Lowcountry’s population has gotten older since the last Census. In Beaufort County has seen the largest increase by far than that of Colleton, Hampton, and Jasper Counties. The main reason for the increase in the majority of the senior population in Beaufort County is the migration of seniors looking to retire in Beaufort County.

Age Group Changes: 2000-2007

Beaufort County:

	2007	2000	% Change
60 to 64 yrs.	8,118	6,286	29.14%
65 to 74 yrs.	14,357	11,329	26.73%

75 to 84 yrs.	9,854	5,913	66.65%
85 yrs +	3,062	1,512	102.51%

Colleton County:

	2007	2000	% Change
60 to 64 yrs.	2,367	1,783	32.75%
65 to 74 yrs.	3,026	2,794	8.30%
75 to 84 yrs.	1,713	1,641	4.39%
85 yrs +	707	493	43.41%

Hampton County:

	2007	2000	% Change
60 to 64 yrs.	1,035	797	29.86%
65 to 74 yrs.	1,415	1,447	-2.21%
75 to 84 yrs.	936	874	7.09%
85 yrs +	384	274	40.15%

Jasper County:

	2007	2000	% Change
60 to 64 yrs.	1,095	815	34.36%
65 to 74 yrs.	1,428	1,273	12.18%
75 to 84 yrs.	864	738	17.07%
85 yrs +	370	258	43.41%

Information collected from: “The People and the Economy of the Lowcountry, October 2008” published by the Lowcountry Council of Governments Planning Department.

AAA staff feel that the majority of the seniors moving into the region, especially those moving into the gated retirement communities will not be looking at the traditional or core services offered by the Area Agency on Aging and the providers that it contracts with such as group dining, home delivered meals and the transportation service as is provided at this point. This population will benefit from information on how to maximize their resources such as their Medicare Benefits, information on planning for catastrophic diseases such as Alzheimer’s Disease and the prevention methods described in the Alzheimer’s Disease and the Purple Ribbon Report – 2009, Chronic Disease Management Evidence Based Programming, Long Term Care Insurance and other important information.

As mentioned earlier in this document one of the barriers will be getting behind the gates of those retirement communities and reaching those retired seniors before they have spent their resources thereby requiring intervention on the part the Area Agency on Aging. AAA staff has found that unless the seniors in some of these communities have experienced a life changing event they are not interested in the Area Agency on Aging and are very guarded about who they allow into their communities. If they want information on senior issues or resources they will call their legislative delegate or silver haired legislator who will then ask AAA staff to accompany them to these communities to make presentations. The Area

Agency on Aging will seek assistance from the Silver Haired Legislators particularly those from Beaufort County on ways to get behind the gates so that we can get preventative information, Medicare Information and other information out to those seniors.

Senior Center Development and Increasing Use

The Area Agency on Aging has been working with the Beaufort CoA to identify agencies and/or other senior groups to help with developing a senior center in the Bluffton/Hilton Head Area. That part of Beaufort County has a growing population and especially a senior population with varied levels of education and income levels. A senior center offering a variety of programs and activities would be a great benefit to the seniors in that area.

During the last four years the region has seen four senior centers built with PIP funding: Burton Wells Senior Center in Beaufort County, Yemassee Senior Center in Hampton County, Ridgeland Senior Center and Hardeeville Senior Center in Jasper County. Area Agency on Aging staff will be working with the staff of these centers, their CoA Directors and staff of Group dining sites to develop activities and activity calendars to increase participation at these sites and to help the Councils on Aging to meet the requirements of the Group Dining programs and the standards set for senior centers. Training has been scheduled for July 2009.

Colleton County is the only county in the region which does not have a senior center. The AAA has been working with the Council on Aging in identifying a partner or partners to work with the CoA in developing a senior center for that county. The senior population in Colleton is not large as compared to Beaufort County however that population is mostly rural and low income and could benefit from having a senior center not only for nutritional activities, but, activities that are of interest to seniors.

Local governments in Beaufort, Jasper and Hampton Counties played an important part in the development of these senior centers with financial contributions, donations of land, manpower and other resources that the Councils on Aging could not afford. The Area Agency on Aging will continue to encourage these types of partnerships and hope that these efforts will lead to additional partnerships with local governments and serve as an example in other areas of the region looking to build senior centers.

Alzheimer's Disease and the Purple Ribbon Report – 2009

The mission was to study the current and future impact of Alzheimer's disease and related disorders in South Carolina, assess the resources for and needs of persons with ADRD and their caregivers, and recommend a state strategy to address this public health issue.

Some of the programs and agencies that were identified by this task force to assist them in meeting their goals as they relate to the provision of services for individuals with Alzheimer's disease, their families and caregivers include: the Area Agency on Aging and its Information and Referral Program, Family Caregiver Support Program, Long Term Care Ombudsman Program and the Aging and Disability Resource Centers. Other programs and

agencies include that of Community Long Term Care and the Alzheimer's Association – S.C. Chapter.

Their goals include: Empower older people, their families and other consumers to make informed decisions about, and be able to easily access existing health and long term care options; Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers; Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare; Ensure the rights of older people and prevent their abuse, neglect and exploitation.

As the above mentioned goals are the same as those of the Area Agency on Aging and the programs and services that are provided over the next four years the AAA and its staff will continue address these goals and improve their services to meet the needs of the seniors affected by this disease and their families and caregivers.

Project 2020: Building on the Promise of Home and Community Based-Services

The goal of Project 2020 is to enable older Americans and individuals with disabilities to make their own decisions, to take steps to manage their own health risks, and to receive the care they choose in order to remain in their own homes and communities for as long as possible, thus avoiding unnecessary and unwanted institutionalization.

The key elements of Project 2020 are:

- Person-Centered Access to Information
- Evidence-Based Health Promotion and Disease Prevention
- Enhanced Nursing Home Diversion Services

The AAA is taking steps to achieve this goal and will continue to improve upon these steps. The AAA feels that with continued development of its Information, Referral and Assistance program, Family Caregiver Support Program and the I-CARE programs seniors and/or their caregivers will be provided with the education and information necessary to stay in their own homes in their own communities for as long as possible. This education and information includes that of health care education, information on how to maximize their financial resources, Medicare Benefits and Long Term Care Insurance Benefits and other community benefits and resources and how to maximize available community resources.

The Area Agency on Aging will continue to work with the Lowcountry Council of Governments Planning Department with the functions of its Regional Transportation Plan which will assist with addressing some of the issues of transportation for the elderly. AAA staff will also work closely with LCOG's Home Consortium Program staff so that we can inform seniors of the availability of programs in their areas which will help with home repairs.

Beginning last program year the Area Agency on Aging has worked with the Councils on Aging in the region in instituting Evidence Based Health Promotion programs at their senior

centers and group dining sites using Title III dollars. During procurement of services for the FY2009 program year the Area Agency on Aging procured health promotion services that were Evidenced Based. Contracts will be award to three Councils on Aging for this service. The AAA will ask for a waiver to select a provider for this service in Beaufort County. We will continue to encourage the Councils on Aging to expand their Evidence Based Health Promotion programming using other resources to include fee for service/private pay. The Area Agency on Aging will also identify other groups working with seniors in the Lowcountry and inform these groups on training opportunities for their staff in Evidence Based Health Promotion programming. By working with other senior groups more seniors can achieve the benefits of an evidenced based health promotion program.

The Area Agency on Aging will identify those entities and organizations that are working towards the same goals as Project 2020 and establish a working relationship with these agencies so that all can work together to achieve the goal of assisting the elderly and disabled to remain in their homes for as long as possible thereby reducing the amount of federal and state funds that are allocated towards institutionalization.

The AAA staff will provide information to their regional advisory committee on the goals of Project 2020 and how the advisory committee can assist in helping the Area Agency on Aging, the State Unit on Aging, and the Administration on Aging in reaching these goals for the seniors of the Lowcountry region of South Carolina.

Legal Assistance Services

The Area Agency on Aging will be asking for a waiver to choose a provider for this service since a provider could not be procured through the RFP process. In the past year the AAA has not seen a lot of activity for this program. Staff believes the reason for this is because the provider for this service is located in Hardeeville, SC which is not centrally located for the region.

The Legal Assistance Program is marketed in the same manner as the other Area Agency on Aging programs. Information about the program is mentioned in our Area Agency on Aging brochures which are placed in kiosks throughout the region, the Lowcountry Senior Communiqué, presentations made by staff at various functions in the region and through our Information and Assistance Program. Information regarding the legal services program has been sent to administrators of long term care facilities in the region. The program will also be marketed through the LCOG's website once it becomes operational.

The referrals for the legal program come from the Area Agency on Aging. Most of our marketing for this program as well as other programs are targeted for the LMI populations and the elderly disabled populations.

In the past a representative from the legal service provider has met with clients at their homes and at nursing homes. The Lowcountry Senior Communiqué is sent to home bound clients of the Councils on Aging and is distributed throughout the region.

REGION SPECIFIC INITIATIVES

Transition to Aging and Disability Resource Center.

The Area Agency on Aging will seek guidance from the Lt. Governor's Office on Aging to help determine the additional elements that the Area Agency will need to have in place in order to make the transition to that of an Aging and Disability Resource Center. Staff is continuing to train in various areas/subjects that affect the elderly population and has the support of its Aging Advisory Committee. Staff hopes to continue to empower seniors and their caregivers with information that will assist them in making informed decisions. The continuing development of the Information and Referral Services, the Family Caregiver Support Program and Health Insurance Counseling program is vital to this transition. The aforementioned programs have been and will continue to be essential in the development of working relationships with all providers of services to the elderly and disabled. Because of continued increase in the aging population and the varied seniors that will make up this population the Lowcountry Area Agency on Aging wants to make sure that it markets it self as that one door that seniors in the region will need to open for up to date information on senior issues and resources in the Lowcountry for seniors and their caregivers.

Increase in Community Education

The Area Agency on Aging still has a long way to go to educate the community on what they Area Agency on Aging is all about. In spite of the success of the Family Caregivers Support Program, the Information, Assistance and Referral Program and the I-CARE Program there is still that perception among some of the elderly of the Lowcountry including legislative delegates and Silver Haired legislative delegates that the programs and services offered by the Area Agency on Aging are for "poor people" only. Even today there is the perception that the programs offered through the Area Agency on Aging are entitlement programs. If one is 60 and above that person must be "entitled" to receive whatever services are available because they paid taxes.

During the next four years the Area Agency on Aging will conduct activities necessary to promote awareness of issues affecting the elderly. These issues include changes in Medicare, Medicaid and resources available for the elderly and their caregivers.

The Area Agency on Aging with assistance from the SUA will provide a series of training to address the needs of retirees moving into the region. These topics include Long Term Care Planning, Advance Directives, Financial Planning and Resource Planning.

The Area Agency on Aging staff will plan community education activities that will address concerns and issues affecting family caregivers. These concerns include that of respite, available resources for caregivers, minor home adjustments and community resources to assist with those affected with Alzheimer's Disease and other terminal illnesses.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	REGION: X Lowcountry Council of Governments				AREA AGENCY ON AGING COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2010 - 2013									
2	LINE ITEM	100% AAA Budget	Planning & Admin. B and C 75/25	Program Development 85/5/10	SSBG 100	III-B Ombudsman 85/5/10	VII Ombudsman 100	VII Elder Abuse 100	XIX Ombudsman 100	State Ombudsman Funds 100	III-B I, R & A 85/5/10	III-E I, R & A 88.24/11.76	Planning & Admin E 75/25	III-E Services Staff 88.24/11.76
3	Personnel Salaries	\$166,783	\$63,011	\$22,556	\$5,578	\$6,750	\$6,453	\$1,363	\$9,789	\$541	\$15,250		\$10,254	\$20,660
4	Fringe Benefits	\$96,735	\$36,547	\$13,082	\$3,235	\$3,915	\$3,743	\$791	\$5,678	\$314	\$8,845		\$5,947	\$11,983
5	Contractual	\$107,358	\$2,500								\$750			\$1,500
6	Travel	\$15,000	\$8,000			\$2,000			\$1,000		\$2,000			\$2,000
7	Equipment	\$2,000	\$2,000											
8	Supplies	\$4,427	\$2,500			\$207			\$131		\$671			\$918
9	Indirect Costs	\$85,054	\$32,136	\$11,504	\$2,844	\$3,443	\$3,291	\$696	\$4,992	\$276	\$7,778		\$5,223	\$10,536
10	Allocated Costs	\$0												
11	Other Direct Costs	\$923	\$923											
12	TOTAL OPERATING BUDGET	\$478,280	\$147,617	\$47,142	\$11,657	\$16,315	\$13,487	\$2,850	\$21,590	\$1,131	\$35,294	\$0	\$21,424	\$47,597
13	LESS: In-kind Not for Match	\$0												
14	LESS: Local Cash Not for Match	\$0												
15	TOTAL AREA PLAN BUDGET: LGOA	\$478,280	\$147,617	\$47,142	\$11,657	\$16,315	\$13,487	\$2,850	\$21,590	\$1,131	\$35,294	\$0	\$21,424	\$47,597
16	COMPUTATION OF GRANT													
17	APPROVED AREA PLAN BUDGET	\$478,280	\$147,617	\$47,142	\$11,657	\$16,315	\$13,487	\$2,850	\$21,590	\$1,131	\$35,294	\$0	\$21,424	\$47,597
18	LESS: State Funds (Non-Match)	\$0												
19	NET MATCHABLE AP BUDGET	\$443,902	\$147,617	\$47,142		\$16,315	\$13,487	\$2,850			\$35,294	\$0	\$21,424	\$47,597
20	LESS: State 5%Match	\$4,938		\$2,357		\$816					\$1,765			
21	LESS: Required Grantee Match	\$60,125	\$36,904	\$4,714		\$1,632					\$3,529	\$0	\$5,356	\$5,597
22	Federal Share	\$378,840	\$110,713	\$40,071	\$0	\$13,868	\$13,487	\$2,850	\$0	\$0	\$30,000	\$0	\$16,068	\$42,000
23	BREAKOUT OF LOCAL MATCH (L22):	\$60,125	\$36,904	\$4,714		\$1,632					\$3,529	\$0	\$5,356	\$5,597
24	Local Cash Match Resources	\$50,450	\$36,904	\$4,714		\$1,632								\$5,597
25	Local In-kind Match Resources	\$0												
26	State Funds Used as Local Match	\$0												
27	Total Local Match (Must = Line 25)	\$50,450	\$36,904	\$4,714		\$1,632					\$0	\$0	\$0	\$5,597
29	FRINGE RATE AS % OF SALARIES: 58.00%						INDIRECT COST AS % OF FUNDED PERSONNEL:						32.28%	
30	Yellow cells are calculated values DO NOT enter data in these cells. Blue indicates cells in which data normally should not be entered. Green and Gold columns are for ARRA P&A expenditures related to ARRA activities.													

	O
1	
2	III-E Caregiver Services 100
3	
4	
5	\$102,608
6	
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10	
11	
12	\$102,608
13	
14	
15	\$102,608
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17	\$102,608
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19	\$102,608
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22	\$102,608
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	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1													
2	ARRA P&A 75/25	ARRA P&A 75/25	AoA Medicare Patrol 75/25	CMS I-CARE 100	MIPPA 100	P&A PD SSBG	P&A ARRA	Ombudsman	I&A	FCSP	INSURANCE COUNSELING	TOTAL AAA BUDGET	LINE ITEM
3	\$3,068	\$1,510	\$4,020	\$10,627	\$10,996	\$91,145	\$4,578	\$24,896	\$15,250	\$30,914	\$25,643	\$192,426	Personnel Salaries
4	\$1,779	\$876	\$2,332	\$6,164	\$6,378	\$52,864	\$2,655	\$14,441	\$8,845	\$17,930	\$14,874	\$111,609	Fringe Benefits
5			\$500	\$500		\$2,500	\$0	\$0	\$750	\$104,108	\$1,000	\$108,358	Contractual
6				\$1,000	\$292	\$8,000	\$0	\$3,000	\$2,000	\$2,000	\$1,292	\$16,292	Travel
7						\$2,000	\$0	\$0	\$0	\$0	\$0	\$2,000	Equipment
8			\$945	\$784	\$0	\$2,500	\$0	\$338	\$671	\$918	\$1,729	\$6,156	Supplies
9	\$1,565	\$770	\$2,050	\$5,420	\$5,608	\$46,484	\$2,335	\$12,698	\$7,778	\$15,759	\$13,078	\$98,132	Indirect Costs
10						\$0	\$0	\$0	\$0	\$0	\$0	\$0	Allocated Costs
11						\$923	\$0	\$0	\$0	\$0	\$0	\$923	Other Direct Costs
12	\$6,412	\$3,156	\$9,847	\$24,495	\$23,274	\$206,416	\$9,568	\$55,373	\$35,294	\$171,629	\$57,616	\$535,896	TOTAL OPERATING BUDGET
13												\$0	LESS: In-kind Not for Match
14												\$0	LESS: Local Cash Not for Match
15	\$6,412	\$3,156	\$9,847	\$24,495	\$23,274	\$206,416	\$9,568	\$55,373	\$35,294	\$171,629	\$57,616	\$535,896	TOTAL AREA PLAN BUDGET: LGOA
16													
17	\$6,412	\$3,156	\$9,847	\$24,495	\$23,274								
18													
19	\$6,412	\$3,156	\$9,847										
20													
21	\$1,603	\$789	\$2,462										
22	\$4,809	\$2,367	\$7,385	\$0	\$0								
23	\$1,603	\$789	\$2,462										
24	\$1,603												
25													
26													
27	\$1,603	\$0	\$0										
29													
30													