AREA PLAN

2010-2013

FOR

TRIDENT

AREA AGENCY ON AGING

SUBMITTED

June 19, 2009

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I - INTRODUCTION

THE PURPOSE OF THE AREA PLAN

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 elderly.

The purpose of the Area Plan is to delineate the goals, objectives and actions to be undertaken by Trident Area Agency on Aging in the next four fiscal years. The plan describes the actions that the agency plans to implement based on the Area Agency on Aging functions that are mandated on the Older Americans Act. The Area Plan is a commitment to the Lieutenant Governor's Office on Aging outlining how Trident Area Agency on Aging intends to carry out its administrative responsibilities and to utilize the Federal and State funds awarded to the agency.

The Trident Area Plan represents a commitment by the agency to its role as advocate for programs for older persons in Trident planning and service area. 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 older residents. Trident Area Agency on Aging and the programs it describes in 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.

VERIFICATION OF INTENT

The Area Plan submitted for the Trident Region for the period July 1, 2009, through June 30, 2013, includes all activities and services to be provided by the Trident Area Agency on Aging. The Area Agency on Aging shall comply with applicable provisions of the Older Americans Act, as amended and other legislation that may be passed during the period identified. The Area Agency on Aging will assume full authority to develop and administer this Area Plan in accordance with all requirements of the Act and related State policy. In accepting this authority, the Area Agency on Aging 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 people in the planning and service area.

This Area Plan was developed in accordance with all rules and regulations specified under the Older Americans Act and the Lieutenant Governor's Office on Aging. The Area Agency on Aging agrees to comply with all standard assurances and general conditions submitted in the Area Plan throughout the four 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 Area Agency on Aging certifies that it is responsible for the oversight of 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 state office, service contractors, and other entities involved in serving and planning for the older population in the PSA
5. Provision of technical assistance and training to contractors and other interested parties
6. Provision of public information and advocacy related to Aging Program activities and issues

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

6/17/09
(Date)

Signature (Chairperson, Area Agency Advisory Council)

The Governing Body of the Area Agency on Aging has received and approved this Area Plan Update.

6/17/09

(Date)

Signature (Chairperson, Governing Board)

STANDARD ASSURANCES AND GENERAL CONDITIONS

1. The Area Agency on Aging shall use grants made under the Older Americans Act 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 Older Americans Act of 1965, as amended in 2006, and in accordance with the regulations, policies, and procedures established by the Lieutenant Governor's Office on Aging, the Assistant Secretary of the Administration on Aging, the Secretary of the U.S. Department of Health and Human Services and State legislation. 303 (c) (1) and (2) and CFR 1321.11

2. The Area Agency on Aging 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 Older Americans Act or in State legislation. This shall not be construed as prohibiting the area agency on aging from providing services by using funds from other sources. 301 (d)

3. The Area Agency will require all programs funded under the Area Plan to be operated fully in conformance with the Lieutenant Governor's Office on Aging current quality assurance standards and all applicable Federal, State and local fire, safety, health and sanitation standards or licensing prescribed by law or regulation.) CFR1321.75(a)

4. The Area Agency on Aging shall assure that any facility authorized for use in programs operated under the Area Plan shall have annual certification that the facility is in compliance with the appropriate fire, safety and sanitation codes. CFR 1321.17(4)

5. The Area Agency on Aging and service contractors shall not means test for any service under Title III. When contributions are accepted, or cost sharing implemented, contractors shall not deny services to any individual who does not contribute to the cost of the service. 315(b)(3) CFR 1321.61(c)

6. The Area Agency on Aging will comply with Title VI of the Civil Rights Act of 1964 and shall require such compliance from all contractors under the Area Plan. CFR 1321.5(c)

7. The Area Agency on Aging will comply with all the appropriate Titles of the Americans with Disabilities Act of 1990 and require such compliance from all contractors under the Area Plan and assure that otherwise eligible older individual shall not be subjected to discrimination under any program or activity under the Area Plan. CFR 1327.5 and 1321.5 (c)

8. The Area Agency shall assure that residency or citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals.

9. The Area Agency on Aging 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. 306(a)(1)

10. The Area Agency on Aging 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._ 307(a)(10)

11. The Area Agency on Aging will 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)

12. The Area Agency on Aging shall consult with relevant service contractors and older individuals to determine the best method for accepting voluntary contributions that comply with the Cost Sharing policies of the Lieutenant Governor's Office on Aging and the Older Americans Act, as amended in 2006. 315(b)(2)

13. The Area Agency on Aging 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. 315(a)and(b)

14. The Area Agency on Aging shall assure that a facility purchased for use as a multi-purpose senior center with Older Americans Act or State Permanent Improvement funds, will continue to be used for the same purpose for not less than 10 years after acquisition, or 20 years after construction.

15. Prior to authorizing use of Older Americans Act or State Permanent Improvement funds for renovation, purchase or construction, the Area Agency shall require assurance from the grantee that funding is, and will continue to be, made available for the continued operations of these senior centers. 312

16. The Area Agency 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 multi-purpose senior centers, churches, or other appropriate community facilities for such group dining service. 339(E)

17. The Area Agency on Aging shall assure that no new group dining facility established will be funded unless an average of 25 eligible participants attend daily. All facilities established before 2006 must serve at least 25 meals per day through the group dining and home delivered programs. P&P 502.F.1

18. The Area Agency on Aging shall assure that an Older Americans Act III-C-2 home delivered meal will 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 75 years of age or older.

19. The Area Agency shall assure that amounts expended for services to older individuals residing in rural areas will not be less than the amounts expended for such services in fiscal year 2000. 307(a)(3)(B)

20. The Area Agency on Aging shall assure that the Area Agency and all contractors meet all matching requirements for funds awarded under the Area Plan.

21. The Area Agency on Aging shall assure that any funds that may be received from the State for Cost of Living Adjustment will be used for personnel costs only.

22. The Area Agency on Aging shall assure that funds received for NSIP will 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 contractor. 311(d)(2)

23. The Area Agency on Aging shall submit an independent audit to the Lieutenant Governor's Office on Aging, Division of Administration, within 180 days after the close of the project year.

24. A final financial report for the grant period shall be submitted to the Lieutenant Governor's Office on Aging, within 45 days of the close of each State fiscal year in the grant period (August 14) or within 45 days of the last payment made, whichever occurs first.

25. The Area Agency on Aging shall submit a total aging budget, disclose all sources and expenditures of funds the AAA receives or expends to provide services to older individuals, and the cost allocation plan, or approval of the indirect cost rate from the cognizant agency, used to prepare such budget. 306(a)(13)(E)

26 The Area Agency on Aging shall contract only with service delivery agencies that will provide to the Area Agency on Aging 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 to submit. 307(a)(6)

27. The Area Agency on Aging will include in each solicitation for providers of any service under the Older Americans Act, 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 Area Agency on Aging, for providing services to low-income minority individuals; 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.

28. The Area Agency on Aging will require contractors to use Outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, 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. 306(a)(4)(B)

29. The Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. 306(a)(4)(C)

30. When possible, the Area Agency on Aging will enter into arrangements and coordinate services with organizations that were 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). 306(a)(6)(C)

31. The Area Agency on Aging will establish effective and efficient procedures for coordination of entities conducting programs under the Older Americans Act and entities conducting other Federal programs for older individuals at the local level. 306(a)(12)

32. The Area Agency will 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. 306(a)(6)(A)

33. Where possible, the Area Agency on Aging will enter into arrangements with organizations providing day care services for children or adults, and respite for families, so as 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. 306(a)(6)(C)

34. The Area Agency on Aging shall assure that demonstrable efforts will be made to coordinate services provided under the Older Americans Act 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. 306(a)(23)

35. The Area Agency on Aging 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. 306(a)(6)(F)

36. Where there are an identifiable number of older individuals in the PSA who are Native Americans, the Area Agency on Aging shall require outreach activities to such individuals and encourage such individuals to access the assistance available under the Older Americans Act. 306(a)(6)(G)

37. The Area Agency on Aging 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. 306(a)(5)

38. The Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program will 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 Older Americans Act. 306(a)(9)

39. The Area Agency on Aging will maintain the integrity and public purpose of services provided, and service contractors, under the Older Americans Act, in all contractual and commercial relationships. 306(a)(13)(A)

40. The Area Agency on Aging will demonstrate that a loss or diminution in the quality or quantity of the services provided under the Area Plan has not resulted and will not result from such contracts or commercial relationships, but rather, will be enhanced. 306(a)(13)(C) and (D)

41. The Area Agency on Aging will not use funds received under the Older Americans Act 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 Older Americans Act. 306(a)(14)

42. The Area Agency on Aging shall not give preference in receiving services under the Older Americans Act to particular older individuals as a result of a contract or commercial relationship. 306(a)(15)

43. The Area Agency on Aging, when seeking a waiver from compliance with any of the minimum expenditures for priority services, shall demonstrate to the State Agency 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. 306(b)

44. The Area Agency on Aging shall require nutrition service 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. 339 (A) and (B)

45. The Area Agency on Aging will, to the maximum extent practicable, coordinate services under the Area Plan with services that may be provided under Title VI in the PSA. 306(a)(11)(B) and (C)

46. if providing case management services under the Area Plan, the Area agency on Aging will not duplicate case management services provided through other Federal and State programs; will coordinate with such services provided by other Federal and State programs; and will contract with providers that are-
    public agencies; or
    nonprofit private agencies that do not provide, and do not have a direct or indirect
    ownership or controlling interest in, or direct or indirect affiliation or relationship with, an entity that provides services, other than case management services, under the Area Plan; or located in a rural area and the Area Agency requests and receives a waiver of the above
    requirement. 306(a)(8)(A-C)

47. The Area Agency on Aging, and all contractors under the plan, shall maintain a disaster preparedness plan that is reviewed and updated annually.

48. If the Area Agency on Aging finds that a 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 Area Agency may withhold that portion of the reimbursement related to that failure to comply. The Advisory Council shall recommended appropriate procedures for consideration by the Governing Board of the Area Agency on Aging. 306(e)(1)

49. The Area Agency on Aging shall afford contractors due process, as described in OAA 306(e)(2)(B) before making a final determination regarding withholding contractor reimbursements.

50. The Area Agency on Aging shall provide satisfactory assurance that such fiscal control and accounting procedures will 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 Area Agency on Aging, including funds paid to the recipients of grants or contracts. 307(a)(7)(A)

51. The Area Agency on Aging shall assure that funds received under the Older Americans Act shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. 321(d)

52. The Lieutenant Governor's Office on Aging requires that the Area Agency on Aging directly provide ombudsman, information and assistance, insurance counseling, and family caregiver services. 307(a)(8)(A)and(C)

53. The Area Agency 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 Area Agency's administrative functions, or where such services of comparable quality can be provided more economically by the Area Agency on Aging. 307(a)(8)(A)and(C)

54. Each Area Agency shall administer the nutrition programs with the advice of a dietitian (or an individual with comparable expertise). Whenever the AAA allows contractors to purchase catered meals directly, or has contractors who prepare meals on site, the AAA shall assure that such contractors have agreements with a registered dietitian who provides such advice. 339(G)

55. The Area Agency on Aging shall enter into contract only with providers 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 will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act;
    C. require providers 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.307(a)(11)(A) through E

56. The Area Agency on Aging shall make special efforts to provide technical assistance to minority providers of services whether or not they are contractors of the AAA. 307(a)(32)

57. The Area Agency on Aging will 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. 307(a)(18)

58. The Area Agency on Aging shall maintain a Regional Aging Advisory Council whose purpose is:
    A. to advise the Area Agency on Aging on all matters related to the development of the Area Plan;
    B. on the administration of the plan; and
    C. on operations conducted under the plan.

    The RAAC shall have no decision-making authority that is binding on the AAA staff or on the Area Agency Executive Board. 306(a)(6)(D

59. The Area Agency on Aging 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 contractor fiscal and program reports; conducting quality assurance reviews; and reviewing meal vendor performance.

60. The Area Agency on Aging 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 of (or applicant to provide) services, or by any recipient of services regarding any waiver requested. 307(a)(5) (A) through (C)

61. The Area Agency on Aging accepts the quality assurance standards and scope of work issued for all services authorized by the Lieutenant Governor's Office on Aging. All contractors and/or vendors of services shall be monitored for Compliance with such standards and carry out the scope of work in the delivery of each service to be reimbursed with funds awarded under this plan.

The Area Agency on Aging certifies compliance with all of these assurances and requirements of the Older Americans Act, as amended, the Federal regulations pertaining to such Act, and the policies of the Lieutenant Governor's Office on Aging throughout the effective period of this Area Plan. Should any barriers to compliance exist, the Area Agency on Aging shall develop procedures to remove such barriers. Some assurances may be modified by Federal regulations issued or the Older Americans Act re-authorization during the plan period. In such event, a revised list of assurances will be issued.

307(a)(5) (A) through (C)

61. The Area Agency on Aging accepts the quality assurance standards and scope of work issued for all services authorized by the Lieutenant Governor's Office on Aging. All contractors and/or vendors of services shall be monitored for compliance with such standards and carry out the scope of work in the delivery of each service to be reimbursed with funds awarded under this plan.

The Area Agency on Aging certifies compliance with all of these assurances and requirements of the Older Americans Act, as amended, the Federal regulations pertaining to such Act, and the policies of the Lieutenant Governor's Office on Aging throughout the effective period of this Area Plan. Should any barriers to compliance exist, the Area Agency on Aging shall develop procedures to remove such barriers. Some assurances may be modified by Federal regulations issued or the Older Americans Act re-authorization during the plan period. In such event, a revised list of assurances will be issued.

EXECUTIVE DIRECTOR or BOARD CHAIR: _____ 6/17/09
(Signature) (Date)

AGING UNIT DIRECTOR: _____ 6/17/09
(Signature) (Date)

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 TAAA, the community, and the senior services network for the increased demands of a diverse aging population. The Area Plan process began over a year ago and reflects the combined efforts of older adults, caregivers, professionals, providers of services, community volunteers and other community members. TAAA contracted with System-Wide Solutions to perform a needs assessment of older adults 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 for older adults.

The Plan embraces Project 2020, a joint project between the National Association of Sate Units on Aging (NASUA) and the National Association on Area Agencies on Aging (n4a). The goal of Project 2020 is to provide resources to implement consumer-centered and cost-effective long-term care strategies authorized in the 2006 reauthorization of the Older Americans Act. The initiative was developed to find ways to modernize the current long-term care system by enabling consumers to remain in their own homes through the provision on home and community-based long-term care; to empower consumers to stay active and healthy through disease prevention and health promotion services; to streamline access to services and supports; and to increase the organization capacity of the aging network for home and community-based long-term care systems.

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 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.
The development of additional multi-purpose senior centers in Moncks Corner (Berkeley County), West Ashley (Charleston County), Johns/Wadmalaw Island (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. TAAA supported senior center both accreditation and reaccreditation of the Lowcountry Senior Center on James Island and will continue to advocate for senior center accreditation region-wide.

Recent needs assessment information raised the question about the preparedness of older adults to handle future long-term care needs. TAAA 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 will work to promote healthy lifestyles and raise awareness that older adults bring significant

economic and civic assets to our community. Outreach efforts will be expanded to isolated individuals in rural areas with our mobile resource center. In addition, TAAA'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.

As resources become more limited, TAAA will continually evaluate the efficiencies of internal operations and programs. During the first year of the Area Plan period, TAAA staff will develop and begin using an "Application for Services" for all services funded through the organization at the regional level. Once a consumer notifies TAAA and expresses a need for direct services, an assessment will be provided. The type and amount of services will be authorized based on an individual's "Priority Risk Score." Program participants will be better informed about the value of services they are receiving and will be encouraged to make contributions towards services. All participant contributions 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.

Program development in the areas of transportation, group dining, and disease prevention/health promotion services will continue during the Area Plan period. TAAA, though a South Carolina Department of Transportation Grant, is contracting with the Berkeley-Charleston-Dorchester Council of Governments to provide transportation mobility management. The grant will enable the community to better access transportation services through existing options. TAAA will apply for another grant to continue transportation program development. Much work is needed to enhance region-wide group dining programs. TAAA will assist in the coordination of training opportunities for contractors' staff members. In addition, TAAA will continue to work on the partnership with the public schools in the West Charleston area. A pilot program began in October 2008 and will continue to evolve during the planning period. While collaboration with healthcare organizations and social service organizations has occurred to increase disease prevention/health promotion activities, additional programs are needed in the North Charleston and the downtown Charleston areas. The need to better serve these areas was addressed during the recent competitive procurement process.

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 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 funding in order to support the coordination and implementation of the Plan.

III - OVERVIEW OF THE AREA AGENCY ON AGING

Mission

It is the mission of Trident Area Agency on Aging (TAAA), a not for profit organization, to enhance the quality of life for all older adults, persons with disabilities and caregivers residing in Berkeley, Charleston, and Dorchester Counties by ensuring the existence of affordable, quality resources throughout the Trident Region.

Vision

The agency is working towards becoming the entry point of information and services for Trident's seniors and adults with disabilities. Trident Area Agency on Aging will become the "one stop shop" for all services, information and when needed, resources. TAAA will offer consumers of all income groups a choice of quality services. These services include but are not limited to evidence-based wellness activities, recreational activities, dining programs, legal services, supplies, ramps, home care, housekeeping and transportation.

The Aging and Disabilities Resource Center (ADRC) is an integral part of TAAA. ADRC services are provided by TAAA staff. The purpose of the ADRC is to create and maintain a strong, clear link between available services and the people who need them. The ADRC serves as the entry point for information and eligibility determination. It provides access to services for seniors and for adults, age eighteen and older with disabilities, enabling them to remain in the community as long as possible. The vision for the ADRC is to offer the consumer a broad array of services, using the "Consumer Choice" model of services. Services will be offered to qualifying individuals. Grants or scholarships for services will be provided based on the consumer's ability to pay.

Organizational Structure

Trident Area Agency on Aging is a free standing private, not for profit organization. The agency was incorporated as ElderLink and designated as an Area Agency on Aging, on July 1, 1992. The agency's name was legally changed to Trident Area Agency on Aging in April 2005. 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 and policy development. The Board advocates on behalf of older persons and working closely with the South Carolina Silver Haired Legislature. The agency is led by Stephanie M. Blunt, Executive Director and has one and a half FTE's of additional administrative staff.

Administrative Staff Experience and Qualifications

Stephanie Blunt is the Executive Director of Trident Area Agency on Aging located in Charleston, South Carolina. 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 Trident Area Agency on Aging, Stephanie

provides oversight for approximately $3 million in federal and state funds for services for older adults 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.

Prior to Stephanie's employment at Trident Area Agency on Aging, she was the Program Director for Berkeley Seniors, a provider that served well over three hundred seniors daily. She supervised the administration of in-home and community-based services such as home delivered meals, group dining, transportation, in-home care, adult day care, and health promotion.

Stephanie received her BA 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 Secretary; Southeastern Association of Area Agencies on Aging Board of Directors where she currently serves as Second Vice President and Chairs the Bylaws and Policies and Procedures Committee; Retired and Senior Volunteer Program Advisory Council Member, Kiwanis Club of Charleston where she is an active member and serves on the Board of Directors; and Daniel Island School PTA where she serves as Chair of the Family Involvement Committee.

Lisa Natividad, Finance Manager has been employed with the Trident Area Agency on Aging for seven years. She is responsible for all accounting and cash functions for approximately $3 million in federal and state funds for services to seniors in the Tri-county area. Also, she provides technical assistance to all contractors.

Prior to Lisa's employment at TAAA, she was the accountant at Charleston Area Senior Citizens, Inc. and Sea Island Comprehensive Health Care Corporation. She has a degree from Midlands Technical College in Business Management.

Adrienne Goldstein, Planner has been employed as a program planner and grant writer for Trident Area Agency on Aging for twenty-two years. She is responsible for writing and coordinating the Trident Region's Area Plan, conducting quality assurance monitoring of contractors and resource development. Prior to this position she was the Executive Director of the Hope Center, a program that helped free victims of domestic violence from their abusers. Previously, she was employed as a long term care planner for the Health Systems Agency in Pittsburgh, Pennsylvania. She also worked as the Consultation and Education Coordinator for Montgomery General Hospital in Olney, Maryland. She has a Masters Degree in Social Work/Social Strategy and an undergraduate Bachelor of Science degree in Home Economics Education.

Support Staff

There is no support staff. All employees answer the telephone, do their own typing and copying and enter the data for their programs.

Transition Planning

No staff members plan to retire during the four year planning period. Staff reduction is not planned. As the "Consumer Choice" model increases throughout the region, an additional Resource Coordinator will be needed. A Resource Coordinator would be hired should the necessary funding become available.

Current Funding Resources for Trident Area Agency on Aging Operations

Though TAAA receives discretionary grants from the Lieutenant Governors Office on Aging, City of Charleston Housing Authority grants, Exchange Club grants and Foundation grants funding is targeted for direct services. Administrative costs are matched by in-kind services provided by volunteers and student interns from USC's masters of social work program and Tridents Colleges Administrative track.

IV - OVERVIEW OF THE PLANNING AND SERVICE AREA

TRIDENT SERVICE DELIVERY AREA (SDA) MAP: Trident Area Agency on Aging uses zip codes to define Trident's SDAS as several towns and cities crossed county lines. Offers were requested for the following Service Delivery Areas:

BERKELEY AREA

29410	N. CHARLESTON
29430	BETHERA
29431	BONNEAU
29434	CORDSVILLE
29436	CROSS
29445	GOOSE CREEK
29450	HUGER
29453	JAMESTOWN
29456	LADSON
29461	MONCKS CORNER
29468	PINEVILLE
29469	PINOPOLIS
29476	RUSSELLVILLE
29479	SAINT STEPHEN
29492	CHARLESTON

DORCHESTER AREA

29420	N CHARLESTON
29437	DORCHESTER
29447	GROVER
29448	HARLEYVILLE
29471	REEVESVILLE
29472	RIDGEVILLE
29477	SAINT GEORGE
29483	SUMMERVILLE
29484	SUMMERVILLE
29485	SUMMERVILLE

AREA I - WEST CHARLESTON

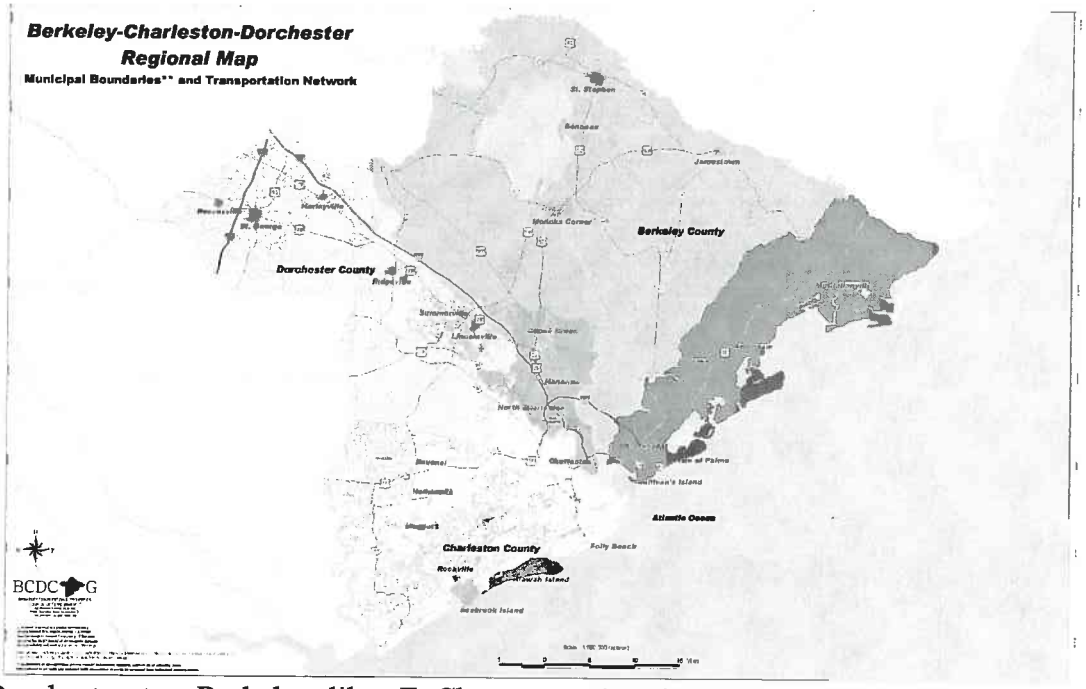
29412	JAMES ISLAND
29438	EDISTO ISLAND (CHAS. CO)
29439	FOLLY BEACH
29449	HOLLYWOOD
29455	JOHNS ISLAND
29470	RAVENEL
29407	WEST ASHLEY
29414	WEST ASHLEY
29426	ADAMS RUN
29487	WADMALAW
29494	YOUNGS ISLAND

AREA II EAST CHARLESTON

29429	AWENDAW
29451	ISLE OF PALMS
29458	MCCLELLANVILLE
29464	MT. PLEASANT
24966	MT. PLEASANT
29482	SULLIVANS ISLAND

AREA III CENTRAL CHARLESTON

29401	CALHOUN ST. TO THE HARBOUR
29403	NECK AREA - N. OF CALHOUN
29404	AIR FORCE BASE
29405	NORTH CHARLESTON
29406	RIVERS/MONTAGUE TO TRIDENT HOSPITAL
29418	NORTH CHARLESTON



Dorchester: tan, Berkeley: lilac, E. Chas: green, W Chas. yellow, Central: loden

OBJECTIVES FOR SERVICES TO TARGETED POPULATIONS:

The Berkeley Area is roughly 1,098 square miles. The area is mainly rural with a population density of 130 persons per square mile. The county's population is relatively young at an average age of 33.22 years; the state's average age is 36.29. The population aged over 65 is 7.9%, while South Carolina's 65 plus are 12.1 percent of the total population. Even though the median age for the county is low, Berkeley County's increase in the percentage of elderly sixty and over was one of the greatest in the state, at 48.3 % between 1990 and 2000. **The trend of increased number of elderly is likely to continue in the next four years.**

The poverty rate is extremely high for older women and African Americans in the Trident Region. Berkeley County had a 12% poverty rate for persons sixty and over in 2000 with 1,947 elderly persons with incomes below the poverty rate, and 14.3% of those sixty-five and over having incomes at 200% of the poverty rate based on a Community Survey estimates. **The disparity in life expectancy between whites and African Americans in the Trident Region of five years** is due to differences in income and preventative care. Significant differences in mortality rates for specific diseases also occur. Minorities have a 7.3 % cardiovascular disease rate compared to 4.3% for Caucasians. Berkeley County's African Americans had a 39% cardiovascular death rate way beyond the 26.6 % representation of African Americans in Berkeley's total population.

Objective 1-To increase services to Berkeley County's elderly population by advocating for and providing technical assistance to providers and to residents in their efforts to build a multi-service senior center in Moncks Corner.

Evaluation 1- Donation of land by county government, another party or organization and the receipt of PIP funds allocated for construction of a senior center.

Objective 2- Develop additional resources, for low, middle and high income persons to meet the increasing elderly population by creating "consumer choice" programs for areas such as Daniel Island, Goose Creek with an expected increase in the number of retirees.
Objective 3- Develop a "fee for service" component to the "Consumer Choice" program to attract additional service providers to targeted areas of the Berkeley Area.
Objective 4- Develop a "scholarship" system for low income persons in the "Consumer Choice" program so that increased service utilization encourages the development of additional service providers.
Evaluation 2, 3, 4 - Participating in a "Consumer Choice" by persons of all financial groups as indicated by AIM income statistics. Increased resources listed in SC Access.
Objective 5 - Increase the number of instructors and classes available for wellness programs to reduce the incidence of minority deaths from cardiovascular disease.
Objective 6 - Increase the number of wellness classes held in Berkeley area.
Evaluation 5 - Use SC Access and community calendars to determine the number of wellness classes held. At the end of FY 2013, review mortality statistics to determine if minority deaths from cardiovascular diseases have declined.

The Dorchester Area is better off than the rest of the Trident Region. It has a large in-migration of retirees, the least number of older persons living alone and the lowest percent of elderly with incomes below the poverty level. 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 with 221.1 persons per square miles based on 2008 population estimates.

Dorchester County had an estimated population of 16,748 persons aged 60 plus. **The county had the greatest increase in aging population in the region** 2000 to 2006 with the addition of 4,325 elderly from 12,423 persons in 2000; a rate of increase of 34.8%. A substantial number of these seniors (977) are retiring to the lowcountry because of its good weather, waterways and tourist amenities. Retirees are likely to have higher incomes and more years of education. It is likely that this trend will continue in the next four years. Dorchester has the lowest percentage of elderly, at 11.4% (1,408) of the total population in the region and the lowest percentage of African American elderly at 18.8% compared to Trident's minority elderly at 26% of the total sixty plus population.

Objective 1- Increase services to Dorchester's elderly population by advocating for and providing technical assistance to increase the size of the Summerville senior center.
Evaluation 1- Donation of land by county government or another organization. PIP funds allocated for construction of a senior center.
Objective 2-Develop additional resources to meet the increasing needs of the elderly population and create "Consumer choice" programs for areas such as Summerville.
Objective 3 - Develop a "fee for service" program as part of "Consumer Choice," increasing utilization to help attract additional services in the Dorchester Area.
Objective 4 - Develop "scholarships" for low income persons so that they can participate in the "Consumer choice" program.
Evaluation 2, 3, 4 - Participation in "Consumer Choice" by persons of all financial groups as indicated by AIM income statistics. Increased resources listed in SC Access.
Objective 5 - Increase the number of trained instructors and classes for wellness programs to reduce the incidence of minority deaths from cardiovascular disease.

Evaluation 5 - Use SC Access and community calendars to determine the number of wellness classes held. At the end of FY 2013, review mortality statistics to determine if minority deaths from cardiovascular diseases have declined.

Charleston County was divided into three service 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 elderly persons living in the Trident Region; many living in cities in the Central Charleston SDA. **The City of Charleston** has a population of 107,845 persons with 13.5% (14,560 persons) over the age of 65. The city is 96 square miles with a population density of 996.5 persons per square mile. Thirty four percent of the population is Black; .2% Native American and 1.5% Hispanic. The area also has the most health and educational resources.

North Charleston, the other major city in Central Charleston, has a population of 87,482 living on 58 square miles, a population density of 1,360.5 persons per square mile. The population is 49.4% African American, 4% Native American and 4% Hispanic. Many of Trident's seniors have incomes just above the poverty level putting them at risk of falling into poverty with any adversity. Roughly 32% of those 65 and over (20,224 persons) had incomes below 200% of the poverty level. Many low income elderly live in this SDA.

Objective 1- Develop additional resources, for persons of any income by creating "Consumer Choice" programs for underserved areas, such as North Charleston.
Objective 2- Develop a "fee for service" program as part of the "Consumer Choice" that increases utilization attracting additional resources to targeted areas of North Charleston.
Objective 3- Develop a "scholarship" system for low income persons so that they can participate in the "Consumer Choice" program with increased demand encouraging the development of additional service providers.
Evaluation 1, 2, 3- Participating in a "Consumer Choice" by persons of all financial groups as indicated by AIM income statistics. Increased resources listed in SC Access.
Objective 4- Increase the number of trained instructors and classes for wellness programs to reduce the incidence of minority deaths from cardiovascular disease.
Evaluation 4, 5- Use SC Access and community calendars to determine the number of wellness classes held. At the end of FY 2013, review mortality statistics to determine if minority deaths from cardiovascular diseases have declined.

East Charleston is very diverse; it is east of the Cooper River and spread out in length It varies from the relatively wealthy, densely populated town of Mt. Pleasant to the rural areas around Awendaw and McClellanville. Mt. Pleasant has a population of 59,113 and a population density of 1,136.5 persons per square mile within a total area 41 sq. miles. It has a homogeneous population with only 7.3% African Americans, 2% Native Americans and 1.3% Hispanic. The population is growing, particularly up the Route 17 corridor, eventually to reach the town of Awendaw, an area very different than Mt. Pleasant. The town of Awendaw has a population of 1,195 persons; 138 are 65 and older. Mt. Pleasant is predominantly white while Awendaw's population is 64.6% African American. A substantial part of East Charleston is made up of the 252,368 acre Francis Marion National Forest limiting development and preserving the rural flavor of the service area.

Objective 1- Engage in outreach activities to increase the racial and cultural diversity of East Charleston's elderly program participants as they are presently 95% African American.
Evaluation 1- Review AIM statistics to determine if religious, racial and cultural diversity has improved.
Objective 2- Develop additional resources for persons of any income to meet the increasing elderly population's needs by creating a "Consumer Choice" program.
Objective 3- Develop a "fee for service" program as part of the "Consumer Choice" so that increased utilization attracts additional service providers to the area.
Objective 4- Develop "scholarships" for low income persons so that they can participate in the "Consumer Choice" program without stigma.
Evaluation 2, 3, 4 Participation in a "Consumer Choice" by persons of all financial levels as indicated by AIM income statistics. Increased resources listed in SC Access.
Objective 5- Increase the number of trained instructors and classes for wellness Programs.
Evaluation 5- Use SC Access and community calendars to determine the number of wellness classes held. At the end of FY 2013, review mortality statistics to determine if minority deaths from cardiovascular diseases have declined.

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 tomato pickers and packers; many Hispanic workers have stayed and brought there families including grandparents. The isolated nature and poverty of the Sea Islands has resulted in a limited availability of resources.

Objective 1- Increase community participation and activity level of older adults by developing a school-based volunteer/dining program in schools on the islands.
Objective 2- Recruit a Spanish speaking outreach volunteer to increase the racial and cultural diversity of West Charleston's elderly program participants.
Evaluation 1, 2- Review AIM statistics to determine if the activity levels, and religious, racial and cultural diversity have increased. (Participants are presently 90% African American).
Objective 3-Create a group dining consumer choice program for West Charleston.
Objective 4- Develop a "fee for service" program as part of the "Consumer Choice" so that increased utilization helps attract additional services to the area.
Objective 5- Develop a "scholarship" system for low income persons so that they can participate in the "consumer choice" program without stigma with increased utilization encouraging additional service providers.
Evaluation 3, 4, 5- Participating in a "Consumer Choice" by persons of all financial groups as indicated by AIM income statistics. Increased resources listed in SC Access.
Objective 6- Increase the number of trained instructors and classes for wellness programs to reduce the incidence of minority deaths from cardiovascular disease.
Objective 7- Increase the number of wellness classes held in the service region.

Evaluation: 6, 7- Use SC Access and community calendars to determine the number of wellness classes held. At the end of FY 2013, review mortality statistics to determine if minority deaths from cardiovascular diseases have declined.

TEN YEAR FORECAST

Policy Changes: Trident Area Agency on Aging has been planning for the future for the last several years by expanding its "Consumer Choice" program. The agency is advocating for major changes in the focus and funding of home and community based services on the state and federal level. In order to meet the needs of the Trident Region's elderly now and in the ten years hence, the Older Americans Act of 1965 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 Agency on Aging can pay for services that are needed by the individual consumer.

TAAA will advocate for policy, standards and regulation changes that will foster the "Consumer Choice" model of meeting the Trident Region's needs. The coastal region of South Carolina will continue to attract more affluent retired persons from areas where there is a great availability of services. TAAA 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 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, scholarships would be available based on the consumer's available resources. The agency will advocate for one assessment and data system for all consumers seeking services from TAAA. Multiple assessments are tedious for the consumer. Entering data in numerous data systems is costly, leads to duplicated counts of consumer 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 is to truly become a "Disabilities Resource Center, a "one stop shops" for disability services, it needs to perform the same functions for adult disabled consumers as seniors. TAAA will advocate for a policy change that distributes funds for disability services through Area Agencies on Aging just as Older American Act funds are. There cannot be a "Resource Center" without resources.

Transportation Systems

The needs of the increasing number of seniors and their increased longevity will lead to a continued need for a coordinated Trident transportation system. . The mobility need of seniors is even more critical given the effect of aging on the ability of many seniors to provide their own transportation Once a person looses the ability to drive he/she loses their independence, freedom, and contact with the outside world. Consequently transportation problems have been shown to be associated with loneliness, isolation, income and self-care problems; and the challenge increases for rural residents. A significant number of seniors who cannot afford or who do not have access to transportation live in Trident's rural areas. Census statistics indicated that the percentage of households with persons age 65 plus that had no vehicle available were, Berkeley County -13.7%, Charleston County - 17.5% and Dorchester County -14.6%. In the Trident area, only 19% of seniors age 50 and over indicate that there are adequate

opportunities for transportation for non-drivers. In an effort to develop adequate transportation services, TAAA participates in the following activities:

Mobility Manager: In response to a community survey, the agency's Board formed a Committee on Transportation. As a result of their work a grant was obtained by TAAA to fund a Mobility Manager (MM) position at the BCD Council of Governments. The MM will provide callers with individualized route and fee information.

Independent Transportation Network (ITN) TAAA participated in the planning of ITN Charleston, a nonprofit transportation service for people over 65 and the visually impaired. ITN started in the area in 2006 and provided 10,000 rides by its second anniversary. The volunteer transportation service provides door-to-door rides in private cars, 24 hours a day, 365 days a year. There is a $35 annual fee and a minimum charge of $12 a ride. TAAA, businesses and other agencies have provided scholarships for low income consumers. ITN serves Central Charleston and Mt. Pleasant. TAAA will support the expansion of the ITN program to all areas of the Trident Region.

CARTA, the Charleston Area Regional Transportation System provides daily bus routes, express bus routes and Tel-A-Ride, a curb to curb transportation service for the disabled who cannot ride the regular route bus system. TAAA staff and Board members have worked on committees and advocated for linkages between the rural Tri-county Link bus system and CARTA. Tri-county Link commuter service now operates to and from Ridgeville, Summerville and Goose Creek with linkages to CARTA routes. TAAA will continue to advocate for the expansion of routes through the Mobility Management Program.

Senior Center Expansion TAAA has provided technical assistance to the groups that created the new Senior Centers in Mt. Pleasant and James Island. The organization is assisting South Santee with their renovation PIP proposal and will work with Berkeley Seniors and Berkeley County to build a Senior Center in Moncks Corner. The Faith Sellers Senior Center in Summerville and Lowcountry Senior Center on James Island are all too small. TAAA will continue to advocate for their expansion. The "Consumer Choice" program requires that seniors have the opportunity to choose between many services and providers. TAAA will provide assistance to any community group wishing to build a senior center in the targeted areas. Staff perceives a need for senior centers in the following areas: Johns Island/Wadmalaw, West Ashley, and North Charleston.

Service Expectations of Seniors and Caregivers

The Spring 2008 survey of needs indicated that seniors had a misunderstanding of how long term care services are paid for and believe that Medicare will pay for most of their long term care needs. Responders indicated a need for information about services available, how to apply for services, counseling on insurance options and on prescription drug coverage. Respondents who are caregivers expressed the greatest need for information about services in the community. Caregivers also expressed a need for help to manage services for the person receiving care. In response to these needs, TAAA plans to develop the resources to keep the Aging and Disabilities Resource Center mobile resource center in rural Trident communities at least three days a week. TAAA will coordinate and staff the mobile resource center with its Information and Referral Assistance program staff, Insurance counseling staff, Alzheimer's Resource Coordinator,

Family Support Advocate and other agencies' staff and volunteers. Consumers will be able to get needed service information and be helped to apply for all the resources that are available. TAAA will provide "one stop" shopping for needed services and needed counseling and information.

Emergency Preparedness

Aging network contractors are not primary emergency management agencies. They have a number of responsibilities to their clients in order to prepare for a disaster. During a disaster, it is imperative that Trident Area Agency on Aging and local contractors work together to coordinate and assist in service delivery. Depending on the scope of the disaster, Trident Area Agency on Aging may be required to be a direct service provider as it assists service providers to locate at-risk clients and help to arrange or deliver services.

Disaster Phases:

1. Preparedness – During the planning phase of a disaster, TAAA will:
    - Coordinate with contractors and review preparedness plans
    - Communicate with the State Office and caterer
    - Safeguard internal records and property
    - Maintain emergency lists
2. Response – The response phase is the 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. TAAA staff will provide information and assistance as needed.
3. Stabilization – The stabilization phase may take from a few hours to several months, depending upon the scope of the disaster. TAAA staff will provide information and assistance as needed.
4. Recovery – The recovery phase is sustained care offered over a longer period of time and is intended to assist people in reestablishing their lives.
    - Conduct damage assessment
    - Provide technical assistance to provider agencies to secure proper disaster funding

Assessment of Needs System Wide Solutions surveyed the needs of Trident's elderly in the spring of 2008 in preparation for the development of Area Plan. A questionnaire was distributed at local churches, senior citizen centers, doctors' offices, retirement communities and local senior and community-wide events. The survey was completed by 261 persons aged 55 and over. Financial stressors had a significant affect on the persons surveyed; if given the opportunity to spend assistance money as they chose, respondents would take care of financial obligations, such as mortgage payments, before dealing with other needs. Respondents have a great misunderstanding of how long term care costs are paid. The service needs identified are: 1. Information about services available; 2. Counseling on how to stay healthy; 3. Help in applying for services; 4.Counseling on insurance options; 4. Counseling on diet and nutrition; and 5. Counseling on prescription drug coverage.

The respondents to the survey were segmented into three subgroups based on its own set of needs and characteristics. The **Persons with Disabilities Subgroup** has needs for assistance. The **Disenfranchised Subgroup** has few resources and great needs. The **Caregiver Subgroup** consists of respondents who are caring for someone in the home. The Persons with Disabilities group has limited resources and there is a need for information and case management. Respondents differed from other subgroups in their need for information on services available, applying for services, insurance and drug counseling, financial assistance for services, **meal preparation**, socialization and transportation. The Disenfranchised respondents differed from other subgroups in their need for information on staying healthy, services available, applying for services, insurance and drug counseling, financial assistance for services, **case management**, socialization and transportation. Respondents who are caregivers expressed the greatest need for **information about services in the community,** as well as **counseling to stay healthy**, help paying for services for the person being cared for, tax credit for being a caregiver and help managing services for the person being cared for.

The following goals were determined based on the needs assessment information:

1. To advertise/ market the availability of "one-stop shopping" for seniors and disabled adults at health fairs, resource fairs, using mobile Resource Center van in rural communities.
2. To provide services to diverse cultural groups by marketing and targeting services to Hispanics on the Sea Islands by hiring a bilingual staff person and providing materials in Spanish.
3. To provide an entry point for services by keeping current the comprehensive list of available services for seniors and adults with disabilities in SC Access, a database of available resources.
4. To determine the gaps or missing services, as well as those without the ability to adequately meet the level of need for adult persons with disabilities and seniors.
5. To advocate for and to assist in the creation of services needed by elderly persons and adults with disabilities.
6. To expand the "Consumer Choice" Program throughout the region for all services and income groups.

7. To increase the access to services using a "Consumer Choice" Program providing consumer assessments, eligibility assistance, and information and referral services to seniors and disabled adults and a choice of services and providers.
8. To keep adequate records and enter client assessment and unmet needs information in the SC Access database.
9. To determine consumer satisfaction with access to services, the effectiveness of TAAA services and make any changes necessary to improve consumer access and satisfaction.
10. To improve the health and nutrition of low income homebound seniors and adults with disabilities through the provision of home delivered meals
11. To increase the social, recreational and physical fitness opportunities of low income isolated persons through the provision of contracted Group Dining programs and "Consumer Choice" programs throughout the region, particularly in rural areas.
12. To improve the health and reduce the risk of stroke through the provision of evidenced based wellness programs throughout the region by contracting with an agency that has trained leaders.
13. To ensure quality of services available by monitoring contractors, doing consumer satisfaction surveys and providing consumers a choice of providers.

Program Development

TAAA has expanded its future-focused leadership role in the provision of in-home and community based services through the development of consumer directed home care and the proposed expansion of the choice program to all services in all service delivery areas. Consumers will be given the opportunity to choose from several providers for an array of services, transportation, day care, wellness programs, and dining programs. TAAA successfully piloted a "Consumer Choice" home care program for Charleston County starting in the 2006-2007 Fiscal Year. TAAA will be gradually expanding this model throughout the region starting with the Group Dining program in West Charleston SDA.

The "Consumer Choice" model services will be available to older adults in the region. Based on a comprehensive assessment, services are authorized for a specific length of time and frequency. Participants are given a list of services and provider agencies from which to select. Participants are encouraged to call TAAA staff if they have a change in service need or are dissatisfied with their service or provider or if their needs have changed. Consumers are given the opportunity to have a voice in their care and ultimately the quality of services will be improved. Participants are also encouraged to contribute to service costs so that more service hours can be provided (Grant Related Income). With a grant from the ElderCare Trust Fund, TAAA expanded consumer choice specifically for home care into Berkeley and Dorchester counties during Fiscal Year 08-09.

The expansion of the "Consumer Choice" program for all services will occur in West Charleston during Fiscal Year 2009-2010. In cooperation with Charleston County Schools, TAAA plans to develop a senior volunteer/dining program in the West Charleston area. The program will offer seniors a choice of dining programs, provide social and educational activities, increase the cultural diversity and improve the educational level of rural youth. The program is also designed to reduce two risk factors for stroke: - obesity and inactivity - and to stimulate mental activity and improve the nutritional level of seniors and adults with disabilities. The seniors assist children whose families are frequently known to them and eat lunch with them as well. The program will start with two schools and with adequate funding, TAAA plans to expand the program to

five days a week at two different schools in the West Charleston area, though not all seniors participate all five days based on the consumer's choice.

The "Consumer Choice" model will change TAAA's relationship with the agencies that presently provide services under contract. Consumers will be able to choose services from a list of providers including the present contracting agencies. TAAA will perform the assessments and enter assessment data into the Advanced Information Management (AIM) system. The agencies will receive notice of the amount and frequency of services authorized by TAAA, as well as assessment and contact information. The provider agency will invoice TAAA for services provided. TAAA will be referring private pay consumers, as well as low income persons receiving grants/scholarships to a variety of providers of services. Consumers will be able to change service providers when they are not satisfied with their care. Providers will thus need to provide quality services and expand their customer base to include private paying consumers.

Program Coordination

In addition to ADRC program activities already discussed in the Plan, TAAA will continue to collaborate with the Alzheimer's Association to train caregivers and supports the Alzheimer's Elks Educational Training each May. Senior Day at the Coastal Carolina Fair brings several organizations together to provide information, education, and outreach. During Senior Day, TAAA sponsors senior awards. Each year, TAAA collaborates with the Exchange Club, Dorchester Seniors, Clemson Extension, the Retired Senior and Volunteer Program, and several other organizations to reach thousands of older adults and will continue to participate.

TAAA will continue to partner with the disAbility Resource Center, our regional Center for Independent Living, to build ramps for the region's disabled adults and/or seniors. TAAA will provide the grant funds and the disAbility Resource Center will supply the volunteers through faith-based organizations. Through the coordination, more individuals will be served.

ADRC and Long Term Care

The Aging and Disabilities Resource Center (ADRC) is an integral part of the TAAA program. ADRC services are provided by TAAA staff. The ADRC's purpose is to create and maintain a strong, clear link between services available 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 ADRC works to eliminate age and nature of the disability barriers to services and work to fill service gaps. TAAA will continue to operate the ADRC during the planning period and will continue to utilize the mobile resource unit for outreach in rural areas.

Conversion to Aging and Disabilities Center

The Trident Aging and Disabilities Resource Center works closely with the disAbility Resource Center. Recently, TAAA partnered with MUSC College of Health Professionals, disAbility Resource Center, Mayor's Office on Aging and ADA Coordinator, the Porter Law Firm, TAAA, US Air Force and the Low Country Senior Network to host a "Disabilities Collaboration Forum" in June 2009. As a result, TAAA and the disAbility Resource Center will host quarterly meetings, beginning in August

2009, to develop a strategic plan to more effectively serve people with disabilities. TAAA will offer an additional link to resources on the website. Without additional funding, TAAA will continue to operate as an ADRC. Funding has been secured to continue use of the mobile resource unit.

Advocacy

TAAA will continue to work with our local Silver Haired Legislature Caucus to develop resolutions for the SC General Assembly. The Executive Director will continue to attend caucus meetings on a regular basis and provide updates regarding the TAAA service delivery system and issues affecting the older adult population. Advocating for Project 2020 will be essential in order to provide resources to implement consumer-centered and cost-effective long-term care strategies authorized in the 2006 reauthorization of the Older Americans Act. In order for State Supplemental Funds to become reoccurring, TAAA will work with AARP, the Silvered Legislature, South Carolina Association of Area Agencies on Aging, and other advocacy groups for these important funds for home and community-based services.

Services Determined by the Needs Assessment

One of the roles of Trident Area Agency on Aging is to perform need assessment surveys to help determine the needs and preferences of the region's consumers. The service needs identified from the recent survey are: 1. Information about services available, 2. Counseling on how to stay healthy, 3. Help applying for services, 4.Counseling on insurance options. 4. Counseling on diet and nutrition and 5. Counseling on prescription drug coverage. The TAAA will engage in system change activities, agency cooperation and legislative change that will enable the agency to have the necessary resources to meet these needs. TAAA plans to staff the mobile Aging and Disability Resource Center mini bus with TAAA multi program staff and personnel from other related agencies. TAAA staff will also advocate with federal and state legislature for the resources to provide the insurance, health and nutrition counseling identified as service needs by the community. The agency will work closely with the Silver Haired Legislature representatives from the Trident region to meet the information needs of the elderly and the adult disabled.

Civic Engagement

Keeping informed about research in the fields of aging and disabilities is another way TAAA staff determine the needs of consumers. A study reported in the New York Times of April 17, 2009, indicated that a large "circle of friends" leads to increased longevity. The Seniors Volunteering in Schools, an Intergenerational program for West Charleston SDA increases the civic involvement and the "circle of friends" seniors have. A recent article in *The Journal of Gerontology: Social Sciences* based on a Johns Hopkins University study revealed that African American women aged sixty and over, who volunteered in elementary schools are not only more physically active than their non-volunteering counterparts, but seemed to sustain physical activity over time. TAAA will advocate with the Lt. Governor's Office on Aging and federal and state legislative bodies to change the regulations to allow the funding of meals eaten at schools at which seniors volunteer. In addition to improving reading and comprehension levels of students, such a program will increase seniors and adults with disabilities civic involvement, physical and mental health.

Transportation
Transportation is a major concern of Trident's aging population and adults with disabilities. This is indicated by the numerous needs assessments performed by TAAA and Trident United Way and the forums conducted in preparation for the White House Conference on Aging. TAAA will continue to advocate for federal funding for a coordinated public transportation system. The agency will write another grant to the SC Department of Transportation to fund a Mobility Manager who would provide individualized route and cost information to the region's consumers.

Distribution of Existing Resources
Participation in the Group Dining Program has declined continually while consumers are requesting home delivered meals in increasing numbers. The Older Americans Act funding and the Economic Recovery Act have persisted in funding the Group Dining program at twice the rate that it does Home Delivered Meals. TAAA will advocate federal and state legislative bodies and the Lt. Governor's Office on Aging staff for change in the existing division of funds. Consumers can only have a choice of services if funds are allocated without a service or OAA Title III subgroup designation. This issue is further discussed in the Nutrition Services section below.

Priority Services
The "Consumer Choice" program allows consumers to select the provider that best meets their needs. TAAA has had very little experience in using Consumer Choice on which to base the allocation of "Access" services, however present spending was reviewed to determine allocations between in-home services, legal assistance, transportation, information, assistance and referral, Title III B services. Allocations are also based on prior year's allocations and needs assessment data. If the allocations for these services proves incorrect, funds will be reallocated.

Priority Service Contractors
TAAA does not purchase Case Management Services. The organization does, however, authorize legal assistance services based on an individual's assessed need under the "Consumer Choice" program. TAAA provides a list of attorneys to individuals requesting legal services. Individuals also have the right to choose an attorney who is not on the list. TAAA authorizes legal services grants directly to consumers up to a maximum amount. In most cases, local attorneys provide discounts to individuals approved for legal services by TAAA. Consumers pay for the cost of legal services in excess the approved grant amount. TAAA encourages contributions in order to expand all community-based services.

Nutrition Services
The Trident Region's meal 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 Group Dining contracted meals served declined from approximately 106,500 units to 100,100 between Fiscal Years 2007-2008 and 2008-2009. The reduction in meals can only be partially accounted for by the twenty-three cent increased cost per meal. During the last four years, Charleston Area Senior Citizens opened three dining sites in the West Ashley and North Charleston areas; however, none of them lasted more than a year. All three sites were closed because of a lack of adequate resources, especially transportation services. In addition, the number of dining sites

operated by the Sea Islands Comprehensive Health Center declined by three. Sea Islands closed the James Island and Wadmalaw dining programs because of declining attendance and lack of adequate resources. The number of persons participating in the Group Dining program declined even as the population's need for social connectedness and physical activity increased. The sites closed were cramped and physically unattractive and the activity programs offered were too limited to attract new younger participants. This has lead to the decision to offer a "Consumer Choice" program in the West Charleston SDA. Eligible seniors with limited resources will be offered scholarships that they use to participate in activities, such as those offered by the Low Country Senior Center, the Charleston County Park and Recreation Department, and Park Center in North Charleston.

Between Fiscal Years 2006-2007 and 2008-2009 the number of Home Delivered Meals provided increased 137.6 percent from 151,388 to 208,340 meals per year. The number of meals delivered increased even though the cost per meal served was raised almost forty five cents a meal. Thus, the trend of ever increasing demand and need for in home meal services continues, as people are discharged from hospitals sooner each year.

The characteristics of the population being provided nutrition services have changed. Meal service to the rural elderly has increased 139 percent probably because of the increase in home delivered meals services. The increase in service to rural elderly may also account for the 88 percent increase in the number of persons served who live on incomes below the poverty level. In addition, the racial mixture of persons has become slightly more diverse. The number of Hispanics provided meals has doubled and the number of Caucasians increased 103 percent in the last three years.

TAAA transferred more money from Title III, C1 to C2 of the Older Americans Act in response to shifting needs and demands for meal services. The "Consumer Choice" program is Trident Area Agency on Aging's response to the decreasing participation in Group Dining programs. Current resource restrictions and inflexibility in the allocation of funds by service or Title inhibit innovation and the development of "Consumer Choice" programs.

Training and Technical Assistance

TAAA will coordinate training opportunities by planning and participating in the Southeastern Association of Area Agencies on Aging Annual Training Conference and by participating in SC Aging in Place Coalition Celebration and Annual Elk's Education Conference (Alzheimer's training).

TAAA 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's Finance Manager will assist contractors in improving data input. Often times, data is either inaccurate or incomplete. 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. Additionally, TAAA will have a presence at each regional caucus meeting of the Silver Haired Legislators.

TAAA has determined that its limited resources are best spent in helping communities build new senior centers, such as the one that opened this year in Mt. Pleasant. Trident region's most successful programs are those held in attractive senior centers offering a broad range of services that attract a variety of seniors. The agency plans to aid in the planning and development of additional senior programs and senior centers in under served areas, such as North Charleston, West Ashley and the Sea Islands.

TAAA will provide technical assistance and foster the development of the Senior Volunteers in School Program on the Sea Islands.

Monitoring and Grants Management

TAAA 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 Advanced Information Management (AIM) database. The Executive Director, Finance Manger, and Planner 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. TAAA 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 and AIM-generated documents are reviewed during monitoring visits.

Grievance Procedures

Trident Region contactors are required to post "Grievance Procedures" at all senior centers and nutrition sites funded by TAAA. Residence or citizenship will not be imposed as a condition for the provision of services. No handicapped older individual shall, solely by reason of handicap, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal Assistance. A means test is not used to deny or limit an older person's receipt of service. A free and voluntary opportunity for service recipients to contribute to the cost of service is provided. Any individual who feels he/she has been discriminated against because of race, color or national origin, residence citizenship, disability, or income should file a written complaint with either the TAAA director or the Director of the South Carolina Lieutenant Governor's Office on Aging within 30 days of the alleged discrimination. TAAA will ensure that a prompt and complete investigation is conducted.

During quality assurance visits to contactors, TAAA ensures that Grievance Procedures are posted in visible locations for program participants.

Performance Outcome Measurement

The following outcome measures, based on published studies of senior volunteering in elementary schools, will be used to determine the positive effects of the West Charleston School Volunteer program. :

1. Volunteers will increase their circle of friends and community participation of by 40 % at the end of one year's volunteering in rural elementary schools two days a week.
2. The physical activity and nutritional status of senior volunteers will be improved as shown on their annual AIM assessment.

The following outcome measures, based on annual assessment data entered into the AIM system, have been designed for the Trident Home Care Choice program:

1. Consumers of the Trident Home Care Choice Program will improve their falls and health status and reduce health care costs by decreasing their number of visits to hospital emergency rooms and falls by 25% after twelve months of service.
2. Consumers of the Trident Home Care Choice Program will improve their health status by decreasing their number of falls by 25% after twelve months of service.
3. Consumers will improve or maintain their independence with 95% remaining in their own homes after twelve months of home care services.
4. The TAAA Home Care Choice Program will improve the quality of home care services provided to the consumer.

Resource Development

During the Plan period TAAA will apply for the following sources to expand resources in the region: Exchange Club, Coastal Community Foundation, Grant Foundation, BJH Foundation, SC Department of Transportation and MUSC Charity Ball. TAAA will also use interns from Trident Technical College and USC Department of Social Work.

Service Delivery

TAAA administers an annual budget of approximately $2 million and contracts with the following organizations to provide direct in-home and community based services to older adults:

- Berkeley Seniors, Incorporated (Home Living Support, Home Delivered Meals, Group Dining, and Transportation);
- Charleston Area Senior Citizens Services, Incorporated (Home Delivered Meals, Group Dining, and Transportation);
- Dorchester Seniors, Incorporated (Home Living Support, Home Delivered Meals, Group Dining, and Transportation);
- Roper Saint Francis Foundation (Health Promotion/Wellness and Medication Management);
- South Santee Community Center (Home Delivered Meals, Group Dining, and Transportation).

Contracts with providers were successfully negotiated. In addition, TAAA will contract with Senior Catering to provide region-wide meals for the Home Delivered Meals and Group Dining Programs. The negotiated regional cost for hot meals for FY 2009-2010 is $2.20 per meal. TAAA directly provides Information, Assistance and Referral Services, Insurance Counseling (I-CARE Program), Ombudsman Investigations, Alzheimer's Respite Care, Family Caregiver Support/ Information, Referral and Respite Services and rental assistance.

Community Education and Training

The following Community Education and Training activities are planned for the next four fiscal years: Portion Control Training, Proper Food Handling Training, I-CARE training, Passenger Assistance Training, Proper Lifting Techniques Training, Effective Communication and Stress Reduction Training for caregivers, Friendly Visitor Training, and Blood Borne Pathogen Training for contractor's staff.

Staff Experience and Qualifications

Johnsie Currin, Family Caregiver Support 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. As a family caregiver advocate for Trident Area Agency on Aging, she coordinates the caregiver grant program for families in Charleston, Dorchester, and Berkeley counties. She also provides resources and support for caregivers. She also co-facilitates a support group for families caring for a loved one with Alzheimer or Dementia in Mt. Pleasant.

Johnsie has 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 is a Resource Coordinator with Trident Area Agency on Aging. He is a dementia care consultant and administers the Alzheimer's Supportive Services Program. The Alzheimer's Supportive Services Program is funded through the Administration on Aging and assists families in caring for individuals with dementia in rural, minority, and underserved communities. He is also Field Director for The ARK's NOAH Project (Neighborhood Outreach Alzheimer's Help), which works to develop new dementia services in rural areas. 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. He serves as facilitator with three Alzheimer's Support Groups. Don previously spent twelve years as Senior Clinical Research Coordinator with Alzheimer's Research & Clinical Programs at the Medical University of South Carolina. He is a graduate of the College of Charleston and Trident Technical College. His professional interests include agitation in dementia, dignity and care, driving issues, rural gerontology, and how culture affects care.

Lavonia Dixon, Resource Coordinator, has been employed at Trident Area Agency on Aging for two years. Prior to working at TAAA she had more than fourteen years of Human Services experience and actively worked with elderly individuals as a Certified Nursing Assistant. She served as the head Certified Nursing Assistant at Heartland Healthcare in Hanahan, SC. In addition she is proficient in data entry and word processing. She has attended Springfield College in Charleston, SC and expects to earn a Bachelor of Science in Human Services in December 2009.

Alice G. Streetman, Long Term Care Ombudsman, has been employed by Trident Area Agency on Aging since 1999, investigating complaints from residents of Long Term Care facilities. She retired in 1993 from Federal Civil Service and entered Lafayette Nursing School, Williamsburg Virginia. Ms. Streetman 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 RN Nursing Program.

Patti Lobik, Long Term Care Ombudsman has been employed at the Trident Area Agency on Aging for nine years. Ms. Lobik is a full time 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 is also 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. Her career has been focused on the quality of care, well being and the rights of Trident's geriatric population.

Angela Edwards, State Health Insurance Assistance Program (SHIP) Coordinator, currently attends Trident Technical College majoring in Computer Programming/ Information Technology, with plans to obtain a Bachelor of Arts. 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.

Currently the SHIP coordinator 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.

Trident Area Agency on Aging Direct Services

Long Term Care Ombudsman Services Long Term Goals:

To improve the well being and independence preventing the need for nursing home placement of residents of residential care facilities by introducing evidence based wellness programs to the facilities' staff.

To improve the mental and physical health of nursing home residents by introducing evidence based wellness programs to the nursing home staff.

To convince long term care facilities' administrators of the need to have their staff trained to become certified instructors in wellness courses, such as arthritis management, strength and balance improvement.

To increase the number of trained volunteer "Friendly Visitors by 10 % from 8 to 11 by meeting with long term care facilities' residents' relatives at Resident Council meetings.

To reduce the backlog of open cases by advocating for an additional Ombudsman and/or a Volunteer Coordinator.

Program strengths include the experience and trust that the Long Term Care Ombudsmen have earned over the last ten years. They are respected by facility administrators, staff, police and sheriffs departments and Adult Protective staff persons in the community.

The SC Friendly Visitor program has eight volunteers active in the Trident Region visiting nine facilities. Volunteers are all trained Ombudsmen and attend regional meetings twice a year. Another Friendly Visitor activity is the annual Friendly Visitor appreciation event. The main challenge that the LTC Ombudsmen face is investigating complaints from residents of many facilities: 19 nursing homes with a total of 1,862 residents, 80 residential care facilities with a total of 2,344 residents and numerous mental health facilities and psychiatric hospitals in the Trident Region. In Fiscal Year 2008-2009 there were three Ombudsmen at the agency. There are now two Ombudsmen while the number of complaints increases at an annual rate of 20%

Information, Referral and Assistance Services Long term Goals are:

- To utilize the mobile unit to reach the rural areas to provide information sessions and assist with completing varies applications like Medicaid, food stamps, subsidized housing, and Welvista.
- To provide consumers with information that enables them to make informed choices. AAA will provide consumers with a choice of ways to gain needed resource information either via the telephone, the internet, or in person.
- To work closely with Tri-county organizations and agencies, churches, senior clubs and advocacy groups to inform them of the availability of S. C. Access.

SC Access plays an important role in the delivery of Information, Referral and Assistance Services. The ability of individuals and families to access appropriate services depends in large measure upon their ability to obtain comprehensive and up-to-date information about what services are available. *SC Access* provides current information on opportunities and services available in communities to support informed decision-making. It is available through the Internet to individuals and to local, regional and state agencies and organizations serving seniors and persons with disabilities.

There are other resources for finding services for Trident's elderly. The Trident United Way's 2-1-1 line is available to assist with different resources, but 2-1-1 doesn't cater to an older adult, people with disabilities, their family members and caregivers in South Carolina. The Trident Health Systems directory "2007 Resource Guide for Seniors and Caregivers" is also available, however, without the AAA or SC Access there wouldn't be away for older adults to get assistance for services.

The challenges in the delivery of Information, Referral and Assistance services to will be addressed over this four year plan period are; 1- Making *SC Access* consumer-friendly, allowing consumers to obtain information from entities with which they are most familiar and comfortable. 2- Creating the infrastructure to support *SC Access,* including database and staff development. 3- Reducing the number of days it takes for consumers to move from service need to service use.

Insurance Counseling and Referral for the Elderly (I-CARE) and Senior Medicare Patrol (SMP)

The long-term goals of the Trident I-CARE/SMP program will be to strengthen its partnerships with local hospitals, doctor's office, social workers, support groups, assisted living facilities, various local churches, senior organizations and other agencies assisting Trident's aging population. It is the goal of the program to educate both beneficiaries

and/or their caregivers on all phases of Medicare and Medicare/Medicaid fraud. The Aging and Disability Resource mobile unit is utilized to reach consumers in isolated rural areas where transportation continues to be an obstacle for consumers. Another means of reaching Medicare beneficiaries and caregivers is through health fairs, senior expo and interactive presentations at East Cooper Regional Hospital, Low Country Senior Center (Charleston County) and Faith Sellers Senior Center (Dorchester County) The latter has been of great support in hosting annual enrollment events for Part D. Palmetto Project, a new partner, continues to be a great source of referrals not only holding events but also by sending several of their volunteers to the annual I-CARE training. Due to several television appearances by the coordinator, the I-CARE program's name is well established and referrals are made from hospital case managers and Dialysis Centers' social workers. In addition, the Social Security Administration constantly makes referrals

A challenge the program encountered is the beneficiary's poor comprehension of the Prescription plan's comparison that are generated. While there have been enormous improvements to the comparison tool since the start of the Medicare Prescription Drug Program, consumers are still having a difficult time understanding the information. Part of the problem is the limited educational background or the reading comprehension level of the consumer that makes it hard for the consumer to make an informed decision. The lack of consumers' and caregivers' understanding raises the question as to how many consumers actually take the comparison and reenroll in a Part D plan. There really is no way for counselors to know whether what they are doing really result in a change and cost saving for the consumer. There has been an increase in the number of follow-up calls from consumers that had a comparison done for the first time compared to the year before. The I-Care counselor also found that consumers may be overwhelmed by the increased amount of paperwork associated with selecting a plan. Some consumers fail to read the Annual Notice of Change sent by their current plan until the plan change period is over. To avoid this problem this year all clients served during the last three years were mailed a 2009 Part D plan comparison. The mailing compared their current plan and two plans that could possibly offer them better coverage; this lead to an increase number of enrollments.

I-CARE recruiting is an ongoing event, but due to the complexity of Medicare it is getting harder to recruit and keep volunteers. The program has three certified volunteers working at the Low Country Senior Center and this year has certified eight new volunteers, two from Health Centers in rural communities and six community wide volunteers.

Family Caregiver Support Program

The long-term goals the TAAA has for the Family Caregiver Support program are:

To provide larger amounts of authorized services for caregivers while still allowing them freedom of choice.
To provide the opportunity to be a part of an MUSC clinical team that provides home visits, treatment plans, troubleshooting, and resources for the family.
To provide educational seminars for caregivers on a quarterly basis.
To connect caregivers to support groups in the counties where they live.

To provide counseling and advocacy to caregivers needing direction and guidance.
To assist grandparents who are raising children by providing school supplies, uniforms, summer camps, or additional educational opportunities.

The program has some "weaknesses" or challenges to face. As the budget shrinks, it will be important to identify other funding groups and other grant providers and as the population of baby boomers increases, the number of caregivers and their needs will increase. The program staff has also implemented two new forms for new applicants. The first one is "Frequently Asked Questions" and "Questions to Ask when interviewing private duty companies." The Family Caregiver Advocate is a co-facilitator of a support group for caregivers dealing with a family member with Alzheimer's or Dementia on the first and third Wednesday of each month. The group is held at All Saints Lutheran Church in Mt. Pleasant. Each year, the number of caregivers assisted by the program has increased; however, services are provided to caregivers with the greatest need. The level of need is determined based on the risk prioritization sheet and the score of the Zarit Burden Scale.

The Family Caregiver Support program also embraces the "Consumer Choice" philosophy for providing in-home and community-based services. The caregiver can choose a provider from a list of agencies, and change agencies if they are not satisfied. As a result, the consumer should receive quality care. The program has also improved the delivery of supplemental services by working with a local vendor who is willing to deliver their supplemental supplies to the caregiver's door step. There is consistency in the number of grandparents assisted in the seniors raising children program; however, there is room for growth in this program.

Unusual requests for assistance are easily dealt with as the TAAA executive director has an open door policy and staff can readily bring unusual requests to her. Decisions on unusual requests are speedily made because the director takes a proactive but realistic approach, encourages collaboration and practices ethical decision-making.

During Fiscal Year 2009-2010, the Family Caregiver Support program will partner with MUSC's College of Health Professions. Students from the Schools of Occupational Therapy, Physical Therapy, and Physician Assistants will participate in a new inter-professional course that will teach teamwork and listening and communicating with clients and their families.

The teams will be interviewing 54 willing participants of the 101 caregivers that were referred to them by the Family Caregiver Support Program. A team of three health professionals from each of the three disciplines visit the homes of homebound persons and their caregivers to discuss the obstacles they have encountered in seeking health care. The health professionals will help connect the caregiver with resources to overcome any medical obstacles they have encountered. When all the interviews are completed, the students will present what they have learned from the experience and what kind of impact that they feel they have made on the families.

MUSC students will increase their knowledge, skills, and compassion in working with families. Caregivers will be listened to by a team of experts who will focus on caregiver needs instead of on the person being cared for.

The growing number of clients age 60 and over and the shrinking budget available to provide services will be a major challenge to be addressed in the next four years.

Intervention vs. Prevention

Recent needs assessment information raised the question about the preparedness of older adults to handle future long-term care needs. TAAA 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 will work to promote healthy lifestyles and raise awareness that older adults bring significant economic and civic assets to our community. Outreach efforts will be expanded to isolated individuals in rural areas with our mobile resource center. In addition, TAAA'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.

Senior Center Development and Increasing Use

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 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. Senior Center development is one of the TAAA'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), Johns/Wadmalaw Island (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 will work with Berkeley Seniors to build a senior center in Moncks Corner and with South Santee Community Center to build a facility in Awendaw. TAAA supported senior center both accreditation and reaccreditation of the Lowcountry Senior Center on James Island and will continue to advocate for senior center accreditation region-wide.

Alzheimer's Disease and the Purple Ribbon Report – 2009

Persons with Alzheimer's disease and related disorders are currently assisted as part of the program of the Aging and Disabilities Resource Center (ADRC). Trident Area Agency on Aging's strategy is to create a single entry point for public education, information on options, comprehensive assessment, options and benefits counseling, data collection, eligibility determination, applications and resources. TAAA intends to provide "one stop" shopping for those sixty and over and adults with disabilities, including Alzheimer's disease. The Purple Ribbon Report dated March 1, 2009 recommends the creation of a "single entry point for persons seeking assistance with Alzheimer's related

needs utilizing a toll free number through the Lt. Governor's office on Aging." TAAA will provide assistance to elderly and disabled consumers that are referred to the agency from the LGOA. The report also recommends that the agency provide appropriate referrals for hospice care and aftercare for caregivers of persons with Alzheimer's disease. Referrals for hospice care and scholarships for medically indigent persons are options offered to qualifying caregivers.

TAAA will continue to integrate Alzheimer's services with all their programs, as the Purple Report recommends. Staff has worked with the North Charleston Sherriff's Department to offer tracking bracelets to help caregivers locate persons with Alzheimer's disease who may wander and become lost. TAAA will also advocate for the creation of a Silver Alert Program to help recover persons who cannot be tracked.

TAAA will promote the integration of assessment, funding and data systems to enhance its ability to become the entry point for the elderly and persons with disabilities. The Family Caregiver Support Advocate, the Alzheimer's Resource Coordinator, the Information and Referral and Assistance staff person and the I-CARE counselor work closely together to help consumers requesting assistance. Since the agency currently has a grant for funding assistance for persons with Alzheimer's disease, respite care is paid for from that grant. However, the consumer does not know which category of funds is used and in extenuating circumstances Family Caregiver Support funds are used, as well. Since the agency plans to become the entry point for the receipt of all services, including those for persons with Alzheimer's disease, specific targets for the care of persons with the problem were not included in Requests for Proposals.

TAAA will continue to work collaboratively with the Alzheimer's Association and the Medical University of South Carolina in their efforts to educate family and professional caregivers about Alzheimer's disease and related disorder. In addition, as the number of persons with Alzheimer's disease continues to increase TAAA will advocate state and federal legislature for adequate funding for research and care services.

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

The Plan embraces Project 2020, a joint project between the National Association of Sate Units on Aging (NASUA) and the National Association on Area Agencies on Aging (n4a). The goal of Project 2020 is to provide resources to implement consumer-centered and cost-effective long-term care strategies authorized in the 2006 reauthorization of the Older Americans Act. The initiative was developed to find ways to modernize the current long-term care system by enabling consumers to remain in their own homes through the provision on home and community-based long-term care; to empower consumers to stay active and healthy through disease prevention and health promotion services; to streamline access to services and supports; and to increase the organization capacity of the aging network for home and community-based long-term care systems.

Legal Assistance Services

Trident Area Agency on Aging is required to spend at least one percent of allocated services dollars on legal services and therefore will budget the amount required. However, since legal services are now offered to consumers under the "Consumer Choice" program, one percent may be inadequate and funds will have to be reallocated based on the consumer's need and the type of legal services requested. The agency 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 staff presentations to the public along with the other services that the agency provides. Assessments of consumer needs and referrals for service include legal services. In addition, the agency resource coordinators consider the priority issues related to consumers' health and welfare when considering whether to award scholarships for legal assistance. Documentation of the type of legal problem for which a consumer is requesting assistance is determined before legal service scholarships are awarded. The assessment process identifies the type of legal problem a consumer needs addressed; therefore, there is no need for the attorneys to breach confidentiality by identifying the nature of their client's problem.

An important part of the "Consumer Choice" program will be to build rapport with local private attorneys. As these relationships broaden, those attorneys willing to provide services in the home for consumers will be identified, as well as those willing to provide pro bono services.

Senior Farmer's Market Nutrition Project:

TAAA, through a Memorandum of Agreement with the South Carolina Department of Social Services, will continue to coordinate the Senior Farmer's Market Nutrition Program in the region. The program serves eligible seniors by providing vouchers that can be redeemed for fresh fruits and vegetables at participating farmer's markets. TAAA partners with sixteen locations to disseminate the vouchers. During FY 2009-2010, an additional location was added in the West Ashley area as a result of participant suggestions. During FY 2010-2011, another site is being proposed for Berkeley County. Additional nutrition education as well as legal assistance information is provided annually through the program.

Alzheimer's Disease Supportive Services Program:

Alzheimer's Disease and other dementias account for a growing number of family aging issues in the Trident area. In fact, there are now over 5,000 families providing dementia care in Charleston, Berkeley, and Dorchester Counties. For many families, dementia care compounds other issues like poverty and the lack of transportation. Trident Area Agency on Aging is addressing the growing demand for dementia care by partnering with the SC Lieutenant Governor's Office on Aging, the Alzheimer's Association, the Medical University of South Carolina, and area churches. Using a federal Administration on Aging Alzheimer's Disease Supportive Services Program (APSSP) grant, Trident Area Agency on Aging assists rural, minority, and underserved populations by improving access to respite services and supplemental supplies. The grant also targets those with early memory loss and younger onset dementia. Caregiver training, community memory screens, and physician outreach are also included in this comprehensive effort to meet the needs of persons with Alzheimer's disease and their families. The grant will continue through March 2010.

Mobility Management:

In 2008, TAAA was awarded a grant to employ a **Mobility Manager** to disseminate information about transportation options available in the community and to assist individuals in accessing transportation. TAAA contracts with the Berkeley-Charleston-Dorchester Council of Governments to administer the program. The Mobility Manager will, through public meetings, determine how, when and why people travel. The goals of the program are to maximize existing infrastructure and to improve air quality and energy efficiency. TAAA will apply for additional grant funding during FY 2009-2010 to support the program.

TRIDENT Region – Requested Waivers - Area Plan Period July 1, 2009 to June 30, 2013

Before the Area Agency on Aging requests waivers allowable under the OAA, the Agency shall conduct a timely public hearing. Area Agencies requesting 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
A Competitive Procurement Process is used to select contractors to provide OAA Services.	TAAA will have agreements with a variety of organizations to provide home and community-based services to authorized Tri-County consumers. TAAA will assess clients and authorize the level, intensity and duration of services. TAAA will maintain client records, ensuring client confidentiality and accurate data collection in AIM.	Increased consumer choice leading to greater satisfaction with services. Efficacy of services due to competition between providers for clients.	Consumers are presently receiving Home and Community-based services through the consumer choice program	The "consumer choice" method of providing services will be evaluated by reviewing client assessment data to determine that the approved care plan was carried out and that there was improvement or maintenance of client health status. A client satisfaction survey, developed by TAAA will be used annually, or at service termination if service period is less than one year.

TRIDENT Region – Requested Waivers - Area Plan Period July 1, 2009 to June 30, 2013

Before the Area Agency on Aging requests waivers allowable under the OAA, the Agency shall conduct a timely public hearing. Area Agencies requesting 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
Meals will meet 1/3 Required Daily Allowance nutritional requirements as established by the Institute of Medicine & National Academy of Science. Group Dining Services will be provided five days a week, 249 days a year. Group Dining Services will be provided to a minimum of 25 persons	Since there were no satisfactory proposals from offers to provide Group Dining Services to West Charleston SDA, TAAA will be authorizing meals for seniors who volunteer in public elementary school.	Seniors have increased physical activity, increased circle of friends and increased community participation. Consumers from W. Charleston, not previously served, such as Edisto and Hollywood will be able to receive services	Services to current Sea Island's Group Dining participants will not be disrupted as they will be offered a senior program in schools.	The "consumer choice" method of providing home care services will be evaluated by reviewing client assessment data to determine that the approved care plan was carried out and that there was an increase in physical activity, an increase in their circle of friends and an increase community participation.

SUMMARY OF SERVICE FUNDING, CONTRACTED UNITS and AVERAGE UNIT COST TRIDENT REGION SFY 2009-2010			
SERVICE	**TOTAL AAA FUNDING PER SERVICE**	**TOTAL UNITS FOR REGION**	**REGIONAL AVERAGE UNIT COST**
Transportation	$363,964	540,000	$0.6740
Level I Home Care - Housekeeping or Chore	$243,562	14,452	$16.8532
Level II Home Care - Homemaker with Limited Personal Care	$171,767	10,100	$17.0066
Level III Home Care - Personal Care with Limited Medical Assistance	$0	0	#DIV/0!
Adult Day Care	$0	0	#DIV/0!
Legal Assistance	$7,248	100	$72.4800
Information and Referral	$58,823	2,490	$23.6237
Outreach	$0	0	#DIV/0!
Respite Care	$0	0	#DIV/0!
Care Management	$0	0	#DIV/0!
Group Dining	$571,096	93,420	$6.1132
Home Delivered Meal	$1,028,245	177,705	$5.7862
Health Screening	$0	0	#DIV/0!
Nutrition Risk Follow-Up	$0	0	#DIV/0!
Health Promotion Program	$26,094	8,380	$3.1138
Physical Fitness	$0	0	#DIV/0!
Home Injury Prevention	$0	0	#DIV/0!
Senior Games	$0	0	#DIV/0!
Minor Home Repair (State Funds Only)	$0	0	#DIV/0!
Medication Management	$10,054	3,230	$3.1127
I-Care Calls/Contacts	$31,176	1,900	$16.4084
SMP Calls/Contacts	$9,459	950	$9.9568
Caregiver Services	$144,796	8,682	$16.6777

NUMBER OF MINORITY PROVIDERS	1
NUMBER OF RURAL PROVIDERS	3
TOTAL NUMBER OF PROVIDERS	5

	r	B	C	D	E	F	G	H	I	J	K	M	N
1		(TRIDENT) AREA AGENCY ON AGING SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY 09/10										6/2/2009	Page 1
2	**NOTE:** Match Ratio **if using III-E** is 88.24(F) to 11.76(L)	IN-HOME & COMMUNITY-BASED SERVICES										NUTRITION SERVICES	
3		Transportation	Home Living Support	Consumer Choice	Personal Care with Limited Medical Assistance	Adult Day Services **See NOTE Upper Left**	Legal Assistance.	Information & Assistance **See NOTE Upper Left**	Respite Care **See NOTE Upper Left**	Case Management	**TOTAL Supportive Services**	Congregate Meals	Home Delivered Meals
4	**CONTRACTED UNITS**	540,000	14,452	10,100	0	0	100	2,490				93,420	177,705
5	Title III Federal **B, C**	$305,500	$182,980	$121,458	$0	$0	$6,161	$50,000	$0	$0	$666,099	$409,783	$208,137
6	ARRA Funds - **Cong. & HDM**										$0	$60,688	$29,878
7	Title III Federal **E**					$0		$0	$0		$0		
8	State 5% Match **B,C, ARRA**	$17,523	$7,331	$7,145	$0	$0	$362	$2,941	$0	$0	$35,302	$27,675	$14,001
9	Local:Cash match	$0	$0	$0	$0	$0	$725	$5,882	$0	$0	$6,607	$0	$0
10	Local:In-kind match	$35,941	$21,527	$14,289	$0	$0	$0	$0	$0	$0	$71,757	$55,350	$28,002
11	Total Local Match	$35,941	$21,527	$14,289	$0	$0	$725	$5,882	$0	$0	$78,365	$55,350	$28,002
12	ACE-Bingo		$28,024	$28,875	$0	$0		$0	$0	$0	$56,899		$0
13	SC General Revenue Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$40,784
14	State Services-Non-recurring	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$423,168
15	NSIP										$0	$0	$219,887
16	Est. Income-State Services	$0	$0	$0	$0	$0			$0	$0	$0	$0	$0
17	Estimated GRI for Title III	$5,000	$3,700	$0	$0	$0	$0		$0		$8,700	$17,600	$20,300
18	SSBG HDM Funds										$0		$44,088
19	Other SSBG Grants **to AAA**			$0		$0					$0		
20	Total Contracted Funds	$363,964	$243,562	$171,767	$0	$0	$7,248	$58,823	$0	$0	$845,364	$571,096	$1,028,245
21	Contracted Rate	$0.6740	$16.8532	$17.0066	#DIV/0!	#DIV/0!	$72.4841	$23.6238	#DIV/0!	#DIV/0!	N/A	6.1132	$5.7862
22													
23		NOTE: Contracted rate Includes Local Match											
		COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE											
24	Net Contracted (AIM) Rate	$0.6740	$16.8532	$17.0066	#DIV/0!	#DIV/0!	$72.4841	$23.6238	#DIV/0!	#DIV/0!	NA	$6.1132	$5.7862
25	AIM Units:Other SSBG Svs			0		#DIV/0!							
26	AIM Units: SSBG HDMs												7619
27	AIM Units-Non-recurring State	0	0	0	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!		0	73133
28	AIM Units:State Funded Svs	0	0	0	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!		0	7048
29	AIM Units: ACE-BINGO		1663	1698	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!		0	0
30	AIM Units: State Svs Income	0	0	0	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!		0	0
31	AIM Units: ARRA Funds											11,679	6,075
32	NSIP Share of CUC											$0.0000	$2.6230
33	AIM Title III Meal Rate											$6.1132	$3.1632
34	AIM Units:Title III (F+S+L)	532582	12570	8402	#DIV/0!	#DIV/0!	100	2490	#DIV/0!	#DIV/0!		78862	77411
35	AIM Units: GRI (Estimate)	7418	220	0	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!		2879	6418
36	**TOTAL CONTRACT UNITS**	540,000	14,452	10,100	0	0	100	2,490	0	0	N/A	93,420	177,705
37		NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income											
38	**Total of All Other Resources by Service**	$49,100	$231,825	$0	$0	$0	$0	$0	$0	$0	NA	$134,000	$331,665
39	**Total of Units Served with those Other Resources**	0	0	0	0	0	0	0	0	0	NA	0	0
40	TOTAL SERVICE BUDGET	$413,064	$475,387	$171,767	$0	$0	$7,248	$58,823	$0	$0	N/A	$705,096	$1,359,910
41	Total Unit Cost	$0.7649	$32.8942	$17.0066	#DIV/0!	#DIV/0!	$72.4841	$23.6238	#DIV/0!	#DIV/0!	NA	$7.5476	$7.6526
42													

(TRIDENT) AREA AGENCY ON AGING SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY 09/10

	O	P	Q	R	S	T	V	W	X	Z	AA	AC
		PREVENTION AND WELLNESS SERVICES								INSURANCE COUNSELING		TOTALS
3	CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Senior Games	Minor Home Repair (State Funds)	Medication Management	TOTAL Wellness	Medicare Fraud (AoA)	I-CARE (CMS)	All Sources (Both Pages)
4	CONTRACTED UNITS	0	0	8,380	0	0	0	0	3,230	N/A	0	0	N/A
5	Title III Federal D, SMP, I-CARE	$0	$0	$22,180	$0	$0	$0		$8,546	$30,726	$9,459	$31,176	$1,355,380
6	ARRA Funds												$90,566
7	Title III Federal E									$0			$0
8	State 5% Match D, ARRA	$0	$0	$1,305	$0	$0	$0		$503	$1,807			$78,785
9	Local:Cash match			$2,609					$1,005	$3,614	$3,153		$13,374
10	Local:In-kind match									$0			$155,109
11	Total Local Match	$0	$0	$2,609	$0	$0	$0		$1,005	$3,615	$3,153		$168,484
12	ACE-Bingo		$0			$0		$0	$0	$0			$56,899
13	SC General Revenue Services	$0	$0	$0	$0	$0	$0	$0	$0	$0			$40,784
14	State Services-Non-recurring	$0	$0	$0	$0	$0	$0	$0	$0				$423,168
15	NSIP									$0			$219,887
16	Estimated Fees-State Services	$0	$0	$0	$0	$0	$0	$0	$0	$0			$0
17	Estimated GRI for Title III	$0	$0	$0	$0	$0	$0	$0	$0	$0			$46,600
18	SSBG HDM Funds									$0			$44,088
19	Other SSBG Grants to AAA									$0			$0
20	Total Contracted Funds	$0	$0	$26,094	$0	$0	$0	$0	$10,054	$36,147	$12,612	$31,176	$2,524,640
21	Contracted Rate	#DIV/0!	#DIV/0!	$3.1138	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$3.1126	N/A	#DIV/0!	#DIV/0!	N/A
22													
23		NOTE: Contracted rate includes Local Match											
		COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE											
24	Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	$3.1138	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$3.1126	NA	#DIV/0!	#DIV/0!	NA
25	AIM Units:Other SSBG Svs												
26	AIM Units: SSBG HDMs												
27	AIM Units-Non-recurring State	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0		#DIV/0!	#DIV/0!	
28	AIM Units:State Funded Svs	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0				
29	AIM Units: ACE-BINGO	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0				
30	AIM Units: State Svs Income	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0				
31	AIM Units: ARRA Funds												
32	NSIP Share of CUC												
33	AIM Title III Meal Rate												
34	AIM Units:Title III (F+S+L)	#DIV/0!	#DIV/0!	8380	#DIV/0!	#DIV/0!	#DIV/0!		3230				
35	AIM Units: GRI (Estimate)	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!		0				
36	CONTRACTED UNITS	0	0	8,380	0	0	0	0	3,230	N/A	0	0	N/A
37		NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees											
38	Total Other Resources per Service	$0	$0	$0	$0	$0	$0	$0	$0	NA	$0	$0	NA
39	Total Units Served with Other Resources	0	0	0	0	0	0	0	0	NA	0	0	NA
40	TOTAL SERVICE BUDGET	$0	$0	$26,094	$0	$0	$0	$0	$10,054	NA	$12,612	$31,176	NA
41	Total Unit Cost	#DIV/0!	#DIV/0!	$3.1138	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$3.1126	NA	#DIV/0!	#DIV/0!	NA
42													

Trident Region Worksheet for Staffing Budget and NAPIS Staffing Profile for SFY 2009-2010

Enter the names of staff involved in each service or activity. **If the staff is a minority put "(M)" after the name.** Enter the number of hours in a year that the individual devotes to the specific activity or service. Then follow the instructions for completing the worksheet.

Names of Staff Performing Each AAA ACTIVITY AND/OR SERVICE	**Annual** Hours Each Contributes to the Activity or Service	Percent Charged to P&A	Percent Charged to PD	Percent Charged to SSBG	Percent Charged to Ombudsman Services	Percent Charged to I&A	Percent Charged to III-E	Percent Charged to I-CARE/SMP	Percent Charged to Other III-B Services	Percent Charged to Other Federal/Local Programs
Planning	**1.81**	**1.81**								
Stephanie Blunt (M)	975	0.50								
Lisa Natividad	1,463	0.75								
Adrienne Goldstein	1,092	0.56								
Program Development			**0.00**							
Administration	**0.75**	**0.50**		**0.25**						
Stephanie Blunt (M)	975	0.50								
Lisa Natividad	487			0.25						
Ombudsman	**2.00**				**2.00**					
Alice Streetman	1,950				1.00					
Patti Lobik	1,950				1.00					
I & A	**1.00**					**1.00**				
Lavonia Dixon (M)	1,950					1.00				
Insurance Counseling/SMP	**1.00**							**1.00**		
Angela Edwards (M)	1,950							1.00		
Family Caregiver Program	**1.00**						**1.00**			
Johnsie Currin	1,950						1.00			
Other Direct Services	**1.00**									**1.00**
Don Bagwell	1,950									1.00
COMBINED SERVICE DELIVERY	**6.00**									
Access/Care Coordination	1.33									
Outreach (2)	2600									
Clerical/Support Staff	**0.88**	**0.21**								**0.67**
Finance Assistant	1300									0.67
Judy Roumillat	416	0.21								
Volunteers										
TOTAL PAID HOURS	**21,008**									
TOTAL PAID FTEs	**10.77**	**2.31**	**0.00**	**0.25**	**2.00**	**1.00**	**1.00**	**1.00**	**0.00**	**1.67**

Staff Summary	**Annual Hours**
Stephanie Blunt	1,950
Lisa Natividad	1,950
Adrienne Goldstei	1,092
Lavonia Dixon	1,950
Johnsie Currin	1,950
Patti Lobik	1,950
Don Bagwell	1,950
Alice Streetman	1,950
Angela Edwards	1,950
Judy Roumillat	416
Finance Assist	1,300
Outreach (2)	2,600
	21,008

Each employee total in this column must agree with the total hours of paid staff time for each individual.

REGION: TRIDENT

EXPENDITURES FOR PRIORITY SERVICE CATEGORIES

As required by the Older Americans Act and State policy, an adequate amount allotted for Part B will be expended for the delivery of each of the categories of service identified on this form

Based upon the most recent needs assessment, I&A reports, Caregive reports, and AIM data, enter the percentage set by the Area Agency on Aging for each priority service category based on the regionwide needs identified from all these sources.

Access Services _____% In-Home Services _____% Legal Assistance _____%

Enter Total III B after Transfers for SFY 2008-2009		$495,820	**and SFY 2009-2010**	$666,099
ACCESS SERVICES	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
A. Transportation	$239,300		$305,500	
B. Information & Assistance (**III-B** funding **Only**)	$62,858		$50,000	
C. Case Management	$0		$0	
D. Outreach	$0		$0	
TOTAL ACCESS EXPENDITURES	$302,158	60.94%	$355,500	53.37%
IN-HOME SERVICES	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
A. Level I Housekeeping and Chore	$140,496		$129,740	
B. Level II Homemaker with Limited Personal Care	$49,432		$174,698	
C. Level III Personal Care with Limited Medical Assistance	$0		$0	
TOTAL IN-HOME EXPENDITURES	$189,928	38.31%	$304,438	45.70%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
TOTAL L.A. EXPENDITURES	$3,734	0.75%	$6,161	0.92%

REGION: TRIDENT

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

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
2009-2010	Consumer Choice	$7,248	100	**$72.4800**	$0	0	#DIV/0!	$0	0	#DIV/0!	$58,823	1,245	**$47.2474**	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$7,248	100	**$72.4800**	$0	0	#DIV/0!	$0	0	#DIV/0!	$58,823	1,245	**$47.2474**	$0	0	#DIV/0!
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

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
2009-2010	CASC	$67,261	11,000	**$6.1146**	$389,926	70,000	**$5.5704**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010	Berkeley Seniors	$146,643	24,000	**$6.1101**	$259,572	45,000	**$5.7683**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010	Dorchester Seniors	$159,026	26,000	**$6.1164**	$220,735	36,000	**$6.1315**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010	South Santee	$90,361	14,780	**$6.1137**	$99,512	16,675	**$5.9677**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010	West Charleston	$107,803	17,640	**$6.1113**	$43,643	10,030	**$4.3512**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010	Roper	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$26,094	8,380	**$3.1138**
2010-2011		$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013				**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2009-2010	REGIONWIDE	$571,094	93,420	**$6.1132**	$1,013,388	177,705	**$5.7026**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$26,094	8,380	**$3.1138**
2010-2011	REGIONWIDE	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	REGIONWIDE			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	REGIONWIDE			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

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
2009-2010	Roper	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$10,054	3,230	$3.1127
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$10,054	3,230	$3.1127
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

REGION: TRIDENT

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

State Fiscal Year Beginning July	County or Provider	Transportation Contracted Funds	Transportation Contracted Units	Transportation Contracted Unit Cost	Chore, House-keeping Funds	Chore, House-keeping Units	Chore, House-keeping 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
2009-2010	CASC	$36,612	55,000	**$0.6657**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011				#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!			#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Berkeley Seniors	$106,029	160,000	**$0.6627**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$79,249	4,600	**$17.2280**
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Dorchester Seniors	$120,223	180,000	**$0.6679**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$105,111	6,100	**$17.2313**
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	South Santee	$101,100	150,000	**$0.6740**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Consumer Choice	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$236,403	13,852	**$17.0663**
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011		$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$363,964	545,000	**$0.6678**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$420,763	24,552	**$17.1376**
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

TRIDENT REGION DESIGNATED AND UNDESIGNATED FOCAL POINTS IN THE PSA IN 2009-2010				
County	**Focal Point Organization**	**Focal Point Street Address**	**AAA Designated Focal Point**	**Type of Organization or Facility**
Berkeley	Berkeley Seniors	So. Berkeley Sr. Center 103 Thurgood Rd. Goose Creek, SC29445	Yes	Voluntary Organization
Berkeley	Berkeley Seniors	St. Stephens Center 1264 Russellville Road St. Stephens, SC 29479	Yes	Voluntary Organization
Berkeley	Berkeley Seniors	Moncks Corner Dining Site 222 Heatley St. Moncks Corner, SC 29461	No	Voluntary Organization
Berkeley	Hanahan Senior Center	3100 Maybeline RD. Hanahan, SC 29406	No	City of Hanahan
Dorchester	Dorchester Seniors	Faith Sellers Sr. Center 312 N. Laurel St. Summerville, SC 29483	Yes	Voluntary Organization
Dorchester	Dorchester Seniors	David Sojourner Sr. Center 5361 E. Jim Bilton Blvd. St. George, SC 29477	Yes	Voluntary Organization
Charleston	Lowcountry Senior Center	865 Riverland Dr. Charleston, SC 29412	No	Voluntary Organization
Charleston	Felix Davis Community Center (Park Circle)	4800 Park Circle N. Charleston, SC 29406	No	N. Chas. Recreation Dept.
Charleston	Jewish Community Center	1645 Raoul Wallenberg Blvd. Charleston, SC 29407	No	Voluntary Organization
Charleston	Felix Pinckney Recreation Center	4790 Hassel St. N. Charleston, SC 29405	No	N. Chas. Recreation Dept.
Charleston	Charleston Area Sr. Citizens	259 Meeting St Charlston, SC 29401.	Yes	Voluntary Organization
Charleston	South Santee Community Center	710 S. Santee Rd. McClellanville, SC 29458	Yes	Voluntary Organization
Charleston	Mt. Pleasant Senior Center	840 Von Kolnitz Road Mt. Pleasant, SC 29464	No	Town of Mt. Pleasant
Charleston	South Santee Community Center	Awendaw Dining Site 5600 N. Hwy 17 Awendaw, SC 29429	No	Voluntary Organization

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

REGION: TRIDENT								Data From AIM		SFY2007-2008					
Service Delivery Contractors	Total People Served (a)	Number of Minority Served (b)	Of Total Persons Served % Who Are Minority	Number in Rural Areas Served (c)	Of Total Persons Served % Who Live in Rural Area	Number At or Below Poverty Served (d)	Of Total Persons Served % Who Are Below Poverty	Number of Minority Poor Served (e)	Of Total Minority Served % Who Are Poor	Number of Non-Minority Poor Served (f)	Of Total Non-Minority Served % Who Are Poor	Number of Clients **Served for First Time** SFY2008 (g)	Of Total Persons Served % Who Were Served for First Time		
Berkeley Seniors	840	431	51%	445	53%	488	58%	287	67%	201	49%	434	52%	409	49%
Chas. Area Sr. Citizens	1265	1010	80%	113	9%	989	78%	740	73%	249	98%	472	37%	255	98%
Dorchester Seniors	605	419	69%	466	77%	425	70%	306	73%	119	64%	182	30%	186	64%
Roper St. Francis	288	79	27%	43	15%	288	100%	79	100%	209	100%	78	27%	209	100%
SC Center for Equal Justice	17	17	100%	17	100%	15	88%	15	88%	0	0%	13	76%	0	#####
Trident AAA	181	106	59%	31	17%	99	55%	58	55%	41	55%	129	71%	75	55%
Sea Islands	222	200	90%	187	84%	161	73%	146	73%	15	68%	59	27%	22	68%
South Santee	185	181	98%	163	88%	161	87%	157	87%	4	100%	26	14%	4	100%
Regionwide	3603	2443	67.80%	1465	40.66%	2626	72.88%	1788	73.19%	838	72%	1393	38.66%	1160	72%

(a) This is the number of unduplicated persons served under AAA purchase of service contracts in SFY'08.
(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 poverty level established by the Bureau of the Census.
(e) Of those whose income was below the poverty level established by the Bureau of the Census, this is the number who were minority
(f) Of those whose income was below the poverty level established by the Bureau of the Census, 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 **or** who had not received **any** contracted service in the previous two years

TRIDENT REGION SUPPLEMENTAL DETAIL - BREAKOUT OF MINORITY POPULATIONS SERVED SFY 2007-2008					
Service Delivery Contractors	**African-American**	**Hispanic**	**Native American or Alaskan Native**	**Asian/ Pacific Islander**	**Unknown Ethnicity**
Berkeley Seniors	430	4	1	3	2
Chas. Area Sr. Citizens	1007	2	3	0	2
Dorchester Seniors	414`	2	5	0	0
Roper St. Francis	78	1	0	1	0
SC Legal Services	17	0	0	0	0
Trident AAA/ADRC	104	0	0	0	2
Sea Islands	211	0	0	0	0
South Santee	181	1	0	0	0
Regionwide (9)	2028	10	9	4	6

TRIDENT REGION REQUESTED TRANSFER OF FEDERAL FUNDS SFY 2009-2010

Per requirements of the Older Americans Act, the Area Agency on Aging may, without a waiver, elect to transfer no more than 40% of the funds received under Title III-C between subpart 1 and subpart 2, for use as the Area Agency considers appropriate to purchase services that meet the nutritional needs of older adults in the area served.

The formula for computing the maximum transfer from C-1 to C-2 without a waiver is (Title III-C-1 X .40) + III-C-2 original allocation.

The formula for computing the maximum transfer from C-2 to C-1 without a waiver is (Title III-C-2 X .40) + III-C-1 original allocation.

If the Area Agency on Aging determines that a transfer of more than 40% is required to purchase services at a level that satisfies the need for III-C-1 or III-C-2 services, the agency must request a waiver that justifies the transfer of an additional amount, not to exceed an additional 10% of the funds received under Title III-C, between Subpart 1 and Subpart 2.

Because the LGOA transferred 30% of Title III-C-1 to Title III-B prior to allocating Title III funds, **the Area Agency on Aging may elect to transfer not more than 30% of the funds received for Title III C-2 state fiscal year 2010,** between programs under part B and part C-2, for use as the Area Agency considers necessary to purchase services to meet the need for in-home and community based services.

FOR STATE FISCAL YEAR 2010: The formula for computing the maximum transfer from Part C-2 to Part B is (Title III-C-2 X .30 + Title III-B allocation.

The formula for computing the maximum transfer from Part B to Part C is Title III-B X .30. The resulting 30% can be spread between III-C-1 and III-C-2 or applied to either of the subparts of Title III-C.

REQUESTED TRANSFERS

TITLE	ORIGINAL ALLOCATION (See Note Below)	REQUESTED TRANSFER	REQUESTED ALLOCATION	% OF TRANSFER
III-B	$666,099	$0	$666,099	0.00%
III-C-1	$409,783	$0	$409,783	0.00%
III-C-2	$208,137	$0	$208,137	0.00%
TOTAL	$1,284,019	$0	$1,284,019	

INSTRUCTIONS

Total of ORIGINAL ALLOCATION column must total the Title III-B plus III-C-1 plus III-C-2 allocations for services transmitted to the region in the ALLOCATIONS FOR SERVICE PROVISION - AREA PLAN PERIOD 2009-2010.

Total of REQUESTED TRANSFER column must be **ZERO**

Total of REQUESTED ALLOCATION column must equal total of the ORIGINAL ALLOCATION column

A formula will compute the % of TRANSFER based on the OAA provisions cited at the top of this form.

All Title III-B service funds allocated to the AAA must be included on the III-B line in the Original and Requested Allocations columns including any III-B funds expended **at the AAA** for III-B community-based services to older adults. (*Do not include Program Development or III-B Ombudsman funds*)

	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	$0	$0	$7,689	$19,007	$19,376	$196,963	$0	$0	$0	$0	$0	$196,963	Personnel Salaries
4	$0	$0	$1,628	$4,025	$4,104	$48,077	$0	$102,118	$35,861	$70,117	$27,065	$283,238	Fringe Benefits
5	$0	$0	$589	$1,457	$1,485	$17,401	$0	$21,627	$7,595	$8,487	$5,732	$60,842	Contractual
6	$0	$0	$639	$1,580	$1,611	$18,869	$0	$7,828	$2,749	$147,868	$2,074	$179,388	Travel
7	$0	$0	$285	$704	$717	$8,405	$0	$8,489	$2,981	$3,331	$2,250	$25,456	Equipment
8	$0	$0	$136	$337	$344	$4,026	$0	$3,781	$1,329	$1,483	$1,002	$11,621	Supplies
9	$0	$0	$0	$0	$0	$0	$0	$1,810	$636	$711	$480	$3,637	Indirect Costs
10	$8,991	$4,427	$1,646	$4,066	$4,144	$44,140	$13,418	$0	$0	$0	$0	$57,558	Allocated Costs
11	$0	$0	$0	$0	$0	$0	$0	$21,846	$7,672	$8,573	$5,790	$43,881	Other Direct Costs
12	$8,991	$4,427	$12,612	$31,176	$31,781	$337,881	$13,418	$167,499	$58,823	$240,570	$44,393	$862,584	TOTAL OPERATING BUDGET
13	$0	$0	$0	$0	$0							$0	LESS: In-kind Not for Match
14	$0	$0	$0	$0	$0							$0	LESS: Local Cash Not for Match
15	$8,991	$4,427	$12,612	$31,176	$31,781	$337,881		$167,499	$58,823	$240,570	$44,393	$849,166	TOTAL AREA PLAN BUDGET: LC
16													
17	$8,991	$4,427	$12,612	$31,176	$31,781								
18			$0										
19	$8,991	$4,427	$12,612	$31,176	$31,781								
20													
21	$2,248	$1,107	$3,153										
22	$6,743	$3,320	$9,459	$31,176	$31,781								
23	$2,248	$1,107	$3,153										
24	$0	$0	$3,153										
25	$2,248	$1,107	$0										
26	$0	$0	$0										
27	$2,248	$1,107	$3,153										
29													
30	**to ARRA** activities.												
31													

APPENDIX C

TRIDENT AREA AGENCY ON AGING OMBUDSMAN REPORT

NURSING HOME BEDS: **1835**

ASSISTED LIVING FACILITY BEDS: **2300**

FRIENDLY VISITS: **261** **HOURS: 693** RESIDENTS VISITED: **3,092**

NUMBER OF CASES: **679**

NUMBER OF COMPLAINTS: **1395**

MEDICAID CASES: **410**

MEDICAID ANE CASES: **153**

APPENDIX D

NUMBER OF IRA CONTACTS FOR 2008

January	414
Feb	199
Mar	397
Apr	466
May	386
June	1090
July	482
Aug	478
Sept	418
Oct	178
Nov	184
Dec	411
TOTAL	5103

APPENDIX E

Name: Trident Area Agency on Aging

Region: Trident

SHIP MID-TERM REPORT

SHIP plays a vital role in reaching all people with Medicare and people who are eligible for LIS, but have not yet applied. The purpose of the Mid-term report is to update CMS on the progress you have made on the objectives you planned in your ***SHIP Basic and Supplemental proposals***. Please complete and submit the following information by **10/3/08:**

I. Reaching People Eligible for LIS Since 4/1/08
(Supplemental Grant Objectives)

1. As compared to the first five months of Grant Year 2007 (April – August), by how much have you increased your one-on-one client services (e.g., individual clients served, volunteers providing services in local areas) to beneficiaries with limited incomes? (Please provide percentage increase).

   Trident Area Aging and Disability Resource Center (ADRC) documented a 61% increase in one-on-one services to beneficiaries with limited incomes.

2. What strategies have you implemented to achieve the results described in response to Question 1?

   The ADRC expanded outreach efforts to a greater diversity of community businesses and faith-based organizations. We are working on the development of a partnership with our local Palmetto Project in order to distribute LIS applications throughout the area. Some examples of events that either took place or that are planned in the near future include:

   - Participating in the Mt. Pleasant Senior Center's Grand opening Resource Event. (Charleston County)
   - Trident Health Systems H2U-Health, Happiness, You monthly senior meeting. (Berkeley County)
   - Presentation and booth at New Tabernacle Fourth Baptist Church Health Fair. (Charleston County)

- Presentation at Making a Mt. Carmel United Methodist Church
- BI-LO Bacon Bridge Road Summerville one on one scheduled event (Dorchester County)
- Booth at the 8th Annual Community Health Day to be held at the International Longshoremen's Union Hall (Tri-County)
- East Cooper Hospital (Charleston County)
- Ad in newspaper
- Medicare Part D/LIS Phone bank on Channel 2 and on Channel 5
- Participating in the Community Health Partners (Networking group of service providers)

3. Did you increase services in the LIS zip code targets provided to you? If yes, what strategies did you use? If no, please explain why.

   LIS services were increased in the targeted area with the use of our ADRC mobile unit. We were able to assist clients in those hard to reach rural areas by offering a wide range of services. We disseminated information about the LIS program during the annual Senior Farmers Market Distribution Voucher Program and while visiting senior nutrition programs at churches in rural Berkeley County. In Dorchester County, we developed a partnership with Bi-Lo pharmacy in hosting and scheduling on going one on one appointment to assist with general Medicare, Medicare Part D, LIS and enrollment assistance.

4. What obstacles have you encountered during this reporting period in attempting to increase the number of beneficiaries with limited income that your program serves?

   Adequate funding for staff in order to perform all of the activities required (to include one-on-one assistance, data entry, etc.) and adequate funding for increased mileage expenses are obstacles that the ADRC has encountered during this reporting period.

5. What new organizations have you partnered with since April 2008 to help you to reach Medicare beneficiaries with limited incomes and what specific activities have you participated in with these new partners? What were the outcomes of the activities?

Use the sample table below to list names of specific organizations, efforts/activities, and outcomes to date. You may use bullet points and short phrases.

Name of Organization	Specific Activity Undertaken	Outcome(s) to Date
Palmetto Project	Made referrals of potential outreach events in the Tri-County	Distributed information about Medicare and Medicare Part D
Mt. Carmel United Methodist Church	Hosted outreach event	Reached 50 consumers
St. James-Santee Health Center	Hosted an informational table in the lobby of the facility	Reached 12
New Tabernacle Fourth Baptist Church	Hosted an outreach event	Reached 50
Franklin C. Fetter Health Center	Participated in a health fair	Reached 100
H2U Trident Health System	Hosted an outreach event	Reached 35
Senior Expo Citadel Mall	Participated in the ADRC Informational Booth	Reached 500
St. James Santee Health Center	Participated in the Community Expo	Reached 200
MUSC Drug and Alcohol Meeting	Educated employees	Reached 30
Park Circle Farmer's Market	Informational table at farmer's market	Reached 300

6. What are your plans to serve beneficiaries with limited income during the remainder of the grant year?
    - To participate in Channel 2 and Channel 5's TV telephone bank
    - To participate in diverse community events (outside the traditional network)
        i. Northwood's Mall Senior Expo (October 22) - Tri-County initiative
        ii. Shady Grove UMC Camp Meeting - Dorchester County
        iii. On going one on one sessions at Bi-Lo pharmacy - Dorchester County
        iv. Working on sessions at Bi-Lo pharmacy - Berkeley County
        v. 8th Annual Community Health Day Conference & Health Expo held at the International Longshoremen's Association Union Hall
        vi. Annual East Cooper Hospital Outreach event
        vii. Strawberry Assistance Center - Berkeley County
        viii. Medical University of South Carolina Health Clinic

7. Please describe your progress to date on your technology improvement that you proposed as part of the supplemental funding.

   TAAA purchased a desktop, printer, and a dedicated wireless card for program activities.

8. What obstacles have you encountered implementing your technology improvements?

   There were no obstacles in implementing technology improvements

Addressing Service and Targeted Outreach to Diverse and Hard to Reach Populations (SHIP Basic Grant Objectives)

The 2008 SHIP basic grant focus on beneficiaries most in need of outreach presentation and one-on-one counseling in the local communities.
Please respond to the following.

1) What efforts have you undertaken to increase services to targeted groups such as racial or ethnic populations or individuals residing in specific areas? If yes, please explain using the table provided below.

Population or Area Served	**Specific Activity/Effort**	**Outcome(s) to Date**
Native American Indian (Four Holes Indian Organization, Natchez-Kusso Tribe)	Informational Booth	Scheduled for October 4, 2008

2) What organizations have you partnered with since April 2008 to reach Medicare beneficiaries with disabilities? Which organizations are focused on serving beneficiaries who are dual-eligible with a mental illness? What activities have you participated in with these partners? What were the outcomes? Please explain using the table provided below. You may use bullet points.

Name of Organization and Area Served	**Population(s) Served** (Disabled? Dual Eligible with Mental Illness? Low Income?)	**Specific Activity with this Partner** (e.g., hosted outreach events, cross-trained staff, etc.)	**Outcome(s) to Date**
Helping Hands of Goose Creek Berkeley County	Low Income	Monthly mobile unit	Reached 40
St. James-Santee Health Center Charleston County	Low Income, Disabled	Hosted outreach events	Reached12
Franklin C. Fetter Charleston County	Low Income, Disabled, Dual Eligible with Mental Illness	Hosted outreach event	Reached100

3) What obstacles have you encountered in reaching beneficiaries with disabilities and with mental illnesses?

Traditionally, most beneficiaries associate our organization with serving only the older adult population. Reaching out to organizations who serve beneficiaries with disabilities and/or mental illnesses is essential in order to overcome this barrier. In addition, participating in events that serve a more diverse population will also assist we expand our services.

4) What are your plans to continue to expand services to Medicare beneficiaries, who are disabled, dual-eligible with a mental illness, and/or with limited incomes?

As an ADRC, it is critical that we continue to develop partnerships in the community with organizations who specialize in serving the targeted populations. For example, the disAbility Resource Center (Center for Independent Living) makes referrals to our organization on a daily basis and we rely on them to educate us on how to effectively serve adults with disabilities.

The mobile unit will continue to be taken to rural areas with limited services. With increased gas prices, it is essential that we partner with as many organizations and take as many resources to the underserved communities.

APPENDIX F

Currently, the Senior Medicare Patrol (SMP) is being promoted as a part of Trident's Aging and Disability Resource Center (ADRC). The ADRC has a mobile unit that visits areas in rural Charleston, Dorchester, and Berkeley counties. Some new locations visited by the mobile unit during include Helping Hands of Goose Creek and Strawberry Assistance Center.

Information pertaining to Medicare and Medicaid fraud awareness is available to clients who attend outreach events or to clients when assessments are being done for services offered through Trident AAA/ADRC. SMP staff have made several television appearances to discuss the importance of not giving out sensitive information to individuals calling or appearing at their residence uninvited. The program currently has active four volunteers who work out of the Lowcountry Senior Center assisting clients with their needs. Two of the volunteers are retired Social Security Administration employees. They are kept informed with up-to-date information on potential scams and warnings from the Lt. Governors Office on Aging.

We have also mailed brochures to senior centers and organizations to inform them of our program and to extend an invitation to train someone from their agency on how to report and educate their clients about Medicare/Medicaid and consumer fraud.

Outreach activities were conducted in the following rural areas: David Sojourner Senior Center in St. George, Edisto Nutrition Site, and Wadmalaw Nutrition Site. The Trident AAA SMP currently has counselors in all three counties. We currently partner with the Social Security Administration Public Relations Specialist, COA directors in our area, Charleston and Dorchester Aging in Place Coalitions, housing units, the Palmetto Project, and St. James-Santee Health Clinic. This year Channel 2 has afforded this program the opportunity to have media coverage that could potentially affect thousands of Medicare and Medicaid beneficiaries. East Cooper Regional Hospital, local Dialysis clinics, and other community organizations are maintained on an email list to inform them of potential fraud alerts in the area.

The biggest consumer issue still revolves around Medicare Advantage sale associates misrepresenting themselves to beneficiaries in order to get them to switch to their plans. We continue to receive calls about them "cold calling" beneficiaries or stopping by their place of residence. Within the last three months, we received calls from clients that were told that they did not need Part B and in turn contacted SSA and declined Part B; only to find that they no longer have medical coverage. MA sales representatives are still enrolling clients over the phone without completely explaining the product they are selling.

The SMP coordinator will continue to strengthen her partnership with the local television stations and newspapers and by continuing to participate in various community events and training provided by the LGOA and Medicare. The program is currently recruiting new volunteers from the community and also from those senior groups that have requested someone to present to their group. It is our goal to have individuals in all rural communities so that they can become a point of contact within their community and will constantly try to recruit new volunteers to assist in educating the public. The program will continue to disseminate program literature such as: *Understand their Summary Notice, HAP's Making Informed Decisions: Navigating the Medicare Advantage packet,* and Medicare fact and tip sheets like *Protecting Medicare and You from Fraud* and *How to Report Fraud and abuse*.

APPENDIX G

Presentations/Trainings	July	August	September	October	November	December	January	February	March	April	May	June	# of people se	# of undup caregivers served
Support Groups A time for you respite at AllSaints	2nd												6	4
Support Groups A time for you respite at All Saints	16th												1	1
Support Groups A time for you respite at AllSaints		6th											4	3
Support Groups A time for you respite at AllSaints		20th											10	5
Support Groups A time for you respite at AllSaints			3rd										4	1
Support Groups A time for you respite at AllSaints			17th										4	1
Support Groups A time for you respite at AllSaints				1st									5	1
Support Groups A time for you respite at AllSaints				15th									5	
Support Groups A time for you respite at AllSaints					5th								6	3
Support Groups A time for you respite at AllSaints					19th								5	2
Support Groups A time for you respite at AllSaints						3rd							9	5
Support Groups A time for you respite at AllSaints						17th							5	
Support Groups A time for you respite at AllSaints							7th						3	
Support Groups A time for you respite at AllSaints							21st						5	1
Support Groups A time for you respite at AllSaints								4th					2	
Support Groups A time for you respite at AllSaints								18th					7	1
Support Groups A time for you respite at AllSaints									4th				5	2
Support Groups A time for you respite at AllSaints									18th				5	3
Support Groups A time for you respite at AllSaints										1st			6	1
Support Groups A time for you respite at AllSaints										15th				
Support Groups A time for you respite at AllSaints											6th		5	
Support Groups A time for you respite at AllSaints												3rd		
Support Groups A time for you respite at AllSaints												17th		
Dealing With Conflict in the Family Sandpiper Hospice	23rd												8	
Lt. Gov's Summer School	28th												5	
Dorchester Senior certified nurse assistant training Safety, Six Senses, & Compassion								17th					12	
Dorchester Senior caregiver support group-Caregiver Stress									17th				8	
Don's Alzheimer's Support Group					20th								6	
A Day of Thanksgiving for Caregivers					25th								60	
Mt. Pleasant Senior Center resent with Medicare								10th					5	
Bethel Baptist Church Alvin, SC					6th								110	
Elks Conference for Alzheimer's family caregivers													116	
Total served 2008-2009													432	34

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	REGION: **TRIDENT**						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	Other Federal Programs	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	III-E Caregiver Services 100
3	Personnel Salaries	$451,131	$122,658	$72,292	$2,013	$50,065	$14,039	$4,418	$14,576	$19,020	$35,861	$0	$30,044	$40,073	$0
4	Fringe Benefits	$95,543	$32,341	$15,310	$426	$10,603	$2,973	$936	$3,087	$4,028	$7,595	$0	$0	$8,487	$0
5	Contractual	$179,377	$11,705	$5,541	$155	$3,838	$1,076	$339	$1,117	$1,458	$2,749	$0	$0	$3,072	$144,796
6	Travel	$37,500	$12,693	$6,009	$167	$4,162	$1,167	$367	$1,212	$1,581	$2,981	$0	$0	$3,331	$0
7	Equipment	$16,704	$5,654	$2,677	$74	$1,854	$519	$164	$540	$704	$1,329	$0	$0	$1,483	$0
8	Supplies	$8,000	$2,708	$1,282	$36	$888	$249	$78	$258	$337	$636	$0	$0	$711	$0
9	Indirect Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
10	Allocated Costs	$96,514	$19,252	$15,466	$431	$10,709	$3,004	$945	$3,119	$4,069	$7,672	$0	$0	$8,573	$0
11	Other Direct Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
12	TOTAL OPERATING BUDGET	$884,769	$207,011	$118,577	$3,302	$82,119	$23,027	$7,247	$23,909	$31,197	$58,823	$0	$30,044	$65,730	$144,796
13	LESS: In-kind Not for Match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
14	LESS: Local Cash Not for Match	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
15	TOTAL AREA PLAN BUDGET: LGO/	$884,769	$207,011	$118,577	$3,302	$82,119	$23,027	$7,247	$23,909	$31,197	$58,823	$0	$30,044	$65,730	$144,796
16							**COMPUTATION OF GRANT**								
17	APPROVED AREA PLAN BUDGET	$884,769	$207,011	$118,577	$3,302	$82,119	$23,027	$7,247	$23,909	$31,197	$58,823	$0	$30,044	$65,730	$144,796
18	LESS: State Funds (Non-Match)	$0	$0			$0					$0	$0	$0	$0	$0
19	NET MATCHABLE AP BUDGET	$829,663	$207,011	$118,577	$3,302	$82,119	$23,027	$7,247			$58,823	$0	$30,044	$65,730	$144,796
20	LESS: State 5%Match	$7,047				$4,106					$2,941				
21	LESS: Required Grantee Match	$87,595	$51,753			$8,212					$5,882	$0	$7,511	$7,730	
22	Federal Share	$735,021	$155,258	$118,577	$3,302	$69,801	$23,027	$7,247			$50,000	$0	$22,533	$58,000	$144,796
23	BREAKOUT OF LOCAL MATCH (L2	$87,595	$51,753			$8,212					$5,882	$0	$7,511	$7,730	
24	Local Cash Match Resources	$69,865	$45,589			$0					$5,882	$0	$7,511	$7,730	
25	Local In-kind Match Resources	$9,519	$6,164			$0					$0	$0	$0	$0	
26	State Funds Used as Local Match	$8,212	$0			$8,212					$0	$0	$0	$0	
27	Total Local Match (Must = Line 25)	$87,596	$51,753			$8,212					$5,882	$0	$7,511	$7,730	
29	FRINGE RATE AS % OF SALARIES: 21.18%						INDIRECT COST AS % OF FUNDED PERSONNEL:							0.00%	

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**

31 ****Note: $8,212 State ombudsman funds used for Match for Title III-B Ombudsman**

	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	$0	$0	$7,689	$19,007	$19,376	$196,963	$0	$0	$0	$0	$0	$196,963	Personnel Salaries
4	$0	$0	$1,628	$4,025	$4,104	$48,077	$0	$102,118	$35,861	$70,117	$27,065	$283,238	Fringe Benefits
5	$0	$0	$589	$1,457	$1,485	$17,401	$0	$21,627	$7,595	$8,487	$5,732	$60,842	Contractual
6	$0	$0	$639	$1,580	$1,611	$18,869	$0	$7,828	$2,749	$147,868	$2,074	$179,388	Travel
7	$0	$0	$285	$704	$717	$8,405	$0	$8,489	$2,981	$3,331	$2,250	$25,456	Equipment
8	$0	$0	$136	$337	$344	$4,026	$0	$3,781	$1,329	$1,483	$1,002	$11,621	Supplies
9	$0	$0	$0	$0	$0	$0	$0	$1,810	$636	$711	$480	$3,637	Indirect Costs
10	$8,991	$4,427	$1,646	$4,066	$4,144	$44,140	$13,418	$0	$0	$0	$0	$57,558	Allocated Costs
11	$0	$0	$0	$0	$0	$0	$0	$21,846	$7,672	$8,573	$5,790	$43,881	Other Direct Costs
12	$8,991	$4,427	$12,612	$31,176	$31,781	$337,881	$13,418	$167,499	$58,823	$240,570	$44,393	$862,584	TOTAL OPERATING BUDGET
13	$0	$0	$0	$0	$0							$0	LESS: In-kind Not for Match
14	$0	$0	$0	$0	$0							$0	LESS: Local Cash Not for Match
15	$8,991	$4,427	$12,612	$31,176	$31,781	$337,881		$167,499	$58,823	$240,570	$44,393	$849,166	TOTAL AREA PLAN BUDGET: LG
16													
17	$8,991	$4,427	$12,612	$31,176	$31,781								
18			$0										
19	$8,991	$4,427	$12,612	$31,176	$31,781								
20													
21	$2,248	$1,107	$3,153										
22	$6,743	$3,320	$9,459	$31,176	$31,781								
23	$2,248	$1,107	$3,153										
24	$0	$0	$3,153										
25	$2,248	$1,107	$0										
26	$0	$0	$0										
27	$2,248	$1,107	$3,153										
29													
30	**to ARRA** activities.												
31													