PURPOSE OF THE AREA PLAN

Under the Older Americans Act of 1965, as amended, and the recent reauthorized Older Americans Act of 2006, each Area Agency on Aging is charged with the responsibility of preparing an Area Plan to foster the development of a comprehensive, coordinated service system to meet the needs of older persons and adults with disabilities in the planning and service area. The development of the Plan helps to establish the AAA/ADRC as the focal point for services and resources in each planning and service area.

The Area Plan has two principal purposes. **First**, the Area Plan serves as a document describing the strategic objectives to be undertaken by the AAA/ADRC on behalf of older persons, adults with disabilities, and their caregivers during the Plan years. The Plan also sets forth the manner in which the AAA/ADRC proposes to carry out certain functions which support implementation of the Area Agency's programs and which are mandated by the Older Americans Act, and its regulations. The **second** purpose of the plan is to represent a formal commitment made to the State Unit on Aging as to how the AAA/ADRC intends to carry out its administrative responsibilities and to utilize Federal and State funds made available through the State Agency.

The Area Plan represents a commitment by the AAA/ADRC to its role as the planner-catalyst-advocate for programs for older persons and adults with disabilities in each planning and service area. The AAA/ADRC and the programs it sponsors under the Area Plan, together with other public and private funds, providers of services for older persons, and the Lt. Governor's Office on Aging form the comprehensive, coordinated service system called for under the Older Americans Act.

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

The goals for the 2013-17 Area Plan are: to have a succinct but complete picture of the major initiatives which the Area Agency on Aging intends to implement from July 1, 2013, through June 30, 2017; to have an area wide view of service delivery systems and program development objectives; and to have reliable information, presented in a uniform format, that is easily referenced and usable for policy development.

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

and innovative programs and service delivery options to include consumer choice and cost sharing.

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

EXECUTIVE SUMMARY

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

Some of the challenges the agency faces include that of an uncertain economy, a rapidly growing elderly population, reduction in service dollars and the challenge of using existing resources to increase home and community based services which are necessary so that seniors and the disabled can remain in their own homes and communities for as long as possible. The agency is also challenged to ensure that the "most in need" receives services.

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

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

The AAA/ADRC role for the next four years is to increase community education and facilitate program coordination and cooperation among service providers. Activities and services that will be promoted during the four year period:

- Continue development of "Senior 101". This community education mechanism is designed to bring information regarding available resources to the rural communities and to communities that traditionally do not utilize AAA/ADRC programs and services. AAA/ADRC staff and participating partners will convene a mini-conference in a particular area inviting the areas elderly, disabled adults and caregivers. The mini-conference content will be designed to meet the needs of that particular area.

- Develop and implement the AAA/ADRC Service Coordination Program. The will involve the assessment of new clients and reassessment of current clients for Title III and State Funded Home and Community Based Services.

- Develop Performance Goals and Outcome Measures for each Program. This will take place during the first month of the 2013/2014 program year.

- Continue to improve and enhance current marketing strategies to bring about more awareness of the programs and services offered through the AAA/ADRC among the elderly, adults with disabilities, caregivers and service providers.

- Continue to improve upon the use of GIS mapping systems, to help improve upon reaching targeted client populations for Title III services, State Funded Services and I-CARE/SMP services.

In the recent Needs Assessment seniors, adults with disabilities and caregivers review the services of the Information, Referral and Assistance Program and the services of the I-CARE program as important. The AAA/ADRC will continue to improve upon these two programs by increasing awareness and making the programs more accessible to all who view them as important. During the next four years more staff will become AIRs certified.

The needs assessment also indicated that seniors and adults with disabilities view assistance to help remain in their homes and communities as important. The AAA will continue to improve its Minor Home Repair Program, enhance its Consumer Choice Home Care Program to include more personal care and bring more awareness to its Caregiver Advocates Program. The AAA/ADRC will institute cost sharing for all state funded home and community based services.

An increasing senior population will see an increase in the need for legal assistance and thus the AAA/ADRC will seek direction from the SUA on improving its current legal assistance program.

Unfortunately all seniors and adults will not be able to stay in their homes so the AAA/ADRC will continue to improve the Long Term Ombudsman Program and increase the number of volunteer ombudsman to assist with this program.

The AAA/ADRC will monitor its home delivered meal program and group dining program by following methods and protocols outlined in the SUA Policies and Procedures Manual. The results of these monitoring efforts will be reported on a monthly basis. The AAA/ADRC will step up its monitoring efforts on all other programs; Health Promotion, Transportation and Consumer Choice Home Care.

AAA/ADRC will run AIMs reports as specified by the SUA every month prior to reimbursement requests to ensure that **only eligible clients** are receiving services, the most in need are receiving services and that units are being documented properly. This will also ensure that the AAA/ADRC is being billed only for eligible clients as determined by AoA and the SUA. Employee lists will be provided by each Contractor at the beginning of the program year and whenever there is a change in employees. These lists will be compared to client lists generated by AIMs to ensure that employees are not utilizing services as clients. These actions will ensure that the AAA/ADRC are being good stewards of the funding received for service provision.

Increased monitoring will also ensure rural clients, minority clients, those at risk for institutionalization, frail and isolated seniors are being targeted for services.

AAA/ADRC will begin the Assessment and Reassessment of clients beginning July 2013. This change in service delivery will ensure the following:

- Those most in need of services are receiving services
- Clients are being assessed in regards to needs rather than a service
- More accurate and up-to-date waiting lists
- AIMs and NAPIS data are gathered and entered into AIMs properly
- Services are being provided as procured

The process of assessing new clients and referring them to contractors will also help to determine if the provider is indeed providing services as stipulated in the procurement document. This will also assist the AAA/ADRC in developing new service delivery systems for those clients who live in the most rural areas of the lowcountry region.

The AAA/ADRC will ensure that all required activities of the Older Americans Act (OAA) and the LGOA are being followed and properly administered throughout the plan period by ongoing monitoring of programs and services; training of AAA/ADRC staff and Contractor staff to ensure that everyone understands client eligibility and what constitutes a unit, and an overall understanding of the OAA and the Policies and Procedures as set forth by the SUA for each program and service. Upon acquiring a new contractor to provide services this training will be offered to its staff prior to signing the official contract. Training will also be provided to the Advisory Committee at its annual training/update meeting.

OVERVIEW OF THE AREA AGENCY ON AGING (AAA)/AGING & DISABILITY RESOURCE CENTER (ADRC)

Mission Statement

Lowcountry Council of Governments Area Agency on Aging & Disability Resource Center accepts the regional responsibility as lead agency for planning, developing and coordinating resources, as well as advocating for and assisting localities in providing a comprehensive range of health related and social services to and for the older persons, adults with disabilities and their caregivers in a statewide aging network. This statewide aging and disability network has as its purpose to enhance a positive image and experience of aging for older persons and their families in South Carolina at the same time assisting them to remain in their homes for as long as possible.

Vision

The vision of the Lowcountry Council of Governments Area Agency on Aging and Disability Resource Center is a comprehensive, coordinated and accessible system providing

information, education and services to improve the lives of the elderly and disabled adult in the Lowcountry region of South Carolina which will assist the elderly and disabled to age in place and to ensure that those most in need has access to this system.

Organizational Structure

The Lowcountry Council of Governments (LCOG) Board of Directors determines the operation and administration of the Area Agency on Aging as well as the other activities and programs of the LCOG. These activities include Community and Economic Development, Planning and the Workforce Investment Act (WIA) Program. The LCOG Board of Directors however recognizes the Area Agency on Aging Advisory Committee's role in assisting in the oversight and providing recommendations for the administration of the Area Agency on Aging Plan as guidelines are provided by the S.C. Lt. Governor's Office on Aging.

The Area Agency on Aging and Disability Resource Center Director is managed by the AAA/ADRC Director who reports to the LCOG Executive Director. The AAA/ADRC Director advises the Executive Director, the Advisory Committee and the LCOG Board of Directors on aging-related issues. The AAA/ADRC receives administrative and fiscal management services from the LCOG. Because the AAA/ADRC is part of a regional agency providing diverse services to four counties (Beaufort, Colleton, Hampton and Jasper), the AAA/ADRC capabilities are enhanced and extended through coordination efforts and assistance from other departments of the LCOG. Planning and GIS Department helps with demographic and mapping information; Community and Economic Development Department provides information regarding housing and community development projects of interest to the elderly and disabled population and AAA/ADRC staff sit on WIA Board. The AAA/ADRC is involved in the transportation coordination efforts of the Planning Department.

Staff Experience and Qualifications

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

The Area Agency on Aging Director has 23 years of experience working within the Area Agency on Aging serving as administrative assistant/program coordinator, health insurance counselor, and long term care ombudsman. The Finance Director has been with LCOG for 13 years and prior to coming to LCOG the finance director has worked as finance person/bookkeeper with each of the County Councils on Aging in this region. The Administrative Assistant not only provides support for each of the service delivery staff in the Area Agency but assists the Area Agency on Aging Director with monitoring, contract management, resource development, community education, etc.

Transition Planning) It is expected that at least two AAA/ADRC staff persons will retire within the next four years. These include AAA/ADRC Director who will be retiring before the end of the 2013/2014 fiscal year and the LTC Ombudsman. The two staff persons

mentioned will give the COG Executive Director advanced noticed of the last day of work so that the Director can begin to look for replacements. The Executive Director of LCOG will look in house for replacements as well as advertise the positions outside of the office. AAA/ADRC Director will ensure that the Policies and Procedures manual for the agency will be completely updated prior to a new Director being hired. This manual also includes the procedures for the Ombudsman Program. The Director will seek advice from the State Unit on Aging to ensure that this plan is a clear and concise document for the next director to follow.

The AAA/ADRC will be conducting assessment and reassessments as part of its new Service Coordination. The plan is to hire one and a half persons for this new service to conduct assessments, reassessments, coordination of services, and data entry for AIMs and OLSA. Because staff is currently assessing clients for home care and minor home repair it is expected that a current staff person may be promoted to one of these positions.

As an ADRC all staff is cross trained to be able to assist in all programs and services. This cross training consists of I-CARE certification, AIMs training, OLSA training and AIRS certification.

Regional Aging Advisory Committee

During the next several months, the Bylaws of the Lowcountry Council of Governments AAA Advisory Committee By-Laws will be amended to reflect the current status of the agency as an Aging and Disability Resource Center.

Members of the committee are appointed by the Lowcountry Council of Governments Board of Directors based upon the recommendations of the Committee. Members are recruited from the community as well as other provider agencies such as Social Security and the Veterans Affairs Office. Members are allowed to serve three years with the ability to serve a second consecutive term.

The purpose of the Committee is to act in an advisory capacity to the Board of Directors on all matters relating to the development of plans, programs, and services for the targeted population. All of the committee members are involved either formally or informally in programs and services in the communities that they represent and bring attention to the committee on those concerns they see present in their communities and how they can be addressed through the plan. Some are with service provider agencies representing health services, the disabled population, and the elderly and will often make referrals to this agency. Some are seniors who participate in the group dining program. These seniors will bring back concerns and suggestions regarding the menus and activities. The members are encouraged to do outreach into their communities promoting the programs and services of the AAA/ADRC.

As per new policies set by the state unit on aging committee members shall be encouraged to provide a minimum of six hours of community service annually in the aging network. This

will provide an opportunity for members to see firsthand the many challenges and obstacles facing our target population and their caregivers.

Current Funding Resources for AAA Operations

Current funding resources for AAA Operations include federal and state resources and local resources used for match.

In-home and Community Based Services – Title III-B, ACE Bingo, State Grant Funding, HCBS (State Funding)
Long Term Care Ombudsman program – Title III-B and Title VII
Elder Abuse Prevention Services – Title VII
Health Insurance Counseling, Senior Medicare Patrol, MIPPA – AoA, CMS
Group Dining Services – Title III C1 & State Supplemental Funds
Home Delivered Nutrition Services – Title III C2
Nutrition Services Incentive Program – USDA
Disease Prevention and Health Promotion – Title III-D
Family Caregiver Support Program – Title III E

Financial monitoring by the AAA helps to ensure fiscal integrity for the AAA/ADRC and its providers/contractors. Contractors/Providers are reimbursed for units served. Units served are entered into the AIMs system and the contractors/providers are reimbursed according to units entered into AIMs. When monitoring, these units are traced back to supporting documents.

In the next four years the AAA/ADRC will put into place additional systems to ensure that programs are delivered as per the RFP process and the Policies and Procedures set by the State Unit on Aging.

Beginning with program year 2013/2014 the AAA will be assessing clients to ensure that the most in need are being served. This will also ensure that all required AIMs and NAPIS data is entered correctly and in a timely manner. Staff will work closely with providers/contractors to determine if the needed services are being provided.

Written Procedures

Policies and Procedures Manual of the AAA describes the functions of the AAA as stated by AoA and functions of the Advisory Committee. The Policies describes the programs that are procured through an RFP Process and the programs delivered by AAA/ADRC staff. It details how each program and service offered by the AAA is delivered, the eligibility requirements, data entry, unit determination, coordination of services, confidentiality, and procurement.

Sign In Sheets

Prior to entering into a new contract with service providers, AAA/ADRC staff will provide training to all service providers on the new requirements as stated in the State Unit on Aging Policies and Procedures Manual regarding sign-in-sheets, home delivered meals and activity sheets. Training will also consist of information regarding units for each service and the eligibility requirements for each service. The new requirements will be made a part of the new contract. The contract will stipulate that Service Providers are responsible for becoming familiar with the new Policies and Procedures Manual issued by the Lt. Governor's Office on Aging which will become effective July 1, 2013.

AAA&ADRC staff upon entering a senior center or nutrition site whether it is for monitoring purposes or presentations will check to see if the proper sign in sheet is being using used. Use of the LG-94 will be made a part of the contract with the service provider beginning with the contract that will be issued on July 1, 2013.

Beginning July 1, 2013 AAA Director or assigned staff will be responsible for delivering three home delivered meals per month on different routes. During these deliveries the AAA&DRC staff will review meal route documents and ensure that the documents are being certified by the provider/contractor. A report of the findings of this monthly monitoring of the home delivered meal program will be made to the state unit on aging. Staff assessing new home delivered meal clients and reassessing current clients will ensure that those most in need are receiving services and also that the service is being delivered as per the RFP document.

Activity Calendars

The AAA has made it a part of their contract with service providers since July 2010 that activity calendars are mailed to the AAA on a monthly basis. These calendars are reviewed to see if the required hours of activity are being provided and that a variety of activities are provided. Information gathered from the review of these calendars is used in the yearly training with service provider group dining staff.

Beginning July 1, 2013 AAA/ADRC staff will continue to require that these activity calendars are provided on a monthly basis. The activity calendars will be reviewed and scanned to be sent to the state unit on aging. A report will also be made to the state unit on aging regarding the activity calendars.

Service Units Earned

Beginning July 1, 2013 the AAA/ADRC will be monitoring contractors/providers more often and reviewing data more closely on a monthly basis to ensure that those most in need are being served; that only eligible seniors as defined by AoA and the state unit on aging are receiving services.

Reimbursement for Services

The finance director for the LCOG AAA/ADRC provided financial services to the current service providers before coming to LCOG. The finance director knows what the providers can and should be including in their unit cost rate but because of the contractor relationship with the current providers the agency did not feel that it was necessary or allowable for the agency to look closely into what contractors were putting into their unit cost rate. Currently when entering into contract negotiations with contractors/providers staff looks at the unit cost the contractor/provider is asking for and decide based on funding what the agency can afford to pay.

Prior to the next procurement/RFP process (2013) staff will determine what is the best way for our agency to meet the requirement by the state unit on aging to breakdown the components of the unit cost for each different unit of service for non-profit agencies as well as private entities who may enter a proposal for the services the agency will be procuring. Staff will also determine methodologies as to how to verify the provider/contractor unit cost. Staff will also be looking into the feasibility of a unified unit cost rate for each service.

Increased desk top monitoring as well as on site monitoring will ensure that providers/contractors are earning their units in accordance with the OAA and LGOA policies.

Client Data Collection

Beginning July 2013 AAA/ADRC staff will be assessing and reassessing clients receiving Title III services and state funded HCBS services. Staff will run AIMs reports on a monthly basis to ensure that all required data has been entered as well as clients have been assessed and/or reassessed in a timely manner. Staff will use the priority scores generated by AIMs to scores to ensure that the most in need of the services will receive services.

Upon receipt of a phone call if possible all information received at the time of the phone call will be entered into OLSA. If not possible then information will be entered into OLSA as soon as possible. This information is entered into OLSA by the IR&A specialist and/or other staff trained by the IR&A Specialist.

Callers are referred to other AAA/ADRC staff for access to other services and programs offered by the agency or referred to another agency. This information is used to determine unmet needs, and used to determine possible training for staff, service providers and the public.

If the initial call is determined to also be a SHIP call then the information is entered into OLSA and then sent to SHIP Talk.

Ombudsman calls are entered in the Ombudsman system by the LTC Ombudsman. Upon completing an intake an Ombudsman call information is entered into the system as soon as

possible so that a case number can be assigned. Additional information is entered into the system as the case/investigation moves forward until the case is closed.

Information gathered by AIMs, OLSA, SHIP Talk and the Ombudsman systems assists staff in determining the needs of the elderly and adults with disabilities in the region served by the Lowcountry AAA/ADRC. This information will help administration to determine if additional funding needs to be pursued to meet needs that are not currently being funded.

Client Assessments

Beginning July 2013 Client Assessments and Reassessments will be conducted by AAA/ADRC staff. Contracts issued prior to the program year beginning July 1, 2013 will reflect this new way of service delivery for the Lowcountry Region. As per the agency's policies and procedures manual and the state unit on aging's policy and procedures manual assessments will be conducted annually or as often as the client's situation indicates for example a change in medical condition or living situation.

Since AAA/ADRC staff will be responsible for the assessments and reassessments staff can ensure that particular attention will be made to low-income older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and eligible individuals, as defined in the Older Americans Act.

Beginning July 1, 2013 AAA staff will be responsible for conducting assessments and reassessments of clients. Clients will be assessed and reassessed to address the needs of the clients not just the need for a particular program. Referrals will be made to service providers in the region. Clients will also be assessed for eligibility for a private pay service or cost share program if state or local funding is available.

Once the assessment for a new client is completed client information will be entered into AIMs by AAA staff for prioritization. Contracted Service Provider and AAA staff will coordinate service delivery for group dining, home delivered meals and transportation. Client will be notified as to service approved and when to expect service to begin. AAA staff and Consumer Choice Home Care Providers will coordinate service delivery for home care clients.

Reassessment of Group Dining and Transportation Clients will be conducted at nutrition sites and/or senior centers. AIMs information for each client reassessed will be updated. In the event of reduction of funding, AAA staff will look at prioritization scores and nutrition risk scores of each client to ensure that services will continue to be provided to those most in need. If a client needs to be terminated, that client will be offered the same service through a local or state funded program if available through private pay or cost share.

Reassessment of Home Delivered Meal Clients and Home Care Clients will be conducted face to face annually or whenever there is a reported change in the client's situation. If there is a reduction in funding and/or a need to remove a client off the waiting list ASAP – the prioritization scores and nutrition risk scores will be reviewed to determine who will

continue to receive services. Client will be notified by AAA of change in service delivery. If available the client will be offered meal through a local or state funded program at a private pay rate or a cost share rate.

If Client's Assessment or Reassessment indicates a need for non-contracted services referrals will made to other agencies. These services will be documented in client's files. Follow up will be made with client to determine outcome of the referral.

General Fiscal Issues

The AAA/ADRC commits to the AoA and LGOA Assurances concerning fiscal issues. The agency commits to ensuring that protocols are in place beginning July 1, 2013 to ensure that Title III funds are spent and accounted for as per the AoA and LGOA Assurances; that payment requests for both internal and flow through expenditures are submitted in accordance with policies set by the LGOA; all financial and program reports are submitted in the format provided by LGOA and the schedule set by the LGOA. The agency will submit its audit to the LGOA within nine months of it's fiscal year.

The AAA/ADRC will assure that its staff as well as provider/contractor staff is familiar with the general fiscal requirements as set forth in the AoA and LGOA Assurances.

Prior to the next round of procurement, AAA/ADRC staff will determine an effective method of determining the provider/contractor's unit cost and a methodology to verify those unit cost rates for non-profit providers as well as private providers.

General Provisions for the AAA/ADRC in the Area Plan

The use of GIS Mapping in our region for the services of the AAA/ADRC is new but staff has determined ways that it can and will be useful. AAA/ADRC will utilize GIS mapping in order to determine areas of the regional where targeted client populations are not being served. In light of group dining programs not being utilized to its fullest, staff will use GIS information to determine if a current nutrition site would be more beneficial to the seniors and to its organization if it was located in an area where the targeted client population has grown.

This information will be used to help staff plan for community educational forums bringing the information to the targeted client populations. Because our region is so diverse and so rural staff is presently developing a Senior 101 educational curriculum where information regarding resources is taken to those rural areas. Information gathered from GIS will assist staff to further develop this program.

The Lowcountry AAA/ADRC has not received many calls from seniors or their families who have limited English Speaking proficiency. The calls that we do receive are often through an agency that have interpreters on staff such as the Comprehensive Health Organizations or hospitals.

The IR&A staff are aware of interpretative services available in the region and through AIRs in the event our call volume does increase from clients who have limited English Speaking proficiency.

High Risk Providers/Contractors and Corrective Action Plans

The final decision to put an agency on "high-risk" would be the result of a recommendation from the LCOG Advisory Committee to the full LCOG Board of Directors. It would remain the discretion of the Board of Directors to decide if a contract would be made to the agency and what special conditions/restrictions would be included in the contract.

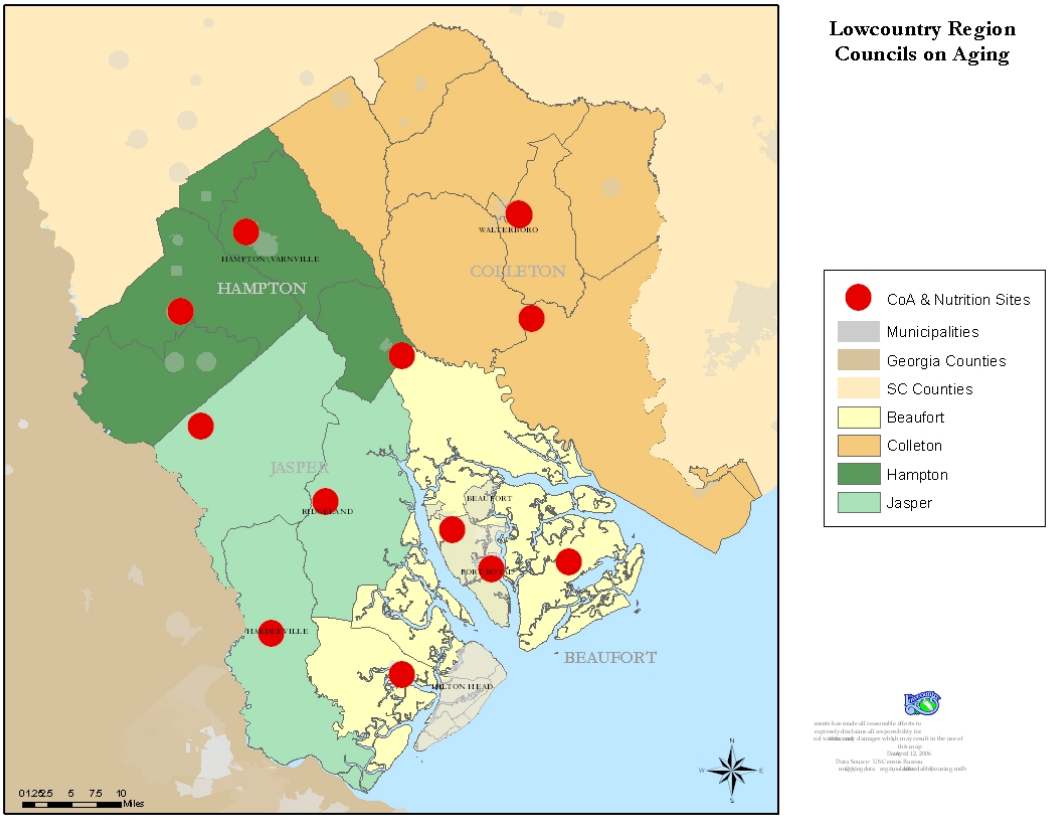
A determination of "High Risk" may be considered if it is determined that a contractor:

- Has a history of unsatisfactory performance or
- Not financially stable or
- Has not conformed to terms and conditions of contracts, or
- Is otherwise not responsible

Prior to being determined high-risk the Contractor will be given an opportunity to address the above concerns in writing, a Corrective Action Plan, as to how the Contractor will correct any of the above concerns. If after a predetermined time the above situation has not been corrected then the Contractor will be place in a High Risk Status.

Special conditions or restrictions may include: additional monitoring; requiring more detailed financial reports; requiring the contractor to obtain technical or management assistance. If it is decided to impose such conditions LCOG will notify the Contractor in writing. The notification will include the nature of the special conditions/restrictions, the reason for imposing them; the corrective actions that must be taken before they will be removed and the time allowed for completing the corrective actions.

OVERVIEW OF THE PLANNING AND SERVICE AREA REGION



The Lowcountry Region is comprised of four counties; Beaufort, Colleton, Hampton and Jasper Counties. It is about 2867 in square miles**. Colleton, Hampton and Jasper Counties are considered entirely rural.** Parts of Beaufort County more specifically the Hilton Head/Bluffton areas are considered urban. Beaufort County has one of the fastest growing 60 and over population in this state. The total population for Beaufort County is twice that of the other counties in this region.

We currently purchase services for the entire region and provide assistance to all of the targeted populations in the region.

According to the 2010 Census the total 60+ populations for each of the counties in the region is as follows:

Beaufort – 46,357
Colleton – 8516
Hampton – 4201
Jasper - 4179

The agency serves approximately 2010 seniors in various programs – i.e. group dining meals, home delivered meals, home care, family caregiver, minor home repair, health insurance counseling, information assistance and referral and etc.

The maps enclosed as part of this plan shows where our group dining sites and seniors are located in proximity to the senior populations, minority senior populations, and to the low-to-moderate income populations. These maps will show that the current group dining sites are within close proximity to the targeted populations.

Future GIS maps will attempt to break down our targeted populations to show LMI senior populations, Non-English-Speaking populations and other information. As process of the using GIS mapping improves the agency plan to look at these populations quarterly. Using GIS mapping information to plan for services is new to this agency and will improve over time.

Objectives and Methods for Services to OAA Targeted Populations

During the next procurement activity, contractors will be asked to include targeting objectives in their RFP. The AAA/ADRC will include in the RFP document, areas that the AAA/ADRC will like to see targeted. These will be areas that the AAA/ADRC feel may have at risk populations that are not being served or underserved. This information will come from GIS Mapping, OSLA and other documentation of need. Annual monitoring of programs will determine if targeting objectives are met.

The RFP document and contract includes language that states the Contractor is responsible for Older American Act requirements, responsible for becoming familiar with program requirements as stated in the SC Lt. Governor's Office on Aging Manual of Policies and Procedures and the Lowcountry AAA/ADRC Policies and Procedures Manual.

Ten Year Forecast

The biggest change in demographics of the elderly in this region in the next ten years will be the growth of the senior population itself. This growth of the senior population will put a strain on supportive services that are already strained because of the economy and the rural geographical nature of this region.

If the trend continues as it has in the past ten years the senior population that will see the biggest increase in the lowcountry is the senior population in the more urban areas of Hilton Head and Bluffton and other areas of Beaufort County. The need to locate multi-purpose senior centers in these areas will facilitate community education in those areas of interest to the elderly such as Long Term Care Planning, Medicare and Social Security Benefits, Estate Planning and activities geared towards health promotion and elder abuse and exploitation prevention.

As the population ages, seniors and caregivers will demand more services and resources to aid the senior to age in place and provide assistance and relief for the caregiver. This can be

addressed by an increase in Home and Community Based Services. Title III services that will feel the strain are: home delivered meals, transportation and legal services. Reductions in funding will make it imperative that the AAA/ADRC look for alternative funding such as private pay sources and cost share opportunities offered through state funded programs and other grants.

An older and frailer population will require additional medical facilities, ideally located in rural areas, and the availability of a workforce trained in the field of geriatrics. Access to medical facilities (physical and mental) will be especially difficult for those seniors who reside in rural areas because of transportation. Medicaid transportation is available for those on Medicaid but the service as currently provided is difficult for the frail elderly because of scheduling issues and the distance to travel to a medical facility. A more individualized medical transportation program will be needed not only for Medicaid recipients but for all frail elderly and adults with disabilities who would like to remain in their homes and communities.

The top four issues expected to have the most impact on older adults in the region are as follows:

- With resources dwindling and senior population in this area growing at a rapid rate the AAA sees itself more in the role of making sure that seniors and their caregivers are kept update on resources that are available and provided with information to make the most of those available resources. Continued development of the agency' *Information, Assistance and Referral* becomes even more important.

- The *distribution of existing resources and the creation of new resources* to assist this growing population to age in place is going to be particularly challenging in the face of a struggling economy.

- *Transportation systems* to address the needs of a growing elderly population will also be a challenge since public transportation in this region is in the developing stages.

- *Policy Changes* at the state and federal levels to put resources in to a *long term care system* geared to providing care at home will be needed to meet the economic challenge of assisting this population to age in place. The Lt. Governor of S.C. who oversees the State Unit on Aging is dedicated to bringing awareness to the SC State Legislature of the financial effectives of keeping seniors and adults with disabilities in their homes and community for as long as possible. More funding for home and community based services will assist in meeting the needs of an ever growing elderly population and to the increasing needs of the adults with disabilities and their family caregivers.

Emergency Preparedness

The AAA has not been involved in the actual emergency preparedness operations in any of the Lowcountry counties emergency preparedness offices. However, each of the county emergency preparedness offices has information regarding LCOG and the Area Agency on Aging. The AAA does maintain current contact information with each of those offices.

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

- The Ombudsman will call each facility to gather information as to their readiness for evacuating their facilities and to ascertain where they will be evacuating to so the AAA can assist with information and or location of residents in the event a hurricane does affect the area. Also throughout "hurricane season" as the ombudsman is visiting facilities she will ask about each facility's disaster plan, when it was updated, and etc.
- Staff will begin making contact with the contractors to determine if they need any assistance with getting emergency meals for their clients and to make sure all contact information is current.
- Staff will make sure that all emergency phone numbers for the county offices, Red Cross, current contractors and others are current. **Please see attached emergency listing**.
- All staff at the COG is given updated phone numbers including cell phone numbers of each staff person. The Executive Director leaves with phone numbers of each department head and information as to where staff are evacuating to. Each department head is responsible for their staff phone numbers to include where each are evacuating to.
- Updated information is shared with the Lt. Governor's Office on Aging and contact is made to the Lt. Governor's Office on Aging to determine if further information is needed.

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

Each service contractor will be asked for a copy of the Disaster Plan as part of the procurement process this year. The agency will list specific information that it would like to see as part of their Disaster Plan.

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

The AAA/ADRC will also work with the State Unit on Aging in acquiring additional funding to ensure that seniors will continue to receive services until the emergency situation is over.

We do not have MOUs with neighboring AAA/ADRCs to provide assistance during an Emergency. The AAA/ADRC has working relationships with the Salvation Army and Food Banks in the region but nothing formal particularly as it pertains to Emergency Situations. This is an area that will be developed within the next four years.

The agency has become involved with Lowcountry VOAD (Volunteer Organizations Assisting with Disasters). Involvement with this organization will assist us in our efforts to ensure readiness in the event of a natural or manmade disaster.

The Area Agency published a special edition to the Lowcountry Senior Communiqué on Evacuation Preparedness. The agency created this special edition several years ago and has since received requests from other agencies to produce an update. The publication contained the regular evacuation checklists, special considerations for caregivers of the elderly, disabled, and care receivers with dementia. It also included information on shelter locations in this region and other important instructions. During our efforts to get updated information, AAA staff will begin dialoguing with The Red Cross, Salvation Army and other recovery groups to make them aware of the AAA's readiness and willingness to be involved in any recovery efforts. This special edition of the Lowcountry Senior Communique was recently published in May 2013.

AAA/ADRC OPERATIONAL FUNCTIONS AND NEEDS

Assessment of Regional Need

The most recent Needs Assessment for the Lowcountry Region was conducted in the Fall of 2012. The needs assessment consisted of a written survey, and phone survey of both seniors, adults with disabilities and service providers.

Overall, respondents viewed Information, Referral and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care.

The most important service to caregivers is respite care followed by monetary assistance in obtaining services; Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable; Services to help in maintaining independence came in fifth. Of the services to help in maintaining independence, monetary assistance to help with payments for medical care, prescriptions and/or prescription drug coverage was important followed by transportation for errands and home repairs and modifications for both upkeep and safety.

Staff compared this information to those programs we are currently providing and saw that there was a close correlation between the services that are important to our client population and those that we are currently providing. So armed with this information, the AAA/ADRC will further develop its IR&A Services, I-CARE Program and Family Caregiver Program putting emphasis on increased marketing of these services so that more of the client/targeted population will become aware of these services and programs particularly the caregivers of seniors and adults with disabilities. There will also be an emphasis on additional staff becoming AIRS certified.

Staff has already began marketing the Minor Home Repair and Safety Program to hospital discharge workers and will continue with this marketing effort, making the building of ramps for seniors and adults with disabilities who are about to be discharged from the hospital or a rehab facility a priority within this program.

Senior Center activities in regards to exercise and health promotion will be closely looked at over the next four years.

Program Development

Back in November of 2012 the AAA/ADRC began providing homecare services through a Consumer Choice Model. As the program developed AAA/ADRC staff realized that if the agency is to make a difference by keeping seniors in their homes for as long as possible that the agency will need to begin providing Home Care Level II services. The plan is to rename the program from Consumer Choice Home Care Level I Services to that of Consumer Choice In-home Services to address the additional needs of seniors and their caregivers. Staff will also use information gathered from the assessment and reassessment to determine those clients who may be able to cost share in this service.

The AAA/ADRC will begin development of a Service Coordination Program. Assessments and Reassessments of clients receiving programs will be conducted under this program and also referrals to other contracted programs based on needed identified during the assessment. Staff will be able to better prioritize clients as to who is most in need of the services of the AAA/ADRC. Staff will also use this information gathered through to the assessment and reassessment to promote cost sharing of programs and services.

The AAA/ADRC is in the development states of a Senior 101 Community Program designed to take information to the seniors in underserved or rural areas about resources and programs and available for seniors, the disabled adult, and their caregivers. The Program will be designed to address the varied needs of particular areas of the region for example rural versus urban and etc. This Program is in the development stages and was rolled out this May as part of the agency's Older American Month's activities. Plans are to coordinate with service provider agencies and the Faith Based Community in this endeavor.

Area Agency on Aging staff will continue to develop the Minor Home Repair Program. Over the last three years staff has identified several agencies and/or community groups to assist with this program. These contacts have helped in stretching the limited resources received by this agency, for this necessary program, and helps the agency to meet its objective to assist seniors in remaining in their homes in their communities for as long as possible. The clients also share the cost of the program by paying the actual cost of construction and the Agency paying for the construction supplies. In the current program year we have made building ramps for seniors who are about to be discharged from a hospital a priority. These referrals often come from hospital social workers.

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

As per the needs assessment further development of the I-CARE Program is indicated. During the next four years staff will increase marketing of this program to bring about awareness of the services offered under this program.

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

Program Coordination

Since the AAA will be assessing and reassessing clients receiving services staff will be in a better position to coordinate program activities for efficient and effective use of limited resources to meet identified needs of the clients being served. Staff will identify other agencies and programs providing services and programs to meet the needs of the client population identified by the Needs Assessment. For example other programs offering minor home repair, home safety and inspections, home care, transportation, agencies that can provide monetary assistance and others.

Contract providers will be asked to provide documentation of their program coordination efforts in their communities. AAA/ADRC staff will review this documentation during monitoring.

ADRC and Long Term Care

Staff is in constant cross training so that the "one door" approach will work smoothly. This cross training has allowed staff to respond in a timely manner to all callers to the AAA/ADRC. This cross training of staff will continue over the next four years to include the new staff that will be hired within the next two years. Over the past few years the agency has established working relationships with other agencies which provide services to the senior and disabled populations. These agencies have participated in lunch & learn sessions with AAA/ADRC staff. This practice will continue in the next four years. Staff feels that these more personal sessions are more beneficial for staff as well as the provider agency to help promote awareness, cooperation, and coordination and will be useful as staff continue to develop their Senior 101 community education endeavor.

The AAA's transition into that as an ADRC has gone smoothly and is still developing. During the next area plan period staff hopes to further develop its role in Long Term Care Planning.

Advocacy

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

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

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

Priority Services

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

At this time the AAA does not contract with an agency to provide case management services. However, with the growth of the senior population and the varied dynamics of this population, a reduction of resources for the elderly and our conversion to that of an ADRC the AAA is aware of the need for this type of service in the future. The AAA/ADRC feel that its move to conducting assessment and reassessment of clients receiving services will move the agency into the direction of care management services in the future.

Priority Service Contractors

The AAA/ADRC will procure contractors through a procurement/RFP process to provide transportation, and legal services. AAA/ADRC staff will ensure that Contractors shall provide the services to target client population as stipulated by AoA and State Unit on Aging Policies and Procedures. During the procurement process AAA/ADRC will look at the history, staffing, and other requirements as stated in the procurement document for transportation and in home services. Legal assistance services will be provided by licensed/certified attorneys as per requirements of the AoA. AAA/ADRC will direct all interested Contractors to become familiar with the Older Americans Act and the State Unit on Aging requirements for each of the priority services. Information Assistance and Referral Services shall be provided directly by the AAA/ADRC.

Transportation

The AAA/ADRC staff will begin assessing and reassessing transportation clients to ensure that service activities are coordinated according to their transportation needs and those most in need are utilizing the program. Staff will use this information to plan and provide for additional transportation in the region. As per the recent Needs Assessment transportation for errands was viewed as important to clients wanting to remain in their communities.

Assessments and Reassessments will contain all required AIMS and NAPIS information. This information will be entered into AIMs in a timely manner.

Monitoring of the transportation program ensures that providers/contractors are earning their units in accordance with the OAA and LGOA policies. As per requirements in the RFP process and the contracts, contractors/providers will be responsible for becoming familiar with the policies of the OAA and LGOA regarding transportation.

Nutrition Services

The AAA/ADRC has seen a decline in group dining services for the last four years. This is attributed to several factors: quality of food, funding and a change in the demographic of the seniors themselves. Seniors are more mobile, more educated and less isolated than in the past. Until changes in the quality of food, funding and activities are made more contractors especially those in more rural areas will be seeking waivers for a decrease in serving days for the group dining program.

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

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

In the next four years the agency anticipates an increase in home delivered meals. The AAA is working with CoA Directors on identifying areas in their counties where a satellite site or meal packaging site will assist with increasing home delivered meal routes. Staff will also continue its efforts in establishing frozen meal routes in each county.

With increased monitoring of the home delivered meal program and the AAA conducting assessments the agency will be able to determine that those most in need are receiving the service. The AAA will also be able to determine the need for a different type of home delivered meal delivery such as a Mom's Meal type of delivery and provide funding for that type of meal delivery.

Physical monitoring of the group dining sites and looking closely at the AIMs data will ensure that services are being provided to those most in need, that providers are using the proper sign in sheets, and that group dining sites have the minimum (25) meal participants required each day unless a waiver has been approved.

Sign in sheets and other data will be looked at to ensure that providers are earning their units for reimbursement purposes.

Activity calendars will continue to be received and reviewed on a monthly basis. Calendars will be reviewed for variety of activities and the hours activities are offered. Calendars will also be reviewed for quality of activities.

The AAA/ADRC contracts with a regional caterer for meals. The caterer is familiar with meal specs as outlined in the Policies and Procedures Manual of the state unit on aging. AAA staff attends quarterly menu review meetings of the caterer to which LGOA staff is attended. The caterer has a registered dietitian. If there are changes in the approved menu, the caterer will contact the AAA/ADRC.

During site visits for the purpose of monitoring or presentations, AAA staff are directed to ensure that the menu is posted in a visible location in the group dining center, staff is also directed to compare the voucher with the sign in sheet upon entering the center and leaving to assure that the proper number of meals were ordered and to get an explanation for the difference from the site manager. Staff is also directed to review the posted activity calendar for the day's activities.

Training and Technical Assistance

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

Monitoring

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

As per requirements of the Lt. Governor's Office on Aging Policies and Procedures Manual July 2013, AAA/ADRC staff will deliver three Home Delivered Meals per month and visit three Group Dining Sites every month. Information gathered as a part of these requirements will be used as part of regular monitoring and results will be reported to the state unit on aging on a monthly basis. Contractors who fail to deliver contracted services or to follow the methods of service delivery will be notified and give an opportunity to correct the problem. The contractor will develop a corrective action plan stating how the problem(s) will be addressed and how long it will take to correct. AAA/ADRC staff will follow up to see if the corrective action plan has been followed. If the corrective action plan has not been followed, and the problem still exists after a preset time, then further action to be taken will be at the direction of the Advisory Committee and LCOG Board of Directors.

AAA/ADRC will maintain proper accounts with all necessary supported documents in a form approved by the LGOA which will provide the accurate and expeditious determination of the status of all federal and non federal funds at any time. The AAA will enter the liability for the local matching funds in the appropriate accounts when payment is requested from the LGOA.

The AAA/ADRC will review AIMs data such as the LG97 and the MUSR prior to requesting payment from the LGOA to assure service units and services provided were actually earned by the provider. The AAA/ADRC will pay providers as per units indicated in the MUSR.

Contract Management

By signing the AoA and LGOA Assurance standards that is a part of this Area Plan document the Lowcountry Council of Governments assures that it will follow those guidelines set about in the Assurance standards for contract management.

The AAA/ADRC will make the provision of activity calendars to the AAA/ADRC by the contractor on a monthly basis a part of the contract. Failure to provide the calendars on a monthly basis will cause a delay in the contractor receiving its reimbursement. AAA/ADRC staff will review the calendars for innovation and variety. These calendars will be scanned and forwarded to the LGOA.

The AAA/ADRC will continue to review Monthly Units of Service Reports to ensure that contractors are serving units as contracted. If it appears that contractors are not and will not be able to meet its contract as regards to the number of units:

- The contractor will be requested to assure the AAA/ADRC in writing that the units will be served as contracted;
- If the contractor cannot assure the AAA/ADRC that the units can be served a contract amendment will be issued for that contractor;
- Another contractor who is over serving units will receive the units that the above mentioned contractor cannot serve and a contract amendment will be issued to the contractor;
- Copy of the contract amendment will be forwarded to the State Unit on Aging in the time frame specified in the Policies and Procedures Manual.

Grievance Procedures

Any older individual who feels he/she has been discriminated against for any of the reasons listed below in the "Grievable Concerns" section has a grievable concern. A written complaint should be filed with the director of the local service provider at the appropriate address within thirty (30) days of the alleged discrimination. This information is shared with the complainant.

Any caller with complaints other that what is considered a grievable concern is directed to call the Executive Director of the Provider Agency and if not satisfied with the response to call the Board of Directors Chairperson of the provider agency.

Grievable Concerns

Reasons for a grievable concern include:

1. Residency or citizenship imposed as a condition for the provision of service.

2. By reason of handicap, be excluded from participation in, be denied benefits of, or be discriminated under any program or activity.

3. On the basis of race, color, or national origin be excluded from participation in, be denied benefits of, or be discriminated under any program or activity.

4. A means test shall not be used to deny or limit an older person's receipt of service.

5. Payment of fees for service (beyond a free and voluntary opportunity to contribute to the cost of the service) shall not be used as a condition to deny or limit an older person's receipt of service.

All of the above mentioned grievable concerns would be considered a contractual matter and would require a Corrective Action Plan and would be referred to the Aging Advisory Committee and LCOG Board of Directors for further action.

All contractor/providers are required to have similarly worded grievance procedures as part of their policies.

The grievance policy is shared with clients at assessment. A signed copy is put in the client's files and a copy is given to the client. The same process is used here at the AAA/ADRC with our Consumer Choice Home Program and Minor Home Repair Program.

Performance Outcome Measures

The AAA/ADRC has not determined formal Performance Outcome Measures but will develop written Performance Outcome Measures prior to the next procurement process. These Performance Outcome Measures will address AAA/ADRC Programs and Services as well as contracted services.

Resource Development

AAA/ADRC staff encourages contract providers to initiate cost sharing at their agencies to stretch their current resources and have offered to assist with developing a cost sharing program particularly with health promotions at their senior centers.

AAA/ADRC staff will continue to encourage our providers by sharing with them success stories from Councils on Aging in the state who utilizes cost sharing.

The AAA/ADRC will begin to develop its own cost sharing program. Currently the agency cost shares its minor home repair program and will add home care beginning with 2013/2014 program year.

The agency will also use state HCBS funding to provide programs and services to help the target client population remain in their homes for as long as possible. The AAA/ADRC will establish cost sharing for those services.

Cost-Sharing and Voluntary Contributions

All contractors/providers are provided with information regarding the Older American's Act requirement of requesting donations without requiring. During monitoring the AAA/ADRC reviews the contractor's documentation used to request voluntary contributions from Group

Dining, Transportation and Home Delivered Meals. Flyer/Poster regarding voluntary contributions are posted at each site and is shared with clients written and orally.

Information regarding voluntary contributions are shared with Consumer Choice Home Care Consumers upon assessment and reassessment. AAA/ADRC will begin sending out voluntary contributions information on a quarterly basis to the homecare clients.

The providers do collect voluntary contributions from its group dining, home delivered meals and transportation program. These contributions are reported into AIMs as GRI and used to expand services.

AAA/ADRC will begin sharing information about voluntary contributions and its importance at assessments and reassessments of all clients served by programs and services offered through AAA beginning July 1, 2013.

The AAA/ADRC currently does cost sharing for its Minor Home Repair Program. The agency provides funds to purchase materials to address minor home repairs and safety issues. The client is responsible for reimbursing the contractor. If a client is unable to pay for a contractor's service, AAA/ADRC staff will refer the client to a volunteer group or organization in the region for contractor services.

Confidentiality Assurances

Contract documents stipulate that all contractors comply with all Federal and State laws and regulations regarding the confidentiality of client information, as well as the policies and procedures of the LGOA. Contract documents also contained information regarding HIPPA laws and regulations and by signing the contract the provider organizations agree to adhere to those HIPPA laws and regulations.

During monitoring, AAA/ADRC review contractors written confidentiality policies and procedures which are signed by employees and placed in employee's files. The AAA/ADRC has written confidentiality policies and procedures which are signed by employees and placed in their employee files.

During monitoring AAA/ADRC staff also reviews the contractor's protocols for keeping client files safe including paper files and electronic files. These protocols include locked files and limited access to electronic files.

AAA/ADRC DIRECT SERVICE DELIVERY FUNCTIONS

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

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

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

Clair Glasson – Family Caregiver Advocate. Hired in 2012 is currently a certified I-CARE Specialist and is planning to become AIRS next program year.

The agency is also planning to hire a **Service Coordinator** beginning the July 1, 2013 program year. This staff person will be responsible for assessing and reassign clients for programs and services offered by the Lowcountry AAA/ADRC. This staff person will also refer clients to other programs and services as indicated by the Assessment.

The agency currently does not have a I-CARE Specialist. Plans are to hire a part-time I-CARE Health Insurance Specialist for the new program year beginning July 1, 2013.

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

Long Term Care Ombudsman Services: The long term goals the AAA/ADRC has for the Ombudsman service are to continue the role of advocates for residents of long term care facilities while the State Long Term Care Ombudsman Program continues to provide the same services to consumers of the Boards of Disabilities in our region. Our plan is to continue this collaboration that has worked extremely well in the past. In addition to advocacy for every resident of long term care, the Long Term Care Ombudsman services will continue to provide resolutions to complaints voiced by residents', or complaints stated on their behalf, through thorough and expeditious investigations. Visits will continue to be made to resident in the facilities throughout the year. This has been proven to be beneficial in making residents, their families and other visitors to the facilities aware of the many services provided by the ombudsmen. Many have reported their appreciation of the oversight within the facilities. In collaboration with other services through the ADRC, information, assistance and referrals have been and will continue to be provided for residents and their family members responsible for them. Education and awareness of the services provided will continue through presentations at resident and family council meetings, in public forums and through literature. New partnerships will be developed with entities that have the ability and are willing to provide services conducive to the health, safety and care of the residents. When requested, assistance with the development of resident and family councils will be

provided. Recruitment will continue for individuals who are caring and willing to serve as Friendly Visitor Volunteers.

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

The long term goal of the Lowcountry AAA/ADRC is to be the 1st point of contact for all persons 18+ and those serving adults, in search of resources to address concerns or questions in regards to available programs. Marketing is certainly a weak area that the Lowcountry AAA/ADRC needs to address in the future. However, maintaining the integrity of the AAA/ADRC would then be a weakness as a new marketing plan would increase call volume resulting in awareness of lack of staff. The plan for the next four years is to improve upon current marketing efforts to increase awareness of the IR&A program. These efforts will include increased advertising, community events, and improving current brochures.

Currently, the Lowcountry AAA/ADRC staff offer 1:1 service to each caller and maintain a personalized experience, resulting in quality, security and confidence. While SC ACCESS serves as the first source for data on available resources, it is not the sole source of information that is used to assist each caller. The I/R Specialist maintains a catalog of available resources in Region 10, this catalog is available at all times to all staff of the Lowcountry AAA/ADRC. To ensure a positive outcome, the I&R/A Specialist asks each caller to keep the AAA/ADRC abreast of the results of the attempted goal of the caller. To prevent a low return of information, the I&R/A Specialist also has a survey indicating quality assurance that can be easily completed and returned in a self- addressed stamped envelope.

The I&R/A Program is funded using Title III-B funds. The I&R/A Specialist hold certifications other than the AIRS certificate. This cross training allows the I&R/A Specialist to assist the caller without interrupting the call, by transferring the caller unless absolutely necessary. The I&R/A Specialist completes a work report every 15 days indicating how much time was spent in each area of service, including administrative activities.

The I&R/A Specialist is employed full time as a Council of Governments employee, in the Aging Dept., aka AAA/ADRC. The I&R/A Specialist has met all of the COG employee requirements and has been employed as the I&R/A Specialist for 9 years coming into employment with 5 years' experience working with disabled individuals with DDSN.

The Lowcountry I&R/A program funding sole purpose is to provide the I&R/A Specialist with the tools and training needed to meet the needs of the adults in Region 10. By signing the Verification of AoA and LGOA Standard Assurances the AAA/ADRC shall assures that I&R/A funding is not being used to fund other programs outside of the I&R/A program area.

The I&R/A Specialist routinely analyzes data in SCACCESS to ensure that the level of contacts meet the monthly requirements of LGOA. If the requirements are not met the

I&R/A Specialist meets with the AAA Director to discuss where the gaps in service are indicated by both geographic area and service need. If there is a significant reduction in services in a particular area, the I&R/A Specialist will work with a local partner to bring an informational event to the area in hope of building community rapport. As well, building the ADRC email list serve should increase response from the most remote areas of Region 10.

The I&R/A Specialist continues to mail bookmarks to each branch of the Regions libraries, doubling the amount during the school summer reading program calendar months. The local church associations receive notice of community events hosted by the AAA/ADRC. The ADRC list serve is comprised many local organization contacts as well as personal general public contacts, this list serve receives a quarterly Senior Communiqué as well as any notices of events in the local area hosted by the AAA/ADRC. The I/&R/A Specialist offers an introductory letter to all new service agencies and apartment complexes to introduce the concept of SC ACCESS and the services of the AAA/ADRC. The AAA/ADRC web page describes the programs and services available to the public and offers several means of contact options. As well, the agency holds "lunch and learns" with local agencies to introduce ourselves and to learn what resources that they may be able to share.

The Lowcountry AAA/ADRC has not experienced a need in the past for a translator. We have had non English speaking adults who needed the services of the AAA/ADRC, however, they came upon the services via a case manager or care coordinator.

Each staff person of the AAA/ADRC is required to input their own data into SC ACCESS. They are expected to enter data as time permits using the last working day of the week as a target date. If the opportunity allows for real time entry then they do take those opportunities as they arise.

IR&A staff is supervised by the AAA/ADRC Director. If the Director is not in the office the Director can be reached by cell phone or by email through the Director's smart phone. In the event that a caller uses the toll free line to reach the I&R/A Specialist and the specialist is not available the caller will be routed to a general message where they are given the option of speaking to either the Family Caregiver Advocate or the Administrative Assistant, if they choose neither option they are given an opportunity to leave a message on the general line with a notice of a return call within 2 working days of the I&R/A Specialist. In the event that an adult walks into the COG needing the service of the AAA/ADRC without an appointment, a AAA/ADRC staff will be able to assist them. The Lowcountry AAA/ADRC staff are available 8am-5pm Monday-Friday unless there is a scheduled event, whereas the staff will be offsite. If it is an emergency situation the receptionist will contact the I&R/A Specialist for advisement. Otherwise the receptionist will gain contact information and advise the adult as to when to expect to hear from the I&R/A Specialist.

The AAA Director holds monthly staff meetings on the 2nd Tuesday of each month. During this time stats are discussed and if any issues are of concern the staff and the director develop a plan of correction by "brainstorming" for new ideas or methods with the input of

all of the AAA/ADRC staff considered.

Crisis calls if taken at the Lowcountry AAA/ADRC, have a separate policy for intake, record retention and caller support. Lowcountry AAA/ADRC has in place a formal intake sheet whereas the data if captured can be shared with Law Enforcement. The caller is not placed on hold at any point, however both the I&R/A Specialist and the back-up person have the ability to mute all background noise so that the caller believes that he/she has the undivided attention of the I&R/A Specialist. The back-up staff will take the information and advise Law Enforcement as the information is gathered. The line is not broken until Law Enforcement in on the scene.

Insurance Counseling and Referral Services and Senior Medicare Patrol (SMP)

The long term goal for the Region 10 ICARE program is to ensure that all adults are proactive in gaining and maintaining health insurance that meets their needs and their own Long Term goals, all the while protecting themselves from fraudulent activities. The ICARE program is supported by four counselors that offer a full range of service including counseling sessions, health fair participation, public speaking engagements and 27 volunteers that have been utilized for the disbursement of general information and referral. In the program year FY 2011-12 we reached 3448 persons with 50 booths and 23 presentations. For the program year FY 2012-13 to date we have reached 108465 persons with17 booths, 22 presentations and 27 print media or publications.

A major weakness of the ICARE program is that it is more of a *reactive* service or case management service instead of more of an Educational service. Region 10 has 28% of adults living in poverty who are not utilizing SC Medicaid services and yet is comprised of 38 % of Medicare eligible adults who do utilize the SC Medicaid system which offers reliance and in some instances, dependence upon a form of case manager. This has created a weakness in the adults' perception of their own responsibilities and in some, their ability to manage their own health policies. Concurrently, at 31% the region have a growing population of retired senior citizens who are in an income bracket that depend upon paid accounting services or insurance agents to maintain their lifestyle and whom do not request the service of the AAA.

The Lowcountry ICARE program intends to address this by becoming more aggressive in the use of ICARE volunteers so as to educate the general public of their rights **and** responsibilities. The agency will increase its current volunteer base by offering ICARE/SMP training and to offer update trainings to the current volunteers more often, as well to become more active in local community events. These efforts and marketing tactics will be used in geographic areas with (2) targets of focus; low counselor response and the SLMB-LIS population.

The agency maintains working relationships with SSA, DSS and Coastal Empire Mental Health. This allows us to both assist the reactive beneficiary as well as help ensure that beneficiaries are more proactive in their responsibilities to maintain eligibility in programs and be self-aware of fraud activities.

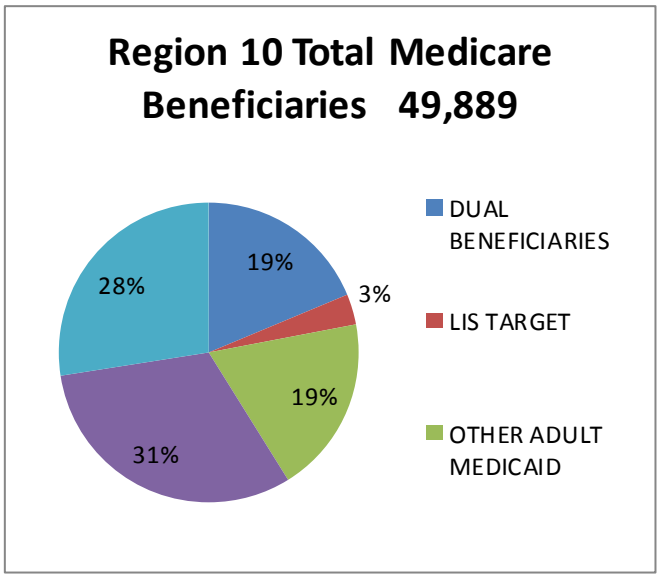
Having a small staff does allow for a more personalized service, however, during Part D open enrollment it does put a strain on the capacity building efforts of the AAA. We have four certified ICARE staff that are present at each enrollment event. Efforts to minimize negative outcomes have included working with local COA'S as hosts of events, and scheduling appointments up to eight weeks ahead of AEP while marketing needed intake material and offering telephone counseling services as much as possible. Region 10 extends 2847.99 miles holding 50 postal zip codes and an undetermined amount of local communities within. Lowcountry ICARE program does not have the capacity to host 1:1 counseling and or events on a regular basis and must depend on the centralized intake system of the I&R/A program for all ICARE calls, especially during AEP. Therefore the four ICARE counselors answer both the I&R/A lines and assist accordingly. This method has also proven to be effective in both the increase in call volume and meeting data entry deadlines.

All ICARE contacts are captured on a separate intake sheet. This ensures that all necessary data is captured for the sole purpose of ICARE. This intake sheet is held by the counselor until all data is entered in SC ACCESS and "sent to SHIP". If any documents must be kept for an extended period of time, then those documents are scanned into an electronic file. This data is entered as the counselors schedule allows with a goal of the last working day of the week.

The ICARE coordinator receives all update training at LGOA. Additional trainings are offered to the coordinator if funding allows. The coordinator updates counselors as needed.

All ICARE counselors are expected to conduct SHIP/SMP services. If the counselor is not comfortable of the level of service needed then the ICARE Coordinator takes the contact. The highest call volume of SHIP/SMP for Lowcountry AAA/ADRC is during Medicare AEP. During this time all paid ICARE staff are expected to participate in taking the next call in que if possible. If the general mailbox captures the caller then the intake sheets are worked by all staff until complete.

Marketing materials such as general information ads are placed on Rx Bags, free community newspapers and general newspapers. Full articles detailing the AEP or community events hosted by the AAA/ADRC are placed in the online newsletter. Contracted providers of all AAA services and ADRC partners are offered information packets to share with their own client base including home bound clients. The region is covered in all medical offices and public information areas by information kiosks that are filled with all AAA/ADRC program material including ICARE/SMP.



The Lowcountry ICARE programs paid counselors are the result of cross trained program managers within the AAA/ADRC. These counselors have primary duties under the respective programs and simply assist the ICARE Coordinator to carry out the duties of the ICARE program. All staff completes a work report every 15 days indicating the time invested in each area.

The ICARE Coordinator regularly reviews the data in SCACCESS to ensure that all data required by LGOA is found in each SHIP file. The legal name of each contact is entered in SHIP and records are not merged unless all identifying data is a match.

Family Caregiver Support Program

The over-arching goal of the Family Caregiver Support program is to recognize and support family caregivers of older adults and older relative caregivers of eligible children within the long term care system. It is well documented that the value of their contributions is substantial; if the health care system were to pay for the care that family members provide freely, the cost would be prohibitive. Given the vital role of Caregivers in our communities, the Family Caregiver Support Program is critical in providing financial support, access to accurate and reliable information, and appropriate referrals to community-based organizations. The goal is to provide these services in a timely manner, while communicating in a caring and understanding fashion.

The strengths of the program are the mini-grants that are provided. Caregivers often incur many unexpected and un-planned for expenses and may be forced to deplete savings, retirement accounts, and/or go into debt in order to care for their loved one. There are very few financial avenues for help with respect to caregiving. Although the amount currently provide is not that substantial (up to $500), many Caregivers are very grateful and use the funds judiciously. The information and referral service part of the program is one of its

major strengths. Because of strong working relationships and partnerships with area community and faith-based programs the FCSP can provide information on other services the Caregivers may be able to access. The Advocate works closely with the I&A Specialist to ensure that accurate and timely referrals are made and that current information on programs and services available in the area are accessible to Caregivers. Additionally, the flexibility of the program is much-appreciated by program participants.

A weakness of the program at this time is that there are few support groups for Caregivers. A primary goal for this planning period is to work with community organizations in developing more support groups, as well as provide more educational opportunities for Caregivers. The Caregiver Advocate has recently been certified as a trainer for Dementia Dialogues © and will be offering this five-week course several times each year beginning in the Summer of 2013. The Caregiver Advocate will also be working with several support groups that are currently running, seeking volunteers to help expand the number of groups so that there is at least one in each of the four counties. One of the difficulties faced in this region is that many areas are extremely rural, with public transportation almost non-existent in some areas. This is an area where a service gap exists, and efforts are being made to work on solutions. This is an on-going issue that impacts much of the work that many agencies and community groups face in this region.

The procedures in place to provide services for Caregivers include the following:

- When the FCSP receives an inquiry about the program, the individual is asked to verify their eligibility (Care Receiver must be at least 60 years old OR if younger, have a diagnosis of Dementia or Alzheimer Disease). Care Receiver must live in this region or be referred to the appropriate AAA.
- After discussing various alternatives for the assistance the caregiver is seeking, and making appropriate referrals to agencies and organizations, the mini-grant program is discussed. If appropriate, an application is mailed to the individual and if needed assistance in filling out the application is provided via phone or a home visit may be scheduled to complete the application. Once the application is completed, it is reviewed to ensure completion.
- Critical items that are considered include the Medical Eligibility Assessment –the Care Receiver must require assistance with at least 3 ADLs. Financial resources, number of people in the household, the age of the Caregiver, the health of the Caregiver, and any other services the family may be receiving are also considered.
- The application is entered into the AIM system, including the Assessment. On-going conversations with the Caregiver, as well as the application and the assessment are all taken into consideration in the approval process.

Each year during the plan period the above mentioned procedures will be reviewed to determine if certain areas need to approved upon or additional procedures need to added to ensure that those most in need are being served.

So that caregivers who are applying for the first time, may have a legitimate chance of receiving a mini-grant, those who have received funding in the previous FY must wait three months before approving another mini-grant. This process has just been implemented this

current program year, and as a result a number of families have been served for the first time, while still being able to serve many of the previous consumers. The process will be continued.

The FCSP includes a budget, a timeline for spending funds, and ways to assess outcomes. One of the ways that outcomes are measured is through a FCSP survey, which was implemented this program year. A sample of participants are surveyed to determine the effectiveness of the program, and to assess ways that the program may be improved.

Consumer choice is encouraged and will continue to be encouraged throughout the plan period. Participants are allowed to choose the service provider for respite. If an agency is preferred, multiple alternatives are provided for them to choose from. Applications for caregiver assistance through the Alzheimer's Association are sent to caregivers if appropriate. The FCSP Advocate works closely with several agencies who work with dementia clients to collaborate and develop programs for caregivers – Alzheimer's Family Services, and Memory Matters are great resources within our area.

10% of FCSP funding is devoted to grandparents and elderly relatives raising children. Typically, the Grandparents do not have funds to shop for grandchildren and wait for reimbursement. The Caregiver Advocate meets the Grandparent or elderly caregiver at a store, and uses the company credit card to pay for the items that are appropriate. This helps in two ways – the elderly caregiver does not have to pay for items out-of-pocket, and staff ensures that the items purchased are appropriate. This has been another of the changes instituted this program year and will be continued.

The agency is involved in a number of community coalitions where information is shared regarding the Family Caregiver Program. These include The United Way of the Lowcountry (Beaufort and Jasper Counties), The United Way of Bamberg, Colleton and Orangeburg, the Hampton Coordinating Council, Together for Beaufort County/Human Service Alliance, the Coalition for Aging in Place, and the Councils on Aging in all four counties. The agency will continue to be involved in community organizations to foster a better understanding of the Family Caregiver Advocate Program and the other programs offered through the AAA/ADRC.

Disease Prevention/Health Promotion

The AAA/ADRC has a relationship with DHEC to promoting evidenced based health promotion programs in the region. The agency plans to continue this relationship. The agency has begun and will continue to identify other agencies and volunteer groups who have health promotion programs. It is planned that over the next four years to develop a relationship with these agencies and organizations to offer a health promotion/prevention type of programming at the nutrition sites and in the senior centers.

Some of the agencies that have been identified is Access Network, the Parks and Leisure Services of each county, and the Comprehensive Health Organizations.

CHANGING DEMOGRAPHICS IMPACT ON AAA'S/ADRC'S EFFORTS

Intervention vs. Prevention

AAA staff feel that the majority of the seniors moving into the region, especially those moving into the gated retirement communities will not be looking at the traditional or core services offered by the Area Agency on Aging and the providers that it contracts with such as group dining, home delivered meals and the transportation service currently provided

This population will benefit from information on how to maximize their resources such as their Medicare Benefits, information on planning for catastrophic diseases such as Alzheimer's Disease; Chronic Disease Management, Long Term Care Insurance and other important information.

As mentioned earlier in this document one of the barriers will be getting behind the gates of those retirement communities and reaching those retired seniors before they have spent their resources thereby requiring intervention on the part the Area Agency on Aging. AAA staff has found that unless the seniors in some of these communities have experienced a life changing event they are not interested in the Area Agency on Aging and are very guarded about who they allow into their communities. If they want information on senior issues or resources they will call their legislative delegate or silver haired legislator who will then ask AAA staff to accompany them to these communities to make presentations. The Area Agency on Aging will seek assistance from the Silver Haired Legislators particularly those from Beaufort County on ways to get behind the gates so that we can get preventative information, Medicare Information and other information out to those seniors.

Senior Center Development and Increasing Use

The AAA/ADRC provides information and training to Senior Center staff on suggested activities for the senior centers including activities that can be cost shared or generate additional funding for their agencies and senior centers. The agency provides success stories from other areas across the state, and information gained from conferences and trainings AAA/ADRC staff attends. This is done through the annual training with senior center and nutrition site staff, meetings with CoA Directors, and email.

The agency will continue to work with Senior Center staff and the CoA Directors to develop their senior centers into true focal points in their communities by assisting them in the development of activities and programs to increase participation at the senior centers and increase awareness in their communities.

The Bluffton/Hilton Head area of Beaufort County has a growing senior population and especially a senior population with varied levels of education and income levels. A senior center offering a variety of programs and activities would be a great benefit to the seniors in that area. The AAA/ADRC has encouraged Senior Services of Beaufort County to identify

groups in the Bluffton/Hilton Head area with whom their agency can partner to establish a senior center in that area. AAA/ADRC staff has provided members of the Beaufort Coalition for Aging in Place regarding the availability funds to help with establishing a senior center in Hilton Head or Bluffton.

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

Legal Assistance Services

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

The referrals for the legal program come from the AAA/ADRC staff, LTC facilities, and other provider of services.

Upon receipt from a caller requesting legal services staff will determine if the caller can be referred to SC Legal Services or another pro bono legal assistance service for example requests for wills are referred out; if the call if determined to an income generating case then the caller is advised that we can make the referral to the contracted legal contractor who will charge for services; the priority client for this service is vulnerable adults residing in LTC facilities; vulnerable adults who have been referred by Adult Protective Services, low income seniors and their caregivers.

The current legal services provider has met with clients at their homes and at nursing homes. During the upcoming Procurement, the ability to meet with targeted client population at their homes and in LTC facilities will be a factor in provider selection.

During the course of the Area Plan staff will work closely with staff of the Lt. Governor's Office on Aging to enhance this priority service so that more of the targeted client population can be reached and assisted. This process will begin prior to the next procurement process.

REGION SPECIFIC INITIATIVES

Increase in Community Education and Awareness

The Area Agency on Aging/Aging and Disability Resource believes that Community Education on issues that affect the elderly, and adults with disabilities will greatly enhance the chances of the targeted client population remaining in their homes and communities for as long as possible. In spite of the success of the Family Caregivers Support Program, the Information, Assistance and Referral Program, I-CARE Program and the development of the Aging and Disability Resource Center there are still certain perceptions about the programs offered:

- Services offered at the senior centers and nutrition sites are for poor people only;
- Anyone 60 years of age and older are "entitled" to receive whatever services are available because they paid taxes;
- The "Government" will take your property if you ask for assistance;

The Area Agency on Aging will develop methods to provide community education programs designed to reach those target client populations particularly those residing in rural areas and seniors in unserved areas of the region.

Topics of interest will include:

Social Security Services
Medicare and Medicaid
Changes in Health Care
Medicaid Recovery Act
Seniors and AIDS/HIV
Elder Abuse Prevention
Health Promotion and Prevention
Food Stamps
Home and Community Based Services
Area Agency on Aging and Disability Resource Center
Long Term Care Planning
And etc.

Possible Partners:

Lt. Governor's Office on Aging
Social Security Administration
Dept. of Social Services
Law Enforcement
Councils on Aging
Access Network
SC Justice for Legal Services
Waltons Options
Vocational Rehab.
And etc.

The objectives are: to promote awareness of services and programs available to assist the targeted client populations to remain in their homes and communities for as long as possible; remove the barriers that keep seniors and adults with disabilities from asking for assistance, provide information to seniors, adults with disabilities and caregivers to help in making informed decisions regarding long term care; to prevent abuse, and to promote healthy living.

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REGION: _____X Lowcountry_____ Worksheet for Staffing Budget and NAPIS Staffing Profile for SFY 2013-2014

Enter the names of staff involved in each service or activity. **If an individual is considered a member of a racial or ethnic minority put "(M)" after the name.** Enter the number of hours **in the SFY** the staff in this position devotes **to the specified activity**. Then follow the instructions for completing the worksheet.

The light blue portion is to identify staff and the time each spends only on statutory functions of the AAA	Enter Each Staff Name Only Once - Beside Their Primary Duty	Annual Hours Budgeted to these Activities or Services	Hours Charged to P&A	Hours Charged to PD	Hours Charged to Ombudsman Services	Hours Charged to I&A III-B	Hours Charged to III-E	Hours Charged to I-CARE/SMP	Hours Charged to Other Title III Services (III-D) (LA)(CM)	Hours Charged to Discretionary Grants or Local Funding
Planning and Administration		**3567**	**2560**	**1007**	**983**	**1820**	**1820**	**1092**	**2730**	**0**
Aging Unit Director	**Marvile Thompson M**	**1820**	813	1007	0		0	0		
Program Manager		**0**	0							**0**
Program Developer		**0**	0	0			0		0	0
Aging Fiscal Accounting	**Sherry Smith**	**109**	109				0		0	0
Clerical Support Staff	**Ashley Young**	**1820**	**1638**					182		0
Clerical Support Staff		**0**	**0**		0	0	0	0	0	0
FTEs by AAA ACTIVITIES		**1.96**	**1.41**	**0.55**	**0.54**	**1.00**	**1.00**	**0.60**	**1.50**	**0.00**
Ombudsman		**983**			**983**				837	**0**
Senior Ombudsman	**Gwen Coath M**	1,820	0		983	0			837	0
Other Ombudsman Staff		0			0					
Other Ombudsman Staff		0			0					
Other Ombudsman Staff		0			0					
Other Ombudsman Staff		0			0					
Other Ombudsman Staff		0			0					
FTEs		**0.54**	**0.00**	**0.00**	**0.54**	**0.00**	**0.00**	**0.00**	**0.46**	**0.00**
I & A		**1820**				**1820**	**0**	**0**		0
Primary I&A and R	**Karen Anderson**	1,820				1820				0
Backup I&R		0					0	0		
FTEs		**1.00**	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**0.00**	**0.00**
Insurance Counseling/SMP		**1092**				**0**	0	**910**		**0**
Primary Counsellor	**Vacant**	910					0	910		
Backup Counsellor		0				0	0	0		
FTEs		**0.60**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.50**	**0.00**	**0.00**
Family Caregiver Program		**1820**				**0**	**1820**	**0**		**0**
Caregiver Advocate	**Claire Glasson**	1,820					1820			0
Backup Advocate		0				0	0	0		
FTEs		**1.00**	**0.00**	**0.00**	**0.00**	**1.00**	**1.00**	**0.60**	**0.00**	**0.00**
Other AAA Direct Services		3,567							**3567**	
Case Manager	**Vacant**	2,730							2730	0
Medication Management		0							**0**	
FTEs		**1.96**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.50**	**0.00**
COMBINED SERVICE DELIVERY		**9282**								
Intern Hours		0	0			0	0	0	0	
Volunteer Hours		0			0			0	0	
TOTAL PAID HOURS		**12,849**								
TOTAL PAID FTEs		**7.06**								

Enter Staff Names	Annual Payroll Hours All Sources
AGENCY'S FTE	**1820**
M. Thompson	1820
S. Smith	109
G. Coath	1820
A. Young	1820
Vacant ICARE	910
C. Glasson	1820
K. Anderson	1820
Vacant SvcMgr	1820
Vacant SvcMgr	910
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Paid Hours	12849
Interns	0
Volunteers	0
Total Hours	**12,849**

NOTES:
1. Enter the agency's FTE hours **in cell N4**
2. In Column M, list each individual assigned to the aging unit either full or part time. **3.** The annual payroll hours in Column N shall reflect the time charged, or allocated, to both the aging unit and any non-aging unit duties.
4. Any staff charged to Indirect Costs in the aging budget shall not be listed as part of the aging unit.
5. The total of an individual' s breakout hours in Column C of the spreadsheet must equal the number of hours shown in Column N.

It is understood that I&A, Caregiver, and Insurance Counseling staff are back up to each other. The amount of staff hours allocated to backup should cover the primary staff's allowed hours of paid annual leave, sick leave and time for mandatory trainings.

Only staff designated by the State Ombudsman may provide Ombudsman backup.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	REGION: **X Lowcountry Council of Governments**							AREA AGENCY ON AGING COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2013-2014 Page 1												
2	LINE ITEM	100% AAA Budget	III- B &C Planning & Admin. 75/25	III-B Program Development 85/5/10	AAA Direct HCBS Services **(See Note)** 85/5/10	III-B I, R & A 85/5/10	III-B Ombudsman 85/5/10	VII Ombudsman 100	VII Elder Abuse 100	State Ombudsman Funds 100	III-E Planning & Admin 75/25	III-E I, R & A 88.24/11.76	III-E Services Staff 88.24/11.76	III-E Caregiver Services 100	I-CARE SHIP 100	MIPPA ADRC 100	MIPPA SHIP 100	MIPPA AAA 100	Senior Medicare Patrol 75/25	SMP Expansion 100
3	Personnel Salaries	$224,416	$48,918	$30,250	$55,814	$29,925	$12,625	$4,335	$1,169	$4,705	$8,775		$18,575		$9,325				$3,910	
4	Fringe Benefits	$148,117	$32,286	$19,965	$36,837	$19,751	$8,333	$2,861	$772	$3,105	$5,792		$12,260		$6,155				$2,581	
5	Contractual	$190,981	$7,000	$0	$83,643	$0								$100,338						
6	Travel	$22,734	$8,119		$4,365	$3,000	$2,500	$0	$0				$2,250		$2,500				$0	
7	Equipment	$2,000	$2,000		$0															
8	Supplies	$7,155	$5,000		$1,000	$0	$499						$155		$501				$502	
9	Indirect Costs	$163,824	$35,710	$22,083	$40,744	$21,845	$9,216	$3,165	$853	$3,435	$6,406		$13,560		$6,807				$2,854	
10	Allocated Costs	$0																		
11	Other Direct Costs	$2,306	$2,233	$62				$1			$10									
12	TOTAL OPERATING BUDGET	$761,533	$141,266	$72,360	$222,403	$74,521	$33,173	$10,362	$2,794	$11,245	$20,983	$0	$46,800	$100,338	$25,288	$0	$0	$0	$9,847	$0
13	**LESS: In-kind Above Match**	**$0**																		
14	**LESS: Local Cash Above Match**	**$0**																		
15	TOTAL AREA PLAN BUDGET: LGOA	$761,533	$141,266	$72,360	$222,403	$74,521	$33,173	$10,362	$2,794	$11,245	$20,983	$0	$46,800	$100,338	$25,288	$0	$0	$0	$9,847	$0
16							**COMPUTATION OF GRANT**										**COMPUTATION OF GRANT**			
17	APPROVED AREA PLAN BUDGET	$761,533	$141,266	$72,360	$222,403	$74,521	$33,173	$10,362	$2,794	$11,245	$20,983	$0	$46,800	$100,338	$25,288	$0	$0	$0	$9,847	$0
18	LESS: State 5%Match	$20,123		$3,618	$11,120	$3,726	$1,659													
19	LESS: Required Grantee Match	$88,773	$35,317	$7,236	$22,240	$7,452	$3,317				$5,246	$0	$5,504						$2,462	
20	Federal Share	$651,239	$105,950	$61,506	$189,043	$63,343	$28,197	$10,362	$2,794		$15,737	$0	$41,296	$100,338	$25,288	$0	$0	$0	$7,385	$0
21	BREAKOUT OF LOCAL MATCH (L19	$88,773	$35,317	$7,236	$22,240	$7,452	$3,317				$5,246	$0	$5,504						$2,462	
22	Local Cash Match Resources	$46,771	$15,317	$7,236	$812	$7,452	$3,317				$5,800	$1,333	$5,504							
23	Local In-kind Match Resources	$0																		
24	State Funds Used as Local Match	$20,000	$20,000																	
25	Total Local Match (Must = Line 25)	$60,971	$35,317	$7,236	$812	$7,452	$3,317					$1,333	$5,504	$0					$0	
27	FRINGE RATE AS % OF SALARIES: 66.00%												INDIRECT COST AS % OF FUNDED PERSONNEL:	43.98%						
28	Yellow cells are calculated values-**DO NOT enter data in th** Blue indicates cells in which data **normally** should not be entered. Use of State funds for local match must be approved BEFORE budget is sut																			

	U	V	W	X	Y	Z	AA	AB	AC
1	AAA COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2012 - 2013 Page 2								
2	III B and C P&A and PD	III-B and III-E Information Referral and Assistance	AAA Direct HCBS Services **(See Note)** 85/5/10	III-B, VII and State Ombudsman	III-E P&A, Staff and FC Supports	I-CARE (SHIP), MIPPA and SMP	TOTAL AAA BUDGET	LINE ITEM	
3	$79,168	$29,925	$55,814	$22,834	$27,350	$13,235	$228,326	Personnel Salaries	
4	$52,251	$19,751	$36,837	$15,071	$18,052	$8,736	$150,698	Fringe Benefits	
5	$7,000	$0	$83,643	$0	$100,338	$0	$190,981	Contractual	
6	$8,119	$3,000	$4,365	$2,500	$2,250	$2,500	$22,734	Travel	
7	$2,000	$0	$0	$0	$0	$0	$2,000	Equipment	
8	$5,000	$0	$1,000	$499	$155	$1,003	$7,657	Supplies	
9	$57,793	$21,845	$40,744	$16,669	$19,966	$9,661	$166,678	Indirect Costs	
10	$0	$0	$0	$0	$0	$0	$0	Allocated Costs	
11	$2,295	$0	$0	$1	$10	$0	$2,306	Other Direct Costs	
12	$213,626	$74,521	$222,403	$57,574	$168,121	$35,135	$771,380	TOTAL OPERATING BUDGET	
13	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**LESS: In-kind Above Match**	
14	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**LESS: Local Cash Above Match**	
15	$213,626	$74,521	$222,403	$57,574	$168,121	$35,135	$771,380	TOTAL AREA PLAN BUDGET: LGOA	
16	**NOTE:** Legal Assistance, Med Management,Case Management, Minor Home Repair, and Consumer Directed HCBS								
17	**Use this space to breakout the home and community-based services delivered through the AAA that are budgeted in column E. If using State HCBS funded services for match, enter the amount of state funds on the appropriate services lines. If using in-kind or local cash for match, enter the total on line 28 in the appropriate column.**								
18									
19	**Services**		**III-B**	**III-D**	**5% Match**	**10% Match**	**Total Title III**	**State Funds**	
20	Legal Assistance		$7,347		$432	$864	**$8,643**		
21	Medication Management			$2,085	$123	$245	**$2,453**		
22	Case Management		$95,475		$5,616	$11,232	**$112,323**	$0	
23	Minor Home Repair		$0		$0	$0	**$0**	$98,894	
24	Consumer Directed HCBS		$0		$0	$0	**$0**	$0	
25		85% Federal	**$102,822**	**$2,085**				**TOTAL STATE**	
27		5% Match	**$6,048**	**$123**					
28		10% Match	**$375**	**$437**				**$98,894**	

REGION: X Lowcountry Council of Governmer				
SFY14 EXPENDITURES FOR DIRECT PROVISION of REGIONWIDE SERVICES				
Title III-B AAA and Contractor Share	Federal	State Match	Local Match	TOTAL
TOTAL Title III-B Supportive Services at AAA after Transfers	$212,271	$12,487	$24,973	$249,731
III-B I,R & A by AAA	$63,343	$3,726	$7,452	$74,521
III-B Legal Assistance through AAA	$7,347	$432	$864	$8,644
III-B Consumer Directed H&CB services through AAA	$0	$0	$0	$0
III-B Case Management by AAA	$73,305	$4,312	$8,624	$86,241
III-B Minor Home Repair through AAA	$0	$0	$0	$0
Balance of Title III-B Supportive Services for Contracted Services	$68,276	$4,016	$8,032	$80,325
Title III-D Medication Management	$2,085	$123	$245	$2,453
Title III-E Allocations	Federal	State Match (DMH)	Local Match	TOTAL
III-E Federal Funds for P&A Activities	$15,737	$0	$5,246	$20,983
III-E Federal Service Funds	$141,634	$28,335	$18,876	$160,510
III-E I, R & A Service Funds	$0	$0	$0	$0
III-E Insurance Counseling Services	$0	$0	$0	$0
III-E Caregiver Advocate(s) Personnel Cost from Service Funds	$41,296	$8,262	$5,504	$46,800
III-E Balance for Direct Caregiver Supports	$100,338	$20,074	$13,372	$113,710
Insurance Counseling	Federal	State Match	Local Match	TOTAL
I-CARE Allocation (SHIP)	$25,288	$0	$0	$25,288
MIPPA (SHIP) Allocation	$0	$0	$0	$0
MIPPA (ADRC) Allocation	$0	$0	$0	$0
MIPPA (AAA) Allocation	$0	$0	$0	$0
SMP Basic	$7,385	$0	$2,462	$9,847
SMP Expansion	$0	$0	$0	$0
Total Insurance Counselling	$32,673	$0	$2,462	$35,135

R X REQUESTED TRANSFER OF FEDERAL FUNDS SFY 2013-2014

Per requirements of the Older Americans Act, the Area Agency on Aging may, without a waiver, elect to transfer not 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.

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.

To comply with OAA, Maintenance of Effort provisions for Ombudsman funding, LGOA transferred Title III-C-1 to Title III-B prior to allocating Title III services funds to the regions; therefore, t**he AAA may elect to transfer not more than the percentage transferred out of Title III-C-1 into Title III-B for state fiscal year 2012**.

The AAA may transfer up to 30% of the Title III-C-2 allocation to III-B for use as the Area Agency considers necessary to purchase services to meet the need for in-home and community based services.

The AAA may transfer a portion of the Title III-C-1 allocation to Title III-C-2 **provided enough remains in III-C-1 to maintain a cost effective and viable group dining program** for older adults in the region.

REQUESTED TRANSFERS

TITLE	ORIGINAL ALLOCATION (See Note Below)	REQUESTED TRANSFER	REQUESTED ALLOCATION	% OF TRANSFER
III-B	$176,324	$0	$176,324	0.00%
III-C-1	$214,783	($38,337)	$176,446	-17.85%
III-C-2	$400,966	$38,337	$439,303	17.85%
TOTAL	$792,073	$0	$792,073	

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 2011-2012.

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*)

REGION: X Lowcountry Council of Governments

EXPENDITURES FOR PRIORITY SERVICE CATEGORIES

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

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

Access Services __80_% In-Home Services _20___% Legal Assistance
%

Enter Total III B after Transfers for SFY 2012-2013		$384,115	**and SFY 2013-2014**	$212,271
ACCESS SERVICES	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
A. Transportation	$296,426	77.17%	$68,276	32.16%
B. Information & Assistance (**III-B** funding **Only**)	$25,408	6.61%	$63,343	29.84%
C. Case Management	$0	0.00%	$73,305	34.53%
D. Outreach	$0	0.00%		0.00%
TOTAL ACCESS EXPENDITURES	$321,834	83.79%	$204,924	96.54%
IN-HOME SERVICES	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
A. Level I Housekeeping and Chore	$62,281	16%	$0	0%
B. Level II Homemaker with Limited Personal Care	$0	#DIV/0!	$0	#DIV/0!
C. Level III Personal Care with Limited Medical Assistance	$0	0%	$0	0%
TOTAL IN-HOME EXPENDITURES	$62,281	16%	$0	0%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2012-2013	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B
LEGAL ASSISTANCE EXPENDITURES	$0	0.00%	$7,347	3.46%

	A	B	C	D	E	F	G	H	I	J	K	L	N	N	O
1		R X LOWCOUNTRY SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY14													Page 1
2		IN-HOME & COMMUNITY-BASED SERVICES												NUTRITION SERVICES	
3	**NOTE:** Match Ratio **if using III-E** is 88.24(F) to 11.76(L)	Transportation	Chore or House-keeping	Homemaker with Some Personal Care	Personal Care with Limited Medical Assistance	Home Living Support	Adult Day Services See NOTE Upper Left	Legal Assistance	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Case Manage-ment	TOTAL Supportive Services		Congregate Meals	Home Delivered Meals
4	**CONTRACTED UNITS**	**650,555**	**0**	**7,056**	**0**	**0**	**0**	**43**	**0**	**0**	**3,802**	**N/A**		**52,086**	**72,759**
5	**Title III Federal B, C**	$68,276	$0	$0	$0	$0	$0	$7,347	$63,343	$0	$73,305	$212,271		$176,446	$439,303
6	**Title III Federal E**						$0		$0	$0		$0			
7	**State 5% Match B and C**	$4,016	$0	$0	$0	$0	$0	$432	$3,726	$0	$4,312	$12,487		$10,379	$25,841
8	**Local:Cash match**	$8,032	$0	$0	$0	$0	$0	$864	$2,989	$0	$0	$11,885		$20,758	$51,681
9	**Local:In-kind match**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$8,624	$8,624		$0	$0
10	**Total Local Match**	$8,032	$0	$0	$0	$0	$0	$864	$7,452	$0	$8,624	$24,973		$20,758	$51,683
11	**ACE-Bingo**		$0	$46,524	$0	$0	$0		$0	$0	$0	$46,524			$0
12	**State H&C-B Services (ACE-CS)**	$248,468	$0	$65,490	$0	$0	$0		$0	$0	$45,059	$359,017		$0	$20,441
13	**Restricted State Revenue (if applicable)**	$0	$0	$0	$0	$0	$0		$0	$0	$0	$0		$0	$0
14	**NSIP**											$0		$108,080	$0
15	**Cost Share/GRI -State Services**	$27,608	$0	$12,446	$0	$0	$0			$0	$5,006	$45,060		$12,007	$2,271
16	**GRI for Title III (Estimate)**	$5,700	$0	$1,000	$0	$0	$0			$0		$6,700		$28,262	$15,895
17	**Total Contracted Funds**	**$362,100**	**$0**	**$125,460**	**$0**	**$0**	**$0**	**$8,644**	**$70,058**	**$0**	**$136,306**	**$702,568**		**$355,932**	**$555,432**
18	**Contracted Rate**	**$0.5566**	**#DIV/0!**	**$17.7806**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**$201.01**	**#DIV/0!**	**#DIV/0!**	**$35.8511**	**N/A**		**$6.8335**	**$7.6339**
19	**NOTE: Contracted rate Includes Local Match**														
20	**COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE**														
21	**Net Contracted (AIM) Rate**	$0.5566	#DIV/0!	$17.7806	#DIV/0!	#DIV/0!	#DIV/0!	$201.01	#DIV/0!	#DIV/0!	$35.8511	NA		$6.8335	$7.6339
22	**AIM Units: ACE-BINGO**		#DIV/0!	2,617	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	0				0
23	**AIM Units:State H&CB Svs**	446,402	#DIV/0!	3,683	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	1,257				2,678
24	**AIM Units: Restricted State Revenue (if applicable)**		#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	0				0
25	**AIM Units: State Cost Share/GRI**	49,601	#DIV/0!	700	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	140				297
26	**NSIP Share of Meal Unit Cost**													$2.0750	$0.0000
27	**AIM Title III Meal Rate**													$4.7585	$7.6339
28	**AIM Units: Title III GRI (Estimate)**	10,241	#DIV/0!	56	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	0			5,939	2,082
29	**AIM Units:Title III (F+S+L)**	144,313	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	43	#DIV/0!	#DIV/0!	2,406			43,624	67,702
30	**TOTAL CONTRACT UNITS**	**600,955**	**#DIV/0!**	**3,373**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**43**	**#DIV/0!**	**#DIV/0!**	**2,545**	**N/A**		**49,563**	**70,082**
31	**NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income**														
32	**Total of All Other Resources by Service**	$156,785	$12,600	$0	$0	$0	$0	$0	$0	$0	$0	NA		$0	$186,687
33	**Total of Units Served with those Other Resources**	**199,970**	**1,450**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	NA		**0**	**23,965**
34	**TOTAL SERVICE BUDGET**	$518,885	$12,600	$125,460	$0	$0	$0	$8,644	$70,058	$0	$136,306	N/A		$355,932	$742,120
35	**Total Unit Cost**	**$0.6479**	**#DIV/0!**	**$37.1979**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**$201.0128**	**#DIV/0!**	**#DIV/0!**	**$53.5548**	NA		**$7.1814**	**$7.8910**

	P	Q	R	S	T	U	V	W	X	Y	Z	AA	A	AC
1	R X LOWCOUNTRY SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY13													Page 2
2		PREVENTION AND WELLNESS SERVICES									INSURANCE COUNSELING			TOTALS
3	CONTRACTED FUNDS	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Medication Management	Minor Home Repair (State Funds Only)	TOTAL Wellness		Medicare Fraud (SMP)	I-CARE SHIP and MIPPA		All Sources (Both Pages)
4	CONTRACTED UNITS	0	0	4,110	0	0	0	7,500	N/A		0	0		N/A
5	Title III Federal D, SMP, I-CARE	$0	$0	$18,648	$0	$0	$2,085	$0	$20,733		$7,385	$25,288		$881,426
6	Title III Federal E								$0					$0
7	State 5% Match D	$0	$0	$1,097	$0	$0	$123		$1,220					$49,927
8	Local:Cash match	$0	$0	$2,194	$0	$0	$245		$2,439		$0			$86,763
9	Local:In-kind match	$0	$0	$0	$0	$0	$0		$0		$2,462			$11,086
10	Total Local Match	$0	$0	$2,194	$0	$0	$245		$2,439		$2,462			$102,315
11	ACE-Bingo		$0			$0		$0	$0					$46,524
12	State H&C-B Services (ACE-CS)		$0			$0		$75,000	$75,000					$454,458
13	Restricted State Revenue (if applicable)		$0			$0		$0	$0					$0
14	NSIP								$0					$108,080
15	Cost Share/GRI -State Services	$0	$0	$0	$0	$0	$0	$0	$0					$59,338
16	GRI for Title III (Estimate)	$0	$0	$90	$0	$0	$0		$90					$50,947
17	Total Contracted Funds	$0	$0	$22,029	$0	$0	$2,453	$75,000	$99,482		$9,847	$25,288		$1,748,549
18	Contracted Rate	#DIV/0!	#DIV/0!	$5.3598	#DIV/0!	#DIV/0!	#DIV/0!	$10.0000	N/A		#DIV/0!	#DIV/0!		N/A
19	NOTE: Contracted rate Includes Local Match													
20	COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE													
21	Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	$5.3598	#DIV/0!	#DIV/0!	#DIV/0!	$10.0000	NA		#DIV/0!	#DIV/0!		NA
22	AIM Units: ACE-BINGO		#DIV/0!			#DIV/0!		0						
23	AIM Units:State H&CB Svs		#DIV/0!			#DIV/0!		7,500						
24	AIM Units: Restricted State Revenue (if applicable)		#DIV/0!			#DIV/0!		0						
25	AIM Units: State Cost Share/GRI		#DIV/0!			#DIV/0!		0						
26	NSIP Share of Meal Unit Cost													
27	AIM Title III Meal Rate													
28	AIM Units: Title III GRI (Estimate)	#DIV/0!	#DIV/0!	17	#DIV/0!	#DIV/0!								
29	AIM Units:Title III (F+S+L)	#DIV/0!	#DIV/0!	4,093	#DIV/0!	#DIV/0!	#DIV/0!							
30	TOTAL CONTRACT UNITS	#DIV/0!	#DIV/0!	4,110	#DIV/0!	#DIV/0!	#DIV/0!	0	N/A		0	0		N/A
31		NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees												
32	Total Other Resources per Service	$0	$0	$0	$0	$0	$0	$0	NA		$0	$0		NA
33	Total Units Served with Other Resources	0	0	0	0	0	0	0	NA		0	0		NA
34	TOTAL SERVICE BUDGET	$0	$0	$22,029	$0	$0	$75,000	$99,482	NA		$9,847	$25,288		NA
35	Total Unit Cost	#DIV/0!	#DIV/0!	$5.3599	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA		#DIV/0!	#DIV/0!		NA

R X SUMMARY OF SERVICE FUNDING, CONTRACTED UNITS and AVERAGE UNIT COST SFY 2013-2014			
SERVICE	**TOTAL AAA FUNDING PER SERVICE**	**TOTAL UNITS FOR REGION**	**REGIONAL AVERAGE UNIT COST**
Transportation	$365,610	650,555	$0.5620
Housekeeping or Chore			#DIV/0!
Homemaker with Limited Personal Care	$125,460	7,056	$17.7806
Personal Care with Limited Medical Assistance	$0	0	#DIV/0!
Home Living Support	$0	0	#DIV/0!
Legal Assistance	$8,644	43	$201.0233
Adult Day Care	$0	0	#DIV/0!
Respite Care	$0	0	#DIV/0!
Information, Referral & Assistance	$70,058	0	$47.0000
Case Management	$136,306	3,802	$35.8511
Group Dining	$355,932	52,086	$6.8335
Home Delivered Meals	$555,432	72,759	$7.6339
Health Screening	$0	0	#DIV/0!
Nutrition Risk Follow-Up	$0	0	#DIV/0!
Evidence Based Health Promotion Program	$22,029	4,110	$5.3599
Physical Fitness	$0	0	#DIV/0!
Home Injury Prevention	$0	0	#DIV/0!
Minor Home Repair (State Funds Only)	$75,000	7,500	$10.0000
Medication Management	$2,453		#DIV/0!
Outreach	$0	0	#DIV/0!
I-Care Calls/Contacts	$25,288	0	#DIV/0!
SMP Calls/Contacts	$9,847	0	#DIV/0!
Caregiver Services	$0	0	#DIV/0!

All entries must include both AAA delivered services and contracted services

NUMBER OF MINORITY PROVIDERS	0
NUMBER OF RURAL PROVIDERS	8
TOTAL NUMBER OF PROVIDERS	8

REGION: X Lowcountry

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2010, July 1, 2011, July 1, 2012 and July 1, 2013

State Fiscal Year Beginning July	County or Provider	Transportation Contracted Funds	Transportation Contracted Units	TransportationContracted 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
2010-2011	Senior Svcs of Bft	$115,855	241,365	**$0.4800**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Senior Svcs of Bft	$116,300	242,292	**$0.4800**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Senior Svcs of Bft	$111,000	222,000	**$0.5000**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Senior Svcs of Bft	$111,500	206,481	**$0.5400**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2010-2011	Colleton COA	$106,725	222,343	**$0.4800**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Colleton COA	$103,378	215,371	**$0.4800**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Colleton COA	$101,100	202,200	**$0.5000**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Colleton COA	$106,400	197,037	**$0.5400**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2010-2011	Hampton COA	$80,130	166,938	**$0.4800**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Hampton COA	$63,100	131,458	**$0.4800**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Hampton COA	$33,902	67,804	**$0.5000**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Hampton COA	$0	0	**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2010-2011	Jasper COA	$111,090	231,437	**$0.4800**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Jasper COA	$111,400	232,083	**$0.4800**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Jasper COA	$109,100	218,200	**$0.5000**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Jasper COA	$109,100	202,037	**$0.5400**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	LCOG	$35,100	45,000	**$0.7800**				$125,460	7,056	**$17.7806**						
2010-2011	Home Helpers	$0	0	**#DIV/0!**	$137,778	7,749	**$17.7801**			**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Home Helpers			**#DIV/0!**	$140,075	7,877	**$17.7828**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Home Helpers			**#DIV/0!**	$126,065	7,090	**$17.7807**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Home Helpers	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
				#DIV/0!			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
				#DIV/0!			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2010-2011	REGIONWIDE	$413,800	862,083	**$0.4800**	$137,778	7,749	**$17.7801**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	REGIONWIDE	$394,178	821,204	**$0.4800**	$140,075	7,877	**$17.7828**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	REGIONWIDE	$355,102	710,204	**$0.5000**	$126,065	7,090	**$17.7807**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	REGIONWIDE	362,100	650,555	**$0.5566**	$0	0	**#DIV/0!**	$125,460	7,056	**$17.7806**			**#DIV/0!**			**#DIV/0!**

REGION: X Lowcountry

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2010, July 1, 2011, July 1, 2012 and July 1, 2013

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
2010-2011	Senior Svcs of Bft	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Senior Svcs of Bft			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Senior Svcs of Bft			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Senior Svcs of Bft	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Colleton COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Colleton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Colleton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Colleton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	Hampton COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Hampton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Hampton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Hampton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	Jasper COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Jasper COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Jasper COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Jasper COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	Home Helpers	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Home Helpers			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Home Helpers			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	LCOG	$4,706	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$28,353	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	LCOG	$4,706	37	$127.1892			#DIV/0!			#DIV/0!	$40,402		#DIV/0!			#DIV/0!
2012-2013	LCOG	$3,756	18	$208.6667			#DIV/0!			#DIV/0!	$29,892	3,097	$9.6519			#DIV/0!
2013-2014	LCOG	$8,644	43	$201.0233			#DIV/0!			#DIV/0!	$25,288	0	#DIV/0!			#DIV/0!
2010-2011	REGIONWIDE	$4,706	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$28,353	1,527	$18.5678	$0	0	#DIV/0!
2011-2012	REGIONWIDE	$4,706	37	$127.1892			#DIV/0!			#DIV/0!	$40,402	0	#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE	$3,756	18	$208.6667			#DIV/0!			#DIV/0!	$29,892	#DIV/0!	#DIV/0!			#DIV/0!
2013-2014	REGIONWIDE	$8,644	43	$201.0233			#DIV/0!			#DIV/0!	$25,288	#DIV/0!	#DIV/0!			#DIV/0!

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2010, July 1, 2011, July 1, 2012 and July 1, 2013

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
2010-2011	Senior Svcs of Bft	$101,293	15,583	**$6.5002**	$179,428	23,609	**$7.6000**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$4,800	2,400	**$2.0000**
2011-2012	Senior Svcs of Bft	$68,998	10,615	**$6.5000**	$155,122	20,410	**$7.6003**			**#DIV/0!**			**#DIV/0!**	$4,800	2,400	**$2.0000**
2012-2013	Senior Svcs of Bft	$57,685	8,727	**$6.6099**	$140,539	18,181	**$7.7300**			**#DIV/0!**			**#DIV/0!**	$5,584	2,742	**$2.0365**
2013-2014	Senior Svcs of Bft	$60,000	8,995	**$6.6704**	$151,508	19,449	**$7.7900**			**#DIV/0!**			**#DIV/0!**	$5,484	1,532	**$3.5796**
2010-2011	Colleton COA	$63,657	9,645	**$6.6000**	$163,126	21,464	**$7.6000**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$5,328	1,312	**$4.0610**
2011-2012	Colleton COA	$39,831	6,035	**$6.6000**	$147,477	19,405	**$7.5999**			**#DIV/0!**			**#DIV/0!**	$5,429	1,337	**$4.0606**
2012-2013	Colleton COA	$64,062	9,547	**$6.7102**	$149,560	19,348	**$7.7300**			**#DIV/0!**			**#DIV/0!**	$5,583	1,375	**$4.0604**
2013-2014	Colleton COA	$57,160	8,443	**$6.7701**	$169,394	21,745	**$7.7900**			**#DIV/0!**			**#DIV/0!**	$5,576	1,311	**$4.2532**
2010-2011	Hampton COA	$134,707	19,809	**$6.8003**	$169,214	25,445	**$6.6502**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$3,798	873	**$4.3505**
2011-2012	Hampton COA	$94,944	13,962	**$6.8002**	$153,270	23,048	**$6.6500**			**#DIV/0!**			**#DIV/0!**	$4,013	787	**$5.0991**
2012-2013	Hampton COA	$91,623	13,259	**$6.9102**	$153,780	22,681	**$6.7801**			**#DIV/0!**			**#DIV/0!**	$5,483	1,075	**$5.1005**
2013-2014	Hampton COA	$114,750	16,463	**$6.9702**	$81,745	11,952	**$6.8394**			**#DIV/0!**			**#DIV/0!**	$5,484	942	**$5.8217**
2010-2011	Jasper COA	$144,999	21,804	**$6.6501**	$202,539	26,650	**$7.6000**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$5,003	300	**$16.6767**
2011-2012	Jasper COA	$91,309	13,730	**$6.6503**	$175,189	23,051	**$7.6001**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Jasper COA	$125,317	18,538	**$6.7600**	$157,885	20,424	**$7.7304**			**#DIV/0!**			**#DIV/0!**	$5,749	341	**$16.8592**
2013-2014	Jasper COA	$124,021	18,185	**$6.8200**	$152,784	19,613	**$7.7899**			**#DIV/0!**			**#DIV/0!**	$5,484	325	**$16.8738**
2010-2011	Home Helpers	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	Home Helpers			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	Home Helpers			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	Home Helpers			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2010-2011	LCOG	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**
2011-2012	LCOG			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2012-2013	LCOG			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2013-2014	LCOG			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
2010-2011	REGIONWIDE	$444,656	66,841	**$6.6524**	$714,307	97,168	**$7.3513**	$0	0	**#DIV/0!**	$0	0	**#DIV/0!**	$18,929	4,885	**$3.8749**
2011-2012	REGIONWIDE	$295,082	44,342	**$6.6547**	$631,058	85,914	**$7.3452**			**#DIV/0!**			**#DIV/0!**	$14,242	4,524	**$3.1481**
2012-2013	REGIONWIDE	$338,687	50,071	**$6.7641**	$601,764	80,634	**$7.4629**			**#DIV/0!**			**#DIV/0!**	$22,399	5,533	**$4.0483**
2013-2014	REGIONWIDE	$355,931	52,086	**$6.8335**	$555,431	72,759	**$7.6338**			**#DIV/0!**			**#DIV/0!**	$22,028	4,110	**$5.3596**

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2010, July 1, 2011, July 1, 2012 and July 1, 2013

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
2010-2011	Senior Svcs of Bft	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Senior Svcs of Bft	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2012-2013	Senior Svcs of Bft			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Senior Svcs of Bft			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	Colleton COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Colleton COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2012-2013	Colleton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Colleton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	Hampton COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Hampton COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2012-2013	Hampton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Hampton COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	Jasper COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Jasper COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2012-2013	Jasper COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Jasper COA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	Home Helpers	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Hampton COA	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2012-2013	Home Helpers			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Home Helpers			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2010-2011	LCOG	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$76,445	7,644	**$10.0007**	$7,173	67	**$107.0597**
2011-2012	LCOG			#DIV/0!			#DIV/0!			#DIV/0!	$56,630	5,663	**$10.0000**	$7,256	67	**$108.2985**
2012-2013	LCOG			#DIV/0!			#DIV/0!			#DIV/0!	$76,630	7,663	**$10.0000**	$4,363	19	**$229.6316**
2013-2014	LCOG			#DIV/0!			#DIV/0!			#DIV/0!	$75,000	7,500	**$10.0000**	$2,453		#DIV/0!
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$76,445	7,644	**$10.0007**	7,173	67	**$107.0597**
2011-2012	REGIONWIDE	$0	0	#DIV/0!			#DIV/0!			#DIV/0!	$56,630	5,663	**$10.0000**	**7,256**	**67**	**$108.2985**
2012-2013	REGIONWIDE	$0	0	#DIV/0!			#DIV/0!			#DIV/0!	$76,630	7,663	**$10.0000**	$4,363	19	**$229.6316**
2013-2014	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!	$75,000	$7,500	**$10.0000**	$2,453	$0	#DIV/0!