



South Carolina Lieutenant Governor - Office on Aging

Payment Request Form

Agency Name: Able South Carolina
LGOA Grant Number: CDSMP12-15
Grant Period: September 1, 2012 - August 31, 2015
Budget Period: September 1, 2014 - June 30, 2015
Final - Indicate YES NO
Payment #: 2
Payment Period: October 1st, 2014 to October 31st, 2014
Payment Request Prepared by: Sara Marin

Functional Area:		Grant Name:
4B89		EVIDENCE BASED DISEASE PREVENTION PROGRAM
		SFY15
A	Current Grant Award	\$ 5,000.00
A-1	Carry-forward from Previous SFY	\$ -
B	Actual Expenses Year To Date	\$ 245.68
C	Prior Funds Requested Year-To-Date	\$ -
D	Total Request This Payment B-C	\$ 88.28
E	Year To Date Award Balance A-B	\$ 4,754.32

E-mail the payment request and activities to financehelp@aging.sc.gov

Under the penalties for perjury under State Law, I certify that this report is accurate and complete to the best of my knowledge and belief.

Signature:	<i>Kimberly Tress</i>
Title:	Executive Director
Date:	11.12.2014
Telephone Number:	803-779-5121 ext. 124

Able South Carolina
Chronic Disease Self-Management Education Grant
Monthly Progress Report: October 2014
Submission Date: November 4th, 2014
Report Author Name(s): Rachel Kaplan, Jerri Davison, Sara Marin & Kimberly Tissot;
November 4th, 2014

The CDSME grant is funded by the 2012 Prevention and Public Health Funds (PPHF-2012) from the Administration on Aging/Administration for Community Living (AoA/ACL) through the Lt. Governor's Office on Aging. This report details activities undertaken during October 2014.

Staff primarily responsible for carrying out grant activities and % of time spent

Rachel Kaplan – 4.5 Hours

Grant Compliance - Activities and Accomplishments to reach your project goals

There are currently no BCBH Sessions ongoing through Able South Carolina at this time. Youth Transitions and Health Programs Coordinator, Rachel Kaplan, and Assistant Director Jerri Davison have been developing an action plan to meet the grant goals for the year, and developing a list of potential sites to perform outreach. We are going to try set up a workshop in Newberry or Spartanburg counties and will be following up with potential site locations in the Winnsboro area in the New Year.

Trainings Held or Attended –

N/A

Collaborations

- **Partnerships:** N/A
- **Meetings:** N/A
- **Teleconferences:** N/A
- **Presentations:** N/A

Material Creation: N/A

Community Outreach/Awareness and Participant/Leader Recruitment - include articles in newspapers, radio/TV, fact sheets, newsletters, information on websites, presentations, handouts, health fairs, and other informational resources (list specifics, counties reached and estimated REACH).

We provide information about our health programs when we present an overview of our services to the community and other professionals. We also have information about the BCBH program on our website. Estimated reach: 100 people in the 23 counties we serve.

11/26/2013



SOUTH CAROLINA

independent
living for all

136 Stonemark Lane, Suite 100

Columbia, SC 29210

P: 803.779.5121

TTY: 803.779.0949

F: 803.779.5114

www.able-sc.org

INVOICE

INVOICE DATE November 4th, 2014

TO Denise Rivers

Date	DESCRIPTION	Rate	AMOUNT
10/17/2014	R. Kaplan (9/22/14-10/5/14) 3 Hours	\$15.63	\$46.89
10/17/2014	R. Kaplan (9/22/14-10/5/14) Payroll Taxes	\$3.59	\$3.59
10/28/2014	R. Kaplan Fringe (Kansas City Life) 4.5 Hours	\$0.39	\$1.76
10/28/2014	R. Kaplan Fringe (SC Health CoOp) 4.5 Hours	\$2.40	\$10.80
10/28/2014	R. Kaplan (10/6/14-10/19/14) 1.5 Hours	\$15.63	\$23.45
10/28/2014	R. Kaplan (10/6/14-10/19/14) Payroll Taxes	\$1.79	\$1.79
		SUBTOTAL	\$88.28
			\$88.28
			PAY THIS
			AMOUNT

DIRECT ALL INQUIRIES TO:

Sara Marin | Director of Administration

(803) 779-5121

email: smarin@able-sc.org

MAKE ALL CHECKS PAYABLE TO:

Able South Carolina

136 Stonemark Lane, Suite 100

Columbia, SC 29210

Able South Carolina
136 Stonemark Lane
Suite 100
Columbia, SC 29210

Wachovia Bank, NA

67-776
532

Check Date 10/17/2014

Check Number Memo

Pay No Dollars and No Cents

\$*****

To the Order of:
200

Rachel Kaplan
207 E. Earle Street
Greenville, SC 29609

42 -99993854
NON NEGOTIABLE
PAY ONLY 000 CTSCS

Authorized Signature

Rachel Kaplan

Company	Period Begin	Division
A1464-01	9/22/2014	
Number	Period End	Branch
42	10/5/2014	
Social Security #	Check Date	Department
	10/17/2014	200
Hire Date	Check Number	Team
6/4/2013	-99993854	

Able South Carolina

Annual Leave 127.68-115.50=12.18 HOURS
Sick Leave 127.68-68.00=59.68 HOURS

136 Stonemark Lane Suite 100
Columbia, SC 29210 803-779-5121

Earnings

Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date
Salary		0:00	0:00	1111.11	23333.33
Sick		0:00	4:00	0.00	0:00
Bonus					1200:00
Other OT Amt					187:60

Deductions

Description	Current	Year To Date
Fed (S/2) (1111.11)	90.66	1982.68
OASDI (1111.11)	68.89	1532.70
Medicare (1111.11)	16.11	358.48
SC (1/2) (1111.11)	46.85	1017.68
United Way (Greenville)	2.00	38.00
Net Pay Direct 32223XXXX	886.60	19791.39

able independent living for all
SOUTH CAROLINA

Timesheet for Rachel Kaplan
employment type: Full-time employee
40.00 hours/week required
default approver:

9/22/2014 - 10/5/2014
Open

Funding source	Program	Sep							Oct							Total
		Mon 22	Tue 23	Wed 24	Thu 25	Fri 26	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	
Federal	002 Federal															
Office of Aging	005 BCBH															
SC Developmental Disabilities Council	007 NYLN															
SC Developmental Disabilities Council	008 PI DDC															
State Plan for Independent Living	017 SPIL Addendum	3.00	2.00	2.00	2.00	1.00			9.00	1.00						20.00
State Plan for Independent Living	018 SPIL Voting	1.00	6.00													7.00
University of South Carolina	015 CHAT Program									4.00						4.00
University of South Carolina	016 STYH					1.00							1.00			2.00
Time Off																
Sick Leave		4.00														4.00
Total		8.00	8.00	8.00	8.00	8.00	0	0	9.00	10.00	0	8.00	4.00	9.00	0	80.00

10-5-14
KAP

ABLE SOUTH CAROLINA
136 STONEMARK LN., SUITE 100
COLUMBIA, SC 29210
(800) 681-6805
www.able-sc.org

WELLS FARGO BANK, NA
COLUMBIA, SC 29201
67-776/532

16343

10/28/2014

PAY TO THE ORDER OF KCL

\$ **567.04

Five Hundred Sixty-Seven and 04/100***** DOLLARS

VOID AFTER 90 DAYS

KCL Group Benefits
PO Box 219425
Kansas City, MO 64121-9425

Aara Maein
Kimberly A. Gissel NP

MEMO Group 91048

⑈016343⑈ ⑆053207766⑆2003206720095⑈

ABLE SOUTH CAROLINA

16343

KCL

10/28/2014

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
10/27/2014	Bill		567.04	567.04		567.04
					Check Amount	567.04

WELLS FARGO/Busi Group 91048

567.04

ABLE SOUTH CAROLINA

16343

KCL

10/28/2014

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
10/27/2014	Bill		567.04	567.04		567.04
					Check Amount	567.04

WELLS FARGO/Busi Group 91048

567.04



K·C·L GROUP
BENEFITS

ABLE SOUTH CAROLINA

Group Number: 91048

Date Due: 11/1/2014

Date Prepared: 10/10/2014

PROVIDES COVERAGE FROM 11/1/2014 - 11/30/2014

Group Number: 91048

Amount Due: \$709.63

Payment Due Date: 11/1/2014

Amount Enclosed:

ABLE SOUTH CAROLINA
ATTN: SARA MARIN
136 STONEMARK LANE, STE. 100
COLUMBIA, SC 29210

KCL GROUP BENEFITS
ATTN: Vanessa Cook - 91048
PO BOX 219425
KANSAS CITY, MO 64121-9425

KCL Group Benefits Contact Information

Group Customer Account Team
PO Box 219425
Kansas City, MO 64121-9425

Vanessa Cook
vcook@kclife.com
www.kclgroupbenefits.com

Phone: 877-266-6767 x8767
816-753-7299 x8767
Fax: 816-753-2964

Monthly Premium Statement Summary

Last Month's Charges	\$736.43
Payments	(\$657.47)
Excess Premium	\$0.00
<hr/>	
Past Due/Credit	\$78.96
Current Premium Due	\$630.67
Adjustments / Fees	\$0.00
EAP Fee	\$0.00
Balance Due	\$709.63

BASIC ADMINISTRATIVE INSTRUCTIONS

- PLEASE PAY AS BILLED
- VERIFY YOUR STATEMENT FOR ACCURACY, VERIFYING ALL ELIGIBLE EMPLOYEES ARE COVERED
- ENROLLMENT CARD(S) FOR NEW EMPLOYEES MUST BE PROVIDED WITHIN 31 DAYS OF ELIGIBILITY DATE
- REPORT EMPLOYEES WHO HAVE DISCONTINUED EMPLOYMENT IMMEDIATELY GIVING DATE OF TERMINATION
- REPORT ALL SALARY AND CLASS CHANGES IMMEDIATELY PROVIDING EFFECTIVE DATE OF CHANGE
- ADJUSTMENTS WILL BE REFLECTED ON BILLING SUMMARY
- ADJUSTMENTS DETAIL MAY BE VIEWED AT: <http://www.kclgroupbenefits.com>

BCBH - R. Kaplan 4.5 hrs @ .39 = \$1.76



K-C-L GROUP
BENEFITS

Insured Legend		Footnotes	Cobra
EE - Employee Only	1 - Rate Change	CE - Cobra Employee (EE)	
EF - Employee + Family	2 - Coverage Change	CF - Cobra EE + Family	
SP - Spouse	3 - Both	CS = Cobra EE + Spouse	
DE - Dependent(s)		CM - Cobra EE + Child(ren)	
EM - Employee + Member			
ES - Employee + Spouse			

ABLE SOUTH CAROLINA
Group Number: 91048
Date Due: 11/1/2014
Date Prepared: 10/10/2014

PROVIDES COVERAGE FROM 11/1/2014 - 11/30/2014

	Dental		TG Life & AD&D			Voluntary Life & AD&D			STD		LTD		Vision		Total Prem	
	Prem		Life Prem	Life Cov	AD&D Prem	AD&D Cov	Life Prem	Life Cov	AD&D Prem	AD&D Cov	Prem	Benefit	Prem	Cov Payroll	Prem	Prem
DAVIDSON JERRILEA																
EE	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$25.00	\$250,000	\$0.00	\$0	\$0.00	\$520	\$0.00	\$0	\$5.10	\$99.32
Total	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$25.00	\$250,000	\$0.00	\$0	\$0.00	\$520	\$0.00	\$0	\$5.10	\$99.32
KAPLAN RACHEL																
EE	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$347	\$0.00	\$0	\$5.10	\$64.81
Total	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$347	\$0.00	\$0	\$5.10	\$64.81
KOPP ROBERT																
EE	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$9.00	\$100,000	\$0.00	\$0	\$0.00	\$381	\$0.00	\$0	\$5.10	\$75.68
Total	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$9.00	\$100,000	\$0.00	\$0	\$0.00	\$381	\$0.00	\$0	\$5.10	\$75.68
MARIN SARA																
EE	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$22.50	\$250,000	\$0.00	\$0	\$0.00	\$439	\$0.00	\$0	\$5.10	\$92.37
Total	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$22.50	\$250,000	\$0.00	\$0	\$0.00	\$439	\$0.00	\$0	\$5.10	\$92.37
PORCHEA LAQUANDA																
EE	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$289	\$0.00	\$0	\$5.10	\$61.62
Total	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$289	\$0.00	\$0	\$5.10	\$61.62
TEMPIO DORI																
EE	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$347	\$0.00	\$0	\$5.10	\$64.81
Total	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$347	\$0.00	\$0	\$5.10	\$64.81
TISSOT KIMBERLY																
EE	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$25.00	\$250,000	\$0.00	\$0	\$0.00	\$635	\$0.00	\$0	\$5.10	\$105.65
DE	\$0.00		\$0.00	\$0	\$0.00	\$0	\$1.60	\$10,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$1.60
Total	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$26.60	\$260,000	\$0.00	\$0	\$0.00	\$635	\$0.00	\$0	\$5.10	\$107.25
TRACY KATHLEEN																
EE	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$347	\$0.00	\$0	\$5.10	\$64.81
Total	\$26.62		\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$347	\$0.00	\$0	\$5.10	\$64.81
Group Totals:	\$212.96		\$96.00	\$400,000	\$16.00	\$400,000	\$83.10	\$860,000	\$0.00	\$0	\$0.00	\$3,305	\$0.00	\$0	\$40.80	\$630.67
Enrollee Count:	8		8		8		4		0		0	8		8		9

ABLE SOUTH CAROLINA
136 STONEMARK LN., SUITE 100
COLUMBIA, SC 29210
(800) 681-6805
www.able-sc.org

WELLS FARGO BANK, NA
COLUMBIA, SC 29201
67-776/532

16352

10/28/2014

PAY TO THE ORDER OF South Carolina Health Cooperative

\$ **2,840.00

Two Thousand Eight Hundred Forty and 00/100***** DOLLARS

South Carolina Health Cooperative
PO Box 1153
Seneca, SC 29679

VOID AFTER 90 DAYS

Aara Yarin
Kimberly A. Tisdell

MEMO Monthly Billing for 11/14

⑈016352⑈ ⑆053207766⑆ 2003206720095⑈

ABLE SOUTH CAROLINA

16352

South Carolina Health Cooperative

Date	Type	Reference	Original Amt.	Balance Due	10/28/2014 Discount	Payment
10/28/2014	Bill		2,840.00	2,840.00		2,840.00
					Check Amount	2,840.00

WELLS FARGO/Busi Monthly Billing for 11/14

2,840.00

ABLE SOUTH CAROLINA

16352

South Carolina Health Cooperative

Date	Type	Reference	Original Amt.	Balance Due	10/28/2014 Discount	Payment
10/28/2014	Bill		2,840.00	2,840.00		2,840.00
					Check Amount	2,840.00

WELLS FARGO/Busi Monthly Billing for 11/14

2,840.00

Preferred Administrators
Run: 10/23/2014 02:49 PM

Monthly Billing for 11/1/2014

ABLE SOUTH CAROLINA (Grp: 10000 / 10040)
136 STONEMARK LANE
SUITE 100
COLUMBIA, SC 29212

Premium: 10110

PBCOLRPT Oper No: 019
Page: 39

FINAL

Emp No	Insured	Class	MED RATE	EE TOB	DEP TOB	Life	LTD	STD	Total
14	JERRILEA S. DAVISON	FAMILY	\$872.00			Term: 11/1/2014	No Elig		\$872.00
16	BELINDA J. HAMPTON					Term: 11/1/2014	No Elig		\$0.00
	Medical					Term: 11/1/2014			
17	RACHEL KAPLAN					Term: 11/1/2014			\$384.00
18	ROBERT W. KOPP					Term: 11/1/2014			\$224.00
5	SARA L. MARIN					Term: 11/1/2014			\$384.00
8	KIMBERLY A. TISSOT					Term: 11/1/2014			\$434.00
9	KATHLEEN A. TRACY					Term: 11/1/2014			\$761.00
	Dental					Term: 11/1/2014			
	Vision					Term: 11/1/2014			
	Drug					Term: 11/1/2014			
	Misc					Term: 11/1/2014			

10/23/14
Kimberly A. Tisserand
Jana Marin

BCBH
R. Kaplan - 4.5 hrs @ 2.40/hr = \$10.80

Able South Carolina
136 Stonemark Lane
Suite 100
Columbia, SC 29210

Wachovia Bank, NA

67-776
532

Check Date 10/31/2014

Check Number Memo

Pay No Dollars and No Cents

\$*****

To the Order of:
200

Rachel Kaplan
207 E. Earle Street
Greenville, SC 29609

42 -99993748
NON NEGOTIABLE



Authorized Signature

Rachel Kaplan

Able South Carolina

136 Stonemark Lane Suite 100
Columbia, SC 29210 803-779-5121

Company A1464-01
Number 42
Social Security #
Hire Date 6/4/2013
Period Begin 10/6/2014
Period End 10/19/2014
Check Date 10/31/2014
Check Number -99993748
Division
Branch
Department 200
Team

Annual Leave 131.52-115.50=16.02 HOURS
Sick Leave 131.52-68.00=63.52 HOURS

Earnings

Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date
Salary		0:00	0:00	1111:11	24444:44
Paid Holiday		0:00	8:00	0:00	0:00
Bonus					1200:00
Other OT Amt					187:60

Deductions

Description	Current	Year To Date
Fed (S/2) (1111.11)	90:66	2073:34
OASDI (1111.11)	68:89	1601:59
Medicare (1111.11)	16:11	374:59
SC (1/2) (1111.11)	46:85	1064:53
United Way (Greenville)		38:00
Net Pay Direct 32223XXXX	888:60	20679:99

able independent Timesheet for Rachel Kaplan

SOUTH CAROLINA
living for all

40.00 hours/week required
default approver:

employment type: Full-time employee

10/6/2014 - 10/19/2014
Locked

Funding source		Program		Oct														Total	
				Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19		
Federal		002 Federal					2.50 [H]	1.00 [K]						0.25	1.00 [W]			4.75	
Office of Aging		005 BCBH					1.50											1.50	
SC Developmental Disabilities Council		007 EQUIP			6.50 [C]	1.00 [F]	1.50 [I]					3.00 [M]	2.25 [Q]	1.75 [U]				16.00	
SC Developmental Disabilities Council		008 PI DDC		3.00 [A]	2.50 [D]	9.00 [G]	3.50 [J]	0.50 [L]				1.00 [N]	1.50 [R]	7.00 [V]	1.00 [X]			29.00	
University of South Carolina		015 CHAT Program		2.00 [B]	1.00 [E]							1.00 [O]	4.25 [S]					8.25	
University of South Carolina		016 STYH		3.00			1.50					3.00 [P]	3.00 [T]		2.00 [Y]			12.50	
Time Off																			
Company Holiday											8.00							8.00	
Total				8.00	10.00	10.00	10.50	1.50	0	0	8.00	8.00	11.00	9.00	4.00	0	0	80.00	✓

2/2/14