

South Carolina State Plan on Aging 2021-2025



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South Carolina
**DEPARTMENT
ON AGING**

Signed Verification of Intent

The State Plan on Aging covers the period of October 1, 2021 through September 30, 2025. It includes all assurances and plans to be conducted by the South Carolina Department on Aging under the provisions of the Older Americans Act (OAA) (Amended). The South Carolina Department on Aging has been authorized to develop administer the State Plan on Aging as the federally designated State Unit on Aging, in accordance with all requirements of the OAA, including the development of comprehensive and coordinated systems for the delivery of supportive services, including but not limited to nutrition services, Ombudsman, and Title III-B Supportive Services.

The South Carolina State Plan on Aging, developed in accordance with all Federal statutory and regulatory requirements and approved by the Governor is hereby submitted.

The State Plan's approval by the Governor constitutes authorization to proceed with activities under the State Plan upon approval by the Assistant Secretary for Aging.

Connie D. Munn

Connie D. Munn, Director
South Carolina Department on Aging

July 23, 2021

Date

I hereby approve the State Plan on Aging and submit it to the Assistant Secretary for Aging.

Henry McMaster

Henry McMaster, Governor
State of South Carolina

July 23, 2021

Date

South Carolina Department on Aging and Area Agencies on Aging (AAAs)

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WWW.Aging.SC.Gov
WWW.GetCareSC

Area Agencies on Aging

<p>Region I: Appalachian Telephone: 864-242-9733 Counties Served: Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg</p>	<p>Region II: Upper Savannah Telephone: 1-800-922-7729 Counties Served: Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda</p>
<p>Region III: Catawba Telephone: 1-800-662-8330 Counties Served: Chester, Lancaster, York, and Union</p>	<p>Region IV: Central Midlands Telephone: 803-376-5390 Counties Served: Fairfield, Lexington, Newberry, and Richland</p>
<p>Region V: Lower Savannah Telephone: 1-866-845-1550 Counties Served: Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg</p>	<p>Region VI: Santee-Lynches Telephone: 1-800-948-1042 Counties Served: Clarendon, Kershaw, Lee, and Sumter</p>
<p>Region VII: Pee Dee Telephone: 843-383-8632 Counties Served: Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro</p>	<p>Region VIII: Waccamaw Telephone: 1-888-302-7550 Counties Served: Georgetown, Horry, and Williamsburg</p>
<p>Region IX: Trident Telephone: 1-800-894-0415 Counties Served: Berkeley, Charleston, and Dorchester</p>	<p>Region X: Lowcountry Telephone: 1-877-846-8148 Counties Served: Beaufort, Colleton, Hampton, and Jasper</p>



South Carolina **DEPARTMENT ON AGING**

Mission and Vision Statements

Mission Statement

The Department on Aging adheres to the core mission of the federal Older Americans Act (OAA) to meet the present and future needs of South Carolina's seniors and vulnerable adults. Through its programs and services, the agency enhances the quality of life for seniors through advocating, planning, and developing resources in partnership with federal, state governments, local governments, nonprofits, the private sector and individuals.

Vision

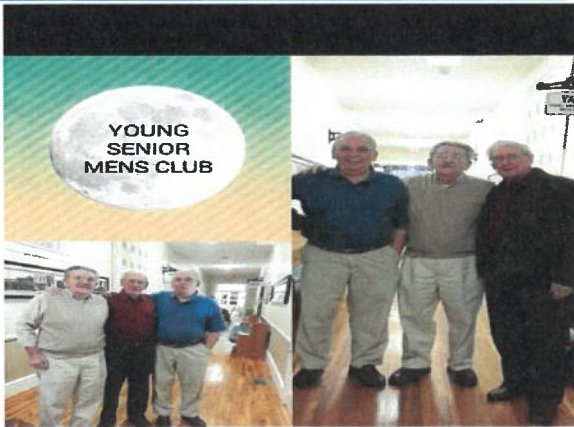
The vision set forth by the Department on Aging allows for seniors and vulnerable adults to enjoy an enhanced quality of life, contribute to communities, have economic security, and receive supports necessary to age independently with choice and dignity by adhering to the core mission established by the federal Older Americans Act (OAA).



GetCareSC

**Find service providers for
seniors, caregivers, and
adults with disabilities.**

Active Seniors



Chapter One: State Plan Overview

A. Executive Summary

Due to the COVID-19 Pandemic, the Administration for Community Living (ACL) granted a one-year extension for the 2016 – 2020 South Carolina State Plan on Aging. The 2021 – 2025 South Carolina State Plan on Aging reflects the many changes facing the South Carolina Department on Aging and the aging network as a result of the pandemic and state of emergency.

The 2021 – 2025 State Plan on Aging demonstrates South Carolina’s commitment to older adults and persons with disabilities. In the next four years, the South Carolina Department on Aging (SCDOA) will continue its efforts to modernize the aging network in order to enhance the delivery of services and to serve more older and vulnerable adults.



On January 1, 2019, the State Unit on Aging (SUA) officially became the South Carolina Department on Aging (SCDOA), with cabinet level status and a director appointed by the governor. As a result of its new status, the SCDOA spent the first two years of its transition reviewing its policies, practices, and evaluating programs and services. Every program, service, and position was addressed and reviewed. Organization changes were made to improve efficiencies in order to improve and successfully coordinate a statewide service delivery model.

To develop the 2021 – 2025 State Plan on Aging, the SCDOA staff extensively reviewed how services and program delivery systems for older adults, adults with disabilities, and their families and caregivers could be improved to better meet the needs of South Carolina’s aging and disability populations. Parts of the review were a result of the transition to a new agency in 2019, the confirmation of a new director in 2020, as well as reviews conducted by the Legislative Audit Council and the House Legislative Oversight Committee. In addition, SCDOA staff routinely met with seniors and aging network stakeholders. Advocacy organizations, such as the South Carolina Advisory Council on Aging and the Joint Legislative Committee to Study Services, Programs and Facilities for Aging.

South Carolina is a small state, with limited resources, that is experiencing significant growth in its senior population. Older South Carolinians overwhelmingly prefer to stay in their homes and communities as they age. As the state’s senior population grows larger, the SCDOA will set policies as needed and strive to coordinate a delivery system that offers essential home and community-based services that assist in allowing older adults to age in place. The elderly and persons with disabilities seek self-determination and expect person-centered services that allow them to live independently for as long as possible in the community.

This plan demonstrates the SCDOA commitment to continue modernizing its service delivery system in order to incorporate the citizens' needs in a cost effective manner, while giving customers choice and control of access to services that assure independence, while enhancing quality of life. In addition, the plan addresses the SCDOA's work to build capacity for long-term care efforts in South Carolina. Other areas to be addressed are elder justice, social isolation, as well as support for South Carolina's 770,000 caregivers and individuals with disabilities.

During the duration of this Plan, the state's senior population will continue to grow at a high rate. As a result of that growth, the SCDOA will work with aging partners and stakeholders to address needs and develop strategies that aid in the efficient coordination and delivery of aging services throughout the state. In addition, the SCDOA will work to implement evidence based protocols in its aging programs to set metrics demonstrating that recipients are benefitting from the services provided. Through this plan, the SCDOA will maintain operational accountability and transparency in its practices and service delivery.

The SCDOA recognizes that partnerships and collaborative efforts are critical to meet the demand of serving a growing population. As South Carolinians live longer and healthier lives, there must be greater collaboration between the public and private sectors to ensure older adults have the opportunity to live with dignity and to participate fully in life. The SCDOA guides the aging network by advocating, facilitating, coordinating, educating, granting, and regulating, and is a clearinghouse for aging data and information.

The goals and objectives established in this plan will guide the SCDOA for the next four years, providing a comprehensive, coordinated, and cost-efficient aging service delivery system. By working with partners and stakeholders the Department on Aging will achieve the goals and objectives of this State Plan.

B. Background

Congress passed the Older Americans Act (OAA) in 1965 in response to concern by policymakers about a lack of community social services for older persons. The OAA was amended and reauthorized in 2020.

The original legislation established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The law also established the Administration on Aging (AoA) to administer the newly created grant programs and to serve as the federal focal point on matters concerning older persons.

Although older individuals may receive services under many other federal programs, today the OAA is considered a major vehicle for the organization and delivery of social and nutrition services to this group and their caregivers.

The South Carolina Department on Aging (SCDOA) was created as the state agency for receiving and disbursing federal funds made available under the OAA, and to serve as the lead agency on programs for the aging population. In 2018, legislation was enacted creating the SCDOA and the Department officially opened on January 1, 2019. The Governor appoints the SCDOA Director, who is a member of the Governor's Cabinet.

Notable Events in the History of the SC Department on Aging

- **1965**
 - Passage of the federal older Americans Act (OAA). The Act mandates and authorizes programs, services, and structure of the Department on Aging.
- **1965 – 2018**
 - Before 2019, the Department on Aging was known as the Commission on Aging, Division on Aging in the Governor's Office, Bureau on Aging in SC Health and Human Services, and the Lieutenant Governor's Office on Aging.
- **2005**
 - Division on Aging of the Department of Health and Human Services is moved to the Lieutenant Governor's Office under a proviso in 2005.
- **2009**
 - The proviso moving the Division on Aging to the Lieutenant Governor's Office is codified.
(43-23-10 Act 353 (2008))
- **2014**
 - The Vulnerable Adult Guardian ad Litem Program in the Office on Aging is created.
(Section 43-35-200(A))
- **2018**
 - Legislation passes creating the SC Department on Aging as a cabinet agency. (43-23-10 2018 Act No. 261 (S.107), Pt I, § 6, eff January 1, 2019.)
- **2019**
 - The Department on Aging is officially designated as a cabinet agency on January 1, 2019. (43-23-10 2018 Act No. 261 (S.107), Pt I, § 6, eff January 1, 2019.)
- **2020**
 - Connie Munn is appointed by the Governor and confirmed by the Senate to be the Department's first director in January 2020.

C. About the Plan


The Plan is important for the state of South Carolina to address the needs of its rapidly growing older population and will serve as the needed compliance document that will allow the state to receive federal funds. Planned efforts on behalf of older individuals, persons with disabilities, and their caregivers will be documented through goals, objectives, strategies, and projected outcomes.

The South Carolina Department on Aging sees this plan as the blueprint to address the challenges faced by the elderly, persons with disabilities, and caregivers. The goals outlined in the plan will allow seniors to live safely and stay in their own homes and communities for as long as appropriate.

The 2021 – 2025 State Plan on Aging provides strategic direction to the Department on Aging as the State Unit on Aging (SUA) and for the entire South Carolina Aging Network. The plan complies with guidance provided by the Administration for Community Living (ACL) and is an agreement with ACL, which allows South Carolina to receive funds under Title III and Title VII of the OAA.

This document lays out a long-term strategic blueprint that focuses on how the state will modernize its service delivery system, while expanding the service options available for older South Carolinians, adults with disabilities, and their families. It also sets goals for consumer choice, and person centered and self-directed services. It addresses marketing, outreach, and advocacy issues, as well as the development of initiatives geared toward promoting evidence-based, consumer-directed, and community-based long-term services and supports.

Proactive strategic planning guides how the SCDOA will successfully guide the South Carolina Aging Network throughout the next four years. The SCDOA will work closely with the AAAs, as well as with other aging partners to strengthen the aging network as it faces the strategic challenges resulting from a rapidly growing senior population and the coordination of an ever-evolving statewide aging network. As in past plans, a critical component of the planning process is to educate the public and policy leaders about the need to address the demands of a growing senior population.



“All people, regardless of age or disability, should be able to live independently and participate fully in their communities. Every person should have the right to make choices and to control the decisions in and about their lives. This right to self-determination includes decisions about their homes and work, as well as all the other daily choices most adults make without a second thought”.

ACL Website

Through the area plans and annual area plan updates submitted by the AAAs, as well as through monthly meetings with the AAA directors, the SCDOA received crucial data on regional needs evaluations. By way of routine service data reporting and assessments requirements, the AAAs also provided significant service and demographic data that included invaluable information about living situations, self-care limitations, nutrition, housing, healthcare, and other needs. The information provided through the policy study group and continuing interactions with the AAAs, as well as through feedback obtained through town hall meetings and contacts with older adults, aided the SCDOA in developing a State Plan, which reflects the goals needed to guide the delivery of aging services in South Carolina.

Upon becoming an independent agency in January 2019, the SCDOA launched a comprehensive review of its operations and including service delivery practices within the South Carolina Aging Network. The SCDOA will continue throughout the next four years to evaluate protocols and practices to modernize aging service delivery and to maximize strategies to enhance business acumen procedures not only at the State Unit on Aging, but throughout the State Aging Network.

To modernize service delivery, the aging network must focus on the need to break down the silos existing between housing, transportation, health care, and long-term services and supports, in order to support healthy aging. The implementation of policies and the development of programming continues to be a collaborative effort, based on needs and sound business practices.

Empowered Seniors



South Carolina Senior Citizens' Handbook
 A Guide to Federal Programs Affecting Senior Citizens
 August 2019 Edition. For more information, visit www.scaaging.org.



ATTENTION SENIORS!!!

You may qualify to receive \$25 worth of coupons to buy fresh fruits and vegetables from authorized farmers this summer!

HOW TO QUALIFY:

- Must be a low-income senior aged 60 or older
- Have a valid driver's license or state issued ID (must be presented to pick up)
- Live in a participating county

HOW TO APPLY:

Visit dss.sc.gov to complete an online application OR contact the Calhoun County Council on Aging to assist with completing the online application from MAY 1, 2021 through JUNE 1, 2021.



Chapter Two: Overview of South Carolina’s Aging Network

A. State Narrative

The 2021 – 2025 State Plan on Aging demonstrates South Carolina’s commitment to older adults and persons with disabilities, as the Department on Aging (SCDOA) continues to modernize the aging network to enhance the delivery of aging services.

This is the first State Plan on Aging since the State Unit on Aging officially became a cabinet level department in January 2019.

The Department on Aging (SCDOA) is the federally designated State Unit on Aging (SUA) in South Carolina and is required by the Older Americans Act (OAA) of 1965 (Amended) and the Administration for Community Living (ACL) to submit a State Plan. To fulfill the mission of the SCDOA, this plan sets priorities to ensure comprehensive and coordinated strategies addressing the needs of a growing older population in South Carolina.

In order to fulfill its mission and goals, the South Carolina Department on Aging (SCDOA) collaborates with numerous partners and Aging Network stakeholders to assist seniors, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives. The SCDOA is committed to continually improving its person-centered, statewide comprehensive and coordinated system of programs and services. The SCDOA works with the Area Agencies on Aging (AAAs), which serve as Aging and Disability Resource Centers (ADRCs) to ensure that ADRCs adhere to the “No Wrong Door” concept so that older adults, persons with disabilities, and caregivers have a centralized location to access services and information.

These programs and services are available to all eligible persons. The services and programs provide access to long-term supports and critical services that give seniors the tools necessary to age in place in their homes safely and independently.

The State Plan provides leadership and guidance to coordinate and develop a comprehensive and coordinated infrastructure and delivery system for home and community-based services. The Plan documents the goals, objectives, and strategies outcomes to guide the state in achieving the goals outlined in this document.

There are critical issues that will continue to be addressed by the SCDOA throughout the duration of this Plan, such as social isolation, modernizing service delivery models, improving senior centers, and advocating for over 770,000 family caregivers who provide 737 million hours of ‘free’ services to their chronically ill, disabled, or frail elderly loved ones annually. In addition, the SCDOA and AAAs will address client waiting lists in the upcoming four years. While waiting

lists can be the result of many factors, including lack of funds or capacity (especially in rural counties), the SCDOA is working towards a goal of eliminating the lists when possible.

The South Carolina State Plan on Aging reflects the focus areas outlined by the United States Department of Health and Human Services Administration for Community Living (ACL). The Plan focuses on OAA core programs, ACL discretionary grants, person-centered planning, and Elder Justice. Through the next four years, the SCDOA will provide the leadership necessary for accomplishing the goals by collaborating with the Aging Network and state agency partners, as well as faith-based organizations.

B. State Unit on Aging

The OAA gives the Department on Aging (SCDOA) authority to administer aging programs and services in South Carolina. The Plan provides an outline for how the SCDOA coordinates aging programs and services, and details how the department will carry out its mission of enhancing the quality of life of older citizens, regardless of whether they participate in OAA programs. The Plan incorporates major goals, strategies, and objectives developed by the SCDOA, as well as input from various needs evaluations conducted throughout the state and from aging network partners. The Plan gives strategic direction to the state's aging network, including the 10 regional Area Agencies on Aging (AAA's) and their contracted service providers.

State Units on Aging administering funds under Title III and VII of the Older Americans Act (OAA) of 1965 as amended, are required to develop and submit to the Assistant Secretary on Aging for approval under Section 307 of the OAA. The SCDOA has adopted a four-year State Plan on Aging for the period extending from October 1, 2021 through September 30, 2025.

The SCDOA, as the SUA, is responsible for administering federal funds, as well as state appropriated aging funds. The SCDOA allocates OAA funds (through a federally approved Intrastate Funding Formula) to the AAAs. The AAAs use this funding for regional planning, resource coordination, client needs assessments, and oversight of a coordinated service delivery system. In addition to the OAA requirements, the SCDOA must adhere to the South Carolina Code of Laws.

The SCDOA adheres to the Older Americans Act to assure that preference will be given to the provision of services to older individuals with the greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, individuals at risk for institutional placement, older individuals living alone, and older individuals living in rural areas.

This State Plan is intended to serve as a tool to guide the South Carolina Aging Network, including the 10 AAAs, designated under Section 305 of the OAA, in developing their area plans. The AAAs will formulate their area plans using a uniformed format developed by the South Carolina Department on Aging in collaboration with the Area Agencies on Aging.

It should be noted that the South Carolina Department on Aging is not the state agency that houses Medicaid Services or Adult Protective Services. Medicaid is coordinated by the South Carolina Department of Health and Human Services and the Department of Social Services houses Adult Protective Services.

C. South Carolina Department on Aging

The Older Americans Act (OAA) expects the Department on Aging (SCDOA) to be the leader relative to all aging issues on behalf of older persons in the state. The SCDOA proactively performs a wide range of functions, including advocacy, interagency linkages, monitoring and evaluation, information and referral, protection of older adults, planning, and coordination.

The SCDOA is authorized by Title 43 of the South Carolina Code of Laws. Section 43-21-40 states that the SCDOA shall be the State agency that implements and administers aging programs and it is the designated state agency to implement and administer all programs of the federal government relating to the aging, requiring acts within the State, which are not the specific responsibility of another state agency under the provisions of federal or state law. The department may accept and disburse any funds available.

The SCDOA shall study, investigate, plan, promote, and execute a program to meet the present and future needs of aging citizens of the state, and it shall receive the cooperation of other state departments and agencies in carrying out a coordinated program.

The SCDOA facilitates the development or enhancement of comprehensive and coordinated community-based systems serving communities throughout South Carolina. These systems are designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

With the rapid increase of older South Carolinians, greater demands have been placed on healthcare, housing, long-term care, as well with the traditional aging services provided by the SCDOA. South Carolina will continue to build adequate and quality services and supports for older adults and provide consumer choice and flexibility when possible. Seniors who remain healthy and active with functional independence have a higher quality of life. Title III-D Evidence Based and health promotion programs greatly aid in keeping seniors engaged and independent. Providing opportunities for older adults to have access to employment, health, personal growth and social engagement are critical for the successful aging of older adults in addition to strengthening our communities.

South Carolina, through the Department on Aging is committed to strengthening support for a rapidly growing senior population. The SCDOA will lead with state, regional, and local stakeholders to ensure seniors can age gracefully in their homes for as long as they are independent and safe.

D. State Unit on Aging (SUA) Leadership and Organization

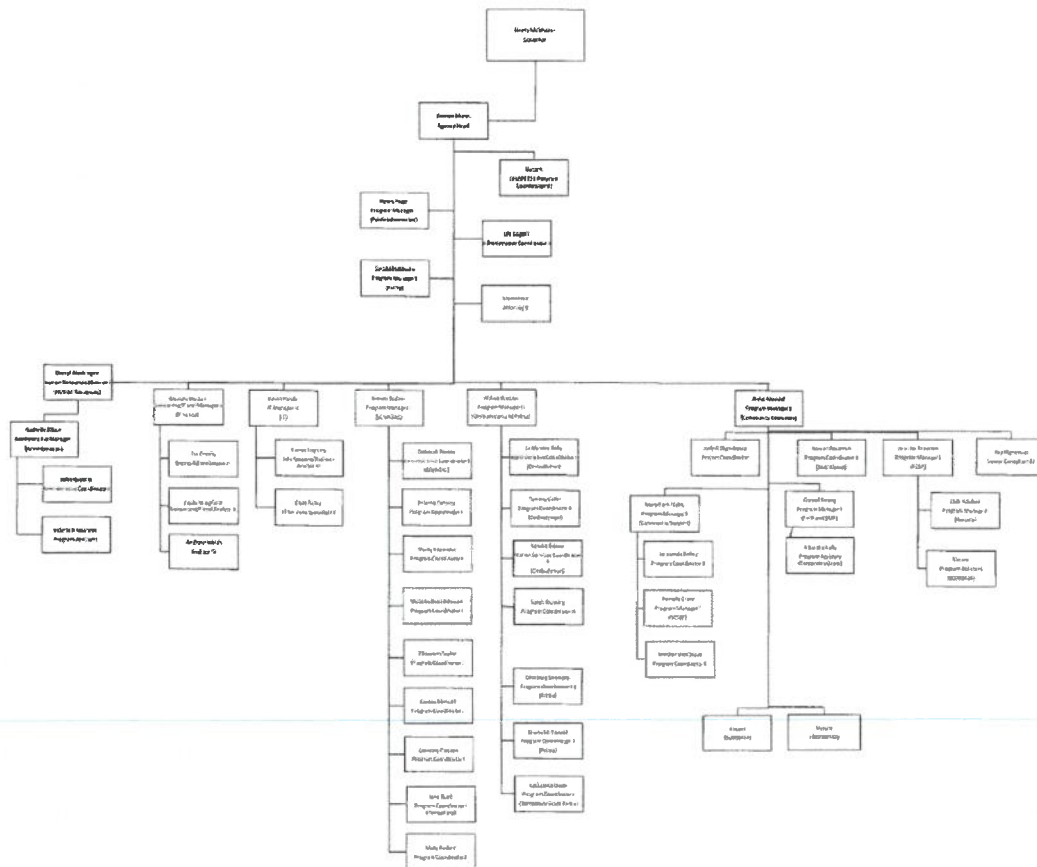
The Department on Aging is the State Unit on Aging (SUA) in South Carolina.

Connie D. Munn was appointed by Governor Henry McMaster in January 2020 as Director of the South Carolina Department on Aging (SCDOA). Ms. Munn brings years of experience as a former Area Agency on Aging Director and Human Services Director.

SUA Executive Leadership Team

- Anita Atwood, Community Resources Director
- Lily Cogdill, Assistant to the Director
- Gerry Dickinson, Policy Director
- Nicole Hair, Legal Services Developer
- Hank Page, Public Information and Emergency Management Director
- Kevin Pondy, IT and Data Director
- Brenda Stalzer, Vulnerable Adult Guardian ad Litem Director
- Rhonda Walker, Finance Director
- Cheryl Washington, Human Resources Director
- Dale Watson, State Long Term Care Ombudsman

South Carolina Department on Aging
Updated: May 24, 2021



E. South Carolina Advisory Council on Aging

The Department on Aging (SCDOA) is supported by an Advisory Council on Aging consisting of one member from each of the 10 planning and service areas and five members from the State at large. Members of the council are appointed by the Governor and serve a term of four years. The members must be citizens of the State who have an interest in and a knowledge of the problems of an aging population. In making appointments to the council, consideration must be given to assure that the council is composed of appointees who are diverse in age, who are able and disabled, and who are active leaders in organizations and institutions that represent different concerns of older citizens and their families. Within the next four years, the council will continue to develop strategies to serve older adults, with an enhanced goal of serving the disabilities community.

Membership (15 members)

Region 1 – Appalachian

Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg counties

Region 2 – Upper Savannah

Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda counties

Region 3 – Catawba

Chester, Lancaster, Union, and York counties

Region 4 – Central Midlands

Fairfield, Lexington, Newberry, and Richland counties

Region 5 – Lower Savannah

Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg counties

Region 6 – Santee Lynches

Sumter, Clarendon, Lee, and Kershaw counties

Region 7 – Pee Dee

Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro counties

Region 8 – Waccamaw

Georgetown, Horry, and Williamsburg counties

Region 9 – Trident

Berkeley, Charleston, and Dorchester counties

Region 10 – Lowcountry

Beaufort, Colleton, Hampton, and Jasper counties

At-Large (five statewide at-large appointments)

F. Designation of Planning and Service Areas

Under the Federal Older Americans Act of 1964 (amended), the South Carolina Department on Aging as the State Unit on Aging designates Area Agencies on Aging to coordinate aging services in regions known as Planning and Service Areas (PSAs). There are 10 Planning and Service Areas in South Carolina.

G. Area Agencies on Aging (AAAs)

In South Carolina, the SCDOA has designated 10 Planning and Service Areas (PSAs). These PSAs are officially known as Area Agencies on Aging (AAAs). Seven of the AAAs are housed in Councils of Government (COGs), two are free-standing, private non-profit organizations, and one is housed in a healthcare entity.

The SCDOA will work with the 10 Area Agencies on Aging (AAAs), which house Aging and Disability Resource Centers (ADRCs). The ADRCs provide a “no wrong door” single point for seniors, persons with disabilities, vulnerable adults, and their caregivers to access long-term care supports. The AAAs and their ADRCs provide information, assistance, counseling, and referrals to community services.

The AAAs are responsible for:

- Developing the Area Plan on Aging and area plan administration, and resource development;
- Determining the met and unmet needs within their planning and service areas;
- Regional and local Planning, program development and coordination, advocacy, and monitoring;
- Developing emergency plans to ensure that critical aging services continue during an emergency by establishing working relationships with local and regional emergency management coordinators;
- Assuring that availability and delivery of aging services through contractual agreements with service providers, and for monitoring their performance;
- Establishing and coordinating an advisory council that provides input on development, and implementation of the area plans, assists in conducting public hearings, reviews and comments on all community policies, programs and actions affecting seniors in the regions; and
- Work and collaborate with local business and community leaders, the private sector, local elected officials, and aging network partners to develop a comprehensive coordinated service delivery system.

Map of South Carolina Planning and Service Areas



H. Advocates in the Aging Network

South Carolina has a very strong aging network that proactively advocates on behalf of the state's older adults and persons with disabilities. The network played a critical role in ensuring the needs of South Carolina's elderly were met during the COVID-19 State of Emergency.

While the primary leaders of the network include the South Carolina Department on Aging, AAAs, and service providers, it also includes advocates, adult care centers, volunteers, older adults, and their families and caregivers. The SCDOA enjoys many collaborative relationships, including groups like the South Carolina Association of Area Agencies on Aging (SC4A); service providers, the South Carolina Institute of Medicine and Public Health; the South Carolina Hospital Association; AARP; the Alzheimer's Association-South Carolina Chapter; Harvest Hope Food Bank; the Adult Protection Coordinating Council; the State Fire Marshal and the State Fire Academy; law enforcement; and many local civic, faith-based, and educational organizations throughout the state. In addition, the SCDOA has many other public/private partnerships that assist it in fulfilling the agency's mission.

During the pandemic, the SCDOA established partnerships with non-traditional collaborators such as the South Carolina Department of Education, South Carolina Department of Corrections, and the State Department of Transportation.

Attachment E provides a list of key aging partners.

I. Aging Trends in South Carolina

South Carolina's senior population is among the fastest growing in the nation. The 2010 Census indicated that South Carolina's senior population increased significantly from 2000 to 2010. This trend is expected to continue with the data collected through the 2020 Census. Early 2020 census data shows that South Carolina ranks as the 10th fastest growing state.

- In 2020, the population in South Carolina was 5,020,806 and the population 60 and older was 1,190,310.
- The population age 60 years and older is projected to increase to 1,450,487 by the year 2030.
- The number of seniors age 60 and older living alone was 216,812.
- The number of seniors age 60 and older living in poverty was 120,863.
- The number of seniors age 65 and over identifying as a minority was 201,914.
- The number of seniors age 65 and over with at least one of six disability types was 298,083.
- South Carolina ranks 3rd lowest in the nation for food security of individuals age 60 and above and 2nd lowest for those individuals age 50-59 according to the Food Insecurity among Older Adults full report 2015 published by the AARP Foundation.
- In South Carolina, 20 percent of individuals age 60 and above are food insecure and 32 percent of individuals after 50-59, compared to the national overall average of 17.3 percent food insecurity.

- One in 11 South Carolina older adults is at risk for hunger.
- There are over 770,000 family caregivers in South Carolina provide 737 million hours of 'free' services to their chronically ill, disabled, or frail elderly loved ones each year. If their services had to be replaced by care workers paid \$10.04 per hour, the cost would be almost \$7.4 billion each year.

J. Major Funding Sources

The Administration for Community Living (ACL) makes annual allotments to South Carolina based on the state's ratio of the population aged 60 and older to the national population 60 and older. From these allotments under Title III, the SUA expends five percent to pay part of the costs of administration of the State Plan on Aging. South Carolina receives separate allotments for the following service programs (**OAA 303**):

- in-home and community-based services; (Title III-B)
- long term care ombudsman program; (Title III-B and Title VII)
- elder abuse prevention services; (Title VII)
- health insurance counseling and Senior Medicare Patrol; (ACL)
- congregate nutrition services; (Title III-C-1)
- home-delivered nutrition services; (Title III-C-2)
- nutrition services incentive program (ACL);
- disease prevention and health promotion services; (Title III-D)
- family caregiver support services; (Title III-E); and
- senior employment and training services. (Title V through DOL)

The SCDOA, as the State Unit on Aging (SUA), must use each allotment for the purpose for which it was authorized; however, limited transfers are permitted between nutrition services and support services. Except for five percent of Title III-B funds reserved for the long-term care ombudsman program, all social, nutrition, wellness, and caregiver service allotments shall be granted by formula to AAAs under approved area plans.

K. Resource Allocations

The methods used by the SCDOA to allocate funds to the AAAs are described in the Intrastate Funding Formula found in Attachment C.

Older Americans Act (OAA) funds and most state funds, except when otherwise directed by law, are allocated based on a multi-factored formula.

L. State and Regional Needs Assessment

The SCDOA identifies state and regional needs through various methods. Both the SCDOA and the AAAs gather and analyze data from the SC Aging Contact Tracker (SC ACT) and Information and Referral/Assistance (I&R/A) Specialists contacts. Each AAA informs the SCDOA of its regional needs and unmet needs through quarterly Information and Referral / Assistance (I&R/A) reports.

The SCDOA and AAA staff routinely participate in town hall meetings, outreach events, and forums where seniors are encouraged to express their concerns and views. Since submission of the last State Plan in 2016, the SCDOA has conducted successful events where the staff visited numerous nursing homes, senior centers, and assisted living communities in order to determine the true scope of the impact of an aging population in South Carolina. In addition, the South Carolina Advisory Council on Aging was able to hold an in-person public hearing to solicit feedback before the COVID-19 pandemic.



The SCDOA staff analyzes all of this data collected in order to determine the top needs and the unmet needs for South Carolina's growing senior population.

The state and regional needs are assessed using various methods. Both the SCDOA and the AAAs gather and analyze data from the SC ACT (SC Aging Contact Tracker) and Information and Referral/Assistance (I&R/A) Specialists contacts. Each AAA informs the SCDOA of its regional needs and unmet needs through I&R/A reports that are submitted quarterly, and by inputting data into SC ACT (South Carolina Aging Contact Tracker).

Statewide Needs Identified for the State Plan (July 1, 2019 – June 30, 2020: SCDOA Data Sources of 52,669 Count of Presenting Needs)

1. Aging Services Assessment
2. Information And Referral
3. Home Delivered Meals
4. Insurance Counseling
5. Medical Appointments Transportation
6. Congregate Meals Or Nutrition Sites
7. Home Care Payment Assistance
8. Respite Care Payment Assistance
9. Caregiver Consultation Or Support
10. Home Repair or Modification Expense

Statewide Unmet Needs Identified for the State Plan (July 1, 2019 – June 30, 2020: SCDOA Data Sources of 1,881 Count of Presenting Needs)

1. Rent Payment Assistance
2. Electric Service Payment Assistance
3. Low Income Or Subsidized Housing
4. Medical Appointments Transportation
5. Home Delivered Meals
6. Housing Authorities Or HUD Management Companies
7. Information And Referral
8. Aging Services Assessment
9. Home Repair Or Modification Structural Needs
10. Home Repair Or Modification Expense Assistance

Regional Data from SCDOA Data Systems

Region 1: Appalachian

Appalachian Presenting Needs

1. Aging Services Assessment
2. Congregate Meals Or Nutrition Sites
3. Home Delivered Meals
4. Information And Referral
5. Medical Appointments Transportation
6. Home Care Payment Assistance
7. Yard Maintenance
8. Housekeeping
9. Senior Center Bus Services
10. Home Repair Or Modification Functional Needs

Appalachian Unmet Needs

1. Aging Services Assessment
2. Home Care Payment Assistance
3. Medical Appointments Transportation
4. Home Repair Or Modification Ramp Construction Service
5. Home Delivered Meals
6. Information And Referral
7. Yard Maintenance
8. Home Repair Or Modification Expense Assistance
9. Housekeeping

10. Home Repair Or Modification Structural Needs

8. Medicare
9. Respite Care In-Home
10. Long Term Care Ombudsman

Region Two: Upper Savannah

Upper Savannah Presenting Needs

1. Aging Services Assessment
2. Home Delivered Meals
3. Information And Referral
4. Food Or Meal Vouchers
5. Medical Appointments Transportation
6. Home Care Payment Assistance
7. Congregate Meals Or Nutrition Sites
8. Home Repair Or Modification Expense Assistance
9. Essential Shopping Transportation
10. Insurance Counseling

Upper Savannah Unmet Needs

1. Home Repair Or Modification Structural Needs
2. Home Repair Or Modification Functional Needs
3. Home Delivered Meals
4. Home Repair Or Modification Ramp Construction Service
5. Home Repair Or Modification Expense Assistance
6. Medical Appointments Transportation
7. Weatherization
8. Utility Bill Payment Plans
9. Dental Expense Assistance
10. Rent Payment Assistance

Region Three: Catawba

Catawba Presenting Needs

1. Information And Referral
2. Insurance Counseling
3. Caregiver Consultation Or Support
4. Respite Care Payment Assistance
5. Aging Services Assessment
6. Home Delivered Meals
7. Farmers Markets

Catawba Unmet Needs

*No Unmet Needs were documented in the system,

Region Four: Central Midlands

Central Midlands Presenting Needs

1. Information And Referral
2. Insurance Counseling
3. Caregiver Consultation Or Support
4. Medical Appointments Transportation
5. Rent Payment Assistance
6. Home Delivered Meals
7. Electric Service Payment Assistance
8. Medicaid
9. Aging Services Assessment
10. Low Income Or Subsidized Housing

Central Midlands Unmet Needs

1. Medical Appointments Transportation
2. Rent Payment Assistance
3. Information And Referral
4. Electric Service Payment Assistance
5. Utility Bill Payment Plans
6. Housing
7. Home Repair Or Modification Expense Assistance
8. Home Delivered Meals
9. Transportation
10. Low Income Or Subsidized Housing

Region Five: Lower Savannah

Lower Savannah Presenting Needs

1. Medical Appointments Transportation
2. Aging Services Assessment
3. Home Delivered Meals
4. Respite Care Payment Assistance
5. Housekeeping
6. Congregate Meals Or Nutrition Sites
7. Legal Services - General

8. Caregiver Consultation Or Support
9. Insurance Counseling
10. Rent Payment Assistance

Lower Savannah Unmet Needs

1. Home Delivered Meals
2. Aging Services Assessment
3. Congregate Meals Or Nutrition Sites
4. Pest Control Services
5. Disability Related Supportive Housing
6. Transportation Expense Assistance
7. Medical Or Health Clinic
8. Housekeeping
9. Legal Services - General
10. Tax Preparation Assistance

Region Six: Santee-Lynches

Santee-Lynches Presenting Needs

1. Information And Referral
2. Aging Services Assessment
3. Home Delivered Meals
4. Home Care Payment Assistance
5. Respite Care Payment Assistance
6. Congregate Meals Or Nutrition Sites
7. Medical Appointments Transportation
8. Home Repair Or Modification Expense Assistance
9. Home Repair Or Modification Structural Needs
10. Transportation

Santee-Lynches Unmet Needs

*Only eight Unmet Needs are documented in the system.

1. Medical Appointments Transportation
2. Air Conditioner
3. Home Delivered Meals
4. Transportation
5. Home Repair Or Modification Structural Needs
6. Pest Control Services
7. Electric Service Payment Assistance
8. Respite Care Payment Assistance

Region Seven: Pee Dee

Pee Dee Presenting Needs

1. Information And Referral
2. Aging Services Assessment
3. Insurance Counseling
4. Home Delivered Meals
5. Caregiver Consultation Or Support
6. Transportation
7. Respite Care Payment Assistance
8. Homemaker/Chore
9. Respite Care In-Home
10. Legal Services – General

Pee Dee Unmet Needs

*Data is limited due to system change.

1. Utility Payment Assistance

Region Eight: Waccamaw

Waccamaw Presenting Needs

1. Aging Services Assessment
2. Home Delivered Meals
3. Information And Referral
4. Housekeeping
5. Congregate Meals Or Nutrition Sites
6. Food Pantries
7. Smoke Alarms Or Carbon Monoxide Detectors
8. Medical Appointments Transportation
9. Senior Center Bus Services
10. Home Repair Or Modification Expense Assistance

Waccamaw Unmet Needs

1. Home Delivered Meals
2. Medical Appointments Transportation
3. Aging Services Assessment
4. Congregate Meals Or Nutrition Sites
5. Utility Bill Payment Plans
6. Information And Referral
7. Transportation Expense Assistance
8. Home Repair Or Modification Ramp Construction Service
9. Housing Authorities Or HUD Management Companies
10. Emergency Housing Or Sheltering

Region Nine: Trident**Trident Presenting Needs**

1. Aging Services Assessment
2. Information And Referral
3. Electric Service Payment Assistance
4. Home Delivered Meals
5. Rent Payment Assistance
6. Low Income Or Subsidized Housing
7. Medicaid
8. Smoke Alarms Or Carbon Monoxide Detectors
9. Housing Authorities Or HUD Management Companies
10. Personal Care

Trident Unmet Needs

1. Electric Service Payment Assistance
2. Rent Payment Assistance
3. Low Income Or Subsidized Housing
4. Housing Authorities Or HUD Management Companies
5. Emergency Housing Or Sheltering
6. Medicaid
7. Aging Services Assessment
8. Water Service Payment Assistance
9. Mortgage Payment Assistance
10. Food Stamps Or SNAP

Region Ten: Lowcountry**Lowcountry Presenting Needs**

1. Home Delivered Meals
2. Aging Services Assessment
3. Home Repair Or Modification Expense Assistance
4. Personal Care
5. Congregate Meals Or Nutrition Sites
6. Senior Center
7. Senior Center Bus Services
8. Caregiver Consultation Or Support
9. Home Repair Or Modification Ramp Construction Service
10. Respite Care Payment Assistance

Lowcountry Unmet Needs

*Only nine Unmet Needs are documented in the system.

1. Grocery Ordering Or Delivery
2. Medical Equipment Or Personal Care Supplies
3. Information And Referral
4. Home Delivered Meals
5. Transportation
6. Home Repair Or Modification Expense Assistance
7. Home Repair Or Modification Functional Needs
8. Home Care Payment Assistance
9. Rent Payment

See Attachment G for additional state and regional needs assessment data.

M. State Unit on Aging Activities during the Pandemic and State of Emergency

The State of South Carolina continues to operate under an emergency declaration because of the COVID-19 pandemic. The pandemic and ensuing state of emergency have resulted in temporary and perhaps permanent changes in operations. As a result of the pandemic, the South Carolina Department on Aging was given greater flexibility to expend federal funding and to provide critical services. This flexibility is tied to the state's emergency declaration and to the terms of the federal stimulus funds.

Since March 2020, the SCDOA has been very proactive in addressing its commitment to serving seniors and persons with disabilities during the COVID-19 State of Emergency. The South Carolina Aging Network was able to maintain services while the SCDOA, AAAs, and providers were working remotely and the senior centers and meal sites were closed. During the pandemic, the network actually increased service participants by embracing the flexibility provided by ACL.

Because of the pandemic, issues such as social isolation, access to health care, and vaccinations have been brought to the forefront of concerns to be addressed during the 2021 – 2025 State Plan. The SCDOA has been proactive in developing strategies to address those critical issues and other concerns such as the continuation of aging services during an emergency.

In addition, the SCDOA established new partnerships and collaborated with other state agencies to improve service delivery. The SCDOA is hopeful that these newly established partnerships will continue after the pandemic ends. The SCDOA and Aging Network are excited to assist with vaccinations for homebound and rural seniors.

SCDOA COVID-19 Partnerships

- SC Department on Education
- SC Department of Corrections
- SC Department of Transportation

THANK YOU MESSAGE TO
THE SC AGING NETWORK
FROM GOVERNOR HENRY
MCMASTER IN RESPONSE
TO THE COVID-19
PANDEMIC

"I want to give a big thank you and congratulations on behalf of five million proud and happy South Carolinians to all of you who have been working so hard during the virus in the Area Agencies on Aging, employees, volunteers, contractors – we have great people in this state, a lot are elderly as you know. When I worked with the Office on Aging as Lt. Governor I got a firsthand education on how important the aging network is and with this virus here now, it is clearer than most people realize. I know from the reports I get every day that you are doing a fantastic job. Some people if they knew would wonder how you are able to do it – doing a great job saving lives, making people comfortable, happy, and secure and I thank you."

Transcribed from a May 2020 video

- SC Department of Health and Environmental Control
- SC Department of Health and Human Services
- Alliance for a Healthier South Carolina
- South Carolina Office of Rural Health

Notable SCDOA pandemic activities can be found in Attachment K.

Engaged Seniors



Chapter 3: Demographic Information for South Carolina’s Aging Population

The 2020 Census Data is expected to confirm that South Carolina continues to experience a significant rate of growth with the population age 60 and over. Currently, South Carolina is the 10th fastest growing state in the nation. The state is population rate is expected to grow 133.7 percent from 2000 – 2030 and the senior population (60+) will reach 1,575,790 by the year 2030.



The high rate of growth is having a dramatic impact, which continues to affect South Carolina’s institutions and communities as the population ages. This Plan will address how the population growths impacts the number of service participants. See Attachment F for Additional demographic information.

SC Estimated Total Population 2021 (2019 American Community Survey)	
County	Estimated Total Population
Abbeville	24,627
Aiken	168,301
Allendale	9,024
Anderson	198,064
Bamberg	14,376
Barnwell	21,346
Beaufort	186,095
Berkeley	215,044
Calhoun	14,663
Charleston	401,165
Cherokee	56,895
Chester	32,311
Chesterfield	45,953
Clarendon	33,957
Colleton	37,585
Darlington	67,027
Dillon	30,689
Dorchester	158,299

Edgefield	26,927
Fairfield	22,565
Florence	138,475
Georgetown	61,952
Greenville	507,003
Greenwood	70,411
Hampton	19,564
Horry	332,172
Jasper	28,657
Kershaw	65,112
Lancaster	92,308
Laurens	66,846
Lee	17,365
Lexington	290,278
McCormick	9,531
Marion	31,308
Marlboro	26,753
Newberry	38,194
Oconee	77,528
Orangeburg	87,687
Pickens	124,029
Richland	411,357
Saluda	20,303
Spartanburg	307,617
Sumter	106,757
Union	27,490
Williamsburg	31,324
York	265,872
State Total	5,020,806

Region I: Appalachian (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Anderson	47,683	9,127	4,678	4,770	6,043	13,599	164	1,068
Cherokee	12,703	2,376	1,512	1,564	1,595	3,466	0	43,940
Greenville	108,614	19,628	9,375	13,399	10,968	25,685	1,120	0
Oconee	23,448	4,216	1,905	1,257	2,545	6,829	45	74,273
Pickens	26,747	4,963	2,220	1,279	2,934	7,603	50	0
Spartanburg	68,171	12,995	6,724	9,089	18,544	10,241	852	0
Total	287,366	53,305	26,414	31,358	42,629	67,423	2,232	119,281

Region II: Upper Savannah (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Abbeville	7,092	1,564	1,144	1,368	784	1,128	16	22,287
Edgefield	6,620	1,142	657	1,557	963	1,208	5	7,439
Greenwood	16,977	3,565	2,014	3,038	2,121	4,921	37	69,661
Laurens	16,500	2,765	1,889	2,739	2,896	5,100	76	50,207
McCormick	4,091	618	356	887	314	872	0	8,115
Saluda	5,233	814	585	925	723	1,418	0	15,021
Total	56,513	10,468	6,645	10,514	7,801	14,647	133	172,730

Region III: Catawba (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Chester	8,339	1,891	1,424	1,804	905	2,401	12	0
Lancaster	24,847	4,982	2,325	2,814	2,015	5,363	78	53,105
Union	7,368	1,600	870	1,451	977	2,230	9	25,224
York	53,687	8,711	4,294	6,634	4,874	11,385	291	8,273
Total	94,240	17,184	8,913	12,703	8,771	21,379	390	86,622

Region IV: Central Midlands (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Fairfield	7,016	1,005	1,020	2,142	743	1,591	0	0
Lexington	64,228	11,513	5,082	5,180	6,590	15,722	257	0
Newberry	10,095	2,026	1,484	1,785	1,183	2,585	13	28,000
Richland	73,537	14,212	7,912	21,824	7,553	18,217	717	22
Total	154,876	28,756	15,498	90,931	16,069	38,115	987	28,022

Region V: Lower Savannah (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Aiken	43,513	7,900	3,681	6,168	3,913	10,348	155	0
Allendale	2,418	592	290	1,211	420	863	19	1,068
Bamberg	4,061	819	610	1,607	428	1,091	0	15,987
Barnwell	5,250	1,111	696	1,448	773	1,820	1	16,920
Calhoun	4,295	983	711	1,262	419	1,272	6	3,440
Orangeburg	23,405	4,944	4,011	9,016	3,067	6,003	0	72,203
Total	82,942	16,349	9,999	20,712	8,634	21,397	181	109,618

Region VI: Santee Lynches (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Clarendon	10,562	1,956	1,545	3,135	1,145	3,113	28	1,150
Kershaw	16,434	2,951	2,014	2,855	1,938	4,518	0	7,445
Lee	4,259	816	815	1,753	542	1,316	0	14,456
Sumter	23,201	4,553	2,962	7,929	2,585	6,333	39	0
Total	54,456	10,276	7,336	15,672	6,210	15,280	67	23,051

Region VII: Pee Dee (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Chesterfield	10,918	2,217	1,472	2,543	1,375	3,245	41	22,687
Darlington	17,005	3,820	2,527	4,374	1,772	4,815	40	30,455
Dillon	6,869	1,382	1,369	1,910	952	1,944	0	32,062
Florence	31,649	5,767	4,059	8,097	3,429	7,330	201	15,661
Marion	8,603	1,687	1,715	2,908	957	2,238	0	29,041
Marlboro	6,450	1,518	1,526	2,235	874	2,071	25	28,933
Total	81,494	16,391	12,668	22,067	9,359	21,643	307	153,839

Region VIII: Waccamaw (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Georgetown	21,786	4,042	2,343	3,635	1,664	4,877	136	34,343
Horry	103,481	17,082	7,892	7,390	9,364	24,820	346	0
Williamsburg	8,624	1,977	2,106	3,758	1,009	2,361	0	31,486
Total	133,891	23,101	12,341	14,783	12,037	32,058	482	63,829

Region IX: Trident (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Berkeley	41,243	5,778	3,748	7,895	4,018	10,903	258	0
Charleston	88,524	16,970	8,641	17,909	8,394	19,539	529	1,738
Dorchester	30,546	4,975	2,670	5,142	3,295	7,808	230	7,683
Total	160,313	27,723	15,059	30,946	15,703	38,250	1,017	9,421

Region X: Lowcountry (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Beaufort	61,612	8,698	2,965	5,900	4,034	12,675	279	71,663
Colleton	10,311	2,271	1,166	2,788	943	2,233	0	17,114
Hampton	4,719	1,235	662	1,676	637	1,228	47	2,631
Jasper	7,577	1,055	963	1,864	635	1,697	32	0
Total	84,219	13,259	5,756	12,228	6,249	17,833	358	91,766

State Totals (2019 American Community Survey)

County	60+	Living Along	Poverty	Minority	Independent Living	Disability	Limited English	Rural (ACL)
Total	1,190,310	216,812	120,863	201,914	122,100	298,083	6,144	863,733

Senior Day – Older Americans Month



Chapter 4: Goals, Objectives, and Performance Measures

State plans must include measurable objectives that address focus areas outlined by the Administration for Community Living (ACL) and the Older Americans Act (OAA). The focus areas include OAA core programs, ACL discretionary grants, Elder Justice Services, and state programs.

Through its planning process, the Department on Aging (SCDOA) developed a State Plan that provides a greater diversity of services and programs to meet the needs of the state; enhances and improves the delivery of services; promotes and embraces consumer-direction and choice; and when needed, evaluates and streamlines current programs and services.

The SCDOA developed the objectives for the State Plan by utilizing the following: strategy sessions with staff, meetings with older adults, stakeholders, policy leaders, AAAs, providers; and other members of the South Carolina Aging Network. In addition, annual needs evaluations conducted by both the SCDOA and AAAs; data provided in the regional Area Plans; and best practices identified by SCDOA staff in daily interactions with older adults, stakeholders, and network partners were applied in the development of this document.

The OAA, the ACL, and state law guide the SCDOA's coordination of programs and services for South Carolina. This infrastructure provides a strategic framework for planning, including strategic objectives and action steps. This framework enhances strategic development for future long-term services and supports that allow for older adults, persons with disabilities, families, and caregivers to advocate for themselves.

Goals

The South Carolina State Plan on Aging builds upon the goals and mission of the ACL and addresses how the State of South Carolina will meet the key goals set forth for the next four years. The SCDOA is committed to meeting the diverse needs of a growing older population in South Carolina. The SCDOA's goals set forth in this plan provide the vision and structure for moving South Carolina in the right direction.

To achieve the goals defined in this plan, actions are required by state, regional, and local agencies. Working together as an aging network, South Carolina's seniors will continue to receive the services that they need to age with dignity.

The SCDOA accomplishes these metric objectives through its programs and/or services. Please see Attachment E for a detailed description of SCDOA programs and services.

Goal 1: Maintain effective and responsible management of Older Americans Act (OAA) services offered through the Department on Aging (SCDOA) and within the 10 service regions in South Carolina.

Goal 2: Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, services, education, and counseling on their options to live as independently as possible in the community.

Goal 3: Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the State Long Term Care Ombudsman Program, and elder abuse awareness and prevention activities including legal services and the Vulnerable Adult Guardian ad Litem program.

Performance Metrics

Goal 1: Maintain effective and responsible management of Older Americans Act (OAA) services offered through the Department on Aging (SCDOA) and within the 10 service regions in South Carolina.

Objective 1.1: Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as to achieve greater accountability and transparency.

Annual Performance Measures
<ul style="list-style-type: none"> Submit an annual agency accountability report to the General Assembly and Governor.
<ul style="list-style-type: none"> Revise the South Carolina Aging Network’s Policies and Procedures Manual annually or as needed.
<ul style="list-style-type: none"> SCDOA and AAAs conduct needs assessments to evaluate state and regional concerns and service demands.
<ul style="list-style-type: none"> Conduct monthly (12) programmatic and fiscal reviews of payment invoices compared with AIM data to ensure both fiscal and service integrity.
<ul style="list-style-type: none"> Annual revision of the Terms and Conditions in the Multigrant Notification of Grant Award to ensure the terms reflect current programmatic and fiscal compliance.
<ul style="list-style-type: none"> Monthly meetings with AAA Directors either hosted by the SCDOA or the South Carolina Association of Area Agencies on Aging (SC4A).
<ul style="list-style-type: none"> AAAs submit Quality Assurance Reports to the SCDOA annually.
<ul style="list-style-type: none"> Annual monitoring by finance division and program managers.
<ul style="list-style-type: none"> Host quarterly, or as needed, finance meetings with the AAAs’ fiscal staff.

Strategies and Action Steps

- Provide fiscal and programmatic monitoring to ensure that all COVID-19 related funds are expended as stipulated by ACL and the SCDOA.
- Evaluate and modify, as needed, the internal structure of the SCDOA to ensure effective and efficient management of programs and services for both federal and state funding.
- Enact policies and procedures, which create a strong working environment where all requirements of the Older Americans Act and the SCDOA's Policies and Procedures Manual are followed as required.
- Review Quality Assurance reports submitted by AAAs annually.
- Review and revise when necessary, monitoring tools for each program used by the SCDOA and AAAs to ensure that respective policies manuals and contract requirements are met.
- Continue the procurement process to build a new data collection system to replace AIM.
- Ensure that the data systems for tracking programs and services are in place to accurately collect programmatic data metrics analytics.
- Provide technical assistance to the AAAs regarding fiscal management, budgeting, and quarterly reporting.
- Review AAA expenditures monthly and quarterly to compare the number of clients served as reported in data systems, to determine if programs and services are on target with performance goals to meet contract requirements.
- Evaluate the waiting list and determine if there are ways to redesign the service delivery system to be able to serve more people.
- Modernize SCDOA and AAA finance and programming policies to ensure greater accountability and transparency.
- Coordinate with the AAAs to improve the process for procurement of services to increase competition and allow for consumer choice where multiple providers are available.
- Determine the fair market value for services and develop strategies to keep costs within range. Make unit cost for services reflect fair market values when feasible.
- Promote cost-sharing measures throughout the state.
- AAAs will use GIS mapping to target low-income older adults utilizing or seeking services.
- Ensure that a well-trained staff has the best technology and software tools within available resources.
- Enhance security guidelines for the SCDOA and AAAs that strictly adhere to state and federal laws regarding data collection and warehousing.

Objective 1.2: Assessments

The client assessment program is the gateway to most services provided by the Aging Network. An assessment is necessary to determine a client's eligibility for services and it determines the level of need by establishing a priority score. The AAAs are responsible for conducting client assessments in their respective regions, thereby ensuring greater accountability and providing a holistic approach to how each client is matched to services.

Annual Performance Measures
<ul style="list-style-type: none"> Expand the number of seniors assessed annually by 5% or as needed.
<ul style="list-style-type: none"> Conduct bi-annual training and technical assistance (as needed) to AAA assessment teams regionally and at the central office.
<ul style="list-style-type: none"> Hosts quarterly meetings with the regional assessors.
<ul style="list-style-type: none"> Decrease the number of seniors on waiting lists for services. (It should be noted that regional waiting lists can be a result of many factors, including funding and/or lack of capacity in rural areas.)

Strategies and Action Steps

- Organize and facilitate a meeting at least twice annually to educate AAA assessment teams about important issues facing South Carolina seniors.
- Provide SCACT training for assessment teams at each of the AAA regions.
- Host at least one training yearly to educate AAA assessment teams on special issues relating to people with physical and mental disabilities.
- Increase utilization of SCACT among AAA assessment teams.
- Analyze the waiting list monthly to determine how many seniors were added and how many seniors were removed.
- A new Assessment Manager has been hired who is a former AAA Director that brings considerable experience from coordinating a regional assessment program and who has actually conducted assessments. This experience will be essential to ensuring the state assessment program stays up-to-date in its policies and protocols.

Goal 2: Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, services, education, and counseling on their options to live as independently as possible in the community.

Objective 2.1: Information and Referral/Assistance (I &R/ A); SC ACT

Increase the number of individuals seeking information or assistance by providing an effective Information and Referral/Assistance (I&R/A) service at the South Carolina Department on Aging and the 10 Area Agency on Aging (AAA). All serve as the “No Wrong Door,” “One Stop Shop,” and “Gateway” entry point for the aging network and for persons with disabilities. The Aging and Disability Resource Centers (ADRCs) is housed within the AAAs for public and private long-term supports and assistance for older adults, adults with disabilities, families, caregivers, and professionals.

Annual Performance Measures
<ul style="list-style-type: none"> SCDOA holds six meetings and six conference calls with I&R/A Specialists per year.
<ul style="list-style-type: none"> Each AAA submits quarterly I&R/A reports to the SCDOA.
<ul style="list-style-type: none"> Increase the number of contacts accessing I&R/A services by 5% annually.
<ul style="list-style-type: none"> Increase I&R/A outreach by 5% annually.
<ul style="list-style-type: none"> Expand the number of service profiles listed in SC ACT by 5% annually.

<ul style="list-style-type: none"> • Increase the number of individuals visiting the GetCareSC website by 5% annually.
<ul style="list-style-type: none"> • Increase the number of calls and contacts served through AAAs by 5% annually.
<ul style="list-style-type: none"> • Increase the number of outreach events targeting the faith-based community by 5%.
<ul style="list-style-type: none"> • Hold an annual statewide symposium event with Columbia International University to encourage the faith community to create programs addressing the unmet needs of seniors.

Strategies and Action Steps

- Provide fundamental and ongoing training to I&R/A Specialists on the knowledge, skills, and ability needed to efficiently assist clients who contact them.
- Provide technical assistance and training to I&R/A Specialists in becoming AIRS certified.
- Add resources and service providers to the SC ACT database on a monthly basis, and maintain the current database.
- Expand the working partnerships with individuals, groups, and organizations that can assist in identifying resources for inclusion as well as provide outlets for marketing efforts.
- Utilize technology to assist constituents and continually upgrade the SC Aging Contact Tracker (SC ACT) system.
- Develop and/or revise the training materials used for intra-agency staff, as well as by the partners’ staff to ensure that the constituency needing assistance has access to available services.
- Provide outreach and educational opportunities to increase awareness of the services provided through AAAs.
- Ensure that constituents seeking assistance from AAAs receive resources, which address their needs.
- Expand efforts to reach out to the faith-based community.
- Collaborate with the faith-based community to host free grant writing workshops to find funds to assist seniors to age in place at home.
- Encourage constituents to utilize the GetCareSC website to find aging resources.

Objective 2.2: Insurance and Medicare Counseling

Increase the number of older adults and persons with disabilities and their caregivers receiving applicable insurance counseling and information regarding Medicare enrollment, Medicare Part D prescription plans, and Medicare Advantage plans (MA). The programs associated with this objective are the State Health Insurance Assistance Program (SHIP), Medicare Improvements for Patients and Providers Act (MIPPA), and the Senior Medicare Patrol (SMP).

<p>Annual Performance Measures</p>
<ul style="list-style-type: none"> • Increase by 5% annually, the number of older adults and adults with disabilities enrolled in prescription drug coverage that meets their financial and health needs.
<ul style="list-style-type: none"> • Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance.
<ul style="list-style-type: none"> • Offer four Medicare basic and advanced trainings annually for counselors.

<ul style="list-style-type: none"> • Conduct six meetings with SHIP and SMP Coordinators annually.
<ul style="list-style-type: none"> • Three regional outreach events are required per month (36 annually).
<ul style="list-style-type: none"> • Increase counseling sessions by 5% annually. • Increase by 5% annually the number of consumers and caregivers receiving SMP counseling.
<ul style="list-style-type: none"> • Increase by 5% the number of consumers reached in rural, isolated areas.
<ul style="list-style-type: none"> • Increase by 5% community partnerships to assist in raising awareness of fraud.

Strategies and Action Steps

- Increase outreach events to provide information about MA coverage and marketing policies, thereby reducing the number of consumers misinformed about providers’ acceptance of Medicare Advantage plans.
- Increase the number of partnerships in each region to help raise awareness of local SHIP, MIPPA, and SMP services.
- Develop and maintain a trained group of volunteers to conduct SMP awareness activities.
- Improve and expand the website to disseminate information online.
- Offer Medicare 101 to new Medicare beneficiaries to empower them in choosing options that suit their needs.
- Collaborate with the Centers for Medicare and Medicaid Services (CMS), the Social Security Administration, and ACL to provide the most current and accurate information to beneficiaries and the public.
- Identify and collaborate with colleges and universities to use students to enroll low-income consumers eligible for Low Income Subsidy (LIS).
- Utilize partnerships with entities such as the South Carolina Department of Insurance.
- Participate in monthly Senior Days at Harvest Hope and partner with other food banks in South Carolina to disseminate insurance information.

Objective 2.3: Nutrition Program and Services

Objective 2.3.1

Increase participation in congregate and home-delivered meal programs.

<p>Performance Measures</p> <ul style="list-style-type: none"> • On a semi-annual basis, track and identify service gaps for meal services. • Monitor for improvements in participation numbers annually for those areas where gaps were identified.

Strategies and Action Steps

- Provide technical assistance to the AAA Directors for identifying new population groups for meal services.

- Work with AAA Directors to develop outreach strategies to underserved areas. The process for determining underserved areas will be more data driven, therefor ensuring the SCDOA and AAAs use the same criteria for defining underserved areas.
- Conduct a standardized meal participant satisfaction survey.
- Develop strategies based on survey to pilot test for special meal program projects.

Objective 2.3.2:

Expand and improve the delivery of nutrition education through collaboration and service provision.

Performance Measures

- On an annual basis in the month of June, issue the revised SCDOA Nutrition Education Guide for AAAs to share with their providers. The guide will contain dietitian preapproved educational resources/materials as well as information for available community nutrition education partners.
- Facilitate Healthy Aging Group Meetings with the AAAs and/or Nutrition Program Coordinators from each region at least quarterly to provide technical assistance, to provide guidance on implementing best practices for providing nutrition education, and to identify new materials and resources.

Strategies and Action Steps

- Continue partnership with Iowa Department of Public Health to provide Fresh Conversations nutrition education program at meal sites across the state.
- Continue partnerships with SNAP-Ed partners and Clemson Extension Rural Health and Nutrition Program.
- Conduct routine surveys of meal participants to identify nutrition education topics of interest and gauge effectiveness of materials in helping to understand content.

Objective 2.3.2:

Partner with other entities to create sustainable solutions to food insecurity.

Performance Measures

- Annually gather baseline information from AAAs/providers regarding current relationships with Foodbanks/Food pantries, FoodShare SC, and assess for any gaps in support.

Strategies and Action Steps

- Assist AAAs/providers with additional resources and/or trainings from gaps identified.
- Validate food insecurity questions to be incorporated into the client assessment.

- Analyze SNAP enrollment assistance numbers in order to gauge effectiveness of Senior SNAP outreach grant and expansion of practices/resubmittal of grant proposal for 2022 (18 months duration).
- Biannually, in the months of February and November, collaborate with South Carolina Department of Agriculture (SCDA) and South Carolina Department of Social Services (SCDSS) to assist with the Senior Farmers Market Nutrition Program (SFMNP).
- Identify food insecure individuals through the incorporation of a validated screening tool within the Client Assessment.
- Build partnerships with all SC service area Foodbanks as a means to maintain or improve access to The Emergency Assistance Program (TEFAP) and the Commodity Supplemental Food Program (CSFP); Harvest Hope, Golden Harvest, Lowcountry, and Second Harvest of Metrolina.
- Build partnership with Foodshare SC to increase access to affordable fresh fruit and vegetables.
- Maintain or improve senior SNAP enrollment initiatives.
- Work with the AAAs, the South Carolina Department of Agriculture (SCDA), and the South Carolina Department of Social Services (SCDSS) to expand the Senior Farmers Market Nutrition Program (SFMNP) statewide.

Objective 2.4: Enhancing South Carolina’s Senior Centers

Create and support senior centers that offer vibrant activities and multiple services aiding older adults to live independently in the community for as long as possible. South Carolina’s goal is to make all senior centers focal points for older adults in each region.

Annual Performance Measures
• Senior Centers to provide programming addressing social isolation.
• Award Senior Center Permanent Improvement Project (PIP) grants in increments up to \$350,000 annually as funds permit, allocating at least \$948,000 to qualified senior centers.
• Host annual meeting in January for Permanent Improvement Project grant applicants.
• Hold annual training to provide technical assistance to senior center directors or staff, with an emphasis on providing resources to target social isolation.

Strategies and Action Steps

- Develop educational materials that aid in combating social isolation.
- Provide education materials that highlight senior center activities and programs.
- Provide information and resources to target social isolation among vulnerable seniors.
- Attend senior center openings for Permanent Improvement Project grant recipients.
- Evaluate and modify, as needed, the Senior Center program. Provide support to senior centers that are striving to meet the needs of the current population and to embrace the needs of a growing senior population.

- Assist organizations that operate senior centers by providing resources to enhance fundraising activities.
- Encourage senior centers to use the National Council on Aging’s senior center standards.
- The SCDOA and AAAs will conduct site visits to assess operations, services, and activities.
- Encourage providers to obtain grants or loans from the Rural Development Program at the United States Department of Agriculture to enhance senior center activities.

Objective 2.5: Evidenced-Based Health Promotion and Disease Prevention Programs

Increase the availability and sustainability of evidenced-based programs (EBPs) that improve quality of life, health, level of independence, and overall well-being.

Performance Measures
<ul style="list-style-type: none"> • On a quarterly basis, communicate with Clemson University Institute for Engaged Aging, USC Arnold School of Public Health and DHEC SNAP-Ed for updates regarding EBP utilization, resources and grant funding opportunities.
<ul style="list-style-type: none"> • Annually (Jan/Feb)- As published by ACL, disseminate EBP Chart- Title III-D Programs.
<ul style="list-style-type: none"> • On a quarterly basis, track and Identify service gaps for EBP (especially in medically underserved areas) including their causes and geographic distribution.

Strategies and Action Steps

- Pre and post evaluations can be performed to determine the effectiveness of Evidence Based Programming or to assist in new pilot programs.
- Foster partnerships that promote access, funding, and development of evidenced-based health promotion programs.
- Disseminate information regarding available evidenced-based programming.
- Conduct routine surveys to understand client needs for specific evidenced-based programs.

Objective 2.6: Transportation Services

Serve more eligible older adults with transportation needs by coordinating a transportation system that enhances the lives of South Carolina’s older adults, giving them the ability to live independently for as long as possible in the community.

Performance Measures
<ul style="list-style-type: none"> • Work with the AAAs and providers to increase the number of clients utilizing transportation services by 5% annually, depending on available funding sources.

Strategies and Action Steps

- The SCDOA was awarded an ADRC COVID-19 grant for vaccine access that has a focus on overcoming transportation barriers. This provides a transportation tie in for vaccinations over the next few years.
- Identify additional funding sources from federal, state, and other grant sources.

- Monitor the Point-to-Point Transportation System to ensure that the AAAs and local services providers are accurately adhering to the policies.
- Coordinate with the AAAs and local service providers to modernize approaches to delivering transportation service.
- Review Medicaid brokerage and service provision processes to mitigate any negative impact the Medicaid brokerage system may have in current statewide coordination efforts.
- Address access to medical services for preventative health care measures.
- Address access to non-medical services to avoid isolation of older adults without transportation.
- Collaborate with public and private partners to increase the transportation options available in South Carolina to serve a growing senior population.
- Continue to use the department’s assessment tools and policies to determine which older adults have priority to receive services.
- Work with the AAAs to offer services utilizing state funding while also encouraging coordinated and effective cost sharing and private pay measures in order to have grant related income (GRI) to enhance services.

Objective 2.7: Family Caregiver Support Program

The SCDOA seeks to increase the number of caregiver recipients in South Carolina through Title III-E or State Home and Community-Based Services.

Performance Measures
• Expand the number of family caregiver support recipients by 5% annually.
• Hold monthly caregiver advocate meetings.
• Each AAA submits quarterly Family Caregiver Program Reports to the SCDOA.
• Increase outreach events by 5% annually.
• Update “Caregiver Interview” to become “Caregiver Assessment” as outlined by the OAA.
• Increase utilization of Seniors Raising Children (SRC) funding by 5% statewide.
• Increase partnerships and collaboration with other human-services agencies by 3% statewide.

Strategies and Action Steps

- Maintain updated policies and procedures to reflect changes in the OAA or Program Instructions from ACL.
- Update caregiver assessment to be person-centered.
- Develop and utilize a standardized priority scale to serve those most at risk of negative health outcomes.
- Continue to leverage support to advocate for additional funding and programming for a growing number of family caregivers.

- Provide flexibility within the parameters of the State Policy and Procedure and Older American’s Act in order to provide person-centered services.
- Encourage development and support of family caregiver support programs, such as counseling and support groups, as well as caregiver training.
- Leverage support and encourage targeted outreach of Seniors Raising Children.
- Build support and outreach of Family Caregiver Support Program through quarterly Advisory Committees regionally.
- Increase coordination with Lifespan Respite programs.
- Improve regional and local collaboration to expand and enhance support and services for families and caregivers.
- Participate in relevant committees in order to increase partnerships and collaboration.

Objective 2.8: Life Span Respite Care Integration and Sustainability (Advancing State Lifespan Respite Systems)

The goal is to develop new public and private partnerships that further expand and strengthen SC’s coordinated lifespan respite system at state and local levels, inform policy and engage a broader cross-section of stakeholders into a more formal Lifespan Respite Coalition for future sustainability.

Performance Measures
• Increase local partnerships and collaboration by 5% annually.
• Increase outreach efforts by 5% annually.
• Expand respite education and training opportunities for caregivers by 5% annually.

Strategies and Action Steps

- Utilize supplemental programs such as The Break Room Project to increase respite options and number of individuals receiving respite by 5% annually.
- Maintain sustainability through increased integration in South Carolina’s long-term services and supports.
- Create opportunities to generate new knowledge on Lifespan Respite that contributes to the fields of aging, disabilities, and lifespan respite.
- Increase outreach through state/regional advisory committees.
- Work with the South Carolina Respite Coalition and Family Connections to increase outreach and education opportunities to caregivers/families of children with disabilities.
- Increase awareness of respite resources through outreach and partnerships.
- Expand vouchers across the lifespan, increasing coordination with other voucher programs.

Objective 2.9: Alzheimer’s Disease Program Initiative (ADPI)

The goal of this new program is to enhance the quality of life by improving access to home and community-based services (HCBS) for underserved African Americans with Alzheimer’s Disease and Related Disorders (ADRD) and their caregivers in 16 rural counties.

Performance Measures
<ul style="list-style-type: none"> Expand and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with dementia and their caregivers.
<ul style="list-style-type: none"> Ensure access to a comprehensive, sustainable set of quality dementia-capable HCBS.
<ul style="list-style-type: none"> Increase trust by disseminating Alzheimer's information and train caregivers and professionals on how to recognize the symptoms and understand the disease.
<ul style="list-style-type: none"> Improve consumer choice for those utilizing services.
<ul style="list-style-type: none"> Implement Powerful Tools for Caregivers (PTC) to a minimum of 160 caregivers and a Train the Trainer for PTC to 32 members in Faith Communities, the Alzheimer's Association of South Carolina, and the aging network.
<ul style="list-style-type: none"> Administer vouchers and direct services to Alzheimer's families in 16 targeted counties. The vouchers will be administered by the AAAs.

Strategies and Action Steps

- Expand and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with dementia and their caregivers;
- Ensure access to a comprehensive, sustainable set of quality dementia-capable Home and Community-Based Services (HCBS).
- Provide education on Alzheimer's Disease and Related Disorders (ADRD) and related services including advanced care planning and respite, facilitate direct referrals to the Alzheimer's Association of South Carolina for services,
- Implement Powerful Tools for Caregivers (PTC) to a minimum of 160 caregivers and a Train the Trainer for PTC to 32 members in Faith Communities, AASC and the aging network,
- Create and disseminate rack cards for PCP/FQHC's, libraries and faith organizations.
- Develop educational material for caregivers of persons with ADRD, an evaluation report, a how-to-manual and semi-annual reports.
- Monitor and evaluate the action items to report bi-annually on ADPI activities to ACL.
- Increase trust by disseminating Alzheimer's information and train caregivers and professionals on how to recognize the symptoms and understand the disease.
- Improve consumer choice for those utilizing services.
- Advocate for greater access through HCBS and evidence based programs.
- Provide educational information on ADRD and related services including advanced care planning and respite, facilitate direct fax referrals to the AASC for services,

Objective 2.10: Home Care

The goal of home care is to address a progressive level of need that a program beneficiary usually experiences when dealing with a condition that requires assistance with instrumental or routine activities of daily living. Home care services assist older individuals, families, and/or caregivers to overcome specific barriers to maintain, strengthen, and safeguard independent functioning in the home. These services are designed to prevent or delay institutionalization and improve the individual's or caregiver's quality of life and include personal care, homemaker and chore assistance.

Performance Measures

- Increase the number of clients receiving home care services by 5% annually.

Strategies and Action Steps

- Ensure that home care service providers adhere to all licensing, confidentiality and privacy regulations and all applicable laws as established by federal and state governments, in addition to the regulations set by the United States Department of Health and Human Services (USDHHS), the ACL, SCDOA, DHEC, and the AAA.
- Ensure the AAAs and local providers adhere to the SCDOA's revised home care definitions when providing home care services.
- Collaborate with the Title V program to address statewide need for more certified nursing assistants to perform job functions for the Home Care Program.

Objective 2.11: Minor Home Repairs

Maintaining a safe home is a difficult task for many senior homeowners. Seniors are often unable to make necessary repairs on their homes or modify their homes to address the infirmities of age or disability. The goal of the minor home repair program is to help seniors stay in their homes as long as possible and avoid institutionalization by helping them make the necessary home repairs.

Performance Measures

- Increase the number of seniors receiving home repair services by 5% annually.

Strategies and Action Steps

- Expand the Minor Home Repair Program by encouraging the AAAs without home repair programs to begin to offer minor home repair services.
- Monitor the AAAs to ensure that minor home repair service providers are properly licensed and meet all code requirements.
- Identify additional funding sources from federal, state, and other grant opportunities.
- Work to expand the Minor Home Repair Program to all 10 AAAs.

Objective 2.12: Outreach to Native American Tribes

Maintain a strong professional working relationship with the federally recognized Catawba Nation by aiding them with senior center resources and providing assistance with aging services as requested.

Performance Measures

- The Senior Center Permanent Improvement Project (PIP) coordinator meets annually with the Catawba Nation, or as needed, to ensure that communications are open between the SCDOA and the Catawba Nation.
- Outreach as needed or requested.

Strategies and Action Steps

- Maintain a professional relationship with the Catawba Nation to promote services and programs provided by the SCDOA.
- Identify other state recognized Native American groups to establish professional relationships and provide outreach services.
- The Supportive Services and Outreach Unit Manager monitors the Catawba nutrition site with the AAA Director. Educational brochures, information and further technical assistance are provided to ensure network partnerships.
- The Catawba AAA and York County Council on Aging will continue to work closely with the Catawba Nation.

Objective 2.13: Senior Employment Opportunities

Increase access to employment and job trainings for low-income older adults in need of additional income.

Performance Measures

- Increase the number of older adults seeking job training by 5% annually.

Strategies and Action Steps

- Ensure that eligible older adults have knowledge of the services through outreach and can gain access to the program.
- Expand cooperative efforts through partnerships between the SCDOA, AAA, and other aging network stakeholders.
- Expand cooperative efforts through partnerships with Workforce Development Boards, SCSEP National Contractors, AAAs, and other aging network stakeholders
- Keep abreast of job trends in South Carolina and translate data into meaningful training opportunities.

Objective 2.14: Emergency Preparedness and Coordination

To be proactive in preparation for emergencies, especially during natural disasters and the COVID-19 pandemic. Continue coordination with the AAAs to ensure that regional policies are in place and evaluated annually, or as necessary, to ensure the safety of older adults and persons with disabilities before, during, and after an emergency. Require the AAAs to have emergency plans in place that ensure critical services continue during an emergency.

Performance Measures

- Revise the SCDOA state emergency plan annually, or as needed.
- Coordinate with the SC Emergency Management Division (SCEMD) to organize one emergency management preparedness presentation or training with the AAA staff annually.

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| <ul style="list-style-type: none"> • Require each AAA to submit annual revisions of its emergency preparedness plan to the SCDOA. |
| <ul style="list-style-type: none"> • AAAs participate in annual training and exercises at the county and regional levels. |
| <ul style="list-style-type: none"> • Host at least two Senior P.R.E.P. (Senior Planning and Resources for Emergency Preparedness) events throughout the state annually. |

Strategies and Action Steps

- Ensure through monitoring that all COVID-19 emergency funding is expended meeting all ACL and SCDOA requirements.
- Revise policies and procedures during the COVID-19 State of emergency to ensure services continue with limited interruptions.
- SCDOA staff participates in drills and trainings at the South Carolina Emergency Management Division (SCEMD).
- SCDOA and AAA staff take steps to strengthen emergency preparedness for older adults and adults with disabilities.
- The SCDOA works closely with the South Carolina Emergency Management Division (SCEMD), and the agency is assigned a role in mass care as part of the Essential Support Function (ESF)-6 division.
- The SCDOA maintains working relationships with multiple state agencies and partners to plan and coordinate for emergencies.
- The SCDOA’s Emergency Preparedness Coordinator from the SCDOA will notify the AAAs through email alerts during emergencies or when dangerous weather is forecasted so that the AAAs can make their staff and providers aware.
- The SCDOA requires the AAAs to have emergency plans for their regions that are revised annually or when necessary.
- AAAs and regional emergency managers establish and maintain relationships prior to a request for assistance during an emergency.
- AAAs and providers offer the support necessary to help our targeted population in an impacted area return to normal status after an emergency.
- Encourage Mutual Aid Agreements between AAAs, allowing entities who already have familiarity with aging programs to aid stricken areas.
- The SCDOA and AAAs will attempt to reach as many older adults as possible, using resources such as the SCEMD Hurricane Guide, the Winter Weather Guide, and other outreach efforts.
- The AAAs and providers, as part of their emergency plans, have a current and accessible list of clients and family contacts to be called during emergencies.
- Expand collaborative efforts with Walgreens and other emergency preparedness partners to host Senior P.R.E.P. events. The events provide older adults with critical information, which aids them in planning for emergencies.

Objective 2.15: Serving Individuals with Disabilities

To strengthen relationships with organizations and governmental entities that provide services to individuals with disabilities and their caregivers.

Performance Measures
• Research annually grant opportunities to assist the Department in exploring new initiatives to address the needs of the disabled population.
• Provide yearly educational disability training to staff throughout the aging network.
• Conduct annual consumer surveys for program evaluation.

Strategies and Action Steps

- Develop and implement a statewide committee for the Department to address service gaps.
- Maintain professional relationships with state agencies such as the Department of Disabilities and Special Needs.
- Collaborate with agencies and organizations throughout the disability network and utilize those resources throughout the aging network by dissemination to aging network. Some of these include: Brain and Injury Association of SC; SC Vocation and Rehabilitation Department; Spinal Cord Injury Association; the state’s Independent Living Centers; SC Developmental Disabilities Council; SC Emergency Management Division’s Special Needs Taskforce; SC Assistive Technology Program; Department of Disabilities and Special Needs; SC Department of Mental Health; SC Brain Injury Leadership Council; and Disabilities Rights SC.
- Provide resources to constituents needing disability related services.
- Seek grant opportunities which will assist in providing additional services to individuals with disabilities and their caregivers by reviewing ACL, NCOA, and CMS websites and additional sources.

Objective 2.16: Non-Older Americans Act Programming

In addition to the Older Americans Act (OAA) core programs that are the foundation of activities for the Department on Aging (SCDOA), there are several complementary programs and undertakings through state funding. A summary of SCDOA programs and services is included in Attachment E. These non-OAA programs offered by the SCDOA include:

Objective 2.16.1: ElderCare Trust:

Increase the number of individuals who contribute to the South Carolina ElderCare Trust Fund (ECT) through a check-off on state income tax forms or through direct contributions in order to provide more state funding for aging services.

Performance Measures
• Participate in three outreach or educational efforts annually, where the benefits of the Elder Care Trust Fund are provided to potential contributors.
• Award grants annually.

Strategies and Action Steps

- Coordinate education and marketing efforts to inform taxpayers of the Elder Care Trust voluntary fund.
- Arrange free grant writing workshops for faith-based organizations to teach participants how to write, apply for, and submit grants.
- Award grants to organizations to fund innovative pilot programs to help seniors age in their homes and avoid institutionalization.

Objective 2.16.2: Geriatric Loan Forgiveness Program:

The SCDOA will educate policy makers about the need for more geriatric physicians in South Carolina to serve a growing senior population.

Performance Measures
<ul style="list-style-type: none">• Award at least one loan (fellowship grant) annually, depending on available funds and qualified applicants and use that opportunity to educate policymakers on the need to fund the program.

Strategies and Action Steps

- Educate members of the General Assembly about the need to provide funding to attract more physicians to specialize in geriatrics in the state.

Objective 2.16.3: Nursing Home Bed Locator:

Provide critical nursing home bed information to older adults who are unable to remain in their homes safely and independently. The Nursing Home Bed Locator, funded by a grant from the South Carolina Department of Health and Human Services (SCDHHS) assists the SCDOA in creating a one-stop gateway for older adults seeking information about aging services throughout the state of South Carolina.

Performance Measures
<ul style="list-style-type: none">• Increase the number of unique individuals accessing the bed locator website by 5% annually.

Strategies and Action Steps

- Work with SCDHHS to ensure all Medicaid facilities participate in the program and update their status each day.
- Educate the public on how to locate nursing home information.
- The ADRCs use the Nursing Home Bed Locator when providing information and referral services to individuals needing information on available senior information.

Objective 2.16.4: Alzheimer’s Resource Coordination Council (ARCC)

Provide statewide coordination, service system development, information and referral, and caregiver support services to individuals with Alzheimer's disease and related disorders, their families, and caregivers.

Performance Measures
• Annual report submitted to the Governor and General Assembly.
• Alzheimer’s Resource Coordination Center Advisory Council (ARCC) holds quarterly meetings.
• Increase the number of ARCC Grant Applicants by 10%.
• Increase the number of persons accessing resources through the ARCC by 10%.
• Increase the number of trainings by 10%.
• Increase the number of outreach events by 5%.

Strategies and Action Steps

- Expand respite care programs that are dementia specific, including in-home, as well as social model group respite to support caregivers, and promote a higher quality of life for the person with Alzheimer’s disease and related disorders (ADRD).
- Educate policymakers on the need to fully fund the ARCC to fulfill the mandates established in state law.
- Educate potential patients and caregivers about the early symptoms of Alzheimer’s disease and available clinical resources through health fairs, seminars, and other community events.
- Seek more funding for Alzheimer’s programming through increased state appropriations.
- Provide seed grants for respite and education programs, targeting underserved communities.
- Coordinate the Alzheimer’s Resource Coordination Center Advisory Council and hold quarterly meetings.
- Add innovative programming to ARCC Grant to meet the needs of socially isolated people living with ADRD and their caregivers.
- Actively seek and support new committee members to meet standards set by by-laws
- Update ARCC by-laws.

Goal 3: Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the State Long Term Care Ombudsman Program, and elder abuse awareness and prevention activities including legal services and the Vulnerable Adult Guardian ad Litem program.

Objective 3.1.: Adult Guardian ad Litem

Provide Adult Guardian ad Litem services to vulnerable adults in South Carolina in cases of abuse, neglect, and exploitation.

Performance Measures

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| <ul style="list-style-type: none"> • Data collection for vulnerable adults receiving services, showing percentage of cases opened with a successful resolution. |
| <ul style="list-style-type: none"> • The percentage assigned to volunteers. |
| <ul style="list-style-type: none"> • Provide educational awareness of the program. |

Strategies and Action Steps

- Conduct quarterly trainings for new Guardian ad Litem volunteers.
- Increase number of volunteer recruitment events by 10%.
- Educate the public to increase awareness of the program.

Objective 3.2: Statewide Legal Assistance Program

Provide state leadership in ensuring the rights of older individuals; improve state capacity to provide legal assistance; and provide training and assistance designed to improve the quality and quantity of legal services provided to older individuals.

Objective 3.2.1: Legal Services Training and Outreach

Providing training and outreach regarding the protection of vulnerable adults and seniors to the community and stakeholders.

Performance Measures
<ul style="list-style-type: none"> • Increase the number of outreach activities directed at the most vulnerable senior victims of abuse, neglect and exploitation.
<ul style="list-style-type: none"> • Develop and implement and post-training survey to rate the efficacy, usefulness and impact of the training.

Strategies and Action Steps

- Provide training and technical assistance to state agencies, the S.C. Bar, nonprofits, and other community partners on the availability of legal services.
- Develop a communications plan for educating the public on abuse, neglect and exploitation; collaborate with government and private partners where appropriate.
- Utilize outcomes from the implementation of the communications plan to inform and guide the development of additional outreach and training materials.

Objective 3.2.2: Legal Services Partnerships

Develop strong partnerships with pro bono attorneys, the S.C. Bar pro bono program, Office of the Attorney General, and the S.C. Department of Justice to operate a robust lawyer referral network for the elderly to address gaps between those priority cases enumerated in the Older Americans Act and the needs of the community at large.

Performance Measures
<ul style="list-style-type: none"> • Increase the number of formalized partnerships between aging/disability and elder rights groups.

Strategies and Action Steps

- Convene quarterly working sessions to determine appropriate referral networks.

Objective 3.2.3: Enhancing Legal Services Delivery

Enhance legal service delivery systems with a focus on victims of abuse, neglect, exploitation and housing issues.

Performance Measures

- Post-representation survey results.
- Compare yearly cases opened vs. those closed.
- Continuously assess efficacy of delivery standards.

Strategies and Action Steps

- Modernize legal service delivery standards, data collection, and reporting mechanisms.
- Develop and implement a statewide legal training agenda.
- Create innovative targeting and outreach strategies for the most underserved.
- Survey for clients who have been represented by SCLS in Older Americans Act priority case matters.

Objective 3.2.4: Legal Service Quality Improvement

- Develop and implement a continuous quality improvement component within the program.

Strategies and Action Steps

- Define key measures, quality targets, and minimum compliance standards with stakeholder involvement.
- Provide training aligned to continuous quality improvement; maintain program and operations manuals.
- Communicate key performance measures to the aging network.
- Develop monitoring tool for implementation at the AAA level based on initial FY 18-19 monitoring results.

Objective 3.3: Long Term Care Ombudsman Program (LTCOP)

Identify and implement strategies to ensure that the Ombudsman program is more effective and efficient in advocating for all residents in long-term care facilities, thereby improving the quality of life and quality of care for residents in long term care facilities.

Objective 3.3.1: Increase resident/family access to effective and timely advocacy services.

Performance Measures

- Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.

- | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Increase the number of calls for consults and complaints to the Ombudsman Program by 5% annually. |
| <ul style="list-style-type: none"> • Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually. |
| <ul style="list-style-type: none"> • Increase the number of trained Volunteer Ombudsmen by 5% annually. |

Strategies and Action Steps

- Enhance training for Ombudsmen and Volunteer Ombudsmen so that they have knowledge and an understanding of the new Ombudsman regulations issued by ACL.
- Evaluate annually the South Carolina Aging Network’s Policies and Procedures, as well as the Ombudsman Program Policy Manual to ensure that these policy directives are up-to-date.
- Develop and distribute culturally appropriate literature about long-term care, rights, benefits, and resources.
- Provide consumers with information on how to reach the Ombudsman program and/or make a complaint.

Objective 3.3.2: Empower residents and their families to resolve concerns through self-advocacy, while creating a greater awareness of the Ombudsman program.

- | Performance Measures |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Each local Ombudsman program will conduct eight educational trainings for residents/families on long-term care services and/or developing self-advocacy skills. |
| <ul style="list-style-type: none"> • Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 5% annually. |
| <ul style="list-style-type: none"> • Expand the number of Resident and Family Councils by 5% annually. |

Strategies and Action Steps

- Conduct programmatic monitoring to ensure that the Ombudsmen and local Ombudsmen are meeting with residents and family members to assist in the development of Resident and Family Councils.
- Work with the local ombudsman programs to develop new educational trainings.

Objective 3.3.3: Maximize partnerships to prevent abuse, neglect, and exploitation.

- | Performance Measures |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Increase the number of community education events about the prevention of elder abuse and exploitation by 10% annually. |

Strategies and Action Steps

- Publicize events in multiple media outlets to include newspaper, radio, TV, and website to increase number of events.

- Collaborate with members of South Carolina Adult Protection Coordinating Council (APCC) to provide public awareness, technical assistance, and training about abuse, neglect, and exploitation.
- Create and maintain partnerships with the APCC and caregiver and respite coalitions that will allow access to additional audiences statewide to educate about abuse, neglect, and exploitation.
- Establish regular meetings with caregiver and respite coalitions to exchange information.
- Hosts World Elder Abuse Awareness Day activities.

Objective 3.4: Healthy Connections Prime Dual Eligible Demonstration Ombudsman Program

Promote the rights of Healthy Connections Prime members through all phases of the traditional Medicaid and Medicare programs, while protecting the privacy of the member.

Performance Measures

- Increase participation of members by 5% annually.

Strategies and Action Steps

- Ombudsmen work with clients to resolve problems.
- Ombudsmen provide information about services and explain client rights.
- Provide federal coverage and payment coordination for dual eligible beneficiaries.
- Inform dual eligible clients about services and explain their rights.
- Maintain participation in the South Carolina Dual Eligible project through membership on the statewide advisory board and the Integrated Care Workgroup.

Examples of SC's Innovative Senior Centers





South Carolina
**DEPARTMENT
ON AGING**

State Plan Attachments

- A. 2021 State Plan Assurances
- B. State Plan Guidance
- C. Intrastate Funding Formula
- D. Aging Programs
- E. Demographic Data
- F. Planning and Service Areas and Contractors
- G. State and Regional Needs
- H. Major Aging Partners
- I. Notable COVID-19 Activities
- J. Acronyms
- K. Emergency Plan
- L. Public Hearings

State Plan Guidance
Attachment A
STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—

(2) The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan; (F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

sec. 306(a), AREA PLANS

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

- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
 - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
 - (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (13) provide assurances that the area agency on aging will—
 - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
 - (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
 - (15) provide assurances that funds received under this title will be used--
 - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

sec. 307, STATE PLANS

- (a) . . . Each such plan shall comply with all of the following requirements*...
 - (3) The plan shall--
 - (B) with respect to services for older individuals residing in rural areas— (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...
 - (7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.
 - (B) The plan shall provide assurances that--
 - (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
 - (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
 - (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.
 - (9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title

for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance — (A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals_

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability,

then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on— (i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited

English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute) (a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or (iii) upon court order...

State Plan Guidance
Attachment A (Continued)
STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2016
REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—.. .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas; (ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency;

.. .

sec. 306 - AREA PLANS

(a) . . . Each such plan shall (6) provide that the area agency on aging will—

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

sec. 307(a) STATE PLANS

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUB SECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PUNS.

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State; (B) develop a standardized process to determine the extent to which public or private programs and

resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; . . .

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and (C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Signature of Authorized Official

Date

Printed Name: Connie D. Munn, Director

State Plan Information Requirements

State Plan Guidance Attachment B INFORMATION REQUIREMENTS

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E) Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

State's Response:

- The SCDOA utilizes its Intrastate Funding Formula (IFF) to ensure preference in providing services to older individuals with greatest social and economic need. In the IFF, emphasis is placed on low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals living in rural areas. (See Attachment C for the SCDOA's IFF.)
- The SCDOA updates demographic information annually to address the targeted populations.
- The South Carolina Department on Aging and the 10 Area Agencies on Aging are committed to serving older individuals with the greatest economic and social need. The SCDOA has a proactive assessment program, where the AAAs are responsible for assessing and selecting clients in their regions. The assessment program collects critical information regarding the needs of older individuals. In addition the SCDOA works closely with partners and stakeholders to identify how best to serve and develop policies successful in identifying those older individuals, with greatest need and to ensure that the SCDOA effectively serves older individuals with the greatest economic and social needs, with attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
- The SCDOA currently utilizes the AIM system as a databases of clients and units served, which generates reports and data that is analyzed to track the provision of services to the targeted populations served. The report used by the SCDOA and the AAAs to assure that targets are met is HHS-25B Targeted 25.

- The Department has a proactive outreach program that reaches the targeted population on an ongoing basis.
- The SCDOA requires the AAAs to develop specific service objectives associated with all of the targeted populations stipulated in the Older Americans Act. These objectives are included in their Area Plans.
- The SCDOA has developed an approved intrastate funding formula that directs resources to the targeted populations stipulated by the Older Americans Act.

Section 306(a)(6)(I) Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

State's Response:

- The SCDOA will send the AAAs Area Plan guidance regarding the state assistive technology entity and access to assistive technology options for serving older individuals.
- The SCDOA will verify that assisted technology information and partnership plans are addressed in the Area Plans.

Section 306(a)(17) Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

State's Response:

- Each AAA is required to have an up-to-date emergency plan and to have a working relationship with local emergency management agencies, including Memorandums of Understanding (MOUs) when needed.
- The SCDOA is very proactive in regards to emergency management, planning, and coordination. In the past 10 years, South Carolina has experienced hurricanes, floods, tornados, ice storms, and a pandemic that impacted the state for over a year. Working with the AAAs, providers, and emergency coordinators, valuable experience has been gained to ensure that all emergencies are responded to promptly and professionally.
- The SCDOA has an active emergency coordination preparedness program that adheres to both federal and state mandates.
- Objective 2:14 in the 2021 – 2025 State Plan on Aging emphasizes a comprehensive disaster preparedness and emergency response for older individuals and persons with disabilities.
- The SCDOA works closely with the State Emergency Management Division and is permanently assigned to the ESF-6 section at the State Emergency Operations Center.

- The SCDOA requires that the each AAA develop an emergency plan that include comprehensive emergency preparedness and disaster response protocols to pinpoint and respond to the needs of older adults in their regions.
- As a lesson learned from recent emergencies, the SCDOA requires AAAs to have secondary meal contracts executed to ensure that meals are available during an emergency.
- The AAAs are required to work closely with their county and local emergency management divisions to develop and maintain partnerships with first responders, emergency volunteerism groups, and non-governmental organizations.

Section 307(a)(2) Attachment B – Information Requirements The plan shall provide that the State agency will --... (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

State's Response:

The SCDOA has established the following minimum percentage of OAA Title III-B funds received by each AAA that shall be expended for priority service categories:

- fifteen percent for services associated with access: transportation, outreach, and Information and Referral/Assistance;
- ten percent for in-home services: homemaker and home health aide, telephone reassurance, and chore maintenance; and
- one percent for legal assistance.

Section 307(a) (3) The plan shall-- (B) with respect to services for older individuals residing in rural areas- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000; (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

State's Response:

- The SCDOA requires each AAA to develop specific service objectives associated with the mandated Older Americans Act targeted populations in the Area Plans, and to budget appropriately in order to serve the regions as stipulated by the Older Americans Act and departmental requirements.
- The SCDOA uses an approved Intrastate Funding Formula that includes a rural factor, to ensure that aging services funding flows to rural areas.
- The SCDOA works closely with the AAAs to ensure that funding reaches the rural and other priority target areas. This is monitored by the grants coordinator, program managers and GIS mapping is used in the Area Plan process to show where aging clients reside.

- Funds made available under this subtitle will not be used to supplant funds previously expended under any Federal or State law for this subtitle.

Section 307(a)(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

State's Response:

- The SCDOA's approved Intrastate Funding Formula includes a rural target, to ensure that aging services funding flows to rural areas.
- The SCDOA's Data and Finance Teams work together to ensure funds are allocated to the AAAs to ensure the special needs of older individuals residing in rural areas, and other targeted populations, are met.
- The SCDOA and AAAs use an AIM system report that shows targeted populations are being served. This report is HHS-25B Targeted 25.
- The SCDOA addresses this requirement through the AAAs' Area Plan assurances, along with the IFF for Title III. The IFF includes a funding factor for rural targets, which requires funds be allocated to rural areas.
- The SCDOA works closely with the AAAs to ensure that funding reaches the rural and other priority target areas. This is monitored by the grants coordinator and program managers and GIS mapping is used in the Area Plan process to show where aging clients reside.

Section 307(a)(14) (14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared— (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

State's Response:

- The SCDOA provides state and county profile demographic information and identifies the minority, low-income, and limited English proficiency for older individuals in the state and counties and encourages targeted outreach and delivery of services.
- The SCDOA's Intrastate Funding Formula found in Attachment C of this Plan and South Carolina's Demographics found in Attachment F address the targeted populations served.
- The SCDOA has targeted resources to the populations with greatest need by using an approved Intrastate Funding Formula that targets the population over 60 (10 Percent); Over 85 (10 percent); minority population 60 and older (20 percent); rural population 60 and over (Five Percent); low-income 60 and over (20 Percent); individuals with one or

more disabilities (10 Percent). (A base of 25 percent has been set because of South Carolina's unique Planning and Service Area structure.)

- All programs and services meet the targeted populations addressed by the Older American's Act in order to serve those with the greatest social and economic need.
- The SCDOA's AIM data system generates a report called HHS-25B Targeted 25 that is used to assure targeted populations are being served.
- The SCDOA's assessment protocols collect valuable data information on the demographics of targeted populations
- The SCDOA and AAAs have active outreach efforts that address the targeted populations.

Section 307(a)(21) The plan shall - (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

State's Response:

- The Catawba Nation is the only nationally recognized tribe in South Carolina. The Catawba Area Agency on Aging and the York County Council on Aging work closely with the Catawba Tribe and maintains a close working relationship. The AAA works with the tribe on regional planning matters. The York Council on Aging provides contracted services to the tribe, including catered meals.
- The SCDOA and AAA reach the Catawba tribe and other non-federally recognized tribes through outreach efforts.
- Objective 2:12 found in the 2021 – 2025 State Plan outlines the SCDOA's work with the tribe.
- The SCDOA's Nutrition Coordinator and Senior Center Coordinator work with the Catawba tribe as needed.

Section 307(a)(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted. (B) Such assessment may include— (i) the projected change in the number of older individuals in the State; (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency; (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

State's Response:

- Population demographics are evaluated annually by the SCDOA and AAAs to assure those seniors with the greatest economic and social need are identified and served.
- The SCDOA conducts needs assessment at least annually to determine met and unmet needs in the state.
- The SCDOA's AIM system and its assessment protocols capture the profile information of all the clients served in the state. The data is analyzed to help serve the targeted populations.
- The Intrastate Funding Formula has weights for the targeted populations that aids in funding allocation to those with the greatest social and economic need.
- The programmatic staff that monitors the AAAs enforces the outreach to the targeted populations performed from the regional and state levels.
- The SCDOA requires each AAA to develop specific service objectives associated with the targeted populations in the Area Plans.
- The 2020 Census data is expected to provide greater information about population growth that should be beneficial in serving the targeted populations

Section 307(a)(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

State's Response:

In the past 10 years the SCDOA and the AAAs have coordinated emergency activities to address hurricanes, widespread flooding, tornados, ice storms, and now a pandemic. During the COVID-19 state of emergency, the SC Department on Aging successfully applied its emergency plan to address the public health crisis. The SCDOA works closely with the SC Emergency Management Division, the SC Department of Health and Environmental Control, the SC Department of Health and Human Services, as well as many public and private partners to ensure aging services continue without interruption during emergencies.

- The SCDOA has an active emergency coordination preparedness program that adheres to both federal and state mandates.
- The SCDOA hosts conference calls with the AAAs before, during, and after emergencies to coordinate activities. In addition, the AAAs provide the SCDOA with daily activity reports during emergencies.
- Objective 2:15 of the State Plan is directed at strengthening emergency preparedness for older adults and adults with disabilities.
- The SCDOA works closely with the State Emergency Management Division and is permanently assigned to the ESF-6 section at the State Emergency Operations Center.

- The SCDOA requires that the each AAA develop an emergency plan that include comprehensive emergency preparedness and disaster response protocols to pinpoint and respond to the needs of older adults in their regions.
- The AAAs are also required to establish close working relationships with their county and regional emergency management coordinators.
- As a lesson learned from recent emergencies, the SCDOA requires AAAs to have secondary meal contracts executed to ensure that meals are available during an emergency.
- The AAAs are required to work closely with their county and local emergency management divisions to develop and maintain partnerships with first responders, emergency volunteerism groups, and non-governmental organizations.
- Each of the 10 AAAs is required to have a Memorandum of Agreement (MOA) with another AAA to ensure the continuation of services in the event an emergency makes its necessary for AAAs to collaborate to deliver services.
- The SCDOA has received several ACL disaster grants since 2015 due to floods and hurricanes.
- The SCDOA works with the SC Emergency Management Division (SCEMD) to train staff, review and develop tools that inform and support both seniors and people with disabilities prior to an emergency.
- The SCDOA hosts Senior Prep sessions in locations accessible to seniors throughout the year. These Senior Prep session provide critical information seniors and vulnerable adults will need before, during, and after an emergency.
- The SCDOA has two employees assigned to emergency management activities and multiple staff are assigned specific duties during an emergency.
- The SCDOA EMD staff develop, revise, and implement preparedness plans as needed.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

State's Response:

South Carolina has experienced numerous natural disasters since 2015. When a disaster is declared the Director and the emergency coordination staff coordinate conference calls with the AAAs before, during, and after the event. The Director and disaster team keep the ACL Regional Administrator in Atlanta apprised of the situation during daily calls and email updates.

- The role of the Director during emergency situations is detailed in the SCDOA Emergency State Plan found in Attachment N of this Plan.
- In normal times, the Director is fully involved and engaged +in emergency planning. The two staff members responsible for emergency planning keep the director apprised of all disaster planning and coordination.

- During emergencies, the Director sets the tone and direction for the SCDOA and the aging network by communicating with the AAAs through conference calls and other communications efforts. The AAAs provide daily reports to the Director detailing emergency operations and service delivery in the regions.
- Since March 2020, the State of South Carolina has been under federal and state emergency declarations due to the COVID-19 pandemic. In order to ensure that seniors were served during the pandemic, the Department on Aging, led by Director Munn, coordinated a multi-faceted approach to continue services uninterrupted.
- The pandemic caused the Department on Aging to utilize its emergency protocols and to make changes when necessary. The SCDOA issued numerous Program Instructions that made it possible to adapt to program changes initiated by ACL and to spend the additional COVID-19 funds allocated in federal relief packages.
- The Director worked tirelessly to lead the Department on Aging, which worked remotely for nearly six months. In addition, the Director worked with existing aging partners, while creating new collaborative relationships.
- The Director met with the Governor throughout the pandemic and participated in weekly (or as needed) conference calls with the Governor and his cabinet members. The Director and specific SCDOA staff maintained a presence at the SC Emergency Management Division throughout the state of emergency.
- The SCDOA staff takes part in many state-sponsored emergency drills and trainings during the year that assist in mitigating issues associated with disasters and public health.

Section 705(a) ELIGIBILITY –

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--...

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter; 52

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3-- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households, and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

State's Response:

- The SCDOA works closely with and effectively uses the guidance from the South Carolina Advisory Council on Aging, the Silver Haired Legislature, and the Joint Legislative Committee to Study Services, Programs and Facilities for Aging as reflected in the 2021 – 2025 State Plan. These public bodies hold hearings and forums in cooperation with the SCDOA.
- SCDOA management is aware of the required assurances referenced in Section 705(a)(7).

- The AAAs are required to develop plans for prevention of elder abuse, neglect, and exploitation in the Area Plans.
- Goal three of the 2021 – 2025 State Plan addresses elder rights to protect the elderly and vulnerable adults from abuse, neglect, and exploitation through the SCDOA Long Term Care Ombudsman Program.
- The SCDOA conducts on-site program and fiscal monitoring of each AAA and requires the AAAs to submit annual Quality Assurance Reports. Each program has programmatic performance measures that are monitored annually.
- The SCDOA monitors each AAA funded activity to ensure compliance with applicable federal requirements and to ensure performance goals are being met.
- The SCDOA works with the AAAs to ensure that the ADRCs are a “one stop shop” to ensure seniors have access to services and programs.
- The SCDOA has protocols in place to ensure that funds are not used to supplant expended under any federal or state law for this subtitle.
- Designation requirements are addressed in ombudsman policies and procedures.
- The State Long-Term Care Ombudsman Program conducts state and local programs of services consistent with state law.
- The State Long-Term Care Ombudsman Office has well-defined policies and procedures in place to report and refer potential elder abuse and exploitation cases to the proper authorities. The policies and procedures also address receiving reports, consent, confidentiality, and disclosure. In addition, the Ombudsman Program is represented on the Adult Protection Coordination Council.

Attachment C: Intrastate Funding Formula (IFF)

Each State Intrastate Funding Formula (IFF) submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met: OAA, Sec. 305(a)(2) “States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account (i) the geographical distribution of older individuals in the State; and (ii) the distribution among planning and service areas of older individuals with the greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

- For purposes of the IFF, “best available data” is the most recent census data (year 2010 or later), or more recent data of the equivalent quality available in the State.

Section 305 (d) of the Older Americans Act (OAA)

The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula’s assumptions and goals, and the application of the definitions of greatest economic or social need,*
- (2) a numerical statement of the actual funding formula to be used,*
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and*
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.*

- States may use a base amount in their IFFs to ensure viable funding for each Area Agency.

Philosophy of the Intrastate Funding Formula

The guiding philosophy of the South Carolina Intrastate Funding Formula is to provide equitable funding to ensure quality services to persons age 60 and above, including those older persons with the greatest economic and social needs, low-income, minority persons, older individuals with a disability, and persons residing in rural areas.

Intrastate Funding Formula Assumptions and Goals

The South Carolina Department on Aging (SUA) utilizes the following factors to distribute Older Americans Act funds by Planning and Service Areas (PSA).

The current formula provides specific weight for each of the following populations:

- Persons age 60 years of age and older;
- Persons age 85 years of age and older;
- Persons age 60 years of age and older and below the Federal Poverty Level;

Appendix

- Persons age 65 years of age and older and are a minority;
- Persons age 65 years of age and older that have one of the six Census defined disabilities;
 - These are people who have difficulties in hearing, vision, cognitive, independent living, ambulatory, and self-care;
- Proportion of state rural population as defined by ACL and based on Rural-Urban Commuting Area (RUCA) sub-category codes.

The Intrastate Funding Formula achieves the following goals:

- Satisfies requirements of the OAA and Title III regulations;
- Is simple and easy to apply; and
- Presents the method for allocating funds in an easily understood format.

The funding formula reflects the requirements of the Older Americans Act, using current demographical and population data available from the United States Census Bureau.

Targeted Population Definitions

60+ Population

The number of persons in the age group 60 and above.

85+ Population

The number of persons in the age group 85 and above.

Low-Income 60+ Population

Number of persons age 60 plus who are below the poverty level as established by the OMB in Directive 14 as the standard to be used by Federal agencies for statistical purposes. This factor represents economic need as defined by the Older Americans Act.

Minority 65+ Population

Number of persons age 65 plus who are minorities (non-white and white who identify as Hispanic) and are below the poverty level, as established by the Office of Management and Budget (OMB) in Directive 14 as the standard to be used by Federal agencies for statistical purposes.

Individuals with Disabilities 65+ Population

Number of persons age 65 plus who have at least one of six disabilities as defined by the Census Bureau. This factor represents the social need factor of “physical and mental disability” as defined by the Older Americans Act.

Rural Population

Number of persons who reside in a rural area as defined by the United States Census Bureau using ACL’s delineation of rural based on RUCA sub-category codes. This factor represents the social need factor of “geographic isolation” as defined by the Older Americans Act.

Numerical Statement of the Intrastate Funding Formula

$$\text{Pfund} = \text{Base} * 0.25 + \text{P60} * 0.10 + \text{P85} * 0.10 + \text{Ppov} * 0.20 + \text{Pm} * 0.20 + \text{Pdis} * 0.10 + \text{Prur} * 0.05$$

$$\text{Amt} = \text{FedFunds} * \text{Pfund}$$

Factor	Definition	Weight
Pfund	Proportion of funding for the Planning and Service Area (PSA)	
FedFunds	Federal Funds Available for Allocation	
Amt	Amount allocated to the PSA	
Base	Base is divided equally among the ten (10) PSAs	25.00%
P60	PSA Proportion of State 60 plus population	10.00%
P85	PSA Proportion of State 85 plus population	10.00%
Ppov	PSA Proportion of State 60 plus population at or below poverty	20.00%
Pm	PSA Proportion of State 65 plus minority population	20.00%
Pdis	PSA proportion of state 65 plus with a defined disability	10.00%
Prur	PSA Proportion of state rural	5.00%

Intrastate Funding Formula Factors

Adhering to the requirements of the Older Americans Act, the South Carolina Department on Aging demonstrates in the charts below the factors that determine how the Intrastate Funding Formula allocates funds for the 10 Area Agencies on Aging in the State of South Carolina.

Appendix

Geographic Region		Formula Factors							
PSA	Name	TotPop	Base	60+	85+	60+Pov	65+M	65+Dis	Rural
1	Appalachia	1,271,136	10.00%	287,366	21,218	26,414	31,358	75,726	118,213
2	Upper Savannah	218,645	10.00%	56,513	4,736	6,645	10,514	16,402	172,730
3	Catawba	417,981	10.00%	94,240	6,124	8,913	12,703	21,379	86,602
4	Central Midlands	762,394	10.00%	154,876	11,164	15,498	30,931	38,115	28,022
5	Lower Savannah	315,397	10.00%	82,942	6,999	9,999	20,712	21,397	109,618
6	Santee-Lynches	223,191	10.00%	54,456	3,988	7,570	15,672	15,280	23,051
7	Pee Dee	340,205	10.00%	81,494	5,465	12,668	22,067	21,643	158,839
8	Waccamaw	425,448	10.00%	133,891	7,550	12,341	14,783	32,058	65,829
9	Trident	774,508	10.00%	160,313	11,918	15,059	30,946	38,250	9,421
10	Lowcountry	271,901	10.00%	84,219	6,236	5,756	12,228	17,833	91,408
Total	South Carolina	5,020,806	100.00%	1,190,310	85,398	120,863	201,914	298,083	863,733

Count of Formula Factors by PSA, FFY 2016

Geographic Region		Formula Factors								Overall Prop
PSA	Name	TotPop	Base	60+	85+	60+Pov	65+M	65+Dis	Rural	
1	Appalachia	25.32%	10%	24.14%	24.85%	21.85%	15.53%	25.40%	13.69%	18.101%
2	Upper Savannah	4.35%	10%	4.75%	5.55%	5.50%	5.21%	5.50%	20.00%	7.221%
3	Catawba	8.32%	10%	7.92%	7.17%	7.37%	6.29%	7.17%	10.03%	7.961%
4	Central Midlands	15.18%	10%	13.01%	13.07%	12.82%	15.32%	12.79%	3.24%	12.178%
5	Lower Savannah	6.28%	10%	6.97%	8.20%	8.27%	10.26%	7.18%	12.69%	9.075%
6	Santee-Lynches	4.45%	10%	4.57%	4.67%	6.26%	7.76%	5.13%	2.67%	6.876%
7	Pee Dee	6.78%	10%	6.85%	6.40%	10.48%	10.93%	7.26%	18.39%	9.752%
8	Waccamaw	8.47%	10%	11.25%	8.84%	10.21%	7.32%	10.75%	7.62%	9.472%
9	Trident	15.43%	10%	13.47%	13.96%	12.46%	15.33%	12.83%	1.09%	12.137%
10	Lowcountry	5.42%	10%	7.08%	7.30%	4.76%	6.06%	5.98%	10.58%	7.229%
Total	South Carolina	100%	100%	100%	100%	100%	100%	100%	100%	100%
Factor Weight		0%	25%	10%	10%	20%	20%	10%	5%	100%

Proportions for Formula Factors by PSA, FFY 2016

Appendix

Demonstration of the allocation of funds through the Intrastate Funding Formula (IFF)

Fund Description	Title III B-C Admin	Title III-B Support Services	Title III-C1 Congregate Dining	Title III-C-2 Home Delivered Meals	Title III-D Evidence Based	Title III-E Admin	Title III-E Family Caregiver Services	Total
Appalachia	\$318,060	\$1,158,314	\$402,949	\$987,238	\$69,382	\$51,772	\$465,945	\$3,453,660
Upper Savannah	\$126,878	\$462,066	\$160,741	\$393,822	\$27,677	\$20,652	\$185,871	\$1,377,709
Catawba	\$139,881	\$509,421	\$177,215	\$434,183	\$30,514	\$22,769	\$204,921	\$1,518,903
Central Midlands	\$213,984	\$779,289	\$271,095	\$664,192	\$46,679	\$34,831	\$313,478	\$2,323,548
Lower Savannah	\$159,464	\$580,735	\$202,023	\$494,964	\$34,785	\$25,956	\$233,608	\$1,731,536
Santee-Lynches	\$120,816	\$439,989	\$153,061	\$375,005	\$26,355	\$19,666	\$176,990	\$1,311,881
Pee Dee	\$171,364	\$624,076	\$217,101	\$531,903	\$37,381	\$27,894	\$251,042	\$1,860,760
Waccamaw	\$166,439	\$606,140	\$210,861	\$516,616	\$36,307	\$27,092	\$243,827	\$1,807,282
Trident	\$213,275	\$776,708	\$270,197	\$661,992	\$46,524	\$34,716	\$312,440	\$2,315,852
Lowcountry	\$127,025	\$462,599	\$160,927	\$394,276	\$27,709	\$20,676	\$186,086	\$1,379,297
State Total	\$1,757,187	\$6,399,337	\$2,226,171	\$5,454,191	\$383,313	\$286,023	\$2,574,207	\$19,080,429

Demonstration of the Allocation of Funds by PSA, FFY 2021

Appendix

Data Sources for Funding Formula:

<https://data.census.gov/cedsci>

All Tables are using the 2019: American Community Survey 5-Year Estimates Subject Tables

Table S0101 – Age and Sex

Table B01001A through B01001I – Sex by Age (broken down by race and ethnicity)

Table B17020 - Poverty Status in the Past 12 Months by Age

Table C18108 - Age by Number of Disabilities

- How Disability Data are Collected from The American Community Survey
- <https://www.census.gov/topics/health/disability/guidance/data-collection-ac.html>

Rural comes from USDA

Rural-Urban Commuting Area Codes – Last Updated 7/3/2019

- <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>
- Specifically for ACL:

Rural	RUCA code: 4.0, 4.2, 5.0, 5.2, 6.0, 6.1, 7.0, 7.2, 7.3, 7.4, 8.0, 8.2, 8.3, 8.4, 9.0, 9.1, 9.2, 10.0, 10.2, 10.3, 10.4, 10.5, and 10.6.
Non-Rural	RUCA code: 1.0, 1.1, 2.0, 2.1, 3.0, 4.1, 5.1, 7.1, 8.1, and 10.1.

Retrieved: 2021.04.07

Appendix

Attachment D: Planning and Service Areas with Contractors

10 Area Agencies on Aging and Locally Contracted Service Providers

Appalachia (Region I.) Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg Counties	
Organizations	Contact
Appalachia AAA	Mr. Tim Womack, Director Post Office Drawer 6668 Greenville, SC 29606
Pickens County Meals on Wheels	Ms. Kim Valentin, Director Post Office 184 Liberty, SC 29671
Senior Action, Inc.	Ms. Andrea Smith, Director 50 Director's Drive Greenville, SC 29615
Senior Centers of Cherokee County, Inc.	Ms. Amy Turner, Director 499 W. Rutledge Avenue Gaffney, SC 29341
Spartanburg Council on Aging	Jane Ovenden, Director 101 East Wood Street Spartanburg, SC 29304-2534
Senior Solutions	Mr. Doug Wright, Director 3420 Clemson Boulevard, Unit 17 Anderson, SC 29621

Upper Savannah (Region II.) Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda Counties	
Organization	Contact
Upper Savannah AAA	Ms. Linda McAlister, Director 430 Helix Road Greenwood, SC 29646
Edgefield Senior Citizens Council (also provides services in Saluda County)	Mr. Gayle Dorn, Interim Director 15 Center Spring Road Edgefield, SC 29824
McCormick County Senior Center, Inc.	Ms. Becky Powell Moon, Director Post Office Box 684 McCormick, SC 29835
Piedmont Agency on Aging	Ms. Kathy Hendricks-Dublin, Director Post Office Box 997 Greenwood, SC 29648-0997
Saluda services currently provided by the Edgefield Senior Citizens Council	Saluda Senior Services 403 West Butler Street Saluda, SC 29138

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Catawba (Region III.) Chester, Lancaster, York, and Union Counties	
Organizations	Contacts
Catawba Area Agency on Aging	Ms. Barbara Robinson, Director Post Office Box 4618 Rock Hill, SC 29732
Lancaster County Council on Aging	Ms. Sally Sherrin, Director Post Office Box 1296 Lancaster, SC 29721
Senior Services Inc. of Chester County	Ms. Wendy Duda, Director Post Office Box 11519 Rock Hill, SC 29730
Union County Council on Aging	Mr. E. Earl Black, Director Post Office Box 519 Union, SC 29379
York County Council on Aging	Ms. Wendy Duda, Director Post Office Box 11519 Rock Hill, SC 29730

Central Midlands (Region IV.) Fairfield, Lexington, Newberry, and Richland Counties	
Organizations	Contacts
Central Midlands AAA	Ms. Candice Holloway, Aging Unit Director 236 Stoneridge Drive Columbia, SC 29210
Fairfield County Council on Aging	Ms. Angi Conner, Director 210 E. Washington Street Winnsboro, SC 29180
Lexington County Recreation & Aging Commission	Ms. Lynda Christison, Aging Director 125 Parker Street Lexington, SC 29072
Newberry County Council on Aging	Ms. Lynn Stockman, Director 1300 Hunt Street Newberry, SC 29108
Senior Resources	Mr. Andrew Boozer, Director 2817 Millwood Avenue Columbia, SC 29205-1261

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Lower Savannah (Region V.) Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg Counties	
Organizations	Contacts
Lower Savannah AAA	Vacant, Director Post Office Box 850 Aiken, SC 29802
Aiken Area Council on Aging	Ms. Aimee Hanna, Director Post Office Box 3156 Aiken, SC 29802
Allendale County Office on Aging	Henry Youmans, Director Post Office Box 602 Allendale, SC 29810
Bamberg County Office on Aging	Ms. Kay Clary, Director Post Office Box 6 Bamberg, SC 29003
Calhoun County Council on Aging	Ms. Jill Truesdale, Director Post Office Box 212 St. Matthews, SC 29135
Generations Unlimited	Ms. Lisa Firmender, Director Post Office Box 1149 Barnwell, SC 29812
Orangeburg County Council on Aging	Ms. Dee Anne Miller, Director Post Office Box 1301 Orangeburg, SC 29116

Santee Lynches (Region VI.) Clarendon, Kershaw, Lee, and Sumter Counties	
Organizations	Contacts
Santee-Lynches AAA	Ms. Janae Stowe, Director 2525 Corporate Way, Suite 200 Sumter, SC 29154
Clarendon County Council on Aging	Ms. Joyce Struthers-Wilson, Interim Director Post Office Box 522 Manning, SC 29102
Kershaw County Council on Aging	Mr. Bruce Little, Director 906 Lyttleton Street Camden, SC 29020
Lee County Council on Aging	Ms. Ruby Gibbes, Executive Director Post Office Box 343 Bishopville, SC 29010
Sumter Senior Services	Ms. Shirley Baker, Director Post Office Box 832 Sumter, SC 29151

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Pee Dee (Region VII.) Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro Counties	
Organizations	Contacts
Vantage Point - Pee Dee AAA	Ms. Shelia Welch, Director Post Office Box 999 Hartsville, SC 29551
Chesterfield County Council on Aging	Ms. Donna Rivers, Director Post Office Box 45 Chesterfield, SC 29709
Darlington County Council for the Aging	Ms. Jackie G. Anderson, Director 402 Pearl Street Darlington, SC 29532
Dillon County Council on Aging	Ms. Joni Spivey, Director Post Office Box 1473 Dillon, SC 29536
Senior Citizens Association of Florence County	Ms. Linda Mitchell Johnson, Director Post Office Box 12207 Florence, SC 29504
Marion County Council on Aging	Ms. Lisa Brewer, Director Post Office Box 728 Marion, SC 29571
Marlboro County Council on Aging	Ms. Lisa Perkins Director Post Office Box 1195 Bennettsville, SC 29512

Waccamaw (Region VIII.) Georgetown, Horry, and Williamsburg Counties	
Organizations	Contacts
Waccamaw AAA	Ms. Kimberly Harmon, Director 1230 Highmarket Street Georgetown, SC 29440
Georgetown County Bureau of Aging Services	Ms. Jacqueline Elliott, Director 2104 Lincoln Street Georgetown, SC 29440-2669
Horry County Council on Aging	Ms. Elaine Gore, Director Post Office Box 1693 Conway, SC 29526
Vital Aging	Mr. Robert Welch, Director Post Office Box 450 Kingstree, SC 29556

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Trident (Region IX.) Berkeley, Charleston, and Dorchester Counties	
Organizations	Contacts
Trident AAA	Ms. Stephanie Blunt, Director 5895 Core Road, Suite 419 North Charleston, SC 29406
Berkeley Senior's, Inc.	Ms. Tonya Sweatman, Director 103 Gulledge Street Moncks Corner, SC 29461
Charleston Area Senior Citizens, Inc.	Ms. Donna Cock, Director 259 Meeting Street Charleston, SC 29401
Dorchester Seniors, Inc.	Ms. Jean Ott, Director 312 North Laurel Street Summerville, SC 29483
Roper St. Francis Foundation	Ms. Ashley Redmond, Director 125 Doughty Street Charleston, SC 29401
South Santee Community Center of Charleston County	Ms. Sheila Powell, Director 710 S. Santee Road McClellanville, SC 29458

Lowcountry (Region X.) Beaufort, Colleton, Hampton, and Jasper Counties	
Organizations	Contacts
Lowcountry AAA	Letisha Scotland, Director Post Office Box 98 Yemassee, SC 29945
Senior Services of Beaufort	Ms. Patricia Jenkins, Director Post Office Box 1776 Beaufort, SC 29901
Colleton County Council on Aging	Ms. Everlena Brown, Director 39 Senior Avenue Walterboro, SC 29488
Hampton County Council on Aging	Ms. Linda Kearse, Director 108 West Pine Street Hampton, SC 29924-2309
Jasper County Council on Aging	Ms. Lila Rish, Director Post Office Box 641 Ridgeland, SC 29936

Attachment E: Aging Programs

Department on Aging's Major Programs

The Older Americans Act (OAA) and the Administration for Community Living (ACL) guide the Department on Aging's (SCDOA's) coordination of programs and services in South Carolina. While the majority of the programs are federally funded, others are funded via grants or through the State of South Carolina.

Older Americans Act or Federal Services and Programs

Title III

State Health Insurance Assistance Program (SHIP)

South Carolina's State Health Insurance Assistance Program (SHIP) is a state-wide health insurance information, counseling, and assistance program administered by the Department on Aging with funding through the Administration for Community Living (ACL).

The SHIP mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits.

The State Health Insurance Assistance Programs (SHIPs) provide free, in-depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. SHIPs are grant-funded projects of the United States Department of Health and Human Services (USDHHS) and the United States Administration for Community Living (ACL).

Senior Medicare Patrol (SMP)

South Carolina's Senior Medicare Patrol (SMP) Program is a health care fraud program administered by the Department on Aging with funding through the Administration for Community Living (ACL). SMPs empower and assist Medicare beneficiaries, beneficiaries' families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

Family Caregiver Support Program

South Carolina's Family Caregiver Support Program is modeled on consumer direction. Each AAA has a full time Family Caregiver Advocate who works directly with family caregivers. Eligible caregivers may also obtain a voucher or budget to purchase services from the provider of their choice. The family caregiver funds come from federal and state sources.

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Respite

Respite is a service that provides a temporary break to an unpaid caregiver caring for an older adult or adult with a disability. Respite care has been shown to help sustain family caregiver health and well-being. The primary caregiver is a person who is responsible for an individual's daily care, provision of food, shelter, clothing, health care, education, nurturing, and supervision on an uncompensated basis.

Alzheimer's Disease Program Initiative (ADPI)

The SC Department on Aging (SCDOA) in collaboration with the Alzheimer's Association SC (AASC), Women's Missionary Society of the AME Church 7th District (WMS-AME), Christian Action Council, AARP, three of the 10 Aging and Disability Resource Centers (ADRCs), and the University of South Carolina Institute for Families in Society will implement this Alzheimer's Disease Program Initiative a grant funded through the Administration for Community Living (ACL) from September 1, 2019 – September 30, 2022. The goal is to enhance the quality of life by improving access to home and community-based services (HCBS) for underserved African Americans with Alzheimer's Disease and Related Disorders (ADRD) and their caregivers in 16 rural counties. The objectives are to: 1) expand and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with dementia and their caregivers; and 2) ensure access to a comprehensive, sustainable set of quality dementia-capable HCBS.

Building Long-Term Sustainability in State Lifespan Respite Programs in SC

The Lifespan Respite program expands awareness about respite and makes significant strides toward improving access to quality, affordable respite across ages and disabilities, especially for previously unserved or underserved populations. The SCDOA, in partnership with the South Carolina Respite Coalition, Family Connection of South Carolina and key stakeholders will, over the course of this three-year grant project, build on achievements of its previous Lifespan Respite grants to further implement and update South Carolina's Lifespan Respite State Plan. The goal is to expand respite and improve access to quality services for family caregivers across all ages and special needs. The program seeks to integrate respite services into SC's long-term services and supports (LTSS) as part of a coordinated and sustainable lifespan respite system. Proposed objectives are: (1) enhance respite services at all levels by increasing outreach, broadening stakeholder engagement, re-evaluating and updating the State Plan through state/regional advisory committees to realize sustainability of the lifespan program; (2) build networks to recruit/train respite providers, working through the Regional Advisory Councils and organizations, including faith communities; (3) initiate respite recruitment/training through Institutions of Higher Education by working with the Long Term Care Task Force Workforce subcommittee; (4) fill gaps, increase availability of respite by expanding vouchers across the lifespan, sustain and increase coordination with other voucher programs; and (5) sustain efforts and further integrate respite into LTSS working with Medicaid's 1915i waivers, Money Follows the Person, dual eligible demonstration, and SC Coordinated System of Care for Children.

Title III-B Supportive Services**Information and Referral/Assistance (I &R/ A); SC Access**

Information and Referral/ Assistance (I&R/A) Specialists provide personal assistance in a “one stop shop” environment that enables older adults, people with disabilities, and their caregivers to access the services they need to live as independently as possible. I&R/A Specialists are trained and certified according to national standards (AIRS) in interviewing and screening techniques and referral skills. Get Care SC (GetCareSC.com) is a comprehensive, web-based service directory utilized by the I&R/A Specialists but is also available to the public. Get Care SC is comprised of several sections to include a service directory. In addition to the public resource database, SC Access has a protected Client Intake/Case Management Module (On Line Support Assistant – OLSA) used by the I&R/A Specialists and ADRC staff to track clients and provide case management to those who contact them for assistance.

Transportation Services

The overarching goal for the SCDOA is to provide transportation services to meet the needs of South Carolina’s older citizens. In 2014, the SCDOA established a Point-to-Point transportation system in South Carolina. The intent of the Point-to-Point system was to establish accountability and transparency, and sound business practices, while also continuing to serve the transportation needs of an older population.

Transportation consistently ranks among the top priority need for seniors in South Carolina. The state lacks a coordinated and affordable transportation system that meets the needs of its population. The inability of seniors to get where they need to go can quickly lead to poor nutrition, diminished mental and physical health, and a general isolation from their community. The SCDOA has worked with the South Carolina Department of Transportation (SCDOT) to provide a volunteer transportation program through discretionary grants. Although not currently active, the SCDOA continues to seek funding for innovative programming.

The two major transportation systems that serve the state’s seniors and persons with disabilities are the Older Americans Act funded transportation services provided by the state’s local contract providers and the state’s Medicaid brokerage system coordinated by the South Carolina Department of Health and Human Services (SCHHS). In addition, some aging contractors provide 5307, 5310, and 5311 transportation services in their counties.

Home Care Services

Home care services address a progressive level of need that a program beneficiary usually experiences when dealing with a condition that requires assistance with instrumental or routine activities of daily living. Home care services assist older individuals, families, and/or caregivers to overcome specific barriers to maintain, strengthen, and safeguard independent functioning in the home. These services are designed to prevent or delay institutionalization and improve the individual's or caregiver's quality of life and include personal care, homemaker and chore assistance. Home care services are funded by the Area Agencies on Aging (AAAs). Home Care

Appendix

Service definitions are based on the National Aging Program Information System (NAPIS) definitions.

Home Care Service Classifications

- a. Personal Care – Personal assistance, stand by assistance, supervision or cues (such as with eating, bathing, toileting, transferring in/out of bed or chair, walking, dressing, grooming, and assistance with medicine).
- b. Chore – Assistance with heavy housework, yard work or sidewalk maintenance for the person.
- c. Homemaker – Assistance such as preparing meals, shopping for personal and household items, using the telephone, and doing light housework.
- d. Minor Home Modification – Limited assistance with home improvements in the owner-occupied homes of seniors.

Client Assessment Services

The Department on Aging supports a holistic, person-centered approach to assessments that results in all of the client’s needs being identified, instead of an assessment process where clients are assessed for a specific service. In order to meet the person-centered assessment goal, each AAA shall conduct assessments in its respective region.

Assessments are a service of Title III-B under the Older Americans Act and should be treated like all III-B services.

Title III-C

Nutrition Program and Services

The SCDOA provides funding via federal and state sources to coordinate a nutrition (meals) program in the State of South Carolina. The program funding through Title III-C-1 and C-2, as well as state dollars is a supplemental meals program that provides home delivered and congregate meals to eligible individuals plus the attendant services of nutrition education and nutrition counseling according to Older Americans Act criteria. Priority for meals is given to those individuals meeting eligibility and target criteria according to the Older Americans Act and are identified as being at high nutritional risk per the nationally utilized nutrition risk screening tool known as the “DETERMINE Your Nutritional Health” Tool.

The SCDOA’s nutrition program aims to increase the ability of seniors to perform everyday activities and to remain in their homes safely for as long as possible. The nutrition services are designed to enhance quality of life by improving nutritional and health status, increase functional abilities, promote home safety, and delay institutionalization.

Goal of Nutrition Services:

- reduce hunger, food insecurity and malnutrition;
- promote socialization of older individuals; and

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- promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Title III-D

Evidence-Based Prevention and Wellness Programs

In the past, the SCDOA received funding from ACL to introduce and expand evidence-based health promotion and disease prevention programs (EBP) in South Carolina. Although no discretionary grants are currently in place, SCDOA staff works with the AAA directors to utilize Title III-D funding for evidence-based programming in their respective regions.

Evidence-based disease and health promotion services shall:

- maintain improved health;
- increase years of healthy life;
- reduce risk factors associated with illness, disability, or disease;
- delay onset of disease;
- minimize periods of disability;
- preserve functional capacity;
- manage chronic diseases; and
- prevent premature institutionalization.

The SCDOA’s objectives of the Evidence-Based Programs are to: 1) empower older persons to adopt healthy lifestyles and behaviors, improve health status, manage chronic conditions better; 2) reduce the use of hospital services and emergency room visits; and 3) enable aging networks to have the capacity to deliver evidence-based programs.

Title V

Senior Employment Opportunities

The Title V Senior Community Service Employment Program (SCSEP) is authorized by the Older Americans Act and is a community service and work-based job-training program for older Americans. The program provides training for low-income, unemployed seniors. SCSEP is funded through the United State Department of Labor.

The Senior Community Service Employment Program (SCSEP) fosters and promotes useful part-time training opportunities in community service organizations for unemployed low-income persons who are age 55 or older and who have poor employment prospects. SCSEP promotes individual economic self-sufficiency and increases the number of persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors by providing individuals with appropriate training for targeted jobs in the community. The SCDOA contracts with Goodwill, Inc. of the Midlands/Upstate to coordinate the employment services.

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Title VII**Ombudsman Program**

In South Carolina, a “vulnerable adult” is defined as a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. A resident of any long-term care facility is considered a vulnerable adult. The South Carolina Omnibus Adult Protection Act defines abuse, neglect, and exploitation and encourages the collaboration of organizations and agencies involved with adult protective issues to help prevent/reduce the incidence of abuse, neglect, and exploitation.

The Office of the Long Term Care Ombudsman, housed within the SCDOA, is charged with providing advocacy and assisting individuals with long term care issues. The State Long Term Care Ombudsman is responsible for directing the program and oversees the investigation of complaints by its 10 Regional Programs housed within the AAAs.

The SCDOA and the Long Term Care Ombudsman hold seats on the South Carolina Adult Protection Coordinating Council, which ensures consultation and collaboration with all agencies entrusted with protecting seniors and vulnerable adults. The goals of the program are achieved through a multi-faceted approach: advocacy and investigation of allegations of abuse, neglect and exploitation in facilities; collaboration, outreach and training to stop or prevent abuse, neglect and exploitation; maintenance of the volunteer Friendly Visitor program; and assurance that legal services are available to seniors of greatest social and economic need (as determined by the priority areas of income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianships, abuse, neglect, and age discrimination).

Healthy Connections Prime Ombudsman Program

The Healthy Connections Prime Ombudsman Program is an independent program that helps individuals, their significant others, and representatives address concerns or conflicts that may interfere with their enrollment in Healthy Connections Prime or their access to Healthy Connections Prime benefits and services. The South Carolina Department of Health and Human Services (SCDHHS) contracts with the SCDOA to implement Options Counseling for those individuals who are eligible for the Money Follows the Person (MFP) program.

Statewide Legal Assistance Program

The Department on Aging’s Legal Assistance Program offers services to persons age 60 or older using Title III-B funding. Individuals who are in the greatest social and/or economic need with particular attention to low-income minorities, rural residents, or persons with limited English speaking proficiency are given priority for legal services. Some of the legal services that can be addressed include:

- Income protection (example: bankruptcy, appeal denials of pension, etc.);
- Health Care (example: appeal disability or Medicare/Medicaid denial);

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- Long Term Care (example: facility involuntary transfer, inappropriate discharge);
- Nutrition (example: if benefits denied and a legal appeal is required);
- Housing (example: eviction or discrimination issues);
- Utilities (not applicable in SC);
- Protected Services (example: conservatorships);
- Guardianship (example: obtaining or defending you from guardianship);
- Abuse (example: legal assistance to victims of NON-CRIMINAL Neglect situations who are not in long term care facilities); and Exploitation.

State Programs and Services

Alzheimer’s Resource Coordination Center

The Alzheimer's Resource Coordination Center (ARCC) provides statewide coordination, service system development, information and referral, and caregiver support services to individuals with Alzheimer's disease and related disorders, their families and caregivers. Legislation directs the center to:

- initiate the development of systems which coordinate the delivery of programs and services;
- facilitate the coordination and integration of research, program development, planning and quality assurance;
- identify potential users of services and gaps in the service delivery system and expand methods and resources to enhance statewide services;
- serve as a resource for education, research and training and provide information and referral services;
- provide technical assistance for the development of support groups and other local initiatives to serve individuals, families and caregivers; and
- recommend public policy concerning Alzheimer's disease and related disorders to state policymakers.

The funds are used for dementia-specific education or respite grants. They may be used to develop or expand (1) respite care programs that are dementia specific, including in-home, overnight, adult day services or social model group respite to support caregivers and promote a higher quality of life for the person with Alzheimer’s disease and related disorders (ADRD), and the family or (2) to provide new or expanded educational programs for families and caregivers of persons with dementia and community service providers.

Alzheimer’s Disease and Related Dementia Respite Voucher Program (Respite Assistance Program)

Appendix

Since 2003, the South Carolina General Assembly has directed funds to the South Carolina Department of Mental Health for respite care to those who qualify as determined by the Alzheimer’s Association. The South Carolina Department of Aging and the Alzheimer’s Association have entered into a Memorandum of Agreement for the South Carolina Department on Aging to carry out Respite Services. The Respite Assistance Program provides respite assistance to the family members of individuals with Alzheimer’s disease through a voucher system.

Get Care SC (GetCareSC.Com)

Get Care SC is an online guide to available resources for older adults, people with disabilities, their family members, and caregivers in South Carolina. The goal of Get Care SC is to provide useful information.

Vulnerable Adult Guardian ad Litem

The Vulnerable Adult Guardian ad Litem program recruits volunteer Guardians ad Litem to act as unbiased representatives for vulnerable adults under Adult Protective Service custody in cases of abuse, neglect, and exploitation.

Senior Center Permanent Improvement Project Grant

The SCDOA encourages local service providers to enhance and modernize their senior centers to make them more relevant to today’s mature adults and their needs. PIP grants are awarded annually to enhance or build senior centers.

There are approximately 165 active senior centers and/or group dining sites according to current data collected by the SCDOA. South Carolina’s aging network is proactively working to redirect the focus of the senior center from a nutrition site to a community focal point by promoting awareness, training, knowledge, and resourcefulness. The SCDOA’s vision is to incorporate the National Council on Aging’s established senior center standards with the goal of creating improved senior center opportunities for seniors. South Carolina’s goal is to make all senior centers focal points and town squares for older adults in each region.

ElderCare Trust

In 1992, the South Carolina ElderCare Trust Fund was established by legislation to enable taxpayers to make voluntary contributions through a check-off on state income tax forms or through direct contributions. All contributions must be used to award seed grants to non-profit organizations to establish and administer innovative programs to help older adults to remain in their communities.

Geriatric Loan Forgiveness

Legislation allows up to \$35,000 per year of fellowship training from an accredited geriatric fellowship program, in exchange for establishing and maintaining a geriatric practice in South Carolina for five years.

Nursing Home Bed Locator

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This online tool assists individuals in finding available long-term care beds in South Carolina. This is a partnership between the SCDOA and the South Carolina Department of Health and Human Services. The information is kept up to date; however, it does not guarantee anyone a bed. There are many factors regarding placement and the actual process requires in-depth conversations with the facility. This service is part of a continuum of services to our targeted population.

Emergency Management Coordination

The Department on Aging (SCDOA) proactively prepares for emergencies, and coordinates with the Area Agencies on Aging (AAAs) to ensure that regional policies are in place and evaluated annually, or as necessary, to ensure the safety of older adults and persons with disabilities before, during, and after an emergency situation. The COVID-19 Pandemic and State of Emergency tested the SCDOA and Aging Network starting in 2020 and the SCDOA responded by ensuring that critical aging services continued without interruption.

The SCDOA’s emergency planning process begins with an external risk assessment focused on various human-made (i.e., bioterrorism) and natural (i.e., hurricanes, pandemic, or influenza) disasters, which identifies concerns for the community, our customers, and workforce.

The SCDOA has staff members who coordinates emergency preparedness and responses for the agency. In addition, other staff members have assigned roles during declared emergencies.

As mandated by the Older Americans Act, Presidential Policy Directive 8 National Preparedness (PPD:8), and an Executive Order issued by the Governor, the SCDOA plays a very active role in coordinating emergency management planning in the State of South Carolina. The main goal of the SCDOA’s strategic development planning process is to provide the AAAs and their contracted providers the tools, guidance, knowledge, and opportunities to address emergency coordination regionally through collaborations with relevant organizations, resulting in the AAAs becoming more involved in community planning.

The South Carolina Aging Network’s Policies and Procedures Manual stipulates the roles that the SCDOA, AAAs, and providers have in emergency planning and coordination during actual emergency events. Each AAA addresses the stipulations in their regional emergency plans.

Through its strategic planning, the SCDOA is active in promoting, bringing awareness to, and supporting emergency management related issues within the AAA regions by reaching out to prospective agencies and organizations that the AAAs would benefit from establishing partnerships. Each AAA is required to establish a working relationship with county emergency management governmental organizations, and non-profit entities such as the Red Cross and Salvation Army to aid in emergency coordination.

Emergency Management Coordination

The South Carolina Emergency Management Division (SCEMD) is the lead organization in South Carolina for disaster preparedness and response. SCEMD develops and implements South Carolina’s Emergency Operations Plan (SEOP). This plan designates which agencies will take the lead in

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implementing the Essential Support Functions (ESF) that are a part of every state’s emergency operations plan. In the SEOP, the SCDOA supports (ESF) 6 (Mass Care)

Before a disaster or emergency, SCEMD activates Operational Control (OPCON) levels. During a disaster or emergency, the SCEMD opens and operates the State Emergency Operations Center (SEOC). While in operation, the SCDOA is assigned to the Emergency Support Function ESF-6, which is staffed 24 hours a day until the emergency is over. SCDOA staff is assigned 12-hour shifts at the SEOC.

Partnerships

Food Bank Partnerships

The SCDOA has established a partnership with the Harvest Hope Food Bank in Columbia to provide food items and excess fresh produce to seniors with food insecurities. The Harvest Hope Food Bank serves 22 counties and will work with the local service providers and AAAs to distribute the food items at group dining sites and senior centers. The Catawba AAA has a similar program through a food bank in Charlotte, and the Lowcountry Food Bank in Charleston assists seniors.

Councils and Committees at the SCDOA

Alzheimer’s Disease and Related Disorders Resource Coordination Center (ARDCC)

Within the SC Department on Aging there is created the Alzheimer’s Resource coordination Center to provide statewide coordination, service system development, information and referral, and caregiver support services to individuals with Alzheimer's disease and related disorders, their families, and caregivers.

The center shall:

- (1) initiate the development of systems which coordinate the delivery of programs and services;
- (2) facilitate the coordination and integration of research, program development, planning, and quality assurance;
- (3) identify potential users of services and gaps in the service delivery system and expand methods and resources to enhance statewide services;
- (4) serve as a resource for education, research, and training and provide information and referral services;
- (5) provide technical assistance for the development of support groups and other local initiatives to serve individuals, families, and caregivers;
- (6) recommend public policy concerning Alzheimer's disease and related disorders to state policymakers;
- (7) submit an annual report to the Chairman of the Medical Affairs Committee of the Senate and

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the Chairman of the Medical, Military, Public and Municipal Affairs Committee of the House of Representatives in addition to publishing the report on the Governor's website;

(8) facilitate the coordination and integration of educational initiatives for health care providers on the importance and value of early detection and timely diagnosis of cognitive impairment, validated cognitive assessment tools, and increasing understanding and awareness of early warning signs of Alzheimer's disease and other types of dementia and how to reduce the risk of cognitive decline.

Alzheimers Resource Coordination Council (ARCC)

The Alzheimer's Disease and Related Disorders Coordination Center is supported by an advisory council appointed by the Governor including, but not limited to representatives of:

- (1) Alzheimer's Association Chapters;
- (2) American Association of Retired Persons;
- (3) Clemson University;
- (4) Department of Disabilities and Special Needs;
- (5) Department of Health and Environmental Control;
- (6) Department of Mental Health;
- (7) Department of Social Services;
- (8) Department of Health and Human Services;
- (9) Medical University of South Carolina;
- (10) National Association of Social Workers, South Carolina Chapter;
- (11) South Carolina Adult Day Care Association;
- (12) South Carolina Association of Area Agencies on Aging;
- (13) South Carolina Association of Council on Aging Directors;
- (14) South Carolina Association of Nonprofit Homes for the Aging;
- (15) South Carolina Association of Residential Care Homes;
- (16) South Carolina Health Care Association;
- (17) South Carolina Home Care Association;
- (18) South Carolina Hospital Association;
- (19) South Carolina Medical Association;
- (20) South Carolina Nurses' Association;
- (21) Statewide Alzheimer's Disease and Related Disorders Registry;
- (22) University of South Carolina; and
- (23) South Carolina State University.

Elder Care Trust Fund

The Elder Care Trust Fund is administered by the Department on Aging to award grants to public and nonprofit agencies and organizations to establish and administer innovative programs and services that assist older persons to remain in their homes and communities with maximum independence and dignity. The trust fund is funded through voluntary contributions given when individuals file their state income tax returns or by gifts and bequests held by the State Treasurer.

In administering the trust fund, the Department on Aging may:

- (1) assess the critical needs of the frail elderly and establish priorities for meeting these needs;
- (2) receive gifts, bequests, and devise for deposit and investment into the trust fund for awarding grants to public and private nonprofit organizations;
- (3) solicit proposals for programs that are aimed at meeting identified service needs;
- (4) provide technical assistance to public and private nonprofit organizations, when requested, in preparing proposals for submission;
- (5) establish criteria for awarding grants; and
- (6) enter into contracts for the awarding of grants to public and private nonprofit organizations.

Geriatric Physician Advisory Loan Advisory Board

There is established within the Department of Aging the State Loan Repayment Program to reimburse student loan payments of a physician licensed or certified to practice in South Carolina, who has completed a fellowship training program in geriatrics or geropsychiatry accredited by the Accreditation Council for Graduate Medical Education, is accepted into the program.

To assist the department in selecting program participants, there is established the Physician Advisory Board to review applicants for the repayment reimbursement program. The board consists of five members, one each appointed by the department to represent:

- (1) the South Carolina Medical Association;
- (2) the South Carolina Commission on Higher Education;
- (3) the Medical University of South Carolina;
- (4) the School of Medicine of the University of South Carolina; and
- (5) a fellow in geriatrics or geropsychiatry.

A physician accepted for the program shall execute a contract with the department in which the physician agrees:

- (1) to practice in South Carolina for no fewer than five consecutive years immediately following completion of his or her fellowship;
- (2) to accept Medicare and Medicaid patients;
- (3) to accept reimbursement or contractual binding rates; and
- (4) not to discriminate against patients based on the ability to pay.

Attachment F: State Demographic Information

SC Population (2019 American Community Survey)						
County	Estimated Total Population	Population 60+	Poverty	Minority	Disability	Rural (ACL)
Abbeville	24,627	7,092	1,144	1,368	1,128	22,287
Aiken	168,301	43,513	3,681	6,168	10,348	0
Allendale	9,024	2,418	290	4,770	863	1,068
Anderson	198,064	47,683	4,678	1,211	13,599	1,068
Bamberg	14,376	4,061	610	1,607	1,091	15,987
Barnwell	21,346	5,250	696	1,448	1,820	16,920
Beaufort	186,095	61,612	2,965	5,900	12,675	71,663
Berkeley	215,044	41,243	3,748	7,895	10,903	0
Calhoun	14,663	4,295	711	1,262	1,272	3,440
Charleston	401,165	88,524	8,641	17,909	19,539	1,738
Cherokee	56,895	12,703	1,512	1,564	3,466	43,940
Chester	32,311	8,339	1,424	1,804	2,401	0
Chesterfield	45,953	10,918	1,472	2,543	3,245	22,687
Clarendon	33,957	10,562	1,545	3,135	3,113	1,150
Colleton	37,585	10,311	1,166	2,788	2,233	17,114
Darlington	67,027	17,005	2,527	4,374	4,815	30,455
Dillon	30,689	6,869	1,369	1,910	1,944	32,062
Dorchester	158,299	30,546	2,670	5,142	7,808	7,683
Edgefield	26,927	6,620	657	1,557	1,208	7,439
Fairfield	22,565	7,016	1,020	2,142	1,591	0
Florence	138,475	31,649	4,059	8,097	7,330	15,661
Georgetown	61,952	21,786	2,343	3,635	4,877	34,343
Greenville	507,003	108,614	9,375	13,399	25,685	0
Greenwood	70,411	16,977	2,014	3,038	4,921	69,661
Hampton	19,564	4,719	662	1,676	1,228	2,631
Horry	332,172	103,481	7,892	7,390	24,820	0
Jasper	28,657	7,577	963	1,864	1,697	0
Kershaw	65,112	16,434	2,014	2,855	4,518	7,445
Lancaster	92,308	24,847	2,325	2,814	5,363	53,105
Laurens	66,846	16,500	1,889	2,739	5,100	50,207
Lee	17,365	4,259	815	1,753	1,316	14,456
Lexington	290,278	64,228	5,082	5,180	15,722	0
McCormick	9,531	4,091	356	887	872	8,115

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Marion	31,308	8,603	1,526	2,908	2,238	29,041
Marlboro	26,753	6,450	1,526	2,235	2,071	28,933
Newberry	38,194	10,095	1,785	1,758	2,585	28,000
Oconee	77,528	23,448	1,257	1,257	6,829	74,273
Orangeburg	87,687	23,405	4,011	9,016	6,003	72,203
Pickens	124,029	26,747	2,220	1,279	7,603	0
Richland	411,357	73,537	7,912	21,824	18,217	22
Saluda	20,303	5,233	585	925	1,418	15,021
Spartanburg	307,617	68,171	6,724	9,089	10,241	0
Sumter	106,757	23,201	2,962	7,929	6,333	0
Union	27,490	7,368	870	1,451	2,230	25,224
Williamsburg	31,324	8,624	2,106	3,758	2,361	31,468
York	265,872	53,687	4,294	6,634	11,385	8,273
State Total	5,020,806	1,190,310	120,863	201,914	298,083	863,733

County Data ((2019 American Community Survey)						
County	Population 55 and older for whom poverty was determined	Estimated population 55 and older below poverty	Estimated population 55 and older percent below poverty	Population 65 and older for whom poverty was determined	Estimated population 65 and older below poverty	Estimated population 65 and older percent below poverty
Abbeville	8,570	1,588	18.5%	4,954	887	17.9%
Aiken	53,612	5,467	10.2%	29,807	2,212	7.4%
Allendale	2,775	329	11.9%	1,601	181	11.3%
Anderson	59,413	6,419	10.8%	33,216	2,910	8.8%
Bamberg	4,956	673	13.6%	2,877	403	14.0%
Barnwell	6,627	953	14.4%	3,590	342	9.5%
Beaufort	70,989	4,468	6.3%	46,553	2,216	4.8%
Berkeley	52,346	5,010	9.6%	26,975	2,239	8.3%
Calhoun	5,434	990	18.2%	3,087	472	15.3%
Charleston	111,177	10,730	9.7%	60,008	4,823	8.0%
Cherokee	16,216	2,130	13.1%	8,950	929	10.4%
Chester	10,353	1,886	18.2%	5,681	959	16.9%
Chesterfield	14,053	2,212	15.7%	7,676	1,075	14.0%
Clarendon	12,362	2,200	17.8%	7,318	1,162	15.9%
Colleton	12,062	1,619	13.4%	6,689	731	10.9%
Darlington	21,121	3,359	15.9%	11,569	1,615	14.0%
Dillon	8,810	2,114	24.0%	4,649	979	21.1%

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Dorchester	39,040	3,611	9.2%	20,167	1,777	8.8%
Edgefield	8,359	820	9.8%	4,541	421	9.3%
Fairfield	8,194	1,225	14.9%	4,332	347	8.0%
Florence	39,332	5,408	13.7%	21,261	2,441	11.5%
Georgetown	25,636	2,949	11.5%	15,840	1,407	8.9%
Greenville	135,451	12,991	9.6%	73,442	5,801	7.9%
Greenwood	20,879	2,564	12.3%	12,028	1,299	10.8%
Hampton	5,889	737	12.5%	3,350	345	10.3%
Horry	119,448	10,702	9.0%	70,619	4,854	6.9%
Jasper	8,573	933	10.9%	4,656	266	5.7%
Kershaw	20,446	2,884	14.1%	11,151	1,482	13.3%
Lancaster	28,949	2,615	9.0%	17,635	1,444	8.2%
Laurens	20,298	2,389	11.8%	10,927	1,195	10.9%
Lee	5,344	1,119	20.9%	2,911	686	23.6%
Lexington	79,855	6,253	7.8%	42,040	2,751	6.5%
McCormick	4,460	429	9.6%	2,988	220	7.4%
Marion	10,406	2,212	21.3%	5,688	1,136	20.0%
Marlboro	7,805	1,741	22.3%	4,411	1,023	23.2%
Newberry	12,284	1,883	15.3%	6,948	876	12.6%
Oconee	28,653	2,700	9.4%	17,039	1,333	7.8%
Orangeburg	28,139	4,989	17.7%	15,908	2,388	15.0%
Pickens	34,056	3,001	8.8%	19,136	1,462	7.6%
Richland	92,819	9,959	10.7%	47,373	4,488	9.5%
Saluda	6,520	792	12.1%	3,689	376	10.2%
Spartanburg	84,405	8,639	10.2%	46,297	4,288	9.3%
Sumter	29,318	4,318	14.7%	16,043	2,157	13.4%
Union	9,330	1,281	13.7%	5,157	704	13.7%
Williamsburg	10,590	2,460	23.2%	5,997	1,200	20.0%
York	67,168	5,488	8.2%	34,781	2,660	7.6%
South Carolina	1,462,522	159,239	10.9%	811,555	74,962	9.2%

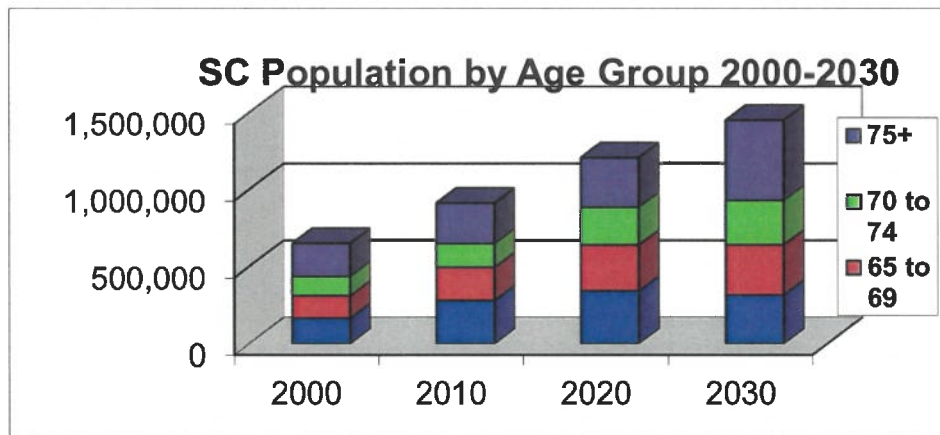
South Carolina Estimated Educational Attainment by Age Group - 2018		
	South Carolina	
Total:	#	% of age group
25 to 44 years:	1,277,718	100.0%
Less than High School Diploma	125,583	9.8%

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High School Diploma or higher	1,152,135	90.2%
Bachelor's or higher	227,970	17.8%
Graduate or professional degree	130,034	10.2%
45 to 64 years:	1,314,883	100.0%
Less than High School Diploma	139,696	10.6%
High School Diploma or higher	1,175,187	89.4%
Bachelor's or higher	356,829	27.1%
Graduate or professional degree	128,620	9.8%
65 years and over:	899,754	100.0%
Less than High School Diploma	138,212	15.4%
High School Diploma or higher	761,542	84.6%
Bachelor's or higher	237,261	26.4%
Graduate or professional degree	103,537	11.5%

Source: US Census Bureau - 2018 American Community Survey Single-Year Estimates, Table B15001.

The data below provides a view of the growing older population in the State of South Carolina. The charts that follow demonstrate a significantly growing senior population. The population for seniors age 60 and over is expected to reach 1,575,790 by the year 2030. Source: U.S. Census Bureau.



Attachment G: State and Regional Needs

State and Regional Needs in South Carolina

The Department on Aging (SCDOA) works closely with the 10 Area Agencies on Aging (AAAs) to identify the critical needs and unmet needs of older adults and persons with disabilities, in order to aid them in remaining in their homes safely and independently.

The SCDOA staff routinely participate in town hall meetings, outreach events, and forums where seniors are encouraged to express their concerns and views. Since submission of the last State Plan in 2016, the SCDOA has conducted successful events where the staff visited numerous nursing homes, senior centers, and assisted living communities in order to determine the true scope of the impact of an aging population in South Carolina. In addition, both the South Carolina Advisory Council on Aging and the Legislative Committee to Study Services, Programs, and Facilities for Aging hold hearings where the public are invited to provide input on aging concerns and need.

The SCDOA staff analyzes all of this data collected in order to determine the top needs and the unmet needs for South Carolina's growing senior population.

The state and regional needs are assessed using varied methods. Both the SCDOA and the AAAs gather and analyze data from the Online Support Assistant (OLSA) data system and Information and Referral/Assistance (I&R/A) Specialists contacts. Each AAA informs the SCDOA of its regional needs and unmet needs through I&R/A reports that are submitted quarterly and by inputting data into SC Act (SC Aging Contact Tracker).

Each AAA is required to submit regional needs and unmet needs as a component of its Area Plans and Annual Area Plan Update. Through the Area Plans and Area Plan Update process, as well as during monthly meetings with the AAA Directors, the SCDOA collected valuable data on regional needs assessments. The AAAs provide the SCDOA demographic data, including seniors' living situations, self-care limitations, nutrition, housing, healthcare, and other critical compound needs, during their routine service data reporting and the through assessment process.

In 2021, as part of the State Plan development process, the SCDOA asked each AAA to provide updated information on their unique and specific regional needs.

The AAAs conducted a statewide survey to determine the needs of the state aging network. The survey was conducted with one-on-one meetings with seniors and questionnaires.

The AAAs contracted with System Wide Solutions, Inc., to conduct a statewide and regional needs assessment that validates the data collected through the On Line Support Assistant system (OLSA), I&R/A contacts, and daily interactions with seniors and aging network stakeholders. System Wide Solutions surveyed over 3,886 individuals and the results are included in this State Plan.

Respondents Information from the System Wide Solutions Survey

The population represented in the survey:

- 71.3 percent were seniors receiving aging services
- 17.3 percent were identified as seniors not receiving services
- 1.181 percent were caregivers
- 61.6 percent were identified as a senior with a disability

Race and Gender of Seniors Represented in the Survey (Captured directly from the System Wide Solutions Survey.)

<i>Race</i>	<i>Survey Sample</i>
African American Female	37.1 percent
African American Male	11.6 percent
White Female	32.8 percent
White Male	16.0 percent
Other Female	1.9 percent
Other Male	0.7 percent

Poverty Status of Seniors Represented (Captured directly from the System Wide Solutions Survey.)

<i>Poverty Status</i>	<i>Survey Sample</i>
Below Poverty line	40.8 percent
Above Poverty Line	59.2 percent

Statewide Needs Assessment Statistics (From the AAA's Survey)**You can relate to and are currently experiencing:**

- I cannot do my yard work due to physical or medical reasons. 3,491 (41%)
- I am concerned about falls or other accidents. 2,346 (27%)
- I have trouble keeping my home clean. 2,332 (27%)
- It is difficult for me to get to the grocery store, pharmacy and/or medical appointments. 1,868 (22%)
- I have trouble keeping up with paying my bills. 1,813 (21%)
- It is difficult for me to do my laundry due to lifting, folding and putting clothes away. 1,737 (20%)
- I need to exercise more but don't know where to start. 1,723 (20%)
- Sometimes I feel lonely or sad, even isolated. 1,601 (19%)
- I can't grocery shop or cook much so home delivered meals would be helpful. 1,468 (17%)
- I don't know where the closest senior center is located. 1,148 (13%)

Concerned about when it comes to your ability to remain independent at home:

- I can't afford to pay for dental care. 2,432 (28%)
- I am unable to make necessary repairs on my home due to the cost. 2,414 (28%)
- My physical health is declining. 2,280 (26%)

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-
- I struggle to make ends meet on a monthly basis. 2,188 (25%)
 - I can't afford eyeglasses. 1,876 (22%)
 - I don't know how I could afford nursing home care when and if I need it. 1,779 (21%)
 - I can't afford hearing aids. 1,387 (16%)
 - I struggle keeping my home warm or cool due to poor insulation, leaky windows and/or structural damage. 1,292 (15%)
 - I have difficulty paying for my prescription medicines. 1,238 (14%)
 - I have problems keeping my paperwork in order and sometimes loose things. 1,227 (14%)

Statewide Results: Family Caregiver

- 12% of those surveyed identified as providing care for a loved one.
- Those who responded provided less than 10 hours a week of direct hands on care.
- 9% of those who responded were caring for only 1 person.
- 1% had accessed the FCSP Respite Funding.
- 40% of those who responded stated their loved one would not have been able to remain at home without the Family Caregiver Support Program.

Statewide Results: Senior Centers

- Does your community have a Senior Center? 54% Yes; 18% No; 16% I don't know
- If so, do you attend? 25% Yes; 28% No
- Top Reason why not attending the Senior Center:
 1. Not interested at this time
 2. Don't attend because of my illness/condition
 3. Homebound
 4. Lack of Transportation
 5. Don't have time
 6. Take care of spouse, parent, child or other
 7. Don't need it yet
 8. Still working

Appalachian AAA Top Needs

- **Gender:** 74% female; 25% male
- **Race:** 52% African American; 46% White; <1% Asian, Hispanic and other
- **Age:** 18-54 4%; 55-64 14%; 65-74 43.5%; 75-84 26%; 85+ 11%
- **Overall Distribution:** 1,987 forms distributed; 1,408 returned (71%)

You can relate to and are currently experiencing:

1. I cannot do my yard work due to physical or medical reasons.
2. I have trouble keeping my home clean.
3. I am concerned about falls and other accidents.

Concerns you have when it comes to your ability to remain independent at home:

1. My physical health is declining.
-

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2. I can't afford to pay for dental care.
3. I am unable to make necessary repairs to my home due to the costs.

Upper Savannah AAA Top Needs

- **Gender:** 76% female; 19% male
- **Race:** 66% African American; 28% White; <1% Asian, Hispanic and other
- **Age:** 18-54 6%; 55-64 22%; 65-74 38%; 75-84 24%; 85+ 10%
- **Currently Receiving Service:** 25% Yes; 64% No; 11% did not answer
- **Overall Distribution:** 1,175 forms distributed; 828 returned (70%)

You can relate to and are currently experiencing:

1. I cannot do my yard work due to physical or medical reasons.
2. I am concerned about falls and other accidents.
3. Sometimes I feel lonely or sad, even isolated.

Concerns you have when it comes to your ability to remain independent at home:

1. I can't afford to pay for dental care.
2. I am unable to make necessary repairs to my home due to the costs.
3. My physical health is declining.

Catawba AAA Top Needs

- **Gender:** 72% female; 20% male
- **Race:** 56% African American; 36% White; <1% Asian, Hispanic and other
- **Age:** 18-54 4%; 55-64 14%; 65-74 44%; 75-84 29%; 85+ 9%
- **Currently Receiving Service:** 32% Yes; 39% No; 29% did not answer
- **Overall Distribution:** 2,007 forms distributed; 508 returned (25%)

• You can relate to and are currently experiencing:

1. I cannot do my yard work due to physical or medical reasons.
2. I am concerned about falls and other accidents.
3. I need to exercise more but don't know where to start.

• Concerns you have when it comes to your ability to remain independent at home:

4. I can't afford to pay for dental care.
5. I am unable to make necessary repairs to my home due to the costs.
6. I struggle to make ends meet on a monthly basis.

Central Midlands AAA Top Needs

- **Gender:** 70% female; 22% male
- **Race:** 23% African American; 69% White; <1% Asian, Hispanic and other
- **Age:** 18-54 5%; 55-64 15%; 65-74 42%; 75-84 26%; 85+ 10%
- **Currently Receiving Service:** 29% Yes; 48% No; 23% did not answer
- **Overall Distribution:** 2,399 forms distributed; 908 returned (38%)

You can relate to and are currently experiencing:

1. I cannot do my yard work due to physical or medical reasons.
2. I am concerned about falls and other accidents.

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3. I have trouble keeping my home clean.
Concerns you have when it comes to your ability to remain independent at home:
4. Other
5. I am unable to make the necessary repairs to my home due to the costs.
6. I struggle to make ends meet on a monthly basis.

Lower Savannah AAA Top Needs

- **Gender:** 68% female; 23% male
- **Race:** 54% African American; 35% White; <1% Asian, Hispanic and other
- **Age:** 18-54 5%; 55-64 17%; 65-74 34%; 75-84 34%; 85+ 10%
- **Currently Receiving Service:** 12% Yes; 47% No; 41% did not answer
- **Overall Distribution:** 750 forms distributed; 367 returned (49%)

- You can relate to and are currently experiencing:
 1. I cannot do my yard work due to physical or medical reasons.
 2. I am concerned about falls or other accidents.
 3. I have trouble keeping my home clean.
- Concerns you have when it comes to your ability to remain independent at home:
 1. My physical health is declining.
 2. I am unable to make the necessary repairs to my home due to the costs.
 3. I don't know how I could afford nursing home care when and if I need it.

Santee-Lynches AAA Top Needs

- **Gender:** 73% female; 22% male
- **Race:** 70% African American; 24% White; <1% Asian, Hispanic and other
- **Age:** 18-54 10%; 55-64 18%; 65-74 31%; 75-84 31%; 85+ 8%
- **Currently Receiving Service:** 31% Yes; 42% No; 27% did not answer
- **Overall Distribution:** 379 forms distributed; 250 returned (66%)

- You can relate to and are currently experiencing:
 1. I cannot do my yard work due to physical or medical reasons.
 2. I have trouble keeping my home clean.
 3. I am concerned about falls and other accidents.
- Concerns you have when it comes to your ability to remain independent at home:
 1. I can't afford to pay for dental care.
 2. I am unable to make the necessary repairs to my home due to the costs.
 3. My physical health is declining.

Pee Dee AAA Top Needs

- **Gender:** 75% female; 23% male
- **Race:** 72% African American; 23% White; <1% Asian, Hispanic and other
- **Age:** 18-54 2%; 55-64 17%; 65-74 42%; 75-84 30%; 85+ 9%
- **Currently Receiving Service:** 47% Yes; 51% No; 2% did not answer
- **Overall Distribution:** 1,502 forms distributed; 1,354 returned (90%)

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- You can relate to and are currently experiencing:
 1. I cannot do my yard work due to physical or medical reasons.
 2. I have trouble keeping my home clean.
 3. It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.
- Concerns you have when it comes to your ability to remain independent at home:
 1. I struggle to make ends meet on a monthly basis.
 2. I am unable to make the necessary repairs to my home due to the costs.
 3. Other

Waccamaw AAA Top Needs

- **Gender:** 72% female; 23% male
- **Race:** 55% African American; 36% White; <1% Asian, Hispanic and other
- **Age:** 18-54 2%; 55-64 13%; 65-74 37%; 75-84 30%; 85+ 14%
- **Currently Receiving Service:** 19% Yes; 31% No; 50% did not answer
- **Overall Distribution: 1,080 forms distributed; 977 returned (90%)**
- You can relate to and are currently experiencing:
 1. I cannot do my yard work due to physical or medical reasons.
 2. I have trouble keeping my home clean.
 3. It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.
- Concerns you have when it comes to your ability to remain independent at home:
 1. My physical health is declining.
 2. I don't know how I could afford nursing home care when and if I need it.
 3. I am unable to make the necessary repairs to my home due to the costs.

Trident AAA Top Needs

- **Gender:** 76% female; 17% male
- **Race:** 78% African American; 16% White; <1% Asian, Hispanic and other
- **Age:** 18-54 2%; 55-64 35%; 65-74 39%; 75-84 29%; 85+ 10%
- **Currently Receiving Service:** 19% Yes; 71% No; 10% did not answer
- **Overall Distribution: 1,122 forms distributed; 966 returned (86%)**
- You can relate to and are currently experiencing:
 1. I cannot do my yard work due to physical or medical reasons.
 2. I am concerned about falls and other accidents.
 3. I have trouble keeping up with paying my bills.
- Concerns you have when it comes to your ability to remain independent at home:
 1. I can't afford to pay for dental care.
 2. I am unable to make the necessary repairs to my home due to the costs.
 3. My physical health is declining.

Lowcountry AAA Top Needs

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- **Gender:** 69% female; 23% male
- **Race:** 65% African American; 26% White; <1% Asian, Hispanic and other
- **Age:** 18-54 20%; 55-64 15%; 65-74 28%; 75-84 27%; 85+ 10%
- **Currently Receiving Service:** 30% Yes; 36% No; 34% did not answer
- **Overall Distribution:** 1,293 forms distributed; 1,042 returned (81%)

- You can relate to and are currently experiencing:
 1. I cannot do my yard work due to physical or medical reasons.
 2. I am concerned about falls and other accidents.
 3. I have trouble keeping my home clean.
- Concerns you have when it comes to your ability to remain independent at home:
 1. I am unable to make the necessary repairs to my home due to the costs.
 2. My physical health is declining.
 3. I can't afford to pay for dental care.

SC Department on Aging Data through SCDOA Data Systems

State Needs Identified for the State Plan (July 1, 2019 – June 30, 2020: SCDOA Data Sources of 52,669 Count of Presenting Needs)

1. Aging Services Assessment
2. Information And Referral
3. Home Delivered Meals
4. Insurance Counseling
5. Medical Appointments Transportation
6. Congregate Meals Or Nutrition Sites
7. Home Care Payment Assistance
8. Respite Care Payment Assistance
9. Caregiver Consultation Or Support
10. Home Repair or Modification Expense

State Unmet Needs Identified for the State Plan (July 1, 2019 – June 30, 2020: SCDOA Data Sources of 1,881 Count of Presenting Needs)

1. Rent Payment Assistance
2. Electric Service Payment Assistance
3. Low Income Or Subsidized Housing
4. Medical Appointments Transportation
5. Home Delivered Meals
6. Housing Authorities Or HUD Management Companies
7. Information And Referral
8. Aging Services Assessment
9. Home Repair Or Modification Structural Needs
10. Home Repair Or Modification Expense Assistance

Regional Data from SCDOA Data Systems (also shown in Chapter Two)

Region 1: Appalachian

Appalachian Presenting Needs

1. Aging Services Assessment
2. Congregate Meals Or Nutrition Sites
3. Home Delivered Meals
4. Information And Referral
5. Medical Appointments Transportation
6. Home Care Payment Assistance
7. Yard Maintenance
8. Housekeeping
9. Senior Center Bus Services
10. Home Repair Or Modification Functional Needs

Appalachian Unmet Needs

1. Aging Services Assessment
2. Home Care Payment Assistance
3. Medical Appointments Transportation
4. Home Repair Or Modification Ramp Construction Service
5. Home Delivered Meals
6. Information And Referral
7. Yard Maintenance
8. Home Repair Or Modification Expense Assistance
9. Housekeeping
10. Home Repair Or Modification Structural Needs

Region Two: Upper Savannah

Upper Savannah Presenting Needs

1. Aging Services Assessment
2. Home Delivered Meals
3. Information And Referral
4. Food Or Meal Vouchers
5. Medical Appointments Transportation
6. Home Care Payment Assistance
7. Congregate Meals Or Nutrition Sites
8. Home Repair Or Modification Expense Assistance
9. Essential Shopping Transportation
10. Insurance Counseling

Upper Savannah Unmet Needs

1. Home Repair Or Modification Structural Needs
2. Home Repair Or Modification Functional Needs
3. Home Delivered Meals

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- 4. Home Repair Or Modification Ramp Construction Service
 - 5. Home Repair Or Modification Expense Assistance
 - 6. Medical Appointments Transportation
 - 7. Weatherization
 - 8. Utility Bill Payment Plans
 - 9. Dental Expense Assistance
 - 10. Rent Payment Assistance

Region Three: Catawba

Catawba Presenting Needs

- 1. Information And Referral
- 2. Insurance Counseling
- 3. Caregiver Consultation Or Support
- 4. Respite Care Payment Assistance
- 5. Aging Services Assessment
- 6. Home Delivered Meals
- 7. Farmers Markets
- 8. Medicare
- 9. Respite Care In-Home
- 10. Long Term Care Ombudsman

Catawba Unmet Needs

*No Unmet Needs were documented in the system,

Region Four: Central Midlands

Central Midlands Presenting Needs

- 1. Information And Referral
- 2. Insurance Counseling
- 3. Caregiver Consultation Or Support
- 4. Medical Appointments Transportation
- 5. Rent Payment Assistance
- 6. Home Delivered Meals
- 7. Electric Service Payment Assistance
- 8. Medicaid
- 9. Aging Services Assessment
- 10. Low Income Or Subsidized Housing

Central Midlands Unmet Needs

- 1. Medical Appointments Transportation
- 2. Rent Payment Assistance
- 3. Information And Referral
- 4. Electric Service Payment Assistance
- 5. Utility Bill Payment Plans

6. Housing
7. Home Repair Or Modification Expense Assistance
8. Home Delivered Meals
9. Transportation
10. Low Income Or Subsidized Housing

Region Five: Lower Savannah

Lower Savannah Presenting Needs

1. Medical Appointments Transportation
2. Aging Services Assessment
3. Home Delivered Meals
4. Respite Care Payment Assistance
5. Housekeeping
6. Congregate Meals Or Nutrition Sites
7. Legal Services - General
8. Caregiver Consultation Or Support
9. Insurance Counseling
10. Rent Payment Assistance

Lower Savannah Unmet Needs

1. Home Delivered Meals
2. Aging Services Assessment
3. Congregate Meals Or Nutrition Sites
4. Pest Control Services
5. Disability Related Supportive Housing
6. Transportation Expense Assistance
7. Medical Or Health Clinic
8. Housekeeping
9. Legal Services - General
10. Tax Preparation Assistance

Region Six: Santee-Lynches

Santee-Lynches Presenting Needs

1. Information And Referral
 2. Aging Services Assessment
 3. Home Delivered Meals
 4. Home Care Payment Assistance
 5. Respite Care Payment Assistance
 6. Congregate Meals Or Nutrition Sites
 7. Medical Appointments Transportation
 8. Home Repair Or Modification Expense Assistance
 9. Home Repair Or Modification Structural Needs
 10. Transportation
-

Santee-Lynches Unmet Needs

*Only eight Unmet Needs are documented in the system.

1. Medical Appointments Transportation
2. Air Conditioner
3. Home Delivered Meals
4. Transportation
5. Home Repair Or Modification Structural Needs
6. Pest Control Services
7. Electric Service Payment Assistance
8. Respite Care Payment Assistance

Region Seven: Pee Dee

Pee Dee Presenting Needs

1. Information And Referral
2. Aging Services Assessment
3. Insurance Counseling
4. Home Delivered Meals
5. Caregiver Consultation Or Support
6. Transportation
7. Respite Care Payment Assistance
8. Homemaker/Chore
9. Respite Care In-Home
10. Legal Services – General

Pee Dee Unmet Needs

*Data is limited due to system change.

1. Utility Payment Assistance

Region Eight: Waccamaw

Waccamaw Presenting Needs

1. Aging Services Assessment
2. Home Delivered Meals
3. Information And Referral
4. Housekeeping
5. Congregate Meals Or Nutrition Sites
6. Food Pantries
7. Smoke Alarms Or Carbon Monoxide Detectors
8. Medical Appointments Transportation
9. Senior Center Bus Services
10. Home Repair Or Modification Expense Assistance

Waccamaw Unmet Needs

Appendix

1. Home Delivered Meals
2. Medical Appointments Transportation
3. Aging Services Assessment
4. Congregate Meals Or Nutrition Sites
5. Utility Bill Payment Plans
6. Information And Referral
7. Transportation Expense Assistance
8. Home Repair Or Modification Ramp Construction Service
9. Housing Authorities Or HUD Management Companies
10. Emergency Housing Or Sheltering

Region Nine: Trident

Trident Presenting Needs

1. Aging Services Assessment
2. Information And Referral
3. Electric Service Payment Assistance
4. Home Delivered Meals
5. Rent Payment Assistance
6. Low Income Or Subsidized Housing
7. Medicaid
8. Smoke Alarms Or Carbon Monoxide Detectors
9. Housing Authorities Or HUD Management Companies
10. Personal Care

Trident Unmet Needs

1. Electric Service Payment Assistance
2. Rent Payment Assistance
3. Low Income Or Subsidized Housing
4. Housing Authorities Or HUD Management Companies
5. Emergency Housing Or Sheltering
6. Medicaid
7. Aging Services Assessment
8. Water Service Payment Assistance
9. Mortgage Payment Assistance
10. Food Stamps Or SNAP

Region Ten: Lowcountry

Lowcountry Presenting Needs

1. Home Delivered Meals
2. Aging Services Assessment
3. Home Repair Or Modification Expense Assistance
4. Personal Care
5. Congregate Meals Or Nutrition Sites

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6. Senior Center
7. Senior Center Bus Services
8. Caregiver Consultation Or Support
9. Home Repair Or Modification Ramp Construction Service
10. Respite Care Payment Assistance

Lowcountry Unmet Needs

*Only nine Unmet Needs are documented in the system.

1. Grocery Ordering Or Delivery
2. Medical Equipment Or Personal Care Supplies
3. Information And Referral
4. Home Delivered Meals
5. Transportation
6. Home Repair Or Modification Expense Assistance
7. Home Repair Or Modification Functional Needs
8. Home Care Payment Assistance
9. Rent Payment

Appendix

Attachment H: Major Aging Partners

Name of Partner Entity	Type of Partner Entity	Description of Partnership
Appalachian Area Agency on Aging	Local Government	Contracted Services
Upper Savannah Area Agency on Aging	Local Government	Contracted Services
Catawba Area Agency on Aging	Non-Governmental Organization	Contracted Services
Central Midlands Area Agency on Aging	Local Government	Contracted Services
Lower Savannah Area Agency on Aging	Local Government	Contracted Services
Santee-Lynches Area Agency on Aging	Local Government	Contracted Services
Vantage Point-Care South Area Agency on Aging (Pee Dee)	Private Business Organization	Contracted Services
Waccamaw Area Agency on Aging	Local Government	Contracted Services
Trident Area Agency on Aging	Non-Governmental Organization	Contracted Services
Lowcountry Area Agency on Aging	Local Government	Contracted Services
Regional contracted service providers	Non-Governmental Organization	Delivers aging services as procured by AAAs
AARP SC	Non-Governmental Organization	Aging Partner
Alzheimer's Association - SC Chapter	Non-Governmental Organization	Aging Partner and provides funding
SC Institute of Medicine and Public Health	Non-Governmental Organization	Aging Partner

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USC Arnold School of Public Health /Office for the Study on Aging	Higher Education Institute	Aging Partner
Clemson University	Higher Education Institute	Aging Partner
Medical University of South Carolina	Higher Education Institute	Aging Partner
University of South Carolina School of Social Work	Higher Education Institute	Aging Partner
University of South Carolina	Higher Education Institute	Aging Partner
SC Legal Services	Private Business Organization	Contracted Services
SC Bar Association	Professional Association	Aging Partner
SC Department of Social Services / Adult Protective Services	State Government	Aging Partner
SC Advisory Council on Aging	State Government	Aging Partner
SC Veterinarian Association	Professional Association	Aging Partner with Pet Program
SC Fire Marshall (Fire Safe SC)	State Government	Aging Partner
Silver Haired Legislature	State Government	Aging Partner
Legislative Committee to Study Services, Programs and Facilities for Aging (Joint Legislative Committee on Aging)	State Government	Aging Partner
SC Elks Association	Professional Association	Aging Partner and provides funding
Harvest Hope Food Bank	Non-Governmental Organization	Aging Partner
SC Association of Council on Aging Directors (SCACAD)	Professional Association	Aging Partner

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National Association of States United for Aging and Disabilities (NASUAD)	Professional Association	Aging Partner
SC Association of Area Agencies on Aging (SC4A)	Professional Association	Aging Partner
Southeast Association of Area Agencies on Aging (SE4A)	Professional Association	Aging Partner
National Association of Area Agencies on Aging (N4A)	Professional Association	Aging Partner
National Institute of Senior Centers (NISC)	Professional Association	Aging Partner
National Council on Aging (NCOA)	Professional Association	Aging Partner
SC Emergency Management Division	State Government	Aging Partner
Walgreens Corporation	Private Business Organization	Aging Partner
SC Blue Cross Blue Shield	Private Business Organization	Aging Partner
American Red Cross	Professional Association	Aging Partner
Salvation Army	Professional Association	Aging Partner
SC Respite Coalition	Professional Association	Aging Partner
Family Connection of SC	Non-Governmental Organization	Aging Partner
National Meals on Wheels	Non-Governmental Organization	Aging Partner
AIRS (Alliance of Information and Referral Specialists)	Non-Governmental Organization	Aging Partner
SC Department of Insurance	State Government	Aging Partner

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Social Security Administration	Federal Government	Aging Partner
SC Attorney Generals’ Office (Medicaid Fraud)	State Government	Aging Partner
SC Department of Health and Human Services (Medicaid)	State Government	Aging Partner
CMS (Center for Medicare and Medicaid Services)	Federal Government	Aging Partner
Consumer Voice	Non-Governmental Organization	Aging Partner
National Association of State Ombudsman Program	Federal Government	Aging Partner
SC Protection and Advocacy	State Government	Aging Partner

Attachment I: Acronyms Used in the Aging Network

The following abbreviations are found in the SC Aging Network Policies and Procedures Manual:

- **AAA** – Area Agency on Aging
- **AARP** – American Association of Retired Persons
- **ACE** – Alternative Care for the Elderly
- **ACL** – Administration for Community Living
- **ACT** – South Carolina Aging Contact Tracker
- **ADA** – Americans with Disabilities Act
- **ADLs** – Activities of Daily Living
- **AND** – Academy of Nutrition and Dietetics
- **ADRC** – Aging and Disability Resource Center
- **ARRD** – Alzheimer’s Disease and Related Disorders Resource Coordination Center
- **AIM** – Advanced Information Manager System
- **AoA** – Administration on Aging
- **ADPI** – Alzheimer’s Disease Program Initiative
- **ARCC** – Alzheimer’s Resource Coordination Center
- **BCD State Fleet** – Budget and Control Board State Fleet
- **C1** – Group Dining or Congregate Meal under Title III of OAA
- **C2** – Home Delivered Meal under Title III of OAA
- **CAP** – Corrective Action Plan
- **CBOC** – Community Based Outpatient Clinic (VA)
- **CDSME** – Chronic Disease Self-Management Education
- **CDSMP** – Chronic Disease Self-Management Program
- **CFPM** – Certified Food Protection Manager
- **CFR** – Code of Federal Register
- **CLTC** – Community Long Term Care
- **CMS** – Centers for Medicare & Medicaid Services
- **COA** – Council on Aging
- **DGA** – Dietary Guidelines for Americans (2015 is most current)
- **DHS** – United States Department of Homeland Security
- **DRI** – Dietary Reference Intake
- **EBP** – Evidenced Based Program
- **ECTF** – ElderCare Trust Fund
- **EMC** – Emergency Management Coordination
- **EMD** – Emergency Management Division
- **EOC** – Emergency Operations Center
- **EOB** – Explanation of Benefits

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- **ESF-6** – Emergency Support Function-6 (Mass Care)
- **FCSP** – Family Caregiver Support Program
- **FEMA** – Federal Emergency Management Administration
- **FFY** – Federal Fiscal Year
- **FOIA** – Freedom of Information Act
- **GD** – Group Dining
- **GIS** – Geographic Information System
- **GRI** – Grant-Related Income (Program Income)
- **HCBS** – Home and Community-Based Services
- **HDM** – Home Delivered Meal
- **HIPAA** – Health Insurance Portability and Accountability Act
- **IADLs** – Instrumental Activities of Daily Living
- **I-CARE** – Insurance Counseling Assistance and Referral for Elders
- **IM** – Information Memoranda
- **I&R/A** – Information and Referral/Assistance
- **ITO** – Indian Tribal Organization
- **LGOA** – Lieutenant Governor’s Office on Aging (the SC Department on Aging was formerly known as the LGOA before January 1, 2019)
- **LTCO** – Long Term Care Ombudsman
- **LTCOP** – Long Term Care Ombudsman Program
- **MIPPA** – Medicare Improvement for Patients and Providers Act
- **MOA** – Memorandum of Agreement
- **MSA** – Metropolitan Statistical Area
- **MSN** – Medicare Summary Notices
- **MUSR** – Monthly Units of Service Report
- **NAPIS** – National Aging Program Information System
- **NCOA** – National Council on Aging
- **NGA** – Notification of Grant Award
- **NSIP** – Nutrition Services Incentive Program
- **OAA** – Older Americans Act
- **OOA** – Office on Aging (State Unit on Aging)
- **OMB** – United States Office of Management and Budget
- **PAM** – Public and Media
- **PCE** – Person of Comparable Expertise Qualifications (nutrition)
- **PDP** – Part D Prescription Drug Plan
- **PI** – Program Instruction
- **PIP** – Permanent Improvement Program
- **PSA** – Planning Service Area
- **QA** – Quality Assurances

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- **RAAC** – Regional Aging Advisory Council
- **RD** – Registered Dietitian
- **RDA** – Recommended Daily Allowance
- **RDN** – Registered Dietitian Nutritionist
- **SC ACT** – South Carolina Aging Contact Tracker
- **SC4A** – South Carolina Association of Area Agencies on Aging
- **SCDHEC** – South Carolina Department of Health and Environmental Control
- **SCDHHS** – South Carolina Department of Health and Human Services
- **SCDMV** – South Carolina Department of Motor Vehicles
- **SCDOR** – South Carolina Department of Revenue
- **SCSEP** – Senior Community Service Employment Program
- **SEOC** – State Emergency Operations Center
- **SDC** – Service Delivery Contractor
- **SFY** – State Fiscal Year
- **SHIP** – State Health Insurance Assistance Program
- **SHL** – Silver-Haired Legislature
- **SLTCO** – State Long Term Care Ombudsman
- **SMP** – Senior Medicare Patrol
- **STARS** – SHIP Tracking and Reporting System
- **SUA** – State Unit on Aging
- **TCS** – Time/Temperature Control for Safety
- **USDA** – United States Department of Agriculture
- **USDHHS** – United States Department of Health and Human Services
- **USDOL** – United States Department of Labor
- **VA** – Veteran’s Administration
- **VAMC** – VA Medical Center
- **VOAD** – Volunteer Organization Active in Disasters

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Attachment J: Glossary of Agency Terms

Adequate proportion	The minimum amount of Title III-B OAA funds to be expended for the delivery of legal assistance. In South Carolina, the minimum adequate proportion has been set at 1%.
Administration on Aging (AoA)	The agency established in the Office of the Secretary, for the United States Department of Health and Human Services (USDHHS), which is charged with the responsibility for administering the provisions of the OAA. The AoA is now part of the Administration for Community Living (ACL) at the USDHHS.
Advice (legal)	An informed opinion and the suggestion of possible courses of legal action that may be taken to remedy an identified legal problem; or clarification of rights under the law rendered by an attorney licensed to practice law in the State of South Carolina.
Adult Child with Disabilities	According to the OAA, means a child who is 18 years of age or older; is financially dependent on an older individual who is a parent of the child; and has a disability.
Adult Day Care/Adult Day Health	Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health. Note: The OAA considers Adult Day Care to be a temporary Respite function.
Agency Executive/Management Staff	Personnel such as State Unit on Aging (SUA) director, directors of key divisions, and other positions that provide overall leadership and direction for the state or Area Agency on Aging.
Aging and Disability Resource Center (ADRC)	An entity, network, or consortium established by the state as part of the state's system of long-term care to provide a coordinated system for providing consumers access to the range of publicly- and privately-supported long-term care programs for which older individuals and persons with disabilities may be eligible by serving as a convenient point of entry for such programs. ADRC's include an emphasis on independent living and home and

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	community-based services. In South Carolina, ADRCs are part of the AAAs.
Aging Network	In South Carolina, the network of the South Carolina Department on Aging, Area Agencies on Aging (AAAs), and service providers contracted by the AAAs.
Area Agency on Aging	A public or private nonprofit agency or organization designated by the South Carolina Department on Aging, which in a designated planning and service area administers the OAA and other programs at the local level to assure that supportive and nutrition services are made available to older persons in communities where they live by funding, implementing, coordinating, expanding and maintaining needed services. (adapted from the Older Americans Act)
Advanced Information Manager System (AIM)	Client and service tracking tool used by the SCDOA and Aging Network.
Alzheimer's Disease and Related Disorders Resource Coordination Center (ADRC)	Division within the SCDOA for dementia and Alzheimer's coordination.
Area Plan	The official document that is submitted by a designated AAA to the Department on Aging for approval in order to receive aging grant funding during a grant period set by the Department on Aging every four years. The State of South Carolina has a four-year State Plan, which is submitted to the ACL. The AAA's Area Plan is based partly on the State Plan Assurances. The AAA's approved area plan shall be updated annually, or as required by the Department on Aging. The Area Plan process shall be comprehensive and inclusive of all programmatic systems and services. The area plan sets forth measurable objectives and identifies the planning, coordination, administration, social services, resource allocation, evaluation, and other related activities to be undertaken for the plan period. An Area Plan is required for the receipt of OAA funds and shall be strictly adhered to by the AAA and its providers.
Assessment	The process of determining the level of need of aging clients in order to provide OAA services. The AAAs assess clients to determine service eligibility and priority.
Assets	Liquid (cash) and non-liquid (non-cash) property of value belonging to the older individual who seeks/requests legal assistance.
Assisted Transportation	Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation (One Way Trip).

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Assistive Technology	Devices, equipment, technology, engineering methodologies, or scientific principles appropriate to meet the needs of and address the barriers confronting older individuals with functional limitations.
At-risk for institutional placement	An older individual unable to perform at least two (2) activities of daily living without substantial assistance (including verbal reminders, physical cues, or supervision) and is determined by the state involved to be in need of placement in a long-term care facility.
Attorney	A person who provides legal assistance to eligible clients and who is authorized to practice law in the jurisdiction (state) where assistance is rendered.
Caregiver	An individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or the individual who provides (on behalf of such individual or of a public or private agency, organization or institution) compensated or uncompensated care to an older individual.
Child	NAPIS defines a child as an individual who is not more than 18 years of age or an individual 19 – 59 years of age who has a disability. Under the Family Caregiver Support Program (FCSP) in the OAA, child is a term used in relation to a grandparent or other older relative who is a caregiver of a child.
Councils of Government (COGs)	Governmental entities supporting local and regional planning. Seven of the 10 South Carolina Area Agencies on Aging are housed in COGs.
Chore	Assistance such as heavy housework, yard work, or sidewalk maintenance for a person. (as defined by NAPIS)
Chronic Disease Self-Management Education (CDSME)	Evidence-based program.
Chronic Disease Self-Management Program (CDSMP)	Evidence-based program.
Civic Engagement	An individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need.
Comprehensive and Coordinated Systems	Interrelated social and nutritional services designed to meet the needs of older persons in a planning and service area.
Conflict of Interest	When an employee, officer, agent, or any member of that person's immediate family, a partner, or an organization, which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

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	Note: A conflict of interest exists in the Long Term Care Ombudsman Program when other interests intrude upon, interfere with, or threaten to negate the ability of the Regional Ombudsman to advocate without compromise on behalf of long-term care facility residents. Types of conflicts of interest include: (1) Conflicts of loyalty: incentives, often related to financial or employment considerations that shape one’s judgment or behavior in ways that are contrary to the interest of residents; (2) Conflicts of commitment: goals or obligations that direct one’s time and/or attention away from the interest of the residents; and (3) Conflicts of control: limitations or restrictions that effectively foreclose one’s ability to take actions to advocate for the interest of residents (OAA 712(f)(1-3) and 45 CFR 1324.21).
Congregate Meal	A meal provided to a qualified individual in a group setting. The meal as served meets all of the requirements of the OAA and state and local laws.
Constituent	A person who authorizes another to act on his or her behalf, as a voter in a district represented by an elected official.
Construction	Building a new multipurpose senior center facility (including the cost of land acquisition, architectural and engineering fees) or making modifications to or in connection with an existing facility that is in excess of double the square footage of the original facility, or any physical improvements to a building.)
Council on Aging (COA)	An entity that contracts with the AAAs to provide aging services.
Criminal Proceeding	Adversary judicial process prosecuted by a formal complaint, information, or indictment charging a person with an offense deemed “criminal” by applicable state or federal law and punishable by death, imprisonment, or a jail sentence. A misdemeanor or a lesser offense tried in an Indian Tribal court is not a “criminal proceeding.”
Department on Aging	The agency federally designated as the State Unit on Aging (SUA) in South Carolina. The Department on Aging was established to study, plan, promote, and coordinate a statewide program to meet the present and future needs of aging citizens. The Department on Aging is designated as the SUA for South Carolina to administer OAA funds and OAA programs. State Code Section 43-21-40 authorizes the SUA to be housed in the Department on Aging and to administer all federal programs relating

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	to aging that are not the specific responsibilities of another state agency under the provisions of federal or state law.
Direct Services	Any activity performed to provide services directly to individuals and/or older persons by the staff of the Department on Aging, AAA, or provider.
Disability	<p>A condition attributable to mental or physical impairment, or a combination of mental and physical impairments, that result in substantial functional limitations in one or more of the following:</p> <ul style="list-style-type: none"> • self-care; • receptive and expressive language; • learning; • mobility; • self-direction; • economic self-sufficiency; • cognitive functioning; and • emotional adjustment. <p>The Department on Aging’s role with disabilities is to provide information and referral, education, advocacy, and respite resources for adults with disabilities over age 18, the individuals’ families, and caregivers.</p>
Donated Food/Cash	Food/cash made available by the United States Department of Agriculture (USDA) through the Food Distribution Program to ACL for use in OAA nutritional services.
Education (legal)	Preparation and presentation of programs to inform elderly persons specifically about their rights, some aspect(s) of the legal system, or alternative courses of legal action.
Elder Abuse	Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy, and used with respect to an individual who is an older individual, means the recognition of the individual’s rights including the right to be free of abuse, neglect, and exploitation.
Elder Justice	Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy, and used with respect to an individual who is an older individual, means the recognition of the individual’s rights including the right to be free of abuse, neglect, and exploitation.

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Eligible client	Aging services clients age 60 and over who meet eligibility requirements. In regards to legal services, used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy, and used with respect to an individual who is an older individual, means the recognition of the individual's rights including the right to be free of abuse, neglect, and exploitation.
Elderly Client	An individual who is 60 years of age or older, or who is less than 60 years of age and has a diagnosis of early onset dementia, who receives OAA services. (as defined by NAPIS)
Event Transportation	Round trip transportation, with multiple riders, starting from and returning to a single point of origin, going to an event that is beneficial for seniors, and approved by the Area Agency on Aging (AAA). (Examples of Event Transportation include, but are not limited to, trips to cultural events, parks, and/or sporting events that provide socialization).
Evidence-Based Health Promotion Programs	A research-based program related to the prevention and mitigation of the effects of chronic diseases such as osteoporosis, hypertension, obesity, diabetes, or cardiovascular disease; and programs directed at alcohol or substance abuse, smoking cessation, stress management, fall prevention, physical activity, and improved nutrition that produce validated positive outcomes.
Exploitation	Causing or requiring a vulnerable adult to engage in activity or labor, which is improper, unlawful, or against the reasonable and rational wishes of the vulnerable adult. An improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person; or causing a vulnerable adult to purchase goods or services for the profit or advantage of the seller or another person through: (i) undue influence, (ii) harassment, (iii) duress, (iv) force, (v) coercion, or (vi) swindling by overreaching, cheating, or defrauding the vulnerable adult through cunning arts or devices that delude the vulnerable adult and cause him to lose money or other property. (S.C. Code of Laws Ann. § 43-35-10(3))

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Fair Market Value	The amount that a reasonable buyer would pay to a reasonable seller when neither party is compelled to make the transaction. For fair market value for donated personal services, change the terms “buyer and seller” to “employer and employee.”
Family Caregiver Support Program	A program required by the OAA to provide support to an adult family member, or another individual, who is an “informal” provider of in-home and community care to an older individual. The OAA sets five required FCSP support services: <ol style="list-style-type: none"> 1. Information to Groups 2. Assistance to Caregivers in Gaining Access to Services 3. Individual Counseling, Support Groups, and Caregiver Training 4. Respite Services 5. Supplemental Services
Fair Market Value	The amount that a reasonable buyer would pay to a reasonable seller when neither party is compelled to make the transaction. For fair market value for donated personal services, change the terms “buyer and seller” to “employer and employee.”
Federal Fiscal Year	The set period to manage Federal grants and expenditures.
Fee Generating Case	Any case or matter which, if undertaken on behalf of an eligible client by an attorney in private practice, reasonably may be expected to result in a fee for legal services from an award to a client from public funds or from an opposing party; excludes court appointments and Social Security/SSI cases and disability cases that have been rejected by 2-3 members of the private bar or other local lawyer referral program. (45 CFR 1321.71(g)(1))
Fiduciary	A person or entity with the legal responsibility to make decisions on behalf of and for the benefit of another person; and to act in good faith and with fairness and includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or healthcare power of attorney or a representative payee.
Fiscal Year	The State Fiscal Year (SFY) covers the period from July 1 through June 30. Normally, the Federal Fiscal Year (FFY) covers the period from October 1 through September 30.
Focal Point	A facility established to encourage the maximum collocation and coordination of services for older individuals.
Frail	An older individual functionally impaired because the individual is unable to perform at least two activities of

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	daily living (three, at the state’s option) without substantial human assistance, due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
Funding Stream	Sources of the monies that are available for providing the required aging services. Each service has its own funding stream(s). A funding stream can fund more than one kind of service.
Guardian ad Litem	Pursuant to Section 43-35-210, an individual appointed by the family court to advocate for the best interest of a vulnerable adult.
Geographically Isolated	Those seniors living in remote or rural areas.
Grandparent or other older relative caregiver of a child)	A older relative caregiver (grandparent, step grandparent, or other relative of a child by blood, marriage, or adoption), who is 55 years of age or older and— (A) lives with the child (means an individual who is not more than 18 years of age); (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; (C) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally; and (D) lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or individual with a disability. Note: In South Carolina the program that supports a grandparent or other older relative caregiver of a child is called Seniors Raising Children.
Grant-Related Income (GRI)	Income generated by the persons participating in activities funded under a grant. GRI can be in the form of cost-sharing or voluntary contributions and includes income from fees for state-funded services.
Grantee	The entity or government agency to which a grant is awarded and which is accountable for the use of the funds provided. The grantee is the entire legal entity even if only a particular component of the entity is designated in the grant award document.
Greatest Economic Need	The need resulting from an income level at or below the poverty line.
Greatest Social Need	The need caused by noneconomic factors, which include physical and mental disabilities; language barriers; and

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	cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform normal daily tasks; or threatens the capacity of the individual to live independently.
Group Dining	Congregate sites where meals are served to seniors in a group setting. These sites are managed by organizations contracted by the AAAs.
Group Dining Site Activities	The OAA requires group dining sites to provide a mid-day activity that includes a nutritious meal and nutritional education, as well as a variety of activities to promote socialization. These activities include, but are not limited to, health, social, nutritional, and educational services. The activities should be beneficial to the group dining recipient's health and wellness in order to promote independent living.
Health Insurance Portability and Accountability Act (HIPAA)	Program that provides confidentiality protections to patients seeking health care services.
Health Promotion and Disease Prevention	Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older. Since service units could be so diverse that they would not provide meaningful results, they are not included. Note: FY 2012 Congressional appropriations now require Title III-D funding can be used only for programs and activities demonstrated to be evidence-based. For more information, see <i>Department of Health and Human Services Appropriations Act, 2012 (Division F, Title II of P.L. 112-74)</i> . (as defined by NAPIS)
High Nutritional Risk	An individual who scores six or higher on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative. (as defined by NAPIS)
High Risk Contractor	An entity that has entered into a legal agreement, and has demonstrated not to have the capacity to meet the legal requirements and terms of a contract. A contractor shall be considered "high-risk" if the AAA determines that it: (1) has a history of unsatisfactory performance; (2) is not compliant with OAA, Department on Aging, or AAA protocols and required procedures; (3) is proven not to have the skills, knowledge, staff, or professional capacity

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	to successfully deliver services as contracted; (4) is not financially stable; (5) has a management system that does not meet the standards in 45 CFR Part 92 or 45 CFR Part 74, as applicable; (6) has not conformed to terms and conditions of previous contracts; (7) is otherwise irresponsible and/or nonresponsive to fulfilling Department on Aging and AAA data collection policies and procedures; (8) has misrepresented material facts regarding funding reimbursements or service units earned; or (9) has engaged in unethical, immoral, or illegal behavior or activities.
High Risk AAA	An Area Agency on Aging (AAA) or provider that: (1) has a history of unsatisfactory performance; (2) is not financially stable; (3) has a management system that does not meet the management standards prescribed; (4) has not conformed to terms and conditions of previous awards; or (5) is otherwise not responsible.
Home and Community-Based Services (HCBS)	Term used by the OAA and ACL to describe aging services provided by the SCDOA.
Homebound	Homebound status is established if an individual resides at home and meets one or more of the following: is unable to drive, or is limited in ability to drive extended time or distance, or does not have access to transportation, or is geographically isolated, and may be at risk for institutionalization.
Home-Delivered Meal	A meal provided to a qualified individual at a residence. The meal as served in a program administered by the AAAs and/or a provider shall meet all of the requirements of the OAA and state and local laws. (as defined by NAPIS)
Homemaker	Assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework. (as defined by NAPIS)
Insurance Counseling Assistance and Referral for Elders (I-Care)	Insurance counseling program commonly known as SHIP (State Health Insurance Program).
Impairment in Activities of Daily Living (ADL)	The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision, or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (as defined by NAPIS)
Impairment in Instrumental Activities of Daily Living (IADL)	The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, stand-by assistance, supervision, or cues: preparing meals, shopping for personal items, medication management, managing money, using a telephone, doing

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	heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance). (as defined by NAPIS)
Income	Actual current monies received periodically, such as weekly or monthly by the older individual seeking aging services or assistance from the Legal Assistance Program in South Carolina.
Indian Tribal Organization (ITO)	Recognized governing body of any Native American tribe, or any legally established organization of Indians controlled, sanctioned, or chartered by the governing body.
Indian Tribe	Any tribe, band, nation, or other organized group or community of Native Americans recognized as eligible for special programs and services provided by the United States to them because of official status as Native Americans (Indians); or that is located on, or in proximity to, a federal or state reservation or rancheria.
Information and Assistance	A service that: (1) provides individuals with information on services available within the communities; (2) links individuals to the services and opportunities that are available within the communities; (3) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied. (as defined by NAPIS)
In-Home Service	Personal care, chore, and homemaker, telephone reassurance, and in-home respite care for families.
Legal Assistance	Legal advice and representation provided by an attorney to older individuals with economic or social needs; and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and counseling or representation by a non-lawyer where permitted by law.
Legal Representation	Direct assistance to an eligible client to achieve a solution to the legal problem; it encompasses research, negotiation, preparation of legal documents, correspondence, appearance at administrative hearings or in courts of law and legal appeals.
Living alone	A one person household (using the Census definition of household) where the householder lives by himself or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities,

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	assisted living units, and group homes. (as defined by NAPIS)
Long-Term Care	Any service, care, or item (including assistive devices), Evidence-Based Disease Prevention and Health Promotion services, and in-home services intended to assist individuals to cope with or to compensate for a functional impairment in performing activities of daily living; and not intended to prevent, diagnose, treat, or cure a medical disease or condition. These may be furnished at home, in a community care setting, or in a long-term care facility.
Lobbying	The promoting or opposing through direct communication with public officials or public employees: the introduction or enactment of legislation before the General Assembly or the committees or members of the General Assembly; covered gubernatorial actions; covered agency actions; or, consideration of the election or appointment of an individual to a public office elected or appointed by the General Assembly. (S.C. Code of Laws § 2-17-10(12))
Long Term Care Facility	Any skilled nursing facility as defined in the Social Security Act (42 U.S.C. 1395i-(a) or other nursing facility as defined in the Social Security Act (42 U.S.C. 1396r (a); a board and care facility (personal care home); and any other adult care home similar to one of these facilities or institutions.
Low income	Reflecting 150% of the federal poverty level.
Meal Volunteer	An individual, who provides volunteer services during meal hours, has assigned duties, and is properly recorded and documented as a meal volunteer by the provider.
Medicare Improvement for Patients and Providers Act (MIPPA)	Medicare service provided by the SCDOA.
Means Test	The use of an older individual's income or resources to deny or limit that person's receipt of services. The Older Americans Act has a prohibition for means testing.
Medically Underserved Areas/Populations	According to the Health Resources and Services Administration of the United States Department of Health and Human Services, Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may

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	be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons). Additional information can be found at data.HRSA.Gov or https://data.hrsa.gov/tools/shortage-area/mua-find .
Minority Provider	A provider of services to clients which meets any one of the following criteria: 1) a not for profit organization with a controlling board comprised at least 51 percent of individuals in the racial and ethnic categories listed below; 2) a private business concern that is at least 51 percent owned by individuals in the racial and ethnic categories listed below; 3) a publicly owned business having at least 51 percent of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals from the racial and ethnic categories listed below. The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, or Hispanic. (as defined by NAPIS)
Minority Individuals	Persons who identify themselves as Native American, African-American, Asian, Hispanic, or members of any limited English-speaking groups designated as minorities within the state by the Department on Aging or the federal government.
Monthly Units of Service Report (MUSR)	The Aging Information Manager System (AIM) (or current data system) report which shall be submitted monthly by the AAAs to the Department on Aging.
Multi-Purpose Senior Center	A community facility or focal point for the provision of a broad spectrum of services including health, social, nutritional, cultural, and educational group activities for older persons.
National Aging Program Information System (NAPIS)	Annual report of aging service data submitted to ACL.
National Council on Aging (NCOA)	A professional organization promoting aging issues. Organization nationally certifies senior centers.
Neglect	The failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services and the failure or omission has caused, or presents a substantial risk of causing, physical or mental injury to the vulnerable adult. Noncompliance with regulatory standards alone does not constitute

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	neglect. Neglect includes the inability of a vulnerable adult, in the absence of a caretaker, to provide for his or her own health or safety which produces or could reasonably be expected to produce serious physical or psychological harm or substantial risk of death (S.C. Code of Laws Ann. § 43-35-10(6)).
National Ombudsman Report (NORS)	Annual report of Ombudsman data submitted to ACL. Older Americans Act – the Federal law that governs aging and authorizes the State Units on Aging to coordinate aging services in the states.
Nonprofit Organization	An agency, institution, or organization that is owned and operated by one or more corporations or associations with no part of the net earnings benefiting any private shareholder or individual.
Notification of Grant Award (NGA)	A binding agreement between the SCDOA and AAAs showing the allocation of funds for aging services
Nutrition Counseling	Individualized guidance to individuals who are at nutritional risk because of health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status. Due to limited funding, this is not a reimbursable service. (as defined by NAPIS)
Nutrition Education	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (as defined by NAPIS)
Nutrition Services	Those services, whether provided by a government entity, nonprofit agency, or other organization, that provide meals and other nutritional services, including nutrition education and outreach to older persons. Such services may be provided in a group dining setting that offers a range of social and supporting services or in the home of an eligible older person.
Nutrition Service Incentives Program (NSIP) Meals	A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that: 1) it has been served to a participant who is eligible under the OAA and has not been means-tested for participation; 2) it is compliant with the nutrition requirements; 3) it is served by an eligible agency; and 4) it is served to an individual

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	who has an opportunity to contribute. NSIP Meals also include home-delivered meals provided as Supplemental Services under the Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients or caregivers (as well as spouses of any age). (as defined by NAPIS)
Older Americans Act of 1965 as amended	The Federal law authorizing and mandating aging service and program requirements for the SCDOA
Older Individual	An individual who is 60 years of age or older.
Office of Management and Budget (OMB)	A department in the Federal government that sets regulations for the SCDOA.
Other Services	A service provided using OAA funds that does not fall into the previously defined service categories. Expenditures shall be reported as “Other Services” in Section II.A. Line 15. (as defined by NAPIS)
Outreach	Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or the client’s caregivers) and encouraging the use of existing services and benefits. Note: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile.” (as defined by NAPIS)
Paralegal	Legal assistants, also known as paralegals, are a distinguishable group of persons who assist attorneys in the delivery of legal services. Through formal education, training, and experience, legal assistants have knowledge and expertise regarding the legal system and substantive and procedural law which qualify them to do work of a legal nature under the supervision of an attorney, who is ultimately responsible.
Palliative Care and Quality of Life Study Committee	A committee established by the General Assembly and coordinated by the SCDOA to study Palliative Care and to make recommendations.
Passenger Mile	One mile ridden by one passenger is the unit of service for transportation services. It is also the unit of service for riders provided assisted transportation.

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Pass-Through Entity	A non-Federal entity that provides a subaward to a subrecipient to carry out part of a Federal program.
Planning and Services Area (PSA)	According to the OAA, a legislatively mandated sub-state, area-wide district designated for purposes of planning, development, delivery, and overall administration of service. In South Carolina, there are 10 planning and service areas (AAAs).
Point-to-Point Transportation	A transportation system in which a client travels directly to a destination. In this Manual, point-to-point describes a transportation service for clients from point-of-origin to point-of-destination.
Poverty Line	The term “poverty line” means the official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
Program Beneficiary	An eligible individual who receives services from the Department on Aging, AAA, or a provider.
Program Income	Gross income received by the grantee and all providers, such as voluntary contributions or income earned only as a result of the grant project, during the grant period (Program income is required to be put back into the program that collected the income and be used to expand or enhance those services). (as defined by NAPIS)
Protective Services	Legal assistance to older individuals aimed at preventing or correcting abuse, neglect, fraud or exploitation through the various legal tools and processes.
Provider	Either a subrecipient or contractor that has entered into an agreement with an AAA to deliver services under the Area Plan, as determined by the AAA, using criteria set by 45 CFR 74 and 75. (The Department on Aging is a grantee of the ACL; the AAA is a subgrantee of the Department on Aging; and the provider receives its funding directly from the AAA.) As defined by NAPIS, a provider is an organization or person that provides services to clients under a formal contractual arrangement with an AAA or the Department on Aging. Under Title III-E, in cases where direct cash payment is made to a caregiver and the ultimate provider is unknown, the number of providers may be omitted.
Public Funds	Funds received directly or indirectly from any federal, state or local government or instrumentality of a government.
Race/Ethnicity Status	The following reflects the requirements of the Office of Management and Budget (OMB) for obtaining

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	<p>information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the “two-question format.” When questions on race and ethnicity are administered, respondents are to be asked about ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:</p> <p>Ethnicity: Hispanic or Latino Not Hispanic or Latino</p> <p>Race: American Indian or Alaskan Native: A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African-American: A person having origins in any of the black racial groups of Africa. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. ” (Alone)”: When appended to a racial category (e.g., “White (Alone)” means that the individual only designated one race category. (as defined by NAPIS)</p>
<p>Recipient</p>	<p>The entity to which a United States Department of Health and Human Services (USDHHS) or any other federal agencies award funds and which is accountable for the use of the funds provided. The recipient is the entire legal entity, even if only a particular component of the entity is designated in the award document. For this Manual, the</p>

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	Department on Aging will use Grantee instead of Recipient.
Recommended Daily Allowance (RDA)	Federal nutrition requirements that the SCCOA must adhere to in order to receive Federal funding for nutrition programs.
Registered Client	An individual who received at least one unit of the following specified services within the reported fiscal year. The services include congregate meals, nutrition counseling, assisted transportation, personal care, homemaker, chore, home-delivered meals, or case management. The count of registered clients does not include caregivers. (as defined by NAPIS)
Representative Payee	One appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds due to a physical or mental incapacity, any funds owed to such individual by such entity.
Reservation	A designated area of land set apart for the sole use and habitation by any federally- or state-recognized Native American tribe.
Resource Development/Program Development	The identification and use of new and existing resources to create new programs or to expand existing programs and services for older persons. This process includes those activities that result in the utilization of previously untapped resources.
Respite Care	Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) in-home respite (personal care, homemaker, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) institutional respite provided by placing the care recipient in an institutional setting, such as a nursing home, for a short period of time as a respite service to the caregiver; and (4) (for Grandparent or other older relative caregiver of a child) summer camps. If the specific service units purchased via a direct voucher can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment. (as defined by NAPIS)
Rural	For the purpose of targeting, “rural” consists of those cities and towns with a population of less than 2,500 people according to the 2010 Census.
Rural Providers	A provider that delivers services to clients who live in rural areas. Rural providers are not necessarily providers of services only to rural clients. They may also be

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	providers of services to clients in urban areas. [See definition of rural.]
Senior Center Permanent Improvement Project (PIP)	A grant program, funded through South Carolina Bingo tax revenues to renovate, expand, or build permanent senior centers.
Self-Directed Care	Self-direction (SD) is a service delivery model where services are planned, budgeted, and directly controlled by the person receiving services. Self-direction should involve the individuals receiving HCBS to the maximum extent possible and include family members, guardians, or other legal representatives as applicable. Through SD, the person can maximize independence and control over needed services. Self-Directed Care typically involves a fiscal intermediary or financial management service that performs tasks such as payroll processing and tax withholding. People who self-direct services may have varying levels of control over a flexible budget, which is required to be sufficient to meet the needs appropriately in the community, and maintain health and safety. This service delivery model is also referred to as self-direction, participant-direction, consumer-direction, and cash and counseling.
Self-Neglect	An adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks (such as obtaining food, clothing, shelter, medical care, or goods and services necessary to maintain physical and mental health or general safety) or to manage one’s own financial affairs.
Senior Medicare Patrol (SMP)	An entity that educates seniors and stakeholders on Medicare fraud.
Service Slot	The number of service units it takes to provide a service (like meals) once per day for a whole year. A service slot may be filled by more than one client over the course of a year, depending on clients’ changing needs or to accommodate clients who do not need the service daily. <i>For example: Client A requires meals five days a week, equaling one service slot. Client B requires meals three days per week, while Client C requires meals two days a week. Clients B and C, added together, equals one service slot.</i>
Service Unit	The provision of one service to one client.
Severe Disability	A severe, chronic condition attributable to mental or physical impairment or a combination of mental and physical impairments that is likely to continue indefinitely, resulting in substantial functional limitation

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	in three or more life activities as specified in the definition for “Disability.”
Sole Responder Bid/Agreement	When there is only one bid (offer) for an aging service during the competitive bid process.
Sole Source Bid/Agreement	When there is only one bidder/contractor with the skills, ability, or resources to provide services.
South Carolina Advisory Council on Aging	The council that advises the SCDOA and Aging Network on topics related to aging. Members represent 10 regions with five at-large members.
South Carolina Aging Contact Tracker (SCACT)	A data tool used by the SCDOA and Aging Network to track clients and need.
South Carolina Association of Area Agencies on Aging (SC4A)	Professional organization for the state’s AAAs.
State Community Service Employment Program (SCSEP)	A senior employment program coordinated by the SCDOA through contracts.
State Fiscal Year (SFY)	Calendar set for the State fiscal year for service delivery and expenditures. From July 1 – June 30.
State Health Insurance Assistance Program (SHIP)	An insurance counseling program coordinated by the SCDOA.
State Long Term Care Ombudsman Program	Ombudsman program coordinated by the SCDOA. An entity that investigates abuse, neglect, and exploitation at nursing homes, assisted living facilities, and state residential facilities.
State Plan	The official document that is submitted by SCDOA to ACL every four years. The Plan must be approved by ACL in order for the SCDOA to receive its Federal funding. It sets goals, strategies, and performance measures for the four-year period.
State Unit on Aging (SUA)	The state agency designated by ACL to serve as the sole entity to develop a state plan; administer the state plan, take responsibility for the planning, policy development, administration, coordination, priority setting and evaluation of all State activities related to the objectives of the OAA; to serve as an effective and visible advocate for older individuals by reviewing and commenting upon all State plans, budgets, and policies which affect older individuals and providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals; and dividing the State into distinct planning and service areas.
Statutory Functions	Statutory functions of the AAA are those functions that shall be performed in a consistent manner throughout the planning and service area. These services are information and referral/assistance, outreach, advocacy, program

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	development, coordination, and individual needs assessment.
Subrecipient	A non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.
Target Groups	Those persons 60 years of age or older and spouses, regardless of age, identified by the OAA and the Department on Aging to be: <ul style="list-style-type: none"> • in greatest economic need; • in greatest social need; • considered minorities; • at risk for institutionalization; • older individuals with limited English proficiency; and/or • who reside in rural areas. • (Holocaust Survivor Population)
Targeted Populations	Those individuals with the greatest social and economic need that the Older Americans Act mandates should receive priority for services.
Therapeutic Diet	A diet ordered by a healthcare provider as part of treatment for a disease or clinical condition, or to eliminate, decrease, or increase specific nutrients in the diet.
Total Older Americans Act (OAA) Expenditures	Outlays/payments made by the SUA and/or AAAs using OAA federal funds to provide allowable services. (as defined by NAPIS)
Total Service Expenditures	OAA expenditures plus all other funds administered by the SUA and/or AAAs on behalf of elderly individuals and caregivers for services meeting the definition of OAA services – both services which are means tested and those which are not. SUAs are encouraged to report expenditures in these service categories whether or not ACL funds were utilized for that purpose. This is not intended for financial accountability but for statistical purposes, such as computing accurate service unit costs based on total service expenditures. (as defined by NAPIS)
Transportation	Transportation from one location to another. Does not include any other activity (one way trip). (as defined by NAPIS)
Unit Cost	The amount of funding needed to provide one service unit.

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Unit of Service (Legal Assistance)	One hour of legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney. Legal assistance includes casework; it does not include time spent by the legal assistance provider on community education and training, one-time phone referral to another agency and outreach activities.
United States Department of Agriculture (USDA)	A partner agency for nutrition services. Provides health and safety guidelines and funding for Nutrition Service Incentives Program (NSIP) Meals.
United States Department of Health and Human Services (USDHHS)	Federal agency that houses the Administration for Community Living (ACL) and coordinates aging services and programming.
United States Department of Labor (USDOL)	Federal agency that funds the Senior Community Employment Program (SCSEP).
Volunteer	An uncompensated individual who provides services or support to or for older individuals. Only staff working under the AAA, not the AAA's providers, shall be included. Additional definitions may be found in Section 102 of the OAA and 45 CFR Parts 1321, 1326, and 1328 (the regulations implementing the OAA). (as defined by NAPIS)
Vulnerable Adult	Pursuant to Section 43-35-10 (11), a person 18 years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person's own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunction. A resident of a facility is a vulnerable adult.
Vulnerable Adult Guardian ad Litem Program	Division within the SC DOA providing guardian ad litem services to vulnerable adults who are in the custody of the SC Department of Social Services.
Waiting List	The data tool used when there are more assessed clients requesting services than units/funds available or the individual has a low priority score. Waiting list data shall be entered into the Department on Aging's approved data system (currently the AIM system) and updated as necessary by the AAA. The waiting list shall be used to determine the next eligible individual (based on a priority score) is selected, when there is an available service opening.

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Attachment K: Notable COVID-19 Activities 2020 - 2021

Notable SCDOA activities during the pandemic:

Nursing Home Family Visitation: The SCDOA Director and State Long Term Care Ombudsman have worked with the Governor’s Office and DHEC to address the issues concerning nursing homes not being opened to receive visitors. Throughout the pandemic, family members have not been able to visit residents of facilities nor have they been able to physically observe them. This led to residents being socially isolated. DHEC has revised its policy to allow limited outside visits.

Nursing Home Visitation and Social Isolation Task Force: The Governor tasked Director Munn and the SCDOA to coordinate a working group made up of aging stakeholders and long term care industry representatives to develop strategies to mitigate the visitation and socialization issues.

Long Term Care Ombudsman Re-Entry Task Force: The State Long Term Care Ombudsman convened a task force to develop protocols for Long Term Care Ombudsmen to restart in person visits (outdoor and indoor) to residents in long term care facilities.

Long Term Care Ombudsman Program: The LTCOP shifted its in person visits to residents in long term care facilities to virtual visits. Visits and complaints investigations were conducted virtually to maintain contact with the residents. LTCOs advocated for virtual visits from family members and assisted facilities (as needed) with providing residents the ability to visit via Face Time, Google Duo, etc. LTCOs provided information to facility staff about potential funding to assist with acquiring communication tools/equipment.

SC Department of Education Partnership: Working with Superintendent of Education Molly Spearman, a partnership was established between the State Department of Education and SCDOA to use school bus drivers to deliver meals in counties where there are a shortage of volunteers to deliver meals to seniors at home. The SCDOA is excited by this partnership and looks forward to the relationship with SCDOE continuing after the State of Emergency is over when mutually beneficial to seniors and schools. The details of this partnership have been shared with ACL and the other regional State Units on Aging as a best practice.

Department of Veterans’ Affairs: The SCDOA has established a partnership with Veterans’ Affairs during the emergency to meet the needs of veterans and seniors. The SCDOA looks forward to continuing this partnership after the State of Emergency ends.

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Assessment Waiver: On March 12, 2020 the SCDOA temporarily waived the Face-to-Face Assessment requirement and now is allowing for telephone assessments. This is to protect the health and wellness of both seniors and AAA assessors.

Nutrition Program Instruction: On March 13, 2020 the SCDOA issued a Program Instruction dealing with the closure of meal sites and how to properly classify former group dining clients for data and reimbursement purposes. Former group dining clients receiving home-delivered meals or picking up meals from group dining sites are classified as C2 COVID-19 in the data system.

Potassium Waiver: On March 18, 2020 the SCDOA temporarily waived the potassium requirement in order to assure emergency meals are served during the COVID-19 State of Emergency.

Waiving Daily Nutrition Requirements: After hearing that there was the potential for a shortage of emergency meals and shelf-stable meals from regional and national catering companies, the SCDOA asked for the 1/3 Daily Recommended Intake requirement mandated by the federal government be waived. The SCDOA requested that ACL waive the DRI requirement for meals during the COVID-19 State of Emergency. ACL agreed to waive the nutrition requirement for funds transferred to Title III-B, but not for meals provided by III-C. However, the COVID-19 Disaster Relief legislation does give the SCDOA greater flexibility to waive DRI requirements. The federal Major Disaster Declaration gives additional flexibility to the SCDOA for meals.

Meal Options (Restaurants): SCDOA reached out to restaurants and other meal providers to seek innovative ways to insure that meals continue to be served to seniors during the emergency. Other states have established restaurant partnerships and the SCDOA is working to duplicate their best practices. Some of the service providers in SC have used restaurants to provide meals to non-clients in order to assure that any seniors needing meals receive meals. These providers such as Senior Resources in Columbia and the Lexington Country Recreation and Senior Commission are providing drive through pick up services.

Sanitary Supplies: On March 19, 2020 the SCDOA announced that the temporary distribution of sanitary supplies to aging clients with need would be allowed as a function of Title IIIB Supportive Services.

Serving Non-Clients: On March 25, 2020 the SCDOA issued a Program Instruction allowing the AAAs and their providers to serve non-clients over the age of 60. This policy change was made after consulting with the Administration for Community Living (ACL) and our regional State Units on Aging directors.

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Forecasting Needs: The SCDOA has been very proactive with the AAAs to assist in forecasting future needs that may be a consequence of the State of Emergency. Each AAA has been asked to report to the SCDOA their needs and budget concerns.

Service Unit Activities: Because of the State of Emergency and the need to properly and accurately report all COVID-19 expenses, the SCDOA made changes to the data system to assure that all services are accurately reporting COVID-19 activities. This required multiple new activities to be created in AIM for all 10 AAAs and their contracted service providers.

Disaster Relief/Cares Act Funding: The SCDOA has allocated the disaster relief and stimulus funds appropriated by Congress for the COVID-19 State of Emergency to the Area Agencies on Aging. This required all of the new funding to be allocated through the federally approved funding formula so that Notifications of Grant Awards could be executed with the AAAs. The AAAs were required to establish budgets and to allocate the funds to the providers. The SCDOA allocated its disaster funds before most of the other Region Four ACL states acted.

Emergency Funding Allocation: With the passage of multiple emergency relief bills, there is increased federal funding for aging services. The SCDOA Finance and IT staff allocated the new funding using the federally approved Intrastate Funding Formula and Notification of Grant Awards (NGAs) were sent to the AAAs. The SCDOA was one of the first State Units to distribute the emergency funds in ACL's Region 4.

SCDOA Website: The SCDOA website is updated daily with information pertaining to COVID-19. In addition, a restricted portal was created for the AAAs with critical information from ACL, SCDOA, and other state and federal agencies.

SC ACT: The SC ACT system which is used to collect data on clients was updated to capture COVID-19 information. The information collected from the SCDOA and the AAAs is compiled into a daily report showing the needs in South Carolina.

AAA Daily Reports: The SCDOA created an online reporting tool for the AAAs to provide daily reports and to give updates regarding their regions and service capacities.

AccelerateSC: The SCDOA has been an active participant in the Governor's committee planning on how to appropriately open up the state after the pandemic. SCDOA has been assigned specific roles in helping state agencies reopen. SCDOA staff has been tasked to assist AccelerateSC with responding to constituent concerns. Other SCDOA staff is working with AccelerateSC to collect data, to update the Dashboard, and to assist in public information distribution via social media.

AccelerateSC Social Impacts Page: The SCDOA collaborated with AccelerateSC to provide information for a Social Impacts page on the dashboard. The Social Impacts page provides

information to the public regarding which senior centers/meals sites are open for seniors to attend during the reopening phase.

Long Term Care Ombudsman Program (LTCOP): The Long Term Care Ombudsmen (LTCO) developed, printed and distributed activity books to residents in long term care facilities. The books contained multiple activities to help prevent social isolation and keep the residents socially engaged.

Vulnerable Adult Guardian ad Litem Program (VAGAL-SC): The VAGAL-SC program developed new ways to manage cases during the current COVID-19 State of Emergency. By visiting with adults through phone calls and video conferencing, increasing communication with caregivers and families, and supporting the SC Family Court’s use of consent orders and online hearings, VAGAL staff and volunteers continue to ensure the best interests of the adults served by the program are being met. The VAGAL-SC program successfully advocated for increased communication between the adults and their friends and families and continues to collaborate with the SC Department of Social Services to return adults home whenever possible.

Vulnerable Adult Guardian ad Litem (VAGAL) Volunteers: The VAGAL-SC program developed an online format in which to provide continuing education training for current VAGAL-SC volunteers. In addition, the program is currently in the process of adapting its new volunteer training to an online format.

Vulnerable Adult Guardian ad Litem (VAGAL) Fund: When adults are taken into custody by the state, they often have no clothes, toiletries, and other essential items. This has been especially true during the pandemic. Other needs may include housecleaning services so the adult can return home, or basic furniture so the adult can move into a long term care facility. In response, the VAGAL team developed the VAGAL Fund. The purpose of the Fund is to raise money and solicit donations of basic items that will help meet the needs of these vulnerable adults.

Emergency Coordination: SCDOA staff is assigned to the Essential Service Function (ESF-6) at the State Emergency Management Division’s State Emergency Operations Center. ESF-6 is responsible for mass care. In addition, SCDOA staff has been stationed at EMD throughout the State of Emergency to assist as needed.

Operations Spreading Joy: The SCDOA, Office of the State Long Term Care Ombudsman Program partnered with the SC Department of Corrections to give facility residents cards, quilts, artwork, and gifts from offenders to target social isolation among seniors. Approximately 2,000 residents received items as a result of this partnership.

Senior Center Socialization and Carry Out Meal Program Instruction: This Program Instruction gives temporary allowance (during the COVID-19 State of Emergency only) for

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seniors to return safely to the meal site for activities and socialization, then be provided a carryout meal if the client cannot safely eat the meal on site.

SCDOA Social Isolation/Loneliness Task Force: The Social Isolation/Loneliness Task Force is in the building phase. Working with aging network stakeholders, the task force seeks to address social isolation and loneliness, which is prevalent among seniors during the pandemic.

Cards for Nursing Home and Assisted Living Residents: In conjunction with social work students from the University of South Carolina and the Community Resources Division at SCDOA, VAGAL volunteers made and delivered cards to residents of local nursing homes and assisted living facilities. A total of 636 cards were delivered to seniors to prevent social isolation.

SC Election Commission Partnership: The SCDOA has partnered with the SC Election Commission to give seniors greater access and information about the upcoming primary and general election. Non-partisan brochures, flyers, and other information materials will be distributed to seniors throughout South Carolina.

ADRC Grant: The SCDOA was awarded an Aging and Disability Resource Center Grant from ACL to aid the AAAs/ADRCs during the COVID-19 State of Emergency.

Finance, IT, and Policy Protocols: With the influx of disaster funding and waivers being granted for programs, the SCDOA was required to conduct an extensive review of program/service policies, funding streams, and to create new COVID-19 activities.

Department of Transportation Partnership: The SCDOA worked with the Department of Transportation to obtain hand sanitizer for the AAAs and providers.

Emergency Management Division/State Emergency Operations Center: SCDOA staff has been assigned to the EMD and SEOC since March working daily in the ESF-6 (Mass Care Operations) and as needed in other functions. In addition, to the two staff members working at the SEOC, Director Munn met with the Governor during the early days of the emergency. EMD holds daily conference calls that the SCDOA participates in and the Governor holds daily conference calls with his cabinet agencies. During the pandemic, the SCDOA emergency coordination staff has worked with EMD during tropical weather events and a tornado outbreaks.

Operations Spreading Joy: The SCDOA, Office of the State Long Term Care Ombudsman Program partnered with the SC Department of Corrections to give facility residents cards, quilts, artwork, and gifts from offenders to target social isolation among seniors. Approximately 2,000 residents received items as a result of this partnership.

Groceries: A program instruction was issued that temporarily amended SCDOA policy to allow for groceries to be purchased for seniors during the State of Emergency. This initiative was

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created to assist those consumers who are in need of groceries and other essentials due to the COVID 19 Pandemic. The choice program was designed to help seniors in need of assistance in paying for grocery and personal hygiene products due to COVID-19 related income losses. The groceries cannot be counted as a meal for federal reporting purposes and are intended to supplement the meals provided to seniors.

Meal Rate Adjustments: The SCDOA worked with individual Area Agencies on Aging to mitigate higher meal rates during the State of Emergency by approving temporary rate increases for meals.

Delivery Rates for Emergency Meals: Worked with individual Area Agencies on Aging to provide funding for delivering emergency meals.

Reopening Department on Aging: A task force has been formed to plan on the phased reopening of the Department on Aging to allow for the safe return of staff to the offices.

South Carolina Senior Care Calls: A program instruction was issued to allow for wellness calls. A Caring Calls handbook was distributed to the aging network on April 20, 2020 to temporarily allow aging providers to make wellness calls to seniors during the state of emergency. This service was fine-tuned by a Program Instruction released on May 6, 2020. This required the SCDOA to develop special COVID-19 activities and unit rates.

ACL Guidance for Tracking Services and Unit: The SCDOA issued a program instruction to provide guidance from the Administration for Community Living for tracking services and programs funding through the COVID-19 disaster funds.

Alzheimer’s Resource Coordinating Council: Quarterly ARCC meetings have continued throughout the pandemic and were held in April, August, and November. ARCC Grants are on-going as well.

ADPI Grant: During the pandemic the SCDOA staff working on the ADPI grant transitioned from the planning phase, shifting the grant budget and work plan to include technology for all volunteers so that meetings and trainings for the implementation phase can be done virtually.

Lifespan Respite: The SCDOA held meetings with Lifespan Respite partners to discuss the dissemination of the Personal Protection Equipment (PPE) administrative supplement grant that was recently awarded. The SCDOA is looking at other organization, such as SCOR, to form Lifespan partnerships to distribute PPE.

Virtual Caregiver Programs: The Central Midlands and Waccamaw AAAs pivoted their Caregiver Support Programs to be virtual. Waccamaw began virtual as early as April, Central Midlands began in July. Lowcountry AAA has instituted a Caregiver Support Group called “Tea

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Time for Caregivers”. All Caregivers who expressed interest were sent a “Tea Time” box with a journal, mug, and teas to encourage attendance via Zoom. This has been very successful with an average of 10-15 caregivers in attendance.

Seniors Raising Children Collaborations: The SCDOA is collaborating with Kinship Care Liaisons, the Carolina Family Engagement staff, and the regional family caregivers to bring awareness throughout the state to Seniors Raising Children during the pandemic.

Camp in A Box: The Appalachia AAA had to cancel their planned campout for Seniors Raising Children (SRC) families which was scheduled for April. In August the AAA delivered “Camp in a Box” kits to 9 families, each geared to the children’s ages and abilities with activities for the home. Oconee County Parks also donated park passes to each family.

Tutoring for Children Raised by Seniors: Tutoring as a form of respite was added at every AAA in the Seniors Raising Children (SRC) program beginning in September.

Wellness Check Manual for the Faith Community: To address the problem of seniors at risk of social isolation, the SCDOA created a wellness check manual to assist places of worship check on seniors in their congregations as well as seniors in community at large. With the assistance of our faith partners: the Interfaith Partners of SC, the Christian Action Council, Columbia International University, the AME Church many others, the SCDOA sent the manual to hundreds of churches, synagogues, mosques and other places of worship throughout the State.

Faith based Webinar: Webinar on the Impact of the COVID-19 Pandemic on seniors for the Faith Community in partnership with Columbia International University and the SC Respite Coalition, the SCDOA hosted a webinar for the faith community featuring South Carolina State Epidemiologist Dr. Linda Bell, MD. The purpose of the webinar was to educate faith leaders about how COVID-19 impacts seniors and offer suggestions to places of worship on ways to protect seniors and reduce their risk of contracting the virus. This webinar kicked off the South Carolina Department on Aging’s Symposium, a five part webinar series about problems facing seniors for the faith community and caregivers.

Health Education Flyers: As a part of a task force led by the Alliance for a Healthier South Carolina, the SCDOA helped create a series of flyers designed to educate minority populations about ways to reduce their risk of contracting COVID-19. The SCDOA insured that all materials were designed to reach a multi-generational audience. As a result of this initiative, thousands of educational flyers were disseminated to adults of all ages all over South Carolina.

Mask Initiative: In April the South Carolina Office of Rural Health and the SCDOA worked together with a group of volunteers to sew 200 masks. The masks were then distributed to seniors in rural South Carolina.

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Attachment L: Key Legal Statutes for Department on Aging

Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted
Section 12-21-4200, Section 43-31-40 (k)	State	Statute	Provide funding, through Senior Center Permanent Improvement Project grants, to enhance or build multipurpose senior centers.
Section 43-21-190	State	Statute	Provide funding through budget line item to the Silver Haired Legislature.
Section 43-21-10; Section 43-21-20	State	Statute	Coordinate and host the South Carolina Advisory Council on Aging.
SC ACT and Joint Resolutions 2018, Act No. 291.	State	Statute	Committee authorized to meet for one year to study Palliative Care and make a report to the Governor and the General Assembly; the Department on Aging was tasked to coordinate.
Section 43-21-120	State	Statute	The Department on Aging is tasked by statute to coordinate the Coordinating Council, which works with the Department on the coordination of programs related to the field of aging, and to advise and make pertinent recommendations.
Section 43-21-130; Section 43-21-140; and Section 43-21-150	State	Statute	The Department on Aging is tasked by statute to coordinate the Long-Term Care Council.
42 U.S.C. § 3026(a)(2)(C); 42 U.S.C. § 3027(a)(11); 42 U.S.C. § 3027(a)(13); 42 U.S.C. § 3027(a)(24); 42 U.S.C. § 3030d(a)(16); 42 U.S.C. §3032(a)-(c); 42 U.S.C. §3058j	Federal	Statute	The Department on Aging manages the provision of legal services to seniors in priority case areas as enumerated in the Older Americans Act, which are: income, housing, nutrition, protective services, health care, long-term care, defense of guardianship, abuse, neglect, and age discrimination.

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Section 43-35-220(A); Section 43-35-45(C)	State	Statute	Provide trained, non-attorney guardians ad litem to represent the best interests of vulnerable adults, as defined in the Omnibus Adult Protection Act, by advocating for the welfare and rights of a vulnerable adult involved in an abuse, neglect, or exploitation hearing. Each guardian ad litem is represented by one of the program's private contract attorneys during vulnerable adult abuse, neglect, and exploitation proceedings in family court.
Section 43-35-200(A); Section 43-35-220; Section 43-35-230	State	Statute	Recruit, train, and supervise volunteers to serve as court-appointed guardians ad litem in abuse, neglect, and exploitation cases in family court. Conduct outreach events to recruit volunteers, and provide training to current volunteers.
42 U.S.C. § 3030d	Federal	Statute	Provide funds for supportive services for seniors to the ten Area Agencies on Aging ("AAAs") in South Carolina; provide technical assistance, monitors implementation, and provides directives from the federal level to the AAAs.
42 U.S.C. 3030d-21; 42 U.S.C. § 3030e; 42 U.S.C. § 3030f; 42 U.S.C. § 3030g; 42 U.S.C. § 3030g-21; 42 U.S.C. § 3030g-22	Federal	Statute	The Department on Aging provides funds to the AAAs for the provision of nutritional meals, nutritional education, and socialization to seniors to reduce hunger and food insecurity, promote socialization of older individuals, and promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions as a result of poor nutritional behavior. The Department also provides technical assistance, monitors implementation, and relays directives from the federal level to the AAAs.
42 U.S.C. § 3030m; 42 U.S.C. § 3030n	Federal	Statute	The Department on Aging provides funds to the AAAs for senior evidence-based disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites through home-delivered meal programs, and at other appropriate sites. The Department on Aging provides funds to the sub-recipients (AAAs) for the provision of demonstrated evidence-based programs that mitigate the negative impact of chronic diseases and related injuries for the population aged 60 and over to support healthy lifestyles and promote healthy behaviors as required by Older Americans Act.

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<p>42 U.S.C. § 3030s; 42 U.S.C. § 3030s-1; 42 U.S.C. § 3030s-2</p>	<p>Federal</p>	<p>Statute</p>	<p>The Department on Aging provides federal and state funds for Family Caregiver Support services to the ten Area Agencies on Aging (AAA) in the state to provide multifaceted systems of support services for family caregivers; and for older relative caregivers. The services provided, in a State program under subsection (a), by an area agency on aging, or entity that such agency has subcontracted with, shall include (1) information to caregivers about available services; (2) assistance to caregivers in gaining access to the services; (3) individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems related to their caregiver roles; (5) supplemental services, on a limited basis, to complement the care provided by caregivers. 42 U.S.C. § 3030s-1(a)-(b). The Department on Aging provides funds to sub-recipients (AAAs and SC Respite Coalition) for the provision of respite, supports, and assistance to family and informal caregivers to allow their aged or disabled family member to remain at home. Additionally, the agency provides the Area Agencies on Aging technical assistance, monitors implementation, and communicates directives from the federal level.</p>
<p>42 U.S.C. §§ 300ii - 300ii-4</p>	<p>Federal</p>	<p>Statute</p>	<p>The Department on Aging provides federal and state funds for Lifespan Respite to the SC Respite Coalition. The purposes of this section are - (1) to expand and enhance respite care services to family caregivers; (2) to improve the statewide dissemination and coordination of respite care; and (3) to provide, supplement, or improve access and quality of respite care services to family caregivers, thereby reducing family caregiver strain. 42 U.S.C. § 300ii-1. The Department on Aging provides funds to the sub-recipient (SC Respite Coalition) for the provision of respite, supports, and assistance to family and informal caregivers to allow their aged or disabled family member to remain at home. The SC Department on Aging provides the SC Respite Coalition technical assistance, monitors implementation, and communicates directives from the federal level. The SC Respite Coalition is responsible for implementing the Lifespan Respite services in the state.</p>

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<p>42 U.S.C. §§ 3056-3056p; 42 U.S.C. § 3030d(a)(12)</p>	<p>Federal</p>	<p>Statute</p>	<p>The Department on Aging provides a community service employment through a sub-recipient (Goodwill) for eligible seniors in South Carolina. Senior Community Service Employment is a job training program where older South Carolina adults gain work experience in a variety of community service activities at non-profit and public facilities. Participants must be at least 55, unemployed, and have a family income of no more than 125% of the federal poverty level. Enrollment priority is given to veterans and qualified spouses, then to individuals who are over 65, have a disability, have low literacy skills or limited English proficiency, reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, or have failed to find employment after using the American Job Center system. The Department on Aging provides grant funds to the sub-recipient(s) to provide on the job training and employment opportunities for those seniors 55 and older who are low income and seek to enhance their job skills and abilities.</p>
<p>42 U.S.C. § 1395b-4; 42 U.S.C. § 3012(b)(8)(E); 42 U.S.C. §3030(d)(a)(6)(A); 42 U.S.C. 3030d(a)(9)</p>	<p>Federal</p>	<p>Statute</p>	<p>The Department on Aging provides federal and state funds for State Health and Insurance Assistance services to the ten Area Agencies on Aging (AAA) in the state to provide information, counseling, and assistance relating to the procurement of adequate and appropriate health insurance coverage to individuals who are eligible to receive benefits under this subchapter (in this section referred to as "eligible individuals"). The Department on Aging, along with the AAAs, provide insurance counseling, assistance, referral and education to assist Medicare Beneficiaries. They also take calls to report Medicare fraud.</p>
<p>Section 44-36-310; Section 44-36-320</p>	<p>State</p>	<p>Statute</p>	<p>The Department on Aging provides state seed grant funding to local centers to assist persons with Alzheimer's disease and related disorders and their families. Additionally the agency provides the Alzheimer's Resource Coordination Centers technical assistance, monitors implementation, and communicates directives from the state and or federal level.</p>
<p>Section 43-21-160</p>	<p>State</p>	<p>Statute</p>	<p>These funds must be used to award grants to public and private nonprofit agencies and organizations to establish and administer innovative programs and services that assist older persons to remain in their homes and communities with maximum independence and dignity. The Department on Aging administers the Eldercare Trust Fund by: assessing the needs of the frail elderly to establish priorities for meeting the needs; receiving gifts, bequests, devises and voluntary contributions through the Department on Revenue's Check the Box Program for deposit into the fund; soliciting proposals for programs identified to meet the service needs; providing technical assistance to those submitting proposals to meet the needs of the program; and entering into contracts for awarding grants to public and private nonprofit organizations.</p>

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Section 43-21-200	State	Statute	The Department on Aging administers the Geriatric Physician Loan Forgiveness Program which provide state funds to repay loans incurred by physicians licensed to practice in the State of South Carolina who have completed a fellowship training program or who are in the process of completing a training program in geriatrics or geriatric psychiatry accredited by the Accreditation Council for Graduate Medical Education. The Department on Aging executes a contract with physicians who agree to practice in the state for no less than five years immediately following completion of his/her fellowship; agree to accept Medicare and Medicaid patients; accept reimbursement or contractually binding rates and not to discriminate against patients based on their ability to pay.
42 U.S.C. § 3058g(a)(3)(A)	State	Statute	The State Long Term Care Ombudsman shall serve on a full-time basis, and shall, personally or through representatives of the Office - identify, investigate, and resolve complaints that are made by or on behalf of, residents, including residents with limited or no decision making capacity and who have no known legal representative, and if such a resident is unable to communicate consent for an Ombudsman to work on a complaint directly involving the resident, the Ombudsman shall seek evidence to indicate what outcome the resident would have communicated (and, in absence of evidence to the contrary, shall assume that the resident wishes to have the resident's health, safety, welfare, and rights protected) and shall work to accomplish that outcome; and relate to the action, inaction, or decisions, that may adversely affect the health, safety, welfare or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of providers, or representatives of providers of long-term care services; public agencies; or health and social service agencies.
Section 43-35-310; Section 43-35-320; Section 43-35-330; Section 43-35-340; Section 43-35-350	State	Statute	The State Long Term Care Ombudsman serves as a member of the Adult Protection Coordinating Council which was created under the auspices of the S.C. Department of Health and Human Services. The Council meets quarterly and is responsible for coordinating, planning, and implementing the efforts of those entities involved in adult protection. Data is provided to the Council regarding the number of Long Term Ombudsman cases handled each quarter, including those involving abuse, neglect or exploitation. The State Long Term Care Ombudsman serves as a member of the Fatality Review committee to review SLED facility death investigations.

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42 U.S.C. §1315a	Federal	Statute	The Department on Aging, at the direction of the Office of the State Long Term Care Ombudsman, oversees the Healthy Connection Prime Ombudsman Program. The Prime Ombudsmen receive, investigate and advocate on behalf of dual beneficiaries (beneficiaries who have both Medicare and Medicaid) age sixty-five and older with inquiries and/or complaints about access to healthcare services, billing issues and provider payment. This is a demonstration grant program administered by the S.C. Department on Aging that helps older adults age 65 and older who are enrolled in Healthy Connections Prime address concerns or conflicts that may interfere with navigating and coordinating their health coverage through Medicare and Medicaid.
Proviso 40.1	State	FY 2019-20 Proviso	Unexpended balances on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part IA, Section 40, Distribution to Subdivisions, shall be carried forward into the current fiscal year to be used as required state match for federal funds awarded to subdivisions on or before September thirtieth of the current fiscal year.
Proviso 40.2	State	FY 2019-20 Proviso	Of the state funds appropriated under Distribution to Subdivisions, the first allocation by the Department on Aging shall be for the provision of required State matching funds according to the Department on Aging formula for distributing Older Americans Act funds. The balance of this item shall be distributed to the planning and service areas of the State. In the event state appropriations are reduced, reductions to the planning and service areas shall be based on amounts distributed in accordance with the previous requirements.
Proviso 40.3	State	FY 2019-20 Proviso	The Department on Aging is authorized to receive and expend registration fees for educational, training and certification programs.
Proviso 40.5	State	FY 2019-20 Proviso	State funds appropriated for Home and Community-Based Services shall be used to fund those services that most directly meet the goal of allowing seniors to live safely and independently at home. Definition of allowable services. Appropriations requirements for HCBS funds for monitoring; redirection to areas affected by emergencies; carry-forward; intrastate funding formula; indexing methodology; prohibition on reallocating HCBS funds for other purposes.

Attachment M: Public Comments

Citizens and aging stakeholders were provided the opportunity to review the 2021 – 2025 State Plan on Aging and to provide comments. A notice to solicit comments was posted on the Department on Aging’s website and emails were sent to individuals in the aging network. In addition, the plan was shared at a public meeting of the South Carolina Advisory Council on Aging on June 9, 2021. The Councils of Government (COG) Directors were briefed on the plan.

Attachment N: Emergency Plan



SOUTH CAROLINA DEPARTMENT ON AGING

**DISASTER/EMERGENCY PREPAREDNESS MANUAL AND
OPERATING PROCEDURES**

Effective: June 1, 2018

Updated: February 12, 2021

All Disasters/Emergencies

I. GENERAL

A. Purpose

The purpose of this plan is to improve the readiness and response capability of the South Carolina Department on Aging (SCDOA) in emergency and disaster situations, in order to safeguard our older population and respond as quickly as possible to their needs.

The South Carolina Department on Aging (SCDOA) is responsible for administering state and federal funding for programs and services through regional offices – known as Area Agencies on Aging (AAAs) or Aging and Disability Resource Centers (ADRCs) – and local service providers. The role of the SCDOA during an emergency/disaster is three-fold:

1. To ensure the capability of the state office and Aging Network to continue/resume operations as quickly as possible following a disaster;
2. To facilitate the coordination of disaster mitigation, preparedness, response and recovery activities in the aging community where the disaster occurred; and
3. To assist in the provision of mass care/shelter services before, during, and after a disaster.

B. Authority

By Executive Order of the Governor, dated May 17, 1995, the SCDOA is mandated to perform a support role with regard to two emergency support functions: ESF 6 (Mass Care) and ESF 11 (Food).

As the State Unit on Aging (SUA), designated by the Governor and recognized by the federal Administration on Aging (AoA)/Administration for Community Living (ACL), the SCDOA is required to have a disaster plan.

C. Applicability

The Standard Operating Procedures (SOP) apply to the personnel of the SCDOA and to agencies and organizations receiving grants or contracts through the SCDOA. It shall be implemented during both natural and man-made disasters/emergencies

according to the process specified below.

D. Definition - Acronyms/Abbreviations

AAA	Area Agency on Aging
ACL	Administration for Community Living
ADRC	Aging and Disability Resource Center
AoA	Administration on Aging
CLTC	Community Long Term Care
COA	Council on Aging
DHS	Department of Homeland Security
EOC	Emergency Operations Center
ESF	Emergency Support Function
EMD	Emergency Management Division
FEMA	Federal Emergency Management Agency
SCDOA	South Carolina Department on Aging
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SOP	Standard Operating Procedures
VOAD	Volunteer Organizations Active in Disasters

E. Organization

1. It is understood that in all matters the actions of the South Carolina Department on Aging (SCDOA) shall interface and be coordinated with other agencies and organizations in order to ensure the health, welfare and safety of seniors in the disaster-affected community(s).
2. Staff member(s) from the SCDOA will be assigned as Emergency Preparedness Coordinator(s). The functions of the Emergency Preparedness Coordinator(s) will be as follows:
 - a. To coordinate the development, and, when appropriate, the implementation of the Standard Operating Procedures (SOP) for the SCDOA.
 - b. To coordinate the technical assistance provided by SCDOA staff

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- before, during, and after an emergency.
 - c. To participate in training and simulation exercises conducted by the Emergency Management Division.
 - d. To facilitate training opportunities upon request or as needed for emergency-related SCDOA staff and emergency-related aging network staff.
 - e. To coordinate staffing of and participate in EMD ESF 6, Mass Care, before, during, and after an emergency/disaster.
 - f. To coordinate staffing for and activation of any teams that may be needed to work with seniors and/or their families before, during and after a disaster.
 - g. To coordinate staffing for and activation of staff for EMD ESF 6, Mass Care; and ESF 14, Recovery and Mitigation.
 - h. To represent the SCDOA on appropriate committees and sub-committees of the SC Recovery Task Force.
 - i. To educate other agencies and organizations to the programs, needs, services, and resources for seniors.
 - j. To maintain contact with the AAA/ADRC Directors before, during, and after a disaster in order to collect/provide information and determine seniors' needs for assistance.
 - k. To maintain contact with the Public Information Manager before, during, and after a disaster in order to provide current information on the status of the event and on seniors' needs.
 3. SCDOA management shall provide technical assistance to the Aging Network regarding grant applications for emergency-related grants and FEMA assistance during Presidential-declared disasters.
 4. The SCDOA shall maintain the following teams:
 - two (2) essential personnel teams, with the primary essential personnel consisting of individuals needed for an immediate response, and the secondary essential personnel consisting of individuals to serve as support/relief in the event of a large-scale disaster/emergency, to staff EMD ESF 6.

II. EXECUTION

A. Concept Of Operations

1. Disaster/emergency operations to support the AAAs, ADRCs, Aging Network service providers and any other related agencies or organizations shall be conducted by the SCDOA when needed. If an emergency should occur during non-working hours, the Emergency Preparedness Coordinator(s) will contact pre-determined SCDOA staff on the EMD ESF 6 team to report to the State Emergency Operation Center, if it is activated. All other SCDOA staff members are to report to the SCDOA office per their regular work schedules as soon as it is safe to do so, unless directed otherwise by order of the Governor, SCDOA Director, Human Resources Director, or through the normal channels of communication. If any SCDOA staff members, who are not members of the ESF 6 are to be mobilized during non-working hours, the Emergency Preparedness Coordinator(s) will consult with the SCDOA Director and/or the Human Resources Director to determine which staff members best meet the needs of the situation. Said staff members will be contacted with instructions on when/where to report by the Emergency Preparedness Coordinator(s).
2. The SCDOA recognizes that in order to be able to carry out public disaster responsibilities, staff members must have plans to ensure their safety and the safety of their families. Accordingly, each staff member is encouraged to develop a family emergency/disaster plan.
3. Disaster operations within the Aging Network shall be conducted, in so far as possible, in accordance with routine lines of authority. When necessary, however, the Aging Network is capable of operating under a fallback principle:
 - Should any regional office (AAA or ADRC) and/or local aging network provider's offices become inoperable, a team or staff from AAAs/ADRCs not impacted by the event may be assembled under mutual aid agreements to assist the affected AAA/ADRC until that office is re-established; the goal being to normalize operations as

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quickly as possible in order to ensure critical services are restored or provided to seniors.

- Should a number of regional offices (AAA or ADRC) and/or local aging network provider's offices become inoperable, and all teams or staff from AAAs/ADRCs not impacted by the event already be allocated, staff from the SCDOA may be mobilized by the SCDOA Director to the affected area to help assist the AAA/ADRC until other AAA/ADRC staff become available; the goal being to normalize operations as quickly as possible in order to ensure critical services are restored or provided to seniors.
 - Should a local service provider become inoperable, the SCDOA expects the AAA/ADRC to assume or contract those functions, to the extent possible, until provider operations are re-established; the goal being to normalize operations as quickly as possible in order to ensure critical services are restored or provided to seniors.
 - In the event the physical location of the SCDOA is damaged and inoperable, the SCDOA Director shall coordinate with office staff members for office relocation.
4. The SCDOA will encourage the establishment of mutual aid agreements amongst the regional offices (AAA or ADRC), and between providers and the contracting AAA/ADRC. In the event of widespread damage and disruption, the SCDOA Director and the Emergency Preparedness Coordinator(s) may assist with coordinating the assignment of AAA/ADRC staff from other parts of the state, as well as SCDOA staff, to the disaster area to assist in normalizing operations as quickly as possible.

B. TASKS

1. Mitigation Phase:
 - a. Activity: Maintenance of SCDOA Disaster/Emergency Preparedness Manual and Standard Operating Procedures; ESF 6 Standard

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Operating Procedures; Disaster Preparedness Teams; staff emergency contact information; and the State Emergency Preparedness Manual(s).
Responsibility: Emergency Preparedness Coordinator(s)

b. Activity: Review of Area Plans to ensure that all of their contact information is current and available at both the SCDOA office and the EMD ESF 6, SEOC.

Responsibility: Emergency Preparedness Coordinator(s)

c. Activity: Education and training opportunities for SCDOA/AAA/ADRC emergency-related staff.

Responsibility: Emergency Preparedness Coordinator(s); AAAs/ADRCs

d. Activity: Distribution of emergency-related information to Aging Network.

Responsibility: Emergency Preparedness Coordinator(s)

2. Pre-Disaster Phase: three (3) to five (5) days prior to the event, if possible

a. Activity: Organize SCDOA staff teams and begin preparing for event. Keep SCDOA/AAA/ADRC emergency-related staff informed of the progress of the disaster/emergency.

Responsibility: Emergency Preparedness Coordinator(s)

b. Activity: Coordinate with ESF 6, Director of Mass Care, for staffing. Notify SCDOA ESF 6 Team of imminent activation. Advise staff to review ESF 6 Standard Operating Procedures (SOP).

Responsibility: Emergency Preparedness Coordinator(s)

d. Activity: Communicate with potentially affected AAAs/ADRCs, to include any announced watches/warnings. If event is imminent, confirm/establish point-of-contact by phone for status updates and identification of needs/resources.

Responsibility: Emergency Preparedness Coordinator(s) and/or SCDOA Director

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- e. Activity: Ensure that all SCDOA Records, Property, and Equipment are safeguarded.
Responsibility: All SCDOA Staff
 - f. Activity: Ensure that phone and address list(s) for emergency-related SCDOA staff is current and that Emergency Preparedness Coordinator(s), SCDOA Director, and SCDOA Human Resources Director can be provided with a copy upon request.
Responsibility: Emergency Preparedness Coordinator(s)
 - g. Activity: Review with Divisional Managers each department's responsibilities and roles before, during, and after the disaster.
Responsibility: Emergency Preparedness Coordinator(s), SCDOA Director
3. Disaster Phase: Immediate
- a. Activity: Activate Response Plan
Responsibility: Emergency Preparedness Coordinator(s), SCDOA Director
 - b. Activity: Coordinate staff for the EMD ESF 6, Mass Care
Responsibility: Emergency Preparedness Coordinator(s)
 - c. Activity: Assess damage to SCDOA main office, if necessary.
Responsibility: SCDOA Director and Deputy Directors; Emergency Preparedness Coordinator(s)
 - d. Activity: Relocate SCDOA main office, if necessary.
Responsibility: SCDOA Director
 - e. Activity: Assess damage to and disruption of AAAs/ADRCs and service provider organizations in the affected area. Responsibility: SCDOA Director, Emergency Preparedness Coordinator(s), staff of the offices in the affected area.

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- f. Activity: Assign/mobilize SCDOA staff to provide assistance to affected areas (when necessitated by severe damage and lack of other AAA/ADRC staff).
Responsibility: SCDOA Director, Emergency Preparedness Coordinator(s) in conjunction with the AAA/ADRC Director in the affected region.
 - g. Activity: Outreach and Advocacy
Responsibility: All SCDOA staff in conjunction with staff of AAAs/ADRCs in the affected area(s).
 - h. Activity: Staff ESF 18: Donated Goods and Volunteer Resources Management (including coordination of donations, coordination with Volunteer Organizations Active in Disasters [VOAD] and other individuals and groups wishing to provide aid and assistance)
Responsibility: Director of ESF 18, EMD, Emergency Preparedness Coordinator(s), and volunteer(s) from SCDOA, other volunteer organizations and State Agencies
 - i. Activity: Record and report work hours, number/type of services provided, and materials/resources expended as required for proper compensation, statistical reports, and reimbursement.
Responsibility: All SCDOA staff through normal supervisors, in conjunction with Information Technology, Human Resources, and Financial staff.
4. Recovery Phase
- a. Activity: Provide general, on-going assistance to AAAs/ADRCs and Aging Network providers, as needed.
Responsibility: SCDOA staff
 - b. Activity: Record and report work hours, number/type of services provided, and materials/resources expended as required for proper compensation, statistical reports, and reimbursement.

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Responsibility: All SCDOA staff through normal supervisors, in conjunction with Information Technology, Human Resources, and Financial staff.

- c. Activity: Provide on-going Outreach and Advocacy to meet increased needs of seniors impacted by the event.

Responsibility: All SCDOA staff in conjunction with staff of AAAs/ADRCs in the affected area(s).

- d. Activity: Continue to coordinate with Home Delivered Meals' caterers, Salvation Army, American Red Cross, and the Baptist Association Disaster Preparedness Division for provision of meals for seniors and their families if unable to go to common meal distribution sites.

Responsibility: SCDOA Nutritionist; AAAs/ADRCs and/or aging network providers if conducting business as usual.

- e. Activity: Coordinate temporary expansion of the home delivered meals program during a federally-declared disaster.

Responsibility: SCDOA Director, SCDOA Nutritionist; AAAs/ADRCs and/or aging network providers.

- f. Activity: Coordinate with Regional Long-Term Care Ombudsmen to ensure reports of neglect, abuse, and exploitation continue to be investigated.

Responsibility: State Long Term Care Ombudsman and staff in the SCDOA, as well as Regional Ombudsman.

III. ADMINISTRATION AND LOGISTICS PRE and POST DISASTER

Administration

1. The Disaster Preparedness Standard Operating Procedures for the SCDOA shall be implemented at the direction of the Director upon advice from the Emergency Preparedness Coordinator(s).
2. Line of Succession for Emergency Operations

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- a. SCDOA Director
 - b. SCDOA Emergency Preparedness Coordinator(s)
 - c. SCDOA Divisional Managers
3. Records and Reports
- It is imperative that **all** staff involved in disaster operations maintain a record of their specific activities and the amount of staff time involved in performing these activities; any special supplies used; and, expenses incurred (**retain all receipts for record**).
4. Hold staff briefings both internally and by individual teams
- a. The Emergency Preparedness Coordinator(s) will participate in regular briefings provided at the SEOC and update the ESF 6 team regularly.
 - c. The Emergency Preparedness Coordinator(s) will provide regular briefings for the SCDOA Director, as requested.
 - d. The SCDOA Director and/or SCDOA Human Resources Director will provide briefings/updates with staff as necessary.
5. Upon the conclusion of disaster activities, the SCDOA Director and Emergency Preparedness Coordinator(s) should conduct a debriefing for the purpose of reviewing how the Standard Operations Procedures were implemented and the adequacy of those procedures.
6. The Emergency Preparedness Coordinator will implement changes to the Disaster/Emergency Preparedness Plan and SOPs according to the results of and recommendations from staff debriefing.

B. Logistics

1. The SCDOA Director, or his/her designee, shall be responsible for requisitioning the necessary vehicles and supplies for emergency operations as identified by the Emergency Preparedness Coordinator(s) and/or the SCDOA Director.
2. The Emergency Preparedness Coordinator(s) and the SCDOA Director shall be able to work with the Information Technology Manager to maintain computer and telephone equipment and IT supplies if needed by SCDOA teams mobilized to an affected area.

**Activities to Be Performed by SCDOA Staff at the
Emergency Operation Center, ESF 6**

Standard Operating Procedure

SCDOA staff will be assigned to staff Emergency Support Function (ESF) 6, Mass Care, at the State Emergency Operation Center (SEOC) when activated. There will be two (2) essential personnel teams, with the primary essential personnel consisting of individuals for immediate response, and the secondary essential personnel consisting of individuals to serve as support/relief in the event of a large-scale disaster/emergency. Each person should be prepared to work a twelve (12) hour shift when activated. The following list summarizes, including but not limited to, duties to be performed while staffing ESF 6:

1. Answer phones. If you take a message, gather the following information:
 - a. Name of person calling
 - b. Phone number for return call
 - c. If caller is opening a shelter, get the following information:
 - Name of person in charge of shelter
 - Name of shelter
 - Location of shelter (exact address)
 - Phone number of shelter
 - Time shelter is opening/opened
 - Number of evacuees it will hold (capacity)
 - Number of evacuees currently in residence (if applicable)
 - Do they need security
 - Is there anything else they need to tell us
 - d. If caller is reporting on status of shelter, get the following information:
 - Name of person in charge of shelter
 - Name of shelter
 - Location of shelter (exact address)
 - Phone number of shelter
 - Capacity of shelter
 - Current number of evacuees in shelter

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- Is there anything else they need to tell us
- e. If calling to request needs, get the following information:
- Name of person in charge of shelter
 - Name of shelter
 - Location of shelter (exact address)
 - Phone number of shelter
 - Current number of evacuees in shelter to include staff
 - Exact items contact person is requesting (food, water, medicine, baby formula, baby diapers, personal hygiene items, etc.). Get specifics, such as the exact number of babies in the shelter, so you can calculate the amount of formula, the number of meals, the amount of water to request, etc. Remember, for water you need one (1) gallon of water per person per day.
2. Enter data into PalmettoEOC.com. This could include shelter openings, shelter closing, needs requests that have to be tasked to other ESFs, etc.
 3. Provide assistance to other ESFs related to aging network programs and services.
 4. Monitor the postings on the large screens in the SEOC for critical information and relay it to the appropriate decision-makers in ESF-6.
 5. Support staff from DHEC, Red Cross, and Salvation Army *however needed* (make copies, send/receive faxes, be a “gopher”, etc.).
 6. Maintain contact with the Emergency Preparedness Coordinator(s) regarding pertinent information/changes related to the disaster.
 7. Be capable of informing AAAs/ADRCs in affected area(s) of available shelters, upon request.

**Activities to Be Performed by SCDOA Staff at the
Emergency Operation Center, ESF 18**

Standard Operating Procedure

SCDOA emergency-related staff may be assigned to staff Emergency Support Function (ESF) 18, Volunteers, Donated Goods and Resources, at the State Emergency Operation Center (SEOC) when activated, if staff is requested and available, or if a staff member chooses to volunteer. Staff will work a specified shift to be determined, or as needed by the Director of ESF

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18. Relief staff may be available to take the place of any SCDOA ESF 18 staff if needed.
Responsibilities include but are not limited to:

1. Answer phones and take messages.
2. Enter data about volunteers, donated good and resources into the [PalmettoEOC.com](https://www.palmettoeoc.com) database system

South Carolina Department on Aging (SCDOA)

Emergency Operating Conditions

OPCON 3	<p>Normal daily operations. Coordinate and participate in emergency related education and training, exercises, and preparedness/mitigation activities at the state, regional/county, and provider levels. Continuous update of emergency preparedness manual and emergency contact information. Incidents are monitored by the State Warning Point and local emergency managers.</p> <ul style="list-style-type: none"> • Review emergency plans with staff and providers, monitor impending weather situation, update and alert Aging Network of any changes or new information at the state, regional, and provider level. • Possibility of an emergency or disaster situation that may require coordination and/or activation of emergency preparedness plans. • Precautionary measures should be taken in preparation for possible activation of the emergency plan (i.e. update any and all client emergency contact information, discuss plans in place for continuity of services if normal operations are interrupted, etc.).
OPCON 2	<p>Enhanced awareness. A disaster or emergency is likely to affect the state. Emergency Operations Plans are implemented. The State Emergency Operations Center (SEOC) is partially activated, if necessary.</p> <ul style="list-style-type: none"> • AAA and provider emergency plans are activated. MOAs/MOUs in place should be reviewed and placed on stand-by or in action, as conditions warrant in your area. All clients should be contacted and made aware of any changes or interruptions in services expected. If possible, alternate methods for service delivery should begin in preparation for the event. • Requests for help or assistance should be reported directly to the county emergency management division. SCDOA will share updates and information as received from SCEMD. • Begin tracking all efforts (expenses, staff working time and overtime, changes in normal operating conditions, and travel related to the emergency). Complete and submit standardized Internal Status Report form each day, as instructed. (Emergency-related correspondence should be submitted directly to the SCDOA Emergency Preparedness and Response Coordinator(s) and PSA Help.) • State begins coordinating ESF-6 staffing for shifts at the SEOC. • As appropriate, SCDOA will host a precautionary statewide conference call with AAA Directors and their Regional Emergency Preparedness Coordinators.
OPCON 1	<p>Full alert. A disaster or emergency is imminent or occurring. The State Emergency Operations Center (SEOC) is fully activated. All agency personnel are activated or available for activation.</p> <ul style="list-style-type: none"> • Wellness checks should be conducted by all AAAs and/or providers for every current client experiencing an interruption in services. • Requests for help or assistance should be reported directly to the county emergency management division. SCDOA will continue to share updates and information as received from SCEMD. • As instructed, continue to submit daily reports to the SCDOA regarding all efforts being made at both the AAA and provider levels using the standardized Internal Status Report form. Any information identifying challenges and/or requests for assistance should also be included (Emergency-related correspondence should be submitted directly to the SCDOA Emergency Preparedness and Response Coordinator(s) and PSA Help.) • SCDOA emergency volunteer staff will be notified by the SCDOA Emergency Preparedness and Response Coordinator(s) upon receiving confirmation of shift assistance needed at the SEOC. • SCDOA will host a statewide conference call with AAA Directors and Emergency Preparedness Coordinators to receive updates and requests for technical assistance. Frequency of calls will be determined by magnitude of the emergency/disaster.

Disclaimer: This document is meant to be a tool to help guide the South Carolina Aging Network in emergency preparedness and response activities by outlining expectations and requirements at each of the three state readiness levels of Operating Conditions. All action should be enacted with the goal of safeguarding your service population with the objective of continuity of services and resumption of normal operating condition as soon as possible.

State Plan Acknowledgements

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Special thank you to the SCDOA staff members who assisted with the State Plan:

- | | | |
|------------------|------------------|---------------------|
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South Carolina
**DEPARTMENT
ON AGING**

Appendix

Seniors Matter

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PILEGENS COUNTY

MARK YOUR CALENDAR FOR THESE UPCOMING EVENTS

7th Annual Sam Wyche Food Fight Bush, Easley vs. Fickens
August 27, 4:00 to 6:00 P.M. **Free Admission**

RMW Charity Pro-Am
Thursday, May 5th - Monday, May 9th

7th Annual Sam Wyche Food Fight Bush, Easley vs. Fickens
August 27, 4:00 to 6:00 P.M. **Free Admission**

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PA Piedmont Agency on Aging, Inc.
WE SERVE MORE THAN JUST A MEAL



Appendix

