

AGING SERVICES POLICIES AND PROCEDURES MANUAL – Updated Policies



South Carolina
**DEPARTMENT
ON AGING**

Release Date: October 1, 2026

AAA Compliance Date: July 1, 2027

This Manual, along with its Companion Manual “Aging Services Policies and Procedures – Foundational Policies” supersedes all previous editions of the South Carolina Aging Services Policies and Procedures Manual.

South Carolina Department on Aging Companion Manual Notice:

These manuals, "Aging Services Policies and Procedures – Updated Policies" and "Aging Services Policies and Procedures – Foundational Policies," are intended to be used together. The *Foundational Policies* manual contains policies and procedures that remain in effect unless specifically revised or replaced in the *Updated Policies* manual. The *Updated Policies* manual contains policies that have been reviewed, revised, or reformatted as part of the agency's ongoing policy modernization process and in response to the 2024 Update to Administration for Community Living's Older Americans Act Regulations.

Policy Status and Order of Precedence:

During the agency's transition to the revised Policy and Procedure Manual format, the "Aging Services Policies and Procedures – Updated Policies" and the "Aging Services Policies and Procedures – Foundational Policies" are intended to be used together. Policies contained in the "Aging Services Policies and Procedures – Foundational Policies" Manual remain in effect unless they have been specifically revised, replaced, or superseded by a policy contained in the "Aging Services Policies and Procedures – Updated Policies" Manual.

When the same subject matter is addressed in both manuals, the policy contained in the "Aging Services Policies and Procedures – Updated Policies" shall take precedence. Policies and procedures in the "Aging Services Policies and Procedures – Foundational Policies" Manual that have not yet been revised or incorporated into the Updated Policies Manual remain in effect and should continue to be followed.

If a conflict, inconsistency, or uncertainty exists regarding which policy applies, staff should seek clarification from the South Carolina Department on Aging before taking action.

Applicable federal and state laws, regulations, funding requirements, and other governing authorities take precedence over agency policies and procedures when a conflict exists.

Table of Contents

State Unit on Aging	6
State Plan (Final Rule).....	6
Emergency	9
Emergency Preparedness and Disaster Relief (Final Rule).....	9
Emergency Meals	17
Fiscal	20
Advance Funding (Final Rule)	20
Use of Program Income (Final Rule)	22
Voluntary Contributions (Final Rule)	25
General	28
Conflict of Interest (Final Rule)	28
Target Populations (Final Rule)	33
Title III_VI Coordination (Final Rule)	36
Contracts and Commercial Relationships (Final Rule).....	39
Area Agency on Aging	46
AAA Regional Aging Advisory Council (RAAC) (Final Rule).....	46
Area Plan Process (Final Rule)	49
Support Services: Assessment and Waiting List	55
Priority Services	55
Client Eligibility and Priority (Final Rule)	57
Support Services: Home Care.....	61
Home Care Services.....	61
Chore	63
Home Devices.....	67
Homemaker.....	71
Minor Home Repair	75
Personal Care	80
Pest Control.....	84
Support Services: I&R/A and Outreach	87

Information & Referral/Assistance	87
Support Services: Transportation	91
Transportation	91
Congregate Meals.....	97
Congregate Meals.....	97
Congregate Meals Availability	100
Congregate Walk-in	102
HCBS Congregate Grab and Go.....	105
Home Delivered Meals.....	108
Home Delivered Meals.....	108
Home Delivered Meals Availability Requirements.....	111
Senior Nutrition Program: Fiscal Related	113
SCDOA Senior Nutrition Program Service Eligibility and Funding Matrix	113
SCDOA Nutrition Program Voluntary Contributions	116
Nutrition Service Incentives Program (NSIP) (Final Rule)	118
Program and Meal Planning	121
Registered Dietitian Nutritionist Role.....	121
Nutrient Requirements for Meals	124
Special Dietary Needs	129
Meal Type.....	133
Offer Versus Serve.....	135
Senior Nutrition Program Operations	138
Congregate Site Operations and Adequate Facilities	138
Scheduled and Unscheduled Closing of Aging Services Operations	145
Food Safety	149
Senior Nutrition Program Food Safety Requirements.....	149
Leftover Foods	160
Other Nutrition Services	162
Nutrition Education	162
Nutrition Counseling	167
Other Nutrition Services: Assistive Devices, Oral Nutrition Supplements, Groceries	170

Senior Nutrition Program Monitoring.....	175
Qualitative and Quantitative Monitoring Title III-C	175
Other Nutrition Resources.....	178
Nutrition Reference Guides and Materials	178
Evidence-Based Programs.....	179
Evidence-Based Disease Prevention and Health Promotion	179
Evidence-Based Program Monitoring.....	185
Qualitative and Quantitative Monitoring Title III-D	185
Other Evidence-Based Program Resources.....	188
Evidence-Based Reference Guides and Materials	188
Family Caregiver Support Services	189
Family Caregiver Support Program (Final Rule).....	189
Family Caregiver Support Program Eligibility and Priority.....	192
Family Caregiver Support Program Assessment	196
Alzheimer's Funds	199
State Family Caregiver Funds	202
Lifespan Respite	204
Insurance	207
State Health Insurance Assistance Program (SHIP)	207
Senior Medicare Patrol (SMP)	212
Legal Services	216
Legal Assistance Developer (Final Rule)	216
Legal Services (Final Rule)	218
Other Services	228
Dental Program with HCBS Funds.....	228
Home Stabilization Program	232
Social Connections Programs with HCBS Funds.....	235

State Unit on Aging

State Plan (Final Rule)

STATE PLAN ON AGING DEVELOPMENT	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.25, 1321.27, 1321.29, 1321.31	

Policy Statement

In order for the South Carolina Department on Aging (SCDOA) to be eligible to participate in programs of grants to states from allotments under Title III of the OAA, the State of South Carolina, in accordance with regulations of the Assistant Secretary of the United States Department of Health and Human Services, has designated the SCDOA as the sole state agency to develop and administer a State Plan within the State of South Carolina.

The State Plan is the document that the Administration for Community Living (ACL) mandates the Department on Aging (SCDOA) submit in order to be eligible to participate in ACL programs and receive its funding.

The State Plan provides the SCDOA with a blueprint to successfully fulfill the mission and components of the OAA and provides the ACL with the assurances and measurements necessary to guarantee that the mandates of the OAA are being performed and services are being provided statewide.

The State Plan can have an effective period of two, three, or four years, as determined by the SCDOA. The Plan is developed and formatted by the SCDOA, in compliance with statutory and regulatory requirements of the ACL.

South Carolina's State Plan on Aging specifies, in writing, to the ACL:

- Identification of SCDOA as the designated state agency to develop and administer the plan'
- Statewide program objectives to implement Title III and Title VII requirements and any objectives established by ACL;

- Evidence the State Plan is informed by and based on South Carolina AAAs' area plans;
- A description of how SCDOA defines greatest economic and social need and the methods SCDOA uses to target services to those in greatest economic and social need.
- An intrastate funding formula indicating the proposed use of all Title III funds, and the distribution of Title III funds to each PSA.

The SCDOA is required to amend the plan under certain conditions:

- To comply with new or revised federal statutes or regulations;
- To reflect changes in state or federal law, policy, SCDOA organization, or operations that will substantially impact the administration of the State Plan on Aging;
- To reflect a change in the designation of any AAA; and/or
- To reflect a change in the Intrastate Funding Formula.

The South Carolina State Plan on Aging shall be based on and informed by the area plans developed by the AAAs. It shall contain assurances that the SCDOA will meet all of its statutory and regulatory requirements, including administration and delivery of services. The State Plan identifies each AAA designated by the SCDOA. The Intrastate Funding Formula is used to allocate OAA and state funds to the AAAs and other funds that are distributed without uniformity through other allocation methods.

SCDOA is required to conduct ongoing monitoring of the state's compliance with the assurances made in the State Plan on Aging.

SUA Procedure

The SCDOA will research, review, and consider all information contained in the area plans submitted by the AAAs when developing the State Plan on Aging for the ACL in order to incorporate activities and services performed by the aging network.

The SCDOA will consider the views of older persons, adults with disabilities, and family caregivers in the development and administration of the Plan and any amendments to the Plan through such means as the following:

- Public hearings;
- Consultation with AAA staff and providers;
- Reviews by advisory committees or other groups of older people;
- Surveys; and

- Publication of the draft plan and solicitation of written comments.

The ACL requires the SCDOA to establish a period of at least 30 calendar days for public review and comment on the new State Plan before the State Plan is officially submitted. During this time period, the SCDOA will hold public hearings. Public hearings are advertised in advance of the hearing date. Public hearings are to be held at convenient times and in places that are barrier-free. Comments collected shall become part of the Plan.

The Department on Aging shall submit the Plan or Plan amendments to the ACL at least 90 days prior to the proposed effective date, unless the SCDOA has requested and/or received a waiver of this requirement. Upon ACL approval, the Plan becomes effective on the date designated by the ACL.

In advance of the submission to the ACL to be considered for approval, the SCDOA shall submit a draft of the plan or plan amendment to the ACL Regional Office at least 120 calendar days before the proposed effective date, unless SCDOA has requested and/or received a waiver of this requirement. The SCDOA will work with the ACL Regional Office to review and revise the draft plan or plan amendment as needed to receive approval.

On an annual basis, SCDOA conducts monitoring reviews of compliance with state plan assurances.

AAA Procedure

AAAs shall support the SCDOA's efforts to obtain public comment on the State Plan on Aging. AAAs shall adhere to the Area Plan instructions in the preparation and submission of their Area Plans on Aging and collaborate with the SCDOA on the development of goals and objectives in the preparation of the State Plan on Aging.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Area Plans on Aging Policy

Emergency

Emergency Preparedness and Disaster Relief (Final Rule)

EMERGENCY PREPAREDNESS AND DISASTER RELIEF	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.97, 45 CFR 1322.33, South Carolina Code of Regulation 58-101	

Purpose:

Preparing for, responding to, and recovering from emergencies is essential to ensure safety, minimize harm, and restore normalcy as quickly as possible. This involves anticipating potential threats, having plans and resources ready, acting swiftly during an emergency, and supporting long-term recovery efforts. Older adults are at a disproportionately high-risk during emergencies and disaster due to various contributing factors, mobility, internet and communications access, lack of financial means, and fixed incomes.

Policy Statement

Emergency planning and preparedness for aging services is governed by federal regulation 45 CFR Part 1321.97, which requires that SUAs and AAAs maintain plans for emergency preparedness.

The State of South Carolina, in accordance with statutes implemented by South Carolina Regulation 58-101, is required to prepare for, respond to, and recover from emergencies and disasters. Emergency response and designated personnel, equipment, and facilities will maintain a state of readiness to save lives, prevent or minimize damage to property, protect public health, and aid older adults, their family caregivers and individuals with disabilities threatened by an emergency or who become victims of a disaster or public health threat.

As mandated in the State Emergency Operations Plan (SCEOP), the SCDOA is charged with primary or support responsibilities for the following emergency response activities; Emergency Support Function (ESF)-6/Mass

Care (Support), ESF-8/Health and Medical Services (Support), and ES-15/Public Information (Primary).

SUA Responsibility

- **Risk Assessment:** The SUA shall utilize the risk assessment completed by the South Carolina Emergency Management Division (SCEMD), who works in conjunction with the Hazards Vulnerability and Resilience Institute, University of South Carolina, to conduct all-hazards risk assessments and to determine the counties and populations most at risk. The SUA shall adopt an all-hazards approach, rather than deferring to individual county priorities.
- **Coordination with Stakeholders:** The SUA shall coordinate emergency response activities with AAAs, service providers, local emergency response agencies, relief organizations, the Catawba Nation, and State agencies responsible for emergency and disaster preparedness.
 - Oversight of AAAs is identified as a critical function of the SUA during emergencies and disasters. The SUA shall follow a detailed communication protocol outlining the when and how to communicate with the AAAs, as well as the information to be exchanged. This protocol is documented in the communications plan of the SCDOA Disaster/Emergency Preparedness Manual and Operating Procedures.
- **Public Health Emergency Operations:** The Department of Social Services is the lead agency for ESF-6/Mass Care, coordinating the capability to meet basic human needs (sheltering to include pets, food, distribution of emergency relief supplies, and disaster welfare inquiries) in disaster situations. The SUA is identified as a support agency for ESF-6; to maintain communications with the AAAs before, during and after a disaster, to collect and provide essential information to determine operating conditions, to ensure that vulnerable seniors receiving services through the Aging Network, who are affected during an emergency/disaster, are identified, safeguarded, and shared securely with the appropriate emergency officials to receive assistance as needed, to coordinate with other agencies and organizations to ensure the health, welfare, and safety of older adults and those with disabilities to the extent possible, and to provide information, referral and assistance services as well as advocacy and assistance for applying for State and Federal assistance programs, as requested.

- **Plan Development and Updates:** The SUA shall incorporate emergency and disaster preparedness into its Continuity of Operations Plan (COOP) as outlined in the SCDOA Disaster/Emergency Preparedness Manual and Operating Procedures. The SUA is also covered under the broader SCEOP Base Plan and associated Annexes 6, 8, and 15, which details the department's role and responsibilities during state and local emergencies. The SCEOP is maintained by the South Carolina Emergency Management Division with input provided by the SCDOA on an annual basis. SCDOA annually reviews and updates its disaster preparedness and response plan.
- **Leadership Involvement:** The involvement of the SCDOA Director in the development, revision, and implementation of emergency and disaster preparedness plans is outlined in the SCDOA COOP. The Director is the lead individual responsible for activating the emergency operations plan and managing emergency response activities. Updates to this plan shall be coordinated with the Emergency Management Coordinators.
- **Identifying vulnerable older adults:** The Department of Public Health is the lead agency for ESF-8/Health and Medical Services, organizing the capabilities to provide medical care, medical material management, public health, behavioral health, fatality management, medical transport, and healthcare facility evacuation in disaster situations. The SUA is identified as a support agency for assisting with the identification of medically vulnerable senior adult populations. The SCDOA Client Assessment is designed to document factors that may increase an individual's risk during emergency situations, including, but not limited to, living alone, absence of support networks, dependence on powered medical equipment, requirement for medication refrigeration, need for transportation, and/or utilization of a hospital/specialty bed.
- **Dissemination of Public Information During Emergencies/Disasters:** The South Carolina Emergency Management Division is the lead agency for ESF-15/Public Information, generating and coordinating timely public information with the appropriate level of government to avoid or minimize loss of life and property if a disaster is imminent or has occurred. The SUA is identified as a primary agency to provide information to disseminate information related to the incident for the health, welfare, and safety of older adults, family caregivers, and those with disabilities.

- **Coordination with AAAs and Service Providers:** The SUA's COOP details the coordination with AAAs and service providers for essential functions and continuity of services.
- **Coordination with Tribal Governments:** The Catawba Nation is the only federally recognized Tribe in South Carolina, and it has sovereignty over tribal reservation lands located in York County. The SCDOA will maintain contact with Catawba Nation emergency personnel and assist as needed with emergency and disaster preparation, response, and recovery efforts. SCEMD coordination with the Catawba Nation is also a component of the SCEOP Base Plan.

AAA Responsibility

- **Partnership with Emergency Management Divisions:** The AAA shall have a good understanding of the emergency management division operations in all counties in the region and shall attend local meetings held by county emergency management divisions or other related assemblies, when appropriate. The AAA shall meet at least annually with local county emergency managers to convey the emergency needs of the AAAs, providers, and the regional aging network.
- **Emergency Plan Development:** Each AAA must develop a plan and maintain an emergency plan that addresses categories of activity: prepare for, respond to, and recover from emergencies and disasters. The plan is to be updated annually and submitted to the SCDOA by April 1 or the next business day.
 - Such plans shall include:
 - A COOP and an all-hazards emergency response plan based on completed risk assessments: essential functions, maintenance of vital records and databases, roles and responsibilities, alerts and notifications, continuity of event communications, alternate locations, activation and relocation directives, etc.
 - The State Emergency Management op-con levels determine what emergency functions should be performed at each op-con level in order to ensure that emergency responses are coordinated properly.
 - Information on how the SUA will be notified regarding changes in AAA and/or provider operational statuses, inability to provide essential services such as meals and well-check calls, unmet client needs, etc. i.e. completion of the SCDOA AAA Status communications form.

- Information regarding emergency meal provision to vulnerable older adults – see Emergency Meals Policy.

Preparation:

- Identification and description of coordination activities with federal, local, state emergency response agencies, service providers, relief organizations, local and state governments, and any other entities that have responsibility for disaster relief service delivery.
- As appropriate, describe coordination with Tribal Governments. The Catawba Nation is the only federally recognized Tribe in South Carolina, and it has sovereignty over tribal reservation lands located in York County.
- Include Mutual Aid Agreements between AAAs. AAAs to establish Memorandum of Agreements amongst regional AAAs for the purpose of continuity of operations. Should any regional AAA become inoperable, a team or staff from AAAs not impacted by the event will be assembled under a MOA to operate as the affected AAA until the office is re-established.
- Identify primary essential staff, staff duties and responsibilities, including specific chain of command and alternates, if agency leadership is unavailable.
- Identify locations of operations centers and alternates when primary offices are affected.
- Include assurances of the availability of office supplies for alternate locations, staff identification badges, and the like.
- Maintain current and up-to-date emergency contact information for AAA staff, provider directors, and county emergency management officials.
- Process for ongoing maintenance and updating of resource databases.
- Protocols for viable communications process to exchange information between the AAA and providers before, during and after an emergency situation in order to collect/provide essential information to determine operating conditions,

interruption of services, and clients' needs for assistance.

- Process for ensuring that clients directing services through the aging network who are affected during an emergency/situation disaster are identified and shared with the appropriate emergency officials to receive assistance, as needed.
- Process for sharing timely and accurate notices with the providers in-regards to weather watches/warnings, hazardous conditions/situations, disaster resources, and/or emergency related public notifications, as received by local emergency management officials and/or the Department on Aging Emergency Preparedness and Response Coordinator.
- Process for disseminating critical emergency related information pertaining to evacuation orders, emergency evacuation plans/routes, road closings, emergency/temporary food sites, and any other crucial information that shall assist clients during a disaster/emergency. Public notices, helpful resources, and recovery information shall be promoted and shared via any feasible means, such as agency website, providers, outreach opportunities, and/or applicable social media.
- Process for provision of Information, referral and assistance services for senior disaster survivors and the survivors' families, such as advocacy and assistance with applying for State and Federal assistance programs, as requested.
- Process for the continued delivery of aging services in the event that the contracted service provider is unable to operate or deliver services. Information should also document provisions established in advance, including back-up emergency agreements for essential services such as meal delivery, shelf-stable meals, and related supports.
- Process for identification of "high risk" and medically vulnerable adults receiving services through the aging network.

- Demographic profiles of older adults in the area for targeting of specialized assistance.

Response

The initial reaction to ensure safety, hygiene/sanitation, and security, either in advance of an impending emergency or immediately following, will include:

- Initiation of planned communications strategies and determination of impact of disaster on staff.
- Assignment of duties.
- Contact with key providers.
- Initiation of disaster-specific record-keeping, including, but not limited to, records of:
 - staff time, including overtime
 - supplies used
 - documentation of contacts with older adults
 - type of services provided
 - personal expenses
 - specific telephone logs
- Preliminary assessment of scope of impact, including, but not limited to:
 - geographic scope and numbers of affected older adult/other target populations and their short- and long-term needs
 - kinds of services needed, including impact on transportation resources
 - identification of service gaps
 - provision of information to SCDOA
- Employment, training, and deployment of field and outreach workers.
- Follow-up contacts with all older adults/others initially assisted to determine additional needs which have developed, appropriateness of additional available resources, and need to advocate for additional resources.
- Plans to promote continuity of services in the event that a contracted service provider is unable to operate or to deliver services.

Recovery

Recovery involves sustained care over a longer period, for the purpose of assisting people in re-establishing as normal a life as possible. Recovery includes:

- Shifting from emergency response to providing answers to more complex, long-range and long-term problems,

including arranging for psychological/mental health services for disaster victims;

- Providing access to increased resources that have become available;
- Providing Information, Referral and Assistance services for disaster survivors and the survivors' families; such as advocacy and assistance with applying for State and Federal assistance programs, as requested;
- Participation in long range planning and coordination with other agencies;
- Maintaining contact and providing services, including meeting non-immediate needs identified during the response phase
- A description of coordination activities for both development and long-range emergency and disaster preparedness plans and other information as deemed appropriate by the AAA.

See also:

SCDOA Disaster/Emergency Preparedness Manual and Operating Procedures
– Do not link – “For Official Use Only” (contains private phone numbers and processes)

[SCEMD Emergency Operations Plan](#)

[2023-sc-state-hazard-mitigation-plan.pdf](#)

https://www.fema.gov/sites/default/files/2020-10/non-federal-continuity-plan-template_083118.pdf

<https://dph.sc.gov/sites/scdph/files/Library/00132-ENG-CR.pdf>

Emergency Meals Policy

Emergency Meals

EMERGENCY MEALS	POLICY NUMBER
REFERENCE(S):	

Purpose:

To ensure the ongoing provision of senior nutrition services, it is essential for the Aging Network to incorporate emergency meal strategies into its operational plans. Emergencies, such as severe weather events, power outages, or other unforeseen circumstances, can disrupt meal delivery for several days, potentially compromising the well-being of older adults who rely on these services.

Policy Statement:

In preparation for emergencies that may disrupt regular meal service, nutrition programs may provide emergency meals to program participants for later use.

Emergency Meal Planning Considerations:

- Meal Pre-Staging: Develop plans to pre-stage emergency meals at designated locations or directly within participants' homes. Considerations should include storage capacity, expiration dates, rotation of stock, and the specific needs of each participant.
- Up to five shelf-stable meals per delivery may be provided to senior nutrition program clients for emergency purposes.
- Meal Replenishment: When participants consume their emergency meals during an emergency, nutrition programs should arrange for the delivery of additional meals to replenish their supplies.

Best Practices for Emergency Meal Management:

- Shelf-Stable Meals: These meals do not require refrigeration and are non-perishable, making them ideal for emergency situations. They should be labeled with clear storage instructions and expiration dates/"use by", or "best by" dates.
- Frozen Meals: Frozen meals should remain in a solid frozen state until delivery. Providers must ensure proper storage and handling to maintain food safety. This meal type would not be appropriate for

areas affected by power-outages or for individuals who are unable to prepare such meals.

- Food Safety Standards: Adhere to food safety guidelines to prevent contamination and ensure the health of participants. This includes proper labeling, storage, and handling of meals.

Reporting:

- Because it is impossible to know when emergency meals are consumed, meals are reported at the time of distribution or delivery.
- Meals funded with Title III-C funds must meet federal and state nutrition requirements, which means that they provide a minimum of one-third of the Dietary Reference Intakes (DRI) per meal and comply with the Dietary Guidelines for Americans (DGA).
- To count a meal as NSIP-eligible, emergency meals must meet NSIP-requirements, including nutrition requirements.
- Emergency meals that are distributed prior to or during emergencies to be consumed at home are generally reported as III-C2 meals. Also refer to Congregate Grab-and-Go Meals with HCBS Funds for additional reporting information as approved by the SCDOA.
- State HCBS Emergency Funds: During a Governor-declared state of emergency, State HCBS Emergency funds may be utilized to procure non-federally and state-compliant meals when access to nutritionally compliant meals is disrupted, potentially leading to a service gap.
 - This flexibility ensures that individuals continue to receive nutrition support during emergencies, even if the meals do not meet standard compliance requirements. Every effort should be made to procure emergency meals as close to the nutrition requirements as possible. The use of these funds for non-compliant meals is intended to maintain service continuity and support the health and well-being of vulnerable populations during times of crisis.
 - AAAs should ensure that any procurement of nutritionally non-compliant meals is documented and justified.
 - Refer to State Emergency Funds

Instructions for Clients:

- Nutrition providers must include instructions when providing emergency meals to clients:
 - Consume meals during emergencies when the nutrition provider cannot deliver meals, such as during loss of power, storms, wildfires, or other emergencies.

- Meals should be consumed before the expiration, “use by”, or “best by” dates listed on packaging.
- Menus for food components to be combined in multi-meal boxes.

SUA Responsibility

During monitoring, the SUA will review emergency meal data, menus, and corresponding nutrient analysis to ensure the correct funding source was utilized.

AAA Responsibility

- AAA emergency plans for emergency meals to include:
 - Guidance for providers on the issuance of shelf-stable emergency meals based on weather patterns and unforeseen circumstances.
 - The number of emergency meals provided per senior, as well as contract information for the procurement of such meals.
 - Plans for pre-staging, delivery, and replenishment of emergency meals.
 - Alternate or back-up contractors in the event of suspension of operations.

See also:

Emergency Preparedness and Disaster Relief Policy

Fiscal

Advance Funding (Final Rule)

ADVANCE FUNDING	POLICY NUMBER
REFERENCE(S): 1321.9(c)(2)(xviii), 2 CFR 200	

Definitions of terms:

Advance payment: a payment that a Federal Awarding agency or pass-through entity makes by any appropriate payment mechanism, including a predetermined payment schedule, before the non-Federal entity disburses the funds for program purposes.

Policy Statement

AAAs may request Cash Advances from SCDOA in accordance to applicable policies and procedures in the following order of precedence: program regulations, 2 CFR 200, agency policies, program instructions, and award terms and conditions to include remarks.

Advance funding may be requested to meet immediate cash needs of not more than one month's expenditures.

Interest earned on advances of federal funds is not program income.

SUA Procedure

SCDOA accepts requests for the advance payment of expenditures in compliance with applicable policies and procedures.

The SUA is responsible for:

- Approving Advanced Funding requests subject to review and compliance.
- Monitoring Advanced Funding for Area Agencies on Aging (AAAs) and service providers

- Ensuring proper reporting and tracking of Advance Funding
- Ensuring Advance Funding policies comply with OAA and HHS/ACL regulations
- Taking corrective action if coercive or noncompliant practices are found

AAA Procedure

The AAA may request Advance funding for services from the SUA. Requests for advances should be minimized and reasonable, not to exceed one month's working capital.

The AAA is responsible for:

- Properly requesting Advance funding.
- Ensuring advanced funds are accurately accounted for and reported in both financial records and payment requests.
- Requesting reasonable advances not to exceed one month's working capital.
- Expending or returning cash advances before the end of the award period; unless arrangements are agreed upon by the SUA.
- Expending or returning case advances before the grant closure date, without exception.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Use of Program Income (Final Rule)

USE OF PROGRAM INCOME	POLICY NUMBER
REFERENCE(S): 1321.9(C)(2)(xii); 2 CFR 200.307(e)(2)	

Definitions of terms:

Program Income: gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as otherwise provided under Federal grantmaking authorities. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds.

Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them.

Voluntary contributions and cost sharing payments are considered program income.

Voluntary contributions: donations of money or other personal resources, given freely, without pressure or coercion, by individuals receiving services under the OAA.

Cost sharing: requesting payment using a sliding scale, based only on an individual's income and the cost of delivering the service.

Policy Statement

1. Program income collected must be used to expand a service funded under the grant award pursuant to which the income was originally collected;

2. The State agency must use the addition alternative as set forth in 2 CFR 200.307(e)(2) when reporting program income, and prior approval of the addition alternative from the ASA is not required;
3. Program income must be expended or disbursed prior to requesting additional Federal funds; and
4. Program income may not be used to match grant awards funded by the Act without prior approval.
5. While voluntary contributions and cost sharing payments are both considered program income, SCDOA does not permit cost sharing for OAA-funded services.

SUA Procedure

The SUA is responsible for:

- Monitoring Program Income for Area Agencies on Aging (AAAs) and service providers.
- Ensuring proper reporting and tracking of Program Income.
- Ensuring Program Income policies comply with OAA and HHS/ACL regulations.
- Taking corrective action if coercive or noncompliant practices are found.

AAA Procedure

AAAs are responsible for ensuring that:

- AAAs have policies and procedures related to the use of program income for service providers and when the AAA is providing direct services that are aligned with this policy. Program Income is reported monthly to SCDOA in the required format.
- Service providers make regular and prompt deposits of program income.
- Accurate, complete, and timely financial and programmatic information is reported to the State Unit on Aging (SUA) in accordance with applicable federal, state, and contractual requirements.
- Appropriate internal controls are maintained to support the reliability and integrity of program income reporting.

Minimum Contract Requirements

- Contracts and grant agreements between AAAs and service providers are to be written for the amount of federal funds awarded to the service provider. As noted above, the required use of the addition alternative increases the amount of allowed project costs commensurate with the program income received.
- Service providers must use all program income using the addition alternative to the AAA per the signed grant/contract agreement.
- If the service provider contracts with the AAA for an initial and subsequent year(s), program income earned during the first calendar year but received in the subsequent calendar year must be utilized to expand services in that subsequent calendar year.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Voluntary Contributions policy

Voluntary Contributions (Final Rule)

VOLUNTARY CONTRIBUTIONS	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.3 and 1321.9(c)(2)(x)	

Definitions of terms:

Voluntary contributions: donations of money given freely, without pressure or coercion, by individuals receiving services under the OAA. Donations may be given for any services funded by the OAA.

Policy Statement

The OAA allows for consumer contributions which may take the form of (1) an individual voluntarily contributing toward the cost of a service (a voluntary contribution).

Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under the OAA if the method of solicitation is non-coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of the service.

Means testing is prohibited and services shall not be denied because the older individual or family caregiver will not or cannot make a voluntary contribution. South Carolina prohibits cost sharing based on income, although the state encourages contributions from people who can afford to do so.

The method of solicitation must be noncoercive, and the solicitation must be conducted in such a manner so as not to cause a service recipient to feel intimidated or otherwise feel pressured into making a contribution.

Amounts collected are considered program income and are to be used subject to the requirements of the Use of Program Income policy.

SUA Procedure

The SUA is responsible for:

- Monitoring Voluntary contributions for Area Agencies on Aging (AAAs) and service providers
- Ensuring proper reporting and tracking of Voluntary Contributions
- Ensuring contribution policies comply with OAA and HHS/ACL regulations
- Taking corrective action if coercive or noncompliant practices are found

AAA Procedure

The AAA shall ensure that:

- Each program beneficiary is provided with an opportunity to voluntarily contribute to the cost of the service;
- Each program beneficiary shall have their privacy and confidentiality with respect to the contribution or lack of contribution protected;
- Each program beneficiary shall be clearly informed that the client is not obligated to contribute and that any contribution is purely voluntary;
- Appropriate and professional finance and accounting procedures to safeguard and account for all contributions are established;
- All collected contributions are used to expand the service for which the contributions were given and to supplement (not supplant) funds received under the OAA.

The voluntary contributions system adopted shall be clearly explained to individuals who use the agency's services. The explanation shall be made both verbally and in writing at the time service delivery is arranged. For services provided at a physical location, notices shall be posted in a conspicuous location accessible to clients within the site. Written communication is required for home-based services, Family Caregiver Support Program services, or any other service that is not provided in a defined location. The explanation shall include the voluntary nature of the contribution, confidentiality policies, and procedures showing how contributions are collected and used. The AAA shall ensure that these voluntary contribution requirements are included in service agreements, and each provider's policy shall be retained by the AAA for the agreement period.

Note: When utilizing state funds, voluntary contributions and private pay measures shall follow the OAA requirements. The AAA shall establish guidelines for enacting these measures in its region.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Use of Program Income Policy

General

Conflict of Interest (Final Rule)

CONFLICTS OF INTEREST	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.47	

Definitions:

Conflicts of interest means:

1. *One or more conflicts between the private interests and the official responsibilities of a person in a position of trust;*
2. *One or more conflicts between competing duties of an individual, or between the competing duties, services, or programs of an organization, and/or portion of an organization;*
3. Any situation where a person's judgment in administering or participating in an activity may be compromised by personal, financial, or professional gain, or the appearance thereof; or
4. *Other conflicts of interest identified in SCDOA policies.*

Organizational Conflict of Interest: A conflict arising when an organization involved in administering services also makes funding or oversight decisions without proper separation of duties, or an organizational relationship that is prohibited in other policies.

Family Member: Includes spouse, parent, sibling, child, or in-laws, or member of the household with whom the individual has a significant personal relationship.

Policy Statement

This policy establishes standards of conduct and procedures that enable the South Carolina Department on Aging (SCDOA) to identify, avoid, remove, and remedy actual, perceived, or potential conflicts of interest in the administration of programs under the Older Americans Act (OAA) and other appropriate programs. The purpose of this policy is to safeguard the integrity of the administration of programs funded by the SCDOA against conflicts of interest, both organizational and individual.

The scope of this policy includes all employees of SCDOA who administer programs funded by the OAA, area agencies on aging, volunteers, advisory boards, contractors, and providers of services funded by the OAA. All agencies that operate a Title III program must have policies in place to prohibit the employment or appointment of Title III program decision-makers, staff, or volunteers with a conflict that cannot be adequately removed or remedied.

Anyone who works on programs funded by or receives funding from the OAA must work continually to identify, avoid, remove, and remedy conflicts of interest in a Title III program at organizational and individual levels.

Individuals must not participate in the administration or provision of OAA-funded programs if they, or their immediate family members, have a personal conflict of interest or a financial interest in a Title III program.

Individuals involved in the administration of SCDOA programs may not solicit or accept gifts, favors, or anything of monetary value from contractors or vendors, except unsolicited items of nominal value.

It is the duty of all SCDOA employees to identify and report any actual, perceived or potential conflict of interest, both individual and organizational, to the SCDOA Ethics Officer.

Enforcement and Penalties:

Violations of this policy could include, but may not be limited to:

- Termination of employment;
- Termination of funding or contract;
- Disqualification from program eligibility;
- Referral to state ethics enforcement agencies;
- Corrective Action Plan

SUA Procedure

Organizational Conflicts of Interest:

At least annually, SCDOA will screen for organizational conflicts of interest, using the form, Conflict of Interest Screening - Organizational. The form should be reviewed by the SCDOA Ethics Officer and retained in their files. Should an organizational conflict be identified, SCDOA will take action to remove or remedy the conflict.

Individual Conflicts of Interest:

Upon hire, and at least annually thereafter, SCDOA employees will complete a Conflict of Interest Screening – Individual form. This form will be reviewed and retained by the SCDOA Ethics Officer; in the event a conflict is identified, the form will also be retained in the HR personnel file.

If individual conflicts of interest are identified, SCDOA and the employee will take action to remove or remedy the conflict. Remedies may include, but are not limited to: divestment of financial interests by the employee or their family member or reassignment of Title III duties.

Where a conflict cannot be adequately removed or mitigated, the employee may be suspended or removed from conflicting duties and/or their position.

Monitoring of AAAs:

At least annually, SCDOA will monitor the AAAs to ensure compliance with requirements outlined below. Monitoring activities may include, but not be limited to: reviewing AAA and contractor/vendor policies and procedures, reviews of employee or organizational conflict of interest screenings, etc.

AAA Procedure

AAAs must have policies and procedures that safeguard against conflicts of interest on the part of the area agency, area agency employees, governing board and advisory council members, and awardees who have responsibilities relating to the area agency's grants and contracts. These policies and procedures must establish mechanisms to avoid both actual and perceived conflicts of interest and to identify, remove, and remedy any existing or potential conflicts of interest at organizational and individual levels, including:

1. Reviewing service utilization and financial incentives to ensure agency employees, volunteers, governing board and advisory council members, grantees, contractors, and other awardees who serve multiple roles, such as assessment and service delivery, are appropriately stewarding Federal resources while fostering services to enhance access to community living.

2. Ensuring that the AAA employees and agents administering Title III programs or other AAA programs do not have a financial interest in Title III or other AAA programs;
3. Removing and remedying any actual, perceived, or potential conflict between the AAA and the AAA employee or contractor's financial interest in a Title III or other AAA program;
4. Establishing robust monitoring and oversight, including periodic reviews, to identify conflicts of interest in the Title III and other AAA programs;
5. Ensuring that no individual, or member of the immediate family of an individual, involved in Title III programs or other AAA programs has a conflict of interest;
6. Requiring that agencies to which the AAA provides Title III funds or other aging services funds have policies in place to prohibit the employment or appointment of Title III or other aging program decision makers, staff, or volunteers with conflicts that cannot be adequately removed or remedied;
7. Requiring that Title III programs, as well as other appropriate aging programs, take reasonable steps to refuse, suspend or remove Title III or other program responsibilities of an individual who has a conflict of interest, or who has a member of the immediate family with a conflict of interest, that cannot be adequately removed or remedied;
8. Complying with SCDOA's periodic review and identification of conflicts of the Title III program;
9. Prohibiting the officers, employees, or agents of the Title III program or other aging programs from soliciting or accepting gratuities, favors, or anything of monetary value from grantees, contractors, and/or subrecipients, except where policies and procedures allow for situations where the financial interest is not substantial, or the gift is an unsolicited item of nominal value;
10. Establishing the actions the AAA will require Title III programs and any other AAA programs to take in order to remedy or remove such conflicts, as well as disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the Title III program and/or other AAA program; and
11. Establishing contracts with subgrantees that include language documenting conflict of interest requirements in alignment with SCDOA policies.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Conflict of Interest Screening – Organizational

Conflict of Interest Screening – Individual

Target Populations (Final Rule)

POPULATIONS TARGETED FOR SERVICE UNDER THE OLDER AMERICANS ACT	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.9(c)(iv)(v)	

Policy Statement

The South Carolina Department on Aging and AAAs shall ensure that preference for service is given to those older persons and their family caregivers in greatest social and/or economic need, with particular attention to: older individuals with low income; low-income, minority individuals; older individuals with limited English proficiency; older individuals residing in rural area; and older individuals at risk for institutional placement.

“Minority older persons” are defined for data reporting by ACL as:

- African American, Not of Hispanic Origin – a person having origins in any of the black racial groups of Africa;
- Hispanic Origin – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish/Portuguese culture or origins, regardless of race;
- Native Americans (Indian) or Alaskan Native – a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition; and
- Asian American/Pacific Islander – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (which include China, India, Japan, Korea, the Philippine Islands, Samoa, and the Hawaiian Islands).

SCDOA defines “Rural Area” by referencing information from the Census Bureau. Rural areas include all geographic areas that are not classified as urban. Geographic areas that are not rural are, by definition, urban. The Census Bureau defines “urban areas” as either:

- Urbanized areas, which contain 50,000 or more people.

- Urban clusters, which have at least 2,500 people but fewer than 50,000 residents.

For reporting purposes of rural to ACL via the Older Americans Act Performance System (OAAPS), SCDOA uses the required guidance of Geographic Distribution, defined as “type of developed environment in which the consumer lives as defined by the rural-urban commuting area (RUCA) codes defined at the zip code level.”

The SCDOA Client and Family Caregiver Assessments utilize a data-driven, standardized approach to ensuring service delivery to priority older adult and family caregiver populations across South Carolina. The SCDOA aims to ensure uniform implementation of priority-based assessments and waitlist procedures; this is accomplished by providing training and technical assistance to the AAAs, and through program monitoring. The Client Assessment utilizes a tiered method of prioritization, targeting older adults who meet the SCDOA criteria for greatest economic and social need. The Family Caregiver Assessment uses a scoring system for prioritization, with weighted questions related to economic and social need.

By collecting data related to greatest economic and social need, the SCDOA is able to monitor service usage and demographic representation, address gaps in outreach, and modify definitions of “greatest economic and greatest social need” to reflect South Carolina’s unique demographic and social landscape.

SUA Procedure

The SCDOA is responsible for:

- Monitoring service usage in relation to target populations. If noted that target populations are not adequately represented in service data, work with AAAs to develop targeted outreach plans.
- Providing and maintaining the means for AAAs to prioritize client service, including a standardized assessment with tiering and scoring criteria based on priority areas, and the data system associated with this process
- Training the AAAs on the Assessment process, ensuring uniform assessments are completed throughout the state.
- Monitoring assessment tiers and scores by region and staff; reviewing for relative uniformity. If a region or staff person has a notably higher

or lower assessment score average, SCDOA will conduct further investigation and, if needed provide technical assistance and/or training.

- Implementing and monitoring waitlist usage to ensure that those with highest scores/priority are being served first.
- Encouraging and performing outreach for underserved communities/populations.
- If needed, further define “greatest economic” and “greatest social” needs beyond federal definitions, to meet the unique needs of South Carolina.

AAA Procedure

South Carolina AAAs are responsible for:

- Using best available data, identifying and performing outreach to targeted populations in locations and through means accessible to those older adults.
- Conducting assessments, using state-provided assessment instruments and prescribed processes, including wait list management requirements, to prioritize service delivery for prioritized populations.
- Monitoring service usage data to determine if service utilization is in line with available data on targeted populations; Conducting targeted outreach as needed to enhance alignment.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Client Eligibility and Priority

Assessment Policy

Family Caregiver Support Program

Title III_VI Coordination (Final Rule)

TITLE VI & TITLE III COORDINATION	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.53	

Policy Statement

The Older Americans Act establishes legal obligations for the State Unit on Aging, AAAs and service providers to serve American Indians, Alaska Natives, and Native Hawaiian elders throughout South Carolina. Currently the only federally recognized tribe in South Carolina is the Catawba Indian Nation. The OAA also requires state units on aging, AAAs, service providers and Title VI grantees to coordinate programs under Title III and Title VI. While the Catawba Indian Nation reservation is located in the Catawba planning and service area, tribal members can live anywhere in the state and beyond. Coordination and outreach are required across the entire state for this requirement to reach both members of the Catawba Indian Nation, as well as to serve American Indians, Alaska Natives, and Native Hawaiian elders in non-federally recognized tribes. Federal rules require state units on aging to have policies and procedures in place to identify the following:

1. How the State's aging network, including AAAs and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they might be eligible under Title III and/or Title VII;
2. The communication opportunities the State agency will make available to Title VI programs, including technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
3. The methods for collaboration on and sharing of program information and changes, including coordinating with AAAs and service providers where applicable;
4. How Title VI programs may refer individuals who are eligible for Title III and/or Title VII services;
5. How services will be provided in a culturally appropriate and trauma informed manner; and

6. Opportunities to serve on advisory councils, workgroups, and boards, including AAA advisory councils as set forth in 1321.63.

Coordination needs to occur between AAAs and Title VI grantees in their PSA as well as for AAAs to serve American Indian elders living in their respective PSAs who are unaffiliated with a Tribal nation in South Carolina. The goal of meaningful coordination is providing access to services and avoiding duplication in services.

SUA Responsibility

SCDOA will establish a process for ongoing Tribal consultation to promote active opportunities for communication and collaboration with Title VI grantees related to Title III and other funding opportunities as well as key meetings, presentations, workgroups, or public hearings occurring in their geographic area.

Regularly occurring opportunities for communication include the following:

- Grant Announcements, to include, but not limited to:
 - Permanent Improvement Project
 - Eldercare Trust Fund
 - Alzheimer's Resource Coordination Center
- Committee Openings, to include, but not limited to:
 - State Committee on Respite
 - Social Connections Task Force
 - Advisory Committees
- Days of Recognition, to include, but not limited to:
 - Advocacy Days
 - Senior Day
- Emergency Management updates, to include, but not limited to:
 - Weather-related emergencies
 - Senior PREP
 - Planning for Emergency response

AAA Responsibility

AAAs are strongly encouraged to connect with organizations serving American Indian elders across South Carolina as well as with Title VI grantees.

AAAs must annually provide Title VI grantees, Catawba Indian Nation, with the names and contact information for service providers offering Title III services, as well as a description of those services, in order to assist with referrals for individuals who are eligible for Title III and/or VII services.

On an annual basis, AAAs should share contact information with Title VI grantees located in their PSA to help keep up-to-date on key staff contacts.

AAAs are strongly encouraged to invite Title VI grantees to serve on their advisory council, governing boards, and any special committees and workgroups.

AAAs are encouraged to meet with Catawba Indian Nation organizations in their PSA at least annually to share information about programs, services, and future plans. AAAs are encouraged to include service provider representatives in these meetings and solicit input about how to make services more culturally responsive and trauma-informed.

AAAs must ensure that Title VI grantees (members of the Catawba Indian Nation) are able to participate in the following Family Caregiver Support Program services at no cost: Caregiver Training, Support Groups, and Individual Counseling.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Emergency Preparedness and Disaster Relief Policy

Contracts and Commercial Relationships (Final Rule)

CONTRACTS AND COMMERCIAL RELATIONSHIPS	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.9(xiv)	

Definitions

Private pay services: a type of contract or commercial relationship, separate and apart from programs funded under the Act, for which the individual consumer agrees to pay to receive services under the program.

Policy Statement

SCDOA encourages South Carolina AAAs to establish comprehensive and coordinated systems for supportive, nutrition, and other services for older adults and family caregivers in our state by leveraging resources beyond OAA funding. In doing so through contracts and commercial relationships (“agreements”), AAAs can use both government and private funding to serve more older adults in need. Through this policy, SCDOA intends to facilitate increased access to aging services in our state while ensuring responsible oversight of federal funds and protecting the integrity of our aging services network.

Consistent with section 212 of the OAA, AAAs who seek to establish agreements to serve individuals or entities not otherwise receiving services under the Act must obtain prior approval from SCDOA. This policy applies to private pay services as well as agreements with any entity (both for-profit and non-profit) for a AAA to provide goods or services in exchange for reimbursement or other financial consideration, with the expectation that the agreement will result in profit and reimbursement of initial costs and/or expanded service capacity.

For agreements involving multiple AAAs, one entity may submit information for prior approval on behalf of the group. The

anticipated contractual expectations of each AAA must be clear in the information submitted. Service providers sub-contracted for work to execute an approved agreement are not required to separately seek prior approval. AAAs must incorporate standard language related to conflicts of interest and privacy and security compliance, based on guidance from SCDOA, into each of the prospective agreements for which they are seeking approval.

SCDOA has established this streamlined policy and procedure to expedite the prior approval process as much as possible.

Use of Older Americans Act Funding

Consistent with section 212 of the OAA, AAAs may use OAA funding to develop or initiate section 212 agreements. All section 212 agreements must incorporate a guarantee that any OAA costs used in the development will be reimbursed to the AAA by the third-party entity. In addition, the OAA requires that any amount of payment to the AAA that exceeds this initial reimbursement will be used to provide, or support the provision of, OAA services.

Types of Agreements

Through this policy, SCDOA categorically pre-approves the following types of agreements, contingent on **receipt** of the minimum information outlined in the prior approval form:

- Agreements with local, state, and federal governmental entities;
- Agreements with other AAAs or AAA associations;
- Agreements that have received prior approval from SCDOA:
 - If there is a change in the deliverables, and/or a 10% change in the budget to the agreement(s), the AAA must notify SCDOA and the full prior approval documentation will be required; and
- Agreements with entities with which a AAA has a long-standing existing business relationship (of three years or more).

Note: AAAs that have received an audit report with financial findings within the previous twelve months are not eligible for

categorical approval of agreements, including the types of agreements listed above. Instead, AAAs in such situations must submit requests for approval of each prospective individual agreement.

SCDOA will also approve the following types of agreements, subject to **review** of the required prior approval forms:

- Private pay services
- A single agreement with an entity (or multiple entities) to provide specific services;
 - For example: an agreement with a health plan for a AAA to provide meals to individuals identified by that plan;
- A category or type of agreement with a specific entity or a type of entity for the AAA to provide specific services (including through private pay arrangements);
 - For example: agreements to provide home-delivered meals to individuals and/or any health plan, generally;
- A category or type of agreement with a type of entity (or multiple entities) for the AAA to provide a broad category of services;
 - For example: agreements to provide a broad category of services to clients of hospitals and hospital systems, generally.

Note: If there are no changes to the AAA agreement in subsequent years, then the agreement is subject to receipt the minimum information from the prior approval form. SCDOA may request samples of private pay service arrangements as part of ongoing monitoring.

Extensions, Terminations, and Contract Approval Duration

Approval for Section 212 agreements provided by SCDOA lasts the duration of the agreement (as specified on the Approval for Section 212 Agreements Form). Agreements that have already received prior approval from SCDOA (including contract extensions) are subject to the Categorical Prior Approval Process as long as the following conditions are met:

- The AAA has not received an audit report with financial findings within the previous twelve months
- There are no changes in the deliverables, or a 10% change in the budget to the agreement(s)

For those agreements that have gone through the approval process with the SUA, if one of the following occurs, the AAA must notify the SUA, and the full prior approval documentation will be required:

- a change in the scope of work,
- early termination of the agreement,
- a 10% change in the budget to the agreement(s)

SUA Procedure

SCDOA shall review AAA requests for the following types of agreements within 15 days of submission by the AAA to SCDOA:

- Requests that are categorically pre-approved
- Requests that require review before approval

The signature of the authorized SCDOA reviewer on the AAA submission will constitute approval.

SCDOA will consider requests for expedited approval. Expedited review is for emergencies only. While every effort will be made to meet the contract's needed date, there is no guarantee that a request can be accommodated.

AAA Procedure

For AAA agreements that SCDOA has categorically pre-approved, SCDOA must receive the minimum information from the prior approval form.

For AAA agreements that require review by SCDOA in order to receive prior approval, the AAA must complete the full required prior approval form, risk screening and signed assurances.

AAAs may submit the prior approval form whenever necessary to receive approval prior to establishing an agreement subject to prior approval under section 212 of the OAA:

1. The name of OR type of the entity (or entities) with which it intends to establish agreement(s);
2. The nature of the agreement(s), including the specific service(s) OR the types of services to be provided under the agreement(s);
3. An estimate of the proposed costs incurred from all sources, including the estimated amount of OAA and state funds that will be used in implementing the agreement (e.g., administrative overhead, data systems, and/or staff time).
4. The duration of the agreement;
5. The completed risk-screening form; and
6. Signed assurances.

Note: If a non-disclosure or other confidentiality agreement prevents the AAA from disclosing required information, the AAA should submit publicly available information and attach a copy of the confidentiality agreement (redacted if necessary) to the submission for prior approval.

Risk-screening

AAAs must assess prospective agreements for risk, according to the criteria identified below. If one or more of the identified risks are present, SCDOA will not approve without discussion with or the provision of further information from the AAA.

Under the following circumstances, the AAA must discuss the prospective agreement(s) with the SUA before prior approval can be obtained:

- ☐ The AAA does not have an approved area plan;
- ☐ The AAA is on a corrective action plan or has received notice of being out of compliance with its area plan and is in the process of entering into a corrective action plan;
- ☐ The AAA has not fully expended its OAA funding allocations, resulting in carryover exceeding the SUA's policy and/or reallocation of funds within the last three fiscal years;
- ☐ The AAA has failed to complete a required audit in a timely manner;

- ❑ There has been turnover of AAA leadership or vacancies in key positions (defined as CEO/Executive Director, COO/Operations Director, CFO/Fiscal Director, or equivalents) within the last 12 months;
- ❑ The state (or other compliance entity) has recently audited the AAA and made significant audit findings;
- ❑ The AAA is involved in contracts to provide one or more services outside of their designated planning and service area;
- ❑ There is current or pending litigation involving the AAA;
- ❑ There are conflicts of interest involving the AAA that have not been removed or remedied;
- ❑ The proposed agreement to deliver services represents more than 25% percent of the AAA's total budget;
- ❑ The prospective agreements are with an entity that:
 - Lacks sufficient liability insurance;
 - Is not appropriately incorporated, as applicable;
 - Is not in good standing with state and/or local licensing boards, as applicable;
 - Is under investigation by the Internal Revenue Service and/or state and local tax revenue entities;
 - Is under investigation by the State Medicaid agency, Medicaid Fraud Control Unit, State or U.S. Department of Health & Human Services Office of Inspector General (or equivalent), or the U.S. Department of Justice;
 - Has been recently (within the last five years) sanctioned by the Internal Revenue Service, state and/or local tax revenue entities;
 - Has recently (within the last five years) lost its state or local license due to noncompliance with state and/or local law;
 - Has recently (within the last five years) lost its status as a Medicaid provider due to noncompliance with Medicaid law or regulation.

Assurances

AAAs must provide assurances of compliance with certain requirements under the Act, which are listed in the prior approval form. AAAs must also incorporate standard language related to conflicts of interest into each of the prospective agreements for which they are seeking approval.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Area Agency on Aging

AAA Regional Aging Advisory Council (RAAC) (Final Rule)

AREA AGENCY ON AGING ADVISORY COUNCIL	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.63	

Policy Statement

Each Area Agency on Aging (AAA) shall establish an active, functioning, engaged, and qualified Regional Aging Advisory Council (RAAC) of individuals who will enhance the leadership role of the AAA. The RAAC shall carry out advisory functions that further the AAA's mission of developing and coordinating community-based systems of services for all older adults in the planning and service area.

The RAAC shall be comprised of residents of the planning and service area including:

1. More than 50 percent older adults;
2. Minority persons and older adults residing in rural areas who participate in or who are eligible to participate in programs under the area plan;
3. Family caregivers;
4. Representatives of the business community, including providers of services;
5. Representatives of older adults;
6. Representatives of health care organizations, including veterans' health care;
7. Persons with leadership experience in the private and voluntary sector;
8. Individuals with disabilities;
9. Local elected officials;
10. The general public; and
11. As available:
 - a. Representatives from Title VI grantees, or other tribal organizations; and

- b. Older relative caregivers, including kin and grandparent caregivers to children or caregivers, including parents, age 55+ of adults age 18 to 59 with a disability.

The RAAC has no decision-making authority and shall not act as a board of directors for the AAA. Except as described below, individuals may not serve on both the advisory council and the board of directors for the same AAA.

AAAs which are part of Councils of Government may have individuals who serve on both the advisory council and board of directors if their bylaws require it; however, even in these instances, the membership of the advisory council must differ from the board of directors to the greatest extent possible.

To avoid a conflict of interest, AAA, COG staff and/or board members, and provider staff shall not serve as voting members on the RAAC.

To clarify, the advisory council is required to function as a separate body from the AAA's governing body. The governing body is responsible for making funding decisions and other matters related to AAA leadership. In contrast, the advisory council is responsible for providing local feedback from the community to assist the governing body's leadership in developing, administering, and operating the area plan on aging.

The RAAC carries out advisory functions that further the AAA mission. The RAAC shall advise the AAA relative to:

- Matters relating to the development of the Area Plan;
- Administration of the Area Plan;
- Operations conducted under the Area Plan; and
- Conducting public hearings.

In addition, the RAAC shall represent the interests of older adults by reviewing and commenting on policies, programs, and actions in the AAA that affect older adults with the intent of assuring maximum coordination and responsiveness to older adults.

The bylaws for each RAAC shall specify the roles and functions, number of members, procedures for selection of members, term of membership, and the frequency of meetings. RAAC meetings shall be held at least quarterly.

SUA Procedure

During the course of Area Plan Updates, the SUA will ensure RAAC meetings are being held as required and that all documents (bylaws, minutes) are publicly available. Additionally, SUA will ensure the representation on the RAAC meets the minimum requirements.

Where applicable, such as the Family Caregiver Support Program, Program Manager will ensure during monitoring that such a member is represented.

AAA Procedure

Through its Area Plan, the AAA shall provide the Department on Aging information on how advisory council members are selected, appointed, or elected; the established terms of office; and RAAC by-laws.

The RAAC shall have the opportunity to review the Area Plan before public hearings on the plan, and again prior to final submission of the plan to the Department on Aging.

The AAA shall develop written protocols and make public on its website the bylaws of the RAAC. The AAA shall make RAAC meeting agendas and minutes available to the Department on Aging when requested. The AAA shall provide any staff assistance required by the RAAC and Board of Directors, as applicable.

RAAC meeting minutes shall be available to the public on the AAA's website within 30 days of meetings.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

RAAC form for area plan process

Area Plan Process (Final Rule)

AREA PLAN PROCESS	POLICY NUMBER
REFERENCES(S): 1321.65	

Policy Statement

According to OAA Section 306(a), each AAA shall prepare and develop its Area Plan for the multi-year period determined by the South Carolina Department on Aging (SCDOA), typically 2-4 years. The Area Plan submitted by the AAA to SCDOA for review and approval shall be in the uniform format developed and outlined by the SCDOA in the Area Plan Instructions.

An Area Plan is the document submitted by the AAA to SCDOA to define how the AAA will apply the Older Americans Act (OAA) and state grants for services in the comprehensive and coordinated service delivery system within the planning and service area. Through the Area Plan, the AAAs commit to administering funded activities in accordance with all OAA and SCDOA requirements. The Area Plan describes the AAA's efforts for continual development and maintenance of a comprehensive and coordinated service delivery system for older adults, adults with disabilities, and family caregivers.

The area plan shall be prepared in accordance with content, duration, and formatting requirements as required by SCDOA.

South Carolina AAA area plans shall include:

1. Identification within each planning and service area of the populations in greatest economic need and greatest social need, as defined by SCDOA.
2. Assessment and evaluation of unmet need for supportive services, nutrition services, evidence-based disease prevention and health promotion services, family caregiver support services, and multipurpose senior centers, using objectively collected and statistically valid data. The evaluations shall consider all services in these categories regardless of the source of funding for the service.

3. Evidence of public participation in the development of the plan, including:
 - a. How each AAA seeks the periodic views of older individuals, family caregivers, service providers and the public, with a focus on those in greatest economic need and greatest social need;
 - b. A minimum 30 calendar day period during which the area plan is available for public review and comment.
 - c. That area plans are accessible in a public location and available in print by request.
4. The services, including a definition of each type of service; the number of individuals to be served; the type and number of units to be provided; and corresponding expenditures proposed to be provided with OAA and other funds.
5. Plans for how direct service funds will be distributed in order to address populations identified in greatest economic need and greatest social need, as identified by SCDOA;
6. Requests for waivers to provide direct services;
7. Minimum adequate proportion requirements as identified in SCDOA's approved State Plan;

Area plans shall incorporate services which address the incidence of hunger, food insecurity and malnutrition; social isolation; and physical and mental health conditions.

Area plans shall provide, to the extent feasible, for OAA services to be provided through self-direction.

Area plans shall develop objectives that coordinate with and reflect State Plan goals for services under the OAA.

The Area Plan will be updated annually for the duration of the plan. The due date and the format required will be included in the Area Plan Update instructions provided by the SCDOA.

Failure to comply with the Area Plan requirements listed in this policy, other associated policies or instructions, and the Department on Aging Area Plan guidelines will result in a delay or rejection of the Area Plan. Funding, as well as other support, may not be provided until all components of the Area Plan are received and approved by the Department on Aging.

Any Area Plan or amendment not in substantial conformity with the OAA, federal regulations, and the Department on Aging policy shall be rejected. When the Department on Aging disapproves an Area Plan, the AAA shall be notified in writing and informed of the opportunity for their plan to be resubmitted with necessary changes or updates. If, after providing the AAA proper opportunity for required changes, the Department on Aging still finds the Area Plan unacceptable, it shall reject the plan and may:

- implement a formal Corrective Action Plan;
- withhold further payments to the AAA;
- terminate funds, with written notification by the Department on Aging to the Administration for Community Living (ACL);
- provide a plan for the continuity of services in the affected planning and service area;
- designate a new AAA in a timely manner;
- perform the responsibilities of the AAA, if necessary; or
- assign AAA responsibilities to another agency in the planning and service area.

An AAA shall amend the plan if:

- a new or amended state or federal statute or regulation requires a new provision, or conflicts with any existing plan provision;
- a Program Instruction (PI) is distributed from the Department on Aging that significantly impacts a region's area plan;
- the AAA proposes to change the designation of the single organizational unit or component unit;
- the AAA proposes to add, substantially modify, or delete any objective(s);
- the AAA or its providers are unable to meet targeted populations and goals;
- The SCDOA requires further annual amendments; or
- The AAA proposes to change or add providers funded under the Area Plan.

SUA Procedure

SCDOA shall provide the AAAs with Area Plan instructions, outlining required content, format, and timeline for submission.

Upon receipt of Area Plan submissions, each Area Plan is reviewed by a committee within SCDOA consisting of fiscal and program staff. Staff use the written instructions provided to the AAA as a basis for the review. Following the SCDOA staff committee's feedback, the SCDOA Policy Analyst will notify the AAA in writing of the Area Plan's acceptance or any corrective actions needed.

The Department on Aging will approve an Area Plan or amendment when the plan meets all of the requirements in this policy, other associated policies, or as otherwise prescribed by the Department on Aging.

The Department on Aging may approve an Area Plan or amendment with conditions when necessary. The conditions of approval will be in writing. All conditions placed on an approved Area Plan will be consistent with the authority delegated to the Department on Aging by the OAA and the State of South Carolina. When an Area Plan is approved with conditions, the AAA and its providers shall meet these conditions within the specified time frame provided by the Department on Aging. No grant agreement shall be finalized between the Department on Aging and the AAA until all conditions are satisfied (**OAA 306(a)(1) to (15)**).

The SCDOA will use a region's Area Plan as a tool when monitoring and providing technical assistance to an Area Agency on Aging.

AAA Procedure

The AAA will develop and submit its Area Plan, along with required signatures, based on the instructions and guidance provided by SCDOA.

The AAA will conduct a community assessment, engage in community events, seek stakeholder input, as well as identify and use objectively collected and statistically valid data to identify:

- Vulnerable populations, including those who are in greatest economic and social need;
- Presenting needs and unmet needs of older adults, adults with disabilities, and family caregivers with a particular focus on services outlined in the Policy Statement; and
- The need for services to address:
 - Hunger, food insecurity, and malnutrition;

- Social isolation; and

Physical and mental health conditions. The AAA shall include in the Area Plan an assessment of how prepared the AAA and the service delivery network in the planning and service area are 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. Such assessment may include:

- the projected change in the number of older individuals in the planning and service area;
- an analysis of how such change may affect the populations targeted in the Act;
- an analysis of how programs, policies, and services provided by the AAA can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area;
- an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.)

The AAA must seek public participation for the development of its area plan. This process must include insight and/or feedback from:

- Older adults, family caregivers, service providers, and the public, with a focus on those in greatest economic and social need; and
- The Regional Aging Advisory Council (RAAC).

A complete copy of the Area Plan (including the methodology for how funds are distributed across the region) must be made available by the AAA to the public for review and comment for a minimum of 30 calendar days. The plan must be available in a public location and available in print by request.

The AAA must host a minimum of 3 in-person public participation events geographically dispersed throughout its planning and service area as an opportunity for the public to provide comments on its area plan. Virtual opportunities are also encouraged but cannot replace an in-person requirement. In-person public participation events may include, but are not limited to:

- Formal public hearings or forums
- Co-hosting a public hearing with another governmental entity

- Incorporating opportunities for the public to provide input on the Area Plan at a community or outreach event

The Area Plan, along with the opportunities to provide public comment through hearings and other avenues, shall be widely advertised using multiple communication methods, including but not limited to websites, newspapers, social media, and newsletters.

The AAA shall ensure that all public participation events are accessible and shall provide reasonable accommodations upon request. The AAA shall also provide language assistance, including translation of the Area Plan, upon request to ensure meaningful access to participation and review.

The AAA must provide evidence of public participation. At a minimum, a summary of events (hearings, forums, and/or events) held, the number of participants, and a record of comments will be required as part of the Area Plan.

See also: (related/cross-referenced policies – use hyperlinks)

Support Services: Assessment and Waiting List

Priority Services

PRIORITY SERVICES	POLICY NUMBER
REFERENCE(S): Section 306(a)(2) 306(b)(2)(A-D).	This policy replaces Ch 200.207.D.

Policy Statement

The Older Americans Act requires each state to ensure that an adequate proportion of the amount allocated to the AAAs for OAA, Title IIIB and HCBS supportive services be expended to deliver the following three categories of service:

1. Access Services
 - Services including Transportation, Outreach, Information and Referral, and Assessments
2. In-home Services
 - Services including Chore, Homemaker, Minor Home Repair, and Personal Care
3. Legal Assistance
 - The area plan must contain assurances that AAAs 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.

SUA Requirements

The SCDOA has set the minimum priority services area for Title III-B and HCBS funding in the following percentage amounts:

- Access Services - 15 percent
- In-home Services - 10 percent
- Legal Assistance - 1 percent

The SCDOA may waive the percentage funding requirement if the AAA demonstrates that existing services within the area are adequate to meet

local needs, or if the SCDOA identifies unique circumstances that warrant an exception.

AAA Requirements

The AAA must award Title III-B and HCBS funding to meet the SCDOA minimum to fund the support services priority areas.

The AAA must report annually to the SCDOA in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

See also

Waiver Policy

Client Eligibility and Priority (Final Rule)

CLIENT ELIGIBILITY AND PRIORITY	POLICY NUMBER
REFERENCE(S): Section 305(a)(1)(C)	

Definitions of terms:

Policy Statement

All individuals aged 60 and older are eligible to receive assistance funded with Older Americans Act (OAA) Title III, parts B and C. To ensure the best use of limited resources, the OAA requires that all states identify and prioritize service delivery to people in the greatest economic and social need. For detailed program eligibility, please refer to the program's requirements.

The South Carolina Department on Aging (SCDOA) has established an assessment protocol to ensure that all individuals seeking services are evaluated fairly and consistently in determining both eligibility and service priority. Clients shall be assigned to a priority service tier based on the results of their assessment. When service capacity is limited, clients who wish to receive services shall be placed on a waitlist according to their designated priority service tier and the availability of program resources.

Older Adults living in licensed and unlicensed residential care facilities are not eligible to receive the Older Americans Act services of congregate and home delivered meals, home care services and all types of transportation. It is the responsibility of these facilities to provide these services to their residents. Long Term care facility residents may obtain OAA services through the LTC Ombudsman Program and the Legal Services Program.

The SCDOA must ensure that the assessment process contains validated tools and that it supports the identification of people in the greatest economic and/or the greatest social need, as determined by the SCDOA in the Targeting policy. The system shall support the determination of service priority based on the data collected in the assessment.

The SCDOA shall regularly monitor service and waitlist data to ensure that outcomes are consistent with the state's targeting and priority of service objectives.

Priority of Service

The SCDOA requires that all AAAs manage service waiting lists in accordance with established eligibility criteria and priority service tiers. Waiting lists are designed to ensure that services are provided equitably and based on assessed need, consistent with the intent of the Older Americans Act. There are four (4) tiers used to categorize clients on the waiting list. These tiers are designed to align with the priority targets established under the Older Americans Act.

1. Tier 0 – Emergency Priority Tier

- a. Tier 0 represents the highest priority level and results in an immediate referral to a service provider.
- b. Older adults referred by Adult Protective Services (APS) and/or the Vulnerable Adult Guardian Ad Litem (VAGAL) with an active case are automatically placed in Tier 0.
- c. A written justification for Tier 0 placement must be entered in CaseWorthy and approved by the Assessment Coordinator and/or AAA Director.
- d. Older adults placed in Tier 0 must receive services within 48 hours of referral.
- e. A follow-up visit must occur within two (2) weeks of service initiation. The client must then be reassessed at 3, 6, 9, and 12 months after the initial assessment. All reassessments must be conducted in person.
- f. If APS or VAGAL maintains an open case, additional follow-ups are not required.

2. Tier 1 – High Priority Tier

- a. Tier 1 includes older adults identified through the Client Assessment as having the highest priority for services, after emergency cases.
- b. Clients in Tier 1 must be reassessed at least once every 365 days.
- c. Selection for service delivery from the waiting list shall occur in order of date of the assessment.
- d. External referrals must be made and properly documented in the appropriate program system.

3. Tier 2 – Moderate Priority Tier

- a. Tier 2 includes older adults determined by the Client Assessment to have a significant, but not the highest, need for services.
 - b. Clients in Tier 2 must be reassessed at least once every 365 days.
 - c. Removal from the waiting list shall occur based on the assessment date.
 - d. The Tier 1 waiting list must be cleared before any Tier 2 clients are removed for service initiation.
 - e. External referrals shall be made and properly documented in the appropriate program system.
4. Tier 3 – Minimum Eligibility Tier
- a. Tier 3 includes older adults who meet the minimum eligibility criteria for the requested service(s) but do not demonstrate a significant level of need as determined by the Client Assessment.
 - b. Tier 3 clients require only an initial assessment; reassessment is not required unless there is a change in condition.
 - c. The AAA must contact Tier 3 clients every 365 days to determine whether any significant changes have occurred. This contact may occur by phone or in person. If significant changes are identified, an in-home reassessment must be conducted.
 - d. If a client chooses to be removed from the waiting list, this decision must be documented in Caseworthy. When applicable, external referrals must be made, and documentation entered in SC ACT if I&R/A staff assist.
 - e. If a client's most recent assessment is older than 365 days when services become available, the client must be reassessed before service authorization.
 - f. Clients must be removed from the waiting list based on their assessment date. Tiers 1 and 2 must be cleared before a Tier 3 client is authorized to begin services.
 - g. External referrals shall be made and properly documented in the appropriate program system.

SUA Procedure

The SCDOA will ensure the accuracy of the SCDOA Assessment Tool and the SCDOA Client Management Tool so that the AAAs can manage its waiting list as required.

The SCDOA will define the method of identifying prioritized clients and monitoring the processes that provide accurate information for the state.

AAA Procedure

AAAs shall ensure consistency in the administration of service delivery through the utilization of the client service priority determinations (tiers) made through the assessment process.

AAAs must adhere to the established priority service tiers when removing clients from the service waiting list. Clients shall be removed from the waiting list in accordance with their assigned priority service tier and spot.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Targeting policy

HDM Policy

CM Policy

Personal Care Policy

Homemaker Policy

Chore Policy

MHR Policy

Transportation Policy

Support Services: Home Care

Home Care Services

HOME CARE SERVICES	POLICY NUMBER
REFERENCE(S): Section 321 Section 302(1) (A-D) §1321.83	This policy replaces Chapter 502.C.

Definitions:

Comprehensive and Coordinated Service Delivery System-a system for providing all necessary supportive services in a manner designed to:

1. facilitate accessibility to, and utilization of, all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;
2. develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older individuals;
3. use available resources efficiently and with a minimum of duplication; and
4. encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.

Policy Statement

The Older Americans Act (OAA) requires AAAs to establish a comprehensive and coordinated network of services for older adults at the state and regional levels. A comprehensive and coordinated community-based system assists older adults to live independently in their own homes and communities for as long as possible in a manner responsive to their needs.

SUA Requirements

The SCDOA has identified the following programs as home care services:

- Chore
- Home Devices
- Homemaker
- Minor Home Repair
- Personal Care
- Pest Control

AAA Requirements

AAAs are recommended to provide at least three of the identified home care services in each county in their region.

AAAs must use their needs assessment and waiting list to identify which services they will provide, if only providing the minimum.

See also

- Chore Policy
- Home Devices Policy
- Homemaker Policy
- Minor Home Repair Policy
- Personal Care Policy

Chore

CHORE	POLICY NUMBER
REFERENCE(S): Section 102(30)(C) Section 321(a)(5)(C)	Replaces Chapter 502 C. 1. b.

Definitions

Chore-Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework.

Policy Statement

Section 321(a)(5)(C) allows for Chore Services to be provided to older adults to help ensure they live independently in their home environments. Chore services are a part of the comprehensive and coordinated service delivery system. Chore is an in-home service. The OAA states that Title III-B programs, including chore, are designed to enable older individuals to maintain their homes in conformity with minimum housing standards.

Chore services are a person-centered service. Older adults approved for chore services must have a say in how the services are delivered to them.

The SCDOA allows the following two services under the chore program: heavy housekeeping and lawn care.

Heavy housekeeping services may include:

1. Vacuuming that requires moving furniture
2. Removing extreme clutter and garbage that may be a health or safety issue
3. Sweeping and mopping behind and under major appliances like refrigerators, dryers, and washing machines
4. Disinfecting appliances, sinks, refrigerators, and trash bins
5. Cleaning glass windows, windowsills, and glass doors
6. Cleaning ceiling fans

Lawn care services may include

1. Mowing the front and back yard and cutting shrubs
2. Keeping walkways to the home clear and safe

SUA Requirements

Person-Centered Approach

Chore is a person-centered service. Older adults approved for chore services must have input and choice in how the services are delivered to them.

Eligibility Requirements

To qualify for chore services, an individual must:

1. Be 60 years of age or older.
2. Demonstrate at least two (2) deficits in Activities of Daily Living (ADLs) as determined by the Katz Scale.
3. Has a documented need for chore services.

SCDOA Monitoring Requirements

The SCDOA must conduct annual programmatic monitoring to verify compliance with established service standards and requirements.

Service Unit Definitions

Each eligible older adult shall be billed based on the number of service units provided.

One (1) unit of service is defined as:

1. Heavy housekeeping is billed by the hour.
2. Yard work is billed by the job.

Service Exclusions

The following limitations apply to Chore services:

1. Older adults who are receiving services through a Medicaid waiver program are not eligible to receive Chore services funded under the Older Americans Act or SC Home and Community Based Services.
2. Older adults living in licensed and unlicensed residential care facilities are not eligible to receive chore services.

Reporting and Reimbursement

During the monthly reimbursement approval process, the SCDOA shall verify that all reported services are properly documented and recorded in the SCDOA Client Management Tool.

AAA Procedure

Provider Requirements

Each Area Agency on Aging (AAA) is responsible for determining the method by which chore services are delivered within its region. The AAA may elect to utilize a consumer choice model for the provision of chore services. If this model is implemented, the AAA must establish a formal agreement, such as a contract or Memorandum of Understanding/Agreement (MOU/MOA), with all

consumer choice providers to ensure compliance with applicable policies and service standards. The AAA must adhere to the established procurement policies that their agency has in place.

AAA Monitoring

The AAA must conduct annual monitoring of each chore service provider within its service area. Monitoring activities must include a review of both fiscal management and program operations to ensure compliance with contractual requirements, program standards, and the AAAs' Policies and Procedures. AAAs are responsible for verifying that units of service are verified before the SCDOA is billed for service.

Background Checks and Criminal Conviction Standards

Heavy Housekeeping requirements

A SLED criminal background check shall be completed for all staff performing chore (heavy housekeeping only) services at least once every two (2) years thereafter. Each background check must include all available data for the individual and cover a minimum ten (10) year timeframe, including statewide data from South Carolina and any other state(s) in which the individual has resided within the previous ten (10) years.

Documentation Requirements

The Agency on Aging (AAA) shall ensure that all heavy housekeeping providers maintain complete, accurate, and up-to-date program records. Each provider must retain the following documentation and make it available to the South Carolina Department on Aging (SCDOA) and the AAA upon request or as required:

1. Service Documentation: Records signed by the older individual or their party responsible for verifying in-home visit activities, including:
 - a. Specific activities performed
 - b. Time spent
2. Missed or Attempted Visits: Documentation of any missed or attempted visits, including the reason for the missed service, must be maintained.

Lawn care requirement

The AAA must provide information to clients on what services are allowed under its lawn care program. The information must include

1. Services offered (lawn mowing, shrubbery assistance, keeping walkways clear and safe)
2. Frequency for each service

Service Requirements

The AAA must ensure that they document a scope of work in their transportation contracts/MOUs.

Area Plan

The SCDOA will review Area Plan submissions and amendments to ensure that:

1. The Chore Program is included in regional plans where applicable.
2. All necessary information regarding service delivery and program implementation is fully documented.
3. If an AAA discontinues the Chore Program during an Area Plan Program Year, an updated Area Plan must be submitted.
4. The Title III-B Program Manager must be notified whenever the Chore Program is discontinued.

See also

Client Assessment Policy

Client Eligibility and Priority Policy

Home Devices

HOME DEVICES	POLICY NUMBER
REFERENCE(S): Section 321(a)(11)	New Policy

Definitions

Assistive Technology (AT)-any item or product system, whether acquired commercially, modified, or customized, that increases, maintains, or improves functional capabilities.

Policy Statement

Supportive Services, as outlined in Title III, Part B, Section 321 of the Older Americans Act, provide a broad range of community-based resources to assist older adults. These services include in-home supports, including access to assistive devices and technologies tailored to meet the unique needs of older individuals.

Assistive technology devices for older adults encompass a variety of tools designed to support independence and daily functioning. By providing these resources, older adults may be able to delay or avoid the need for more costly services, such as homemaker or personal care.

The primary objective of the Home Device Program is to promote self-sufficiency among older adults and their caregivers while enhancing overall quality of life. Ensuring accessibility and offering personalized interventions are essential in addressing the distinct needs of each older adult.

The SCDOA has approved the following categories of home device services to support older adults in maintaining independence and safety in their homes:

1. **Medication and Appointment Management:** Devices such as reminder alarm clocks to assist with medication schedules and appointment adherence.
2. **Home Safety Devices:** Devices such as medical alert systems, fall detection sensors, automatic lighting systems, and home security technologies (e.g., Ring, Chime, Alexa).
3. **Assistance with Activities of Daily Living (ADLs):** Devices such as attachable toilet bidets, handheld showerheads, and mobility support equipment (e.g., chair lifts, stair lifts, couch canes) to facilitate safe and independent living.

SUA Requirements

Person-Centered Approach

Home Devices is a person-centered service. Older adults approved for Home Devices must have input and choice in how the services are delivered to them.

Eligibility Requirements

To qualify for Home Devices services, an individual must meet the following criteria:

1. Be 60 years of age or older.
2. Demonstrate at least two (2) deficits in Activities of Daily Living (ADLs) as determined by the Katz Scale.
3. If a Home Device requires WiFi to operate, the older adult must have access to a WiFi connection.

SCDOA Monitoring Requirements

During annual programmatic monitoring, the SCDOA will verify that all service requirements are being met. The SUA will oversee this program to ensure both fiscal and programmatic compliance.

Service Unit Definition

A unit of service is defined as one Home Device. For devices with a monthly fee, each month of service counts as one unit.

Service Exclusions

The following limitations apply to Home Devices services:

1. Older adults who are receiving services through a **Medicaid waiver program** are not eligible to receive Home Device services funded under the Older Americans Act or SC Home and Community Based Services.
2. Older adults living in licensed and unlicensed residential care facilities are not eligible to receive Home Device services.
3. Items covered by Medicare or a Medicare Advantage Plan are not allowable expenses.

Reporting and Reimbursement

During the monthly reimbursement approval process, the SCDOA shall verify that all reported services are properly documented and recorded in the SCDOA Client Management Tool.

AAA Requirements

Provider Requirements

Each Area Agency on Aging (AAA) is responsible for determining the method by which home device services are delivered within its region. The AAA may elect to utilize a consumer choice model for the provision of home device services. If this model is implemented, the AAA must establish a formal agreement, such as a contract or a Memorandum of Understanding.

Service Requirement

1. Ensure the older adult identifies a family member, caregiver, or emergency contact who will agree to participate and support the program if needed to provide the home device service.
2. Ensures the older adult is educated on the device, agrees to, and understands all capabilities.

AAA Monitoring

The AAA must conduct annual monitoring of each home device service provider within its service area. Monitoring activities must include a review of both fiscal management and program operations to ensure compliance with contractual requirements, program standards, and the AAAs' Policies and Procedures. AAAs are responsible for verifying that units of service are verified before the SCDOA is billed for service.

Documentation Requirements

AAA staff should practice diligence to promote the safety and well-being of individuals to whom the AAA provides assistive technology, including:

- Proper installation or assembly of an assistive device
- Documentation that the individual has the capacity and knowledge to use the assistive device safely
- Documentation that the individual and/or their support system has received training in the proper use of the assistive device

Area Plan

The SCDOA will review Area Plan submissions and amendments to ensure that:

1. Home Devices services are included in regional plans where applicable.
2. All necessary information regarding service delivery and program implementation is fully documented.
3. If an AAA discontinues the Home Devices Program during an Area Plan Program Year, an updated Area Plan must be submitted.
4. The Title III-B Program Manager must be notified whenever Home Devices services are discontinued.

See also

Home Care Services Policy
Client Assessment Policy
Client Eligibility and Priority Policy

Homemaker

HOMEMAKER	POLICY NUMBER
REFERENCE(S): Section 314 (1-5)	This policy replaces SCDOA Policies and Procedures Manual Section 502.C.

Definitions

Homemaker-The Older Americans Act Performance System defines homemaker as performance of light housekeeping tasks provided in a person's home and possibly other community settings. Tasks may include preparing meals, shopping for personal items, managing money, or using the telephone, in addition to light housework.

Policy Statement

Section 321(a)(5)(C) allows for Homemaker Services to be provided to older adults, helping to ensure they live independently in their home environments. Homemaker services are a part of the comprehensive and coordinated service delivery system. Homemaker is an in-home service. The OAA states that Title III-B programs, including homemaker, are designed to enable older individuals to maintain their homes in conformity with minimum housing standards. Homemaker services are an in-home service.

The Homemaker Program is a person-centered service designed to assist eligible older adults in maintaining independence and quality of life within their homes. Service delivery must be guided by the individual preferences and choices of each older adult receiving care.

SUA Requirements

Person-Centered Approach

The Homemaker Program is a person-centered service. Older adults approved for Homemaker must have input and choice in how the services are delivered to them.

Eligibility Requirements

To qualify for core services, an individual must:

1. Be 60 years of age or older.
2. Demonstrate at least two (2) deficits in Activities of Daily Living (ADLs) as determined by the Katz Scale.
3. Must have a need for homemaker services.

SCDOA Program Monitoring

The SCDOA must conduct annual programmatic monitoring to verify compliance with established service standards and requirements.

Service Unit Definition

One (1) unit of service is defined as one hour of direct homemaker assistance. Mileage and travel time are not allowable time. Each eligible older adult shall be billed based on the number of service units provided.

Service Exclusions

1. Clients who are approved for and receiving Personal Care services are not eligible to receive or be billed for Homemaker service units concurrently.
2. Older adults who are receiving any Medicaid waiver service are not eligible for homemaker services.
3. Older adults living in licensed and unlicensed residential care facilities are not eligible to receive personal care. SCDPH Regulation 30-84

Reporting and Reimbursement

During the monthly reimbursement approval process, the SCDOA will ensure that services reported are captured and accounted for in the SCDOA Client Management Tool.

AAA Procedures

Provider Requirements

Each Area Agency on Aging (AAA) is responsible for determining the method by which homemaker services are delivered within its region. The AAA may elect to utilize a consumer choice model for the provision of homemaker services. If this model is implemented, the AAA must establish a formal agreement, such as a contract or Memorandum of Understanding/Agreement (MOU/MOA), with all consumer choice providers to ensure compliance with applicable policies and service standards. The AAA must adhere to the established procurement policies that their agency has in place.

AAA Monitoring

The AAA must conduct annual monitoring of each homemaker service provider within its service area. Monitoring activities must include a review of both fiscal management and program operations to ensure compliance with contractual requirements, program standards, and the AAAs' Policies and Procedures. AAAs are responsible for verifying that units of service are verified before the SCDOA is billed for service.

A SLED criminal background check shall be repeated for all staff performing homemaker Transportation services at least once every two (2) years thereafter. Each background check must include all available data for the individual and cover a minimum ten (10) year timeframe, including statewide data from South Carolina and any other state(s) in which the individual has resided within the previous ten (10) years.

Documentation Requirements

The Agency on Aging (AAA) shall ensure that all homemaker providers maintain complete, accurate, and up-to-date program records. Each provider must retain the following documentation and make it available to the South Carolina Department on Aging (SCDOA) and the AAA upon request or as required:

1. Service Documentation: Records signed by the older individual or their party responsible for verifying in-home visit activities, including:
 - a. Specific activities performed
 - b. Time spent
2. Missed or Attempted Visits: Documentation of any missed or attempted visits, including the reason for the missed service, must be maintained.
3. If an older adult approved for homemaker services declines the service for three (3) consecutive scheduled visits, the AAA must contact the individual to determine the reason for refusal. Possible reasons may include, but are not limited to, the older adult no longer wishing to receive the service, scheduling conflicts, or illness. The outcome of the follow-up contact must be documented as a case note in SCDOA Client Management System.

Service Delivery

1. Clients may receive a maximum of four (4) hours of homemaker services per week. If additional hours are requested or deemed necessary, justification must be documented in the Unit Tracking System. The request must then be reviewed and approved by the Assessment Coordinator and/or the AAA Director before authorization of the additional service hours.
2. Homemaker services are not required to be provided on a weekly basis. Service frequency shall be determined by the AAA in accordance with the individual older adult's service plan. When developing the service plan, the AAA must consider factors such as the size of the home, the individual's ability to maintain the household, and the level of assistance needed to ensure a safe and clean-living environment.
3. The AAA must ensure that they document a scope of work in their homemaker contracts/MOUs.

Area Plan

The SCDOA will review Area Plan submissions and amendments to ensure that:

1. The Homemaker Program is included in regional plans where applicable.
2. All necessary information regarding service delivery and program implementation is fully documented.
3. If an AAA discontinues the Homemaker Program during an Area Plan Program Year, an updated Area Plan must be submitted.
4. The Title III-B Program Manager must be notified whenever the Homemaker Program is discontinued.

See also

Assessment Policy

Client Eligibility and Priority Policy

Minor Home Repair

MINOR HOME REPAIR	POLICY NUMBER
REFERENCE(S):	This policy replaces the Minor Home Repair Policy Ch 502. C. 1. d.

Definitions

Minor Home Repair- covers repairs necessary to ensure a safe, sanitary, and structurally sound home.

Policy Statement

This policy establishes the requirements for the administration and funding of Minor Home Repair services managed by the Area Agency on Aging (AAA).

In accordance with the Older Americans Act, the purpose of this program is to assist older adults in maintaining safe, accessible, and secure living environments that support their ability to remain in their homes and communities.

The Minor Home Repair Program services are intended to:

1. Assist older individuals in obtaining residential repair and renovation services that enable them to maintain their homes in accordance with minimum housing standards.
2. Provide minor home modifications necessary to support an older individual's ability to safely remain in their home.
3. Adapt homes to meet the functional needs of older individuals with physical disabilities.
4. Improve home safety and security by preventing unlawful entry through the installation of security devices and structural modifications or alterations to the residence.

SUA Requirements

Person-Centered Approach

The Minor Home Repair Program is a person-centered service. Older adults approved for Minor Home Repair must have input and choice in how the services are delivered to them.

Eligibility Requirements

To qualify for the Minor Home Repair Program, an individual must:

4. Be 60 years of age or older.

5. Demonstrate at least two (2) deficits in Activities of Daily Living (ADLs) as determined by the Katz Scale.
6. Demonstrate a need for minor home repairs due to identified safety hazards in the residence.
7. Must own their home.

Allowable Types of Minor Home Repairs

Minor Home Repair services are intended to improve accessibility and mobility within and around a residence to help older adults safely remain in their homes and communities. All Minor Home Repair services must be documented and billed in the Client Service Tracking System under one of the following categories:

Functional Modifications

Functional modifications improve the usability of the home for individuals with mobility or physical limitations. Examples include, but are not limited to:

1. Changing the swing of a bathroom door
2. Installing comfort-height toilets
3. Installing raised toilet seats with handles
4. Installing grab bars and handrails
5. Installing lever-style door handles

Structural Repairs or Modifications

Structural repairs address components of the home that impact safety, accessibility, or security. Examples include, but are not limited to:

1. Roof or floor repairs
2. Installation of walk-in showers
3. Widening doorways for accessibility
4. Lowering electrical outlets
5. Replacing exterior doors to reduce gaps or holes and improve home security

Ground Ramps

Installation of ground ramps to improve safe entry and exit from the residence.

Other Repairs

Repairs necessary to address safety or environmental hazards within the home. Examples include, but are not limited to:

1. Septic tank repairs
2. Water heater replacement
3. Installation or replacement of smoke or carbon monoxide alarms
4. Pest control services

Minor Home Repair services are intended to reduce environmental hazards and ensure the home environment is as safe as possible, allowing the older adult to continue living in the community. All repairs and modifications must be completed with quality workmanship and provided at a reasonable cost in compliance with applicable state and local building codes.

SCDOA Monitoring Requirements

The SCDOA must conduct annual programmatic monitoring to verify compliance with established service standards and requirements.

Reporting and Reimbursement

During the monthly reimbursement approval process, the SCDOA shall verify that all reported services are properly documented and recorded in the SCDOA Client Management Tool.

Service Unit Definition

Each eligible older adult shall be billed based on the number of service units provided for each allowable type of Minor Home Repair. The total cost of Minor Home Repair services provided to an individual client must not exceed \$8,000.

One (1) unit of service is defined as:

1. Each Functional Modification is one unit
2. Each Structural Modification is one unit
3. Each Ramp is one unit.
4. Each Other Modification is one unit.

Service Exclusions

The following limitations apply to Minor Home Repair services:

3. Older adults who are receiving services through a **Medicaid waiver program** are not eligible to receive Minor Home Repair services funded under the Older Americans Act or SC Home and Community Based Services.
4. Older adults living in licensed and unlicensed residential care facilities are not eligible to receive Minor Home Repair services.

Reporting and Reimbursement

During the monthly reimbursement approval process, the SCDOA shall verify that all reported services are properly documented and recorded in the SCDOA Client Management Tool.

AAA Procedure

Provider Requirements

Each Area Agency on Aging (AAA) is responsible for determining the method by which Minor Home Repair services are delivered within its region. The AAA may elect to utilize a consumer choice model for the provision of Minor Home Repair services. If this model is implemented, the AAA must establish a formal agreement, such as a contract or Memorandum of Understanding/Agreement (MOU/MOA), with all consumer choice providers to ensure compliance with applicable policies and service standards. The AAA must adhere to the established procurement policies that their agency has in place.

Service Requirements

The Area Agency on Aging (AAA) shall not reimburse for activities that fall outside the scope of allowable Minor Home Repair services. Prohibited activities include, but are not limited to:

1. Major repairs to houses or furnishings, including full replacement of roofs, floors, or foundations.
2. Construction, repair, or maintenance of outbuildings such as garages, carports, animal shelters, or greenhouses.
3. Property beautification or activities performed solely for cosmetic purposes. Examples include landscaping, gardening, the purchase of gardening equipment, full interior or exterior paint jobs, installation of ornamental shutters or trim, decorative porch supports, carpeting, patios, or fence repairs, unless the repair is necessary to ensure the client's health or safety.
4. The AAA must ensure that they document a scope of work in their transportation contracts/MOUs.

AAA Monitoring

The AAA must conduct annual monitoring of each minor home repair service provider within its service area. Monitoring activities must include a review of both fiscal management and program operations to ensure compliance with contractual requirements, program standards, and the AAAs' Policies and Procedures. AAAs are responsible for verifying that units of service are verified before the SCDOA is billed for service.

Background Checks

A SLED criminal background check shall be repeated for all staff performing minor home repair at least once every two (2) years thereafter. Each background check must include all available data for the individual and cover a minimum ten (10) year timeframe, including statewide data from South Carolina and any other state(s) in which the individual has resided within the previous ten (10) years.

Documentation Requirements

All businesses contracted to provide home modification or repair services must comply with applicable professional standards, including required licensure, certifications, and any state or local training requirements in accordance with state, county, or municipal codes.

1. Contractor Requirements

For services with a total cost exceeding \$1,000 (including labor and materials), the AAA shall ensure the provider is a licensed contractor who is properly bonded and insured.

2. For services costing less than \$1,000, the AAA may utilize a handyman. Handymen must be bonded, insured, and possess a valid local business license. Compliance with local ordinances regarding building inspections is required. When an inspection is mandated, documentation of inspection approval must be attached to the service invoice.
3. All workmanship related to structural repairs, modifications, or installations must be warranted for a minimum of ninety (90) days from the date of completion.
4. The AAA shall ensure that before-and-after photographs documenting the minor home repair need and the completed work are uploaded into the SCDOA Client Management Tool and maintained in the client's file.

Area Plan

The SCDOA will review Area Plan submissions and amendments to ensure that:

5. The Minor Home Repair Program is included in regional plans where applicable.
6. All necessary information regarding service delivery and program implementation is fully documented.
7. If an AAA discontinues the Minor Home Repair Program during an Area Plan Program Year, an updated Area Plan must be submitted.
8. The Title III-B Program Manager must be notified whenever the Minor Home Repair Program is discontinued.

See also

Personal Care

PERSONAL CARE	POLICY NUMBER
REFERENCE(S): Section 321(a)(5)(C) §1321.85	This policy replaces SCDOA Policies and Procedures Manual Section 502.C.

Definition

Personal Care-The Older Americans Act Performance System defines personal care as assistance (personal assistance, stand - by assistance, supervision, or cues) with Activities of Daily Living (ADLs) and/or health - related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs) tasks such as preparing meals, shopping for personal items, managing money, or using the telephone, in addition to light housework.

Policy Statement

Section 321(a)(5)(C) of the Older Americans Act (OAA) authorizes the provision of personal services to older adults to support their ability to live independently in their home environments.

Personal Care services are funded under Title III-B of the OAA and State Home and Community Based Services and are part of the comprehensive and coordinated service delivery system administered through the Area Agency on Aging (AAA). The OAA identifies three primary categories of Title III-B services: in-home supportive services, access services, and legal services. Personal Care is classified as an in-home supportive service.

The Personal Care Program is a person-centered service designed to assist eligible older adults in maintaining independence, safety, and quality of life within their homes. Service delivery must be guided by the preferences, needs, and choices of the older adult receiving services, ensuring that care is tailored to support the individual's functional abilities and desired level of independence.

SUA Procedure

Person-Centered Approach

The Personal Care Program is a person-centered service. Older adults approved for the Personal Care Program must have input and choice in how the services are delivered to them.

Eligibility Requirements

To qualify for Personal Care services, an individual must meet the following criteria:

1. Be 60 years of age or older.
2. Demonstrate at least two (2) deficits in Activities of Daily Living (ADLs) as determined by the Katz Scale.

SCDOA Monitoring

The SCDOA shall conduct annual programmatic monitoring to verify compliance with established service standards and requirements.

Reporting and Reimbursement

During the monthly reimbursement approval process, the SCDOA shall verify that all reported services are properly documented and recorded in the SCDOA Client Management Tool.

Service Unit Definition

One (1) unit of service is defined as one hour of direct Personal Care assistance.

Each eligible older adult shall be billed based on the number of service units provided.

Service Exclusions

The following limitations apply to Personal Care services:

1. Clients who are approved for and receiving Homemaker services are not eligible to receive or be billed for Personal Care service units concurrently.
2. Older adults who are receiving services through a Medicaid waiver program are not eligible to receive Personal Care services funded under the Older Americans Act.
3. Older adults living in licensed residential care facilities are not eligible to receive personal care. SCDPH Regulation 30-84
4. Older adults living in unlicensed residential care facilities are not eligible to receive personal care.

AAA Procedure

Provider Requirements

Each Area Agency on Aging (AAA) is responsible for determining the method by which the Personal Care Program is delivered within its region. The AAA may elect to utilize a consumer choice model for the provision of personal care services. If this model is implemented, the AAA must establish a formal agreement, such as a contract or Memorandum of Understanding/Agreement

(MOU/MOA), with all consumer choice providers to ensure compliance with applicable policies and service standards. The AAA must adhere to the established procurement policies that their agency has in place.

Service Requirements

1. The Area Agency on Aging (AAA) must ensure that clients approved to receive personal care services have their personal care needs met before any homemaker services are provided. When a client receives both personal care and homemaker services during the same visit, all service hours must be billed to personal care. Homemaker service hours may not be billed for visits in which personal care services are provided.
2. If an older adult approved for personal care services declines to receive personal care from the aide for three (3) consecutive visits, the AAA must contact the older adult to determine the reason services are being declined. Possible reasons may include, but are not limited to, the older adult no longer wanting the service, the service time not being convenient, or the older adult being temporarily ill. The outcome of this follow-up must be documented as a case note in the SCDOA Client Management Tool.
3. The AAA must ensure that they document a scope of work in their transportation contracts/MOUs.

AAA Monitoring

The AAA must conduct annual monitoring of each Personal Care provider within its service area. Monitoring activities must include a review of both fiscal management and program operations to ensure compliance with contractual requirements, program standards, and the AAAs' Policies and Procedures. AAAs are responsible for verifying that units of service are verified before the SCDOA is billed for service.

The AAA must monitor each of its personal care providers each year. Monitoring must be done for the fiscal and program.

Background Checks and Criminal Conviction Standards

A SLED criminal background check shall be repeated for all staff performing personal care services at least once every two (2) years thereafter. Each background check must include all available data for the individual and cover a minimum ten (10) year timeframe, including statewide data from South Carolina and any other state(s) in which the individual has resided within the previous ten (10) years.

Documentation Requirements

The Agency on Aging (AAA) shall ensure that all personal care providers maintain complete, accurate, and up-to-date program records. Each provider must retain the following documentation and make it available to the South Carolina Department on Aging (SCDOA) and the AAA upon request or as required:

1. Service Documentation: Records signed by the older individual or their party responsible for verifying in-home visit activities, including:
 - a. Specific activities performed
 - b. Time spent
2. Missed or Attempted Visits: Documentation of any missed or attempted visits, including the reason for the missed service, must be maintained.
3. If an older adult approved for personal care services declines the service for three (3) consecutive scheduled visits, the AAA must contact the individual to determine the reason for refusal. Possible reasons may include, but are not limited to, the older adult no longer wishing to receive the service, scheduling conflicts, or illness. The outcome of the follow-up contact must be documented as a case note in SCDOA Client Management System.

Service Delivery

1. A client may receive up to forty-eight (48) hours of personal care services per month. Any additional hours must include a documented justification in the SCDOA Client Management Tool and must be approved by the Assessment Coordinator and/or the AAA Director.
2. Personal Care services are not required to be provided on a weekly basis. Service frequency shall be determined by the AAA in accordance with the individual older adult's service plan.
3. The AAA must ensure that they document a scope of work in their personal care contracts/MOUs.

Area Plan

The SCDOA will review Area Plan submissions and amendments to ensure that:

1. The Personal Care Program is included in regional plans where applicable.
2. All necessary information regarding service delivery and program implementation is fully documented.
3. If an AAA discontinues the Personal Care Program during an Area Plan Program Year, an updated Area Plan must be submitted.
4. The Title III-B Program Manager must be notified whenever the Personal Care Program is discontinued.

Pest Control

PEST CONTROL	POLICY NUMBER
REFERENCE(S): Proviso 40.5	Replaces Program Instruction for Pest Control Services Effective July 1, 2025

Definitions

Pest Control- is the management or elimination of pest that negatively impact human health or property.

Policy Statement

Proviso 40.5 has been updated and now reflects, "Allowable services, as defined in the Department on Aging's State Plan, include programs to promote social connection, group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, personal care, homemaker, home chore, home modification, legal assistance, assessments, dental services, and pest control."

SUA Requirements

Person-Centered Approach

The Pest Control Program is a person-centered service. Older adults approved for pest control must have input and choice in how the services are delivered to them.

Eligibility Requirements

1. The client must be 60 years or older.
2. The clients are eligible only if they have been assessed and are receiving services, or if an assessment has determined that a barrier prevents the client from receiving services, and implementing this HCBS program removes that barrier.
3. The client assessment must reflect the need for pest control services.
4. The client must own their own home.

Allowable Types of Pest Control

Older adult homes are more susceptible to pests due to less-than-optimum ventilation, worn-down barriers, cracks, gaps around doors and windows, unscreened doors, compromised vents, pet doors, garages, wall voids, and dryer vents. Listed below are the pest control services that SCDOA has approved.

- Termites
- Bed Bugs

- Mice and Rats
- Fleas
- Ants
- Cockroaches
- Mosquitoes
- Bees and Wasps
- Ticks
- Spiders
- Wasps
- Snakes

SCDOA Monitoring Requirements

The SCDOA must conduct annual programmatic monitoring to verify compliance with established service standards and requirements.

Service Unit Definitions

A unit of service is one pest control treatment. To maximize the number of older adults served, the CAP for pest control services, excluding bed bugs and cockroach infestations, is \$2,500.00 per client, per year, as the types of pest control treatments and services vary per client. If the cost of services exceeds \$2,500.00, and the reasoning is justifiable, the South Carolina Department on Aging (SCDOA) may approve the overage at its discretion.

AAA Procedures

Each Area Agency on Aging (AAA) is responsible for determining the method by which pest control services are delivered within its region. The AAA may elect to utilize a consumer choice model for the provision of pest control services. If this model is implemented, the AAA must establish a formal agreement, such as a contract or Memorandum of Understanding/Agreement (MOU/MOA), with all consumer choice providers to ensure compliance with applicable policies and service standards. The AAA must adhere to the established procurement policies that their agency has in place.

AAA Monitoring

The AAA must conduct annual monitoring of each pest control provider within its service area. Monitoring activities must include a review of both fiscal management and program operations to ensure compliance with contractual requirements, program standards, and the AAAs' Policies and Procedures. AAAs are responsible for verifying that units of service are verified before the SCDOA is billed for service.

Documentation Requirements

1. A client agreement form must be signed to ensure the older adult adheres to the treatment plan recommended by the pest control

company. A copy of the form must be uploaded to the Client Management Tool.

2. Pest Control Services Providing
3. Frequency for each service
4. The AAA must ensure that they document a scope of work in their pest control contracts/MOUs.

Area Plan

The SCDOA will review Area Plan submissions and amendments to ensure that:

1. Pest Control services are included in regional plans where applicable.
2. All necessary information regarding service delivery and program implementation is fully documented.
3. If an AAA discontinues Pest Control services during an Area Plan Program Year, an updated Area Plan must be submitted.
4. The Title III-B Program Manager must be notified whenever Pest Control services are discontinued.

The SCDOA must conduct annual programmatic monitoring to verify compliance with established service standards and requirements.

If a client is approved for pest control services to treat bedbugs or cockroach infestations, the CAP for these pest control services is \$5,000.00 per client, per year, as these types of pest control treatments and services vary. If the cost of services exceeds \$5,000.00, and the reasoning is justifiable, the South Carolina Department on Aging (SCDOA) may approve the overage at its discretion.

See also

Support Services: I&R/A and Outreach

Information & Referral/Assistance

INFORMATION & REFERRAL/ASSISTANCE	POLICY NUMBER
REFERENCE(S): Sec. 321(a)3 §1321.77	This Policy replaces Chapter 502.A.

Definition

Information and Assistance- A service that:

1. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology.
2. Assesses the problems and capacities of the individuals.
3. Links the individuals to the opportunities and services that are available.
4. To the maximum extent practical, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow - up procedures.
5. Serves the entire community of older individuals, particularly —
 - a. older individuals with the greatest social need.
 - b. older individuals with the greatest economic need.
 - c. older individuals at risk for institutional placement.

Outreach- Conducting public outreach activities and providing information to individuals

and groups to encourage older adults (or their caregivers) to use existing services and benefits.

Policy Statement

The purpose of the Information and Referral/Assistance (I&R/A) program under the Older Americans Act is to connect older adults, individuals with disabilities, and their caregivers to the services and resources needed to support independent living within their communities. The program serves as a gateway to the human services delivery system by helping individuals identify their needs, understand available options, make informed decisions, and access appropriate services. Assistance may range from providing basic information to offering more direct support, including service coordination and advocacy.

The I&R/A Program is person-centered, emphasizing individual choice and participation. Older adults, individuals with disabilities, and family caregivers must be actively involved in determining how services are provided to meet their unique needs and preferences. The I&R/A program is an access program.

Key functions and goals of South Carolina's I&R/A programs

1. Linking to services
 - Connects individuals with the programs and services they need
2. Providing information
 - Offer details about available resources, which may include contact information, eligibility requirements, and other relevant data.
3. Facilitating informed decisions
 - Specialists help people better understand their problems and the range of available options to make the most informed choices.
4. Offering assistance
 - I&R/A goes beyond simple information by providing more in-depth, individualized help. This can include assisting with applications, making follow-up calls, and providing individual advocacy if needed.
5. Empowering individuals
 - Aims to empower individuals by educating them, affirming their ability to make choices, and encouraging self-reliance and self-direction.
6. Improving the system
 - By tracking service requests, the I&R/A program helps identify gaps and duplications in local services, which facilitates better community planning and coordination among service providers.

SUA Responsibility

Training

The SCDOA will provide ongoing training to the I&R/A Specialist. The SCDOA will provide training to all new Information and Referral/Assistance Specialists. The training will include

1. An overview of the I&R/A Program policies and procedures and required responsibilities
2. An overview of Client Contact System
3. Outreach responsibilities

SCDOA Monitoring

The SCDOA will monitor the I&R/A program in the following ways:

1. Annual Formal Monitoring Visit
2. Review of the monthly Payment Request Form (PRF)
3. Review of Client Contacts I&R/A data

The Information and Referral/Assistance (I&R/A) Program operates as an integral component of each AAA.

Service Unit Definition

A unit of service is one contact entered into the Client Contact System.

AAA Responsibility

AAA Responsibilities for the Information and Referral/Assistance Program

1. The AAA must hire a full-time Information and Referral/Assistance Specialist to provide I&R/A and to conduct outreach in the AAA's region.
2. The AAA must ensure the I&R/A Program has a backup I&R/A Specialist to assist older adults, people with disabilities, and family caregivers. The backup I&R/A Specialist's name must be provided to the Information and Referral/Assistance Program Coordinator at the SCDOA. The AAA must ensure there is phone coverage for the program, and all contacts are documented in the Contact Tracking System.
3. The AAA must ensure the I&R/A Specialist conducts one outreach event in each county in their region at least quarterly. The outreach events must be documented in the Contact Tracking System.
4. The AAA must promptly respond to information requests from the Department on Aging regarding the I&R/A Program.
5. The AAA must notify the I&R/A Program Coordinator of any changes to the I&R/A program within three business days.
6. The AAA must use data on unmet needs to develop additional resources.
7. The AAA must ensure the I&R/A Specialist network within all counties in its region.
8. The AAA must have a toll-free number that is published on its website and in outreach material.
9. The AAA must promote its I&R/A Program on its agency website.

Information and Referral/Assistance Specialist Responsibilities

1. The AAA must ensure its I&R/A Specialist has been certified by InformUSA as a Community Resource Specialist in Aging and Disability within 12 months of the date they start working in the I&R/A Program. A copy of the certificate must be sent to the SCDOA for each AAA staff member who is certified and every two years when the certification is updated.
2. The I&R/A Specialist must receive 24 hours of training each year. Training can be completed through webinars, in-person training, or training offered by the SCDOA.

3. The I&R/A Specialist and back-up I&R/A Specialist must submit by July 15th each year the previous year's training on the SCDOA-approved form, *Information and Referral/Assistance Training Documentation*. Back-up information confirming the training, such as certificates of completion, webinar registration, or information on in-person training, must be submitted with the training report to the I&R/A Program Coordinator.
4. The I&R/A Specialist must attend all I&R/A meetings. If the I&R/A Specialist is not able to attend, another AAA staff member must attend in their place.
5. The backup I&R/A Specialist or anyone charging time to the I&R/A Program must complete 12 hours of Aging/Disability training each year.
6. The I&R/A Specialist must work closely with others in the aging network (Family Caregiver Advocates, SHIP Counselors, Directors, Ombudsmen, etc.) to ensure that service and resource information is shared within the AAAs and with appropriate Department on Aging staff.
7. The I&R/A Specialist must ensure client contact information, as well as outreach efforts, shall be recorded in accordance with the protocols set by the Department on Aging (48 hours) to ensure current client information is up to date, to prevent duplication of client profiles, and to identify the need to create a new client record.

Interpretation Services

The AAA must arrange for professional interpretation services so that a non-English speaking caller (including those with disabilities) has prompt and timely access to I&R/A services in the caller's own language.

Area Plan

The SCDOA will review Area Plan submissions and amendments to ensure that:

1. The I&R/A Program is included in regional plans.
2. The AAAs must create performance goals for contact volume and outreach efforts based on the region's population demographics.

Support Services: Transportation

Transportation

TRANSPORTATION	POLICY NUMBER
REFERENCE(S): Section 321 (a)(2) Section 303 (c)(2) SC Code of Laws §1-11-220 through §1-11-340 Section 1902(a)(87) of the Social Security Act	This policy replaces Section 502. B. Transportation

Definitions

Congregate Meal Transportation- picking up a client at the curb and taking them to the congregate meal site and/or home from the congregate meal site.

Medical Transportation-picking up a client at the curb and taking them either/or to the medical appointment and home from a medical appointment.

Essential Transportation- picking up a client at the curb and taking them either/or from an essential destination that is not a medical appointment or congregate meal site and home.

Group Transportation-a trip with multiple riders, starting from a single point of origin, going to a single drop-off point (for example, a trip starting at the group dining site going to a multi-purpose store). A unit of service for group transportation is a mile. A group trip is determined by the actual miles between points, regardless of the number of clients riding (more than two riders going to one destination). Destinations may include, but are not limited to, nutrition sites, senior centers, shopping centers, and pharmacies.

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 older adults, 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).

Assisted Transportation- Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort or other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation. This service does not include any other activity.

Accessible Transportation- is a vehicle used for public transportation, including specially converted minivans, full-size vans, and buses equipped with ramps or lifts to accommodate mobility aids, ensuring ADA compliance. These vehicles feature secure tie-downs, 56-inch door clearance, and often, side or rear-entry access for passengers.

Policy Statement

Transportation is an essential supportive service for older adults and is consistently identified as one of the top needs in South Carolina to support aging in place. The OAA requires a comprehensive and coordinated service delivery system to address these needs. Reliable transportation enables older adults to access vital services, including congregate meal sites, essential shopping, and medical appointments.

Transportation services are designed to be person-centered. Older adults approved for transportation must be included in decisions regarding how these services are provided. Transportation is an access service.

SUA Responsibility

Person-Centered Approach

The Transportation Program is a person-centered service. Older adults approved for transportation must have input and choice in how the services are delivered to them.

Eligibility Requirements

To qualify for core services, an individual must:

1. Be 60 years of age or older.
2. Must have a need for Transportation services.

Allowable Types of Transportation

The SCDOA allows the following types of transportation:

1. Congregate Meal Transportation
2. Medical Transportation
3. Essential Transportation
4. Group Transportation
5. Event Transportation
6. Assisted Transportation

SCDOA Program Monitoring

The SCDOA must conduct annual programmatic monitoring to verify compliance with established service standards and requirements. The SCDOA will monitor the transportation program in the following ways:

1. Annual Formal Monitoring Visit
2. Review of the monthly Payment Request Form (PRF)
3. Review of Client Management Tool transportation data

Reporting and Reimbursement

During the monthly reimbursement approval process, the SCDOA will ensure that services reported are captured and accounted for in the SCDOA Client Management Tool.

Service Unit Definition

1. One (1) unit of service is defined as one point-to-point mile of transportation.
2. The transportation service unit is a one-way trip.

Service Exclusions

1. Older adults who are eligible for Medicaid. Section 1902(a)(87) of the Social Security Act
2. Older adults living in licensed residential care facilities are not eligible to receive transportation. SCDPH Reg. 60-84 Section 904
3. Older adults living in unlicensed residential care facilities are not eligible to receive transportation.

Title III-B for Match

Title III-B Information and Referral/Assistance (I&R/A) program funds may be utilized as matching funds for the Federal Transit Administration's (FTA) Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310).

1. Use of Title III-B I&R/A funds as match is limited to the purchase of service or mobility management activities only.
2. The FTA provides the statutory authority for its grantees to use non-FTA federal funds, including Title III-B funds, as matching contributions toward eligible project costs.
3. Any proposed use of Older Americans Act (OAA) funds as a match for FTA programs must comply with the terms and conditions of the applicable grant or contract award, including all relevant OAA provisions and the Uniform Administrative Requirements outlined in 2 CFR Parts 74 and 92.

4. Providers receiving Title III funds for transportation services are restricted to using such funds solely for the transportation of older adults and, when applicable, caregivers accompanying older adults.
5. These transportation services must operate as part of the comprehensive system of services within the designated planning and service area.

AAA Responsibility

Provider Requirements

Each Area Agency on Aging (AAA) is responsible for determining the method by which transportation services are delivered within its region. The AAA may elect to utilize a consumer choice model for the provision of transportation services. If this model is implemented, the AAA must establish a formal agreement, such as a contract or Memorandum of Understanding/Agreement (MOU/MOA), with all consumer choice providers to ensure compliance with applicable policies and service standards. The AAA must adhere to the established procurement policies that their agency has in place.

Service Requirements

1. The AAA must ensure that at least one type of transportation service is provided to all counties within its region to be considered a comprehensive and coordinated service delivery system.
2. AAAs must ensure that its providers leasing vehicles through SC State Fleet follow SC Code of Laws §1-11-220 through §1-11-340 with extra attention to the Fleet Maintenance Program and Fleet Safety Program.
3. AAAs must ensure that its providers leasing vehicles through SC State Fleet pay its monthly invoice on time.
4. AAAs must require their contractors to comply with the S.C. Office of Regulatory Staff Class C Non-Emergency Medical Transportation requirements.
5. The AAA must ensure that the provider's transportation staff utilizing accessible vehicles are certified as Passenger Assistance, Safety and Sensitivity (PASS) offered by the Community Transportation Association of America (CTAA). PASS is ideal for specialized transit for older passengers, where the passengers require extra care.
6. The AAA must ensure that they document a scope of work in their transportation contracts/MOUs.

Background Check

A SLED criminal background check shall be repeated for all staff performing Transportation services at least once every two (2) years thereafter. All staff must have a valid driver's license. Each background check must include all available data for the individual and cover a minimum ten (10) year

timeframe, including statewide data from South Carolina and any other state(s) in which the individual has resided within the previous ten (10) years.

Documentation Requirements

The AAA must ensure that all transportation service providers maintain complete and accurate program records. The following documentation must be retained by each provider and made available to the SCDOA upon request.

1. Documentation of point-to-point mileage
2. Incident reports, registered complaints, and the outcome of the incident report/registered complaint.

AAA Monitoring

The AAA must conduct annual monitoring of each transportation service provider within its service area. Monitoring activities must include a review of both fiscal management and program operations to ensure compliance with contractual requirements, program standards, and the AAAs' Policies and Procedures.

The Area Agency on Aging (AAA)'s providers may enter into transportation agreements with agencies that administer Medicaid transportation and FTA Programs 5307, 5310, and 5311.

Area Plan

The SCDOA will review Area Plan submissions and amendments to ensure that:

1. The Transportation Program is included in regional plans where applicable.
2. All necessary information regarding service delivery and program implementation is fully documented.
3. If an AAA discontinues the Transportation Program during an Area Plan Program Year, an updated Area Plan must be submitted.
4. The Title III-B Program Manager must be notified whenever the Transportation Program is discontinued.

See also

Links to Reference Material

[Office of Regulatory Staff \(ORS\) Non-Emergency Transportation](#)

Office of Regulatory Staff (ORS) Record of Annual Non-Emergency Vehicle Inspection

Office of Regulatory Staff (ORS) Drive File and Vehicle Requirements for Class C Non-Emergency Certificates

OAA requirements for using Title III-B as Match

Federal Transportation Administration Federal Braiding Document

Community Transportation Association of America (CTAA)

<https://www.scdhhs.gov/transportation-beneficiary-information>

Congregate Meals

Congregate Meals

CONGREGATE MEALS	POLICY NUMBER
REFERENCE(S): OAA Sec 330 (1)(2)(3), OAA Sec 331. 42 U.S.C. 3030E, 45 CFR 1321.87(a)(1),	This policy replaces the Title III-C Nutrition Service Operations: Purpose and Congregate Nutrition Services Policy in the SCDOA 2021 Policies and Procedures Manual

Purpose: The Congregate Meals Program of the OAA aims to reduce hunger, food insecurity and malnutrition; 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 resulting from poor nutritional health or sedentary behavior.

Policy Statement: Congregate meals are meals meeting the nutrition requirements by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in person. Congregate meals shall meet meal availability requirements.

Congregate nutrition sites should be in as close proximity to the majority of eligible individuals' residence as feasible, with particular attention upon a multipurpose senior center, a school or other facility serving meals to children to promote intergenerational meal programs, a faith-based organization, restaurant, or other appropriate community facility, preferable within walking distance where possible, and where appropriate, transportation to such site is available.

Congregate nutrition sites operated by special interest groups, such as faith-based, social groups, or a senior housing development, must not limit participation exclusively to their own members or otherwise show preferential treatment for such membership to ensure equitable access to nutrition services for all eligible older adults.

Verification of Units Earned

Congregate dining sites must use a client registration process approved by the AAA to record participants who are utilizing nutrition services (meals, nutrition education, etc.) to receive reimbursement. Acceptable forms of registration include daily sign-in sheets and kiosk systems equipped with bar code scanning or computer sign-in. Paper sign-in sheets may be needed in the event of a power failure, etc. Records for registration must be maintained for a minimum of three years.

Meal delivery slips including number of complete meals ordered, received, served and/or discarded as well as documentation regarding food shortages or substitutions are to be maintained for a minimum of three years.

SUA Responsibility

The SUA will review Area Plan/Area Plan Update submissions to confirm that congregate meal service provision is included in regional plans and that any necessary information for program delivery is described as appropriate.

During annual programmatic monitoring, the SUA shall confirm that congregate meals are being provided in the regional service areas.

During the monthly reimbursement approval process, the SUA will ensure that units reported as congregate meals are paid using the proper designated fund as outlined in the SCDOA Service Eligibility and Funding Matrix.

AAA Responsibility

Each AAA shall include congregate meals as a service in its Area Plan/Area Plan Update and include all congregate meal sites in its Area Plan/Area Plan Update. Congregate meals and meals services that are provided directly by the AAA require a **Direct Service Waiver that has been pre-approved by the SCDOA.**

AAA will conduct fiscal and programmatic monitoring to ensure verification of units, that the meals meet the nutrient requirements, and that the correct funding source is used.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

SCDOA Senior Nutrition Program Eligibility and Funding Matrix

Nutrient Requirements for Meals Policy

Congregate Meal Availability Requirements Policy

Nutrition Site Operations and Adequate Facilities Policy

Congregate Meals Availability

CONGREGATE MEAL AVAILABILITY	POLICY NUMBER
REFERENCE(S): OAA SEC. 336(1), 45 CFR 1321.87(b)	This policy replaces the Title III-C Nutrition Service Operations: Purpose and Congregate Nutrition Services Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement: AAAs shall provide congregate meals at least five days a week at each congregate meal site. If the congregate meal site does not provide meals at least five days a week, the AAA shall submit a waiver with the Area Plan/Area Plan Update and describe any challenges and reasoning as to why the requirement is unable to be met. The AAA is to describe how client unmet needs will be addressed.

AAAs that plan to provide additional meals beyond five per week, must outline this service in their Area Plan/Area Plan Update. The additional meal service delivery model requires approval through the SUA's Area Plan/Area Plan Update approval process and there must be no Tier 1 individuals on the waiting list when initiating additional meals.

Each AAA must establish policies and procedures to define the parameters for offering additional meals, ensuring consistency with a person-centered approach and in alignment with available resources. This practice is most consistent with the characteristics of Tier 1 clients who are at risk of food insecurity, unable to adequately prepare meals, and have no reliable assistance.

SUA Responsibility

During the SUA Area Plan/Area Plan Update approval process, and during monitoring activities, the SUA shall review regional congregate meal availability information. The SUA will confirm that any congregate site that is not providing a congregate meal at least five days per week has an approved waiver request.

During monitoring, the SUA will review client meal data for the provision of additional meals for participants. The SUA will confirm the service delivery is included in the approved Area Plan/Area Plan Update. The AAA, upon request of the SUA, is to provide for review its policies and procedures for providing additional meals to clients.

AAA Responsibility

Each AAA shall provide information about the days per week that a congregate meal is provided at each congregate site in the Area Plan/Area Plan Update. If congregate meals are not provided at least five days a week at a congregate meal site, the AAA shall submit a waiver request explaining why it is not feasible to provide congregate meals five days per week at that site. In addition, the waiver is to include information about how participants can access additional meals if the participant needs additional meals and document any plans to achieve five-day congregate services.

For AAAs that elect to provide additional meals beyond the five per week, the AAA is to include in its policies and procedures how this service is prioritized for clients based upon a person-centered approach and how the service model is to be adjusted based on available resources and the waiting list parameters.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Congregate Meals Policy

Congregate Meal Availability Waiver Form

Congregate Walk-in

CONGREGATE WALK-IN	POLICY NUMBER
REFERENCE(S): OAA SEC. 321(a)(5)(A)	This policy replaces Temporary Services before Client Approval and Service Selection in the SCDOA 2021 Policies and Procedures Manual .

Policy Statement

An AAA may authorize congregate nutrition service providers to serve eligible individuals who walk-in to a congregate meal site without a Client Assessment, based upon the AAA's decision to execute the allowable program flexibility and under specific operational parameters. The walk-in flexibility may be suspended or rescinded based on funding availability, and/or compliance findings.

Under this policy, congregate walk-in individuals may be served provided that:

1. The SUA has formally approved the AAA's authorization to implement this flexibility through the Area Plan approval process.
The AAA must incorporate the adoption of this flexibility into its Area Plan/Area Plan Update.
2. The eligibility requirement is met.
The individual is 60 years or older.
3. Capacity and funding allowability are met.

Walk-in meals may be provided only when:

- a. The provider does not have a congregate meal waiting list, and
- b. The provider has funds available to immediately serve the congregate meal recipient upon being added to the service, and
- c. The provider has the funds available to sustain the congregate meal recipient long-term if added as a client, and

d. Sufficient meals are available after reserved participants are served. Serving sizes are not to be reduced to serve walk-in individuals, and

e. The provider shall assume responsibility for funding if the client was added without proper review of the available funds or if the funds were not budgeted accurately.

4. Program integrity and monitoring are upheld.

a. The AAA must have documented policies and procedures outlining how the provider is to refer the walk-in client to the AAA for a Client Assessment. Accurate participant records and referral documentation must be maintained.

b. It will be the responsibility of the AAA to assess the client within 30 days to determine eligibility for other aging services. If the AAA is unable to complete the required assessment within the 30-day timeframe due to circumstances such as the individual declining services, the individual's passing, or other factors despite the AAAs concerted effort to conduct the assessment, the provider will be responsible for covering the cost of any services delivered prior to the completion of the assessment.

c. Neither the Department on Aging nor the AAA will be responsible for funding an individual added by a provider that did not budget accurately for the addition of new clients.

SUA Responsibility

During monitoring activities, the SCDOA will verify that when Congregate Walk-in participants are served using funds authorized under the OAA or HCBS, the AAA has an approved Area Plan/Area Plan Update authorizing this flexibility.

The SCDOA will review the AAA's written policies and procedures governing Congregate Walk-in participation and will assess compliance with established requirements, including the timeliness of the referral and assessment process between the provider and the AAA. Monitoring will include verification that required assessments are completed within the established 30-day timeframe.

AAA Responsibility

Each AAA implementing the Congregate Walk-in flexibility shall formally document the plan within its approved Area Plan/Area Plan Update for review and approval by the SCDOA.

The AAA shall maintain written policies and procedures that clearly define the role of the provider and outline how the requirements of this section will be implemented and tracked. These policies must also describe the process for timely waiting list communications between the AAA and the provider to ensure ongoing compliance with the flexibility noted herein.

The AAA will make available to the SUA during monitoring, documentation regarding provider referrals for client assessments.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Client Assessment Policy

Client Eligibility and Priority Policy

Offer versus Serve Policy

HCBS Congregate Grab and Go

HCBS CONGREGATE GRAB AND GO MEALS	POLICY NUMBER
REFERENCE(S):	This policy replaces SCDOA PI for Classification Criteria for Carry-Out, Grab and Go, or Drive Thru Meals, June, 2022

Policy Statement

HCBS Congregate Grab-and-Go meals are meals that a participant receives in the congregate setting but are not consumed in the congregate setting. To be funded under congregate meals, the participant must have participated in a social connection activity tied to the meal, either in-person or virtually. Social connection can include informal (gathering with friends, playing a game) as well as more formal (organized groups, education, recreation, and health promotion activities).

If the recipient is solely picking up the meal and there is an absence of quality social connection opportunities, the meal is considered a home-delivered meal. Providing written educational materials or activity handouts to recipients and exchanging pleasantries while the individual picks-up the meal would not be considered a quality social connection activity.

In addition to quality social connections, the meal can only be provided under the following *conditions:

1. During disaster or emergency situations affecting the provision of nutrition services;
2. To older adults who have an occasional need for such a meal; and/or,
3. To older adults who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need.

*Criteria may include specific instances for when an individual is unable to consume meals at a congregate dining location due to personal health

reasons or other reasons that make dining in a congregate setting inappropriate.

Compliance with Packaging, Time & Temperature:

Grab-and-Go meals must be individually portioned and provided in leak-proof containers.

Hot foods must be kept at or above 135°F, and no more than 41°F for cold foods. Frozen meals must be kept frozen solid.

SUA Approval:

HCBS Congregate Grab-and-Go is a deviation from standard service delivery. This modification requires prior written waiver approval. The AAA shall submit the waiver request as part of the Area Plan or Area Plan Amendment.

Funding Information:

Only HCBS funds may be used for this service modification. Meals provided shall not exceed 25 percent of the funds expended by the Area Agency on Aging for the HCBS Congregate meals fund portion. The 25 percent should be calculated after all transfers.

SUA Responsibility

The SUA shall review each AAA Area Plan or Area Plan Amendment and corresponding waiver request for this service. The SUA shall submit a written acceptance or denial. If a waiver request is denied due to a lack of information, the SUA shall explain in writing that the AAA can resubmit it with additional information.

During annual monitoring, the SUA shall review a sample of client records for adherence to guidelines and the proposed plan.

AAA Responsibility

If an AAA chooses to provide HCBS Congregate Grab-and-Go, it shall include information about the proposed service modification in the Area Plan or Area Plan Amendment. The AAA cannot institute HCBS Congregate Grab-and-Go meals prior to written waiver approval. The standardized waiver request includes; how the program will complement the congregate program

by satisfying the social connection component; A.) during disaster or emergency situations affecting service provision, B.) to older adults who have an occasional need for such a meal; C.) and/or, to older adults who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need.

The AAA is responsible for tracking HCBS Congregate Grab-and-Go client and meal data for the purposes of validating units, ensuring compliance with the 25 percent cap, and for providing meal use projections upon the request of the SUA.

See also:

HCBS Congregate Grab-and-Go Waiver Form

SCDOA Senior Nutrition Program Service Eligibility and Funding Matrix

Senior Nutrition Program Food Safety Requirements Policy

Home Delivered Meals

Home Delivered Meals

HOME DELIVERED MEALS	POLICY NUMBER
REFERENCE(S): OAA SEC. 339 (H)(I), 45 CFR 1321.87(a)(2)	This policy replaces the Title III-C Nutrition Service Operations: Purpose and Home Delivered Nutrition Services Policy in the SCDOA 2021 Policies and Procedures Manual

Purpose: The Home Delivered Meals Program of the OAA aims to reduce hunger, food insecurity and malnutrition; 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 resulting from poor nutritional health or sedentary behavior.

Policy Statement: Home delivered meals are meals meeting the nutrition requirements by a qualified nutrition service provider to eligible individuals and consumed at the individual's residence or otherwise outside of a congregate setting. Based upon a person-centered approach and resource availability, meals may be provided via home delivery, pick-up, carry-out, drive-through, or similar meals. Home delivered meals shall meet Home Delivered Meal Availability Requirements.

Promotion of the Health and Well-being of Participants

As feasible, based on the person-centered Client Assessment process_ and local service availability, a home delivered meal program participant may be encouraged to attend congregate meal sites and other health and wellness activities.

Clients of the home-delivered meal program are to be provided with nutrition education and other available medical information, such as informational brochures and information about vaccines, life safety, emergency preparedness, evidence-based programs, etc.

The Home-Delivered Meal Program serves not only as a nutrition service but also as an important well-check and welfare program that provides regular social connection and an opportunity to identify changes in a service recipient's health, safety, living conditions, or overall well-being. The program should have an established process for responding to repeated unsuccessful meal deliveries or concerns identified during delivery. This process should include appropriate follow-up and escalation procedures to ensure concerns regarding a service recipient's well-being are addressed in a timely manner and referred to the appropriate individuals or emergency services when necessary.

Verification of Units Earned

To the maximum extent possible, verification of delivery shall be obtained. A variety of methods may be used to verify delivery of the meals to the client including electronic verification systems, client's signature, stamp, handwritten initials or mark, or retention of delivery logs by drivers/volunteers (paper or electronic). The process is to be approved by the AAA. Records must be maintained for a minimum of three years.

Meal delivery slips including number of complete meals ordered, received, served and/or discarded as well as documentation regarding food shortages or substitutions are to be maintained for a minimum of three years.

SUA Responsibility:

The SUA will review Area Plan/Area Plan Update submissions to confirm that home delivered meal service provision is included in regional plans and that any necessary information for program delivery is described as appropriate.

During annual programmatic monitoring, the SUA shall confirm that home delivered meals are being provided in the regional service areas.

During the monthly reimbursement approval process, the SUA will ensure that units reported as home delivered meals are reimbursed using the proper designated fund as outlined in the SCDOA Service Eligibility and Funding Matrix.

AAA Responsibility:

Each AAA shall include home delivered meals as a service in its Area Plan/Area Plan Update. Home delivered meals that are provided directly by the AAA require a **Direct Service Waiver that has been pre-approved by the SCDOA.**

If an AAA permits home delivered meals to be offered through pick-up, carry-out, or drive-through service, policies and procedures must be established to support this service model.

AAA will conduct fiscal and programmatic monitoring to ensure verification of units, that the meals meet the nutrient requirements, and that the correct funding source is used.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Nutrient Requirements for Meals Policy

Home-delivered Meal Availability Requirements Policy

SCDOA Senior Nutrition Program Eligibility and Funding Matrix

Nutrition Education Policy

Home Delivered Meals Availability Requirements

HOME DELIVERED MEAL AVAILABILITY REQUIREMENTS	POLICY NUMBER
REFERENCE(S): OAA SEC. 336(1), 45 CFR 1321.87(b)	This policy replaces the Title III-C Nutrition Service Operations: Home Delivered Nutrition Services Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement: AAAs shall provide access to at least five home delivered meals a week to participants in the home delivered meal program.

AAAs that plan to provide additional meals beyond five per week, must outline this service in their Area Plan/Area Plan Update. The additional meal service delivery model requires approval through the SUA's Area Plan/Area Plan Update approval process and there must be no Tier 1 individuals on the waiting list when initiating additional meals. Each AAA must establish policies and procedures to define the parameters for offering additional meals, ensuring consistency with a person-centered approach and in alignment with available resources. This practice is most consistent with the characteristics of Tier 1 clients who are at risk of food insecurity, unable to adequately prepare meals, and have no reliable assistance.

A lesser frequency of meals requires prior approval by the SUA. The AAA shall submit a waiver with the Area Plan/Area Plan Update and describe the parameters and justification for this service delivery model. This practice is most consistent with the characteristics of Tier 3 clients but may be extended to other Tiers when warranted by defined circumstances.

SUA Responsibility: During the SUA Area Plan/Area Plan Update approval process, and during monitoring activities, the SUA shall review regional home delivered meal availability information. The SUA will confirm that service delivery models where more than five, or less than five meals are provided, has a service plan outlined in an approved Area Plan/Area Plan Update. In addition, the SUA will review the corresponding AAA policies and procedures, and as applicable, confirm approved waivers in place.

AAA Responsibility: Each AAA shall submit a sample of home-delivered meal data during annual monitoring.

For AAAs that elect to provide additional meals beyond the five per week, the AAA is to include in its policies and procedures how this service is prioritized for clients based upon a person-centered approach and how the service model is to be adjusted based on available resources.

For less than five meals per week home delivered services, AAAs are to submit a waiver request with the Area Plan/Area Plan Update describing the service delivery model. AAAs must outline the parameters for this service delivery model in their policies and procedures.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Home Delivered Meals Policy

Senior Nutrition Program: Fiscal Related

SCDOA Senior Nutrition Program Service Eligibility and Funding Matrix

This policy replaces the Title III-C Nutrition Program Eligibility and Prioritization Matrix in the SCDOA 2021 Policies and Procedures Manual

SCDOA SENIOR NUTRITION PROGRAM SERVICE ELIGIBILITY & FUNDING MATRIX

Program/Service	Eligibility	Unit	Funding Source
Congregate Meal	- An individual aged 60 or older at the time of the service. - A spouse of any age of a 60+ program participant. - An individual with a disability who resides with a 60+ participant or who resides in a housing facility that is primarily occupied by older adults where congregate meals are served. - A volunteer who provides services during the meal period.	1 Meal	III-C1 (NSIP eligible)
	An individual aged 55-59.	1 Meal	Bingo
	A full-time caregiver who is aged < 60 (not the spouse)	1 Meal	HCBS: Congregate
Congregate “Grab and Go”	<i>Service may only be applied to PSA that has received approval from SUA</i> - The service must complement the congregate program; - during disaster or emergency situations affecting service provision, - to older adults who have an occasional need for such a meal;	1 Meal	HCBS: Congregate “Grab and Go” (NSIP eligible)
			Funding Cap
			25%

	and/or, to older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic and greatest social need.		
Home-delivered Meal	- An individual aged 60 or older at the time of the service. - A spouse of any age of a 60+ program participant. - An individual with a disability who resides with a 60+ participant. AND - Unable to attend the Senior Center due to illness or disability; or - Unable to leave home without assistance; or - Only able to leave the home for short periods of time due to financial or cognitive limitations; or - When the individual does leave their home, it is infrequent and only for short periods of time, or it is attributable to the need to receive medical treatment and other essential treatment; or - Geographical isolation and may be at risk for institutionalization. Note: As feasible, based on the person-centered Client Assessment process and local service availability, a home-delivered meals program participant may be encouraged to attend congregate meal sites.	1 Meal	III-C2 (NSIP eligible)

	Above criteria, but aged 55-59.	1 Meal	Bingo <60
	A full-time caregiver who is aged < 60 (not the spouse)	1 Meal	HCBS: Home-delivered

SCDOA Nutrition Program Voluntary Contributions

SENIOR NUTRITION PROGRAM VOLUNTARY CONTRIBUTIONS	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.3 and 1321.9(c)(2)(x) OAA SEC 315 (B)	This policy replaces the Title III-C Nutrition Service Operations - Funding Sources Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement

Congregate and home-delivered meal participants must be given the opportunity to voluntarily contribute toward the cost of the service. Contributions may be monetary, or clients may elect to contribute their time through volunteer service. Requesting payment for OAA and HCBS funded meals is considered cost-sharing and this is prohibited.

Each congregate site facility will provide written information related to voluntary contributions at the point of service and home-delivered participants will receive written information, at a minimum, upon registration for the service.

Voluntary Contribution Postings and Letters

- Posting for voluntary contributions is to be posted in the congregate dining area. If a donation receptacle is provided, the posting should be near it.
- Written information should clearly inform clients that there is no obligation to contribute, that the contribution is voluntary, and that an individual who is unable to contribute will not be denied services.
- Ensure materials do not use the terms “fee” or “bill,” and that written communications do not resemble an invoice or a request for payment.
- Contributions should be encouraged based on the actual cost of the service and may suggest clients set their own contribution level as they are able.

Accessibility of Information

- Information must be presented in a sans-serif font with a minimum font size of 14 point to ensure readability and accessibility. Providers must also be able to accommodate alternate formats and languages, as needed, to ensure effective communication and accessibility for individuals with disabilities and those with limited English proficiency.

Ensure Privacy and Confidentiality

The privacy and confidentiality of each recipient must be protected with respect to their decision to contribute or not contribute. Contributions do not have to be anonymous; however, appropriate safeguards must be in place. Rosters and tracking logs may be used to document contributions, but recordkeeping procedures must ensure the privacy of individuals, regardless of whether they choose to contribute. If a deposit box is utilized, the process for submitting contributions must be secure and designed to protect client confidentiality.

SUA Responsibility

During annual programmatic monitoring, the SUA will review the AAA's provider monitoring documentation and related processes to ensure appropriate evaluation and oversight of voluntary contribution processes within both Congregate and Home-Delivered meal services.

AAA Responsibility

The AAA shall conduct provider-level on-site monitoring visits to ensure continued compliance with the standards set forth in this policy, utilizing the SCDOA Site Monitoring Tool to document monitoring activities and findings.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Voluntary Contributions Policy

Use of Program Income Policy

Congregate Site Operations and Adequate Facilities Policy

[Voluntary Contributions Guide - Nutrition and Aging Resource Center](#)

Nutrition Service Incentives Program (NSIP) (Final Rule)

NUTRITION SERVICE INCENTIVES PROGRAM (NSIP)	POLICY NUMBER
REFERENCE(S): OAA SEC 331, 45 CFR 1321.87 (d), 45 CFR 1321.3	

Definitions of terms:

Policy Statement

The Nutrition Services Incentive Program (NSIP) provides grants to states to support the OAA congregate and home-delivered nutrition programs by providing an incentive to serve more meals. In South Carolina, the Department on Aging has elected to receive NSIP grants as cash reimbursements rather than commodities. Consequently, AAAs must ensure that these funds are applied to the purchase of domestically produced foods used in meals served through the nutrition program.

NSIP is allocated to AAAs based on the number of NSIP-eligible meals served in the previous year in proportion to the total number of NSIP-eligible meals served by the AAAs as reported through the State Performance Report (SPR).

NSIP eligible meals must meet all of the following criteria:

- 1.)The meal is served to an individual who is eligible to receive services under the Act; Refer to SCDOA Service Eligibility and Funding Matrix
- 2.)The meal is served to an individual who has not been means-tested to receive the meal;
- 3.)The meal is served to an individual who has been provided the opportunity to provide a voluntary contribution to the cost of service;
- 4.)The meal meets the other requirements of the Act, including that the meal meets the Dietary Guidelines for Americans and Dietary Reference Intakes;
Refer to Nutrient Requirements for Meals
- 5.)The meal is served by an agency that has a grant or contract with a State agency or area agency.

Meals that CANNOT be included in counts used to determine NSIP funding are:

- 1.) Medicaid waiver home-delivered meals.
- 2.) Medicaid adult day care meals.
- 3.) Medicaid adult day health meals.
- 4.) Adult day care or health meals for which Child and Adult Care Food Program (CACFP) funds have been claimed.
- 5.) Respite-funded adult day care or health meals.
- 6.) Meals funded by Title III-E or HCBS served to caregivers under age 60.
- 7.) Meals served to individuals under 60 who pay the full cost of the meal.

NSIP Fund Use:

- NSIP funds may only be used to purchase domestically produced foods used in a meal. Domestically produced foods are agricultural foods, beverages and other food ingredients which are a product of the United States, its Territories or possessions, the Commonwealth of Puerto Rico, or the Trust Territories of the Pacific Islands, except as may otherwise be required by law, and shall be considered to be such a product if is grown, processed, and otherwise prepared for sale or distribution exclusively in the United States except with respect to minor ingredients. Ingredients from nondomestic sources will be allowed to be utilized as a United States product if such ingredients are not otherwise; (1) Produced in the United States; and (2) Commercially available in the United States at fair and reasonable prices from domestic sources.
- NSIP may only be applied to hot daily prepared, refrigerated, or frozen meals. NSIP will not be applied to shelf-stable meals due to the challenges in sourcing domestically produced foods for non-perishables.

Provider Contracts and NSIP:

AAA contractual arrangements for meals with food service management companies, caterers, restaurants or institutions, that provide hot daily prepared, refrigerated, or frozen meals, must contain domestically produced foods at least equal in value to \$1 per meal.

SUA Procedure

- During annual monitoring, the SUA will review a sample of AAA catering contracts to verify the required provision for the minimum dollar value from domestically produced foods.

- The SUA will review the AAA's provider monitoring procedures and related documentation to assess compliance with the domestically produced food component requirement.

AAA Procedure

- AAA will follow the South Carolina Department on Aging's **Minimum Meal Bid Specifications** when issuing RFPs, ensuring that solicitations explicitly require compliance with domestically produced food procurement standards.
- AAA will ensure that contractual arrangements with meal service providers include provisions for the minimum dollar value from the domestically produced portion of the meal.
- AAA policies and procedures to include the process utilized to monitor provider compliance to the domestically produced food component requirement.

See also:

[NSIP Domestically Produced Foods FAQ](#)

Program and Meal Planning

Registered Dietitian Nutritionist Role

REGISTERED DIETITIAN NUTRITIONIST (RDN) ROLE	POLICY NUMBER
REFERENCE(S): OAA SEC. 339 (1)(2)	This policy replaces the Title III-C Nutrition Service Operations: Requirements for Registered Dietitians in the SCDOA 2021 Policies and Procedures Manual

Policy Statement

The AAA may directly employ Registered Dietitian Nutritionist(s) or contract for consultation services. Nutrition service providers may also directly employ or contract for dietitian services as applicable.

RDN's have met the following criteria to earn the registration credential:

1. who has completed specialized academic training in dietetics, including a graduate degree from a US Department of Education-recognized accredited institution.
2. completion of one the Accreditation Council for Education in Nutrition and Dietetics (ACEND)-accredited programs for coursework.
3. has completed one of the ACEND-accredited programs for supervised practice.
4. Registered dietitian with the Commission on Dietetic Registration (CDR).

Duties of the Registered Dietitian Nutritionist include, but are not limited to,

1. **Menu Planning-** The development (or oversight of the development of) menus for the senior nutrition program. The RDN shall ensure that the menus conform with the DGA's and DRI's by using nutrient

analysis software or the meal pattern method per the SCDOA Minimum Meal Specifications.

2. **Development of standardized recipes and nutritional analysis-** The RDN shall develop, select, and/or approve standardized recipes as needed/appropriate and provide/obtain full nutritional analysis for all proposed menus.
3. **Nutrition Education-** An RDN may be utilized for nutrition education services as described in the Nutrition Education policy. This includes the development and/or dissemination of nutrition education materials to congregate and home-delivered meal program participants.
4. **Nutrition Counseling-** The RDN shall provide, oversee and/or develop resources for the provision of individualized nutrition counseling, either in-person or through telehealth services, for individuals who are at nutrition risk because of health or nutrition history, dietary intake, chronic illnesses, medication use, concerns of malnutrition, or counseling given to caregivers. Please refer to Nutrition Counseling Policy for additional information.
5. **Program Monitoring, Planning, and Evaluation-** An RDN may oversee or assist with provider monitoring and evaluation; the analysis of programmatic data; may add requirements to the minimum bid specifications to meet regional needs but may not reduce any existing requirements (The Department on Aging shall be notified by the AAA of any changes to the minimum meal bid specifications prior to procurement agreements being signed between the AAA and its provider and/or meal caterer); assist with evaluating bid proposal, and oversee or assist in developing the Area Plan with regard to meal service and nutrition program initiatives.

SUA Responsibility

During the annual monitoring activities, the SCDOA will review AAA contracts for RDN services to ensure the contractual arrangement matches the scopes of work noted above.

SCDOA will confirm RDNs involved in the activities of the senior nutrition program have active credentials and are licensed as appropriate.

AAA Responsibility

AAA shall retain the RDN's credentials during the procurement of services process as well as track certification status during annual monitoring activities.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Nutrition Education Policy

Nutrition Counseling Policy

[Commission on Dietetic Registration Online Credential Verification System](#)

[Dietitian Licensee Lookup - South Carolina](#)

[Dietitian Licensee Lookup - All States](#)

Nutrient Requirements for Meals

NUTRIENT REQUIREMENTS FOR MEALS	POLICY NUMBER
REFERENCE(S): OAA SEC. 339(2)(A)(G) (L), <u>46 CFR 1321.87</u>	This policy replaces the Title III-C Nutrition Service Operations: Requirements of Menus and Meals Served Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement:

Each Title III-C meal provided by an AAA or nutrition services contractor shall comply with the Dietary Guidelines for Americans (DGA) 2025-2030 published by the Secretary of Health and Human Services and the Secretary of Agriculture; and provide each participant:

1. A minimum of 33 1/3 percent of the Dietary Reference Intakes (DRI), as established by the Food and Nutrition Board of the Institute of Medicine and the National Academy of Sciences, if the participant is offered one meal per day:
2. A minimum of 66 2/3 percent of the allowances if the participant is offered two meals per day; and
3. 100 percent of the allowances if the participant is offered three meals per day.

The DGAs emphasize whole, nutrient-dense foods- protein, dairy, vegetables, fruits, healthy fats, and whole grains and the avoidances of highly processed packaged, prepared, ready-to-eat foods, etc.

Where feasible, the program shall encourage the procurement and use of locally grown foods in meal programs. The program shall also identify and pursue potential partnerships, purchasing agreements, or contracts with local producers, farmers, and other providers of locally grown foods to support the inclusion of local products in meals served to program participants.

Target Nutrient Requirements

The target nutrient requirements are based on the characteristics of the predominate population of the South Carolina Nutrition Program and the dietary components of public health concern from the most recent DGA's.

Calories (Kcal): The 2025–2030 Dietary Guidelines for Americans (DGA) and Dietary Reference Intakes (DRI) Estimated Energy Requirements (EER) used for menu planning are based on the average age of participants served (age 70+). For this age group, the EER ranges from 1,737–2,035 kcal/day for females (inactive to active) and 2,181–2,586 kcal/day for males (inactive to active). Using the upper values from each category results in a planning range of approximately 2,035–2,586 kcal per day, or about 678–862 kcal per meal.

Protein (Pro): Adequate protein intake is especially important for older adults to help prevent the natural loss of lean muscle mass that occurs with aging. The 2025–2030 Dietary Guidelines for Americans emphasize higher protein needs, estimated at 1.2–1.6 g/kg of body weight. Utilizing the threshold of 1.2 g/kg and median body weight data (EER) for adults age 70+ female and male categories, the planning range for protein is approximately 84–100 grams per day, or about 28–33 grams of protein per meal.

Micronutrients: DRI nutrient targets for menu planning are to meet the average age category of the participants served; 70+ years old. The male category is applied when referencing DRIs because it reflects the highest recommended intake levels. This approach ensures nutritional adequacy across all adult age groups, including females, by using a standardized and protective benchmark. Noted of concern for the older adult population are Vitamin B12, Vitamin D, and Calcium. Vitamin D is unique in it is harder to achieve through natural sources and through diet alone, and it would require consuming foods and beverages fortified with vitamin D. Therefore, vitamin D is not listed as a target nutrient requirement for analysis.

Compliance with Nutrient Standards

Nutrition service providers must demonstrate compliance with DGA's and DRI's by using nutrient analysis software or the meal pattern approach. All standardized recipes and menus must be certified by a Registered Dietitian Nutritionist (RDN) to ensure compliance.

The SCDOA Minimum Meal Specifications is the official document for planning meals to meet nutrient requirements. The completion of the

corresponding checklist and Registered Dietitian's final signature verifies that the menu is compliant with the nutrient requirements.

When meal specifications are updated, they become effective for the meal provider at the next annual agreement renewal. If increased requirements have a cost impact on the provider that exceeds any increase allowed in the regional agreement, the AAA shall negotiate a fair price with the provider to ensure quality service is maintained for the participants.

The AAAs are responsible for the collection and review of menus, RDN credentials, and related records to ensure compliance with the guidelines. The records shall be maintained for a minimum of three years.

Domestically Produced

Meals are to include domestic foods to the maximum extent practicable. Domestically produced foods are agricultural foods, beverages and other food ingredients which are a product of the United States, its Territories or possessions, the Commonwealth of Puerto Rico, or the Trust Territories of the Pacific Islands, except as may otherwise be required by law, and shall be considered to be such a product if is grown, processed, and otherwise prepared for sale or distribution exclusively in the United States except with respect to minor ingredients. Ingredients from nondomestic sources will be allowed to be utilized as a United States product if such ingredients are not otherwise; (1) Produced in the United States; and (2) Commercially available in the United States at fair and reasonable prices from domestic sources.

Standardized Recipes

Standardized, tested quantity recipes, adjusted to yield the number of servings needed, shall be used to achieve the consistent and desirable nutrient quality and quantity of meals.

Condiments

Items provided at the congregate site such as sugar/sugar substitutes, salt, pepper, etc. are not included as part of the weekly nutrient analysis.

Choice Menus

Choice menus are encouraged to allow for personal preference and to increase consumer satisfaction.

Choice menus will comply with menu planning requirements:

- If more than one menu item is offered, the food item with a lower nutrient value may be counted towards the weekly nutrient average in computer analysis.
- If utilizing the meal pattern approach for menu planning, then both menus must meet the guidelines.

Menu for Participants

Specific terms or descriptions shall be used on the menu so the participant can make an informed choice on what they will eat (e.g. "apple slices," or "fresh pear" instead of "fruit," or "baked lemon chicken" instead of "chicken"). Written menus should be made available to congregate and home-delivered meal participants. Congregate menus are to be posted in the congregate dining area.

Menu Substitutions

Any menu substitutions made to an approved menu must be comparable in nutrient content and serving size to the original menu. All menu substitutions must be documented prior to serving and approved by a dietitian or selected from a pre-approved list of food substitutes made by the dietitian, such as this example [food substitution list](#) from the Nutrition and Aging Resource Center. Menu substitutions should be documented as such with the replacement food, portions, and date served. The menu copy shall be retained on file per policy for monitoring purposes.

Menu Changes

Changes to the menu, during the cycle period, may be made by the caterer or provider of food services with the prior approval of the AAA. The changes must be of similar nutritional value and approved by a registered dietitian. The AAA shall have written protocols in place stating the process for submitting and approving menu changes.

SUA Responsibility:

The SUA will request and review a sample of the menu documentation from each AAA during annual monitoring. Upon request, the SUA will review AAA policies and procedures for the AAA process for receiving and reviewing menus and related documents from their local service providers.

AAA Responsibility:

The AAA shall ensure that all nutrition procurement agreements for meals include the SCDOA Minimum Meal Specifications. The AAA will collect and review that an RDN has certified all menus to meet the nutrient requirements. The AAA shall retain the RDN's credentials, certified menus, and checklist that are requested as part of the annual monitoring. The AAA will outline in their policies and procedures the schedule for when menus and associated records are to be submitted by their local service providers.

See also:

Specialty Dietary Needs Policy

Offer versus Serve

SCDOA Minimum Meal Specifications

SCDOA Restaurant Partnership Guide

SCDOA Restaurant Partnership Proposal

SCDOA Salad Bar Program Guide

NSIP Policy

Qualitative and Quantitative Monitoring – Title III-C Policy

Special Dietary Needs

SPECIAL DIETARY NEEDS AND CULTURAL PREFERENCES	POLICY NUMBER
REFERENCE(S): OAA SEC. 339 (A)(B)	This policy replaces the Title III-C Nutrition Service Special Dietary Needs and Therapeutic (Modified) Meals Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement

To the maximum extent practicable, meals may be adjusted for the special dietary needs, restrictions, and cultural preferences of program participants.

In such cases, deviations are allowed when the meal adaptation is required to address medical conditions, swallowing or chewing limitations, physician or dietitian recommend dietary restrictions, or food allergies/intolerance. The meal shall be planned to provide the maximum feasible nutritional value within the required dietary limitations, and the deviation from standard nutrient requirements must be reviewed and approved by a Registered Dietitian Nutritionist (RDN).

For specialty menus that deviate from the Dietary Guidelines for Americans (DGA) 2025-2030 and the 1/3 Dietary Reference Intakes (DRI), the SCDOA Menu Exception Form is to be submitted with the provider/contractor RDN signed menu and corresponding menu checklist. The form serves as justification and documentation for the deviation.

Individual Considerations and Preferences

Meal plans may be developed with consideration for religious, ethnic, cultural, and regional dietary practices or preferences of the clients, if reasonable and feasible. Examples include kosher, halal, vegan, vegetarian, etc.

Providing culturally appropriate meals is an important aspect of culturally competent care for older adults. By understanding and accommodating the cultural needs of clients, agencies can ensure that they are providing meals that are not only nutritious, but also enjoyable and meaningful.

The OAA allows flexibility with contractual arrangements and menu compliance methods (computer-assisted nutrient analysis versus component meal pattern) to aid with providing culturally competent meals. Examples of alternative contractual partnerships that may assist in providing culturally relevant and preferred meals include restaurants, grocery stores that serve ready-to-eat meals, and food trucks.

Nutrient-modification

This type of diet deviates from the regular diet by limiting or eliminating one or more of the menu items or by limiting the types of food allowed.

Examples of nutrient modified diets include, “Diabetic Friendly”, “Consistent Carbohydrate”, “Heart Healthy”, and “Renal Standard”. The provider must demonstrate what dietary standards are being adhered to for the specialty diet. The SC Academy of Nutrition and Dietetics Manual for Long Term Care Facilities may be used as a resource for standards.

Texture-modification

Texture-modified meals may be acceptable for participants who have chewing and/or swallowing problems. General texture-modified meals include pureed and easy to chew.

For clients who require diet textures and thickened liquids consistent with the International Dysphagia Diet Standardization Initiative (IDDSI), a Physician order is required. This diet type requires sufficient provider training and oversight to ensure the meal meets the standards for minimizing safety risks.

Food Allergies/Intolerances

Nutrition programs are strongly encouraged to explore the feasibility and cost-effectiveness of providing special meals for participants with food allergies. Reasonable accommodations should not be overly expensive or burdensome to the nutrition program (see ADA Title II: State and Local Government Activities). The presence of food allergies may require procedures to avoid cross contact with the allergenic food with other foods.

Modifications that are reasonable can include product substitution, menu choice, and other strategies. The nutrition program may consider developing a plan based on their resources and available products and include the participant in determining the preferred alternative for the best outcome. If the severity of the food allergy requires a meal with significant alterations to the types of food required in the regular meal pattern, a statement from a physician to document the allergy is recommended.

Medically Tailored Meals

Medically Tailored Meals are customized for individuals with severe, complex or chronic conditions based on therapeutic, evidenced-based dietary specifications. Recipients are individuals with high frequency of healthcare utilization and elevated risk of hospitalization or skilled nursing facility admission due to multiple co-morbid conditions. The meal plan is prescribed based on an assessment of the individual's nutritional needs by a Registered Dietitian Nutritionist. Medically Tailored Meals are paired with a nutrition assessment and other nutrition services such as medical nutrition therapy, nutrition counselling, and nutrition education with a Registered Dietitian Nutritionist or qualified practitioner based on need. Recipients should receive a minimum of 10 meals per week for this program to provide impact. Clients are identified and referred in partnership with healthcare.

This program requires a written order from the medical professional with the diet type, and projected length of need which shall be updated annually and kept on file.

Privacy and security policies and protocols are to be in place to effectively protect and secure personally identifiable and personal health information.

SUA Responsibility

The SCDOA shall review Area Plan documentation for plans to accommodate specialty diets and modified meals. The SCDOA will review applicable policy, contracts, menu approval forms, and meal provision during annual monitoring.

AAA Responsibility

As practically feasible, the AAA may include plans for accommodating specialty diets and modified meals in Area Plans. As appropriate, the AAA

contracts with providers for the procurement of such meals. AAA to submit the completed RDN signed SCDOA Menu Exception Form, signed menu, and corresponding menu checklist to the SCDOA Registered Dietitian Nutritionist prior to implementation .

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Nutrient Requirements for Meals Policy

SCDOA Minimum Meal Specifications

SCDOA Menu Exception Form

Meal Type

MEAL TYPE	POLICY NUMBER
REFERENCE(S): OAA SEC 336(1)	This policy replaces the Title III-C Nutrition Service Operations: Nutrition Service Data Input in the SCDOA 2021 Policies and Procedures Manual

Policy Statement

The OAA allows various meal types to be served to eligible participants, i.e. frozen, hot, cold, shelf-stable, etc.

Individuals should be assessed to determine the most appropriate meal type(s), considering the individual's ability to prepare a meal and whether the meal requires preparation or is ready to eat.

The AAA will be responsible for assessing the ability of the home delivered meal recipient to store and prepare meals. i.e. adequate amount of refrigerator or freezer space to store multiple meals if needed, etc. and functioning equipment within the home: refrigerator, freezer, microwave or stove, etc.

When multiple meals are provided at one time (e.g., frozen, refrigerated, or shelf-stable), the AAA shall ensure a process is in place to address client contact needs based on information obtained through the Client Assessment process. Telephone reassurance may be used to meet this requirement. If telephone reassurance is utilized, a process for documenting calls is to be implemented.

SUA Responsibility

During monitoring, the SCDOA shall review AAA policies and procedures related to the process for determining and connecting clients to the appropriate meal type and how client contact needs are addressed.

AAA Responsibility

The AAA shall maintain documented policies and procedures outlining the process for connecting assessed individuals to the appropriate meal type and client contact procedures.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Client Assessment Policy

Home Delivered Meals Policy

Offer Versus Serve

OFFER VERSUS SERVE	POLICY NUMBER
REFERENCE(S): OAA SEC 339 (A) (B)	

Policy Statement

Offer versus Serve is a concept that applies to menu planning and meal service. All meal components must be offered to every eligible older individual receiving a meal; however, individuals can decline any component they choose. Giving individuals the option to select what items they want to eat can help reduce food waste and is an important component of promoting choice.

Meal providers are to have procedures in place to make certain all eligible participants receive the appropriate serving (serving sizes are not to be reduced when attendance exceeds expectations) to maintain the nutritional adequacy of meals served.

(a) **When serving cafeteria-style:** Participants shall be offered each component of the meal. Participants may refuse any component of the meal; however, additional servings of a different component shall not be offered. For example, a vegetable may be replaced with another vegetable but could not be replaced with a protein or dairy serving.

(b) **When serving restaurant-style:** Participants shall be offered the complete meal. Participants may request certain items be left off their meal.

(c) **When serving family-style:** Participants shall have access to the complete meal. Serving utensils that encourage portion control shall be used. Participants do not have to select each component of the meal.

(d) **When offering a self-serve salad bar as a side option:** Nutrition providers shall use a meal pattern to demonstrate compliance with the meal. Participants shall be provided with a smaller dish. Serving utensils that encourage portion control shall be used. Self-serve salad bars offered as a side option shall include enough offerings for the participant to choose at

least two servings of fruit and/or vegetables. Additional options should be considered in combination with the entrée. For example, if only one serving of grain was offered with the entrée, then a grain option may be included on the salad bar.

(e) **When offering a self-serve salad bar as a meal option:** Nutrition providers shall use a meal pattern to demonstrate compliance with the meal. Participants shall be provided with a full-size dish. Serving utensils that encourage portion control shall be used. Self-serve salad bars offered as a meal option shall include enough offerings for the participant to choose a meal that meets the requirements of the meal pattern (one serving of dairy, two to three ounces of protein, two to three servings of fruits and vegetables, and one to two servings of grains). Participants shall be provided with examples of options that meet the nutritional requirements. This can be posted on the buffet or provided as a handout to the participants.

(f) **When offering a self-serve buffet as a meal:** Nutrition providers shall use a meal pattern to demonstrate compliance with the meal. Dishes and serving utensils that encourage portion control shall be used. Self-serve buffets shall include enough offerings for the participant to choose a meal that meets the requirements of the meal pattern (one serving of dairy, two to three ounces of protein, two to three servings of fruits and vegetables, and one to two servings of grains). Participants shall be provided with examples of options that meet the nutritional requirements. This can be posted on the buffet or provided as a handout to the participants.

SUA Responsibility

A sample of menu planning documentation shall be reviewed during SUA's annual monitoring. This review should be based on the menu offered, regardless of whether the participants accepted all components of the meal.

AAA Responsibility

AAA to ensure menu documents include serving sizes for meals that are portioned out by staff for the meal period. For non-traditional meal service arrangements that use self-serve models, the AAA shall have policies and procedures promoting choice and portion control.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Nutrient Requirements for Meals Policy

Leftover Food Policy

Senior Nutrition Program Operations

Congregate Site Operations and Adequate Facilities

CONGREGATE SITE OPERATIONS AND ADEQUATE FACILITIES	POLICY NUMBER
REFERENCE(S): OAA, SEC 102, (36) OAA, SEC 331, (2) OAA, SEC 339, (D)(E) 45 CFR 92.10	This policy replaces Title III-C Nutrition Service Operations: Group Dining in the SCDOA 2021 Policies and Procedures Manual

Purpose

The purpose of this policy is to establish standards for the operation of OAA nutrition program sites to ensure safe, accessible, and supportive environments for older adults.

Policy Statement

Congregate meal services shall be funded in congregate settings that have been approved by the Area Agency on Aging in accordance with this section. Locations are to be highly visible, accessible, and provide a comfortable and attractive dining experience.

Locations for congregate meal services include senior centers, a school or other facility serving meals to children to promote intergenerational meal programs, multigenerational meal sites, faith-based organizations, restaurants, or other appropriate community facility.

Multipurpose Senior Center

A multipurpose senior center refers to a community facility for the organization and provision of a broad spectrum of services which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

National Institute of Senior Centers (NISC) Membership

Senior centers are encouraged to obtain and maintain membership with the National Institute of Senior Centers (NISC). NISC membership is available at no cost and provides access to best practices, professional development opportunities, advocacy efforts, research, and nationally recognized standards for senior centers. Membership is intended to support continuous quality improvement, consistency in service delivery, and alignment with nationally established senior center standards.

Congregate Site Selection

- 1) A site shall be in an area of high concentration of older adults in greatest social or economic need with particular attention to low-income minority individuals.
 - a) Providers must actively conduct community outreach and provide clear, visible information to effectively connect older adults to the programs and services available on-site.
 - b) The proposed site must demonstrate interest from a minimum of 25 individuals for congregate services, supported by verifying documentation
- 2) The following factors should be given consideration in choosing a site:
 - a) Demographic information and projections.
 - i) Review and understand the evolving needs and tailor programs to cater to a diverse aging population.
 - ii) Develop programs for considerations for religious, ethnic, cultural, and regional practices and preferences of the clients, as reasonable and feasible.
 - b) Have minimal negative impact on participation at existing full or part-time sites.
 - c) Must have adequate resources to maintain the additional site through project underspending, additional resources, or the replacement, consolidation, or closing of an existing site. The cost per unit of operating the site will be another factor in approving the site.

- d) As applicable, the encouragement of joint arrangements with schools and other facilities for the promotion of intergenerational meal programs.

Operating Information

Congregate sites (non-PIP funded) shall follow the operational guidelines established by the AAA, unless an alternate schedule has been formally approved by the AAA.

If membership dues are required by the provider, no adult aged 60 and over may be denied a service provided by the federal Older Americans Act funds or state funds because of nonpayment of dues and provision shall be made for those unable to pay dues.

Congregate sites may invite vendors to facilities to provide education on specific topics such as insurance, health care, etc.; however, vendors shall not sell any products and/or enroll adults age 60 and over or adults with disabilities in any programs and/or services, as such actions may be interpreted as an endorsement of such products, programs, and/or services by the provider. The vendor shall not collect contact information from any of the participants on the site premises.

Site Safety and Program Accessibility

- 1) Be clearly identifiable to the public with a sign.
- 2) Convenience to public or private transportation or location within walking distance for participants.
- 3) Take necessary actions to create for barrier-free access and movement within the facility in conformance with the requirements of 29.U.S.C. 794, Section 504 of the Rehabilitation Act of 1973.
 - a) Providers are required to make reasonable accommodation to ensure that individuals with disabilities can participate in and benefit from their programs and activities.
 - b) Providers should include information about how individuals may request reasonable accommodation.
- 4) Clear of structural barriers or difficulty terrain.

a) Resource: ADA Checklist for Existing Facilities: [Checklist Download Page - ADA Checklists for Existing Facilities](#)

- 5) No person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of programs or services or in the employment practices on the grounds of handicap or accessibility, age, race, color, religion, sex, national origin, or any other classification protected by federal or state constitutional, or statutory law.
- 6) Make arrangements for obtaining or use of appropriate food containers and utensils for individuals with disabilities, i.e. adaptive utensils.
- 7) Adopt procedures and maintain documentation for a minimum of three years for fire and life safety to meet federal, state and local requirements, including:
 - a) Safety drills (at least quarterly); fire, evacuation, natural disaster, shelter-in-place, testing of evacuation processes for those requiring physical or specialized assistance.
 - b) Fire inspection, maintenance of fire extinguishers, training by fire department personnel.
 - c) Maintain and repair of site
 - d) Recommended that staff/volunteers are trained and/or certified in First Aid, CPR, and AED usage as applicable.
 - e) Other local regulations as pertinent for building, structure, heating, ventilation, water supply, sewage, and waste.
 - f) Pest control

Facility Staffing

Each site, whether for congregate services, home delivered services, or both, should have adequate and qualified staff to implement the nutrition program in compliance with federal, state and local regulations. Staff should be qualified by education or experience in foodservice operations, basic nutrition principles, and life safety. The nutrition program must have job descriptions for all positions that specify title, responsibilities, and qualifications.

1. Site Supervisor/Manager: Each congregate site and home-delivered meal distribution point must have a staff site supervisor who is directly responsible for the daily management of all site operations, staff, and volunteers.
2. Volunteers: Each nutrition program must have procedures for recruiting, training, and supervising volunteers. Responsibilities for volunteers may include aspects of the congregate, home-delivered program, or both. All volunteer hours must be documented and records maintained. Volunteers who provide duties during the meal hours are eligible for congregate meal services, regardless of age.

Incident Reports

Incident reports with documentation of follow-up are to be kept on file for any fall, injury, choking, illness, or other unusual event occurs in or on the grounds of the congregate dining center, or during any site provided transport.

Notice of Nondiscrimination and Grievances

A notice of nondiscrimination is to be provided to all participants. The process and procedure for addressing grievances for older adults who are dissatisfied with or denied services is to be established by the AAA. Providers are to post the procedures at the congregate site in a conspicuous location as well as make this information available to home delivered meal participants.

Background check

To increase safety, it is recommended that congregate sites conduct background checks on all paid and volunteer staff. However, it is required that all congregate sites must verify individual background information for newly hired employees and volunteers who provide direct care for, have direct contact with, or have direct responsibility for the safety and care of older persons and adults with disabilities in their homes.

Activities

Congregate sites must develop a monthly calendar of activities to include a variety of opportunities for social connection, nutrition education, health

education, health screening, vaccination access, life safety, emergency preparedness, and/or exercise, etc. Congregate sites located within multi-purpose facilities should make efforts to integrate programming where feasible. Site staff or volunteers shall lead activities that actively engage participants. Participants should be given the opportunity to share feedback on the programs offered and the activities they would like to see.

Required postings

Each congregate site shall display all required postings in a location that is clearly visible and accessible to participants and the public. All postings must be presented in a sans-serif font with a minimum font size of 14 point to ensure readability and accessibility.

- Notice of Nondiscrimination & Participant Grievance Procedures
- Title VI Civil Rights Notice
- First Aid
- Evacuation plan
- Voluntary contributions
- Congregate Menu
- Activity Calendar (or printed and displayed in a conspicuous location)
- SC Department of Agriculture Food Safety Rating (food preparation sites)
- Other: AAA required postings

Congregate sites must also be able to accommodate alternate formats and languages, as needed, to ensure effective communication and accessibility for individuals with disabilities and those with limited English proficiency. Compliance with these requirements is mandatory for all congregate sites.

SUA Responsibility

During the Area Plan/Area Plan Update approval process, and during monitoring activities, the SCDOA shall review regional congregate site locations and operational and site staffing information.

The SCDOA will track and update congregate locations and operating information within the QuickBase Aging Network Sites database. This

information will be based upon the timely communications from the AAA and the submission of the SCDOA Change in Meal Site Operations Report.

The SCDOA shall review AAA documentation related to new congregate site approval, including evidence of an on-site inspection, prior to the site becoming operational for the provision of nutrition services.

During annual monitoring activities, the SCDOA will review the AAA's documentation within the SCDOA Site Monitoring Tool related to congregate site safety, accessibility, posting requirements, and comprehensiveness of activities provided.

AAA Responsibility

Each AAA shall provide information about congregate site selection, locations, and operational information in the Area Plan/Area Plan Update.

The AAA shall grant written approval for all new congregate sites. A site shall not become operational until written approval has been issued. The AAA shall conduct an on-site visit as part of the review and approval for establishing a new congregate site.

The AAA shall conduct provider-level on-site monitoring visits on an ongoing basis to ensure continued compliance with the standards set forth in this policy, utilizing the SCDOA Site Monitoring Tool to document monitoring activities and findings.

The AAA shall make available to the SCDOA all applicable policies, procedures, and/or contractual obligations pertaining to the operational hours of congregate site locations.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Congregate Meals Policy

Congregate Meal Availability Requirements Policy

Scheduled and Unscheduled Closing of Aging Service Operations Policy

Quantitative and Qualitative Monitoring - Title III-C

[Join NISC](#)

Scheduled and Unscheduled Closing of Aging Services Operations

SCHEDULED AND UNSCHEDULED CLOSING OF AGING SERVICES OPERATIONS	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.97 (b)	This policy replaces the Scheduled and Unscheduled Closing of Aging Services Operations Policy in the SCDOA 2021 Policies and Procedures Manual

Purpose

The purpose of this policy is to ensure that scheduled and unscheduled closures of operations are anticipated, planned for, and managed in a manner that maintains continuity of operations and essential services. Proactive planning for closures is necessary to minimize service disruptions and to protect the health, safety, and well-being of individuals served.

Policy Statement

AAAs shall incorporate provider closing policies into all agreements with service providers. These policies apply to all locations, operations, and services delivered to vulnerable older adults within the aging network. Closing policies shall address scheduled holidays, anticipated closings, unscheduled closings, emergency closings, and permanent site closures.

Scheduled Holidays and Anticipated Closings

Holidays

- Providers shall submit an annual holiday schedule to the AAA for review and approval.
- Providers shall adhere to the approved holiday schedule and procedures for providing meals during holiday closures. This information shall be incorporated into the agreement between the AAA and the provider.

Anticipated Closings

- Providers shall submit requests for anticipated closings to the AAA for approval no less than three (3) business days prior to the planned closing.
- Upon notification of an anticipated closing, the AAA shall notify the Department on Aging.

Reporting Process

- AAA is to submit the SCDOA Change in Meal Site Operations Report to document the anticipated closure. The report is to include how services will continue to ensure uninterrupted access to needed meals and other critical aging services.

Emergency and Unscheduled Closings

- In the event of hazardous weather, emergencies, or other unscheduled closings, AAAs and providers shall make reasonable efforts to implement alternate service delivery methods to fulfill contractual service obligations.
- Department on Aging–sanctioned emergency management procedures, including emergency-related closures, shall be followed in accordance with applicable manual and policy provisions.
- SCDOA will direct AAAs to report the operational status of their regional offices and congregate sites using the AAA Status Form through a designated link. When activated, submission of the form will serve as the official notification to SCDOA.
- The completion and submission of the SCDOA Change in Meal Site Operations Form will not be required in these circumstances.

Closure of Congregate Sites

- Providers shall consult with the AAA prior to planning the closure of the congregate site.
- Decisions regarding permanent site closures shall be made jointly by the provider and the AAA, consistent with contractual requirements.
- When a permanent site closure is approved, the AAA shall notify the Department on Aging in writing within five (5) business days. The

SCDOA Change in Meal Site Operations Report will be used to document the closure and other pertinent information.

- The AAA shall ensure continuity of services for all affected clients, including:
- Assessing ongoing meals and service needs
- Identifying alternate service delivery options
- Facilitating access to other nutrition sites within the county, when feasible
- The AAA shall coordinate with the provider to canvass all clients affected by the closure and document service plans to ensure uninterrupted access to needed meals and other critical aging services.

SUA Responsibility

During the Area Plan/Area Plan Update approval process, and during monitoring activities, the SCDOA shall review regional congregate site locations and operational information.

The SCDOA will track and update congregate locations and operating information within the QuickBase Aging Network Sites database. This information will be based upon the timely communications from the AAA and the submission of the SCDOA Change in Meal Site Operations Report.

During annual monitoring activities, the SCDOA will review AAA and/or provider policies, procedures, and/or contractual requirements addressing planned and unplanned site closures and the continuation of nutrition services.

AAA Responsibility

The AAA will notify the SCDOA of congregate closures per the procedures outlined in this policy.

The AAA shall make available to the SCDOA all applicable policies, procedures, and/or contractual obligations pertaining to the congregate site closures, whether planned or unplanned, and the continued provision of nutrition services.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Emergency Preparedness and Disaster Relief Policy

Emergency Meals Policy

Change in Meal Site Operations Form

Congregate Site Operations and Adequate Facilities Policy

Food Safety

Senior Nutrition Program Food Safety Requirements

SENIOR NUTRITION PROGRAM FOOD SAFETY REQUIREMENTS	POLICY NUMBER
REFERENCE(S): OAA SEC 339 (2)(C)(F)	This policy replaces the Title III-C Nutrition Service Operations: Food Safety and Quality & Food Safety and Sanitation Policy in the SCDOA 2021 Policies and Procedures Manual

Purpose:

Food safety practices are vital to maintaining food quality and preventing illness. Older adults are at increased risk of foodborne illness. The Senior Nutrition Program must ensure the highest standard of food safety for participants by identifying and implementing recommended food safety practices.

Policy Statement:

The Title III-C1 Congregate Meals Program and Title III-C2 Home-Delivered Meals Programs are to provide meals that adhere to food safety practices and comply with applicable provisions of state or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in storage, preparation, service, and delivery of meals to older individuals.

Safe food practices by nutrition programs cannot be compromised. In all phases of the food service operation, nutrition programs will adhere to state and local fire, health, sanitation, pest control systems, and safety regulations applicable to the types of food-preparation and meal-delivery systems used by the program.

Meals served by nutrition providers can either be prepared directly by the provider (i.e., self-preparation kitchen that serves on-site, a central kitchen which serves multiple meal sites), or through a written contractual agreement with a vendor (i.e., caterer, nearby school, restaurant, hospital), or a food service management company.

Federal and State Food Safety and Quality:

- Food preparation providers and sub-contractors shall follow South Carolina Regulation 61-25, administered by the South Carolina Department of Agriculture (SCDA), or other states' agencies having regulatory authority, to establish retail permits and undergo risk-based food safety and compliance inspections.
- South Carolina retail food establishments with SCDA "A" ratings indicate an effective food safety program, and that it does not have very many priority or priority foundation violations, which have a higher point deduction. These are the violations that have a higher risk of causing foodborne illness.
- All foods used in meals must be from sources approved by the United States Department of Agriculture (USDA), Food and Drug Association (FDA), the SCDA, or other states' agencies having regulatory authority; and must be compliant applicable state and local laws, ordinances, and regulations; and be clean, wholesome, free from spoilage, free from adulteration and mislabeling, and safe for human consumption.

Unacceptable Food items

- Food prepared, frozen, or canned in the home shall not be served as part of a senior nutrition program reimbursable meal.
- Food that has passed its use-by-date
- Wild game donated by hunters
- Fish donated by sportsman

Food Temperatures

The federal and state standard for receiving, holding, and serving temperatures for potentially hazardous TCS (time/temperature control for safety) foods is no more than 41 °F for cold foods and no less than 135 °F for hot foods. Note: Milk may be received at 45 °F but must be placed in refrigeration and cooled to 41 °F or lower in 4 hours prior to service.

Temperature measuring devices should be cared for based on the thermometer type used and include proper cleaning and sanitizing procedures and calibration. Follow the manufacturer's directions regarding

calibration. Infrared thermometers may not be used for measuring internal food temperatures.

Calibrate thermometers:

- At least once per week.
- After they have been bumped or dropped.
- Anytime it is suspected the thermometer has lost calibration.

Food temperatures should be monitored for compliance at the following times, at a minimum:

- At the time of food arrival (if warming or refrigeration used for holding)
- At the time of service (for senior dining meals)
- At the time of packaging (for off-site delivery, including HDMS)
- Every four hours while the food is being held until all the meals are served to participants

Meal sites without equipment specifically designed for longer term holding of hot foods shall take and document the temperature of foods at serving time. These facilities shall include in the food safety plan written safety protocols to follow in the event temperatures are inadequate when taken.

Food temperatures should be recorded by the name of each specific food item. Each nutrition program will have written procedures for handling TCS foods that do not meet or maintain correct temperatures. Food temperature records are to be kept on file for a period of three years.

Temperature Control

- The temperature of hot food items shall at no time drop below 135°F from the point of preparation through delivery until meal service.
- The temperature of cold foods shall remain at or below 41°F from the point of preparation through delivery until meal service.
- If upon receipt at a meal site food temperature check reveals that hot foods have not been maintained at 135°F or above for a period of less than four hours, the affected foods shall not be served but must be discarded for reasons of food safety.

- TCS prepared hot food and hot food items that arrive at a temperature below 135 °F can be accepted and reheated to at least 165 °F for 15 seconds only if:
- There is clear documentation of the time the food was cooked, and that the food was cooked to the proper temperature; and,
- There is clear documentation of the time the food left the preparation facility, that the food left the preparation facility at the proper temperature, and that the time between when the food left the preparation facility and the food being received by the nutrition program does not exceed two hours; and,
- The food can be reheated to the proper temperature so that the time in which the food was below required temperatures is less than two hours and can be documented as such.
- Microwaves and ovens are approved for heating TCS foods. Steam tables, bain-maries, warmers, or similar hot food holding devices are prohibited for reheating foods.
- Cold food items that have not been maintained at 41°F or below for a period of no longer than four hours or milk that has been received at 42-45 °F and not cooled to 41 °F or lower in 4 hours prior to service shall be discarded for reasons of food safety.
- Sites that store frozen meals or meal components requiring refrigeration must have a thermometer in the unit and established temperature-monitoring procedures to ensure foods are stored at safe temperatures and that equipment is functioning properly.

The following foods will be rejected:

- Foods that do not meet temperature requirements above
- Frozen foods that show signs of temperature abuse (for example, ice crystals)
- Foods that are past their expiration dates when received

In catered operations, food transport slips that document the time and temperature of the food when it leaves the preparation facility are required. Contract language should state that rejected food will be discarded or returned to the caterer and outline the plan for correction.

Meal Packaging Standards

- Food must be prepared, transported, and served with the least possible manual contact, using suitable utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross-contamination.
- All frozen and prepared daily meals that are individually portioned must have spill-proof seals or lids.
- Cold and hot food items shall be packed for delivery in separate insulated food carriers made of materials that can be cleaned and sanitized after every delivery cycle.
- Hot foods should be served, packaged, sealed (tightly fitted lids), and placed into insulated food carriers as soon as possible.
- Cold foods should be served, packaged, sealed (tightly fitted lids) and placed into a cooler or cold chest as soon as possible. The nutrition provider should use coolers which are only as large as necessary to pack cold food. Large coolers packed nearly fully maintain temperatures better than partially full chests or small coolers filled to capacity. This requirement does not apply if the nutrition service provider uses a temperature-controlled refrigerator-equipped vehicle.
- Frozen meals must be maintained in a frozen solid state during storage, transportation and delivery.
- All food delivery carriers must maintain the proper temperature for the required time that the food will be in the carrier.
- All food delivery carriers must meet National Sanitation Foundation Standards (NSF)/American National Standards Institute (ANSI) Commercial Food Equipment Standards and must be cleaned and sanitized by the food service provider.

Home-Delivered Meals Food Safety Practices

- Aging service providers may use various systems of delivery. If more than one meal is delivered to a participant, only one of those meals can be hot.
- All meals packaged at nutrition sites for home delivery shall be individually packaged first (before congregate meals are served) and

packed in secondary insulated food carriers and transported immediately.

- All home-delivered meals pre-plated at food preparation centers shall be individually packaged and packed in secondary insulated food carriers with tight fitting lids and transported immediately.
- Hot home-delivered meals shall be packed at a temperature of at least 160°F.
- Cold foods shall be packed at a temperature of 41°F or below.
- Frozen foods shall be packed to allow them to remain solid and not defrost.
- Products that are not potentially hazardous and do not need to be held above 135°F or below 41°F are exempt.
- Meal delivery routes to be established in writing and planned to minimize the amount of time food spends in transit.
- The AAA and provider must have established policies for undelivered meals. Leaving meals outside, in coolers, or otherwise unattended is prohibited due to added risk of food being left in the food danger zone or meal tampering.
- It is highly recommended that providers incorporate procedures to mitigate undelivered meals such as, “call prior to delivery”, and/or “leave with designated neighbor”. Procedure should include the designee is provided instructions for proper storage of the meal.
- For meals that are not intended to be consumed at the time of delivery, food handling instructions and “use by” date labeling is required.

Home-Delivered Test Meals

- For meal routes exceeding two hours, monthly food monitoring is to be conducted. This requirement does not apply if the nutrition service provider uses temperature-controlled freezer or refrigerator equipped vehicles that have digital temperature displays. Providers must have a food safety plan that details home-delivered route monitoring, including corrective actions when minimum temperature requirements

are not met. Refer to SCDOA Home-Delivered Meal Temperature/Taste Test Log.

- Food will be delivered at safe temperatures to prevent foodborne illness.
- Hot food will be maintained and delivered at $\geq 135^{\circ}\text{F}$.
- Cold food will be maintained and delivered at $\leq 41^{\circ}\text{F}$.

Proper Handwashing and Facilities

Staff and volunteers involved with food preparation, handling, and serving shall follow proper hand cleaning procedures and frequency as outlined in regulation 61-25. Each site shall include a dedicated handwashing sink in close proximity to the food service area. The sink shall be equipped to provide water at a temperature of at least 100°F . Each handwashing sink shall be provided with a supply of hand cleaning liquid, powder, or bar soap. Each handwashing sink shall be provided with individual disposable towels, or a continuous towel system that supplies the user with a clean towel, or a heated-air hand drying device, or a hand-drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures. A handwashing sign is to be posted.

Bare-hand Contact with ready-to-eat Food

Because nutrition programs primarily serve a population that is highly susceptible to foodborne illness, bare-hand contact with ready-to-eat foods is prohibited. Gloves should be used to handle ready-to-eat foods.

Effective Hair Restraints

Staff and volunteers must wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, which are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens, and unwrapped single-service and single-use articles such as disposable cups and utensils. This does not generally apply to staff and volunteers in the dining area who are greeters or serve as wait staff if they present a minimal risk of contaminating exposed food or food-contact surfaces.

Food Safety Training

- Per South Carolina Regulation 61-25, at least one employee with the authority to direct and control food preparation and service shall be a Food Protection Manager who has been certified by an accredited program. Only Conference of Food Protection American National Standards Institute (ANSI) certified Food Protection Manager courses meet the requirements of 2-102.20. Please refer to the See Also section, "Regulation 61-25 Retail Food Establishments Certified Food Protection Manager", for a listing of organizations accredited by ANSI.
- The SCDOA Registered Dietitian Nutritionist shall maintain ANSI approved Food Protection Manager certification.
- AAA personnel in charge of provider compliance and the monitoring of the Senior Nutrition Program shall maintain ANSI approved Food Protection Manager certification, or at a minimum, Food Handler certification.
- Meal site managers, designated staff, and volunteers involved with foodservice operations must be aware of and abide by all federal, state, and local health, sanitation, and safety regulations applicable to the type of food preparation and/or meal delivery methods used.
- Food Safety in-service training shall be conducted for all food service personnel, whether they are paid staff or volunteer, at least annually. Training should be adequate to perform required duties and conducted upon hire and at least annually thereafter. As applicable to duties, food safety training topics to include, proper temperature taking, proper food holding, thermometer calibration, cleaning and sanitizing equipment and surfaces, handwashing procedures and proper facilities, personal hygiene, use of gloves and hair restraints, identifying signs and symptoms of foodborne illness and proper reporting processes, etc. Training records shall be maintained for a minimum of three years.

Preventing Foodborne Illness from Infected Staff and Volunteers

Food workers who serve or handle food are a leading cause of foodborne illness outbreaks. Each nutrition site must have an employee health policy to appropriately exclude or restrict workers from the operation based on the

symptoms and diagnosed illnesses noted within SC Regulation 61-25, Section 2-103.11(O)-(P).

Foodborne Illness Outbreaks

Site managers/center coordinators are to be trained and aware of the symptoms of foodborne illness and the actions to be taken if a foodborne illness incident or outbreak is suspected.

The following steps must be taken in the event of a suspected foodborne illness incident.

1. Upon complaint or awareness of possible food borne illness of person(s) having eaten at a site, first get medical assistance for the person(s) if any symptoms are apparent (i.e. nausea, vomiting, severe diarrhea, stomach cramps, dizziness).
2. Obtain the following information and write up a full report of the incident including:
 - a. Names of individuals who are ill
 - b. Time of onset of symptoms
 - c. Serving time and Title III-C food items served within the past two days
 - d. Names of all individuals handling food at the site.
 - e. If available, label and refrigerate food items until appropriate health authorities are contacted. If the meal was catered, the nutrition program director must work closely with the SC Department of Agriculture and caterer to obtain necessary information and food samples.
3. Notify the SC Department of Agriculture immediately to initiate an investigation via one of the following methods:
 - a. [Online SC Department of Agriculture Complaint Form](#)
 - b. SC Department of Agriculture Retail Food Safety and Compliance Department: (803) 896-0640
4. Notify the Area Agency on Aging within 24 hours of the investigative procedures in progress and provide periodic updates.

5. The Area Agency on Aging shall notify SCDOA within one business day of the reported food borne illness. Thereafter, periodic updates shall be provided regarding the progress and findings of the investigation.
6. All staff working in the preparation of food shall be under the supervision of a person who shall ensure the application of hygienic techniques and practices in food handling, preparation and service.

SUA PROCEDURE:

The SUA Registered Dietitian Nutritionist must maintain an ANSI-accredited Food Protection Manager certification.

During the annual programmatic monitoring process, the SUA will review the following:

- AAA provider monitoring activities: documentation within the SCDOA: AAA Provider Monitoring Tools for Congregate and Home-delivered meals services - Food Safety section. Associated records with monitoring activities.
- ANSI-accredited certifications for pertinent Area Agency on Aging nutrition program staff.
- AAA policies and procedures and provider contractual agreements related to food safety.

AAA PROCEDURE:

Each AAA shall ensure through the schedule of monitoring activities completed by an individual with sufficient knowledge through education and/or experience that nutrition service providers, caterers, and vendors comply with all federal, state, and local health laws. AAA staff involved with nutrition site monitoring are required to maintain ANSI-accredited Food Protection Manager or Food Handler certifications. The certification will be made available to SCDOA during the annual programmatic monitoring process

The AAA shall maintain written procedures for how annual provider food safety training is to be conducted.

The AAA should ensure that providers have policies and procedures in place related to food safety as applicable to the operation.

The AAA will utilize the standardized SCDOA: AAA Provider Monitoring Tools for both congregate and home-delivered meal services to review and document provider adherence to policies and procedures noted herein.

The AAA will notify the SCDOA of provider food retail inspection scores that fall below "A" rating within 10 business days.

See Also:

Food Safety Logs

SCDOA Cooler Temperature Log

SCDOA Freezer Temperature Log

SCDOA Sanitizer Testing Log

SCDOA Thermometer Calibration Log

SCDOA Home-delivered Meals Temperature Testing Log

Monitoring Resources

Quantitative and Qualitative Monitoring: Title III-C Senior Nutrition Program Services

SCDOA: AAA Provider Monitoring Tool: Congregate Services

SCDOA: AAA Provider Monitoring Tool: Home-Delivered Services

Food Safety Resources

[SCDA Regulation 61-25](#)

[SCDA Food Grades Risk Inspection Scores](#)

[SCDA Regulation 61-25 Certified Food Protection Manager](#)

[SCDA Employee Health - Exclusions and Restrictions](#)

Leftover Foods

LEFTOVER FOODS	POLICY NUMBER
REFERENCE(S): OAA SEC. 339(2)(f)	This policy replaces the Title III-C Nutrition Service Operations: Food Safety/Quality- Leftovers in the SCDOA 2021 Policies and Procedures Manual

Policy Statement

AAAs are responsible for developing and implementing policies that guide providers on the safe disposal of unserved leftover foods and the removal of food from congregate meal sites by participants. These policies must align with relevant state regulations to ensure food safety and participant well-being.

Food Safety Instruction for Participants: If an AAA policy permits participants to take food from congregate meal sites, it is mandatory for providers to provide food safety instructions to the participant. Education should include proper handling, storage, reheating of Time Temperature Control for Safety (TCS) foods, and the date for discarding the meal to prevent foodborne illnesses. The safety of the food after it has been served and removed from the site becomes the responsibility of the recipient.

SUA Responsibility

The SUA may request and review any existing leftover policies from each AAA during annual monitoring and ensure process adheres to safe food handling practices.

AAA Responsibility

If an AAA chooses to allow a congregate meal participant to take home leftover TCS foods, the AAA shall create and implement a policy and procedure addressing leftovers as it related to food safety, and participant instructions that are in alignment with SCDA Regulation 61-25.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Senior Nutrition Program Food Safety Requirements Policy

[SC Carolina Department of Agriculture, Regulation 61-25 Retail Food Establishments.](#)

Other Nutrition Services

Nutrition Education

NUTRITION EDUCATION	POLICY NUMBER
REFERENCE(S): OAA SEC 331 (3), OAA SEC 336 (2), 45 CFR 1321.87(3)	This policy replaces the Title III-C Nutrition Service Operations: Nutrition Education Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement

Nutrition education is information provided under Title III, parts C1 or C2 with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) to improve health and address nutrition-related conditions. Congregate and home-delivered nutrition services should provide nutrition education based on the needs of meal participants. Content is to be consistent with the Dietary Guidelines for Americans, accurate, culturally applied, regionally appropriate, and considerate of personal preferences.

This provision does not require individuals receiving nutrition education to receive meal services. For example, eligible individuals who have significant or multiple dietary restrictions for which Title III, part-C meals may not be appropriate (i.e. medically required tube-feeding, severe allergies which may not be reasonably accommodated), may participate in nutritional education.

Approved Resources

The SCDOA Nutrition Education Guide is the official and SCDOA registered dietitian approved resource for nutrition education session planning. All nutrition education sessions, whether for Congregate Dining or Home Delivered clients, must be approved in advance by the Area Agency on Aging.

Frequency of Sessions

Nutrition education for the congregate program should be provided with a minimum of six nutrition education units per year, and the home-delivered program should be provided with a minimum of 1 nutrition education unit per year. The service unit shall be one nutrition education session. Examples of one session is nutrition education instruction provided to congregate participants, a minimum of 15 minutes in duration, (this is one unit, regardless of how many participants attend), a handout/brochure provided to home-delivered meal participants (this is one unit, regardless of how many participants receive it), or one virtual presentation, a minimum of 15 minutes in duration, (this is one unit, regardless of how many people attend).

Promotion of Nutrition Education

To increase engagement with planned nutrition education sessions, Providers are to clearly identify the session on the materials and/or platforms used, i.e. activity calendars, newsletters, print or digital, etc. The information should include the specific name of the session, rather than "Nutrition Education", and the presenter's name/credentials as appropriate. Refer to Policy Congregate Site Operations and Adequate Facilities for accessibility information.

Reimbursement for Nutrition Education

An AAA may elect to use III-C1 or III-C2 funding for the following nutrition education enhancements that must be used in conjunction with nutrition education sessions:

- Contracted Dietitian services for the provision of nutrition education sessions which may be delivered in-person, or via video, audio, or online.
- Materials and other tools used during approved nutrition education sessions. Examples: hardcopy materials/pamphlets, food or paper products for cooking demonstrations, and community garden materials for food production, such as gardening gloves and trowels. Refer to the SCDOA Nutrition Education Guide.
- Reimbursement will be based upon contractual agreements: established contracted unit rates and/or the actual cost of materials

through the submission and review of invoices through the Payment Request Form approval process.

Service	Unit	Session Description	Funding Source
Nutrition Education	1 Session	- One group in-person presentation - Include # of participants*, Session Name, name of instructor (credentials as appropriate). - One group virtual presentation - Include # of participants*, Session Name, name of instructor (credentials as appropriate). - If the session included congregate and home-delivered participants, it may be counted as 1 Nutrition Education Session for Congregate and 1 for Home-delivered (enter the units separately). - One disbursement of handouts/brochures - Include # of participants*, Topic, resource used/created by (credentials as appropriate).	III-C1: Nutrition Education - Variable or a fixed cost based on contractual agreement III-C2: Nutrition Education - Variable or a fixed cost based on contractual agreement

*The participant count for activity recording should be consistent with the eligibility requirements of the OAA Senior Nutrition Program. Refer to the Service Eligibility and Funding Matrix.

SUA Responsibility

During monitoring, SUA will review AAA contractual agreements for the provision of nutrition education. If sessions are funded using OAA, SUA will review that the correct funding source is utilized: Title III-C1 or 2. SUA shall review nutrition education sessions in the data entry system for complete descriptions and types of sessions provided.

During annual programmatic monitoring, the SUA shall review the AAA's Nutrition Education policy and procedure and the designated pre-approval process. Review will also encompass resource use to ensure reputable.

SUA will review the AAA completed provider monitoring tools to verify compliance with established standards noted wherein.

AAA Responsibility

Each AAA will make available its Nutrition Education Policy and Procedure as part of annual programmatic monitoring. The policy and procedure should explain how nutrition education shall be provided in the PSA (including if funded), how often it should be conducted, who should conduct it, AAA pre-approval process for sessions (including when plans are to be submitted to the AAA), and whether the AAA has established any additional requirements.

The AAA should have a mechanism for tracking that each provider meets the minimum number of education sessions per year, per program provided. This information should be made available to the SUA during annual monitoring.

The AAA will provide the SUA with its completed provider monitoring tools used to verify compliance with established standards.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

SCDOA Nutrition Education Guide

SCDOA Nutrition Education Report – Congregate Dining

SCDOA Nutrition Education Report – Home Delivered Meals

SCDOA Nutrition Education Evaluation Form

Registered Dietitian Nutritionist Role Policy
Quality Assurance Monitoring Title III-C

Nutrition Counseling

NUTRITION COUNSELING	POLICY NUMBER
REFERENCE(S): OAA SEC 331 (3), OAA SEC 336 (2), 45 CFR 1321.87(4)	This policy replaces the Title III-C Nutrition Service Operations: Nutrition Counseling Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement

Nutrition counseling is a service provided under Title III, parts C1 or C2 which must align with the Academy of Nutrition and Dietetics. Congregate and home-delivered nutrition services may provide nutrition counseling, as appropriate, based upon the needs of meal participants, the availability of resources, and the expertise of a Registered Dietitian Nutritionist. This is defined as individualized guidance to individuals who are at nutrition risk because of health or nutrition history, dietary intake, chronic illnesses, or medication use. Counseling is provided, one-on-one by a Registered, Licensed Dietitian (RD, LD). A Physician referral is required.

This provision does not require individuals receiving nutrition counseling to receive meal services. For example, eligible individuals who have significant or multiple dietary restrictions for which Title III, part C meals may not be appropriate (i.e. medically required tube-feeding, severe allergies which may not be reasonably accommodated), may participate in nutrition counseling.

Nutrition counseling costs shall be based upon an hourly rate and may be broken down into 15-minute increments.

Service	Unit	Funding Source	How to Count the Unit and Expense
Nutrition Counseling	Hour (partial hours may be reported to two decimal places, e.g. 0.25 hours)	III-C1: Nutrition Counseling III-C2: Nutrition Counseling	Units are entered per client.

Each AAA shall have a policy and procedure explaining how it will facilitate access to nutrition counseling in its PSA.

- If nutrition counseling is provided by the AAA directly or through a contracted service provider, the method of provision shall be outlined in the AAA policy and procedure. If nutrition counseling is provided with OAA funding, then Title III-C1 or C2 funds shall be used as determined by the primary nutrition service that is received by the participant. Insurance coverage to be verified prior to the use of federal funds.
- If nutrition counseling is not provided by the AAA directly or through a contracted service provider, the AAA policy and procedures shall explain how the AAA will provide referrals for nutrition counseling.

Verifying Insurance Coverage

Contracted dietitian services will include verification and use of available insurance coverage prior to delivering nutrition counseling supported by OAA or state funds, ensuring that resources are used only after applicable benefits have been applied.

In addition, verification of insurance coverage may be accomplished with the support of the State Health Insurance Assistance Program (SHIP). For example, SHIP specialists may review participant insurance plans and coverage for Medical Nutrition Therapy (MNT).

Please note, Medicare Part B and Medicare Advantage beneficiaries, depending upon the plan, are eligible for Medical Nutrition Therapy (MNT) if they have one or more of the following conditions: Diabetes, Chronic Kidney

Disease, and/or kidney transplant during the past 36 months. Although malnutrition and obesity with a BMI of 30 or higher is not covered under MNT, an individual with one of the above comorbidities who qualify for MNT services may receive personalized services addressing these additional nutritional concerns.

Malnutrition Risk and Nutritional Counseling

The Malnutrition Screening Tool (MST), embedded within the SCDOA Client Assessment, assists with identifying clients as malnutrition risk. As noted, malnutrition alone is not covered by MNT. This may be a gap in service that the AAA may want to consider when planning nutrition counseling and coverage in the PSA.

SUA Responsibility

During annual programmatic monitoring, the SUA shall review the AAA's Nutrition Counseling Policy and Procedure and contracts for this service as applicable. SUA shall review whether nutritional counseling is funded using OAA or state funds and if it is funded under the appropriate activity: Title III-C1 or 2 (entered per client).

AAA Responsibility

Each AAA shall make its Nutrition Counseling Policy and Procedure available as part of annual programmatic monitoring. The policy and procedure shall explain how the AAA facilitates access to nutrition counseling in the PSA (including if funded) and that the pathway to facilitation meets the standards noted wherein. If the AAA contracts for this service, the AAA will make the contract available to the SUA during annual monitoring activities. AAA shall ensure the proper funding source is used and that activities are entered under the specific client receiving the service.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Registered Dietitian Nutritionist Role Policy

Quality Assurance Monitoring Title III-C

Other Nutrition Services: Assistive Devices, Oral Nutrition Supplements, Groceries

OTHER NUTRITION SERVICES: ASSISTIVE DEVICES, ORAL NUTRITION SUPPLEMENTS, GROCERIES	POLICY NUMBER
REFERENCE(S): OAA SEC 331 (3), OAA SEC 336 (2), 45 CFR 1321.87 (a) 5	This policy replaces SCDOA PI for Senior Nutrition Program Spending Flexibilities, July, 2024

Policy Statement

To promote and employ creative and adaptive approaches to meet the nutrition, socialization, and wellness needs of senior nutrition program clients, an Area Agency on Aging may elect to budget its federal Title III-C1 and C2 funds allocation in the following manner:

- A maximum of 5% of federal Title III-C1 and III-C2 funds can be used towards services and support that complement and enhance the senior nutrition program under “Other Nutrition Services”.

This category includes and is limited to:

- 1.) assistive feeding devices
 - 2.) oral nutrition supplements
 - 3.) groceries
- Budgets may reflect any combination of the following complementary activities and are not to exceed 5% in total. Reimbursement for these categories will be based upon established contracted unit rates and/or the actual cost of materials through the submission and review of invoices through the Payment Request Form approval process. Units are to be reimbursed by the specific client.

Assistive Feeding Devices are allowable for clients who have difficulties feeding and drinking independently. Products that aid with mealtime independence include items such as adapted plates and bowls, non-skid plates and bowls, weighted utensils, utensil holders for better grip, two-handled mugs, and specialized and automated feeding devices. Assistive devices are person-centered, and as such, appropriate equipment types are recommended based on medical evaluation and assessment conducted by a Physician, Speech Therapist, Occupational Therapist, and/or Physical Therapist.

Scenario	Unit	Funding Source	How to Count the Unit and Expense
Provide weighted utensils to a participant who is receiving congregate or HDMs	Each assistive device would be counted as 1 unit of other service	III-C1: Other Nutrition Service/Assistive Device • Include device issued (i.e., adaptive utensils) III-C2: Other Nutrition Service/Assistive Device • Include device issued	Each unit would be entered at a variable cost and tied to a specific client

Oral Nutrition Supplements (ONS) include liquid nutrition supplements, powdered nutrition supplements that must be mixed with milk or water, and any other nutrition supplements that are not classified as conventional, prepared foods. Oral Nutrition supplements do not include nutritional supplements in pill, capsule, or tablet form. The Area Agency on Aging may not recommend or advise on the use of oral nutrition supplements. Oral nutrition supplements should be reserved for those clients in nutritional need

such as due to malnutrition and may be recommended by a Physician or Registered Dietitian. The justification of need for the supplement should be included in case notes in the approved SCDOA data entry system by the staff person(s) designated by the Area Agency on Aging. An Area Agency on Aging may elect that a medical order is required prior to approval for justification of need, to identify supplement type, and to establish frequency.

Scenario	Funding Source	How to Count the Unit and Expense	NSIP
Provide supplement to a participant who is receiving congregate or HDMs (not part of a meal)	III-C1: Other Nutrition Service/ONS III-C2: Other Nutrition Service/ONS	Each supplement would be counted as one unit of other service	This would not count as an NSIP meal, and NSIP cannot be applied.
Provide supplement as an option to replace a liquid portion of a congregate or HDM. The meal + supplement must meet DRIs and DGAs	III-C1: Meal + ONS III-C2: Meal + ONS	The cost of the supplement would be added to the meal cost it is being provided with. The supplement would be included in the unit for the meal	The supplement + the meal would count as one NSIP meal. NSIP can only be applied if the domestically produced portion has a minimum value of \$1.
Provide supplement as part of the Family Caregiver Support Program	III-E	The supplement would be counted under supplemental services*	This would not count as an NSIP meal

*Oral nutrition supplements are considered "nutrition services" in the supplemental services Family Caregiver Support Program definition.

Protected Health Information

The agency should only collect the minimum necessary information required to verify process reimbursement. Medical records and diagnosis information are not requested. All submitted information is maintained in accordance with federal and state privacy and confidentiality standards.

Groceries- some participants may need supplemental foods in addition to their program meals. This service should not replace other [federal programs](#). The program should be reserved for the purchase of healthful food items (refer to the Dietary Guidelines for Americans). It should be used where gaps exist and prioritized for low-income individuals with minimal access to healthy foods. Barriers may include minimal reliable help, lack of transportation, or residing in a low-nutrient food access area. The Expanded Food Security Screener within the standardized Client Assessment assists with identifying individuals at risk for food insecurity.

Scenario	Unit	Funding Source	How to Count the Unit and Expense	NSIP
Provide groceries based on a set contracted rate.	1 delivery of groceries to 1 client	III-C1: ONS/Groceries III-C2: ONS/Groceries III-B: ONS/Groceries	Each unit would be entered as a non-variable cost and based on the contracted rate. Units are entered per client.	Groceries are not counted as a meal and cannot be counted toward meal counts or NSIP meals for reporting purposes.
Provide groceries based on a variable rate.	1 delivery of groceries to 1 client	III-C1: ONS/Groceries III-C2: ONS/Groceries III-B: Groceries	Each unit would be entered as a variable cost. Units are entered per client.	

SUA Responsibility

SCDOA will review area plan submissions/amendments for services to enhance the senior nutrition program are included in regional plans and that any necessary information for program delivery is described as appropriate.

If Other Nutrition Services are provided by the AAA, the SCDOA shall review the AAA's Policy and Procedure during the annual programmatic monitoring. SCDOA shall ensure that if Other Nutrition Services are funded using OAA, they are funded under Title III-C1 or 2 and under specific clients. Descriptions are services to be reviewed as appropriate.

The SCDOA will review AAA spending in the Other Nutrition Services category for adherence to the 5% maximum.

The SCDOA will review submitted Payment Request Forms for eligible program-related costs.

AAA Responsibility

Each AAA shall submit its Other Nutrition Services Policy and Procedure as part of annual programmatic monitoring. The policy and procedure shall explain how Other Nutrition Services should be provided in the PSA. If an AAA provides Other Nutrition Services through OAA funding, they should be funded using Title III-C1 or 2 and under specific clients (descriptions provided as appropriate). AAAs utilizing federal funds for services that enhance the senior nutrition program are to include this information in area plans/amendments. Reimbursement for these activities is budgeted and tracked by the AAA to ensure adherence to the maximum 5%.

AAA will confirm through invoice documentation that only eligible Other Nutrition Services costs are entered into the data system for reimbursement. Invoices will be submitted with the Payment Request Form packet for SUA approval.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Family Caregiver Support Program Policy

Senior Nutrition Program Monitoring

Qualitative and Quantitative Monitoring Title III-C

QUALITATIVE AND QUANTITATIVE MONITORING: TITLE III-C SENIOR NUTRITION PROGRAM	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.73	This policy replaces the Title III-C Nutrition Program Monitoring and Quality Assurance Tools/Reports Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement:

To establish a standardized framework for the quantitative and qualitative monitoring of Title III-C1: Congregate Meal Services and Title III-C2: Home-Delivered Meal Services. This process ensures fiscal accountability, regulatory compliance, and continuous service improvement to meet the evolving needs and preferences of program participants.

SUA Responsibility

Staffing: The SCDOA Registered Dietitian Nutritionist will provide oversight of the AAAs through the following actions:

Annual Review: Conduct annual monitoring of each AAA using the standardized SCDOA Senior Nutrition Program Monitoring Tool.

On-Site Verification: Schedule and conduct visits at AAA offices and/or local provider sites to verify compliance with established service standards.

Records Review: Review AAA provider monitoring documentation and associated records for congregate and home-delivered meal services.

Reporting & Corrective Action: Compile a written narrative report for each monitoring visit. This report will detail findings and, where applicable, outline required plans for compliance and corrective actions. A copy will be provided to the AAA.

Outcomes Analysis: Review aggregated data from the standardized SCDOA Senior Nutrition Program Survey and SCDOA data systems to measure program impact.

AAA Responsibility

Staffing: The AAA shall employ qualified staff, adequate in number to sufficiently manage nutrition service agreements and to ensure regional compliance with program requirements. Staff shall be qualified by education or experience in food service operations, basic nutrition principles, and food safety.

The AAA shall ensure that providers have adequate, qualified staff to implement the group dining and home delivered meal programs in compliance with all federal, state and local regulations. Staff shall be qualified by education or experience in foodservice operations, basic nutrition principles, and food safety.

Each AAA is responsible for the direct monitoring of service providers on an annual basis. Between July 1 and June 30 of each fiscal year, the AAA must conduct unannounced on-site visits to verify that providers are adhering to service standards in real-time:

- Congregate Services: At least one dining site per service provider in each county will be monitored using the SCDOA Provider Monitoring Tool: Congregate Services.
- Site Rotation Plan
The AAA may implement a rotational schedule to ensure a fair and consistent distribution of site visits. This means that not all sites have to be monitored at the same frequency every year. The schedule will be designed to:
 - Evaluate congregate services each year based on the AAAs structured rotation plan.
 - Rotate which sites are prioritized for monitoring in any given year to avoid bias and ensure equal oversight across providers over time.
 - Sites that exhibit deficiencies or areas of non-compliance during their scheduled monitoring visit may be subject to more frequent

follow-up visits. These follow-up visits may occur as needed to ensure corrective actions are implemented and sustained.

- Home-Delivered Services: At least one home-delivered meal service provider in each county will be monitored using the SCDOA Provider Monitoring Tool: Home-Delivered Services.
- Provider Rotation Plan
The AAA may implement a rotational schedule to ensure a fair and consistent distribution of home-delivered services review. This means that not all providers have to be monitored at the same frequency every year. The schedule will be designed to:
 - Evaluate home-delivered services each year based on the AAAs structured rotation plan.
 - Rotate which providers are prioritized for monitoring in any given year to avoid bias and ensure equal oversight across providers over time.
 - Providers that exhibit deficiencies or areas of non-compliance during their scheduled monitoring visit may be subject to more frequent follow-up visits. These follow-up visits may occur as needed to ensure corrective actions are implemented and sustained.

Transparency & Reporting: Maintain all provider monitoring reports and records, making them available to the SUA upon request and during the SUA's annual monitoring activities. A separate monitoring tool is to be completed per visit.

Participant Feedback: Administer the standardized SCDOA Senior Nutrition Program Survey and develop process improvement initiatives based on results to enhance service delivery. Results to be made available to the SUA upon request.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

SCDOA Provider Monitoring Tool: Congregate Services

SCDOA Provider Monitoring Tool: Home-Delivered Services

Other Nutrition Resources

Nutrition Reference Guides and Materials

OTHER NUTRITION REFERENCE GUIDES AND MATERIALS	POLICY NUMBER
REFERENCE(S):	This is not a direct policy, but guidance to Nutrition Resources previously found in the 2021 Aging Services Policies and Procedures Manual Appendices

Nutrition Resources and Guides will be made available online for access by AAAs. These documents could include things such as the Minimum Meal Specifications, Restaurant Partnership Guides, a list of resources, etc.

<https://aging.sc.gov/aaanutrition>

Evidence-Based Programs

Evidence-Based Disease Prevention and Health Promotion

EVIDENCED-BASED DISEASE PREVENTION AND HEALTH PROMOTION	POLICY NUMBER
REFERENCE(S): OAA SEC 361, 2 CFR 200.400	This policy replaces 504: Evidenced-Based Disease and Health Promotion Services Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement

Title III-D Evidence-Based Disease Prevention and Health Promotion Services are programs that have been scientifically proven to improve health and well-being while reducing the risk of disease and injury among older adults. Programs are supported by research and have demonstrated positive outcomes in improving the overall health of older adults.

Funding is distributed via the intrastate funding formula. Priority is given to serving older adults in medically underserved areas of South Carolina or where there are a large number of older individuals who have the greatest economic need for services.

Settings and Modalities for Program Delivery

Evidence-based programs may be provided at multipurpose senior centers, congregate meals sites, through home-delivered meals programs, or at other appropriate sites such as healthcare facilities, faith-based organizations, and the nonprofit sector, etc.

If membership dues are required by the provider, no adult aged 60 and over may be denied a service provided by the federal Older Americans Act funds or state funds because of nonpayment of dues and provision shall be made for those unable to pay dues.

Depending upon the program, evidence-based programs can be offered in a variety of formats, including in-person, over a video-conferencing platform, by telephone, through mailed materials, or a combination of methods.

Criteria for Evidence-Based Program Determination

There are two ways in which to determine whether a program is evidence-based:

1. The program meets the five-point criteria below:
 - a. Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
 - b. Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* *and*
 - c. Research results published in a peer-review journal; *and*
 - d. Fully translated** in one or more community site(s); *and*
 - e. Includes developed dissemination products that are available to the public.

**Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.*

***For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world community setting.*

2. The program is considered to be an "evidenced-based program" by any operating division of the US Department of Health and Human Services and is shown to be effective for older adults.
 - Evidenced-based Program Database Search Tool: [National Council on Aging EBP Database](#)

SUA Approval Process for Program Implementation

Programs must obtain SCDOA pre-approval if not listed in the National Council on Aging database or have not received prior SUA approval. The SCDOA Approval for EBP Classification Form is to be completed and submitted to the SCDOA Title III-D Program Manager for review and

approval. Refer to the SCDOA Evidenced-Based Disease Prevention and Health Promotion webpage for SCDOA approved programs.

Marketing of Programming

Evidence-based programs are to be marketed to the community. Workshops to be incorporated into congregate activity calendars as appropriate and noted by the specific program name. Participants should be given the opportunity to share feedback on the programs offered and provide input for future programming options.

Reimbursement for Evidenced-Based Disease Prevention and Health Promotion Services

Examples of allowable reimbursable costs may include (but are not limited to) certified trainer workshops, registrations, licensures, program updates, equipment required for the program (mats, weights, CDs), salaries and benefits for trainers/employees for time spent only on training and instructing, travel time and expenses to and from training/classes, manuals for instructors, and building rent for space during class only. Time spent by Title III-D coordinators completing client enrollment forms, tracking attendance and data entry are also eligible for reimbursement. All costs associated with reimbursement are to be reasonable, allocable, and applicable.

- **The SCDOA III-D Evidenced-Based Program Approval Form** may be used by the AAA and its contracted service provider.
- Note: Calculations should be based upon the number of classes in a workshop series. Example: Walk With Ease, 6-week program, meets 3 times per week (18 total classes)
- **The SCDOA III-D Evidenced-Based Program Training Request Form** may be used by the AAA and its provider for reimbursement for new trainer certifications so long as the cost is not already factored into the class unit cost.
- **The SCDOA III-D Pre-approval/Final Approval Form** may be used by the AAA and its provider for reimbursement for materials related to the evidenced-based program so long as the cost is not already factored into the class unit cost.

- Program costs incurred with outdated trainer certifications will not be eligible for reimbursement.

Service	Unit	*Class Description	Funding Source
Health Promotion Evidence-Based: EBP/[NAME OF PROGRAM]	1 Class	Include # of **participants, name of instructor, certification date Note: As of 10/1/2026, all individual class participants (aged 60+) must be tracked via the data collection system.	III-D: Evidenced-based Disease Prevention Health Promotion Services • Fixed cost based on contractual agreement
Service	Unit	*Description	Funding Source
Health Promotion Evidenced-Based: EBP Materials/Training	1 Purchase	Include name of EBP, materials purchased, site location(s)	III-D: Evidenced-based Disease Prevention Health Promotion Services • Variable cost based on purchases

*This process is subject to change due to data system updates and evolution

**The participant count for activity recording is older adults 60+. Individuals participating in evidenced-based programs are exempt from the SCDOA Client Assessment.

Voluntary Contributions

Evidenced-based disease prevention health promotion program participants must be given the opportunity to voluntarily contribute toward the cost of

the service. Contributions may be monetary, or clients may elect to contribute their time through volunteer service. Contributions are to be used for expansion of programming. Requesting payment for OAA and HCBS funded programming is considered cost-sharing and this is prohibited. Please refer to the SCDOA Voluntary Contributions Policy for further information.

SUA Responsibility

The SCDOA will review Area Plan/Area Plan Update submissions to confirm that evidenced-based disease prevention health promotion programs are included in regional plans and any necessary information for program delivery to provide the service to those in greatest social and economic need is described as appropriate.

During monitoring, the SCDOA will review AAA contractual agreements for the provision of evidenced-based disease prevention health promotion programs. SUA will review that the correct funding source is utilized: Title III-D, and that classes and purchases are entered into the data entry system in the correct manner.

The SCDOA will review submitted Payment Request Forms for approved program related costs for materials and training reimbursements.

AAA Responsibility

Each AAA shall include evidenced-based disease prevention and health promotion programs in its Area Plan/Area Plan Update. AAA shall administer appropriate levels of programming in its planning service area and target services to those in greatest social and economic need.

AAA shall ensure that providers of Title III-D programs have a valid, current certification, and/or license for the program as requested. Each AAA shall ensure that providers of evidenced-based services requesting Title III-D reimbursement accurately input data into the data system.

AAA will confirm through invoice documentation that only eligible materials and training costs are accurately entered into the data system for reimbursement. Invoices will be submitted with the Payment Request Form packet for SUA approval.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Populations Targeted for Service Under the Older Americans Act Policy

[2 CFR 200.403 Factors affecting allowability of costs](#)

SCDOA Approval for EBP Classification Form

SCDOA III-D Evidenced-Based Program Approval Form

SCDOA III-D Evidenced-Based Program Training Request Form

SCDOA III-D Pre-approval/Final Approval Form

[SCDOA Evidenced-Based Disease Prevention and Health Promotion Webpage](#)

Voluntary Contributions Policy

Qualitative and Quantitative Monitoring – Title III-D Policy

Evidence-Based Program Monitoring

Qualitative and Quantitative Monitoring Title III-D

QUALITATIVE AND QUANTITATIVE MONITORING: TITLE III-D EVIDENCED-BASED DISEASE PREVENTION AND HEALTH PROMOTION	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.73	This policy replaces the Title III-D Evidenced-Based Disease Prevention Program Monitoring and Quality Assurance Tools/Reports Policy in the SCDOA 2021 Policies and Procedures Manual

Policy Statement

To establish a standardized framework for the quantitative and qualitative monitoring of Title III-D: Evidenced-Based Disease Prevention and Health Promotion Program. This process ensures fiscal accountability, regulatory compliance, and continuous service improvement to meet the evolving needs and preferences of program participants.

SUA Responsibility

Staffing: The SCDOA Registered Dietitian Nutritionist will provide oversight of the AAAs through the following actions:

Annual Review: Conduct annual monitoring of each AAA using the standardized SCDOA Evidenced-Based Disease Prevention Program Monitoring Tool.

On-Site Verification: Schedule and conduct visits at AAA offices and/or local provider sites to verify compliance with established service standards.

Records Review: Review AAA provider monitoring documentation and associated records for evidenced-based disease prevention and health promotion services.

Reporting & Corrective Action: Compile a written narrative report for each monitoring visit. This report will detail findings and, where applicable, outline required plans for compliance and corrective actions. A copy will be provided to the AAA.

Outcomes Analysis: Review aggregated data from AAA and/or provider tools and SCDOA data systems to measure program impact.

AAA Responsibility

Staffing: The AAA shall employ qualified staff, adequate in number to sufficiently manage evidence-based disease prevention and health promotion agreements and to ensure regional compliance with program requirements. Staff shall be qualified by education or experience in the implementation of programs.

The AAA shall ensure that providers have adequate and trained staff to implement evidence-based programs according to the parameters of the program. Staff shall obtain and maintain program certification .

Each AAA is responsible for the direct monitoring of service providers on an annual basis. Between July 1 and June 30 of each fiscal year, the AAA must conduct unannounced on-site visits to verify that providers are adhering to service standards in real-time:

- At least one evidenced-based disease prevention and health promotion service provider in each county will be monitored using the SCDOA Provider Monitoring Tool: Evidenced Based Disease Prevention Program.
- Provider Rotation Plan
The AAA may implement a rotational schedule to ensure a fair and consistent distribution of program services review. This means that not all providers have to be monitored at the same frequency every year. The schedule will be designed to:
 - Evaluate EBP services each year based on the AAAs structured rotation plan.

- Rotate which providers are prioritized for monitoring in any given year to avoid bias and ensure equal oversight across providers over time.
- Providers that exhibit deficiencies or areas of non-compliance during their scheduled monitoring visit may be subject to more frequent follow-up visits. These follow-up visits may occur as needed to ensure corrective actions are implemented and sustained.

Transparency & Reporting: Maintain all provider monitoring reports and records, making them available to the SUA upon request and during the SUA's annual monitoring activities. A separate monitoring tool is to be completed per visit.

Participant Feedback: Administer AAA or provider surveys for qualitative purposes. Results to be made available to the SUA upon request.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

SCDOA Provider Monitoring Tool: Evidenced Based Disease Prevention Program

Other Evidence-Based Program Resources

Evidence-Based Reference Guides and Materials

OTHER EVIDENCE-BASED PROGRAM REFERENCE GUIDES AND MATERIALS	POLICY NUMBER
REFERENCE(S):	This is not a direct policy, but guidance to Evidence-Based Program Resources previously found in the 2021 Aging Services Policies and Procedures Manual Appendices

Evidenced-Based Program Resources and Guides will be made available online for access by AAAs. These documents could include things such as the programmatic tools and forms, a list of state approved III-D programs, etc.

<https://aging.sc.gov/evidenced-based-health-promotion-and-disease-prevention-area-agencies>

Family Caregiver Support Services

Family Caregiver Support Program (Final Rule)

FAMILY CAREGIVER SUPPORT PROGRAM	POLICY NUMBER
REFERENCE(S): OAA Section 371	

Definitions of terms:

Family caregiver means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual; an adult family member, or another individual, who is an informal provider of in-home and community care to an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction; or an older relative caregiver. For purposes of this part, family caregiver does not include individuals whose primary relationship with the older adult is based on a financial or professional agreement.

Older relative caregiver means a caregiver who is age 55 or older and lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability;

(1) In the case of a caregiver for a child is:

(i) The grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child;

(ii) Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and

(iii) Has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally; and

(2) In the case of a caregiver for an individual with a disability, is the parent, grandparent, step-grandparent, or other relative by blood, marriage, or adoption of the individual with a disability.

Policy Statement

The Family Caregiver Support Program (FCSP) is designed to assist family caregivers providing care for those in need of support in the home, preventing or delaying the need for institutional care. The FCSP provides a range of services designed to support family caregivers in a holistic manner and is to be provided with a person-centered approach in mind. Support is provided through required categories of service.

The specified required categories of service for the FCSP, as designated by the OAA, are to be carried out and available throughout the planning and service area. Those categories are as follows:

- (1) Information to family caregivers about available services via public education;
- (2) Assistance to family caregivers in gaining access to the services through:
 - (i) Individual information and assistance; or
 - (ii) Case management or care coordination
- (3) Individual counseling, organization of support groups, and caregiver training to assist family caregivers in those areas in which they provide support, including health, nutrition, complex medical care, and financial literacy, and in making decisions and solving problems relating to their caregiving roles;
- (4) Respite care to enable family caregivers to be temporarily relieved from their caregiving responsibilities; and
- (5) Supplemental services, on a limited basis, to complement the care provided by family caregivers.

To provide Respite Care and Supplemental Services to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's disease or a related disorder, the individual for whom they are caring must be determined to be functionally impaired because the individual:

- (1) Is unable to perform at least two activities of daily living without substantial assistance, including verbal reminding, physical cueing, or supervision;
- (2) Due to a cognitive or other mental impairment, requires substantial supervision because the individual poses a serious health or safety hazard to themselves or others.

SUA Procedure

The SCDOA will review area plan submissions/amendments to confirm that FCSP services provision is included in the regional plans and that any necessary information for program delivery is described as appropriate.

During annual programmatic monitoring, the SCDOA will ensure service requirements are being met across all counties of the region.

During the monthly reimbursement approval process, the SCDOA will ensure that services reported are captured and accounted for in the data collection system.

The SCDOA will establish and maintain priority scoring to ensure family caregivers who have the highest level of need are prioritized when receiving services.

The SCDOA will review area plan submissions/amendments to confirm eligible family caregivers are included in the regional plans and that any necessary information for program delivery is described as appropriate.

During annual programmatic monitoring, and as necessary, the SCDOA will ensure eligible family caregivers are receiving services and not denied based on their relationship to the care receiver.

The SCDOA will provide training and technical assistance to the AAAs.

AAA Procedure

The AAA will ensure all service types are available within the region.

The AAA is responsible for adequate programmatic staffing. At a minimum, every AAA will employ one full-time staff person to work solely within the Family Caregiver Support Program and no other AAA programs.

The AAA will screen family caregivers through the SCDOA family caregiver assessment tool. This tool determines priority scoring of the family caregiver to ensure equitable service delivery.

The AAA will enter all assessments in the OASIS data collection system in real-time to ensure equitable and timely service delivery.

The AAA will determine the amount of service the family caregiver will receive concerning respite, supplemental services, and counseling vouchers.

Family Caregiver Support Program Eligibility and Priority

FCSP Eligibility and Priority Policy	POLICY NUMBER
REFERENCE(S): Section 305(a)(1)(C) Section 373(c)	

Definitions of terms:

Older Adult - an individual who is 60 years of age or older

Severe disability - means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that:

- (1) Is likely to continue indefinitely; and
- (2) Results in substantial functional limitation in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.

Policy Statement

Family Caregiver Support Program (FCSP) Eligibility

To qualify for FCSP services, family caregivers must:

1. Be caring for:
 - an older adult (age 60 or older), or
 - an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
2. Be an adult family member, or other informal caregiver. This includes unmarried partners, friends, or neighbors. Other informal caregivers can also include family caregivers who are under age 18, when all other criteria are met.

3. Be an informal provider of in-home and community care. In-home and community care consists of a range of tasks meant to allow an older individual to remain in their home and delay long term placement. This can include assistance with ADLs, IADLs, and medical care.
4. Have a primary relationship with the older adult that is not based on a financial or professional agreement. Family caregivers who receive limited financial compensation may be eligible for FCSP services.

Additionally, to qualify for Respite Care and/or Supplemental Services, family caregivers of adults aged 60 and older, or of individuals of any age with Alzheimer's disease or a related disorder, must be caring for someone who is determined to be functionally impaired. An individual is considered functionally impaired if:

- (1) They are unable to perform at least two activities of daily living without substantial assistance, including verbal reminding, physical cueing, or supervision; or
- (2) Due to a cognitive or other mental impairment, requires substantial supervision because the individual poses a serious health or safety hazard to themselves or others.

To qualify for FCSP services, an older relative caregiver of a child must:

- Be age 55 or older
- Live with the child
- Be the primary caregiver of the child
- Be the grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child
- Be the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child
- Have a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally

To qualify for FCSP services, an older relative caregiver of an individual with a disability must:

- Be age 55 or older

- Live with the individual with a disability
- Be the primary caregiver of the individual with a disability
- Be the parent, grandparent, step-grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability

Priority in Providing Family Caregiver Support Program Services

In accordance with the Older Americans Act, priority for Family Caregiver Support Program services shall be given to the following:

- (1) Family caregivers who are older individuals with greatest social need, and older individuals with greatest economic need;
- (2) Family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (3) Older relative caregivers of children or adults with severe disabilities.

Waiting List

A family caregiver priority score has been developed by the South Carolina Department on Aging (SCDOA). This score is designed to align with the priority targets established under the Older Americans Act.

The SCDOA requires that all AAAs manage FCSP service waiting lists in accordance with established eligibility criteria and priority score. Waiting lists are designed to ensure that services are provided equitably and based on assessed need.

In the event of a waitlist for FCSP services, family caregivers are to be served based on their assessment priority score. Family Caregivers with higher priority scores are to be served first.

If a family caregiver has a lower priority score, and has a time-sensitive need for services, Family Caregiver Advocates may serve the family caregiver but must provide documentation in the state-approved database as to the circumstance.

SUA Procedure

The SCDOA shall ensure that the family caregiver assessment tool prioritizes family caregivers based on required priority criteria.

The SCDOA shall maintain the family caregiver priority scoring system within the caregiver assessment tool.

The SCDOA shall provide training and technical assistance to Family Caregiver Advocates and other AAA staff related to family caregiver eligibility and priority.

The SCDOA shall include family caregiver eligibility and priority in its annual FCSP program monitoring, to ensure consistency and compliance across all AAAs. Desktop monitoring shall be an ongoing function of the SCDOA, to provide continuous oversight and technical assistance related to eligibility and services priority of family caregivers.

The SCDOA shall review the family caregiver priority scoring guidelines for necessary updates or changes annually.

AAA Procedure

The AAA shall ensure that all family caregivers served meet eligibility requirements.

The AAA shall serve family caregivers based on the assessment priority score.

The AAA shall document its waiting lists in the state-approved database. Documentation must include the family caregiver's priority score.

The AAA must document the justification for serving any family caregiver outside of standard priority order.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Targeting policy

FCSP policy

FCSP Assessment Policy

Family Caregiver Support Program Assessment

FAMILY CAREGIVER ASSESSMENT	POLICY NUMBER
REFERENCE(S):	Replaces 506(D)(3)

Definitions of terms:

Caregiver Assessment (OAA section 372(a)(1)) - a defined process of gathering information to identify the specific needs, barriers to carrying out caregiving responsibilities, and existing supports of a family caregiver or older relative caregiver, as identified by the caregiver involved, to appropriately target recommendations for support services described in section 373(b). Such assessment shall be administered through direct contact with the caregiver, which may include contact through a home visit, the Internet, telephone or teleconference, or in-person interaction.

Policy Statement

Family caregivers seeking Respite Care, Supplemental Services, or Counseling must be directly assessed by a Family Caregiver Advocate (FCA), or other trained Area Agency on Aging (AAA) staff, utilizing the South Carolina Department on Aging (SCDOA)-approved assessment tool, prior to approval or receipt of services. Completing a family caregiver assessment may also be appropriate if the family caregiver is unsure of what services they may be interested in or benefit from.

The family caregiver assessment shall be person-centered, identifying the specific needs, barriers to carrying out caregiving responsibilities, and existing supports of a family caregiver or older relative caregiver, as identified by the family caregiver. The assessment process shall assist Family Caregiver Advocates in providing recommendations for FCSP support services, aging network services, and other community-based services that the caregiver and/or care receiver may benefit from.

Comprehensive family caregiver assessments include questions related to the physical, psychological, and social needs of the individual. Family

caregiver assessments, and periodic reassessments, are a component of “Assistance: Case Management / Care Coordination”, a required service under the FCSP. The unit of service is hours (partial hour may be reported to two decimal places, e.g. 0.25 hours) (Older Americans Act Performance System).

The SCDOA has established a standardized family caregiver assessment that ensures all clients are evaluated using consistent, person-centered methods that determine eligibility, service need, and priority level in accordance with SCDOA policy and applicable program requirements.

SUA Procedure

The SCDOA shall provide and maintain the family caregiver assessment tool, including assessment questions, format, layout, and priority scoring.

The SCDOA shall provide training and technical assistance to Family Caregiver Advocates and other AAA staff in the proper administration of the assessment.

The SCDOA shall include family caregiver assessment implementation in its annual FCSP program monitoring, to ensure consistency and compliance across all AAAs. Desktop monitoring shall be an ongoing function of the SCDOA, to provide continuous oversight and technical assistance related to the family caregiver assessment.

The SCDOA shall ensure that AAAs have access to their caregiver assessment data, as needed/via reports.

The SCDOA shall solicit and accept feedback related to the assessment from Family Caregiver Advocates, family caregivers, and other stakeholders.

The SCDOA shall review the assessment tool for necessary updates or changes annually.

The SCDOA shall stay informed and seek information related to best practices for family caregiver assessments. ([NCSC TACC – CG Assessments](#))

AAA Procedure

The AAA's Family Caregiver Advocate (FCA), or other trained staff, shall make direct contact with the family caregiver, via telephone, teleconference, or in-person interaction, to complete the caregiver assessment.

The AAAs must ensure that all family caregivers have an assessment completed prior to approval and receiving services.

Services for the FCSP are time-limited, meaning most family caregiver clients are only served for a portion of the year. For family caregivers who are returning or reapplying, reassessments must be completed annually.

The FCAs shall enter assessment data into the approved data system in real-time. If for any reason this is not feasible, prior approval from the Program Manager must be received in writing.

The AAA must ensure that the SCDOA Consent Form is discussed with the family caregiver, and verbal consent is received prior to being assessed. Verbal consent must be obtained at the time of each assessment and reassessment. A copy of the South Carolina Department on Aging Consent Form may be provided to family caregivers at their request.

AAAs are responsible for ensuring that FCAs, and other staff assisting FCAs, are trained and adhere to all SCDOA caregiver assessment policies, consent procedures, and confidentiality standards.

The AAAs must ensure clients are informed that they are not legally required to provide income information to be eligible to receive a service.

The AAAs must ensure that clients are informed that they have the right to decline to answer any question, but doing so may result in a lower priority level, which could affect their eligibility or access to services.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Family Caregiver Support Program policy

Family Caregiver eligibility and priority policy

Alzheimer's Funds

ALZHEIMER'S DISEASE AND RELATED DEMENTIA RESPITE VOUCHER PROGRAM (RESPITE ASSISTANCE PROGRAM)	POLICY NUMBER
REFERENCE(S): Proviso 40.9	Previous SCDOA Policy Section 505(2) Previous SCDOA Program Instruction dated 7/1/2024 (Update to Section 505.2.A-C)

Definitions of terms:

Policy Statement

The South Carolina Department on Aging (SCDOA) receives funds earmarked for respite care for family caregivers of those living with Alzheimer's Disease and Related Dementias (ADRD) from the South Carolina General Assembly. The Respite Assistance Program provides respite assistance to the family members of individuals with Alzheimer's Disease and Related Dementias through a voucher system.

Respite Assistance Program Vouchers, most frequently referred to as "Alzheimer's Vouchers", are distributed through the Area Agencies on Aging.

All Alzheimer's Vouchers require a one-time physician statement that the care recipient has a diagnosis of Alzheimer's Disease or Related Dementia. The one-time physician statement may include but is not limited to: a letter from the physician, AAA in-house form, documentation from MyChart or other online healthcare portal, and any other medical documentation signed by the physician with the diagnosis listed.

Alzheimer's Vouchers are solely to provide respite care to family caregivers of persons with Alzheimer's Disease or Related Dementia who are citizens of the State of South Carolina.

Family caregivers receiving an Alzheimer's Voucher must be assessed, using the SCDOA-approved Family Caregiver Assessment.

Respite voucher amounts must be a minimum of \$500.

Family caregivers and individuals with Alzheimer's Disease or Related Dementia receiving home care services including, but not limited to, services provided by the Department of Veteran Affairs, Community Long Term Care, PACE, GUIDE, or Hospice are not ineligible to receive vouchers.

The SCDOA may retain up to 10 percent of the Respite Assistance Funds to cover administrative expenses.

SUA Procedure

The SCDOA shall provide administrative support to manage the Respite Assistance Program, including dissemination of funds and monitoring the usage of funds.

During the monthly reimbursement approval process, the SCDOA will ensure that services reported are captured and accounted for in the data collection system.

During annual programmatic monitoring, the SCDOA will ensure service requirements are being met.

The SCDOA will provide training and technical assistance to the AAAs.

The SCDOA will compile data and submit the Alzheimer's Respite Annual Report to the South Carolina General Assembly by September 30th of each year.

AAA Procedure

The AAA will ensure that the care recipient of individuals receiving Alzheimer's Respite funding have a documented diagnosis of Alzheimer's Disease or Related Dementia.

The AAA will screen family caregivers through the SCDOA family caregiver assessment tool prior to providing services.

The AAA will determine the amount of respite service the family caregiver will receive.

The AAA will enter necessary data into the state data system.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Family Caregiver Assessment Policy

State Family Caregiver Funds

STATE FAMILY CAREGIVER FUNDS	POLICY NUMBER
REFERENCE(S): Proviso 40.7	Previous SCDOA Policy Section 505.3 Previous SCDOA Program Instruction dated 7/1/2024 (Update to Section 505.3)

Definitions of terms:

Policy Statement

The South Carolina Department on Aging (SCDOA) receives funds from the South Carolina General Assembly earmarked for support of family caregivers through services.

State Family Caregiver (FCG) funds are to serve the same population as Title IIIIE Funding to provide unduplicated services for caregivers; approval from the SCDOA for extenuating circumstances can be sought to provide support outside of this group.

State FCG Funds may be used for Seniors Raising Children/Older Relative Caregivers (ORC), age 55+.

Funds may be utilized in service-related areas as outlined:

1. Respite
2. Counseling
3. Supplemental Services (no more than 20% of total service funding)
4. Family Caregiver Training and Education

SUA Procedure

The SCDOA shall provide administrative support to manage the State Family Caregiver Funds, including dissemination of funds and monitoring the usage of funds.

During the monthly reimbursement approval process, the SCDOA will ensure that services reported are captured and accounted for in the data collection system.

During annual programmatic monitoring, the SCDOA will ensure service requirements are being met.

The SCDOA will provide training and technical assistance to the AAAs.

AAA Procedure

The AAA will screen family caregivers through the SCDOA family caregiver assessment tool prior to providing services.

The AAA will determine the amount of service the family caregiver will receive.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

FCSP Policy

FCSP Assessment Policy

Lifespan Respite

LIFESPAN RESPITE	POLICY NUMBER
REFERENCE(S): Lifespan Respite Act	Previous SCDOA Policy Section 505.4

Definitions of terms:

Adult With a Special Need — A person 18 years of age or older who requires care or supervision to—

- (A) meet the person’s basic needs;
- (B) prevent physical self-injury or injury to others; or
- (C) avoid placement in an institutional facility

Child With a Special Need — An individual less than 18 years of age who requires care or supervision beyond that required of children generally to—

- (A) meet the child’s basic needs; or
- (B) prevent physical injury, self-injury, or injury to others.

Family Caregiver — For the purposes of the Lifespan Respite Program, the term “family caregiver” means an unpaid family member, a foster parent, or another unpaid adult, who provides in-home monitoring, management, supervision, or treatment of a child or adult with a special need.

Lifespan Respite Care — The term “lifespan respite care” means a coordinated system of accessible, community-based respite care services for family caregivers of children or adults with special needs.

Respite Care — For the purposes of the Lifespan Respite Program, the term “respite care” means planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.

Policy Statement

The Lifespan Respite Care Program is funded under the Lifespan Respite Care Act and managed by ACL. The purpose of the program is to:

- (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.

Since 2009, ACL has awarded competitive grants to eligible agencies to develop, enhance, and expand coordinated state systems to provide accessible, community-based respite care services. The SCDOA, in partnership with the South Carolina Respite Coalition, has applied for and been awarded a Lifespan Respite Grant since 2009. State Caregiver Funds are used as matching funds for the grant.

Required Uses of Funds — When awarded a grant or cooperative agreement under the Lifespan Respite Program, all or part of the funds shall be used:

- (i) to develop or enhance lifespan respite care at the State and local levels;
- (ii) to provide respite care services for family caregivers caring for children or adults;
- (iii) to train and recruit respite care workers and volunteers;
- (iv) to provide information to caregivers about available respite and support services; and
- (v) to assist caregivers in gaining access to such services.

Optional Uses of Funds — When awarded a grant or cooperative agreement under the Lifespan Respite Program, part of the funds may be used for:

- (i) training programs for family caregivers to assist such family caregivers in making informed decisions about respite care services;
- (ii) other services essential to the provision of respite care as the Secretary may specify; or
- (iii) training and education for new caregivers.

SUA Procedure

The South Carolina Department on Aging will work collaboratively with the subgrantee to apply for the Lifespan Respite Grant and carry out designated grant activities.

The SCDOA shall provide administrative support to manage the Lifespan Respite Grant, including dissemination of funds and monitoring the usage of funds.

During the monthly reimbursement approval process, the SCDOA will ensure that services reported are captured and accounted for in the data collection system.

During annual programmatic monitoring, the SCDOA will ensure service requirements are being met.

The SCDOA will compile data and submit required Semi-Annual and Final Reports to ACL.

Subgrantee Procedure

The subgrantee will work collaboratively with the SCDOA to apply for the Lifespan Respite Grant and carry out designated grant activities.

The subgrantee will enter client information into the state-approved data system(s).

The subgrantee will participate in programmatic and fiscal monitoring.

The subgrantee will assist with data collection requirements of the federal and state funding sources.

The subgrantee will abide by the Terms and Conditions of the grant.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Insurance

State Health Insurance Assistance Program (SHIP)

STATE HEALTH INSURANCE ASSISTANCE PROGRAM(SHIP)	POLICY NUMBER
REFERENCE(S): Omnibus Budget Reconciliation Act (OBRA) of 1990: Section 4360 (42 U.S.C. 1396b-4), Consolidated Appropriations Act of 2014	

Policy Statement

South Carolina's State Health Insurance Assistance Program (SHIP) is a statewide program that provides health insurance information, counseling, and assistance. The program is administered by the South Carolina Department on Aging (SCDOA) and funded through the Administration for Community Living (ACL).

The mission of SHIP is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through unbiased outreach, counseling, and training. SHIP supports individuals in making informed health insurance decisions that maximize access to care and benefits.

Program Coordination Statement

The State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) are co-located within the South Carolina Department on Aging (SCDOA) and operate under shared administrative oversight. While each program maintains a distinct mission, both work collaboratively to provide coordinated services to Medicare beneficiaries, their families, and caregivers.

State Health Insurance Program (SHIP) Progress Reports

Each Area Agency on Aging (AAA) is required to submit two SHIP Progress Reports on a semi-annual basis. Reporting periods are April 1 through August 31 and September 1 through March 31.

Five SHIP Performance Measure Definitions

The following performance measures govern the SHIP program:

Performance Measure 1: Client Contacts – Percentage of total one-on-one contacts (including in-person office visits, in-person home visits, telephone contacts of any duration, and contacts via email, postal mail, or fax) relative to the total number of Medicare beneficiaries in the state.

Performance Measure 2: Outreach Contacts – Percentage of individuals reached through presentations, health or senior fairs, exhibits, and enrollment events relative to the total number of Medicare beneficiaries in the state.

Performance Measure 3: Contacts with Medicare Beneficiaries Under 65 – Percentage of contacts with Medicare beneficiaries under age 65 relative to the total number of Medicare beneficiaries under 65 in the state.

Performance Measure 4: Hard-to-Reach Contacts – Percentage of contacts with low-income, rural, and non-native English-speaking individuals relative to the total number of hard-to-reach Medicare beneficiaries in the state.

Performance Measure 5: Enrollment Contacts – Percentage of unduplicated enrollment-related contacts (involving one or more qualifying enrollment topics) relative to the total number of Medicare beneficiaries in the state.

The South Carolina Department on Aging SHIP Program is staffed by a SHIP Coordinator and/or SHIP Program Assistant. Each AAA has a designated SHIP/SMP Regional Coordinator and operates under its own organizational structure and policies.

SUA Responsibility

SHIP Monitoring

1. The South Carolina Department on Aging shall monitor SHIP activities to ensure data integrity using the SHIP Tracking and Reporting System (STARS).
 2. To comply with ACL data collection requirements, SHIP activity data will be uploaded monthly from STARS by the SHIP Manager/Coordinator at the Department on Aging.
 3. The SCDOA SHIP Coordinator will conduct program monitoring at least annually, including an on-site visit at each AAA. A standardized set of monitoring tools will be used. Additional monitoring may be conducted on an announced or unannounced basis. Desktop monitoring will occur on an ongoing basis.
-

SHIP Training

1. Upon request from the regional coordinator and/or AAA Director, the South Carolina Department on Aging shall provide SHIP/SMP Annual Basic Training, annual update/workshop training, and additional formal training opportunities for volunteers.
2. The Department on Aging shall provide all required manuals and training materials.
3. All certified SHIP/SMP coordinators and counselors must complete a recertification exam every three (3) years and achieve a minimum passing score of 85% to maintain certification. This requirement may be fulfilled through SHIP Annual Basic Training or the SHIP Online Certification Tool.

If a passing score is not achieved on the first attempt, individuals may retake the exam up to two (2) additional times within 45 days using the online tool. If a passing score is still not achieved, additional training must be provided by the SCDOA SHIP Director.

4. Certified coordinators and counselors must complete a minimum of 24 training hours annually to maintain certification.
-

AAA Responsibility

SHIP at the Area Agency on Aging (AAA)

Each AAA shall designate and maintain a full-time SHIP/SMP Coordinator. If the position becomes vacant, the AAA must fill the position within ninety (90) days unless an extension is approved by the South Carolina Department on Aging.

The newly designated coordinator must complete the SHIP online certification exam within 90 days of hire and achieve a minimum passing score of 85%. If the required score is not achieved, the individual must retest within 45 days. A maximum of two (2) additional attempts within 45 days is permitted. Failure to achieve a passing score will result in ineligibility to serve in the SHIP/SMP program.

Each AAA is responsible for developing and managing its work plan for the planning and service area.

AAA SHIP Responsibilities

Oversight of Call Activity

AAA Directors should review call activity reports quarterly to ensure staff meets monthly performance requirements, in accordance with the terms and conditions outlined in the Notification of Grant Award (NGA). Directors must also verify that all contacts are accurately recorded in the STARS tracking system.

Outreach Requirements

Each AAA shall conduct a minimum of three SHIP outreach events per month in alignment with NGA guidelines and program expectations for community education and fraud prevention awareness.

Timely Data Entry and Reporting

SHIP staff and coordinators are required to enter all client contacts and public outreach events into the STARS tracking system on a weekly basis. Entries must accurately reflect the type and scope of services provided in compliance with ACL grant requirements.

Confidentiality and Data Security

AAA SHIP Coordinators shall maintain secure systems for storing confidential client information, including the use of locked file cabinets and/or secure

electronic databases that comply with all applicable privacy and data protection standards.

Staff Separation and System Access

If a regional SHIP staff member resigns or is terminated, the South Carolina Department on Aging must be notified immediately to ensure prompt deactivation of the individual's access to SHIP data systems.

Senior Medicare Patrol (SMP)

SENIOR MEDICARE PATROL (SMP)	POLICY NUMBER
REFERENCE(S): Title IV of the Older Americans Act (OAA). 411(a)(31).	

Policy Statement

South Carolina's Senior Medicare Patrol (SMP) Program is a health care fraud prevention and education program administered by the Department on Aging and funded through the Administration for Community Living (ACL). The SMP program empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. Federally, the SMP program is authorized under Title IV of the Older Americans Act (OAA), Section 411(a)(31).

Program Coordination Statement

The State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) are co-located within the South Carolina Department on Aging (SCDOA) and operate under shared administrative oversight. While each program maintains a distinct mission, both work collaboratively to provide coordinated services to Medicare beneficiaries, their families, and caregivers.

SUA Responsibility

Senior Medicare Patrol Program (SMP) Progress Reports

Each Area Agency on Aging (AAA) is required to submit two Senior Medicare Patrol (SMP) Progress Reports on a semi-annual basis. The reporting periods are June 1 through November 30 and December 1 through May 31.

The Department on Aging SMP Program is staffed by an SMP Coordinator. Each AAA has a designated SHIP/SMP Regional Coordinator and operates under its own organizational structure and policies.

SMP Monitoring

1. The Department on Aging shall monitor SMP activities to ensure data integrity using the SMP Information and Reporting System (SIRS).
2. To comply with ACL data collection requirements, SMP activities will be uploaded monthly from SIRS by the SMP Manager/Coordinator at the Department on Aging.
3. The SCDOA SMP Coordinator will conduct monitoring of the SMP program at least once annually, including an on-site visit at the AAA. Standardized monitoring tools will be utilized. Additional monitoring visits may be conducted on an announced or unannounced basis. Desktop monitoring is an ongoing function at SCDOA.

SMP Training

5. Upon request from the regional coordinator and/or AAA Director, the South Carolina Department on Aging shall provide SHIP/SMP Annual Basic Training, annual update/workshop training, and additional formal training opportunities for volunteers.
6. The Department on Aging shall provide all required manuals and training materials.
7. All certified SHIP/SMP coordinators and counselors must complete a recertification exam every three (3) years and achieve a minimum passing score of 85% to maintain certification. This requirement may be fulfilled through SHIP Annual Basic Training or the SHIP Online Certification Tool.

If a passing score is not achieved on the first attempt, individuals may retake the exam up to two (2) additional times within 45 days using the online tool. If a passing score is still not achieved, additional training must be provided by the SCDOA SHIP Director.

8. Certified coordinators and counselors must complete a minimum of 24 training hours annually to maintain certification.

AAA Responsibility

SMP at the Area Agency on Aging (AAA)

Each AAA shall designate and maintain a full-time SHIP/SMP Coordinator. If the position becomes vacant, the AAA must fill the position within ninety (90) days unless an extension is approved by the South Carolina Department on Aging.

The newly designated coordinator must complete the SHIP online certification exam within 90 days of hire and achieve a minimum passing score of 85%. If the required score is not achieved, the individual must retest within 45 days. A maximum of two (2) additional attempts within 45 days is permitted. Failure to achieve a passing score will result in ineligibility to serve in the SHIP/SMP program.

Each AAA is responsible for developing and managing its work plan for the planning and service area.

AAA SMP Responsibilities

Oversight of Call Activity

AAA Directors should review call activity reports quarterly to ensure staff meets required monthly performance requirements, in accordance with the terms and conditions outlined in the Notification of Grant Award (NGA).

Directors must also verify that all client interactions are accurately documented in the SIRS tracking system.

Outreach Requirements

Each AAA shall conduct a minimum of three SMP outreach events per month in alignment with NGA guidelines and program expectations for community education and fraud prevention awareness.

Timely Data Entry and Reporting

SMP staff and coordinators are required to enter all client contacts and public outreach events into the SIRS tracking system on a weekly basis. Entries must accurately reflect the type and scope of services provided in compliance with ACL grant requirements.

Confidentiality and Data Security

AAA SMP Coordinators shall maintain secure systems for storing confidential client information, including the use of locked file cabinets and/or secure electronic databases that comply with all applicable privacy and data protection standards.

Staff Separation and System Access

If a regional SMP staff member resigns or is terminated, the South Carolina Department on Aging must be notified immediately to ensure prompt deactivation of the individual's access to SMP data systems.

Legal Services

Legal Assistance Developer (Final Rule)

LEGAL ASSISTANCE DEVELOPER	POLICY NUMBER
REFERENCE(S): 45 CFR 1324 Subpart C 1324.303	

Policy Statement

The Legal Assistance Developer (LAD) position was established in the OAA (42 USC Sec. 3058j). The LAD is charged with providing state leadership in developing legal assistance programs throughout South Carolina for individuals over the age of 60. The role of the LAD is to ensure:

1. State leadership in securing and maintaining the legal rights of older individuals;
2. State capacity for coordinating the provision of legal assistance, including prioritizing such services provided to individuals with greatest economic or social need;
3. State capacity to provide technical assistance, training and other support to South Carolina's AAAs, legal assistance providers, the State Long-Term Care Ombudsman program, adult protective services and others as appropriate;
4. State capacity to promote financial management services to older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings;
5. State capacity to assist older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings;
6. State capacity to improve the quality and quantity of legal services provided to older individuals.

SUA Procedure

The SCDOA will identify a position to designate for the Legal Assistance Developer and ensure that the person holding that position has the knowledge, resources and capacity to fulfill the role outlined above.

The SCDOA shall not designate as LAD any individual who is:

1. Serving as a director of adult protective services, or as legal counsel to adult protective services;
2. Serving as a State Long Term Care Ombudsman, or as legal counsel to the State Long Term Care Ombudsman program;
3. Serving as a hearing officer, administrative law judge, trier of fact or counsel to these positions in an administrative proceeding related to the legal rights of older individuals, such as one in which a legal assistance provider may appear;
4. Serving as counsel or a party to an administrative proceeding related to long-term care settings, including residential settings;
5. Conducting surveys of and licensure certifications for long-term care settings, including residential settings, or serving as counsel or advisor to such positions;
6. Serving as a public or private guardian, conservator, or fiduciary, or operating such a program, or serving as counsel to these positions or programs.

The SCDOA shall ensure that any actual or potential conflicts of interest or circumstances that lead to the appearance of a conflict of interest are identified; and that any actual or potential conflict of interest is removed or remedied, as outlined in the Conflicts of Interest policy.

AAA Procedure

The AAAs will coordinate with the LAD to support the provision of training and technical assistance on Legal Assistance Services, participating in trainings as appropriate.

The AAAs shall collaborate with the LAD as appropriate on activities designed to enhance access to legal assistance by older adults in South Carolina.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Legal Services (Final Rule)

LEGAL ASSISTANCE SERVICES	POLICY NUMBER
REFERENCE(S): 45 CFR 1321.93 45 CFR 1324.303	

Definitions of terms:

Legal Assistance: legal advice and/or representation provided by an attorney to older individuals with economic or social needs, per section 102(33) of the Act (42 U.S.C. 3002(33)). Legal assistance may include, 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 as permitted by law.

Representation may include interpreting law, regulations, court rules, and legal procedures; recommending a course of action based on the facts of the case; and providing counseling.

Defense of guardianship: advice to and representation of older individuals at risk of guardianship and older individuals subject to guardianship to divert them from guardianship to less restrictive, more person-directed forms of decisional support where possible, to oppose appointment of a guardian in favor of less restrictive decisional supports, to seek limitation of guardianship and to seek revocation of guardianship.

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 the opposing party.

Policy Statement

This policy establishes the requirements and procedures for the provision of legal assistance services to older individuals, pursuant to the Older Americans Act (OAA) and 45 CFR §1321.93. It ensures that the South Carolina Department on Aging (SCDOA) supports the development and

delivery of high-quality legal assistance targeted to the most vulnerable elders.

OAA funded legal assistance, to the extent practicable, supplements and does not duplicate or supplant legal services provided with funding from other sources, including grants made by the Legal Services Corporation.

Legal assistance supplements existing sources of legal services through focusing legal assistance delivery and provider capacity in the specific areas of law affecting older adults with greatest economic need or greatest social need;

Priority areas for legal assistance include:

- Income maintenance (Social Security, SSI, pensions)
- Health care access (Medicare, Medicaid)
- Long-term care (nursing homes, home care)
- Housing and utilities
- Protection from abuse, neglect, and exploitation
- Defense against guardianship or inappropriate fiduciary control
- Age discrimination in employment or access to services

Exclusions:

Legal assistance cannot be provided in criminal cases or in matters not permitted by Title III-B funding or other funding sources.

No legal assistance provider shall use OAA funds to provide legal assistance in a fee generating case unless other adequate representation is unavailable or there is an emergency requiring immediate legal action. All providers shall establish procedures for the referral of fee generating cases.

Means testing for legal assistance is strictly prohibited. Neither the AAA nor the providers of legal assistance may ask older persons to disclose information about income or resources as a condition for providing legal assistance. An SCDOA Client Assessment is not required to receive legal assistance.

SUA Procedure

The SCDOA shall designate the minimum proportion of Title III-B funds and require the expenditure of at least that amount for each planning and service area for legal assistance.

The SCDOA shall employ or designate a Legal Assistance Developer (LAD) who will provide state leadership in securing the legal rights of older adults and maintaining the state's capacity to maintain and enhance the provision of legal assistance consistent with 45 CFR 1321.93 by:

1. Coordinating the provision of legal assistance, including prioritizing services to older adults with greatest economic or greatest social need;
2. Providing training and technical assistance to the AAAs, legal assistance providers, APS, the State long-term care ombudsman program, and other service providers;
3. Promoting activities to increase awareness of and access to financial management and legal assistance for older adults at risk of guardianship or other fiduciary proceedings;
4. Promoting activities to assist older adults in understanding their rights, exercising choices, and benefiting from other services.

The SCDOA Legal Assistance Developer shall conduct annual monitoring of the legal assistance program

AAA Procedure

1. The area agency on aging shall award at a minimum the required adequate proportion of Title III, part B funds designated by the SCDOA to procure legal assistance for older residents of the planning and service area.
2. The area agencies on aging shall select and procure through contract legal assistance providers best able to provide legal assistance and meets the following standards:
 - a. Has staff with expertise in elder law and other specific areas of law affecting older persons in economic or social need (for example, public benefits, institutionalization, and alternatives to institutionalization);
 - b. Demonstrate expertise in specific areas of law that are given priority in the Act, including income and public entitlement benefits, health care, long-term care, nutrition, consumer law, housing, utilities, protective services, abuse, neglect, age discrimination, and defense of guardianship as defined in 45 CFR 1321.93(d)(i)-(ii).

- c. Demonstrates the capacity to provide effective administrative and judicial representation in the areas of law affecting older persons with social or economic need;
- d. Demonstrates the capacity to provide support to other advocacy efforts such as the Long Term Care Ombudsman program, including requiring a memorandum of agreement between the State Long Term Care Ombudsman and the legal assistance provider(s) as required by section 712(h)(8) of the Act; and
- e. Demonstrates the capacity to effectively deliver legal assistance to institutionalized, isolated, and/or homebound individuals effectively.

The AAA may not require any provider of legal assistance under this title to reveal any information that is protected by attorney-client privilege.

The AAA shall attempt to involve the private bar in legal assistance activities, including groups within the private bar who provide services to older individuals on a pro bono and reduced fee basis.

Minimum contract requirements:

The contract shall specify that legal assistance provider(s) shall demonstrate capacity to:

1. Maintain the expertise required to capably handle matters related to the priority case type areas specified under the Act, including income and public entitlement benefits, health care, long-term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination and defense of guardianship (as defined in paragraph (d)(2)(i) of this section).
2. Provide legal assistance to meet complex and evolving legal needs that may arise involving a range of private, public, and governmental entities, programs, and activities that may impact an older adult's independence, choice, or financial security;
3. Prioritize representation and advice that focus on the specific areas of law that give rise to problems that are disparately experienced by older adults with economic or social need.
4. Maintain the expertise and capacity to deliver a full range of legal assistance, from brief service and advice through representation in hearings, trials, and other administrative and judicial proceedings in

the areas of law affecting such older individuals with economic or social need.

5. Engage in reasonable efforts to involve the private bar in legal assistance activities authorized under the Act, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
6. Maintain the capacity for and provision of effective administrative and judicial representation.
 - a. *Effective administrative and judicial representation* means the expertise and ability to provide the range of services necessary to adequately address the needs of older adults through legal assistance in administrative and judicial forums, as required under the Act. This includes providing the full range of legal services, from brief service and advice through representation in administrative and judicial proceedings.
7. Conduct administrative and judicial advocacy as is necessary to meet the legal needs of older adults with economic or social need, focusing on such individuals with the greatest economic need or greatest social need:
 - a. *Economic need* means the need for legal assistance resulting from income at or below the Federal poverty level, as defined in section 102(44) of the Act (42 U.S.C. 3002(44)), that is insufficient to meet the legal needs of an older individual or that causes barriers to attaining legal assistance to assert the rights of older individuals as articulated in the Act and in the laws, regulations, and Constitution.
 - b. *Social need* means the need for legal assistance resulting from social factors, as defined by in section 102(24) of the Act (42 U.S.C. 3002(24)), that cause barriers to attaining legal assistance to assert the rights of older individuals.
8. Maintain the capacity to provide effective legal assistance and legal support to other advocacy efforts, including, but not limited to, the Long-Term Care Ombudsman Program serving the planning and service area, as required by section 712(h)(8) of the Act (42 U.S.C. 3058g(h)(8)), and maintain the capacity to form, develop and maintain partnerships that support older adults' independence, choice, or financial security.

9. Maintain and exercise the capacity to effectively provide legal assistance to older adults regardless of whether they reside in community or congregate settings, and to provide legal assistance to older individuals who are confined to their home, and older adults whose access to legal assistance may be limited by geography or isolation.
10. Maintain the capacity to provide legal assistance in the preferred language used by older individuals seeking and/or receiving legal assistance who are limited-English proficient (LEP), including in oral and written communication.
 - a. Legal assistance provider(s) shall take reasonable steps to ensure meaningful access to legal assistance by older individuals with limited English-speaking proficiency and other communication needs;
 - b. Such reasonable steps require an individualized assessment of the legal services needs of individuals who are seeking legal assistance and legal assistance clients to understand and participate in the legal process (as determined by each individual); and
 - c. Legal assistance provider(s) are responsible for providing access to interpretation, translation, and auxiliary aids and services to meet older individuals' legal assistance needs.
11. Meet the following legal assistance provider requirements:
 - a. A legal assistance provider may not require an older person to disclose information about income or resources as a condition for providing legal assistance under this part.
 - b. A legal assistance provider may ask about the person's financial circumstances as a part of the process of providing legal advice, counseling, and representation, or for the purpose of identifying additional resources and benefits for which an older person may be eligible.
 - c. A legal assistance provider and its attorneys may engage in other legal activities to the extent that there is no conflict of interest nor other interference with their professional responsibilities under this Act.
12. Legal assistance providers that are not housed within Legal Services Corporation grantee entities shall coordinate their services with existing Legal Services Corporation projects to concentrate funds

under this Act in providing legal assistance to older adults with the greatest economic need or greatest social need.

13. Nothing in this section is intended to prohibit any attorney from providing any form of legal assistance to an eligible client, or to interfere with the fulfillment of any attorney's professional responsibilities to a client.
14. Legal assistance provider attorney staff and non-attorney personnel under the supervision of legal assistance attorneys must adhere to the applicable Rules of Professional Conduct, including, but not limited to, the obligation to preserve the attorney-client privilege.

The contract shall include provisions:

1. Describing the duty of the area agency to refer older adults to the legal assistance provider(s) with whom the area agency contracts. In fulfilling this duty, the area agency on aging is precluded from requiring a pre-screening of older individuals seeking legal assistance or from acting as the sole and exclusive referral pathway to legal assistance.
2. Requiring the contracted legal assistance provider(s) to maintain capacity to provide legal assistance in the preferred language used by older individuals seeking and/or receiving legal assistance who are limited English proficient (LEP), including in oral and written communication, and to ensure effective communication for individuals with disabilities, including by providing appropriate auxiliary aids and services where necessary.
 - a. This includes requiring legal assistance providers take reasonable steps to ensure meaningful access to legal assistance by older individuals with limited-English proficiency, including an individualized assessment of an individual's need to understand and participate in the legal process (as determined by each individual).
 - b. This includes stating the responsibility of the legal assistance provider to provide access to interpretation and translation services to meet clients' needs.
 - c. This includes taking appropriate steps to ensure communications with persons with disabilities are as effective as communication with others, including by providing appropriate auxiliary aids and services where necessary to afford qualified persons with

disabilities an equal opportunity to participate in, and enjoy the benefits of, legal assistance.

3. Providing that the area agency on aging will provide outreach activities that will include information about the availability of legal assistance to address problems experienced by older adults that may have legal solutions, such as those referenced in sections 306(a)(4)(B) and 306(a)(19) of the Act (42 U.S.C. 3026(a)(4)(B) and 3026(a)(19)). This includes outreach to:
 - a. Older adults with greatest economic need due to low income and to those with greatest social need, including minority older individuals; and
 - b. Older adults of underserved communities, including:
 - i. Older adults with limited-English proficiency and/or whose primary language is not English;
 - ii. Older adults with severe disabilities;
 - iii. Older adults living in rural areas;
 - iv. Older adults at risk for institutional placement; and
 - v. Older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and their caregivers.
4. Providing that legal assistance provider attorney staff and non-attorney personnel under the supervision of legal assistance attorneys must adhere to the applicable State Rules of Professional Conduct.
5. Requiring that if the legal assistance provider(s) contracted by the area agency is located within a Legal Services Corporation grantee entity, that the legal assistance provider(s) shall adhere to the specific restrictions on activities and client representation in the Legal Services Corporation Act (42 U.S.C. 2996 *et seq.*). Exempted from this requirement are:
 - a. Restrictions governing eligibility for legal assistance under such Act;
 - b. Restrictions for membership of governing boards; and
 - c. Any additional provisions as determined appropriate by the Assistant Secretary for Aging.

Legal assistance provider prohibited activities.

1. A provider, employee of the provider, or staff attorney shall not engage in the following prohibited political activities:

- a. No provider or its employees shall contribute or make available funds, personnel, or equipment provided under the Act to any political party or association or to the campaign of any candidate for public or party office; or for use in advocating or opposing any ballot measure, initiative, or referendum;
 - b. No provider or its employees shall intentionally identify the Title III program or provider with any partisan or nonpartisan political activity, or with the campaign of any candidate for public or party office; or
 - c. While engaged in legal assistance activities supported under the Act, no attorney shall engage in any political activity.
2. No funds made available under the Act shall be used for lobbying activities including, but not limited to, any activities intended to influence any decision or activity by a nonjudicial Federal, State, or local individual or body.
3. A provider may use funds provided by private sources to engage in lobbying activities if a government agency, elected official, legislative body, committee, or member thereof is considering a measure directly affecting activities of the provider under the Act;
4. While carrying out legal assistance activities and while using resources provided under the Act, by private entities or by a recipient, directly or through a subrecipient, no provider or its employees shall:
 - a. Participate in any public demonstration, picketing, boycott, or strike, whether in person or online, except as permitted by law in connection with the employee's own employment situation;
 - b. Encourage, direct, or coerce others to engage in such activities; or
 - c. At any time engage in or encourage others to engage in:
 - i. Rioting or civil disturbance;
 - ii. Activity determined by a court to be in violation of an outstanding injunction of any court of competent jurisdiction;
 - iii. Any illegal activity;
 - iv. Any intentional identification of programs funded under the Act or recipient with any partisan or nonpartisan political activity, or with the campaign of any candidate for public or party office; or

- v. None of the funds made available under the Act may be used to pay dues exceeding a reasonable amount per legal assistance provider per annum to any organization (other than a bar association), a purpose or function of which is to engage in activities prohibited under these regulations. Such dues may not be used to engage in activities for which Older Americans Act funds cannot be directly used.
- 5. Nothing in this section is intended to prohibit an employee from:
 - a. Communicating with a governmental agency for the purpose of obtaining information, clarification, or interpretation of the agency's rules, regulations, practices, or policies;
 - b. Informing a client about a new or proposed statute, executive order, or administrative regulation relevant to the client's legal matter;
 - c. Responding to an individual client's request for advice only with respect to the client's own communications to officials unless otherwise prohibited by the Act, Title III regulations or other applicable law. This provision does not authorize publication or training of clients on lobbying techniques or the composition of a communication for the client's use;
 - d. Making direct contact with the area agency for any purpose; or
 - e. Testifying before a government agency, legislative body, or committee at the request of the government agency, legislative body, or committee.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Other Services

Dental Program with HCBS Funds

DENTAL SERVICES WITH HCBS FUNDS	POLICY NUMBER
REFERENCE(S): Proviso 40.5	This policy replaces SCDOA PI for Dental Services, July 1, 2025

Policy Statement

Many older adults face significant barriers to accessing dental care because they have little to no dental insurance coverage. Unlike other essential health services, routine dental care is not included in traditional Medicare benefits, leaving many older adults responsible for paying out of pocket. As a result, individuals living on fixed incomes often delay or forgo necessary dental treatment. Even those who have some form of coverage may still be underinsured, meaning their plans cover only limited services or require high out-of-pocket costs.

AAAs may allocate HCBS funds for dental programs based upon the conditions noted herein. While there are several factors related to quality of life, older adults with poor oral health are at risk for many oral diseases, including tooth decay, dental root decay, gum disease, and oral cancer. Poor dental hygiene in older adults can lead to a range of health problems, including gum disease, tooth loss, and is associated with an increased risk of cardiovascular disease, complications of diabetes, respiratory infections, dementia, and certain cancers. In addition, it can also hinder adequate nutritional intake, potentially leading to malnutrition. Listed below are the most common dental emergencies among the older adult population.

These dental concerns, along with their treatments, are *approved.

1. Toothaches/Abscess

Toothaches are among the most frequent dental emergencies for older adults. These can stem from decay, cracked teeth, or gum infections.

Persistent toothache might also signal a more profound problem, like an abscess, which requires immediate care to prevent infection from spreading.

2. Lost Fillings or Crowns

Fillings and crowns are not designed to last forever. Over time, wear and tear can cause these restorations to come loose or fall out, leaving teeth vulnerable to further decay or sensitivity. Older adults with lost fillings or crowns should seek prompt care to avoid complications.

3. Broken or Fractured Teeth

Teeth can weaken with age, making them more prone to fractures. Chewing hard food or accidental falls can lead to a chipped or broken tooth. A cracked tooth can expose nerves, causing significant pain.

4. Gum Infections/Disease

Periodontal disease is common among older adults. Gum infections can worsen when left untreated, leading to an abscess or loose teeth. These infections can impact overall health, with studies linking gum disease to heart disease and diabetes complications.

5. New Dentures/Denture Repair

Dentures can contribute to malnutrition in older adults by affecting their ability to chew and swallow food properly, which can eventually lead to dietary restrictions and nutrient deficiencies. Dentures that don't fit correctly can cause sores, pain, and difficulty eating. Sudden changes in denture fit may also indicate underlying dental issues, such as gum recession or bone loss.

Structured Methodology

- Clients are eligible for the dental program only if they have been assessed and are receiving services.
- The client assessment must accurately reflect the eligibility status determined by the automated screening tool. Reimbursement is strictly limited to allowable dental treatments provided *after* the eligibility assessment has been completed. Services rendered prior to the assessment date are not eligible for payment.

- Before reimbursement for allowable dental services is issued, available insurance coverage must be utilized first. HCBS Dental funds may only be used after all applicable insurance benefits have been applied, ensuring HCBS funds serve as the payer of last resort. Verification of insurance coverage may be accomplished with the support of the State Health Insurance Assistance Program (SHIP).
- To maximize the number of older adults served, the CAP for dental services is \$3,500.00 per client, per year, as the types of dental treatments and services vary per client. If the cost of services exceeds \$3,500.00, and the reasoning is justifiable, the South Carolina Department on Aging (SCDOA) may approve the overage at its discretion.

Protected Health Information

The agency should only collect the minimum necessary billing information required to verify eligibility and process reimbursement. Medical records and diagnosis information are not requested. All submitted information is maintained in accordance with federal and state privacy and confidentiality standards.

Documentation from participants may include participant name, provider name, date of service, procedure description, amount charged, and/or paid. For new dentures, documentation must include that the purpose is not for cosmetic reasons. Information to redact includes diagnosis codes, clinical codes, treatment narratives, insurance policy numbers, and any other information that is not minimally necessary.

Service	Unit	Service Description	Funding Source
Dental - [*Name of approved service]	1 Visit	• One dental office visit for *approved services/treatments. • Include invoice number	Dental Services (HCBS): Units are entered per client. • Variable cost or fixed cost based on contractual agreement.

*i.e., Toothache, Abscess, Lost Filling, Crown, Broken Tooth, Gum Disease, Denture

SUA Responsibility

The SUA will review submitted Payment Request Forms for approved grant-eligible dental services and ensure that units are entered per OAA client and appropriately attributed to HCBS Dental funds.

AAA Responsibility

The AAA will ensure that reimbursement is issued only for assessed clients receiving OAA services and that the dental procedure is included on the approved service list. The AAA will verify that the total amount requested does not exceed the participant funding cap. Additionally, the AAA will confirm through invoice documentation that services were rendered and that units for reimbursement are accurately entered per client using HCBS Dental funds. All invoices will be properly redacted prior to submission with Payment Request Forms to ensure compliance with privacy and confidentiality requirements.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

[Delta Dental Resource Guide](#)

Home Stabilization Program

HOME STABILIZATION PROGRAM	POLICY NUMBER
REFERENCE(S):	

Policy Statement

The purpose of the South Carolina Department on Aging (SCDOA) Home Stabilization Program (HSP) is to provide minor home repairs and modifications to older adult homes, and to decrease injuries, hospitalizations, and nursing home stays resulting from falls to allow older adults to “age in place” safely and independently in their homes.

SUA Responsibility

Allowable home modifications and repairs are generally defined as low-cost changes within the home directly related to reducing the risk of falls and improving safety and ability to complete daily activities in the home. The resulting home environment is expected to make tasks easier, reduce accidents, and lengthen the amount of time an older adult can continue to live in their home.

Approved repairs necessary to maintain safety, decrease hazards, and increase independence in the home environment may include the following:

- Structural repairs such as the installation of wheelchair ramps, floor repairs, roof repairs, door replacements, and walk-in showers.
- Procurement and installation of assistive technology/adaptive equipment such as grab bars, comfort height toilets, shower chairs, handheld showerheads, lever handles, smart home devices, and pull-out cabinet drawers.
- Other modifications include pest control, biohazard/hoarding, or professional organizing services.

Exclusions include (but are not limited to) cosmetic or non-essential repairs and major structural repairs such as:

- Complete or substantial bathroom or kitchen remodel
- Major rewiring or new electrical service

- Installation of new plumbing system
- Installation of new furnace or heat distribution system
- Installing new central air conditioning

To receive HSP services, an older adult must be age 60 or older, reside in one of 46 counties in the state of South Carolina, own or co-own a single-family or manufactured/mobile home, and demonstrate a need for services with priority to previous falls and/or fall risk with significant home hazards. Repairs and modifications are funded up to \$8,000 per home. Costs may exceed \$8,000, but no more than \$10,000, with justification from agency leadership.

Older adult participation in the Home Stabilization Program requires an in-home assessment conducted by an occupational therapist. An occupational therapist is a licensed clinical practitioner who provides personalized recommendations and interventions to improve safety, increase independence, and enhance a person's ability to perform daily activities. They use a client-centered approach when working with older adults to ensure that the proposed changes to the home are consistent with their wants, needs, skills, and physical environment.

Licensed contractors, homebuilders, and skilled handymen will complete repairs to homes. Contractors must demonstrate quality work in accordance with contemporary construction practices and should expect to collaborate directly with the occupational therapist. Appropriate licenses, insurance, workers' compensation, and bonds are required. All vendors must comply with a criminal background check through the South Carolina State Law Enforcement Division (SLED) and a search of the SC Sex Offender Registry.

Service Delivery Model:

- A licensed occupational therapist and certified occupational therapy assistant will conduct an in-home evaluation to assess for home hazards, document falls, and observe level of independence with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).
- Following an in-home evaluation, a work order report is completed and sent to a licensed contractor, homebuilder, or skilled handyman

assigned to the home. All repairs and modifications will be completed by a licensed contractor, homebuilder, or skilled handyman.

- The occupational therapist and certified occupational therapy assistant will return to the home following the completion of repairs for a follow-up visit to inspect work and to educate/train the older adult on the safe use of home modifications.

Repairs should be completed within 60 days of a contractor receiving a completed work order. Should any indication of incorrect installation arise after a follow-up inspection, the contractor must return to modify any incorrect, defective, or unsafe installed repair within 30 days with no additional compensation unless otherwise authorized by agency staff.

Contractors and vendors must complete vendor registration requirements through the South Carolina Division of Procurement Services and enroll in the State Treasurer's Electronic Payment System.

The South Carolina Department on Aging will comply with state statute which requires payment after 30 days of an invoice submission. Invoices must include a breakdown of material and labor costs.

AAA Responsibility

The Home Stabilization will operate at the state level and is separate from the AAA Minor Home Repair services. It is recommended for AAA staff, specifically Assessors and IR&A Specialists, to familiarize themselves with requirements specific to the Home Stabilization Program's emphasis on falls for the referral of qualified older adults through SCDOAs reporting system.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Social Connections Programs with HCBS Funds

SOCIAL CONNECTIONS PROGRAMS WITH HCBS FUNDS	POLICY NUMBER
REFERENCE(S): Proviso 40.5	This policy replaces SCDOA PI for HCBS Funds for Programs to Promote Social Connection Services, July 1, 2024

Policy Statement

Many older adults experience significant health risks due to social isolation and loneliness, often because they lack the necessary social support systems or face barriers like declining health and limited transportation. Unlike other health determinants that receive regular clinical attention, social connection is frequently overlooked as a primary driver of well-being, leaving older adults to navigate these challenges on their own. As a result, those without robust social networks often suffer from premature death and serious conditions like heart disease, stroke, and dementia. Even individuals who remain somewhat active may still be at risk if their social interactions lack depth or fail to meet their emotional needs, potentially leading to increased depression, anxiety, and a decline in overall cognitive function.

To help combat social isolation and loneliness, AAAs may allocate HCBS funds for programs to promote social connection based upon the conditions noted herein.

Reimbursable units/activities

Programs and activities that promote the social connection of older adults of greatest social and economic need. Units of service may be entered into the data system as an individual client activity and/or as a group activity and will be dependent upon the project.

Examples of activities are provided below.

1. Workshop series or class where participants may need materials or require a fee to attend and the individual has limited financial resources.

2. Games or other interactive tools to enhance senior center connection. Examples: Board games, interactive projector games, backyard games
3. Technology for the enhancement of human connections and allows seniors to engage with others who may be at higher risk for social isolation (homebound, live alone).

Service	Unit	Description	Funding Source
Social Connections -Group Class	1 Class or Session	Include # of *participants, name of instructor, topic(s), or other relevant information, etc.	HCBS: Social Connections Fixed cost based on contractual agreement.
Social Connections - Individual	1 Class or Session	Include name of instructor, topic(s), or other relevant information, etc.	HCBS: Social Connections Fixed cost based on contractual agreement. Entry is entered under the specific client.
Service	Unit	Descriptions	Funding Source
Social Connections: Materials/Training	1 Purchase	Include type of materials and/or training/certification purchased	HCBS: Social Connections Variable or a fixed cost based on contractual agreement.

*The participant count for group activity recording is older adults 60+, adults with disabilities, or family caregivers. Individuals participating in social connections programs are exempt from the SCDOA Client Assessment.

SUA Responsibility

The SCDOA will provide technical assistance to the AAAs for social connection projects.

The SCDOA will review program plans for strategies to serve those in greatest social and economic need.

The SCDOA will review submitted Payment Request Forms for approved social connection reimbursement requests and appropriately attributed to HCBS Social Connections funds.

AAA Responsibility

The AAA will utilize the SCDOA Social Connection Program Request Form to develop and approve social connection projects. Programming plans will include strategies to serve those in greatest social and economic need.

The AAA will work with providers to track the project and monitor project outcomes. This data will be made available to the SCDOA.

The AAA will ensure that reimbursement is issued only for approved social connections projects. The AAA will verify that the amounts requested do not exceed project plans. Additionally, the AAA will confirm through invoice documentation that services were rendered and that units for reimbursement are accurately entered into the data system using HCBS Social Connection funds. As appropriate, invoices will be submitted with Payment Request Forms.

See also: (related/cross-referenced policies and/or forms – use hyperlinks)

Populations Targeted for Service Under the Older Americans Act Policy
Social Connections Program Request Form