

**South Carolina  
Lieutenant Governor's Office on Aging**

# **STATE PLAN ON AGING**



**FFY 2013 –2016**

# **South Carolina State Plan on Aging 2013 -2016**

**(Effective October 1, 2012 – September 30, 2016)**

**The Honorable Glenn F. McConnell**  
Lieutenant Governor of South Carolina  
State Constitutional Officer responsible for the  
State Office on Aging

**Mr. Tony Kester, Director**  
Lieutenant Governor's Office on Aging

**Lieutenant Governor's Office on Aging**  
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State of South Carolina  
Office of The Lieutenant Governor

Glenn F. McConnell  
Lieutenant Governor

Office on Aging  
Tony Kester  
Director

July 1, 2012

Mr. Constantinos I. Miskis  
Regional Administrator  
U.S. Administration on Aging Region IV, DHHR  
Atlanta Federal Center  
71 Forsyth Street, SW, Suite 5M69  
Atlanta, Georgia 30303-8099

Dear Mr. Miskis:

The State Plan on Aging is hereby submitted for the State of South Carolina for the period of October 1, 2012, through September 30, 2016.

The enclosed plan describes the values, resources, goals and strategies designed to achieve the State of South Carolina's objectives in providing services that allow our state's elderly citizens to remain active, healthy and independently at their homes for as long as possible. Included are required assurances and a description of programs and services under the provisions of the Older American's Act of 1965, as Amended.

As a State Unit, we are very pleased with the progress that has been made in providing elderly South Carolinians a wide array of services over the years. However, with this State Plan, it is our intent to continue our concerted efforts to improve the quality and capacity of long-term services and supports provided.

If you have any questions about the 2013 – 2016 State Plan, you may contact me at (803) 734-9910 or Gerry Dickinson at (803) 734-9867.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tony Kester".

Tony Kester, Director  
Lieutenant Governor's Office on Aging

**State Plan Assurances**

**For**

**Older Americans Act of 1965, as amended, P.L. 89-73, 42. U.S.C. 3001, et seq.**

I, undersigned affirm and give the assurances required by sections 305, 306, and 30 of the Older Americans Act, as amended in 2006 P.L. 89-73, 109-365 42 U.S.C 3001, et seq., 3025, 3026, and 3027.

I, the undersigned, affirm and give the assurances required by sections 305, 306, and 307 of the Older Americans Act, as amended in 2006 (P.L. 89-73, 109-365)

  
\_\_\_\_\_  
Mr. Tony Kester, Director  
SC Lt. Governor's Office on Aging

6-28-12  
Date

  
\_\_\_\_\_  
Glenn F. McConnell  
Lt. Governor of South Carolina

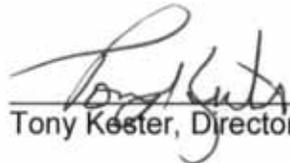
6-28-12  
Date

### Verification of Intent

The Plan is hereby submitted for the State of South Carolina for the period October 1, 2012 through September 30, 2016. The Plan includes all assurances and activities to be conducted under Provision of the Act (as amended) during the period identified. The SUA has been given the authority to develop and administer the Plan in accordance with all requirements of the OAA, and is primarily responsible for the coordination of all state activities related to the purposes of the OAA, i.e., development of comprehensive and coordinated systems for the delivery of supportive services and to serve as the effective and visible advocate for older citizens in South Carolina.

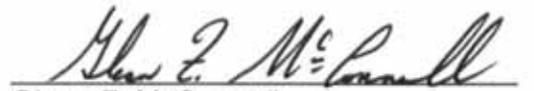
This plan is hereby approved by the Lieutenant Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging. The State Plan on Aging hereby submitted has been developed in accordance with all federal statutory requirements.

6-28-12  
Date

  
Tony Kester, Director

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

6-28-12  
Date

  
Glenn F. McConnell  
Lieutenant Governor of South Carolina

## **Executive Summary**

The Older Americans Act (OAA) of 1965 and as amended in 2006 requires that each state submit a State Plan on Aging (hereinafter referred to as the “Plan”) in order to be eligible for federal funding under the OAA. The Lieutenant Governor’s Office on Aging is the designated State Unit on Aging (SUA) for South Carolina, and as such is responsible for administering and carrying out requirements of the OAA.

The 2013 Plan provides a blueprint for how the SUA will manage OAA programs, services and other activities in South Carolina from October 1, 2012 through September 30, 2016. The Plan provides guidance on how the SUA will carry out its mission of enhancing the quality of life of all South Carolina older citizens, regardless of whether they participate in OAA programs. The four year plan incorporates major goals and objectives developed by the Lieutenant Governor’s Office on Aging, as well as input from various needs assessments carried out throughout the state and from aging network partners.

The 2013 – 2016 State Plan, in the way of previously submitted plans will impact the many aging network partners and allies who work to improve the lives of older citizens in South Carolina. With the challenges of a growing senior population, future success is not possible without the support of Area Agencies on Aging (AAAs) and local contractors and sub-grantees. In addition, there must be cooperation, coordination and collaboration between the SUA and state agencies and private sector organizations if the goals of the Plan are to be met.

There has been considerable change since the 2008 – 2012 State Plan was submitted. Both the nation and state have experienced an economic downturn that has significantly affected resources for senior services. The loss of both federal and state funding has led to cuts in services and to increased waiting lists. Several significant grants with the Administration on Community Living end soon and the sustainability of these programs and services presents a challenge. The state has seen the senior population grow through baby boomers reaching retirement age as well as immigration of retirees to South Carolina. As the older population grows, the SUA will have to adapt and change the way it provides services to South Carolina seniors if it is to manage the dramatic growth in long term care costs. Today’s seniors want choice and the SUA must modernize its service delivery system to incorporate the citizens’ needs in a cost effective manner. The State Plan on Aging will describe how the State of South Carolina will continue to provide consumer choice, person centered and self-directed services over the next four years, as well as lay out a long term strategic plan that will attempt to address how the state will modernize its service delivery system in the future and work to seek alternative funding as traditional funding is cut or eliminated.

The period from 2008 to 2012 was a time of transition for the Lieutenant Governor’s Office on Aging. During that time there were three Lt. Governors, two directors of the State Unit on Aging, staff reductions, state funding was cut by as much as 48 percent and the senior population continued to grow significantly. With the submission of a new State Plan for the years 2013 – 2016, the SUA will continue to face the challenges of serving a growing senior population with limited resources. But with challenges comes opportunity and the Office on Aging is working with its partners to begin measures such as cost sharing in order to better utilize its resources.

When Lt. Governor Glenn McConnell addressed the South Carolina Joint Legislative Committee on Aging on May 3, 2012 he told the legislators and other policy makers gathered about the serious issues facing the senior network in the state, such as a growing elderly population and declining budgets. McConnell stated to the committee, *“The best way to prepare for the Gray Tsunami that has already begun to reach our state is to start a long overdue conversation on the future of aging. While I am here today to speak, I am also here to listen, so let us use this opportunity to begin a frank conversation on the many challenges we face with aging in South Carolina.”*

This 2013 – 2016 State Plan is the start of the long overdue conversation on aging that Lt. Governor McConnell spoke about (referenced above). As written, this plan will be a renewal of the state’s commitment to its seniors as the State Unit continues to modernize the senior network and improve services in South Carolina.

To successfully carry out the mission of the SUA, it is critical to establish priorities to ensure a comprehensive and coordinated plan that addresses the growing older population in South Carolina. Programs and services designed to meet the needs of the older population will continue to evolve within an ever-changing political and economic environment. South Carolina’s approach to preparing for the aging of its population will continue to focus on helping its senior citizens maintain their independence and allowing choice in the services they receive. The SUA recognizes that with the significant growth in South Carolina’s senior population there will not be adequate public resources to pay for significantly increased levels of long-term care and funding for other Home and Community Based Services will be limited. The SUA has already sounded the warning alarm and informed the AAAs and others in the senior network that alternative funds will be needed to carry on and supplement core functions in the future.

The goal of the SUA is to provide services that allow seniors who wish to remain independent and in their homes to do so safely. Throughout the past four years the SUA has increased its outreach and has sought to build public/private initiatives that help all of our seniors, both those with private pay resources as well as those who are frail and economically needy. Because aging services are evolving, the SUA is already working with the AAA/ADRCs to develop new needs assessments in order to serve those seniors with the greatest needs. Additionally, the SUA has piloted with three regions to expand cost sharing measures, with the goal of statewide expansion in order to comprehensively serve the senior population while stretching limited aging service dollars.

This plan focuses on services provided with public funding but also addresses the critical need of involving private sector and faith-based communities in expanding the options available for older South Carolina citizens and their families. It builds upon the goals and mission of the US Administration on Community Living (ACL) formerly the Administration on Aging (AoA) and addresses how South Carolina as a state will meet the key goals of this plan.

- Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access existing health and long term care options. It is critical that the elderly be provided choices and options.

- Goal 2: Enable older South Carolinians to remain in their homes with a high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.
- Goal 3: Empower older people to stay active and healthy through Older Americans Act services and other non-OAA services provided through the SUA.
- Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation through the State Long Term Care Ombudsman Program, elder abuse awareness and prevention activities.
- Goal 5: Maintain effective and responsible management of OAA services offered through the SUA and within the ten service regions in South Carolina.

The Lieutenant Governor's Office on Aging, as the State Unit on Aging (SUA), hereby presents South Carolina's four year strategic plan for federal fiscal years (FFY) 2013 through 2016. The state plan provides leadership and guidance in the management of the SUA and the administering of aging programs authorized by the Older Americans Act (OAA), the Administration on Community Living (ACL), formerly the Administration on Aging (AoA) and the State of South Carolina. The plan documents the goals, objectives, and strategies that will be implemented to identify and address the needs of South Carolina's older adult and adult individuals with disabilities populations. It addresses marketing, outreach, and advocacy issues as well as the development of initiatives geared toward promoting evidence-based, consumer-directed, and community-based long-term care services and supports.

Through its FFY 2013-2016 State Plan on Aging the SUA recognizes that it must lead in changing attitudes of the state's aging network and implement the initiatives that address the critical issues facing our state's elderly population, if we are to meet the aging challenges for the next four years of this plan.

## **CHAPTER 2: Overview of South Carolina Aging Network**

### **A. Lieutenant Governor's Office on Aging's Mission, Vision, Values**

The **mission** of the Lieutenant Governor's Office on Aging is to enhance the quality of life for seniors and/or adults with disabilities by providing leadership, advocacy and planning. We pledge the efficient use of resources in partnership with state and local governments, non-profits and the private sector.

The Lieutenant Governor's Office on Aging is the federally and state designated "State Unit on Aging" (SUA), and will be referred to as the SUA in this Plan. Enabling legislation for the SUA is found in Title 43 of the Code of Laws of South Carolina, 1976, as amended.

The Older Americans Act (OAA) intends that the SUA shall be the leader relative to all aging issues on behalf of all older persons in the state. This means that the SUA shall proactively carry out a wide range of functions, including advocacy, interagency linkages, monitoring and evaluation, information and referral, protection of older adults, information sharing, planning, and coordination.

These functions are designed to facilitate the development or enhancement of comprehensive and coordinated community-based systems serving communities throughout the state. These systems shall be designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

The SUA shall designate Area Agencies on Aging (AAAs) for the purpose of carrying out, at the regional level, the mission described above for the SUA. The SUA shall designate as area agencies on aging only those sub-state agencies having the capacity and making the commitment to carry out fully the mission described for area agencies in the OAA. The SUA shall ensure that the resources made available to AAAs under the OAA are used to carry out the mission described for area agencies.

The SUA is responsible for oversight of home and community-based services funded through federal and state sources that are not specifically under the jurisdiction of another state agency. These include primarily programs funded through the federal OAA and various state-funded programs. The SUA has a streamlined organizational structure which provides an additional focus on the customer. The SC Department of Health and Human Services (DHHS) serves as the state Medicaid agency.

The **vision** of the Lieutenant Governor's Office on Aging is to provide leadership, advocacy and collaboration to assure a full spectrum of services so that South Carolina seniors and/or adults with disabilities can enjoy an enhanced quality of life, contribute to their communities, have economic security, and receive the support necessary to age with choice and dignity. This network will be highly visible, accessible, well-managed, accountable and transparent.

The **values** established for the LGOA put South Carolina seniors first and include outstanding customer service, excellence in government, person-centered care, teamwork, and research-based

decision-making. Values include: A strong customer focus, accountability, transparency, and partnerships.

The mission, values and vision set for the LGOA allows for seniors to enjoy an enhanced quality of life, contribute to communities, have economic security, and receive supports necessary to age independently with choice and dignity.

## **B. Lieutenant Governor**

On March 16, 2012, the Honorable Glenn F. McConnell became the state's new Lieutenant Governor after the resignation of Lt. Governor Ken Ard. The Lieutenant Governor of the State of South Carolina is the chief administrative officer of the SUA, and provides overall leadership for agency staff. This includes responsibilities for interpreting state and federal policies and ensuring the implementation of such policies and related procedures statewide.

## **C. Director**

Tony Kester became the Interim Director of the Lieutenant Governor's Office on Aging in 2008 and was officially made the permanent director in 2010 by former Lt. Governor Andre Bauer. The current Lt. Governor, Glenn McConnell has asked Mr. Kester to remain in this post. The Director of the SUA is responsible for the overall administration of SUA policies, coordination and review of legislation, both federal and state, broad advocacy activities, liaison with public and private agencies and organizations, and representing the interests of the SUA to executive management.

## **D. The State Unit on Aging**

As outlined in the Mission segment above, the LGOA is the federally designated SUA as required by the Older Americans Act. The Lieutenant Governor is authorized under South Carolina State Code of Laws to head the State Unit on Aging in South Carolina. Between 2004 and 2009, the Lieutenant Governor was authorized by proviso to head the SUA, but that was made permanent in 2008 through legislation passed by the General Assembly and signed by Governor Mark Sanford. Prior to 2004, the SUA had been housed several times at the Office of the Governor, the South Carolina Department of Health and Human Services and as a stand-alone State Commission on Aging.

From 2008 to 2012, the Lieutenant Governor's Office on Aging was in transition, as it had three administration changes and lost senior staff from within the agency to retirement. In addition, due to budget shortfalls, the agency was forced to consolidate positions, move to a smaller office suite, and restrict travel in order to better utilize its resources to serve the elderly. While this transition was occurring, the agency continued to focus its employees and resources toward elderly consumers it serves throughout South Carolina.

With the transitions and limited budget resources, the agency was forced to reevaluate its organizational structure; reexamine its workforce plan; develop a staff succession plan, and rethink how it successfully captures and transfers knowledge from staff nearing retirement. Many of the staff members of the agency have been a part of the State Unit on Aging since before it was moved under the Lieutenant Governor's Office so additional retirements can be

expected in the near future. As a result, knowledge transfer workforce planning will be an important component as the agency enacts the new State Plan.

### **Other Activities**

When the SUA receives grants for special purposes, responsibility for the grant may be assigned to a temporary unit, or incorporated into an existing unit of the SUA.

### **E. Designation of Planning and Service Areas (PSAs)**

Mandated by the federal OAA, Area Agencies on Aging are organizations designated by the SUA to provide planning and administrative oversight for a multi-county planning and service area. It is the responsibility of the Area Agency on Aging to assess and prioritize the needs of older adults within the planning and service area and to allocate federal and state funding to provide services that meet those needs. South Carolina has ten area agencies. Seven of the area agencies are public entities, housed within regional planning councils. The remaining three area agencies are private non-profit organizations: two are freestanding, and one is part of a community health organization. Area Agencies on Aging receive funding from the SUA through submission and approval of a four year Area Plan with annual updates, as well as through approval of specific grant applications. Each AAA contracts with providers of aging services.

Service providers receive federal, local (city and county), and state funding through performance-based contracts, i.e., the provider agrees to provide a specified amount of a specific service at an agreed-upon unit rate. To earn funds, service must be provided. In addition to services provided through state and federal funds (many of which require local matching funds), most providers also receive funding through a variety of local sources; some of these include United Way contributions, church and civic donations, private donations, fees for non-federal programs, and funds generated through fund-raising activities.

South Carolina's ten AAAs have transitioned and now operate as Aging and Disability Resource Centers (ADRC) in order to improve services for the elderly and individuals with disabilities in South Carolina. This evolution facilitates the No Wrong Door/Single Entry Point philosophy for service to seniors and adults with disabilities.

The map of the AAA/ADRC regions follows but a full listing of South Carolina's aging network is included elsewhere within the appendix.



The AAA's are responsible for:

- Assuring the supply of high quality services through contractual arrangements with service providers, and for monitoring their services;
- Local planning, program development and coordination, advocacy, monitoring;
- Developing the Area Plan on Aging and area plan administration, and resource development;
- Working with the community to develop a comprehensive coordinated service delivery system;
- Establishing and coordinating the activities of an advisory council, which will provide input on development and implementation of the area plan; assist in conducting public hearings; review and comment on all community policies, programs and actions affecting older persons in the area.

### **F. South Carolina Advisory Council on Aging**

The SC Advisory Council on Aging's primary mission is to support and advise the Lieutenant Governor's Office on Aging with aging related issues in the State of South Carolina. Members are appointed by the Lieutenant Governor and must be citizens of the state and have an interest in and knowledge of the problems of a growing aging population. In making appointments consideration must be given to the following: diversity of age, diversity of able and disabled individuals, diversity of active community leaders representing organizations and institutions involved in a variety of concerns to older citizens and their families. The Council is comprised of 15 members, ten representing the AAA regional areas and five appointed at-large. The Council meets quarterly.

### **G. Advocates in the Aging Network**

South Carolina has a very strong aging network that advocates on behalf of the state's elderly. While the primary leaders of the network include the SUA, AAAs, and service providers, it also includes advocates, adult care centers, volunteers and older adults and their families and caregivers. The State Unit partners with the SC Association of Area Agencies on Aging (SC4A), Councils on Aging, the SC Hospital Association, AARP SC, the Alzheimer's Association SC Chapter, SC Nursing Home Association, and local aging organizations throughout the state.

The aging network is working to increase the level of additional advocacy on behalf of South Carolina's elderly. Through AAAs, the Councils of Government (COG) and their partners, meetings are held for seniors to talk with and educate their elected officials. In addition, the LGOA works closely with legislators and Lt. Governor McConnell enjoys a strong working relationship with legislators after his 32 years in the Senate.

## **H. Aging Trends in South Carolina**

The 2010 Census indicates that South Carolina's elderly population increased significantly from 2000 to 2010. This trend is expected to continue as South Carolina's elderly population is expected to double by the year 2030.

- South Carolina has experienced a significant growth in the number of senior citizens over the last few decades. The baby boom is having a dramatic impact and will continue to affect South Carolina's communities and institutions over the next twenty years.
- The SC senior population is among the fastest growing in the nation.
- Growth of Senior Population Between 2000 – 2010: SC's 60+ Population increased 40.5% from 651,482 to 912,429 for a 260,947 increase (Ranks 8<sup>th</sup> nationally for increase)
- The state's senior population has grown from 286,272 persons aged 60 and over in 1970 to 917,000 in 2010 (a 319% increase in forty years).
- South Carolina ranks 17<sup>th</sup> in the nation for the highest percentage of age 60+ residents.
- The 85 to 94 age group is experiencing the fastest growth, 30 percent, while the 95+ age group increased 26 percent. At the same time, South Carolina nursing homes operate at nearly full capacity (many nursing homes have year plus waiting lists) and unless you are Medicaid eligible or have funds to pay privately, Home and Community Based services are limited.
- The population 60 years and over is projected to increase to 1,450,487 by the year 2030.
- Of the more than 917,000 over the age of 60, at least 42 percent have at least one disability which makes them more likely to live below the poverty level; 10.4% live below 100 percent poverty level (\$11,170/\$15,130; one in every five of those individuals age 65 and older survives on an average of \$7,500 a year; only 3 out of ten eligible seniors get SNAP (\$908 net = \$200 month).
- The LGOA had 27,880 clients in Fiscal Year 2010-11 and a conservative waiting list of over 8,522 seniors needing services.
- While the senior population is growing significantly, the LGOA only serves about 3% of the state's aging population. Ninety-seven percent of the senior population is not utilizing our services.
- One in 11 SC seniors is at risk for hunger. SC ranks in the top ten of states with 9.66% of seniors (60+) at risk and 11.27% of those ages 50 to 60 at risk. The risk for African Americans and Hispanics is twice that of whites.

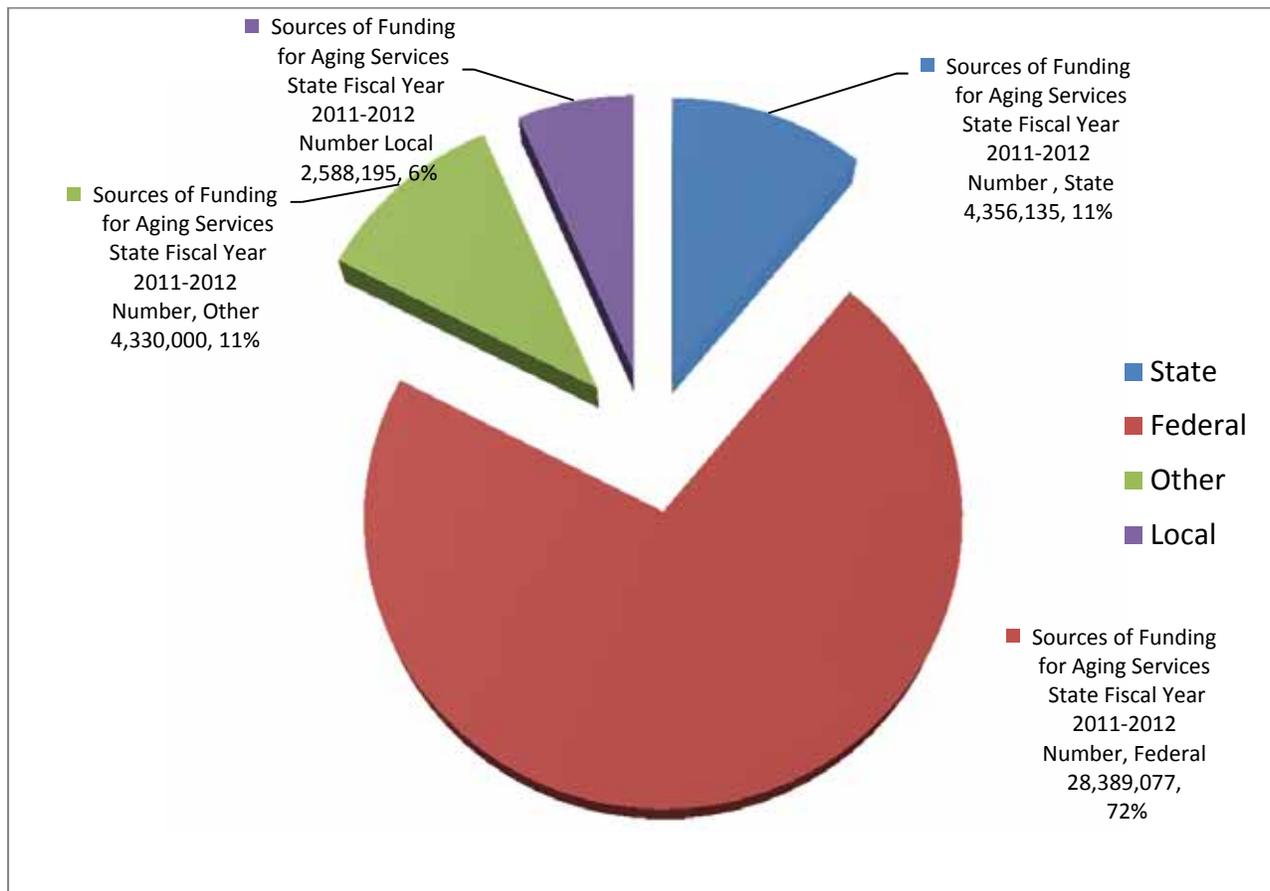
## **I. Funding Sources**

The ACL makes annual allotments to South Carolina based on the state's ratio of the population aged 60 and older to the national population 60 and older. From these allotments under Title III, the SUA expends 5% to pay part of the costs of administration of the State Plan on Aging. South Carolina receives separate allotments for the following service programs (**OAA 303**):

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

The SUA must use each allotment for the purpose for which it was authorized; however, limited transfers are permitted between nutrition services and support services. Except for 5% of Title III-B funds reserved for the long-term care ombudsman program, all social, nutrition, wellness, and caregiver service allotments shall be granted by formula to AAAs under approved area plans.

The chart below shows funding amounts in place for the State Fiscal Year 2011 – 2012.



## Chapter 3: State Data for South Carolina

### Introduction

South Carolina has experienced a significant growth of seniors or mature adults over the last few decades. The baby boom has begun to have a dramatic impact and will continue to affect the nation and South Carolina's communities and institutions over the next twenty years. The state's population has grown from 286,272 persons aged 60 and over since 1970 to 912,429 in the year 2010. That is a gain of 626,157 seniors over the past forty years. Census projections have South Carolina's senior population doubling by the year 2030. The population 60 years and over is projected to increase to 1,450,487 by the year 2030, a 123% increase from 2000.

<b>South Carolina Population by Age 2000-2030</b>				
	<b>2000</b>	<b>2010</b>	<b>2020</b>	<b>2030</b>
<b>50 to 54</b>	262,543	326,662	309,755	302,530
<b>55 to 59</b>	206,762	303,240	339,621	305,344
<b>60 to 64</b>	166,149	280,555	332,083	316,028
<b>65 to 69</b>	145,599	215,561	289,980	325,913
<b>70 to 74</b>	124,449	153,482	232,716	286,921
<b>75 to 84</b>	165,016	192,114	244,666	380,339
<b>Total 60+</b>	651,482	912,429	1,198,333	1,450,487
<b>Total 65+</b>	485,333	631,874	866,250	1,134,459
<b>Total 75+</b>	215,285	262,831	343,554	521,625
<b>Total 85+</b>	50,269	70,717	98,888	141,286

Source: 2000-2010" US Census Bureau, Decennial Census 2000 and 2010. 2020-2030 Projections: US Census Bureau, Interim State Population Projections 2005.

Nationally, South Carolina ranks 17<sup>th</sup> with 19.7% of the population age 60 or older in 2010, and 23rd with 12.60% of its population age 65 and over. The population 65 and over is projected to reach 1,134,459 (22% of the population) in 2030.

<b>Resident Population 60 Years and Over - Census 2010</b>		
<b>State</b>	<b>Percent</b>	<b>Rank</b>
United States	18.5	(X)
Florida	23.4	1
West Virginia	22.8	2
Maine	22.6	3
Pennsylvania	21.3	4
Montana	21.2	5
Vermont	21.1	6
Hawaii	20.4	7
Iowa	20.4	8
Delaware	20.3	9
Arkansas	20.1	10
Oregon	20.1	11
Rhode Island	20.1	12
Connecticut	19.9	13
New Hampshire	19.8	14
North Dakota	19.8	15
Ohio	19.8	16
<b>South Carolina</b>	<b>19.7</b>	<b>17</b>
South Dakota	19.7	18
Missouri	19.6	19
Alabama	19.5	20
Michigan	19.5	21
Massachusetts	19.4	22
Arizona	19.3	23
Tennessee	19.3	24
Wisconsin	19.2	25
Kentucky	19.1	26
New Mexico	19.1	27
New Jersey	19.0	28
New York	19.0	29
Oklahoma	19.0	30
Nebraska	18.7	31
North Carolina	18.6	32
Indiana	18.4	33
Kansas	18.4	34
Minnesota	18.2	35
Mississippi	18.2	36
Wyoming	18.2	37

Washington	18.0	38
Maryland	17.8	39
Idaho	17.7	40
Illinois	17.7	41
Louisiana	17.7	42
Virginia	17.7	43
Nevada	17.6	44
California	16.3	45
Colorado	16.3	46
Georgia	15.8	47
Texas	15.0	48
Utah	12.9	49
Alaska	12.8	50
District of Columbia	16.4	(X)

### Population Trends

The growth of South Carolina's 60 and over population will continue to increase significantly over the next eighteen years (2030). From 2000 to 2010 South Carolina's 60+ population increased by 257,906 individuals for a 39.4 percent change. Overall, persons 60+ are anticipated to number 1,450,487 by 2030 for a 123% increase. The fastest growing segments of our senior population will be in the 75+ and 85+ age categories.

For the population over 60, the fastest growing counties between 2000 and 2012 were Beaufort (78.7%), Horry (54.8%), Lancaster (67.2) and Berkeley (65.4%).

The PSA regions with the largest percentage change of persons 60+ were Lowcountry (61.2%), Waccamaw (54.6%), Catawba (50.4%) and Trident (46.1%).

### Growth of 85+ Population

When looking at the 85 and over population from 1990 to 2010, we can see the significant rate of growth in this sector. All ages have increased significantly. When looking at growth from 2000 to 2010, we see the impact of the Baby Boomers on the state's population in the chart below:

SC Population Growth by Age Group		
	1990 - 2000	2000 - 2010
All ages	15.1%	15.3%
50 to 54 years	64.6%	24.4%
55 to 59 years	39.0%	46.7%
60 to 64 years	15.4%	68.9%
65 to 69 years	3.7%	48.1%
70 to 74 years	17.6%	23.3%
75 to 84 years	37.6%	16.4%
85 years and over	63.5%	40.7%

Source: US Census Bureau 1990, 2000, 2010 Decennial Census, Table P12



## E. Socio-Economic Profile

The following table shows the number of persons over 55 in poverty for each county in 2010.

Source: American Community Survey, Data collected 2006 – 2010, Table 17001

County	Population 55 and older	Population 55 and older below poverty	Population 55 and older percent below poverty	Population 65 and older	Population 65 and older below poverty	Population 65 and older percent below poverty
Abbeville	6,869	1,202	17.5%	3,525	732	20.8%
Aiken	40,593	5,366	13.2%	21,732	3,059	14.1%
Allendale	2,228	714	32.0%	1,026	265	25.8%
Anderson	46,825	5,253	11.2%	24,880	2,668	10.7%
Bamberg	4,094	1,212	29.6%	2,127	656	30.8%
Barnwell	5,766	823	14.3%	3,049	386	12.7%
Beaufort	47,395	2,938	6.2%	27,565	1,775	6.4%
Berkeley	31,992	3,275	10.2%	14,847	1,743	11.7%
Calhoun	4,465	642	14.4%	2,204	397	18.0%
Charleston	79,590	8,667	10.9%	41,586	4,631	11.1%
Cherokee	13,102	1,766	13.5%	6,619	841	12.7%
Chester	8,512	1,396	16.4%	4,377	860	19.6%
Chesterfield	10,844	1,753	16.2%	5,456	953	17.5%
Clarendon	9,773	1,408	14.4%	5,233	873	16.7%
Colleton	10,606	2,139	20.2%	5,493	1,063	19.4%
Darlington	16,819	2,476	14.7%	8,366	1,284	15.3%
Dillon	7,110	1,586	22.3%	3,696	891	24.1%
Dorchester	24,728	2,361	9.5%	11,876	1,220	10.3%
Edgefield	5,410	849	15.7%	2,366	392	16.6%
Fairfield	6,314	1,269	20.1%	3,105	673	21.7%
Florence	31,446	4,051	12.9%	15,891	2,311	14.5%
Georgetown	19,456	2,690	13.8%	10,179	1,075	10.6%
Greenville	97,337	9,633	9.9%	49,898	4,955	9.9%
Greenwood	17,316	1,559	9.0%	9,519	908	9.5%
Hampton	4,950	857	17.3%	2,697	502	18.6%
Horry	75,750	6,799	9.0%	41,418	3,374	8.1%
Jasper	4,855	807	16.6%	2,576	367	14.2%
Kershaw	15,075	1,781	11.8%	7,759	937	12.1%
Lancaster	18,273	2,257	12.4%	9,208	1,192	12.9%
Laurens	17,852	2,523	14.1%	9,085	1,570	17.3%
Lee	4,596	984	21.4%	2,441	517	21.2%
Lexington	56,549	4,170	7.4%	27,958	2,459	8.8%
McCormick	3,933	403	10.2%	2,221	178	8.0%
Marion	8,517	1,545	18.1%	4,275	757	17.7%
Marlboro	6,674	1,251	18.7%	3,507	735	21.0%

<b>Newberry</b>	9,813	1,152	11.7%	5,095	571	11.2%
<b>Oconee</b>	22,482	2,472	11.0%	12,468	1,203	9.6%
<b>Orangeburg</b>	23,108	4,286	18.5%	12,338	2,386	19.3%
<b>Pickens</b>	27,135	2,369	8.7%	14,599	1,249	8.6%
<b>Richland</b>	67,385	6,661	9.9%	32,980	3,380	10.2%
<b>Saluda</b>	4,992	669	13.4%	2,728	422	15.5%
<b>Spartanburg</b>	67,145	7,239	10.8%	35,418	4,015	11.3%
<b>Sumter</b>	23,893	3,413	14.3%	13,031	1,987	15.2%
<b>Union</b>	7,720	1,186	15.4%	4,176	777	18.6%
<b>Williamsburg</b>	9,215	2,153	23.4%	4,806	1,261	26.2%
<b>York</b>	45,782	3,371	7.4%	23,312	1,983	8.5%
<b>South Carolina</b>	1,074,284	123,376	11.5%	558,711	66,433	11.9%

**Income:** The percent below poverty varies from 6.3% in Beaufort County to 27% in Allendale County. Poverty is especially high among older women and blacks. Single women over age 60, most of whom are widowed, divorced, or separated, are the largest group of older persons. Most have never been employed, or worked in jobs where pensions were not provided. They live mainly on their husband's pension or Social Security "survivor's" benefits. Most elderly blacks live on Social Security only, due to the reduced employment opportunities available to them during their working years.

In addition to those living in poverty, many older South Carolinians earn incomes just above the poverty level. This "near poverty" population is at substantial risk of falling into poverty at the slightest adversity. Because the elderly have little or no protection against these adverse events, these events often become catastrophic and even life-threatening.

**Race:** The following table shows various groups by age, race and sex for South Carolina based upon 2010 Census statistics. The disparity in life expectancy between males and females, and whites and minorities is evident as they age.

<b>SC Population by Age Group, Race and Sex 2010</b>					
<b>Age</b>	<b>Age 50+</b>	<b>50-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
<b>All races</b>	<b>1,542,331</b>	<b>910,457</b>	<b>369,043</b>	<b>192,114</b>	<b>70,717</b>
<b>Male</b>	705,833	432,351	172,067	80,004	21,411
<b>Female</b>	836,498	478,106	196,976	112,110	49,306
<b>White</b>	<b>1,144,847</b>	<b>648,854</b>	<b>287,170</b>	<b>152,852</b>	<b>55,971</b>
<b>Male</b>	532,962	313,141	136,766	65,646	17,409
<b>Female</b>	611,885	335,713	150,404	87,206	38,562
<b>Nonwhite</b>	<b>397,484</b>	<b>261,603</b>	<b>81,873</b>	<b>39,262</b>	<b>14,746</b>
<b>Male</b>	172,871	119,210	35,301	14,358	4,002
<b>Female</b>	224,613	142,393	46,572	24,904	10,744

*Source: US Census Bureau, 2010 Population Estimates*

**Education:** Educational attainment varies greatly among older South Carolinians. The table below indicates that future generations of older adults are more likely to have at least a high school education or higher. Education is a powerful predictor of health status and income. Educational attainment offers the hope of improved health status and quality of life.

2010 Estimated Educational Attainment by Age Group		
	South Carolina	
Total:	#	%
25 to 44 years:	1,192,330	100.0%
Less than High School Diploma	154,159	12.9%
High School Diploma or higher	1,038,171	87.1%
Bachelor's or higher	216,170	18.1%
Graduate or professional degree	96,025	8.1%
45 to 64 years:	1,247,097	100.0%
Less than High School Diploma	169,255	13.6%
High School Diploma or higher	1,077,842	86.4%
Bachelor's or higher	310,311	24.9%
Graduate or professional degree	119,022	9.5%
65 years and over:	634,930	100.0%
Less than High School Diploma	166,467	26.2%
High School Diploma or higher	468,463	73.8%
Bachelor's or higher	131,985	20.8%
Graduate or professional degree	55,103	8.7%

Source: US Census Bureau - 2010 American Community Survey. Single Year Estimates, Table C15001

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

**Employment:** Employment continues to be an important, although not primary, source of income for older adults. Data for 2010 indicate that Social Security was a major source of income for South Carolina seniors with 30 percent of individuals age 65+ only having Social Security income. In 2010, 43.5% of those 60 to 64 were employed, 22.5% of those 65 to 69 were employed, 13.8% of those 70 to 74 were employed, and 5.0% of those 75+ were employed.

Despite the trend toward earlier retirement among those who can look forward to adequate income replacement, many older workers are strongly induced and/or are essentially forced out of their jobs. They subsequently have difficulty finding work with comparable wages and salaries. Pressures on older workers to leave the workplace have been growing during the past 15 to 20 years as employers have tried to reduce the costs of wages and employee benefits and to create labor force structures that can be readily altered at management discretion. With the impact of globalization and many employers reducing or eliminating pensions, many seniors will be impacted by job security and economic well-being and thus retirement planning. At the same time we are seeing many seniors who are healthier and want to continue to work after age 65 because they wish to or because they need to work to pay for on-going living expenses. Many employers will also face labor shortages and need to rethink work to accommodate their manpower needs and meet the needs of older workers who want to work part time in later years.

### SC Employment Status by Age Group - 2010

	Total for age group:	In labor force*:	Total employed	Percent of age group employed	Percent of labor force employed	Total unemployed	Percent of labor force unemployed	Total not in labor force
45 to 54 years:	658,778	514,432	459,483	69.7%	89.3%	53,908	10.5%	144,346
55 to 59 years:	305,410	210,483	193,109	63.2%	91.7%	17,262	8.2%	94,927
60 to 64 years:	282,909	137,299	122,957	43.5%	89.6%	14,342	10.4%	145,610
65 to 69 years:	213,262	53,876	48,083	22.5%	89.2%	5,793	10.8%	159,386
70 to 74 years:	161,730	25,332	22,258	13.8%	87.9%	3,074	12.1%	136,398
75+:	259,938	14,191	12,913	5.0%	91.0%	1,278	9.0%	245,747

\* Includes Civilian and Military

Source: U.S. Census Bureau, 2010 American Community Survey Single-Year Estimate, Table 23001

Data are based on a sample and are subject to a sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables. Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. For guidance on differences in employment and unemployment estimates from different sources go to Labor Force Guidance.

## G. Limitations - Activities of Daily Living and Instrumental Activities of Daily Living.

As persons age, the number of limitations increase. Basic indices of a person's ability to function are shown by Activities of Daily Living (ADL), and by Instrumental Activities of Daily Living (IADL). The ADL includes basic self-care activities such as bathing, feeding, dressing and toileting. IADLs include activities related to home management such as shopping, preparing meals, and transportation.

The numbers of older South Carolinians 60+ who experience some ADL/IADL limitations follow.

PERSONS ASSESSED WITH AT LEAST ONE ACTIVITY OF DAILY LIVING OR INSTRUMENTAL ACTIVITY OF DAILY LIVING DIFFICULTY BY SELECTED CHARACTERISTICS BETWEEN 7/1/2010 AND 6/30/2011		
CHARACTERISTICS	NUMBER OF PERSONS SERVED	% ASSESSED WITH AT LEAST ONE DIFFICULTY
<b>AGE (12,967 Assessed)</b>		
55 – 64	1,555	8%
65 – 74	3,810	23%
75 – 84	4,859	32%
85 and Older	3,595	25%
<b>HOUSEHOLD INCOME (11,460 Assessed)</b>		
Poverty	5,800	41%
101 – 200% of Poverty	5,247	42%
201 – 300% of Poverty	592	5%
301+% of Poverty	197	2%
<b>RACE (12,984 Assessed)</b>		
White	4,296	27%
Non-White	10,085	63%
<b>GENDER (12,984 Assessed)</b>		
Male	4,897	24%
Female	12,279	64%
<b>EDUCATIONAL LEVEL (10,964 Assessed)</b>		
Less Than Third Grade	415	4%
3 <sup>rd</sup> through 8 <sup>th</sup> Grade	2,710	24%
Some High School	3,072	27%
High School Graduate	3,039	26%
Some College	1,178	10%
College Graduate	758	6%
<b>LIVING ARRANGEMENT (12,186 Assessed)</b>		
Live Alone	6,688	51%
Live with Others	5,536	42%
All Clients	14,408	92%
Source: AIM data Cluster 1 of NAPIS: Services: Personal Care, Homemaker, Home-Delivered Meals, Adult Day Care, and Care Management.		

The difficulty of performing ADL and IADL increases with age. ADL/IADL impairment is also inversely related to low income and education: The lower the income and educational level, the greater the likelihood of impairment. This inverse relationship can be explained due to the better preventive care and health care received by higher income/educational groups as well as better ongoing management of chronic disease.

The number of persons 60+ with specific ADL/IADL limitations is shown in the table below. It also indicates that the need for assistance with these activities is often unmet.

<b>PERSONS 60+ WITH ACTIVITIES OF DAILY LIVING (ADL) RECEIVING SERVICES BETWEEN 7/1/2010 AND 6/30/2011</b>		
<b>PROBLEM</b>	<b>% WITH PROBLEM</b>	<b>NUMBER OF PERSONS</b>
Feeding	5%	653
Dressing	15%	2,226
Bathing	23%	3,334
Toileting	11%	1,655
Bladder/Bowel	10%	1,486
I/O of Bed	17%	2,422
Unduplicated Count with at least one ADL		5,980
Persons Indicating 3 or More ADL		2,740
Source: AIM data Cluster 1 of NAPIS Services (Above)		

<b>PERSONS WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING (ADL) AGE 60 AND OVER Between 7/1/2010 and 6/30/2011</b>		
<b>PROBLEM</b>	<b>% WITH PROBLEM</b>	<b>NUMBER OF PERSONS</b>
Normal Housework	63%	9,083
Cooking	61%	8,820
Phone	17%	2,411
Heavy Cleaning	75%	10,745
Shopping	64%	9,156
Medication	40%	5,773
Money Management	42%	6,042
Unduplicated Count of Persons with at least one IADL		14,529
Persons Indicating 3 or More Problems		11,141
Source: Source: AIM data Cluster 1 of NAPIS Services (Above)		

Looking at the numbers of persons with impairments raises the questions of who cares for these persons and where they receive their care. Informal caregivers, such as family and neighbors, provide approximately 78% of the care received.

According to the Family Caregiver Alliance:

- 29.2 million family caregivers provide personal assistance to adults (18+) with a disability or chronic illness
- As the baby boomers age, the percent of persons with disabilities will increase from a low of 16.9% in 2025 to 18.9% in 2045.

## **Chapter 4: Goals, Outcomes and Strategies for the South Carolina State Plan**

This chapter presents the statewide goals to be addressed through the State Plan for the period October 1, 2012 through September 30, 2016 and beyond. It is recognized that home and community based services are the most cost-effective, as well as preferred, option for caring for seniors, both for care recipients as well as caregivers. With an average investment of \$1000 per client per year for home and community based services a tremendous savings is realized over the nearly \$46,000 in Medicaid costs to house someone in a nursing home. In an effort to mitigate the need for institutional care, the SUA has maintained focus and effort on home and community based services. Consumer choice and self-direction are the cornerstones to initiatives undertaken in all segments of the agency. All of the ADRCs have participated in training by the University of South Carolina on person centeredness, self-direction and consumer choice. The next step in this endeavor will encompass Options Counseling through the ADRCs. Additionally, consumer choice is the foundation for the Family Caregiver Support Program as well as the discretionary grants administered by the SUA (to include the CLP/VDHCBS, ADSSP, and the ADRC Expansion Grant). The SUA has contracted with SCDHHS (the state Medicaid agency) to participate through the ADRCs in the Money Follows the Person program. Likewise, there is an MOU between the ADRCs and SCDHHS for the MDS 3.0 Section Q. The chapter is structured to expound on the goals identified in the Executive Summary (p. 9).

### **Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access existing health and long term care options utilizing consumer choice and self-direction.**

#### ***Initiative: Statewide ADRC Implementation***

In 2003 South Carolina received a grant to establish its first ADRCs. Subsequently, in 2009 an ADRC Expansion Grant was awarded to South Carolina, converting all ten AAAs to ADRCs. This expansion resulted in coverage of all counties, serving older adults and adults with disabilities statewide. The partners in this initiative are the following AAAs: Catawba, Waccamaw, Upper Savannah, Central Midlands, and Lowcountry. Additionally, the University of South Carolina Center for Health Services and Policy Research is conducting the evaluation.

#### ***Outcomes:***

- The ADRC initiative will serve as a visible single entry point for older adults and adults with disabilities in every county in South Carolina, and will meet or exceed all areas of the Fully Functional Criteria as outlined on the ADRC-TAE website.  
(Ongoing)
- Education and training provided to consumers on planning for future long term care needs. (Statewide availability by 2014)
- Modification to the IT system to streamline and simplify eligibility determination and service applications for Information and Referral, as well as long term care needs.  
(Ongoing)

- Greater success in finding appropriate services, culminating in greater consumer choice and greater utilization of home and community based services. (Ongoing)

**Strategies:**

- Maintain and expand SC Access, the statewide resource directory.
- Build on the existing networks for the SC Aging Network (specifically Information and Referral, Family Caregiving, I-CARE programs and Independent Living Centers).
- Develop partnerships with local community and state service providers.
- Complete the “Bridges” project so that consumers only have to provide information once and be able to apply for a variety of services from different agencies.
- ADRC staff will complete standardized assessments and screenings (as approved through the AIM system).
- ADRCs will intervene in critical pathways to long term services and supports through provision of Options Counseling, working with hospital discharge planners, physicians and ancillary health professionals.
- Work with the SC Hospital Association, the Carolina’s Center for Medical Excellence’s Quality Information Organization (QIO) and local hospitals to develop Care Transitions Programs.

**Initiative: *The Community Living Program and Veteran Directed Home and Community Based Services (CLP/VDHCBS)***

The two year CLP/VDHCBS grant is being piloted in the Trident AAA Region (serving Berkeley, Charleston, and Dorchester counties). This grant allows the ADRC to serve individuals at highest risk of nursing home placement and spend-down to Medicaid with flexible services, including consumer direction. The VDHCBS option allows veterans who need nursing home level of care to continue living comfortably in their homes or to transition out of a nursing home and return to their communities. The Ralph H. Johnson VA Medical Center is an integral partner in this initiative as well. This program was recently expanded to the Dorn VA Hospital in Columbia (Richland County).

**Outcomes:**

- Increased access to services and information; consumer control, and independence through community based services; and greater likelihood of delayed relocation to a facility. (2014)
- The USC Center for Health Services and Policy Research will provide analysis of data comparing seniors and veterans who are admitted to a facility and in what time frame in the context of those individuals who receive services through the CLP/VDHCBS programs and those who do not. (Ongoing)
- A cost analysis of time spent on case management as compared to time spent in a facility. (2014)

**Strategies:**

- Build upon the successful pilot program and expand to other areas of South Carolina.
- Work with the ACL and the Department of Veterans Affairs to seek new funding and grant opportunities to realize this expansion. Continuation of the VDHCBS program is solely dependent on the VA allocations.

***Initiative: Information, Referral and Assistance (IR & A); SC Access***

IR & A Specialists provide personal assistance in a “one stop shop” environment that enables older adults, people with disabilities, and their caregivers to access the services they need to live as independently as possible. IR & A Specialists are trained and certified according to national standards (AIRS) in interviewing and screening techniques and referral skills. SC Access is a comprehensive, web-based service directory utilized by the IR & A Specialists but is also available to the public. SC Access is comprised of several sections: service directory, personal care worker listing, community calendar, e-forms through the Benefit Bank, and “Learn About”, an educational feature with both local and national information on a wide array of topics. In addition to the public resource database, SC Access has a protected Client Intake/Case Management Module (On Line Support Assistant – OLSA) used by the IR & A Specialists and ADRC staff to track clients and provide case management to those who contact them for assistance.

***Outcomes:***

- Consistent, accurate, up to date information will be available in all areas of SC Access. (Ongoing)
- Additional resources and service providers are added to the SC Access database. (Ongoing)
- IR & A Specialists will have the knowledge, skills and ability needed to effectively and efficiently assist clients who contact them. (Ongoing)
- The Aging Network and its community partners will have open communication that will identify resources (to include information on long term care in Learn About), find solutions to problem areas, and improve overall services to older adults, adults with disabilities and their caregivers. (Ongoing)
- The number of new and regular site visitors will increase annually. (Ongoing)

***Strategies:***

- Continue development and implementation of policies and procedures that allow SC Access staff to maintain accurate, consistent, and current information in the database.
- Expand working partnerships with individuals, groups, and organizations that can assist in identifying resources for inclusion as well as provide outlets for marketing efforts.
- Creative marketing that uses traditional as well as new pathways to inform the public of availability and uses for SC Access.
- Develop training materials to be used for intra-agency staff as well as partners’ staff to ensure the broadest reach for those who assist our constituency.
- Use new technology (Forms Builder) from VisionLink to continually upgrade OLSA.

***Initiative: State Health Insurance Program (SHIP)***

SHIP (also known as the Insurance Counseling Assistance and Referrals for Elders Program, I-CARE) is a counselor based program designed to provide unbiased Medicare enrollment and assistance to beneficiaries for Medicare Part D, prescription plans, and Medicare Advantage plans. The SHIP counselors at each of the state’s ten regional ADRCs help consumers meet this goal. SHIP provides a searchable database through CMS for Part D as well as Medicare

Advantage plans. It is co-sponsored by the SC Department of Insurance, which screens potential counselors for insurance licensures. The SHIP grant prohibits agents from becoming counselors until they forfeit their insurance license. SHIP training modules cover Medicare Part A through D, Medicare Supplement, Medicare eligibility and Medicare fraud; Medicare counselors are required to become certified through a score of 70 or higher on a final exam. There are 467 certified SHIP counselors in South Carolina with 102 new counselors certified in 2012. The SUA allocates funds to the AAAs to provide assistance in the local communities; funds are allocated by formula. Under Part D, Low Income Subsidies (LIS) are available based on income and resources.

***Outcomes:***

- Increase by 5% the number of seniors and adults with disabilities enrolled in prescription drug coverage that meets their financial and health need. (By 2016)
- Increase by 5% the number of beneficiaries who contact the SHIP program for assistance. (Ongoing)
- Increase outreach events to provide information about MA coverage and marketing policies, thereby reducing the number of consumers misinformed about providers' acceptance of Medicare Advantage plans. (Ongoing)
- Increase the number of partnerships by two in each region to help raise awareness of local SHIP services. (By 2016)

***Strategies:***

- Offer four Medicare basic and advanced trainings annually for counselors.
- Offer educational and enrollment seminars to people in every region in SC.
- Offer Medicare 101 to new Medicare beneficiaries to empower them in choosing options that suit their needs.
- Collaborate with CMS, Social Security and ACL to provide the most current and accurate information to beneficiaries and the public.
- Identify and partner with colleges and universities to use students to enroll low-income consumers eligible for LIS.
- Partner with other community organizations such as the Benefits Bank to increase the number of individuals enrolled in LIS.

***Initiative: Senior Medicare Patrol (SMP)***

Housed within the SHIP program, South Carolina's Senior Medicare Patrol's purpose is to educate Medicare/Medicaid beneficiaries and caregivers about benefits, so as to understand Medicare Summary Notices, Medicare Part D Prescription Drug Plan Explanation of Benefits, and other related health care statements. This knowledge will enable citizens to identify, resolve, and/or report possible billing errors, fraud, abuse and waste to SMP. The SMP project works in conjunction with national and state fraud control units to help beneficiaries resolve complaints.

***Outcomes:***

- Increase by 10% the number of consumers reached in rural, isolated areas. (By 2016)
- Increase by 10% community partnerships to assist in raising awareness of fraud. (By 2016)

- Develop and maintain a trained group of 65 volunteers to conduct SMP awareness activities. (Ongoing)
- Make available the tools necessary to make informed decisions about Medicare benefits. (Ongoing)

***Strategies:***

- Inform seniors of the risks for fraud and encourage them to treat Medicare, Medicaid and Social Security numbers like a credit card number. Also, never give out account numbers or other personal information to strangers unless they have initiated the contact.
- Inform seniors that Medicare representatives do not make uninvited home visits or call to sell a drug or health plan.
- Provide seniors with a Medicare Prescription Drug Coverage Fraud pamphlet online.

***Initiative: Long Term Care Planning***

Over 60 percent of seniors over age 65 will require some type of long term care services during their lifetime. Despite the need for long term care planning, most Americans do not carry any form of coverage and fewer than two in five (37%) adults report that they have developed a plan to pay for their long term care. Some of the factors contributing to this disparity include a lack of awareness of the risks of needing care and the costs of that care, along with who will have the responsibility for paying for the care. Therefore, trainings and public awareness campaigns are designed to increase the awareness of the need for long term care planning.

***Outcomes:***

- Reduced dependence on Medicaid for funding long term care needs. (Ongoing)
- Increased choices and control of care option. (Ongoing)
- Increased independence and reduced caregiver burden. (Ongoing)

***Strategies:***

- Provide educational opportunities and trainings to explain the need for long term care.
- Post training modules and other resource materials on the Lt. Governor's Office on Aging website and SC Access.

***Initiative: Long Term Care and Community Living Incentives***

South Carolina recognizes the need to craft a series of policies, initiatives, programs and services that move our service delivery system to one of providing choice, necessary information, guidance, prevention and wellness programs and incentives to help seniors remain independent as long as possible. To this end, SC has a multi-pronged approach: utilizing available options under Medicare/Medicaid to reform the state's system to maximize choice and independence for seniors; promulgate legislation to provide tax incentives for long term care as well as incentives for caregivers; and promulgate legislation and regulations for reverse mortgages.

**Outcomes:**

- Our state will obtain an adequate balance of institutional and home and community based services that helps meet the needs and resource limits of our citizens. (Ongoing)
- South Carolinians will be able to afford long term care insurance through the benefit of tax savings and will be motivated to plan for their futures, thereby relieving the burden on government. (Ongoing)
- Caregivers will be able to continue their roles of helping loved ones and not suffer the potential consequences of lost income and retirement benefits. (Ongoing)
- The SUA will work to ensure the public continues to be educated on reverse mortgages so that seniors can make informed decisions, pursuant to SC Code of Laws Chapter 4, Section 29-4-10. (Ongoing)

**Strategies:**

- The SUA will work with other state health and human services agencies to implement a long term care partnership.
- Ensure that SUA staff is well educated on the latest trends in long term care insurance and continue to educate the public as well.
- Establish meaningful relationships with members of the General Assembly so that legislators make informed decisions on tax incentives.
- Continue working with the Department of Insurance and the Long Term Care Council to ensure SUA staff is well educated on the latest trends in the reverse mortgage industry.

**Initiative: Long Term Care Partnership**

Medicaid is currently the largest source of funding for long term care expenses. Publicly funded long term care under Medicaid and Medicare is primarily financed on a pay-as-you-go basis. Because of the lack of advance funding, demographic changes will significantly strain the financing of these programs. A parallel growth of long term care insurance coverage could mitigate this effect, enabling Medicaid coverage to target those in greatest need. Long Term Care Partnerships in South Carolina must be enacted by the SCDHHS (the state Medicaid agency). Although the SUA has approached SCDHHS about this partnership thus far they have been reluctant to pursue this method. In addition to supporting the state's efforts to develop, implement and market a Long Term Care Partnership in SC, the SUA encourages the development of reciprocal agreements with other states that have Long Term Care Partnership programs. As referenced above, the SUA will continue to support passage of state legislation that would provide tax incentives to individuals purchasing long term care insurance.

**Outcomes:**

- The state's risk for future unexpected and uncontrolled expenditures would be minimized, while the availability and quality of care for those in greatest need would be maximized. (Ongoing)
- The cost burden to the consumer of long term care insurance policies would be alleviated resulting in greater likelihood of such policies being purchased. (Ongoing)

**Strategies:**

- Continue dialogue with SCDHHS to amend the state's Medicaid plan to allow implementation of the Long Term Care Partnership.
- Continue to provide consumer training regarding long term care planning.
- Work with advocacy groups for passage of this proposed amendment.

**Initiative: Outreach to Native American Tribes**

South Carolina has one federally recognized Native American tribe, the Catawba Nation, located within the region of the Catawba AAA. However, South Carolina has fourteen other Native American tribes, nine of which are recognized by the state. These tribes are widely dispersed geographically. The Catawba AAA, in their endeavor to coordinate efforts with Title III and Title VI, provides resources, information and assistance to the tribe and responds to other requests as they are received. One member of the Catawba Nation serves on the AAA Advisory Board. The Pee Dee ADRC has likewise provided outreach and assistance to the Pee Dee Indian Nation of Upper South Carolina. As a result of the activities of the ADSSP grant in the Trident region, the Edisto Indian Organization and the Wassamasaw Tribe of Varnertown Indians have expressed interest in services provided and have engaged the Program Coordinator to this end.

**Outcomes:**

- Establish a closer working relationship with all Native American groups to ensure services are available. (Ongoing)
- Provide outreach in those regions that did not have knowledge of Native American tribes in their areas. (By 2014)

**Strategies:**

- Provide training to AAAs and other partners on cultural diversity sensitivity when engaging the Native American tribes.
- The SUA and the AAAs will provide information on the availability of core services.

**Initiative: Non-OAA Programming**

In addition to the OAA core programs which are the foundation of activities for the SUA, there are several complementary programs and undertakings through state funding and collaborative programming through the Affordable Care Act (ACA). These include the Elder Care Trust Fund (ECT), which enables the SUA to support innovative programs that help older persons remain in their homes and communities through funding by checking off on state income tax forms; the Alzheimer's Resource Coordination Center (ARCC), which provides statewide coordination through the Alzheimer's State Plan as well as a grant program to fund respite grants or education grants which are dementia specific; the Geriatric Loan Forgiveness Program (GLFP), which offers geriatric physicians and gero-psychiatrists up to \$35,000 in student loan repayments in exchange for a five year commitment to practice in the state. With passage of the ACA new opportunities have arisen for collaborative undertakings; these are the Community-based Care Transitions Program (CCT), Money Follows the Person (MFP), funding to expand ADRCs, federal coverage and payment coordination for dual eligible beneficiaries, and funding for outreach and assistance for low-income programs.

Finally, the SUA in partnership with SCDHHS will establish a website that is updated daily with information regarding availability of nursing home beds in South Carolina.

***Outcomes:***

- Elder Care Trust will be marketed prior to tax season to obtain 3% more tax contributions to fund senior programs. (2015)
- Increase the number of persons with Alzheimer’s disease or a related disorder and their families accessing resources through the ARCC by 10%. (2016)
- More funding made available for Alzheimer’s programming through increasing state appropriations. (Ongoing)
- Increase the number of fellowship trained geriatricians and gero-psychiatrists in SC. (2016)
- Obtain adequate funding to recruit and retain geriatric specialists in the state. (Ongoing)
- The CCT program will reduce readmissions for high risk beneficiaries and document measurable savings to the Medicare program. (Ongoing)
- SCDHHS will contract with the SUA to implement Options Counseling for those individuals who are eligible for the MFP program. (2016)
- Options Counseling will be expanded to each of the ten ADRCs through grant funding. (If awarded – 2013)
- Provide federal coverage and payment coordination for dual eligible beneficiaries. (Ongoing)
- Funding outreach and assistance through the Medicare Improvement for Patients and Providers Act (MIPPA) participation. (Ongoing)
- Seniors and their caregivers will have the most comprehensive and accurate data available regarding nursing home bed vacancies. (Ongoing)
- All Medicaid nursing home facilities will receive training on updating the Nursing Home Bed Locator. (August 2012)

***Strategies:***

- Education and marketing to inform taxpayers of the ECT voluntary fund.
- The ARCC and SUA will follow the strategies and goals of the Alzheimer’s State Plan and monitor implementation with a focus on collaboration with the Family Caregiver Support Program, the ten ADRCs, and the Alzheimer’s Association, SC Chapter.
- Continue providing seed grants for respite and education programs, targeting underserved communities.
- Introduce legislation to expand the scope of the current GLFP to include grants for other health disciplines.
- Collaborate with the Geriatric Loan Forgiveness Advisory Board to draft legislation and pursue additional funding.
- ADRCs will serve as the Community-based Organizations in the CCT program and will utilize care transition services to effectively manage Medicare patients’ transitions and improve their quality of care.
- Contracts between SCDHHS and the ADRCs will enable implementation of Options Counseling for those individuals eligible for the MFP program.

- Implement the National Standards for Options Counseling through prospective ADRC expansion grant.
- Maintain participation in the SC Dual Eligibles project through membership on the statewide Advisory Board and the Integrated Care Workgroup.
- Participate in outreach events and enroll individuals in LIS; utilize contracts with the Pharmacy program at South University, a senior center in the Upstate, and the Benefits Bank to assist with LIS outreach and enrollment.
- Work with SCDHHS to ensure all Medicaid facilities participate in the program and update their status each day.
- Educate the public about the service so they know how to locate nursing home information.

**Goal 2: Enable older South Carolinians to remain in their homes with a high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.**

***Initiative: Alzheimer’s Disease Supportive Services Program Grant***

This two year project is a collaborative endeavor with the overarching goal of improving access to home and community-based services for individuals with Alzheimer’s disease and related disorders and their caregivers. It is targeted to underserved minority and rural populations. Partners for this project include the Trident AAA/ADRC, the Alzheimer’s Association – South Carolina Chapter, the Medical University of South Carolina, and the University of South Carolina, Arnold School of Public Health. The objectives are to implement strategies that build familiarity and trust among underserved minority populations through outreach and education among local churches and existing community networks, and through primary care physicians to facilitate referral of newly diagnosed patients.

***Outcomes:***

- Interventions will increase access of minority and rural individuals with AD to home and community-based services and will assist families and caregivers. Seven hundred forty- one respite vouchers will be provided through the grant funds and match to assist caregivers and persons with ADRD. (2013)
- Consumers will have increased choice and control through use of the FCSP and the ADRC to meet the needs of individuals with AD, their families and caregivers. (Ongoing)
- Early stage Alzheimer’s patients and their caregivers will have increased information for advanced planning through referrals from primary care physicians. (Ongoing)
- Conduct memory screenings through MUSC and the Trident ADRC to reach potential patients and provide information for follow up. (Ongoing)

***Strategies:***

- Utilize members of the faith-based congregations as volunteer Family Consultants to bridge the divide between the minority population and service providers.
- Expand consumer choice by use of vouchers to select services from an expanded list of providers.

- Educate potential patients and caregivers about the early symptoms of AD and available clinical resources through health fairs, seminars, and other community events.

***Initiative: Family Caregiver Support Program***

Latest data available show there are more than 770,000 family caregivers in South Carolina who provide 737,000,000 hours of care per year at an estimated value of over \$7.4 billion. It is often this support that enables the care recipient to remain at home, thus delaying or avoiding much more costly care in an institution. South Carolina’s National Family Caregiver Support Program is modeled on consumer direction. Each AAA has a full time Family Caregiver Advocate who works directly with family caregivers. Eligible caregivers may also obtain a “mini-grant” or budget to purchase services from the provider of their choice. Caregiving has a profound impact on the workforce. Annually, 15% of the workforce becomes full time caregivers. When 1,500 caregivers stop working, \$22 million in purchasing power is lost in the SC economy. Moreover, 50% of care recipients would go to a nursing home, resulting in a multi-million dollar impact on state funds and Medicaid nursing home placement. To mitigate these personal and economic effects the FCSP seeks to not only provide advocacy and monetary assistance but to educate policy makers about the significant role of caregivers.

***Outcomes:***

- More funding to provide the ever increasing number of family caregivers with consumer- directed flexible caregiver support services. (Ongoing)
- Increased grant related income by 5% by implementing cost-sharing and/or other revenue generating activities. (2015)
- Increased number of support groups, caregiver training, and respite options in each region annually. (Ongoing)
- Ensure those most in need are served by using standardized needs assessments. (2014)

***Strategies:***

- Continue development of a consumer driven statewide service delivery system by conducting six technical assistance/training meetings annually with regional Family Caregiver Advocates.
- Encourage SCDHHS to amend the state’s family caregiver waiver policy to allow legally responsible family members to be paid for providing “extraordinary” care.
- Work with the SC Aging Advisory Council and other advocacy groups to educate policy makers and promote assistance for family members through new respite resources.

***Initiative: Lifespan Respite and Lifespan Respite Expansion Grants***

The original Lifespan Respite Grant is a three-year grant whose goal is to improve access to respite services in South Carolina for all family caregivers of people of any age with any special need. In partnership with the SC Respite Coalition and Family Connection SC, Inc., the objectives of the grant include establishment of a state and local coordinated system that builds on the infrastructure in place. Additional objectives encompass outreach, information and screening through the ADRCs and the Family-to-Family Health Care Information and

Education Center to encourage use and connect family caregivers with respite options; building networks and capacity at the local level to recruit and train volunteers to fill gaps in respite services, with focus on rural areas and the faith communities; and establishment of a State Advisory Council to guide the development of the coordinated Lifespan Respite system. As part of the products of this initiative, a state plan is being written to serve as a map to guide implementation of lifespan respite throughout the state. The SUA was subsequently awarded a Lifespan Respite Expansion Grant, with the goal of increasing caregiver access to respite through new and expanded respite options for families across the state. Objectives include expansion of the Adult Day Health Care providers' business model to increase flexibility in respite service delivery and target unserved/underserved populations; creation of volunteer based respite options by building on a successful "respite event"; connecting families to respite providers through referral or limited respite vouchers for families who "fall between the cracks"; targeted outreach to families on the waiver waiting lists; and "mini-grants" to faith based groups currently providing, or close to providing, respite.

***Outcomes:***

- Increased collaboration across public agencies and private organizations that enhance access to respite services and provides greater flexibility in the delivery of respite services. (Ongoing)
- Increased knowledge, skills and abilities of family caregivers to utilize respite services. (Ongoing)
- Increased number of families receiving respite. (2013)
- Mini-grants to up to ten faith based programs. (2013)
- SC Autism Society will offer respite events in four locations across the state, targeting families of children and/or adults with autism. Four additional respite events will be held in conjunction with SC Department of Disabilities and Special Needs and the SC Developmental Disabilities Council (2013)

***Strategies:***

- Contact members of the SC Adult Day Services Association to enlist participation in the respite program.
- Work with SCDHHS to develop a plan to identify families caring for young adults in need of respite on the waiver waiting lists and conduct outreach to offer these families the opportunity for respite through this project.
- Maintain involvement of the State Advisory Council to represent diverse public and private sector entities and encourage long-term collaboration.

**Goal 3: Empower older people to stay active and healthy through Older Americans Act services and other non-OAA services provided through the SUA.**

***Initiative: Evidence-Based Prevention and Wellness Programs***

Since 2006 the LGOA has partnered with the SC Department of Health and Environmental Control (DHEC) to administer evidence-based prevention and wellness programs. Funding was received from ACL to introduce and expand evidence-based health promotion and

disease prevention programs (EBP) in South Carolina. The programs are offered in all ten AAA regions and include: the Stanford University Chronic Disease Self-Management Program entitled *Better Choices Better Health* South Carolina; *A Matter of Balance*, a falls prevention program; and either the Arthritis Foundation Self Help Program or the Arthritis Exercise Program. The programs are offered outside the aging network as well, to such locales as housing complexes, faith based organizations, assisted living facilities and health care provider organizations. Objectives include increased access to and use of chronic disease self-management education (CDSME) programs to improve the quality of life of older and/or disabled adults.

***Outcomes:***

- Through evaluation, 75% of seniors that complete the program will demonstrate a higher quality of life. (Ongoing)
- CDSME programs will be available in all 46 counties in SC, with special emphasis on ensuring that low income, rural, African American, and Native American older adults have access to these programs. (2015)
- Research will enable state and local providers to have adequate resources to provide cost-effective prevention services to the elderly and their caregivers. (Ongoing)

***Strategies:***

- Complete research related to program outcomes of ACL grant, including qualitative program analysis and quantitative data provided by the USC School of Public Health evaluations.
- Disseminate findings of the evaluation efforts and compare with other states' data.
- Seek additional funding and/or resources to sustain and expand the EBP initiatives.

***Initiative: Evidence-Based Research***

In 2005 The Seniors' Cube was created through a grant from the Duke Endowment Fund. It is a nationally recognized comprehensive web based database of the senior population's health care statistics and services integrating data from multiple systems. The database, administered by the State Office of Research and Statistics (ORS), provides a cross-sectional analysis of data from the state's all payer hospital system, Medicaid, Medicare acute and non-acute services, aging data, Alzheimer's disease data, and Vital Records data. This tool shows multiple relationship factors that affect outcomes and that allow for policy development and research in a wide area of programs, services, and diseases that affect seniors. Due to budget cuts the Cube was no longer funded by the SUA as of 2009. However, the SUA is slated to contract with ORS in 2012 to collect data from the Cube.

***Outcomes:***

- Research will enable state and local providers to document the need for and justify having adequate resources to provide cost effective prevention services to seniors and their caregivers. (Ongoing)
- Policy makers will support home and community-based services and reallocate institutional service resources by having comparable data and statistics. (2016)
- Through evaluation, seniors will demonstrate a higher quality of life after completing programs, as health care utilization decreases. (2016)

**Strategies:**

- Negotiate with the Office of Research and Statistics for ongoing maintenance and expansion for the Seniors' Cube.
- Develop final access/use protocols to allow public/private use of the Seniors' Cube.
- Complete research related to program outcomes of ACL and other grants, including qualitative program analysis using ORS data and the Senior Cube.

**Initiative:    Transportation**

South Carolina lacks a coordinated and affordable transportation system that meets the needs of its population. The inability of seniors to get where they need to go can quickly lead to poor nutrition, diminished mental and physical health, and a general isolation from their community. The SUA has secured a South Carolina Department of Transportation grant to develop and implement a volunteer transportation program in an ADRC region and was just awarded additional funds to expand to two other regions. The two major transportation systems that serve the state's seniors and persons with disabilities are the Older Americans Act funded transportation services provided by the state's local contract providers and the state's new Medicaid brokerage system. During FY 2010-2011, 5,147 seniors received services. This involved 1,800,858 trips for 10,805,148 miles. These services primarily provide trips to group dining sites with some used for shopping and medical facilities. The SUA works as a member of the SC DOT Human Services Transportation Coordinating Committee. Established by executive order, all state human services agencies were brought together to develop a plan to coordinate transportation where none currently exists and to improve efficiency. The overarching goal for the SUA is to provide a coordinated public transportation system to meet the needs of South Carolina's citizens.

**Outcomes:**

- South Carolina's seniors and persons with disabilities are able to utilize a transportation system that provides choice and options to maintain their independence. (Ongoing)
- Various services and funding streams are coordinated to provide cost efficient transportation services that reach the maximum number of citizens with available resources. (2016)
- Build on the success of the SC DOT grants utilizing volunteers in the Assisted Rides program so that more options are available. (2014)

**Strategies:**

- Monitor additional funding sources from federal, state, and other grant sources.
- Review Medicaid brokerage and service provision processes to mitigate any negative impact the new SC Medicaid brokerage system may have in current statewide coordination efforts.
- Address access to medical services for preventative health care measures.
- Address access to non-medical services to avoid isolation of seniors without transportation.
- Better understanding of trip origins and destinations to address service overlap with other regions as well as how trips are made in each region.

***Initiative: Meaningful Senior Centers and Senior Centers as the Town Square***

South Carolina is facing the task of modernizing its senior centers to make them more relevant to today's mature adults and senior needs. There are approximately 80 active senior centers and 73 group dining sites according to data provided by the AAAs through SC Access (does not reflect independent sites that have chosen not to be included). Our state aging network must redirect the focus of the senior center from a nutrition site to a community focal point by promoting awareness, training, knowledge and resourcefulness. Our vision is to incorporate the National Council on Aging's established senior center standards with modeling our senior centers after their best practice facilities, resulting in accredited and successful senior centers. Since 2009 all Permanent Improvement Project grant recipients are required to abide by the National Council on Aging's national senior center standards. Changing the image of traditional senior centers and the perception that the community has of the facility is integral to transitioning and acceptance of a "village square" senior center and aging friendly community. Likewise, nutrition services must evolve to attract younger seniors to facilities. This can be accomplished through more consumer choice and additional activities that also serve to keep seniors healthier longer.

***Outcomes:***

- Seniors have centers that attract mature adults by providing a broad range of activities, program, and services. (Ongoing)
- Senior centers use the National Council on Aging's established senior center standards and model their best practice facilities, resulting in accredited and successful senior centers. (Ongoing)
- Increased attendance at meal sites and senior centers. (2016)
- More availability of evidence-based activities for adults at senior centers. (2016)
- More competition in the procurement of meals from vendors. (2016)

***Strategies:***

- SUA and AAAs will conduct site visits to assess operations, services and activities.
- Conduct focus groups of consumers in at least four regions of the state.
- Enforce state and federal guidelines and an accountability process to assure the practices are being conducted each day in the centers.
- Develop an incentive program for senior centers to participate in the NCOA Senior Center Accreditation Program.
- Provide marketing training to senior center directors and key staff.

***Initiative: Volunteers, Education and Training, and Employment Opportunities***

As South Carolina's population ages, available resources continue to be a major concern. Seniors currently living in SC and those moving in offer a wealth of knowledge, skills and abilities. Through volunteerism and employment these older adults contribute to the quality of life for other seniors and their communities. Our state's senior population illustrates both a greater need for additional income for some as well as the interest in volunteer opportunities for others. The SUA and the Aging Network are committed to both assisting seniors needing income and utilizing the skills and abilities of those who wish to volunteer. The State of South Carolina currently uses senior volunteers and Title V workers in many activities throughout

the state. The Senior Community Service Employment Program (SCSEP) fosters and promotes useful part-time training opportunities in community service organizations for unemployed low-income persons who are age 55 or older and who have poor employment prospects. SCSEP promotes individual economic self-sufficiency and increases the number of persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors by providing individuals with appropriate training for targeted jobs in the community. The SUA contracts with two sub-grantees, Experience Works, Inc. and Goodwill, Inc. of the Midlands/Upstate. Finally, preparation of personnel to work with older adults and caregivers is essential to ensuring an adequate supply of services now and in the future. The SUA ensures that an orientation to aging services and programs is provided new staff of the AAAs and AAA contractors. Training and continuing education occur throughout the year at the local level and at the SUA. Periodic assessments of statewide training needs are conducted through the AAAs to determine the types of training to be provided.

***Outcomes:***

- Volunteers are recruited, trained, and utilized throughout the aging network with cost savings realized. (Ongoing)
- Based on assessment, training is provided to enhance quality of care and accountability to those personnel working with older adults and caregivers. (Ongoing)
- Employment services offered for adults 55 years of age or older that may have poor employment prospects. (Ongoing)

***Strategies:***

- Continue cooperative endeavors through partnerships between local aging service providers, AAAs and the SUA.
- Work with the SCSEP contractors and the AAAs to ensure seniors needing employment options are aware of the program.

***Initiative: Emergency Preparedness***

The “Disaster/Emergency Preparedness Manual” for the LGOA was revised by the Emergency Preparedness Coordinator and approved by the agency director and is designed to improve the LGOA’s readiness for and response capability to emergency/disaster situations. The plan includes standard operating procedures for providing information and support to the AAAs/ADRCs, Aging Network service providers and other agencies that work with senior adults. AAAs/ADRCs and their contracted service providers are required to have their own emergency plans and mutual aid agreements. They are encouraged to network with local emergency coordinators in their regions for emergency responses to the elderly and persons with disabilities. In addition, the LGOA provides input on the senior aspect of the pandemic flu plan in place through the SC Department of Health and Environmental Control (DHEC), which serves as the lead on development of this plan for pandemic flu preparedness. The Long Term Care Ombudsmen, when visiting facilities, review the disaster plans of nursing homes and assisted living facilities. Any changes are reported to the Office of the State Long Term Care Ombudsman for update of the Master Disaster Relocation Plan. Finally, by Executive Order of the Governor the LGOA is mandated to perform a support role for two emergency support functions in the State Emergency Operations Center (SEOC); Mass Care and Food. A team of nine LGOA personnel have been trained and designated to provide

support to those functions when SEOC has been activated. The LGOA Emergency Preparedness Coordinator stays active in multiple cross-jurisdictional emergency-related committees.

***Outcomes:***

- AAAs/ADRCs and Regional Emergency Managers have a relationship established prior to a request for assistance during an emergency. (2013)
- Councils on Aging (COAs) and AAAs/ADRCs provide the support necessary to help an impacted area return to normal status. (Ongoing)
- COAs and county emergency managers have a relationship established prior to a request for assistance during an emergency. (2013)
- Mutual aid agreements are signed between COAs and AAAs/ADRCs, allowing those who already have familiarity with those programs to aid stricken areas. Liability and reimbursement criteria will be established prior to an emergency situation. (Ongoing)
- The LGOA will be informed on pandemic flu plans and in turn will educate seniors on how to mitigate the impact of the flu. (Ongoing)
- AAAs/ADRCs and COAs will engage DHEC regional offices to insure they are getting information on preparedness and response to an outbreak. (2013)

***Strategies:***

- Maintain an emergency preparedness plan.
- Encourage participation in training and exercises at the county and regional level.
- Implement alternative work arrangements (e.g. telecommuting) in the event of flu outbreaks.
- Ensure AAAs/ADRCs and COAs maintain contact with their respective DHEC regions to monitor status and ascertain how best to protect the seniors they serve and maintain their critical daily operations, such as congregate feeding and home meal delivery.

**Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation through the State Long Term Care Ombudsman Program, elder abuse awareness and prevention activities.**

***Initiative: Elder Rights***

In South Carolina, a “vulnerable adult” is defined as a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. A resident of any long term care facility is considered a vulnerable adult. The South Carolina Omnibus Adult Protection Act defines abuse, neglect, and exploitation and encourages the collaboration of organizations and agencies involved with adult protective issues to help prevent/reduce the incidence of abuse, neglect and exploitation. The Office of the Long Term Care Ombudsman, housed within the SUA, is charged with providing advocacy and assisting individuals with long term care issues. The State Long Term Care Ombudsman is responsible for directing the program and oversees the investigation of complaints by its ten Regional Programs housed within the AAAs. The SUA and the Long Term Care Ombudsman hold seats on the SC Adult Protection

Coordinating Council, which ensures consultation and collaboration with all agencies entrusted with protecting seniors and vulnerable adults. The goals of the program are achieved through a multi-faceted approach: advocacy and investigation of allegations of abuse, neglect and exploitation in facilities; collaboration, outreach and training to stop or prevent abuse, neglect and exploitation; maintenance of the volunteer Friendly Visitor program; and assurance that legal services are available to seniors of greatest social and economic need (as determined by the priority areas of income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianships, abuse, neglect, and age discrimination). The availability of legal services to seniors has been significantly enhanced through the Model Approaches to Legal Services grant. This initiative is highlighted separately following the outcomes and strategies for this section.

***Outcomes:***

- Continued monthly education of Ombudsmen staff throughout the state to improve and enhance advocacy skills. (Ongoing)
- Increased Resident and Family Councils by 5% through development and sustained support of self-advocacy for long term care residents through these councils. (2016)
- Ten percent increase in educational activities for facility staff, facility residents/families, and for the community. (2016)
- Increased number of participating facilities and volunteers by 10% for the Friendly Visitor Program. (2016)
- Increased referrals for legal services through the SC Legal Services, Inc. the Access to Justice Commission, and the South Carolina Bar Association. (Ongoing)
- Enhanced legal services section of the LGOA website, to include general information and copies of mandated documents for Living Wills and Health Care Powers of Attorney. (2014)
- Informational sessions on advance directives presented to organizations throughout South Carolina. (Ongoing)

***Strategies:***

- Maintain the most up-to-date information and best practices to share with Ombudsman staff in pursuit of excellence in advocacy skills.
- Expand educational outreach through attorneys and the SC Bar – sponsored legal clinics in rural areas.
- Recruit, train, utilize and retain volunteer Friendly Visitors.
- Expand or create relationships with facilities to allow volunteer Friendly Visitors to serve seniors and vulnerable adults who reside in long term care facilities.
- Monitor legislation that affects the quality of life and the ability of vulnerable adults to obtain services.
- Participate on the South Carolina Elderlaw Committee to remain abreast of legal issues that affect seniors and vulnerable adults.

***Initiative: Model Approaches to Statewide Legal Assistance Systems Grant***

South Carolina’s “Model Approaches to Statewide Legal Assistance Systems grant: Enhanced Access to Legal Service for Senior South Carolinians” is a three-year project whose overarching goal is to increase the quantity and quality of legal assistance to South Carolina’s

seniors. Objectives include creation of an updated *South Carolina Senior Citizens Handbook: A Guide to Laws and Programs Affecting Seniors*; development of an “Elder University” legal information and education program; production of a DVD for mass distribution on futures planning/estates and the probate process; and a referral system to legal assistance with data collection. In partnership with South Carolina Legal Services and the ten AAAs, the objectives of the project include educational and outreach programs incorporating a network of support and a collaborative initiative to produce and provide resources and materials (guides, DVDs, and other tools to improve self-advocacy). Additional stakeholders include the SC Bar Association with its Elderlaw Committee and subcommittees, the Access to Justice Commission, the University of South Carolina Law School, the Charleston Law School, and private attorneys who will provide additional collaboration and support.

***Outcomes:***

- Increased self-advocacy and empowerment measured by frequency of use of self-help information and forms by consumers. (2014)
- Increased numbers of seniors served under Title III-B funding measured by intake and referral counts. (Ongoing)
- Expanded support system of providers measured by numbers of attorneys, services provided in support of the program initiatives and numbers of individuals served under this demonstration project. (2014)
- Educational initiatives will utilize volunteer teachers who are attorneys and preparation will be managed by law students under guidance of attorneys for pro bono credit. (2014)

***Strategies:***

- Create and maintain working partnerships with legal services providers, courts, and attorneys throughout the state to provide education, information, counsel and advice to seniors through diverse venues.
- Create and maintain resources that educate seniors and empower self-direction. Dissemination will be accomplished through one-on-one interactions, on-site at presentations and educational events, and through widespread coordination with multiple partners and stakeholders.
- Empower seniors to self-advocate through: futures planning; ensuring that seniors have a clear understanding of the legal services they do or will need; and providing legal services on an affordable basis, pro bono, or with Title III-B funding.

**Goal 5: Maintain effective and responsible management of OAA services offered through the SUA and within the ten service regions in South Carolina.**

***Initiative: Proposed Increased Funds for Home and Community Based Services***  
From FY 06 through FY 09 the SUA was appropriated \$2.9 million in supplemental state funds for home and community based services. However, this figure was reduced to \$1.4 million recurring by 2012. This money funded a wide array of home and community based services such as meals, group dining, transportation, home care, etc. all of which are designed

to help seniors remain at home. It also allows considerable flexibility for the AAAs and local contractors to meet local service needs. As of 2012 there were 8,522 seniors on the waiting lists for services (statewide) and additional state funds are necessary to serve all on the waiting lists. Current objectives include obtaining additional state appropriated funds on a recurring basis, so as to maintain choice and independence, as well as obtaining a cost of living factor to be added to maintain current services in the future.

***Outcomes:***

- The current population being served and those on the waiting list will be served with available resources (Ongoing through 2016).
- Research and outcome data will support current and future advocacy efforts to obtain funds to promote choice and independence, and to provide a cost effective mix of long term care services. (Ongoing through 2016)

***Strategies:***

- Advocate with state policy makers for resources for services that promote choice and independence and a balanced long term care system.
- Continue to collect research and outcome data to support recurring funding.
- Provide cost effective services through competitive local service providers.

***Initiative: Increased Competition, Cost Control and Accountability***

The SUA works with the AAAs and service providers to ensure that costs are kept at fair market value while affording seniors choices in services. The issues to be addressed include availability of service providers to handle the increased demand for consumer choice, controlling the cost of critical services, and how to determine the positive outcomes of the service expenditures. To this end, the SUA created a pilot program with three AAAs to establish cost sharing as a means to better utilize resources and to serve seniors not currently being served. Additionally, the SUA has been working with the ADRCs to rewrite the Assessment Forms for OAA services and caregiver programs in order to ensure those seniors with the greatest needs are being served.

***Outcomes:***

- Increase consumer choice and competition in delivery of services. (Ongoing)
- Working relationships with entities providing goods and services to older consumers. (Ongoing)
- Determine the fair market value for services and develop strategies to keep costs within range. Make Unit Cost reflect the fair market value. (Ongoing)
- Expand the cost sharing pilot to other AAA regions throughout the state. (2016)
- AAAs will use GIS mapping to target low income seniors utilizing or seeking services. (2016)
- Provide case coordination at the regional level. (2016)

***Strategies:***

- The SUA coordinates with the AAAs to improve the process for procurement of services in order to increase competition and allow for consumer choice where multiple providers are available.

- Build working relationships with the human services organizations, service providers, and businesses focused on older consumers.
- Develop new assessment forms and tools for OAA services and caregiver programs.
- Develop resources to provide case management at the regional level based on the Medicaid Waiver Community Long Term Care model.

***Initiative: Information Technology and E-forms***

Bridges have been built between OLSA, Caregivers and SHIP and work continues on e-forms through the Benefit Bank. (Note: Long Term Care Ombudsman is unique in the information it collects and in privacy issues; therefore, it is not a part of this Bridges plan.). The goal of this endeavor is to fine-tune the system so that there is only one central point for entry of client data that can then be shared with other applications as needed. This system would use a mechanism to check for existing clients so as to avoid duplication along with a mechanism to determine which client data is the most current. Critical steps need to be taken to protect the integrity of the data collected and make sure client data is stored securely without threat of private information being accessed or stolen. A segment of this undertaking includes the use of e-forms; a web-based consumer data collection and electronic forms management process that enable consumers to apply directly for Medicaid long term care services. This unique technology enables consumers to enter personal information only once to apply for multiple programming. Consumers can store their information and return later to edit forms or apply for additional services, as needed.

***Outcomes:***

- IR & A Specialists and ADRC staff would enter client data one time but could share information among other applications as necessary. (2016)
- Protect the integrity of personal client data by the SUA and AAAs to ensure no data can be illegally accessed or stolen. (2016)
- E-forms are available for seniors and adults with disabilities so they can apply for a variety of services and programs without having to duplicate information across applications. (2016)

***Strategies:***

- Ensure that staff is fully trained and has the best technology and software tools within available resources.
- Establish system to verify if the client already exists in one of the systems.
- Establish security guidelines in the SUA and AAAs that strictly adhere to state and federal laws regarding data collection and warehousing.
- Market the e-forms to increase the number of individuals using the forms so as to contain costs.

## **Resource Allocation**

The methods used by the SUA to allocate funds to the area agencies are described in the Intrastate Funding Formula found in Appendix B. OAA funds and most state funds, except when otherwise directed by law, are allocated based on a multi-factored formula. The factors include an equal base, percent of population 60+ below poverty, percent of minority

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population 60+, percent of population who are moderately or severely impaired, and the percent of state rural population. An examination of the recipients of services through the Aging Network shows that those populations in greatest economic and social need and minorities are served in greater numbers than their general representation in the population. No further targeting measures are indicated at this time.

# APPENDIX A

## Assurances

**FY 2013 State Plan Guidance****Appendix A****Listing of State Plan Assurances, Required Activities and Information Requirements****Older Americans Act, As Amended in 2006**

By signing this document, the authorized official commits the State Unit on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

**ASSURANCES****Sec. 305(a) - (c), ORGANIZATION**

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

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

**Sec. 306(a), AREA PLANS**

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall

(I) identify the number of low income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including –

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

**Sec. 307, STATE PLANS**

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will--

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

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

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

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding,

after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for —

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

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

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

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

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

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and

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

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to

assist such older individuals in participating in programs and receiving assistance under this Act; and

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

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long term care facilities, but who can return to their homes if community based services are provided to them.

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

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

(21) The plan shall

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

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

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

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

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

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

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

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

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

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

### **Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

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

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

- (1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.
- (2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.
- (3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.
- (4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- (5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
  - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for
    - (i) public education to identify and prevent elder abuse;
    - (ii) receipt of reports of elder abuse;
    - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
    - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
  - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
  - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except
    - (i) if all parties to such complaint consent in writing to the release of such information;
    - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
    - (iii) upon court order.

## REQUIRED ACTIVITIES

### Sec. 307(a) STATE PLANS

- (1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

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

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

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

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

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

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

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

### **Information Requirements**

**Section 102(19)(G) – (Required only if the State funds in-home services not already defined in Sec. 102 (19).**

**The term “in-home services” includes other in-home services as defined by the State Agency in the State plan submitted in accordance with Sec. 307.**

*The SUA is currently piloting Home and Community Based Services within several AAA’s and cost-sharing is an essential part of the pilot.*

**Section 305(a)(2)(E)**

**Provide assurances that preference will be given to providing services to older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;**

*The SUA recently revised its assessment form to ensure individuals with the greatest social need (low-income, limited English proficiency and rural residents) are being served. Priority scores are assigned and those with the highest scores are served first. Greater score variance was included in the new assessment. The new tool is currently under review by our Regional Administrator.*

**Section 306(a)(17)**

**Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and state governments and other institutions that have responsibility for disaster relief service delivery.**

***EMERGENCY PREPAREDNESS:*** *The “Disaster/Emergency Preparedness Manual” for the Lieutenant Governor’s Office on Aging (LGOA) was revised by the Emergency Preparedness Coordinator and approved by the Agency Director in February of 2012. The purpose of the plan is to improve the LGOA’s readiness for and response capability to emergency/disaster situations. In those situations, the role of the LGOA is three-fold:*

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

*The LGOA plan includes Standard Operating Procedures for providing information and support, when needed, to the Area Agencies on Aging (AAA), Aging and Disability Resource Centers (ADRC), Aging Network service providers and other agencies that work with senior adults. AAA’s and their contracted service providers are required to have their own emergency plans and mutual aid agreements. Each AAA is also required to compile and maintain a list of emergency contact information, and to supply the list to the LGOA. Severe weather alerts, situation reports regarding developing/potential disasters, and similar information is conveyed through these contacts.*

*The AAAs have been asked to partner with their local county Emergency Preparedness Office in order that all activities performed by the AAA are locally approved and coordinated with the local emergency officials.*

*By Executive Order of the Governor of South Carolina, the LGOA is mandated to perform a support role with regard to two emergency support functions in the State Emergency Operations Center (SEOC): ESF 6 (Mass Care) and ESF 11 (Food). To that end, a team of nine LGOA personnel, who attend appropriate trainings and participate in disaster exercises held by the SC Emergency Management Division (SCEMD), have been designated to provide manpower and support to those functions in the SEOC when activated during a State of Emergency.*

*The LGOA Emergency Preparedness Coordinator is involved in the annual SCEMD reviews/revisions of the statewide plans for hurricanes, earthquakes, terrorist attacks, fixed nuclear facility accidents, pandemics, and other natural or man-made disasters. In addition, the Coordinator represents the LGOA on appropriate emergency-related committees and subcommittees, such as the Public Health and Human Services Committee, the SC Emergency Planning Committee for People with Functional Needs, the Shelter Subcommittee, the Assistive Technology Subcommittee, the SC Department of Health and Environmental Control's Community Preparedness Subcommittee, and others as needs are identified. Through these committees, essential connections have been made with emergency personnel in the SC Emergency Management Division and the county emergency preparedness offices, the SC Department of Social Services (the lead agency for ESF 6 - Mass Care), the SC Department of Health and Environmental Control, the American Red Cross, the Salvation Army, and numerous other agencies and organizations.*

*During the Long Term Care Ombudsmen visits to facilities, they review the disaster plan. All Long Term Care Ombudsmen will report changes to a facility's disaster plan to the Office of the State Long Term Care Ombudsman for update of the Master Disaster Relocation List.*

### **Section 307(a)**

(2) The Plan shall provide that the State will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under Sections 306(C) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: Those categories are access, in-home, and legal assistance.) 1%

### **Section (307(a)(3)**

#### **The Plan Shall:**

(A) include (*and may not be approved unless the Assistant Secretary approves*) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (Note: the "statement and demonstration" are numerical statement of

the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)

(B) with respect to services for older individuals residing in rural areas;

(i) provide assurances the State Agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

#### **Section 307(a)(8) (Include in Plan if applicable)**

(B) Regarding case management services, if the State Agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State Program, the plan may specify that such agency is allowed to continue to provide case management services.

#### **Section 307(a)(10)**

The plan shall provide assurances that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

#### **Section 307(a)(21)**

##### **The Plan Shall:**

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

*Several AAA's have tried to work with Native Americans in their areas. However, the Native Americans have no interest in working with the AAA's. The Catawba AAA is the only region with a recognized tribe.*

#### **Section 307(a)(28)**

**(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.**

*The SUA has begun informing the Legislature of the increase in number of seniors and the dire results should no action be taken by the state. The new Lt. Governor was the former*

*President Pro Tempore of the Senate and had been a member of the Senate 32 years before becoming Lt. Governor through Constitutional Ascension in March 2012. He is using his extensive contacts with the General Assembly and policy leaders throughout state government to make the case for increased funding for seniors.*

*The aging population who meet criteria for nursing home placement and are Medicaid eligible will have increased difficulty locating appropriate placement in facilities. This is resultant to the stagnant growth of adding facilities or Medicaid beds.*

**(B) Such assessment may include –**

**(i) the projected change in the number of older individuals in the State;**

*SC ranks 17th in the nation for the highest percentage of age 60+ residents (917,000). From 2007 to 2030, the population of adults age 65 and older is projected to increase by 89%, more than four times as fast as the U.S. population as a whole.*

**(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;**

*Of the more than 917,000 South Carolinians over the age of 60, at least 42% have at least one disability which makes them more likely to live below the poverty level; 10.4% of seniors live below 100% poverty level (\$11,170/\$15,130); one in every 5 of those individuals age 65 and older survives on an average of \$7,500 a year; only 3 out of 10 eligible seniors get SNAP (\$908 net = \$200 month)*

**(iii) an analysis of how programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of Older individuals in the State; and**

*The SUA after years of budget cutbacks has recently reestablished a contract with the State Office of Research and Statistics to capture critical aging, hospital, emergency room and nursing home data to provide valuable insight to show how aging services are assisting South Carolina's seniors. This data is collected for the state's Senior Cube and it will be a key resource to provide the SUA with an accurate picture of seniors in South Carolina. Through the period of the State Plan, the SUA will be coordinating with the AAAs on how to better serve the elderly populations. The 2013 area plans will reflect the state's new aggressive approach to coordination and resource allocations during the next four years. The SUA hosts monthly meetings with the AAA directors and numerous other meetings with AAA programming staff monthly to follow trends and to ensure that everyone is following established guidelines and keeping true to their area plans. The SUA director, program directors and finance staff works closely with the AAAs in order to keep track of AAA resources in the event that resource levels have to be adjusted.*

**(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.**

*The 85 – 94 age group is experiencing the fastest growth – 30% while the 95+ age group increased 26%. Many of these seniors live below the poverty rate and it is critical that they receive supportive services.*

### **Section 307(a)(29)**

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

*Teams from the Office on Aging work in the state’s Emergency Operation Center with other agencies responsible for emergency response. Aging representatives work with the Functional Needs cell to provide input on our target population.*

*The LGOA plan includes Standard Operating Procedures for providing information and support, when needed, to the Area Agencies on Aging (AAA), Aging and Disability Resource Centers (ADRC), Aging Network service providers and other agencies that work with senior adults. AAA’s and their contracted service providers are required to have their own emergency plans and mutual aid agreements. Each AAA is also required to compile and maintain a list of emergency contact information, and to supply the list to the LGOA. In addition, the AAAs have been asked by the SUA to partner with their local emergency officials to coordinate emergency plans in order to ensure vulnerable seniors are protected locally. Severe weather alerts, situation reports regarding developing/potential disasters, and similar information is conveyed through these contacts.*

The AAAs have been asked to partner with their local county Emergency Preparedness Office in order that all activities performed by the AAA are locally approved and coordinated with the local emergency officials.

### **Section 307(a)(30)**

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

*The director is directly involved in the coordination of emergency preparedness and in the event of an emergency will be in contact with the LGOA Emergency Coordinator and with the Lt. Governor to ensure that the emergency management plan established for the Lt. Governor’s Office on Aging is properly activated and coordinated with staff and the AAAs. The “Disaster/Emergency Preparedness Manual” for the Lieutenant Governor’s Office on Aging (LGOA) was revised by the Emergency Preparedness Coordinator and approved by the Agency Director in February of 2012. The purpose of the plan is to improve the LGOA’s readiness for and response capability to emergency/disaster situations. The State Public Health Emergency Preparedness procedures are similar to the procedures established through the Disaster/Emergency Preparedness Manual, except the Department of Health and Human Services takes a lead role during the emergency.*

**Section 705(a)(7)**

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraph (1) through (6). (Note: Paragraph (1) of through (6) of this section are listed below.

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

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

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

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

(4) an assurance that the State will use funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3 –

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

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

(ii) receipt of reports of elder abuses;

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

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

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

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

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

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

(iii) upon court order.

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*The LGOA and the Office of the State Long Term Care Ombudsman have designated “seats” on the SC Adult Protection Coordinating Council. Membership on the Council insures consultation and collaboration with all agencies entrusted with protecting seniors and vulnerable adults. It also provides an alliance network for all adult protection entities to assist in strengthening laws and a body of experts to conduct public awareness and educational seminars regarding elder abuse, neglect and exploitation. The Long Term Care Ombudsmen will receive, evaluate, and investigate complaints or refer them to the appropriate entity. We will abide by the confidentiality laws and diligently work to protect the privacy of individuals (complainant and victim) involved in the complaint process.*

Kathy Greenlee  
Signature and Title of Authorized Official

9/29/2011  
Date

**APPENDIX B**  
**Intrastate Funding Formula (IFF)**

## **Appendix B: Intrastate (IFF) Funding Formula**

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

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

- For purposes of the IFF, “best available data” is the most recent census data (year 2000 or later), or more recent data of the equivalent quality available in the State.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a description statement; a numerical statement; and a list of the data used (by planning and service area).
- The request also includes information on how the proposed formula will affect funding to each planning and service area.
- States may use a base amount in their IFFs to ensure viable funding for each Area Agency but generally, a hold harmless provision is discouraged because it adversely affects those planning and service areas experiencing significant population growth.

### **Philosophy of the Intrastate Funding Formula**

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

### **Intrastate Funding Formula Assumptions and Goals**

The Lieutenant Governor’s Office as the State Unit on Aging (SUA) utilizes the following factors to distribute Older American Act funds by Planning and Service Areas (PSA). The current formula provides specific weight for each of the following populations: persons age 60 years of age and older, Low-Income 60 and older population, Minority population 60 years and older, Proportion of State population 60 and older that is moderately or severely impaired (ADL), and proportion of state rural population.

- The Intrastate Funding Formula is intended to address the following goals:
- To satisfy requirements of the OAA and Title III regulations;
- To be simple and easy to apply;
- To ensure equal access to the system by eligible persons;
- To objectively apply all requirements;

- To correlate services with need; and
- To achieve balance between prevention and intervention in the allocation of resources.

The LGOA traditionally revises the funding formula decennially (every ten years) based upon demographic and population data changes from the Census. The LGOA will revise the IFF based on 2010 Census data for the older adult population. Future updates to the IFF will be based on population estimates provided by the Census.

**Definitions for each population are indicated below.**

**60+ Population**

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

**Minority 60+ Population**

Numbers of persons in the age groups 60 and above who are minorities (non-white) and are below the poverty level, as established by the Office of Management and Budget in directive 14 as the standard to be used by Federal agencies for statistical purposes. This factor represents “special attention to Low-Income minority older individuals” as required by the Older Americans Act.

**Low-Income 60+ population**

Numbers of persons in the age groups 60 and above who are below the poverty level as established by the Office of Management and Budget in Directive 14 as the standard to be used by Federal agencies for statistical purposes. This factor represents economic need as defined by the Older Americans Act.

**Estimated Rural 60+ population**

An estimate of the numbers of persons in the age group 60 and above who reside in a rural area as defined by the U.S. Census Bureau. This factor represents the social need factor of “geographic isolation” as defined by the Older Americans Act.

**Individuals with Disabilities 60+ population**

Numbers of persons in the age group 60 and above who have a “mobility or self-care limitation” as defined by the Census Bureau. This factor represents the social need factor of “physical and mental disability” as defined by the Older Americans Act.

**Intrastate Funding Formula Factors and Weights**

Factors	Weights
Equal Funding Among all PSA Regions (AAA Regions)	50%
Population 60+	20%
Minority 60+	10%
Low Income 60+	10%
Rural 60+ (estimate)	5%
Individuals with disabilities 60+ (Moderately or Severely Impaired Population)	5%

**Numerical Statement of the Formula**

A = Planning and Service Area (PSA) Allocation  
 T = Total Federal Funds Available for Allocations  
 E = Equal Base; **Weight: 50%**  
 S = PSA Proportion of State 60 plus Populations; **Weight: 20%**  
 P = PSA Proportion of State 60 plus Population at/or Below Poverty; **Weight: 10%**  
 M = PSA Proportion of State 60 plus Minority Population; **Weight: 10%**  
 I = PSA Proportion of State 60 plus Moderately or Severely Impaired Population; **Weight: 5%**  
 R = PSA Proportion of State Rural Population; **Weight: 5%**

Therefore each planning and service area allocation is computed as follows:

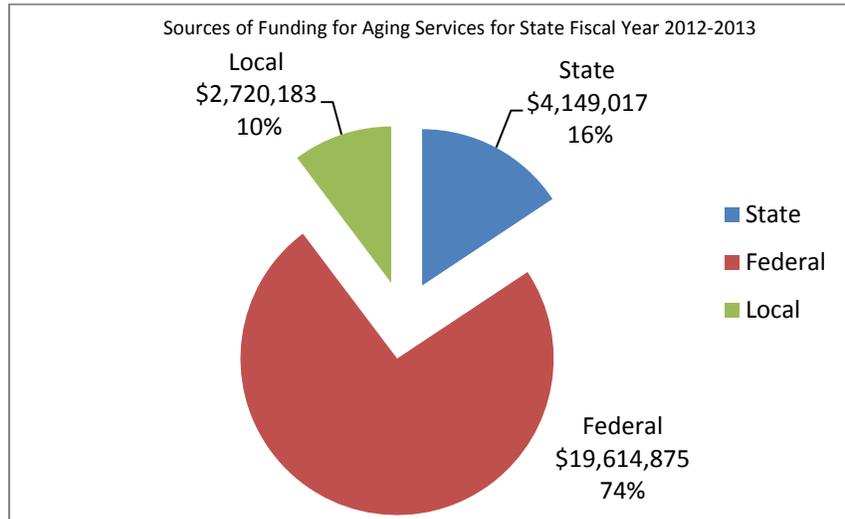
$$A = (.5E + .2S + .1P + .1M + .05I + .05R)T$$

The equal base is divided among the ten sub-state economic development and planning districts. If two or more of the designated planning and service areas (PSAs) merge, then the merged PSA shall receive 1/10 of the equal base for each sub-state economic development and planning district that is included in the new PSA.

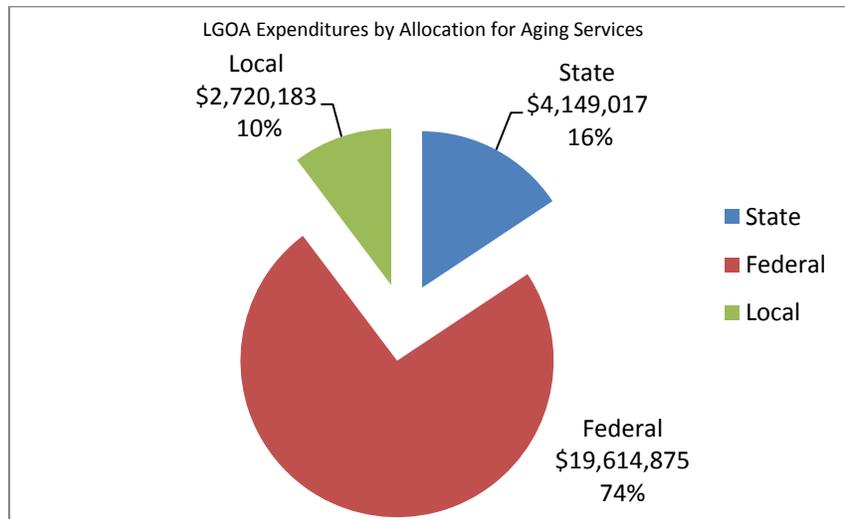
**Lieutenant Governor’s Office on Aging Program Expenditures**

Source	2012 - 2013
Title VII, Chapter 2, Ombudsman	\$253,776
Title VII, Chapter 3, Abuse Prevention	\$74,605
Title III, expended by State, as Authorized in OAA, Sec.304 (d) (1)(B)	\$280,000
Title III provided at AAA Level	\$652,716
Other Federal	\$260,291
State Funds	0
Local (does not include “in-kind)	0
Total	\$1,521,388

### LGOA (SUA) Total Budget for State Fiscal Year 2012 - 2013

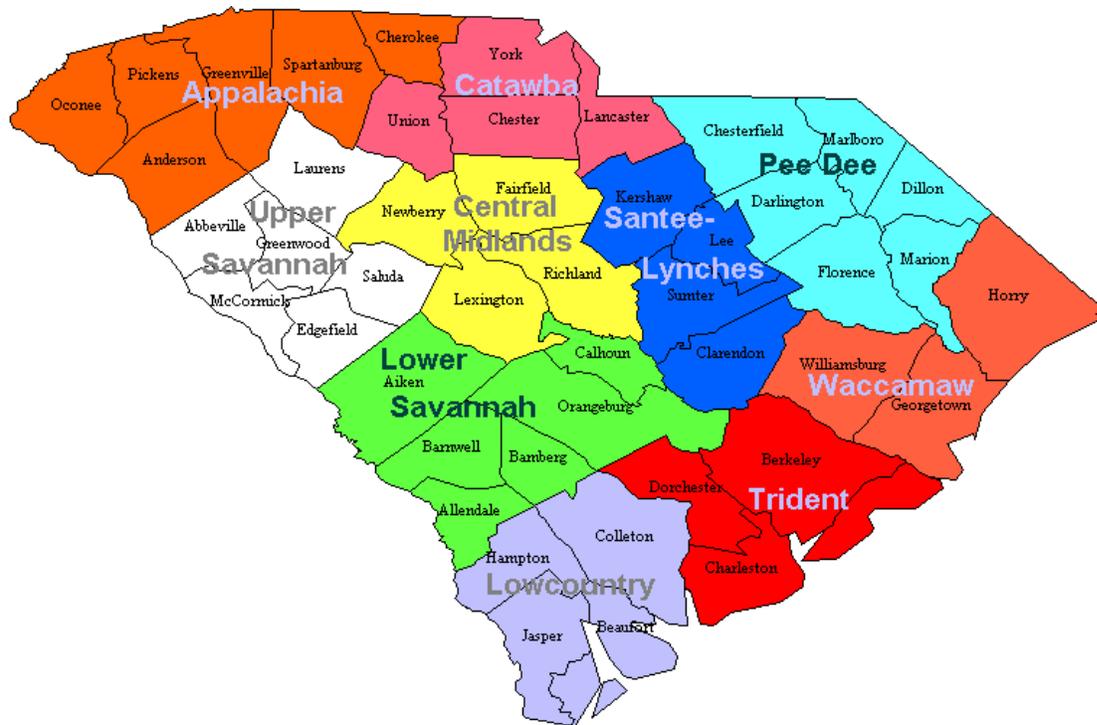


### LGOA Expenditure by Allocation Issuance



**APPENDIX C**  
**South Carolina Planning Service Areas (PSA)**

# Appendix C: South Carolina Planning and Service Areas



## AGING & DISABILITY RESOURCE CENTERS AND SERVICE PROVIDERS

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## APPENDIX D

### South Carolina Aging Acronyms

#### South Carolina Aging Acronyms

#### A

AA	Alcoholics Anonymous
AAA	Area Agency on Aging
AAFES	Army and Air Force Exchange Services
AAHSA	American Association of Homes & Services for the Aging
AAIDD	American Association on Intellectual and Developmental Disabilities
AAMD	American Association of Mental Deficiency (now AAIDD)
AAMR	American Association on Mental Retardation (formerly AAIDD)
AAPD	American Association of People with Disabilities
AARP	American Association of Retired Persons
ABA	Architectural Barriers Act or American Bar Association
ABC	Advocates for Better Child Care (SC)
ABD	Aged, Blind & Disabled
ABN	Advanced Beneficiary Notice
ABS	Annual Beneficiary Summary
AC	Actual Charge or Allowable Cost
ACA	Affordable Care Act
ACB	American Council of the Blind
ACCH	Association for the Care of Children's Health (under DHHS)
ACE	Alternative Care for the Elderly
ACF	Administration for Children & Families (HHS)
ACLD	Association for Children with Learning Disabilities
ACLU	American Civil Liberties Union

ACOA	Adult Children of Alcoholics
ACP	Advanced Care Planning
ACS	American Cancer Society or Army Community Services
ACYF	Administration on Children, Youth and Families (DHHS)
ADA	Americans with Disabilities Act or Age Discrimination Act
ADAAG	Americans with Disabilities Act Accessibility Guidelines
ADAPT	Americans Disabled for Attendant Programs Today
ADC	Aid to Dependent Children (now TANF) or Adult Day Care
ADD	Administration on Developmental Disabilities (ACF, HHS)
ADH	Adult Day Health
ADJ	Adjusted Claim
ADL	Activities of Daily Living (toileting, bathing, eating, transferring, etc.)
ADMC	Advance Determination of Medicare Coverage
ADP	Advance Planning Document
ADRC	Aging and Disability Resource Center
ADRD	<i>Alzheimer's Disease and Related Disorders</i>
ADSSP	<i>Alzheimer's Disease Supportive Services Program</i>
ADVP	Adult Developmental Vocational Program
AE	Age Equivalent
AEP	Annual Coordinated Election Period
AFAS	Air Force Aid Society
AFB	American Foundation for the Blind or American Federation for the Blind or Air Force Base
AFDC	Aid to Families with Dependent Children (now TANF in SC)
AGI	Adjusted Gross Income
AHA	American Heart or Hospital Association
AHCA	American Health Care Association
AIM	Advanced Information Management (SC)
AKA	Also Known As
ALANON	Alcoholics Anonymous (for family members of AA)
ALF	Assisted Living Facility
ALFA	Assisted Living Federation of America
ALJ	Administrative Law Judge
ALOS	Average Length of Stay
ALS	Advanced Life Support
ALT	Average Length of Treatment
AMA	American Medical Association
AMI	Alliance for the Mentally Ill

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ANA	American Nurses Association
ANE	Abuse, Neglect and Exploitation
AoA	Administration on Aging (HHS)
APA	American Psychological Association or American Psychiatric Association
APD	Advanced Planning Documents
APH	American Printing House for the Blind
APHA	American Public Health Association
APS	Adult Protective Services
APWA	American Public Welfare Association
ARC	Advocates for the Rights of Citizens with Disabilities (formerly Association of Retarded Citizens) or American Red Cross
ARCC	Alzheimer's Resource Coordination Center (SC)
ARCH	Access to Respite Care and Help
ARRA	American Recovery and Reinvestment Act
ASA	Autism Society of America
ASL	American Sign Language
AT	Assistive Technology
ATA	Alliance for Technology Access
ATBCB	Architecture and Transportation Barriers Compliance Board
ATI	Assistive Technology Initiative
ATP	Assistive Technology Project (SC)

## **B**

BBA	Balanced Budget Act
BC/BS	Blue Cross/Blue Shield
BDOD	Beneficiary Date of Death
BSW	Bachelor of Social Work
BX	Base Exchange (military)

## **C**

CA	Chronological Age
CAD	Computer Assisted Drawing
CAI	Computer Assisted Instruction
CAP	Client Assistance Program (SC) or Community Alternatives Program or Corrective Action Plan
CAPH	Citizens for the Advancement of the Physically Handicapped (SC)

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CARF	Commission on the Accreditation of Rehabilitation Facilities
CAST	Center for Applied Special Technologies
CAT Scan	Computerized Axial Tomography (same as CT scan)
CCF	Continuing Care Facility
CCP	Crippled Children’s Program (in SC, called CRS)
CCRC	Continuing Care Retirement Community
CCRS	Children’s Case Resolution System (SC)
CD	Consumer Directed
CDB	Childhood Disability Benefit
CDBG	Community Development Block Grant
CDC	Centers for Disease Control and Prevention (HHS) or Child Development Center
CDD	Center for Developmental Disabilities (SC – same as CDR)
CDDC	Consortium of Developmental Disabilities Councils
CDF	Children’s Defense Fund
CDM	Consumer Directed Model
CDR	Continuing Disability Review or Center for Disability Resources (SC – formerly CDD)
CDSMP	Chronic Disease Self Management Program
CEC	Council for Exceptional Children (Division of CEC)
CETA	Comprehensive Employment Training Act
CFB	Commission for the Blind (SC)
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFSAN	Center for Food Safety and Applied Nutrition (FDA, HHS)
CHADD	Children and Adults with Attention Deficit Disorder
CHAMPUS	Civilian Health & Medical Programs of the Uniformed Services (Now Tri-Care)
CHAMPVA	Civilian Health & Medical Program of the Veterans Administration (Now Tri-Care)
CHIP	Children’s Health Insurance Program
CHIPRA	Children’s Health Insurance Program Reauthorization Act
CHSPR	Center for Health Services and Policy Research (SC)
CIL	Centers for Independent Living
CIO	Chief Information Officer
CIP	Crisis Intervention Program
CITA	Center for Information Technology Accommodations
CLASS	Community Living Assistance Supports and Services
CLP	Community Living Program

CLTC	Community Long Term Care (SC)
CMS	Centers for Medicare and Medicaid Services (formerly HCFA) or Children’s Medical Services
CMHS	Center for Mental Health Services (SAMHSA, HHS)
CMSO	Center for Medicaid and State Options
CAN	Certified Nursing Assistant
CNCS	Corporation for National and Community Services
COA	Council on Aging (SC)
COBRA	Consolidated Omnibus Budget Reconciliation Act
COG	Council of Governments (SC)
COLA	Cost of Living Adjustment
CON	Certificate of Need
COTA	Certified Occupational Therapist
CPAP	Continuous Positive Airway Pressure
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CQMR	Carrier Quarterly Medical Review
CRCF	Community Residential Care Facilities
CRD	Chronic Renal Disease (ESRD (preferred))
CRF	Change Request Form
CRIPA	Civil Rights of Institutionalized Persons Act
CRS	Children’s Rehabilitative Services (SC)
CSO	Community Service Organization
CSRS	Civil Service Retirement System
CUFAN	Clemson University Forestry and Agriculture Network (SC)
CWLA	Child Welfare League of America
CY	Calendar Year

## **D**

D&E	Diagnosis and Evaluation
DAC	Disability Action Center (SC)
DAODAS	Department of Alcohol and Other Drug Abuse Services (SC)
DAV	Disabled American Veterans
Db	Decibel
DBTAC	Disability Technical Assistance Center
DD	Developmental Disability
DDC	Developmental Disabilities Council
DDD	Disability Determination Division (Vocational Rehabilitation)

	Dept. in SC)
DDPC	Developmental Disabilities Planning Council
DDSN	Department of Disabilities and Special Needs (SC – formerly DMR)
DDSNB	Department of Disabilities and Special Needs Board (SC)
DDST	Denver Developmental Screening Tool
DEC	Division for Early Childhood (Division of CEC) or Developmental Evaluation Clinic
DEERS	Defense Enrollment Eligibility Reporting System (Military)
DEW	Department of Employment and Workforce
DHEC	Department of Health and Environmental Control (SC)
DHHS	Department of Health and Human Services
DJJ	Department of Juvenile Justice (SC)
DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
DMERC	Durable Medical Equipment Regional Carrier
DMH	Department of Mental Health (SC)
DMR	Department of Mental Retardation (SC – now DDSN)
DMV	Department of Motor Vehicles (SC)
DNR	Do Not Resuscitate
DOA	Division of Aging
DOB	Date of Birth
DOC	Department of Commerce (U.S.) or Days of Care
DOD	Department of Defense (U.S.) or Date of Death
DOE	Department of Education (U.S.) or Date of Entitlement
DOEH	Date of Entitlement to Hospital Insurance (Medicare Part A)
DOES	Date of Entitlement to Supplementary Medical Insurance
DO-IT	Disabilities, Opportunities, Internetworking and Technology
DOJ	Department of Justice (U.S.)
DOL	Department of Labor (U.S.)
DOL VETS	Department of Labor Veterans' Employment and Training Services
DOST	Date of Suspension or Termination
DOT	Department of Transportation (U.S.)
DOTH	Date of Termination of Hospital Insurance
DOTS	Date of Termination of Supplementary Medical Insurance
DPOA	Durable Power of Attorney
DRA	Deficit Reduction Act

DRACH	Disability Rights Action Coalition in Housing
DSM	Diagnostic & Statistical Manual
DSN	Disabilities and Special Needs (SC)
DSS	Department of Social Services (SC)
DTAP	Disabled Transition Assistance Program
DVA	Department of Veterans Affairs (VA)
DVAAP	Disabled Veterans Affirmative Action Program
DVOP	Disabled Veterans Outreach Program
DVR	Department of Vocational Rehabilitation (SC)
DWB	Disabled Widow's Benefits
Dx	Diagnosis

## **E**

EASI	Equal Access to Software and Information
EBNE	Eligible But Not Enrolled
EBP	Evidence-based Program
EC	Early Childhood
ECF	Extended Care Facility
EDGAR	Education Department General Administrative Regulations
EDPP	Evaluation, Diagnosis and Prescriptive Program
EEG	Electroencephalogram
EEOC	Equal Employment Opportunity Commission
EFA	Epilepsy Foundation of America or Education Finance Act
EFMP	Exceptional Family Member Program (Military)
EHA	Education for all Handicapped Children Act
EHD	Early Head Start
EI	Early Intervention
EIA	Education Improvement Act
EIB	Employer Insured Beneficiary
EIN	Employee/Employer Identification Number
EITAC	Early Intervention Technical Assistance Collaborative (SC)
EMB	Eligible Medicare Beneficiary
EMD	Emergency Management Division (SC)
ENT	Ears, Nose and Throat
EOC	Economic Opportunity Commission (SC)
EOMB	Executive Office of Management & Budget
EPD	Emergency Preparedness Division
EPMS	Employee Performance Management System

EPSDT	Early Periodic Screening, Diagnosis and Treatment
ERIC	Educational Resources Information Center
ERISA	Employee Retirement Income Security Act
ESC	Employment Security Commission (SC) – now DEW
ESEA	Elementary and Secondary Education Act
ESRD	End Stage Renal Disease
ESY	Extended School Year

## **F**

F2F HIC	Family to Family Health Information Center
FA	Fiscal Agent
FAPE	Free Appropriate Public Education or Families
FCC	Federal Communications Commission (U.S.)
FCSP	Family Caregiver Support Program (Title III of OAA)
FDOEH	First Date of Entitlement to Hospital Insurance (Part A)
FDOES	First Date of Entitlement to Supplementary Medical Insurance (Part B)
FEMA	Federal Emergency Management Agency
FERPA	Family Educational Rights and Privacy Act
FES	Functional Electrical Stimulation
FFATA	Federal Funding Accountability and Transparency Act
FFP	Federal Financial Participation
FGP	Foster Grandparent Program
FHA	Federal Housing Administration
FHAA	Fair Housing Amendments Act
FI	Family Independence (SC – formerly AFDC) or Fiscal Intermediary
FICA	Federal Insurance Contributions Act
FMAP	Federal Medical Assistance Percentage
FMS	Financial Management Service
FNS	Food & Nutrition Service
FOIA	Freedom of Information Act
FQHC	Federally Qualified Health Centers
FR	Federal Register
FSA	Flexible Savings Account
FSP	Family Support Plan
FUTA	Federal Unemployment Tax Act
FY	Fiscal Year

FYE Fiscal Year End or Ending  
 FYTD Fiscal Year to Date

**G**

GA Graduate Student  
 GAL Guardian Ad Litem (SC)  
 GAO Government Accounting Office  
 GRI Grant Related Income  
 GSA General Services Administration

**H**

HAL Handicapped Assistance Loans (SBA)  
 HASCI Head and Spinal Cord Injury (SC – Division of DDSN)  
 HCBS Home and Community Based Services  
 HCBWP Home & Community Based Waiver Program  
 HCCBG Home and Community Care Block Grant  
 HCFA Health Care Financing Administration (U.S.) (now – Centers for Medicare and Medicaid Services)  
 HCPOA Health Care Power of Attorney  
 HEW Dept. of Health, Education and Welfare (now DHHS)  
 HH Home Health  
 HHA Home Health Agency  
 HHS Health and Human Services  
 HHSCC Health and Human Services Coordinating Council (SC)  
 HHSFC Health and Human Services Finance Commission (SC)  
 HIPAA Health Insurance Portability and Accountability Act  
 HIPP Health Insurance Premium Program  
 HMO Health Maintenance Organization  
 HRSA Health Resources & Services Administration (formerly HRA and PHS)  
 HS Head Start  
 HSA Health Savings Account or Health Service Area  
 HUD Housing and Urban Development  
 Hx History

**I**

I & O Intake and Output  
 I & A Information and Assistance

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I & R	Information and Referral
I & R/A	Information, Referral and Assistance
IAC	Interagency Advisory Committee
IADL	Instrumental Activities of Daily Living (shopping, cooking, bill paying, etc.)
I-CARE	Insurance Counseling, Assistance and Referral for the Elderly
ICC	Interagency Coordinating Council
ICD-9	International Classification of Diseases
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility for the Mentally Retarded
ICU	Intensive Care Unit
IDC	Institute on Disability Culture
IDEA	Individuals with Disabilities Education Act
IDT	Interdepartmental Transfer (SC)
IEE	Independent Educational Evaluation
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IHE	Institutions of Higher Education
IHP	Individualized Habilitation Plan
IHSS	In-home Supportive Services
IL	Independent Living
ILC	Independent Living Center/Council
ILRU	Independent Living Research Utilization
IPE	Individualized Plan for Employment
IPP	Individualized Program Plan
IQ	Intelligence Quotient
IRC	Interagency Resource Committee
IRF	Inpatient Rehabilitation Facility
IRS	Internal Revenue Service
IRWE	Impairment Related Work Expense
ISO	Intermediary Service Organization
ISP	Individualized Service Plan
IT	Information Technology
ITP	Individualized Transition Plan
IWRP	Individualized Written Rehabilitation Plan

**J**

JAN	Job Accommodation Network
JCAHCO	Joint Commission on Accreditation of Health Care

## Organizations

JTPA Job Training Partnership Act

**L**

LAC Local Advisory Committee  
 LBPH Library for the Blind and Physically Handicapped  
 LDA Learning Disabilities Association  
 LEA Local or Lead Education Agency (School District)  
 LEAA Law Enforcement Assistance Administration  
 LGOA Lt. Governor's Office on Aging (SC)  
 LIHEAP Low Income Home Energy Assistance Program  
 LIS Low-Income Subsidy (Medicare Beneficiary)  
 LISW Licensed Independent Social Worker  
 LOC Level of Care  
 LPN Licensed Practical Nurse  
 LRADAC Lexington/Richland Alcohol and Drug Abuse Commission (SC)  
 LRD Lifetime Reserve Days (Medicare Beneficiary)  
 LRE Least Restrictive Environment  
 LSP Local Service Provider  
 LTC Long Term Care  
 LTCF Long Term Care Facility  
 LVER Local Veterans Employment Representative (DEW)

**M**

M+CO Medicare + Choice Organization  
 MA Mental Age  
 MAO Medical Assistance Only  
 MAP Medication Assistance Program  
 MA-PD Medicare Advantage Prescription Drug Plans  
 MBA Monthly Benefit Amount (SSA)  
 MCFN Military, Family, and Community Network  
 MCH Maternal and Child Health  
 MCI Medicare Claims Inquiry  
 MCO Managed Care Organization  
 MDS Minimal Data Set  
 MDT Multidisciplinary Team  
 MEDICAID Medical Aid (State administered health insurance program)  
 MEDIGAP Medicare Gap (Medicare complementary insurance program)

MFP	Money Follows the Person
MGRAD	Minimum Guidelines & Requirements for Accessible Design
MH	Mental Health
MHLP	Mental Health Law Project (formerly The Bazelon Center)
MIAF/MIAP	Medically Indigent Assistance Fund/Program
MICH	Maternal, Infant and Child Health
MICHC	Maternal, Infant and Child Health Council (SC)
MIPPA	Medicare Improvements for Patients and Providers Act
MIS	Management Information System
MMA	Medicare Modernization Act
MMIS	Medicaid Management Information System
MMO	Materials Management Office
MOA	Memorandum of Agreement
MOB	Matter of Balance
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
MR	Mental Retardation
MR/DD	Mental Retardation and other Developmental Disabilities
MRI	Magnetic Resonance Imaging
MRRC	Mental Retardation Research Center
MSN	Medicare Summary Notice
MSP	Medicare Savings Plan
MSW	Master's Degree in Social Work
MTF	Military Treatment Facility
MUMS	Mothers United for Moral Support
MUSC	Medical University of South Carolina (SC)
MWR	Morale, Welfare and Recreation (military)

## N

N4A	National Association of Area Agencies on Aging
NA	Narcotics Anonymous or Not Applicable
NACHRI	National Association of Children's Hospitals and Related Institutions
NADS	National Association for Down Syndrome
NADSA	National Adult Day Services Association
NAEYC	National Association for the Education of Young Children
NAGC	National Association for Gifted Children
NAHC	National Association for Home Care

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NAMI	National Alliance for the Mentally Ill
NAPIS	National Aging Program Information System
NAPVI	National Association for Parents of Visually Impaired
NARF	National Association of Rehabilitation Facilities
NARIC	National Rehabilitation Information Center
NASLTCOP	National Association of Long Term Care Ombudsman Program
NASMD	National Association of State Medicaid Directors
NASOP	National Association of State Ombudsman Programs
NASUA	National Association of State Units on Aging (now NASUAD)
NASUAD	National Association of States United for Aging and Disabilities (formerly NASUA)
NAVH	National Association for Visually Handicapped
NCAL	National Coalition for Assisted Living
NCAM	National Center for Accessible Media
NCCA	National Center for Child Advocacy
NCCAN	National Center on Child Abuse and Neglect
NCCNHR	National Citizen's Coalition for Nursing Home Reform
NCD	National Council on Disabilities
NCDRR	National Center for Disability Dissemination Research
NCHS	National Center for Health Statistics
NCIL	National Council on Independent Living
NCIP	National Center to Improve Practice
NCNHR	National Coalition on Nursing Home Reform
NCOA	National Council on Aging
NCSC	National Council (or Center) of Senior Citizens
NDSC	National Down Syndrome Congress
NDSS	National Down Syndrome Society
NDT	Neurodevelopmental Treatment
NEA	National Education Association
NEC*TAS	National Early Childhood Technical Assistance Systems
NET	National Employment Team
NF	Nursing Facility
NFB	National Federation of the Blind
NFCSP	National Family Caregiver Support Program
NGA	Notification of Grant Award
NHO	National Hospice Organization
NIA	National Institute on Aging
NICCYD	National Information Center for Children and Youth with Disabilities

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NICHCY	National Information Center for Handicapped Children and Youth (now NICCYD)
NICU	Neonatal Intensive Care Unit
NIDRR	National Institute on Disability and Rehabilitation Research (US Dept. of Educ.)
NIH	National Institutes of Health
NII	National Institute of Immunology
NILP	National Institute on Life Planning
NLE	National Library of Education
NLS	National Library Services for the Blind and Physically Handicapped
NLT	National Leadership Team
NOA	Notice of Award
NOD	National Organization on Disabilities
NORD	National Organization for Rare Disorders
NP	Nurse Practitioner
NPIN	National Parent Information Network
NPND	National Parent Network on Disabilities
NPO	Nothing by Mouth
NPPIS	National Parent to Parent Support & Information Systems, Inc.
NRC	National Resource Center
NRHA	National Rural Health Association
NRIC	National Rehabilitation Information Center
NRT	Norm Referenced Test
NSCLC	National Senior Citizens Law Center
NSIP	Nutrition Services Incentive Program
NTIA	National Telecommunications and Information Administration

## O

O & M	Orientation and Mobility
OAA	Older Americans Act
OASB	Old Age & Survivors Benefits
OASDHI	Old Age, Survivors, Disability & Health Insurance
OASDI	Old Age, Survivors & Disability Insurance
OASI	Old Age & Survivors Insurance
OBRA	Omnibus Budget Reconciliation Act
OCR	Office of Civil Rights (U.S. Department of Education)
OCWI	Optional Coverage for Women, Infants and Children
OD	Office on Disability (U.S.)

OEF	Operation Enduring Freedom (war in Afghanistan)
OFCCP	Office of Federal Contract Compliance Programs
OHCDS	Organized Health Care Delivery Systems
OHDS	Office of Human Development Services (U.S.)
OIF	Operation Iraqi Freedom
OMB	Office of Management and Budget (U.S.)
OMB & BS	Office of Medicaid Eligibility and Beneficiary Services
OMRDD	Office of Mental Retardation and Developmental Disabilities
OOA	Office on Aging (SC)
OPEC	Office of Programs for Exceptional Children (SC Dept. of Education)
OPH	Office of Programs for the Handicapped (SC Dept. of Education – now OPEC)
ORHP	Office of Rural Health Policy (HRSA)
ORSI	Office of Retirement & Survivors Insurance
OSEP	Office of Special Education Programs (U.S. Dept. of Education)
OSERS	Office of Special Education and Rehabilitation Services (U.S. Dept. of Educ.)
OSHA	Occupational Safety and Health Administration
OSS	Optional State Supplement
OT	Occupational Therapy
OWL	Older Women’s League

## **P**

P & A	Protection and Advocacy System for Individuals with Disabilities
PACE	Program of All-Inclusive for the Elderly
PAND	Public Access Network Directory
PAS	Personal Assistance Services
PASARR	Pre-Admission Screen/Annual Resident Review
PASS	Plan for Achieving Self Support
PCA	Personal Care Aid
PCEPD	President’s Committee on the Employment of People with Disabilities
PCP	Person Centered Planning
PD	Position Description
PDR	Prescriptive Drug Reference or Physician's Desk Reference
PE	Physical Education
PEP	Parent Educator Partnership

PERS	Personal Emergency Response System
PHAC	Preschool Handicapped Advisory Committee
PHC	Partners for Healthy Children
PHN	Public Health Nurse
PHRMA	Pharmaceutical Manufacturers and Researchers of America
PIA	Programs for Individuals with Autism
PIN	Personal Identification Number
PIP	Permanent Improvement Program (SC)
PL	Public Law
PL105-15	Individuals with Disabilities Education Act of 1997 (formerly PL101-476)
PL105-476	Individuals with Disabilities Education Act of 1990
PL94-142	Education of Handicapped Children’s Act of 1975 (now PL 101-476)
PL99-457	Education of the Handicapped Amendment of 1986 (now PL101-476)
PM & R	Physical Medicine and Rehabilitation
PNA	Personal Needs Allowance
PO	Purchase Order
PPACA	Patient Protection and Affordable Care Act
PPO	Preferred Provider Organization
PRN	Pro Re Nata (Latin for “as the situation demands”)
PRT	Parks, Recreation and Tourism (SC)
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act
PSA	Public Service Announcement
PSO	Provider Sponsored Organization
PT	Physical Therapy
PTI	Parent Training and Information Center
PTSD	Post-Traumatic Stress Disorder
PX	Post Exchange (military)

## Q

Q&A	Questions & Answers
QA	Quality Assurance
QMB	Qualified Medicare Beneficiary
QWDI	Qualified Working Disabled Individual

## R

RAAC	Regional Aging Advisory Committee
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RAP	Relatives as Parents
RC	Rehabilitation Councils
RCF	Residential Care Facility
RCP	Residential Care Program
RD	Registered Dietician
RFA	Request for Application
RFB	Recordings for the Blind
RFI	Request for Information
RFP	Request for Proposal
RN	Registered Nurse
ROM	Range of Motion
RRC	Regional Resource Center
RSA	Rehabilitation Services Administration (U.S. Dept. of Educ.)
RSDI	Retirement, Survivors, & Disability Insurance
RSVP	Retired Senior Volunteer Program
RT	Recreational Therapist
RTA	Regional Transit Authority
Rx	Prescription

## **S**

SAMHSA	Substance Abuse & Mental Health Services Administration
SART	Semi-Annual Report Tool
SBA	Spina Bifida Association or Small Business Administration
SBE	State Board of Education
SC4A	SC Association of Area Agencies on Aging
SCABA	South Carolina Association for Blind Athletes
SCACAD	SC Association of Council on Aging Directors
SCAD	South Carolina Association for the Deaf
SCAN	Suspected Child Abuse and Neglect
SCATP	SC Assistive Technology Program
SCCB	South Carolina Commission for the Blind
SCDDC	South Carolina Developmental Disabilities Council
SCDDSN	South Carolina Department of Disabilities and Special Needs
SCDEW	South Carolina Department of Employment and Workforce (formerly Employment Security Commission – ESC)
SCDHEC	South Carolina Department of Health and Environmental Control
SCDHHS	South Carolina Department of Health and Human Services

SCDMH	South Carolina Department of Mental Health
SCDSNB	South Carolina Department of Disabilities and Special Needs Board
SCDSS	South Carolina Department of Social Services
SCDVR	South Carolina Department of Vocational Rehabilitation
SCFOA	South Carolina Federation for Older Americans
SCHIP	State Children’s Health Insurance Program
SCILC	South Carolina Independent Living Council
SCP	Senior Companion Program
SCP & A	South Carolina Protection and Advocacy
SCSDB	South Carolina School for the Deaf and the Blind
SCSEP	Senior Community Service Employment Program (Title V)
SD	Standard Deviation
SDE	State Department of Education (SC)
SEA	State Education Agency or Act
SEP	Service Entry Point or Single Entry Point
SES	Socioeconomic Status
SGA	Substantial Gainful Employment
SHHH	Self Help for Hard of Hearing
SHHSFC	State Health and Human Services Finance Commission
SHIP	State Health Insurance Program (what SC calls I-CARE)
SI	Sensory Integration
SIB	Self Injurious Behavior
SILC	Statewide Independent Living Council
SL	Speech/Language
SLMB	Specified Low Income Medicare Beneficiary
SLP	Speech Language Pathologist
SLT	Speech Language Therapist
SMP	Senior Medicare Patrol (Medicare Fraud)
SN	Special Needs
SNF	Skilled Nursing Facility
SNP	Special Needs Plan
SOBRA	Sixth Omnibus Budget Reconciliation Act
SOP	State Operated Program or Standard Operating Procedure
SPE	Single Point of Entry
SPED	Special Education or Special Education Teacher
SPIL	State Plan for Independent Living
SPRANS	Special Projects of Regional and National Significance
SS	Social Security

SSA	Social Security Administration or Social Security Act
SSBG	Social Services Block Grant
SSDI	Social Security Disability Income
SSG	Summer School of Gerontology (SC)
SSI	Supplemental Security Income
SSN	Social Security Number
SSP	State Supplemental Payment
ST	Speech Therapy
SUA	State Unit on Aging
SUTA	State Unemployment Taxes
SW	Social Worker

## T

TA	Technical Assistance
TAAC	Telecommunications Access Advisory Committee
TANF	Temporary Assistance for Needy Families
TAP	Transition Assistance Program
TASH	The Association for the Severely Handicapped
TC	Total Communication
TCM	Targeted Case Management
TDD	Telecommunications Device for the Deaf
TDP	Transportation Development Plan
Tech Act	Technology Related Assistance for Individuals with Disabilities Act
TEDP	Telecommunication Equipment Distribution Program (SC)
TEFRA	Tax Equity and Fiscal Responsibility Act
TIIAP	Telecommunications and Information Infrastructure Assistance Program
TIRR	The Institute for Rehabilitation and Research
Title III	OAA Grants for State and Community Programs on Aging (funds for supportive and nutrition services, family caregiver support, and disease prevention and health promotion activities)
Title III-B	OAA - Funds for support services such as in-home and other community supportive services
Title III-C-1	OAA - Funds for congregate nutrition services for older adults
Title III-C-2	OAA - Funds for Home-Delivered nutrition services for older adults
Title III-D	OAA - Funds for health, wellness and disease prevention services

Title III-E	OAA - Funds for Family Caregiver Support Program
Title IV	OAA – Research, Training and Demonstration grants
Title V	OAA - Senior Community Service Employment Program
Title VI	OAA - Native American Programs
Title VII	OAA – Vulnerable Elder Rights Protection (Ombudsman, Legal Assistance)
Title XIX	Medicaid Home and Community Based Waiver Services for the Elderly
Title XVIII	Medicare – Health Insurance for the Aged and Disabled – Social Security Administrators
Title XX	SSBG (Social Services Block Grants) Social Security Administrators
TJTC	Targeted Job Tax Credit
TPR	Termination of Parental Rights
TRICARE	Military Health Benefits Program
TT	Text Telephone
TTY	Text Teletype (for the Deaf)
TWWIA	Ticket to Work and Work Incentives Improvement Act
Tx	Treatment

## U

UAF	University Affiliated Facility (same as UAP)
UAP	University Affiliated Programs (formerly UAF)
UCE	University Centers for Excellence (formerly UAP's)
UCP	United Cerebral Palsy Association
UFAS	Uniform Federal Accessibility Standards
USABA	United States Association for Blind Athletes
USC	University of South Carolina
USDA	United States Department of Agriculture
USERRA	Uniformed Services Employment and Reemployment Rights Act

## V

VA	Veteran's Administration
VAMC	VA Medical Center
VAVS	Department of Veterans Affairs Voluntary Service
VDHCBS	Veteran's Directed Home and Community Based Services
VE	Vocational Education
VETS	Veterans' Employment and Training Service

VFA	Veteran’s Families of America
VFW	Veterans of Foreign Wars
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VNA	Visiting Nurses Association
VR	Vocational Rehabilitation
VR&E	Vocational Rehabilitation and Employment
VS	Vital Signs

## W

W3C	World Wide Web Consortium
WAI	Web Access Initiative
WAIS-R	Weschler Adult Intelligence Scale - Revised
Waivers	1915 (c) waiver - Medicaid home and community-based services waivers
WHCOA	White House Conference on Aging
WIC	Women, Infants and Children
WID	World Institute on Disability
WIIA	Work Incentives Improvement Act
WISC-R	Weschler Intelligence Scale for Children - Revised
WS	Waivered Services
WSHPI	William S. Hall Psychiatric Institute (SC)
WT	Warriors in Transition

## Y

YTD	Year To Date
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# **APPENDIX E**

## **Governor's Office Signatory Requirement**

## Appendix E: Governor's Office Signatory Requirement

**Email from former Governor Mark Sanford's Chief of Staff Scott English. (Swati Patel, referenced in English's email below, serves as General Counsel for current Governor Nikki Haley.)**

From: Scott English [mailto:senglish@gov.sc.gov]  
Sent: Thursday, July 24, 2008 1:16 PM  
To: Dickinson, Gerry  
Cc: Swati Patel  
Subject: State Plan on Aging

Gerry --

Thank you for sending the State Plan for the Office on Aging to us.

As you know, the previous state plan required the Governor's approval because it was developed by the South Carolina Department of Health and Human Services (SCDHHS), which is in the Governor's Cabinet.

The Office was transferred at approximately the same time from SCDHHS to the Lieutenant Governor's office via temporary proviso in the FY 2004-2005 Appropriations Act and remained in subsequent budgets until the FY 2008-2009 Appropriations Act.

Just this year, the General Assembly passed S. 530 to codify certain budget provisos, including the transfer Office on Aging (See Part 25 of the bill). The bill became law on 17 June 2008 and the effective date of this provision was 1 July 2008.

Based on that permanent law change and a review of the Older Americans Act, our legal counsel has indicated that the Lieutenant Governor would be the appropriate officer to sign and submit the State Plan to the U.S. Administration on Aging (AOA) and the Governor's signature would no longer be necessary.

If your office or AOA need additional information you can contact me or Swati Patel, our Chief Legal Counsel.

Scott D. English  
Chief of Staff  
Governor Mark Sanford  
PO Box 12267  
Columbia, SC 29211

## Appendix F

### Statewide Plan Public Hearings

The SUA held public hearings in the State's three largest metropolitan areas in order to seek public comments and input on the 2013 – 2016 State Plan. Public hearings were held in Columbia, Charleston and Greenville. LGOA Director Tony Kester moderated the public hearings, with input from SUA staff, and there were no written comments to be included in the State Plan.

#### **Statewide Public Hearings**

##### **Columbia Public Hearing**

Capital Senior Center

1:00PM – 3:00PM

May 30, 2012

##### **Charleston Public Hearing**

Mount Pleasant Senior Center

May 31, 2012

11:00AM – 1:00PM

##### **Greenville Public Hearing**

Greenville County Council Chambers

June 1, 2012

11:00AM - 1:00PM