South Carolina

STATE PLAN ON AGING 2025-2028

Bridging Gaps, Building Access:
The Blueprint for Aging Services in SC

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South Carolina
DEPARTMENT
ON AGING

Signed Verification of Intent

The State Plan on Aging covers the period of October 1, 2025, through September 30, 2028. It includes all assurances and plans to be conducted by the South Carolina Department on Aging under the provisions of the Older Americans Act (OAA) (Amended). The South Carolina Department on Aging has been authorized to develop administer the State Plan on Aging as the federally designated State Unit on Aging, in accordance with all requirements of the OAA, including the development of comprehensive and coordinated systems for the delivery of supportive services, including but not limited to nutrition services, Ombudsman, and Title III-B Supportive Services.

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

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

_____ August 11, 2025
Connie D. Munn, Director Date
South Carolina Department on Aging

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

_____ August 25, 2025
Henry McMaster, Governor Date
State of South Carolina

Executive Summary

I. EXECUTIVE SUMMARY

The South Carolina Department on Aging (SCDOA) was created as the state agency for receiving and disbursing federal funds made available under the federal Older Americans Act (OAA), and to serve as the lead agency on programs for the aging population.

The South Carolina Department on Aging's mission and vision addresses the needs of older adults, family caregivers, and vulnerable adults in South Carolina through the OAA. It improves older adults' quality of life by advocating for their needs and developing resources in partnership with governments, nonprofits, and others. The SCDOA strives to help older adults live better lives, allowing them to contribute to their communities, achieve economic security, and receive support to age independently with dignity.

As the number of older adults, individuals with disabilities, family caregivers, and vulnerable adults in South Carolina increases, the Department on Aging plays a crucial role in advocating for and meeting their needs. According to the 2023 5-year American Community Survey, of South Carolina's population of 5,212,774, there are 1,321,095 older adults aged 60 or older. The Department on Aging fulfills its OAA mandate by providing critical support through advocacy, facilitation, education, grant distribution, and regulation of services, ensuring that the most vulnerable members of society receive the assistance they need.

Beyond its service roles, the department serves as a central source for aging-related data and information, functioning as a think tank to create innovative solutions for older adults, family caregivers, and people with disabilities. With a growing number of individuals aging in place or retiring, it is vital for South Carolina to enhance and expand service delivery, raise public awareness, identify specific needs, tailor services, and remove barriers that hinder access for older adults and their caregivers.

SCDOA anticipates a significant increase in the number of older adults living in South Carolina over the next ten years. South Carolina ranked 10th with 18.7% of the population 65 or older in the 2020 Census Bureau's 2020 population estimates. By 2030, the older adult population in SC is projected to double in size. South Carolina is a retirement destination with 10% of those moving into the state being 65 or older (AARP).

A crucial step to addressing the rapid population growth and gaps in services is to build on external partnerships. We know that funding from the OAA was never intended to meet every need, but it was established to provide "seed money" to encourage states to build

external partnerships. This is essential for meeting the needs of those on waiting lists. Implementing effective outreach methods can significantly enhance service delivery. By collaborating, communicating, and cooperating with community partners and government entities, along with the advocacy and networking efforts of community leaders, we can bridge gaps in fragmented services and improve access to Long-Term Services and Supports.

In an effort to address the items discussed above, the SCDOA has decided to focus efforts during this state plan period on the following aspects:

- Accessibility
  Improve access to essential services for older adults, adults living with disabilities, and family caregivers, especially those facing additional barriers, by enhancing service delivery, raising awareness, aligning services with needs across the state, expanding options, offering services with various cultural and social considerations, providing assistive technologies, and ensuring physical locations are fully accessible.

- Workforce
  Enhance the support and resources available to the robust workforce surrounding aging individuals, including direct care workers, family caregivers, older workers and job seekers, volunteers, and the staff within the South Carolina Aging Network by creating a comprehensive framework that fosters collaboration, training, and recognition to ensure access to necessary tools, education, and support to thrive in each workforce role.

- Quality of Life
  Enhance the quality of life for older adults, adults with disabilities, and family caregivers by developing and implementing responsive programs that prioritize client preferences. Develop healthy aging Initiatives that support and promote comprehensive healthy aging initiatives that encourage independence and empower individuals to make choices that suit their unique needs.

- Safety & Security
  Enhance the safety and security of older adults, adults with disabilities, and their family caregivers by fostering improvements in home and community environments by developing and advocating for community infrastructure, along with programs and services, prioritizing accessibility and safety in public spaces and at home.

South Carolina has been fortunate to receive state support that enhances core services under the Older Americans Act (OAA), helping us achieve our established goals. Recently, the SCDOA received additional state funding, which has allowed us to expand our Home Stabilization Program. This program now assists with minor home modifications to help older adults age in place. Additionally, we have launched our Dementia Care Specialist Program, which is supported by this funding, and will place ten regional Dementia Care Specialists statewide.

Context

II. CONTEXT

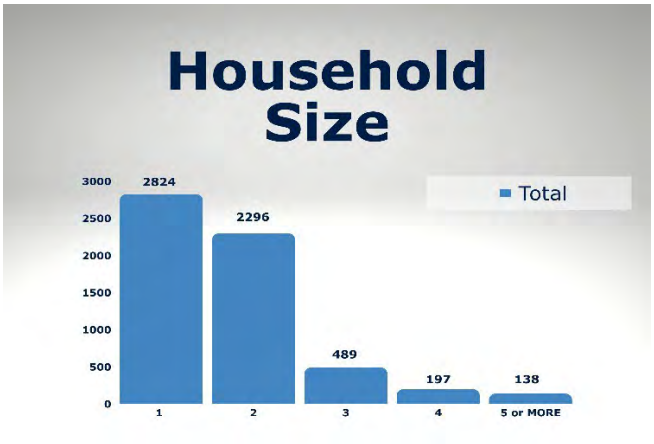
Older adults, family caregivers, and individuals living with disabilities represent a significant segment of South Carolina's population, each group possessing distinct needs and required services. As a relatively small state characterized by numerous rural areas and limited resources, South Carolina faces challenges in addressing the evolving needs of its older adult population. Furthermore, the state's appeal as a desirable retirement destination adds to these complexities.

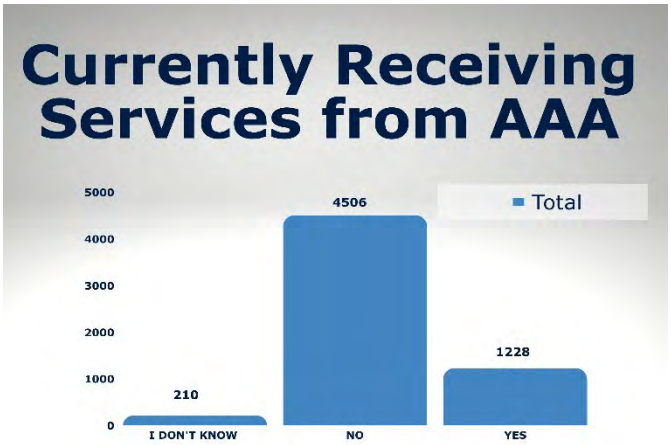
The South Carolina Department on Aging employs various methods to gather data and understand the intricate needs, preferences, and desires of older adults in the state. This analysis incorporates findings from essential assessments, planning initiatives, and evaluations conducted by the state office, regional Area Agencies on Aging (AAAs), and other esteemed partners and organizations. Such efforts include, but are not limited to, the SC4A Needs Assessment, Regional Area Plans and presentations, federal reports such as OAAPS, Statewide Presenting and Unmet Needs data, the annual Senior Day celebration event, and the Live Healthy South Carolina's State Health Assessment Companion Report. The goals, objectives, and strategies outlined in the State Plan on Aging are aligned with insights gleaned from these reports, ongoing monitoring processes, the SCDOA's annual Aging Summit, and regular training sessions with AAA Directors. Specific findings are outlined below.

A. Summary of SC4A 2022 Needs Assessment

The ten regional Area Agencies on Aging (AAA) conducted a comprehensive statewide needs assessment as part of their area plan process. During this assessment, each region employed a uniform survey to collect data, ensuring consistency in understanding the needs of older adults across the state and identifying regional differences. This approach also helps highlight best practices from regions with particularly strong programs, partnerships, or resources that could be replicated in other areas.

For the 2022 Needs Assessment, a total of 5,944 individuals responded. The respondents varied in age from under 40 to over 85, with the largest group being those aged 70-74, accounting for 1,175 responses. The majority of participants reported living alone, with a monthly income of $1,074 or less, and indicated that they were not currently receiving services from the Area Agency on Aging.





The primary focus of this assessment was to identify factors affecting an individual's ability to live independently at home. The top ten concerns highlighted included worries about falls or accidents, serious pest problems in the home, feelings of loneliness or isolation, anxiety about affording nursing or long-term care if needed, maintaining a clean and safe home or yard, access to exercise, dental care, and necessary home repairs.

Reasons that affect your ability to live independently in the home	
Reason	**Statewide Total**
I am concerned about falls or other accidents.	2039
I have a serious problem with pests in my house (ex: bed bugs, roaches, fleas, lice, rodents etc.)	1837
Sometimes I feel lonely or sad, even isolated.	1499
I do not know how I could pay for nursing home care when/if I needed it.	1498
I have trouble keeping my home clean.	1409
I need to exercise more, but don't know where to start.	1393
I cannot afford to pay for dental care.	1327
I have no needs or concerns.	1321
I am unable to make necessary repairs to my home due to costs.	1264
I cannot do my yard work due to physical or medical reasons.	1264

B. Summary of Area Plans and Presentation Themes

Regional area agencies on aging are mandated to develop and submit an area plan for their respective planning and service areas. The South Carolina Department on Aging (SCDOA) has provided an instructional manual aimed at fostering consistency in the requisite information included within these plans. The guidelines emphasize that the intent of the area plan should be to serve as a comprehensive reflection of future initiatives rather than a mere status report documenting achievements from the previous planning period.

Following the submission of these area plans, each region was tasked with conducting a 30-minute presentation to illustrate their findings, outline accomplishments, and delineate future efforts. These presentations were supplemented by a question-and-answer session, which allowed for clarification and constructive dialogue.

Several recurring themes emerged from these presentations, highlighting critical issues faced by the aging network:

1. **Funding:** There are significant concerns regarding the adequacy of funding to meet the multifaceted needs of the aging population, along with the flexibility necessary to adapt to these evolving needs.
2. **Population Growth:** The increasing senior demographic has generated a demand for a broader array of innovative service options.
3. **Sustainability:** There is a pressing need to sustain both the quality of services and the funding required, particularly in light of the rapidly expanding senior population.
4. **Collaboration:** Effective collaboration across the aging network, as well as with public entities, is essential for developing creative solutions to the various challenges encountered by older adults and their caregivers.
5. **Training:** There exists a substantial need for training targeted at both professionals and family caregivers pertaining to aging services and caregiving practices.
6. **Volunteers:** A noted decrease in volunteer participation within the aging network has adversely affected programs and services that are reliant upon volunteer contributions.
7. **Inflation:** Rising costs associated with delivering quality services juxtaposed with fixed funding levels and population growth presents a significant challenge.
8. **Consumer Choice:** The importance of consumer choice and person-centered planning is emphasized, allowing older adults to select and receive services that align with their personal needs and preferences.
9. **Outreach**: Effective outreach strategies are required to engage hard-to-reach populations, thereby enhancing awareness of available programs and services.
10. **Rural Challenges**: Delivering high-quality services in rural areas is fraught with challenges, primarily due to limited staffing and resource availability.

These themes underscore the complexities faced by the aging network and highlight the need for strategic planning and innovative approaches to enhance service delivery for older adults.

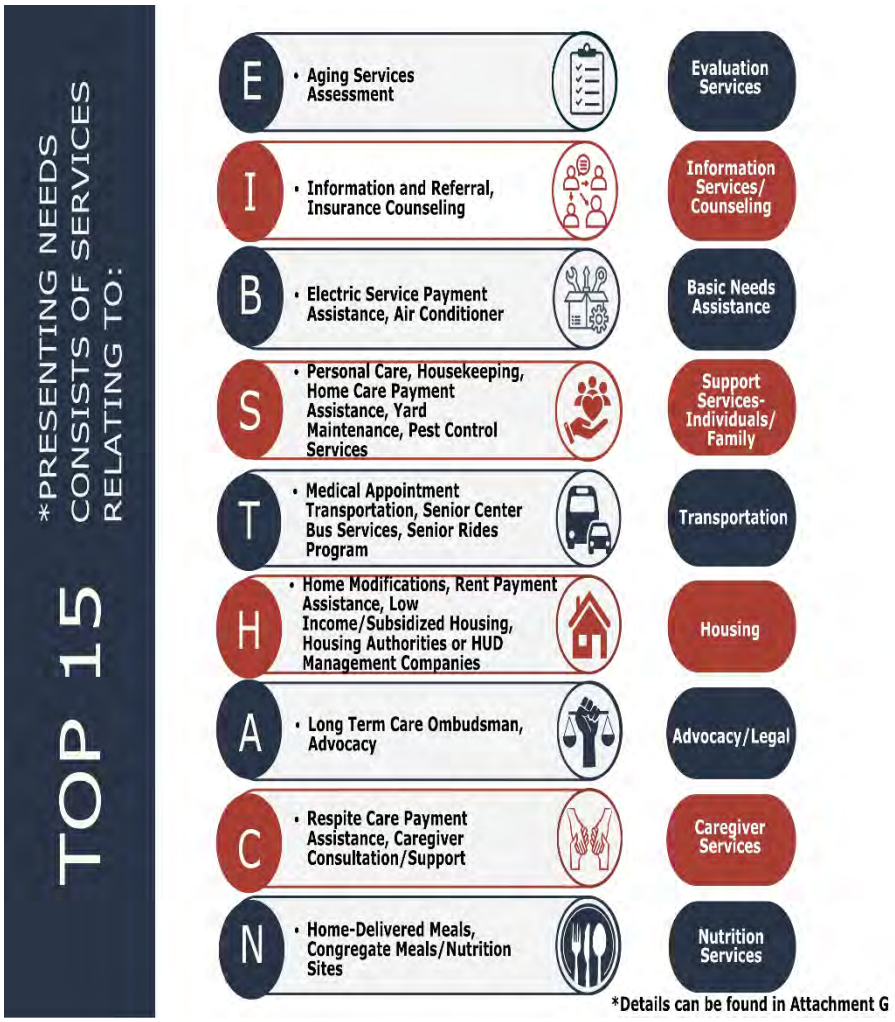
C. Summary of Presenting Needs and Unmet Needs in South Carolina

The Area Agencies on Aging (AAAs) systematically document information arising from client interactions, including phone calls and assessments. This process is overseen through the Information and Referral/Assistance program, alongside assessors who conduct evaluations for service eligibility and screening. Requests for services, as well as articulated needs, are categorized using the state's information and referral taxonomy.

This taxonomy serves to accurately represent each client's expressed needs, irrespective of the availability of corresponding referrals or resources. In instances where needs remain unmet, these cases can be reported to identify existing service gaps and direct advocacy efforts towards acquiring additional resources.

For the state fiscal year concluding on June 30, 2024, the predominant presenting needs were aligned with core Older Americans Act (OAA) services, alongside requests for utility and rental assistance. This data underscores public awareness regarding the AAA as a point of contact for essential services such as Insurance Counseling and various programs, including home-delivered meals, congregate meals, medical transportation, as well as personal care or homemaker services.

Conversely, the primary unmet needs for the same fiscal year predominantly encompass various housing-related services and transportation. Illustrative data, presented in accompanying charts, delineates the top 15 unmet needs and provides rationale as to why each need is classified as such. For instance, a significant volume of calls received in South Carolina for insurance counseling was noted, with this service emerging as the highest unmet need during the fiscal year. A considerable proportion of these callers were found to be ineligible for Medicare. This insight guides strategic communication to more effectively delineate the target demographic for insurance counseling services and to explore additional resources for insurance counseling not tied to Medicare.



The findings presented herein, along with supplementary data from referenced resources, serve to inform the South Carolina Department on Aging about the needs and availability of resources for older adults, individuals with disabilities, and family caregivers within the state. During the evaluation of data and the strategic planning process, careful consideration was dedicated to ensuring the alignment of the plan with the needs of older adults in South Carolina, particularly focusing on those experiencing significant economic and social challenges. This demographic includes older adults with income levels at or below the poverty threshold, as well as those facing non-economic barriers, such as physical and mental disabilities, language challenges, and instances of social or geographical isolation. Such isolation hinders an individual's ability to perform daily tasks or threatens their capacity for independent living. Additional consideration is afforded to older individuals characterized by low income, low-income minority status, limited English proficiency, residency in rural locales, and those at risk for institutional placement.

D. Summary of Workforce Data

Workforce challenges continue to affect the Aging Network across South Carolina. Nationally, the lack of direct care workers is recognized due largely to Medicaid home and community-based programs, nursing homes, and residential care facilities. In South Carolina, the need for home health and personal care aides using Standard Occupational Classifications (SOC Title) is the 14th highest-in-demand occupation from September 2022 to August 2023 (SC Department of Employment and Workforce, Workforce Innovation and Opportunity Act Combined State Plan State Plan Year 2024-2027). In South Carolina, the challenges we face across our traditional aging network is finding workers in the direct care workforce for our home care programs, drivers for transportation, workers, and volunteers for the congregate and home-delivered meal programs.

Stewardship and Oversight

III. STEWARDSHIP AND OVERSIGHT

The South Carolina Department on Aging (SCDOA) implements a comprehensive monitoring and programmatic evaluation framework designed to ensure the efficacy and compliance of its initiatives. This framework encompasses various activities, including Area Agencies on Aging (AAA) monitoring, targeted training sessions, technical assistance, advocacy endeavors, data analysis, and client prioritization. The insights garnered from these processes, along with updates from the Administration for Community Living (ACL) and recommendations derived from state legislative reviews, serve to inform the agency's policy revisions, procedural updates, and long-term strategic planning.

SCDOA conducts annual on-site programmatic and fiscal monitoring of each AAA, during which the fiscal and program managers engage in direct oversight. These visits are aimed at assessing compliance with established policies, identifying exemplary programmatic successes, and diagnosing challenges that may necessitate technical assistance. Monthly, both fiscal and program teams meticulously review expenditure reports accompanied by payment request forms prior to the disbursement of funds to the AAAs. It is mandated that these payment requests are substantiated by documentation and the AAA accounting general ledger. Additionally, AAAs are responsible for the oversight of their contracted service providers, ensuring that service unit data is validated before submission of payment requests to the state.

Regular training sessions, held monthly or bi-monthly, foster collaboration between State Unit on Aging (SUA) staff and AAA program personnel. These sessions focus on program access, procedures, and developmental strategies, while also allowing for discussions on improving service delivery. Additionally, training initiatives encourage regional staff to share success stories and challenges, promoting a collaborative environment for brainstorming and identifying best practices.

The South Carolina Department on Aging systematically analyzes findings from monitoring visits, desk-top reviews, client prioritization reports, and various data sources to ensure adherence to the stipulations outlined in the Older Americans Act, as well as to state-supported aging programs. The outcomes of these evaluations have significantly informed the SUA program staff’s efforts to align with the four strategic pillars of the State Plan, which encompass accessibility, workforce development, quality of life, and safety and security.

2023 5-Year ACS-S0101 1,321,095	60+ Population SC FFY24 OAAPS		2023 5-Year ACS-S0101 90,837	85+ Population SC FFY24 OAAPS	
Service	**Unique People Served**	**% of Total Population**	**Service**	**Unique People Served**	**% of Total Population**
Chore	491	0.04%	Chore	103	0.11%
Congregate Meals	7,232	0.55%	Congregate Meals	1,304	1.44%
Home Delivered Meals	15,133	1.15%	Home Delivered Meals	3,842	4.23%
Homemaker	2,117	0.16%	Homemaker	672	0.74%
Legal Assistance	2,828	0.21%	Legal Assistance	126	0.14%
Personal Care	1,042	0.08%	Personal Care	357	0.39%

Note: Additional information about clients served can be found in Attachment G.

A. Supportive Services

Information & Referral/Assistance and Outreach

The dissemination of information about community services is crucial for addressing the needs of diverse populations. The Information and Referral/Assistance (I&R/A) Specialist plays a key role in empowering individuals to make informed decisions. To fill service gaps not covered by the South Carolina Department on Aging (SCDOA), establishing partnerships is essential, particularly for those on waiting lists.

The SCDOA has identified utility assistance and affordable housing as critical unmet needs over the past five years. Collaborating with utility companies is necessary to ensure that at-risk communities have access to essential services, especially during emergencies.

As South Carolina attracts more retirees, the availability of affordable housing for older adults has not kept pace with demand. The I&R/A program advocates for additional state funding toward these initiatives. Strengthening partnerships among community agencies is vital for enhancing access to Long-Term Services and Supports (LTSS).

Transforming community centers into resource hubs improves the effectiveness of the I&R/A initiative. Collecting demographic data is important for understanding diverse needs, while expanding outreach for Area Agencies on Aging (AAA) boosts service utilization and awareness. Implementing clear, culturally competent communication strategies is necessary to comply with the Americans with Disabilities Act. Additionally, maintaining consistent engagement in South Carolina's 25 rural counties promotes education, visibility, and collaboration across communities.

Person-Centered Approach

Person-centered planning fundamentally recognizes the individual goals, preferences, and needs of each person when facilitating access to home and community-based services. It is imperative that older adults, family caregivers, and individuals with disabilities have a voice in the determination of when, where, and how these services are delivered. In July 2022, the South Carolina Department on Aging (SCDOA)

received a Long-Term Supports and Services (LTSS) grant aimed at establishing the state's inaugural No Wrong Door (NWD) System. This initiative seeks to dismantle existing barriers among state agencies in South Carolina, thereby enhancing the experience for older adults, family caregivers, and those living with disabilities as they navigate LTSS.

Through these initiatives, South Carolina aims to foster a more integrated and accessible support system for its aging population and those who assist them.

Transportation

In November 2024, the South Carolina Department on Aging (SCDOA) convened its second annual Aging Summit, "Aging Reimagined", which brought together Area Agencies on Aging (AAAs) and their associated service providers. A central component of this summit involved gathering insights from participants regarding the needs of older adults within South Carolina. The predominant need identified was transportation, which has emerged as a critical issue for older adults seeking to maintain their independence and ability to reside in their own homes.

Over the past five years, South Carolina's AAAs have responded to this need by enhancing transportation services. Historically, many AAAs primarily funded transportation for congregate meal services. However, through comprehensive Needs Assessments conducted by the AAAs, transportation emerged as a top priority for facilitating older adults' ability to live independently. In response, many AAAs have expanded their transportation offerings, now including medical transportation, essential transportation, and assisted transportation, in addition to continuing to provide congregate meal transportation.

Minor Home Repair and Home Stabilization

The aging population in South Carolina is experiencing significant growth, with projections from the U.S. Census Bureau indicating that the demographic of older adults, including the "Baby Boomer" generation, is expected to increase from 19.7% in 2012 to 37% by 2030. As older adults advance in age, they encounter a myriad of physical, mental, environmental, and financial challenges that can adversely impact their safety and independence. These challenges often manifest as changes in health status, income, and, critically, an elevated risk of falls.

According to data from the South Carolina Department of Public Health (DPH), falls constituted the leading cause of unintentional injury deaths among individuals aged 65 and older from 2012 to 2017. This alarming trend underscores the urgency of addressing the factors contributing to falls among this population. Consequently, many older adults may find it untenable to maintain their households following health-related changes. For those who are on a fixed income and lack the financial resources

necessary for home repairs, the risk is compounded, often forcing them to relocate to facilities, live with family members, or remain in unsafe living environments.

The Centers for Disease Control and Prevention (CDC) emphasizes that both fatal and non-fatal falls incur substantial economic costs for the state of South Carolina, estimating expenditures of approximately $671 million that encompass Medicare, Medicaid, and private or out-of-pocket expenses.

In response to these challenges, the OAA Title III-B Supportive Services program provides crucial funding for home modification and repair services. Specifically, the Minor Home Repair Program is designed to assist older adults aged 60 and older in making necessary modifications to their owner-occupied homes. In collaboration with several of the ten Area Agencies on Aging (AAA) throughout the state, the program aims to facilitate minor home repairs that enable older adults to continue living in their communities safely and independently, often referred to as "aging in place."

Minor home repairs can encompass a variety of modifications aimed at enhancing safety and accessibility, including the installation of grab bars in showers and near toilets, improving lighting in dimly lit areas, adding stair railings, and constructing exterior ramps, among other interventions. These measures are pivotal in mitigating fall risks and supporting the sustained independence of South Carolina's older adult population.

In 2021, the South Carolina Department on Aging (SCDOA) was awarded the Older Adult Home Modification Program (OAHMP) grant through the Department of Housing and Urban Development (HUD). This funding initiative aimed to provide accessible and cost-effective home modifications for low-income older adults residing in 29 of South Carolina's 46 rural counties. The expansion of minor home repair programs to at least six Area Agencies on Aging throughout the state reflects a significant commitment to enhancing the living conditions of this demographic.

The spectrum of repairs facilitated by the program encompassed both functional and structural modifications critical for increasing the accessibility and safety of the home environment. Functional modifications could include the installation of grab bars, raised toilet seats, and ramps designed to aid clients with restricted mobility. Structural repairs address essential elements of the home’s integrity, encompassing necessary floor and roof repairs.

The overarching vision of the program prioritizes individuals facing challenges in performing Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), which include bathing, dressing, transferring, and meal preparation, thus facilitating greater independence. Occupational therapists collaborating within the minor home repair framework employ a person-centered approach, equipping older

adults with strategies aimed at mitigating environmental hazards and providing education on fall prevention.

A critical aspect of the program is the assessment of fall risk among older adults. The Centers for Disease Control and Prevention (CDC) initiative, "Stopping Elderly Accidents, Deaths, & Injuries" (STEADI), offers valuable resources for fall prevention, including a structured questionnaire to identify individual fall risk. During the Area Agency on Aging (AAA) assessment process, older adults are encouraged to self-report any falls experienced within the past year, the frequency of such incidents, and any existing fear of falling. By integrating information related to ADLs, IADLs, and fall risk, aging services personnel are better equipped to assess the needs of older adults, thereby enhancing safety and well-being within their home environments.

The American Association of Retired Persons (AARP) reports that 77% of individuals over the age of 50 express a preference for aging in place within their own homes. As the demographic of older adults continues to increase in South Carolina, the demand for accessible home repair programs has become increasingly urgent. Research indicates that such programs not only mitigate the risk of falls among this population but also contribute to a reduction in state expenditures. Most critically, they serve to enhance both the safety and overall quality of life for older adults.

B. Healthy Living and Active Aging

Participation in activities that promote physical, mental, and cognitive health, along with ensuring access to affordable and nutritious food, is essential for the overall health and well-being of older adults in South Carolina and their caregivers.

The aging process significantly elevates the risk of developing chronic diseases, including heart disease, cancer, stroke, hypertension, and diabetes. Specifically, arthritis is a prevalent condition that can severely restrict daily activities and independence, and it may also adversely affect mental health. In South Carolina, arthritis has emerged as a primary health concern, with over half of adults aged 65 and older reporting a diagnosis of this condition.

Furthermore, there exists a substantial correlation between social isolation and loneliness with an increased likelihood of chronic diseases, obesity, depression, diminished cognitive function, and dementia among individuals lacking social connections.

To effectively address these issues, the development of assorted programming through partnership building and collaborative initiatives is imperative. Such efforts can enhance opportunities for older adults to adopt healthier behaviors and foster robust social connections, ultimately contributing to longer and more fulfilling lives.

Nutrition

Nutrition serves as a fundamental pillar of dignity and is a basic human right. Access to affordable, healthy, and nutrient-dense food is crucial for enhancing food security among older adults, effectively preventing or managing chronic conditions, and fostering mobility that supports healthy aging. Research indicates that older adults experiencing food insecurity tend to have lower nutrient intake, exhibit poorer overall health, and face a heightened risk of malnutrition and falls.

In South Carolina, the rate of senior food insecurity stands at 10.4%, placing it among the top ten states with the highest prevalence, compared to the national average of 7.1% (Feeding America: The State of Senior Hunger in 2021). Disproportionately affected are Black and Latino populations, as well as individuals residing in rural counties, who are more prone to experiencing food insecurity.

Moreover, it is estimated that one in two older adults is at risk for malnutrition. This condition has emerged as a significant health concern, correlated with increased morbidity, mortality, and physical decline. Such deterioration has acute implications for activities of daily living and fundamentally disrupts the quality of life for older adults.

1. Title III-C Overview

The Senior Nutrition Program is designed to mitigate hunger, food insecurity, and malnutrition among older adults, while concurrently promoting social engagement, overall health, and the delay of adverse health outcomes.

A systematic and statewide standardized methodology for identifying and addressing food insecurity and malnutrition in older adults is essential. This approach necessitates the collaboration and active participation of the Aging Network, state agencies, collaborative partners, and stakeholders, which together serve as foundational elements in the establishment of effective intervention pathways.

Screen: In October 2021, the South Carolina Department of Aging (SCDOA) integrated screening instruments into its client assessment protocols to identify risks associated with food insecurity and malnutrition. These instruments operate in conjunction with the DETERMINE questionnaire, which investigates the underlying factors contributing to nutritional risk.

The Malnutrition Screening Tool, a validated screening instrument, specifically targets unintentional weight loss and diminished appetite as indicators of malnutrition risk. The overarching goal of this approach is to adopt a holistic, person-centered methodology aimed at enhancing nutritional status. This framework prioritizes the identification of individual client needs, in contrast to a traditional assessment process that focuses solely on eligibility for specific services.

Resources/Referrals: The factors contributing to food insecurity and malnutrition are often multifaceted, necessitating a thorough examination of referral processes by the South Carolina Department of Aging (SCDOA) nutrition team. This review should encompass educational and counseling programs, federal nutrition assistance initiatives such as the Supplemental Nutrition Assistance Program (SNAP), and USDA food distribution initiatives like the Commodity Supplemental Food Program. A critical component of addressing nutritional needs involves connecting clients with prepared meal options through the Older Americans Act Senior Nutrition Program, which offers both congregate and home-delivered meal services.

The Senior Nutrition Program serves as an entry point to a broader spectrum of services offered under the Older Americans Act, supplying essential economic and social supports aimed at enhancing stability for older adults. Numerous Area Agencies on Aging and their local service providers collaborate or directly furnish additional resources, including food pantries and organizations such as FoodShareSC, the Pick 42 Foundation, and Lowcountry Street Grocery. These partnerships enhance nutritional support systems, extending beyond mere meal provision to foster comprehensive food security solutions.

Education/Awareness: Annually, the South Carolina Department on Aging (SCDOA) distributes a Nutrition Education Guide to the Aging Network. This guide outlines a portfolio of reputable resources and state entities designed to assist in providing nutrition education for participants in senior nutrition programs. Key partnerships include the statewide SNAP-Ed, Clemson Extension, and the Iowa Department of Health's SNAP-Ed Fresh Conversations Newsletter.

In September 2024, SCDOA launched "Nourish to Flourish SC," a social media toolkit intended for use by the Aging Network and its partners to raise awareness about senior malnutrition. While this launch was coordinated with Malnutrition Awareness Week, this initiative will continue as a strategic priority through SCDOA's collaborative partnership with Healthy Palmetto, a coalition of organizations focused on promoting healthy and active living as part of the Live Healthy SC State Health Improvement Plan.

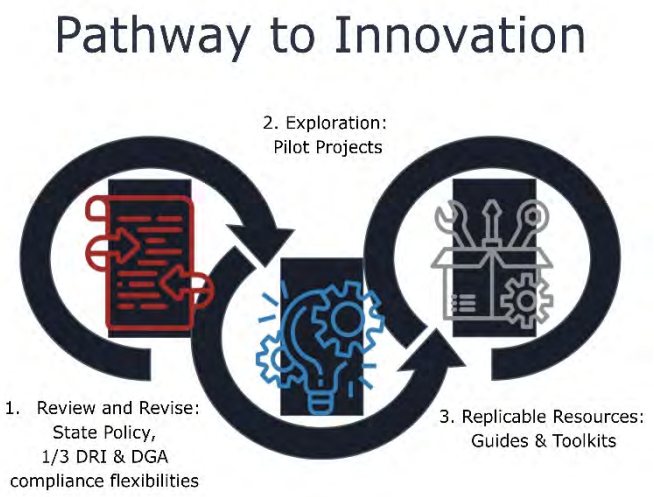
Nutrition Consultation: Additionally, the SCDOA recognizes the importance of Nutrition Consultation. Medical Nutrition Therapy (MNT) involves evidence-based, individualized nutrition counseling conducted by a Registered Dietitian. Over the next three years, SCDOA will explore potential pathways to enhance nutritional counseling services.

2. Food is Medicine

The South Carolina Department on Aging serves on the Healthy Palmetto Leadership Council, the state coalition of organizations that collectively addresses healthy eating, active living, and healthy weight for the Live Healthy SC State Health Improvement Plan. As a lead partner, the SCDOA is prioritizing focus on increasing the reach of nutrition supports for older adults and exploring how Food is Medicine interventions may complement the Older Americans Act Senior Nutrition Program.

3. Meal Preferences and Cultural Considerations

In April 2020, the SCDOA conducted an open-ended survey within the Aging Network to gather insights regarding the immediate and future needs of the Senior Nutrition Program. The COVID-19 pandemic underscored the importance of broadening meal options to reflect individual preferences, increasing variety, exploring innovative service delivery models, forging restaurant partnerships, and establishing salad bar programs, all while integrating technology. Based on the findings from the survey responses, a three-step "pathway to innovation" was developed.



a. Developed a meal pattern approach to ensure compliance with the 1/3 Dietary Reference Intake (DRI) and Dietary Guidelines for Americans (DGAs) in menu planning, thereby enhancing menu options and promoting greater choice and flexibility.
b. Exploration through pilot projects includes:
    i. Central Midlands Area Agency on Aging/Richland County/Senior Resources, Inc: The Lunch Bunch "pop-up" congregate dining site, allowing group dining participants to gather in a private restaurant setting and select their meals from an approved menu.
    ii. Waccamaw Area Agency on Aging/Horry County: The "Energizers and Table Talkers" restaurant voucher program, which employs technology and pre-filled swipe cards for participants to choose from hot and cold bar selections available on an approved menu.
c. Additionally, development of guides and toolkits for the Aging Network for replication includes the SCDOA Restaurant Partnership Guide, Restaurant Partnership Proposal, and the SCDOA Salad Bar Program Guide.

Senior Centers

Senior centers serve as the community's "village square," acting as resource hubs that offer a wide array of activities, volunteer opportunities, and programs designed to enhance the health and wellness of older adults while fostering social connections. Many senior centers in South Carolina cater to multiple generations, and their programs are continually evolving to meet the distinct needs of the communities they serve. The South Carolina Department of Aging (SCDOA) provides Senior Center Permanent Improvement Project grants, funded by state Bingo tax revenues, to support renovation and expansion initiatives, as well as to facilitate site innovation and modernization.

Evidence-Based Programs

Evidence-based health promotion and disease prevention programs are available throughout the state, offering older adults opportunities to enhance chronic disease management, improve functional abilities, manage symptoms, and elevate their quality of life. These programs are primarily delivered at senior centers, group dining sites, and recreation centers, fostering community social connections.

Some of the popular offerings include the National Diabetes Prevention Program, Bingocize (focused on falls prevention), Geri-Fit (strength building for those with arthritis), and EnhanceFitness (also aimed at falls prevention). The Aging Network collaborates with external organizations, such as Clemson Extension for the Hypertension Management Program and the SC Department of Public Health SNAP-Ed, alongside the Clemson Youth Learning Institute SNAP-Ed, to facilitate the Walk with Ease program (designed for arthritis).

There are evidence-based programs available for training and education for family caregivers. To include, but not limited to, Trualta, a web-based caregiver education platform, and Powerful Tools for Caregivers in the Santee-Lynches region.

The South Carolina Department on Aging (SCDOA) oversees the Evidence-Based Health Promotion and Disease Prevention website, providing technical assistance to the Aging Network.

Social Connection

Addressing social isolation and loneliness among older adults is a key focus for the state. South Carolina currently ranks 23rd in terms of risk for social isolation among older adults. This index assesses vulnerability based on several risk factors, including living in poverty, residing alone, being divorced, separated, or widowed, never having been married, experiencing a disability, and facing challenges with independent living, for individuals aged 65 and older (America's Health Rankings: Risk of Social Isolation – Age 65+ by state).

In collaboration with the Institute of Medicine and Public Health, the South Carolina Department on Aging (SCDOA) brought together state experts and individuals with lived experiences to develop targeted recommendations for reducing social isolation in older adults. The Social Isolation in Older Adults Taskforce was launched in October 2022 and concluded with the final report in June 2023, titled "Addressing Social Isolation in Older Adults as a Determinant of Health." Among the initiatives championed by SCDOA are: 1) a modification to Proviso 40.5 to include "programs to promote social connection" as permissible expenditures for Home and Community Based Services (HCBS) state funds, and 2) the establishment of a social connection page and accompanying resources on the GetCareSC website.

C. Caregiving and Dementia Resources

Family Caregiver

The demographic landscape of South Carolina is experiencing a notable increase in the population of older adults, a trend resulting from both the aging of individuals in place and the influx of those selecting South Carolina as their retirement destination. In response to this demographic shift, it is essential for the state to enhance service delivery systems, elevate public awareness, assess specific state needs, align services with those identified needs, and dismantle barriers to access for older adults, individuals with disabilities, and family caregivers.

Current estimates suggest that approximately one in four adults in South Carolina serves as a family caregiver. The responsibilities undertaken by these caregivers are multifaceted and often reflect the unique circumstances of the individuals they assist. Despite shouldering considerable responsibilities, family caregivers frequently encounter challenges stemming from a lack of resources and support. These caregivers constitute a critical support network, yet many remain uninformed regarding the tools, guidance, and resources necessary for effective caregiving. Given the increasing demand for essential services, it is imperative to enhance access to vital resources, improve service delivery frameworks, and cultivate more inclusive programs that prioritize the varied needs of both care recipients and their caregivers.

The implementation of a "No Wrong Door" approach is essential to improving the coordination and collaboration of services within South Carolina. By fostering collaborative efforts, exemplified by the "No Wrong Door" model, the state can enhance the support infrastructure for family caregivers. Such initiatives will ensure that older adults, individuals with disabilities, and their family caregivers are granted access to essential services. The state has the opportunity to take a leadership role by aligning existing services with community needs, raising awareness concerning the critical role of family caregivers, and expanding educational initiatives regarding

available resources. Augmenting communication between agencies, caregivers, and service providers will contribute to the timely and effective delivery of assistance.

Furthermore, supporting the varied workforce that engages with aging populations represents another crucial aspect of this initiative. This workforce encompasses direct care workers, volunteers, older workers, and job seekers, alongside the invaluable contributions of family caregivers. It is vital that these individuals receive access to appropriate training, educational resources, and equitable compensation reflective of their essential roles in the caregiving ecosystem.

In addition, one of the most effective ways to enhance the quality of life for both caregivers and their loved ones is by adopting a person-centered approach that prioritizes individual preferences. Each individual is unique, and a one-size-fits-all strategy in caregiving will never adequately address the mixed needs of the aging population. By ensuring that programs are flexible and tailored to the specific requirements of individuals, family caregivers can feel empowered to provide the best possible care while also safeguarding their own well-being.

FY 2025 ARCC and ADRD Statewide Report	
All Clients	**Clients Served**
Counseling	74
Supplemental Services	990
Respite, In-Home	2,711
Respite, Out of Home Day	256
Respite, Out of Home Overnight	79
Total Unique Clients	3,461

Enhancing the safety and security of older adults and their caregivers is equally crucial. Many caregivers are responsible for managing their loved ones' daily health and safety, making access to well-maintained homes, community support, and emergency services essential. By promoting improvements in home and community environments, South Carolina can help create safer, more supportive spaces for individuals to live in and for family caregivers to thrive in their roles.

Through these combined efforts, we can enhance the lives of older adults and individuals with disabilities while strengthening the support network for their caregivers. By prioritizing better access to services, enhancing workforce support, developing responsive programs, and fostering safe, secure environments, South Carolina can build a future where every individual—whether a caregiver, direct care worker, or older adult—has the resources and support necessary to live with dignity, comfort, and independence.

Dementia Care Specialists

According to the USC Office for the Study of Aging's South Carolina Alzheimer's Disease Registry, there are currently 125,538 residents in South Carolina living with a dementia diagnosis. Furthermore, the Alzheimer's Association Facts & Figures report indicates that at least 219,000 residents in the state are caregivers for those affected.

Receiving a suspicion or diagnosis of dementia can be incredibly overwhelming for families. In 2022, the South Carolina Department on Aging recognized the urgent need for additional support for families navigating the complexities of this condition. As a response, the state hired its first Dementia Care Specialist (DCS) using funds from a two-year federal grant. Through research, collaboration, and grassroots initiatives, a formal Dementia Care Specialist Program was established. Subsequently, the South Carolina State Legislature allocated ongoing funding to expand the program by adding nine more Dementia Care Specialists, thereby ensuring one in each of the South Carolina Department on Aging's ten planning and service areas. This initiative allows for tailored support to residents who suspect or have received a dementia diagnosis, as well as their family caregivers, relatives, and communities.

In South Carolina (USC SC Alzheimer's Disease Registry):

- 11% of residents ages 65+ are living with a dementia diagnosis.
- 56% of residents ages 85+ are living with a dementia diagnosis.
- 70% of SC residents diagnosed with dementia live in a community setting.

Over the upcoming three years, the South Carolina Department on Aging plans to complete the recruitment of the remaining Dementia Care Specialists for each designated planning and service area. This initiative aims to augment local resources and further develop training opportunities for individuals impacted by dementia-related diagnoses. Through the establishment of this specialized team, the department seeks to enhance the overall quality of care and support available to affected individuals and their families.

D. Statewide Legal Services Program

The OAA underscores the fundamental rights of older adults to freedom, independence, and protection against abuse and neglect, thereby emphasizing the critical role of legal assistance programs in upholding these rights. To ensure compliance with these enhanced regulations, our agency has sought additional funding from the state to establish a full-time equivalent (FTE) staff position. This position is intended to facilitate streamlined processes, provide technical assistance for effective coordination among stakeholders, and ensure clarity and consistency in the provision of legal assistance to older adults.

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

E. Long Term Care Ombudsman

The Long-Term Care Ombudsman Program (LTCOP) functions as an essential advocate for individuals residing in long-term care environments, including nursing homes, assisted living facilities, and facilities operated by the South Carolina Department of Behavioral Health and Developmental Disabilities. This program operates under the auspices of the Older Americans Act and in alignment with the South Carolina State Code of Laws, specifically Title 43, Chapters 35 and 38. The LTCOP is authorized to investigate complaints and advocate for enhancements within long-term care facilities, reflecting its commitment to promoting dignity, respect, and protection for some of the state's most vulnerable populations.

The vision of the LTCOP is to cultivate an environment in which individuals in long-term care facilities experience a profound sense of dignity and respect, as well as the comprehensive protection of their rights. Its mission emphasizes a steadfast dedication to empowering residents, addressing issues, and advocating for high-quality care, particularly in the context of mitigating elder abuse, neglect, and exploitation through effective partnerships and educational initiatives.

Core components of the strategic plan of the Long-Term Care Ombudsman Program include an unwavering focus on quality of care, resident rights, and the prevention of elder abuse, neglect, and exploitation. Representatives of the program engage rigorously in educational endeavors aimed at empowering residents and their families, while concurrently investigating and resolving complaints. Employing person-centered strategies, program representatives address the distinctive needs, preferences, and circumstances of each resident.

To bolster its efficacy, the Ombudsman Program collaborates with a range of state agencies, encompassing the Department of Health and Human Services (DHHS), the Department of Social Services (DSS), the Department of Public Health (DPH), the South Carolina Attorney General's Office (particularly the Vulnerable Adults and Medicaid Provider Fraud Unit), healthcare providers, law enforcement, and community organizations. These collaborative partnerships enhance the program's ability to respond to and prevent instances of abuse, while simultaneously supporting and advocating for the provision of quality care. Additionally, the expansion of Title III and Title VII services is deemed crucial, as it guarantees that residents receive education, advocacy, and person-centered service delivery.

The management of funding allocations is conducted with strategic oversight to ensure transparency and efficacy. The state agency collaborates with the State Long-Term Care Ombudsman to appropriately direct Title III and VII funds towards both administrative operations and services designed to advocate for and protect residents, while also educating the broader community.

To enhance the visibility and accessibility of the program, the Ombudsman office conducts quarterly visits to long-term care facilities. A primary objective remains the facilitation of confidential avenues through which residents can report concerns and access resources to safeguard their rights. Furthermore, the program's impact is amplified through community outreach and education initiatives, fostering a robust framework for advocacy and support within the long-term care context.

Workforce development stands as a fundamental pillar of the strategic plan. Comprehensive training for staff and volunteers equips the Ombudsman team with the essential knowledge and skills to effectively address residents' concerns. Our recruitment efforts are focused on building a varied network of volunteers, thereby extending the program's reach.

The program's advocacy initiatives aim to enhance residents' quality of life by ensuring their voices are represented in policy discussions and supporting the establishment of resident and family councils. Through these efforts, we strive to advocate for improvements in care and cultivate stronger, more supportive communities within long-term care environments.

Safety and security initiatives prioritize the prevention of elder abuse, neglect, and exploitation. We provide educational programs to residents, families, and caregivers, increasing awareness of these critical issues. Collaborations with local agencies further strengthen support systems and intervention networks.

The Long-Term Care Ombudsman Program is steadfast in its mission to protect individuals residing in long-term care settings.

F. Title III/VI Coordination

In 1978, the Older Americans Act was amended to incorporate Title VI, thereby establishing programs dedicated to the provision of nutrition and supportive services specifically for Native Americans, which encompasses American Indians, Alaska Natives, and Native Hawaiians.

In the context of South Carolina, there exists one federally recognized tribe situated within a Planning Service Area (PSA), specifically Region 3, that receives Title VI funding. The Catawba Indian Nation is recognized as the only federally acknowledged Indian tribe within the state. Collaboration is underway between the South Carolina Department on Aging (SCDOA) and the Catawba Area Agency on Aging—the designated PSA for this tribe—to forge and sustain a relationship with the Catawba Indian Nation. This partnership focuses on outreach initiatives, information dissemination, and the identification of unmet needs among tribal elders, with the aim of ensuring access to comprehensive services, including nutrition, supportive services, and family caregiver support.

Among the 573 federally recognized tribes in the United States, the Catawba Indian Nation holds the distinction of being the sole tribe located within the state of South Carolina. The contemporary tribal lands of the Catawba Indian Nation are situated in York County, South Carolina, with an enrollment exceeding 3,300 members.

According to estimates from the U.S. Census Bureau, as of July 1, 2024, South Carolina's population is projected to reach 5,478,831, with American Indians and Alaska Natives comprising approximately 0.6 percent of this population. Furthermore, it is anticipated that the older adult demographic, which includes the “Baby Boomer” generation, will experience a significant growth from 19.7 percent in 2012 to an estimated 37 percent by 2030. This demographic shift suggests that the population of American Indians and Alaska Natives in South Carolina will consequently increase, necessitating a responsive approach to their service needs.

Significantly, on February 5, 2025, a Historic Alliance was formalized through the signing of an agreement with state-recognized tribes in South Carolina. This event marked a watershed moment in the history of the state, as it represented the first official collaboration among Native American tribes aimed at mutual support and advancement of their citizens, underscored by the endorsement of the state's Governor. This initiative illustrates a progressive step toward fostering intertribal solidarity and enhancing the welfare of Native American communities within South Carolina.

As a result of this signing, the new Tribal Alliance of South Carolina Nations Organization was formed. The Tribes of this alliance include:

- Catawba Indian Nation
- Edisto Natchez-Kusso
- Beaver Creek Indians
- Pee Dee Indian Tribe
- Santee Indian Organization
- Piedmont American Indian Association Lower Eastern Cherokee Nation
- Sumter Tribe of Cheraw Indians
- The Waccamaw Indian People
- The Wassamasaw Tribe of Varnertown

The South Carolina Department on Aging (SCDOA) is poised to engage in collaborative efforts not only with the Catawba Indian Nation but also with state-recognized tribes. To address the specific needs of Native American older adults effectively, the SCDOA has proposed the appointment of a Title VI Coordinator. This role is essential for improving the synergy between Title III and Title VI programs. The Title VI Coordinator will be tasked with fostering relationships with all tribes located within South Carolina and providing technical assistance regarding the application process for available Title III funding.

G. Medicare

The State Health Insurance Assistance Program (SHIP) and the Senior Medicare Patrol (SMP) are essential in promoting the workforce participation, safety, and security of older and disabled adults. SHIP provides personalized counseling that helps Medicare beneficiaries navigate complex health insurance options, thereby reducing the risk of costly errors and enhancing their independence. This guidance not only alleviates burdens on caregivers but also encourages active participation in the workforce and community.

Similarly, the SMP program educates beneficiaries on identifying and reporting healthcare fraud, waste, and abuse, fostering a safer environment for vulnerable populations. By empowering individuals to protect against scams and identity theft, SMP enhances personal security and builds public trust in healthcare systems. Together, SHIP and SMP support informed engagement and contribute to a resilient community of older and disabled adults.

Moreover, the Medicare Improvements for Patients and Providers Act (MIPPA) increases access to essential benefits for eligible Medicare beneficiaries, particularly those with limited incomes. By facilitating enrollment in programs like Medicare Savings Programs (MSPs) and the Low-Income Subsidy (LIS), MIPPA reduces out-of-pocket costs, thereby enhancing financial stability. This support allows older adults to afford necessary medications and essential resources, promoting their independence and overall well-being. Together, SHIP, SMP, and MIPPA create a more secure and inclusive environment for older and disabled individuals.

H. Senior Community Services Employment Program

The Senior Community Service Employment Program (SCSEP) constitutes a vital community service initiative and work-based vocational training scheme specifically designed for older Americans. This program operates under the authority of the Older Americans Act, targeting low-income, unemployed older adults who seek to enhance their employment prospects. Participants in SCSEP are afforded access to comprehensive employment assistance through American Job Centers, which further facilitates their reintegration into the workforce.

Within the SCSEP framework, participants acquire practical work experience through engagement in an array of community service activities at non-profit and public entities, such as educational institutions, healthcare facilities, childcare centers, and senior centers. The average commitment for participants is 20 hours per week, compensated at the highest prevailing federal, state, or local minimum wage. This training serves as a crucial conduit to unsubsidized employment opportunities, thereby fostering long-term employability.

The South Carolina Department on Aging (SCDOA) oversees the SCSEP State Program across 16 counties within South Carolina, encompassing Anderson, Cherokee, Chesterfield, Darlington, Dillon, Florence, Georgetown, Greenville, Horry, Kershaw, Lexington, Marion, Pickens, Richland, Spartanburg, and Sumter. This state program accommodates 109 slots, while the overarching national grantee service area spans all 46 counties within the state and holds 436 slots. This totals to 545 slots for the older residents in South Carolina.

The primary objective of assisting low-income older adults in entering or re-entering the workforce is to promote self-sufficiency, thereby enabling these individuals to age in place with dignity. Collaborations with sub-recipients aim to facilitate connections between older adults enrolled in the SCSEP program and job opportunities within the direct care, transportation, and meal program sectors. Such initiatives not only address existing workforce demands but also foster social connections, enriching the lives of older adults by integrating them into their communities alongside their peers.

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Goals, Objectives, Strategies, and Outcomes

IV. GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

A. Accessibility

Goal: Improve access to essential services for older adults, adults living with disabilities, and family caregivers.

Objective	Strategies
Enhance access to OAA and HCBS services	• Expand federal and state-funded aging and caregiving services options • Implement "No Wrong Door" practices; engage NWD partners across multiple sectors • Provide ongoing person-centered training to aging network staff • Provide transportation assistance for those with mobility challenges or limited access • Promote training/support for family caregivers (caregiving strategies, mental health, respite) • Use person-centered planning to equip caregivers • Continue respite programs to support caregiver sustainability • Conduct quarterly long-term care facility visits • Respond to resident complaints confidentially and timely

Objective	Strategies
Implement outreach and education efforts	• Build partnerships to address regional waitlist needs • Enhance and promote GetCareSC as an online resource hub • Use various communication channels for outreach • Launch public awareness campaigns targeting underserved populations • Collaborate with community organizations for outreach • Educate the public on resident rights • Raise awareness of ombudsman services through outreach campaigns

Objective	Strategies
Assess services landscape	• Enhance home- and community-based services access • Plan a statewide comprehensive needs assessment • Analyze data regarding updated target population definitions and prepare updates to the Interstate Funding Formula • Advocate for policy reforms supporting essential service funding

	• Cultivate partnerships to close gaps in utility assistance and other support • Collaborate with Catawba Indian Nation Tribe for Title III/VI coordination

Accessibility: Outcomes
Short-term: Increased contact/waitlist numbers due to awareness Intermediate: Recognized successful referrals Long-term: Creation/documentation of resources to meet unmet needs

B. Workforce

Goal: Enhance the support and resources available to the robust workforce surrounding aging individuals, including direct care workers, family caregivers, older workers and job seekers, volunteers, and the staff within the South Carolina Aging Network.

Objective	Strategies
Create a comprehensive framework for collaboration, training, and recognition	• Equip SCSEP participants with a job marketing package • Provide ongoing training for staff and volunteers • Improve communication of professional development opportunities • Promote virtual caregiver/respite provider training modules • Educate caregivers on Employee Assistance Programs (EAPs) and available counseling • Educate employers on caregiver needs and flexible work options

Objective	Strategies
Develop sustainable solutions through partnerships and targeted initiatives	• Targeted employer/host agency partnerships per SCSEP participants' IEPs • Promote aging in place principles • Elevate awareness of assistive technology for independence • Use SCRC Respite Care Provider Registry for matching • Ensure access to local/virtual caregiver support groups • Strengthen relationships under NWD for better statewide support • Ensure equitable respite access for caregivers • Educate employers on caregiver roles and challenges

Objective	Strategies
Increase awareness of volunteer opportunities	• Promote resident/family councils and volunteerism in LTC ombudsman programs • Implement Social Isolation Taskforce recommendations • Use social media and GetCareSC to promote volunteering

Workforce: Outcomes
Short-term: Increased awareness of available and lacking workforce resources Intermediate: Improved skills/competency of workforce Long-term: Better care quality and higher workforce retention

C. Quality of Life

Goal: Enhance the quality of life for older adults, adults with disabilities, and family caregivers by developing and implementing responsive programs that prioritize client preferences.

Objective	Strategies
Develop healthy aging initiatives	• Share LTC facility info (CMS 5-Star, DPH results) • Promote evidence-based programs (nutrition, falls, mental health, etc.) • Strengthen referral networks • Engage partners to build healthy aging programs • Launch awareness campaigns to promote healthy aging • Promote DPH's "Take Brain Health to Heart" initiative • Support independent living tools and technologies • Elevate Dementia-Friendly efforts • Expand GetCareSC database • Expand evidence-based programs with AAAs

Objective	Strategies
Ensure responsiveness to local needs	• Advocate for LTC residents and resolve complaints • Represent resident interests to policymakers • Use feedback and assessments to adapt programs • Promote Nourish to Flourish toolkit • Partner with SC Food is Medicine initiatives: medically tailored meals and produce prescription programs • Support "Lunch at the Market" programs

Objective	Strategies
Foster social connection	• Increase transportation access • Encourage social connections via volunteerism, mentoring, peer support • Support Senior Centers through PIP grants • Continue to leverage Proviso 40.5 for social connection programming • Support intergenerational programs

Quality of Life: Outcomes
Short-term: More client engagement and input Intermediate: Higher participation in client-aligned programs Long-term: Improved mental health, social connection, satisfaction with services

D. Safety and Security

Goal: Enhance the safety and security of older adults, adults living with disabilities, and their family caregivers by fostering improvements in home and community environments.

Objective	Strategies
Develop safe, accessible infrastructure	• Partner with law enforcement, healthcare, and advocacy groups for home and community safety • Train professionals on abuse/neglect/exploitation • Promote intergenerational programs • Advocate dementia-/age-friendly practices • Expand reliable, affordable, and accessible transportation options • Promote telehealth access • Advocate for affordable, accessible, and adaptable housing • Promote inclusive emergency planning

Objective	Strategies
Promote well-being and prevent abuse/neglect	• Share abuse, neglect, and exploitation prevention education • Promote disease management/prevention programs for managing chronic conditions • Promote evidence-based fitness for mobility and health • Encourage preventive health services such as vaccinations, health screenings, and nutrition counseling • Promote FCSP caregiver counseling • Support “Take Brain Health to Heart” • Use evidence-based caregiver stress reduction tools • Update GetCareSC with social connection info • Promote older adult technology training

Objective	Strategies
Empower older adults	• Educate older adults on rights/self-advocacy • Promote Elder Justice Task Force • Expand caregiver education/support groups • Promote OAA legal services for autonomy

Safety and Security: Outcomes
Short-term: Greater awareness of safety resources Intermediate: Safety-enhancing services and modifications implemented Long-term: Reduced safety incidents; improved community/home security

Note: Detailed Strategies and Performance measures can be found in Attachment F.

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Attachments

V. ATTACHMENTS

Attachment A: State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

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

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

(c) An area agency on aging designated under subsection (a) shall be—…

(5) in the case of a State specified in subsection (b)(5), the State agency;

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

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

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual

adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

(B) in-home services, including supportive services for families of older individuals with 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)

(i)

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

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

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

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

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

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

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

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

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

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

(B) provide assurances that the area agency on aging will use outreach efforts that will—

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

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

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making

behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

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

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

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) 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;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled

with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

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

(B) be based on such area plans.

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

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

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(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 section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(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 intrastate distribution of funds); and

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

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

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

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

(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).

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

(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.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

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

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

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

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

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of

such information, except that such information may be released to a law enforcement or public protective service agency.

(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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

(B) Such assessment may include—

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

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

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

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

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for

emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order…

Connie D. Munn Agency Director — August 11, 2025

Signature and Title of Authorized Official — Date

Attachment B: State Plan Guidance – Information Requirements

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

(1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
(2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

"*Greatest economic need*" means "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses" (45 CFR § 1321.3).

"*Greatest social need*" means the need caused by the following non-economic factors as defined in 45 CFR § 1321.3.

A State agency's response must establish how the State agency will:

(1) identify and consider populations in greatest economic need and greatest social need;
(2) describe how they target the identified the populations for service provision;
(3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
(4) establish methods for serving the prioritized populations; and
(5) use data to evaluate whether and how the prioritized populations are being served.

RESPONSE:

Greatest Economic Need: The need resulting from an income level at or below the poverty threshold, as published annually in the Federal Register.

Greatest Social Need: The need caused by non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restrict an individual's ability to perform normal daily tasks or that threaten such individual's capacity to live independently.

During this three-year State Plan cycle, the SCDOA, along with the Area Agencies on Aging, will be reviewing data and engaging community stakeholders to ensure

updates needed for greatest social and economic need definitions are addressed and encompasses the greater flexibilities offered in through 45 CFR 1321.3. SC strives to make informed decisions that accurately support the needs of the communities within our state.

The SCDOA utilizes its Intrastate Funding Formula (IFF) to ensure funds are directed to communities with greatest social and economic need. In the IFF, emphasis is placed on low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals living in rural areas. (See Attachment C for the SCDOA's IFF)

South Carolina's Aging Network has a comprehensive assessment process in place to screen for eligibility, evaluate needs for each service, and prioritize those individuals based on needs and targets as defined by the Older Americans Act. The Client Assessment uses a combination of demographic information, validated screening tools, and observation opportunities for documentation.

In July 2024, the SCDOA implemented an updated method in the assessment process to more efficiently identify and prioritize assessed clients and manage wait lists by utilizing a tiering method. This process enables the South Carolina Aging Network to serve those with the highest priorities first and manage conversations surrounding budgeting and community needs.

Via the client assessment tool, the tiering process establishes 4 levels of prioritizing clients by individual services.

- Tier 0 – Emergency. The older adult is identified with a need that requires services to start immediately. This tier requires more frequent follow-up schedules to ensure needs are being addressed or if further interventions are required. This tier is often intended to be a short-term support until other stable supports can be put into place.
- Tier 1 – Highest priority for services determined by the Client Assessment by indicating multiple needs of supports for the service. The older adults who are identified as Tier 1 also meet the targets under the OAA as defined by greatest social and economic need.
- Tier 2 – This waiting list identifies older adults who have a significant, but not the highest need for a service as determined by the Client Assessment.
- Tier 3 – This waiting list tier documents older adults who meet the minimum eligibility criteria for the service they are requesting but do not demonstrate a significant level of need via the Client Assessment.

The SCDOA currently uses the Older Adults Service Information System (OASIS) as a combination of databases to collect documentation of clients and units served,

which generates reports and data that is analyzed to track the provision of services to the targeted populations served.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

RESPONSE:

South Carolina has one federally recognized tribe located in one Planning Service Area (PSA), Region 3, who receive Title VI funds. The Catawba Indian Nation is the only federally recognized Indian Tribe in South Carolina. The Area Agencies on Aging (AAAs) are required to address their planning and the coordination of services between Title III and Title VI programs in their Area Plan. The South Carolina Department on Aging (SCDOA) is working with the Catawba Area Agency on Aging, which is the PSA that the federally recognized tribe is located in, to continue developing, establishing, and maintaining a relationship with the Catawba Indian Nation to enhance communication to provide technical assistance on how they can apply for Title III funding.

The state of South Carolina is committed to ensuring that the AAA will provide outreach to Native American residents in PSAs across the state. The SCDOA is in the process of updating the agency's policies and procedures to ensure coordination of services to Native American older adults in the state. This will be done in consultation and collaboration with the AAAs, Title VI grantees, and other stakeholders.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section

307(a)(21): The plan

shall — . . .

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

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

RESPONSE:

While the Catawba Indian Nation is the only federally recognized tribe located in South Carolina, the SCDOA and its AAAs are committed to ensuring access to services for all Native American older adults and caregivers in the state. Collaboration between SCDOA, AAAs, and the Catawba Indian Tribe, along with

other non-federally recognized tribes, will be vital for outreach efforts to ensure that Native Americans have access to comprehensive services such as nutrition, supportive services, and family caregiver support.

Coordination and collaboration efforts include, but are not limited to:

- Conducting quarterly meetings to build rapport and understand tribal sovereignty.
- Including the Title VI Director and other appropriate personnel in the implementation of policies and procedures, and joint planning.
- Conducting outreach events as needed.

The SCDOA Registered Dietitian and Wellness Coordinator, along with the agency's Communications Director and Emergency Management Coordinator, works with the Catawba Indian Nation Tribe's Aging Services Director by aiding them with senior center resources and providing assistance as needed or requested. In addition, the SCDOA is working with the Catawba Area Agency on Aging, the planning and service area where the federally recognized tribe is located, to ensure a working relationship that fosters the sharing of information, identifies unmet needs, and promotes outreach opportunities as appropriate.

In response to the Older Americans Act (OAA) Final Rule Requirements, SCDOA has met with the relevant Title VI program directors and drafted policies and procedures that outline how the agency will implement 45 CFR § 1321.53. These drafted policies and procedures are awaiting review and comments from the relevant Title VI program directors. Should this work not be completed by October 1, 2025, SCDOA will submit a Corrective Action Plan (CAP).

Low Income Minority Older Adults

OAA Section 307(a)(14):

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

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

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

RESPONSE:

2023 Census data reports that 24.8% of those 65+ in South Carolina identify as minority; 11% of those 60+ have stated income below the federal poverty level; During the assessment for IIIB, C, D, and E services data is obtained regarding race, ethnicity, and poverty-level to ensure services are meeting those with the greatest social and economic need and that target populations are being served. The Census Bureau does not break out limited English by age, and the numbers are too small in some counties to include it in a funding formula. The base funds portion of the funding formula covers this small group. All the target groups, including limited English, are captured in the assessment of every client, which allows the state to track the groups and assists in determining the efficacy of outreach and targeting efforts. The SCDOA and AAAs also have active tracking mechanisms for outreach events where target populations attending are documented.

Rural Areas – Hold Harmless

OAA Section

307(a)(3): The plan

shall— ...

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

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

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

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

RESPONSE:

The SUA has developed policies and procedures to comply with rural minimum expenditures in order to prioritize services to older adults in rural areas. This is achieved through use of the Interstate Funding Formula (IFF) to appropriately allocate Title III funds to rural areas. The following methods are used to define "rural" funding as setforth by 45 CFR § 1321.9(c)(2)(viii)—Rural Minimum Expenditures: 1. expend not less than the amount expended in accordance with the level set in the Act for services for older individuals residing in rural areas, 2. project the cost of providing such services, and 3. specify a plan for meeting the needs for such services.

The SCDOA will not spend less during the three years of this State Plan than the amount it expended in FY2000 on services for older adults residing in rural areas.

Service	FFY 2025 through FFY 2028 Projected Title III Cost in Rural Areas
Personal Care	$ 1,800,000
Homemaker	$ 2,340,000
Chore	$ 300,000
Home Delivered Nutrition	$ 16,500,000
Congregate Meals Nutrition	$ 5,100,000
Transportation	$ 4,500,000

Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

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

RESPONSE:

The SUA has developed policies and procedures to comply with rural minimum expenditures in order to prioritize services to older adults in rural areas. This is achieved through use of the Interstate Funding Formula (IFF) to appropriately allocate Title III funds to rural areas. The following methods are used to define "rural" funding as setforth by **45 CFR § 1321.9(c)(2)(viii)—Rural Minimum Expenditures**: *1. expend not less than the amount expended in accordance with the level set in the Act for services for older individuals residing in rural areas, 2. project the cost of providing such services, and 3. specify a plan for meeting the needs for such services.*

Assistive Technology

OAA Section 306(a)(6)(I):

Describe the mechanism(s) for assuring that each Area Plan will include

information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

RESPONSE:

The SCDOA shares information on available webinars and in-person trainings from the SC Assistive Technology Program. The SC Assistive Technology Program offers diverse and robust trainings. The SCDOA has a disability specialist position as a part of the SUA. This position works with disability agencies across SC to help share resources with our AAAs and other partners from the SC Assistive Technology Program (SCATP) at the School of Medicine, Columbia, at the University of South Carolina.

SCDOA will continue expanding its role in supporting older adults with disabilities and sharing information with our AAAs to ensure they can effectively outline the mechanisms for coordinating with the SC Assistive Technology Program.

Minimum Proportion of Funds

OAA Section 307(a)(2):

The plan shall provide that the State agency will —…

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

RESPONSE:

The State has established the following minimum percentages of OAA Title III-B Funds to ensure provisions of essential services to older adults. AAAs shall expend funds within the following priority service categories to comply with the Minimum Adequate Portion of Funds as set forth by **45 CFR § 1321.9(c)(2)(v)—Minimum Adequate Proportion:**

- Fifteen percent for services associated with access: transportation, outreach, and Information and Referral/Assistance;
- Ten percent for in-home services: homemaker and home health aide,

telephone reassurance, and core maintenance; and

- One percent for legal assistance.

Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

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

(B) Such assessment may include—

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

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

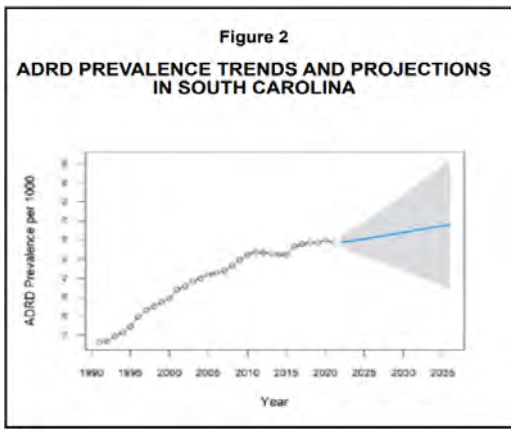
(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

RESPONSE:

The SUA anticipates a significant increase in the number of older adults living in SC over the next ten years. SC ranked 10th with 18.7% of the population 65 or older in the 2020 Census Bureau's 2020 population estimates. By 2030 the older adult population in SC will double in size. South Carolina is a retirement destination with 10% of those moving into the state of SC being 65 or older (AARP). SCDOA includes 85+ population in our intrastate funding formula for federal funds for our AAAs. In 2023, the American Community Survey 5-year estimate for the 85+ population to be 90,837 (63% are female, 37% are male.)

In South Carolina there are currently 122,699 people with a dementia diagnosis. This number is expected to increase 11% annually until 2036.



2023 Annual Report South Carolina Alzheimer's Disease Registry, University of South Carolina, Arnold School of Public Health, Office for the School of Public Health

In 2021, the SCDOA began an analysis of the core Older American's Act services. We reviewed and studied how older adults were assessed, placed on waiting lists, and began to receive service. The SCDOA implemented a new client assessment in October 2021for the core OAA program which incorporated several new components:

- Person-Centered, Holistic Assessment
- Validated Tools
- Individual Program Priority Scores for waiting list priority
- Training for our AAA assessment teams

Starting in 2023, SCDOA spent 15 months evaluating our waiting list for core OAA services. In July 2024, the SCDOA implemented a new tier waiting list process to help better address the large waiting list across the counties in SC. Tiers for service on wait lists rank clients based on multiple combinations of various questions and documentation areas across the assessment tool. By utilizing the assessment to identify the appropriate tier levels, consistency is provided across the state to ensure all clients and their needs are identified and reported uniformly. This process allows the SCDOA, AAAs, and providers to better advocate for senior needs and unmet needs across the state, regions, and within counties. Every older adult on a waiting list tier meets the same criteria as everyone else on that tier waiting list no matter where they live in South Carolina. The waiting list for each service functions as first on first off.

Every year, as part of the OAAPS submissions, year-over-year comparisons are reviewed. Throughout the year, data is provided to program managers and executive management as needed to assist in addressing, answering, or analyzing

specific issues.

Title III Congregate Nutrition (C-1) Service Funding

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

(A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to *complement* the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services;

(B) To older individuals who have an occasional need for such meal; and/or

(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;

(2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(3) Description of the eligibility criteria for service provision;

(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public

regarding the provision of such meals; and

(5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

RESPONSE:

Alternative delivery models for congregate meal services, such as grab-and-go and carryout options, offer vital flexibility for delivering person-centered support. During the three-year state plan time frame, the South Carolina Department on Aging intends to collaborate with Area Agencies on Aging, Local Service Providers, and other stakeholders to explore this option, collect projection data, establish eligibility criteria, and define service targets. This approach will ensure the service model will enhance and support the existing congregate meals program.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

RESPONSE:

The State Ombudsman is responsible for the fiscal management of the Ombudsman Program and must allocate funding in compliance with state and federal regulations to meet funding requirements. Processes are in place to analyze spending to appropriately align funds with AAA funding needs.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

RESPONSE:

The State Ombudsman is responsible for the fiscal management of the Ombudsman Program and must allocate funding in compliance with state and federal regulations to meet funding requirements. Spending is analyzed to appropriately align funds

with regional AAA priorities and allotted with the purpose to spend no less than the amount set forth in subchapter VII (currently set at 2019 spending levels).

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

RESPONSE:

The South Carolina Department on Aging (SCDOA) has a system to monitor and evaluate its programs. This system helps ensure that the programs are effective and meet requirements. It includes activities like monitoring Area Agencies on Aging (AAA), providing targeted training, offering technical assistance, engaging in advocacy, analyzing data, and prioritizing clients. The information gathered from these activities, along with guidance from the Administration for Community Living (ACL) and state legislative reviews, helps the agency update its policies, procedures, and long-term plans. Recent outcomes of these evaluations have significantly informed the SUA program staff's efforts to align with the four strategic pillars of the State Plan, which encompass accessibility, workforce development, quality of life, and safety and security.

State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

RESPONSE:

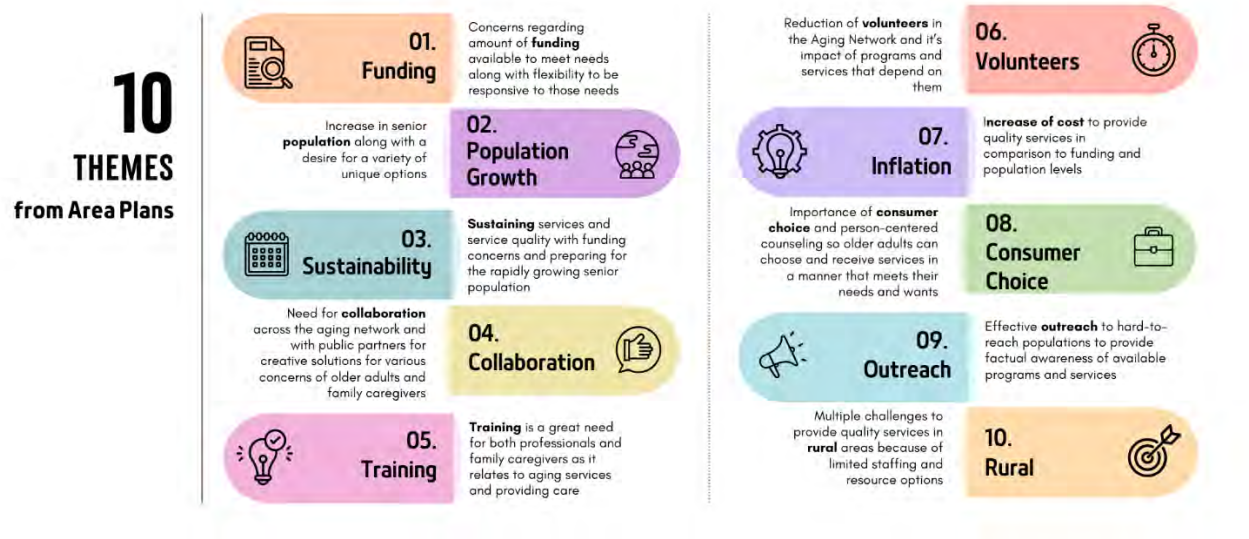
Program management and executive-level staff all participated in the Area Plan submission process. During this process, Area Agencies on Aging (AAAs) had to submit their area plans based on requirements of the Older Americans Act and instructions from the South Carolina Department on Aging. All area plans were required to utilize data from their comprehensive needs assessment as well as utilizing other data sources to support the needs of their planning and service area.

The team of program managers and leadership were tasked with reading each area

plan and submit questions and feedback. The AAA Director was required to present their area plan to the team and allow time for questions. This process provided the opportunity to understand the needs represented in each area plan as described and supported by the AAA.

During this review, the SCDOA team made specific efforts to highlight common themes from various area plans to review as part of the State Plan.
The top ten themes noted included the following subjects: funding, population growth, sustainability, collaboration, training, volunteers, inflation, consumer choice, outreach, and rural areas.

Please see the graphic for a brief synopsis on each topic.



Note: *These themes have been reviewed and integrated into the narrative of the state plan, as well as reviewed in the development of the goals, objectives, and strategies.*

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

RESPONSE:

The South Carolina Department on Aging employs various methods to gather data and understand the intricate needs, preferences, and desires of older adults in the state. This analysis incorporates findings from essential assessments, planning initiatives, and evaluations conducted by the state office, regional Area Agencies on Aging (AAAs), and other esteemed partners and organizations. Such efforts include, but are not limited to, the SC4A Needs Assessment, Regional Area Plans and presentations, federal reports such as OAAPS, Statewide Presenting and Unmet Needs data, and the Live Healthy South Carolina's State Health Assessment Companion Report. The goals, objectives, and strategies outlined in the State Plan on Aging are aligned with insights gleaned from these reports, ongoing monitoring processes, the SCDOA's annual Aging Summit, and regular training sessions with AAA Directors. (Details of reports are available in Attachment G.)

During the 2025 Senior Day event held on May 1, 2025, the SCDOA presented the goals and objectives of the State Plan to participants and offered a public survey to gain further insight from the older adults participating. The draft of the State Plan has also been made available on the South Carolina Department on Aging's website along with a survey to collect other public comments about the Plan. The State Plan is posted on the website www.aging.sc.gov from July 1, 2025 to July 31, 2025. The findings from this process will allow any needed adjustments before the final submission of South Carolina's State Plan. (Details of public comments remarks are available in Attachment E.)

Legal Assistance Developer

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

RESPONSE:

SCDOA is working to implement the new OAA requirements and is committed to the development of policies and procedures to enhance the delivery of legal services, including the identification and designation of a new Legal Assistance Developer. This work includes the establishment of the position, recruitment, and selection of the new LAD with a job description that fully complies with 45 CFR 1321.27.

Emergency Preparedness Plans – Coordination and Development

OAA Section 307(a)(28):

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

RESPONSE:

The South Carolina Department on Aging (SCDOA) monitors situations and identifies educational and resource needs in close coordination with the Aging Network, the South Carolina Emergency Management Division (SCEMD), and other partners as necessary before, during, and after an incident in one or more areas with its role as an Emergency Support Function support in Mass Care.

SCDOA has two Emergency Management Coordinators who stay in contact with regional providers and provide information to both the public and the Aging Network. The SCDOA Public Information Director serves as a liaison between SCEMD and the agency. He attends trainings, meetings, and provides feedback to assist with emergency planning so that older adults and those with disabilities are represented.

SCDOA has an outreach program called Senior Planning and Resources for Emergency Preparedness (Senior P.R.E.P.). This program offers educational events featuring presentations and materials. The events invite emergency partners, the Aging Network, and the community to participate, providing essential emergency

resources and answering questions. The Senior P.R.E.P. program is a collaborative effort between Walgreens, the South Carolina Emergency Management Division (SCEMD), and SCDOA.

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA Section 307(a)(29):

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.

RESPONSE:

The South Carolina Department on Aging's Emergency Management Coordinators (EMC) inform the director of emergency situations as needed to assist with emergency situations and respond with guidance from the Governor's Office and the South Carolina Emergency Management Division (SCEMD) to assist older adults and those with disabilities.

The EMCs collect information from the Area Agencies on Aging (AAA) and partners to create a report to the Agency Director. She then reports to the Governor during emergency calls. SCDOA provides communication between SCEMD and its partners and the Aging Network to follow emergency procedures and provide assistance.

The EMCs meet with the SCDOA Director to coordinate plans and relay appropriate action in coordination with the AAAs.

The Governor of South Carolina conducts a Hurricane Tabletop Exercise with cabinet agencies and emergency personnel to enhance readiness for the upcoming hurricane season. This initiative focuses on ensuring a coordinated response from government units. The SUA Agency Head is an active participant in this exercise.

Attachment C: Intrastate Funding Formula (IFF)

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

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

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

Section 305 (d) of the Older Americans Act (OAA)
The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Philosophy of the Intrastate Funding Formula

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

Intrastate Funding Formula Assumptions and Goals

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

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

- Persons age 60 years of age and older;
- Persons age 85 years of age and older;
- Persons age 60 years of age and older and below the Federal Poverty Level;
- Persons age 65 years of age and older and are a minority;
- Persons age 65 years of age and older that have one of the six Census defined disabilities;
    - These are people who have difficulties in hearing, vision, cognitive, independent living, ambulatory, and self-care;
- Proportion of state rural population as defined by ACL and based on Rural-Urban Commuting Area (RUCA) sub-category codes.

The Intrastate Funding Formula achieves the following goals:

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

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

Targeted Population Definitions

60+ Population

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

85+ Population

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

Low-Income 60+ Population

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

Minority 65+ Population

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

Individuals with Disabilities 65+ Population

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

Rural Population

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

Numerical Statement of the Intrastate Funding Formula

Pfund = Base*0.25 + P60*0.10 + P85*0.10 + Ppov*0.20 + Pm*0.20 + Pdis*0.10 + Prur*0.05

Amt = FedFunds * Pfund

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

Disclosure of Deductions from Title III Funds Prior to IFF Distribution

As the designated SUA, SC confirms that, prior to applying the IFF to Title III available funding, the following set-asides are deducted:

- State Plan Administration (SPA): 5%.
- Area Plan Administration (APA): 10% (10% of each PSA's allocation is to be used by the PSA for administration).

- State Long-Term Care Ombudsman Office, Administration: 3.7% of IIIB.
- Long Term Care Ombudsman Program: 32.4% of IIIB.
- Disaster Set Aside: 0%

Nutrition Services Incentive Program (NSIP) funds

The funding formula for NSIP is based on the total number of eligible meals served in a PSA in proportion to the total number of eligible meals served in the State in the prior federal fiscal year. If a PSA serves proportionally more meals than other PSAs, that PSA receives a higher allocation, which is in keeping with the incentive purpose of NSIP.

AAA's NSIP Funding = (Meals served in AAA's PSA) ÷ (Total meals served in the State).

Intrastate Funding Formula Factors

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

Geographic Region		Formula Factors							
PSA	**Name**	**TotPop**	**Base**	**60+**	**85+**	**60+Pov**	**65+M**	**65+Dis**	**Rural**
1	Appalachia	1,351,358	10%	320,445	23,147	34,688	39,317	80,188	118,213
2	Upper Savannah	216,752	10%	59,341	4,816	7,910	11,557	14,384	172,730
3	Catawba	448,631	10%	105,601	7,193	11,048	16,038	23,274	86,602
4	Central Midlands	777,957	10%	169,439	11,494	17,694	37,844	41,478	28,022
5	Lower Savannah	311,097	10%	87,636	7,014	13,229	23,144	22,994	109,618
6	Santee-Lynches	219,144	10%	56,854	4,354	8,026	17,521	13,696	23,051
7	Pee Dee	326,466	10%	81,839	5,364	14,035	24,248	20,922	158,839
8	Waccamaw	463,654	10%	161,160	8,354	15,643	18,670	38,360	65,829
9	Trident	817,756	10%	185,730	12,747	17,620	36,850	40,825	9,421
10	Lowcountry	279,959	10%	93,050	6,354	8,569	14,297	20,456	91,408
Total	**South Carolina**	5,212,774	100%	1,321,095	90,837	148,462	239,486	316,577	863,733

Count of Formula Factors by PSA, FFY 2025

Geographic Region										Overall Prop
PSA	**Name**	**TotPop**	**Base**	**60+**	**85+**	**60+Pov**	**60+M**	**60+Dis**	**Rural**	
1	Appalachia	25.92%	10.0%	24.26%	25.48%	23.36%	16.42%	25.33%	13.69%	25.92%
2	Upper Savannah	4.16%	10.0%	4.49%	5.30%	5.33%	4.83%	4.54%	20.00%	4.16%
3	Catawba	8.61%	10.0%	7.99%	7.92%	7.44%	6.70%	7.35%	10.03%	8.61%
4	Central Midlands	14.92%	10.0%	12.83%	12.65%	11.92%	15.80%	13.10%	3.24%	14.92%
5	Lower Savannah	5.97%	10.0%	6.63%	7.72%	8.91%	9.66%	7.26%	12.69%	5.97%
6	Santee-Lynches	4.20%	10.0%	4.30%	4.79%	5.41%	7.32%	4.33%	2.67%	4.20%
7	Pee Dee	6.26%	10.0%	6.19%	5.91%	9.45%	10.13%	6.61%	18.39%	6.26%
8	Waccamaw	8.89%	10.0%	12.20%	9.20%	10.54%	7.80%	12.12%	7.62%	8.89%
9	Trident	15.69%	10.0%	14.06%	14.03%	11.87%	15.39%	12.90%	1.09%	15.69%
10	Lowcountry	5.37%	10.0%	7.04%	6.99%	5.77%	5.97%	6.46%	10.58%	5.37%
Total	**South Carolina**	100.0%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Factor Weight		0%	25%	10%	10%	20%	20%	10%	5%	100%

Proportions for Formula Factors by PSA, FFY 2025

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

Fund Description	Title III B-C Admin	Title III-B Support Services	Title III-C1 Congregate Dining	Title III-C-2 Home Delivered Meals	Title III-D Evidence Based	Title III-E Admin	Title III-E Family Caregiver Services	Total
Appalachia	$516,886	$1,160,043	$821,320	$1,597,719	$76,536	$76,006	$684,058	$4,932,568
Upper Savannah	$193,044	$433,246	$306,742	$596,707	$28,584	$28,386	$255,478	$1,842,188
Catawba	$226,058	$507,339	$359,200	$698,755	$33,473	$33,241	$299,170	$2,157,235
Central Midlands	$334,410	$750,514	$531,370	$1,033,678	$49,517	$49,174	$442,566	$3,191,230
Lower Savannah	$249,783	$560,587	$396,900	$772,092	$36,986	$36,730	$330,569	$2,383,648
Santee-Lynches	$180,731	$405,614	$287,178	$558,649	$26,761	$26,576	$239,184	$1,724,693
Pee Dee	$255,181	$572,701	$405,477	$788,777	$37,785	$37,524	$337,713	$2,435,158
Waccamaw	$274,384	$615,798	$435,990	$848,135	$40,628	$40,347	$363,126	$2,618,410
Trident	$335,518	$753,001	$533,131	$1,037,103	$49,681	$49,337	$444,032	$3,201,802
Lowcountry	$205,881	$462,056	$327,140	$636,387	$30,485	$30,274	$272,467	$1,964,690
State Total	$2,771,877	$6,220,900	$4,404,449	$8,568,002	$410,435	$407,595	$3,668,364	$26,451,622

Demonstration of the Allocation of Funds by PSA, FFY 2025

Data Sources for Funding Formula:

https://data.census.gov/cedsci

All Tables are using the 2023: American Community Survey 5-Year Estimates Subject Tables

Table S0101 – Age and Sex

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

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

Table C18108 - Age by Number of Disabilities

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

Rural comes from USDA

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

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

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

Retrieved: 2025.02.21

Attachment D: Geographic Boundaries of each PSA and Designated AAA's

Region I - Appalachia Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg Counties	
Appalachia Area Agency on Aging TIM WOMACK, Program Director for Aging Services 30 Century Circle Greenville, South Carolina 29607	South Carolina Appalachian Council of Governments
Region II - Upper Savannah Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda Counties	
Upper Savannah Area Agency on Aging PEGGY MERRITT, Aging Unit Director 430 Helix Road Greenwood, South Carolina 29646	Upper Savannah Council of Governments
Region III - Catawba Chester, Lancaster, York, and Union Counties	
Catawba Area Agency on Aging BARBARA ROBINSON, Executive Director 2051 Ebenezer Road, Suite B Rock Hill, South Carolina 29732	Catawba Area Agency on Aging
Region IV - Central Midlands Fairfield, Lexington, Newberry, and Richland Counties	
Central Midlands Area Agency on Aging SHELIA BELL-FORD, Director, 220 Stoneridge Drive, Suite 350 Columbia, South Carolina 29210	Central Midlands Council of Governments
Region V - Lower Savannah Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg Counties	
Lower Savannah Aging, Disability, and Transportation Resource Center VERONICA WILLIAMS, Aging, Disability and Transportation Resource Center 2748 Wagener Road, Post Office Box 850 Aiken, South Carolina 29802	Lower Savannah Council of Governments
Region VI - Santee Lynches Clarendon, Kershaw, Lee, and Sumter Counties	
Santee-Lynches Area Agency on Aging JANAE STOWE, Aging Unit Director Santee-Lynches Regional Council of Governments 3219 Broad Street Sumter, South Carolina 29150	Santee-Lynches Regional Council of Governments

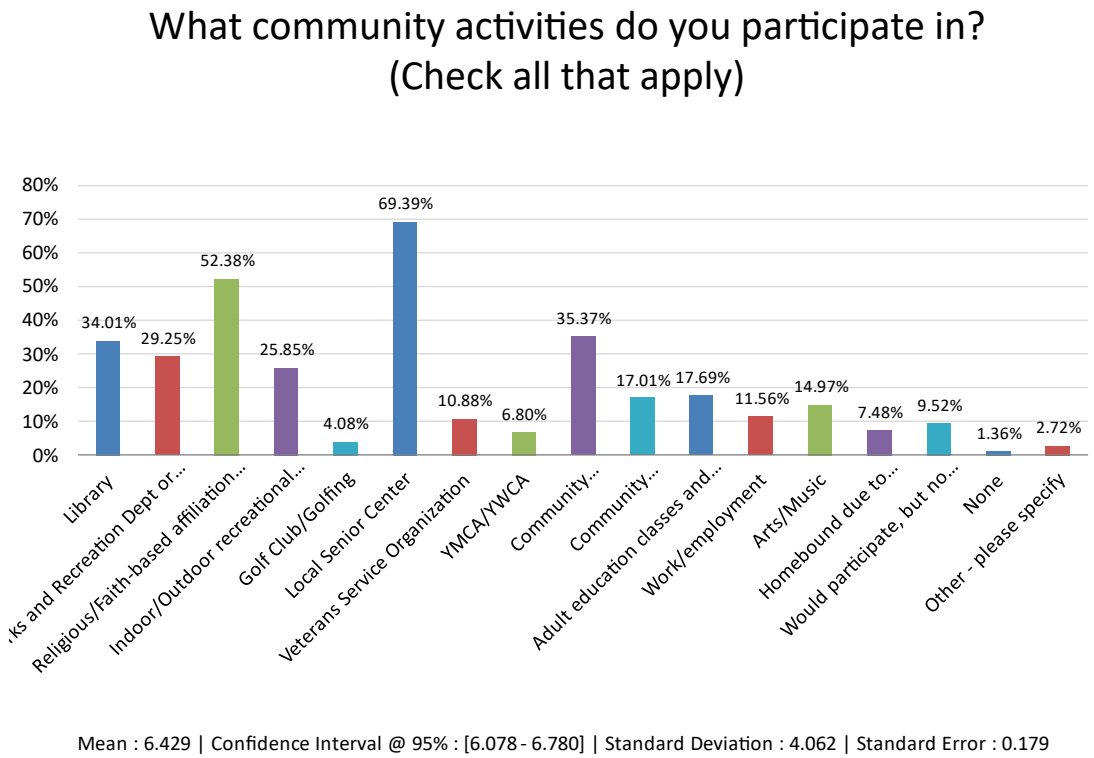
Region VII - Pee Dee Area Agency on Aging (Vantage Point) Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro Counties	
Pee Dee Area Agency on Aging SHELIA WELCH, Aging Unit Director, Vantage Point 216 South 2nd Street Hartsville, South Carolina 29551	Caresouth Carolina
Region VIII - Waccamaw Georgetown, Horry, and Williamsburg Counties	
Waccamaw Area Agency on Aging KIMBERLY HARMON, Aging Unit Director 1230 Highmarket Street Georgetown, South Carolina 29440	Waccamaw Regional Council of Governments
Region IX - Trident Berkeley, Charleston, and Dorchester Counties	
Trident Area Agency on Aging STEPHANIE BLUNT, Executive Director 5895 Core Road, Suite 419 North Charleston, SC 29406	Trident Area Agency on Aging
Region X - Lowcountry Beaufort, Colleton, Hampton, and Jasper Counties	
Lowcountry Area Agency on Aging LETISHA SCOTLAND, Aging Unit Director 634 Campground Road Post Office Box 98 Yemassee, South Carolina 29945	Lowcountry Council of Governments

Attachment E: Evidence of Public Comment Period

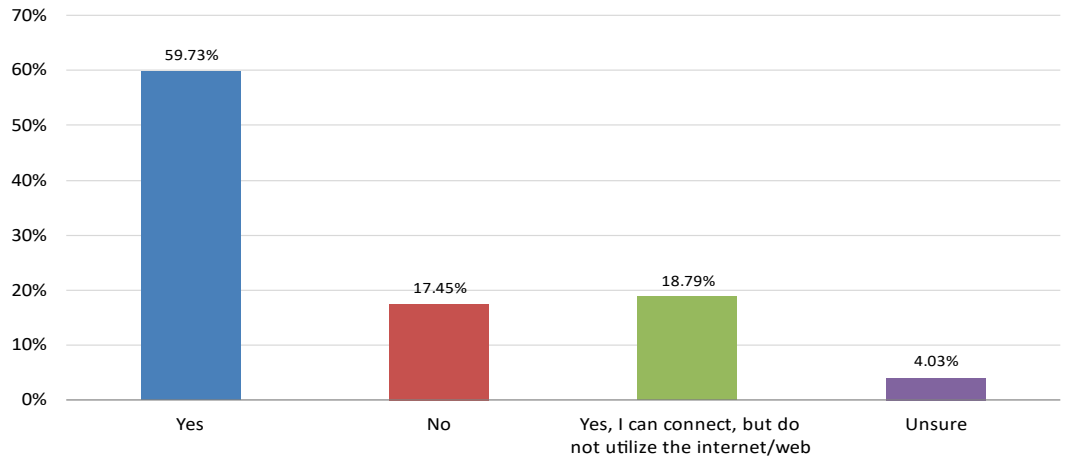
The South Carolina Department on Aging (SCDOA) offered multiple avenues for the public to provide feedback regarding the State Plan and to fulfill the 30-day requirement for public review and comment period. We conducted a survey on May 1, 2025, as well as provided a digital draft of the state plan on our website, along with a survey to collect feedback. The State Plan was made accessible on July 1, 2025, and continued to be available as of August 5, 2025.

Senior Day Event Survey

SCDOA hosted the annual Senior Day Event in honor of Older Americans Month, with over 800 older adults participating. During this event, we made our goals and objectives for the state plan available to participants through a public survey. Additionally, we highlighted the themes from the AAA Area plans. A total of 154 attendees participated in the public survey. See findings from that survey below.



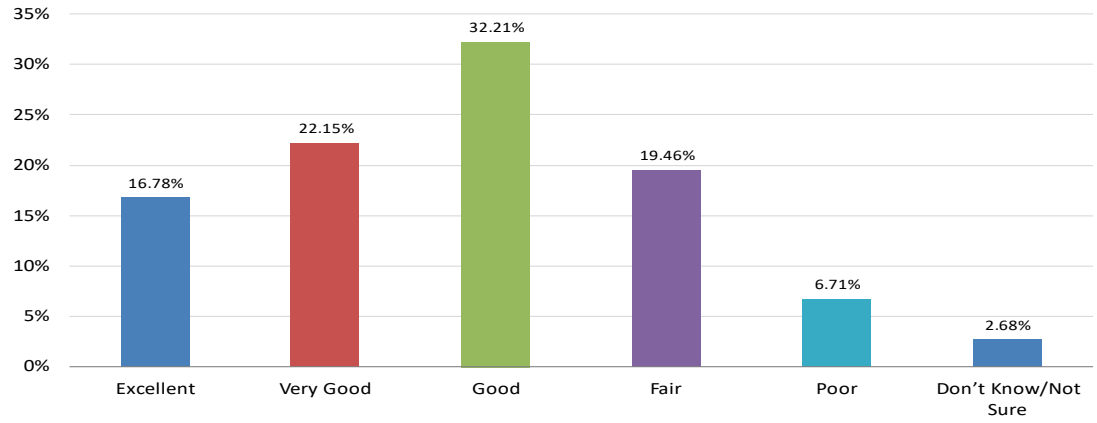
Can you connect to the web while you are at home?



Mean : 1.671 | Confidence Interval @ 95% : [1.524 - 1.819] | Standard Deviation : 0.919 | Standard Error : 0.075

QuestionPro

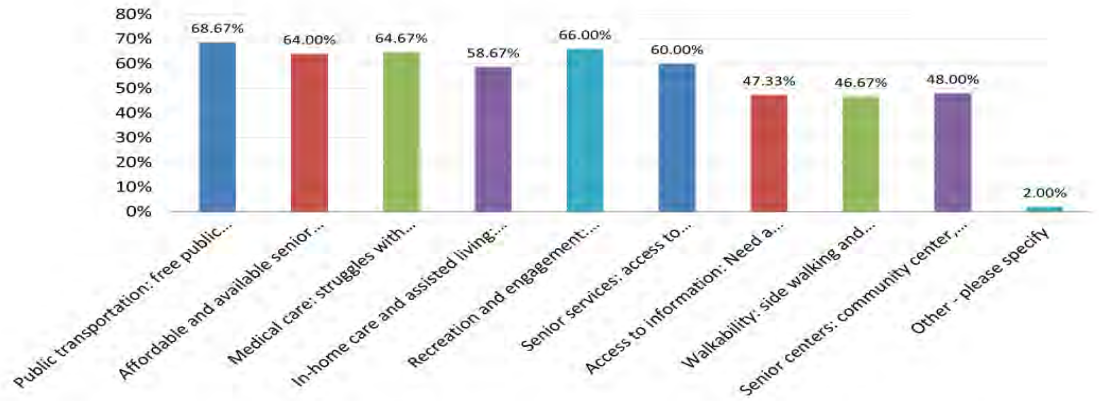
Thinking about your future needs, how would you rate your community as a place to live for people as they age?



Mean : 2.852 | Confidence Interval @ 95% : [2.650 - 3.055] | Standard Deviation : 1.259 | Standard Error : 0.103

QuestionPro

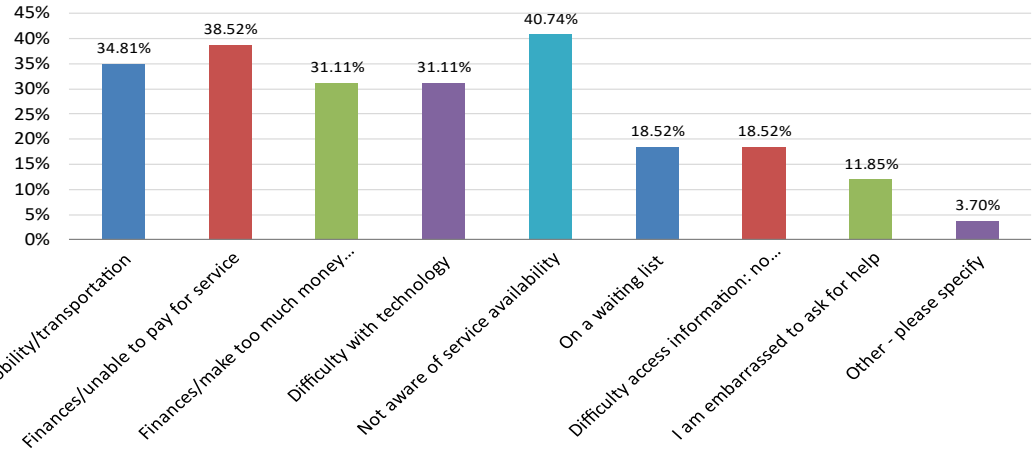
In South Carolina, what would add quality to your life as you age? (What would make healthy aging better or easier for you?)



Mean : 4.700 | Confidence Interval @ 95% : [4.521 - 4.878] | Standard Deviation : 2.556 | Standard Error : 0.091

QuestionPro

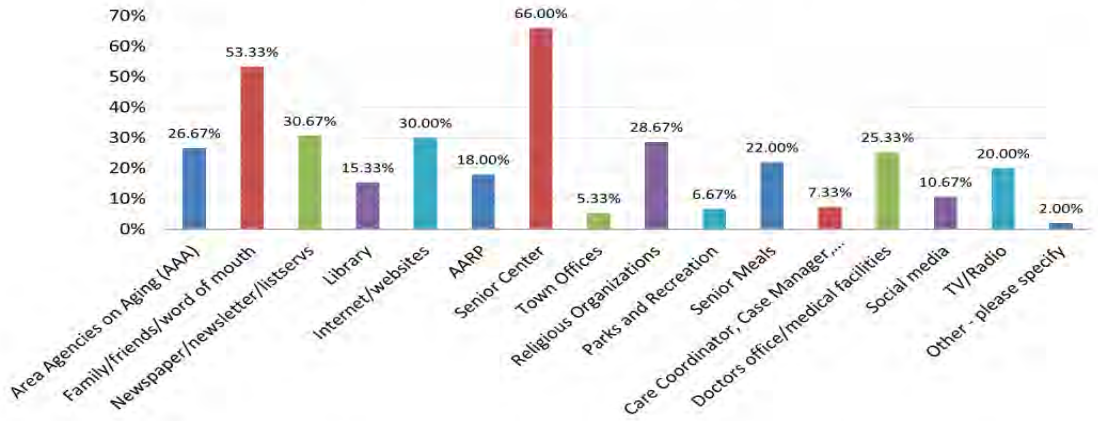
What types of barriers do you experience when trying to access needed services?



Mean : 3.942 | Confidence Interval @ 95% : [3.701 - 4.182] | Standard Deviation : 2.157 | Standard Error : 0.123

QuestionPro

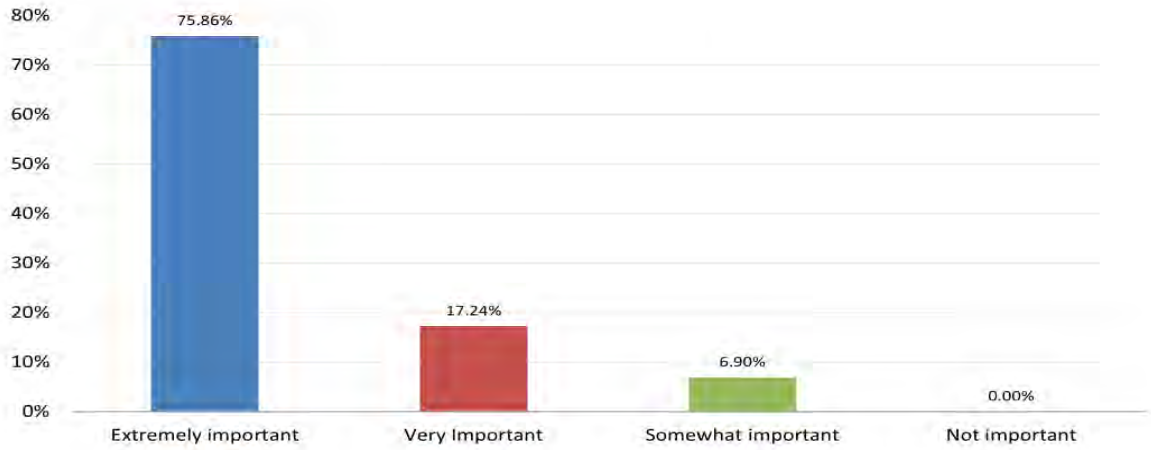
How do you get information about community services/where do you go for help?



Mean : 6.833 | Confidence Interval @ 95% : [6.479 - 7.188] | Standard Deviation : 4.252 | Standard Error : 0.181

QuestionPro

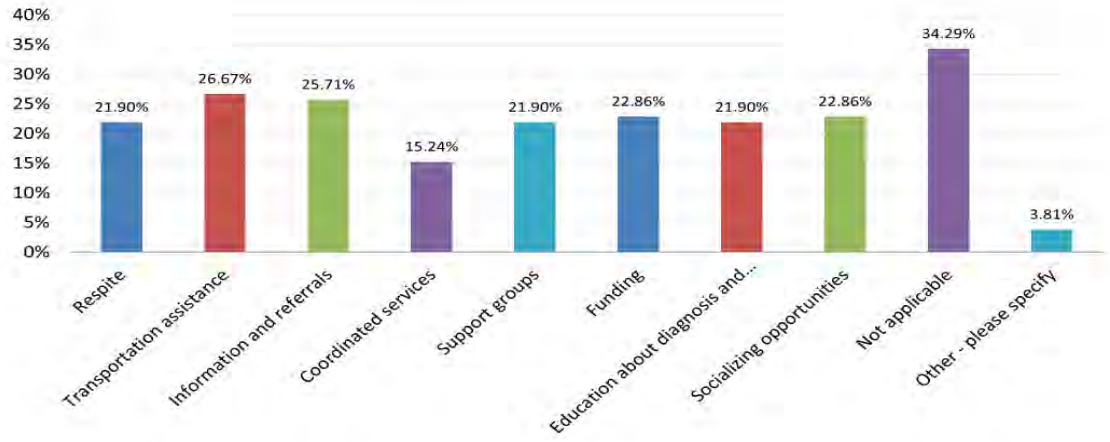
How important do you think it is to have health and wellness programs and classes such as nutrition, smoking cessation, fitness activities, etc.?



Mean : 1.310 | Confidence Interval @ 95% : [1.213 - 1.407] | Standard Deviation : 0.595 | Standard Error : 0.049

QuestionPro

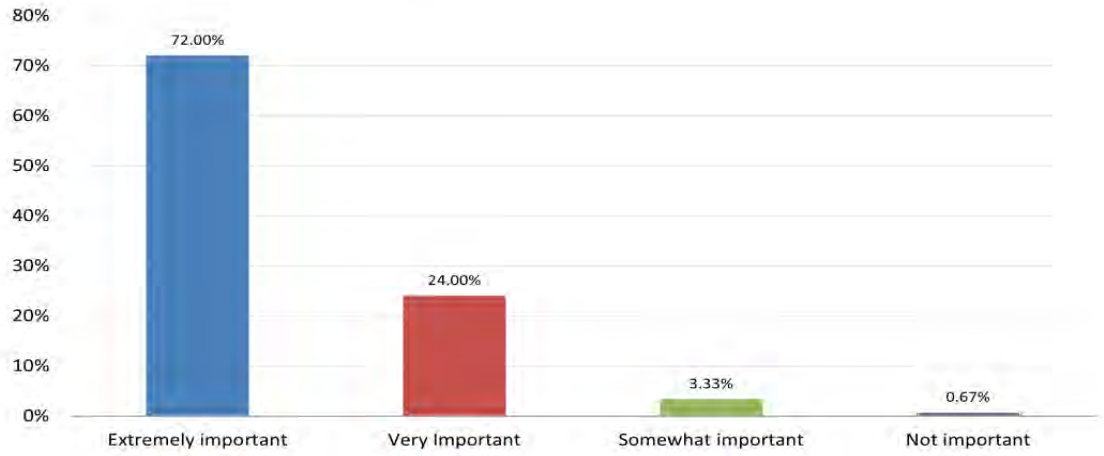
If you are a caregiver, what are your top needs?



Mean : 5.263 | Confidence Interval @ 95% : [4.904 - 5.622] | Standard Deviation : 2.766 | Standard Error : 0.183

QuestionPro

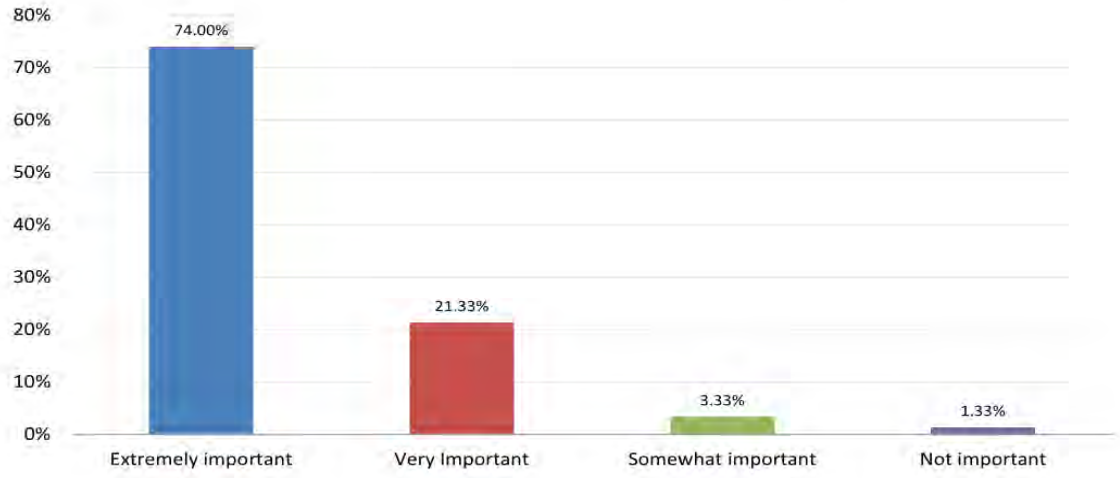
How important do you think it is to have fitness activities focusing on falls prevention?



Mean : 1.327 | Confidence Interval @ 95% : [1.235 - 1.418] | Standard Deviation : 0.573 | Standard Error : 0.047

QuestionPro

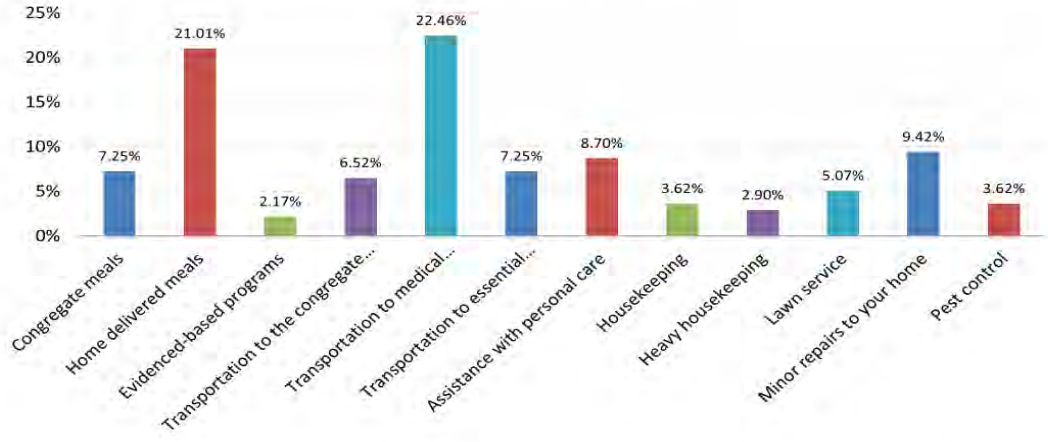
As an older adult, how important is it for you to have choice in how services are provided?



Mean : 1.320 | Confidence Interval @ 95% : [1.223 - 1.417] | Standard Deviation : 0.606 | Standard Error : 0.049

QuestionPro

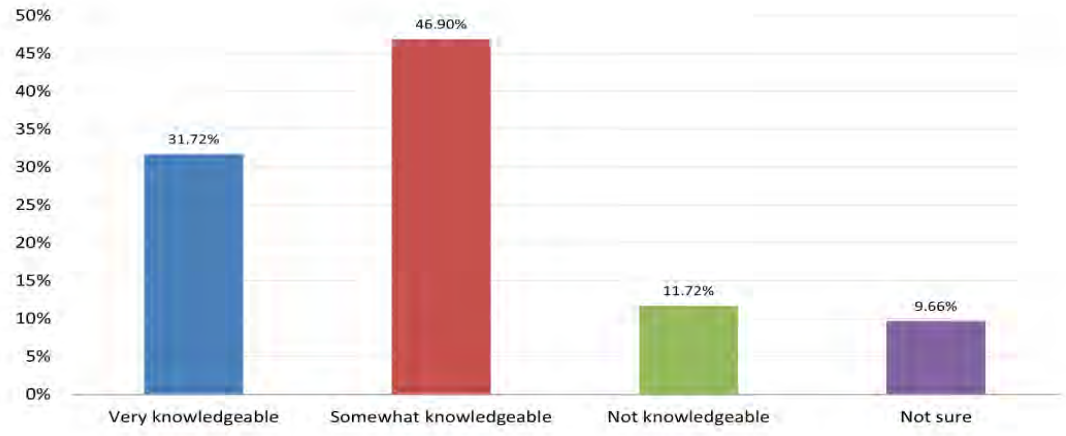
From the list below, choose the ONE service you believe allows senior to age in their homes.



Mean : 5.514 | Confidence Interval @ 95% : [4.970 - 6.059] | Standard Deviation : 3.265 | Standard Error : 0.278

QuestionPro

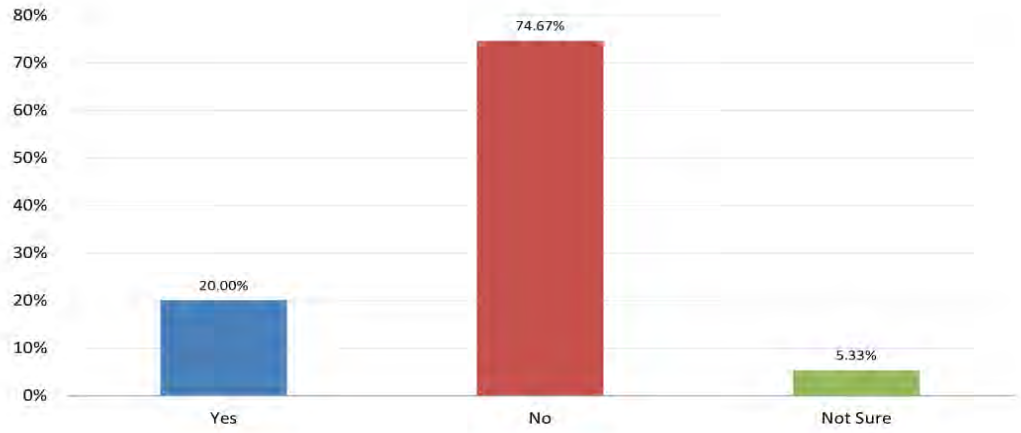
How knowledgeable do you feel about available services?



Mean : 1.993 | Confidence Interval @ 95% : [1.845 - 2.141] | Standard Deviation : 0.909 | Standard Error : 0.075

QuestionPro

Do you feel lonely or isolated more than 3 days a week?



Mean : 1.853 | Confidence Interval @ 95% : [1.776 - 1.931] | Standard Deviation : 0.483 | Standard Error : 0.039

QuestionPro

Online State Plan for Comment

A draft version of the state plan was made available to the public on July 1, 2025 along with a survey for open comment. This draft and survey was available for more than thirty calendar days as it was still available on August 5, 2025. Information about this opportunity was shared with the AAAs, the Aging Network, the SC Aging Advisory Council, and the SC Silver Haired Legislature, as well as promoted on social media.

Most responses were favorable and in support of the efforts and focus areas outlined in the plan. Participants shared their appreciation for advocacy and support on important issues, and also highlighted specific areas where they would like attention or consideration. A list of topics has been compiled:

- More access to services in rural areas
- Availability for services to caregivers
- Develop more senior centers
- Keep engaging activities at the senior centers, but improve meal quality
- Use GIS mapping capabilities as part of understanding communities across the state
- Finding jobs for older adults should not be a priority for funding
- Requests for more training from the State
- Request for more funding to be allocated for transportation services
- Ensure that efforts for safety and security are not just focused for long term care facilities, but also for those who choose to remain in their homes
- Availability of safety services to include yard work as it is dangerous for an older person to maintain their lawn
- Improving the process to obtain services via the Aging Network – it is currently viewed as tedious with lots of paperwork
- Concern whether the responsibility of providing training and education to healthcare providers, social workers, and law enforcement should be a responsibility of the SCDOA and Aging Network, rather it should be a responsibility of the employer
- Requests for more support for minor home repair
- Statement that regional assessors is not person-centered, it should be from someone in the local community
- Concern over growing wait lists of services for homebound older adults

The feedback received will be reviewed and taken into consideration as the agency continues to implement its plan over the next three years.

Attachment F: Performance Measures and Strategy Details

Performance Measures

Performance Measure (by Goal/Objective)	Target	State Plan Defined Key Topic
Goal 1: Accessibility		
Objective 1.1		
Number of Aging Network accessibility activities completed (trainings, development of facility standards, etc.)	3	
Conduct routine visits to long-term care facilities in each region (3-4 visits annually)	90% annually	
Work with each AAA to expand the offering of both Personal Care and Homemaker services in each region	1 year	Expanding Access to Home- and Community-Based Services
Work with each AAA to expand the support service options in each region to at least 3 different services	3 years	Expanding Access to Home- and Community-Based Services
Increase client contacts for all Title III programs	1% increase annually (based on the previous year's total)	
Percentage of total beneficiary contact forms per Medicare beneficiaries under 150% FPL in the State (MIPPA)	3%	
Percentage of total client contacts per Medicare beneficiaries in the State (SHIP)	3%	
Execute the first action in response to a complaint for ANE within 24 hours	90%	
Each SCDOA and AAA staff person, with direct consumer contact, receives annual person-centered training	1 training annually	
Ensure Family Caregiver Support programs participate in at least one outreach event in each county within their region annually	Yes/No	

Increased utilization of Caregiver education and training services	3% increase annually (based on the previous year's total)	Caregiving
Objective 1.2		
Conduct a facility training per Ombudsman	Quarterly	
Percentage of persons reached through presentations, booths/exhibits, and enrollment events per Medicare beneficiaries in the State (SHIP)	3%	
Total number of people reached as reported on group outreach and education forms (MIPPA)	3%	
Each representative of the Office of the State Long Term Care Ombudsman Program will increase social media Prescence and awareness Ombudsman program by providing monthly social media postings	Monthly (12)	
Each representative of the Office of the State Long Term Care Ombudsman Program will increase social media Prescence and awareness Ombudsman program by conducting quarterly Facebook live sessions	Quarterly (4)	
Increase outreach for each region yearly to ensure a comprehensive and coordinated delivery system	1% increase annually (based on the previous year's total)	
Increase the number of Family Caregiver-related resources in GetCareSC	1% increase annually (based on the previous year's total)	
Objective 1.3		
Percent increase in the number of federal, state, and local nutrition resources for programs and services in the GetCareSC database	5% increase annually	
Host quarterly Long Term Coordinating Council Meeting	4 annually	
Conduct quarterly meetings with key stakeholders to educate the Aging Network on transportation options for service delivery (Non-Emergency Medical	4 annually	

Transportation program and South Carolina Department of Transportation)		
Initiate activities to expand options of non-traditional respite options (breakrooms, memory cafes, etc.)	1 annually	Caregiving
Evaluation of all programs and services in GetCareSC for gaps in service availability or listing	Yes/No	
Percentage of low-income, rural, and non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the State (SHIP)	3%	
Total number of beneficiary contact forms by target beneficiary groups (Under 65, Rural, Native American, English as a Secondary Language)	3%	
Quarterly meetings between the Catawba Indian Nation Tribe and SCDOA to enhance coordination between Title III and Title VI programs	4 annually	OOA Core Program
Goal 2: Workforce		
Objective 2.1		
Each regional volunteer coordinator representative of the Office of the State Long Term Care Ombudsman Program will host "Coffee Talk " trainings for volunteers in the Ombudsman program.	10 events annually	
Each representative of the Office of the State Long Term Care Ombudsman Program will attain the minimum number of 36 hours of certification training required by Federal law	100%	
Each representative of the Office of the State Long Term Care Ombudsman Program will maintain the minimum number of 18 hours of CEU's required by Federal law	100%	
Advocate for state support of a learning management systems manager to coordinate training opportunities through the SCDOA	1 year	
Meet SCSEP Performance Measure: Entered Employment	Yes/No	
Meet SCSEP Performance Measure: Average Earnings	Yes/No	

Meet SCSEP Performance Measure: Service to Most-in-Need	Yes/No	
Meet SCSEP Performance Measure: Community Service Level	Yes/No	
Meet SCSEP Performance Measure: Service Level	Yes/No	
Host an annual ADA training regarding accessible documents to ensure website and media compliance	1 annually	
Increase referrals to SC Respite Coalition's virtual Caregiver and Respite Provider Training Modules	1% increase annually (based on the previous year's total)	Caregiving
Host a training regarding Employee Assistance Programs available to working caregivers for counseling and other support services	1 annually	Caregiving
Conduct outreach or presentations to employers regarding the complexities of working family caregivers	1 annually	Caregiving
Objective 2.2		
Leverage SCSEP participants to perform Community Service Hours in host agencies that serve OAA services	8 annually	
Coordinate with the SC Department of Employment and Workforce to host older workers job fairs across SC with employers who want to hire older workers.	2 annually	
Increase the number of referrals to support groups for Family Caregivers	2% increase annually (based on the previous year's total)	
Work with each AAA to ensure support group services are offered in each region	3 years	Caregiving
Increase the number of support groups documented in GetCareSC	1% increase annually (based on the previous year's total)	
Objective 2.3		
Establish and host quarterly meetings of a Volunteer Transportation Collaborative to include faith-based organizations, non-profit, for-profit, and other stakeholders interested in providing free or low-cost	4 annually	Greatest Economic Need and Greatest Social Need

transportation resources to South Carolina's older adults		
Work with each AAA to ensure volunteer opportunities are available through the Family Caregiver Support Program in each region	3 years	
Goal 3: Quality of Life		
Objective 3.1		
Implement a process for new service recipients who have a high malnutrition score to be referred to a Registered Dietitian	2 Years	OAA Core Program
Percent of new service recipients identified as having low food security, with improved food security status upon reassessment	25%	
Percent increase in the number of partners and stakeholders utilizing the Nourish to Flourish SC social media toolkit	10% increase annually	
Create the opportunity for a statewide evidence-based program focused on family caregivers	3 years	Caregiving
Objective 3.2		
The State Long Term Care Ombudsman will seek opportunities to comment on legislation and respond to governmental bodies and policy makers regarding issues affecting the care of residents	Yes/No	
Develop and conduct training programs, as well as other learning opportunities for all long-term care facilities in each region (1 per region)	10	
Objective 3.3		
Number of awareness and education activities to promote social connection	10	Greatest Economic Need and Greatest Social Need
Review of loneliness scores (UCLA Loneliness Scale) for new service recipients and their reassessment score between the Congregate Dining and Home Delivered Nutrition programs	2 Years	Greatest Economic Need and Greatest Social Need

Goal 4: Safety and Security		
Objective 4.1		
The Office of the State Long Term Care Ombudsman Program will provide training on establishing Multi-Disciplinary Teams to the regional representatives of the Office of the State Long Term Care Ombudsman	1 annually	OAA Core Program
Each representative of the Office of the State Long Term Care Ombudsman Program will establish or strengthen an Elder Justice advocacy group in their respective regions	10 annually	
Develop and distribute handouts and flyers regarding recognizing abuse, neglect, and exploitation	1 year	
Create social media posts or other online activities to educate on the signs and symptoms of abuse, neglect, and exploitation	6 annually	
Host Senior PREP events across the state	4 annually	
Objective 4.2		
Number of awareness and education activities to promote falls prevention, chronic health conditions, and associated evidence-based programs.	6 annually	
Increase usage of Family Caregiver-focused evidence-based programs	1% increase annually (based on the previous year's total)	
Increase Caregiver Counseling utilization and referrals	1% increase annually (based on the previous year's total)	
Objective 4.3		
Each representative of the Office of the State Long Term Care Ombudsman Program will offer one workshop annually on resident rights and self-advocacy (1 event in each region)	10 workshops annually	

Detailed Goals, Objectives, Strategies, and Outcomes

Accessibility

Goal: Improve access to essential services for older adults, adults living with disabilities, and family caregivers, especially those facing additional barriers, by enhancing service delivery, raising awareness, and aligning services with state needs.

Objective – Enhance access to OAA and HCBS services, along with other essential services, by broadening options, offering a range of services, providing assistive technologies, and ensuring that physical locations are fully accessible.

Strategies:

- *Expand options of federal and state-funded aging and family caregiving services to ensure services are accessible*
- *Implement "No Wrong Door" practices for a single point of entry; continue engagement of NWD partners from sectors including healthcare providers, community organizations, government agencies, and local providers.*
- *Provide ongoing person-centered training to ensure all aging network staff are equipped with the tools necessary to ensure older adults, adults living with disabilities, and family caregivers can maintain independence*
- *Provide transportation assistance and services for individuals facing mobility challenges or living in areas with limited access to healthcare and social services.*
- *Promote training and support for family caregivers, offering resources on caregiving strategies, mental health support, and resources for respite.*
- *Continue respite programs to provide family caregivers with relief, preventing burnout and supporting long-term caregiving sustainability.*
- *Conduct routine "quarterly" visits to long-term care facility residents*
- *Respond to resident complaints and concerns in a timely and confidential manner*

Objective – Implement robust outreach and education efforts to raise awareness about available services and how to access them, targeted communication campaigns, partnership with community organizations, and clear, user-friendly materials

Strategies:

- *Build community partnerships to supplement the waiting list needs in the region*
- *Enhance and promote GetCareSC as a resource hub of centralized online information about available programs, services, and support for older adults, adults living with disabilities, and family caregivers.*
- *Utilize multiple communication channels (social media, local tv and radio, community centers, etc.) to maximize outreach, focusing on clear and accessible messaging.*
- *Launch public awareness campaigns to inform older adults, adults living with disabilities, and caregivers about available services and resources, ensuring outreach to underserved populations.*
- *Collaborate with community organizations to reach underserved populations.*
- *Educate and empower residents, along with the public, regarding resident rights*
- *Develop and implement campaigns to increase awareness of ombudsman services among residents, families, and care providers*

Objective – Assess the landscape of services and resources to ensure they adequately meet the unique needs by soliciting feedback, analyzing data, and adapting program offerings to address any gaps or shortcomings

Strategies:

- *Research and plan for the implementation of a new statewide comprehensive needs assessment to identify service gaps and ensure that services are aligned with the specific demographics and challenges in each region or community*
- *Evaluate in depth, new rules, guidance, and definitions in preparation for updating the Interstate Funding Formula in the next State Plan to ensure efficient allocation of resources*
- *Advocate for policy reforms that promote funding for essential services and create incentives for innovative care models that improve accessibility and equity*
- *Cultivate partnerships to address the gap in existing utility assistance programs and the need for more support*

- *Collaborate with the Catawba Indian Nation Tribe by conducting outreach and having quarterly meetings to enhance coordination between Title III and VI programs, such as nutrition, supportive services, and family caregiver support*

Short-term Outcome: An increase in the number of target populations contacting services and/or on the waitlist due to awareness of aging programs and services in South Carolina and how to reach out for engagement.

Intermediate Outcome: Recognizing successful referrals

Long-term Outcome: Creation or documentation of additional resources to fill unmet needs and close service gaps

Workforce

Goal: Enhance the support and resources available to the robust workforce surrounding aging individuals, including direct care workers, family caregivers, older workers and job seekers, volunteers, and the staff within the South Carolina Aging Network.

Objective – Create a comprehensive framework that fosters collaboration, training, and recognition to ensure access to necessary tools, education, and support to thrive in each workforce role.

Strategies:

- *Ensure SCSEP participants who are one year from their durational limit create a job marketing package that includes, but is not limited to, a resume, mock interview classes, professional interview attire if needed, and three professional references*
- *Enhance comprehensive and unified ongoing training for staff and volunteers, focusing on training standards and emerging issues in long-term care*
- *Improve communication regarding training and professional development opportunities: conferences, workshops, and seminars*
- *Promote SC Respite Coalition's virtual Caregiver and Respite Provider Training Modules that cater to the schedules and needs of both professional and family caregivers*

- *Educate FCSP Advocates and empower family caregivers with information about the potential availability of Employee Assistance Programs to working caregivers and for counseling and other support services*
- *Educate employers on the needs of working family caregivers, including offering flexible work arrangements or telecommuting options to help them manage their caregiving responsibilities*

Objective – Establish innovative partnerships and targeted initiatives to develop sustainable solutions for the challenges faced by various workforce roles associated with older adults in South Carolina.

Strategies:

- *Target partnerships with employers and host agencies based on SCSEP participants' IEPs and interests*
- *Promote the principles of aging in place, which include maintaining independence, enhancing quality of life, and ensuring safety within the home*
- *Elevate awareness of assistive technology, focusing on devices that can assist older adults in remaining independent (e.g., smart home devices, mobility aids, remote monitoring systems, etc.)*
- *Utilize SCRC's Respite Care Provider Registry (currently in development) as a tool for pairing/matching those needing care with those who can provide services*
- *Ensure local or virtual support groups where family caregivers can connect, share experiences, and provide emotional support are readily available when the need is identified during family caregiver assessments*
- *Ensure equitable access to respite care options for family caregivers to allow family caregivers to take a break and recharge, which is essential to prevent burnout*
- *Collaborate with workforce entities to educate employers on the role and challenges faced by family caregivers, helping to reduce stigma and increase support to include offering flexible work arrangements or telecommuting options*

Objective – Increase awareness of the importance of volunteer opportunities across all facets of aging programs to expand volunteer networks.

Strategies:

- *Promote community involvement through volunteer opportunities and the development of resident councils and family councils in the long-term care ombudsman program*
- *Continue promoting efforts from the Social Isolation Taskforce and its recommendations to develop call questionnaires for organizations that host volunteers*
- *Use social media efforts to promote volunteer opportunities, not only within the SCDOA programs, but across the Aging Network to include senior centers and AAAs*
- *Include articles on GetCareSC regarding the value of volunteers and the positive impacts of volunteering*

Short-term Outcome: Increase awareness of the resources, or lack of resources available to support the varied workforce for the provision of aging services

Intermediate Outcome: Improve skills and competencies of direct care workers, family caregivers, and volunteers

Long-term Outcome: Improve the overall quality of care and support provided to aging individuals in South Carolina, as well as retention rates for those in the industry

Quality of Life

Goal: Enhance the quality of life for older adults, adults with disabilities, and family caregivers by developing and implementing responsive programs that prioritize client preferences.

Objective – Healthy Aging Initiatives - Develop, support, and promote comprehensive healthy aging initiatives that encourage independence and empower individuals to make choices that suit their unique needs.

Strategies:

- *Provide information to the public on long-term care facilities and the services they provide – CMS 5 Star Program and DPH Survey results*

- *Promote and encourage Evidence-based programs that focus on preventive care, nutrition, physical activity, mental health, fall prevention, and financial literacy tailored to older adults, individuals with disabilities, and caregivers*
- *Enhance referral networks that ensure individuals are connected to appropriate healthcare, social services, and community support systems based on their unique needs*
- *Enhance strong collaborative networks by engaging NWD partners from sectors including healthcare providers, community organizations, government agencies, family caregivers, older adults as consumers, individuals with disabilities, and local providers to create a shared vision for healthy aging programs and guide the development of healthy aging initiatives*
- *Launch awareness campaigns through local media, community events, and social media to educate the public about the benefits of healthy aging and the resources available*
- *Promote healthy aging initiatives such as "Take Brain Health to Heart" from the Department of Public Health*
- *Support independent living initiatives, including home modifications, technology solutions, and caregiving tools that enable older adults and individuals with disabilities to live safely and independently*
- *Elevate Dementia-Friendly initiatives in communities through Dementia Care Specialist and community partners*
- *Increasing awareness and access to senior-focused resources to reduce hunger, food insecurity, and malnutrition, and social connections by expanding the GetCareSC database to increase the number of federal, state, and local programs and services*
- *In partnership with the Area Agencies on Aging, expand state-approved evidence-based programming options*

Objective – Community Responsiveness - Ensure existing and new programs, resources, and education are responsive to the needs, interests, and preferences of target populations in each community.

Strategies:

- *Advocate for the interests of residents in long-term care facilities, as well as resolve complaints made by them or on their behalf*

- *Represent resident interests before governmental bodies and national policy makers*
- *Evaluate and adjust programs based on participant feedback, community needs assessments, and emerging trends to ensure ongoing relevance and effectiveness*
- *In collaboration with Healthy Palmetto and the Aging Network, the Nourish to Flourish SC social media toolkit will be distributed to stakeholders to raise awareness about the issues of senior malnutrition*
- *Explore opportunities to complement the Older Americans Act Senior Nutrition Program with South Carolina Food is Medicine initiatives; medically tailored meals and produce prescription programs.*
- *Continue collaboration with the SC Association of Farmers Markets, the SC Department of Agriculture, the SC Department of Social Services, and group dining sites to support "Lunch at the Market" events to increase opportunities for patrons to redeem Senior Farmers Market Nutrition Program Vouchers, SNAP, and Healthy Bucks tokens.*

Objective – Social Connection - Create and enhance opportunities for social connection to foster a supportive community that values engagement and relationships.

Strategies:

- *Increase access to transportation services to ensure older adults and individuals with disabilities can participate in aging programs and community activities*
- *Encourage social connection through volunteer programs, peer mentoring, and social engagement opportunities, helping to reduce isolation and foster a supportive network*
- *Promote the Permanent Improvement Project grant to support Senior Centers as community focal points*
- *Continue leveraging the existing revenue streams, such as the revision to Proviso 40.5, allowing for programs to promote social connection within the aging network*
- *Promote community volunteer programs to enhance older adults' social connections and reduce social isolation*

- *Promote intergenerational programs that connect older adults with younger generations, such as mentorship, shared learning, or community projects, to reduce isolation and enrich the lives of all participants, and build community*

Short-term Outcome: Increase understanding of client preferences and needs by providing more opportunities for client engagement

Intermediate Outcome: Increase participation in programs that are aligned with client preferences

Long-term Outcome: Improve quality of life relating to social engagements, mental health, and satisfaction with care services

Safety and Security

Goal: Enhance the safety and security of older adults, adults living with disabilities, and their family caregivers by fostering improvements in home and community environments.

Objective – Develop and advocate for community infrastructure, along with programs and services, that prioritize accessibility and safety in public spaces and at home.

Strategies:

- *Strengthen partnerships with local agencies, law enforcement, healthcare providers, and advocacy groups to enhance service delivery and to create a robust network of support to ensure that older adults feel secure in their homes and neighborhoods*
- *Provide training to healthcare providers, social workers, and law enforcement on how to recognize abuse, neglect, and exploitation*
- *Promote intergenerational programs that connect older adults with younger generations, such as mentorship, shared learning, or community projects, to reduce isolation and enrich the lives of all participants, and build community*
- *Advocate for the creation and implementation of dementia and age-friendly community practices*
- *Ensure access to reliable, affordable, and accessible transportation options for older adults who are no longer able to drive, enabling them to stay socially and medically connected*

- *Expand access to telehealth services, such as telehealth carts in local senior centers, allowing older adults to consult with healthcare providers remotely and increasing access to rural communities*
- *Advocate for policies that support the development and sustainability of affordable, accessible, and adaptable housing for older adults*
- *Promote inclusivity for disaster and emergency planning for older adults and those with disabilities*

Objective – Implement initiatives that promote physical, mental, and emotional well-being, recognizing the importance of preventing abuse, neglect, and exploitation, as well as the need for social connections and effective support systems.

Strategies:

- *Create and share educational programs with older adults, caregivers, and the community about the signs of abuse, neglect, and exploitation, and how to report them*
- *Encourage the continuation or implementation of evidence-based disease management and prevention programs for managing chronic conditions like diabetes, hypertension, and arthritis*
- *Encourage the continuation or implementation of evidence-based exercise programs tailored to older adults, focusing on improving mobility, balance, flexibility, and overall physical health*
- *Promote access to preventive services, such as vaccinations, health screenings, and nutrition counseling, to identify health issues early, contributing to long-term health and independence*
- *Promote counseling for family caregivers as available through the National Family Caregiver Support Program, utilizing trained and licensed mental health professionals to address issues such as anxiety, depression, loneliness, or grief*
- *Promote "Take Brain Health to Heart" to support cognitive health, including memory enhancement exercises, brain fitness activities, and early detection of cognitive impairments like dementia or Alzheimer's disease*

- *Utilize evidence-based caregiver interventions such as Powerful Tools for Caregivers and Savvy Caregiver aimed at stress-reduction to improve the emotional resilience of family caregivers*
- *Update GetCareSC with a Guide to Service, promoting existing programs to encourage social connection*
- *Promote technology training programs to help older adults use smartphones, computers, and the internet effectively and safely*

Objective – Advocate for the autonomy of older adults, empowering them to make informed choices about their lives while ensuring their voices are heard in the decision-making processes that affect their care and safety.

Strategies:

- *Offer workshops and resources to educate older adults and residents about their rights and self-advocacy skills*
- *Promote the development of the Elder Justice Task Force*
- *Foster the growth and expansion of caregiver educational programs and support groups for family caregivers, ensuring family caregivers can support the autonomy of older adults while also taking care of their own well-being*
- *Promote legal services available through the Older Americans Act that empowers older adults to protect their autonomy and rights*

Short-term Outcome: Increase awareness among older adults, adults living with disabilities, and family caregivers regarding available safety resources and services

Intermediate Outcome: Implement programs and opportunities for modifications in homes and community environments that promote accessibility and safety

Long-term Outcome: Create an overall enhanced sense of security in both home and community settings with a reduction in safety incidents, including falls and accidents

Attachment G: Supporting Public Data

Demographic Information about South Carolina Service Recipients

2023 5-year ACS - S0101

1,321,095

60 + Population

SC FFY24 OAAPS

Service	Unique People Served	% of total population
Chore	491	0.04%
Congregate Meals	7,232	0.55%
Home Delivered Meals	15,133	1.15%
Homemaker	2,117	0.16%
Legal Assistance	2,828	0.21%
Personal Care	1,042	0.08%
Total Unique Clients	**21,796**	**1.65%**

2023 5-year ACS - S0101

90,837

85 + Population

SC FFY24 OAAPS

Service	Unique People Served	% of total population
Chore	103	0.11%
Congregate Meals	1,304	1.44%
Home Delivered Meals	3,842	4.23%
Homemaker	672	0.74%
Legal Assistance	126	0.14%
Personal Care	357	0.39%

2023 5-year ACS

148,462

60 + Population Below FPL

SC FFY24 OAAPS

Percent of Population Below FPL 11.24%

Service	Unique People Served	People below FPL	% of Those Served	% of Total Pop below FPL
Chore	491	178	36.25%	0.12%
Congregate Meals	7,232	3,090	42.73%	2.08%
Home Delivered Meals	15,133	6,729	44.47%	4.53%
Homemaker	2,117	787	37.18%	0.53%
Legal Assistance	2,828	877	31.01%	0.59%
Personal Care	1,042	424	40.69%	0.29%
Total Unique Clients	**21,796**	**10,157**	**46.60%**	**6.84%**

2023 5-year ACS - S0101

Percent of Population

60 + Population Minority

Minority

SC FFY24 OAAPS

36.10%

Service	Unique People Served	Minority	% of Those Served
Chore	491	256	52.14%
Congregate Meals	7,232	4,292	59.35%
Home Delivered Meals	15,133	7,109	46.98%
Homemaker	2,117	926	43.74%
Legal Assistance	2,828	1,196	42.29%
Personal Care	1,042	544	52.21%
Total Unique Clients	**21,796**	**11,896**	**54.58%**

https://statisticalatlas.com/state/South-Carolina/Race-and-Ethnicity

Percent of client who have 3+ ADLs

SC FFY24 OAAPS

Service	Unique People Served	3+ ADLs	% of Those Served
Chore	491	69	14.05%
Congregate Meals	7,232	165	2.28%
Home Delivered Meals	15,133	2,907	19.21%
Homemaker	2,117	545	25.74%
Legal Assistance*	2,828	26	0.92%
Personal Care	1,042	579	55.57%
Total Unique Clients	**21,796**	**3,457**	**15.86%**

*Not captured in assessment by SC Legal

Percent of client who have 3+ IADLs

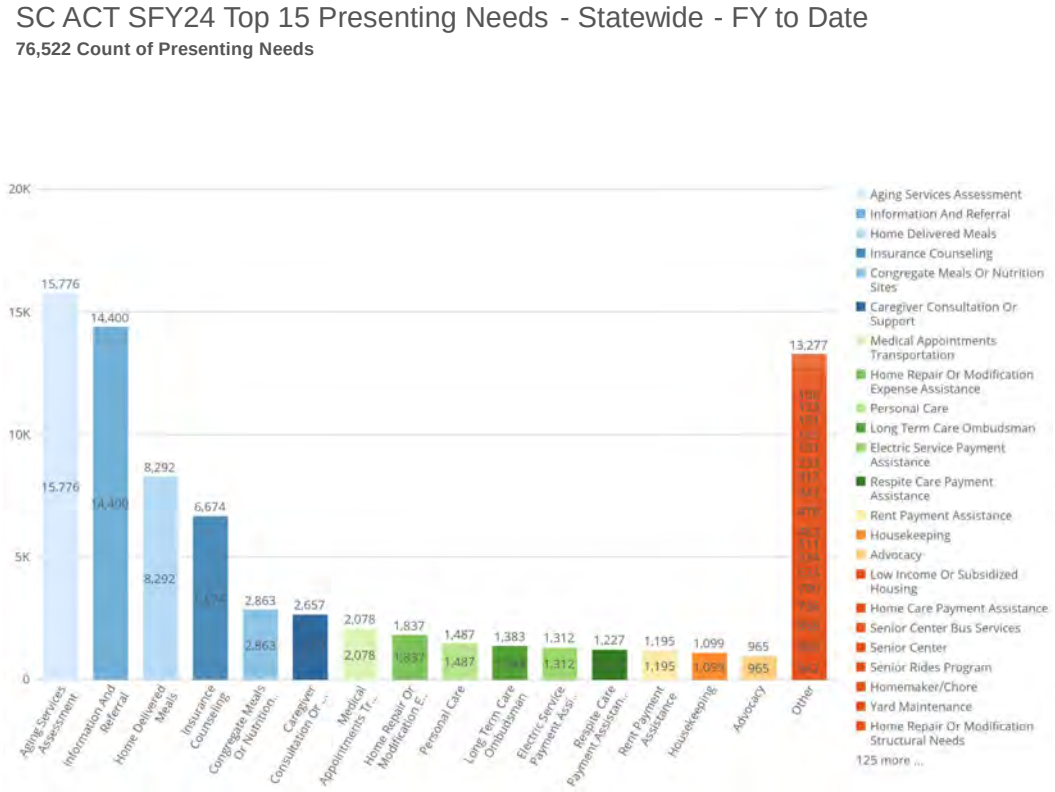
SC FFY24 OAAPS

Service	Unique People Served	3+ IADLs	% of Those Served
Chore	491	245	49.90%
Congregate Meals	7,232	1,486	20.55%
Home Delivered Meals	15,133	10,055	66.44%
Homemaker	2,117	1,802	85.12%
Legal Assistance*	2,828	105	3.71%
Personal Care	1,042	952	91.36%
Total Unique Clients	**21,796**	**12,134**	**55.67%**

*Not captured in assessment by SC Legal

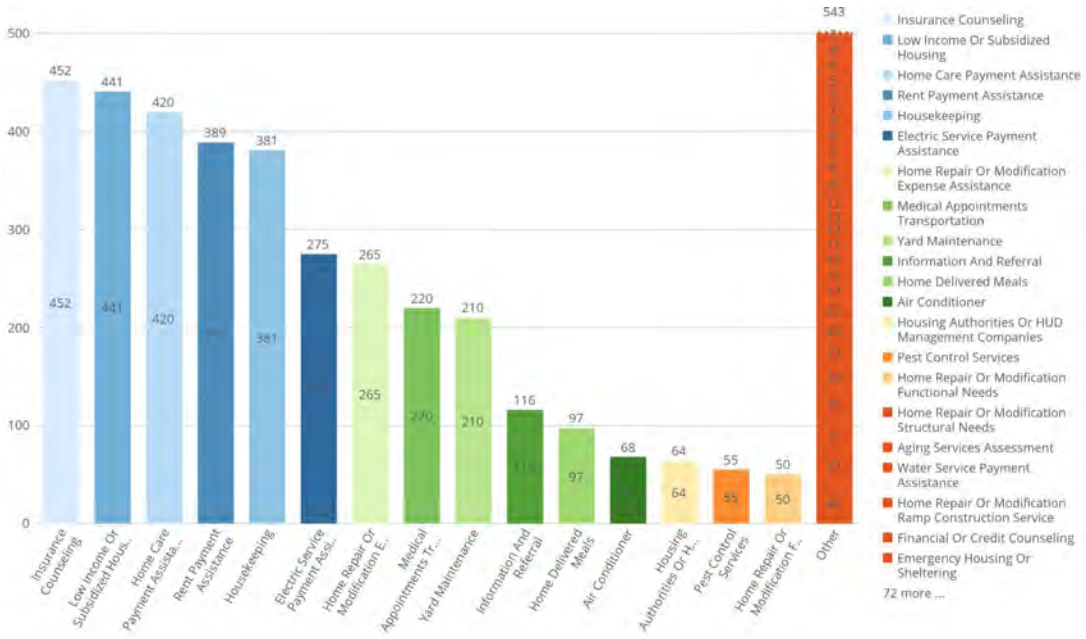
Percent of client who are Rural			Total Rural Population
	SC FFY24 OAAPS		32.10%
Service	**Unique People Served**	**Rural**	**% of total population**
Chore	491	124	25.25%
Congregate Meals	7,232	2,012	27.82%
Home Delivered Meals	15,133	4,490	29.67%
Homemaker	2,117	590	27.87%
Legal Assistance	2,828	410	14.50%
Personal Care	1,042	244	23.42%
Total Unique Clients	**21,796**	**6,629**	**30.41%**

SCDOA and AAA Presenting and Unmet Needs SFY24



SC ACT SFY24 Top 15 Unmet Needs - Statewide - FY to Date

4,046 Count of Interaction_Id



SC ACT SFY24 Top 15 Unmet Needs with Reasons - Statewide - FY to Date

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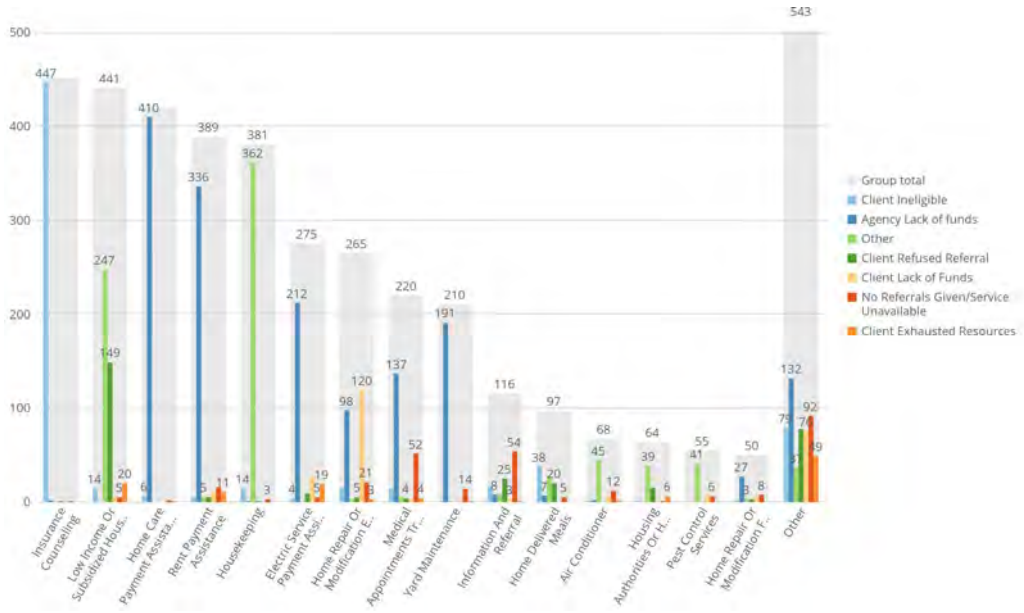
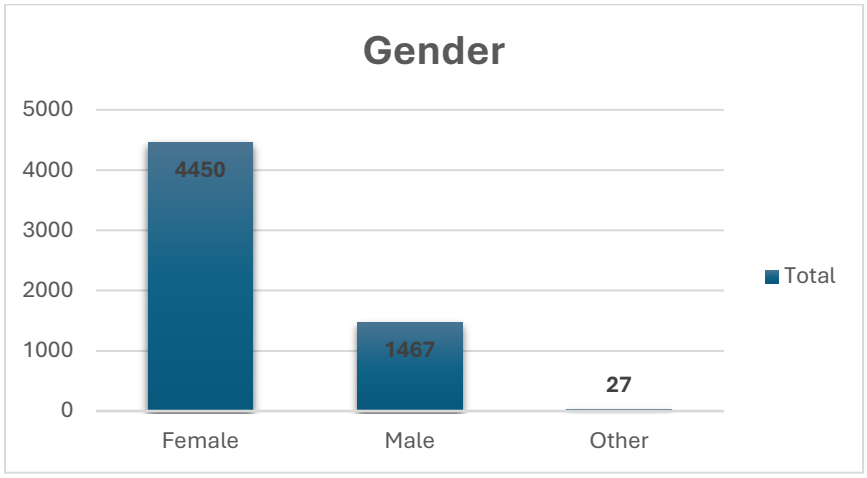
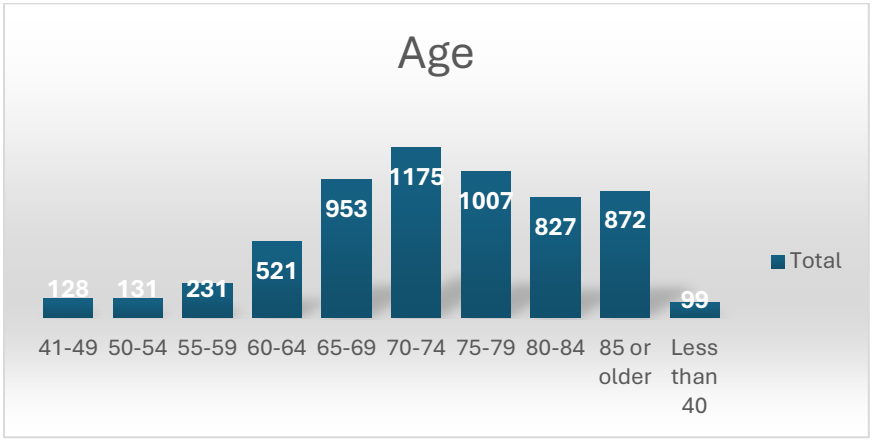


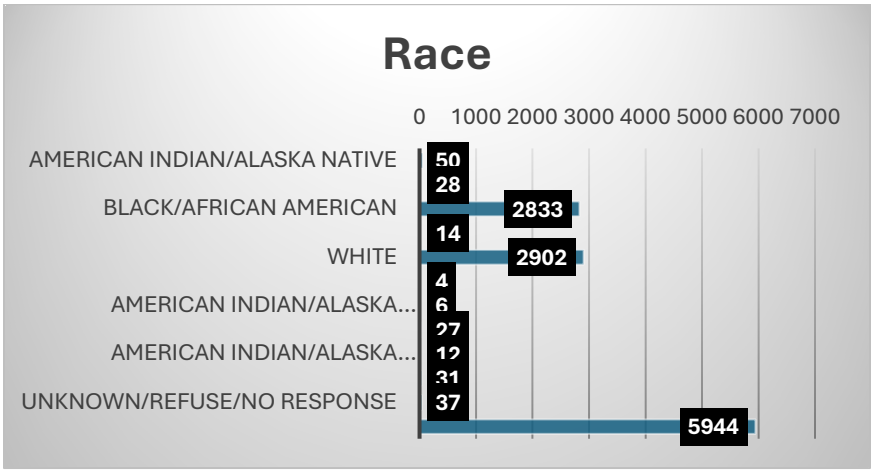
Statewide Survey Responses

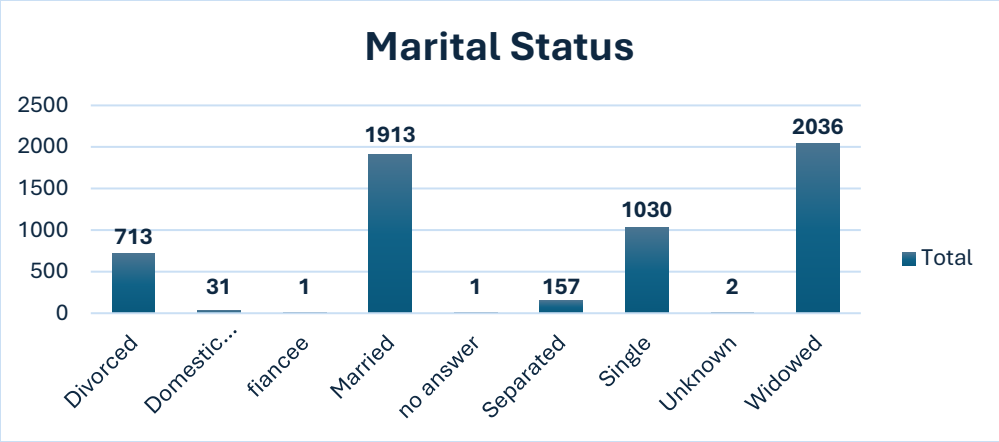
County	Responses
York	618
Greenville	566
Charleston	429
Lexington	385
Lancaster	324
Florence	244
Georgetown	182
Cherokee	174
Darlington	169
Hampton	166
Spartanburg	155
Aiken	149
Greenwood	148
Horry	129
Sumter	128
Chester	123
Union	119
Beaufort	119
Berkeley	114
Anderson	109
Richland	108
Williamsburg	106
Oconee	104
Dorchester	94
Jasper	93
Chesterfield	75
Marion	67
Dillon	65
Lee	61
Laurens	60
Pickens	58
Clarendon	57
Newberry	56
Edgefield	47
Allendale	45
Calhoun	44
Abbeville	39
McCormick	39
Marlboro	39
Saluda	37
Orangeburg	33
Bamberg	19
Fairfield	14
Colleton	14
Kershaw	11
Barnwell	9
REGION TOTAL	**5944**

Demographics 1: Gender, Age, Race, and Marital Status

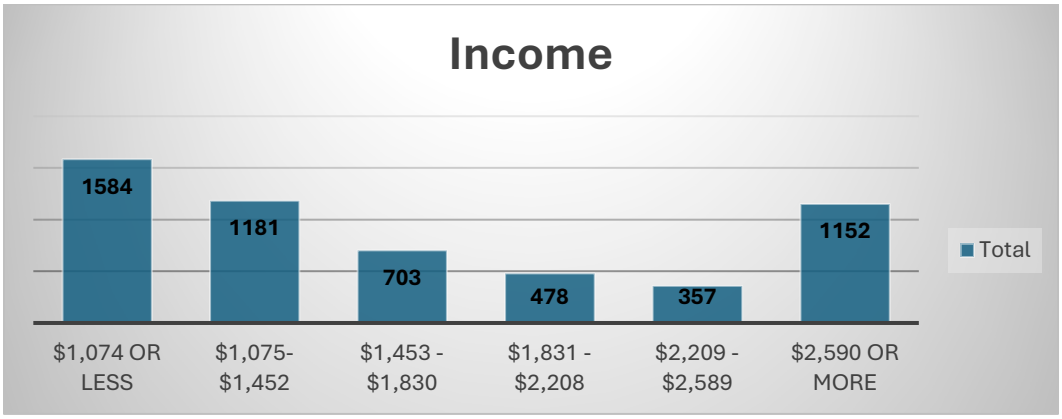


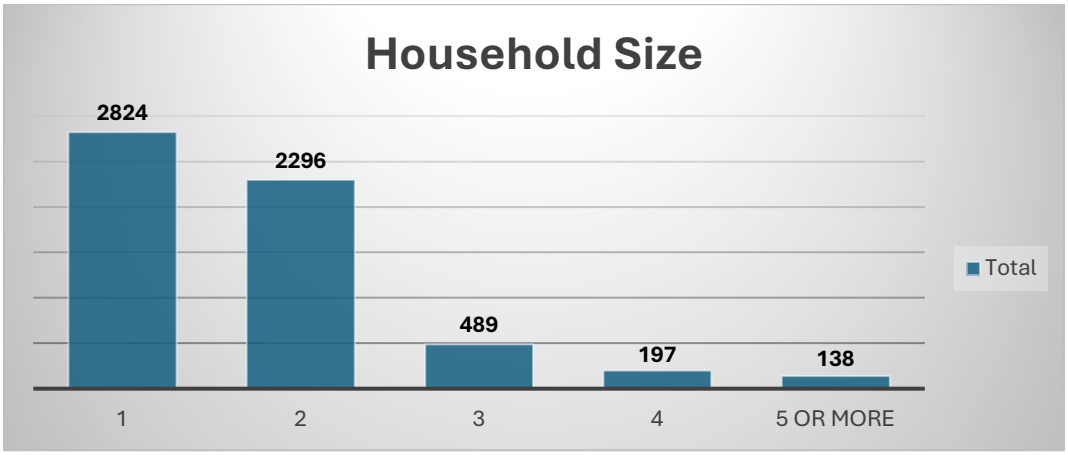


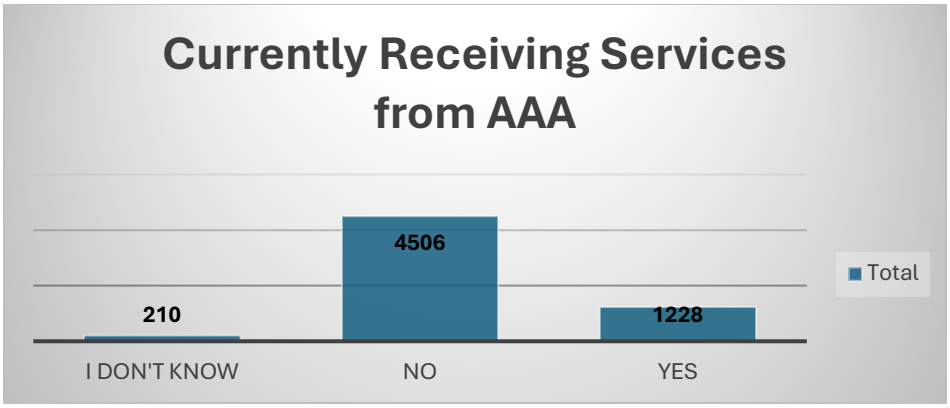




Demographics 2: Income, Household Size, Services from AAA







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Reasons that affect your ability to live independently	
Reason	**Statewide Total**
6) I am concerned about falls or other accidents.	2039
25) I have a serious problem with pests in my house (ex: Bed bugs, roaches, fleas, lice, rodents etc.)	1837
2) Sometimes I feel lonely or sad, even isolated.	1499
15) I do not know how I could pay for nursing home care when/if I needed it.	1498
3) I have trouble keeping my home clean.	1409
1) I need to exercise more, but don't know where to start.	1393
16) I cannot afford to pay for dental care.	1327
32) I have no needs or concerns.	1321
23) I am unable to make necessary repairs to my home due to costs.	1264
24) I cannot do my yard work due to physical or medical reasons.	1264
7) It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.	1142
8) I cannot grocery shop or cook much, so home delivered meals would be helpful.	1115
4) It is difficult for me to do my laundry due to lifting, folding, and putting clothes away.	1110
17) I cannot afford to pay for hearing aids.	1038
18) I cannot afford to pay for eyeglasses.	1015
11) I have problems keeping my paperwork in order and sometimes lose things.	916
5) I need assistance with bathing, dressing and toileting.	702
19) I need access to assistive technology (ex: wheelchair, cane, walker etc.)	690
29) I don't have friends, neighbors or others that have a positive influence on my life.	671
12) I have trouble keeping up with paying my bills.	670
13) I have difficulty paying for prescription medicines.	606
22) I struggle keeping warm and cool due to poor insulation, leaky windows, or structural damage.	596
20) I need legal advice but cannot afford it.	558
10) I am unable to read and understand my mail.	535
14) My insurance premium is a struggle to pay monthly.	516
9) Sometimes I do not have enough food to eat.	458
26) I have a mental health issue that sometimes makes it difficult for me to live on my own.	381
21) I need safe and affordable housing.	378
27) I (or someone close to me) have a drug or alcohol problem.	347
30) I am responsible for taking care of a child or children under the age of 18.	305
31) I am taking care of one or more adults over the age of 60.	267
33) Other Needs or Concerns	248
28) I have to deal with challenging family issues that are stressful.	210

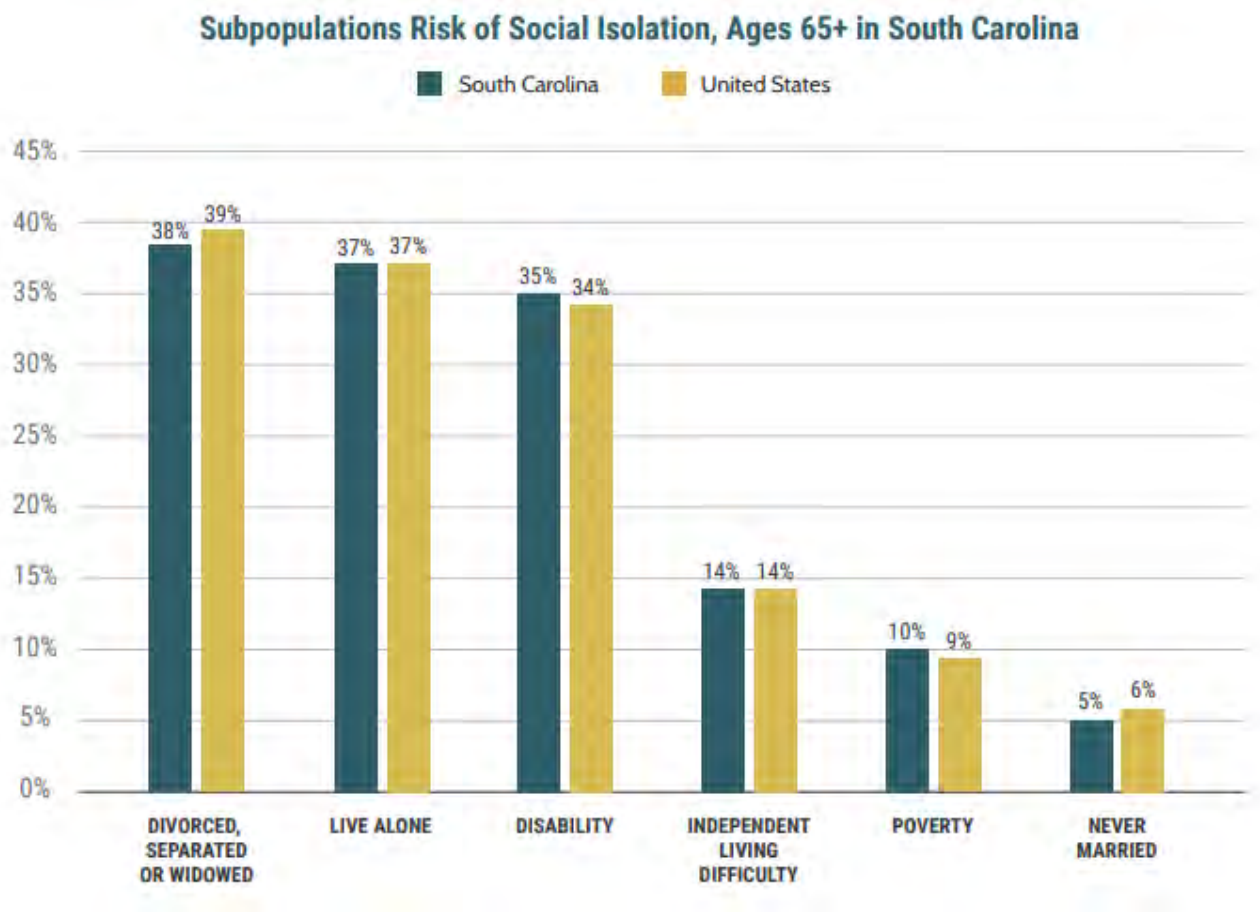
Living Healthy South Carolina's State Health Assessment Report

State Health Assessment Report

Social Connections

Social Isolation in Older Adults Taskforce's Addressing Social Isolation in Older Adults as a Determinant of Health

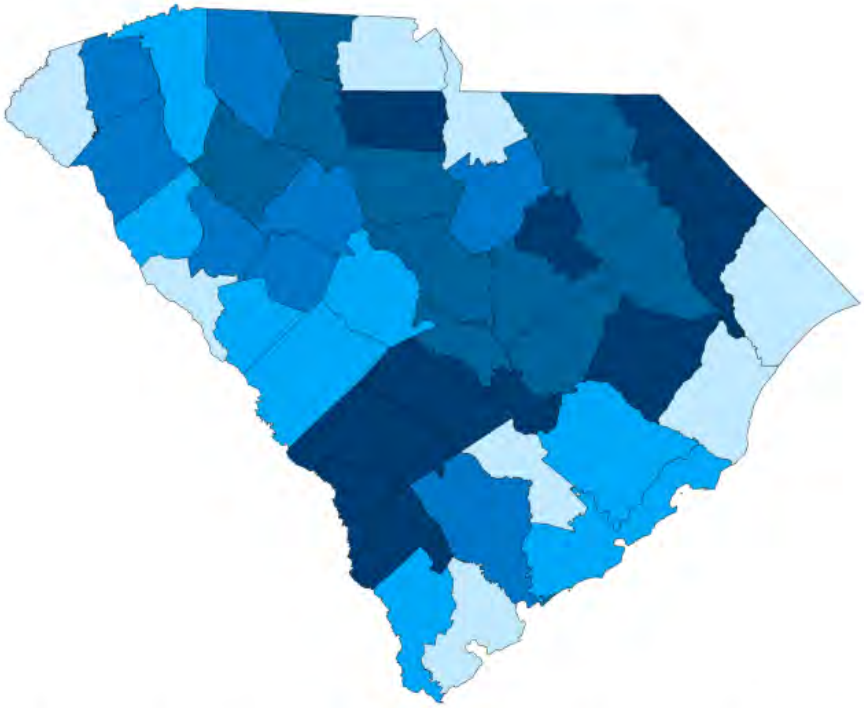
Subpopulations of Social Isolation, Ages 65+ in South Carolina



Source: America's Health Rankings, US Census Bureau, American Community Survey, 2016-2020

South Carolina

Risk of Social Isolation by County



Index of social isolation risk factors (living in poverty; living alone; being divorced, separated or widowed; having never married; having a disability; and having an independent living difficulty) among adults age 65 and older, relative to all U.S. counties. Normalized values are 1 to 100, with a higher value indicating greater risk.

1 to 33 | 34 to 38 | 39 to 44 | 45 to 50 | 51 to 100

Source: U.S. Census Bureau, American Community Survey, 2018–2022

AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

2024 Senior Report

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