

STUDY REPORT

AUGUST 2023

Department on Aging





South Carolina
House of Representatives
Legislative Oversight Committee

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COMMITTEE OVERVIEW

Healthcare and Regulatory Subcommittee

Chairman Joseph H. "Joe" Jefferson, Jr.

The Honorable April Cromer

The Honorable Thomas Duval "Val" Guest, Jr.

The Honorable Roger K. Kirby

The Honorable Marvin "Mark" Smith

Oversight Purpose and Methods

Purpose

To determine if agency laws and programs:

- are being implemented and carried out in accordance with the intent of the General Assembly; and
- should be continued, curtailed, or eliminated.

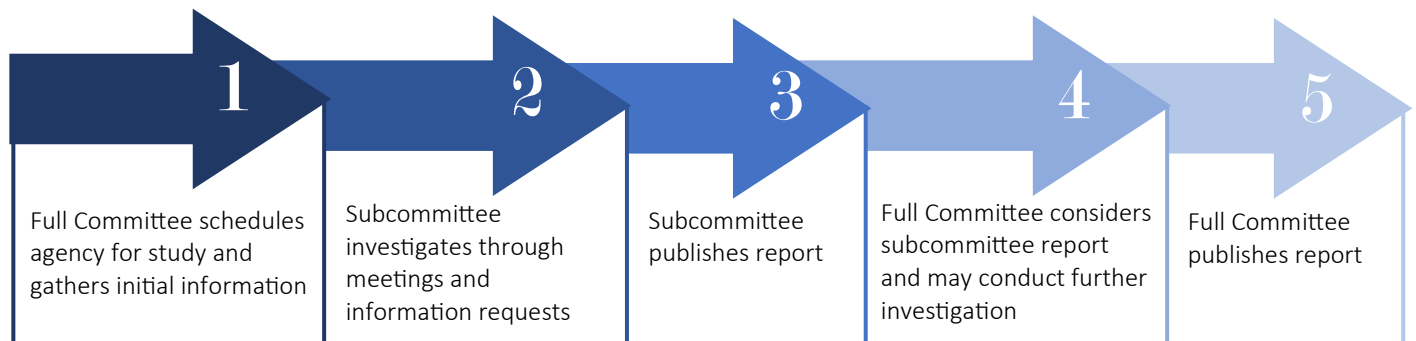
Methods

The Committee and Subcommittee evaluate:

- the application, administration, execution, and effectiveness of the agency's laws and programs;
- the organization and operation of the agency; and
- any conditions or circumstances that may indicate the necessity or desirability of enacting new or additional legislation pertaining to the agency.

S.C. Code Ann. § 2-2-20(B) and (C)

Study Process



Public Input



14

Responses to an online public survey



2

Constituents testified

Study Milestones

Meetings

Subcommittee

12/7/2022 6/6/2023
2/28/2023 6/19/2023
4/4/2023 7/20/2023
4/18/2023

Full Committee

12/9/19
04/08/21

Agency Reports

2015 Seven-Year Plan Report
2020 Program Evaluation Report
FY 2021-22 Accountability Report
Agency Strategic Planning Report (2021-2025)

AGENCY OVERVIEW

Agency Mission

“Working to meet the present and future needs of seniors and to enhance the quality of life for seniors through advocating, planning, and developing resources in partnership with federal, state, and local governments, nonprofits, the private sector and individuals.”

History and Resources

History

1965: Passage of the federal Older Americans Act
2005: Division on Aging of the Department of Health and Human Services is moved to the Lieutenant Governor's Office
2009: The proviso moving the Division on Aging to the Lieutenant Governor's Office is codified
2014: Vulnerable Adult Guardian ad Litem program in the Office on Aging is created
2018: Legislation passes creating the S.C. Department on Aging as a cabinet agency
2019: The Department on Aging is officially designated as a cabinet agency on January 1, 2019
2020: Connie Munn is appointed by the Governor and confirmed by the Senate

Planning and Service Areas

Region I Appalachian: (Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg)
Region II Upper Savannah: (Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda)
Region III Catawba: (Chester, Lancaster, York, and Union)
Region IV Central Midlands: (Fairfield, Lexington, Newberry, and Richland)
Region V Lower Savannah: (Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg)
Region VI Santee-Lynches: (Clarendon, Kershaw, Lee, and Sumter)
Region VII Pee Dee: (Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro)
Region VIII Waccamaw: (Georgetown, Horry, and Williamsburg)
Region IX Trident: (Berkeley, Charleston, and Dorchester)
Region X Lowcountry: (Beaufort, Colleton, Hampton, and Jasper)

Employees



43

authorized FTEs

Funding



\$52,250,492

Total Funding

Successes and Challenges

Identified by the agency

Successes

- Receiving two grants that will aid the respite, caregiver, and Alzheimer's programs
- Developing "break rooms" in four SC churches
- Receiving an Alzheimer's Disease Program Initiative Grant that focuses on the rural African American population
- Implementing South Carolina Vulnerable Adult Guardian ad Litem Program

Challenges

- Transitioning to a new independent department of government
- Growing aging population in South Carolina
- Funding for aging services
- Senior population will double by 2030 and approximately 11.5% of that population lives in poverty
- At least 10% of state's population has Alzheimer's disease or dementia
- One in 11 of state's seniors are at risk for hunger and state ranks third in the nation for food insecurities

FINDINGS

During the study of the Department on Aging (Agency or SCDOA), the Healthcare and Regulatory Subcommittee (Committee) adopts **five findings** pertaining leadership, planning and service areas, family caregivers, workforce, and Alzheimer’s disease.

Findings note information a member of the public, or General Assembly, may seek to know or on which they may desire to act.

LEADERSHIP

FINDING #1

Since 2005, the Department on Aging has had 10 directors, of which seven had tenures of one year or less.

During the study, agency staff presented a history of former agency directors beginning in 2005. Over that period, seven directors served for one year or less.²

Prior to Director Munn’s service as agency director, she served as the Area Agency on Aging (AAA) director for the Santee-Lynches Regional Council of Governments.³ During her tenure, the Department on Aging had 10 different directors over a 14-year period.⁴ At three years of service as director of the Department on Aging, Director Munn is the second longest tenured director in the last 18 years.⁵

Agency Directors and Time of Service

In the last 18 years, there have been ten different directors of the Agency.

Name	Appointed By	Dates of Service	Number of Years as Director
Cornellia Gibbons	Lt. Governor Bauer	Between 2005-2006	1 year
Michael Easterday	Lt. Governor Bauer	Between 2006-2007	1 year
Curtis Loftis	Lt. Governor Bauer	2007-2008	1 year
Tony Kester	Lt. Governors Bauer, Ard, McConnell, and McGill	2008-2014	6 years
Yancey McGill	Lt. Governor McMaster	2015	Less than 1 year
Mark Plowden	Lt. Governor McMaster	January 2015-January 24, 2017	2 years
Steve Morris	Lt. Governor McMaster	January 2017-February 2017	Less than 1 year
Darryl Broome	Lt. Governor Bryant	February 2017-December 2018	Less than 2 years
Steve Morris	Lt. Governor Bryant	December 4, 2018-December 31, 2018	Less than 1 month
Steve Morris (not Confirmed)	Governor McMaster	January 2019-January 2020	1 year
Connie Munn (Confirmed)	Governor McMaster	January 2020-Present	3 years

Figure 1. Agency Directors and Time of Service ¹

PLANNING AND SERVICE AREAS

FINDING #2

The 10 regional planning and service areas were established in 1969 through executive order. The state's 46 counties were placed into contiguous regions based on demographics, socioeconomic, social congruence, governance structures, and other interests. The configuration of these regions has not been officially reassessed since that time.

An Executive Order dated March 12, 1969, and signed by Governor Robert E. McNair, divided the state into 10 districts partly in response to a change in federal policy.⁶ Congress passed the Older Americans

Act in 1965 in response to concerns by policymakers about the lack of community social services for older persons.⁷ This change was intended to help facilitate the distribution of federal grant funding to the states.⁸ The need for a single sub-State district pattern, made up of groupings of counties with common economic, physical, social, governmental, and other interests, were considered in the development of the 10 districts.⁹ The factors considered in 1969 to establish the districts, if considered today, may lead to a different configuration of regional service districts.

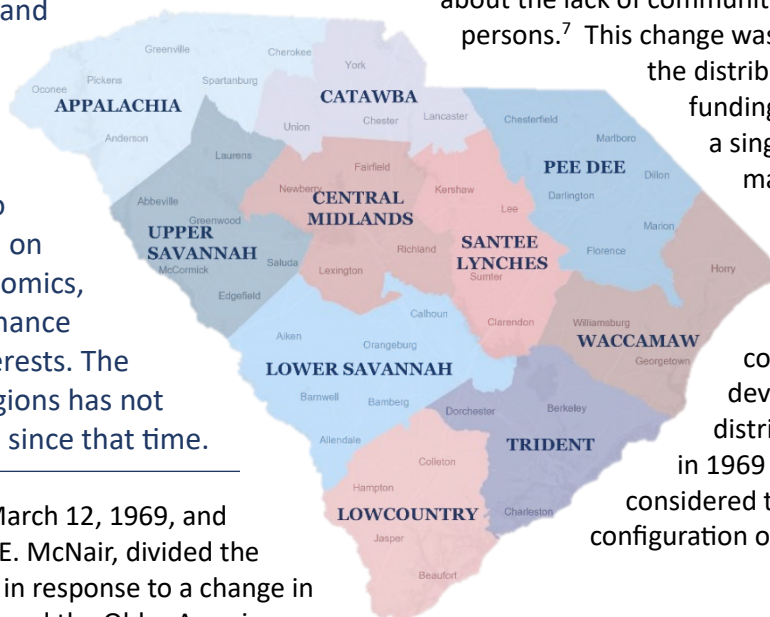


Figure 2. Department on Aging's 10 regional planning and service areas.

FAMILY CAREGIVERS

FINDING #3

The state has over 770,000 family caregivers who provide 737 million hours of "free" services to their chronically ill, disabled, or frail elderly family members.

South Carolina's senior population is expected to double by 2030.¹⁰ In 2020, the senior population represented

approximately 24% of the state population.¹¹ Over the next 5-10 years the number of family caregivers will likely remain steady, or even decrease, while the number of people in need of care from family caregivers will increase as our state's population of older adults increases.¹²

South Carolina population estimates from 2014-2020 and population projections from 2021-2035: 65 and older

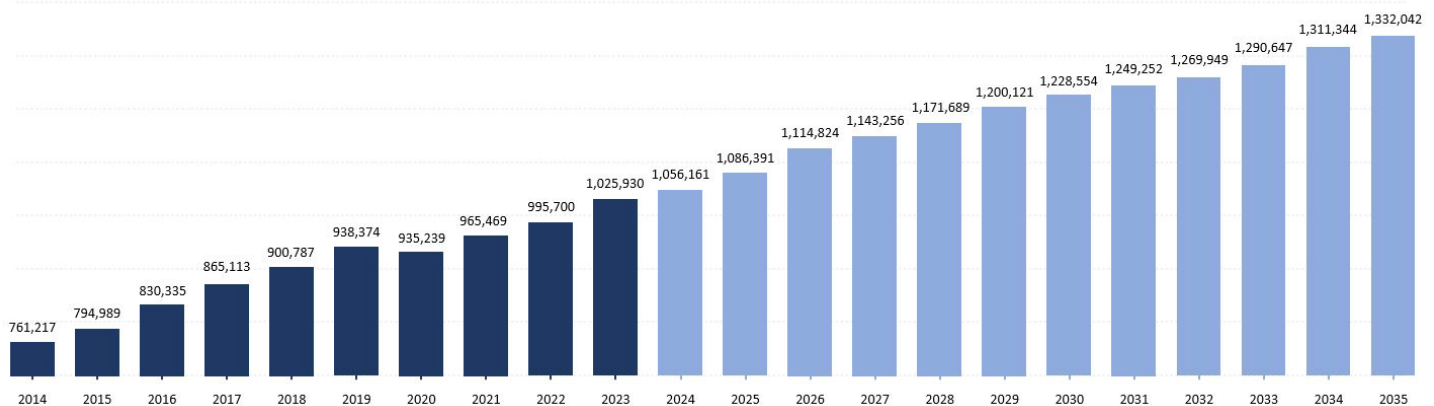


Figure 3. South Carolina population estimates from 2014-2020 and population projections from 2021-2035 for 65 and older pulled from the South Carolina Revenue and Fiscal Affairs Office.

DIRECT CARE WORKFORCE

FINDING #4

The shortage of direct care workers is negatively affecting the availability of services seniors receive in the home and institutional setting.

Agency staff identified sustainability of the direct care workforce is an emerging issue nationally and at the state level.¹³ According to the U.S. Department of Labor, direct care workers provide home care services such as certified nursing assistants, home health aides, personal care aides, caregivers, and companions.¹⁴ As the senior

population increases and the number family caregivers remains flat or decreases, the need for a robust direct care workforce will become more critical. Agency staff testimony cited burnout, turnover, and recruitment as primary factors impacting this workforce sector.¹⁵ The significant demand for direct care workers in a low supply environment has not led to increased pay and benefits.¹⁶ According to agency staff testimony, 1 in 6 home health aides lives in poverty, requiring more than half of this workforce to receive some other form of public assistance.¹⁷

ALZHEIMER'S DISEASE CRISIS

FINDING #5

The South Carolina Department on Aging's Alzheimer's Resource Coordination Center Advisory Council has designated Alzheimer's disease as a crisis at the state level.

Agency staff identified Alzheimer's disease and dementia as a public health crisis and anticipate a huge impact on the state in the next 10 years.¹⁸ At least 11% of South Carolina's 65 or older population has Alzheimer's or related dementia.¹⁹ The most significant risk factor for these diseases is age, and the state's senior population is growing and getting older.²⁰ According to agency staff, the state's total number of

Medicare beneficiaries has surpassed one million.²¹ As of June 2023, 1,092,069 Medicare beneficiaries are residents of the state of South Carolina.²²

According to the 2023-2028 South Carolina Statewide Plan to Address Alzheimer's Disease & Related Dementias report, in 2015 South Carolina had the highest Alzheimer's death rate in America.²³ Currently, South Carolina has the 16th highest death rate in the United States, and Alzheimer's Disease is the fifth leading cause of death in South Carolina.²⁴ Over 95,000 people living in South Carolina have Alzheimer's, with an expected 26.3% increase by 2025.²⁵ Further, in 2020 Medicaid costs for South Carolinians with Alzheimer's amounted to \$652 million — and those costs are expected to increase 25% in just four years.²⁶

RECOMMENDATIONS

During the study of the Department on Aging (agency or SCDOA), the Healthcare and Regulatory Subcommittee (Subcommittee) of the House Legislative Oversight Committee (Committee) adopts **24 recommendations**.

With any study, the Committee recognizes **these recommendations (e.g., continue, curtail, improve areas potentially, and/or eliminate agency programs, etc.) will not satisfy everyone nor address every issue or potential area of improvement at the agency**. Recommendations are based on the agency's self-analysis requested by the Committee, discussions with agency personnel during multiple meetings, and analysis of the information obtained by the Committee. This information, including, but not limited to, the Initial Request for Information, Accountability Report, Restructuring Report, and videos of meetings with agency personnel, is available on the Committee's website.

ACCOUNTABILITY

RECOMMENDATION #1

Implement a quarterly meeting with the Area Agencies on Aging (AAA) and the provider network for the purposes of communication, training, planning, and dissemination of information.

To produce optimal results for seniors and their families the Department on Aging, AAAs, and provider network should operate as an integrated unit. The state's planning and service region model established 10 AAAs across the state.²⁷ These entities receive federal and state funding through the Department on Aging, for the procurement of programs and services for area seniors, which are delivered by a local provider network.²⁸ An efficient service delivery system is contingent upon effective communication between the entities linked in this triumvirate.

The Committee received public input from various stakeholders. According to the provider network representative, the coordination of effort and lines of communication closed in 2012.²⁹ Frequent executive director turnover at the Department on Aging and subsequent policy changes, were identified as the disrupting factors.³⁰ During testimony an AAA representative similarly acknowledged communication could be better.³¹ Agency leadership acknowledged the benefits of meeting regularly with AAAs and members of the provider network to improve general communication.³² The implementation of a formal meeting, at least quarterly, is recommended by a member during testimony.³³ The agency's leadership acknowledged the importance of meeting more

regularly and stated support for the implementation of a quarterly meeting.³⁴

RECOMMENDATION #2

Implement and provide mandatory strategic planning training, for all AAA senior executives, annually and assess director knowledge of strategic planning theory and processes prior to each four-year area plan submission.

Strategic planning provides clarity, direction, and intentional assignment of resources to achieve a predetermined course for an organization's success. The development and implementation of a strategic plan requires training, experience, and awareness of the current environment and evolution of markets and technologies likely to impact the services and operations of the organization. The Department on Aging, as the federally designated state unit on aging, is tasked with evaluating service and program delivery systems for populations identified in the Older Americans Act.³⁵

The Department on Aging is the primary resource for AAAs with respect to training, administrative support, and general education.³⁶ The *South Carolina State Plan on Aging 2021-2025* relies on the AAAs ability to understand and manage processes specific to strategic planning. These processes include, gathering data from the public, completing a needs assessment, and synthesizing that data to assist with the development of the Department on Aging's state strategy.³⁷

The Department on Aging has developed a training program for new AAA directors and staff to educate them regarding programs, services, and administrative processes.³⁸ Since the agency already has a training

framework in place, the implementation of annual strategic planning training, as a standard training process, may seamlessly integrate into their existing training regimen.

COLLABORATION

RECOMMENDATION #3

Collaborate with appropriate state and local government agencies to promote participation in the U.S. Census Bureau's decennial United States census and the American Community Survey, to improve the accuracy of the population counts and enhance the state's ability to receive accurate funding from the Administration for Community Living, which uses census data to calculate funding allotments for senior services under the purview of the Department on Aging.

According to the agency's mission statement, meeting the present and future needs of the state's seniors and vulnerable adults is foundational in its commitment to offer programs and services through advocacy, planning, and development of partnerships across public and private sector constituencies. This duty to the state's seniors includes an effort to ensure accuracy of the decennial census.³⁹ The allocation of federal funding, which supports hospitals, infrastructure, nutrition assistance, and Medicaid, for example, all affect and impact the state's seniors.⁴⁰ The agency's collaboration with General Assembly and relevant state and local government agencies in census planning and communication efforts will improve census data collection, and subsequent federal funding distribution, which will benefit seniors.

RECOMMENDATION #4

Collaborate with appropriate state agencies (e.g., South Carolina State Housing Finance and Development Authority (SC Housing), Department of Social Services, etc.), local and municipal governments, associated counterparts (e.g., South Carolina Association of Counties, Municipal Association of South Carolina, etc.), and other pertinent stakeholders, to develop a strategic plan for senior home modification. The plan should include an assessment of senior home modification need by county, projected costs associated with the

modifications, identification of revenue sources to support modifications (e.g., grants, state and federal funds, etc.), evaluation of available contractors, and a timetable for implementation of the plan. The report must be submitted to the Committee within one year of the Committee's issuance of the study and added as an addendum to the State Plan on Aging 2021-2025.

Creating an environment that allows seniors to remain in their homes to age in place is central to curbing costs and keeping seniors healthy longer. A catalog of services provided by the Department on Aging, such as nutritional services, family caregiver support, and the State Health Insurance Plan (SHIP), create a range of supports that prevent seniors from being institutionalized in costly nursing facilities. The condition of a senior's home can be an indicator of whether they will be safe to age in place. Fall hazards, deteriorating infrastructure, and ease of egress, may create conditions which require a senior to leave their home.⁴¹ The U.S. Department of Housing and Urban Development awarded the Department on Aging a \$1 million grant to address home modification needs for seniors in designated counties at a cap of \$5,000 per home.⁴² HUD's Older Adult Home Modification Program (OAHMP) is designed to assist experienced nonprofit organizations, state and local governments, and public housing authorities in undertaking comprehensive programs that make safety and functional home modifications and limited repairs to meet the needs of low-income elderly homeowners.⁴³ The goal of the home modification program is to enable low-income elderly persons to remain in their homes through low-cost, low barrier, high impact home modifications to reduce older adults' risk of falling, improve general safety, increase accessibility, and to improve their functional abilities in their home.⁴⁴ Aging in place provides seniors independence, but also lessens the burden on an institutional system dependent on direct care workers, of which there is a worker shortage.⁴⁵

Aging Network

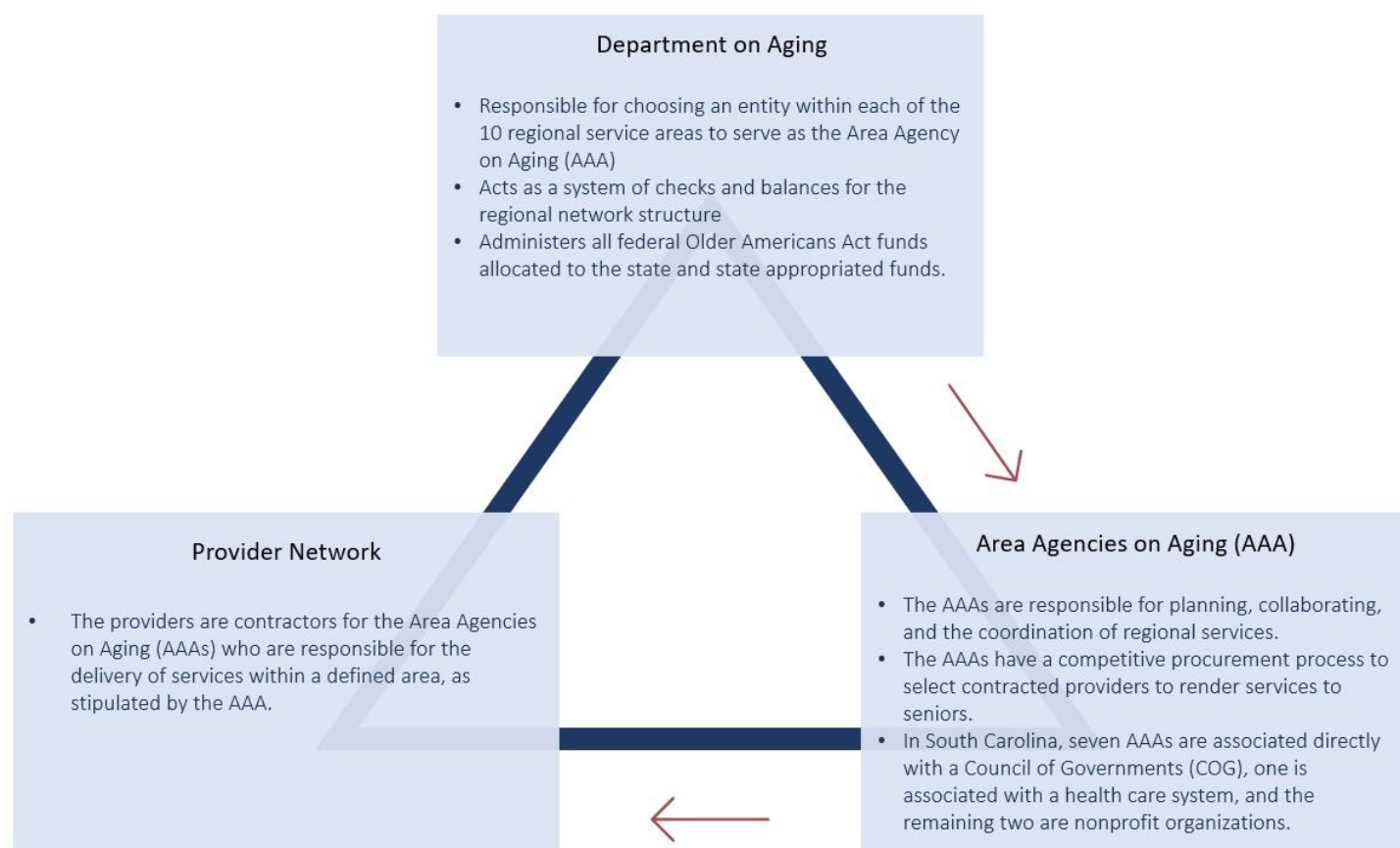


Figure 4. Aging Network organizational chart.

The Department on Aging is not the only organization working to address issues specific to home modification and senior independence.⁴⁶ A patchwork of service providers operate without any centralized governance or coordinated effort. This lack of collaboration may stunt the growth and development of an organizational system capable of providing services to meet the needs of all qualifying seniors across the state. The Department on Aging, as the designated State Unit on Aging, should act as a facilitator for the development of a strategic senior home modification program that can articulate the needs of the state's seniors, create accountability within the home modification network, and track outcomes. Agency staff should work with appropriate state agencies (e.g., South Carolina State Housing Finance and Development Authority (SC Housing), Department of Social Services, etc.), local and municipal governments, associated counterparts (e.g., South Carolina Association of Counties, Municipal Association of South Carolina, etc.), and other pertinent stakeholders, to develop this plan.

RECOMMENDATION #5

Engage the Department of Administration's Division of State Human Resources for assistance developing and implementing online eLearning and training modules to evaluate internal staff and AAA staff knowledge and understanding of agency policies, procedures, programs, and initiatives.

The services provided by the Department on Aging and the AAAs, require knowledgeable staff capable of effectively communicating information to seniors, families, and other stakeholders. According to agency staff testimony, all staff are required to attend trainings.⁴⁷ Additionally, agency leadership noted their responsibility to ensure AAA staff are trained and know how to do their jobs efficiently and effectively.⁴⁸

The Department of Administration's Division of State Human Resources (State HR) provides a variety of course offerings that can supplement internal agency training.⁴⁹ State HR has the expertise to develop general

trainings for state agencies and should be utilized by the Department on Aging to consult on the development of internal and external training programs and associated training platforms.

The agency's training footprint extends across the entire state. There are 10 AAAs responsible for providing services to seniors in 46 counties.⁵⁰ An efficient and comprehensive training program requires multiple training platforms and flexibility. Online trainings, in-person trainings, and eLearning training modules, are examples of training platforms. A portfolio of training options should be available to ensure ease of access and maximization of staff productivity.

Agency leadership should work with State HR to develop a training strategy that establishes training objectives, defines the appropriate audience, identifies the appropriate content, and uses the most effective training platform.

RECOMMENDATION #6

Partner with the state's workforce development agencies to address limited provider capacity, with the intent to increase the availability of services AAAs can provide seniors in rural and underserved areas of the state.

The state's AAAs provide a variety of services to seniors and families as associated constituencies. The portfolio of services vary by AAA as service availability is contingent upon the diversity of services provided by local area service providers. The ability of AAAs to find and contract with providers does not mean immediate access for seniors seeking services. If services are available, consumers may encounter waiting lists before they are able to access those services. Agency

State Human Resources Course Offerings	
	Advanced Supervisory Practices
	Anti-Harassment Course
	Customer Service
	DiSC Assessment
	Effective Communication in the Workplace
	Emotional Intelligence
	Facilitation
	Myers Briggs Type Inventory (MBTI)
	Performance Management
	Process Improvement
	Skills for High Performing Teams

Figure 5. Examples of State Human Resources Course Offerings offered on Department of Administration website.

representatives identified service capacity, or the ability to scale up and hire qualified service providers, as the most significant issue affecting waiting lists.

The Department on Aging has acknowledged the availability of funding to support increased provider capacity. Assisting the development of services specific to the senior population may lend to the increased availability of service providers. The U.S. Census Bureau projects that South Carolina will be home to 1.1 million people ages 65 years and older, potentially propelling South Carolina to a ranking of 15th in the nation for the percentage of residents over 65 years of age.⁵¹ The agency should work collaboratively with the state's workforce

development agencies (e.g., Department of Employment and Workforce, Department of Commerce, etc.) to identify opportunities to support private sector growth in the senior services sector.

RECOMMENDATION #7

Partner with the South Carolina Institute of Medicine & Public Health and other associated stakeholders to develop a communication strategy designed to educate and inform policymakers regarding the challenges associated with the state's direct care workforce and its impact on the senior population.

A stagnant direct care workforce is causing a disruption in services and support for the state's existing senior population.⁵² Data provided in the latest census identified South Carolina as the 10th fastest growing state. In 2020, the population of persons 60 and older was 1,190,310.⁵³ This population subcategory is expected to grow to 1,575,790, by 2030, which

South Carolina Direct Care Worker Employment, 2010-2020

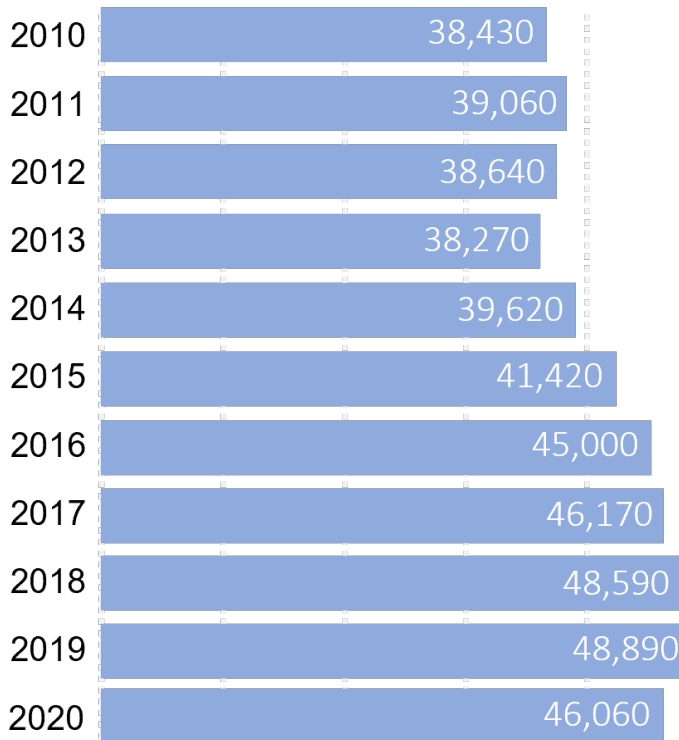


Figure 6. South Carolina Direct Care Worker Employment data taken from South Carolina Institute of Medicine and Public Health.

represents a 32% increase.⁵⁴ An increasing senior population needs a corresponding increase in the availability of direct care workers. The absence of this workforce will cause significant challenges for an already strained senior support services sector.

The South Carolina Institute of Medicine and Public Health (IMPH), a nonpartisan, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina, in partnership with the South Carolina Department on Aging (SCDOA), released a taskforce report: The Direct Care Workforce in Long-Term Care Settings: Recommendations for Recruitment and Retention in June of 2022.⁵⁵ The report provides several recommendations, which need to be effectively communicated to policymakers.

Effectively communicating the issues impacting the direct care workforce and illustrating the broader impact these issues have on the state, is essential to the agency's mission to meet the present and future needs of seniors. The agency has worked closely with the South Carolina Institute of Medicine & Public Health, as well as other similarly oriented stakeholders, in the production of reports and research. A more developed focus as other issues compete for bandwidth and policymakers' political capital.

Direct Care Worker Employment Compared to the Growing Senior Population: 65 and older, 2014-2035

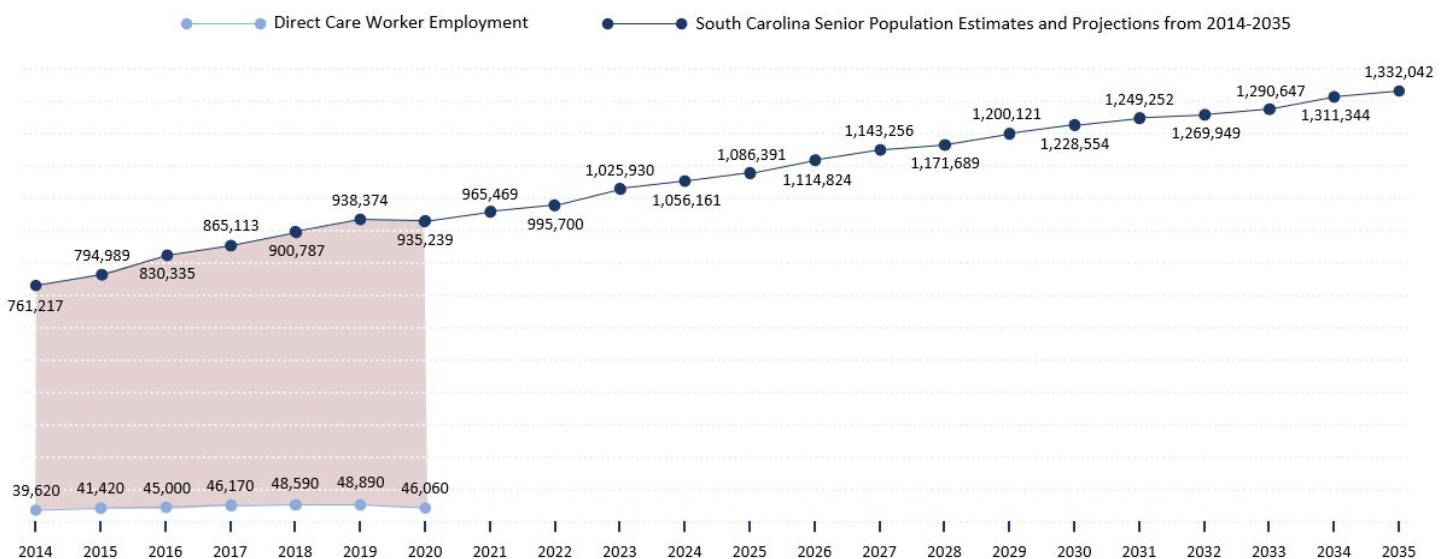


Figure 7. Direct Care Worker Employment compared to the South Carolina Senior Population Estimates and Projections form 2014-2035.

RECOMMENDATION #8

Engage the Division of Procurement Services for assistance reviewing the agency’s enabling statutes to determine if regulations specific to the South Carolina Consolidated Procurement Code have been implemented and are practiced according to state law at the Area Agencies on Aging. A report of findings should be submitted to the Committee six months after publication of the Committee’s report.

The Area Agencies on Aging receive state and federal funding to support and provide services to seniors across the state. The AAAs utilize these funds to procure a variety of services which are delivered by local providers. According to agency staff, AAAs are not permitted to be the direct provider of services.⁵⁶ Meals, transportation services, and lawn care are a few examples of these contracted services. The process for making these contracts varies by AAA as the Department of Aging does not have authority to oversee the process.⁵⁷ How the AAAs procure these services may be governed, to some extent, by the South Carolina Consolidated Procurement Code.

According to agency staff, the AAAs are responsible for competitively procuring contract providers at the most efficient price point.⁵⁸ The South Carolina Consolidated Procurement Code may apply to the AAAs, and if so, would bring standardization to a varied process across the 10 AAAs. Seeking input from the Division of Procurement Services, regarding the agency and AAAs responsibility with respect to the procurement code, will provide needed clarification to this process.

RECOMMENDATION #9

In coordination with the South Carolina Advisory Council on Aging, and other senior services stakeholders, complete a study to determine the efficacy of developing a 501(c)(3) nonprofit organization whose purpose is to create an endowment to support and sustain the Eldercare Trust. The report should be submitted to the Committee within one year of the Committee’s issuance of the study.

The General Assembly created ElderCare Trust Fund in 1992 to support programming designed to help seniors

maintain independence in their homes and lead productive lives.⁵⁹ A senior capable of managing themselves in their home with the proper supports in place, may avoid nursing facilities or similar care environments. Since its establishment in 1992, the Fund has awarded over \$420,000 to more than 32 non-profit organizations statewide.⁶⁰

According to agency staff testimony, the Eldercare Trust Fund is funded through donations made by taxpayers.⁶¹ South Carolina taxpayers have the option to donate to the trust fund via their state income tax form or by writing and submitting a check to the Eldercare Trust Fund by mail.⁶² These contribution methods have resulted in approximately \$14,000 in contributions annually. Considering the needs of seniors across the state, this level of annual funding is not sufficient. Agency staff have made efforts to develop innovative ways to drive contributions to the trust fund and create general awareness of contribution opportunities.⁶³

Agency staff should consider endowment funding strategies implemented at other state agencies. These endowments offer members of the public a multitude of giving options. Examples of donation options include the following: vehicle and real estate donations, planned giving, appreciated securities, and IRA charitable rollovers.⁶⁴

The Department on Aging, in coordination with the South Carolina Advisory Council on Aging and other senior services stakeholders, should investigate the feasibility and efficacy of developing a 501(c)(3) nonprofit organization whose purpose is to create an endowment to support and sustain the Eldercare Trust Fund.

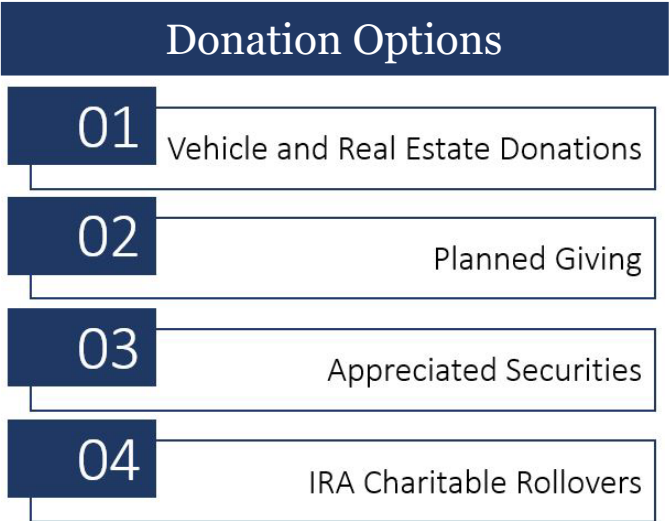


Figure 8. Examples of donation options used by other state agencies. 14

EFFECTIVENESS

RECOMMENDATION #10

Conduct a study to determine if the existing planning and service area model promotes the most efficient distribution of programs and services for the state's senior population. The report should include analysis of demographic trends, socioeconomics, county contiguity, availability of healthcare resources, transportation accessibility, and available provider services. The study should note support for the existing model or provide recommended amendments to the model for consideration. The report must be submitted to the Committee within one year of the Committee's issuance of the study and added as an addendum to the State Plan on Aging 2021-2025.

Congress passed the Older Americans Act (OAA) in 1965 to address policy concerns specific to the welfare of the country's senior population.⁶⁵ Implementation of OAA would require a consistent framework for assessment, evaluation, and distribution of funds and associated programs and services. In 1969, Governor Robert E.

McNair signed an Executive Order dividing the state into 10 planning and service districts.⁶⁶ A single sub-State district plan was implemented to provide a uniform map for state officials to reference for the purpose of planning and development across the state.⁶⁷ Agency staff, when asked how and when these districts were formed, stated they did not have any internal records to affirmatively answer the question.⁶⁸

The distribution of counties, within the 10 planning and services areas, may have adequately addressed the state's senior population in 1969, but after 54 years of demographic shifts and socioeconomic change, reevaluation of the districts is warranted.⁶⁹ According to agency leadership, the Department on Aging, and state leadership, is responsible for dividing the state into planning and service regions.⁷⁰ As the state entity charged with the implementation of the OAA, the Department on Aging should make recommendations regarding the efficacy of existing district organization.⁷¹ Agency leadership should conduct a formal evaluation to determine if existing planning and service districts should be reorganized.

EFFICIENCY

RECOMMENDATION #11

In coordination with the Department of Administration's Division of State Human Resources, evaluate the merits of consolidating the agency's volunteer recruitment responsibilities under the Human Resources division. This division would be responsible for developing a volunteer recruitment strategy for the Vulnerable Adult Guardian ad Litem program, Long-Term Care Ombudsman Program, and State Health Insurance Program.

The Department on Aging's Long Term Care Ombudsman Program (LTCOP), Vulnerable Guardian ad Litem Program, and State Health Insurance Program depend on volunteers to provide essential services to seniors across the state. The Vulnerable Adult Guardian ad Litem program, per the South Carolina Omnibus Adult Protection Act, advocates for vulnerable adults ages 18 and older.⁷² The LTCOP advocates for persons who are in long-term care facilities.⁷³ Additionally, LTCOP helps to address issues related to quality of care and quality of life.

“The LTCOP program is currently operating with 6 FTEs and 55 program volunteers. To adequately provide services across the state, the program needs a total of 663 volunteers.”

According to agency staff, internal efforts are made to provide volunteers with an exceptional volunteer experience.⁷⁴ These efforts may yield a return, as agency staff point to their comprehensive recruitment and training regimen, but more volunteer manpower is needed.⁷⁵ According to information provided by the agency, the Guardian ad Litem Program has 34 volunteers for a 46-county service area.⁷⁶ The LTCOP program is currently operating with 6 FTEs and 55 program volunteers.⁷⁷ To adequately provide services across the state, the program needs a total of 663 volunteers.⁷⁸ Agency staff did state efforts to increase volunteers is an active goal for the agency.⁷⁹

Agency staff, for both the Guardian ad Litem Program and the LTCOP, mentioned the agency has designated an employee, within each program, to specifically recruit volunteers.⁸⁰ Given the significant need for volunteers, agency leadership should evaluate all options, including changes within their recruitment infrastructure. The Department of Administration's Division of State Human Resources is central location for expertise regarding recruitment and human resources processes. Agency leadership should seek their input regarding volunteer recruitment and internal recruitment infrastructure.

RECOMMENDATION #12

Evaluate the feasibility and advantages of developing a marketing and communications division responsible for building the agency's brand recognition; assisting AAAs with developing marketing strategies; establishing relationships with senior centric non-profit organizations, healthcare systems, physician practices, pharmacies, other related healthcare professionals; and peripheral organizations that provide services to customers within the agency's core demographic constituency.

The Department on Aging was without a communications director for more than a year before recently hiring a new staff member to fill the vacancy.⁸³ The agency has utilized several forms of media to market specific programming (e.g., television radio, billboards, etc.), but acknowledged the agency does not have a marketing budget overseen by an internal marketing staffer.⁸⁴ Development of a marketing budget was identified as a priority for the agency's FY2023-2024 budget request.

The absence of a centralized division responsible for creating a cohesive marketing strategy for the agency has pushed this responsibility down to the program staff. These staff are well trained and considered experts within their program areas but are not experts in marketing or marketing related theory.

Awareness of services provided by the Department on Aging and AAAs is essential to the welfare of seniors and families across the state. Brand awareness is a key component to the overall effectiveness of the agency as consumers unfamiliar with their services are less likely to look to the agency for assistance. Agency personnel acknowledged the need to better inform seniors and their families of service provided by the Department on Aging and the AAAs.⁸¹ Staff further stated that many constituents, upon learning about these services, respond with relative surprise and indicate these services as the "best kept secret".⁸²

As agency leadership considers a plan to increase awareness of the agency, and its programs and services, consideration should be made with respect to the development of a division specifically responsible for marketing and communications initiatives.

RECOMMENDATION# 13

Request a formal written response from each AAA regarding the efficacy of requiring Information and Referral/Assistance (I&R/A) certification for all AAA staff.

Information and Referral/Assistance specialists link seniors, families, and other stakeholders, with appropriate aging and disability resources provided regionally throughout the state.⁸⁵ Each AAA is required to have one certified information and referral specialist on staff to assist constituents. These certified staff are well versed in senior services, which limits the necessity to transfer or handoff customers.

To become a certified specialist, staff must attend a class to learn inner workings of the senior network and pass a test to prove proficiency.⁸⁶ Staff must renew their certification every two years through required trainings.⁸⁷ According to an agency staffer, during her time as a AAA director she required most of her team to obtain certification.⁸⁸ Staffs of smaller AAAs require broader knowledge of programs and services as specialization is a luxury of large staff run organizations.

The more knowledgeable staff become with respect to senior services, the less likely poor or inaccurate information will be provided to customers. The provision of accurate information empowers seniors, families, and stakeholders and gives them the ability to make informed decisions.

TRANSPARENCY

RECOMMENDATION #14

Conduct an annual survey of AAAs, and their associated governing bodies, to gauge satisfaction with the Department on Aging and to solicit input regarding opportunities for improvement.

Public testimony, given by a AAA representative, noted the opportunity for improved communication between the agency and AAAs.⁸⁹ The agency, as the federally designated entity responsible for implementing federal policy at the state level, provides funding and administrative support to the 10 AAAs across the state.⁹⁰ Since AAA staff require support, training, and guidance from the agency, the customer service provided by agency staff should be evaluated to identify opportunities for improvement.⁹¹

According to agency staff, the agency has never conducted a survey to gauge satisfaction or receive feedback from AAAs.⁹² Agency staff did acknowledge their willingness to develop a process to collect feedback to identify areas of improvement.⁹³

RECOMMENDATION #15

Request the Office of the State Inspector General conduct an employee satisfaction survey. Agency leadership must report survey findings to the Committee and include an action plan to address identified opportunities for improvement. The survey must be conducted within one year of approval of the study report, and the results provided to the committee. Subsequent employee satisfaction surveys should be conducted every two years.

This recommendation requests the agency utilize the experience and expertise of the State Inspector General's Office (SIG) to survey employee morale. The SIG office has partnered with the Committee in prior studies to provide this human resource information at

The Department on Aging has the authority to require AAA staff become certified I&R/A specialists. While this authority can be used at the discretion of agency leadership, obtaining feedback from the AAAs regarding a proposed requirement for all staff to become I&R/A certified is recommended.

no cost to the participating agency. The SIG office's independence as a third party may mitigate any employee concern regarding the anonymous nature of the survey and its results. Agency leadership is disadvantaged if unaware of challenges or systemic issues within the agency.

Agency personnel did state use of employee satisfaction reviews has been a tool utilized by the agency.⁹⁴ The results of these surveys are addressed with the agency director and the appropriate divisional head.⁹⁵ The agency should compare the results of its own internal employee satisfaction reviews to data provided by the SIG through their independent assessment.

RECOMMENDATION #16

Develop performance metrics and associated targets to assess internal operations and external agency programming and services.

The Department on Aging manages several programs and services mandated by the Older Americans Act or governed by parameters set forth in the terms of grant awards. It was noted, during agency testimony, that agency programs and services did not have defined performance targets.⁹⁶ Performance targets, as a tool, provide objective measures to determine success or failure of tactics implemented to achieve goals, assist with communication within and across teams, and create accountability. The absence of performance measures prevents agency leaders and teams from understanding what works, what needs to change, and which staff are the highest performing.

During the study, agency staff acknowledged the necessity for the development of performance targets.⁹⁷ Historically, agency program data was aggregated to support resource allocation and for reporting purposes.⁹⁸ These data points were not targets but

Department on Aging Programs and Initiatives

Alzheimer's Resource Coordination Center (ARCC)	Legal Assistance for Seniors
ElderCare Trust Fund	Medicare and Medicare Fraud
Evidence-Based Disease Prevention and Health Promotion	Long Term Care Ombudsman
Family Caregiver Support	Senior Centers
Geriatric Loan Forgiveness	Senior Community Service Employment Program
Healthy Connections Prime Ombudsman	SC Vulnerable Adult Guardian Ad Litem

Figure 9. List of Department on Aging Programs and Initiatives listed on their website.

instead represent volume of activity for programs and services. Service volume as a lone date point cannot provide agency leadership, or governing authorities, any real sense of how well the agency is performing. Agency staff stated efforts are underway to set and define meaningful targets to objectively measure internal and external agency strategic goals and initiatives.⁹⁹ The Committee recommends agency leadership develop and implement performance targets as a standard practice for all services and programs.

RECOMMENDATION #17

Conduct a study of AAA service delivery waiting lists. The study should include the following: factors contributing to the waiting list population, average time seniors remain on waiting list before receiving services, number of seniors who voluntarily removed themselves from waiting lists or died before receiving services, and solutions to reduce or mitigate factors contributing to waiting lists. Submit a report to the Committee one year after approval of the Committee's study.

According to agency staff testimony, the Department on Aging within the last two years, has been working to develop a mechanism for tracking waiting lists.¹⁰⁰ Prior

to this effort, the agency did not track this data. Agency staff further stated that all services currently have waiting lists.¹⁰¹ These services include the following: chore assistance, group dining, home delivered meals, homemaker services, minor home repair, personal care, and transportation. Through May of FY2022-2023, 6,488 people were put on the waiting list, and 3,092 people were taken off the waiting list.¹⁰² Agency staff noted that they do not know how long a person is on a waiting list before receiving services, but they do track the reason why people come off the list.¹⁰³ Agency staff identify several examples, such as loss of interest in the service, institutionalization, death, and acceptance into a Medicaid waiver program.¹⁰⁴

A comprehensive study of waiting lists should be conducted for informational and strategic purposes. Issues to consider during the investigation include the following: factors contributing to the waiting list population, average time seniors remain on waiting list before receiving services, number of seniors who voluntarily removed themselves from waiting lists or died before receiving services, and solutions to reduce or mitigate factors contributing to waiting lists. This information may provide agency leadership performance target options and lend to the more effective management of waiting lists.

AAA Services with Waiting Lists



Figure 10. List of AAA services that have waiting lists.

MODERNIZATION OF LAWS

RECOMMENDATION #18

The Committee recommends the General Assembly consider adding the Director of Veterans' Affairs to the Long-term Care Council as a voting member and removing obsolete agency name references and references to the Lieutenant Governor by amending S.C. Code Section 43-21-130, as proposed by the Department on Aging.

The Long Term Care Council, per Section 43-21-120, is charged to work with the Department on Aging on the coordination of programs related to the field of aging and to advise and make pertinent recommendations.¹⁰⁵ The Long Term Care Council has been suspended via proviso for a more than 18 years. This precedes the agency's move to the Lieutenant Governor's Office and subsequent move to the governor's cabinet.¹⁰⁶

Agency leadership seeks to reconstitute the council and add the Director of Veterans' Affairs to list of agencies statutorily assigned to the council.¹⁰⁷ The Governor's Office, which directly oversees the agency, received notice of agency leadership's intent regarding the council and is favorable to their efforts to end the suspension.¹⁰⁸

RECOMMENDATION #19

The Committee recommends the General Assembly consider adding language to align state law with federal regulations, specific to reporting of

resident-identifying information without the resident's consent, which precludes mandated reporting of suspected abuse, by amending S.C. Code Section 43-35-25, as proposed by the Department on Aging.

Agency staff testimony recommended language, regarding reporting of suspected abuse, neglect, or exploitation of a vulnerable adult, to align S.C. Code Section 43-35-25 with federal regulations governing the Long Term Care Ombudsman Program. Federal regulations require ombudsman to receive informed consent from a vulnerable adult prior to reporting suspected abuse, neglect, or exploitation.¹⁰⁹ The existing statute does not provide such an accommodation.

RECOMMENDATION #20

The Committee recommends the General Assembly consider adding language to increase the Geriatric Physician Loan Forgiveness Program award amount by amending S.C. Code Section 43-21-200, as proposed by the Department on Aging, and amended by the Committee.

According to agency leadership, the Geriatric Loan Forgiveness Program has awarded over \$840,000 to more than 27 geriatric physicians and psychiatrist.¹¹⁰ Additionally, agency staff confirmed that all program participants still practice in South Carolina.¹¹¹ Agency leadership seeks to increase the \$35,000 award amount to \$50,000. The award amount has not been increased

since ratification of the loan forgiveness program via Act No. 165 of 2005. Agency staff made note that the medical debt experienced by some participants of the program has ranged from \$250,000 to \$300,000.¹¹²

RECOMMENDATION #21

The Committee recommends the General Assembly consider updating the agency name in S.C. Code Section 43-35-310(A)(2)(b), as proposed by the Department on Aging.

S.C. Code Section 43-35-310(A)(2)(b) identifies the Department on Aging as the Division on Aging. The Lieutenant Governor does not appoint members to the Long Term Care Council as that duty belongs to the governor. The proposed amendment also provides further direction regarding the sharing of information between members of the Long Term Care Council and the development of a system to facilitate this exchange of information.

RECOMMENDATION #22

The Committee recommends the General Assembly consider updating the updating the agency name in S.C. Code Section 40-25-40(C), as proposed by the Department on Aging.

S.C. Code Section 40-25-40(C) identifies the Department on Aging as the Commission on Aging. Agency staff seek to amend the statute to properly reflect the name of the agency.

RECOMMENDATION #23

The Committee recommends the General Assembly consider removing the Department on Aging, from S.C. Code Section 51-3-60, and adding approved forms of identification accepted by state park administrators, for free access of certain state park facilities, by aged, blind, or disabled; and disabled veterans, as proposed by the Department on Aging.

The Department on Aging, per S.C. Code Section 51-3-60, is identified as the approving authority for identification cards verifying a resident is over sixty-five

years of age or disabled or legally blind as defined in S.C. Code Section 43-25-20 and may use any facility of a state park except campsites, overnight lodging and recreation buildings without charge. The amendment also identifies approved forms of identification. Agency staff testified that the Department of Parks, Recreation, and Tourism is in favor of the amendment.

RECOMMENDATION #24

The Committee recommends the General Assembly consider amending S.C. Code Section 44-36-330, to add a representative from the House Ways and Means Committee and Senate Finance Committee to the Alzheimer's Disease and Related Disorders Resource Coordination Center advisory council.

Agency staff identified Alzheimer's disease and dementia as a public health crisis and anticipate a huge impact on the state in the next 10 years.¹¹³ At least 11% of South Carolina's 65 or older population has Alzheimer's or related dementia.¹¹¹The Alzheimer's Disease and Related Disorders Resource Coordination Center advisory council consists of state agencies and other stakeholders operating in the Alzheimer's disease and dementia ecosystem.

Over 95,000 people living in SC have Alzheimer's, with an expected 26.3% increase by 2025. Further, in 2020, Medicaid costs for South Carolinians with Alzheimer's amounted to \$652 million — and those costs are expected to increase 25% in just four years.¹¹⁴ The financial costs associated with Alzheimer's Disease and dementia related diseases may require significant investments from the state. As the advisory council does not have representation from the General Assembly, amending the statute to add members of the South Carolina House and Senate budget committees may contribute to more informed investments by the state.

SELECTED AGENCY INFORMATION

Department on Aging. "Program Evaluation Report (PER) – Complete Report (April 8, 2020; updated December 14, 2020)"

[https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Aging%20-%20PER%20-%20Full%20Report%20\(12.14.20\).pdf](https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Aging%20-%20PER%20-%20Full%20Report%20(12.14.20).pdf)

Department on Aging. "Restructuring and Seven-Year Plan Report, 2015."

<https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Aging%20-%202015%20Restructuring%20and%20Seven-Year%20Plan%20Report.pdf>

Department on Aging. "Agency Accountability Report, 2021-2022."

<https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/aar2022/L060.pdf>

Agency Strategic Planning Report (2021-2025)

https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/SC%20DOA%20State%20Plan%202021-2025_9.28.2021.pdf

ENDNOTES

¹ Figure 2 is compiled from information in the Department on Aging study materials available online under “Citizens’ Interest,” under “House Legislative Oversight Committee Postings and Reports,” and then under “Aging, Department on.” <https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyPHPFiles/OfficeonAging.php> (accessed August 14, 2023).

² S.C. House of Representatives, House Legislative Oversight Committee, “Meeting Packet (February 28, 2023),” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on” and under “Meetings and Agency Presentations” <https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Meeting%20Packet%202.28.23.pdf> (accessed August 14, 2023). See agency presentation slide 23. Hereinafter “Meeting Packet (February 28, 2023).”

³ February 28, 2023, [Minutes](#) and [Video](#). See video at 01:10:29-01:10:39

⁴ February 28, 2023, [Minutes](#) and [Video](#). See video at 00:53:02-00:53:26.

⁵ S.C. House of Representatives, House Legislative Oversight Committee, “Executive Order March 12, 1969,” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on” and under “Correspondence” <https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Executive%20Order%20March%2012,%201969.pdf>

⁵ Meeting Packet (February 28, 2023). See agency presentation slide 23.

⁶ S.C. House of Representatives, House Legislative Oversight Committee, “Letter from the Department of Archives and History,” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department of,” and under “Correspondence,” <https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/House%20Legislative%20Oversight%20Query-Dept.%20on%20Aging.pdf>. Hereinafter “Letter from the Department of Archives and History”.

⁷ S.C. House of Representatives, House Legislative Oversight Committee, “South Carolina State Plan on Aging/2021-2025 (accessed August 14, 2023),” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on” and under “Reports, Recommendations, and Implementation” https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/SC%20DOA%20State%20Plan%202021-2025_9.28.2021.pdf (accessed August 14, 2023). Hereinafter “South Carolina State Plan on Aging/2021-2025”

⁸ S.C. House of Representatives, House Legislative Oversight Committee, “Executive Order March 12, 1969 (accessed August 14, 2023),” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on” and under “Correspondence” <https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Executive%20Order%20March%2012,%201969.pdf> (accessed August 14, 2023) Hereinafter “Executive Order March 12, 1969”

⁹ Executive Order March 12, 1969”

¹⁰ June 19, 2023, Minutes and Video. See video at 01:47:36-01:47:45

¹¹ [South Carolina State Plan on Aging/2021-2025](#). See page 20.

¹² S.C. House of Representatives, House Legislative Oversight Committee, “Agency Response to Committee Letter (May 23, 2023),” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on” and under “Correspondence,”
<https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Subcommittee%20letter%20to%20SCDOA%205.23.23.pdf> (accessed August 15, 2023). See question 2. Hereinafter “Agency Response to Committee’s May 23, 2023, letter.”

¹³ June 19, 2023, Minutes and Video. See video at 01:50:15-01:50:22

¹⁴ U.S. Department of Labor <https://www.dol.gov/agencies/whd/direct-care/workers>

¹⁵ June 19, 2023, Minutes and Video. See video at 01:51:13-01:51:22

¹⁶ South Carolina Institute of Medicine & Public Health - The Direct Care Workforce in Long-Term Care Settings: Recommendations for Recruitment and Retention June 2022 <https://imph.org/wp-content/uploads/2022/06/IMPH-Direct-Care-Workforce-in-LTC-Settings-June-2022.pdf>. See page 3. Hereinafter “The Direct Care Workforce in Long-Term Care Settings: Recommendations for Recruitment and Retention June 2022”

¹⁷ June 19, 2023, Minutes and Video. See video at 01:51:22-01:51:31

¹⁸ June 6, 2023, Minutes and Video. See video at 04:05:16-04:05:26

¹⁹ June 19, 2023, Minutes and Video. See video at 01:48:31-01:48:36

²⁰ June 6, 2023, Minutes and Video. See video at 04:05:41-04:05:49

²¹ June 6, 2023, Minutes and Video. See video at 02:58:52-02:59:03

²² June 6, 2023, Minutes and Video. See video at 02:58:52-02:59:03

²³ 2023 to 2028 South Carolina Statewide Plan to Address Alzheimer’s Disease & Related Dementias (ADRD) https://scdhec.gov/sites/default/files/media/document/FINAL_SC%20Statewide%20Plan%20to%20Address%20ADRD_3.22.23.pdf. See page 10.

²⁴ 2023 to 2028 South Carolina Statewide Plan to Address Alzheimer’s Disease & Related Dementias (ADRD) https://scdhec.gov/sites/default/files/media/document/FINAL_SC%20Statewide%20Plan%20to%20Address%20ADRD_3.22.23.pdf. See page 10.

²⁵ 2023 to 2028 South Carolina Statewide Plan to Address Alzheimer’s Disease & Related Dementias (ADRD) https://scdhec.gov/sites/default/files/media/document/FINAL_SC%20Statewide%20Plan%20to%20Address%20ADRD_3.22.23.pdf. See page 10.

²⁶ 2023 to 2028 South Carolina Statewide Plan to Address Alzheimer’s Disease & Related Dementias (ADRD) https://scdhec.gov/sites/default/files/media/document/FINAL_SC%20Statewide%20Plan%20to%20Address%20ADRD_3.22.23.pdf. See page 11.

²⁷ February 28, 2023, Minutes and Video. See video at 00:36:23-00:36:37

²⁸ March 18, 2023, Minutes and Video. See video at 01:40:41-01:40:57

²⁹ February 28, 2023, Minutes and Video. See video at 00:14:22-00:14:35

³⁰ February 28, 2023, Minutes and Video. See video at 00:20:13-00:20:32

³¹ February 28, 2023, Minutes and Video. See video at 00:13:36-00:13:50

³² February 28, 2023, Minutes and Video. See video at 00:52:33-00:52:44

³² [March 4, 2023, Minutes and Video. See video at 00:14:37-00:15:02](#)

³³ February 28, 2023, Minutes and Video. See video at 00:54:33-00:54:50

³⁴ February 28, 2023, Minutes and Video. See video at 00:52:33-00:52:44

³⁵ February 28, 2023, Minutes and Video. See video at 00:33:08-00:33:22

³⁶ February 28, 2023, Minutes and Video. See video at 00:52:10-00:52:33

³⁷ February 28, 2023, Minutes and Video. See video at 00:44:14-00:44:44

³⁸ S.C. House of Representatives, House Legislative Oversight Committee, “Agency Response to Committee’s April 13, 2023, letter” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on” and under “Correspondence”
<https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Agency%20Response%20to%20Committees%20April%2013,%202023%20Letter.pdf>. See response to question 1. Hereinafter “Agency Response to Committee’s April 13, 2023, letter.”

³⁹ [South Carolina State Plan on Aging/2021-2025](#). See page 6.

⁴⁰ United State Census Bureau, “Why We Conduct the Decennial Census of Population and Housing”
<https://www.census.gov/programs-surveys/decennial-census/about/why.html#:~:text=The%20results%20of%20the%20census%20help%20determine%20how,share%20for%20schools%2C%20hospitals%2C%20roads%2C%20and%20public%20works.>

⁴¹ June 19, 2023, Minutes and Video. See video at 02:52:14-02:52:53

⁴² June 19, 2023, Minutes and Video. See video at 03:40:51-03:42:04

⁴³ U.S. Department of Housing and Urban Development, “Older Adult Homes Modification Program”,
https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps/oahmp?msdynttrid=JeuPy5mnjfu-TmjWVt6xWnXMb3Sd_nNTVAWZ_RQJCI. Hereinafter “Older Adult Homes Modification Program.”

⁴⁴ Older Adult Homes Modification Program.
https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps/oahmp?msdynttrid=JeuPy5mnjfu-TmjWVt6xWnXMb3Sd_nNTVAWZ_RQJCI.

⁴⁵ June 6, 2023, Minutes and Video. See video at 00:18:08-00:18:33

⁴⁶ June 6, 2023, Minutes and Video. See video at 03:55:33-03:56:55

⁴⁷ February 28, 2023, Minutes and Video. See video at 01:11:46-01:12:30

⁴⁸ February 28, 2023, Minutes and Video. See video at 00:52:10-00:52:33

⁴⁹ February 28, 2023, Minutes and Video. See video at 01:18:36-01:19:59

⁵⁰ February 28, 2023, Minutes and Video. See video at 00:37:16-00:37:30

⁵¹ South Carolina Department on Aging, “Alzheimer’s Resource Coordination Center (ARCC)”, <https://aging.sc.gov/programs-initiatives/alzheimers-resource-coordination-center-arcc>

⁵² June 19, 2023, Minutes and Video. See video at 01:50:33-01:51:04

⁵³ South Carolina State Plan on Aging/2021-2025. See page 20.

⁵⁴ [South Carolina State Plan on Aging/2021-2025](#). See page 105.

⁵⁵ The Direct Care Workforce in Long-Term Care Settings: Recommendations for Recruitment and Retention June 2022, <https://imph.org/wp-content/uploads/2022/06/IMPH-Direct-Care-Workforce-in-LTC-Settings-June-2022.pdf>

⁵⁶ February 28, 2023, Minutes and Video. See video at 01:34:11-01:34:24

⁵⁷ June 19, 2023, Minutes and Video. See video at 00:05:49-00:06:15

⁵⁸ February 28, 2023, Minutes and Video. See video at 00:47:19-00:47:37

⁵⁹ South Carolina Department on Aging. “Eldercare Trust Fund”. <https://aging.sc.gov/programs-initiatives/eldercare-trust-fund>. Hereinafter “Eldercare Trust Fund.”

⁶⁰ South Carolina Department on Aging Eldercare Trust Fund

⁶¹ June 6, 2023, Minutes and Video. See video at 03:17:17-03:17:24

⁶² South Carolina Department on Aging Eldercare Trust Fund

⁶³ June 6, 2023, Minutes and Video. See video at 03:19:44-03:19:51

⁶⁴ ETV Endowment of South Carolina. “More Ways to Give”. <https://www.etvendowment.org/about>

Note - The South Carolina Educational Television Commission (SCETV) is funded, in part, through the South Carolina ETV Endowment. This 501(c)(3) nonprofit offers members of the public a multitude of giving options. Examples of donation options include the following: vehicle and real estate donations, planned giving, appreciated securities, and IRA charitable rollovers. According to the endowment’s 2022 Annual Report, operating revenues totaled approximately \$10 million.

⁶⁵ Administration for Community Living. “Older Americans Act”. <https://acl.gov/about-acl/authorizing-statutes/older-americans-act>

⁶⁶ Letter from the Department of Archives and History

⁶⁷ S.C. House of Representatives, House Legislative Oversight Committee, “Executive Order March 12, 1969,” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Commerce, Department of,” and under “Correspondence,”
<https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Executive%20Order%20March%2012,%201969.pdf>

⁶⁸ February 28, 2023, Minutes and Video. See video at 00:50:11-00:50:30

⁶⁹ Letter from the Department of Archives and History

⁷⁰ February 28, 2023, Minutes and Video. See video at 00:37:16-00:37:26

⁷¹ February 28, 2023, Minutes and Video. See video at 00:33:08-00:33:22

⁷² April 18, 2023, Minutes and Video. See video at 00:15:33-00:15:42

⁷³ April 18, 2023, Minutes and Video. See video at 00:30:24-00:30:35

⁷⁴ April 18, 2023, Minutes and Video. See video at 00:16:12-00:16:17

⁷⁵ April 18, 2023, Minutes and Video. See video at 00:18:45-00:19:01

⁷⁶ April 18, 2023, Minutes and Video. See video at 00:23:33-00:23:46

⁷⁷ Agency Response to Committee’s May 23, 2023, letter. See response to question 23.

⁷⁸ Agency Response to Committee’s May 23, 2023, letter. See response to question 23.

⁷⁹ April 18, 2023, Minutes and Video. See video at 00:24:09-00:24:18

⁸⁰ April 18, 2023, Minutes and Video. See video at 00:55:03-00:55:12

⁸¹ June 6, 2023, Minutes and Video. See video at 04:15:03-04:15:26

⁸² June 6, 2023, Minutes and Video. See video at 04:15:20-04:15:27

⁸³ Agency Response to Committee’s May 23, 2023, letter. See response to question 4.

⁸⁴ Agency Response to Committee’s May 23, 2023, letter. See response to question 5.

⁸⁵ Tuesday, June 6, 2023, Meeting Packet. See slide 108.

⁸⁶ June 6, 2023, Minutes and Video. See video at 00:33:33-00:33:50

⁸⁷ June 6, 2023, Minutes and Video. See video at 00:33:33-00:33:50

⁸⁸ June 6, 2023, Minutes and Video. See video at 00:33:50-00:34:03

⁸⁹ April 4, 2023, Minutes and Video. See video at 00:14:37-00:14:55

⁹⁰ S.C. House of Representatives, House Legislative Oversight Committee, “Tuesday, February 28, 2023, Meeting Packet” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on,” and under “Correspondence,” <https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Meeting%20Packet%204.18.23.pdf> (accessed July 20, 2023). See page 21. Hereinafter “Tuesday, February 28, 2023, Meeting Packet.” See slide 7.

⁹¹ February 28, 2023, Minutes and Video. See video at 00:52:10-00:52:33

⁹² S.C. House of Representatives, House Legislative Oversight Committee, “Agency Response to Committee’s April 13, 2023, letter” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on,” and under “Correspondence,” <https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Agency%20Response%20to%20Committees%20April%2013,%202023%20Letter.pdf> (accessed July 20, 2023). See page 21. Hereinafter “Agency Response to Committee’s April 13, 2023, letter.” See response to question 8.

⁹³ Agency Response to Committee’s April 13, 2023, letter. See response to question 8.

⁹⁴ February 28, 2023, Minutes and Video. See video at 01:14:19-01:14:30

⁹⁵ February 28, 2023, Minutes and Video. See video at 01:14:19-01:14:30

⁹⁶ June 6, 2023, Minutes and Video. See video at 04:29:04-04:29:34

⁹⁷ June 6, 2023, Minutes and Video. See video at 04:29:35-04:29:53

⁹⁸ June 6, 2023, Minutes and Video. See video at 04:30:55-04:31:06

⁹⁹ June 6, 2023, Minutes and Video. See video at 04:31:06-04:31:53

¹⁰⁰ June 6, 2023, Minutes and Video. See video at 00:56:35-00:56:46

¹⁰¹ June 6, 2023, Minutes and Video. See video at 00:58:25-00:58:30

¹⁰² June 6, 2023, Minutes and Video. See video at 00:58:38-00:58:51

¹⁰³ June 6, 2023, Minutes and Video. See video at 01:00:16-01:00:24

¹⁰⁴ June 6, 2023, Minutes and Video. See video at 00:59:58-01:00:24 [03:21:23-03:21:33]

¹⁰⁵ S.C. Code Section 43-21-120

¹⁰⁶ S.C. House of Representatives, House Legislative Oversight Committee, “Tuesday, April 4, 2023, Meeting Packet” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on,” and under “Correspondence,” <https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Meeting%20Packet%202.28.23.pdf>. Hereinafter “Tuesday, April 4, 2023, Meeting Packet. See slide 55.

¹⁰⁷ April 4, 2023, Minutes and Video. See video at 01:15:27-01:15:33

¹⁰⁸ June 19, 2023, Minutes and Video. See video at 01:25:44-01:25:48

¹⁰⁹ June 19, 2023, Minutes and Video. See video at 01:32:02-01:32:22

¹¹⁰ June 6, 2023, Minutes and Video. See video at 03:21:23-03:21:33

¹¹ S.C. House of Representatives, House Legislative Oversight Committee, “Agency Response to Committee’s April 13, 2023, letter” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Aging, Department on,” and under “Correspondence,”
<https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/LtGovernorOfficeonAging/Agency%20Response%20to%20Committees%20April%2013,%202023%20Letter.pdf> (accessed July 20, 2023). See page 21. Hereinafter “Agency Response to Committee’s June 26, 2023, letter.” See response to question 8.

¹¹² June 6, 2023, Minutes and Video. See video at 03:21:08-03:22:08

¹¹³ June 6, 2023, Minutes and Video. See video at 04:04:31- 04:05:50

¹¹⁴ South Carolina Department on Aging, “Alzheimer’s Resource Coordination Center (ARCC),”
<https://aging.sc.gov/programs-initiatives/alzheimers-resource-coordination-center-arcc>