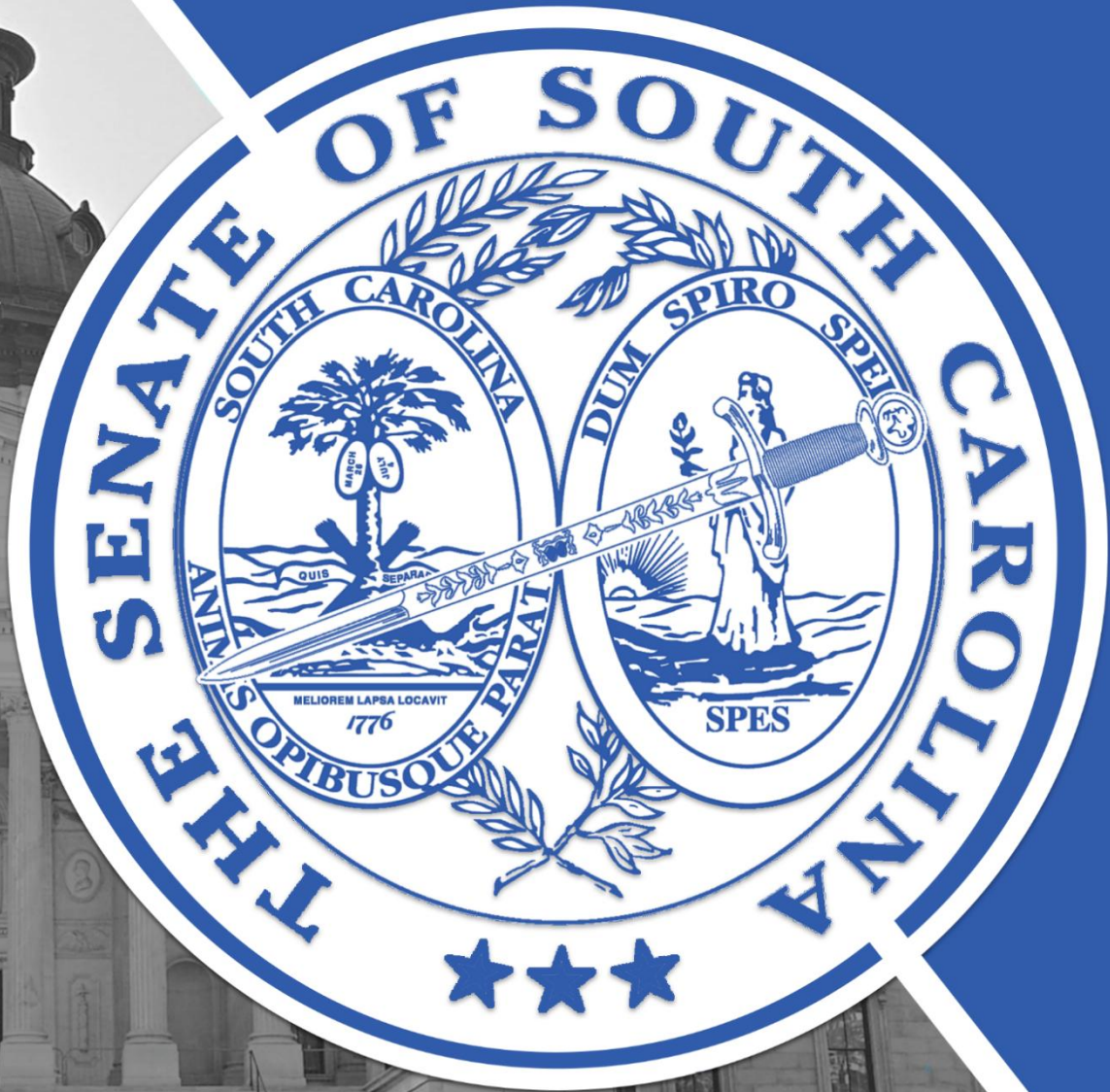


SOUTH CAROLINA SENATE
LEGISLATIVE OVERSIGHT
COMMITTEE



DEPARTMENT ON AGING
COMMITTEE REPORT
2026

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SOUTH CAROLINA SENATE LEGISLATIVE OVERSIGHT COMMITTEE

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AGENCY OVERVIEW

Organization

The South Carolina Department on Aging (SCDOA) was established by Act 261 of 2018, which elevated the former Office on Aging, under the direction of the Lieutenant Governor, to a cabinet level agency. SCDOA works to enhance the quality of life for older adults and individuals with disabilities by advocating for their needs and coordinating services in partnership with federal, state, and local entities. It develops statewide aging plans, oversees funding, and manages a network of 10 regional Area Agencies on Aging (AAAs), which deliver local services that support independence, community involvement, and aging with dignity. While SCDOA administers funding and provides oversight, AAAs are responsible for local service procurement.

The Director of the Department on Aging is appointed by the Governor with the advice and consent of the Senate. The Senate Family & Veterans' Services Committee has subject matter jurisdiction over the department.

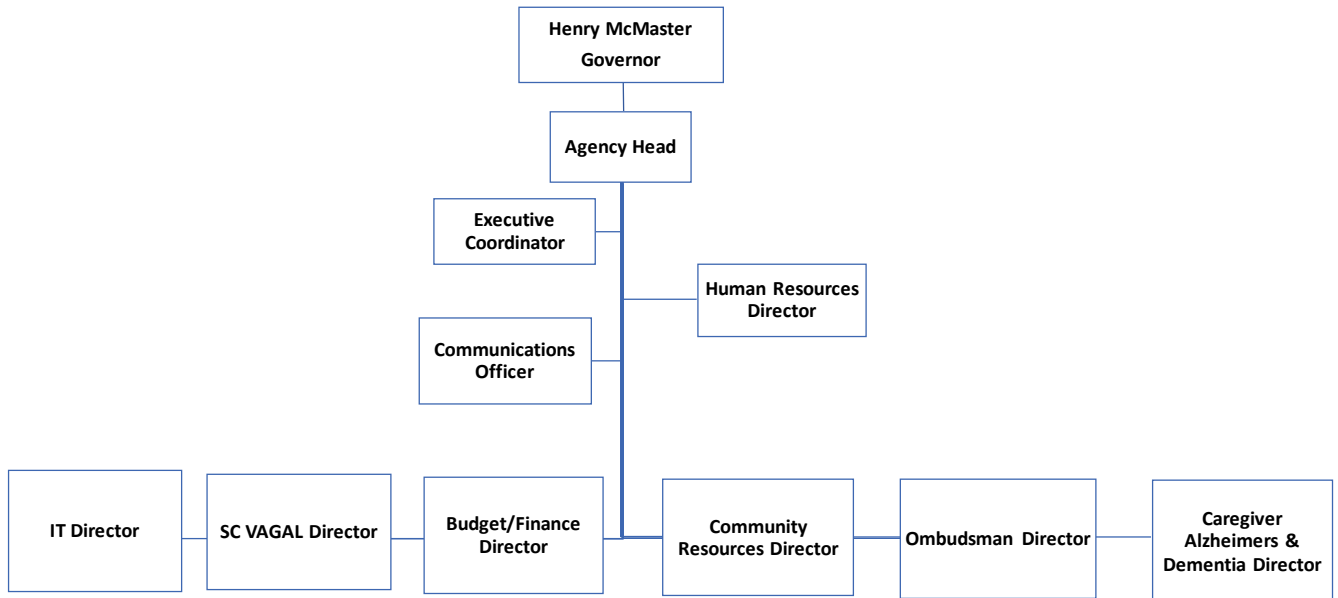


Figure 1- Dept. on Aging Organizational Chart

Caregivers and Alzheimer's Resource Division

This division was established in July 2021 to address the increasing needs of individuals living with Alzheimer's and related dementias, and family caregivers. It administers the Family Caregiver Support Program, including federal and state-funded respite and support services, and the Lifespan Respite Grant in partnership with the SC Respite Coalition to provide relief for caregivers across all ages. Additionally, the Alzheimer's Resource Coordination Center (ARCC), established by state law in 1994 and supported with dedicated staff since 2021, leads statewide efforts through a 29-member council and four subcommittees focused on caregiver support, care

quality, research, and public health. The ARCC also manages competitive community grants and collaborates with public health officials to implement the Statewide Alzheimer's Plan.

The division also oversees the Regional Dementia Care Specialist (DCS) program, initially funded by a temporary federal grant, the program has expanded statewide with nine (9) specialists. This initiative provides community education through programs like Dementia 101/201 and Dementia Dialogues, offers individual care consultations, and supports efforts to build dementia-friendly and faith-based community initiatives. This initiative is responding to growing demands from families seeking accessible care, education, and local resources.

Community Resources Division

The division works in partnership with Area Agencies on Aging (AAA), nonprofit and faith-based organizations, and federal and state agencies to deliver essential services to older adults, caregivers, and individuals with disabilities. Its programs include supportive services like transportation, homecare, and assessments (Title III-B), as well as employment training through the Senior Community Service Employment Program (SCSEP) for low-income seniors. Nutrition services are offered through congregate and home-delivered meal programs (Title III-C1 and C2), while Title III-D supports evidence-based health promotion. Insurance counseling is available through the State Health Insurance Program (SHIP), and the Senior Medicare Patrol (SMP) helps prevent healthcare fraud.

The division also manages a variety of specialized programs such as the Senior Center Permanent Improvement Project (PIP) grant for facility upgrades, the Eldercare Trust Fund supporting aging-in-place initiatives, and the Geriatric Physician Loan Forgiveness Program to attract geriatric specialists. The Home Stabilization Program reduces fall risks through targeted home modifications, supporting seniors to live safely at home. Additional efforts include faith-based outreach initiatives and the GetCareSC website, which connects residents to local aging services and resources across the state.

State Long Term Care Ombudsman Program

The State Long Term Care Ombudsman Program (LTCOP) serves as an advocate for residents of nursing homes, assisted living facilities, and other long-term care settings. Its mission is to protect residents' rights, ensure high-quality care, and resolve complaints made by or on behalf of residents. Ombudsmen educate residents, families, and staff on resident rights and good care practices, help develop resident and family councils, and work to influence policies that enhance residents' well-being. The program also ensures residents have access to ombudsman services, provides technical assistance, and offers public information about long-term care services, rights, and regulations.

Operating through a network of trained staff and volunteers at Regional Long Term Care Ombudsman Programs within the Area Agencies on Aging (AAA), the program monitors care facilities and advocates for residents' needs. It is legally authorized under South Carolina law to investigate complaints, access relevant documents and medical records without requiring patient authorization, and issue reports with recommendations. The ombudsmen maintain confidentiality unless written consent is given or a court order mandates disclosure. Overall, the program serves

as a vital safeguard for vulnerable individuals in long-term care, emphasizing advocacy, resident rights, and systemic improvement.

Vulnerable Adult Guardian ad Litem Program

The Vulnerable Adult Guardian ad Litem (VAGAL SC) Program was created in response to the 2010 amendment of Rule 608, which ended the appointment of attorneys as guardians ad litem (GALs) in Family Court cases involving vulnerable adults. Initially developed as a pilot program at the University of South Carolina, VAGAL SC became an official state program in 2014 under the South Carolina Office on Aging. Its mission is to advocate for the best interests of abused, neglected, and exploited vulnerable adults by recruiting and training volunteers to serve as court-appointed GALs in Family Court proceedings. These volunteers conduct impartial assessments, attend court hearings, and provide detailed reports to the court to safeguard the well-being of the vulnerable adults they represent.

The VAGAL SC program oversees all aspects of volunteer recruitment, training, supervision, and retention. Volunteers must meet specific age, education, training, and background check requirements, and are supported with ongoing education and recognition efforts. When volunteers are unavailable, VAGAL SC provides staff or contracts with attorneys to ensure continuous representation. Additionally, the program raises public awareness about elder abuse and the GAL role. In 2020, VAGAL SC established the SC Vulnerable Adult Fund to supply essential items and services—such as clothing, home furnishings, and electronics—to improve the lives of vulnerable adults. The fund has raised over \$30,000 to date, directly supporting the program’s mission to uphold dignity and well-being for those it serves.

Emergency Preparedness

The department plays an important role in statewide emergency preparedness, especially in support of older adults and individuals with disabilities. Working under the Governor's Executive Order and in coordination with the South Carolina Emergency Management Division (SCEMD), SCDOA supports Emergency Support Functions (ESFs) for Mass Care (ESF 6) and Public Information (ESF 15). Staff members are trained in emergency planning and actively participate in SCEMD-led trainings, council meetings, and simulation exercises. SCDOA also collaborates with the Administration for Community Living (ACL) and relies on state funding to disseminate emergency preparedness materials tailored to vulnerable populations.

A key initiative led by SCDOA is the Senior P.R.E.P. (Planning and Resources for Emergency Preparedness) program, which promotes proactive planning among older adults and individuals with disabilities. This program distributes educational brochures and conducts community outreach events, often in partnership with Walgreens and local agencies, to ensure access to emergency resources and expert guidance. At these events, participants receive materials, interact with emergency personnel, and learn about safety measures before, during, and after disasters. Through partnerships with the state’s ten Area Agencies on Aging and SCEMD, SCDOA aims to build resilience and ensure comprehensive emergency readiness across South Carolina’s aging population.

Area Agencies on Aging

There are ten Area Agencies on Aging (AAAs) in South Carolina that contract with providers to bring services to seniors:



Figure 2 - Area Agencies on Aging Map

Appalachian Area Agency on Aging / SC Appalachian Council of Governments – Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg

Upper Savannah Area Agency on Aging / Upper Savannah Council of Governments – Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda

Catawba Area Agency on Aging - Chester, Lancaster, York, and Union

Central Midlands Area Agency on Aging / Central Midlands Council of Governments - Fairfield, Lexington, Newberry, Richland

Lower Savannah Area Agency on Aging / Lower Savannah Council of Governments - Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg

Santee-Lynches Area Agency on Aging / Santee-Lynches Regional Council of Governments - Clarendon, Kershaw, Lee, and Sumter

Pee Dee Area Agency on Aging (Vantage Point) - Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro

Waccamaw Area Agency on Aging / Waccamaw Regional Council of Governments - Georgetown, Horry, and Williamsburg

Trident Area Agency on Aging - Berkeley, Charleston, and Dorchester

Lowcountry Area Agency on Aging / Lowcountry Council of Governments - Beaufort, Colleton, Hampton, and Jasper

Budget

Department on Aging FY 2025-26 Budget			
Program	General Funds	Other Funds	
		Earmarked Funds	Restricted Funds
ADMINISTRATION	\$2,335,016.00	\$555,197.00	
AGING ASSISTANCE	\$4,649,592.00	\$2,204,200.00	\$1,184,100.00
VULNERABLE ADULT GUARDIAN AD LITEM (VAGAL)	\$1,075,019.00		
STATE LONG TERM CARE OMBUDSMAN (LTCO)	\$1,277,159.00		
CAREGIVER & ALZHEIMERS RESOURCE DIV.	\$842,308.00		
HOME STABILIZATION PROG.	\$965,143.00		
STATE EMPLOYER CONTRIBUTIONS	\$1,336,387.00	\$90,000.00	
SUBTOTAL	\$12,480,624.00	\$2,849,397.00	\$1,184,100.00
Special Recurring Items:			
ALZHEIMERS	\$150,000.00		
GERIATRIC PHYSICIAN LOAN PROG.	\$35,000.00		
FAMILY CAREGIVERS	\$2,400,000.00		
SILVER HAIRD LEGISLATURE	\$15,000.00		
HOME AND COMMUNITY BASED SVCS.	\$20,972,000.00		
ALZHEIMERS RESPITE	\$900,000.00		
SUBTOTAL	\$24,472,000.00		
Non-recurring items:			
SUBTOTAL	-		
TOTAL	36,952,624.00	2,849,397.00	1,184,100.00

Figure 3 - FY 25-26 Agency Budget

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Positions

Department On Aging Positions			
Area	Filled	Vacant	Total
Administration			
Executive Director	1	0	
Classified FTE	27	13	
Unclassified FTE	0	0	
SUBTOTAL	28	13	41
Vulnerable Adult Guardian Ad Litem			
Classified FTE	8	4	
SUBTOTAL	8	4	12
State Long Term Care Ombudsman			
Classified FTE	5	2	
SUBTOTAL	5	2	7
Caregiver and Alzheimer Resource Division			
Classified FTE	8	1	
SUBTOTAL	8	1	9
Home Stabilization Division			
Classified FTE	1	1	
SUBTOTAL	1	1	2
No State Program (To Be Corrected)			
Classified FTE	0	3	3
SUBTOTAL	0	3	3
AGENCY TOTAL	50	24	74

Figure 4 - Dept. on Aging Positions

FINDINGS & RECOMMENDATIONS

Agency Leadership & Operations

Finding 1 (SC Advisory Council on Aging): The department is assisted by the SC Advisory Council on Aging, established in §43-21-10, with one seat for each of the ten (10) AAAs and five (5) statewide at-large seats, all appointed by the Governor. None of the seats are subject to Senate confirmation. Members serve four (4) year terms and may only serve two terms consecutively. The purpose of the council is

to advise the department on policies and programs for older adults. The council is required to meet quarterly but may call additional meetings as necessary.

Under §43-21-10, the director of the department, “shall provide statewide notice that nominations may be submitted to the director from which the Governor shall appoint members of the council.”

Oversight staff issued a request for information regarding a multitude of topics including membership of boards, commissions, and committees associated with the department on January 28, 2025. Perhaps coincidentally, on January 29, 2025, department staff issued a public request for volunteer applicants wishing to serve on the Advisory Council on Aging, as they are required to do so by law.

At that time, four of the fifteen seats were vacant. As of January 2026, those vacant seats have been filled. However, as of April 28, 2026, nearly half of the seats are still held by members in expired terms.

Appendix 1 shows the council's membership as of January 28, 2025. *Appendix 2* shows the council's membership as of April 28, 2026.

Recommendation 1 (*SC Advisory Council on Aging*): The department should regularly solicit the public to identify those interested in serving on the Advisory Council on Aging and provide qualified candidates to the Governor's Office. The Governor's Office should continuously review its appointees and ensure that everyone serving is doing so in an unexpired status and remain qualified in their position.

Finding 2 (*Long Term Care Council*): §43-21-130 defines the membership of the Long Term Care Council. However, some of the members are appointed by the Lieutenant Governor (namely: representatives among long term care providers, long term care customers, and the insurance industry), a relic of a time when the Lieutenant Governor led the Division on Aging (also known as the Office on Aging). Since becoming a cabinet agency, though, there is no longer a need for this office to

have appointment authority over these positions.

Furthermore, these positions are appointed on an annual basis, which is more frequent than most publicly appointed positions.

Finally, §43-21-130 (A)(6) references the "Director of the Division on Aging" which, once again, is an artifact of a time prior to becoming a cabinet agency.

Recommendation 2 (*Long Term Care Council*): The General Assembly should consider amending §43-21-130 to transfer the Lieutenant Governor's appointment authority to the Governor. It should further consider extending the terms of the one-year appointments to either four-year or coterminous terms. Additionally, references to the "Division on Aging" should be updated to the Department on Aging."

Finding 3 (*Coordinating Council to the Department on Aging*): §43-21-120 defines the membership of the Coordinating Council to the Department on Aging. This council is tasked with coordinating programs related to aging among the various state agencies that play a role in the field. However, the statute does not allow designees to represent their agencies on the council. Furthermore, the Council is currently suspended as part of Proviso 40.4.

Recommendation 3 (*Coordinating Council to the Department on Aging*): The General Assembly should consider amending §43-21-120 to enable agency leaders to designate a deputy or trusted expert to represent their interests on the council. It could consider requiring principals to attend organizational or

periodic meetings, but allow designees to also attend, speak on behalf of the agency, and cast votes as necessary. Finally, the General Assembly should determine if the Council requires further reforms or if it should be disbanded through legislation, then delete the proviso when appropriate.

Finding 4 (*Commission*

References): §43-21-110 and 120 address the annual appropriation of funds by the General Assembly and the Coordinating Council to the department on Aging. However, these sections include outdated references to a “commission” that no longer exists.

Recommendation 4 (*Commission References):* Either the General Assembly, or the SC Code Commissioner, if empowered to do so, should consider updating these references to the

appropriate legal entities as they exist in statute.

Finding 5 (*GetCareSC.com*):

GetCareSC.com is the public-facing website built and maintained by the department providing information assisting consumers and their families in understanding their service options and connecting them with service providers. Most government websites utilize the .gov domain which helps instill confidence in consumers that the information they receive is accurate and the platform on which it is being delivered is safe and secure.

Recommendation 5

(*GetCareSC.com*): The department should transition the GetCareSC.com site to a .gov domain. It should also set up a forwarder for consumers who may still use the .com site so that it automatically refers them to the .gov location.

Program Funding

Finding 6 (*Medically Underserved Populations*): The 2020 Legislative Audit Council review of the department found that it should develop a formula for allocating Title III-D funds that factors in the percentage of the population in a given area that are medically underserved. To date, the department has not completed such a formula.

Recommendation 6 (*Medically Underserved Populations*): The department should complete the recommended formula and report to the Senate Legislative Oversight Committee and other General Assembly committees

of jurisdiction on their progress no later than October 1, 2026.

Finding 7 (*Monitoring Service*

Costs): The same 2020 audit referenced in *Finding 6* recommended that the department monitor and analyze service cost variation across the AAAs and within categories of services, then implement cost controls to maximize access for seniors. The department indicated that they were working towards completing this recommendation but had not fully implemented it.

Recommendation 7 (*Monitoring Service Costs*): The department should complete the recommended analysis no

later than October 1, 2026, then implement cost control measures no later than December 30, 2026. It should report to the Senate Legislative Oversight Committee and other General Assembly committees of jurisdiction on their progress.

Finding 8 (Agency Funding Requests): Over the last several fiscal years, the department has requested funds from the state both for direct programmatic support and matching funds to draw down additional money from the federal government to expand services and address the ongoing waitlist referenced in *Finding 12*. It has also requested periodic increases in federal funds authorization to raise the ceiling of the department's authorization. However, these requests have been inconsistent and insufficient to eliminate the waitlist for senior services.

The American Rescue Plan Act of 2021 (ARPA) provided \$23,000,000 over three fiscal years to expand home and community-based services but required matching funds from the state. The department reported at the time that while it had sufficient carryforward funds to meet the FY 2022 match, it needed additional funds moving forward.

The list below shows the amount the department requested from the General Assembly to address the inadequate availability of services in the state.

FY 23 - \$287,500
FY 24 – None
FY 25 – None
FY 26 - \$19,870,361

Recommendation 8 (Agency Funding Requests): The department

should work with stakeholders and the General Assembly to establish a long-term plan to scale up funding for home and community-based services and eventually eliminate the service waitlist. This plan should include projected growth of the state's senior population and factor in the planned expansion of not just services but building out capacity among service providers and associated administrative costs.

Finding 9 (Carry-Forward Fund Utilization): During the April 16, 2025, Legislative Oversight Subcommittee meeting with the Department, it became apparent that there would be a funding shortfall for home delivered meals. During this meeting it was also revealed that the department had \$1,620,498 in carryforward funds that were designated for agency administrative contingencies.

On April 21, 2025, a member of the Oversight subcommittee and staff met with the Governor's Office to request their assistance in compelling the department to release approximately half of those funds - \$800,000 - to the Area Agencies on Aging (AAAs), specifically for home delivered meals, to help bridge the gap until the end of the State fiscal year.

On April 23, 2025, the Department on Aging Director issued a memorandum to the AAAs informing them of the additional \$800,000 that would be made available for home delivered meals. According to department leadership, all Notice of Grant Awards were issued as of April 28, 2025.

However, as of September 17, 2025, only two AAAs utilized the funds allocated to them – Catawba (\$61,569.10) and Lower Savannah (\$71,589.71). The rest remained

with the department and are once again carryforward funds.

Recommendation 9 (Carry-Forward Fund Utilization): The department should routinely report to the relevant committees of the General Assembly when it could reasonably expect to have excess carry-forward funds that, instead of reserving for administrative contingencies, could be used, at least in part, to offset program expenses. It should further report to the General Assembly the utilization of any funds awarded.

Finding 10 (Eldercare Trust Fund): The Eldercare Trust Fund was established in §43-21-160 to support programs aimed at helping seniors stay in their homes and avoid institutionalization. Since its founding in 1992, over \$550,000 has been awarded to more than 40 non-profit organizations.

§43-21-180 details the portion of funds available for disbursement as being the full amount deposited and all earnings from investments. If deposits exceed \$200,000 a year, then 25% of the amount over this threshold must be deposited into an endowment account. *Figure 5* shows the deposits and awards over the last five fiscal years.

Eldercare Trust Fund				
Fiscal Year	Beg. Balance	Contributions	Award Expenses	End Balance
FY19	\$ -	\$ 71,511.26	\$ (5,088.00)	\$ 66,423.26
FY20	\$ 66,423.26	\$ 17,418.02	\$ (18,181.38)	\$ 65,659.90
FY21	\$ 65,659.90	\$ 27,873.05	\$ (14,867.99)	\$ 78,664.96
FY22	\$ 78,664.96	\$ 19,401.65	\$ (11,993.60)	\$ 86,073.01
FY23	\$ 86,073.01	\$ 24,844.99	\$ (8,001.37)	\$ 102,916.63
FY24	\$ 102,916.63	\$ 19,749.66	\$ (13,856.92)	\$ 108,809.37
FY25	\$ 108,809.37	\$ 19,753.66	\$ (85,846.36)	\$ 42,716.67
FY26	\$ 42,716.67	\$ -	\$ -	\$ -

Figure 5 - Eldercare Trust Fund

At no time in the fund’s history have deposits exceeded \$200,000 a year, meaning the endowment account has never held a balance and, therefore, does not yield any earnings.

Recommendation 10 (Eldercare Trust Fund): The General Assembly should consider restructuring the Eldercare Trust Fund to more closely resemble that of the South Carolina Veterans’ Trust Fund both in terms of governance and fiscal construct. It should further consider providing one-time funding to the Eldercare Trust Fund endowment to serve as a foundation for future financial activity.

Finding 11 (Federal vs. State Funds): §11-9-125 has been interpreted by the agency to mean that federal funds should, in all cases, be spent first before state funds. However, the statute clearly states, “federal and other funds must be expended before funds appropriated from the general fund of the State, to the extent possible...”, leaving what should be considered enough room to forego spending federal dollars before state funds if doing so would mean losing money at the end of a fiscal year or eligibility date.

On October 10, 2025, the department requested an advisory opinion from the Attorney General on the matter. On October 15, 2025 the Attorney General’s Office issued an opinion that was consistent with the department’s interpretation.

Recommendation 11 (*Federal vs. State Funds*): The General Assembly should amend §11-9-125 to give agencies the flexibility to spend state dollars before

federal and other funds if there is a reasonable set of circumstances that would cause the department to forfeit any funds.

Contracts & Services

Finding 12 (*Wait List*): The department maintains a waiting list of seniors in need of services. This waitlist has grown over time and while the department indicates that it does not turn away any older adults for assessment, there have been cases reported where seniors have not been able to join the waitlist, despite being eligible. As seen in Figure 6, in the last three years, the waitlist has grown significantly from 1,892 (2023) to 14,274 as of March 10, 2026. Of note, the figures here are of service slots, not individuals, as an individual can be on more than one waitlist. *Finding 8* details the amount of funds requested by the agency over the same period to address this waitlist.

Recommendation 12 (*Wait List*): As with *Recommendation 8*, the department should work with stakeholders and the General Assembly to establish a strategic plan to spend down the waitlist and expand access and capacity in this state for home and community-based services for seniors.

Finding 13 (*Growth in Service Needs*): The department indicates that the aging population in South Carolina is often outpacing resources allocated either by the state or federal governments. This is partially due to federal funding formulas which oftentimes base funding levels on

U.S. Census Bureau data. However, these typically serve as a snapshot in time and are not reflective of the state’s rapid growth.

The department reports that the portion of the state’s population aged 60 and older was 23.7% in 2017 and 26.4% in 2024. It estimates that by 2030, 27.8% of the population will be at least 60 years old. This represents

growth of hundreds of thousands of residents, many of whom will require basic quality of life services.

Dept. on Aging - Wait List by Year by Region							
AAA Region	Current 2/28/2026	2025	2024	2023	2022	2021	2020
Region 1: Appalachia	2159	1179	268	123	1091	991	545
Region 2: Upper Savannah	1774	1106	269	91	129	188	510
Region 3: Catawba	1512	367	600	273	292	169	173
Region 4: Central Midlands	2311	689	118	177	95	209	424
Region 5: Lower Savannah	1131	226	471	227	477	557	526
Region 6: Santee-Lynches	578	382	307	98	196	580	718
Region 7: Pee Dee	1356	790	948	201	347	329	339
Region 8: Waccamaw	1228	663	226	155	147	245	196
Region 9: Trident	1271	761	540	402	219	578	544
Region 10: Lowcountry	954	347	197	145	77	133	673
Statewide Wait List Total	14,274	6,510	3,944	1,892	3,070	3,979	4,648

Includes all services.

Figure 6 - Wait List of Services by Region

These services span a spectrum of needs including food insecurity, affordable housing, transportation, and healthcare.

Addressing food insecurity is an area where most of the funds available to AAAs tend to be used. In South Carolina, the rate of senior food insecurity is 10.4%, considerably higher than the national average of 7.1%.

To deliver necessary services, an ever-growing number of direct care providers are needed to meet current needs and anticipated future growth. The department reports significant shortages in fields providing congregate and in-home meals, respite care, nursing homes, home healthcare, and other direct care jobs.

Recommendation 13 (*Growth in Service Needs*): As with Recommendations 8 and 12, the department should work with stakeholders and the General Assembly to establish a strategic plan to address the

significant growth that South Carolina has experienced and will continue to see those aged 60 and older progress into eligibility for senior programs.

Finding 14 (*Service Contracts*): The Older Americans Act prohibits the department from engaging in issuing or negotiating contracts with service providers on behalf of AAAs. However, the department is obligated to provide oversight and monitoring to ensure appropriate services are delivered to seniors in need.

Recommendation 14 (*Service Contracts*): Area Agencies on Aging should be required to receive training related to best business practices including contract solicitation, selection, and management. They should further be required to, at minimum, be offered educational opportunities by the department on financial management and accounting best practices.

Area Agencies on Aging (AAAs)

Finding 15 (*Stakeholder Meetings*): In 2023 the House Oversight Committee recommended that the department hold quarterly meetings with the AAAs and the provider network. While the department has engaged some with the AAAs and providers, it does not hold planned quarterly meetings that offer a two-way dialogue and problem solving. This recommendation was made to improve communication and collaboration between the state and local partners. Anecdotally, many local providers indicate that they still struggle at times receiving thorough, timely information from the department, their respective AAAs, or both.

Recommendation 15 (*Stakeholder Meetings*): The department should engage in consistent, thorough, and specific communication with COGs, AAAs, providers, and other stakeholders. The department should invest in human and technical resources to manage the internal and external communications of the agency. Finally, the department should hold open, quarterly meetings with AAAs, providers, and other stakeholders. The department should invite members of the Advisory Council on Aging as well as members and staff of the relevant legislative committees to attend these quarterly meetings.

Finding 16 (COGs): Seven (7) of the state’s ten (10) Area Agencies on Aging are associated with Councils of Government (COGs). COGs are sub-state quasi-governmental organizations that provide planning, coordination, resources, and assistance to the counties, cities, and towns in their service areas. Their functional areas range from transportation and housing to aging services and economic development. The state’s planning districts were originally created in the 1960s as part of a nationwide push to institute regional planning districts through the enactment of various federal laws.

They are led by representatives of their constituent county and municipal governing bodies as well as appointed members of the public or legislative delegations, depending on the agreement.

The three AAAs not associated with a COG are listed below with their governance model:

- Catawba – Standalone Nonprofit
- PeeDee – CareSouth Hospital System
- Trident – Standalone Nonprofit

Finding 17 (Administrative Withholdings): The amount of money COGs retain for administrative costs compared to non-COG-affiliated AAAs varies widely across the state, ranging from 7.39% up to 75.53%. The three AAAs noted in *Finding 16* that are not affiliated with a COG do not show an indirect cost rate because there is not a third party taking an administrative cut.

The federal *de minimis* rate is 15%, but the COG-affiliated AAAs apply for an alternate Negotiated Indirect Cost Rate Agreement with the appropriate federal agency, known as the cognizant agency, like the U.S.

Department of Interior – leaving the state in the middle unable to control that cost center without reconfiguring the state’s program delivery model. *Figure 7* shows the indirect costs that are withheld by each COG.

Of note, the indirect costs come out of the 10% of total funds that are set aside for administration. Any funds that are not used from the 10% allocated for administration may be used for direct costs such as employee salaries.

AAA Indirect Cost Rates			
AAA	Model	2024 Indirect Cost Rates	
Appalachian	COG	23.21%	Calculated from the schedule of revenues & expenditures (2024 Audit, page 39)
Upper Savannah	COG	61.92%	Indirect cost allocation plan (2024 Audit, Page 17)
Catawba	Non-Profit	N/A	Stand-alone AAA
Central Midlands	COG	29.25%-39.96%	Depending on the grant year of federal programs - Note F (2024 Audit, page 14)
Lower Savannah	COG	53.63%	2025 Certification of indirect costs, U.S. Dept. of Commerce
Santee-Lynches	COG	7.39%	Calculated from the schedule of revenues & expenditures (2024 Audit, page 14)
Pee Dee / CareSouth	Hospital System	N/A	Part of an FQHC
Waccamaw	COG	42.25%	Calculated from the schedule of revenues & expenditures (2024 Audit, page 19)
Trident	Non-Profit	N/A	Stand-alone AAA
Lowcountry	COG	75.53%	Cost allocation method (2024 Audit, page 19)

Figure 7- AAA Indirect Cost Rates

Finding 18 (Service Model Study): In 2023, the House Oversight Committee recommended that the department “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.” However, to date, the department has conducted no such study. Department leadership has indicated that, in its view, it

does not have the expertise or capacity to conduct such a study and believes contracting with a third party is the best solution. It has issued a request for proposals and anticipates issuing a contract in the Spring of 2026.

Recommendation 16 (COGs & Service Model Study): The department should proceed with

contracting with a third-party provider to study the current service model and make recommendations to the General Assembly on ways the system can be improved. The General Assembly should carefully consider the recommendations that come out of this study to determine the best service delivery model for seniors and ways to improve outcomes, oversight, and efficiency.

Agency Reorganization

Finding 19 (Agency Reorganization):

Depending on certain definitions, there are approximately 20-25 states that have standalone aging agencies. The other 25-30 embed these agencies within larger departments.

There are significant programmatic and mission-related similarities between the Department on Aging and the Department of Social Services, particularly with the State Longterm Care Ombudsman at the Department on Aging and Adult Protective Services at the Department of Social Services.

However, Federal Rule 45 CFR § 1324.21 requires the State to ensure that the Office of the State Long Term Care Ombudsman Program is not situated within an organization that carries out conflicting activities. One such conflict would be with Adult Protective Services at DSS.

Bringing programmatic operations currently spread across multiple agencies within the Department on Aging may also yield taxpayer savings in the form of reductions in duplication of human resources, finance, and other administrative overhead.

The General Assembly has passed other significant agency restructuring legislation in the public health and human services space in recent years including:

Act 60 (2023) – Split the Department of Health & Environmental Control into the Department of Public Health and the Department of Environmental Services. It further reorganized some of the divisions of state government such as assigning veterans homes to the Department of Veterans Affairs and certain inspections to the Department of Agriculture.

Act 3 (2025) – Consolidated the Department of Alcohol and Other Drug Abuse Services, the Department of Disabilities and Special Needs, and the Department of Mental Health into the Department of Behavioral Health & Developmental Disabilities.

Recommendation 17 (Agency Reorganization): The General Assembly should consider reorganizing agencies of the State to consolidate overlapping functions and mutually served populations within the Department on Aging.

Appendix 1 – Advisory Council on Aging (January 28, 2025)

Seat	Counties	Member	Status	Year Appointed	Term Date
Area 1	Anderson, Cherokee, Greenville, Oconee, Pickens & Spartanburg	Ms. Robin L. Reed	Appointed	6/30/2022	6/30/2026
Area 2	Abbeville, Edgefield, Greenwood, Laurens, McCormick & Saluda	Ms. Jean Griffin	Appointed	6/30/2022	6/30/2026
Area 3	Chester, Lancaster, York, Union	Mr. Oscar Jones	Term Expired	8/7/2018	6/30/2021
Area 4	Fairfield, Lexington, Newberry, Richland	Mr. Carl Hust	Term Expired	8/30/2017	6/30/2021
Area 5	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg	Ms. Peggy Kinlaw	Appointed	6/30/2022	6/30/2026
Area 6	Clarendon, Kershaw, Lee & Sumter	Ms. Sherry L. Smith	Appointed	6/30/2022	6/30/2026
Area 7	Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro	Brenda Savage	Term Expired	8/7/2018	6/30/2022
Area 8	Georgetown, Horry, Williamsburg	Mary Henry	Term Expired	4/15/2015	6/30/2019
Area 9	Berkeley, Charleston, Dorchester	Cheryl Woods-Flowers	Term Expired	8/30/2017	6/30/2021
Area 10	Beaufort, Colleton, Hampton, Jasper	VACANT			
At-Large 1	Statewide	VACANT			
At-Large 2	Statewide	Mary Rohaley	Term Expired	8/30/2017	6/30/2021
At-Large 3	Statewide	Mary Gail Douglas	Term Expired	8/1/2018	6/30/2022
At-Large 4	Statewide	VACANT			
At-Large 5	Statewide	VACANT			

Appendix 1 - Advisory Council on Aging (January 28, 2025)

Appendix 2 – Advisory Council on Aging (April 28, 2026)

Position	Current Members	Status	Appointed Date	Expiration Date
Area 1 (Appalachia)	Kinlaw, Kimberly Sealy	Appointed	11/3/2025	6/30/2026
Area 2 (Upper Savannah)	Griffin, Nancy Suber	Term Expired	3/21/2022	6/30/2025
Area 3 (Catawba)	Belk, Ellen T.	Appointed	11/3/2025	6/30/2026
Area 4 (Central Midlands)	Hust, Carl M.	Term Expired	8/30/2017	6/30/2021
Area 5 (Lower Savannah)	Kinlaw, Peggy	Appointed	10/29/2021	6/30/2026
Area 6 (Santee Lynches)	Nelligan, Elizabeth T.	Appointed	11/3/2025	6/30/2026
Area 7 (Pee Dee)	Savage, Brenda	Term Expired	8/7/2018	6/30/2022
Area 8 (Waccamaw)	Henry, Mary B.	Term Expired	4/15/2015	6/30/2019
Area 9 (Trident)	Woods-Flowers, Cheryl N.	Term Expired	8/30/2017	6/30/2021
Area 10 (Lowcountry)	Lawton, Ashley E.	Term Expired	10/7/2021	6/30/2025
At Large, Seat 1	Dill, Kena	Appointed	11/3/2025	6/30/2029
At Large, Seat 2	McGuire, Fredrick Thomas	Appointed	11/3/2025	6/30/2029
At Large, Seat 3	Douglas, Mary Gail	Term Expired	8/7/2018	6/30/2022
At Large, Seat 4	Andrews, Carl	Appointed	11/3/2025	6/30/2029
At Large, Seat 5	Bouknight, Ashley	Appointed	11/3/2025	6/30/2029

Appendix 2 - Advisory Council on Aging (April 28, 2026)



SOUTH CAROLINA SENATE LEGISLATIVE OVERSIGHT COMMITTEE

CITIZEN REPORTING INFORMATION

If you have information concerning waste, fraud, abuse, mismanagement, misconduct, violations of state or federal law, and wrongdoing in the Executive Branch of state government, please contact the Office of Inspector General. You can file a complaint at: oig.sc.gov

If you have information pertaining to this or any other agency under review by the Senate Legislative Oversight Committee, please contact us in one of the following ways:

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