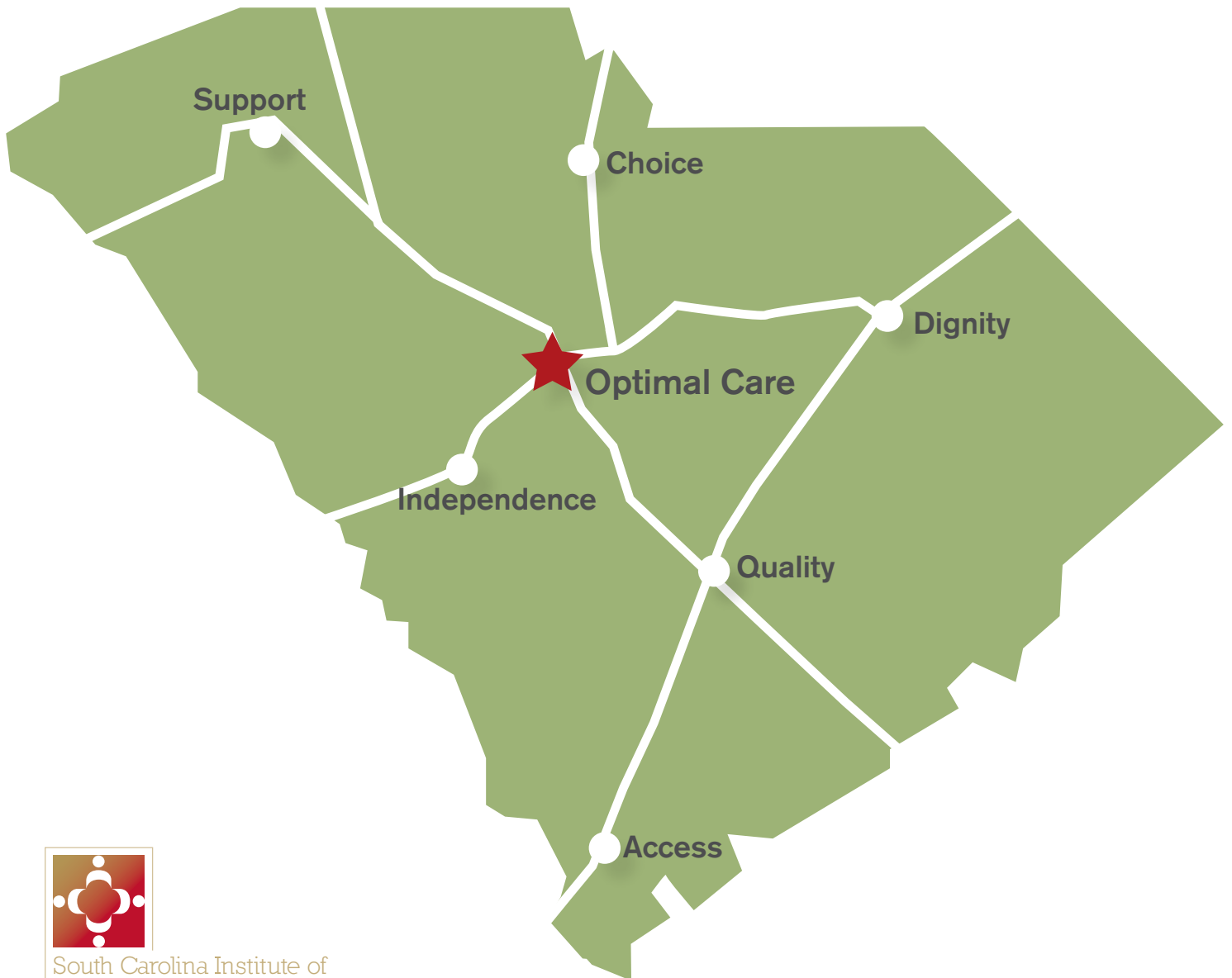


CREATING DIRECTION

A GUIDE FOR IMPROVING
LONG-TERM CARE
IN SOUTH CAROLINA



THIS BRIEF SUMMARIZES THE REPORT

CREATING DIRECTION:

A Guide for Improving Long-Term Care in South Carolina

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About the South Carolina Institute of Medicine & Public Health's Long-Term Care Taskforce:

The **vision** of the Long-Term Care Taskforce is an integrated and fiscally sustainable system of high quality, affordable and accessible long-term services and supports for all South Carolinians who need them, including older adults, people with disabilities and caregivers. Such a system would be person-centered and enable sufficient options for individuals and their caregivers to choose the most appropriate care in the least restrictive setting.

The taskforce **mission** is to create lasting improvements in our state's system of long-term services and supports by developing and recommending cost-effective, actionable solutions to current and future challenges.

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Individuals of all ages can find themselves in need of long-term care due to limitations caused by physical, cognitive or chronic health conditions.

Older adults, though, are more likely than most to need such services due to the limiting effects of aging. In fact, **an estimated 70% of those over 65 will need long-term care in their lifetime.**¹ In 2014, an estimated 734,537 South Carolinians were age 65 and older, a number that is set to grow dramatically with the rise of the Baby Boom generation.² By 2029, when the youngest Baby Boomers reach age 65, it is expected that our state's population of older adults will exceed 1.1 million, resulting in 1 in 5 South Carolinians being over the age of 65.³ Although this dramatic demographic shift will place significant demands on the long-term care system, it is important to realize that long-term care is not an issue just for the aged, as **nearly 43% of all those needing long-term care are under the age of 65.**¹

A person needing long-term care requires assistance with **activities of daily living** (such as eating, bathing and dressing) or **instrumental activities of daily living** (such as transportation, meal preparation or medication management).⁴ The need for such support may be intermittent or on-going. In more complex cases, the circumstances may include the need for highly specialized services. The place in which care is delivered and received is influenced by the type, duration and array of services needed, the availability of providers and, more fundamentally, the preferences of the individual. The presence or absence of **caregivers—family members or friends offering informal support to a person needing assistance with daily living**—is also a factor influencing the type and degree of formal services warranted and the point at which they are accessed. **Ultimately, the need for long-term care and the setting in which it is delivered are driven by many complex issues and lead to critical questions as to what is feasible, affordable and preferable.**

Traditional forms of long-term care, such as nursing facilities and assisted living, offer comprehensive services, but the total cost is often well beyond the means of individuals and families. For example, the 2014 median annual cost for nursing facility care in South Carolina was \$67,525 (based on a semi-private room), and the 2014 median annual cost of assisted living in our state was \$34,485.⁵ Such high out-of-home costs are helping to drive demand for home and community-based services which also align with the overwhelming preference of individuals to live independently and, when possible, to age in place in their own homes.

Due to the high costs of long-term care, publicly funded programs often serve as a safety net not just for the poor but for middle class seniors who have exhausted their resources. As a result, government covers much of the tab for long-term care through the Medicaid program. In total, Medicaid pays for two-thirds of all long-term care nationally, with the majority of that spent on care in nursing facilities.¹ As the Baby Boom generation moves into their older years, the cost of long-term care for a much larger population of seniors both nationally and in South Carolina will be staggering and could severely impact other critical needs and budgetary considerations.

Even for those with effective means of payment and clearly defined needs, accessing and navigating the long-term care system can be challenging. This is especially true given that those who enter the system are most often in the midst of crisis. Making critical, life-changing and sometimes life-sustaining decisions with little opportunity for considering options or comparing providers seems contrary to logic, but it is done countless times every day by individuals and families across South Carolina who are forced by circumstances to confront the reality that they, a friend or a family member need long-term care.

In order to address these critical issues, the South Carolina Institute of Medicine & Public Health convened a statewide taskforce of providers, researchers and advocates in 2014 to develop actionable recommendations for improving long-term care in our state. This document highlights the 30 actionable recommendations developed by the taskforce.

The following are the recommendations of the Long-Term Care Taskforce, grouped into six topical areas and future directions.

PROMOTING EFFICIENCIES IN THE SYSTEM

1. Require agencies providing long-term services and supports to collaborate in the development of their programs/services and in budgetary planning.
2. Coordinate state agency consumer assessment processes to improve consumer experience and state-level data collection and analysis.
3. Continue efforts to move the state closer to coordinated and integrated care for individuals in need of Medicaid-sponsored long-term services and supports.

STRENGTHENING THE LONG-TERM CARE CONTINUUM

4. Expand support for Medicaid-sponsored long-term services and supports over the next five years to strengthen and expand home and community-based services as part of a full spectrum of care options.
5. Expand access to home and community-based options to meet the needs of specific target populations who do not qualify for current service options.
6. Enhance the mission of the Lieutenant Governor's Office on Aging (LGOA) and its capacity to coordinate with the Area Agencies on Aging/Aging Disability Resources Centers and service providers. As a part of this effort, conduct a review to determine the optimal organizational placement of the LGOA.
7. Ensure access to a highly qualified and trained workforce of individuals who coordinate and manage care.

ENSURING AN ADEQUATE AND TRAINED WORKFORCE

8. Establish a Long-Term Care Workforce Development Consortium to ensure the development of a sufficient workforce of health care professionals and unlicensed workers with competencies in long-term services and supports.
9. Increase the presence and capacity of nurses in the long-term care workforce.
10. Seek ways to increase compensation for direct care workers in home and community-based settings and enhance reimbursement rates for home and community-based service providers who employ direct care workers.
11. Establish the infrastructure for a comprehensive, statewide training program for direct care workers in home and community-based settings that will improve outcomes for consumers.
12. Develop a comprehensive Direct Care Worker Registry to be used as a resource for consumers, family caregivers and providers.
13. Enable registered nurses to delegate specific nursing tasks to unlicensed direct care workers with sufficient training and demonstrated competencies, subject to consumer protections.

PROTECTING VULNERABLE ADULTS

14. Develop an Adult Abuse Registry.
15. Ensure vulnerable adults are protected through an adequate Adult Protective Services Program and have access to preventive services that keep them safely in their homes and from requiring more expensive services.
16. Improve the quality and consistency of care in community residential care facilities (CRCFs) through enhancements to and oversight of CRCF licensing regulations and the Optional State Supplementation and Optional Supplemental Care for Assisted Living Participants Programs.

SUPPORTING FAMILY CAREGIVERS

17. Improve access and funding for flexible respite services.
18. Increase access to training opportunities and sources of ongoing support for family caregivers to sustain them in their caregiving roles.
19. Enhance the capacity of the Aging Network to ensure that family caregivers receive critical services, including thorough assessment, education, training and support.
20. Promote the role of family caregivers as critical members of the care team and encourage family engagement.
21. Develop and strengthen financial and employment supports for family caregivers.

PROMOTING CHOICE AND INDEPENDENCE THROUGH EDUCATION

22. Enhance and coordinate statewide fall prevention efforts, as well as other preventive programs/services.
23. Develop and market a comprehensive, user-friendly online information and referral resource for long-term services and supports, which will include resources for family caregivers.
24. Institute an ongoing informational campaign to educate consumers about the need to save and plan for long-term care expenses.
25. Strengthen the state's infrastructure to provide greater supports to consumers and families regarding options to maintain independence.
26. Support and enhance awareness about statewide education efforts regarding advance care planning based on the needs and values of individuals.

FUTURE DIRECTIONS

27. Develop a formal strategic plan for providing and sustaining long-term services and supports for older adults and people with disabilities in our state.
28. Form a statewide taskforce on transportation that engages experts, consumers and leaders from across South Carolina in an effort to enhance transportation services, particularly for older adults and people with disabilities.
29. Develop formal “incubator” processes to pilot and evaluate new approaches to providing long-term services and supports.
30. Establish a formal and structured implementation process that brings collective focus, leadership and accountability to each of these recommendations.

To ensure that the recommendations of the taskforce are implemented and to harness the momentum created by the taskforce, IMPH will continue to serve in a convening role on this topic. An implementation process will track progress toward the established recommendations.

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