South Carolina Institute of
Medicine & Public Health

PROGRESS REPORT - APRIL 2019

CREATING DIRECTION

A GUIDE FOR IMPROVING

LONG-TERM CARE

IN SOUTH CAROLINA

CREATING DIRECTION:
A Guide to Improving Long-term Care in South Carolina

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The **mission** of the Long-Term Care (LTC) Taskforce was to create lasting improvements in South Carolina's system of long-term services and supports (LTSS) by developing and recommending cost-effective, actionable solutions to current and future challenges. The 30 recommendations issued in the taskforce report highlighted numerous areas for action. *Creating Direction: A Guide for Improving Long-Term Care in South Carolina*, the LTC Taskforce report, was published in 2015.

To keep focused attention on the recommendations made by the LTC Taskforce and to advance implementation efforts, an Implementation Leadership Council (ILC) was convened by the South Carolina Institute of Medicine & Public Health (IMPH) in the fall of 2015. The following progress report presents a status update on the recommendations prioritized by the ILC and reflects the work of many partners in improving LTSS in South Carolina.

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The South Carolina Institute of Medicine & Public Health is an independent entity serving as an informed, nonpartisan convener around the important health issues in our state. The Institute also serves as a provider of evidence-based information to inform health policy decisions.

1.1 MILLION

South Carolinians will be 65 or older by 2030

INTRODUCTION

According to U.S. Census projections, 1.1 million South Carolinians will be 65 or older (more than 20% of the state's population) by 2030.[1] The fastest population growth over the next 12 years will occur among the elderly as more and more Baby Boomers become senior citizens.[2] By 2040, the population count of adults who are 85 and older will double current levels.[3] For the present and future public health benefits of all South Carolinians, long-term services and supports (LTSS) for seniors and people with disabilities need both immediate and prolonged public attention to sustain and improve a complex, not fully integrated and costly long-term care system. LTSS include a broad range of routine care services that assist people with activities of daily living (e.g., eating, bathing and dressing). The routine care services extend to instrumental activities of daily living as well (e.g., medication management, skilled nursing, care coordination, house cleaning and adult health services).

Long-term services and supports (LTSS) for seniors and people with disabilities include a broad range of routine care services such as eating, bathing, skilled nursing and care coordination.

Healthy living activities, medical advancements and technological innovations have significant and positive impacts on life expectancy. However, living longer can also increase the chances that many individuals will develop and need to adjust to functional limitations—physical or mental disabilities that limit one's ability to act independently. Many individuals and their families will find it difficult to pay for LTSS over time even though home- and community-based services (HCBS) are a more cost-effective and preferred way to maintain independence for as long as possible. A wide array of stakeholders (e.g., LTSS clients, policymakers, public agency personnel, service providers and caregivers) must address the multilayered challenges associated with an aging population. Over the past several years, the Long-Term Care Implementation Leadership Council has strategically prioritized 12 of the 30 recommendations from the Long-Term Care Taskforce report *Creating Direction: A Guide for Improving Long-term Care in South Carolina*. This progress report documents the systemic progress made towards these recommendations since the report's June 2015 release.

BY WORKING TOGETHER,

it is fully possible to achieve the vision of the LTC Taskforce for the benefit of all people who need LTSS in our state.

STATUS UPDATE FOR RECOMMENDATIONS 3 AND 4

Recommendation 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.

Recommendation 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.

Summary Statement

While Recommendation 4 was identified early as an ILC priority, there has been simultaneous forward movement by the South Carolina Department of Health and Human Services (SCDHHS) to improve care coordination and comprehensive care plans for "dual-eligible" Medicare/Medicaid beneficiaries relative to Recommendation 3. In partnership with the Centers for Medicare and Medicaid Services (CMS), the Healthy Connections Prime program maintained by SCDHHS has enrolled more than 15,000 dual-eligible beneficiaries since its 2015 program rollout, with plans to expand in 2019 by including eligible Medicare Advantage enrollees.[4]

SCDHHS continues to address the growing demand for HCBS as an alternative to institutional placements via the federal HCBS waiver programs and state plan benefits that support independent, community-based living. The Division of Long-Term Living in SCDHHS now serves over 17,000 South Carolina seniors and adults with disabilities eligible for Medicaid benefits through the Community Choices Waiver.[5] The program enrollment has not been capped.

Key Points

SCDHHS administrators proactively recognized the need for LTSS payment reforms and sought support for a managed care approach for dually-eligible Medicare/Medicaid beneficiaries. Many beneficiaries who have both Medicare and Medicaid (i.e., individuals over age 65 and beneath poverty level) experience high rates of chronic illness and often have multiple chronic conditions and/or social risk factors.[6] Adopting a coordinated, integrated care payment model to replace a fee-for-service model was critical given the challenging demographic and state fiscal realities of providing Medicaid-sponsored LTSS to meet the needs of a growing population of seniors.

Payment reform models in the Medicaid system and CMS rule changes that emphasize value-based care have required the leaders of SCDHHS to increase the quality of care provided statewide, to increase administrative efficiency and to contain program costs. The Healthy Connections Prime demonstration project has become an important component of these necessary programmatic changes. Since its 2015 rollout, Healthy Connections Prime has improved the quality of care, reached more clients and consolidated services and care coordination to a higher extent than was initially anticipated during the planning stages.[7]

Through authorities created by the Centers for Medicare and Medicaid Services (CMS), SCDHHS established Healthy Connections Prime, a financial alignment demonstration that consolidated the payment and care coordination components of Medicaid and Medicare through partnerships with coordinated and integrated care organizations (CICOs).[8] This innovative program's goals are to meet the health care needs of dual-eligible beneficiaries in ways that are more efficient, more patient-oriented and more cost-effective. Care Coordinators organize multidisciplinary care teams that offer integrated care services incorporating a range of LTSS that best fits clients' goals as they age and/or as disabling conditions or diseases progress.

Providers have access to an ongoing education campaign about Healthy Connections Prime. SCDHHS initiated the production of an online Provider Toolkit as the program began.[9] Providers learn that each member now has one insurance card for all services instead of two or three cards (Medicare, Medicaid, Medicare Part D). The Toolkit informs providers about the centralization of reimbursement procedures to one source regardless of whether the service category is for medical or non-medical services. A training video about Healthy Connections Prime is available online, and SCDHHS occasionally offers webinars that help providers enroll in the program and learn billing procedures.

The Office of Health Programs administers the program within SCDHHS. The three Medicaid-Medicare Plans (MMP) that operate in the Healthy Connections Prime program (Absolute Total Care, First Care VIP Choice Plus and Molina Dual Options) provide clients with more information about services that many individuals and caregiving family members may not be aware of on their own. Over 25% of dual-eligible beneficiaries in South Carolina who are 65 and older have full benefit Medicare and full benefit Medicaid.[10] The MMPs take responsibility for service planning, care coordination across service providers and ongoing monitoring. Care Coordinators (usually registered nurses or social workers) consult with clients and service providers to incorporate the appropriate physical and behavioral health services into a care plan. They also coordinate HCBS benefits that align with clients' wishes to live independently and age in place. One of the goals is to delay the need for skilled nursing facilities (SNF) or long-term institutional care, when possible. The program's increased use of an appropriate set of evidence-based approaches, a strong HCBS network and multidisciplinary teams offers systemically lower-cost alternatives that create more holistic health care experiences for members.

In 2018, CMS extended the Healthy Connections Prime demonstration project for two additional years.[11] Medicare Advantage enrollees with Medicare and Medicaid are being passively enrolled into the program. This rollout to Medicare Advantage enrollees will eventually add an estimated 7,000 -10,000 eligible beneficiaries to the program.[12] Healthy Connections Prime is currently available in 40 out of 46 counties in South Carolina.[13] The Office of Health Programs plans to incorporate remaining counties in the coming year.

The Community Choices Waiver program—administered in the Division of Long-Term Living—now serves over 17,000 South Carolina seniors and adults with disabilities who are eligible for Medicaid benefits and in need of nursing home care but who prefer that services be provided in their homes and communities.[14] That represents a five-year increase of 5,000 enrollees who received HCBS.[15] In the past, a significant majority of reimbursements for LTSS were provided by Medicaid for nursing home institutional services. Now, there is more balance to favor HCBS over institutional services. This allows individuals to age in place and live healthier lives longer with more independence and more choices while also providing for their disability and care needs.

LTSS allow many seniors and people with disabilities to live safely in their communities and homes with greater independence for as long as possible.

SCDHHS is engaged in interagency collaboration with the South Carolina Department on Aging staff (SCDOA) to operate the Healthy Connections Prime Ombudsman program. The Ombudsman staff and volunteers advocate for fair and equal treatment, promote the beneficiaries' rights, provide information about services and assist with Healthy Connections Prime enrollment.

SCDHHS also partners with SC Thrive, a community-based organization, serving as a participant and sponsor of the information services provided via a toll-free customer service center to inform dual-eligible beneficiaries about the benefits available through MMPs. SC Thrive also conducts education and enrollment seminars in communities (e.g., church meetings, voluntary gatherings).

Horizon Considerations

State agency personnel and service providers should work together through continued evaluation and improvement processes to serve beneficiaries with the highest quality LTSS system possible. They need adequate resources and a wide continuum of long-term care services – including the expansion of telehealth services for patient interactions with health care professionals – designed to promote person-centered care.

Recipients able to live in their own communities and homes with the necessary LTSS benefit the most through choice and independence. Access to a transparent cost-benefit analysis comparing HCBS options to institutional care services would demonstrate to policymakers and other stakeholders the long-term economic value of fiscal support from the General Assembly for HCBS.

The legislature should support a sustained funding strategy to anticipate HCBS costs over the long term. As the aging population increases significantly over the next twenty years, more innovations, more services and more resources will be necessary. The Department's essential work to coordinate health care services for South Carolina's seniors and adults with disabilities is not sustainable without additional resources, a broader and more supportive infrastructure and enhanced staff capacity.

As the aging population increases significantly over the next twenty years, more innovations, more services and more resources will be necessary.

STATUS UPDATE FOR RECOMMENDATION 6

Enhance the mission of the Lt. Governor's Office on Aging [now known as the South Carolina Department on Aging] and its capacity to coordinate with the Area Agencies on Aging/Aging and Disability Resource Centers (AAAs/ADRCs) and service providers. As a part of this effort, conduct a review to determine the optimal organizational placement.

Summary Statement

After a State Senate Oversight Subcommittee report was completed in late 2015, the former Lieutenant Governor's Office on Aging (LGOA)* experienced significant changes in management structure and completed an agency reorganization. The South Carolina Department on Aging (SCDOA) was approved during the 2017-2018 Legislative Session and is now a cabinet agency within the South Carolina Governor's Office. The SCDOA will replace the LGOA as the federally-designated State Unit on Aging (SUA). SCDOA is expected to adhere to the mandates of the Older Americans Act of 1965, as amended in 2016. Each SUA administers federal funds associated with the Older Americans Act (OAA) and leads the state's Aging Network. SCDOA will continue to play a significant role in guiding optimal long-term care planning and future services for South Carolina's elder population and adults with disabilities.

Key Points

U.S. Census Bureau population projections indicate that South Carolina's population of those 60 and older will increase by 70% between now and 2030.[16] Individuals over age 75 will comprise the fastest-growing age group over the next decade. This reflects similar trends expected across the nation. By 2030, South Carolina will be home to more than 1.5 million individuals over age 60 who may be eligible for services provided through the OAA.[17] Nearly one-quarter of the state's population will be 60 and older.[18]

South Carolina must ensure that the SCDOA is well-prepared and a solid infrastructure of an Aging Network is in place to meet the growing demands that will be required of the LTC system. In recent years, SCDOA management streamlined key procedures and filled staff vacancies. Nutrition program services (i.e., home-delivered and group meals), elder abuse prevention services, caregiver support services and information/referral service requests to the SCDOA are expected to increase annually across the board as the elderly population grows. However, the SCDOA expects to receive limited federal resources over the coming years from the federal ACL to address the expansion of services. The rapid expansion of HCBS to meet the needs of South Carolina's elderly citizens and adults with disabilities will require General Assembly support for resources and staff to reach more impoverished and near-poverty seniors and veterans.

*_Creating Direction_ and other resources used to compile this Progress Report refer to the agency as LGOA. This acronym may be used in sections of the Progress Report that refer specifically to _Creating Direction_. Otherwise, the new acronym SCDOA will be used.

The *South Carolina State Plan on Aging 2017-2021* outlined how the SCDOA coordinates statewide and regional aging programs and services.[19] The publication explained how the SCDOA "will carry out its mission of enhancing the quality of life of South Carolina's older citizens regardless of whether they participate in Older Americans Act programs" (p.7). Five goals were identified in the Plan:

Goal 1: Empower older adults and persons with disabilities, their families, caregivers and other consumers by providing information, education and counseling on their options to live as independently as possible in the community.
Goal 2: Enable older South Carolinians and people with disabilities to live in the community and access high quality long-term services and supports through the provision of home and community-based services, including support for families and caregivers.
Goal 3: Empower older adults to stay active and healthy through OAA services and other non-OAA services provided through the SCDOA and South Carolina Aging Network.
Goal 4: Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect and exploitation.
Goal 5: Maintain effective and responsible management of OAA services offered through the SCDOA and within the ten service regions in South Carolina.

Addressing these goals requires oversight, collaboration and coordination at the state and local levels through Area Agencies on Aging (AAAs) and local Aging Network partners to provide optimal service delivery systems. Through SCDOA administration, the ten AAAs receive partial funding from ACL to offer supportive HCBS that include transportation services, nutrition programs, cleaning and respite services for family caregivers. Other funding is provided through grants and state appropriations. Providing these services in the community is essential to keep seniors living independently and safely at home for as long as possible. Without this diverse range of services, there would likely be declining health and higher levels of costly institutionalization among the senior population.[20]

According to a report by the National Association of Area Agencies on Aging, the average budget in 2016 for each of the ten multi-county AAAs in South Carolina is $2.6 million which is significantly lower than the national average of $10.1 million per AAA.[21] Also, each AAA in South Carolina has an average of nine full-time staff and one part-time staff member which is significantly lower than the national averages of 44 full-time staff and 17 part-time staff members.[22] Each AAA in South Carolina averages 100 fewer volunteers than the U.S. national average.[23] South Carolinians have many questions about health care, dementia care, Medicare and insurance benefits counseling, HCBS, caregiving and financial protection concerns, and AAAs need volunteers and paid staff who can reach out to answer those questions as part of the SCDOA's mission.

With the assistance of non-recurring funds in 2017, the SCDOA began updating its Advanced Information Manager (AIM) database system to plan for growth and coordinate statewide service provision needs for the present and the future. This will improve data collection, standardize procedures and expand the capacity for trend analysis of waiting lists, unmet needs and service gaps around the state.

The 10 regional South Carolina AAAs have fully transitioned their community information and referral services to Aging and Disability Resource Centers (ADRC) to serve as "one-stop shop" entry points for information and

HCBS referral services for the elderly, adults with disabilities, families and caregivers who live in each region. The ACL oversees policies related to the OAA, and it asked each SUA to restructure AAA/ADRC operations for a collective purpose. The coordination allows each ADRC to serve more requests and maintain better data collection for state and national purposes. An updated evaluation process has been created and will be used to collect data on the effectiveness of the ADRCs to serve and to reach out to their communities with quarterly Information and Referral/Assistance reports sent to the SCDOA. This is one avenue to evaluate more fully how AAAs/ADRCs allocate resources and spend their dollars to the maximum benefit of the state's elderly population.

The Office of the State Long-Term Care Ombudsman Program (LTCOP) is housed within the SCDOA. The Program has distinct statutory responsibility to investigate complaints by South Carolina residents and to act as their advocates in Skilled Nursing Facilities (SNF), Community Residential Care Facilities (CRCF) and nursing homes. Failure to do so would be a violation of the safety, welfare and rights of the elderly and adults with disabilities who reside in the facilities, as stipulated by the OAA. In addition, the state has assigned the LTCOP with the responsibility of monitoring South Carolina Department of Mental Health (SCDMH) and South Carolina Disabilities and Special Needs (SCDDSN) facilities. Local or regional Ombudsman Program representatives conduct educational training sessions for residents and their families regarding long-term care services, developing Resident Councils and their rights to advocate for safety and the proper treatment of all residents. In recognition of the need to protect all seniors, June 15th has been designated World Elder Abuse Awareness Day. In South Carolina, LTCOP personnel coordinated several regional workshops on this day in recent years to inform consumers, organizations and advocates about abuse, neglect, financial exploitation, fraudulent scams and Social Security or Medicare theft.

The SCDOA restated its commitment to *Creating Direction*, the Long-Term Care Taskforce Report, in the *South Carolina State Aging Plan 2017-2021*. Appendix J listed the Report's thirty recommendations.[24] The SCDOA Director has been a member of the Implementation Leadership Council (ILC) since 2015. The SCDOA has contributed to progress in all recommendations discussed in this Progress Report—especially recommendations that involve HCBS (3,4,6), protecting seniors from abuse (12,14) and respite services for family caregivers (17,18,19). The SCDOA is also the host agency for the GetCareSC.com website (http://getcareSC.com), which is an online resource database that provides information and referrals regarding LTSS and caregiver support to the elderly, adults with disabilities and their families. More information about the www.GetCareSC.com website is discussed below (Recommendation 23). The SCDOA provides consumer resources about long-term care planning via the website and through local initiatives with service partners such as senior centers as well as community and faith-based organizations.

The SCDOA has established a partnership with the Harvest Hope Food Bank in South Carolina with financial assistance from the South Carolina Department of Agriculture. The Commodity Supplemental Food Program (CSFP) provides thousands of low-income seniors with access to healthy foods, based on the consumers' ages and incomes. Seniors whose monthly incomes are lower than 130% of the federal poverty level can apply for local assistance in the following counties: Darlington, Dillon, Fairfield, Florence, Greenville, Kershaw, Lexington, Lee, Orangeburg, Richland and Sumter.[25] Over the next several years, the SCDOA will work with its partners, including AARP SC, to expand food bank programs across all 46 counties to reduce hunger and food insecurity among impoverished and near-poverty seniors.

In 2016, SCDOA became the host agency for the South Carolina Vulnerable Adult Guardian Ad Litem program (VAGAL). In emergencies that involve abuse, neglect (including self-neglect) or exploitation, seniors or adults with disabilities may enter the temporary protective custody of the South Carolina Adult Protective Services program (APS). At that time, volunteers and/or staff at VAGAL are assigned to act as unbiased advocates for the vulnerable adult in protective custody. Each case requires an assessment investigation and one or more merit hearings. When a custody hearing is held, the VAGAL representative provides an advisory report to the court regarding which future placement would be most appropriate—whether returning to the vulnerable adult's home or a caregiver's home, entering a SNF or CRCF or some other resolution. In 2018, nearly one-third of all adults who received advocacy from a VAGAL volunteer returned home or entered a family caregiver's home. Twenty-six percent were admitted to a SNF, and 24% were admitted to a CRCF.[26]

VAGAL has grown rapidly over the past three years. The program currently has three full-time staff members, a part-time staff member, five regional volunteer coordinators and 43 volunteers who act as Guardians Ad Litem when called upon by APS in emergency protective custody situations. More than 55% of the cases are located in Richland, Charleston and Spartanburg counties. Each year has seen an increase in the number of cases in which VAGAL volunteers have been involved. Guardians were engaged in nearly 550 vulnerable adult cases in the past year. This is a 30% increase in the number of cases addressed in 2017 (423 cases). The program accepted 364 cases in its first year at SCDOA. Changes in APS intake procedures for vulnerable adults have contributed to a necessary expansion of VAGAL caseloads.

The SCDOA is involved in or provides financial assistance for other programs that need increased resources, innovative community partnerships and more staff around the state:[27]

- The SCDOA plays a key role in emergency management coordination. The 2015 flood emergency and the aftermath of Hurricane Florence in 2018 are examples of natural hazards that required action by the SCDOA and regional AAA staff. SCDOA personnel in partnership with each regional AAA create and regularly update emergency management plans at the state and regional levels to ensure the safety of older adults and persons with disabilities. This work requires significant coordination with the South Carolina Emergency Management Division, county emergency management councils and non-profit agencies such as the Red Cross.
- The Geriatric Loan Forgiveness Program, created to encourage physicians who are completing or have completed study in the fields of geriatrics and/or geriatric psychiatry to practice in South Carolina by helping them repay their medical school debt, currently provides $35,000 of fellowship training from an accredited geriatric program for an applicant who will establish and maintain a geriatric practice in South Carolina for five years or more.
- Administers the Statewide Legal Assistance Program for qualifying seniors.
- Administers and coordinates regional transportation services.
- Alzheimer's Resource Coordination Center (ARCC) that provides respite grants and education services, specifically for individuals with Alzheimer's disease or related dementias and their families.
- A Senior Pet Initiative assisting low-income seniors who have companion pets with food and veterinarian services, many of which are provided through voluntary donations.

- The personnel team that manages the GetCareSC.com database—used to search for service providers and information regarding caregiving and LTSS—works in the SCDOA office. The website GetCareSC.com (formerly SCAccess.org) has been expanded, improved and relaunched to provide valuable information via online services. (More details are provided starting on page 27 of this Report).
- Family Caregiver Support Respite Plan—Take a Break SC and Take Another Break SC have been important initiatives for the SCDOA in partnership with the South Carolina Respite Coalition for improving respite services around the state. (More details are provided starting on page 23 of this Report).

The South Carolina Department on Aging played a key role in coordinating emergency management in the aftermath of Hurricane Florence in 2018.

Horizon Considerations

In a time when the population is increasing, the SCDOA faces many challenges to provide essential services to older adults. SCDOA has responsibilities to serve all seniors, paying special attention to impoverished, ill and isolated individuals with the most needs. The SCDOA staff has identified over 8,000 seniors waiting for basic services, such as meals, home care and transportation.[28] The SCDOA spends an average of $1,400 per client each year to help keep them out of skilled nursing facilities and residential care centers, in accordance with an individual's wishes for independence where possible.[29] Without these services, each facility or nursing home placement would cost Medicaid approximately $52,000 annually in South Carolina.[30] The state's growing population of elderly individuals and adults with disabilities requires expanded commitments of state and federal resources to provide the most cost-effective services that benefit the most South Carolinians possible and demonstrate significant savings for South Carolina taxpayers over the long term.

The Department on Aging would need recurring funds to hire more staff and to expand its state and regional infrastructures for transportation, assisting seniors to live where they choose, volunteer recruitment and public education about the increased service needs of seniors and adults with disabilities throughout South Carolina.

To address Senior Hunger (for which South Carolina ranks 48th in the nation),[31] the SCDOA requires support to expand meals programs provided through regional AAAs and local service agencies, in order to meet basic nutrition needs for impoverished seniors and adults with disabilities with food insecurity. As growing demand must be met with limited funding, it is essential to explore ways to maximize resources through expanded public-private partnerships and the strategic use of state allocation as potential matching/seed funds for pilot initiatives.

The national transition to a value-based, integrated model of health care means HCBS needs will necessarily increase as the aging population grows in two ways in South Carolina. First, current South Carolina residents will age up into the 60+ age category (and especially the 75+ age category). Second, more older adults eligible

to receive SCDOA-funded services are expected to move to South Carolina to be closer to intergenerational family members. At these later ages, the SCDOA will see increased requests for resources and for medical, nutrition and community services supported by the SCDOA. The growing demand will require more support and resources for the SCDOA and its partners.

Multiple state agencies have committed to sharing data and cross-referencing client information to promote efficiencies in human services systems. SCDOA is the state clearinghouse for aging data and information. Data sharing between the SCDOA nutrition services program, the LTC Ombudsman Program, Adult Protective Services and/or SCDHHS would eliminate duplication to save time and efforts for area HCBS administration responsibilities. SCDOA staff can assist other agencies as a resource for innovative ideas regarding privacy, securing personal information, system expansion and improvements for public services, particularly as advocates for the elderly and adults with disabilities. However, the resources and IT personnel are not yet in place to create and maintain a database of client information accessible by multiple agencies.

Appendix G of the *State Aging Services Plan 2017-2021* describes statewide and regional needs assessment projects that were conducted in 2016, including a survey of over 3,880 individuals. Over 60% of the survey respondents were seniors with one or more disabilities. Monitoring accountability of HCBS providers require present-day organization and expansion planning in preparation for future SCDOA programs.

As an advocacy program for vulnerable adults on an emergency basis, VAGAL requires volunteers with time, commitment and compassion. The program also requires staff and volunteers who are trained to operate within the family court system in South Carolina. In anticipation of an increased number of vulnerable adults who will need Guardian ad Litem services as the population of adults 65 and older increases, VAGAL needs additional financial and operational resources to expand volunteer recruitment as well as training and continuing education opportunities.

Modernization activities in transportation, telemedicine, home-based technologies and services that will occur in the next decade will expand statewide service delivery options and should simultaneously reduce costs per person. Modernization and technological advances will allow the SCDOA greater capacity to better serve the South Carolina senior population that will grow to over one million residents by 2030.

STATUS UPDATE FOR RECOMMENDATION 12

Develop a comprehensive Direct Care Worker (DCW) Registry to be used as a resource for consumers, family caregiver and providers.

Summary Statement

Consumers of LTSS need a web-based, user-friendly database registry to help them hire reliable, qualified, experienced direct care workers (DCWs) to meet their personal care needs. HCBS providers could also use the registry to vet the backgrounds of potential employees and reduce organizations' administrative costs in the process. Registry information could include criminal background, geographic availability, previous employment, training, experience and references.

Key Points

DCWs represent the largest segment of the LTSS workforce, but not all workers are licensed by a regulatory body. Unlicensed DCWs include home health aides, hospital aides, direct support professionals, paid family caregivers, respite care workers, feeding assistants, mental health specialists and case managers.[32] When the *Creating Direction* report was completed, taskforce members suggested there would be a logical progression to create and maintain a comprehensive registry of all DCWs (Recommendation 12) that would include warning flags to potential employers and clients based on the maintenance of a registry of DCWs who had abused, neglected or exploited vulnerable adults in their care (Recommendation14). It was determined at the time that the work to achieve both registries would be complementary.

The LTC Taskforce envisioned DCW registries as consumer protections and information resources to benefit all adults who need LTSS in South Carolina. Thus, the taskforce recommended that web-based, user-friendly resources about DCWs in South Carolina be established and made available to the public. The comprehensive and vulnerable adult abuse registries would be valuable to consumers, family members and LTSS providers as well as private companies and government agencies. The ILC's decision to prioritize Recommendations 12 and 14 together was thought to be more efficient and sensible to accomplish as many synergistic tasks as possible based on the taskforce's work.

In 2017, the South Carolina Institute of Medicine & Public Health convened nine meetings of a Registries Workgroup of experts in the LTC field to research and discuss the establishment of two DCW registries. All members of the Workgroup volunteered their time and expertise to this project. The 15-member Workgroup included ILC members, IMPH staff, service providers from around the state, patient advocates and staff from several state agencies. Though the simultaneous development of both a comprehensive DCW Registry and a Vulnerable Adult Abuse Registry (VAAR) was initially considered a reasonable goal, the Workgroup determined that using a VAAR to help specifically protect vulnerable adults from abuse, willful neglect and exploitation (ANE) was an urgent, essential project that needed focused time, effort, political will and dedicated financial support from the General Assembly. Recognizing that these resources were limited, the Workgroup expressed support for moving forward first with a VAAR before developing a comprehensive DCW registry.

Federal regulations require state Medicaid programs to maintain Certified Nursing Assistant (CNA) registries. The South Carolina CNA registry contains demographic and licensing information for an estimated 75-80% of DCWs—those who work in SNFs, CRCFs and nursing homes and for health care service providers that receive reimbursements from Medicaid.[33] SCDHHS also maintains a care provider listing with its Electronic Visit Verification web-based system that providers install on their cellphones or tablets. The agency keeps track of those who receive pay as DCW contractors in the Community Choices Waiver program.[34] The Taskforce's Report recommended providing information about all licensed and unlicensed DCWs in one online registry.

At its first two meetings, the Registries Workgroup discussed the benefits and challenges of developing a comprehensive DCW Registry. During the initial meetings, the benefits of registering all DCWs were identified as the following:

- To provide a reliable resource for verification of the number of DCWs employed in South Carolina;
- To serve as a resource that might help the South Carolina Department of Social Services (SCDSS) Adult Protective Services program track more unlicensed DCWs who work in HCBS or private settings;
- To provide information about DCWs such as required screenings, criminal background check information and training or certifications received; and
- To collect data on the occupational responsibilities assigned to DCWs over time, especially as the scope of practice for Registered Nurses (RNs) and Family Nurse Practitioners (FNPs) change where DCWs might subsequently assume expanded responsibilities for tasks such as dressing wounds and cleaning medical equipment for their clients.

The challenges of registering all workers in the LTSS field were identified as the following:

- To develop a registry system with adequate staff and funding provided by the General Assembly for design, implementation, ongoing technological expertise and ongoing maintenance of data collection processes over time;
- To implement an information campaign initiating the registration process with DCWs;
- To develop and implement an information campaign to educate consumers, families, health care service providers and public agencies that the registry would be available;
- To address concerns about overlap and "competition" with private companies' databases of individuals looking for direct-care assignments as part-time supplemental income;
- To address concerns about including paid family caregivers in the DCW registry; and
- To be planned as a long-term modular project that would be established incrementally with periodic updates of more detailed information and offering incentives to DCWs to register or update their own records.

Horizon Considerations

The development and management of a large DCW registry requires many operational resources including sustained funding for personnel and technological equipment. Businesses that connect seniors, adults with disabilities and their families with DCWs for in-home services may be interested in public-private partnerships and outside funding to develop a pilot project. At the current time, an organization has not been identified to lead this project. The ILC remains committed to developing a comprehensive registry of all DCWs in South Carolina in the future.

STATUS UPDATE FOR RECOMMENDATION 14

Develop a Vulnerable Adult Abuse Registry (VAAR).

Summary Statement

Consumers of LTSS need access to a web-based, user-friendly registry that can help protect vulnerable adults from hiring DCWs and other caregivers who may have a history of committing adult or child abuse, willful neglect of a client or financial exploitation.

Key Points

A systemwide VAAR of unlicensed DCWs and caregivers with evidence-based histories of abuse, neglect or exploitation (ANE) does not exist in South Carolina. Absent a criminal conviction, consumers or employers of LTSS have no reliable source for learning of job candidates' past actions that may make them a danger to care for a vulnerable adult. Lack of a registry provides loopholes where perpetrators may move from one private employer to another without having to disclose (or have disclosed for them) any criminal record or ANE administrative investigations against them.

The overwhelming majority of people who work in the adult caregiving occupations and family caregivers treat their clients and family members with great respect and without violation of the clients' privacy or personal dignity, and employers are committed to providing the best care for their client. Unfortunately, a small percentage of DCWs and caregivers have been accused of abuse, physical harm, psychological cruelty or willful neglect toward a client or family member. The vulnerable adult's safety is the main priority for the APS Program at SCDSS, law enforcement officials and the South Carolina Long-Term Care Ombudsman Program (LTCOP). When appropriate and with clear evidence, criminal investigations are conducted by state and local law enforcement. APS case managers and LTCOP representatives are legally restricted from investigating alleged perpetrators themselves but may refer cases to the proper law enforcement agencies. However, in many ANE case reports, the alleged perpetrators do not face criminal charges due to a lack of evidence or the victim's refusal to press charges. Therefore, they may face few consequences for their actions.[35]

In compliance with federal law, the statewide CNA Registry includes information on substantiated findings of abuse, willful neglect or exploitation by DCWs against vulnerable adults in SNF, CRCF or nursing homes. Federal requirements limit this particular registry to CNAs who work in Medicare- and Medicaid-certified settings. As LTSS expand to assist an increasing population of seniors and adults with disabilities living in their own homes, Medicaid programs in South Carolina such as Community Choices Waiver program and Healthy Connections Prime require statewide criminal background checks for all potential employees. However, these programs are insufficient to protect all vulnerable adults from all workers and/or caregivers with whom they may interact. For example, criminal background checks would not reveal a preponderance of evidence substantiated by APS or LTCOP case managers, if no criminal charges were pursued. The LTSS workforce population includes a self-segmented group of unlicensed DCWs (e.g., privately-hired home health aides, family caregivers and respite caregivers). This group may be unpaid or paid privately. Without a VAAR, LTSS employers and

consumers do not have access to full information about potential DCWs. Vulnerable adults need additional protections via a registry because of systemic gaps that put them at greater risk. High turnover rates within the industry and the tendency of DCWs to move from one employer to another without concern for ANE-related accountability add risks that make criminal background checks insufficient. In summary, South Carolinians need a VAAR of unlicensed DCWs with access to vulnerable adults in any setting to protect seniors and people with disabilities from those who might use that access to do harm.

As noted above, the ILC reconsidered the original plan to develop two DCW registries. The following were considered important for choosing a focus on Recommendation 14 over Recommendation 12—a need to be realistic about what can be accomplished and available resources and a need to be responsive to the changing environment and open to opportunities that arise. The South Carolina Adult Protection Coordinating Council (APCC) monitors the number of ANE cases around the state through the yearly collection of data based on abuse allegation cases investigated by the state Attorney General's Office, law enforcement, APS caseworkers and LTCOP caseworkers. APS investigates referrals in the community, and the LTCOP investigates referrals in facilities. Recent APCC reports have estimated over 1,000 ANE investigations per year.[36, 37]

The ILC prioritized Recommendation 14 in order to highlight the need for sufficient safeguards to protect those who hire or receive care from DCWs. The 15-member Registries Workgroup was brought together to discuss topics such as the scope of a Vulnerable Adult Abuse Registry, the process for adding names to a registry, due process concerns for an alleged perpetrator and a host agency for a registry. The Workgroup included ILC members, IMPH staff and volunteer representatives of multiple entities in the LTC system such as SCDSS, SCDDSN, SCDHHS and Protection and Advocacy for People with Disabilities, Inc. To streamline and coordinate its work with other stakeholders who had the necessary expertise in writing legislation, the ILC voted at a later meeting to merge its Workgroup's efforts with the South Carolina Bar Association's Vulnerable Adult Taskforce, which shared a strong interest in a Registry and other adult protection issues.

The ILC recently published *Protecting Vulnerable Adults from Potentially Abusive Workers: An Issue Paper* which resulted from the Registry Workgroup research and analysis of the information at hand.[38] *Creating Direction* outlined several action steps for developing this Issue Paper. These steps included a review of existing reports and a review of model statutes from other U.S. states that have established similar registries in the past. The review of existing reports found that recommendations for a South Carolina VAAR have been included in multiple state-level reports over the past 18 years. The APCC initially recommended the establishment of an Adult Abuse Registry in a research paper released in 2000.[39] The South Carolina Legislative Audit Council recommended an Adult Abuse Registry be established in 2008 and 2014 audits of SCDDSN.[40] *A Pro Bono Analysis of the South Carolina Adult Protective Services System* published in November 2016 recommended the creation of a registry that balances protection of vulnerable adults and due process.[41] This analysis was conducted by the law firm Nelson Mullins Riley Scarborough in response to Recommendation 15 of the *Creating Direction* Report. However, the registry was suggested independent of the ILC's work. Recommendation 15 is discussed further in the next section of this Report.

There are currently 27 U.S. states with abuse registries.[42] One of the complex challenges of creating a VAAR is that a standardized model statute for creating a registry from other states' pre-existing projects does not exist. Each state must address issues differently, such as how to document cases as evidence is gathered regarding ANE accusations, how to design a VAAR database in relation to existing state agencies' technology policies and how different government agencies should be involved at each stage in the process. However, the primary deterrents to creating a VAAR in South Carolina have been interagency and policy-related coordination and the necessary resources of a host agency, recurring support funds and staff.

The Issue Paper documented and summarized the Workgroup's findings and discussions. The Workgroup was able to consolidate the views and expert-based practices of multiple stakeholders across the LTC system and to elucidate the systemic issues that must be considered before legislation can be written. Once completed, government agencies that were identified as potential hosts for the VAAR were given an opportunity to submit comments. During the development process, the Issue Paper was shared with the South Carolina Bar Association's Vulnerable Adult Taskforce to inform their efforts. The goal of both organizations in their joint effort was to outline the broad framework and legal issues faced by the General Assembly and staff.

Horizon Considerations

In November 2017, a bill to create a VAAR was pre-filed in the South Carolina General Assembly by Representative Garry Smith. The bill (H.4413) was not considered by the full Assembly in the 2017-2018 legislative session. Representative Smith introduced a new bill to create a VAAR (H.3273) during the 2018-2019 legislative session.

The ILC continues to disseminate the Issue Paper and agency responses from SCDSS, SCDHHS and the LTCOP to legislators and other public and private stakeholders regarding prevention of abuse against vulnerable adults. A copy is also available online at http://imph.org/protecting-vulnerable-adults-potentially-abusive-workers-issue-paper/. The ILC will continue to monitor South Carolina's policymaking efforts to establish a statewide registry.

STATUS UPDATE FOR RECOMMENDATION 15

Ensure vulnerable adults are protected through an adequate Adult Protective Services (APS) Program and have access to preventive services that keep them safely in their homes and from requiring more expensive services.

Summary Statement

To evaluate the APS Program within the SCDSS and to recommend future action steps, AARP SC and the SCDOA engaged the law firm Nelson Mullins Riley Scarborough (NMRS) to conduct an independent pro bono review of the Program. A final report was issued in November 2016. SCDSS has responded positively to the recommendations.

Key Points

With respect to the increasing demand for LTSS among older adults and people living with disabilities, it is essential that our state provide an adequate system for necessary protections and safeguards for our most vulnerable citizens. The APS Program in South Carolina, which is administered by SCDSS, is an integral part of the state's network of protections for vulnerable adults at risk for or victims of abuse, neglect and exploitation. APS also works to coordinate services and family-based assistance for older adults who have neglected their own care physically or psychologically in response to social isolation or declining health.

Despite a growing population of the elderly and people with disabilities in South Carolina, efforts to protect vulnerable adults are stymied by a lack of state funding for the APS program. The funds allocated to SC DSS for the APS program in FY2015 were $3.2 million through federal sources and grants, including $0 in state funds.[43] $2.6 million in reoccurring funds was requested for FY 2019-20;[44] however, $0 were allocated. APS currently receives $0 in state funds.

A Pro Bono Analysis of the South Carolina Adult Protective Services System: Report and Recommendations was released in November 2016.[45] AARP SC and NMRS developed and implemented an extensive process for this large-scale review. An advisory group completed the task of identifying a cross-section of stakeholders statewide who could be interviewed. Once interviews were concluded, an APS case manager survey was developed and sent to all APS case managers. The survey results provided a consensus view of the strengths and weaknesses of the APS Program from those who are central to its operation. This analysis resulted in valuable recommendations for maintaining and improving the services of the APS Program and its community partners. The recommendations made in the report were the following:

1. Provide additional training for APS case managers and supervisors.
2. Adopt a "family first" approach for purposes of placing vulnerable adults who must leave their homes.
3. Develop an assessment form or structured decision tool to determine maltreatment.
4. Ensure valid data collection.
5. Utilize a centralized call center to improve data intake process, including use of a written, standardized screening tool and a live person who is knowledgeable about and trained regarding vulnerable adult issues.

6. Clarify and ensure consistent application of statutory requirements to qualify vulnerable adults.
7. Develop a case closure protocol.
8. Improve interagency service coordination and communication.
9. Explore solutions for placement options and funding to ensure service providers accept and provide services to vulnerable adults.
10. Improve technology and technological processes to streamline case managers' administrative burdens.
11. Determine appropriate staffing levels relative to caseloads.

This comprehensive review established a foundation for future improvements in areas such as training, streamlining intake procedures, updating policies and expanding data collection for greater quality and accuracy. The recommendations represent identification of solutions that also require legislative action and additional financial resources.

Simultaneous to the NMRS independent review, SCDSS undertook several internal efforts to aid APS to meet its mission: changes to its organizational structure, revisions to outdated policies and procedures and improvements to caseload management and data collection.

The APS Program in the state office has been totally separated from the Child Protective Services Program. The process of separating has begun in the counties to include such critical efforts such as designating case managers and supervisors specific to each program when financially possible. However, low staffing levels and fewer resources in remote areas of South Carolina have meant that some case managers still maintain caseloads of both child and adult clients. Increased resources and more staff would benefit all clients in the Protective Services programs so that individual case managers can orient their work to meet the specific needs of either adults *or* children rather than trying to generalize to both groups. Issues related to adequate staffing and job training are vital considerations.

SCDSS started an examination of APS policies in 2016 with a goal to update outdated policies and procedures. The General Assembly Legislative Audit Council (LAC) also completed a review of the APS Program in 2017. The LAC identified ways to improve the processes for investigation and service provision in response to reports of abuse, neglect and financial exploitation. In addition, the review addressed human resource-related issues and coordination between agencies. The APS program responded to the LAC review by changes in policies, procedures and day-to-day practices. After the separation between APS and CPS in the state office occurred and after the APS Director was hired, antiquated policy began to be rewritten. Although this is an on-going process the revised APS manual is available online.[46]

Program leaders recognize that continuous improvement methods are necessary for maintaining standards of service provision excellence. For example, APS staff have established new procedures for collecting data about ANE cases. SCDSS has implemented a more consistent, reliable method of assessing the numbers of calls taken, intake contacts and clients engaged that will better track and analyze key trends across the state. SCDSS has successfully implemented an APS Intake Decision-Making Tool to build consistency in the intake process statewide and improve data collection and analysis capacity. The APS Intake Tool has also been successfully incorporated into the Child and Adult Protective Services System (CAPSS) database. This makes an electronic version of the Intake Tool accessible to all Intake Practitioners statewide in the centralized call

centers (called "Hubs"). There are now five Hubs in South Carolina that receive either CPS or APS intake calls. A successful application for FY17 & FY18 Victims of Crime Act (VOCA) federal grant resulted in hiring two full-time APS Intake Practitioners in each of the five Hubs. The current FY2018 VOCA grant award is in the amount of $654,236.00 and is to be used to protect vulnerable adults from abuse, neglect & exploitation. This grant funds a Victim Advocate, ten APS Intake Practitioners and a Counselor to facilitate the APS Family Group Conferencing Program in Beaufort and Charleston counties.[47] [The VOCA grant also provides funding for the family counseling pilot project described below.] However, the non-recurring grant funds put the successful APS Intake project at risk in each yearly grant-funding cycle.

The NMRS survey found that 34% of the 105 case managers reported having one year or less of experience and 24% reported having two to four years of experience.[48] Caseloads of more than 30 clients were reported by 13% of those surveyed and another 13% reported between 20 and 30 cases.[49] Lack of experience and high caseloads are likely to contribute to the employee turnover rate. In order to increase staffing levels to meet the growing demand for APS case managers, pay raises and reductions in excessive caseloads (which are more likely to be placed on the most experienced employees) are necessary elements for retaining current staff and attracting new staff to the program.[50] The Adult Advocacy Division has established a case manager/caseload ratio in the Adult Services Protection Policy and Procedure Manual as follows: It is recommended that APS Case Managers carry a caseload of no more than 20 cases each (Chapter 2, Section 259).[51]

APS is working jointly with the University of South Carolina (USC) College of Social Work to enhance an up-to-date training curriculum for current case managers. The NMRS survey found that more than three-quarters of all respondents agreed that more training options were needed in many areas of intake and service provision assessments. The requests for more training included the following: mental health assessments, physical and/or psychological abuse assessments, sexual battery assessments and general neglect or self-neglect assessments. A majority also agreed that they would like more training in interviewing and information-gathering techniques as well as family caregiving and cultural competency awareness. SCDSS is currently staffed with five APS performance coaches to serve APS staff in each region of the state. The VOCA grant led to the hiring of a Victim Advocate to assist vulnerable adults who are also victims of domestic violence and to serve as a liaison between the county offices and local law enforcement. A County Operations Director has also joined the team. All state office staff provide training, guidance and direction to case managers on the county level. Services include hands-on training, regional training and an annual state workgroup training. The Adult Advocacy Division, in conjunction with USC College of Social Work, has developed multiple training courses. APS Basic Training has been expanded from two to six weeks with an additional culture competency module to highlight South Carolina's cultural differences.

APS has successfully established a pilot Family Group Conferencing Project in Beaufort County for preventing clients' return visits to APS. The project has expanded recently to include vulnerable adults in Charleston County. Counselors who have received training in small group interactions bring together the client, the APS case manager and family/community members to discuss how through an agreed upon plan they will keep the vulnerable adult safe and healthy. The client may wish to stay in their own home, so family members are counseled to coordinate plans and to commit to schedules and responsibilities that would eliminate the social isolation and any identified risks the client was experiencing before the counseling sessions began.

Horizon Considerations

Temporary stabilization placement options for vulnerable adults in need of protective services is still one of the top challenges faced by the APS Program. Without alternatives, case managers must arrange for (and SCDSS must pay for) temporary services delivered on an unexpectedly long-term basis. SCDSS recently put out bids for three emergency beds in community residential care facilities for less expensive, better-coordinated services while APS seeks long-term placements. In the future, more emergency beds like these will be needed to provide more cost-effective services for vulnerable seniors and people with disabilities in emergency placement situations.

SCDSS is exploring ways to partner with other state agencies to better leverage resources for the APS Program. For example, limited placement funds could be augmented by expediting the Medicaid eligibility process for APS clients and assuring that services are provided in the most cost-effective and least restrictive setting. Addressing the multilayered, diverse concerns of adults needing protective services in South Carolina requires a comprehensive strategy beyond the scope of APS—warranting the coordination, collaboration and support from agencies and advocates across the LTC spectrum including other non-traditional stakeholders (e.g., the Department of Consumer Affairs and the financial industry).

The APS services currently provided by non-recurring VOCA grant funds (e.g., Intake Practitioners and Victim Advocates for vulnerable adults suffering domestic violence) need a recurring funding source. The continuation of centralized intake services using the evidence-supported APS Intake Decision-Making Tool will ensure consistency in the process of determining who is a vulnerable adult within the parameters of the law and which cases should be investigated by APS.

The APS Family Group Conferencing Program in Beaufort and Charleston counties seeks to develop family/community caregiving networks and strategies that will keep the vulnerable adult safe and healthy. Program directors plan to expand these family group conferencing services to as many counties as possible throughout the state.

SCDSS has contracted with the USC Center for Child and Family Studies to expand its training courses for the future. The following training courses are scheduled to be delivered in the first half of 2019: Client Capacity, Interviewing Different Typologies and APS Intake Quality Assessment training. The following topics are in development for the first APS e-library: Bedsores, Bedbugs, Hoarding, Guardianships & Conservatorships, Dementia, Identifying and Avoiding Case Manager Burn-out and Adult Mental Health.

To develop more HCBS options and expand policies that promote consumer choice and self-direction of care, the state needs to ensure that the resources necessary to guarantee protection are present, regardless of the care setting.

STATUS UPDATE FOR RECOMMENDATIONS 17-19

Recommendation 17: Improve access and funding for flexible respite services.
Recommendation 18: Increase access to training opportunities and sources of ongoing support for family caregivers to sustain them in their caregiving roles.
Recommendation 19: Enhance the capacity of the Aging Network to ensure that family caregivers receive critical services, including thorough assessment, education, training and support.

Summary Statement

The Taskforce made five recommendations related to supporting family caregivers in the *Creating Direction* report. To date, the ILC and stakeholders in the LTSS community have been focused on addressing Recommendations 17, 18 and 19. SCDOA and the regional AAAs have worked collaboratively to build the Family Caregiver Support Program (FCSP) with limited resources. Each AAA has a full-time Caregiver Advocate to assist family caregivers in their area. The respite voucher program seeks to reach more family caregivers through strategic coordination and cost-effective partnerships to support them.

More training programs are now available to increase citizens' knowledge of family caregiving, LTSS and respite care. However, the demand for training opportunities and ongoing support for family caregivers exceeds the supply of resources available. Community organizations, such as the Alzheimer's Association, South Carolina Respite Coalition and AARP SC, maintain advocacy efforts for seniors, people with disabilities and family caregivers.

Key points

In response to federal requirements set out by the Older American Act, SCDOA established and maintains the Family Caregiver Support Program (FCSP) to ensure fuller access to services and supports for family caregivers. Federal and state sources provide funds for program administration and activities. The FCSP provides respite vouchers for eligible caregivers to receive a temporary break from caregiving. All 10 AAAs receive funding and support from the FSCP. The funds assist family caregivers through support, counseling, information and access to services from the AAA office and/or its community partners. Family caregivers receive additional information about local learning opportunities for the complex topics related to caregiving. Dementia Dialogues is an evidence-informed program developed at the Arnold School of Public Health at USC.[52] GetCareSC.com also provides informational resources for family caregivers who have Internet access and increases public awareness of family caregiving tasks, benefits and challenges.

Caregiver Advocates attend quarterly meetings with SCDOA staff to discuss program effectiveness and network for potential collaboration. They also receive training and up-to-date policy education. A programmatic curriculum on support group facilitation, person- and family-centered care for progressive conditions and risk factors for elder abuse is currently being formalized to expand the roles of FCSP Caregiver Advocates.

SCDOA has partnered with community-based organizations such as the South Carolina Chapter of the Alzheimer's Association and the South Carolina Respite Coalition (SCRC) to help local volunteer organizations

strengthen education, training and counseling provided to family caregivers. The South Carolina chapter of the Alzheimer's Association has paired with the Elks Club to donate $40,000 to supplement current state funds earmarked for respite support to caregivers of individuals with Alzheimer's or related dementias. SCDOA also encourages AAAs to establish partnerships with colleges and universities in order to attract a diverse array of volunteers such as older students at technical colleges interested in second careers who have had caregiving experiences themselves.

SCDOA recently established new guidelines to allow for flexibility in disbursement of state-funded *lifespan* respite care vouchers to caregivers of persons of any age with a disability rather than limiting vouchers only to caregivers of seniors. In 2018, FCSP Advocates began using a new "caregiver needs" assessment – an interview guide for counseling and screening for respite voucher eligibility and support services. The intake process has been more fully standardized and streamlined around the state to ensure consistency of services and data collection. The interview guide adapted best practices and feedback from across the regional AAAs.

The Lifespan Respite Grant Team, in conjunction with the State Committee on Respite, recently published *Take Another Break SC*, a five-year evaluation and update on the 2013 Lifespan Respite State Plan (*Take a Break, SC: Sustaining South Carolina's Family Caregivers Through Respite*).[53] The grant team included representatives from the SCDOA, SCRC and Family Connection of South Carolina. South Carolina has received multiple Lifespan Respite grant awards since 2009 from ACL. A 2018 supplemental award has been used by the grant team to assist four churches across the state to establish "respite break rooms" for family caregivers and their loved ones. Participating churches provide on-site daycare to seniors and adults with disabilities during religious services or organized congregational events while family caregivers attend congregational activities.

The grant team has received recognition from the ARCH National Respite Network for broad collaborative efforts involving multiple agencies, organizations, business coalitions and stakeholders as advocates for respite care and assistance to family caregivers. The team has successfully turned policymakers' attentions to *lifespan* respite (i.e., making respite available to family caregivers for persons of any age with any disability), thereby increasing access to respite funds for a broader population. This has contributed to an increase in state budget allocations for respite care for the past three years.

With an aging population, more adult children and other family members will become caregivers.

The SCRC, SCDOA and their partners have organized and sponsored multiple educational opportunities to increase public awareness about respite care. Policymakers, family caregivers and the general public meet representatives of the SCRC which hosts Respite Awareness Day on February 14th each year at the South Carolina State House. Educational materials are distributed to participants at this and other sponsored events each year. The SCRC has also secured a proclamation signed by the Governor recognizing that date as Lifespan Respite Awareness Day in South Carolina in the past and plans to do so next year. The SCRC has a website, Twitter feed and email distribution lists for disseminating information to interested parties.

Many of these steps have been taken to strengthen the SCRC's position as a lead advocacy organization for respite care. Their advocacy to continue providing respite care vouchers and education activities through the AAAs and regional organizations has contributed to increased state funds over time. The budget for FY2018 included $2.4 million in recurring funds for respite and $900,000 for respite for families caring for a family member with Alzheimer's disease or a dementia-related disorder.[54] As the population of who needs care increases over time, particularly with an aging population, more adult children and other family members will become caregivers, and they will subsequently require additional assistance with trained respite care. As demand increases for aging and disability services statewide, the staff capacity of the regional AAAs should be scaled to meet that demand, particularly in rural areas.

Horizon Considerations

Phase I of the OASIS database project within SCDOA is the implementation of the FCSP database. SCDOA will use OASIS for quarterly reports, caregiver assessments, administration of respite vouchers and statewide trend analysis. The new system should provide the regional AAAs with more consistency, efficiency and flexibility in eligibility determinations and voucher distribution. The goal is to relieve AAA staff from several of their current administrative responsibilities so they may focus more fully on support to family caregivers. Once these improvements are fully in place, the FCSP will have better capacity to track unmet needs, gaps in services and outcomes for care recipients and their families. Statewide and regional data will allow SCDOA to tailor the limited funds to serve as many family caregivers and care recipients with high-priority needs as possible.

The SCDOA and regional AAAs will engage and support family caregivers through innovative outreach partnerships with faith communities, colleges, volunteers and HCBS service providers. The partners will work together to collect, review and disseminate high-quality educational materials on respite, caregiver stress and caregiver burnout. Innovative programs can expand the roles of direct care workers and paraprofessionals to provide the latest LTSS for care recipients.

SCDOA will target outreach to the medical, business and civic communities to increase public awareness about support services for family caregivers. Educational materials for family caregivers can be provided regularly via GetCareSC.com. The SCRC and its' partners continue to increase public awareness and educate family caregivers about respite and available resources. The outreach may include a public awareness campaign about HCBS, telehealth services and resources available to help LTSS recipients to age independently in their own homes and communities.

South Carolina is one of five states selected for a 2019 program called *Helping States Support Families Caring for An Aging America*. The Center for Health Care Strategies will provide technical assistance and collaborative learning opportunities for the participating states to develop system improvements focused on helping caregivers to alleviate social isolation, avoid burnout and restore social integration. The leadership team includes representatives from SCDHHS, SCDOA, the South Carolina General Assembly, IMPH and AARP SC. The initial phase of this program will take place over twelve months.

The unpaid efforts of family caregivers are often not sufficiently acknowledged in their impact on their communities and the effects of their work in supplanting state and federal financial resources. Health care organizations, employers, agencies and policymakers need innovative strategies and expanded resources to ensure family caregivers are included on health care teams, prepared and trained for the responsibilities they provide in their homes and have essential financial and employment supports for their efforts.

STATUS UPDATE ON RECOMMENDATION 23

Develop and market a comprehensive, user-friendly online information and referral resource for long-term services and supports, which will include resources for caregivers.

Summary Statement

During 2017, a software engineering vendor upgraded an aging and disabilities information and referral database maintained by the SCDOA. The new website, www.GetCareSC.com, is a comprehensive and user-friendly database available to the public.

Key Points

SCDOA staff, in conjunction with a website design firm, replaced the former referral database for aging and disabilities services known as SCAccess.org. Work on the website was supported by $250,000 from the Duke Energy Settlement and was guided by an advisory committee of key stakeholders. The advisory committee made detailed recommendations for the SCDOA staff to consider in addressing the redesign. The new website is located at www.GetCareSC.com.

The home page of GetCareSC.com opens with an option to search the website for information on LTSS, caregiving and related questions. A list suggests some common terms that have been used by others to prompt information searches. A telephone helpline is prominently advertised for users who would prefer to receive help by talking with someone (1-800-868-9095). The website is organized with four main menus: service guides, searching for service providers, reporting a problem and the facility bed locator. The printable service guides are short webpages on topics such as adult advocacy, emergency financial assistance, in-home care and transportation. As LTSS or caregiving referral information is updated over time, new service guides can be added. Website authors recognize that they have two main audiences: seniors who are looking for general assistance, services or information and family caregivers seeking services for a loved one. The website has information and provides links to many tools and supports directed toward family members who are new to caregiving responsibilities.

The improved facility bed locator function helps users search for skilled nursing, assisted living, secure Alzheimer's care or complex care facilities that may have a bed available for their loved one. At a minimum, it allows the user to see a list of service providers in their area. For those who are more familiar with advanced search functions on Internet websites, users can narrow a search to the facility type that would be most appropriate. The programming allows users to sort by other categories as well such as county (i.e., proximity to family members), number of beds available and payment types accepted. Public information about a service provider includes the facility name, main phone number, city, county, facility type, beds available based on payment type and date that the information was most recently entered. Providers are now responsible for updating this information themselves through a private account.

Website administrators and SCDOA staff conducted training sessions for service providers about the website and how they can log in to the non-public database areas to update the facility or organization information, as needed. A user guide for providers was created and receipients have expressed their appreciation to staff. The first training session was a summit that included all providers who supplied information to the original database website (SCAccess.org). Invitations were also sent to the advisory committee and other partners in the state.

The SCDOA staff understood that a successful relaunch of the user-friendly information and LTSS referral database required an expansive branding and marketing effort complemented by needed public education. Since the rollout of the new website in September 2017, there has been an ongoing outreach campaign to educate consumers and providers about the website. At the 2017 South Carolina State Fair, GetCareSC.com was promoted to fair attendees and supported by AARP SC. Marketing materials have been provided to AAAs and nonprofit organizations around the state. SCDOA staff coordinated a symposium with Columbia International University in June 2018 to reach out to non-profits and faith-based groups and volunteers from around the state. There were nearly 100 attendees—many of whom expressed excitement about how they can use GetCareSC.com with consumers in their own regions. They developed outreach plans to community organizations during the symposium. The website has a Media Page as well as promotional flyers and tent cards.[55]

Data collection for website use has been upgraded compared to the limited capabilities of the former SCAccess.com database. From October 16, 2017 through May 31, 2018, there have been nearly 25,000 users, over 37,000 sessions and nearly 105,000 page views.[56] Approximately 20% of users are using the search function for facilities and information. The most popular pages are the Facility Bed Locator, Search, Guides, AAAs and Guides for Insurance Counseling and Caregiving.[57] SCDOA staff have received positive feedback about the Service Guides and are pleased with the data collection procedures and results.

Horizon Considerations

The future of the new website GetCareSC.com will benefit from ongoing investment, oversight and maintenance to ensure that it remains a dynamic and user-friendly resource. The SCDOA staff will continue to offer training sessions and invite new and existing providers to update their information in the database such as the number of beds available in the facility. The website developers will continue to update the search tool software that fits with the website's mission to provide tools and LTSS referrals. SCDOA staff have plans to reach out to non-profit organizations, faith-based groups and community volunteers from around the state.

STATUS UPDATE ON RECOMMENDATION 26

Support and enhance awareness about statewide education efforts regarding advance care planning based on the needs and values of individuals.

Summary Statement

The South Carolina Coalition for the Care of the Seriously Ill (CSI) and its partner organizations have engaged in multiple projects to educate families, community organizations, health care professionals and the public about advance care planning. Several smaller projects led to training and experiential learning opportunities that have been applied to a larger grant-funded study regarding advance care planning for underserved populations in South Carolina.

Key Points

CSI has spearheaded regional and statewide education efforts meant to improve the quality of, and accessibility to, advance care planning conversations. The Physician Orders for Scope of Treatment (POST) pilot project was conducted from 2014 to 2017 to introduce and initiate the use of the POST form in conjunction with meaningful conversations on goals of care for South Carolinians.[58] The initial stage included four hospital systems in Greenville and Charleston counties. The project was expanded to additional hospital systems in Anderson and Richland counties. The researchers sought to increase health care professionals' comfort with meaningful conversations surrounding goals of care for end of life with patients and completion of a POST form, if applicable. A total of 364 POST forms were completed across six sites. Seventy percent (70%) of the clinicians who used the form reported that having the form made advance care planning conversations with patients and families easier.[59] The major barrier noted with the pilot project was the ability to access the POST form when a patient presented for care. Limitations of the pilot were the lack of standardization for the roll-out across the sites and the lack of a standard conversation guide for the health care professionals.

Another project aimed at the furtherance of advance care planning in South Carolina was the South Carolina Medical Association's (SCMA) Physicians Foundation grant project. The grant project looked to assist physicians in improving their competence in initiating an advance care planning conversation with a patient/family and to establish advance care planning in their practice.[60] Each site physician and 2-3 office staff members were trained with the Respecting Choices First Steps Facilitator Course to assist with initiating the conversation. The lessons learned from the project were key in informing the next initiative, including the education choices as well as implementation techniques.

CSI began the Advanced Care Planning (ACP) Initiative in early 2018 with a grant from the BlueCross BlueShield of South Carolina Foundation. With this ongoing project, CSI has expanded its advance care planning education and outreach efforts beyond the health care system into the community, including faith-based organizations.[61] The goals of this project are:

1. To increase both community awareness and the quality of advance care planning;

2. To improve health care professionals' ability to initiate and integrate advance care planning conversations and processes into their daily practice and
3. To improve accessibility of advance care planning documents through technology.

Five Community Outreach Partners were chosen for this pilot study: Agapé Senior Foundation in Beaufort County; AnMed Health in Anderson County; Hospice Care of the Piedmont serving Abbeville, Greenwood and McCormick Counties; Palmetto Health in Richland County and Tidelands Health serving Georgetown and Horry Counties. The Community Outreach Partners receive ongoing training and coaching support from Coalition members and a technical assistance team. Topics addressed include system redesign, education and training, community engagement, quality improvement, health information technology and evaluation models. Ongoing coaching sessions via telephone and face-to-face meetings help Community Outreach Partners expand their advance care planning education and outreach efforts with local clinicians and community members, including faith leaders and their congregation members. Collectively, the five Community Outreach Partners have formed an active learning collaborative, sharing lessons learned and promising practices. This learning collaborative will help to develop replicable and sustainable practices to increase the quality of, and accessibility to, person-centered, family-oriented advance care planning conversations for underserved populations.

The goals established for the ACP Initiative came out of national efforts as well as lessons learned from the POST project and the SCMA project. Attention to systems thinking and health care system redesign originated with the Respecting Choices® First Steps® ACP Facilitator program[62] and has been emphasized based on the workflow challenges identified during the POST and SCMA projects. The process of having advance care planning conversations was sometimes unclear, demonstrating a need for a conversation "guide" to assist clinicians. After the SCMA program was completed, participants realized that there had been no pre-implementation "walk-through" to identify workflow changes that might be needed to incorporate these conversations into offices across participating sites. Community Outreach Partners now understand the importance of developing process and workflow models for decision support and in designing a technology solution to share advance care planning documentation across the care continuum.

Community Outreach Partners and participating health care systems will utilize several forms for advance care planning, including the Health Care Power of Attorney (HCPOA) document and the POST form developed during the previous pilot program. The HCPOA is legislated for South Carolina and the POST form is approved by the South Carolina Department of Health and Environmental Control (SCDHEC) only for those counties originally trained for the POST pilot program.

The CSI ACP Leadership Advisory Council chose a vendor for a statewide electronic registry for South Carolina residents who have completed advance care planning documents. The electronic registry will retain information about patients' wishes in one centralized location which they, or their physicians, will be able to access in the future when needed. The intent is to include local and state health care information technologists as system redesign team members within the ACP Initiative to allow patients' advance care planning information to be retrieved across different health care settings and maintained in patients' electronic health records. The vendor will work with the CSI Advance Care Planning Workgroup as well as the Leadership Advisory Council on a timeline for development and integration.

Public Education Efforts

National Health Care Decisions Day (NHDD) takes place yearly on April 16th. CSI has participated each year and worked to expand the reach of this educational campaign across South Carolina. The South Carolina Hospital Association, a member organization of CSI, hosts information and resources on its website about South Carolina Health Care Decisions Week.[63] The website also maintains an updated list of documents related to advance care planning (https://www.scha.org/advance-care-planning). In 2018, Governor Henry McMaster declared April 15 – April 21 as Health Care Decisions Week with support from the CSI. Outreach activities have included the dissemination of the 2018 NHDD Action Guide and plan development for community organization events. Volunteers from various organizations in the state gave presentations and distributed a detailed, user-friendly advance care planning guide entitled "Isn't It Time We Talk?" created by The Carolinas Center for Hospice and End of Life Care and the South Carolina Hospital Association.

In 2017, Crantford Research, a marketing research firm, conducted four focus groups in Columbia and Florence, South Carolina to discuss advance care planning.[64] Participants were between the ages of 50 and 65. Participants were recruited at random among South Carolina residents. However, employees of social service organizations dealing with aging or general health care professionals were excluded from the sample of participants. The summary findings included the following:

1. All focus group members demonstrated some familiarity with advance care planning concepts such as living wills, Do Not Resuscitate (DNR) orders, end-of-life care or a health care representative. However, many were uncertain of the distinctions between concepts, especially the term "palliative care." Few had personal or family experiences with advance directives.
2. Focus group members spoke of multiple challenges or barriers that affected their personal decision-making and active follow-up regarding advance care planning. The barriers included family dynamics, finances, the emotional toll of advance care planning for themselves or a loved one and cultural/spiritual beliefs.
3. The focus groups revealed that, since there is no legal or financial requirement for individuals to plan for their eventual deaths, advance care planning is an idiosyncratic, discretionary action. Few individuals saw advance care planning as a sufficient solution to overcome barriers, unless there is an immediate need.
4. Group members showed interest in the topic by asking many questions about the process and how to access more information privately. They were not likely to view health care service providers as good information sources for advance care planning. Most group members showed a preference for searching for information online, but they wanted guidance for helpful websites. They generally were not sure where to start.
5. The focus groups were asked about tag lines and words they associated with advance care planning. The favored line was "My Life, My Choices."

The focus group research led to the following recommendations:

- Target an audience, possibly related to an age group or life course benchmark;
- There needs to be ownership of the topic and marketing as the advance care planning resource to

develop more consumer outreach online or in the community;

- To improve consumer marketing, recognize that the audience seeks information online as a private matter more than seeking the help of health care professionals and
- Promote a yearly event about advance care planning and health care decisions.[65]

Public Policy Efforts

A Physician Order for Scope of Treatment Act (H.4802) was introduced and submitted by Representative Robert Ridgeway in January 2018. The bill was written to establish the POST form for use statewide and establish procedures for using POST forms in health care settings, with SCDHEC as the home agency to guide this process. The creation of an Advisory Council of ACP experts to assist in this process was included. The bill was not voted on during the 2017-2018 legislative session. Representative Gary Clary re-introduced the bill (H.4004) during the 2018-2019 legislative session. As of finalization of this report, H.4004 passed out of the House 3M Committee.

Horizon Considerations

In the ACP Initiative, several benchmarks were set for the Community Outreach Partners.[66] By the end of 2019, each Partner organization will have completed the following:

- A minimum of 100 documented clinician-led advance care planning conversations with individuals and/or their family members
- A minimum of 125 clinicians attended an education session
- A minimum of 900 community members educated regarding advance care planning
- A minimum of 25 POST forms completed and entered into an individual's Electronic Medical Record or uploaded to the electronic Registry
- Keep the conversation as the vital key to meaningful advance care planning

Beyond the ACP Initiative activities, interested parties should address critical aspects such as the development of an independent statewide database and a universal method for incorporating advance care planning documents into electronic health records. Where applicable, emergency medical services should be able to access completed advance directives and POST forms while in the field once the electronic registry is fully implemented.

CSI and the Community Outreach Partners are likely to adopt best practices in written communication that should be replicated by state agencies as well as public and private organizations when communicating with patients about advance care planning. Hospitals, insurance companies, medical professionals, elder law specialists and online resources should use similar written language styles to present advance care planning information. Legal documents for Health Care Power of Attorney and POST forms should be standardized statewide. The results of the ACP Initiative should be shared with parties across the various fields of medicine, health care professions, social workers and policymakers.

STATUS UPDATE FOR RECOMMENDATION 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 persons with disabilities.

Summary Statement

Transportation continues to be a challenge for many South Carolinians, particularly for older adults and persons with disabilities. Though a statewide taskforce has not been engaged to date, other statewide initiatives have highlighted how insufficient public transportation services in South Carolina impact access to health care services for those unable to drive. All of the regional AAAs have repeatedly informed the SCDOA that access to community transportation services is a high-priority need of the elderly in their communities (e.g., medical appointments, local events).[67] The 2017 Rural Health Action Plan identified access to reliable and affordable transportation as an important infrastructure issue that cuts across multiple areas of concern (e.g., access to care, economic development) for improving rural health in South Carolina.[68] The need to address transportation services to improve population health in South Carolina was reiterated in the 2018 Live Healthy South Carolina State Health Improvement Plan.[69] Despite consensus among health care service providers, experts, citizens and advocates, a comprehensive statewide action plan for transportation services has not been developed.

Transportation continues to be a challenge for many South Carolinians, particularly for older adults and persons with disabilities.

Key Points

Objective 3.2 in the South Carolina 2017-2021 State Plan on Aging states "to serve more eligible older adults with transportation needs by coordinating a transportation system that enhances the lives of South Carolina's older adults, giving them the ability to live independently for as long as possible in the community" (p. 27).[70] This requires expanding the number of volunteers, particularly in rural areas. Meeting the objective also requires expanding the number of clients without independent driving abilities who will access inexpensive public or private transportation options to attend medical appointments, engage in community activities and meet shopping needs.

Public transportation is currently available in 40 of the state's 46 counties. The six remaining counties are primarily rural areas. The SCDOA assists county Councils on Aging to apply for grants from the South Carolina Department of Transportation. Grantees may receive funding for specially-equipped vehicles and driver training. Most drivers for the councils and charitable organizations that offer transportation assistance are volunteers.

Grant-supported programs have included Charleston Rides, Assisted Rides operated by the Waccamaw Council of Governments, plus more than a dozen County Councils on Aging rider programs.

Advances have been made in telemedicine that could address some – but not all – concerns regarding access to health care for older adults and persons with disabilities who need assistance with transportation. Using telemedicine, older adults would need less frequent transportation assistance for preventative health services. Patients could receive medical information and have discussions with medical professionals more effectively and efficiently via video connections than through in-office visits. However, the positives of telemedicine and telehealth generally could be offset simply by the growing number of patients needing LTSS that corresponds with an aging population.

Horizon Considerations

Efforts should continuously be made to expand transportation services statewide and build public awareness of already available resources to assist seniors and adults with disabilities who are unable to drive and need assistance.

The SCDOA and other state agencies must jointly encourage coordinated and effective cost-sharing in order to expand services through a combination of South Carolina Department of Transportation grants, federal grants and private pay measures to offer greater independence and more consumer choices to an array of South Carolina citizens.

The rapid growth of telemedicine and telehealth activities offers new opportunities to overcome traditional transportation challenges and provide access to some types of preventative care and LTSS. However, to reach the full potential of what telehealth can offer in the future, broadband infrastructure is necessary, particularly in some rural communities. Once seniors have inexpensive broadband access, there must also be a level of comfort with technology and Internet-specific communication styles to reduce medical assistance transportation needs effectively.

CONCLUSION

There is no one-size-fits-all model for improving a statewide LTSS system, but every state finds improvements and resources are needed. The "silver tsunami" of aging Baby Boomers that will grow to one-fifth of the United States population by 2030 requires a corresponding expansion of financial resources directed toward LTSS everywhere. Efforts to change and upgrade LTSS also underscore the need to empower seniors to control and direct their own care. Choice and control are both key aspects of any consumer-directed LTSS system.

South Carolinians in need of LTSS require a range of different services, depending on the type and severity of their disabilities. The demand for HCBS alternatives to nursing home care has increased in recent years. South Carolina's policymakers must consider how to support public agencies (SCDHHS, SCDSS, SCDOA and SCDDSN, in particular) providing the coordinated services that seniors with functional limitations, adults with disabilities and family caregivers are likely to need and want over the next decade.

The ILC's efforts to address 12 of the 30 recommendations in the LTC Taskforce report has provided significant momentum over the past three years. A collaborative approach has demonstrated that the stakeholders in the LTSS system can work together in the best interests of seniors and people with disabilities. Except for Recommendation 28 about transportation services, the ILC's priority recommendations have been addressed with significant progress being made. As noted above, two recommendations have been accomplished. The Lieutenant Governor's Office on Aging has been promoted to an agency in the Governor's Cabinet starting in 2019 (Recommendation 6). The comprehensive online information and referral resource for LTSS was launched in late 2017 as GetCareSC.com (Recommendation 23).

Efforts to change and upgrade LTSS underscore the need to empower seniors to control and direct their own care.

However, much work remains. The ILC must continue to promote collaboration between the wide array of policymakers, public agencies, community organizations, advocates and service providers for the greatest benefit to consumers of LTSS and their families. Stakeholders must work together even more than before in preparation for demographic changes that will demand more services, more time, more resources and more strategic planning for a LTC system in South Carolina that will accommodate the needs of more seniors, more people with disabilities and more complexities. Our strategies to reshape the system for future demand are dependent on real improvements evolving from the recommendations in the LTC Taskforce Report.

The ILC will continue its tracking and reporting of the progress made with the recommendations. As the members of the ILC continue their work to address the full array of recommendations, the support of key public and private-sector partners will remain vital. Such collaborative leadership will be essential to ultimately improving LTC in South Carolina. By working together, it is fully possible to achieve the vision of the LTC Taskforce for the benefit of all those who need LTSS in our state.

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LONG-TERM CARE TASKFORCE RECOMMENDATIONS

Recommendations shown in bold reflect those prioritized by the Implementation Leadership Council. Recommendations in italics reflect those prioritized for the next strategic phase.

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 potential employers.**
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 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 a critical member 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 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 public 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 public transportation services, particularly for older adults and persons 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.

The mission of the South Carolina Institute of Medicine & Public Health (IMPH) is to collectively inform policy to improve health and health care. IMPH seeks to achieve this mission by convening academic, governmental, organizational and community-based stakeholders around issues important to the health and well-being of all South Carolinians. In conducting this work, IMPH takes a comprehensive approach to advancing health issues through data analysis and translation and collaborative engagement. The work of IMPH is supported by a diverse array of public and private sources.

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