



South Carolina Institute of  
Medicine & Public Health



# PROGRESS REPORT

# CREATING DIRECTION

A GUIDE FOR IMPROVING  
**LONG-TERM CARE**  
IN SOUTH CAROLINA

OCTOBER 2016

## CREATING DIRECTION: A Guide for Improving Long-Term Care in South Carolina

To access the 2016 Progress Report and the 2015 Taskforce Report, please visit [www.imph.org](http://www.imph.org) and select Publications & Resources.

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The **mission** of the Long-Term Care Taskforce was to create lasting improvements in our state's system of long-term services and supports by developing and recommending cost-effective, actionable solutions to current and future challenges. The 30 recommendations issued in the taskforce report in June of 2015 highlighted numerous areas for action.

To keep focused attention on the recommendations made by the Long-Term Care Taskforce and to advance implementation efforts, an Implementation Leadership Council was convened by the SC Institute of Medicine and Public Health in the fall of 2015. The following progress report presents a status update on the recommendations prioritized by the Council and reflects the work of many partners in improving long-term services and supports in South Carolina.

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## CREATING DIRECTION: A 2016 PROGRESS REPORT

South Carolina faces unique and pressing challenges to improving its long-term care (LTC) system. It is vital that our state prepare to meet future demands while continuing to address the ongoing needs of older adults and people with disabilities. Such efforts require focused attention and collaborative engagement to ensure improvements are made—and there is no time to waste! Nationwide, 10,000 people a day are turning 65. That demographic trend began in 2011 and will continue through 2029 as the Baby Boom generation fully reaches retirement. With many older adults living in or moving to South Carolina, our state's population will continue to outpace much of the country in the growing number of older adults. The scope of that population shift will require a LTC system that is far more robust than the current continuum, and achieving that will require both creative thinking and direction.

It is that imperative which led to the formation of a statewide LTC Taskforce convened by the SC Institute of Medicine and Public Health (IMPH). In June of 2015, IMPH released a report with the 30 recommendations issued by that taskforce. Those recommendations address vital changes that are needed in our state across the spectrum of long-term services and supports (LTSS). They also underscore the urgent case for action driven by growing demand and ever-increasing need.

In an effort to ensure that the Taskforce's recommendations receive focused attention, IMPH formed an Implementation Leadership Council (ILC) of key stakeholders to prioritize the recommendations and guide implementation. The formation of the ILC is a direct outcome of the capstone recommendation of the taskforce that a *formal and structured implementation process bring collective focus, leadership and accountability to each of their recommendations (Recommendation 30)*. The ILC began its work in the fall of 2015 with a focus on key areas of collective momentum and strategic opportunity. The following assertions quickly emerged and became guiding themes for the first year of the ILC's work:

- Promoting collaborative leadership is vital to the immediate success and long-term sustainability of improvements;
- Laying groundwork through coordination and connectivity is critical to facilitating future efforts and achieving essential outcomes;
- Tracking and evaluating progress in implementing recommendations requires shared accountability and transparency across diverse partner groups; and
- Balancing growing demand with increasing costs will require new thinking about how LTC services can be delivered in the most appropriate, cost-effective and least-restrictive settings.

The intent of this progress report is to reflect the collective momentum around the prioritized recommendations and to highlight the key points of progress along with horizon considerations. The pages that follow provide detailed summaries for each of the prioritized recommendations, reflecting a diverse array of issues that have been addressed to date by the ILC members and collaborative partners. Although considerable progress has been made in each of the areas included in this report, the need for increased attention remains in vital areas such as: adequacy of the LTC workforce, capacity of LTC services and informational resources and effective return on investment for both the public and private sectors.

## STATUS UPDATE FOR RECOMMENDATION 4

Expand support for Medicaid-sponsored LTSS over the next five years to strengthen and expand home and community-based services (HCBS) as part of a full spectrum of care.

### Summary Statement

Although the South Carolina Department of Health and Human Services (SC DHHS) continues to address growing demand for services, the agency's budget constraints during FY16 inhibited consideration of any new, formal efforts to expand LTSS.

### Key Points

- In spite of SC DHHS's budget limitations, the agency's largest HCBS program, Community Long Term Care (CLTC), has grown its census and has not been capped. While it is significant that individuals who need services have access to them, this growth—which is being driven by the aging of our population—is not sustainable without additional resources and staff capacity.
- Key areas outlined in the LTC Taskforce Report, such as enhancing services, boosting infrastructure and provider rates have not yet been addressed in a comprehensive manner. However, SC DHHS did authorize an 8.5% rate increase for Adult Day Health Care (ADHC) effective July 1, 2016.
- There is an increasing need for services as evidenced by the fact that CLTC is currently exceeding capacity and its budget allocation. If CLTC is not stabilized, those who need it may have to be placed in more expensive care settings. If all those on the processing list for CLTC remain eligible and joined the program today, the number of enrollees would rise from the current 15,000 to around 21,000. The need for services is also underscored by processing list numbers and forecast projections. Additionally, there is an ever-increasing acuity level among enrollees.
- The growth in the number of those who need CLTC services is outpacing program staffing, which is already operating at maximum capacity. This is further complicated by the continual turnover in the enrollment population, requiring frequent attention to intake assessments and level of care determinations. Other critical considerations include the impact of increased demand resulting from frequent eligibility determinations and related processing time.
- Alongside the expected increasing demand for all services, the urgency of ensuring South Carolina has an adequate HCBS system is driven by the U.S. Justice Department's continuing emphasis on enforcement of the Olmstead decision and compliance with the Centers for Medicare and Medicaid Services' 2014 HCBS Settings Rule (the "Final Rule") requirements.

### Horizon Considerations

- The desire of individuals to age in place has driven continued interest in and growth of HCBS, yet a full continuum of services is vital to ensuring that all needs are met.
- A focus on opportunities to improve the coordination and integration of care across the spectrum should include such models as Healthy Connections Prime and the Program for All-Inclusive Care for the Elderly (PACE).

- As demand for services increase, it is essential to recognize that our state needs an adequate and well trained workforce. Of note, almost half of the staff in SC DHHS's LTC and behavioral health division are either nearing retirement age or have returned to work after retirement.

## **STATUS UPDATE FOR RECOMMENDATION 6**

**Enhance the mission of the Lt. Governor's Office on Aging (LGOA) 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**

Since the release of the taskforce report, the LGOA has been in a period of transition with a significant change in management structure. Current leadership has implemented several important infrastructure and policy/procedure changes to enhance operations and service delivery. Making those changes was seen as a foundational need and has been the main area of focus, rather than exploring major changes in mission or addition of new programs/services.

### **Key Points**

- In an effort to enhance operations, the LGOA leadership has sought to better define roles and responsibilities of key staff at the state office and improved communication and connectivity across the Aging Network. In addition, leadership is working to implement new policies to increase accountability in how HCBS funds are used. As an example of this, steps have been taken to evaluate how AAAs/ADRCs allocate resources and spend their dollars to the maximum benefit of consumers.
- In an effort to enhance service delivery, the LGOA has begun the process of implementing a significant change in how assessments are completed across the Aging Network. The goal is to separate assessment and delivery of services in order to ensure that consumers are fully assessed for need independent of service delivery. This process should also improve the consistency of data collection across the state and capacity for tracking/trend analysis of waiting lists, unmet needs and gaps in service.
- The LGOA leadership has sought to increase transparency in its funding request to the state legislature. Furthermore, the level of state funding has increased for FY17 in the areas of family caregiver respite and HCBS. The LGOA also received non-recurring funds in FY17 to enhance its outdated IT system.
- The LGOA has also made forward progress on two other areas of recommendation (improving family caregiver services and improving SC Access) which will be noted in separate sections of this report.

### **Horizon Considerations**

- The optimal organizational placement of the LGOA should be considered in light the ever expanding older adult population in South Carolina. Continuity of leadership is another vital consideration. A State Senate Oversight Subcommittee issued a report on the LGOA in December 2015 that made specific recommendations regarding operational issues related to funding allocation/management, budgeting, staffing, procurement, service coordination and technology. It made no recommendation regarding the future placement of the office.

- As growing demand has to 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.

## **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**

The increasing demand for LTC among older adults and people living with disabilities creates an added need for necessary protections and safeguards for our most vulnerable citizens. With respect to this increasing demand, it is essential that our state provide an adequate system for such protections and safeguards. The APS Program in South Carolina, which is administered by the SC Department of Social Services (SC DSS), is an integral part of the state's network of protections for vulnerable adults at risk for or victims of abuse, neglect and exploitation.

### **Key Points**

#### **Independent Review of the APS System**

To better understand the current APS Program and the needs of vulnerable adults, AARP-SC and the LGOA engaged the law firm of Nelson Mullins Riley Scarborough (NMRS) to conduct an independent pro bono review in 2015-16. The following areas were identified for research and analysis:

- Trends related to vulnerable adults who receive protective services;
- The benefit of early services and interventions for improving outcomes for vulnerable adults;
- Clarify whether a smaller up-front financial investment from the state could result in long-term cost savings to the state's Medicaid system;
- System accountability when protection does not occur;
- Improvements needed in the APS reporting system;
- The adequacy of services to protect vulnerable adults; and
- Evidence-based practices that will improve the APS system.

AARP-SC and NMRS developed and implemented an extensive process for this large-scale review. An advisory group was convened and charged with the task of identifying a cross-section of stakeholders statewide who could be interviewed. Once these interviews were conducted and over 200 pages of information analyzed, an APS caseworker survey was developed and sent to all DSS APS caseworkers. The survey resulted in an over 95% anonymous response rate and serves as the backbone of the report and recommendations.

A draft report was submitted to key stakeholders in September 2016 with a final report to be issued in October. This comprehensive review will establish a foundation for future improvements in areas such as policies and procedures, regulations and training. It will identify solutions that require legislative action or additional state resources.

## SC DSS Actions

Simultaneous to the independent review, SC DSS has undertaken several efforts to initiate improvements in the APS Program:

- In the fall of 2015, SC DSS changed its organizational structure to establish a new division focused on adult advocacy. With the creation of this division, the agency has begun separating the APS Program from the Child Protective Services Program. The process of separation includes critical efforts such as designating caseworkers and supervisors specific to each program. Issues related to adequate staffing and supervision are vital considerations.
- SC DSS is examining APS policy to revise outdated policies/procedures and make changes that will clarify the role of APS both internally and externally.
- SC DSS is implementing an APS Intake Decision-Making Tool to build consistency in the intake and assessment process statewide and improve data collection and analysis capacity. Following a pilot project, the tool will ultimately be integrated into the SC DSS database system and rolled out statewide.
- SC DSS has begun implementing a more consistent, reliable method of data collection (i.e., assessing the numbers of calls taken, intake contacts and clients engaged) that will better track and analyze key trends.

## Horizon Considerations

- Lack of LTSS placement options for vulnerable adults or those in need of protective services is one of the top challenges faced by the APS Program. Without alternatives, that program must provide temporary services (e.g., emergency placement in a hotel or emergency homemaker services) on a long-term basis. SC DSS plans to contract for three emergency beds in community residential care facilities. The beds will be used for temporary placement while long-term placement is being sought.
- SC DSS is exploring ways to partner with other state agencies to better leverage resources to serve vulnerable adults. 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.
- SC DSS is planning a pilot in two counties that will strengthen outreach to family members to assist in planning for their care recipients and to possibly provide placement options.
- SC DSS has contracted with the USC Center for Child and Family Studies to re-write basic training requirements and to ensure that all changes will be applied to basic caseworker training. Updates to basic training will also increase the number of days for completion.
- Addressing the complex concerns of the diverse array of adults in need of protective services in SC 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 financial industry).

- As efforts continue to develop 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 there, regardless of the care setting. (Recommendations 4 and 6 emphasize the importance of HCBS options provided through SC DHHS and the LGOA.)
- The Legislative Audit Council (LAC) initiated a review of the APS Program in the summer of 2016. The LAC will seek to identify ways to improve the processes for investigation and service provision in response to reports of abuse, neglect and financial exploitation. In addition, the review will address human resource-related issues and coordination between agencies. This work is projected to be completed in early 2017.

## STATUS UPDATE FOR RECOMMENDATIONS 17-21

Recommendations 17-21 are introduced here as a focus on family caregiving, yet progress will be outlined related specifically to recommendations 17 and 19.

### Summary Statement

In regard to improving family caregiver supports and services, progress can be seen in the following areas: 1) improved coordination among key stakeholders who serve or advocate for family caregiver needs; 2) increased access to state funds available for respite services; and 3) enhanced infrastructure in the LGOA's statewide Family Caregiver Support Program (FCSP).

### Key Points

- Key stakeholders with statewide plans/reports related to family caregiver issues have begun to meet on a quarterly basis to identify areas of overlap and potential collaboration. Those stakeholders include: staff and representatives from the LGOA and SC Respite Coalition who spearheaded the development of South Carolina's 2013 State Plan on Respite, staff and representatives from the LGOA and the Alzheimer's Association who developed the state's Purple Ribbon Alzheimer's Taskforce Report in 2009.
- As coordination efforts and infrastructure developments continue, key stakeholders will be able to build on them to address other taskforce recommendations related to family caregivers (e.g., strategies to provide more training for family caregivers, to ensure family caregivers are included on health care teams and to provide financial/employment supports).

### Key points on recommendation 17 – Improve access and funding for flexible respite services

- State funds allocated to the LGOA for respite are now available for lifespan respite (i.e., available to family caregivers for people under the age of 60 as well), thereby increasing access to respite funds for a broader population. Moving forward, it will be important to ensure that the new segment of the eligible population knows about this resource.
- Importantly, new guidelines from the LGOA allow flexibility in respite vouchers based on availability of funds and assessed needs of caregivers.

- State dollars for respite services have been increased in the state budget for FY17 through the following state agencies:
  - In FY16 the LGOA received \$1 million in recurring state respite funds. Subsequently, an additional \$1 million in recurring state respite funds was secured in FY17.
  - The SC Department of Disabilities and Special Needs received new funds in the amount of \$500,000 for the expansion of non-emergency respite beds.
  - The SC Department of Mental Health received increased funds for Alzheimer’s respite, bringing total FY17 funding to \$900,000.

**Key points on recommendation 19 – Enhance the capacity of the Aging Network to ensure that family caregivers receive critical services, including thorough assessment, education, training and resources.**

The LGOA has implemented infrastructure improvements in the FCSP that are intended to ensure better services and supports for family caregivers. Examples of these improvements include:

- Regular, quarterly meetings of the FCSP advocates to improve communication/open dialogue, opportunities for relationship building and opportunities for policy education;
- A formalized training component for FCSP advocates that includes a Dementia Dialogues training for caregivers of those with dementia and the development of other training opportunities; and
- Enhanced reporting requirements for FCSP advocates in each region that include quarterly reports to the LGOA aimed at helping to identify trends and track respite expenditures (e.g., vouchers).

Alongside the LGOA’s change in assessment processes for older adults who need services, the agency is working to streamline family caregiver assessment documentation and improve consistency in how these assessments are administered and tracked. Once these improvements are fully in place, the FCSP will have better capacity to track unmet needs, gaps in services and outcomes.

To assist the FCSP advocates in carrying out their work, the LGOA is also working to encourage and facilitate local-level partnerships:

- The LGOA is encouraging AAAs/ADRCs to establish partnerships with local colleges/universities in order to develop volunteers who could assist in various capacities. (This has been successfully done in two of the ten regions.)
- The LGOA is also encouraging and facilitating stronger relationships between AAAs/ADRCs, the Alzheimer’s Association and the SC Respite Coalition to augment the FCSP capacity and strengthen education, training and counseling provided to family caregivers.
- Other changes that are underway to enhance the capacity of the Aging Network to serve family caregivers include streamlining processes in order to remain consistent across the state, improving survey approaches used to gather information from family caregivers and developing a standardized support group curriculum and training.

## Horizon Consideration

As demand continues to increase for aging and disability services statewide, the staff capacity of the AAAs/ADRCs should be scaled to meet that demand.

## STATUS UPDATE ON RECOMMENDATION 23

**Develop and market a comprehensive, user-friendly online information and referral resource for LTSS, which will include resources for caregivers.**

### Summary Statement

Efforts underway to upgrade the SC Access website (an aging and disabilities information and referral resource) will ensure that it is comprehensive and user-friendly. With detailed input from an advisory committee, the LGOA issued a Request for Proposals (RFP) soliciting a vendor to redesign the website as well as to assist in marketing and branding efforts. A contract award is expected in November of 2016, which will engage a vendor to make the needed improvements.

### Key Points

- Work to enhance the SC Access website is supported by \$250,000 from the Duke Energy Settlement and is being guided by an advisory committee of key stakeholders. That committee made detailed recommendations for the LGOA to consider in addressing the website redesign. Implementation of website changes will best occur through a well-planned and phased approach that includes the ability to interface with other existing state systems (e.g., the Phoenix system).
- Enhancement to the website will be supported by addressing critical aspects of system interface and operability. The LGOA received non-recurring state funds in FY17 to make these needed improvements.

### Horizon Considerations

- The successful relaunch of SC Access must include an expansive branding and marketing effort complemented by needed public education. Such efforts should engage key aging and disability stakeholder groups. AARP-SC, which has committed to assist with future marketing efforts, will work with other groups to ensure outreach to target audiences for the website.
- The future success of the new website will benefit from ongoing investment, oversight and maintenance to ensure that it remains a dynamic and user-friendly resource.

## STATUS UPDATE ON RECOMMENDATION 26

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

### Summary Statement

The SC Coalition for the Care of the Seriously Ill (the “Coalition”) and its partner organizations have spearheaded several statewide education efforts to enhance awareness among members of the public and physicians about ACP. Alongside these efforts focusing on education, the SC Physician Orders for Scope of Treatment (SC POST) pilot project completed its first year and coalition partners are seeking to extend

it through 2017. This pilot tests the use of a form that combines patients' wishes about their treatment with a physician's order for services to ensure that the entire care team is aware of and follows those wishes. Integral to this process is the ongoing need to incorporate and respect the interests of individual patients and their families.

## Key Points

In an effort to standardize ACP processes statewide, the Coalition has spearheaded the following activities:

### Public education efforts

- National Healthcare Decisions Day (NHDD) in South Carolina took place statewide on April 16, 2016. This observance included dissemination of the 2016 NHDD Action Guide, hosting an advocacy day at the State House, publication of op-ed(s) supporting increase awareness and the signing of a Governor's proclamation.

### Physician education efforts

- A grant was awarded by the Physicians Foundation to the South Carolina Medical Association (SCMA) to better prepare physicians across SC to carry out their unique roles in helping their patients' access and benefit from ACP. Specific elements of the grant-funded project include utilizing evidenced-based ACP training materials ("Respecting Choices") to train representatives from four family medicine pilot sites and conduct outreach to other practitioners to share project goals and outcomes.
- ACP was a featured topic during the 2016 SCMA conference; the coalition chair presented a keynote on ACP, and a 6-hour ACP training was provided.
- There is continued momentum around the SC POST pilot. The first year of the pilot was completed in April 2016 involving four hospital systems in Greenville and Charleston counties (with approximately 300 individual participants). Plans include an expansion of the pilot to Anderson, Spartanburg, Richland and Orangeburg counties.

## Horizon Considerations

- Ongoing expansion of ACP activities is dependent upon the broader engagement of key leaders (e.g., elected officials) and advocacy/interest groups in support of needed legislative action. Such activities should build on work to date and address critical aspects such as the development of an independent database and the need for a more universal method for incorporating advance directives into patient medical records.
- As grant and pilot-funded activities progress across the state, it will be valuable to continually identify and apply lessons learned as a part of further replication efforts.

## CREATING DIRECTION IN LTC: LOOKING AHEAD

The 2015 report of the Long-Term Care Taskforce presented 30 actionable recommendations that create direction for improving long-term care in South Carolina over a five-year horizon. As the ILC approaches the second year of its work, the reality of a dramatic demographic shift in our population requires both practical and creative solutions to address these recommendations. As the sheer number of those needing services grows exponentially, our strategies to reshape the system for future demand are dependent on real improvements evolving from the recommendations in the taskforce report.

As the implementation process continues, the ILC will continue its tracking and reporting of the progress made with the recommendations. Furthermore, the ILC will be expanded to include representation from personal care providers, disability services and the APS system. The inclusion of these members will enable the ILC to bring additional collective focus, leadership and accountability as stressed in Recommendation 30.

### The ILC has chosen three recommendations to add to the existing group of priorities:

- **Recommendation 12:** Develop a comprehensive Direct Care Worker (DCW) Registry to be used as a resource for consumers, family caregiver and providers
- **Recommendation 14:** Develop an Adult Abuse Registry
- **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

In their focus, **Recommendations 12 and 14** are closely related, and the work to achieve them both will be complementary. In selecting these two recommendations, the ILC is underscoring the benefit of registries in assuring consumers have access to a qualified workforce with sufficient safeguards. At a time when HCBS are expanding, these registries will provide a valuable resource to guarantee protection, regardless of setting. DCWs represent the largest segment of the LTC workforce. Given that reality, it is essential that efforts are undertaken to ensure that these workers are adequately identified and screened across the state.

Throughout the work of the LTC Taskforce and the ILC, transportation services have continued to be recognized as a fundamental component of an individual's ability to live independently and access needed services and supports. Implementation of **Recommendation 28** will continue to build on collaborative efforts initiated by the ILC and address transportation as an integral component of the long-term continuum. Such efforts must engage stakeholders within and beyond the LTC arena.

As the members of the ILC continue their work to address the full array of recommendations from the LTC Taskforce, 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.

## Long-Term Care Taskforce Recommendations

*Note: Recommendations shown in bold reflect those prioritized by the Implementation Leadership Council over the past year. Recommendations in italics reflect those chosen as priorities over the coming year.*

### 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**

