

EXECUTIVE SUMMARY

AUGUST 2023

Department on Aging

House
Legislative
Oversight
Committee





South Carolina House of Representatives Legislative Oversight Committee

EXECUTIVE SUMMARY

FINDINGS

The Subcommittee has **five findings**. The Subcommittee has recommendations to address some, but not all, of these findings. However, the Subcommittee makes the findings to note information that a member of the public, or General Assembly, may seek to know or on which they may desire to act.

LEADERSHIP

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

PLANNING AND SERVICE AREAS

2. The 10 regional planning and service areas were established in 1969 through executive order. The state's 46 counties were placed into contiguous regions based on demographics, socioeconomics, social congruence, governance structures, and other interests. The configuration of these regions has not been officially reassessed since 1991.

FAMILY CAREGIVERS

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

DIRECT CARE WORKFORCE

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

ALZHEIMER'S DISEASE CRISIS

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

RECOMMENDATIONS

The Committee has **24 recommendations** that continue, curtail, and/or eliminate agency programs, and include areas for potential improvement. The Committee recognizes these recommendations will not satisfy everyone nor address every issue or potential area of improvement at the agency.

ACCOUNTABILITY

1. Implement a quarterly meeting with the Area Agencies on Aging and the provider network for the purposes of communication, training, planning, and dissemination of information.
2. Implement and provide mandatory strategic planning training, for all AAA senior executives, annually and assess director knowledge of strategic planning theory and processes prior to each four-year area plan submission.

COLLABORATION

3. Collaborate with appropriate state and local government agencies, to promote participation in the U.S. Census Bureau's decennial United States census and the American Community Survey, to improve the accuracy of the population count and enhance the state's ability to receive accurate funding from the Administration for Community Living, which uses census data to calculate funding allotments for senior services under the purview of the Department on Aging.
4. Collaborate with appropriate state agencies (e.g., South Carolina State Housing Finance and Development Authority (SC Housing), Department of Social Services, etc.), local and municipal governments, associated counterparts (e.g., South Carolina Association of Counties, Municipal Association of South Carolina, etc.), and other pertinent stakeholders, to develop a strategic plan for senior home modification. The plan should include an assessment of senior home modification need by county, projected costs associated with the modifications, identification of revenue sources to support modifications (e.g., grants, state and federal funds, etc.), evaluation of available contractors, and a timetable for implementation of the plan. The report must be submitted to the Committee within one year of the Committee's issuance of the study and added as an addendum to the State Plan on Aging 2021-2025.
5. Engage the Department of Administration's Division of State Human Resources for assistance developing and implementing online eLearning and training modules, to evaluate internal staff and AAA staff knowledge and understanding of agency policies, procedures, programs, and initiatives.
6. Partner with the state's workforce development agencies to address limited provider capacity, with the intent to increase the availability of services AAAs can provide seniors in rural and underserved areas of the state.
7. Study and produce a report detailing the direct care workforce shortage and its impact on the state's senior population. The report should include current direct care workforce data, current and future workforce challenges, and provide recommendations to address the identified challenges. This report should be submitted to the Committee within one year of the Committee's issuance of the study.
8. Engage the Division of Procurement Services for support reviewing the agency's enabling statutes to determine if regulations specific to the South Carolina Consolidated Procurement

Code have been implemented and are practiced according to state law at the Area Agencies on Aging. A report of findings should be submitted to the Committee six months after publication of the Committee's report.

9. In coordination with the South Carolina Advisory Council on Aging, and other senior

services stakeholders, complete a study to determine the efficacy of developing a 501(c)(3) nonprofit organization whose purpose is to create an endowment to support and sustain the Eldercare Trust. The report should be submitted to the Committee within one year of the Committee's issuance of the study.

EFFECTIVENESS

10. Conduct a study to determine if the existing planning and service area model promotes the most efficient distribution of programs and services for the state's senior population. The report should include analysis of demographic trends, socioeconomics, county contiguity, availability of healthcare resources, transportation accessibility, and available

provider services. The study should note support for the existing model or provide recommended amendments to the model for consideration. The report must be submitted to the Committee within one year of the Committee's issuance of the study and added as an addendum to the State Plan on Aging 2021-2025.

EFFICIENCY

11. In coordination with the Department of Administration's Division of State Human Resources, evaluate the merits of consolidating the agency's volunteer recruitment responsibilities under the Human Resources division. This division would assume responsibility for developing a volunteer recruitment strategy for the Vulnerable Adult Guardian ad Litem program, Long-Term Care Ombudsman Program, and State Health Insurance Program. Provide a written report of the evaluation to the Committee within six months of the Committee's issuance of the study report.
12. Evaluate the value of developing a marketing and communications division responsible for building the agency's brand recognition; establishing relationships with senior centric

non-profit organizations; healthcare systems, physician practices, pharmacies, other related healthcare professionals; and peripheral organizations that provide resources for distribution to customers within the agency's core demographic constituency.

13. Request a formal written response from each AAA regarding the efficacy of requiring Information and Referral/Assistance (I&R/A) certification for all AAA staff.
14. Conduct an annual survey of AAAs, and their associated governing bodies, to gauge satisfaction with the Department on Aging and to solicit input regarding opportunities for improvement.

TRANSPARENCY

15. Request the Office of the State Inspector General conduct an employee satisfaction survey. Agency leadership must report survey findings to the Committee and include an action plan to address identified opportunities for improvement. The survey must be conducted within one year of approval of the study report, and the results provided to the committee. Subsequent employee satisfaction surveys should be conducted every two years.
16. Implement objective performance metrics and targets to evaluate all internal agency programming and services.
17. Conduct a study of AAA service delivery waiting lists. The study should include the following: factors driving the waiting list population, the average time seniors remain on waiting list before receiving services, the number of seniors who voluntarily removed themselves from waiting lists or died before receiving services, and solutions to reduce or mitigate factors contributing to waiting lists. Submit a report to the Committee within one year of approval of the Committee's study.

MODERNIZATION OF LAWS

18. The Committee recommends the General Assembly consider adding the Director of Veterans' Affairs to the Long-term Care Council as a voting member and removing obsolete agency name references and references to the Lieutenant Governor by amending S.C. Code Section 43-21-130, as proposed by the Department on Aging.
19. The Committee recommends the General Assembly consider adding language align state law with federal regulations, specific to reporting of resident-identifying information without the resident's consent, which precludes mandated reporting of suspected abuse, by amending S.C. Code Section 43-35-25, as proposed by the Department on Aging.
20. The Committee recommends the General Assembly consider adding language to increase the Geriatric Physician Loan Forgiveness Program award amount by amending S.C. Code Section 43-21-200, as proposed by the Department on Aging, and amended by the Committee.
21. The Committee recommends the General Assembly consider updating the agency name in S.C. Code Section 43-35-310(A)(2)(b), as proposed by the Department on Aging.
22. The Committee recommends the General Assembly consider updating the agency name in S.C. Code Section 40-25-40(C), as proposed by the Department on Aging.
23. The Committee recommends the General Assembly consider removing the Department on Aging, from S.C. Code Section 51-3-60, and adding approved forms of identification accepted by state park administrators, for free access of certain state park facilities, by aged, blind, or disabled; and disabled veterans, as proposed by the Department on Aging.
24. The Committee recommends the General Assembly consider amending S.C. Code Section 44-36-330, to add a representative from the House Ways and Means Committee and Senate Finance Committee to the Alzheimer's Disease and Related Disorders Resource Coordination Center advisory council.