



**State of South Carolina**  
**Department on Aging**

**Henry McMaster**  
Governor

**Connie D. Munn, MSW**  
Director

June 6, 2023

The Honorable Joseph Jefferson  
Subcommittee Chair, Healthcare and Regulatory Subcommittee

Dear Chairman Jefferson,

Please accept this letter as our official notification of our responses to the questions requested by the various members of the subcommittee.

We look forward to our next opportunity to present testimony to the Healthcare and Regulatory Subcommittee. Meanwhile, if you have any additional questions, please do not hesitate to contact me.

Respectfully,

A handwritten signature in blue ink that reads "Connie D. Munn".

Connie D. Munn, MSW

## Healthcare and Regulatory Subcommittee Follow-Up Questions From April 18<sup>th</sup> Presentation

### Senior Population Growth

1. According to the agency's South Carolina State Plan on Aging 2021-2025, South Carolina's senior population is among the fastest growing in the nation.

- What challenges can the state expect to encounter as the senior population continues to grow?

There are many challenges the State can expect to encounter as the senior population continues to grow. It is expected that the senior population will double by 2030 and approximately 11.5% of that population lives in poverty. Other challenges are listed below:

- Housing - Twenty-six percent of the state's seniors live alone. This makes the need for quality housing options for these and all seniors an emerging issues
- At least 11% of S.C.'s 65 and older population is living with Alzheimer's or a related dementia.
- Mental health problems are common among older adults and may include isolation, affective and anxiety disorders, dementia, and psychosis, among others.
- One in 11 S.C. seniors are at risk for hunger and S.C. ranks third in the nation for food insecurities (food insecurities is a term used by AARP to designate people that often go hungry because they cannot afford food).

- What policy issues will the state need to consider in response to the growth of the senior population?

One policy issue is the need to reinstate the Long Term Care Council as defined in SC Code, Section 43-21-130. The council, shall work to establish and maintain a state-wide access system for consumers to access long term supports and services.

We look forward to open dialogue with our legislators to develop policy to help in addressing the many needs of our senior population.

2. Family caregivers, according to the agency's South Carolina State Plan on Aging 2021-2025, provide 737 million hours of service to their chronically ill, disabled, or frail elderly loved ones each year?

- Are the number of family caregivers expected to grow or decline in the next 5-10 years? If the availability of family caregivers is expected to decline, who will fill the gap and what does the state need to do to prepare?

According to AARP's 2023 report "Valuing the Invaluable" released on March 8, 2023, South Carolina has 710,000 family caregivers providing an estimated 670

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million hours of care at the value of \$9.3 million. This is a slightly lower number from the estimate quoted in the State Plan on Aging 2021-2025 report in AARP's 2012 report of 770,000 family caregivers in our state.

Over the next 5-10 years the number of family caregivers will likely remain steady, or even decrease, while the number of people in need of care from family caregivers will increase as our state's population of older adults increases. The most recent data on caregiver to care receiver ratios are from an AARP Article "The Aging of the Baby Boom and the Growing Care Gap" estimate that in 2013, for every one person at high-risk of needing care, there were 7 potential family caregivers to support that person. This estimate is rapidly decreasing, in 2030 it is expected to be 4 to 1. By 2050 it is expected to fall even further to less than 3 to 1. <https://www.aarp.org/home-family/caregiving/info-08-2013/the-aging-of-the-baby-boom-and-the-growing-care-gap-AARP-ppi-ltc.html>

There are many contributing factors to this increase: adults living longer, families having fewer children, older adults who rely on family and friends for assistance, and even our society becoming more transient, just to name a few.

The answer to what our state can do to prepare for a decrease in family caregivers is a multilayered and complex answer. In short, our state can continue to support family caregivers through respite, supportive services, and caregiver education. Expanding home and community based services for older adults would provide supports for older adults to remain in the home and in the community. Building up a workforce of direct care workers is also vital in caring for our state's aging population.

The RAISE Family Caregiver Act, signed into law in January of 2018, directs the Secretary of Health and Human Services to develop, maintain, and update a strategy to recognize and support family caregivers. A National Strategy to Support Family Caregivers was born from both the RAISE Advisory Council and the Advisory Council to Support Grandparents Raising Grandchildren. It is focused on five goals:

- 1) Increase awareness of and outreach to family caregivers.
- 2) Advance partnerships and engagement with family caregivers.
- 3) Strengthen services and supports for family caregivers.
- 4) Ensure financial and workplace security for family caregivers.
- 5) Expand data, research, and evidence-based practices.

The South Carolina Department on Aging is working with other agencies such as the Department of Mental Health, the Department of Disabilities and Special Needs, DHEC, SC Respite Coalition, SC Association of Area Agencies on Aging, and others on a No Wrong Door approach to support family caregivers. Our ultimate goal is for a caregiver to be able to access eligible services from any of these agencies, no matter where their first contact may fall.

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There is much work to do in this area, however, we are closer now than ever before and we are moving forward.

3. Has the agency ever conducted a statewide survey, of persons 60 and over, to inquire about health, life, and safety issues; knowledge of the state's aging services network; and knowledge of programs offered by the Department on Aging and the AAAs?

The agency has not conducted a statewide survey, of persons 60 and over, to inquire about health, life, and safety issues. However, we are in the process of purchasing a software program that will provide us the capabilities to conduct these types of surveys and reporting.

### Agency Budget

4. Does the agency have a marketing budget? If so, how much does the agency spend on marketing annually?

The Communications Officer position was vacant for over a year. During that time, there were many discussions concerning the need for a marketing budget. Now that the agency filled that position, and with an experienced agency director, establishing a marketing budget is a priority as we create the budget request for SFY2024.

5. In the current and previous fiscal year, has the agency utilized television, radio, or print media to market agency services and programs? If so, please identify the type of marketing used and the services or programming promoted through those platforms.

Yes, in the current and previous fiscal year, the South Carolina Department on Aging has used the following to market agency services and programs:

#### Television

South Carolina Education Television (SCETV) was used to market our COVID-19 campaign titled "Our Best Shot." We ran a 9-week campaign May 30-July 31, 2021. We ran the same COVID-19 campaign with SCETV from Nov. 21, 2022-Jan. 16, 2023.

In mid-December of 2022, our agency partnered with SC Department of Corrections for "Spread the Joy" campaign. Media were invited as a press conference was planned where statements were provided from Director Stirling and Director Munn.

Holiday gifts made by inmates at the S.C. Department of Corrections were delivered to nursing home residents across the state. The gifts are part of Operation Spread the Joy, which began in 2020 as an effort to lift spirits during the COVID-19 pandemic.

In January 2023, SCDOA assisted Able SC to distribute emergency kits to adults with disabilities. Media were invited to a press conference where the plan was discussed to distribute 122 emergency kits to adults with disabilities across the state.

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### Radio

The COVID-19 campaign with SCETV included public radio messages to encourage caregivers, older adults and those with disabilities to learn more about how the Covid-19 Vaccine can help protect against severe illness or death. The National hotline was provided.

Our agency also reached out to Cumulus Media for its “Our Best Shot” campaign. The announcement ran on WNKT-FM 107.5 THE GAME and WLXC KISS 103.1 FM. These announcements reached various parts of the state because of their wide-range broadcast.

This year our agency has been a guest several times on a radio program called “Access Columbia” where our various subject matter experts spoke about their specific program and how it relates to the South Carolina Department on Aging. Programs discussed this year were what is SCDOA and its services?, the Alzheimer’s Resource Coordination Center (ARCC) and dementia, and the Long Term Care Ombudsman program.

### Websites

SCDOA operates both <https://aging.sc.gov> and GetCareSC.com for information about aging and aging services.

### Billboards

During the COVID-19 campaign “Our Best Shot” billboards were strategically placed around the state, and at bus stops.

Our agency worked with All Over Media to place billboards regarding Medicare Open Enrollment for four weeks. Additionally, placards were placed above gas station pumps to notify the public.

### Newspapers

The COVID-19 campaign “Our Best Shot” also included graphics in the Post and Courier, The State, Greenville News, Spartanburg Herald Journal, and its subsidiaries products and partners. This campaign ran from late November 2022 to early Jan. 2023.

In late November 2022, we ran an announcement regarding the HUD grant in The State newspaper and its subsidiaries products.

Several times this year and last, our agency has conducted interviews about a variety of topics regarding the aging network. Varying newspapers have reached out to speak to our subject matter experts on their specific programs. Examples include the VAGAL SC program, the Long Term Care Ombudsman program, the Alzheimer’s Resource Coordination Center (ARCC) Advisory Council, and more.

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### Social Media

The South Carolina Department on Aging uses the following social media programs to promote agency news, events, and inform the public about aging:

- Facebook
- Twitter
- YouTube
- LinkedIn

Programs and services promoted through social media include the following:

- Alzheimer's Resource Coordinator Center (ARCC)
- ElderCare Trust Fund
- Geriatric Loan Forgiveness
- Health Connections Prime Ombudsman
- Family Caregiver Support — Dementia 101: The Basics
- Opioid Medications and Their Risks Resource Guide
- Medicare and SHIP
- Senior Nutrition Program
- Long Term Care Ombudsman
- SC Vulnerable Adult Guardian Ad Litem (VAGAL SC)
- GetCareSC.com

### Outreach

SCDOA continues to promote our outreach events through our social media and partners. We have a speaker request form to help track and coordinate those who are looking to learn about aging and aging services.

SCDOA participates in events across the state regarding a variety of topics on aging. Some specific events include:

- The Palmetto Senior Show
- MUSC Senior Expo
- Senior Day

### Toll free number

We have a toll free number 1-800-868-9095 to call that is accessible Monday through Friday 8:30 a.m. to 5 p.m. The SCDOA receptionist answers the call and helps direct the caller on the specific services they need according to where they live. This data helps inform our agency of the greatest needs.

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### AAA Corrective Action Plans

6. What steps does the agency have in place to correct AAA processes prior to placing them on a corrective action plan?

SCDOA provides extensive training and technical assistance before any AAA is placed on a corrective action plan, when there is an indication of problem areas. There are multiple reasons why a AAA could be placed on a corrective action plan. For finance any finding above concern (non-compliant or deficiency) requires a corrective action plan per federal regulations.

7. How many AAA's have been placed on corrective action plans in the previous five fiscal years?

There have been three AAA's that have been placed on corrective action plans in the previous five fiscal years.

8. When a AAA is placed on a corrective action plan, is the affiliated governing body informed by the Department on Aging (e.g., Appalachian Council of Governments, Central Midlands Council of Governments, etc.)?

The SCDOA will notify the COG Director and/or the Executive Officer if their AAA has been placed on a corrective action plan. When necessary, the Board Chair may also be notified.

### SC Adult Guardian Ad Litem Program

9. According to agency staff, the Vulnerable Adult Guardian ad Litem program has 10 FTEs and 32 contract attorneys who represent the agency's guardian ad litem in family courts across the state. Staff testimony also mentioned the benefits of lower-case volume, which has allowed staff and volunteers the opportunity to provide the quality of service they prefer.

• How many staff, contract attorneys, and volunteers are needed to effectively provide quality and timely service to customers served by the Vulnerable Adult Guardian ad Litem program?

In order to provide quality and timely services we need 112 volunteers and approximately 31 contract attorneys. We have ten staff members consistently working to build our volunteer base while providing services to customers. We continue analyzing our program data to determine if we need to request an additional staff member.

• Does the agency utilize a case staffing ratio to guide how many staff and volunteers are needed to effectively manage cases?

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We currently do not have enough volunteers statewide to use a ratio. As we continue volunteer recruitment, our goal is to have a 3:1 case/volunteer ration.

- Identify the number of Adult Guardian ad Litem program volunteers needed, by county, to ensure services are adequately provided to program customers.

**Lowcountry Region:**

Allendale - 0

Beaufort - 1

Colleton - 2

Hampton -1

Jasper - 1

Berkeley -1

Charleston - 1

Calhoun - 1

Dorchester - 2

Orangeburg - 6

**Upper Midlands Region:**

Chester - 0

Lancaster - 1

Fairfield - 2

Kershaw - 2

Union - 1

York - 3

**Lower Midlands Region:**

Aiken - 6

Bamberg - 0

Barnwell - 1

Edgefield - 1

Lexington - 8

McCormick - 0



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Saluda - 1

Richland - 10

**Upper Pee Dee Region:**

Chesterfield - 2

Marlboro - 1

Clarendon - 4

Lee - 0

Sumter - 4

Williamsburg - 0

**Lower Pee Dee Region:**

Darlington - 2

Dillon - 2

Florence - 3

Marion - 1

Georgetown - 1

Horry - 7

**Upstate Region:**

Abbeville - 1

Greenwood - 2

Laurens - 3

Newberry - 1

Anderson - 8

Oconee - 2

Cherokee - 0

Spartanburg - 9

Greenville - 6

Pickens - 1

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- Please list the counties assigned to each Adult Guardian ad Litem program volunteer. (Do not include personally identifiable information)

V1 – Beaufort

V2 – Oconee

V3 – Richland

V4 – Greenville

V5 – Oconee

V6 – Richland

V7 – Richland

V8 – Richland

V9 – Pickens

V10 – Lexington

V11 – Greenville

V12 – Richland

V13 – Orangeburg

V14 – Richland

V15 – Lexington

V16 – York

V17 – Richland

V18 – Richland

V19 – Spartanburg, Cherokee, Union

V20 – Lancaster, Union, York

V21 – Aiken

V22 – Lexington, Richland

V23 – Lexington, Richland

V24 – Kershaw, Fairfield, Richland

V25 – Richland, Lexington

V26 – Berkeley, Charleston

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V27 – Richland, Lexington

V28 – Orangeburg, Calhoun, Berkeley, Dorchester, Colleton

V29 – Bamberg, Barnwell, Orangeburg, Richland, Lexington, Dorchester

V30 – Charleston, Berkeley

V31 – Spartanburg, Greenville, Anderson

V32 – Cherokee, Spartanburg

V33 – Spartanburg, Greenville

V34 – Richland, Lexington

V35 – Anderson

• Please list the counties assigned to each of the 32 contract attorneys. (Do not include personally identifiable information)

Please note, we currently have 31 contract attorneys. They are as follows:

Attorney A – Oconee and Pickens

Attorney B – Dillon

Attorney C – Beaufort, Jasper, Allendale, Hampton

Attorney D – Greenville

Attorney E – Greenville

Attorney F – Georgetown

Attorney G – Spartanburg

Attorney H – Spartanburg

Attorney I - Clarendon

Attorney J – Berkeley

Attorney K – Cherokee, Union

Attorney L – Abbeville, Greenwood

Attorney M – Newberry

Attorney N – Dorchester

Attorney O – Lancaster, Calhoun, Orangeburg, Chester, Fairfield, York

Attorney P – Lee, Sumter

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Attorney Q – Richland

Attorney R – Charleston

Attorney S – Laurens

Attorney T – Marlboro

Attorney U – Kershaw, Lexington

Attorney V – Lexington

Attorney W – Williamsburg

Attorney X – Charleston

Attorney Y – Chesterfield

Attorney Z – Horry

Attorney AA – Horry

Attorney BB – Aiken, Bamberg, and Barnwell

Attorney CC – Florence, Marion, and Darlington

Attorney DD – Anderson

Attorney EE – Edgefield, McCormick, Saluda

**10.** According to agency staff, the total number of new cases assigned to staff and volunteers has decreased due to several factors, such as COVID and changes to the adult protective services intake and screening process.

- Please identify the changes made to the adult protective services intake and screening process and explain why these changes led to a decline in the total number of cases assigned to the Vulnerable Adult Guardian ad Litem program?

It is our understanding that the new intake and screening tool is more effective at recognizing an adult's right to self-determination and screening these cases out. In addition, the new tool is more in line with APS statute. For example, if someone calls in an exploitation case, APS can only accept the case if the alleged perpetrator was a caregiver.

This may be one of the reasons why Adult Protective Services is taking fewer adults into custody. Because we only serve adults in state custody, there has been a decline in the number of cases assigned to the Vulnerable Adult Guardian ad Litem program.

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### Program Volunteer Recruitment

11. According to agency staff, the Department on Aging has a volunteer recruitment and retention manager.

- When was this position created?

The position for the **Long Term Care Ombudsman Program** was created in 2021. The successful applicant started May 17, 2021.

The Volunteer Recruitment and Retention Manager position for the **Vulnerable Adult Guardian ad Litem Program** was created on July 1, 2021.

- Is this staff member responsible for the agency's volunteer recruitment strategy?  
This position works to assist in the recruiting and training of Volunteer Ombudsmen.

The Volunteer Recruitment and Retention Manager is only responsible for the SC Vulnerable Adult Guardian ad Litem program's recruitment and retention strategy.

- How many agency programs rely on volunteers?

The Ombudsman, SHIP, and VAGAL programs rely on volunteers.

- Provide a profile of the "typical" Vulnerable Adult Guardian ad Litem program volunteer (e.g., age, education, experience, ethnicity, etc.).

Volunteers for the SC Vulnerable Adult Guardian ad Litem program are 21 years of age or older and come from a variety of backgrounds. Many of our volunteers are retired and many are working professionals. Working professionals must be able to take leave from their work to attend court hearings. Volunteers come from a variety of ethnic backgrounds. Most volunteers have received a college education.

- Provide a profile of the "typical" Ombudsman program volunteer (e.g., age, education, experience, ethnicity, etc.).

After surveying all 10 regions, the average active volunteer with the Long Term Care Ombudsman Program as follows:

- A white female between the ages of 40 and 60 who has been a volunteer with the program from 1 to 3 years.
- The average volunteer has an associate's degree or higher, and has most likely worked in a private for-profit corporation or in state/local government.

12. What are the most significant barriers to recruiting volunteers?

All Long Term Care Ombudsman Volunteer Coordinators except for one currently serve in dual roles. Most Long Term Care Ombudsman Volunteer

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Coordinators provide telephone intake, provide routine visits on a daily basis and conduct investigations. This layering of roles unfortunately means that volunteer recruitment must take a back seat in order for staff to focus on more pressing and emergent issues. In some offices only 1 staff member serves as all positions, so it is almost impossible for them to recruit volunteers and provide proper advocacy for residents.

One of the most significant barriers to recruiting volunteers is the cost associated with travel. Volunteers choose which counties they would like to serve. However, the adults that are assigned to them may be placed anywhere in the state, necessitating greater travel time and associated expenses. Another barrier is finding volunteers in rural areas and keeping these volunteers engaged.

13. Does that agency have a volunteer recruitment strategy? If so, please list the goals associated with the strategy.

The volunteer recruitment strategy for the Long Term Care Ombudsman Program is to have a paid volunteer coordinator working in each region. Volunteer coordinators will be a resident of their respective region and will be knowledgeable about the most effective way to recruit volunteers within their community. The goal of this strategy is to ensure each regional coordinator will implement a volunteer recruitment plan specific to their region. These plans will be made in conjunction with oversight and assistance from the state volunteer program coordinator and the State Long Term Care Ombudsman. The regional volunteer coordinator should provide appropriate regional program oversight to ensure volunteer recruitment and retention, while the state office staff provide strategic direction. The state office coordinator ensures program compliance throughout the state and that volunteers understand conflict of interest protocols and the importance of the Long Term Care Ombudsman Code of Ethics.

The Vulnerable Adult Guardian ad Litem program's goal is to create a brand that sets the program apart from other volunteer programs. Our Volunteer Recruitment and Retention Manager works to ensure potential volunteers are aware of the benefits of becoming a GAL volunteer for adults. Some of these benefits include an intellectually challenging experience, the opportunity to advocate for some of the most vulnerable adults in our state, and the chance to prevent abuse, neglect, and exploitation of seniors and younger adults with disabilities. In addition, volunteers receive ongoing supervision and support from experienced regional coordinators and participate in numerous opportunities throughout the year to work together as a team with other vulnerable adult GALs.

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14. Please list the methods, employed by agency staff, to communicate volunteer opportunities to the public.

Facebook, Word of Mouth, website, flyers, Volunteer Pro and other Volunteer Recruitment websites, community health fairs, public speaking events and faith community outreach.

The SC Vulnerable Adult Guardian ad Litem program's volunteer opportunities are communicated to the public through a variety of methods including:

- Social media sites including Facebook, LinkedIn, and Twitter
- Press releases to the media which have resulted in the publication of articles in newspapers across the state
- Volunteer Match and United Way websites
- SC Department on Aging's website
- Personally reaching out to qualified, potential volunteers
- Presenting and speaking with individuals at statewide events for federal retirees, retired teachers, faith-based groups, college students, and other groups of potential volunteers.

**Long-Term Care Ombudsman Program (LTCOP)**

15. Continuing Care Retirement Communities provide services, such as assisted living, memory care, and skilled nursing. The Ombudsman program does not have authority to investigate these facilities.

Continuing Care Retirement Communities (CCRC) can include a range of care to include independent living, assisted living to skilled care. The LTCOP does not have authority to handle complaints in the independent living portion of a CCRC; that responsibility falls under the license and jurisdiction of the SC Department of Consumer Affairs as per the SC Code of Laws, Section 37-11-10.

If a CCRC resident resides in the assisted living or nursing home portion of the facility, he/she (or a family member or friend) can file a complaint with the LTCOP for advocacy and/or investigation.

- If a resident contacts the Ombudsman regarding abuse, neglect, or similarly associated issues, what recourse does the agency have at its disposal?

The LTCOP has authority to investigate complaints and advocate for the resolution of the issue. If during the course of the investigation it is determined that the complaint is a regulatory or criminal issue, the Ombudsman, (with permission from the resident) will refer the complaint to the appropriate entity.

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16. How long does it take to the Long-Term Care Ombudsman Program to train staff and what is the associated cost?

Based on the experience of the individual, the certification process takes an average of 9 months. The Older Americans Act mandates the base level training for a Long Term Care Ombudsman. The Administration on Community Living has mandated a minimum of 36 hours for initial certification. The SC State Long Term Care Ombudsman has added 19 additional hours to cover applicable state laws, regulations, directives and policies. All individuals in training must pass the certification exam, and conduct shadowing visits and investigations in each type of facility (nursing home, assisted living, DDSN, DMH) as part of the certification process. The average cost per month is \$2605; this amount is inclusive of trainer/trainee salaries, mileage, and parking.

Trainer - \$32/hour x 32 hours of training= 1,024.00

Mileage - .665x 104= \$69.16 (median mileage)

Parking - \$10x4=\$40

Trainee - \$16 x 92= \$1472 (average salary hour x classroom + shadow time)

Total= \$2605.16

17. How many of the following entities are currently operating in South Carolina:

- Nursing Homes      194
- Community Residential Care / Assisted Living Facilities      466
- Intermediate Care Facilities      65
- Community Training Homes      879
- Supervised Living Programs      731
- Homeshare      147

18. How many of these facilities closed in the last five years (list facility and county)?  
How many residents were affected by the closures?

The Long Term Care Ombudsman Program does not track this information. We have reached out to DHEC for data on facility closures.

19. Does the state have enough of these facilities to meet the future needs of seniors and families?

This is a difficult question to answer. The cost of care in a long term facility continues to rise. According to Genworth, the *median* monthly cost of long term care in SC for



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an assisted living facility is \$3,382 and \$7,729 for a semi-private room in a nursing home. The affordability of long term care is both a current and future challenge. The goal of the SCDOA is to provide services and resources to help seniors maintain their independence and remain in their homes as long as possible.

20. Does the agency analyze demographic trends to project the future need for additional facilities within its regulatory purview (e.g., nursing homes, etc.)?

The agency does not have regulatory authority for the approval of nursing homes as this responsibility resides with DHEC and the Certificate of Need program. SCDOA does review and analyze demographic trends for the development of resources and provision of services throughout the Aging Network as it provides home and community based services.

21. Are facilities, under LTCOPs purview, required to inform residents of their right to report concerns regarding billing; and life, health, and safety issues?

Generally, facility staff provide information regarding billing as part of the admissions packet. Facilities are required to post information in a noticeable area on resident rights and how to report to the appropriate entity.

22. What information can the Long-Term Care Ombudsman Program staff request from monitored entities during visits?

During a visit for a complaint investigation, the Ombudsman can request documents related to the complaint as per the SC Omnibus Adult Protection Act 43-35-20.

23. According to agency staff, the Long-Term Care Ombudsman Program has six FTEs and 55 program volunteers.

- How many staff and volunteers, at both the agency and Area Agencies on Aging, are needed to consistently inspect facilities and provide timely service to customers served by the Ombudsman program?

The minimal staffing goal is 1 paid Ombudsman per 2000 beds and the minimal volunteer goal is 1 volunteer per facility.

- Identify the number of volunteers needed, by county, to ensure services are adequately provided to program customers.

A total of 663 volunteers are needed for the Long Term Care Ombudsman Program. See the attached sheet.

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- Does the agency utilize a case staffing ratio to guide how many staff and volunteers are needed to effectively manage cases and site visits?

The LTCOP uses the data from the 1995 Institute of Medicine study that recommended a minimum of 1 Ombudsman per 2000 beds to promote and monitor quality of care in nursing homes. With the rise in the complexity of the investigations (transfer/discharge, financial exploitation, Medicaid application, etc.) handled by paid staff, we have the added goal of 1 volunteer per nursing home and assisted living facility.

- Please identify the counties assigned to each Adult Guardian ad Litem program volunteer (Do not include personally identifiable information).

For the SC Vulnerable Adult Guardian ad Litem program's response, please see question #9.

- Please provide the counties assigned to each of the 32 contract attorneys.

For the SC Vulnerable Adult Guardian ad Litem program's response, please see question #9.

24. According to agency representative, Dale Watson's testimony, the Ombudsman program only receives notice of "balance billing" if informed by affected parties.

- Are healthcare providers required to inform Medicaid and Medicare patients, who are exempt from balance billing, that they are indeed exempt and are not responsible for balances?

Providers are generally required to provide participants, beneficiaries, and enrollees with a written disclosure about their balance billing protections. The Centers for Medicare and Medicaid Services (CMS) has informed providers that balance billing of dually eligible beneficiaries (beneficiary has both Medicare and Medicaid) for covered services is prohibited. This information is relayed to the providers in their provider agreement and in subsequent provider alerts, bulletins and newsletters.

- How can the Ombudsman program improve outreach and communication efforts, to Medicaid and Medicare patients, concerning balance billing and their rights?

We will continue to provide written information (brochures, flyers) to beneficiaries and conduct webinars during the annual open enrollment period. Efforts to seek new partners (ex. SC Hospital and Medical Associations) for the potential to place rack cards, brochures, flyers in their facilities/offices for the beneficiaries. The information will be placed on the agency's website and on social media.

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- Does the Department of Health and Human Services inform the Department on Aging about Medicaid fraud or abuse cases at entities monitored by the Ombudsman program?

The Long Term Care Ombudsmen works closely with the SC Attorney General's Medicaid Fraud Control Unit (MFCU). If we encounter or receive a complaint regarding Medicaid fraud, we refer the complaint to the MFCU for criminal investigation and prosecution.

25. Does the Department on Aging have written policies, specific to AAA ombudsman monitoring, published for AAA staff to access?

Yes. The policies are provided in both written and electronic format. Updates to the policy are reviewed with the Long Term Care Ombudsmen and provided in both written and electronic format.

### Agency Website

26. Does the Department on Aging maintain the getcaresc.com website? If so, why is the information not maintained on the agency's official government website?

The Department on Aging does maintain GetCareSC.com. This website is maintained separately from the Aging website because most of the information is not focused on the actual services provided by SCDOA. GetCareSC focuses on resources of all long term services and supports, not only what the Department on Aging (and its contracted services) directly provides or funds. GetCareSC is cross-linked with the Aging website in multiple areas. The Department on Aging worked with Cyberwoven, a local digital firm focused on marketing, branding, and web projects, via an RFP to create GetCareSC and update the Aging website and branding.

From Cyberwoven:

“The original RFP award... required the SC Access website to be rebuilt and for marketing services to be provided to drive awareness of resources available. This approach is logical for several reasons.

First, the target audience is not only the person needing care, but in many cases it is their family or friends who can live in or out of state. By having a website focused on getting care for people in SC, it is very easy to find what you need. There is nothing to distract from what these individuals need.

Second, the business of the agency is able to be centered on a dedicated website (aging.sc.gov), while resources that are provided by 3<sup>rd</sup> parties can be presented on the GetCareSC website without creating confusion on what is a service is provided by the government and what is provided by a private entity.

## **Healthcare and Regulatory Subcommittee Follow-Up Questions From April 18<sup>th</sup> Presentation**

Third, the goal of the website was to create and expand the network of caregiving resources available to people and families needing care. To do this, the GetCareSC website was built in a way that it can add providers over time.

Finally, by creating an easy to remember brand that clearly explains the mission, more people are able to respond favorably to marketing and outreach efforts.

Prior to launching the new website, the approach was validated in focus groups. The feedback was tremendously positive.”