



Choices

Decision-Making Guidance and Resources for Senior Adults and Their Families



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We wish to thank the following individuals and groups who have contributed to the development of this guide:

IEA Advisory Board

Begum Aybar-Damali, Post Doctoral Fellow, Institute for Engaged Aging

Johnell Brooks, Assistant Professor, Department of Psychology, Clemson University

Beth Cecil, Leadership Enrichment Director, White Oak Management, Inc.

Ken Cothran, Center for Research and Collaborative Activities, College of Health, Education, and Human Development, Clemson University

Brenda Hyleman, Division Director, Division of Community and Facility Services, SC Dept. of Health & Human Services

Gail Marion, Vice President of Programs, SC Chapter, Alzheimer's Association

Deborah McPherson, formerly of the Lt. Governor's Office on Aging

Nancy Porter, Family Resource Management Specialist, Clemson University Cooperative Extension Service

Denise Rivers, Deputy Director, Division of Aging Studies, Lt. Governor's Office on Aging

Diane Scott, Director, Senior Fellowship, First Baptist Church, Pendleton, SC

Senior Fellowship, First Baptist Church, Pendleton, SC

Beth Todd, President, South Carolina Occupational Therapy Association

Joel Williams, Assistant Professor, Dept. of Public Health Services, Clemson University

Every effort has been made to verify the accuracy of the information provided as of May, 2009. Please be aware, however, that website addresses referenced in this guidebook may change.

Thank you,

Louise S. Wood, MSW Intern, Institute for Engaged Aging
Cheryl J. Dye, Director, Institute for Engaged Aging

Preface

As we age, it may be necessary to make some changes that affect our lifestyles and even our independence. These changes may involve moving from home to a more supportive environment or giving up driving or other activities we cherish. In most cases, the most desirable situation is the one that considers safety while allowing for as much independence as possible.

Any decision that limits independence is likely to be emotional for all involved and needs to be approached carefully and by considering a number of factors. There is no one-size-fits-all solution. People age differently, and age alone is not the primary reason for making life-changing decisions. The health of the person, the available support of family and friends, and the attitude and determination of the person affected are all important to consider. If we are helping our parents consider changes, it is important to remember that they need to take ownership and be involved in the decision-making process to the extent they are able.

One important element in decision-making is having the information needed to make an informed decision. This booklet will provide basic information about a number of situations that many older adults and their families have to face and suggest guidelines for help in making decisions. Listed throughout the guidebook you will find other resources for obtaining more complete information as well as agencies to contact. In addition to other services, the Regional Offices on Aging (listed in the appendix) act as clearing houses for resources and have information specialists to help you access the resources you need locally.

The temptation is to wait until a crisis occurs to begin planning. However, if families learn about available options ahead of time, they are in a much better position to make informed decisions if a crisis should occur.

Contents

A. Driving and Transportation

Warning Signs: When to Stop Driving.....	A-1
Helping Someone Else Limit or Stop Driving.....	A-2
Resources.....	A-4

B. Long Term Care Overview

Long Term Care Overview.....	B-1
Likelihood of Needing Long Term Care.....	B-3

C. Financing Long Term Care

Costs of Long Term Care.....	C-1
Medicaid Requirements.....	C-2
Long Term Care Insurance.....	C-3
Table: Who Pays for Long Term Care?.....	C-4
Reverse Mortgages.....	C-5
Medicaid Eligibility Locations.....	C-8

D. Help in the Home

Resources for Home Modifications.....	D-1
Home Safety Checklist.....	D-3
Assistive Technology.....	D-9
Automated Medication Dispensers.....	D-9
Personal Emergency Response Systems.....	D-10
Home and Community-Based Services Waivers.....	D-13
Family Caregiver Support Program.....	D-14
Home Health Care.....	D-15
Personal Care Workers.....	D-16
Meals Programs.....	D-18

E. Moving to the Next Address

Continuing Care Retirement Communities.....	E-1
Assisted Living/Community Residential Care.....	E-3

Optional State Supplemental Program.....	E-4
Nursing Home Services.....	E-5
Nursing Home Checklist.....	E-8
F. Other Health Issues	
Resource for Caregivers.....	F-1
Talking to Your Doctor.....	F-2
Staying Healthy.....	F-3
Age-Related Vision Issues.....	F-6
Dealing with Memory Loss.....	F-7
Warning Signs of Alzheimer’s.....	F-8
Respite Care Program.....	F-10
Adult Day Centers.....	F-12
Hospice.....	F-15
G. Documents to Ensure Your Wishes Are Respected	
Choosing Advance Directives.....	G-1
Copy of Living Will.....	G-11
Copy of Health Care Power of Attorney.....	G-18
Other Documents.....	G-19
Durable Power of Attorney	
Last Will and Testament	
Form to Use in Organizing Documents.....	G-20
H. Appendix	
Regional Offices of Lt. Governor’s Office on Aging.....	H-1
Other Aging Services by Regions.....	H-2
County Health Departments.....	H-5
Community Long Term Care Area Office Addresses.....	H-7
Agencies for Disabilities and Special Needs.....	H-9

Driving and Transportation



Most people see driving as very important to their independence, and limiting or giving up driving is a very individual, and often emotional, decision. As experienced drivers age, however, physical limitations such as vision, hearing, and slower reaction time may affect their ability to be safe on the road. Sometimes changing driving habits is all that is necessary. For instance, many people give up driving at night when their night vision is impaired but are still able to drive in daylight. Resources to help you confidentially evaluate your fitness to drive are listed at the end of this section.

Sometimes older adults may not be aware of their unsafe driving practices and need help from their families. If you are concerned about the driving practices of a member of your family, a number of resources listed at the end of this section can provide guidance on how to talk about your concerns with your family member and how to evaluate his or her driving fitness. In addition, an AARP article that follows gives warning signs and steps to take when you are uneasy about the driving habits of someone in your family.

Before a person gives up driving, it is important to have a plan for alternative transportation. Family members and friends may be able to help, and in some cases public transportation is available. A “Getting There” worksheet to help you consider all the options is available in the *We Need to Talk* brochure which can be ordered or accessed on the Internet. (See resource list at the end of this section.) Since transportation resources vary from county to county, contact your Area Agency on Aging for specific information about transportation help in your county. You can find the addresses and phone numbers for these agencies in the appendix.

Section A Contents

Warning Signs: When to Stop Driving.....	A-1
Helping Someone Else Limit or Stop Driving	A-2
Resources.....	A-4



When to Stop Driving

We want to continue driving as long as we can do so safely. However, for many of us the time may come when we must limit or stop driving, either temporarily or permanently. The following advice may be able to assist you or someone you care about.

Warning Signs

What are the warning signs when someone should begin to limit driving or stop altogether?

1. Feeling uncomfortable and nervous or fearful while driving
2. Dents and scrapes on the car or on fences, mailboxes, garage doors, curbs, etc.
3. Difficulty staying in the lane of travel
4. Getting lost
5. Trouble paying attention to signals, road signs and pavement markings
6. Slower response to unexpected situations
7. Medical conditions or medications that may be affecting the ability to handle the car safely
8. Frequent "close calls" (i.e. almost crashing)
9. Trouble judging gaps in traffic at intersections and on highway entrance/exit ramps
10. Other drivers honking at you and instances when you are angry at other drivers
11. Friends or relatives not wanting to ride with you
12. Difficulty seeing the sides of the road when looking straight ahead
13. Easily distracted or having a hard time concentrating while driving
14. Having a hard time turning around to check over your shoulder while backing up or changing lanes
15. Frequent traffic tickets or "warnings" by traffic or law enforcement officers in the last year or two

Warning Signs (continued)

If you notice one or more of these warning signs, you may want to have your driving assessed by a professional or attend a driver refresher class. You may also want to consult with your doctor if you are having unusual concentration or memory problems, or other physical symptoms that may be affecting your ability to drive.

How Can I Help Someone Else Limit or Stop Driving?

Most drivers monitor themselves and gradually limit or stop driving when they feel that a certain driving situation or driving in general is not safe. However, some people fail to recognize declining abilities, or they fear stopping to drive because it will make them permanently dependent on others for the necessities of life, and it may reduce their social and leisure activities as well. Conditions such as dementia or early stages of Alzheimer's' disease may make some drivers unable to evaluate their driving properly.

Step 1 – Assess the situation. See the 15 warning signs listed on the previous page. It will help to personally ride with the person and observe driving habits first hand.

Step 2 – Begin a process of having conversations about driving with the driver. As people age, they tend to look first to family members (spouse and children) for candid advice concerning their well-being and health issues. Have conversations early and often. Start the conversation out of a sincere sense of caring for the person's well-being and base it on things you have observed.

Step 3 – Suggest various options, depending on the degree of impairment. **One size does not fit all** and while stopping driving may be the only answer in some cases, stopping driving too early can cause a person's overall health to decline prematurely. You may want to do the following:

- Take a classroom refresher course such as the AARP Driver Safety Program.
- Order the AARP Driver Assessment Guide, "Older Driver Skill Assessment and Resource Guide: Creating Mobility Choices."(See ordering information below.)
Be sure to specify stock #D14957 when ordering. Please allow 4 to 6 weeks for delivery. Single copies may be obtained by writing to
AARP Fulfillment
P.O. Box 96796
Washington, DC 20090-6796
You may also go to <http://www.aarp.org/life/drive/safetyissues/> and click on “[Resources on Driving](#).”

- Seek additional information from other Web sites on topics such as behind-the-wheel assessment, counseling from private or public sources, remedial training, and/or adaptive equipment from an occupational therapist.
- Limit driving to certain times of day or familiar areas.
- Encourage the driver to consider and gradually begin using other methods of transportation such as rides from family and friends, public transportation, taxis or other public or private transportation options in your community. Accompany the person during initial trials of alternate forms of transportation.
- Contact local motor vehicle office. Your state Department of Motor Vehicles may have programs to evaluate individual driving abilities or may offer special licensing alternatives. Remember, their goal is not to take licenses away, but to help people keep driving as long as they safely can. Contact the state for more information.

Step 4 – Seek additional help if necessary. If the person is not taking proper action in response to your concern and the impairment is increasingly obvious, it may be necessary to involve the driver's doctor. (In addition to family members, a family doctor is often the most trusted person for providing advice on health issues that may affect driving.) You may also consider resources on Alzheimer's disease, dementia, and driving. [Go to <http://www.thehartford.com/alzheimers>.]

Resources for Older Drivers and Their Families

Certified Driving Rehabilitation Specialists

The following Certified Driving Rehabilitation Specialists are available in South Carolina to evaluate driving capabilities. The assessment includes an evaluation of physical, cognitive, and emotional functioning as well as driving skills. This service is not covered by Medicare or other insurance policies.

Leah Belle, Driver Rehabilitation Coordinator

701 Grove Rd.

Greenville, SC 29605

Phone: (864) 455-4959

Email: lbelle@ghs.org

Program Services:

Clinical, Classroom, Car/Van, Driver Training, On-Road Evaluations,
Behind the Wheel Evaluation & Training

Ian McClure, CDI, CDRS

3650 Coalition Drive

Myrtle Beach, SC 29577

Phone: (843) 293-7713

Email: jedimasterian@sccoast.net

Web Site: www.atlanticphysicaltherapy.com

Alan B. Simmerson, CDRS (Works with Veterans Administration)

3602 Deerfield Drive

Columbia, SC 29204

Phone: (803) 695-7932

Email: alan.simmerson@med.va.gov

AARP Driver Safety Program

A driver safety course is offered through AARP. Cost is \$10.00. An online course is also available (\$15.95 for AARP members; \$19.95 for non-members). To read more about the course and where it is taught or register for the online course, call or go to the website listed below.

Phone: 1-888-227-7669

Web Site: www.aarp.org/drive

AAA Roadwise Review: A Tool to Help Seniors Drive Safely Longer

(CD Rom) This tool measures the following physical and mental abilities, provides confidential feedback, and acts as a guide to allow drivers to evaluate their ability to drive safely.

1. Leg Strength and General Mobility
2. Head/Neck Flexibility
3. High Contrast Visual Acuity
4. Low Visual Acuity
5. Working Memory
6. Visualization of Missing Information
7. Visual Search
8. Useful Field of View

To order the CD-ROM, contact AAA Driver Improvement at 1-800-888-3262, ext. 10883. The CD-ROM is not compatible with MAC OS.

Cost: \$4.95 for AAA members
\$12.95 for nonmembers
(\$1.50 shipping charge for each order)

AAA How to Help an Older Driver: A Guide for Planning Safe Transportation

This is a brochure made available free of charge (first order) from the AAA Foundation for Traffic Safety. Ordering information is found at the web site listed below.

<http://www.aaafoundation.org/products/index.cfm?button=free>.

Hartford/MIT We Need to Talk: Family Conversations with Older Drivers

This resource is available at no charge on the web site and gives guidelines for talking with older drivers, including warning signs or behaviors which may indicate safety problems. A “Getting There” worksheet also helps families plan for transportation when an older adult does give up driving.

www.thehartford.com/talkwitholderdrivers
(available in both English and Spanish)

This resource is also available at no charge by writing the following address:

The Hartford
Family Conversations with Older Drivers
200 Executive Boulevard
Southington, CT 06489

Hartford / MIT At the Crossroads: A Guide to Alzheimer’s Disease, Dementia & Driving

This resource is available at no charge on the website www.thehartford.com/alzheimers. To access, click on “[Brochure](#).” (available in both English and Spanish).

To request a free copy, write

The Hartford
At the Crossroads
200 Executive Boulevard
Southington, CT 06489

Decisions about Driving: A Toolkit for Older Drivers and Their Families

American Academy of Family Physicians and National Highway Traffic Safety Administration

This resource includes a checklist for older adults, tips for safe driving, and help for families in both evaluating driver safety and helping older adults cope after they stop driving.

These kits are available in packages of 10 and contain five handouts.

You may order the kit by calling 1-800-274-2237 or 1-800-944-0000 and asking for item #978. Expect a small shipping charge.

For individual handouts go to

<http://www.aafp.org/online/en/home/clinical/publichealth/agingdriver.html> .

Long Term Care Overview

B



This section will explain what is meant by long term care and give an overview of the types of long term care available. Also, facts and figures to help you consider the likelihood of needing long term care are included.

The three sections which follow this one (Financing Long Term Care, Help in the Home, and Moving to the Next Address) will give more information on long term care and other resources you can access for help.

Section B Contents

Long Term Care Overview	B-1
Likelihood of Needing Long Term Care.....	B-3

Long Term Care Overview

What is long term care?

Long term care consists of a variety of services and supports to meet health or personal care needs over an extended period of time. Most long term care involves non-skilled personal care assistance in some of the following areas:

Activities of Daily Living – (ADLs – bathing, dressing, eating, using the toilet, caring for incontinence, transferring to and from bed or chair)

Instrumental Activities of Daily Living – (IADLs – doing housework, preparing meals, shopping, managing money, using the telephone, taking medication)

Where is long term care provided?

More than 80% of individuals receive long term care in the home or in a community setting. The other 20% live in nursing homes or with their families. Spouses, adult children and other family members provide a majority of care.

When you or a family member can no longer live independently, you must consider your long term care options. In the past, a nursing home was the only long term care choice, but today there are new types of services available. There are home and community based services, as well as numerous types of facility-based long term care services available.

What are home and community-based long term care services?

Home and community-based services are provided to individuals in their homes or communities to help them stay at home and live as independently as possible. Most people who receive long-term care at home generally require additional help either from family or friends to supplement services from paid providers. Adult day care is a type of home and community-based service in which a variety of health, social, and other support services are provided in a protective setting during part of the day when family caregivers are at work. For additional information about other home and community-based services, refer to “Medicaid Home and Community Based Services Waivers in SC.” Go to <https://scaccess.agis.com/>, click on “[Planning for Long Term Care in South Carolina](#),” and then go to “[Medicaid Home and Community Based Services Waivers in SC](#).”

What are facility-based long-term care services?

There are numerous types of facility-based programs that provide a range of long-term care services. Some facilities provide only housing and related housekeeping, but many also include help managing medications, assistance with personal care, supervision and special programs for individuals with Alzheimer's disease, or 24-hour nursing care. The services available in each facility in SC are regulated by the Department of Health and Environmental Control (DHEC), Division of Health Licensing.

Facility-based care is known by a wide variety of names in SC, including the following:

- Senior Housing
- Assisted Living (Community Residential Care) Facilities
- Continuing Care Retirement Communities (CCRCs)
- Nursing Homes

Likelihood of Needing Long Term Care

What is the likelihood that I will need long term care?

60% of people over age 65 will require at least some type of long term care services during their lifetime.

40% will need care in a nursing home for some period of time.

Factors that increase your likelihood of needing long-term care:

- Age (probability increases as you get older)
- Marital status (being single increases your probability)
- Gender (women have a higher probability than men)
- Lifestyle (poor diet and lack of exercise increase probability)
- Health and family history (those with chronic health problems have highest probability)

How much care might I need?

- On the average, people 65 years old today will need some long-term care services for 3 years.
- Women need care for longer (average of 3.7 years) than men (average of 2.2 years).
- 20% of people 65 years old today will need care for more than 5 years.
- The probability of needing some type of long term care in your lifetime is 1 in 2.
- 1 in 5 will need more than 5 years.

(Adapted from information provided by SC Lt. Governor's Office on Aging)

Table B.1. Long Term Care (LTC) by Age Categories: The need for long term care increases greatly with age. The following chart shows the increase for those who are 85 and over.

Older Adults	LTC in community	LTC in skilled nursing facility	Total using LTC
Age: 65 - 74	11%	1%	12%
Age: 75 - 84	22%	5%	27%
Age: 85+	49%	21%	70%

(Table compiled from data reported by Marlene Stum in Long Term Care Risk, Financing Long Term Care: A Resource Center for Families, University of Minnesota Extension Service). Other resources on financing long term care, including an online self-study, are available at <http://www.financinglongtermcare.umn.edu/>

Financing Long Term Care

C



This section will provide information on the costs of long term care and ways of financing it. Reverse mortgages are included as a possible means to finance care in your home; however, costs for these mortgages are high, and you should give careful consideration to such a mortgage and receive independent advice before signing a contract.

Section C Contents

Costs of Long Term Care	C-1
Medicaid Requirements	C-2
Long Term Care Insurance	C-3
Table: Who Pays for Long Term Care?	C-4
Reverse Mortgages.....	C-5
Medicaid Eligibility Locations	C-8

Long Term Care Costs

What are the costs of long term care?

Nursing home care – average cost in SC in 2007 – \$169 per day or about \$62,000 a year

Assisted living – \$2,691 per month on the average for a one bedroom unit

Care at home – almost \$16,000 a year

Home health aides – average of \$25 an hour

Homemaker services – average of \$17 an hour

How are these services paid for?

Do not rely on Medicare to pay for long term care! Medicare will pay for skilled care for 20 days after being hospitalized. After 20 days, Medicare will cover 80% of the costs for up to 100 days. You will have a co-pay of \$128 for the last 80 days unless you have a Medicare supplemental policy or qualify for Medicaid nursing home services.

Also, Medicare does not pay for custodial care. Most existing private health care insurance plans, including HMOs, follow the same general rules as Medicare and do not cover long term care. Disability insurance plans typically cover loss of income, not long term care expenses.

Most long term care is paid for by individuals and families. Other ways to finance long term care are through long term care insurance and reverse mortgages.

What about Medicaid? If you are eligible for Medicaid and meet the Medicaid level of care requirements, Medicaid will assist you in paying for long term care.

What are the differences between Medicare and Medicaid? Medicare is a health insurance program administered by the Federal government for eligible workers and retirees. You must be 65 years of age or older or have certain disabilities or qualifying illnesses. There is no financial test for Medicare.

Medicaid is a grant-in-aid program for low-income individuals and families. In order to have Medicaid coverage, you must meet certain financial and non-financial eligibility requirements.

(Information from Lt. Governor's Office on Aging)

Medicaid Requirements

How do I qualify for Medicaid to help pay for long term care?

The information below lists some of the requirements and is meant to give you an indication of whether or not you may be eligible for Medicaid. To actually determine eligibility, however, you should apply to the South Carolina Department of Health and Human Services.

To qualify for help paying for nursing home care (or home and community-based waiver services), the staff of the Community Long Term Care Program must first certify that you need nursing facility level of care. Assistance is available for those who meet all other requirements and are 65 or older, blind, or totally disabled.

Single adults: If you need nursing facility level of care and your gross monthly income is no more than \$1,911, you may be eligible to receive assistance through Medicaid. Your income, with a small exclusion for personal items, is expected to be applied to the cost of the nursing home. In the event that your income exceeds the allowed amount but does not cover the cost of a nursing home, you may be eligible to establish an income trust. You will need to contact the Department of Health and Human Services for more information on income trusts.

If you are receiving home and community-based (waiver) services, you are allowed to keep your monthly income to cover the cost of living expenses unless your income exceeds \$1,911 per month.

In addition to the monthly income limit, your resources can be no more than \$2,000.

Married adults: If you are married and qualify for nursing facility level of care, your spouse may retain a monthly income up to \$2,610 (including part of your income, if necessary) and countable resources up to \$66,480. The spouse is also allowed to keep other resources including your home and one car.

For further information on eligibility: Contact the South Carolina Department of Health and Human Services. You may call this toll free number: 1-888-549-0820. If you wish, you may apply in person at the county offices of the Department of Health and Human Services or at federally qualified rural health centers. County Offices of DHHS are listed at the end of this section. You may find additional information online at www.dhhs.state.sc.us. Go to this web site and click on “Beneficiaries.”

To apply online for Medicaid: Go to the South Carolina Access website www.scaccesshelp.org and click on e-forms.

(Information on Medicaid eligibility adapted from SC Department of Health and Human Resources web site– www.dhhs.state.sc.us)

Long Term Care Insurance

What about long term care insurance to help pay?

You can purchase long term care insurance to help pay for long term care costs in the event you need them.

Who should buy long term care insurance?

Financial planners recommend considering long-term care insurance if the following statements apply to you.

- You own assets of at least \$75,000 (excluding your home or car)
- You have annual retirement income of at least \$25,000 to \$35,000 for an individual or \$35,000 to \$50,000 for a couple; or
- You are able to pay premiums without financial difficulty, even if premiums increase over time.

You should **not** buy long term care insurance if the following statements apply to you.

- You cannot afford the premiums today as well as in the future.
- You have limited assets and income and would quickly become eligible for Medicaid.
- Your only source of income is your Social Security benefit.
- You often have trouble paying for utilities, food, medicine, or other important needs.
- You have sufficient income and assets to protect you and your spouse/partner against the risk of long term care **AND** you are willing to use those resources to pay for your care.

Things to Consider Before Buying LTC Insurance

- Make sure that buying long term care insurance is a sound financial decision and affordable for you
- It costs much less to buy coverage when you are younger.

Health conditions that develop later may make you ineligible for coverage or may make that coverage more expensive. Look at three or more different policies and compare.

- Is the company licensed in SC?
- Is the company financially sound?
- What levels of care are covered?
- How much does the policy pay and for how long?
- Does the policy have inflation protection?
- How does the policy decide when you are eligible for benefits?
- Does the policy cover care at home?

(Information supplied by Lt. Governor's Office on Aging)

You can order a free copy of *A Shopper's Guide to Long-Term Care Insurance* from the National Association of Insurance Commissioners by going to the web site (www.naic.org) clicking on long term care, and then clicking on Order a free copy of Shopper's Guide to Long-Term Care. You can also contact the National Association of Insurance Commissioners by calling (816) 842-3600.

This booklet offers a thorough discussion of long term care insurance and four worksheets to help to evaluate and compare policies. It is important to carefully consider your options when making such a costly and important decision.

Table C.1. Who pays for Long Term Care?

Long Term Care Service	Medicare	Private Medigap Insurance	Medicaid	You Pay on Your Own
Nursing Home Care	Pays in full for days 0-20 if skilled care following a hospital stay. If your need continues, you pay days 21-100 \$128/day co-pay	May cover the \$128/day co-pay if your stay meets all other Medicare requirements.	May pay for care if you meet functional and financial eligibility criteria.	If you need only personal or supervisory care in a nursing home and/or have not had a prior hospital stay, or if you choose a nursing home that does not participate in Medicaid or is not Medicare certified.
Assisted Living Facility	Does not pay	Does not pay	Does not pay	You pay on your own
Continuing Care Retirement	Does not pay	Does not pay	Does not pay	You pay on your own
Adult Day Care	Not Covered	Not Covered	Financial and functional eligibility required	You pay on your own unless eligible under Medicaid
Home Health Care	Limited to part-time or intermittent nursing care and some therapies ordered by your doctor. Does not pay for on-going personal care or custodial care needs.	Not Covered	Pays for	You pay on your own unless eligible under Medicaid

Source: SC Lt. Governor's Office on Aging

Reverse Mortgages

(adapted from information supplied by the Lt. Governor's Office on Aging)

What is a reverse mortgage?

A reverse mortgage is a loan that allows senior homeowners (62+) to turn part of the value they have in the home into tax-free income without having to sell the home, give up the title, or make new monthly loan payments.

How can a person qualify for a reverse mortgage?

- You must own your own home and be at least 62 years old.
- You must live in your home (your principal residence) more than half of the year.
- Your home must be a single-family property, a 2-4 unit building, a federally-approved condominium, or a planned unit development. Mobile homes do not generally qualify.
- If you have any debt against your home, you must pay it off yourself, or use money from the reverse mortgage to pay it off.

How much cash can I get from a reverse mortgage?

In general, the older you are, the more valuable your home, and the less you owe on it, the more money you can borrow.

How can the money be paid to me?

You can receive payment in the following ways:

- An **immediate cash advance** is paid to you on the first day of the loan.
- A **credit line account** lets you take cash advances during the life of the loan until the money is used up.
- A **monthly cash advance** is paid for a specific number of years that you select, or for as long as you live in the home.
- Any **combination** of the above.

Is the money received from a reverse mortgage taxable?

No. Money received from a reverse mortgage is not taxable.

Will money received from a reverse mortgage affect my Social Security and/or Medicare benefits?

No. Money from a reverse mortgage will not affect Social Security or Medicare benefits.

How will a reverse mortgage affect my Supplemental Security Income and/or Medicaid benefits?

Supplemental Security Income (SSI) and Medicaid count loan advances differently from annuity advances. Loan advances generally do not affect your benefits if you spend them during the calendar month in which you get them. However, if you keep a loan advance past the end of the calendar month (in a checking or savings account, for example), then it will count as an asset. If it is greater than \$2,000 for a single person or \$3,000 for a couple, you could lose your SSI and/or Medicaid eligibility.

Am I still responsible for property taxes, insurance, and upkeep of the property?

Because you still retain the title to your home, you remain responsible for property taxes, insurance, utilities, fuel, maintenance, and other expenses.

When does the loan have to be repaid?

The loan must be repaid when the last surviving borrower dies, sells the home, or no longer lives in the house as a principal residence. Also, you might have to pay it back if you do not pay your property taxes and homeowner's insurance or do not keep up the home.

How much will I owe?

The amount you will owe on a reverse mortgage generally grows over time. The total amount you will owe will include all the cash advances you received plus all the interest on them up to the "nonrecourse" limit. (Nonrecourse means you can never owe more than the value of your home.)

Is the interest on the reverse mortgage deductible on income taxes?

No, interest on reverse mortgages is not deductible on income tax returns.

What are the costs associated with obtaining a reverse mortgage?

Closing costs include the appraisal, title insurance, originations fee and recording fees. Most costs, except for the appraisal, can be included in the loan.

Is a reverse mortgage right for me?

It probably depends most on how you will use the reverse mortgage: increasing your monthly income, having a cash reserve for unexpected expenses, paying off debt, repairing or improving your home, getting the services you need to remain independent, or generally improving your quality of life. *You may want to consider whether selling your home and moving is a better alternative than a reverse mortgage.*

Where can I get more information?

AARP Foundation

1-800-209-8085

www.aarp.org/revmort/list

US Department of Housing and Urban Development

1-888-466-3487

www.hud.gov/offices/hsg/sfh/hecm/rmtopten.cfm

Federal Trade Commission

1-877-382-4357

<http://www.ftc.gov/bcp/edu/pubs/consumer/homes/real3.shtm>

Medicaid Eligibility Locations

Abbeville County DSS (864) 366-5638
Human Services Bldg.
903 W. Greenwood Street
Abbeville, SC 29620

Aiken County DHHS (803) 643-1938
County Commissioner's Bldg.
1410 Park Ave. S.E.
Aiken, SC 29801

Allendale County DHHS (803) 584-8137
611 Mulberry Street
Allendale, SC 29810

Anderson County DHHS (864) 260-4541
224 McGee Road
Anderson, SC 29625

Bamberg County DHHS (803) 245-4361
Human Resources Center
374 Log Branch Road
Bamberg, SC 29003

Barnwell County DHHS (803) 541-3825
29 Allen Street
Barnwell, SC 29812

Beaufort County DHHS (843) 470-4625
1905 Duke Street
Beaufort, SC 29902

Berkeley County DSS (843) 719-1131
2 Belt Drive
Moncks Corner, SC 29461

Calhoun County DHHS (803) 874-3384
2831 Old Bellville Road
St. Matthews, SC 29135

Charleston County DHHS (843) 740-5900
326 Calhoun Street
Charleston, SC 29401

Cherokee County DHHS (864) 487-2521
1434 N. Limestone Street
Gaffney, SC 29340

Chester County DHHS (803) 377-8135
115 Reedy Street
Chester, SC 29706

Chesterfield County DHHS (843) 623-5226
201 N. Page Street
Chesterfield, SC 29709

Clarendon County DSS (803) 435-4305
3 South Church Street
Manning, SC 29102

Colleton County DHHS (843) 549-1894
215 S. Lemacks Street
Bernard Warshaw Building
Walterboro, SC 29488

Darlington County DHHS (843) 398-4427
300 Russell Street, Room 145
Darlington, SC 29532-3329

Darlington County DHHS (843) 332-2289
404 South 4th Street, Suite 300
Hartsville, SC 29550

Dillon County DHHS (843) 774-2713
1213 Hwy. 34 West
Dillon, SC 29536

Dorchester County DSS (843) 821-0444
201 Johnston Street, Building 17
St. George, SC 29477

Edgefield County DHHS (803) 637-4040
500 W. A. Reel Drive
Edgefield, SC 29824

Fairfield County DHHS (803) 635-5502
1136 Kincaid Bridge Rd. Ext. 425
Winnsboro, SC 29180

Florence County DHHS (843) 669-3354
2685 S. Irby Street, Box I
Florence, SC 29505

Florence County DHHS (843) 394-8575
245 S. Ron McNair Blvd.
Lake City, SC 29505

Georgetown County DSS (843) 546-5134
330 Dozier Street
Georgetown, SC 29440

Greenville County DSS (864) 467-7926
County Square
301 University Ridge, Suite 6700
Greenville, SC 29601

Greenwood County DHHS(864) 229-5258
1118 Phoenix Street
Greenwood, SC 29648

Hampton County DHHS (803) 914-0053
102 Ginn Altman Ave., Suite B
Hampton, SC 29924

Horry County DHHS (843) 381-8260
1601 11th Ave, 2nd Floor
Conway, SC 29526

Jasper County DSS (843) 726-7747
204 N. Jacob Smart Blvd.
Ridgeland, SC 29936

Kershaw County DHHS (803) 432-7676
County Social Services Bldg. Ext.106
110 E. DeKalb Street
Camden, SC 29020

Lancaster County DHHS (803)286-8208
595 Pageland Hwy.
Lancaster, SC 29720

Laurens County DHHS (864) 833-6109
93 Human Services Rd.
Clinton, SC 29325

Lee County DHHS (803) 484-5376
County Welfare Building
820 Brown Street
Bishopville, SC 29010

Lexington County DHHS (803)785-0975
Social Services Center (803) 785-2991
605 West Main Street
Lexington, SC 29072

McCormick County DSS (864) 465-2627
215 N. Mine Street
Highway 28 North
McCormick, SC 29835

Marion County DHHS (843) 423-5417
1311 N. Main Street
Marion, SC 29571

Marlboro County DHHS (843) 479-4389
County Complex
1 Ag Street
Bennettsville, SC 29512

Newberry County DSS (803) 321-2155
2107 Wilson Road
Newberry, SC 29108

Oconee County DHHS (864) 638-4400
223B Kenneth Street
Walhalla, SC 29691

Orangeburg County DSS (803) 531-3101
2570 Old St. Matthews Rd., N.E.
Orangeburg, SC 29115

Pickens County DHHS (864) 898-5815
Social Services Building
212 McDaniel Avenue
Pickens, SC 29671

Richland County DHHS (803) 714-7562
3220 Two Notch Road (803) 714-7549
Columbia, SC 29204

Saluda County DSS (864) 445-2139
613 Newberry Hwy.
Saluda, SC 29138

Spartanburg County DHHS(864) 596-2714
1000 N. Pine Street, Suite 23
Spartanburg, SC 29305

Sumter County DHHS (803) 773-5531
105 N. Magnolia Street, 3rd Floor
Sumter, SC 29150

Union County DHHS (864) 429-1660
200 South Mountain Street
Union, SC 29379

Williamsburg County DSS(843) 355-5411
831 Eastland Avenue
Kingstree, SC 29556

York County DHHS (803) 327-9061
1890 Neelys Creek Rd.
York, SC 29730

Help in the Home

D



Most older adults prefer to stay in their homes as long as possible. Therefore, it is important that the home be as safe as possible and that you do everything you can to prevent falls. A checklist is included in this section to allow you to evaluate your home for hazards such as poor lighting and throw rugs and safety features such as grab bars in the bathroom and smoke detectors near the kitchen.

In some cases, having someone come in to help with household chores or personal care may make it possible for you to remain at home. Information on home health care, personal care workers and meals programs is included. In addition, home and community based services waivers are available for those who meet qualifications, which include being eligible for Medicaid. If you qualify, you can be placed on a waiting list to receive services.

Technology can also help you remain in the home. Automated medication dispensers offer help with managing your medicine, and personal emergency response systems can give you immediate access to help if you should fall or have another emergency. You will find information on these devices in this section, as well as information on who to contact for more information about home modifications, assistive devices, and other aids for daily living.

Section D Contents

Resources for Home Modifications	D-1
Home Safety Checklist.....	D-3
Assistive Technology	D-9
Automated Medication Dispensers	D-9
Personal Emergency Response System	D-10
Home and Community-Based Services Waivers	D-13
Family Caregiver Support Program	D-14
Home Health Care	D-15
Personal Care Workers.....	D-16
Meals Programs.....	D-18

Resources for Home Modifications

Sometimes a few modifications like grab bars in the bathroom, improved lighting, or a ramp leading to an entrance can help older adults stay in their homes and maintain their independence. The following resources provide information on a wide variety of home modifications and products to help older adults live safely in their homes. If you complete the home safety test on the following pages, you may become aware of some safety adaptations that can make your home safer.

Center for Universal Design – NC State University

PO Box 8613
Raleigh, NC 27695-8613
(919) 515-3082
<http://www.design.ncsu.edu/cud>

This website offers information on home modifications and products to help accommodate for such issues as low vision, hearing loss, and reduced strength and range of motion. To access this information, click on *Most Popular Resources* (located on the right of the website) and then click on *Home Modifications and Products (pdf)*. The booklet, **Home Modifications and Products for Safety and Ease of Use**, provides information on home modifications to help with such issues as low vision, hearing loss, sense of smell, sense of touch and dexterity, strength and range of motion, mobility and agility, balance and coordination, and cognition.

The American Association of Retired Persons (AARP)

1-800-424-3410
<http://www.aarp.org/>

AARP has publications on housing and The Do-Able Renewable Home

National Association of Home Builders (NAHB)

400 Prince George Blvd
Upper Marlboro, MD 20072
(202) 822-0200
<http://www.nahb.org/>

This organization has a Directory of Accessible building Products which offers information on building products and modified household appliances.

Other Online Information Resources:

AARP Home Modification: Self-Help Guide (National Edition)

<http://www.aarp.org/money/legalissues/legalissues-resources/Articles/a2004-03-25-homemod.html>

RESNA Home Modification Resource Guide

<http://www.resna.org/taproject/goals/community/HMRG.htm>

Infinitec, Inc.

<http://www.infinitec.org/live/homemodifications/basics.htm>

Home Safety Checklist

Take the Home Safe Test

√ **YES!**

	Is there a smoke detector near the kitchen and bedroom areas?
	Is the entrance to your home well lit at night?
	Are there emergency numbers near all phones at all times?
	Is there non-slip flooring in the bathroom and kitchen?
	Are electrical outlets not overloaded?
	Does someone always know where you are?
	Are your walls painted a light color?
	Is there a grab bar near the tub?
	Are nightlights used when it gets dark?
	Are traffic areas of the home clutter free?

If you could not answer yes to all these questions, then there are some very important safety adaptations that need to be made to your home. Let's travel through your home and look at ways your home can become a place where you will Be Safe.



South Carolina Family and Community Leaders

Safe Entrance

When you drive up to your home what do you see? Is the driveway safe and free from debris that could cause a fall or damage to your car? Is it well lit and are the steps into the house in good repair? Take a minute to look around the entrance and observe the following Safe Tips that could prevent falls when entering and leaving the house as well as providing safety from intruders.

√ **YES!**

	Stairs are easy to maneuver and safe.
	A handrail is attached to the outdoor steps.
	The walkway or drive joining the steps is level and free from clutter.
	The area is well lit at night.
	Shrubs and trees are trimmed for safety.
	A ramp is available for those incapable of using the steps.
	The door is easy to open and easy to lock.
	A window is available near the back door in order to see visitors before the door is opened
	Outdoor light switches are easily accessible for the control of outdoor lights.
	Motion detector lights are installed for added safety.
	Never stand in chairs to reach out of the way items. If you must locate a hard to reach item, always use a sturdy step stool. (Remember it's always a good idea to wait until someone else can help you.)



South Carolina Family and Community Leaders

A Safe Kitchen

The kitchen is usually the heart of the home. More time is spent in the kitchen than any other room in the house except for perhaps the bedroom. For this reason it is very important to make sure the kitchen is as safe as possible. Check your kitchen against the safety tips listed here.

√ **YES!**

	Install a smoke detector close to the kitchen, but not in the kitchen.
	Place a fire extinguisher near the kitchen.
	Use only non-slip rugs and mat in front of the sink and other areas.
	Make sure the kitchen is well lit. If lights are burned out, have them replaced or add additional lights if needed.
	Place regularly used items in cabinets that are low and reachable. If possible make contents in kitchen cabinets more accessible with inexpensive slide out shelves, removable sliding and hanging baskets, lazy Susan turntables and swing out storage units.
	Never stand in chairs to reach out of the way items. If you must locate a hard to reach item, always use a sturdy step stool. (Remember it's always a good idea to wait until someone else can help you.)
	Have a multi-use "reacher" handy to help in taking down lightweight items from upper shelves or picking up dropped items.
	Make sure outlets in the kitchen are not overloaded. Install new outlets or purchase a UL listed outlet extender with circuit breaker.
	Remove clutter from kitchen to make room for needed items so that everything can be within easy reach.
	Purchase easy to use can openers to prevent cuts from jagged cans.
	Do not put knives loose in drawers. Protect yourself from potential cuts by using knife guards.
	Never leave grease cooking unattended and clean grease from burner pans and stove regularly.
	Use a long handled dustpan and brushes to clean up floor without having to bend over.
	Install lever-type faucet handles. If changing hardware is too expensive, buy a gripper tab turner that will fit over existing faucets, converting standard faucets into lever-type faucets.
	Make sure your iron, toaster oven, or other heat producing appliances include an automatic shut off feature device or purchase a separate shut off device and attach it to the appliance.



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The Safe Bathroom

Bathrooms could be an accident waiting to happen. Look through your bathroom and compare our safety tips with those available in your home.

√ **YES!**

	Install a grab bar within easy reach of tub and toilet. Grab bars should be secured into wall studs or a wall backed with wood blocking for additional safety.
	If wall mounted grab bars are difficult to install, purchase an adjustable safety rail that clamps onto the edge of any bathtub to provide steady handhold when rising from or lowering into the tub.
	Use textured tape in a contrasting color at the threshold of the shower to mark the potential safety hazard of a raised area.
	Hang a vertical mirror at the counter top level of the bathroom vanity to allow the mirror to be used while a person is standing or sitting.
	Installing a wall mounted, extending magnifying mirror near the vanity will allow a person to shave or perform other personal grooming tasks while sitting.
	Install additional lights if needed.
	Make sure only non-slip floor mats are used in the bathroom. Also when it's time to replace the flooring consider rubber flooring. This flooring is less slippery and much quieter.
	Adjust hot water heater to prevent burns and scalds.
	Install hand-held shower if needed.
	Add non-slip mats to shower or tub.
	If needed, add seat extenders to toilet to raise the height for the person who finds a standard toilet difficult to use.



South Carolina Family and Community Leaders

Safety in the Bedroom

The bedroom is another critical area for focusing on senior's safety. Observe your bedroom and decide how it stacks up against our safety suggestions.

√ **YES!**

	Install smoke detectors near the bedroom area. (Most fatal home fires occur between 10:00 PM and 6:00 AM while people are sleeping.)
	Buy a mattress with fire retardant foam and fire retardant blankets. (Invest in fire-resistant bedding available in your area.)
	Relocate bedroom to first floor if you are presently sleeping in an upstairs room.
	Use a night-light to provide a lighted path from the bedroom to the bathroom.
	Clear the path from the bedroom to the bathroom of any obstacles that you may trip over during the night.
	Make sure the lamp and telephone are within reach of your bed.
	Keep a flashlight near by in case of an emergency.
	Install a personal response system that would allow you to call for help if you needed it.
	When it's time to replace carpet consider a dense level loop carpet glued directly to the floor rather than deep heavy pile carpeting.
	Avoid using throw rugs, a source of slips, trips and falls.
	Outfit bedroom closets with multilevel shelving, hanging bars and baskets to make contents more accessible.



South Carolina Family and Community Leaders

The Rest of the House

Truly, the kitchen, bathroom, and bedroom are some of the more common areas for safety issues. However, there are basic things that can be simply done in the rest of the house to ensure your house is as safe as possible.

√ **YES!**

	Brighten up the walls by painting them light colors. Light colors will help with visibility and reduce falls.
	Keep magnifying glass by telephone book and in kitchen.
	Remove throw rugs that could cause falls.
	Evaluate furnishings in various rooms. Often people will trip over low pieces such as coffee tables.
	Make sure stairs are well lit.
	Use proper window treatments at night to avoid others from seeing inside your home.
	Control glare from sunlight with proper window treatment such as mini-blinds and draperies.
	Install handrails along walls in the hall.
	Keep emergency phone numbers clearly written in large type near all phones.
	Provide shelves convenient to washing machine and dryer.
	Always let someone know where you are going and when you return home.
	Have contact with neighbors and family members every day.



South Carolina Family and Community Leaders

Assistive Technology

Assistive technology refers to any item or product which is used to help a person maintain or improve their functioning. Products or devices may help with such areas as food preparation, personal care, mobility, and personal and home safety.

The South Carolina Assistive Technology Program (SCATP) (<http://www.sc.edu/scatp/>) helps make assistive technology more accessible to South Carolinians through training, consultation, and publications. More information on SCATP and their services and publications is available at the website listed above. The factsheets listed below provide information on assistive technology which could be helpful to older adults and their families.

- AT and Older South Carolinians (<http://www.sc.edu/scatp/olderfact.htm>)
- Aids for Daily Living (<http://www.sc.edu/scatp/aidsdaily.htm>)

The ABLEDATA project website (funded by the National Institute on Disability and Rehabilitation Research) provides information on a wide variety of assistive products. They give information but do not sell the products. To access the website, go to <http://www.abledata.com>

Descriptions of two assistive technology devices, **automated medication dispensers** and **personal emergency response systems**, follow.

Automated Medication Dispensers

Automated medication dispensers (sometimes called pill dispensers) can help people manage their medication and stay in their home longer. Medicine for an entire week is placed in a dispenser. Depending on the model, these devices can dispense pills at a predetermined time, sound an alarm and/ or display a flashing light, and call the caregiver's phone if the person fails to retrieve the medicine. Some have a monthly fee if there is a warning system for caregivers.

To compare different dispensers, access the Technology for Long Term Care web site at <http://www.techforltc.org>. From the homepage, click on Medication Management, then scroll down the Medication Management page and click on Personal Automatic Medication Dispensers.

Personal Emergency Response Systems

A **Personal Emergency Response System (PERS)** is an electronic device designed to let you summon help in an emergency. If you are a disabled or an older person living alone, you may be thinking about buying a PERS (also called a Medical Emergency Response System).

How a PERS Works: A PERS has three components: a small radio *transmitter* (a help button carried or worn by the user); a *console* connected to the user's telephone; and an *emergency response center* that monitors calls. When emergency help (medical, fire, or police) is needed, the PERS user presses the transmitter's help button. It sends a radio signal to the console. The console automatically dials one or more pre-selected emergency telephone numbers. Most systems can dial out even if the phone is in use or off the hook. (This is called *seizing the line*.) Most PERS are programmed to telephone an emergency response center where the caller is identified. The center will try to determine the nature of the emergency. Center staff also may review your medical history and check to see who should be notified.

If the center cannot contact you or determine whether an emergency exists, it will alert emergency service providers to go to your home. With most systems, the center will monitor the situation until the crisis is resolved.

Transmitters: Transmitters are light-weight, battery-powered devices that are activated by pressing one or two buttons. They can be worn on a chain around the neck or on a wrist band, or they can be carried on a belt or in a pocket. Because the transmitter is battery-powered, the batteries must be checked periodically to ensure they work. Some units have an indicator to help you know when to change batteries.

The Console: The console acts as an automatic dialing machine and sends the emergency alert through the phone lines. It works with any private telephone line and generally does not require rewiring. If you have more than one phone extension, a special jack or wiring may be required to enable the console to seize the line.

Emergency Response Center: There are two types of emergency response centers, provider-based and manufacturer-based. Provider-based centers usually are located in the user's local area and are operated by hospitals or social service agencies. Manufacturer-based operations usually have one national center. Sometimes, consumers who purchase systems can choose between provider-based and manufacturer-based centers, but consumers who rent systems from a PERS manufacturer usually must use its national center.

Purchasing, Renting, or Leasing a PERS: PERS can be purchased, rented, or leased. Neither Medicare nor Medicaid, in most states, will pay for the purchase of equipment, nor will most insurance companies. The few insurance companies that do pay require a doctor's recommendation. Some hospitals and social service agencies may subsidize fees for low-income users. Purchase prices for a PERS normally range from \$200 to more than \$1,500. However, some consumers have reported paying \$4,000 to \$5,000 for a PERS.

You also will have to pay an installation fee and a monthly monitoring charge which may cost from \$10 to \$30. Rentals are available through national manufacturers, local distributors, hospitals, and social service agencies. Monthly fees may range from \$15 to \$50 and usually include the monitoring service. Lease agreements can be long-term or lease-to-purchase. If you lease, review the contract carefully before signing. Make special note of cancellation clauses, which may require you to pay a cancellation fee or other charges.

Before purchasing, renting, or leasing a system, check the unit for defects. Ask to see the warranty and service contract and get any questions resolved. Ask about the repair policy. Find out how to arrange for a replacement or repair if a malfunction occurs.

If a PERS salesperson solicits you by phone, and you are interested in the device, ask for information about prices, system features, and services. You can then use the information to comparison shop among other PERS providers. If the salesperson is reluctant to provide information except through an in-home visit, you may want to consider doing business with another company. In-home sales visits can be high pressure, and the salesperson may urge you to buy before you are ready to make a decision.

Before doing business with companies selling PERS, you may want to contact your local consumer protection agency, state Attorney General's Office, and Better Business Bureau (BBB). Ask if any complaints have been filed against the companies you are considering. You also may want to get recommendations from friends, neighbors, or relatives who use emergency response systems.

Shopping Checklist: To help you shop for a PERS that meets your needs, consider the following suggestions:

- Check out several systems before making a decision.
- Find out if you can use the system with other response centers. For example, can you use the same system if you move?
- Ask about the pricing, features, and servicing of each system and compare costs.
- Make sure the system is easy to use.

- Test the system to make sure it works from every point in and around your home. Make sure nothing interferes with transmissions.
- Read your purchase, rental, or lease agreement carefully before signing.

Questions to Ask the Response Center: You also may want to ask questions about the response center:

- Is the monitoring center available 24 hours a day, 7 days a week?
- What is the average response time?
- What kind of training does the center staff receive?
- What procedures does the center use to test systems in your home? How often are tests conducted?

For More Information: The Federal Trade Commission (FTC) works for the consumer to prevent fraudulent, deceptive and unfair business practices in the marketplace and to provide information to help consumers spot, stop and avoid them. To file a complaint or to get free information on consumer issues, visit www.ftc.gov or call toll-free, 1-877-FTC-HELP (1-877-382-4357); TTY: 1-866-653-4261. The FTC enters Internet, telemarketing, identity theft and other fraud-related complaints into Consumer Sentinel, a secure, online database available to hundreds of civil and criminal law enforcement agencies in the U.S. and abroad.

Medicaid Home and Community-Based Services Waivers

What are Medicaid Home & Community-Based Services Waivers?

Home and community-based services (HCBS) waivers allow in-home and community care to be provided to certain Medicaid consumers so they can remain at home instead of in a nursing home, hospital, or institution.

How can Medicaid Home & Community-Based Services help me stay at home?

In addition to the usual Medicaid benefits like hospital stays, doctor visits and prescriptions, a Medicaid consumer enrolled in a home and community-based services waiver may be able to get extra services that make living at home possible. These extra services may include the following:

- Nursing
- Help with personal care and homemaking
- Temporary relief for your caregiver or family
- Adaptations to make your home more accessible for you

Are there different Home and Community-Based Services Waivers in SC?

Yes. There are currently six Medicaid waiver programs in SC administered by the SC Department of Health and Human Services (DHHS). The last three waiver programs listed are administered by DHHS, but operated by the Department of Disabilities and Special Needs (DDSN).

- Community Choices (formerly the Elderly/Disabled and SC Choice waivers)
- HIV/AIDS
- Mechanical Ventilator Dependent
- Mental Retardation/Related Disabilities (MR/RD)
- Head and Spinal Cord Injury (HASCI)
- Pervasive Developmental Disorder (PDD)

Each waiver program serves people who have a particular set of needs. The financial requirements are the same for each waiver. Other requirements and services differ by waiver. The list of local CLTC offices and the list of qualified service providers for disabilities and special needs services are located in the appendix. The list of these providers can also be found at <http://www.state.sc.us/ddsn/delivery/boards.htm>.

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Family Caregiver Support Program



Offering Help to Caregivers Who Are:

- Unpaid family caregivers for a frail or disabled adult 60 or older
- Relative caregivers, 55 or older, responsible for raising a child related through blood, marriage or adoption
- Unpaid family caregivers for someone with Alzheimer's disease or a related neurological disorder
- Adults, 55 or older, who are unpaid family caregivers for a child of any age with a disability

Services Available

- **Information** about local services and supports
- **Assistance** from a trained Family Caregiver Advocate to help caregivers assess needs and access support services
- **Counseling, support groups, and training**
- **Respite care** for caregivers
- Services are provided at no cost to qualifying participants and are federally funded under the Older Americans Act with state and local matching funds.

For information about the Family Caregiver Support Program and services in your area, call 1-800-868-9095 or contact the [Family Caregiver Advocate at your Area Agency on Aging](#) for information. Area agencies are listed in the appendix.

[Overview of the SC Family Caregiver Support Program](#) (small 46KB pdf file) Go to <http://aging.sc.gov/seniors>, click on “*Family Caregiver Support Program*,” and then click on the above title.

Brochure: [Family Caregiver Support Program](#) (small 191KB pdf file) Go to <http://aging.sc.gov/seniors>, click on “*Family Caregiver Support Program*,” and then click on “*Brochure*.”

Lieutenant Governor's Office on Aging

1301 Gervais Street, Suite 200
Columbia, South Carolina 29201
Phone: (803) 734-9900
Toll Free: (800) 868-9095
FAX: (803) 734-9887
Website: www.aging.sc.gov

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Home Health Care

Medicare, Medicaid, and most private insurance plans cover some medically necessary home health care. If you meet certain conditions, Medicare covers part-time skilled nursing care, physical therapy, occupational therapy, speech-language therapy, home health aide services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.

Medicare covers home health care if you meet these four conditions:

1. Your doctor must decide that you need medical care in your home and make a plan for your care at home.
2. You must need at least one of the following: intermittent (and not full time) skilled nursing care, physical therapy, speech-language pathology services, or occupational therapy.
3. You must be homebound, or normally unable to leave home. Leaving home takes considerable and taxing effort. A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a trip to the barber or to attend religious services. A need for adult day care does not keep you from getting home health care for other medical conditions.
4. The home health agency caring for you must be approved by the Medicare program.

Information retrieved from:

<http://www.medicare.gov/HHCCompare/Home.asp?dest=NAV|Home|About#TabTop>

To obtain more information about home health information and locate and compare agencies in your area, go to www.medicare.gov. In the section at the top right that says search, type in *home health agencies* and click on search.

Personal Care Workers

What is a Personal Care Worker?

In South Carolina, Personal Care Workers (PCWs) include attendants, companions, and respite providers. They are hired by and work directly for individuals, not for agencies.

What do Personal Care Workers do?

Personal Care Workers help seniors and people with disabilities with tasks they are not able to do themselves. This allows the individuals to lead more independent lives.

PCWs may assist with:

- Bathing
- Dressing
- Eating
- Toileting
- Grooming
- Walking
- Transferring in and out of a wheelchair
- Preparing meals
- Doing household chores
- Shopping
- Assisting with communication
- Taking prescribed medications
- Short-term relief for caregivers and supervision
- Other tasks as agreed

What makes a good Personal Care Worker?

PCWs should understand what needs to be done and provide services in a gentle and respectful manner. They should also be reliable, patient, open-minded, flexible, and believe that people with disabilities and seniors are entitled to the same care, respect, and affection as everyone else. In addition, a PCW should be a good listener and should have a pleasant personality.

What general qualifications do Personal Care Workers have?

Personal Care Workers in South Carolina have a variety of training and credentials.

What qualifications do Medicaid-approved Personal Care Workers have?

Some PCWs work for individuals who can use Medicaid to pay for the services. Before Medicaid will pay, however, it requires PCWs to meet the following qualifications:

1. Demonstrate the ability to read, write, and speak English;
2. Be at least 18 years of age;

3. Be fully ambulatory;
4. Be capable of aiding in the activities of daily living, such as feeding, bathing, dressing, transferring, and toileting, and be physically capable of performing duties which may require physical exertion such as lifting, transferring, etc. if necessary (applies to attendants, personal assistants);
5. Be capable of providing short-term relief for caregivers and supervision of individuals (applies to companions, personal assistants);
6. Be capable of following a plan of care with the individual's and/or their responsible party's supervision;
7. Be capable of following billing procedures and completing required paperwork;
8. Have no known conviction of abuse, neglect, or exploitation of adults or of children, no known conviction for any crime against another person, no known felony conviction of any kind, and/or no known conviction of any kind concerning the misuse or abuse of any public assistance program;
9. Have no exclusion from the Medicare or Medicaid programs; and
10. Submit the results of a PPD tuberculin (TB) skin test administered within one year prior to Medicaid provider enrollment date (applies to attendants and companions).

What is the Personal Care Worker Listing?

The Personal Care Worker Listing is a joint project of the Department of Health and Human Services and the Lt. Governor's Office on Aging. It is designed to help seniors and people with disabilities find Personal Care Workers.

Who is listed?

Listed PCWs are individuals who are available to be hired by individuals. The PCWs filled out registration forms and gave permission for them to be made available on the website. Most areas of the state are represented.

I want to hire a PCW. What do I need to know about the listing?

- Participation in the Listing is voluntary.
- The information in the Listing is intended to help you find a Personal Care Worker but should not replace your normal hiring process.
- Information in the Listing was obtained directly from the PCWs and its accuracy cannot be assured. The PCWs have not been pre-screened for criminal history, verification of experience, or in any other way.
- The listing of the worker's information does not imply an endorsement by the Lt. Governor's Office on Aging or SC Access.
- It is your responsibility to interview applicants, check all references, and conduct criminal background checks before hiring.

- If you are a Medicaid recipient and enrolled in a Medicaid home- and community-based waiver which offers individual Personal Care Workers, you must ensure that the PCW is enrolled as a Medicaid provider.

Information retrieved from SCAccess (<https://scaccess.communityos.org/cms/PCWFAQ>)

A list of personal care workers can be found by going to the SCAccess website (www.scaccesshelp.org/) and clicking on *Personal Care Worker List* at the top of the page.

Senior Meals Programs

Senior meals programs differ by location. Some organizations deliver meals (usually the mid-day meal) to the home, and others provide meals at a site where people can gather and socialize. To find what services are located in your area, you can call your local Area on Aging Office for information. Contact information for these offices is listed in the appendix.

Also, if you have computer access, you can go to <http://www.mealcall.org> to find the meals programs in your area. Click on *senior meal call locations*, chose your state, and then chose your city or town. Contact information is listed for each of the meals program.

Moving to the Next Address

E



If you decide that your needs can best be met by making other living arrangements, you have several options to consider. This section will provide information on assisted living and community residential care facilities as well as nursing homes. A checklist developed by Medicare is also included to help you and your family determine if a particular nursing home is best suited to your needs.

In addition, you will find information on Continuing Care Communities. These communities usually offer independent living apartments or cottages, assisted living facilities, and skilled care. Some older adults decide to move to a Continuing Care Community when they are living independently. They then have the option of moving to an assisted living or nursing facility in the same community if the need arises.

Section E Contents

Continuing Care Retirement Communities	E-1
Assisted Living/Community Residential Care	E-3
Optional State Supplemental Program	E-4
Nursing Home Services	E-5
Nursing Home Checklist	E-8

Continuing Care Retirement Communities (CCRC)

What is a Continuing Care Retirement Community (CCRC)?

A Continuing Care Retirement Community (CCRC) is one that allows you to “age in place,” with flexible accommodations that are designed to meet your health and housing needs as these needs change over time. In most cases, when you enter a Continuing Care Retirement Community, you sign a long-term contract that provides for housing, services, and nursing care, usually all in one location, enabling you to remain in a familiar setting as your needs change.

What type of services and housing packages are offered by CCRCs?

Continuing Care Retirement Communities offer service and housing packages that allow access to independent living, assisted living, and skilled nursing facilities. Independent living facilities may include single-family homes, duplexes, apartments, or condominiums within the Community Care Retirement complex. If you should need help with activities of daily living, (e.g. bathing, dressing, etc.), you would be able to transfer to an assisted living or skilled nursing facility on the same site.

What are the advantages of a Continuing Care Retirement Community?

- You can maintain an independent lifestyle there as long as you are able.
- You have many opportunities for socializing and forming friendships.
- If your needs change, you are able to move to another facility within the same community and maintain relationships with spouse, friends, and family members.

What are the costs of a Continuing Care Retirement Community?

The costs of living in a CCRC can be quite high. Most CCRCs require an entrance fee and monthly payments. These fees can range from lows of \$20,000 to highs of \$400,000. Monthly payments can range from \$200 to \$2,500. In some CCRCs, you own your living space, and in others you rent. In some CCRCs, the entrance fee may be partially refundable. Some offer extensive contracts which include unlimited long-term nursing care at little or no increase in the monthly fee. Others offer modified contracts that include a specified amount of long-term nursing care. Beyond that specified time, you are responsible for payments. Finally, some offer fee-for-service contracts in which you pay full daily rates for long-term nursing care.

What are the licensing requirements for Continuing Care Retirement Communities in SC?

The State Continuing Care Retirement Community Act requires that all continuing care retirement communities operating in SC be licensed. Facilities currently licensed in South Carolina can be found at http://www.sconsumer.gov/licensing/ccrc/ccrc_list.pdf.

Assisted Living Services in SC (Community Residential Care Facility)

Assisted living facilities provide room and board and a degree of personal assistance. The facilities may be free-standing or with other residential options, such as independent living or a skilled nursing facility. These facilities may be operated by individuals, non-profit companies, for profit companies, the state, or a county. In South Carolina, 60% of the licensed assisted living facilities accommodate 20 or fewer individuals.

Who can be served in an assisted living facility?

Adults who need assistance but do not require hospitalization or skilled nursing

What core services are provided in an assisted living facility?

The core services provided include, but are not limited to, the following:

- Three meals a day
- Snacks at no additional charge
- Housekeeping services
- Assistance with eating, bathing, dressing, toileting, and walking
- Assistance with medication
- 24 hour, seven-days-a-week staffing
- Transportation to medical appointments

How much do these services cost?

The costs vary with each residence but is typically about half of the cost of a skilled nursing facility. (The average cost of a skilled nursing facility in SC in 2007 was \$62,000 a year.) The majority of facilities in SC charge on a month-to-month basis.

Who pays for assisted living/residential care in SC?

Residents or their families generally pay the cost of care. Long term care insurance is another option. Residents of these facilities are not eligible for reimbursement from Medicare or Medicaid. However, eligible aged, blind or disabled individuals may qualify for the state-funded Optional State Supplement (OSS) Program. See the following page for OSS information.

How do I find an assisted living facility?

You may obtain a complete listing of all licensed community residential care facilities in SC by calling the Department of Health and Environmental Control (DHEC), Division of Health Licensing at (803) 737-7370 or going to their website at www.scdhec.gov/health/licen/hlctylst.htm. Click on a county on the map and scroll to Community Residential Care Facilities. Additional information about some of the licensed assisted living facilities in the state can be found at www.scaccesshelp.org. You may also contact your local Aging and Disability Resource Center (ADRC) and/or Area Office on Aging for additional assistance.

Optional State Supplemental Program (OSS)

What is the Optional State Supplemental Program (OSS)?

The OSS program, administered by the Department of Health and Human Services, pays for room and board for eligible aged, blind, or disabled individuals who reside in licensed/enrolled Community Residential Care Facilities (CRCF).

What is a Community Residential Care Facility (CRCF)?

A Community Residential Care Facility offers room and board and provides and/or coordinates a degree of personal care for a period of time.

How much is a CRCF allowed to charge OSS residents each month?

The maximum amount in 2008 was \$1065. CRCFs cannot charge a resident or his/her family more than the monthly fee established by the State legislature, even if the family is willing to pay the difference for a private room. Facilities must accept the OSS payment as payment in full.

How much is the personal needs allowance allowed per resident?

OSS residents are allowed to keep \$55 per month for personal needs. They are allowed to keep an additional \$20 for personal needs if they have income other than SSI.

What are the eligibility requirements for the OSS program?

The following eligibility requirements apply:

- Age 65 years or older, Blind, or Disabled
- Income at or below \$1,120 per month (2008)
- Resources at or below \$2,000
- Resident of a licensed CRCF that is enrolled in the OSS program
- Resident of SC and a citizen of the United States

Can you establish an income trust to become eligible for the OSS program?

No. If you are even \$1 over the net income limit of \$1,120, you are not eligible.

Do OSS recipients receive a Medicaid card?

Yes. All OSS recipients receive a Medicaid card.

How can I get additional information about the OSS program?

For additional information about the OSS Program, call the SC Department of Health and Human Services at 803-898-2698.

Nursing Home Services

What type of care is provided in a nursing home?

A nursing home provides skilled nursing care and rehabilitation services to people with illnesses, injuries or functional disabilities.

Some people require short term care to recover from an illness or hospitalization, and most nursing homes provide rehabilitation so that residents can return to their homes as soon as possible. Other residents with chronic conditions or disabilities require care over a long period of time. Some of the services a nursing home may provide include skilled nursing, therapies (physical, occupational, speech, and respiratory), pharmacy services, equipment rental, specialty care, hospice care, and special services like adult day care, respite care, and home health care.

Nursing homes are generally stand alone facilities, but some are operated within a hospital or retirement community.

How much do these services cost in SC?

The average daily cost of nursing home care in SC in 2007 was \$169.

Who pays for the costs of nursing home care?

Medicare only pays for long-term care if you require skilled services or recuperative care for a short period of time. To be covered, you must receive the services from a Medicare certified skilled nursing home after a qualifying hospital stay of at least three days.

Medicare only pays for the first 20 day of skilled care, with a co-pay required for days 21-100. Medicare does NOT pay anything after 100 days. (For more information on financing long term care, refer to Section B.)

How do I find the nursing homes in my area?

You may obtain a complete listing of all licensed nursing homes in SC by calling the Department of Health and Environmental Control (DHEC), Division of Health Licensing at (803) 737-7370 or going to their website at www.scdhec.gov/health/licen/hlctylst.htm. Once on the DHEC website, click on a county on the map and scroll to the section that indicates the type of facility is a nursing home. Additional information about some of the licensed nursing homes in the state can be found at <http://www.scaccesshelp.org>. You may also contact your local Aging and Disability Resource Center (ADRC) and/or Area Office on Aging for additional help.

How do I decide which nursing home is best for me?

First, determine what nursing homes are available in your area (See above). It is very important for you or a relative to visit a nursing home you are considering. Visit

several times, including during mealtime and during the weekend when fewer staff are present. Location is a significant factor when selecting a nursing home. If possible, it needs to be near family and friends so that they can visit often.

In addition, socialization is an important issue. Do residents congregate for meals or do they eat in their rooms? Are appropriate, stimulating and interesting activities provided for residents? Residents need to have opportunities to socialize with and participate in activities with other residents.

A nursing home checklist published by Medicare is included to help you evaluate the nursing homes under consideration, and you can visit the website listed on the next page to compare quality.

Some nursing homes are part of a culture change movement and are trying to move away from institutionalized care to a more homelike atmosphere and resident-directed care so that you have more control over your care and your daily activities.

The following questions from Medicare's publication Guide to Choosing a Nursing Home will help you consider both quality of life and quality of care. (from <http://www.medicare.gov/Publications/Pubs/pdf>)

Quality of Life

- Will you be treated in a respectful way?
- Can you participate in social, recreational, religious, or cultural activities that are important to you? Can you decide when you want to participate?
- Do you get to choose what time to get up, go to sleep, and bathe?
- Can you get food and drinks that you like at any time? What if you don't like the food that is served?
- Can you have visitors anytime?
- Is transportation provided to community activities?
- Can you bring your pet?
- Can you decorate your living space any way you want?
- Will you have privacy for visits or personal care?

Quality of Care

- Will you be included in planning your care? Will your interests and preferences be included in the care plan? Will you be able to change the plan if you feel there is a need? Will you be able to choose which of your family member or friends will be involved in the planning process? Will you get a copy of your care plan?

- Are there enough staff so you get the care you need?
- Who are the doctors that will care for you? Can you still see your personal doctors?
- Does the nursing home’s inspection report show quality of care problems (deficiencies)?
- What did the quality information on “Nursing Home Compare” show about how well this nursing home cares for its residents?
- Does the nursing home participate in quality improvement initiatives such as the Advancing Excellence for America’s Nursing Homes?
- What care improvement goals is the nursing home working on?
- What kind of progress is the nursing home making on those goals?

Compare Nursing Homes

An important resource to help you evaluate particular nursing homes is found on the Medicare website (www.medicare.gov). Go to the Medicare website and click on “Compare Nursing Homes in Your Area.” You can then view the results of the latest inspection for all Medicare-approved nursing homes in your area.

A *Special Focus Facility Nursing Home* list is also available. Nursing homes are put on this list if they have a record of poor survey performance. You can access this list at www.cms.hhs.gov.

Resources available from Medicare:

Nursing Home Checklist (This checklist is included in this booklet and is also available at www.medicare.gov).

Guide to Choosing a Nursing Home – a detailed guide that can be downloaded from the Medicare website (To access, go to the Medicare website, click on **Compare Nursing Homes in Your Area**, next click on **Resources**, and then click on **Nursing Home Publications**.)

Choosing Long-Term Care – a detailed guide that can also be downloaded from the Medicare website following the instructions above

Nursing Home Checklist

Name of Nursing Home: _____ Date of Visit: _____

	Yes	No	Comments
Basic Information			
The nursing home is Medicare-certified.			
The nursing home is Medicaid-certified.			
The nursing home has the level of care needed (e.g. skilled, custodial), and a bed is available.			
The nursing home has special services if needed in a separate unit (e.g. dementia, ventilator, or rehabilitation), and a bed is available.			
The nursing home is located close enough for friends and family to visit.			
Resident Appearance			
Residents are clean, appropriately dressed for the season or time of day, and well groomed.			
Nursing Home Living Spaces			
The nursing home is free from overwhelming unpleasant odors.			
The nursing home appears clean and well-kept.			
The temperature in the nursing home is comfortable for residents.			
The nursing home has good lighting.			
Noise levels in the dining room and other common areas are comfortable.			
Smoking is not allowed or may be restricted to certain areas of the nursing home.			
Furnishings are sturdy, yet comfortable and attractive.			

Nursing Home Checklist

	Yes	No	Comments
Staff			
The relationship between the staff and the residents appears to be warm, polite, and respectful.			
All staff wear name tags.			
Staff knock on the door before entering a resident's room and refer to residents by name.			
The nursing home offers a training and continuing education program for all staff.			
The nursing home does background checks on all staff.			
The guide on your tour knows the residents by name and is recognized by them.			
There is a full-time Registered Nurse (RN) in the nursing home at all times, other than the Administrator or Director of Nursing.			
The same team of nurses and Certified Nursing Assistants (CNAs) work with the same resident 4 to 5 days per week.			
CNAs work with a reasonable number of residents.			
CNAs are involved in care planning meetings.			
There is a full-time social worker on staff.			
There is a licensed doctor on staff. Is he or she there daily? Can he or she be reached at all times?			
The nursing home's management team has worked together for at least one year.			

Nursing Home Checklist

	Yes	No	Comments
Residents' Rooms			
Residents may have personal belongings and/or furniture in their rooms.			
Each resident has storage space (closet and drawers) in his or her room.			
Each resident has a window in his or her bedroom.			
Residents have access to a personal telephone and television.			
Residents have a choice of roommates.			
Water pitchers can be reached by residents.			
There are policies and procedures to protect resident's possessions.			
Hallways, Stairs, Lounges, and Bathrooms			
Exits are clearly marked.			
There are quiet areas where residents can visit with friends and family.			
The nursing home has smoke detectors and sprinklers.			
All common areas, resident rooms, and doorways are designed for wheelchair use.			
There are handrails in the hallways and grab bars in the bathrooms.			
Menus and Food			
Residents have a choice of food items at each meal. (Ask if your favorite foods are served.)			
Nutritious snacks are available upon request.			
Staff help residents eat and drink at mealtimes if help is needed.			

Nursing Home Checklist

	Yes	No	Comments
Activities			
Residents, including those who are unable to leave their rooms, may choose to take part in a variety of activities.			
The nursing home has outdoor areas for resident use and staff help residents go outside.			
The nursing home has an active volunteer program.			
Safety and Care			
The nursing home has an emergency evacuation plan and holds regular fire drills.			
Residents get preventive care, like a yearly flu shot, to help keep them healthy.			
Residents may still see their personal doctors.			
The nursing home has an arrangement with a nearby hospital for emergencies.			
Care plan meetings are held at times that are convenient for residents and family members to attend whenever possible.			
The nursing home has corrected all deficiencies (failure to meet one or more Federal or State requirements) on its last state inspection report.			

Other Health Issues

F



This section will deal with several miscellaneous health issues not addressed in other sections of this booklet. Communicating with your doctor is vitally important to maintaining your health, and tips on how to talk to your doctor are included. Also, an article from AARP provides information on preventing disease and staying healthy.

In addition to preventive care, this section will provide information on memory loss and warning signs for Alzheimer's, as well as respite services and adult day care. As in other sections, information is available on how to access additional resources, including regional Alzheimer's Association offices.

Section F Contents

Resource for Caregivers	F-1
Talking to Your Doctor	F-2
Staying Healthy	F-3
Age-Related Vision Issues	F-6
Dealing With Memory Loss	F-7
Warning Signs of Alzheimer's	F-8
Respite Care Program	F-10
Adult Day Centers	F-12
Hospice	F-15

Resource for Caregivers

Caring for an Aging Loved One, a Life Advice publication, contains information about a number of issues, including how to determine when a loved one needs assistance, how to communicate without being patronizing, and how to help your loved one maintain a sense of personal dignity.

The text of this pamphlet is available at <http://www.familyalbumradio.org>. Click on *resources*, scroll down to *Caregiving*, and click on *Caring for an Aging Loved One*.

You may also access this pamphlet at www.metlife.com/lifeadvice. Click on *health*, then scroll down to *Caring for an Aging Loved One*. If you want to print a copy of the original pamphlet, click on Download the PDF booklet: *Life Advice: Caring for an Aging Loved One*.

How to Talk to Your Doctor

Your doctor needs your cooperation to give you the best care possible. Though he or she gets information from medical tests, you are the expert on what you are experiencing and feeling and only you can communicate that information.

Here are some tips to help your visits with your doctor be more productive.

1. Make a list of everything you want to talk to your doctor about. If possible, check with family members to see if they can suggest anything you have left out.
2. Take a list of all your medications and dosages with you.
3. Don't be afraid to bring up your concerns. Your doctor will not know if you don't say.
4. If possible, take a relative or friend with you to your visit. Often, it's hard to take in everything the doctor says, and two people can recall more than one.
5. Don't be afraid to ask questions if you don't understand what your doctor said.
6. Don't hesitate to take notes during the visit to help you remember what was said.
7. Be sure you understand directions for any medications you are to take. Ask for written instructions.
8. Request preventive screenings when appropriate.

An AARP article “Checkups and Preventions: Stay Healthy – Practice Prevention” (AARP.org) is included in this section of the booklet and gives detailed information on the types of preventive screenings you can have.



Checkups and Prevention

Stay Healthy -- Practice Prevention

Working with your doctor to stay healthy is as important as getting the right treatment when you're sick.

Preventive care, or care to prevent illness and disease, includes health tests/screenings, vaccines, and health counseling. Regular preventive care can help you stay healthy and live longer.

Like exercise, eating right, and other things you do to keep healthy, preventive care is up to you. Talk to your doctor about which tests and vaccines you need and how often you need them. Keep a record of all the tests you have and when, as well as the results. Mark the dates you need to get tested again on your calendar.

Health Tests: Some tests can help find problems or diseases before you start to have symptoms. Treating a health problem sooner rather than later improves your chances of getting better - it even can save your life.

Your doctor will recommend tests — and how often you should have them — based on the following:

- age and gender
- current health
- medical history
- family history

Vaccines: If you're past age 50, you should get a flu shot every year. Once you reach age 65, you should get a pneumonia vaccine. You also need a tetanus/diphtheria shot every 10 years. In addition, ask your doctor about vaccines for hepatitis B and chickenpox (varicella).

Your doctor might want you to get some tests sooner or more often than other people if you're at risk for a certain illness based on your family or medical history. If you're a woman age 50 or older, talk to your doctor about testing for:

- breast cancer (mammogram, self-breast and clinical breast examinations)
- colorectal cancer (digital rectal examination, fecal occult blood test, sigmoidoscopy, colonoscopy, barium enema)

- skin, ovarian, cervical, and other types of cancer
- diabetes
- high blood pressure
- high cholesterol
- osteoporosis (bone density test)
- vision and hearing
- tuberculosis

If you're a man age 50 or older, ask your doctor about:

- | | |
|----------------------------------|-----------------------|
| • colorectal cancer | • high blood pressure |
| • prostate cancer | • high cholesterol |
| • skin and other types of cancer | • vision and hearing |
| • diabetes | • tuberculosis |

Counseling: Unfortunately, many doctors just don't have the time to talk with patients about behaviors and lifestyle habits that could hurt their health. Here are some of the things your doctor should ask you about. If any of them cause you problems or concerns, ask about them on your own if your doctor doesn't bring them up.

- | | |
|--------------------------------|--|
| • alcohol use | • sexual problems or sexually transmitted diseases |
| • quitting smoking | • prescriptions and any over-the-counter medicines, including supplements and herbs you are taking |
| • feeling anxious or depressed | |
| • diet/eating right | |
| • staying a healthy weight | |
| • physical activity | |
| • hormone replacement therapy | |
| • sleep problems | |
| • vision or hearing problems | |

It's a good idea to make a list of all your medicines, the doses, and how often you take them so you don't forget. Take the list with you to the doctor's office.

Dental Care: Finally, don't forget about your teeth and mouth. Your preventive care plan should include regular visits — once or twice a year — to the dentist.

Problems with your teeth, gums, and mouth could cause pain, infection, trouble eating and sleeping, and other health problems.

Medical advances and technology have greatly improved our ability to catch illnesses and diseases earlier — and to save lives. Make preventive care part of your healthy lifestyle plan. To promote health, practice prevention!

AARP Resources

How To Talk To Your Doctor: Speaking up, asking the right questions, and understanding what your doctor tells you will help you get better care.

Website: http://www.aarp.org/health/staying_healthy/prevention

Foods To Fight Disease: A healthy diet can help protect you against obesity, diabetes, heart disease, and some kinds of cancer.

Website: http://www.aarp.org/health/staying_healthy/eating/

Additional Resources

Information on National Immunization Program: The U.S. Centers for Disease Control and Prevention (CDC) has an adult immunization schedule, information on the flu and other illnesses, and answers to frequently asked questions.

Website: www.cdc.gov/vaccines/

Information on Vision Loss: Find out if you have risk factors for eye diseases that could cause blindness.

Website: <http://www.blindness.org/>

Information on Hearing Loss: Take a quiz to see if you have a hearing problem.

Website: <http://www.nidcd.nih.gov/health/hearing/older.asp>

Staying Healthy: For more detailed information on a variety of health topics including how to stay healthy, go to the AARP web site at http://aarp.org/health/staying_healthy/prevention.

More Tips on Talking to Your Doctor: More detailed information on how to talk to your doctor is also available online at www.familydoctor.org. The article “Tips for Talking to Your Doctor” is located under Smart Patient Guide. You will also find numerous other articles on health topics.

Age-Related Vision Issues

Having regular eye exams is important to maintaining healthy eyes. A comprehensive dilated-eye examination can alert you and your eye professional to an eye disease in the early stages and allow you to get treatment before the disease progresses. Age-related macular degeneration and glaucoma are two eye diseases more common in older adults.

Age-Related Macular Degeneration

Age-related macular degeneration (AMD) is an eye disease which causes no pain but can lead to vision loss.

There are two types of AMD, dry AMD and wet AMD. According to the National Eye Institute (NEI), an early symptom of dry AMD is blurred vision, and straight lines that look crooked may be an early symptom of wet AMD. The National Eye Institute reports that those over 75 have a 30 percent risk of getting AMD. Whites are more likely to have AMD than African-Americans.

Glaucoma

Glaucoma refers to a group of eye diseases which can cause damage to the optic nerve and lead to vision loss. A person can have glaucoma and not know until it is in an advanced stage. Early detection and treatment (often with eye drops) is important to prevent vision loss. Having a comprehensive dilated eye examination every year or two is important for early detection. African-Americans are more at risk for getting glaucoma than Whites.

For more information about age-related macular degeneration and glaucoma, go to the National Eye Institute website. *Glaucoma*: www.nei.nih.gov/glaucoma/ and *Macular degeneration*: www.nei.nih.gov/health/maculardegen/armd_facts.asp

Memory Loss

What if my parent is confused or has memory problems that seem to be getting worse?

If you notice confusion and memory problems, be sure to seek medical help. Your parent will need to have a thorough check-up to eliminate physical causes for these symptoms. Sometimes medication can cause confusion, and other conditions such as a Vitamin D deficiency can mimic dementia.

An organization that can provide support and help to you and your parent or loved one is the Alzheimer's Association. If your parent or loved one has been diagnosed with Alzheimer's or another form of dementia, the Alzheimer's Association provides a number of services, including information and referrals, a toll-free help line, caregiver and early stage dementia support groups, and respite care.

On the following pages you will find listed the warning signs to watch out for as well as information about adult day centers and a respite care program to give caregivers a break. For more detailed information, go to the Alzheimer's Association website (www.alz.org/sc) or contact one of the offices listed on the following pages.

Warning Signs of Alzheimer's

Some change in memory is normal as we grow older, but symptoms of Alzheimer's disease are more than simple lapses in memory. Persons with Alzheimer's experience difficulties communicating, learning, thinking, and reasoning – problems severe enough to have an impact on an individual's daily life. It is critical to receive information, care, and support as early as possible.

The Alzheimer's Association developed this checklist of common symptoms to help individuals, family members, and healthcare professionals recognize the warning signs of Alzheimer's.

1. Recent memory loss that affects job performance
2. Difficulty performing familiar tasks
3. Problems with language
4. Disorientation to time and place
5. Poor or decreased judgment
6. Problems with abstract thinking
7. Misplacing things
8. Changes in mood or behavior
9. Changes in personality
10. Loss of initiative

(Information provided by Alzheimer's Association)

Information is available on the Alzheimer's Association website (www.alz.org/sc) or by calling one of the regional offices listed below:

Main Office - Anderson

864-224-3045 or 1-800-273-2555

(Serving Anderson and Oconee Counties)

Coastal and Pee Dee Office

843-233-9100 or 1-866-800-4460

(Serving Horry, Georgetown, Williamsburg, Florence, Marion, Chesterfield, Marlboro, Darlington, and Dillon Counties)

Greenville Area Office
864-250-0029 or 1-866-800-4460
(Serving Greenville, Pickens, and Laurens Counties)

Greenwood/Aiken Area Office
864-943-8895 or 1-866-844-0992
(Serving Greenwood, McCormick, Abbeville, Edgefield, Saluda, Aiken, Bamberg, Barnwell, and Allendale Counties)

Lowcountry Area Office
843-571-2641 or 1-800-860-1444
(Serving Charleston, Berkeley, Dorchester, Colleton, Hampton, Jasper, and Beaufort Counties)

Midlands Area Office
803-791-3430 or 1-800-636-3346
(Serving Richland, Lexington, Newberry, Sumter, Clarendon, Calhoun, and Orangeburg Counties)

Rock Hill Area Office
803-327-4715 or 1-866-844-0993
(Serving York, Chester, Lancaster, Fairfield, Kershaw and Lee Counties)

Spartanburg Area Office
864-542-9998 or 1-800-908-9690
(Serving Spartanburg, Cherokee, and Union Counties)

In-Home Care

In-home services offer a range of options, including companion services, personal care and skilled care services to meet specific needs. In-home care helpers must be through an agency. The Alzheimer's Association may provide a listing of licensed and bonded agencies honoring our voucher. **The care partner is responsible for contacting** one of these agencies to arrange for services. **Do not spend this voucher before it is issued. We will not reimburse for any dates prior to the date on the issued voucher.**

- The care partner must contact the agency *several days in advance* of times and dates needed for care. If an agency cannot fill a specific request, *the agency is responsible* for letting the care partner know so that other arrangements can be made. If problems occur, always talk with the Respite Director.
- Fees for services vary between agencies. Be sure to discuss fees with the agency you choose, and **keep track of how your voucher is spent down**. *You will be responsible* for any amount spent over the \$500 allotted.
- Private sitters are no longer an option.

Adult Day Care

The Alzheimer's Association may provide a listing of area adult day care facilities. **The care partner is responsible for contacting a day care director** to arrange for services.

Discuss fees with the day care center you choose, and **keep track of how your voucher is spent down**. *You will be responsible* for any amount spent over the voucher limit.

Short-Term Facility Stay-- Please Read this carefully! We do not pay for permanent placement.

The Alzheimer's Association may provide a listing of area Assisted Living and/or Skilled Nursing Facilities that allow short-term respite stays. **The care partner is responsible for contacting a facility** to arrange for services.

- Choose a facility that meets the specific care needs of your family member with dementia.
- Discuss the details of admission with the facility's director of admissions to learn what you must do to arrange for the stay. **Keep track of how your voucher is spent down.**
- Vouchers used for short- term respite in a facility **cannot be used for permanent placement**. **If a patient is admitted to a facility for a short- term stay and that stay becomes permanent, the voucher will not be honored. In order to receive payment, the facility must mail an invoice to the Alzheimer's Association South Carolina Chapter Headquarters in Anderson, SC. That invoice must include name of dementia patient, dates of service, amount owed to facility and a move in date and a move out date.**

*** Caregivers are responsible for all payments exceeding the \$500 voucher amounts.***

Adult Day Centers

Adult day centers are designed to meet the needs of individuals with dementia and to support their strengths, abilities and independence. Centers typically have staffed activities such as music and exercise programs and discussion groups.

Why use an adult day center

One reason to use an adult day center is to give yourself a break from caregiving. While your loved one is at a center, you'll have time to rest, run errands or finish other tasks. As a result, you'll return to caregiving responsibilities feeling refreshed and renewed. If you find yourself feeling guilty, ask yourself, "If I wear myself out to the point of total exhaustion, what good will I be to the person with dementia?"

Adult day centers also offer the person with dementia opportunities to be social with others and participate in activities in a safe environment.

Selecting a center

Adult day centers can vary. To choose the best setting for the individual with dementia, do the following:

- Consult a variety of sources to find an appropriate adult day center. Many caregivers rely on the advice from their local Alzheimer's Association and from other caregivers. Call your local senior center or area agency on aging, too.
- Give the day center a chance. Consider using its services at least twice a week for a month before making a final decision. Occasional use won't give you an accurate picture of how the center operates. In addition, give the person time to adjust to the experience of going to the center. While some people may resist going to the center at first, they often look forward to the visit after several weeks of attending, meeting people and joining in activities.
- Reevaluate your need for adult day services. At some point the person with Alzheimer's may need more care than the center can provide. Center staff and support groups can help evaluate your needs for future care.

Evaluating an adult day center

Consider the following when you evaluate an adult day center.

Center clients

Does the center provide services for people with different types of impairments as well as those in good physical health? Knowing about any service restrictions before using the center may help prevent problems.

Assessment

Will the center evaluate the person's needs? How will this evaluation be accomplished and how often will it be repeated? Will it cover medical needs, social and family history, cognitive functioning, and social skills? Some centers perform assessments in the person's home.

Services

Does the center offer the services that you and the person with dementia need? These are some of the specific services you may want to investigate. (Keep in mind that few adult day programs offer all of the services described below, and not all of the services are necessary for a program to be of high quality.)

- **Counseling**
Will the center provide support for clients and families? For example, can they offer guidance on outside resources and arrange for supportive care in the home?
- **Health services**
Will the center provide blood pressure checks and physical, dental, foot, eye and ear examinations? Will the center dispense medication and/or offer medication reminders?
- **Nutrition**
Does the center provide nutritious meals and snacks? To make sure, you may want to sample one of the meals. In addition, can the center accommodate special diets or provide a culturally specific menu? And does the center provide some sort of nutritional education program?
- **Personal care**
Will the center's staff provide help with hairstyling, toileting, eating, showering and other personal care tasks?
- **Activities**
Does the center offer a program of activities that the person with dementia can participate in and enjoy?
- **Behavior management**
Is the center prepared to deal with wandering, incontinence, hallucinations, sexually inappropriate behavior or speech difficulties?
- **Therapy**
Will the center help arrange for needed physical, occupational or speech therapy? Are there therapists onsite or on-call?
- **Special needs**
Is the center equipped to deal with someone who uses a wheelchair, who is hearing or visually impaired, or who is handicapped in another way?

Accessibility

Most centers are open from early morning to early afternoon. Some have extended or weekend hours. People may attend the center as little as one day per week or as many as five. Be sure to ask about the minimum attendance requirements and the notification policy for absences

Cost

Many centers offer services on sliding scales, where caregivers pay according to ability or income. In some states, Medicaid covers cost for people with very low income and few assets. Be sure to ask about basic fees, financial assistance and additional charges for such services as crafts or field trips.

Location and transportation

Getting to and from some centers may consume a large part of your day and be stressful on the person. However, some centers offer pick-up and drop-off transportation services, while others provide transportation for outings and medical appointments. Be sure to ask about the policy for late arrival or late pick-up.

Facility

Evaluate the overall appearance and quality of the facility. Is it warm, inviting and free of clutter? Is there adequate space for activities? Is there space available for outdoor activities? Are there secured areas for outside walking?

Staff

Assess the qualifications of the staff. What is the number of staff for each client? Do staff members have dementia-specific training? Does the center have a physician, nurse or health care professional on staff or on-call? If the center uses volunteers, are they adequately trained and supervised? Is staff warm and friendly to family members and caregivers? How well does the staff handle people with behavioral problems?

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

Updated October 2004

Hospice

Hospice is a concept of care designed to support terminally ill patients and their families. A team of professionals works with the patient and the family to provide for physical, emotional, and spiritual needs. Emphasis is on quality of life and the dignity and comfort of the individual.

A doctor can recommend hospice for someone with a terminal condition when aggressive treatment is no longer effective. The referral is made when the doctor predicts that the patient probably has only six months or less to live. Hospice care is usually provided in the home, but a number of hospice providers now have hospice residential facilities where patients can go for symptom control and respite care, or for comfort care the last few weeks of their lives.

To learn more about hospice and the hospice services available locally, go to the Hospice Foundation of America website (<http://www.hospicefoundation.org>). You may also contact your healthcare provider.

Documents to Ensure Your Wishes are Respected

G



This section will provide information on important documents you need to have to ensure that your wishes are respected. To make certain your health care wishes are carried out, you can complete a living will and a health care power of attorney or another document called Five Wishes. These documents are explained on the following pages. Also, copies of a living will and a health care power of attorney are included. Five Wishes is an easy to use document which includes both a living will and a health care power of attorney. If you prefer to use Five Wishes, you will need to order a copy or call the number given (see information on Five Wishes that follows).

If you want to name someone to control your assets when you no longer can, you will need a document called a durable power of attorney. Another important document is a Last Will and Testament. It ensures that after your death your property is distributed according to your wishes.

At the end of this section, you will find a form developed by AARP to help you organize and keep a record of important financial and personal information.

Section G Contents

Choosing Advance Directives	G-1
Copy of Living Will	G-7
Copy of Health Care Power of Attorney.....	G-11
Other Documents.....	G-17
Durable Power of Attorney	
Last Will and Testament	
Form to Use in Organizing Documents.....	G-18

Making Health Care Decisions by Choosing Advance Directives

You have the right to make health care decisions that affect you.

You have the right to make all decisions about the health care you receive. If you do not want certain treatments, you have the right to tell your doctor, either orally or in writing, you do not want them. If you want to refuse treatment, but you do not have someone to name as your agent, you can sign a living will.

Most patients can express their wishes to their doctor, but some who are badly injured, unconscious or very ill cannot. People need to know your wishes about health care in case you become unable to speak effectively for yourself. You can express your wishes in an advance directive.

What types of documents or advance directives are available to help me make my wishes concerning health care known?

A **living will**, a **health care power of attorney**, and the **Five Wishes** document can all be used to allow you to state your wishes concerning health care.

In a **living will**, you tell your doctor that you do not want to receive certain treatment. In a **health care power of attorney**, you name an agent who will tell the doctor what treatment should or should not be provided.

In the **Five Wishes** document, wish one is the **health care power of attorney** and wish two is a **living will**.

The decision to sign an advance directive is very personal and very important. This pamphlet answers some frequently asked questions.

These documents will be followed only if you are unable, due to illness or injury, to make decisions for yourself. While you are pregnant, however, these documents will not cause life support to be withheld.

If you do not have an advance directive that tells what you want done, you do not know what decisions will be made or who will make them. Decisions may be made by certain relatives designated by South Carolina law (Adult Health Care Consent Act), by a person appointed by the court, or by the court itself. The best way to make sure your wishes are followed is to state your wishes in an advance directive. If you want to refuse treatment but you do not have someone to name as your agent, you can sign a living will.

If you have questions about signing an advance directive, you should talk to your doctor, minister, priest, rabbi, or other religious professional. Finally, it is very important that you discuss your feeling about life support with your family.

A **health care power of attorney** also should be discussed with the people you intend to name as your agent and alternate agents to make sure that they are willing to serve and know your wishes.

Are there forms for living wills and health care powers of attorney in South Carolina?

Yes. The South Carolina legislature has approved forms for a **living will**, a **health care power of attorney**, and **Five Wishes**. The living will form that the legislature approved is called a Declaration of a Desire for a Natural Death. You may get these forms on-line or from your local:

Area Agency on Aging Council on Aging

or

The Lieutenant Governor's Office on Aging

1-800-868-9095 or 1-803-734-9900 or 1-888-5wishes (594-7437)

To access forms online: Go to

<http://aging.sc.gov/seniors/AdvanceDirectives/LivingWillPowerOfAttorney.htm>

The Lt. Governor's Office on Aging will mail you a Five Wishes form if you call and request one.

How are a Health Care Power of Attorney and a Living Will different?

The agent named in a **health care power of attorney** can make the decisions about your health care. A **living will** only tells the doctor what to do if you are permanently unconscious or if you are terminally ill and close to death. A **health care power of attorney** is not limited to these situations.

A **living will** affects life support only in certain circumstances. A **living will** only tells the doctor what to do if you are permanently unconscious or if you are terminally ill and close to death. A **health care power of attorney** is not limited to these situations.

Permanently unconscious means that you are in a persistent vegetative state in which your body functions, but your mind does not. This is different from a coma, because a person in a coma usually wakes up, but a permanently unconscious person does not.

A **living will** states what treatment you don't want. In a health care power of attorney you can say what treatment you do want, as well as what you do not want.

With a **living will**, you must decide what should be done in the future, without knowing exactly what the circumstances will be when the decision is put into effect. With a **health care power of attorney**, the agent can make decisions when the need arises, and will know what the circumstances are.

An Ombudsman as designated by the State Ombudsman, Office of the Lieutenant Governor, must be a witness if you sign a **living will** when you are in a hospital or nursing home. An Ombudsman does not have to be a witness if you sign a **health care power of attorney** in a hospital or nursing home. (From Death with Dignity Act, Section 44-77-40) This responsibility has been delegated to the Lt. Governor's Office of Aging, Long Term Care Ombudsman Program.

The **Five Wishes** is an easy to use legal document that lets your family and doctors know which person you want to make health care decisions for you when you can't make them, the kind of medical treatment you want or don't want, how comfortable you want to be, how you want to be treated and what you want your loved ones to know.

I want to be allowed to die a natural death and not be kept alive by medical treatment, heroic measures, or artificial means. How can I make sure this happens?

The best way to be sure you are allowed to die a natural death is to sign a health care power of attorney that states the circumstances in which you would not want treatment. In the South Carolina form, you should specify your wishes in items six (6) and seven (7).

Which documents should I sign if I want to be treated with all available life-sustaining procedures?

You should sign a Health Care Power of Attorney and not a living will. The South Carolina Health Care Power of Attorney form allows you to say either that you do or do not want life sustaining treatment. A living will only allows you to say that you do not want life sustaining procedures.

What if I have an old health care power of attorney or living will, or signed one in another state?

If you previously signed a living will or health care power of attorney, even in another state, it is probably valid. However, it may be a good idea to sign the most current forms. For example, the current South Carolina living will form covers artificial nutrition and hydration whereas older forms did not.

How is a health care power of attorney different from a durable power of attorney?

A health care power of attorney is a specific form of durable power of attorney that names an agent only to make health care decisions.

A durable power of attorney may or may not allow the agent to make health care decisions. It depends on what the document says. The agent may only be able to make decisions about property and financial matters.

What are the requirements for signing a living will?

You must be eighteen years old to sign a living will. Two persons must witness your signing the living will form. A notary public must also sign the living will form. If you sign a living will while you are a patient in a hospital or a resident in a nursing home, an Ombudsman witness must witness your signing.

There are certain people who cannot sign the document. Please read the living will form carefully to be sure your witnesses are qualified.

Who should I appoint as my agent? What if my agent cannot serve?

You should appoint a person you trust and who knows how you feel about health care. You also should name at least one alternate, who will make decisions if you agent is unable or unwilling to make these decisions. You should talk to the people you choose as your agent and alternate agents to be sure they are willing to serve.

Is there anything I need to know about completing the living will or health care power of attorney forms?

Each form contains spaces for you to state your wishes about things like whether you want life support and tube feeding. If you do not put your initials in either blank, tube feeding may be provided, depending upon your condition. Be sure to read the form carefully and follow the instructions.

Where should I keep my health care power of attorney or living will?

Keep the original in a safe place where your family members can get it. You also should give a copy to as many of the following people as you are comfortable with: your family members, your doctor, your lawyer, your minister or priest, or your agent. Do not put your only copy of these documents in your safe deposit box.

What if I change my mind after I have signed a living will or health care power of attorney?

You may revoke (cancel) your advance directive at any time. The forms contain instructions for doing so. You must tell your doctor and anyone else who has a copy that you have changed your mind and you want to revoke your documents.

When did the Five Wishes become valid in South Carolina?

The Five Wishes met the legal requirement in SC and was signed into law by Governor Sanford on June 2005.

How do I order Five Wishes?

You may visit the web at www.agingwithdignity.org or call 1-888-5 WISHES (594-7437). The cost is \$5 per individual copy or \$1 for an order of 25 or more copies. You may also call the Lt. Governor's Office on Aging and ask them to mail you a copy. (Information obtained from <http://www.aging.sc.gov/seniors/AdvanceDirectives/advancedirectives.htm>)

What are the Five Wishes?

My wish for: The person I want to make care decisions for me when I can't
The kind of medical treatment I want or don't want
How comfortable I want to be
How I want people to treat me
What I want my loved ones to know (from Five Wishes, distributed by Aging with Dignity)

Table G.1. Comparison of Advance Directives

Living Will	Health Care Power of Attorney	Five Wishes
<p>Does not name an agent to make decisions about your health care when you are unable to do so.</p> <p>Tells your doctor what not to do if you are permanently unconscious or close to death.</p>	<p>Names an agent to make decisions about your health care if you are unable to do so. You do not have to have a terminal condition, but your agent will only make decisions for you if you are unable at the time.</p> <p>Gives instructions to your agent regarding the care you want or do not want to receive.</p>	<p>Takes the place of a <i>living will</i> and a <i>health care power of attorney</i>.</p> <p>Wish one: The person I want to make care decisions for me when I can't</p> <p>Wish two: The kind of medical treatment I want or don't want</p> <p>Wish three: How comfortable I want to be</p> <p>Wish four: How I want people to treat me</p> <p>Wish five: What I want my loved ones to know</p>

DECLARATION OF A DESIRE FOR A NATURAL DEATH

STATE OF SOUTH CAROLINA

COUNTY OF _____

I, _____ (_____/_____/_____), Declarant, being at least eighteen
Social Security Number _____
years of age and a resident of and domiciled in the City of _____, County of
_____, State of South Carolina, make this Declaration this _____ day of
_____, 20_____.

I willfully and voluntarily make known my desire that no life-sustaining procedures be used to prolong my dying if my condition is terminal or if I am in a state of permanent unconsciousness, and I declare:

If at any time I have a condition certified to be a terminal condition by two physicians who have personally examined me, one of whom is my attending physician, and the physicians have determined that my death could occur within a reasonably short period of time without the use of life-sustaining procedures or if the physicians certify that I am in a state of permanent unconsciousness and where the application of life-sustaining procedures would serve only to prolong the dying process, I direct that the procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure necessary to provide me with comfort care.

INSTRUCTIONS CONCERNING ARTIFICIAL NUTRITION AND HYDRATION

INITIAL ONE OF THE FOLLOWING STATEMENTS

If my condition is **TERMINAL** and could result in death within a reasonably short time,

_____ I direct that nutrition and hydration **BE PROVIDED** through any medically indicated means, including medically or surgically implanted tubes.

OR

_____ I direct that nutrition and hydration **NOT BE PROVIDED** through any medically indicated means, including medically or surgically implanted tubes.

INITIAL ONE OF THE FOLLOWING STATEMENTS

If I am in a **PERSISTENT VEGETATIVE STATE** or other condition of permanent unconsciousness,

_____ I direct that nutrition and hydration **BE PROVIDED** through any medically indicated means, including medically or surgically implanted tubes.

OR

_____ I direct that nutrition and hydration **NOT BE PROVIDED** through any medically indicated means, including medically or surgically implanted tubes.

In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this Declaration be honored by my family and physicians and any health facility in which I may be a patient as the final expression of my legal right to refuse medical or surgical treatment, and I accept the consequences from the refusal.

I am aware that this Declaration authorizes a physician to withhold or withdraw life-sustaining procedures. I am emotionally and mentally competent to make this Declaration.

APPOINTMENT OF AN AGENT (OPTIONAL)

- 1. You may give another person authority to REVOKE this declaration on your behalf. If you wish to do so, please enter that person's name in the space below.

Name of Agent with Power to Revoke: _____
Address: _____
Telephone Number: _____

- 2. You may give another person authority to ENFORCE this declaration on your behalf. If you wish to do so, please enter that person's name in the space below.

Name of Agent with Power to Enforce Address: _____
Telephone Number: _____

REVOCATION PROCEDURES

THIS DECLARATION MAY BE REVOKED BY ANY ONE OF THE FOLLOWING METHODS. HOWEVER, A REVOCATION IS NOT EFFECTIVE UNTIL IT IS COMMUNICATED TO THE ATTENDING PHYSICIAN:

- (1) BY BEING DEFACED, TORN, OBLITERATED, OR OTHERWISE DESTROYED, IN EXPRESSION OF YOUR INTENT TO REVOKE, BY YOU OR BY SOME PERSON IN YOUR PRESENCE AND BY YOUR DIRECTION. REVOCATION BY DESTRUCTION OF ONE OR MORE OF MULTIPLE ORIGINAL DECLARATIONS REVOKES ALL OF THE ORIGINAL DECLARATIONS;
(2) BY A WRITTEN REVOCATION SIGNED AND DATED BY YOU EXPRESSING YOUR INTENT TO REVOKE;
(3) BY YOUR ORAL EXPRESSION OF YOUR INTENT TO REVOKE THE DECLARATION. AN ORAL REVOCATION TO THE ATTENDING PHYSICIAN BY A PERSON OTHER THAN YOU IS EFFECTIVE ONLY IF:
(A) THE PERSON WAS PRESENT WHEN THE ORAL REVOCATION WAS MADE;
(B) THE REVOCATION WAS COMMUNICATED TO THE PHYSICIAN WITHIN A REASONABLE TIME;
(C) YOUR PHYSICAL OR MENTAL CONDITION MAKES IT IMPOSSIBLE FOR THE PHYSICIAN TO CONFIRM THROUGH SUBSEQUENT CONVERSATION WITH YOU THAT THE REVOCATION HAS OCCURRED. TO BE EFFECTIVE AS A REVOCATION, THE ORAL EXPRESSION CLEARLY MUST INDICATE YOUR DESIRE THAT THE DECLARATION NOT BE GIVEN EFFECT OR THAT LIFE-SUSTAINING PROCEDURES BE ADMINISTERED;
(4) IF YOU, IN THE SPACE ABOVE, HAVE AUTHORIZED AN AGENT TO REVOKE THE DECLARATION, THE AGENT MAY REVOKE ORALLY OR BY A WRITTEN, SIGNED, AND DATED INSTRUMENT. AN AGENT MAY REVOKE ONLY IF YOU ARE INCOMPETENT TO DO SO. AN AGENT MAY REVOKE THE DECLARATION PERMANENTLY OR TEMPORARILY;
(5) BY YOUR EXECUTING ANOTHER DECLARATION AT A LATER TIME.

Signature of Declarant

AFFIDAVIT

STATE OF _____ COUNTY OF _____

We, _____ and _____, the undersigned witnesses to the foregoing Declaration, dated the _____ day of _____, 20____, at least one of us being first duly sworn, declare to the undersigned authority, on the basis of our best information and belief, that the Declaration was on that date signed by the declarant as and for his DECLARATION OF A DESIRE FOR A NATURAL DEATH in our presence and we, at his request and in his presence, and in the presence of each other, subscribe our names as witnesses on that date. The declarant is personally known to us, and we believe him to be of sound mind. Each of us affirms that he is qualified as a witness* to this Declaration under the provisions of the South Carolina Death with Dignity Act in that he is not related to the declarant by blood, marriage, or adoption either as a spouse, lineal ancestor, descendant of the parents of the declarant, or spouse of any of them; nor directly financially responsible for the declarant's medical care; nor entitled to any portion of the declarant's estate upon his decease, whether under any will or as an heir by intestate succession; nor the beneficiary of a life insurance policy of the declarant; nor the declarant's attending physician; nor an employee of the attending physician; nor a person who has a claim against the declarant's decedent's estate as of this time. No more than one of us is an employee of a health facility in which the declarant is a patient. If the declarant is a resident in a hospital or nursing care facility at the date of execution of this Declaration, at least one of us is an ombudsman designated by the State Ombudsman, Office of the Governor.

Witness

Witness*

Subscribed before me by _____, the declarant, and subscribed and sworn to before me by _____ the witness(es),
this _____ day of _____, 20____.

(SEAL)

Signature of Notary Public

Notary Public for _____

My commission expires: _____

*If qualified as a witness, the Notary Public may serve as a witness.

SC Code of Laws Sec. 44-77-10 (Rev. 6/91)

SOUTH CAROLINA HEALTH CARE POWER OF ATTORNEY

INFORMATION ABOUT THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU NAME AS YOUR AGENT THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU CANNOT MAKE THE DECISION FOR YOURSELF. THIS POWER INCLUDES THE POWER TO MAKE DECISIONS ABOUT LIFE-SUSTAINING TREATMENT. UNLESS YOU STATE OTHERWISE, YOUR AGENT WILL HAVE THE SAME AUTHORITY TO MAKE DECISIONS ABOUT YOUR HEALTH CARE AS YOU WOULD HAVE.
2. THIS POWER IS SUBJECT TO ANY LIMITATIONS OR STATEMENTS OF YOUR DESIRES THAT YOU INCLUDE IN THIS DOCUMENT. YOU MAY STATE IN THIS DOCUMENT ANY TREATMENT YOU DO NOT DESIRE OR TREATMENT YOU WANT TO BE SURE YOU RECEIVE. YOUR AGENT WILL BE OBLIGATED TO FOLLOW YOUR INSTRUCTIONS WHEN MAKING DECISIONS ON YOUR BEHALF. YOU MAY ATTACH ADDITIONAL PAGES IF YOU NEED MORE SPACE TO COMPLETE THE STATEMENT.
3. AFTER YOU HAVE SIGNED THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE HEALTH CARE DECISIONS FOR YOURSELF IF YOU ARE MENTALLY COMPETENT TO DO SO. AFTER YOU HAVE SIGNED THIS DOCUMENT, NO TREATMENT MAY BE GIVEN TO YOU OR STOPPED OVER YOUR OBJECTION IF YOU ARE MENTALLY COMPETENT TO MAKE THAT DECISION.
4. YOU HAVE THE RIGHT TO REVOKE THIS DOCUMENT, AND TERMINATE YOUR AGENT'S AUTHORITY, BY INFORMING EITHER YOUR AGENT OR YOUR HEALTH CARE PROVIDER ORALLY OR IN WRITING.
5. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A SOCIAL WORKER, LAWYER, OR OTHER PERSON TO EXPLAIN IT TO YOU.
6. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS TWO PERSONS SIGN AS WITNESSES. EACH OF THESE PERSONS MUST EITHER WITNESS YOUR SIGNING OF THE POWER OF ATTORNEY OR WITNESS YOUR ACKNOWLEDGMENT THAT THE SIGNATURE ON THE POWER OF ATTORNEY IS YOURS.

THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES:

- A. YOUR SPOUSE, YOUR CHILDREN, GRANDCHILDREN, AND OTHER LINEAL DESCENDANTS; YOUR PARENTS, GRANDPARENTS, AND OTHER LINEAL ANCESTORS; YOUR SIBLINGS AND THEIR LINEAL DESCENDANTS; OR A SPOUSE OF ANY OF THESE PERSONS.
- B. A PERSON WHO IS DIRECTLY FINANCIALLY RESPONSIBLE FOR YOUR MEDICAL CARE.
- C. A PERSON WHO IS NAMED IN YOUR WILL, OR, IF YOU HAVE NO WILL, WHO WOULD INHERIT YOUR PROPERTY BY INTESTATE SUCCESSION.

D. A BENEFICIARY OF A LIFE INSURANCE POLICY ON YOUR LIFE.

E. THE PERSONS NAMED IN THE HEALTH CARE POWER OF ATTORNEY AS YOUR AGENT OR SUCCESSOR AGENT.

F. YOUR PHYSICIAN OR AN EMPLOYEE OF YOUR PHYSICIAN.

G. ANY PERSON WHO WOULD HAVE A CLAIM AGAINST ANY PORTION OF YOUR ESTATE (PERSONS TO WHOM YOU OWE MONEY).

IF YOU ARE A PATIENT IN A HEALTH FACILITY, NO MORE THAN ONE WITNESS MAY BE AN EMPLOYEE OF THAT FACILITY.

7. YOUR AGENT MUST BE A PERSON WHO IS 18 YEARS OLD OR OLDER AND OF SOUND MIND. IT MAY NOT BE YOUR DOCTOR OR ANY OTHER HEALTH CARE PROVIDER THAT IS NOW PROVIDING YOU WITH TREATMENT; OR AN EMPLOYEE OF YOUR DOCTOR OR PROVIDER; OR A SPOUSE OF THE DOCTOR, PROVIDER, OR EMPLOYEE; UNLESS THE PERSON IS A RELATIVE OF YOURS.

8. YOU SHOULD INFORM THE PERSON THAT YOU WANT HIM OR HER TO BE YOUR HEALTH CARE AGENT. YOU SHOULD DISCUSS THIS DOCUMENT WITH YOUR AGENT AND YOUR PHYSICIAN AND GIVE EACH A SIGNED COPY. IF YOU ARE IN A HEALTH CARE FACILITY OR A NURSING CARE FACILITY, A COPY OF THIS DOCUMENT SHOULD BE INCLUDED IN YOUR MEDICAL RECORD.

SOUTH CAROLINA HEALTH CARE POWER OF ATTORNEY

1. DESIGNATION OF HEALTH CARE AGENT

I, _____, hereby appoint:
(Principal)

(Agent's Name) _____

(Agent's Address) _____

Telephone: home: _____ work: _____ mobile: _____

as my agent to make health care decisions for me as authorized in this document.

Successor Agent: If an agent named by me dies, becomes legally disabled, resigns, refuses to act, becomes unavailable, or if an agent who is my spouse is divorced or separated from me, I name the following as successors to my agent, each to act alone and successively, in the order named:

a. First Alternate Agent:

Address: _____

Telephone: home: _____ work: _____ mobile: _____

b. Second Alternate Agent:

Address: _____

Telephone: home: _____ work: _____ mobile: _____

Unavailability of Agent(s): If at any relevant time the agent or successor agents named here are unable or unwilling to make decisions concerning my health care, and those decisions are to be made by a guardian, by the Probate Court, or by a surrogate pursuant to the Adult Health Care Consent Act, it is my intention that the guardian, Probate Court, or surrogate make those decisions in accordance with my directions as stated in this document.

2. EFFECTIVE DATE AND DURABILITY

By this document I intend to create a durable power of attorney effective upon, and only during, any period of mental incompetence, except as provided in Paragraph 3 below.

3. HIPAA AUTHORIZATION

When considering or making health care decisions for me, all individually identifiable health information and medical records shall be released without restriction to my health care agent(s) and/or my alternate health care agent(s) named above including, but not limited to, (i) diagnostic, treatment, other health care, and related insurance and financial records and information associated with any past, present, or future physical or mental health condition including, but not limited to, diagnosis or treatment of HIV/AIDS, sexually transmitted disease(s), mental illness, and/or drug or alcohol abuse and (ii) any written opinion relating to my health that such health care agent(s) and/or alternate health care agent(s) may have requested. Without limiting the generality of the foregoing, this release authority applies to all health information and medical records governed by the Health Information Portability and

Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160-164; is effective whether or not I am mentally competent; has no expiration date; and shall terminate only in the event that I revoke the authority in writing and deliver it to my health care provider.

4. AGENT'S POWERS

I grant to my agent full authority to make decisions for me regarding my health care. In exercising this authority, my agent shall follow my desires as stated in this document or otherwise expressed by me or known to my agent. In making any decision, my agent shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my agent cannot determine the choice I would want made, then my agent shall make a choice for me based upon what my agent believes to be in my best interests. My agent's authority to interpret my desires is intended to be as broad as possible, except for any limitations I may state below.

Accordingly, unless specifically limited by the provisions specified below, my agent is authorized as follows:

- A. To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;
- B. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of, but not intentionally cause, my death;
- C. To authorize my admission to or discharge, even against medical advice, from any hospital, nursing care facility, or similar facility or service;
- D. To take any other action necessary to making, documenting, and assuring implementation of decisions concerning my health care, including, but not limited to, granting any waiver or release from liability required by any hospital, physician, nursing care provider, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my agent, or to seek actual or punitive damages for the failure to comply.
- E. The powers granted above do not include the following powers or are subject to the following rules or limitations:

5. ORGAN DONATION (INITIAL ONLY ONE)

My agent may ____; may not ____ consent to the donation of all or any of my tissue or organs for purposes of transplantation.

6. EFFECT ON DECLARATION OF A DESIRE FOR A NATURAL DEATH (LIVING WILL)

I understand that if I have a valid Declaration of a Desire for a Natural Death, the instructions contained in the Declaration will be given effect in any situation to which they are applicable. My agent will have authority to make decisions concerning my health care only in situations to which the Declaration does

not apply.

7. STATEMENT OF DESIRES CONCERNING LIFE-SUSTAINING TREATMENT

With respect to any Life-Sustaining Treatment, I direct the following:

(INITIAL ONLY ONE OF THE FOLLOWING 3 PARAGRAPHS)

(1) ____ GRANT OF DISCRETION TO AGENT. I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, my personal beliefs, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

OR

(2) ____ DIRECTIVE TO WITHHOLD OR WITHDRAW TREATMENT. I do not want my life to be prolonged and I do not want life-sustaining treatment:

- a. if I have a condition that is incurable or irreversible and, without the administration of life-sustaining procedures, expected to result in death within a relatively short period of time; or
- b. if I am in a state of permanent unconsciousness.

OR

(3) ____ DIRECTIVE FOR MAXIMUM TREATMENT. I want my life to be prolonged to the greatest extent possible, within the standards of accepted medical practice, without regard to my condition, the chances I have for recovery, or the cost of the procedures.

8. STATEMENT OF DESIRES REGARDING TUBE FEEDING

With respect to Nutrition and Hydration provided by means of a nasogastric tube or tube into the stomach, intestines, or veins, I wish to make clear that in situations where life-sustaining treatment is being withheld or withdrawn pursuant to Item 7, (INITIAL ONLY ONE OF THE FOLLOWING THREE PARAGRAPHS):

(a) ____ GRANT OF DISCRETION TO AGENT. I do not want my life to be prolonged by tube feeding if my agent believes the burdens of tube feeding outweigh the expected benefits. I want my agent to consider the relief of suffering, my personal beliefs, the expense involved, and the quality as well as the possible extension of my life in making this decision.

OR

(b) ____ DIRECTIVE TO WITHHOLD OR WITHDRAW TUBE FEEDING. I do not want my life prolonged by tube feeding.

OR

(c) ____ DIRECTIVE FOR PROVISION OF TUBE FEEDING. I want tube feeding to be provided within the standards of accepted medical practice, without regard to my condition, the chances I have for recovery, or the cost of the procedure, and without regard to whether other forms of life-sustaining treatment are being withheld or withdrawn.

IF YOU DO NOT INITIAL ANY OF THE STATEMENTS IN ITEM 8, YOUR AGENT WILL NOT

HAVE AUTHORITY TO DIRECT THAT NUTRITION AND HYDRATION NECESSARY FOR COMFORT CARE OR ALLEVIATION OF PAIN BE WITHDRAWN.

9. ADMINISTRATIVE PROVISIONS

A. I revoke any prior Health Care Power of Attorney and any provisions relating to health care of any other prior power of attorney.

B. This power of attorney is intended to be valid in any jurisdiction in which it is presented.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT.

I sign my name to this Health Care Power of Attorney on

this _____ day of _____, 20 _____. My current home address is:

Principal's Signature: _____

Print Name of Principal: _____

I declare, on the basis of information and belief, that the person who signed or acknowledged this document (the principal) is personally known to me, that he/she signed or acknowledged this Health Care Power of Attorney in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence. I am not related to the principal by blood, marriage, or adoption, either as a spouse, a lineal ancestor, descendant of the parents of the principal, or spouse of any of them. I am not directly financially responsible for the principal's medical care. I am not entitled to any portion of the principal's estate upon his decease, whether under any will or as an heir by intestate succession, nor am I the beneficiary of an insurance policy on the principal's life, nor do I have a claim against the principal's estate as of this time. I am not the principal's attending physician, nor an employee of the attending physician. No more than one witness is an employee of a health facility in which the principal is a patient. I am not appointed as Health Care Agent or Successor Health Care Agent by this document.

Witness No. 1

Signature: _____

Date: _____

Print Name: _____

Telephone: _____

Address: _____

Witness No. 2

Signature: _____

Date: _____

Print Name: _____

Telephone: _____

Address: _____

(This portion of the document is optional and is not required to create a valid health care power of attorney.)

STATE OF SOUTH CAROLINA

COUNTY OF _____

The foregoing instrument was acknowledged before me by Principal on _____,
20 _____.

Notary Public for South Carolina _____

My Commission Expires: _____

Other Documents

Durable Power of Attorney

If you want to name someone to manage your assets when you no longer can, you will need a document called a *durable power of attorney*. This document allows you to officially designate another person to conduct your personal business for you. For this important role, you need to appoint someone you can trust, usually a relative or a close friend.

A *durable power of attorney* differs from a *power of attorney* in that it remains in effect after a person becomes incapacitated. In contrast, a *power of attorney* is no longer in effect when a person is incapacitated.

A *durable power of attorney* usually takes effect immediately. However, if you prefer, you can arrange for a “springing” *durable power of attorney* which would take effect only in the event you are incapacitated.

To be legally recognized, the document must be signed by two witnesses, notarized, and recorded in the county where you live, either in the office of the register of deeds or the office of the clerk of court.

Last Will and Testament

Everyone needs a will. By having a will, you are able to indicate how you want your property distributed in the event of your death. A will also allows you to nominate a person of your choosing called a personal representative to administer your estate. If you die without having a will, your estate will be distributed according to state law.

A will must be witnessed by two individuals who are not designated to benefit from your estate.

Resource

You can obtain more information on the documents mentioned above and other issues such as probate and estate planning by consulting the following handbook produced by the SC Bar Young Lawyers Division and the Lt. Governor’s Office on Aging:

South Carolina Senior Citizen’s Handbook: A Guide to Laws and Programs Affecting Senior Citizens: This document can be downloaded from <http://www.aging.sc.gov/information>. Go to this website and click on SC Senior Citizen’s Handbook – 2007 Edition

(Information adapted from the *SC Senior Citizen’s Handbook: A Guide to Laws and Programs Affecting Senior Citizens*)

Name: _____

Social Security Number: _____

Date Completed: _____

Primary Doctor: _____

Telephone: _____

Lawyer: _____

Telephone: _____

Accountant: _____

Telephone: _____

Power of Attorney: _____

Telephone: _____

Health Care Agent: _____

Telephone: _____

Investment Broker: _____

Telephone: _____

Clergy: _____

Telephone: _____

Name of Bank: _____

Acct #: _____

Name of Bank: _____

Acct #: _____

Emergency Contact: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____

Personal Information

Where Is It Kept? _____

Birth Certificate: _____

Marriage Certificate: _____

Divorce Papers: _____



ORGANIZE DOCUMENTS

Military Records: _____

Branch of Service: _____

Military ID #: _____

Dates of Service: _____

Organ Donor Card: _____

Passport/Citizenship Papers: _____

Will: _____

Trusts: _____

Safety Deposit Box: _____

Number: _____

Where are keys kept? _____

Insurance Information: Where Is It Kept?

Automobile: _____

Disability: _____

Homeowners: _____

Life: _____

Long-Term Care: _____

Health: _____

Other: _____

Financial Information: Where Is It Kept?

Automobile Title/Registration: _____

Bank Statements: _____

Bonds: _____

CDs: _____

Bank Account (Checking): _____

Bank Account (Savings): _____

Bank Account (Money Market): _____



ORGANIZE DOCUMENTS

401(k) Account: _____

IRAs: _____

Mortgage Information: _____

Outstanding Loans: _____

Property Deeds/Title: _____

Stock Certificates: _____

Income Tax Records: _____

Pension Records: _____

Medical Information: Where Is It Kept?

Advance Directives: _____

Do Not Resuscitate Papers: _____

Health Care Power of Attorney: _____

Living Will: _____

Final Wishes: Where Is It Kept?

Burial Arrangements: _____

Cemetery Information: _____

Funeral Home: _____



Section H Contents

Regional Offices of Lt. Governor's Office on Aging.....	H-1
Other Aging Services in South Carolina.....	H-2
County Health Departments.....	H-5
Community Long Term Care Area Office Addresses	H-7
Agencies for Disabilities and Special Needs.....	H-10

Regional Offices of the Lt. Governor's Office on Aging

The Lieutenant Governor's Office on Aging sponsors 10 regional offices and provides a number of services.

- **Information and Assistance** --Information specialists can help you find local resources.
- **Insurance Counseling for Older Adults**
- **Family Caregiver Support**
- **Ombudsman Program** – This program handles complaints involving long term care facilities and seeks to improve the quality of life and quality of care in these facilities in South Carolina.

Region 1– Appalachia
(Anderson, Cherokee, Greenville,
Oconee, Pickens, Spartanburg)
Phone: (864) 242-9733 / (800) 434-4036

Region 2- Upper Savannah
(Abbeville, Edgefield, Greenwood,
Laurens, McCormick, Saluda)
Phone: (864) 941-8050 / (800) 922-7729

Region 3– Catawba
(Chester, Lancaster, York, Union)
Phone: (803) 329-9670 / (800) 662-8330

Region 4 Central Midlands
(Fairfield, Lexington, Newberry, Richland)
Phone: (803) 376-5390 / (866) 394-4166

Region 5 Lower Savannah
(Aiken, Allendale, Bamberg,
Barnwell, Calhoun, Orangeburg)
Phone: (803) 649-7981 / (866) 845-1550

Region 6– Santee – Lynches
(Clarendon, Kershaw, Lee, Sumter)
Phone: (803) 775-7381 / (800) 948-1042

Region 7– Pee Dee
(Chesterfield, Darlington, Dillon, Florence,
Marion, Marlboro)
Phone: (843) 383-8632 / (866) 505-3331

Region 8 – Waccamaw
(Georgetown, Horry, Williamsburg)
Phone: (843) 546-4231 / (888) 302-7550

Region 9 – Trident
(Berkeley, Charleston, Dorchester)
Phone: (843) 554-2275 / (800) 894-0415

Region 10– LowCountry
(Beaufort, Colleton, Hampton, Jasper)
Phone: (843) 726-5536 / (877) 846-8148

SOUTH CAROLINA ACCESS (SCAccess) is an online guide provided by the Lieutenant Governor's Office on Aging. If you have internet access, you can go to this site to locate service providers and resources in South Carolina for older adults, people with disabilities, their family members, and caregivers provided by

SCAccess internet address: <https://scaccesshelp.org>

Other Aging Services in South Carolina by Regions

Lieutenant Governor's Office on Aging
1301 Gervais St.
Columbia, SC 29201
Tel. (803) 734-9900 Fax: (803) 734-9887

Region I – Appalachia Area Agency on Aging (Serving Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg)

South Carolina Appalachian Council of Governments
30 Century Circle
P.O. Box 6668
Greenville, SC 29606
(864) 242-9733
Fax: (864) 242-6957

Senior Solutions
(Serving Anderson and Oconee counties)
(864) 225-3370

Senior Centers of Cherokee, Inc.
(864) 489-3868

Greenville Senior Action, Inc.
(864) 467-3660

Pickens County Seniors Unlimited
(864) (878) 0172

Senior Centers of Spartanburg County, Inc.
(864) 596-3910

Region II Upper Savannah (Serving Abbeville, Edgefield, Greenwood, Laurens, McCormick and Saluda)

Upper Savannah Council of Governments
222 Phoenix St., Ste. 200
P.O. Box 1366
Greenwood, SC 29648
(864) 941-8050
1 (800) 922-7729
Fax (864) 941-8090

Abbeville/Greenwood
Piedmont Agency on Aging
(864) 223-0164
(864) 459-9666 (Abbeville Senior Center)

Edgefield
Edgefield County Senior Citizens Council
(803) 637-5326

Laurens --Senior Options, Inc.
(864) 938-0572

McCormick County
Senior Center, Inc.
(864) 465-2626

Saluda County Council on Aging
(864) 445-2175

Region III – Catawba Area Agency on Aging (Serving Chester, Lancaster, York and Union)

Catawba Area Agency on Aging
P.O. Box 4618
Rock Hill, SC 29732
(803) 329-9670
Fax: (803) 327-1912

Chester
Senior Services of Chester County
(803) 385-3838
Lancaster
Lancaster County Council on Aging
(803) 285-6956

Union - Union County Council on Aging
(864) 429-1682

York--York County Council on Aging
(803) 327-6694

**Region IV Central Midlands Area
Agency on Aging (Serving Fairfield,
Lexington, Newberry, Richland)**

Central Midlands Council of Governments
236 Stoneridge Dr.
Columbia, SC 29210
(803) 376-5390
Fax: (803) 376-5394

Fairfield
Fairfield County
Council on Aging
(803) 635-3015

Lexington
Irmo/Chapin Recreation Commission
(803) 345-6181

Lexington County Recreation Commission
(803) 356-5111

Newberry
Newberry County Council on Aging
(803) 276-8266

Richland
Senior Resources
(803) 252-7734

**Region V Lower Savannah Area
Agency on Aging (Serving Aiken,
Allendale, Bamberg, Barnwell,
Calhoun and Orangeburg)**

Lower Savannah Council of Governments
P.O. Box 850
2748 Wagener Road
Aiken, SC 29801
(803) 649-7981
Fax: (803) 649-2248

Aiken--Aiken Area Council on Aging
(803) 648-5447

Allendale--Allendale County Council on
Aging
(803) 584-4350

Bamberg
Bamberg County Office on Aging
(803) 245-3021

Barnwell
Generations Unlimited
(803) 541-1249

Calhoun
Calhoun County Council on Aging
(803) 874-1270

Orangeburg
Orangeburg County
Council on Aging
(803) 531-4663

**Region VI – Santee – Lynches Area
Agency on Aging (Serving Clarendon,
Kershaw, Lee and Sumter)**

Santee – Lynches Regional Council of
Governments
P.O. Box 1837
36 W. Liberty St.
Sumter, SC 29151
(803) 775-7381
Fax: (803) 773-9903

Clarendon
Clarendon County
Council on Aging
(803) 435-8593

Kershaw
Kershaw County Council on Aging
(803) 432-8173

Lee
Lee County Council on Aging
(803) 484-6212

Sumter
Sumter Senior Services
(803) 773-5508

Region VII – Pee Dee Area Agency on Aging (Serving Chesterfield, Darlington, Dillon, Florence, Marion and Marlboro)

Vantage Point
P.O. Box 999, Hartsville, SC 29551
(843) 383-8632 - Fax: (843) 383-8754

Chesterfield
Chesterfield County Council on Aging
(843) 623-2280

Darlington
Darlington County Council on Aging
(843) 393-8521

Dillon
Dillon County Council for the Aging
(843) 774-0089

Florence - Senior Citizen's Association of
Florence County
(843) 669-6761

Marion
Marion County Council on Aging
(843) 423-4391

Marlboro
Marlboro County Council on Aging
(843) 479-9951

Region VIII – Waccamaw Area Agency on Aging (Serving Georgetown, Horry and Williamsburg)

Waccamaw Regional Council of
Governments
1230 Highmarket Street
Georgetown, SC 29440
(843) 546-4231 - Fax: (843) 520-0642

Georgetown - Georgetown County Bureau
of Aging Services
(843) 546-8539

Horry - Horry County Council on Aging
(843) 248-9818

Williamsburg - Vital Aging
(843) 354-5496

Region IX – Trident Area Agency on Aging (Serving Berkeley, Charleston and Dorchester)

1360 Truckston Ave., Ste. 105
N. Charleston, SC 29405
(843) 554-2275 - Fax: (843) 554-2284

Berkley - Berkley Seniors, Inc.
(843) 761-0310

Charleston
Charleston Area Senior Citizens
(843) 722-4127

Charleston
South Santee Community Center
(843) 546-2789

Dorchester
Dorchester Human Development Board
(843) 871-5053

Region X – LowCountry Area Agency on Aging (Serving Beaufort, Colleton, Hampton and Jasper)

Lowcountry Council of Governments
P.O. Box 98, Yemassee, SC 29945
(843) 726-5536

Beaufort - Beaufort County Council on
Aging
(843) 524-1787

Colleton
Colleton County Council on Aging
(843) 549-7642

Hampton
Hampton County Council on Aging
(803) 943-7555

Jasper--Jasper County Council on Aging
(843) 726-5601

South Carolina Department of Health and Environmental Control

DHEC State Office, 2600 Bull St., Columbia, SC 29201 Tel.(803) 898-3432

County Health Departments	Phone Numbers
Abbeville County Health Department	(864) 366-2131
Aiken County Health Department	(803) 642-1687
Allendale County Health Department	(803) 584-3818
Anderson County Health Department	(864) 260-5541
Bamberg County Health Department	(803) 245-5176
Barnwell County Health Department	(803) 541-1061
Beaufort County Health Department	(843) 525-7615
Berkeley County Health Department	(843) 719-4600
Calhoun County Health Department	(803) 874-2037
Charleston County Health Department	(843) 579-4500
Cherokee County Health Department	(864) 487-2705
Chester County Health Department	(803) 385-6152
Chesterfield County Health Department	(843) 623-2117
Clarendon County Health Department	(803) 435-8168
Colleton County Health Department	(843) 549-1516
Darlington County Health Department	(843) 398-4400
Dillon County Health Department	(843) 774-5611
Dorchester County Health Department	(843) 832-0107
Edgefield County Health Department	(803) 637-4035
Fairfield County Health Department	(803) 635-6481
Florence County Health Department	(843) 661-4835
Georgetown County Health Department	(843) 546-5593
Greenville County Health Department	(864) 282-4100
Greenwood County Health Department	(864) 942-3600
Hampton County Health Department	(803) 943-3878
Horry County Health Department	(843) 248-1500
Jasper County Health Department	(843) 726-7788

County Health Departments (Continue) Phone Numbers (Continue)

Kershaw County Health Department	(803) 425-6012
Lancaster County Health Department	(803) 286-9948
Laurens County Health Department	(864) 833-0000
Lee County Health Department	(803) 286-9948
Lexington County Health Department	(803) 791-3580
Marion County Health Department	(843) 423-8295
Marlboro County Health Department	(843) 479-6801
McCormick County Health Department	(864) 852-2511
Newberry County Health Department	(803) 3321-2170
Oconee County Health Department	(864) 882-2245
Orangeburg County Health Department	(803) 536-9060
Pickens County Health Department	(864) 898-5965
Richland County Health Department	(803) 576-2980
Saluda County Health Department	(864) 445-2141
Spartanburg County Health Department	(864) 596-3337
Sumter County Health Department	(803) 773-5511
Union County Health Department	(864) 429-1690
Williamsburg County Health Department	(843) 355-6012
York County Health Department	(803) 684-7004

Community Long Term Care Area Office Addresses

Central Office
1801 Main St.
P. O. Box 8206
Columbia, SC 29202
803-898-2590

Area 1 – Greenville

620 North Main Street Suite 200
Greenville, SC 29601
Telephone: 864-242-2211, 1-888-535-8523
Fax: 864-242-2107
CLTCArea1@dhhs.state.sc.us
Counties Served: Greenville, Pickens

Area 2 – Spartanburg

1411 W. O. Ezell Blvd., Suite 6
Spartanburg, SC 29301
Telephone: 864-587-4707, 1-888-551-3864
Fax: 864-587-4716
CLTCArea2@dhhs.state.sc.us
Counties Served: Cherokee, Spartanburg, Union

Area 3 – Greenwood, IMS

617 South Main Street
P. O. Box 3088
Greenwood, SC 29648
Telephone: 864-223-8622, 1-800-628-3838
Fax: 864-223-8607
CLTCArea3@dhhs.state.sc.us
Counties Served: Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda

Area 4 – Rock Hill

1890 Neely's Creek Road
Rock Hill, SC 29732
Telephone: 803-327-9061, 1-888-286-2078
Fax: 803-327-9065
CLTCArea4@dhhs.state.sc.us
Counties Served: Chester, Lancaster, York

Area 5 – Columbia

7499 Parklane Road, Suite 164
Columbia, SC 29223
Telephone: 803-741-0826, 1-888-847-0908
Fax: 803-741-0830
CLTCArea5@dhhs.state.sc.us
Counties Served: Fairfield, Newberry, Lexington, Richland

Area 6 – Orangeburg

1857 Joe S. Jeffords Highway
Orangeburg, SC 29115
Telephone: 803-536-0122, 1-888-218-4915
Fax: 803-534-2358
CLTCArea6@dhhs.state.sc.us
Counties Served: Allendale, Bamberg, Calhoun, Orangeburg

Area 6A – Aiken Satellite Office
2330 Woodside Executive Center
Aiken, SC 29803
Telephone: 803-641-7680, 1-888-364-3310
Fax: 803-641-7682
CLTCArea6A@dhhs.state.sc.us
Counties Served: Aiken, Barnwell

Area 7 – Sumter
30 Wesmark Court
Sumter, SC 29150
Telephone: 803-905-1980, 1-888-761-5991
Fax: 803-905-1987
CLTCArea7@dhhs.state.sc.us
Counties Served: Clarendon, Kershaw, Lee, Sumter

Area 8 – Florence
201 Dozier Boulevard
Florence, SC 29501
Telephone: 843-667-8718, 1-888-798-8995
Fax: 843-667-9354
CLTCArea8@dhhs.state.sc.us
Counties Served: Chesterfield, Darlington, Dillon, Florence, Marlboro

Area 9- Conway
1601 11th Avenue
P. O. Box 2150
Conway, SC 29528
Telephone: 843-248-7249, 1-888-539-8796
Fax: 843-248-3809
CLTCArea9@dhhs.state.sc.us
Counties served: Georgetown, Horry, Marion, Williamsburg

Area 10 – Charleston
4130 Faber Place Drive,
Suite 303
N. Charleston, SC 29405
Telephone: (843) 529-0142 FAX: (843) 566-0171
1-888-805-4397
CLTCArea10@dhhs.state.sc.us
Counties Served: Berkeley, Charleston, Dorchester

Area 10A –Point South Satellite
10175 South Jacob Smart Blvd
Ridgeland, SC 29936
Telephone: 843-726-5353,
1-800-262-3329
Beaufort Line: 843-521-9191
Fax: 843-726-5113
CLTCArea10A@dhhs.state.sc.us
Counties Served: Beaufort, Colleton, Hampton, Jasper

Area 11- Anderson, IMS
3215 Martin Luther King, Jr. Blvd, Suite H
Anderson, SC 29625
P. O. Box 5947
Anderson, SC 29623-5947
Telephone: 864-224-9452, 1-800-713-8003
Fax: 864-225-0871
CLTCArea11@dhhs.state.sc.us
Counties Served: Anderson, Oconee

Department of Disabilities and Special Needs

Information current as of 2/6/2009

Agency Receptionist: (803) 898-9600

V / TTY: (803) 898-9600

Toll Free: 1-888-DSN-INFO (376-4636)

Services for People with Traumatic Brain Injury and/or Spinal Cord Injury and Similar Disability

Head and Spinal Cord Injury (HASCI) Division

Phone: (803) 898-9798

V/TTY: (803) 898-9600

DSN BOARDS

ABBEVILLE COUNTY

Burton Center

2605 Highway 72/221 East

Greenwood, SC 29649

Tel: 864-942-8900

Fax: 864-942-8945

E-mail: jfeltonburton@burtoncenter.org

AIKEN COUNTY

Aiken County Board of Disabilities

1016 Vaucluse Rd (29801), PO Box 698

Aiken, SC 29802

Tel: 803-642-8800

Fax: 803-642-8806

Homepage: <http://www.aikenboard.org>

E-mail: rcourtney@aikentdc.org

ALLENDALE COUNTY

Allendale/Barnwell DSN Board

914 Barnwell Highway (29810), P.O.

Box 556

Barnwell, SC 29812

Tel: 803-584-5050

Fax: 803-584-7208

E-mail: ABCDSNB@barnwellsc.com

ANDERSON COUNTY

Anderson DSN Board

214 McGee Road

Anderson, SC 29625

Tel: 864-260-4515

Fax: 864-260-5011

Homepage: <http://www.acdsnb.org>

E-mail: dthompson@acdsnb.org

BAMBERG COUNTY

Bamberg County DSN Board

16553 Heritage Highway

Denmark, SC 29042

Tel: 803-793-5003

Fax: 803-793-3778

E-mail: gloriaj_29059@yahoo.com

BARNWELL COUNTY

Allendale/Barnwell DSN Board

914 Barnwell Highway (29810), P.O.

Box 556

Barnwell, SC 29812

Tel: 803-470-6300

Fax: 843-470-6288

E-mail: ABCDSNB@barnwellsc.com

BEAUFORT COUNTY**Beaufort County DSN Department**

1804 Old Shell Road, P.O. Box 129

Port Royal, SC 29935

Phone: 843-470-6300

Fax: 843-470-6288

E-mail: mwagner@bcgov.net

BERKELEY COUNTY**Berkeley Citizens, Inc.**

1301 Old Highway 52 South

P.O. Drawer 429

Moncks Corner, SC 29461

Phone: 843-761-0300

Fax: 843-761-0303

Homepage:

<http://www.berkeleycitizens.org>

E-mail: AShook@bciservices.org

CALHOUN COUNTY**Calhoun DSN Board**

78 Doodle Hill Rd

St. Matthews, SC 29135

Phone: 803-874-2664

Fax: 803-874-2660

E-mail: rrobinson@calhoundsnb.org

CHARLESTON COUNTY**Disabilities Board of Charleston
County**

995 Morrison Drive

P.O. Box 22708

Charleston, SC 29413-2708

Phone: 843-805-5800

Fax: 843-805-5805

Homepage: <http://www.dsncc.com>

E-mail: rmagner@dsncc.com

CHEROKEE COUNTY**Cherokee DSN Board**

959 East O'Neal Street (29340)

P.O. Box 340

Gaffney, SC 29342-0340

Phone: 864-487-4190

Fax: 864-489-1384

E-mail: pcooper@cherokeedsnb.org

CHESTER COUNTY**Chester/Lancaster DSN Board**

1126 Camp Creek Road

P.O. Box 577

Lancaster, SC 29721

Phone: 803-285-4368

Fax: 803-286-5571

E-mail: jaltman@cldsn.org

CHESTERFIELD COUNTY**CHESCO Services**

1224 East Boulevard

P.O. Drawer 151

Chesterfield, SC 29709

Phone: 843-623-9016

Fax: 843-623-3144

E-mail: ccbdsn@shtc.net

CLARENDON COUNTY**Clarendon DSN Board**

312 Pine Street

P O Drawer 40

Manning, SC 29102

Phone: 803-435-2330

Fax: 803-435-8523

E-mail: rlewis@ccdsnb.org

COLLETON COUNTY**Colleton Co Board of Disabilities**

728 Hiers Corner Rd

P.O. Box 1547

Walterboro, SC 29488

Phone: 843-549-1732

Fax: 843-549-2359

E-mail: dredd@colletondsn.org

DARLINGTON COUNTY**Darlington DSN Board**

201 N Damascus Church Rd

Hartsville, SC 29550

Phone: 843-332-7252

Fax: 843-332-3168

E-mail: rthomas@dcdsnb.org

DILLON COUNTY**Marion-Dillon DSN Board**

400 Martin Luther King Blvd.

P.O. Box 1082

Marion, SC 29571

Phone: 843-423-4484

Fax: 843-423-0857

Homepage: <http://www.mddsn.org>

E-mail: gkeith@mddsn.org

DORCHESTER COUNTY**Dorchester DSN Board**

2717 West 5th North St (29483)

P.O. Box 2950

Summerville, SC 29484

Phone: 843-871-1285

Fax: 843-871-2929

E-mail:

celeste.richardson@dorchesterdsn.org

EDGEFIELD COUNTY**Burton Center**

2605 Highway 72/221 East

Greenwood, SC 29649

Phone: 864-942-8900

Fax: 864-942-8945

E-mail: jfeltonburton@burtoncenter.org

FAIRFIELD COUNTY**Fairfield DSN Board**

410 West Washington Street

P.O. Box 367

Winnsboro, SC 29180

Phone: 803-635-2154

Fax: 803-635-8052

E-mail: lcollinsfdsn@truvista.net

FLORENCE COUNTY**Florence DSN Board**

1211 National Cemetery Road

Florence, SC 29506

Phone: 843-667-5007

Fax: 843-678-8597

Homepage: <http://www.fcdsn.org>

E-mail: djohnson@fcdsn.org

GEORGETOWN COUNTY**Georgetown DSN Board**

95 Academy Ave (29440)

P.O. Box 1471

Georgetown, SC 29442

Phone: 843-546-8228

Fax: 843-546-1617

E-mail: ekrauss@gcbdsn.com

GREENVILLE COUNTY**Greenville DSN Board**

1700 Ridge Road (29606)

P.O. Box 17467

Greenville, SC 29606-7467

Phone: 864-679-0220

Fax: 864-234-5913

Homepage: <http://www.gcdsn.com>

E-mail: bparker@gcdsn.org

GREENWOOD COUNTY**Burton Center**

2605 Highway 72/221 East

Greenwood, SC 29649

Phone: 864-942-8900

Fax: 864-942-8945

E-mail: jfeltonburton@burtoncenter.org

HAMPTON COUNTY**Hampton DSN Board**

294 Hampton Road (Varnville 29944)

P.O. Box 128

Hampton, SC 29924

Phone: 803-943-4818

Fax: 803-943-3322

E-mail: elisemac@yahoo.com

HORRY COUNTY**Horry DSN Board**

250 Victory Lane

Conway, SC 29526

Phone: 843-347-3010

Fax: 843-347-7308

Homepage: <http://www.hcdsn.org>

E-mail: sujohn@sccoast.net

JASPER COUNTY**Jasper DSN Board**

1512 Gray's Hwy

P.O. Box 747

Ridgeland, SC 29936

Phone: 843-726-4499

Fax: 843-726-4091

E-mail: dwalsh@jcbdsn.com

KERSHAW COUNTY**Kershaw DSN Board**

1619 Jefferson Davis Highway (29020)

P.O. Box 310

Camden, SC 29021

Phone: 803-432-4841

Fax: 803-424-2280

E-mail: info@kcbdsn.org

LANCASTER COUNTY**Chester/Lancaster DSN Board**

1126 Camp Creek Road

P.O. Box 577

Lancaster, SC 29721

Phone: 803-285-4368

Fax: 803-286-5571

E-mail: jaltman@cldsn.org

LAURENS COUNTY**Laurens DSN Board**

1860 Highway 14

P.O. Box 986

Laurens, SC 29360

Tel: 864-682-2314 ext 30

Fax: 864-682-2397

Homepage: <http://www.lcdsn.org>

E-mail: jtavenner@lcdsn.org

LEE COUNTY**Lee DSN Board**

842 McCleod Road, P.O. Box 468

Bishopville, SC 29010

Phone: 803-484-9473

Fax: 803-484-5710

E-mail: mmack@lcdsn.org

LEXINGTON COUNTY**Richland-Lexington DSN Board**

420 Rivermont Drive

Columbia, SC 29210

Phone: 803-252-5179

Fax: 803-252-5981

Homepage: <http://www.rldsn.org>

E-mail: rldsnb@aol.com

MARION COUNTY**Marion-Dillon DSN Board**

400 Martin Luther King Blvd.

P.O. Box 1082

Marion, SC 29571

Phone: 843-423-4484 Fax: 843-423-0857

Homepage: <http://www.mddsn.org>

E-mail: gkeith@mddsn.org

MARLBORO COUNTY**Marlboro DSN Board**

109 Glen Street

P.O. Box 1212

Bennettsville, SC 29512

Phone: 843-479-1882

Fax: 843-479-0655

E-mail: xmarlprst002@bellsouth.net

MCCORMICK COUNTY**Burton Center**

2605 Highway 72/221 East

Greenwood, SC 29649

Phone: 864-942-8900

Fax: 864-942-8945

E-mail: jfeltonburton@burtoncenter.org

NEWBERRY COUNTY**Newberry DSN Board**

115 Nance Street

P.O. Box 856

Newberry, SC 29108

Phone: 803-276-0078

Fax: 803-276-0785

Homepage: <http://www.ncdsnb.org>

E-mail: fowens@ncdsnb.org

OCONEE COUNTY**Oconee DSN Board**

116 South Cove Road

Seneca, SC 29672

Phone: 864-885-6055

Fax: 864-885-6058

E-mail: jmize@bellsouth.net

ORANGEBURG COUNTY**Orangeburg DSN Board**

2785 Magnolia Street (29118)

P.O. Box 1812

Orangeburg, SC 29116

Phone: 803-536-1170

Fax: 803-531-8317

E-mail: rlofts@ocdsnb.org

PICKENS COUNTY

Pickens DSN Board
1308 Griffin Mill Road
P.O. Box 1308
Easley, SC 29640
Phone: 864-859-5416
Fax: 864-859-1157
[E-mail: ethena@pcbdsn.org](mailto:ethena@pcbdsn.org)

RICHLAND COUNTY

Richland-Lexington DSN Board
420 Rivermont Drive
Columbia, SC 29210
Phone: 803-252-5179
Fax: 803-252-5981
[Homepage: http://www.rldsn.org](http://www.rldsn.org)
[E-mail: rldsnb@aol.com](mailto:rldsnb@aol.com)

SALUDA COUNTY

Burton Center
2605 Highway 72/221 East
Greenwood, SC 29649
Phone: 864-942-8900
Fax: 864-942-8945
[E-mail: jfeltonburton@burtoncenter.org](mailto:jfeltonburton@burtoncenter.org)

SPARTANBURG COUNTY

Charles Lea Center
195 Burdette Street
Spartanburg, SC 29307
Phone: 864-585-0322
Fax: 864-562-2118

Homepage:

<http://www.charlesleacenter.org>
[E-mail: dkiely@charleslea.org](mailto:dkiely@charleslea.org)

SUMTER COUNTY

Sumter DSN Board
750 Electric Drive (29153)
P O Box 2847
Sumter, SC 29151-2847
Phone: 803-778-1669
Fax: 803-775-9194
[Homepage: http://www.scdsnb.org](http://www.scdsnb.org)
[E-mail: dksmith@scdsnb.org](mailto:dksmith@scdsnb.org)

UNION COUNTY

Union DSN Board
226 South Gadberry Street
P.O. Box 903
Union, SC 29379
Phone: 864-427-7700
Fax: 864-427-1777
[E-mail: lstackhouse@uniondsn.org](mailto:lstackhouse@uniondsn.org)

WILLIAMSBURG COUNTY

Williamsburg DSN Board
61 Greenlee Street
Kingstree, SC 29556
Phone: 843-355-5481
Fax: 843-355-5483
[E-mail: fdozier@wcdsnb.org](mailto:fdozier@wcdsnb.org)