



PALMETTO **AND SPECIALTY**
PRIMARY CARE
PHYSICIANS

Navigating Senior Care with Confidence:

A Resource Guide for Patients Families & Caregivers



WHAT'S INSIDE?

- Advanced Directives
- HIPAA
- Hospice & Palliative Care
- Placement & Resources
(Assisted Living/Nursing Homes/Etc.)
- In Home Care & Resources
- Transportation Resources
- Other Community Resources
- Concerns for Elder Abuse & Neglect

Table of Contents

Advanced Directives.....	02
HIPAA.....	03
Palliative & Hospice Care.....	04
Hospice Care.....	05
Placement Options.....	06-08
Alternatives to Placement.....	09
Resources to Assist with Cost.....	09
Resources - Medicaid.....	10
Resources - Long Term Care Insurance.....	11
Resources - Reverse Mortgage.....	11
Resources - VA Benefits.....	12
Resources - Area Agencies on Aging.....	13
Resources - Interim GUIDE Dementia Care Program.....	14
Other Resources - Simply Seniors.....	15
Transportation.....	16-21
Medicare Advantage Plans.....	21
Concerns for Abuse or Neglect in Elders/Vulnerable Adults.....	22

Advanced Directives

Advanced Directives are documents including Healthcare Power of Attorney and Living Will.

They can be helpful in a number of ways:

- Ensures your care is provided in accordance with your wishes
- Can reduce stress, anxiety, and depression for surviving relatives
- Can be associated with improved quality of end-of-life care

Both documents would need to be **signed and notarized** and it is helpful to provide copies to your family or caregiver, healthcare providers and hospital or facility if you are going in for a procedure.

Healthcare Power of Attorney:

A legal document that allows you to appointment someone to make your healthcare decisions in the event that you cannot make those decisions yourself. Also known as a "healthcare proxy".

- Consider your values and what's important to you for medical decisions
- Choose a healthcare proxy such as a family member/caregiver who understands and respects your wishes
- Discuss your wishes with your family member/caregiver

Living Will:

A legal document that outlines your preferences for medical care if you are unable to communicate your wishes

- You can specify whether you want to receive certain treatments, who you want to make decisions about your care, and your end-of-life care wishes



Advance Care Planning Appointments

If you are not sure where to start with completing a Healthcare POA or Living will, schedule an appointment with your primary care provider.

Medicare covers these conversations and typically include:

- A review of the documents (Healthcare POA/Living Will)
- Discussion about your goals of care as a patient.
- Maintaining quality of life
- Symptom management
- Reduce unnecessary hospitalizations
- Continue all efforts to prolong life
- Who you should or need to include in your care (family, caregivers, etc).

You can either request copies of the South Carolina Health Care Power of Attorney and Living Will from your provider, or use the below links to view and print copies.

<https://aging.sc.gov/sites/default/files/documents/Legal/SCHealthCarePowerOfAttorney.pdf>

<https://aging.sc.gov/sites/default/files/documents/Legal/SCLivingWill2000.pdf>

HIPAA



The Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA) protects patients' healthcare information. Healthcare providers and other entities cannot disclose personal health information to others, including family, without written consent.

It is important to review your HIPAA paperwork at appointments with all of your healthcare providers to make sure that you have approved contacts listed on that paperwork.

You can list more than one person on a HIPAA form and will want to include anyone that you wish to have access to your health information or if that person helps with any of the following:

- Scheduling of appointments
- Refilling prescriptions
- Coordinating your healthcare
- Paying medical bills

Make sure to include that person's full name, relationship to you and best contact number.

Here are 2 examples that could cause delays in care

- If a spouse or family member is not listed as a HIPAA contact, then they cannot schedule an appointment for you or request medication refill on your behalf.

While you might have named your spouse as your Healthcare Power of Attorney (POA),

- if your provider's office does not have a signed, dated, notarized POA form on file, then the office staff cannot allow your spouse to act as your POA.

Is Emergency Contact the same as HIPAA contact? **NO**

Many offices may ask for an emergency contact, but this is NOT the same as having someone listed as an approved HIPAA contact.

An emergency contact is just someone the office can call if there is an emergent situation.

Example: An office can call the emergency contact to say that patient needs to be picked up because of a medical issue, but cannot disclose details of that medical issue.

Emergency Contact/HIPAA/Healthcare Power of Attorney (POA)

Below are the differences between Emergency Contact/HIPAA/POA and what information can be shared.

	Emergency Contact	HIPAA Contact	Healthcare POA
Can be contacted in the event of an emergency	✓	✓	✓
Can receive medical information about the patient		✓	✓
Can discuss medical information about the patient		✓	✓
Can make appointments for the patient		✓	✓
Can make payment arrangements for the patient		✓	✓
Can make healthcare decisions on behalf of the patient			✓

Palliative & Hospice Care

Palliative care and hospice care both focus on the comfort, care, and quality of life of individuals with a serious illness.

- Hospice care is a specific type of palliative care that is provided in the final weeks or months of life.
- Although these two forms of care are similar in some ways, they can differ as to when and where care is received, and which treatment options are available.

Palliative Care

Palliative care is **NOT** Hospice, but rather a resource for anyone living with a serious illness, such as heart failure, chronic obstructive pulmonary disease, cancer, dementia, Parkinson's disease, and many others.

In addition to improving quality of life and helping with symptoms, palliative care can help patients understand their choices for medical treatment.

A palliative care team is made up of multiple different professionals that work with the patient, family, and the patient's other doctors to provide medical, social, emotional, and practical support.

The team is composed of palliative care specialist doctors and nurses, and includes others such as social workers, nutritionists, and chaplains.

The palliative care team does not replace your primary care physician, but rather works with them for additional support.

- Palliative care is focused on improving quality of life for people with serious illnesses and their care partners.
- It is available to people of any age who need it, not just older adults.
- The major elements of palliative care include managing a person's symptoms effectively and ensuring that their care is coordinated.

Palliative care can start as early as a person's diagnosis or not until later in their illness, and it can occur alongside other types of treatment for the disease. This form of care includes, but is not limited to, advance care planning, end-of-life care, transition to hospice care, and bereavement support.

In palliative care, a person does not have to give up treatment that might cure a serious illness. Palliative care can be provided along with curative treatment and may begin at the time of diagnosis.



Over time, if the doctor or the palliative care team believes ongoing treatment is no longer helping, there are two possibilities. Palliative care could transition to hospice care if the doctor believes the person is likely to die within six months. Or, the palliative care team could continue to help with increasing emphasis on comfort care.

Please ask your provider to place a referral to Palliative Care if this is a needed service.

Hospice Care

Hospice is provided for a person with a terminal illness whose doctor believes he or she has six months or less to live if the illness runs its natural course.

Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life.

Like palliative care, hospice provides comprehensive comfort care as well as support for the family, but, in hospice, attempts to cure the person's illness are stopped.

It's important for a patient to discuss hospice care options with their doctor.

- Sometimes, people don't begin hospice care soon enough to take full advantage of the help it offers.
- Starting hospice early may be able to provide months of meaningful care and quality time with loved ones.

Hospice care brings together a team of people with special skills – among them nurses, doctors, social workers, spiritual advisors, and trained volunteers.

- Everyone works together with the person who is dying, the caregiver, and/or the family to provide the medical, emotional, and spiritual support needed.
- A member of the hospice team visits regularly, and someone is usually always available by phone – 24 hours a day, seven days a week.
 - Hospice is covered by Medicare and may be covered by other insurance companies.
- Hospice is an approach to care, so it is not tied to a specific place. It can be offered in two types of settings – at home or in a facility such as a nursing home, hospital, or even in a separate hospice center.
- Hospice care also benefits the patient's family by removing the burden of patient care and providing education and peace of mind.

Please ask your provider to place a referral to Hospice Care if this is a needed service.

	Palliative Care	Hospice Care
Who can be treated?	Anyone with a serious illness	Anyone with a serious illness whose doctors think the patient only has a short time to live, often less than 6 months
Will my symptoms be relieved?	Yes, as much as possible	Yes, as much as possible
Can I continue to receive treatments to cure my illness?	Yes, if you wish	No, as the focus is only symptom relief and not curative treatment
Will Medicare pay?	It depends on your benefits and treatment plan	Yes, it pays for some hospice charges
Does private insurance pay?	Check with your plan for specifics	Check with your plan for specifics
Where will I receive this care?	<ul style="list-style-type: none"> • Home • Assisted Living Facility • Nursing Home • Hospital • Palliative Care Clinic 	<ul style="list-style-type: none"> • Home • Assisted Living Facility • Nursing Home • Hospital • Palliative Care Clinic

Placement Options

There are a variety of different living options for seniors based on their needs ranging from independent living to nursing homes and memory care.

- It is important to look at one's specific needs as well as the cost associated with that level of care.
- There are also options for in home care for those who choose to remain in their own permanent residence but need some additional assistance.

These do not require a referral from your provider (with the exception of Skilled Rehab Facility/Skilled Nursing Facility) and typically are arranged between the patient, family members and caregivers.



Placement Options - Independent Living

Independent living refers to communities of adults 55 and older who live in their own apartments. Benefits may include communal meals, transportation to grocery stores and doctor's appointments, and daily activities like yoga, movies, gardening, and book clubs.

- Independent living communities are for older adults who do not need daily personal care but no longer want to drive, cook all of their meals, or be entirely responsible for home cleaning and maintenance.
- Other common names for independent living include retirement community, retirement home, or active adult community.
- Cost: Average monthly cost in SC is \$3100
- Health insurance plans do NOT cover the cost of Independent Living

Placement Options - Assisted Living

In assisted living, older adults receive personal care based on their needs. Benefits may include communal meals, a social activities calendar, and as-needed 24/7 care, including medication management and help with ADLs such as bathing and dressing.

- Other common names for assisted living include residential care, long-term care, supportive living, or an extra-care community.
- Cost: Average monthly cost in SC is \$5200
- Health insurance plans do not cover the cost of Assisted Living

Placement Options-Skilled Rehab Center

A skilled rehabilitation center, also known as Skilled Nursing Facility (SNF), is a temporary residence with 24/7 skilled medical care.

- The benefits of skilled rehab include dedicated therapies and medical care for acute health conditions following at least three nights of hospitalization.
- Skilled rehab is for people who need care for an acute condition. For example, someone who experienced a fall, broke their hip, and underwent surgery might temporarily move to a skilled rehab facility to receive physical and occupational therapy.
- People often transition from skilled rehab to assisted living or a nursing home.
- If the person receiving care is aging in place, they can transition back to their home after home care support has been arranged.
- Other common names for a skilled rehabilitation center include skilled nursing home or transitional nursing care facility.
- Cost: Paid through Medicare or Medicare Advantage insurance.

A referral is needed from your provider for this option.



Placement Options - Nursing Home

A nursing home is a permanent residence with 24/7 personal and medical care. Benefits of nursing homes include nutrition support, social activities, and skilled medical care.

- Nursing homes are for older adults with chronic diseases that require ongoing, skilled care, such as Alzheimer's disease, congestive heart failure, or other conditions that have worsened near the end of life.
- People might move to a nursing home from an assisted living community or from a home setting where they were being cared for by family.
- Other common names for a nursing home include long-term care and skilled nursing care.
- Cost: Average monthly cost in SC is \$8958 for a semi private room and \$9536 for a private room.
- Most health insurance plans do NOT cover the cost of long term nursing home care.
- Only Medicaid has some resources to help with cost and someone has to meet their eligibility guidelines (more details on later slides).

Placement Options - Memory Care

Memory care is long-term care specifically for people with memory loss caused by Alzheimer's disease or another form of dementia.

- Memory care may be embedded in an assisted living or nursing facility, but it is a separate kind of care. Benefits of memory care include help with ADLs and a safe, regulated environment that minimizes confusion.
- Memory care facilities are for people with memory loss that interferes with their ability to live independently.
- Because of the focus on routine, memory care can reduce anxiety, a common symptom for people with memory loss and/or cognitive impairment.
- Memory care facilities are also designed to safeguard against wandering, a common risk for anyone living with Alzheimer's disease or other dementia.
- Other common names for memory care include dementia care or a special-care unit.
- Cost: Average monthly cost in SC is \$4881. This is in addition to Nursing Home costs and could cost \$14,000 a month.
- Most Memory Care Facilities are considered to be "social settings," so Medicare does not cover the cost incurred in these facilities.

Placement Options-Continuing Care Retirement Community (CCRD)

CCRCs offer all levels of care at one location with each level of care typically delivered in a different building or on different floors within a building.

- Residents can move from one level of care to another as their needs change.
- CCRCs accommodate older adults needing any level of care.
- Other common names for CCRCs include retirement communities and life plan communities.
- Cost: Entrance fees and monthly costs can be prohibitive with entrance fees ranging from \$80,000 to \$1,000,000 and the average cost being \$300,000

	Independent Living	Assisted Living	Skilled Rehab Center	Nursing Home	Memory Care	Continuing Care Retirement Community
Daily Meals	✓	✓	✓	✓	✓	✓
Transportation and planned outings	✓	✓				✓
Social Activities	✓	✓		✓	✓	✓
Medication Management		✓	✓	✓	✓	✓
Help with Activities of Daily Living (ADLs)		✓	✓	✓	✓	✓
24/7 Emergency Care		✓	✓	✓	✓	✓
24/7 Skilled Nursing Care			✓	✓	✓	✓
Permanent Residence	✓	✓		✓	✓	✓

Alternatives to Placement

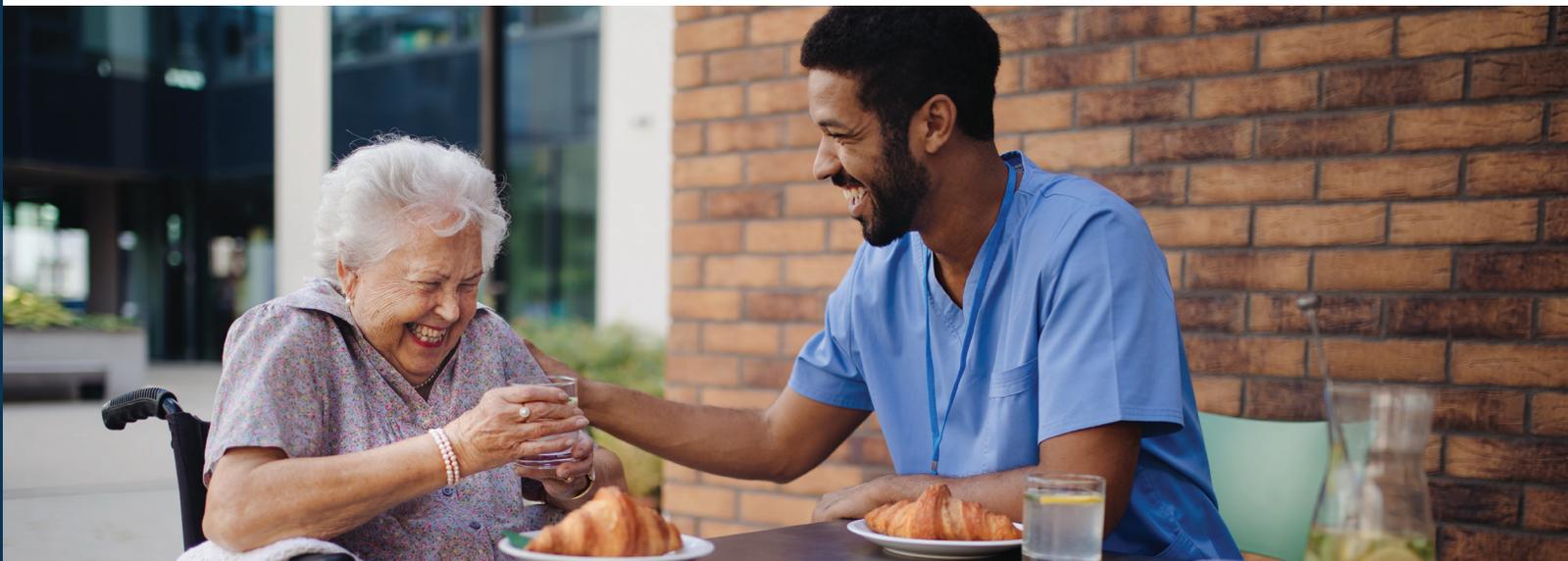
Look into hiring companion care for you or your loved one. With an average cost of \$25-\$38 per hour, companion care is less expensive than skilled nursing care and can provide social engagement, light housekeeping, and meal preparation.

- Use programs within your community, such as area agencies on aging and senior centers that might offer helpful services like meal delivery or transportation to doctor's appointments.
- Invest in a medical alert system. These systems, which connect people with help in an emergency, cost about \$20-\$50 per month. A medical alert system can provide peace of mind for older adults aging at home, as well as their caregivers.
Some insurances may cover this benefit so contact your insurance carrier for more details.
- Consider adult day services. Adult day centers provide a coordinated program of social and some health services for adults who need supervised care outside the home during the day.
- These community-based group programs offer professional, compassionate care while also affording caregivers respite from the responsibilities of caregiving.
- Adult day centers usually operate during normal business hours five days per week, and some programs offer services in the evenings and on weekends.
- Use respite care, a temporary residence for older adults. Respite care is ideal for times when you need to travel or just need a break from caregiving.

Resources to Assist with Cost

As the cost for placement and other elder care support can be expensive, there are some resources to potentially help.

- Medicaid programs
- Long Term Care Insurance
- Reverse mortgage
- VA Benefits
- Area Agencies on Aging
- Medicare GUIDE Dementia Care Program



Resources - Medicaid

Medicaid is healthcare program for low-income individuals of all ages and there are some that are specific to long term care eligibility for seniors (age 65 and over).

Medicaid Community Long Term Care (CLTC) Waivers:

Institutional / Nursing Home Medicaid

- Benefits are provided only in nursing home facilities.

Home and Community Based Services (HCBS)

- The number of participants is limited and waiting lists may exist.
- Intended to delay the need for nursing home admissions, services are provided at home, adult day care, adult foster care, or in community residential care facilities.

Regular Medicaid / Aged Blind or Disabled (ABD)

- Various long-term care services, such as personal care assistance or adult day care, may be available.

In addition to their being a medical need to qualify, there are income and asset limitations. These amounts do adjust each year and information on the following slide is based on 2025 and will be effective through February 2026.

Types of Medicaid	Single			Married <i>Both Spouses Applying</i>			Married <i>One Spouse Applying</i>		
	Income Limit	Asset Limit	Level of Care Required	Income Limit	Asset Limit	Level of Care Required	Income Limit	Asset Limit	Level of Care Required
Institutional/ Nursing Home	\$2,901/ Month	\$2,000	Nursing Home	\$5,802/ Month	\$4,000	Nursing Home	\$2,901/ Month	\$2,000 for the applicant & \$66,480 for non-applicant	Nursing Home
Medicaid Waiver/s Home & Community Based Services	\$2,901/ Month	\$2,000	Nursing Home	\$5,802/ Month	\$4,000	Nursing Home	\$2,901/ Month	\$2,000 for the applicant & \$66,480 for non-applicant	Nursing Home
Regular Medicaid/ Aged Blind or Disabled	\$1,305/ Month	\$9,660	Help with ADLs	\$1,763/ Month	\$14,470	Help with ADLs	\$1,763/ Month	\$14,470	Help with ADLs

Applying to these programs can be confusing and difficult to know if someone may be eligible. There is an online resource through the American Council on Aging to help determine if someone is eligible and for what services

<https://www.medicaidplanningassistance.org/medicaid-eligibility-test/>

Other Contacts:

- South Carolina Medicaid for questions about any of the Medicaid programs - (888) 549-0820
- SC Thrive for assistance in applying for Medicaid-800-726-8774
- South Carolina Community Long Term care to be screened for Institutional / Nursing Home Medicaid or Home and Community Based Services (HCBS) - (888) 971-1637

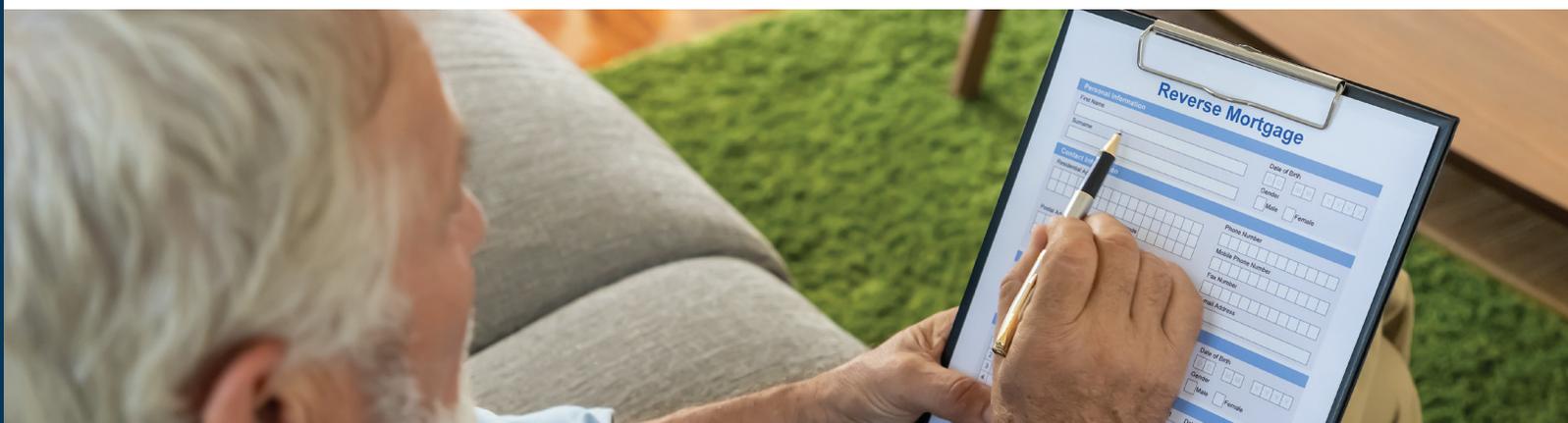
You do not need a referral from your provider to apply for South Carolina Medicaid or CLTC/HCBS.

Resources - Long Term Care Insurance

As traditional medical insurance does not cover many long term care needs (placement, ADL assistance, etc) you may consider purchasing a Long Term Care Insurance Plan.

- You can buy an individual policy from a private insurance company or agent or you can buy coverage under a group policy through an employer or association membership.
- The federal government and several state governments offer long-term care insurance coverage to their employees, retirees, and their families.
- You can also get long-term care benefits through a life insurance policy.
- Contact several companies and agents before you buy a long-term care policy. Be sure to compare benefits, the types of facilities covered, limits on your coverage, what is not covered, and the premium.
- Before you sign anything, contact the Department of Insurance 803-737-6180 and confirm that the insurance company is licensed to do business in your state.
- Some companies that have higher ratings are: Nationwide and Mutual of Omaha.

You do not need a referral from your provider to take advantage of their services.



Resources - Reverse Mortgage

A reverse mortgage is a unique loan that enables senior homeowners, 62 years of age and older, to convert part of their home equity into tax-free income without having to sell their home, give up the title, or make a monthly mortgage payment while living in their home.

- The Federal Housing Administration's (FHA) reverse mortgage program, also called HECM (Home Equity Conversion Mortgage) program, is the only reverse mortgage insured by the U.S. Federal Government.
- Origin SC is a HUD-approved housing counseling agency and offers reverse mortgage counseling which is required when obtaining a reverse mortgage loan.

You do not need a referral from your provider to take advantage of their services.

To see if you or a loved one qualifies for services, call 843-628-3000 for an assessment.

Resources - VA Benefits

Veterans must be enrolled in VA health care before applying for VA long term care services, which means you have applied for VA health care benefits and receive care through a VA facility on a regular basis.

VA long-term care services include:

- 24/7 nursing and medical care
- Physical therapy
- Help with daily tasks (like bathing, dressing, making meals, and taking medicine)
- Comfort care and help with managing pain
- Support for caregivers who may need skilled help or a break so they can work, travel, or run errands

You can get this care in many different settings—some run by VA and others run by state or community organizations that we inspect and approve.

Care settings may include:

- Nursing homes
- Assisted-living centers
- Private homes where a caregiver supports a small group of individuals
- Adult day health centers
- Veterans' own homes

The VA covers some of these services under your standard health benefits if you're signed up for VA health care.

- You may still need to pay a copay for some covered services.

You do not need a referral from your provider to access your VA benefits.

To find out how to access these services, contact your VA social worker.

Or, call the toll-free hotline at 877-222-8387, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.



Resources - Area Agencies on Aging

The Area Agencies on Aging provide a number of services to seniors in their associated counties:

- Home Delivered Meals
- Group Dining Services
- Senior Center Transportation
- Personal Care and Homemaker Services
 - For individuals who have a chronic illness, limitations with their activities of daily living, or have an acute episode of a chronic illness that affects their ability to provide self-care and maintain a safe and sanitary home environment without assistance.
- Legal Services
- Disease Prevention and Health Promotion Services
 - Programs designed to help older adults prevent and/or manage chronic diseases and promote healthier lifestyles. These services have shown to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits.
- Respite Services
 - A service that offers temporary, substitute supports or arrangements for care recipients in order to provide a brief period of relief or rest for informal family caregivers. Respite can be provided in the home, through a day program, or a short stay in a long term care facility.
- Family Caregiver Support and Education
 - Services offered to informal family caregivers to assist with their wellbeing and caregiving role. Services may include access to Trualta- an online platform featuring evidence based self-paced caregiver training and education modules and support groups, counseling sessions with a licensed therapist, or one on one caregiver training and education with our dementia care specialist.

You do not need a referral from your provider to take advantage of their services.

To see if you or a loved one qualifies for services, call your county's office for an assessment.

Agency	Counties Served	Phone Number
Trident Area Agency on Aging	Berkeley, Charleston, Dorchester	843-554-2275
Central Midlands Area Agency on Aging	Fairfield, Lexington, Newberry, Richland	803-376-5390
Lowcountry Area Agency on Aging	Beaufort, Colleton, Hampton, Jasper	843-473-3991
Lower Savannah Area Agency on Aging	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg	803-649-7981
Waccamaw Area Agency on Aging	Georgetown, Horry, Williamsburg	843-546-8502

Resources - Interim GUIDE

Dementia Care Program

Interim, in conjunction with Medicare (Traditional only) now provides care giver support for individuals with Dementia

What is provided?

- 77 hours of paid in home care through Interim caregivers to help with the following:
 - Managing Finances
 - Bathing
 - Dressing
 - Meal Prep/Eating
 - Toileting
 - Transportation
 - Must be used in 4 hour blocks

Can be used throughout the year (July 1-June 30) and can be for 24 hour care if needed. Unused hours do not rollover to the following year.

Who is eligible?

- Patient has a documented diagnosis of Dementia
- Program is designed specifically for assistance with patients with Dementia and is not an income based program.
- Patient has Traditional Medicare.
- Patient resides in Charleston, Dorchester and Berkeley Counties or Lexington and Richland Counties in the Midlands.
 - Program is expected to extend to other locations in South Carolina in the future.
- A relative or an unpaid nonrelative provides caregiver assistance to the patient.
 - Relative/unpaid nonrelative does not need to be residing in the home with the patient or be the patient's Healthcare Power of Attorney.
- Patient does not have to receive skilled Home Health services (nursing, OT, PT, etc) to qualify for these services.
 - Additionally, a patient can receive Home Health services from another Home Health agency and still get caregiver services specifically through Interim.

Patient *can* receive services/grant funded assistance through the Area Agency of Aging in conjunction with this program.

Who is NOT eligible?

- Patients who do not have a documented diagnosis of Dementia.
- Patients with Medicare Advantage plans or any insurance other than Traditional Medicare.
- Patients who reside outside of Charleston, Dorchester, Berkeley, Lexington or Richland Counties.
- Patients with paid caregivers already through the VA or in conjunction with a Medicaid waiver (Community Long Term Care)
- Patients residing in SNF or Long Term Care Facilities.
- Patients receiving Hospice services.
- Patients receiving services through a PACE program.

A referral is needed from your provider for this program.

Other Resources - Simply Seniors

Simply Seniors is a local organization that can provide additional education and guidance on senior care resources.

- They are the local experts on senior care organizations and facilities and can make recommendations to fit your family's needs.
- For families that may need more hands on assistance, they can also assume the role of case manager to coordinate care. This could include anything from lining up in home resources and transportation to coordinating placement in a facility.
- Their services are not covered by any insurance. However, they do offer a free 15 minute phone consultation.

If you or your family are interested, please call 843-418-4848 for a consultation.
You do not need a referral from your provider to take advantage of their services.



Transportation

Medicaid pays for non emergent transportation to and from medical appointments.

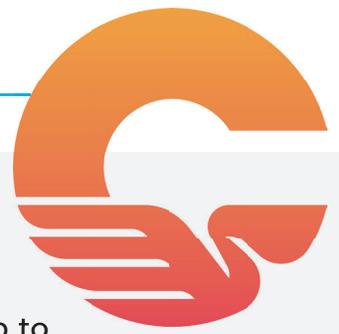
- If you have a current Medicaid plan, call Modivcare at 1-866-445-9954 to make transportation arrangements.
- They do require 3 business days to make those arrangements.

Traditional Medicare does not pay for non emergent transportation to and from medical appointments.

- However, some Medicare Advantage plans do pay for that type of transportation.
- Call the member services line on the back of your card to see if you are eligible and details for arranging that transportation.

You do not need a referral from your provider to take advantage of your insurance transportation benefits.

Transportation



CARTA (Charleston Area Regional Transportation Authority) provides fixed route bus service in Charleston County.

- If someone is not able to board, ride or get off a regular bus because of a disability, you may be eligible for TEL-A-RIDE, a curb to curb, shared ride accessible paratransit throughout CARTA service area.
- This can be used for medical appointments AND non-medical appointments.
- An application is required and does require portions to be completed by you and your physician.
- Once the application is completed and sent to TEL-A-RIDE, allow 3 weeks for them to reach a decision regarding your eligibility.
- Below is a link to the application including where to mail the application.
https://ridecarta.com/wp-content/uploads/2018/02/CARTA_TelARide_Application_2023-1.pdf

You do not need a referral from your provider to take advantage of their services but will need to provide a copy of the application for your provider to complete their portion.

If you have any questions about TEL-A-RIDE, please call 843-529-0400.

CARTA also offers OnDemand through a partnership with Uber and Lyft.

- Trips can cost as little as \$4 and can be scheduled with as little as one hour notice.
- This is limited to the CARTA fixed route area, M-F from 700 AM to 500 PM.
- Service is available to seniors age 60+ and TEL-A-RIDE customers.
- If you are an existing TEL-A-RIDE customer will still need to contact CARTA at 843-529-6284 to request a voucher.
- Cost and number of rides per month vary depending on if you are a senior or TEL-A-RIDE customer.
- Uber/Lyft accounts are required to receive vouchers for reduced cost rides.
- An application to CARTA OnDemand is required and once completed, allow 15 days for a decision to be reached regarding eligibility.
- Below is a link to the application and can be completed online or printed and mailed in.
<https://ridecarta.com/services/ondemand/apply/>

You do not need a referral from your provider to take advantage of their services.

If you have any questions about CARTA OnDemand, please call 843-529-6284.

Transportation

The TriCounty Link system provides services to rural residents of Berkeley, Charleston and Dorchester counties.

- If someone is not able to board, ride or get off a regular bus because of a disability, you may be eligible for their ADA deviated route service.
- This can be used for medical appointments AND non-medical appointments.
- An application is required and does require portions to be completed by you and your physician.
- Once the application is completed and sent to Tricounty Link, allow 3 weeks for them to reach a decision regarding your eligibility.
- Below is a link to the application including where to mail the application.
<https://ridetricountylink.com/wp-content/uploads/2024/07/TCLADADeviatedRouteApplication.pdf>

If you have any questions about the Tricounty Link ADA deviated route service, please call 843-899-4096.

You do not need a referral from your provider to take advantage of their services, but will need to provide a copy of the application for your provider to complete their portion.

If you have to travel between counties based on your residence and medical offices, complete applications for both TEL-A-RIDE and Tricounty Link so that they can coordinate transportation.





The Central Midlands Regional Transit Authority (The COMET) provides fixed route bus service in Richland and Lexington counties.

- If someone is not able to board, ride or get off a regular bus because of a disability, you may be eligible for DART, a curb to curb, shared ride accessible paratransit throughout The COMET service area.
- This can be used for medical appointments AND non-medical appointments.
- An application is required and does require portions to be completed by you and your physician.
- Once the application is completed and sent to DART, allow 3 weeks for them to reach a decision regarding your eligibility.
- Below is a link to the application including where to mail the application.

<https://catchthecometsc.gov/wp-content/uploads/2021/10/The-COMET-ADA-Certification-Application.pdf>

You do not need a referral from your provider to take advantage of their services but will need to provide a copy of the application for your provider to complete their portion.

If you have any questions about DART, please call 803-255-7123.

Senior Express Transportation Services provides personal driving services in Kershaw, Lexington, and Richland counties.

- Provides regularly scheduled rides and rides on an as needed basis
- Can be used for:
 - Medical appointments and dialysis treatments
 - Grocery, pharmacy, and shopping trips
 - Social outings
 - Cost of rides depend on mileage of the trip, like taxis

You do not need a referral from your provider to take advantage of their services.

If you have any questions or want to schedule a ride, please call 803-926-7933

Transportation

Coast RTA provides fixed route bus service in Horry and Georgetown counties

- If someone is not able to board, ride or get off a regular bus because of a disability, you may be eligible for Coast RTA's Paratransit Program, a curb to curb, shared ride transportation service available throughout the Coast RTA service area
- This can be used for medical appointments AND non-medical appointments
- An application is required and does require portions to be completed by you and your physician
- Once the application is completed and sent to to Coast RTA, allow 3 weeks for them to reach a decision regarding your eligibility
- Below is a link to the application including where to mail the application.
<https://coastrta.com/online-forms/paratransit-application/>

If you have any questions about Coast RTA, please call 843-488-0865.

You do not need a referral from your provider to take advantage of their services but will need to provide a copy of the application for your provider to complete their portion.



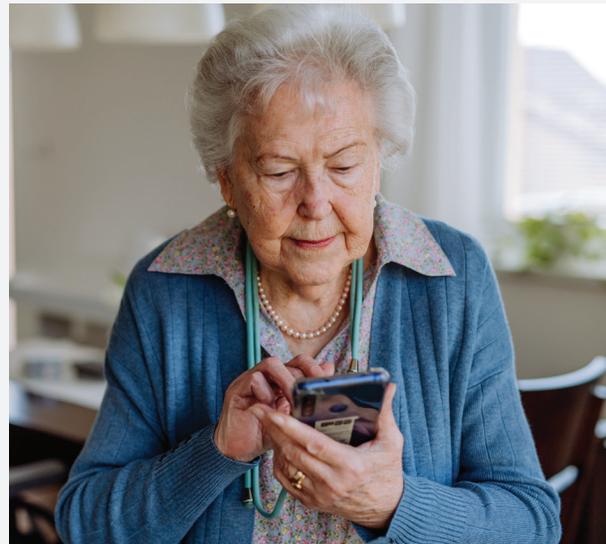
Transportation

Neighbor to Neighbor offers a free Ride program for older adults

- Must live within Horry, Georgetown, or Williamsburg counties
- Available for people ages 55+ that are unable to drive themselves
- Must be able to walk on your own or with a cane or walker
 - They cannot transport wheelchairs
- Must be actively enrolled in the Neighbor to Neighbor program
- Below is a link to the application and can be completed online.
<https://docs.google.com/forms/d/e/1FAIpQLSe2FqSd428x5Mhdpx4ufwzd621HRXL58t73PHjBNYkgfuz87Q/viewform>

You do not need a referral from your provider to take advantage of their services.

If you have any questions about Neighbor to Neighbor or their Ride program, please call 843-839-0702.



GoGoGrandparent connects seniors with Uber/Lyft rides to get to appointments, run errands or participate in social activities.

- Available throughout South Carolina, though may be limited availability in the more rural areas
- Insurance does not cover this transportation service and fees do apply
- Rates vary depending on location, distance, and if someone requires any additional assistance and offer an array of plans depending on individuals needs
- They are able to accommodate wheelchairs and walkers and ideal for seniors who may not have access to a smart phone or have difficulties with navigating technology

You do not need a referral from your provider to take advantage of their services.

To sign up for GoGoGrandparent or if you have additional questions, please call 855-464-6872, or visit their website: <https://www.gogograndparent.com/>

Other Services through GoGoGrandparent

In addition to connecting seniors with rides, GoGoGrandparent can also help coordinate other services.

- Grocery delivery from local grocery stores
- Meal delivery from local restaurants
- Prescription delivery for those filled at local pharmacies
- Other home services including:
 - Handyman
 - Furniture Assemblers
 - Caregivers
 - Housecleaning
 - Dog Walkers/Pet Sitters
 - Hair Stylists
- As with transportation it is available throughout South Carolina, though may be limited availability in the more rural areas
- Insurance does not cover this service and fees do apply

You do not need a referral from your provider to take advantage of their services.

To sign up for GoGoGrandparent or if you have additional questions, please call 855-464-6872, or visit their website: <https://www.gogograndparent.com/>

Medicare Advantage Plans

If you have a Medicare Advantage plan, they often offer benefits to you that other plans do not and may include the following:

- Transportation
- Meal delivery
- Life Alert systems

Since you are paying for the plan, you need to know what they offer in order to take full advantage of your benefits.

Call the member number on the back of your insurance card to get a complete overview of your benefits.



Concerns for Abuse or Neglect in Elders/Vulnerable Adults

If you have concerns that a loved one is being abused or neglected whether at home or in a facility, you should report that to Department of Social Services-Adult Protective Services.

Some things that should be reported:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Financial abuse/exploitation
- Healthcare abuse (providers billing for unnecessary services or overcharging)
- Neglect (including self-neglect)

Reports can be made anonymously.

Reports can be for suspicions of abuse or neglect (including self-neglect) and do not require having definite proof.

A report can either be made online or by calling the hotline.

- 24/7 Abuse & Neglect Reporting Hotline -
 - 1-888-CARE4US or 1-888-227-3487
- <https://benefitsportal.dss.sc.gov/#/ran/home>
- 911 should be called if there is a life-threatening emergency.

Once a report is filed, it will be reviewed to see if it warrants a further investigation.

The more information you provide the better to help it get an approval for an investigation. If an investigation confirms abuse or neglect (including self-neglect) a case will be opened to provide further services to ensure the safety of that individual.

Making a report or opening a case is not meant to be punitive, but rather to help that individual get connected with needed services.





**PALMETTO  AND SPECIALTY
PRIMARY CARE
PHYSICIANS**

www.PalmettoPrimaryCare.com

If you are interested in any of the services requiring a referral, please contact your provider to discuss.



**Scan this QR Code
to access the guide
on our website!**



PALMETTO  AND SPECIALTY
PRIMARY CARE
PHYSICIANS

