Fiscal Year 2011

Just the Facts

Georgia Division of Aging Services

Dr. James Bulot, Director

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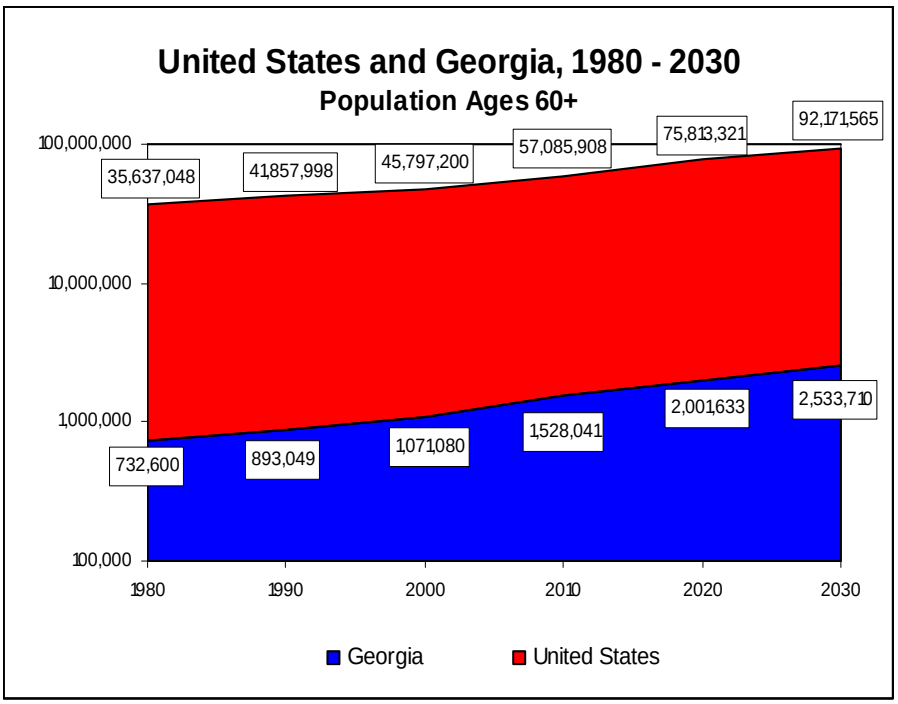
Aging Trends in Georgia

GA DHS Division of Aging Services and the Aging Network

The Georgia Department of Human Services (DHS) Division of Aging Services' (DAS) mission is to assist older individuals, at risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives. DAS strives to create a system that efficiently and effectively responds to the needs of Georgians. Through continuous service improvements and innovation, DAS provides programs and services that assist Georgians in living longer, livingly safely and living well.

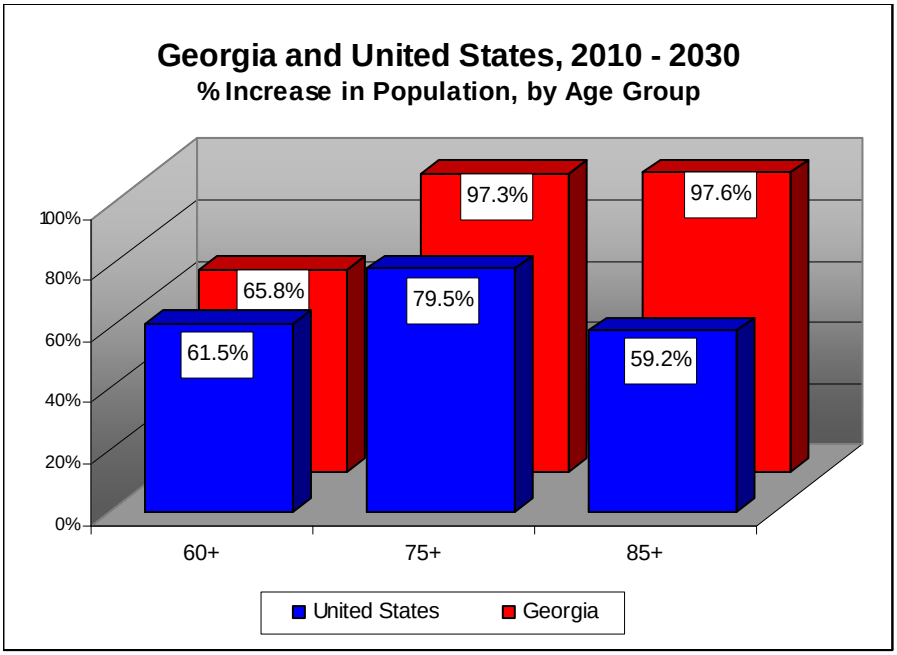
The Georgia Department of Human Services Division of Aging Services (State Agency of Aging) and Georgia's Aging Services Network (Area Agencies on Aging, their providers, older adults and advocates) are committed to developing a person-centered statewide comprehensive and coordinated system of programs and services. The system aims to serve all eligible individuals, regardless of age or ability, by providing seamless access to long term supports and services that are needed to remain at home and in the community, for as long as possible. Necessary to meeting this goal, DAS and Area Agencies on Aging partner with public and private organizations, including various state agencies, to provide advocacy and guidance in long-term care policy and the development of community supports for community integration, including barriers (or critical issues) such as housing and transportation.



- The aging of our population is one of the most significant trends affecting our society today.

- Georgia has the fifth fastest growing 60+ population and the twenty-fourth fastest growing 85+ population in the United States.

- Georgia's population age 60 and above is expected to increase 65.8% between 2010 and 2030, from 1,528,041 persons to 2,533,710 persons.



- Georgia's population age 85 and above is expected to increase 97.6% from 2010 to 2030. Those 85 and above are by far the fastest growing group, projected to total 224,926 in 2030.

- During the 20th century, the number of Georgians age 60+ increased nine-fold, compared to a four-fold growth in the population overall.

Section 1

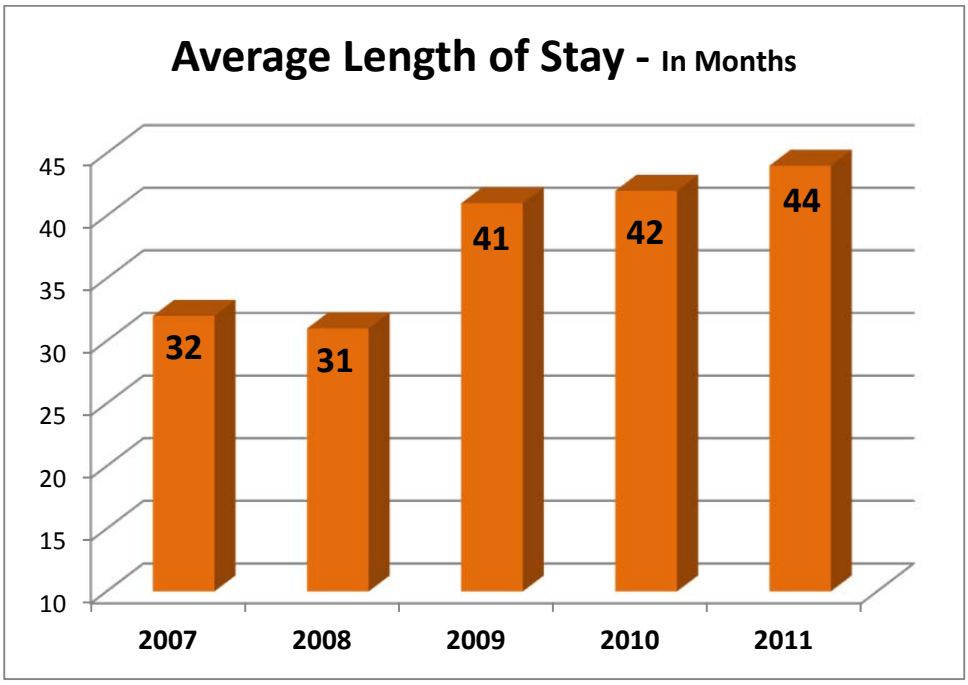
Providing a Foundation of Home and Community Based Services

The Administration on Aging's core programs provide a wide range of in-home and community based supports that are helping older Americans remain independent, active, and at home. These programs serve as the foundation for the Network's responsibility to bring together and coordinate a variety of services and activities for older adults.

All Older Americans Act services are targeted toward clients who are the most socially and economically vulnerable population of older Americans, and Older Americans Act clients tend to be among the oldest of the old.

Non Medicaid Home and Community Services

Non Medicaid Home and Community Based Services (HCBS) provides individual and group services to support and assist older Georgians in staying in their homes and communities. These services promote health, self-sufficiency and independence. During SFY 11, 35,438 clients received HCBS services. Length of Stay (LOS) is the metric used to define return of investment on the keeping people at home and in the community. Studies have shown that the longer a person is able to stay at home with support, the more it saves taxpayer dollars.



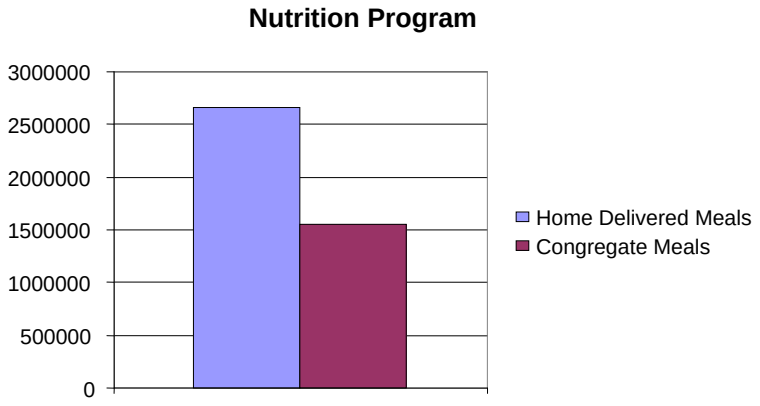
Nutrition and Wellness Programs

"Living Longer, Living Well" – The Nutrition and Wellness Programs are aimed at increasing the ability of older adults to perform everyday activities and remain living in their own homes. Activities are focused on health promotion and disease prevention. Services are designed to improve nutrition and health status, increase functional abilities, promote safety at home, avoid or delay problems caused by chronic diseases and enhance quality of life.

Partners in Service Delivery System

The Division of Aging Services partners with the Aging Network and other public and private sector agencies to provide nutrition and wellness program services. These partners include; University of Georgia, Area Agencies on Aging, Senior Centers, Community Service Providers, Diabetes Association of Atlanta, Georgia Extension Service, Georgia Commission on Women, Georgia Osteoporosis Initiative, Division of Public Health, AARP, American Cancer Society, Medicare Diabetes Screening Project, Parks & Recreation, Administration on Aging and NCOA, etc.

Nutrition counseling provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status. Nutrition Education is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers or participants and caregivers in a group of individual settings overseen by a dietician or individual of comparable expertise. Congregate Meals are meals provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. Home Delivered Meals are a meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. May include assistive technology for dining.



SFY 2011 Total Meals Served: 4,021,369 (congregate meals: 1,462,468 and Home delivered meals: 2,558,901)

- Home Delivered Meals served to 26,875 persons
- Congregate Meals served to 18,752 persons
- More than 3,000 persons served with these individual services:

    - Exercise and Physical Fitness
    - Medications Management
    - Nutrition Counseling
    - Health Related and Health Screening
    - Georgia Living Well, the Stanford Chronic Disease Self-Management Model
- Physical Activities included chair exercise, dancing, aerobics, walking, weight exercises, water aerobics, yoga, etc.
- Lifestyle Management including recreation, safety, therapeutic activities, and tobacco cessation
- Program Awareness/Prevention including community events, distribution of materials, medications management, immunizations and group screening activities
- Nutrition Education including: nutrition and health sessions, menu planning and food preparation, explanation of Dietary Guidelines, eating and feeding information, and food safety

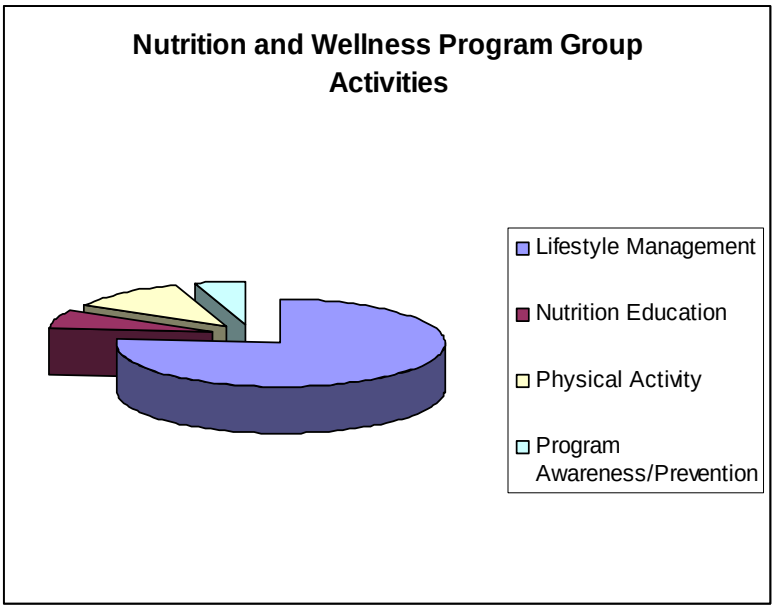
Success Stories

The Website (livewellagewell.info): The web site's main purpose is to provide information on healthy aging for people aged 50 and older, their families, and their caregivers. The website tracking shows that during 2010-2011, Live Well Age Well web site had 38,377 hits (3,189 average per month), 92,715 pages viewed (7,726 pages viewed average per month), 50,147 unique visitors (4,178 average per month). Most frequently visited information sections on the web site included: CDSMP Information; Chair exercises; In the News; Recipes/Menus; Community Intervention materials and Success Stories. We received several requests during the year from universities, teaching hospitals and churches to grant them permission to use our program materials posted on this web site.

Senior Farmers' Market Nutrition Program: The Division of Aging Services in collaboration with the Department of Public Health administers the Senior Farmers' Market Nutrition Program. The program was a huge success with one of the highest voucher redemption rates in the country (97%). More than 11,000 seniors benefited from this program. The program participants received $20 worth of coupons for the purchase of locally grown fresh produce and received nutrition education information on cooking tips, canning and freezing tips, and importance of consuming fresh fruits and vegetables to overall health. The Farmers Market Program in Georgia now works with an on line system increasing efficiency and ease of record keeping.

Chronic Disease Self-Management Program (CDSMP)

The DHS Division of Aging Services (DAS) was successful in writing a grant to receive $905,164 from the Administration on Aging to implement Stanford University's Chronic Disease Self Management Program (CDSMP) in five Georgia Area Agencies on Aging, including: Atlanta, Central Savannah River Area, Coastal, Middle, and Northeast Regional Commissions.



The core of this train-the-trainer program is a six-week workshop which is held 2-1/2 hours once per week. The series provides "tools" to persons suffering from any chronic condition to better manage symptoms commonly associated with such health issues (pain, fatigue, depression, difficult emotions, shortness of breath, etc.). Through this AoA grant, DAS is charged with empowering at least 1,358 persons by ensuring that these participants complete at least four classes in the six-week workshop.

As of June 31, 2011, 58 workshops have been offered and 596 participants have completed the program. Expansion to other regions, namely Southern Crescent, Northwest and Legacy Link, was made

possible through a Master Trainer training, facilitated by Stanford Trained, top-level "T-Trainers" in January 2011. SOWEGA and River Valley AAAs have plans to bring CDSMP to their PSA in the next six months and the remaining Southern and Heart of Georgia AAAs will also begin offering the CDSMP in the next two years.

Accomplishments Highlighted

- More than 3,000 program participants participated in various physical activity programs such as walking, Tai Chi, chair exercises and other resistance exercise programs and improved their strength, balance and flexibility. More than 336,000 physical activity opportunities were offered through the aging network during the 2011 fiscal year.

- More than 18,000 program participants participated in various nutrition education activities and learned ways to prevent/manage chronic diseases by eating healthy, keeping food safe to eat and planning healthy meals on a budget

Future Directions and Opportunities

- Increase partnerships with the Division of Public Health, Georgia Medical Care Foundation, Georgia Diabetes Coalition, Center for Disease Control, Food and Drug Administration, Georgia Osteoporosis Initiative, Georgia Commission on Women, hospitals and other public/private sector agencies to expand wellness program activities and resources.

- Coordinate efforts with Department of Public Health and United States Department of Agriculture to increase funding for the Georgia Senior Farmers' Market Nutrition Program. With increased funding, we will be able to increase the number of older adults participating in the SFMNP program and also help improve access to fruits and vegetables.

- Continued implementation and execution of a pilot project with grant funding from AOA and NCOA to implement the Stanford Model of Chronic Disease Self Management, widely recognized evidence based health promotion program. Develop strategies to plan and implement additional evidence based health promotion programs

- Coordinate efforts with the Aging Network, Department of Family and Children Services, University of Georgia, food banks and other public/private sector agencies to address food insecurity & hunger issues in older adults and increase awareness regarding their participation in Supplemental Nutrition Assistance Programs (SNAP).

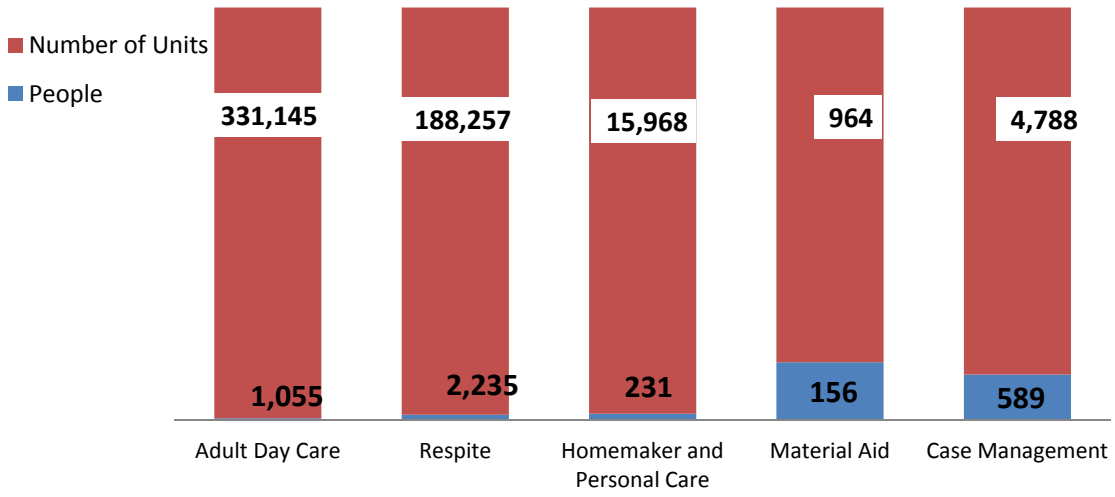
- Implement a food security survey to help increase understanding food insecurity in Georgia's older adult population. This data will be utilized to help with strategic planning and grant writing to help eliminate this issue.

Caregiver Programs and Services

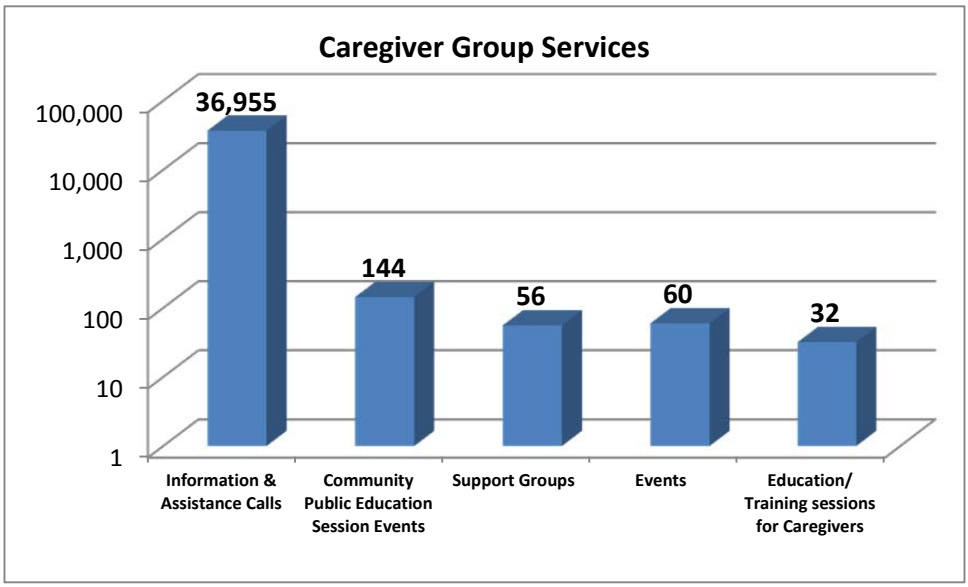
Overview

Georgia's aging network provided an array of services designed to support family caregivers. During SFY 2011, services to caregivers included day care, in-home respite, information and assistance, caregiver education/training sessions, information and assistance, support groups, material aid (help with purchasing transportation, food or groceries) homemaker and personal care, and caregiver assessment (helping assess needs of caregivers with services enabling them to keep loved ones at home).

Caregivers Served



Caregiver Group Services documented to over 279,150 hours of duplicated services



Caregiver Success Stories

Mrs. F is a 31 year old caregiver in northwest Georgia. She cares for an aging parent with Parkinson's Disease, a chronically ill spouse, and 3 children. Several years ago, she felt her father would progress further if he was at home, so she moved him out of a long-term care facility and began caring for him.

Soon after leaving the facility, her father (Mr. P.) was re-evaluated and his medications were adjusted. He is able to participate in his care on a limited basis. His daughter continues to prepare his meals, transport him to appointments and do his shopping.

Mr. P has started attending a local adult day health program four days a week, where he receives healthy meals, activities, and medical supervision. Through the program he indicates he has a sense of independence, of belonging, has "more energy, more interest in life, and looks forward to interacting with his peers".

Mrs. F. says the Adult Day Health program "has allowed her father to remain at home". "Without his attendance in the program he would have had to remain in the nursing home". She adds, "My load at home is great and the Adult Day Health program has lightened it and allowed me to have some time to pursue some goals of my own".

Mrs. M is 75 years old and is the caregiver for her husband who is 79 years old and has Alzheimer's Disease. The family wished to take care of Mr. M at home as long as possible. Mr. M can't be left alone and his Alzheimer's is progressing which makes it very challenging for the family. The daughter reports that taking care of her Dad had taken a physical and mental toll on her Mom. They were very thankful to learn they could receive assistance through the respite grant. With the assistance of the respite program, this family has received support for almost two years

The aide's assistance gives Mrs. M a much needed break twice per week. Mrs. M is thankful for the relief and knows she can leave the home and not worry about Mr. M. She is able to run personal errands. She is grateful to have time to recharge herself.

The same aide has been providing services since the beginning and Mrs. M and her daughter are thankful for the consistency. The aide provides personal care support to Mr. M and also performs homemaking tasks. This is very helpful to Mrs. M and reduces her work load.

The respite program has allowed Mr. M to remain at home with his loving family.

Accomplishments Highlighted

TCARE®

The Division of Aging Services has finished its participation in two research projects, funded by the U.S. Administration on Aging and the Alzheimer's Association. The evidence-based studies evaluated a caregiver assessment instrument which guides staff in understanding caregivers' needs, strategically selecting and recommending services, consulting with caregivers, and creating a care plan that caregivers will embrace and follow. TCARE® was developed by Dr. Rhonda Montgomery and colleagues at the University of Wisconsin.

Initial findings from the first study, demonstrated that TCARE® lowers stress burden[1], depressive symptoms, and identity discrepancy[2]. Findings from the four state study replicated a decrease in all of the areas identified above, and additionally showed a decrease in relationship burden[3] and intention for nursing home placement.

The Georgia study on TCARE® was published in May 2011, in *The Gerontologist*. The four state study on TCARE was published in June 2011 in the *Journals of Gerontology*.

Early Stage Alzheimer's Demonstration Grant

The Division of Aging Services was awarded a two year demonstration grant from the U.S. Administration on Aging to re-design state-wide service delivery through inter-agency collaboration and development of new protocols and interventions to better serve persons with Early stage Alzheimer's Disease (AD) and their caregivers. Partners in the grant are the Alzheimer's Association, Georgia Chapter, CSRA and Coastal Georgia Area Agencies on Aging, and the Georgia Health Policy Center of Georgia State University.

Expected outcomes include improved proficiency of Area Agency access services staff and Adult Protective Services intake staff in identifying persons with Early Stage AD, improved ability of affected consumers to plan for needed supports/services, and increased awareness of law enforcement agencies of wandering behaviors and driving safety of persons with AD.

Future Directions and Opportunities

TCARE®

Based on the findings, the Division of Aging Services and the twelve Area Agencies on Aging began statewide implementation of TCARE ® with its non-Medicaid Home and Community Based Services and Medicaid-waivered Community Care Services Program (CCSP). During state fiscal year 2011, 60 care managers across the state were trained and certified as TCARE care managers. Training of care managers and Aging Disability and Resource Center (ADRC) staff will continue in SFY2012.

REACH II

The Georgia REACH Program continues to serve caregivers of loved ones with Alzheimer's and related dementia in eleven counties in central and southwest Georgia. Georgia REACH is a collaborative effort between the Rosalynn Carter Institute for Caregiving, the River Valley Area Agency on Aging, Middle Flint Council on Aging, the Georgia Chapter Alzheimer's Association, and the Georgia Division of Aging Services. It is an evidence-based demonstration grant funded by the U.S. Administration on Aging. The goal of the program is to reduce caregiver burden and improve or sustain caregiver physical and

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[1] Stress burden: Generalized form of negative affect that results from caregiving.

[2] Identity Discrepancy: Psychological state that accrues when there is a disparity between the care activities in which a caregiver is engaging and his or her identity standard.

[3] Relationship burden: Caregivers' perception that the care receiver makes demands for care and attention that are over and above an appropriate level.

emotional health. The Caregiver Coach meets with the caregiver at the caregiver's home or other convenient location over a period of six months. Together the Coach and the caregiver identify the areas that the caregiver feels are their most challenging or where they need help. Each session is tailored to address those areas. Counties served by this program include Crisp, Dooly, Dougherty, Lee, Macon, Marion, Muscogee, Schley, Sumter, Taylor and Webster.

REACH

REACH is an evidence-based grant awarded to the Rosalynn Carter Institute at Georgia Southwestern State University, and is an expansion of Georgia REACH as implemented through funding awarded in 2008. Replicating REACH II, this project is a multi-component caregiver intervention that will evaluate the effectiveness of reducing burden and depression among family caregivers of persons with dementia. In partnership with Coastal Georgia Area Agency on Aging, REACH will target dementia caregivers in nine rural counties along the southern coast of Georgia.

NEW YORK UNIVERSITY CAREGIVER INTERVENTION (NYUCI)

The Rosalynn Carter Institute continues to work with the Northeast Georgia Area Agency on Aging and the Southern Crescent Area Agency on Aging to provide support and services to spousal caregivers of people with Alzheimer's and other types of dementia. This demonstration grant is funded by the U.S. Administration on Aging. The Georgia Family Support Program replicates a proven caregiver program developed by Dr. Mary Mittelman of the New York University School of Medicine. The focus of the program is to increase the caregiver's support network by involving family and friends in six planning sessions that identify tasks and responsibilities that may be shared among the group. Expected outcomes include reduced caregiver burden and depression and delayed institutionalization of the dementia patient. The program will continue through August 2012 and is expected to serve a minimum of 150 spouse caregivers of persons with Alzheimer's Disease.

Section 2

Modernizing Long-Term Care

Since 2003, the Administration on Aging has been supporting the replication of a variety of innovative programs that are increasing the capacity of the Network to help disabled citizens and seniors remain healthy and independent. These innovations come directly out of the experience of states and communities implementing the Older American's Act core programs.

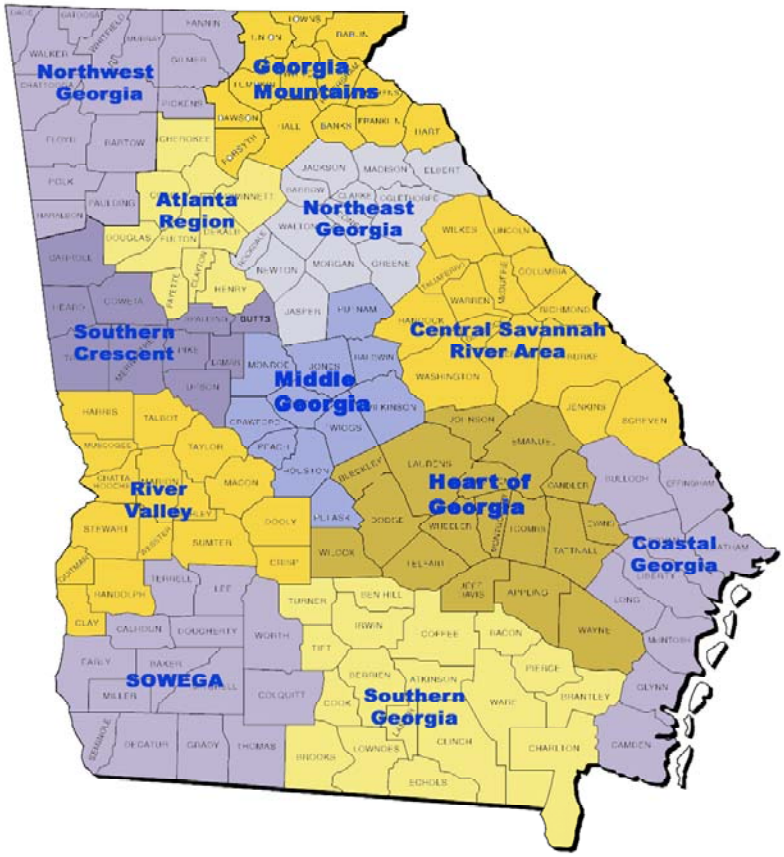
The Aging and Disability Resource Center Program is a collaborative effort of Administration on Aging and the Centers for Medicare and Medicaid Services, helping make it easier for consumers to learn about and access long-term supports and services. ADRCs are also serving as an entry point for all publically administered long-term supports and services.

Aging & Disability Resource Connection

The Georgia Aging & Disability Resource Connection (ADRC) is a partnership between the Division of Aging Services (DAS) and the Department of Behavioral Health and Developmental Disabilities (DBHDD). ADRCs serve individuals who are aging or have a disability and use the "no wrong door" approach to provide information, assistance and access to these individuals, their families, caregivers and professionals. In FY 11 ADRCs expanded to include all twelve AAAs and added a fourth position to Developmental Disabilities, also providing statewide coverage.

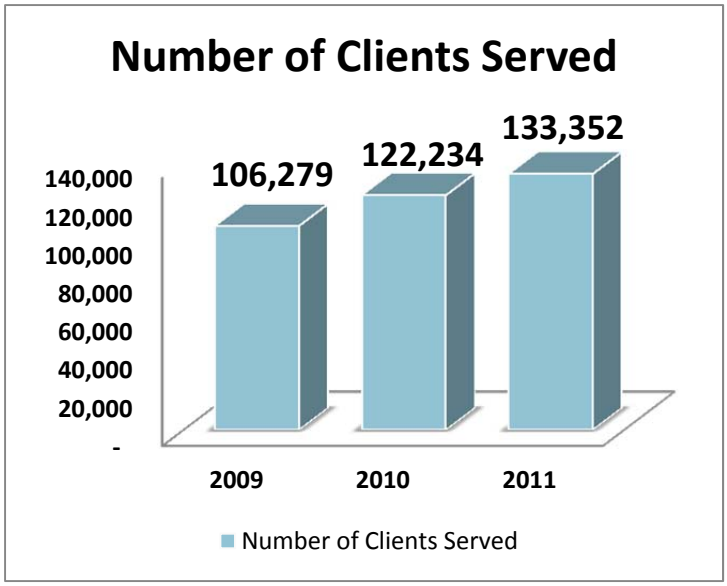
ADRC Partners

ADRCs have partnerships on the state and local level with other agencies such as DFCS, DCH, LTCO, GeorgiaCares, the Department of Labor-Tools for Life, the Alzheimer's Association, Public Health, the Brain and Spinal Injury Trust Fund Commission, the Georgia Hospital Association, the Georgia Council on Aging and Adult Protective Services.



Information, Referral and Assistance

- In **SFY 11** the nine ADRC sites served **61,661** older individuals looking for a variety of home and community based services.
- During the same time period a little more than **25,518** individuals with developmental, physical, or behavioral disabilities contacted the ADRC seeking information about long term care options.
- Together, the ADRC sites served over **133,352** clients seeking LTC options for seniors and individuals with disabilities.



ADRC Success Stories

The ADRC received a referral from a gentleman living in a nursing home. Mr. M stated that he wanted to apply for Community Care Services Program so that he could leave the nursing hone. The ADRC contacted a representative from Money Follows Person where he was screened and approved for services. Mr. M then contacted the ADRC and stated he wants to move to an assisted living facility in the Columbus, GA area. The ADRC worked with CCSP Care Coordination and relayed the request. After his paperwork was completed the CCSP Care Coordination agency with Columbus, GA helped to locate a personal care home and transfer him from the nursing home.

In one area, the ADRC provides "satellite outreach events" in the more rural counties. Outreach is provided prior to the event. In one particular county, a gentleman attended the event and spoke to a staff person about the need for his wife to receive home-delivered meals. After the screening process it was determined that his wife was eligible and that she could begin receiving meals in six days. Had it not been for this outreach effort, this man may not have learned about the services provided by the ADRC and his wife's eligibility.

ADRC Expansion

On October 1, 2010, the ADRCs began serving as the Local Contact Agency (LCA) for Georgia's nursing homes. A new requirement from the Centers for Medicare/Medicaid Services (CMS) for the Minimum Data Set 3.0 (MDS 3.0) has led to the Department of Community Health designating the ADRCs as the LCA for nursing home residents who request information about "leaving the nursing home." ADRC provided Options Counseling to **1207** residents in nursing homes about resources that may help them to return to the community.

Beginning July 1, 2011 ADRCs received funding from the Money Follows the Person program to provide this counseling to residents in nursing homes face-to-face. This will allow counselors to learn more about the preferences, needs and resources for each resident and to assist with transition services.

Section 3

Enhancing Elder Rights Programs

Ensuring the rights of older adults and preventing their abuse, neglect and exploitation continues to be a strategic priority for the Administration on Aging.

Long Term Care Ombudsman

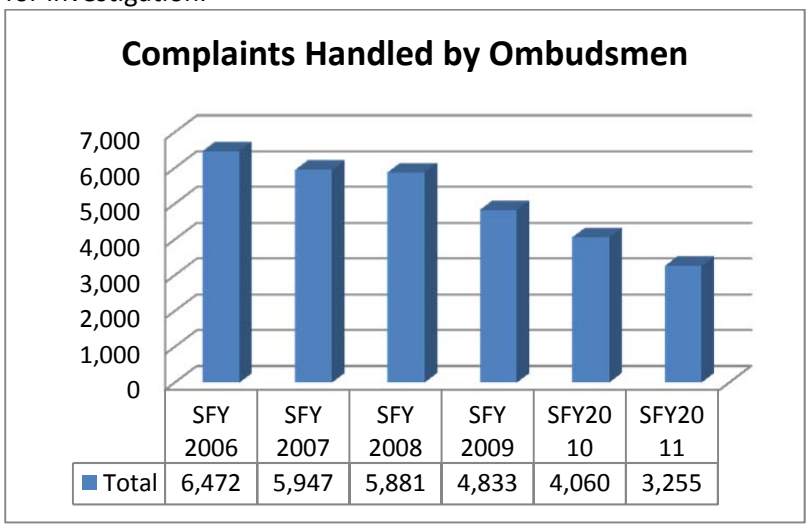
The Long-Term Care Ombudsman Program works to improve the quality of life of residents of long-term care facilities by acting as their independent advocate. This includes residents of nursing homes, personal care homes (also called assisted living), intermediate care facilities for the mentally retarded (ICF/MR), and community living arrangements (CLAs). Ombudsman staff and volunteers informally investigate and resolve complaints on behalf of residents

Persons Served

In SFY 2011, the Long-Term Care Ombudsman Program served 179,223 persons, duplicate count. Eighty percent of these individuals were served during ombudsman visits to facilities. This represents an average of 1.9 ombudsman visits for each resident bed during the year. Over 11,700 individuals received information and assistance regarding long-term care options, public benefits, residents' rights, etc.

Complaints Handled by Ombudsmen

In SFY 2011, the Ombudsman Program received 3,255 complaints. Ombudsmen received an average of 1.7 complaints per complainant for investigation.



Budget cuts beginning in SFY 10 resulted in a reduction in the LTCO workforce. Fewer LTCO to cover a growing number of facilities and residents meant that LTCOs had to reduce the frequency of routine visits to facilities. With fewer visits, residents had fewer

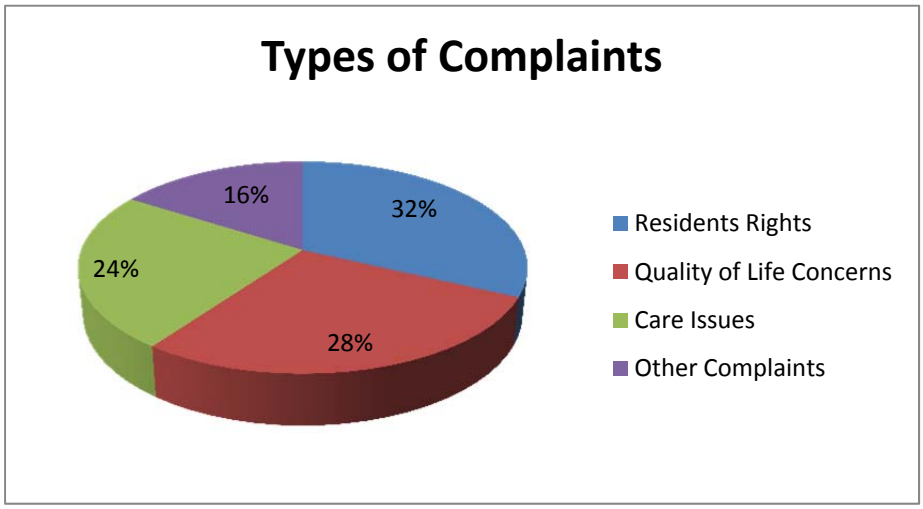
opportunities to routinely access LTCO. With replacement funding for the LTCO program, particularly in SFY '12, local LTCO programs have begun the process of hiring and training staff to be certified Long-Term Care Ombudsman. All LTCO programs are making efforts to increase their visibility at facilities to be accessible to residents providing information and assistance as well as complaint resolution.

Ombudsmen responded to complaints promptly:

- abuse complaints where the resident was believed to be at risk: 97% within 1 working day
- abuse complaints where the resident was *not* believed to be at risk: 94% within 3 days
- all other complaints: 99% within 7 working days
- Ombudsmen achieved **satisfactory outcomes for 94%** of complaints in SFY 2011.

Types of Complaints

Residents' rights (32%), quality of life concerns (28%), and care issues (24%) accounted for almost 84 percent of the complaints received by ombudsmen in SFY 2011.



LTCO Accomplishments

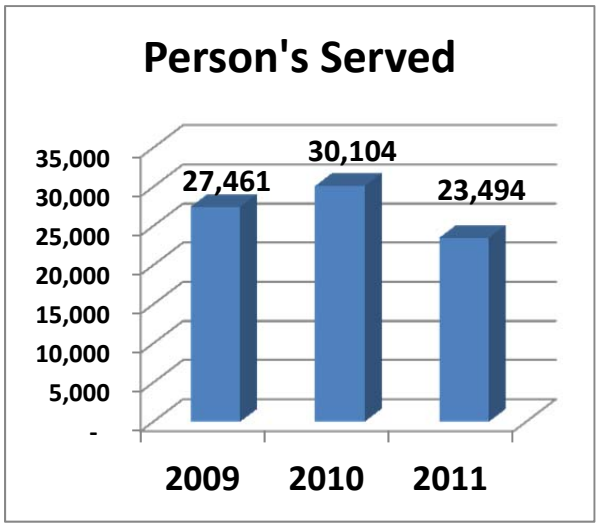
Advocated for long-term care residents, including:

- Supported state legislation to create an additional licensing category of long-term care facilities known as assisted living communities which will provide more services than the current personal care homes, but fewer services than a skilled nursing facility provides
- Advocated for consumer protections in the assisted living communities bill
- Promoted the Advancing Excellence in America's Nursing Homes campaign with residents, families, facility staff, and the general public
- Participated in Money Follows the Person (advocating for skilled nursing facility residents making the transition from the nursing home to community settings)
- Advocated for Older Americans Act reauthorization language to strengthen the Long-Term Care Ombudsman Program
- Participated in discussions with AoA Region IV, State Unit on Aging directors, and State Long-Term Care Ombudsmen to enhance LTCO program management throughout the Southeast

- Served on work groups convened by the Healthcare Facility Regulation Division of the Georgia Department of Community Health, to develop regulations for proxy caregivers and to revise regulations for personal care homes
- Advocated with members of the Georgia Congressional delegation for funding for the Elder Justice Act
- Participated in the Advisory Group for the Culture Change Network of Georgia, including training on person-centered care and culture change

Elderly Legal Assistance Program

The Georgia Elderly Legal Assistance Program (ELAP) serves persons 60 years of age and older by providing legal representation, information and education in civil legal matters throughout the state of Georgia. Services are provided by legal providers throughout the state, who contract with the state's twelve Area Agencies on Aging.



Persons Served

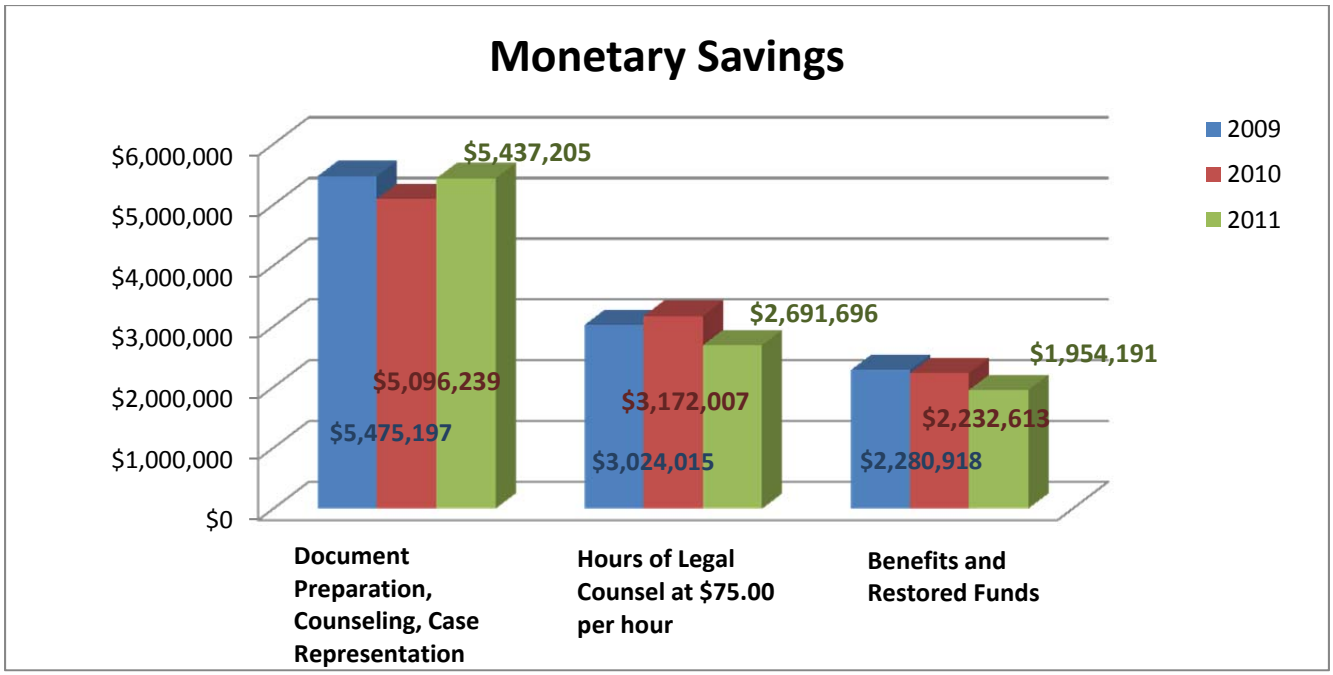
23,494 seniors received legal representation, information and/or education during SFY2011. This was a significant decrease in the number of persons served in the previous year. The decrease is attributed both to the greater complexity of legal issues being addressed and the loss of ELAP staff. Nine of the twelve areas' programs lost staff or staff hours this fiscal year.

ELAP saw a significant increase in requests for assistance with basic necessities such as food and shelter. From the previous fiscal year, there was an 81% increase in the numbers of requests for assistance with foreclosures, a 53% increase in requests for assistance with private landlord tenant evictions, and a 37 % increase in requests for assistance with food stamps. Also significantly increased were requests for assistance with repossessions and resulting deficiencies (61%).

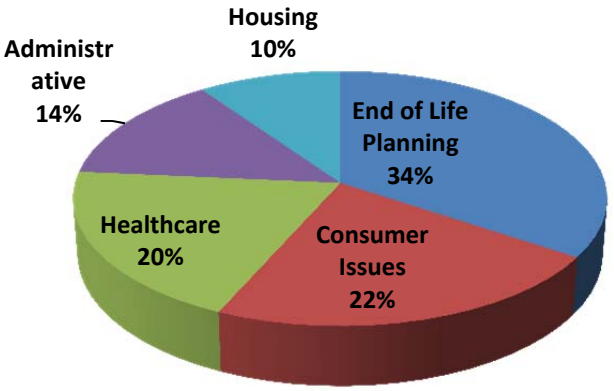
Monetary Benefits Realized

In SFY 2011 ELAP saved older Georgians $5,437,205, an increase of six percent (6.7%) over last year, by providing document preparation, legal counseling and case representation.

An additional $2,691,696 was saved by providing more than 35,889 hours of legal counseling, calculated at a very conservative $75.00 per hour.
More than $1,954,191 was obtained in benefits and restored funds for older Georgians through the work of ELAP.



Top Five Categories of Closed Cases



-

End-of-Life Planning noticed a slight decrease as there were fewer Financial Power of Attorney and general estate/probate cases, decreasing by 27% and 44% , respectively. The most significant change was an increase in the number of Medicaid Eligibility cases closed. There was a 36% increase in the total number of cases closed in this subject area.

There were case types that emerged this fiscal year that have not previously been significant in numbers. While Supplemental Security Income case totals decreased by ½, there were two other categories of disability cases that gained in significance, Supplement Security Income-disability and Social Security Disability. These completely replaced Unemployment Compensation in the top five categories of income maintaenance (Administrative) cases.

ELAP Community Education Offered

Community education is a method of prevention that helps seniors avoid more costly, time consuming legal problems. In SFY 2011, 14,935 seniors attended 547 legal education sessions conducted by the Georgia Elderly Legal Assistance Program.

The top ten topics covered in community education sessions in SFY 2011 were:

1. Health Law/POA/Advanced Directives
2. Food Stamps
3. Consumer Fraud/Financial Exploitation
4. Abuse, Neglect, Exploitation
5. Wills
6. ELAP
7. Public Benefits
8. Medicaid
9. Consumer Issues
10. Disaster Preparation

ELAP Success Stories

- 74 yr old NH resident threatened with **discharge for nonpayment** because of problems with the Medicaid application. ELAP filed an appeal of the discharge and successfully represented the resident at an OSAH hearing. The Medicaid application was approved and benefits cleared a $48,000 nursing home bill and provided ongoing benefits.

- A 68 year old client was **terminated from the SNAP (food stamp) program** because she failed to show up for her annual recertification review. Unfortunately, the client received the notice of the review two months after the date of the scheduled review. A hearing was requested and a pre-hearing conference resulted in $476 in monetary savings for two months of benefits.

- 68 yr old client received a **discharge notice** from the nursing home for nonpayment. His SSI application had been denied on the basis that he was an ineligible noncitizen. ELAP appealed the denial and an Administrative Law Judge agreed that the client was an eligible noncitizen and reversed the decision of the Social Security Administration. The discharge notice was withdrawn by the facility and Medicaid paid the outstanding $169,314 retroactively and client became eligible for ongoing Medicaid benefits in the monthly amount of $4,734.

- 68 yr old Hispanic client spoke Spanish with limited English proficiency limiting her ability to effectively communicate with her landlord. Client provided notice of termination of her tenancy and that she was vacating the premises. The landlord refused to return the client's security deposit or provide written accounting explaining the reason for the retention of the deposit. ELAP made contact with the landlord, upon which the $895 **security deposit** was promptly returned.

- A 77 yr old disabled client was served with **suit from a creditor** for a debt and requested assistance from ELAP to dispute that he had a duty to pay. The client indicated that he had credit disability insurance that was supposed to pay off the indebtedness. The creditor claimed the client did not have such insurance. ELAP entered negotiations on client's behalf and a settlement was reached voiding the entire amount of the $7,000 debt and obtaining a $500 refund for the client.

- 92 yr. old client was adjudicated incompetent by a Probate Court in 2006 and appointed a guardian and conservator. The client, a nursing home resident, requested ELAP assistance in **terminating the**

guardianship/conservatorship and restoring her rights. With a physician's affidavit supporting the client's case, a petition requesting the termination was granted in part and modified in part. The court terminated the guardianship and restored client's rights of person, and removed the current conservator, the client's son who had mishandled her finances, but appointed a county conservator to replace him. The court also ordered the son to reimburse the client $3,000 for which he could not account.

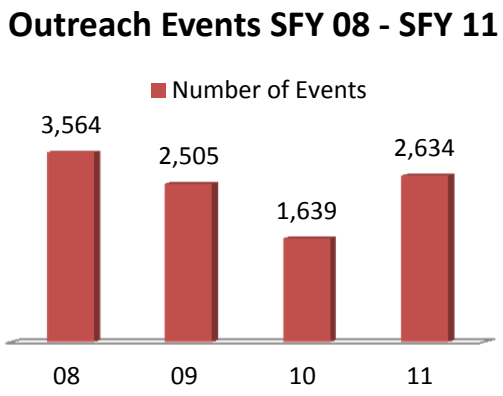
Section 4

Expanding Access and Outreach

GeorgiaCares

GeorgiaCares helps Georgia's Medicare beneficiaries, their families and others understand their rights, benefits and services under the Medicare program and other related health insurance options. GeorgiaCares is the State Health Insurance Assistance Program (SHIP) and SMP (Senior Medicare Patrol).

Outreach and Media Events

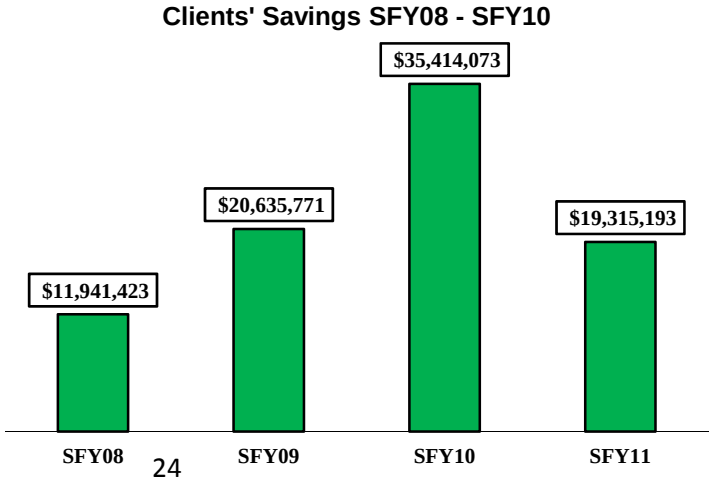


In State Fiscal Year 2011, GeorgiaCares conducted a total of 2,634 outreach and 283 media events (TV/Cable, radio, newspaper viewership) reaching 8,307,356 individuals regarding health insurance information on Medicare, Medicaid, prescription assistance, Medigap, long-term care services, and other health insurance needs and Medicare fraud prevention.

249 trained volunteers served clients in SFY 2011.

A total of 33,393 clients received one-on-one counseling.

Reducing "Out- of-Pocket" Costs –



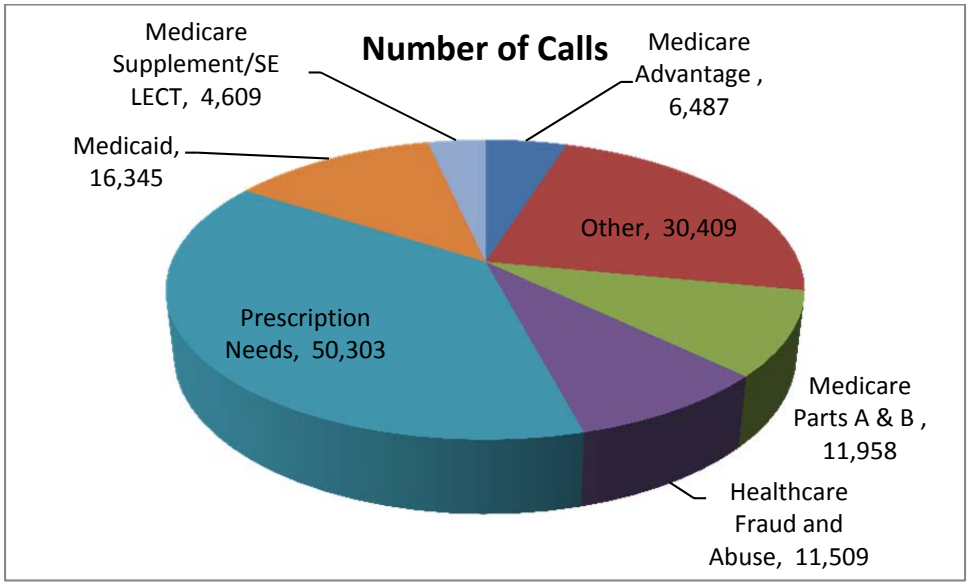
The decrease is a result of fewer prescription assistance programs available to Medicare beneficiaries (i.e., mainly enroll in MSP and LIS) and higher healthcare costs.

Over the last three years, GeorgiaCares has enabled clients to save more than $75 million in health insurance and related expenses.

In SFY 2011, GeorgiaCares saved beneficiaries $19,315,193 in out-of-pocket expenses.

Topics Discussed with GeorgiaCares Clients

In SFY 2011, 45% of GeorgiaCares calls dealt with Medicare beneficiaries needing prescription assistance through Medicare Part C, Part D, and patient assistance programs.



Outstanding Accomplishments for GeorgiaCares

- Partnered with the Department of Community Health to obtain client contact information for individuals eligible for the Low Income Subsidy (LIS) financial assistance program.
- Received recognition at the SMP National Conference:
    - As one of five states referring significant dollar amounts for investigation related to Medicare fraud.
    - First place honors for innovation in collaboration and partnership activities for high fraud states without HEAT task forces.
    - Second place for expansion of SMP program capacity for high fraud states without Health Care Fraud Prevention and Enforcement Action Team (HEAT) task forces.
- Highlighted at the 17th Annual SHIP Directors' Conference for its outstanding federal, state and local partnerships.

- Implemented local program benchmarks for SHIP Performance Measures.
- Established annual Coordinator Recertification process.
- Co-executed Elder Rights Boot Camp and ADRC/GeorgiaCares Joint Conference.

Challenges for the Future

- Georgia has over 48,000 Medicare beneficiaries that appear to be eligible for Low Income Subsidy (LIS), but have not yet completed an application for the service to reduce their out-of-pocket costs for prescriptions. These individuals are a hard to reach population.
- GeorgiaCares is a statewide program serving all 159 counties in the state. However, it is often difficult to deliver services to each county due to location, accessibility and availability.
- Georgia is considered a high fraud state. This highlights the need for more education on the prevention, detection and reporting of health care fraud.
- Due to the lack of transportation, it is very challenging to recruit and maintain a volunteer workforce.
- Fewer financial assistance programs are available to assist Medicare beneficiaries with reducing out-of-pocket health care expenses.

Section 5

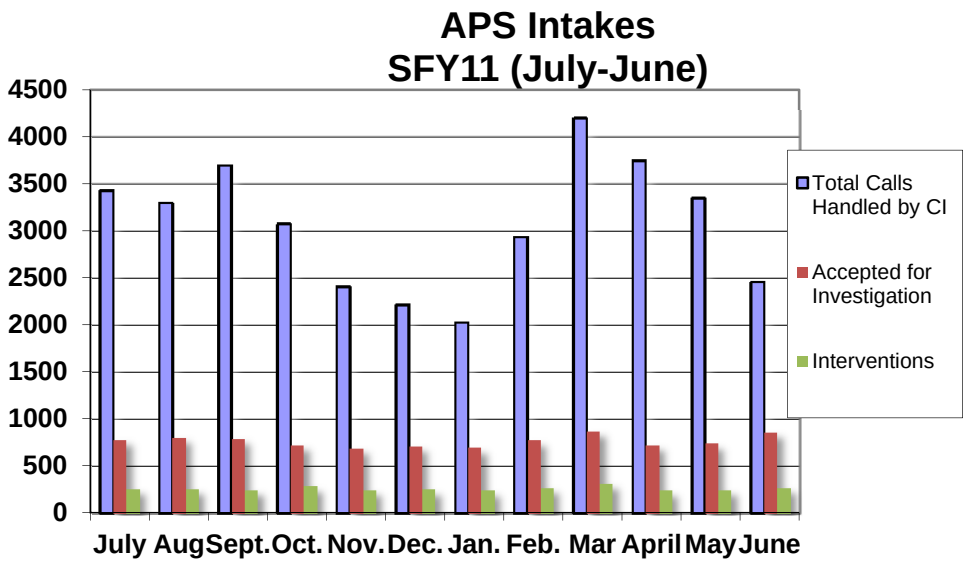
Elder Abuse Investigation and Prevention

Adult Protective Services Program

The Adult Protective Services (APS) program is mandated under the Disabled Adults and Elder Persons Protection Act to address situations of domestic abuse, neglect or exploitation of disabled persons over the age of 18, or elders over the age of 65 who are not residents of long term care facilities. The purpose of the APS program is to investigate reports alleging abuse, neglect or exploitation and to prevent recurrence through the provision of protective services intervention. Principles that guide the assessment consider an adult's right to personal autonomy, self-determination and the use of the least restrictive method of providing safety prior to more intrusive methods.

Central Intake

The APS Program receives reports of abuse, neglect and/or exploitation through its Central Intake Unit. Twelve APS specialists handle calls through a statewide toll-free number (1-866-552-4464) and respond to faxed reports from the community to determine if reports meet criteria for APS to investigate a case. If the criteria are not met, Central Intake staff often provides limited telephone case management to resolve the reporters issue and/or make referrals to community resources including those in the aging network.



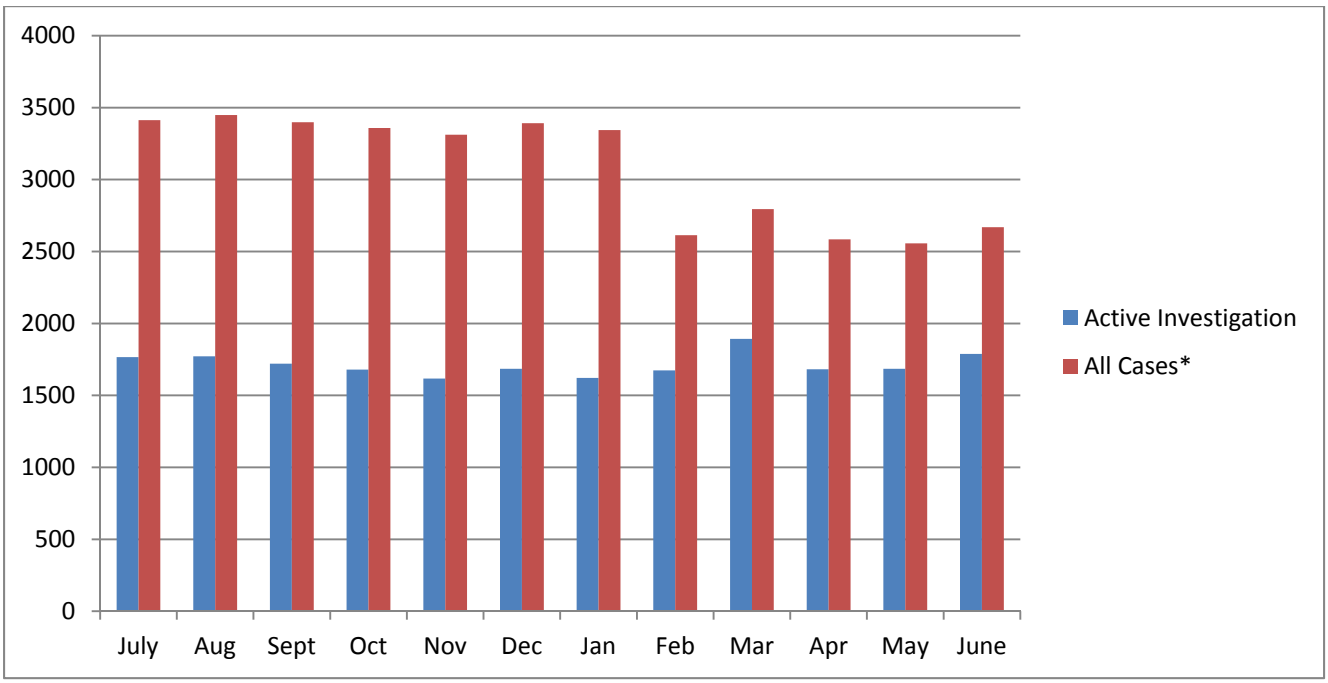
During SFY11, Central Intake staff handled a total of 36,888 calls on the toll free hotline.

- Twenty five percent of the calls (9,207) were accepted for APS Investigation.
- CI staff provided limited case management intervention services for 3,171 calls (9%) to address issues that did not meet APS criteria.
- The remaining 66% of calls consisted of time spent with calls back to reporters and coordinating referrals to community resources and other service providers to ensure callers' issues were addressed.

APS Field Operations

Adult Protective Services uses a regional-based multi-disciplinary approach to meet the needs of vulnerable disabled and senior adults in the State of Georgia. APS regions are aligned with the aging network planning and service areas and reside in four Districts with 135 APS case managers who handle both investigations and case management services.

APS Case Totals



*APS averaged 3,074 cases per month. APS Investigations comprise approximately 58% of all monthly APS cases. Caseload data represents unduplicated cases: active investigations are those active during the month.

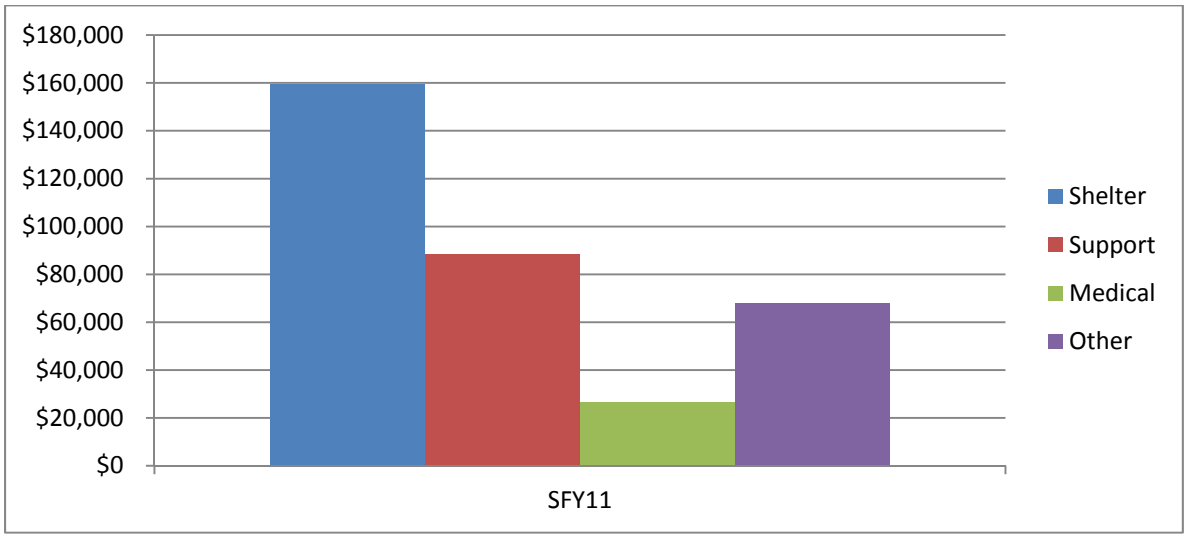
APS Guardianship Case Management

APS provides case management for the incapacitated adults for whom the Department of Human Services (DHS) serves as Guardian of Person. Case management services include, but are not limited to,

decision-making on behalf of the ward's well being, arranging support, care, education and welfare of the ward considering the ward's needs and available resources (O.C.G.A. §29-4-22).

APS Emergency Relocation Funds

The APS program receives $400,000 each year from the legislature to provide emergency relocation services to individuals who need relocation from an abusive situation. Emergency relocation funds can be used either to relocate APS clients to safe places, or to keep them safe in their homes. The majority of funds were spent on shelter for clients that included almost $97,000 used to relocate clients to Personal Care Homes. Utilities (i.e. electricity, gas, telephone, water, sewage, etc.) accounted for approximately 74% of the Support category expenditures. Payments for medical costs were significant for those costs related to prescription drugs ($7,846), psychological testing ($7,165) and dental ($4,564). The Other category, which accounted for almost 20% of ERF usage, paid for items such as heavy cleaning and home modification and repair that often are needed to address issue related to self-neglect cases.



Examples of Outstanding Accomplishments

- During SFY11, DAS separated Guardianship case management responsibilities from APS mandated protective services responsibilities and created a dedicated unit to oversee the case management for DHS wards. Staffing includes a Guardianship Manager, 3 Supervisors and 22 case managers who manage the daily operations of the Guardianship case management provided to 681 DHS wards.
- DAS convened a chartered group to address conflict of interest issues for Adult Protective Services to provide Representative Payee services for APS clients and DHS wards. While APS has historically managed representative payee responsibilities for clients and DHS wards, this function was not part of the legal mandate for APS and was legally inconsistent with the Guardianship law that prevented the entity serving as Guardian of Person to also serve in the capacity of Conservator. The work of this group continued into SFY2012.

Forensic Special Investigations Unit (FSIU)

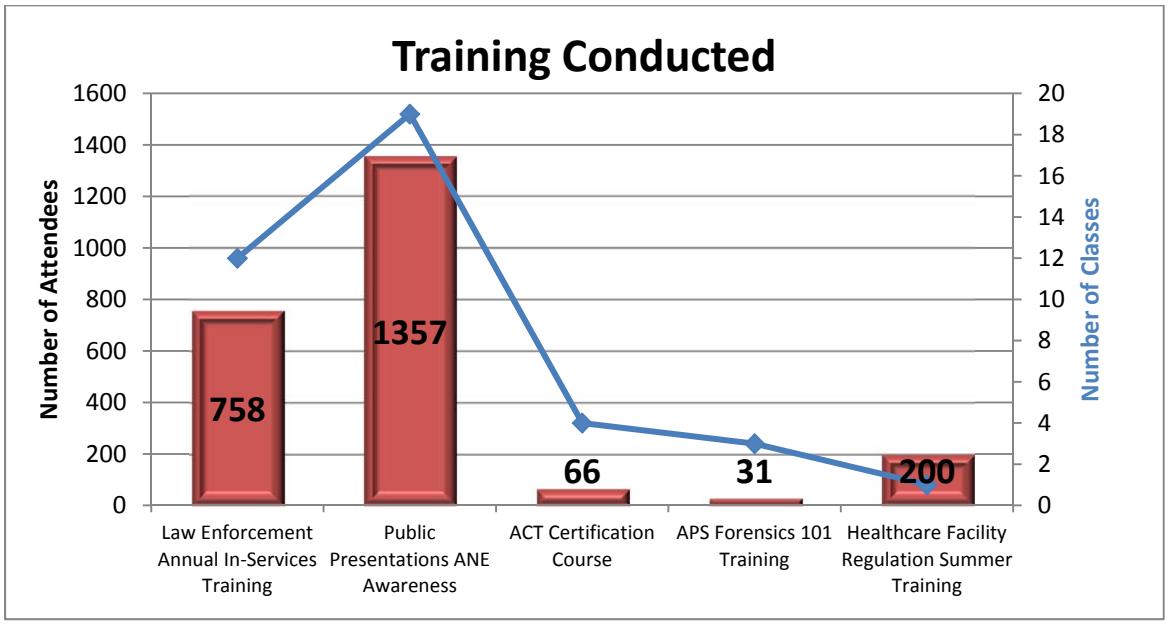
The Forensic Special Investigations Unit (FSIU) provides support to Adult Protective Services, law enforcement and other responders to the abuse, neglect, and exploitation of at-risk adults through technical assistance and case consultation and review. The staff of the FSIU is certified by the Georgia Peace Officer Standards and Training Council (P.O.S.T.), as instructors and has prior law enforcement experience investigating and prosecuting at-risk adult crimes. In addition, FSIU provides training and conducts public presentations on the prevention of at-risk adult abuse. FSIU facilitates the review of specific DAS files to seek and improve response to the abuse of at-risk adults by recommending changes to policies and practices to better serve the needs of at-risk adults.

In April 2011, FSIU deployed the At-Risk Adult Crime Tactics (ACT) Certification training program. ACT is a 16-hour "Boot Camp" style course providing students with basic knowledge and skills needed to respond to crimes involving the abuse, neglect, and exploitation of older adults and adults with disabilities. The ACT training is restricted to primary and secondary responders (police, Emergency Medical Services, Adult Protective Services Case Managers, Healthcare Facility Regulation Surveyors, DBHDD investigators, etc.) as well as other criminal justice and social services professionals mandated to investigate Abuse/Neglect/Exploitation (ANE) of at-risk adults. Throughout the year, FSIU conducted 39 training classes with a total of 2412 attendees.

FSIU conducts an 8-hour training program called APS Forensics 101. This course is provided to Adult Protective Services employees to increase investigative and testimonial skills for court (Probate and Criminal.)

FSIU Program Accomplishments, SFY 2011

FSIU conducted ANE training for law enforcement in-service training, Healthcare Facility Regulation, and Adult Protective Services as well as public ANE awareness presentations.



Impact of ACT through FY11

The ACT training program has generated an increase in calls to both APS and FSIU from criminal justice professionals and social service agencies (Long-Term Care Ombudsman, Healthcare Facility Regulations, etc.) requesting assistance and guidance.

Future FSIU initiatives

FSIU plans to:

- Have the Prosecuting Attorney's Council approve Continuing Legal Education credit hours for the ACT program.
- Evaluate the current ACT and APS Forensics 101 curriculum at the end of the first year to determine what changes if any are needed.
- Develop training for law enforcement 1-hour in-service on Investigating Financial Exploitation of At-Risk Adults.

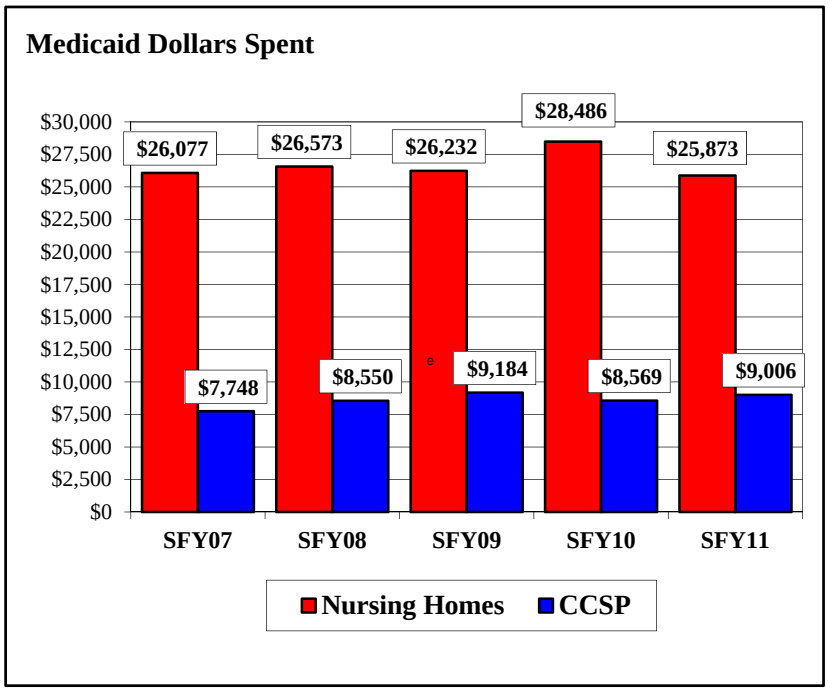
Section 6

Community Care Services Program

Community Care Services Program

(CCSP)

The Community Care Services Program (CCSP) has successfully served eligible elderly and physically disabled consumers in Georgia for 29 years. By providing home and community-based Medicaid services to nursing home eligible consumers, the CCSP gives consumers the choice of remaining in the community. Consumers are eligible for CCSP services in two categories. SSI Category is when persons receive Supplemental Security Income (SSI) and are eligible for medical assistance. The Social Security Administration takes applications for SSI. Medical Assistance Only (MAO) Category is when persons who do not receive cash benefits under the SSI program, but may qualify for medical assistance under another Medicaid category. The County Departments of Family and Children Services take applications for MAO. MAO participants may have to pay toward the cost of their services.



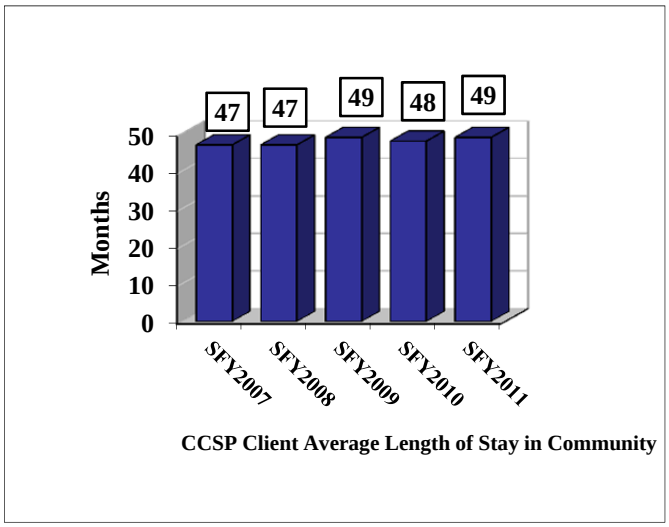
The graph reflects the average CCSP client service benefits cost and does not include care coordination or administrative costs. Ninety-two percent of eligible consumers choose to participate in the community based CCSP.

In SFY 2011 CCSP supported the choice of 12,421 Georgians to remain in the community, at less cost to Medicaid and effectively delaying or avoiding more expensive nursing facility placement.

CCSP saved taxpayers $16,867 per individual in SFY2011.

Forty-eight percent of CCSP clients were 75 years of age or older; 24% were 85 or older, and 113 clients were age 100 or older in SFY2011. Twenty-three percent of consumers were under 60 years of age.

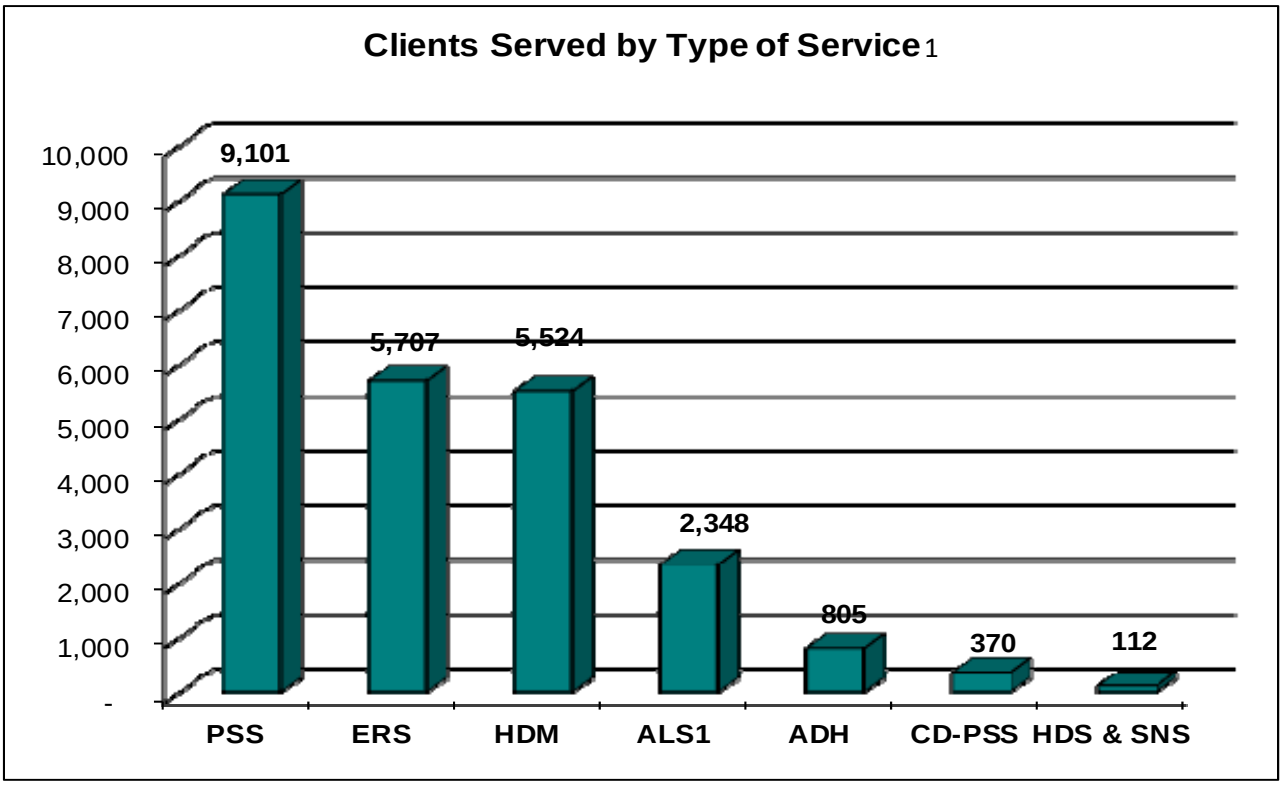
In SFY 2011, effective care coordination allowed clients' needs to be met so that the average consumer length of stay in the community was an additional 49 months, (four years).



CCSP Services

- Adult Day Health (**ADH**) – health, therapeutic and support services in a day center
- Alternative Living Services (**ALS; ALS-F (2-6 beds); ALS-G (7-31 beds**) – 24-hour personal care, health-related support services and nursing supervision in a licensed personal care home
- Emergency Response Services (**ERS**) – 24-hour electronic medical communication support system
- Home Delivered Meals (**HDM**) – meal delivery services
- Home Delivered Services (**HDS**) – Skilled Nursing Services (**SNS**) and personal support in the client's home
- Personal Support Services (**PSS, PSSX, CD-PSS**) – personal care, support, and respite services in the client's home. Some respite care is available for full-time caregivers. Eligible consumers may choose Consumer Directed Personal Support Services (CD-PSS) to hire and supervise their own worker(s), for personal care and in-home services.
- Out-of-Home Respite Care (**OHRC**) – temporary relief for the individual(s) normally providing care (service numbers are included in the PSS total in the graph below).
- Tailored Care for Caregivers (T-CARE®) was implemented in 10 of 12 AAAs in SFY2011. The assessment and care plans are designed to meet the needs and support the caregivers of CCSP Clients.

Seventy-three percent of CCSP clients use Personal Support Services. The service accounts for 69% of total CCSP expenditures. Alternative Living Services ranks second in expenditures (12%). Forty-six percent of CCSP clients use the Emergency Response Services (accounting for 1% of CCSP Medicaid expenditures).



[1] Duplicated client count: clients may receive more than one service.

CCSP Success Stories SFY 2011

- Personal Support Services eXtended, Home Delivered Meals
  'As the primary caregiver for my 106 year old mother, CCSP has been life saving for me by providing an aide to assist my mother each day. I am a strong supporter of this federally funded program because it allows seniors to maintain health care in their home rather than being forced into a nursing facility. Most important is the assistance, home visits and cooperation of the Care Coordinator that helps to provide a healthy, pleasant and safe home environment for my mother.'

  Caregiver daughter age 69, Female consumer age 106 receives PSSX, HDM Madison, Northeast GA AAA

- "I feel so blessed to have this program. Before you came out to first see me, I thought there will never be a way that I could stay home and still be okay. I can't cook like I used to and bathe myself good. And if I fell down, there would be no way I could get to the phone to get help. Now, y'all help me with all that."

  Consumer age 80 receives ERS, ADH, PSS Tennille, Central Savannah River AAA

- “As the primary caregiver, I have been very pleased with consumer direction and it has been the most wonderful thing to ever have happened. I feel my mother would have been in a nursing home a long time ago had it not been for the service. Her quality of life is so much better living at home. Since my mother is unable to speak and make her wishes known, it has been good to hire a specific person who understands my mother and is able to care for her. Being able to have the flexibility in scheduling the aide when I need her has relieved me of much stress and given me the ability to take care of myself and that allows my mother to remain in the community.”

Caregiver daughter age 67, Female Consumer age 88 receives CD-PSS, ERS Madison, Northeast GA AAA

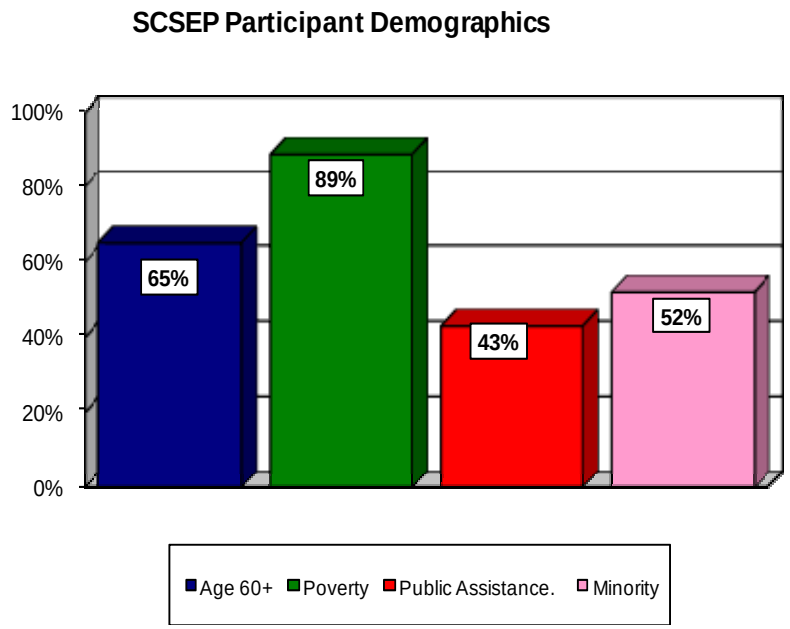
Section 7

Older Americans Community Service Employment Program

The Senior Community Service Employment Program

The Senior Community Service Employment Program (**SCSEP)** provides useful part-time community service assignments and training for unemployed, low income older Georgians and helps them obtain paid employment. While participants develop job-related skills and earn minimum wage, the community directly benefits from the work they perform.

Persons Served



Although participants can be as young as 55 years of age, 60% were over age 60.

Eighty -Nine percent (89%) of persons enrolled had incomes below the federal poverty level.

Forty-Four percent (44%) of current enrollees were receiving public assistance.

Fifty-Five percent (55%) of enrollees were minorities.

Examples of Outstanding Accomplishments

- Exceeded the required Community Service goal of 50% required by USDOL; achieved 86.8%
- Exceeded the required Entered Employment rate of 58.0% by USDOL; achieved 60.8%.
- Exceeded the required Retention Rate of 70.0%; achieved 75.7%
- Exceeded the required Service Level goal of 100%; achieved 153.7%
- Program participants provided 401,093 hours of Community Service while training in the SCSEP program.
- Georgia SCSEP received the 1st place , Customer Service Award, presented by the Georgia Association of Workforce Development Professional- Georgia Chapter
- Georgia SCSEP received 2nd place Customer Service Award presented by the International Association of Workforce Development Professionals

Community Benefits

Participant wages contribute to the local economy and reduce dependence on public benefits programs. Participants provided over 401,093 hours of service to community organizations.

The most common job assignments were in organizations providing social service programs and schools, followed by services to the elderly.

Challenges and Directions for the Future

Increase opportunities for job skills training and employment as follows:

- Our mission is to create and sustain a statewide network of professionals who provide programs and services for older workers, to promote and support cooperation, coordination, collaboration, and co-enrollment of participants in these programs and services. GA's Older Workers Network (OWN) promotes employment for older workers in Georgia through its various and regular activities that allow for regular coordination, informational and training activities for GA's OWN members, while emphasizing the positive qualities of older workers.
- We will continue to emphasize the SCSEP priorities of serving those over 60, veterans and spouses of veterans, those with the greatest economic need, those who are minorities and those with the greatest social need. We continue to collaborate with agencies which serve veterans, persons with physical and mental disabilities, language barriers, and cultural, social, or physical isolation brought about by racial or ethnic status or poverty level income. We expect to work with those organizations to facilitate providing needed services to special populations at One-Stop Centers.
- Develop additional partnerships with other workforce development agencies, programs, and employers.
- Develop and implement recruitment strategies and materials that target older job seekers who are most in need and who have poor employment prospects.

A SCSEP Success Story

Mr. V is a 61-year-old SCSEP participant who was forced to live with his son's family after losing his job. Mr. V's son, while providing for his own wife and four children, was struggling to also providing shelter, food and financial support for Mr. V. The situation was dire and Mr. V was at-risk of homelessness.

As Mr. V sought employment on his own, he was unable to pass any tests necessary to obtain employment in his desired field. His marketable job skills were not up-to-date. Unfortunately, his living in a socially and economically isolated rural area where job opportunities were extremely limited, and his not being able to pass the required tests made his job prospects even lower.

On March 31, 2011, Mr. V submitted his application for the Senior Community Service Employment training program. He was assessed, deemed eligible, enrolled and placed at Sunset Elementary School as a custodian.

The principal of Sunset Elementary saw that Mr. V was an excellent worker - reliable, honest -and hired Mr. V on July 26, 2011, as a full-time employee starting at $8.25 per hour. Since then, Mr. V has been nominated by his employer for Georgia's Older Worker Network's Older Worker of the Year Award.