

Fiscal Year 2010 Just the Facts
Georgia Division of Aging Services



AgeStrong! LiveLong!

Dr. James Bulot, Director



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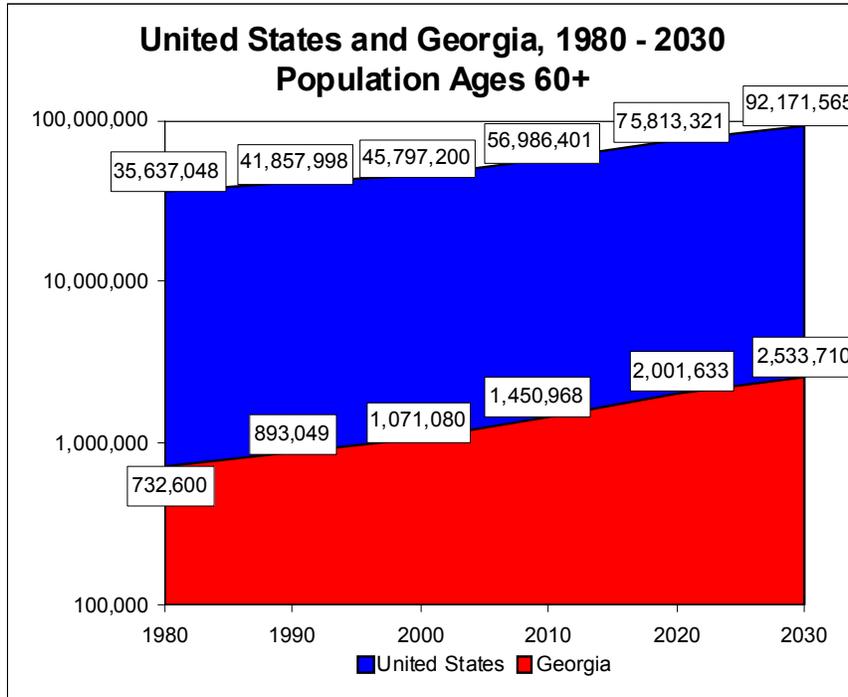
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Aging Trends in Georgia

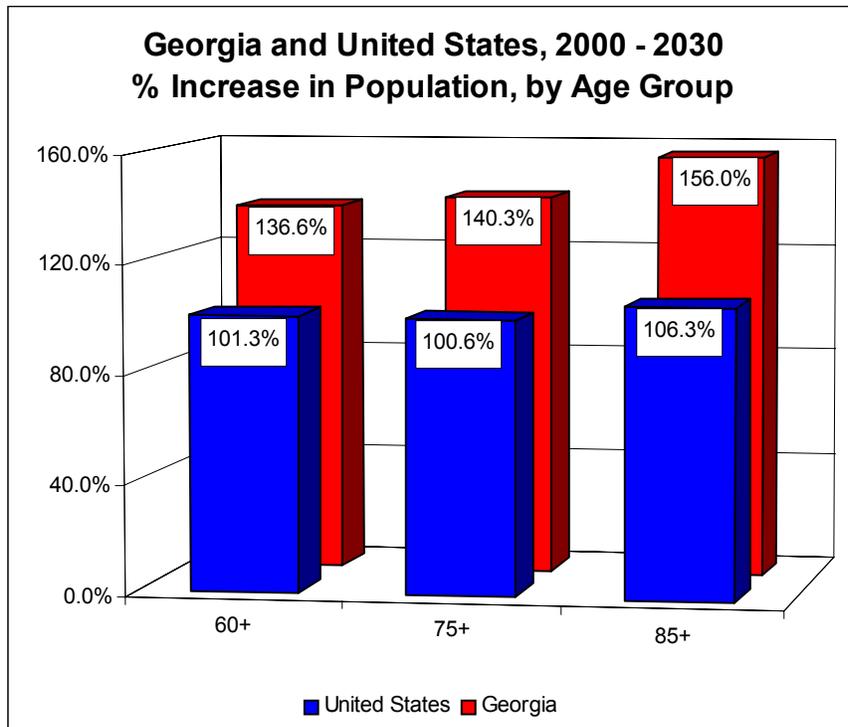
GA DHS Division of Aging Services and the Aging Network



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

- Georgia has the ninth fastest growing 60+ population and the eighteenth fastest growing 85+ population in the United States.

- Georgia's population ages 60 and above is expected to increase 62.5% between 1990 and 2010*, from 893,049 persons to 1,450,968 persons.



- Georgia's population ages 85 and above is expected to increase 114.6% from 1990 to 2010*. Those 85 and above are by far the fastest growing group, projected to total 122,818 in 2010.

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

*2010 Census data not yet released

Section 1

Providing a Foundation of Home and Community-Based Services

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 American's 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 more vulnerable than the overall population of older Americans, and Older Americans Act clients tend to be among the oldest of the old.

Nutrition and Wellness Programs

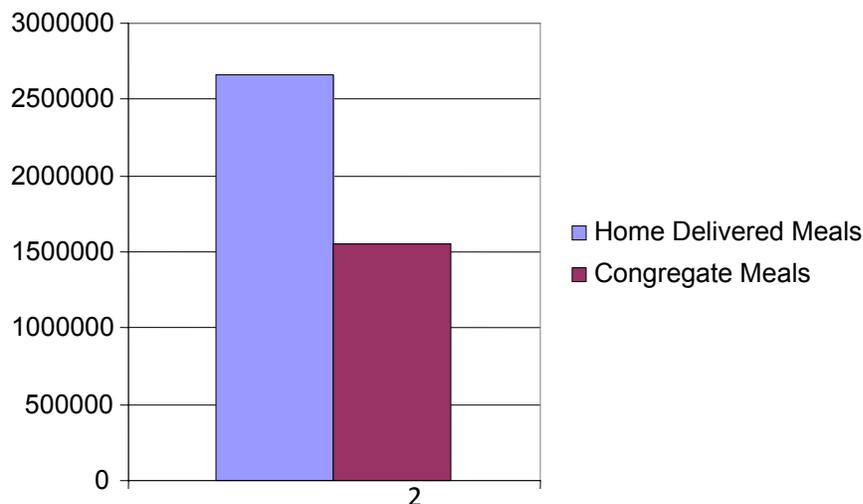
"Living Longer, Living Well" – The Nutrition and Wellness Programs are aimed at increasing the ability of older adults to perform everyday activities and remain living in their own homes. Activities are focused on health promotion and disease prevention. Services are designed to improve nutrition and 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, Diabetes Association of Atlanta, Georgia Extension Service, Georgia Commission on Women, Georgia Osteoporosis Initiative, Division of Public Health, AARP, American Cancer Society, Parks & Recreation, Administration on Aging and NCOA, etc.

SFY 2010 Total Meals Served: 4,217,195 (congregate meals : 1,551,693 and Home delivered meals : 2,665,502)

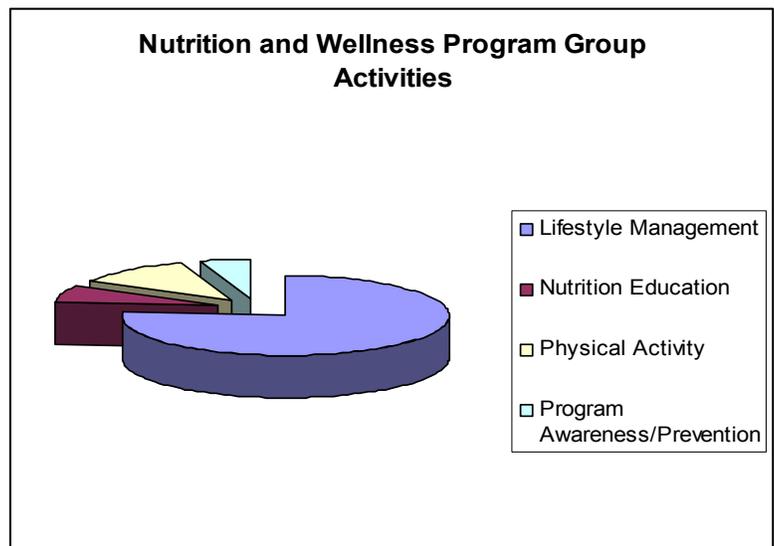
Nutrition Program



- ✓ Home Delivered Meals served to 13,408 persons
- ✓ Congregate Meals served to 11,562 persons
- ✓ More than 3,000 persons served with these individual services:
 - Exercise and Physical Fitness
 - Medications Management
 - Nutrition Counseling
 - Health Related and Health Screening
- ✓ Physical Activities included chair exercise, dancing, aerobics, walking, weight exercises, water aerobics, yoga, etc.
- ✓ Lifestyle Management included recreation, safety, therapeutic activities, and tobacco cessation
- ✓ Program Awareness/Prevention included community events, distribution of materials, medications management, immunizations and group screening activities
- ✓ Nutrition Education included 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 2009-2010, Live Well Age Well web site had 40,628 hits (3,386 average per month), 79,796 pages viewed (6,650 pages viewed average per month), 35,047 unique visitors (2,921 average per month). Most frequently visited information sections on the web site included: 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 Division of Public Health administered 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.

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.

Over 100 workshops will be offered. Expansion to other regions, namely SOWEGA, Southern Crescent, Northwest and Legacy Link, with local level Public Health partnerships, will be made possible through a Master Trainer training, facilitated by Stanford Trained, top-level "T-Trainers."

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 332, 000 physical activity opportunities were offered through the aging network during the 2010 fiscal year.
- ✓ More than 15,000 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 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.
- Implemented a pilot project with grant funding from AOA and NCOA to implement the Stanford Model of Chronic Disease Self Management, a widely recognized evidence based health promotion program. Five of the 12 Area Agencies on Aging are participating in this two-year project and others will be partnering to spread this program across the state.
- Develop strategies to plan and implement additional evidence based health promotion programs

- Coordinate efforts with UGA, 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).

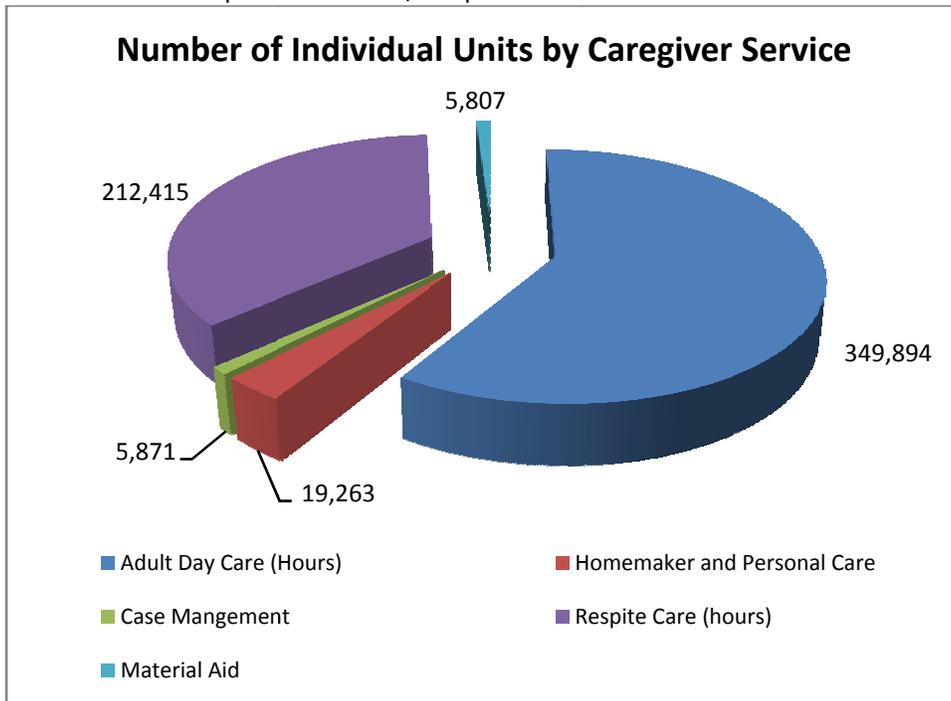
Caregiver Programs and Services

Overview

Georgia’s aging network continues to expand the array of services needed to support family caregivers. During SFY 2010, 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).

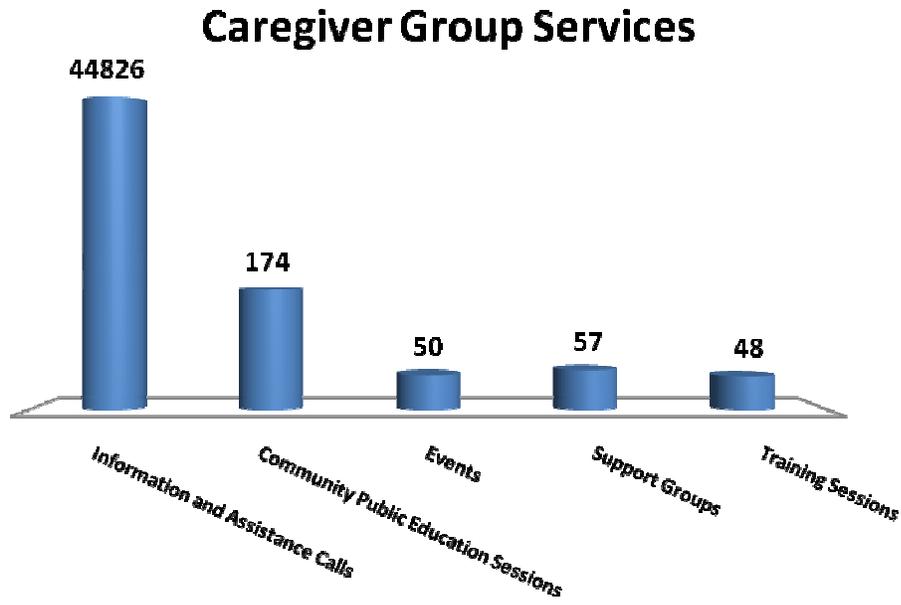
Caregivers Served

- ✓ *Individual services documented included:*
 - Adult Day Care provided to 915 persons
 - Respite Care provided to 1,820 persons
 - Material Aid provided to 161 persons
 - Case Management and other services provided to 868 persons
 - Homemaker & personal care 4,706 persons



Caregiver Group Services documented to over 279,150 duplicated persons included:

- Information and assistance which links caregivers with needed resources - 36,477 Calls
- Community public education sessions events -130
- Support groups - 43
- Events - 35
- Education/training sessions for caregivers – 26



Success Stories

- Mr. D is 90 years of age, and is the caregiver for his spouse. Mrs. D. has Alzheimer’s and limited mobility. Mr. D. has been receiving Alzheimer’s Respite for the past three years and he expresses great gratitude for the service. He has a strong desire to keep his spouse of 68 years in their home in middle Georgia. So far he has been able to with the assistance of the respite program. He states that the aide not only cares for his spouse, she also assists with household chores, which lessens his workload so that he is able to provide more personal attention to his wife. Mr. D states the service providers are professional. They treat them like they are “somebody” special. Mr. D feels that the aide and his wife have great rapport; he stated, “she can get her to eat even when I can’t!” He feels the respite service allows him time to relax and run errands. Overall, Mr. D states that being a caregiver is very challenging, but if he was able to make it through the Great Depression, then he can make it through anything.

- Mr. C. is an 86-year-old retired Navy officer in Metro Atlanta who was taking care of his 82-year-old wife with end-stage Alzheimer's dementia. He was getting some family assistance from his daughters who live out of town and would come in to help every other weekend.
- The TCARE® caregiver assessment revealed that the caregiver was experiencing some depression and isolation. He was not overly burdened by the care giving itself because of the strong uplifts, as demonstrated by his love for his wife. He was feeling some identity discrepancy because he missed being able to carry on conversations with his wife across the dinner table.
- The assessment protocols recommended that we try to arrange for him to join an Alzheimer's support group, as well as finding some sitters to assist on Sunday morning so that he could go to church and reconnect with some of his old buddies. He also took the recommendation to check in with his personal doctor about his depression. We were able to arrange some CCSP services to actually assist mornings to get his wife ready for the day, and so that he could do some yard work that he had enjoyed, but was not able to do for a long time. He expressed appreciation for the fact that someone was paying special attention to him as the caregiver and giving him some additional support in taking care of his wife. With the additional support he was able to care for his wife until she passed away.

Accomplishments Highlighted

TCARE®

The Division of Aging Services and participating partners have concluded participation in two evidence-based research projects on TCARE® (Tailored Care), which is a process that provides guidance for understanding caregivers's needs, strategically selecting and recommending services, consulting with careivers, and creating a care plan that caregivers will embrace and follow.

Partners in the Georgia project, funded by the U.S. Administration on Aging, are the University of Wisconsin at Milwaukee, the Atlanta Regional Commission Area Agency on Aging, Coastal Georgia Area Agency on Aging, Southeast Georgia Area Agency on Aging, and the Alzheimer's Association, Georgia Chapter.

The second TCARE® evidence-based research project, funded by the Alzheimer's Association and coordinated by the University of Wisconsin, was implemented in four states (Georgia, Michigan, Minnesota, and Washington). Georgia partners include Central Savannah River Area Agency on Aging, Heart of Georgia Area Agency on Aging, and Coastal Georgia Area Agency on Aging.

Findings from the Georgia study demonstrate that TCARE® lowers stress burden¹, depressive symptoms, and identity discrepancy². Findings from the four state study replicated a decrease in all of the areas

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.

identified above, and additionally showed a decrease in relationship burden³ and intention for nursing home placement.

Future Directions and Opportunities

TCARE®

Two evidence-based studies have been submitted to a peer-reviewed journal and are expected to be published in 2011. Based on the findings, the Division of Aging Services and the twelve Area Agencies on Aging will be implementing TCARE® throughout the state. Training for care managers and Gateway (intake and screening) staff will occur in 2011.

GEORGIA REACH

The Georgia REACH Program serves 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 and the Georgia Division of Aging Services, and 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 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.

NEW YORK UNIVERSITY CAREGIVER INTERVENTION (NYUCI)

The Rosalynn Carter Institute is partnering 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.

³ Relationship burden-caregivers's perception that the care receiver makes demands for care and attention that are over and above an appropriate level.

Home and Community Based Services

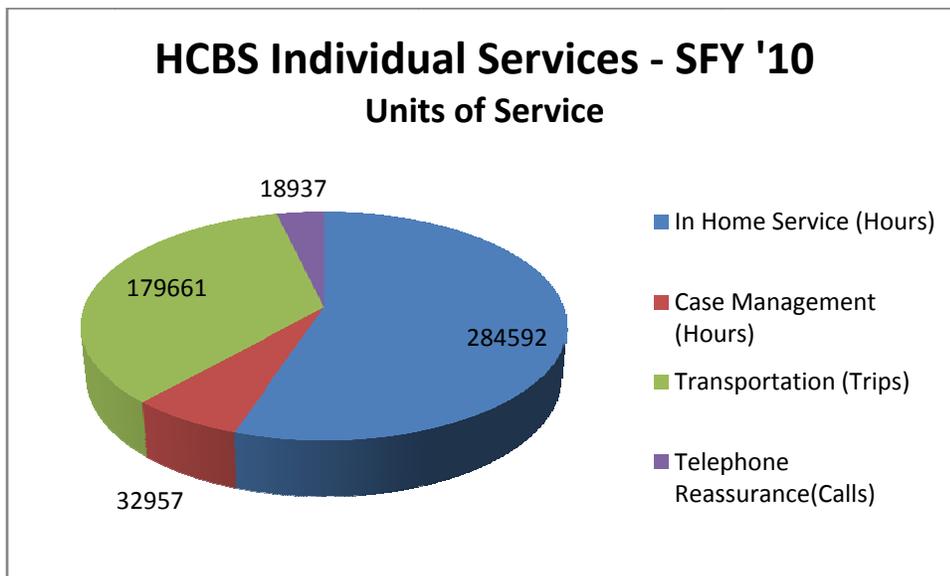
Overview

The Home and Community Based Services (HCBS) program makes available a variety of services to individual consumers, and to groups of consumers, to support and assist older Georgians in staying in their homes and communities. These services support older persons and their families in living longer, living safely and living well. In SFY 2010, 36,100 individual consumers received at least one HCBS individual service. 14,235 clients received more than one service for a combined total of 50,535. Services are delivered consistent with the Department’s moral imperative that “government is a resource to, not a replacement for, families.”

Partnerships

The Division of Aging Services contracts with the 12 Area Agencies on Aging (AAA) for the provision of Home and Community Based Services based on the needs of older Georgians in their planning and service area. AAAs sub-contract for service delivery with a network of approximately 250 organizations including cities, counties, for-profit and non-profit providers in Georgia.

Consumers Served



- ✓ In-Home Services included Emergency Response System Install and monitoring, Friendly Visiting, Homemaker, Personal Care to 4,157 clients
- ✓ Transportation provided to 2,062 persons
- ✓ Case Management assisted 8,225 persons
- ✓ Telephone Reassurance was provided to 464 persons
- ✓ Group services were provided to over 455,135 persons. (Duplicated client count; clients may receive more than one service)

Section 2

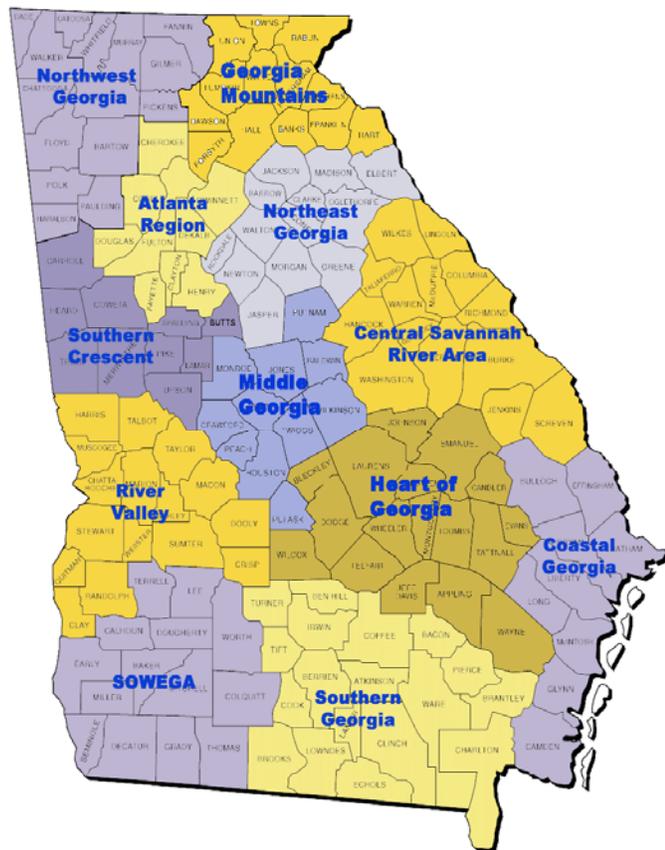
Modernizing Long-Term Care

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 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 publicly 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 10 there were nine AAAs and three DBHDD Regions operating as ADRCs with the help of state and federal funding.

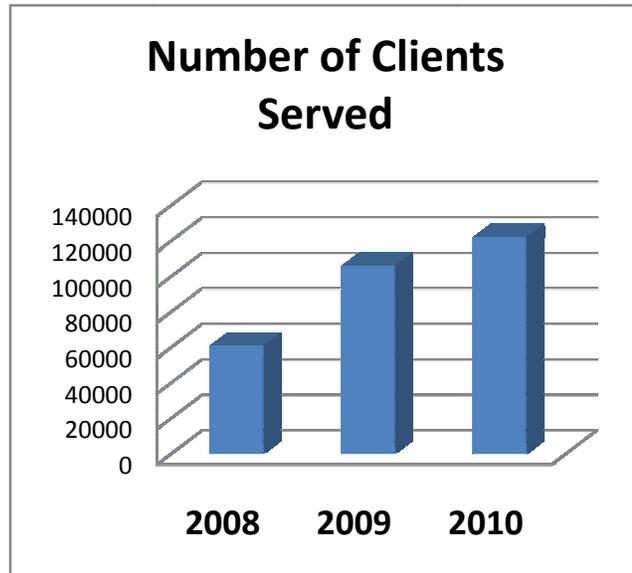


ADRC Partners

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 10** the nine ADRC sites served **59,659** older individuals looking for a variety of home and community based services.
- During the same time period a little more than **45,562** individuals with developmental, physical, or behavioral disabilities contacted the ADRC seeking information about long term care options.
- The ADRC sites served over **122,234** clients seeking LTC options for seniors and individuals with disabilities.



Examples of Individuals Served by ADRCs

The ADRC was initially contacted by an eighty-year-old man requesting monetary assistance after experiencing a significant decline in his health that impacted his ability to financially care for his family. He and his seventy-six-year-old wife have shared responsibility for their fifty-eight year-old son with a developmental disability while their grandson has been stationed at a military base in Korea. During the interview with ADRC staff, the man expressed a desire for the grandson to return to a stateside military assignment.

The ADRC referred the family to the DBHDD partner. The DD/Aging Specialist conducted a home visit and extensive interview with the family. The family identified three specific needs during the interview. The primary need identified was for the grandson's reassignment to a stateside military base, which would alleviate the physical, emotional, and financial stress the family has experienced. Their health has significantly declined and they have been unable to pursue needed medical interventions due to their responsibility to the son with a developmental disability. The second need was for this son to obtain Social Security Benefits and, the third need identified by the family was assistance with utility bills.

The DD Specialist contacted the grandson stationed in Korea to determine the possibility and pathway of reassignment stateside. A letter from his grandfather's physician sent to the Commanding Officer was deemed insufficient for consideration for a transfer. The grandson was not hopeful that such a transfer would occur since there were only ten days left to comply with the requirements.

DD, in conjunction with the AAA/ADRC began compiling the needed information to request a stateside reassignment so that this family's priority need would be addressed. The information was transmitted electronically to the Commanding Officer in Korea, and, the grandson was subsequently temporarily reassigned to a stateside base to complete the second leg of paperwork in requesting a humanitarian transfer. On a side note, during his assignment home, his grandmother underwent a much delayed knee replacement.

ADRC Expansion

In FY10 the Division of Aging Services applied for and received federal funds to add three additional AAAs bringing the total to nine areas served. In FY11 the Division reached the goal of funding all twelve areas as ADRCs and through redistribution of state funds will be able to add a fourth position in DBHDD providing an Aging & Disabilities partnership in all areas of the state.

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 "possibly leaving the nursing home." ADRC Screening Specialists began providing Options Counseling to residents in nursing homes about resources that may help them to return to the community.

Section 3

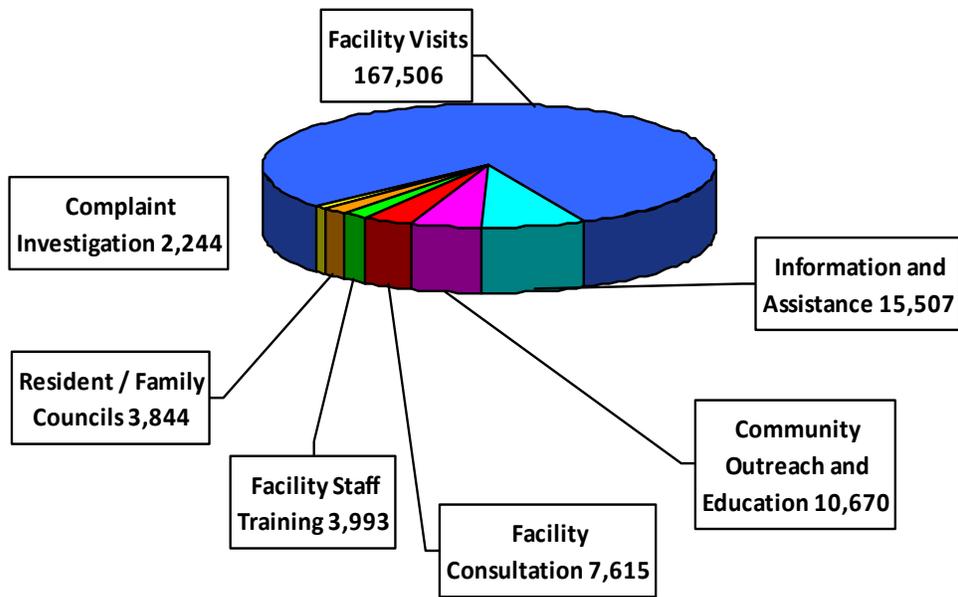
Enhancing Elder Rights Programs

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 Program

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 by Type of Service SFY10



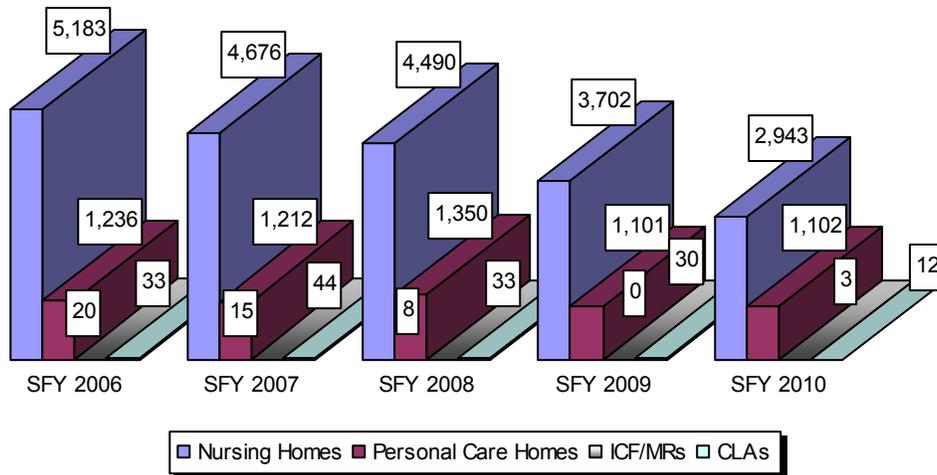
Persons Served

In SFY 2010, the Long-Term Care Ombudsman Program served 211,379 persons. Seventy-nine percent of these individuals were served during ombudsman visits to facilities. This represents an average of 2.3

ombudsman visits for each resident bed during the year. Over 15,500 individuals received information and assistance regarding long-term care options, public benefits, residents' rights, etc.

Complaints Handled by Ombudsmen

In SFY 2010, the Ombudsman Program received 4,060 complaints.

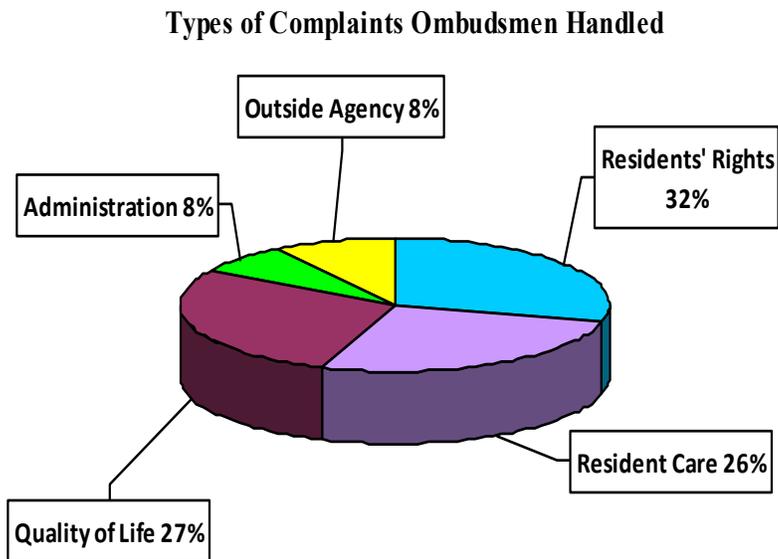


Ombudsmen received an average of 1.8 complaints per complainant for investigation.

Ombudsmen achieved **satisfactory outcomes for 94%** of complaints in SFY 2010.

Types of Complaints

Residents' rights (32%), quality of life concerns (27%), and care issues (26%) accounted for almost 85 percent of the complaints received by ombudsmen in SFY 2010.



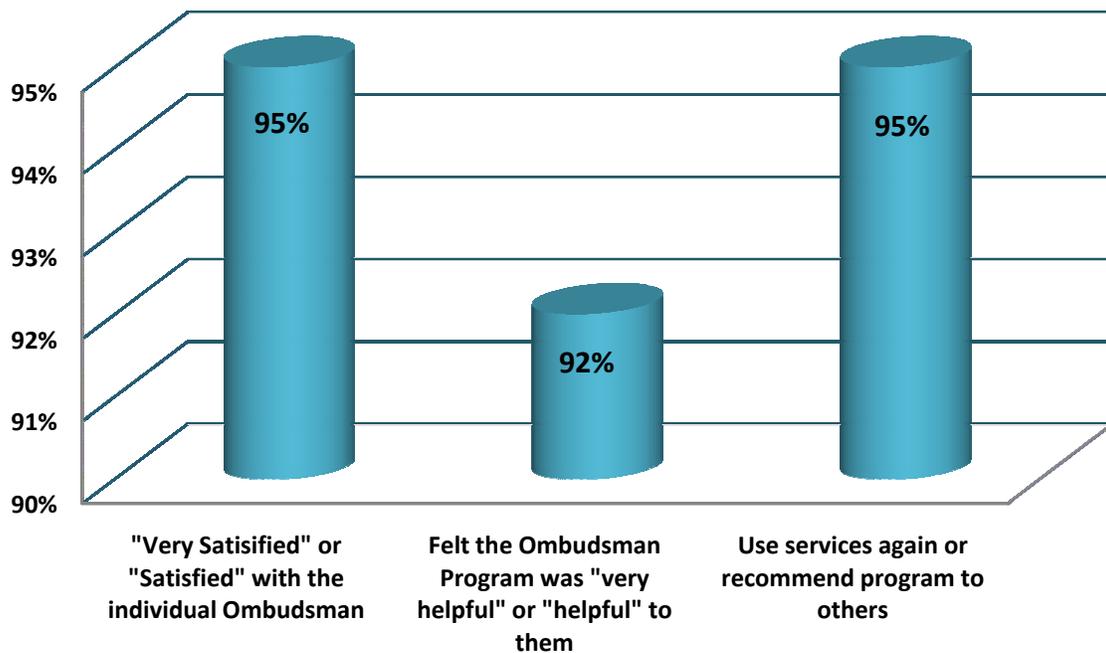
LTCO Accomplishments

Advocated for long-term care residents, including:

- Supported federal provisions for fairness in nursing home arbitration procedures and nursing home transparency measures.
- Supported state legislation to allow flexibility in providing health maintenance activities to individuals with disabilities.
- Testified on behalf of state legislation to expand authorized persons under medical consent law.
- Advocated for state standards and enforcement on nursing home ventilator services
- Advocated for state consumer protections in the assisted living 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 (helping transition nursing home residents into community settings)
- Advocated for Older Americans Act reauthorization language to strengthen the Long-Term Care Ombudsman Program

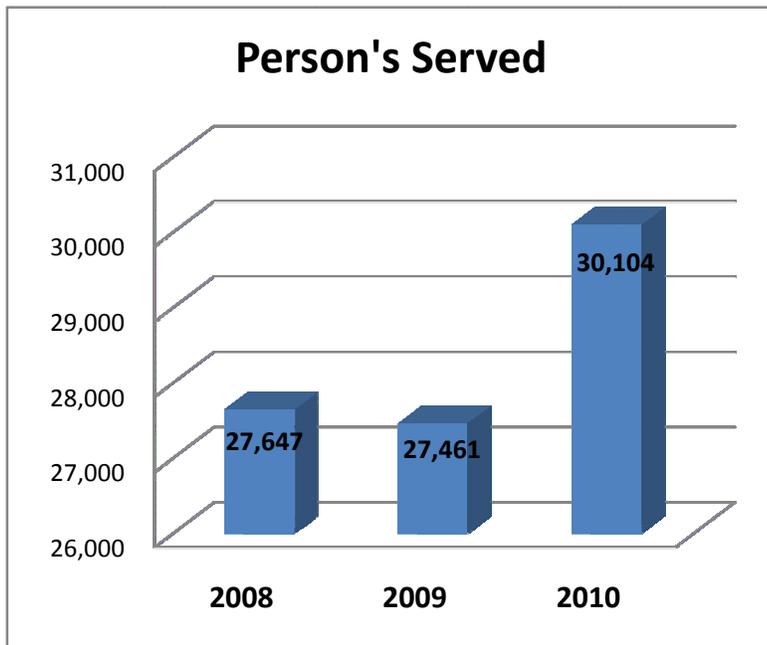
- Advocated for provisions of the Elder Justice Act and Patient Safety and Abuse Prevention Act, many included in the bill passed on Health Care Reform
- Educated state executive and legislative branch officials on appropriate uses of Civil Monetary Penalty funds
- Completed a statewide Customer Satisfaction Survey Program Evaluation
- Celebrated 30 years of our statewide program in Georgia! Helping us celebrate were: a legislator who sponsored the first ombudsman legislation in 1979 (Cathey Steinberg), the Administration on Aging Ombudsman Specialist, and a Georgia ombudsman who has been certified for more than 30 years.
- 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.
- Awarded mini-grants for local LTCO programs to host long-term care worker training and recognition events.
- The Office of the State Ombudsman together with the Program Integrity Section of the Division of Aging Services, completed our second customer satisfaction survey.

Customer Satisfaction Survey



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

30,104 seniors received legal representation, information and/or education during SFY2010.

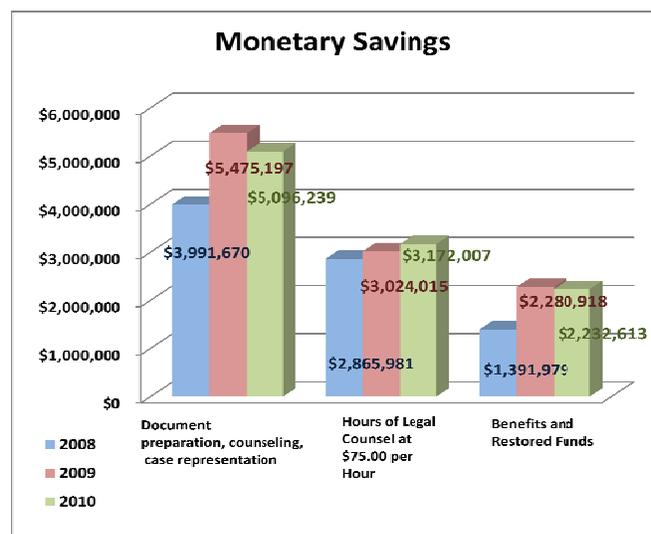
End-of-Life Planning, Collection, Bankruptcy and Debt Relief, and Medicaid and Nursing Home Medicaid issues were most prominent areas of need for seniors. ELAP continued to see an increase in requests from children and family members out of state seeking legal assistance for elderly parents in Georgia.

Monetary Benefits Realized

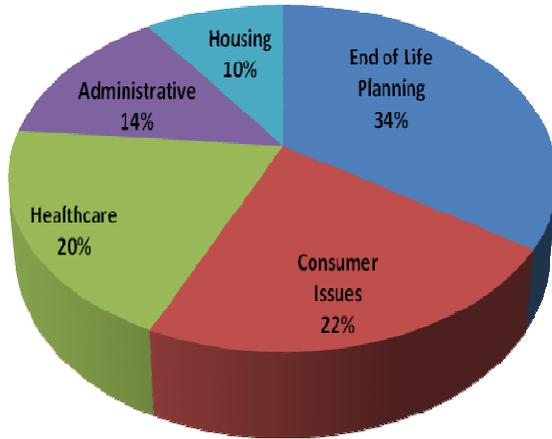
In SFY 2010 ELAP saved older Georgians \$5,096,239 by providing document preparation, legal counseling and case representation.

An additional \$3,172,007.25 was saved by providing more than 42,293 hours of legal counseling provided, calculated at a very conservative \$75.00 per hour.

More than \$2,232,613 was obtained in benefits and restored funds for older Georgians through the work of ELAP.



Top Five Categories of Closed Cases



the event of impaired or complete loss of capacity by seniors and putting tools in place to protect the senior's health care placement setting in the final stages of life.

ELAP Community Education Offered

Community education is a method of prevention that helps seniors avoid more costly, time consuming legal problems. In SFY 2010, 22,208 seniors attended 645 legal education sessions conducted by the Georgia Elderly Legal Assistance Program.

The top ten topics covered in community education sessions in SFY 2010 were:

1. Legal Services for the Elderly
2. Last Wills and Testaments
3. Public Benefits
4. Consumer Fraud & Scams
5. Medicare & Medicare Part D)
6. Advance Directives
7. Elder Abuse, Neglect & Exploitation
8. Consumer Finance & Debt Collection
9. Health Care Law
10. 2010 Census & Scams

Top Five Primary Case Types Closed-SFY 2010

The areas of Consumer and Healthcare consist of issues such as mortgage modification, foreclosure prevention, debtor relief, protection of federally protected incomes from attachments and garnishments by creditors and banking institutions as well as assistance with denials of Medicaid eligibility and Nursing Home Medicaid eligibility.

End-of-Life Planning, remained a constant 34% of all cases closed. Cases involved assistance with making advance arrangements to have wishes followed in

Administrative – Social Security, Food Stamps, Disability

Consumer – Foreclosure, Mortgages, Debt Relief

End of Life Decisions – Georgia Advance Directive for Healthcare, Financial Powers of Attorney, Qualified Income Trusts

Health Care – Medicare, Medicaid, Nursing Home & Personal Care Home Issues

Examples of Older Georgians Whose Lives ELAP Impacted

- A 76 year old client with health coverage from former employer, State of Georgia, was penalized for allegedly not enrolling in Medicare Part B timely. An additional \$300 was withheld from her pension from 7/09 forward. The client claimed she never received notice of the enrollment requirement. ELAP contacted SHBP which agreed to refund premiums to the client in exchange for the client agreeing to enroll in Medicare Part B after 1/1/10. The client was refunded \$1,800 and the ongoing \$300 penalty deduction was terminated.
- A Client was 70 years old when she initially requested ELAP assistance in reversing the denial of Adoption Assistance funds for four great-grandchildren she adopted in 2000. ELAP appealed the decision and after several levels of appeals obtained eligibility for ongoing and retroactive benefits in the amount \$96,000. After years of public housing, the client was able to purchase a house in which to raise her four great-grandchildren. The case was closed after five years of ELAP representation; 9 years after the client first adopted her great-grandchildren.
- A 65 year old client contacted ELAP for assistance with a housing issue. During the course of investigation, ELAP noticed that the client was only receiving \$361 in SSD, but receiving no SSI although she appeared eligible. After further investigation, the SSA indicated that the client had never applied for SSI; ELAP advised she do so. The client was found eligible but only for \$108 which was still less than the maximum amount. ELAP investigated further and discovered that the SSA was penalizing client because their records showed she lived with her daughter and the daughter's alleged support was counted towards client income. The client recently moved to her own place and ELAP advised the client to report this to the SSA. She did and the client's benefit of \$108 was increased to \$333 per month. The client's monthly income increased from \$361 to \$694 and she became eligible for full Medicaid coverage.
- A 61 year old client requested ELAP assistance with an over-payment (OP) notice from SSA. This was based upon allegations that the client's husband received too much in benefits from 01/2005 to 02/2008 and that he was not due these payments because he had been incarcerated during that time period. ELAP's investigation determined that the client's husband had in fact not been incarcerated and the OP had been assigned in error. The OP was waived and the \$36,611.00 recoupment was avoided.
- A 73 year old client was awarded a contingent interest in her ex-husband's military pension in a divorce settlement years prior. She called to check on the status and discovered that her name was not on the pension. She requested ELAP assistance. After investigating the matter through army personnel and upon the threat of litigation, the ex-husband was compelled to correct the pension beneficiary designation in compliance with the Court Order vesting the client's interest in the entitled pension benefits.

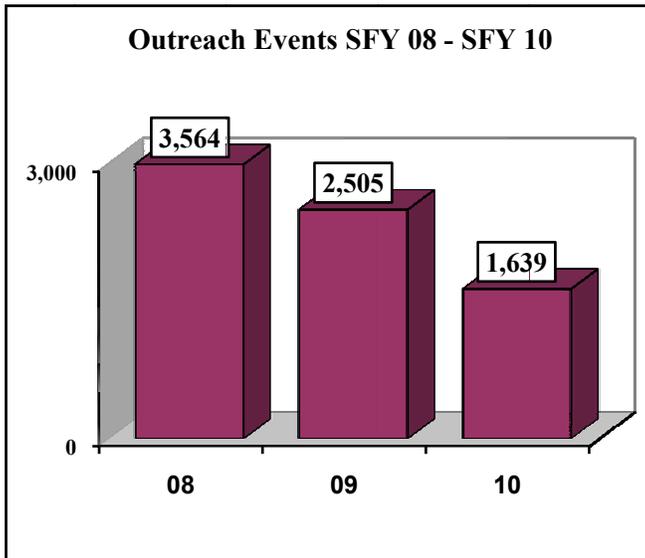
Section 4

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.

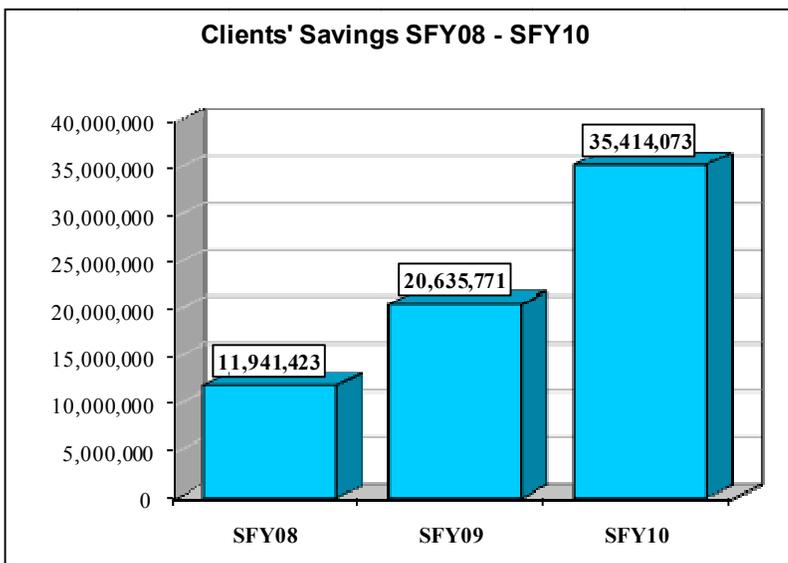
Outreach and Media Events



In State Fiscal Year 2010, GeorgiaCares conducted a total of 1,639 outreach and 470 media events to 2,205,438 individuals regarding health insurance information on Medicare, Medicaid, prescription assistance, Medigap, long-term care services, and other health insurance needs and Medicare fraud prevention.

275 trained volunteers served clients in SFY 2010.

A total of 33,626 clients received one-on-one counseling.



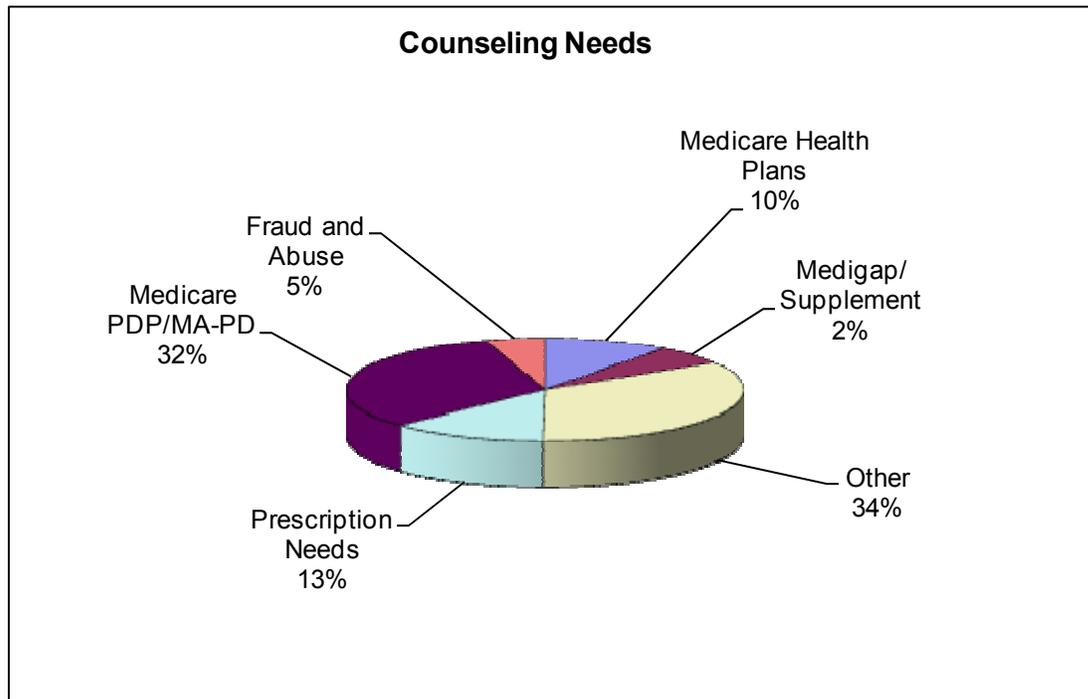
Reducing “Out-of-Pocket” Costs

Over the last three years, GeorgiaCares has enabled clients to save more than \$67 million in health insurance and related expenses.

In SFY 2010, GeorgiaCares saved beneficiaries \$35,414,073 in out-of-pocket expenses.

Types of Issues Addressed by GeorgiaCares

In SFY 2010, 45% of GeorgiaCares calls dealt with Medicare beneficiaries needing prescription assistance through Medicare Part C, Part D, and patient assistance programs.



Examples of Outstanding Accomplishments

- GeorgiaCares was highlighted at the 16th Annual SHIP Directors' Conference for its outstanding federal and state partnerships.
- GeorgiaCares' website (www.mygeorgiacares.org) was launched in November 2009.
- New brochure, postcard, and business card were developed.
- Collaborated with DCH and OIC to launch the Georgia Long Term Care Partnership. Developed brochure, booklet and one page fact sheet.
- GeorgiaCares was awarded a MIPPA Grant to target low income Medicare beneficiaries.

Challenges for the Future

GeorgiaCares will continue a large scale outreach campaign geared to educating and assisting Medicare beneficiaries regarding their benefits and fraud prevention.

GeorgiaCares provides services to all 159 counties in the state and will focus additional outreach endeavors on reaching underserved populations and the low income Medicare beneficiaries.

Section 5

Elder Abuse Investigation and Prevention

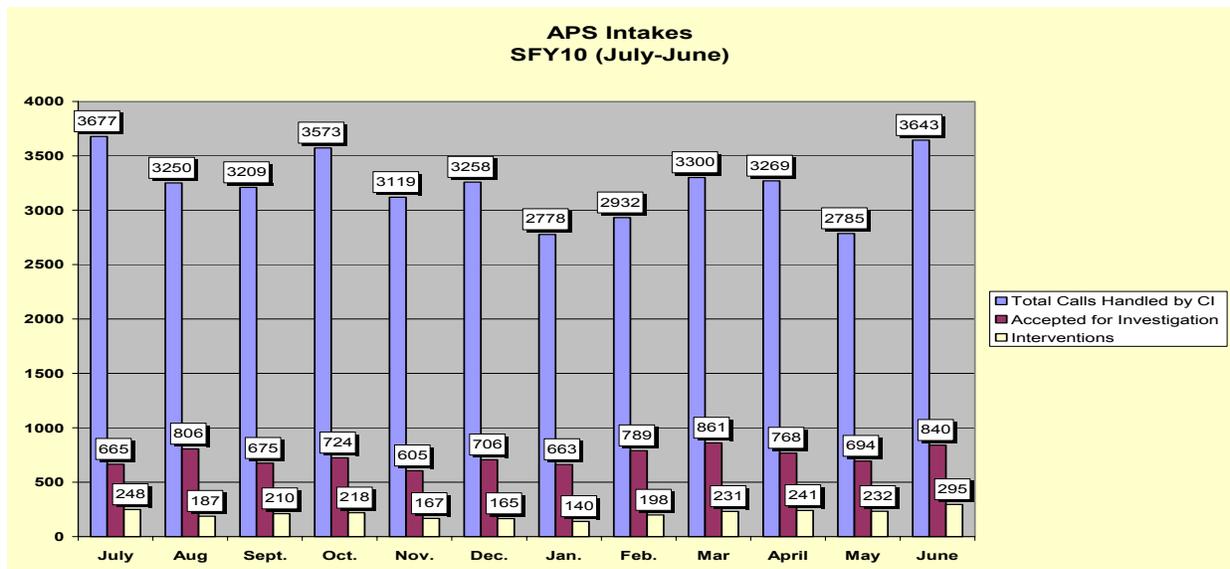
Adult Protective Services Program

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 and faxed reports to determine if the referrals meet the criteria for APS to investigate a case. If the criteria are not met, referrals are made to community resources including those in the aging network.



During SFY10, Central Intake staff handled:

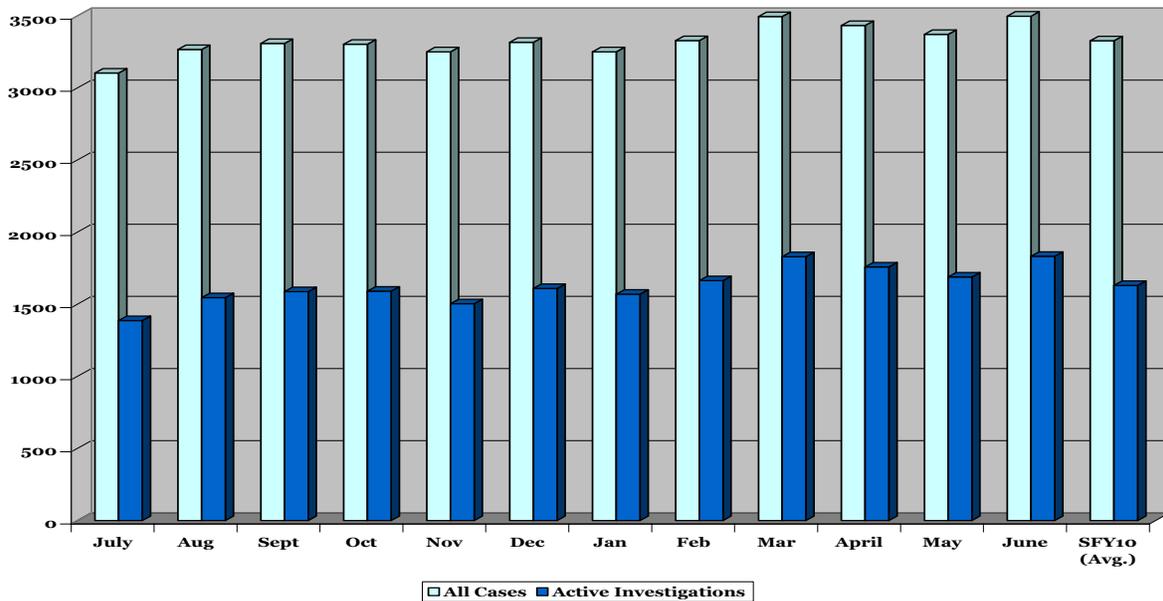
- A total of 38,793 calls on the toll free hotline.
- Twenty three percent of the calls (8,796) were accepted for APS Investigation.
- CI staff provided limited case management intervention services for 2,870 calls (7%) to address issues that did not meet APS criteria.

- The remaining 70% 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 five districts. 155 APS case managers handle both investigations and case management services for the statewide APS caseload.

APS Case Totals



APS averaged around 3,328 cases per month. APS Investigations comprise approximately 49% of all monthly APS cases. Caseload data represents unduplicated cases: active investigations are those active during the month.

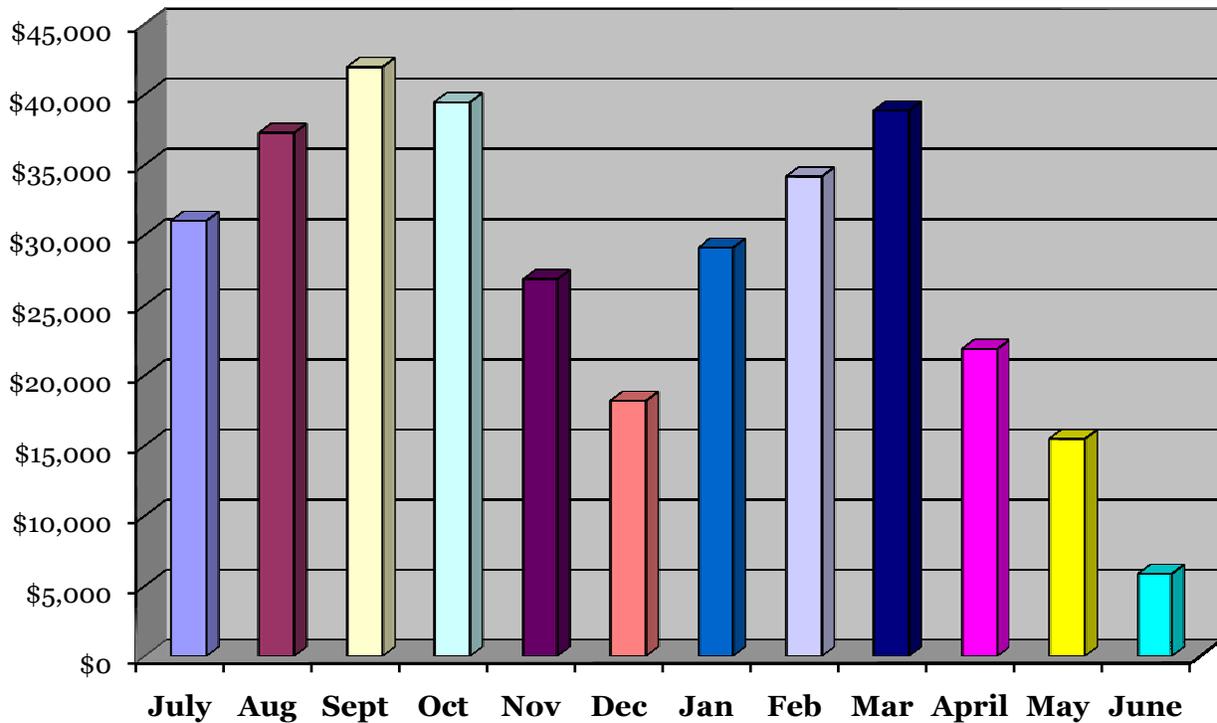
APS Guardianship Case Management

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 managed 740 DHS wards during SFY10.

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.

ERF Monthly Expenditures



Examples of Outstanding Accomplishments

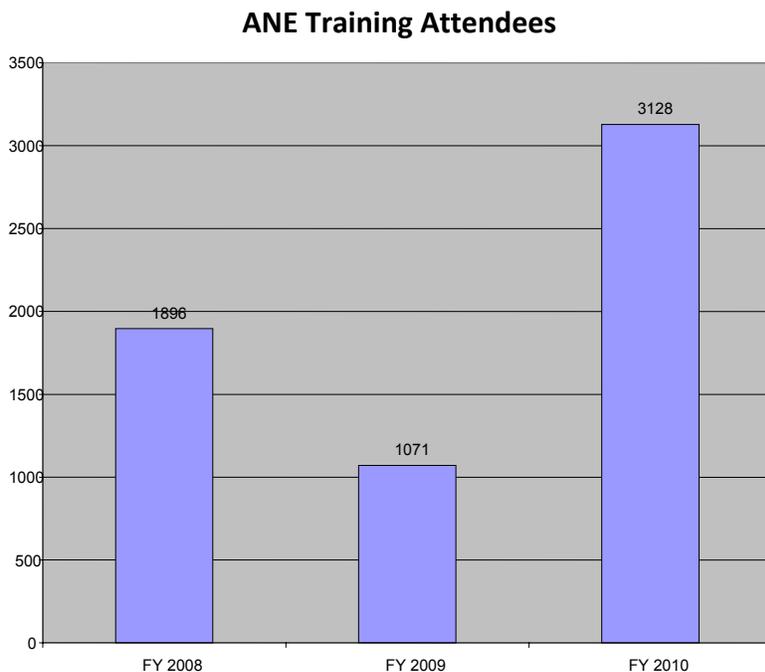
- APS enhanced the Central Intake function to include fax reporting of abuse, neglect and exploitation reports from mandated reporters to facilitate reporting by these entities. Reporting increased by 62% during this period.
- A statewide survey was conducted to determine the satisfaction levels of APS partners (e.g., law enforcement, judicial and community providers) with APS services. Overall, approximately 90% of APS partners “agreed or strongly agreed” that they had a positive working relationship with APS.

Forensic Special Investigations: Abuse, Neglect & Exploitation

The Forensic Special Investigation Unit (FSIU) of DAS was created in December 2006. In early 2007, a survey about **abuse of older adults or adults with disabilities (at-risk adults)** across the state revealed:

- Few cases of at-risk adult abuse being reported to law enforcement,
- Few cases of at-risk adult abuse resulting in arrests, thus,
- Few at-risk adult abuse prosecutions taking place.

Currently, the FBI estimates billions of dollars lost in financial crimes in GA. Older adults are often targets. Additionally, there are approximately 2.5 million at-risk adults in the state comprising almost 25% of the adult population, and yet abuse, neglect & exploitation of at-risk adults remains an invisible crime in GA.



DAS FSIU Goal: To support those who serve at-risk adult crime victims through:

- Technical Assistance
- Case Consultations
- Training
- Certification

Attendees:

Law Enforcement, Coroners, Deputy Coroners, Medical Examiner/Investigators, Prosecutors, Social Workers, ER nurses, & other Medical Personnel.

Beginning in 2010, DAS adopted a public health model to address abuse, neglect and exploitation. There are four components to a public health model:

PH Model

- 1) Identify the problem:
- 2) Identify risk factors:
- 3) Develop Interventions:
- 4) Deploy and assess interventions:

DAS FSIU Response

- Abuse, Neglect & Exploitation
- Surveys performed
- Multidisciplinary curriculum development
- Pending

In late 2010, an additional FSIU expert with vast experience in white-collar crimes including financial exploitation of at-risk adults came on-board.

NEXT STEPS

FSIU collaborates with, and provides technical assistance to, Adult Protective Services (APS) through case consultation and the Serious Incident Review Team. Continued collaboration occurs with the Elderly legal Assistance Program and the Long-Term Care Ombudsman to champion Elder Rights, and Elder Abuse Prevention efforts. One-day training courses will be developed for APS staff as ACT training rolls out during the upcoming fiscal year. During these trainings, FSIU will reach out to Elder Rights staff and 1st responders in the region for their participation.

Using the public health model, FSIU developed a curriculum geared to all first-responders, mandated reporters and aging network personnel with an emphasis on law enforcement.

The course curriculum, for certification through DAS will be known as the **At-Risk Adult Crime Tactics (ACT) Specialist** and be deployed in SFY 11. It is being developed in cooperation with:

- The GA Administrative Office of the Courts
- The GA Bureau of Investigation
- The GA Association of Chiefs of Police
- The GA Sheriff's Association, Inc.
- The GA Peace Officer Standards and Training Council
- The GA Prosecutor's Council
- The GA Public Safety Training Center

In addition to FSIU instructors, ACT certified instructors will deploy the course, allowing more individuals to become certified. ACT Specialists will:

- Be the "go-to" person in their agency and/or region regarding at-risk adult crimes.
- Have direct access to FSIU to provide real-time exchange of crime trends around the state.
- Have access to ongoing training opportunities.
- Be encouraged to participate in multidisciplinary councils in their region.

An emphasis on multidisciplinary approaches should increase collaboration between various agencies with diverse legal authority and priorities in order to address crimes against at-risk adults.

ACT Specialist Certification is a step towards **increasing the visibility of at-risk adult crime victims** and improving the protection of their person, rights, and assets.



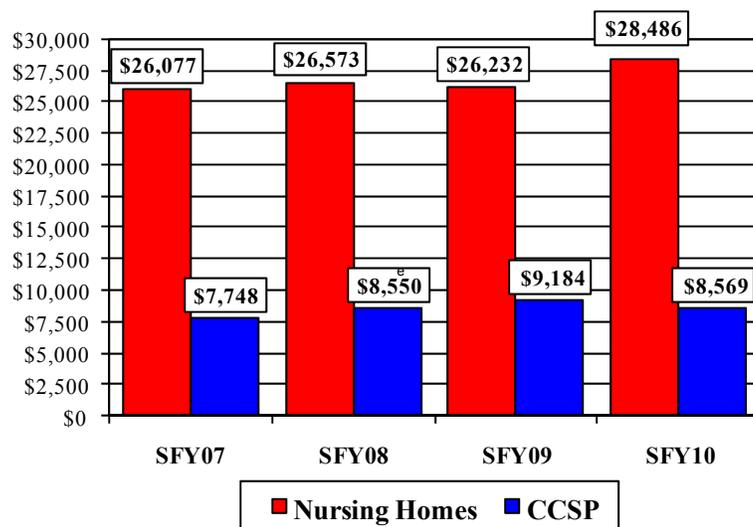
Section 6

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 28 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.

Medicaid Dollars Spent



Ninety-two percent of eligible consumers choose to participate in the community-based CCSP.

Dollars Saved

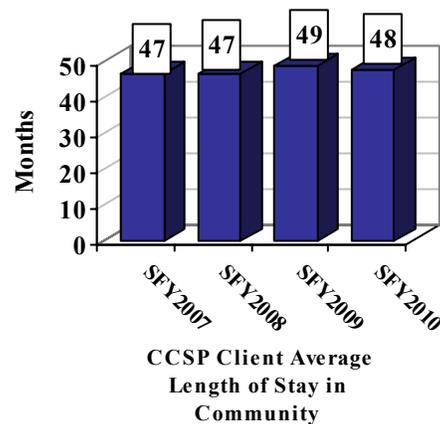
In SFY 2010 CCSP supported the choice of 12,762 Georgians to remain in the community, at less cost to Medicaid and by effectively delaying or avoiding more expensive nursing facility placement.

CCSP saved taxpayers \$19,917 per individual served in SFY 2010.

This is the average CCSP client service benefits cost and does not include care coordination or administrative costs.

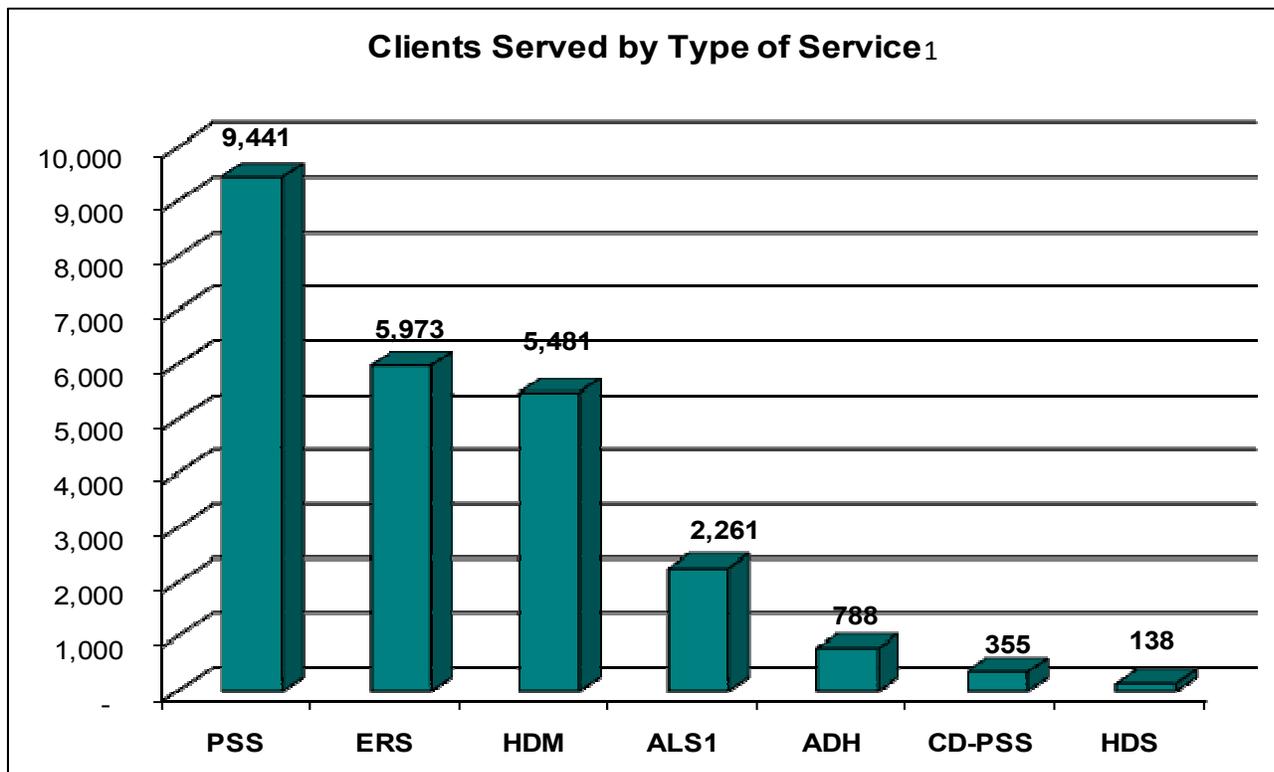
Consumers Served

Forty-nine percent of CCSP clients were 75 years of age or older; 25% were 85 or older, and 117 clients were age 100 or older in SFY2010. Twenty-two percent of consumers were under 60 years of age.



CCSP Services

- ✓ Adult Day Health (**ADH**) – health, therapeutic and support services in a day center
- ✓ Alternative Living Services (**ALS**) – 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**) – 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).



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

Seventy-four percent of CCSP clients use Personal Support Services. The service accounts for 70% of total CCSP expenditures. Alternative Living Services ranks second in expenditures (12%). Forty-seven percent of CCSP clients use the cost-effective Emergency Response Services (accounting for 1% of CCSP Medicaid expenditures).

CCSP Success Stories SFY 2010

➤ Gateway/ADRC

'We discussed what services each individual in the family is receiving and where the present gaps in services are. We discussed community resources and options, did screening for services eligibility. Cross referral between Gateway staff, the community agency and an ADRC board member streamlined information about the overall picture of the family situation. The outcome was that several agencies worked together effectively to provide services for an individual with developmental disabilities and his aging caregiver who has diabetes.'

Care Coordinator Waycross, Southern GA AAA

➤ Avoiding Institutionalization

"I cannot tell you what it means to me to be able to keep my mother in my home. I can't stand the thought of her spending her last days in an unfamiliar place. Taking care of her is a full-time job, but through CCSP services, I am able to get out and go to church and take a break, which gives me the strength to keep taking care of mother."

Daughter caregiver of Female consumer age 92 receiving PSSX Temple, Southern Crescent AAA

➤ Independence

"The aide has become more like family. I don't know what we would do without her. I would be living in the nursing home without any independence if I did not have my aide."

Female consumer age 68 receiving PSS Ocilla, Southern GA AAA

➤ Community Living with Support

"The services are nice. The aide assists with my housekeeping and with personal hygiene. The aide keeps me from being lonely. I like the meals but think they need more seasoning. I am glad to have the ERS in case of an emergency."

Female consumer age 62 receiving PSS, ERS, HDM Albany, Southwest GA AAA

➤ Consumer Choice

He was in a nursing facility and with the help from CCSP the family brought him back home, which was his choice. The wife is the 24 hour caregiver and he is receiving PSSX to help relieve caregiver burden. The family advised me that while the client was in the nursing home, over a period of one year, he was sent to the ER 17 times. Since he has come home, the family has been able to monitor his nutrition and medicines much more closely and the result is that he is

feeling better and has had zero trips to the ER. The family advised me that the program has made a huge difference in their lives in being able to have their loved one back home.
CCSP Care Coordinator for Male consumer age 78 Receives PSSX Cumming, Legacy Link AAA

➤ Savings

“Due to our son’s recent hospitalization, my husband and I have not been able to work at all. He has returned home and with the assistance of the CCSP aide we are able to work enough to keep our jobs.”

Mother caregiver of Male consumer age 14 receiving PSSX Watkinsville, Northeast GA AAA

➤ Consumer Support Results in Client Improvement

“The services help my husband by taking care of his needs and keeping him motivated. The services also help me because they give me a break that I would not get if I did not have them.”

Caregiver spouse of Male consumer age 55 receiving HDM, PSS Lakeland, Southern GA AAA

➤ Program an asset, improves family life quality of life

“Your program has improved my wife’s quality of life 90%. Prior to my discovering CCSP, I was hit or miss being the only caregiver. Your program has benefited me. I have some free time to take care of myself mentally and physically so I can better care for her. CCSP has given my wife a better attitude towards wellness. She was despondent and depressed before we found CCSP. The adult day health program and the aide have increased her morale and attitude. The program has been an asset to us both.”

Husband caregiver age 77 of Female consumer age 75 receiving PSS, ADH Loganville, Northeast GA AAA

➤ Caregiver Burden Relief

“I am very grateful for the help that I get to help care for my husband. The aide does the things that I am not able to do to care for him. I cannot get him into the shower, but the aide can. The shower makes him feel so much better. It gives me a chance to get away and have some time for myself. It is hard having to stay in the house 24 hours a day 7 days a week. I look forward to the one day a week I can get out. The meals help by giving me a break from cooking 3 meals a day, and my husband enjoys them.”

Caregiver wife of Male consumer age 76 receives PSS, HDM Blackshear, Southern GA AAA

➤ Care Coordination

“She has always been a kind and great caseworker. She helps me with everything that I need her help with. She always treats me with respect and courtesy. She is very knowledgeable about CCSP. The CCSP employees always help as much as they can. I have no complaints for either.”

Female consumer age 36 receiving PSSX, HDM Bremen, Northwest GA AAA

- ADH

“The Community Care Services Program has been a godsend to me. Adult Day Health lets him get out and do activities and gives me time to do the things I need to do. I appreciate the program and what it has done for me and my husband.”

Wife caregiver of Male consumer age 66 Savannah, Coastal GA AAA

- ALS

“At first, I was not happy about leaving my home and all of my belongings. But I was able to bring a lot of my own furniture and don’t know why I waited so long. I just love it here. The staff is so good to us and make sure we have everything we want and need. If I want to be alone I can just go to my room and close the door, just like at home. I am so happy knowing that I am not alone and that someone is just on the other side of the door if I need them.”

Female consumer age 81 Nashville, Southern GA AAA

- CD-PSS

"The CCSP and the new Consumer Direction option have enabled my mother and me to care for my grandmother as we feel she should be cared for. We never would have had the peace of mind that we now share.”

Daughter and Granddaughter caregivers of Female consumer age 99 Thunderbolt, Coastal GA AAA

- ERS

"I keep my button on me at all times and it really helps me to feel safe when I am at home during the day alone. Fortunately, I have not needed to use it for anything serious, but it's nice to know I have it.”

Female consumer age 72 Danielsville, Northeast GA AAA

- PSS

“When momma took sick, me and my sisters didn’t know much about how to take care of her, she had a wound when she came from hospital and was put on a wound vac. CCSP started providing much needed assistance at a critical time, they helped with repositioning momma to keep her blood flowing, they check her whole body when they bathe her and they let us know immediately if they see any skin breakdown or anything abnormal. Some of the people that have come have been very experienced, they assist mostly with personal care and room cleaning and help keep things organized. I would say we have been helped tremendously. Momma’s services gives us time to do things that we have to do and it has relieved us in so many ways.”

Female consumer age 95 Fort Valley, Middle 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

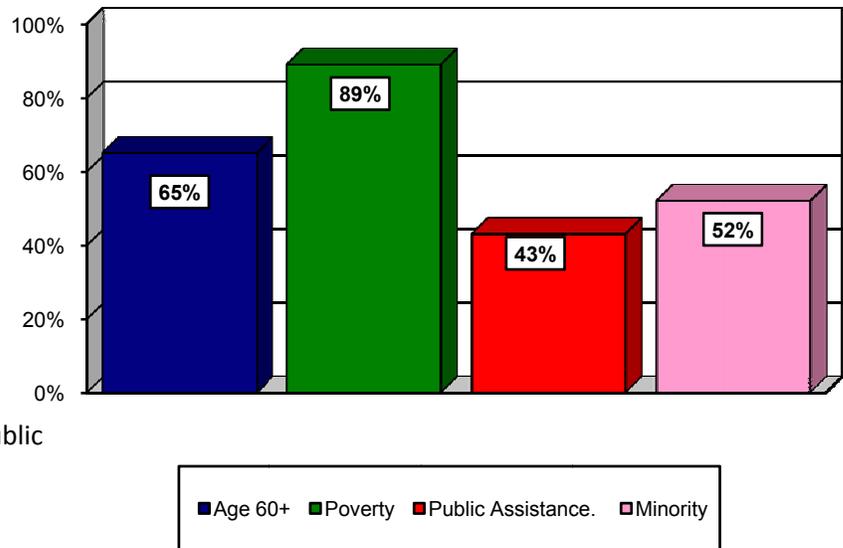
Although participants can be as young as 55 years of age, 65% were over age 60.

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

Forty-Three percent (43%) of current enrollees were receiving public assistance.

Fifty-Two percent (52%) of enrollees were minorities.

SCSEP Participant Demographics



Examples of Outstanding Accomplishments

- ✓ Exceeded the required Community Service goal of 80% required by USDOL; achieved 85.8%
- ✓ Exceeded the required Entered Employment rate of 47.0% by USDOL; achieved 62.2%.
- ✓ Exceeded the required Retention Rate of 65.5%; achieved 82.9%
- ✓ Exceeded the required Service Level goal of 100%; achieved 192.4%
- ✓ Program participants provided 284,469 hours of Community Service while training in the SCSEP program.

Community Benefits

Participant wages contribute to the local economy and reduce dependence on public benefits programs. Participants provided over 284,469 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

Newly reauthorized Older Americans Act will change some aspects of the program.

Increase opportunities for job skills training and employment as follows:

- ✓ 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.
- ✓ 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.

