Fiscal Year 2013

Just the Facts

Georgia Division of Aging Services

Dr. James Bulot, Director

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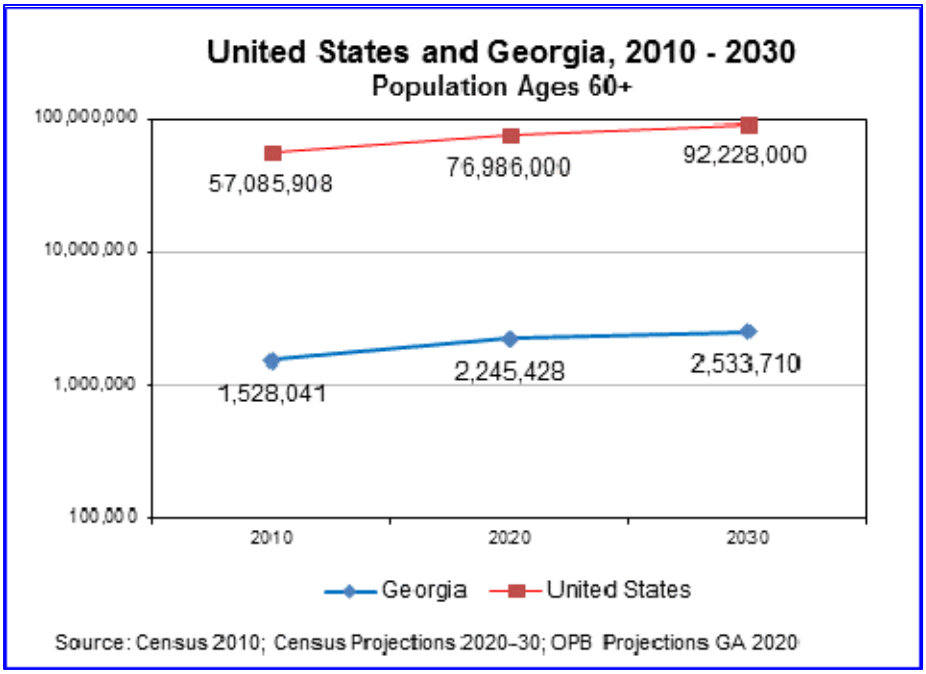
Aging Trends in Georgia

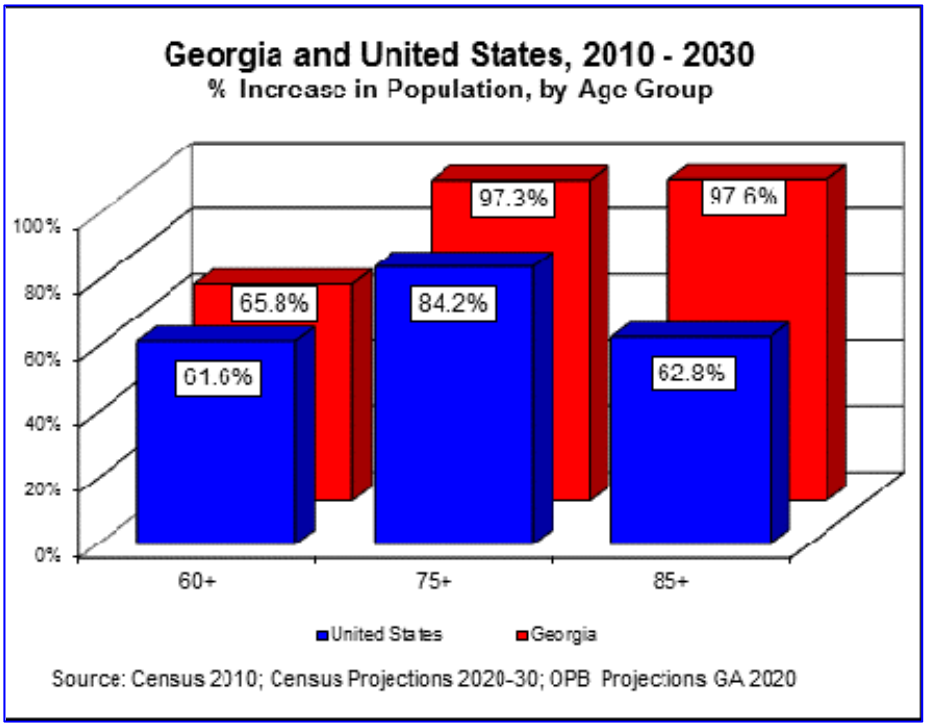
GA DHS Division of Aging Services and the Aging Network

The 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. Through continuous service improvements and innovation, DAS provides programs and services that assist Georgians in living longer, livingly safely and living well.



- Georgia has the 11th fastest growing 60+ population and the 10th fastest growing 85+ population in the United States between 2010-30.

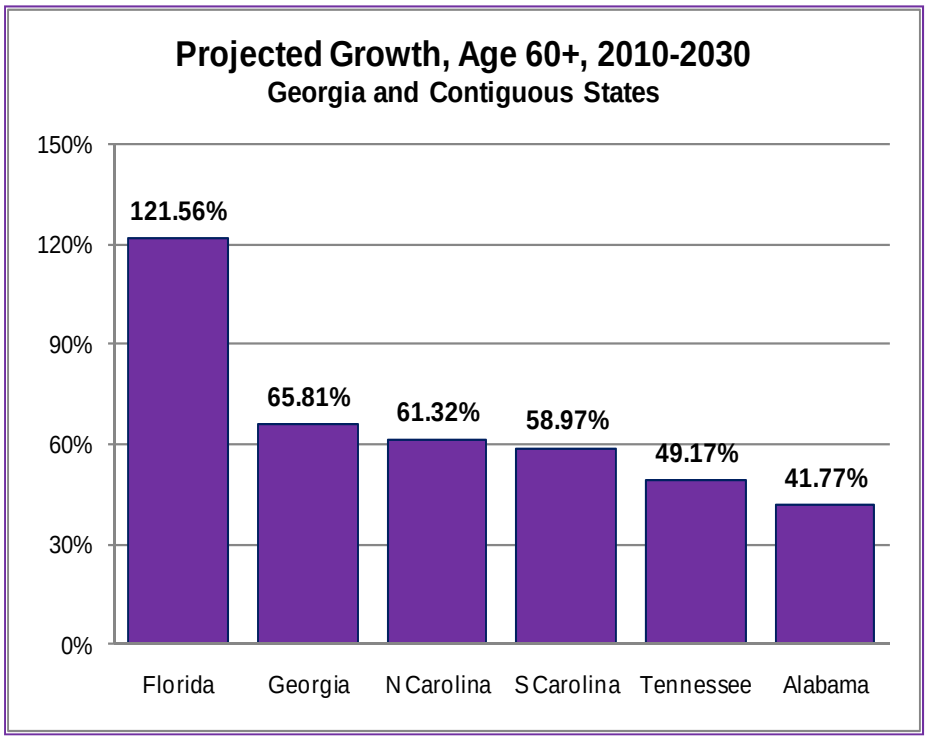
- Georgia's 60+ population is expected to increase 65.8% between 2010 and 2030, from 1 in 6 persons in 2010 to 1 in 5 persons in 2030.



- Georgia's 85+ population 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.

- In 2010 among Georgians ages 60 and above, there were 78.6 males for every 100 females; for Georgians ages 85 and above there were 41.4 males for every 100 females.
- Of Georgia's population ages 60 and above, an estimated 349,920 lived alone.[1]
- 328,260, or 22.13% of Georgia's total civilian population ages 60 and above, were veterans.[2]
- A greater number of Georgia's elderly ages 60 and above completed high school and earned higher degrees:[3]
    - High school graduates 481,200
    - Bachelor's degree 183,965
    - Master's degree 86,650
    - Doctorate degree 20,340



- An estimated 26.96% of Georgians 60+ were in the work force.[4]
- 11.47% of the state's population ages 60 and above were at or below poverty level.[5]
- Georgia has the second highest percent increase in population ages 60+ in comparison with the states that border it.[6]

[1] AGID Table S21010B, GA 2007 – 2011, aggregated for 60+.
[2] AGID Table S21025, GA 2007-2011.
[3] AGID Table S21021B, GA 2007 – 2011.
[4] AGID Table S21023, GA 2007-2011.
[5] AGID Table S21043B, GA 2007-2011.
[6] 2010 Census compared to 2030 Projections from File 2. Interim State Projections of Population for Five-Year Age Groups and Selected Age Groups by Sex: July, 1 2004 to 2030. Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

Section 1

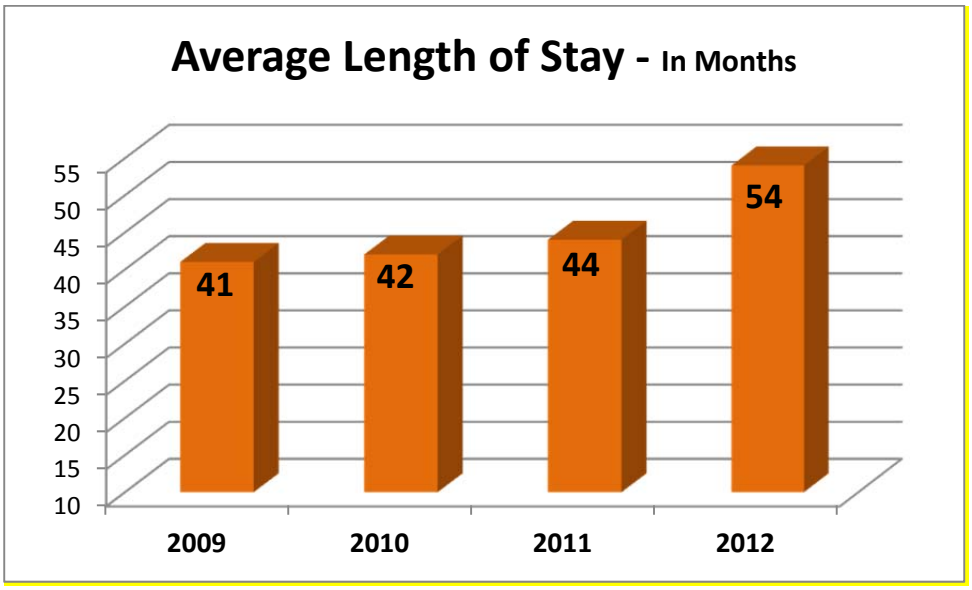
Providing a Foundation of Home and Community Based Services

The Administration for Community Living 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 13, 34,001 clients received HCBS services. Length of Stay (LOS) is the metric used to define return on investment by 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

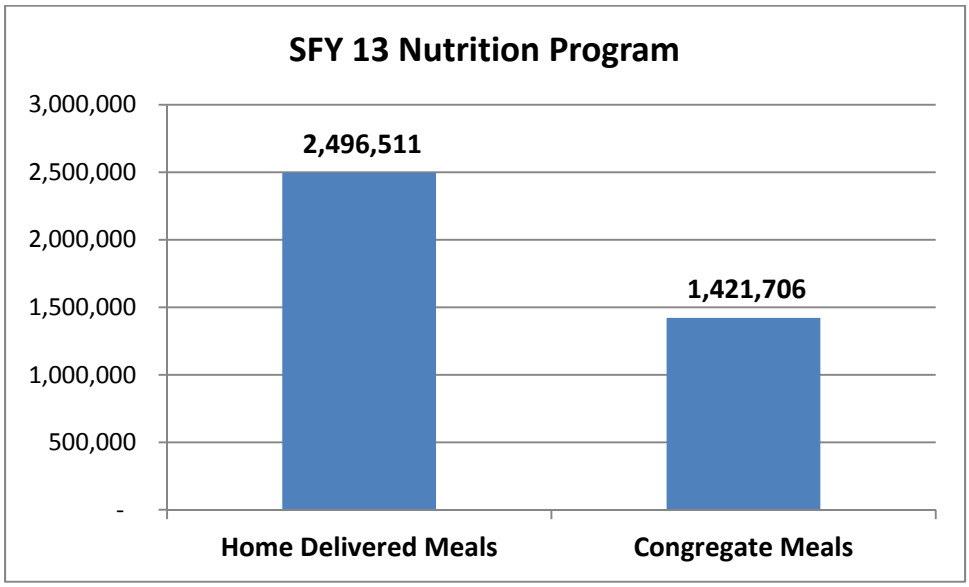
"Living Longer, Living Well" – The Nutrition and Wellness Programs are aimed at increasing the ability of older adults to perform everyday activities and remain living in their own homes. Activities are focused on Evidence Based health promotion and disease prevention. Services are designed to improve 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, Georgia State University, Area Agencies on Aging, Senior Centers, Community Service Providers, Diabetes Association of Atlanta, Georgia Extension

Service, Division of Public Health, AARP, American Cancer Society, Medicare Diabetes Screening Project, Parks & Recreation, Administration on Community Living 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, State and Local laws. Home Delivered Meals are meals provided to a qualified individual in his/her place of residence. The Home Delivered Meal program is administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act, State and Local laws. Funds may also be used to provide assistive technology for dining.



SFY2013 Total Meals Served 3,918,217 (congregate meals: 1,421,706 and Home delivered meals: 2,496,511)

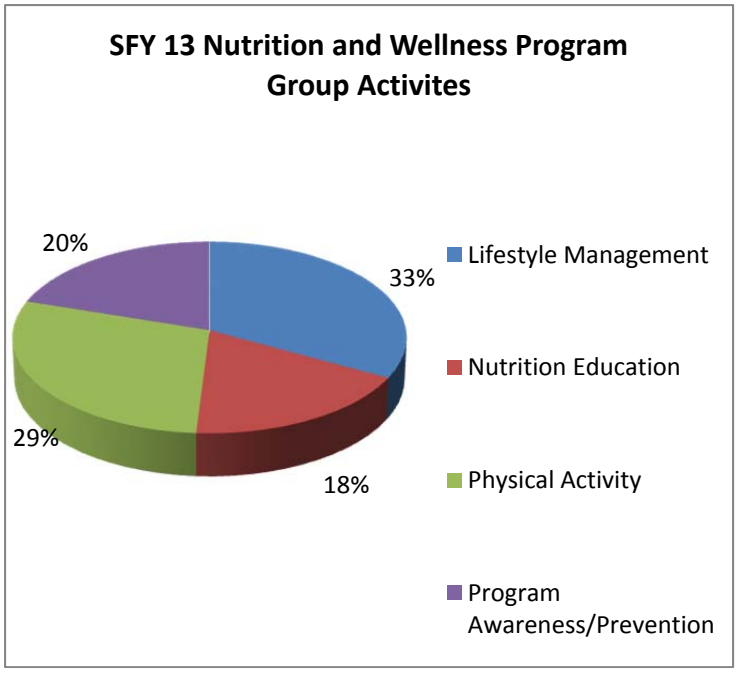
- Home Delivered Meals served to 14,106 persons
- Congregate Meals served to 14,505 persons
- More than 3,000 persons benefit from the following services:
    - Exercise and Physical Fitness
    - Medications Management
    - Nutrition Counseling
    - Health Related and Health Screening
    - Georgia Living Well, the Stanford Chronic Disease Self-Management Model (CDSMP)
    - 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 SFY 2013, Live Well Age Well web site had 216,890 hits (18,074 average per month), 118,153 pages viewed (9,846 pages viewed on average per month), 53,914 unique visitors (4,492 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. The website is now used as an electronic portal for the CDSMP workshops, allowing registration for some of the trainings. This functionality will increase in coming years.

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 (98.4%). 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 $400,000+ in year one from the Administration on Community Living (ACL) to continue offering the Stanford University's Chronic Disease Self- Management Program (CDSMP) and the online version, Better Choices Better Health (BCBH), across Georgia as well as to introduce the Diabetes Self-Management Program (DSMP), Positive Self-Management Program (PSMP) and Tomando du su Salude (Tomando) through interested

Georgia Area Agencies on Aging and in partnership with the Georgia Department of Public Health and their 18 Public Health Districts.

The core of all of these train-the-trainer programs is a six-week workshop, which is held 2-1/2 hours once per week. The series provides "tools" to persons suffering from chronic conditions to better manage symptoms commonly associated with such health issues (pain, fatigue, depression, difficult emotions, shortness of breath, etc.). Through this ACL grant, DAS is charged with empowering 2,500 persons over the three year grant period by ensuring that these participants complete at least four classes in the six-week workshop.

As of November 1, 2012, more than 180 workshops have been offered and nearly 1,800 participants have completed either the in-person, community based CDSMP workshop or the BCBH version.

Accomplishments Highlighted

- 285,517 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 353,000 physical activity opportunities were offered through the aging network during the 2013 fiscal year.

- 123,588 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.

- Grant funding received to help integrate systems and increase evidence based nutrition and health management programming across the state. This grant will support such programs as “A Matter of Balance,” and placing EBT machines in local farmers’ markets to increase fresh produce consumption.

- Implemented a food security survey to help increase understanding of 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. The data is retrievable for the entire state, region or by zip code.

Future Directions and Opportunities

- Increase partnerships with the Division of Public Health, Georgia Medical Care Foundation, Georgia Diabetes Coalition, Georgia Food Policy Council, FNS, 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.

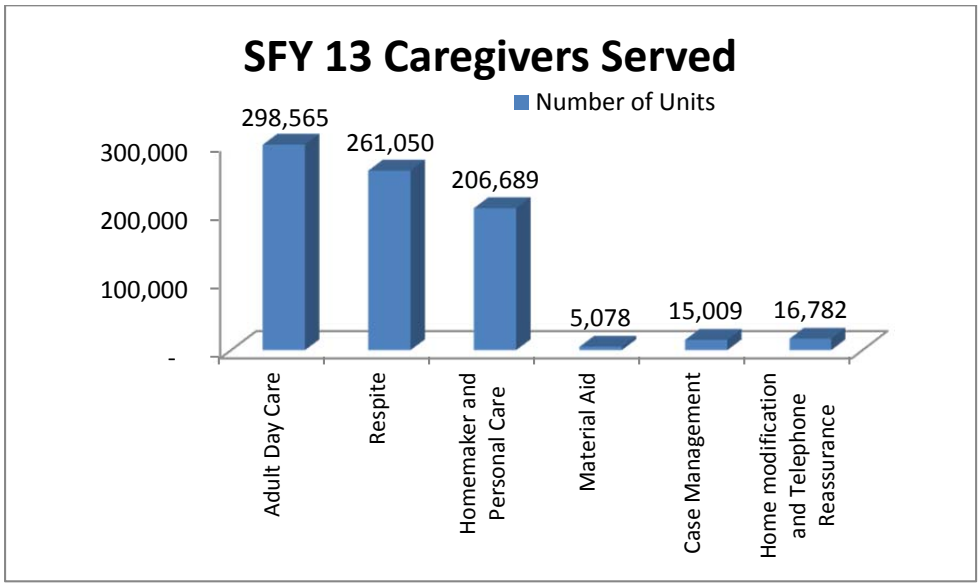
- Coordinate efforts with the Aging Network, Department of Family and Children Services, USDA FNS, University of Georgia, food banks and other public/private sector agencies to address food insecurity & hunger issues in older adults and increase awareness regarding their participation. Community partnership developing currently will support this goal.

Caregiver Programs and Services

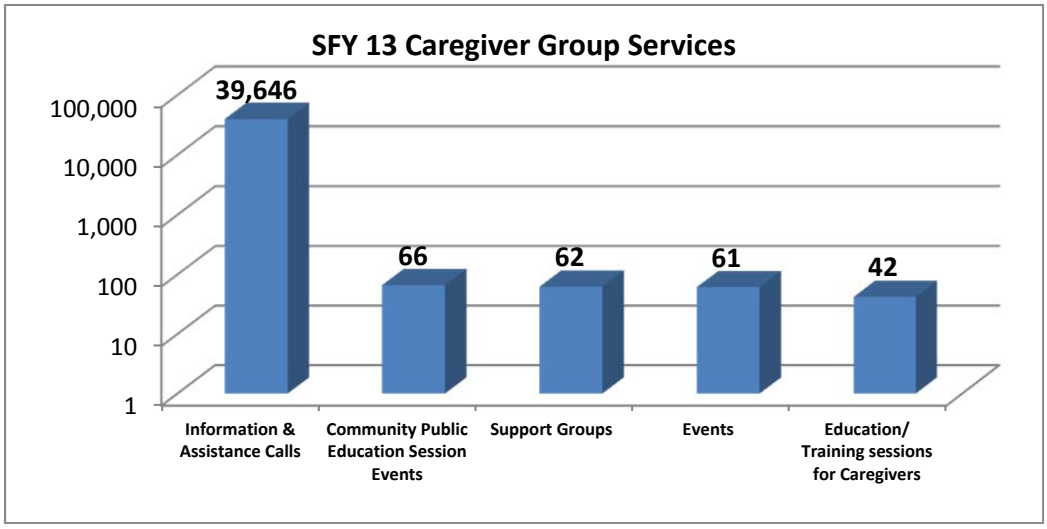
Overview

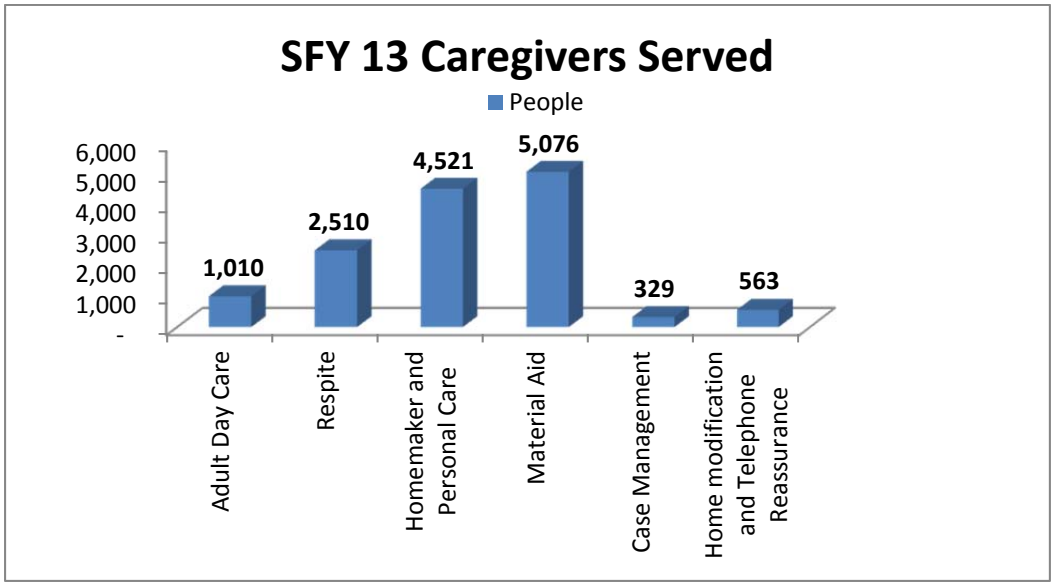
Georgia's aging network provided an array of services designed to support family caregivers. During SFY 2013, services to caregivers included day care, in-home respite, information and assistance, caregiver education/training sessions, support groups, material aid (help with purchasing transportation, food or groceries) homemaker and personal care, and TCARE caregiver assessment (helping assess needs of caregivers with services enabling them to keep loved ones at home).

Work also continued on new programs and services to support persons with dementia and their caregivers, including but not limited to clinical counseling, driving assessments, and care consultation.



Caregiver Group Services documented over 164,649 duplicated persons.





Caregiver Success Stories
TCARE® (Caregiver Assessment)

The goal of caregiver support is to help caregivers maintain physical and emotional wellness while they engage in a lifestyle that is neither 'normal' nor expected, so that they can do the best job caring for a loved one for as long as the need is there.

The family is Mr. L, an older adult, and his wife, S. Mrs. S's brain was damaged during a surgery to remove a tumor. She could not walk, talk, feed or dress herself, or take care of daily personal functions. She was placed in a nursing home. Money Follows The Person transition coordinator found Mrs. S in the nursing home and went to work to help her transition back to her home. Mrs. S was approved for the Community Care Services Program(CCSP) Medicaid services. The CCSP aide assisted her for a few hours 5 days a week with dressing, food preparation, and bathing. Mr. L did the rest of S's care by himself. Physical Therapy taught Mr. L how to lift and move his wife so that he would not injure his back.

TCARE® provided caregiver support to Mr. L. He talked at length about his new challenges. He said that he had not realized the scope of caregiving until he talked to a willing listener. TCARE® case manager helped him plan how to use the time the aide was there for himself so that he could fit his new tasks into a life that felt normal to him. He now spends 3 morning hours in his home office, joins his wife and her aide for lunch, then goes back to work in his office until the aide leaves. He and his wife are happy and strong enough to continue her living at home instead of in a nursing home.

Accomplishments Highlighted

Alzheimer's Disease Early Stage Demonstration Grant---The Division of Aging Services completed a demonstration grant from the U.S. Administration on Community Living to develop new protocols and interventions to better serve persons with Early stage Alzheimer's Disease (AD) and their caregivers. Partners in the grant were the Alzheimer's Association, Georgia Chapter, CSRA and Coastal Georgia Area Agencies on Aging, and the Georgia Health Policy Center of Georgia State University. A total of 209 persons were served through the grant, including 60 persons with dementia, and 149 caregivers.

The impact of the project is as follows:

- Adult Protective Services (APS) staff have linked their protocols for missing persons with other Georgia organizations, and now utilize *Mattie's Call* procedures for wandering or missing persons.
- A clinical counseling protocol which was field-tested in Georgia through this grant was recently presented at the American Society on Aging (ASA) conference in Chicago.
- Tools for determining financial capacity were field-tested, and will continue to be taught and utilized by APS and other professionals in Georgia to help determine capacity, financial abuse, exploitation, or coercion.
- Caregivers participating in the *Powerful Tools for Caregivers education* program demonstrated outcomes that were statistically significant in improving their overall health and well-being.
- Caregivers participating in the *TCARE®* caregiver assessment were found to have lower levels of stress on two different measures, and demonstrated an increase in positive psychological outcomes associated with caregiving (uplifts).
- Based on recommendations made through this grant, a statewide telephone support program was initiated through a Systems Integration grant for persons with dementia who live alone and are at risk.
- Persons with early stage dementia received driving assessments; consequently some received driving restrictions, or cessation of driving.

Systems Integration Demonstration Grant---The Division of Aging Services was awarded an Alzheimer's Disease and Support Services Program (ADSSP) grant from the Administration for Community Living. The goal of the project is to create a seamless, customer-focused statewide access to a comprehensive array of services and supports to help persons *with* dementia and their caregivers. Partners in the initiative are the Alzheimer's Association, Georgia Chapter, Georgia's 12 Area Agencies on Aging, the Rosalynn Carter Institute for Caregiving, and the Health Policy Center of Georgia State University. Components of the grant, which are available statewide, are:

- *Powerful Tools for Caregivers,* a six week evidence-based program designed to reduce stress and improve caregiver self-care and health
- Training for health care professionals, on a wide variety of topics related to dementia, to enhance the skills and training of those who work with persons with dementia and their caregivers. The training is coordinated by the Rosalyyn Carter Institute for Caregiving.
- Telephone Reassurance calls, to persons with dementia who live alone, coordinated by the Alzheimer's Association, Georgia Chapter, and the River Valley Area Agency on Aging.

Rosalynn Carter Institute (RCI) REACH ---RCI REACH is the translation of REACH II that was funded by the Administration on Community Living for implementation through the Coastal Georgia Regional Commission Area Agency on Aging. With the Rosalynn Carter Institute for Caregiving providing grant administration and intense technical assistance, RCI REACH at Coastal Georgia has successfully provided services to 141 caregivers of loved ones with dementia.

The goal of RCI REACH, as with the original REACH II intervention, is to reduce caregiver burden and improve or sustain caregiver physical and emotional health. Analysis of pre and post intervention assessment data show the translation has achieved outcomes equal to those demonstrated through the clinical trial. Statistically significant reduction in caregiver depression and burden are two of the most noteworthy outcomes. The Coastal REACH project has received a no-cost extension from the Administration for Community Living through August 2014.

Benjamin Rose Institute (BRI)Care Consultation---BRI Care Consultation, the telephonic evidence-based caregiver and care receiver education and support program received a Department of Community Living no cost grant extension to pilot the program as an effective alternative to traditional case management for Home and Community Based Services Non-Medicaid Waiver clients in DeKalb and Henry County Area Agencies on Aging. The counties are receiving technical assistance support from the Rosalynn Carter Institute for Caregiving, Atlanta Regional Commission Area Agency on Aging, and The Benjamin Rose Institute on Aging.

The grant extension has also made possible an evaluation of Atlanta Regional Commission's Non-Medicaid Waiver case management system and how BRI Care Consultation will fit into the future case management redesign.

Data from the Georgia Care Consultation grant demonstration which served over 595 caregiving families in 42 urban and rural counties in Georgia is currently undergoing analysis.

Future Directions and Opportunities

- Further training on use of the financial capacity tool, developed through the auspices of a Georgia Alzheimer's Disease demonstration grant from the Administration for Community Living is planned for additional health care professionals, including aging service care managers and law enforcement personnel. Use of the tool will help professionals determine capacity, financial abuse, exploitation, or coercion.
- Collaborate with other organizations and the Georgia Public Broadcasting network to present a one hour educational program on Alzheimer's and Related Dementias.
- Developed Georgia's first Alzheimer's State plan

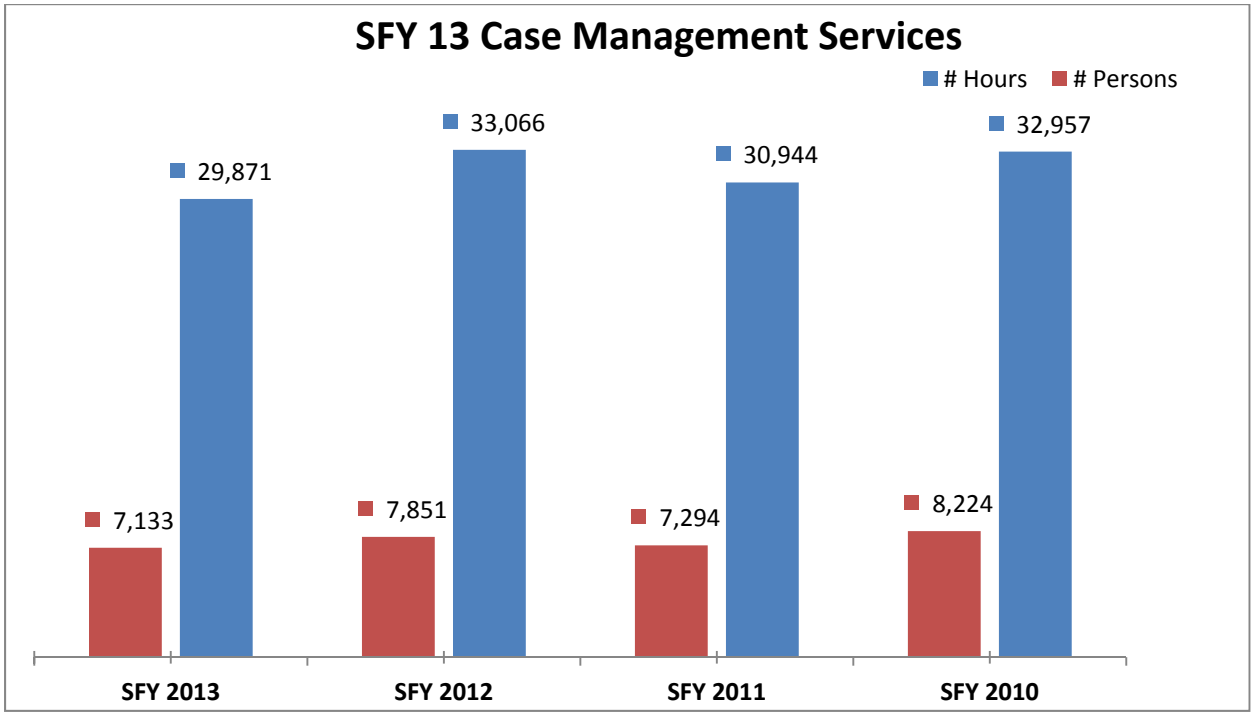
Case Management Services

Case Management provides consumers access to community resources. Case Management is a collaborative process with the consumer and often with the consumer's support system that involves assessment, planning and coordination of services, and monitoring and evaluation of options and services to meet the individual's unique needs. Case Management is designed to provide the right service in the right amount at the right time in a manner that is person centered.

Case Management Services are offered in all twelve areas of the state. Consumers accessing case management services include persons on the waiting list for services, consumers who are receiving services and have ongoing needs for support, and/or persons who need short-term services or an assessment during a time of crisis. Often, Case Managers work directly with caregivers, both local and long-distance, to identify and respond to the needs of an older adult or someone with dementia.

The role of Case Managers has become increasingly important as demographics change, families and caregivers are facing more stress, persons are living longer and often with chronic conditions or impairments, and the needs of older persons and their caregivers become more complex.

The number of persons receiving Case Management Services and the number of hours of this service has remained fairly consistent over the last 4 years, and demonstrates the significant quantity of services provided to Georgia's families.



Success Stories

Mrs. B. is a 57 year old female who is the primary Caregiver for her 78 year old spouse who has Alzheimer's disease. She receives Case Management and Respite services. Mrs. B. states it is reassuring to know that she has someone who will call and check in to see how things are going for her each month. She says it is nice to be able to pick up the phone and call and talk to someone who understands what she is dealing with since her spouse has Alzheimer's disease. Mrs. B. states she is comfortable discussing issues with her Case Manager that she feels she can't share with family members.

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.

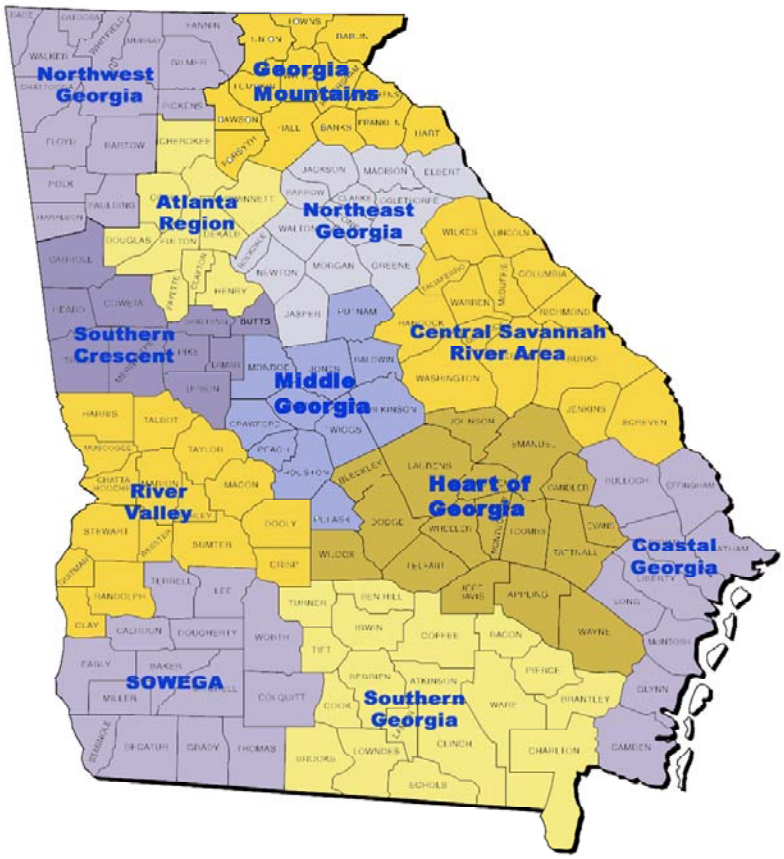
The Aging and Disability Resource Center Program is a collaborative effort of Administration on Aging and the Centers for Medicare and Medicaid Services, helping make it easier for consumers to learn about and access long-term supports and services. ADRCs are also serving as an entry point for all publically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

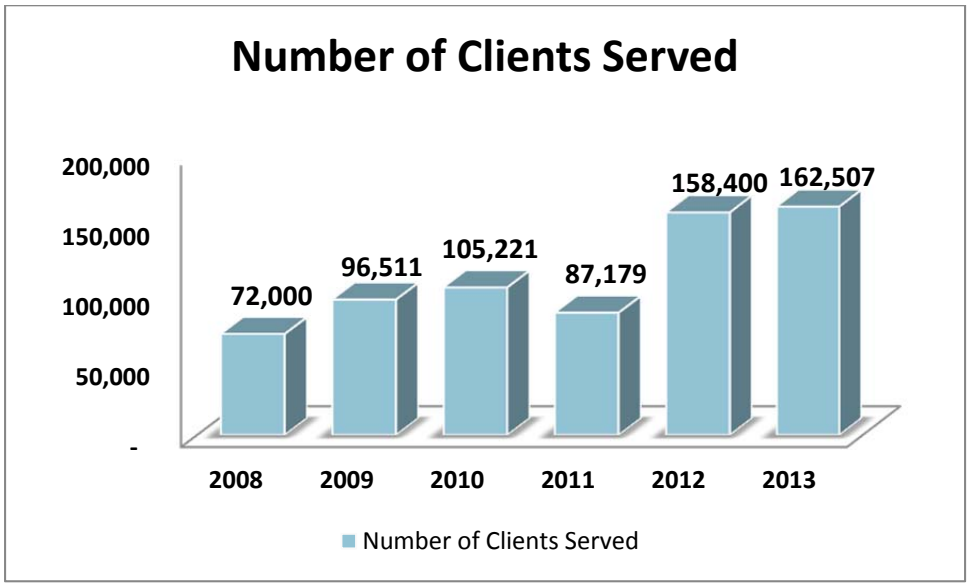
ADRC Partners

ADRCs have partnerships on the state and local level with other agencies such as DFCS, DCH, LTCO, GeorgiaCares, the Georgia Tech-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 13** the twelve ADRC sites served **122,103** older individuals looking for a variety of home and community based services.
- During the same time period a little more than **40,401** individuals with developmental, physical, or behavioral disabilities contacted the ADRC seeking information about long term care options.
- Together, the ADRC sites served over **162,507** clients seeking LTC options for seniors and individuals with disabilities.



ADRC Options Counseling

What is Options Counseling? It is a person-centered, interactive, decision-support process whereby individuals are supported in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. The process may include developing action steps toward a goal or Long-term services and supports plan (LTSS), and when requested, assistance with accessing supports options. It includes following-up with the individual and the development of an action plan. Options counseling is available to all persons regardless of income or financial assets.

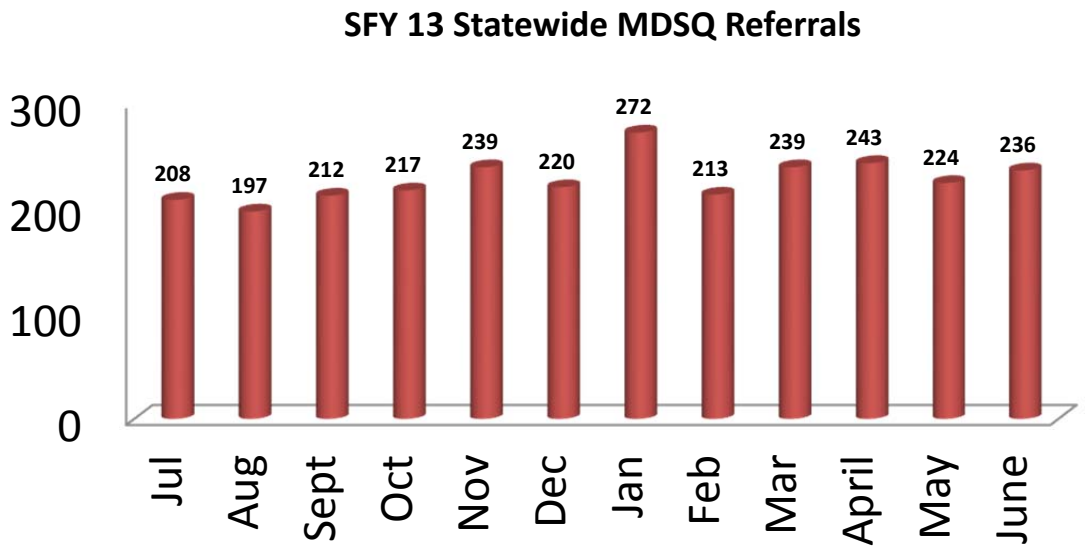
- Division of Aging Services Options Counseling Certification- DAS in partnership with Boston University's CADER (Center for Aging and Disability Education Research) has created a certification process for all options counselors to participate in here in Georgia. As part of the options counseling certification process, 8 online courses worth 4 CEUs each are completed.

Two Categories of Options Counseling

- MDSQ Options Counseling: The ADRCs Statewide have full time staff designated as MDSQ (Minimum Data Set Section Q) Options Counselors to provided options counseling to individuals residing in nursing homes who have indicated an interest in potentially returning to the

community to live. Georgia has approximately 360 nursing homes that participate in the Section Q referral process and the chart shows SFY12 MDSQ referral data statewide.

- Community Options Counseling: The ADRCs statewide have staff dedicated as community options counselors. Community OCs work with individuals still living in the community who demonstrate a higher risk of institutional placement based on key risk factors identified through the Center for Disease Control. Community OCs work with the individual in a holistic manner to research options to prolong community living for the individual.



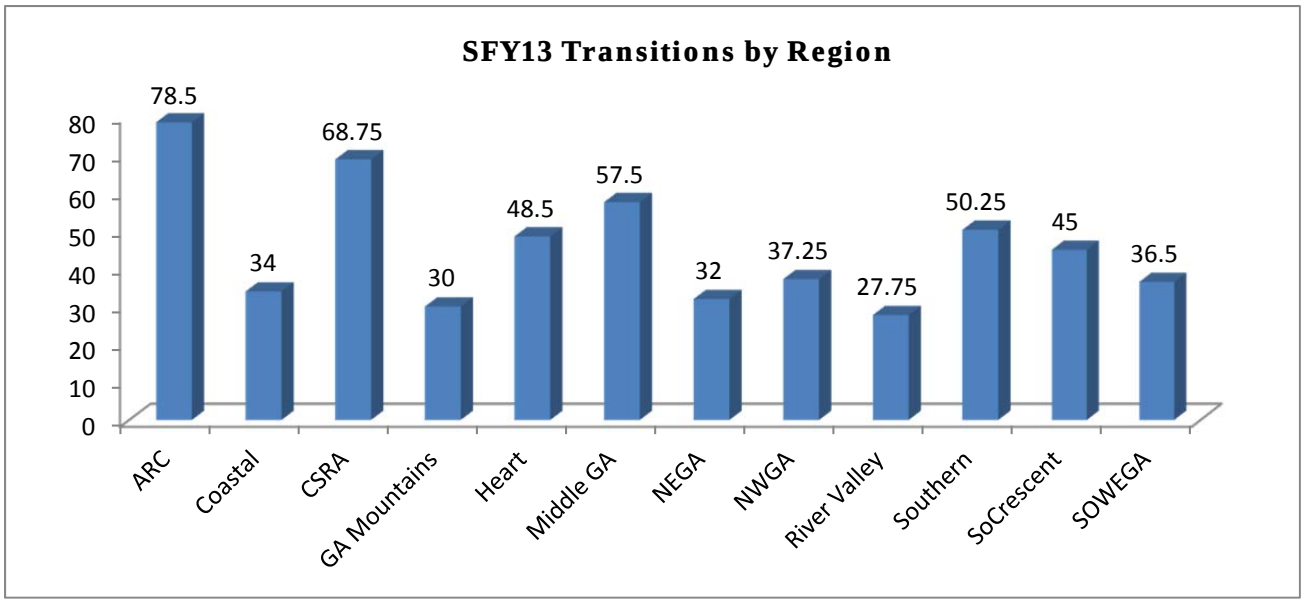
Money Follows the Person

The Money Follows the Person (MFP) program was authorized by the 2005 Deficit Reduction Act. Its primary purpose is to transition eligible individuals from long term inpatient facilities back into community settings. The program is a demonstration grant through the Centers for Medicare & Medicaid Services (CMS). The Department of Community Health (DCH) is the administrator for Georgia. The first MFP transitions in Georgia occurred in 2008.

DCH currently partners with the Department of Behavioral Health & Developmental Disabilities (DBHDD) and the Division of Aging Services (DAS) to execute the program at the statewide level. DAS has been a part of the MFP program since July 2011

MFP Transitions

DAS utilizes the Area Agencies on Aging (AAAs) to coordinate local transitions with 19 Transition Coordinators across the state.



Accomplishments

MFP transitioned 340 participants in this fiscal year. This means 340 individuals have had an opportunity to lead a more fulfilling life.

Evaluation of the MFP program is done through a survey called the Quality of Life. This survey was developed for CMS by Mathematica Policy Research and they publish yearly reports on the quality of the MFP program. Data is analyzed locally by the Georgia State University Health Policy Research center. Currently, MFP participants in Georgia report they are happier and more satisfied with their lives after leaving the nursing home. The survey is separated into 7 major categories, and MFP participants share that they are more satisfied in nearly every one. Also, respondents that are contacted after their second year in the community report they are happier and are able to see family and friends more than they did prior to transition.

DAS and the AAAs launched a case management system and database to manage the large amounts of data in State Fiscal Year 2013. A pilot group of 3 AAAs working in the system for three months, evaluating its effectiveness and working out the bugs prior to the statewide launch in June of 2013. This database has now automated many of the reporting tasks that were previously done manually.

DAS established support for the TCARE® caregiver support program as well as the Chronic Disease Self-Management Program (CDSMP) in SFY 2013. These two programs are supported by MFP Transition

Service funds and are used to support MFP Participants and their families in living fulfilling lives in the community.

Future Directions and Opportunities

The MFP program is currently funded through 2016 (with a possible extension through 2020). DAS and the Aging Network intend to continue to support the program through this time period. DAS will continue to support the MFP program through partnerships with other agencies and organizations in the years to come.

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

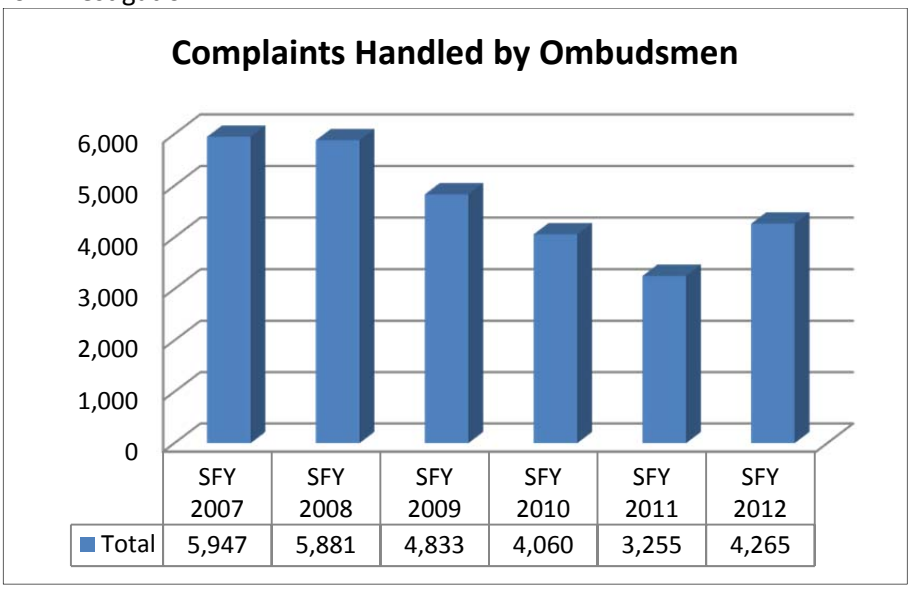
The Long-Term Care Ombudsman Program works to improve the quality of life of residents of long-term care facilities by acting as the resident's advocate. This includes residents of nursing homes, personal care homes, assisted living communities, intermediate care facilities for the mentally retarded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

Persons Served

In SFY 2012, the Long-Term Care Ombudsman Program served 206,822 persons, (duplicate count). Seventy-six percent of these individuals were served during ombudsman visits to facilities. This represents an average of 2.2 ombudsman visits for each resident bed during the year. Over 14,127 individuals received information and assistance regarding long-term care options, public benefits, residents' rights, etc.

Complaints Handled by Ombudsmen

In SFY 2012, the Ombudsman Program received 4,265 complaints. Ombudsmen received an average of 1.7 complaints per complainant for investigation.



	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY 2012
Total	5,947	5,881	4,833	4,060	3,255	4,265

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

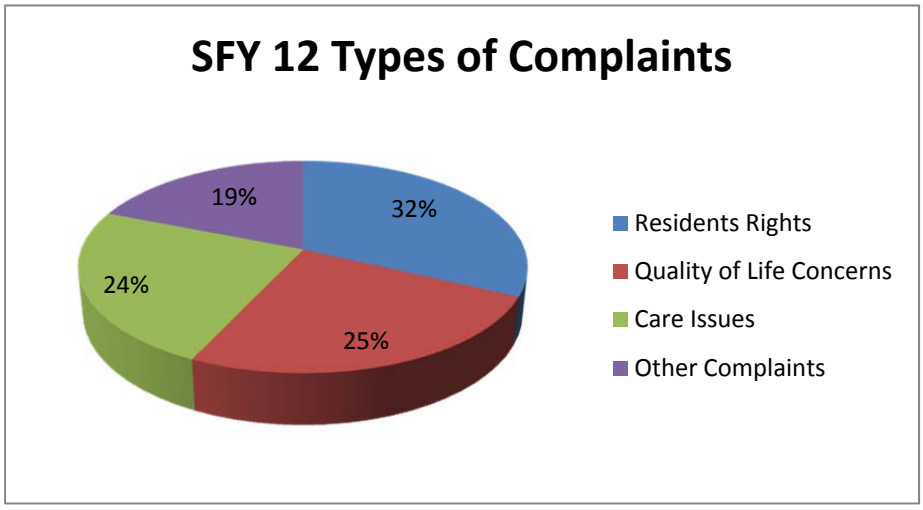
for the LTCO program, particularly in SFY '12, local LTCO programs have begun the process of hiring and training staff to be certified Long-Term Care Ombudsman. All LTCO programs are making efforts to increase their visibility at facilities to be accessible to residents providing information and assistance 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: 96% within 3 days
- All other complaints: 99% within 7 working days
- Ombudsmen achieved **satisfactory outcomes for 94%** of complaints in SFY 2012

Types of Complaints

Residents' rights (32%), quality of life concerns (25%), and care issues (24%) accounted for over 81 percent of the complaints received by ombudsmen in SFY 2012.



LTCO Accomplishments

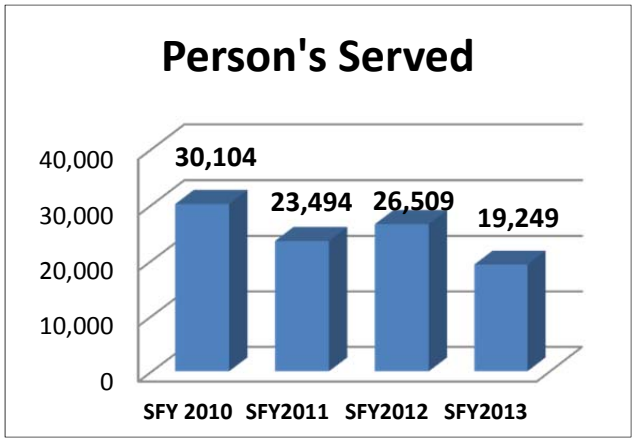
Advocated for long-term care residents, including:

- Supported state legislation that increased the penalties for operating an unlicensed personal care home and expanded the Georgia Bureau of Investigation ability to participate in local investigations.
- Advocated for safeguards in legislation related to suicide prevention.
- 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 including expanding services to include Home Care Ombudsman.

- 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 revise regulations for personal care homes.
- Participated in the Advisory Group for the Culture Change Network of Georgia, including training on person-centered care and culture change.
- Served on the state Multi-Disciplinary Team developing strategies and resources related to older adults and individuals with disabilities when unexpected relocations are necessary.

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.



Person's Served

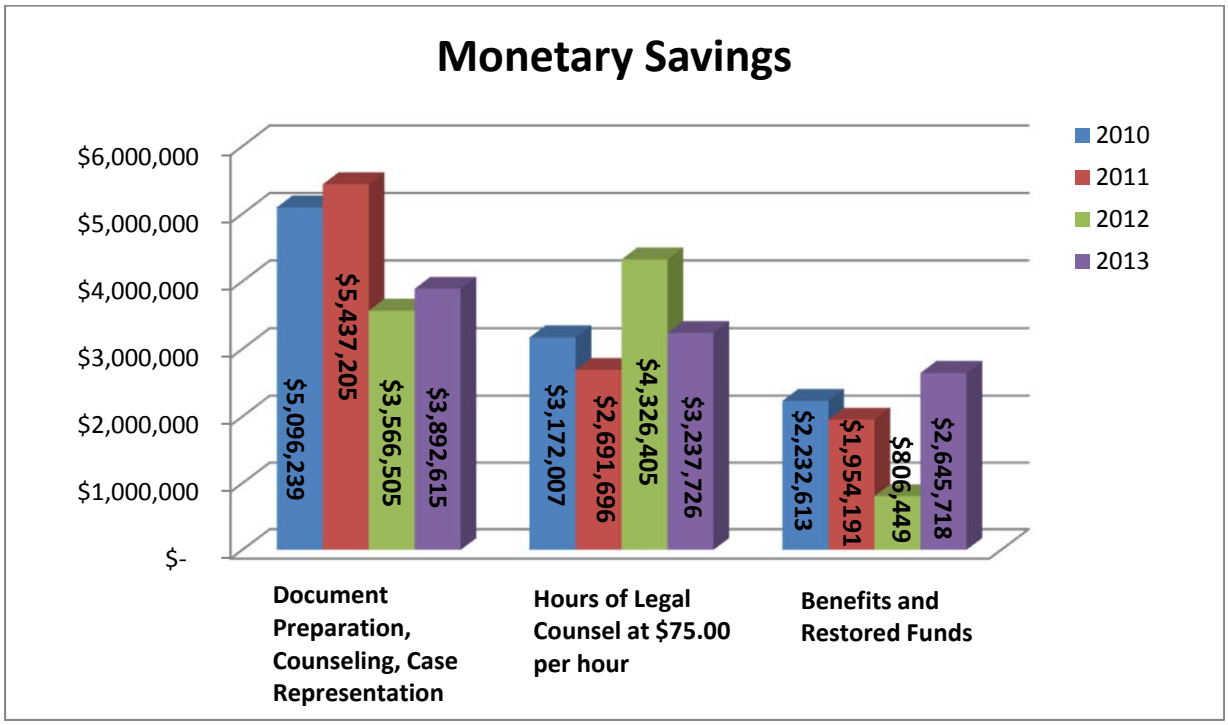
19,249 seniors received legal representation, information and/or education during SFY2013.

Monetary Benefits Realized

In SFY 2013 ELAP saved older Georgians $6,538,333, by providing document preparation, legal counseling and case representation.

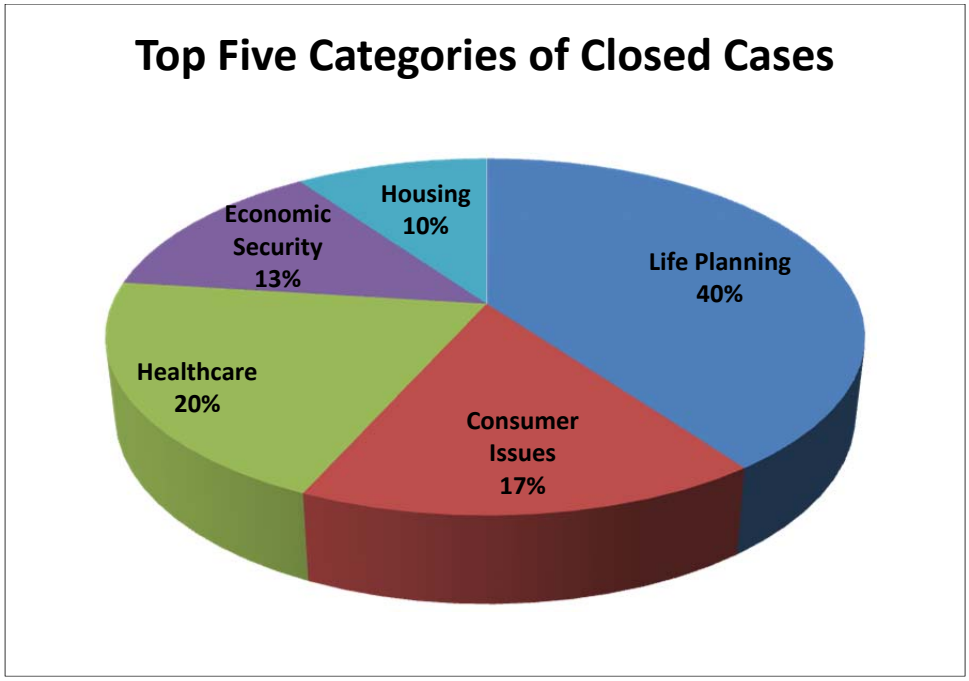
An additional $3,237,726 was saved by providing more than 32,377 hours of legal counseling, calculated at a conservative $75.00 per hour.
More than $806,449 was obtained in benefits and restored funds for older Georgians through the work of ELAP.

In SFY2013, more than $8,699,359 was saved by older Georgians.



Top Five Primary Case Types Closed-SFY 2013

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 2013, 417 legal education sessions were conducted by the Georgia Elderly Legal Assistance Program.

The top ten topics covered in community education sessions in SFY 2013 were:

1. ELAP/GLSP/SCLP Legal Issues
2. Medicare
3. Wills & Estates
4. Health Law/POA/GA Advance Directive for Health Care
5. Emergency/Disaster Preparation
6. Consumer Scams/Fraud
7. Affordable Care Act
8. Medicaid Estate Recovery
9. Consumer Debt/ Collection
10. Electronic Payments/Fraud

ELAP Success Stories

1. Client is a 62 year old whose bank account was garnished by Capital One even though the only income contained therein was federally protected social security funds. The creditor had client's account frozen. ELAP was able to get $907 of garnished funds returned.
2. 66 year old client received his one time benefit, bonus and compensation of $127,709.00 from his former employer as part of his retirement package. SSA assessed a Medicare Part B premium of $230.70 using that amount as his annual income which was in fact only $22,212.00. ELAP filed an appeal on his behalf to challenge the amount of the premium. Documentation was submitted to verify client's annual income and his Medicare Part B premium was adjusted and client received a refund of $807 for his overpayment in premiums.
3. 78 year old client who was a victim of ID theft and fraud in the amount $200,000 in unsecured debt in 2009 was assisted by ELAP in learning where all of the outstanding debt existed, in contacting creditors about the debt, filing fraud affidavits, contacting law enforcement and stopping creditors from calling and harassing her. The majority of the debt was written off. ELAP prepared a spreadsheet for the client to indicate where all the outstanding debt existed and what the end resolution was with each creditor. It was believed that this issue was resolved until ELAP was contacted by the client's son in 2011 after the client received a letter from a law firm alleging a debt owed by his mother in the amount of $6,148.32. ELAP assisted the client in preparing a fraud affidavit that was submitted to the law firm which agreed to close the file as a "fraud" case. The client and her son were advised to contact ELAP in the future if any other debt arose out of this situation.
4. ELAP assisted a 74 year old client and her adult disabled son prevail in a suit filed by an unlicensed contractor who had made repairs to their jointly owned home but failed to complete them or do them properly, yet sued on two liens filed against the home for $139,373.55 and $79,855.11 joined by a third from a subcontractor for $41,094.00. Since the repairs performed were not done properly and the contractor had already received $110,000.00 from insurance proceeds as the damage was caused by a tornado, a counterclaim was filed and $29,655.57 was placed in escrow. An inspection revealed that it would cost an additional $19,885.00 to complete the repairs. During the suit, the 74 year old client died but the case proceeded with her son who became the administrator of his mother's estate. ELAP petitioned the court for Summary Judgment which the court granted because the contractor was unlicensed; the subcontractor dismissed its lien and the escrow funds were released to the client/administrator.
5. A 60 year old contacted ELAP for assistance with his in-home services. He was a quadriplegic and had been receiving in-home nursing services but for nearly 100 days in 2012 he needed care in a nursing facility. When he returned home and attempted to resume in-home services again, he received a notice from DFCS after a few months stating that his Medicaid had been terminated because he was not living in a nursing facility. Client appealed but failed to request continued services for fear he would have to pay for them when he could not afford it. ELAP contact DFCS, but received no response. The community based services program was contacted and they had also experienced difficulties communicating with the DFCS Medicaid CW. The Regional Medicaid Specialist was contacted and it was determined that DFCS had indeed made an error; client's Medicaid was reinstated. It was short-lived however as ELAP contacted the client to ensure all was well and discovered after one day he was informed his cost share would be $799 per month. Client was married and had a spouse but Spousal Impoverishment had not been factored into the budget. ELAP again contacted the Regional Medicaid Specialist who acknowledged another agency error and removed the cost share.

Section 4

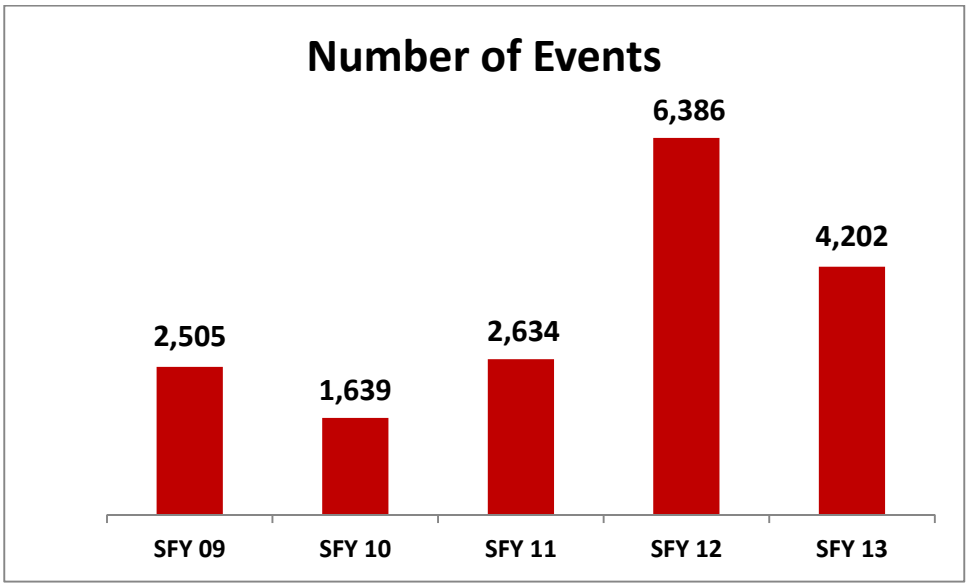
Expanding Access and Outreach

This program is designed to assist Georgia's Medicare beneficiaries and families in understanding their rights, benefits and services under the Medicare program; improve the nutritional health of elderly Georgians by providing nutritious meals; promote successful aging by improving or maintaining the functional ability and health status of elderly Georgians; and provide accurate, up-to date information about community resources for elderly Georgians.

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

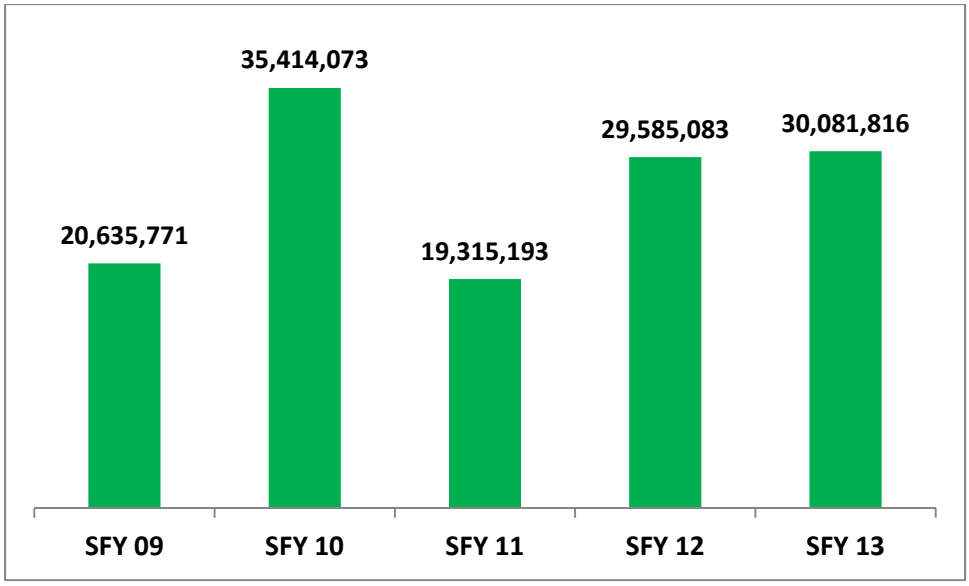


In State Fiscal Year 2013, GeorgiaCares conducted a total of 4,202 outreach and 794 media events (duplicative TV/Cable, radio, newspaper viewership) reaching 12,946,448 individuals regarding health insurance information on Medicare, Medicaid, prescription assistance, Medigap, long-term care services, and other health insurance needs and Medicare fraud prevention.

304 trained volunteers served clients in SFY 2013.

A total of 35,268 clients received one-on-one counseling.

Reducing "Out- of-Pocket" Costs

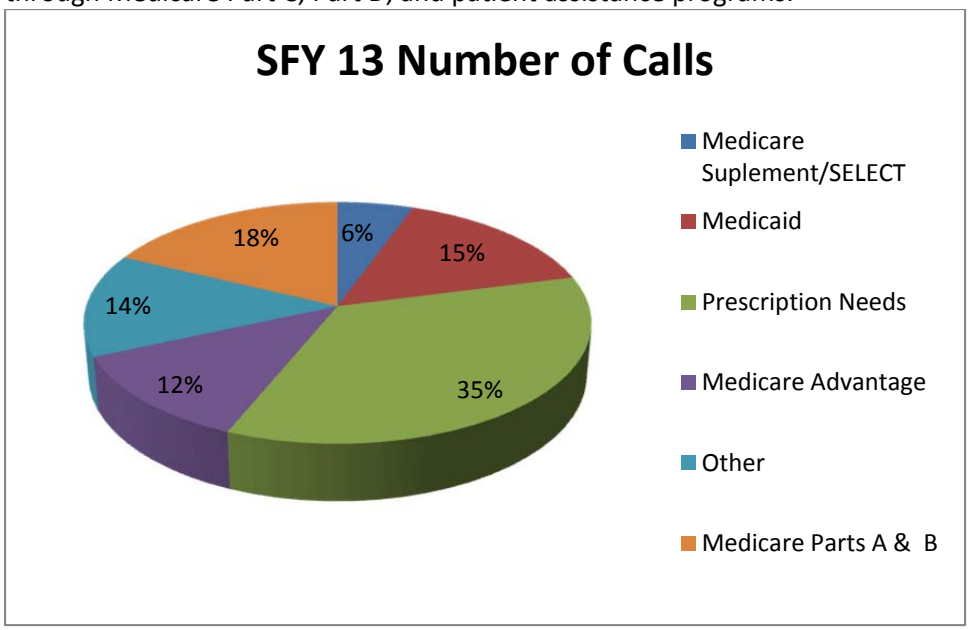


Over the last three years, GeorgiaCares has enabled clients to save more than $78 million in health insurance and related expenses.

In SFY 2013, GeorgiaCares saved beneficiaries $30,081,816 in out-of-pocket expenses.

Topics Discussed with GeorgiaCares Clients

In SFY 2013, 35% of GeorgiaCares calls dealt with Medicare beneficiaries needing prescription assistance through Medicare Part C, Part D, and patient assistance programs.



Outstanding Accomplishments for GeorgiaCares

- Continued partnership with the Department of Community Health to obtain client contact information for individuals eligible for the Low Income Subsidy (LIS) financial assistance program
- Renewed local program benchmarks for SHIP Performance Measures
- Continued annual Coordinator Recertification process

Challenges for the Future

- 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

Elder Abuse Investigations and Prevention provides a range of services to protect seniors from abuse, neglect, and exploitation. In addition, it works to improve the quality of life of residents in nursing homes and provides legal assistance to seniors. Program activities are distributed among various sub-programs:

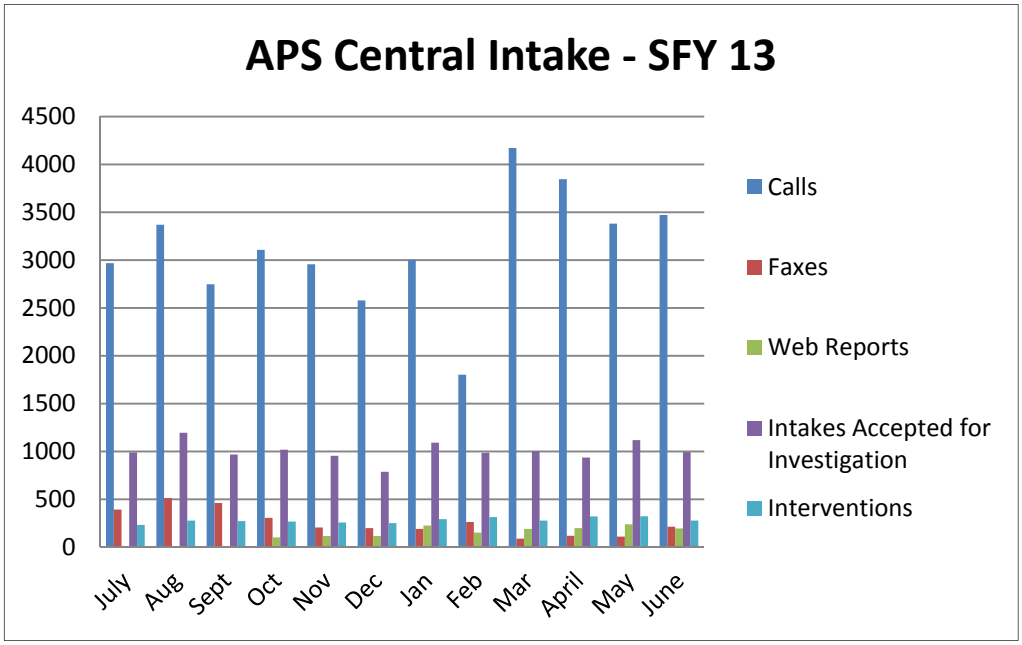
- Adult Protective Services
- Elderly Legal Assistance
- Elder Abuse Prevention
- Long Term Care Ombudsman

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 persons with disabilities 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 service interventions. Principles that guide the assessment for the need of those interventions 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. Eleven APS specialists handle calls through a statewide toll-free number (1-866-552-4464) and respond to fax and web based reports from the community to determine if reports meet criteria for APS to investigate a case. When the criteria is not met, Central Intake staff often provide limited telephone case management and/or make referrals to community resources, including those in the aging network.



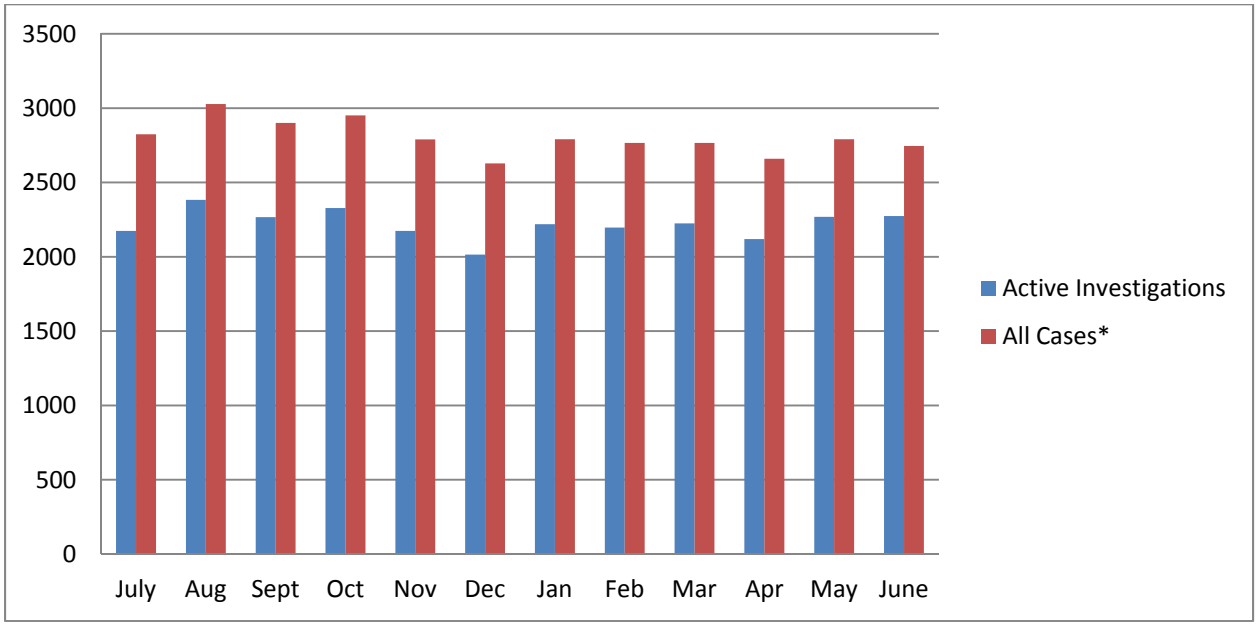
During SFY13, Central Intake staff received a total of 34,407 calls on the toll free hotline; 3,059 faxed reports and 1,534 web reports.

- A total of 12,044 reports were investigated
- CI staff provided limited case management intervention services on a total of 3,361 reports that did not meet APS criteria for investigation.
- The majority of the call volume handled by CI consisted of handling calls information from 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.

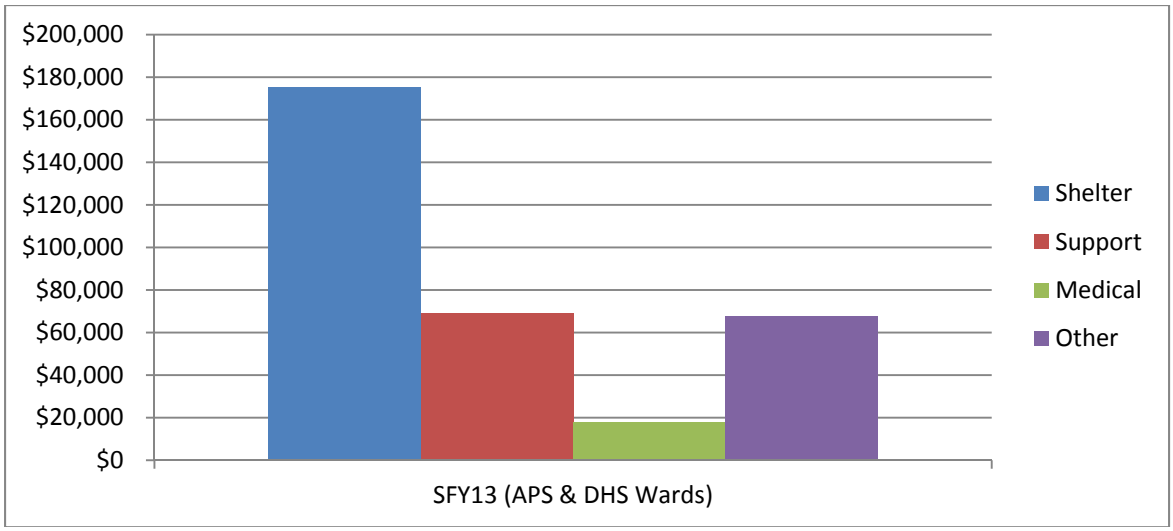
APS SYF 13 Case Totals



*APS averaged 2,803 cases per month. Approximately 77% of all APS cases are investigations. The number of APS ongoing case management services declined from 733 in July, 2012 to 535 in June, 2013 due to the closure of many long term ongoing cases and fewer investigations placed into ongoing case management. Caseload data represents unduplicated cases (investigations and ongoing): active investigations are those investigations active during the month.

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 or DHS wards to safe places or to provide for their needs in an emergency situation to allow them to remain at home. The majority of funds (43%) were spent on shelter for clients. Utilities (i.e. electricity, gas, telephone, water, sewage, etc.) accounted for approximately 79% of the Support category expenditures. Expenditures included in the "Other" category, which accounted for almost 21% 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.

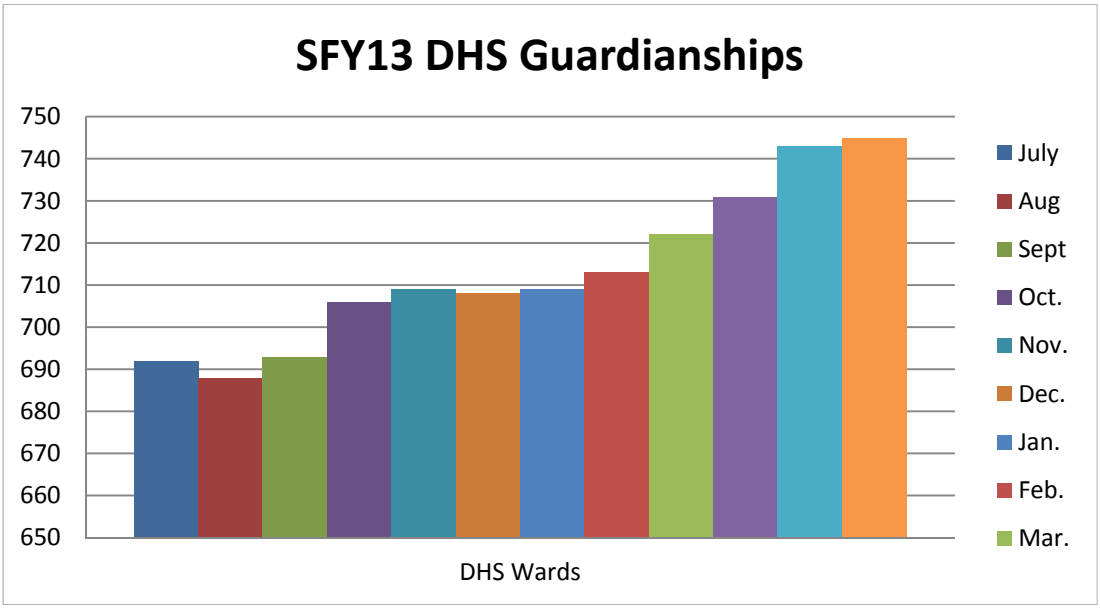


Examples of Outstanding Accomplishments

- Adult Protective Services has seen a sharp rise in the amount of cases meeting criteria for investigation. Factors that may account for this include: several educative broadcast media events; increasing media coverage of cases involving Law Enforcement; increased training for mandated reporters; aging of the population; and decreased available resources.
- Adult Protective Service staff are among the leaders to participate in efforts involving relocation of vulnerable adults from unlicensed or non-compliant personal care homes.
- Together with the Alzheimer's Association and University of Alabama, APS piloted the first tool designed to assess financial capacity and cognitive impairment.
- Adult Protective Services maintains a strong national presence on work teams with the National Adult Protective Services Association (NAPSA) including: curriculum development, national certification, data collection and research.

Public Guardianship

The DHS Office of Public Guardianship (PGO) provides case management for incapacitated adults for whom the Department serves as Guardian of Person. Case management services include, but are not limited to, maintaining sufficient contact with the ward to know of the ward's capacities, limitations, needs, opportunities, and physical and mental health; making decisions on behalf of the ward with regard to the ward's support, care, education and welfare; and ensuring that the ward's current and future needs are met (O.C.G.A. §29-4-22). During SFY13, there were 824 guardianships active during this time period. Twenty six case managers manage an average of 28 cases per month.



Examples of Outstanding Accomplishments

- Successor guardians were identified for a total of 13 DHS wards and 6 wards had their rights restored
- PGO staff assisted a total of 226 individuals in placement on Medicaid waivers enabling them to remain safely in the community.

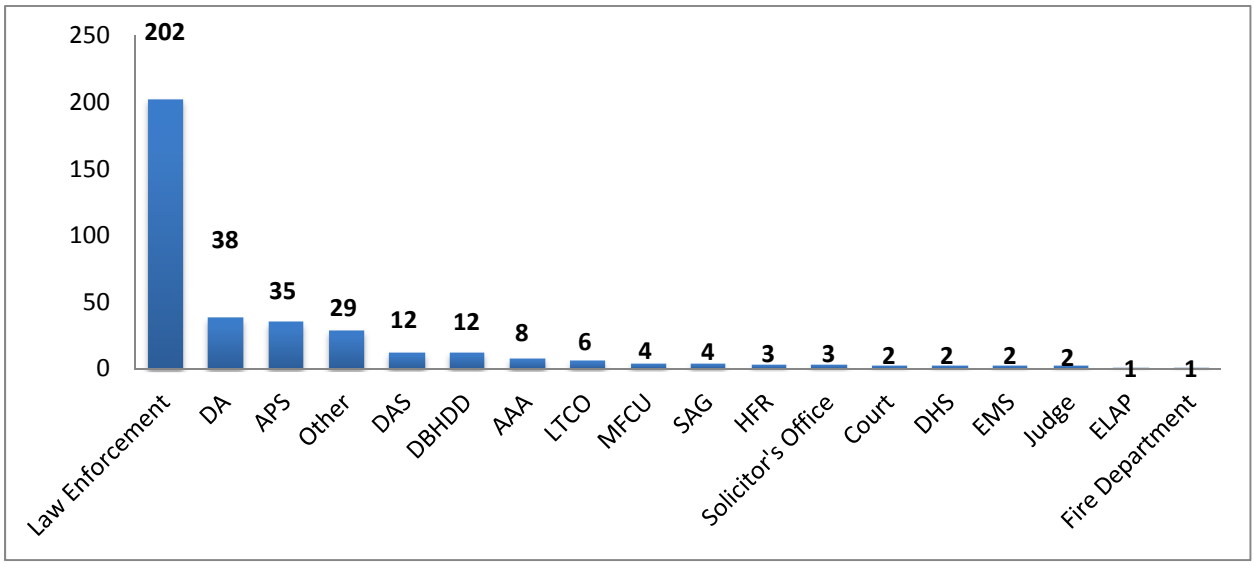
Forensic Special Investigations Unit (FSIU)

The Forensic Special Investigations Unit (FSIU) supports elder justice, strategic planning, activities, and research related to elder abuse awareness and prevention. The Vision and mission for the FSIU is to ACT to Protect At-Risk Adults along with Supporting DAS, DHS and other partners, identify and address system gaps and develop process improvements to protect Georgia's at-risk adults from abuse, neglect, and exploitation. The unit employs four Core Values: **IMPACT:** We strive to positively **IMPACT** the lives of at-risk adults through systems change. **INTEGRITY:** We practice **INTEGRITY** in all our actions as good stewards of the public trust. **INNOVATION:** We choose **INNOVATION** to address complex issues across multiple enterprises. **ADAPTABILITY:** We achieve results though **ADAPTABILITY** in an ever-changing environment.

FSIU Program Accomplishments for SFY 2013:

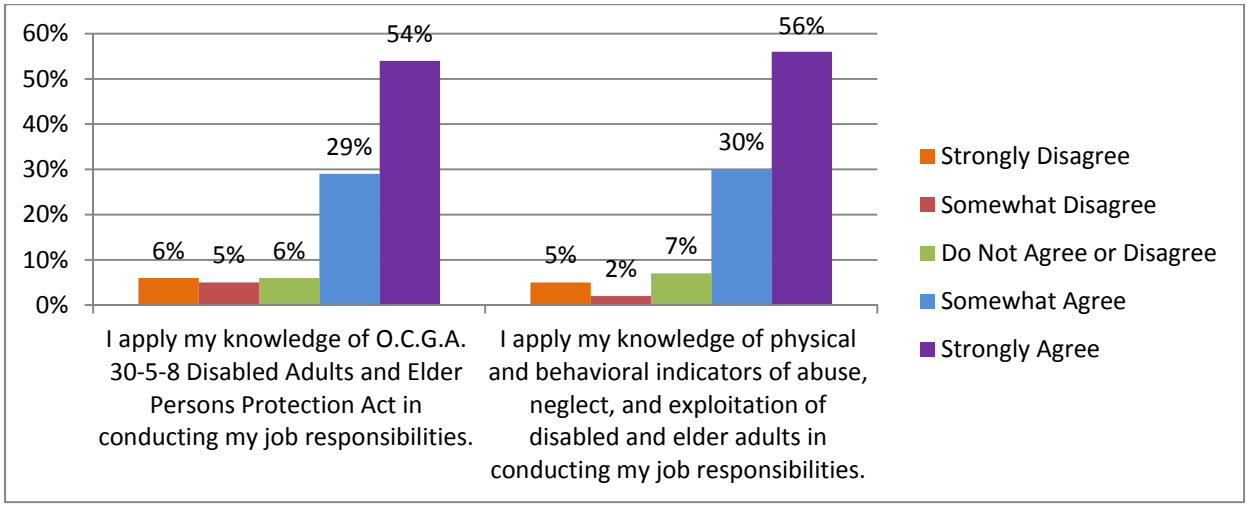
- In April 2011, FSIU deployed the At-Risk Adult Crime Tactics (ACT) Certification training program. ACT provides participants with basic knowledge and skills needed to respond to crimes involving the abuse, neglect and exploitation of older adults and adults with disabilities. During SFY 2013, 366 participants became certified ACT Specialists. A breakdown of ACT Specialists certified during SFY 2013 by professional discipline is presented in the chart below.

Breakdown of ACT Specialists Trained in SFY 2013 by Discipline



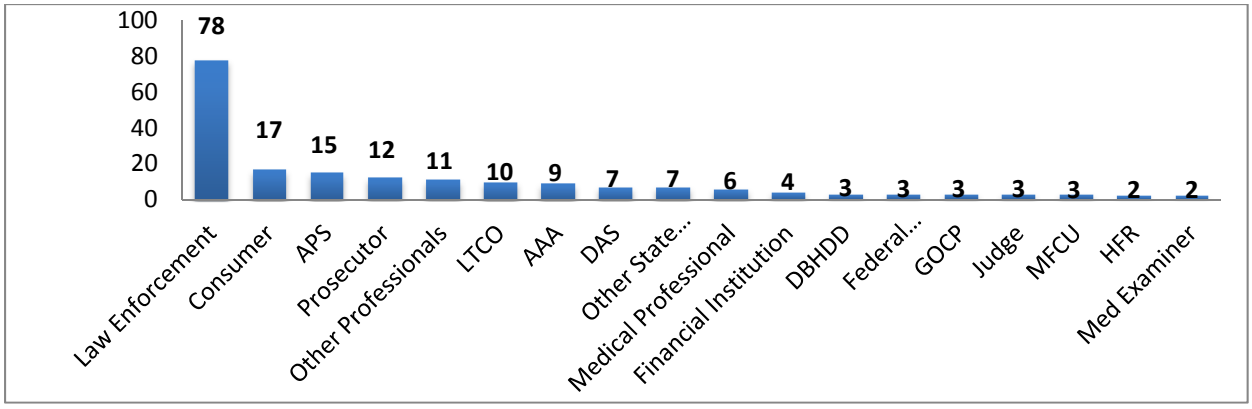
- Three questions were asked of participants before and after completion of the ACT training. 77% of questions were answered correctly in the pre-test. 97% of questions were answered correctly in the post-test showing a 20% increase in knowledge.
- ACT Specialists, who are primary or secondary responders to at-risk adult abuse, neglect, and exploitation receiving training in SFY 2013, received a survey 6 months after certification to gauge if the material has been applied in their work. Results are displayed in the chart below.

ACT Specialist Primary and Secondary Responders Application of Knowledge in SFY 2013



- At-Risk adult abuse, neglect and exploitation training/outreach was provided to over 4,273 people including the general public and other professionals.
- Technical Assistance and Case Consultation/Review were provided to over 195 individuals. A breakdown of Technical Assistance and Case Consultation/Review during SFY 2013 by professional discipline is presented in the chart below.

Breakdown of Technical Assistance and Case Consultation/Review Requests in SFY 2013 by Discipline



- As a result of training, Technical Assistance, and Case Consultation/Review, FSIU has been able to track outcomes on 31 law enforcement cases during SFY 2013. Of these 31 cases, 20 resulted in arrests/indictments related to the abuse, neglect and/or exploitation of an older adult or an adult with a disability. 5 cases resulted in arrests on other charges. 5 cases involved arrests related to the running of an unlicensed personal care home. 1 case resulted in a 30 year sentence. These cases resulted in over $3 million ($3,063,380) exploited from victims. In addition to these cases, FSIU has received numerous communications from law enforcement

crediting ACT training for assisting in cases. FSIU continues to request specific case outcomes to track the increase in these cases.

- FSIU facilitated the Serious Incident Review Team (SIRT). The primary purpose of the SIRT is to review serious incidents to determine if incidents would have been prevented and what lessons can be learned to prevent future incidents. SIRT reviewed 160 incidents during SFY 2013. Training and policy implications were recommended.
- FSIU conducted a survey to determine if APS Case Managers felt that the work of FSIU assisted them in doing their job. 82.5% of responders felt that the training provided by FSIU changed the way they handled cases (38.6% changed a lot; 43.9% changed a little). 68.5% of responders felt better equipped to their job because of the assistance/training they received from FSIU. 70.2% were satisfied with the overall quality of assistance received from FSIU. Responders were also asked to provide suggestions for additional training or assistance FSIU could assist with and FSIU will be working with APS to improve services in SFY 2014 based on these results.
- ACT Certification training has been credited for the creation of abuse, neglect, and exploitation of at-risk adult training in financial institutions, individual law enforcement agencies, and another state agency.
- FSIU has heavily promotes collaboration amongst different agencies. Two law enforcement agents who worked closely with FSIU on a case received the Gwinnett County Police Department Officers of the Year award for their demonstrated ability to work with multiple agencies on a complex issue which they credited in part to the work of FSIU.
- FSIU collaborated with multiple agencies on the completion of the *At-Risk Adult Abuse, Neglect and Exploitation in Georgia: Review and Recommendations* Law Enforcement White Paper which was adopted by the Georgia Association of Chiefs of Police Executive Board on May 15, 2013.
- FSIU facilitated quarterly Multi-Departmental Team meetings composed of agencies from multiple state departments and other pertinent agencies. The team addressed a variety of issues specific to the abuse, neglect and exploitation of at-risk adults and the need for emergency services for victims in need of relocation.
- During a regional hearing, FSIU provided comments to the U.S. Administration for Children and Families on the growing problem of warehousing at-risk adults for access to their monthly benefits as a form of human-trafficking.
- An FSIU member co-authored an article published in the *Journal of Elder Abuse & Neglect* titled *Elder Abuse: What Coroners Know and Need to Know*.
- FSIU is an identified point entity on an at-risk adult work group focused on abuse, neglect and exploitation headed by the Georgia Bureau of Investigations (GBI) director.
- FSIU collaborated with other organizations and the Georgia Public Broadcasting network to present a 1 hour educational program titled *Elder Abuse: Hiding in Plain Sight.*
- FSIU participates in a quarterly Skilled Nursing Taskforce led by the U.S. Attorney's Office, Northern GA District that specifically addresses abuse, neglect and exploitation in skilled nursing facilities.

- FSIU participates in a quarterly Personal Care Home Work group led by the U.S. Attorney's Office, Northern GA District that specifically unlicensed facilities and associated fraud of federal funds.

Future FSIU Initiatives:

- All reports of deaths of adults 65 years of age and older identified as suspicious by medical examiners are sent to FSIU. This will allow DAS to track suspicious deaths and also provides of means of providing medical examiners with decedent information when available.
- A Train-the-Trainer curriculum is being developed to expand the ACT Certification program.
- FSIU is working with the GBI to develop an at-risk adult abuse, neglect and exploitation roll call training video for law enforcement.

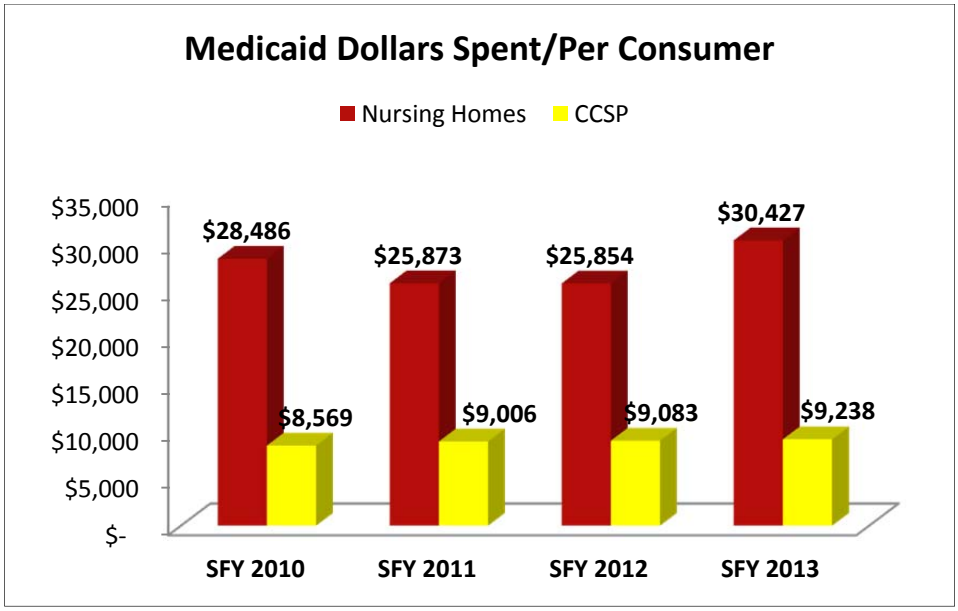
Section 6

Community Care Services Program

This program provides a continuum of supports to seniors, adults with disabilities and their caregivers in order to enable them to stay at home for as long as possible while maintaining health, independence and safety.

Community Care Services Program (CCSP)

The Community Care Services Program (CCSP) has successfully served eligible elderly and physically disabled consumers in Georgia for 30 years. By providing home and community-based Medicaid services to consumers eligible for nursing facility placing, 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-five percent of eligible consumers choose to participate in the community based CCSP.

Dollars Saved

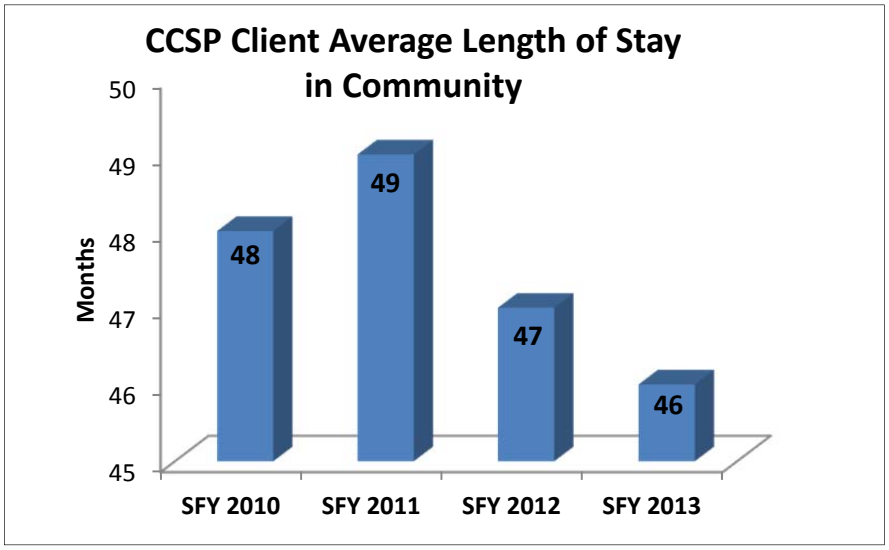
In SFY 2013 CCSP supported the choice of 13,182 Georgians to remain in the community, at less cost to Medicaid and effectively delaying or avoiding more expensive nursing facility placement.

CCSP saved taxpayers $21,190 per individual in SFY2013.

Consumers Served

Forty-five percent of CCSP clients were 75 years of age or older; 22% were 85 or older, and 126 clients were age 100 or older in SFY2013. Twenty-four percent of consumers were under 60 years of age.

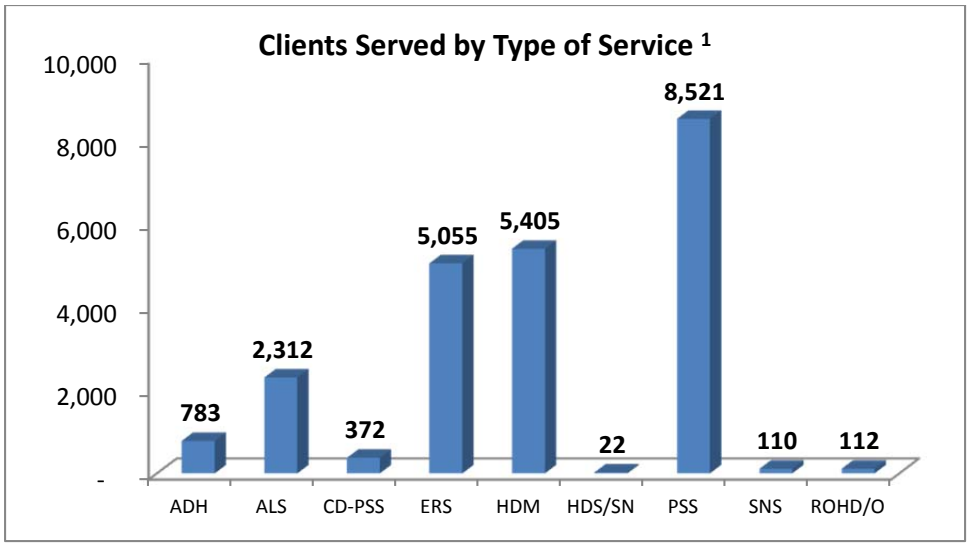
In SFY 2013, effective care coordination allowed clients' needs to be met so that the average consumer length of stay in the community was an additional 46 months, nearly four years.



CCSP Services

- Adult Day Health (**ADH**) – health, therapeutic and support services in a day center
- Alternative Living Services (**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®) has been implemented statewide by all 12 of Georgia's Area Agencies on Aging. The assessment and care plans are designed to meet the needs and support the caregivers of CCSP Clients.

Seventy-two 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-three 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 2013

"My mother has lived with my husband and myself for the past four and a half years. Because of your services, we have been able to offer my mom some independence of life, and have some for me, my husband, 2 sons and 5 grandchildren. An example is my mom having the alert button. We had to use it twice this past year to alert me while in a different part of the house when she needed me. What would we do without our care coordinator? She is such a support to me when I am at my wits end because of the difficulty my mom's care creates. If anything goes wrong, I call her and she is there for us. She is so kind and thoughtful. She is an advocate to keep the program smooth. Mother loves her aide who comes 3 times per week. That is my only time 'off'. The aide is great about making those days great and any changes seamless. Thank Goodness for programs like this."

Caregiver daughter age 62, Female consumer age 89 receives HDM, PSS, ERS
Rome, Northwest GA Area Agency on Aging

"CCSP means a lot to me. I know that 3 days a week my needs will be met. I can get my medicine, my groceries and whatever else I need. I have a very caring caregiver. She helps me with my house cleaning and I have someone to talk to. It is programs such as CCSP that allow us elderly people to remain in our homes and know our needs are met. If it wasn't for this program I would have to think about moving into an assisted living places or a Nursing Home. I don't have the money for either one. This program relieves people of this worry. I have a wonderful Care Coordinator who is just a phone call away. My medical alert system gives me peace of mind. Please keep this program for us elderly people. Keep us from a Nursing Home."

Female consumer age 77 receives PSSX, ERS
Summerville, Northwest GA Area Agency on Aging

"Mother had the stroke 7 years ago and was in the nursing home with a feeding tube. Her mind is very clear, but being unable to talk makes it very difficult for her to communicate. We made her house handicap accessible and returned her home after six months. We were only able to do this with the help of CCSP. Months later we were able to participate in the Consumer Direction program which has

been a Godsend, allowing us to have more personal support hours. Mother requires 24/7 care. I spend the night with her, am her personal representative and oversee all of her care. Without the help of CCSP and Consumer Direction we would not be able to keep mother out of the nursing home. CCSP is so much more cost effective than the nursing home and this program has definitely saved lots of money. Mother is so much more content and happy being in her own home. The CCSP staff has been wonderful and very helpful."

Caregiver daughter age 63, Female consumer age 90 receives CD-PSS
Northeast GA Area Agency on Aging

"I am so grateful for CCSP. My wife has Alzheimer's and I have to work. Without this program she would have to move to a nursing home."

Caregiver husband, Female consumer age 69 receives PSSX, HDM
Hancock, Central Savannah Area Agency on Aging

"I don't have anyone to help me but my aide. If I did not have CCSP and the assistance of my aide, I don't know what I would do. My aide assures that my needs are met; in addition to my personal needs at home, she takes me grocery shopping once a week and takes me to pick up medications at the pharmacy. Without her, I wouldn't be able to do those things."

Female consumer age 76 receives PSSX, ERS
Carrollton, Southern Crescent Area Agency on Aging

"Community Care is a godsend! I work swing shift on base and I live outside the county line. I would lose my job if I didn't have help with my mother. She has dementia and she needs assistance a lot of the time because she has forgotten so much. But the aide that comes treats my mother like she is her own and we have a wonderful rapport with each other. I have family, but they all have small children and families of their own that limit them from helping out with mother. The social worker has been wonderful with providing information about other resources and I'm thankful because it relieves a lot of pressure off of me to know that someone is empathetic with my needs as a caregiver."

Caregiver daughter age 46, Female consumer receives PSSX
Warner Robins, Middle GA Area Agency on Aging

Section 7

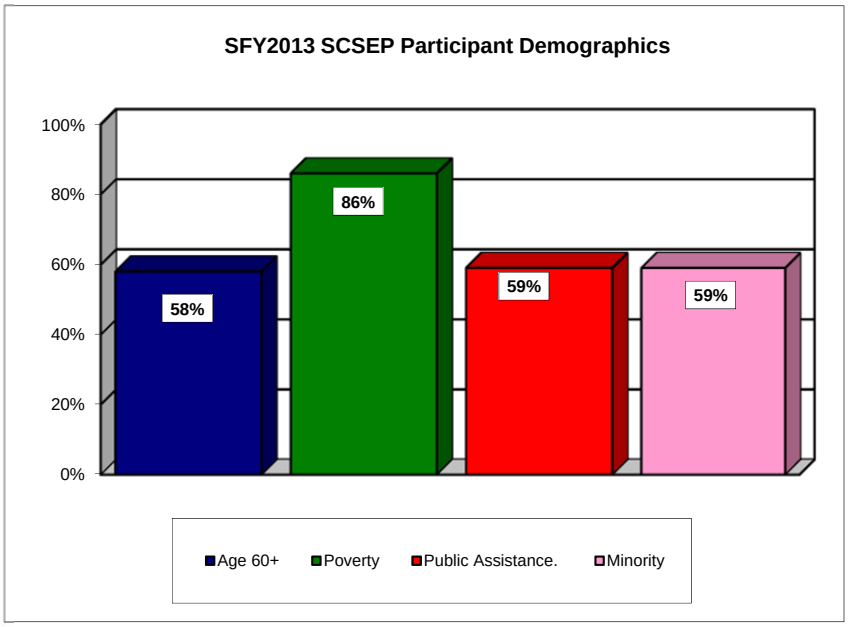
Older Americans Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is a program of the United States Department of Labor(DOL), its Employment and Training Administration, to help more senior citizens get back into or remain active in the labor workforce. Georgia's program is administered by the Georgia Division of Aging Services. It is a community service and work-based training program through job skills training and employment assistance with an emphasis on getting a job with a suitable company or organization. The worker is paid the US minimum wage, or the prevailing wage, for an average of 20 hours per week, and experiences on-the-job learning and newly acquired skills use. The intention is that through these community jobs, the older worker will gain a permanent job, not subsidized by federal government funds.

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, 58% were over age 60 (compared to 60% nationally).
- Eighty-six percent (86%) of persons enrolled had incomes below the federal poverty level (compared to 88% nationally).
- Fifty-nine percent (59%) of current enrollees were receiving public assistance (compared to 54% nationally).
- Fifty-nine percent (59%) of enrollees were minorities (compared to 40% nationally).

Examples of Outstanding Accomplishments

The U. S. Department of Labor (DOL) establishes indicators for each state to measure the SCSEP program performance. The performance indicators measure six performance categories. In Program Year(PY) 2012, Georgia exceeded several of the DOL targets.

- **Community Service goal**: This measure reports the number of hours of community service provided by the SCSEP program. For PY 2012, the DOL target goal for Georgia was **85.4%** (participants should provide a minimum of 85.4% of the total community service hours funded by the DOL for Georgia). Georgia achieved **78.0%,** which was higher than the national SCSEP rate of **77.2%**
- **Entered Employment goal**: This measure reports the rate of participants who exit the program because they obtained employment, compared with those who exited for other reasons. The DOL target rate for GA for PY 2012 was **50.4%** (50.4% of all participants who exited the program did so because they became employed). Georgia came just short of this goal with **a 47.2%** entered employment rate, which was higher than the national SCSEP rate of **41.7%**
- **Employment Retention Rate goal**: This measure reports the rate of participants who retain employment for at least six months after their work start date. The DOL target goal was **75%** (75% of all participants who found employment in a given quarter retained their employment for at least six more months. Georgia exceeded this target goal and achieved **80%** employment retention rate, which was higher than the national SCSEP rate of **73.3%**
- **Service Level goal**: The service level goal shows the percent of enrollment in Georgia's 203 authorized SCSEP positions for PY 2012. The DOL goal for Georgia was **175%** enrollment. Georgia came slightly short of that goal with **162.1%** enrollment, which was higher than the national SCSEP rate of **151.4%**
- **Earnings goal**: DOL sets this goal to determine the average earnings of participants who enter and retain employment for three quarters after their exit. The DOL average earnings goal for Georgia for PY 2012 was **$7,121**. Georgia's average earnings were just short of goal, with **$6,903**, which was lower than the **$7,181** national SCSEP average earnings.
- **Most-in-Need goal**: The most-in-need measure reflects the average number of employment barriers a participant faces, such as disability, veteran status, age 65 or older, limited English proficiency, or low literacy skills. DOL requires that participants with these employment barriers be given priority as "most-in-need" participants. Georgia achieved an average number of **2.52** barriers, which was short of the DOL goal of **2.70** barriers and the national SCSEP rate of **2.66.**

Community Benefits

Participant training wages contribute to the local economy and reduce their dependence on public benefits programs. Participants provided 169,558 hours of service to community organizations, including 76,228 hours of service to organizations that serve older adults. Thirteen percent (13%) of Program Year 2012 participants were individuals with disabilities (compared to 15% nationally). Twenty-eight percent (28%) of participants were homeless or at risk of homelessness at time of enrollment (compared to 43% nationally).

SCSEP Success Stories

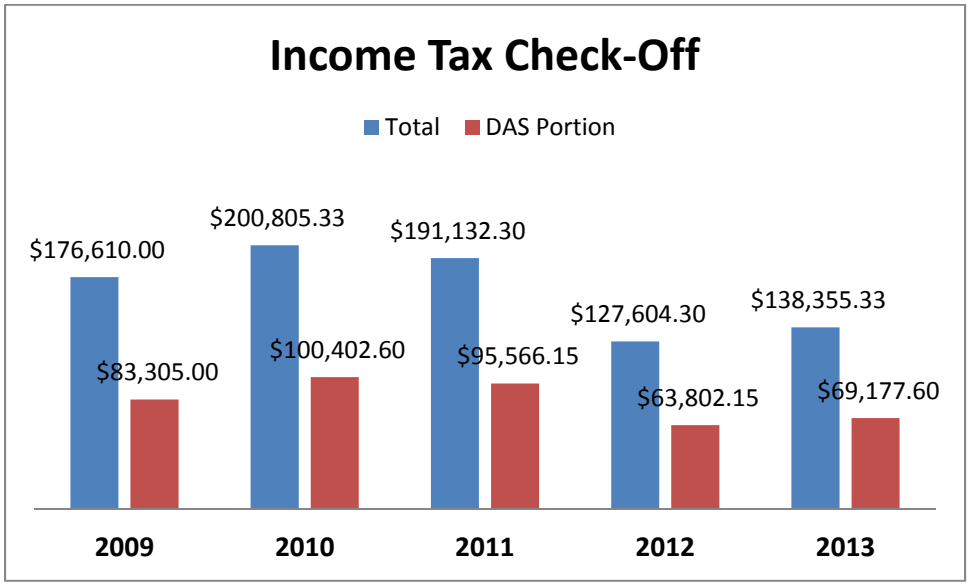
A participant who obtained employment at a university after completing SCSEP training and earning his GED received the “Newcomer’s Award” for outstanding service provided by an employee who had been on staff for less than a year.

A SCSEP participant who was homeless when she enrolled received housing assistance as a supportive service of the SCSEP program. She found an apartment and received three months’ rent support, along with payment of her security deposit and utility deposits.

A participant enrolled in the SCSEP program after being evicted from his home. He had not worked in five years. Assigned as a custodian at a medical center, the participant excelled at his assigned duties, prompting his supervisor to describe him as “one of the hardest working people I have ever seen.” When he learned he was enrolled in SCSEP and assigned to an important training site, the participant burst into tears and stated, “After five years without a job I thought nobody would give me a chance, but now I have a chance to go to work and prove what I can do.” The SCSEP’s supportive services program also helped the participant find subsidized housing.

Georgia Fund for Children and Elderly

The Georgia Fund for Children and Elderly enables Georgians to support services for older adults and youth through easy-to-make voluntary donations on state income-tax forms. The Fund first took shape in 1992 with the introduction of HB 1542, the Tax Check-Off for Home-Delivered Meals and Transportation. The General Assembly passed the bill after it was amended to address the needs of both older adults and preschool children, and hence the Georgia Fund for Children and Elderly was born. It is described in O.C.G.A. § 49-1-7.

The Department of Human Services Division of Aging Services (DAS) co-administers the fund with the Department of Public Health's Maternal and Child Health Program Division. DAS receives 50% of the Fund's donations each year, and those monies are distributed to Area Agencies on Aging for home-delivered meals and senior transportation. The remaining 50% is allotted to the Department of Public Health to provide grants for programs that serve children and youth with special needs.

Income tax check-off donations received between 2009 and 2013 are shown below.