

State Fiscal Year 2015

Just The Facts



Georgia Department of Human Services
Division of Aging Services

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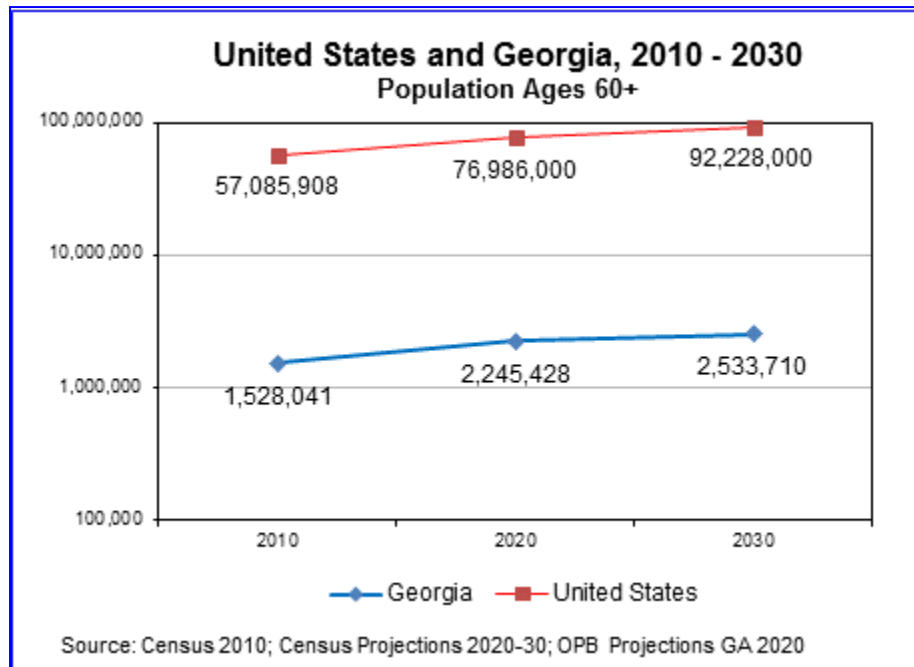
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Aging Trends in Georgia

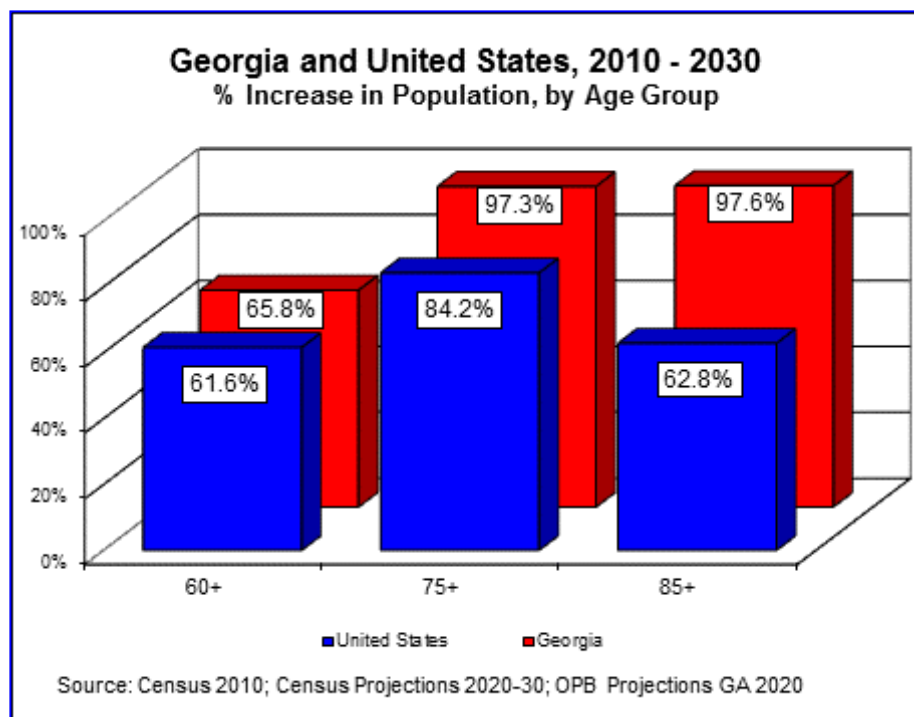
GA DHS Division of Aging Services and the Aging Network

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, living safely and living well.



- Georgia has the 11th fastest-growing 60+ population and the 10th fastest-growing 85+ population in the United States between 2010-2030.

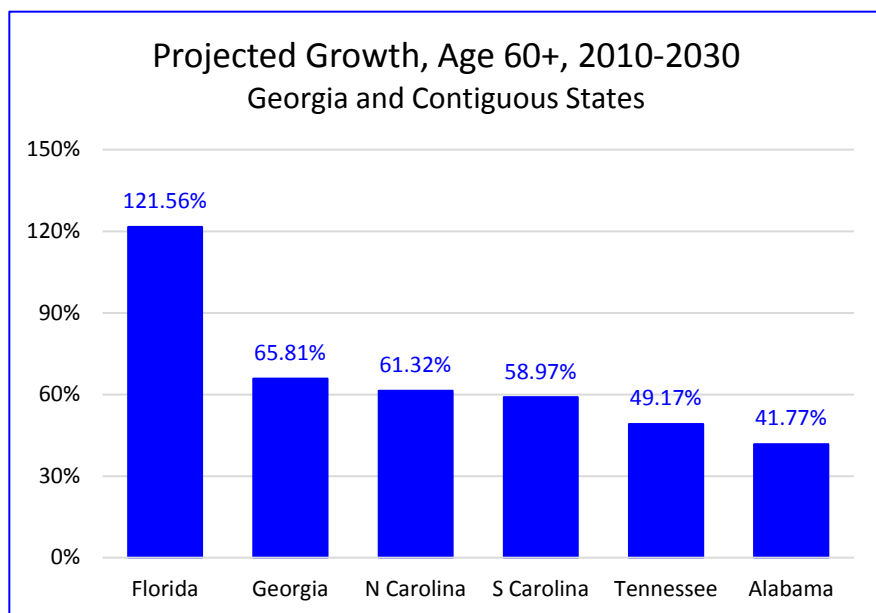
- Georgia's 60+ population is expected to increase 65.8 percent between 2010 and 2030, from 1 in 6 persons in 2010 to 1 in 5 persons in 2030.



- Georgia's 85+ population is expected to increase 97.6 percent from 2010 to 2030. Those age 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.

- Among Georgians age 60 and above, there were 79.1 males for every 100 females. For Georgians age 85 and above, there were 43.0 males for every 100 females.¹ (2008-2012)
- Of Georgia's population ages 60 and above, an estimated 362,460 lived alone.² (2008-2012)
- 337,020, or 21.84 percent of Georgia's total civilian population age 60 and above, were veterans.³ (2008-2012)
- A greater number of Georgia's 60+ population completed high school and earned post-secondary degrees:⁴ (2008-2012)
 - High school graduates 498,180
 - Associate degree 71,665
 - Bachelor's degree 198,735
 - Master's degree 95,470
 - Professional degree 31,435
 - Doctorate degree 21,815



n estimated 27.09 percent of Georgians 60+ were in the workforce.⁵

- 11.45 percent of the state's population age 60 and above were at or below poverty level.⁶
- Georgia has the second-highest percent increase in 60+ population to its bordering states.⁷

¹ AGID Table S210DIS01, GA 2008 - 2012.

² AGID Table S21004, GA 2008 - 2012.

³ AGID Table S21025, GA 2008 - 2012.

⁴ AGID Table S21021B, GA 2008 - 2012.

⁵ AGID Table S21023, GA 2008 - 2012.

⁶ AGID Table S21043B, GA 2008 - 2012.

⁷ 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

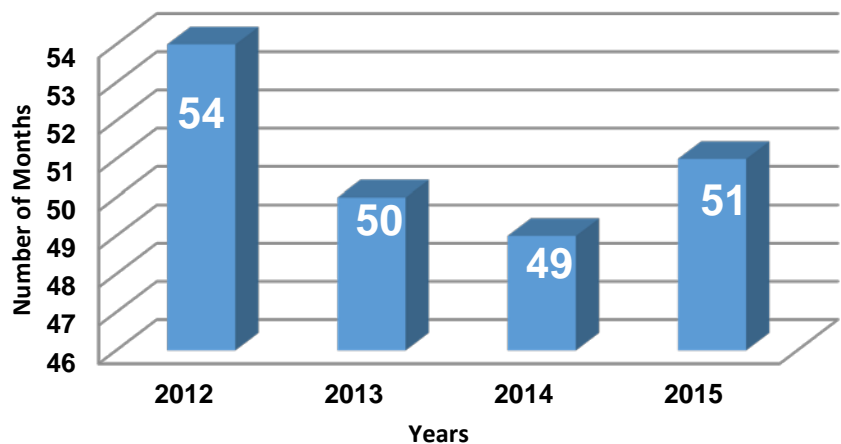
The Administration for Community Living core programs provide a wide range of in-home and community-based services that are helping older Americans remain independent, active, and at home. These programs serve as the foundation for the Aging Network's responsibility to bring together and coordinate a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

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 State Fiscal Year (SFY) 2015, 29,727 clients received HCBS services; 8,314 clients received more than one service. Length of stay (LOS) is the metric used to define return on investment by keeping people in their homes and in the community.⁸ Studies have shown that the longer a person is able to stay at home with support, the more it saves taxpayer dollars.

Average length of stay - in months



Partners in Service Delivery System

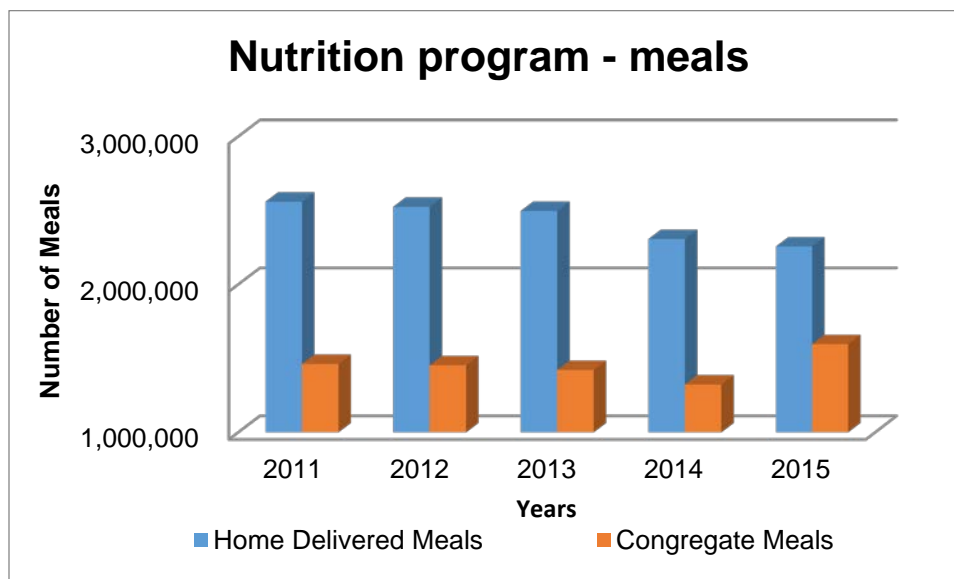
DAS partners with the Aging Network and other public and private-sector agencies to provide nutrition and wellness program services. These partners include: The University of Georgia, Georgia State University, Area Agencies on Aging (AAA), senior centers, community service providers, Diabetes Association of Atlanta, Georgia Extension Service, Division of Public Health, AARP, American Cancer Society, Medicare Diabetes Screening Project, Administration on Community Living, National Council on Aging, etc.

⁸ 2010 Census Compared to 2030 Projections from File 2. Interim State Projection of Population for Five-Year Age Groups and Selected Age Groups by Sex: July 1, 2004 – 2030. Source U.S. Census Bureau, Population Division Interim State Population Projections, 2005.

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.

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 both in a group or individual setting 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 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 Meals program is administered by State Units on Aging and/or Area Agencies on Aging 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.



In SFY 2015, 3,852,204 total meals (Congregate Meals: 1,595,762 and Home Delivered Meals: 2,256,442) were served.

- More than 3,000 persons benefitted 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 including 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

During SFY2015, DAS awarded 10 mini-grants to five AAAs to establish community gardens. These areas were identified as having a large percentage of food deserts. Many community partnerships were made to help create these gardens, and they have been a success with bringing communities together and getting fresh produce to those who need it most.

Accomplishments Highlighted

The Voluntary Contributions Policy was established for all Older Americans Act services, including those for which cost sharing is prohibited. Recommended minimum voluntary contribution amounts and controls to protect AAA providers and direct services staff in the handling of cash and checks used to make payments were published.

Hospital transitions/care transitions intervention

- Coleman Model: Three AAAs received Community Based Care Transitions Program (CCTP) funding and had successful implementations. Additional AAAs have persons trained and have established hospital partnerships.
- Bridge Model: Seven out of AAAs have persons trained in the Bridge Model with expectations of more to be trained in 2016.

Transportation:

- One volunteer-based transportation pilot program is in operation and it is a combination rideshare/volunteer program
- Two AAA regions have voucher transportation programs

Future Directions and Opportunities

Person-centered congregate meals model

- Senior center redesign: Focus on programming for each segment of older adulthood, voucher programs and centers without walls.
- Statewide meals contract: Exploring potential savings and wait list reduction; identifying best service for each AAA and identifying ways to improve quality and the capacity to tailor meals to individuals.

Targeting Resources

- New Access to Care Model focused on:
 - Those in the greatest economic need
 - Those in the greatest social need
 - Those with the greatest institutionalization
 - Those who are frail
- Client Prioritization Policy
 - Particular attention given to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas
 - Focused on matching actual need with service level and expanding to four target AAA areas over time.
- Statewide training provided for consistent assessment processes

Case Management Redesign:

- Envision access to services as a continuum with Gateway, Options Counseling, Care Consultations, Care Transitions and case management
- Targeting high-risk clients to receive case management
- Developing risk assessment protocols with Rosalynn Carter Institute and Emory University Fuqua Center for Late-Life Depression
- Building a conflict free access system that includes case management
- Building capacity for fee-for-service case management

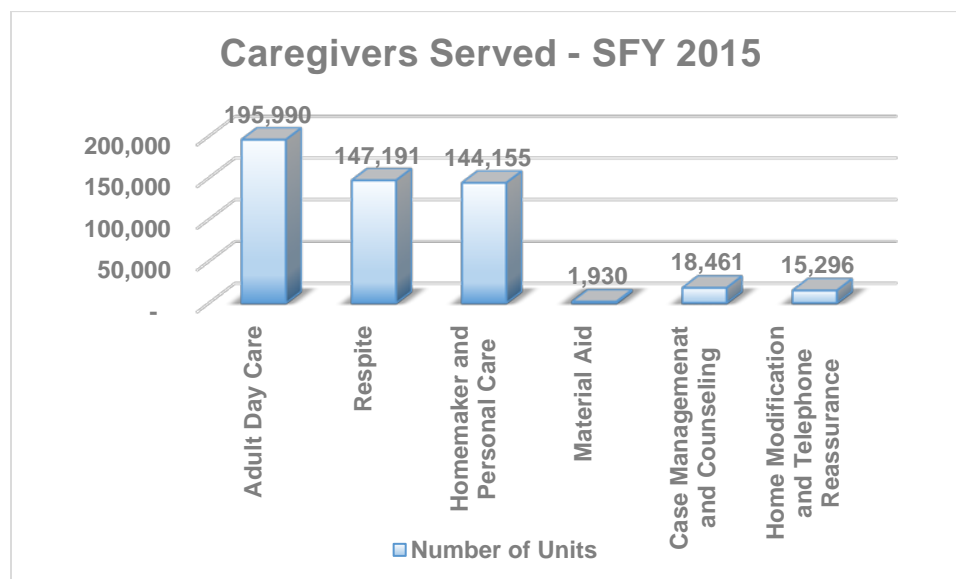
Caregiver Programs and Services

Overview

Georgia's aging network provided an array of services designed to support family caregivers. During SFY 2015, services to caregivers included day care, in-home respite, information and assistance, support groups, material aid (help with purchasing transportation, food or groceries), homemaker and personal care.

During SFY 2015, a new service, called Care Consultation, was initiated. Care Consultation is an evidence-based information and coaching service delivered by telephone which empowers people to understand options, manage care, and make decisions more effectively. The program is presently operational in several Area Agencies on Aging (AAAs). The Division of Aging Services (DAS) worked collaboratively with the Rosalynn Carter Institute, and the Benjamin Rose Institute on Aging in Cleveland, Ohio, to provide this service to older persons and their caregivers.

DAS also successfully ended a three-year systems integration grant, which greatly enhanced the ability of health care professionals to work with persons with dementia and their family caregivers.



Definition of Units

Adult Day Care = 1 hour of service

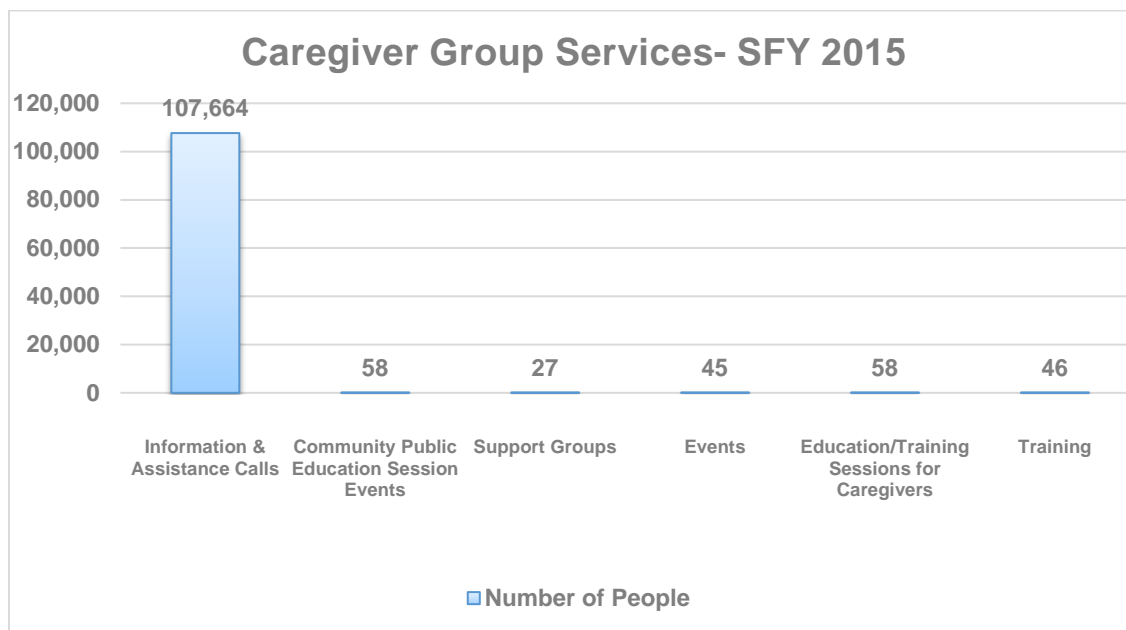
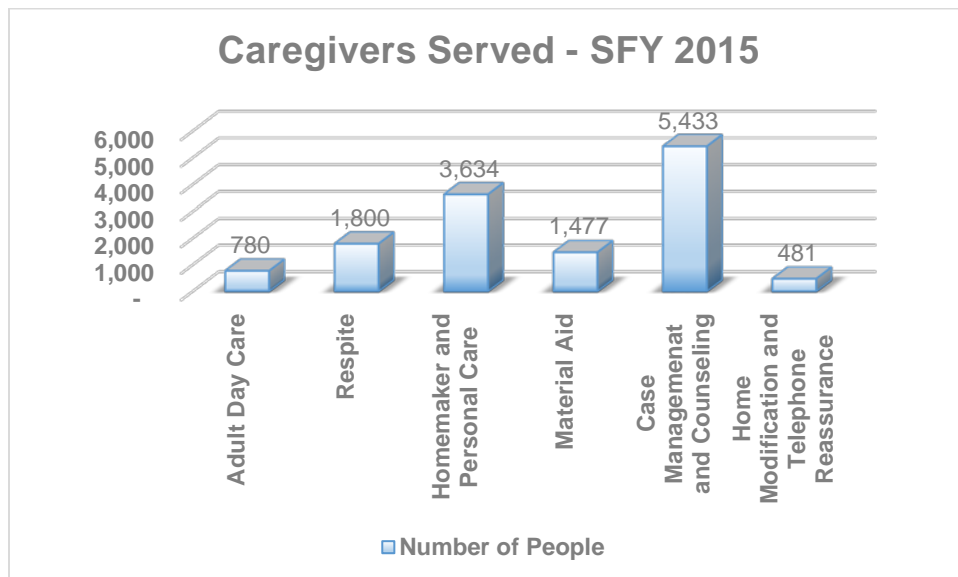
Respite = 1 hour of service

Homemaker and Personal Care = 1 hour of service

Material Aid = 1 contact for service payment

Case Management and Counseling = 1 hour or 1 session of service

Home Modification and Telephone Reassurance = 1 job completed or 1 client contact



Caregiver Success Stories

Care Consultations

The following statement is a testimony from a caregiver in Georgia's Care Consultations Program.

"When I heard about the Care Consultations program, I was anxious to try it. Anything that could ease the stress I was feeling as a caregiver was worth trying. Following my mother's stroke and her decision that she could no longer live successfully alone, my husband and I wanted very much for her to come and live with us. We were not prepared, though, for the

constant demands of caregiving and the feeling of inadequacy we experienced from the start. The Care Consultation program assisted us greatly in getting through the toughest times and helping us sort things into manageable pieces that we could handle. It started with access to resources and information. The Care Consultant helped me find information I needed about medications for dementia and doctors specializing in geriatrics. Although I could possibly have obtained this information myself, there was not a minute in my more-than-busy day to even begin to look. When I experienced family conflict and had questions about how to maintain positive family relations around caregiving issues, the Care Consultant sent relevant articles that validated our feelings and helped point us in the right direction. After finding my mother outside in the cold one morning and recognizing that we had to have a way to know if she opened a door while we were sleeping, the Care Consultant quickly provided information to us about door alarms and other assistive products. When we recognized that my mother's finances were not sufficient to cover the costs of her care, the Care Consultant helped us identify programs that could help; then kept track of the status of various applications, offering explanations we would otherwise not have had or understood. All of these services have been of great value. Equally important has been her willingness to listen, validate and encourage. My husband and I are very grateful for the Care Consultations program!"

Accomplishments Highlighted

Presentation on Rural Caregiving to the Institute of Medicine of the National Academies

DAS was invited to make a presentation on rural caregivers to the institute of medicine of the National Academies in Irvine, California. The Institute is involved in an 18-month study on family caregiving for older adults. DAS presented on a number of programs that have been particularly effective in serving rural caregivers, as well as lessons learned from implementing programs and services in rural communities.

Systems Integration Grant

DAS completed its three-year grant from the Administration for Community Living. The goal of the grant was to create seamless, customer-focused statewide access to a comprehensive array of services and support programs to help persons with dementia and their caregivers. Here are the accomplishments:

- 1) All 12 AAAs have implemented the evidence-based Powerful Tools for Caregivers (PTC) program.
- 2) PTC evaluations show positive health outcomes for caregivers on all 12 measures.
- 3) Twenty-three webinar trainings have been provided to a wide range of health care professionals across the state, and webinars and tests have been archived for future use.
- 4) The Georgia Abuse, Neglect and Exploitation (G.A.N.E.) app was developed and implemented to enable law enforcement and Adult Protective Services staff to better meet the needs of persons with dementia and their caregivers.
- 5) A Financial Exploitation Summit was conducted, and banking industry, law enforcement personnel, and prosecuting attorneys have joined work teams to make policy

recommendations, enabling them to reduce financial exploitation of persons with cognitive impairments.

- 6) Two Telephone Reassurance models were developed and implemented to provide statewide coverage for persons with dementia and their caregivers.
- 7) A statewide train-the-trainer for all AAAs on both Telephone Reassurance Models was conducted.
- 8) Outreach was conducted around the state with neurologists, and in collaboration with neurologists. A series of “Living with Alzheimer’s disease” sessions were conducted for persons in early stage Alzheimer’s disease.

Prevention of Exploitation

Persons with cognitive impairments are frequently targets of abuse, neglect or exploitation. Collaborative initiatives to reduce this exploitation is underway with numerous organizations, including but not limited to the Georgia Bureau of Investigation (GBI); the Alzheimer’s Association, Georgia Chapter; and the Division of Aging Services staff with the Adult Protective Services, Forensics, and Livable Communities sections. Work teams and community forums will continue to build partnerships to address exploitation from multiple fronts.

Expansion of Evidence-based Programs and Services

The Division will continue to identify and implement evidence-based programs, services and interventions that will improve and enhance health and well-being of older persons and their caregivers. During SFY 2016 for example, the Care Consultation program will be implemented in three additional AAAs.

Section 2

The Georgia Alzheimer's and Related Dementias State Plan was developed to address Georgia's ability to support residents living with dementia; advance research; and promote early, accurate diagnosis. The plan outlines a strategy to help the public and private sectors assess statewide service capacity, leverage resources, and build partnerships to make Georgia a more dementia-capable state.

Georgia Alzheimer's and Related Dementias State Plan

In SFY 2015, the Georgia Alzheimer's and Related Dementias (GARD) State Plan entered its second year of implementation. The Advisory Council and collaborating organizations made advancements in the plan's priority areas. Recommendations fall into the following areas:

- Healthcare, Research and Data Collection
- Workforce Development
- Service Delivery
- Public Safety
- Outreach and Partnerships
- Resources

Selected highlights are below.

Georgia Alzheimer's and Related Dementias State Registry

The GARD reporting web portal went live on March 25, 2015. Through this secure portal, physicians throughout Georgia are able to submit Alzheimer's and related dementias patient data.

"The data will allow us to measure the direct impact of dementia on the health of our communities, which may fundamentally impact Alzheimer's disease care in Georgia," said state Department of Public Health Commissioner Brenda Fitzgerald M.D. "By evaluating and reporting the demographic scope of the registry data, we hope to increase the potential for positive statewide health outcomes and influence the management of associated healthcare costs."

Financial Exploitation Training for Law Enforcement and Banks

The DHS Division of Aging Services (DAS), the Alzheimer's Association, the Georgia Bankers' Association, AARP and the Prosecuting Attorney's Council of Georgia partnered to train bank personnel and law enforcement personnel on how to prevent, address and prosecute financial exploitation. Approximately 140 persons were trained at the March Financial Exploitation Training for Law Enforcement and Banks event.

Education for Physicians

The Georgia Department of Public Health and the Emory Alzheimer's Disease Center collaborated to provide distance-learning tools to educate physicians about dementia diagnoses. In addition, the Alzheimer's Association conducted the in-person training titled "A Roadmap for Cognitive Screening for Primary Care Doctors."

Resolution to Incorporate More Gerontology and Dementia into Higher Education

The Georgia General Assembly adopted House Resolution 304 which urges institutions of higher education to infuse gerontology and dementia topics into their curricula.

House Study Committee on Adult Day Services

House Resolution 618 created a House Study Committee on Adult Day Services to examine related conditions, needs, issues and challenges.

GARD Workforce Development Survey, Core Competencies and Curricula Initiatives

The Workforce Development Medical and Social Workgroup and the Workforce Development Direct Care Workgroup inventoried existing training, administered surveys to assess statewide training needs, and conducted national research to recommend core competencies and curricula for statewide dementia education.

Dementia Capacity Webinars

DAS and the Rosalynn Carter Institute for Caregiving, developed a series of 23 dementia-capability webinars with tests. Funding was provided through a Systems Integration Grant awarded by the Administration on Community Living (ACL).

Evidence-Based Training for Direct-Care Workers

ACL awarded the Rosalynn Carter Institute a three-year grant to help close gaps and strengthen services in Georgia's dementia-capable system. Components include the development of a "Dealing with Dementia Behaviors Guide," training curriculum, and train-the-trainer classes for direct-care workers in home care agencies. Rosalynn Carter Institute is working with the AAAs across the state to recruit participants and host training workshops.

Eden Alternative Training on Person-centered Dementia Care

Georgia is one of five states to participate in a Federal Civil Monetary Penalty Funds Grant to support and further expand the National Partnership to Improve Dementia Care in Nursing Homes. The Eden Alternative was awarded a grant for their project entitled, "Creating a Culture of Person-Directed Dementia Care." The goal is to support the continued reduction of antipsychotic medications through person-directed care practices that redefine perceptions of and approaches to dementia care. Participating states are Georgia, South Carolina, Kansas, Illinois and Texas.

Technology and Aging Summit Featuring Dementia-Care Best Practices

The 2015 Technology and Aging Summit, held November 2015, featured best practices in dementia care, supports and services. The event was co-sponsored by LeadingAge Georgia and the Georgia Gerontology Society, with the collaboration of DAS, the Georgia

Institute of Technology, the Atlanta Regional Commission, BrightStar, SimpleC and a variety of other public and private organizations.

In SFY 2016, the Georgia Alzheimer's and Related Dementias Advisory Council will secure a full-time coordinator to spearhead new initiatives in the areas of public education, workforce development, caregiver support, research, physician outreach, public safety, and resource development. The Advisory Council, which meets quarterly, invites all interested professionals and members of the public to participate and help advance state plan goals.

Section 3

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 Americans Act core programs.

The Aging and Disability Resource Connection Program is a collaborative effort of the 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.

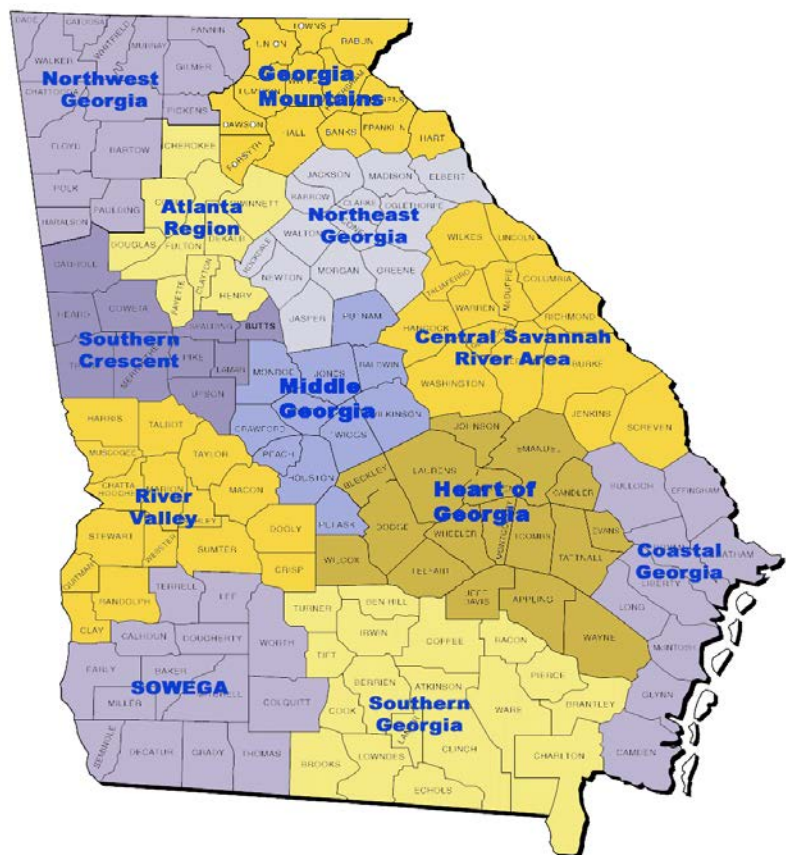
Aging and Disability Resource Connection

The Georgia Aging and Disability Resource Connection (ADRC) is a partnership between DAS and multiple organizations including state agencies and other public or private organizations. The ADRC has expanded to a No-Wrong-Door system for resources and services for all populations and all payers. Counselors screen most callers to identify preferences and needs using the database of over 25,000 resources. Resources may be free, reduced cost or private pay depending on need and finances.

ADRC Partners

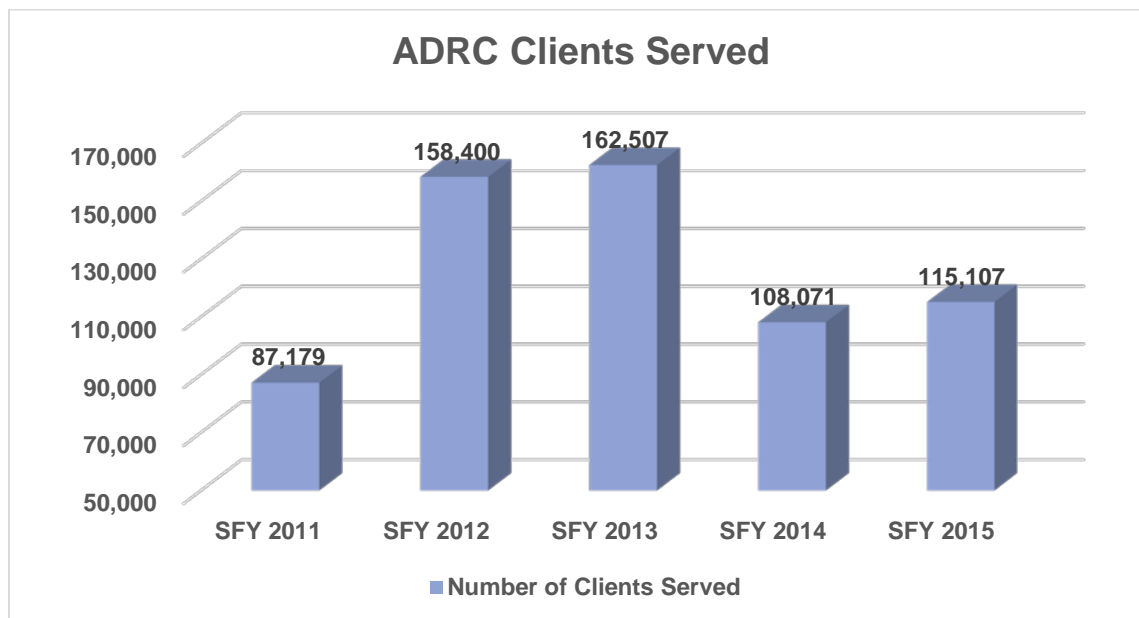
ADRCs have partnerships on the state and local level with other agencies such as the Division of Family and Children Services, Department of Community Health, Long-Term Care Ombudsmen, GeorgiaCares, the Georgia Tech Tools for Life, the Alzheimer's Association, the Centers for Independent Living, Department of Public Health, the Brain and Spinal Injury Trust Fund Commission, the Georgia Hospital Association, the Georgia Council on Aging and Adult Protective Services.

ADRC Regions



*Information, Referral and Assistance**

- In SFY 2015 the 12 ADRC sites served 57,829 older individuals looking for a variety of home and community-based services.
- During the same time period, 57,278 individuals with developmental, physical, or behavioral disabilities contacted the ADRC seeking information about long-term care options.
- Together, the ADRC sites served more than 115,107 clients seeking long-term care options for seniors and individuals with disabilities.



*In October 2013, DAS implemented a new method of counting individual clients served in alignment with the federal reporting definition. This resulted in a decrease in the number of “individual clients.” The number of actual contacts made by individuals including ADRC, continues to rise.

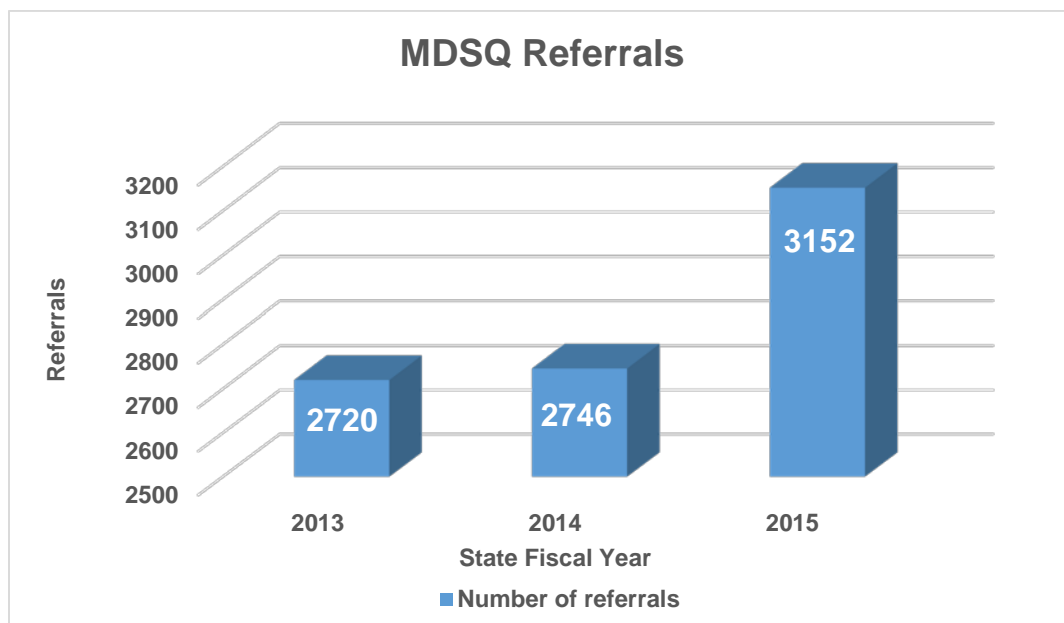
ADRC Options Counseling

Options counseling 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 support plan, and when requested, assistance with accessing supports options. It includes follow-up with the individual and the development of an action plan. Options counseling is available to all persons regardless of income or financial assets.

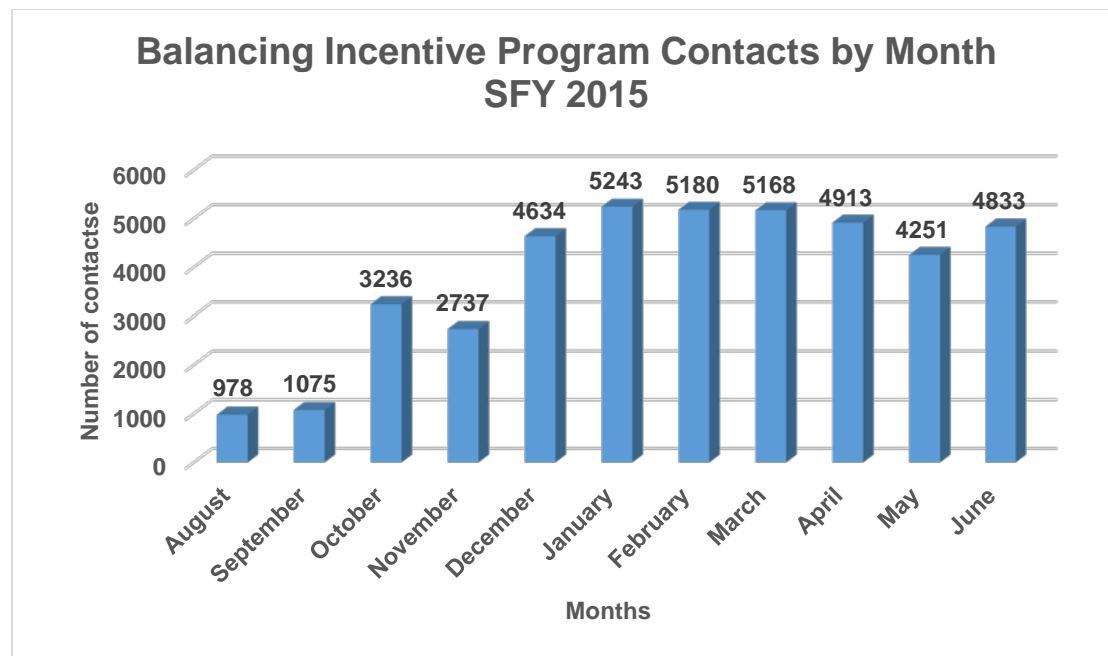
- **DAS Options Counseling Certification** – In partnership with Boston University’s Center for Aging and Disability Education Research, DAS has created a required certification process. As part of the options counseling certification process, six online courses worth four continuing education units each are completed along with a written and oral exam.

Two Categories of Options Counseling

- **Minimum Data Set Section Q (MDSQ) Options Counseling:** Each of the ADRCs have full-time staff designated as MDSQ Options Counselors to provide 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 SFY 2015 MDSQ referral data statewide.
- **Community Options Counseling:** Each of the ADRCs have staff dedicated as community options counselors. Community Options Counselors work with Individuals still living in the community who demonstrate a higher risk of institutional placement based on key risk factors identified through the Centers for Disease Control and Prevention. Community Options Counselors work with these individuals in a holistic manner to research options to prolong community living.



The Balancing Incentive Program (BIP) provides individuals with greater access to home and community-based services and reduces reliance on nursing home services. BIP data shows that 42,248 of the individuals who contacted the ADRC between August 2014 and June 2015 called to discuss long-term services and supports. The BIP intervention leads to referrals to home and community-based services or the provision of information about these services.



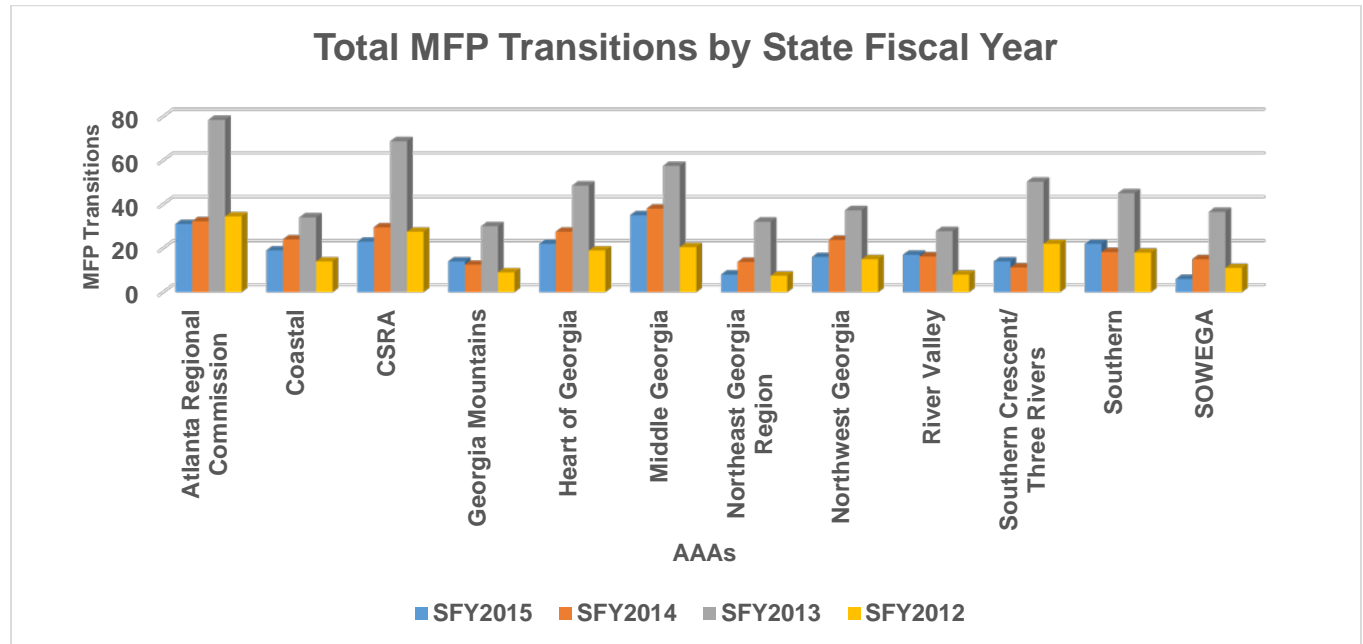
Money Follows the Person

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 and 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 and Developmental Disabilities (DBHDD) and DAS to execute the program statewide. DAS has been a part of MFP since July 2011.

MFP Transitions

DAS uses the AAAs to coordinate local transitions with 19 transitional coordinators across the state.



Accomplishments

MFP transitioned 227 participants in SFY 2015. This means 227 individuals have had an opportunity to lead a more fulfilling life in a setting of their choosing.

Evaluation of the MFP program is done through a quality of life survey. This survey was developed for CMS by Mathematica Policy Research, which publishes 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 that they are happier and more satisfied with their lives after leaving the nursing home. The survey is separated into seven major categories, and MFP participants indicate that they are more satisfied in nearly every category. Also, respondents who are contacted after their second year in the community report that they are happier and are able to see family and friends more than they did prior to their transition. These results support the value nursing home transitions provide to the state.

DAS and the AAAs have partnered with three Centers for Independent Living (CIL) to be the transition coordination agents for MFP in their areas. CILs have performed nursing home transition for many years and their expertise has enhanced statewide capacity to provide MFP Transition Coordination.

The Department of Community Affairs, Department of Community Health (DCH), the Department of Behavioral Health and Developmental Disabilities (DBHDD), and DHS are partnering on three separate housing initiatives for individuals transitioning from long-term care facilities. Three voucher programs, that will provide housing subsidies in every Georgia county, are targeted to the transitioning population enabling them to have safe, affordable and accessible housing on the day they return home.

DAS and Georgia State University's internship program partnered to research the factors that can contribute to a successful MFP transition. The information will be used to assist in providing proper supports for all individuals who wish to transition using the program.

DHS and DCH are partnering to facilitate a transportation pilot program using Georgia Department of Transportation funds to identify transportation costs and needs with the MFP population. These funds will assist individuals in obtaining vital records, housing search, and day-of-transition transportation. Data gathered during the pilot will assist in planning for the long-term sustainability of nursing home transitions.

Future Directions and Opportunities

The MFP program is currently funded through 2020. DCH, DBHDD, and DHS are currently collaborating on a sustainability plan for the program. A formal sustainability plan was submitted to the Center for Medicaid/Medicare Services (CMS) by DCH in April of 2015. Once CMS evaluates this plan, DCH will begin the formal transition planning from the MFP grant to a permanent, sustainable program.

Section 4

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

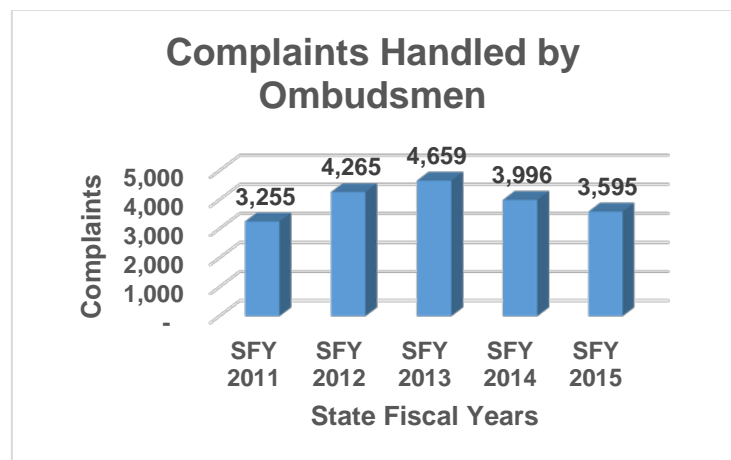
The Georgia Office of the State Long-Term Care Ombudsman (OSLTCO), administratively attached to the Division of Aging Services (DAS), seeks to improve the quality of life for residents of long-term care facilities (nursing homes, intermediate care facilities for the mentally retarded, personal care homes, and community living arrangements). The State Office certifies and trains community ombudsmen who work to resolve concerns of long-term care facility residents statewide. OSLTCO emphasizes residents' wishes in assisting to resolve problems. This includes residents of nursing homes, personal care homes, assisted living communities, intermediate care facilities for individuals with intellectual disabilities, and community living arrangements. Representatives of the OSLTCO informally investigate and resolve complaints to the satisfaction of the resident. Additional information can be obtained online at www.georgiaombudsman.org.

Persons Served

OSLTCO representatives made 11,450 routine visits in SFY 2015, serving 112,717 residents. Eleven thousand, seven hundred and thirty six individuals received information and assistance regarding long-term care options, public benefits, residents' rights, etc.

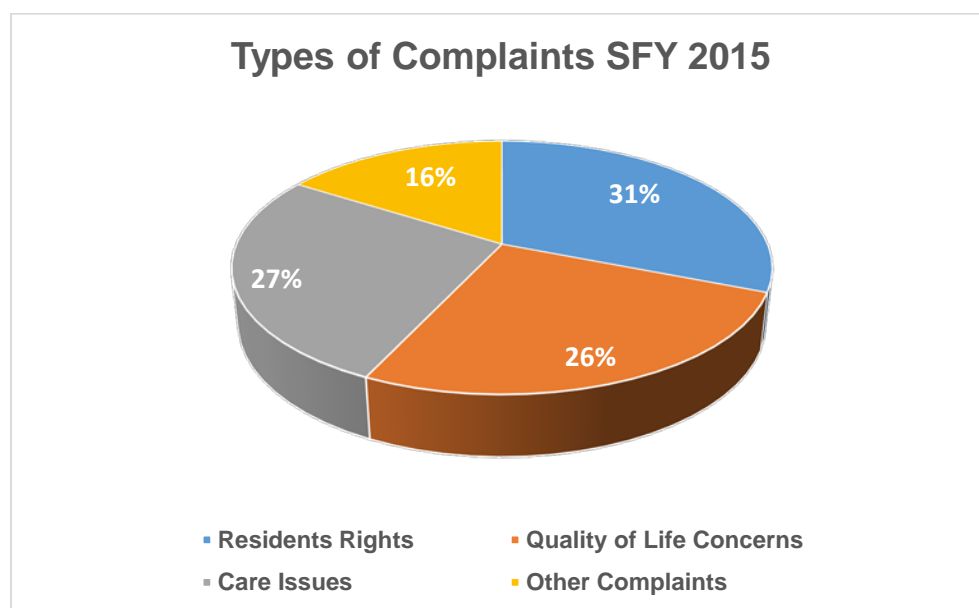
Complaints Handled by OLT CO Representatives

In SFY 2015, the Ombudsman Program received 3,595 complaints.



Types of Complaints

Residents' rights (31 percent), quality of life concerns (26 percent), and care issues (27 percent) accounted for 83 percent of the complaints received by representatives of the OSLTCO in SFY 2015.



OSLTCO Accomplishments

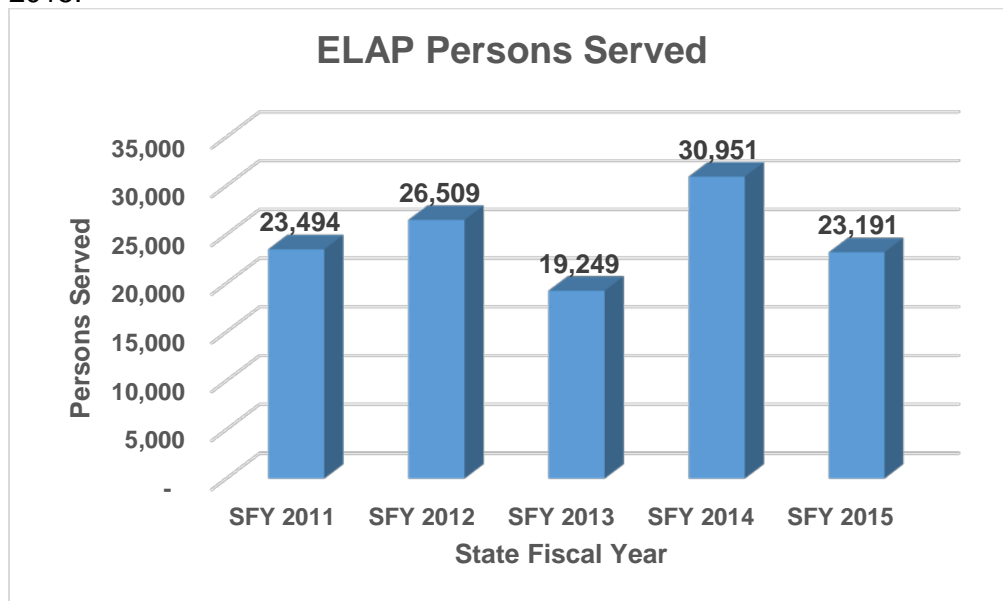
- Representative of the OSLTCO provide services to residents who move out of nursing homes to the community with the MFP program. Home Care Ombudsmen (HCO) provide advocacy services to MFP participants and are among the most used services.
- OSLTCO collaborates with regulators, law enforcement and Adult Protective Services to assist residents of unlicensed Personal Care Homes (PCHs) relocate when the facility is closed.
- The OSLTCO hosted the national conference for the National Association of State Long-Term Care Ombudsman Programs in Decatur, Ga.
- OSLTCO successfully launched a new data system to record LTCO work.
- OSLTCO made presentations at the American Society on Aging and the Georgia Gerontology Society conferences.
- During the 2015 Georgia General Assembly session, OSLTCO was an advocate for increased protections for older adults and vulnerable adults, more funding for aging services and other public policy issues.
- New federal regulations for Long-Term Care Ombudsman programs were approved in February 2015 and will take effect July 1, 2016. The OSLTCO is evaluating the new regulations for changes needed in policies and procedures, program structure, and state law.

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 12 Area Agencies on Aging.

Persons Served

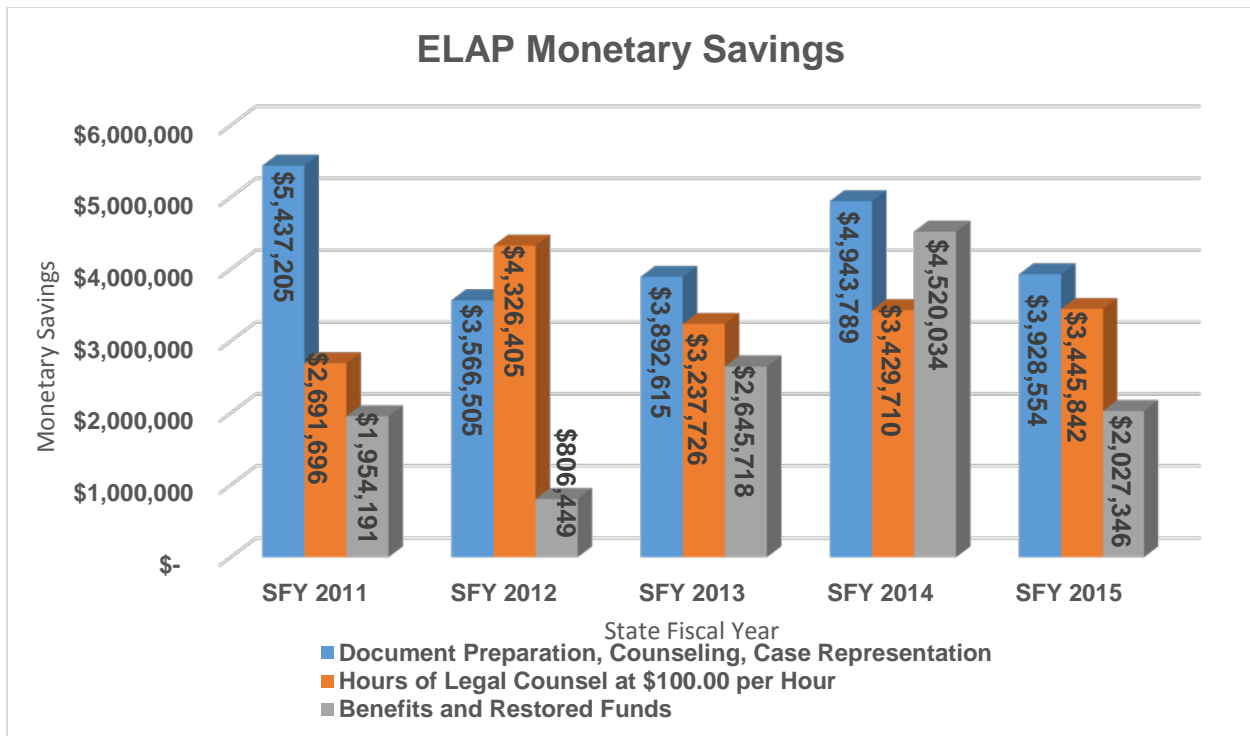
Legal representation, information and/or education was provided to 23,191 seniors during SFY 2015.



Monetary Benefits Realized

In SFY 2015, ELAP saved older Georgians \$9,401,742 by providing document preparation, legal counseling and case representation.

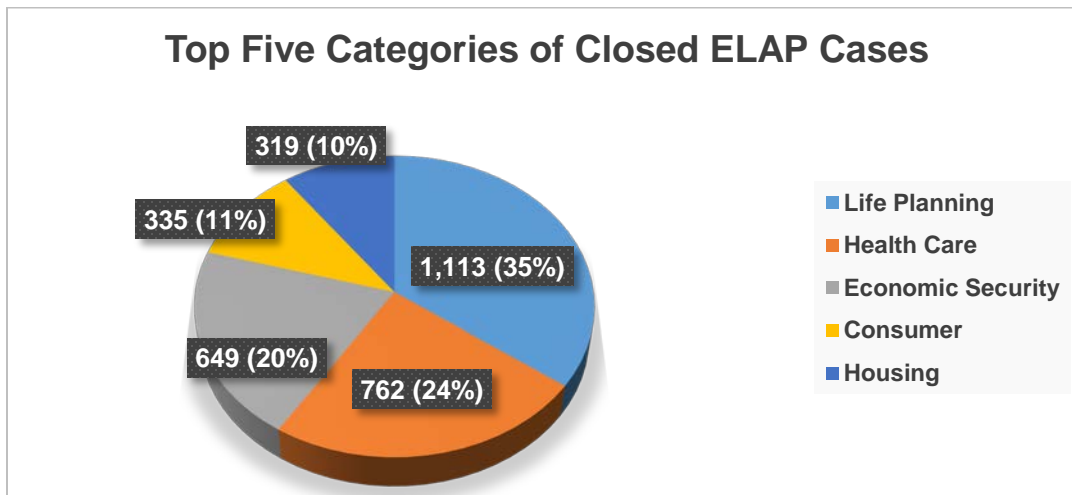
Included in total savings was \$3,445,842 obtained by providing approximately 34,458 hours of legal counseling, calculated at a conservative \$100.00 per hour.



Top Five Primary Case Types Closed – SFY 2015

The Number and type of cases are as follows:

1. Life planning – 1,112, which includes wills, Georgia Advance Directive for Healthcare and Financial Powers of Attorney.
2. Health care – 762, which includes Medicaid eligibility, nursing home medicaid eligibility and qualified medicare beneficiaries.
3. Economic security – 649, which includes SNAP/Food Stamps, Social Security Retirement and LIHEAP/Public Utility.
4. Consumer – 335, which includes Collections, contracts and Bankruptcy/Debt Relief.
5. Housing – 319, which includes Homeowner/Real Property, Mortgage Foreclosure and other Housing.



ELAP Community Education Offered

Community Education is a method of prevention that helps seniors avoid more costly, time consuming legal problems. In SFY 2015, 425 legal education sessions were conducted by ELAP.

The top 10 topics covered in community education sessions in SFY 2015 were:

1. Legal needs/ELAP- Georgia Legal Services Project – Senior Citizens Law Project
2. Consumer scams/fraud
3. Advance directives
4. Emergency disaster preparation
5. Wills/probate & estates
6. Identity theft
7. Medicare savings programs
8. Elder abuse
9. Medicare
10. Financial powers of attorney and collections/debt harassment (tie)

ELAP Success Stories

1. ELAP represented an 87-year-old in need of Nursing Home Medicaid. She had been in an assisted living center since February 2013 and her son, despite repeated applications, could not get her approved. The son died in the fall of 2013, and the client needed help applying for benefits. She also was served with a discharge notice in February 2014 because of the large balance due. The discharge was appealed and application of benefits was filed on client's behalf. She was approved for Nursing Home Medicaid in March 2014 from January 2014 forward but not for the retroactive months during 2013. ELAP appealed again and emailed the Division of Family and Children Services regularly and finally had an interview in September 2014 during which the caseworker, client and the attorney called the client's bank and the caseworker was allowed to obtain the information to approve the client's Nursing Home Medicaid going back to February 2013. Client was able to receive continued coverage at \$4,604 per month and thus avoided a debt of \$61,057.
2. A 72-year-old raising five of her great grandchildren was receiving more than \$550 in Temporary Assistance for Needy Families (TANF) benefits until June 2013 when her benefits were terminated because she did not complete the review process. The client reapplied and was approved by DFCS to receive \$378 per month. The client asked for ELAP's assistance in finding out why her benefit amount decreased since her only income was \$741 in SSI and SS benefits. ELAP opened a COMPASS account for the client and discovered that DFCS was not giving her the Grandparents Raising Grandchildren (GRG) allowance, an extra benefit given only to grandparents. It was ELAP's opinion that a "great" grandparent should also qualify for this benefit. ELAP contacted a DFCS supervisor and explained the client's situation. The supervisor agreed that the client was entitled to the GRG allowance which is \$50 per child per month. In September 2014, the client's benefits were increased from \$378 to \$628 effective October 2014. An underpayment in the amount of \$500 for August and September was also issued.
3. A 61-year-old client who had been in a nursing home for more than a year had been denied Medicaid several times. DFCS did not provide a reason for denial nor disclose that the client needed a Miller's Trust to qualify; the client's wife met with ELAP to obtain assistance. Due to the urgency, ELAP met the client's wife at the nursing home and prepared the Miller's Trust and power of attorney to enable her to handle the client's

- affairs. Once the Miller's Trust was in place, the client's Medicaid was approved and the client's wife was able to retain more than \$2,500 a month citing spousal impoverishment.
4. ELAP represented a 76-year-old client who received a notice of foreclosure sale of her home purchased pursuant to a reverse mortgage purchase transaction July 2009. The lender and affiliated parties accepted payments by the client for four years before claiming the loan was in default because the client did not obtain a reverse mortgage to pay off the original lender which was not licensed in Georgia. ELAP attempted to negotiate with the adverse parties to accept the proceeds the client could obtain from a reverse mortgage before litigation but the offer was refused. A suit was filed in Superior Court seeking to cancel the security deed held by the adverse parties who were not licensed mortgage lenders. The lenders scheduled a foreclosure sale in March 2014. ELAP obtained a Temporary Restraining Order (TRO) and preliminary injunction stopping the scheduled foreclosure sale on the house which had an appraised value of \$55,000. The adverse parties demanded that the client pay \$81,819 to stop the foreclosure. During litigation of the case, ELAP negotiated a settlement in which the proceeds the client could obtain from a reverse mortgage of \$28,000 were accepted by the adverse parties to cancel their security deed. The client received an additional \$3,120 in proceeds from the reverse mortgage loan. As an SSI beneficiary, the client did not have to make any future mortgage payments and was able to pay homeowners insurance through 2015 and all of 2014 real property taxes from the reverse mortgage settlement proceeds.
 5. ELAP assisted a 72-year-old client who had been a victim of family violence by her husband who is also a senior citizen. The client was afraid for her safety but at the same time wanted to obtain mental help for her husband whose mental condition had apparently changed. This was a rare instance in which the judge involved signed the prohibition against the possession of guns as well as signed an additional provision ordering the surrender of all firearms owned by the husband. The husband was ordered to undergo a mental evaluation and to follow recommended treatment as well as participate in the intervention program for family violence offenders. The husband refused to agree to the temporary protective order that was sought. At the hearing the judge signed off on the order.
 6. A 53-year-old woman faced a petition for guardianship filed by her son. She felt she did not need a guardian and sought ELAP's assistance. Through a lengthy process including objections, responses and numerous letters from the son's attorney which required responses, ELAP was able to demonstrate that though the client was of advanced age, she maintained the capacity to make her own decisions.
 7. A 67-year-old disabled client was represented by ELAP in obtaining a Temporary Protective Order (TPO) against her husband. The client's 71-year-old husband had been released from the hospital and was not supposed to drive until he was cleared by his doctor, but he took her car and ended up breaking the window. He had the car towed to be fixed and the client got a rental vehicle. The husband then wanted to take the rental car and the client refused to allow him to do so. The client's husband began punching her in the face and head, causing significant injury. She managed to call 911 and her husband was arrested. The client and her husband were married in 2004 and she owned her home prior to the marriage. She wanted her husband prohibited from coming near her, from possession of the home and her car. ELAP attended the hearing with the client, but her husband did not appear. The TPO was granted.

Section 5

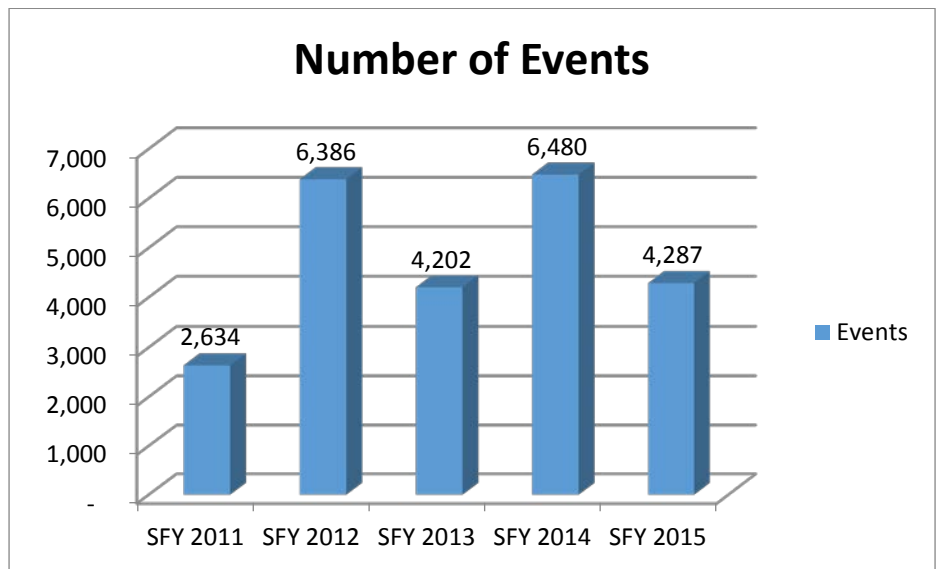
Expanding Access and Outreach

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 Senior Medicare Patrol (SMP).

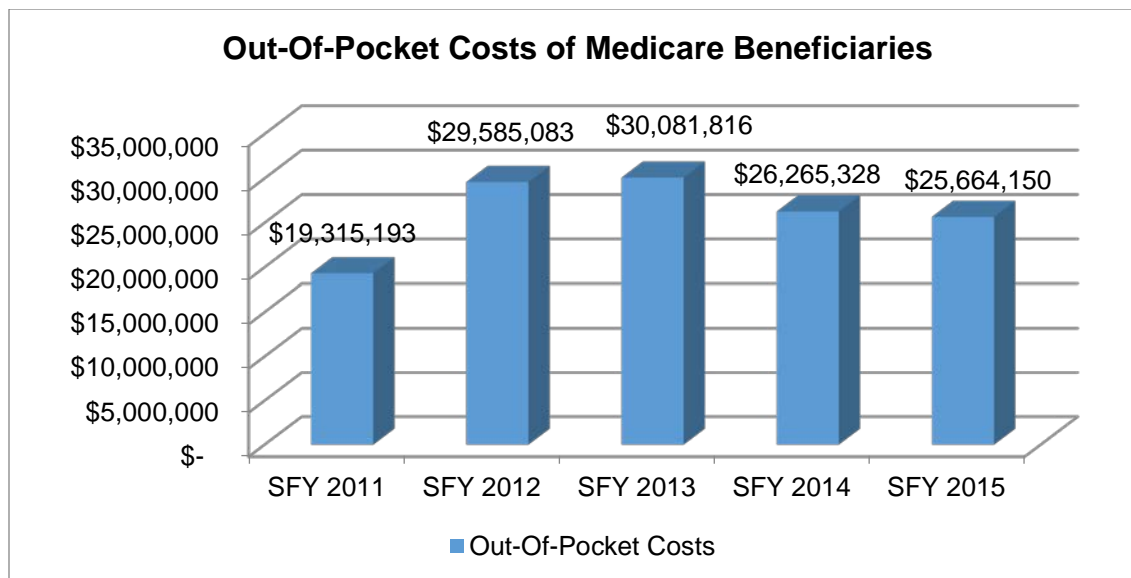
Outreach and Media Events



In SFY 2015, GeorgiaCares conducted a total of 4,287 outreach events and 740 media events (duplicative TV/cable, radio, newspaper viewership) reaching 5,400,546 individuals regarding health insurance information on Medicare, Medicaid, prescription assistance, Medigap, long-term care services, and other health insurance needs and Medicare Fraud prevention.

In SFY 2015, 94 trained volunteers served clients.

A total of 36,973 clients received one-on-one counseling regarding their Medicare benefits.

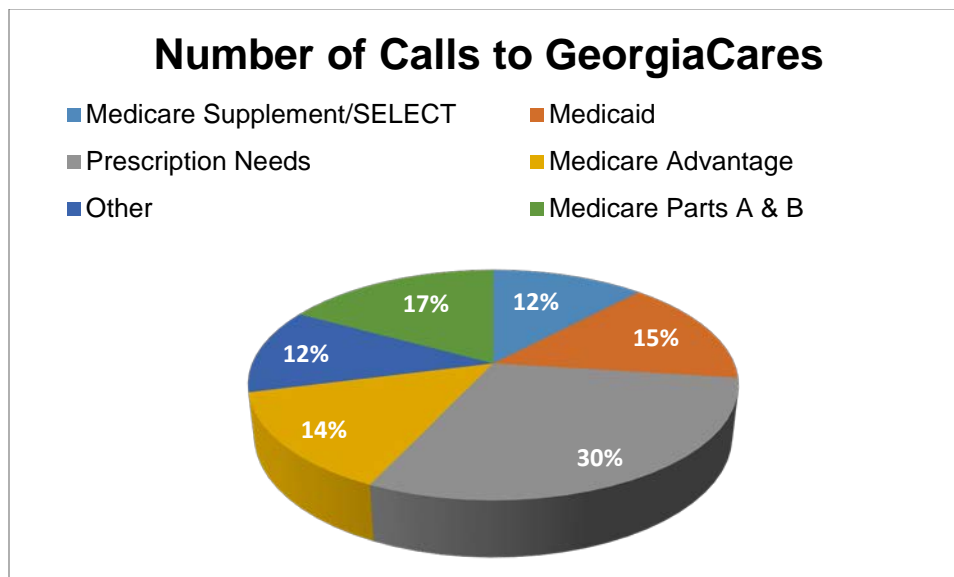


Over the last three years, GeorgiaCares enabled clients to save more than \$82 million in health insurance and related expenses.

In SFY 2015, GeorgiaCares saved beneficiaries \$25,664,150 in out-of-pocket expenses.

Topics Discussed with GeorgiaCares Clients

In SFY 2015, 30 percent of GeorgiaCares calls dealt with Medicare beneficiaries needing prescription assistance through Medicare Part C, Part D, and patient assistance programs.



Outstanding Accomplishments for GeorgiaCares

- GeorgiaCares has implemented a three-year marketing plan to increase brand recognition and expand outreach and education. Year one of the marketing plan focused on brand recognition and uniformity in the program. Year two will focus on

volunteerism. Year three will focus on increased presence in the community, training and strengthening community partnerships.

- GeorgiaCares is in the process of establishing Off-Site Counseling Stations throughout the state. The goal is to have at least one Off-Site Counseling Station in each county. Thus far, out of Georgia's 159 counties, 92 have established counseling stations.
- GeorgiaCares is in its fourth year of partnership with Fort Valley State University (FVSU) to provide outreach and education to Medicare beneficiaries in hard-to-reach and rural areas within the state. FVSU's mobile technology unit is equipped with 20 computer stations with internet access to complete enrollment in Medicare health and drug plans and/or apply for financial saving programs. The partnership has been successful in increasing the number of outreach and enrollment events throughout the state.
- GeorgiaCares has liaisons for each of the local programs. Liaisons are subject matter experts that provide technical assistance to program coordinators.
- GeorgiaCares continues to publish the monthly GeorgiaCares Referring Educating and Training News (G.R.E.A.T.) newsletter and Medicare Messenger. The monthly publications provide information on Medicare, statewide outreach and enrollment events, and identify healthcare scams.
- GeorgiaCares state staff maintains the program website to provide the public with information on Original Medicare, Medicare Supplement Insurance, Medicare Advantage Plans, Medicare Prescription Drug Plans and fraud, error and abuse.

Section 6

Elder Abuse Investigation and Prevention

Elder Abuse Investigation 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

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 services interventions. Principles that guide the autonomy, self-determination and the use of the least restrictive method of providing safety prior to more intrusive methods.

Central Intake

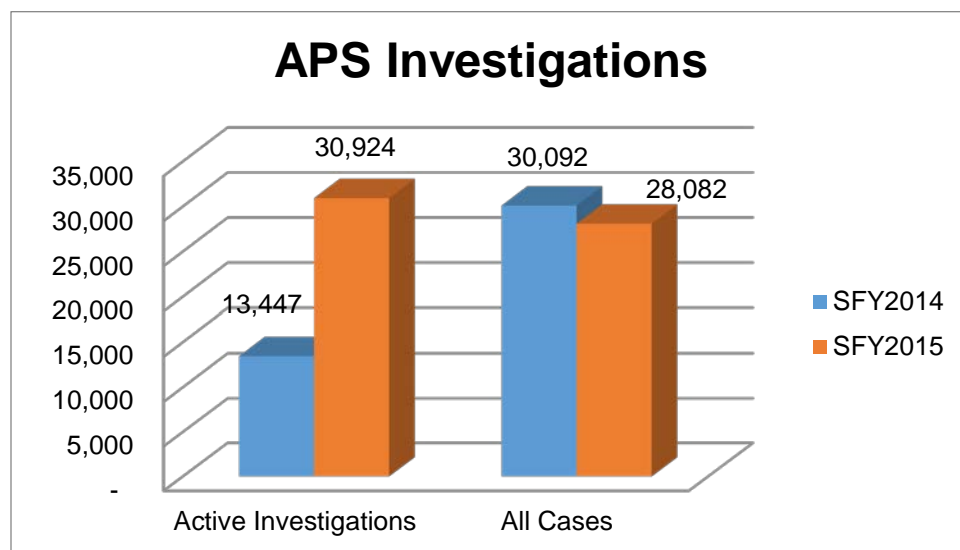
The APS Program receives reports of abuse, neglect and/or exploitation through its Central Intake Unit. Thirteen APS Specialists handle calls through a statewide toll-free number (1-866-552-4464) and respond to fax and web-based reports from the community to determine if reports meet criteria for APS 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 SFY 2015 Central Intake staff received a total of 31,921 calls on the toll-free hotline; 864 after-hour calls, 6,197 faxed reports and 7,691 web reports.

- A total of 13,949 new reports were investigated
- Central Intake staff provided limited case management intervention services on reports that did not meet APS criteria for investigation.
- The majority of the call volume handled by Central Intake consisted of handling information from reporters and coordinating referrals to community resources and other service providers to ensure callers' issues were addressed.

APS Field Operations

APS 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.

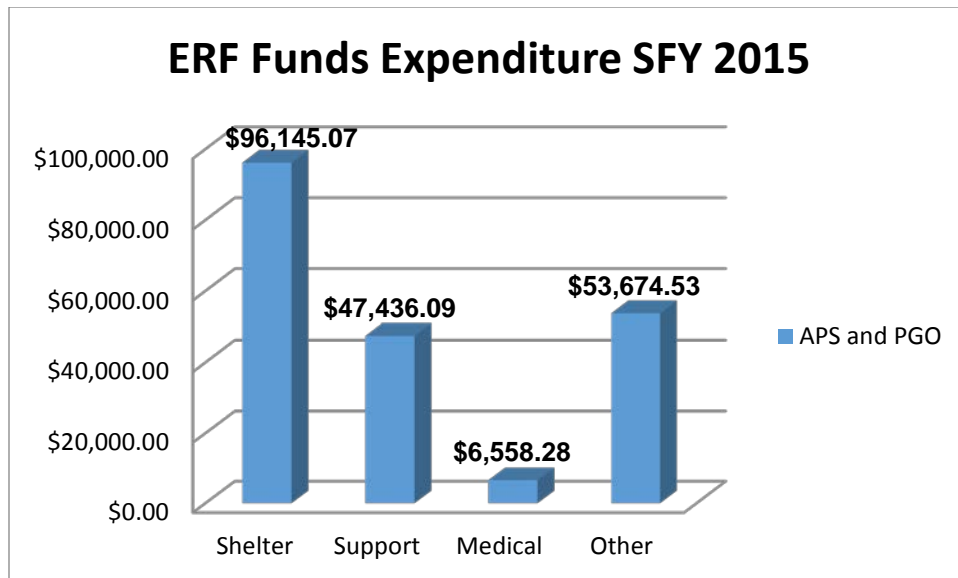


APS averaged 2,577 active investigations during SFY 2015. The number of APS ongoing case management services declined from 351 in July 2014, to 261 in April 2015* due to the closure of many long-term ongoing cases and fewer investigations placed into ongoing case management. Caseload data represents unduplicated cases (investigations and ongoing) (July-April); active investigations are those investigations active during the month (July 2014 – June 2015)

*All cases data not available in Harmony for May and June.

APS Emergency Relocation Funds

The APS program receives \$400,000 each year from the legislature to provide emergency relocation services (ERF) to individuals who need relocation from an abusive situation. ERFs 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 (47 percent) were spent on shelter for clients. Utilities (i.e. electricity, gas, telephone, water, sewage, etc.) accounted for approximately 73 percent of the support category expenditures. Expenditures included in the "other" category, which accounted for almost 26 percent of ERF usage, paid for items such as heavy cleaning and home modification and repair that often are needed to address issues related to self-neglect cases.

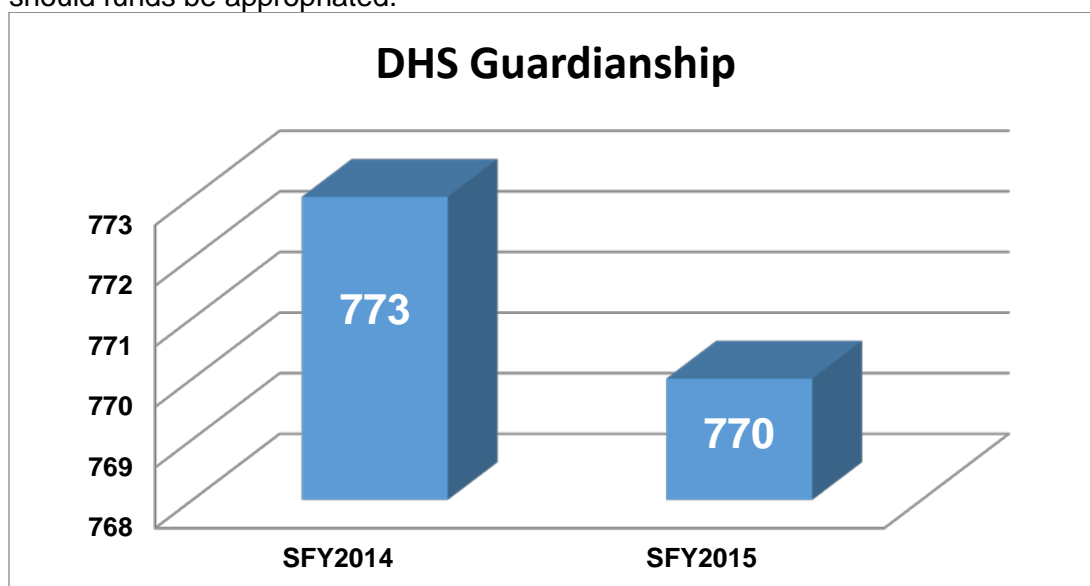


Examples of Outstanding Accomplishments

- Expanded access to reporting through expanded hours and availability of live agents to handle telephone requests.
- Launched new Adult Protective Services system that will enhance programs' ability to better track, analyze data and evaluate services provided to victims of Abuse, Neglect and Exploitation (ANE).
- Revised APS policy to respond to the need for more in-depth, systematic investigation of ANE of disabled and older adults.

Public Guardianship

DHS serves as guardian of last resort for adults whom the probate court has determined lack sufficient capacity to make or communicate significant responsible decisions concerning their health or safety. The Public Guardianship Office (PGO) of DAS is assigned oversight and delivery of guardianship case management services on behalf of DHS. Guardianship case managers act as surrogate decision-makers and advocates for persons under guardianship and also coordinate and monitor all services needed for the support, care, education, health, and welfare of guardianship clients. DHS is not authorized by law to serve as conservator of adults or as temporary medical consent guardian. DHS is mandated to manage certain aspects of public guardianship operations, which include setting standards for criminal and credit history checks on public guardians, maintaining a registry of public guardians, and administering any funds appropriated by the Georgia General Assembly for compensation of public guardians. Although there is no current funding for these operations, PGO is poised to fulfill these duties should funds be appropriated.



PGO Accomplishments

During SFY 2015, PGO successes included:

- Holding a weeklong training for case managers and supervisors.
- Coordinating with DHS Medical Director to provide trainings on psychopharmacology and psychosis in older adults.
- Training stakeholders, such as probate court judges, hospitals, and DAS APS staff.
- The management team attending national conference on guardianship.
- Having two PGO staff on the National Guardianship Association Board of Directors, one as immediate past president of the organization.
- Establishing a protocol and staffing for cases with APS before filing for guardianship, reducing the amount of guardianship petitions filed.
- Publishing new policies for documentation timeliness, care planning, and handling client funds.
- Producing requirements for development of new data management system that will improve case management activities.

- Participating in holiday donation program that provided clothing and gifts for clients to promote a sense of worth and connectedness.
- Created a new state-office program manager position and hired an attorney to fill position.
- Hosting the first PGO-dedicated summer intern who drafted content for the PGO page on DAS' website.
- Joining multidisciplinary teams and efforts to safeguard the rights of persons with mental illness.
- Beginning to create a statewide Working Interdisciplinary Network of Guardianship Stakeholders (WINGS).
- The PGO trainer speaking as a panelist alongside two agency commissioners and one division director at a forum on the rights of children and young adults with developmental disabilities.

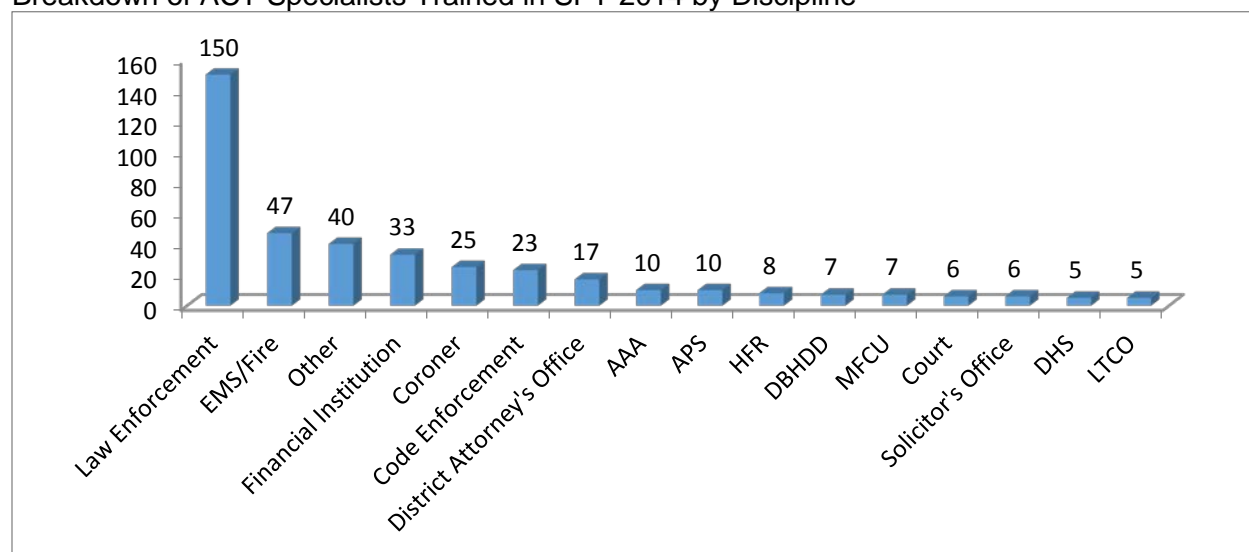
Forensic Special Investigations Unit

The Forensic Special Investigations Unit (FSIU) provides support to DHS and other partners by identifying and addressing system gaps and developing process improvements to protect Georgia's at-risk adults from abuse, neglect and exploitation. Some of the services provided by FSIU include training, outreach, technical assistance, and case consultation and review.

FSIU Program Accomplishments for SFY 2015

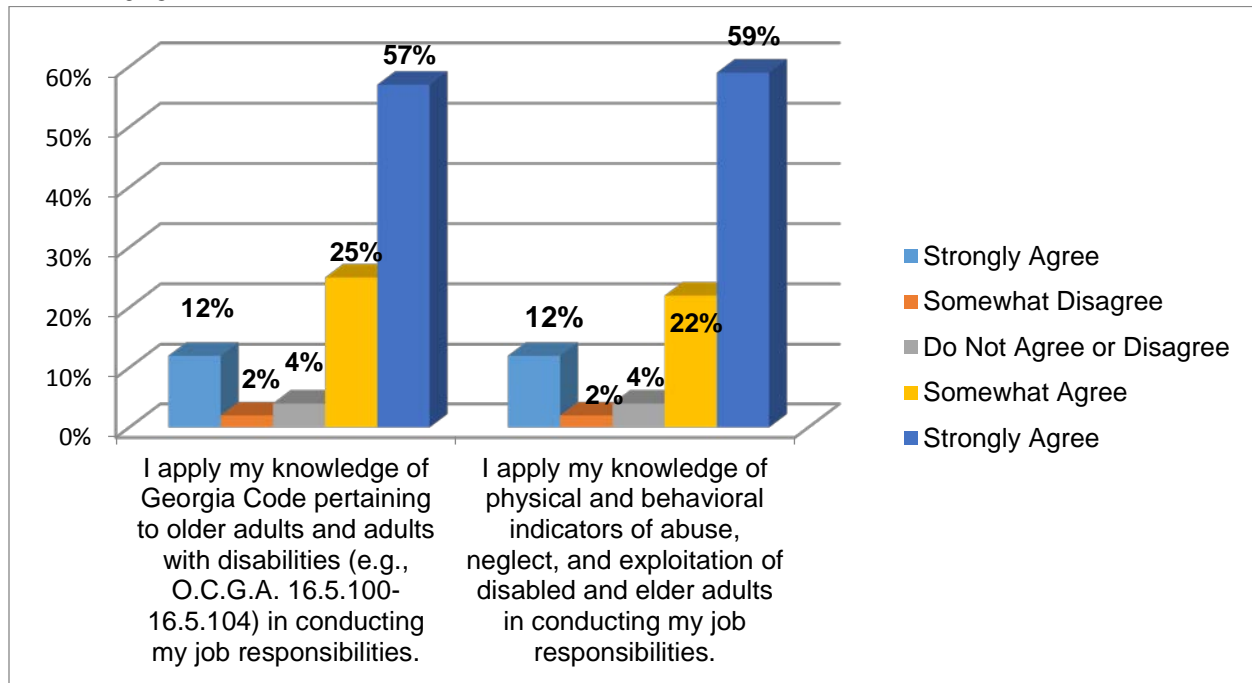
- In April 2011, FSIU deployed the At-Risk Adult Crime Tactics (ACT) Certification training program. ACT provides participants with basic knowledge and skills needed to respond to crimes involving the abuse, neglect and exploitation of older adults and adults with disabilities. During SFY 2015, 414 participants became certified ACT Specialists. A breakdown of ACT Specialists certified during SFY 2015 by professional discipline is presented in the chart below.

Breakdown of ACT Specialists Trained in SFY 2014 by Discipline



- Three questions were asked of participants before and after completion of ACT training. There was a 20 percent increase in test scores from the pre-test to the post-test.
- ACT Specialists, who are primary or secondary responders to at-risk adult abuse, neglect and exploitation receiving training in SFY 2014, received a survey six months after certification to gauge if the material has been applied in their work. Results are displayed in the chart on the following page.

ACT Specialist Primary and Secondary Responders Application of Knowledge in SFY 2015*



*Due to the six-month span between the class and the survey, not all participants in SFY 2015 ACT class have been surveyed at the date of this publication.

- At-risk adult abuse, neglect and exploitation training/outreach was provided to more than 5,526 people including the National Adult Protective Services Association Conference, the American Academy of Forensic Sciences Conference, the National State Long-Term Care Ombudsman Conference, the National Aging in Place Council, the Utah Elder Abuse Conference, the ADRC Healthy Communities Conference, the Georgia Gerontology Society, the Georgia Health Care Association, the Emory School of Nursing, the GA Public Safety Training, the Georgia Association of Private Investigators Conference, the Georgia Retailers Association Conference, the Victim Witness Assistance Program Conference, law enforcement, judges, prosecutors, medical examiners/coroners, financial institutions, social workers, long-term care providers, other professionals and the general public. Videos available on the DAS YouTube channel reached 1,417 individuals and two television appearances reached approximately 14,500 individuals.
- Technical assistance and case reviews were provided to more than 273 individuals. A survey was conducted of people who received more in-depth case assistance. Ninety-five percent of respondents were satisfied with the assistance they received and felt better prepared to handle future cases of abuse.
- As a result of training, technical assistance and case consultation/review, FSIU has been able to track outcomes on 11 law enforcement cases during SFY 2015. Of these 11 cases, 16 people were arrested, charged and/or prosecuted with various crimes including but not limited to: exploitation and intimidation of a disabled adult, elder person or resident; operating an unlicensed personal care home; false imprisonment; financial transaction card fraud; identity theft; unauthorized use of a financial card; criminal receipt of goods and services; fraudulently obtained, and forgery. These cases represent at

least \$4.2 million exploited from victims. The four cases resulting in prosecution ranged from 36 months' probation to 40 years to serve 10 years and restitution. In addition to these cases, FSIU has received numerous communications from law enforcement and other professionals crediting ACT training for assisting in cases. FSIU continues to request specific case outcomes to track the increase in these cases.

- FSIU continues to identify opportunities for collaboration. A few examples of collaboration in SFY 2015:
 - GBA Working Group – FSIU co-facilitates
 - Legislative Committee – FSIU and criminal justice professionals identified possible items for legislative consideration
 - Model Protocol Committee – FSIU facilitated
 - Public/Private Funding Committee – FSIU facilitated
 - Marketing Committee – FSIU facilitated
 - Financial Exploitation Task Force – works with local and state representatives of financial institutions, law enforcement, Adult Protective Services, advocacy agencies and more to address financial exploitation of at-risk adults.
 - Cobb County Elder Abuse Task Force
 - National APS Technical Assistance Team
 - Georgia Alzheimer's Association – FSIU assisted with the development of financial capacity screening tool and cell phone app for law enforcement/APS
 - One-day seminar of crimes in facilities co-hosted with the U.S. Attorney's Office
 - One-day seminar of unlicensed facilities co-hosted with the GBI
 - One-day seminar on financial exploitation co-hosted with the Alzheimer's Association
 - Requested to participate on the Senate Resolution 828 Emergency Relocation of Abused Adults study Committee
- In an effort to increase prosecutions of perpetrators of fatal neglect conversations, meetings and in-service training sessions were held for medical examiners, coroners and prosecutors to increase the understanding of causation from both a medical and legal point of view.
- Pat King, Team Lead for the Forensic Special Investigations Unit, was recognized by the Georgia Senate and House of Representatives for her work on addressing abuse of older adults and adults with disabilities in Georgia.
- As a result of FSIU training, one county's EMS has developed a program for seniors in their community to learn more about fire, safety and abuse/neglect/exploitation.
- Training for prosecutors by prosecutors: To increase prosecutor awareness of nuances specific to crimes targeting older adults and adults with disabilities. Continuing Legal Education (CLE) training is being developed by prosecutors with significant experience in these cases to be deployed regionally in the fall of 2016.

FSIU continually strives to use information obtained through collaborations, from ACT attendees, technical assistance calls, conferences, and team members in ongoing efforts to improve the recognition of and response to abuse, neglect and exploitation of older adults and adults with disabilities.

Section 7

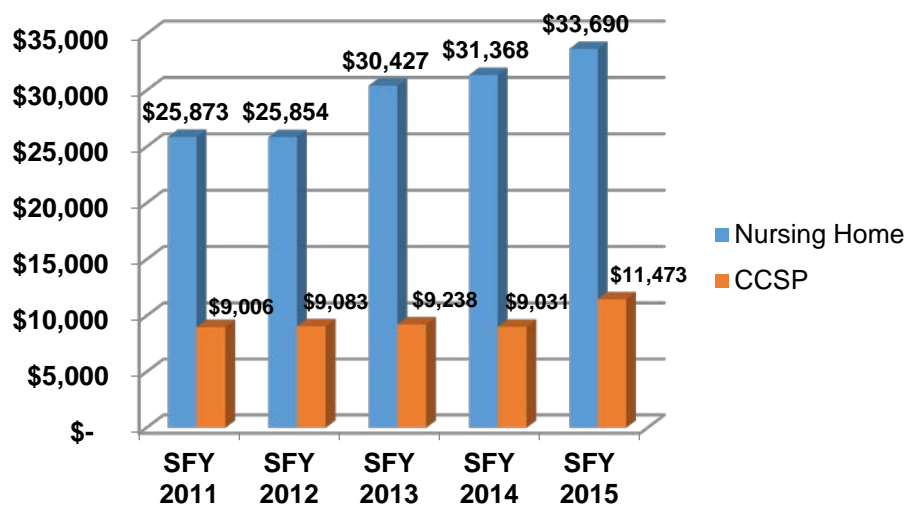
Community Care Services Program

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

Community Care Services Program

The Community Care Services Program (CCSP) has successfully served eligible elderly and physically disabled clients in Georgia for more than 30 years. CCSP provides home and community-based Medicaid services to clients eligible for nursing facility placement, allowing clients the choice of remaining in their community. Clients are eligible for CCSP services if they qualify for one of two categories. The Supplemental Security Income (SSI) category involves persons receiving SSI who are eligible for medical assistance. The Social Security Administration takes applications for SSI. A client is eligible for the Medical Assistance Only (MAO) Category if they do not receive cash benefits under the SSI program, but qualify for medical assistance under another Medicaid waiver. The County Division of Family and Children Services takes applications for MAO. MAO participants may have to pay toward the cost of their services. Ninety-seven percent of eligible clients choose to participate in the community-based CCSP.

Medicaid Dollars Spent/Per Client



Dollars Saved

In SFY 2015, CCSP supported the choice of 13,205 Georgians to remain in the community, at less cost to Medicaid and effectively delaying or avoiding more expensive nursing facility placement.

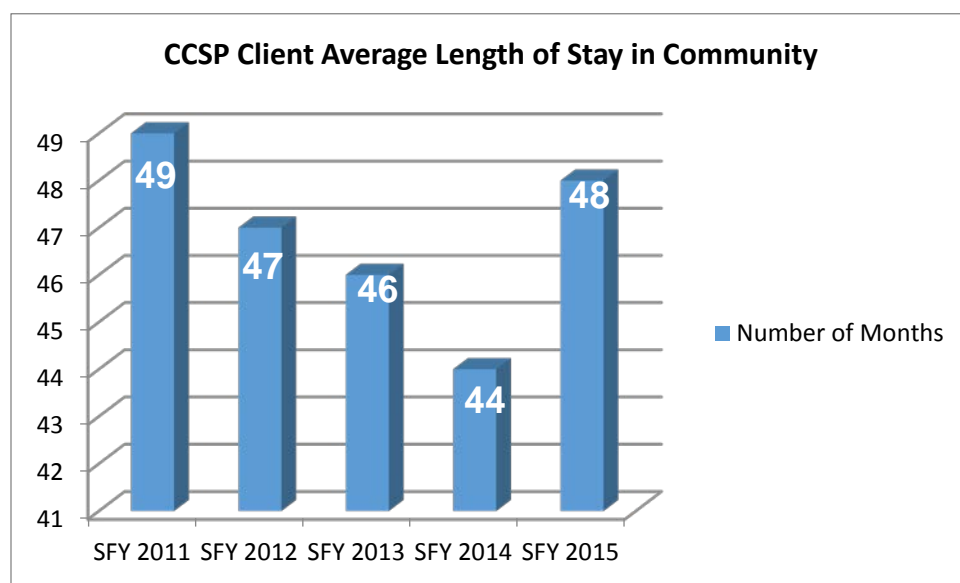
CCSP saved taxpayers \$22,217 per individual in SFY 2015.

CCSP Savings and Expenditures

Clients in SFY 2015, who received home and community-based CCSP Medicaid services instead of nursing facility institutionalization, saved Georgia taxpayers almost \$293 million (\$293,375,485) in Medicaid service benefits expenditures.

Ninety-seven percent of eligible clients choose to participate in the community-based CCSP.

Clients Served



Forty-three percent of CCSP clients were 75 years of age or older; 20 percent were 85 or older, and 121 clients were age 100 or older in SFY 2015. Twenty-five percent of clients were under 60 years of age.

In SFY 2015, effective care coordination allowed clients' needs to be met so that the average client length of stay in the community was an additional 48 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 (SMS) and personal support in the client's home. Some respite care is available for full-time caregivers. Eligible clients may choose Client 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 table 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-three percent of CCSP clients use Personal Support Services. The service accounts for 75 percent of total CCSP expenditures. Alternative Living Services-Group ranks second in expenditures (13 percent). Forty-two percent of CCSP clients use the Emergency Response Services (accounting for one percent of CCSP Medicaid expenditures).

For eligible clients, the CCSP Medicaid Waiver is a cost-effective alternative to nursing facility placement. The Department of Community Health (DCH) reports that the average annual Medicaid cost for services received in a nursing home facility was \$33,690 in SFY 2015. The average annual Medicaid cost for services received through the CCSP waiver was \$11,473. This is a potential savings of approximately \$22,217 per client in CCSP, or about 70 percent less than traditional costs of nursing home services.

In SFY 2015, DCH reimbursed CCSP provider agencies \$119,823,559 for client services provided. The state-administration costs were just under 2 percent of the total expenditure for the CCSP.

CCSP Program Expenditures SFY 2011 - SFY 2015

Category	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Client Service Benefits*	\$111,857,667	\$116,486,614	\$121,922,780	\$130,515,867	\$119,823,559
Care Coordination	\$23,589,962	\$23,661,757	\$23,640,966	\$23,908,690	\$23,949,405
State Administration	\$1,309,954	\$1,774,514	\$2,158,244	\$2,230,720	\$3,403,957
TOTAL	\$136,757,583	\$141,922,885	\$147,721,990	\$156,655,277	\$147,176,921

CCSP Clients by Gender and Age July 2014 – June 2015

Female: 9,180 (70 percent)

Male: 4,020 (30 percent)

CCSP Clients by Gender and Age – SFY 2015

Age Category	# Clients	Percentages*
Clients 100 years of age or older	121	<1%
Clients 90 - 99 years of age	1,236	10%
Clients 80 - 89 years of age	2,884	22%
Clients 70 - 79 years of age	3,029	23%
Clients 60 - 69 years of age	2,657	20%
Clients under 60 years of age	3,277	26%

CCSP Medicaid Funds Expended by Service Type and Client Served – SFY 2015				
	#Clients Served	%Total Clients	\$Funds Expended	%Total Funds
Adult Day Health (ADH)	1,037	8%	\$8,214,266	4%
Alternative Living Services (ALS)	701	6%	\$5,609,490	3%
- Family Model	1,603	13%	\$12,517,210	6%
- Group Model				
Client-Directed Financial Management	410	3%	\$318,800	<1%
Client-Directed PSS	408	3%	\$9,490,567	5%
Emergency Response Services (ERS)	5,193	42%	\$1,671,364	1%
Home Delivered Meals (HDM)	5,637	46%	\$12,495,071	6%

CCSP Medicaid Funds Expended By Service Type and Clients Served – SFY 2015				
CCSP Service	#Clients Served	%Total Clients	\$Funds Expended	%Total Funds
Home Delivered Services (HDS)	23	<1%	\$25,240	<1%
Skilled Nursing Services (SNS)	153	1%	\$449,210	<1%
Out of Home Respite Care (OHRC)	37	<1%	\$38,481	<1%
- Day	37	<1%	\$28,369	<1%
- Night				
Personal Support Services (PSS, PSSX)	9,070	73%	\$156,309,457	75%

Section 8

Older Americans Community Service Employment Program

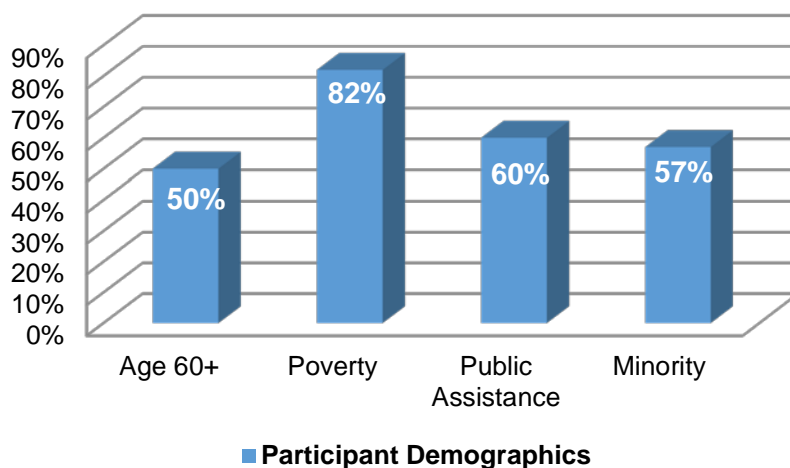
The Senior Community Service Employment Program (SCSEP) is a program of the United States Department of Labor's (DOL) Employment and Training Administration, to help more senior citizens get back into or remain active in the labor workforce. Georgia's program is administered by the Division of Aging Services. It is a community service and work-based training program that provides job skills training and employment assistance with an emphasis on getting a job with a suitable company or organization. The worker is paid the U.S. minimum wage, or the prevailing wage, for an average of 20 hours per week and experience 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:

SFY 2015 SCSEP Participant Demographics



- Although participants can be as young as 55 years of age, 64 percent were over the age of 60.
- Eighty-two percent (82%) of persons enrolled had incomes below the federal poverty level.
- Sixty percent (60%) of enrollees were receiving public assistance.
- Fifty-seven percent (57%) of enrollees were minorities, compared to 44 percent 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 2015, Georgia exceeded or came close to achieving DOL targets:

- **Community Service Goal:** This measure reports the number of hours of community service provided by the SCSEP program. For Program Year (PY) 2014, the DOL target goal for Georgia was 76.3 percent (participants should provide a minimum of 75 percent of the total community services hours funded by the DOL for Georgia). Georgia surpassed this goal with a score of 83.7 percent.
- **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 Georgia for PY 2014 was 52.1 percent (52.1 percent of all participants who exit the program did so because they became employed.) Georgia met this goal with a 52.1 percent entered employment rate.
- **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 68.4 percent (68.4 percent of all participants who found employment in a given quarter retained their employment for at least six more months.) Georgia did not reach this goal, achieving 57.7 percent employment retention rate.
- **Service Level Goal:** The service level goal shows the percent of enrollment in Georgia's 198 authorized SCSEP positions for PY2014. The DOL goal for Georgia was 150.6 percent enrollment. Georgia exceeded that goal with 151.5 percent enrollment.
- **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 2014 was \$7,772.00. Georgia's average earnings fell short of goal with \$5,292.00.
- **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 barely missed the DOL goal of 2.62 barriers.

Community Benefits

Participants training wages contribute to the local economy and reduce their dependence on public benefits programs. Participants provided 173,417 hours of service to community organizations, including 61,831 hours of service to organizations that serve older adults. Sixteen percent (16%) of PY 2014 participants were individuals with disabilities. Nineteen percent (19%) of participants were homeless or at risk of homelessness at time of enrollment.

Challenges and Directions for the Future.

DAS, SCSEP grantees, and sub-projects will undertake the following strategies to improve SCSEP services:

- SCSEP grantees and sub-projects will continue to strongly encourage participants to become more marketable by utilizing all available resources within the residing county or

nearby urban counties. This will support participants who may have job opportunities but are not meeting the requirements for available positions.

- Job availability information will be provided to participants by weekly linkage to available job openings through “JobReady” announcements and other online job search websites.
- SCSEP grantees and sub-projects will enroll participants in monthly workshops at one-stop locations.
- Goodwill Success Centers will develop “Job Clubs” with outside business participation to promote hiring.
- SCSEP grantees and sub-projects will use media sources such as TV/cable commercials and PSAs to promote SCSEP and appeal to high-growth businesses in urban areas such as medical, social, retail and hospitality, insurance and finance.
- Over the next three years, economists anticipate development and business growth connected with Alabama and the districts along the river area dividing Alabama and Georgia. The majority of jobs will be in hospitality, retail and administrative support, which in the Columbus area is a close match to the skilled training received at the majority of host locations.
- SCSEP providers will build connections with private businesses to explore utilization of OJE with job ready participants to enhance unsubsidized employment obtainment.
- SCSEP grantees and sub-projects will distribute SCSEP brochures in Spanish, Korean, and Vietnamese to community organizations that serve diverse populations.
- SCSEP grantees and sub-projects will continue job development, with the help of the Participant Assistants, to seek out unconventional job opportunities, including entrepreneurial opportunities.

SCSEP Success Stories

- When Ms. A came to Mercy Care to apply for the SCSEP Program she had not worked in more than nine years and had been unsuccessful in her diligent search for work. Her skills were rusty and the focus of her training was customer service and office and clerical skills. She was assigned to the Department of Labor first, then transitioned to Mercy Care as a job developer, and within two months of achieving her goals, she was offered a job for not one but two positions. On September 8 she will celebrate her first year anniversary as the activities leader for the organization she chose. Her pay rate is above \$14.00 per hour, and she works 32 hours per week.
- Mr. S., age 69, lives in rural south Georgia with his wife. Their only source of income is his Social Security check and a small pension. There are few job opportunities in most of the rural counties in southwest Georgia.

Upon enrollment in SCSEP, Mr. S. was assigned to the local Boys and Girls Club as a child care worker. Because of his easy-going personality, eagerness to learn, and his love for children, he was ideal for this position.

Because of his success in his assignment, the Club subsequently hired Mr. S. on a part-time basis. Mr. S. is thankful for the SCSEP program and the excellent match with his host agency.

- Mr. J. came into our program last summer. He was recently released from jail and entered into the SCSEP program as a way to get back on his feet and find temporary or permanent employment. Mr. J. had always been interested in mechanical operations and janitorial work. He found a local automobile emission repair company and spoke with the manager who informed him there were a series of tests that he had to take and pass before being considered as a candidate to work there. Mr. J. took all of his necessary tests and passed with flying colors. Within two weeks, the automobile emission repair company hired him at a salary of \$300/week. Through such a substantial amount of money, Mr. J. found an apartment and is now completely independent.
- After being laid off and failing to find employment for four months, Mr. T moved back to Athens, Ga, from St. Augustine, Fla., in February 2013. He was too young to receive Social Security and became homeless. He lived in his car for five months, relying on nonprofit organizations in the community for food and other necessities. While Mr. T continued to look for work, he entered a period of severe depression, even admitting himself into a clinic for treatment for a week. Once he was out of the mental health clinic, he found out about SCSEP at Athens Community Council on Aging and told the staff about his current situation. He was brought on to the program and given a placement training in the kitchen at ACCA and entrepreneurial classes. In just over a year, Mr. T has secured permanent affordable housing, has a new car, and has a bank account. He also recently completed Goodwill's "GoodBiz Program." This 15-week training program is for individuals who wish to run their own business and covers topics such as intellectual property, marketing, business plan development, and financial management. He started the class with an idea of what he wanted to do and passion. Now, he has a developed plan to put his dream into action. He is one step closer to becoming the entrepreneur he wants to be.

Section 9

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 House Bill 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.

Georgia Fund for Children and Elderly

DAS co-administers the fund with the Department of Public Health's Maternal and Child Health Program Division. DAS received 50 percent 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 percent 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 calendar years/Income tax years 2011 and 2015 are shown below.

