



“The elderly population in Georgia will increase by 94.5% between 2010 and 2030 versus a total population increase in Georgia of 25.3%.”¹ “It is estimated that 60% of the 2 million people living with developmental disabilities in the U.S. live with a family care giver. Twenty-five percent of these caregivers are over age 60.”²

As consumers with chronic conditions or a disability live longer, and caregivers age, there will be increasing need for community-based consumer services and caregiver supports. This will impact future State Medicaid expenditures.

Consumers who qualify for nursing facility level of care, are Medicaid-eligible, and meet the requirements for CCSP may choose community-based CCSP service(s) in their home or community as a long term care option alternative to institutionalization

- **CCSP - Cost savings to the State**
- **CCSP - Improved consumer quality of life & caregiver support**
- **CCSP - Measurable program value**

<p>Personal choice & consumer independence</p> <ul style="list-style-type: none"> ➤ Community-based services ➤ Supports individual independence ➤ Improves consumer quality of life ➤ Supplements family responsibility ➤ Supports family/ informal caregiver(s) 	<ul style="list-style-type: none"> ▪ Served 12,421 consumers who live independently in their home and/or community; 72% were female and 48% were non-White ▪ 92% of eligible consumers chose CCSP ▪ Consumer satisfaction with CCSP waiver services averaged 94% ▪ Overall consumer satisfaction with CCSP care coordination was 96% ▪ 95% of clients report that the CCSP care coordinator assisted them in having a better quality of life
<p>Cost-effective</p> <ul style="list-style-type: none"> ➤ For eligible consumers, CCSP Medicaid is less costly than Medicaid costs in a nursing facility ➤ Savings to state budget & taxpayers ➤ Alternative Medicaid long term care option to institutional placement 	<ul style="list-style-type: none"> ▪ CCSP Medicaid consumer expenditure averaged 35% of the Medicaid cost for these consumers to be in a Medicaid nursing facility - a \$16,867 per consumer taxpayer savings (or, \$209,505,007 statewide) ▪ CCSP care coordination cost per consumer was \$1,899 ▪ Cost to administer CCSP was only 1% of the total CCSP Administrative budget ▪ 65% of consumers contributed to the cost of their services, with 1% paying the entire cost; 33% of costs were paid by SSI Medicaid
	<p><i>“The services provide me with good, hot, nutritious meals. The aide helps with my personal care needs and the ERS provides security and comfort. CCSP helps improve my life and gives me dignity staying at home instead of a nursing home.”</i></p> <p style="text-align: right;">Female consumer age 81 receives PSSX, ERS, HDM Hamilton, River Valley AAA</p> <p><i>“As the primary caregiver for my 106 year old mother, CCSP has been life saving for me by providing an aide to assist my mother each day. I am a strong supporter of this federally funded program because it allows seniors to maintain health care in their home.”</i></p> <p style="text-align: right;">Daughter caregiver, age 69, of Female consumer age 106 receives PSSX, HDM Madison, Northeast GA AAA</p> <p><i>“It gives me such peace of mind knowing that there is someone with my wife and watching her while I work. CCSP allows me to provide for my wife both physically and financially, without having to put her in a home. If it wasn't for CCSP, that's what I would have to do.”</i></p> <p style="text-align: right;">Caregiver spouse of Female consumer age 54 receives PSS, ERS, HDM Carrollton, Southern Crescent AAA</p>

<p>Community-based long term care option</p> <ul style="list-style-type: none"> ➤ Supports least restrictive living environment suitable to needs of eligible consumer <p>No wrong door access to local information, referral & services</p> <ul style="list-style-type: none"> ➤ Gateway/Aging & Disability Resource Connection (ADRC) statewide database ➤ Aging Network: 12 Area Agencies on Aging, 12 care coordination agencies, and 526 service provider agencies 	<ul style="list-style-type: none"> ▪ 29 years of successful community-based program services and care coordination delivery ▪ Services effectively delayed or prevented consumer institutionalization an average of over 4 years (49 months) ▪ The CCSP was the program choice for 92% of eligible consumers assessed ▪ 48% of consumers were over age 75. Clients younger than age 60 increased from 17% in SFY 2000 to 23% in SFY 2011 ▪ 62,344 aging consumers, family and caregivers, and those with disabilities contacted an ADRC and accessed community information, assistance & referral about long term support services and consumer programs
<p>Comprehensive care coordination planning & development</p> <ul style="list-style-type: none"> ➤ Preventive and supportive ➤ Assesses consumer needs ➤ Initiates delivery & monitoring of services ➤ Collaborates with consumer to establish social, health and support services ➤ Monitors provider and care coordination agencies compliance with program policies and procedures ➤ Conducts ongoing training of program staff and agencies 	<ul style="list-style-type: none"> ▪ Consumer freedom of choice between community services and institutional care, and between service provider agencies  <ul style="list-style-type: none"> ▪ Consumer focus and individualized Plan of Care ▪ Critical Incident Review monitored serious injury, falls, and abuse, neglect & exploitation data on CCSP clients and implemented statewide intervention recommendations for consumer safety and independence ▪ Development and delivery of waiver services by provider agencies in the home and/or community
<p>Encourages innovative program collaboration</p> <ul style="list-style-type: none"> ➤ State, university, corporate and non-profit community partners ➤ Quality management strategy and systematic review of <i>Waiver Assurances</i> performance ➤ Program deliverables based on measures, targets and continuous quality improvement ➤ Statewide service provider agency training ➤ Preventive and supportive policies & standards for delivery of consumer focused quality services 	<ul style="list-style-type: none"> ▪ Statewide database of community services and resources ▪ CCSP supports economic development in Georgia, partnering with 526 public and private licensed, enrolled service businesses and health-related agencies. ▪ <u>Caregiver Assessment (TCARE®)</u> <p>Tailored caregiver assessment and referral by trained care coordinators utilized an evidence-based assessment instrument to identify caregiver needs, refer caregivers to services, and develop a care plan that led to less stress, burden, and depression for the caregiver, as well as a delay in the CCSP client discharge to a nursing facility.</p>
<p><i>“I live alone; my son comes over to help when he comes home from work. I am really thankful for my services with CCSP. When I was in the hospital the doctor was talking about a nursing home but I wanted to stay at my own house. That is when I called for help. My aide and my meals are a blessing to me. My son doesn’t have to miss work and he doesn’t have to worry so much.”</i></p> <p style="text-align: right;">Female consumer age 80 receives PSS, ERS, HDM Gray, Middle GA AAA</p>	



“CCSP gives me a better quality of life. It allows me to live on my own in my apartment. ERS provides a secure feeling; meals provide my nutritional needs; my aide keeps my apartment clean, neat and safe and helps with my grooming. I get a lot of services for a minimal cost. My care coordinator is doing an excellent job in my opinion.”

Male consumer age 53
receives PSS, PSSX, ERS, HDM
Columbus, River Valley AAA

▪ Consumer Direction (CD-PSS option)

In SFY 2011, 370 CCSP consumers elected the Consumer Directed Personal Support Services (CD-PSS) option. Eligible CCSP consumers exercised independence and control in organizing service resources, implemented choice in determination of how to meet their needs, and took responsibility for planning, hiring, and managing their own Personal Support Services service staffing support and delivery.

▪ Nursing Facility to Community Transition & Money Follows the Person (MFP)

During SFY 2011, 155 consumers resident in institutions were admitted to and enrolled in the community-based CCSP.

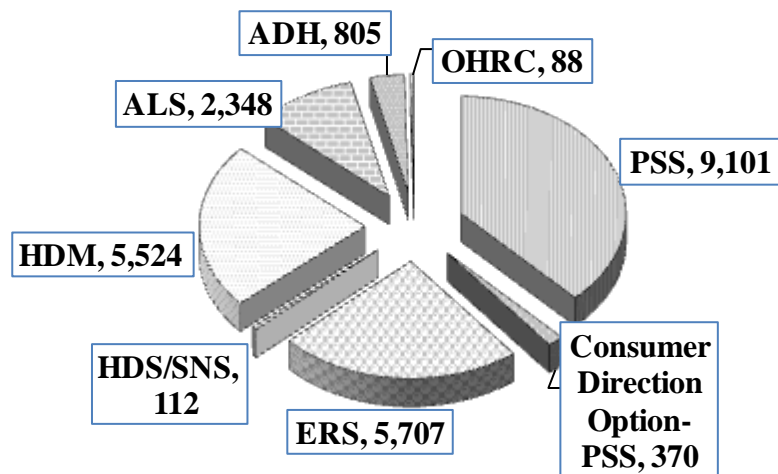
In SFY 2011, the CCSP also admitted 100 nursing facility residents under the Center for Medicare & Medicaid Services funded grant “Money Follows the Person”.

The initiative provided necessary support and services to Medicaid-eligible consumers in nursing facilities who chose to transition to qualified residences in the community.

It is projected that under the Elderly and Disabled waiver (CCSP) 375 nursing facility consumers will transition into the community over the period of the MFP grant (extended to SFY 2015).

CCSP SERVICES - SFY 2011

- **Adult Day Health (ADH)**
- **Alternative Living Services (ALS)**
- **Consumer Direction PSS option (CD-PSS)**
- **Emergency Response Services (ERS)**
- **Home Delivered Meals (HDM)**
- **Home Delivered Services (HDS) / Skilled Nursing (SN)**
- **Personal Support Services (PSS)**
- **Out-of-Home Respite Care (OHRC)**



Note: Consumers may utilize more than one service

CCSP SERVICES, cont'd

- 73% of CCSP consumers used Personal Support Services, which accounted for 69% of total CCSP expenditures
- 44% of CCSP consumers utilize Home Delivered Meals
- 46% of CCSP consumers used Emergency Response Services
- Alternative Living Services ranked second in expenditures, accounting for 12% of CCSP Medicaid waiver services costs

Gateway/Aging & Disabilities Connection (ADRC)
Local & statewide information, resources & referral
Call toll free statewide # 1-866-55AGING

Department of Human Services Division of Aging website
<http://aging.dhr.georgia.gov>



¹ 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.

²The State of the States in Developmental Disabilities 2011, David Braddock et al, Coleman Institute & Dept. Psychiatry, U Colorado, based on Fumiura (1998), p 62, 232