

# Just the Facts

## State Fiscal Year 2006



CHOICES FOR INDEPENDENCE



**Division of Aging Services**  
**Maria Greene, Director**



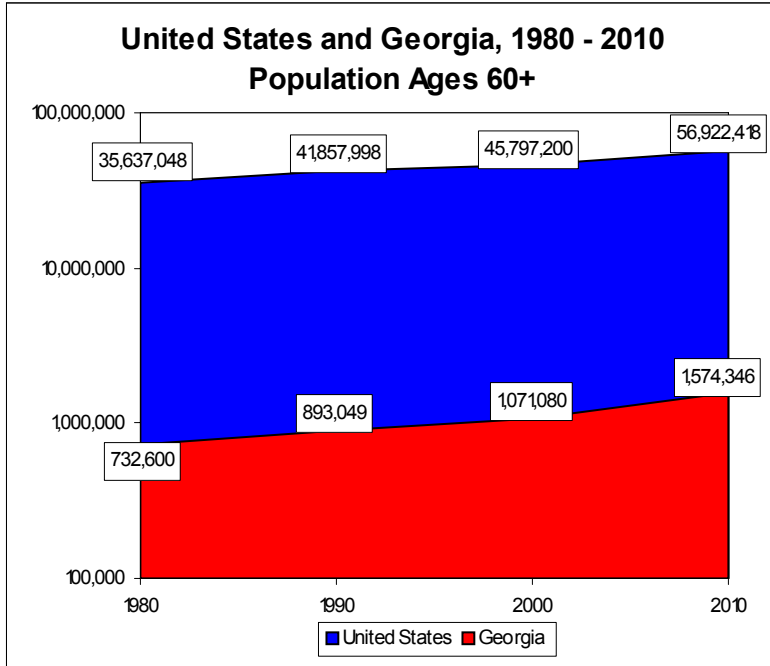
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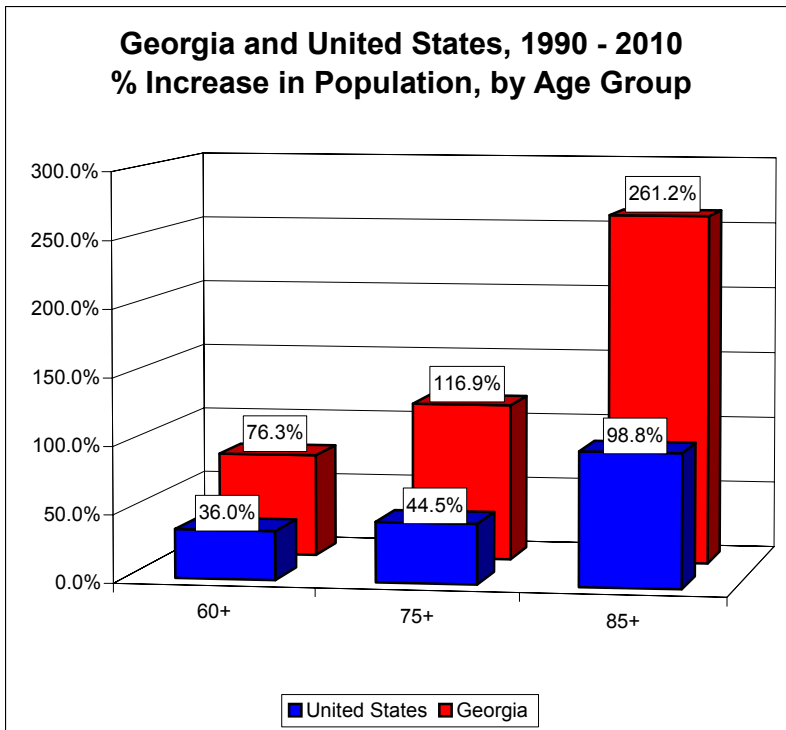
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# Aging Trends in Georgia

## GA DHR Division of Aging Services and the Aging Network



- The aging of our population is one of the most significant trends affecting our society today.
- Georgia has the tenth fastest growing 60+ population and the tenth fastest growing 85+ population in the United States.
- Georgia's population ages 60 and above is expected to increase 76.3% between 1990 and 2010, from 893,049 persons to 1,574,346 persons.



- Georgia's population ages 85 and above is expected to increase 261.2% from 1990 to 2010. Those 85 and above are by far the fastest growing group, projected to total 206,726 in 2010.
- During the 20<sup>th</sup> century, the number of Georgians age 60 and above increased ten-fold, compared to a four-fold growth in the population overall.



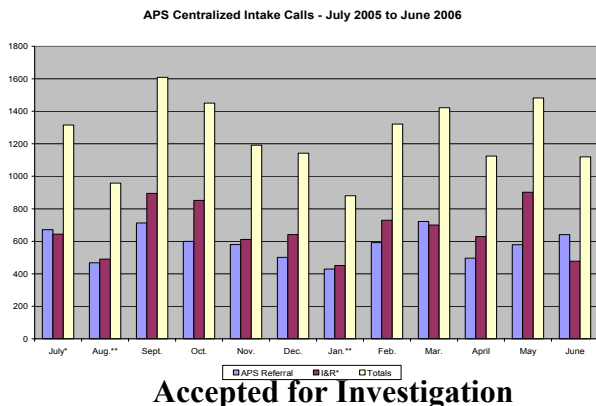
# Adult Protective Services Program

## GA DHR Division of Aging Services and the Aging Network

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

### Centralized Intake

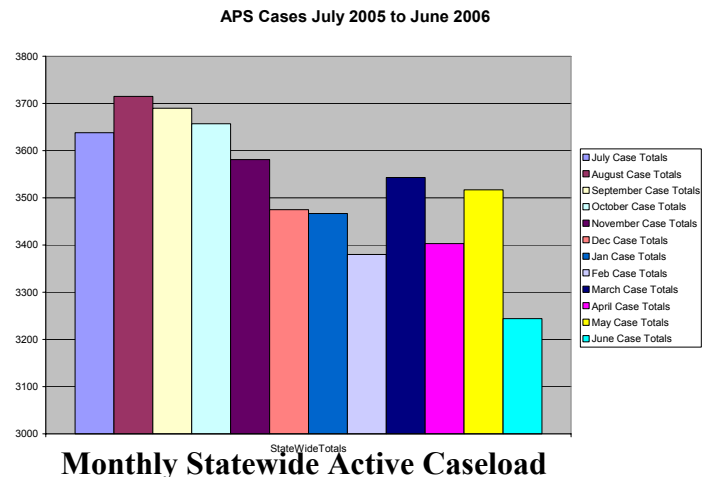
The APS Program receives reports of abuse, neglect and/or exploitation through its Centralized Intake Unit. Seven agents handle calls through a statewide toll-free number to determine if the referrals meet the criteria for APS to investigate a case. If the criteria are not met, referrals are made to community resources including those in the aging network.



During SFY'06, Centralized Intake handled a total of 15,012 calls. Forty-six percent (6,991) of calls were accepted for APS investigation. The remaining 54% (8,021) were handled by staff or referred to other community resources such as mental health providers, DFCS and the Aging Network to help address the caller's issues.

### APS Field Operations

Adult Protective Services uses a regional-based multi-disciplinary approach to meet the needs of vulnerable disabled and senior adults. APS regions are aligned with the aging network planning and service areas and reside in five districts. 155 APS case managers handle both investigations and case management services for the statewide APS caseload.



## APS Case Totals

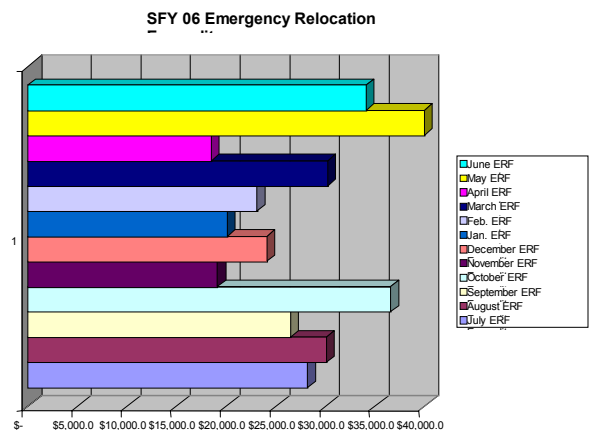
APS averaged a total of 3,526 cases per month during SFY'06, with an average caseload of 23 cases per APS case manager, slightly below the national recommended average caseload of 25 (National Association of Adult Protective Services Administrators). New investigations (average 600 per month) comprise approximately 17% of the total monthly caseload.

## APS Guardianships

APS provides case management for the incapacitated adults for whom the Department of Human Resources serves as Guardian of Person. APS continues to manage approximately 680 guardianships per month.

## APS Emergency Relocation Funds

The APS program receives \$400,000 each year to provide emergency relocation services to individuals who need relocation from an abusive situation. Emergency relocation funds pay for clients to move from unsafe housing, replacement of personal items when they have been broken or stolen by an abuser as well as items to keep them safe in their homes. Over \$30,000 each month is spent on these clients.



## Examples of Outstanding Accomplishments

APS staff conducted more than 130 training and awareness presentations throughout Georgia to law enforcement, churches, service providers, local governments, medical providers and civic groups on making reports and APS services.

APS staff planned and participated in the first World Elder Abuse Awareness Day events around Georgia.

The APS component of the Aging Information & Management System (AIMS), data collection and case documentation system was launched in SFY06.

Individual safety kits were distributed to all APS staff. These kits are carried by staff during field work and include First Aid and safety items to be used in an emergency.

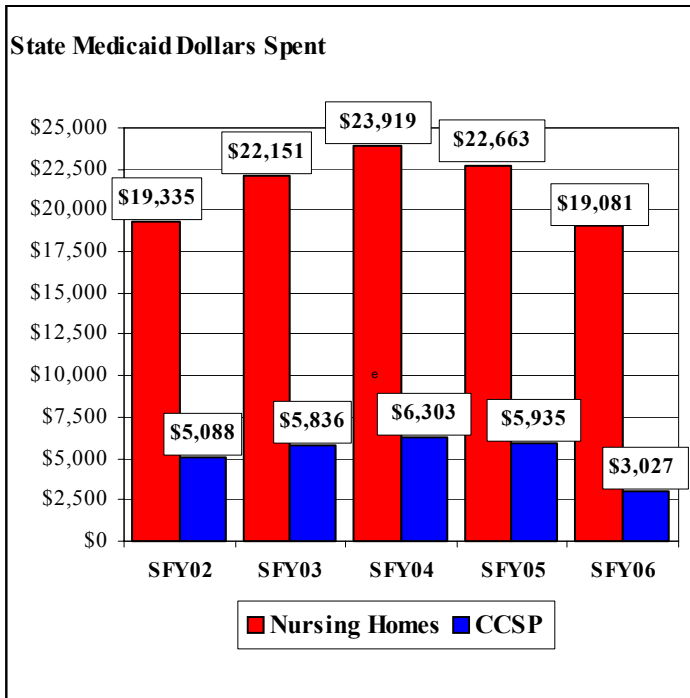
All APS staff trained were on Methamphetamine, Infectious Diseases and Personal Safety.

Digital cameras were distributed to each APS Team for the purpose of investigation documentation.



## Community Care Services Program (CCSP) GA DHR-Division of Aging Services and the Aging Network

The Community Care Services Program (CCSP) has successfully served eligible consumers in Georgia for over twenty years. By providing home and community-based Medicaid services to nursing home eligible consumers, the CCSP promotes consumer choice and independence.



Ninety percent of consumers given the option chose CCSP over nursing home placement.

### Dollars Saved

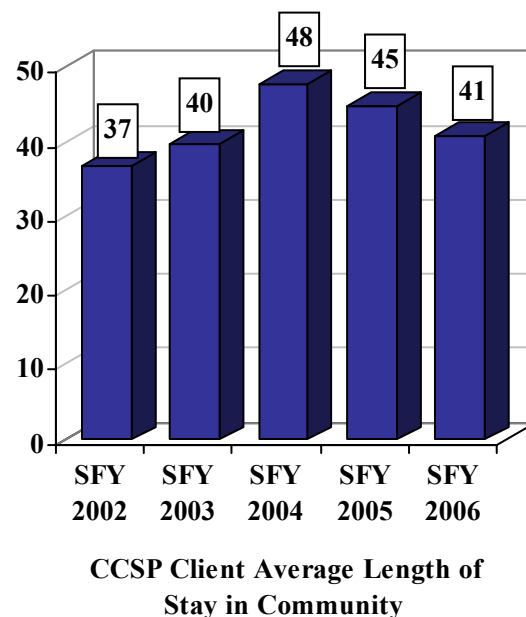
CCSP saved Georgia taxpayers \$16,054 in state Medicaid dollars per consumer served, for a total cost savings of over \$233 million.

CCSP services allowed 14,534 Georgians to stay out of nursing facilities.

### Consumers Served

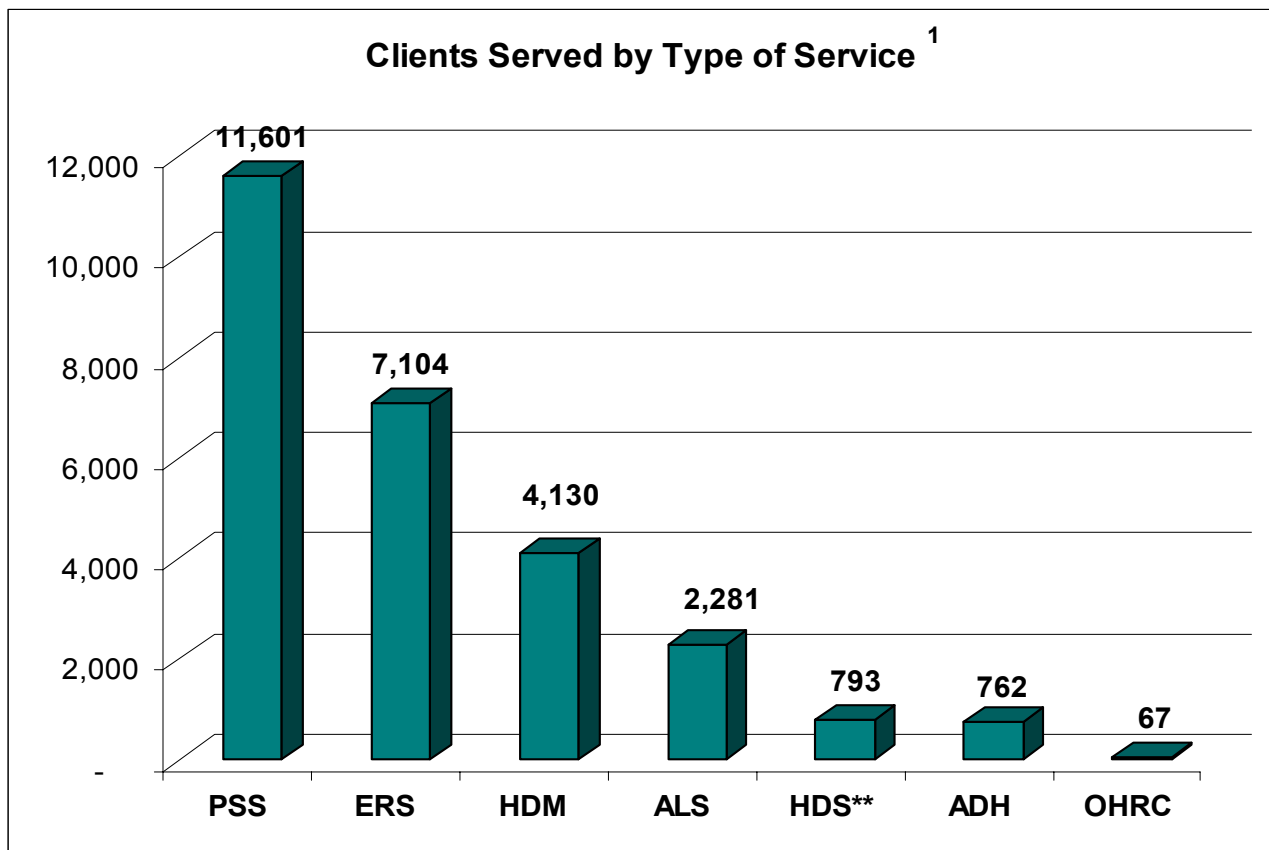
Fifty-five percent of CCSP clients were 75 years of age or older; 28% were 85 or older, and clients 100 years of age or older in SFY 2006 totaled 179 (1%). Nineteen percent were under 60 years of age.

In SFY 2006, comprehensive care coordination allowed clients' needs to be met so that they remained in the community, an average of 41 additional months. In 2006, 503 consumers chose to withdraw from the CCSP due to estate recovery.



## CCSP Services

- ✓ Adult Day Health (**ADH**) – RN oversight, therapeutic and support services in a day center
- ✓ Alternative Living Services (**ALS**) – 24-hour personal care, health-related support services and nursing supervision in a licensed personal care home
- ✓ Emergency Response Services (**ERS**) – 24-hour electronic medical communication support system
- ✓ Home Delivered Meals (**HDM**) – meal delivery services
- ✓ Home Delivered Services (**HDS**) – skilled nursing services and personal support in client's home
- ✓ Personal Support Services (**PSS**) – personal care, support, and respite services in client's home
- ✓ Out-of-Home Respite Care (**OHRC**) – temporary relief for the individual(s) normally providing care



\*\*HDS Client Count includes Skilled Nursing Services.

<sup>1</sup> Duplicated client count, clients may receive more than one service.

Eighty percent of CCSP clients use Personal Support Services. The service accounts for 77% of total CCSP expenditures. Alternative Living Services ranks second in expenditures (12%). Forty-nine percent of CCSP clients use the cost-effective Emergency Response Services (accounting for 2% of CCSP Medicaid expenditures).

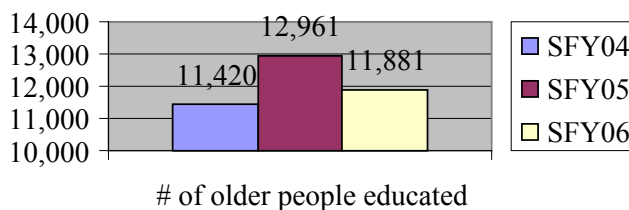
# Elder Abuse And Consumer Fraud Prevention Program

## GA DHR-Division of Aging Services and the Aging Network

Elder Abuse and Prevention provides services to identify, prevent and treat elder abuse, neglect and exploitation. Program goals are to heighten awareness of abuse of older individuals in community settings and facilitate access to programs and services for victims.

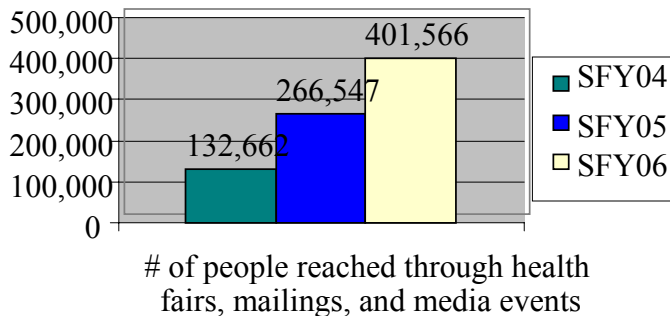
Program Accomplishments, SFY 2006, of the Division and the twelve Area Agencies on Aging, Elder Abuse Providers:

### Community Education



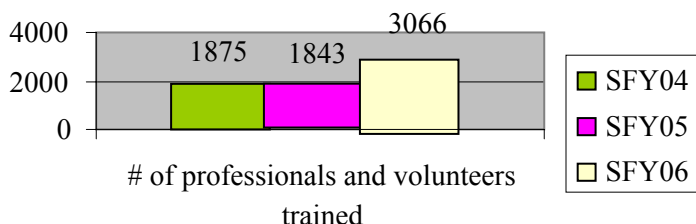
Community Education focuses on teaching older adults, caregivers and other community members about elder abuse and consumer fraud. Presentations include information about what to look for, how to report suspected cases and how to prevent it.

### Program Awareness



Program Awareness seeks to raise the awareness of the issue of elder abuse. Printed materials are distributed at health and information fairs. Larger audiences are reached through radio or TV segments or articles in the local newspaper. This outreach is important in changing misconceptions and increasing reporting of elder abuse.

### Training



Professionals and volunteers receive training through the Division of Aging Services and the Aging Network to enhance their skills and tools to prevent and detect elder abuse and consumer fraud situations.

**Examples of Outstanding Accomplishments:**

- ❖ Development of an elder abuse training curriculum for the Georgia State Victim's Academy
- ❖ Development of an elder sexual abuse training curriculum which was presented in conjunction with Adult Protective Services at the *Georgia Network to End Sexual Assault* Conference.
- ❖ Received a grant from AARP Foundation to prevent Financial Exploitation through a Money Management Program.

## **Elderly Legal Assistance Program**

### **GA DHR Division of Aging Service and the Aging Network**

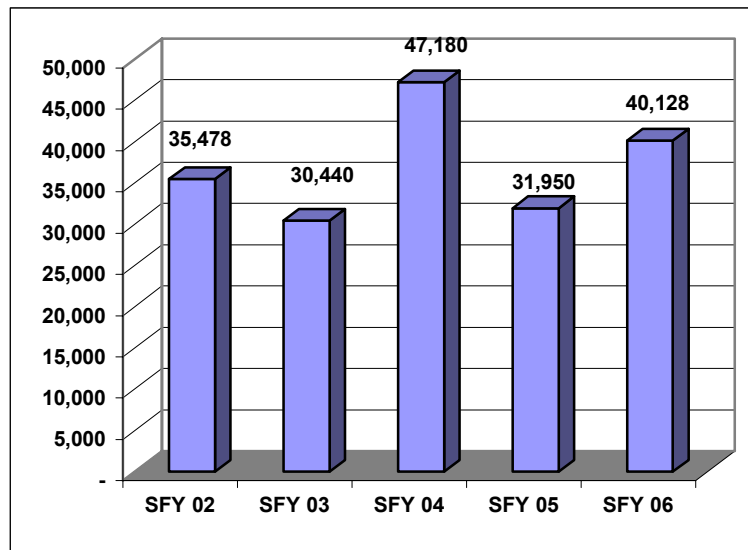
The Georgia Elderly Legal Assistance Program (ELAP) serves persons 60 years of age and older by providing legal representation, information and education in civil legal matters. Legal providers, contract with the state's twelve Area Agencies on Aging to provide services.

### **Persons Served**

More than 40,128 seniors received legal representation, information and/or education during SFY2006.

Hurricane Katrina, New Guardianship Law, Estate Recovery and Medicare Part D were the prevailing issues for seniors. They required the priority attention of ELAP providers. As the program worked to keep up with the issues and clients, an increased effort was made at the State level to

insure completeness and accuracy of data used to obtain the truest picture of the needs of older Georgians currently being met. Such a move enables the program to better ascertain the gaps and unmet needs that must be addressed. The Division conducted a Legal Needs Study during this fiscal year to find out directly from seniors what they know is available to them to serve their legal needs and how services can be made more accessible and beneficial. One of the findings from the study is that seniors appreciate having access to attorneys for education and representation but feel the need for greater awareness of this valuable service.



### **Monetary Benefits Realized**

- In SFY 2006 ELAP saved older Georgians \$6,210,889 by providing document preparation, legal counseling and case representation.
- An additional \$2 million in savings was realized through the 26,000 hours of legal counseling provided, calculated at a conservative \$75.00 per hour.
- More than \$1.2 million was obtained in benefits and restored funds for older adults.

## Top Five Case Types Opened-SFY 2006

Thirty percent of the 3,281 cases opened for this fiscal year involved health care, long-term care or income maintenance issues and 43% involved end-of-life issues.

**Administrative** – Social Security, Food Stamps, Disability

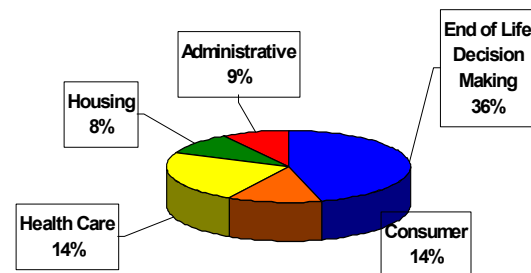
**Consumer** – Fraud, Contracts, Debt Relief

**End of Life Decisions** – Financial & Health Care Power of Attorney, Living Wills

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

**Housing** – Homeowner, Public Housing & Landlord Tenant

SFY 2006 Top Five Primary Case Types

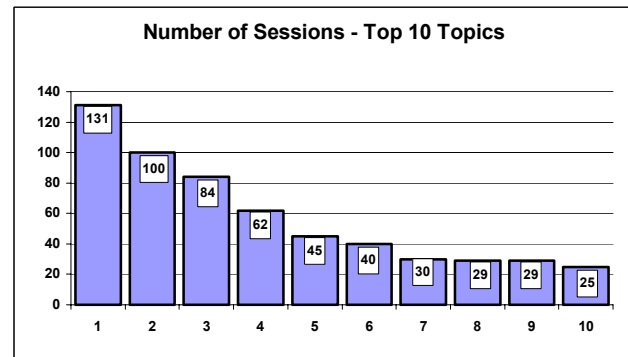


## ELAP Community Education Offered

Community education is a method of prevention that helps seniors avoid more costly, time consuming legal problems. In SFY 2006, 32,673 seniors attended 832 legal education sessions.

The top ten topics covered in community education sessions in SFY 2006 were:

1. Medicare Part D
2. Elder Abuse/ Fraud Prevention
3. End-of-Life Issues
4. Wills & Estates
5. Consumer Issues
6. Fraud/Exploitation
7. Health Care
8. Grandparents Issues
9. Medicaid
10. Long term Care



## Examples of Older Georgians Whose Lives ELAP Impacted

ELAP represented an 83-year-old woman who was a victim of identity theft. She received collection letters regarding loans taken out in her name and using her Social Security Number. ELAP contacted the creditor and through negotiations, all collection efforts were stopped. The credit bureau was notified of the error and the client was prevented from being responsible for a \$4,398.00 debt.

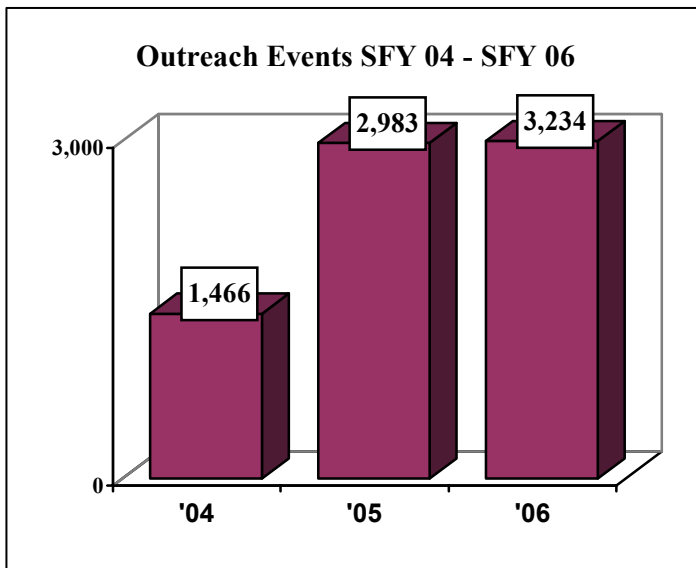
124 Miller Trusts have been executed for clients who are in nursing homes and facing discharge because their income exceeds the Medicaid cap.

# GeorgiaCares

## GA DHR-Division of Aging Services and the Aging Network

GeorgiaCares helps Medicare beneficiaries, their families and others understand their rights, benefits and services under the Medicare program and other health insurance options.

### Outreach and Media Events



In State Fiscal Year 2006, GeorgiaCares conducted a total of 3,234 outreach and 547 media events to 5,710,401 individuals regarding health insurance information on Medicare, Medicaid, prescription assistance, Medigap, long-term care services and financing options, other health insurance needs and Medicare fraud prevention.

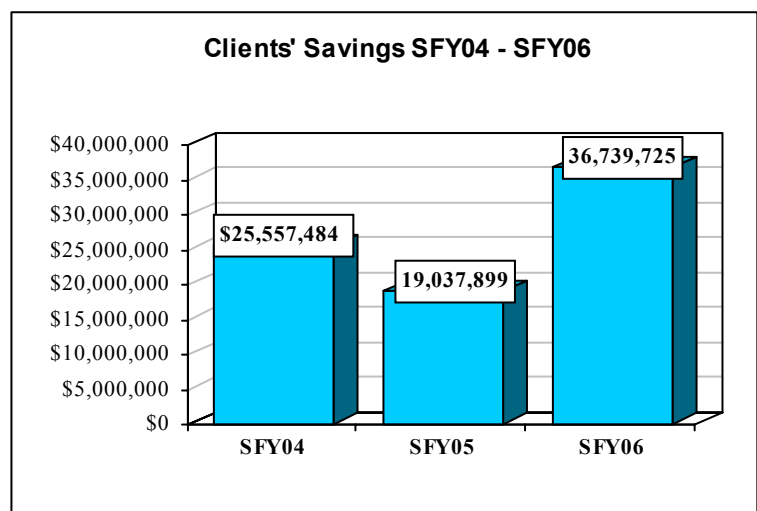
478 trained volunteers served clients in SFY 2006.

46,205 clients were served.

### Reducing “Out- of-Pocket” Costs

Over the last three years, GeorgiaCares has enabled clients to save more than \$81 million in health insurance and related expenses.

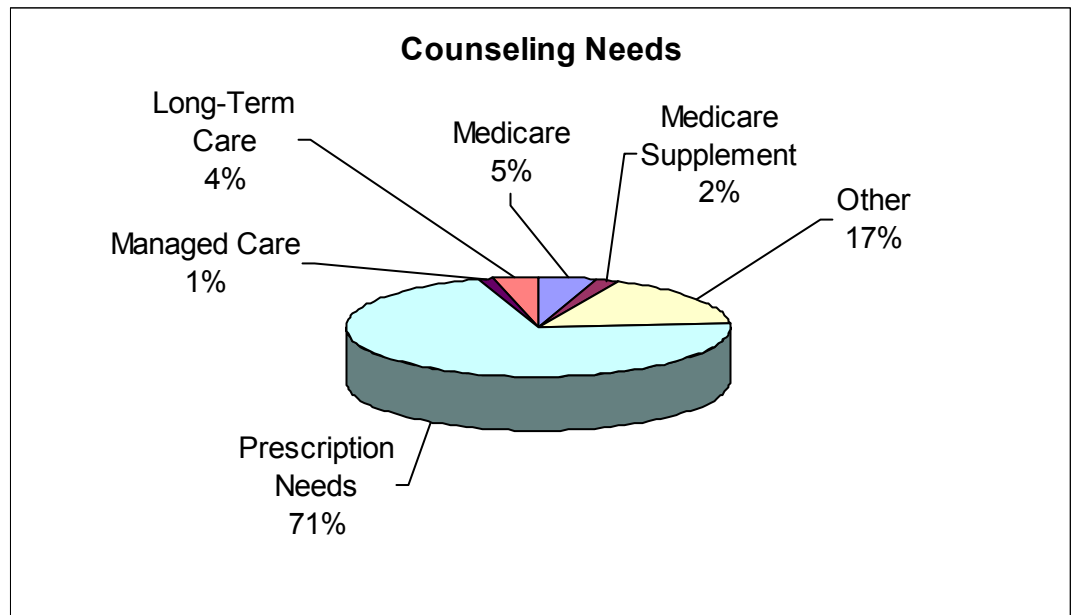
In SFY 2006, GeorgiaCares saved beneficiaries \$36,739,725 in out-of-pocket expenses. The discount drug cards (which ended in December 2005) were the main focus for SFY2005, thus resulting in lower financial savings for the clients. The new Medicare prescription drug benefit began in January 2006, with enrollment starting on November 15, 2005. This resulted in higher financial savings for clients.



## Types of Issues Addressed by GeorgiaCares

In SFY 2006, 71% of GeorgiaCares calls dealt with Medicare beneficiaries needing prescription assistance. Enrollment began in November 2005.

Special attention was given to enrolling people in the new Medicare prescription drug program that was effective in January 2006.



## Examples of Outstanding Accomplishments

- ✓ GeorgiaCares private partnerships were expanded to a total of 75.
- ✓ Over 85% of Georgia's current Medicare population is now covered by a prescription drug plan.
- ✓ GeorgiaCares staff and volunteers fielded 400+ calls in 1½ hours during the Georgia Public Broadcasting telethon for the new Medicare prescription drug program.
- ✓ The first Annual Long Term Care Summit featuring nationally recognized speakers was held in April 2006.
- ✓ The Senior Medicare Patrol Project received national honorable mention for its practice of building partnerships/collaborations.

## Challenges for the Future

GeorgiaCares will continue a large scale outreach campaign geared toward educating Medicare beneficiaries. The campaign will focus on the new Medicare prescription drug benefit, Medicare preventive health benefits, fraud issues and educating baby boomers on planning for their long-term care needs.



## Home and Community Based Services GA DHR - Division of Aging Services and the Aging Network

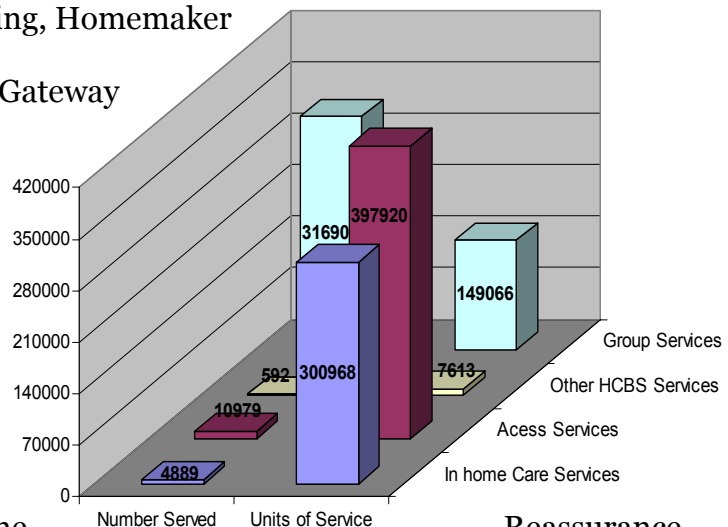
The Home and Community Based Services (HCBS) program makes available a variety of services to individual consumers, and to groups of consumers, to support and assist older Georgians in staying in their homes and communities. These services support older persons and their families in living longer, living safely and living well. In SFY 2006, 36,793 individual older adults, including caregivers, received one or more HCBS individual services. Services are delivered consistent with the Department's moral imperative that "government is a resource to, not a replacement for, families."

### Partners in Service Delivery System

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

### Consumers Served

- ✓ **In-Home Services** include Emergency Response Installation and Monitoring, Friendly Visiting, Homemaker and Personal Care.
- ✓ **Access Services** include Gateway and HCBS Information & Assistance, Case Management, Outreach and Transportation.
- ✓ **Other HCBS Services** include individual services for Counseling, Home Management, Home Modification and Repair, Home Sharing and Roommate Match, Material Aid, and Telephone Reassurance.
- ✓ **Group Service** activities include Community and Public Education, Counseling, Material Aid, Senior Recreation and Volunteer Development.



### Highlights of Services Provided

- ✓ **Area Agencies and providers of In-Home Services** continue to target resources to the frailest older persons through the use of client assessments and the ongoing review of consumer data over time to determine whether the services are having the desired impact on consumers in helping to maintain their independence.

- ✓ **Access Services** allow older persons and their families to access needed services.
- **Gateway Information and Assistance** provided by the Area Agencies on Aging is the regional central entry point into the aging network. Through Gateway, Area Agencies provide information on community services; complete screenings and assessments to determine eligibility; and refer clients to a wide variety of community resources. Gateway also manages the waiting list for services to assure those persons with the greatest need are served first.

### **Some Accomplishments**

- ✓ The Area Agencies developed first Quality Improvement Plans (QIPs) and Annual Reports to the Division, through which they identified areas in their operations that were priorities for change and their progress to date for SFY'06. The QIPs are modeled on the Baldrige Award Categories of Leadership, Strategic Planning, Customer Focus, Process Management, Human Resources, and Information and Analysis. The formulation and implementation of operational objectives for improvement and the annual review of progress made will be ongoing.
- ✓ The team chartered to review and revise the Uniform Cost Methodology spreadsheets concluded its work, producing streamlined and customized spreadsheets, based on the requests and input from primarily service providers. The team comprised representatives from the Division, Area Agencies on Aging, and provider agencies. As a result of the refinements made, service providers and AAAs should be better able to and more accurately identify costs. The updated spreadsheets were implemented effective SFY'07.
- ✓ A work team chartered to review and revise the four-year area plan format and content made substantial progress during SFY '06 toward producing its deliverables.
- ✓ Training was provided for the Division and AAA staff on using the Determination of Need-Revised assessment tool, the core tool used by Gateway staff to screen and assess applicants for aging program services. Included among the trainees were Adult Protective Services staff, as the DON-R will be implemented for that program in SFY'07.
- ✓ The Division revised and reissued policies, standards and guidelines for the operation of the regional Single Entry Points, or Gateway, in each AAA. The major improvements in the policies were --
  - Refinement of standards of promptness for screening applicants for service, so that there is a uniform standard for both CCSP and HCBS.

- added more language regarding addressing the needs of persons with disabilities, in support of a more fully integrated access system.

## **Future Directions and Opportunities**

- ✓ Planning for future Home and Community Based Services for the rapidly increasing aging population in Georgia, based on demographic and geographic data.
- ✓ Increase the number of consumer satisfaction surveys completed for Home and Community Based Services and improve the results.
- ✓ Continued shortages in availability of transportation services, combined with increased fuel and other operating costs, resulting in limited or reduced access to needed home and community-based services.
- ✓ The ongoing need for a comprehensive, consumer-focused access system, including making available case management and decision support services, to assure quality of service delivery and optimal benefits to consumers.
- ✓ The need to set priorities for technology development and ongoing support for the aging network including assuring access to up-to-date hardware, software and connectivity devices.
- ✓ There is a need for the expansion of **Case Management** service for HCBS to assure that clients will obtain community resources and to assure that quality services are provided.

## **Georgia's Aging and Disability Resource Connection**

### **Information, Referral and Assistance**

- Since ADRC activities began in October 2004 the ADRC pilot sites in Atlanta and Augusta have received **26,525 new** contacts from older individuals, caregivers and professionals looking for a variety of home and community based services. **13,803** of those callers (**over 50%**) contacted the ADRC again, the next time they were looking for resources.
- During the same time period nearly **5,000** individuals and caregivers representing those with developmental disabilities, mental illness and physical disabilities also contacted the ADRC seeking information about long-term care services.
- In addition nearly **5,000** professionals also contacted the ADRC on behalf of consumers during the first 18 months in operation.
- Together, the ADRC pilot sites handled an impressive **43,576** contacts by consumers, caregivers and professionals seeking LTC options for seniors and individuals with disabilities.

### **ADRC Access to Long Term Care**

- Using the ADRC philosophy and building on Georgia's existing single entry point for seniors, the Gateway Information and Assistance long-term care database now includes **3200+** newly added statewide resources for those with developmental disabilities, mental illness and brain and spinal cord injuries.

These are in addition to the **16,100** resources for the aging community. The inclusion of the disability resources created a statewide database for adult consumers of disability services that did not previously exist.

- As part of the ADRC initiative to streamline access to long-term care, the Division of Aging Services partnered with the Division of Family and Children Services to develop an online form that will provide easy access to aged, blind and disabled categories of Medicaid. The partnership is creating a consumer-focused online Medicaid application that will be available to the public on several easily accessible sites and will allow individuals, caregivers and representatives to apply for Medicaid using a convenient process designed to reduce existing barriers.

### **Inter Agency Partnerships**

- Local aging and disability coalitions around the state have formed partnerships with representatives from the public and private sector, local government entities, service providers of aging and disability services, social service agencies and consumers.

- Among the two ADRC pilot sites fourteen formal partnerships have been established including public and private social service agencies such as: MHDDAD regional offices; DFCS; Aging and Disability Coalitions; Disability Agencies; the United Way and a State Independent Living Center.
- State level partners include: Division of Family and Children Services; Department of Labor-Vocational Rehabilitation; Georgia Hospital Association; Governor's Council on Developmental Disabilities; Governor's Office of Planning and Budget; Department of Community Health; Brain and Spinal Injury Trust Fund Commission; Georgia Council on Aging and the Division of Mental Health, Developmental Disabilities and Addictive Diseases.

## Community Outreach

- The ADRC pilot sites have participated in over **300** community education and outreach activities to inform the public about available public and private Long Term Care support options.
- Georgia's ADRC sites have made a concerted effort to educate the disability community about available public and privately funded long-term care community options and to that end have reached approximately **4800** consumers with disabilities, their caregivers and family members over the past 18 months.
- In addition the ADRC has run a series of radio and TV ads that have reached countless individuals of all ages who are in need of home and community based services.

## Consumer Satisfaction

- A consumer survey was developed that incorporated key questions on accessibility, staff knowledge and consumer satisfaction with ADRC service. The consumer satisfaction survey was administered to 10% of the callers at the Atlanta pilot site and to 50% of the callers at the Augusta pilot site.
- 100% of the consumers surveyed reported feeling that the ADRC representative listened carefully and understood.
- After contact with the ADRC, 93% of the callers stated that they knew what to do next in order to obtain services.
- Of the callers surveyed, 86% indicated having called multiple agencies prior to connecting to the ADRC. Over 50% of those individuals contacted as many as 5 or more places before getting the assistance they were seeking.

"The staff explained the many resources I can use."

"My counselor was very helpful, very caring - went over and beyond what I expected.  
I feel this is a plus for your company - keep up the good work!"

"I was happy to have someone listen to me and call me back for follow-up"

## **Expansion Efforts**

- The Division of Aging Services and the Division of Mental Health, Developmental Disabilities and Addictive Diseases submitted a joint budget proposal to expand the Aging & Disability Resource Connection to a total of five of Georgia's twelve Area Agency on Aging planning & service areas, which would include all five of the State's MHDDAD regions. During the 2006 legislative session the general assembly generously approved a total of \$700,000 in state monies to be used to sustain the pilot sites and to expand to 3 new areas across the state.
- In addition to the ADRC sites that will be located in five areas around the state, there are eleven Aging and Disability Coalitions that have been formed to address the commonalities and needs of consumers who are aging and those who have disabilities.

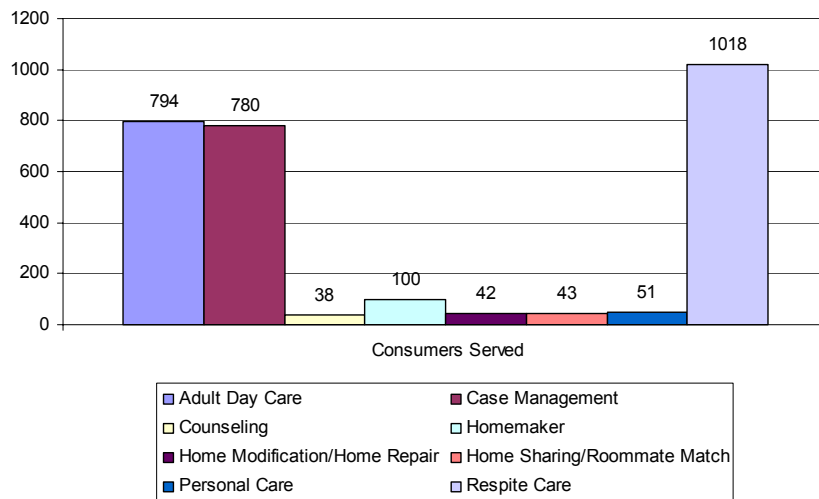
## Caregiver Services

Georgia's aging network continues to expand the array of services needed to support family caregivers. During SFY 2006, Congregational Respite, was implemented. Congregational respite teaches faith-based organizations how to begin respite programs for their own congregants and for persons who live in communities surrounding their houses of worship. These programs provide caregivers a much needed break from caring for loved ones.

In addition, other home and community based services were provided, including a self-directed care program, a growing trend in long-term care for older adults. The Self Determination Program is particularly helpful in rural areas, since it enables caregivers to hire neighbors or friends to provide some of the services they need.

## Consumers Served

Individual consumers received or participated in the following **individual** services, including Information and Assistance (49,219 contacts):



Consumers participated in the following **Caregiver Activity Group** services:

- ✓ **Community and Public Education** (319 sessions conducted, producing 69,259 contacts with consumers)
- ✓ **Support Groups/Counseling** (150 sessions conducted, producing 312 contacts)
- ✓ **Training** (21 sessions conducted, producing 318 contacts)
- ✓ **Events** (17 events conducted, producing 755 contacts)
- ✓ **Material Aid** (6,763 needed items obtained, producing 1,362 contacts.)

**Highlight of Services Provided** which includes services delivered through participation in the self-directed care program

- ✓ **Adult Day Care- Consumers used 406,216 hours** of health service, personal care and therapeutic activities in a day center.
- ✓ **Respite Care – Caregiver consumers used 155,663 hours** of short term relief in their homes.
- ✓ **Case Management, Counseling, Homemaker and Personal Care** – Consumers received **12,842** hours of support in the home for light housekeeping and personal care as well as brokering of services of in-home consumers.
- ✓ **Other Individual Services** – Consumers received **10,677** units of service of material aid, counseling, home modification/home repair, and home sharing/roommate match.

### **Accomplishments**

Governor Perdue and the General Assembly provided funding to begin a statewide Congregational Respite program.

- ✓ The Division, in partnership with the Alzheimer’s Association, Georgia Chapter, facilitated outreach and training events to churches and synagogues attended by 2,730 persons around the state.
- ✓ 7 new programs, including 2 day care programs, are in development
- ✓ 71 other congregations expressed a medium to high level of interest in developing a program.

### **Future Directions and Opportunities**

Georgia’s self-directed care program, which enables caregivers to hire relatives and friends, was:

- ✓ Highlighted at the American Society on Aging Annual Meeting and Conference held in March of 2006.
- ✓ Highlighted as a best practice worthy of replication in the report *Ahead of the Curve: Emerging Trends and Practices in Family Caregiver Support*, published by the National Center on Caregiving/Family Caregiver Alliance, and the AARP Public Policy Institute
- ✓ Caregiver Assessment - Georgia is one of five states in the nation working with Dr. Rhonda Montgomery, University of Wisconsin, on developing and validating a standardized caregiver assessment tool. Related to the use of the assessment tool, there will be protocols for care managers to use in care planning that will help them target services to caregivers more effectively and efficiently by putting in place the “right service at the right time.”
- ✓ Expansion of the Congregational Respite program, enabling more faith-based organizations to provide respite care to their own congregants and to persons in the surrounding communities.



## **Kinship Care Services**

The term “kinship care” has been used in Georgia to reference relatives who are raising related children due to the temporary or permanent absence of the biological parents. These relatives include great-grandparents and grandparents raising grandchildren, aunts and uncles raising nieces and nephews, cousins, and other relatives raising children. During SFY 2006, the core supportive services included information and assistance, support groups, and community public education. To expand resources, the aging network also has collaborated with local, public and private organizations.

When a relative caregiver assumes the responsibility of providing full-time custodial and financial care for their grandchildren, they do not always fully anticipate the additional responsibilities and resources needed. It is not until they begin providing care that these relative caregivers realize the physical, financial, and social needs associated with caring for their relative children.

### **Consumers Served**

Consumers received or participated in the following individual services:

- ✓ **Case Management-** 38 individual consumers used 292 hours of service
- ✓ **Respite Care** - 89 individual consumers used 2,975 hours of service
- ✓ **Counseling-** 62 individual consumers used 375 hours of service
- ✓ **Material Aid** - 67 persons individual consumers received 204 needed items through this service.
- ✓ **Information and Assistance-** Area Agency Gateway staff handled 448 calls regarding Kinship Care.

Consumers participated in the following Kinship Care Group Activity Services:

- ✓ **Community Public Education** - 488 sessions conducted, producing 361,960 consumer contacts.
- ✓ **Care Receiver Supervision** - 3 sessions conducted, producing 30 consumer contacts
- ✓ **Material Aid/Child Safety** - 44 vouchers/sessions provided, producing 235 contacts.
- ✓ **Events** - 38 events conducted, producing 3,211 consumer contacts.
- ✓ **Support Groups-** 243 sessions conducted, producing 2,053 consumer contacts.
- ✓ **Training/Tutoring-** 20 events conducted, producing 183 consumer contacts.

## Highlight of Services Provided

- ✓ **Support Groups** - Georgia has 243 support groups currently meeting. Eleven out of the 12 Area Agencies have one or more support groups in their region.
- ✓ **Summer Camp Scholarships** - Provides respite for relative caregivers: Seven Area Agencies provided summer camps scholarships and 225 children benefited from these scholarships.
- ✓ **Material Aid/Child Safety** - Includes vouchers on or behalf of the relative caregiver that can be used to obtain clothing, food, and child safety locks and other safety devices. Relative caregivers used 39 material aid vouchers and participated in 5 child safety sessions.

## Collaborative Programs

The Division of Aging Services is contracting with the Atlanta Legal Aid Society, Inc., and the Georgia Legal Services Program to provide an array of **legal services to relative caregivers**, including the provision of legal advice to and representation of relative caregivers in matters concerning adoption, custody, housing, public benefits, and special education needs of children.

The **Kinship Care Navigator Program** places grandparents and relative caregivers in metro-Atlanta Department of Family and Children's Services (DFCS) offices to help other relative caregivers to navigate the requirements of the social service and public benefits systems, better understand what resources are available, and more readily access services. Ten Kinship Care Navigators were hired as part-time staff in the metro-Atlanta DFCS offices during the first year of implementation.

## Success Stories

- Mrs. B. is an employee of the Newton County Senior Center and a participant in the grandparent program. Her two grandchildren, ages five and eight live, with her and she has full custody. Their workshops and group meetings have helped her find resources and a circle of friends that understand her circumstances. One grandchild attended the Helping Hands Camp. Mrs. B. stated that the camp was a God send because it allowed her granddaughter to be around positive people and learn life skills that will help her in years to come.
- Ms. S., a grandmother raising three children in Dougherty County, started with the Kinship Care program in December 2005, and she attends faithfully. She experiences on-going challenges in caring for her 3 grandchildren, including working with a child with disabilities. As a member of the group, she has been able to get her children into free, after-school tutoring. The children received scholarships to a 7-week full-time

summer camp, which provided respite for her. During the summer the family home burned and Ms. S. was supported by members of the Grand-Gathering support group in many ways. She received school uniforms for her children. Since none of these resources were known to her before, it is little wonder that Ms. S. sings the praises of the Kinship Care Program.

## **Accomplishments**

Program outcomes of the kinship care program are measured through the kinship care satisfaction survey, which is a program measurement and analysis tool for overall program satisfaction and benefit. 156 relative caregivers participated in this survey.

- ✓ 78% of kinship care participants reported that they strongly agreed that they know more resources and how to get services for themselves and the children in they are raising.
- ✓ 62% of the grandparents and other relatives strongly agreed that they are better able to cope with caring for the children they are raising since being involved with the kinship care services and activities.

## **Future Directions and Opportunities**

- ✓ Explore new intergenerational initiatives addressing children education and volunteerism with seniors.
- ✓ Continue further collaboration between Department of Human Resources divisions and offices to address better access to resources for grandparents raising grandchildren.
- ✓ Expand more kinship care support groups in each Area Aging on Aging region.

## **Senior Community Services Employment Program**

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

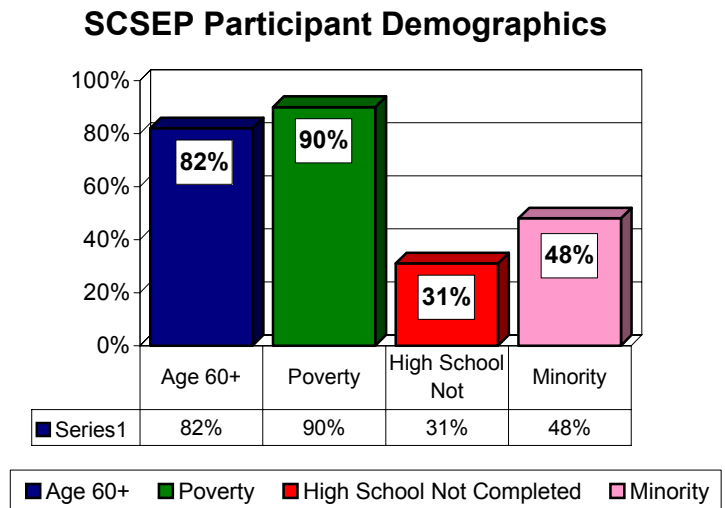
### **Persons Served**

Although participants can be as young as 55 years of age, 82% were over age 60.

Ninety percent of persons enrolled had incomes below the federal poverty level.

Thirty-one percent of current enrollees had not completed high school.

Forty-eight percent of enrollees were minorities.



### **Examples of Outstanding Accomplishments**

- ✓ Achieved the 35% job placement rate, in compliance with the federal requirement of 35%
- ✓ Achieved a 176% total enrollment rate, exceeding federal requirement of 162%
- ✓ Achieved a 68% rate of providing service to those most in need, exceeding the federal requirement of 67%

### **Participant Benefits**

In SFY 2006:

172 enrollees were placed into employment

500 older persons received "on the job training"

Participants earned wages estimated at \$1.4 million while working in community service positions

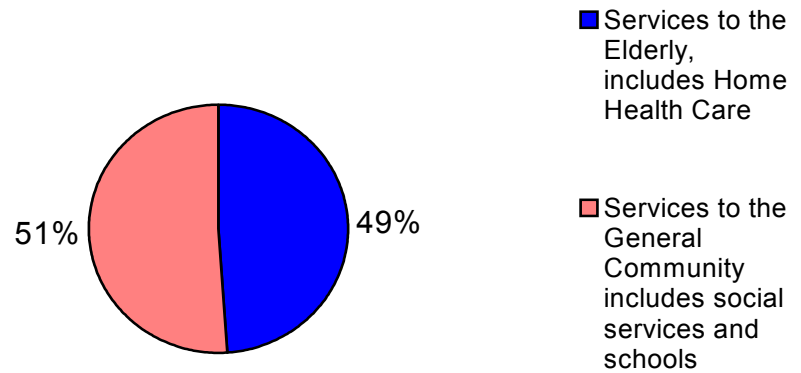
## Community Benefits

Participant wages contribute to the local economy and reduce dependence on public benefits programs.

Participants provided over 224,000 hours of service to community organizations.

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

**Service Provision by Location SFY 2006**



## Challenges and Directions for the Future

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

U.S. Department of Labor reporting requirements and systems continue in the developmental stages.

Increase opportunities for job skills training and employment

- ✓ Develop additional partnerships with other workforce development agencies, programs and employers.
- ✓ Develop and implement recruitment strategies and materials that target older job seekers who are most in need and who have poor employment prospects.

## **Wellness Program**

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

### **Consumers Served in Senior Center and Home Delivered Meals Programs**

In SFY 2006, 15,123 individual consumers received 2,615,749 Home Delivered Meals and 14,761 individual consumers received 1,512,811 Congregate Meals and participated in Senior Center activities, for a total of 29,884 consumers for the year. In addition to the meals, program participants received nutrition education materials or lessons. The average age of the program participants was 77 years, based on statewide sampling.

### **Services Provided**

- ✓ **Wellness Program Services** include: physical fitness activities such as walking, gardening, Arthritis Exercise Programs, strength training, yoga, Tai Chi, aquatics; safety programs such as fall prevention, drivers education/safety and home safety inspections; life style management, health screenings, physical therapy, occupational therapy, stress management and education awareness events/activities for the prevention and management of chronic diseases.
- ✓ **Nutrition Program Services** include: nutrition screening/counseling/education and nutrition support through home delivered and congregate meals.

### **Highlight of Services Provided**

#### **Wellness Program Impact**

Georgia has the 7<sup>th</sup> highest prevalence of diabetes among older people. Among the major challenges related to aging and chronic diseases are controlling health care costs, maintaining independence, and enhancing quality of life through improved lifestyles and chronic disease management. To begin to address some of these challenges, the Division provided leadership to create a partnership with the DHR Division of Public Health, the University of Georgia College of Family and Consumer Sciences, and other public/private sector agencies. Outcomes of the partnership include the web site "Live Well Age Well" ([www.livewellagewell.info](http://www.livewellagewell.info)), a community intervention called "Live Healthy Georgia – Seniors Taking Charge", Georgia Senior Farmers' Market Program, establishment of the Georgia Coalition for Healthy Aging, and hosting of the 9<sup>th</sup> Annual Healthy Aging Summit.

Through these efforts, more than 30,000 seniors have received nutrition and health promotion information and a majority of the program participants have improved their nutritional status, improved their physical activity habits, and have learned better management of diabetes and other chronic diseases.

### **Physical Activity Programs and Impacts**

Across the state, Wellness Program Coordinators took the lead on planning and implementing various physical activity programs as part of Wellness Program activities. The Coordinators partnered with Parks and Recreation, AARP Georgia, and local Health Departments in planning and providing physical activities at senior centers. More than 2,000 persons participated in Physical Activities Programs. The Division was successful in launching a statewide Walking Program for older Georgians. The Customer Satisfaction Surveys completed indicated that 87% of program participants were satisfied with Wellness Program activities.

### **Medications Management and Impacts**

Division staff developed wellness program materials for Medicare beneficiaries and to increase older Georgians' participation in health screenings and immunization programs. The Medications Risk Management Programs were developed to inform older adults about taking medicines correctly, keeping a personal medications list, proper storage of medicines, preventing overmedication, using dietary supplements appropriately, and strategies to use to avoid adverse drug interactions. All twelve of the Area Agencies on Aging conducted Medications Management activities in the senior centers across the state.

### **Accomplishments**

The Division of Aging Services partnered with the Area Agencies on Aging, senior centers, the Division of Public Health and local health departments to develop and implement the **Georgia Senior Farmers' Market Demonstration Project**. The project's goal was to improve access to and increase consumption of fresh, locally-grown fruits and vegetables, while providing nutrition education, including health benefits of consuming fruits and vegetables, healthy meal plans, recipes, cooking, freezing, canning demonstrations and more.

The Farmers' Market Demonstration Project served 2,200 low-income Georgians aged 60 and older this year and promoted Georgia agriculture and local farmers. Five Area Agencies hosted the project.

The Division has worked to initiate the **Georgia Coalition for Healthy Aging**, inviting a wide and diverse group of public and private sector agencies to engage in developing a statewide long-range plan for healthy aging. Current membership is greater than 65 members.

The Division, and many supporters, hosted the 9<sup>th</sup> annual **Healthy Aging Summit** in June 2006. About 350 health care and social service professionals attended the conference.

The Division provided leadership to the aging network, the Division of Public Health and other community partners in successfully planning and implementing the **Live Healthy Georgia – Seniors Taking Charge** campaign kick-off events across the state. The primary goal of the campaign kick-off is to inform citizens of and promote the Live Healthy Georgia campaign messages. More than 6,000 seniors participated in the kick-off events. The kick-off events included: cooking demonstrations, fun physical activity programs, health screenings and health information dissemination.

In yet another partnering role, the Division of Aging Services, Area Agencies on Aging, senior centers, the University of Georgia, the Division of Public Health and other public/private sector agencies joined to implement the **Live Healthy Georgia- Seniors Taking Charge Community Intervention**. The goal of the Community Intervention is to improve physical activity, nutrition awareness, and diabetes self-management skills. The intervention was implemented in all 12 Planning and Service Areas (PSAs) of Georgia. The intervention evaluation was based on the survey responses of 815 older consumers who participated from 40 senior center sites.

At the completion of the first year of this intervention:

- 67% of participants had added one or more servings daily of fruits and vegetables,
- 40% had added 10 additional minutes of daily physical activity,
- 47% had added 1 inch or more to their reach forward from a seated position,
- 30% showed improved walking speed, and
- 44% lowered their risk of nursing home placement through enhanced physical functioning.

The Division of Aging Services worked with the University of Georgia to develop and launch the web site, “**Live Well, Age Well**”. The website provides information on healthy living for people aged 50 and older, and their families and caregivers. Since inception, this web site has had over 4,300 unique visitors who made 6,100 visits to the web site and viewed more than 19,000 different web pages.



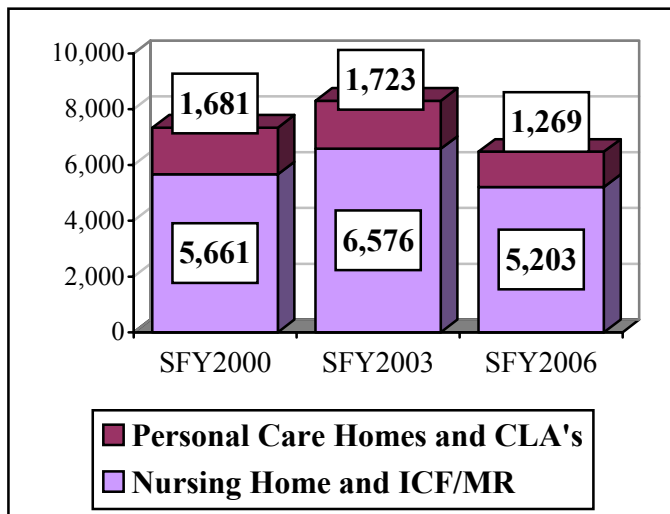
### **Future Directions and Opportunities**

- ✓ Increase partnerships with the Division of Public Health, Georgia Diabetes Coalition, CDC, FDA, Georgia Osteoporosis Initiative, Georgia Commission on Women, hospitals and other public/private sector agencies to expand wellness program activities and resources.
- ✓ Coordinate efforts with DFCS, DPH and USDA to improve access to fruits and vegetables for older adults.
- ✓ Work towards developing a comprehensive healthy aging plan for Georgia.
- ✓ Develop strategies to plan and implement evidence based health promotion programs.
- ✓ Increase coordination between the Wellness Program, Georgia Cares Program and Kinship Care Program for the provision of Wellness Program Services to Medicare beneficiaries and grandparents raising grand children.

## Long-Term Care Ombudsman Program GA DHR- Division of Aging Services and the Aging Network

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

### Complaints Handled

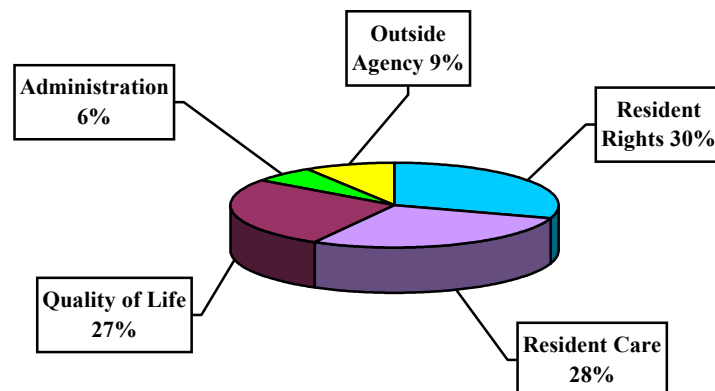


In SFY 2006, the Ombudsman Program received 6,472 complaints.

Ombudsmen resolved 94% of complaints in SFY 2006.

### Types of Complaints

Residents' rights (privacy, freedom from abuse, etc.) and care issues accounted for almost 60% of the complaints received by ombudsmen in SFY 2006.



Another large percentage of complaints received by ombudsmen focused on quality of life issues (good food, pleasant environment, etc.).

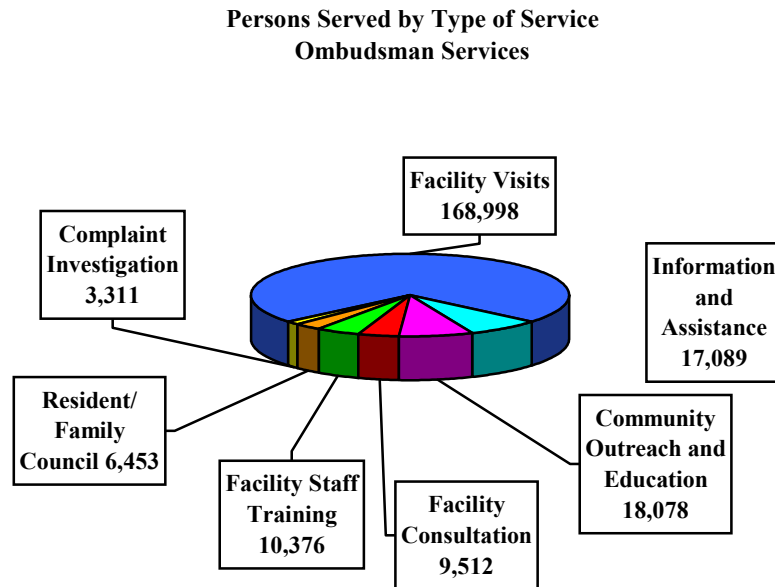
## Persons Served

In SFY 2006:

The Long-Term Care Ombudsman Program served 233,817 persons.

Ombudsmen received an average of 2 complaints per complainant for investigation.

Seventy-two percent (72%) of these individuals were served during ombudsman visits to facilities. This represents an average of 2.5 ombudsman visits for each resident bed during the year.



Over 17,000 individuals received information and assistance regarding long-term care options, public benefits, resident rights, etc.

## Examples of Outstanding Accomplishments

### Increased Personal Funds for Nursing Home Residents

- ✓ Ombudsmen launched a statewide effort to educate lawmakers and advocates about how difficult it is for nursing home residents to live on \$1 per day allowance. Working together with nursing home residents, families, facility staff, the Coalition of Advocates for Georgia's Elderly, and others, ombudsmen successfully advocated for an increased Personal Needs Allowance. With support from the Governor, the General Assembly approved an increase that permits residents to keep \$50 per month of their own money (instead of \$30, which had been the lowest in the country), effective July 1, 2006. This applies to all residents who receive funding through Medicaid (about 80% of Georgia's nursing home population).

## **Examples of Outstanding Accomplishments -continued**

### **Promoted National Policy to Strengthen Resident Rights and the Ombudsman Program**

- ✓ As delegate to the 2005 White House Conference on Aging, appointed by the Governor, the State Long-Term Care Ombudsman, helped develop national implementation strategies for:
  - the Elder Justice Act (and responding to elder abuse and neglect),
  - the Older Americans Act (and strengthening the Ombudsman Program),
  - and disaster preparedness for elders and individuals with disabilities.

### **Responded to Needs of Hurricane Evacuees in Long-Term Care Facilities**

- ✓ After Hurricanes Katrina and Rita, hundreds of evacuees entered Georgia's long-term care facilities. Ombudsmen across Georgia mobilized to visit the evacuees, advocate for their needs, track their whereabouts, and coordinate with other agencies for assistance. Ombudsmen also recommended improved disaster preparedness practices to state and federal agencies, based on lessons learned through this experience.

### **Recognized Best Practices in Personal Care Homes**

- ✓ The Office of the State Ombudsman facilitated the selection of personal care home "best practices" as part of an initiative sponsored by the Office of Regulatory Services and personal care home provider associations. Facility operators were recognized for creative and successful ways to provide activities and promote resident health and independence.

### **Promoted Quality Improvement in Nursing Homes**

- ✓ Ombudsmen -- together with *Georgia Medical Care Foundation*, regulators, other consumer advocates, and providers -- worked to promote quality in Georgia's nursing homes. Goals included reducing pressure ulcers, improving pain management, and reducing the use of physical restraints. Ombudsmen were also involved in promoting "culture change" in nursing homes, focusing on resident-directed care practices.

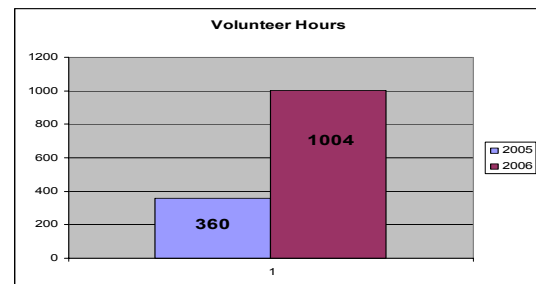
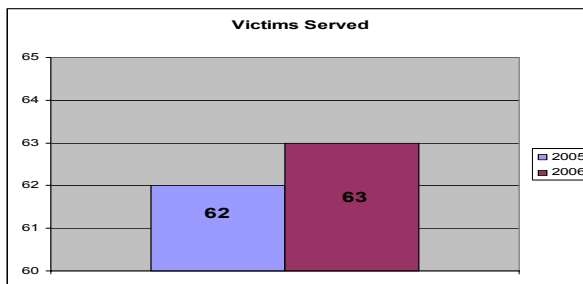
### **Supported development of Georgia Public Guardians**

- ✓ The State Ombudsman helped launch a new program of public guardians to assist individuals who are at risk because they are "unbefriended" and unable to make their own decisions.

## Senior Adult Victims' Advocate (SAVA) GA DHR- Division of Aging Services and the Aging Network

The SAVA program assists older victims of crime through:

- Navigating and negotiating the criminal justice system.
- Emotional support through home visits or telephone reassurance to lessen the stress and depression related to victimization.
- Information, guidance, support and referrals to victims of financial exploitation.
- Access to social services to reduce dependence on an abuser, both financially and physically, and enabling the victims to live more independently.



### Deceptive practices SAVA works to prevent

An emerging trend with SAVA cases is the theft, by various means, of homes. Approximately ten percent of SAVA victims have had their homes stolen through the deception of family or “new friends.” Methods include but not limited to:

- Forgery on a deed, quick claim deed, or financial power of attorney form, thereby allowing the forger to sell, mortgage, or take over ownership of the house.
- Deception is used to obtain the signature of the older homeowner. The older adult discovers after the fact that they signed a quick claim deed.
- Coercion is used to force an older person to write a new will which leaves the house to the abuser. Then the abuser neglects the older person.
- Through forged documents an unscrupulous predatory lender loans money against a house. A quick claim deed is signed and, if the loan is not repaid, the lender claims the house.
- In one SAVA case, one victim was convinced, by her granddaughter, to give her the down payment on a home. In exchange for the down payment the victim would live in the home and be taken care of for the remainder of her life. Instead of being taken care of, she was fed little, not allowed to leave the home, not given her medications, and finances were taken. When she finally left the home, with the help of Adult Protective Services, she had nothing. SAVA assisted her with the process of filing a police report, opening a new bank account, and getting her identification papers returned.