

State Fiscal Year 2017
Just the Facts



Georgia Department of Human Services
Division of Aging Services

Nathan Deal
Governor

Robyn A. Crittenden
Commissioner



Georgia Department of Human Services

Aging Services | Child Support Services | Family & Children Services

RE: State Fiscal Year 2017 Just the Facts

To Whom it May Concern:

The Department of Human Services (DHS) Division of Aging Services (DAS), is the federally designated unit on aging. DAS is committed to assisting older individuals, at-risk adults, persons with disabilities, their families and caregivers so that they may achieve safe, healthy and independent lives. In doing so, DAS supports the Department's vision of stronger families for a stronger Georgia.

In fiscal year 2017, DAS continued to provide services in each of its major program areas including Home and Community Based Services, Caregiver Support, Aging and Disability Resource Connection, Adult Protective Services and the Public Guardianship Office. In addition, DAS expanded programming with respect to combatting Alzheimer's and Related Dementias and Senior Hunger.

DAS is very proud of its history of providing services to Georgia's most vulnerable adults. DAS will continue to build on its successes and increase its efforts.

Thank you for your support.

Sincerely,


Robyn A. Crittenden
Commissioner


Abby Cox, Director
DHS Division of Aging Services

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Executive Summary

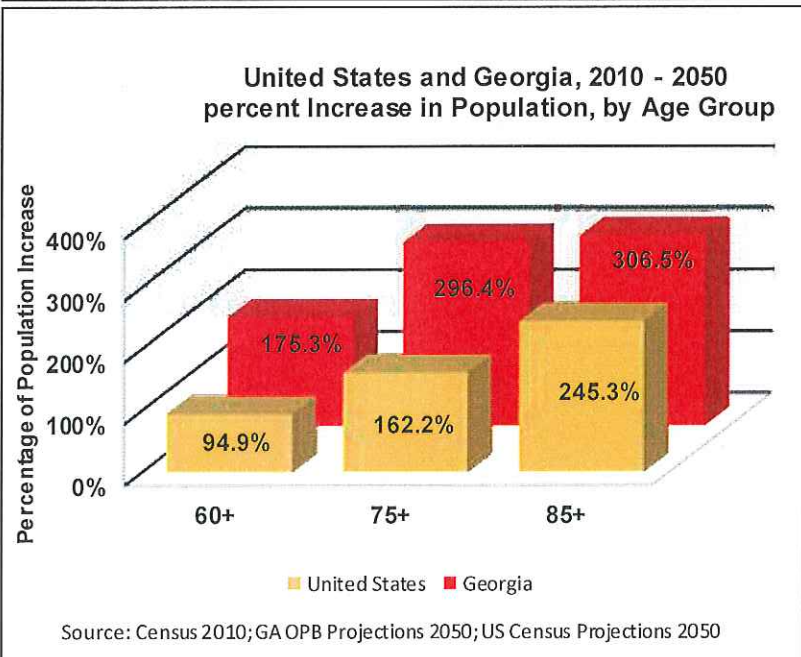
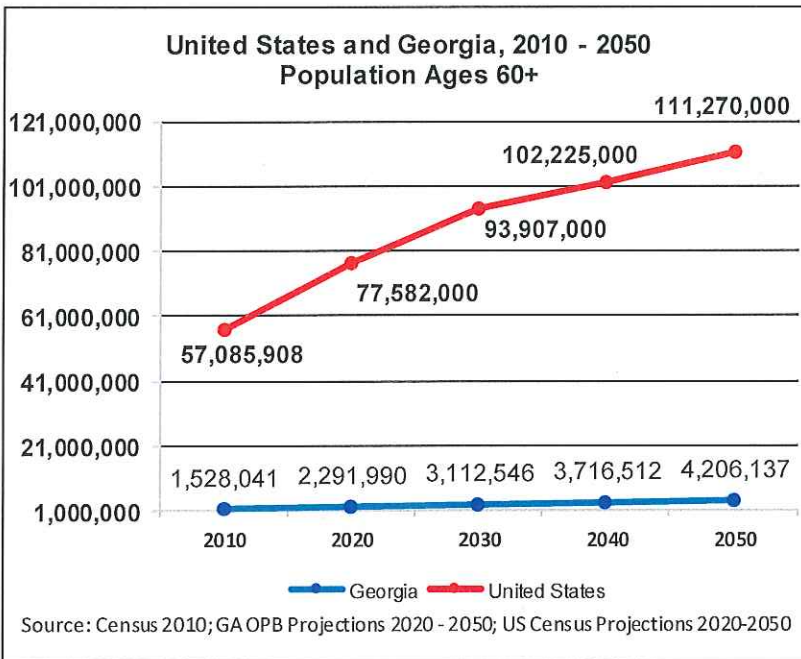
The mission of the Division of Aging Services (DAS) is to support the larger goals of the Department of Human Services (DHS) by assisting older individuals, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives. To accomplish this mission, DHS/DAS works collaboratively with others within Georgia's Aging Service Network (Area Agencies on Aging – or AAAs – providers, older adults and advocates) and with key organizations serving individuals with disabilities. This network provides seamless access to long-term support and services consumers need to remain safely at home and in the community for as long as they desire.

Just the Facts reflects outcomes of services outlined by the U.S. Department of Health and Human Services Administration for Community Living (ACL), including Older Americans Act core programs, ACL Discretionary Grants, Participant-Directed/Person-Centered Planning and Elder Justice-related activity. The results shown in this document demonstrate how DHS/DAS works strategically to increase the number of available services for Georgia's consistently growing population of older adults and people with disabilities, their families and caregivers. DHS/DAS will continue to develop innovations to efficiently and effectively expand capacity, foster collaboration and reduce costs to deliver a comprehensive system of programs and services that help Georgians live longer, live safely and live well.

Aging Trends in Georgia

GA DHS Division of Aging Services and the Aging Network

The Georgia Department of Human Services, Division of Aging Services' (DHS/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, DHS/DAS provides programs and services that assist Georgians in living longer, living safely and living well.

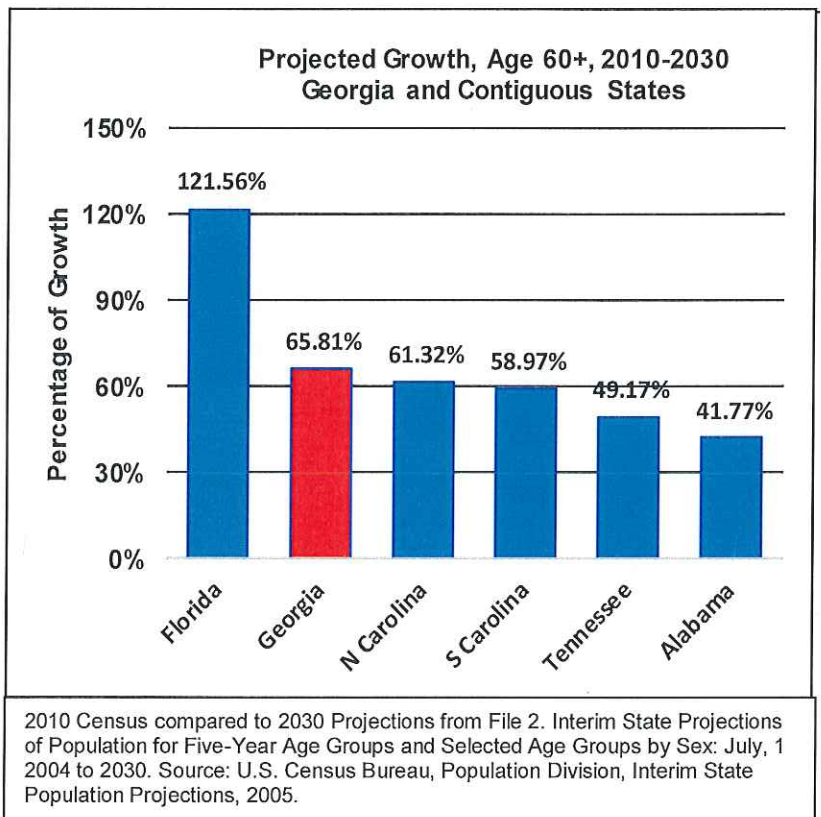


- Georgia has the 11th fastest growing 60+ population and the 10th fastest growing 85+ population in the United States between 2010 and 2030. (Source: Census 2010; GA OPB Projections 2050 special request)
- Georgia's 60+ population is expected to increase 65.8 percent between 2010 and 2030, from 1 in 6 persons in 2010 to 1 in 5 persons in 2030. (Source: Census 2010; GA OPB Projections 2050 special request)
- Georgia's 85+ population is expected to increase 306.5 percent from 2010 to 2050. Those age 85 and above are by far the fastest-growing group, projected to total 462,723 in 2050. (Source: Census 2010; GA OPB Projections 2050 special request)
- During the 20th century, the number of Georgians age 60+ increased ninefold, compared to a fourfold growth in the population overall. (Source: Census 2010; GA OPB Projections 2050 special request)

- Among Georgians age 60 and older, there were 80 men for every 100 women. For Georgians age 85 and above, there were 46 men for every 100 women.¹ (2010-2014)
- Of Georgia's population ages 60 and older, an estimated 385,845 lived alone.² (2010-2014)
- An estimated 339,355, or 20.35 percent, of Georgia's total civilian population age 60 and older were veterans.³ (2010-2014)
- More Georgians ages 60 and older completed high school and earned post-secondary degrees:⁴ (2010-2014)

○ High school graduates	536,305
○ Associate degree	84,455
○ Bachelor's degree	226,460
○ Master's degree	111,810
○ Professional degree	33,875
○ Doctoral degree	24,870

- An estimated 26.88 percent of Georgians 60 and older were in the workforce.⁵
- The at or below poverty level for Georgia's 60 and older population was 11.39 percent.⁶
- Georgia has the second-highest percentage increase in 60+ population compared with its bordering states.⁷ (Reference chart on this page)



¹ AGID Table S210DIS01, GA 2010 - 2014.

² AGID Table S21004, GA 2010 - 2014.

³ AGID Table S21025, GA 2010 - 2014.

⁴ AGID Table S21021B, GA 2010-2014.

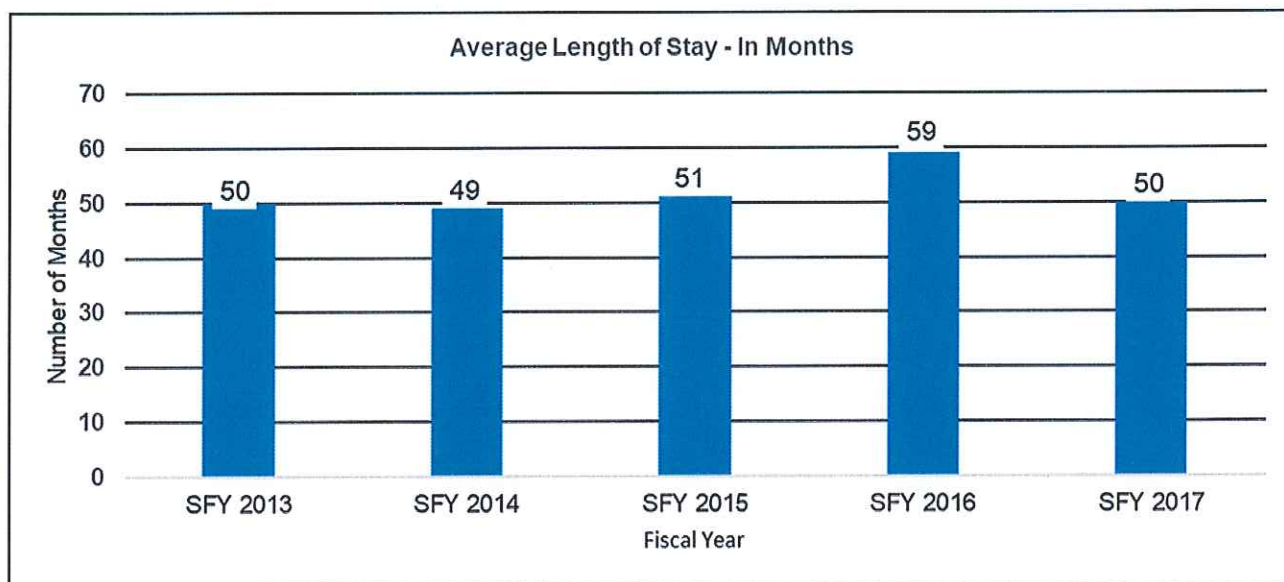
⁵ AGID Table S21023, GA 2010 - 2014.

⁶ AGID Table S21043B, GA 2010 - 2014.

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.

Non-Medicaid Home and Community Based Services (HCBS)

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) 2017, 30,832 clients received HCBS services, and 16,559 clients received more than one service. Length of stay (LOS), the metric used to define return on investment, indicates how long our clients remain in their homes and in the community while receiving services.



Note: The average Length of Stay in SFY 2017 is lower than SFY 2016 due to data clean up that occurred transitioning between data systems.

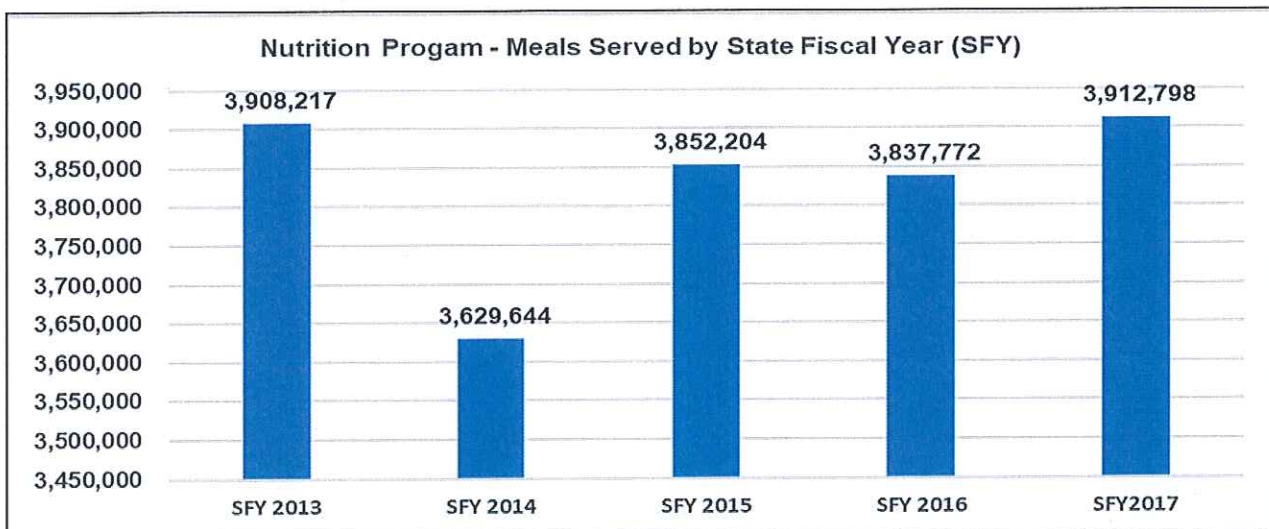
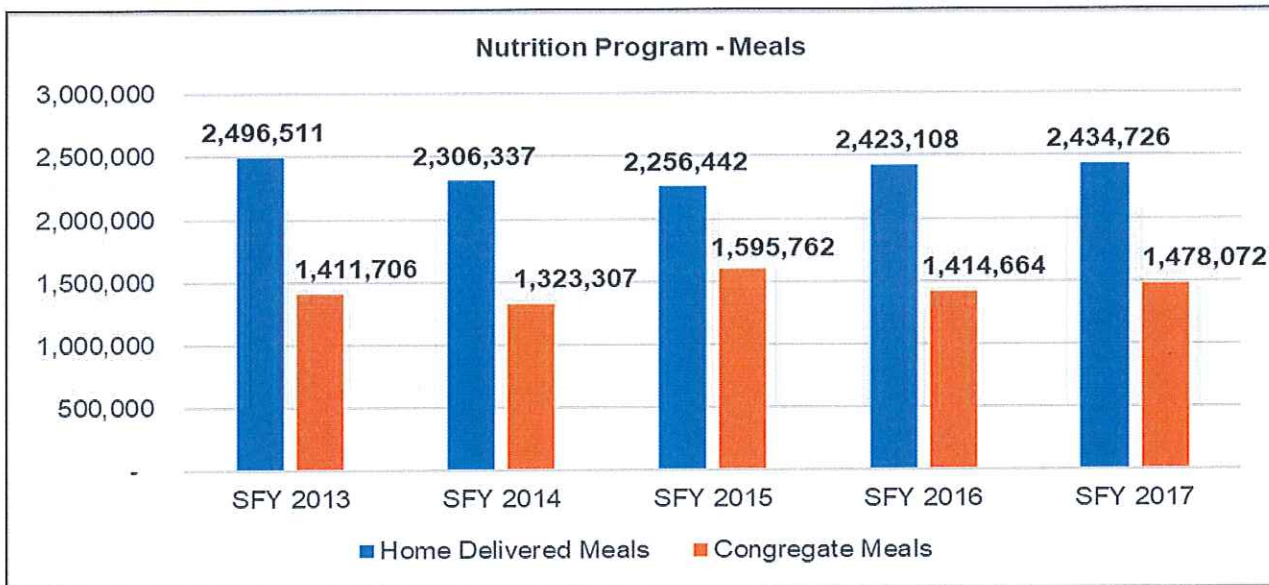
Nutrition and Wellness Programs: Living Longer, Living Well

Nutrition and Wellness Programs aim at increasing the ability of older adults to perform everyday activities and remain in their 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 (or caregivers of individuals) who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses or medication use. Counseling, which is provided one-on-one by a registered dietitian, addresses options and methods for improving nutrition status. Nutrition education promotes better health by providing accurate and culturally sensitive information and instruction on nutrition, physical fitness, or health (as it relates to nutrition). The instruction takes place individually or in a group setting with participants, caregivers or both, and is overseen by a dietitian or individual of comparable expertise.

Qualified individuals who are unable to attend senior centers for these group meals benefit from home-delivered meals, which are provided to persons in their place of residence. The Home-Delivered Meals program is administered by State Units on Aging and/or AAAs and, like congregate meals, meets all requirements of the Older Americans Act as well as state and local laws.

Recent innovations enable the aging network to offer more person-centered, customized solutions. For example, funds may be used to purchase assistive technology that allows individuals to cook for themselves and eat independently at home.



More than 3,000 people benefitted from the following services offered by Nutrition and Wellness Programs:

- Exercise and physical fitness
- Medications management
- Nutrition counseling
- Health-related and health screening
- Georgia HealthMatters (evidence-based) programs, which include the Chronic Disease Self-Management Program, Diabetes Self-Management Program, Tomando Control de su Salud, Matter of Balance, Tai Chi for Health and the Otago Exercise Program
- Disease self management programs
- Falls prevention program
- 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

The Georgia Senior Hunger Initiative

During SFY 2017, DHS/DAS began the Senior Hunger Initiative. The first Senior Hunger Summit, held September 27-29, 2016, brought together elected officials, representatives of for-profit and nonprofit agencies, state agencies, college and university officials, older adults, caregivers and advocates. The event served to educate attendees about the issue of senior hunger and facilitate the building of community partnerships. Additionally, 12 listening sessions were conducted across the aging network planning and service areas and the Georgia AAAs. The sessions culminated in five common themes: Today's Seniors; Impact of Senior Hunger on Health; Food Access; Food Waste and Reclamations; and Meeting the Needs of the Community.

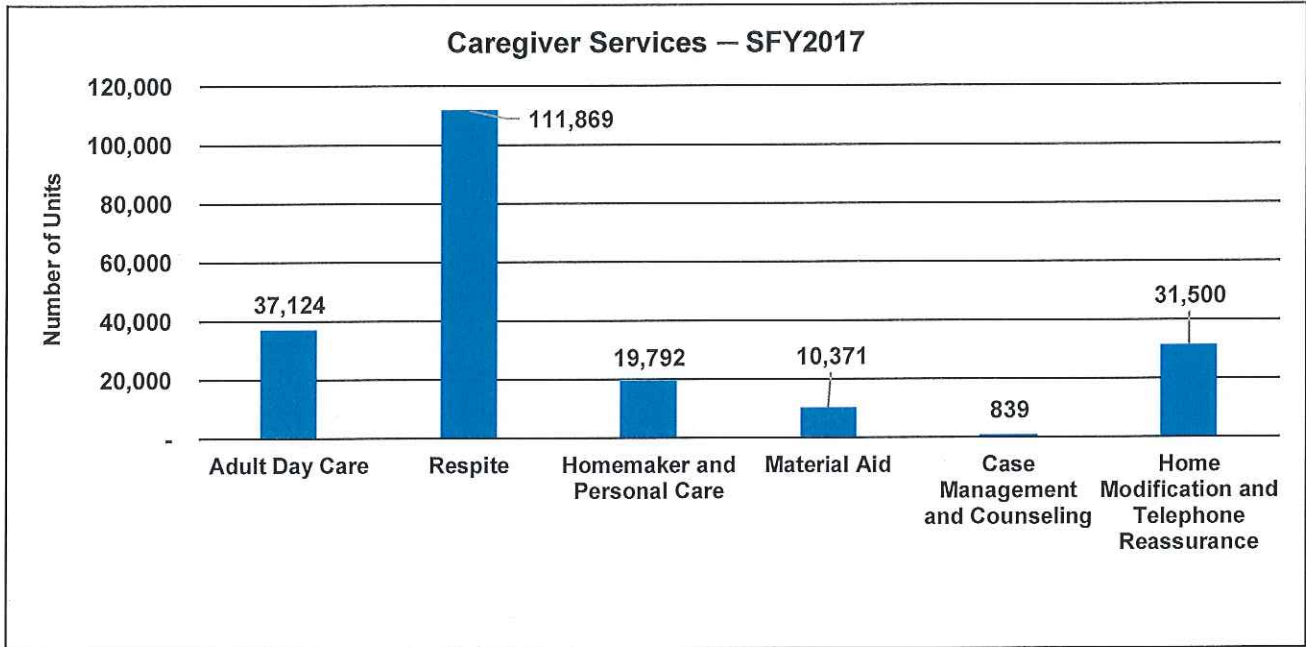
During this same period, DHS/DAS began a partnership with the National Foundation to End Senior Hunger (NFESH). What A Waste, an initiative designed to identify and decrease waste in congregate meals programs, was rolled out in nine sites across the state, representing three Area Agencies on Aging.

Future Activities for SFY 18

What A Waste will be expanded during SFY 2018 to 27 additional sites covering almost every region of the state.

Following the success of Senior Hunger Summit 2016, planning began for the Second Annual Georgia Senior Hunger Summit. It was held September 27-28, 2017, at Marriott Century Center Atlanta. More than 200 people attended, representing a wide variety of organizations—the food industry, AARP, for-profit and nonprofit meal providers, advocacy groups, aging network staff, nonprofit service providers, legislators and state government staff, faith-based organizations and more. The summit built on the information provided during the first event and previewed the Senior Hunger State Plan.

Caregiver Programs and Services

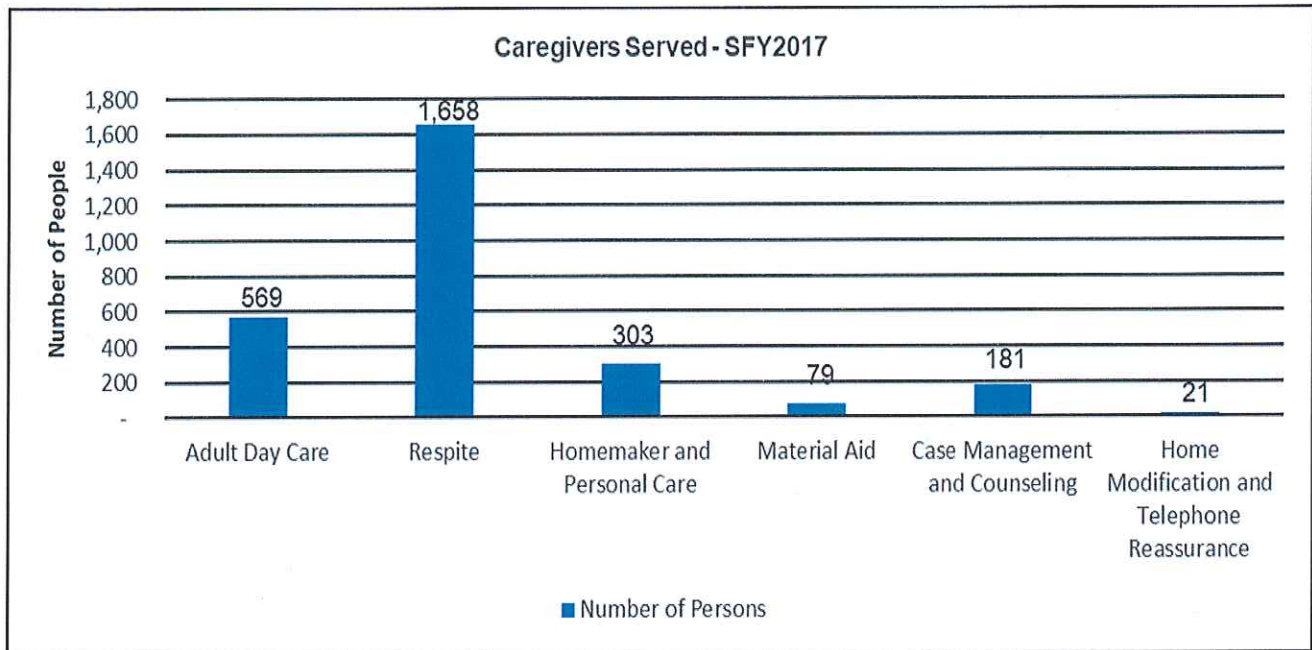


Definition of Units: Adult Day Care = 1 hour of service; Respite = 1 hour of service; Homemaker and Personal Care = 1 hour of service; Material Aid = 1 contact for service payment; Case Management and Counseling = 1 hour or 1 session of service; Home Modification and Telephone Reassurance = 1 job completed or 1 client contact

Overview

DHS/DAS provides program oversight, policy development, network funding and training at regional and local levels of the statewide aging network. Georgia's aging network provides an array of services designed to support family caregivers. During SFY 2017, services to caregivers included adult day care; respite care; case management and counseling; information and assistance; support groups; material aid; homemaker and personal care; as well as education and training for caregivers.

DHS/DAS contracts with 12 AAAs throughout the state to provide caregiver services. Various organizations partner with DHS/DAS and the AAAs in this endeavor, including: the Rosalynn Carter Institute for Caregiving; the Alzheimer's Association, Georgia Chapter; the Benjamin Rose Institute on Aging (BRI); Tools for Life at the Georgia Institute of Technology; the Brookdale Foundation Group, and Emory University's Alzheimer's Disease Research Center. In addition, many local service providers throughout Georgia are contracted through the AAAs to provide services to family caregivers and care receivers.



Caregiver Services

During SFY 2017, DHS/DAS continued to oversee and support area caregiver programs throughout Georgia. Highlights of these programs included:

- Further expansion of the Benjamin Rose Institute Care Consultation evidence-based, telephonic information and coaching service to assist caregivers in understanding options, managing care, and making decisions more effectively
- Continued support of caregiver support groups in all areas of the state
- Continued focus on caregiver group services, including: community and public education (via distribution of hard copy materials, presentations, television/radio, and web-based methods), material aid (help with purchasing transportation, food or groceries), caregiver events (field trips, sports and recreation, recognition and celebration), and caregiver training sessions (health promotion and disease prevention, professional development and leadership)

Kinship Care

AAAs are allowed to spend up to 10 percent of their National Family Caregiver Support Program Title III-E federal dollars towards dedicated kinship care programs. In Georgia, DHS/DAS contracts with six AAAs to provide kinship care services: Atlanta Regional Commission, Central Savannah River Area, Legacy Link, Northeast Georgia, Northwest Georgia, and Three Rivers. Kinship care activities such as support groups, financial support services, and health and wellness services are provided in other areas of the state via community partners.

Georgia Alzheimer's and Related Dementias State Plan

In SFY 2017, the Georgia Alzheimer's and Related Dementias (GARD) State Plan entered its fourth year of implementation. The Advisory Council and collaborating organizations made advancements in the plan's priority areas. Recommendations fall under the following categories:

- Health care, research and data collection
- Workforce development
- Service delivery
- Public safety
- Outreach and partnerships
- Policy

Selected highlights are below:

Georgia Alzheimer's and Related Dementias State Registry

The Georgia Department of Public Health (DPH) produced the Alzheimer's Disease and Related Dementias among Medicare Beneficiaries report for 2016. Here are some excerpts from that report.

- Nearly 17 percent (61,550) of Georgians ages 75 and older reported experiencing perceived cognitive impairment (PCI) that was happening more often or getting worse over the preceding 12 months. This was significantly higher than the prevalence among 45- to 54-year-olds and 65- to 74-year-olds (12 percent each).
- Approximately 13 percent (385,550) of Georgians ages 45 and older reported they had experienced PCI that was happening more often or was getting worse during the preceding 12 months.
- Fourteen percent (177,500) of men and 13 percent (208,000) of women reported experiencing PCI over the preceding 12 months.
- Approximately 92,000 (6.4 percent) of Medicare beneficiaries in Georgia were living with Alzheimer's disease and related dementias (ADRD) in 2013.
- Analysis shows that approximately 80 percent of Georgians who perceived themselves as having some form of cognitive impairment have not discussed their condition with their health care provider and therefore have not received treatment.

Alzheimer's Association Partnering with DPH and DHS/DAS on Training Programs

The Department of Public Health, DHS/DAS, and the Alzheimer's Association—Georgia Chapter are working to incorporate cognitive information into existing training programs and train-the-trainer programs such as diabetes, heart, stroke, falls prevention, etc. The three organizations will work collaboratively to ensure this occurs. An Alzheimer's and related dementias module will be incorporated into each department's existing modules.

Future Activities for SFY18

DHS/DAS will host the Georgia Dementia Summit in November 2017. This summit will convene multidisciplinary stakeholders in healthcare, research, social services, and policy as well as those living with dementia and their care partners. The work of the Georgia Alzheimer's Disease & Related Dementias (GARD) State Plan will be highlighted at the summit as we invite continued collaboration on shared goals and vision for a more dementia capable Georgia. The aim of this summit is to bring different sectors together to work toward a collective action plan and encourage commitment to a shared vision.

The General Assembly appropriated funding in SFY18 for the Georgia Alzheimer's Project (GAP). DHS/DAS will contract with Emory to provide a statewide system of diagnosis and care. Emory will sub-contract to establish five Memory Assessment Centers (MACs) in year one modeled after Emory Brain Health Center protocols. The project goals include:

1. Improve primary care clinicians' screening and care of Georgians with memory loss via sustainable Annual Wellness Visit model
2. Establish MACs around the state to improve Georgians' access to early and accurate diagnosis of Alzheimer's Disease and related disorders, and to improve long-term care and outcomes for patients and caregivers (5 MACs in year 1)
3. Establish an oversight structure to coordinate ongoing evaluation of project performance and continued education and training to improve the care that all Georgians receive for dementing illnesses.

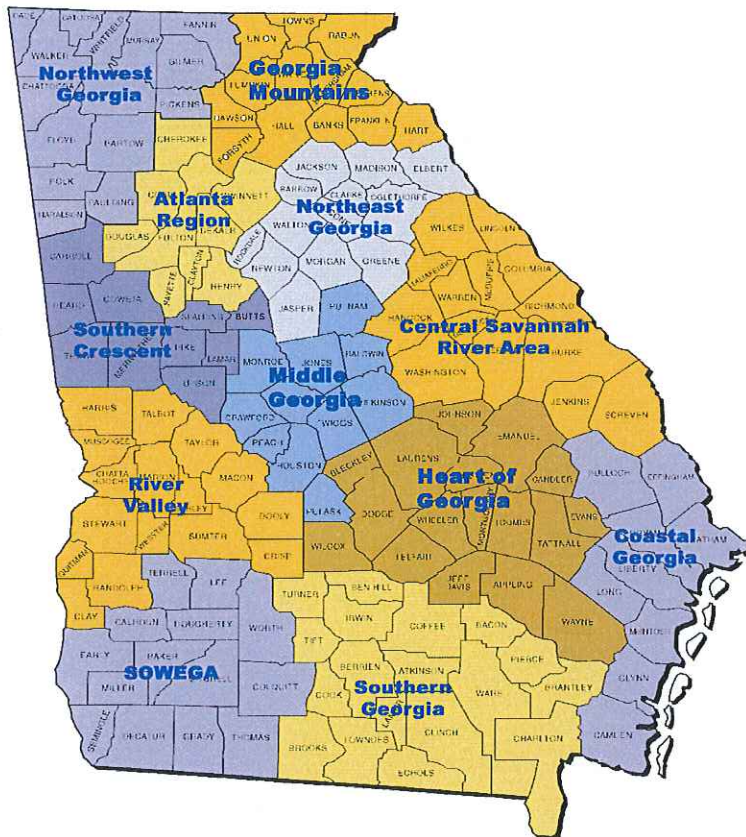
Aging and Disability Resource Connection (ADRC)

The Georgia Aging and Disability Resource Connection (ADRC) is a partnership between DHS/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 a database of more than 26,000 resources. Resources may be free, reduced-cost or private pay, depending on need and finances.

ADRC Partners

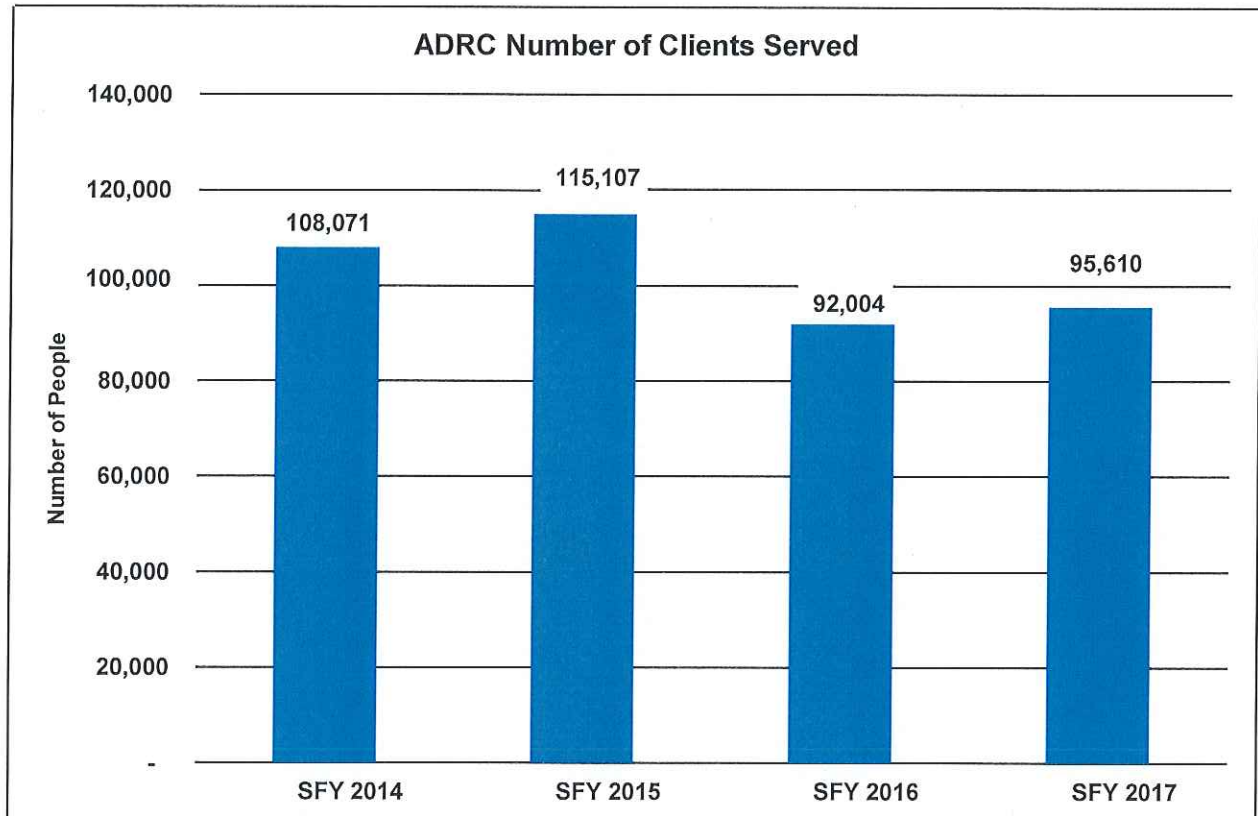
ADRCs have partnerships on the state and local level with agencies such as the DHS Division of Family and Children Services (DFCS), Department of Community Health, Office of the Long-Term Care Ombudsman, GeorgiaCares, Georgia Tech Tools for Life, the Alzheimer's Association, Centers for Independent Living, the 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 2017, the 12 ADRC sites served 72,617 older individuals looking for a variety of home and community-based services.
- Nearly 23,000 individuals with physical, developmental or behavioral disabilities contacted the ADRC in SFY 2017 seeking information about long-term care options.
- Combined, the ADRC sites served more than 95,610 clients seeking long-term care options for seniors and individuals with disabilities.



ADRC Options Counseling

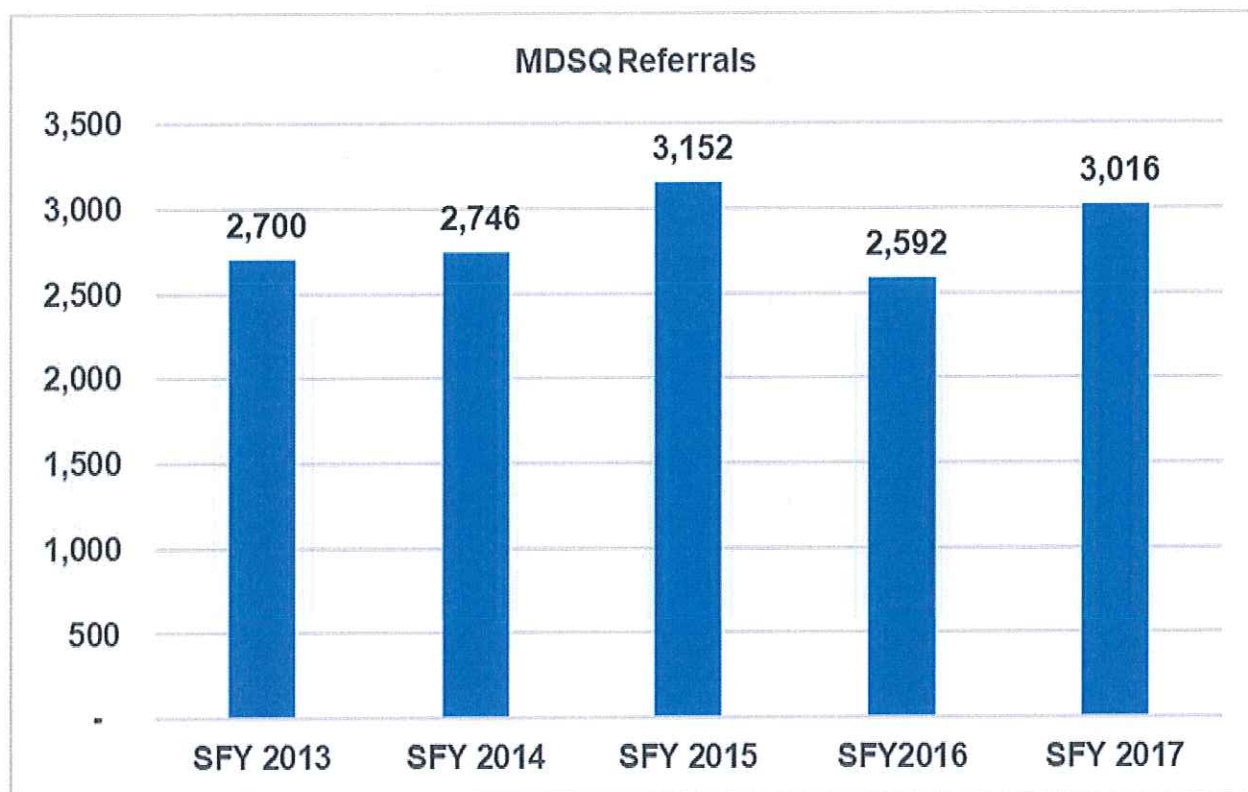
Options counseling is a person-centered, interactive, decision-support process for individuals who are considering long-term support. The process encourages choices made in the context of one's own

preferences, strengths and values. It includes developing action steps toward a goal or long-term services-and-support plan and, when requested, assistance with accessing support options, as well as follow-up. It is available to all regardless of income or financial assets.

In partnership with Boston University's Center for Aging and Disability Education Research, DHS/DAS has created a required Options Counseling Certification process. It includes six online courses, each worth 3 to 5 continuing education units, which are completed with a written and oral exam.

Two Categories of Options Counseling

- Minimum Data Set Section Q (MDSQ) Options Counseling: Each of the ADRCs has 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. (See chart below for SFY 2017 MDSQ referral data statewide).
- Community Options Counseling: Each of the ADRCs has staff dedicated as Community Options Counselors. These staff work with individuals still residing in the community who show a higher risk of institutional placement based on key risk factors identified through the Centers for Disease Control and Prevention (CDC). Community Options Counselors work with these individuals in a holistic manner to find ways to prolong community living.



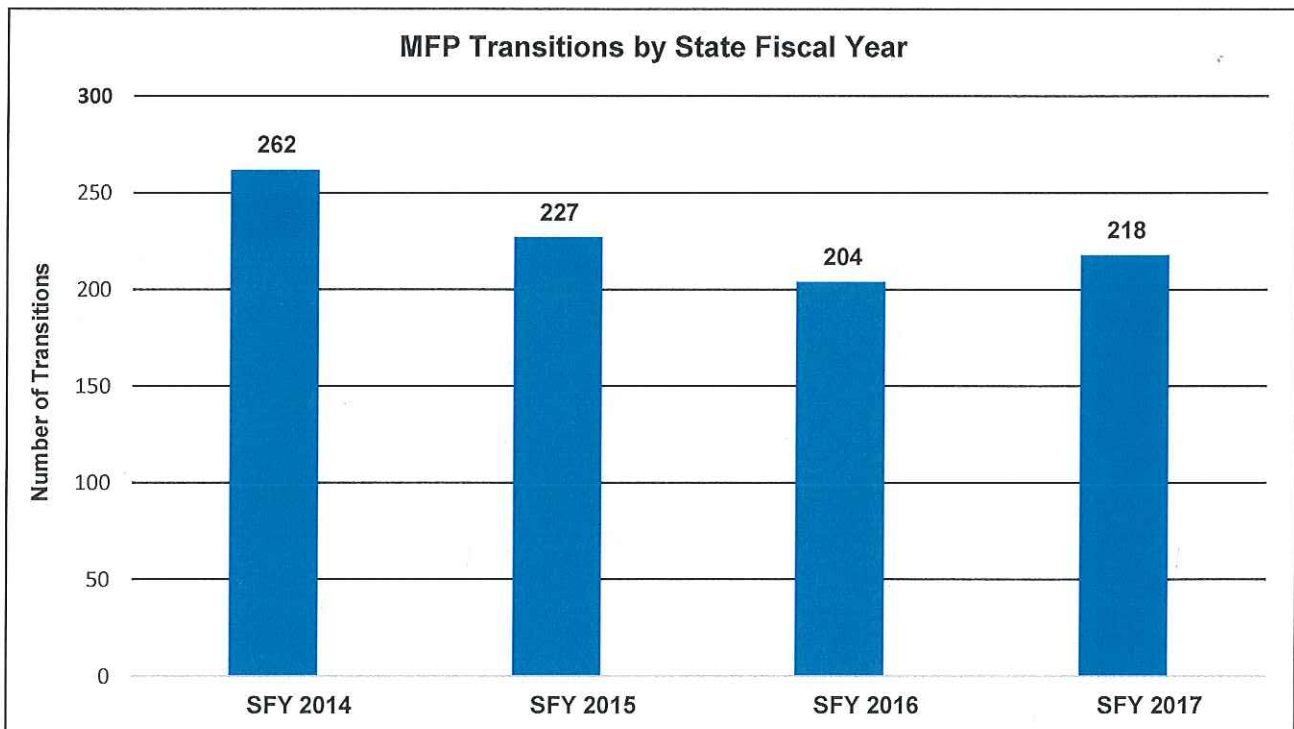
Money Follows the Person (MFP)

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

DCH currently partners with the Department of Behavioral Health and Developmental Disabilities (DBHDD) and DHS/DAS to execute the program statewide. DHS/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 218 participants in SFY 2017. This means 218 individuals have 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 more able to see family and friends than they did prior to their transition. These results support the value that nursing home transitions provide to the state.

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

The Departments of Community Affairs (DCA), Community Health (DCH), Behavioral Health and Developmental Disabilities (DBHDD), and DHS/DAS are partnering on three housing initiatives for individuals transitioning from long-term care facilities. Three voucher programs that 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.

Nursing Home Transitions

The Nursing Home Transitions Program (NHT) was funded by the Legislature in 2017. These funds were designated to help individuals who are not eligible for the Money Follows the Person Program to transition from nursing homes to the community. To be eligible for NHT funds, individuals must be 55 years old or older, have lived in a nursing home for at least 30 days and have a barrier preventing their returning or staying at home.

AAAs and Centers for Independent Living (CIL) contract with DHS/DAS for transitions services. Some of the activities they administer include purchasing wheelchair ramps to make homes accessible, shower bars and chairs to make bathing safer and assistive technology to increase independence in bathing, dressing and meal preparation.

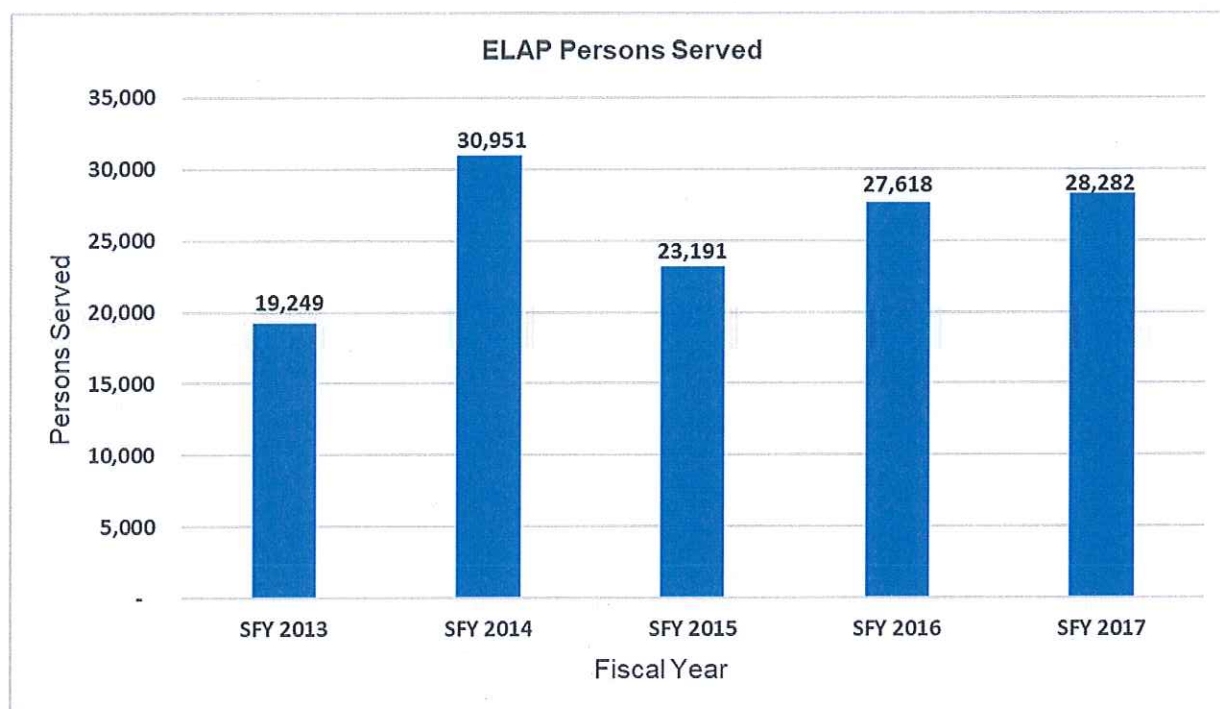
NHT transitioned 165 individuals who were living in nursing homes to community settings. This means these individuals can live in a less restrictive and less costly environment of their choosing. In addition to the 165 individuals transitioned, another 22 left nursing homes after receiving information about community resources but did not receive direct transition services.

Elderly Legal Assistance Program (ELAP)

The Georgia Elderly Legal Assistance Program (ELAP) serves people ages 60 and older by providing legal representation, information and education in civil legal matters throughout Georgia. Participating legal services providers contract with Georgia's 12 AAAs.

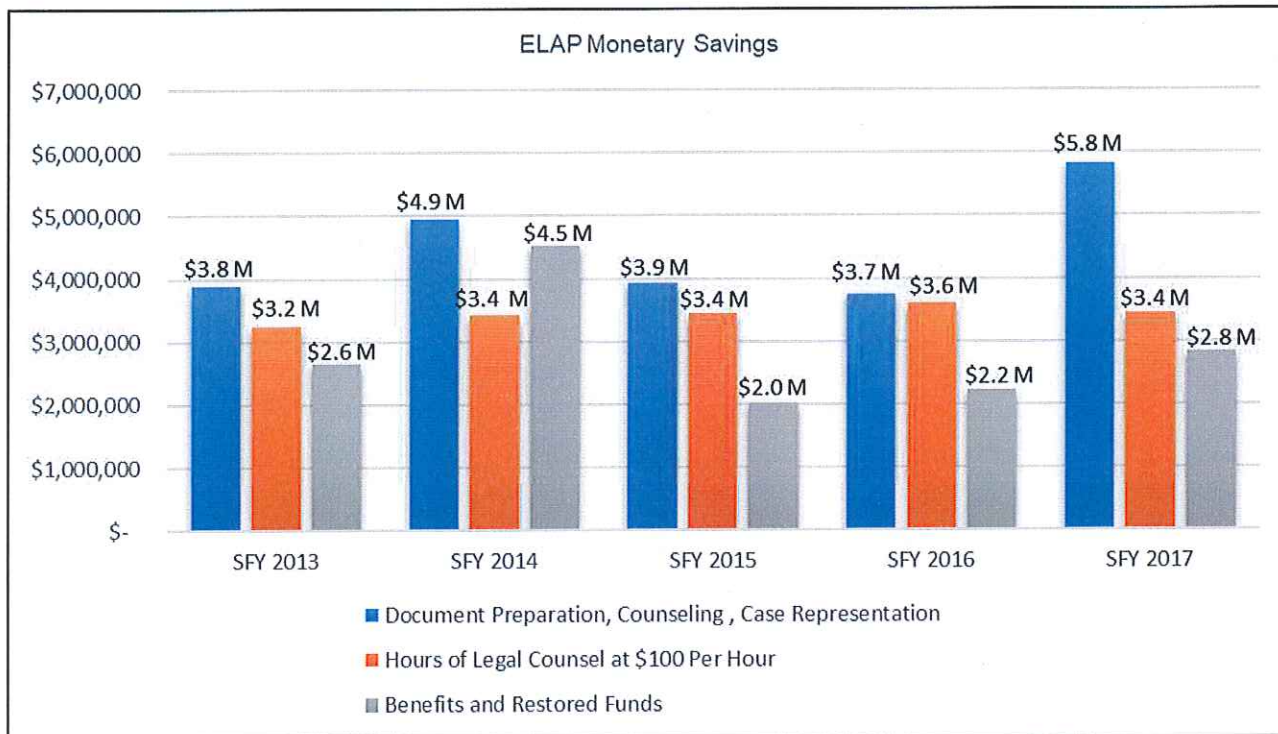
Persons Served

Legal representation, information and/or education was provided to more than 28,000 seniors during SFY 2017.



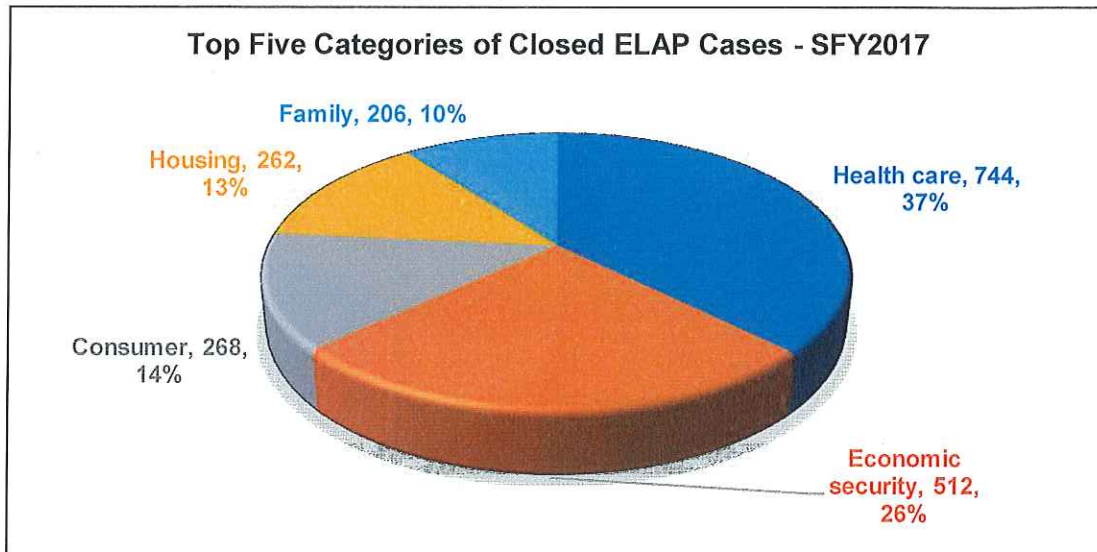
Monetary Benefits Realized

In SFY2017, ELAP saved older Georgians \$12,102,234 by providing document preparation, legal counseling and case representation. Included in total savings was \$3,448,100 obtained by providing approximately 34,481 hours of legal counseling, calculated at a conservative \$100 per hour.



Top Five Primary Case Types Closed – SFY 2017

- **Health care** – Medicaid eligibility; nursing home Medicaid eligibility; qualified Medicare beneficiaries
- **Economic security** – Supplemental Nutrition Assistance Program (SNAP) / Food Stamps; Social Security and retirement; Low-Income Home Energy Assistance Program (LIHEAP) / public utility
- **Consumer** – Collections; contracts; bankruptcy / debt relief
- **Housing** – Homeowner/real property; mortgage foreclosure; other housing
- **Family** – Family violence temporary protective orders; guardianship of children; birth certificates



ELAP Community Education Offered

Community Education is a method of prevention that helps seniors avoid more costly, time consuming legal problems. In SFY 2017, 426 legal education sessions were conducted by ELAP.

The top eight topics covered in community education sessions in SFY 2017 were:

1. Medicare / Medigap / Part D
2. Consumer scams / fraud
3. Advance directives
4. Legal needs (ELAP, Georgia Legal Services Program, Senior Citizen Law Project)
5. Affordable Care Act / health care
6. Collections
7. SNAP / Food Stamps / medical deduction
8. Financial powers of attorney

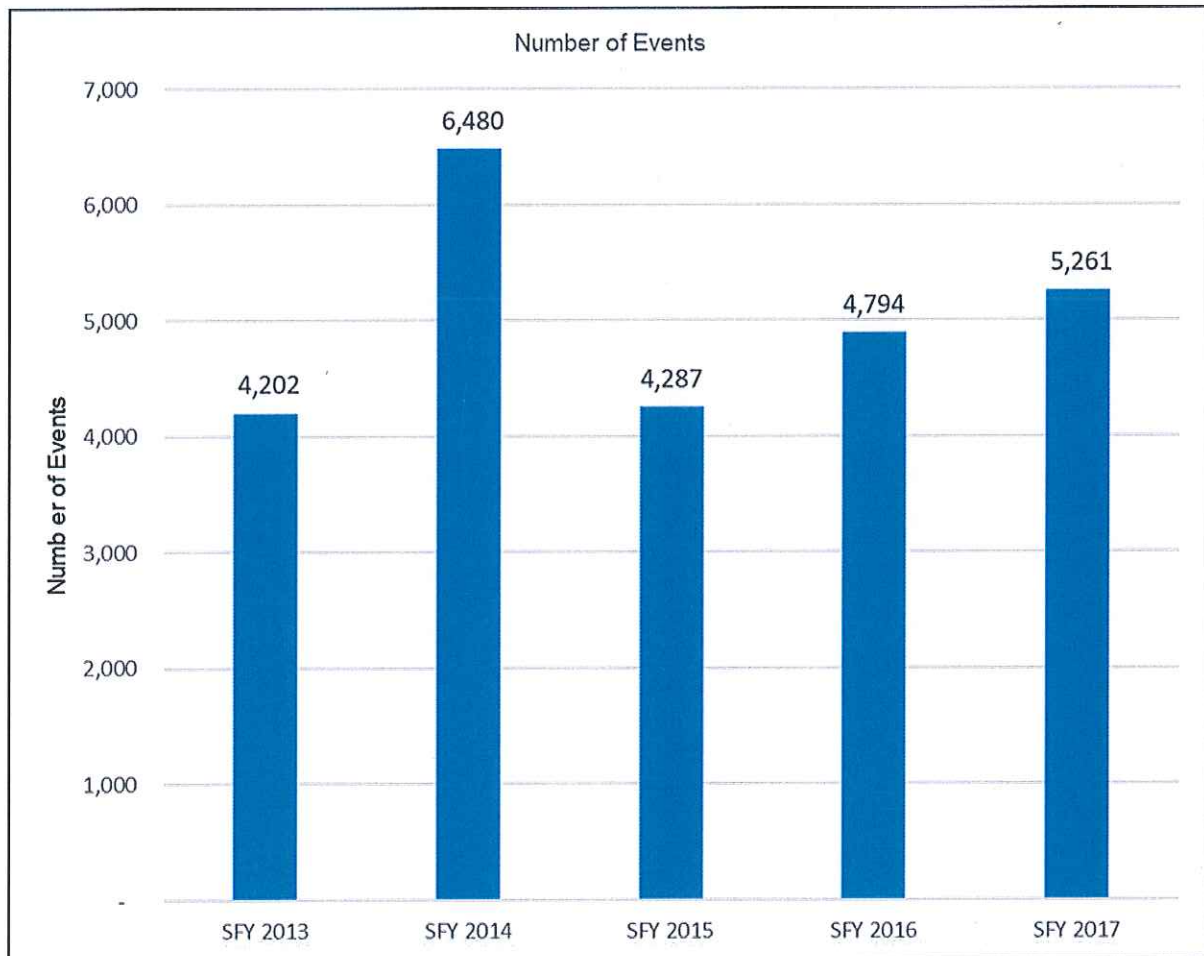
GeorgiaCares Program

GeorgiaCares is Georgia's State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP), with services available to Georgia's 1.5 million Medicare beneficiaries.

- GeorgiaCares SHIP is a volunteer-based program that provides free, unbiased and accurate information and assistance to Medicare beneficiaries and their caregivers with health and drug plans.
- GeorgiaCares SMP is a volunteer-based program to empower and assist Medicare beneficiaries, their families and caregivers to prevent, detect and report health care fraud, errors and abuse through outreach, counseling and education.

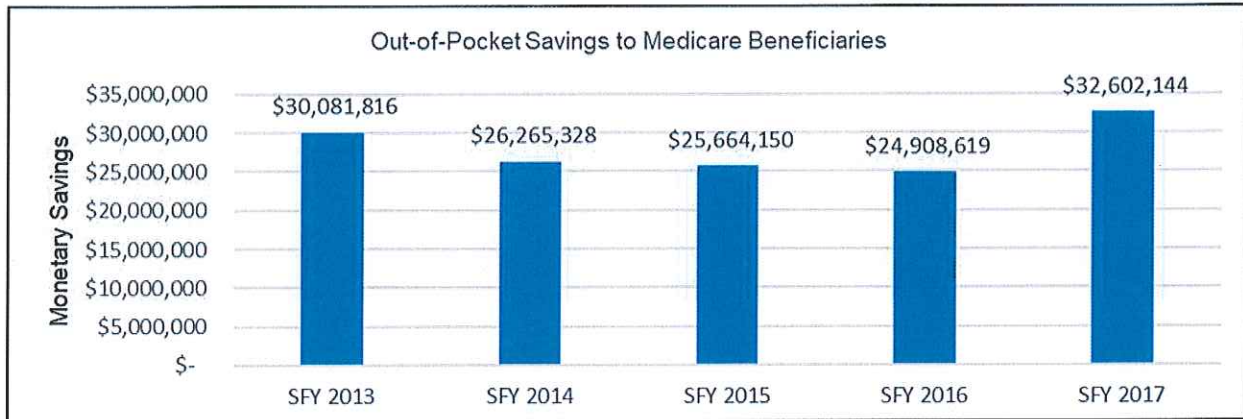
In SFY 2017, GeorgiaCares conducted a total of 5,261 outreach events and 1,271 media events (duplicative TV/cable, radio, newspaper viewership), reaching 11,152,199 individuals regarding health insurance information on Medicare, Medicaid, prescription assistance, Medigap, long-term care services and other health insurance needs, and Medicare fraud prevention.

In SFY 2017, 237 trained volunteers served Medicare beneficiaries and donated over 21,394 hours to counsel the public.



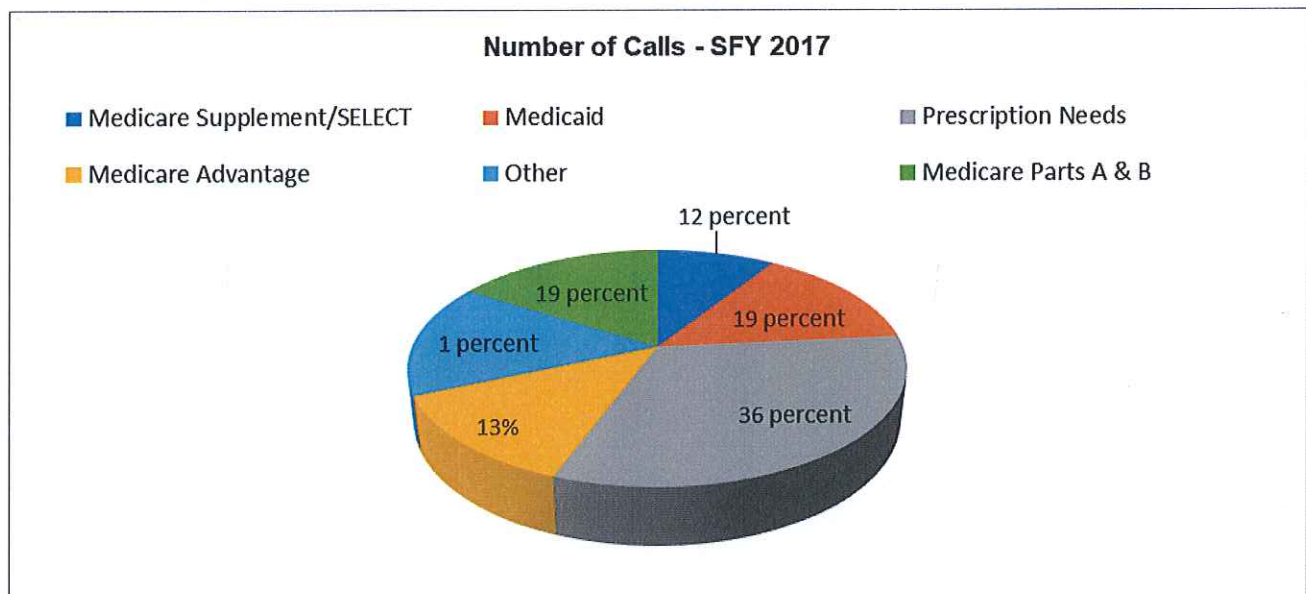
A total of 23,183 clients received one-on-one counseling on Medicare health and drug benefits, health care rights and protection, and help in applying for financial assistance programs.

In SFY 2017, GeorgiaCares saved beneficiaries \$32,602,144 in out-of-pocket expenses.



Topics Discussed with GeorgiaCares Clients

In SFY 2017, 36 percent of GeorgiaCares calls dealt with Medicare beneficiaries needing prescription assistance through Medicare Part C, Part D, and patient assistance programs.



GeorgiaCares Program Highlights

- It is administered through DHS/DAS which, in turn, contracts with nine AAAs and the Georgia Legal Services Program to provide services locally.
- It has established 113 Off-Site Counseling Stations to assist Medicare beneficiaries, increased face-to-face contacts, and established community partnerships.
- In its sixth year of partnership with Fort Valley State University (FVSU), GeorgiaCares completed 12 joint outreach and education events for Medicare beneficiaries in hard-to-reach rural areas. FVSU's mobile technology unit is equipped with 20 computer stations with internet access, enabling GeorgiaCares counselors to complete customers' enrollment in Medicare health and drug plans and/or apply for money-saving programs.
- The monthly GeorgiaCares Referring Educating and Training News (G.R.E.A.T.) e-newsletter and Medicare Messenger publications provide information on Medicare, statewide outreach and enrollment events, and help Medicare beneficiaries identify health care scams.

Adult Protective Services (APS)

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 age of 18 and older, and 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.

Central Intake

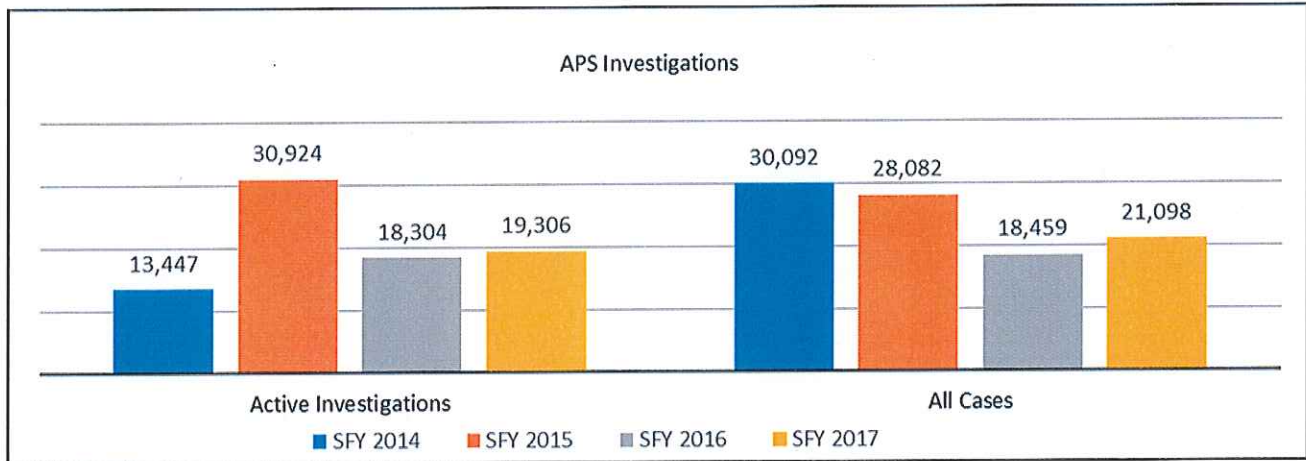
The APS Program receives reports of abuse, neglect and/or exploitation through its Central Intake Unit. Twelve APS Specialists handle calls through a statewide toll-free number (1-866-552-4464) and respond to fax- and web-based reports from the community to determine whether reports meet criteria for investigation. Central Intake staff also provide limited telephone case management and/or make referrals to community resources, including those in the aging network.

During SFY 2017, Central Intake staff received a total of 32,440 calls on the toll-free hotline, 4,544 faxed reports and 7,046 web reports.

- A total of 19,306 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 managed 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 averaged 3,291 active investigations during SFY 2017.

APS Field Operations

APS uses a regionally based, multidisciplinary approach to meet the needs of vulnerable disabled and senior adults in the State of Georgia. APS regions, which are aligned with the aging network planning and service areas, comprise three districts. Statewide, 155 APS case managers handle investigations as well as case management services.



APS Emergency Relocation Funds

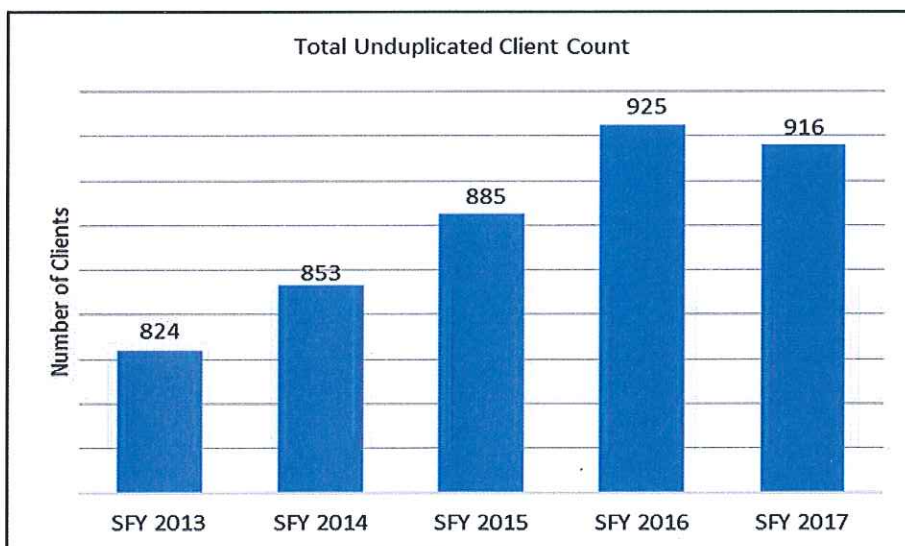
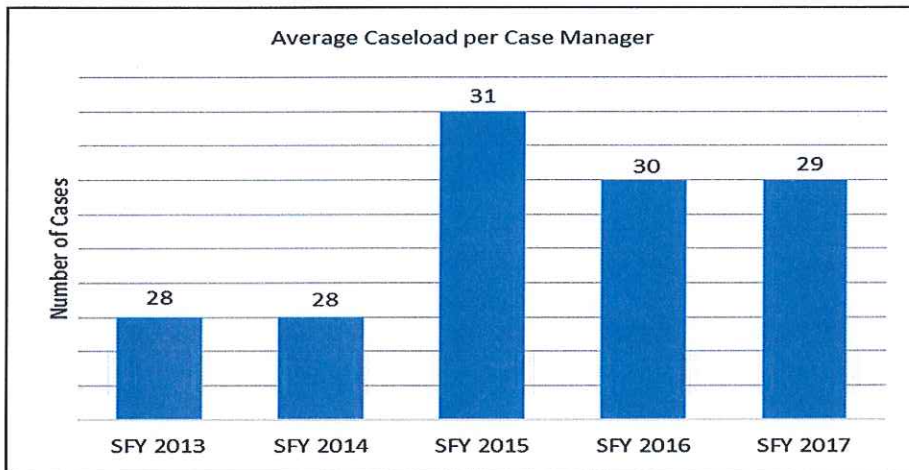
The APS program receives \$400,000 each year from the Legislature to provide emergency relocation services (ERF) to individuals who need relocation from an abusive situation. ERFs can be used to relocate APS clients or DHS wards to safe places, or to provide for their needs in an emergency situation to allow them to remain at home.

Public Guardianship Office (PGO)

When there is no willing or suitable person to act as guardian for an adult whom the probate court has determined lacks sufficient capacity to make or communicate significant responsible decisions concerning health or safety, DHS may be appointed as the guardian of last resort. The Public Guardianship Office (PGO) of DHS/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. They also coordinate and monitor all services needed for the support, care, education, health and welfare of guardianship clients. During SFY 2017, PGO managed 916 guardianship cases. PGO case managers average caseloads of 29 clients.

PGO, which is led by a program administrator and a field operations manager, is supported by a resource and training specialist and one program assistant. In addition, three supervisors manage a team of 34 case managers.



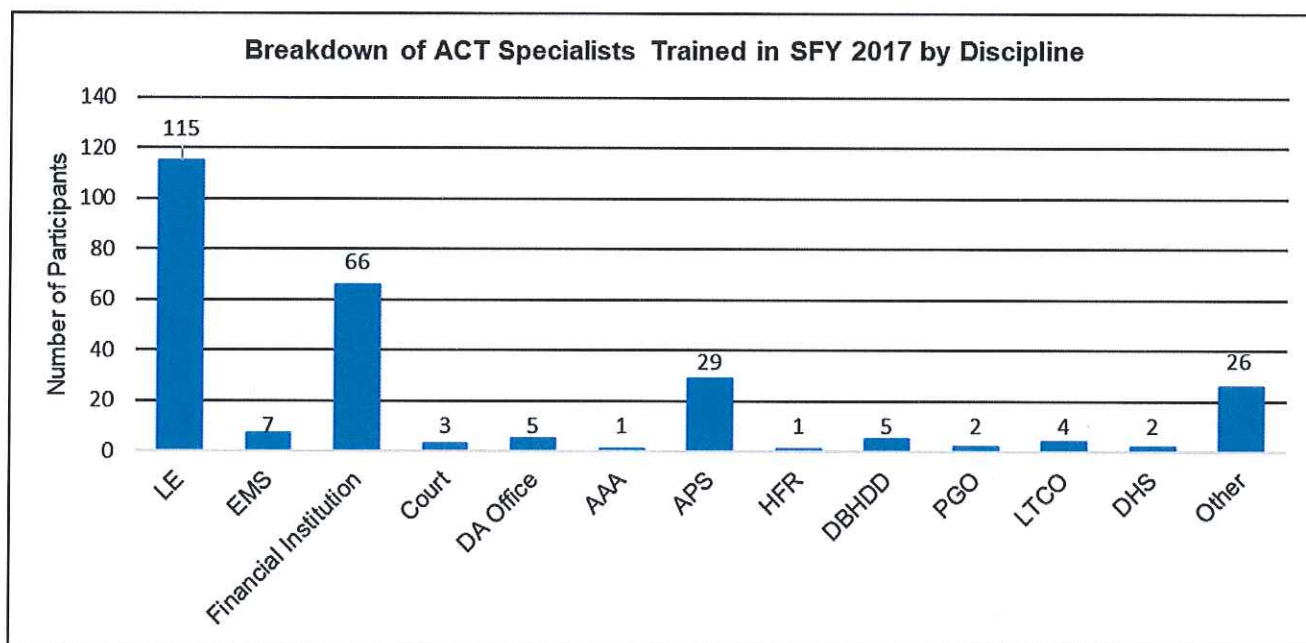
DHS/DAS is not authorized by law to serve as a conservator of adults or as a temporary medical consent guardian.

Forensic Special Initiatives Unit (FSIU)

The Forensic Special Initiatives Unit (FSIU) provides support to DHS/DAS 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 2017

- 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 2017, 267 participants became certified ACT Specialists. A breakdown of ACT Specialists certified during SFY 2017 by professional discipline is presented in the chart below.



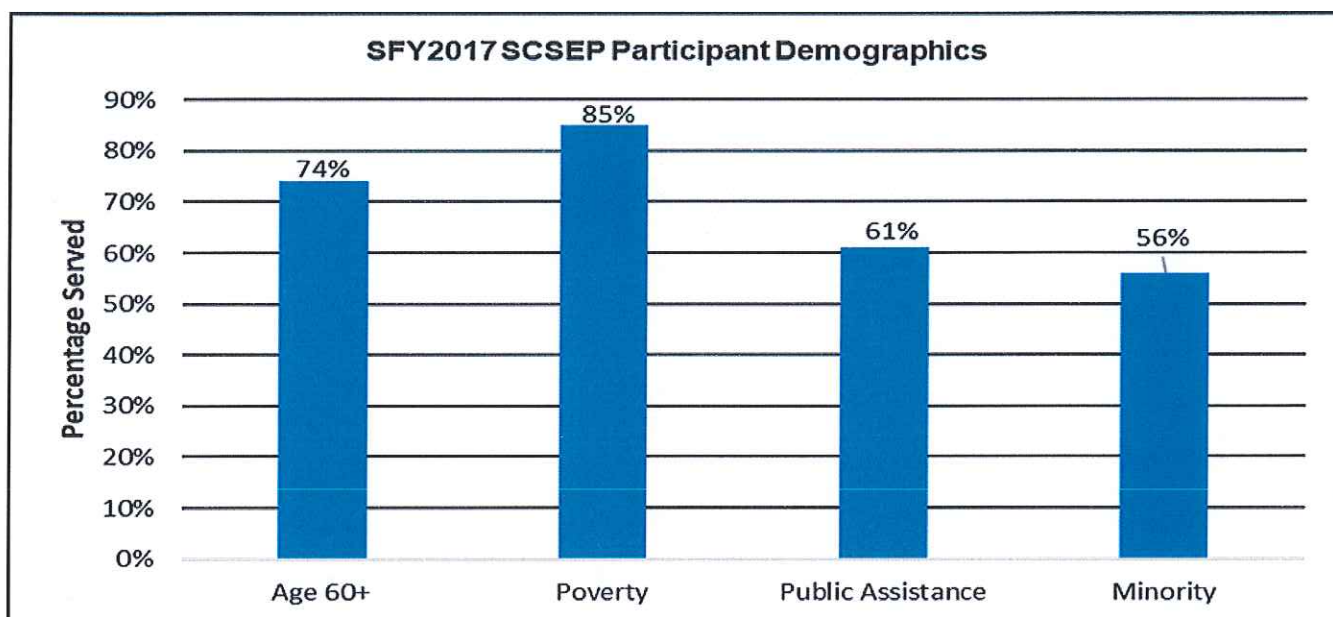
Definition of Acronyms: LE- Law Enforcement, EMS - Emergency Medical Services, DA Office – District Attorney's Office, AAA – Area Agency on Aging, APS - Adult Protective Services, HFR - Healthcare Facility Regulation
 DBHDD – Department of Behavioral Health Developmental Disabilities, PGO - Public Guardianship
 LTCO - Long Term Care Ombudsman, DHS - Department of Human Services

- At-risk adult abuse, neglect and exploitation training/outreach was provided to 5,130 people through the Georgia Banker's Association, Emory School of Nursing, Georgia Public Safety Training, the Georgia Retailers Association Conference, the Victim Witness Assistance Program Conference and others. People trained included law enforcement officers, judges, prosecutors, medical examiners/coroners, financial service employees, social workers, long-term care providers, allied professionals and the general public. Videos available on the DAS YouTube channel continue to be viewed across the state.
- Technical assistance and case reviews were provided to more than 198 people. As a result of training, technical assistance and case consultation/review, FSIU has been able to track outcomes of several law enforcement cases during SFY 2017. Of these cases, individuals were charged and/or prosecuted with various crimes, including 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. 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 has presented at local and national conferences on the issue of unlicensed care homes and benefits trafficking. These presentations have resulted in ongoing case assistance on unlicensed care home cases.

The Senior Community Service Employment Program (SCSEP)

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, 74 percent were over the age of 60.
- 85 percent had incomes below the federal poverty level.
- 60 percent were receiving public assistance.
- 56 percent were minorities, compared with 44 percent nationally.

Some Outstanding Accomplishments

The U.S. Department of Labor (DOL) establishes indicators for each state to measure SCSEP program performance. The performance indicators measure six performance categories. In Program Year 2016*, Georgia exceeded or came close to achieving the following DOL targets. (*Program Year and SFY run on the same period, but the official year number lags.)

- **Community Service Goal:** This measure reports the number of hours of community service provided by the SCSEP program. For Program Year (PY) 2016, the DOL target goal for Georgia was 77.8 percent (participants should provide a minimum of 75 percent of the total community

services hours funded by the DOL for Georgia). This goal was not computed for PY 2016 due to a change in the modified positions that were revised in the middle of the third quarter of PY 2016 to reflect 1) the awards made to national grantees by the 2016 competition and 2) revisions to the Equitable Distribution based on the latest Census data.

- **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 2016 was 45.3 percent (38.4 percent of all participants who exit the program did so because they became employed). Georgia did not reach this goal but is within 80 percent of the target.
- **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 66.9 percent (66.9 percent of all participants who found employment in a given quarter retained their employment for at least six more months). Georgia exceeded this goal, achieving 69.4 percent employment retention rate.
- **Service Level Goal:** The service level goal shows the percent of enrollment in Georgia's 198 authorized SCSEP positions for PY 2016. The DOL goal for Georgia was 151.8 percent enrollment. This goal was not computed for the same reason that was indicated in the Entered Employment section.
- **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 2016 was \$7,500. Georgia's average earnings of \$6,895 fell short of the goal.
- **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 2.51 barriers, which fell short of the DOL goal of 2.78 barriers.

Community Benefits

Participants' training wages contribute to the local economy and reduce their dependence on public benefits programs. Participants provided 164,470 hours of service to community organizations, including 55,628 hours of service to organizations that serve older adults. Three percent of PY 2016 participants were individuals with disabilities, and 21 percent were homeless or at risk of homelessness at time of enrollment.

Directions for the Future

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

- SCSEP grantees and sub-projects will identify agencies that can provide technical assistance to SCSEP projects about entrepreneurship and microenterprises.
- DHS/DAS will provide intensive training and technical assistance to SCSEP staff about specific core performance goals, tools to diagnose performance, and strategies to improve performance.
- SCSEP grantees and sub-projects will identify agencies and organizations to implement area specific outreach and recruitment methods to increase services to underserved populations, such as: Hispanic/Latino, Asian and Veteran older adults.

Georgia Fund for Children and Elderly

DHS/DAS co-administers the fund with the Department of Public Health's Maternal and Child Health Program Division. DHS/DAS receives 50 percent of the Fund's donations each year, and those monies are distributed to AAAs for home-delivered meals and senior transportation, as mandated by the Legislature. 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 2013 and 2017 are shown below.

