

**Fiscal Year 2014**

**Just the Facts**

**Georgia Division of Aging Services**



**Dr. James Bulot, Director**





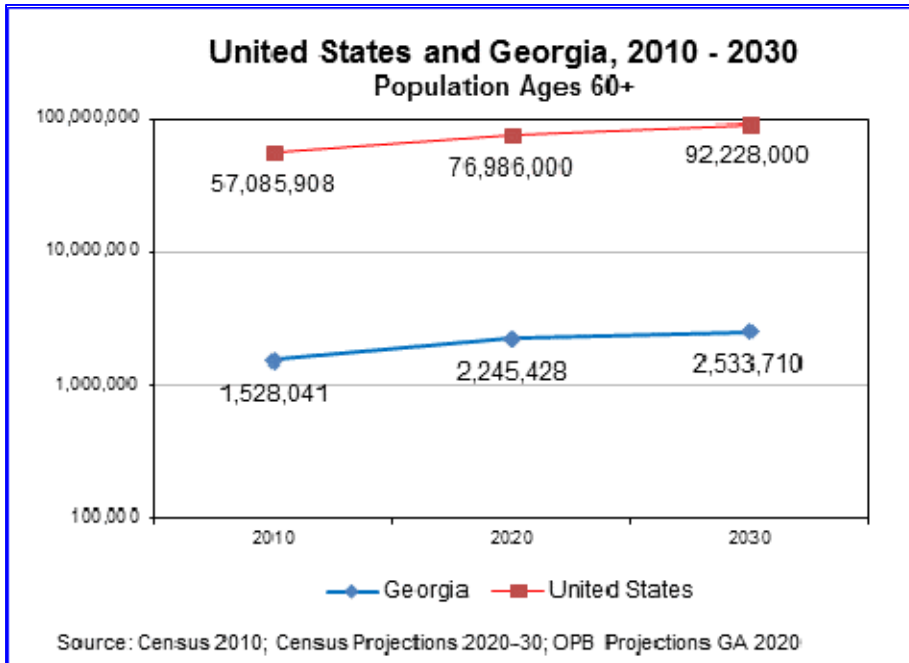
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## Aging Trends in Georgia

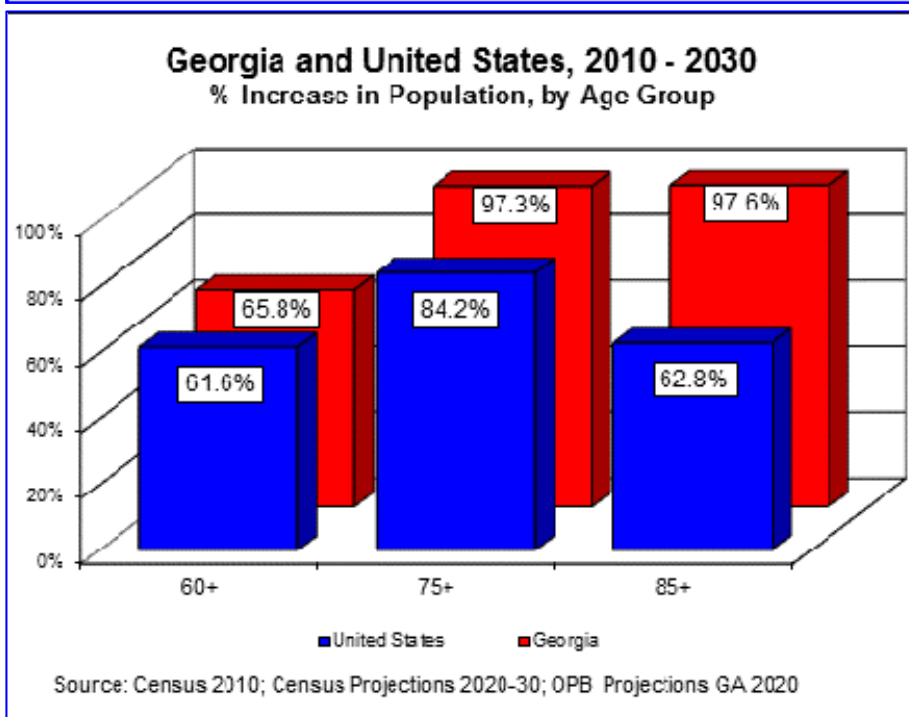
### GA DHS Division of Aging Services and the Aging Network

The Division of Aging Services' (DAS) mission is to assist older individuals, at risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives. Through continuous service improvements and innovation, DAS provides programs and services that assist Georgians in living longer, 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 2010-30.

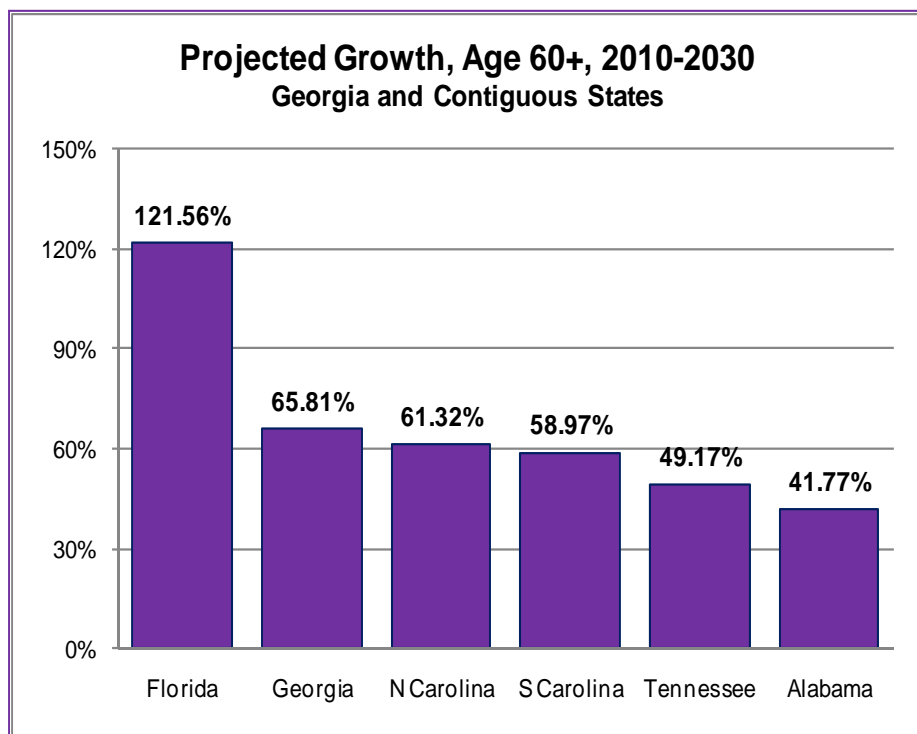
- Georgia's 60+ population is expected to increase 65.8% between 2010 and 2030, from 1 in 6 persons in 2010 to 1 in 5 persons in 2030.



- Georgia's 85+ population is expected to increase 97.6% from 2010 to 2030. Those 85 and above are by far the fastest growing group, projected to total 224,926 in 2030.

- During the 20<sup>th</sup> century, the number of Georgians age 60+ increased nine-fold, compared to a four-fold growth in the population overall.

- Among Georgians ages 60 and above, there were 78.6 males for every 100 females; for Georgians ages 85 and above there were 41.4 males for every 100 females.
- Of Georgia's population ages 60 and above, an estimated 349,920 lived alone.<sup>1</sup>
- 328,260 or 22.13% of Georgia's total civilian population ages 60 and above, were veterans.<sup>2</sup>
- A greater number of Georgia's elderly ages 60 and above completed high school and earned higher degrees:<sup>3</sup>
  - High school graduates 498,180
  - Associate degree 71,665
  - Bachelor's degree 198,735
  - Master's degree 95,470
  - Professional degree 31,435
  - Doctorate degree 21,815



- An estimated 26.96% of Georgians 60+ were in the work force.<sup>4</sup>

- 11.47% of the state's population ages 60 and above were at or below poverty level.<sup>5</sup>

- Georgia has the second highest percent increase in population ages 60+ in comparison with the states that border it.<sup>6</sup>

<sup>1</sup> AGID Table S21010B, GA 2007 – 2011, aggregated for 60+.

<sup>2</sup> AGID Table S21025, GA 2007-2011.

<sup>3</sup> AGID Table S21021B, GA 2007 – 2011.

<sup>4</sup> AGID Table S21023, GA 2007-2011.

<sup>5</sup> AGID Table S21043B, GA 2007-2011.

<sup>6</sup> 2010 Census compared to 2030 Projections from File 2. Interim State Projections of Population for Five-Year Age Groups and Selected Age Groups by Sex: July, 1 2004 to 2030. Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

# Section

## 1

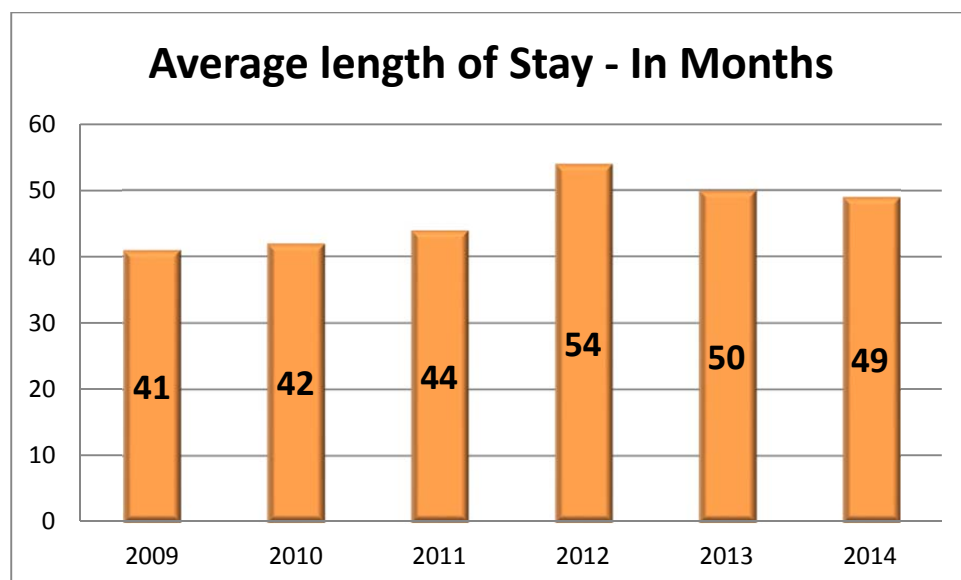
### Providing a Foundation of Home and Community Based Services

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

All Older Americans Act services are targeted toward clients who are the most socially and economically vulnerable population of older Americans and Older Americans Act clients tend to be among the oldest of the old.

### Non Medicaid Home and Community Services

Non Medicaid Home and Community Based Services (HCBS) provides individual and group services to support and assist older Georgians in staying in their homes and communities. These services promote health, self-sufficiency and independence. During SFY 14, **31,554** clients received HCBS services. Length of Stay (LOS) is the metric used to define return on investment by keeping people at home and in the community. Studies have shown that the longer a person is able to stay at home with support, the more it saves taxpayer dollars.



### Nutrition and Wellness Programs

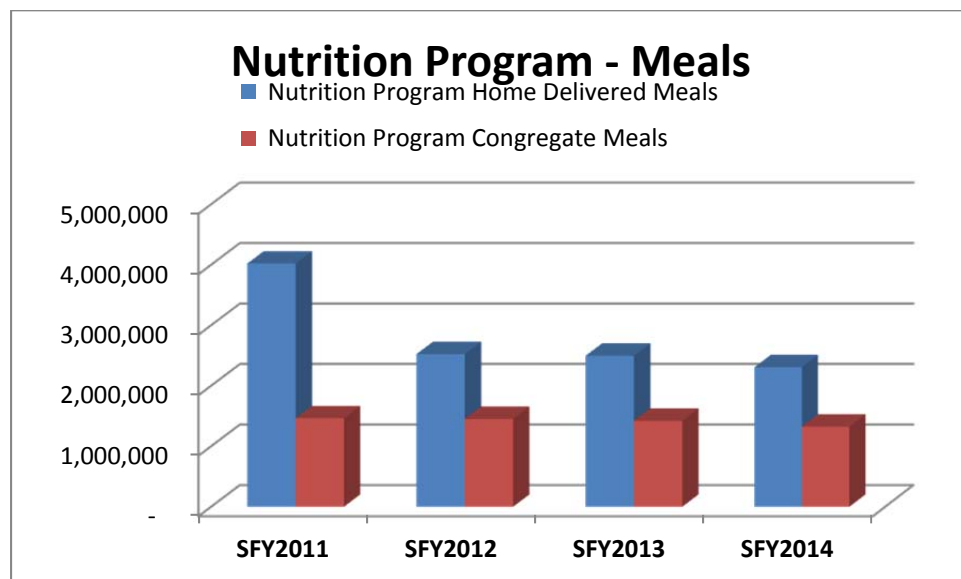
**"Living Longer, Living Well"** — The Nutrition and Wellness Programs are aimed at increasing the ability of older adults to perform everyday activities and remain living in their own homes. Activities are focused on Evidence Based health promotion and disease prevention. Services are designed to improve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

### Partners in Service Delivery System

The Division of Aging Services partners with the Aging Network and other public and private sector agencies to provide nutrition and wellness

program services. These partners include; University of Georgia, Georgia State University, Area Agencies on Aging, Senior Centers, Community Service Providers, Diabetes Association of Atlanta, Georgia Extension Service, Department of Public Health, AARP, American Cancer Society, Medicare Diabetes Screening Project, Parks & Recreation, Administration on Community Living and NCOA, etc.

Nutrition counseling provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status. Nutrition Education is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers or participants and caregivers in a group or individual settings overseen by a dietician or individual of comparable expertise. Congregate Meals are meals provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act, State and Local laws. Home Delivered Meals are meals provided to a qualified individual in his/her place of residence. The Home Delivered Meal program is administered by the Division of Aging Services and AAAs and meets all of the requirements of the Older Americans Act, State and Local laws. Funds may also be used to provide assistive technology for dining.



**SFY2014 Total Meals Served 3,629,644 (congregate meals: 1,323,307 and home delivered meals: 2,306,337)**

- Home Delivered Meals served to 12,445 persons
- Congregate Meals served to 13,774 persons
- More than 3,000 persons benefited from the following services:
  - Exercise and Physical Fitness
  - Medications Management
  - Nutrition Counseling
  - Health Related and Health Screening
  - Georgia Living Well, the Stanford Chronic Disease Self-Management Model (CDSMP)
  - Physical Activities included chair exercise, dancing, aerobics, walking, weight exercises, water aerobics, yoga, etc.

- Lifestyle Management including recreation, safety, therapeutic activities, and tobacco cessation
- Program Awareness/Prevention including community events, distribution of materials, medications management, immunizations and group screening activities
- Nutrition Education including: nutrition and health sessions, menu planning and food preparation, explanation of Dietary Guidelines, eating and feeding information, and food safety
- Sequestration caused a delay in receiving funding/dollars for the home delivered and congregate meals program. Georgia was especially impacted by this delay, as it is one of the fastest aging states. Due to increasing program efficiencies and assessment for eligibility, we were able to retain those clients with the greatest need. However, Georgia still has a long waiting list for nutrition services.

## **Success Stories**

During SFY 14, the Division of Aging Services collaborated with the Department of Public Health on a variety of wellness initiatives including Injury Prevention/Falls Prevention, Older Driver Task Force, Chronic Disease wellness and awareness, CDSME, Diabetes Coalition Faith Based Coordination and Worksite Wellness including Tai Chi for Health to be provided at local gyms for employees and CDSMP On Site and Potential Expansion.

## **Accomplishments Highlighted**

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

### **Hospital Transitions/Care Transitions Intervention**

- Coleman Model: 3 AAAs received CCTP funding and had successful implementations. Additional AAAs have persons trained and have established hospital partnerships.
- Bridge Model: 7 AAAs have persons trained in the Bridge model with expectations of more to be trained in 2015.

### **Transportation**

- One Volunteer-based transportation pilot program in operation and is a combination rideshare/volunteer program
- Two areas have Voucher transportation programs



## Future Directions and Opportunities

Person centered congregate meals model :

- Senior Center Redesign: Focus on programming for each segment of older adulthood, Voucher Programs and Centers without walls
- Statewide meals contract: Exploring potential savings and wait list reduction; identifying best service for each AAA and identifying ways to improve quality and the capacity to tailor meals to individuals.
- Fee For Service Policy: Develop method for providers to determine the amount of cost share based on a declaration of household income and household size for both state funded and OAA funded services.

Targeting Resources

- New Access to Care Model Focused on:
  - Those in the greatest economic need
  - Those in the greatest social need
  - Those with the greatest institutionalization
  - Those who are frail
- Client Prioritization Policy
  - Particular attention given to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
  - Focused on matching actual need with service level and expanding to 4 target areas over time.
- State Wide Training provided for consistent assessment processes

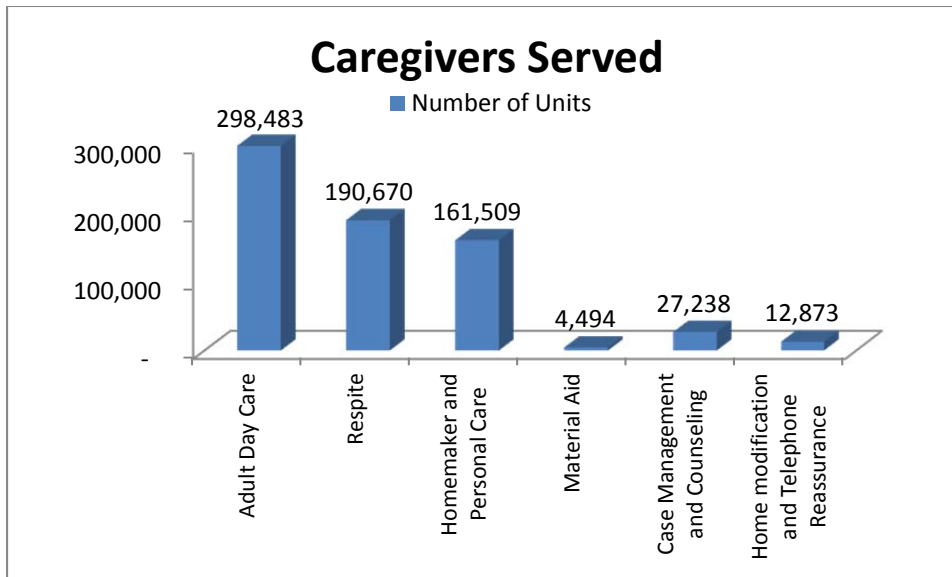
Case Management Redesign:

- Envision access to services as a continuum with Gateway, Options Counseling, Care Consultations, Care Transitions and Case management.
- Targeting high risk clients of case management.
- Developing Risk Assessment protocols with RCI and Emory Fuqua Center, Building a ‘Conflict Free’ access system that includes case management.
- Building capacity for fee for service case management.

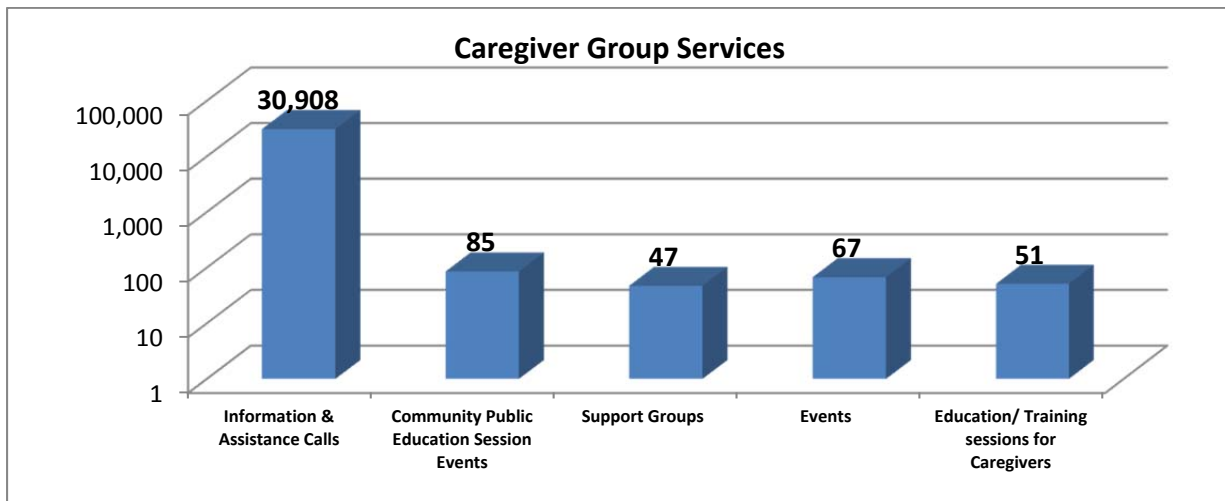
## Caregiver Programs and Services

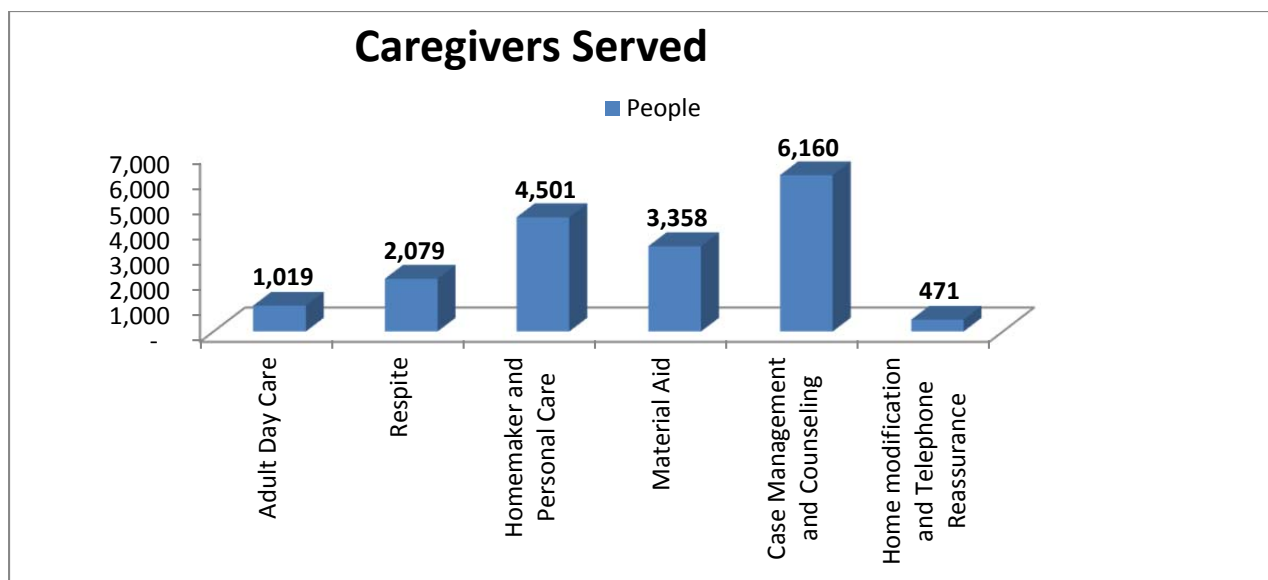
### Overview

Georgia's aging network provided an array of services designed to support family caregivers. During SFY 2014, services to caregivers included day care, in-home respite, information and assistance, support groups, material aid (help with purchasing transportation, food or groceries) homemaker and personal care.



*Caregiver Group Services documented over 210,267 duplicated persons.*





## Caregiver Success Stories

### Powerful Tools for Caregivers Story #1

Mrs. SB is a retired teacher and has been caring for her 90 year old mother for the past 8 years. Her mother was diagnosed with dementia and she currently resides in an assisted living facility equipped for Alzheimer's and dementia patients. Her husband has had many health issues for over a year and cannot be left alone for extended lengths of time. Prior to Mrs. SB taking the Powerful Tools Class she was overwhelmed with her caregiving responsibilities. Mrs. SB said she would constantly go the facility because her mother was calling everyday saying, "somebody stole my dress out of my closet and my shoes are missing". Mrs. SB said the tools for the caregivers classes helped her to realize how important it is to take care of the caregiver. The Powerful Tools Classes helped her to be able to open up and share with other caregivers that are facing some of the same issues. Since the Powerful Tools Classes Mrs. SB has joined a support group and established a friendly bond with caregivers and they communicate beyond the meetings to help one another. Mrs. SB sent correspondence requesting and urging SOWEGA Council on Aging to continue Powerful for Tools Classes because they are helping so many people.

### Powerful Tools for Caregivers Story #2

Mr. GE is a 55 years old, self-employed, caregiver to his 84 year old father who suffers from Alzheimer's disease. Mr. GE has siblings and with the assistance of one of them is able to keep his father at home and continue to work. As a caregiver Mr. GE has experienced exhaustion, loss, guilt, resentment, frustration and grief since his father's illness. Since Taking the Powerful Tools course he has learned ways to find new equilibrium in his daily routines and has found some time for his own pursuits. Mr. GE said the Powerful Tools classes have taught him ways to seek and locate resources when he needs assistance with respite care, homemaker service, and personal care. Mr. GE said he now has a sitter who provides other services as needed and this has giving him and his sister a most needed break. Through Powerful Tools for Caregivers, he learned how to deal with guilt, resentment and frustration and the importance of seeking and accepting help from community resources.

## **Accomplishments Highlighted**

### **Systems Integration Demonstration Grant**

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

Accomplishments of the grant include:

#### *Training for Health Care Professionals*

The Division of Aging Services (DAS), in collaboration with the Rosalynn Carter Institute for Caregiving, conducted 23 webinars for health care professionals to increase their knowledge in regard to Alzheimer's Disease and related dementias. Health care professionals included personnel from behavioral health, developmental disabilities, independent living and skilled nursing facilities, and Area Agencies on Aging and their providers.

Topics included were related to dementia, part of DAS's plan to make Georgia a dementia capable state, and covered such areas as identifying and responding to mental health issues during assessment, strategies for managing problem behaviors, distinguishing between depression and dementia, and financial capacity related to dementia and disabilities.

The average pre-test score was 87.5, and post-test scores averaged 100. All topics were archived, and may be viewed on the Rosalynn Carter Institute for Caregiving website.

Over 1400 persons attended the webinars (duplicated count).

#### *Training for Caregivers*

DAS, in collaboration with Georgia's 12 Area Agencies on Aging, implemented Powerful Tools for Caregivers (PTC), a six week evidence-based education/training program for family caregivers.

Preliminary results compiled by the Health Policy Center at Georgia State University, showed that 40% of participants were non-white, 30% lived in rural areas, 20% were caring for more than one person, and the average length of caregiving was 7.4 years.

Participants in Georgia were given pre and post tests; on all 12 measures, the mean score gain was statistically significant for each measure.

PTC is successful in improving participant's perception of their ability to manage the four primary goals of improving: 1) self-care behaviors 2) management of emotions 3) self-efficacy, and 4) awareness of community resources.

Over 500 caregivers were trained in PTC.

#### *Telephone Reassurance*

- Representatives from 12 AAAs, the Alzheimer's Association, and Adult Protective Services convened for a Work Team meeting on how to better serve persons with early stage dementia and their caregivers. It was agreed that providing a Telephone Reassurance program would increase support for persons in early stage dementia and caregivers of persons with Alzheimer's Disease (AD) and other dementias.
- Two models of Telephone Reassurance were developed. One model utilized persons in early stage AD as volunteers to make calls to other persons with early stage dementia. These volunteers made calls from a central location. A second model utilized volunteers calling from their own homes.
- Manuals on both models were developed to assist others in replicating either model.
- Calls were made to over 100 different persons.

## **Future Directions and Opportunities**

### *GANE App*

Division of Aging Services staff from Adult Protective Services (APS), Forensics, and the Livable Communities section, in collaboration with the Alzheimer's Association, Georgia Chapter, have identified that law enforcement and APS staff frequently encounters situations where someone appears to have been abused, neglected, or exploited. Further, law enforcement personnel increasingly encounter situations where persons with diminished cognitive capacity appear to be wandering or lost. Options available to place persons temporarily to ensure their safety are limited. Therefore, it has determined that these professionals can benefit from quick access to information, screening, and services for situations that often occur in the middle of the night.

Work is underway on a Georgia Abuse, Neglect, and Exploitation (ANE) App, which will include a number of features for the general public, and others available to professionals. App features will include, but not be limited to contact information for various agencies, information on laws related to abuse, neglect, and exploitation, emergency placement for those determined to be at risk, and screening questions available to professionals regarding cognitive functioning, and financial capacity. Testing and roll-out of the app are slated for the first quarter of 2015.

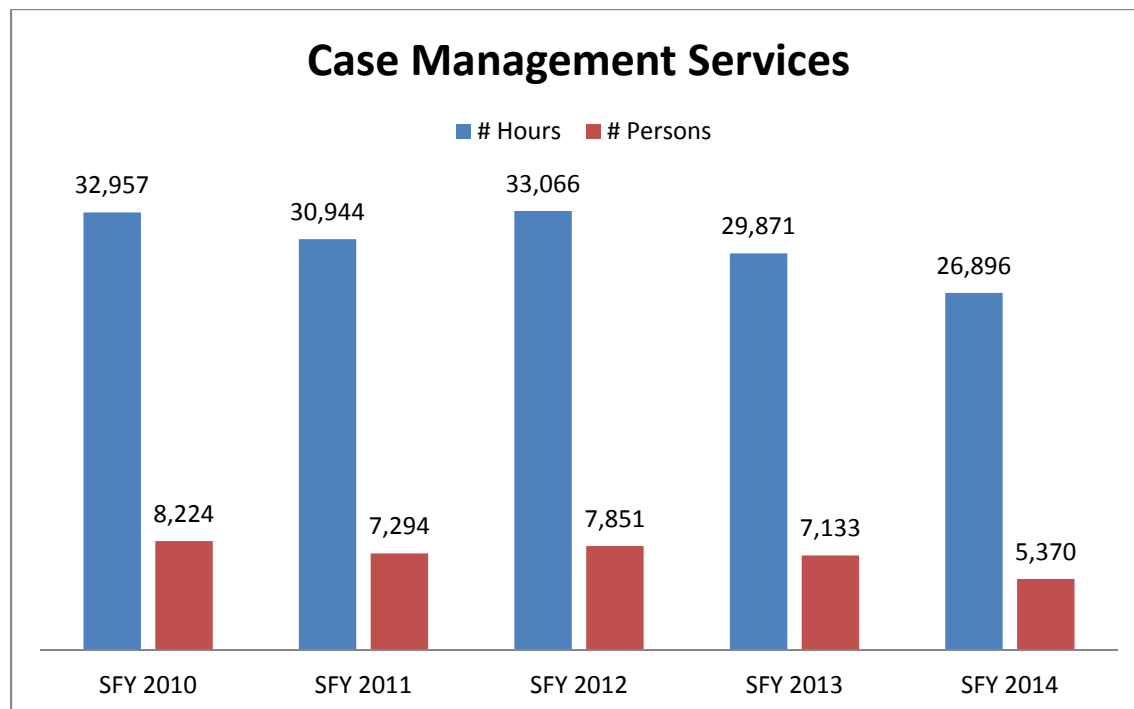
## Case Management Services

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

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

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

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



**Success Stories**

Mr. R came to the Area Agency on Aging (AAA) as a one-time referral for food. Upon assessment, staff learned that he was in need of much more. He had been living in a pay by the week motel for three months, and the case manager helped him move into a suitable apartment. He had nothing when he moved in; he actually slept in his power chair for almost two weeks. He was only able to take a bath from the bathroom sink, because he did not have a transfer bench. Staff worked with the Muscular Dystrophy Association to supply him with a hospital bed, a shower chair and a transfer bench so that he would be able to take a shower. One of his neighbors gave him a comforter, and the AAA him provided sheets, towels, bath cloths, and a shower curtain. An AAA employee donated a television to the client, to supplement his clock radio that only picked up one station. Since then, AAA staff and a helpful resource in his local community provided Mr. R. with a couch, coffee table, two end tables, a dresser and two bedside tables. Because of case management, this initial referral has resulted in a life-changing difference for Mr. R.

Mr. C. is an 81-year old caregiver for his 74 year-old wife in their home in rural Georgia. His wife has Alzheimer's Disease and is bed-bound. Their children all work full time and have limited time to help, but do provide some support on the weekends. Mr. C. never learned to cook and used to drive into town (about 6 miles one way) to get food. The Case Manager assisted the family in obtaining services to help him continue to care for his wife at home

# Section

## 2

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

## Georgia Alzheimer's and Related Dementias State Plan

### *The Plan's Beginnings*

During the 2013 session of the Georgia General Assembly, legislators created the [Georgia Alzheimer's and Related Dementias State Plan Task Force](#), a multidisciplinary group convened to improve dementia research, awareness, training, and care. Starting in June of that year, the six task force members and dozens of experts in diverse fields formed committees, conducted research, and made detailed recommendations.

The recommendations formed the core of the Georgia Alzheimer's and Related Dementias State Plan. The document described current demographics, prevalence statistics, and existing resources; analyzed the state's capacity to meet growing needs; and presented a roadmap to create a more dementia-capable Georgia.

### *Council Establishment*

In June 2014, Governor Nathan Deal signed the [Georgia Alzheimer's and Related Dementias State Plan](#) into action, and the Task Force became an Advisory Council. With a plan in place, the Advisory Council is

- ready to call for the early, accurate detection of dementia,
- willing to battle stigma and misinformation, and
- able to provide an incomparable web of support to families that need it.

Georgia's recommendations cover a range of topics, including research, services, policy, public safety, workforce development, and public education. And undergirding all of these areas is the importance of partnerships – creating a deeply coordinated statewide team of agencies, nonprofits, businesses, and organizations.

### *Creating Conversations*

The Georgia Alzheimer's and Related Dementias Advisory Council serves as a hub for cultivating new initiatives and improving communication about what Georgia is doing to address dementia needs. Reports will be provided annually to inform, empower, and inspire Georgians to become more dementia capable and dementia inclusive at home, at work, and throughout the community.



### *A Living Document*

The Georgia Alzheimer's and Related Dementias State Plan will undergo regular review to ensure that it reflects emerging priorities, shifts in resources, and evolving public- and private-sector roles. As noted in the Plan, "much of the work that needs to be done now and in future assessment and updates of the Plan will require legislation and corresponding funding to develop and implement that specific item of the Plan. The Advisory Council commits to work with partner stakeholders, state agencies, and legislators to develop and have filed appropriate legislation and corresponding appropriations requests throughout the life of this Plan."

# Section

## 3

### Modernizing Long-Term Care

Since 2003, the Administration on Aging has been supporting the replication of a variety of innovative programs that are increasing the capacity of the Network to help disabled citizens and seniors remain healthy and independent. These innovations come directly out of the experience of states and communities implementing the Older American's Act core programs.

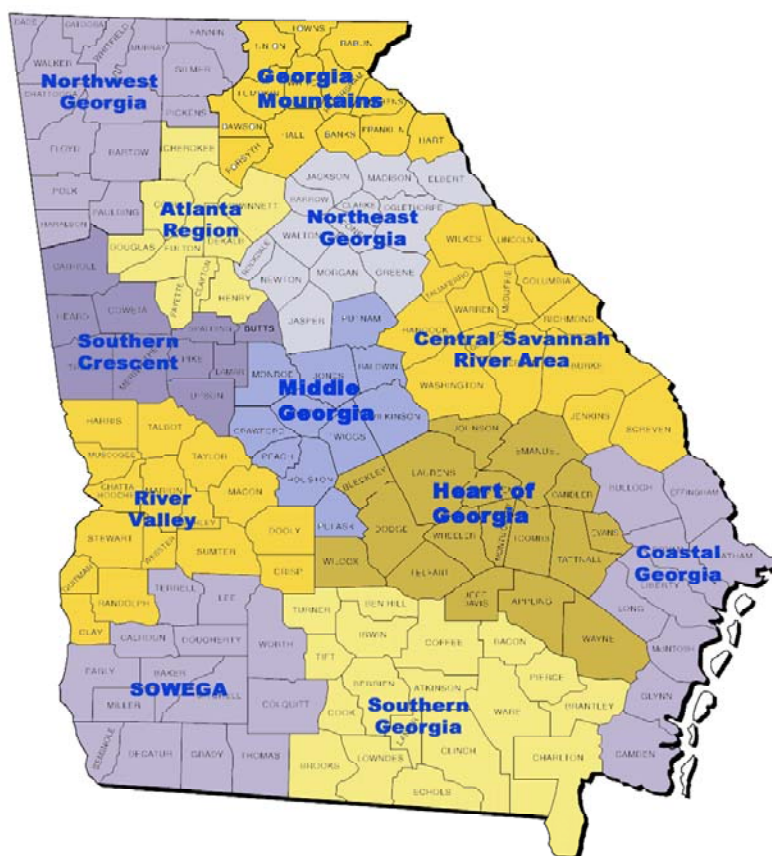
The Aging and Disability Resource Center Program is a collaborative effort of Administration on Aging and the Centers for Medicare and Medicaid Services, helping make it easier for consumers to learn about and access long-term supports and services. ADRCs are also serving as an entry point for all publically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

## Aging & Disability Resource Connection

The Georgia Aging & Disability Resource Connection (ADRC) is a partnership between the Division of Aging Services (DAS) and multiple organizations including state agencies and other public or private organizations. ADRCs serve individuals who are aging or have a disability and use the “no wrong door” approach to provide information, assistance and access to these individuals, their families, caregivers and professionals.

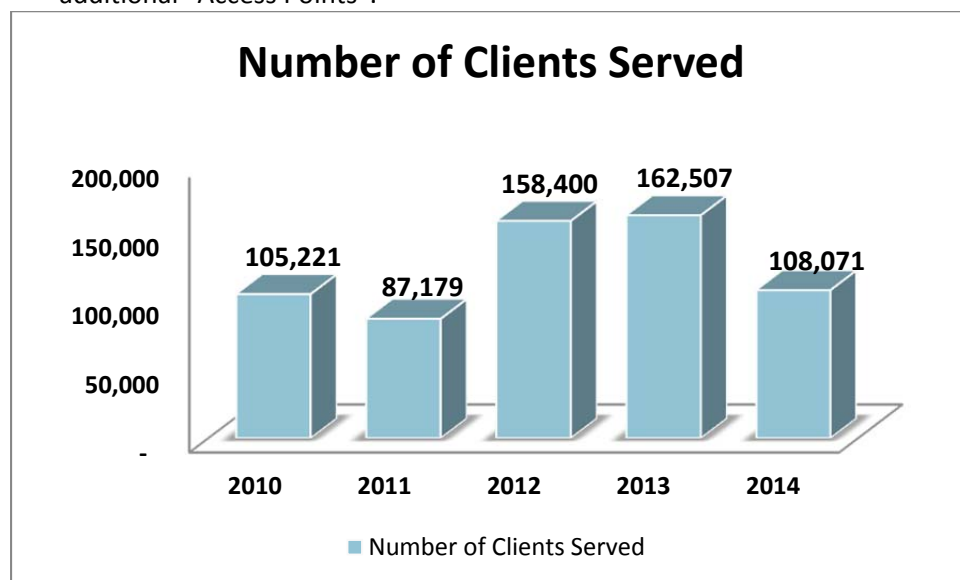
### ADRC Partners

ADRCs have partnerships on the state and local level with other agencies such as DFCS, DCH, LTCO, GeorgiaCares, the Georgia Tech-Tools for Life, the Alzheimer's Association, the Centers for Independent Living, Public Health, the Brain and Spinal Injury Trust Fund Commission, the Georgia Hospital Association, the Georgia Council on Aging and Adult Protective Services.



### Information, Referral and Assistance\*

- In **SFY 14** the twelve ADRC sites served **52,423** older individuals looking for a variety of home and community based services.
- During the same time period a little more than **41,799** individuals with developmental, physical, or behavioral disabilities contacted the ADRC seeking information about long term care options.
- Together, the ADRC sites served over **108,071** clients seeking LTC options for seniors and individuals with disabilities.
- In SFY 14, DAS contracted with all nine Centers for Independent Living in Georgia for the Balancing Incentive Program. This expansion allows more individuals to contact the ADRC through these additional “Access Points”.



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

### ADRC Options Counseling

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

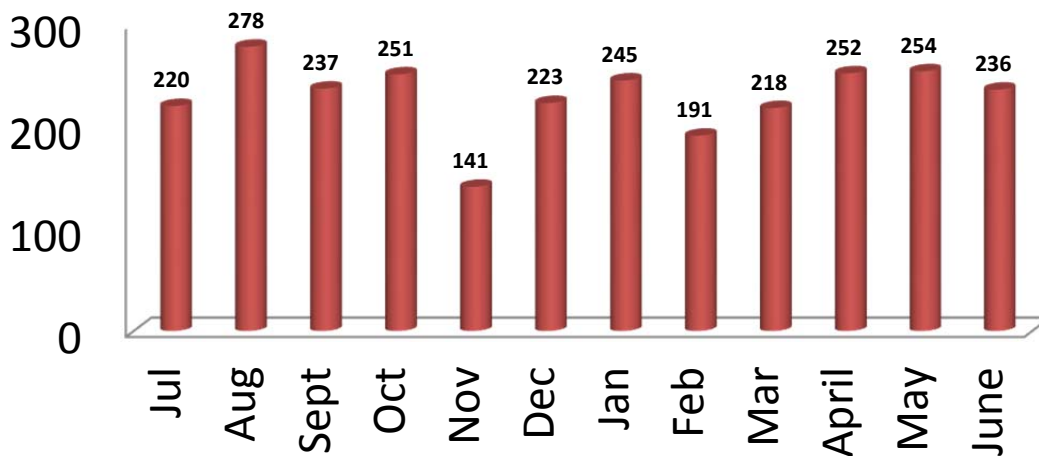
- Division of Aging Services Options Counseling Certification- DAS in partnership with Boston University’s CADER (Center for Aging and Disability Education Research) has created a

certification process for all options counselors to participate in here in Georgia. As part of the options counseling certification process, 8 online courses worth 4 CEUs each are completed.

#### Two Categories of Options Counseling

- **MDSQ Options Counseling:** The ADRCs Statewide have full time staff designated as MDSQ (Minimum Data Set Section Q) Options Counselors to provided options counseling to individuals residing in nursing homes who have indicated an interest in potentially returning to the community to live. Georgia has approximately 360 nursing homes that participate in the Section Q referral process and the chart shows SFY14 MDSQ referral data statewide.
- **Community Options Counseling:** The ADRCs statewide have staff dedicated as community options counselors. Community OCs work with individuals still living in the community who demonstrate a higher risk of institutional placement based on key risk factors identified through the Center for Disease Control. Community OCs work with the individual in a holistic manner to research options to prolong community living for the individual.

**SFY 14 Statewide MDSQ Referrals**



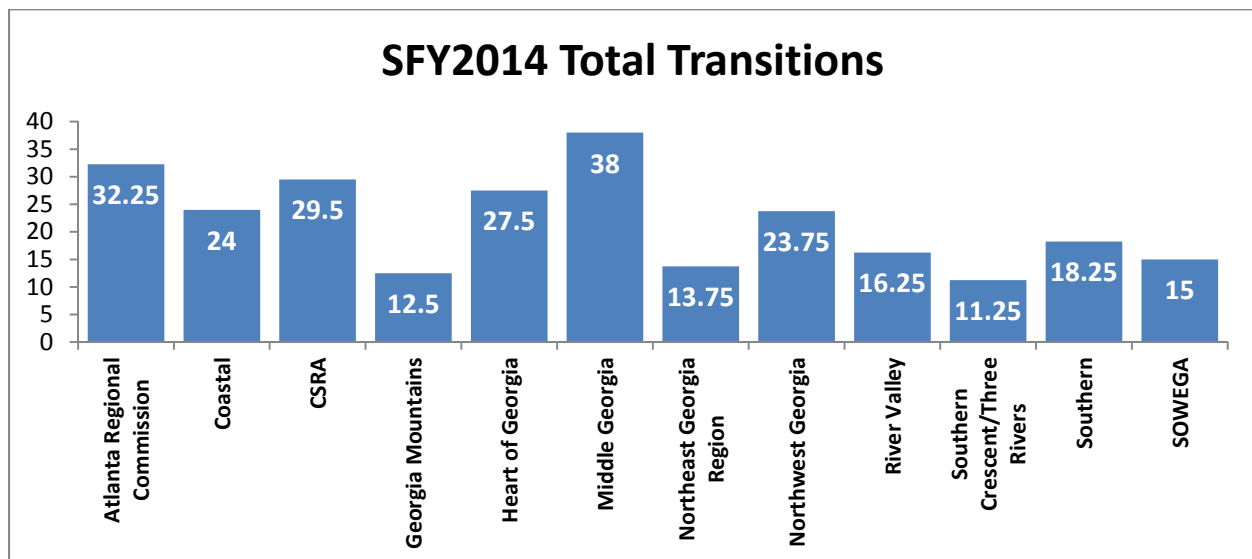
## Money Follows the Person

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

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

## MFP Transitions

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



## Accomplishments

MFP transitioned 261 participants in this fiscal year. This means 261 individuals have had an opportunity to lead a more fulfilling life.

Evaluation of the MFP program is done through the Quality of Life Survey. This survey was developed for CMS by Mathematica Policy Research and they publish yearly reports on the quality of the MFP program. Data is analyzed locally by the Georgia State University Health Policy Research center. Currently, MFP participants in Georgia report they are happier and more satisfied with their lives after leaving the nursing home. The survey is separated into 7 major categories, and MFP participants share

that they are more satisfied in nearly every one. Also, respondents that are contacted after their second year in the community report they are happier and are able to see family and friends more than they did prior to transition.

DAS and the AAAs have partnered with three Centers for Independent Living (CILs) to be the Transition Coordination agents for MFP in their areas. CILs have performed nursing home transition for many years and their expertise has brought a wealth of knowledge to MFP Transition Coordination in the state.

### **Future Directions and Opportunities**

The MFP program is currently funded through 2020. The Department of Community Health, Department of Behavioral Health and Developmental Disabilities, and the Division of Aging Services are currently collaborating in regards to the sustainability plan for the program. Many avenues are being explored to ensure the work of nursing home transitions continues after the program's end.

# Section

## 4

### Enhancing Elder Rights Programs

Ensuring the rights of older adults and preventing their abuse, neglect and exploitation continues to be a strategic priority for the Administration on Aging.

## Long Term Care Ombudsman

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

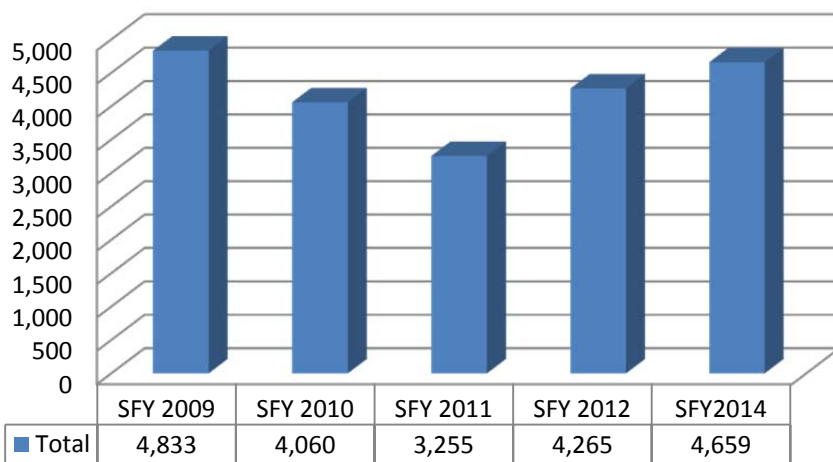
### Persons Served

In SFY 2014, the Long-Term Care Ombudsman Program served 198,790 persons, (duplicate count). Seventy-seven percent of these individuals were served during ombudsman visits to facilities. This represents an average of 2.2 ombudsman visits for each resident bed during the year. Over 13,664 individuals received information and assistance regarding long-term care options, public benefits, residents' rights, etc.

### Complaints Handled by Ombudsmen

In SFY 2014, the Ombudsman Program received 4,659 complaints. Ombudsmen received an average of 1.6 complaints per complainant for investigation.

**Complaints Handled by Ombudsmen**

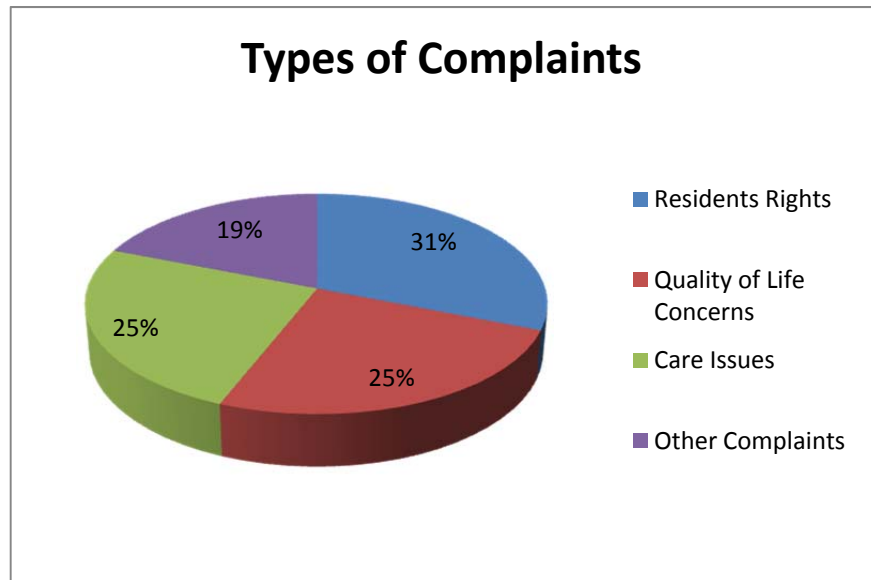


Ombudsmen responded to complaints promptly:

- Abuse complaints where the resident was believed to be at risk: 100% within 1 working day
- Abuse complaints where the resident was *not* believed to be at risk: 95% within 3 days
- All other complaints: 99% within 7 working days
- Ombudsmen achieved **satisfactory outcomes for 91%** of complaints in SFY 2014

### Types of Complaints

Residents' rights (31%), quality of life concerns (25%), and care issues (25%) accounted for 81 percent of the complaints received by ombudsmen in SFY 2014.



### LTCO Accomplishments

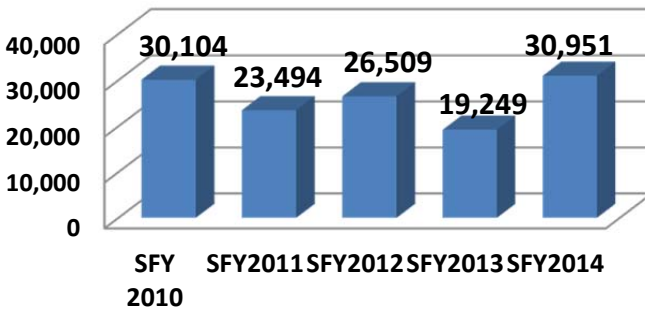
- Long-Term Care Ombudsmen now provide services to residents who move out of the nursing home and back to the community with the Money Follow The Person program. Home Care Ombudsman (HCO) provide advocacy services to participants in the community. HCO services are now available state wide and are the most used services of all those offered.
- Long-Term Care Ombudsman Program is collaborating with regulators, law enforcement and Adult Protective Services to assist residents of unlicensed Personal Care homes to relocate. Operating an unlicensed Personal Care Home is a crime and the numbers of these unlicensed homes are growing.
- Long-Term Care Ombudsmen have completed 35 years of service to residents in facilities.



## Elderly Legal Assistance Program

The Georgia Elderly Legal Assistance Program (ELAP) serves people 60 years of age and older by providing legal representation, information and education in civil legal matters throughout the state of Georgia. Services are provided by legal providers, who contract with the state's twelve Area Agencies on Aging.

### Person's Served



### Person's Served

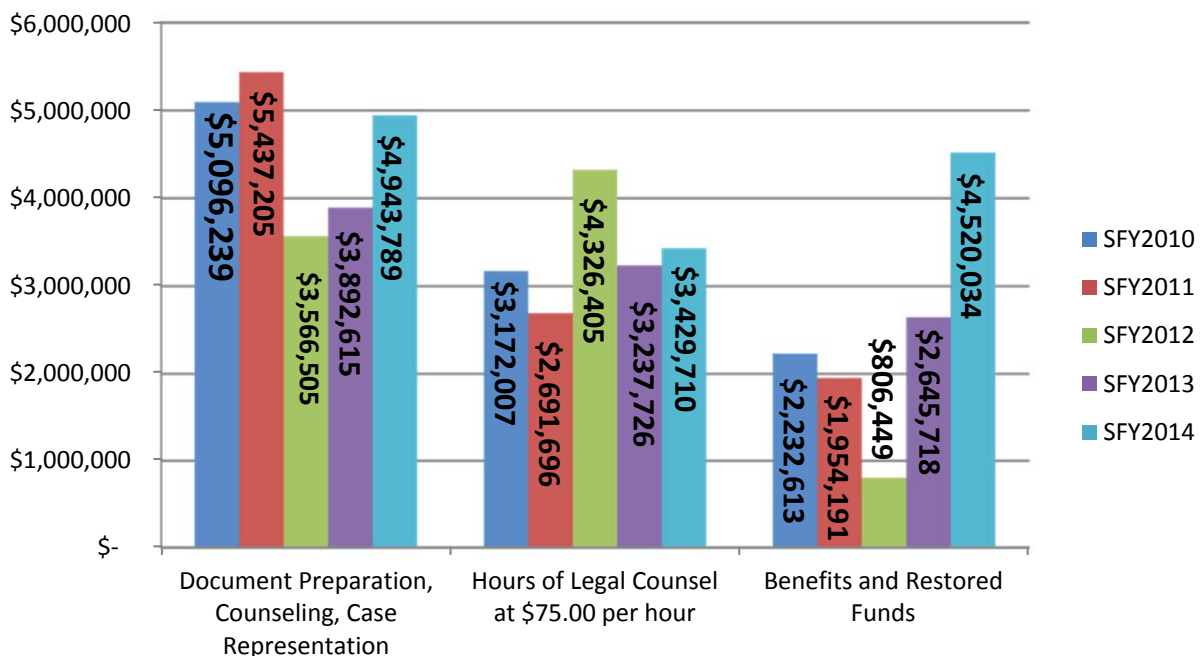
30,951 seniors received legal representation, information and/or education during SFY2014.

### Monetary Benefits Realized

In SFY 2014 ELAP saved older Georgians \$12,893,533, by providing document preparation, legal counseling and case representation.

Included in total savings was \$ 3,429,710 obtained by providing more 34,297 hours of legal counseling, calculated at a conservative \$75.00 per hour.

### Monetary Savings

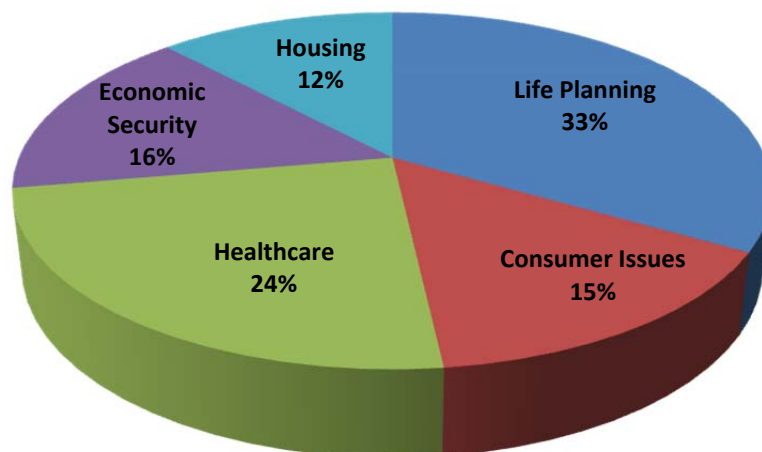


## Top Five Primary Case Types Closed-SFY 2014

The number and type of cases are as follows:

1. Life Planning – 856, which includes Wills, Georgia Advance Directive for Healthcare and Financial Powers of Attorney
2. Health Care – 618, which includes Medicaid Eligibility, Nursing Home Medicaid Eligibility and Qualified Medicare Beneficiaries.
3. Economic Security -403, which includes SNAP/Food Stamps, Social Security Retirement and LIHEAP/Public Utility
4. Consumer – 382, which includes Collections, Contracts and Bankruptcy/Debt Relief
5. Housing – 309, which includes Homeowner/Real Property, Mortgage Foreclosure and other Housing.

## Top Five Categories of Closed Cases



## ELAP Community Education Offered

Community education is a method of prevention that helps seniors avoid more costly, time consuming legal problems. In SFY 2014, 392 legal education sessions were conducted by the Georgia Elderly Legal Assistance Program.

The top ten topics covered in community education sessions in SFY 2014 were:

1. Consumer Scams/Fraud
2. Emergency Disaster Preparation
3. ACA/Health Care/Health Insurance
4. Advance Directives
5. Wills/Probate & Estates

6. Legal Needs/ELAP-Georgia Legal Services Project – Senior Citizens Law Project
7. Food Stamps/SNAP
8. Collections/Debt Harassment
9. Financial Powers of Attorney
10. Elder Abuse

## **ELAP Success Stories**

1. 66 year old client received a foreclosure sale notice from his bank on his home. The Client fell behind on a trial loan modification due to illness. ELAP intervention resulted in the bank agreeing to stop foreclosure while the client was assisted with a permanent approved loan modification. The modification resulted in a 36% decrease in the monthly payment. The principal balance of the loan was reduced by \$48,738. As a result, the client has affordable payments and will be able to remain in the home.
2. 92 Year old nursing home resident received a discharge notice for nonpayment of fees, including no vendor payment from Medicaid to the nursing home from June 2012 -2013 and a \$2,838 bill for unpaid patient liability. The client's Power of Attorney agent claimed to have paid the patient liability in 7/12, which the facility disputed, but claimed she could not pay the balance due to \$114 being withheld each month from the client's Social Security and pension benefits for back taxes owed to the IRS which is not an allowable deduction from patient liability. The nursing home alleged a total bill owed for \$57,000. ELAP notified the nursing home that client was not responsible for the bill owed by Medicaid for the facility costs, as this dispute was between the facility and DCH's Division of Medicaid. The facility withdrew the discharge notice, acknowledging the client was not responsible for the vendor payment dispute, and also eliminated the patient liability debt, agreeing to accept the client's income as full payment, even though it was less than the Medicaid calculated payment.
3. A 64 year old disabled male contacted ELAP for assistance with a Temporary Protective order. The order was being sought against his daughter's husband. The client was living with this daughter and her family. Increased violence was occurring with possible drug use by the daughter's husband, who carried a gun and threatened to kill himself and his wife several times. Violence escalated when the husband began attacking the client's daughter, and the client intervened. The husband knocked the client into the door causing him to hit his head and then the husband threatened the client. The force was hard enough to dislodge the client's colostomy bag. The client, very frail medically and walking with a cane, called police after the husband turned from the client and pursued the client's daughter and pulled a gun on her. SWAT responded to the call and removed the husband from the premises but did not arrest him. The client sought a warrant for the husband's arrest and filed an order. At the hearing, the husband agreed to abide by the Temporary Protection Order but was still arrested on the warrant the client filed.
4. ELAP successfully represented a 61 year old client who had been sued on an old credit account for \$21,750.00. ELAP answered and counterclaimed that the debt was beyond the allowable statute of limitation and that the creditor could not prove he owned and owed the debt. The case was settled when the creditor agreed to not only dismiss their claim, but paid the client \$1,000 in damages and \$500 in attorney fees.

# Section

## 5

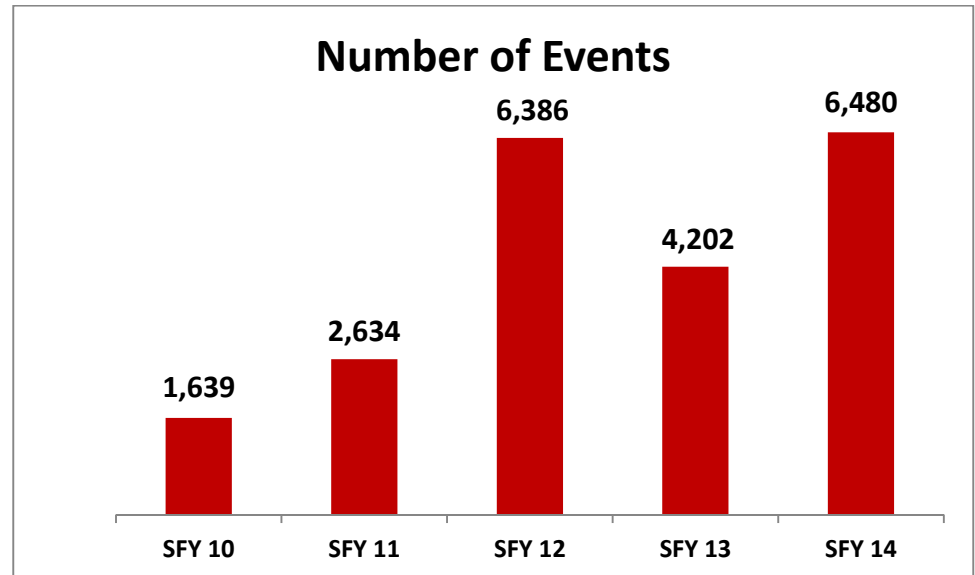
### Expanding Access and Outreach

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

## GeorgiaCares

GeorgiaCares helps Georgia's Medicare beneficiaries, their families and others understand their rights, benefits and services under the Medicare program and other related health insurance options. GeorgiaCares is the State Health Insurance Assistance Program (SHIP) and SMP (Senior Medicare Patrol).

### Outreach and Media Events

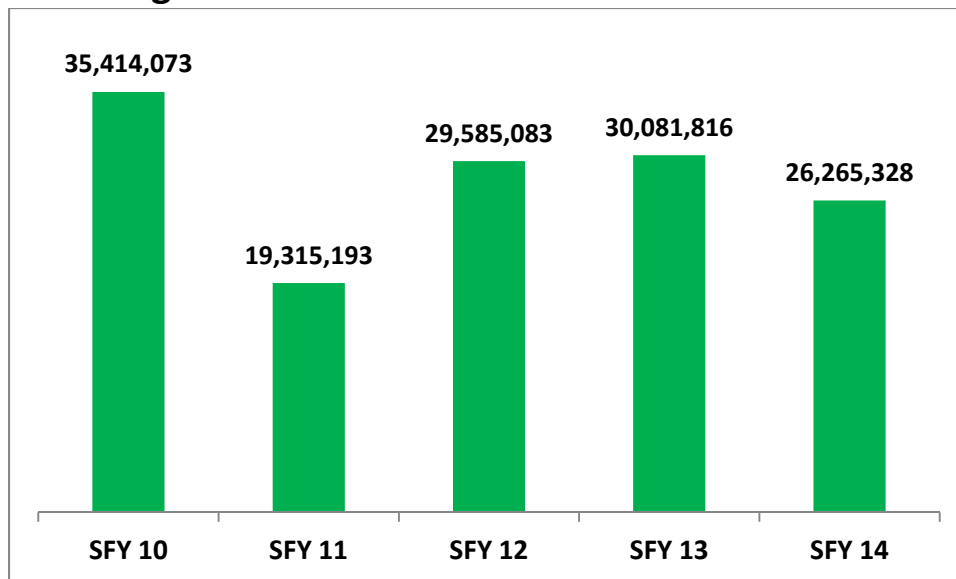


In State Fiscal Year 2014, GeorgiaCares conducted a total of 6,480 outreach and 602 media events (duplicative TV/Cable, radio, newspaper viewership) reaching 6,900,301 individuals regarding health insurance information on Medicare, Medicaid, prescription assistance, Medigap, long-term care services, and other health insurance needs and Medicare fraud prevention.

380 trained volunteers served clients in SFY 2014.

A total of 44,351 clients received one-on-one counseling.

## Reducing “Out- of-Pocket” Costs

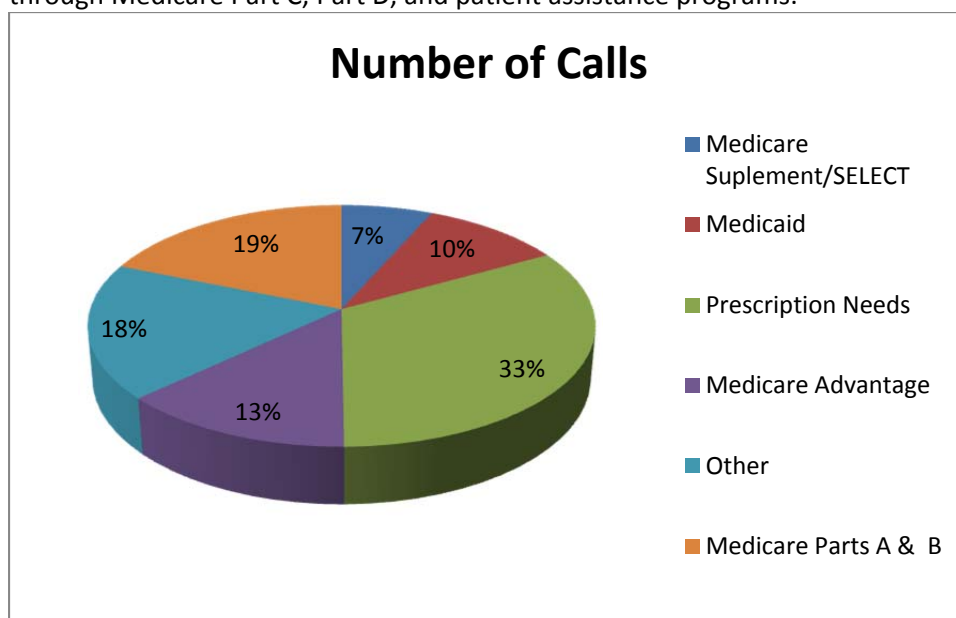


Over the last three years, GeorgiaCares has enabled clients to save more than \$85 million in health insurance and related expenses.

In SFY 2014, GeorgiaCares saved beneficiaries \$26,265,328 in out-of-pocket expenses.

## Topics Discussed with GeorgiaCares Clients

In SFY 2013, 33% of GeorgiaCares calls dealt with Medicare beneficiaries needing prescription assistance through Medicare Part C, Part D, and patient assistance programs.



## Outstanding Accomplishments for GeorgiaCares

- GeorgiaCares has implemented a 3-year marketing plan to increase brand recognition and expand outreach and education. Year one of the marketing plan focused on brand recognition and uniformity in the program. Year two will focus on volunteerism. Year three will focus on increased presence in the community, training and strengthening community partnerships.
- GeorgiaCares revised the Medicare Improvement for Patients and Providers Act (MIPPA) brochure. The new design has a clear message to ensure Medicare beneficiaries understand there is assistance available for those with limited income and resources.
- GeorgiaCares is in its 3<sup>rd</sup> year of partnership with Fort Valley State University (FVSU) to provide outreach and education to Medicare beneficiaries in hard to reach and rural areas within the state. FVSU's mobile technology unit is equipped with twenty computer stations with internet access to complete enrollment in Medicare health and drug plans and/or apply for financial savings programs. The partnership has been successful in increasing the number of outreach and enrollment events throughout the state.
- GeorgiaCares has liaisons for each of the local programs. Liaisons are subject matter experts that provide technical assistance to program coordinators.
- GeorgiaCares continues to publish the monthly GeorgiaCares Referring, Educating and Training News (G.R.E.A.T.) newsletter and Medicare Messenger. The monthly publications provide information on Medicare, statewide outreach and enrollment events and identify healthcare scams.
- GeorgiaCares state staff maintains the program website to provide the public with information on Original Medicare, Medicare Supplement Insurance, Medicare Advantage Plans, Medicare Prescription Drug Plans and fraud, error and abuse.

# Section 6

## Elder Abuse Investigation and Prevention

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

- Adult Protective Services
- Elderly Legal Assistance
- Elder Abuse Prevention

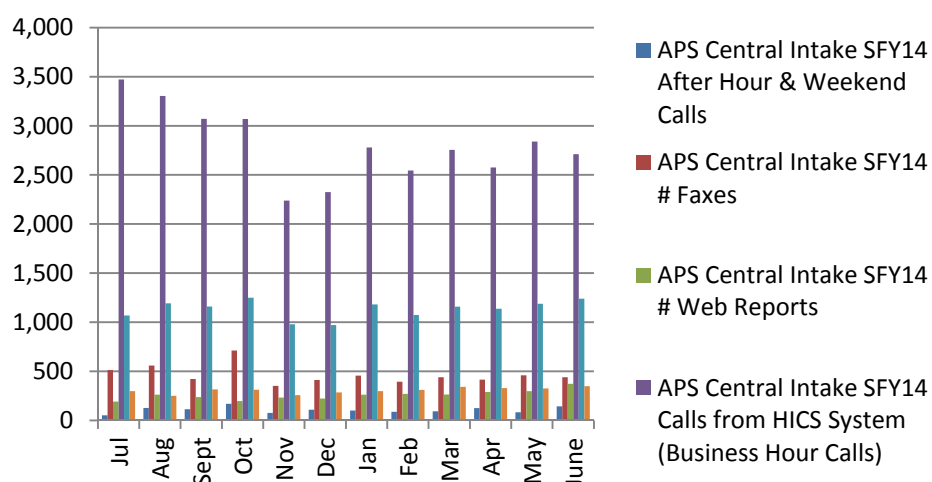
## Adult Protective Services Program

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

### Central Intake

The APS Program receives reports of abuse, neglect and/or exploitation through its Central Intake Unit. Thirteen APS specialists handle calls through a statewide toll-free number (1-866-552-4464) and respond to fax and web based reports from the community to determine if reports meet criteria for APS to investigate a case. When the criteria is not met, Central Intake staff often provide limited telephone case management and/or make referrals to community resources, including those in the aging network.

**APS Central Intake - SFY2014**



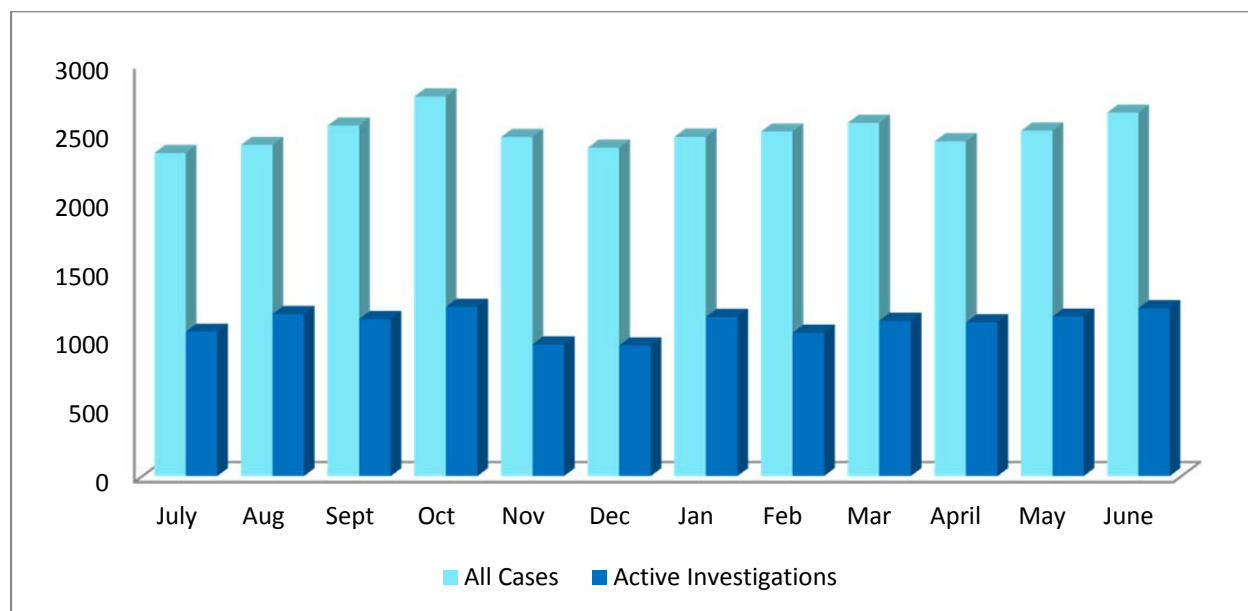
During SFY14, Central Intake staff received a total of 33,686 calls on the toll free hotline; 5,570 faxed reports and 3,096 web reports.

- A total of 13,595 reports were investigated
- CI staff provided limited case management intervention services on a total of 3,670 reports that did not meet APS criteria for investigation.
- The majority of the call volume handled by CI consisted of calls from mandated reporters and coordinating referrals to community resources and other service providers to ensure callers' issues were addressed.

## APS Field Operations

Adult Protective Services uses a regional-based multi-disciplinary approach to meet the needs of vulnerable disabled and senior adults in the State of Georgia. APS regions are aligned with the aging network planning and service areas and reside in four Districts with 135 APS case managers who handle both investigations and case management services.

## APS SYF 14 Case Totals

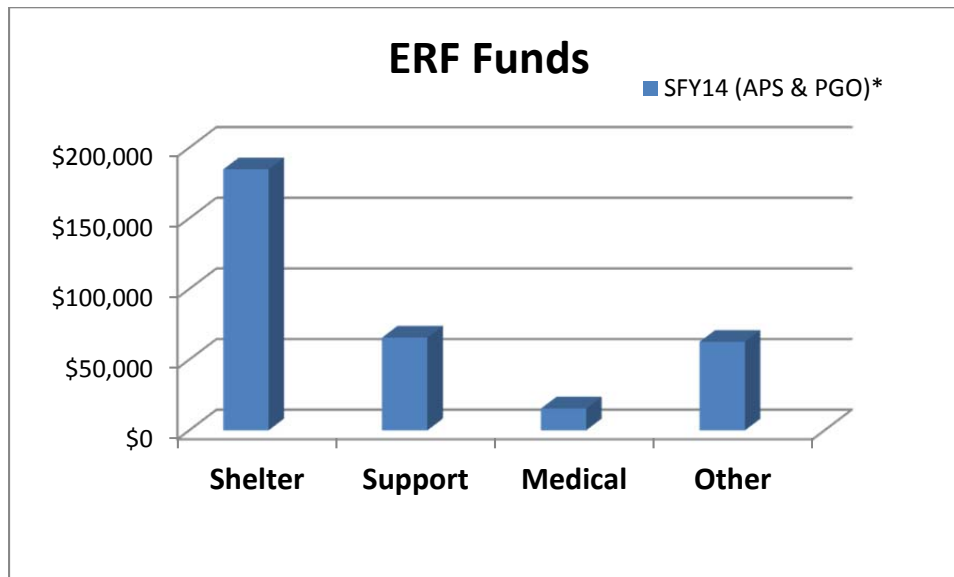


\*APS averaged 2,834 cases per month. Approximately 85% of all APS cases are investigations. The number of APS ongoing case management services declined from 503 in July, 2013 to 323 in June, 2014 due to the closure of many long term ongoing cases and fewer investigations placed into ongoing case management. Caseload data represents unduplicated cases (investigations and ongoing): active investigations are those investigations active during the month.



## APS Emergency Relocation Funds

The APS program receives \$400,000 each year from the legislature to provide emergency relocation services to individuals who need relocation from an abusive situation. Emergency relocation funds can be used either to relocate APS clients or DHS wards to safe places or to provide for their needs in an emergency situation to allow them to remain at home. The majority of funds (56%) were spent on shelter for clients. Utilities (i.e. electricity, gas, telephone, water, sewage, etc.) accounted for approximately 77% of the Support category expenditures. Expenditures included in the “Other” category, which accounted for almost 19% of ERF usage, paid for items such as heavy cleaning and home modification and repair that often are needed to address issue related to self-neglect cases.

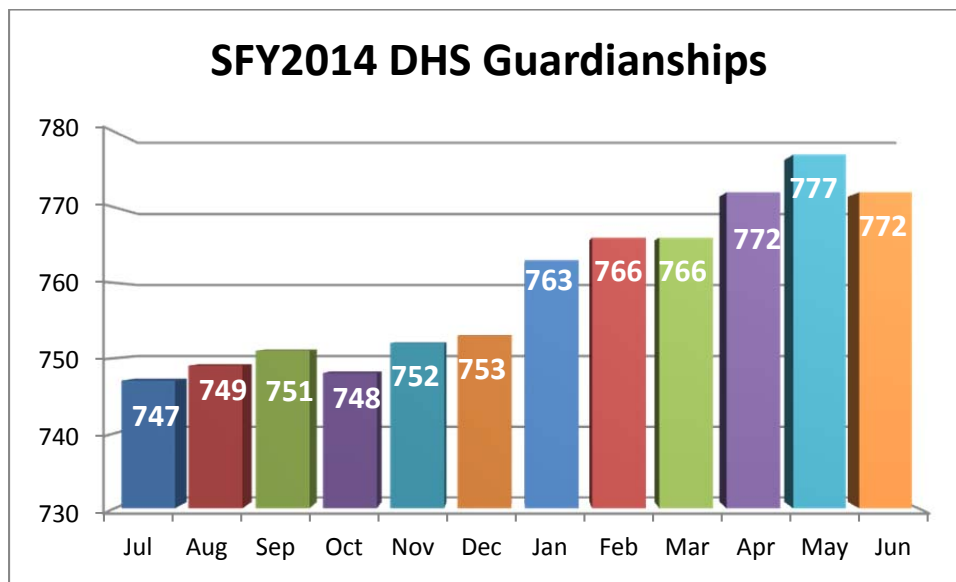


## Examples of Outstanding Accomplishments

- Development of an Abuse/Neglect/Exploitation (ANE) mobile device application.
- The APS State Office staff are active on national level (NAPSA) as members of the Research, Curriculum, Certification committees and on the Board of Directors as the SE Regional Representative for 10 states.
- APS has incorporated the 23 core competencies identified by NAPSA into the APS training curriculum .
- Georgia APS selected to participate in the development of the National Adult Maltreatment Reporting System (NAMRS).
- APS initiated collaboration with the Alzheimer’s Association and the University of Alabama to develop the first tool to assess financial capacity.

## Public Guardianship

The DHS Office of Public Guardianship (PGO) provides case management for incapacitated adults for whom the Department serves as Guardian of Person. Case management services include, but are not limited to, maintaining sufficient contact with the ward to know of the ward's capacities, limitations, needs, opportunities, and physical and mental health; making decisions on behalf of the ward with regard to the ward's support, care, education and welfare; and ensuring that the ward's current and future needs are met (O.C.G.A. §29-4-22). During SFY14, there were 853 guardianships active during this time period. Twenty six case managers manage an average of 28 cases per month.



## Examples of Outstanding Accomplishments

During SFY 14 PGO successes and future initiatives include:

- Two week-long trainings in 2014 for Case Managers and Supervisors
- Invited to Train Stakeholders, such as probate court judges and DAS APS
- Management Team Attendance at National Conference
- Two members of PGO staff on National Guardianship Association Board of Directors, one as immediate past president of organization
- New Policies for documentation timeliness, care planning, client fund handling, etc.
- Produced requirements for development of new data management system that will improve case management activities
- Participated in holiday donation program which provides clothing and gifts that promote a sense of worth and connectedness.

## Forensic Special Investigations Unit (FSIU)

**Vision:** ACTING to Protect At-Risk Adults

**Mission:** Support DAS, DHS and other partners, identify and address system gaps and develop process improvements to protect Georgia's at-risk adults from abuse, neglect, and exploitation.

**Core Values:**

**IMPACT:** We strive to positively **IMPACT** the lives of at-risk adults through systems change.

**INTEGRITY:** We practice **INTEGRITY** in all our actions as good stewards of the public trust.

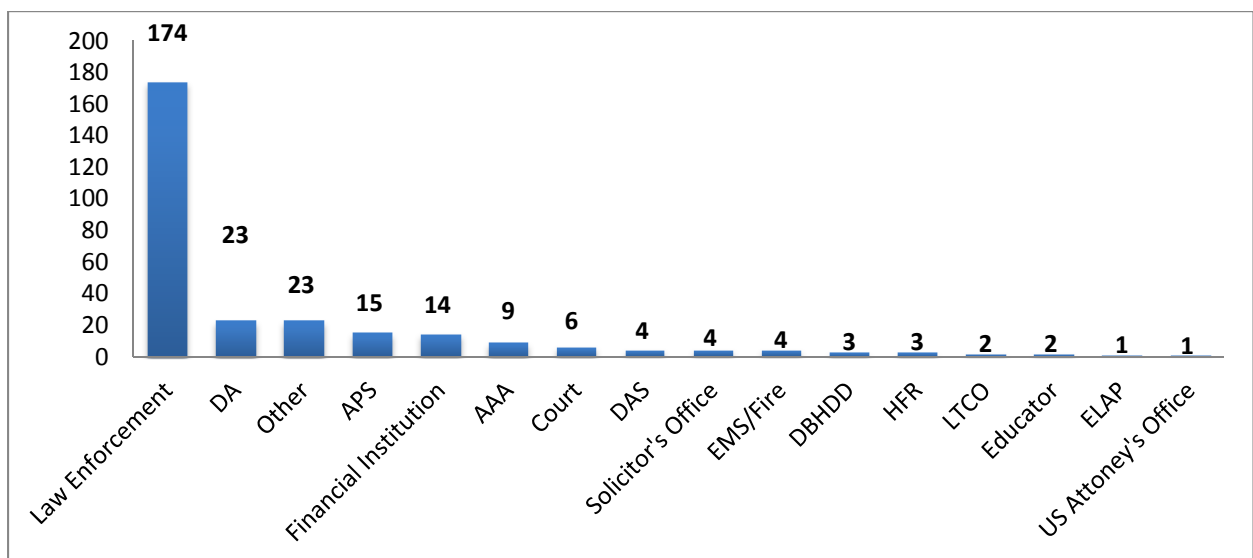
**INNOVATION:** We choose **INNOVATION** to address complex issues across multiple enterprises.

**ADAPTABILITY:** We achieve results through **ADAPTABILITY** in an ever-changing environment.

### FSIU Program Accomplishments for SFY 2014:

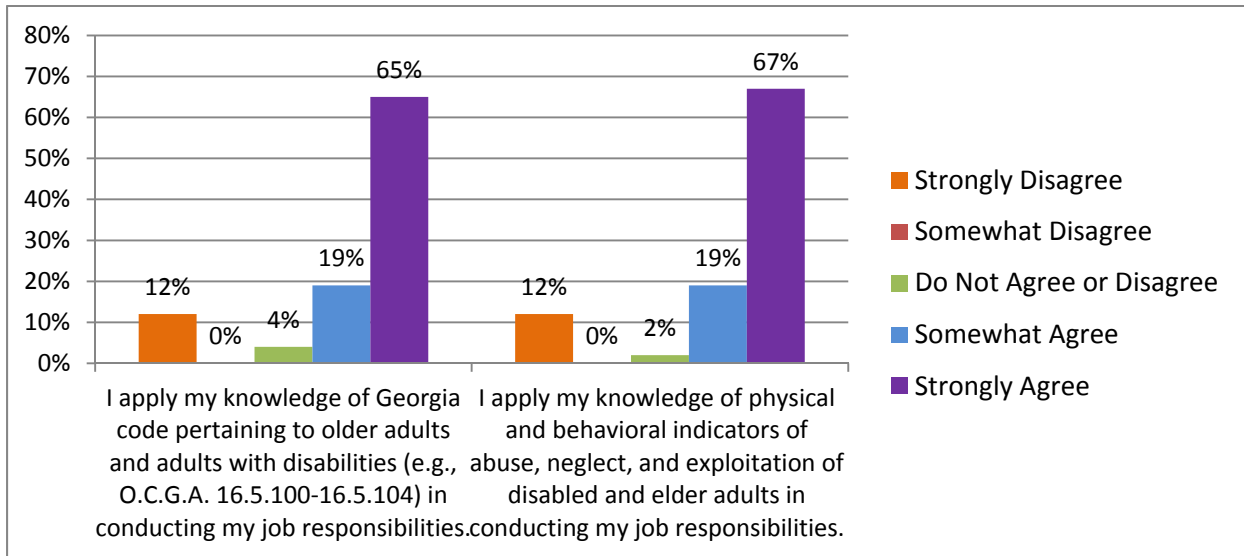
- In April 2011, FSIU deployed the At-Risk Adult Crime Tactics (ACT) Certification training program. ACT provides participants with basic knowledge and skills needed to respond to crimes involving the abuse, neglect and exploitation of older adults and adults with disabilities. During SFY 2014, 288 participants became certified ACT Specialists. A breakdown of ACT Specialists certified during SFY 2014 by professional discipline is presented in the chart below.

**Breakdown of ACT Specialists Trained in SFY 2014 by Discipline**



- Three questions were asked of participants before and after completion of the ACT training. 76% of questions were answered correctly in the pre-test. 97% of questions were answered correctly in the post-test showing a 20% increase in knowledge.
- ACT Specialists, who are primary or secondary responders to at-risk adult abuse, neglect, and exploitation receiving training in SFY 2014, received a survey 6 months after certification to gauge if the material has been applied in their work. Results are displayed in the chart below.

#### **ACT Specialist Primary and Secondary Responders Application of Knowledge in SFY 2014\***



\*Due to the 6 month space between the class and the survey, not all participants in SFY 2014 ACT classes have been surveyed at the date of this publication.

- At-Risk adult abuse, neglect and exploitation training/outreach was provided to over 4,874 people including the GA Chiefs of Police, GA Sheriff's Association, Prosecuting Attorneys Council of Georgia, GA Public Safety Training, GA EMS Personnel, Institute for Continuing Judicial Education, GA Police Accreditation Coalition, GA Domestic Violence/Sexual Assault Victim Advocates, GA Department of Behavioral Health and Developmental Disabilities, GA Healthcare Association, Texas APS Conference, other professionals and the general public. Videos available on the DAS YouTube channel reached 1801 individuals.
- Technical Assistance and Case Consultation/Review were provided to over 488 individuals with 33% of requesters being from law enforcement.
- As a result of training, Technical Assistance, and Case Consultation/Review, FSIU has been able to track outcomes on 14 law enforcement cases during SFY 2014. Of these 14 cases, 32 people were arrested and/or charged with 32 counts of abuse, neglect and/or exploitation, 20 counts of failure to make a report and 379 other charges including false imprisonment, racketeering, theft, identity theft, financial transaction fraud and others. Of these 14 cases, 6 involved prosecution ranging from probation to 15 years in prison followed by 20 years probation. These cases represent at least \$363,367 exploited from victims. In addition to these cases, FSIU has

received numerous communications from law enforcement crediting ACT training for assisting in cases. FSIU continues to request specific case outcomes to track the increase in these cases.

- FSIU continues to update and improve information on web portal to facilitate ACT registration and provide resources
- Two members of FSIU were selected to attend DHS Leadership Academy
- FSIU along with HFR provided assistance and support to GBI and local law enforcement agencies in the investigation of crimes involving licensed and possible unlicensed PCHs.
- FSIU continues to identify opportunities for collaboration. A few examples of collaboration in 2014:
  - GBI Working Group – FSIU co-facilitates
    - Legislative Committee – FSIU and criminal justice professionals identified possible items for legislative consideration
    - Model Protocol Committee – FSIU facilitated
    - Private/Public Funding Committee – FSIU facilitated
  - GA Multi-Departmental Forum – FSIU facilitates quarterly meetings
  - Emergency Relocation Team – FSIU co-facilitates development of multi-agency roles, processes and forms
  - Cobb County Elder Abuse Task Force
  - National APS Technical Assistance Team
  - Local Prosecutors – FSIU facilitated update of Prosecutor’s Guide to ANE
  - GA Alzheimer’s Association – FSIU assisted with the development of financial capacity screening tool and Android app for law enforcement/APS
  - Emory University School of Nursing – FSIU hosted graduate gerontology nursing students
  - Child Advocacy Centers – FSIU toured and reviewed as possible models for At-Risk Adult Advocacy Centers
  - One-day seminar: ANE of At-Risk Adults – FSIU co-hosted with GBI and PAC

# Section 7

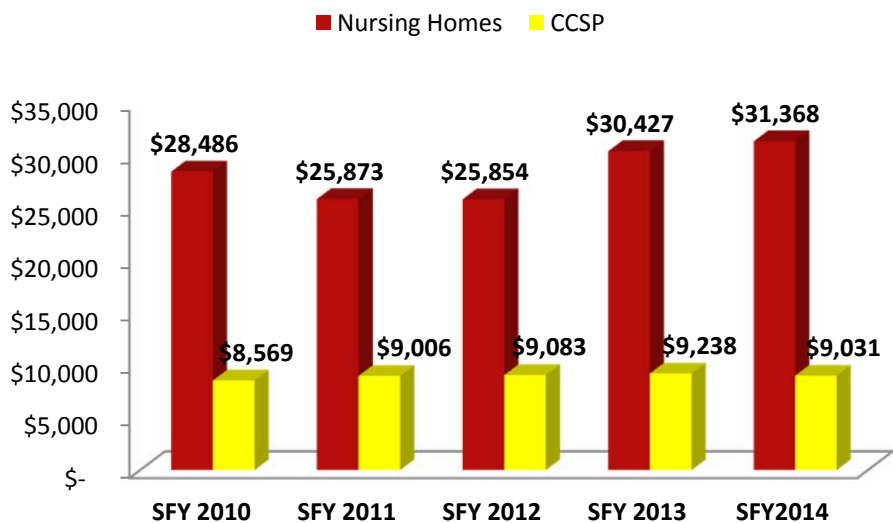
## Community Care Services Program

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

## Community Care Services Program (CCSP)

The Community Care Services Program (CCSP) has successfully served eligible elderly and physically disabled consumers in Georgia for 30 years. By providing home and community-based Medicaid services to consumers eligible for nursing facility placement, the CCSP gives consumers the choice of remaining in the community. Consumers are eligible for CCSP services in two categories. SSI Category is when a person does not receive Supplemental Security Income (SSI) and are eligible for medical assistance. The Social Security Administration takes applications for SSI. Medical Assistance Only (MAO) Category is when persons who do not receive cash benefits under the SSI program, but may qualify for medical assistance under another Medicaid category. The County Departments of Family and Children Services take applications for MAO. MAO participants may have to pay toward the cost of their services.

### Medicaid Dollars Spent/Per Consumer



The graph reflects the average CCSP client service benefits cost and does not include care coordination or administrative costs.

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

### Dollars Saved

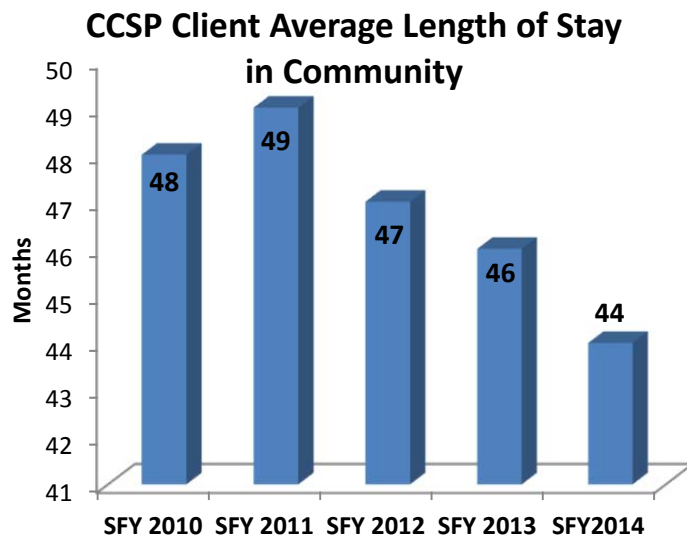
In SFY 2014 CCSP supported the choice of 14,145 Georgians to remain in the community, at less cost to Medicaid and effectively delaying or avoiding more expensive nursing facility placement.

CCSP saved taxpayers \$315,906 in SFY2014.

## Consumers Served

Forty-four percent of CCSP clients were 75 years of age or older; 21% were 85 or older, and 119 clients were age 100 or older in SFY2014. Twenty-five percent of consumers were under 60 years of age.

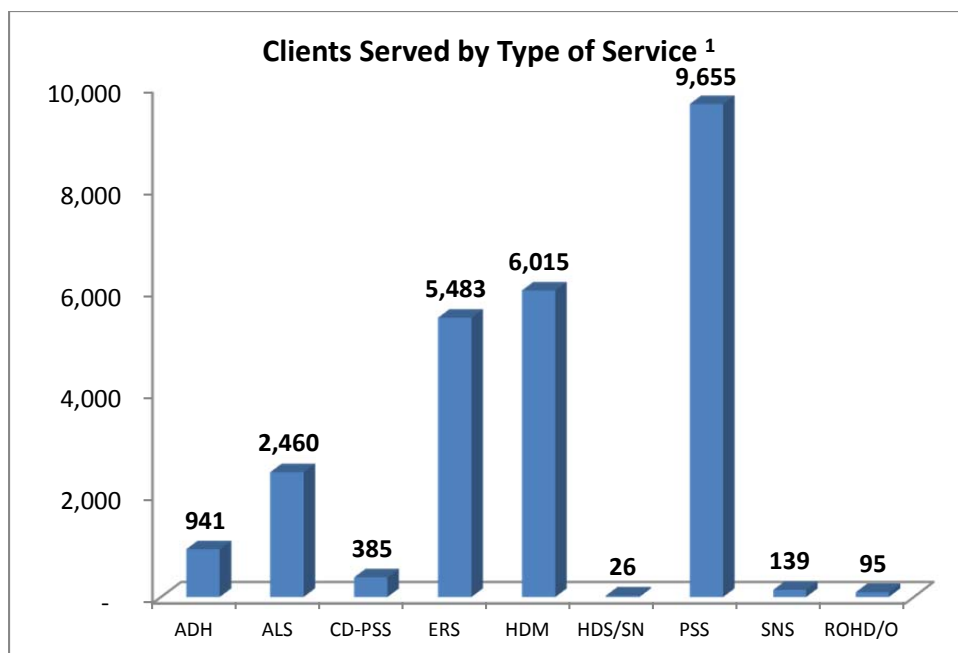
In SFY 2014, care coordination allowed clients' needs to be met so that the average consumer length of stay in the community was an additional 44 months, nearly four years.



## CCSP Services

- Adult Day Health (**ADH**) – health, therapeutic and support services in a day center
- Alternative Living Services ( **ALS-F** (2-6 beds); **ALS-G** (7-31 beds) – 24-hour personal care, health-related support services and nursing supervision in a licensed personal care home
- Emergency Response Services (**ERS**) – 24-hour electronic medical communication support system
- Home Delivered Meals (**HDM**) – meal delivery services
- Home Delivered Services (**HDS**) – Skilled Nursing Services (**SNS**) and personal support in the client's home
- Personal Support Services (**PSS, PSSX, CD-PSS**) – personal care, support, and respite services in the client's home. Some respite care is available for full-time caregivers. Eligible consumers may choose Consumer Directed Personal Support Services (CD-PSS) to hire and supervise their own worker(s), for personal care and in-home services.
- Out-of-Home Respite Care (**OHRC**) – temporary relief for the individual(s) normally providing care (service numbers are included in the PSS total in the graph below).

Seventy-three percent of CCSP clients use Personal Support Services. The service accounts for 70% of total CCSP expenditures. Alternative Living Services ranks second in expenditures (12%). Forty-two percent of CCSP clients use the Emergency Response Services (accounting for 1% of CCSP Medicaid expenditures).



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

#### **CCSP Success Stories SFY 2014**

*“I thank each and every one at this agency for getting help for my Mom. I’ve been trying over 11 to 12 months to get accomplished what your agency has in 1-2 months. Thanks.”*

**— Caregiver son, CCSP consumer  
Atlanta Regional Commission Area Agency on Aging**

*“CCSP gives me and my family peace in knowing all is well. They provide the best care by ensuring their providers are the best. My loved ones can work without worry. It promotes my independence because I know that someone is always available to assist with anything I need. The services have provided someone to assist with cooking, cleaning, bathing and good conversation.”*

**— 94 year old female consumer who receives PSSX and HDM  
Americus, River Valley Area Agency on Aging**

*“This program helps me stay clean, dressed and takes away a lot of burdens. The aide assists with my physical disabilities and is good company. It allows me to remain at home and transfer to my wheelchair so I can move around on my own.”*

**— 57 year old female consumer who receives PSS and HDM  
Woodland, River Valley Area Agency on Aging**

*“Through the assistance with CCSP I have been able to avoid admitting my mother to a nursing home, allowing her to maintain more of her independence. My mother does not have the finances that would allow her to go to assisted living, and would as a result have to be admitted to a skilled nursing facility . . . Through CCSP, she is able to have an assistant*



*come into the home a few hours a day and cook for her, assist in her personal care, shop for supplies, and provide transportation to doctor visits.”*

**— Caregiver daughter for female consumer, age 87, who receives PSSX, HDM and ERS  
Fort Valley, Middle GA Area Agency on Aging**

*“I love the CCSP Consumer Directed Care program. The program gives me the flexibility to control the care that my mom needs. The best part about the program is that I am in charge of the care and I do not have to touch any of the money, as the funds are handled by the fiscal agent.”*

**— Female consumer age 80 who receives CD-PSS  
Warner Robins, Middle GA Area Agency on Aging**

*“It is our pleasure to write regarding the CCSP program and how it has allowed our family to have peace of mind that our mother is safe, secure, and treated with dignity and respect during the golden years of her life. It would literally take us days to express our appreciation to the State of Georgia for providing funding for these types of programs and we pray that any individual who has reached this stage in life can receive back as much or more than they have given.”*

**— Caregiver Daughter for female consumer age 86, who receives PSSX and HDM  
Monroe, Northeast Georgia Area Agency on Aging**

*“She relies on CCSP case manager to help her with referrals to GA Cares, assist in getting information to the Division of Family and Children Services on yearly Medicaid reviews, durable medical equipment referrals and coordination of outside services from home health.”*

**Female consumer age 67, who receives HDM, ERS and PSSX  
Commerce, Northeast Georgia Area Agency on Aging**

# Section

## 8

### Older Americans Community Service Employment Program

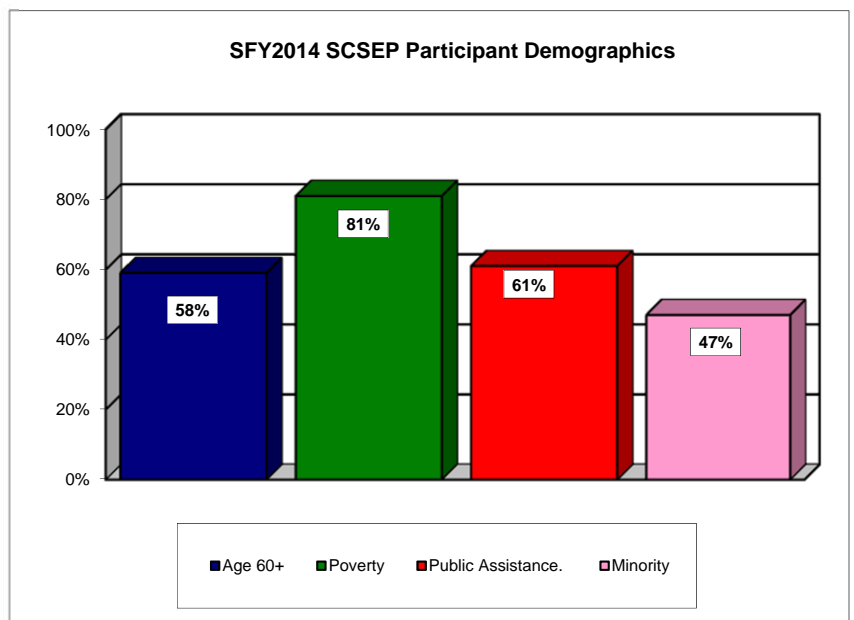
The Senior Community Service Employment Program (SCSEP) is a program of the United States Department of Labor (DOL), its Employment and Training Administration, to help more senior citizens get back into or remain active in the labor workforce.

Georgia's program is administered by the Georgia Division of Aging Services. It is a community service and work-based training program through job skills training and employment assistance with an emphasis on getting a job with a suitable company or organization. The worker is paid the US minimum wage, or the prevailing wage, for an average of 20 hours per week, and experiences on-the-job learning and newly acquired skills use. The intention is that through these community jobs, the older worker will gain a permanent job, not subsidized by federal government funds.

## The Senior Community Service Employment Program

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

### Persons Served



- Although participants can be as young as 55 years of age, 59% were over age 60.
- Eighty-one percent (81%) of persons enrolled had incomes below the federal poverty level.
- Sixty-one percent (61%) of current enrollees were receiving public assistance.
- Forty-seven percent (47%) of enrollees were minorities (compared to 40% nationally).

## Examples of Outstanding Accomplishments

The U. S. Department of Labor (DOL) establishes indicators for each state to measure the SCSEP program performance. The performance indicators measure six performance categories. In Program Year 2013, Georgia exceeded or came close to achieving the DOL targets:

- **Community Service goal**: This measure reports the number of hours of community service provided by the SCSEP program. For PY 2013, the DOL target goal for Georgia was 75% (participants should provide a minimum of 75% of the total community service hours funded by the DOL for Georgia). Georgia achieved 56%.
- **Entered Employment goal**: This measure reports the rate of participants who exit the program because they obtained employment, compared with those who exited for other reasons. The DOL target rate for GA for PY 2013 was 35.3% (35.3% of all participants who exit the program did so because they entered employment). Georgia exceeded this goal with a 47.3% “entered employment rate”.
- **Employment Retention Rate goal**: This measure reports the rate of participants who retain employment for at least six months after their work start date. The DOL target goal was 75% (75% of all participants who found employment in a given quarter retained their employment for at least six more months. Georgia fell short of this goal with 68.6% employment retention rate.
- **Service Level goal**: The service level goal shows the per cent of enrollment in Georgia’s 194 authorized SCSEP positions for PY 2013. The DOL goal for Georgia was 152.4% enrollment. Georgia fell short of that goal with 138.7% enrollment.
- **Earnings goal**: DOL sets this goal to determine the average earnings of participants who enter and retain employment for three quarters after their exit. The DOL average earnings goal for Georgia for PY 2013 was \$6,739.00. Georgia’s average earnings exceeded the goal, with \$6,895.00.
- **Most-in-Need goal**: The most-in-need measure reflects the average number of employment barriers a participant faces, such as disability, veteran status, age 65 or older, limited English proficiency, or low literacy skills. DOL requires that participants with these employment barriers be given priority as “most-in-need” participants. Georgia achieved an average number of 2.59 barriers, which exceeds the DOL goal of targeting individuals with 2.51 or more barriers.

## Community Benefits

Participant training wages contribute to the local economy and reduce their dependence on public benefits programs. Participants provided 116,713 hours of service to community organizations, including 44,938 hours of service to organizations that serve older adults. Thirteen percent (14%) of Program Year 2013 participants were individuals with disabilities. Twenty-eight percent (25%) of participants were homeless or at risk of homelessness at time of enrollment.

## **Challenges and Directions for the Future**

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

- SCSEP grantees and sub-projects will continue to strongly encourage participants to become more marketable by utilizing all available resources within the residing county or nearby urban counties. This will support participants who may have job opportunities but are not meeting the requirements for available positions.
- Job availability information will be provided to participants by weekly linkage to available job openings through “JobReady” announcements and other online job search websites.
- SCSEP grantees and sub-projects will enroll participants in monthly workshops at One Stop locations.
- Goodwill Success Centers will develop “Job Clubs” with outside business participation to promote hiring.
- SCSEP grantees and sub-projects will use media sources such as TV/Cable commercials and PSAs to promote SCSEP and appeal to high-growth businesses in the urban areas such as medical, social, retail and hospitality, insurance and finance.
- Over the next three years, economists anticipate development and business growth connected with Alabama and the districts along the river area dividing Alabama and Georgia. The majority of jobs will be in hospitality, retail and administrative support, which in the Columbus area is a close match to the skilled training received at the majority of host locations.
- SCSEP providers will build connections with private businesses to explore utilization of OJE with job ready participants to enhance unsubsidized employment obtainment.
- SCSEP grantees and sub-projects will distribute SCSEP brochures in Spanish, Korean, and Vietnamese to community organizations that serve diverse populations.
- SCSEP grantees and sub-projects will continue job development, with the help of the Participant Assistants, to seek out unconventional job opportunities.

## **SCSEP Success Stories**

- A participant entered the SCSEP program on June 09, 2014. He was recently released from jail and was having difficulty finding a job with decent pay. He desired to be 100% self-sufficient but with a criminal record this was a huge challenge. He was quickly placed at a non-profit agency to help sharpen his skills and gain additional training. Four months later, he decided to take

advantage of his off-site training hours and take a test for emission testing. He was extremely nervous about the test because he said that tests were not his “forte” and there was a ton of information he had to learn. A week later, we found out that he passed the test with flying colors. Due to him passing the test, he was immediately hired by an auto emission and repair company. He loves his job and continues to stay in touch with Three Rivers Area Agency on Aging.

- A participant enrolled in the SCSEP program after being evicted from his home. He had not worked in five years. Assigned as a custodian at a medical center, the participant excelled at his assigned duties, prompting his supervisor to describe him as “one of the hardest working people I have ever seen.” When he learned he was enrolled in SCSEP and assigned to an important training site, the participant burst into tears and stated, “After five years without a job I thought nobody would give me a chance, but now I have a chance to go to work and prove what I can do.” The SCSEP’s supportive services program also helped the participant find subsidized housing.
- Amy had been out of the workforce for 9 years. She had stayed home to care for her ill husband and when he passed she was depressed and alone. She moved to Dalton from the Midwest and found that she needed help. She had no money, knew very few people, and didn't know where to turn. She found Mercy Care’s information at the local Department of Labor and called. She entered the program in January of 2013 and was placed in the Department of Labor to learn about customer service, computer operation, job search, and interviewing. Her accelerated learning ability and tendency to get bored when there was a lull enticed her to ask about training as a job developer for Mercy Care. With input from the DOL Manager and reference with the IEP, she was reassigned to Mercy Care as a job developer in March of 2014. She again excelled in her learning process and her skills acquisition. With typing time and accuracy testing and practice she improved her typing skills and with programs on [gcflearnfree.org](http://gcflearnfree.org) she improved her overall computer skills. She not only improved the office and clerical skills but also did some activity planning and group presentations for the Adult Day Health Program for Mercy Care. She was encouraged to apply at Rosswoods Adult Day Health Program and got an interview the first try. Just before the interview, Mercy Care (the host) learned that the ADH Coordinator was leaving for another position and the Manager asked Amy if she would be interested in the position. Then she had two interviews! Amy decided to take the position at Mercy Care full time for 9.50 per hour with full benefits and is doing very well. She has brought new ideas and fresh activities to the program and is a tremendous asset to her new employer.

# Section 9

## Georgia Fund for Children and Elderly

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

## Georgia Fund for Children and Elderly

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

Income tax check-off donations received between 2010 and 2014 are shown below.

