

State of Georgia



State Plan on Aging FY 2004-2007

Department of Human Resources
Division of Aging Services

State of Georgia



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State Plan Amendments

For

Older Americans Act Amendments of 2000

I, the undersigned, affirm and give the assurances required by sections 305, 306, and 307 of the Older Americans Act, as amended in 2000 (P.L. 106-501)

_____ Date _____

Maria Greene, Director
Division of Aging Services

_____ Date _____

Jim Martin, Commissioner
Department of Human Resources

_____ Date _____

Sonny Perdue, Governor
State of Georgia

Verification of Intent

The State Plan on Aging for Fiscal Years 2004 through 2007 is hereby submitted for the State of Georgia. The plan covers the period October 1, 2003, through September 30, 2007. It includes all assurances and plans to be conducted by the Department of Human Resources (DHR) Division of Aging Services under the provisions of the Older Americans Act, as amended, during the period identified. The State Agency named above has been authorized to develop and administer the State Plan on Aging in accordance with all requirements of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the State.

This State Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the State Plan upon approval by the Assistant Secretary on Aging.

The State Plan on Aging for Fiscal Years 2004 through 2007 hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

(Date) _____ (Signed) _____
Director Maria Greene,
Division of Aging Services

(Date) _____ (Signed) _____
Commissioner Jim Martin,
Department of
Human Resources

I hereby approve the State Plan on Aging and submit it to the Assistant Secretary on Aging for approval.

(Signed) _____

(Date)

Perdue, Governor
State of Georgia

Sonny

Certification of Maintenance of Effort

CERTIFICATION OF STATE RESOURCES EXPENDED UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED, TO MEET THE REQUIRED LEVEL OF MAINTENANCE OF EFFORT DURING FISCAL YEAR 2003.

STATE: GEORGIA

I, the undersigned, certify that the State resources expended to meet the maintenance of effort required by Title III of the Older Americans Act, under the approved State plan, for the period of October 1, 2003 through September 30, 2007 is \$ 465,380.

This amount is (check one)

() Less than the required level of maintenance of effort.

(**X**) Equal to the required level of maintenance of effort.

() More than the required level of maintenance of effort.

Maria Greene, Director
Division of Aging Services

Date

Section I

Introduction

State agencies on aging administering funds under Title III and VII of the Older Americans Act of 1965, as amended, are required to develop and submit to the Assistant Secretary on Aging a State plan for approval under Section 307 of the Older Americans Act. The Division of Aging Services has adopted a four-year State Plan on Aging for the period extending from October 1, 2003 to September 30, 2007. The Plan provides specific information concerning:

The allocation and impact of Title III and Title VII funds for services to the elderly in the State of Georgia;

A description of the coordination of Older Americans Act programs, services and initiatives with community organizations, agencies and resources in the State of Georgia;

A demographic profile of Georgia's elderly; and

Program assurances as required by the Older Americans Act.

The State Plan is based, in part, on area plans developed by the 12 Area Agencies on Aging within the State designated under Section 305. These area plans were developed from a uniform format developed by the State agency, in coordination with the Area Agencies.

In administering, managing and coordinating programs and services for the elderly in Georgia, the Division of Aging Services (DAS) assures that preference will be given to the provision of services to older individuals with the greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, and individuals living in rural areas.

This four-year plan provides specific information on the aging network which includes services available to Georgia citizens, distribution of funds to support services for the elderly, challenges and future directions to meet the demands that confront Georgia's elderly and the system of services to assist elders and their families.

In addition to incorporating data from the individual area plans, the State Plan on Aging is based on recommendations and information received from a variety of sources. Community and consumer involvement was obtained through a variety of public forums, public hearings and meetings held during the year. Also, the State Plan incorporates information gathered through contacts with senior citizens, interested individuals and groups, public and private service programs, data generated internally, and planning activities over the past four years.

This document serves as a blueprint governing the future path of aging services within the State. The plan reflects the areas of need expressed by elderly Georgians and their families, advocates, and agencies serving the elderly. The needs expressed by these stakeholders are shaping the future course of programs and services provided.

A wide array of services is offered through Georgia's Aging Network. The Division of Aging Services fully complies with the requirements of the Older Americans Act to insure that services are properly and effectively administered to meet the needs of Georgia's elderly population.

Georgia's Aging Network

Division of Aging Services

The Division of Aging Services (DAS) provides state leadership, manages contracts with lead agencies, administers federal and state funding, and provides programmatic direction, regulations/guidelines, quality assurance and training. DAS continuously seeks to improve the effectiveness and efficiency of the services provided to older adults and their families through the development of a comprehensive delivery system. DAS is the State Unit on Aging (SUA) and as such it is:

- A state organizational unit designated by the Governor;
- Responsible for statewide planning, program development, training and technical assistance, advocacy, coordination, programmatic and fiscal monitoring and evaluation, oversight and administration of area plans;
- Responsible for the development of an Intrastate Funding Formula used to allocate federal Older Americans Act and state funding to Area Agencies on Aging (AAAs);
- Responsible for the development and promulgation of additional necessary state policies and procedures; and
- Responsible for the designation of planning and service areas (PSAs) and AAAs.

Mission

DAS and the Aging Network will assist older individuals, their families, and caregivers to achieve safe, healthy, independent and self-reliant lives.

Vision

Older Georgians living longer, living well

Values of the Division

- **Strong Customer Focus:** We are driven by customer, not organizational, need. Our decisions involve our customers and include choice.
- **Positive Work Environment:** The Division maintains a learning environment with opportunities to increase professional growth, knowledge, and stimulate creative thinking. We share a sense of family.
- **Accountability and Results:** We are good stewards of the trust and resources that have been placed with us. We base our decisions on data analysis and strive for quality improvement.
- **Teamwork:** Teamwork is the way we do business. Our decision-making is shared and everyone's opinion counts and is valued. From teamwork comes innovation, creativity, and opportunity. We are a "can do" group that gets things done.
- **Open Communication:** Communication is the lifeblood of organizations. Ours is open, two-way and responsive. We listen to our customers and partners and provide them accurate, timely information.
- **A Proactive Approach:** We anticipate the needs of our customers and advocate on their behalf.
- **Dignity:** We respect our intrinsic self-worth and that of all people.
- **Our Workforce:** Our workforce is this organization's best asset. We respect one another and treat one another with fairness and equity.
- **Trust:** We are honest with one another and with our customers. Integrity underlies what we do and who we are.
- **Diversity:** We value a diverse workforce because it broadens our perspective and enables us to better serve our customers.
- **Empowerment:** We believe in self-determination for our customers. We support

the right of our customers and workforce to make choices and assume responsibility for their own decisions.

The Division of Aging Services is made up of four functional sections: Elder Rights and Advocacy, Community Care Services, Planning and Evaluation, and Program Development and Operations. The manager of each section reports directly to the Division Director.

As the state agency responsible for programs and services for the elderly, the Division continuously seeks to improve the effectiveness and efficiency of services provided to the elderly. The Division has adopted Continuous Quality Improvement (CQI) techniques for the development of its internal strategic planning process and program management. This internationally acclaimed management approach has been effectively utilized throughout the Department of Human Resources and within the Division of Aging Services as a grass roots methodology for assessing the priorities and needs of the statewide community and for improving current administrative processes. The Division also uses the Baldrige Award criteria to ensure the quality and effectiveness of services.

Area Agencies on Aging

Twelve Area Agencies on Aging (AAA) are identified by DAS by geographical boundaries. All community based services for older adults are coordinated through these agencies. The AAAs are responsible for the quality of services through contractual arrangements with service providers, and for monitoring their performance. The AAA is responsible for:

- Local planning, program development and coordination, advocacy, monitoring, area plan administration, and resource development;
- Developing the Area Plan on Aging, which must: identify the needs of older persons in the area; evaluate existing services and gaps; develop objectives and priorities; and identify the services which will be provided to meet the needs of older adults and their caregivers;
- Developing contracts through local provider agencies using a competitive procurement process, except that non-profit AAAs may request a waiver from the Division to provide services directly;
- Working with local business and community leaders, the private sector and local elected officials to develop a comprehensive coordinated service delivery system; and
- Establishing and coordinating the activities of an advisory council, which will provide input on development, and implementation of the area plan; assist in conducting public hearings; review and comment on all community policies, programs and actions affecting older persons in the area.

Other Area Agency functions and responsibilities include:

The Area Agency conducts annual evaluations of all programs and services provided through the contracting process. An important part of the process is reviewing the

established goals and objectives of the services provided and determining the status of each one.

Area Agencies are effective advocates for the needs of the aging population. Usually a designated staff member participates in the Coalition of Advocates for Georgia's Elderly (CO-AGE) to discuss issues, develop action steps, educate consumers about issues affecting the elderly and their caregivers, and provide information to elected officials. The Agencies also endorse the Senior Week at the Capitol and offer administrative and logistical support. This activity not only educates legislators on local needs but also gives participants an opportunity to observe government in action. Although the Silver Haired Legislature is no longer an activity sponsored by the Division of Aging Services, the Area Agency supports the delegates through facilitating elections, providing staff support, through training, and involving delegates in regional activities. These activities yield a better-educated consumer, trained advocates and informed legislators, who will in turn bring about positive change for older Georgians.

A listing of Area Agencies on Aging within the State of Georgia is provided at Appendix A. Chart 1-3 shows the geographical boundaries of the Area agencies on Aging within the State of Georgia.

Direct Service Providers

Direct service providers to older adults and people with disabilities:

- Deliver services funded by various sources such as the Older Americans Act, Medicaid, Social Services Block Grant and state and local funds;
- Collect data and submit appropriate programmatic and fiscal reports to the AAA, using the required forms/formats;
- Submit to the AAA updated proposals for service delivery on the basis determined by the procurement process; and
- Advocate for the elderly.

Georgia Council on Aging

The Georgia Council on Aging's primary mission is to serve in an advisory capacity to the Governor, the General Assembly, The Board of Human Resources, and all other state agencies on aging issues, and to advocate with and on behalf of aging Georgians and their families to improve their quality of life. CO-AGE (Coalition of Advocates for Georgia's Elderly) is convened by the Georgia Council on Aging. The CO-AGE Committee, which is comprised of members of the Georgia Council on Aging, serves as liaison between the Council and the CO-AGE network. CO-AGE is a forum through which the concerns of older Georgians are identified and addressed. CO-AGE is a diverse coalition, comprised of both consumers and providers from throughout the

state. The Coalition is based on voluntary participation, with almost 300 organizations and individuals actively participating. Quarterly meetings are held at different locations around the State. The Council on Aging supports collaboration among all departments and councils of the State, not just in the interest of the elderly but also to prepare persons of all ages for long life.

Advocates

The Aging Network is working to increase the level of advocacy on behalf of Georgia's elderly. Through Area Agencies on Aging, meetings are held for seniors to talk with and educate their elected officials. Newly elected local officials are oriented about aging issues, and advocates help educate the community about aging concerns.

Older Consumers and Their Families:

Older Georgians and their families are both recipients of services and key stakeholders in the network. Their voices help shape the aging agenda, and these individuals are primary spokespersons for the Aging Network.

Chart 1-1 on the following page illustrates the Aging Network. Chart 1-2 is the organization chart for the Georgia Department of Human Resources.

Chart I – 1
Georgia's Aging Network

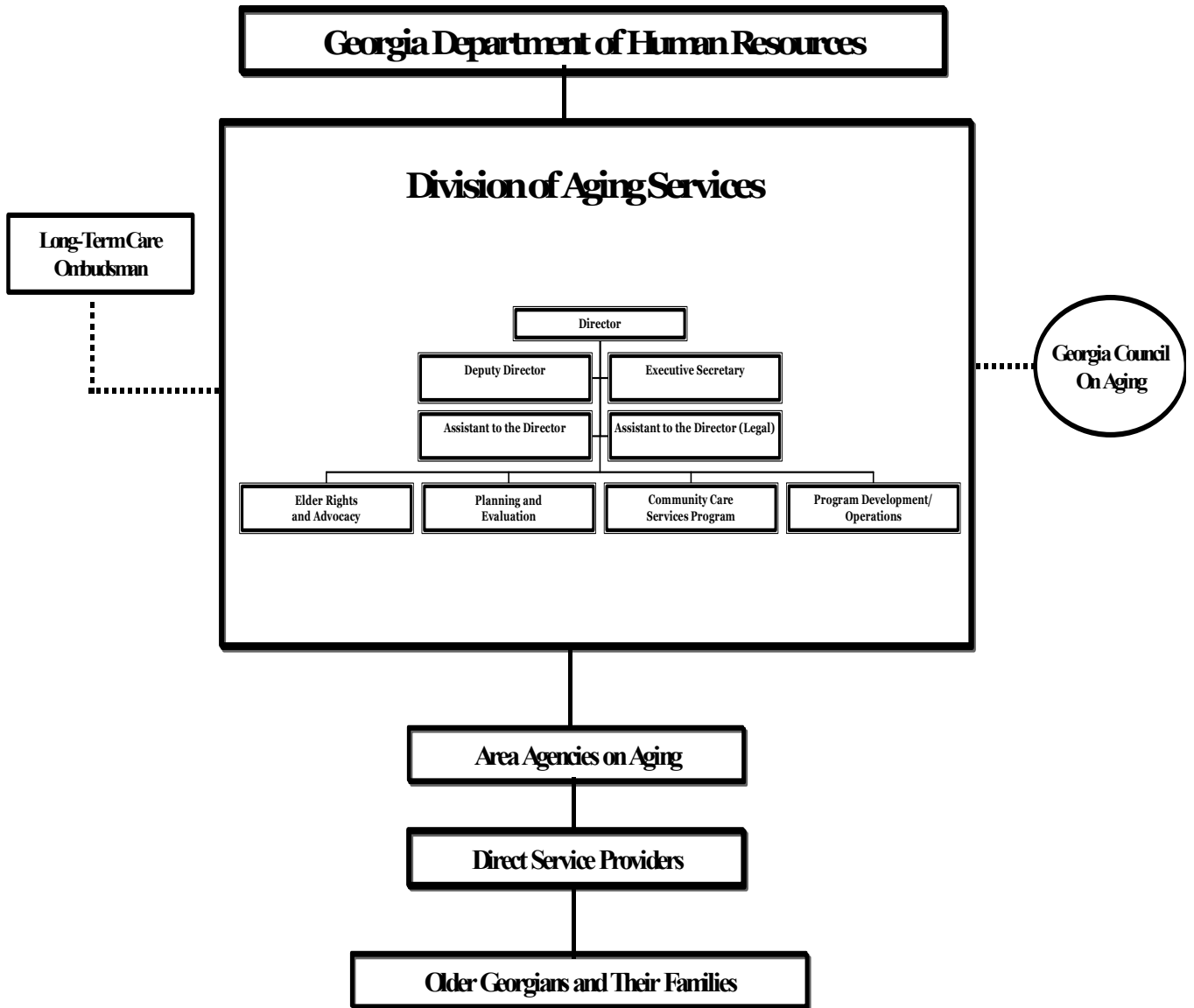


Chart I - 2

Georgia Department of Human Resources
Organization Chart

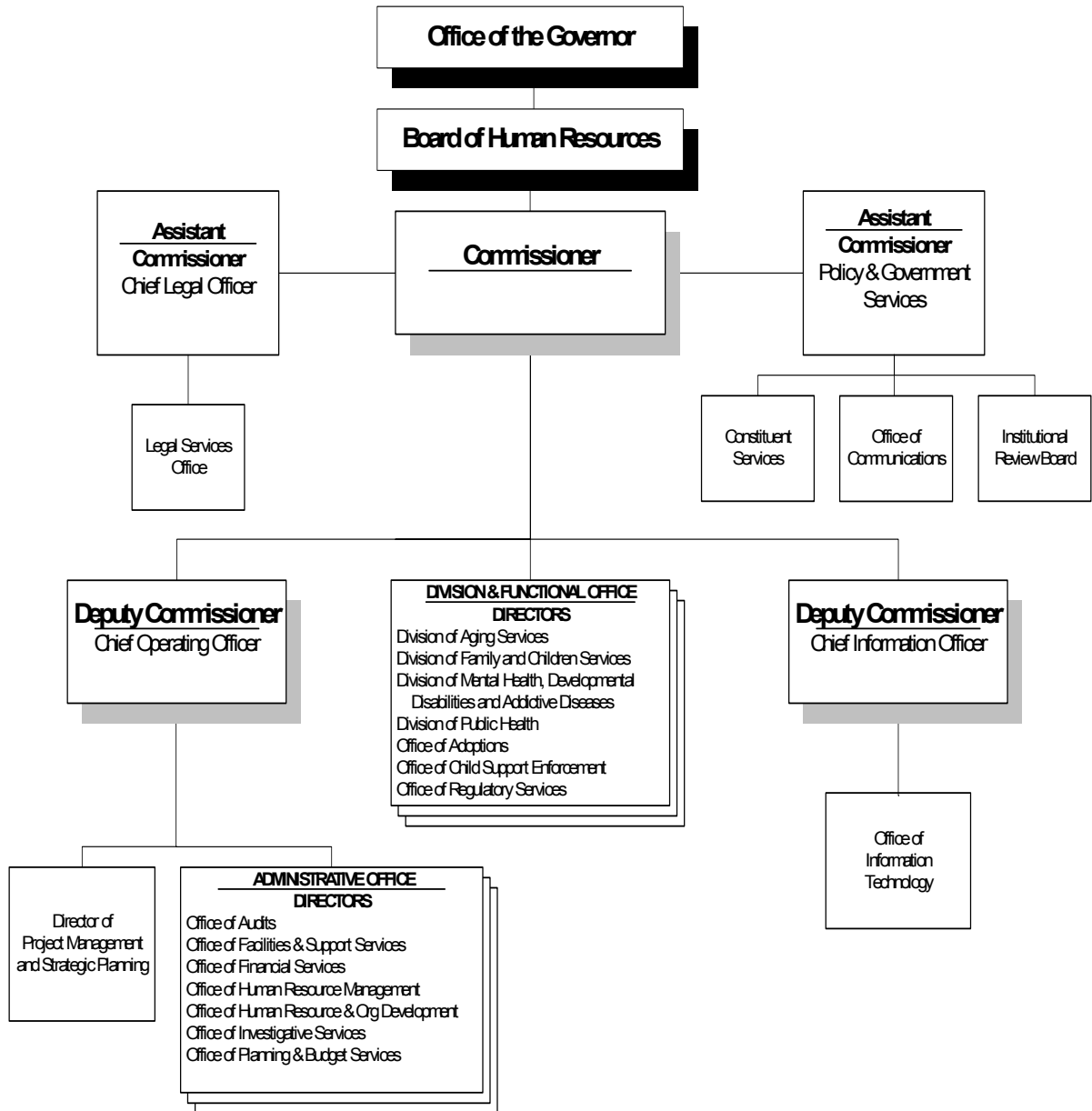
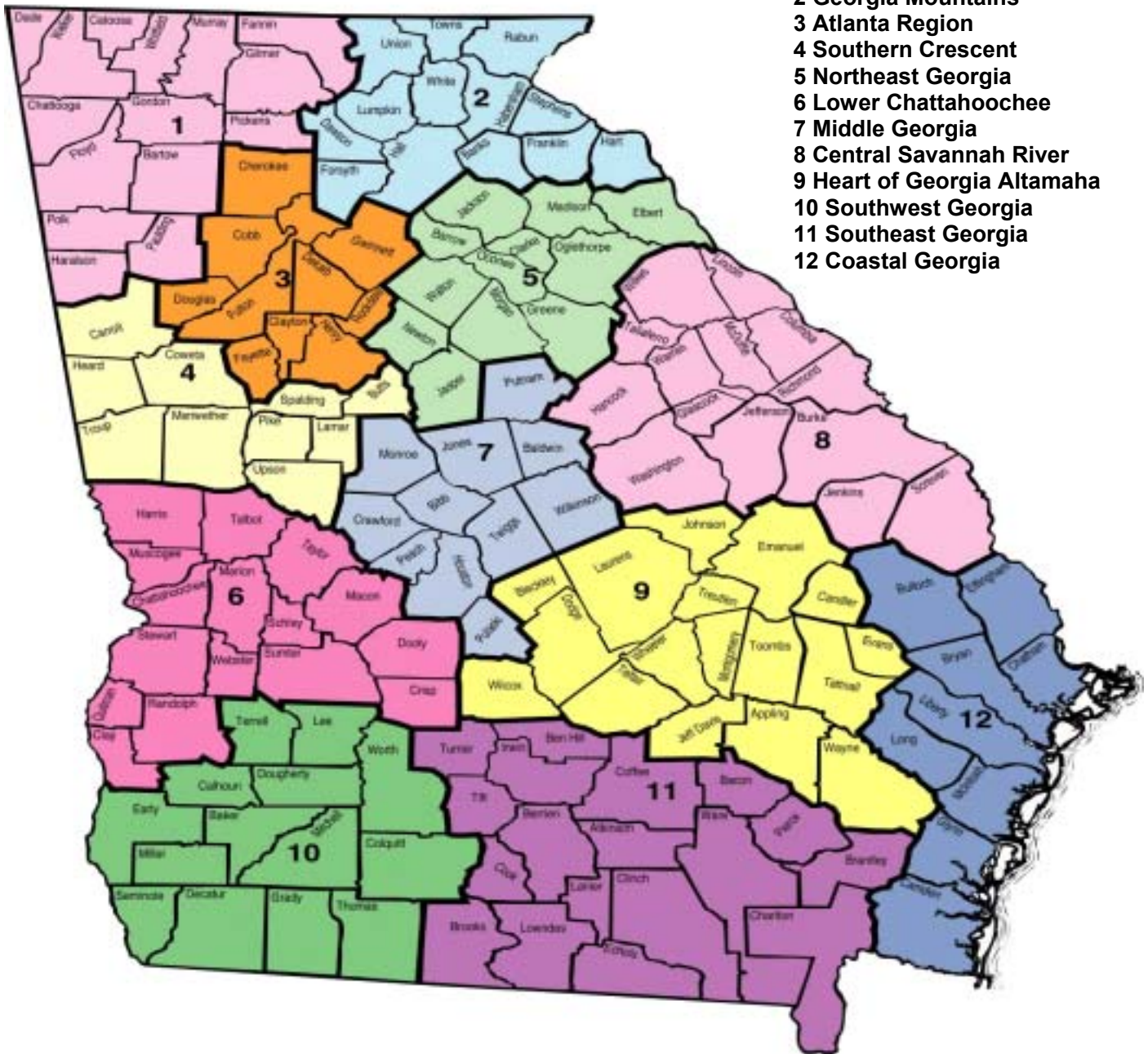


Chart I - 3

Division of Aging Services Planning and Service Areas

- PSA
- 1 Northwest Georgia
 - 2 Georgia Mountains
 - 3 Atlanta Region
 - 4 Southern Crescent
 - 5 Northeast Georgia
 - 6 Lower Chattahoochee
 - 7 Middle Georgia
 - 8 Central Savannah River
 - 9 Heart of Georgia Altamaha
 - 10 Southwest Georgia
 - 11 Southeast Georgia
 - 12 Coastal Georgia



Section II

The Planning Process

Georgia law, Official Code of Georgia Annotated (O.C.G.A.) 45-12-73 and 45-12-175, provides for state and Department Strategic Plan development. While the State Strategic Plan guides the overall work of state government, agency plans guide the unique work of individual organizations that make up state government.

Objectives of the strategic planning process are:

- Incorporate the strategic plan into the overall management process of DHR;
- Identify Department priorities relating to service delivery, IT initiatives and workforce needs;
- Identify strategies in which DHR Divisions and Offices can collaborate to meet stated Department Goals and Objectives;
- Develop key measures to evaluate progress/success in achieving DHR's strategic goals and objectives;
- Identify opportunities to leverage current and future resources to maintain or expand program coverage; and
- Comply with planning mandates contained in State laws and regulations.

The Division of Aging Services (DAS) employs the following as leading principles in the strategic planning process:

Performance Indicators

Performance information can help address a number of questions such as whether programs are contributing to their stated goal, well-coordinated with related initiatives at the state level or program level, and targeted to those most in need of services or benefits. It can also provide information on what outcomes are being achieved, whether resource investments have benefits that exceed their costs, and whether program managers have the requisite capacities to achieve promised results. Performance expectations are expressed in Georgia's Aging Network through the Division of Aging Services' agency plans, results measures, goals and objectives, the use of government performance and reporting criteria, and public input.

Government Performance and Results Act (GPRA)

GPRA requires federal agencies to develop performance plans and set specific, measurable outcomes for their programs to achieve. Through annual performance reports, these agencies provide detailed information on their progress in meeting these objectives. Congress now uses this GPRA information to support its decisions on appropriation levels and reauthorization of programs.

The Administration on Aging (AoA) has initiated an effort to develop and field-test a core set of performance measures for state and community programs on aging operating under the Older American Act (OAA). Entitled the Performance Outcomes Measures Project (POMP) this initiative helps State and Area Agencies on Aging address their own planning and reporting requirements, while assisting AoA to meet the accountability provisions of the Government Performance and Results Act (GPRA).

Georgia has participated in three of the four years of the POMP evaluation (1999-2002). Leaders in the Division selected three domains for testing in Georgia: Caregiver, Home Care, and Nutrition (Congregate Meals and Home Delivered Meals). The Performance Outcome Measures Project provided good insight into those things the Division was doing well, and where improvements could be made. One important outgrowth of the project will be the evaluation and possible integration of the Home Care Satisfaction Instrument for use in the Home and Community Based Services Program.

Appendix D lists the POMP surveys and results conducted in Georgia.

Budget by Program

The new State of Georgia is moving to Budgeting by Program from a Zero Based Budget approach. This process will yield greater accountability and visibility for each program in the state. SFY 2004 will be the first year in which this methodology will be used. A strong emphasis will be placed on each and every program being able to justify its contribution to improving client outcomes.

Agency Operational Plans

Components of the Division of Aging Services' Operational Plan align with the Department of Human Resources' Strategic Plan. Operational goals and objectives are developed which address targets to be accomplished in order for each office to progress towards the DHR vision and fulfill its statement of purpose. The operational objectives are specific, quantifiable targets that measure the accomplishment of a goal over a specified period.

HOSHIN Planning

HOSHIN can be translated as policy, planning, and deployment, or management by policy. It is a planning system that points the organization in the right direction, with a strong focus on setting organizational targets together with the means to reach the targets. The HOSHIN approach ties the organization together with a common sense of purpose and shared values and is currently being used by the Division to ensure that data are available and data are used.

The Division of Aging Services began implementation of its HOSHIN plan to “Manage the Aging Network Using Data” in January 1998. As part of the HOSHIN, the Division, in partnership with Area Agencies on Aging (AAAs) and providers, developed a series of Results, Standards and Measures (RSMs) for services and programs. The RSMs provided a framework for measuring inputs, outputs and outcomes of services.

BALDRIGE- Assuring Performance Excellence

The Division has embraced the Baldrige award criteria¹ for performance excellence. The division sets high expectations, values employees and their input, communicates clear directions, and aligns the work of everyone to achieve organizational goals and optimize performance. The Baldrige criteria for performance excellence are built upon a set of eleven core values and concepts that are critical for successful organizations of any size and in any sector. They are the foundation for integrating key business requirements within a results-oriented framework that creates a basis for action and feedback. These core values and concepts are outlined below.

- Customer-Driven Excellence;
- Visionary Leadership;
- Organizational and Personal Learning;
- Valuing Employees and Partners;
- Agility;
- Focus on the Future;
- Managing for Innovation;
- Management by Fact;
- Public Responsibility and Citizenship;
- Focus on Results and Creating Value; and
- Systems Perspective.

DAS leadership uses a cross functional team approach to integrate continuous improvement of processes and outcomes throughout the aging network.

¹ Created by Congress in 1987 in honor of the late Secretary of the Department of Commerce, Malcolm Baldrige, the criteria are based on the management practices of the world’s best performing companies. These criteria are continually evaluated to assure that they drive achievement of high levels of performance, productivity, and customer satisfaction.

Management and Analysis Plans (MAPS)

The Budget Accountability and Planning Act of 1993 (Official Code of Georgia Annotated §45-12-175 and 177) requires strategic planning, program evaluation, continuation budget reports, outcome (results) budgeting and various cost savings measures. Georgia requires state agencies' budget requests to include statements of agency purpose, goals, quantifiable desired results, and baseline data.

The Division of Aging Services must depend on measurement and analysis of performance in order to improve outcomes. A major consideration in performance improvement and "change management" involves the selection and use of performance measures. The measures selected should best represent factors that lead to improved performance in the areas of human resources, customer, financial and organization effectiveness, and represent a clear basis for aligning all activities within the Aging Network. This alignment of information and analysis would be reflected in the future development of strategic and operational plans, key success factors, area plans and the procurement process for the service delivery system.

The Division of Aging Services leadership team has selected a 'dashboard' of customer, human resources, financial, and organizational effectiveness as performance measures for all aging programs to collect and analyze for decision-making and process improvement.

The 'dashboard' translates an organization's mission and strategy into a small but precise set of measures that provides the framework for a strategic management and measurement system.

The dashboard indicators selected by the Division of Aging Services leadership team includes the following:

A. Customer (client, resident)

1. Customer satisfaction (customer satisfaction results);
2. Targeting clients / services (DON-R2 / demographic data); and
3. Response time (% and number meeting standards for response time).

B. Human Resources

1. Employee satisfaction (employee satisfaction results);
2. Retention rate (percent and number of staff who remain at agency compared to baseline); and
3. Training effectiveness (percent and number who indicated increased job related performance due to training).

2 Determination of Need Revised – instrument used to screen and evaluate potential clients for home and community based services.

C. Financial

1. Lapse factor (money and percent funds lapsed);
2. On-time payments (number of days / standard number of days);
3. Unit costs (range of unit costs by service); and
4. Cost avoidance (money saved compared to out of home placements).

D. Organizational Effectiveness

1. Length of stay in service (number of months in service compared to baseline);
2. Diversion rate (number of persons choosing home and community based services over a nursing home);
3. Compliance (meeting program requirements / deadlines);
4. Standard of promptness (number of days / standard number of days);
5. Error rates (percent of increase or decrease compared to baseline); and
6. Cycle times (reduction of process times).

Results measures information is used to:

- Ensure that program management is focusing on results and that program staff not only know the proper strategies for delivering services but also understand and measure the impact of services on clients;
- Link result measures to agencies' strategic goals and results, the Governor's statewide strategic plan, and broader statewide goals;
- Determine programs' impact on clients and the state as a whole. This information might be used, for example, to expand effective pilot programs to other area of the state;
- Analyze trends in actual results to determine the reasons for substandard performance and help identify ways to improve program impact; and
- Identify opportunities for inter-agency coordination to optimize both the use of state dollars and the effectiveness of state programs.

Appendix C lists the current results measures and operational plan objectives for the Division of Aging Services.

Public Hearings

Public Hearings provide an opportunity to allow clients, advocates and the general public to relay their needs for services. During fiscal year 2003 the Division of Aging Services conducted three public hearings to gain feedback.

Area Agency on Aging: Central Savannah River Area Agency on Aging
Date: February 12, 2003
Location: McDuffie County Senior Center
304 Greenway Street
Thomson, Georgia
Time: 10:30 am to 11:30 am

Area Agency on Aging: Southern Crescent Area Agency on Aging
Date: February 19, 2003
Location: Senior Center
Thomaston, Georgia
Time: 1 pm to 3 pm

Area Agency on Aging: Coastal Area Agency on Aging
Date: March 18, 2003
Location: 127 F Street
Brunswick, Georgia
Time: 2 pm to 4 pm

In addition, each Area Agency conducts public hearings and other events annually to obtain input and feedback on consumer needs and program effectiveness. Appendix E provides an overview of the results of both the State and Area Agency public hearings.

Area Plans

Area plans constitute one of the fundamental planning documents for execution of aging programs. These comprehensive documents provide an overview of each area along with needed programs and services to meet client needs. Area Plans reflect most accurately the specific needs within the respective geographic areas of the state.

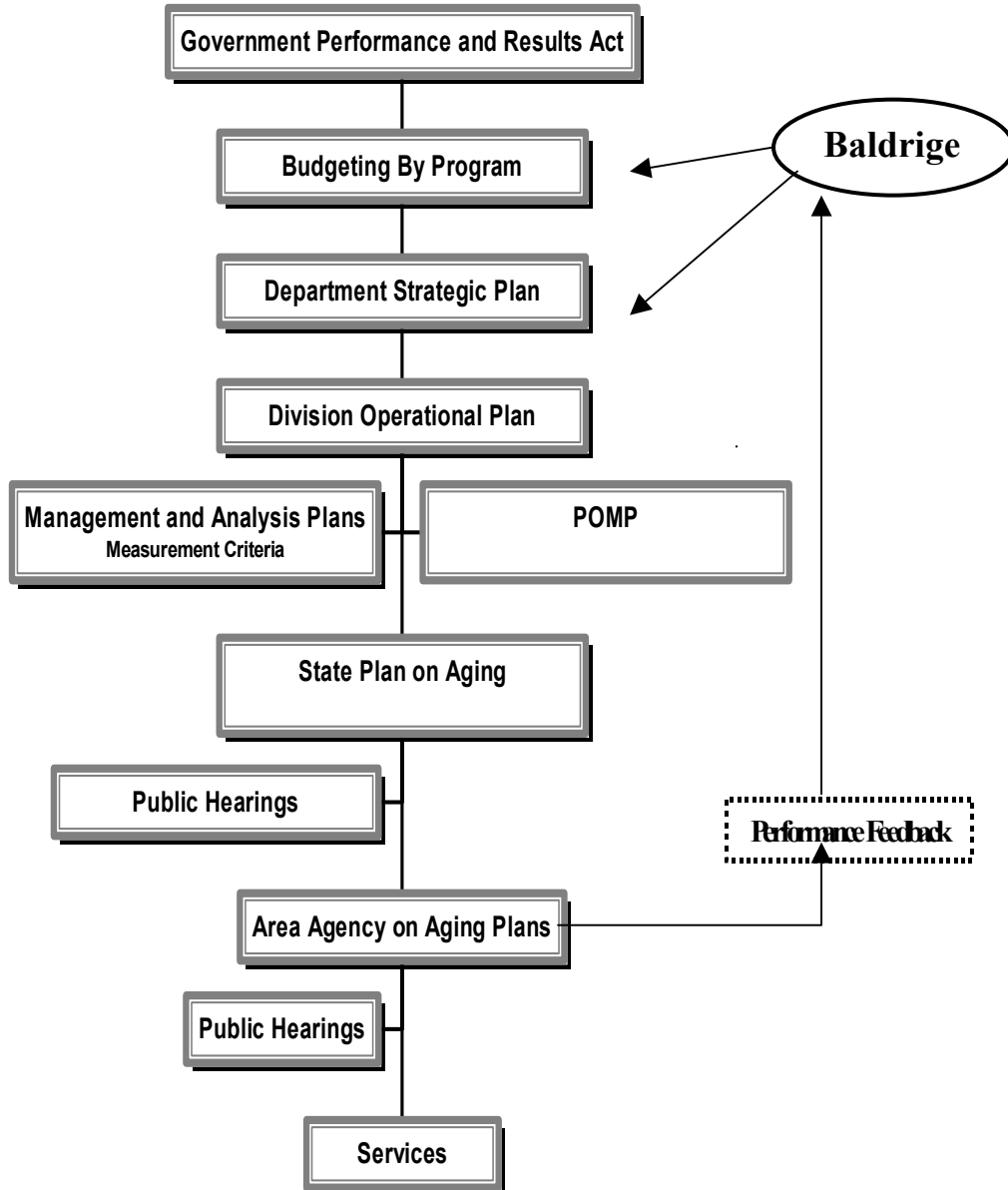
State Plan on Aging

The State Plan on Aging is the comprehensive planning document that melds together all the objectives of other documents into one and guides the State Unit on Aging. Numerous plans are currently in place that impact the business of the Aging Network. Alignment of all

existing plans is a crucial step to ensure consistency of our mission and strategic objectives. The State Plan will be revisited, as area plans and Requests for Proposals (RFPs) are developed to assure alignment.

Chart II – I describes the key elements in the Division of Aging Services' planning process.

Chart II – 1
Division of Aging Services
Key Elements in the Planning Process



Section III

Demographic Profile

Georgia Demographics

Georgia's population grew from 6,478,149 to 8,186,453 in the ten-year period from 1990 to 2000. This increase was 1,708,304 or 26.4 percent. Only the states of California, Texas and Florida added more people. On a percentage basis Georgia was the fastest growing state east of the Rockies. Only the states of Nevada, Arizona, Colorado, Idaho and Utah had a higher percentage increase.

The population gain can be illustrated in two ways. The gain of 1.7 million was not only the largest in state history but also 700,000 more than the previous growth of 1 million between 1980 and 1990. Even with the larger population base, the percentage increase was higher than for any period in the 20th century. It easily surpassed the previous high of 19.1 percent recorded between 1970 and 1980.

Migration

Growth in Georgia has been driven by a high level of migration, both from other states and other nations. Less than one half of population growth in Georgia is the result of natural increase. The remainder is due to foreign and domestic migration. The most recent estimates show that Georgia had a net gain through domestic migration of 665,000 between 1990 and 1999. Florida was the only state with a higher level of domestic migration. Foreign migration has also been substantial. Census 2000 showed a foreign born population of 577,273 (7.1 percent) with 244,763 entering the United States between 1990 and 2000.

Urban and Rural Growth

The highest increases in growth continue to be in the metropolitan Atlanta region. The 20 county region had a growth rate of 30 percent, with the populations of Henry and Forsyth counties more than doubling. Interestingly, the growth rate in several core metro counties rose for previous decades. Dekalb's increase of 22 percent was almost twice earlier estimates and the highest growth rate since the 1960's. Fulton grew faster than at any time since the 1920s, with a population increase of 25.8 percent.

Although growth rates in other parts of Georgia were lower than in Atlanta, there was still significant growth in other regions of the state. The central part of the state and northeast Georgia counties all experienced growth levels in excess of 20 percent. Some of this was due to the movement of persons from metropolitan Atlanta. Another factor is the high level of migration by retired persons into the area. In the Macon area Monroe, Crawford and Houston counties all had growth rates in excess of 20 percent. In South Georgia, Coffee, Pulaski, Wilcox, Echols, and Lowndes counties also grew strongly. Other counties showing large increases were suburban counties around Albany (Calhoun, Lee), Augusta (Columbia), Columbus (Harris, Marion), and Savannah

(Bryan, Effingham, Long). Counties around Athens (Oconee, Jackson, Oglethorpe) and Statesboro (Bulloch) near which major universities are located experienced growth above the state average, as did areas benefiting from military induced growth in Southeast Georgia (Brantley and Camden).

The overwhelming majority of Georgia counties (110 of 159) saw population increases of at least 10 percent. This means they suffered no net out migration during the decade. Actual population declines were even more limited. Only eight counties lost population during the decade (compared to 40 during the 1980s). Six of these were in Southwest Georgia. This part of the state had the slowest population growth of any region.

Racial Composition

Migration patterns have significantly changed the racial composition of Georgia. Throughout most of the state's history, racial distinctions were limited to black and white. The numbers from Census 2000 show a marked change. The African American/Black percentage of Georgia's population rose from 27 percent to 28.7 percent. This is the highest level in fifty years. Hispanics grew from only 108,000 in 1990 to 435,000 in 2000. They now number over 5 percent of the state's population and are found in significant numbers throughout the state. In Hall and Whitfield counties, one person in five is Hispanic. In Gwinnett County the number is close to one in nine. The Asian population also doubled in the decade to 176,000, and now represents 2 percent of the state population. The Asian population is highly concentrated in the Atlanta region. In Gwinnett County over 7 percent of the population is now Asian. In Dekalb and Fulton counties the percentage is more than twice the state average.

Minority Growth

The change in demographics has been especially profound in the Atlanta region. The 10 county area of the Atlanta Regional Commission had a minority population of less than 23 percent in 1970. By 1990 this number had increased to almost one-third of the region's population. Census 2000 found that non-Hispanic white had declined to just over 55 percent of the total. Even in the full twenty county Metropolitan Statistical Area, the minority percentage now exceeds 40 percent.

Of the 14 largest counties in the state (population of 100,000 or more), the non-Hispanic white percentage of the population is under 50 percent in Bibb, Clayton, Dekalb, Fulton, Muscogee and Richmond. Total minority populations exceed 40 percent in Chatham County and 30 percent in Clarke, Cobb, Gwinnett, and Houston counties. Hall County's minority population is now 29 percent. Only in Cherokee and Henry is the minority percentage of the population less than 20 percent.

Age Patterns

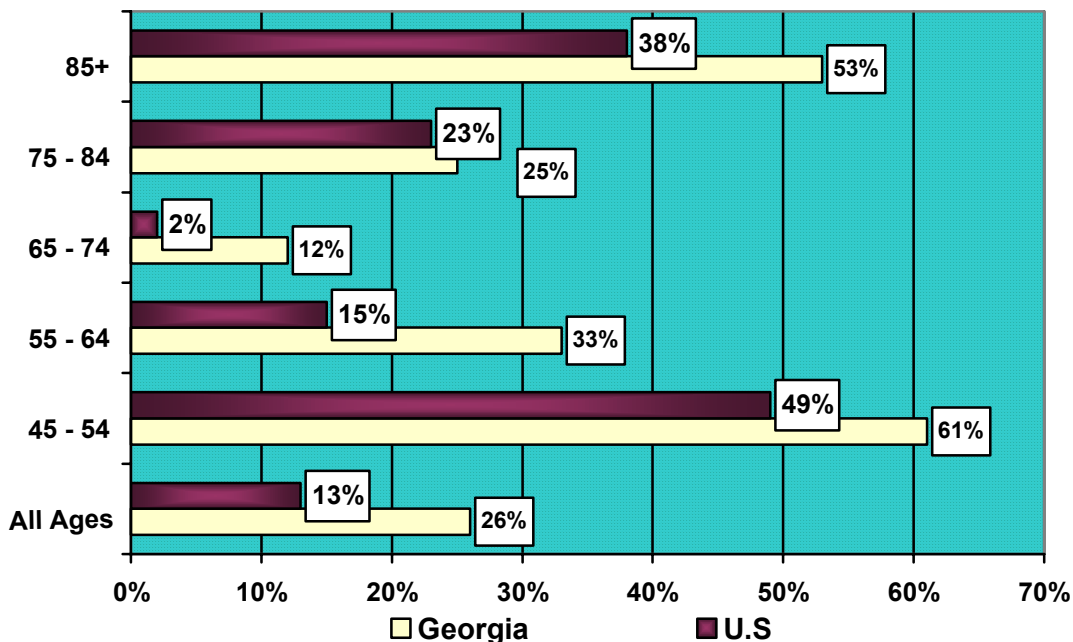
Comparing the population under 18 with those over 18 shows no significant change in the proportions between 1990 and 2000. The under 18 category dropped from 27.7 percent in 1990 to 27.5 percent in 2000. This stabilization contrasts with the sharp declines in the under 18 population between 1970 and 1990 when the percentage under 18 dropped from 35.8 to 27.7.

The population age 65 and older decreased from 10.1 percent in 1990 to 9.6 percent in 2000. This slight decrease followed a national trend that will continue until the baby boom generation reaches this age cohort, beginning in 2010. Georgia has the third smallest percentage of its population over 65 of any state in the nation. Only Alaska (5.7 percent) and Utah (8.5 percent), have the smaller portion of their population 65 years or older.

The median age of the state’s population continued to increase, along with that of the nation. Census 2000 showed a median age of 33.4 years, almost two years higher than the 1990 number of 31.5 years. As recently as 1970 Georgia’s median age was 25.9 years. Median age numbers will continue to rise with the aging of the population cohort of the baby boom years. (1946 to 1964).

Chart III - 1

**Change in Number of People (Percent) , 1990 -2000
Georgia vs. U. S.**



As the above chart reflects, Georgia has seen a significant increase in the growth of both the oldest old (Age 85+) but, also an increase in the baby boomers can be seen in the 45 – 54 and 55 –64 age groups.

Georgia continues to be a young state compared to the nation. Although the median age continues to rise, it is lower than all but five states. This is due to several factors. Georgia has a higher minority population than the national average. These groups have higher birth rates and lower median age than the non-Hispanic white population. Also, Georgia's high level of migration from other states is concentrated in younger population age cohorts. This is demonstrated by the fact that Georgia has a higher percentage of its population in the 25 to 44 age group than the national average (32.4 percent versus 30.2 percent) Only two states, Alaska and Colorado, have a higher percentage of their population in this group.

U.S. Population – 65 +

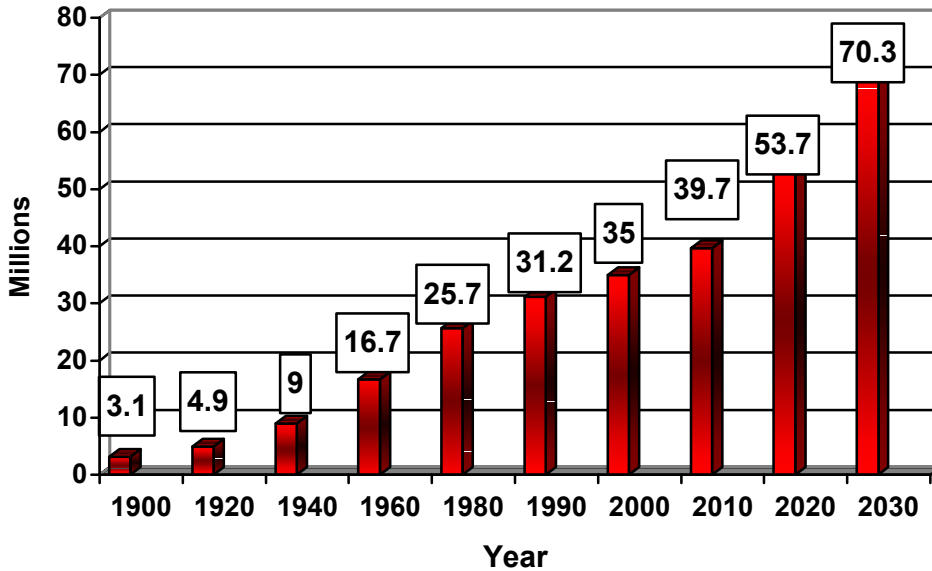
The U.S. population of persons 65 years and older numbered 35 million in 2000. They represented 12.4 percent of the population, about one in every eight Americans. The number of older Americans increased by 3.7 million or 112.0 percent since 1990, compared to an increase of 13.3 percent for the under-65 population. However, the number of Americans aged 45-64 who will reach 65 over the next two decades increased by 34 percent during this period.

The older population will continue to grow significantly in the future. This growth slowed somewhat during the 1990s because of the relatively small number of babies born during the Great Depression of the 1930s. But the older population will burgeon between the years 2010 and 2030 when the baby boom generation reaches age 65.

By 2030, there will be about 70 million older persons, more than twice the number in 2000. People 65+ represented 12.4 percent of the population in the year 2000 but are expected to grow to be 20 percent of the population by 2030.

Chart III - 2

**Number of Persons 65+ U.S.
1900 - 2030**



Disability Status of the Older Population

In 1999, 26.1 percent of older persons assessed their health as fair or poor (compared to 9.2 percent for all persons).

Limitations on activities because of chronic conditions often increase with age. In 1998, among those 65-74 years old, 28.8 percent reported a limitation caused by a chronic condition. In contrast, over half (50.6 percent) of those 75 years and over reported they were limited by chronic conditions.

The percentage of the population with disabilities appears to increase sharply with age. Disability takes a much heavier toll on those very old. Almost three-fourths (73.6 percent) of those aged 80+ report at least one or more severe disabilities and 34.9 percent of the 80+ population reported needing assistance as a result of disability.

Within Georgia 47.5 percent of those 65+ reported a disability. From 1990 to 2000 the population 65+ increased 20%. Overall Georgia's 65+ population (9.6 percent) is slightly less than the national average of 12.4 percent.

Census 2000 counted 49.7 million people with some type of long lasting condition or disability. They represented 19.3 percent of the 257.2 million people who were aged 55 and older in the civilian non-institutionalized population, or nearly one person in five.

Census 2000 was the first time in the history of the census that the 65 years and over population did not grow faster than the total population. Between 1990 and 2000 the total population increased by 13.2 percent, from 248.7 million to 281.4 million people. In contrast, the population 65 years and over increased by only 12.0 percent.

In 2000, there were 18.4 million people ages 65 to 74 years, representing 53 percent of the older population. The 75-to-84 year-olds numbered 12.4 million people (35 percent of the older population), and those 85 and over numbered 4.2 million people (12 percent of the older population). These age groups represented 6.5 percent, 4.4 percent, and 1.5 percent of the total population, respectively.

Table III - 1 – MAJOR AGE GROUPINGS FOR PERSONS AGES 55+ BY PSA

PSA	PSA Name	Total Population	55+	60+	65+	75+	% 60 + to PSA Total	% 60 + to State Total
1	Northwest Georgia	697,410	143,693	108,109	79,256	33,814	15.50%	10.09%
2	Georgia Mountains	455,342	96,410	72,183	52,667	22,299	15.85%	6.74%
3	Atlanta Region	3,429,379	485,139	349,329	249,467	110,022	10.19%	32.61%
4	Southern Crescent	403,944	80,551	60,357	44,406	20,229	14.94%	5.64%
5	Northeast Georgia	438,300	80,493	59,845	43,730	19,727	13.65%	5.59%
6	Lower Chattahoochee	353,274	70,479	54,692	42,002	19,218	15.48%	5.11%
7	Middle Georgia	440,121	88,394	66,985	49,264	21,489	15.22%	6.25%
8	Central Savannah River	435,008	85,087	64,403	48,200	21,684	14.81%	6.01%
9	Heart of Georgia Altamaha	272,894	60,019	46,430	34,870	16,316	17.01%	4.33%
10	Southwest Georgia	352,880	74,804	57,850	43,653	20,303	16.39%	5.40%
11	Southeast Georgia	364,925	73,067	55,509	41,720	18,986	15.32%	5.22%
12	Coastal	542,976	98,595	74,988	56,040	25,493	13.81%	7.00%
	State Total	8,186,453	1,446,731	1,071,080	785,275	349,580	13.08%	100.00%

TABLE III - 2 – LOW INCOME PERSONS AGE 65 AND ABOVE

PSA	PSA Name	65 –74	75+	Low Income 65+ PSA Total	% of Low Income 65+ to State Total
1	Northwest Georgia	4,849	4,912	9,761	9.55%
2	Georgia Mountains	3,418	3,997	7,415	7.25%
3	Atlanta Region	11,312	12,045	23,357	22.85%
4	Southern Crescent	2,754	2,848	5,602	5.48%
5	Northeast Georgia	2,789	2,879	5,668	5.54%
6	Lower Chattahoochee	3,234	3,203	6,437	6.30%
7	Middle Georgia	3,085	2,927	6,012	5.88%
8	Central Savannah River	3,849	4,461	8,310	8.13%
9	Heart of Georgia Altamaha	3,297	3,653	6,950	6.80%
10	Southwest Georgia	3,738	4,255	7,993	7.82%
11	Southeast Georgia	3,847	3,688	7,535	7.37%
12	Coastal	3,254	3,934	7,188	7.03%
	State Total	49,426	52,802	102,228	100.00%

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Table III - 3 – LOW INCOME MINORITIES AGE 65 +

PSA	PSA Name	White 65 - 74	White 75+	Black 65 -74	Black 75+	Am. Indian 65 - 74	Am. Indian 75+	Asian 65 to 74	Asian 75+	Nat. Hawaiian 65 to 74	Nat. Hawaiian 75+	Other 65 to 74	Other 75+	Two + races, 65 to 74	Two + races 75+	Total Minorities 65+	% of State
1	Northwest Georgia	4,369	4,406	400	458	6	0	35	0	0	0	9	1	30	47	986	2.30%
2	Georgia Mountains	3,028	3,715	314	239	8	0	18	0	0	0	6	13	44	30	672	1.57%
3	Atlanta Region	4,921	7,299	5,598	4,323	41	0	457	211	0	0	149	40	146	172	11,137	25.97%
4	Southern Crescent	1,585	1,868	1,109	975	12	0	10	5	0	0	22	0	16	0	2,149	5.01%
5	Northeast Georgia	1,589	1,920	1,147	924	2	0	35	23	0	0	5	6	11	6	2,159	5.03%
6	Lower Chattahoochee	1,092	1,158	2,115	2,025	13	0	11	0	0	0	0	0	3	20	4,187	9.76%
7	Middle Georgia	1,159	1,425	1,906	1,475	0	0	8	17	0	0	0	0	12	10	3,428	7.99%
8	Central Savannah River	1,590	1,918	2,209	2,507	0	14	0	0	3	0	8	0	39	22	4,802	11.20%
9	Heart of Georgia Altamaha	2,093	2,242	1,164	1,383	9	0	0	0	0	0	21	18	10	10	2,615	6.10%
10	Southwest Georgia	1,495	2,123	2,179	2,112	3	1	2	2	0	0	29	0	30	17	4,375	10.20%
11	Southeast Georgia	2,480	2,373	1,300	1,275	12	32	27	0	0	0	1	8	27	0	2,682	6.25%
12	Coastal	1,524	1,974	1,661	1,926	9	13	30	7	0	0	0	0	30	14	3,690	8.61%
	State Total	26,925	32,421	21,102	19,622	115	60	633	265	3	0	250	86	398	348	42,882	100.00%

TABLE III - 4 – Persons 65+ Who Speak English “Not Well” or “Not at All”

Georgia State Plan on Aging FY 2004 – 2007

PSA	PSA Name	Spanish	IndoEuropean	Asian	Other	Total	% of State
1	Northwest Georgia	257	65	110	0	432	4.71%
2	Georgia Mountains	255	90	84	9	438	4.78%
3	Atlanta Region	1,943	1,829	2,272	220	6,264	68.31%
4	Southern Crescent	60	55	55	0	170	1.85%
5	Northeast Georgia	93	65	88	19	265	2.89%
6	Lower Chattahoochee	66	74	46	26	212	2.31%
7	Middle Georgia	29	87	52	0	168	1.83%
8	Central Savannah River	62	88	92	20	262	2.86%
9	Heart of Georgia Altamaha	86	15	4	0	105	1.15%
10	Southwest Georgia	123	12	27	5	167	1.82%
11	Southeast Georgia	89	64	25	24	202	2.20%
12	Coastal	109	134	99	43	485	5.29%
	State Total	3,172	2,578	3,054	366	9,170	100.0%

TABLE III - 5 – Persons 65+ With a Mobility or Self-Care Limitation

PSA	PSA Name	Total	% of State
1	Northwest Georgia	15,997	10.31%
2	Georgia Mountains	10,058	6.48%
3	Atlanta Region	45,737	29.48%
4	Southern Crescent	8,913	5.74%
5	Northeast Georgia	8,568	5.52%
6	Lower Chattahoochee	8,777	5.66%
7	Middle Georgia	9,303	6.00%
8	Central Savannah River	10,663	6.87%
9	Heart of Georgia Altamaha	7,911	5.10%
10	Southwest Georgia	9,418	6.07%
11	Southeast Georgia	9,098	5.86%
12	Coastal	10,727	6.91%
	State Total	155,170	100.0%

TABLE III - 6 – Persons 60+ in Rural Portions of the State

PSA	PSA Name	Total	% of State
1	Northwest Georgia	55,208	15.35%
2	Georgia Mountains	46,774	13.00%
3	Atlanta Region	16,847	4.68%
4	Southern Crescent	32,379	9.00%
5	Northeast Georgia	34,339	9.54%
6	Lower Chattahoochee	19,287	5.36%
7	Middle Georgia	23,618	6.56%
8	Central Savannah River	24,159	6.72%
9	Heart of Georgia Altamaha	30,889	8.59%
10	Southwest Georgia	28,702	7.98%
11	Southeast Georgia	29,966	8.33%
12	Coastal	17,600	4.89%
	State Total	359,767	100. %

Chart III - 3
HCBS Clients by Age by Gender
Georgia, SFY 2002

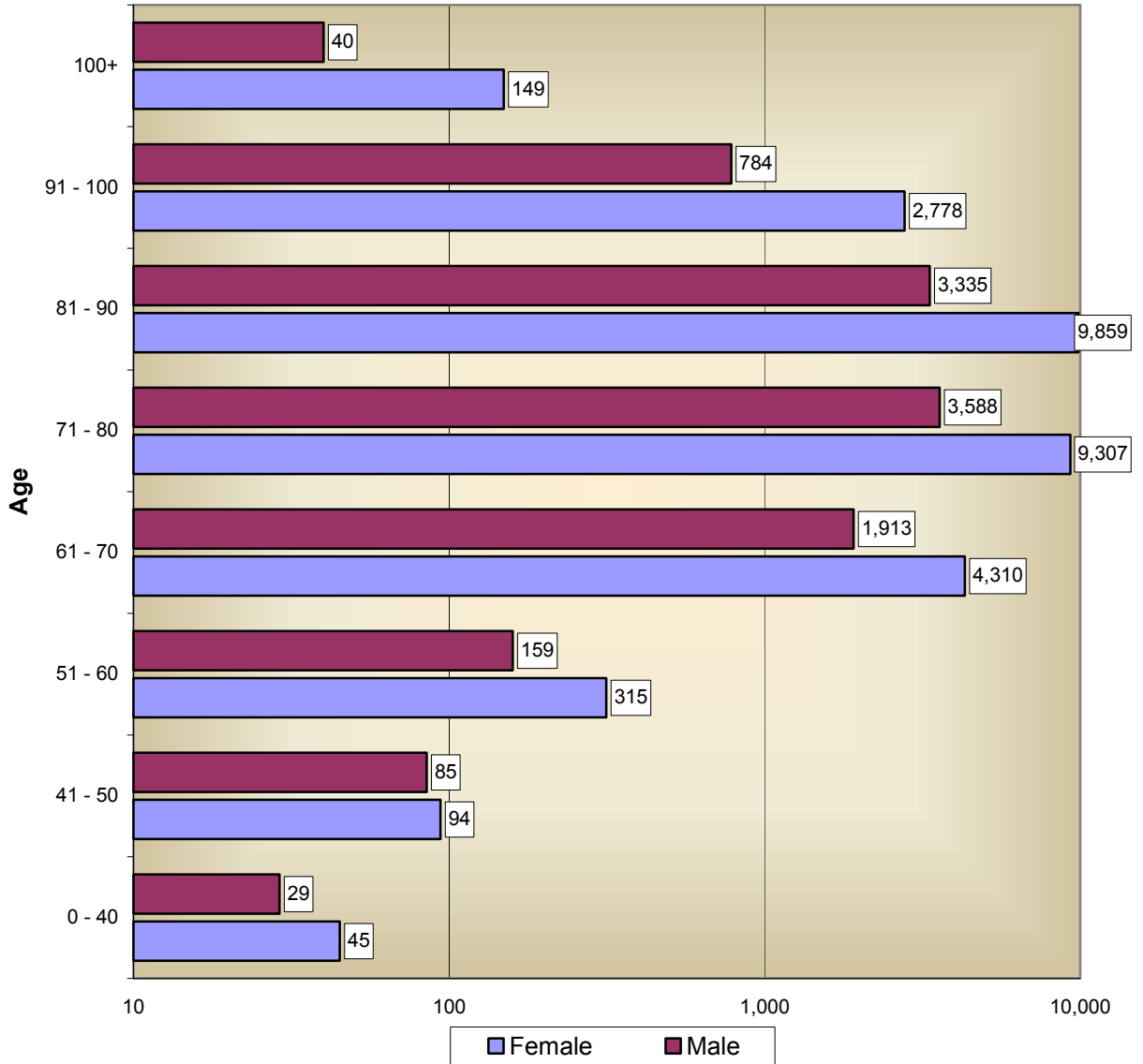


Chart III - 4

HCBS CLIENTS BY MARITAL STATUS
GEORGIA – SFY 2002

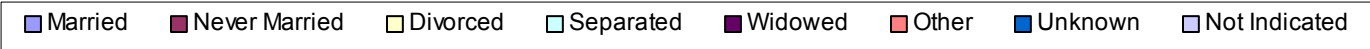
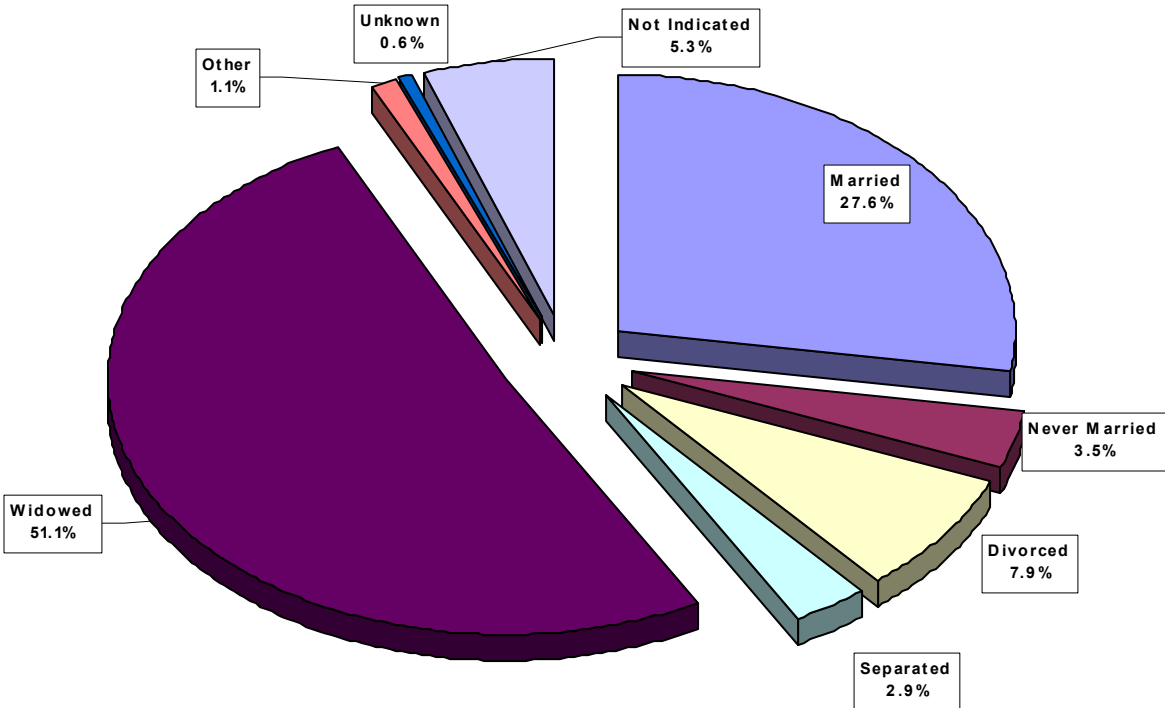
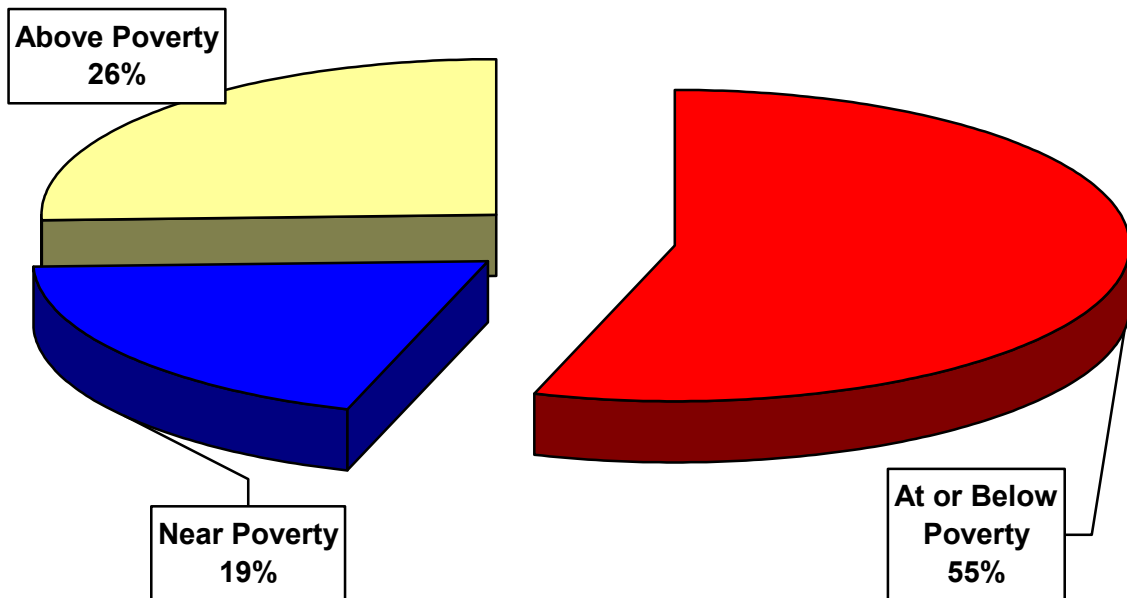


Chart III – 5 below reflects the focus of efforts aimed at those clients with the greatest economic need. Almost 75% of the clients served with HCBS services in SFY 2002 were at or below the poverty level.

**Chart III - 3
HCBS Clients by Economic Need
FY02**



Section IV

Funding Allocation Plan

A number of different fund sources are used to meet the continuing need for services for Georgia’s elderly population. Funding has been a challenge during the last State Plan period. The downturn in the economy in the last three years has resulted in decreased revenues for both State and Federal governments. Georgia, as with other states, has seen reduced or limited funding for many aging programs. The chart below shows the breakout of expenditures for FY02 for all aging programs

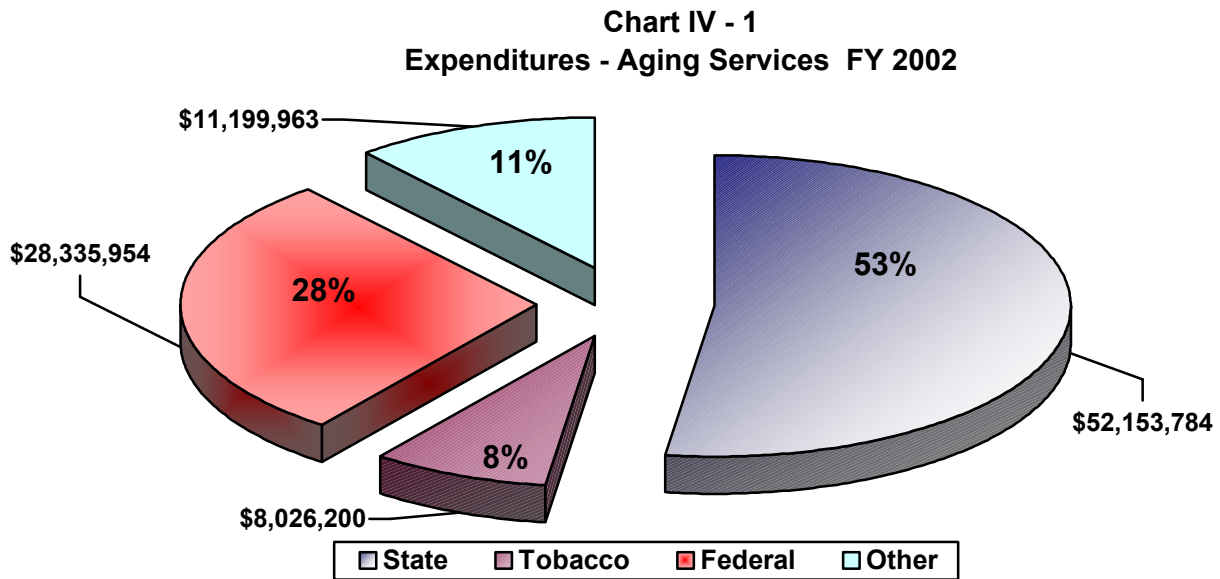
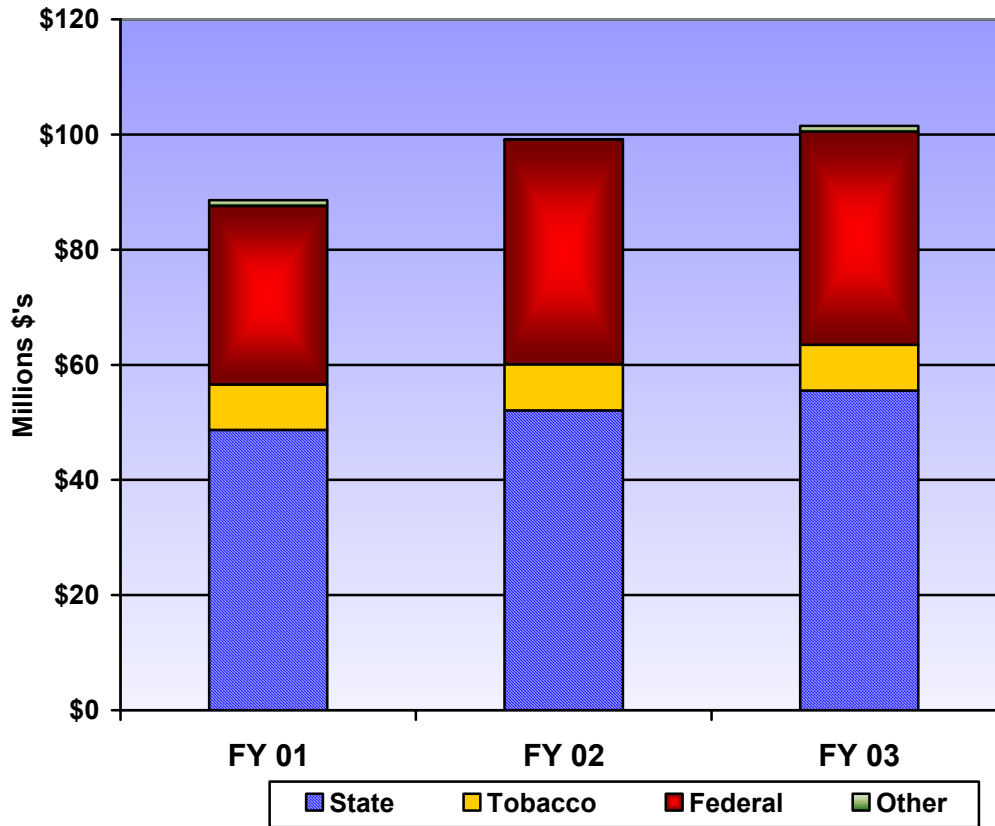


Chart IV - 1 above shows the breakout of expenses by fund source for SFY 2002. Federal fund sources include Older Americans Act and SSBG.

**Chart IV - 2
Aging Services Expenditures FY 01- 03**



	FY01	FY02	FY03
STATE	\$48,751,590	\$52,153,784	\$55,591,893
FEDERAL	\$31,967,723	\$39,480,054	\$36,910,896
TOBACCO	\$7,999,172	\$8,026,200	\$8,000,392
OTHER	\$574,995	\$55,863	\$586,617

Note 1: Not all federal funds have been brought into the budget as of this date.

Note 2: Other funds for FY01 and 02 include Indigent Care Trust Funds

Note 3: Indigent Care Trust Funds eliminated in FY03.

**Table IV – 1
Fund Sources Available to the Division of Aging Services**

Fund Source	Service/Activity	Source/ Authority	Federal	State	Local
Title III-A	Area Agency Administration	OAA (1)	Yes	No	Yes
Title III-B	Supportive Services	OAA	Yes	Yes	Yes
Title III-C	Nutrition Services	OAA			
C (1)	Congregate Meals	OAA	Yes	Yes	Yes
C (2)	Home Delivered Meals	OAA	Yes	Yes	Yes
Title III-D	Disease Prevention and Health Promotions Services	OAA	Yes	Yes	Yes
Title III-E	National Family Caregiver Support Program	OAA	Yes	Yes	Yes
Title V	Senior Community Employment Service Program (SCSEP)	DOL (2)	Yes	No	No
Title VII	Elder Abuse Prevention and LTCO Activities	OAA	Yes	Yes	Yes
Social Services Block Grant (SSBG)	Supportive, In-Home and Nutrition Services	Title XX, Social Security Act and OBRA (3)	Yes	Yes	Yes
Community Based Services (CBS)	Supportive, In-Home and Nutrition Services	State appropriation	No	Yes	No
State Supplemental	LTCO	State appropriation	No	Yes	No
Criminal Justice Coordinating Council	Senior Adult Victims' Advocate Program (SAVA)	Federal Victims of Crime Act	Yes	Yes	No
Senior Medicaid Patrol	Elder Abuse	Administration on Aging	Yes	No	No
State Health Insurance Advisory Grants Program	Benefits Counseling for Medicare/Medicaid Beneficiaries	CMS (4)	Yes	Yes	No
Community Care Services Program	In-Home and Community Based Services for Medicaid Eligible Persons	Title XIX, CMS	Yes	Yes	No

(1) Older Americans Act

- (2) Department of Labor funds the program, but the Title is part of the Older Americans Act
- (3) Omnibus Budget Reconciliation Act of 1980
- (4) Center for Medicare/Medicaid Services

Title III - Older Americans Act

The Georgia Division of Aging Services receives an annual allotment of funds from the Federal Administration on Aging under Title III of the Older Americans Act (OAA) of 1965, as amended. In Georgia, these funds are distributed to 12 Area Agencies on Aging based on an approved intrastate funding formula.

Area Agencies on Aging

The Area Agencies on Aging plan, develop and implement a system of programs and services for older Georgians (age 60 and over) in each of the 12 Planning and Service Areas (PSAs) in the State. This comprehensive system of services is described in detail in each of the Area Plans for each Area Agency. Services are targeted to those elderly with greatest social or economic need, with particular emphasis placed on minority elderly with low incomes. Title III Older Americans Act programs administered by the Division of Aging services include:

- Title III A Administration
- Title III B Supportive Services
- Title III C Nutrition Services
- Title III D Disease Prevention and Health Promotion
- Title III E National Family Caregiver Support Program

Social Services Block Grant (SSBG)

The Division of Aging Services uses SSBG to make available a broad range of community-based services to allow elderly Georgians to maintain themselves in their own homes and / or communities. In an effort to maximize resources, the Division of Aging Services has implemented a sliding fee system to generate revenues that will be used to increase services beyond the level possible with SSBG funds alone. This includes such services such as Adult Day Care, Respite Care, Home Delivered Meals, Congregate Meals/Senior Centers, Homemaker, Minor Home Repairs, and Transportation.

Georgia Fund for Children and Elderly (Income Tax Check off)

Georgia taxpayers may support services to the elderly by contributing their State income tax refunds to the Georgia Fund for Children and Elderly. Fifty percent of the total receipts into this fund are distributed to aging programs that provide home delivered meals and transportation services to the elderly.

Title V - Older Americans Act - Senior Community Services Employment Program (SCSEP)

Title V is a Federal and State funded program that provides subsidized employment in the public and private sectors for those age 55 and over who meet income criteria. Training and job search guidance is also provided with the program. Program counselors assist workers in locating work in the private sector, following their extended training and work experience period in the public and private sector jobs. The Division contracts with Area Agencies to provide, through subcontracts, services to over 300 older workers.

Title VII - Older Americans Act

Title VII, vulnerable elder rights protection activities of the Older Americans Act, as amended, requires the state agency to develop a coordinated system that ensures that the Long-Term Care Ombudsman program, programs for the prevention of elder abuse, neglect, and exploitation, state elder rights and legal assistance programs, outreach, and assistance programs all work together to protect elder rights.

AoA Caregiver Demonstration Grant

In the fall of 2001, the Georgia Division of Aging Services was awarded a grant from the U.S. Administration on Aging (AoA) to develop five self-directed care programs. The aging community has increasingly become interested in self-directed care as an option to maximize consumer choice and enhance empowerment. The Georgia project has begun five pilot projects in rural areas. Further objectives of the project include an evaluation of the project using the *Caregiver Support and Satisfaction Survey* already field-tested in 15 states, and the development of a replication guidebook to assist other organizations in implementing such programs. All phases of the project will be completed by September 2004. A detailed description of the program can be found in Appendix G of this Plan.

Intrastate Funding Formula – Section 305(a)(2)(C)(E)

The Older Americans Act, as amended, requires at Section 305(a)(2)(C)(E), 42 U.S.C. 3025(a)(2)(C)(E) that the State Unit on Aging:

“...in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account....

- (i) the geographical distribution of older individuals in the State; and
- (ii) the distribution between planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals;

Further, Section 305(a)(2)(D) states that the State Unit on Aging shall:

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Submit its formula developed under subparagraph (e) to the Assistant Secretary for approval;

(E) Provide assurances that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the State Plan.

In compliance with the above the State Unit on Aging for Georgia developed an Intrastate Funding Formula for use of Title III funds. This has been the basis for funding since the basic requirement has been established. The indicators selected for incorporation into the Intrastate Funding Formula (IFF), the data source, and the rationale for their selection are outlined below.

Intrastate Funding Formula Assumptions and Goals

60+ population

The number of persons in the age group 60 and above.

Low income minority 65+ population

Numbers of persons in the age groups 65 and above who are minorities (non-white) and are below the poverty level, as established by the Office of Management and Budget in Directive 14 as the standard to be used by Federal agencies for statistical purposes. This factor represents "special attention to low income minority older individuals" as required by the Older Americans Act.

Low income 65+ population

Numbers of persons in the age groups 65 and above who are below the poverty level as established by the Office of Management and Budget in Directive 14 as the standard to be used by Federal agencies for statistical purposes. This factor represents economic need as defined by the Older Americans Act.

Estimated rural 60+ population

An estimate of the numbers of persons in the age groups 60 and above who reside in a rural area as defined by the Census Bureau. This factor represents the social need factor of "geographic isolation" as defined by the Older Americans Act.

Limited English speaking 65+ population

Numbers of persons in the age groups 65 and above who speak a language other than English and speak English "not well" or "not at all. This factor represents the social need factor of language barriers as defined by the Older Americans Act.

Disabled 65+ population

Numbers of persons in the age groups 65 and above who have a "mobility or self care limitation" as defined by the Census Bureau. This factor represents the social need factor of "physical and mental disability" as defined by the Older Americans Act.

**TABLE IV - 2
Intrastate Funding Formula
Factors and Weights**

Factors	Weights
Population 60+	50%
Low Income Minority 65+	10%
Low Income 65+	15%
Rural 60+ (estimate)	13%
Disabled 65+	10%
Limited English Speaking 65+	2%

The above factors have been incorporated into a mathematical formula for administration as reflected below. In addition to these factors and weights, the Division of Aging Services incorporates a 6 percent funding base for parts B, C1, C2, and E.

Intrastate Funding Formula

$Y = (.50(X)(\%60)) + (.10(X)(\%LIM)) + (.15(X)(\%LI)) + (.13(X)(\%RUR)) + (.10(X)(\%DIS)) + (.02(X)(\%LES))$

Factors:

- Y = The service allocation for a Planning and Service Area (PSA).
- (X) = The total services allocation amount for the state.
- %60 = The PSA percentage of the State total population ages 60 and above.
- %LIM = The PSA percentage of the State total population ages 65 and above who are low income and are minorities.
- %LI = The PSA percentage of the State total population age 65 and above who are low income.
- %RUR = The PSA percentage of the State total population age 60 and above who live in rural areas.

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- %DIS = The PSA percentage of the State total population who are age 65 and above and are disabled.
- %LES = The PSA percentage of the State total population age 65 and above and have limited English speaking ability.

TABLE IV – 3

Allocation of Title III Resources

State Agency Operating Budget for SFY 03				
Total Resources to be used for State Agency Administration				
Fund Sources	Title III Funds	Match to Title III	Other Agency Resources	Total Agency Resources
Title III: State Administration	\$ 1,141,804			\$ 1,141,804
Other Federal Funds			\$ 435,199	\$ 435,199
State Funds		\$ 67,165	\$ 134,330	\$ 201,495
Totals	\$ 1,141,804	\$ 67,165	\$ 569,529	\$ 1,778,498

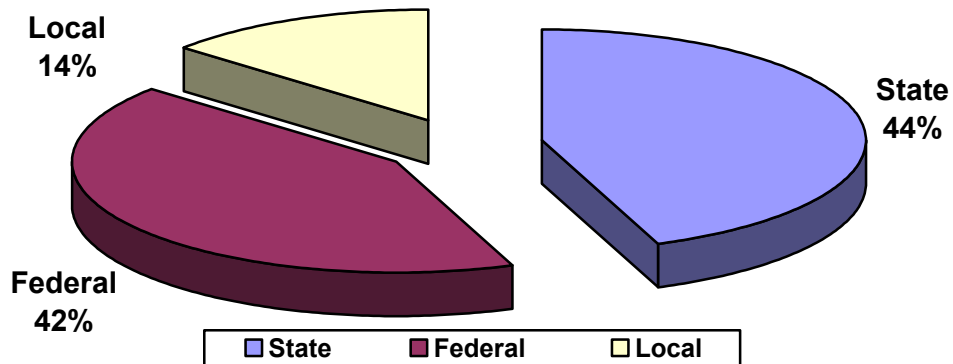
Maintenance of Effort for Long-Term Care Ombudsman Program

The Division of Aging Services sets forth the following maintenance of effort for the Long-Term Care Ombudsman Program based on Older Americans Act, as amended Section 307 ((a)(9)) The Attached chart details the maintenance of effort for each area Agency on Aging.

**Table IV – 4
LONG TERM CARE OMBUDSMAN
MAINTENANCE OF EFFORT
BASED ON FY 2000 ALLOCATIONS IN TITLE III B**

AREA AGENCIES ON AGING	FISCAL YEAR 2000 TITLE III B
Atlanta Regional Commission AAA	\$66,666
Central Savannah River AAA	\$35,691
Coastal Georgia AAA	\$28,774
Georgia Mountains/Legacy Link, Inc. AAA	\$21,792
Heart of Georgia Altamaha AAA	\$48,495
Lower Chattahoochee AAA	\$57,016
Northwest Georgia AAA	\$66,776
Middle Georgia AAA	\$30,190
Northeast Georgia AAA	\$16,477
Southeast Georgia AAA	\$36,450
Southern Crescent AAA	\$38,413
Southwest Georgia AAA	\$18,640
TOTAL	\$465,380

**Chart IV - 3
Long-Term Care Ombudsman Funding (FY 2002)**



**Table IV –5
Long-Term Care Ombudsman Funding SFY 2002**

Fund Source	Amount	Percent
State LTCO	\$841,365	
Other State Funds / Grants	\$227,158	
State Match	\$107,677	
Total State Funds	\$1,176,200	44%
Federal Title III B	\$804,256	
Federal Title VII (LTCO Activity)	\$285,204	
Federal Title VII Elder Abuse Prevention	\$31,266	
Total Federal Funds	\$1,120,726	42%
Local Match	\$84,868	
Other Local Funds and Grants	\$275,438	
Total Local Funds	\$360,306	14%
Total Funds	\$2,657,232	100%

Older Americans Act Requirements

Under the Older Americans Act, State Agencies must:

- Identify individuals eligible for assistance under this Act, with special emphasis on older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income minority individuals).
- Specify a minimum percentage of the funds received by each area agency on aging for part B that will be expended, in the absence of the waiver, by such agency on aging to provide each of the categories of services specified.
- Identify the number of low-income minority older individuals in the State, and describe the methods used to satisfy the service needs of such minority older individuals.
- Describe the methods used to satisfy the service needs of older individuals who reside in rural areas.
- Specify ways in which the State agency intends to implement activities to increase access by older individuals who are Native Americans.
- Provide the actual and projected costs of providing services under this title, including the cost of providing services to older individuals residing in rural areas in the State (in accordance with a standard definition of rural areas specified by the Commissioner.)
- A description of the manner in which the State agency will carry out this title in accordance with the assurances described in the Appendix I.

MINIMUM PERCENTAGE OF PART B ALLOTMENT FOR PRIORITY SERVICES

In order to comply with the Older Americans Act, the Division of Aging Services has established minimum percentages of each Area Agency on Aging Title III B allotment (based upon pre-shift amounts for the total Title III allocation for the current fiscal year) that must be expended for access, in home services and legal assistance. The minimum percentages are:

- 12% for access services;
- 5% for in-home priority services; and
- 5% of the total Title III, Part B for the current fiscal year, or \$40,000, whichever is greater, for legal assistance

Area agencies on Aging may request a waiver of the minimum percentages if they can demonstrate to the Division of Aging Services that existing programs are sufficient to meet the needs in the Planning and Service Areas as outlined in the Older Americans Act.

LOW INCOME MINORITY INDIVIDUALS AND OLDER INDIVIDUALS WHO RESIDE IN RURAL AREAS

It is estimated that there are currently 42,882 low-income minority older persons ages 65 and above in the State of Georgia. In recent years this minority population has become more culturally and ethnically diverse.

Each Area Agency on Aging is required to discuss in its Area Plan how it will address the needs of these individuals. Also, each Area Agency is required to include in its Plan a three-year analysis of the unduplicated number of older persons served (including white, minority, low-income minority, persons with greatest social needs, and persons who reside in rural areas).

If this service analysis indicates a declining trend that is not in line with the general population of minority, low income, low income minority, persons with greatest social need, and/or persons in rural areas, the Area Agency is required to describe specifically the actions they will undertake to increase services to these groups. If the analysis indicates a stable trend or increasing numbers, the Area Agency is required to address specifically the actions that will be continued to maintain or increase services to these groups.

ACTIVITIES TO INCREASE THE ACCESS OF OLDER NATIVE AMERICANS

The State agency is required to specify ways in which the State agency intends to implement the activities to increase the access older Native Americans have to services provided under Title III. According to the 2000 Census, there are 1,556 older Native Americans in the State of Georgia representing only 0.15 percent of the elderly Georgia population. Each Agency will be asked to initiate an outreach effort toward these individuals in lieu of a major programmatic effort.

Title VII

Under Title VII Chapter 3, abuse prevention activities include public education, outreach, increased ombudsman activity in personal care homes, receipt of complaints or reports of abuse, and voluntary case referral to appropriate agencies (information and referral).

The State Agency requires compliance with the following items of all Area Agencies using Title VII funds:

Title VII, Chapter 3 funds must be used in accordance with the criteria set forth in the Older Americans Act, as amended, with the Administration on Aging and Division of Aging Services policies and procedures;

Title VII-3 program activities must be coordinated with local Adult Protective Services and other elder abuse prevention and protection activities;

Title VII-3 program activities must be coordinated with and enhance the capacity of the LTCO Program to address complaints of abuse in long-term care facilities, including personal care homes;

No elder abuse program funded with Title VII-3 funds shall allow involuntary or coerced participation in such programs by alleged victims, abusers, or their households.

All information gathered in the course of receiving a complaint or report and in making a referral shall remain confidential unless all parties to the complaint or report consent in writing to the release of such information, or unless the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, Ombudsman Program, or protection or advocacy system; and

ADDITIONAL COSTS OF SERVICES IN RURAL AREAS

The State Unit on Aging is required to identify for each fiscal year, the actual and projected additional costs of providing services under Title III, including the costs of providing access to such services to older individuals residing in rural areas of the State. The State Agency has defined rural as a county in which a majority of the population is rural according to the 2000 Census. For purposes of this analysis, unit cost data was compiled for congregate meals, home delivered meals, and transportation for the rural Planning and Service Areas and the urban Planning and Service Areas.

GRIEVANCE PROCEDURES §Sec. 303(a)(10)

Over the course of the last year, a team comprising representatives of the Regional Development Centers, the Area Agencies on Aging, subcontract agencies, advocates and

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consumers, and Division staff worked to research and develop a policy in the area. A copy of the “Compliance with Contractor Responsibilities, Reward and Sanctions” policy is found at Appendix B.

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**TABLE IV - 6
SFY 2003 State Program Allocations by PSA**

PSA	PSA Name	Title III Total	Title VII Elder Abuse	Title VII LTCO	Title V SCSEP	Title III Part D Wellnes s	Other Funds Total*	Title III Services	Title III Area Plan Admin.	Grand Total
1	Northwest Georgia	\$2,119,437	\$8,953	\$10,662	\$444,142	\$42,995	\$12,508,082	\$1,912,876	\$206,560	\$15,134,272
2	Georgia Mountains	\$1,327,895	\$5,565	\$7,636		\$34,093	\$7,559,029	\$1,188,974	\$138,922	\$8,934,218
3	Atlanta Region	\$5,215,256	\$23,002	\$31,962	\$198,098	\$75,219	\$23,925,269	\$4,733,338	\$481,918	\$29,468,806
4	Southern Crescent	\$1,360,578	\$5,715	\$7,525	\$280,168	\$34,487	\$7,418,014	\$1,221,012	\$139,566	\$9,106,488
5	Northeast Georgia	\$1,229,200	\$5,112	\$8,211	\$262,439	\$32,902	\$7,531,846	\$1,092,224	\$136,976	\$9,069,710
6	Lower Chattahoochee	\$1,392,138	\$5,855	\$8,636		\$34,854	\$9,257,633	\$1,250,952	\$141,186	\$10,699,116
7	Middle Georgia	\$1,411,902	\$5,939	\$9,941	\$193,675	\$35,076	\$8,766,522	\$1,268,939	\$142,963	\$10,423,055
8	Central Savannah River	\$1,556,967	\$6,557	\$14,630		\$36,700	\$11,817,234	\$1,400,964	\$156,003	\$13,432,088
9	Heart of Georgia Altamaha	\$1,262,680	\$5,266	\$11,591		\$33,306	\$11,358,755	\$1,125,045	\$137,636	\$12,671,600
10	Southwest Georgia	\$1,493,501	\$6,287	\$11,224	\$339,534	\$35,989	\$9,379,226	\$1,343,203	\$150,299	\$11,265,761
11	Southeast Georgia	\$1,354,575	\$5,688	\$12,825	\$199,691	\$34,414	\$11,302,526	\$1,215,127	\$139,449	\$12,909,719
12	Coastal	\$1,506,918	\$6,344	\$10,757		\$36,139	\$8,537,563	\$1,355,414	\$151,504	\$10,097,723
	State Total	\$21,231,048	\$90,285	\$145,601	\$1,917,747	\$466,175	\$129,361,699	\$19,108,068	\$2,122,982	\$153,212,555

NOTE: Other funds includes SSBG, Community based services, Alzheimer's, LTCO state supplemental, CCSP care coordination and client service benefits, Income tax check off, SHIP Georgia Cares and AoA Senior Medicare Patrol Project, HICARE CMS, AoA Family Caregiver Demo Grant for years one and two, Georgia Caregivers Resource Center, and USDA Nutrition Program for the Elderly. Amounts for Income tax check off, Title III Part E, and SHIP and HICARE are funded by federal fiscal year and reflect FFY 2003 figures.

OLDER INDIVIDUALS WITH GREATEST ECONOMIC OR SOCIAL NEEDS

Area Agencies on Aging and Service Providers use the Determination of Need-Revised (DON-R) Instrument and Comprehensive Geriatric Assessment form as part of the screening and assessment process used to evaluate potential clients. At this time the DON-R is used extensively for screening and evaluation within the Community Care Services Program (Medicaid waiver) and in the non-Medicaid programs (see the form on the following page). DON-R indicators are independent predictors of the need for services. Four areas predict the need for shopping assistance: money management, the ability to do laundry, the ability to do housework, and mobility outside the home. The form is used to determine a social need score for each client based upon established need indicators. Each client is given a score when they are assessed for services. The DON-R individual scores are valuable in the screening and assessment process, because the instrument is normed to a nursing home population. Therefore, when assessing an individual's functional impairment level, and unmet need for care, we are able to determine who is most in need of services. If there is a waiting list for the service, clients are placed on the waiting list in descending order of their social need score, thereby giving preference to those individuals in the greatest social need. Other information recorded for each applicant for services includes minority status, rural, limited-English speaking, and disabled individuals, thereby giving particular preference to these individuals.

Economic need is determined by whether or not the client's stated income level is above, at, or below the poverty levels established by the Office of Management and Budget. This indicator is used as a "tie-breaker" in cases where two individuals have the same social need score and there is only one opening for service.

In order to assure that Area Agencies on Aging are targeting services to older persons with greatest economic or social needs, they are required to describe their plans for providing services to these groups in their Area Plans and to give particular attention to low income minority individuals, and individuals living in rural areas.

**Chart IV - 4
Determination of Need for Home and Community Based Services**

Function	Level of Impairment	Unmet Need for Care	Comments
1. Eating	0 1 2 3	0 1 2 3	
2. Bathing	0 1 2 3	0 1 2 3	
3. Grooming	0 1 2 3	0 1 2 3	
4. Dressing	0 1 2 3	0 1 2 3	
5. Transferring	0 1 2 3	0 1 2 3	
6. Continence	0 1 2 3	0 1 2 3	
7. Managing Money	0 1 2 3	0 1 2 3	
8. Telephoning	0 1 2 3	0 1 2 3	
9. Preparing Meals	0 1 2 3	0 1 2 3	
10. Laundry	0 1 2 3	0 1 2 3	
11. Housework	0 1 2 3	0 1 2 3	
12. Outside Home	0 1 2 3	0 1 2 3	
13. Routine Health	0 1 2 3	0 1 2 3	
14. Special Health	0 1 2 3	0 1 2 3	
15. Being Alone	0 1 2 3	0 1 2 3	
Box A – Subtotal Col. A, Items 1-6	Box A	Box B	Box B – Subtotal Col. B, Items 1-6
Box C – Subtotal Col. A, Items 7-15	Box C	Box D	Box D – Subtotal Col. B, Items 7-15
Box E – Subtotal Box A and Box C	Box E	Box F	Box E – Subtotal Box B and Box D
		Box G	Box G – Subtotal Box E and Box F

Score:

0

Greater than 1 and less than or equal to 1.5

Greater than 1.5 and less than or equal to 2

Greater than 2 and less than or equal to 2.5

Greater than 2.5

Interpretation:

No impairment or no unmet need for care

Mild impairment or mild unmet need for care

Mild to Moderate impairment or mild to Moderate unmet need for care

Moderate impairment or moderate unmet need for care

Severe impairment or severe unmet need for care

Section V

Programs and Services for Older Georgians

The aging network provides a comprehensive array of community long-term care services designed to appropriately sustain older persons in their homes and communities. These services also provide support to family members and other persons providing care voluntarily to older persons.

Area agencies are able to access, on behalf of older adults and other disabled individuals, a range of supportive services, including homemaker and personal care services, respite care, day care and meals. The services may be publicly funded and provided through contracts between area agencies and their provider agencies or may be obtained by the area agencies by referral to other community organizations and resources.

The provision of some services, such as day care, may mean that family caregivers are able to maintain their full-time or part-time employment. Thus, both the consumers of services, including families, and the communities in which they live, benefit from the existence of a coordinated service delivery system. There are economic benefits in expanding social services programs to support long term care because additional employment opportunities become available to both professionals and paraprofessionals who provide in-home and community services. The services that may be arranged through the AAA include: Gateway, Information Assistance and Referral, family caregiver program, elderly legal assistance program, GeorgiaCares (health insurance counseling, low cost and no cost pharmaceutical assistance), home delivered meals, senior center meals and support services, transportation, homemaker services, service coordination, long term care Ombudsman program, employment, and wellness program including medications management.

Nutrition Services constitute an integral part of services to elderly clients. An important collaborative study (Nutrition and Physical Activity Profile of Older adults in Georgia...Results from a Community Intervention) was undertaken to look at nutrition interventions. Highlights from this important study are provided at Appendix F.

Home and Community Based Services

The objective of the Home and Community Based Services Program (HCBS) is to provide a broad range of community based services to support and assist older Georgians who may not require intensive medical services to continue living in their homes and communities. These social and health related services promote health, self-sufficiency and independence.

The target population consists of older Georgians aged 60+ and their caregivers who need assistance in performing some of the basic tasks of daily living in order to remain at home or in the community.

Several factors contribute to the continued increase in demand for key home and community-based services:

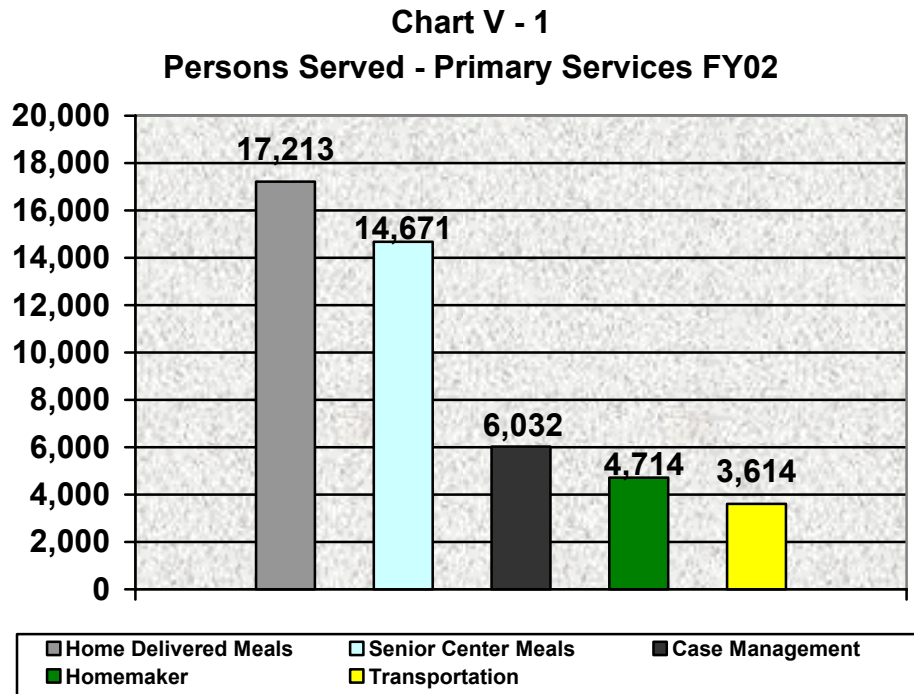
The rapid growth of Georgia's elderly population age 60 and above, will increase from 13.8% of the total population in 1990 to an estimated 15.7% by 2010.

The large number of older Georgians with limitations in mobility and self-care, with 47.5% of the 65+ population having a disability, and 57.4% of persons age 85 and older, with some type of functional limitation;

The decline in the number of potential care givers in proportion to the aging population needing care, from a ratio of 11 care givers per elderly person in 1990 to a projected ratio of 4 care givers per elderly person in 2050;

One fourth of Georgia's elderly live alone and have incomes under \$10,000 a year.

These trends contribute significantly to the continuing demand on services and resources managed through Georgia's Aging Network. Services are provided in a variety of settings, from senior centers where hot, nutritious meals are served, to the homes of elderly people and their caregivers.



Core services, which help maintain older people in their homes and communities, include:

Information and Assistance: Information and assistance, provided by the area agencies are often the first contacts with the long term care system for elderly people and their caregivers.

Transportation Services: For older people living in the community, the ability to continue moving about that community to manage personal business, take care of medical needs, and participate in social activities is vital;

Senior Center/Congregate Meals and Home Delivered Meals: In addition to hot, nutritious meals served in senior centers or delivered to the homes of home bound elderly, the Elderly Nutrition Program provides the opportunity for social contacts for many community-dwelling elderly. Nutritional status of the elderly has been linked directly to substantial health care cost savings;

Adult Daycare: Daycare services provide assistance and support in a community setting to frail older adults who need help with activities such as bathing and grooming, changing bandages, obtaining a nutritious meal, or those who benefit from social contacts with others;

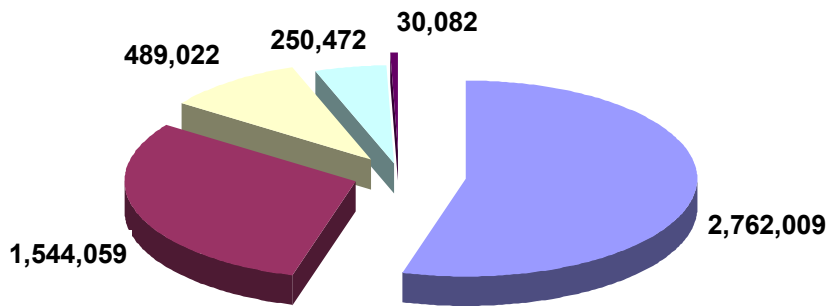
Respite Care Services: Respite care offers temporary substitute supports allowing

family members or other caregivers brief opportunities for rest or relief from care giving; and

Homemaker/Personal Care/Chore Services: People with limitations in mobility and self-care depend on the assistance of homemaker/personal care/chore aides for help in daily living which enables them to remain at home, including help with bathing, dressing, preparing meals, maintaining their homes inside and out, or managing finances.

Supporting the elderly to continue living in their homes and community settings as long as possible has been shown for many to be a cost-effective alternative to institutional care. While the Aging Network provided key services to over 38,000 elderly in SFY 2002, another 6,000 remained on waiting lists statewide at the end of the fiscal year. We know that we can provide services to eight people in the community for a year at the same cost to taxpayers of caring for one person in a nursing home for a year.

**Chart V - 2
HCBS - Most Used Services SFY 2002**



■ Home Delivered Meals ■ Senior Center Meals ■ Transportation ■ Homemaker Services ■ Case Mangement

Community Care Services Program

The primary objective of the Community Care Services Program (CCSP) is to provide alternatives to premature or unnecessary institutional placement of the elderly and others with functional impairments. The CCSP supports and assists older Georgians who require intensive health services to stay in their homes and communities. Home and community based services are the support services that may actually prevent persons from ever needing more costly institutional care, nursing home care, and other services.

As rising medical costs take up a greater portion of both state and federal budgets a low cost, effective alternative is required to serve the elderly population in settings other than costly nursing homes. Nursing homes are the residence of last resort for many individuals. The ability to provide essential medical and other services, which allow individuals to stay in their homes and communities, saves significant taxpayer dollars. Quality of life is an issue and an important consideration for many individuals. Many elderly persons would prefer to stay in their homes and communities given that option.

The CCSP offers Medicaid-eligible, functionally impaired citizens community-based care options. Clients served through the CCSP must meet the same medical, functional, and financial criteria for placement in a nursing facility. A physician certifies the individual's needs may be met by the CCSP and available community resources.

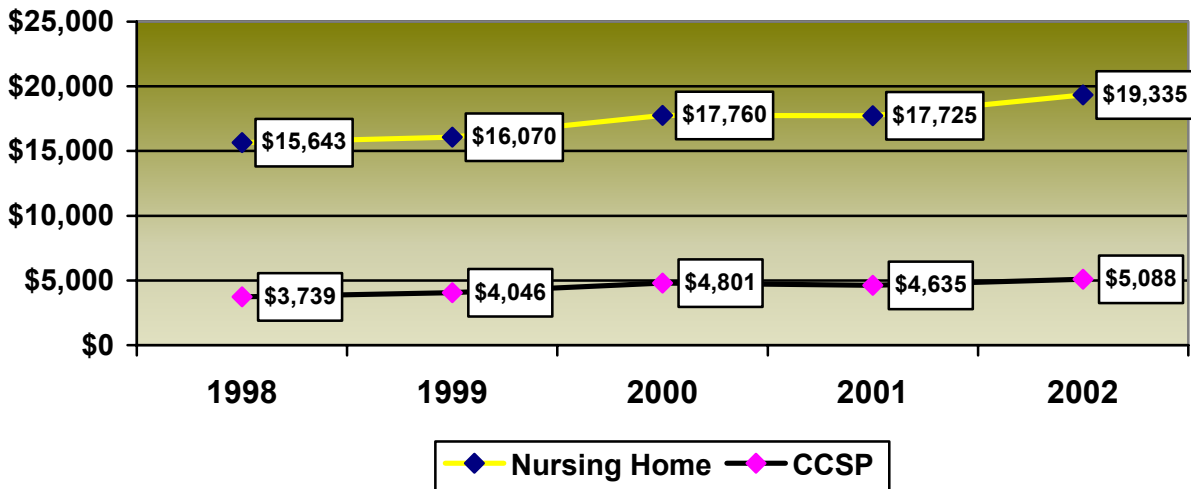
Under TITLE XIX of the Social Security Act, the program is funded with federal and state dollars, reimburses provider agencies for services through a federal Medicaid 1915 (C) waiver for Home and Community-Based Services. Provider agencies render services in the clients' homes, licensed personal care homes, or adult day health facilities. The Division of Aging Services, as the State Unit on Aging, operates and manages the CCSP through an inter-agency agreement with the Georgia Department of Community Health (DCH) Division of Medical Assistance (DMA).

Care Coordination staffing is critical to the Community Care Services Program (CCSP). Core program functions performed by Care Coordination staff includes:

- Control of services and costs for each client;
- Initial assessment and reassessments of clients for entry into the program;
- Determination of level of care needed for program services;
- Monitoring of client services;
- Determination of specific services for each client;
- Brokering of services with community providers; and
- Insuring quality care is delivered to each client.

Care Coordination is the focal point for an efficient and effective program. The quality of services, as well as the ability to control costs within the program is a function of how well care coordination works. Functions of the care coordination staff include intake, screening, assessment and service coordination.

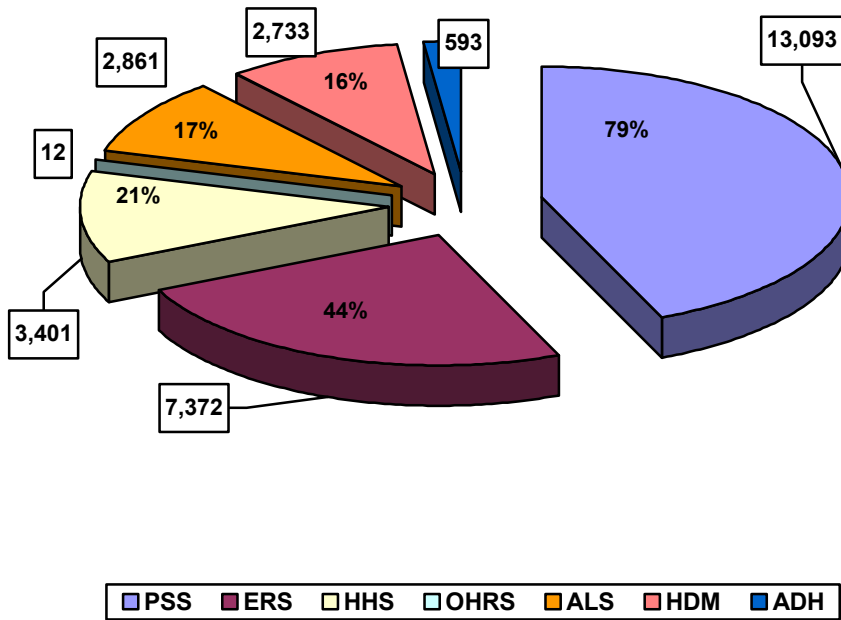
**Chart V - 3
CCSP vs Nursing Home (Medicaid \$'s)**



Area Agencies on Aging Gateway staff conduct telephone interviews to screen consumers for potential eligibility. Consumers are prioritized for assessment according to the results of the screening. Consumers who have a higher level of impairment and unmet need are the first to enter services.

CCSP services include Adult Day Health (ADH), Alternative Living Services (ALS), Emergency Response Services (ERS), Home Delivered Meals (HDM), Home Health Services (HHS), Personal Support Services (PSS), and Respite Care (RC).
 Chart V – 4 below shows the breakout of services.

**Chart V - 4
 CCSP Clients Served by Service Type (SFY 02)**



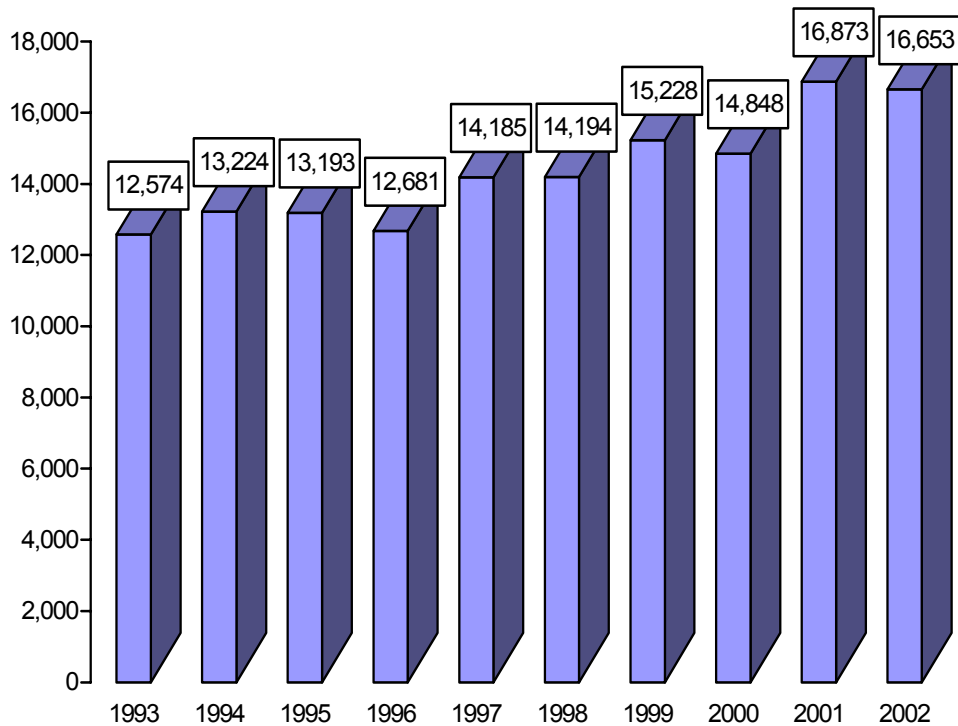
PSS = Personal Support Services OHS = Out-of-Home Respite Care ADH = Adult Day Health
 ERS = Emergency Response Services ALS = Alternative Living Services HDM = Home Delivered Meals
 HHS = Home Health Services

Quality Controls

Quality control and monitoring are conducted by the CCSP Medicaid Program through the Division of Aging Services State Unit on Aging, Utilization Review of the Division of Medical Assistance (DMA), Department of Community Health and Area Agencies on Aging. The State Unit on Aging's CCSP Section plans and oversees administration of the program. In conjunction with the DMA, the SUA is responsible for enrollment, establishing policy and procedures and for taking adverse action against non-compliant providers. The SUA also monitors providers and evaluates various services statewide. Traditionally, SUA monitoring has been focused on compliance.

Chart V-5 below shows the rise in clients served over the period FY93 through FY02.

Chart V - 5
CCSP Clients Served FY93 - FY02



Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP), funded under Title V of the Older Americans Act, has a dual purpose:

- To provide useful part-time community service assignments for low-income persons age 55 or older; and
- To help participants obtain employment.

While participants develop job-related skills and earn minimum wage, the community directly benefits from the work they perform. After a period of community service and skills development, participants are hired by the agency to which they were assigned or by another public or private sector employer. This program is a partnership, with 90% of the funds derived from the federal government and 10% coming from the state and from regional providers. The Division of Aging Services administers 278 positions annually, in nine SCSEP projects in seven regions of the state. Six national SCSEP sponsors also receive federal funds to provide an additional 1,061 SCSEP positions in Georgia.

Participants served in host agencies, such as:

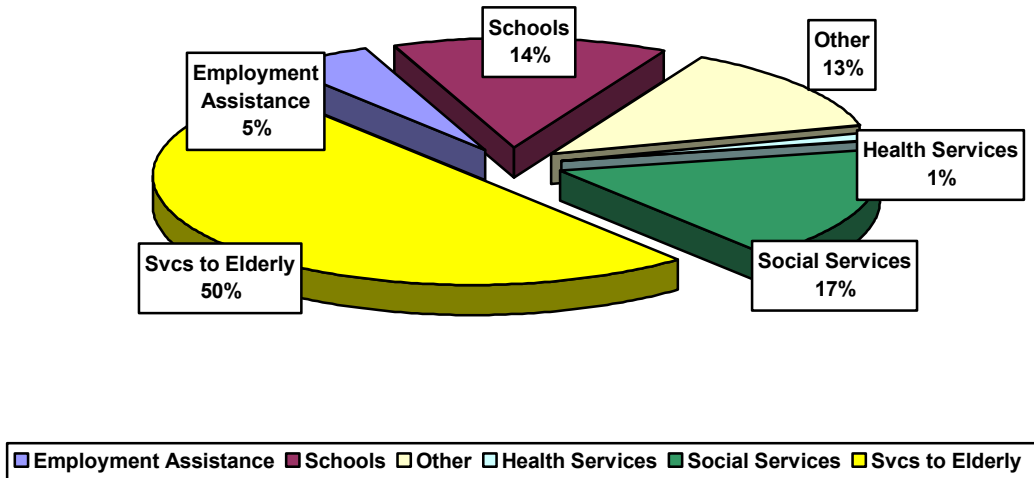
Health and recreation centers;	Department of Labor offices;
Day care and senior centers;	Child Support Recovery offices;
One-Stop Career Centers;	Senior Employment Programs;
Schools and libraries;	Community Action Agencies;
Homemaker services;	Boys and Girls Clubs; and
Home delivered meals programs;	County Departments of Family and Children Services

Participants worked as:

Clerical aides and receptionists;	Library aides;
Data entry clerks;	Drivers;
Bookkeepers;	Senior center aides;
Custodial and maintenance aides;	Long Term Care Ombudsman assistants; and
Intake and Referral aides;	Public school paraprofessionals.
Cooks and food servers;	

Chart V - 6 below shows the various areas in which program participants work and assist in the community. The most common job assignments are in organizations providing services to the elderly, followed by social service programs and schools.

**Chart V - 6
Service Provisions by Type**

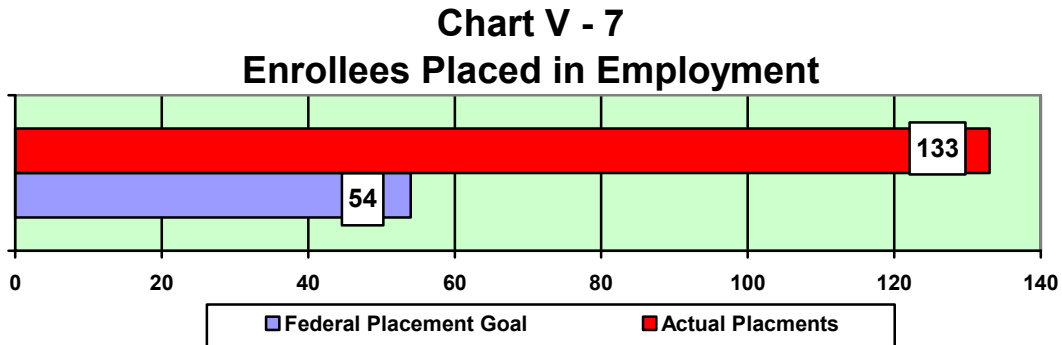


To qualify for the program an applicant must:

- be 55 years of age or older;
- be a resident of Georgia upon enrollment; and
- have a family income at or below 125% of federal poverty level.

Older persons with the greatest economic need, those age 60 and over, and persons having poor employment prospects are given preference for enrollment.

SCSEP participants provided over 282,000 hours of service to Georgia communities in SFY 2002.



In SFY 2002, 524 older persons received on the job training. Participants earned wages estimated at \$1.4 million while working in community service positions.

Although participants can be as young as 55 years of age, 85% were over age 60. Thirty-five percent of participants were over the age of 70. Ninety-three percent of persons enrolled had incomes below the federal poverty level. Forty-one percent of current enrollees did not complete high school. Forty percent of enrollees were minorities.

In SFY 2002, the SCSEP achieved a 49% job placement rate, exceeding the federal requirement of 20%. The SCSEP achieved a 193% total enrollment rate, exceeding the federal requirement of 140%.

The SCSEP assists participants to develop marketable skills and obtain employment. Participants who need classroom training may also enroll in programs funded through the Workforce Investment Act, HOPE grants or in community adult education programs. Participants are paid minimum wage while in community service and classroom training. The SCSEP helps participants assess their skills, find suitable job openings, complete applications and develop resumes. Job and personal counseling are available, and participants who need additional supportive services to overcome barriers to employment are referred to appropriate community resources.

Senior Community Service Employment Program goals for the future

According to the Urban Institute, the demand for employment and training services for older workers will increase as baby boomers age. The number of economically disadvantaged persons between the ages of 55 and 70 will increase by 1.4 million nationwide between 1995 and 2005.

The future goals of the SCSEP are to increase opportunities for job skills training and employment through:

- Partnerships with workforce development agencies and programs;

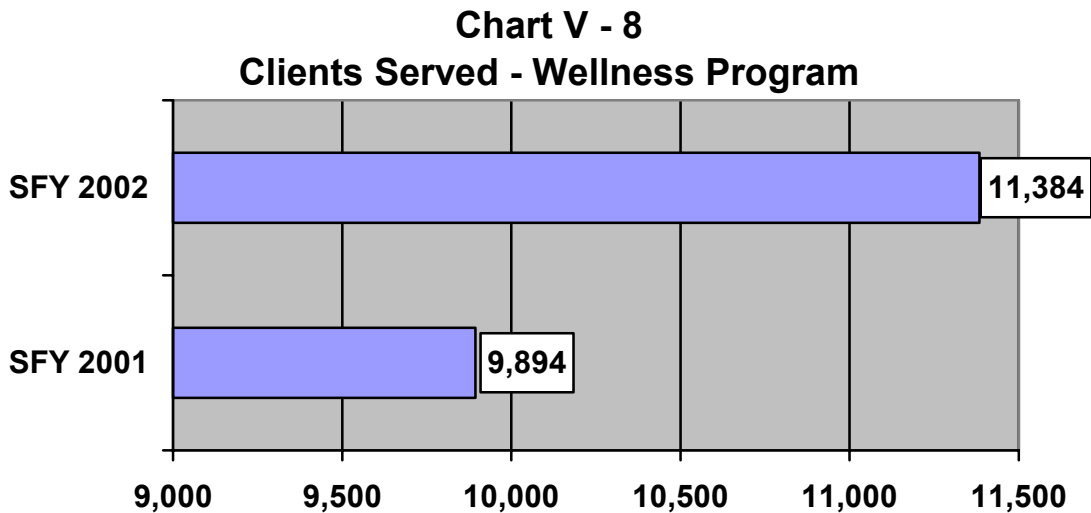
Georgia State Plan on Aging FY 2004 - 2007

- Participation in a federal Department of Labor program with private sector employers;
- Recruitment strategies and materials that target older job seekers who are most in need; and
- Redefining older workers as the skilled, motivated, dependable and experienced workers that they really are.

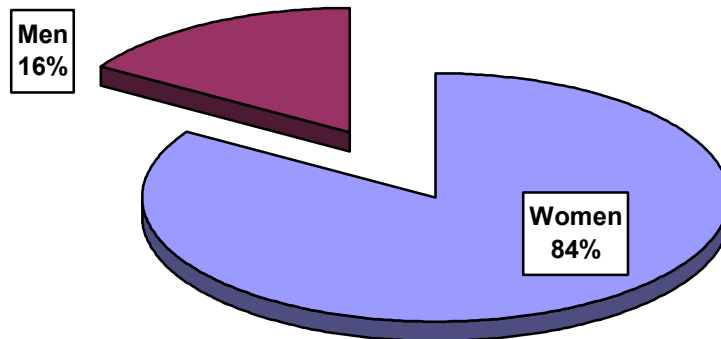
The Wellness Program

The Wellness Program, funded through Title III-D of the Older Americans Act and state funds, is aimed at supporting successful aging. Activities are focused on health promotion and disease prevention. Services are designed to improve health status, increase/maintain functional abilities, avoid or delay problems caused by chronic diseases and enhance quality of life. Additionally, older adults are trained to make more informed lifestyle choices and take a more active role in shaping their own well-being.

A total of 11,384 clients (unduplicated count) were served in SFY 2002. This represents a 15% growth over the number of clients served in SFY 2001. A statewide sampling revealed that the average age of program participants was 77 years of age. Eighty-four percent of clients were women; sixteen percent were men.



**Chart V - 9
Wellness Program - Demographics**



Wellness Services

Wellness services include: nutrition screening, education, counseling; physical fitness, exercise; medications management; fall prevention; foot/ear care; physical therapy; occupational therapy; therapeutic massage; stress reduction; home safety inspections; weight control; education / screening and management of chronic diseases.

Medications Management

In its first full year of operation 4,980 individuals were served in the medications management program. The program informs older adults about taking medicines correctly, keeping a personal medications list, proper storage, preventing overmedication and avoiding adverse drug interactions. A statewide evaluation of the program revealed significant impacts on participants:

The percent of individuals possessing their medications list increased from 40% to 67%;

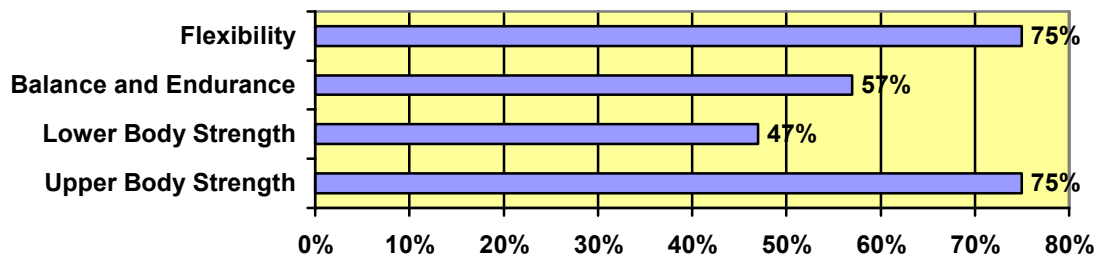
The percent of individuals carrying their medications list with them increased from 13% to 40%;

The percent of individuals who had a health professional evaluate their medications list increased from 61% to 79%; and

The percent of individuals who knew why they were taking each medicine increased from 78% to 94%.

Using standardized fitness tests related to flexibility, strength, endurance and balance, the functional abilities of older adults improved dramatically as a result of the Wellness Program activities. Chart V – 10 shows the percent of participants who showed improvements in four specific tested fitness areas.

Chart V - 10
Wellness Program - Improvements in Fitness (FY 2002)



Milestones and Accomplishments – FY 2002

The Dannon Institute and the Archstone Foundation gave national recognition to the Division’s “Take Charge of your Health Initiative” by naming it a program of excellence.

The National Council on the Aging proclaimed the Senior Citizen’s Center of Augusta as having one of the top ten “exemplary” wellness programs in the nation.

The Division added a new fitness data screen to its Aging Management System (AIMS), to improve statewide reporting and evaluation of exercise activities.

Collaborations with the Division of Public Health resulted in the development of a state suicide prevention plan, an arthritis action plan and a new program effort to reduce the burden of asthma.

Future Directions and Opportunities

- Link Public Health chronic Disease Prevention Specialists with Wellness Program Coordinators to better integrate programs at the local level.
- Expand early detection, screening and intervention efforts related to colon cancer, breast cancer, prostate cancer and immunizations for influenza/pneumonia.

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- Explore new program initiatives addressing arthritis, suicide prevention, obesity and physical inactivity.
- Improve the use of primary care and community settings for detection and treatment of depression, mental illness and anxiety disorders.
- Develop a comprehensive Healthy Aging Plan for Older Georgians.

Long-Term Care Ombudsman Program

Georgia's Long-Term Care Ombudsman Program works to improve the lives of residents of long-term care facilities. Ombudsman staff and certified volunteers informally investigate and work to resolve complaints on behalf of residents. They visit long-term care facilities to be accessible to residents and monitor conditions. Ombudsmen also provide education regarding long-term care issues, identify long-term care concerns and advocate for needed change.

The federal Older Americans Act and Georgia law authorizes the Long-Term Care Ombudsman Program. In January 2002, the Office of the State Long-Term Care Ombudsman (State Office) was reorganized to operate as a separate office within the Georgia Department of Human Resources, Division of Aging Services.

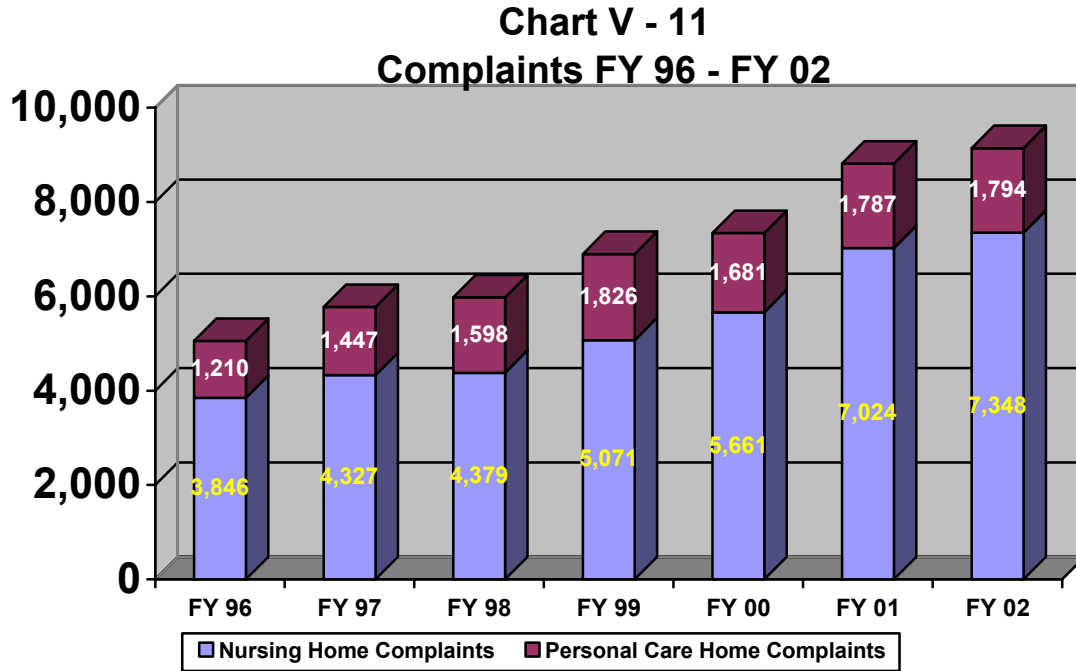
The Division of Aging Services contracts with Area Agencies on Aging (AAAs) to provide ombudsmen services throughout the State. Most AAAs contract with non-profit agencies to operate the community ombudsman program in their service area, although two community ombudsman programs are housed within AAAs.

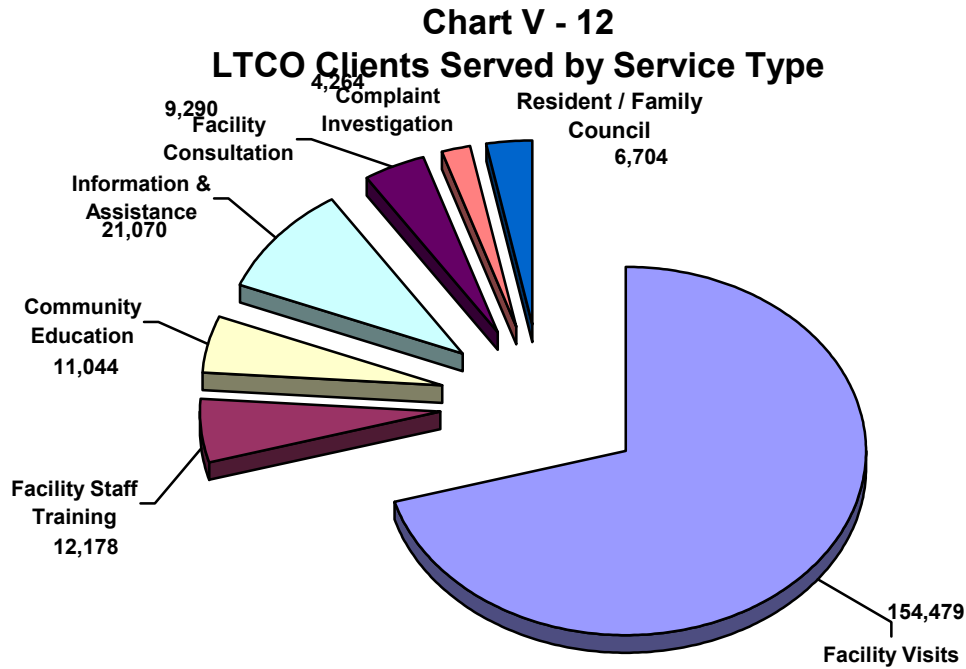
Table V – 2

Type of Facility	Number	Number of Beds
Nursing Homes	377	40,816
Intermediate Care / Mental Retardation Facilities	9	1,592
Personal Care Homes	1,654	25,648

A principal function of the Ombudsman Program is to investigate and work to resolve complaints made by or on behalf of long-term care residents. In their complaint handling, ombudsmen respect resident and complainant confidentiality and focus their complaint resolution on the resident's stated wishes.

Complaints related to long-term care facilities have risen steadily in recent years – from 5,056 in SFY 1996 to 9,142 in SFY 2002. The total number of complaints received during SFY 2002 increased 4% above the SFY 2001 level.





In SFY 2002, 221 volunteers – 24 certified, 55 volunteer visitors and 142 who perform other services – assisted the Ombudsman Program. State Office staff approved volunteer training curricula, administered certification examinations, provided guidance, and participated in community ombudsman program volunteer training.

In SFY 2002, ombudsman responded to 95% of complaints received regarding abuse or gross neglect within 72 hours and 99% of all other types of complaints within 7 working days.

Chart V - 13
Complaint Resolution - Nursing Homes (SFY 02)

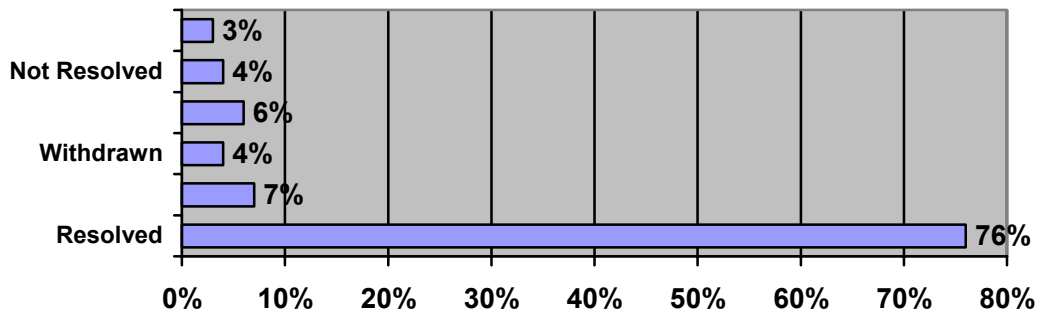
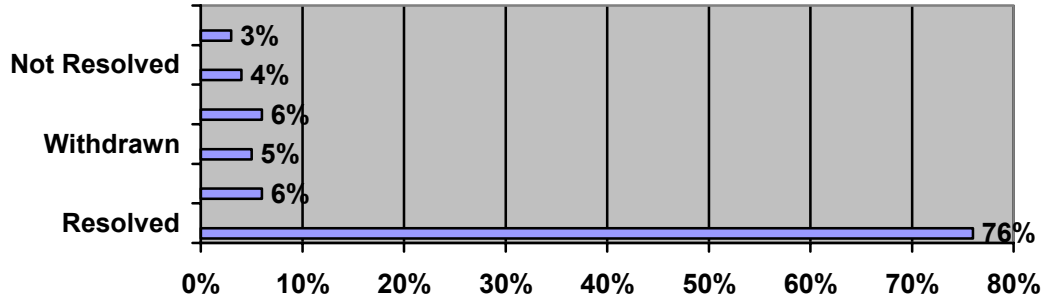


Chart V - 14
Complaint Resolution - Personal Care Homes (SFY 02)



The overall complaint resolution rate is 94% of all complaints totally resolved. The resolved rate of 94% is derived from a combination of five types of resolution: the resident or complainant was satisfied or partially satisfied, the complaint was explained or withdrawn, or no action was needed or appropriate.

In SFY 02, 976 complaints were referred to other agencies (605 regarding nursing homes and 371 regarding personal care homes). This number represented 11% of all complaints received by ombudsmen.

Funding

The budget for the Long-term Care Ombudsman Program totaled \$2,657,232 in FY 02. The largest portion of funds supporting the Ombudsman Program was from state sources (44%). Federal sources made up 42%, while local funds and grants from other sources made up the remaining 14%.

Based on the experience of ombudsmen throughout the State, Georgia's Long-Term Care Ombudsman Program recommends the following to improve the lives of Georgians who live in long-term care facilities:

- Increase staffing in nursing homes;
- Increase availability and affordability of long-term care services;
- Hold nursing homes accountable for their use of public funds;
- Improve criminal justice system's responsiveness to elder abuse;
- Improve mental health services for nursing home residents; and
- Improve complaint investigations in nursing homes.

GeorgiaCares

State Health Insurance Program

The GeorgiaCares program is a statewide coalition established in 2002 to assist every eligible senior to enroll in all applicable low-cost prescription savings programs sponsored by pharmaceutical companies. This program, formerly known as HICARE, also includes Georgia's SHIP (state health insurance program) for Medicare beneficiaries funded by the Centers for Medicare and Medicaid and the Senior Medicare Patrol Program authorized by a grant from the federal Administration on Aging. The goals of the program are to insure that Georgia's Medicare beneficiaries, their families and others understand the rights, benefits and services under the Medicare program; are informed about their choices regarding health insurance and other benefits and services designed to coordinate with Medicare benefits; are reducing their prescription drug costs by participating in all applicable low-cost prescription savings programs sponsored by pharmaceutical companies; and are good stewards of their Medicare resources.

Since requests for prescription assistance are among those most frequently received, GeorgiaCares helps meet one of the most pressing needs of seniors – assistance with prescription drug costs. Expanding the previous health insurance counseling and assistance program into GeorgiaCares set the stage for increasing program funding and resources, expanding the pool of volunteers, raising the program's visibility, and has resulted in increased services and savings for Georgia's Medicare beneficiaries.

GeorgiaCares services include:

- Consumer information and counseling on Medicare, Medicare supplemental insurance, long term care insurance, employer health insurance plans, Medicare Savings Programs, and Medicaid and Medicare managed care options;
- Community education about health insurance and Medicare, with emphasis on educating individuals on preventive services covered by Medicare and low-cost prescription drug programs;
- Education and counseling so individuals understand and exercise their rights as Medicare beneficiaries and health insurance policy holders;
- Assistance to beneficiaries so they can better evaluate and compare employer and private health insurance plans as well as managed care plans and long term care insurance plans;

- Help for Medicare beneficiaries in filing medical claims and appealing denials of coverage by Medicare, Medicare managed care and private health insurance;
- Education to enable Medicare beneficiaries to identify and report Medicare error, waste and abuse; and,
- Reduction of beneficiaries' out-of-pocket costs. From SFY 2000 through SFY 2002, GeorgiaCares helped beneficiaries save more than \$3,822,687 in health insurance and related expenses. While these savings are commendable, the expansion of the program into GeorgiaCares has dramatically benefited Georgia's Medicare population. From July 1, 2002 through April 30, 2003, the GeorgiaCares program assisted 15,913 beneficiaries and gave them the opportunity to save more than \$24 million in out of pocket expenses.

GeorgiaCares services are available across Georgia through twelve local area agencies on aging. The GeorgiaCares toll free number, 800-669-8387, automatically routes callers to the local offices. Trained GeorgiaCares counselors, including approximately 300 volunteers and additional paid staff, provide program services. Training modules designed to assist local coordinators in training additional volunteers assure that uniform, high-quality training is conducted regionally on an on-going basis.

Partnerships and collaboration are essential for the success of GeorgiaCares. Partners include the area agencies on aging and their subcontractors that provide GeorgiaCares services. Traditional partners include the Georgia Peer Review Organization, Medicare fiscal intermediaries and carriers, the Social Security Administration and Division of Medical Assistance. Since 2002 GeorgiaCares partnerships have expanded to include the Georgia Department of Community Health, Office of Rural Health, and Governor's Office of the Consumers' Insurance Advocate. Other new partners include PhRMA, Medical Association of Georgia, Atlanta Medical Association, Eli Lilly, Pfizer, Together Rx, Pharmacia, Novartis, Merck, Schering-Plough, Boehringer-Ingelheim, AstraZeneca, Aventis, Johnson and Johnson, Wyeth, GlaxoSmithKline Roche, Solvay, Takeda Pharmaceuticals, Georgia Academy of Family Physicians, Georgia Pharmacy Association, Georgia Academy of Independent Pharmacies, Mercer University Pharmacy School, UGA School of Pharmacy, Georgia Hospital Association, HCA, Georgia Association of Chain Drug Stores, Kroger, Publix, Winn-Dixie, K-Mart, Wal-Mart, Walgreen's, Save Rite, CVS, Eckerd, Georgia District of Kiwanis International, Thanks Mom and Dad Fund, AoA, Medicare Part A, Medicare Part B, the Georgia Retired Teachers Association and others.

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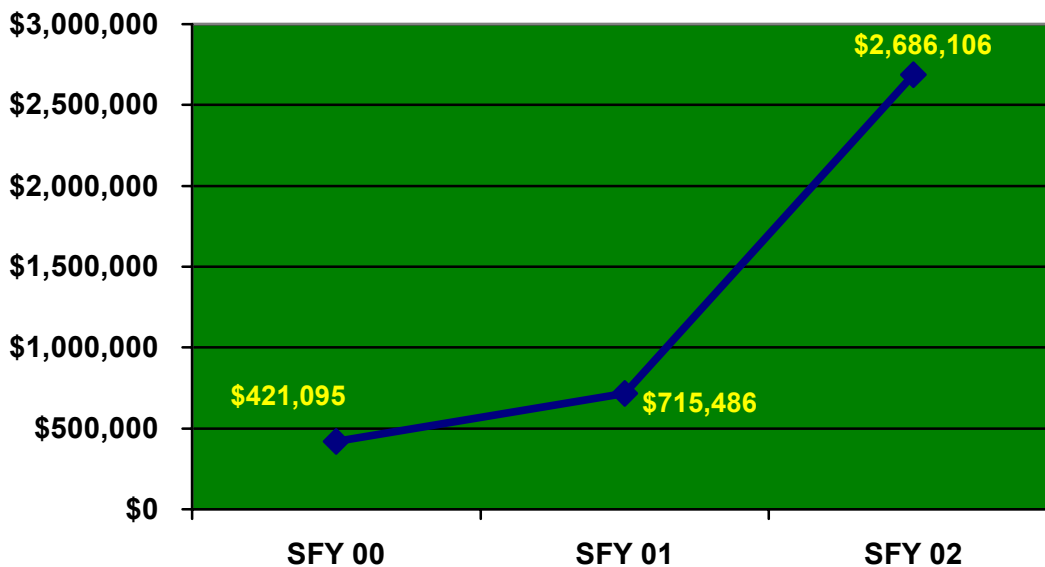
Representatives of these organizations serve on the GeorgiaCares Advisory Council.

Outreach and community education are vital strategies to inform older Georgians about Medicare, low-cost prescription drug programs, and Medicare error, waste and abuse. Brochures describing the program are available in nine different languages. With support from private partners, GeorgiaCares produced a professional video on volunteer recruitment. This video, to be shown in hospitals, physicians' offices, senior centers and pharmacies, describes the program and highlights opportunities for volunteering. The video, a media campaign conducted from October 2002 through

March 2003, along with local community education and outreach events helped increase the number of people served and gave them more opportunities for out-of-pocket savings.

In SFY 2002, GeorgiaCares saved beneficiaries \$2,686,106 in out-of-pocket expenses.

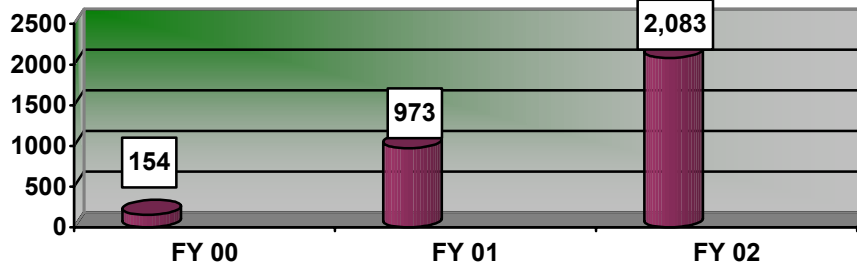
Chart V - 15
GeorgiaCares Clients' Savings (FY 00 - 02)



Over the last three years, GeorgiaCares conducted a total of 3,210 outreach and media events to 5,218,552 individuals regarding health insurance information on Medicare, Medicaid, prescriptions assistance, Medigap, other health insurance

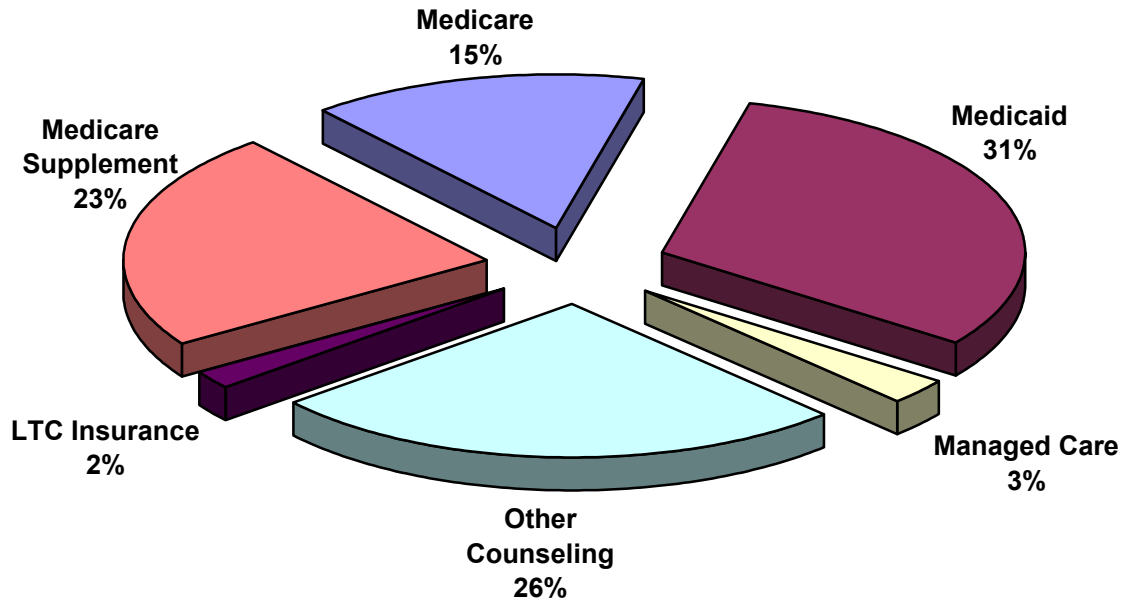
needs and Medicare fraud prevention. 246 trained volunteers served clients in SFY 2002.

Chart V - 16
GeorgiaCares - Outreach Events (FY00 - 02)



In SFY 2002, over 50% of GeorgiaCares calls dealt with Medigap questions. Medicaid and prescription drugs also represented areas of major concern for callers.

Chart V - 17
GeorgiaCares - Counseling Services (FY 02)



During State fiscal year 2002, GeorgiaCares volunteers saved Medicare beneficiaries over two million dollars. The majority of savings have come from assisting Medicare beneficiaries to enroll in the Medicare savings programs. These programs help Medicare beneficiaries pay for their Medicare expenses. Over one-third of the

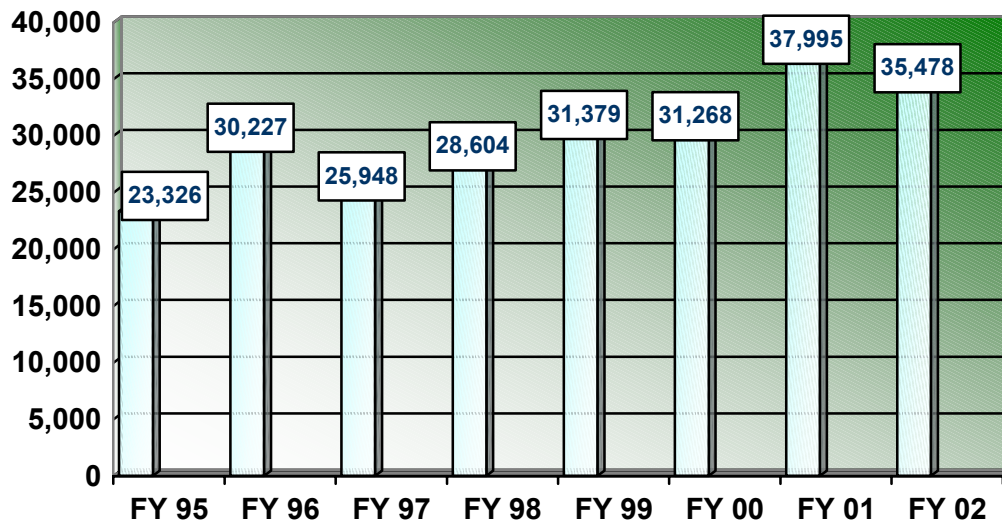
savings were achieved by helping Medicare beneficiaries lower their high costs for prescriptions.

Funding for the GeorgiaCares program comes from state, federal, and private sources. Arrangements have been made for the Thanks Mom & Dad Fund® to accept charitable contributions earmarked for GeorgiaCares.

Elderly Legal Assistance Program

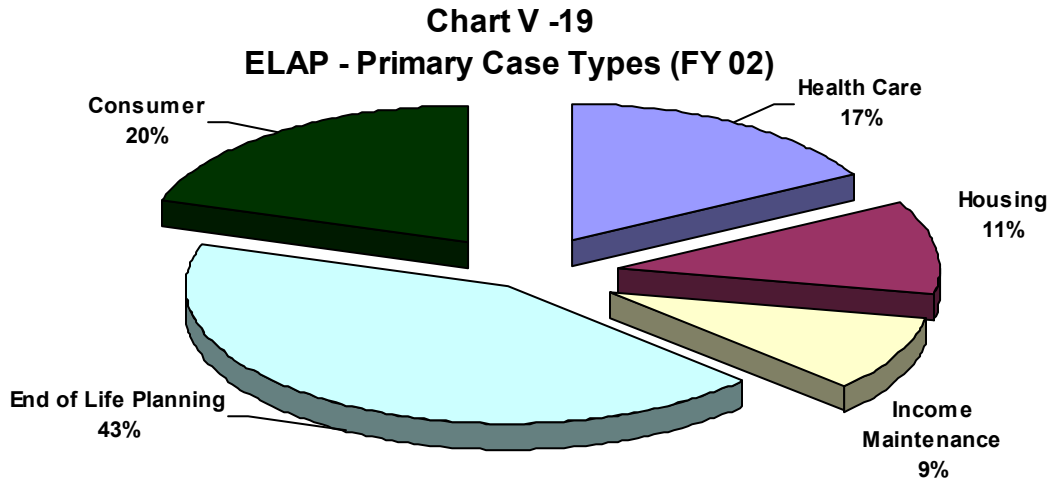
The Georgia Elderly Legal Assistance Program (ELAP), funded by Title III of the Older Americans Act, provides legal information, education and representation to persons 60 years of age and older throughout the State of Georgia, at no cost to the individual client. In FY 2002 ELAP served 35,478 seniors. ELAP's efforts in focusing on prevention through community education and vital legal information to seniors resulted in a slight decrease in the number of seniors requiring lengthy legal representation.

Chart V - 18
ELAP - Clients Served FY 95 - 02



Case Services to Clients

End of life planning and consumer issues represented 63% of all cases handled. In SFY 2002 ELAP saved older Georgians \$3,782,333 by providing document preparation, legal counseling and case representation.



The top five primary case types in SFY 2002, and the types of issues within each category are outlined below.

Consumer – Fraud, contracts, and debt relief.

Health Care – Medicare, Medicaid, nursing home and personal care home issues.

End of Life Decisions – Financial and health care, power of attorney and living wills.

Income Maintenance – Social Security, Food Stamps and disability.

Housing – Homeowner, public housing and landlord / tenant issues.

Community Education

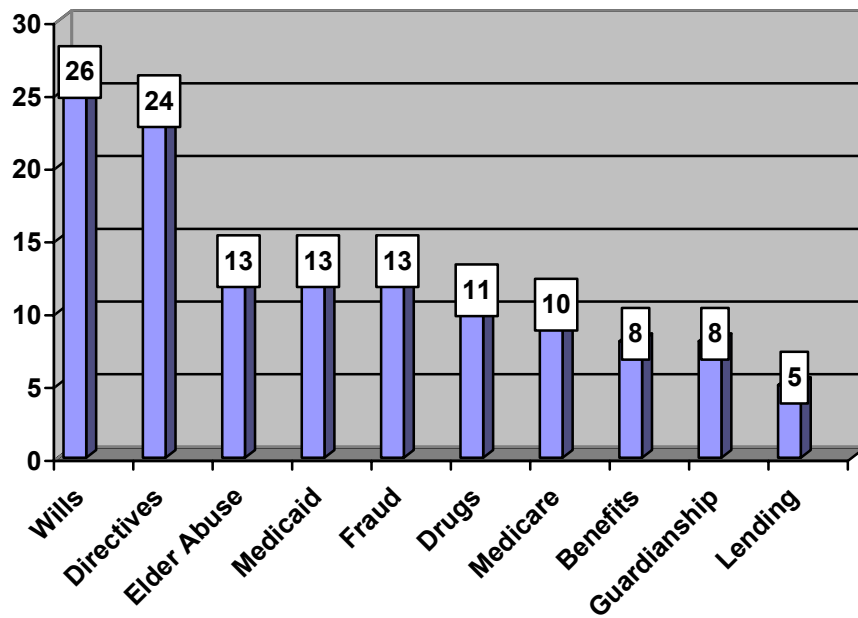
Community education is a method of prevention that helps seniors avoid more costly, time consuming legal problems. In SFY 2002 over 25, 873 seniors attended legal education sessions conducted by the Georgia Legal Assistance Program.

The top ten topics covered in community education sessions in SFY 2002 were:

1. Wills, estate and probate;
2. Advance Directives;
3. Elder Abuse;
4. Medicaid and Nursing Home Medicaid;
5. Consumer Fraud / Consumer Scams / Telemarketing Fraud;

6. Prescription Drug Coverage and Pharmaceutical Programs;
7. Medicare and Medicare Fraud;
8. Public Benefits;
9. Guardianship; and
10. Predatory Lending (tied with Medicare Buy-in Programs).

Chart V - 20
ELAP Sessions by Topic (FY 02)



The Georgia Elder Abuse and Consumer Fraud Prevention Program

Elder Abuse is one of the most unrecognized and under-reported crimes in the United States. Sadly, many of its victims don't realize it, don't know what to do about it, or are too afraid to report their abuse or neglect. The Elder Abuse and Consumer Fraud Prevention program, authorized and funded by Title VII of the Older Americans Act (OAA), is designed to provide services to identify, prevent and treat elder abuse, neglect and exploitation. The goals of the program are to heighten the awareness of abuse of older individuals in community settings and to provide or facilitate access to programs and services for victims. Each of Georgia's twelve (12) planning and service areas has an elder abuse and consumer fraud prevention program.

Elder Abuse and Consumer Fraud Prevention Programs:

- Provide community education on elder abuse, neglect and exploitation (including financial exploitation) and consumer fraud that affects the elderly such as telemarketing fraud, home repair fraud and identity theft.
- Receive and refer complaints from victims, families and caregivers regarding elder abuse to law enforcement and/or appropriate entities (e.g., adult protective services, domestic violence programs, rape crisis centers, etc.).
- Train criminal justice staff (e.g., law enforcement officers, victim services advocates), social services providers, medical personnel and volunteers about ways to identify, prevent and treat older adults who have been abused, neglected and/or exploited.
- Coordinate with law enforcement, social services agencies and victim witness programs, including the state Senior Adult Victims Advocate (SAVA) program to address the issues of older adult victims of abuse.

Elder Abuse Prevention Program Facts and Figures (SFY'02):

- 386 Community Education Sessions with 18,292 persons in attendance.
- 222 Training events for professionals/volunteers with 6,293 participants.
- Financial exploitation ranked as the #1 type call received by the programs (151 calls).
- 117 referrals made to law enforcement, protection or social services agencies about elder abuse.

Special Initiatives:

- In addition to the Title VII funded Elder Abuse Prevention Services, the Georgia DHR Division of Aging Services has a \$60,000 grant from the Georgia Criminal Justice Coordinating Council, funded by the federal Victims of Crime Act, for the Senior Adult Victims' Advocate Program known as SAVA. SAVA is working to help seniors who are victims of elder abuse. The program, which also uses volunteers, operates the Elder Abuse Information and Assistance Helpline at 404-657-5250 in metro Atlanta or 1-888-774-0152 statewide. This program helps fill the gaps in services for older adults, age 60 and over, who are victims of abuse, neglect or exploitation by serving as a liaison between victims, social services agencies and the court system. SAVA provides counseling, mentoring and support. The program coordinates with Adult Protective Services, Domestic Violence Shelters, Sexual Assault Programs, Long-term Care Ombudsmen, and the legal and judicial systems to ensure that victims receive services. SAVA counsels with victims to help determine strategies to reduce existing problems, and eliminate and prevent further victimization. SAVA helps keep victims informed about their legal cases and assists in helping victims maneuver through the legal system. SAVA provides ongoing support such as: telephone assurance, assistance with court appearances and access to support groups. In addition SAVA maintains a database of victims' services and assistance.
- Law enforcement training on elder abuse was provided to over 400 officers in Albany and Dougherty County.
- The Heart of Georgia Elder Abuse and Consumer Fraud Program initiated outreach to home delivered meals clients to identify potential victims and

educate clients about elder abuse.

Caregiver Programs and Services

Georgia is continuing to emphasize the development of programs and services to support family caregivers. During SFY 2002, these services included adult day care, respite and other support services, which enable caregivers to keep their loved ones at home as long as possible. These programs are available to family caregivers of persons with Alzheimer's and other dementias, as well as to persons caring for frail, older adults with chronic health conditions.

State funded Alzheimer's Program

Alzheimer's Disease (AD) is a progressive, degenerative disease of the brain, and the most common form of dementia. Approximately four million Americans have Alzheimer's disease, and it is the fourth leading cause of death among adults. AD costs the United States approximately \$80-\$100 billion a year.

Georgia's population age 85 and older is expected to increase to 209,000 between now and the year 2010. Almost one half of all Georgians 85 and older have Alzheimer's disease (AD) or another dementia.

Because more than seven of ten people with AD live at home and 75% of home care is provided by family and friends, Georgia provides cost effective services to AD patients, enabling them to continue living at home for as long as possible, delaying more costly nursing home placement. These vital services include:

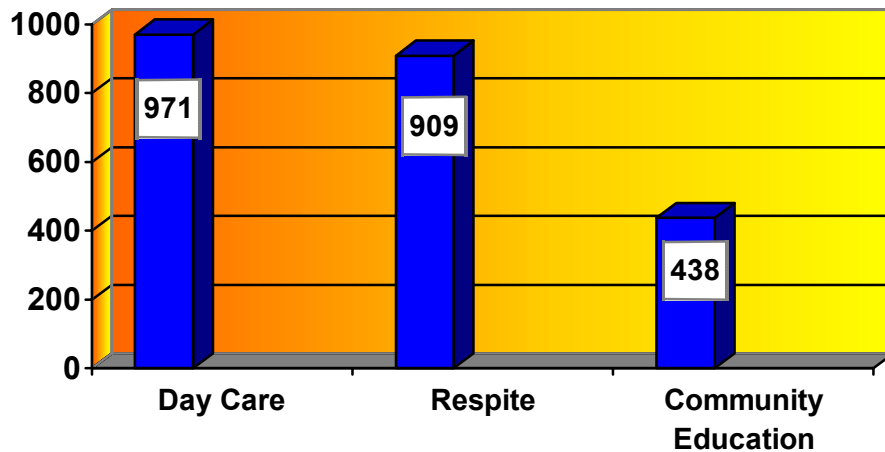
In-home Respite - Relief for the caregiver of a person with Alzheimer's disease,

providing respite on a short term or intermittent basis. Respite care may be provided in an individual's home or in an approved facility away from home.

Adult day care - Personal care for persons with AD, in a facility outside their own homes during a portion of a 24-hour day. Adult day care includes personal care services, nursing services, transportation, nutritious meals, assistance in obtaining health services, and therapeutic activities.

Additional support services - Transportation, home modifications and education/training activities.

**Chart V - 21
Persons Served (FY 02)**



A Total of 1,880 family caregivers received temporary relief from their care giving responsibilities through respite and day care services provided by Georgia's aging network during SFY 2002. An additional 438 persons received help through caregiver community education sessions.

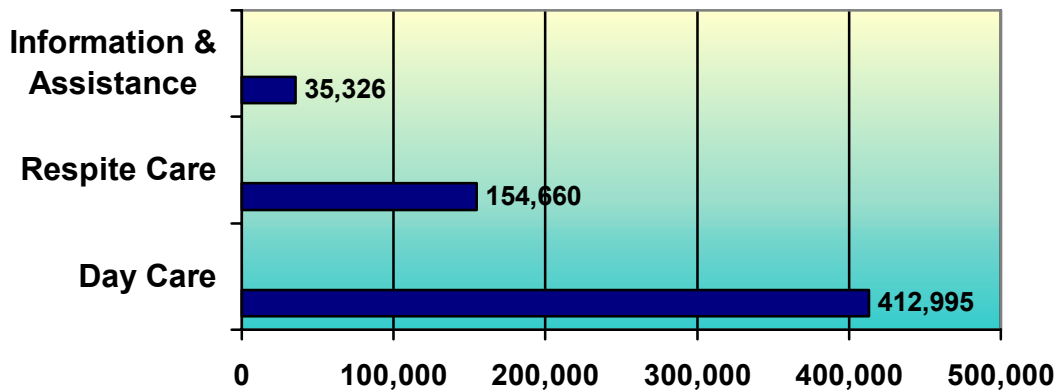
Services Provided

412,995 hours of Adult Day Care / Health were provided, offering consumers health services, personal care and therapeutic activities in a day center.

Respite Care – short-term relief to the caregiver in the client’s home accounted for 154,000 hours of service.

Information and assistance provides caregivers with current information on program, services and resources within their communities, accounted for 35,326 contacts.

Chart V - 22
Hours of Service (FY 02)



Mobile Day Care

Georgia’s Mobile Day Care program, which enables rural communities to “share” staff that travel between locations, provides a period of respite for caregivers from their 24-hour day caregiving responsibilities. Nationally recognized, the state of New Mexico chose Georgia’s model for replication within their state. Additionally, Georgia’s program has been featured in the Rural Health section of *Successful Farming Magazine* and in Business Publishers Incorporated’s *Older Americans Report*.

During FY 2002, three regional caregiver forums were sponsored around the state for family and professional caregivers. Attended by over 438 caregivers, these forums provided on-site and in-home respite, enabling family caregivers to be able to attend.

In collaboration with the Rosalyn Carter Institute, the Division of Aging Services and six Area Agencies on Aging are developing six CARENETs across Georgia. A CARENET is a collaborative network of family and professional caregivers, educational institutions, and businesses. The CARENETs will link family and professional caregivers to improve a community's caregiving capacity, and develop service and educational programs for caregivers.

Consumer Directed Care Model

Legacy Express is a four-county program in north Georgia aimed at improving the quality of services provided to older Americans and their caregivers. Legacy Express provided vouchers to caregivers, which may be spent on service options ranging from respite and medications to haircuts and lawn care. The objective is to give caregivers the authority and flexibility to select those service options that work best for them. Originally targeted at persons with Alzheimer's disease, the program has gradually been expanded to serve any older person in need.

Anecdotal evidence suggests that participants like the program and its flexibility. In addition, participants in focus groups indicated that they did not know what they would have done had the program not existed. Program staff reports the program provides critical support to people who are not receiving services under a Medicaid home and community-based services (HCBS) waiver. Appendix G provides a complete outline of the program.

Appendix H provides an overview of a recent caregiver focus group and related study.

National Family Caregiver Plan Objectives

States have been instructed to develop and include in their new State plans (or plan amendments), objectives for implementation of the National Family Caregiver Support Program (NFCSP). The objectives shall describe how the State is implementing the five service categories into a multifaceted program, and how the NFCSP is being integrated into the existing Administration on Aging systems of service for older individuals. Specifically, the State shall include objectives in their plans / amendments that:

- 1) Describe how the NFCSP will be implemented in the State including: (A) the categories of services that will be provided / expanded, (B) funding allocated to the service categories; and (C) the projected number of caregivers who will benefit from the services during the plan period: and
- 2) Outline steps for integrating the NFCSP into the State's existing comprehensive system of services for older individuals including: (A) how an emphasis on serving "caregivers" (in addition to "care recipients") will be

implemented; and (B) how the NFCSP will be integrated into existing caregiver programs.

See Section VI for a discussion of how the Georgia State Plan will comply with the above issues.

Section VI

State Plan Objectives

The Plan's objectives are designed to drive improvements in the quality of life for older Georgians and their caregivers. A number of challenging issues face all those involved in the Aging Network. The issues addressed were analyzed within the framework of the Division's programmatic, budgetary and organizational structures. Given the current fiscal constraints and the finite resources available goals and objectives were established with these factors in mind.

Our partnerships within the Aging Network are key factors in meeting the issues outlined in this section.

Issue: Baldrige - Assuring Performance Excellence

The Baldrige Award is given by the President of the United States to businesses, small and large, and to education and health care organizations that apply and are judged to be outstanding in seven areas: leadership, strategic planning, customer and market focus, information and analysis, human resource focus, process management, and business results.

Congress established the award program in 1987 to recognize U. S. organizations for their achievements in quality and performance and to raise awareness about the importance of quality and performance excellence as a competitive edge. The criteria are designed to help organizations enhance their competitiveness by focusing on two goals: delivering ever improving value to customers and improving over all organizational performance.

The Division of Aging Services has adopted the criteria as the basis for and cornerstone of planning and evaluation. Baldrige is being used by DAS to shape the values, direction, and performance expectations of the organization. To date, the criteria have yielded such results for the Division as:

- A formal rewards and sanctions policy for AAA compliance;
- An improved approach/model for strategic plan development and deployment throughout the aging network;
- A formal approach to be used throughout the aging network to obtain objective client satisfaction information;
- An improved process for data collection and analysis for decision making purposes;
- Development of a systematic approach to assess employee satisfaction; and
- Identification and prioritization of key Division processes beginning with the Area Plan Development process.

Strategic objectives for the upcoming plan cycle include:

Objective: Delivering ever-improving value to customers.

Strategy 1. Review and improve the Strategic Planning process

Strategy 2. Use the core values and concepts to improve focus and customer service.

Strategy 3. Improve partnering with AAAs

Strategy 4. Identify customer needs by group and segment and ensure they are understood by staff.

Strategy 5. Incorporate customer information to drive plans, service and process improvements.

Strategy 6. Increase feedback from partners/customers

Strategy 7. Empower staff to resolve customer issues.

Strategy 8. Improve the methods used to measure customer satisfaction.

Objective: Improving overall organizational performance.

Strategy 1. Develop a systematic and repeatable planning process. Include the following in the strategic planning process.

- Input from all stakeholders.
- A focus on a few vital objectives.
- Measurable goals and objectives.
- A process for communicating plans and assigning accountability.
- A process for considering resource needs.
- A process for reviewing and adjusting as needs change.

Strategy 2. Consistent and timely use of data (fact based) in making decisions, setting goals and measuring results.

Strategy 3. Spend more time as management in thinking and acting strategically.

Strategy 4. Insure that process results are available to drive improvement in services.

Strategy 5. Maximize use of the self-assessment process (Identify Key factors, assess the organization, and take action) to improve the effectiveness of the organization.

Strategy 6. Improve measurement of internal processes.

Issue: Wellness Program

Since the turn of the century life expectancy in the United States has nearly doubled. The purpose of the Wellness Program is to assure successful aging and that these extra years of life experienced by older Georgians are vigorous and vital. Successful aging relates to the ability of older adults to remain in their homes, be independent and be able to perform everyday tasks of living. To accomplish this the Wellness Program supports older adults in the adoption of healthy lifestyle behaviors, better nutrition and physical fitness.

While the Wellness Program has documented its ability to improve the well being and quality of life of senior citizens, the challenge is to increase its effectiveness, scope and outreach to high risk individuals.

Objective: Increase the number of older Georgians who age successfully.

Strategy 1. Expand collaboration with CDC's Community Health and Aging Studies Branch in health promotion and chronic disease prevention for older adults.

Strategy 2. Link Public Health Chronic Disease Initiative Coordinators with Aging Wellness Coordinators to better integrate programs at the local level.

Strategy 3. Build program capacity to perform social marketing and outreach to high risk populations.

Strategy 4. Explore new program initiatives addressing arthritis, suicide prevention, obesity, physical inactivity and cancer screening.

Strategy 5. Improve the use of primary care and community settings for detection and treatment of depression, mental illness and anxiety disorders.

Strategy 6. Encourage adoption of evidenced based best practice models.

Strategy 7. Promote environmental changes which support successful aging such as biking and hiking trails.

Strategy 8. Partner with the University of Georgia's Department of Exercise Science and the Department of Foods and Nutrition to provide technical assistance to aging network staff and support development of innovative pilot projects.

Caregiver Issues

Implementation of the National Family Caregiver Support Program

The enactment of the Older Americans Act Amendments of 2000 established an important new program, the National Family Caregiver Support Program (NFCSP). The program offers five basic components for family caregivers, including:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to supportive services;
- Individual counseling, support groups, and caregiver training;
- Respite care to enable caregivers to be temporarily away from their caregiving responsibilities, and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Caregiver Focus Groups

In anticipation of the passage of the NFCSP, the Division of Aging Services, with the assistance of the regional Area Agencies on Aging (AAAs), conducted six caregiver focus groups across Georgia prior to the new program's enactment. The Division desired to solicit input from caregivers regarding needs and gaps in services, which was shared with AAAs to assist in making decisions regarding how to allocate the additional funds. Georgia Caregiver Resource Center (GCRC) funds were utilized to work with a consultant to design and conduct the groups, and to analyze their results. A diverse range of caregivers was recruited, including family caregivers, elder-law attorneys, discharge planners, care managers, ombudsmen, nursing assistants, neighbors, and volunteers, among others.

An additional five focus groups have been conducted since the receipt of the first NFCSP funds.

Facilitated by Dr. Kathy Scott, R.N., C., each of the eleven groups targeted a particular group of caregivers. For example, participants from four focus groups were family caregivers; participants from two groups were nursing assistants who worked for home health care agencies or nursing homes. One hundred twenty-three caregivers participated in groups in Americus, Dublin, Macon, Gainesville, Decatur, Atlanta, Savannah, Tifton, and Calhoun.

The focus group approach was the primary data collection method used to elicit the shared meaning of everyday experiences of caregivers in Georgia. The focus group approach: 1) fosters the production of information that is difficult to obtain in individual interviews; 2) facilitates the collection of a large amount of information in a relatively short period of time; 3) emphasizes participants' interactions and points of view; 4) provides opportunities for participants to validate information shared by others; and 5) clarifies differences of opinion and reveals diversity in perspective.

Major themes highlighted in the report focused around:

1. Lack of information;
2. Coordination of available resources;
3. Inadequately educated providers;
4. Inadequately supported (availability of resources) service providers; and
5. Inadequately monitored service providers.

A number of recommendations were generated under each of the following categories listed below to be explored as potential approaches to support caregivers. Some of these recommendations would require funding while others could include "no cost" interventions such as including family caregivers on social service organization boards.

1. Recommendations – Information (create a two way flow of information):

- ◆ Community resources / Providers;
- ◆ Community resources / products;
- ◆ How to obtain medications (if without money);
- ◆ Emergency services;
- ◆ Future planning;
- ◆ Home preparation if caring for older adults in home;
- ◆ Information on reimbursement systems;
- ◆ Legal issues (power of attorney, abuse, guardianship, donor issues);
- ◆ Create 1-800 system;

- ◆ Use Media (TV, radio, paper);
- ◆ Place information cards in doctor's offices; and
- ◆ Place caregivers on boards of organizations.

The following activities and initiatives have occurred since the findings / recommendations listed above were identified:

- Caregiver focus group findings were shared with Area Agencies on Aging (AAAs) for use in developing their four year Area Plans. The results were also shared at the Rosalynn Carter Annual Caregiving Conference, and the Annual Women's Health Forum. A presentation was made at the Division's Annual Nutrition Conference, with a new track, *Balancing Careers and Caregiving*;
- AAAs have used allocations from National Family Caregiver Support Program and other state funds to increase number of staff who provide information and assistance, intake and screening activities;
- AAAs have made technology improvements such as enhanced computer equipment/software upgrades and telephone systems;
- All AAAs have 1-800 numbers;
- AAAs have jointly established *Georgia Generations*, a quarterly magazine focusing on care-giving issues.
- Five additional focus groups have been conducted with Long Term Care Ombudsman program staff and family caregivers from across Georgia;
- With support from AARP, *Caregiving in Georgia* has been printed and disseminated statewide to selected committees of the Georgia General Assembly, AAAs, AARP, members of COAGE, Georgia Council on Aging, and other public and private sector organizations. The report can be accessed via the Department of Human Resources website, www.dhr.state.ga.us, and follow the link to the Division of Aging Services;
- A report summarizing the findings from the five additional focus groups is slated for publication; and
- A list of Caregiving Internet Resources has been compiled and disseminated to AAAs.

2. Recommendations – Direct Services:

- ◆ Streamlining of services to decrease fragmentation;
- ◆ Expansion of respite (increased hours, weekends, nights);

- ◆ Expansion of home services -Community Care Services Program (CCSP);
- ◆ Expansion of transportation;
- ◆ Financial assistance with medications;
- ◆ More supervision / accountability of services;
- ◆ Emergency services (back-up) for caregivers;
- ◆ Creation of 1-800 information system;
- ◆ Creation of exchange program; and
- ◆ Counseling (CM) & advanced planners.

The following activities and initiatives have occurred since the findings / recommendations listed above were identified:

- The Georgia Cares program to educate and help seniors apply for all available low cost prescription drug assistance programs;
- The *Mobile Day Care* program, an innovative service delivery model which enables rural communities to have their own day care program several days per week while sharing staff that travel between locations;
- AAAs allocations of over \$750,000 of new funding available for respite services through the National Family Caregiver Support Program;
- Expanded options for family caregivers for overnight in-home or out-of-home respite;
- CARENETS, developed by the Rosalynn Carter Institute in six Planning and Service Areas, to develop services and caregiver education programs;
- Counseling for caregivers, provided by several AAAs either in the home or through forums;
- Programs and services for grandparents raising grandchildren, including counseling, support groups, health monitoring, and mentoring; and
- Caregiver specialists, employed by AAAs to assist family caregivers.

3. Recommendations – Training:

- ◆ Ageist Issues;
- ◆ Alzheimer’s & other like dementia;
- ◆ Normal aging issues;

- ◆ Complexities of caregiving;
- ◆ More advanced seminars for home care providers (HCP's);
- ◆ Legal issues;
- ◆ Community resources (providers / products);
- ◆ Personal care / hygiene;
- ◆ Communication skills;
- ◆ Course on compassion for HCP's; and
- ◆ Extended training for nursing assistants with clinical time.

The following activities and initiatives have occurred since the findings / recommendations listed above were identified:

- The Georgia Alliance for Staffing Solutions, network of 30 agencies and organizations to explore possible solutions to the crisis in long-term care staffing;
- Regional caregivers forums funded by the Division of Aging Services' Georgia Caregiver Resource Center (GCRC);
- Plenary Sessions and workshop tracks at the Georgia Gerontology Society conference to feature issues such as the crisis in long term care staffing, developing career ladders for nursing assistants, self-directed care voucher programs, etc.;
- Caregiver trainings and forums funded by the National Family Caregiver Support Program and sponsored by AAAs;
- Provision by the Greater Georgia Chapter of the Alzheimer's Association of 26 education/training sessions to family and professional caregivers around the state, funded annually by the Georgia General Assembly;
- AARP education/training program to enhance the knowledge and skills of nursing aides, with sessions provided across the state; and
- *Caring For You, Caring For Me* forums for family caregivers, conducted by CARE-NETs and participating AAAs.

4. Recommendations – Service Providers:

- ◆ Increase pay / benefits / respect for nursing assistants (NA's);
- ◆ Vouchers / support for family caregivers;
- ◆ More training and sensitivity for ALL levels;
- ◆ Doctors needs to be more team players;
- ◆ More supervision / oversight of staff;
- ◆ Decrease administrative costs.;
- ◆ Agencies need to screen clients needs better;
- ◆ Decrease administrative costs; and
- ◆ Include NA's in care planning.

The following activities and initiatives have occurred since the findings / recommendations listed above were identified:

- A caregiver demonstration grant from the U.S. Administration on Aging (AoA) for a self-directed care program, enabling caregivers to hire family and friends to provide services;
- A special track for nursing assistants at the 2001 Georgia Gerontology Society Conference attended by over 140 nursing assistants;
- Two forums conducted by the Georgia Alliance for Staffing Solutions to address long term care staffing issues (See Training section above);
- Numerous education/training initiatives (See Training section above);
- New or revised policies and procedures for adult day care/adult health, in-home respite, senior centers, homemaker, nutrition services, and personal care.
- New or revised Review Guides for use by Division Assurance staff to measure provider performance.

Objectives for SFY04

With input from the Area Agencies, the Division has identified the following objectives for state fiscal year 2004:

- Increase the number and percentage of community and public education sessions by 5 %. (*Note: 1963 units were provided in SFY02. SFY03 data will be used as a baseline for the increase*); and
- Increase the number and percentage of caregiver clients receiving individual services (e.g. adult day care, care management, homemaker, material aid, and respite). (*Note: 367 caregivers received individual*

services in SFY02. SFY03 data will be used as a baseline for the increase).

Issue: Gateway

Recognizing the need to provide older persons and their family members or other caregivers efficient access to needed services, the Division of Aging Services, in partnership with the Area Agencies on Aging (AAAs), has implemented the concept of Gateway. Gateway is an operational model that assures a standardized intake and screening process in which the AAA serves as the regional point of access for individuals seeking services.

Using the Determination of Need-Revised (DON-R) as the core screening and assessment instrument, AAA staff are able to compare all community-dwelling elders applying for assistance on the common bases of functional ability and need for care. The intake and screening process allows the AAA to offer to applicants services for which they are eligible and which best meet their needs.

A central administrative function of the Gateway is the management of planning (waiting) lists for both Community Care services Program (CCSP) and the non-Medicaid Home and Community Based services (HCBS) program. AAAs are

able to target resources so that persons most in need receive assistance in accessing benefits and services in the communities in which they live.

The Gateway access system is characterized as being flexible in meeting individual client requirements --- providing information only for some, assistance and service authorization for others, and ongoing care management support for more frail persons and/or those with multiple service needs. The intake and screening process is conducted independently, separately from the direct delivery of services, assuring better oversight and coordination of services and avoiding the potential for conflicts of interest.

Objective: Continue development of a statewide plan of action to establish the Area Agencies on Aging as the community's "Gateway" to a coordinated system of service, including long-term care, that promote independence and well-being for older Georgians and their families in the community.

- Strategy 1.* Continue involvement of all stakeholders in further development of the system.
- Strategy 2.* Develop a clear concise set of outcome measures by which the system can be evaluated.
- Strategy 3.* Further develop systems that support the Gateway system.
- Strategy 4.* Expand aspects of the system to other agencies within the Department. This will be an initial step in providing a common intake and screening / provider access network system which all agencies can use.
- Strategy 5.* Determine consumer needs / satisfaction with the system and identify areas for improvement.
- Strategy 6.* Identity areas for system improvement and develop training and refinements where needed.
- Strategy 7.* Develop an action plan with completion dates which addresses system improvements / needs.
- Strategy 8.* Insure that community involvement is an important aspect of the system.

ELDER RIGHTS PLAN

INTRODUCTION

The Older Americans Act (OAA) creates a roadmap of programs that protect and enhance the rights, dignity, autonomy and financial security of older Americans. This roadmap allows advocates and service providers the opportunity to help empower vulnerable older adults. In order to assure the implementation of coordinated efforts to protect and enhance the rights of older Georgia residents, the State and Area Agencies develop a written Elder Rights Plan.

It is critically important to sponsor multi-faceted services, supports and protections to assist older persons. For some, a simple referral or packet of information is all that is needed in order for an older person or caregiver to act on their own behalf. At other times, more intensive assistance is required to inform

the older person of their rights. Not infrequently, an advocate is required who can take up the issue and press for the rights of the older person.

A primary objective of this Elder Rights Plan is the enhancement and growth of a strong elder rights movement which links legal services for the elderly, long term care ombudsmen, elder abuse prevention programs, case management, health insurance counseling programs, advocates and other members of the aging network in Georgia.

The state Elder Rights staff coordinate closely with other elder rights programs to plan, develop, and manage a statewide network of agencies and organizations in a coordinated system of services and programs which together will assist older people to:

Understand and exercise their rights;

Exercise choice through informed decision-making;

Benefit from support and opportunities promised by law;

Maintain autonomy consistent with capacity; and

Resolve grievances and disputes through appropriate representation and assistance.

The system of elder rights is about information, service, empowerment, knowledge, skills, coordination, planning and implementation. It takes leadership and it requires teamwork. The Division of Aging Services Elder Rights and Advocacy Section seeks through various means to improve the lives of those served by:

Identifying gaps in service and promoting additional resources and services to fill them;

Promoting elder rights program standards; and,

Conducting high quality training for elder rights service providers.

The ultimate goal is to reach and to serve those who need us most, the vulnerable elderly. Where there are gaps we seek to fill them. Where there is a need for training, we seek to meet that need. Where there is a need for consistency, we seek to standardize. Where there are disputes, we seek compromise and mediation

Identifying Gaps in Services

The Division of Aging Services, in coordination with area agencies on aging and other organizations, identifies gaps in elder rights service and advocates for

eliminating them. Examples of elder rights services developed to fulfill unmet need include the following:

The Senior Legal Hotline, staffed by attorneys, provides legal advice, brief service and referral to older Georgians. This project of the Atlanta Legal Aid Society, in cooperation with the Division of Aging Services, was initially funded by an Administration on Aging grant, but advocacy efforts resulted in state funding to continue the program.

SAVA, the Division's Senior Adult Victims' Advocate program, was developed to address the special needs of older victims of elder abuse, fraud and exploitation. Funded by the federal Victims of Crime Act, SAVA provides supportive services to Georgia victims and a database of victims' services and assistance.

The Caregiver Mediation Project is a special project funded by a grant from the Administration on Aging to The Center for Social Gerontology, with whom the States of Georgia and Vermont are partners. Caregiver mediation is used to assist family members and potential wards avoid guardianship when caregiving issues can be resolved through mediation; and it is hoped that premature institutional placement of care recipients can be avoided by resolving difficult caregiving disputes among family members. Lessons learned from the grant experience will benefit older adults and their families.

Promoting Program Standards

Each of the elder rights services has program standards in place, or in process, to guide program activities. The standards were developed in consultation with area agencies on aging, service providers, stakeholders and older adults. Standards are reviewed regularly and updated as needed. Monitoring services on the basis of the standards helps assure the delivery of high quality elder rights services.

Conducting Elder Rights Training

Well-trained providers are essential to provide high quality elder rights services. Elder rights program specialists develop and provide effective elder rights training for area

agencies on aging staff, elder rights service providers and volunteers. The training increases job related skills and promotes best practices.

ISSUE: Protect the rights of vulnerable, older adults.

Many older Georgians suffer and are vulnerable to physical, mental and/or financial abuse, neglect and exploitation because they lack the information, resources, and the capability to protect themselves.

Objective: Provide leadership in the development of a state elder rights system in Georgia, which includes, but is not limited to, the Long-Term Care Ombudsman Program, Elderly Legal Assistance Program, GeorgiaCares, Elder Abuse & Consumer Fraud Prevention activities, Health Care Fraud prevention, and Advocacy.

Strategy 1: Promote elder rights program coordination at the state level with the Elder Rights & Advocacy Section and at local levels through the Area Agencies on Aging.

Strategy 2: Provide technical assistance to Area Agencies on Aging and relevant providers in the development of area elder rights plans and regional multi-disciplinary Elder Rights Teams who work together and with other organizations to educate and inform older people and the community about elder rights concerns, identify issues and concerns, and adopt local strategies for addressing these needs. Representatives on Elder Rights Teams include elder rights providers, law enforcement, Adult Protective Services, court systems, area agencies on aging, AARP, and other agencies.

Strategy 3: Enable older Georgians to access services, benefits, and rights to which they are entitled.

Strategy 4: Provide outreach, counseling and assistance to older Georgian through state level and local Area Agency on Aging activities.

Strategy 5: Participate in statewide advocacy efforts related to elder rights issues.

Strategy 6: Provide training opportunities to promote and enhance elder rights services.

Objective: Better protection, enhanced rights, dignity, autonomy and financial security for older Georgians

Strategy 1: Provide information to older adults sufficient to enable them to make informed decisions.

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Strategy 2: Increase or maintain consumer savings generated through the Elderly Legal Assistance Program and GeorgiaCares, the state health insurance assistance program.

Strategy 3: Resolve issues and complaints to the satisfaction of customers.

Strategy 4: Review and update program standards as needed to assure high quality services.

Strategy 5: Improve the effectiveness of elder rights programs through training.

ADVOCACY AND PROTECTION OF RIGHTS

Advocacy and representation are provided on behalf of an older person to secure his or her rights and benefits. As federal funds diminish and the elderly population increases, demands for services will also increase. Additionally, seniors are developing a greater sense of identity as a group with their own special concerns and needs.

Objective: Develop a comprehensive approach to advocating for key issues affecting the interest of older persons.

Strategy 1: Continue technical assistance to major advocacy groups.

Strategy 2: Identify legislative and budget issues important to older Georgians and submit these to the department and CO-AGE for support and action. Participate in CO-AGE work groups that develop legislative approaches for issues selected for action.

Strategy 3: Track legislation affecting older Georgians and share pertinent information with others.

ELDER ABUSE PREVENTION

The Division of Aging Services is responsible for coordinating programs related to the prevention of abuse, neglect and exploitation of the elderly. The Division coordinates with agencies that address elder abuse, consumer fraud and family violence. Through this coordination, the Division works with the Division of Family and Children Services, Adult Protective Services Program and the Family Violence Unit to develop training for professionals on issues facing older adults who are victims of abuse and family violence. The Division works closely with the Division of Public Health regarding sexual assault against older individuals. In addition, the Division participates on the Georgia Consumer Fraud Task Force, which provides education on consumer fraud that targets older individuals. The Division promotes the prevention of elder abuse in the community-at-large by providing leadership and coordinating the delivery of elder abuse prevention services through the Area Agencies on Aging. The Division supports local elder abuse prevention activities by distributing OAA elder abuse prevention funds to the area agencies on aging using the intrastate funding formula.

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Objective: Increase coordination and cooperation among state departments, DHR divisions and offices, and other professional groups and organizations to increase the awareness of elder abuse and improve the quality of protective services for older Georgians.

Strategy 1: Participate in the implementation of recommendations for improving coordinated services for victims of elder abuse among DHR Division and other state agencies.

Strategy 2: Promote and conduct interdisciplinary training on elder abuse.

Strategy 3: Work with the Commission on Family Violence, the Council on Elder Abuse and Neglect, and the Aging Network to disseminate information and encourage reporting of elder abuse and neglect.

Strategy 4: Educate professionals who work with seniors regarding abuse and neglect at training events including Consumer Prevention Week 2003 and the next Elder Rights Conference.

Objective: Reduce and eliminate the number of elder and disabled adult abuse cases and incidents.

Strategy 1: Increase the availability of services and resources to older victims of abuse, neglect and exploitation through the Senior Adult Victims' Advocate program.

Strategy 2: Educate services providers in the aging network about the various indicators of abuse, their responsibility to report, and resources available to assist vulnerable individuals.

Strategy 3: Provide the general public and various professional groups with specific, accurate information about elder abuse, ways to identify and report it, and resources available to ameliorate it.

Strategy 4: Advocate for increased resources to support Adult Protective Services.

Objective: Address issues related to elder abuse, neglect and exploitation.

Strategy 1: Obtain and share information regarding successful local programs.

Strategy 2: Focus efforts on issues related to the needs of caregivers, both professional and family care givers.

Strategy 3: Collaborate with other groups, such as the State Bar of Georgia, Younger Lawyers Section, Adult Protective Services Workgroups, Commission

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on Family Violence, Sexual Assault Task Force, and Consumer Fraud Task Force to combat abuse and neglect.

GEORGIACARES

GeorgiaCares is a statewide coalition of partners that seeks to educate and provide information and assistance to all Medicare beneficiaries and help them enroll in low-cost prescription assistance programs.

There are three components of GeorgiaCares. **Georgia's SHIP (State Health Insurance Assistance Program)** is funded through a grant from the Centers for Medicare and Medicaid Services (CMS), **low-cost prescription assistance** and **The Senior Medicare Patrol Project**. Trained SHIP counselors are available to provide information on Medicare, Medicare Managed Care, Medicare Supplemental Insurance (Medigap), Long-Term Care Insurance, Medicare Savings Programs, and Low Cost Prescription Assistance Programs. They can also help sort through medical bills and Medicare Summary Notices (MSNs), assist with complicated medical problems, make referrals to appropriate agencies and provide community education. The Senior Medicare Patrol Project is funded through a grant from the Administration on Aging. The purpose of this project is to educate beneficiaries on how to protect their Medicare number as they would their credit card and how to detect and report potential instances of error, fraud and abuse.

Objective: To increase the number of clients that the program serves through community education, outreach events and one-on-one counseling.

Strategy 1: Distribute *GeorgiaCares* video to all program partners to include Pharmacies, Hospitals, Physician offices and Area Agencies on Aging.

Strategy 2: Work with the local extensive network of partners in conducting Brown Bag Events, Low-Cost Prescription Assistance Sign-On Days and Health Fairs.

Strategy 3: Set up a network of bi-lingual volunteers so that minority populations can access Medicare information.

Strategy 4: Distribute *GeorgiaCares* brochures that have been translated into nine languages, to the appropriate regions of the state.

Strategy 5: Work with local programs in hosting Senior Medicare Patrol Readers Theater.

Objective: To increase consumer savings generated through the *GeorgiaCares* program.

Strategy 1: Inform Medicare Beneficiaries of Medicare Savings Plans, Medicare Supplemental Insurance, Long-Term Care Insurance and all Low-Cost Prescription Assistance Programs.

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Strategy 2: Provide local programs with updated Medicare and Medicaid eligibility requirements.

Strategy 3: Provide effective training to local programs on how to calculate savings and how to enter the data into the Aging Information System (AIMS).

Strategy 4: Educate Medicare Beneficiaries on Medicare and Medicaid fraud, error and abuse.

Objective: To recruit and train a statewide corps of volunteers.

Strategy 1: Provide support to local programs for managing volunteers by assisting with recruitment and training.

Strategy 2: Develop and distribute training materials for the local volunteer coordinators and volunteers.

Strategy 3: Participate in an annual Volunteer Recognition event.

Objective: To provide high quality customer service at the State and local levels.

Strategy 1: Respond to consumers' request for assistance within two (2) working days.

Strategy 2: Provide information and assistance, which satisfactorily meets the needs of those who use *GeorgiaCares*.

Strategy 3: Assess the program's success through the review and compilation of program reports.

Strategy 4: Evaluate all local programs on a regular basis, including site visits.

LONG-TERM CARE OMBUDSMAN PROGRAM

The Long-Term Care Ombudsman Program serves the residents of long-term care facilities. The Program seeks to improve the quality of life for these residents who are among Georgia's most vulnerable citizens. Residents of long-term care facilities sometimes have little or no contact with the outside world. Many residents feel they lack control over their own lives. Ombudsmen are available to help these residents.

Objective: Promote the rights and well-being of residents of Georgia's long-term care facilities and attempt to empower residents, their families and communities, to participate more fully in the actions and decision making that impacts their daily lives.

Strategy 1: Receive, investigate and attempt to resolve, in a timely manner, complaints made by or on behalf of long-term care facility residents.

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Strategy 2: Educate and provide information and assistance to residents, families, and other interested persons to promote self-advocacy, understanding of the regulatory process, and participation in policy and other decision-making processes which impact the lives of long-term care facility residents.

Strategy 3: Promote regular, ongoing training for direct care staff in long-term care facilities.

Objective: Expand the capacity of the Ombudsman Program to ensure the health, safety, welfare and rights of residents of nursing homes and personal care homes.

Strategy 1: Continue to provide certification training and continuing education of ombudsmen staff and volunteers

Strategy 2: Continually assess the Program's success through program evaluation, including use of Aging Information Management System (AIMS) and site visits.

Objective: Serve as an effective, independent voice for the interests of long-term care residents.

Strategy 1: Monitor the development and implementation of and make recommendations regarding federal, state, and local laws, regulations and policies affecting residents of nursing homes and personal care homes, such as:

- Access to long-term care services, including community-based services and limited nursing services in qualified personal care home settings;
- Improved long-term care staffing;
- Improved law enforcement response to abuse and neglect; and
- Improved mental health services available to residents who need them.

Strategy 2: Complete an annual report as required by the Older Americans Act and submit each report to the Assistant Secretary for Aging, the Governor, the state legislature, the state agency responsible for licensing or certifying long-term care facilities, and make such report available to the public.

Strategy 3: Confer with an advisory council to promote broader community involvement in advocacy for long-term care residents and Program support.

Objective: Increase public awareness and understanding of the Program.

Strategy 1: Publicize the Program and how to access it to current and potential consumers, through:

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- Publications, media, and exhibits;
- A website for the statewide Program; and
- Use of a consistent appearance to promote recognition.

Strategy 2: Provide accessible materials regarding the Program and resident rights.

Strategy 3: Educate other agencies on the role and services of the Program.

LEGAL ASSISTANCE

When the vulnerable elderly do not have access to adequate legal services, the results can be devastating. Lives can be changed forever when clients:

- ❖ Lack access to legal community education that might be the primary gateway to knowledge about eligibility on programs and benefits not previously available or protection from some newly discovered danger or threat;
- ❖ Lack access to legal information/referral to agencies and programs that can provide help;
- ❖ Are on the verge of losing their homes in a home repair fraud, improper foreclosure or unfair debt collection case;
- ❖ Are in jeopardy of losing all of their rights by becoming wards of the court because they were not adequately defended in an inappropriate guardianship proceeding;
- ❖ Risk losing their social security or supplemental security income because even though federal law protects it from attachment, their bank account has been frozen;
- ❖ Fail to receive legal representation needed to overcome administrative barriers in order to access benefits programs and exercise rights that are authorized by the Federal or State law;
- ❖ Fail to receive information and forms for end-of-life healthcare planning;
- ❖ Fail to receive legal guidance when they take on the obligation of raising grandchildren and are not aware that benefits are available for their grandchildren;
- ❖ Are unable to recover hundreds and possibly thousands of dollars taken by children, relatives and other caregivers through some form of financial exploitation;
- ❖ Fail to have the opportunity to maintain their rights to participate in programs such as Meals-on-Wheels, home and community based services, adult day care programs; and,
- ❖ Lack access to legal expertise to defend themselves against discharges from nursing homes, personal care homes/assisted living facilities when those concerns

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cannot be worked out by the long term care ombudsman program.

Objective: Assist older Georgians with legal problems through the Elderly Legal Assistance Program.

Strategy 1: Coordinate statewide efforts that address the legal needs of older individuals.

Strategy 2: Lead the ongoing development and coordination of a statewide network of Legal Assistance providers and provide legal support to and ensure the continuous development of the local Elderly Legal Assistance Programs.

Strategy 3: Supply training support, advice, and technical assistance to providers of legal assistance for older individuals in Georgia.

Strategy 4: Provide technical assistance on issues related to legal rights of older persons, to other Division of Aging Services programs.

Strategy 5: Provide education, technical assistance and training in all areas of Elder Rights and technical assistance as necessary in the development of elder rights teams in coordination with other state Elder Rights Team Leaders.

Strategy 6: Develop, print, and disseminate materials and publications to assist older persons in advancing and protecting their legal rights.

Objective: Promote high quality legal services to the elderly and uniform implementation of Elderly Legal Assistance Program standards.

Strategy 1: Conduct technical assistance visits to local programs as necessary.

Strategy 2: Provide needed technical assistance to service providers and AAAs to assure compliance with standards.

Strategy 3: Review standards for any additional changes or modifications.

Strategy 4: Review Standardized Reporting instrument and modify as necessary.

Strategy 5: Assist providers and AAAs with converting manual reporting procedures to DAS AIMS computerized system.

The Outlook From Around The State

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The objectives of the Regional Elder Rights Teams and Groups from the twelve (12) planning and service areas can be as diverse as the members that comprise them. There are common threads, however, that serve as key aspirations for the next four year cycle. Over and over, these are the emerging issues identified as the foremost areas of concern for elder rights advocates around the state:

Objectives:

- Coordination among law enforcement and aging service providers;
- Community education for older adults;
- Training for professional staff on elder abuse and emerging issues for older adults;
- Essential involvement by Hotline and information and assistance staff for increased and accurate referrals;
- Promotion of information to increase independence, health and safety of older adults and prevention of premature institutional placement of older adults;
- Continuation of services being provided or to help exercise rights to obtain services to which vulnerable older adults are entitled; and
- Collaboration on difficult cases to achieve maximum success for the older adult.

Strategies for achieving these objectives will take collaboration by state, regional and local staff from not only the Division of Aging Services and contractor agencies but also many other elder rights partners as well. Foreseeable strategies include:

Strategy 1: Statewide Elder Rights Force comprised of representatives of each of the regional areas and the state to ensure continued focus and growth of elder rights in the state.

Strategy 2: Development of the second Statewide Elder Rights Conference.

Strategy 3: Development of a Statewide training for the state's Information and Assistance staff to assist in better coordination with other elder rights programs and to facilitate better referrals to and from these programs.

Strategy 4: Development of an Elder Rights Case Problem database to catalog unusual and difficult cases that are discovered throughout the state.

Accomplishments – State Plan FY 2000 – 2003

Accomplishments – State Plan FY 2000 – 2003

Issue: Elder Rights – Protection the Rights of Vulnerable, Older Adults

Objective: Provide leadership in the development of a state elder rights system in Georgia that includes, but is not limited to, the Long-Term Care Ombudsman Program, Elderly Legal Assistance Program, the GeorgiaCares Program, elder abuse prevention activities, health care fraud prevention, and advocacy.

Accomplishments: The Elder Rights Conference 2000, “Preparing a Better Way for Vulnerable Adults in Georgia” provided training and networking opportunity for professionals who serve and protect the rights of older and disabled Georgians. This was the Georgia Division of Aging Services’ first statewide elder rights conference, and an additional one is planned during the 2004 – 2008 planning cycle. One of the conference’s major purposes was to strengthen the statewide elder rights system by promoting the development of regional elder rights teams. After basic training in establishing multi-disciplinary teams, individuals from each region met together to identify problems faced by vulnerable older adults in their communities and to discuss ways they could work jointly on their issues. Currently, approximately 9 of 12 planning and service areas either have active teams or teams in development. Further, collaboration and cooperation at the state level among the elder rights entities was instrumental in establishing protocols, policies and training materials for the new Senior Adult Victims’ Advocate program for victims of elder abuse.

Issue: Long-Term Care Ombudsman Program

Objective: Promote the rights and well-being of residents of Georgia’s long-term care facilities and attempt to empower residents, their families and communities to participate more fully in the actions and decision making that impacts their daily lives.

Accomplishments: During SFY 2000 through SFY 2002, the Long-Term Care Ombudsman Program worked to resolve a total of 25,304 complaints made by or on behalf of long-term care residents. An average of ninety-four percent (94%) of the complaints received were resolved to the satisfaction of the resident. During this same period, the Long-Term Care Ombudsman Program educated or provided information to 125,173 residents, their families, and the general public on residents’ rights and other issues which impact the lives of long-term care facility residents.

The Ombudsman Program was also strengthened during this time through increased state funding and restructuring of the Office of the State Long-Term Care Ombudsman to promote a more independent voice for resident interests.

Objective: Monitor the development and implementation of and make recommendations regarding federal, state, and local laws, regulations and policies affecting residents of nursing home and personal care homes.

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Accomplishments: In SFY 2000, the Long-Term Care Ombudsman Program successfully advocated for the General Assembly's passage of HR 850, creating the Long-Term Care Industry Study Committee, which made recommendations to improve staffing in long-term care.

In SFY 2001 and SFY 2002, the Long-Term Care Ombudsman Program, the Georgia Council on Aging, and other organizations co-sponsored two "Staffing Crisis: Staffing Solutions" forums to bring attention to the staffing crisis in long-term care. Efforts to implement the recommendations that emerged from the forums are continuing through the Georgia Alliance for Staffing Solutions, with state and community ombudsman involvement.

Also in SFY2001, a three-year grant-funded project awarded to the Ombudsman Program, known as "Operation Red Flag," designed to promote health care fraud reporting, prevention, and education was completed. This project helped to raise awareness of health care fraud, waste, and abuse to over 3,300 aging network professionals and Medicare beneficiaries through workshops, electronic newsletters, public service announcements, and the worldwide web.

Additionally, in SFY2002, the Ombudsman Program successfully advocated for improved resident protections in the newly created licensure category of Community Living Arrangements (CLA). The new regulations provide CLA residents with access to ombudsmen services, stronger residents' rights and abuse reporting requirements, and a stronger enforcement process.

Issue: Legal Assistance

Objective: Assist older Georgians with legal problems through the Elderly Legal Assistance Program.

Accomplishments: Education and services greatly benefited older Georgians. In SFY 2001 ELAP saved older Georgians \$3,646,984 in legal counseling hourly fees and \$3,782,333 in SFY 2002.

Objective: Promote high quality legal services to the elderly and uniform implementation of Elderly Legal Assistance Program standards.

Accomplishments: The ELAP program is monitored annually. Each year the program standards are reviewed and updated as needed.

Issue: GeorgiaCares (Georgia's SHIP)

Objective: Assure that older Georgians and Medicare beneficiaries with disabilities have needed information and assistance about health insurance and other public benefits.

Accomplishments: Individual counseling and assistance along with community education assured that Georgia's Medicare beneficiaries were informed about important

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Medicare and other related health insurance issues. From SFY 2000 through SFY 2002 more than 19,000 individuals received individual assistance; during this time period the annual number of community education events increased eleven fold reaching more than 2 million people. Out-of-pocket saving for Medicare beneficiaries as a result of program activities have increased from \$421,095 in SFY 2000 to more than \$2,686,106 in SFY 2002.

Objective: Promote high quality GeorgiaCares services.

Accomplishments: Program expectations are that no less than 90% of consumers receiving services will respond that the information received was usable and resolved their complaint; the program exceeded these expectations reaching nearly 100% by SFY 2002. Program response time for beneficiaries is no longer than 48 hours.

Issue: Elder Abuse Prevention

Objective: Increase coordination and cooperation among state departments, DHR divisions and offices, and other professional groups and organization to increase the awareness of elder abuse and improve the quality of protective services for older Georgians.

Accomplishments: The Division of Aging Services established the Senior Adult Victims' Advocate (SAVA) program in SFY 2002 to provide support, mentoring and consultation to older adults, aged 60 and over, who are victims of abuse, neglect and exploitation. SAVA coordinates with Adult Protective Services, domestic violence shelters, sexual assault programs, long-term care ombudsmen, law enforcement officers, regulators for long-term care facilities, and the court system to ensure that victims working with these entities receive additional services and are no long victimized. The program's advisory council has representatives from these various professional groups and helped SAVA establish protocols, a database of resources available for victims, and a volunteer training curriculum. In addition, members of the division have coordinated with the Georgia Commission on Family Violence, Stop Identity Theft Network, Adult Protective Services, the Georgia Consumer Fraud Task Force, Georgia Council on Elder Abuse, domestic violence and sexual assault programs to improve coordination, for cross-training, and to plan for the future.

Objective: Address issues related to elder abuse, neglect and exploitation.

Issue: Advocacy and Protection of Rights

Objective: Develop a comprehensive approach to advocating for key issues affecting the interest of older persons.

Accomplishments: The Division of Aging Services participated in CO-AGE (Coalition of Advocates for Georgia's Elderly) submitting budget and legislative issues for consideration and joining work groups. The division also participated in activities to improve staffing in long-term term care facilities. Advocacy successes included additional funding for home and community- based services and the Long-term Care

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Ombudsman Program; the “Georgia Protection of Elder Persons Act of 2000” which enhanced penalties for crimes committed against older and disabled persons and licensure for adult day care programs.

Issue: Transportation

Objective: In cooperation with the overall effort of the Department, develop a coordinated, unified transportation system that meets the needs of elderly clients within the State.

Accomplishments: Coordinated Transportation System

Recognizing the importance of transportation in linking people with services and opportunities, the Division has worked with the AAA partners to identify financial resources to support the Department’s initiative to meet the specialized transportation needs of its clients who are elderly, mentally and physically disabled and/or low-income. The goal is to provide safe, efficient and cost-effective transportation for these clients, allowing them access to essential services provided by the department.

The State Aging Network, through the AAAs’ support of and participation in the planning for the transportation initiative, now has coordinated services available in 127 of the state’s 159 counties.

Issue: Managing Using Data

Objective: Implement a Management Information System that will meet the needs of the Division, the Area Agencies, service providers and the elderly to insure viable programs and services are being delivered.

Accomplishments: Developed a centralized database, the Aging Information Management System (AIMS), to consolidate five de-centralized subsystems for data collection and reporting and Area Plan development. The AAAs and provider network participated in a series of Joint Application Development (JAD) sessions, during which each stakeholder identified system requirements and capabilities needed for them to better administer the programs and services. The Department’s Information Technology staff provided technical support and resources for system development. A cross functional work team composed of IT and DAS staff was created to provide project management for system maintenance and ongoing development. The team still functions today.

AAAs and providers continue to participate in User Acceptance Testing as the system is further developed and implemented. AIMS now is the standard for collecting, entering and retrieving client data, and programmatic and fiscal reporting for all Programs administered by the Division. Service providers can document service delivery on electronic logs and the monthly reimbursement process starts with data generated from the system. The team also works to design and develop a variety of standard and special system-generated reports based on needs identified by users at all levels of the aging network.

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The Division has provided leadership through training and technical assistance to the AAAs and provider organizations in the concept of “Managing Using Data” as the central approach to program and service evaluation and planning, as a part of the overall quality initiative undertaken by the Division and network. The AAAs have learned to use non-automated data collection methods, such as check sheets, and statistical tools for analysis of data as one basis for program planning and evaluation. Additionally, the Division has identified and refined results measures, developed a tracking tool and will implement an ongoing process by which the core measures are identified and tracked. (See MAPS in Planning Process Section) This process and the tracking and measurement tools will be introduced to the network over the course of the next program year. The selected data elements are consistent with and relate to the Federal Government Performance and Responsibility Act (GPRA) measures, National Aging Program Information Systems (NAPIS) reporting, the State’s Program Based Budgeting initiative, Departmental Strategic Planning measures, and the Division’s Operational Planning measures.

Issue: Home Delivered Meals

Objective: Promote and improve the health status of older Georgians through good nutrition.

Accomplishments: Based on the most recently reported NSI data, about 35% of all Home Delivered Meals recipients were maintained with no further decline in nutrition risk status, and almost 29% experienced an improvement in nutrition status. 31% experienced a decline in nutrition status, which can often be attributed to the presence of a chronic and/or progressive disease state such as Alzheimer’s disease or cancer, which can affect a person’s ability to benefit from nutrition provided through conventional meals alone. In addition to providing meals, continued emphasis will be placed on developing strategies and resources for advanced nutrition screening, and individual counseling and education interventions. Provision of the meal itself does not completely resolve all nutrition and health issues, but allows us to identify people at significant levels of risk and to intervene in other ways.

Issue: Cost Effectiveness – Uniform Cost Methodology

Objective: Develop and implement a standardized method of service cost allocation and unit pricing for the aging network which “levels the playing field” among service providers statewide.

Accomplishments: Over the past four years, the Division, in partnership with AAAs and providers, developed the Uniform Cost Methodology, which is a standardized approach to allocating, capturing and analyzing cost data. The providers and AAAs can understand their true costs, understand the components of cost for any service, and can use the data to justify expenses. AAAs can use the data to detect and deter artificially low bids and negotiate service contracts. Specified services, those for which service units are defined in hourly increments, are reimbursed on a unit-cost basis.

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During this time, Division staff have provided training to AAA and provider staff and technical assistance in completing and analyzing the spreadsheets. For FY'03 AAAs were required to submit providers' cost analyses as a part of the Area Plan Update. We now have a baseline of cost data that can be used to compare costs statewide, taking into account differences in various markets. We are continuing to work with the AAAs and providers to produce more accurate cost data and to more effectively use the data as one factor in evaluating provider performance.

Issue: Consumer-Centered Access to Long-Term Care Services - "The Gateway."

Objective: Develop and implement a statewide plan to establish the Area Agencies on Aging as the community's "Gateway" to a coordinated system of services, including long-term care, that promote independence and well-being for older Georgians and their families.

Accomplishments: During the plan cycle concluding this year, the Division developed and issued policy creating the Gateway system of access to publicly and privately funded services and resources, centering on each of the twelve AAAs as the single point of entry to the aging program and other community resources for their respective planning and service areas. The AAAs were allowed the flexibility to develop staffing patterns and operating models for implementation which best suited them in their unique labor markets and regional settings, with the desire to identify components from all which could be transformed into the best practice model. All AAAs use a standardized screening instrument, the DON-R 1 (Determination of Need, Revised), with which staff evaluate applicants' impairment levels in Basic Activities of Daily Living and Instrumental Activities of Daily Living and the unmet need for care for each. The instrument was professionally developed, tested and validated and, because it is a true ordinal instrument, has been shown to capture change over time. (Case managers and/or providers also use the DON as part of a more comprehensive client assessment and service planning, so that longitudinal data on impairment levels are collected and captured in the State Aging Information Management System.)

AAAs coordinate Intake and Screening activities with Information and Assistance services to determine and address people's needs for short term and long term assistance. In addition, the AAAs maintain waiting list data on core community services, using the DON-R scores, NSI-D scores (when applicable) and general information about income (below, at, near or above poverty) to set priorities for admission to services, resulting in more efficient targeting of limited resources.

The system is conceived to be appropriate and available to other sectors of the community long term care system, such as those entities which serve adults with

¹ The DON was originally developed by Greg Paveza, Ph.D., and other researchers, for the Illinois State Unit on Aging for use for the similar purpose of assessing all adult applicants for long term care services, including nursing home admissions.

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disabilities, including mental retardation, developmental disabilities, and mental health conditions.

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PLANNING & SERVICE AREA	AREA AGENCY ON AGING DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER	EXECUTIVE DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER
<p>Atlanta Regional Commission</p> <p>Cherokee Clayton Cobb DeKalb Douglas Fayette Fulton Gwinnett Henry Rockdale</p>	<p>Cheryll Schramm, AAA Director Atlanta Regional Commission 40 Courtland Street, N.E. Atlanta, GA 30303-2538 404/463-3100 Fax #: (404) 463-3264 Aging Connection #: 404-463-3333</p> <p>E-mail: cschramm@atlantaregional.com</p>	<p>Charles C. Krautler, Executive Director Atlanta Regional Commission 40 Courtland Street, N.E. Atlanta, GA 30303-2538 404/463-3110</p> <p>Fulton County</p>
<p>Central Savannah River</p> <p>Burke Columbia Glascok Hancock Jefferson Jenkins Lincoln McDuffie</p> <p>Richmond Screven Taliaferro Warren Washington Wilkes</p>	<p>Jeanette Cummings, AAA Director Central Savannah River RDC 3023 Riverwatch Pkwy, Suite A, Bldg. 200 Augusta, Georgia 30907-2016 706-210-2013 Director Direct Line 706-210-2000 Aging Program Fax #: (706) 210-2006 Aging Connection #: 1-888-922-4464</p> <p>E-mail: jcumings@CSRARDC.org</p>	<p>Andy Crosson, Executive Director Central Savannah River RDC 3023 Riverwatch Pkwy, Suite A, Building 200 Augusta, Georgia 30907-2016 706/210-2007</p> <p>Richmond County</p>
<p>Coastal Georgia</p>	<p>Eleanor Helms, AAA Director</p>	<p>Vernon Martin, Executive Director</p>

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Bryan Bulloch Camden Chatham Effingham Glynn Liberty Long McIntosh	Coastal Georgia RDC P.O. Box 1917 Brunswick, GA 31521-1917 912/264-7363 Ext. 228 Fax #: (912-262-2313) Information Link #: 1-800-580-6860 Physical Address: 127 F Street, 31520 E-mail: edhelms@dhr.state.ga.us	Coastal Georgia RDC P.O. Box 1917 Brunswick, GA 31521-1917 912/264-7363 Glynn County
Coosa Valley/Northwest Georgia Bartow Murray Catoosa Paulding Chattooga Pickens Dade Polk Fannin Walker Floyd Whitfield Gilmer Gordon Haralson	Debbie Studdard, AAA Director Area Agency on Aging of Northwest Georgia P.O. Box 1793 Rome, GA 30162-1793 706/295-6485 Fax #: (706) 295-6665 Screening for Services #: 1-800-759-2963 Screening Fax #: 706-802-5506 Physical Address: 1 Jackson Hill Dr., 30161 E-mail: destuddard@dhr.state.ga.us	Vacant, Executive Director Coosa Valley RDC P.O. Box 1793 Rome, GA 30162-1793 706/295-6485 Floyd County

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<p>Georgia Mountains (Legacy Link, Inc.)</p> <p>Banks Stephens Dawson Towns Forsyth Union Franklin White Habersham Hall Hart Lumpkin Rabun</p>	<p>Pat Viles Freeman, AAA Director Legacy Link, Inc. P. O. Box 2534 Gainesville, GA 30503-2534 (770) 538-2650 Fax #: (770) 538-2660 Intake Screening #: 1-800-845-5465</p> <p>Physical Address: 508 Oak St., Suite 1, 30501</p> <p>E-mail: pvfreeman@dhr.state.ga.us</p>	<p>Pat Viles-Freeman, Executive Director Legacy Link, Inc. P.O. Box 2534 Gainesville, Georgia 30503-2534 (770) 538-2650</p> <p>Hall County</p>
<p>Heart of Georgia Altamaha</p> <p>Appling Montgomery Bleckley Tattnall Candler Telfair Dodge Toombs Emanuel Treutlen Evans Wayne Jeff Davis Wheeler Johnson Wilcox Laurens</p>	<p>Gail Thompson, AAA Director Heart of Georgia Altamaha RDC 331 West Parker St. Baxley, GA 31513-0674 912/367-3648 Fax #: (912) 367-3640 Toll Free #: 1-888-367-9913</p> <p>Physical Address: 331 West Parker Street Appling County</p> <p>E-mail: ghthompson@dhr.state.ga.us</p>	<p>Alan Mazza, Executive Director Heart of Georgia Altamaha RDC 501 Oak Street Eastman, Georgia 31023-6059 478/374-4771 Fax Nu. (478) 374-0703</p> <p>Dodge County</p>

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<p>Middle Georgia</p> <p>Baldwin Peach Bibb Pulaski Crawford Putnam Houston Twiggs Jones Wilkinson Monroe</p>	<p>Amy Tribble, AAA Director Middle Georgia RDC 175-C Emery Highway Macon, GA 31217-3679 478/751-6466 Fax #: (478) 752-3243 Toll free #: 1-888-548-1456</p> <p>E-mail: atribble@dhr.state.ga.us</p>	<p>Jim Tonn, Executive Director Middle Georgia RDC 175-C Emery Highway Macon, GA 31217-3679 478/751-6466</p> <p>Bibb County</p>
<p>Northeast Georgia</p> <p>Barrow Newton Clarke Oconee Elbert Oglethorpe Greene Walton Jackson Jasper Madison Morgan</p>	<p>Peggy Jenkins, AAA Director Northeast Georgia RDC 305 Research Drive Athens, GA 30610-2795 706/369-5650 Fax #: (706) 425-3370 Toll free #: 1-800-474-7540</p> <p>E-mail: pajenkins@dhr.state.ga.us</p>	<p>James R. Dove, Executive Director Northeast Georgia RDC 305 Research Drive Athens, GA 30610-2795 706/369-5650</p> <p>Clarke County</p>

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<p>Southeast Georgia/South Georgia</p> <p>Atkinson Echols Bacon Irwin Ben Hill Lanier Berrien Lowndes Brantley Pierce Brooks Tift Charlton Turner Clinch Ware Coffee Cook</p>	<p>Wanda Taft, AAA Director Southeast Georgia RDC 1725 South Georgia Parkway, West Waycross, GA 31503-8958 912/285-6097 Fax #: (912) 285-6126 Toll Free #: 1-888-732-4464</p> <p>E-mail: wtaft@dhr.state.ga.us</p>	<p>Lace Futch, Executive Director Southeast Georgia RDC 1725 South Georgia Parkway, West Waycross, GA 31503-8958 912/285-6097</p> <p>Ware County</p>
<p>Southern Crescent (Formerly Chatt-Flint/McIntosh Trail)</p> <p>Butts Pike Carroll Spalding Coweta Troup Heard Upson Lamar Meriwether F</p>	<p>Bobby Buchanan, AAA Director Southern Crescent AAA P.O. Box 1600 Franklin, GA 30217-1600 706/675-6721 (Atl. 770-854-6026) Fax #: (706) 675-0448 Toll Free #: 1-866-854-5652</p> <p>E-mail: bbuchanan@dhr.state.ga.us</p> <p>Physical Address: 13273 Ga. Hwy. 34 East</p>	<p>Henry Booker, Executive Dir. Chattahoochee-Flint RDC P.O. Box 1600 Franklin, GA 30217-1600 706/675-6721 (Atl. 770-854-6026)</p> <p>Heard County</p>

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<p>Southwest Georgia</p> <p>Baker Lee Calhoun Miller Colquitt Mitchell Decatur Seminole Dougherty Terrell Early Thomas Grady Worth</p>	<p>Kay Hind, AAA Director Southwest Georgia COA 1105 Palmyra Road Albany, GA 31701-1933 229/432-1124 Fax #: (229) 483-0995 Toll free #: 1-800-282-6612</p> <p>E-mail: khhind@dhr.state.ga.us</p>	<p>Kay Hind, Executive Director Southwest Georgia COA 1105 Palmyra Road Albany, GA 31701-1933 229/432-1124</p> <p>Dougherty County</p>
<p>Lower Chattahoochee (Formerly West Central Ga./Middle Flint)</p> <p>Chattahoochee Quitman Clay Randolph Crisp Schley Dooley Stewart Harris Sumter Macon Talbot Marion Taylor Muscogee Webster</p>	<p>Tiffany Ingram, AAA Director Lower Chattahoochee AAA 1428 Second Avenue P.O. Box 1908 Columbus, GA 31902-1908 706/256-2910 Fax #: (706) 256-2908 Toll Free #: 1-800-249-7468</p> <p>E-mail: tingram@dhr.state.ga.us</p>	<p>Patti Cullen, Executive Director Lower Chattahoochee RDC 1428 Second Avenue P.O. Box 1908 Columbus, GA 31902-1908 706/256-2909</p> <p>Muscogee County</p>
		<p>Effective: July 2, 2003</p>

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Section 90 State Agency Operations, Policies and Procedures

§93.1 Scope and Background

This provides policies and procedures to be used by the Division of Aging Services in assessing compliance by Area Agencies on Aging, and their subcontractors, with contract requirements and responsibilities and developing appropriate performance-based rewards or sanctions, relative to compliance status. The Area Agencies shall convey the applicability of these policies to their subcontractors through appropriate contract language. To the extent feasible, and subject to the availability of funds and other resources, the Division will reward those area agencies which the Division finds have demonstrated exceptional performance. Likewise, should there be findings of non-compliance with the terms of a contract which governs the use of monies appropriated under that contract, the Division may take such actions, described in this section, as may be legally available and appropriate to the circumstances. This section outlines the rewards available for compliance with a contract and the potential sanctions which can be levied for non-compliance with contract terms and conditions.

§93.2 Definitions

Definitions for terms used in this section shall have the following meanings, unless the context clearly indicates otherwise.

- (a) Levels of Sanctions include but are not limited to:
- (1) Level One Sanction- The sanction that the Division may impose as a response to a contractual breach and/or failure to comply with Division policies and procedures and specific state and federal requirements.
 - (2) Level Two Sanction- The sanction that the Division may impose as a response to a severe problem and the potential negative impact that such a problem may have on a contractor agency's region or on the State.
 - (3) Level Three Sanction- The sanction that the Division may impose with a severe and/or continued failure to comply with contractual requirements, Division policies and procedures, and/or state and/or federal laws may affect service delivery and/or contractor agency financial stability.
 - (4) Level Four Sanction- The sanction that the Division may impose where a severe and/or continued failure to comply with contractual requirements, Division policies and procedures, and/or state and/or federal laws continue to go uncorrected.

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Georgia DHR Division of Aging Services

§93 Compliance with Contractor Responsibilities, Rewards and Sanctions

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- (b) Acceptable corrective action plan- Identification of actions to be taken, including a time line, that are acceptable to the Division to correct and identified issue of contractual or legal non-compliance.
- (c) Administrative payments- Payments for general administration of an Area Agency on Aging, including any indirect cost recovery.
- (d) Certified- When used in conjunction with performance measure testing, describes having obtained acceptable results, within parameters established by the Division, for data tested.
- (e) Discretionary funds- Any funds issued by the Division that are not awarded based on a general funding formula or not awarded to all Area Agencies by the Division.
- (f) Extension- An approved request, submitted to the Division on or before the original due date, to submit required reports or other required information, later than the established due date, and granted at the discretion of the Division for good cause shown.

§93.3 Preventive Maintenance

Preventive maintenance activities or approaches, developed to ensure achievement of desired program outcomes and provide fiscal accountability, include technical assistance, procedural issuances and policy manual issuances, timely and effective program and fiscal monitoring, performance measure testing, and quality reviews.

- (a) Technical assistance is performance-driven and outcome-based. Specified Division staff with appropriate programmatic, technical and/or administrative expertise will provide technical assistance for administrative, programmatic and fiscal issues. Training is included as a preventive maintenance approach, to the extent that resources are available to arrange for and provide such training.
- (b) Procedural issuances and manual issuances provide clarification and interpretation of federal and state requirements and are performance-driven and outcome-based. They may relate to both programmatic and fiscal issues.
- (c) Program and Fiscal Monitoring assistance may include site visits, desk reviews and analysis of both financial and program outcomes to help identify potential weaknesses, before such weaknesses result in sub-standard performance or questioned costs. Monitoring may result in recommendations that provide practical solutions that can be used to take immediate corrective action.

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- (d) Performance measure testing is conducted to determine the accuracy (including completeness) of data submitted to the Division and to assess the quality of the controls in place to ensure the consistency of accurate and well-documented data.
- (e) Quality reviews include the routine evaluation of essential quality indicators and certification systems and will be enhanced with timely and relevant training and technical assistance to help develop and maintain the knowledge, skills and abilities required across all program lines.

§93.4 Contractor Responsibilities

Contractors² are responsible for compliance with the terms of the contract and will:

- (a) comply, as applicable, with all governing documents;
- (b) comply with the requirements of approved contracts or plans;
- (c) meet the administrative and service requirements established by the Department/Division, including, but not limited to, all budget documents and required reporting in a timely, complete and accurate manner, consistent with §104, Area Agency Administration and Operations, and §106, Area Agency Fiscal Responsibilities.
- (d) respond to requests by the Division for specific correction as a result of:
 - (1) the area plan or area plan amendment review;
 - (2) program and fiscal reviews, monitoring and assessments;
 - (3) investigation and response to complaints; or
 - (4) erroneous or incomplete information on program performance or financial reports.
- (e) respond to or comply with corrective action plans as requested or required by the Division.

§93.5 Rewards

Rewards for exceptional performance will be determined by the Division or AAAs based on the results of periodic and annual monitoring and evaluation. Area Agencies are encouraged to work with the provider network to establish reward and recognition initiatives that are both meaningful and tangible. Exceptional performance is characterized by those activities which produce results which substantially exceed minimum requirements, and could be related to superior consumer satisfaction ratings, outstanding leadership in the community and state, highly effective stewardship of funds, highly effective advocacy efforts resulting in actions taken to benefit programs or clients, innovations leading to process improvements and improved results. Actual rewards are not limited to, but may include any one, or a combination of:

² “Contractor” is used generally in this section to refer to both Area Agencies and their subcontractors. Area Agencies will substitute “the AAA” for “the Division” in applying these requirements to subcontractors.

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- (a) notification and publicizing of outstanding performance to the public in the Area Agency's region and to the governing board of the designated Regional Development Center or non-profit organization.
This could include holding annual recognition events, giving "Best in Class" Awards for AAAs and providers, highlighting accomplishments in newsletters and annual reports;
- (b) providing discretionary funding awards for conferences, training events, or leadership workshops, including in-state and, *when appropriate*, out-of-state travel;
- (c) providing discretionary funding awards for the purchase of equipment, including upgrades to computer hardware and software;
- (d) reducing the frequency of monitoring and other review processes, as long as performance levels are maintained at the exceptional level;
- (e) provision by the AAA of a "loaned" employee to a provider with outstanding accomplishments for a period of time;
- (f) providing the opportunity to participate in policy and program development initiatives;
- (g) giving priority consideration for new projects, activities or funding.

§93.6 Sanctions

The Division and/or AAAS may apply sanctions which can be both progressive and cumulative in nature and which *can* include, but are not limited to, the following:

§93.6.1 Level One Sanctions

Level One Sanctions may result in one or more of the following actions:

- (a) requiring the development, submission and implementation of an acceptable corrective action plan to address identified weaknesses, contractual breaches, and/or non-compliance;
- (b) submission of additional and/or more detailed financial and/or performance reports;
- (c) designation as a high-risk contractor, requiring additional monitoring visits;
- (d) repayment of disallowed costs; and
- (e) requiring directed amendments to current area plans or subcontract proposals.

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§93.6.2 Level Two Sanctions³

Level Two Sanctions may result in one or more of the following actions:

- (a) imposition of one or more Level One Sanctions;
- (b) restrictions on ability to draw down contractor/Area Agency administrative funds, including suspension or termination of area planning funding, with notice of such action to the agency director, the agency director's superior (if applicable), and the agency's board chairperson, or comparable agency official;
- (c) prohibition of participation in discretionary funds application process;
- (d) imposition of required technical assistance, and
- (e) requiring directed amendments to current area plans or subcontract proposals

§93.6.3 Level Three Sanctions

Level Three Sanctions may result in one or more of the following actions:

- (a) imposition of one or more Level One sanctions;
- (b) imposition of one or more Level Two sanctions;
- (c) prohibition or limitation of the provision of direct services by the Area Agency;
- (d) prohibition of or limitation on the use of specific service providers/vendors;
- (e) imposition of the requirement that reimbursement payments made to Area Agency/contractor for the remainder of the fiscal year shall only be made following submission of bills paid or other documentation to show that bills for which reimbursement is sought have been paid; and .
- (f) requiring directed amendments to current area plans or subcontract proposals

§93.6.4 Level Four Sanctions

Level Four Sanctions may result in one or more of the following actions:

- (a) imposition of one or more Level One sanctions;
- (b) imposition of one or more Level Two sanctions;
- (c) imposition of one or more Level Three sanctions;

³ See Appendix 94-A for procedures for suspension and termination of Area Plan funding, which can, at the discretion of the Division, may be imposed at the Level II Sanction and above.

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- (d) requiring a directed amendment to the current area plan/proposal;
and
- (e) withdrawal of designation and/or cancellation of the Area Agency or
provider contract.

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§93.7 Administrative Violations

Administrative violations shall result in disciplinary and/or corrective actions as specified in this section, unless the violation occurred as a result of an act of God or action by the Division/Department. The Division is responsible for documenting violations. Higher levels of administrative sanctions will be applied for non-compliance issues deemed most serious, and for continued non-compliance, including failure to take appropriate corrective action, for less serious issues.

§93.8.1 Violations Subject to Level One Sanctions

Violations which may result in the imposition of Level One sanctions include, but are not limited to, the following:

- (a) failure to satisfactorily resolve an identified contractual breach within specified timeframes.
- (b) failure to submit a required report by the due date or date of approved extension.
- (c) failure to submit required reports accurately and completely, if identified by the Department (not to exceed two instances in one fiscal year), and not corrected within five workdays following notification;
- (d) failure, on the third occurrence, to submit required reports accurately and completely, if identified by the Department, whether or not a violation notice was previously issued;
- (e) failure to submit timely an acceptable corrective action plan for findings of program and fiscal monitoring within forty-five (45) calendar days;
- (f) failure to conduct an appropriate audit review process for required provider audits;
- (g) failure to resolve deficiencies noted in an audit review within timeframes established by contract.

§93.8.2 Violations Subject to Level Two Sanctions

Violations which may result in the imposition of Level Two sanctions include, but are not limited to, the following:

- (a) failure to rectify any level one sanction within the timeframe established for corrective action;
- (b) failure to complete in a timely manner any corrective actions provided in any corrective action plan;
- (c) failure to submit in a timely manner a Single Audit, in accordance with OMB Circular A-133, to the Department;
- (d) failure to be certified as having had accurate data following performance measure testing;
- (e) failure to conduct on-site monitoring of providers as required;

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- (f) failure to issue letters of findings within thirty (30) calendar days following on-site monitoring or quality assurance review (QAR) of service providers; and
- (g) failure to assure contractor's resolution of deficiencies found during service provider's monitoring/quality assurance review within the timeframes established in the corrective action plan.

§93.8.3 Violations Subject to Level Three Sanctions

Violations which may result in the imposition of Level Three sanctions include, but are not limited to, the following:

- (a) failure to rectify any Level One sanction within ninety (90) calendar days following the timeframe established for corrective action;
- (b) failure to rectify any Level Two sanction within the timeframe established for corrective action;
- (d) failure to appropriately act upon reported or identified threats to the health and safety of program participants, within established timeframes , as follows:
 - (1) immediately, or on the next business day, when an immediate threat to life and safety of participants is reported or identified;
 - (2) within seventy-two (72) work hours, when there is some risk to health or safety, which is considered not to be life threatening;
 - (3) within seven (7) work days for all other reports or risks identified.
- (d) failure to appropriately report and respond to allegations of abuse, neglect, and/or exploitation, and/or allegations of fraud or ethics code violations; ⁴
- (e) failure to have tested data certified as accurate two times out of any four consecutive performance measure tests; and
- (f) occurrence of four or more Level One violations or three or more Level Two violations within the same fiscal year.

§93.8.4 Violations Subject to Level Four Sanctions

Violations which may result in the imposition of Level Four sanctions include, but are not limited to, the following:

- (a) failure to rectify any Level One sanction within 180 calendar days following the timeframe established for corrective action;

⁴ Refer to "Requirements for Non-Medicaid Home and Community Based Services" General and Individual Services requirements, regarding mandatory reporting of suspected abuse, neglect or exploitation of participants. Provider staff are considered to be mandated reporters as defined in O.C.G.A. 30-4, Protection of Disabled Adults and Elder Persons. AAAs which provide direct services, including case management, will be subject to mandated reporting.

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- (b) failure to rectify any Level Two sanction within 90 calendar days following the timeframe established for corrective action; and
- (c) failure to rectify any Level Three sanction within the timeframe established for corrective action.

§93.9 Notice of Pending Action

The Division is responsible for providing adequate and timely notice of pending actions, including sanctions, according to the following guidelines.

- (a) The date of notice shall be the date the notice is sent to the contractor via facsimile transmission (FAX), if transmitted or recorded as delivered by 12:00 Noon on a regular business day. If transmitted after 12:00 Noon, the next business day will be considered the date of notice.
- (b) All notices of violations will be sent by the following methods:
 - (1) facsimile (FAX) transmission for all notices; and
 - (2) letter by postal mail for violations subject to a Level one and Level Two sanction or, for violations subject to a Level Three and Level Four sanction, by postal mail, return receipt requested, or by commercial delivery services with signature of receipt required.
- (c) All notices will be addressed to:
 - (1) the agency's/contractor's Executive Director or designated representative;
 - (2) the Director of the Area Agency on Aging; and
 - (3) the agency's/contractor's Board Chair or comparable agency official.

§93.10. Fraud

All allegations of fraud will be investigated by the Department or other agency(ies) with jurisdiction. Complaints will be referred to the appropriate agency for action. Since payments to contractors are made from both State and Federal funds, submission of false or fraudulent claims, statements, documents, or the concealment of a material fact may be prosecuted as a felony in either Federal or State Court.

- (a) The Department/Division will inform the agency/contractor of the exact nature of the complaint and may require the contractor to conduct its own internal investigation.

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- (b) The Department will document its investigation's findings and conclusions and inform the contractor and the complainant of the results. If an investigation substantiates fraud, the Department will require the contractor to take corrective action and/or refer the complaint to the Georgia Attorney General's Office, the United States Attorney General's Office and other appropriate law enforcement agencies.

§93.11 Ethics Code Violations.

The Department/Division is bound by the Code of Ethics for Government Service and expects all contractors, including area agencies on aging and their sub-contractors to abide by the same. (See Appendix 93-B) Violations of the Ethics Code requirements will be investigated by the Department and referred by the Department to the appropriate law enforcement agency. Ethics violations may result in criminal prosecution and may be pursued based on the provisions pertinent laws and regulations.

- (a) The Department will inform the contractor of the exact nature of the complaint and may require the contractor to conduct its own internal investigation.
- (b) The Department will document its investigation's findings and conclusions and inform the contractor and the complainant of the results. If an investigation indicates there is a substantiated situation in which there is a question of ethics code violations, the Department will require the contractor to take corrective action and/or refer the complaint to appropriate law enforcement agencies.

§93.12 Abuse, Neglect, and Exploitation.

Abuse, neglect, exploitation and other violations of client rights will be reported by the Department/Division to the appropriate authorities. ⁵

§93.13 Other Remedies

The Department /Division may take and/or impose other remedies that are legally available based on the circumstances involved.

Effective Date: July 2003

Review Date: March, annually, or at any other such time as there are changes in laws or regulations which affect this policy.

Approved:

Maria Greene, Director, Division of
Aging Services

⁵ See note 3.

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Appendix 93-A
Procedures for Suspension or Termination of Area Plan Funding

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93-A -1 Suspension of the area plan and funding.

- (a) The Division may suspend temporarily state or federal assistance under an approved area plan, pending corrective action by the Area Agency or pending a decision by the Division to terminate the contract.
- (b) When conditions warrant, the Division may suspend area plan operations in whole or in part. Such conditions would result from the Area Agency's failure to comply with contract award stipulations, standards, or conditions.
- (c) To suspend area plan operations, the Division shall notify the Area Agency in writing of the action being taken, the reason for such action, and the conditions of the suspension. This notice shall be given at least thirty (30) days prior to the effective date of suspension and shall note the right of the Area Agency to appeal this decision, and the procedures to be followed for such an appeal.
- (d) The Division shall grant to any Area Agency whose plan has been suspended, in whole or in part, an opportunity for reconsideration of the decision.
- (e) The Division may, at its discretion, allow federal financial participation in necessary and proper costs that the Area Agency could not reasonably avoid during the period of suspension.
- (f) In suspending area plan operations, the Division shall determine the amount of unearned Title III funds the agency has on hand. The anticipated length of suspension, the extent of area plan operations suspended and the amount of fund balance on hand will determine whether the Division will require the agency to return the balance.
- (g) The Division may, at its discretion, reinstate the suspended area plan operation if it determines that conditions warrant such action.
- (h) Federal participation in reinstated area plan operations may resume immediately upon reinstatement, but not for any costs accrued for those area plan operations while they were suspended. The authority to obligate funds resumes upon reinstatement at the previously established matching ratio.
- (i) If the suspension of area plan operations continues for three (3) consecutive months in any budget year, federal funding of the area plan operations is automatically suspended.

93-A-2 Termination of area plan funding

- (a) The termination of funding means the cancellation or state or federal assistance, in whole or in part, under a contract at any time prior to the date of completion.
- (b) The Division may terminate state or federal support for an area plan prior to the end of an approved budget/fiscal year or project period if:
 - (1) The Area Agency violates the conditions under which the contact was approved;
 - (2) Program performance is inadequate; or
 - (3) Non-federal resources are not available.

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Appendix 93-B

Georgia Code of Ethics for Government Service

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Georgia law includes a Code of Ethics for Government Service which provides as follows:

Any person in government service should:

- I. Put loyalty to the highest moral principles and to country above loyalty to persons, party, or government department.
- II. Uphold the Constitution, laws, and legal regulations of the United States and the State of Georgia and of all governments therein and never by a party to their evasion.
- III. Give a full day's labor for a full day's pay and give to the performance of his duties his earnest effort and best thought.
- IV. Seek to find and employ more efficient and economical ways of getting tasks accomplished.
- V. Never discriminate unfairly by the dispensing of special favors or privileges to anyone, whether for remuneration or not, and never accept, for himself or his family, favors or benefits under circumstances which might be construed by reasonable persons as influencing the performance of his governmental duties.
- VI. Make no private promises of any kind binding upon the duties of office, since a government employee has no private word which can be binding on public duty.
- VII. Engage in no business with the government, either directly or indirectly, which is inconsistent with the conscientious performance of his governmental duties.
- VIII. Never use any information coming to him confidentially in the performance of governmental duties as a means for making private profit.
- IX. Expose corruption wherever discovered.
- X. Uphold these principles, ever conscious that public office is a public trust.

Official Code of Georgia Annotated section 45-10-1

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Appendix C
Operational Plan Objectives / Management and Analysis Plan

Operational Plan Objectives

NO.	OPERATIONAL GOAL	OBJECTIVES	PERFORMANCE MEASURES
1	Services:	By the end of FY2004, The Division of Aging Services will have at least 90% of all nutrition clients entering the HCBS program assessed within 30 days to determine their nutritional status.	Percentage of clients assessed for services within 30 days
	Provide community services and programs, which promote independence, health and safety, and delay or prevent institutional placement of Older Georgians		
2		By the end of FY2004 the Division of Aging Services will collect NSI Comparison scores between assessment and reassessment.	Maintenance or improvement of NSI Scores at reassessment
3		By the end of FY2004, the Division of Aging Services will have admissions to nursing homes of CCSP participants delayed by 32 months or better.	Average length of stay.
4		By the end of FY2004, Older Georgians who qualify for services will choose Community Care Services Program (CCSP) services over nursing home services at least 91% of the time. (Diversion Rate)	Percentage of Older Georgians who choose CCSP services over nursing homes.
5		By the end of FY2004, at least twenty-five percent (25%), of Senior Community Services Employment Program (SCSEP) participants will obtain unsubsidized employment	The number of authorized Senior Community Service Employment Program positions and the number of enrollees who obtain unsubsidized employment.
6		By the end of FY 2005, DHR will increase by 15% the number of DHR job targeted clients(Including Title V-SCSEP program participants) who have retained employment for at least 3 months.	The number of authorized SCSEP position and the number of enrollees who obtain unsubsidized employment

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Operational Plan Objectives / Management and Analysis Plan

NO.	OPERATIONAL GOAL	OBJECTIVES	PERFORMANCE MEASURES
7		By the end of FY2004, fifty-five percent (55%) of older adults, who participate in Health Promotion and Disease Prevention Program (Wellness Program) activities, will demonstrate increased strength, range of motion, flexibility, endurance, aerobic fitness or balance.	The percentage of participants who demonstrate increased fitness levels.
8		By the end of FY2004, the Division of Aging Services consumers in the Health Promotion and Disease Prevention Program (Wellness Program) who rate the services as very good or excellent will be sixty-five percent (65%) or above.	Percentage of Wellness program consumers who rate services as very good or excellent.
9		By the End of FY2004, the Division of Aging services will increase by 20% over FY2003, the number of caregivers receiving individual services.	# and % of caregiver clients receiving individual services.
10		By the end of FY2004, the Division of Aging Services will increase by 10% over FY2003 the number of HDM clients with a NSI score higher than 6 who are referred to health care professionals for Level 1 screening	# and % of clients with Nutritional Risk Score in excess of 6.
11		By the end of FY 2004, DHR will increase the percent of the number of citizens informed about prevention and reporting of Abuse Neglect or Exploitation and will decrease the percent the incidence of repeated, substantiated domestic violence, or abuse or neglect of vulnerable people.	Prevention education sessions

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Appendix C

Operational Plan Objectives / Management and Analysis Plan

NO.	OPERATIONAL GOAL	OBJECTIVES	PERFORMANCE MEASURES
12	Workplace: The Division of Aging Services workplace environment is enhanced and maintained to support and attract highly motivated, well trained, customer focused employees, and to develop future leaders and diversity in the workforce	By the end of FY2004, the Division of Aging Services will increase to 85% the percentage of training evaluation results that rate training as beneficial to the job duties.	Percent of training surveys that rate training as beneficial to the job duties by SFY 2004
13		By the end of FY2004 the Division of Aging Services will have in place a systematic process of measuring employee satisfaction along with recognizing and rewarding Division employees for their achievements.	Fully developed and documented process in place.
14		By the end of FY2004 the Division of Aging Services will record a 10% increase in employee satisfaction over the FY 2002 DHR Employee Satisfaction Survey as the baseline score.	Percent increase in employees reporting a high level of satisfaction
15	Operations: Continue to improve the efficiencies and effectiveness of Aging Network operations	By the end of FY2004, HCBS will increase by 15% the number of clients who have the income data entered in the client record compared to FY2003.	Decreased error rates in the non-Medicaid Home and Community Based Services (HCBS) Program data elements.
16		By the end of FY2004, the Division of Aging Services will increase the number of clients served by 5% in the GeorgiaCares program.	Increase number of clients served
17		The Division of Aging Services will follow Federal Compliance and follow federal laws and regulations, including HIPAA, ADA, LEP/SI, Health Care Fraud prevention and Title VI Issues.	Effective specialized training on HIPAA privacy for 100% of PHI related DAS staff; effective awareness overview training for 100% of DAS staff and AAA Provider network on HIPAA; and effective training on Federal Compliance issues - ADA, Title VI, and LEP/SI for related DAS staff and AAAs.

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Operational Plan Objectives / Management and Analysis Plan

NO.	OPERATIONAL GOAL	OBJECTIVES	PERFORMANCE MEASURES
18		By the end of FY2004, the Division of Aging Services will implement a quality improvement system for measuring, analyzing, aligning and improving program performance in the aging Network	Dashboard items: 1. Client, 2. Human Resources, 3. Financial, 4. Organizational Effectiveness
19	Stakeholders: Develop and nurture positive relationships with our consumers/stakeholders	By the end of FY2004, the Division of Aging Services will increase the capacity of Georgia's Communities to meet the needs of a rapidly increasing population by documenting the percentage of local funds leveraged.	Increase the capacity of Georgia's Communities to meet the needs of a rapidly increasing elderly population.
20		GeorgiaCares will respond to consumers' request for assistance within 2 working days	Number of days for request to be responded to.
21		By the end of FY2004, the number of volunteers in the GeorgiaCares Program will be maintained or increased by 3%	Number of volunteers who work with the GeorgiaCares Program
22		By the end of FY2004, the Division of Aging Services will increase or maintain consumer savings generated through GeorgiaCares program during SFY2002.	Dollars saved by the consumer.
23		By the end of FY2004, increase or maintain the number of older Georgians who attended consumer education sessions offered by GeorgiaCares.	Number of participants in counseling sessions.

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Operational Plan Objectives / Management and Analysis Plan

NO.	OPERATIONAL GOAL	OBJECTIVES	PERFORMANCE MEASURES
24		By FY2004, education and services provided by Elderly Legal Assistance Program (ELAP) will result in consumer savings equal to or greater than money saved as base lined in SFY2002.	Funding saved as a result of the Elderly Legal Assistance Program (ELAP)
25		By the end of FY2004, the Long -Term Care Ombudsman Program will increase above the baseline, the percentage of complaints responded to within the required time frame: A. Abuse or gross neglect complaints within 72 hours, B. All other complaints within 7 working days.	Increase in percentage of complaints responded to.
26	Information Technology: The Division of Aging Services will have accurate, timely and completely integrated support for service delivery of Aging Services Programs.	By the End of FY2004 the Division of Aging Services will achieve 80% of AIMS in a web enabled environment to facilitate access to data for program management and process improvement in client service delivery.	Full implementation of AIMS into the Department's Portal Project to assure the use of data to manage improvements in client service delivery.
27		By the end of FY2004, the Division of Aging Services will publish revised standard equipment specifications, software , and on-going training requirements to the aging network for AIMS.	Fully developed specifications for equipment, software, and training requirements for the Aging Network.
28	Emergency Response Preparedness: The Division of Aging Services will have viable Emergency Response Plans, which have been tested and evaluated.	By the end of FY2004, 100% of the Area Agencies on Aging will have an approved, updated emergency plan.	Completed emergency plans within each Area Agency on Aging.
29		By the end of FY2004 DAS will have tested the emergency plans of selected Area Agencies on Aging	Percent of emergency plans tested in selected Area Agencies on Aging.
30		By the end of FY2004 DAS will identify or develop a training and evaluation process within the Aging Network for emergency planning.	Fully developed training and evaluation process for evaluating emergency plans.

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Operational Plan Objectives / Management and Analysis Plan

Management and Analysis (M & A) Plan
Result Measures

Beginning in SFY 2003 each section in the Division of Aging Services completed a Management and Analysis Plan. This is a working document (see below) that is created new once a year and then updated each month or quarterly as needed. This plan will detail track improved outcomes based on data collected.

The Management and Analysis Plan will be the supporting document for strategic planning, key success factors and operational plans developed by the Division of Aging Services. From the plan it is expected that specific actions will be taken for process improvement or corrective action.

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Operational Plan Objectives / Management and Analysis Plan

Management and Analysis Plan (MAP)

NOTE: Complete one worksheet for each measure.

1. **What measure is collected?**

2. **What is the target?**

3.	What type of measure is it? <i>Customer</i> <input type="checkbox"/> <i>Human Resources</i> <input type="checkbox"/> <i>Financial</i> <input type="checkbox"/> <i>Organizational Effectiveness</i> <input type="checkbox"/>	4.	What is the Report Source? <i>Manual</i> <input type="checkbox"/> <i>Ad-Hoc</i> <input type="checkbox"/> <i>Crystal Enterprises</i> <input type="checkbox"/> <i>CHAT</i> <input type="checkbox"/>
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5. **What is the name of the report and its file location?**

6. **Why is the data collected?**
State Reporting *Federal Reporting* *Program Management*

7. **By Whom?**

How is the measure collected? *How Often?* *Monthly* *run Quarterly* *Annually* *Ad-hoc*

8. **How is the data calculated?**

9. **Who analyzes the data?**

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Operational Plan Objectives / Management and Analysis Plan

10. **What is the result?**

11. **Has the target been met?** *Met* *Not Met* *Exceeded*

12. **If target is not met, what is the corrective action?**

13. **What is the result of the corrective action taken?**

14. **How often is this reported to Leadership Team?**

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Appendix D
Performance Outcome Measurement Project
1999-2002

Evaluation of Processes

Processes That Went Well

Application Process. The Administration on Aging's (AoA) grant application process was relatively simple and straightforward. AoA staff responded quickly and clearly to questions and notified the Division timely of the grant award.

Development of Measures and Instruments. Although the process of developing measures and instruments began slowly and meetings were not facilitated as well as possible, AoA and Westat provided resources and counsel and listened well to the ideas and experiences of grantees. Teleconferences moved the process along to its conclusion. Instruments were improved following test administrations. In November 2002, Westat modified the scoring of the Nutrition Risk Survey when grantees pointed out that the Nutrition Screening Instrument totals are not appropriate for measuring program impacts.

Teamwork. A team comprised of two members of the Planning and Program Evaluation Section, one member of the Program Development and Operations Section, one member of the Community Care Services Program Section, the grants specialist from the Elder Rights and Advocacy Section and a consultant worked together to conduct the project. They followed a Gantt chart timeline, undertook assigned work outside of team meetings, and maintained close communication through email and small group meetings. Use of advanced meeting processes kept meeting times minimal and clarified responsibilities. The team engaged in consensus-building and problem-solving activities and was able to overcome barriers to success with minimal disruption. Project facets (e.g., drawing client data from AIMS and CHAT, and the conduct of surveys) were conducted in an orderly manner and completed as timely as circumstances permitted. The team used process improvement tools to institute positive changes in the survey processes.

Nutrition Surveys. Most AAAs and their nutrition providers worked well with the team to achieve their goals. As they gained experience, AAAs conducted surveys and entered and submitted data timely.

Telephone Surveys. The contracting of telephone surveys of consumers and caregivers provided accurate, professional interviewing and eased the gathering and transmission of data. Staff of the division were not encumbered with such tasks as selecting samples, recruiting part-time staff or volunteers, training interviewers, data entry, data verification and data clean-up. GSU/ARC performed professionally, timely, and cordially, producing great volumes of work and responding positively and creatively when confronted by unforeseen circumstances.

POMP Website. Westat maintains a useful website (www.qpra.net). It displays the purpose and history of the POMP project, the various iterations of the survey instruments, database run-time applications, and instructions for sampling and surveying.

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Performance Outcome Measurement Project
1999-2002

Guidance from Westat. Westat staff responded patiently in assisting the POMP team in overcoming barriers. They contributed to the Division's understanding of sampling and survey methodology.

Barriers to Efficient, Effective Implementation

External Barriers. Several constraints to the smooth implementation of the project were beyond the control of the Division. These included:

◆ **Scheduling.**

The Division encountered considerable difficulty due to delayed implementation. Each year, the "kickoff" meeting was convened in December. Actual development of instruments did not begin until January.

- *Instrument development.* Throughout the project, the Division was delayed by slow development of instruments. Instruments were not ready for deployment and testing until March or April. The Division could not train surveyors or complete contracts with GSU/ARC until it had the instruments. Therefore, actual surveying could not begin until May or June. When deadlines were missed, the Division's coordination with AAAs and GSU/ARC was strained.
- *Nutrition interviewing.* In POMP I and II, nutrition interviews required a minimum of eight months, due to the need to interview consumers six months following enrollment.
- *Nutrition consumer enrollment.* Nutrition surveying could not begin until the latter days of the State fiscal years. Some AAAs, due to fiscal constraints, are enrolling few new consumers at this time. These AAAs were unable to meet goals for identifying and interviewing new consumers.
- *Budgeting.* When delays pushed work beyond the end of State fiscal years, the Division could not identify funds to match federal grant funds.
- *Unpredictable timelines.* The timetables that the State submitted with the grant proposals could not be maintained due to missed deadlines or lack of timetables at Westat. The POMP team and AAAs continually spent considerable time revising their timetables. In POMP III, Westat published timelines; however, deadlines were often missed.

◆ **Lack of Feedback on Survey Results.** The Division and the AAAs entered into the project with two overarching interests: to participate in a national effort to develop useful tools to measure performance and outcomes and to gain data that measured performance in delivering key services to older Georgians.

With regard to the second interest, the Division understood that AoA's contractors would

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Appendix D
Performance Outcome Measurement Project
1999-2002

analyze the data and provide statistical reports on the results of the surveys. Reports were often received nine months after the POMP team submitted data. The Division sent HCSM data collected under POMP II to Westat in January 2002, but the Division has not received any reports on these surveys. In October 2001 Scott Miyake Geron provided a two-page analysis of the POMP I data.

Because no resources in the Division could be allocated to analyzing the data, and because comparative data from other grantees are needed to assist in interpreting the data, the Division has been unable to provide reports to the various agencies and persons who assisted in data collection. The lack of feedback has made difficult its efforts to maintain interest in the work of collecting data and performance measurement. More important, the state has had to delay its use of these valuable data to improve program performance.

Lack of reports was one of the primary factors in the Division's decision not to apply for a POMP IV grant.

◆ **Coding.** For the Caregiver and HCSM surveys, Georgia contracted with the Applied Research Center of Georgia State University (GSU/ARC). Because the GSU/ARC employs a CATI system, it did not use the database provided by Westat. Westat had not provided a codebook independent of its database. This resulted in confusion over certain responses.

◆ **POMP Nutrition Database.** Data entry staff using Westat's database found it difficult to retrieve records on clients previously entered in order to correct or complete files. (This issue was reported to Westat and corrected in a subsequent build of the database.)

◆ **Closure of GSU/ARC.** In mid-April 2002, as consumer surveys were underway, the Dean of the Andrew Young School of Policy Studies decided to close the survey center at GSU/ARC, effective June 30, 2002. The Center was able to complete the HCSM surveys before it closed. However, because Westat did not complete the Caregiver Survey until the end of April 2002, the Division and GSU/ARC could not finalize a contract and begin the surveys in time to assure completion of the Caregiver Survey before June 30, 2002. The Division approved a subcontract with Texas Tech, which conducted the surveys successfully.

Internal Barriers. Systems and processes within the State also delayed implementation and caused undue work.

◆ **Data system.** In the summer of 1999 the Division began using its Aging Information Management System (AIMS), a system for tracking clients, services and expenditures. In its earliest form, AIMS did not contain detailed data on clients such as phone numbers, addresses and functional status. However, the Client Health Assessment Tool (CHAT) application, used concurrently with AIMS, did contain these data.

The POMP team developed a process for extracting data needed for creating a sampling

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frame using information from both systems. The Division discovered that a large proportion of clients on the lists had moved, disconnected their phones, entered nursing homes or died between the time of data entry and the time of the calls.

In POMP II, the POMP team sought to remedy these issues by pulling data from AIMS and CHAT within a few days of the beginning of calls. However, the team learned through data audits by the Quality Assurance Team of the Division that data entry often lags significantly behind events. Consequently, even data drawn from AIMS and CHAT immediately prior to interviews were often incorrect. Table Four shows the experience of GSU/ARC interviewers who attempted to reach 716 consumers over a two-month period in 2002.

Table D-1 Dispositions of Client (HCSM) Telephone Calls (June 2002)	
Disposition	Number of Consumers
Completed	309
No Answer	16
Phone Disconnected\Changed Number\Fax\Beeper	115
Never heard of Agency or received services	29
Mentally Impaired ⁶	66
Physically Ill - Unable to Complete ¹	100
Respondent in Nursing Home	11
No longer receiving services	16
Respondent Deceased	15
Refused	22
Other non-completions	11
Total Sample	716

The team sought to correct the data by asking the AAAs to provide current phone numbers and addresses. Most AAAs responded quickly, providing correct data. A few AAAs did not see this effort as a priority, however, or believed that the Division was exceeding its authority by calling individuals whom they considered to be the clients of the AAAs and its contracted providers. These AAAs did not always update data. As a result, the POMP team and AAAs expended considerable time tracking clients and drawing additional samples in order to meet survey goals and some AAAs were underrepresented in the actual sample while others were overrepresented.

⁶ Recognizing that those who are physically ill or mentally impaired represent the most needy and vulnerable of its clients, the team did not attempt to eliminate those clients from its lists.

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- ◆ **Coordination of State and regional participants.** The team neglected on two occasions to follow its own procedures:
 - it did not notify AAAs that surveys were about to begin; and
 - interviewers began to call clients before the customary pre-call letters were mailed.

These lapses resulted in confusion of clients, care coordinators and service providers and in concerns over confidentiality and privacy.

◆ **Accounting software.** State government moved its major accounting systems to a new vendor, PeopleSoft, in 1999. Obtaining expenditure detail from the new system has proven difficult and made budget tracking for POMP II superficial and late. For example, the Division of Aging Services budgeted \$27,000 for completion of two questions in the State's 2000 BRFSS. By the time the actual \$19,000 expenditure was posted, it was too late to re-budget the difference to other areas such as client and caregiver surveys.

- ◆ **Lack of staff resources.** The Division has not detailed staff to conduct statistical analyses of data from the surveys. It depends upon Westat and Scott Miyake Geron to perform these analyses.

- ◆ **Legal issues.**

- Before Division staff would release client names for the Client and Caregiver surveys, they wanted assurance that such release was legal. The Division presented its plan to the Department's Institutional Review Board. After a two-month deliberation, the IRB determined that the project was not "client research" but program evaluation and that did not require IRB approval. It also determined that the Division was providing for informed consent by writing a letter to consumers before the surveys and by giving them an opportunity to refuse to be interviewed. The IRB permitted the Division to survey. Few clients and caregivers refused the interviews.
- Consumer privacy and confidentiality of data also concerned some providers in one AAA. They questioned the authority of the Division to give lists of clients to GSU/ARC. The Division maintained that the clients are clients of the Division and proceeded to extract names from the data systems and telephone clients and caregivers. The issue remains unresolved, however.

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Other Lessons Learned

- **Training.** AAA and provider staffs require considerable training and information in order to conduct Nutrition Risk Surveys.
- **Consumer reaction.** Consumers may be confused or threatened by questions regarding social functioning and emotional well-being.
- **Division and AAA Coordination.** Improved coordination between AoA and participant states regarding fiscal year match guidelines and timelines will reduce state workloads and improve morale.

Opportunities for Improvement

Opportunities for the Department and Division

Policy and Procedures for Surveying. Consumers, AAAs and providers need to be aware of the authority of the Division to survey clients and caregivers for purposes of quality improvement and consumer satisfaction. Consumers should be informed at the time of their enrollment, and reminded periodically, that the Division may seek to interview them and that they may refuse to answer survey questions without fear of reprisals or of losing services. The POMP team has recommended that the Department develop and promulgate uniform policy or procedure for obtaining clients' assent to be surveyed for consumer satisfaction and quality improvement purposes.

Client data systems. The perpetuation of two data systems (AIMS and CHAT) increases the workload of staff who enter data and those who must retrieve and update data on clients in order to have complete information to conduct surveys. The POMP team supports efforts to integrate the functions of AIMS and CHAT into a seamless system.

Data accuracy and timeliness. Several AAAs do not up-date client information into CHAT and AIMS timely. Months after clients move, change telephone numbers, enter nursing facilities or die, the data system does not reflect the changes.

Three suggested approaches to improving data accuracy and timeliness are:

- ◆ built-in rewards: persons responsible for entering data (e.g., care coordinators) should experience reduced work if they maintain accurate client data. If the data system makes their work easier rather than being a burdensome requirement, they will enter data immediately upon learning of a change;
- ◆ contractual rewards: the Division may reward AAAs whose data are accurate and timely through recognition or bonuses; and/or
- ◆ contractual sanctions: the Division may levy penalties on AAAs whose data are found to be inaccurate or out-of-date.

Commitment to hear the “voice of the consumer.” The Division has long affirmed the importance of learning from consumers concerning the effects of services and their

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satisfaction with services and providers. Recognizing the costs of gathering such information, however, the Division has rarely used surveys to elicit consumer input.

Through POMP, a cadre of staff within the Division has become intimately familiar with sampling and survey methodology and has a clearer picture of the costs of surveying. The team recommends that the Division commit to systematic consumer surveying. Several options for listening to consumers include:

- ◆ For nutrition, consider using the Nutrition Risk Survey (NRS) for the dual purposes of
 - determining Nutrition Screening Initiative (NSI) scores; and
 - measuring program performance, including consumer satisfaction.

As part of their initial assessment, new clients would be surveyed and their responses entered into the database. The database would be submitted to the Division. Annually, all clients or a sample thereof would be resurveyed and their data similarly processed. NSI scores, easily reported by the database, would be reported with the State Performance Report (SPR).

(Note: Field level staff who administered the NRS reported liking it better than the NSI. The POMP database calculates the NSI score automatically. Use of the NRS would not add appreciably to the workload of field staff.)

- ◆ For Caregiver surveys,
 - reduce the number of items in the survey, using only those that have a strong likelihood of changing over a year's period. The survey currently requires about thirty minutes. Many of the items deal with the effects of caregiving upon caregivers. Responses to these items do not change significantly over the years. The length of the survey could be reduced, in the team's opinion, to ten to fifteen minutes and remain useful for eliciting information on satisfaction.
 - survey a sample of caregivers of clients of selected services.
- ◆ Consider using surveys for other domains. The POMP has transportation, information and assistance and case management surveys.
- ◆ For telephone surveys, if contracting with a professional research center is deemed too costly, consider following the example of other states and AAAs by having Care Coordinators and/or interns at the AAA level conduct surveys. Scanning technology, already in use for POMP by the Southeast Ohio AAA, reduces data entry time.
- ◆ Rotate surveys over several years. That is, administer two or three surveys a year.
- ◆ Allocate personnel to oversee technical aspects of sampling and surveying and to analyze data and report results.

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Improve incentives for data collection at AAAs. In POMP II, the Division contracted with AAAs for NRS surveys at a rate of a base payment of \$3,500 plus \$3 for each completed Time One survey and \$4 for each completed Time Two survey. This amount may not have provided adequate incentives for data collection. One AAA completed four Time One surveys and nine Time Two surveys. Another completed eleven and eight. They were paid the full amount of their contracts.

The Division may be able to realize a higher degree of completions by reducing the base allowance and increasing the per-completion rate.

Opportunities for AoA and Westat

Scheduling. With regard for the effects of delays and uncertain timelines upon the State, AoA and Westat may consider:

- ◆ advising States when they submit their proposals if the States' work plans are not realistic; and
- ◆ moving the start date ("kickoff meeting") earlier.

Feedback for grantees. AoA and Westat would improve their collaboration with grantees by establishing and adhering to timelines that provide useful analyses of survey results to grantees within a briefer time period. Consensus should be reached with grantees concerning the contents and format of reports

Data for benchmarking. Reports of data from Westat will be most useful if they show comparative results from other grantees. Such data can be used as benchmarks. AoA has a policy of not releasing comparative POMP data that identifies states. It gives the following reasons for this position: the POMP project is a pilot, data collection and respondent attributes are not identical across states, and it committed to states from the beginning that it would not use the data in any way that could be considered punitive. AoA also points out that it is conducting a national survey that will provide average scores on the instruments.

The POMP team respects AoA's position on this issue. It recommends that, in the absence of published state-specific scores, the Division request other grantees to share their scores to the Division for purposes of benchmarking. This would permit the Division to determine which grantees are performing at the highest level. Knowing the "best-in-class" would allow the Division to know which processes and resource allocations are most likely to yield superior results from its services. Such knowledge is imperative to quality improvement.

AoA's plans for accountability and performance improvement. POMP began as AoA's method for complying with the Government Performance and Results Act of 1993 (GPRA). Under GPRA, federal agencies must report on the results of their programs and publish plans to improve performance. Although AoA has indicated that it intends to use data from POMP and the current national survey (which uses POMP measures to survey randomly-selected consumers across the nation) in its GPRA reports, it is not yet clear what AoA's long-term

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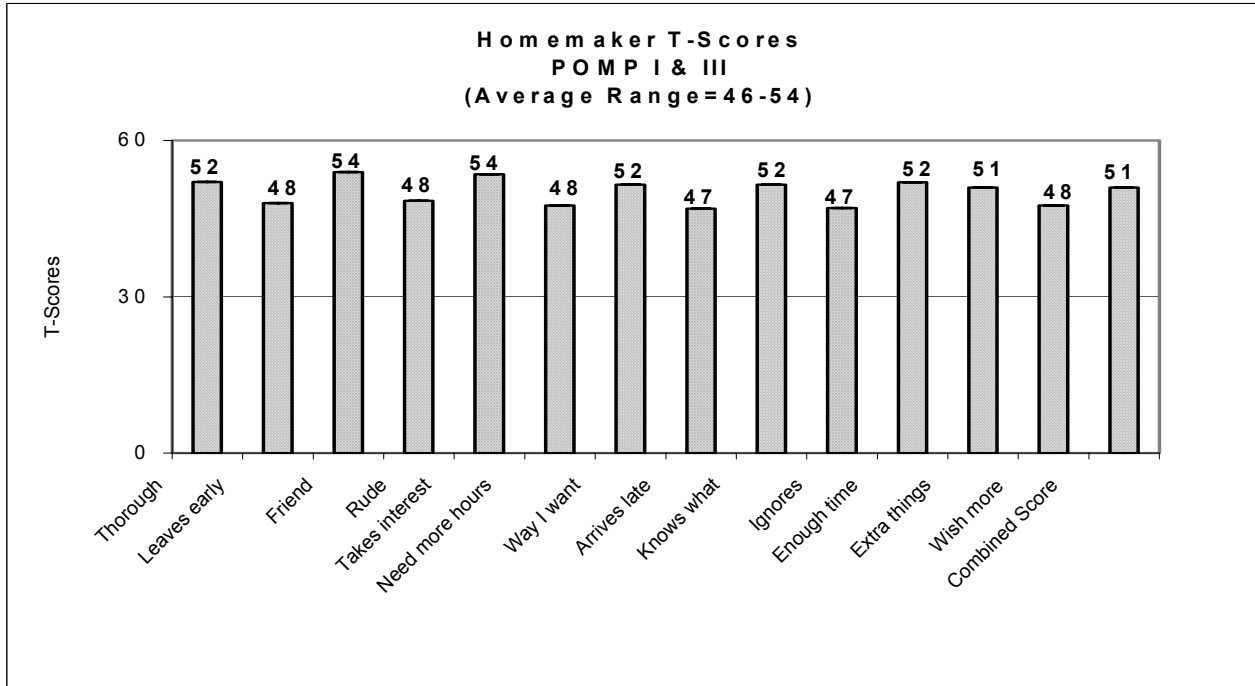
plan for accountability and performance will be.

Table D-2

Homemaker Client Satisfaction (National Average = 50) <i>POMP 1 & 3</i>	
<i>My homemaker is very thorough</i>	52
<i>My homemaker leaves too early</i>	48
<i>My homemaker has become a friend</i>	54
<i>My homemaker is rude to me</i>	48
<i>My homemaker takes an interest in me</i>	54
<i>I need more hours of homemaker service each week</i>	48
<i>My homemaker does things the way I want</i>	52
<i>My homemaker arrives late</i>	47
<i>My homemaker knows what to do</i>	52
<i>My homemaker ignores what I tell her</i>	47
<i>My homemaker is assigned enough time</i>	52
<i>My homemaker does extra things</i>	51
<i>I wish my homemaker could do more</i>	48
Combined Scores	51

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Chart D-1



Caregivers

Almost one person out of every six Georgians above the age of 18, and more than one of five above the age of 45 provide regular care or assistance to a family member or friend.⁷ Many of these receive help from programs administered by the Georgia Division of Aging Services. The following section details information on those who receive such services.

Interviewers completed surveys of 366 caregivers. Eighty-five percent of these received Personal Support Services (PSS) under CCSP; 12% received Extended Personal Support Services (PSSX); service identifications are not available on 3% of the respondents.

Who Are Georgia's Caregivers?

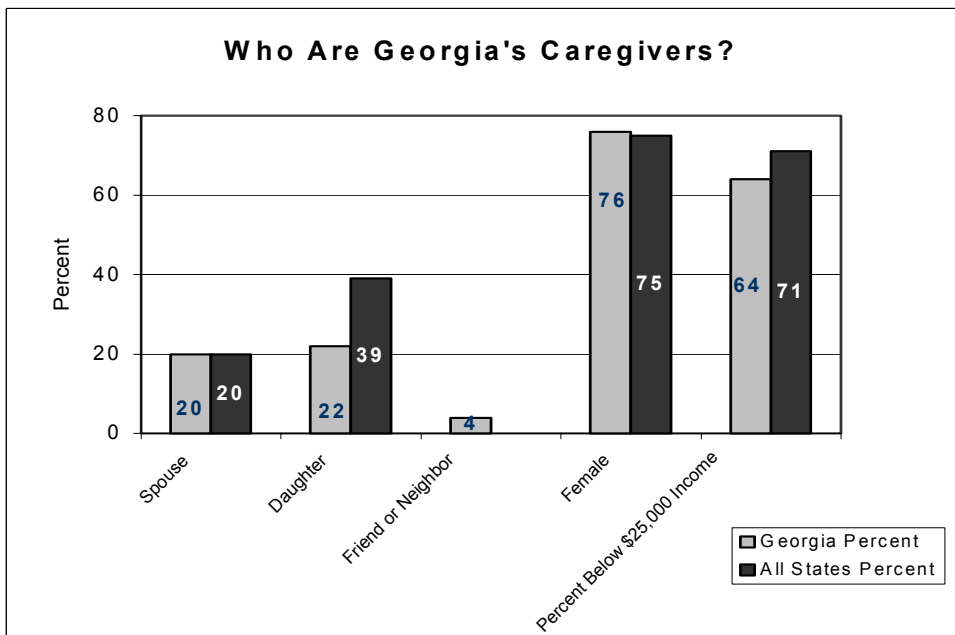
About one in five of the caregivers are spouses. As in the other states surveyed, Georgia's caregivers are most often women. Fewer daughters provide care in Georgia than in other states. Friends or neighbors are primary caregivers in only four percent of the cases. (No comparative data are currently available.)

⁷ Behavioral Risk Factors Surveillance System (BRFSS). 2001 Survey. Supported by a POMP grant from the U.S. Administration on Aging and the Georgia Division of Aging Services.

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Almost two-thirds of the caregivers whose care recipients receive services from the Division of Aging Services and AAAs have incomes below the poverty level. (See Chart D-2)

Chart D-2
 N=366

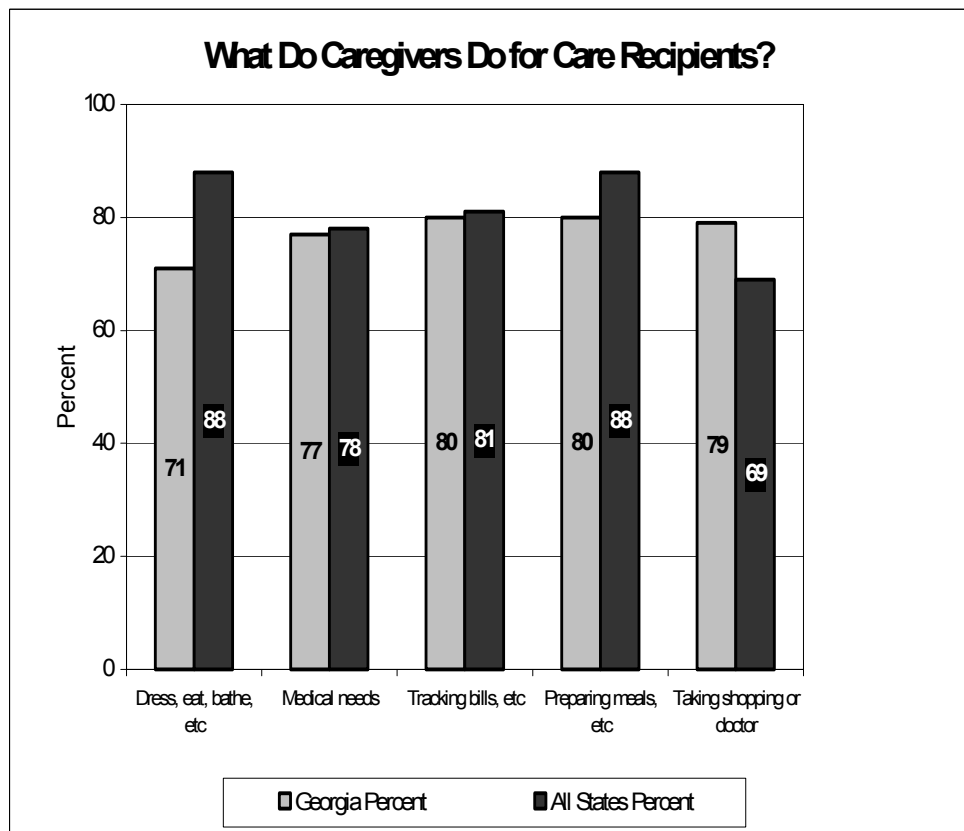


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What Do They Do for the Care Recipients?

Caregivers in Georgia provide an average of over 35 hours of care per week for care recipients who receive Home and Community-Based Services, including CCSP Personal Support Services. Slightly more than half of these hours is given on weekends. Most often, they help manage finances, prepare meals and transport the care recipients. It appears that Georgia's caregivers are less likely to help with personal care than are those in other states. This may reflect the fact that more of the clients in Georgia's sample receive Homemaker and Home Health services than do those in other states' samples. (See Chart D-3)

Chart D-3



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What Services Do Their Care Recipients Receive?

Most of the care recipients served by the caregivers receive more than one service. Table D-3 shows the top nine services.

Table D-3

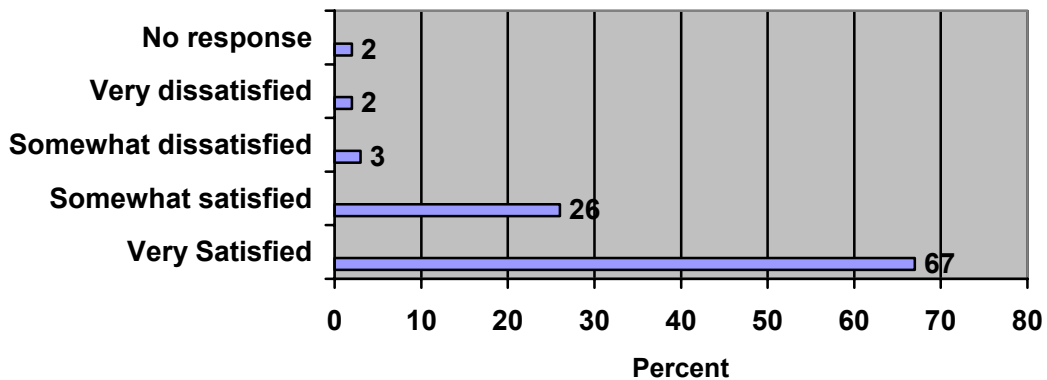
Services Received	
Service	Percent of Sample Receiving
Home Health Aide	77
Case Management	74
Homemaker Service	74
Respite Care (In-home)	45
Home Delivered Meals	31
Information about services	22
Transportation Service	22
Respite Care (Adult day)	15
Caregiver Training or Education	10

Satisfaction with Services

Ninety-three percent of the caregivers expressed satisfaction with services overall. Chart D-4 shows their satisfaction levels. Chart D - 5 shows their satisfaction levels with the four services most frequently received. (Westat did not provide data showing other grantees' satisfaction scores.)

Chart D - 4

Overall Satisfaction with Services

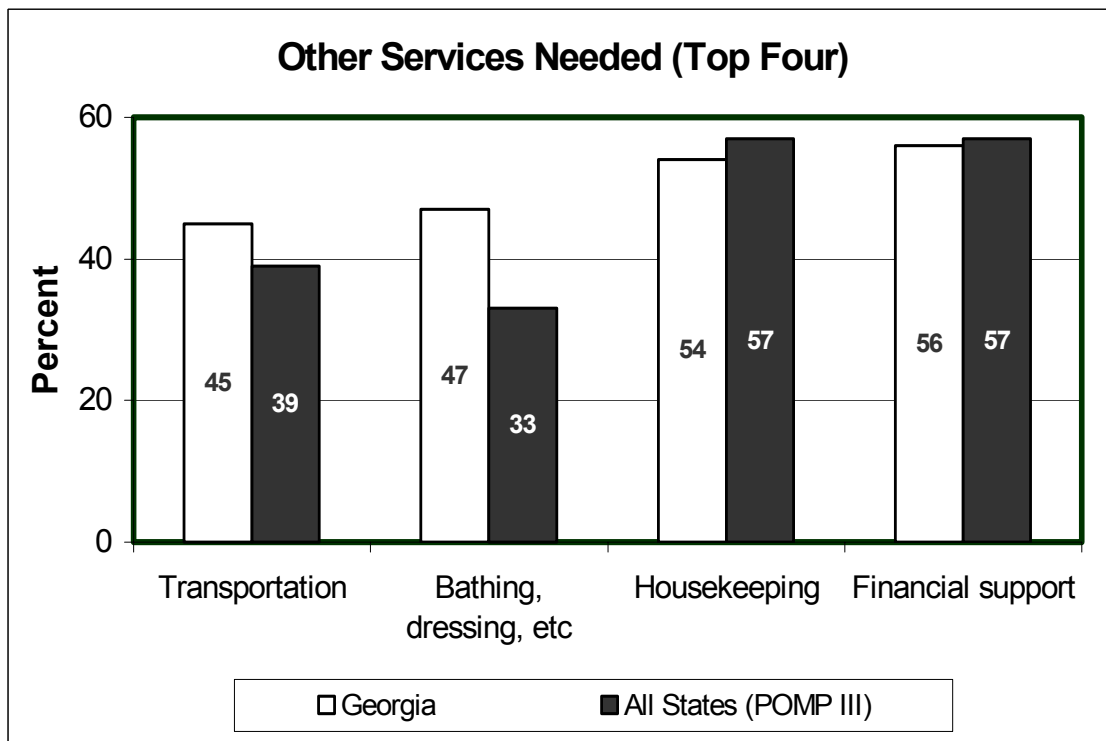


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Expressed Need for Additional Services

When asked, “Besides the kinds or amounts of services that the client is now receiving, what other kinds of help would be valuable to you as a caregiver? (Check all that apply),” caregivers most often expressed need for financial support. (See Chart D-5)

Chart D-5

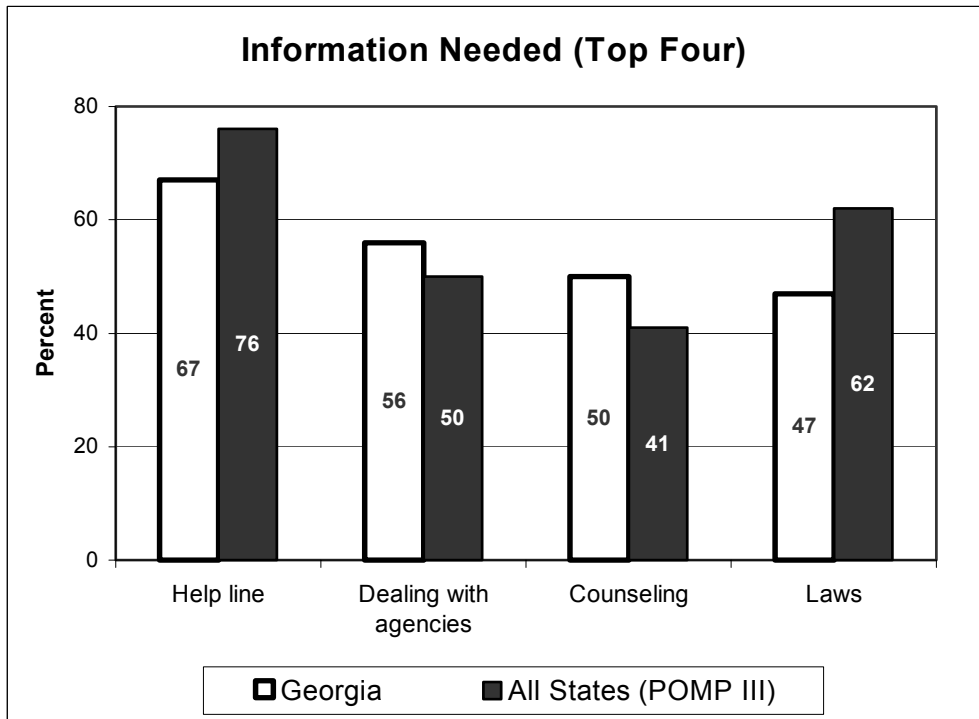


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Expressed Need for Information

When asked “Besides the kinds or amounts of services that the client is now receiving, what other kinds of information would be valuable to you as a caregiver? (Check all that apply),” caregivers most often expressed a need for a help line. (See Chart D-6)

Chart D - 6

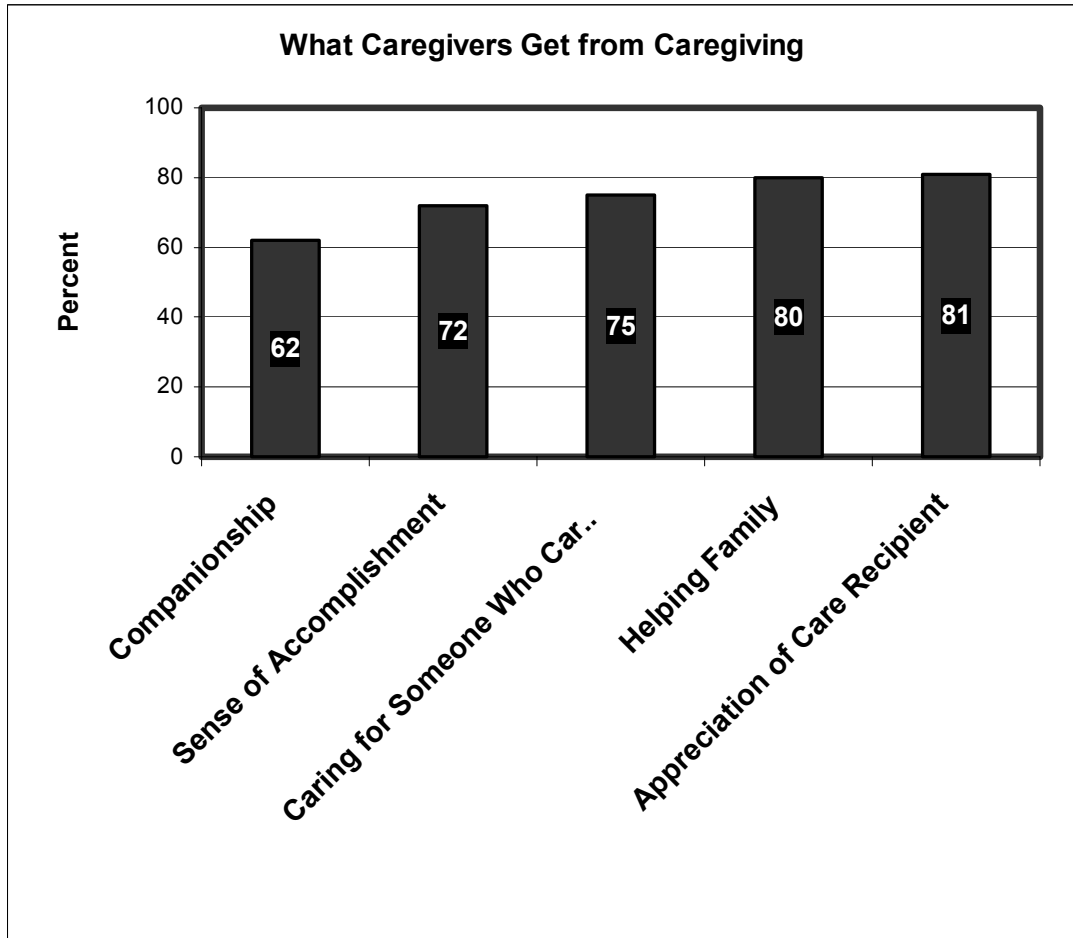


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Effects of Caregiving

Caregiving is not without its rewards, according to caregivers' responses. They frequently feel that their care recipient appreciates their work and that they are helping their families. (See Chart D-7)

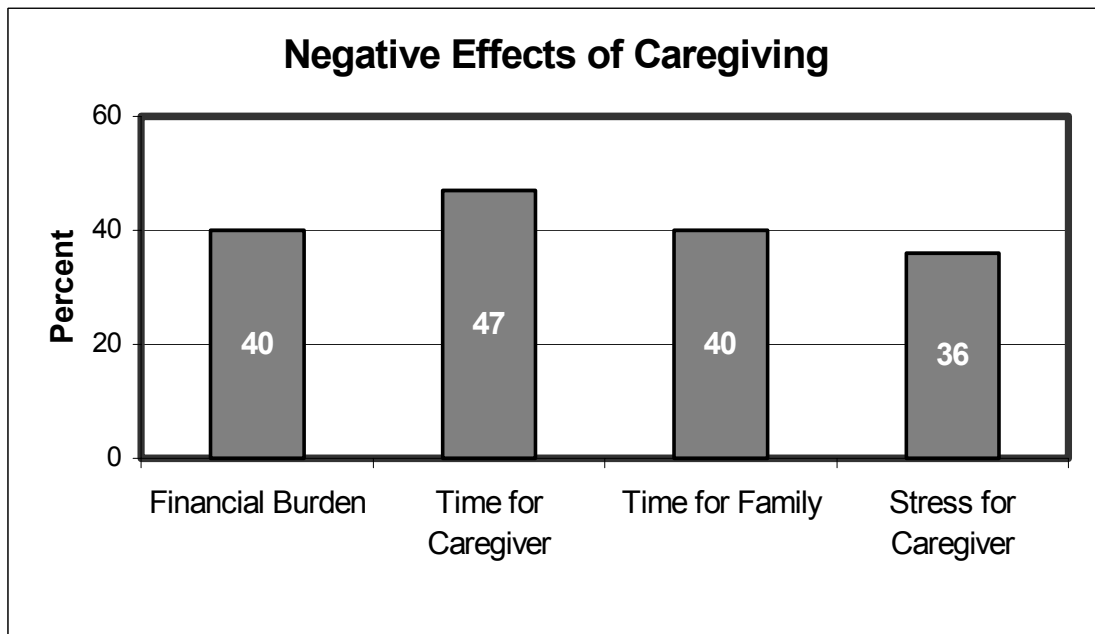
Chart D - 7



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Although caregiving is demanding, caregivers admitted to relatively few inconveniences or burdens. Chart D-8 shows the responses to questions concerning the burden they felt as a result of caregiving. The percentages combine the responses “Nearly Always,” “Quite Frequently,” and “Sometimes” to questions concerning effects of caregiving.

Chart D - 8



When asked, “Which of the following has been the biggest difficulty you have faced in caring for the client?” 14.5% responded “creates stress” (the average in all POMP states was 13%) and 13.9% responded “financial burden” (the average in all POMP states was 16%).

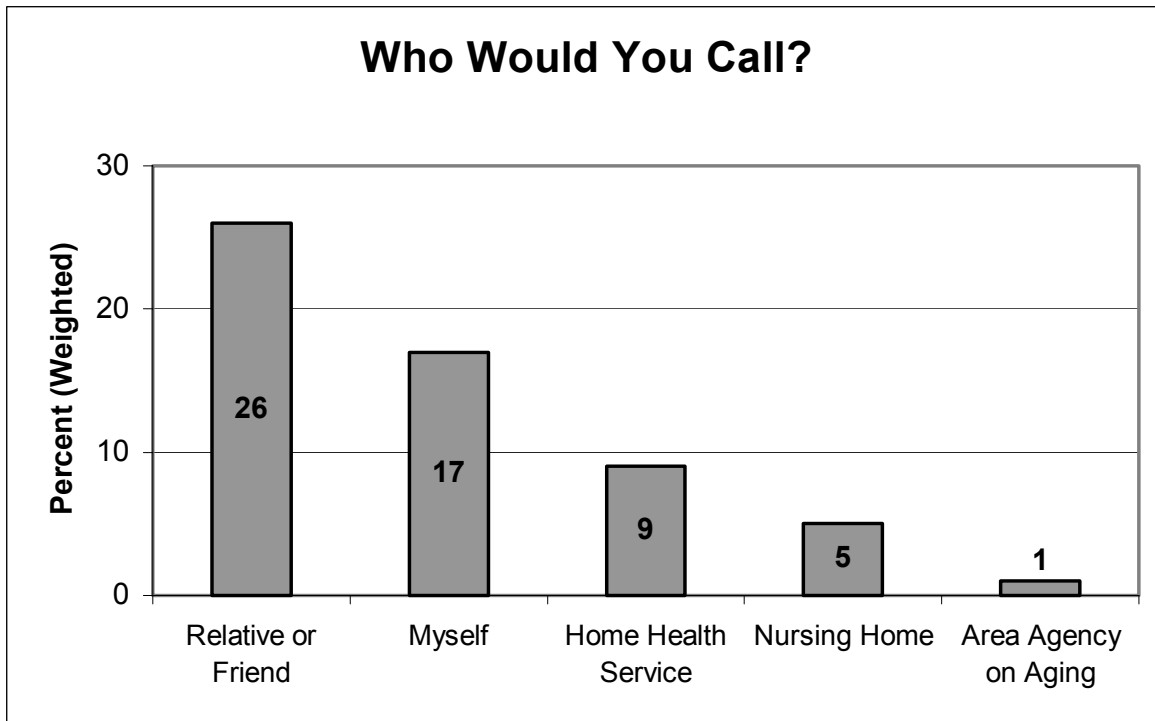
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AAAs as Sources of Information

The general public of Georgia does not appear to consider their Area Agencies on Aging (AAA) as a primary source of information with regard to short or long term care in the home for an elderly relative or friend.

Interviewers in the Behavioral Risk Factors Surveillance System (BRFSS) interviews asked 4,114 Georgians above the age of 18 “Who would you call for short or long term care in the home for an elderly relative or friend?” Twenty-six percent said they would ask a relative or friend. Nine percent answered “home health agency,” five percent said they would call a nursing home. Only one percent said they would contact their AAA.⁸ (See Chart D-9)

Chart D – 9



A complete analysis of responses to this question on the BRFSS survey is available from the Planning and Program Evaluation Section of the Division of Aging Services.

⁸ Behavioral Risk Factors Surveillance System (BRFSS). 2001 Survey. Supported by a POMP grant from the U.S. Administration on Aging and the Georgia Division of Aging Services.

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Public Input Into the Planning Process

Public Hearings

Hearings - Summary of Results

State hearings were conducted in three PSA regions, CSRA, Southern Crescent, and Coastal Georgia. The most consistent needs assessment responses to the question “What Must Georgia START, STOP, Or CHANGE To Assist The Elderly To Become Safe, Healthy, Independent, And Self-Sufficient?” were in the area of improved transportation options, prescription drug assistance, and increased activities related to health wellness.

Transportation

Seniors statewide want a more a comprehensive system of transportation. They would like to see a dependable and affordable transportation system that consistently provides them with access to health care, shopping, public services and recreation.

Prescription Drug Assistance

Seniors statewide would also like cost containment of prescription drugs. The current cost of medication is too expensive and is forcing many of them to choose between purchasing medication or food.

Prevention and Wellness

Statewide it appears that seniors are interested in more nutrition programs for health reasons. They want to learn to eat better and exercise more to reduce aches and pains and help eliminate the need for medication. They would like senior centers to provide better, more nutritional foods. They want good meals with vegetables and fruits but would also meals with more variety. They want to combine the nutrition programs with physical activities such as exercise programs so they can live healthier lives.

Caregiver Focus Groups

A total of eleven focus groups were conducted in preparation for implementation of the National Family Caregiver Support Program. See Appendix H for a complete summary of the focus group sessions with recommendations.

Major themes highlighted in the report included:

1. Lack of information;
2. Coordination of available resources;
3. Inadequately educated providers;
4. Inadequately supported (availability of resources) service providers; and

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5. Inadequately monitored service providers.

A number of recommendations were generated under each of the categories to be explored as potential approaches to support caregivers. Some of these recommendations would require funding while others could include “no cost” interventions such as including family caregivers on social service organization boards.

Area Plans

Each of the Area Agencies on Aging either conducted public hearings, focus groups, needs assessments, surveys or a combination of these to gather client feedback. Many AAAs conducted multiple types of hearings/surveys to insure adequate demographic groups were covered in the process. The feedback from these efforts is reflected below.

Table E-1 shows the top five areas identified in the focus groups, hearings and or / surveys conducted to determine the needs of the elderly populations served. These areas are listed by Planning and Service Area in priority order. As can be seen, transportation and prescription drugs are the primary areas of need, as expressed by clients across the state. The top five areas are:

- Transportation;
- Prescription Drugs;
- Home Delivered Meals;
- Homemaker Services; and
- Congregate Meals.

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Summary of Area Plan Hearings / Focus Groups / Needs Assessments
TABLE E-1

Need	Planning and Service Area											
	1	2	3	4	5	6	7	8	9	10	11	12
Transportation	1	1	5	1	3	1	1	4	3	1	2	2
Prescription Drugs	2	2			2	5	4	1		2	1	1
Congregate Meals		4			4			3				3
Homemaker Services		5	2				2		2		5	
Home Delivered Meals		3		3		3	3	2	1			4
Respite Care						2	5					
Home Modifications									4		3	5
Insurance Claims										3		
Legal Assistance										4		
Caregiver Assistance	5									5	4	
Personal Care	3		4	2					5			
Utility Payments	4				1	4						
Long Term Care								5				
LTCO				4								
Nutrition Services			1									
Financial Assistance			3		5							
I & A				5								

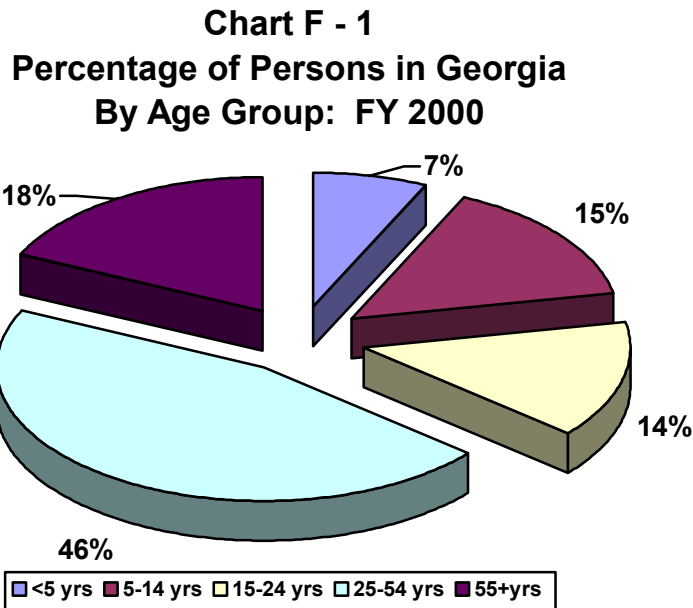
PSA 1 – Atlanta Regional Commission, PSA 2 – Central Savannah River, PSA 3 Coastal, PSA 4 – Legacy Link, PSA 5 – Heart of Georgia, PSA 6 – Middle Georgia, PSA 7 – Northeast, PSA 8 – Northwest, PSA 9 – Southeast, PSA 10 – Southern Crescent, PSA 11 – Southwest, PSA 12 – Lower Chattahoochee

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Appendix F
NUTRITION AND PHYSICAL ACTIVITY OF OLDER GEORGIANS

Recognizing that good nutrition and physical activity are keys to preventing disease and maintaining a higher quality of life, the Georgia Division of Aging Services partnered with private and state agencies from across Georgia to implement a community-based nutrition and physical activity screening and intervention program. Through these efforts the division was able to publish a report entitled “Nutrition and Physical Activity Profile of Older Adults in Georgia....Results From a Community Intervention.” This Appendix presents an overview of some of the important goals, findings and recommendations of the report.

The goals of the report were to: 1) examine the nutrition, health and physical activity of older adults in Georgia and the Nation, 2) summarize a community-based intervention to promote nutrition and physical activity in older adults who attend Senior Centers, and 3) make recommendations to improve the nutrition and physical activity of all older adults in Georgia.

The number of “older” persons is growing rapidly in Georgia, as well as nation wide. In Georgia 18% of the population is 55 years or older.



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It is known that many older Georgians do not get the nutrition they need.

Table F - 1
Risk Factors and Poor Nutrition Status in Older Adults

Risk Factor	Nutrition Status
Anorexia	Decreased nutrient intake, decreased appetite, fragility, and poor immunity.
Dementia and/or functional disability	Inability to shop, prepare food, feed oneself, dependency
Vision and hearing loss	Decreased ability to shop and increased dependency
Depression	Low motivation or appetite to prepare balanced meals and enjoy foods
Diarrhea, vomiting, hemorrhage	Low nutrient intake, loss of nutrients consumed, anemia, weakness
Oral health, chewing, swallowing problems	Reduced nutrient intake, limited food choices, prescribed diet orders.
Decreased gastric function	Reduced absorption of nutrients, especially vitamin B-12, calcium and iron.
Presence of several chronic conditions and infections	Increased nutrient requirements, inability to prepare foods, dependency
Use of 4 or more medications (polypharmacy)	Nutrient and drug interactions, vitamin and mineral deficiencies
Laxative abuse	Inadequate nutrient and fluid absorption, malnutrition, dehydration
Dehydration	Fatigue, decreased function
Vitamin and mineral deficiencies	Calcium and vitamin D deficiency can lead to osteoporosis, bone fractures, inability to walk and impaired function. Vitamin B-12 deficiency can increase the risk for chronic diseases

In addition to these factors, nutrition is limited due to the lack of financial resources, limited transportation; access to health care; isolation and living alone; poor eating habits; and poor knowledge of their caregivers regarding shopping for and preparing foods. In addition to the nutrition concerns, the following factors affect the functional status and fitness in older citizens. They are:

- **Hearing and vision loss** – Poor coordination, poor balance, fear of falling with physical activity;

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- **Muscle atrophy** – Reduced strength, frailty, weakness, fear of exercise and falling;
- **Reduced maximal aerobic capacity (VO₂max) with age** – Reduced endurance to sustain physical activity;
- **Reduced reflexes and motor responses** – Reduced confidence in mobility, fear of falling;
- **Chronic disease** – Reduced wellness, low motivational and mobility, increased risk of falls;
- **Arthritis** – Pain, reduced mobility and flexibility;
- **Obesity** – Reduced mobility and endurance; increased risk of heart disease, stroke, diabetes, and at least 25 other chronic conditions;
- **Polypharmacy** – Increased risk of falling with 5 or more medications, especially diuretics or antihypertensive agents; and
- **Social isolation and depression** – Lack of motivation to exercise.

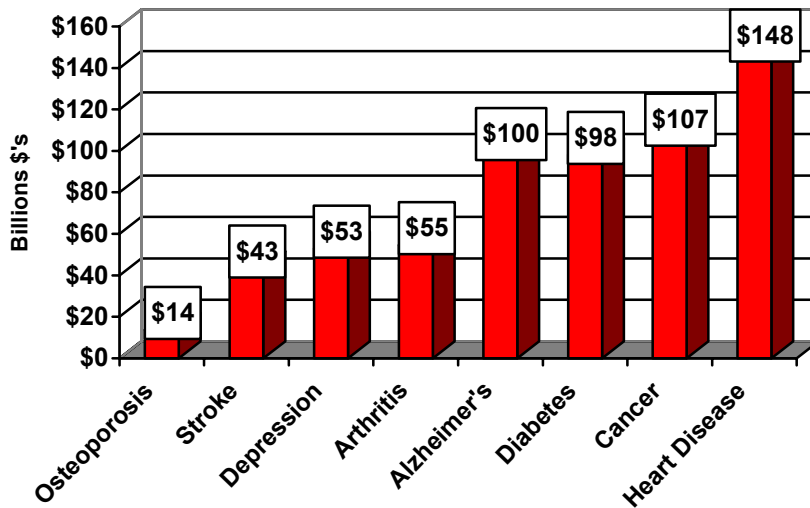
The United States Behavior Risk Factor Surveillance System (U.S. BRFSS), 1993-1998, reported that adults aged 75 and older are likely to report fair or poor health in Georgia than for the nation as a whole.

Poor dietary habits and lack of physical activity are well documented as causes of chronic diseases. Heart disease, cancer and diabetes account for over 64% of the causes of death in Georgia. The cost to treat these individuals consumes a large part of the expenses of state government and private providers. Although diabetes and osteoporosis are not commonly listed as the primary cause of death, it is likely these diseases are highly contributory to the incidents that result in death.

As shown in the following chart the cost of chronic diseases in the United States exceeds \$600 billion annually. Many of these diseases can be prevented, managed, and treated by good nutrition and physical activities at all ages.

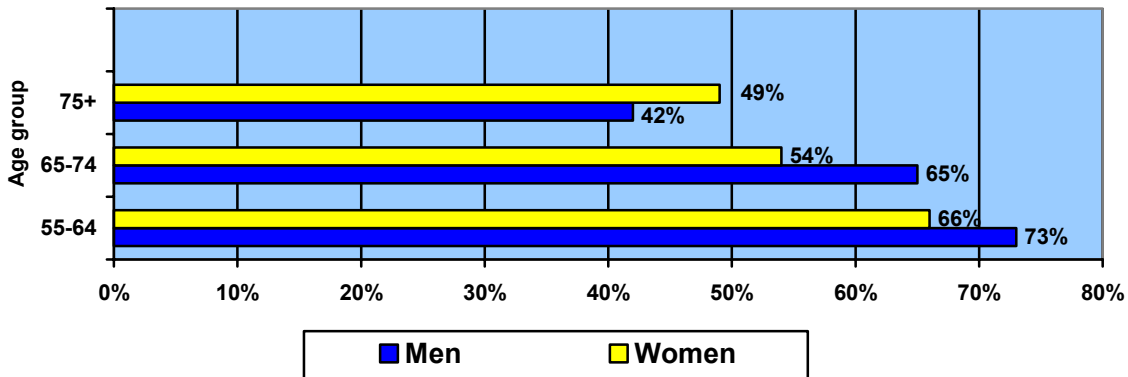
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NUTRITION AND PHYSICAL ACTIVITY OF OLDER GEORGIANS

Chart F - 2
Costs of Chronic Diseases in 1999



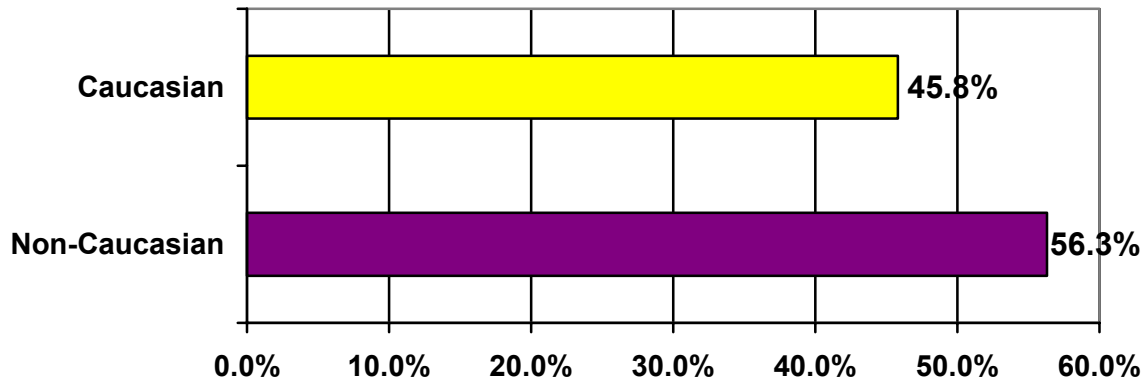
Obesity is associated with cardiovascular disease and diabetes. It is a risk factor for high blood pressure and high cholesterol. Physical activity helps to prevent or manage obesity, as well as heart disease, stroke, diabetes, hypertension, osteoporosis, colon cancer and depression. Georgia leads the nation in the percentage increase in obesity with an increase of 108% over the last decade. The following charts indicates the percentage of overweight older adults in Georgia.

Chart F - 3
Percentage of Overweight, Older Adults in Georgia
by Age Group



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NUTRITION AND PHYSICAL ACTIVITY OF OLDER GEORGIANS

Chart F - 4
Percentage of Overweight, Older Adults in Georgia
by Race



Quality of life encompasses life satisfaction, self-esteem, overall health, functional status, socioeconomic status, and self-perceptions. Functional status, which includes mobility and the ability of an individual to function independently in daily life, is a key component of quality of life for older adults.

More than one third of admissions to nursing homes are caused by problems related to mobility. Physical activity helps older adults maintain their mobility, which is critical to independent living.

The Georgia Division of Aging Services is constantly working toward enhancing nutritional status and physical activity in Georgia's older adults through a variety of nutrition/health promotion programs. The information from the profile indicates the areas of most need and helps the division to expend funds wisely and in the most appropriate manner.

In 2000 and 2001, the Georgia Division of Aging Services partnered with private and state agencies across Georgia to implement a community-based nutrition and physical activity screening and intervention program. Eighty-four percent (84%) of the more than 500 participants were women; 16% were men. Sixty-four percent (64%) were Caucasian, 35% were African-American and 1% were other minority. By direct measures of fitness, knowledge about nutrition, and food intake, a significant number of older adult participants:

- Improved flexibility as measured by the distance a person can reach;
- Increased walking speed in the 8-Foot-Up-And-Go Test;
- Improved their knowledge that five fruits and vegetables should be eaten every day;

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- Increased their vegetable consumption by one additional serving weekly;
- Improved their knowledge that saturated fat increases the risk of heart disease; and
- Started drinking or switched to lower fat milk.

Key recommendations that came out of this report were:

- Expand collaborations with community partners, universities, and the media to promote nutrition and physical activity in all older adults in Georgia;
- Increase funding to develop and implement evidence-based nutrition and physical activity interventions in older adults in Georgia;
- Continue to develop nutrition and physical activity programs that are culturally appropriate for older adults who are of Hispanic or African-American heritage, as well as for older adults with low education and low literacy skills; and
- Include coverage for “Medical Nutrition Therapy” in Georgia’s basic health benefits package.

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Appendix G
Georgia's Self Directed Care Project

In the fall of 2001, the Georgia Division of Aging Services was awarded a grant from the U.S. Administration on Aging (AoA) to develop five self-directed care programs. Funding for the project was from the National Family Caregiver Support Program, the component added to the re-authorized Older Americans Act.

The aging community has increasingly become interested in self-directed care as an option designed to maximize consumer choice and enhance empowerment. Recent self-directed care projects have focused primarily on the developmentally disabled with Medicaid and foundation funding. The Georgia project will:

- Increase service options by developing five self-directed voucher care projects in rural areas that can be replicated in other states; and
- Evaluate the effects of self-directed care by adapting and administering to caregivers participating in voucher programs the *Caregiver Support and Satisfaction Survey*, currently in use by states participating in the Administration on Aging's Performance Outcome Measurement Project (POMP). Expected products are:
 - ❖ A replication guidebook, developed in Year 2, and field-tested during Year 3, incorporating additional input from Georgia's aging network;
 - ❖ A professional evaluation of caregiver support and satisfaction, comparing responses of those caregivers utilizing vouchers to those receiving traditional services. The evaluation will assist policy makers and program administrators in developing new options for service delivery.

Both care receivers and caregivers (consumers):

- Are involved in assessing their own needs;
- Determine how and by whom needs will be met;
- Define the job description/tasks of the worker;
- Deem the competency of the worker; and
- Monitor the quality of the service.

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The benefits of consumer directed services include independence, autonomy, control and determination, self-esteem is maximized, personal lifestyle and preference is maintained, and satisfaction with the services is maximized.⁹

Program Components

Caregivers and care receivers, to the fullest extent possible, will be involved in the decision making of the program together. All five self-directed care programs will include the following components:

- **Intake and Screening.** All potential program participants will be screened by telephone at the AAA, assessing the caregiver's and care receiver's service needs based on information presented, and referring them to the self-directed care program as appropriate.
- **Assessment and Reassessment.** While assessment often focuses on the care receiver, the care manager will also look for indicators that the caregiver needs to be assessed. An assessment will validate the findings of telephone screening, through a more thorough evaluation using validated assessment tools. During this process, at a minimum, the Determination of Need-Revised (DON-R), which measures functional impairment levels (in Activities of Daily Living, and Instrumental Activities of Daily Living as well as unmet need for care), and the Nutrition Risk Survey (NRS), which measures level of nutrition risk, is completed on the care receiver. Both of these instruments use indicators that suggest to the care manager when additional assessments for other problems or conditions may be warranted. These include Steven Zarit's Caregiver Burden Interview, (CBI), the Center for Epidemiologic Studies Depression Scale (CES-D) for depression, and the Folstein Mini Mental Status Exam (MMSE), which measures cognitive impairment. Since caregivers are the clients for purposes of reporting Title III E services, basic information is obtained on them; assessment tools can be used when care managers feel they are warranted. Mandatory use of a caregiver burden scale is being considered and a decision about it will be made after extensive field-testing.
- **Care Management.** All self-directed care programs will include a care management component. In keeping with the concept of self-directed care, the Care Manager will explain the concept to the consumers during the assessment process. The consumers will have the option of choosing to receive services through the traditional service delivery system if available, or may elect to hire family or friends to provide services. The Care Manager will provide:

⁹ Fitzgibbons, Dennis. Providing Fiscal and Supportive Intermediary Services for Consumers Enrolled in Consumer-Directed Support Service Programs. Handout prepared by Alpha One, South Portland, Maine, for Independent Choices Symposium, Washington, D.C., June 2001.

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- ***A discussion about the concept of self-directed care.*** The care manager will explain how self-directed care differs from traditional service delivery, provide information about service options, enabling the consumers to make informed choices in choosing and arranging for services that best meet their particular needs.
- ***An explanation of vouchers.*** A book of vouchers will be provided, which is printed in triplicate in denominations of \$10.00, \$20.00, and \$50.00 values. When a provider has completed the service, the caregiver will be instructed to complete the voucher, retaining one copy for his/her records, and furnish two copies to the provider. The provider will sign one of the copies, and submit to the AAA or the AAA subcontractor for payment.
- ***The provision of written materials.*** Each AAA will develop written materials to describe the operation of its program. Care managers will provide a copy of the materials and will discuss the information with the caregiver and care receiver. Information provided will include: 1) the amount of funding available to them per year, 2) the expiration date on vouchers, 3) a list of approved providers who indicate they will accept vouchers, and 4) information on how to hire a relative or friend to provide services.
- ***Mentoring.*** Mentoring in this program will occur on two levels. First, one of the five AAAs selected for participation has previous experience with self-directed care programs. This AAA, (Legacy Link, Inc.) will mentor the other four participating AAAs who will be developing these programs for the first time. Mentoring will occur through Email, telephone, the dissemination of written materials, and periodic meetings coordinated by the Division. Further, at the end of Year One, all five programs, Division staff, and evaluators will convene for a two day retreat to discuss lessons learned, and to plan for Year 2 and Year 3 activities.
- ***Option of Hiring Family and Friends.*** Each participating AAA has been encouraged to develop a component through which caregivers and care receivers (consumers) have the option to hire relatives or friends to provide care.
- ***Cap on Amount of Funding Available.*** Each voucher program will place a limit of \$1,200 per year for the consumers, with a further requirement that no more than \$1,000 can be spent in any calendar quarter.¹⁰ This requirement is necessary so that consumers will not have to report and pay Social Security and Medicare payroll taxes on a person chosen to provide a service. Although IRS rules indicate that a person employed in someone's household can earn up to \$1,400 per year from that employer and not pay into FICA, Georgia's program will require that no more than \$1,200 in vouchers be

¹⁰ Note: this limit is a combined limit of \$1,200 for the caregiver and care.

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allowed to each household during a year in order not to exceed the limit.¹¹ The Division has also contacted the Georgia Department of Labor's Unemployment office to verify that consumers would not have to pay state unemployment taxes if a household employer does not pay out \$1,000 in FUTA/SUTA wages in the aggregate for all his/her workers in a calendar year quarter in the current or the previous calendar year.

- **Provision Regarding No Direct Cash Payments to Families.** Each program will also have a provision that no direct cash payments will be made to consumers. Consumers will be provided with a book of vouchers. Upon completion of work, the consumers will provide a voucher to the person providing care. The person providing the care submits the voucher to a third party for payment, which will be either the AAA or its subcontractor.
- **Availability of Traditional Providers.** Since self-directed care emphasizes choice, each participating Area Agency on Aging will communicate with providers in its region, identifying those that are willing to participate in the voucher program. A list of those providers will be furnished to the consumers.
- **Development of Non-Traditional Providers.** Since goals of self-directed care programs include maximizing consumer choice and enhancing consumer empowerment, each participating AAA will have a component designed to develop a list of non-traditional providers. As previously discussed, when conducting assessments, care managers will explain what services are available from providers who have agreed to participate in the program. However, the consumers may identify a need for a service for which there is no participating provider listed. The care manager will assist the consumers in identifying a provider who will agree to accept vouchers in providing the service. Non-traditional services which might be provided in the home include but are not limited to: 1) hair cuts provided in the home 2) lawn care 3) pharmaceutical supplies 4) low-technology assistive devices, such as transfer benches in bathrooms, and 5) home modifications.
- **Monitoring.** To assure accountability, both AAA and division staff will monitor the program. In particular, safeguards will be developed to ensure that caregivers hiring family or friends actually receive services, and that services are provided in a satisfactory manner.

¹¹ IRS Publication 926, Household Employer's Tax Guide for Wages Paid in 2001. IRS Website.

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Georgia's Self Directed Care Project

Development of a Guidebook

The Division and collaborating AAAs will develop and evaluate the effectiveness of a guidebook designed to assist other organizations in implementing self-directed care programs. The Division will sponsor a two-day retreat with participating AAAs. A consultant in aging programming and development will facilitate the retreat, and will work with the Division and participating AAAs to develop the manual during Year 2 of the project. When completed, the guidebook will be distributed at regional meetings and workshops.

Education Forums

The Division and participating AAAs will facilitate the development of additional self-directed care programs by conducting education forums around the state. The manual, developed in Year 2, will be presented to other AAAs and service providers in the aging network at these forums. Questionnaires will be administered to attendees to measure the effectiveness of the manual, both at the time of the forums, and as other organizations begin to use the manual, so appropriate changes will be incorporated into the manual. The education forums to be initiated by the Division include:

- A pre-intensive one-day workshop prior to the Georgia Gerontology Society (GGS) Conference.
- Incorporating a presentation on self-directed care into three one-day regional caregiver education/training sessions already scheduled.

These strategies are system-centered, designed to achieve widespread system changes related to self-determination. They address public policy issues as described by the Robert Wood Johnson Foundation.¹²

Program Evaluation

The aging network's knowledge of the effects of self-directed care on caregivers will be increased by adapting and administering the *Caregiver Support and Satisfaction Survey*, currently in use by Georgia, other states and the Administration on Aging in the *Performance Outcome Measurement Project (POMP)*, to caregivers in the voucher programs.

¹² The Robert Wood Johnson Foundation Self-Determination Initiative: Year One Impact Assessment Report. July 1000. The Human Services Research Institute.

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The Division and qualified researchers will adapt the *Caregiver Support and Satisfaction Survey* and administer it to caregivers participating in the voucher program. For the past several years, the division has participated with the Administration on Aging and 14 other states in POMP. Through POMP, the Division has participated in measuring outcomes by using standardized instruments and comparisons with population and longitudinal data. Georgia has participated by administering six instruments developed by AoA and the team of other AoA grantees. One of those instruments is the *Caregiver Support and Satisfaction Survey*.

The *Caregiver Support and Satisfaction Survey* currently consists of 67 questions. The instrument contains information including the types of services coming into the home, satisfaction with the services, information needed by caregivers, kinds of assistance provided by caregivers to care recipients, positive and negative effects of caregiving, and the effects of caregiving on employment status. (The instrument may be viewed on the Internet by going to www.gpra.net; select the yellow tab for Caregivers; select Archive of Prior Years; select Caregiver Archive; select POMP III (Year 2002); select Caregiver Satisfaction Survey 2002 (April 30, 2002 version). Benefits of using the *Caregiver Support and Satisfaction Survey* include:

- An assessment tool already designed and field tested by the aging community will be used. It includes outcome measures of importance to the network, such as satisfaction and effects of caregiving on employment status;
- This instrument has been designed with the caregiver as the focus; and
- Use of the instrument will build upon research conducted during the past three years by AoA, enabling comparisons between caregivers receiving services through traditional means, to caregivers utilizing self-directed care models.

The *Caregiver Support and Satisfaction Survey* instrument has been revised to include two questions about self directed care.

After caregivers have been enrolled in the project for a period of six months, The Gerontology Center will conduct telephone interviews with them. The Division will analyze the data from caregiver interviews, compare and contrast it with caregivers previously interviewed through POMP who receive services in the traditional manner, and make adjustments to the plans for Year 2 and Year 3 as warranted by the data. The analysis of data will be conducted by The Gerontology Center and Westat. The Division and the Gerontology Center anticipate interviewing a minimum of 100 caregivers participating in the program. Interviews began in September of 2002, and 45 were completed by November 30, 2002. Data from these interviews will be compared with:

- POMP interviews of 400 caregivers in Georgia who receive services in the traditional manner; and

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- A further analysis will be conducted by Westat, which will compare responses of Georgia's voucher caregivers to caregivers interviewed through POMP in other states.

Questions the researchers will be investigating include:

- Do caregivers participating in self-directed care programs choose a different mix of services than those clients served with traditional services?
- Are caregivers of consumers on self-directed care programs more satisfied than caregivers whose consumers receive services through traditional methods (POMP caregivers)?
- Do self-directed program caregivers indicate the need for as much additional information regarding programs and services as POMP caregivers? (Hypothesis: Self-directed care caregivers will need less information, since care managers mentor caregivers regarding how to find resources to meet their own individual needs).
- Since self-directed care programs provide caregivers more control over their lives, are caregivers more positive about the aspects of caregiving than those caregivers being served by the traditional system? (Hypothesis: Self-directed care caregivers will be more positive about the "positive aspects of caregiving" questions in the survey).
- Are there differences in the negative aspects of caregiving for these comparison groups?
- Are the responses of caregivers receiving services only through the self-directed care program different from those of caregivers participating in the self-directed care and receiving other services from the aging community? (Hypothesis: Caregivers participating in both the self-directed project and receiving other services through the aging program will be generally more satisfied than those caregivers participating in only the self-directed care program).

Changes to Program

Participating AAAs are in the process of making changes to their programs to ensure that we comply with applicable state and Federal laws regarding hiring family and friends.

Some of the major changes include:

(1) Adding more clarity regarding the issue that the AAA is not the employer, AAAs will go to a system of reimbursement to family caregivers for services provided in their homes by persons they have hired. Such services and reimbursement will be made only upon completion of required documentation.

(2) In an effort to increase the amount of dollars available to family caregivers, the \$1200 per year cap has been removed. Some AAAs will provide \$1000-1200 per year for hiring family, friends, or to hire traditional service providers, and will additionally provide \$300-\$500 per year for material aid, such as incontinence supplies and nutrition supplements.

(3) The Division, in collaboration with Dr. Rhonda Montgomery and approximately eight AAAs, will field test a new Caregiver Burden Scale. Potential uses of the instrument

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include: a) prioritizing caregivers for receiving services b) targeting services more effectively and efficiently. Dr. Montgomery will meet with participating AAAs (including demo grant AAAs) in late January 2003 to provide an orientation to the instrument.

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Caregiving In Georgia

A State Report from the Georgia Caregiver Resource Center

Since Georgia has one of the fastest growing elderly populations in the United States, the Division of Aging Services (DAS) has been intensifying its efforts to look at where we should go with programs and services for older persons and their caregivers.

The Georgia General Assembly, to provide information, services, and training to caregivers throughout the state, initially funded the Georgia Caregiver Resource Center (GCRC) in 1992. A part of the Division of Aging Services, GCRC funding to the aging network has facilitated the development of new day care programs and has provided in-home respite, enabling caregivers a break from their 24-hour-a-day caregiving responsibilities.

DAS staff began brainstorming, and approached a consultant to aging programs about working with us to plan and conduct focus groups around the state so that we could hear directly from a variety of caregivers.

A phenomenological design was used to explore the experience of caregivers of older adults in the state of Georgia. A focus group approach was the primary data collection method used to elicit the shared meaning of everyday experiences from particular subgroups. The advantage of the focus group approach is the synergy created among the members of each group.

The population of interest was people who give care to older adults in the state of Georgia. Although family members provided the majority of care to older adults, there are also many others that constitute the larger pool of caregivers to this population. A decision was made to recruit persons with varying perceptions of the caregiving experience who would most likely represent all persons who are providing care to older adults in this state.

Focus group participants were selected from six groups in six different locations in Georgia.

Group 1 (Traditional / Non-Professional)

This group included family and friends providing care to one or more older adults in a rural setting. Consistent with national trends, the majority were women (75%) and included spouses, daughters, and granddaughters.

Group 2 (Non-traditional / Non-Professional)

This group consisted of diverse community members from an inner city, urban area of the state who were providing some form of volunteer care or assistance to older adults at various sites. Again, the group was primarily women (75%) who assisted in a respite care facility, made nursing home visits, and other similar activities.

Group 3 (traditional / Professional)

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Participants in this group included paid professionals who are traditionally involved in the care of older adults, such as registered nurses, social workers, and senior center directors.

Group 4 (Non-traditional / Professional)

This group of caregivers from rural and urban Central Georgia was also paid professionals. While extraordinarily important to the industry, this group has not had a lengthy or large presence in the arena of caregiving for older adults. Included in this group were professionals such as eldercare attorneys, discharge planners, care managers and hospice nurses.

Group 5 (Traditional / Non-Paraprofessional)

All of the participants in this group were female nursing assistants from home health care who operated under the regulations of Medicare and / or Medicaid.

Group 6 (Traditional / Non-Paraprofessional)

This group was comprised of nursing assistants who were from the private pay home care industry.

Table H - 1
Focus Group Sample
Demographic Data

	Gender		Age	Race			
	Female	Male	Range	African-American	Hispanic / Latino	Caucasian	Other
Group 1	9	3	40-80	0	0	11	1
Group 2	9	2	29-80	6	0	5	0
Group 3	13	1	38-61	2	0	12	0
Group 4	5	3	33-52	3	0	5	0
Group 5	11	0	26-69	6	0	5	0
Group 6	8	0	35-56	7	1	0	0
Total	55	9	26-80	24	1	38	1
	85.9%	14.1%	26-80	37.5%	1.56%	59.4%	1.56%

Focus Group Procedures

The focus group team consisted of a four-person planning group who first identified the need to conduct focus groups as a way to gain broad understanding of the caregiving experience to older adults. This team included a manager from the Division of Aging

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Services, an aging consultant who conducted all six focus groups, and two persons who served as non-participant observers during the group sessions. The team identified the different caregiver categories, the areas of the state to conduct the focus groups, and the intermediaries in the varying parts of the state who assisted in identifying potential participants, and also assisted in the final analysis of the data.

Data Analysis

The group initially analyzed the data. After each analysis, the interpretation was sent to the participants to clarify previous comments and to provide feedback on the interpretations of the data. The data were then analyzed collectively across groups. Themes were organized based on common phenomena or experiences across the six caregiver groups. The essence of the sessions and the development of themes across all six groups were reviewed by other team members and one outside person.

Focus Group Results

Each focus group was comprised of different types of caregivers. Themes were determined from each individual group to reflect their experience. An analysis was also conducted to determine the themes that existed throughout each of the six focus groups and themes that each group had in common. Out of the context of “Compassion, Fatigue and Frustration, “ three major themes emerged for these caregivers.

1. Lack of information

The need for more information about available services and products was evident in each of the groups; regardless of whether or not they were professionals or the length of time they'd been providing care.

2. Needs exceed availability

A second major theme from the focus groups was “Needs Exceed Availability.” Frustration and even a sense of impotence were evident as they described their experiences when there was not enough funding for medications, transportation, home care, geriatricians, nursing assistants, and even nursing home beds.

3. Ageist providers

Ageism is discrimination against individuals based on age alone. It appears in different forms including apathy, complacency, and ignorance related to older adults. Ageism was strongly reflected in the participants' stories related to caregiving. In each of the six groups participants related that the persons providing care were not adequately trained, educated, monitored or supported to take care of the older population.

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Recommendations from caregiver participants who participated in the focus groups were compiled into four categories. Under each of these categories is a summary of activities and initiatives that have occurred since the Division and the aging network received feedback (see pages 91 through 93).

Strategic Plan

To fully implement the work of the GCRC, four initiatives have been established.

Research and Strategic Planning

Additional caregiver focus groups are planned to add to the data provide in the report. These groups will be held in various parts of the state, and will target ombudsmen and nursing assistants working in assisted living, among other groups.

Education and Training

The findings and recommendations from the caregiver focus groups were used by the Davison in selecting topics for caregiver education and training. Input was provided from the Aging Network. A format for one-day education / training forums was selected.

Program and Resource Development

The GCRC will establish an Advisory Committee to assist in carrying out its mission statement. A list of caregiver websites has been developed, which has been disseminated to the AAA network and will be more widely circulated in the future.

Information Dissemination

The GCRC will identify groups of caregivers and their particular needs and interests, developing and / or obtaining targeted information, products, and services for these groups.

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Appendix I
Listing of State Plan Assurances
Older Americans Act, As Amended in 2000

Sec. 305 - ORGANIZATION

(1) The State agency assures, except as provided in subsection (b)(5), to designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

((a)(2)(A))

(2) The State agency assures, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

((a)(2)(B))

(3) The State agency assures that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

((a)(2)(E))

(4) The State agency assures that the State agency will require use of outreach efforts described in section 307(a)(16).

((a)(2)(F))

(5) The State agency assures that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

((a)(2)(G)(H))

(6) In the case of a State specified in subsection (b)(5), the State agency and area agencies assure, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

((c)(5))

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Sec. 306 - AREA PLANS

(1) Each area agency on aging assures that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assures that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. **((a)(2))**

(2) Each area agency on aging assures that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

((a)(4)(A)(i))

(3) Each area agency on aging assures that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will--

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

((a)(4)(ii))

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(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(B) describe the methods used to satisfy the service needs of such minority older individuals; and

(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

((a)(4)(A)(iii))

(5) Each area agency on aging assures that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

((a)(4)(B))

(6) Each area agency on agency assures that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. **((a)(4)(C))**

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Listing of State Plan Assurances
Older Americans Act, As Amended in 2000

(7) Each area agency on aging assures that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. **((a)(5))**

(8) Each area agency on aging assures that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. **((a)(9))**

(9) Each area agency on aging has provided information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. **((a)(11))**

(10) Each area agency on aging assures that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. **((a)(13)(A))**

(11) Each area agency on aging assures that the area agency on aging will disclose to the Assistant Secretary and the State agency—

(A) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(B) the nature of such contract or such relationship. **(a)(13)(B))**

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(12) Each area agency on aging assures that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. **((a)(13)(C))**

(13) Each area agency on aging assures that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. **((a)(13)(D))**

(14) Each area agency on aging assures that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. **((a)(13)(E))**

(15) Each area agency on aging assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **((a)(14))**

(16) Each area agency on aging assures that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. **((a)(15))**

Sec. 307 - STATE PLANS

(1) The State Agency assures that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract. **((a)(7)(A))**

(2) The plan assures that—

(A) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(B) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

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(C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. **((a)(7)(B))**

(3) The State Plan assures that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000. **((a)(9))**

(4) The State agency assures that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs. **((a)(10))**

(5) The State agency assures that area agencies on aging will--

(A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(B) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. **((a)(11)(A))**

(6) The State agency assures that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services. **((a)(11)(B))**

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(7) The State agency assures, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; **((a)(11)(D))**

(8) The State agency assures that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. **((a)(11)(E))**

(9) The State agency will provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the State agency assures that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate. **((a)(12))**

(10) The State agency assures that it will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State. **((a)(13))**

(11) The State agency assures that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

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(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. **((a)(14))**

(12) The state Agency assures that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance. **((a)(16))**

(13) The State agency provides, with respect to the needs of older individuals with severe disabilities, assures that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary

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responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities. **((a)(17))**

(14) The State agency assures that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. **((a)(18))**

(15) The State agency plan includes the assurances and description required by section 705(a). **((a)(19))**

(16) The State agency assures that special efforts will be made to provide technical assistance to minority providers of services. **((a)(20))**

(17) The State Agency

(A) assures that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) assures that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities. **((a)(21))**

(18) If case management services are offered to provide access to supportive services, the State agency ensures compliance with the requirements specified in section 306(a)(8). **((a)(22))**

(19) The State agency assures that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care,

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educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs. **((a)(23))**

(20) The State agency assures that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance. **((a)(24))**

(21) The State agency assures that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title. **((a)(25))**

(22) The State agency assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **((a)(26))**

Sec.308 - PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(1) The State agency assures under subparagraph (b)(3)(A) that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph. **((b)(3)(E))**

SEC. 705 - ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State agency assures that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State agency assures that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State agency assures that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

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(4) The State agency assures that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State agency assures that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State agency assures that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

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(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

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DHR/DAS Mission: HEALTH			
I. Services Which Address Functional Limitations			
Service Name	Unit of Service	Individual or Group Service	Definition
Alternative Living Services	1 Day	Individual	Provision of 24-hour supervision and health-related support services in state-licensed facilities, either group or family models, to Medicaid eligible persons who are CCSP clients and who can no longer remain independent in their own homes.
Chore Chore - Voucher	1 Hour	Individual	Providing assistance to persons having difficulty with one or more of the following IADLs: heavy housework, yard work, or sidewalk maintenance.
Homemaker Homemaker - Voucher	1 Hour	Individual	Provision of assistance to individuals with the inability to perform one or more of the following Activities of Daily Living (ADLs): preparing meals, shopping for personal items, managing money, telephoning, light housework.
Home Modification/ Home Repair Home Modification/ Home Repair - Voucher	1 Job Completed	Individual	Provision of housing improvement services designed to promote the safety and well-being of adults in their residences, to improve internal and external accessibility, to reduce the risk of injury, and to facilitate in general the ability of older individuals to remain at home. May also include the purchase and installation of assistive devices and security devices, such as locks, smoke detectors, tub rails, improved lighting, etc.
Expanded Personal Personal Care Personal Support CCSP Personal Care - Voucher Support - CCSP	1 Hour	Individual	Providing personal assistance, stand-by assistance, supervision or cues for persons with the inability to perform one or more of the following ADLs: eating dressing, bathing, and toileting, transferring in/out of bed/chair or walking.
Respite Care In-home Out-of-Home Respite Care	1 Hour	Individual	Provision of temporary substitute supports or living arrangements for older persons in order to provide a brief period of rest or relief for family members or other caregivers.

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In-Home – Voucher			
Out-of-Home - Voucher			

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DHR/DAS Mission: HEALTH

II. Services Which Maintain Health

Service Name	Unit of Service	Individual or Group Service	Definition
Adult Day Care/Adult Day Health Adult Day Care – Mobile Adult Day Health - Voucher Adult Day Care - Voucher Adult Day Health - CCSP	1 Hour (ADH Level I - 3 Hours Minimum ADH Level II - 5 Hours Minimum)	Individual	Provision of personal care for dependent adults in a supervised, protective; congregate setting during some portion of a twenty-four hour day. Services offered in conjunction with Adult Day Care and Adult Day Health typically include social and recreational activities, training, counseling, meals for adult day care, and services such as rehabilitation, medications assistance, and personal care services for Adult Day Health. Mobile daycare services are provided by staff who travel from a central location on a daily basis, to various sites, primarily in rural areas.
Counseling	1 Hour 1 Session	Individual Group	Providing guidance and assistance with problem resolution by professionally qualified paid or volunteer staff to older persons or caregivers, including grandparents raising grandchildren. Counseling may be provided individually or in group settings, such as support groups or open forums to encourage sharing and questions. Primary reasons for counseling include, but are not limited to, depression, grief, family problems and lifestyle changes.
Emergency Response Installation Emergency Response Monitoring Emergency Response Install – Voucher Emergency Response Monitoring - Voucher	1 Installation 1 Month Service	Individual	Installation of an in-home electronic support system which provides two-way communication to geographically and socially isolated individuals, enabling them to remain in their own homes. The electronic system provides 24-hour-a-day access to a medical control center on a daily basis.
Exercise/Physical Fitness	1 Contact 1 Session	Individual Group	Provision of activities which promote health, wellness, mobility, such as low impact aerobics classes, walking clubs, resistance training, and specialized exercises/workouts for persons with disabilities or mobility limitations in a group setting by a group leader but individual client data maintained. May also support the purchase of materials, equipment and supplies related to program activities.

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Health Related/Health Screening Health Related/ Health Screening - Voucher	1 Contact Session	Individual roup	Administering standard examinations, procedures, or tests for the purpose of gathering information about a client to determine need for healthcare services. Information collected may include health status, financial status, status of ADLs/IADLs, nursing home pre-admission screening, as well as routine health screening (blood pressure, hearing, vision, and diabetes). Also supports the purchase of health/medically-related supplies and equipment.
DHR/DAS Mission: HEALTH			
II. Services Which Maintain Health (continued)			
Service Name	Unit of Service	Individual or Group Service	Definition
Health Promotion/Wellness	1 Contact Session	Individual Group	Provision of information programs promoting wellness, healthy lifestyles, and disease prevention in a group setting but individual client data maintained. May include activities/topics related to healthy food preparation, lifestyle changes that promote good health, topical information such as osteoporosis prevention, smoking cessation, breast health, prostate health, etc. May also support the purchase of materials, equipment, and supplies related to program activities.
Home Health Home Health - Voucher	1 Hour	Individual	Provision of basic medical services under medical supervision to individuals who can be cared for at home. Includes care provided by a licensed health professional subsequent to assessment and diagnosis of a physical, oral, mental problem or condition, and monitoring of treatment plans. Includes nursing care and rehabilitative care, such as physical, speech, /hearing, and occupational therapies.
Medications Management	1 Contact Session	Individual Group	Provision of screening and education to prevent incorrect medication and adverse drug reactions.
NUTRITION: Congregate Meals	1 Meal	Individual	Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which complies with Dietary Guidelines for Americans, provides at least 33.3 % of the RDA for one meal, 66.6 % of the RDA for two meals, or 100 % of the RDA for three meals.

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NUTRITION Home Delivered Meals Home Delivered Meals - Voucher	1 Meal	Individual	Provision to an eligible client or other eligible participant at the client's place of residence, a meal which complies with Dietary Guidelines for Americans, provides at least 33.3 % of the RDA for one meal, 66.6 % of the RDA for two meals, or 100 % of the RDA for three meals.
NUTRITION: Counseling	1 Hour	Individual	Provision of individualized advice and guidance to persons who are at nutritional risk, because of health or nutritional history, dietary intake, medications use, or chronic illness, about options and methods for improving their nutritional status, provided by a health professional according to state laws and policy.
NUTRITION: Education	1 Hour 1 Session	Individual Group	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 or participants and caregivers in a group or individual setting, overseen by a dietitian (R.D).

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DHR/DAS Mission: HEALTH

II. Services Which Maintain Health (continued)

Service Name	Unit of Service	Individual or Group Service	Definition
NUTRITION: Screening	1 Hour	Individual	Administration and interpretation of the Level I Nutrition Screen by a Registered Dietician, other health care professionals, or trained social services staff for the purpose of developing individualized plans of advice and guidance to persons identified as being at moderate to high nutrition risk through the NSI DETERMINE Checklist.
Skilled Nursing - CCSP	1 Visit	Individual	Provision of skilled nursing services by a Registered Nurse to Medicaid-eligible individuals who are Community Care Services Program (CCSP) clients.

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DHR/DAS Mission: SELF-SUFFICIENCY

III. Services Which Protect Elder Rights

Service Name	Unit of Service	Individual or Group Service	Definition
Consumer Protection/ Crime Prevention Services	1 Session	Group	Provision of information to inform and educate individuals about their rights as consumers of goods and services; how to exercise rights authorized by specific consumer protection laws; provision of referrals to organizations/agencies whose primary function is advocacy and/or direct legal representation; coordination with community coalitions, task forces, commissions, councils, et. al. on activities aimed at protecting the rights of consumers.
Health Insurance/Benefits Counseling (HICARE)	1 Contact	Individual	Provision of information to individuals or groups regarding their eligibility for benefits. Providing assistance with pursuing claims or benefits and advocacy on behalf of the beneficiary.
Elderly Legal Assistance Program	1 Hour	Individual	Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney
Long Term Care Ombudsman Program	1 Hour	Individual	Provision of services that protect and improve the quality of care and quality of life for residents of long-term care facilities through advocacy for and on behalf of residents and through the promotion of community involvement in long-term care facilities.
Elder Abuse Prevention Program	1 Contact 1 Session	Individual Group	Providing public education and outreach to identify and prevent elder abuse, neglect, and exploitation; receiving and referring complaints regarding elder abuse, neglect and exploitation to the appropriate DFACS Adult Protective Services units; providing community education regarding the identification, prevention and intervention available.

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DHR/DAS Mission: INDEPENDENCE

IV. Services Which Promote Socialization/Participation

Service Name	Unit of Service	Individual or Group Service	Definition
Friendly Visiting	1 Visit	Individual	Reducing social isolation by visiting a person in his/her home in order to comfort or help the person. Can include letter writing and reading, which is to assist by reading, writing, interpreting and or translating business and personal correspondence.
Interpreting/ Translating	1 Hour	Group	To explain the meaning of oral and/or written communications to non-English speaking and/or persons with disabilities who are unable to perform the functions due to linguistic, visual, hearing or cognitive impairments or limitations.
Recreation	1 Session	Group	Promoting socialization of older persons by arranging for and encouraging their participation, either directly or as spectators, in such activities as sports, the performing arts, games, and crafts, etc., which are facilitated by an instructor or provider.
Telephone Reassurance	1 Call	Individual	Interaction with individuals by telephone to reduce social isolation, provides support, and ensures health and safety.
Volunteer Development/ Opportunities/Service	1 Volunteer Recruited/Placed 1 Volunteer Setting Arranged 1 Volunteer Service Hour	Group Group Individual	Activities related to the recruitment, training and placement of volunteers; an activity related to the identification of placements for volunteers; the provision of volunteer service hours by a volunteer.

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DHR/DAS Mission: INDEPENDENCE

V. Services Which Assure Access and Coordination

Service Name	Unit of Service	Individual or Group Service	Definition
Assisted Transportation	1 One-Way Trip	Individual	Provision of assistance, including escort to a person who has difficulties, physical or cognitive, using regular vehicular transportation.
Case Management/Care Coordination Case Management/Care Coordination - Voucher	1 Hour	Individual	Assistance either in the form of access to or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. <i>Rev. 11/2000: Client Assessment is a component of Case Management/Care Coordination. AAAs that conducts client assessments may track and report these <u>activities</u> as "Case Management." It is understood, however, that only freestanding non-profit AAAs may provide the comprehensive case management <u>service</u>, which involves establishing ongoing relationships with service recipients. Refer to DAS PI 146 and DAS PI 147 for a full explanation of Client Assessment activities and Case Management/Care Coordination services.</i>
Community/Public Education	1 Session	Group	Contacts with several current or potential clients/caregivers, or the general public, to inform them of service availability or provide general program information
Home Sharing /Roommate Matching	1 Hour	Individual	Provision of services that facilitate the matching of older persons with suitable, appropriate individuals, who will live together in a residential setting, each person having private space and sharing common areas such as kitchen, living and dining rooms.

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Information and Assistance	1 Contact	Individual Group*	<p>A service for older individuals that: (a) Provides them with current information on opportunities and services available within their communities, including information relating to assistive technology; (b) assesses the problems and capacities of individuals (c) links individuals to opportunities and services that are available; (d) to the maximum extent practicable ensures that the individuals receive the services needed, and are aware of the opportunities available, by establishing adequate follow-up procedures.</p> <p><i>*Rev. 11/2000: The Administration on Aging defines Information and Assistance as an Individual service, but does not require individual client registration for Federal reporting purposes. Therefore, for the purpose of entering data and tracking service activity in the Division of Aging Services Aging Information Management System, AAAs have the option of treating the I&A service as a Group service. Activities involving contacts with several elderly persons or potential clients at a time continue to be reported as Community/Public Education.</i></p>
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DHR/DAS Mission: INDEPENDENCE

V. Services Which Assure Access and Coordination

Outreach	1 Contact	Individual	Interventions initiated by an agency/organization for the purpose of identifying potential clients or their caregivers and encouraging their use of existing services and benefits. Note: refers to one-on-one contacts between a service provider/area agency and an elderly client or caregiver.
Placement Services	1 Hour	Individual	Assisting a person in obtaining a suitable place or situation, such as employment, housing or institutional care.
Transportation Transportation - Voucher <i>DHR Coordinated Transportation</i>	1 One-Way Trip	Individual Group*	<p>Provision of a means of going from one location to another. Does not include any other activity.</p> <p><i>* For the purpose of entering data and tracking service activity in the Division of Aging Services Aging Information Management System, AAAs have the option of treating the DHR Coordinated Transportation service as a Group service</i></p>

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DHR/DAS Mission: SELF SUFFICIENCY

VI. Services Which Support Other Goals/Outcomes

Service Name	Unit of Service	Individual or Group Service	Definition
Senior Community Service Employment Program (SCSEP)	1 Enrollment 1 Placement	Individual Individual	Provision of services to assist older persons with subsidized employment opportunities and to obtain unsubsidized employment. May include assessment of skills and abilities, upgrading of job-seeking skills, employability training, development of individual development plans, job placement into unsubsidized employment and follow-up activities.
Material Aid Material Aid - Voucher	1 Contact Session	Individual Group	Payments to or on behalf of an older person for housing/shelter, utilities, food/meals or groceries, clothing, eyeglasses, dental care, etc.
Home Management	1 Hour	Individual	Providing training to functionally impaired adults in self-help and self-care skills, training in daily living skills.