

Area Agency on Aging,
a division of the CSRA Regional Development Center



2006 -2007 COMMUNITY CARE SERVICES PROGRAM ANNUAL REPORT



Answers.Action.Advocacy

PROVISIONS OF COMMUNITY CARE SERVICES ACT

This Annual Report reflects State Fiscal Year 2007 activities completed by the CSRA Regional Development Center Area Agency on Aging for Planning and Service Area Eight and other agencies. It is prepared in accordance with provisions set by the Community Care and Services for the Elderly Act for the following:

- **CSRA ELECTED OFFICIALS**
- **DEPARTMENT OF HUMAN RESOURCES COMMISSIONER**
- **DEPARTMENT OF COMMUNITY HEALTH COMMISSIONERS**
- **DEPARTMENT OF HUMAN RESOURCES DIVISION OF AGING SERVICES DIRECTOR AND COMMUNITY CARE PROGRAM STAFF**
- **SERVICE PROVIDERS**
- **ADVOCATES FOR OLDER ADULTS, CAREGIVERS AND PERSONS WITH DISABILITIES**

The General Assembly, in enacting the Community Care and Services for the Elderly Act, indicated its intent (O.C.G.A. §49-6-60 [et seq. 49-6-64]) as follows:

- To assist functionally impaired elderly persons in living dignified and reasonably independent lives in their homes or with their families or caregivers through the development, expansion and coordination of various community-based services;
- To establish a continuum of care for such elderly persons age 60 and older in the least restrictive environment suitable to their needs;
- To maximize use of existing community social and health services to prevent unnecessary placement of individuals in long-term care facilities; and,
- To develop innovative approaches to program management, staff training, and service delivery that result in cost avoidance, cost effectiveness and program efficiency.

“There is a success story to be told about each client and each client’s family.”

“... I have a client who is a fairly young woman who was involved in a motor vehicle accident, which resulted in paraplegia. When I first saw her eighteen months ago she was depressed, spending all day in bed, and had a pressure ulcer that had not healed in over a year. CCSP services were initially brokered daily, then later brokered twice daily. Home health services were in place until the wound healed. The depression has lifted, and she is no longer taking antidepressants. She has developed diabetes, and is eager to learn about her new diagnosis. This client has a large extended family, and is now enjoying time with them at community outings. She has taken charge of her health care, and has applied for the Independent Care Waiver Program (ICWP) herself. When I think about this client, it brings a smile to my face, and makes all the hard work worthwhile.

There is a success story to be told about each client and each client's family.

I have had training in regard to the role of the caregivers, and always involve the caregivers. The other day, an elderly spouse walked me out to my car after a visit with his wife, who has dementia. The spouse told me thanks for thinking of him too. It made me smile. Acknowledgement of the caregiver's role, providing educational materials, and resources is part of what I do on each visit.

Another client I have is a sweet lady who lived in a nursing home for a year after her stroke, but she wanted to live at home again. It wasn't easy for the family, but the family members have been committed to their new roles as caregivers. CCSP services are brokered for Home Delivered Meals, Adult Day Health, and Emergency Response System. The client and the family are happy. It makes me smile. ”

CCSP Care Coordinator

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COMMUNITY CARE SERVICES PROGRAM

Success: The Community Care Services Program Makes a Difference

The Community Care Services Program (CCSP) continues to be less costly than all the other long term care programs in Georgia.

- **A long-term service resource option** to eligible individuals and their families/caregivers, the CCSP is a resource and not a substitution of individual and family responsibility.
- **The CCSP supports personal choice and responsibility and promotes consumer independence.**
- **Comprehensive care coordination** may involve multiple stakeholders: the consumer, family members, care coordinator, Department of Family and Children Services, physician, transportation, and service provider(s). In order to provide improved client outcomes in service delivery and quality of life, care coordinators collaborate with consumers and access other community resources to develop each consumer care plan.
- **This programmatic cooperation is efficient and results in ongoing taxpayer cost savings.**



"The Community Care Service Program has been a life saver to me. I am a double amputee, and I still try to live as independently as possible. I have an ERS button in my home in case of an emergency. It's a good feeling to know I have a backup in case I fall or injure myself. The program offers so many other services should the need arise for me to use them. I just love all that the program has done for me and continues to do for me."

*Delisha Bowdry – 34 years old
Richmond County*

INTRODUCTION

CSRA AREA AGENCY ON AGING Your Aging and Disability Resource Connection (ADRC)

Who We Are

The CSRA Area Agency on Aging serves as an action center for aging and disability issues in east central Georgia by identifying community priorities, allocating and developing resources, building public-private partnerships, connecting CSRA residents to aging solutions that fit their lives.

By the year 2030, approximately 70 million adults over the age of 60 will reside in the USA—more than twice the number in 1990. Currently, Georgia ranks 15th among all states in the number of 60+ residents; and, within the 14 counties of east central Georgia, over 14% of the population is 60 or older.

The Area Agency on Aging (AAA), a division of the CSRA Regional Development Center, is working aggressively to meet the needs of older adults in the CSRA with a blend of technically enhanced regional strategy development and old-fashioned community network.

From the beginning, the goal of the Agency has been to assure maximum independence and enhance the quality of life for older persons through home and community-based services. The Agency is responsible for the local administration of the Community Care Services Program (CCSP) which has successfully completed its 25th year of operation. CCSP provides a wide range of community-based services designed to delay or prevent more costly nursing home placement. These services include telephone screenings, in-home assessments, care coordination by an RN or a social worker, home health services, adult day care, alternative living services, out-of-home respite care, personal support services, home delivered meals, emergency response systems, disease management, and caregiver support. Consumer-directed care was recently added to the array of services offered through CCSP.

In 2004, the Lead Agency was awarded an Aging and Disability Resource Connection grant (ADRC). The addition of the ADRC to the Gateway created a single, coordinated system of information and access for people with disabilities of all ages seeking long-term care services.

Fiscal Year 2007 marked the end of another exciting and productive year for the Lead Agency. You are encouraged to review the material contained in this report to find out how the Gateway/ ADRC might better serve your community. The Gateway/ADRC provides a variety of services and support to improve the lives of senior and disabled citizens in all 14 counties of the CSRA.

Recognizing the importance of networking with community organizations to maximize resources, the Lead Agency's primary goal for SFY 07 was to increase public awareness and access to aging and disability resources. The CCSP waiting

list experienced a decline in the number of referrals received, especially in the rural counties. Public awareness efforts have resulted in a marginal increase of 1% more referrals to the Gateway/ADRC in SFY 07 over SFY 06.

To increase community visibility and access, the AAA partnered with the local health department to establish a satellite office which offers the opportunity for consumers to receive on-site health screenings and resource information. Additionally, the Lead Agency has a working agreement with Care Improvement Plus, A Medicare Advantage Plan, to perform on-site assessments and education to consumers with chronic diseases. This resource is available to CCSP and non-Medicaid consumers. The assessments are performed by a registered nurse and targets consumers with chronic diseases such as diabetes, congestive heart failure, kidney disease, and respiratory problems. Consumers are screened for foot problems and provided education to better manage their chronic disease. Additionally, consumers have access to all services provided through public health, such as vaccinations, osteoporosis screenings, and health education.

CCSP continues to prove to be a cost-effective alternative to nursing home placement, saving over \$20 million Medicaid dollars to CSRA's tax payers. CCSP provides community-based services to Medicaid eligible consumers with a desire to remain in their home or community as opposed to entering a nursing facility. Consumers must meet the same medical, functional, and financial criteria as required for placement in a nursing facility. A physician certifies that the consumer's needs may be met by the CCSP and available community resources. The Gateway/ADRC manages the intake/screening process, waiting list, and care coordination for the CCSP and Non-Medicaid Home and Community-Based Services (HCBS) programs. Services are coordinated between Medicaid and non-Medicaid programs to avoid duplication. To help older and disabled consumers find resources, staff have access to an extensive database of over 21,000 aging and disability resources. Those looking for resources should contact the Gateway/ADRC at (706) 210-2000 or 888-922-4464.

The Gateway/ADRC continues to support local SOURCE agencies by referring 53 consumers to the SOURCE program, of which, 39 were enrolled. The consumers who declined SOURCE services did so because they refused to change their primary physician to a SOURCE physician. SOURCE stands for "Service Options Using Resources in a Community Environment." The program provides enhanced case management and community-based services to older and disabled Medicaid recipients with chronic health conditions. Local SOURCE providers played a key role in case conferences held in conjunction with CCSP quarterly network meetings. Two case conferences were held in SFY 07 to discuss the management of clients with complex needs and issues. The network meetings have proven to be an effective venue to present complex cases because it allows the participation of a variety of community agencies. Additionally, the CSRA has strong participation at the CCSP Network Meetings with over 100 people attending.

STATISTICAL HIGHLIGHTS - SFY 2007

- The CCSP served 1,143 consumers;
- Each CSRA consumer served by the CCSP instead of a nursing facility saved Georgia \$18,329, a Medicaid dollar savings of over \$20 million;
- The Medicaid expenditure to support a consumer in the CCSP averaged 30% of the Medicaid cost to maintain a person in a nursing facility;
- Fifty-nine percent of CCSP Medicaid consumers pay a portion of the cost for their service(s); and 1% pay the full cost of service (s)
- Eighty-two percent of CCSP served were age 60 or older;
 - 13 consumers were 100 years of age or older (1%)
 - 144 were age 90 or older (13%)
 - 198 were under age 60 (18%)

The average age was 74 years old

75% were female

63% were non-white

29% lives alone

35% completed 8th grade or less

43% had finances at or below poverty

- Personal Support Services was utilized by 73% of consumers. It was the most frequently used CCSP service;
- The average community length of stay for enrolled CCSP consumers was 48 months, nearly four years; two months longer than SFY 06 and one month longer than the State's average.

“I know that the nursing home might be in my future, but if I didn't have CCSP and the aide coming to help me, the meals, and the ERS, I think I would have already been in one by now. My family is very supportive, but they all work or live out of the area and I don't want to burden them with any of my needs. The aide helps me and I feel it has eased the load on my family as well. I am very happy with my aide.”

75 years old, female, CCSP consumer in Burke County

CCSP ACCOMPLISHMENTS IN SFY 2007

QUALITY INITIATIVES

Partnerships and Activities:

- ***Increasing Access***

The Lead Agency has a satellite office located at East Central Health District to offer screening and resource information to potential CCSP applicants.

- ***Increasing Safety!***

The CSRA Agency on Aging continues to partner with Trinity-on-the-Hill Methodist Church to build ramps for CCSP and HCBS consumers most in need. Wheelchair ramps are making a difference in providing clients with mobility and accessibility.

- ***Disease Management through Prevention and Education***

CCSP care coordinators continue to provide individualized education to diabetic consumers and those at risk for diabetes regarding disease management and prevention. Length of stay and nursing home disposition rates are just two of the quality indicators used by the CSRA to measure case management efficiency. The CSRA is proud to report that Length of Stay in the program increased by 2 months over last year and eight percent less clients were admitted to a nursing facility compared to SFY 07. We believe improved disease management and increased collaboration with consumer's healthcare team has significantly impacted our results.

Additionally, when appropriated, care coordinators are educating Medicaid recipients on the availability of assistance to manage chronic diseases through entities such as United Healthcare and APS Healthcare. AAA's dietitian who is also a certified diabetic educator assists in disease management efforts by providing nutrition education to CCSP providers upon request. Nutrition education classes have been provided to at least two of the region's personal care homes and adult day care centers.

- ***A Comprehensive Approach!***

CCSP and SOURCE care coordinators, AAA staff, and staff from the Division of Mental Health, Developmental Disabilities and Addictive Diseases Region Two Office met at two CCSP Network meetings to discuss complex cases and strategies to reduce Medicaid costs on clients enrolled in waiver programs. The case conferences are now incorporated into the CCSP network meetings to involve CCSP providers and hospital discharge planners.

- ***Getting the Word Out!***

One of the challenges of caregivers is not having the knowledge about available resources such as the CCSP and other programs that can provide assistance to older adults. AAA's Caregiver Specialist works directly with caregivers of CCSP and non-Medicaid consumers to help identify resources to ease the burden of caregiving. Additionally, the CCSP care coordinators are participating in a pilot project aimed at reducing caregiver's stress.

"... Just a note of thanks for having this Caregiver Support Group available. It has been a tremendous blessing and assistance to me. Georgia is a wealth of information, comfort, and encouragement.

She has provided me with the information I need each month to accomplish the needs of caring for my disabled adult son, and to help me utilized the resources in the community to give him the best quality of life possible. Georgia has made herself and her Agency professionals available to help on a daily basis if necessary. She is an answer to prayer!

These resources allow me to feel I can work with the systems that are set up to help (like Social Security, Medicare, Medicaid, Hospitals, etc), and not just be subject to their decisions, and not able to understand the processes. Yesterday Georgia gave us information about Medicare and the need to select the additional insurance at the same time the coverage starts. She told us some options, and that her agency could help select the correct type of plan for our loved one (there are over 40 plans to choose from!) When I got home yesterday my son had received his Medicare care to start his eligibility this summer, and I would never have know about the need to select insurance for him without Georgia's help. I knew just what to do!

Thanks for making this available!"

Caregiver of a Disabled Consumer

- ***Increase Participation in CCSP Network Meetings!***

The CSRA continues its' success into SFY 07 with CCSP Network Meeting participation at approximately 100 individuals at each meeting. The AAA Lead Agency contributes the success to providing a variety of topics and issuing certificates along with one continuing education hour for participation.



- ***CCSP Consumer Satisfaction Surveys***

The AAA Lead Agency completes annual satisfaction surveys on CCSP and non-Medicaid services and providers. The SFY 07 surveys focused on personal care, home-delivered meals, and provider satisfaction. Performance slightly improved in personal support services, decreased slightly in the meals program, and maintained with CCSP providers. A face-to-face questionnaire is presently being completed as a follow-up to the decline in satisfaction with the meal program. Responses will be collected over a three month period and analyzed to determine specific reasons for the decline and suggestions for improvements. Survey comments indicated that consumers were mostly dissatisfied with the taste and lack of seasoning. It was also determine that clients needed education on the meal program and the benefits of limiting certain seasonings such as salt and sugars.

Consumer Satisfaction Survey Anonymous Comments

“Make sure all the seniors can get it—it’s so many more who need them (meals).”

“I’m thankful for the meal services. I enjoy them.”

“They don’t send anybody when the aide doesn’t come.”

“They only stay long enough to bathe her and no one comes in the evening as promised.”

“Shelly Johnson (AAA Intake and Screening Specialist) is great!”

“Care Coordination staff is always helpful.”

PROGRAM STRUCTURE AND ADMINISTRATION

Consumers receive CCSP services through the cooperation and partnership of the following state and local agencies and private businesses:

The Division of Aging Services (DAS) of the Department of Human Resources has the primary responsibility for development and administration of the CCSP. Coordination of the various entities working together to deliver quality consumer focused and cost effective services to consumers is the priority of the CCSP.

The Division of Medical Assistance (DMA) of the Department of Community Health reimburses service providers and monitors services for appropriateness.

The Division of Family and Children Services (DFCS) in the Department of Human Resources determines consumer Medicaid eligibility and cost share for services.

The Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) of the Department of Human Resources provides consumer psychological and psychiatric evaluations and therapeutic services.

Area Agencies on Aging (AAA) contract with the Department of Human Resource's Division of Aging Services to serve as Lead Agencies or regional managers of the CCSP. The twelve AAAs serve as the local "Gateway to Community Resources" for consumers and their families, service providers, and potential service providers. The AAA manages service benefit allocations, assuring the CCSP does not exceed budget limitations.

Care coordinators work with consumer physicians, assess consumers for CCSP eligibility, and develop a comprehensive individualized plan of care, link consumers to service providers and families and consumers to other community-based services, and monitor quality consumer care. Care coordinators assure reliable, cost effective, consumer-focused service delivery, avoiding duplication and over utilization of services.

Providers enrolled in the CCSP deliver services ordered by the consumer's care coordinator and physician. The Division of Aging Services recommends service provider applicants for enrollment in the CCSP.

PROGRAM SAVINGS AND COSTS

EXPENDITURES

CCSP PROGRAM EXPENDITURES SFY 2004 – SFY 2007				
CATEGORY	SFY 2004	SFY 2005	SFY 2006	SFY 2007
Consumer Services Benefits	\$7,752,405	\$8,906,622	\$8,301,395	\$7,726,900
Care Coordination Services	\$1,339,465	\$1,385,821	\$1,411,810	\$1,478,274
AAA Administration	\$495,401	\$535,870	\$513,815	\$546,314
TOTAL	\$9,009,122	\$10,828,813	\$10,227,020	\$9,751,492

Figure 1 – In SFY 2007 the CCSP reimbursed provider agencies over \$7.7 million for consumer services provided, yet AAA administrative costs were only 6% of the total expenditure for the CCSP.

OTHER SERVICES

CARE COORDINATION COST – SFY 2007		
DOLLARS EXPENDED	CONSUMERS SERVED	AVG. COST PER CONSUMER
\$2,024,588	1,143	\$1,771 ANNUALLY

Figure 2 – Comprehensive care coordination is the foundation of providing consumer-centered care to CCSP consumers. Care coordination assures that enrolled consumers receive cost-effective, appropriate, and coordinated services.

MEDICAID SAVINGS

In SFY 2007, the average annual benefits cost to the CCSP for a consumer's services was \$11,388*. If the consumers had received Medicaid reimbursed care in a nursing facility the average annual cost to taxpayers would have been \$24,277 per consumer. The CCSP provided a region wide taxpayer savings of over \$20 million.

*Does not include care coordination or administration costs

ANNUAL SAVINGS PER CONSUMER SERVED IN CCSP INSTEAD OF IN A NURSING FACILITY				
SFY 2004	SFY 2005	SFY 2006	SFY 2007	Average Savings 2004-2007
\$17,616	\$16,728	\$19,104	\$24,277	\$19,431

Figure 3 The above chart illustrates the cost effectiveness of CCSP.
**Comparison: Medicaid Dollars Expended
 In Nursing Facilities Vs. The CCSP**

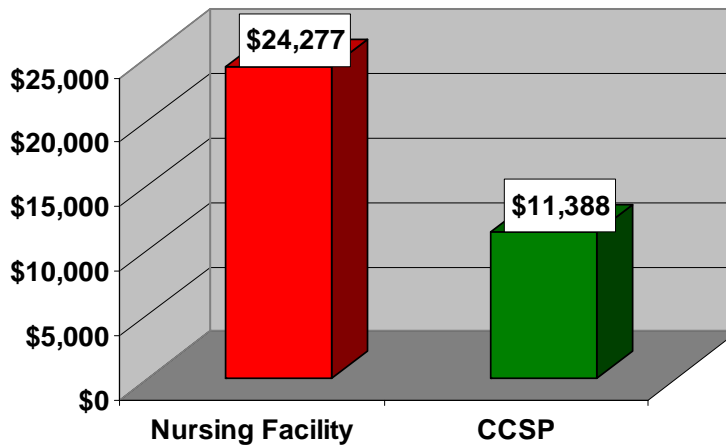


Figure 4 For SFY 2007, CCSP Medicaid per-consumer expenditure has averaged 30% of nursing facility Medicaid expenditure. *Source: DCH-DSS Analysis Unit, 11/1/2007-Medstat DataProbe.*

CONSUMER ASSESSMENTS AND WAITING LIST

ASSESSMENTS

Community Care Services Program (CCSP) consumers must meet the same medical, functional, and financial criteria as consumers receiving nursing home care under Medicaid.

Area Agencies on Aging staff conduct telephone interviews to screen consumers for potential service eligibility.

- Consumers are prioritized for assessment based on the results of the telephone screening. Consumers with high impairment levels and unmet needs are the first to enter services.
- A face-to-face assessment determines the consumer's need for services.
- Care coordinators determine consumer medical and functional eligibility.
- Eligibility - Staff at the Division of Family and Children Services determine consumer financial eligibility for Medicaid.

The CCSP care coordinators visit consumers at least every four months or more frequently as needed to assure they remain eligible for services and services are addressing the consumer's needs.

ASSESSMENTS COMPLETED – SFY 2007	
Initial telephone screening conducted by AAA Lead Agency staff	441
Average number on monthly waiting list	95
Initial face-to-face assessments completed	279

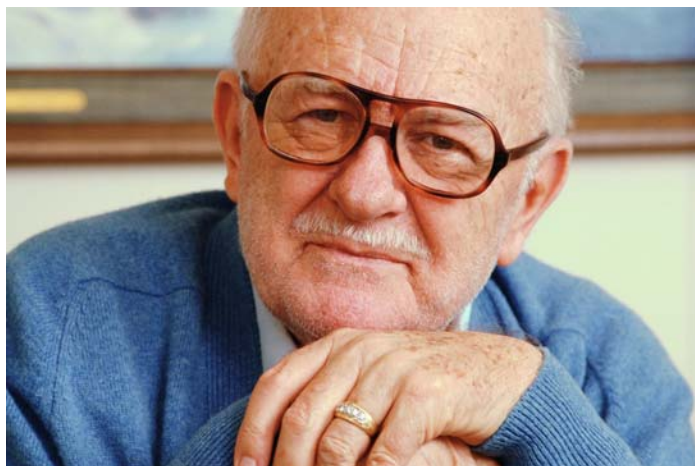
Figure 5 – Demand for the CCSP continues to exceed available funding. Four-hundred forty-one telephone screenings were conducted by the AAA Lead Agency, but only **279** face-to-face initial assessments were conducted due to limited, fund-dependent admission to CCSP.

GEORGIA'S CCSP WAITING LIST

By 2030, there will be over 71 million older persons in the United States, more than twice the number in 2000. People 65 and older represented 12.4% of the population in the year 2000, and will represent 19.7% by the year 2030². “The elderly population in Georgia will increase by 143% between 2000 and 2030 versus a total population increase in Georgia of 46.8%.”²

CSRA WAITING LIST SFY 2004-2007	
SFY	AVG. COUNT ON CONSUMER WAIT LISTS
2004	325
2005	148
2006	182
2007	95

Figure 6 – The number of consumers on the CCSP Waiting List decreased substantially due to the additional funding which allowed admissions to occur throughout the year.



Georgia had the tenth fastest growing elderly population (ages 60+) in the United States during 1990-2000. Over the 20th century (1900-1999), the number of Georgians ages 60 and above increased ten-fold, compared to a four-fold growth in the population overall.

² U.S. Bureau of the Census, “US Interim State for Five-Year Age Groups and Selected Age Groups by Sex: July 1, 2004 to 2030” <http://www.census.gov/population/projections/DownldFile2.XLS>

³ Georgia’s Aging Population: What to Expect and How to Cope? Dr. Glen Landers et al, Fall 2005

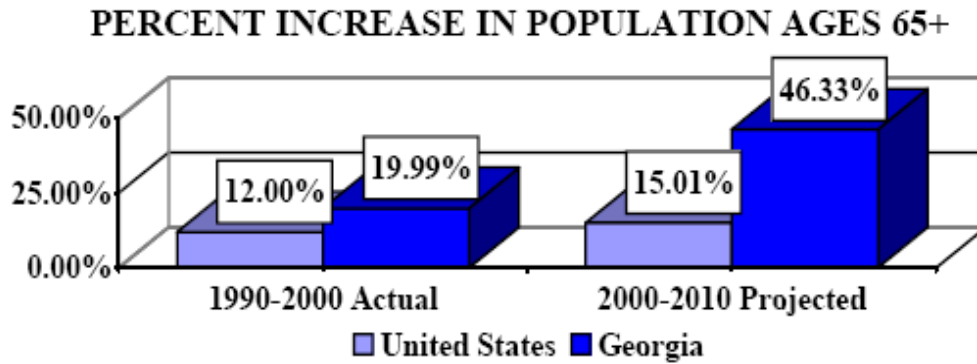


Figure 7 – The graph shows the projected increase in Georgia’s elderly population from 1990 – 2010.

PROJECTION OF POTENTIAL CCSP CONSUMERS			
Year	2015	2020	2025
Estimated Number of Potential CCSP Consumers	54,007	65,337	80,003

Figure 8 – The above projections calculate the number of consumers who may need CCSP services over the next 20 years. Projections are based on U.S. 2000 Bureau of the Census population statistics: older Georgians served by Medicaid who have chronic conditions, no spouse, who are not in nursing facilities, or, who are eligible for services provided by the Division of Mental Health, Developmental Disabilities and Addictive Diseases.

SUMMARY

Growth projections for Georgia seniors with chronic conditions clearly suggest that there will continue to be a substantial demand for home and community based services as well as the probability of a significant impact on future Medicaid expenditures.

“I wouldn’t know what to do if it wasn’t for the CCSP. I know that I would be in a nursing home since I have no family to help me. My aide is the best aide in the world and I wouldn’t trade her for anything. I am very grateful and thankful for all CCSP has done for me.”

71 years old, Screven County

CONSUMER DEMOGRAPHICS

CONSUMERS SERVED BY CCSP

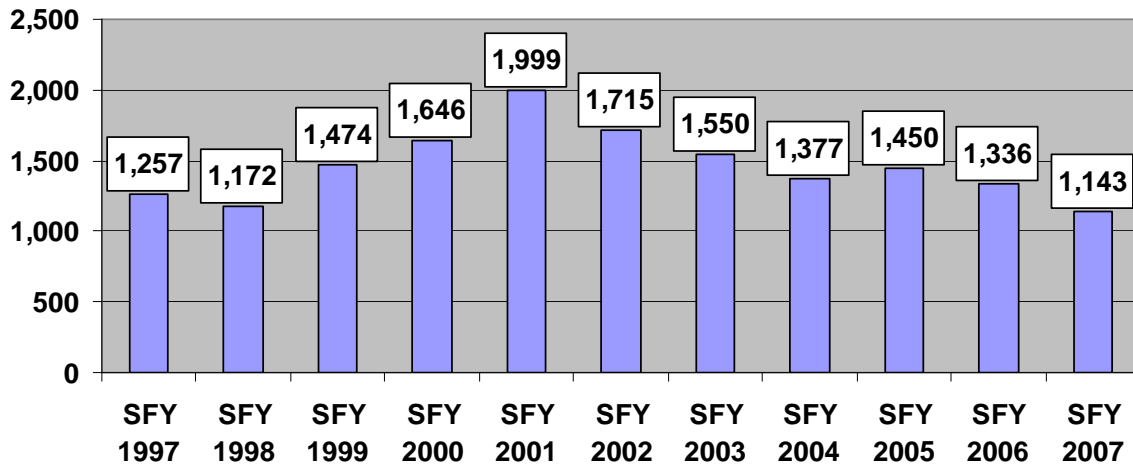


Figure 9 – The above illustrates a 10% decline in consumers served over ten years ago. The decline in enrollment was impacted by Estate Recovery, and the availability of two local SOURCE programs which allowed immediate admission with no wait time.



Tommy Lokas with aide from Touch By An Angel Healthcare- 86 years old Richmond County Consumer who receives Personal Support Services and Adult Day Health services from Touch By An Angel Healthcare. Mr. Lokas is cared for by his son who stated that the CCSP has been a great help to him.

PROFILE OF CCSP CONSUMERS – SFY 2007	
Unduplicated consumer count	1,143
Consumers 100 years of age or older	1%
Consumers 91 years of age or older	14%
Consumers 81 years of age or older	42%
Consumers 71 years of age or older	64%
Consumers 61 years of age or older	82%
Consumers under 60 years of age	18%
Average age of consumers	74
Percentage of consumers who are female	75%
Percentage of consumers who are minorities (non-white)	63%

Figure 10 – In SFY 2007, the CCSP served 1,143 consumers. 75% were female. 64% were over the age of 75, and 42% of consumers were 81 or older. 18% of consumers served were younger than age 60. The number of consumers 100 years or older was 13.

**AVERAGE LENGTH OF STAY
& DISPOSITION OF CONSUMER DISCHARGES - SFY 2007**

Average Consumer Length of Stay	48 months
Disposition of Discharged Consumers:	
- Death	43%
- Nursing facility placement	16%
- Hospice/ Other Waiver Programs/ Ineligible/ Moved From Service Area/ No Service in 60 Days/ Requested Termination/ Other/ refused service/no longer eligible	41%

Figure 11 – The above chart shows the average time a person remains in the CCSP. The CSRA is proud of our efforts to improve the case management of CCSP consumers. Nursing home disposition rate was one half of the State’s average of 32%. Only 16% of those discharged from CCSP in the CSRA entered a nursing facility; this was 8% less than last year. Our performance goal to decrease nursing facility admissions was far exceeded. Discharges for other reasons increased in SFY 07, partly because of changes with Medicaid eligibility relating to burial exclusions and life insurance. Fourteen discharges were related to Medicaid eligibility and four were related to Estate Recovery. Nine consumers opted to transfer to the SOURCE program. The average length of time consumers enrolled in the CCSP live in the community is four (4) additional years.

CONSUMERS BY PAYMENT SOURCE - SFY 2007

Consumers receiving SSI Medicaid	36%
Consumers receiving Medical Assistance Only (MAO) potentially Medicaid	63%
Consumers whose Cost Share covered all service costs	<1%

Figure 12 – Thirty-six percent of CCSP consumer care is fully paid by Medicaid, because the consumer’s income is less than the federal Supplemental Security Income (SSI) level. Sixty-three percent of consumers receive partial Medicaid payment for their services. According to their income levels Medical Assistance Only (MAO) consumers pay a portion of the cost of their services known as Cost Share. Services for the remaining <1% are provided at no cost to Medicaid because the consumer pays the entire cost of the CCSP services.

CCSP SERVICES

UTILIZATION AND EXPENDITURES

CONSUMERS SERVED AND CCSP MEDICAID FUNDS EXPENDED BY SERVICE TYPE – SFY 2007				
CCSP SERVICE	CONSUMERS SERVED*	%TOTAL Consumers*	FUNDS EXPENDED	% TOTAL FUNDS**
Adult Day Health (ADH)	65	5.99%	\$486,365.30	4.98%
Alternative Living Services (ALS)				
- Family Model	96	8.84%	\$834,743	8.55%
- Group Model	150	13.81%	\$1,165,024.28	11.93%
Emergency Response Services (ERS)	561	51.66%	\$169,438.30	1.74%
Home Delivered Meals (HDM)	544	50.09%	\$908,698.00	9.31%
Personal Support Services (PSS, PSSX)	798	73.48%	\$6,185,411.73	63.35%
Skilled Nursing	14	1.29%	\$14,760.00	0.15%

* Duplicated consumer count. Consumers may receive more than one service.

** Percentages are rounded.

Figure 13 – The above outlines by CCSP service the number of consumers served and expenditures of CCSP Medicaid dollars.

"Without CCSP, and the support of my family, I would be in a Nursing Home. I am very thankful for the people who take care of me".

72 years old, Richmond County PSS and ERS Consumer

CONSUMERS SERVED BY SERVICE TYPE SFY 2007

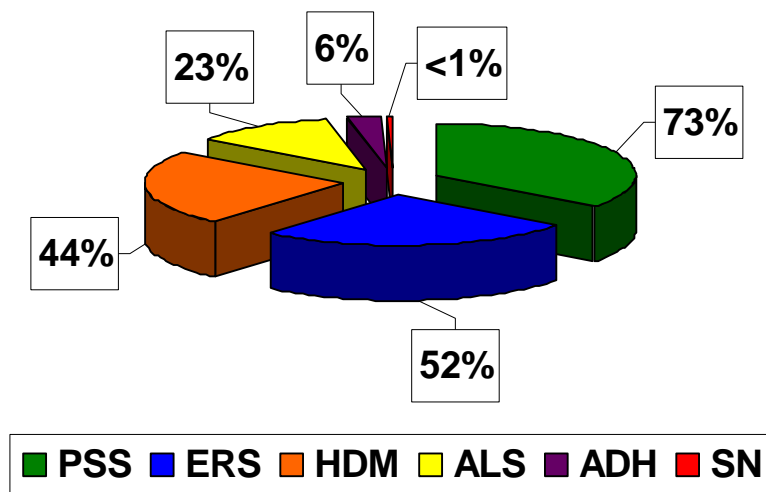


Figure 14 – This graph displays by service type the number of CCSP consumers who receive each service. Consumers may receive more than one service.

*NOTE: Personal Support Services consumer count includes Out-of-Home Respite Care consumers. Home Delivered Services includes consumers receiving Skilled Nursing Services.

SUMMARY

Seventy-three percent of CCSP consumers use Personal Support Services (PSS), the provision of personal assistance, stand-by assistance or supervision of consumers with inability to perform activities such as feeding, dressing, bathing, toileting, transferring or walking, or light housekeeping. It may also provide respite care to the caregiver.

Fifty-two percent of CCSP consumers use the cost-efficient Emergency Response Services (ERS).

"I appreciate all that you do for me; if it were not for CCSP I would have no choice but to go to the nursing home because I could not manage by myself; I have no family available to help me with my care. I am thankful I can stay in my home."

89 years old, female – Washington County

PROVIDERS OF SERVICE

PROVIDERS BY SERVICE TYPE* - SFY 2007	
Adult Day Health	7
Alternative Living Services – Family Model	5
Alternative Living Services – Group Model	29
Emergency Response Services	9
Home Delivered Meals	2
Home Delivered Services	7
Out-of-Home Respite Care Services	2
Personal Support Services	25

* Some providers provide more than one service.

Figure 15 – This chart reports the number of providers enrolled in each CCSP Medicaid service.



The Community Care Services Program manages, coordinates, and provides services to consumers by partnering with 86 public and private licensed CCSP enrolled businesses and agencies. The CCSP supports and grows small local businesses.

Alberta Lampkins with Hannah Jillella, CCSP Care Coordinator - 85 years old ALS Richmond County CCSP Consumer

CCSP SERVICE DEFINITIONS

Care Coordination

The care coordinator screens and assesses the consumer's medical, functional and social problems/needs to determine the appropriateness for Community Care and, with input from the client, caregiver, and physician develops a specific plan of care for each consumer admitted to the CCSP.

The care coordinator brokers/monitors provider services for consumers by planning, arranging, coordinating, and evaluating the service delivery to assure that appropriate, quality services are provided in a timely and cost effective manner and assures that consumer costs are contained.

Adult Day Health (ADH)

ADH provides care in a community-based day program for consumers who are functionally or cognitively impaired. ADH provides consumers a variety of activities, health, therapeutic and social services in a group setting: nursing care, special therapeutic services, personal care services, planned therapeutic activities, dietary services, transportation, and social work services.

“Before I went (to Louisville Adult Day Care) I was home 7 days a week just looking at the stories. I would be depressed if I didn't go there. It's the people there. We play games, go outside, and do everything. I laugh from the time I go to the time I come home. ”

PF - 45 years old, Jefferson County – with hemi paresis r/t brain aneurysm

Alternative Living Services (ALS)

ALS provides twenty-four hour supervision, medically-oriented personal care, periodic nursing supervision, and health-related support services in a residential setting other than the consumer's home. This service is provided in state licensed personal care homes.

Emergency Response System (ERS)

ERS provides an in-home electronic support system for two-way communication between isolated consumers and a communication control center twenty-four hours a day, seven days a week.

Home Delivered Meals (HDM)

HDM ensures improved nutrition to enhance consumer health and well-being. Consumers may receive home delivered meals only in conjunction with another CCSP service.

Home Delivered Services (HDS)

HDS Medicaid Home Health Services (HHS) provides traditional home health on an intermittent basis to consumers in their homes. Services include skilled nursing; physical, speech and occupational therapy; home health aide and medical social services.

Personal Support Services (PSS)

PSS provides a range of support services for CCSP consumers. Services include assistance with activities such as light housekeeping, running essential errands, and basic personal care needs including feeding, dressing, bathing, toileting, and transferring.

Extended Personal Support Services (PSSX)

PSS-X provides personal support services in a home setting that includes respite care for the full time caregiver over an extended period of time.

"Several years ago after my daughter gave birth to her daughter, she developed encephalopathy. I was left trying to care for her and her four children. I was referred to the CCSP program by the DFACS worker. I now receive PSS and PSSX services for my daughter and I. If it was not for the case manager and the PSS aides I don't know what I would have done. My daughter was completely bed bound and unresponsive during the first years on the program, but now she can stand on her own and can talk to you when spoken too. She still has a long way to go, but I credit a lot of my daughter's success to the efforts of the CCSP and my case manager, Ms. White. Ms. White even took time to go out and buy school clothes and supplies for my grandchildren, because I just could not afford to buy them much. I thank God for the CCSP."

Mrs. Betty Carr the mother and caregiver of the CCSP client Karen Watkins

HELP . . .

Is Only A Phone Call Away



The Area Agency On Aging

A Division of the CSRA Regional Development Center
3023 RiverWatch Parkway, Suite A-Augusta, GA 30907

(706) 210-2018 OR TOLL FREE (888) 922-4464

- Rails, Walkers Ramps
- Emergency Response Buttons
- Relief for Family Caregivers
- Help with Bathing & Dressing
- Help with Understanding Medicare
- Help Resolving Nursing Home Problems
- Assistance Getting Free and Low-Cost Prescription Drugs
- Protection From Fraud
- Adult Day Care
- Meals on Wheels
- Light Housekeeping
- Transportation





Answers.Action.Advocacy

Aging & Disability Resource Connection

A Division of the CSRA Regional Development Center

Visit us online at <http://www.AreaAgencyonAging.com>.

FREQUENTLY ASKED QUESTIONS

What is the Area Agency on Aging?

The Area Agency on Aging, a division of the CSRA Regional Development Center, coordinates, funds, and connects people with senior services in 14 counties of east central Georgia.

What is the CSRA Regional Development Center?

The CSRA Regional Development Center (RDC) is a nonprofit public agency that helps area counties and cities effectively serve aging citizens, use land wisely, write grants for local improvements, strengthen local economies, preserve historic properties, support small and start-up businesses with loans, and use computerized map information to plan for growth.

The CSRA RDC, created in 1974 by the state of Georgia, is funded primarily through membership dues paid by the local governments that we serve. Like the state's 12 other RDC's, we are led by a board of directors consisting of area county and city officials.

What are the responsibilities of the Agency on Aging?

- 1) We study the changing needs of our community's senior citizens and family caregivers and develop a yearly plan of action to get the right mix of aging services to the people who need them most.
- 2) We act as a "pass-through" agency for public funds by:
 - a) requesting proposals from organizations that offer aging services,
 - b) awarding public funds to responsible organizations that meet critical needs, and
 - c) making sure that awardees effectively use public funds to improve the lives of older CSRA residents.
- 3) We operate the Gateway – an easy one-call help center to connect senior citizens and caregivers with the information and aging services that they need.

What communities does the Area Agency on Aging serve?

The CSRA Regional Development Center serves 14 counties and 46 cities in east central Georgia. Counties include Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, and Wilkes.

Are there other Area Agencies on Aging?

Area Agencies on Aging form part of an aging network led by the U.S. Administration on Aging and state units on aging. The 12 Area Agencies on Aging within Georgia receive guidance from the Georgia Department of Human Resources' Division of Aging Services. Most Agencies on Aging are divisions within Regional Development Centers.

What are the major programs of the Area Agency on Aging?

The Area Agency on Aging funds and monitors a wide variety of organizations that provide services to senior citizens in areas such as nutrition, wellness, lifelong learning, recreation, and senior volunteerism. In addition, we operate the following programs:

Your Gateway to Community Services

At the Area Agency on Aging, we use powerful database tools to operate a one-call service center for people who need aging services assistance. Our trained specialists provide information about local and national resources and help CSRA residents get services that allow individuals to age with dignity and independence.

The Community Care Services Program (CCSP)

CCSP is a Medicaid-funded program that makes free and low-cost home services available to people at risk for nursing home placement. The program is available to senior citizens and legally disabled individuals who meet income and health requirements.

Home and Community Based Services (HCBS)

Through the HCBS program, we assist people aged 60 and above who need services such as home delivered meals, adult day care, homemaker services, respite, and counseling. HCBS is funded in accordance with the Older Americans Act.

Disability Services

The CSRA Area Agency on Aging collaborates with Walton Options for Living to manage Operation Independence, a program that connects senior citizens and people with disabilities with equipment, devices, ramps, and home-modification services.

Georgia Cares

To help consumers trim prescription drug costs, staff and trained volunteers help older adults identify and apply for discount programs offered through pharmaceutical companies. The Georgia Cares team also provides education about Medicare and health insurance options for older adults.

Caregiver Support

The Area Agency on Aging helps CSRA residents care for loved ones by offering caregivers services such as respite, adult day care, homemaker assistance, training, and support. Employers and working caregivers receive specialized educational opportunities and assistance through the Agency-sponsored CSRA Coalition for Caregivers in the Workplace.

Elder Rights and Advocacy

Several CSRA organizations work in partnership with the Area Agency on Aging to protect the rights of older people through programs such as Elder Legal Services,

HICARE (health insurance counseling and referral), ombudsman services (services to protect residents in long-term care facilities), and a range of advocacy projects.

Wellness

The CSRA's wellness program for older adults features a variety of senior fitness classes, education about nutrition and the safe usage of medications, and training for organizations that seek to establish grassroots senior wellness programs.

Community Capacity Building

The Area Agency on Aging produces networking newsletters and hosts training forums to help aging service organizations, faith communities, and other groups find creative, effective new ways to meet the needs of elders and their families.

Our Network's Available Services at-a-Glance

Advocacy • wellness • public education, • home-delivered meals, • congregate meals at senior centers • supplemental food • transportation • legal assistance • recreation • counseling • care coordination • respite services • emergency response services • homemaker assistance • adult day care and adult day health • and personal care help (such as bathing and dressing assistance)

Organizations that Provide Aging Services through Our Gateway System

- Augusta Area Alzheimer's Association
- AutumnCare Adult Day Center, Inc.
- Care Management Consultants, Inc.
- CSRA Private Duty
- City of Sylvania
- DHR Coordinated Transportation
- Excell Homecare Services
- Family Counseling Center
- Georgia Legal Services
- Glascock County Board of Commissioners
- Golden Harvest Food Bank
- Grovetown Senior Center
- The Homeplace Adult Daycare
- Jud C. Hickey Center for Alzheimer's Care
- McDuffie County Board of Commissioners
- Nightingale ERS, Inc.
- Quality Healthcare Services
- Shiloh Comprehensive Community Center
- Southern Homecare
- Walton Options for Independent Living, Inc.
- Washington Area Faith in Action
- Washington County Council on Aging

How can people get more information about senior services in the CSRA?

For assistance, contact the Area Agency on Aging: Your Gateway to Community Resources at (706) 210-2018 or (888) 922-4464.

**CSRA Regional Development Center
3023 River Watch Pkwy Ste A
Augusta, GA 30907**

RDC Main Number	706-210-2000	AAA Main Number	706-210-2018
RDC Fax	706-210-2006	AAA Toll Free	888-922-4464
RDC Message Center	706-210-2005	AAA Fax	706-210-2024
CSRA Business Lending Fax	706-210-2031	Georgia Cares GA Cares Toll Free	706-210-2029 800-669-8387

AAA Directory

Name	Title	Direct	EXT	Email Address
Andrea Buggs	Long Term Care Manager	210-2020	133	abuggs@csrardc.org
Carolyn Richardson	Georgia Cares Secretary (PT)	210-2029	153	crichardson@csrardc.org
Cindy Elia	Nutrition Specialist	210-2000	132	celia@csrardc.org
Cyndi Pruitt	Georgia Cares Coordinator	210-2029	152	cpruitt@csrardc.org
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Leteta Tucker	Information & Screening Specialist	210-2022	141	ltucker@csrardc.org
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Susie Nesbitt	Data Management Technician/ Specialist	210-2000	138	snesbitt@csrardc.org
Tammy Parker	Information & Screening Specialist	210-2019	133	tparker@csrardc.org
Tara Morine	HCBS Administrative Coordinator	210-2000		tmorine@csrardc.org
Tasha Jackson	Data Management Specialist	210-2000	144	twright@csrardc.org
Wallace White	Life Long Planning Coordinator	210-2029	111	wwhite@csrardc.org
Vacant	Grandparents Service Care Coordinator			

**AGING AND DISABILITY
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