



**Georgia Department of Human Services**  
Aging Services | Child Support Services | Family & Children Services

# **DIVISION OF AGING SERVICES**

**SFY 2021 – SFY 2024 AAA AREA PLAN CYCLE**

## **ATLANTA REGIONAL COMMISSION AAA** **SFY 2024 AREA PLAN UPDATE**

**March 1, 2023**

**Item #1 - Checklist**  
**SFY 2024 Area Plan Checklist & Area Plan Table of Contents**

Item #1 - Checklist and Area Plan Table of Contents	As applicable, place an "X" in the Column for "Yes", "No" or "N/A" below.			
<i>*Denotes Signature Required</i>	Yes	No	N/A	Comments
<b>Area Plan Narrative Checklist Contents</b>				
<b>Item #2 - Letter of Intent*</b>				In process for signature
<b>Item #3 - Executive Summary</b>				
• #3a - Summary Description of Federal, State & Local Aging Network	X			
• #3b - Overview of the Area Agency on Aging	X			
• #3c - AAA Roles and Responsibilities	X			
• #3d - AAA Vision, Mission, and Values	X			
• #3e - Purpose of Area Plan	X			
<b>Item #4 – Regional Context</b>				
• #4a - Current and Future Older Persons	X			
• #4b - Needs Assessment Process and Results for all Methods Utilized	X			
• #4c - Gap/Barriers/Needs to Improve Existing System	X			
• #4d - Special Needs	X			
<b>Item #5 - Descriptions of Services Delivery System</b>				

Item #1 - Checklist and Area Plan Table of Contents	As applicable, place an "X" in the Column for "Yes", "No" or "N/A" below.			
<i>*Denotes Signature Required</i>	Yes	No	N/A	Comments
<ul style="list-style-type: none"> <li>#5a(1) – Older Americans Act Programs and Services Funded through the "GA Department of Human Services Division of Aging Services Multi-Funded Services Contract" Table; with Services Provided Directly by the AAA Column.</li> <li>#5a(2) Tables for Services Delivered Directly by the Area Agency on Aging</li> <li>#5a(3) Tables for Case Management Services the Area Agency on Aging Offers in its Planning and Service Area</li> </ul>	X			
<ul style="list-style-type: none"> <li>#5b – Contract/Commercial Relationships Services Delivery System Tables - Initiatives, Services/Programs Funded through DAS/ACL Discretionary Grants, Other Federal, State and Local Funds, and Commercial relationships such as with Health Partners, Insurance Agencies, IT Contracts, etc.</li> </ul>	X			
<b>Item #6 - Location of Services Charts</b>				
<ul style="list-style-type: none"> <li>Chart #1 - Home and Community Based Services (HCBS) - <b><i>As identified in Item 5a(1).</i></b></li> </ul>	X			
<ul style="list-style-type: none"> <li>Chart #2 - Access Services - <b><i>As identified in Item 5a(1).</i></b></li> </ul>	X			
<ul style="list-style-type: none"> <li>Chart #3 – Contract/Commercial Relationships Services Delivery System - Initiatives, Services/Programs Funded through DAS/ACL</li> </ul>	X			

Item #1 - Checklist and Area Plan Table of Contents	As applicable, place an "X" in the Column for "Yes", "No" or "N/A" below.			
<i>*Denotes Signature Required</i>	Yes	No	N/A	Comments
Discretionary Grants, Other Federal, State and Local Funds, and Commercial relationships such as with Health Partners, Insurance Agencies, IT Contracts, etc. - <b>As identified in Item 5b.</b>				
<b>Item #7 – Cost Share Implementation Plan Introduction and AAA’s Cost Share Implementation Plan</b>	X			
<b>Item #8 - Allocation, Budget, and Units Plan</b>				
• #8a - Allocations Methodology	X			
• #8b - Budget Narrative	X			
• #8c - Changes to Services/Units/Persons	X			
<b>Item #9 - 2020 – 2023 State Plan and AAA Area Plan Alignment of Older Americans Act Mandate for Goals, Objectives, and Measures Introduction</b>				
<b>Item #10 – Goal #1 Objectives and Measures Charts</b>	X			
<b>Item #11 – Goal #2 Objectives and Measures Charts</b>	X			
<b>Item #12 – Goal #3 Objectives and Measures Charts</b>	X			
<b>Item #13 – Goal #4 Objectives and Measures Chart</b>	X			
<b>Item #14 – Goal #5 Objectives and Measures Charts</b>	X			
<b>Item #15 – AAA Initiated Goals, Objectives, and Measures Charts (Optional)</b>	X			
<b>AREA PLAN COMPLIANCE DOCUMENTS ATTACHMENTS</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>

Item #1 - Checklist and Area Plan Table of Contents	As applicable, place an "X" in the Column for "Yes", "No" or "N/A" below.			
<i>*Denotes Signature Required</i>	Yes	No	N/A	Comments
<b>AREA PLAN COMPLIANCE DOCUMENTS ATTACHMENTS Listings Page</b>				
<b>(Insert the SFY 2024 APFI Att #8 – Area Plan Compliance Documents Listings Replacement Page.)</b>	X			
<b>Attachment A - Agency's Indirect Cost Allocation Plan for SFY 2024*</b> (Or the current Agency Indirect Cost Allocation Plan is included, and it is documented on the title page for Att A within the AAA's Area Plan <b>when</b> the SFY 2024 Agency Indirect Cost Plan is to be approved and available to the DAS.)	X			
<b>Attachments B:</b>				
<ul style="list-style-type: none"> <li>B-1a - GA DHS DAS Request for Advance Payments Against Contracts Letter*</li> <li>B-1b - GA DHS DAS Request for Advance Letter</li> <li>B-1c - Request for Advance Worksheet</li> </ul>	<b>DELETED EFFECTIVE SFY 2022</b>			
<ul style="list-style-type: none"> <li>Replacement Page for Area Plan Attachments B-1a, B-1b and B-1c</li> </ul>	X			
<ul style="list-style-type: none"> <li>B-2 - Letter of Fidelity/Assurance Bond Coverage (Bonding Agency signature required)</li> </ul>	<b>No Longer Required! Notification Email to AAAs Dated June 9, 2022.</b>			
<ul style="list-style-type: none"> <li><b>B-2 Certificate of Liability Insurance (Insert the SFY 2024 APFI Att #5 - Replacement Page for the current B-2 Title Page.)</b></li> </ul>	X			

Item #1 - Checklist and Area Plan Table of Contents	As applicable, place an "X" in the Column for "Yes", "No" or "N/A" below.			
<i>*Denotes Signature Required</i>	Yes	No	N/A	Comments
• B-3 - Board Resolution*				In process 2.22.2023
• B-4 – Standard Assurances*	X			
• B-5 - Letter(s) Requesting a Waiver of Standard Assurances is inserted* (Or it is noted on the B-5 Title page that no waiver(s) is/are requested.)				
• B-5 - Documents Requesting a Waiver of Standard Assurances is inserted* Or it is noted on the B-5 Title page that no waiver(s) is/are requested. (Insert the SFY 2024 APFI Att #6 - Replacement Page for current B-5 Title Page.)	X			
Attachment C - Title III OAA Federal Allocation and Match Analysis (Excel) (Indicate applicable Budget Submission)	X			
Attachment D – Area Plan Provider Services List (DDS Report)	X			
Attachment E – How has the Pandemic, COVID-19, Impacted the AAA?	X			
Attachment F – Define the AAA's Dementia Care Specialist's Role, Responsibilities, and Program Objectives. (Complete and insert the SFY 2024 Title Page – APFI Att #7 into the AAA's Area Plan Document with the requested information.)	X			

## **Item #2 - Letter of Intent**

**In process of signature**

## **Item #3 – Executive Summary**

### **Item #3a - Summary Description of Federal, State and Local Aging Network**

The Administration for Community Living (ACL) was created on April 18, 2012 by bringing together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities. ACL was based on a commitment that people with disabilities and older adults should be able to live where they choose, with the people they choose and fully participate in their communities. The Administration for Community Living (ACL) is part of the U.S. Department of Health and Human Services and is headed by the Administrator, who reports directly to the Secretary of Health and Human Services (HHS). ACL is structured to provide general policy coordination while retaining unique programmatic operations specific to the needs of each population served. ACL is comprised of the seven units, one of which is the Administration of Aging.

The Administration on Aging is led by the Assistant Secretary for Aging and provides leadership and expertise on program development, advocacy and initiatives affecting older Americans and their caregivers and families. Working closely with regional offices, state and area agencies on aging, tribal grantees and community service providers, it plans and directs grant programs designed to provide planning, coordination and services to older Americans as authorized under the Older Americans Act and other legislation. It includes the following offices:

- Office of Supportive and Caregiver Services
- Office of Nutrition and Health Promotion Programs
- Office of Elder Justice and Adult Protective Services

- Office of American Indian, Alaskan Native and Native Hawaiian Programs
- Office of Long-Term Care Ombudsman Programs

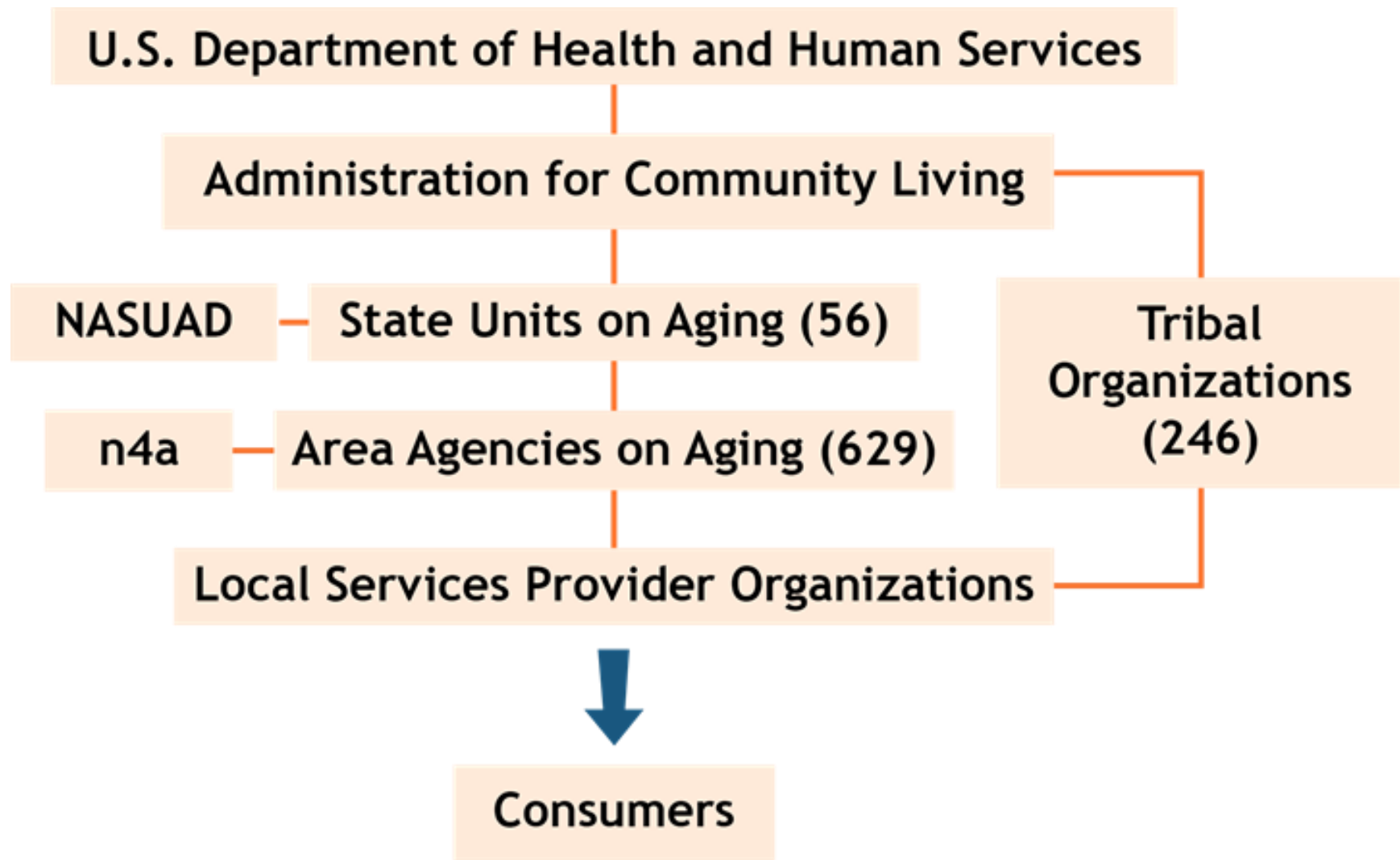
The Administration on Aging awards OAA funds for supportive home and community-based services to the State Units on Aging (SUAs), which are in every state and U.S. territory. SUAs are agencies of state and territorial governments designated by governors and state legislatures to administer, manage, design and advocate for benefits, programs and services for the elderly and their families and, in many states, for adults with physical disabilities. These state government agencies all share a common agenda of providing the opportunities and supports for older persons to live independent, meaningful, productive, dignified lives and maintain close family and community ties. Funding for programs is allocated to each SUA based on the number of persons over the age of 60 in the state. Most states are divided into planning and service areas (PSAs), so that programs can be tailored to meet the specific needs of older persons residing in those areas. In Georgia, the state unit on aging is the Division of Aging Services (DAS) and it is housed in the Georgia Department of Human Services and administers a statewide system of services for older adults and their caregivers. Their mission is to support the goals of DHS by assisting older individuals, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives.

Within each state, Area Agencies on Aging (AAAs) are the agencies designated by the state units on aging to be the focal points for Older Americans Act programs within defined geographic regions. Twelve of these AAAs are within the state of Georgia and are located within regional planning commissions. The Division of Aging Services (DAS) coordinated with the 12 AAA's identified by geographic boundaries. Community-based services for older Georgians are coordinated through these agencies. AAA's are effective advocates for the needs for Georgia's aging population.

Georgia's AAAs have five basic functions: administration, advocacy, coordination, outreach and program development. As the Area Agency on Aging for the ten county Atlanta region, the Atlanta Regional Commission (ARC) incorporates these functions into the delivery of comprehensive services to address the needs of the region's older population. The Atlanta region's Area Plan on Aging is implemented through contractors to provide a continuum of home and community-based services. Older adults and their families have many options, including case management, in-home services, respite, transportation, home-delivered meals, congregate



meals, senior recreation, legal services, and more through this network of care. The chart below illustrates the flow of the various components of the aging network. The contract agencies and the services provided are identified in Section III, Service Delivery Plan.



### **Item #3b - Overview of the Area Agency on Aging**

As the regional planning and intergovernmental coordination agency for the Atlanta region, the Atlanta Regional Commission (ARC) was created in 1971 pursuant to legislation passed by the Georgia General Assembly. It is made up of the eleven counties of Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth (as of 2021), Fulton, Gwinnett, Henry, and Rockdale and more than 70 municipalities including the city of Atlanta. Forsyth County is not within the ARC service area for purposes of the Area Agency on Aging Planning and Service Area.

ARC provides a forum where elected and appointed officials from these local governments, along with other community leaders come together to address mutual challenges and opportunities and, with input from the community, decide issues of region wide consequence. As the comprehensive planning agency for the Atlanta Region, ARC coordinates planning efforts in the areas of aging, community services, environment, governmental services, job training, land use and public facilities and transportation. The Commission is also a primary source for current and comprehensive statistical data and information about the region. This information is available to the general public through ARC's website [www.atlantaregional.org](http://www.atlantaregional.org).

In addition to serving as the region's Area Agency on Aging, ARC is also the local administrative agency for federal job training programs through the Atlanta Regional Workforce Development Board and the federally designated Metropolitan Planning Organization, which coordinates regional transportation planning.

The Atlanta Regional Commission is composed of the Office of the Executive Director and CEO, six executive functions representing more than 20 programmatic and internal operational areas. (See ARC Organizational Chart on page 12.) The Executive Team consists of the following: Chief Operating Officer, Chief External Affairs and Strategy Officer, Chief Financial Officer, Chief HR Officer, Chief Information and Technology Officer and Chief Compliance Officer/General Counsel. The Aging and Independence Services Department (Area Agency on Aging) is one of eight Departments under the Chief Operating Officer. Aging and Independence Services is the largest department at ARC. (See Aging Department Organizational Chart on page 13.)

Interactions between the programs take place at regular meetings held between the Executive Director and CEO, Chiefs, and Department Directors. Additionally, ARC holds periodic staff meetings where all employees meet to share information concerning activities taking place in their respective areas of work.

- 1) The Atlanta Regional Commission has standing committees: Governance, Advisory Committee on Aging, Community Resources, Transportation and Air Quality, Metro Water District Planning Board, Atlanta Regional Workforce Development Board, Senior Policy Group (of the Urban Area Security Initiative), Transportation Coordinating, Transportation Demand Management Coordinating and other special task forces as needed. The Governance Committee consist of the Chair, the officers of the Board and the Chairs of the Standing Committees and Grant Required Boards. The duties of the Governance Committee shall include the oversight of all internal policy related issues.

The Advisory Committee on Aging conducts bi-monthly meetings at the Atlanta Regional Commission. The functions of the Committee are:

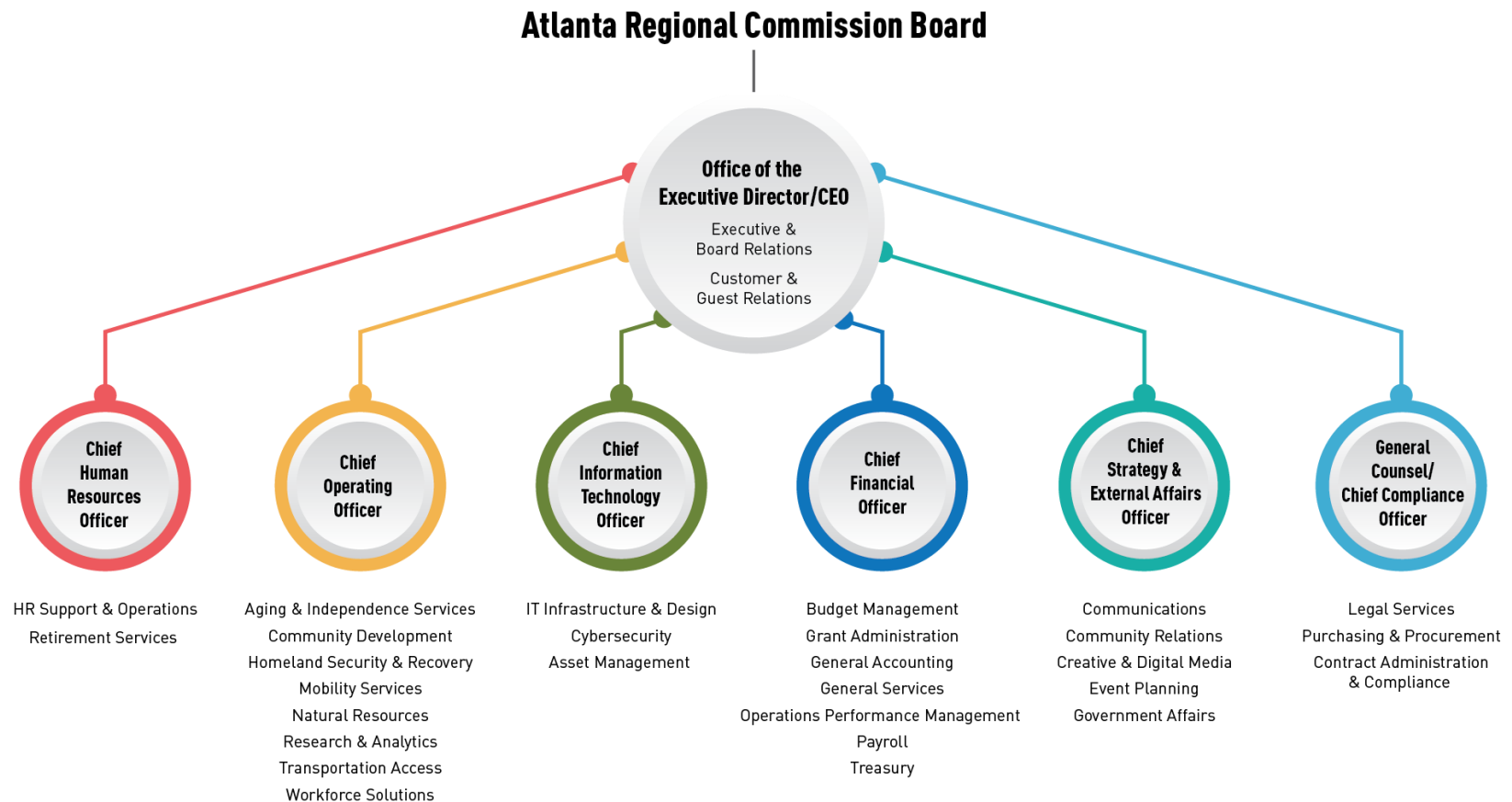
- To advise and submit recommendations on all matters relating to the development, review and evaluation of the Area Plan on Aging;
- To advise ARC staff on operations related to planning for and administering services to support the independence, health and well-being of older persons in the region; and
- To cooperate with and assist regional partners in the development of resources for older persons.

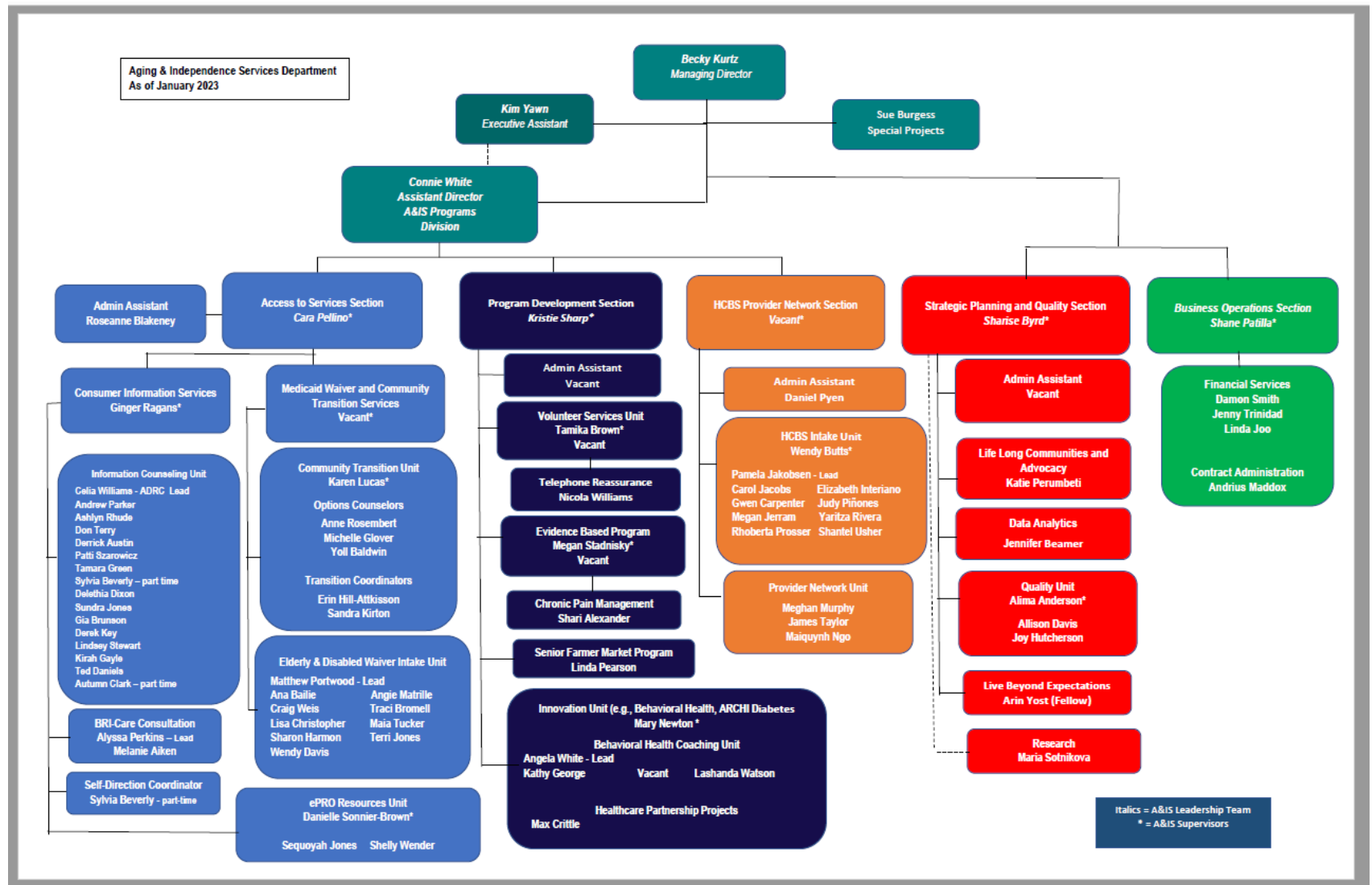
Final policy-making authority within the Atlanta Regional Commission (ARC) resides with the ARC Board. Under the ARC by-laws, revised December 2020, the ARC Board's Governance Committee may make decisions on behalf of the ARC Board, including approval of grant required plans, upon recommendation of the Board Chair.

The Board membership of the Atlanta Regional Commission is composed of 23 local elected officials, 15 private citizens and one representative of the Georgia Department of Community Affairs. The ARC Board, its committees and task forces generally meet once each month. All meetings are open to the public.

Working within its organized structure of departments and committees, the Atlanta Regional Commission is dedicated to unifying the region's collective resources to prepare the metropolitan area for a prosperous future. This is accomplished within its structure through

professional planning initiatives, the provision of objective information and involvement of the community in collaborative partnerships that: encourage healthy economic growth compatible with the environment, improve the region's quality of life and provide opportunities for leadership development.





### Item #3c - AAA Roles and Responsibilities

The Atlanta Regional Commission (ARC) is the designated Area Agency on Aging (AAA) serving as the regional planning, development, and intergovernmental coordination agency for the Atlanta region, comprised of ten contiguous counties Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, and Rockdale. ARC's Aging and Independence Services Group, in which the AAA functions are vested, is charged with both serving the needs of current older adults and planning and advocating for future needs and generations. Approximately 871,168 adults 60 or older live in the region constituting 39.11% of Georgia's older adult residents and 8.07% of all Georgia's residents, regardless of age." Source: Census Bureau's Population Estimates Program, 2021, CC-EST2021-AGESEX

ARC meets this challenge by working closely with county governments, service agencies, representatives from the public and private sector, representatives from the faith-based communities, senior adults and caregivers. The specific roles and responsibilities assumed by the Atlanta Regional Commission Area Agency on Aging include operational services, Aging and Disabilities Resource Connection (ADRC), Care Consultation, Lifelong Communities and other collaborations/partnerships that are identified on the following pages.

Area Agency on Aging Operational Services: As an AAA, ARC has the five-state mandated operational responsibilities of administration, outreach, program development, coordination, and advocacy. These responsibilities are defined as follows:

- Administration – Activities associated with the overall area agency operations that are not otherwise defined as a service. Administrative functions include planning, procurement, contracting, contract management, quality assurance, compliance monitoring, data collection/entry/management, financial management, technology management, personnel management, training, technical assistance, professional development, program operations and resource development.
- Advocacy – Relates to monitoring, evaluating, and commenting on all policies, programs, hearings, levies and community actions which affect older persons. Activities include conducting public hearings on the needs of older adults and caregivers,

coordinating the planning with other agencies and organizations to promote new benefits and opportunities for older adults and educating public officials and legislators on issues related to aging.

- Coordination – Engaging in cooperative arrangements with other service planners and providers to facilitate access to and use of all existing services and developing home and community-based services to efficiently meet the needs of older adults and their caregivers.
- Outreach – The implementation of intervention efforts with individuals initiated for the purpose of identifying potential consumers and encouraging their use of existing services and benefits. ARC brands all its consumer-facing services and information as “Empowerline.”
- Program Development – Includes activities directly related to the establishment of a new service or the improvement, expansion, or integration of an existing service.

ARC embraces these mandated responsibilities as it looks for new opportunities to expand programs, leverage additional resources, incorporate business and strategic planning practices and work collaboratively with community partners to broaden and strengthen the opportunities for older adults to age in place with independence and dignity.

Aging & Disability Resource Connection (ADRC): ADRC is a service that *1) provides individuals with information on services available within the communities; 2) links individuals to the services and opportunities that are available within the communities; 3) to the maximum extent practicable, establishes adequate follow-up procedures; 4) assesses the individual's circumstances, as appropriate, for the purpose of determining their need(s) and referring them to the appropriate resource.*

The ultimate goal of the Atlanta Region's ADRC is to provide the most relevant and appropriate information and referrals to all individuals regardless of age or disability to improve access to long-term services and community supports. ARC's ADRC is implemented through its dedicated main phone line whereby those calling in are connected with trained and CRS-A/D-certified Information and Referral (I&R) Specialists. The ADRC's I & R Specialists are trained to assist callers by assessing the individual's needs and working with the caller in a person-centered way to identify appropriate and accessible community resources. ARC's ADRC Counselors use the inContact phone system which has multiple features to enhance the experience of callers including a call-back feature which allows people to have their place in line saved without having to wait on hold on the phone and a chat feature for

people who prefer to chat versus calling in for help. Atlanta's ADRC continues to use 2 automated surveys through phone technology. One survey mirrors the DAS Customer Satisfaction survey, and one survey identifies call outcomes by following up with callers who initially called for information about emergency financial assistance, housing, and transportation – ARC's most requested services.

The specialists have access to an extensive statewide resource database, which contains over 26,000 services/agencies and provides comprehensive information about home and community-based resources for older adults, caregivers and individuals with disabilities. ARC launched the redesigned resource database, empowerlinePRO, in September 2016 and recently completed additional system enhancements as a result of feedback from users and subscribers statewide. The resource database provides the tools needed for ADRC Specialists to provide the most current and reliable information and assistance to callers and to explain eligibility requirements for public benefits programs. These resources can be curated and customized to provide person centered details such as location, cost and language to meet special needs. ADRC Specialists provide consumers with access to assistive technology designed to maximize their function and independence. ADRC Specialists also provide information for the Elderly and Disabled Medicaid Waiver and perform intake and screening for the Community Care Services Program (CCSP). ARC's ADRC Counselors also provide information, intake, and referral for OAA-funded Home and Community-Based Services for the 10-county metro Atlanta region. All information requested from callers is handled confidentially and protected in an automated system.

As another enhancement to ARC's ADRC, ARC continues to contract with the Center for Pan Asian Community Services (CPACS) to provide culturally appropriate information and referral/assistance. CPACS provides this service to Asian Americans and Pacific Islanders (AAPI) with services extended to other limited English proficient populations CPACS serves as well. This service supports ARC's goal of strengthening the capacity to serve older adults and people with disabilities who may otherwise have difficulty accessing services due to language and cultural barriers.

ARC's ADRC also continues to provide Community Options Counseling (COC), defined by the Administration on Aging as an "interactive decision support process whereby consumers, family members, and/or significant others are supported in their



deliberations to determine appropriate long-term care choices in the context of the consumers' needs preferences, values and individual circumstances.” While incorporated into information and assistance, options counseling goes beyond I&R/A in that it involves building relationships with individuals, helping them identify their goals and preferences and weigh the pros and cons of each of their various options. Options counseling ensures that consumers have considered a range of possibilities when making decisions about long-term supports. ARC has further developed the service of COC through its work with the Georgia Memory Net (GMN) and Memory Assessment Clinics (MAC). ARC received its first MAC referral in September 2018 and assigned 2 certified OC staff to handle all MAC referrals. Once a MAC referral is received, the assigned OC calls the client and family to discuss service options and needs including Community Options Counseling. If in agreement, the OC schedules a home visit (virtual during COVID) to meet face-to-face with client and family to start the OC process.

Another offshoot of the ADRC is a current partnership with ARCHI (Atlanta Regional Collaborative for Health Improvement) in which a health coach works with high-risk individuals with a diabetes diagnosis. ARC expanded on its original 4-month model and began implanting version 2.0 of the model April 1, 2020. This is a 6-month coaching model in which the coach reinforces diabetes education and messaging to the client as well as helping to identify and link those individuals to community resources to help meet any unmet social determinants of health needs.

Atlanta's ADRC also has a focus on Behavioral Health as evidenced by its Behavioral Health Coaching model. The ARC developed its Behavioral Health Coaching services model to function as an extension of the ADRC but with a special expertise in working with clients who have mental health, substance use, and/or memory challenges. These services help clients reconnect with medical providers, maximize public benefits and support services, maintain stable housing, and ultimately age in place. While the service is called Behavioral Health “Coaching”, the success of this model speaks not only to the coaching aspect which encourages individuals to engage in their treatment, but also of the non-traditional care coordination approach which allows the flexibility to assist clients at their current level of need in a very person-centered way. In July 2018, ARC was awarded a multi-year contract with Atlanta Housing to provide Behavioral Health Coaching to Atlanta Housing residents in a fee-for-service model. Under a reorganization of Aging & Independence services in FY2019, Behavioral Health coaching moved under the newly organized Program Development Unit.

**Long Term Supports and Services:** Nearly 90 percent of people over age 65 want to stay in their home for as long as possible, and 80 percent believe their current residence is where they will always live. However, in order for many older adults to age at home, there must be high quality, affordable services available to support them. Advancing age increases the risks for multiple health conditions. 75% of U.S. adults age 65 and older are living with a chronic condition such as high blood pressure, diabetes, or heart disease. The CDC estimates that in Georgia, 38% of older adults have a disability. On average, the costs to provide care in the community is much lower than other settings. Per Genworth statistics (<https://www.genworth.com/aging-and-you/finances/cost-of-care.html>), annual median costs in the metropolitan Atlanta area are \$93,075 for skilled nursing facilities (semi-private room); \$45,000 for assisted living facilities; and personal care homes is \$ 22,789. Unfortunately, there are far too many low-income vulnerable persons waiting for Medicaid Home and Community-based waiver services. Improvements in long term supports and services must find more effective ways to utilize current resources and leverage additional ones.

**Lifelong Communities:** The Atlanta region is experiencing a monumental demographic shift. This change includes not only a dramatic growth in the number of older adults who call Atlanta home, but it is also driven by the relatively new phenomenon of longevity—people living longer than ever before. While science, medicine and public health continued to advance our ability to live longer than previous generations, communities continued to develop as if we never grow old. Remarkably since the 1950's neighborhoods, transportation infrastructure, the location of stores and services in the US were all designed for a population that never experiences the physical changes of an aging body and mind. As most of the Atlanta region was developed after World War II, communities in the metro area do not have the housing, transportation and service options that the current and clearly the future population needs. Atlanta is not yet ready to support the changing needs and preferences of a growing older population.

In 2007, the Atlanta Regional Commission recognized this trend and adopted the development of lifelong communities, places where individuals of all ages and abilities can live throughout their lifetimes, as a core component of its work. Since 2007, ARC has been working with communities in the ten-county area to help expand local transportation and housing options, encourage healthy lifestyles and empower older adults and their families with the information and supports they need to make the best decisions and maintain their quality of life in the community. Lifelong community principles serve as a guide to community leaders, planners, developers and citizens that are undertaking this effort into existing communities and local and regional development strategies. The

principles include: connectivity, pedestrian access and transit, neighborhood retail and services, social interaction, diversity of dwelling types, healthy living and consideration for existing residents. Combining planning, community organizing and policy reform, ARC has worked with numerous communities on issues as diverse as adapting local zoning policy, establishing farmer's markets in areas without access to fresh fruits and vegetables and conducting walkability audits. The Lifelong Community initiative hosts an on-going learning collaborative and continues to grow and expand as additional communities reach out to the Atlanta Regional Commission for assistance in incorporating the principles and goals. The AAA works closely with our ARC colleagues in the Livable Communities Center to integrate issues related to lifelong communities and aging interests into the Regional Commission planning work with local jurisdictions.

Working Relationships and Collaborations: In ongoing efforts to improve and expand the coordination/provision of services across the state and within the Atlanta region, ARC is actively involved in collaborations with a wide variety of professional agencies and networks that play important roles in supporting the aging population. Current collaborations include the following:

Adult Protective Services: Through its Aging and Disability Resource Connection (ADRC), ARC has strengthened its relationship with Adult Protective Services (APS) by coordinating cross training between APS and ADRC staff. Cross referral procedures have been formalized to assist and support concerns and/or challenges related to abuse neglect and exploitation. ARC ADRC staff seeks consultation with APS regarding problem solving for individuals in potential danger of abuse. APS staff frequently refers complex cases to ARC's ADRC to assist persons in accessing home and community-based services. APS has partnered with ARC in forums for educating professionals and adults on the services APS can offer in support of older adults.

Multi-Disciplinary Teams: The ADRC is represented in all of the active (or forming) MDTs in our region (Cherokee, Cobb, Gwinnett, Rockdale and DeKalb Counties). These teams permit us to coordinate with prosecutors, law enforcement, APS and other relevant agencies to support victims of abuse, neglect or exploitation.

Behavioral Health Agencies: ARC is an active member of the Atlanta Aging & Behavioral Health Coalition and the Georgia Coalition of Aging & Behavioral Health (GCOABH). These coalitions have expanded knowledge within the aging and behavioral health

networks regarding the growing population of older adults with behavioral health needs and are working to increase the state's capacity to care for this growing population. ARC in collaboration with the Fuqua Center for Late-Life Depression/ Emory University also hosts and has been an active participant in the Aging and Behavioral Health Care Collaborative (ABHCC) bi-monthly education and care collaboration meetings.

As previously mentioned, ARC created two full-time Behavioral Health Coach positions to focus on providing support to low-income individuals with behavioral health needs. The Behavioral Health coaches assist in coordination of care for residents in all of Atlanta Housing Authority high-rises as well as several other affordable housing facilities. The Behavioral Health Coaches not only serve as a resource for the residents and staff of low-income housing, but also to the entire ADRC team, the Medicaid waiver providers in the region, and non-Medicaid home and community services. Through collaboration with Grady Behavioral Health Services and other providers of behavioral health services in metro Atlanta, the work of the Behavioral Health Coach is aimed at decreasing the fragmentation of services for older adults. ARC contracts with the Fuqua Center for Late Life Depression for clinical consultation. In March of 2019, ARC expanded Behavioral Health Coaching services to Gwinnett County, working with an additional low-income, congregate housing provider. In 2020, ARC received grants from United Health Care, Amerigroup and CARES Act funds which made program expansion possible in metro Atlanta as well as provided support to pilot the program in the Augusta region with the Central Savannah River Area Agency on Aging. With these funds ARC has been able to support more than 100 new clients with Behavioral Health Coaching and other critical services and supports which allowed them to remain in their homes. The Amerigroup, UHC and CARES funds all ran into 2021 as well. UHC funding wrapped up in December 2021, and Amerigroup runs through June 2022.

AmeriCorps Seniors (formerly RSVP) – ARC engages in community education and outreach through the Retired and Senior Volunteer Program (RSVP), a civic engagement/volunteer program supported by a grant from the Corporation for National and Community Service. ARC serves as sponsor for the RSVP program in the metro Atlanta region.

This program captures the talents of experienced adults who are looking for meaningful, challenging ways to give back to their communities. Volunteers come from a wide range of experiences and include retired nurses and medical professionals; business and non-profit executives; educators, administrators and public health professionals. Volunteers serve as ambassadors in their

communities providing information to empower older adults, persons with disabilities and their caregivers with information critical to help them remain healthy and independent in their communities. RSVP utilizes a peer-to-peer centered outreach approach which helps individuals access vital programs and services for seniors; understand the importance of preventive healthcare including medication management, diabetes and hearing loss; avoid consumer fraud, scams and identity theft; better prepare for disasters and much more. This program continues to expand capacity through increasing numbers of volunteers and through the expansion into additional educational programs that are developed and implemented to address emerging critical needs.

This program captures the talents of experienced adults who are looking for meaningful, challenging ways to give back to their communities. Volunteers come from a wide range of experiences and include retired nurses and medical professionals; business and non-profit executives; educators, administrators and public health professionals. Volunteers serve as ambassadors in their communities providing information to empower older adults, persons with disabilities and their caregivers with information critical to help them remain healthy and independent in their communities.

RSVP utilizes a peer-to-peer centered outreach approach which helps individuals access vital programs and services for seniors; understand the importance of preventive healthcare including medication management, diabetes and hearing loss; avoid consumer fraud, scams and identity theft; better prepare for disasters and much more. This program continues to expand capacity through increasing numbers of volunteers and through the expansion into additional educational programs that are developed and implemented to address emerging critical needs.

Since the onset of the pandemic, RSVP has continued offering peer-to-peer education and community conversations virtually. Additionally, the One2One Program began as a way of connected older adults who are at greater risk of loneliness due to the pandemic. Volunteers are trained, then paired with clients, who receive at least 2 call each week to provide a friendly voice.

CARE-NET: The Atlanta CARE-NET is a coalition of individuals representing community agencies, institutions, faith-based organizations and family caregivers in the 10-county Atlanta region. Community partners in the CARE-NET include Emory Healthcare, Emory Work-Life Resource Center, the Alzheimer's Association, Gwinnett County Senior Services, Cherokee County Senior Services, The Center for Visually Impaired, Project Health Grandparents, Veterans Administration (Caregiver support office),

Senior Link (Structured Family Caregiver Program under CCSP) and the Center for Pan Asian Community Services. The lead caregiver specialist and Care Consultant at ARC over the BRI Care Consultation program is also a member of the CARENET. The CARE-NET is also part of the statewide Georgia CARE-NET Coalition initiated by the Rosalynn Carter Institute for Caregiving, which meets quarterly to promote education, advocacy, and policies to improve the lives of caregivers in Georgia.

### **Item #3d - AAA's Vision, Mission and Values**

**Waiting on Collateral**

### **Item #3e - Purpose of Area Plan**

Every four years, the Administration on Aging requires state units on aging to submit a State Plan on Aging outlining the state's goals and objectives and their plans for program implementation and service delivery. In addition to the four-year plans, yearly updates are required to reflect any changes to the four-year plan. Included in the plan are 5 statewide goals in which all the twelve Area Agencies on Aging must work together cumulatively to achieve the objectives set out within each goal.

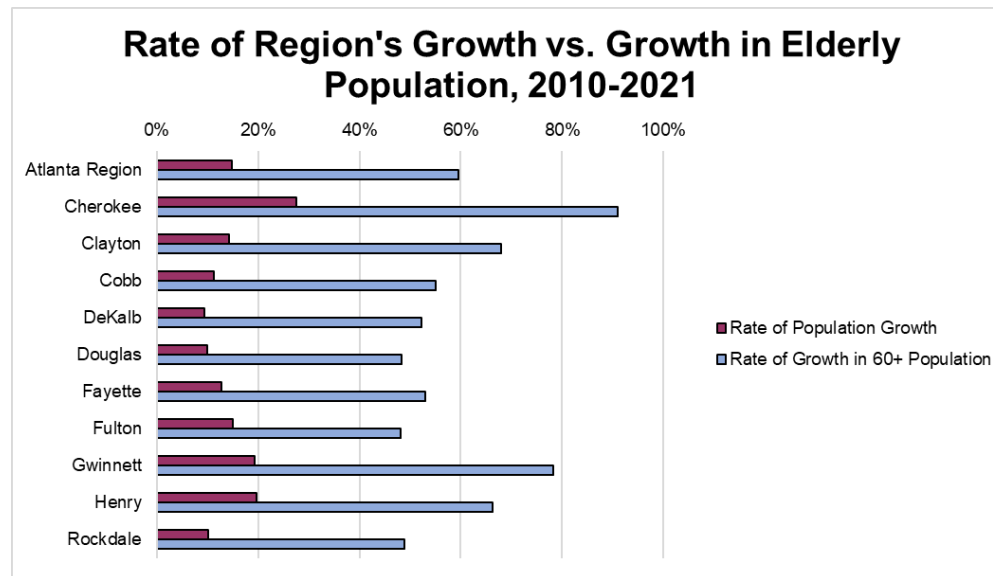
The Atlanta region's Area Plan on Aging SFY 2021-2024 is the four-year plan covering the period from October 1, 2021 - September 30, 2024. This plan is developed in accordance with the requirements of the Older Americans Act and the template provided by the GA Division of Aging Services. It provides specific information on the distribution of funds and describes the aging services network proposed for the ten-county Atlanta region provided through funding sources such as the Older Americans Act, the Social Services Block Grant, the United States Department of Agriculture Nutrition Services Incentive Program, and state-funded Home and Community-Based Services and Alzheimer's Services.

The SFY 2021-2024 Area Plan on Aging is based upon Georgia Department of Aging State Plan and the Strategic Plan for Metro Atlanta region. Community and consumer involvement were obtained through community conversations, surveys, and listening sessions. The ARC Advisory Committee on Aging and the ARC Aging and Independence Services Committee also provided input on the service needs of older persons. ARC acknowledges the many individuals and groups whose contributions have directly or indirectly assisted in the formulation of this document.

## **Items #4 – Regional Context**

### **Item #4a - Current and Future Older Persons**

The older adult population in the Atlanta Region has grown over the last decade at a rate significantly higher than the general population. Between 2010 and 2021, the 60+ population increased by 59.56 percent. Growth of the 60+ population exceeded growth in the general population in all of the region's ten counties.



Source: Census Bureau's Population Estimates Program, 2019, CC-EST2019-ALLDATA, 7/1/2010 and Census Bureau's Population Estimates Program, 2021, CC-EST2021-ALLDATA 7/1/2021 population estimate

Atlanta's population is younger than the US population. The median age in the Atlanta Region is approximately 36.8, whereas the median age in the United States is 38.8 (Source: American Community Survey, 2021, 1-Year Estimates, DP05).

Of those over age 60, 5.9 percent are 85 years old and over.  
(Source: Census Bureau's Population Estimates Program, 2021, CC-EST2021-ALLDATA 7/1/2021 population estimate)



**General:**

18.4 percent of the population living in the Atlanta region is 60 and older.

(Source: Census Bureau's Population Estimates Program, 2021, CC-EST2021-ALLDATA 7/1/2021 population estimate)

**Of those 60 years old and over:**

- 58.0 percent are white
- 34.7 percent are black
- 6.1 percent are Asian
- The remaining 1.2 percent includes Native Americans, Hawaiian and Pacific Islander, and people of two or more races

(Source: Census Bureau's Population Estimates Program, 2021, CC-EST2021-ALLDATA 7/1/2021 population estimate)

Older Adult Population by County, 2021						
County	Total Population	Total 60+ Population	% of Population 60+	Total 85+ Population	% of Population 85+	% of 60+ Population that is 85+
Cherokee	274,615	59,703	21.7%	2,975	1.1%	5.0%
Clayton	297,100	46,972	15.8%	1,856	0.6%	4.0%
Cobb	766,802	147,019	19.2%	8,597	1.1%	5.8%
DeKalb	757,718	146,237	19.3%	10,025	1.3%	6.9%
Douglas	145,814	26,020	17.8%	1,263	0.9%	4.9%
Fayette	120,574	32,132	26.6%	2,186	1.8%	6.8%
Fulton	1,065,334	188,974	17.7%	13,052	1.2%	6.9%
Gwinnett	964,546	159,362	16.5%	8,015	0.8%	5.0%
Henry	245,235	44,057	18.0%	2,133	0.9%	4.8%
Rockdale	94,082	20,692	22.0%	1,186	1.3%	5.7%

ARC Region	4,731,820	871,168	18.4%	51,288	1.1%	5.9%
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(Source: *Census Bureau's Population Estimates Program, 2021, CC-EST2021-ALLDATA 7/1/2021 population estimate*)

## Housing:

Housing continues to pose one of the most daunting challenges to older adults in the Atlanta Region. Most seniors want to stay in their communities and homes as long as possible. It is often inadequate or unaffordable housing that forces them to move.

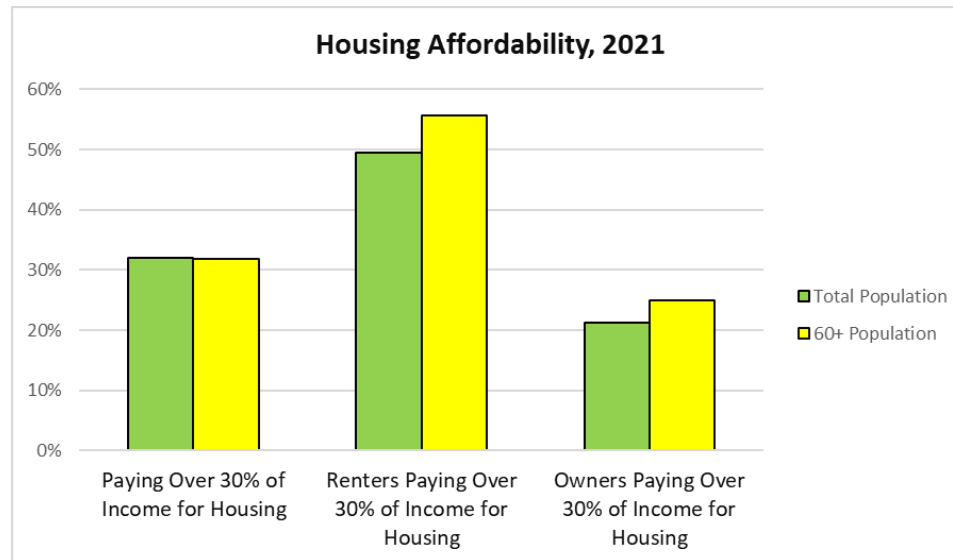
- While the vast majority of older adults are homeowners, **22.6** percent of older adults are renters.
- The rate of homeownership varies by county. Fayette County has the highest homeownership rates among their 60+ populations, at **87.7** percent. Fulton County has the lowest homeownership rate at **66.8** percent.
- Housing affordability is a particular problem for older adults. **31.9** percent of residents age 60 and over pay more than 30 percent of their income for housing. This problem is particularly acute for older renters.

County	# of Housing Units Occupied by 60+	% Owner Occupied Housing Units	# of Owner Occupied Units
Cherokee	31,140	87.1%	27,123
Clayton	27,430	73.0%	20,024

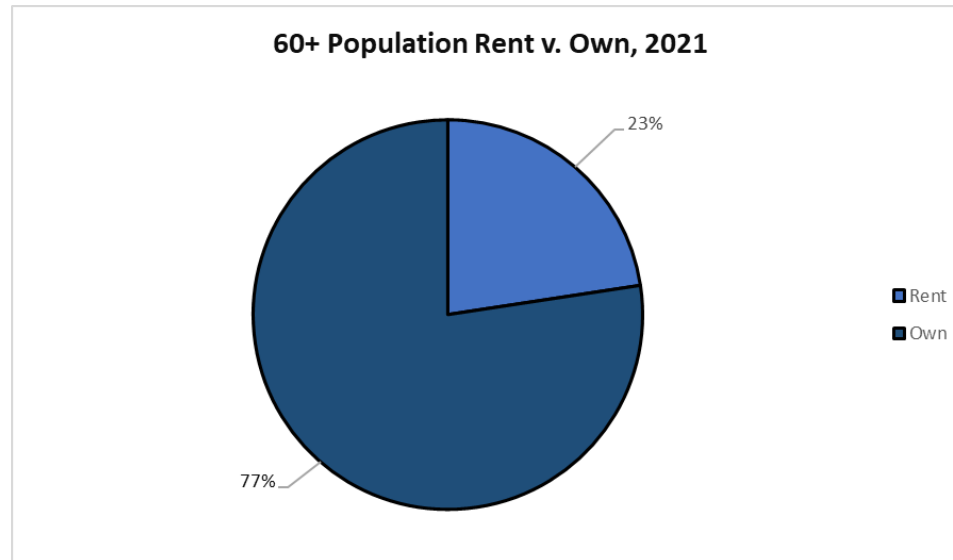
Cobb	80,585	82.5%	66,483
DeKalb	83,627	75.9%	63,473
Douglas	13,915	82.0%	11,410
Fayette	17,598	87.7%	15,433
Fulton	117,573	66.8%	78,539
Gwinnett	77,656	82.9%	64,377
Henry	23,234	81.0%	18,820
Rockdale	11,586	77.4%	8,968
ARC Region	484,344	77.4%	374,649

(Source: *American Community Survey, 2017-2021, 5-Year Estimates, S0102*)

### ARC Regional Data on Housing Affordability and Rent vs Own Population



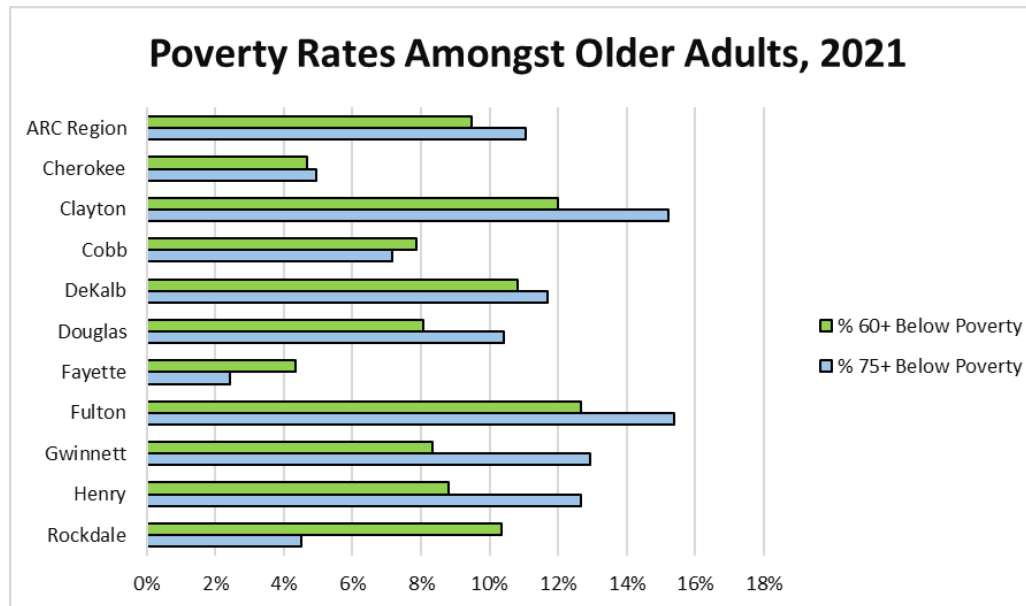
(Source: *American Community Survey, 2017-2021, 5-Year Estimates, S0102*)



(Source: American Community Survey, 2017-2021, 5-Year Estimates, S0102)

### Poverty:

9.5 percent of Atlantans over age 60 are living below poverty, and 11.0 percent of those over age 75 are living below poverty.



(Source: American Community Survey, 2021, 1-Year Estimates, S1701 and B17001)

## **Item #4b - Needs Assessment Process and Results**

### **ARC Area Plan on Aging Public Input:**

ARC received public input for the plan in a number of ways and the findings are summarized below:

### **Division of Aging Services Atlanta Region Hearing – July 24, 2018**

On July 24, 2018 the Georgia Department of Human Services (DHS) Division of Aging Services (DAS) held a Community Conversation hosted by the Atlanta Regional Commission (ARC) AAA. The purpose of this session was to provide information to community members about DAS's proposed future direction and for community members to provide input into the state's strategic plan for aging services. Seventy-five people signed in for the session held at the Cobb County Chamber of Commerce Building in Atlanta, Georgia.

Of the 72 participants who completed a brief demographic questionnaire at the end of the meeting, a third (33%) self-identified as consumers and nearly half identified as service providers (24%) or advocates (24%). Nearly all participants (94%) reported living in one of the counties in the ARC region, with over half coming from Cobb County (58%). Nearly three quarters of participants were women (72%), and the average age was 64. Nearly half identified as African American/black (48%), and 40 percent identified as Caucasian/white. In terms of education, over half (61%) had a Bachelor's or Graduate degree. Nearly half (48%) of participants indicated annual incomes less than or equal to \$50,000, while over a quarter (26%) preferred not to answer the question about income.

The participants identified Transportation, Aging in Place, and Access to Information & Assistance as the top issue areas related to aging and disability services in the community.

## Public Hearing, February 4, 2019

Twenty-three persons attended, eight persons provided public comment and one person submitted written comment following the hearing.

### Public comments:

- Find a way to fast-track persons who are on service waiting list who are at risk for homelessness
- Concern with food waste for persons living in subsidized high rises and homeless – often it is donated food that goes unused because people don't cook; recommend cards given to people that can be redeemed for prepared meals at grocery stores
- Behavioral health issues such as alcoholism are serious problems in public housing
- Put more focus on sharing housing and options counseling information at places where concentrations of people are in high need such as hospital discharge planning
- Turn Gwinnett Place Mall into affordable housing
- Link with health care systems in communities of need to ensure that persons' social determinants of need are addressed
- Concern that due to lack of knowledge of importance of answering assessment eligibility questions for CCSP and Source accurately, many people overstate their abilities and don't present true need
- Elder abuse – concern with limits of Adult Protective Services intervention; there is a need for more culturally sensitive case managers in this area; concern with financial exploitation of persons by family members
- ARC should facilitate networking among agencies to provide access to information on available services; recommend Empowerline posters in grocery stores, churches, community centers and other high traffic areas

Recommend Corner Store Initiative – connect with them to make the stores more convenient and help them provide healthier food options. Could also use them as a place to relay the info about what empowerline is doing, or gas stations, places people are going.

- Urged all to visit a Senior Center, especially ARC staff; some centers are outdated and not as accessible as they should be



- Concern with accessibility of some restaurants in the area; there are too many exceptions in regulations, i.e., warehouse conversions to restaurants are not accessible

Written comment submitted February 4, 2020

- Would like to see grand families (grandparents raising grandchildren) receive more focus in the plan. GA 6th in the nation in number; Metro Atlanta has 50,000 grand families; need supports and services that fit their unique needs.

### **Survey publicized on empowerline.org January 15- February 14, 2020**

Thirty-seven respondents to an online survey:

- 1) Greatest challenge to growing older in the metro Atlanta area: Transportation and Housing tied for first place
- 2) Areas you would like to know more about: 1) Housing options 2) Transportation options and tied for 3) Long Term Care options and benefits, including in-home and residential; and Ways to enable communities to be more age-friendly
- 3) In the past year, you or someone you know need advice or information on 1) Eligibility for benefits and insurance information Tied for 2) Health and disease related information and Advance planning for healthcare or end of life care 4) Protection from fraud or abuse
- 4) Methods used to find information on services and benefit for older persons: 1) Internet search 2) Local agency that provides service for older people 3) Word of Mouth (friends, family, faith community)
- 5) Which of the following do you regularly use? 1) Facebook 2) Linked-In 3) Instagram

### **Metro Atlanta Speaks Survey**

The Metro Atlanta Speaks (MAS) survey was completed in August 2019 on behalf of the Atlanta Regional Commission (ARC) by the A.L. Burruss Institute of Public Service and Research at Kennesaw State University. The survey posed 30 questions to residents in

13 counties via calls on landline phones and cellphones. Results are available by county for all ages and by certain socioeconomic factors for all 13 counties combined. (However, due to sample size limitations, results aren't available by socioeconomic groupings by county, e.g., adults ages 65+ in Henry County.)

Complete results can be viewed at <https://cdn.atlantaregional.org/wp-content/uploads/2019-metro-atlanta-speaks-report-ksu.pdf>.

According to the 2019 Metro Atlanta Speaks survey, metro residents age 65 and older:

1. Are more likely to say crime is the biggest issue facing the metro compared to all other age groups and to all other issues.
2. Are more likely to lack the transportation to get where they need to go (34.1% of respondents) though the majority of this group doesn't experience this issue.

Several MAS questions provide information that is relevant to ARC's Area Plan, with respondents ages 65+ answering differently than other age groups and are summarized below.

According to the 2019 Metro Atlanta Speaks survey, metro residents age 65 and older are more likely to say crime is the biggest issue facing the metro compared to all other age groups and to all other issues (31.6% of respondents). Transportation is the second biggest problem facing metro Atlanta for people 65+ (22.6% of respondents). For all respondents of all ages, transportation was the biggest concern (28%) followed by crime (18.3%), but depending on the county of residence, either transportation or crime was selected as the biggest issue.

Older people 65+ were more likely to lack the transportation to get where they need to go (34.1%) than other age groups, although the majority of this group doesn't experience this issue. At the same time, older adults were more likely to say "do nothing" or that they didn't know the best long-term solution to traffic problems facing the metro Atlanta area, and they were the least likely to select "expand transit". For the solution of "live-work communities", 18.8% of adults 18-34 years were followed by 14.9% adults 65+ and then 13.0% adults 50-64 and 12.4% adults 35-49 to select this option.

When asked how they would handle a \$400 emergency, 51.6% of respondents age 65+ said they would pay with cash, check, or debit. This is fewer than for other age groups, but not by more than six percentage points.

More respondents ages 65+ say that support for the elderly is good or excellent (41.2%) compared to other age groups, but still over half of respondents ages 65+ rate support for the elderly as only fair or poor (52.3%).

Respondents over the age of 50 (including ages 50-64 and 65+) are less likely to agree that there are shopping opportunities within walking distance to my neighborhood compared to respondents under age 50. Similarly, they're less likely to agree that there are sidewalks and crosswalks on most streets in my neighborhood. Respondents ages 65+ are also the least likely to say that there is access to recreation and cultural facilities in their neighborhoods.

### **National Core Indicators – Aging and Disability (NCI-AD)**

NCI-AD™ is a voluntary effort by State Medicaid, aging, and disability agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families.

Some relevant survey data collected in the Atlanta region included:

- 1) In the future, your needs may change (for example, you may need more help with self-care or everyday activities, health care directives or something else). Do you need assistance planning for those changes? Yes-72% of respondents
- 2) Do you have an emergency plan in place? For example, do you or someone close to you know what to do in case of a natural disaster, disease outbreak or another wide-scale emergency?  
No- 67% of respondents
- 3). How did you first find out about the services available to you? –  
Area Agency on Aging, Aging and Disability Resource Center-38%  
Family -24%  
Friend – 14%

### **February 2021 Survey of Concerns & Snapshot**

## **Metro Atlanta Speaks Survey Offers a Snapshot of Region's Top Concerns – February 2021**

Each year, ARC conducts the Metro Atlanta Speaks public opinion survey to take the pulse of metro Atlanta residents and help guide the region's planning and decision-making.

The survey, which began in 2013, is the largest of its kind in the Atlanta region. It offers a snapshot of residents' views on a range of critical issues such as transportation, the economy, education, aging, and neighborhood quality of life. In 2020, Metro Atlanta Speaks covers a 10-county region and is statistically significant to the county level, as well as for the City of Atlanta.

The 2020 survey offered some fresh insights on the stark effects of the COVID-19 pandemic, as well as insights into the state of race relations in metro Atlanta—a topic that drew heightened attention during this year's demonstrations.

### **The Pandemic's Acute Impact on Employment**

- One in four workers indicated that they had been laid-off, terminated, or furloughed due to the COVID-19 virus.
- Nearly half — 45% — of those who were employed before the pandemic had seen their hours reduced, wages cut, or had needed to quit their jobs for safety reasons due to the pandemic.
- One-third of workers said they had worked from home as a result of the pandemic.

### **Heightened Housing, Hunger, and Economic Concerns**

- Nearly 1 in 5 respondents (18%) said they received help from a food bank since March.
- And 1 in 6 respondents said they were not at all or only slightly confident in their ability to make their next mortgage or rent payment.
- If faced with a \$400 emergency expense, 27% of respondents would have to borrow money, sell or pawn something, be unable to pay right now—or did not know what they would do.

### **Top Regional Issues: Public Health, Crime, and Economy**

- When asked to name the biggest problem facing the region, 17% of respondents said public health — that's up from 7% in 2019.
- Crime came in second, at 16%, with the economy third, at 15% — up from 7% in 2019.

- Persons over 65 rated crime first, public health second and economy third. 58% reported delaying medical care during this time.

### **Insights on Race Relations in Metro Atlanta**

This year's survey also shed light on the state of race relations in metro Atlanta, a topic that drew heightened attention during the summer's demonstrations.

- Nearly 12% of survey respondents named race relations as the region's biggest concern, compared to just 4% in 2019.
- On a new question this year, more than three-quarters of respondents (77%) either agreed or strongly agreed with the statement: "Discrimination against Black people in the United States is a serious problem."

In addition, ARC AAA conducted an online survey asking five questions specifically related to growing older in the metro-Atlanta region. While these results are from a much smaller sample and not statistically significant, they are indicative of persons views in the region.

1. What is the greatest challenge to growing older in the metro-Atlanta area?

Housing and transportation ranked highest followed by opportunities to socialize and interact with others; financial resources and information about available services.

2. What areas would you like to know more about?

Support for caregivers, housing options, transportation options and ways to enable communities to be more age-friendly were top choices.

3. What areas in the past year have you or someone you know had a need for advice or information?

Eligibility for benefits, health or disease related information and advance planning for healthcare or end of life were ranked highest.

4. Which methods do you use to find services and benefits for older persons?

The internet was the top choice by a large margin and followed by word of mouth and a local agency that provides services for older people.

5. Which of the following do you regularly use?

Facebook and Instagram were most used followed by Twitter and LinkedIn. Only 12% responded that they did not use any social media.

### **FY 22 Update**

The Area Plan on Aging Hearing had 7 persons attend virtually on December 1, 2021. Aging services currently available were highlighted. In 2019, around 1 in 7 Atlanta region residents were 60 or older. By 2050, approximately 1 in 4 adults living in the region will be 60 or older. We provide a range of services to maximize health and independence, including some new services like telephone reassurance and home modifications, and we reviewed those with attendees. We also discussed the Live Beyond Expectations (LBE) strategic plan, informing attendees of its focus on policy, place, and practice. We reviewed the impact of volunteering, recounting the 572 volunteer hours that had been logged in the last year. Finally, we noted that 37,261 people had been served through Empowerline and showed attendees a list of the organizations whose services we fund. Public input was very limited with only one attendee highlighting transportation and housing as big issues; they hoped that AAAs across the state could learn from each other on how to address those issues in specific ways.

### **Metro Atlanta Speaks Survey**

Each year, ARC conducts the Metro Atlanta Speaks public opinion survey to take the pulse of metro Atlanta residents and help guide the region's planning and decision-making. The survey, which began in 2013, is the largest of its kind in the Atlanta region. It offers a snapshot of residents' views on a range of critical issues such as transportation, the economy, education, aging, and neighborhood quality of life. In 2021, Metro Atlanta Speaks covers a 11-county region and is statistically significant to the county level, as well as for the City of Atlanta.

The 2021 survey offered some fresh insights into residents' views on the ongoing COVID-19 pandemic, race relations, and public safety. The 2021 survey also included questions designed to gauge public opinion on a range of issues related to race and equity.

Crime is residents' top perceived issue facing metro Atlanta, according to the 2021 Metro Atlanta Speaks survey. One in three respondents said crime is the biggest challenge facing metro Atlanta, up from 16% in the 2020 survey. Public health, last year's top concern, was a distant second at 13%, followed by the economy at 12%.

- Two out of three respondents said high levels of income inequality have a negative impact on the economy.
- And more than three in four said ensuring racial equity is essential to maximizing economic growth in our region.
- In answer to a new question this year, about three in four said increasing the minimum wage would be good for the economy.
- And when asked what option could best help attract and retain skilled workers, the top responses were creating more job training opportunities followed by increasing affordable housing options.

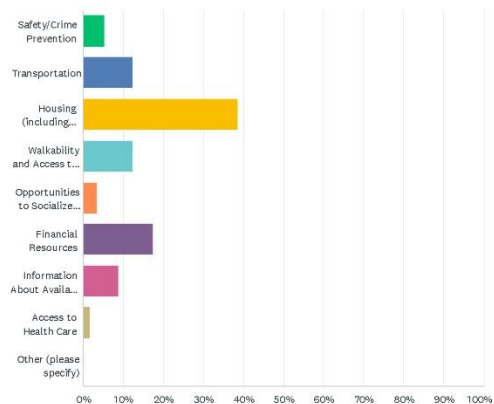
The pandemic's ongoing presence definitely shaped metro residents aged 65 and older opinions. Relevant questions drilled down by age revealed:

- The top concerns for all ages were 1) crime 2) public health and 3) economy. For persons 65+, it was: 1) crime, 2) economy and 3) public health. It is noteworthy that the number of persons 65+ concerned with crime was significantly higher than all age groups combined (46.2% vs 32.3%)
- Transportation as a concern fell overall with all respondents (9.5%) and 65+ (6.9%). Past years have cited this as a top concern.
- 57.2 % of persons 65+ reported they could pay a \$400 emergency with cash, check or debit card compared to 50.5% of respondents of all ages.

In addition, ARC conducted an online survey to gather Area Plan input with 57 respondents. The results are as follows:

Q1 What is the greatest challenge to growing older in the metro Atlanta area?

Answered: 57 Skipped: 0

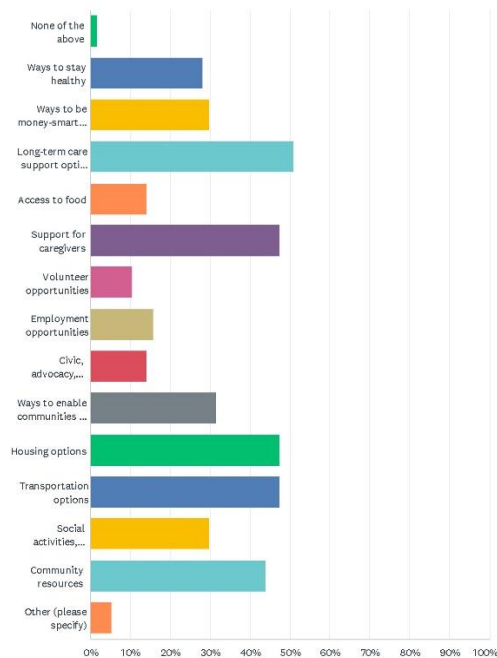


ANSWER CHOICES	RESPONSES	
Safety/Crime Prevention	5.26%	3
Transportation	12.28%	7
Housing (including needs for repairs/modifications, finding suitable housing, or affording housing/property taxes)	38.60%	22
Walkability and Access to Services & Amenities	12.28%	7
Opportunities to Socialize and Interact with Others	3.51%	2
Financial Resources	17.54%	10
Information About Available Services	8.77%	5
Access to Health Care	1.79%	1
Other (please specify)	0.00%	0
TOTAL		57

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Q2 Which of these areas would you like to know more about? (check all that apply)

Answered: 57 Skipped: 0



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Atlanta Area Plan on Aging Survey

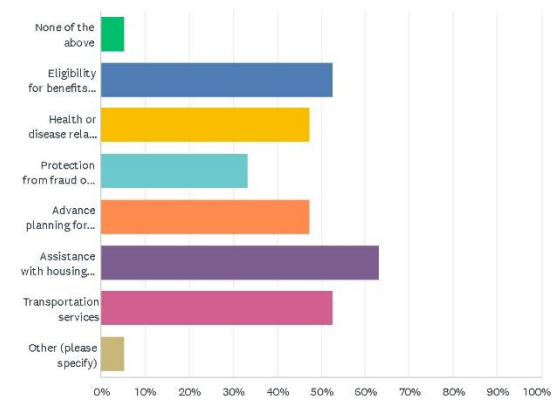
ANSWER CHOICES	RESPONSES	
None of the above	1.75%	1
Ways to stay healthy	28.07%	16
Ways to be money-smart (e.g., retirement planning, avoiding scams)	29.82%	17
Long-term care support options and benefits, including in-home and residential (e.g., assisted living) services	50.89%	29
Access to food	14.04%	8
Support for caregivers	47.37%	27
Volunteer opportunities	10.53%	6
Employment opportunities	15.79%	9
Civic, advocacy, and/or political opportunities	14.04%	8
Ways to enable communities to be more lifelong	31.59%	18
Housing options	47.37%	27
Transportation options	47.37%	27
Social activities, including activities at senior centers and community centers	29.82%	17
Community resources	43.86%	25
Other (please specify)	5.26%	3
Total Respondents: 57		

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Atlanta Area Plan on Aging Survey

Q4 In the past year, have you or someone you know had a need for advice or information in any of the following areas? (check all that apply)

Answered: 57 Skipped: 0



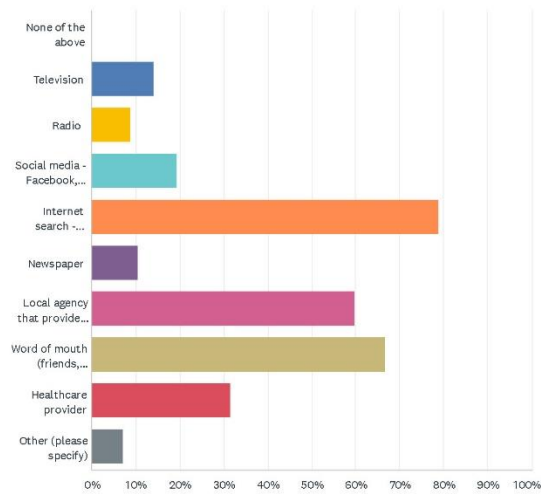
ANSWER CHOICES	RESPONSES	
None of the above	5.26%	3
Eligibility for benefits and insurance information	52.63%	30
Health or disease related information	47.37%	27
Protection from fraud or abuse (financial, physical, or emotional)	33.33%	19
Advance planning for healthcare or end of life care	47.37%	27
Assistance with housing (e.g., repairs, finding suitable housing, etc.)	63.16%	36
Transportation services	52.63%	30
Other (please specify)	5.26%	3
Total Respondents: 57		

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Atlanta Area Plan on Aging Survey

Q5 Which of the following methods do you use to find information on services and benefits for older persons? (check all that apply)

Answered: 57 Skipped: 0



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Atlanta Area Plan on Aging Survey

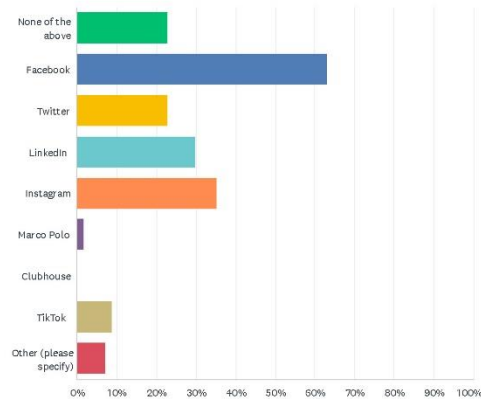
ANSWER CHOICES	RESPONSES
None of the above	0.00% 0
Television	14.04% 8
Radio	8.77% 5
Social media - Facebook, Twitter, Instagram, etc.	19.30% 11
Internet search - Google, Bing, etc.	78.95% 45
Newspaper	10.53% 6
Local agency that provides services for older people	59.65% 34
Word of mouth (friends, family, faith community, etc.)	66.67% 38
Healthcare provider	31.58% 18
Other (please specify)	7.02% 4
Total Respondents: 57	

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# Atlanta Area Plan on Aging Survey

Q6 Which of the following social media sites do you regularly use? (check all that apply)

Answered: 57 Skipped: 0



ANSWER CHOICES	RESPONSES	
None of the above	22.81%	13
Facebook	63.16%	36
Twitter	22.81%	13
LinkedIn	29.82%	17
Instagram	35.09%	20
Marco Polo	1.75%	1
Clubhouse	0.00%	0
TikTok	8.77%	5
Other (please specify)	7.02%	4
Total Respondents: 57		

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## FY23 UPDATE

ARC hosted 10 community engagement focus groups within the 10-county metropolitan area based on the Live Beyond Expectations (LBE) regional strategic plan framework 2020 – 2025. The strategic framework is designed to identify and address the inequities that create disparities in life expectancy — explained further in this document. ARC will engage with regional, state, and national stakeholders to bolster current partnerships, develop new relationships, and marshal existing and new resources to support a long-range vision that all who live in the Atlanta region can lead long and healthy lives, no matter where they live.

This framework is designed to clearly identify the challenges our region is facing and to set forth a process by which ARC, led by its Aging and Independence Services Group, will work with community members over the next few years to make meaningful progress.

- Year One: Research and Outreach Establish strategic plan steering committee, identify key focus areas, develop relationships with key community partners, and establish evaluation techniques.

- Years 2-5: Implement Place, Policy, and Practice Interventions Work with partners to execute strategies to address disparities related to:

- Place – Focus on locations, within each county, where residents experience the most inequity
- Policy – Change systems and structures that create inequities and advance policies that promote equity
- Practice – Provide services and programs that address unmet needs

Lastly, communicate efforts to governmental, philanthropic, educational, nonprofit, and business leaders, as well as residents across the region to build support, evaluate ongoing progress, and refine efforts as needed.

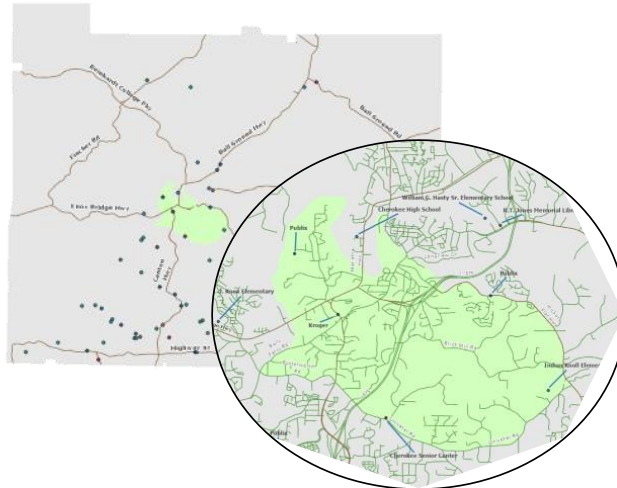
Aging and Independence Services (A&IS) contracted with Orange Sparkle Ball (OSB) to devise a community engagement tool to be deployed in the 10-county geographic location that were identified as lower life expectancy (LLE), or within proximity to the LLE demographic. The goal of each public engagement activity was to solicit opinions on needs, barriers, opportunities, and successes to live a high quality of life in the focus area, seek to obtain understanding of community values and needs, and garner input and consensus on priorities to improve quality and length of life.

Overarching themes were consistent within the contiguous counties and census tracts: 1) affordable housing is a barrier to many individuals within lower socioeconomic areas and 2) transportation is also an obstacle. Indicated below is the table containing the lowest life expectancy census tract in each county of the 10-county Atlanta region followed by priorities identified in each county.

***Table A.1 – Lowest Life Expectancy Census Tract in Each County of the 10-County Atlanta Region***

County Name	Census Tract	ZIP Code(s)	Neighborhood/ Area Name
Cherokee	13057090601	30115, 30114	Phillip Landrum Memorial Highway & Hickory Flat Highway
Clayton	13063040414	30297, 30236	Old Dixie Way/Holiday Hills
Cobb	13067031308	30126, 30168	Veterans Memorial Highway/ Mableton Parkway
DeKalb	13089021913	30083, 30087	Stone Mill Run
Douglas	13097080404	30180, 30187, 30134	Veterans Memorial Highway & Brewer Road
Fayette	13113140406	30214, 30238	Wellington Manor
Fulton	13121002300	30314, 30318	Bankhead/English Avenue
Gwinnett	13135050435	30047	Beaver Ruin Road & Lawrenceville Highway
Henry	13151070113	30281	Cochran Park
Rockdale	13247060102	30012, 30013, 30052, 30039	Hi Roc Shores

## Cherokee Group Themes



Diverse community, specifically Latino population, is a plus

Traffic and generally lacking transportation infrastructure

- Streetlights, sidewalks, better highway exits would be good

Lack of communication between service providers

- A central location to distribute resources would be ideal

Better and more affordable broadband access

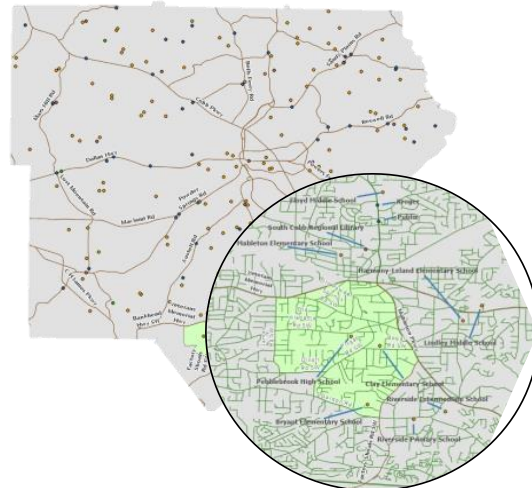
Education system is overloaded

- students and teachers are unwell mentally and physically

Bigger companies bringing jobs to Canton/Cherokee County

- Live, work, play "microcommunities"

## Cobb Group Themes



The neighborhood is safe and close to what they need

Better Cobb county transport, something like MARTA for the area  
More affordable housing, especially for seniors

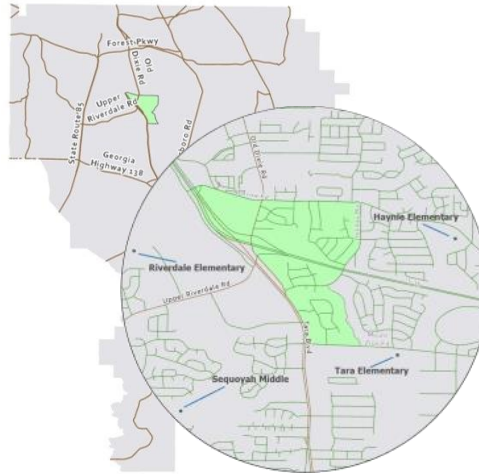
More public places for activities for adults and youth

- Building a closer senior center or building out something like Mable House

Build culture around respecting the elderly and looking forward to aging

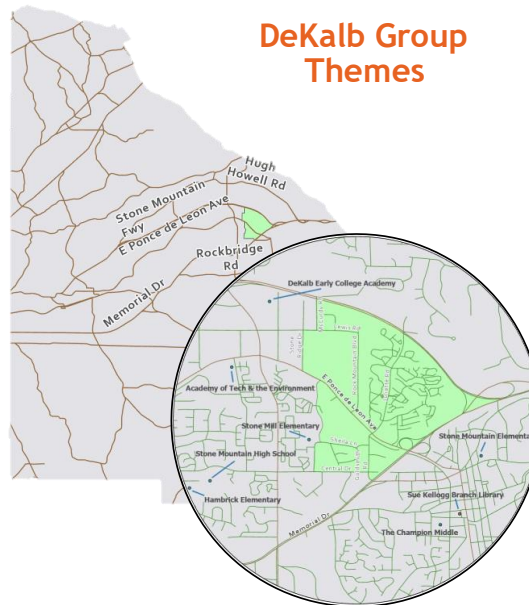
Increased transparency and representation in local government

## Clayton Focus Group Results



- Top issues: affordable housing, safety, educational resources, and access to public transportation
- Participants mentioned a lack of walkability to important locations (e.g., grocery store)
- People praised the resources available in non-profits in the area
- Feeling of volunteerism, understanding that the community would pitch in

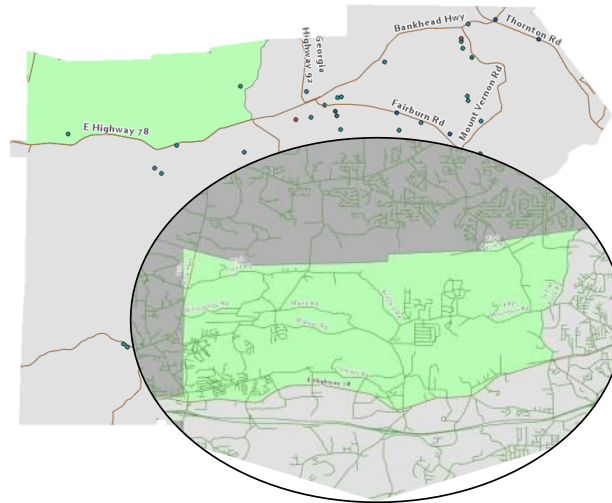
## DeKalb Group Themes



Sense of community and belonging  
 Many community initiatives  
 No groceries within walking distance  
 Streets are unrepaired with lots of potholes  
 Items in stores are often more expensive with less variety than elsewhere  
 Lack of affordable housing  
 Increased knowledge of how to navigate systems and access resources



## Douglas Group Themes



There is large variance in this tract because it spans rural and two cities (Villa Rica & Douglasville)

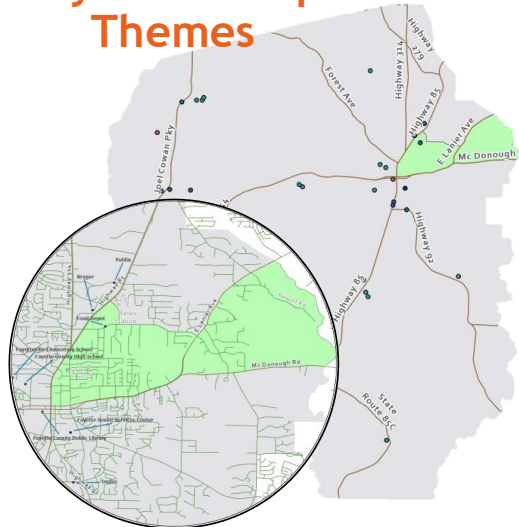
Growth (e.g., new stores) is not aligned with the needs of the community

Outward perception of wealth in the community makes it difficult to access help

Need low-cost dental and hearing care in the county

Want increased input in county/city decisions

## Fayette Group Themes



Great commercial development downtown

Lack of long-term planning for aging and growing population

- New housing is cheap and doesn't fit the area, detracts charm
- Need sidewalks in subdivisions to connect to the sidewalks downtown
- Highway infrastructure isn't working for neighborhoods

- ✦ People cut through neighborhoods to speed

Shuttle, trolley, or bus system around Fayetteville

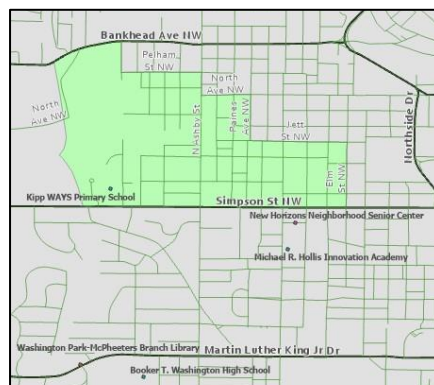
Lack of free or low-cost community spots

- e.g., basketball/pickleball courts, YMCA, farmer's markets, coffee shops, performance spaces

Resources for older adults who need help with home repairs



## Fulton Group Themes

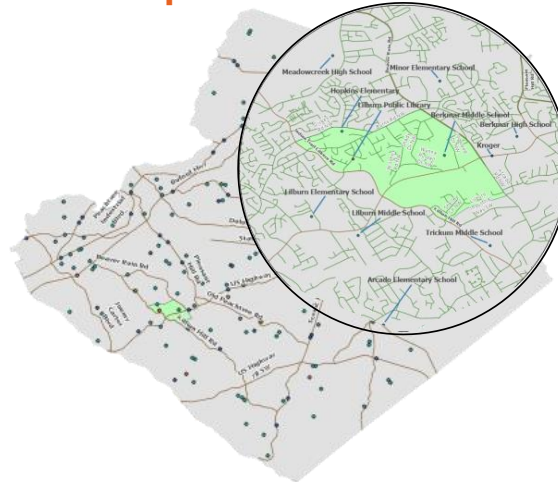


- Proximity to the Beltline
- Creative, artistic neighborhood culture
  - e.g., free little libraries and murals
  - Would like to see a free teen center with maker's space, studio, etc., to promote positive opportunities for youth
- Proximity to resources if you know how to use them/who to call
  - Arthur Blank Foundation, Atlanta Harm Reduction Coalition
- Litter
- Lack of parking
  - Stadiumgoers park in their neighborhood
- Need 24/7, safe, bus and train service
- Lack of resources for homeless and drug users
- Police aren't equipped to address the needs of the community
  - Neighbors use Next Door to communicate about safety needs
- Government services aren't enough or aren't up to-date
  - Some adjust for inflation, some don't
  - Not enough income-based housing units
- Lack of grocery stores

Note – A separate event was held in Fulton County in the 30318 census tract. On December 7, 2022, ARC co-hosted an event with the Good Samaritan Health Center located at 1015 Donald Lee Hollowell Parkway NW, Atlanta, Georgia, 30318. The event was hosted outdoors under the pavilion at Good Samaritan. The community engagement event was very successful in reaching residents living in the area, many experiencing challenges with their health and/or social determinants of health.

25 people interacted with the voting tool ranging in ages from 19 to 65+, and most people provided written comments as well. The majority of attendees were male (more than 80%), predominantly African American (all except one white male), and many were currently experiencing homelessness. Six people received their COVID-19 booster during the event. In addition to providing valuable input from their lived experiences, several attendees also learned about Empowerline's resources and Good Samaritans' services of which they were previously unaware. The free meals were a big draw to incentivize people walking past to stop by the event and provide their input, many whom may have not attended otherwise.

## Gwinnett Focus Group Themes



Proximity to Atlanta

Great senior services activities

- Wish they were better advertised and that there were more options

Want a path to homeownership or aging in place for long-term residents

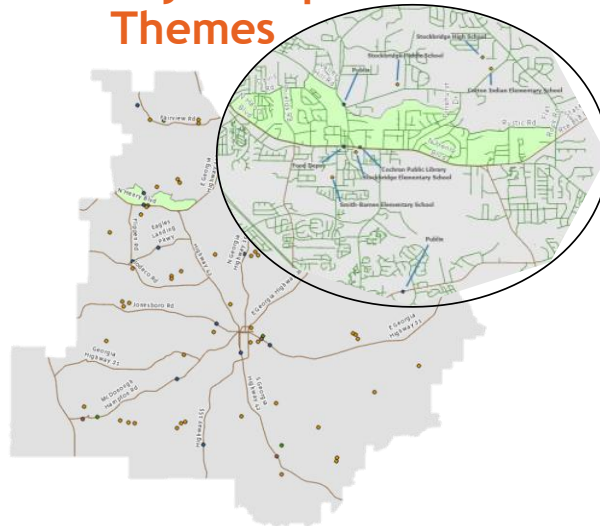
- Housing costs are outpacing wages quickly
- Car dependence makes it difficult for older adults to navigate the area and their needs

Lack of communication between homeowners and renters leads to both resenting the other group, but ultimately, they have similar interests

Would like to see Gwinnett County Light Rail

- Not sure if it should connect to Doraville MARTA but several feel that would be optimal

## Henry Group Themes



Diverse area, great for raising multiracial families

Proximity to Atlanta without sacrificing benefits of rurality

Sometimes older residents feel unsafe

- Lack of activities for youth
- Lack of lighting

Would like to see increased transparency in government

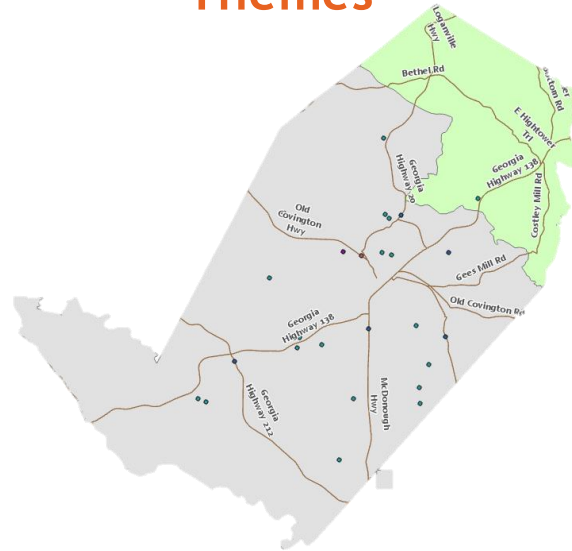
- "open door policy"

Recognize car dependency as a problem but are unsure about other options

- Traffic on 138

Need affordable healthcare/housing/elder care

## Rockdale Group Themes



Conyers offers everything you need, but can travel to ATL if necessary

Small town mentality is a positive and negative

- Worry that they've outgrown the utility of "good old boys" approach to local government

Zoning and development is incongruent with people's needs

- For example, there seems to be a recent surplus of gas stations, liquor stores, tire stores, and apartment buildings
- City government needs to lean into what's great about Rockdale

Car dependent transportation + concentration of services in Conyers = traffic

- Bottleneck on 138
- Would love a trolley service that emphasizes Conyers and some other main areas of Rockdale
- Sidewalks in the city centers would be useful

EMTs should staff fire stations to help address rural challenges of first responders

Water and food quality is lacking

## Next Steps

- Summarize qualitative & quantitative data
- Convene existing partners, residents, and coalitions
- Co-design and implement intervention strategies based on community's priorities, e.g.,
  - Install streetlights where missing
  - Incentivize stores to increase fresh produce
  - Allow for more housing options in zoning codes
  - Create community park space for residents



### **Item #4c - Gap/Barriers/Needs to Improve Existing System**

The top Challenges across all sources were housing and transportation. Residents of the metro Speaks Atlanta survey that were 65 and older were more likely to say crime is the biggest issue facing metro Atlanta with a lack of transportation the second biggest issue. A concern for the long waitlist for services was also voiced at the area plan public hearing. Other top information needs that surfaced in addition to housing and transportation were:

- Eligibility for benefits, including for:
  - Home and community- based services
  - Residential long-term care (nursing home, assisted living, personal care homes)
  - Insurance coverage
- Health and disease-related information
- Advance planning for healthcare
- Ways to make communities age-friendly/promoting aging in place.

### **Item #4d - Special Needs**

A written comment submitted on the plan indicated a strong desire to see grand families (grandparents raising grandchildren) receive more intentional focus in the plan. Georgia is 6th in the nation in number; Metro Atlanta has 50,000 grand families and they need supports and services that fit their unique needs.

The ARC has long been proactive in providing home and community-based services in a comprehensive and coordinated service delivery system focusing on those in greatest economic need resulting from an income level at or below the poverty line and/or social need caused by non-economic factors, which include physical and mental disabilities, language barriers; cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform normal daily tasks; or threatens the capacity of the individual to live independently.

In accordance with Congress and the Older Americans Act, regulations have always been clear that the Act is intended to assist all older persons and is not a needs-based program. However, the Act is also definitive in specifying that priority be given to serving those in greatest socio-economic risk including those at high nutritional risk, frail, rural, lives alone and in poverty.

## Item #5 – Descriptions of Service Delivery System

**Item #5a(1) - Descriptions of Services Delivery for Older Americans Act Programs and Services Funded through the “GA Department of Human Services Division of Aging Services Multi-Funded Services Contract”. Include any Relationships and/or Agreements that Provides Clients Access to Services. (Include all relationships and/or agreements that provide clients access to services.)**

(Add lines to the table below as necessary.)

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	Service Description	Is the Service Contracted Out or does the AAA Provide Directly?
1.	Case Management	Short-term assistance on behalf of an older person or caregiver who is experiencing immediate risk to health and safety, is at high risk of institutional placement, or has complex needs across multiple domains of care. Activities of case management include such practices as comprehensive assessment, often across multiple domains; and developing and monitoring short-term care plans. Case Management can be provided to older adults, persons with disabilities, caregivers, or relative caregivers raising children.	Contracted Out
2.	Personal Care	Providing personal assistance, stand-by-assistance, supervision or cues for individuals having difficulties with basic activities of daily living such as bathing, grooming, grooming, dressing eating, Personal assistance, stand-by assistance, supervision or cues.	Contracted Out
3	Personal Care Voucher	Providing a voucher for personal assistance, stand-by assistance, supervision, or cures for individuals having difficulties with basic activities of daily living such as bathing,	Contracted Out

Item #5a(1) - Older Americans Act Programs and Services Table				
	Service	Service Description	Is the Service Contracted Out or does the AAA Provide Directly?	
		grooming, dressing, eating. Personal assistance, stand-by assistance, supervision or cues		
4.	Homemaker	Assistance such preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.	Contracted Out	
5.	Respite Care- In Home	Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite includes: In-Home Respite (personal care, homemaker, and other in-home respite).	Contracted Out	
6.	Respite Care - In-Home - Voucher	Vouchers issued for caregivers to pay for services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite includes: In-Home Respite (personal care, homemaker, and other in-home respite).	Contracted Out	
7.	Respite Care-Out of Home	Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite includes: 1) respite provided by attendance of the care recipient at a senior center, adult day program, or other nonresidential program, 2) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver.	Contracted Out	
8.	Respite Care - Out-of-Home - Voucher	Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite includes: 1) respite provided by attendance of the care recipient at a senior center, adult day program, or other nonresidential program, 2)	Contracted Out.	

Item #5a(1) - Older Americans Act Programs and Services Table				
	Service	Service Description	Is the Service Contracted Out or does the AAA Provide Directly?	
		institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver.		
9.	Home Delivered Meals	A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. May include assistive technology required for dining.	Contracted Out	
10.	Congregate Meals	A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/local laws.	Contracted Out	
11.	Congregate Meals - Voucher	A voucher provided for a meal provided to a qualified individual in a congregate or group setting. The meal as offered meets all of the requirements of the Older Americans Act and State/Local laws. Used only for services provided during disaster relief.	Contracted Out	
12.	Senior Recreation	Individual clients documented. Nutrition related activities; activities that promote socialization, physical and mental enrichment; clubs; education sessions and programming for other leisure activities (i.e., sports, performing arts, games, crafts, travel, volunteering; community gardening; environmental activities; and intergenerational activities, etc.) offered to eligible persons sponsored by and/or at an approved senior center facility which are facilitated by an instructor or provider. These activities are those which do not fall under funded nutrition and/or wellness programs.	Contracted Out	



Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	Service Description	Is the Service Contracted Out or does the AAA Provide Directly?
13.	Transportation - Individual	Transportation of an established group of consumers from one location to another, for example a senior center outing. Does not include any other activity.	Contracted Out
14.	Transportation - Individual - Voucher	Transportation of an approved consumer in which the consumer pays the provider for the trip with a voucher OR the AAA has an agreement with a provider to accept payment vouchers. The AAA or the consumer negotiates the rate and trip type (one-way, round trip) with the provider.	Contracted Out
15.	Elderly Legal Assistance	.  Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.	Contracted Out
16.	Telephone Reassurance	Interaction with individuals by telephone to reduce social isolation, provides support and ensures health and safety.	ARC
17.	CDSME - CDSMP	A Stanford University (SMRC) evidence-based, train the trainer program held for two an a half hours, once a week, for six consecutive weeks. Workshops and Lay Leader Trainings are facilitated by either non-health care professionals or health care professionals able to adhere to the fidelity of the program, and giving preference to individuals with chronic conditions themselves. The objective is to empower workshop participants to problem solve, and set weekly goals to improve skills needed to manage symptoms experienced by participants with chronic conditions as well as caregivers of persons with chronic conditions. Curriculum includes: medications	ARC

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	Service Description	Is the Service Contracted Out or does the AAA Provide Directly?
		management, developing goals around establishing/enhancing exercise programs, healthier nutrition habits, and other personal weekly action items, learning better communication techniques, managing of pain and fatigue, working with healthcare professionals and the healthcare system, and much more.	
18.	CDSME - Diabetes	A Stanford University (SMRC) evidence-based, train the trainer program held for two and a half hours, once a week for six consecutive weeks. Workshops and Lay Leader trainings are facilitated by two trained individuals, one or both of whom have diabetes. Participants have diabetes or are diagnosed as being pre-diabetic. Completers will attend at least four of the six sessions.	ARC
19.	Falls Prevention - Matter of Balance	Developed by researchers in Maine, this is an 8 week evidence based program designed to address the fear individuals have of falling. It combines education about falls prevention as well as an introduction to physical activities that can help improve balance and stability. A completer is a participant who attends at least five of the eight sessions.	ARC
20.	Falls Prevention - Tai Chi	Developed by Dr. Paul Lam in Australia, TCH is 12 forms of Tai Chi taught by trained instructors over 8 (1 hour) or 12 (1 hour) week sessions. The program improves balance and especially helps persons with Arthritis. Completers are participants who attend 2/3 of the sessions (5 of 8 or 8 of 12) in a workshop.	ARC
21.	Powerful Tools for Caregivers	Powerful Tools for Caregivers is an evidence based six week education program designed to provide family caregivers with	ARC

Item #5a(1) - Older Americans Act Programs and Services Table				
	Service	Service Description	Is the Service Contracted Out or does the AAA Provide Directly?	
		tools necessary to increase their self care and confidence. The program improves self-care behaviors, management of emotions, self-efficacy, and use of community resources. Completers are participants who attend 2/3 of the sessions (4 of 6 sessions).		
22.	Material Aid - Assistive Technology	Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals. Items can range from low tech to high tech and include eye glasses, dental care, and hearing aids.	Contracted out and ARC	
23..	Material Aid – Other - Individual	For purchase of materials and/or supplies that support a person's ability to continue living in the community as independently as possible. Materials may include: housing/shelter, transportation, utilities, food/meals, groceries, clothing, child safety items, incontinence supplies, cleaning supplies, school supplies, etc.	Contracted out and ARC	
24.	Behavioral Health Coaching- Non-Congregate	The process of assessment, service coordination, education, and coaching to support persons living with mental health and/or substance abuse issues to live as safely and independently as possible in a non-congregate setting.	ARC	
25	Care Consultation	An evidence-based information and coaching service delivered by telephone which empowers people to understand options, manage care, and make decisions more effectively. Participants must complete periodic contacts based on program guidelines	ARC	

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	Service Description	Is the Service Contracted Out or does the AAA Provide Directly?
26.	Support Options Coordination	Providing skills training and support to consumers in meeting their responsibilities as participants in the consumer-directed model of services, including training, coaching, and providing technical assistance to consumers to assist them in using their budgets correctly and avoiding overspending.	ARC
27.	Support Options	Consumer direction, or self-directed care, means an approach to providing services (including programs, benefits, supports, and technology) to assist an individual with activities of daily living, in which each individual plans, budgets, purchases, and controls services that they receive (including the amount, duration, scope, provider, and location of such services)	ARC
28.	MDSQ Options Counseling	An interactive decision support process whereby consumers, along with designated members of their circles of support, are supported in their deliberations to determine appropriate long-term care choices in the context of the consumers needs, preferences, values and individual circumstances. Service is provided face-to-face.	ARC
29.	MFP - Transition Coordination	Transition Coordination is the assistance of eligible Money Follows the Person (MFP) participants, through HCBS services, to transition from an institutional setting (i.e. Skilled Nursing Facility, Hospital) back into the community. Transition Coordinators leverage MFP services, community-based services, and expanded circles of support to achieve transition from these institutions based on an Individualized Transition Plan (ITP) and maintains MFP Support for one year after day of transition.	ARC

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	Service Description	Is the Service Contracted Out or does the AAA Provide Directly?
30.	Nursing Home Transitions	Transition Coordination is the assistance of eligible participants (non-MFP), through HCBS services, to transition from an institutional setting (i.e. Skilled Nursing Facility, Hospital) back into the community. Transition Coordinators leverage NHT Transition Services, community-based services, and expanded circles of support to achieve transition from these institutions based on a prescribed Care Plan and maintains support for 365 days after day of transition.	ARC
31.	Community Options Counseling	Provided to individuals in the community where counseling is an interactive decision support process whereby consumers, family members, and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumers needs, preferences, values and individual circumstances for individuals currently residing in nursing facilities and is provided face-to-face.	ARC
32.	Community and Public Education	Instruction provided to potential clients, caregivers, or the general public regarding available sport services for caregivers or practical information on the methods and techniques of caregiving. Examples include but are not limited to health fairs, presentation, and caregiver conferences.	Contracted out.
33.	Material Aid -Home Modification	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. For Kinship Care, could include,	Contracted out.

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	Service Description	Is the Service Contracted Out or does the AAA Provide Directly?
		but not limited to, safety electrical plugs, child safety gates, window and drawer safety latches.	

**Item #5a(2)**  
**Services Delivered Directly by the Area Agency on Aging**

The Older Americans Act, as amended, requires that for an Area Agency on Aging to deliver a service directly, the service shall comply with one of three exceptions to the requirement that they not deliver such services (42 U.S.C. §3027 (a)(8)(A)) except under one of three circumstances: ***Provide the following information for each service delivered by AAA staff other than Case Management or Information and Assistance.***

**Insert Attachment #5a(2) in its entirety into the AAA's Area Plan Document. For each service identified in the Item #5a(1) - Older Americans Act Programs and Services Table above as being "provided directly by the AAA" (other than Case Management or Information and Assistance, complete a Service Table below.  
Add and/or delete tables as needed.**

***If no services are provided directly by the AAA staff other than Case Management or Information and Assistance, indicate "the AAA does not provide any other services directly" on this page below.  
Do not delete Item #5a(2) from the AAA's Area Plan Update document.***

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #1**

**Name and Description of Service Provided/Received:**

Nursing Home Transitions

**Date First Provided by AAA Staff:** November 2016

**Date Last Competitively Bid:** ARC AAA does not plan to put this service out for competitive bid. The AAA network is the DCH-designated local contact agency for MDS-Q referrals. Once referrals are received at ARC, they are assigned to a certified MDSQ Options Counselor who then schedules a visit with clients in nursing homes to create a care plan which supports successful transitions back to the community. From its inception, DAS developed this service to be integrated into the Aging and Disability Resource Connection (ADRC), which is a core function of the AAA.

**Budgeted Funds (Annual):** \$102,000 **Staff F.T.E. funded: 0** text.

**Clients Served (Annual):** 30

**Units Provided (Annual):** N/A

☐ **Client Definition same as OAA** ☒ **Other** US Citizen 55 or older with income below \$6,175. Must also be in a nursing home or short-term rehab for at least 20 days.

**Justification (AAA must maintain documentation to support):**

- ☐ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☒ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☐ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #2**

**Name and Description of Service Provided/Received:**

ADRC: A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if the information is requested and supplied. The ultimate goal of the ADRCs is to serve all individuals with long-term care needs regardless of their age or disability by providing easier access to public and private resources

**Date First Provided by AAA Staff:** 2004

**Date Last Competitively Bid:** The ARC AAA does not plan to put this service out for competitive bid.

**Budgeted Funds (Annual):** \$37,000 **Staff F.T.E. funded:** 24.5

**Clients Served (Annual):** 15,806

**Units Provided (Annual):** N/A

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Justification (AAA must maintain documentation to support):**

- ☐ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☒ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☒ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential delivery to any client/group



<b><u>Item #5a(2) – Services Delivered Directly by the Area Agency on Aging</u></b> <b>Service Table #2</b>

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #3**

**Name and Description of Service Provided/Received:**

MDSQ Options Counseling

**Date First Provided by AAA Staff:** 2006

**Date Last Competitively Bid:** ARC AAA does not plan to put this service out for competitive bid. The AAA network is the DCH-designated local contact agency for MDS-Q referrals. Once referrals are received at ARC, they are assigned to a certified MDSQ Options Counselor who then schedules a visit with clients in nursing homes to create a care plan which supports successful transitions back to the community. From its inception, DAS developed this service to be integrated into the Aging and Disability Resource Connection (ADRC), which is a core function of the AAA. Additionally, MDSQ-OC requires certification per DAS Policy and Procedure, but certification has not been made available for the last 2 years. Therefore, new providers are unable to be recruited because this requirement would not be met.

**Budgeted Funds (Annual):** \$223,674 **Staff F.T.E. funded:** 3.5

**Clients Served (Annual):** 187

**Units Provided (Annual):** N/A

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Justification (AAA must maintain documentation to support):**

- ☐ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☒ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☐ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #4**

**Name and Description of Service Provided/Received:**

Support Options

**Date First Provided by AAA Staff:** October 1, 2020

**Date Last Competitively Bid:** The ARC AAA does not plan to put this service out for competitive bid. ARC's AAA started the consumer-directed program during the COVID-19 pandemic to address COVID-related unmet needs in the community including staffing shortages. It should be noted that sub-contracting this service would require substantial technical support and monitoring, increasing the cost of providing the service.

**Budgeted Funds (Annual):** \$260,157 **Staff F.T.E. funded: 0**

**Clients Served (Annual):** 37 same as under support options coordination

**Units Provided (Annual):** 248,324

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Justification (AAA must maintain documentation to support):**

- ☐ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☒ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☐ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #5**

**Name and Description of Service Provided/Received:**

Money Follows the Person

**Date First Provided by AAA Staff:** July 1, 2011

**Date Last Competitively Bid:** ARC AAA does not plan to put this service out for competitive bid. The AAA network is the DCH-designated local contact agency for MDS-Q referrals. Once referrals are received at ARC, they are assigned to a certified MDSQ Options Counselor who then schedules a visit with clients in nursing homes to create a care plan which supports successful transitions back to the community. From its inception, DAS developed this service to be integrated into the Aging and Disability Resource Connection (ADRC), which is a core function of the AAA.

**Budgeted Funds (Annual):** \$744,640 **Staff F.T.E. funded:** 2.5

**Clients Served (Annual):** 38

**Units Provided (Annual):** N/A

☐ **Client Definition same as OAA** ☒ **Other** Must be in an inpatient facility at least 60 consecutive days with at least one of those days paid by Medicaid; must have community Medicaid; and must enroll in a Medicaid Waiver.

**Justification (AAA must maintain documentation to support):**

- ☐ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☒ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☐ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #6**

**Name and Description of Service Provided/Received:**

CDSME-CDSMP

**Date First Provided by AAA Staff:** . 2006

**Date Last Competitively Bid:** The ARC AAA does not plan to put this service out for competitive bid. Service will require (0) zero new staff to provide (0) zero hours weekly and will require (number\*) .33 \* existing staff to provide (number) 12.5 of hours weekly to operate. Existing staff currently support (6) six programs. \*This does not include number of Volunteers directly overseen by ARC who will administer workshop facilitation. We have between 30 and 35 Volunteers trained and able to lead or co-lead participant workshops. This number is expected to increase if direct service waiver is granted.

**Budgeted Funds (Annual):** 45,226 **Staff F.T.E. funded:** 1.25

**Clients Served (Annual):** 102

**Units Provided (Annual):** 99

☐ **Client Definition same as OAA** ☐ **Other** Click or tap here to enter text.

**Justification (AAA must maintain documentation to support):**

☒ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA

No other provider available to provide or AAA has access to materials unavailable to other providers

☐ Service is directly related to the AAA's administrative function

Is delivered as part of the Area Plan administration, including staffing

☒ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☐ Conflicts of Interest b. ☐ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #7**

**Name and Description of Service Provided/Received:**

Falls Prevention Matter of Balance

**Date First Provided by AAA Staff:** January 2013

**Date Last Competitively Bid:** The ARC AAA does not plan to put this service out for competitive bid. Service will require (0) zero new staff to provide (0) zero hours weekly and will require (number\*) .33 \* existing staff to provide (number) 12.5 of hours weekly to operate. Existing staff currently support (6) six programs. \*This does not include number of Volunteers directly overseen by ARC who will administer workshop facilitation. We have between 30 and 35 Volunteers trained and able to lead or co-lead participant workshops. This number is expected to increase if direct service waiver is granted.

**Budgeted Funds (Annual):** 28,266 **Staff F.T.E. funded:** 0

**Clients Served (Annual):** 32

**Units Provided (Annual):** 35

☐ **Client Definition same as OAA** ☐ **Other** Click or tap here to enter text.

**Justification (AAA must maintain documentation to support):**

☒ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA

No other provider available to provide or AAA has access to materials unavailable to other providers

☐ Service is directly related to the AAA's administrative function

Is delivered as part of the Area Plan administration, including staffing

☒ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☐ Conflicts of Interest b. ☐ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #8**

**Name and Description of Service Provided/Received:**

Falls Prevention Tai Chi

**Date First Provided by AAA Staff:** 2013

**Date Last Competitively Bid:** The ARC AAA does not plan to put this service out for competitive bid. Service will require (0) zero new staff to provide (0) zero hours weekly and will require .33 FTE \* existing staff to provide 12.5 of hours weekly to operate. Existing staff currently support (6) six programs. \*This does not include number of Volunteers directly overseen by ARC who will administer workshop facilitation. We have between 30 and 35 Volunteers trained and able to lead or co-lead participant workshops. This number is expected to increase if direct service waiver is granted.

**Budgeted Funds (Annual):** 5,653. **Staff F.T.E. funded:** 0

**Clients Served (Annual):** 14

**Units Provided (Annual):** 2 workshops.

☐ **Client Definition same as OAA** ☐ **Other** Click or tap here to enter text.

**Justification (AAA must maintain documentation to support):**

- ☒ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☐ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☒ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☐ Conflicts of Interest b. ☐ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #9**

**Name and Description of Service Provided/Received:**

Powerful Tools for Caregivers

**Date First Provided by AAA Staff:** 2009

**Date Last Competitively Bid:** The ARC AAA does not plan to put this service out for competitive bid. Service will require (0) zero new staff to provide (0) zero hours weekly and will require .33 FTE \* existing staff to provide 12.5 of hours weekly to operate. Existing staff currently support (6) six programs. \*This does not include number of Volunteers directly overseen by ARC who will administer workshop facilitation. We have between 30 and 35 Volunteers trained and able to lead or co-lead participant workshops. This number is expected to increase if direct service waiver is granted.

**Budgeted Funds (Annual):** 11,306 **Staff F.T.E. funded:** 0

**Clients Served (Annual):** 22

**Units Provided (Annual):** 36

☐ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Justification (AAA must maintain documentation to support):**

- ☒ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☐ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☒ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☐ Conflicts of Interest b. ☐ Preferential delivery to any client/group



**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #10**

**Name and Description of Service Provided/Received:**

CDSME-Diabetes.

**Date First Provided by AAA Staff:** 2015

**Date Last Competitively Bid:** The ARC AAA does not plan to put this service out for competitive bid. Service will require (0) zero new staff to provide (0) zero hours weekly and will require (number\*) .33 \* existing staff to provide (number) 12.5 of hours weekly to operate. Existing staff currently support (6) six programs. \*This does not include number of Volunteers directly overseen by ARC who will administer workshop facilitation. We have between 30 and 35 Volunteers trained and able to lead or co-lead participant workshops. This number is expected to increase if direct service waiver is granted.

**Budgeted Funds (Annual):** 22,613 **Staff F.T.E. funded:** 0

**Clients Served (Annual):** 8

**Units Provided (Annual):** 9

☐ **Client Definition same as OAA** ☐ **Other** Click or tap here to enter text.

**Justification (AAA must maintain documentation to support):**

☒ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA

No other provider available to provide or AAA has access to materials unavailable to other providers

☐ Service is directly related to the AAA's administrative function

Is delivered as part of the Area Plan administration, including staffing

☒ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☐ Conflicts of Interest b. ☐ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #11**

**Name and Description of Service Provided/Received:**

Community Options Counseling

**Date First Provided by AAA Staff:** 2012

**Date Last Competitively Bid:** ARC AAA does not plan to put this service out for competitive bid. Community Options Counseling is a core service of ADRC work and the AAA's started providing this service as a direct request from DAS. Additionally, Community Options Counseling requires certification per DAS Policy and Procedure, but certification has not been made available for the last 2 years. Therefore, new providers are unable to be recruited because this requirement would not be met.

**Budgeted Funds (Annual):** 0 **Staff F.T.E. funded:** 1.5

**Clients Served (Annual):** 28

**Units Provided (Annual):** N/A

☐ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Justification (AAA must maintain documentation to support):**

- ☐ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☐ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☐ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☐ Conflicts of Interest b. ☐ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #12**

**Name and Description of Service Provided/Received:**

Material Aid- Directly

**Date First Provided by AAA Staff:** May 2020

**Date Last Competitively Bid:** ARC's AAA does not plan to put this service out for competitive bid.

**Budgeted Funds (Annual):**staff F.T.E. funded: 0

**Clients Served (Annual):** 122

**Units Provided (Annual):** 37,255.43

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Justification (AAA must maintain documentation to support):**

- ☐ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☐ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☒ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #13**

**Name and Description of Service Provided/Received:**

Material Aid- Assistive Technology - Directly

**Date First Provided by AAA Staff:** July 2019

**Date Last Competitively Bid:** ARC's AAA does not plan to put this service out for bid

**Budgeted Funds (Annual):** see material aid table **Staff F.T.E. funded: 0**

**Clients Served (Annual):** 44

**Units Provided (Annual):** 4,765.05

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Justification (AAA must maintain documentation to support):**

- ☐ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☐ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☒ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential delivery to any client/group

**Item #5a(2) – Services Delivered Directly by the Area Agency on Aging**  
**Service Table #14**

**Name and Description of Service Provided/Received:**

ePRO: ARC Content and Resource Curators

**Date First Provided by AAA Staff:** formerly ESP, ePRO was rolled out in 2016

**Date Last Competitively Bid:** This product is proprietary to ARC.

**Budgeted Funds (Annual):** 116,900 **Staff F.T.E. funded:** 3

**Clients Served (Annual):** unlimited; anyone that calls into any AAA and or has access to the database.

**Units Provided (Annual):** 26,000 plus vetted and curated resources

☐ **Client Definition same as OAA** ☒ **Other** [Click or tap here to enter text.](#)

**Justification (AAA must maintain documentation to support):**

- ☒ Delivery by the AAA is necessary to assure an adequate supply of the service in the PSA  
No other provider available to provide or AAA has access to materials unavailable to other providers
- ☒ Service is directly related to the AAA's administrative function  
Is delivered as part of the Area Plan administration, including staffing
- ☒ Service is provided more economically and with comparative quality to other providers

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential delivery to any client/group

**Item #5a(3)**

**Case Management Services**

The Older Americans Act, as amended, specifies how Case Management Services may be delivered and allows Area Agencies on Aging to provide directly such services.

**Insert Attachment #5a(3) in its entirety into the AAA's Area Plan Document.**

**For each Case Management Service offered in your planning and service area, complete the requested information in a table below.**

**Add and/or delete tables**

<b><u>Item #5a(3) – Case Management Services</u></b> <b>Service Table #1</b>

**Item #5a(3) – Case Management Services**  
**Service Table #1**

**Name and Description of Service Provided:**

Care Consultation

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Click or tap here to enter text.

**Date Last Competitively Bid:** FY2016. FY2018 brought in house at ARC.ARC does not plan to put this service out for bid.

**Budgeted Funds (Annual):** 254,909 **Staff F.T.E. funded:** 1.5 FTE

**Clients Served (Annual):** 202

**Units Provided (Annual):** 1461

☒ **Client Definition same as OAA** ☐ **Other** Click or tap here to enter text.

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained Click or tap here to enter text.

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☐ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #2**

**Name and Description of Service Provided:**

Support Options Coordination

**Date First Provided by** a. ☐ AAA Staff, or b. ☐ another provider: Click or tap here to enter text.

**Date Last Competitively Bid:** ARC's AAA does not plan to put this service out for bid.

**Budgeted Funds (Annual):** 326,181 **Staff F.T.E. funded:** .5

**Clients Served (Annual):** 37

**Units Provided (Annual):** 554

☐ Client Definition same as OAA ☐ Other Click or tap here to enter text.

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained Click or tap here to enter text.

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider



**Item #5a(3) – Case Management Services**  
**Service Table #3**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Center for the Visually Impaired, Inc.

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 50,000 **Staff F.T.E. funded:** 3

**Clients Served (Annual):** 47

**Units Provided (Annual):** 1,540

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #4**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Cherokee County Board of Commissioners

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 138,693.11 **Staff F.T.E. funded:** 6

**Clients Served (Annual):** 340

**Units Provided (Annual):** 5,550

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #5**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Clayton County Board of Commissioners

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 49,685.85 **Staff F.T.E. funded:** 2

**Clients Served (Annual):** 173

**Units Provided (Annual):** 987.52

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #6**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Cobb County Board of Commissioners

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 92,101.29 **Staff F.T.E. funded:** 6

**Clients Served (Annual):** 424

**Units Provided (Annual):** 3,810.92

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #7**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: DeKalb County Government

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 229,475.45 **Staff F.T.E. funded:** 5

**Clients Served (Annual):** 376

**Units Provided (Annual):** 24,212

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #8**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Douglas County Board of Commissioners

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 61,766.86 **Staff F.T.E. funded:** 6

**Clients Served (Annual):** 205

**Units Provided (Annual):** 5,373.73

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #9**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Fayette Senior Services, Inc.

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 35,360.61 **Staff F.T.E. funded:** 2

**Clients Served (Annual):** 127

**Units Provided (Annual):** 1,078

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #10**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Fulton County Board of Commissioners

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 542,637.19 **Staff F.T.E. funded:** 4

**Clients Served (Annual):** 996

**Units Provided (Annual):** 29,801

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider



**Item #5a(3) – Case Management Services**  
**Service Table #11**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Gwinnett County Board of Commissioners

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 117,951.10 **Staff F.T.E. funded:** 2

**Clients Served (Annual):** 867

**Units Provided (Annual):** 17,553

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #12**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Henry County Board of Commissioners

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 49,528.93 **Staff F.T.E. funded:** 1

**Clients Served (Annual):** 104

**Units Provided (Annual):** 4,024

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #13**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Innovative Solutions for Disadvantage and Disability, Inc.

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 102,950 **Staff F.T.E. funded:** 3

**Clients Served (Annual):** 82

**Units Provided (Annual):** 2,615.66

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #14**

**Name and Description of Service Provided:**

Case Management

**Date First Provided by** a. ☐ AAA Staff, or b. ☒ another provider: Rockdale County Board of Commissioners

**Date Last Competitively Bid:** NOFA for FY23 and FY24

**Budgeted Funds (Annual):** 27,640.92 **Staff F.T.E. funded:** 2

**Clients Served (Annual):** 158

**Units Provided (Annual):** 4,152

☒ **Client Definition same as OAA** ☐ **Other** [Click or tap here to enter text.](#)

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained [Click or tap here to enter text.](#)

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

**Item #5a(3) – Case Management Services**  
**Service Table #15**

**Name and Description of Service Provided:**

Behavioral Health Coaching- non congregate – HCBS Case Management

**Date First Provided by** a. ☒ AAA Staff, or b. ☐ another provider: Click or tap here to enter text.

**Date Last Competitively Bid:** This program started as a pilot in FY21 and has been approved as a direct service under case management.

**Budgeted Funds (Annual):** \$163,000 **Staff F.T.E. funded:** 1 FTE

**Clients Served (Annual):** 32

**Units Provided (Annual):** 684

☒ **Client Definition same as OAA** ☐ **Other** Click or tap here to enter text.

**Case Management Staff Receive Specialized Training:** ☒ Yes ☐ No % of staff trained Click or tap here to enter text.

**Case Management Services:**

**Do Not Duplicate services provided through other Federal and State Programs:** ☒ Yes ☐ No

**Provides clients a list of similar services available within the jurisdiction of the AAA:** ☒ Yes ☐ No

**Provides clients a statement specifying their right to make an independent choice:** ☒ Yes ☐ No

**Documents each client's receipt of the statement concerning independent choice:** ☒ Yes ☐ No

**Case Managers act as agents for clients not as promoters of provider agencies:** ☒ Yes ☐ No

**AAA has internal controls in place to prevent:** a. ☒ Conflicts of Interest b. ☒ Preferential referrals to any provider

## **Item #5b – Contract/Commercial Relationships Services Delivery System**

**Insert Attachment #5b in its entirety into the AAA's Area Plan Document.**  
(Add or Delete Contractor/Vendor Tables, as necessary.)

The Older Americans Act, as amended (42 U.S.C. §2026 (a)(13)), requires that Area Agencies on Aging provide assurances that contractual and commercial relationships maintain the integrity and public purpose of services provided under contracts and commercial relationships, and indicates ways that such assurance may be demonstrated. Further (42 U.S.C. §2026 (a)(14)), Area Agencies must provide assurances that preference in receiving services under this subchapter will not be given by the AAA to particular [https://www.law.cornell.edu/definitions/uscode.php?width=840&height=800&iframe=true&def\\_id=42-USC-303298853-1860968387&term\\_occur=999&term\\_src=](https://www.law.cornell.edu/definitions/uscode.php?width=840&height=800&iframe=true&def_id=42-USC-303298853-1860968387&term_occur=999&term_src=) older individuals as a result of a contract or commercial relationship.

Complete a listing below, including each requested data element, for each contract or commercial relationship which affects delivery of services to older individuals. Do not complete a listing for providers and services that the AAA has included by name in the area plan and budget. Attach as many continuation pages as necessary to provide a complete listing.

**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #1**

**Area Agency on Aging: ARC Fiscal Year: FY23**

**Contractor/Vendor, Legal Name:** Board of Regents of the University System of Georgia by and on behalf of Georgia State University

**Contractor is:**      ☒ Non-Profit Corporation   ☐ For Profit Corporation   ☐ Federal Govt. Agency   ☐ Georgia Govt. Agency   ☐ Another Georgia Area Agency on Aging   ☐ Other [Click or tap here to enter text.](#)

**Description of Service Provided/Received or Goods Purchased:**

ARCHI Diabetes Coaching ARC/AIS receive referrals from ARCHI via Grady Health System and other regional hospitals. In addition to providing reinforcement relative to the clinical treatment guidance, the Health Coach engages telephonically to assess social determinant of health barriers that could make health improvement challenging. An example would be to assist with meals and nutrition, transportation, emergency financial assistance, and prescription assistance. These supports and the guidance of the Health Coach has demonstrated positive A1C/health outcomes. ARC/AIS holds a contract with ARCHI to pay for these services

**Date First Effective:** November 1, 2018   **Expiration Date:** June 30, 2022

**Revenue Received:** \$21,294   **Funds Expended:** \$24,598

**Clients Served:** 47   **Units Provided:** N/A

☐ Client Definition same as OAA   ☒ Other contractors' clients

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?

This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.

2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?

This initiative allows us to broaden our reach and serve more people, so we are not entirely reliant on OAA funds. Additionally, it allows us to leverage other funding sources to serve a broader population as it relates to age and disability.

**Item #5b – Contract/Commercial Relationships**

**Contractor/Vendor Table #1**

3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?

There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all OAA policy.



**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #2**

**Area Agency on Aging: ARC Fiscal Year: FY23**

**Contractor/Vendor, Legal Name:** The Housing Authority of the City of Atlanta, GA.

**Contractor is:**      ☒ Non-Profit Corporation   ☐ For Profit Corporation   ☐ Federal Govt. Agency  
                         ☐ Georgia Govt. Agency   ☐ Another Georgia Area Agency on Aging  
                         ☐ Other Click or tap here to enter text.

**Description of Service Provided/Received or Goods Purchased:**

**BEHAVIORAL HEALTH COACHING** ARC's Behavioral Health Coaching Program is an innovative program designed to support individuals with mental health and/or substance abuse issues who want to live independently better manage behavioral health challenges such as depression and dementia, and reduce the risk of eviction, while improving quality of life. Working as an extension of the ADRC, Behavioral Health Coaches utilize a person-centered, "whole person" approach to support access to mental health treatment; address social determinants of health; assist in coordination of care and are a bridge to services and supports available through the ADRC. This service includes a face-to-face visit to assess the level of engagement needed and to prioritize

**Date First Effective:** January 1, 2016   **Expiration Date:** June 30, 2022

**Revenue Received:** \$187,341   **Funds Expended:** \$187,341

**Clients Served:** 13   **Units Provided:** 600

☐ Client Definition same as OAA   ☒ Other contractors' clients

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?

This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.

2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?

**Item #5b – Contract/Commercial Relationships**

**Contractor/Vendor Table #2**

This initiative allows us to broaden our reach and serve more people, so we are not entirely reliant on OAA funds. Additionally, it allows us to leverage other funding sources to serve a broader population as it relates to age and disability.

3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?

There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all OAA policy.

**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #3**

**Area Agency on Aging: ARC Fiscal Year: FY23**

**Contractor/Vendor, Legal Name:** Department of Community Health (DCH)

**Contractor is:**     ☐ Non-Profit Corporation   ☐ For Profit Corporation   ☐ Federal Govt. Agency   ☒ Georgia Govt.

Agency   ☐ Another Georgia Area Agency on Aging   ☐ Other [Click or tap here to enter text.](#)

**Description of Service Provided/Received or Goods Purchased:**

EDWP Waiver Intake System ARC is charged with determining eligibility for the E&D Waiver (currently CCSP) for individuals who meet the level of care requirements. This service is an alternative to nursing home placement and has a menu of home and community-based service options. The ADRC unit counsels' individuals and assesses client need to determine their eligibility, based on standardized instruments and assessments. When a person is deemed eligible, they are placed on the CCSP waiting list. This includes providing choice counseling regarding case management agencies and home and community-based providers

**Date First Effective:** 1985   **Expiration Date:** June 30,2023

**Revenue Received:** \$2,632,957   **Funds Expended:** \$2,632,957

**Clients Served:** 2975   **Units Provided:** N/A

☐ **Client Definition same as OAA**   ☒ **Other** Individual of any age who has been a Medicaid-eligible nursing home resident for at least 60 days.

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?

This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship. In fact, the EDWP/ADRC funding is essential to our operation in meeting the growing demand of callers to the ADRC. Without this funding opportunity we would not have the infrastructure to support the needs of older adults and persons with disability in the Atlanta region. The additional funding from the contract with DCH has allowed the AAA to hire more ADRC counselors which helps handle all calls coming into the ADRC. There is no loss in quantity or quality to services delivered under the OAA.

**Item #5b – Contract/Commercial Relationships**

**Contractor/Vendor Table #3**

2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?

This initiative is essential for us to broaden our reach and serve more people, so we are not entirely reliant on OAA funds. Additionally, it allows us to leverage other funding sources to serve a broader population as it relates to age and disability. We are able to offer additional resources to seniors and persons with disabilities.

3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?

There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all OAA policy. All clients are assessed based on the screening identified by DAS/DCH. From there clients are referred to the appropriate service/fund source. It also helps to fulfill the purpose of the ACRD to serve all clients regardless of fund source.

**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #5**

**Area Agency on Aging: ARC Fiscal Year: FY23**

**Contractor/Vendor, Legal Name:** Administration of Community Living

**Contractor is:**     ☐ Non-Profit Corporation   ☐ For Profit Corporation   ☒ Federal Govt. Agency   ☐ Georgia Govt.  
Agency   ☐ Another Georgia Area Agency on Aging   ☐ Other [Click or tap here to enter text.](#)

**Description of Service Provided/Received or Goods Purchased:**

CHRONIC PAIN SELF-MANAGEMENT

**Date First Effective:** 2006   **Expiration Date:** July 31, 2023

**Revenue Received:** \$121,334   **Funds Expended:** \$121,334

**Clients Served:** 11   **Units Provided:** 27

☒ **Client Definition same as OAA**   ☐ **Other** [Click or tap here to enter text.](#)

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?

This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.

2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?

This initiative allows us to broaden our reach and serve more people so we're not entirely reliant on OAA funds. Additionally, it allows us to leverage other funding sources to serve a broader population as it relates to age and disability.

3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?

**Item #5b – Contract/Commercial Relationships**

**Contractor/Vendor Table #5**

There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all OAA policy.

**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #6**

**Area Agency on Aging: ARC Fiscal Year: FY23**

**Contractor/Vendor, Legal Name:** AmeriCorps

**Contractor is:**      ☐ Non-Profit Corporation   ☐ For Profit Corporation   ☒ Federal Govt. Agency  
                         ☐ Georgia Govt. Agency   ☐ Another Georgia Area Agency on Aging  
                         ☐ Other [Click or tap here to enter text.](#)

**Description of Service Provided/Received or Goods Purchased:**  
AMERICORPS SENIORS

**Date First Effective:** June 2008   **Expiration Date:** March 31, 2022

**Revenue Received:** \$77,777   **Funds Expended:** \$77,777

**Clients Served:** 1129   **Units Provided:** 921

☐ **Client Definition same as OAA**   ☐ **Other** Program volunteers must be 55 or older. Older adults are targeted for programs, but participants can be of any age.

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?

This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.

2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?

This initiative allows us to broaden our reach and serve more people so we're not entirely reliant on OAA funds. Additionally, it allows us to leverage other funding sources to serve a broader population as it relates to age and disability.

3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?

**Item #5b – Contract/Commercial Relationships**

**Contractor/Vendor Table #6**

There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all OAA policy.



**Item #5b – Contract/Commercial Relationships**

**Contractor/Vendor Table #7**

**Area Agency on Aging: ARC Fiscal Year: 21**

**Contractor/Vendor, Legal Name:** ePRO - ARC has subscription agreements with Community partners, DAS and statewide AAA's that generate revenue

**Contractor is:** ☐ Non-Profit Corporation ☐ For Profit Corporation ☐ Federal Govt. Agency ☐ Georgia Govt. Agency ☐ Another Georgia Area Agency on Aging ☒ Other ARC has subscription agreements with Community Partners, DAS and statewide AAA's that generate revenue

**Description of Service Provided/Received or Goods Purchased:**

ePRO - Subscription technology and Statewide support

**Date First Effective:** formerly ESP. ePRO was rolled out IN 2016 **Expiration Date:** none- still available

**Revenue Received:** 61,666 **Funds Expended:** 30,459

**Clients Served:** non applicable **Units Provided:** Total number of subscriptions - 16

☐ Client Definition same as OAA ☒ Other Non Applicable

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?  
This product is proprietary to ARC. It is used by every AAA in GA and is designed to be an unbiased, accurate, long term services database.
2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship.  
This product is proprietary to ARC. It is used by every AAA in GA and is designed to be an unbiased, accurate, long term services database.
3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?  
This product is proprietary to ARC. It is used by every AAA in GA and is designed to be an unbiased, accurate, long term services database

The Atlanta Regional Commission will contract with the following contractors to provide those services to older adults and caregivers.

CONTRACTOR INFORMATION	SERVICES PROVIDED
Cherokee County Senior Services 1001 Univeter Road Canton, GA 30115 770-479-7438	Case Management, Congregate Meals, Home Delivered Meals, Caregiver Services, Homemaker, Personal Care, Senior Recreation, and Transportation
Clayton County Senior Services 877 Battle Creek Road Jonesboro, GA 30236 770-603-4056	Kinship Case Management, Caregiver Services, Congregate Meals, Home Delivered Meals, Homemaker, Personal Care, Transportation and Senior Recreation.
Cobb County Senior Services 1150 Powder Springs St. NW, Ste 100 Marietta, GA 30064 770-528-5366	Case Management, Congregate Meals, Home Delivered Meals, Homemaker Services, Personal Care, Caregiver Services, Transportation and Senior Recreation.
DeKalb County Office of Senior Affairs 35 Rogers Street Atlanta, GA 30317 770-322-2955	Case Management, Congregate Meals, Home Delivered Meals, Homemaker, Personal Care, Caregiver Services, and Transportation.
Douglas County Senior Services 6287 Fairburn Road Douglasville, GA 30134 770-920-4303	Case Management, Congregate Meals, Home Delivered Meals, Homemaker, Senior Recreation and Group Transportation.

CONTRACTOR INFORMATION	SERVICES PROVIDED
Fayette Senior Services, Inc. 4 Center Drive Fayetteville, GA 30214 770-461-0813	Case Management, Congregate Meals, Home Delivered Meals, Personal Care, Homemaker, Caregiver Services and Transportation
Fulton County Aging Program 137 Peachtree St., SW Atlanta, GA 30303 404-613-8994	Case Management, Kinship, Congregate Meals, Home Delivered Meals, Personal Care, Homemaker, Caregiver Services and Transportation.
Gwinnett County Senior Services 75 Langley Drive Lawrenceville, GA 30045 770-822-8845	Case Management, Congregate Meals, Home Delivered Meals, Homemaker, Caregiver Services, Transportation and Senior Recreation.
Henry County Senior Services 1050 Florence McGarity Boulevard McDonough, GA 30252 770-288-6971	Case Management, Congregate Meals, Home Delivered Meals, Homemaker, Group Transportation, and Senior Recreation
Rockdale County Senior Services PO Box 289 Conyers, GA 30012 770-922-4633	Case Management, Caregiver Services, Congregate Meals, Home Delivered Meals, Homemaker, Personal Care, and Transportation
Atlanta Legal Aid Society, Inc. 54 Ellis St. NE Atlanta, GA 30303 404-524-5811	Elderly Legal Assistance Program

CONTRACTOR INFORMATION	SERVICES PROVIDED
Innovative Solutions for Disadvantage and Disability 4282 Memorial Drive, Suite B Decatur, GA 30032 404-600-3332	Kinship Case Management
Jewish Family & Career Services 4549 Chamblee Dunwoody Rd Atlanta, GA 30338 770-677-9300	Regional Respite Voucher Program and Regional Personal Care Voucher program.
CADRE, Inc. 1734 Hardin Avenue College Park, GA 30337-2059 678-378-2934	Village Model
Latin American Association 2750 Buford Hwy NE Atlanta, GA 30324 404-638-1800	Culturally Appropriate Information and Referral
HouseProud Atlanta, Inc. 410 Englewood Avenue Atlanta, GA 30315 404-464-5950	Material Aid - Home Modification/Home Repair
Meals on Wheels Atlanta (MOWA) 1705 Commerce Drive N.W. Atlanta, GA 30318 404-351-3889	Material Aid - Home Modification/Home Repair

CONTRACTOR INFORMATION	SERVICES PROVIDED
Habitat for Humanity International 285 Peachtree Center Ave NE #2700 Atlanta, GA 30303	Material Aid - Home Modification/Home Repair

## Item #6 – LOCATION OF SERVICES CHARTS

**Item #6: CHART #1 - Home and Community Based Services (HCBS) as provided in each county. (Include HCBS Services, HCBS In-Home Services, HCBS Nutrition/Wellness, Congregate Meals, Home Delivered Meals, HCBS Caregiver, HCBS Kinship Care Programs, Support Options, Alzheimer's, Evidence Based Programs, etc.)**

(Add/Delete Lines)



Chart #1	Counties 																		
	Services 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale								
1.	Case Management	X		X	X	X	X	X	X	X	X								
2.	Congregate Meals	X	X	X	X	X	X	X	X	X	X								
3.	Home Delivered Meals	X	X	X	X	X	X	X	X	X	X								
4.	Personal Care	X	X	X	X		X	X	X		X								
5.	Homemaker	X	X	X	X	X	X	X	X	X	X								
6.	Respite-in home	X	X	X	X	x	X	X	X	x	X								
7.	Community and Public Education		X					X											
8.	Senior Recreation		X	X	X	X			X	X	X								
9.	Transportation-Individual	X	X	X	X	X	X	X	X	X	X								
	Transportation – Individual Voucher	X																	

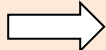

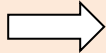

Chart #1	Counties 																	
	Services 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale							
10.	Personal Care Voucher					X				X	X							
11.	Kinship Community and Public education							x										
12.	Respite – In Home Voucher	X	X	X	X	X	X	X	X	X	X							
13.	Respite – Out of Home	X	X	X	X	X	X	X	X	X	X							
14.	Respite – Out of Home Voucher	X	X	X	X	X	X	X	X	X	X							
15.	CDSME-CDSMP	X	X	X	X	X	X	X	X	X	X							
16.	CDSME- Diabetes	x	x	x	x	x	x	x	x	x	x							
17.	Falls Prevention Matter of Balance	X	X	X	X	X	X	X	X	X	X							
18.	Falls Prevention-Tai Chi	X	X	X	X	X	X	X	X	X	X							
19.	Powerful Tools for Caregivers	X	X	X	X	X	X	X	X	X	X							
20.	Congregate Meal Voucher	x																
21.	Material Aid- AT	X	X	X	X	X	X	X	X	X	X							
22.	Material Aid- Ind	X	X	X	X	X	X	X	X	X	X							
23.	Behavioral Health Counseling																	
24.	Care Consultation	X	X	X	X	X	X	X	X	X	X							
25.	Support Options Coordination	X	X	X	X	X	X	X	X	X	X							

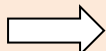

Chart #1	Counties 																		
	Services 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale								
26	Telephone Reassurance	X	X	X	X	X	X	X	X	X	X								
27.	Material Aid- Home Modification	X	X	X	X	X	X	X	X	X	X								
28.	Village Model							X											



## Item #6 – LOCATION OF SERVICES CHARTS Continued...

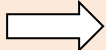

**Item #6: Chart #2 – Access Services Provided in Each County Chart (Include ADRC, Elderly Legal Assistance Program, Nursing Home Transitions, Money Follows the Person, Options Counseling, etc. as provided in each county.**

(Add/Delete Lines)

Chart #2	Counties 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale							
	Services 																	
1.	ADRC Information and Assistance	X	X	X	X	X	X	X	X	X	X							
2.	Elder Legal Assistance	X	X	X	X	X	X	X	X	X	X							
3.	Support Options	XX	X	X	X	X	X	X	X	X	X							
4.	Money Follows the Person	X	X	X	X	X	X	X	X	X	X							
5.	Community Options Counseling	X	X	X	X	X	X	X	X	X	X							
6.	Nursing Home Transitions	X	X	X	X	X	X	X	X	X	X							
7.	Behavioral Health Coaching-non congregate	X	X	X	X	X	X	X	X	X	X							
8.	MDSQ Options Counseling	X	X	X	X	X	X	X	X	X	X							
9.	Community Options Counseling	x	x	x	x	x	x	x	x	x	x							
10.	MFP Transitions Coordination	X	X	X	X	X	X	X	X	X	X							
11.	Nursing Home Transitions	X	X	X	X	X	X	X	X	X	X							

## Item #6 – LOCATION OF SERVICES CHARTS Continued...

**Item #6: Chart #3 – Initiatives and Services/Programs Funded through DAS/ACL Discretionary Grants, Other Federal, State and Local Funds, and Commercial relationships such as with Health Partners, Insurance Agencies, IT Contracts, etc. as provided in each County. (Add/Delete Lines)**

Chart #3	Counties 																	
	Services 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale							
1.	Behavioral Health Coaching	X	X	X	X	X	X	X	X	X	X							
2.	Elderly & Disabled (E&D) Waiver Intake System	X	X	X	X	X	X	X	X	X	X							
3.	5310 FTA					X	X	X	X		X							
4.	AmeriCorps Senior		X	X	X			X										
5.	Chronic Pain Management	X	X	X	X	X	X	X	X	X	X							

## **Item #7 – Cost Share Implementation Plan**

**Introduction:** The OAA permits states to implement cost sharing. DAS established the fee-for-service system to be used specifically to leverage state community-based services funding to generate additional resources through client fees. AAAs use a fee scale provided by the DAS to determine the amount of cost share based on a declaration of income by the individual served for both, state funded and OAA funded services. Each AAA develops implementation plans for cost share which ensure that low-income older persons will not be adversely affected, with particular attention to low income minority individuals. The cost share scale is revised annually based on revised Federal Poverty Guidelines.

Services subject to cost sharing for state funded or OAA funded services include, but are not limited to:

- Adult Day Care/Health Services
- Chore Services
- Emergency Response Services
- Homemaker Services
- Home Modification and Repairs
- Personal Support Services
- Respite Care Services
- Transportation Services
- Senior Center Activities
- Recreation Services
- Wellness Program Services

Voluntary contributions are allowed from service recipients, their caregivers or their representatives. AAAs are encouraged to inform service recipients of the actual cost of a service to allow informed consideration about the amount of voluntary contributions. The AAAs consult with service providers and older individuals in the planning and service area to develop methods for collecting, safeguarding and accounting for voluntary contributions. The AAAs ensure that each service provider will provide each recipient with an opportunity to voluntarily contribute to the cost of the service.

### **ARC Agency of Agency Cost Share Policy**

*Effective as of March 1,2020*

In accordance with the Georgia Department of Human Services, Division of Aging Services (DAS), the Atlanta Regional Commission Area Agency on Aging supports the implementation of cost sharing under the Older American's Act "Consumer Contributions".

The cost share is to be determined solely on individual income and the cost of providing services and may only be implemented for the following services:

- Adult Day Care/Health Services
- Chore Services
- Emergency Response Services
- Homemaker Services
- Home Modifications and Repairs
- Personal Support Services
- Respite Care Services

- Transportation Services
- Senior Center Activities
- Recreation Services
- Wellness Program Services

ARC and its subgrantee agencies for DAS-funded aging services will use the fee scale provided by the Division of Aging Services to determine the amount of cost share based on a declaration of individual income for both state-funded and OAA-funded services.

The cost share scale is revised annually based on revised Federal Poverty Guidelines. Staff responsible for determining cost share amounts on behalf of consumers will review and update cost share calculations no later than 30 days after publication of the revised cost share scale, prioritized by consumers whose cost share amounts are likely to change based on the revision. Consumers must be given a 30-day written notice of an increase in their cost share. Written notice must be given for a decrease in cost share.

Under no circumstance shall the implementing of a cost share adversely affect the participation of a low-income older adult in a service, with particular attention to low-income minority individuals. The Older Americans Act prohibits denying services for which funds are received under the Act for an older individual due to the income of the individual or his/her failure to make a cost sharing payment.

Intake and screening procedures conducted at both the ARC level and the subgrantee agency level will include clear and complete information regarding the potential for cost share to applicants for services.

Income information for consumers of non-Medicaid Home and Community Based Services will be provided only by a confidential declaration of income, with no requirement for verification. In accordance with DAS policy *only* the

applicant's statement, or declaration of income, or that of his/her authorized representative, is requested and documented in the individual's client record retained in either electronic or conventional form.

ARC and subgrantee agencies will use the HCBS Income Worksheet as an interview guide and to document all sources of income received on a regular basis to be considered in determining the amount of fees to be assessed.

A cost share may **not be** imposed for the following services or persons paid with **OAA or state** funds:

- Information and Assistance
- Outreach
- Benefits counseling
- Medications management assistance
- Ombudsman
- Elder abuse prevention
- Legal assistance
- Other consumer protection services
- Nutrition services, including congregate meals
- Nutrition screening, counseling, and education.

Any service provided to low-income older persons whose income is at or below the Federal Poverty Limit.

No cost share may be imposed by ARC or subgrantee agencies for the following services or persons paid with **OAA** funds

- Case Management Services
- Home Delivered Meals

ARC and subgrantee agencies may require a cost share for Case Management and Home Delivered Meals if paid with non-OAA funds, such as SSBG, private pay, or state funds. Where cost shares are required, ARC shall assure that adequate policies and procedures are implemented to address potential termination of services for non-payment of fees assessed for state-funded services and locally funded services.

Reassessments are to include a review and update of the Income Worksheet as appropriate and any adjustments to the cost share that may be warranted, based on changes in individual income, changes in the federal poverty guidelines, out of pocket expenses or other circumstances. Staff are to advise consumers to report any changes in income or circumstances when they occur.

## **Items #8 - Allocation, Budget and Units Plan**

### **Item #8a - Allocation Methodology**

As the Area Agency on Aging, the Atlanta Regional Commission (ARC) is responsible for the planning, development, implementation and coordination of services for older adults and caregivers. ARC is also mandated to advocate on behalf of older adults and to collect and distribute information to help older adults and caregivers access needed services. ARC meets these responsibilities by working closely with service agencies, county governments, representatives from the public and private sectors, elected officials, senior citizens and caregivers from across the region.

One of ARC's primary responsibilities is grant administration, including local administration of the DHS aging services grant, which includes multiple federal and state funding sources, and other special projects. As the demand for aging services continues to exceed the availability of those supported by public funds, ARC continues to develop new strategies to expand the Region's service network. ARC has initiated and fostered important working relationships with the private sector, faith communities, service agencies, community groups, and other Area Agencies on Aging in Georgia.

Older Americans Act and state funding continue to be the primary funding sources for ARC as the Area Agency on Aging. ARC allocates its funding to its operation for administration, ADRC services, in addition to contracting with local organizations through a competitive bid process to provide aging services that are tailored to local needs of the older adults in the region.

ARC allocates funds received under Title III of the Older Americans Act according to a modified Intrastate Funding Formula (IFF) methodology. This formula consisted of the following weights: 10% of the Population 60+, 10% Low Income



Minority 65+, 13% Low Income 65+, 15% Rural 60+, 10% Disabled 65+, 4% Limited English-Speaking 65+, 8% 65+ Living Alone, and 30% 75+ Population. ARC intends to issue Notices of Funding Availability every two years to allow for adjustments based on significant economic and/or industry changes. ARC awards funds under the DHS Aging Services grant through a prescribed competitive bid process, as required by DHS.

The ARC plans on distributing its DHS aging services grant funds using the following criteria: approximately 65% is allocated to contractors to reach the areas identified by the Atlanta Region's strategic plan and detailed in the Area Plan; 35% is used for direct service delivery as well as administration.

In response to the DHS request to assure AAA Admin and indirect costs fall within allowable limits, ARC has made the following adjustments to funding allocated across the region. ARC has allocated approximately 89% of Title III B funding to local agencies and will use HCBS funds allocated to support the functions of the AAA. ARC will be instructing its subcontractors that none of the above referenced funds are to be used for administrative costs for services that they do not directly provide. ARC will further assure, through a process to be negotiated with DHS, that none of these funds are used for unallowable purposes.

In accordance with state and federal guidelines, ARC has prepared and is submitting the **SFY 2024** Area Plan on Aging which reflects the region's allocation plan. Upon approval of the Area Plan on Aging, ARC will execute a contract with the Georgia Division of Aging Services and will then enter into contractual agreements with the selected service providers effective July 1, 2023.

Through its established activities as the Area on Aging, ARC monitors the implementation of the service programs, provides extensive ongoing technical assistance and offers training sessions to strengthen the delivery of services. As a part of its administrative procedure, ARC initiates a process to update the respective proposals for the following fiscal year and submits to the DHR Division of Aging, the updated Area Plan on Aging.

### **Item #8b - Budget Narrative**

The **FY 2024** Area Plan budget reflects **2024-P funding** allocations issued by the Georgia Division of Human Services. Sub- grantee budgets reflect changes to services provided based on the identified needs of the region's providers and changes to projected costs. There are no significant budget changes for the **FY 2024 Area Plan**.

**Budget Fund Source Summary:** The budget fund Source summary shows **SFY2023-02** budget of **\$25,599,735** with no adjustments changes to funding allocations to align with DHS projected allocations. This resulted in a planned **SFY2024-P** of **\$25,580,478**.

## Item #8c - Changes to Services/Units/Persons

Row Labels	Units 2023	Units 2024	Persons 2023	Persons 2024
Behavioral Health Coaching - Congregate	2,219	4,003	200	200
Care Consultation	1,363	1,032	278	202
Case Management	87,717	143,989	4,498	5,480
Congregate Meals	268,339	330,406	3,516	3,568
Congregate Meals - Voucher	3,630	9,539	120	195
Home Delivered Meals	637,136	545,779	6,577	4,344
Home Management	-	824	-	320
Homemaker	38,626	49,805	1,681	1,572
Kinship Care - Group	-	20,533	-	50
Material Aid - Assistive Technology	150,112	566,000	555	551
Material Aid - Home Modifications/Home Repair	-	300,000	-	29
Material Aid - Individual	244,507	132,201	1,385	409
Personal Care	14,168	15,708	482	420

Personal Care - Voucher	1,957	2,242	24	31
Respite Care - In-Home	22,648	24,043	421	293
Respite Care - In-Home - Voucher	7,168	6,695	144	126
Respite Care - Out-of-Home	199	201	20	20
Respite Care - Out-of-Home - Voucher	1,977	1,357	97	77
Senior Recreation	-	365	-	200
Support Options	198,000	414,000	60	120
Transportation	69,526	80,345	2,517	1,874
Transportation - Voucher	23,571	89,274	250	-
<b>Grand Total</b>	<b>1,772,863</b>	<b>2,738,341</b>	<b>22,825</b>	<b>20,081</b>

!

### **Item #9 - 2020 – 2023 State Plan and AAA Area Plan Alignment of Older Americans Act Mandate for Goals, Objectives and Measures**

**Introduction:** In compliance with the Older Americans Act, as amended through P.L. 114 – 114, enacted April 19, 2016, the Georgia DHS/DAS has established a four-year planning cycle such that area plans are developed in the first year and amended as required in the succeeding three years. State plan development is accomplished in the fourth year

of the schedule and uses area plan information and performance data as the basis against which compliance with standard assurances, evaluation of regional capacity, effectiveness of service delivery and the degree to which target populations are served are measured. The state plan establishes statewide goals and objectives for the next area plan cycle to which Area Agencies on Aging must align new area plans developed in the new planning cycle. Area agencies on Aging are provided the option to include area specific targets appropriate to serve regional needs absent conflicts with statewide direction.

The Georgia DHS/DAS developed the following measurable goals and objectives that meet the Administration for Community Living's (ACL) focus areas. The goals embrace person-centered and consumer-directed approaches to improve service delivery, strengthen the aging network and increase safety for older Georgians and people with disabilities.

## Item #10 – Goal #1 Objectives and Measures Charts

***Goal #1 - Provide long-term services and supports that enable older Georgians, their families, caregivers and persons with disabilities to fully engage and participate in their communities for as long as possible.***

**AAA #1.1 Objective: Money Follows the Person Program (MFP)  
Increase number of participants completing 365 days in all transition programs.**

AAA Strategies		
1.	Clients are now required to have a waiver in place prior to transition. We will continue to advise clients to strengthen their circles of support to ensure a safe and successful life in the community	
2.		
3.		
Measure		Baseline: SFY 2018 Due 3/1/2020 – Update for SFY 2019:
1.	Increase the number of completed transitions by 1% annually.	<b>SFY 2018 Baseline:</b> SFY 2018 Baseline: 49 actual transitions (contract deliverable is 29) Correction made to original submittals numbers. SFY 18 baseline: 44 transitions; 39 completed their 365-day transition. DAS deliverable was only 29 transitions so 100% met their 365 deliverables. SFY 2019 update: 49 individuals were transitioned, 44 completed their 365-day transition. Contract deliverable was only 30, so 100% of contract deliverable met their 365-day transition.
Measure		Due 3/1/2021 – Update for SFY 2020:
1.	Increase the number of completed transitions by 1% annually.	Over the last 12 months (12/1/19 – 11/30/20 we transitioned 46 people. 44 clients completed their 365 days and 2 passed away. This is a 95% completion rate. For SFY2019 we had an 89% completion rate, so this is a 6% increase. In addition, our deliverables requested by DAS were to transition 30 clients and we exceeded that number by 16.
Measure		Due 3/1/2022 – Update for SFY 2021:

**AAA #1.1 Objective: Money Follows the Person Program (MFP)**  
**Increase number of participants completing 365 days in all transition programs.**

1.	Increase the number of completed transitions by 1% annually.	56 individuals transitioned in FY 21 with 51 having either completed or who are anticipated to complete their 365 days in the community. With 5 months of completion data (7/1/20-11/30/20 since clients discharged between 12/1/20 and 6/30/21 have not yet completed their 365 days in the community), there were <b>a total of 24 transitions with 22 individuals completing 365 days or 91%</b> . 3 clients died and 2 individuals returned to the SNF per their own request.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase the number of completed transitions by 1% annually.	38 individuals transitioned in FY 22. Of these, 4 individuals passed away and 1 returned to the SNF. This is an 86% completion rate. This is only 6 months of data since participants who enrolled between January 1, 2022, and June 30, 2022, still have 1-6 months left in the program.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Increase the number of completed transitions by 1% annually.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Increase the number of completed transitions by 1% annually.	
<b>#1</b>		

**AAA #1.2 Objective: Nursing Home Transitions (NHT)**  
**Decrease the number of participants who re-institutionalized in the Nursing Home Transitions Program each year.**

**AAA Strategies**

1. All NHT clients who wish to live alone will be assessed using the Informal Caregiver assessment stating who will assist them in the community once transitioned. For those individuals who need additional assistance, they will receive initial PSS supports in absence of/or in addition to home health services

2.

3.

**Measure**

**Baseline: SFY 2018**

**Due 3/1/2020 – Update for SFY 2019:**

**SFY 2018 Baseline: SFY 2018 Baseline: 0**  
**SFY 2019 is 6**

1. Decrease the number of re-institutionalizations by 1% annually.

**Measure**

**Due 3/1/2021 – Update for SFY 2020:**

For the past 12 months we had 1 person re-institutionalized. This meets the 1% goal set for re-institutionalizations

1. Decrease the number of re-institutionalizations by 1% annually.

**Measure**

**Due 3/1/2022 – Update for SFY 2021:**

26 individuals transitioned in FY 21 with zero reinstitutionalized.

1. Decrease the number of re-institutionalizations by 1% annually.

**Measure**

**Due 3/1/2023- Update for SFY 2022:**

29 individuals transitioned in FY 22. Of these, 2 individuals passed away and 1 returned to the SNF. This is a .03% increase regarding reinstitutionalized clients. This is only 6 months of data since participants who enrolled between January 1, 2022, and June 30, 2022, still have 1-6 months left in the program.

1. Decrease the number of re-institutionalizations by 1% annually.

**Measure**

**Due 3/1/2024 – Update for SFY 2023:**

1. Decrease the number of re-institutionalizations by 1% annually.



**AAA #1.2 Objective: Nursing Home Transitions (NHT)**  
**Decrease the number of participants who re-institutionalized in the Nursing Home Transitions Program each year.**

	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Decrease the number of re-institutionalizations by 1% annually.	
		#2

**AAA #1.3 Objective: Aging & Disability Resource Connection (ADRC)**  
**Expand the number of AAAs providing Community Options Counseling to 100% by 2022.**

	AAA Strategies	
1.	New performance goal will be added to annual evaluations for every certified Community Options Counselor (COC) with the expectation that every COC completes a minimum of 6 COC cases per year. This is a new goal that will be incorporated into each OC's annual evaluation as 2020 evaluations are reviewed and updated for 2021	
2.		
3.		
	Measure	Baseline: <b>SFY 2018</b> Due 3/1/2020 – Update for SFY 2019:

**AAA #1.3 Objective: Aging & Disability Resource Connection (ADRC)**  
**Expand the number of AAAs providing Community Options Counseling to 100% by 2022.**

1.	Increase the number of AAAs participating in the program to 12 by 2022.	<b>SFY 2018 Baseline: SFY 2018 Baseline: Yes – ARC participates in OC</b> <b>SFY 2018 = 3 OC cases</b> <b>SFY 2019 = 4 OC cases</b> For MDSQ, OC, we follow the guidelines as stated in the ODIS manual. Options counseling is provided based on referrals from NH's, ADRC and the general public. For FY21 we plan to counsel at least 864 individuals. For Community OC, ODIS guidelines are also followed and most recently, OC has been offered in conjunction. with NWD Grant work. Each certified Community Options Counselor is expected to complete a minimum of 6 COC cases per year. This is a new goal that will be incorporated into each OC's annual evaluation and will be written in as 2020 evals come due for the next year. Our goal is to provide OC to at least 12 individuals in FY 21
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Increase the number of AAAs participating in the program to 12 by 2022.	<b>SFY 20: 37 COC Cases (825% increase)</b> In January 2020, ARC designated a COC lead who had recently been certified. That lead put a renewed focus on COC by leading trainings, increasing awareness of the program, and implementing a more formal internal referral process. Additionally, Certified COC's now have a goal on their annual performance evaluations that states they will complete a minimum of 6 COC cases per year. That, as well as an increase in MAC referrals in FY 20 increased ARC's internal referrals to COC in FY 20.

**AAA #1.3 Objective: Aging & Disability Resource Connection (ADRC)**  
**Expand the number of AAAs providing Community Options Counseling to 100% by 2022.**

	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Increase the number of AAAs participating in the program to 12 by 2022.	<b>SFY 21: 28 COC Cases (24% reduction from last FY but goal of 12 in the program met.)</b> Community Options Counseling Lead transitioned to another position in FY 21 which left a gap in that focus area. Additionally, ADRC call volume significantly increased in FY 21 and to help mitigate that increase, ADRC Program Manager's decided to reduce the required number of COC cases completed annually for each certified OC.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase the number of AAAs participating in the program to 12 by 2022.	<b>SFY 22: 33 COC Cases (18% increase from last year). ARC plans to have additional COC's certified when DAS next schedules the training.</b>
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Increase the number of AAAs participating in the program to 12 by 2022.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Increase the number of AAAs participating in the program to 12 by 2022.	
#3		

**AAA #1.4 Objective: Home and Community Based Services (HCBS)**  
**Reduce hunger and nutrition risks for meal recipients.**

**AAA Strategies**

1.		
2.		
3.		
	<b>Measure</b>	<b>Baseline: SFY 2019</b> <b>Due 3/1/2020 – Update for SFY 2019:</b>
1.	Decrease hunger and nutrition risk by 10% from the client baseline after a meal is received by 2023.	<b>SFY 2019 Baseline:</b>
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Decrease hunger and nutrition risk by 10% from the client baseline after a meal is received by 2023.	
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Decrease hunger and nutrition risk by 10% from the client baseline after a meal is received by 2023.	<b>No Update is <u>required</u> for SFY 2021 in the AAA's 3/1/2022 Area Plan Update Submission.</b>
	<b>Measure</b>	<b>Due 3/1/2023 - Update for SFY 2022:</b>
1.	Increase persons served with Home and Community Services (HCBS) as defined by the Older Americans Act from Regional Baseline to 25% increase by June 30, 2024.	<b>SFY 2021 Baseline (As of June 30, 2021): 12,805</b> <b>SFY 2022 Baseline (AS of June 30, 2022): 15,044</b> <b>*Used program performance report to obtain client numbers. The 2021 baseline included HDC5, CARES and FF. Added Farmers Market and Legal aid clients to the total numbers.</b>
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Increase persons served with Home and Community Services (HCBS) as defined by the Older Americans Act from Regional Baseline to 25% increase by June 30, 2024.	

**AAA #1.4 Objective: Home and Community Based Services (HCBS)**  
**Reduce hunger and nutrition risks for meal recipients.**

	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Increase persons served with Home and Community Services (HCBS) as defined by the Older Americans Act from Regional Baseline to 25% increase by June 30, 2024.	
		#4

**AAA #1.5 Objective: Home and Community Based Services (HCBS)**  
**Serve target populations in need of HCBS.**

**AAA Strategies**

- |    |   |
|----|---|
| 1. | <ol style="list-style-type: none"> <li>1. Review and eliminate the clients that are outside the Atlanta region.</li> <li>2. Evaluate and identify the reason for missing data (migration, user error, user compliance).</li> <li>3. Review the missing elements and create a timeline for reducing the missing elements; percentage will be determined with eventual goal of 100%</li> <li>4. Conduct a granular analysis of the number of people who meet zero of the target criteria:</li> <li>5. Identify the largest singular service area to focus on in year one.</li> <li>6. Provide training and support to users who document to set expectations and increasing eligibility confirmation</li> </ol> |
| 2. |   |
| 3. |   |

**Measure**

**Baseline: SFY 2019** 64% meet at least one target criteria.  
**Due 3/1/2020 – Update for SFY 2019:**

- |    |  |  |
|----|--|--|
| 1. | By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria. | Our FY21 plan was approved with just the strategies. |
|----|--|--|

**Measure**

**Due 3/1/2021 – Update for SFY 2020: 69.4% met at least one criteria.**

- |    |  |  |
|----|--|--|
| 1. | By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria. | <p>ARC created strategies based on DAS review in July,2020. The HAR report was created. Thom Snyder in the DAS review form requested that ARC schedule a meeting with our state coordinator to review report. On 7.20.20 The number of those that meet at least one criteria was 59% On 2.9.21 reviewing the same report there were 62% of clients who met at least one criteria. We then ran the report without caregivers, we were at 64% who met at least one criteria. Caregivers do not require at DON-R, only a BAKAS, so eliminating them was critical to getting more exact data. We reviewed several clients who did not meet any criteria and all those records migrated over to DDS. In the migration, the iadl's were not broken out; only the cumulative score was at the end. We realized that as DON'R's are updated in FY21, we believe we will see quite an uptick in the number of clients with at least one criteria met. We noted several cases to bring to the Thom Snyder's attention on 2.10.21. Essentially the data from FY20</p> |
|----|--|--|

**AAA #1.5 Objective: Home and Community Based Services (HCBS)**  
**Serve target populations in need of HCBS.**

		will be skewed because of the migration. We also know that with COVID and the effort to bring on different populations in need of meals in high-rises, the DON-R was not necessary since they are receiving the services temporarily so these will be more clients who appear to not meet any of the targeted criteria. ARC HCBS intake unit made the decision midway through referring, to go ahead and complete all the assessments. When individuals from Tier 2 would receive service because of the availability of dollars, there may be individuals who received meals by virtue of COVID and the need to stay at home under GA govt orders who would also not meet any of the targeted criteria and thus skew the results.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021: 70.6% met at least one criteria.</b>
1.	By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria.	<p>In conversations with DAS staff, ARC shared that we were aware of the larger challenge of never having had time to do a large cleanup of imported data both from SAMS and AIMS. The Provider Network team converted all the missing data elements reports to a workable format with highlighted cells of missing data and sent them to the entire network requesting clean up over a period of 3 months. We began with 12,361 client files that had missing elements. As of 1.10.22 we were down to 6515. Provider have worked hard on this and asked us to run again by county and sent back out so they can identify records they missed.</p> <p>DAS provided an additional list of clients that had no provider enrollments. There were 868 client records on that list. 635 of those client records had no recorded activities. We would like to add these 635 client records to the list of records that we are adding DAS to close out.</p>

**AAA #1.5 Objective: Home and Community Based Services (HCBS)**  
**Serve target populations in need of HCBS.**

		<p>The remaining 233 client records involve internal staff at ARC opening each client file and reviewing several aspects of the file both in activities and notes to determine who the provider enrollment should be and adding that to the file.</p> <p>Additionally, DAS sent to ARC data clean up activities for clients that had not received services since 7.1.21. There were 26,767 client files in the list. Of those, 21,661 files had no activity date. The balance of those records had activities in them but only 2,542 records had activities within the last 12 months (January 1, 2021).</p> <ul style="list-style-type: none"> <li>While DAS has a policy of closing out client records that have not have activities for 60 days, we recommend that we keep open the 2542 records which have had activities recorded in the last year. We recommend that DAS close out 24,225 of the records</li> </ul> <p>All of the above clean up is necessary to get accurate data in the HCBS Target Criteria Report so that the measurements will be accurate.</p>
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:73.2%</b>
1.	By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria.	73.2% of clients receiving HCBS services meet at least 1 target criteria. This is an increase of roughly 3% from last SFY. The providers in the provider network continue to try to reach those older adults who are most in need of services.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>



**AAA #1.5 Objective: Home and Community Based Services (HCBS)**  
**Serve target populations in need of HCBS.**

1.	By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria.	
#5		

**AAA #1.6 Objective: Home and Community Based Services (HCBS)**  
**Increase the number of aging network staff who have received Mental Health First Aid Training.**

	<b>AAA Strategies</b>	
1.	Continue to advertise training opportunities when they become available to ensure that staff at the provider level have access to participate in the training.	
2.		
3.		
	<b>Measure</b>	<b>Baseline: SFY 2019</b> <b>Due 3/1/2020 – Update for SFY 2019:</b> <b>SFY 2019 Baseline: 23 (including ARC staff and Provider staff).</b>
1.	Increase the number of aging network staff who have received Mental Health First Aid Training by 10% over the baseline annually.	
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:23(same baseline as last year)</b>
1.	Increase the number of aging network staff who have received Mental Health First Aid Training by 10% over the baseline annually.	Most of the mental health First Aid trainings were cancelled because of the pandemic. The impact of isolation on older adults has greatly impacted older adults and we anticipate more and more staff will

**AAA #1.6 Objective: Home and Community Based Services (HCBS)****Increase the number of aging network staff who have received Mental Health First Aid Training.**

		need this training. We are anticipating that this training will be offered remotely in the future. ARC will participate in the new suicide prevention training (QPR) that DBHDD will be offering in conjunction with DAS. ARC we will avail ourselves of any opportunity to engage staff in training so that they can support older adults who will continue to have mental health concerns that are exacerbated by the pandemic. ARC had hired another behavioral health specialist who has spoken at the provider network meeting to offer their assistance to case managers when there are situations that are outside of their skill level. The behavioral health specialist will participate in addressing the needs of the client at the invitation of our provider network.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Increase the number of aging network staff who have received Mental Health First Aid Training by 10% over the baseline annually.	23 Baseline for staff and providers remained the same and mental health and first aid training normally offered in the network. ARC presented a mandatory two-day 6.5 hour certification course in addition to two hours of self-learning through Marsh & McLennan Agency for all leadership at ARC on August 25 and 26 <sup>th</sup> , 2021.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase the number of aging network staff who have received Mental Health First Aid Training by 10% over the baseline annually.	23 Baseline for staff and providers remains the same for the Mental Health First Aid Training. ARC is offering more trainings in FY23. ARC has two trainings already scheduled in April 2023 with a maximum of 20 staff per training.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Increase the number of aging network staff who have received Mental Health First Aid Training by 10% over the baseline annually.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>

**AAA #1.6 Objective: Home and Community Based Services (HCBS)**

**Increase the number of aging network staff who have received Mental Health First Aid Training.**

1.	Increase the number of aging network staff who have received Mental Health First Aid Training by 10% over the baseline annually.	
		#6

**AAA #1.7 Objective: Home and Community Based Services (HCBS)**  
**Increase number of Quality of Life and Health related trips.**

**AAA Strategies**

1. ARC will track a new 18-month grant from CTAA with funding from ACL and FTA for \$300,000 whose purpose is to deploy CPS enabled software on CPACS vehicles. This grant is directed by the ARC but not by the AAA. They currently have no technology on their vehicles, unlike most transit operators in the region and to develop a back-office trip exchange software that will allow Gwinnett Transit Authority and CPACS to collaboratively dispatch demand response vehicles in real time, which will decrease passenger wait times and improve operational efficiency. All of this will primarily benefit low income, limited English proficient, and or older adults who may or may not have a disability impairment, to improve the quality of their travel experiences. The first nine months will involve the formation of a steering committee of program participants. ARC will track this grant which begins now (Sept 2020) so that when it ends in March 2022, we can share the findings with other providers in the hopes that they too can invest in the changes that will result in improved efficiency and meeting the needs of their population. The second phase of the project is for the implementation phase, and it was extended to June 30, 2022

2.

3.

**Measure**

**Baseline: SFY 2019**

**Due 3/1/2020 – Update for SFY 2019:**

1. Increase number of Quality of Life and Health related trips by 40% by 2024.

**SFY 2019 Baseline:** zero  
 SFY 2020 Baseline: 15,538  
 SFY 2021 Baseline: 33,624

**Measure**

**Due 3/1/2021 – Update for SFY 2020:**

1. Increase number of Quality of Life and Health related trips by 40% by 2024.

The grant began in September of 2020. The team has just begun meeting and an advisory committee is being set up with multiple Limited English-speaking populations which has been a huge challenge. To date, we have met with Koreans separately, taken a bus trip with Bhutanese and am trying to set a meeting with the Burmese. CTAA insists on one large group meeting so we are going to have the first full advisory group meeting on January 28, 2021. We anticipate there will be much to report on in FY21 that will impact our learning and the development of the grant deliverables. The development of the app which will ultimate contribute significantly

**AAA #1.7 Objective: Home and Community Based Services (HCBS)**  
**Increase number of Quality of Life and Health related trips.**

		making it easier to schedule, allowing real time scheduling and greater travel choices, will show the rest of the network what the possibilities are for software developments and enhancements. NOTE: AAA staff are involved in this grant but are not the lead group within ARC implementing grant deliverables.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Increase number of Quality of Life and Health related trips by 40% by 2024.	Update to CTAA grant. This is a grant that is directed by the ARC but not by the AAA. Thom Snyder felt it was a great project to follow to indicate positive change that directly impacts the lives of older American riders. In FY21, an RFP was issued out for a vendor to develop the rider facing app technology for use with CPACS. SPARKS Lab was selected. And they began their work by delving into CPACS current system, looking at issues and needs of riders and developed a ride share app. Much of the last month of the year was spent working through the front facing of the app and developing a user's guide/video that can be translated into the languages of the community. The second phase of the project is for implementation and includes launching the Spare platform. The implementation phase was extended to June 30, 2022. That implementation is a direct contract between Spare and CPACS and will transition outside of ARC.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase number of Quality of Life and Health related trips by 40% by 2024.	69,326 quality of life trips.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>

<p><b>AAA #1.7 Objective: <u>Home and Community Based Services (HCBS)</u></b>  <b>Increase number of Quality of Life and Health related trips.</b></p>		
1.	Increase number of Quality of Life and Health related trips by 40% by 2024.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Increase number of Quality of Life and Health related trips by 40% by 2024.	
<p>#7</p>		

## Item #11 – Goal #2 Objectives and Measures Charts

**Goal #2: *Ensure older Georgians, persons with disabilities, caregivers and families have access to information about resources and services that is accurate and reliable.***

**AAA #2.1 Objective: Aging & Disability Resource Connection (ADRC)  
Increase the number of first-time contacts to ADRC.**

### AAA Strategies

- |    |   |
|----|---|
| 1. | <p>1. Empowerline will utilize a variety of marketing strategies to increase ADRC first-time callers.</p> <p>2. Create the following: new blog posts; newsletters with content leading to website; daily Twitter tweets and thrice weekly Facebook posts with paid ads as budget permits.</p> <p>3. Empowerline Self-Service will launch in summer 2020</p> <p>Additionally, we anticipate 2 major changes that could impact this measure:</p> <p style="padding-left: 20px;">a) Empowerline Self-Service will launch in summer 2020; unclear how this will impact our call volume. Suggest that we be able to include # of on-line searches into our number of “first time callers” – this will apply to all AAAs</p> <p style="padding-left: 40px;">United Way 211 will no longer provide 24/7 coverage for ADRC as of August</p> |
|----|---|

- |    |  |
|----|--|
| 2. |  |
| 3. |  |

	Measure	Baseline: <b>SFY 2018</b> Due 3/1/2020 – Update for SFY 2019:
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1.	Increase the number of first-time contacts to ADRC by 5% annually.	<b>SFY 2018 Baseline: 25,434</b> <b>SFY 2019: 23,968 which is a decrease of 6%</b>
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	Measure	Due 3/1/2021 – Update for SFY 2020:
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1.	Increase the number of first-time contacts to ADRC by 5% annually.	SFY 2020: 22,179 which is a decrease of 7%. At the beginning of the COVID pandemic (April and May) ADRC contacts dropped by 17%. Contact numbers started increasing toward the end of June with the biggest jump in July and August 2020. Additionally, Empowerline
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**AAA #2.1 Objective: Aging & Disability Resource Connection (ADRC)**

**Increase the number of first-time contacts to ADRC.**

		Self-Service function was launched in December 2020 and may have an impact on the number of contacts. ePRO Self-Service tracks usage by IP addresses so ARC will sort that data pull to differentiate unique users on that format. This data will be included as a supplement to DDS “unique callers” numbers for this goal.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Increase the number of first-time contacts to ADRC by 5% annually.	SFY 21: 17,818 which is 30% reduction from the 2018 baseline. This includes first time contacts pulled from ePRO Self-Service, however, we were only able to start tracking this data in April of FY 21. The ADRC did have an increase in calls during the COVID-19 pandemic, but this goal speaks to an increase in first-time callers specifically, which is the number that decreased in FY 2021. This may be attributed to several factors including: <ul style="list-style-type: none"><li>• With the influx of additional COVID funding for services, ARC encouraged service providers to enroll new clients into services directly to divert that extra volume from coming into the ADRC. This was only allowed because of the pandemic and the emergency declaration allowed us to ease requirements. This means it is likely that many first-time callers or contacts entered at the provider level and not ARC’s ADRC.</li><li>• Many people calling the ADRC for assistance during COVID had called us previously and reached out again asking for additional help.</li></ul>
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase the number of first-time contacts to ADRC by 5% annually.	SFY 2022: 14,599 (43% decrease from 2018 baseline and 18% decrease from FY 21). ARC’s empowerline increased community



**AAA #2.1 Objective: Aging & Disability Resource Connection (ADRC)**  
**Increase the number of first-time contacts to ADRC.**

		outreach during FY 22 including presentations to community organizations on caregiving, AT, and ADRC services. Additionally, ARC provided training on ADRC services as well as quarterly newsletters to the Georgia Association of Family Physicians. This was a previously untapped group and the physicians spoke highly of the training.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Increase the number of first-time contacts to ADRC by 5% annually.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Increase the number of first-time contacts to ADRC by 5% annually.	
#8		

**AAA #2.2 Objective: GeorgiaCares (GAC)**  
**Increase the number of GeorgiaCares client contacts.**

**AAA Strategies**

**NO RESPONSE NEEDED**

	<b>Measure</b>	<b>Baseline: SFY 2018</b>
		<b>Due 3/1/2020 – Update for SFY 2019:</b>
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	<b>SFY 2018 Baseline:</b>
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	

#9

**AAA #2.3 Objective: GeorgiaCares (GAC)**  
**Increase the number of GeorgiaCares outreach and education events.**

**AAA Strategies**

1.  
2.  
3.

**NO RESPONSE NEEDED**

**Measure**

**Baseline: SFY 2019**

**Due 3/1/2020 – Update for SFY 2019:**

**SFY 2019 Baseline:**

1. Increase the number of GeorgiaCares client contacts by 3% statewide annually.

**Measure**

**Due 3/1/2021 – Update for SFY 2020:**

1. Increase the number of GeorgiaCares client contacts by 3% statewide annually.

**Measure**

**Due 3/1/2022 – Update for SFY 2021:**

1. Increase the number of GeorgiaCares client contacts by 3% statewide annually.

**Measure**

**Due 3/1/2023- Update for SFY 2022:**

1. Increase the number of GeorgiaCares client contacts by 3% statewide annually.

**Measure**

**Due 3/1/2024 – Update for SFY 2023:**

1. Increase the number of GeorgiaCares client contacts by 3% statewide annually.

**Measure**

**Due 3/1/2025 – Update for SFY 2024:**

1. Increase the number of GeorgiaCares client contacts by 3% statewide annually.

#10

**AAA #2.4 Objective: Administration (ADMIN)**

**Increase outreach and marketing activities to targeted populations via local news outlets.**

**AAA Strategies**

1. ARC will continue to work with media outlets that we have existing relationships with and reach out to new outlets when appropriate that cover our area.  
ARC will primarily utilize digital means for outreach as this has been most successful in our market.

2.

3.

**Measure**

**Baseline: SFY 2019**

**Due 3/1/2020 – Update for SFY 2019:**

1. Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.

**SFY 2019 Baseline: Empowerline Initial Launch Media:**

- [Press release and digital toolkit](#) - sent directly to partners via email and posted to [empowerline.org/about](http://empowerline.org/about)
- Print advertisements on MARTA Mobility buses
- WABE (local NPR station) paid radio advertisement
- Print advertisement in several local newspapers and magazines (e.g., AJC Aging in Atlanta, Atlanta Voice, Gwinnett Generations Magazine, Leading Aging, county newspapers)
- Earned media – radio, tv, and print interviews (our communications team proactively pitched us in some cases)
  - Our research team created [this regional snapshot of key trends for 65+](#) that we used in our outreach to media as well.

**Empowerline On-going Outreach:**

- Social media posts
  - Facebook 3 times/week; Twitter 5 times/week
  - Content is a mix of relevant online articles, local events, and **empowerline** created content (i.e., articles, blogs, and/or events)

**AAA #2.4 Objective: Administration (ADMIN)**

**Increase outreach and marketing activities to targeted populations via local news outlets.**

- Paid Facebook ads promoting **empowerline** content
- Blog Posts – posted biweekly on Wednesdays
  - Also post link on Facebook & Twitter the same day
- Event calendar – updated on an ongoing basis
- Bimonthly newsletter – typically summarize selected blog posts and one persona
  - Emailed to partners & consumers
  - Ability for people to sign-up to receive on **empowerline.org**
- Earned media – radio, tv, and print news interviews
  - Even if topic isn't solely **empowerline**, we always try to make sure it's mentioned as a resource
- Tabling at community events (e.g., Aging Well Expo during OAA, CO-AGE Senior Week)

**In-person Items (typically made available at events and in-person meetings)**

- Postcards – available in English, Spanish, Korean, and Chinese
  - Print versions mailed to clients.
  - Digital versions (PDF) also available and are emailed to callers.
  - Stacks of postcards given to partner organizations, legislators, and community members to share (e.g., Atlanta Habitat for Humanity, DeKalb Senior Services, Atlanta Housing).
  - PDFs emailed to partner organizations upon request.

**AAA #2.4 Objective: Administration (ADMIN)**

**Increase outreach and marketing activities to targeted populations via local news outlets.**

		<ul style="list-style-type: none"> <li>• Tri-fold Brochures – meant for professional audiences as they’re more detailed than a consumer would necessarily want</li> <li>• Swag Items (magnets, bags, pens, chip clips, etc.)</li> <li>• FY2019 Annual Report (released January 2020) <ul style="list-style-type: none"> <li>○ First time creating an annual report for the Aging &amp; Independence Services group</li> <li>○ <a href="#">Online</a> and print versions available</li> </ul> </li> </ul>
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.	<ul style="list-style-type: none"> <li>- <b>Empowerline On-going Outreach:</b></li> <li>• Social media posts <ul style="list-style-type: none"> <li>○ Facebook 3 times/week; Twitter 5 times/week</li> <li>○ Content is a mix of relevant online articles, local events, and Empowerline created content (i.e., articles, blogs, and/or events)</li> </ul> </li> <li>• Paid Facebook ads promoting Empowerline content</li> <li>• Blog Posts – posted biweekly on Wednesdays <ul style="list-style-type: none"> <li>○ Also post link on Facebook &amp; Twitter the same day</li> </ul> </li> <li>• Event calendar – updated on an ongoing basis</li> <li>• Bimonthly newsletter – typically summarize selected blog posts and one persona <ul style="list-style-type: none"> <li>○ Emailed to partners &amp; consumers</li> <li>○ Ability for people to sign-up to receive on <b>empowerline.org</b></li> </ul> </li> <li>- 30 second audio spots that aired on WABE 90.1 FM aired 5/25-7/19/20 for 250,000 impressions</li> </ul>

**AAA #2.4 Objective: Administration (ADMIN)**

**Increase outreach and marketing activities to targeted populations via local news outlets.**

		- Updated Empowerline digital postcard created and distributed in response to COVID-19 needs.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.	<ul style="list-style-type: none"> <li>• No TV stations were advertised by AAA in the ARC market. ARC does not conduct television advertisement.</li> <li>• ARC continued social media and blog posts as outlined SFY 2020 update</li> <li>• Metrics specific for SFY2021 are:</li> <li>• Twitter <ul style="list-style-type: none"> <li>○ 256 tweets</li> <li>○ 21 new followers</li> <li>○ 26,122 profile visits</li> <li>○ 25,852 tweet impressions. ( I honestly don't know if tweet impressions tell very much because we think its just how many people's feeds it came up on, but I am uncertain if it means they were read.)</li> </ul> </li> <li>• Facebook <ul style="list-style-type: none"> <li>○ 32,882-page reach</li> <li>○ 670 page visits</li> <li>○ 34 new page likes</li> </ul> </li> </ul>
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.	<ul style="list-style-type: none"> <li>• No TV stations were advertised by AAA in the ARC market. ARC does not conduct television advertisement.</li> <li>• ARC continued social media and blog posts as outlined SFY 2020 update</li> </ul>

**AAA #2.4 Objective: Administration (ADMIN)**

**Increase outreach and marketing activities to targeted populations via local news outlets.**

	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.	
#11		

**AAA #2.5 Objective: Aging & Disability Resource Connection (ADRC)**

**Increase awareness and education between ADRC and Community Service Boards one meeting per PSA per SFY.**

	<b>AAA Strategies</b>	
1.	ADRC Program Managers will coordinate with an Atlanta region CSB to have them participate in at least on ADRC team meeting withing the next FY to provide cross-training and cross-collaboration to increase awareness and education between the ADRC and CSB.	
2.		
3.		
	<b>Measure</b>	<b>Baseline: SFY 2019</b> <b>Due 3/1/2020 – Update for SFY 2019:</b>
1.	Increase the number of events attended by ADRC staff by 1% annually.	<b>SFY 2019 Baseline:0</b>
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Increase the number of events attended by ADRC staff by 1% annually.	SFY 2020: 0 Due to increased ADRC volume, staff changes, and shifting priorities due to COVID over the last year, this goal was



**AAA #2.5 Objective: Aging & Disability Resource Connection (ADRC)**  
**Increase awareness and education between ADRC and Community Service Boards one meeting per PSA per SFY.**

		unintentionally not met. View Point Health CSB did attend our 6/1/21 ADRC Team meeting and new ADRC manager is aware that this is an annual goal to meet each year.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Increase the number of events attended by ADRC staff by 1% annually.	<p>SFY 2021: 1 View Point Health CSB attended the 6/1/21 ADRC team meeting and provided an overview of services.</p> <ul style="list-style-type: none"> <li>View Point Health, Community Service Board for Gwinnett, Dekalb, Newton and Rockdale <ul style="list-style-type: none"> <li>Chad Jones, Vice President of Business Development</li> <li>Julie Solinski, Director of Outpatient Services</li> </ul> </li> </ul>
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase the number of events attended by ADRC staff by 1% annually.	<b>SFY 22: Fulton County CSP presented at the April 2022 ADRC team meeting</b>
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Increase the number of events attended by ADRC staff by 1% annually.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Increase the number of events attended by ADRC staff by 1% annually.	
		#12

**AAA #2.5 Objective: Aging & Disability Resource Connection (ADRC)**

**Increase awareness and education between ADRC and Community Service Boards one meeting per PSA per SFY.**

**AAA #2.6 Objective: Home and Community Based Services (HCBS)**

**Increase cross referrals by ADRC staff to Evidence Based Programs.**

**AAA Strategies**

1. To increase ADRC referrals to EBPs, ARC's EBP Coordinator will attend at least 2 ADRC Team meetings in FY 21 to go over EBP's – programming, benefits, and how to access - to increase ADRC's awareness of EBPs,

2.

3.

**Measure**

**Baseline: SFY 2019**

**Due 3/1/2020 – Update for SFY 2019:**

1. By 2024, increase ADRC referrals to Evidence-Based programs by 25%.

**SFY 2019 Baseline:** 8 referrals to Evidence-Based programs  
ARC has not been tracking this in DDS since we have not been adding clients to a waitlist of EBP'S.

**Measure**

**Due 3/1/2021 – Update for SFY 2020:**

1. By 2024, increase ADRC referrals to Evidence-Based programs by 25%.

FY 20: only 1 referral made to Powerful Tools for Caregivers by ADRC staff in FY 20. EBP Coordinator spoke at the 7/28/19 ADRC Team Meeting and trained new ADRC staff 8/20/19. Per the EBP Coordinator, EBP referrals were down the latter part of FY 20 in general due to the COVID-19 pandemic

**Measure**

**Due 3/1/2022 – Update for SFY 2021:**

1. By 2024, increase ADRC referrals to Evidence-Based programs by 25%.

FY 21: 3 referrals – a 200% increase from last year, but 63% less than the 2019 baseline. Information Counseling manager provided overview and handouts on EBPs for ADRC team

**AAA #2.6 Objective: Home and Community Based Services (HCBS)**  
**Increase cross referrals by ADRC staff to Evidence Based Programs.**

		5/12/21 to encourage referrals. The start date and the end date for the report is July 1, 2020 – June 30, 2021.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	By 2024, increase ADRC referrals to Evidence-Based programs by 25%.	FY 22: 83 referrals (2667% increase from last FY and a 937.5% increase from 2019 baseline). EBP Coordinator continues to meet with ADRC staff to discuss/update on EBPs.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	By 2024, increase ADRC referrals to Evidence-Based programs by 25%.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	By 2024, increase ADRC referrals to Evidence-Based programs by 25%.	
#13		

**AAA #2.7 Objective: Administration (ADMIN)**  
**Increase marketing to the Hispanic and Korean populations.**

	<b>AAA Strategies</b>	
1.	ARC will utilize phone prompts and messaging for ADRC phone to include Spanish, Korean, and Vietnamese to streamline call flow and be more user-friendly to those populations.	
2.	ARC will reach out to at least one Spanish, Korean or Vietnamese culturally- specific organization each year to market services.	
3.		
	<b>Measure</b>	<b>Baseline: SFY 2019</b> <b>Due 3/1/2020 – Update for SFY 2019:</b>
1.	Provide at least one marketing campaign to each population per year of the plan.	<b>SFY 2019 Baseline:</b> 1 marketing campaign (includes Spanish and Korean empowerline postcards); also empowerline.org available in these and other languages via Google Translate

**AAA #2.7 Objective: Administration (ADMIN)**  
**Increase marketing to the Hispanic and Korean populations.**

	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Provide at least one marketing campaign to each population per year of the plan.	<p><b>SFY 20:</b> 1 Phone prompts and messaging in more languages were added.</p> <p>ARC's ADRC implemented new phone prompts and messaging in May 2020 to streamline call flow and be more welcoming and user-friendly to limited English Speaking populations. Phone prompts in Spanish, Korean, and Vietnamese were recorded by our partners at CPACS.</p> <p>Multiple attempts made to collaborate with the Latin American Association to 1) provide Culturally Appropriate IR, 2) Join ARC's ADRC Advisory Group, 3) present at one of the ADRC Advisory Groups, 4) present at one of the ADRC Team meetings. While we engaged in multiple calls and emails with them, a recent change in leadership as well as a change in their grants and programming manager prevented more formal collaboration. We have a subgrant with LAA for Culturally Appropriate I&amp;R/A and they will be joining our ADRC Advisory Group beginning in FY21.</p>
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Provide at least one marketing campaign to each population per year of the plan.	<p><b>SFY 21:</b> 2</p> <p>On March 4, 2021, and May 6, 2021, ADRC Program Managers met with LAA Culturally Appropriate IR Counselor and manager to provide more detailed information on the ADRC including sharing materials such as the EDWP brochure and ADRC postcard in Spanish so they can better explain to individuals they serve and improve access to services for that population.</p>

**AAA #2.7 Objective: Administration (ADMIN)**  
**Increase marketing to the Hispanic and Korean populations.**

	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Provide at least one marketing campaign to each population per year of the plan.	During SFY 22, a new version of the Empowerline postcard was created and it translated to Spanish, Korean, Chinese, and Vietnamese. SFY 22 is the first time Vietnamese has been offered.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Provide at least one marketing campaign to each population per year of the plan.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Provide at least one marketing campaign to each population per year of the plan.	
<b>#14</b>		

## Item #12 – Goal #3 Objectives and Measures Charts

**Goal #3: Strengthen the aging network to enable partners to become viable and sustainable; and develop a robust network of aging service partners.**

<b>AAA #3.1 Objective: GeorgiaCares (GAC)</b> <b>Increase the number of active GeorgiaCares volunteers.</b>		
AAA Strategies		
1.		
2.		
3.		
Measure		Baseline: SFY 2018 Due 3/1/2020 – Update for SFY 2019:
1.	Increase the number of active GeorgiaCares volunteers by 3% statewide annually.	SFY 2018 Baseline:
Measure		Due 3/1/2021 – Update for SFY 2020:
1.	Increase the number of active GeorgiaCares volunteers by 3% statewide annually.	
Measure		Due 3/1/2022 – Update for SFY 2021:
1.	Increase the number of active GeorgiaCares volunteers by 3% statewide annually.	
Measure		Due 3/1/2023- Update for SFY 2022:
1.	Increase the number of active GeorgiaCares volunteers by 3% statewide annually.	
Measure		Due 3/1/2024 – Update for SFY 2023:
1.	Increase the number of active GeorgiaCares volunteers by 3% statewide annually.	
Measure		Due 3/1/2025 – Update for SFY 2024:

**AAA #3.1 Objective: GeorgiaCares (GAC)**  
**Increase the number of active GeorgiaCares volunteers.**

- |    |   |
|----|---|
| 1. | Increase the number of active GeorgiaCares volunteers by 3% statewide annually. |
|----|---|

#15

**AAA #3.2 Objective: Home and Community Based Services (HCBS)**  
**Strengthen the aging network by establishing healthcare partnerships. (Primary Care Providers, Medicare Advantage Plans, Hospitals, Memory Assessment Clinics, etc.)**

**AAA Strategies**

- |    |  |
|----|--|
| 1. | Develop RFP for consultant to help with business planning and analysis   |
| 2. | Hire consultant  |
| 3. | Conduct an analysis of potential healthcare providers in the region who could benefit from AAA services.                 |
| 4. | Based on analysis identify list of providers who appear to have most need for or would be the best fit for AAA services. |

**Measure**

**Baseline: SFY 2019**

**Due 3/1/2020 – Update for SFY 2019:**

- |    |   |
|----|---|
| 1. | By 2024, at least 5 additional healthcare entities, that pay for services, will establish a referral mechanism to community-based programs including evidence-based programs. |
|----|---|

**SFY 2019 Baseline:** 2 healthcare entities PCHP/Anthem and ARCHI Diabetes.

**Measure**

**Due 3/1/2021 – Update for SFY 2020:**

- |    |   |
|----|---|
| 1. | By 2024, at least 5 additional healthcare entities, that pay for services, will establish a referral mechanism to community-based programs including evidence-based programs. |
|----|---|

Update SFY 2020: Two staff completed Medicare Advantage Learning collaborative to improve understanding of how to prepare and contract with healthcare entities. Currently participating in DAS ACL Framework committee and working with G4A around state- wide capacity building. Contracts continue with ARCHI and PCHP. Continued efforts to maintain relationship with the MACs and expand referrals.

**AAA #3.2 Objective: Home and Community Based Services (HCBS)**

**Strengthen the aging network by establishing healthcare partnerships. (Primary Care Providers, Medicare Advantage Plans, Hospitals, Memory Assessment Clinics, etc.)**

	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	By 2024, at least 5 additional healthcare entities, that pay for services, will establish a referral mechanism to community-based programs including evidence-based programs.	Update SFY2021: ARC put out a RFP in January 2021 for a consultant to help with business planning and analysis. 3 companies submitted applications. Guidehouse was chosen as the consultant and worked with ARC in 4 key areas: market analysis, business transformation planning, value proposition and business activation. They conducted an analysis of Medicare Advantage providers in our market and helped identify top targets to approach based on who appeared to have the most need and would be the best fit for our services. Contracts continue with ARCHI and PCHP (to end March 2022). A new relationship was created with WellStar, and we now have an MOU to deliver PTC workshops on a fee for service basis.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	By 2024, at least 5 additional healthcare entities, that pay for services, will establish a referral mechanism to community-based programs including evidence-based programs.	The contract with PCHP ended March 2022. The contract with ARCHI ran through 12/31/22. It has not been renewed to date, but ARCHI leadership wanted to revisit the contract after the 1 <sup>st</sup> quarter of 2023. WellStar renewed its contract with ARC to deliver PTC workshops on a fee for service basis for another year.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	By 2024, at least 5 additional healthcare entities, that pay for services, will establish a referral mechanism to community-based programs including evidence-based programs.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>



**AAA #3.2 Objective: Home and Community Based Services (HCBS)**

**Strengthen the aging network by establishing healthcare partnerships. (Primary Care Providers, Medicare Advantage Plans, Hospitals, Memory Assessment Clinics, etc.)**

- |    |   |  |
|----|---|--|
| 1. | By 2024, at least 5 additional healthcare entities, that pay for services, will establish a referral mechanism to community-based programs including evidence-based programs. |  |
|----|---|--|

#16

**AAA #3.3 Objective: Home and Community Based Services (HCBS)**  
**Expand and diversity revenue streams of the AAAs.**

**AAA Strategies**

1.	Conduct analysis of current healthcare partnerships/contracts revenue vs. cost.	
2.	Determine if it makes sense to continue and/or renegotiate contracts.	
3.	Conduct an analysis of potential healthcare providers in the region who could benefit from AAA services.	
4.	Based on analysis identify list of providers who appear to have most need for or would be the best fit for AAA services.	
	<b>Measure</b>	<b>Baseline: SFY 2018</b> <b>Due 3/1/2020 – Update for SFY 2019:</b>
1.	By 2024, shift the percent of revenue distribution towards third party payers by 2% (includes private pay).	<b>SFY 2018 Baseline:</b> Total for FY18 is \$129,166 (Third party payers: first contract with Atlanta Housing for \$75,000; Kaiser for 5 months \$54,166) ARC already has existing revenue outside of DAS funding and has the capacity to track that revenue outside of DDS. <b>The baseline for FY 19</b> \$145,591 is .007% of revenue outside of the DAS allocation as a .05% of the total ARC AAA revenue.
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	By 2024, shift the percent of revenue distribution towards third party payers by 2% (includes private pay).	Update SFY2020: Conducted cost analysis of ARCHI intervention. Determined not covering cost and successfully negotiated fee increase for FY 2020 is \$117,985.  ARCHI diabetes coaching which started April 1, 2020. Determined PCHP not covering cost, but no option for renegotiation under current contract. Will have to wait until next contracting period. Will continue partnership because of valuable learning involved and likelihood of increased referral volume. Applied for grant of \$200,000 through United Healthcare to expand Behavioral Health Coaching Program in Atlanta and Augusta region.

**AAA #3.3 Objective: Home and Community Based Services (HCBS)**  
**Expand and diversity revenue streams of the AAAs.**

	Measure	Due 3/1/2022 – Update for SFY 2021:
1.	By 2024, shift the percent of revenue distribution towards third party payers by 2% (includes private pay).	SFY2021: Analysis of ARCHI for SFY2021 determined that the program broke even this year and covered staff costs. Contract ends on Dec 31, 2021 and is currently being renegotiated. FY 2021 is \$431,981.. PCHP did not cover costs and ARC lost money in SFY 2021. Contract is currently being renegotiated and ARC has asked for an increase in rates. In SFY2021 ARC was awarded a \$200,000 grant from United Healthcare to expand behavioral health coaching. Amerigroup also awarded ARC \$100,000 to support behavioral health coaching expansion. ARC signed an MOU with WellStar in SFY 2021 to provide Powerful Tools for Caregivers workshops at a rate of \$3,500 per workshop. Workshops will be delivered in SFY2022.
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	By 2024, shift the percent of revenue distribution towards third party payers by 2% (includes private pay).	SFY 2022 – ARC received \$363,842 in contracts from healthcare payors or 2% of DAS allocation. Atlanta Housing was \$187,341; PCHP was \$15,826, ARCHI was \$7,898, Amerigroup was \$77,777 and UHC was \$75,000. All those total the \$363,842 in contracts from healthcare payors.
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	By 2024, shift the percent of revenue distribution towards third party payers by 2% (includes private pay).	
	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	By 2024, shift the percent of revenue distribution towards third party payers by 2% (includes private pay).	

#17

**AAA #3.4 Objective: Home and Community Based Services (HCBS)**  
**Increase private pay, cost share and voluntary contributions.**

AAA Strategies		
1.	ARC will first determine how many of the counties and 4 other nonprofit providers of services will allow/not allow cost shares. This will serve as a baseline and reflect how much of the baseline dollar amount was from those organizations.	
2.		
3.	Based on #1 ARC will then identify a revenue stream and/or county to concentrate on to generate the increase in the measurement.	
Measure		Baseline: <b>SFY 2019</b> Clayton BOC and CPACS do not allow cost shares. ISDD does not offer a service for which there is a cost share. <b>Due 3/1/2020 – Update for SFY 2019:</b>
1.	Increase private pay, cost share and voluntary contributions by 20% by 2024.	<b>SFY 2019 Baseline:</b> \$30,013.96 total. \$21,863.03 of that is voluntary client contribution and \$8150.96 is cost share. This will also be updated to reflect #1 strategy.
Measure		<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Increase private pay, cost share and voluntary contributions by 20% by 2024.	Total is \$25,620.78. \$18,524.36 of total is voluntary client contribution and \$7,096.42 is cost share. There was no private pay. The cost share cumulative amount would have been from 9 counties, thus the baseline is 9 counties. In FY20 with the start of COVID, many counties stated that they had trouble collecting cost shares and were hesitant to impose them on new clients who needed meals because of COVID-19. This was also noted in a call with DAS that several AAA's said that they are really struggling with cost shares. Voluntary contribution will not be a revenue stream to concentrate on in our 3 <sup>rd</sup> strategy because, so few centers are open and so few transportation operations are functioning which is where the majority of the voluntary

**AAA #3.4 Objective: Home and Community Based Services (HCBS)**  
**Increase private pay, cost share and voluntary contributions.**

		client contributions come from. At our next provider network meeting we will discuss with the counties that collect cost shares, what strategies have worked best and focus on helping those who are still behind in collecting their estimated cost shares.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Increase private pay, cost share and voluntary contributions by 20% by 2024.	<p>Total is \$40,714.40. \$29,790.03 is voluntary contribution and \$10,924.37 is cost share. There was no private pay.</p> <p>FY21 voluntary client contribution is a 27% increase over the baseline of FY19 and a 38% increase over FY20</p> <p>FY21 cost share is a 25% increase over the baseline of FY19 and a 35% increase over FY20</p>
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase private pay, cost share and voluntary contributions by 20% by 2024.	<p>Total is \$86,889.97. \$65,488.49 of that is voluntary contribution and \$21,401.48 is cost share. There was no private pay.</p> <p>FY22 voluntary client contribution is a 67% increase over the baseline of FY19 and a 55% increase over FY21</p> <p>FY22 cost share is a 62% increase over the baseline of FY19 and a 49% increase over FY21</p>
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>

**AAA #3.4 Objective: Home and Community Based Services (HCBS)**  
**Increase private pay, cost share and voluntary contributions.**

1.	Increase private pay, cost share and voluntary contributions by 20% by 2024.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Increase private pay, cost share and voluntary contributions by 20% by 2024.	
<b>#18</b>		

**AAA #3.5 Objective: Alzheimer's Disease & Related Dementias (ADRD)**  
**Expand dementia friendly efforts in Georgia.**

	<b>AAA Strategies</b>	
1.	ARC is a Dementia Friendly Champion. ARC will offer at least one additional training each year to other groups.	
2.		
3.		
	<b>Measure</b>	<b>Baseline: SFY 2019</b> <b>Due 3/1/2020 – Update for SFY 2019:</b>
1.	All 12 AAAs will become Dementia Friendly Champions by 2024.	<b>SFY 2019 Baseline:</b> ARC has 1 Dementia Friends Champion

**AAA #3.5 Objective: Alzheimer's Disease & Related Dementias (ADRD)**  
**Expand dementia friendly efforts in Georgia.**

		ARC hosted Dementia Friends training for the Advisory Committee on Aging which is public members. ARC will investigate ways to provide this information virtually since it is unknown when it will be safe to gather in-person again.
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	All 12 AAAs will become Dementia Friendly Champions by 2024.	ARC has 1 Dementia Friends Champion. Pre-COVID, The DF Champion hosted Dementia Friends info session for ARC staff around the agency, including staff from business services, transportation, natural resources, and community development as well as aging. Post COVID, ARC held a “Supporting Dementia at Home” webinar attended by 213 people.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	All 12 AAAs will become Dementia Friendly Champions by 2024.	ARC has one (1) Dementia Friends Champion. The DF Champion hosted two (2) Dementia Friends Info Sessions virtually during SFY2021 (March 2021 & June 2021). Dementia Champion participates in monthly Dementia Friendly Strategy Group/Dementia Friends meetings.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	All 12 AAAs will become Dementia Friendly Champions by 2024.	ARC has one (1) Dementia Friends Champion. The DF Champion hosted two (2) Dementia Friends Info Sessions virtually during SFY2022 (February 2022 & April 2022).
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	All 12 AAAs will become Dementia Friendly Champions by 2024.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	All 12 AAAs will become Dementia Friendly Champions by 2024.	

**AAA #3.6 Objective: Alzheimer's Disease & Related Dementias (ADRD)**  
**Increase referrals from Memory Assessment Clinics to the ADRC.**

**AAA Strategies**

1. Continued participation in monthly MAC meetings with Grady. Provide technical assistance and training for MAC staff as needed (e.g., new staff hired) or upon request.
2. It should be noted that there was a reduction in the number of MAC referrals in April and May 2020 as in-person screenings were put on hold due to COVID-19. Referrals started to increase again in June 2020 as in-person screenings started again and more people are accessing virtual meetings as an alternative.

3.	
Measure	
1.	<p><b>Baseline: SFY 2018</b>  <b>Due 3/1/2020 – Update for SFY 2019:</b></p> <p><b>SFY 2018 Baseline:</b> 0 – ARC did not get its first referral until 9/2018  Number of MAC referrals received is purely dependent on the Grady MAC.</p> <p>SFY 2019: 13 referrals</p> <p>ARC's MAC referrals are internal referrals only from Grady. Due to the structure of Atlanta's MAC, referrals to the MAC are not accepted outside of Grady. ARC continues to participate in GMN and Atlanta MAC meetings which continues to increase awareness of ADRC services, Additionally, ARC has provided multiple trainings for the GA Memory Net to increase their awareness of ADRC services. As a result, ARC does receive non-MAC, ADRC referrals from Grady.</p>
Measure	
Due 3/1/2021 – Update for SFY 2020:	



**AAA #3.6 Objective: Alzheimer's Disease & Related Dementias (ADRD)**  
**Increase referrals from Memory Assessment Clinics to the ADRC.**

1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	SFY 20: 44 Referrals (238% increase)  In September of 2020, GA Memory Net stated that the Grady MAC team is now accepting external referrals but that in an attempt not to overwhelm the MAC and due to their current waitlist, they are not planning to begin outreach efforts with external referrals at this time. Grady MAC referrals received by ARC continue to be internal Grady referrals only.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	SFY 21:43 (-2% from last year). Consumer Information Services Supervisor or Access to Services Manager continue to participate in the bi-monthly MAC calls with the Grady MAC team.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	SFY 22: 72 (67% increase from last year). New MAC CSE was hired in FY 22 and Consumer Information Services Supervisor and Access to Services Manager continue to participate in the bi-monthly MAC calls with the Grady MAC team.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	

#20

**AAA #3.8 Objective: Administration (ADMIN)**  
**Implement a new training curriculum for the aging network.**

**AAA Strategies**

1. ARC will provide in-service trainings to provider network staff at least four times per year to include group staff meetings and outside trainers as appropriate.

2.

3.

**Measure**

**Baseline: SFY 2019**

**Due 3/1/2020 – Update for SFY 2019:**

1. Provide one new training per year.

**SFY 2019 Baseline:** ARC meets with sub grantee providers at executive level every other month to discuss needs and share learnings. There are also quarterly trainings with senior center managers and case managers. Our Empowerline forums also provide educational opportunities for our entire network. ARC will fully support the trainings that DAS conducts and disseminate through the provider network.

**Measure**

**Due 3/1/2021 – Update for SFY 2020:**

1. Provide one new training per year.

ARC Aging & Independence normally meets with all their sub grantees (provider network) every other month. At the onset of COVID, we conducted meetings through “Microsoft Teams” platform every two weeks to ensure that providers were given all the support and updated information as it came to ARC. We conducted special meetings to discuss senior center closings and how counties were planning on re-opening so they could share ideas and thoughts and concerns. We met with senior center managers and invited Renae Brown to talk about virtual programming so that they could learn what other areas in the state were doing and so they could ask her questions and discuss ideas as a group. Our focus in training became instruction oriented for new funding, required changes in reporting, how to use the various fund source options to create different unit costs since possibilities of working with new vendors and service options opened up. We have set up additional monthly finance calls with each provider to talk through issues and concerns and to problem solve with them. We have also initiated a weekly e-

**AAA #3.8 Objective: Administration (ADMIN)**  
**Implement a new training curriculum for the aging network.**

		newsletter to keep our Provider Network informed of relevant information and training opportunities.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Provide one new training per year.	<p>Technical Assistance provision to our provider network is one of the core jobs of the provider network team. We continue to meet semi-monthly with all our contract providers to share information, concerns, updates and discuss any new processes or issues. It's also a problem-solving mechanism. Quarterly meetings are held for separate core groups being case managers and senior center managers. Ongoing training is offered to both groups sometimes with outside presenters from DAS, local nonprofits who provide region wide services like the Atlanta Community Food Bank. The meetings may have a technical regulation component which is often requested and also a group problem solving component. Aging &amp; Independence services also hosts a quarterly Senior Hunger Coalition which anyone may join to create more awareness about senior hunger issues in our region, create awareness of grass roots groups that are providing resources and sharing any strategies to eliminate food waste which was a major campaign of the state of GA.</p> <p>The weekly newsletter produced by our Provider Network team has been a valuable vehicle for information sharing both with the contractor network but also with ARC Aging &amp; Independence Staff members.</p> <p>The team continues to provide technical assistance to providers throughout the year to help ensure that they spend their funds and helping them to look at shifting their funds into services that have a higher need. We provided “war room” meetings where assistance is needed in invoicing issues and have provided ongoing DDS training.</p>
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>

**AAA #3.8 Objective: Administration (ADMIN)**  
**Implement a new training curriculum for the aging network.**

1.	Provide one new training per year.	<p>ARC Aging &amp; Independence normally meets with all their sub grantees (provider network) every other month. Aging &amp; Independence services also hosts a quarterly Senior Hunger Coalition which anyone may join to create more awareness about senior hunger issues in our region, create awareness of grass roots groups that are providing resources and sharing any strategies to eliminate food waste which was a major campaign of the state of GA. The weekly newsletter produced by our Provider Network team has been a valuable vehicle for information sharing both with the contractor network but also with ARC Aging &amp; Independence Staff members.</p> <p>The team continues to provide technical assistance to providers throughout the year to help ensure that they spend their funds and helping them to look at shifting their funds into services that have a higher need. We provided refresher trainings for DDS for both the client side of the system and the area plan side of the system to ensure all staff who enter client data and complete the invoicing process are aware of proper procedures.</p>
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Provide one new training per year.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Provide one new training per year.	

#21

**AAA #3.9 Objective: Program Integrity (PI)**  
**Maintain a resilient, disaster ready Aging network.**

**AAA Strategies**

1. ARC will advertise and encourage all providers and staff to attend an Emergency Preparedness Summit and pass all information onto clients and caregivers.

2.

3.

**Measure**

**Baseline: SFY 2019**

**Due 3/1/2020 – Update for SFY 2019:**

1. Implement an Emergency Preparedness Summit with the AAAs by 2023.

**SFY 2019 Baseline:** ARC Did not implement one, but AAA staff will participate in the DAS Emergency Preparedness Summit when it is provided.

**Measure**

**Due 3/1/2021 – Update for SFY 2020:**

1. Implement an Emergency Preparedness Summit with the AAAs by 2023.

ARC Did not implement an emergency preparedness summit, but AAA staff will participate in the DAS Emergency Preparedness Summit when it is provided and will share those learnings with or provider network.

**Measure**

**Due 3/1/2022 – Update for SFY 2021:**

1. Implement an Emergency Preparedness Summit with the AAAs by 2023.

ARC Did not implement an emergency preparedness summit, but AAA staff will participate in the DAS Emergency Preparedness Summit when it is provided and will share those learnings with our provider network.  
DAS provided an Emergency Preparedness Summit virtually on June 8<sup>th</sup> and 9<sup>th</sup> of 2021 and ARC attended it.

**Measure**

**Due 3/1/2023- Update for SFY 2022:**

1. Implement an Emergency Preparedness Summit with the AAAs by 2023.

ARC Did not implement an emergency preparedness summit, but AAA staff will participate in the DAS Emergency Preparedness

**AAA #3.9 Objective: Program Integrity (PI)**  
**Maintain a resilient, disaster ready Aging network.**

	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Implement an Emergency Preparedness Summit with the AAAs by 2023.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Implement an Emergency Preparedness Summit with the AAAs by 2023.	
		#22

## Item #13 – Goal #4 Objectives and Measures Charts

**Goal #4: Prevent abuse, neglect and exploitation while protecting the rights of older Georgians and persons with disabilities.**

### **AAA #4.4 Objective: Elderly Legal Assistance Program (ELAP)**

**Target the substantive core legal priority areas that Older Georgians will have access to for an adequate supply of quality publicly funded legal services to address their eligibility for and receipt of benefits, housing, health insurance, health care, advance planning and protection from consumer fraud and abuse.**

#### **AAA Strategies**

1.	Develop and hold a forum for all case managers and senior center managers on Elder Legal Assistance Program and have Atlanta Legal Aid present. Investigate the possibility of it being recorded to share through zoom with clients.
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2.	
----	--

3.	
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#### **Measure**

**Baseline: SFY 2018**

**Due 3/1/2020 – Update for SFY 2019:**

1.	The number of cases successfully handled as listed in the Objective will increase by 3% over the 2018 baseline during each successive fiscal year.
----	--

**SFY 2018 Baseline:**498 cases  
Update for SFY 2019: 591 cases. Through the additional questions and answered, ARC realized that you are requesting the baseline data on closed cases as opposed to unresolved cases. ARC provided the number of cases so we may need to correct that. We are unable to run the report indicated and will do so as soon as we are able to access the report. We reported it to Elaine Popham at DAS.

#### **Measure**

**Due 3/1/2021 – Update for SFY 2020:**

1.	The number of cases successfully handled as listed in the Objective will increase by 3% over the 2018 baseline during each successive fiscal year.
----	--

Update for SFY 2020:492.  
The fourth quarter numbers were half of what the other quarters which really speaks to the initial impact of the pandemic. However, ELAP provider continued to provide services remotely during the pandemic. ARC coordinated with ELAP and other attorneys with Atlanta Legal Aid re: appropriate landlord/tenant and homeowner referrals in light of COVID impact on clients' financial stability.

**AAA #4.4 Objective: Elderly Legal Assistance Program (ELAP)**

**Target the substantive core legal priority areas that Older Georgians will have access to for an adequate supply of quality publicly funded legal services to address their eligibility for and receipt of benefits, housing, health insurance, health care, advance planning and protection from consumer fraud and abuse.**

	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	The number of cases successfully handled as listed in the Objective will increase by 3% over the 2018 baseline during each successive fiscal year.	Update for SFY 2021: 523 In the fourth quarter (April 1 2021 to June 30 2021) ELAP handled 278 cases. Overall, 523 cases were handled July 1 2020 to June 30 2021. Over half of all cases handled were handled by ELAP in the 4 <sup>th</sup> quarter.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	The number of cases successfully handled as listed in the Objective will increase by 3% over the 2018 baseline during each successive fiscal year.	319 cases.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	The number of cases successfully handled as listed in the Objective will increase by 3% over the 2018 baseline during each successive fiscal year.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	The number of cases successfully handled as listed in the Objective will increase by 3% over the 2018 baseline during each successive fiscal year.	
#23		



## Item #14 – Goal #5 Objectives and Measures Charts

**Goal #5: Utilize continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.**

**AAA #5.1 Objective: Aging & Disability Resource Connection (ADRC)  
Monitor the integrity of the data captured by ADRC Staff.**

### AAA Strategies

1.	Until the DAS has developed appropriate reporting mechanisms and trained the AAA network on how to use these reports to establish a baseline and track progress towards monitoring the integrity of the data captured by ADRC staff, please postpone responding to <u>AAA Objective #5.1</u> , until further notice. (Date: 7-8-2020)
----	---

2.	
----	--

3.	
----	--

### Measure

**Baseline: SFY 2018**  
**Due 3/1/2020 – Update for SFY 2019:**

1.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually.	<p><b>SFY 2018 Baseline:</b> Until the DAS has developed appropriate reporting mechanisms and trained the AAA network on how to use these reports to establish a baseline and track progress towards monitoring the integrity of the data captured by ADRC staff, please postpone responding to <u>AAA Objective #5.1</u>, until further notice. (Date: 7-8-2020)</p> <p>We do not have this data. We were in SAMS and we only have it for persons in service.</p> <p><b>Update for SFY 2019:</b> 93.8% of clients have missing elements. The majority of this is because of mapping issues between SAMS and DDS. SAMS did not have the same fields as DDS; there was not a dementia diagnosis field, disability type, sensory impairments and living arrangements. We entered several of those in text boxes or notes and our living arrangement was “lives alone” so the field would not match. We had different choices for Veteran status. During the rescreening of clients, Intake staff will be updating all these fields in DDS. For congregate and transportation clients, the Provider Network</p>
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**AAA #5.1 Objective: Aging & Disability Resource Connection (ADRC)**  
**Monitor the integrity of the data captured by ADRC Staff.**

		partners will be updating all this information as they set the client record up and/or do the assessments.
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually.	Per the Missing Data Elements report, ARC is at a 71.3% accuracy rate on data collection however it should be noted that many records out of compliance were pulled from transportation wait lists. ADRC Intake Staff continues to receive training and reminders on the importance of collecting all required data elements. Additionally, ARC continues to work with providers to ensure that all missing elements are updated. With the onset of the pandemic, providers were able to enter clients directly into service and we are aware that some of the core data may need to be updated.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually.	Per DAS' SFY21 Quarter 3 Missing Data Elements progress report, 76% of waiting list client files had no missing key demographic data elements. The ARC Quality Team also conducts monthly reviews of ADRC call records to determine the number of missing data elements from each call record reviewed. In FY 21, 2165 data elements were reviewed and 11% of those were missing. It should be noted that we started FY 21 with 26.8% of data elements missing and ended FY 21 with only 1.3% missing data elements, so this has improved steadily throughout the year.
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually.	Waiting on reports to be run by the GA Division of Aging Services needed to respond to this metric.
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>

**AAA #5.1 Objective: Aging & Disability Resource Connection (ADRC)**  
**Monitor the integrity of the data captured by ADRC Staff.**

1.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually.	
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024:</b>
1.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually.	
#24		

**AAA #5.3 Objective: Administration (ADMIN)**  
**Provide Baldrige training to all DAS staff.**

	<b>AAA Strategies</b>	
1.	ARC will provide in-service trainings to staff at least four times per year to include group staff meetings and outside trainers as appropriate.	
2.		
3.		
	<b>Measure</b>	<b>Baseline: SFY 2019</b> <b>Due 3/1/2020 – Update for SFY 2019:</b>
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	<b>SFY 2019 Baseline: 0</b>
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	SFY Baseline: 2. Talent Management conducted two trainings that were 3 hours in length; one – Leading for Respect and a second version of Leading for Respect for Supervisors. Aging and Independence Services provided a DiSC session to staff in June. DiSC is a model of human behavior that helps people understand “why they do what they do.” Participants gained an in-depth understanding of their own individual behavioral style and preferences, learned to recognize the behavioral style of others, and developed strategies to adapt their style to meet the needs of others.

**AAA #5.3 Objective: Administration (ADMIN)**  
**Provide Baldrige training to all DAS staff.**

		<p>The session also provided methods for communicating more effectively with other styles, which will reduce conflict, promote appreciation of differences, and enhance individual and team performance.</p> <p>In addition, our Quality Team has been leading each team through development of Standard Operating Procedures (SOP) to map processes and workflows.</p>
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	<p>To improve efficiency and quality of services:          -AAA's Quality Team leads each team in continuous quality improvement exercises, utilizing Standard Operating Procedures and updating them as appropriate.          ARC has engaged a consultant (HCBS Strategies, Inc) effective January 2022, to analyze and make recommendations to improve ADRC efficiencies.</p>
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	<p>To improve efficiency and quality of services:          -AAA's Quality Team leads each team in continuous quality improvement exercises, utilizing Standard Operating Procedures and updating them as appropriate. The Quality Team has been leading each team through development of Standard Operating Procedures (SOP) to map processes and workflows.</p>

**AAA #5.3 Objective: Administration (ADMIN)**  
**Provide Baldrige training to all DAS staff.**

	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	
#25		

**AAA #5.4 Objective: Administration (ADMIN)**  
**Eliminate Nulls from the NAPIS Reports.**

	AAA Strategies	
1.	<p>ARC will continue to analyze NULLS and investigate the instances in which they are occurring. Based on our findings, we will move to correct them or document why they are acceptable.</p> <p>ARC will review the missing data elements reports quarterly and work with the network providers to complete the missing fields.</p>	
2.		
3.		
	Measure	<b>Baseline: SFY 2019</b> <b>Due 3/1/2020 – Update for SFY 2019:</b>
1.	Decrease number of missing data elements to less than 5% annually.	<b>SFY 2019 Baseline:</b> ARC is seeking data on the NAPIS identified categories below where we are missing data across 9100. It's in the following fields: Age - 63 Gender- 140

**AAA #5.4 Objective: Administration (ADMIN)**  
**Eliminate Nulls from the NAPIS Reports.**

		<p>Rural- 540  Poverty - 1375  lives alone- 1384  ethnicity – 9100 ( this looks suspiciously wrong given the total number of people are 9100)  race – 2164</p> <p>We have received a response from DAS and will review it to ensure we are understanding how to document this correctly and work to reduce the nulls.</p>
	<b>Measure</b>	<b>Due 3/1/2021 – Update for SFY 2020:</b>
1.	Decrease number of missing data elements to less than 5% annually.	<p>Based on the NAPIS we found the following:</p> <p>Age- 60  Rural- 622  Gender- 69  Live alone- 1770  Ethnicity- 3348  Race- 1637  Poverty- 1001  Total- 8237</p> <p>These are not unduplicated numbers. ARC converted this data, deleted anyone missing a field source. The remainder were everyone who had every field completed. The result was 42% completed files and 57% of files have null values. All counties have been sent the missing elements report to add in all missing fields. On 2.10.21 we met with Thom Snyder and requested that the HAR missing elements</p>

**AAA #5.4 Objective: Administration (ADMIN)**  
**Eliminate Nulls from the NAPIS Reports.**

		report be placed in live so that the providers can access it on a regular basis and review it. We also requested that it be able to export into excel so that every page of a 200+ page report does not create a tab for every page. Once that is in live Thom has offered to provide some training to our providers that will help us to explain to our providers how to review the report and begin to clean up records in a manageable way.
	<b>Measure</b>	<b>Due 3/1/2022 – Update for SFY 2021:</b>
1.	Decrease number of missing data elements to less than 5% annually.	<p>DAS provided very refined charts that measured every quarter of the FY and provided data from FY20, 20 and 22. In October 2021 ARC began our first large cleanup project since entering DDS sending individual reports to every provider with highlighted blank (null) cells that needed to be researched and filled in for every active client. The counties are still unable to pull their own data. That data was due 12.31.21. It reduced missing element clients from 12,000 to 6,000. The list has been pulled again to send out a more refined list back to each provider with a deadline date of March 2022. We feel the FY23 first quarter data should show a large increase in the entered data which is critical for reporting.</p> <p>Below Poverty level: 89% entered</p> <p>Ethnicity: 82.67% entered</p> <p>Number in Household: 37.63% entered</p> <p>Rural: 92.5% entered</p> <p>Dementia Diagnosis: 35.5% entered</p> <p>Primary Language: 89.66% entered</p>

**AAA #5.4 Objective: Administration (ADMIN)**  
**Eliminate Nulls from the NAPIS Reports.**

		<p>Sensory Impairment: 34.51% entered</p> <p>Disability Type: 35.08% entered</p> <p>Marital Status: 82.60% entered</p> <p>Race: 87.50% entered</p> <p>Veteran Status: 92.84% entered</p>
	<b>Measure</b>	<b>Due 3/1/2023- Update for SFY 2022:</b>
1.	Decrease number of missing data elements to less than 5% annually.	<p>Below Poverty level: 88.51% entered</p> <p>Ethnicity: 84.98% entered</p> <p>Number in Household: 41.17% entered</p> <p>Rural: 90.66% entered</p> <p>Dementia Diagnosis: 40.43% entered</p> <p>Primary Language: 88.35% entered</p> <p>Sensory Impairment: 39.22% entered</p> <p>Disability Type: 39.60% entered</p> <p>Marital Status: 83.29% entered</p> <p>Race: 87.99% entered</p> <p>Veteran Status: 90.94% entered</p>
	<b>Measure</b>	<b>Due 3/1/2024 – Update for SFY 2023:</b>
1.	Decrease number of missing data elements to less than 5% annually.	



**AAA #5.4 Objective: Administration (ADMIN)**  
**Eliminate Nulls from the NAPIS Reports.**

	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Decrease number of missing data elements to less than 5% annually.	
		#26

## **Item #15 – AAA Initiated Goals, Objectives and Measures Charts - Optional**

**AAA Goal #15A: [Type Goal Here]**

**Objective: [Type Objective (Program) Here]**

### AAA Strategies

1.  
2.  
3.

**Measure**

**Baseline: [Enter SFY Baseline Year Here]**  
**Due 3/1/2020 – Update for SFY 2019:**  
**SFY [Enter SFY Baseline Year Here] Baseline:**

1.

**Measure**

**Due 3/1/2021 – Update for SFY 2020:**

1.

**Measure**

**Due 3/1/2022 – Update for SFY 2021:**

1.

**Measure**

**Due 3/1/2023- Update for SFY 2022:**

1.

**Measure**

**Due 3/1/2024 – Update for SFY 2023:**

1.

**Measure**

**Due 3/1/2025 – Update for SFY 2024:**

1.

## **AREA PLAN COMPLIANCE DOCUMENTS ATTACHMENTS**

### **ATTACHMENT A: Agency Indirect Cost Allocation Plan**

### **ATTACHMENTS B:**

- B-1a – GA DHS DAS Request for Advance Payments Against Contracts Letter\*
- B-1b – GA DHS DAS Request for Advance Letter
- B-1c – Request for Advance Worksheet No longer available
- B-2 – Letter of Fidelity/Assurance Bond Coverage
- B-3 Board Resolution\*
- B-4 Standard Assurances\*
- B-5 Letter(s) Requesting a Waiver of Standard Assurances\*

## **Attachment A - SFY 2023 Agency Indirect Cost Allocation Plan**

**(Note:** If the SFY 2023 Agency Indirect Cost Allocation Plan is unavailable at Area Plan submission, document below when the SFY 2023 Agency Indirect Cost Allocation Plan is anticipated to be approved and available for submission to the DAS.)

[Insert After This Page]



INDIRECT COST ALLOCATION PLAN FOR CALENDAR YEAR 2023  
AGENCY

Total 2023 Indirect Costs (1)	\$6,966,459
Less Unallowable Costs	
Non-Expendable Equipment Acquisition	
Non-Federal Expenditures	
Total Allowable Indirect Costs	<u>\$6,966,459</u>
Plus: Costs Adjustment	<u>                    </u>
Total Allowable 2023 Indirect Costs Adjusted for Prior Under (Over) Recoveries	<u><u>\$6,966,459</u></u>
Salary and Fringe Benefits	
Total Actual 2023 Salaries and Fringe Benefits (2)	\$25,119,526
Less: Actual 2023 Indirect Salaries and Fringe Benefits(2)	<u><u>-\$4,438,200</u></u>
Total Actual Direct Salaries and Fringe Benefits	<u><u>\$20,681,326</u></u>
Indirect Cost Rate Computation	33.7%

Notes: (1) Budget  
(2) Budget

I certify as the responsible official of the Atlanta Regional Commission that the information contained in this agencywide indirect cost allocation plan for the fiscal/calendar year ending December 31, 2023 is correct to the best of my knowledge and was prepared in accordance with the policies and procedures contained in 2 CFR part 225. I further certify that a consistent approach has been followed in treating a given type of cost as direct or indirect and in that no case have costs charged as direct costs of federally-supported programs been included in the indirect costs reflected in the proposal.

  
CFO 10/24/22

atlantaregional.org  
International Tower  
229 Peachtree St, NE | Suite 100  
Atlanta, Georgia 30303



INDIRECT COST ALLOCATION PLAN FOR CALENDAR YEAR 2023  
AGING & INDEPENDENCE SERVICES, WORKFORCE DEVELOPMENT, HOMELAND SECURITY

Total Actual Indirect Costs	\$230,623	
Less: Unallowable Costs		
Non-Expendable Equipment Acquisition		
Total Allowable 2023 Indirect Costs (1)	<u>\$230,623</u>	
Less: Costs Adjustment	<u>-\$25,000</u>	
Total Allowable 2023 Indirect Costs Adjusted for Prior Under (Over) Recoveries		<u>\$205,623</u>
Salary and Fringe Benefits		
Total Actual 2023 Salaries and Fringe Benefits (1)	<u>\$10,258,749</u>	
Total Actual 2023 Direct Salaries and Fringe Benefits		<u>\$10,258,749</u>
Indirect Cost Rate Computation		2.0%

Notes: (1) Budget

I certify as the responsible official of the Atlanta Regional Commission that the information contained in this agencywide indirect cost allocation plan for the fiscal/calendar year ending December 31, 2023 is correct to the best of my knowledge and was prepared in accordance with the policies and procedures contained in 2 CFR part 225. I further certify that a consistent approach has been followed in treating a given type of cost as direct or indirect and in that no case have costs charged as direct costs of federally-supported programs been included in the indirect costs reflected in the proposal.


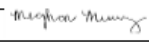
CFO  10/24/22

atlantaregional.org  
International Tower  
229 Peachtree St, NE | Suite 100  
Atlanta, Georgia 30303

**ATTACHMENT B-2 – CERTIFICATE OF LIABILITY INSURANCE**

**(Per the DHS/DAS Contract PARA Insurance Requirements.)**

[Insert the **Certificate of Liability Insurance** document after this page.]

 <b>CERTIFICATE OF COVERAGE</b>		ISSUE DATE 6/1/2022				
<b>ADMINISTRATOR:</b> 678-361-0886 FAX 404-460-3733 <a href="mailto:mamurray@lockton.com">mamurray@lockton.com</a> <b>Lockton Companies</b> 3280 Peachtree Road Suite 250 Atlanta, GA 30305  <b>NAMED MEMBER</b> Atlanta Regional Comm. 229 Peachtree Street NE Suite 100 Atlanta, GA 30303		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  <b>Company Affording Coverage</b>  COMPANY A: Georgia Interlocal Risk Management Agency (GIRMA)  COMPANY B:				
THIS IS TO CERTIFY THAT THE COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE AGREEMENT PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
TYPE OF COVERAGE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE		LIMITS	DEDUCTIBLE
<b>GENERAL LIABILITY</b>				EACH OCCURRENCE	\$5,000,000	\$1,000
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$5,000,000	\$1,000
<input checked="" type="checkbox"/> OCCURRENCE				MED EXP (Any one person)	EXCLUDED	
<input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES per POLICY	AT3	5/1/2022	5/1/2023	PERSONAL & ADV INJURY	\$5,000,000	\$1,000
				GENERAL AGGREGATE	UNLIMITED	
				PRODUCTS-COMP/OP AGG	\$25,000,000	\$1,000
				LAW ENFORCEMENT LIABILITY	\$5,000,000	\$1,000
<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT	\$5,000,000	\$1,000
<input checked="" type="checkbox"/> ALL AUTOS				BODILY INJURY (per person)	\$	\$
<input checked="" type="checkbox"/> GEORGIA FLEET	AT3	5/1/2022	5/1/2023	BODILY INJURY (per accident)	\$	\$
<input checked="" type="checkbox"/> HIRED AND NON-OWNED				PROPERTY DAMAGE (per accident)	\$	\$
<b>AUTOMOBILE PHYSICAL DAMAGE</b>						
<input type="checkbox"/> NO COVERAGE						
<input type="checkbox"/> NO VEHICLES OWNED	AT3	5/1/2022	5/1/2023	<input type="checkbox"/> ALL VEHICLES		\$
				<input checked="" type="checkbox"/> SELECTED VEHICLES		\$1,000
<b>PUBLIC OFFICIALS LIABILITY</b>	AT3	5/1/2022	5/1/2023		\$5,000,000	\$1,000
<b>EMPLOYEE BENEFIT LIABILITY</b>	AT3	5/1/2022	5/1/2023		\$5,000,000	\$1,000
<b>CRIME</b>						
<input checked="" type="checkbox"/> BLANKET BOND					\$500,000	\$1,000
<input checked="" type="checkbox"/> DEPOSITORS FORGERY	AT3	5/1/2022	5/1/2023		\$500,000	\$1,000
<input checked="" type="checkbox"/> MONEY & SECURITIES					\$500,000	\$1,000
<b>PROPERTY</b>						
<input checked="" type="checkbox"/> BUILDINGS & CONTENTS, including EDP					As per Schedule with GIRMA	\$1,000
<input type="checkbox"/> MOBILE EQUIPMENT	AT3	5/1/2022	5/1/2023		Actual Cash Value	\$1,000
<input checked="" type="checkbox"/> BOILER AND MACHINERY					As per Schedule with GIRMA	\$1,000
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS</b>						
Evidence of Coverage						
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>			
GA Department of Human Services Division of Aging Services 2 Peachtree Street NW - 33 <sup>rd</sup> Floor Atlanta, GA 30303			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   By: Lockton Companies			
<b>DISCLAIMER</b>						
This Certificate of Coverage does not constitute a contract between the issuing insurer(s), authorized representative or administrator, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.						





**PRODUCER**  
 Meghan Murray  
 Lockton Companies, LLC (Southeast Series)  
 3280 Peachtree Road NE, Suite 250  
 Atlanta, GA 30305  
 (678) 361-0886

Underwritten By  
**BERKLEY INSURANCE COMPANY**

**Administrative Office:**  
 475 Steamboat Road  
 Greenwich, CT 06830

**Issuing Office:**  
 29 South Main Street, Suite 308  
 West Hartford, CT 06107

### GOVERNMENT CRIME POLICY DECLARATIONS

In Return for the Payment of the Premium, and Subject to all the Terms and Conditions of This Policy, We Agree With You to Provide the Insurance as Stated in this Policy.

Coverage Is Written:

☒ Primary ☐ Excess ☐ Coindemnity ☐ Concurrent

**POLICY NUMBER** BGOV-45002831-23 **PRIOR POLICY NUMBER** BGOV-45002831-22  
**NAMED INSURED** Atlanta Regional Commission

**MAILING ADDRESS** 229 Peachtree St Ne, Suite 100  
 Atlanta, GA 30308

**POLICY PERIOD** 5/30/2022 to 5/30/2023  
 (12:01 A.M. at your Mailing Address shown above)

#### INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE:

Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft - Per Loss Coverage	\$2,500,000	\$501,000
2. Employee Theft - Per Employee Coverage	Not Covered	Not Covered
3. Forgery or Alteration	\$2,500,000	\$501,000
4. Inside the Premises - Theft of Money and Securities	\$2,500,000	\$501,000
5. Inside the Premises - Robbery or Safe Burglary of Other Property	\$2,500,000	\$501,000
6. Outside the Premises	\$2,500,000	\$501,000
7. Computer And Funds Transfer Fraud	\$500,000	\$5,000
8. Money Orders and Counterfeit Currency	\$500,000	\$1,000
Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.		

If Added by Endorsement:		
Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
Government Deception Fraud	\$15,000	\$5,000

### **ATTACHMENT B-3 – BOARD RESOLUTION**

[Insert Resolution after this Page.]

**In process**

## **ATTACHMENT B-4 – STANDARD ASSURANCES**

### **STANDARD ASSURANCES - OLDER AMERICANS ACT (OAA)** **Public Law 89-73, 42 U.S.C.A. § 3001, et seq., as amended**

#### **I) ORGANIZATIONAL ASSURANCES**

##### **1. SEPARATE ORGANIZATIONAL UNIT**

If the Area Agency on Aging has responsibilities which go beyond programs for the elderly, a separate organizational unit within the agency has been created which functions only for the purposes of serving as the Area Agency on Aging.

##### **2. FULL TIME DIRECTOR**

The Area Agency or the separate organizational unit which functions only for the purposes of serving as the Area Agency on Aging is headed by an individual qualified by education or experience, working full-time solely on Area Agency on Aging functions and Area Plan management.

#### **II) AREA AGENCY MANAGEMENT COMPLIANCE ASSURANCES**

##### **3. EQUAL EMPLOYMENT OPPORTUNITY (5CFR Part 900, Subpart F)**

The Area Agency assures fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age or handicap and with proper regard for their privacy and constitutional rights as citizens. This "fair treatment" principle includes compliance with the Federal equal employment opportunity and nondiscrimination laws. These include Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other relevant laws.

#### **4. EMERGENCY MANAGEMENT PLAN**

The Area Agency has assigned primary responsibility for Emergency Management planning to a staff member; the Area Emergency Management Plan which was developed in accordance with the Georgia Department of Human Resources Division of Aging Services (now the Georgia Department of Human Services, and hereafter Division of Aging Services) memorandum of February 9, 1979 shall be reviewed at least annually and is revised as necessary. The Area Agency also assures cooperation subject to client need in the use of any facility, equipment, or resources owned or operated by the Department of Human Services which may be required in the event of a declared emergency or disaster.

As in Sec. 306(a)(16) or (17), the Area Agency shall include information detailing how the Area Agency on aging will coordinate activities, and develop long-range emergency response plans with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for relief service delivery.

#### **5. DIRECT PROVISION OF SOCIAL SERVICES**

No Title III supportive services, nutrition services, or in-home services are being directly provided by the Area Agency except where provision of such services by the Area Agency has been determined by the Division of Aging Services to be necessary in assuring an adequate supply of such services; or where services are directly related to the AAA administrative functions; or where services of comparable quality can be provided more economically by the Area Agency.

#### **6. REVIEW BY ADVISORY COUNCIL**

The Area Agency has provided the Area Agency Advisory Council the opportunity to review and comment on the Area Plan and operations conducted under the plan.

#### **7. ATTENDANCE AT STATE TRAINING**

The Area Agency assures that it will send appropriate staff to those training sessions required by the Division of Aging Services.

#### **8. PROPOSAL FOR PROGRAM DEVELOPMENT AND COORDINATION**

The Area Agency has submitted the details of its proposals to pay for program development and coordination as a cost of supportive services to the general public (including government officials, and the aging services network) for review and comment. The Area Agency has budgeted its total allotment for Area Plan Administration before budgeting Title III-B funds for Program Development in accordance with 45 CFR 1321.17(14).

## **9. COMPETITIVE PROCESS FOR NUTRITION PROVIDERS, SUPPORTIVE SERVICES PROVIDERS, AND FOOD VENDORS**

- a) Nutrition providers and supportive service providers will be selected through competitive negotiations or a Request for Proposal process. Documentation will be maintained in the Area Agency files.
- b) Nutrition service providers who have a central kitchen or who prepare food on- site must obtain all food and supplies through appropriate procurement procedures, as specified by the Division of Aging Services.
- c) Food vendors will be selected through a competitive sealed bid process.
- d) Nutrition service providers who have a central kitchen or who prepare meals on-site must develop a food service proposal.
- e) Copies of all Requests for Proposals and bid specifications will be maintained at the Area Agency for review.

## **10. REPORTING**

The Area Agency assures that it will maintain required data on the services included in the Area Plan and report such data to the Division of Aging Services in the form and format requested.

## **11. NO CONFLICT OF INTEREST**

No officer, employee, or other representative of the Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and mechanisms are in place at the Area Agency on Aging to identify and remove conflicts of interest prohibited under this Act.

### **III) SERVICE PROVISION ASSURANCES**

#### **12. MEANS TEST**

No Title III service provider uses a means test to deny or limit receipt of Title III services under the Area Plan.

#### **13. EQUAL EMPLOYMENT OPPORTUNITY BY SERVICE PROVIDERS**

The Area Agency assures that service providers provide fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age or handicap and with proper regard for their privacy and constitutional rights as citizens. This "fair treatment" principle includes compliance with the Federal equal employment opportunity and nondiscrimination laws. These include Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other relevant laws.

#### **14. STANDARDS/GUIDELINES/POLICIES AND PROCEDURES**

The Area Agency and all service providers will comply with all applicable Georgia Department of Human Services Division of Aging Services standards, guidelines, policies, and procedures.

NOTE: No additional waiver of the Multi-Purpose Senior Center (MPSC) Standards is necessary IF the Area Agency has previously obtained such a waiver AND there have been no changes since the submission of the waiver request.

#### **15. SPECIAL MEALS**

Each nutrition program funded under the Area Plan is providing special meals, where feasible and appropriate, to meet the particular dietary needs, arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals.

#### **16. CONTRIBUTIONS**

Older persons are provided an opportunity to voluntarily contribute to part or all of the cost of Title III services received under the Area Plan, in accordance with procedures established by the Division of Aging Services. Title III services are not denied based on failure to contribute.

The area agency on aging shall ensure that each service provider will-

- (A) provide each recipient with an opportunity to voluntarily contribute to the cost of the service;
- (B) clearly inform each recipient that there is no obligation to contribute, and that the contribution is purely voluntary;
- (C) protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;
- (D) establish appropriate procedures to safeguard and account for all contributions; and
- (E) use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under this Act.

Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under this Act if the method of solicitation is not coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.

## **17. PERSONNEL POLICIES**

Written personnel policies affecting Area Agency and service provider staff have been developed to include, but are not limited to, written job descriptions for each position; evaluation of job performance; annual leave; sick leave; holiday schedules; normal working hours; and compensatory time.

## **18. COORDINATION WITH TITLE V NATIONAL SPONSORS**

The Area Agency will meet at least annually with the representatives of Title V Older American Community Service Employment Program (formerly SCSEP) sponsors operating within their Planning and Service Areas (PSAs) to discuss equitable distribution of enrollee positions within the PSA and coordinate activities as appropriate.

#### **19. PREFERENCE IN PROVIDING SERVICES**

The Area Agency on Aging provides assurance that preference will be given to services to older individuals with the greatest economic need and older individuals with the greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the Area Plan. [Section 305 (a) (2) (E)]



#### **IV) TITLE III, PART A ASSURANCES**

The Area Agency on Aging assures that it shall --

**20.** Sec. 306(a)(2) - provide assurances 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, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) 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 assurances 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.

**21.** Sec. 306(a)(4)(A)(i)(I) - provide assurances that the Area Agency on Aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (I);

**22.** Sec. 306(a)(4)(A)(ii) provide assurances 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—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

**23.** Sec. 306(a)(4)(A)(iii) - With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the Area Agency on Aging shall—

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

**24.** Sec. 306(a)(4)(B)(i) - provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

**25.** Sec. 306(a)(4)(C) - provide assurance 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.

**26.** Sec. 306(a)(5) provide assurances 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, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

**27.** Sec. 306(a)(6)(A) - take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

**28.** Sec. 306(a)(6)(B) -serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals

**29.** Sec. 306(a)(6)(C)(i) – enter, where possible, into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that-

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904(c)(3)); and

**30.** Sec. 306(a)(6)(C)(iii) - make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

**31.** Sec. 306(a)(6)(D) – establish and maintain an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

**32.** Sec. 306(a)(6)(F) – The Area Agency on Aging will in coordination with the State Agency on Aging (Georgia Department of Human Services Division of Aging Services) and the State agency responsible for mental health services (Georgia Department of Behavioral Health and Developmental Disabilities), increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

**33.** Sec. 306(a)(7) - provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better –

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings;

and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidenced-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information related to –

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

**34.** Sec. 306(a)(8) that case management services provided under this title through the area agency on aging will -

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that -

(i) gives each older individual seeking service under this subchapter a list of agencies that provide similar services within the jurisdiction of the area agency on Aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirement described in clauses (i) through (iii); and

(v) is not located, does not provide, and does not have a direct or indirect ownership or controlling interest in, or a direct or indirect affiliation or relationship with, an entity that provides, services other than case management services under this title.

**35.** Sec. 306(a)(10) establish a grievance procedure for older individuals who are dissatisfied with or denied services under this subchapter;

**36.** Sec. 306(a)(11) – provide information and assurances by the Area Agency on Aging 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) an assurance that 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) an assurance that 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.

**37.** Sec. 306(a)(13)(A) - provide assurances 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.

**38.** Sec. 306(a)(13)(B) - provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State Agency—

(i) 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

(ii) the nature of such contract or such relationship.

**39.** Sec. 306(a)(13)(C) - provide assurances 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.

**40.** Sec. 306(a)(13)(D) - provide assurances 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.

**41.** Sec. 306(a)(13)(E) - shall provide assurances 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.

**42.** Sec. 306(a)(14) -. provide assurances 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.

**43.** Sec. 307(a)(15)(A) - provide assurances that funds received under this title will be used - to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

- 44.** Sec. 307(a)(15)(B) – provide assurances that funds received under this title will be used in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212 (42 U.S.C.A. § 3020c);
- 45.** Sec. 306(a)(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- 46.** Conduct annual evaluations of, and *public hearings* on, activities carried out under the area plan and an annual evaluation of the effectiveness of outreach conducted under paragraph (5) (B);
- 47.** Furnish appropriate technical assistance and timely information in a timely manner, to providers of supportive services, nutrition services, or multipurpose senior centers in the planning and service area covered by the area plan;
- 48.** Sec. 306(a)(6)(C)(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
- 49.** Develop and publish methods by which priority of services is determined, particularly with respect to the delivery of services under paragraph (2);
- 50.** Establish effective and efficient procedures for coordination of -
- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
  - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
- 51.** Identify the public and private nonprofit entities involved in the prevention, identification, and treatment of the abuse, neglect, and exploitation of older individuals, and based on such identification, determine the extent to which the need for appropriate services for such individuals is unmet;
- 52.** Compile available information on institutions of higher education in the planning and service area regarding-



(I) the courses of study offered to older individuals by such institutions; and

(II) the policies of such institutions with respect to the enrollment of older individuals with little or no payment tuition, on a space available basis, or on another special basis;

(III) include in such compilation such related supplementary information as may be necessary; and

(IV) based on the results of such compilation, make a summary of such information available to older individuals at multipurpose senior centers, congregate nutrition sites, and other appropriate places;

**53.** Sec. 306(a)(6)(Q) enter into voluntary arrangements with nonprofit entities (including public and private housing authorities and organizations) that provide housing (such as housing under section 202 of the Housing Act of 1959 (12 U.S.C. 1701Q) to older individuals, to provide-

(I) leadership and coordination in the development, provision, and expansion of adequate housing, supportive services, referrals, and living arrangements for older individuals; and

(ii) advance notification and non-financial assistance to older individuals who are subject to eviction from such housing;

**54.** List the telephone number of the agency in such telephone directory that is published, by the provider of local telephone service, for residents in any geographical area that lies in whole or in part in the service and planning area served by the agency -

(I) under the name "Area Agency on Aging";

(ii) in the unclassified section of the directory; and

(iii) to the extent possible, in the classified section of the directory, under a subject heading designated by the Commissioner by regulation; and

- 55.** Identify the needs of older individuals and describe methods the area agency on aging will use to coordinate planning and delivery of transportation services (including the purchase of vehicles) to assist older individuals, including those with special needs, in the area;
- 56.** Provide assurances that any amount received under part E will be expended in accordance with such part;
- 57.** Provide assurances that any amount received under part F will be expended in accordance with such part;
- 58.** Provide assurances that any amount received under part G will be expended in accordance with such part;
- 59.** In the discretion of the area agency on aging, provide for an area volunteer services coordinator, who shall -
- (A) encourage, and enlist the services of, local volunteer groups to provide assistance and services appropriate to the unique needs of older individuals within the planning and services area; and
  - (B) encourage, organize, and promote the use of older individuals as volunteers to local communities within the area; and
  - (C) promote the recognition of the contribution made by volunteers to programs administered under the area plan;
  - (D) assure that the activities conform with -
    - (i) the responsibilities of the area agency on aging, as set forth in this subsection; and
    - (ii) the laws, regulations, and policies of the State served by the area agency on aging;
- 60.** Projects in the planning and service area will reasonably accommodate participants as described in the Act'
- 61.** Before an Area Agency on Aging requests a waiver under paragraph (1) of this subsection, the Area Agency shall conduct a timely public hearing in accordance with the provisions of this paragraph. The Area Agency on Aging requesting a waiver shall notify all interested parties in the area of public hearing and furnish the interested parties with an opportunity to testify.

**62.** The Area Agency on Aging shall prepare a record of the public hearing conducted pursuant to Section 306(b)(2)(A) and shall furnish the record of public hearing with the request for a waiver made to the State under paragraph (1).

**63.** Provide that the Area Agency on Aging will 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 of long-term care facilities, but who can return to their homes in community-based options are provided to them.

**64.** Provide that the Area Agency on Aging will facilitate coordination of community-based, long-term care services designed to enable older individuals to remain in their homes, by means including --

- (A) development of case management services as a component of the long-term care services, consistent with the requirements of paragraph (64);
- (B) involvement of long-term care providers in the coordination of such services; and
- (C) increasing community awareness of and involvement in addressing the needs of residents of long-term care facilities;

**65.** Provide that case management services provided under this title through the area agency on aging will--

- (A) not duplicate case management services provided through other Federal and State programs;
- (B) be coordinated with services described in subparagraph (A); and
- (C) be provided by a public agency or a nonprofit private agency that--
  - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
  - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
  - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
  - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

**66.** Provide that the Area Agency on Aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in Section 203(b) within the planning and service area.

**67.** Provide that the Area Agency on Aging, with respect to the needs of older individuals with severe disabilities, 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 responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals and disabilities.

## **VI) TITLE VII/LEGAL ASSISTANCE ASSURANCES**

**68.** Sec. 307(11)(A) provide assurances that the Area Agency on Aging will –

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) 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

(iii) 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 in pro bono and reduced fee basis

**69.** Sec. 307(11)(D) provide assurances that, to the extent practicable, that legal assistance furnished under the Area 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.

**70.** Sec. 307(11)(E) provide assurances 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.

**UPDATED DOCUMENT FOR FY24 WAITING FOR SIGNATURE AFTER BOARD MEETING 3.1.2023**

My signature below indicates that the Atlanta Regional Commission Area Agency on Aging is in compliance and will maintain compliance with all aforementioned Standard Assurances.

Signature: Becky Kurtz  
Becky A. Kurtz  
Area Agency on Aging, Director

Date: 03/01/2022

Signature: W.K. Armstrong  
W. Kerry Armstrong  
Chairperson of Governing Board  
Chair, ARC Commission

Date: Feb 5, 2022

## **ATTACHMENT B-5 – DOCUMENTS REQUESTING A WAIVER OF STANDARD ASSURANCES**

[Insert Waiver Requests After This Page] Or indicate ***“No Waiver(s) Requested”*** on this page.

Waiver Request below awaiting signature



March 1, 2023

MaryLea Boatwright Quinn  
Assistant Deputy Commissioner, Division of Aging Services  
Georgia Department of Human Services  
2 Peachtree Street NW, Floor 33  
Atlanta, GA 30303-3142

Dear Ms. Boatwright Quinn:

In FY24, the Center for Pan Asian Services, Inc. will no longer be funded by ARC for the provision of culturally appropriate nutrition services for the Pan Asian community. As ARC works through this transition, Aging & Independence Services is requesting the waiver directly as a continuation of prior approved waiver for CPACS to maintain their unique services providing services to multicultural, multi-ethnic older populations in the

With the waiver from Division of Aging Services (DAS), CPACS senior services has been able to provide much needed meals that are culturally accurate to LEP seniors from Korean, Chinese, Bhutanese, and Burmese communities as well as non-member seniors in dire need of delivered meals due to isolation brought on by pandemic.

ARC has been maintaining close communication with CPACS and has provided technical assistance as well as additional emergency funding for CPACS to meet their growing needs. We feel that the Waiver DAS granted to CPACS has significantly contributed to dealing with food insecurity, specifically, relating to physical isolation due to pandemic. As such, we would like to request continuation of waiver for CPACS from following policies:

Waiver Request\* for Following Policy Requirements:

Section 206	206.8
Section 304	304.8, 304.9, 304.10, 304.11, 304.13

\*Refer to Appendix-A Table 1 and Table 2 for detailed description adhering to waiver guideline 1 to 9.

Thank you for providing CPACS with this opportunity to request for waiver, and should you have any question please feel free to contact me.

Sincerely yours,

Becky A. Kurtz  
Managing Director, Aging & Independence Services  
Director, Area Agency on Aging  
Atlanta Regional Commission

atlantaregional.org  
International Tower  
229 Peachtree St, NE | Suite 100  
Atlanta, Georgia 30303

**Appendix A: CPACS Waiver Request**

**Table 1: Policy and Required Waiver**

1. Policy / Title	Policy Description	2. Situation 2023 changes & 2022 & 2021 record	3. Mitigation & 8. Strategy Beyond Wavier (Update for 2021-2022)
<b>206.8 / CENTER OPERATIONS</b>	Serve meals at least once per day, five days a week, for a minimum of 250 serving days per year.	<p><b>2023:</b> Meals will be served once a week for eligible clients for up to 170 days per year due to unique circumstances surrounding individuals from culturally diverse and under-served communities. Serving multiple ethnic communities with limited funding, daily meal service is not feasible for the near future.</p> <p><b>2022:</b> CPACS serves meals once a week per eligible clients for 170 days per year due to unique circumstances surrounding individuals from culturally diverse and under-served communities. CPACS serving multiple ethnic communities with limited funding, daily meal service is not feasible for the near future. CPACS will comply with the changes if COVID-19 emergency mode practices.</p> <p><b>2021:</b> All programs are currently running under COVID-19 emergency mode, and all direct on-site services for consumers are paused. Due to pandemic response and related CARE funding, all congregate meals have been converted into emergency home delivered meals. All</p>	<p><b>3. Minimum Serving Day Wavier</b> is still needed for CPACS to continue to provide at least one meal a week as emergency home delivered meals in place of Congregate meals. In addition to traditional members, CPACS has been able to increase meal recipients using emergency CARE funding to deliver meals to those in waiting list and non-traditional members in need of meal due to pandemic.</p> <p><b>8. Increase in future funding</b> will enable CPACS to provide more than one meal a week to existing member participants and potentially increase the number of ethnic communities served by CPACS.</p>



		<p><b>2020:</b> Same as 2019 with some changes: CPACS has made continuous improvement in the number of serving days in 2020 compared to 2019. Serving days increased to 156 days as of March 13<sup>th</sup> 2020. The number of serving days would have been 218 days without the service interruption caused by Covid-19 Pandemic. Program's summer recess due to CPACS youth program still poses seasonal service interruption.</p> <p><b>2019:</b> Same as 2018 with some changes: Serving days increased to 148 days per year.</p> <p><b>2018:</b> CPACS serves meals once a week per eligible clients for 132 days per year due to unique circumstances surrounding individuals from culturally diverse and under-served communities. Due to CPACS serving multiple ethnic communities with limited funding, daily meal service is not feasible for the near future.</p>	
<b>1. Policy / Title</b>	<b>Policy Description</b>	<b>2. Situation 2023 changes &amp; 2022 &amp; 2021 record</b>	<b>3. Mitigation &amp; 8. Strategy Beyond Wavier (Update for 2021-2022)</b>

<p><b>304.8 / REQUIREMENTS FOR MEALS</b></p>	<p>Each meal shall comply with provisions in the Older Americans Act, Title III, Subpart 3, Section 339, concerning compliance with Dietary Guidelines for Americans. Standardized recipes will be used to analyze and prepare meals.</p> <p>The food that is served will be the same as analyzed, to the fullest extent possible. Providers will develop a plan to offer choice in meals.</p> <p>Providers will be capable of serving a therapeutic diet based on a doctor's recommendation.</p>	<p><b>2023:</b> Have been unable to acquire a replacement RD.</p> <p><b>2022:</b> Same as 2021: CPACS has not been able to acquire a replacement RD</p> <p><b>2021:</b> Same as 2020:: CPACS has not been able to acquire a replacement RD.</p> <p><b>2020:</b> Same as 2019 with some changes: CPACS has not been able to acquire a replacement RD.</p> <p><b>2019:</b> Same as 2018 with some changes: The availability of the Registered Dietitian (RD) ended in March 2018. CPACS has not been able to acquire a replacement RD.</p> <p>Relevant analysis based on Dietary Guidelines for Americans are still pending.</p> <p><b>2018:</b> A Registered Dietitian has been contracted to work on standardizing recipes for diverse LEP communities.</p> <p>Relevant analysis based on Dietary</p>	<p><b>3.</b> Waiver is needed for allowing current non-standard meals. The search for qualified RD has been put on hold due to pandemic. CPACS will resume its search for a qualified RD to continue with analyzing culturally diverse and accurate meals and menus from multiple ethnic communities.</p> <p><b>8.</b> Proposal is still pending for either:</p> <ul style="list-style-type: none"> <li>• setting a new set of dietary standard for diverse cultural meals and menus or</li> <li>• closing the gap by designing modified meals and menus</li> </ul>
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1. Policy / Title	Policy Description	2. Situation 2023 changes & 2022 & 2021 record	3. Mitigation & 8. Strategy Beyond Wavier (Update for 2021-2022)
304.9 / MENU CYCLES	Providers shall follow at a minimum a twenty day (four week) menu cycle, which can be repeated during the quarter.	<p><b>2023:</b> Same as 2022. Serving days may be up to 170 days per year.</p> <p><b>2022:</b> Same as 2021 with some changes: Serving days increased to 170 days per year.</p> <p><b>2021:</b> The fact that single consumer/member is allowed to participate in the program weekly or only 4 times a month has not changed due to limited space, funds, and resources. The menu cycle adheres to the same limitation; therefore, CPACS maintains only 4 menu cycles.</p> <p><b>2020:</b> Same as 2019 with some changes: CPACS has made continuous improvement in the number of serving days in 2020 compared to 2019. Serving days increased to 156 days as of March 13<sup>th</sup> 2020. The number of serving days would have been 218 days without the service interruption caused by Covid-19 Pandemic. Program's summer recess due to CPACS youth program still poses seasonal service interruption.</p> <p><b>2019:</b></p>	<p>3. Waiver from the 20-day menu cycle is still needed for CPACS to continue to serve once per week meal for its multiple ethnic communities.</p> <p>Four menu cycles (non-consecutive service days) covering 4 weeks (once per week) needs to be allowed.</p> <p>8. Possible increase in future funding may enable CPACS to serve increased number of meals for its target communities and eventually achieve the 20-day menu cycle.</p>

**2018:**

CPACS serves meals once a week per eligible clients for 132 days per year due to unique circumstances surrounding individuals from culturally diverse and under-served communities.

Due to CPACS serving multiple ethnic communities with limited funding, a 20 consecutive day menu cycle is not feasible for the near future.

1. Policy / Title	Policy Description	2. Situation 2023 changes & 2022 & 2021 record	3. Mitigation & 8. Strategy Beyond Wavier (Update for 2021-2022)
<b>304.10 / NUTRIENT CONTENT</b>	<p>Nutrient content of meals is determined by the application of the Dietary Reference Intakes (DRI) guidelines and the Dietary Guidelines for Americans. To allow for regional preferences, the nutrient content of meals must:</p> <ul style="list-style-type: none"> <li>• Use the targets outlined in Appendix 304-B "Georgia Nutrition Program Nutrient Targets for Meals".</li> <li>• The nutrition analysis will show these targets are met over an average of one menu cycle (minimum of twenty days), within +/- 10%.</li> </ul>	<p><b>2022:</b> Same as 2021.</p> <p><b>2021:</b> Same as 2020.</p> <p><b>2020:</b> Same as 2019.</p> <p><b>2019:</b> Due to not having a Registered Dietitian qualified or experienced in creating standardized recipes for diverse LEP communities, "Georgia Nutrition Program Nutrient Targets for Meals" cannot be met, and nutrition analysis cannot be carried on at this time.</p> <p><b>2018:</b> Same as 2017 with some changes Contracted Registered Dietitian is working on developing standardized recipes for diverse LEP communities; however, "Georgia Nutrition Program Nutrient Targets for Meals" cannot be met, and nutrition analysis cannot be carried out at this time.</p>	<p><b>3.</b> Waiver from adhering to "Georgia Nutrition Program Nutrient Targets for Meals" is still needed.</p> <p>Waiver is requested to postpone nutrition analysis until after the waiver duration.</p> <p><b>8.</b> Proposal is still pending on how to close the gap with "Georgia Nutrition Program Nutrient Targets for Meals."</p>

1. Policy / Title	Policy Description	2. Situation 2022 changes & 2021 record	3. Mitigation & 8. Strategy Beyond Wavier (Update for 2021-2022)
<b>304.11 / NUTRIENT ANALYSIS</b>	<p>The provider shall obtain and maintain documentation of nutrient analysis for each meal per menu cycle.</p> <p>If the AAA allows the use of alternative protein sources, the procurement documents must clearly state how frequently alternative protein may be used on a monthly basis and to what degree.</p>	<p><b>2023:</b> Same as 2022</p> <p><b>2022:</b> Same as 2021.</p> <p><b>2021:</b> Same as 2020.</p> <p><b>2020:</b> Same as 2019.</p> <p><b>2019:</b> Actively recruiting for a new RD. Still utilizing limited work done in creating standardized recipes and meal patterns by the prior RD.</p> <p><b>2018:</b> Same as 2017 with some changes</p> <p>Contracted Registered Dietitian has completed meal patterns and standardized recipes for 2 out of 5 ethnic menu cycle.</p> <p>CPACS is not able to obtain and maintain documentation of nutrient analysis for each meal per menu cycle due to lack of</p>	<p>3. Waiver from obtaining and maintaining documentation of nutrient analysis is still needed.</p> <p>Waiver is requested to postpone nutrition analysis until after the waiver duration.</p> <p>8. CPACS will continue to recruit a RD and partners to find ways to obtain and maintain documentation of nutrient analysis is ongoing.</p>

1. Policy / Title	Policy Description	2. Situation 2023changes & 2022 & 2021 record	3. Mitigation & 8. Strategy Beyond Wavier (Update for 2021-2022)
<b>304.13 / THERAPEUTIC DIETS</b>	<p>Therapeutic diets shall be provided as required by the participant's special needs and medical condition, providing:</p> <ul style="list-style-type: none"> <li>The nutrition service provider obtains a physician prescription for each participant needing a therapeutic meal and maintains documentation of specific guidance on meal modification;</li> </ul> <p>The therapeutic diet is planned in accordance with the Georgia Dietetic Association Manual, is approved by a Registered Dietitian, and is submitted on a quarterly basis along with the regular menu.</p>	<p><b>2023:</b> Same as 2022.</p> <p><b>2022:</b> Same as 2021.</p> <p><b>2021:</b> Same as 2020.</p> <p><b>2020:</b> Same as 2019.</p> <p><b>2019:</b> Due to not having a Registered Dietitian qualified or experienced in creating standardized recipes for diverse LEP communities, CPACS is not able to provide therapeutic diets.</p> <p><b>2018:</b> The challenges in creating and providing therapeutic diets for LEP seniors from ethnic communities have not been overcome due to lack of both clinical and nutritional expertise required for</p>	<p><b>3.</b> Waiver from providing therapeutic diets is needed.</p> <p>Waiver is requested to postpone providing therapeutic diets until after the waiver duration.</p> <p>CPACS will continue to recruit a RD and partners to find ways to provide therapeutic diets.</p> <p><b>8.</b> CPACS will continue to recruit a RD and partners to find ways to provide therapeutic diets.</p>



**(Submission for Year 2023 - 2024) Table 2: Guideline 4 to 7 and 9:**

Applicable To All Policies Covered in Table 1	
<b>4</b>	<p>The <b>date/timeframe</b> through which the waiver is needed.</p> <ul style="list-style-type: none"> <li>• Waiver is needed for the program year from <b>July 2023 to June 2024</b>.</li> <li>• Work Plan Date/Timeframe will be distributed throughout the program waiver duration.</li> <li>• Work Plan: Continuation of Development Phase - (<b>July 2023 - June 2024</b>): <ul style="list-style-type: none"> <li>○ Recruit qualified Registered Dietitian</li> <li>○ Complete the meal pattern and standardized recipes for ethnic groups.</li> <li>○ Outline the traditional meal pattern and/or characteristics for ethnic communities.</li> <li>○ Continue to set the baseline for all ethnic groups' meals/menus.</li> <li>○ Continue to develop the gap analysis between Standard American Nutrition Guideline and multi-ethnic meal baseline.</li> <li>○ Continue to develop proposals to modify existing multi-ethnic meals to adhere to standard American Nutrition Guideline and/or develop a new nutrition guideline for multi-ethnic meal.</li> </ul> </li> </ul>
<b>5</b>	<p>The <b>affect(s)</b> of the current situation <b>on consumers</b> verses the approved waiver.</p> <ul style="list-style-type: none"> <li>• Without the waiver, meals based on Western diet guideline must be served, and the unique needs of the diverse LEP communities will not be met. With the waiver, consumers can receive culturally accurate meals.</li> </ul>
<b>6</b>	<p>The <b>affect(s)</b> of the current situation on contracted <b>funds</b> verses the approved waiver.</p> <ul style="list-style-type: none"> <li>• Without the waiver, there will be significant number of consumers from diverse LEP communities declining to participate in congregate meal program which is based on Western guideline and requirements. The decline of participants will result in large increase in amount of unused funds. With the waiver, funds will be fully utilized.</li> </ul>
<b>7</b>	<p>Assurance that <b>other program requirements/standards</b> will be met.</p> <ul style="list-style-type: none"> <li>• Other programs such as Senior Recreation or Information &amp; Referral do not rely on Western Nutritional Standard and will not be impacted and will meet necessary standards.</li> </ul>
<b>9</b>	<p>By whom and how the situation will be <b>evaluated</b> and assurance of any anomalies <b>reported</b> back to the DAS during the waiver period.</p> <ul style="list-style-type: none"> <li>• Situation will be evaluated by contracted qualified Registered Dietitian and all anomalies will be reported to DAS as well as AAA both by the Registered Dietitian (pending recruitment) and CPACS.</li> <li>• The evaluation will cover comparable performance measures relating to American Nutrition Standard.</li> </ul>



## ATTACHMENT C – TITLE III OAA FEDERAL ALLOCATION AND MATCH ANALYSIS (EXCEL)

### Older Americans Act (OAA) Federal Allocation Match Analysis Worksheet

Enter Name of AAA:	Atlanta Regional Commission
State Fiscal Year:	SFY 2024

Indicate the Applicable Budget Submission:	<u>  X  </u> SFY 2024 Planning Allocation Area Plan Update - Version # <u>      </u>
	<u>      </u> SFY 2023 - <u>      </u> Allocation Issuance (AI) - Version # <u>      </u>
	<u>      </u> SFY 2023 - <u>      </u> AI AAA Initiated Budget Revision - Version # <u>      </u>

	Original DAS Allocation by Part	Requested Shift by Part	Revised Allocation by Part	% Budgeted Federal Dollars Allocated	Total Budget to be Matched	C to B Transfer
Title III A Admin from Title III B, C & E	\$990,001	\$0	\$990,001	75%	\$1,320,001	19%
Title III B Supportive Services	\$2,577,348	\$1,196,790	\$3,774,138	85%	\$4,440,162	
Title III C-1 Congregate Meals	\$4,184,920	-\$792,382	\$3,392,538	85%	\$3,991,221	
Title III C-2 Home Delivered Meals	\$2,135,696	-\$404,408	\$1,731,288	85%	\$2,036,809	
Title III D Health Promotion*	\$119,345	\$0	\$119,345	100%	\$119,345	
	\$0	\$0	\$0	100%	\$0	
Title III E Family Caregiver Support	\$882,705	\$0	\$882,705	75%	\$1,176,940	
	\$0	\$0	\$0	85%	\$0	
<b>Total</b>	<b>\$10,890,015</b>	<b>\$0</b>	<b>\$10,890,015</b>		<b>\$13,084,478</b>	

	Budget to be Matched	Match Requirement	Total Match Required	State Match	Local Match Required
Title III A Admin from Title III B, C & E	\$1,320,001	25%	\$330,000	N/A	\$330,000
Title III B Supportive Services	\$4,440,162	15%	\$666,024	\$222,008	\$444,016
Title III C-1 Congregate Meals	\$3,991,221	15%	\$598,683	\$199,561	\$399,122
Title III C-2 Home Delivered Meals	\$2,036,809	15%	\$305,521	\$101,840	\$203,681
Title III D Health Promotion*	\$119,345	0%	\$0	\$0	\$0
	\$0	0%	\$0	\$0	\$0
Title III E Family Caregiver Support	\$1,176,940	25%	\$294,235	\$176,541	\$117,694
	\$0	0%	\$0	\$0	\$0
<b>Total</b>	<b>\$13,084,478</b>		<b>\$2,194,463</b>	<b>\$699,950</b>	<b>\$1,494,513</b>

MAN 5600, Appendix D  
October 2021

\*Effective July 1, 2021/SFY 2022, State and Local Match are no longer required.

## **ATTACHMENT D- Provider Site List**

**To be uploaded but attached separately.**



## Provider Services List

**Agency:** Atlanta Regional Commission AAA  
**Start Date:** [07/01/2022](#)  
**End Date:** 06/30/2023

**Parent Provider:** Atlanta Regional Commission AAA

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Roach, Anna Phone: (470)378-1450 Fax: Email:	229 Peachtree Street NE Atlanta, GA 30303	HCBS - Caregiver Services	Care Consultation
			Case Management
			Support Options
		HCBS - Case Management	Behavioral Health Coaching - Congregate
			Case Management
		HCBS - Evidence Based Services	CDSME - CDSMP
		HCBS - HCBS Services	Material Aid - Individual
		HCBS - In-Home Services	Material Aid - Individual
		HCBS - Support Options	Support Options
		MFP Transition Coordination	Transition Support

**Service Provider:** Atlanta Regional Commission AAA

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Roach, Anna Phone: (470)378-1450 Fax: Email:	229 Peachtree Street NE Atlanta, GA 30303	HCBS - Caregiver Services	Care Consultation
			Case Management
			Support Options
		HCBS - Case Management	Behavioral Health Coaching - Congregate
			Case Management
		HCBS - Evidence Based Services	CDSME - CDSMP
		HCBS - HCBS Services	Material Aid - Individual
		HCBS - In-Home Services	Material Aid - Individual
		HCBS - Support Options	Support Options
		MFP Transition Coordination	Transition Support



## Provider Services List

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**Parent Provider:** Center for the Visually Impaired, Inc. [Parent]

**Contact**

Name: Fontaine Huew  
Phone: (404)875-9011  
Fax: (404)607-0062  
Email: fhuew@cviatlanta.org

**Address**

739 West Peachtree Street, NE,  
Atlanta, GA 30308

**Programs**

HCBS - HCBS Services

HCBS - In-Home Services

**Services**

Home Management

Home Management

---

**Service Provider:** Center for the Visually Impaired, Inc. [Parent]

**Contact**

Name: Fontaine Huew  
Phone: (404)875-9011  
Fax: (404)607-0062  
Email: fhuew@cviatlanta.org

**Address**

739 West Peachtree Street, NE,  
Atlanta, GA 30308

**Programs**

HCBS - HCBS Services

HCBS - In-Home Services

**Services**

Home Management

Home Management

---

**Parent Provider:** Cherokee County Board of Commissioners [Parent]

**Contact**

Name: Honorable Buzz Ahrens  
Phone: (678)493-6001  
Fax: (678)493-6001  
Email: lbahrens@cherokee.com

**Address**

90 North Street, Suite 310  
Canton, GA 30115

**Programs**

HCBS - Caregiver Services

HCBS - Case Management

HCBS - HCBS Services

HCBS - In-Home Services

HCBS - Nutrition Services

**Services**

Case Management

Homemaker

Respite Care - In-Home - Voucher

Case Management

Material Aid - Assistive Technology

Material Aid - Individual

Homemaker

Personal Care - Voucher

Home Delivered Meals



## Provider Services List

Name: Honorable Buzz Ahrens  
Phone: (678)493-6001  
Fax: (678)493-6001  
Email: lbahrens@cherokeega.com

90 North Street, Suite 310  
Canton, GA 30115

HCBS - Senior Centers

Congregate Meals  
Congregate Meals - Voucher  
Exercise/Physical Fitness - Group  
Nutrition Education  
Senior Recreation  
~~Transportation~~  
~~Transportation - Voucher~~

HCBS - Transportation

Service Provider: Ball Ground Community Center

Contact

Name: Barbara Dobyne  
Phone: (770)345-1224  
Fax: (770)345-6737  
Email: bdobyne@cherokeega.com

Address

250 Civic Drive  
Ball Ground, GA 30107

Programs

HCBS - Senior Centers

Services

Congregate Meals  
Exercise/Physical Fitness - Group  
Nutrition Education  
Senior Recreation

Service Provider: Cherokee County Board of Commissioners [Parent]

Contact

Name: Honorable Buzz Ahrens  
Phone: (678)493-6001  
Fax: (678)493-6001  
Email: lbahrens@cherokeega.com

Address

90 North Street, Suite 310  
Canton, GA 30115

Programs

HCBS - Caregiver Services  
  
HCBS - Case Management  
HCBS - In-Home Services  
HCBS - Senior Centers

Services

Respite Care - In-Home - Voucher  
  
Case Management  
Personal Care - Voucher  
Congregate Meals - Voucher

Service Provider: Cherokee County Senior Services

Contact

Name: Melaine Holmes  
Phone: (770)345-6457  
Fax:  
Email: mcholmes@cherokeega.com

Address

1001 Univeter Road  
Canton, GA 30115

Programs

HCBS - Caregiver Services  
  
HCBS - Case Management  
HCBS - HCBS Services  
  
HCBS - In-Home Services  
HCBS - Nutrition Services  
HCBS - Senior Centers  
  
HCBS - Transportation

Services

Case Management  
Homemaker  
  
Case Management  
Material Aid - Assistive Technology  
Material Aid - Individual  
Homemaker  
Home Delivered Meals  
Congregate Meals  
Senior Recreation  
~~Transportation~~



## Provider Services List

Name: Melaine Holmes  
Phone: (770)345-6457  
Fax:  
Email: mcholmes@cherokeega.com

1001 Univeter Road  
Canton, GA 30115

HCBS - Transportation

~~Transportation~~ - Voucher

Service Provider: HCBS - In-Home Services

Contact

Name:  
Phone:  
Fax:  
Email:

Address

Programs

HCBS - Caregiver Services

Services

Homemaker

Parent Provider: Clayton County Board of Commissioners [Parent]

Contact

Name: Honorable Jeff Turner  
Phone: (770)477-3208  
Fax: (770)477-3217  
Email: jturner@co.clayton.ga.us

Address

112 Smith Street,  
Jonesboro, GA 30236

Programs

HCBS - Caregiver Services

Services

Respite Care - In-Home

HCBS - Case Management

Case Management

HCBS - In-Home Services

Homemaker

Personal Care

HCBS - Kinship Care

Case Management

HCBS - Nutrition Services

Home Delivered Meals

Nutrition Education

HCBS - Senior Centers

Congregate Meals

Exercise/Physical Fitness - Group

Exercise/Physical Fitness - Individual

Falls Prevention - Matter of Balance

Health Promotion/Disease Prevention

Medications Management - Group

Medications Management - Individual

Nutrition Education

Outreach

Senior Recreation

HCBS - Transportation

~~Transportation~~

Service Provider: All Ways Caring ~~HomeCare~~ formerly ResCare ~~HomeCare~~ - HCBS - ARC AAA

Contact

Name: PJ Kelly  
Phone: (770)575-8533  
Fax:  
Email: pjkelly@rescare.com

Address

2296 Henderson Mill Rd. NE  
Atlanta, GA 30345

Programs

HCBS - Caregiver Services

Services

Respite Care - In-Home

HCBS - In-Home Services

Homemaker



## Provider Services List

Name: PJ Kelly  
Phone: (770)575-8533  
Fax:  
Email: pjkelly@rescare.com

2296 Henderson Mill Rd. NE  
Atlanta, GA 30345

HCBS - In-Home Services

Personal Care

Service Provider: Clayton County Aging Program

Contact

Name: Tori ~~Strawter~~  
Phone: (770)603-4068  
Fax: (770)603-4068  
Email: mary.byrd@co.clayton.ga.us

Address

877 Battle Creek Road  
Jonesboro, GA 30236

Programs

HCBS - Nutrition Services

Services

Home Delivered Meals

HCBS - Transportation

~~Transportation~~

Service Provider: Clayton County Board of Commissioners [Parent]

Contact

Name: Honorable Jeff Turner  
Phone: (770)477-3208  
Fax: (770)477-3217  
Email: jturner@co.clayton.ga.us

Address

112 Smith Street,  
Jonesboro, GA 30236

Programs

HCBS - Case Management

Services

Case Management

HCBS - Kinship Care

Case Management

HCBS - Nutrition Services

Home Delivered Meals

Service Provider: Frank Bailey Senior Center

Contact

Name: (678)479-5505  
Phone: (678)479-5505  
Fax: (678)479-5522  
Email:

Address

6213 Riverdale Road  
Riverdale, Georgia 30274

Programs

HCBS - Senior Centers

Services

Congregate Meals

HCBS - Transportation

~~Transportation~~

Service Provider: J Charley ~~Griswell~~ Senior Center

Contact

Name: Rachel ~~Bizzel~~  
Phone: (770)477-3540  
Fax: (770)477-3498  
Email: Rachel.Bizzel@co.clayton.ga.us

Address

2300 Highway 138 SE  
Jonesboro, GA 30236

Programs

HCBS - Nutrition Services

Services

Nutrition Education

HCBS - Senior Centers

Congregate Meals

Exercise/Physical Fitness - Group

Exercise/Physical Fitness - Individual

Falls Prevention - Matter of Balance

Health Promotion/Disease Prevention

Medications Management - Group

Medications Management - Individual

Nutrition Education





## Provider Services List

Name: Rachel Bizzel  
Phone: (770)477-3540  
Fax: (770)477-3498  
Email: Rachel.Bizzel@co.clayton.ga.us

2300 Highway 138 SE  
Jonesboro, GA 30236

HCBS - Senior Centers

Outreach

Senior Recreation

HCBS - Transportation

~~Transportation~~

### Parent Provider: Cobb County Board of Commissioners [Parent]

#### Contact

Name: Honorable Tim Lee  
Phone: (770)628-3300  
Fax: (770)628-2608  
Email: tlee@cobbcounty.org

#### Address

100 Cherokee Street, Suite 300  
Marietta, GA 30090

#### Programs

HCBS - Caregiver Services

HCBS - Case Management

HCBS - HCBS Services

HCBS - In-Home Services

HCBS - Nutrition Services

HCBS - Senior Centers

HCBS - Transportation

#### Services

Case Management

Respite Care - In-Home

Case Management

Material Aid - Assistive Technology

Homemaker

Personal Care

Home Delivered Meals

Congregate Meals

Exercise/Physical Fitness - Group

Health Promotion/Disease Prevention

Nutrition Counseling

Nutrition Education

Senior Recreation

~~Transportation~~

### Service Provider: Austell Senior Center

#### Contact

Name: Linda Martin  
Phone: (770)819-3200  
Fax: (770)439-6688  
Email: Linda.Martin@cobbcounty.org

#### Address

5315 Brownsville Road  
Powder Springs, GA 30127

#### Programs

HCBS - Senior Centers

#### Services

Congregate Meals

Exercise/Physical Fitness - Group

Health Promotion/Disease Prevention

Nutrition Counseling

Nutrition Education

Senior Recreation

### Service Provider: Cobb County Board of Commissioners [Parent]

#### Contact

Name: Honorable Tim Lee  
Phone: (770)628-3300  
Fax: (770)628-2608  
Email: tlee@cobbcounty.org

#### Address

100 Cherokee Street, Suite 300  
Marietta, GA 30090

#### Programs

HCBS - Caregiver Services

HCBS - HCBS Services

#### Services

Case Management

Material Aid - Assistive Technology



## Provider Services List

Name: Honorable Tim Lee 100 Cherokee Street, Suite 300 HCBS - Nutrition Services Home Delivered Meals  
Phone: (770)528-3300 Marietta, GA 30090  
Fax: (770)528-2606  
Email: tlee@cobbcounty.org

HCBS - Senior Centers Congregate Meals  
HCBS - Transportation ~~Transportation~~

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**Service Provider: Cobb Senior Services**

Contact

Name: Jessica Gill  
Phone: (770)528-5386  
Fax: (770)528-5378  
Email: jessica.gill@cobbcounty.org

Address

1150 Powder Springs St, Suite 100  
Marietta, GA 30064

Programs

HCBS - Caregiver Services

Services

Case Management

HCBS - Case Management Case Management  
HCBS - Transportation ~~Transportation~~

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**Service Provider: Home Instead Senior Care - Kennesaw**

Contact

Name: Claude Beaudry  
Phone: (770)425-4240  
Fax: (770)425-1357  
Email: claudbe@hiscga.com

Address

1301 Shiloh Road, Suite 1730  
Kennesaw, GA 30144-7147

Programs

HCBS - Caregiver Services

Services

Respite Care - In-Home

HCBS - In-Home Services Homemaker  
Personal Care

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**Service Provider: Marietta Senior Center**

Contact

Name: Jill Hughes  
Phone: (770)528-2516  
Fax:  
Email: Jill.Hughes@cobbcounty.org

Address

1150 Powder Springs St, Suite 100  
Marietta, GA 30064

Programs

HCBS - Senior Centers

Services

Congregate Meals  
Exercise/Physical Fitness - Group  
Nutrition Education  
Senior Recreation

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**Service Provider: North Cobb Senior Center**

Contact

Name: Aida Ford  
Phone: (770)974-2984  
Fax:  
Email: aida.ford@cobbcounty.org

Address

4100 Highway 293  
Acworth, GA 30101

Programs

HCBS - Senior Centers

Services

Congregate Meals  
Exercise/Physical Fitness - Group  
Nutrition Education  
Senior Recreation

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**Parent Provider: DeKalb County Government [Parent]**

Contact

Address

Programs

Services



## Provider Services List

Name: Honorable Lee May  
Phone: (404)371-2112  
Fax: (404)371-4933  
Email: ceo@co.dekalb.ga.us

1300 Commerce Drive, Suite 102  
Decatur, GA 30030

HCBS - Caregiver Services

Case Management

Personal Care

Respite Care - In-Home

Case Management

Homemaker

Personal Care

Home Delivered Meals

Congregate Meals

~~Transportation~~

HCBS - Case Management

HCBS - In-Home Services

HCBS - Nutrition Services

HCBS - Senior Centers

HCBS - Transportation

Service Provider: DeKalb County Office of Aging

Contact

Name: Karl Williams  
Phone: (770)322-2955  
Fax: (770)322-2962  
Email: kbwillia@co.dekalb.ga.us

Address

2538 Panola Road  
Lithonia, GA 30058

Programs

HCBS - Caregiver Services

Services

Case Management

Personal Care

Respite Care - In-Home

Case Management

Homemaker

Personal Care

Home Delivered Meals

Congregate Meals

HCBS - Case Management

HCBS - In-Home Services

HCBS - Nutrition Services

HCBS - Senior Centers

Service Provider: DeKalb-Atlanta Senior Center

Contact

Name: ~~Ta Juana~~ Johnson  
Phone: (404)370-4090  
Fax:  
Email:

Address

25 Warren Street SE  
Atlanta, GA 30317

Programs

HCBS - Senior Centers

Services

Congregate Meals

Service Provider: HCBS - Caregiver Services

Contact

Name:  
Phone:  
Fax:  
Email:

Address

Programs

HCBS - Case Management

Services

Case Management

Service Provider: HCBS - Case Management

Contact

Name:  
Phone:  
Fax:  
Email:

Address

Programs

HCBS - Caregiver Services

Services

Case Management



## Provider Services List

Service Provider: Lithonia East Senior Center

Contact

Name: Pat Smith  
Phone: (770)482-0402  
Fax:  
Email:

Address

2484 Bruce Street  
Lithonia, GA 30058

Programs

HCBS - Senior Centers

Services

Congregate Meals

Service Provider: North DeKalb Senior Center

Contact

Name: Belinda Goodman  
Phone: (404)284-4865  
Fax:  
Email:

Address

3393 Malone Drive  
Chamblee, GA 30341

Programs

HCBS - Senior Centers

Services

Congregate Meals

Service Provider: Owl Transportation, Inc.

Contact

Name:  
Phone: (404)373-9140  
Fax:  
Email:

Address

755 Commerce Dr  
Decatur, GA 30030

Programs

HCBS - Transportation

Services

~~Transportation~~

Service Provider: South DeKalb Senior Center

Contact

Name: Gertha Lowe-Ward  
Phone: (404)284-4865  
Fax:  
Email:

Address

1931 Candler Road  
Decatur, GA 30032

Programs

HCBS - Senior Centers

Services

Congregate Meals

Parent Provider: Douglas County Board of Commissioners [Parent]

Contact

Name: Honorable Tom Worthan  
Phone: (770)920-7266  
Fax: (770)920-7357  
Email: tworthan@co.douglas.ga.us

Address

8700 Hospital Drive,  
Douglasville, GA 30134

Programs

HCBS - Case Management

Services

Case Management

HCBS - HCBS Services

Material Aid - Assistive Technology

HCBS - In-Home Services

Homemaker

HCBS - Nutrition Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals

Congregate Meals - Voucher

Exercise/Physical Fitness - Group

Exercise/Physical Fitness - Individual

Health Promotion/Disease Prevention

Medications Management - Group



## Provider Services List

Name: Honorable Tom Worthan  
Phone: (770)920-7286  
Fax: (770)920-7357  
Email: tworthan@co.douglas.ga.us

8700 Hospital Drive,  
Douglasville, GA 30134

HCBS - Senior Centers

Nutrition Education

Outreach

Senior Recreation

HCBS - Transportation

~~Transportation~~

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**Service Provider:** Douglas County Board of Commissioners [Parent]

**Contact**

Name: Honorable Tom Worthan  
Phone: (770)920-7286  
Fax: (770)920-7357  
Email: tworthan@co.douglas.ga.us

**Address**

8700 Hospital Drive,  
Douglasville, GA 30134

**Programs**

HCBS - Case Management

**Services**

Case Management

HCBS - HCBS Services

Material Aid - Assistive Technology

HCBS - In-Home Services

Homemaker

HCBS - Nutrition Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals - Voucher

Exercise/Physical Fitness - Group

Health Promotion/Disease Prevention

Senior Recreation

HCBS - Transportation

~~Transportation~~

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**Service Provider:** Douglas County Senior Center

**Contact**

Name: Kim Smallwood  
Phone: (770)489-3106  
Fax:  
Email:

**Address**

6287 Fairburn Road  
Douglasville, GA 30134

**Programs**

HCBS - Senior Centers

**Services**

Congregate Meals

Exercise/Physical Fitness - Group

Exercise/Physical Fitness - Individual

Health Promotion/Disease Prevention

Medications Management - Group

Nutrition Education

Outreach

Senior Recreation

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**Service Provider:** Douglas Senior Services

**Contact**

Name: Richard Hagan  
Phone: (770)920-4303  
Fax: (770)489-3110  
Email: rhagan@douglas seniorservices.org

**Address**

6287 Fairburn Road  
Douglasville, GA 30134

**Programs**

HCBS - Case Management

**Services**

Case Management

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**Parent Provider:** Fayette Senior Services, Inc. [Parent]



## Provider Services List

Contact	Address	Programs	Services
Name: Nancy Meaders Phone: (770)461-0813 Fax: (770)461-2448 Email: nmeaders@fayss.org	4 Center Drive Fayetteville, GA 30214	HCBS - Caregiver Services	Case Management Respite Care - In-Home
		HCBS - Case Management	Case Management
		HCBS - HCBS Services	Senior Recreation
		HCBS - In-Home Services	Homemaker Personal Care
		HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Senior Recreation
		HCBS - Transportation	<del>Transportation</del> <del>Transportation - Voucher</del>

Service Provider: All Ways Caring HomeCare formerly ResCare HomeCare - HCBS - ARC AAA

Contact	Address	Programs	Services
Name: PJ Kelly Phone: (770)575-8533 Fax: Email: pjkelly@rescare.com	2296 Henderson Mill Rd. NE Atlanta, GA 30345	HCBS - Caregiver Services	Respite Care - In-Home
		HCBS - In-Home Services	Homemaker Personal Care

Service Provider: Fayette Senior Services, Inc.

Contact	Address	Programs	Services
Name: Nancy Meaders Phone: (770)461-0813 Fax: (770)461-2448 Email: nmeaders@fayss.org	4 Center Drive Fayetteville, GA 30214	HCBS - Case Management	Case Management

Service Provider: Fayette Senior Services, Inc. [Parent]

Contact	Address	Programs	Services
Name: Nancy Meaders Phone: (770)461-0813 Fax: (770)461-2448 Email: nmeaders@fayss.org	4 Center Drive Fayetteville, GA 30214	HCBS - Caregiver Services	Case Management
		HCBS - Case Management	Case Management
		HCBS - HCBS Services	Senior Recreation
		HCBS - In-Home Services	Homemaker Personal Care



## Provider Services List

Name: Nancy Meaders  
Phone: (770)461-0813  
Fax: (770)461-2448  
Email: nmeaders@fayss.org

4 Center Drive  
Fayetteville, GA 30214

HCBS - Nutrition Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals

Exercise/Physical Fitness - Group

Health Promotion/Disease Prevention

Senior Recreation

HCBS - Transportation

~~Transportation~~

~~Transportation - Voucher~~

### Service Provider:

### Touching Hearts at Home

#### Contact

Name:  
Phone:  
Fax:  
Email: danderson@touchinghearts.com

#### Address

101 Old Sandy Creek Road  
Fayetteville, GA 30214

#### Programs

HCBS - Caregiver Services

#### Services

Respite Care - In-Home

HCBS - In-Home Services

Homemaker

Personal Care

### Parent Provider:

### Fulton County Board of Commissioners [Parent]

#### Contact

Name: Honorable John Eaves  
Phone: (404)730-8208  
Fax: (404)730-4754  
Email: john.eaves@fultoncountygga.gov

#### Address

141 Pryor Street, SW; 10th Floor  
Atlanta, GA 30303

#### Programs

HCBS - Caregiver Services

#### Services

Case Management

Homemaker

Personal Care

Respite Care - In-Home

HCBS - Case Management

Case Management

HCBS - HCBS Services

Senior Recreation

HCBS - In-Home Services

Homemaker

Personal Care

HCBS - Kinship Care

Case Management

Material Aid - Individual

HCBS - Nutrition Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals

Disaster Services - Congregate Meals

Exercise/Physical Fitness - Group

Health Promotion/Disease Prevention

Medications Management - Group

Nutrition Education



## Provider Services List

Name: Honorable John Eaves      141 Pryor Street, SW; 10th Floor      HCBS - Senior Centers      Outreach  
Phone: (404)730-8208      Atlanta, GA 30303  
Fax: (404)730-4754  
Email: john.eaves@fultoncountygga.gov      HCBS - Transportation      ~~Transportation~~

Service Provider: All Ways Caring HomeCare formerly ResCare HomeCare - HCBS - ARC AAA

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: PJ Kelly Phone: (770)575-8533 Fax: Email: pjkelly@rescare.com	2296 Henderson Mill Rd. NE Atlanta, GA 30345	HCBS - Caregiver Services  HCBS - In-Home Services	Personal Care Respite Care - In-Home  Homemaker Personal Care

Service Provider: At Home Atlanta, LLC dba At Home [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Delores Ford Phone: (770)488-4100 Fax: (770)488-4101 Email: delores@AtHomeAtlanta.net	6067 Windsong Way Stone Mountain, GA 30087	HCBS - Caregiver Services  HCBS - In-Home Services	Homemaker Personal Care Respite Care - In-Home Homemaker Personal Care

Service Provider: Auburn Neighborhood Senior Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Lizzie Jeter-Hillary Phone: (404)224-3140 Fax: Email: lhillary@scsatl.org	300 Edgewood Avenue N.E. Atlanta, GA 30303	HCBS - Senior Centers  HCBS - Transportation	Congregate Meals Exercise/Physical Fitness - Group Nutrition Education Senior Recreation <del>Transportation</del>

Service Provider: Bethlehem Neighborhood Senior Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Margaret Hoard Phone: (404)577-8017 Fax: Email: bethlehem1@bellsouth.net	87 Thayer Street S.E. Atlanta, GA 30315	HCBS - Senior Centers  HCBS - Transportation	Congregate Meals Exercise/Physical Fitness - Group Nutrition Education Senior Recreation <del>Transportation</del>





## Provider Services List

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**Service Provider:** Camp Truitt Neighborhood Senior Center**Contact**

Name: Anita Carter  
Phone: (404)762-4802  
Fax:  
Email: anita@sfssi.org

**Address**

4320 Herschel Road  
College Park, GA 30337

**Programs**

HCBS - Nutrition Services

HCBS - Senior Centers

HCBS - Transportation

**Services**

Home Delivered Meals

Congregate Meals  
Disaster Services - Congregate Meals  
Exercise/Physical Fitness - Group  
Nutrition Education  
Senior Recreation  
~~Transportation~~

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**Service Provider:** Crabapple Senior Center**Contact**

Name: Heidi ~~Sowder~~  
Phone: (770)751-9397  
Fax:  
Email: crabapple@ssnorthfulton.org

**Address**

12624 Broadwell Road  
Alpharetta, GA 30004

**Programs**

HCBS - Senior Centers

HCBS - Transportation

**Services**

Congregate Meals  
Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Nutrition Education  
Senior Recreation  
~~Transportation~~

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**Service Provider:** Dogwood Senior Center**Contact**

Name: Margarite Banks  
Phone: (404)792-4964  
Fax:  
Email: mbanks@scsatl.org

**Address**

1953 Bankhead Highway, N.W.  
Atlanta, GA 30318

**Programs**

HCBS - Senior Centers

HCBS - Transportation

**Services**

Congregate Meals  
Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Medications Management - Group  
Nutrition Education  
Outreach  
Senior Recreation  
~~Transportation~~

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**Service Provider:** Fulton County Board of Commissioners [Parent]**Contact**

Name: Honorable John Eaves  
Phone: (404)730-8208  
Fax: (404)730-4754  
Email: john.eaves@fultoncountyga.gov

**Address**

141 Pryor Street, SW; 10th Floor  
Atlanta, GA 30303

**Programs**

HCBS - Case Management

**Services**

Case Management



## Provider Services List

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Name: Honorable John Eaves	141 Pryor Street, SW, 10th Floor	HCBS - Kinship Care	Case Management
Phone: (404)730-8208	Atlanta, GA 30303		
Fax: (404)730-4754			
Email: john.eaves@fultoncountygga.gov			

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Service Provider: Fulton County Office of Aging

Contact	Address	Programs	Services
Name: Kenn Vanhoose	137 Peachtree Street, SW, 3rd Floor	HCBS - Kinship Care	Material Aid - Individual
Phone: (404)613-8994	Atlanta, Georgia 30303		
Fax: (404)730-7950			
Email: kenn.vanhoose@oc.fulton.ga.us			

---

Service Provider: Hapeville Neighborhood Senior Center

Contact	Address	Programs	Services
Name: Cathy Anderson	527 King Arnold Street	HCBS - Nutrition Services	Home Delivered Meals
Phone: (404)762-3660	Hapeville, GA 30354		
Fax:			
Email: cathy.anderson@fultoncountygga.gov			
		HCBS - Senior Centers	Congregate Meals
			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation
		HCBS - Transportation	Transportation

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Service Provider: HCBS - Caregiver Services

Contact	Address	Programs	Services
Name:		HCBS - In-Home Services	Homemaker
Phone:			
Fax:			
Email:			

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Service Provider: HCBS - In-Home Services

Contact	Address	Programs	Services
Name:		HCBS - Caregiver Services	Personal Care
Phone:			
Fax:			
Email:			

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Service Provider: Help at Home Inc. - ARC

Contact	Address	Programs	Services
Name:	1 North State Street, Suite 800	HCBS - Caregiver Services	Homemaker
Phone: (312)795-4688	Chicago, IL 60602		Personal Care
Fax: (312)704-1130			
Email: rford@helpathome.com			



## Provider Services List

<b>Name:</b>	1 North State Street, Suite 800	HCBS - Caregiver Services	Respite Care - In-Home
<b>Phone:</b> (312)795-4888	Chicago, IL 60602		
<b>Fax:</b> (312)704-1130			
<b>Email:</b> rford@helpathome.com		HCBS - In-Home Services	Homemaker Personal Care

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**Service Provider:** **Milton Senior Center**

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
<b>Name:</b> Melinda Ross	3315 Francis Road	HCBS - Senior Centers	Congregate Meals
<b>Phone:</b> (470)554-0758	Milton, GA 30004		Exercise/Physical Fitness - Group
<b>Fax:</b>			Health Promotion/Disease Prevention
<b>Email:</b> mross@ssnorthfulton.org			Nutrition Education
			Outreach
			Senior Recreation
		HCBS - Transportation	<del>Transportation</del>

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**Service Provider:** **New Beginnings Neighborhood Senior Center**

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
<b>Name:</b> Minnie Jenkins	55 Brooks Drive	HCBS - Nutrition Services	Home Delivered Meals
<b>Phone:</b> (404)612-8984	Fairburn, GA 30213		
<b>Fax:</b>			
<b>Email:</b>			
		HCBS - Senior Centers	Congregate Meals
			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation
		HCBS - Transportation	<del>Transportation</del>

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**Service Provider:** **New Horizons Neighborhood Senior Center**

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
<b>Name:</b> Towanda Little	745 Orr Street S.W.	HCBS - Senior Centers	Congregate Meals
<b>Phone:</b> (404)730-7100	Atlanta, GA 30314		
<b>Fax:</b>			
<b>Email:</b> newhorizon@ssnorthfulton.org			
			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation
		HCBS - Transportation	<del>Transportation</del>

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## Provider Services List

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**Service Provider: Open Hand Atlanta****Contact**

Name: Matthew Pieper, Executive  
Phone: Director  
Fax: (404) 872-8089  
Email: info@openhandatlanta.org

**Address**

181 Armour Circle Drive, NE  
Atlanta, GA 30324

**Programs**

HCBS - Nutrition Services

**Services**

Home Delivered Meals

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**Service Provider: Palmetto Neighborhood Senior Center****Contact**

Name: Pattie O'Brien  
Phone: (770)463-4990  
Fax:  
Email:

**Address**

510 Turner Avenue  
Palmetto, GA 30268

**Programs**

HCBS - Nutrition Services

**Services**

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals  
Disaster Services - Congregate Meals  
Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Nutrition Education  
Senior Recreation

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**Service Provider: Roswell Senior Center****Contact**

Name: Willi McDowell  
Phone: (770)640-1583  
Fax:  
Email: roswell@ssnorthfulton.org

**Address**

1250 Warsaw Road  
Roswell, GA 30076

**Programs**

HCBS - HCBS Services

**Services**

Senior Recreation

HCBS - Senior Centers

Congregate Meals  
Exercise/Physical Fitness - Group  
Nutrition Education  
Senior Recreation

HCBS - Transportation

~~Transportation~~

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**Service Provider: Sandy Springs Senior Center****Contact**

Name: Susan Jones  
Phone: (404)612-2345  
Fax:  
Email: sjones@ssnorthfulton.org

**Address**

6500 Vernon Woods Drive, Bldg. C  
Sandy Springs, GA 30328

**Programs**

HCBS - HCBS Services

**Services**

Senior Recreation

HCBS - Senior Centers

Congregate Meals  
Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Nutrition Education



## Provider Services List

Name: Susan Jones	6500 Vernon Woods Drive, Bldg. C	HCBS - Senior Centers	Senior Recreation
Phone: (404)612-2346	Sandy Springs, GA 30328		
Fax:			
Email: sjones@ssnorthfulton.org		HCBS - Transportation	<del>Transportation</del>

---

**Service Provider:** Senior Services North Fulton

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Carrie Bellware	11381 Southbridge Parkway	HCBS - Caregiver Services	Case Management
Phone: (770)993-1906	Alpharetta, GA 30022		
Fax: (770)993-4524		HCBS - Case Management	Case Management
Email: cbellware@ssnorthfulton.org		HCBS - Nutrition Services	Home Delivered Meals

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**Service Provider:** South Fulton Senior Services Inc.

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: CDiane Rutherford	3680-82 College Street	HCBS - Caregiver Services	Case Management
Phone: (404)559-0070	College Park, GA 30337		
Fax:		HCBS - Case Management	Case Management
Email: crutherford@sss.beyond.com		HCBS - Nutrition Services	Home Delivered Meals

---

**Service Provider:** Southeast Neighborhood Senior Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Yolander Walker	1650 Newton Circle, S.E.	HCBS - Senior Centers	Congregate Meals
Phone: (404)624-0641	Atlanta, GA 30315		Exercise/Physical Fitness - Group
Fax:			Health Promotion/Disease Prevention
Email: ywalker@scsatl.org			Nutrition Education
			Outreach
			Senior Recreation
		HCBS - Transportation	<del>Transportation</del>

---

**Service Provider:** Trusted Hands Senior Care, LLC. [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Monique Collins	760 Old Roswell Road Suite 240	HCBS - Caregiver Services	Respite Care - In-Home
Phone: (404)490-0848	Roswell, GA 30076		
Fax: (404)490-0848			
Email: info@trustedhandscare.com		HCBS - In-Home Services	Homemaker
			Personal Care



## Provider Services List

Service Provider: Union City Neighborhood Senior Center at ~~Eris~~ Community Center

Contact

Name:  
Phone:  
Fax:  
Email:

Address

Programs

HCBS - Senior Centers

Services

Congregate Meals  
Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Nutrition Education  
Senior Recreation

Service Provider: Visiting Nurse Health System [HCBS]

Contact

Name: Dorothy Davis  
Phone: (404)222-2417  
Fax: (404)527-8041  
Email: dorothea\_davis@vnhs.org

Address

100 Edgewood Ave. #915  
Atlanta, GA 30303

Programs

HCBS - Caregiver Services

Services

Case Management

HCBS - Case Management

Case Management

Parent Provider: Gwinnett County Board of Commissioners [Parent]

Contact

Name: Honorable Charlotte Nash  
Phone: (770)822-7010  
Fax: (770)822-7097  
Email: ~~charlotte.nash@gwinnettcountry.com~~  
charlotte.nash@gwinnettcountry.com

Address

75 Langley Drive,  
Lawrenceville, GA 30045

Programs

HCBS - Caregiver Services

Services

Case Management  
Material Aid - Individual  
Respite Care - In-Home  
Case Management  
Senior Recreation  
Homemaker  
Material Aid - Individual  
Personal Care  
Home Delivered Meals  
Congregate Meals  
Exercise/Physical Fitness - Group  
Exercise/Physical Fitness - Individual  
Health Promotion/Disease Prevention  
Nutrition Education  
Outreach  
Senior Recreation  
~~Transportation~~  
Transportation

HCBS - Case Management

HCBS - HCBS Services

HCBS - In-Home Services

HCBS - Nutrition Services

HCBS - Senior Centers

HCBS - Transportation



## Provider Services List

Service Provider: Buford Senior Center

Contact	Address	Programs	Services
Name: Tim Morris Phone: (770)814-2529 Fax: Email: tim.morris@gwinnettoounty.com	2755 Sawnee Avenue Buford, GA 30518	HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Exercise/Physical Fitness - Individual Health Promotion/Disease Prevention Nutrition Education Outreach Senior Recreation

Service Provider: Centerville Senior Center

Contact	Address	Programs	Services
Name: Lisa Sharpe Phone: (678)277-0230 Fax: Email: lisa.sharpe@gwinnettoounty.com	3025 Bethany Church Road Snellville, GA 30339	HCBS - HCBS Services	Senior Recreation
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Service Provider: Gwinnett County Board of Commissioners [Parent]

Contact	Address	Programs	Services
Name: Honorable Charlotte Nash Phone: (770)822-7010 Fax: (770)822-7097 Email: charlotte.nash@gwinnettoounty.com	75 Langley Drive, Lawrenceville, GA 30045	HCBS - Nutrition Services	Home Delivered Meals

Service Provider: Gwinnett Senior Services

Contact	Address	Programs	Services
Name: Regina Miller Phone: (770)822-8832 Fax: (678)377-6753 Email: regina.millerr@gwinnettoounty.com	75 Langley Drive Lawrenceville, GA 30046	HCBS - Caregiver Services	Case Management Material Aid - Individual Respite Care - In-Home
		HCBS - Case Management HCBS - In-Home Services	Case Management Homemaker Material Aid - Individual Personal Care
		HCBS - Nutrition Services HCBS - Transportation	Home Delivered Meals <del>Transportation</del>



## Provider Services List

**Service Provider:** Lawrenceville Senior Center

**Contact**

Name: Lisa Sharpe  
Phone: (678)277-0971  
Fax:  
Email: lisa.sharpe@gwinnettoounty.co  
m

**Address**

225 Benson Street  
Lawrenceville, GA 30245

**Programs**

HCBS - Senior Centers

**Services**

Congregate Meals  
Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Nutrition Education  
Senior Recreation

**Service Provider:** Norcross Senior Center

**Contact**

Name: Tammy Lea  
Phone: (678)225-5430  
Fax:  
Email: Tammy.Lea@gwinnettoounty.co  
m

**Address**

5030 Georgia Belle Court  
Norcross, GA 30093

**Programs**

HCBS - Senior Centers

**Services**

Congregate Meals  
Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Nutrition Education  
Senior Recreation

**Parent Provider:** HCBS - Case Management

**Contact**

Name:  
Phone:  
Fax:  
Email:

**Address**

**Programs**

HCBS - Caregiver Services

**Services**

Case Management

**Service Provider:** HCBS - Case Management

**Contact**

Name:  
Phone:  
Fax:  
Email:

**Address**

**Programs**

HCBS - Caregiver Services

**Services**

Case Management

**Parent Provider:** Henry County Board of Commissioners [Parent]

**Contact**

Name: Honorable Elizabeth Mathis  
Phone: (770)288-6000  
Fax: (770)288-6025  
Email: chairmanmathis@co.henry.ga.u  
s

**Address**

140 Henry Parkway  
McDonough, GA 30253

**Programs**

HCBS - Caregiver Services

**Services**

Case Management

HCBS - Case Management

Case Management

HCBS - In-Home Services

Homemaker

HCBS - Nutrition Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals





## Provider Services List

Name: Honorable Elizabeth Mathis  
Phone: (770)288-8000  
Fax: (770)288-8025  
Email: chairmanmathis@co.henry.ga.us

140 Henry Parkway  
McDonough, GA 30253

HCBS - Senior Centers

Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Nutrition Education  
Outreach  
Senior Recreation

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**Service Provider:** Bear Creek Senior Center and Recreation Center

**Contact**

Name:  
Phone:  
Fax:  
Email:

**Address**

140 Henry Parkway  
McDonough, Georgia 30253

**Programs**

HCBS - Senior Centers

**Services**

Congregate Meals

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**Service Provider:** Henry County Senior Services

**Contact**

Name: Diane Reed  
Phone: (770)288-8972  
Fax: (770)288-7018  
Email: dreed@co.henry.ga.us

**Address**

1050 Florence McGarity Blvd.  
McDonough, GA 30252

**Programs**

HCBS - In-Home Services

**Services**

Homemaker

HCBS - Nutrition Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals

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**Service Provider:** Heritage Senior Center

**Contact**

Name: Nita Kerr  
Phone: (770)288-7001  
Fax: (770)288-7019  
Email: nkerr@co.henry.ga.us

**Address**

1050 Florence McGarity Boulevard  
McDonough, GA 30252

**Programs**

HCBS - Senior Centers

**Services**

Congregate Meals  
Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Nutrition Education  
Outreach  
Senior Recreation

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**Service Provider:** Hidden Valley Senior Center

**Contact**

Name: Jimmie Batchelor  
Phone: (770)288-7015  
Fax: (770)288-7018  
Email: jbatchelor@co.henry.ga.us

**Address**

600 Spraggins Memorial Parkway  
Stockbridge, GA 30281

**Programs**

HCBS - Senior Centers

**Services**

Congregate Meals  
Exercise/Physical Fitness - Group  
Health Promotion/Disease Prevention  
Nutrition Education  
Outreach  
Senior Recreation



## Provider Services List

**Service Provider:** Locust Grove Senior Center

**Contact**

Name: Melissa Stone  
Phone: (770)288-7004  
Fax: (770)288-7009  
Email: msloan@co.henry.ga.us

**Address**

280 Mose Brown Dr.  
Locust Grove, GA 30248

**Programs**

HCBS - Senior Centers

**Services**

Congregate Meals

**Service Provider:** Visiting Nurse Health System [HCBS]

**Contact**

Name: Dorothy Davis  
Phone: (404)222-2417  
Fax: (404)527-8041  
Email: dorothea\_davis@vnhs.org

**Address**

100 Edgewood Ave. #915  
Atlanta, GA 30303

**Programs**

HCBS - Caregiver Services

**Services**

Case Management

HCBS - Case Management

Case Management

**Parent Provider:** Innovative Solutions for Disadvantage and Disability, Inc. [Parent]

**Contact**

Name: Rainie J. Juschka  
Phone: (678)595-4854  
Fax:  
Email: rainiej@isdd-home.org

**Address**

4282 Memorial Dr. Ste. B  
Decatur, GA 30032

**Programs**

HCBS - Caregiver Services

**Services**

Case Management

HCBS - Case Management

Case Management

HCBS - In-Home Services

Material Aid - Individual

HCBS - Kinship Care

Case Management

Material Aid - Individual

**Service Provider:** HCBS - Case Management

**Contact**

Name:  
Phone:  
Fax:  
Email:

**Address**

**Programs**

HCBS - Kinship Care

**Services**

Case Management

**Service Provider:** HCBS - Kinship Care

**Contact**

Name:  
Phone:  
Fax:  
Email:

**Address**

**Programs**

HCBS - Case Management

**Services**

Case Management

**Service Provider:** Innovative Solutions for Disadvantage and Disability, Inc. [Parent]

**Contact**

**Address**

**Programs**

**Services**



## Provider Services List

<b>Name:</b> Rainie Jurschke <b>Phone:</b> (678)595-4854 <b>Fax:</b> <b>Email:</b> rainiej@isdd-home.org	<b>4282 Memorial Dr. Ste. B</b> <b>Decatur, GA 30032</b>	<b>HCBS - Caregiver Services</b>	<b>Case Management</b>
		<b>HCBS - Case Management</b>	<b>Case Management</b>
		<b>HCBS - In-Home Services</b>	<b>Material Aid - Individual</b>
		<b>HCBS - Kinship Care</b>	<b>Case Management</b>
			<b>Material Aid - Individual</b>
<hr/>			
<b>Parent Provider:</b>	<b>Jewish Family and Career Services Inc [Parent]</b>		
<b>Contact</b>	<b>Address</b>	<b>Programs</b>	<b>Services</b>
<b>Name:</b> Gary Miller <b>Phone:</b> (770)877-9300 <b>Fax:</b> (770)877-9401 <b>Email:</b> gmiller@jfcc-atlanta.org	<b>4549 Chamblee Dunwoody Rd</b> <b>Dunwoody, GA 30338-6210</b>	<b>HCBS - Caregiver Services</b>	<b>Respite Care - In-Home - Voucher</b>
			<b>Respite Care - Out-of-Home - Voucher</b>
		<b>HCBS - In-Home Services</b>	<b>Personal Care - Voucher</b>
<hr/>			
<b>Service Provider:</b>	<b>Jewish Family and Career Services Inc [Parent]</b>		
<b>Contact</b>	<b>Address</b>	<b>Programs</b>	<b>Services</b>
<b>Name:</b> Gary Miller <b>Phone:</b> (770)877-9300 <b>Fax:</b> (770)877-9401 <b>Email:</b> gmiller@jfcc-atlanta.org	<b>4549 Chamblee Dunwoody Rd</b> <b>Dunwoody, GA 30338-6210</b>	<b>HCBS - Caregiver Services</b>	<b>Respite Care - In-Home - Voucher</b>
			<b>Respite Care - Out-of-Home - Voucher</b>
		<b>HCBS - In-Home Services</b>	<b>Personal Care - Voucher</b>
<hr/>			
<b>Parent Provider:</b>	<b>Rockdale County Board of Commissioners [Parent]</b>		
<b>Contact</b>	<b>Address</b>	<b>Programs</b>	<b>Services</b>
<b>Name:</b> Honorable Richard Oden <b>Phone:</b> (770)929-4001 <b>Fax:</b> (770)483-4378 <b>Email:</b> richard.oden@rockdalecounty.ga	<b>962 Milstead Avenue</b> <b>Conyers, GA 30012</b>	<b>HCBS - Caregiver Services</b>	<b>Homemaker</b>
		<b>HCBS - Case Management</b>	<b>Case Management</b>
		<b>HCBS - HCBS Services</b>	<b>Outreach</b>
			<b>Senior Recreation</b>
		<b>HCBS - In-Home Services</b>	<b>Homemaker</b>
		<b>HCBS - Nutrition Services</b>	<b>Home Delivered Meals</b>
		<b>HCBS - Senior Centers</b>	<b>Congregate Meals</b>
			<b>Exercise/Physical Fitness - Group</b>
			<b>Exercise/Physical Fitness - Individual</b>
			<b>Health Promotion/Disease Prevention</b>
			<b>Nutrition Education</b>
			<b>Senior Recreation</b>



## Provider Services List

Name: Honorable Richard Oden  
Phone: (770)929-4001  
Fax: (770)483-4376  
Email: richard.oden@rockdalecounty.org

962 Milstead Avenue  
Conyers, GA 30012

HCBS - Transportation

Case Management  
Transportation  
~~Transportation - Voucher~~

Service Provider: HCBS - Nutrition Services

**Contact**

Name:  
Phone:  
Fax:  
Email:

**Address**

**Programs**

HCBS - Case Management

**Services**

Case Management

Service Provider: Olivia Haydel Neighborhood Senior Center

**Contact**

Name: Susan Morgan  
Phone: (770)922-4633  
Fax:  
Email: susan.morgan@rockdalecounty.org

**Address**

1240 Dogwood Drive  
Conyers, GA 30207

**Programs**

HCBS - HCBS Services

**Services**

Outreach  
Senior Recreation  
  
Home Delivered Meals  
Congregate Meals  
Exercise/Physical Fitness - Group  
Exercise/Physical Fitness - Individual  
Health Promotion/Disease Prevention  
Nutrition Education  
Senior Recreation  
~~Transportation~~  
~~Transportation - Voucher~~

HCBS - Nutrition Services  
HCBS - Senior Centers

HCBS - Transportation

Service Provider: Rockdale County Aging Program

**Contact**

Name: Susan Morgan  
Phone: (770)922-4633  
Fax: (770)785-2492  
Email: susan.morgan@rockdalecounty.org

**Address**

1240 Dogwood Drive, SW  
Conyers, GA 30012

**Programs**

HCBS - Caregiver Services

**Services**

Homemaker

HCBS - Case Management  
HCBS - In-Home Services  
HCBS - Nutrition Services  
HCBS - Transportation

Case Management  
Homemaker  
Home Delivered Meals  
Case Management  
Transportation - Voucher

Parent Provider: Visiting Nurse Health System [Parent] - [HCBS](#)



## Provider Services List

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Dorothy Davis Phone: Fax: Email:	100 Edgewood Ave #915 Atlanta, GA 30303	HCBS - Case Management	Case Management
<hr/>			
<b>Service Provider: Visiting Nurse Health System [HCBS]</b>			
<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Dorothy Davis Phone: (404)222-2417 Fax: (404)527-8041 Email: dorothy_davis@vnhs.org	100 Edgewood Ave. #915 Atlanta, GA 30303	HCBS - Case Management	Case Management

## **ATTACHMENT E – HOW HAS THE PANDEMIC, COVID-19, IMPACTED THE AAA?**

For ARC's providers, COVID-19 forced a complete change in operations. Each provider had to re-configure the way they deliver each of their services to ensure safe social distancing for both the clients and the staff. Fayette, Cobb and Cherokee counties have opened up their senior centers, but all are operating on limited scheduling. All others continue to do only virtual programming and delivering meals. The senior center managers have had to get creative with their virtual programming as some clients do not have internet access and others do not have the ability to place long distance calls, which many free conference call lines are considered.

Many of the county providers are struggling with spending the in-home services funds as the staff have not been entering clients' homes for various reasons including client discomfort with people in their home and the county boards of commissioners not allowing staff to enter client homes. The homemaker staff have instead been running errands and delivering meals to the client homes in an effort to continue to spend down the funding.

Transportation spend down has also been a challenge due to most of the providers not providing trips. Those providers that are, are doing so with limited bus capacity to ensure social distancing of clients. The providers have been using their buses and shuttles to deliver meals in an effort to spend down their transportation dollars.

### **COVID-19 ARC Provider Needs Recap**

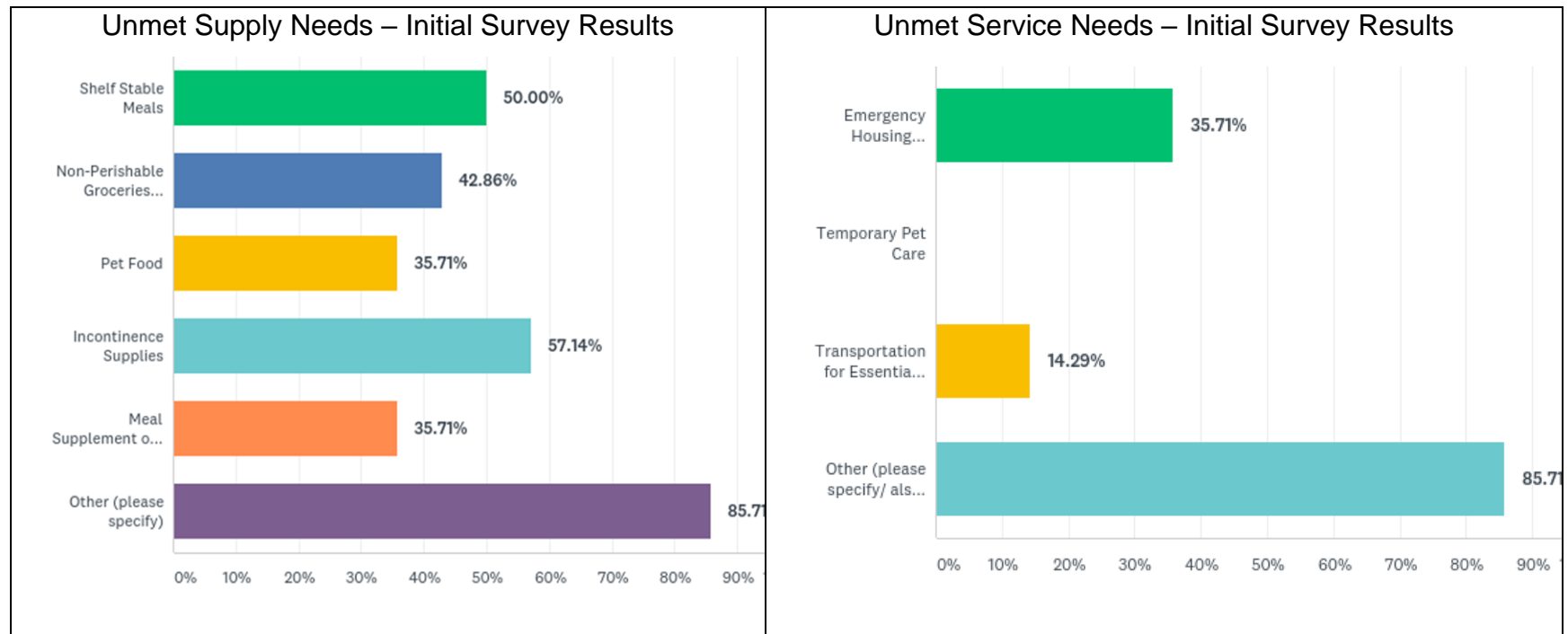
After the onset of the pandemic, ARC responded to its regional partners' requests for assistance with obtaining resources for clients with COVID related needs and to agencies that offered to help provide resources to those agencies by developing and managing a system to collect and track their needs while connecting these agencies to one another.

Details of the needs that several partners presented and organizations with resources to offer were collected and managed on a COVID19 Logistics spreadsheet to determine what matches could be made between agencies needing resources and the organizations and volunteers who could provide those resources.

We continued to communicate with our partners and keep track of their needs by developing and administering electronic needs assessment surveys on an ongoing basis. The results of these ongoing assessments were stored and managed on a COVID-19 Needs Assessment Survey Response spreadsheet which was instrumental in enabling us to demonstrate the status of regional and provider level needs when discussing the necessity for COVID related funding and resources.

## COVID-19 Needs Assessment Initial and Follow-up Survey Summary

The graphs below provide a summary of the results of all agency needs assessment surveys administered during the adjustment period of the COVID-19 pandemic.

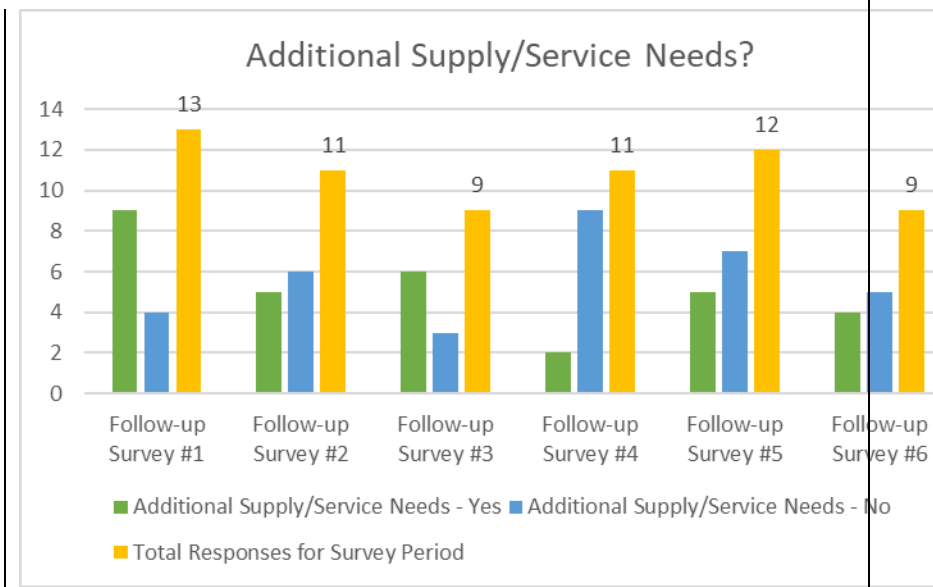
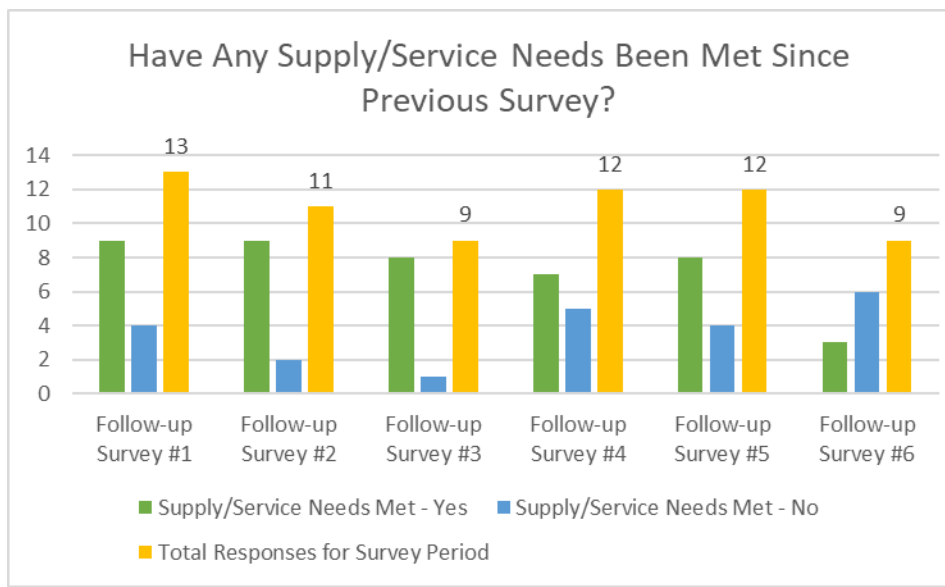


The graphs above represent results from the initial COVID-19 Needs Assessment Survey. The initial survey was administered to 16 agencies and received a total of 15 responses. Items classified as “Other” under Unmet Supply Needs included items such as PPE (masks, gloves), sanitizers, cleaning supplies, toilet tissue, etc. Unmet Service Needs



included transportation for food/medicine delivery, emergency housing (hotel accommodations), and items under the “Other” category such as wi-fi hot spots & laptops.

Follow-up Survey Results from April – August 2020



The last two graphs show the shift in the status of needs over the course of four months or six follow-up surveys. Needs that were met at one point may have become unmet and vice-versa as time progressed. Some needs were totally resolved for certain agencies. The number of agencies receiving the surveys expanded from 16 to 20. The number of respondents also shifted between survey periods with the average number of respondents being 11. Overarching needs included the need for food, cleaning supplies, sanitizer, toilet tissue, paper towels, masks, gloves.

## **Year two COVID impact FY22 on the Provider Network and ARC.**

The impact of the COVID pandemic (including the Delta and the Omicron Variants) continues to impact our region in ways that didn't seem possible. Nearly 2 years after the pandemic began, the work of the AAA is almost entirely remote; our agency offices have not reopened (as of January 2022). The uncertainties of our office return date and the anticipated policy changes regarding telework and vaccination status have been time-consuming and have made management decisions stressful. A number of our providers

Senior centers: While senior centers adapted to virtual program and many decided to keep a hybrid model consisting of in person programming and virtual for those that weren't comfortable, there were some counties whose senior centers have never opened since the first shut down in April of 2020. Those are Dekalb, Douglas and Rockdale. Fulton opened on a small scale in September and were closed by January of 2022 because of the new variant.

Transportation: The need for transportation has greatly increased as individuals are making and keeping medical appointments and some transportation is still needed for meal delivery.

Workforce: Workforce shortages continue to have negative service implications as home care agencies who have struggled nationally with a workforce shortage, are even more impacted with the vaccine requirement for in home aides. They are losing staff daily. This has also caused several county providers to contract with multiple sub-contractor agencies to provide personal care, homemaker and respite service. Workforce shortages also impacted our provider network trying to hire case managers, kitchen workers and senior center staff. It has taken a year for many of our

providers to become fully staffed with case managers. We have also begun to see the impact of workforce shortages at the AAA level as we try to maintain temporary staff and fill vacant positions.

Challenge to meet demands: The influx of three federal stimulus grants that created increases in service demands and supply challenged not only the capacity of our providers but challenged the ADRC whose call volume increased dramatically. As a result, ARC has a back log of older adults who need screening and assessments to determine eligibility for services as well as a delay in our ability to provide timely information and referral. The two initial stimulus grants of Families First and the CARES Act created flexibilities in meal provision including relaxed nutritional standards while maintaining a balanced meal and allowed providers to branch out and offer more variety in food choices and delivery options. Individuals were able to receive grocery boxes that allowed them to prepare their own meals and have more choice. The third stimulus grant (Consolidated Appropriations Act) reverted to the traditional nutritional standards and put more pressure on the normal delivery chain of meal providers. It has also limited the types of providers we might have otherwise utilized to help provide nutrition services (e.g., food box deliveries).

Flexibilities: The CARES Act funding allowed us to develop and offer more flexible services such as the regional respite vouchers, material aid, and support options (which we call CARES Flex). CARES Flex and respite vouchers have allowed caregivers to choose whom was to deliver the care to their loved ones. CARES Flex allows the option to employ family members to deliver care (a huge benefit in light of workforce shortages). The One2One program allowed individuals to be more connected to each other, pairing volunteers with individuals who expressed how negatively the isolation was affecting them. We have been able to build on this experience to expand the use of regional respite vouchers in the FY 23-24 Notice of Funding Availability, which we also hope will help us better utilize caregiving-related fund sources as well as create new opportunities to expand the One2One service through a philanthropic grant and partnership.

Overall creativity has blossomed from the need to change, the need to still meet the needs of older adults but in different ways. We believe our AAA and Provider Network have stretched in ways that will create more access to services for clients in the long term.

**ATTACHMENT F – DEFINE THE AAA'S DEMENTIA CARE SPECIALIST'S ROLE, RESPONSIBILITIES, AND PROGRAM OBJECTIVES.**

**VACANCY ANNOUNCEMENT**

**Client Services Liaison/Dementia Care Specialist  
Office of Operations/ Aging & Independence Services**

**OPEN DATE:** January 17, 2023

**CLOSE DATE:** Open until filled

**POSITION SUMMARY:**

The Atlanta Regional Commission (ARC) is the regional planning and intergovernmental coordination agency that focuses on issues critical to the region's success, including growth and development, transportation, water resources, services for older adults and workforce solutions. ARC is dedicated to unifying the region's collective resources to prepare the metropolitan area for a prosperous future. This is done through professional planning initiatives, the provision of objective information, and community involvement in collaborative partnerships.

The Dementia Care Specialist will serve as the subject matter expert regarding dementia in the in the Atlanta region. The intent of this position is to drive the effort to make the aging network more dementia capable by supporting the local network of dementia partners and stakeholders as a community catalyst, educator, and collaborator. The DCS will identify gaps in services and drive innovation so that constituents can access memory screenings and people living with dementia and their care partners can access long-term services and support (LTSS) options including those provided through the Older Americans Act.

This individual will be responsible for ensuring a robust service delivery system to increase dementia capability across the network; building partnerships with new and existing service providers; providing outreach and awareness about available dementia services; expanding reach by partnering with existing volunteer organizations; serving as a subject matter expert

including providing education for the Aging & Disability Resource Connection (ADRC); serving on the ADRC Advisory Committee; providing training to the aging network on approved memory screening tool utilizing a train-the-trainer model.

### **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

- Engage regularly with the Georgia Memory Net (GMN)
- Convene dementia care providers to ensure a robust service delivery and to identify gaps and barriers to service within the PSA
- Serve as subject matter expert within the AAA across all programs and services, engaging colleagues, providers, and partners by:
  - Providing education for Aging and Disability Resource Connection (ADRC) counselors and broader aging network
  - Serving on ADRC Advisory Council for the PSA
  - Providing training for those in the aging network on the approved memory screening tool utilizing a train-the-trainer model
- In collaboration with AAA leadership, build partnerships and develop referral relationships with other organizations including healthcare providers (physicians, dementia diagnostic clinics, and other healthcare providers), service providers, dementia organizations, and community stakeholders to identify existing resource gaps
- Provide outreach and awareness to professionals, employers, organizations, and the general community about available dementia services
- Partner with existing volunteer organizations and programs to expand the reach of dementia awareness and education in the region
- Participate in DCS statewide meetings and person-centered dementia training curriculum
- Maintain current knowledge of dementia, research findings, new evidence-based interventions, and other innovations for people living with dementia and their care partners
- Consult with Division of Aging Services (DAS) Dementia Care Team Lead for support, technical assistance, and guidance
- Serves as an active team member for other program initiatives throughout the Agency
- Ensure program data is monitored, collected, and reported; contribute to DCS program evaluation; work with the Program Integrity Section of DAS to ensure accurate and timely reporting; provide feedback on program performance and impact to DAS

- Provide brain health information and offer memory screening opportunities; provide person-centered support to interpret and understand results to assure opportunities for follow-up with a primary care provider
- Offer dementia care consultations for individuals living with dementia and/or their care partners
- Provide community and family education as requested and appropriate to increase the awareness of dementia and available services
- Perform other duties as assigned to support agency goals and objectives.

### **REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND COMPETENCIES:**

- Specialized knowledge of older persons, the aging process, long-term care issues, dementia, dementia care and support, family and informal care partner needs, and person-centered care
- Skills and experience in facilitating small group learning and discussion programs
- Experience with family care partners of people with dementia and family dynamics
- Experience in developing collaborative relationships, preferably with community organizations and health care professionals
- Strong active listening and interpersonal skills
- Ability to work in a fast-paced environment while effectively and accurately managing multiple projects simultaneously under tight deadlines
- Ability to work independently with limited direction
- Excellent oral, written, presentation, and communication skills
- Competence in public speaking and engaging community members and professionals
- Ability to provide culturally competent person-centered services and supports
- Ability to function independently and be resourceful in the roles undertaken
- Ability to adjust work hours to meet with program participants and to provide community outreach and educational programs
- Proficiency in the use of Microsoft Office Suite, particularly Excel, Outlook and PowerPoint; ability to record and report program data and information
- Valid driver's license and the ability to travel for community events

### **MINIMUM QUALIFICATIONS:**

- *Bachelor's degree preferably in health or human services, social work, gerontology, sociology, psychology, or related field, OR*
- *Registered, professional nurse currently licensed to practice in the state of Georgia AND two years' experience in the human services or health related fields, AND*
- *a minimum of two years' experience in working directly with aging or disability populations, AND*
- *at least one year of experience working directly with individuals with dementia and their family or informal care partners*

*An equivalent combination of education and experience sufficient to successfully perform the essential duties of the job such as those listed above, unless otherwise subject to any other requirements set forth in law or regulation*