



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

Southern Georgia Area Agency on Aging

SFY 2023 AREA PLAN UPDATE

March 1, 2022

Southern Georgia
Regional Commission's



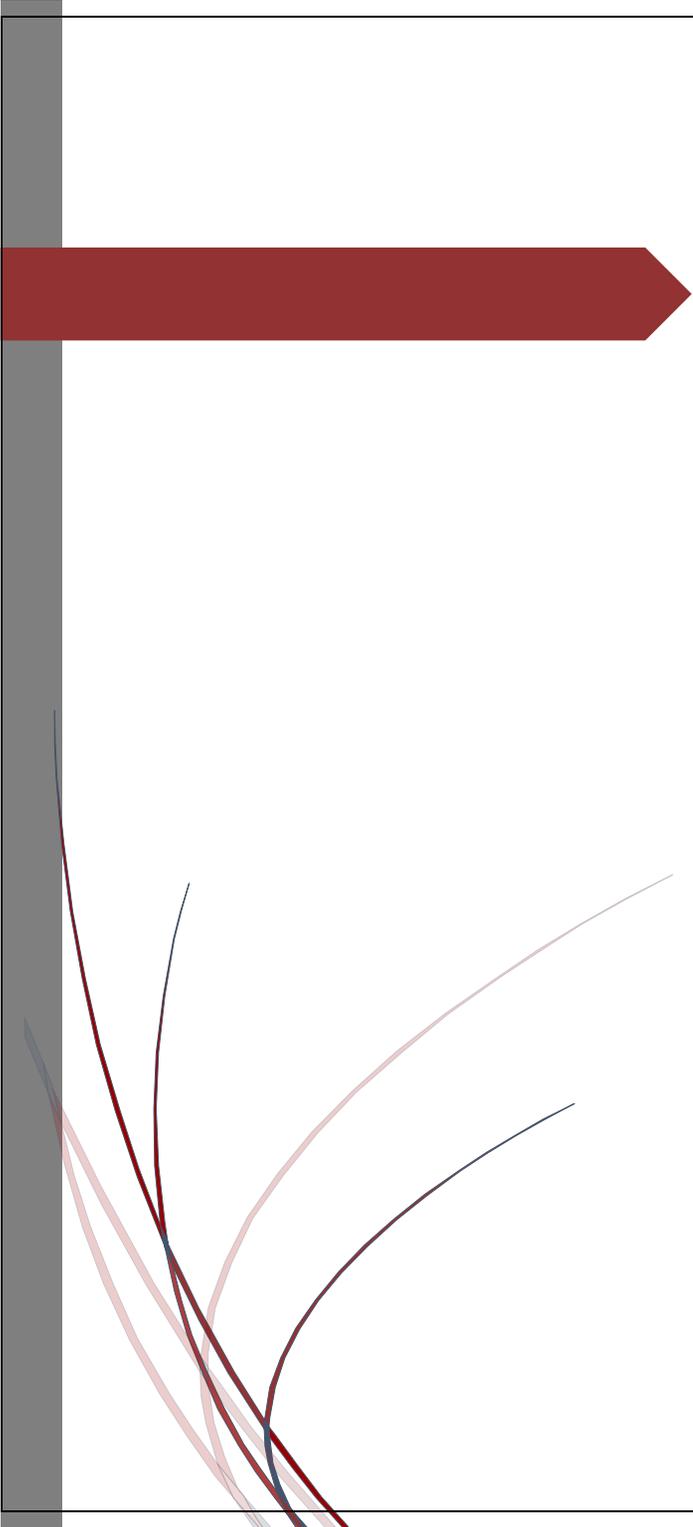


Table of Contents

Southern Georgia Area Agency on Aging
Area Plan SFY 2021 – SFY 2024

Table of Contents

- I. Area Plan Checklist & Area Plan Contents
- II. Letter of Intent
- III. Executive Summary
 - A. Summary Description of Federal, State and Local Aging Network
 - B. Overview of the Area Agency on Aging
 - C. AAA Roles and Responsibilities
 - D. AAA Vision, Mission and Values
 - E. Purpose of Area Plan
- IV. Regional Context
 - A. Current and Future Older Persons
 - B. Needs Assessment Process and Results for all Methods Utilized
 - C. Gaps/Barriers/Needs to Improve Existing System
 - D. Special Needs Clients
- V. Descriptions of Service Delivery System
 - A. Older Americans Act Programs and Services Funded through the “GA Department of Human Services Division of Aging Services Multi-Funded Services Contract”
 - B. Initiatives, Services/Programs Funded through DAS/ACL Discretionary Grants, Other Federal, State and Local Funds, and Commercial Relationships

- VI. Location of Services Charts
 - A. Home and Community Based Services (HCBS)
 - B. Access Services
 - C. Initiatives, Services/Programs Funded through DAS/ACL Discretionary Grants, Other Federal, State and Local Funds, and Commercial Relationships

- VII. Cost Share Implementation Plan Introduction and AAA's Cost Share Implementation Plan

- VIII. Allocation, Budget and Units Plan
 - A. Allocations Methodology
 - B. Budget Narrative
 - C. Changes to Services, Units and Persons Served

- IX. 2020 – 2023 State Plan and AAA Area Plan Alignment of Older Americans Act Mandate for Goals, Objectives and Measures Introduction

- X. Goal #1 Objectives and Measures Charts

- XI. Goal #2 Objectives and Measures Charts

- XII. Goal #3 Objectives and Measures Charts

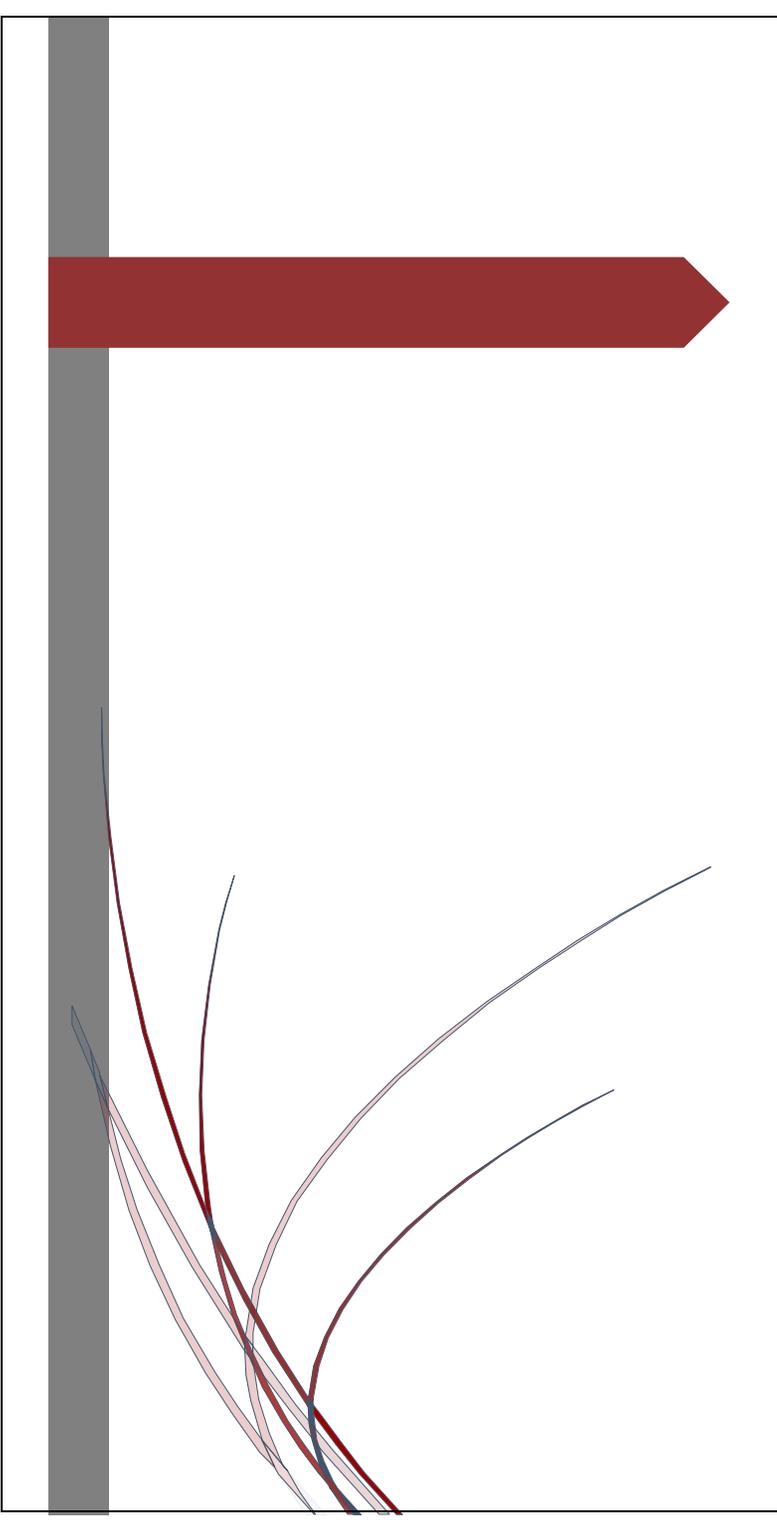
- XIII. Goal #4 Objectives and Measures Charts

- XIV. Goal #5 Objectives and Measures Charts

- XV. AAA Initiated Goals, Objectives and Measures Charts (Optional)

Compliance Document Attachments

- A. Attachment A: Agency's Indirect Cost Allocation Plan for SFY 2023
- B. Attachments B
 - 1. a. GA DHS DAS Request for Advance Payments Against Contracts Letter
 - b. GA DHS DAS Request for Advance Letter
 - c. Request for Advance Worksheet
 - 2. Letter of Fidelity/Assurance Bond Coverage
 - 3. Board Resolution
 - 4. Standard Assurances
 - 5. Letter(s) Requesting a Waiver of Standard
- C. Title III OAA Federal Allocation and Match Analysis
- D. Area Plan Provider Services List



Area Plan Checklist & Area Plan Contents

Item #1 - Checklist
SFY 2023 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
Area Plan Narrative Checklist Contents				
Item #2 - Letter of Intent*	X			
Item #3 - Executive Summary				
• #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			
Item #4 – Regional Context				
• #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			
Item #5 - Descriptions of Services Delivery System				
• #5a(1) – Older Americans Act Programs and Services Funded through the “GA Department of Human Services Division of Aging Services Multi-Funded	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
<p>Services Contract" Table; with Services Provided Directly by the AAA Column.</p> <ul style="list-style-type: none"> #5a(2) Tables for Services Delivered Directly by the Area Agency on Aging #5a(3) Tables for Case Management Services the Area Agency on Aging Offers in its Planning and Service Area 				
<ul style="list-style-type: none"> #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. 	X			
Item #6 - Location of Services Charts				
<ul style="list-style-type: none"> Chart #1 - Home and Community Based Services (HCBS) - As identified in Item 5a(1). 	X			
<ul style="list-style-type: none"> Chart #2 - Access Services - As identified in Item 5a(1). 	X			
<ul style="list-style-type: none"> Chart #3 – Contract/Commercial Relationships Services Delivery System - 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. (As identified in Item 5b.) 	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
Item #7 – Cost Share Implementation Plan Introduction and AAA’s Cost Share Implementation Plan	X			
Item #8 - Allocation, Budget, and Units Plan				
• #8a - Allocations Methodology	X			
• #8b - Budget Narrative	X			
• #8c - Changes to Services/Units/Persons	X			
Item #9 - 2020 – 2023 State Plan and AAA Area Plan Alignment of Older Americans Act Mandate for Goals, Objectives, and Measures Introduction				
Item #10 – Goal #1 Objectives and Measures Charts	X			
Item #11 – Goal #2 Objectives and Measures Charts	X			
Item #12 – Goal #3 Objectives and Measures Charts	X			
Item #13 – Goal #4 Objectives and Measures Chart	X			
Item #14 – Goal #5 Objectives and Measures Charts	X			
Item #15 – AAA Initiated Goals, Objectives, and Measures Charts (Optional)				
AREA PLAN COMPLIANCE DOCUMENTS ATTACHMENTS	Yes	No	N/A	Comments
Attachment A - Agency’s Indirect Cost Allocation Plan for SFY 2023* (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 when the SFY 2023 Agency Indirect Cost Plan is to be approved and available to the DAS.)	X			FY2023 Indirect Cost Plan included.

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				
Attachments B:								
<ul style="list-style-type: none"> B-1a - GA DHS DAS Request for Advance Payments Against Contracts Letter* 	DELETED EFFECTIVE SFY 2022 & APFI Attachment #5							
<ul style="list-style-type: none"> B-1b - GA DHS DAS Request for Advance Letter 					DELETED EFFECTIVE SFY 2022			
<ul style="list-style-type: none"> B-1c - Request for Advance Worksheet 								
<ul style="list-style-type: none"> Replacement Page for Area Plan Attachments B-1a, B-1b and B-1c 	X							
<ul style="list-style-type: none"> B-3 - Board Resolution* 	X			For Area Plan submissions, the executed Board Resolution is required for Non-Profit Area Agencies on Aging ONLY.				
<ul style="list-style-type: none"> B-4 – Standard Assurances* 	X							
<ul style="list-style-type: none"> B-5 - Letter(s) Requesting a Waiver of Standard Assurances is inserted* (Or it is noted on the C-3 Title page that no waiver(s) is/are requested.) 	X			COVID-19 Pandemic Waiver Renewal Request				
<ul style="list-style-type: none"> Attachment C - Title III OAA Federal Allocation and Match Analysis (Excel) (Indicate applicable Budget Submission) 	X			Allocation Issuance SFY2023-P				
<ul style="list-style-type: none"> Attachment D – Area Plan Provider Services List (DDS Report) 	X							
<ul style="list-style-type: none"> Attachment E – How has the Pandemic, COVID-19, Impacted the AAA? 	X							



Letter of Intent



SOUTHERN GEORGIA
REGIONAL COMMISSION

Southern Georgia Area Agency on Aging

1725 South Georgia Parkway, West
Waycross, Georgia 31503
Toll-Free: 1-888-732-4464
Phone: (912) 285-6097
Fax: (912) 285-6126

March 1, 2022

Ms. Breanna Thomas
Deputy Commissioner, State Programs & Human Services
Acting Assistant Deputy Commissioner for Aging Services
Georgia Department of Human Services
2 Peachtree Street NW, Floor 33
Atlanta, GA 30303-3142

Dear Ms. Thomas:

The original for the FY2023 Update to the Area Plan on Aging is hereby submitted on behalf of the Southern Georgia Regional Commission’s Area Agency on Aging for the period of SFY 2021 – SFY 2024.

The Southern Georgia Regional Commission’s Area Agency on Aging has the authority and responsibility to develop and administer the Area Plan in accordance with all requirements of the Older Americans Act (OAA), State of Georgia and other federal and state programs as appropriate.

This plan reflects meeting all federal and state statutory and regulatory requirements and approved by the Southern Georgia Regional Commission Council at their meeting held December 9, 2021.



AAA Director



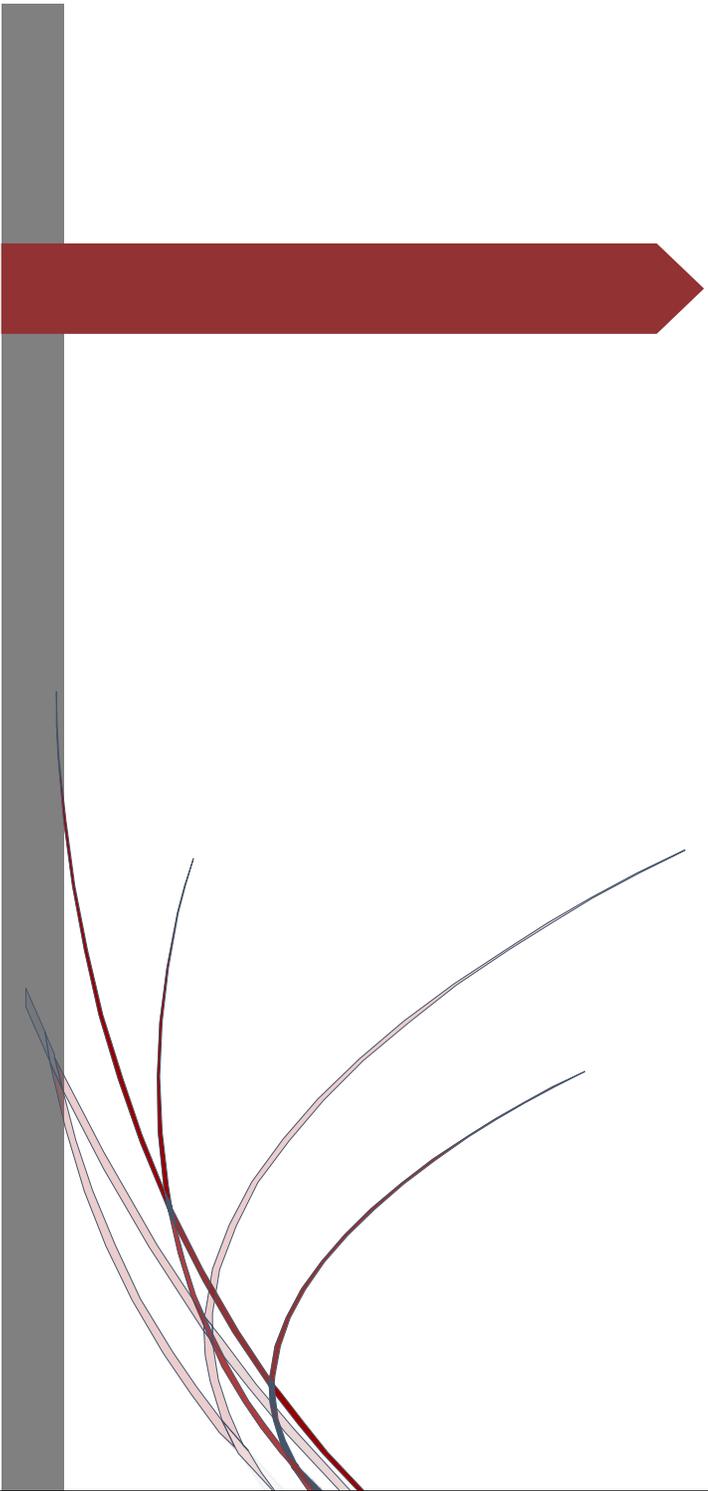
Aging Advisory Council Chairperson



Executive Director



RC Council Chairperson



Executive Summary

A. Summary Description of Federal, State and Local Aging Network

The United States Department of Health and Human Services Administration for Community Living (ACL) provides national leadership, funding, technical support and oversight to the Aging Services Network which is charged under the Older Americans Act with the responsibility of promoting the development of a comprehensive and coordinated system of home and community-based services for older people, their families, and caregivers. The Aging Services Network consists of a variety of national organizations, State Units on Aging, Area Agencies on Aging, tribal organizations, community services provider organizations, and senior volunteers.

Through federal, state, and grant funding, the State Unit on Aging is operated by the Georgia Department of Human Services (DHS), Division of Aging Services (DAS) which administers the statewide system of services for older people, their families and caregivers. The Division of Aging Services provides funding, technical support, and oversight of Georgia's Area Agencies on Aging to effectively and efficiently respond to the needs of elderly Georgians.

The Southern Georgia Regional Commission's Area Agency on Aging (SGRC-AAA) is been designated as one of Georgia's twelve Area Agencies on Aging. The SGRC-AAA receives federal and state funding through a contract with the Department of Human Services, Division of Aging Services. With guidance and oversight from the Department of Human Services, Division of Aging Services, the SGRC-AAA plans, coordinates, and funds a variety of services and programs for older adults and their caregivers. Funds are contracted to cities, counties, and other organizations that contribute local monies to provide these services directly in their communities. Currently, the Southern Georgia AAA maintains 30 contracts with 26 different organizations.

B. Overview of the Area Agency on Aging

The Southern Georgia Area Agency on Aging is a division of the Southern Georgia Regional Commission. The Southern Georgia Regional Commission (RC) was established July 1, 2009, as a result of state legislation that required the merger of the Southeast Georgia Regional Development Center (RDC) in Waycross with the South Georgia Regional

Development Center (RDC) in Valdosta. To some extent, this event was not without historical precedent. The RDCs originated as Area Planning and Development Commissions (APDCs) in 1963; however, in 1989, the Georgia General Assembly passed legislation that changed the names of APDCs to RDCs. Through all the changes, the Regional Commission and its predecessors have been leaders in the development of local and regional programs.

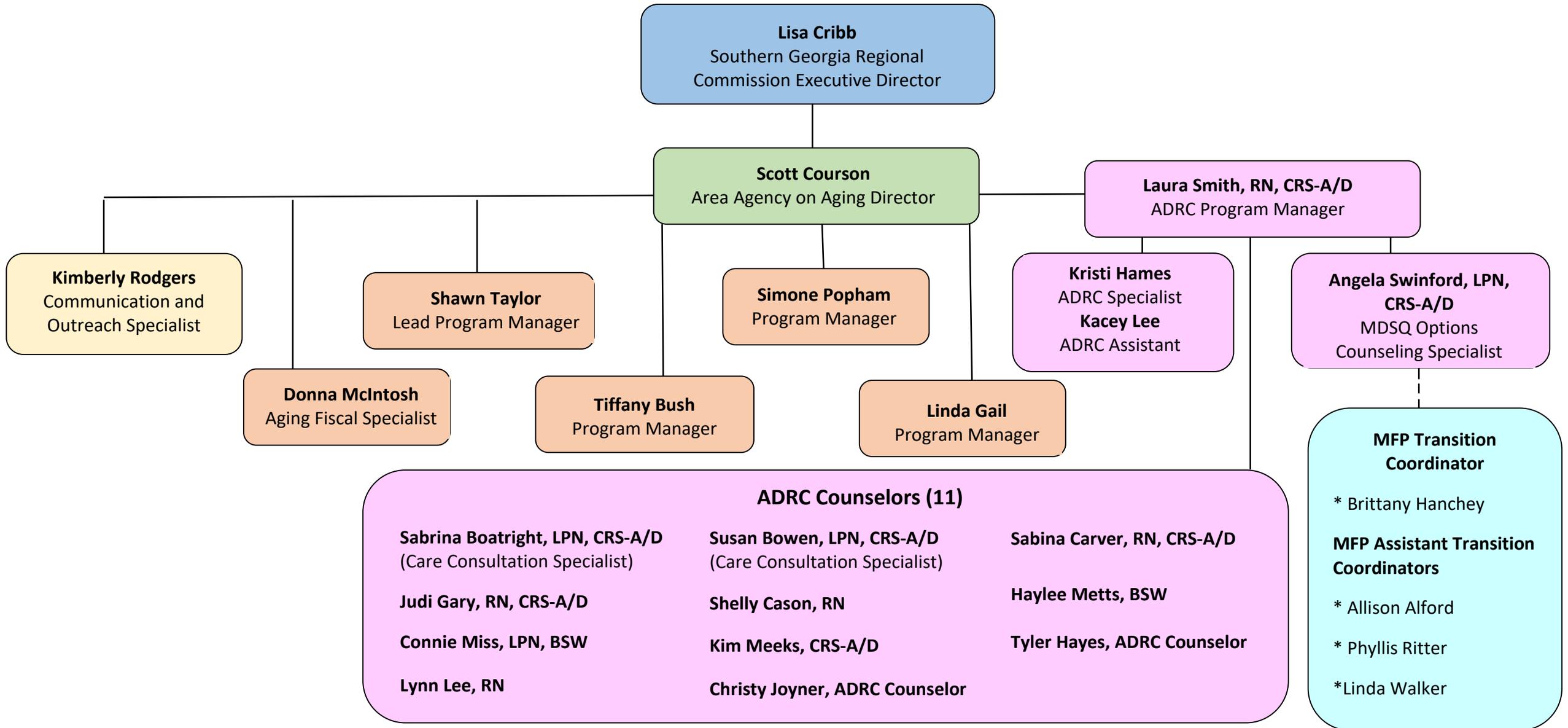
Today the Southern Georgia Regional Commission, which is classified as a local government, provides technical assistance and offers a myriad of services to local governments and their constituents. Specifically, the Regional Commission provides: Community and Economic Development, including comprehensive planning, environmental planning, and grant preparation and administration; Loan Programs for existing or expanding businesses; Geographic Information Services (GIS); Information Technology Services (ITS); Workforce Development; and, of course, Area Agency on Aging programs and services.

As illustrated below, the eighteen counties of the Southern Georgia planning and service area are Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, and Ware.



These counties are located in the southern region of Georgia and encompass 8,088 square miles.

Southern Georgia Area Agency on Aging Organizational Chart



* Manpower (temporary) employee

Note: All staff listed, excluding Manpower employees, are scheduled to work 37.5 hours/week.

Aging & Disability Resouce Center (ADRC)



Kristi Hames



Laura Smith, RN,
ADRC Program Manager



Scott Courson,
Director of Aging Services

Outreach



Kimberly Rodgers,
Communication &
Outreach Specialist

Program Managers



Shawn Taylor,
Lead Program Manager



Susan Bowen



Judi Gary



Sabrina Carver



Sabrina Scott



Angie Swinford



Donna McIntosh



Linda Gail



Kim Meeks



Connie Miss



Haylee Metts



Shelly Cason



Brittany Hanchey



Simone Popham



Tiffany Bush



Lynn Lee



Christy Joyner



Tyler Hayes



Kacey Lee



Allison Alford



Phyllis Ritter



Linda Walker

AAA Staff

As illustrated in the Area Agency on Aging (AAA) organizational chart, the AAA Director provides direct supervision of:

- The Aging Communications and Outreach Specialist
- The Aging Fiscal Specialist
- One (1) Lead Aging Program Manager
- Three (3) Aging Program Managers
- The ADRC Program Manager

The Aging Communications and Outreach Specialist, Kimberly Rodgers, is responsible for planning, coordinating, and publicizing AAA programs, events, and activities, including community outreach efforts for aging services, speaking engagements on behalf of the AAA, advocacy efforts as assigned by AAA Director, preparation of the Area Plan; including updates and plan formulation activities, coordination of staff and provider input, and composition of the plan narrative and tracking and reporting on progress toward applicable goals and objectives. This position is also responsible for administration of the Request for Proposal (RFP) process for aging services, as needed based on RFP cycles. She is a Dementia Friends Champion through Dementia Friends Georgia, and certified to teach the Dealing with Dementia (DWD) Program through the Rosalyn Carter Institute for Caregivers.

Fiscal Specialist Donna McIntosh is responsible for entering fiscal information (including Area Plan budget and budget amendments) into the DAS and SGRC data systems, analyzing fiscal information, compiling and submitting reimbursement reports, agency inventory, data entry of monthly expenditures, and all other related tasks as assigned.

Lead Aging Program Manager, Shawn Taylor provides coordination and support to the other three (3) Aging Program Managers and the Aging Fiscal Specialist. She also takes the lead on DAS Data System quality assurance and security. Aging Program Managers are responsible for management of the AAA's 30 contracts (with 26 different organizations). The contract management workload is divided by contract. Individual Aging Program Managers assume ownership of their assigned contracts and are responsible for all related tasks, including quality assurance, technical assistance, correspondence, reports, and monitoring. In addition to ownership of their respective contracts, each Aging Program Manager has other unique task assignments.

Some current assignments/responsibilities, by Aging Program Manager, are listed below:

<u>Shawn Taylor</u>	Coordination of Menu Planning Meetings Coordination of Senior Hunger Coalition Activities and Meetings Referrals for Nutrition Services Senior Farmers' Market Nutrition Program
<u>Tiffany Bush</u>	Aging Emergency Preparedness Planning Referrals for Nutrition Services Senior Farmers' Market Nutrition Program
<u>Linda Gail</u>	Referrals for Nutrition Services Senior Farmers' Market Nutrition Program Coordination of Aging Advisory Council Activities and Meetings
<u>Simone Popham</u>	Referrals for Nutrition Services Senior Farmers' Market Nutrition Program

Aging and Disability Resource Connection (ADRC) Program Manager Laura Smith, RN, CRS-A/D, provides hands-on supervision of ADRC staff members and is also responsible for:

- Overseeing Information and Assistance (I&A) and screening activities, as well as occasionally providing these services
- Overseeing the client referral process
- Managing waiting lists (including Standards of Promptness and re-screens)
- Preparing monthly reports
- Providing ADRC quality assurance and file review
- Overseeing the Caregiver Specialist's work
- Monitoring (with the assistance of selected ADRC Counselors) client files for HCBS in-home services
- Furnishing oversight of the Resource Database
- Updating staff on policy revisions and/or changes

- Overseeing staff certifications and re-certifications (i.e. AIRS, Options Counseling) state licenses, as indicated
- Overseeing HIPAA compliance (ensuring trainings are completed; confidentiality agreements are completed and filed)
- Selecting and training of new ADRC staff
- Overseeing ADRC outreach activities including festivals and community meetings in coordination with the Aging Communications and Outreach Specialist
- Overseeing MDSQ activities
- Providing oversight for ADRC Advisory Council meetings – including attendance, planning assistance, ensuring collaboration with required partners, and ensuring No Wrong Door approach to service delivery
- Overseeing the Veteran Directed Care Program (Begins 2/2022)
- Overseeing HCBS Support Options Services

ADRC Counselors provide information, assistance, and referrals while assessing individuals for program eligibility as appropriate. In addition, ADRC Counselors perform telephone screenings and re-screenings. All ADRC Counselors are trained and certified by the Division of Aging Services to provide Options Counseling, with the exception of recently hired employees; Lynn Lee was hired on February 3, 2020 and Shelly Cason was hired on May 3, 2021; both will begin the Options Counseling Certification process and both will obtain CRS-A/D Certification in the next available class in SFY 2022. Haylee Metts and Connie Miss will also obtain CRS-A/D Certification in the next available class in SFY 2022. Christy Joyner was hired November 1, 2021 and Tyler Hayes was hired on February 1, 2022 and both will possibly begin Options Counseling Certification and CRS-A/D Certification processes in 2022.

Kristi Hames is responsible for resource identification and development as well as management and maintenance of the resource database. Kristi collaborates with the MDSQ Options Counselor and MFP Transition Coordinator (TC) regarding community resource needs for individuals who are transitioning into the community. She is responsible for receiving faxed referrals, entering data from those referrals, and assigning them to ADRC Counselors for follow-up. She assists the ADRC Program Manager with planning and scheduling outreach events and quarterly Elderly and Disabled Waiver Program (EDWP) Network Meetings. Kristi will also complete the billing for the Veteran Directed Care Program that will begin February 1, 2022 and will serve up to 80 people.

ADRC Counselor Sabrina Boatright, LPN, CRS-A/D has assumed responsibility for providing services to members of a major health insurance company that the AAA contracts with (PCHP contract). The PHCP contract is expected to end on March

31, 2022.

ADRC Counselor Susan Bowen, LPN, CRS-A/D, beginning January 24, 2022, serves as the agency's Telephone Reassurance Program Counselor to reach out to vulnerable individuals to decrease social isolation and loneliness, provide emotional support to clients and caregivers, share resource information, and check on their health and safety. The Telephone Reassurance Program will be discontinued March 31, 2022.

ADRC Counselor Shelly Cason, BSN, provides outreach and off-site Options Counseling, information, assistance, and screening activities on at least a monthly basis. Kim Meeks manages the HCBS waiting list, which includes completing HCBS rescreens and moving clients to Tier 2 as applicable. She also refers clients for home modifications/wheelchair ramps as openings occur.

ADRC Counselor Haylee Metts, BSW, is responsible for the Material Aid/Technology including outreach, FODAC orders and equipment delivery. She enters all order information in WellSky, including activities and notes. She handles Work With LIFE, Inc. for home modification-wheelchair ramp referral as requested. Haylee will also be the lead options counselor for the Veteran Directed Care Program.

Angela Swinford, LPN, CRS-A/D, provides MDSQ Options Counseling for all referrals generated from the MDSQ process. This may include Community Transitions and Nursing Home Transitions (NHT) screenings and referrals in addition to follow-up to individuals who are not referred for these services. She provides education and outreach regarding the AAA's role as the Local Contact Agency to skilled nursing facilities and other potential ADRC and MFP referral sources. Angela also offers resource information to individuals receiving short-term rehabilitation. Additionally, Angela provides oversight and support to Transition Coordinator Brittany Hanchey, and Community Transition Assistants Allison Alford and Phyllis Ritter, who are temporary agency (Manpower) employees that assist with transition of individuals into the community from skilled nursing facilities via the Community Transitions Program. This involves developing individual transition plans (ITPs) with clients, making appropriate purchases for supplies, arranging transportation, securing housing, and linking individuals with community resources. Allison Alford will begin the Options Counseling certification process in the next available class in SFY 2022. Angie also provides oversight and support to Linda Walker, temporary agency (Manpower) employee, who assists with MFP tasks and Region 11 AAA transportation appointment scheduling.

Connie Miss, LPN, BSW, manages the Consumer Direction/Support Options services which includes completing the authorizations, requisitions and invoices. She also records and reconciles payments using a spreadsheet. She enters

activities and notes in WellSky to capture communication with caregivers and service providers, as well as the requisitions and invoices for each client. She plans and hosts quarterly ADRC Advisory Council Meetings and quarterly Southern Georgia Care-Net Meetings. She is a certified a Dealing With Dementia trainer with the Rosalyn Carter Caregiver Institute and a Dementia Friend Georgia Champion. She participates in the Georgia Alzheimer's and Related Dementias (GARD) discussions.

Several AAA staff members, including ADRC staff, frequently attend virtual events/meetings with outreach potential and/or make presentations about the AAA, ADRC, and aging network services. The ADRC Manager and the AAA Director usually select specific staff members to attend these events based on the nature of the event, the area of expertise desired, proximity of the event to the employee's home (if after-hours or weekend attendance is needed), and workload. There are some meetings that have been canceled or put on hold due to the Coronavirus (COVID-19) pandemic but staff attend all virtual meetings and events possible.

Aging Advisory Council

The AAA maintains an advisory council consisting of individuals who advise the AAA on all matters relating to the development and administration of operations conducted under the Area Plan. The AAA's Advisory Council includes 36 members chosen from the RC's 18 county region. The county commission chair from each county either serves or appoints one member, and the mayor of each county's largest municipality serves or appoints one member. As required, the majority of the members are over 60 years of age.

The current council is comprised of three senior center site managers, several current and former local elected officials, current and former local business owners and managers, retired educators, senior center clients, a minister, and a county clerk. See the following listing of advisory council members.

**Southern Georgia Regional Commission's Area Agency on Aging
Aging Advisory Council (Revised February 23, 2022)**

Name	Past/Present Occupation	Representing City/County
Amelia Tucker	Homemaker	Atkinson County
Chris Williams	Senior Center Site Manager	Bacon County
Catherine Posey	Senior Center Site Manager	Ben Hill County

Elizabeth Moore	Agriculture Industry	Berrien County
Linton Herrin	Georgia Pacific Pulp and Paper (Retired)	Brantley County
Myra Exum	Bookkeeper	Brooks County
Joseph "Kip" Taylor	Retired/City Council Member Post 1 Homeland	Charlton County
Vivian Sharpe	City Counsel	City of Adel
Clyde T. Sexton	Retired/Homemaker	City of Alma
VACANT	VACANT	City of Ashburn
Karen Herndon	Retired/Disabled	City of Blackshear
VACANT	VACANT	City of Douglas
VACANT	VACANT	City of Fitzgerald
Ruby Baker	Educator (Retired)	City of Folkston
Betty Cunningham	Sheltered Workshop Manager (Retired)	City of Homerville
Patricia Miller	Registered Nurse (Retired)	City of Lakeland
Barbara Maefield	Mayor of City of Nahunta	City of Nahunta
Ann G. Richbourg	Registered Nurse (Retired)	City of Nashville
VACANT	VACANT	City of Ocilla
VACANT	VACANT	City of Pearson
Nancy Dennard	Mayor of City of Quitman	City of Quitman
Fran Kinchen	Senior Center Director	City of Tifton
Lou McClendon	Planning Commissioner Member	City of Valdosta
Dorothy Benefield	Educator (Retired)	City of Waycross
Angela Jones (Secretary)	Senior Center Site Manager	Clinch County
Dr. Wilma Lott (Chair)	Professor of Mathematics (Retired)	Coffee County
Gloria Culpepper	Retired	Cook County
VACANT	VACANT	Echols County <i>*No incorporated city</i>

VACANT	VACANT	Echols County <i>*No incorporated city</i>
VACANT	VACANT	Irwin County
John Hunt	Medical Doctor (Retired)	Lanier County
Joyce Evans	County Commissioner – District 1	Lowndes County
Stephanie Bell	Executive Director Pierce Co Family Connection	Pierce County
VACANT	VACANT	Tift County
Juretha McMillian (Vice-Chair)	USDA Lab Technician and Social Worker	Turner County
Marni Shuman	Educator (Retired)	Ware County

C. Roles and Responsibilities

As the Georgia Department of Human Services, Division of Aging Services locally designated Area Agency on Aging, the Southern Georgia AAA provides funding, guidance, oversight, technical support, and leadership for its local aging services network.

Administration

The Southern Georgia AAA administers programs and services that are designed to meet the rapidly growing needs of older adults and individuals with disabilities in Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, and Ware Counties. Federal, state, and local funding allows the Southern Georgia AAA to contract with a network of providers to provide quality services in an efficient manner. In addition, volunteer and community resources are utilized whenever possible. Utilization of such resources is essential given the inadequacy of funding to meet needs of an expanding population of older adults.

Outreach

In order to ensure that the needs of older adults and individuals with disabilities are being met, the AAA continues to develop and utilize various types of outreach activities. Staff were able to physically attend some community functions and conduct face to face outreach but have mostly participated in virtual outreach opportunities due to restrictions related to the COVID-19 pandemic during SFY 2020 and SFY 2021. Staff members regularly attend virtual coalition meetings throughout the community including Family Connection Collaborative meetings in Bacon, Berrien, Brantley, Brooks, Charlton, Clinch,

Coffee, Cook, Lanier, Pierce, Tift and Ware Counties, as well as the Community Healthcare Connections Meeting in Valdosta.

Staff regularly participate in Department of Behavioral Health and Developmental Disability (DBHDD) Region 4 and Region 5 virtual Health Fairs, virtual Regional Partner Meetings, and virtual Behavioral Health Task Force Meetings to share information on aging services and collaborate with both DBHDD staff and DBHDD contracted core service providers Legacy Behavioral Health in Region 4 and Unison Behavioral Health in Region 5.

AAA staff provides information at virtual area health fairs and other virtual community events as a means to reach and inform the public. In addition, marketing techniques have been developed to reach individuals throughout the rural and sparsely populated area. Activities including distributing public service announcements to area newspapers, posting updates to the agency website, and Facebook page, utilizing billboards, and mounting magnetic signs on meal delivery vans and adding printed disposable bags for meal delivery with the AAA logo and contact information have each increased the visibility of the AAA throughout the community.

AAA staff began distributing a monthly Community Resource Flyer in June of 2020 and continues to do so. The flyer includes DBHDD, DAS, AAA, and other local partner events for the month, as well as national health observances and resources. Each flyer has AAA contact information and is emailed to all Family Connection Collaborative Organizations, Community Service Boards, and other community partners in the SGRC-AAA 18-county service area. Each entity then emails the flyer to their contact list, which allows it to be shared with over 1,000 people per month.

In November and December of 2020, staff mailed out introduction and information packets which included a cover letter from Aging Director Scott Courson, Aging Services Pamphlets, Caregiver Services Pamphlets, ADRC Services in Spanish Pamphlets, and Aging Services Flyers to local doctor's offices, hospitals, health departments, and convenient care sites in the 18-county region as an outreach campaign.

AAA staff delivered Nursing Home Transition Packets to long term care and rehab facilities and outpatient medical providers received Community Transitions and Aging Services pamphlets in holders for distribution.

AAA staff made regular Facebook posts each week reporting events, community resources, success stories, and AAA news. Distributed hardcopy Aging Newsletter for each quarter to Aging Advisory Council and local government entities. Published the following awareness campaigns COVID-19 Testing & Vaccines, Transportation, Older American's Month, and World Elder Abuse Awareness.

Program Development

The Southern Georgia AAA is charged with developing programs to meet the needs of older adults throughout the 18-county region when necessary. This has been particularly challenging due to the fact that the aging population continues to increase while funding has fluctuated. Nonetheless, AAA staff members have and will continue to work to cultivate and initiate programs to better serve the population. A few of these initiatives are listed below.

- Aging and Disability Resource Connection (ADRC)

Over the past several years, AAA staff has worked diligently to develop a network to better streamline access for long-term care for older adults and individuals with disabilities through partnerships with such agencies as the Department of Family and Children Services (DFCS), Department of Behavioral Health and Developmental Disabilities (DBHDD), Community Service Boards (CSBs), Boards of Health, and Adult Protective Services (APS). Today, the AAA's ADRC serves as a key component of the No Wrong Door (NWD) System for access to public long-term support programs and benefits. In February 2022, the AAA will add to the list a partnership with the Veteran Directed Care Program with North Florida South Georgia Veteran's Health System (NF/SG VHS).

- Options Counseling

While some funding reductions caused the discontinuation of some programs and/or activities, other program areas saw some expansion due to additional grant dollars. The Balancing Incentives Program (BIP) funding was a stimulus which helped expand options counseling in the ADRC. Although the funding ended after FY2017, having these funds in the first half of the area planning cycle helped provide additional support to ADRC and strengthened the capacity to provide options counseling for future years. All but four newly hired ADRC Counselor are certified to provide options counseling, allowing more seniors and caregivers in Southern Georgia to make long-term care choices in the context of consumer needs, preferences, values and individual circumstances. Division of Aging Services' implementation of its new ACL No Wrong Door grant provides funding and the opportunity for these ADRC Counselors to fully utilize their options counseling skills. Southern Georgia AAA will continue to seek grant opportunities to expand services.

- Evidence Based Wellness Programs

During FY2012, the AAA began implementing the first evidence-based wellness program in the Southern Georgia

region through the use of Title IIID funding. Staff were trained to lead the Chronic Disease Self-Management Program and begin facilitating the program in area senior centers. The AAA later received CDSME Expansion Grant funds that allowed the program to spread to every county in the region. Today, the wellness program has grown to include even more evidence-based programs including A Matter of Balance, the Diabetes Self-Management Program, DEEP, and Tai Chi.

The AAA has a strong commitment to educating individuals and caregivers in the community on dementia and dementia related disease. One AAA staff is a Dementia Friend Georgia Champion and in SFY2021, the AAA offered three Virtual Dementia Friends information sessions. Sessions were virtual due to the COVID-19 pandemic. In SFY 2021, the AAA added a second Dementia Friend Champion and one staff who was a Dementia Friend Champion left the agency. In SFY 2022, the AAA again added a second Dementia Friend Champion. Three Dementia Friend Information Sessions have been completed in SFY 2022 and a fourth is scheduled on March 14,2022, all have been in person so far. The AAA will continue to offer Dementia Friends Information Sessions and will do so in person or in virtual format, depending on the COVID-19 situation. The AAA also had one person certified to teach Dealing With Dementia (DWD) to leave the agency in SFY 2021 and two other staff were certified to teach DWD. One DWD session was canceled in December 2020 due to a rise in COVID-19 deaths and cases. One DWD session was advertised but did not have registrants in August of 2021 early in SFY 2022 and a rise in the number of COVID-19 deaths and cases may have impacted the registration for this training as well. Efforts will continue in SFY 2022 with virtual options also being offered. The AAA has also purchased the Rosalyn Carter Institute for Caregiving training program for dementia caregivers called “Caring for You, Caring for Me” and this curriculum will also be offered beginning SFY 2023.

The AAA purchased the Virtual Dementia Tour (VDT) from Second Wind Dreams, Inc. and had one staff person certified to facilitate the VD but that staff person left the agency in December of 2020. Staff approached DBHDD Regional staff to inquire about Dementia Friends information sessions becoming a part of Crisis Intervention Team (CIT) Training offered to law enforcement but this will not be feasible as the curriculum for the two programs is not a fit.

- Assistive Technology

With assistance funding from the Georgia Department of Human Services, Division of Aging Services, the SGRC AAA collaborated with Tools for Life to establish assistive technology labs during FY2017 and FY2018. The labs,

located at the SGRC's Waycross office and the Leroy Rogers Senior Center in Tifton, are equipped with both high tech and low-tech solutions aimed at assisting people who are faced with a disability. They showcase solutions for mobility issues, communication problems, vision and hearing loss, dementia and other disabilities. AAA staff members are also available to help a person explore the options through individual consultations. Although a lab was established in Valdosta, the location proved inadequate. Currently, alternate locations are being considered. The AAA has also explored the purchase of assistive technology marketing items which assist individuals and help market the AAA at the same time. The physical AT labs are available to the public. AAA staff is still available for over the phone consultation and is able to order TA items and have them shipped directly to eligible participants during the pandemic.

- Senior Hunger Initiatives

The AAA is in the process of establishing a small food pantry at the AAA site in Waycross to be available for seniors who have an immediate need for food.

The AAA continues to have a strong foot-print in the community through Senior Hunger Coalition activities. Development will continue with continued partnerships and opportunities with the Society of St. Andrew Gleaning Network, local food ministries, food banks, and not-for-profits.

The AAA will continue to focus on ways to measure and decrease senior hunger including enhanced food security surveys, providing the AAA developed regional food resource guide to those in need, and developing additional community partnerships with local business and organizations. The AAA will seek grant funding from local foundations to provide food for senior citizens in need and will continue fundraising efforts to have money in the emergency fund for emergency food or related issues that affect hunger.

Coordination

Coordination with other agencies and organizations within the community is a vital role for the AAA. The AAA serves as the central location for input regarding aging services in the area. County, city, and service agencies often request guidance from the AAA regarding aging issues. In addition, the AAA continues to coordinate with various partners in the region regarding health and human services. Local universities, health departments, and hospitals all work closely with the Wellness Program to provide a wide variety of screenings and health and wellness educational activities to clients in area senior centers. Relationships have also been formed through the Care Transitions, Options Counseling, DEEP, and Money Follows

the Person Programs. Hospitals, skilled nursing facilities, housing authorities, and various other social service agencies serve as sources of referrals and resources for older adults and individuals with disabilities.

ADRC Counselors find themselves working closely with Adult Protective Services regarding referrals. Transition Coordinators (TCs) collaborate with the Social Security Administration and the Department of Family and Children Services to ensure continuity of Medicaid benefits following transition from long term care back into the community.

Aging staff members have also worked closely with local Department of Behavioral Health and Developmental (DBHDD) partners in an attempt to find solutions for complex client cases during “circle of support” meetings. Collaborating with such diverse partners allows the AAA to stay current regarding needs in the area while working to address them collectively. Tori Windsor Foisy is the DBHDD Aging Program Specialist and is a member of the AAA’s ADRC Advisory Council.

The AAA complies with Standard Assurance #32 which requires the AAA to work with DAS and DBHDD to increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services. Compliance is demonstrated through the AAA’s attendance at Regional DBHDD Collaborative Meetings, support of local DBHDD provider health fairs, integration of DBHDD providers into AAA health fairs, and cross training regarding resources between AAA and DBHDD providers in advisory council meetings, staff meetings, and one on one consultations. The AAA also takes an active role in “circle of support” meetings in the Community Transitions Program where by individuals are assisted to develop a comprehensive Life Plan, identify a planning team to assist in formulating and implementing the plan, formulate a comprehensive self-directed budget consistent with their Life Plan, and ensure that all safeguards are met and included in the life plan. All individuals who are being transitioned back into the community and who are identified as needing to be screened for DBHDD provider supports are referred, before discharge, for evaluation to the DBHDD Aging Program Specialist. Additionally, AAA will work to ensure that all clients who are discharged from long-term care facilities, who have been determined by assessment to need behavioral health community services, will be linked to a provider via intake appointment, by the social worker of the facility.

During FY2019 and again in FY2020, AAA staff have been able to collaborate with Valdosta – Lowndes County Habitat for Humanity on a project using Habitat grant funds to build ramps for individuals in Valdosta who are on the AAA waiting list for home modification. The last referrals to them were in February 2020 due to the COVID-19 pandemic.

In FY2020, the AAA partnered with Unison Behavioral Health by participating in a large multi-county Celebrate Recovery event in Waycross. Staff from Unison also came and shared information about their behavioral health programs with the

ADRC Advisory Board and with participants of the Senior Hunger Wellness and Nutrition Fair that was held in Waycross.

In FY2021, the AAA continued to partner with Unison Behavioral Health and was a featured agency and presenter in their virtual Behavioral Health Fair. Additionally, a representative from Unison participates in the Southern Georgia CARE-NET coalition with the AAA. The AAA attended a total of 16 events DBHDD and/or DBHDD Provider events. AAA staff attended seven DBHDD Community Service Board Community Collaborative/Mental Health Task Force Meetings in DBHDD Regions 4 and 5. The AAA services ten of the counties in DBHDD Region 4 and eight of the counties in DBHDD Region 5.

At the end of FY2020, the AAA partnered with LIFE, Inc. to refer clients for portable wheelchair ramps in Bacon, Brantley, Charlton, Pierce, and Ware counties. Referrals continued into FY2021, with the last referral being on April 16, 2021.

In FY2020, the AAA partnered closely with the Alzheimer's Association of Georgia, Tifton Chapter, to share information with any community members desiring to learn more about Alzheimer's and Dementia. There were three (3) specific events in which AAA partnered with the Alzheimer's Association to provide information to the community. The AAA was also an integral part of a community needs assessment event hosted by the Alzheimer's Association in Waycross. The AAA participated in two virtual events with the Alzheimer's Association of Georgia, Tifton Chapter in SFY 2021 and has two events planned in SFY 2022.

AAA staff are active with the Okefenokee RESA and participated in one Counselor Resource Fair in SFY 2022.

ADRC staff also work closely in making referrals to the Senior Community Services Employment Program (SCSEP), operated by the Legacy Link, Inc. AAA for our region.

The AAA is also a member of the Meals on Wheels Associations of Georgia and America. These programs help to secure volunteers and provide valuable information to AAA home delivered meals programs.

Advocacy

The AAA serves as an advocate on behalf of older adults, their families and caregivers to improve quality of life. Reaching out to legislators is an important aspect of advocating for services for seniors in the Southern Georgia region. The Regional Commission's Executive Director and Regional Commission Program Managers, including the AAA Director, sometimes meet with individual legislators to discuss the Regional Commission's priorities and concerns. In November 2021, they met with local and state elected officials at the Regional Commission's Area Officials Appreciation Dinner in Adel, Georgia.

AAA staff actively participate in CO-AGE, the Coalition of Advocates for Georgia's Elderly, and attend advocacy events such as Senior Week at the Capitol. Also, by coordinating with LTCO and ELAP providers, the AAA is able to support advocacy efforts for individuals who may have been victimized through physical or emotional abuse or financial exploitation. The AAA is also a member of the National Association of Area Agencies on Aging (n4a) which coordinates advocacy activities on the federal level.

In SFY 2022, the AAA became certified as an AARP Georgia and World Health Organization's (WHO) Age-Friendly Community. SGRC Aging Division Director Scott Courson will guide the AARP Age-Friendly States and Communities initiative. The implementation of the AARP initiative will also involve staff in other SGRC divisions: Planning and Local Government, Transportation and Environmental, Community and Economic Development, and Workforce Development.

The AARP Age-Friendly Network encourages states, counties, cities, towns, and rural areas to prepare for the rapid aging of the nation's population. The network encourages elected officials and local leaders to focus on and strengthen the features and services that help to make communities livable for residents of all ages, from the cradle through retirement. Through the age-friendly program, AARP assists participating communities in becoming more livable and age-friendly through various domains such as creating safer and more walkable streets, more housing and transportation options, better access to key services, and opportunities for residents to participate in community activities.

Aging and Disability Resource Connection (ADRC)

The Southern Georgia AAA ADRC has long been a resource for referrals, information and services. I&A is an essential part of meeting the needs of older adults located in the 18-county area. In recent years, funds were allocated for the development and/or expansion of the ADRC. This vital program provides access to information regarding long-term care for older adults and individuals with disabilities. The ADRC is staffed by highly- skilled nurses and social workers with access to a robust database of regional resources. Staff members are trained to assess a caller's needs and match those needs with the appropriate resources. The ADRC call center functions with two counselors answering calls to the call center Monday through Friday from 8:30 am until 5pm, except for observed holidays. AAA staff advertises the call center hours of operation and provides the contact information for the call center on all flyers, Facebook posts, and other forms of written outreach. In the event someone needs to talk with ADRC staff outside of the regular business days/hours, an appointment can be scheduled to do so for the caller's convenience.

D. Vision, Mission and Values

The vision of the Southern Georgia AAA is to assist older individuals, at-risk adults, persons with disabilities, their families and caregivers in *Living Longer, Living Safely, and Living Well*.

The mission is to develop, provide, coordinate, and advocate for services that support older individuals, at-risk adults, persons with disabilities, their families and caregivers.

The values of the agency include a strong customer focus, a positive work environment for employees, accountability and results, the formation of partnerships within the community, teamwork, and open communication among staff, providers, partners, and consumers.

E. Purpose of Area Plan

The purpose of the Area Plan is to describe the Area Agency on Aging and its current comprehensive and coordinated aging services, assess the needs of older adults and individuals with disabilities, and define future goals that help to guide the agency in its efforts to meet those needs in the 18-county Southern Georgia region. The Area Plan is developed by analyzing and describing the roles and responsibilities of the Southern Georgia AAA and how these duties are executed throughout the aging network. Through careful coordination, aging staff and network providers offer input regarding the programs they administer to seniors in the area. They include details of the current services they provide throughout the Southern Georgia region as well as goals they intend to meet during the plan cycle. Clients, caregivers, and stakeholders within the community also provide input on current services and those that are needed.



Regional Context

A. Current and Future Older Persons

As a means to strategically plan services for older adults, individuals with disabilities and caregivers, demographic data is included in the Area Plan. The following charts and graphs provide an illustration of the population in the Southern Georgia region.

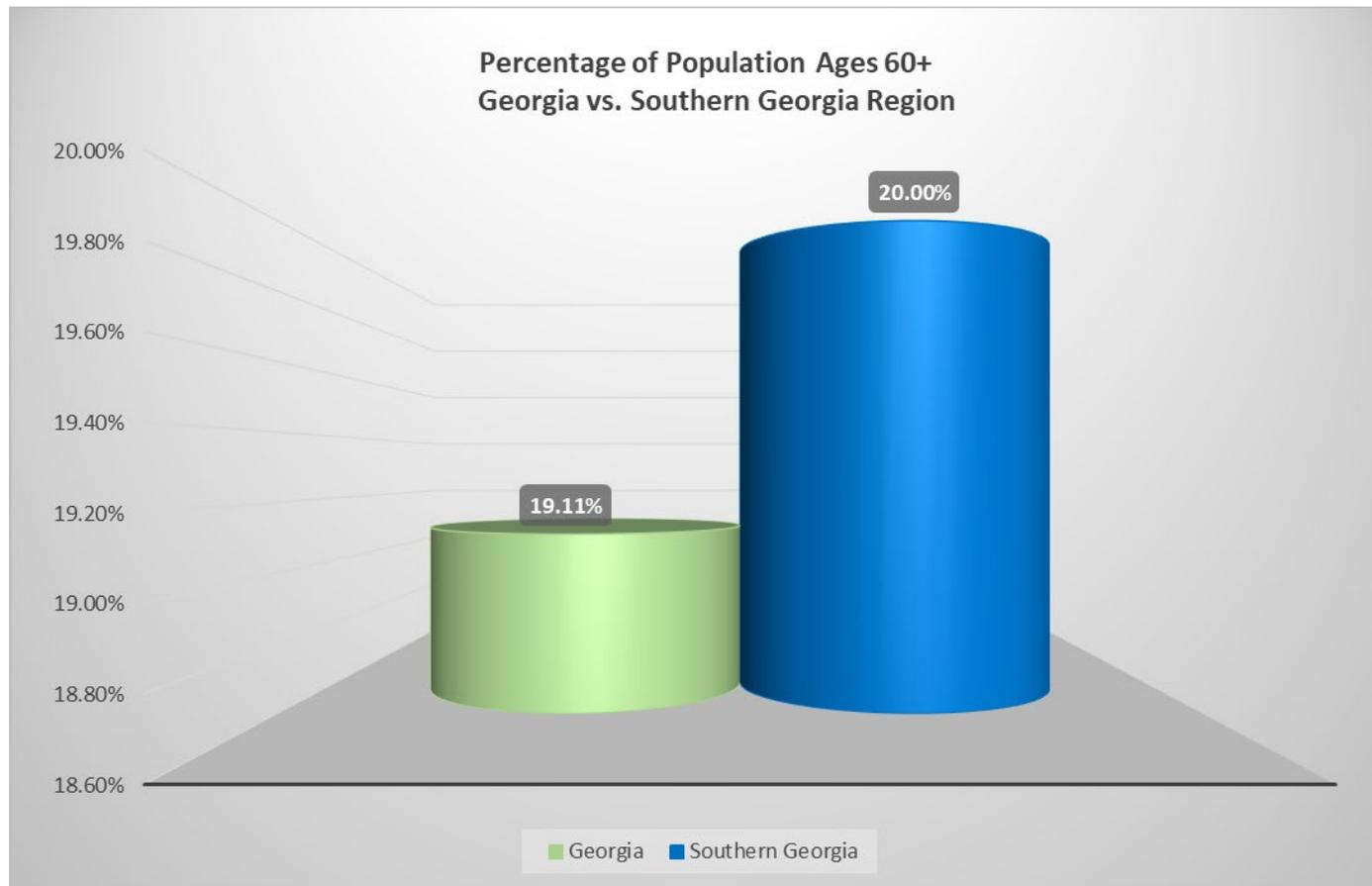
Projections show that Georgia has the 11th fastest growing 60+ population in the United States between 2010 and 2030 according to the Census 2010 and the Georgia Office of Planning and Budget. In addition, projections show that Georgia has the 10th fastest growing 85+ population in the United States between 2010 and 2030.

According to U.S. Census data, the 2010 total population for the area was 406,583. The Georgia Office of Planning and Budget's population projection for 2020 is 416,905.

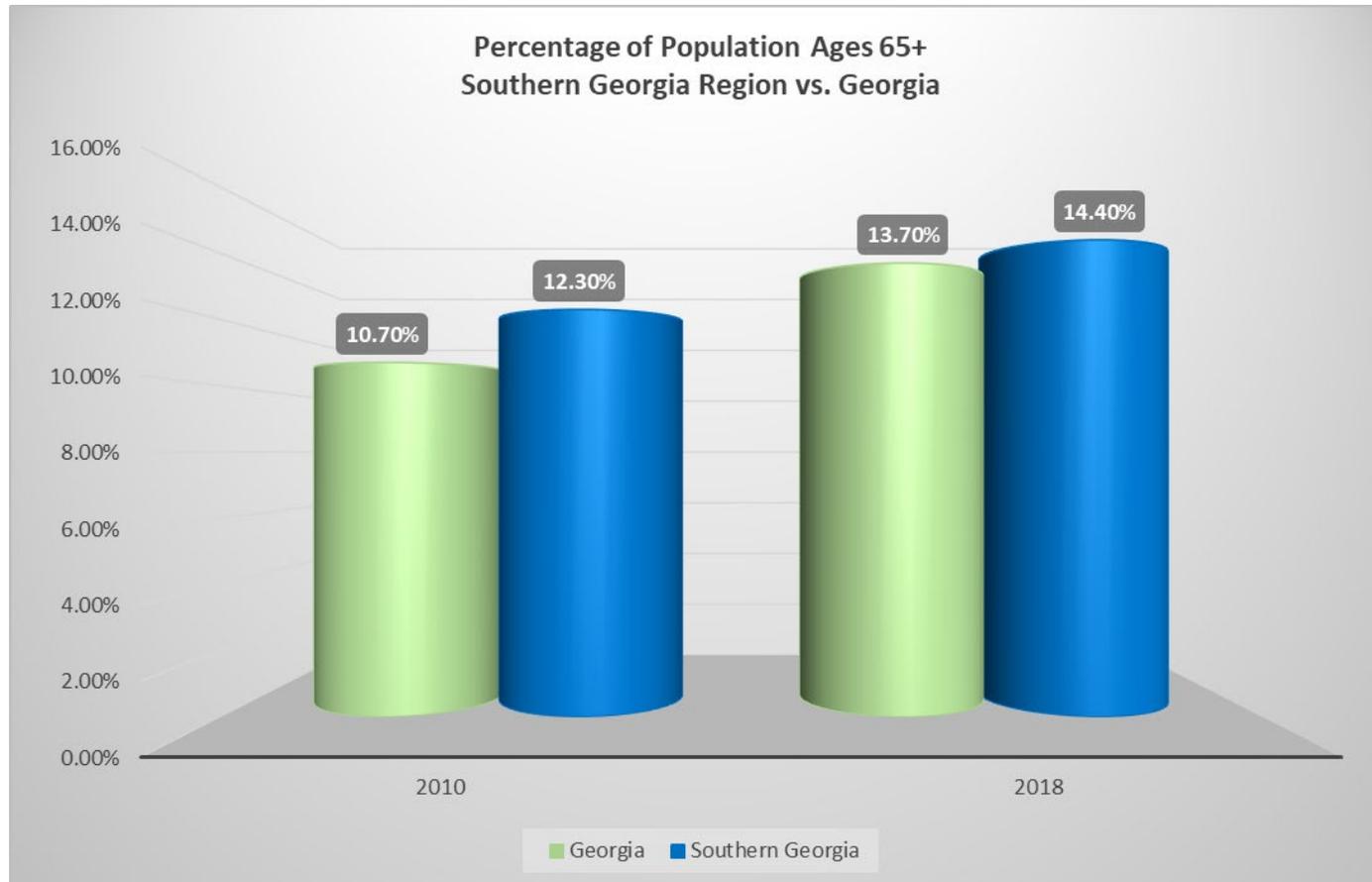
According to data from the US Census Bureau, American Fact Finder Community Facts Databases, 2014-2018 American Community Survey Estimates, the total population in the Southern Georgia Region was approximately 413,301 people. Based on this data, approximately 20% of the total population in 2018 in the Southern Georgia Region was 60 years of age and older or about 82,776 people. (SOURCE: Georgia Division of Aging Services).

Lowndes is the region's largest county with an approximate population of 116,321. Based on data obtained from the Georgia Division of Aging Services, Lowndes County has approximately 20,411 residents aged 60 years and older. An area including most of the city of Valdosta, the adjacent city of Remerton, and parts of unincorporated Lowndes County was granted urban designation based on 2000 Census data.

The current Southern Georgia population consists of a large number of older adults. According to U.S. Census Data, 82,776 Southern Georgians (or 20% of the area's total population) are in the 60 and over age group. Approximately 19.11% of Georgia's entire population is 60 or older. Therefore, Southern Georgia, as demonstrated in the graph below, has a larger percentage of 60 and older residents than the state of Georgia.



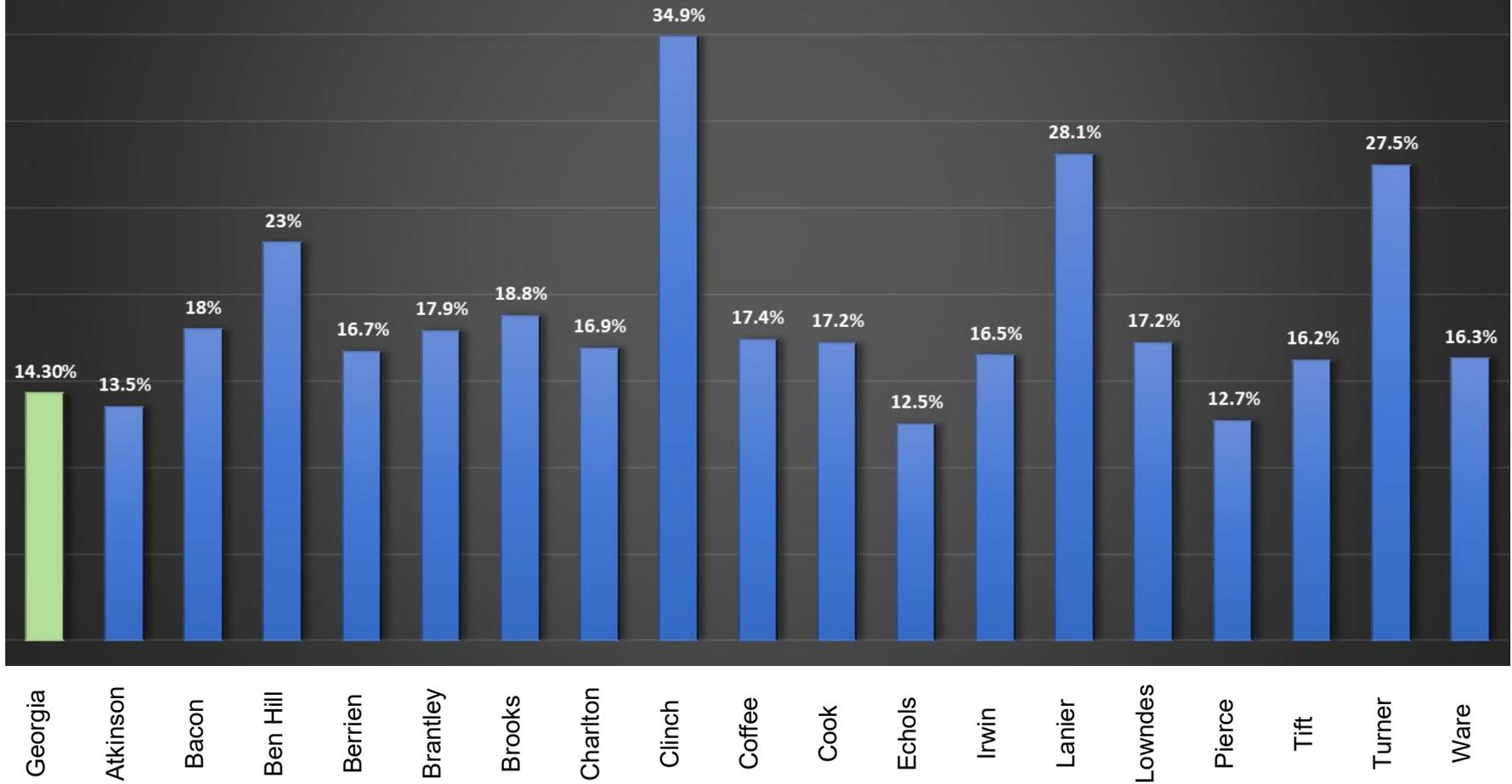
Similar to state projections, the 2014-2018 American Community Survey Estimate, as compared to the 2010 Census data, indicates that the elderly population in Southern Georgia has increased. Most notably, the 65 years and older population percentage of 2018 data indicates that the Southern Georgia Region's percentage of residents aged 65 and older remains higher than the state percentage.



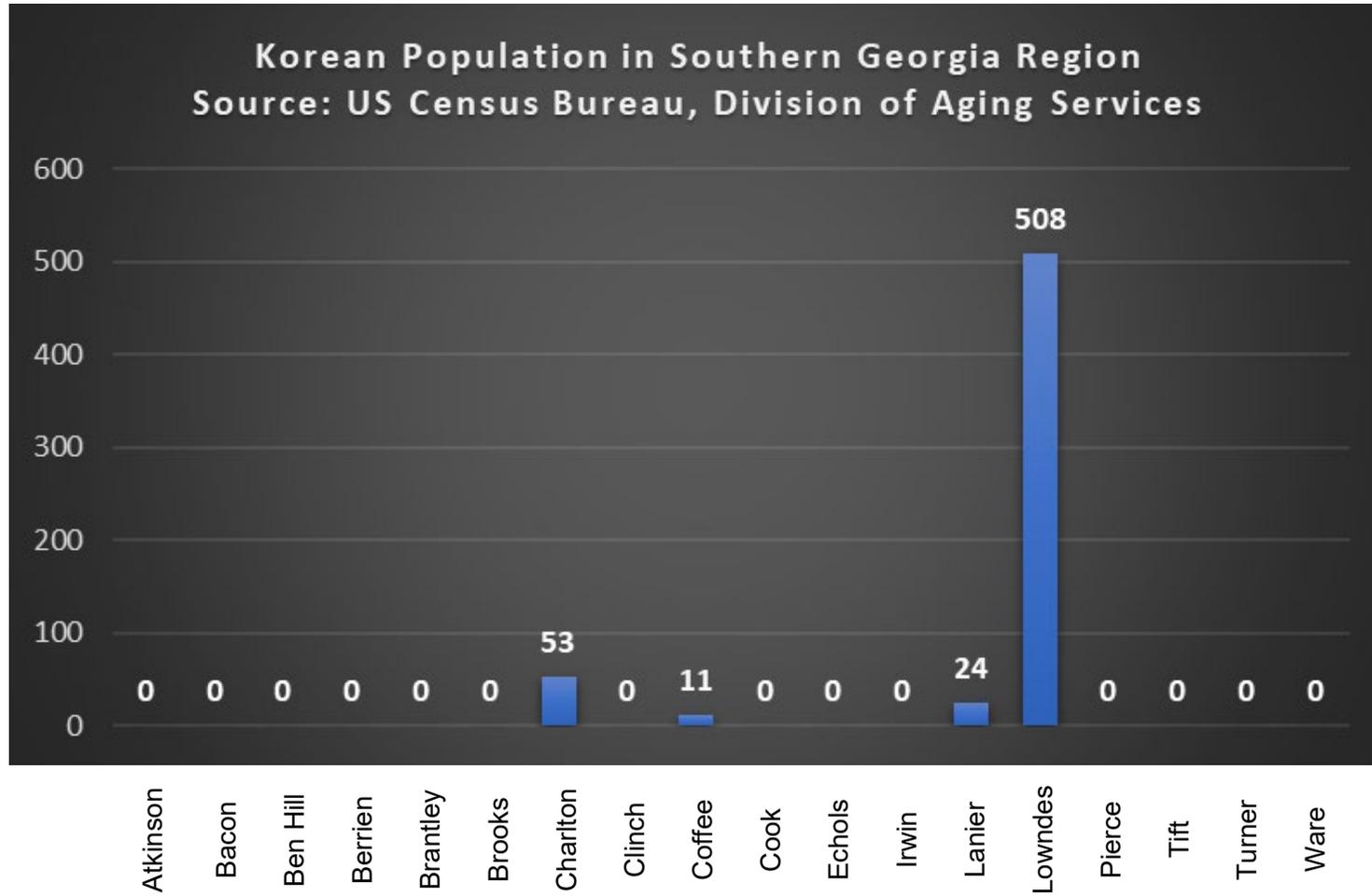
Many of Southern Georgia's elderly share characteristics that may present difficulties when attempting to live independently in the community. For instance, as illustrated in the following charts, seniors in Southern Georgia are:

- More likely to live in poverty

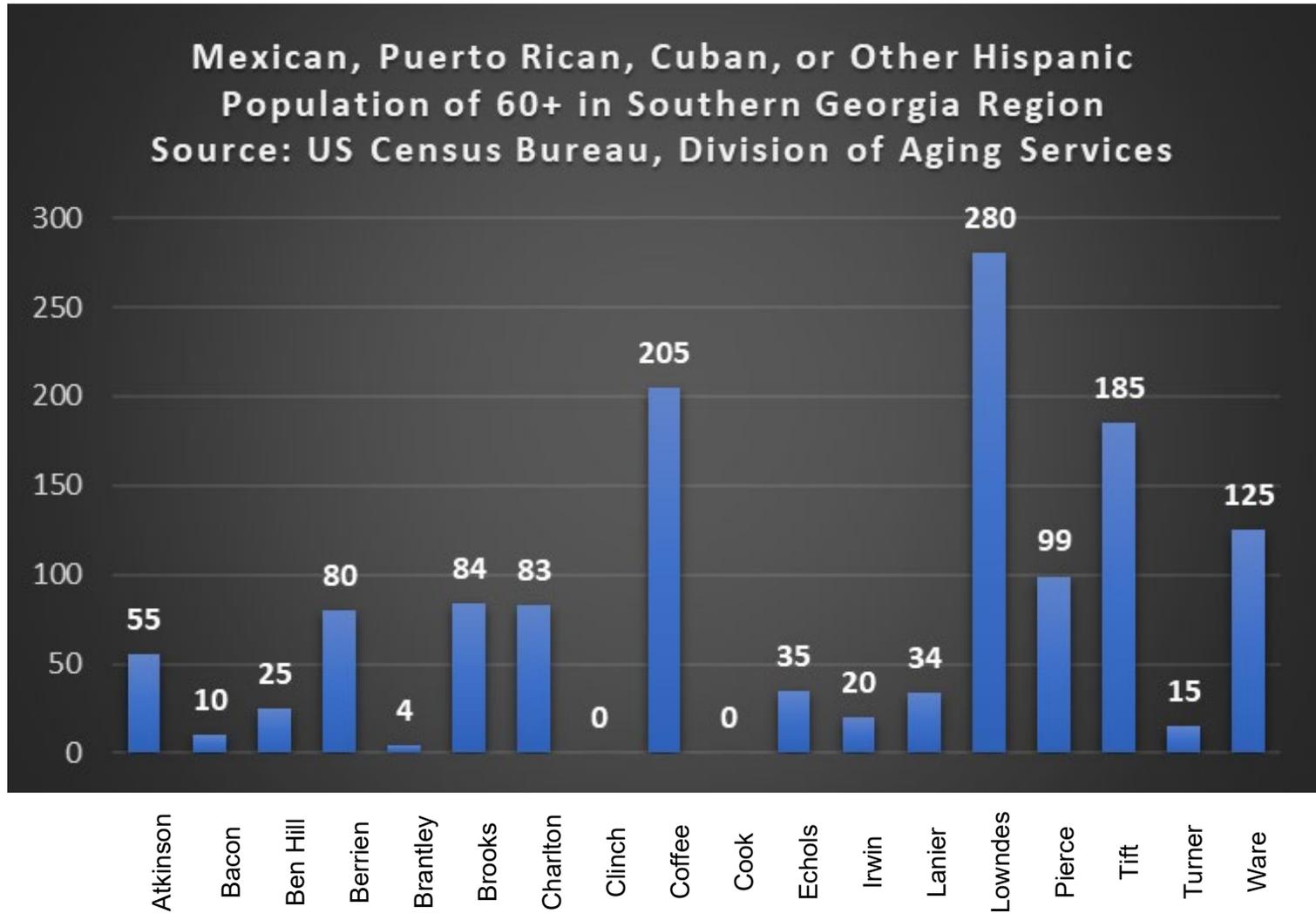
Percentage of 60+ Population Below Poverty Level 2018 -Source: US Census Bureau, Division of Aging Services



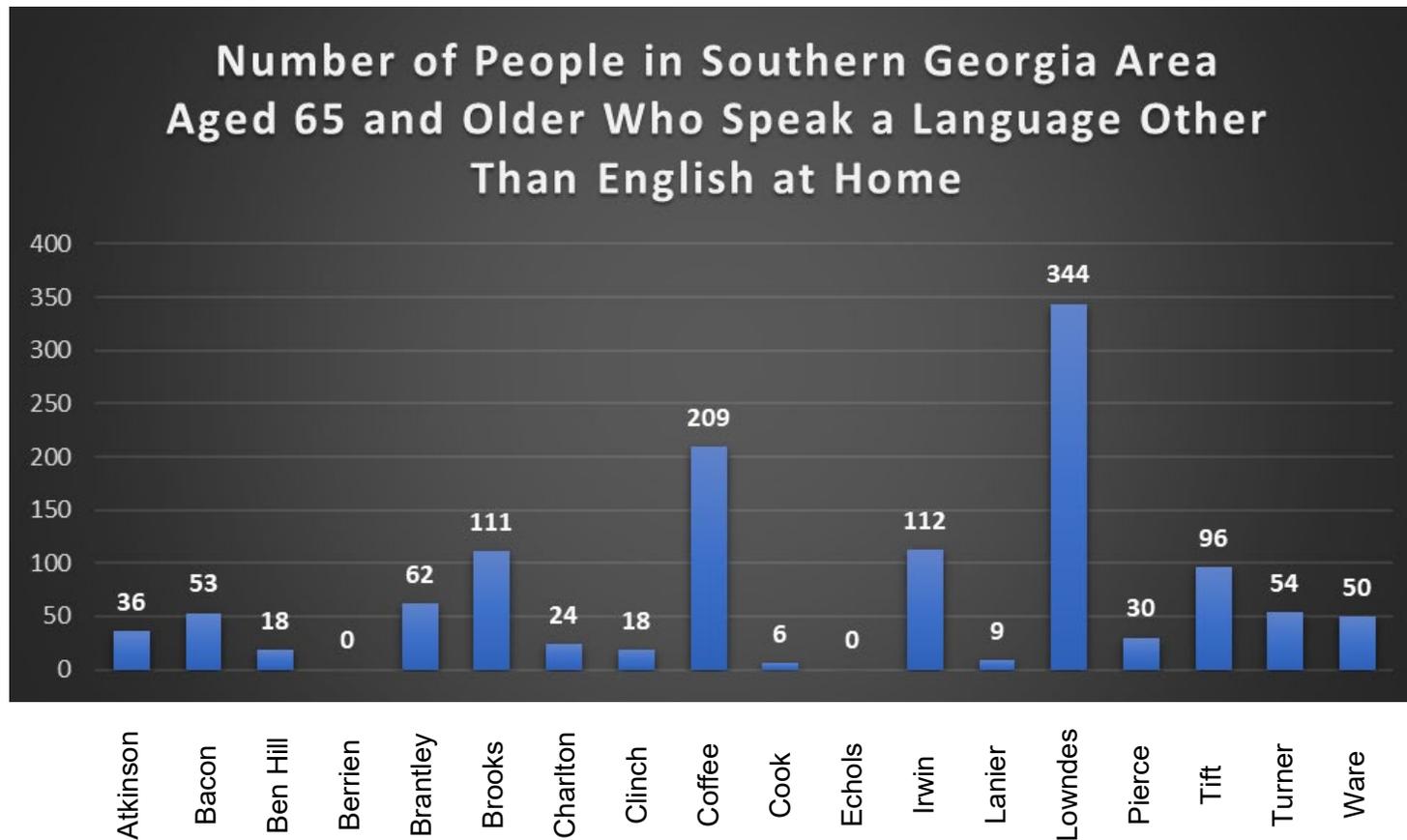
- May be Korean *data not broken down by age



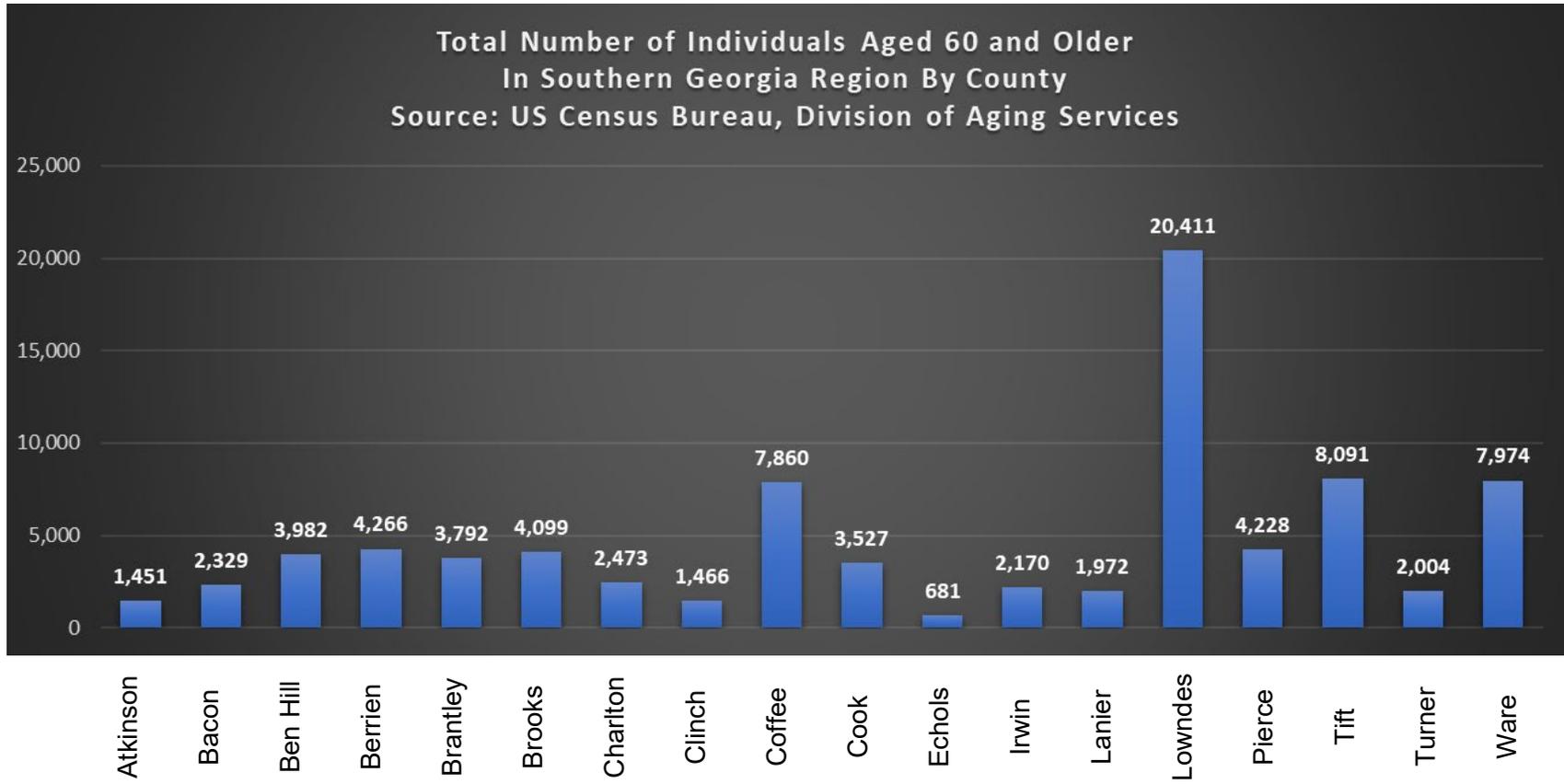
- May be Mexican, Puerto Rican, Cuban, or other Hispanic Population



- May have difficulty speaking English



- Most live in rural areas *all counties in Southern Georgia area rural except for Lowndes



B. Needs Assessment Process and Results

To identify customer needs and service gaps, the Southern Georgia AAA utilized information garnered from the following sources during the planning process:

- Demographic data. (See Regional Context Section)
- Public hearings: In preparation for the FY2021-FY2024 Area Plan, the Southern Georgia AAA held two public hearings. At each public hearing, AAA staff presented an overview of the area plan process, including the purpose of the area plan, how the area plan is developed, and the DAS goals that will be included in the Area Plan. Also, an overview of all AAA services was given and a FY2019 Annual Report of Services Provided Report was given out, which included the names and utilization rates of all AAA services. Finally, participants at both public hearings were given time to share information via a community needs assessment and an “open-mic” opportunity for comments and input. The first public hearing was held at the Clinch County Senior Center in Homerville on January 10, 2020, with a total of 26 individuals in attendance. A second public hearing was held at the Ben Hill County Senior Center in Fitzgerald on January 17, 2020, with a total of 21 individuals in attendance. The results of the community need assessments are as follows. These key issues were ranked as the most important areas of need for individuals who are age sixty and older who live in the Southern Georgia Region: #1 Access to Information and Assistance; #2 Transportation; # 3 Aging in Place (adequate resources); #4 Availability of Physical, Emotional, and Behavioral Health resources and Safety, Security, and Protection (each tied for #4); and #5 Wellness Promotion.
- SFY 2021 Update: In preparation for the update to the FY2021-FY2024 Area Plan for SFY 2022 the Southern Georgia AAA held a Virtual Public Hearing on December 8, 2020, AAA staff presented an overview of the area plan process, including the purpose of the area plan, how the area plan is developed, and the DAS goals that will be included in the Area Plan. Participants were given the opportunity to ask questions and give feedback. Everyone was asked to complete a Community Needs Assessment survey. The results of this community need assessments are as follows. These key issues were ranked as the most important areas of need for individuals who are age sixty and older who live in the Southern Georgia Region: #1 Aging in Place (adequate resources); #2 Transportation; #3 Access to Information and Assistance; #4 Availability of Physical, Emotional, and Behavioral Health resources, and #5 Safety, Security, and Protection.

- SFY 2022 Update: In preparation for the update to the FY2021-FY2024 Area Plan for SFY 2023 the Southern Georgia AAA held a Public Hearing at the Bacon County Senior Center in Alma on December 7, 2021 with 24 individuals in attendance and a Virtual Public Hearing on December 14, 2021. AAA staff presented an overview of the area plan process, including the purpose of the area plan, how the area plan is developed, and the DAS goals that will be included in the Area Plan. Participants were given the opportunity to ask questions and give feedback. Everyone was asked to complete a Community Needs Assessment survey. The results of the community need assessments are as follows. These key issues were ranked as the most important areas of need for individuals who are age sixty and older who live in the Southern Georgia Region: #1 Access to Information and Assistance; #2 Safety, Security, and Protection; #3 Transportation; #4 Aging in Place Supports (adequate resources); and #5 Availability of Physical, Emotional, and Behavioral Health resources.
- Aging Advisory Council and RC Council input
- ADRC reports of unmet needs and service gaps
- Examination of data from DAS Data System
- Input of Elder Rights Team: Members of the Elder Rights Team participated (via e-mail and telephone) in the development of the FY2021-FY2024 Area Plan. Needs and service gaps are discussed at quarterly meetings in September, December, March, and June.
- Review of customer satisfaction data provided by DAS, as well as local customer satisfaction data
- Analysis of Statewide Emergency Preparedness Survey SFY2011 prepared by DAS
- Consultation with staff members of Southern Georgia AAA contractors who serve frail older adults
- Opinions expressed by members of local collaborative groups and local support groups (i.e., Family Connections, mental health, and other community collaboratives). AAA staff regularly (at least monthly) participates in collaborative meetings throughout the region.
- Waiting lists for services

C. Gap/Barriers/Needs to Improve Existing System

The current service delivery system works well, but the AAA always looks for improvement opportunities.

- The **aging population continues to increase**. Needs continue to outpace funding. As a result, AAA staff members will continue to strive to be even better stewards of every single dollar entrusted to their care. Contract management is emphasized, and AAA staff members work to ensure that providers also understand the AAA's resolve to ensure that all available funds for Southern Georgians are utilized wisely. This trend has resulted in AAA staff members implementing private pay models and offering private pay options for certain services in order to help sustain aging programs. The AAA also strives to explore other revenue streams including grants and fundraising efforts.
- **Adequate transportation** is a major issue in the Southern Georgia region. Funding is always limited. For this reason, many seniors remain unable to go to medical appointments, pick up prescriptions, or even shop for groceries.
- The lack of adequate funding to meet the needs of the area's seniors is exacerbated by **the lack of community resources** that some other areas take for granted. The area has no medical college, school of pharmacy, pharmaceutical company, dentistry school, peer support organizations, or wealthy foundations to donate funds or time to assist Southern Georgia seniors. In addition, services and resources for adults with disabilities are lacking. The ADRC Specialist is currently devoting much of her time to researching and establishing relationships with agencies and organizations that might provide resources for callers.
- With the implementation of the Money Follows the Person (MFP) Program (which became Community Transitions in January 2019), AAA staff has encountered several challenges including the **lack of appropriate housing options** within the 18-county area. Many clients do not own a home and as a result are in need of safe, affordable housing in order to transition back into the community. Unfortunately, appropriate housing options are few and far between. Waiting lists for subsidized housing are lengthy and appropriate personal care homes are almost non-existent.
- **Coordinating emergency preparedness activities across the region is challenging** due in part to the geographical size of the area. In addition, properly educating seniors about emergency plans can be difficult as many

of the region's elderly live in isolated, often difficult-to-reach areas. Emergency preparedness is a continual process, and an AAA accomplishment during FY2019 was the completion of an update of the AAA Disaster Response Plan. The updated plan was particularly beneficial during Hurricane Michael (October 2018). The AAA also updated the pandemic information section of the emergency preparedness plan during the COVID-19 Pandemic.

- Also, available providers for some services are limited and there is a shortage of RNs.
- Implementation of the new DAS Data System has continued to pose challenges. Staff has been charged with learning how to navigate the system while maintaining the continuity of program services.
- Finally, **many seniors and their caregivers remain unaware of the Area Agency on Aging**, the services provided by AAA staff and providers, and the ADRC toll-free number. Many of those individuals that the AAA is attempting to target are isolated in the community and therefore unaware of available resources. Also, targeting individuals in the area can be difficult due to the lack of media outlets such as local television stations.

Southern Georgia's demographic and needs assessment information indicates that the area must plan to serve:

- More seniors
- Poor seniors
- Older seniors
- Frailer seniors
- Seniors with chronic health conditions
- Seniors with limited access to healthy food
- Seniors with sedentary lifestyles
- Caregivers

- Grandparents raising grandchildren
- Seniors who are socially and geographically isolated
- Hispanic seniors
- Korean seniors

AAA priorities and plan goals must include efforts to mitigate the area's service delivery obstacles, including:

- Limited funding
- Limited local resources
- The difficulty and expense of serving geographically isolated seniors
- The lack of public transportation, especially for seniors in sparsely populated areas
- The scarcity of current and potential AAA and provider staff with Spanish-speaking ability
- A culture of inactivity and poor diets
- A host of other issues that often coincide with limited personal income (i.e., lack of preparedness for long-term care needs, inability to afford health care, health and dental problems, etc.)

In an attempt to address the service gaps in Southern Georgia, the AAA will:

- Pursue grant opportunities that are applicable to the AAA
- Work with collaborative partners to leverage and maximize resources

- Pursue and encourage private donations
- Continuously evaluate the cost share process and level of payments
- Pursue fundraising opportunities
- Provide case management for very vulnerable seniors and their caregivers, and facilitate their access to all available community resources
- Continue to utilize and expand marketing projects in efforts to increase agency visibility in the community
- Offer private pay options for AAA services
- Evaluate and/or redesign programs, while remaining in compliance with DAS standards, to serve those with the greatest need in the most efficient manner
- Continue the work of the local Senior Hunger Coalition
- Continue to encourage innovative programs at local senior centers, including implementation of the National Foundation to End Senior Hunger’s (NFESH) “What a Waste” and Senior Center Community College programs.

D. Special Needs

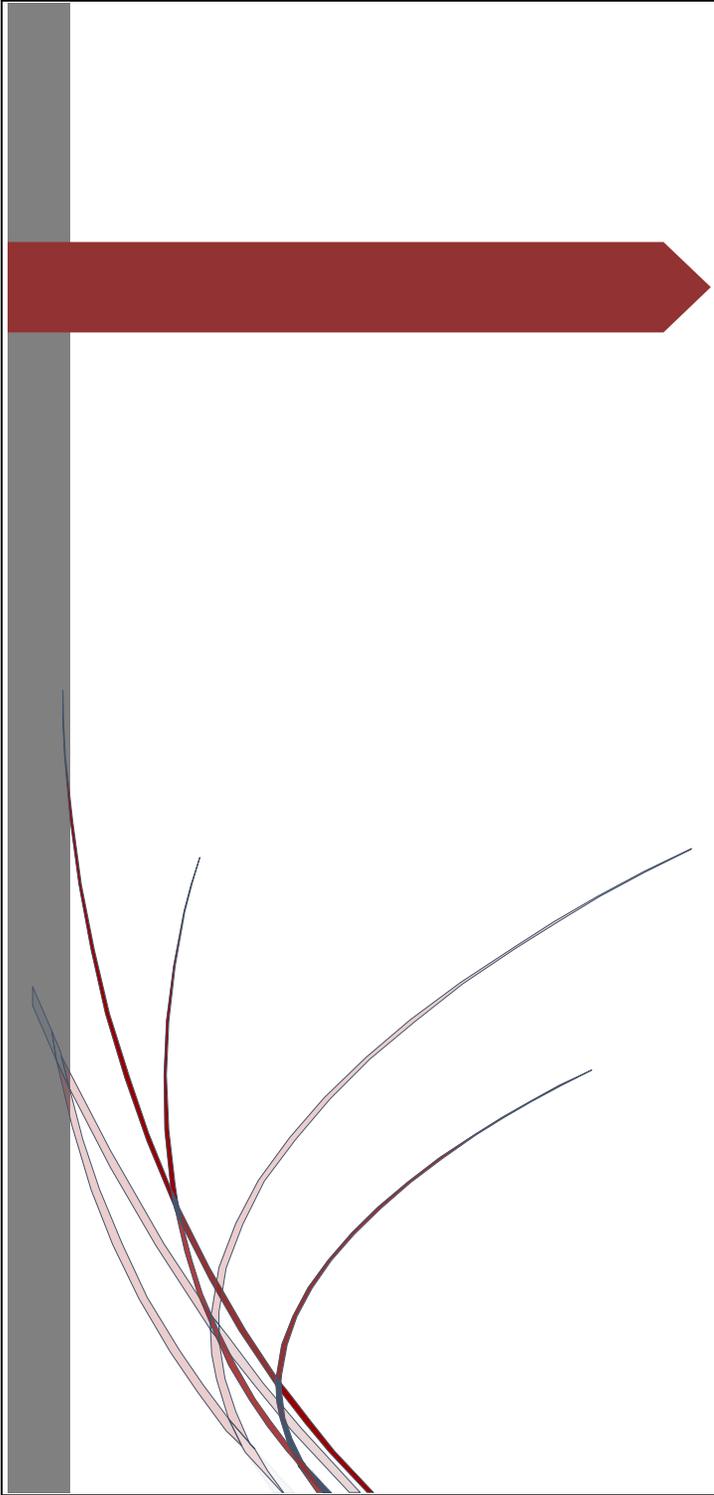
Meeting OAA targeting requirements is relatively easy in Southern Georgia due to the prevalence of rural, poor, geographically isolated seniors with disabilities, as evidenced by the demographic data outlined previously.

However, Southern Georgia AAA staff and providers strive to ensure service to (1) seniors with the greatest economic need; (2) seniors with the greatest social need (caused by physical and mental disabilities, language barriers, cultural or social isolation, and geographic isolation); (3) low-income minorities; and (4) seniors residing in rural areas; and (5) seniors at risk for institutional placement. Methods include the following:

- The AAA supports eighteen senior centers. Rather than supporting senior centers only in the area’s most populous cities, the Southern Georgia AAA strives to maintain senior centers in as many counties as possible. There is currently at least one senior center in seventeen of the region’s counties.

- AAA staff refer clients for services based on OAA guidelines (in the form of a Triage Risk Assessment), and level of unmet need (as evidenced by the DON-R). Once it is determined OAA guidelines are met, a DON-R is completed and the individual with the greatest need (highest score) is referred regardless of his/her county of residence, with the exception of meal referrals. When individuals have identical scores, the individual with the lowest income is given priority. Meal referrals are made based on client need as well as site/delivery capacity for each senior center/home delivered meals program.
- AAA staff periodically examines and reviews client demographic data in the DAS Data System.
- AAA presentations and informational booths are provided at events and locations likely to be attended by target population groups (i.e., subsidized apartment complexes, festivals in low-income and/or high minority population neighborhoods, etc.)
- Marketing tactics such as billboards, articles for area newspapers/magazines, AAA website updates, Facebook updates, and magnetic signs on food vendor vans are used. Radio and television advertising is also being explored.
- Some AAA funding is used for the construction of ramps for individuals with disabilities (wheelchair-bound) under 60 years of age seniors.
- Lionbridge and TTY services are used for Limited English Proficiency and/or Sensory Impairment (LEP/SI) clients and/or caregivers.
- AAA staff have developed excellent working relationship with staff members of Division of Aging Services, Adult Protective Services, and other agencies likely to refer individuals in the target population groups.
- Partnerships have been developed with area hospital discharge planners for ADRC referrals.
- AAA staff maintain a working relationship with Tools for Life, another agency that provides their expertise and resources for disabled individuals.
- AAA staff actively participate in area coalitions whose goals are to assist those in the target population.
- The AAA utilizes a cost share policy which enables the AAA to maximize funding to serve a greater number of lower income clients.
- AAA staff works closely with the Southern Georgia Regional Commission's Transportation Department and Department of Human Services Coordinated Transportation to help link individuals with transportation services.

- AAA staff carefully oversee providers whose standards and policies require service to target populations.
- Veteran Directed Care Program began February 2, 2022.



Descriptions of Service Delivery System

A. Description 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:

See Chart #1 Location of Services – Home and Community Based Services for the following:

HCBS Nutrition/Wellness: 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." (NAPIS_5_2010)

HCBS Nutrition/Wellness: 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." (NAPIS_5_2010) May include assistive technology for dining. (DAS)

The Southern Georgia AAA contracts with the Middle Flint Council on Aging as a food vendor to provide congregate and home delivered meals to clients throughout the region. Kitchens are located in both Americus and Homerville to better serve the region. Congregate and Home Delivered Meals are transported to area senior center and home delivered meal sites to be served and delivered to clients throughout the region. The senior centers and Home Delivered Meal sites are operated by cities, counties, and a community action agency. Potential clients for HCBS Congregate and Home Delivered Meal Services are initially screened by the AAA ADRC staff. Home Delivered Meal clients are referred to Diversified Resources, Inc. (the AAA's case management contractor) for face-to-face assessments. Congregate clients are referred to the appropriate senior center staff if openings are available. Clients for both programs are placed on the waiting list if slots are unavailable in their county of residence. The AAA now has a contract with Middle Flint Council on Aging to provide and deliver frozen Home Delivered Meals in Valdosta and Lowndes County so that home delivered meals are now available in all 18 counties in the region.

HCBS Transportation (DHS Coordinated)

Provision of DHS Coordinated Transportation as a means of transporting clients from one location to another. Does not include any other activity. (DAS)

The Southern Georgia Regional Commission contracts with MIDS, Inc. for Coordinated Transportation Services for DHS clients in all 18 counties, including the AAA's clientele.

Essential trips for transportation services that will be funded include the following:

- Trips to and from senior centers
- Trips to and from medical appointments (including dialysis, chemotherapy, etc.) *also including COVID-19 vaccination appointments
- Trips to and from preventative health screenings and appointments (including dental, vision, hearing, etc.)
- Trips for shopping (groceries, medications, etc.)
- Trips to and from work/employment
- Field trips
- Trips that support application and management of public benefits
- Trips to pay bills, conduct banking, etc.
- Trips that support civic engagement and continued involvement in the community (cultural and volunteer activities)
- Trips that support evidence-based programs offered through DAS and health/wellness activities offered in the community
- Trips that facilitate attendance at support group meetings for both caregiver services and kinship care services

As an enhancement, Southern Georgia AAA began proving a bi-weekly shuttle service to the Tifton Senior Center in September 2018. The shuttle service took seniors to various community locations and looped back to the Tifton Senior

Center. Additional shuttles were added later to the Coffee County Senior Center in Douglas, Georgia and the Nelson-Greene Senior Center in Waycross, Georgia. As of September 30, 2019 – all three (3) shuttle projects were discontinued due to lack of DHS Coordinated Transportation funding. While the FY2020 shuttle projects were operational, there were 915 trips at a cost of \$32,480, which is an average cost of \$35.50 per trip. The shuttle was paid hourly for 406 hours, regardless of ridership.

As of SFY 2022, AAA staff may order trips for seniors who are not clients of a senior center.

Southern Georgia AAA has a no-show policy for the coordinated transportation program. A no-show is defined as a coordinated transportation trip that meets all of the following conditions:

- The trip was ordered by a human service provider (HSP). (Area Agency on Aging HSPs include senior centers and case management agencies.)
- The trip was not cancelled by HSP at least three (3) business hours prior to the scheduled pick-up time.
- The client was not at the appointed pick-up location at the estimated time. (The driver must wait five (5) minutes after the appointed pick-up time before the trip is determined to be a no-show.)

Some no-shows are unavoidable due to unexpected illness, weather events, etc. However, HSPs must be conscientious about keeping no-shows at a minimum because the transportation provider is paid for no-shows. In fact, when a no-show occurs, the transportation provider is paid the same amount they would have received for a regular trip. Every time the provider is paid for a no-show, clients in Southern Georgia have less available funding for “real” trips.

Per local coordinated transportation policy and the Georgia Department of Human Services Transportation Manual, after three consecutive no-shows, the consumer is deactivated in the TRIP\$ system until the HSP has discussed the repeated no-shows with the client.

The AAA’s no show policy indicates HSP’s will keep their no-show rate at 6% or less. HSP’s will do this by the following:

- Senior centers will utilize a reservation system for trips in the same way they do for meals. Staff will poll clients daily to make sure that they need a trip for the next date of senior center operation.
- Staff of all HSPs will cancel a client’s ordered trip as soon as possible after learning that the client does not plan to ride.
- HSP staff will review no-show information in the TRIP\$ system frequently in order to resolve potential discrepancies and

promptly follow up with clients who have no-shows.

- HSPs will counsel clients who have frequent, including consecutive and non-consecutive, no-shows.

Southern Georgia Regional Commission Area Agency on Aging staff will monitor no-show information, provide no-show rates to HSPs at least quarterly, and follow up accordingly.

HCBS Nutrition/Wellness: Nutrition Counseling: "Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician and addresses the options and methods for improving nutrition status."(NAPIS_5_2010)

The Southern Georgia AAA contracts with Diversified Resources, Inc. to conduct one-on-one nutrition counseling to seniors with special needs and/or high nutritional risk or, when appropriate, to their caregivers. Seniors who are below poverty level and score 6 or higher on the Nutrition Screening Initiative (NSI) checklist during ADRC screening, initial face-to-face assessment or reassessment may be referred for nutrition counseling.

Alzheimer's Adult Day Care: "Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care typically include social and recreational activities, training, and counseling..." (NAPIS_5_2010) Mobile Daycare services may be provided by staff who travel from a central location on a daily basis, to various sites, primarily, but not limited to, rural areas. (DAS)

The Southern Georgia AAA contracts adult day care services through Valdosta State University. "My Friend's House Adult Day Care Program" assists older persons suffering from Alzheimer's disease and related dementias and their families by providing an adult day care program designed specifically for persons suffering from these disorders. The Southern Georgia AAA is the "ADRC," or single point of entry for aging programs, including adult day care. AAA ADRC's intake and screening staff screen potential clients and refer them for face-to-face assessment when new admissions are possible. It should be noted assessments and services have been completed over the telephone since March 2020 due to the COVID-19 pandemic and the need to shelter in place. Face-to-face assessments will resume when it is safe to do so.

HCBS Homemaker Services: Assistance with preparing meals, shopping for personal items, managing money, using the telephone or doing light housework (NAPIS_5_2010)

HCBS Personal Care Services: Providing personal assistance, stand-by assistance, supervision, or cures for individuals having difficulties with basic activities of daily living such as bathing, grooming, dressing, eating. Personal assistance, stand-

by assistance, supervision or cues. (NAPIS_5_2010)

HCBS Caregiver Respite Care: Services which 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) In-Home Respite (personal care, homemaker, and other in-home respite). (NAPIS_5_2010).

The Southern Georgia AAA contracts with All Ways Caring HomeCare to provide respite in-home services to clients in all eighteen area counties. Clients referred for HCBS Caregiver Respite are initially screened and referred for face-to-face assessment by the AAA's ADRC intake and screening staff. It should be noted assessments have been completed over the telephone since March 2020 due to the COVID-19 pandemic and the need to shelter in place. Face-to-face assessments will resume when it is safe to do so.

Home and Community Based Services (HCBS) Case Management: "Assistance either in the form of access or care coordination in circumstances where the older person or caregiver is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by a formal service provider and/or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required." (NAPIS_5_2010) Case Management can be provided to older adults, persons with disabilities, caregivers, or relative caregivers raising children.

The Southern Georgia AAA contracts with Diversified Resources, Inc. to provide assessment services. Clients referred for Case Management Services are initially screened and referred for face-to-face assessment by the AAA's ADRC intake and screening staff. It should be noted assessments have been completed over the telephone since March 2020 due to the COVID-19 pandemic and the need to shelter in place. Face-to-face assessments will resume when it is safe to do so.

Comprehensive Case Management services include the development of care plans, making appropriate referrals for community services, and providing follow-up and reassessment as necessary. Clients are referred to Diversified Resources, Inc. for Comprehensive Case Management by AAA ADRC staff.

One particular strength of this Case Management program is that no conflict of interest exists with the service provider as they provide only the Case Management portion in the service delivery process but they do not provide HCBS services such as Homemaker, Personal Care, or Caregiver Respite under contract with the AAA with clients.

HCBS Health Promotion and Disease Prevention Group

The provision of evidence-based program activities promoting wellness, nutrition, and physical activity, disease prevention and risk management, healthy lifestyle and safety in a group setting.

Staff Activities Include:

Bingocize®: An evidence-based 10-week program that combines a bingo-like game with exercise and health education. The unique addition of bingo addresses many of the barriers to older adults' participation because the game is fun, familiar, and done in a group setting. The program has been shown to increase older adults' functional fitness, health knowledge, and social engagement in a variety of settings.

The Southern Georgia AAA contracts with Diversified Resources, Inc. to provide health promotion and disease prevention activities and medication management screenings designed to improve the health and quality of life of the elderly in senior centers and throughout the region. These activities include, but are not limited to, evidence-based wellness program activities that are compliant with the evidence-based programming as defined by the ACL. Diversified Resources, Inc. employs a fulltime Wellness Coordinator who facilitates and/or coordinates all wellness programs. *Diversified Resources, Inc. had a staffing change again in SFY 2021 and the Wellness Coordinator that was providing these services resigned. They are currently seeking other evidenced-based training certifications with the person now in this role as Wellness Coordinator but train the trainer session opportunities have significantly decreased since the COVID-19 pandemic.

HCBS Caregiver Community Education Programs

Powerful Tools for Caregivers is an evidence based six-week education program designed to provide family caregivers with 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).

The Southern Georgia AAA contracts with Valdosta State University Department of Social Work to provide caregiver education services to area caregivers. PTC workshops have been held in numerous southern Georgia counties. The contractor is also providing Dealing With Dementia (DWD) classes and is a Dementia Friends Champion.

HCBS Home Modification/Home Repair: Provision of housing improvement services designed to promote the safety and well-being of adults in their residences, to improve internal and external accessibility, to reduce the risk of injury, and to facilitate in general the ability of older individuals to remain at home. May also include the purchase and installation of assistive technology or devices such as locks, smoke detectors, tub rails, improved lighting, etc. For Kinship Care, items could include but are not limited to safety electrical plugs, child safety gates, and window/drawer safety latches. (DAS)

The Southern Georgia AAA contracts with E.T.C Schools, Inc. to provide construction of safe and attractive ADA compliant wheelchair ramps at the homes of frail older persons. Clients referred for HCBS Home Modification/Home Repair are initially screened and referred for face-to-face assessment by the AAA's ADRC intake and screening staff. It should be noted assessments have been completed over the telephone since March 2020 due to the COVID-19 pandemic and the need to shelter in place. Face-to-face assessments will resume when it is safe to do so.

The AAA also refers clients to LIFE, Inc. for portable ramps as of June, 2020.

See Chart #2 Location of Services – Access Services – for the following:

Elderly Legal Assistance Program (ELAP): Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney (NAPIS_2010)

The Southern Georgia AAA contracts ELAP through the Georgia Legal Services Program. Offices are located in Brunswick and Albany; however, staff provide mobile office hours at various locations throughout the region allowing Georgia Legal Services Program staff to effectively reach seniors in the area.

ADRC Information & Assistance: "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 information is requested and supplied." (NAPIS_5_2010) A service that: (D) assesses the individual's circumstances, as appropriate, for the purpose of determining their need (s) and referring them to the most appropriate resources which may include referrals for private pay services and/or assistive technology (AT). ADRCs target services to the elderly and individuals with physical disabilities, serious mental illness, and/or developmental intellectual disabilities. 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."

The Southern Georgia AAA ADRC provides information and assistance. This process may involve a telephone interview conducted by screening specialists to determine an applicant's service needs.

The ADRC Program Manager schedules staff time in order to best meet the needs and schedules of callers while ensuring that standard of promptness is met. The telephone duty calendar is updated each month with two ADRC Counselors assigned for each work day.

The two ADRC Counselors assigned each day are responsible for answering all incoming calls. The messages are divided evenly between the two counselors to return calls on the day the message was received or on the following morning. The ADRC Counselors handle calls based upon the need of the client at the time of the call which may include information and referral, screening services (HCBS and/or Elderly and Disabled Waiver Services) or options counseling.

The two ADRC Counselors on phone duty are responsible for assisting walk-in clients, as well as handling calls that are transferred to the ADRC when clients call the Southern Georgia Regional Commission's front office numbers in the Waycross and Valdosta locations.

Referrals received via email and fax are obtained by the ADRC Specialist who enters the referrals in order of receipt into the DAS Data System. The referrals are also entered into an ADRC referral database which captures the counselor assigned to the referred client. The referrals are distributed to the ADRC Counselors in rotating order. The screenings are completed within five business days, unless the client/caller is unavailable. Contacts are documented promptly into the DAS Data System.

Should a client or caregiver require contact outside of the usual business hours, the ADRC Counselor makes arrangements to accommodate the client. This may include coming into the office early or staying late.

When a phone contact seems inadequate or inappropriate, the ADRC Counselor will make arrangements to meet face-to-face (home visit, hospital visit, etc.) with the client and/or caregiver.

Options Counseling

Long- term support options 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. (AoA definition 2010)

As of FY 2021 the AAA had twelve (12) ADRC Staff were Certified Options Counselors as of SFY 2021. Two (2) ADRC Counselors resigned in SFY 2022 and have been replaced which leaves four (4) ADRC staff who have been identified and will start the process to become Certified Options Counselors in FY2022.

Outreach

"Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits." (NAPIS_5_2010)

The AAA uses outreach efforts in communities to identify individuals eligible for assistance and to inform them, their caretakers, and/or family members of the availability of services. Outreach efforts of the AAA are implemented with special emphasis on older individuals living in rural areas; older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and older individuals at risk for institutional placement.

ADRC staff members participate in area collaborative meetings, health fairs, festivals, distribution of Community Transitions Program information packets, distribution of AAA Aging Services pamphlets and pamphlet holders, and direct marketing efforts to doctor's offices, health departments, and other community health care providers in order to reach potential clients and/or caregivers. Monthly distribution of information on: No Wrong Door (NWD), COVID-19 Vaccine Information, Accessible & Confidential Collaboration Meetings, Aging Network and COVID-19 Coalition Meetings.

MDSQ Options Counseling

Long-term support options 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 consumer's needs, preferences, values, and individual circumstances for individuals currently living in nursing facilities and is provided face-to-face. (AoA definition 2010)

The Southern Georgia AAA employs a full-time ADRC Screening Specialist who provides face-to-face MDSQ Options Counseling to individuals residing in skilled nursing facilities throughout the area. The MDSQ Options Counseling Specialist

also provides outreach to each skilled nursing facility in the PSA. All MFP screenings and referrals are made by the MDSQ Options Counselor.

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.

Southern Georgia AAA utilizes Manpower, a temporary employment agency, to staff MFP/TC with one (1) full time Transition Coordinator, two (2) full time Assistant Transition Coordinators, and one (1) part-time Assistant Transition Coordinator.

Nursing Home Transitions (NHT):

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.

An ADRC Counselor serves as Nursing Home Transition Specialist for this state-funded transition program.

APFI Attachment #5 in its entirety into the AAA's Area Plan. Items #5a(1) Table, #5a(2) Tables: Services Delivered Directly by the Area Agency on Aging, #5a(3) Tables: Case Management Services

(Insert Here)

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.	AAA Administration	Activities associated with overall area agency operations. Includes, but is not limited to analyzing data, planning, procurement, contracting, contract management, quality assurance, compliance monitoring, financial management, technology management, personnel management, training, technical assistance, professional development, contractor relations, program operations/management, resource identification, and development.	Directly
2.	Advocacy	Activities related to monitoring, evaluating, and commenting on all policies, programs, hearings, levies, and community actions which affect older persons; conducting public hearings on the needs of older people; coordinating planning with other agencies and organizations to promote new or expanded benefits and opportunities for older persons.	Directly
3.	ADRC Information and Assistance	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.	Directly
4.	Elderly Legal Assistance	Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.	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?
5.	Adult Day Care	Personal assistance for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care typically include social and recreational activities, training, and counseling.	Contracted Out
6.	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.	Directly
7.	Powerful Tools for Caregivers	Powerful Tools for Caregivers is an evidence based six week education program designed to provide family caregivers with 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).	Contracted Out
8.	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
9.	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
10.	Health Promotion/ Disease Prevention	The provision of evidence-based program activities promoting wellness, nutrition, and physical activity, disease prevention and risk management, healthy lifestyle and safety in a group setting. Staff activities will include: Disease Management Medications Management Physical Activity	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?
		Health Promotion Health Indicators, Outcomes, Evaluation Health Literacy Preventative Action Self-Care/Self-Management	
11.	Material Aid - Home Modifications/Home Repair	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, but not limited to, safety electrical plugs, child safety gates, window and drawer safety latches.	Contracted Out
12.	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.	Directly
13.	Homemaker	Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.	Contracted Out
14.	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, dressing, eating. Personal assistance, stand-by assistance, supervision or cues.	Contracted Out
15.	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
16.	Nutrition Counseling	Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status.	Contracted Out
17.	Congregate Meals	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.	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?
18.	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)	Directly
19.	Transportation (DHS Unified)	Provision of DHS Unified transportation as a means of transporting clients from one location to another. <u>Only allowable for funding designated for DHS Unified Transportation.</u>	Contracted Out
20.	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.	Directly
21.	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.	Directly
22.	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.	Directly

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:

AAA Administration

Date First Provided by AAA Staff: Since the beginning

Date Last Competitively Bid: May be provided directly without a specific waiver request.

Budgeted Funds (Annual): \$766,303 **Staff F.T.E. funded: 10**

Clients Served (Annual): N/A

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 #2**

Name and Description of Service Provided/Received:

Advocacy

Date First Provided by AAA Staff: Since the beginning

Date Last Competitively Bid: May be provided directly without a specific waiver request.

Budgeted Funds (Annual): \$9,000 **Staff F.T.E. funded:** 0

Clients Served (Annual): N/A

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 #3**

Name and Description of Service Provided/Received:

Material Aid – Other - Individual

Date First Provided by AAA Staff: 7/1/2019

Date Last Competitively Bid: Direct purchase of services & Waiver in Place

Budgeted Funds (Annual): \$109,149 **Staff F.T.E. funded:** 0.25

Clients Served (Annual): 218

Units Provided (Annual): 109,149

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:

Material Aid – Assistive Technology

Date First Provided by AAA Staff: 7/1/2019

Date Last Competitively Bid: Direct purchase of services & Waiver in Place

Budgeted Funds (Annual): \$3,750 **Staff F.T.E. funded:** 0.1

Clients Served (Annual): 5

Units Provided (Annual): 3,750

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:

Support Options

Date First Provided by AAA Staff: 7/1/2020

Date Last Competitively Bid: AAA considered this a direct purchase of services through Consumer Direction but will submit a Waiver.

Budgeted Funds (Annual): \$20,000 **Staff F.T.E. funded:** 0.2

Clients Served (Annual): 10

Units Provided (Annual): 20,000

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 #6**

Name and Description of Service Provided/Received:

MDSQ Options Counseling

Date First Provided by AAA Staff: ~7/1/2010

Date Last Competitively Bid: AAA considers this a service intake and applicant screening function which does not require a specific waiver request.

Budgeted Funds (Annual): \$74,558 **Staff F.T.E. funded: 1**

Clients Served (Annual): 204

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 #7**

Name and Description of Service Provided/Received:

MFP – Transition Coordination

Date First Provided by AAA Staff: ~7/1/2010

Date Last Competitively Bid: AAA considered this a direct purchase of services and will submit a Waiver.

Budgeted Funds (Annual): \$120,474 **Staff F.T.E. funded:** 2

Clients Served (Annual): 17

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 #8**

Name and Description of Service Provided/Received:

Nursing Home Transitions

Date First Provided by AAA Staff: ~7/1/2010

Date Last Competitively Bid: AAA considered this a direct purchase of services and will submit a Waiver.

Budgeted Funds (Annual): \$51,000 **Staff F.T.E. funded: 0.5**

Clients Served (Annual): 10

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(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 as needed.

<u>Item #5a(3) – Case Management Services</u> Service Table #1
Name and Description of Service Provided: Case Management
Date First Provided by a. <input type="checkbox"/> AAA Staff, or b. <input checked="" type="checkbox"/> another provider: ~7/1/2000
Date Last Competitively Bid: 10/21/2019
Budgeted Funds (Annual): \$331,636 Staff F.T.E. funded: 7.0
Clients Served (Annual): 1,208
Units Provided (Annual): 2,849
<input checked="" type="checkbox"/> Client Definition same as OAA <input type="checkbox"/> Other <small>Click or tap here to enter text.</small>
Case Management Staff Receive Specialized Training: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No % of staff trained 100%
Case Management Services:
Do Not Duplicate services provided through other Federal and State Programs: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Provides clients a list of similar services available within the jurisdiction of the AAA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Provides clients a statement specifying their right to make an independent choice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Documents each client's receipt of the statement concerning independent choice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Case Managers act as agents for clients not as promoters of provider agencies: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
AAA has internal controls in place to prevent: a. <input checked="" type="checkbox"/> Conflicts of Interest b. <input checked="" type="checkbox"/> Preferential referrals to any provider

Item #5 – Descriptions of Services Delivery System Continued...

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 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: Southern Georgia **Fiscal Year:** FY2023

Contractor/Vendor, Legal Name: Georgia Department of Public Health (DPH)

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:

The Senior Farmers' Market Nutrition Program (SFMNP) provides low-income seniors with vouchers that can be exchanged for eligible foods (fruits, vegetables, honey, and fresh-cut herbs) at farmers' markets, roadside stands, and community-supported agriculture (CSA) programs.

Date First Effective: ~07/01/2014 **Expiration Date:** Continuing

Revenue Received: ~\$96,000 in client vouchers **Funds Expended:** \$96,000 in client vouchers ~\$15,000 Administrative

Clients Served: ~3,200 **Units Provided:** N/A

Client Definition same as OAA Other DPH SFMNP rules and regulations – not an OAA program

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?
The SFMNP is a unique program through DPH and does not conflict with any OAA service in quantity or quality.
2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?
The SFMNP enhances services provided at OAA-funded senior centers by providing clients with \$30 vouchers to purchase fresh fruits and produce. Events are also open to those eligible from the general public.
3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?
Client eligibility is determined by SFMNP rules and regulations and is not related to OAA services.

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

Area Agency on Aging: Southern Georgia **Fiscal Year:** FY2023

Contractor/Vendor, Legal Name: Georgia 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:

The Elderly and Disabled Waiver Program (formerly CCSP) serves frail, elderly, and disabled Georgians and is a Medicaid waiver program that provides in-home and community-based services as an alternative to a nursing home.. EDWP provides coordinated services in the home or community. EDWP can provide a variety of services such as adult day care, alternative living services, personal care, home-delivered meals, and respite care for family caregivers, among others.

Date First Effective: ~July 1, 2016 **Expiration Date:** Continuing

Revenue Received: \$1,119,011 **Funds Expended:** \$1,119,011

Clients Served: 1,472 Active Clients **Units Provided:** N/A

Client Definition same as OAA Other DCH EDWP Rules and Regulations – not an OAA program

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?

The EDWP is a Medicaid Waiver funded program and does not conflict with any OAA service in quantity or quality.

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

Clients that qualify for the EDWP program do not have to rely on OAA funding for services. This enhances the OAA programs by allowing funding for OAA to be conserved for those that do not qualify for EDWP.

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

Preference is not given to particular older individuals as a result of EDWP services. Clients are screened based on eligibility and needs. Clients deemed eligible for EDWP are able to rely on this program to provide what they need and this allows more OAA-funded services for those that do not qualify for EDWP.

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

Area Agency on Aging: Southern Georgia **Fiscal Year:** FY2023

Contractor/Vendor, Legal Name: Department of Veterans Affairs – North Florida/South Georgia Veterans Health System

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:

Veterans Directed Care (VDC) allows the Veteran to: • Receive a budget and care planning assistance by a Person Centered Counselor (AAA staff member trained in this program) and additional counseling and support services as needed to maintain the Veteran in the non-institutional home setting. • Decide for themselves or with their Authorized Veteran Representative what will best meet their needs. • Manage an individual budget. • Hire and supervise their own employees - including family or friends.

Date First Effective: 11/8/2021 **Expiration Date:** Continuing

Revenue Received: No revenue received yet **Funds Expended:** ~\$10,000

Clients Served: 2 **Units Provided:** N/A

Client Definition same as OAA Other VA VDC Rules and Regulations – not an OAA program

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?

The AAA does not determine the eligibility of VDC clients so there is no loss in the quantity or quality of services delivered under the OAA as a result of VDC services. The VA determines eligibility for VDC clients and then refers them to the AAA for person-centered care planning.

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

The VA determines the eligibility for VDC services. Any services provided by VDC enhance the quantity or quality of services delivered under the OAA by allowing OAA funding to be conserved for those that do not receive VDC services.

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

The VA determines the eligibility of each VDC client so no preference is given by AAA staff to clients for OAA services.

B. Descriptions of Services Delivery for 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.

See Chart #3 – Location of Services for the following:

Senior Farmer’s Market Nutrition Program (SFMNP)

Provides vouchers to eligible seniors which can be exchanged for fresh fruits and vegetables through locally approved farmers.

Staff coordinate with the Georgia Department of Public Health (DPH) to provide the SFMNP throughout the 18 county region. Mobile farmer’s markets are coordinated at local senior centers utilizing DPH approved and trained farmers. AAA staff provide enrollment assistance to participants, data entry, as well as issuing vouchers for the program. In FY2020, the Senior Farmer’s Market baskets were delivered to eligible participants at their homes in order to keep everyone safe and prevent the spread of the COVID-19 virus. Future markets planned for FY2021 will follow a similar format if possible and if needed to keep participants safe.

Commercial Care Transition Project (PCHP Health Insurance Case Management)

Provides care transitions visits to a major health insurance company’s enrollees who are referred to the AAA by the health insurance company. The goals of the program are to reduce member remittance to hospitals, reduce average number of Emergency Room visits, and increase use of the member’s assigned primary care provider.

AAA staff member(s) provide care transitions services to health insurance members that are referred to the AAA by the health insurance company. Service is to end March 1, 2022.

Elderly and Disabled Waiver Program (EDWP)

AAA staff provide intake and screening for eligibility for the Community Care Services Program (CCSP) and Service Options Using Resources in a Community Environment (SOURCE) Programs through a contract with the Georgia Department of Community Health.

Elder Rights Team

The Southern Georgia Elder Rights Team is composed of staff from the following: Southern Georgia ADRC, Adult Protective Services, the Long-Term Care Ombudsman Program, the Elderly Legal Assistance Program. Connie Miss, ADRC Counselor, is the Elder Rights Team Leader. Elder Rights Team members meet a total of four times per year. Meetings are held in conjunction with ADRC Council Meetings. Topics such as any cross cutting issues, information about members' respective agencies, and promoting outreach discussed at meetings. Members also discuss any issues regarding the referral process to assure that clients' needs are being properly met.



Location of Services Charts

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 	Atkinson	Bacon	Ben Hill	Berrien	Brantley	Brooks	Chariton	Clinch	Coffee	Cook	Echols	Irwin	Lanier	Lowndes	Pierce	Tift	Turner	Ware
	Services 																		
1.	Congregate Meals / Emergency Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X
2.	Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.	Transportation (DHS Coordinated Transportation / Voucher)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.	Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.	Adult Day Care														X				
6.	Homemaker	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.	Personal Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.	In-Home Respite	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
9.	Case Management	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
10.	Powerful Tools for Caregivers / Caregiver Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
11.	Dealing w/ Dementia	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
12.	Home Modification	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Chart #1	Counties 																		
	Services 	Atkinson	Bacon	Ben Hill	Berrien	Brantley	Brooks	Charlton	Clinch	Coffee	Cook	Echols	Irwin	Lanier	Lowndes	Pierce	Tift	Turner	Ware
13.	Health Promotion/Disease Prevention (Bingocize)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
14.	Telephone Reassurance (Ends March 31, 2022)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
15.	Material Aid/Assistive Technology	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
16.	Support Options/Consumer Direction	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
17.	Community and Public Education – Dealing with Dementia	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	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 	Atkinson	Bacon	Ben Hill	Berrien	Brantley	Brooks	Charlton	Clinch	Coffee	Cook	Echols	Irwin	Lanier	Lowndes	Pierce	Tift	Turner	Ware	
	Services 																			
1.	Elderly Legal Assistance Program	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.	Aging & Disability Resource Connection (Information & Assistance, Options Counseling)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.	Outreach / Advocacy	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.	Money Follows the Person	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.	MDSQ Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.	Nursing Home Transitions	X	X	X	X	X	X	X	X	X	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 	Atkinson	Bacon	Ben Hill	Berrien	Brantley	Brooks	Charlton	Clinch	Coffee	Cook	Echols	Irwin	Lanier	Lowndes	Pierce	Tift	Turner	Ware
1.	Program Development – Senior Hunger Coalition & Senior Farmer’s Market Nutrition Program (SFMNP)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.	Commercial Care Transitions Project/PCHP Health Insurance Ended March 2022	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.	Elderly & Disabled Waiver Program Intake	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.	Elder Rights Team	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.	4C Pilot Project (Care Coordination) Ended September 2021																X		
6.	Veteran’s Directed Care (VA) Begins February 2022														X				X



Cost Share Implementation Plan

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.

AAA Cost-share Implementation Policy

The Area Agency on Aging (AAA) will implement cost-sharing for all eligible Older Americans Act and state-funded services and will use the fee scale and HCBS Income Worksheet provided by the Division of Aging Services (DAS) as the basis for calculating such cost-shares as applicable.

The Older Americans Act prescribes that cost-share be determined solely on individual income and the cost of provided services. Income information for consumers of non-Medicaid Home and Community-Based Services will be provided by a confidential declaration of income, with no requirement for verification. Only the applicant's statement or declaration of income, or that of his/her authorized representative, is required to determine the cost-share and will be documented in the individual's consumer record retained in electronic form.

While individual cost-shares will be determined at the provider level, the potential for cost-share will be discussed with each consumer during the intake and screening process and prior to referral for service. ADRC staff will explain to consumers the case management and providers' need for information about their household and household income to determine an accurate cost-share. Consumers and/or their representatives will be encouraged by ADRC staff to cooperate with the case management and provider agency in determining the consumer's fee for services.

The AAA cost-share policy will ensure that low income older persons are not adversely affected, with particular attention to low-income minority individuals. The AAA will ensure that participation of low-income individuals and low-income minority individuals will not decrease as a result of implementing cost-sharing. The AAA will update cost-share implementation approaches in updates to area plans.

AAA will implement cost share for the following services:

- Adult Day Care Services
- Homemaker Services
- Home Modifications
- Personal Support Services
- Respite Care 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. A written notice must also be given for a decrease in cost-share.

The AAA, case management agency, and provider agencies will use the Division of Aging Services HCBS Income Worksheet as an interview guide to document all sources of income received on a regular basis to be considered in determining the amount of cost-share to be assessed. This documentation will include any out of pocket health care deductions.

The case management agency will document the cost-share percentage in the consumer's record and provide the consumer written notification of the cost-share percentage at assessment/reassessment. This information will be also shared with AAA providers of services. All contacts and correspondence from the case management and provider agency regarding cost-share will be conducted with the consumer and/or the consumer's representative, caregiver as appropriate and with the consumer's authorization when applicable.

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.

The AAA, case management and provider agencies will assure that 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. No provider agency may terminate consumer services for non-payment without authorization from the AAA. If the decision is made to terminate services, the provider will explain to the consumer the appeals process and assist the consumer in locating other service resources prior to termination.

Consumer services can be terminated for non-payment of fees assessed only for state-funded services and locally funded services after 60 days. Partial payment of cost-share or good faith efforts can keep services in place. It is not the intent of this policy to obtain non-payment of fees in a punitive manner. It is, however, the intent of this policy to fully inform consumers of the actual cost of services, seek their agreement for an appropriate share of that cost, and to work with the consumer so that he/she can pay fees that are reasonable for him/her. Consumers may not be terminated from OAA services for failure to pay cost-share.

Consumer reassessments will include a review and update of the HCBS 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 will advise consumers to report any changes in income or circumstances as soon as they occur.

If a state-funded service is determined by the AAA to be eligible for termination after careful consideration the consumer will be notified in writing by the provider at least 30 days before the date of termination. The notice will include • Reason for termination • Date of termination • Appeal or grievance procedures • Information on other service options, including being referred for the waitlist for OAA services.

AAA providers will ensure that adequate policies and procedures are implemented to protect both provider staff and consumers in the handling of cash and checks used to make payments for services or voluntary contributions. AAA providers will develop procedures to safeguard and account for cost-share payments. AAA providers will protect the privacy and confidentiality of each individual with respect to the declaration or non-declaration of individual income and to any share of costs paid or not paid by an individual.

Billing and collections schedules and processes will provide consumers with statements of the fees for which they are responsible, along with instructions on how payments may be made.

The written statement will contain, at a minimum, the following: • balance forward • amount paid/applied • value of service provided since the last statement • balance due if any. For monthly cost-share amounts of \$10.00 or less, the provider may choose to issue a statement quarterly or semi-annually.

Consumers are informed of cost-share policies during the initial assessment as well as cost-share and private pay options, and the consumer at that time may sign an agreement to cost-share or private pay. The agreement will describe the service cost and amount of fee to be paid, as well as the process for collection of fees and the process for termination.

AAA provider staff will contact the consumer (either by telephone or by letter) when payment is more than 30 days past due. If changes in the consumer's situation have occurred, the HCBS Income Worksheet must be re-calculated to derive a new cost-share amount. Such contacts should identify future actions if fees are not paid. The contact must be documented in the consumer record and any written correspondence must also be scanned and filed in the consumer record.

AAA provider staff will contact the consumer by letter when payment is 60 days past due. Such contact should identify future actions if fees are not paid, including the potential termination date of services if fees are not paid. If fees are not paid, and, after reasonable alternatives, including those described above, have been explored to avoid termination, the consumer may be terminated from services, with the exception described in the note above regarding OAA services. Cost-share fees paid for services provided under the Older Americans Act must be used to expand the service for which such payment was given.

AAA providers will ensure that fees generated from cost-sharing on all fund sources are used to meet at least one of the following objectives: • Serve eligible persons currently on waiting lists • Expand service availability to areas in which services have not been available • Reduce unmet need by increasing resources allocated to underserved areas of the planning and service area • Develop and implement services for which there is a demonstrated and documented need based on requests from consumers or other needs assessment data, but for which resources have been unavailable.

Sample Cost Share Statement Below:

Adult Day Care Services
Cost-share Statement

Consumer Name	Balance Forward	Amount Paid/Applied	Month of Service	Units of Service 1 Unit = 1 Hour of Service	Value of Service Provided Since Last Statement (\$15.30 x # of units)	% of Cost-share (From HCBS Income Worksheet)	Cost-share Amount Due (Value of Service x % of Cost-share)
Jane Doe	\$0	\$0	October 2015	12	\$183.60	2.5%	\$4.59

Dear HCBS Consumer,

HCBS consumer services can be terminated for non-payment of cost-share for state-funded and locally funded services after 60 days. Partial payment of cost-share or good faith efforts can keep services in

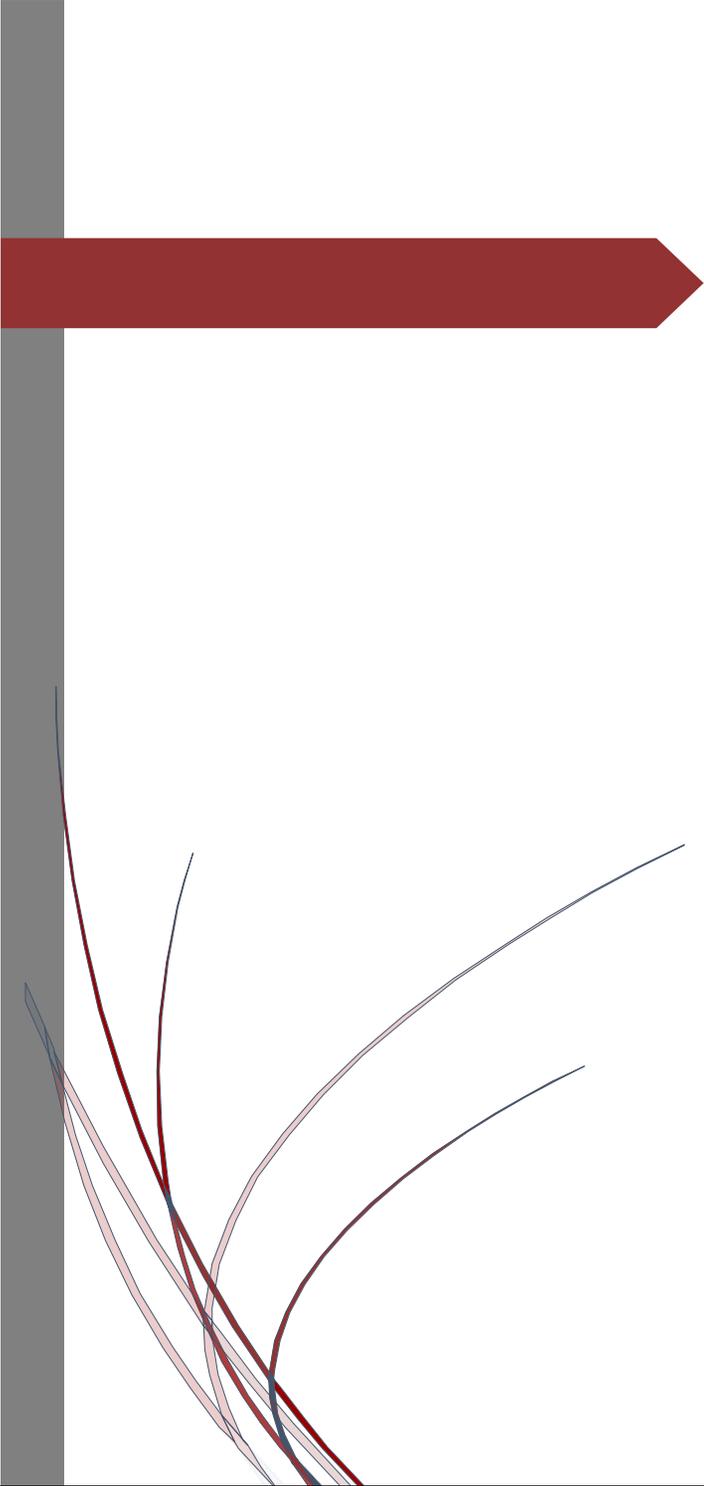
place. It is not the intent of this policy to correct the non-payment of fees in a punitive manner. It is, however, the intent of this policy to fully inform consumers of the actual cost of services, seek their agreement for an appropriate share of that cost, and to work with the consumer so that he/she can pay fees that are reasonable for him/her. Consumers may not be terminated from Older Americans Act (OAA) services for failure to pay cost-share.

If your financial circumstances have changed, please give the Area Agency on Aging a call at 1-888-73-AGING / 1-888-732-4464.

Fees generated from cost-sharing on all fund sources are used to meet at least one of the following objectives: • serve eligible persons currently on waiting lists • expand service availability to areas in which services have not been available • reduce unmet need by increasing resources allocated to underserved areas of the planning and service area • develop and implement services for which there is a demonstrated and documented need based on requests from consumers or other needs assessment data, but for which resources have been unavailable.

Please make payments to:

Provider Address, Contact Information

A decorative graphic on the left side of the slide. It features a vertical grey bar on the far left. A thick red arrow points to the right, starting from the grey bar and extending across the top. Below the arrow, several thin, curved lines in shades of red, blue, and grey sweep upwards and to the right, creating an abstract, organic shape.

Allocation, Budget, and Units Plan

Items #8 - Allocation, Budget and Units Plan

Item #8a - Allocation Methodology

The Southern Georgia AAA allocates funding to providers and services based on maintenance of effort and waiting list information. However, identified needs, availability of service, and fund source restrictions are also considered.

While funding is, and always has been, inadequate to address all customer needs, services are planned that will, at least to some extent, address all of the priority needs.

Item #8b - Budget Narrative

Any major changes to the AAA budget for SFY2021 are outlined below.

The planning allocation for SFY2021 includes a reduction of \$32,727 due to Governor Kemp's previously announced FY2020 and FY2021 budget cuts. However, recent budget announcements by the Governor indicate these cuts may not come to pass. If the cuts do happen the food vendor's meal funding in the preliminary FY2021 DDS Data System's area plan budget has been and will remain reduced by the amount of the loss. The proposed reduction in Assistive Technology funding has also been entered into the preliminary FY2021 DDS Data System's area plan budget.

Several other circumstances make useful budget planning for SFY2021 difficult as of the plan submission date. For instance:

The possibility (and hope) of the inclusion of additional HCBS and ADRC funding in the SFY2021 state budget.

Annual health insurance rate increases have become the new norm. However, the amount of the calendar year increase, as well as the impact on the fringe rate, is unknown at the beginning of the fiscal year.

Stipulations regarding administrative/indirect costs greatly complicate the budgetary process and limit the ability of the AAA to provide some aging programs and services directly. The AAA cannot recoup all administrative and/or indirect costs for some programs since some programs cap the indirect cost.

The budget submitted in the DDS Data System area plan reflects Southern Georgia AAA's attempt to comply with the administrative/indirect cost directives and the planning allocation. Additional information that comes to light during the upcoming months will be taken into consideration in the plan's first amendment.

FY2022 Update: DAS Allocation Issuance SFY 2021-01 restored CBS State funding (+\$58,949) and NSIP State Supplemental funding (+\$28,769) previously removed from Allocation Issuance SFY 2021-P to meet state budget reduction targets. The CBS State Assistive Technology Set-Aside was not restored. Allocation Issuance SFY 2021-01 also brought increases to NSIP SSBG Supplemental Federal funding (+\$2,016) and NSIP-ACL Federal funding (+\$9,278). Allocation Issuance SFY 2021-01 reduced some of the AAAs Federal funding for NHT/MFP Transition Coordination (-\$34,502) and the MFP Maximum Indirect Costs funding (-\$3,450).

Also, given the COVID-19 pandemic and the Federal response, the AAA received additional Federal funding firstly in the form of the Families First Coronavirus Response Act (FFCRA) (+\$648,206). FFCRA funding was allocated to the AAA for congregate and home-delivered meals. AAA's agreed to not take administrative funding from this round of COVID-19 response funding. The second additional round of COVID-19 funding was the Coronavirus Aid, Relief, and Economic Security (CARES) Act (+\$1,080,186 available for services and \$116,462 available for administration). This second round of COVID-19 Federal funding was made available in three categories (Caregiver funding, Supportive Services funding, and Nutrition Services funding). The AAA's did decide to request administrative funding from these sources. The current COVID-19 Federal funding is set to expire at the end of September 2021 but could be extended based on future Federal actions.

The restoration of state funding previously cut and the additional COVID-19 funding has allowed the AAA to provide vital services to those previously on the waiting lists for programs during a national pandemic, as well as developing and/or offering new programs such as virtual senior centers, telephone reassurance, material aid, support options/consumer direction, and assistive technology. The telephone reassurance service will end March 31, 2022.

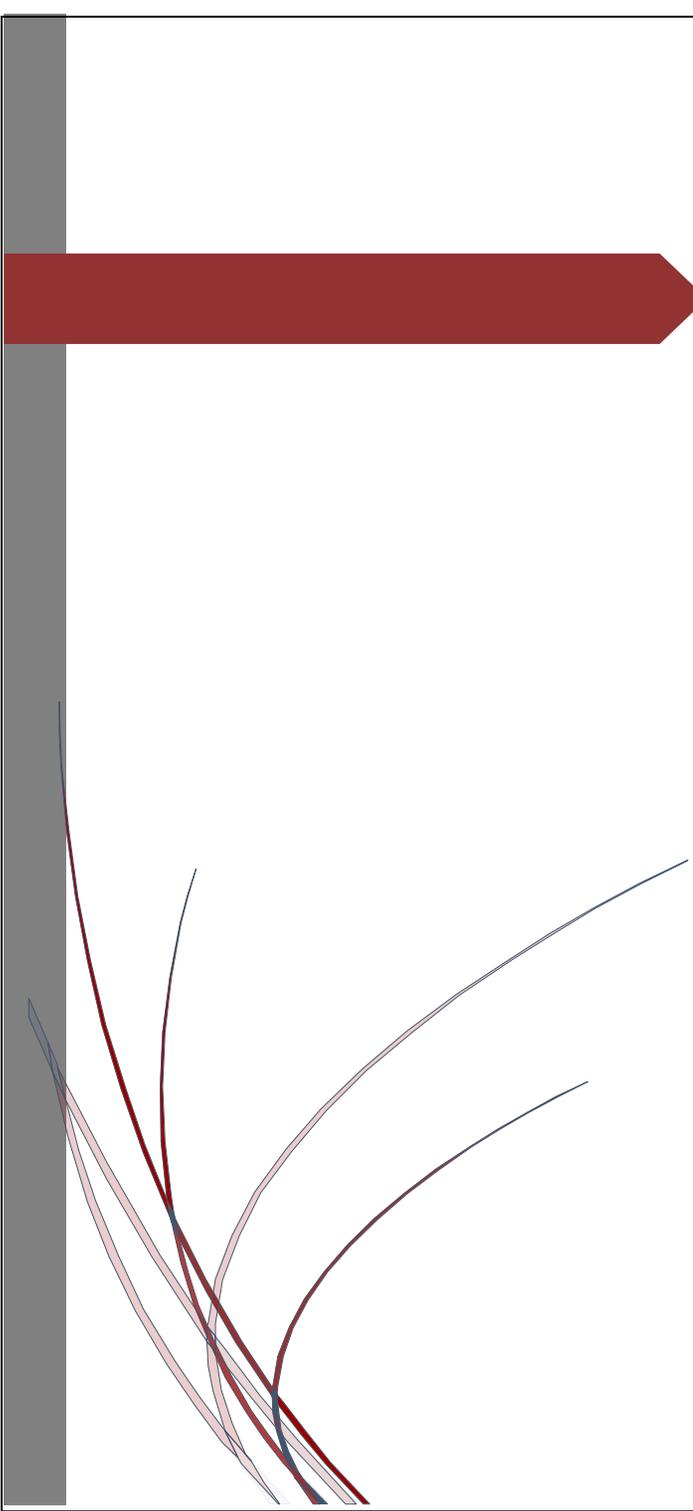
FY2023 Update: DAS Planning Allocation Issuance SFY 2023-P includes funding reductions due to Census data updates for Southern Georgia. DHS has made a one-time adjustment of additional SSBG funding with no match required to ease the cuts in funding. In addition, the Governor's budget recommendations include state match requests to match the federal ARPA funding. The additional ARPA funding will assist the AAA in providing more services in the region.

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

The FY2021 DDS Data System area plan budget has been reduced to reflect loss of funding due to state budget cuts. Additional adjustments will be required upon receipt of the actual allocation for SFY2021. The unit cost for in-home services has increased from \$19.72 per hour to \$21 per hour. The food vendor cost for hot, frozen, or picnic meals has increased from \$3.60 per meal to \$3.70 per meal. The food vendor cost for shelf stable meals has increased from \$3.10 per meal to \$3.45 per meal. Other unit costs have not been determined for the new fiscal year 2021 and will be updated as soon as contracts are in place.

FY2022 Update: The AAA's budget has been adjusted to reflect DAS Allocation Issuance SFY 2022-P which is the same allocation as SFY 2021-01. At this time no units, unit costs, or persons have been changed from SFY 2021 since many of these are likely to change once the AAA's FY2022 contracts have been negotiated and completed. The AAA has copied the SFY2021-01 budget at this time.

FY2023 Update: The AAA's budget has been adjusted to reflect DAS Allocation Issuance SFY 2023-P which includes cuts to funding for Southern Georgia due to updated Census figures. At this time no unit costs have been changed from SFY 2022 since many of these are likely to change once the AAA's FY2023 contracts have been negotiated and completed. The AAA has submitted a budget aligning with DAS Allocation Issuance FY2023-P.

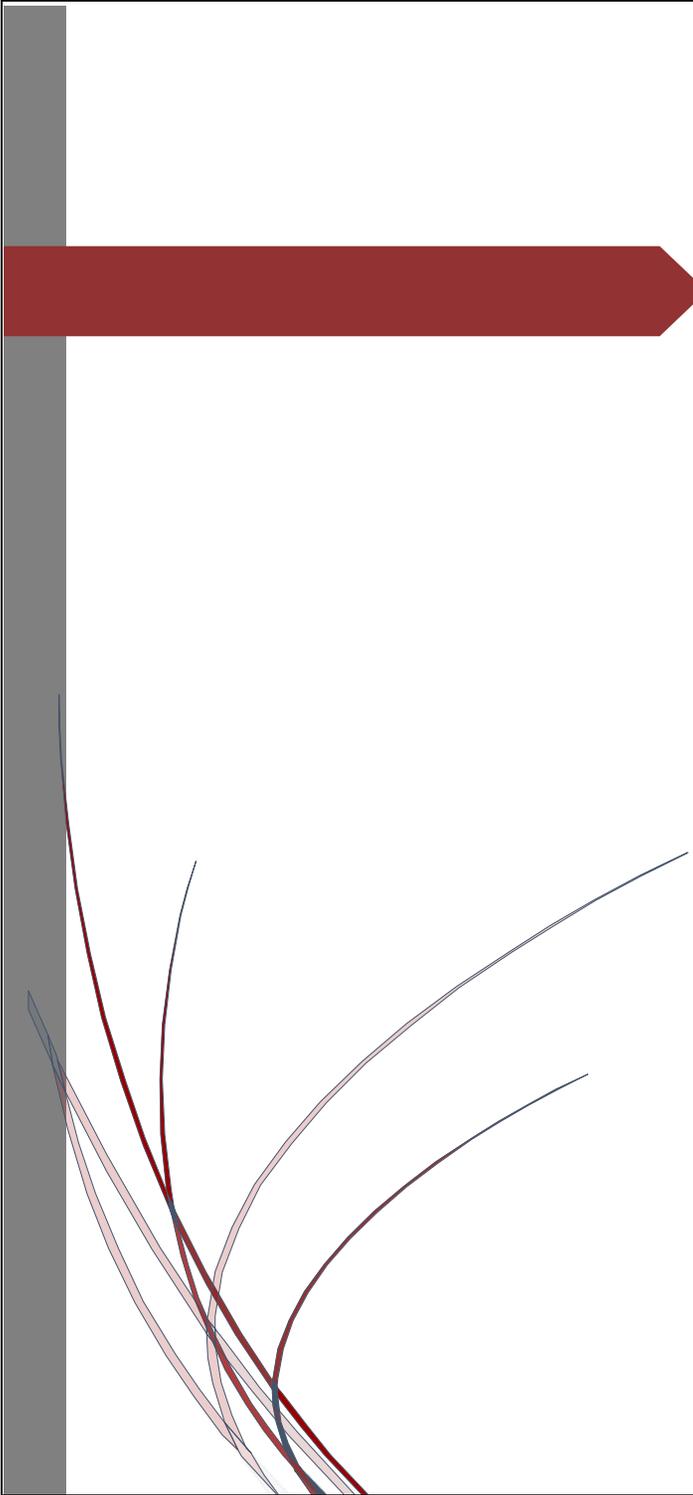


2020-2023 State Plan and SGRC-AAA Area Plan Alignment of Older Americans Act Mandate for Goals, Objectives, and Measures Introduction

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.



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.

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. AAA staff will attend resident’s council meetings in specific long-term care sites within the twelve facilities where referrals have historically been low, at least once per year and/or as permitted by the site
2. AAA staff will make a referral for evaluation (before discharge) to the DBHDD ADR Specialist for clients who may need additional behavioral health support services to succeed in community transition programs.
3. AAA staff will make linkages to additional AAA support services, such as Care Consultation and/or Telephonic Reassurance, as indicated for clients being discharged from long term care facilities.

Measure

**Baseline: SFY 2018 – 12 MFP clients moved into the community from long term care facilities.
Due 3/1/2020 – Update for SFY 2019:**

1. Increase the number of completed transitions by 1% annually. SFY 2019 Update: 16 MFP clients moved into the community from long term care facilities.

Measure

Due 3/1/2021 – Update for SFY 2020:

1. Increase the number of completed transitions by 1% annually. SFY 2020 Update: 15 clients enrolled in MFP completed 365 days in the community. 12 MFP clients moved into the community from long term care facilities. 1 client is shared with another region. 3 clients were re-admitted but later discharged through the MFP program. AAA staff attended virtual Residents Council Meeting on 2.10.21 with all facilities. Referrals for evaluation are made to DBHDD ADR Specialist as needed before discharge. Clients are linked to AAA support services, including telephonic reassurance and CT Case Management.COVID-19 pandemic significantly impacted the number of MFP funded transitions beginning March 2020.

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.	SFY 2021 Update: 17 clients enrolled in MFP completed 365 days in the community. The goal to increase the number of completed transitions by 1% annually was exceeded. AAA staff attended two virtual Residents Council Meetings. Referrals for evaluation are made to DBHDD ADR Specialist as needed before discharge. Clients are linked to AAA support services, including telephonic reassurance and CT Case Management. The COVID-19 pandemic made it more challenging to transition clients into the community as there were surges in the number of cases and limited treatment options for clients with significant and underlying health problems.
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Increase the number of completed transitions by 1% annually.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Increase the number of completed transitions by 1% annually.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Increase the number of completed transitions by 1% annually.	
		#1

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. **AAA staff will make a referral for evaluation (before discharge) to the DBHDD ADR Specialist for clients who may need additional behavioral health support services to succeed in community transition programs.**
2. **AAA staff will make linkages to additional AAA support services, such as Care Consultation and/or Telephonic Reassurance, as indicated for clients being discharged from long term care facilities.**
3. **AAA staff will ensure all clients discharged from long-term care facilities, who have been determined by assessment to need behavioral health community services, have been linked to a provider via intake appointment, by the Social Worker at the facility.**

Measure

Baseline: SFY 2018

Due 3/1/2020 – Update for SFY 2019:

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

SFY 2018 Baseline: 1 client enrolled in NHT re-institutionalized.
SFY 2019: 0 clients enrolled in NHT re-institutionalized.

Measure

Due 3/1/2021 – Update for SFY 2020:

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

SFY 2020 Update: 0 clients enrolled in NHT re-institutionalized.

Measure

Due 3/1/2022 – Update for SFY 2021:

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

SFY 2021 Update: 4 clients enrolled in the NHT program were re-institutionalized. The goal of decreasing the number of re-institutionalizations by 1% was not met. The COVID-19 pandemic played a significant role in re-institutionalizations; it was more challenging to transition clients into the community as it was not always possible to thoroughly evaluate clients face to face and the overall health of clients and their caregivers was significantly impacted by the COVID-19 pandemic. Clients were referred to ADRC Cares, Caregiver Respite, and Care Consultation as needed.

Measure

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

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.

Measure

Due 3/1/2025 – Update for SFY 2024:

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

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. **AAA will maintain certification for Options Counseling for all ADRC counselors.**
2. **Continue No Wrong Door Options Counseling (Private Pay and Aging Funds if possible)**
3. **Promote the service in the medical community, particularly with physicians/hospitals**

Measure	Baseline: SFY 2018 Due 3/1/2020 – Update for SFY 2019:
1. Increase the number of AAAs participating in the program to 12 by 2022.	SFY 2018 Baseline: 10 ADRC staff were Certified Options Counselors as of SFY 2018. SFY 2019 Update: 10 ADRC Staff were Certified Options Counselors as of SFY 2019.
Measure	Due 3/1/2021 – Update for SFY 2020:
1. Increase the number of AAAs participating in the program to 12 by 2022.	SFY 2020 Update: 20 clients received Community Options Counseling. 12 ADRC Staff were Certified Options Counselors as of SFY 2020. No Wrong Door Grant ended in FY2020. Due to COVID-19 pandemic, no visits to doctors and hospitals were made. AAA will do a social media and mail marketing campaign to doctor's offices, hospitals, health departments and other medical community partners in FY 2021.
Measure	Due 3/1/2022 – Update for SFY 2021:
1. Increase the number of AAAs participating in the program to 12 by 2022.	SFY 2021 Update: 12 ADRC Staff were Certified Options Counselors as of SFY 2021. 3 ADRC staff have been identified and will start the process to become Certified Options Counselors in FY2022. The COVID-19 pandemic has had an impact on the AAA's ability to connect with Community Options Counseling Training. Due to COVID-19 pandemic, no visits to doctors and hospitals were made. AAA did a social media and mail marketing campaign to doctor's offices, hospitals, health departments and other medical community partners in FY 2021. AAA staff will focus on marketing directly to doctor's offices, hospitals, health departments, and other medical community partners in FY2022. Monthly ADRC Community Outreach Screening events will also resume in FY2022 as long as COVID-19

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

		cases and deaths do not reach a level that makes it unsafe for staff to be in the community.
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Increase the number of AAAs participating in the program to 12 by 2022.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Increase the number of AAAs participating in the program to 12 by 2022.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
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. **When clients are assessed for the HDM & Congregate Meals Programs and are determined to be at high risk for food insecurity, AAA will consider providing two meals per day or weekend meals based on their needs.**
2. **All new clients who receive meals will have a follow-up Food Security Survey and NSI after 30 days to determine whether hunger and nutrition risk have decreased after the meal has been received. Clients who receive additional meals will be reassessed within 30 days to ascertain if their hunger and nutrition risks have decreased.**
3. **Clients who are determined to be at risk for senior hunger will be given Nutrition Resource Guides to help them access nutrition services that are available in their communities.**

Measure		Baseline: SFY 2019
		Due 3/1/2020 – Update for SFY 2019:
1.	Decrease hunger and nutrition risk by 10% from the client baseline after a meal is received by 2023.	SFY 2019 Baseline: Per DAS, the Meal Impact and Hunger Impact Reports are under modification and are currently unavailable.

Measure		Due 3/1/2021 – Update for SFY 2020:	
1.	Decrease hunger and nutrition risk by 10% from the client baseline after a meal is received by 2023.	Provider Average Score Change Meal Impact Report Hunger Impact Report	
		Atkinson County	-.38 -.29
		Bacon County	-.23 -.83
		Ben Hill County	-1.27 -1.06
		Berrien County	-.17 -.29
		Brantley County	.57 -1.08
		Brooks County	-.53 -.48
		Charlton County	1.09 -.75
		City of Ashburn	-2.44 -.58
		City of Hahira	1.19 .12
		City of Ocilla	-2.09 -.48
		City of Tifton	-1.44 -.93
		City of Willacoochee	1.03 -.32
		Clinch County	-.55 -.76
		Coffee County	-1.04 -1.01
		Cook County	-1.10 -.73
		Echols County	-.50 -.36
		Lanier County	.66 -.59

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

		<p>Lowndes County -1.17 -.96 Pierce County -1.29 -1.31 Ray City -.81 -.62 Ware County -.63 -1.38</p> <p>Clients who were determined to be at high risk for food insecurity were provided two meals per day and/or weekend meals. AAA has not made progress on conducting follow-up Food Security Survey and NSI after 30 days. Clients were not reassessed after receiving additional meals. Nutrition Resource Guides were given to clients who were determined to be at risk for senior hunger. AAA will request technical assistance from DAS regarding interpretation of data from Meal Impact Report and Hunger Impact Report.</p>
	Measure	Due 3/1/2022 – Update for SFY 2021:
1.	Decrease hunger and nutrition risk by 10% from the client baseline after a meal is received by 2023.	No Update is <i>required</i> for SFY 2021 in the AAA's 3/1/2022 Area Plan Update Submission.
	Measure	Due 3/1/2023- Update for SFY 2022:
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.	<p>SFY 2021 Baseline (As of June 30, 2021): 1,998 Total Meals: 819 Congregate Meals and 1,179 Home Delivered Meals</p> <p>SFY2021 Baseline (As of June 30, 2021): 2,246 Clients (Unduplicated) *HCBS – Unit Cost Service Allocation Report</p>
	Measure	Due 3/1/2024 – Update for SFY 2023:
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.	
	Measure	Due 3/1/2025 – Update for SFY 2024:

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

AAA Strategies

1. **AAA will maintain the current OAA Target Criteria baseline level which is “99% of clients served meet at least one OAA Target Criteria” by reviewing data in the OAA Target Criteria Report quarterly.**
2. **AAA will increase the percentage of clients served with a greater number of OAA Target Criteria.**
3. **In FY2021, AAA will evaluate clients with “zero” OAA Target Criteria met to determine the accuracy of data and need for services.**
4. **AAA staff will work with senior center staff and providers to obtain clients’ missing data.**

	Measure	Baseline: SFY 2019 Due 3/1/2020 – Update for SFY 2019:
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- | | | |
|----|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 1. | By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria. | SFY 2019 Baseline: 99% of clients receiving HCBS services meet at least one OAA Target Criteria during FY2019. |
|----|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

	Measure	Due 3/1/2021 – Update for SFY 2020:
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- | | | |
|----|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria. | SFY 2020 Update: 99.1% of clients receiving HCBS services met at least one OAA Target Criteria. AAA maintained the OAA Target Criteria baseline level of 99% of clients served met at least one OAA Target Criteria.
68.7% of clients receiving HCBS services met at least two OAA Target Criteria. AAA has not made progress with increasing the percentage of clients served with a greater number of OAA Target Criteria. AAA will evaluate clients with “zero” OAA Target Criteria met to determine the accuracy of data and need for services.
AAA staff shared missing data report with providers and asked them to collect information as soon as possible. AAA staff followed up in May with providers and they are all working on getting information entered. |
|----|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

	Measure	Due 3/1/2022 – Update for SFY 2021:
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- | | | |
|----|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria. | SFY 2021 Update: 99% of clients receiving HCBS services met at least one OAA Target Criteria. AAA maintained the OAA Criteria baseline level of 99% of clients served met at least one OAA Target Criteria.
62.2% of clients receiving HCBS services met at least two OAA Target Criteria. AAA did not make progress with increasing the |
|----|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

		percentage of clients served with a greater number of OAA Target Criteria. 29 clients met “zero” OAA Target Criteria. AAA continues to work with providers to determine accuracy of data and need for services. AAA staff shared the missing data elements report with providers quarterly. Senior center staff and other providers continue to work on getting the data entered.
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
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.

AAA Strategies

1. **AAA will provide access to Mental Health First Aid Training for all staff and increase the number of staff trained from 10 to 14 by FY2024.**
2. **AAA will maintain those currently trained with refresher courses if needed.**
3. **AAA will provide access to Mental Health First Aid Training for all senior center staff and other aging network providers contracted with the AAA.**

Measure

Baseline: SFY 2019

Due 3/1/2020 – Update for SFY 2019:

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

SFY 2019 Baseline: 10 AAA staff have had MHFA training.

Measure

Due 3/1/2021 – Update for SFY 2020:

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

SFY 2020 Update: AAA has not increased the number of staff trained in Mental Health First Aid. AAA has contacted an agency that will provide both in-person and virtual Mental Health First Aid Training. AAA contacted an agency that will provide training to staff who need refresher courses. AAA has not made progress in providing access to Mental Health First Training for all senior center staff and other aging network providers contracted with the AAA. Meeting this goal is challenging due to COVID-19.

Measure

Due 3/1/2022 – Update for SFY 2021:

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

SFY 2021: Due to the risk of COVID-19 and other staffing issues caused by the COVID-19 pandemic, no staff received Mental Health First Aid Training in SFY 2021 as no virtual training options were identified. Aging Services Director, ADRC Program Manager, and Lead Program Manager will seek Mental Health First Aid training opportunities for their staff and respective contractors to be trained by the end of SFY 2023.

Measure

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

**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.	
Measure		Due 3/1/2024 – Update for SFY 2023:
1.	Increase the number of aging network staff who have received Mental Health First Aid Training by 10% over the baseline annually.	
Measure		Due 3/1/2025 – Update for SFY 2024:
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. **AAA will coordinate a volunteer transportation program in at least one county in the PSA.**
2. **AAA will implement a voucher transportation program in at least one county in the PSA.**
3. **AAA will increase the number of Quality of Life and Health related trips from 1,120 by 40% to 1,568 by 2024 through coordination of financial resources with DHS Coordinated Transportation staff.**

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: DHS Coordinated Transportation provided 1,120 Quality of Life and Health Related Trips for Aging clients during FY2019.

Measure

Due 3/1/2021 – Update for SFY 2020:

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

SFY 2020 Update: 1,725 Aging Quality of Life and Health Related Trips (COVID-19) 54% increase over FY2019. AAA has not made progress on a volunteer transportation program. AAA implemented transportation program for Lowndes/Valdosta. This part of the region is not served by a senior center contracted with the AAA so the AAA is now ordering trips for anyone needing transportation into or within this location. Increase in Quality of Life and Health Related Trips is challenging due to COVID-19. Due to COVID-19 there has been a challenge in working towards a volunteer or voucher program due to the restrictions in place with COVID-19. The AAA will resume these efforts once COVID-19 restrictions are lessened or removed.

Measure

Due 3/1/2022 – Update for SFY 2021:

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

SFY 2021: 2,593 Aging Quality of Life & Health Related Trips, a 132% increase over FY2019. COVID-19 concerns, coupled with the tendency of the general population (including the elderly) to stay at home when possible kept the volunteer and voucher programs from being implemented. Efforts will resume once COVID-19 risk has lessened.

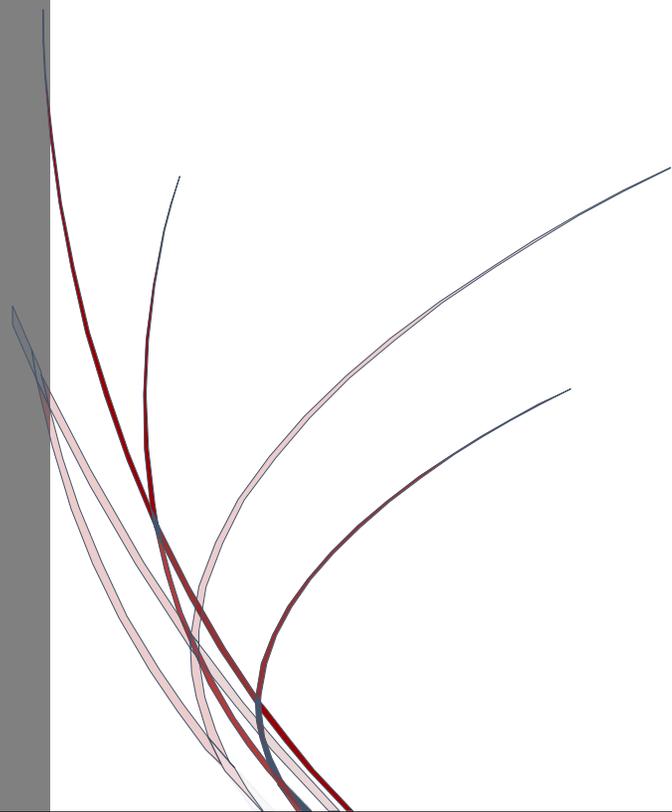
**AAA #1.7 Objective: Home and Community Based Services (HCBS)
Increase number of Quality of Life and Health related trips.**

	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Increase number of Quality of Life and Health related trips by 40% by 2024.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Increase number of Quality of Life and Health related trips by 40% by 2024.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Increase number of Quality of Life and Health related trips by 40% by 2024.	
		#7



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.



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. AAA will continue outreach efforts in all counties to include to following; attend festivals/meetings, run newspaper ads, distribute hardcopy and electronic mail outs, advertise via local shopper inserts, post events and success stories to Facebook page.
2. AAA will provide one on one outreach—Physician offices, hospital discharge planners, behavioral health centers
3. AAA will continue outreach efforts to target populations by attending at least one monthly community collaborative meeting and/or outreach event, as scheduled and available in our 18 county service area.

Measure

Baseline: SFY 2018

Due 3/1/2020 – Update for SFY 2019:

1. Increase the number of first-time contacts to ADRC by 5% annually.

SFY 2018 Baseline: 3,826 first time contacts to ADRC.
SFY 2019 Update: 3,634 first time contacts to ADRC.

Measure

Due 3/1/2021 – Update for SFY 2020:

1. Increase the number of first-time contacts to ADRC by 5% annually.

SFY2020 Update: 3,581 first time contacts to ADRC. AAA staff attended 62 in person and 6 Virtual Family Connection Meetings; 9 in person resource fairs; was the featured speaker at 2 in person meetings and 1 virtual meeting; and hosted one DHS Awareness Event for the Faith Based Community.

Measure

Due 3/1/2022 – Update for SFY 2021:

1. Increase the number of first-time contacts to ADRC by 5% annually.

SFY2021 Update: 4,029 first time contacts to ADRC (a 5.3% increase over the FY2018 baseline). AAA staff continue outreach efforts in the region. AAA staff attended 63 virtual and 3 in person Family Connection Meetings; 6 virtual and 3 in-person senior health coalition events; 3 in person resource fairs; was the featured speaker at 1 virtual classroom event ABAC Rural Studies course. Informed hundreds of seniors, persons with disabilities, caregivers, and community partners about AAA services and programs through a

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

		monthly community resources flyer to providers. Mailed out 125 aging services packets across the region to community stakeholders including primary care physicians, hospitals, and convenient care providers. Delivered 80 Nursing Home Transition Packets to long term care and rehab facilities and 75 outpatient medical providers received Community Transitions and Aging Services pamphlets in holders for distribution. AAA staff made 3 to 5 Facebook posts each week reporting events, community resources, success stories, and AAA news. Distributed hardcopy Aging Newsletter for each quarter to Aging Advisory Council and local government entities. Published the following awareness campaigns COVID-19 Testing & Vaccines, Transportation, Older American’s Month, and World Elder Abuse Awareness.
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Increase the number of first-time contacts to ADRC by 5% annually.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Increase the number of first-time contacts to ADRC by 5% annually.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
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

1.	Southern Georgia AAA does not contract with the DHS DAS to provide this service.	
2.		
3.		
	Measure	Baseline: SFY 2018
		Due 3/1/2020 – Update for SFY 2019:
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	SFY 2018 Baseline:
	Measure	Due 3/1/2021 – Update for SFY 2020:
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	
	Measure	Due 3/1/2022 – Update for SFY 2021:
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Increase the number of GeorgiaCares client contacts by 3% annually.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
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. **Southern Georgia AAA does not contract with the DHS DAS to provide this service.**

2.

3.

Measure

Baseline: SFY 2019

Due 3/1/2020 – Update for SFY 2019:

1. Increase the number of GeorgiaCares client contacts by 3% statewide annually.

SFY 2019 Baseline:

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. **AAA will identify all news media outlets in our region by FY2024.**
2. **AAA will advertise aging services, programs, and events to targeted populations on at least one new media outlet per year.**
3. **AAA will expand marketing activities to targeted populations by participating in at least one radio interview per year.**
4. **AAA will continue to publicize success stories, outreach events and festivals, and community education/engagement events using printed media and social media outlets.**

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: 2 TV stations; 1 Facebook Page; 18 area newspapers

Measure

Due 3/1/2021 – Update for SFY 2020:

1. Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.

SFY2020 Update: 1 interview with a new TV station identified WALB; aging program and events advertised on 2 TV stations. Reached out to 1 local radio station for interview in FY2021; utilized Facebook to publicize outreach events, participation in festivals, and community education/engagement events.

Measure

Due 3/1/2022 – Update for SFY 2021:

1. Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.

SFY2021 Update: Added 1 TV station that aired DAS/SGRC-AAA advertising Fox 31 News of Albany aired Latino Awareness Event in Tifton; Aging Program was highlighted on two Facebook Live Events with staff interviewed on the live feed; utilized Facebook to publicize outreach events, participation in festivals, and community education/engagement events. Brunswick GLSP staff completed three interviews with The Brunswick News in regards to the pandemic exacerbating threats of domestic violence, fears of eviction in Brunswick, and the pandemic exacerbating housing concerns and food insecurity. Aging resources and contact information was shared in each newspaper interview. Brunswick GLSP staff completed three interviews with The Brunswick News in regards to the pandemic exacerbating threats of domestic violence, fears of eviction in Brunswick, and the pandemic exacerbating housing concerns and

AAA #2.4 Objective: Administration (ADMIN)

Increase outreach and marketing activities to targeted populations via local news outlets.

		food insecurity. Aging resources and contact information was shared during each interview.
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
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.

AAA Strategies		
1.	AAA will attend at least one Community Service Board meeting per year in each DBHDD region in the AAA service area.	
2.	AAA will participate in at least one education and/or outreach event with a Community Service Board per year.	
3.	AAA will be a featured program speaker at one Community Service Board program or family group meeting per year.	
	Measure	Baseline: SFY 2019 Due 3/1/2020 – Update for SFY 2019: SFY 2019 Baseline: 3 events attended
1.	Increase the number of events attended by ADRC staff by 1% annually.	
	Measure	Due 3/1/2021 – Update for SFY 2020:
1.	Increase the number of events attended by ADRC staff by 1% annually.	SFY 2020 Update: 5 events attended. The AAA increased the number of events from 3 to 5 which is a 60% increase over the previous year. AAA staff attended three DBHDD Community Service Board Meetings in two regions, participated with Region 5 Community

AAA #2.4 Objective: Administration (ADMIN)

Increase outreach and marketing activities to targeted populations via local news outlets.

		Service Board in two outreach events, and agreed to be a featured speaker with one Community Service Board in SFY 2021.
	Measure	Due 3/1/2022 – Update for SFY 2021:
1.	Increase the number of events attended by ADRC staff by 1% annually.	SFY 2021 Update: 16 events attended. The AAA increased the number of events from 5 to 16 which is an over 220% increase in events from the previous year. AAA staff attended seven DBHDD Community Service Board Community Collaborative Meetings in two regions, and participated with Region 5 Community Service Board as a featured speaker on two Facebook Live Virtual Health Fair events.
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Increase the number of events attended by ADRC staff by 1% annually.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Increase the number of events attended by ADRC staff by 1% annually.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Increase the number of events attended by ADRC staff by 1% annually.	

#12

**AAA #2.6 Objective: Home and Community Based Services (HCBS)
Increase cross referrals by ADRC staff to Evidence Based Programs.**

AAA Strategies

1. **Wellness Coordinator will provide training to ADRC staff about wellness programs available.**
2. **Wellness Coordinator will have one campaign per year to provide more information to the community about wellness programs available within our service area.**
3. **AAA will request training from DAS regarding the Evidenced-Based program referral process for ADRC staff and wellness coordinator.**

Measure

Baseline: SFY 2019

Due 3/1/2020 – Update for SFY 2019:

SFY 2019 Baseline: 0

1. By 2024, increase ADRC referrals to Evidence-Based programs by 25%.

Measure

Due 3/1/2021 – Update for SFY 2020:

1. By 2024, increase ADRC referrals to Evidence-Based programs by 25%.

FY2020 Update: This training has not yet been provided. COVID-19 has made it challenging to schedule this training. Additionally, Wellness Training Provider had staffing change and new staff has only been certified as a trainer in Bingocize due to limited train the trainer events due to COVID-19. Wellness Coordinator attended a few Health/Wellness Fairs and Expos. COVID-19 has limited the Wellness Coordinator’s interaction with the community. AAA has not requested training as of yet from DAS regarding the EBP referral process for ADRC staff and wellness coordinator. The AAA looks forward to any future discussions with DAS regarding Bingocize fidelity.

Measure

Due 3/1/2022 – Update for SFY 2021:

1. By 2024, increase ADRC referrals to Evidence-Based programs by 25%.

FY2021 Update: Wellness Training Provider had continued staff changes. The staff from SFY 2020 was finally certified in Bingocize (took several months due to limited train the trainer events due to COVID-19) and then vacated the position. A second new staff person had to be hired and certified to teach EBP classes. AAA is hopeful that in SFY 2022 more EBP classes will be offered, training for ADRC staff on Wellness programs will be provided, and Wellness programs will be advertised to the community.

**AAA #2.6 Objective: Home and Community Based Services (HCBS)
Increase cross referrals by ADRC staff to Evidence Based Programs.**

		The AAA staff person certified to teach Dealing With Dementia (DWD) resigned from the AAA in December of 2020 and remaining staff did not receive certification until May 21, 2021. DWD will be offered virtually and in person (if possible) in SFY 2022.
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	By 2024, increase ADRC referrals to Evidence-Based programs by 25%.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	By 2024, increase ADRC referrals to Evidence-Based programs by 25%.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
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.

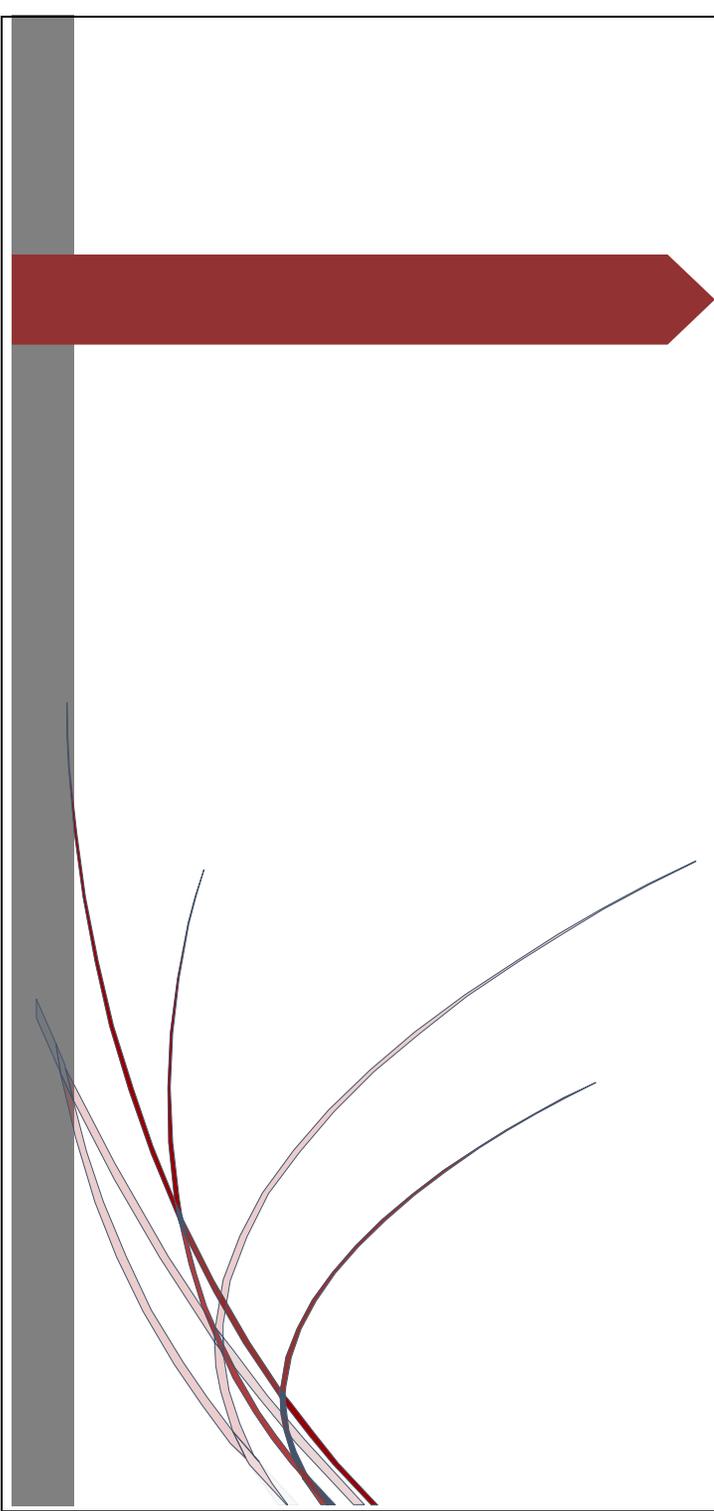
AAA Strategies

1. **AAA will provide at least one marketing campaign per year to the Hispanic population in our 18 county area.**
2. **AAA will provide at least one marketing campaign per year to the Korean population in our 18 county area. AAA may target counties with largest Korean populations as identified with DAS Census information (Lowndes, Charlton, Lanier, and Coffee).**
3. **AAA will participate in at least one outreach event targeted to the Hispanic population per year.**
4. **AAA will participate in at least one outreach event targeted to the Korean population per year.**
5. **AAA will request Hispanic and Korean outreach and education documents from DAS.**

Measure		Baseline: SFY 2019
		Due 3/1/2020 – Update for SFY 2019:
1.	Provide at least one marketing campaign to each population per year of the plan.	SFY 2019 Baseline: 1 Hispanic Event; 0 Korean Events
		Due 3/1/2021 – Update for SFY 2020:
1.	Provide at least one marketing campaign to each population per year of the plan.	SFY 2020 Update: Basic Marketing Campaign flyers and brochures developed and language interpretation request sent to Eugene Rhee for Ad Astra translations for Spanish and Korean. Waiting on response from Ad Astra. AAA staff participated in one Hispanic outreach event in Tifton. AAA staff will identify more opportunities in SFY 2021 to participate in outreach events for Spanish and Korean populations.
		Due 3/1/2022 – Update for SFY 2021:
1.	Provide at least one marketing campaign to each population per year of the plan.	SFY 2021 Update: AAA staff provided marketing campaign in Lowndes County for Korean and Spanish populations to include advertisement on digital billboards, distribution of Korean and Spanish AAA literature with DAS approved verbiage, and mailout campaign to area churches, grocery store, and health facilities. Outreach events were not scheduled in the area due to COVID-19 risk. Will target Tift County for FY2022 campaign.
		Due 3/1/2023- Update for SFY 2022:
1.	Provide at least one marketing campaign to each population per year of the plan.	

AAA #2.7 Objective: Administration (ADMIN)
Increase marketing to the Hispanic and Korean populations.

AAA #2.7 Objective: Administration (ADMIN)		
Increase marketing to the Hispanic and Korean populations.		
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Provide at least one marketing campaign to each population per year of the plan.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Provide at least one marketing campaign to each population per year of the plan.	
		#14



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.

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.

**AAA #3.1 Objective: GeorgiaCares (GAC)
Increase the number of active GeorgiaCares volunteers.**

AAA Strategies

1.	Southern Georgia AAA does not contract with the DHS DAS to provide this service.	
	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:
1.	Increase the number of active GeorgiaCares volunteers by 3% statewide annually.	

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. **AAA will promote community options counseling service to two healthcare entities per SFY.**

2. **AAA will promote evidenced-based programs to two healthcare entities per SFY.**

Measure

Baseline: SFY 2019

Due 3/1/2020 – Update for SFY 2019:

SFY 2019 Baseline: SFY 2019 Baseline: 1 PCHP Contract

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.

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.

SFY 2020 Update: The AAA contracts with SOWEGA and Heart of Georgia AAA's to provide Care Consultation but this will end June 30, 2021. The AAA continues to provide 1 PCHP contract. In FY 2020, the AAA did not promote community options counseling due to the COVID-19 pandemic and the impact that it had on healthcare entities and it did not promote evidence-based programs to healthcare entities because the AAA's contracted Wellness Program provider had a staffing change which resulted in the new staff person not being able to get certified to provide marketable trainings due to the shortage of available train the trainer programs during the COVID-19 pandemic.

Measure

Due 3/1/2022 – Update for SFY 2021:

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 2021 Update: AAA's contract with SOWEGA and Heart of Georgia to provide Care Consultation ended as of 6/30/2021. AAA promoted community options counseling to three healthcare entities: Heartland Hospice on 4/16/2021, Prime Care Home Care on 4/27/2021, and Pruitt Health Facilities on 5/28/2021. Regarding the promotion of Evidenced Based Programs to healthcare entities: The AAA had one staff certified to teach Dealing with Dementia (DWD) at the beginning of SFY2021 but due to the COVID-19 pandemic the only session scheduled in December of 2020 was canceled out of an abundance of caution. The staff person certified to

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.)

		<p>teach DWD also resigned in December 2020. Two more AAA staff were then certified through the Rosalynn Carter Institute (RCI) for Caregivers teach DWD on 5/21/21 but no DWD sessions were held in SFY2021. The AAA will seek to hold virtual or in-person (if possible) DWD sessions in SFY 2022. Due to staff shortages, the Wellness Training Provider did not have a certified trainer and therefore did not promote the program in the community. It is expected that the Wellness Training Provider will promote EBP programs in the community in SFY 2022. However, due to the continued threat and risk of the COVID-19 pandemic, and subsequent variants of the virus, the future is unknown. The AAA will be on the lookout for any new or potential EBPs that do not require a certified trainer.</p>
	Measure	Due 3/1/2023- Update for SFY 2022:
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.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
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.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
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.	

**AAA #3.3 Objective: Home and Community Based Services (HCBS)
Expand and diversity revenue streams of the AAAs.**

AAA Strategies

1. **AAA will implement annual fundraiser to increase donations funding stream.**
2. **AAA will apply for funding from at least one grant opportunity per year.**
3. **AAA will provide private pay information to all HCBS providers and promote private pay options for services through outreach and social media activities.**

Measure		Baseline: SFY 2018 Due 3/1/2020 – Update for SFY 2019:
1.	By 2024, shift the percent of revenue distribution towards third party payers by 2% (includes private pay).	SFY 2018 Baseline: \$1317 of Non-DHS Revenue was expended in SFY 2018; represents .03% of total SFY 2018 budget revenue SFY 2019 Update: \$3,898.68 (other revenue expended) of \$4,461,089 DHS funding = 0.09%
Measure		Due 3/1/2021 – Update for SFY 2020:
1.	By 2024, shift the percent of revenue distribution towards third party payers by 2% (includes private pay).	SFY 2020 Update: \$2,355.80 (other revenue expended) of \$4,571,627 DHS funding = 0.05% FY2020 Wreath fundraiser \$1,051; Jeans fundraiser \$930 TOTAL RAISED: \$1,981 The AAA has not yet implemented an outreach campaign to the community regarding private pay options for services.
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).	FY2021 Update: Christmas in July Staff Jeans Fundraiser \$700 Fall/Winter Staff Jeans Fundraiser \$1,380 TOTAL RAISED: \$2,080 (58% increase over FY2018 baseline) FY2021 DHS Funding = \$4,706,661 = 0.044% The AAA has not yet implemented an outreach campaign to the community regarding private pay options for services. COVID and workforce shortages were large barriers in the implementation of outreach campaigns for private pay options. Providers were at the tipping point with DAS/AAA funded services so private pay on top of that could have overwhelmed

**AAA #3.3 Objective: Home and Community Based Services (HCBS)
Expand and diversity revenue streams of the AAAs.**

service providers. The AAA still wants to attempt this when possible and feasible.

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).

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. **AAA will implement 1 outreach campaign per SFY to the community regarding private pay options for services.**
2. **AAA will develop value statements for 100% of HCBS services to list the value of the services provided to clients. Participants will be given value statements on an annual basis regarding the monetary value of services received.**

Measure

Baseline: SFY 2019

Due 3/1/2020 – Update for SFY 2019:

1. Increase private pay, cost share and voluntary contributions by 20% by 2024.

**SFY 2019 Baseline:
Private pay \$0, Cost Share \$1,882.91, Voluntary Contributions \$22,508.90
TOTAL SFY 2019: \$24,391.81**

Measure

Due 3/1/2021 – Update for SFY 2020:

1. Increase private pay, cost share and voluntary contributions by 20% by 2024.

SFY 2020 Update: Private Pay \$0, Cost Share \$0, Voluntary Contributions \$14,277.41; TOTAL SFY 2020: \$14,277.41. This is a decrease of 41%. Voluntary contributions are down as they are largely made up of congregate meal contributions. After senior centers were closed to the public due to COVID-19 during the last quarter of FY2020, the voluntary contributions decreased dramatically from these 18 sites.
The AAA has not yet implemented an outreach campaign to the community regarding private pay options for services. The AAA has developed value statements for Adult Day Care services.

Measure

Due 3/1/2022 – Update for SFY 2021:

1. Increase private pay, cost share and voluntary contributions by 20% by 2024.

COVID and workforce shortages were large barriers in the implementation of outreach campaigns for private pay options. Providers were at the tipping point with DAS/AAA funded

**AAA #3.4 Objective: Home and Community Based Services (HCBS)
Increase private pay, cost share and voluntary contributions.**

services so private pay on top of that could have overwhelmed service providers. The AAA still wants to attempt this when possible and feasible.

Measure

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

1. Increase private pay, cost share and voluntary contributions by 20% by 2024.

Measure

Due 3/1/2024 – Update for SFY 2023:

1. Increase private pay, cost share and voluntary contributions by 20% by 2024.

Measure

Due 3/1/2025 – Update for SFY 2024:

1. Increase private pay, cost share and voluntary contributions by 20% by 2024.

#18

**AAA #3.5 Objective: Alzheimer's Disease & Related Dementias (ADRD)
Expand dementia friendly efforts in Georgia.**

AAA Strategies

1. **AAA will maintain at least two Dementia Friends Champions who will each conduct a minimum of two Dementia Friends Information Sessions per SFY.**

2. **AAA will work with CARENET partners to increase Dementia Friends sessions.**

Measure

Baseline: SFY 2019

Due 3/1/2020 – Update for SFY 2019:

1. All 12 AAAs will become Dementia Friendly Champions by 2024.

SFY 2019 Baseline:

The AAA currently has one Dementia Friends Champion and is conducting Dementia Friends sessions in the region.

Measure

Due 3/1/2021 – Update for SFY 2020:

1. All 12 AAAs will become Dementia Friendly Champions by 2024.

SFY 2020 Update: The AAA added one Dementia Friend Champion and conducted five Dementia Friend sessions in the region. AAA will begin working with CARE-NET partners in SFY 2021 to increase Dementia Friend sessions. The AAA now has two DF Champions.

Measure

Due 3/1/2022 – Update for SFY 2021:

1. All 12 AAAs will become Dementia Friendly Champions by 2024.

The AAA had two Dementia Friend Champions ending SFY 2020 but one Dementia Friend Champion left the agency in December 2020. The remaining Dementia Friend Staff person scheduled three virtual Dementia Friend Sessions but only held two sessions as no-one registered for the third session. The sessions were 9/17/2020, 3/22/2021, and 4/27,2021. One new Dementia Friend Champion was added late in SFY 2021 and will begin offering Dementia Friends Sessions in FY 2022. The AAA currently has two DF Champions. Two sessions were scheduled in FY22. The first was at Pierce County Senior Center on August 30th and 31st and it was cancelled due to COVID-19 numbers rising and individuals at the site being infected. A second virtual DWD class was scheduled and advertised for November 17th and despite efforts, no participants signed up. Our efforts continue and we

**AAA #3.5 Objective: Alzheimer's Disease & Related Dementias (ADRD)
Expand dementia friendly efforts in Georgia.**

have a DWD session scheduled for September 29th and 30th at the Ware County Senior Center

Measure

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

1. All 12 AAAs will become Dementia Friendly Champions by 2024.

Measure

Due 3/1/2024 – Update for SFY 2023:

1. All 12 AAAs will become Dementia Friendly Champions by 2024.

Measure

Due 3/1/2025 – Update for SFY 2024:

1. All 12 AAAs will become Dementia Friendly Champions by 2024.

#19

AAA #3.6 Objective: Alzheimer's Disease & Related Dementias (ADRD)
Increase referrals from Memory Assessment Clinics to the ADRC.

AAA Strategies

1. **AAA staff will visit MACs outside of our service area to initiate partnerships to increase referrals to AAA for clients returning to our area.**

2. **AAA staff will request that DAS help to set up a MAC in our area.**

3.

Measure		Baseline: SFY 2018
		Due 3/1/2020 – Update for SFY 2019:
1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	SFY 2018: 0 Referrals SFY 2019 Update: 245 referrals
Measure		Due 3/1/2021 – Update for SFY 2020:
1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	SFY 2020 Update: 287 clients screened and entered into services who self-reported that they have been diagnosed with dementia. The AAA does not have a MAC in its area and has not visited MACs out of area due to the COVID-19 pandemic. 1 referral has been received from a MAC outside of the AAA area.
Measure		Due 3/1/2022 – Update for SFY 2021:
1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	SFY 2021 Update: 264 clients screened and entered into services who self-reported that they have been diagnosed with dementia. 1 referral has been received from a MAC outside of the AAA area.
Measure		Due 3/1/2023- Update for SFY 2022:
1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	
Measure		Due 3/1/2024 – Update for SFY 2023:
1.	Increase referrals from Memory Assessment Clinics to the ADRC by 10% per year.	
Measure		Due 3/1/2025 – Update for SFY 2024:

**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.	
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#20

**AAA #3.8 Objective: Administration (ADMIN)
Implement a new training curriculum for the aging network.**

AAA Strategies

- | | |
|----|--------------------------------------------------------------------------------------------------|
| 1. | AAA will participate in any new training curriculum offered by DAS. |
| 2. | AAA will ensure appropriate providers participate in any new training curriculum offered by DAS. |
| 3. | AAA will offer DAS recommendations on any requested training from the aging network/providers. |

Measure

Baseline: SFY 2019

Due 3/1/2020 – Update for SFY 2019:

1.	Provide one new training per year.
----	------------------------------------

SFY 2019 Baseline:

The AAA will participate in any new trainings offered by the DAS.

Measure

Due 3/1/2021 – Update for SFY 2020:

1.	Provide one new training per year.
----	------------------------------------

SFY2020 Update: AAA staff:
 Attended all DAS ADRC Program Managers Meetings for FY2020
 Attended all DAS/AAA Quarterly Meetings for FY2020
 Attended all DAS MFP OC/TC Quarterly Meetings for FY2020
 Attended DAS Program Update Meeting on 7/29/2019
 Attended DAS ADRC Person Centered Training 8/20-8/21/2019
 Attended DAS DDS HCBS Enhancement Training on 8/22/2019
 Attended DAS Mandated Reporter Training on 9/17/2019
 Attended DAS/ACL Title III OAAPS Pilot Debrief Meeting on 9/24/2019
 Attended DAS EBP Data Entry Demo Presentation on 10/1/2019
 Attended DAS Case Management Quarterly Meeting on 10/8/2019
 Attended DAS/NFESH Senior Center Community College call on 10/22/2019
 Attended DAS Case Managers Call on 11/21/2019

AAA #3.8 Objective: Administration (ADMIN)
Implement a new training curriculum for the aging network.

		<p>Attended DAS Wellness Coordinator Call on 11/25/2019 Attended DAS NWD Grant Fiscal Intermediary Meeting on 2/13/2020 Attended DAS/NFESH Webinar on 2/25/2020 Attended DAS WellSky Rostering Demonstration on 3/3/2020 Attended all weekly/bi-weekly DAS COVID-19 Update Meetings beginning on 3/5/2020 Attended DAS EBP Bingocize Presentation on 3/9/2020 Attended DAS Caregiver Cost Share Meeting on 3/26/2020 Attended DAS ADRC Cares funding meeting on 4/13/2020 Attended DAS WellSky HAR Reports meeting on 6/16/2020</p>
	Measure	Due 3/1/2022 – Update for SFY 2021:
1.	Provide one new training per year.	<p>SFY2021 Update: AAA Staff: Attended DAS/AAA Nutrition Services Discussion Virtual Meetings Attended DAS EBP Check-in and AAA Highlights Virtual Meetings Attended DAS/AAA COVID-19 Update Virtual Meetings Attended DAS/AAA WellSky Area Plan Budget Support Virtual Meetings Attended DAS Virtual AAA Meetings Attended DHS Coordinated Transportation Virtual Meetings Attended DAS 4C Pilot Project Virtual Meetings Attended ACL Framework Virtual Meetings Attended DAS HCBS Case Management Virtual Meetings Attended GARD Virtual Meetings Attended DAS/DPH SFMNP Virtual Meetings Attended DAS/DPH Vaccination Virtual Meetings Attended DHS Combating Social Isolation Online Event on July 10, 2020 Attended DAS Orientation Virtual Training Sessions in August 2020</p>

**AAA #3.8 Objective: Administration (ADMIN)
Implement a new training curriculum for the aging network.**

Attended DAS Senior Center Distance Programming Virtual Training on August 18, 2020
Attended DAS LMS Workgroup Virtual Meeting on October 29, 2020
Attended DAS ADRC Annual Program Manager's Virtual Training on October 29, 2020
Attended DAS/AAA Lubben Assessment Virtual Meeting on October 30, 2020
Attended DAS AAA HIPAA & Confidentiality Training on December 17, 2020
Attended DAS SFY 2022 Area Plan Questions/Answers Virtual Meeting on January 8, 2021
Attended DAS/AAA Mid-Year Review Virtual Meeting on January 15, 2021
Attended DAS ATC/LC Joint Program Coordinator Virtual Meeting on January 26 & 27, 2021
Attended DAS/NFESH Senior Center Community College Kickoff Virtual Meeting on April 6, 2021
Attended DAS Review of ADRC Policy Updates Virtual Meeting on April 22, 2021
Attended DAS Managing Using Data Virtual Training on May 12 & 13 and May 17 & 18, 2021
Attended DAS/NFESH Come Back Campaign Virtual Kickoff Meeting on May 20, 2021
Attended DAS/AAA Emergency Preparedness Virtual Summit on June 8 & 9, 2021
Attended DAS Senior Hunger Virtual Summit on June 15, 2021
Attended DAS ADRC Healthy Communities Virtual Summit on June 16-18, 2021
Attended DAS/WellSky Southern Georgia AAA Virtual Road Show on June 28, 2021

AAA #3.8 Objective: Administration (ADMIN)
Implement a new training curriculum for the aging network.

	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Provide one new training per year.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Provide one new training per year.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Provide one new training per year.	
		#21

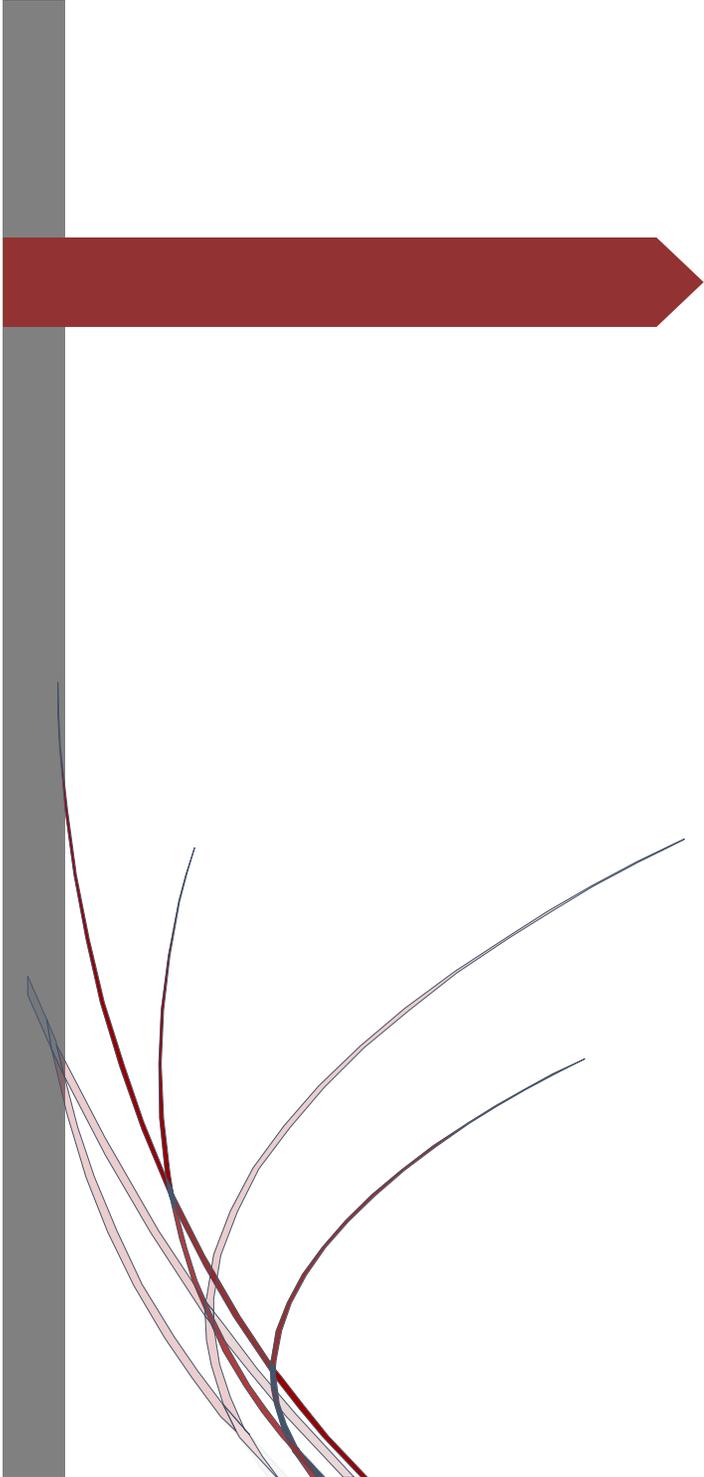
AAA #3.9 Objective: Program Integrity (PI)
Maintain a resilient, disaster ready Aging network.

	AAA Strategies	
1.	AAA will participate in DAS Emergency Preparedness Summit	
2.	AAA will update its disaster plan based on any feedback from DAS information	
3.	AAA will review disaster plan with providers	
	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: The AAA will participate in the DAS Emergency Preparedness Summit once implemented.

**AAA #3.9 Objective: Program Integrity (PI)
Maintain a resilient, disaster ready Aging network.**

Measure		Due 3/1/2021 – Update for SFY 2020:
1.	Implement an Emergency Preparedness Summit with the AAAs by 2023.	SFY 2020 Update: AAA will attend DAS Emergency Preparedness Summit on 6/8/2021 and 6/15/2021. AAA is willing to participate in additional emergency preparedness training outside of DAS as approved by DAS. AAA Staff participate in the bi-weekly COVID-19 webinars with DAS and other AAAs.
Measure		Due 3/1/2022 – Update for SFY 2021:
1.	Implement an Emergency Preparedness Summit with the AAAs by 2023.	SFY 2021 Update: AAA staff attended DAS/AAA Emergency Preparedness Virtual Summit on June 8 & 9, 2021
Measure		Due 3/1/2023- Update for SFY 2022:
1.	Implement an Emergency Preparedness Summit with the AAAs by 2023.	
Measure		Due 3/1/2024 – Update for SFY 2023:
1.	Implement an Emergency Preparedness Summit with the AAAs by 2023.	
Measure		Due 3/1/2025 – Update for SFY 2024:
1.	Implement an Emergency Preparedness Summit with the AAAs by 2023.	

#22



Goal #4 Objectives and Measures Charts

Goal #4: Prevent abuse, neglect and exploitation while protecting the rights of older Georgians and persons with disabilities.

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. | GLSP of Albany will distribute flyers and event announcements to inform the public of available legal services. GLSP will display our brochures and flyers in local health departments, public libraries, neighborhood service centers, health fairs, senior housing complexes, and senior citizen centers. |
| 2. | GLSP of Albany will hold one (1) outreach event per ELAP county to inform the public of available legal services, and prepare intake requests as needed to protect the autonomy, dignity, financial security, health, and legal rights of old Americans. |
| 3. | GLSP of Albany will make sure that all possible seniors are reached in whatever feasible manner we have available, i.e. written material, telephone, home visits, walk-ins to office, visits to nursing homes, etc. to make sure that the underserved (non-english/Hispanic, homebound, etc.) are reached. |
| 4. | GLSP of Brunswick will implement a media campaign and run ads, substantive articles, and/or event announcements to inform the public of available legal services |
| 5. | GLSP of Brunswick will hold an outreach event (legal clinic) to inform the public of/provide available legal services |
| 6. | GLSP of Brunswick will implement an outreach campaign to ensure that our substantive brochures are displayed in local health departments, McKinney Centers, Action Pacts, senior centers, and senior housing complexes. |

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:
Albany: 70 ELAP Closed Cases
Brunswick:153 ELAP Closed Cases
SFY 2019 Update:
Albany: 100 ELAP Closed Cases
Brunswick:150 ELAP Closed Cases

Measure

Due 3/1/2021 – Update for SFY 2020:

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.

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.	<p>SFY 2020 Update: Albany 70 ELAP Closed Cases Brunswick: 206 ELAP Closed Cases</p> <p>GLSP of Albany update: Office personnel began teleworking in March of 2020. Reported outreach to senior population by e-mail and mass mailings regarding issues that affect the senior population and COVID issues. Reported 12 mass mailings and 10 mass e-mail mailings. Operated Statewide Intake, which insures that seniors are able to call for an intake for services. Outreach continues to the underserved senior population and written information is available in different languages. VOIANCE Translation service is used for people who need legal assistance and call by telephone. There is a tentative date of March 1, 2021 to return to the office. The number of successfully closed cases in FY 2020 dropped from 100 to 70 and the decrease can be attributed to the impact of the COVID-19 pandemic which resulted in shelter in place requirements and temporary office closures.</p> <p>GLSP of Brunswick update: Brunswick GLSP staff completed two interviews with The Brunswick News in regards to eviction and domestic violence assistance. These articles were published in April and May of 2020. Brunswick GLSP staff participated in a total of 34 Outreach events in FY 2020; 4 events were legal clinics held to inform the public of and/or to provide legal services held in-person and via video conferencing technology; and in 19 of the events substantive brochures were shared with the community and community partners through in-person interaction and email.</p>
Measure		Due 3/1/2022 – Update for SFY 2021:
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.	<p>SFY 2021 Update: GLSP of Albany: 32 ELAP Closed Cases GLSP of Brunswick: 104 ELAP Closed Cases</p>

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.

GLSP of Albany update:

The number of successfully closed cases in FY 2021 dropped from 70 to 32 and was attributed to the impact of the COVID-19 pandemic, which resulted in shelter in place requirements, temporary office closures, and GLSP staff not being able to travel to sites to conduct intakes, home visits, etc. Teleworking continued with limited staff working in the office. Staff did not return to the office on March 1, 2021, due to a surge in positive COVID cases. Staff completed outreach to senior populations by e-mail and mass mailings regarding issues that affected the senior population and COVID issues. Staff reported 29 mass mailings and 26 mass e-mail mailings during SFY2021, which were a total of 1,720 mailings and e-mails combined. Statewide Intake, which ensures that seniors are able to call for an intake for services, was not affected by COVID as all intakes were completed via telephone. VOIANCE Translation service was used for people who needed legal assistance and called by telephone.

GLSP of Brunswick update:

Brunswick GLSP staff completed three interviews with The Brunswick News in regards to the pandemic exacerbating threats of domestic violence, fears of eviction in Brunswick, and the pandemic exacerbating housing concerns and food insecurity. These articles were published on October 22, 2020, November 14, 2020, and January 5, 2021, respectively. There was also a reminder from GLSP about the extended deadline to claim stimulus checks in the Waycross Journal Herald in October 2020.

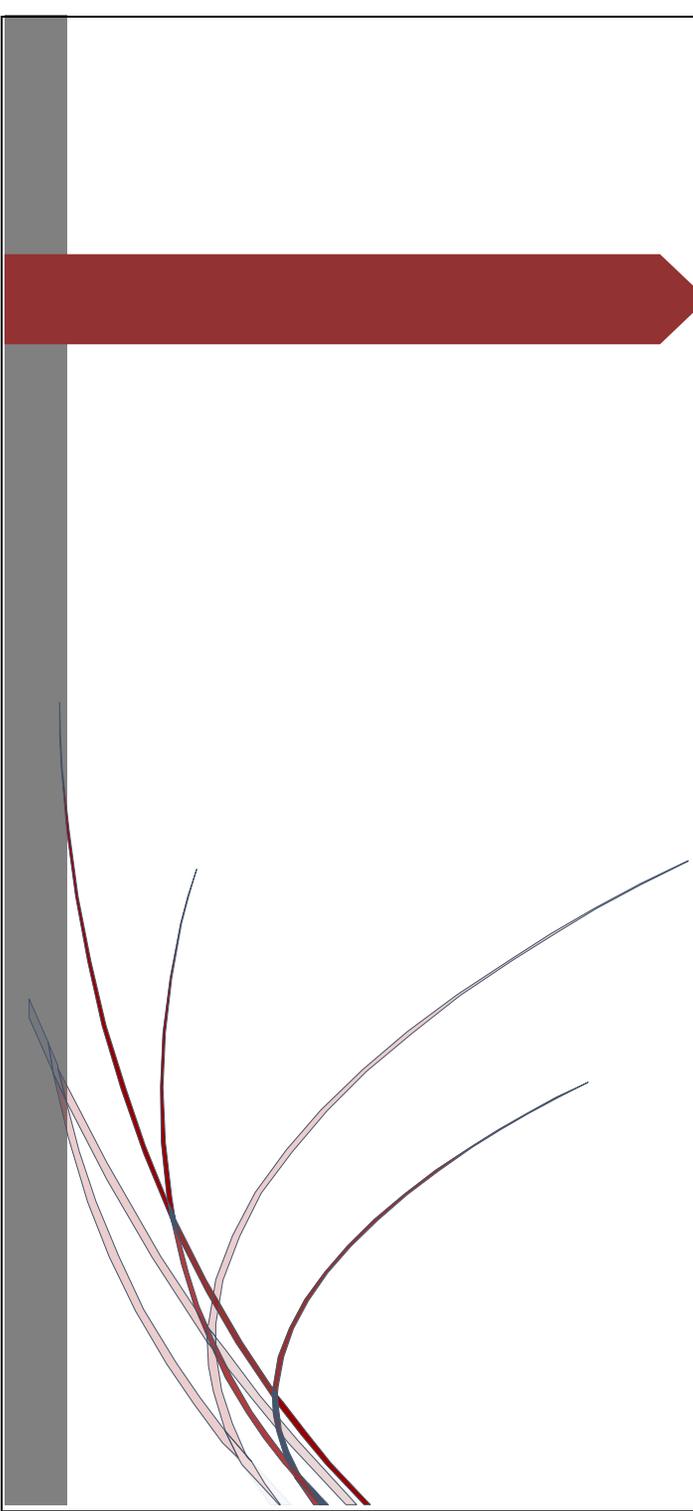
Brunswick GLSP staff participated in a total of 55 Outreach events in FY 2021. Due to the pandemic, GLSP had to limit in-person legal clinics. Therefore, only two of these outreach events were legal clinics held to inform the public of and/or to provide legal services. Implementation was achieved through in-person interaction and video conferencing technology.

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.

		Of the 55 outreach events, Brunswick GLSP staff participated in 43 events where our substantive brochures were shared with the community and community partners. Implementation was achieved through email and U.S. mail.
	Measure	Due 3/1/2023- Update for SFY 2022:
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.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
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.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
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



Goal #5 Objectives and Measures Charts

Goal #5: Utilize continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.

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. | AAA will request a HAR/WellSky report capturing data for a month to month comparison. |
| 2. | AAA ADRC Program Manager and ADRC Specialist performs QA to look for missing data trends by ADRC Counselor (Need at least a quarterly report) |
| 3. | AAA ADRC Manager provides report to ADRC counselors showing missing data and provide training as appropriate. |

Measure

**Baseline: SFY 2018: 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 AAA Objective #5.1. until further notice. (Date: 7-8-2020)
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. | SFY 2019/2020: 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 AAA Objective #5.1. until further notice. (Date: 7-8-2020) |
|----|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Measure

Due 3/1/2021 – Update for SFY 2020:

- | | | |
|----|--|--|
| 1. | | |
|----|--|--|

Measure

Due 3/1/2022 – Update for SFY 2021:

- | | | |
|----|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1. | Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually. | SFY 2021 Update: This report is available on HAR. The HCBS version has several options for the report as follows: |
|----|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

**AAA #5.1 Objective: Aging & Disability Resource Connection (ADRC)
Monitor the integrity of the data captured by ADRC Staff.**

		<p>Active Clients or All Clients; Specific County or All Counties; Specific Provider or All Providers; Specific Program or All Programs; Specific Services or All Services; Begin and End Dates The ADRC version only has the following options: Select AAA – Missing for AAA or Statewide; Specific Waitlist or All Waitlist; Specific County or All Counties The ADRC Program Manager reviews reports at least quarterly and determines the ADRC Counselor who needs to enter any missing data and distributes the assignment to the appropriate staff person. The ADRC and the HCBS versions of the report are distributed to ADRC Counselors at least quarterly. The ADRC Missing Data Elements Report has improved each time over the past year (the All Waitlist and All Counties Reports). Quarter Three of SFY 2021: 28% Missing Data Quarter Four of SFY 2021: 7.6% Missing Data (decrease from previous quarter)</p>
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
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.

AAA Strategies

1. **AAA will participate in any DAS training that is offered.**
2. **AAA will make training available to staff and providers as available and appropriate.**
3. **AAA will offer DAS recommendations on any requested training from the aging network/providers.**

Measure		Baseline: SFY 2019 Due 3/1/2020 – Update for SFY 2019:
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	SFY 2019 Baseline: The AAA will participate in any Baldrige training offered by DAS.
Measure		Due 3/1/2021 – Update for SFY 2020:
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	SFY 2020 Update: AAA staff attended the “Managing Using Data” Sessions hosted by DAS. One staff attended on May 13th and 17th and a second staff attended on May 17th and 18th.
Measure		Due 3/1/2022 – Update for SFY 2021:
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	AAA staff attended DAS Managing Using Data Virtual Training on May 12 & 13 and May 17 & 18, 2021
Measure		Due 3/1/2023- Update for SFY 2022:
1.	Ensure 80% of staff receives quality/process improvement training by 2024.	
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. AAA will review missing data elements reports at least bi-annually.
2. AAA will review DAS NAPIS reports in order to locate nulls.
3. Once identified, nulls will be corrected by AAA and reported back to DAS.

Measure		Baseline: SFY 2019 Due 3/1/2020 – Update for SFY 2019:
1.	Decrease number of missing data elements to less than 5% annually.	SFY 2019 Baseline: NAPIS Nulls Baseline: Cluster 1 & Cluster 2 Rural Missing 26 Poverty Missing 166 Living Alone Missing 694 Ethnicity Missing 1,919 Race Missing 427 ADLs Missing 45 IADLs Missing 45 Total Missing Elements: 3,322
Measure		Due 3/1/2021 – Update for SFY 2020:
1.	Decrease number of missing data elements to less than 5% annually.	SFY 2020 Update: AAA received FY2020 NAPIS data from Sharon Hudson on January 27, 2020 in preparation for the DAS/AAA Mid-Year Review. Cluster 1 & Cluster 2 Rural Missing 18 Poverty Missing 114 Living Along Missing 569 Ethnicity Missing 1,506 Race Missing 323 ADLs Missing 11 IADLS Missing 11 Total Missing Elements: 2,552 Decrease of 23% AAA reviewed missing data elements in January 2020. Missing data categories will be shared with AAA staff and providers so that they are reminded to complete demographics information on

**AAA #5.4 Objective: Administration (ADMIN)
Eliminate Nulls from the NAPIS Reports.**

		all clients when at all possible. Specific nulls will be referred to the lead agency providing services or that collected the data that has some elements that are missing for correction.
	Measure	Due 3/1/2022 – Update for SFY 2021:
1.	Decrease number of missing data elements to less than 5% annually.	AAA received FY2021 NAPIS data from Sharon Hudson on January 10, 2021 in preparation for the DAS/AAA Mid-Year Review. Rural Missing 18 Poverty Missing 103 Living Alone Missing 894 Ethnicity Missing 1582 Race Missing 249 ADLs Missing 11 IADLs Missing 11 Total Missing Elements: 2868 Increase of 11% Missing data categories were shared with AAA staff and providers quarterly. Specific nulls were referred to the lead agency providing services or that collected the data that had some elements that were missing for correction. Senior center staff and other providers continue to work on getting the data entered.
	Measure	Due 3/1/2023- Update for SFY 2022:
1.	Decrease number of missing data elements to less than 5% annually.	
	Measure	Due 3/1/2024 – Update for SFY 2023:
1.	Decrease number of missing data elements to less than 5% annually.	
	Measure	Due 3/1/2025 – Update for SFY 2024:
1.	Decrease number of missing data elements to less than 5% annually.	

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:

- 1.

SFY [Enter SFY Baseline Year Here] Baseline:

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

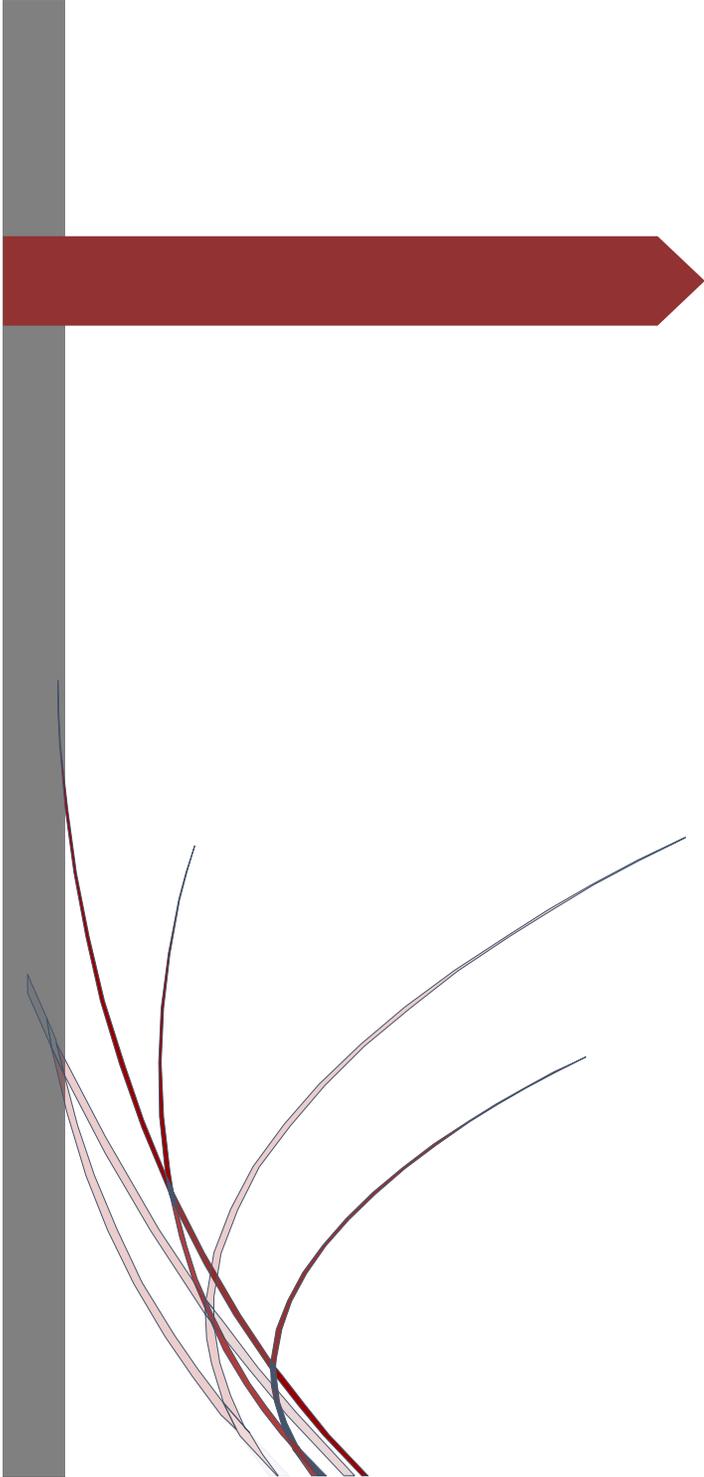
Due 3/1/2024 – Update for SFY 2023:

- 1.

Measure

Due 3/1/2025 – Update for SFY 2024:

- 1.



AREA PLAN COMPLIANCE DOCUMENTS ATTACHMENTS

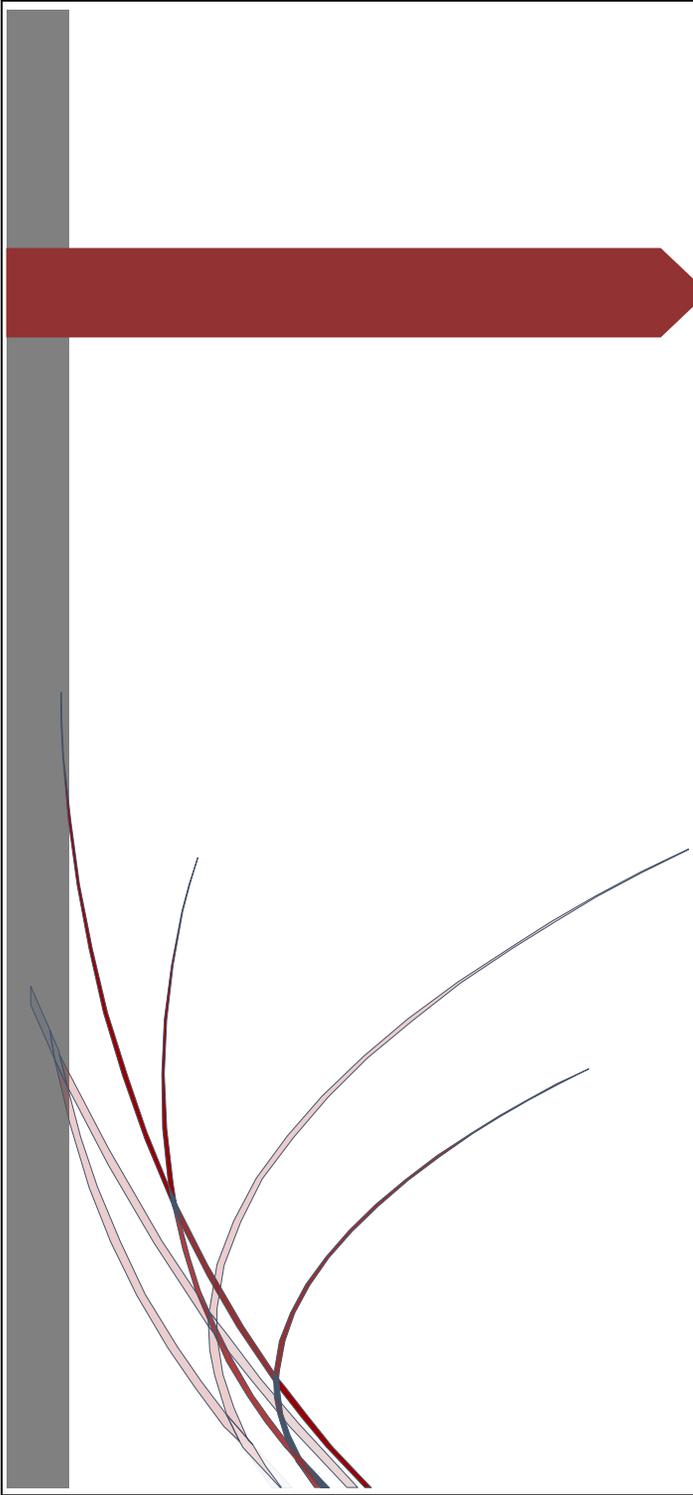
ATTACHMENT A- Agency Indirect Cost Allocation Plan

ATTACHMENTS B- Compliance Documents

- 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 C - TITLE III FEDERAL ALLOCATION AND MATCH ANALYSIS (Excel)

ATTACHMENT D - AREA PLAN PROVIDER SITE LIST



ATTACHMENT A

- SFY 202³ Agency Indirect
Cost Allocation Plan

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]

The FY 2023 Agency Indirect Cost Allocation Plan Executed 6/23/2022 is inserted after this page.

***Local governments are not required to submit an indirect cost allocation proposal or plan narrative to their cognizant agencies. As a local government entity, the Southern Georgia Regional Commission is only required to annually prepare and retain its indirect cost proposal.**



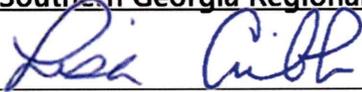
CERTIFICATE OF INDIRECT COSTS

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

1. All costs included in this proposal dated June 23, 2022 to establish billing or final indirect costs rates for Fiscal Year 2023 are allowable in accordance with the requirements of the Federal award(s) to which they apply and to the provisions of Part 200, Appendix VII. Unallowable costs have been adjusted for in allocating costs as indicated in the indirect cost proposal.
2. All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal Government will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Government Unit: Southern Georgia Regional Commission

Signature: 

Name of Official: Lisa Cribb

Title: Executive Director

Date of Execution June 23, 2022

INDIRECT COST PLAN NARRATIVE

Indirect Cost Rate

The Southern Georgia Regional Commission (RC) has a cost allocation plan which includes an indirect cost pool and a leave and fringe benefit pool.

Costs that are incurred for a common or joint purpose, benefitting more than one objective and not readily assignable to the cost objectives specifically benefitted without effort disproportionate to the results achieved, are considered indirect costs. These indirect costs are recorded in an internal service fund by the RC's accounting system and allocated to the individual specific revenue funds based on an indirect cost rate. The indirect cost rate is based upon the current year's cost experience, documented by a cost allocation plan.

Cost allocation operates in accordance with an indirect cost proposal developed annually. The proposal identifies shared costs and the financial bases for cost-sharing. The concepts in the proposal are used by the accounting system.

Indirect costs consist of salaries and fringe benefits of central organizational personnel who perform management and administrative functions necessary and beneficial to all activities. Also included are joint or common costs supporting all programs, or the central administrative portions of these costs. Indirect costs are accumulated in an organizational pool and distributed to activities/programs based on year-to-date direct salaries plus fringe benefits.

The RC's Indirect Cost Pool consists of the following costs:

1. Indirect Salaries
2. Fringe Benefits
3. Motor Vehicle expenses used by indirect staff
4. Advertising
5. Computer charges
6. Depreciation
7. Insurance and Bonding
8. Interest Expense
9. Membership & Subscriptions
10. Per Diem and Fees
11. Postage & Freight
12. Publications and Printing
13. Rentals other than Real estate
14. Repairs & Maintenance
15. Supplies and Materials
16. Telecommunications
17. Training & Education
18. Travel of indirect staff
19. Utilities

The above list is not intended to be all-inclusive.

The budgeted indirect rate for the year ending 06/30/23 is 41.7332%.

Compensated Absences/Fringe Benefit Cost Rate

The RC uses a compensated absences and fringe benefit cost pool to accumulate the costs of leave and fringe benefits for employees. Leave costs are accumulated in an organizational compensated absences pool and distributed to activities based on year-to-date in-service salary costs. This results in all activities bearing an equitable share of leave costs. Employee fringe benefits are accumulated in an organizational pool as they are incurred. Employees are defined by class based upon fringe benefit eligibility. Fringe costs are prorated by employee class (i.e. eligibility) based on its year-to-date proportionate share of salaries and compensated absences to total year-to-date organizational salaries and compensated absences.

The RC's Leave and Fringe Pool consists of the following costs:

1. Employer's portion of FICA and Medicare Contributions
2. Unemployment Insurance
3. Group Health Insurance
4. Group Life and LTD
5. Retirement
6. Workers Compensation Insurance
7. Annual Leave
8. Sick Leave
9. Holiday Leave
10. Other Leave

The budgeted Leave/Fringe rate for the year ending 06/30/23 is 72.1179%.

The budgeted leave rate for the year ending 06/30/23 is 18.2052%.

The budgeted fringe rate for the year ending 06/30/23 is 45.6095%.



ATTACHMENTS B

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*

APFI Attachment #7 – Replacement Page for Area Plan Attachments B-1a, B-1b and B-1c

DELETED EFFECTIVE SFY 2022

In accordance with the memorandum dated August 20, 2020, from Abby G. Cox, Director, Division of Aging Services,
Advance Funding is Discontinued.

ATTACHMENT B-1a – GA DHS DAS REQUEST FOR ADVANCE PAYMENTS AGAINST CONTRACTS LETTER

ATTACHMENT B-1b – GA DHS DAS REQUEST FOR ADVANCE LETTER

ATTACHMENT B-1c – REQUEST FOR ADVANCE WORKSHEET

ATTACHMENT B-2 – LETTER OF FIDELITY/ASSURANCE BOND COVERAGE

(Reference Area Plan Instructions Document and Contract for bond and coverage requirements.
Bonding Agency signature is required.)

[Insert coverage document after this page.]



CERTIFICATE OF COVERAGE

ISSUE DATE

5/3/2022

ADMINISTRATOR: 678-361-0886 FAX 404-460-3755 mamurray@lockton.com

Lockton Companies
3280 Peachtree Road
Suite 250
Atlanta, GA 30305

NAMED MEMBER
Southern GA Regional Commission
1937 Carlton Adams Drive
Valdosta, GA 31601

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.

Company Affording Coverage

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	
GENERAL LIABILITY		SO8	5/1/2022	5/1/2023	EACH OCCURRENCE	\$5,000,000	\$0
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$5,000,000	\$0
<input checked="" type="checkbox"/>	OCCURRENCE				MED EXP (Any one person)	EXCLUDED	
<input checked="" type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES per POLICY				PERSONAL & ADV INJURY	\$5,000,000	\$0
					GENERAL AGGREGATE	UNLIMITED	
					PRODUCTS-COMP/OP AGG	\$25,000,000	\$0
					LAW ENFORCEMENT LIABILITY	\$5,000,000	\$0
AUTOMOBILE LIABILITY		SO8	5/1/2022	5/1/2023	COMBINED SINGLE LIMIT	\$1,000,000	\$0
<input checked="" type="checkbox"/>	ALL AUTOS				BODILY INJURY (per person)	\$	\$
<input checked="" type="checkbox"/>	GEORGIA FLEET				BODILY INJURY (per accident)	\$	\$
<input checked="" type="checkbox"/>	HIRED AND NON-OWNED				PROPERTY DAMAGE (per accident)	\$	\$
AUTOMOBILE PHYSICAL DAMAGE		SO8	5/1/2022	5/1/2023		ALL VEHICLES	\$
<input type="checkbox"/>	NO COVERAGE				<input checked="" type="checkbox"/>	SELECTED VEHICLES	\$1,000
<input type="checkbox"/>	NO VEHICLES OWNED						
PUBLIC OFFICIALS LIABILITY		SO8	5/1/2022	5/1/2023		\$1,000,000	\$0
EMPLOYEE BENEFIT LIABILITY		SO8	5/1/2022	5/1/2023		\$5,000,000	\$0
CRIME		SO8	5/1/2022	5/1/2023		\$500,000	\$1,000
<input checked="" type="checkbox"/>	BLANKET BOND					\$500,000	\$1,000
<input checked="" type="checkbox"/>	DEPOSITORS FORGERY					\$500,000	\$1,000
<input checked="" type="checkbox"/>	MONEY & SECURITIES				\$500,000	\$1,000	
PROPERTY		SO8	5/1/2022	5/1/2023		As per Schedule with GIRMA	\$1,000
<input checked="" type="checkbox"/>	BUILDINGS & CONTENTS, including EDP					Actual Cash Value	\$1,000
<input checked="" type="checkbox"/>	MOBILE EQUIPMENT					As per Schedule with GIRMA	\$1,000
<input checked="" type="checkbox"/>	BOILER AND MACHINERY						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Evidence of Coverage

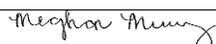
Division of Aging Services is named as Loss Payee, as interest.

CERTIFICATE HOLDER

Division of Aging Services
 Georgia Department of Human Services
 Two Peachtree Street, NW 33-243
 Atlanta, GA 30303

CANCELLATION

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

DISCLAIMER

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.

ATTACHMENT B-3 – BOARD RESOLUTION

[Insert Resolution after this Page.]

For Area Plan submissions, the executed Board Resolution is required for Non-Profit Area Agencies on Aging ONLY.

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 indentify 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.

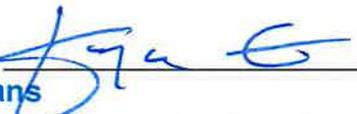
70. Sec. 307(11)(E) provide assurances that Area Agencies on Aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

My signature below indicates that the **Southern Georgia Regional Commission's** Area Agency on Aging is in compliance and will maintain compliance with all aforementioned Standard Assurances.

Signature: 

Scott Courson
Area Agency on Aging, Director

Date: 12/9/2021

Signature: 

Joyce Evans
Chairperson of Governing Board
Southern Georgia Regional Commission Council

Date: 12/9/2021

ATTACHMENT B-5 – LETTER(S) REQUESTING A WAIVER OF STANDARD ASSURANCES

[Insert Waiver Request Letter(s) After This Page] Or indicate ***“No Waiver(s) Requested”*** on this page.

Waiver regarding direct services during pandemic.

Georgia Department of Human Services, Division of Aging Services

Waiver Request:

Area Agencies on Aging Requesting Authorization to Provide Material Aid or Assistive Technology Service Directly* (during the public health emergency)

Complete form by using provided checkboxes and text fields to provide required information to describe and support waiver request. Attach other supporting information as necessary to document methodology or costs.

Form will expand depending on how much text is entered into fields. See last page for instructions on documenting Older Americans Act compliance.

Area Agency:

Name: **Southern Georgia Regional Commission's Area Agency on Aging**

Contact concerning request: **Scott Courson tscourson@sgrc.us**

Service Requested: Assistive Technology Material Aid

List Types of AT or Material Aid requested as listed in the Taxonomy of Services:

- **Payments on behalf of an older person for housing/shelter, utilities, food/meals or groceries, eyeglasses, dental care and assistive technology to enable older person to live more independently.**

Description: Describe in detail how the service will operate and support with an attached flowchart or other process chart

- **Aging and Disability Resource Connection – Options Counselors (10 staff) will speak with callers regarding their (caregiver or care receiver) needs and verify if immediate assistive technology or material aid would assist the caller with needs. ADRC Counselors will collect OAA targeting criteria and complete a DONR if needed for prioritization, however, the AAA currently has no waiting list for assistive technology or material aid. The caller will then be referred to an ADRC Specialist (2 staff) that will determine the best vendor and price to purchase assistive technology or material aid from (vendors include Walmart, Amazon, and Lowes). If price exceeds \$500 then price comparison forms will be completed for at least three (3) vendors to determine the best vendor. If material aid includes payment on behalf of an older person then proof of billing will be obtained from client. AAA staff will make payment via completion of requisitions and/or purchase orders for check or credit card payment to vendors and retain receipts of payments. AAA staff will not charge time to this funding for material aid.**

Staffing: (complete the statement)

- **Service will require (number) 0 new staff to provide (number) 0 hours weekly and will require (number) 2 existing staff to provide (number) 7.5 of hours weekly to operate. Existing staff currently support 3 programs. We do not plan to charge time to this funding for assistive technology or material aid.**

Unit Cost:

- **Anticipated Unit Cost is \$1 per unit including all direct and indirect costs. Only the cost of the item or payment on behalf of caregiver or older person will be charged to this funding.**

Units:

- **Anticipate delivering approximately 40,000 units on an annual basis.**

Requested Fund Sources: OAA Title IIIB CARES Act State CBS SSBG

Other (describe) **N/A**

Service Area: **AAA will provide service to all counties in the PSA**
 AAA Will provide service to some counties in the PAS (describe how the service will be delivered to the other PSA counties) [Click or tap here to enter text.](#)

Life of Service: Waiver required only during the pandemic/disaster declaration
 Anticipate renewal of waiver for one additional year
 Anticipate renewal of waiver for two or more years
 Anticipate transitioning service to a provider agency in future years

Conflict Free Referrals: Describe internal controls in place to ensure that referrals from the ADRC or otherwise from the AAA (or any parent organization) to this service are conflict free – that prospective clients are apprised of all alternative services or sources and provided the opportunity to choose.

- **The ADRC/AAA only determines the client/caregiver need for material aid/assistive technology. AAA staff purchase items from vendors and use price comparisons if the cost of an item exceeds \$500. AAA staff have no conflicts with potential vendors and do not promote one vendor over another. The lowest cost normally is the vendor of choice. AAA staff will not charge time to this material aid funding.**

Older Americans Act Compliance:

Describe how one or more of the following applies to delivery of this service. Support statements with attached documentation:

1. Provision of such services is necessary to assure an adequate supply in the planning and service area
Budgeting to determine equal share of services throughout the region.
- **Given the current COVID-19 pandemic there are shortages of adequate supplies in some parts of the region. The AAA has access to multiple region wide vendors and can obtain material aid in sufficient quantities not available to many provider agencies. The AAA has a line of credit with multiple region wide vendors as well. The AAA will only be ordering items directly from vendors for delivery to the client and/or caregivers. See “Conflict Free Referrals” item above. AAA can coordinate with senior centers and in-home service providers for referral of clients who may need assistive technology or material aid throughout the region. AAA staff time will not be charged to this assistive technology or material aid work. Only the costs of the assistive technology and/or material aid will be charged to this funding source.**
2. Such services are directly related to the Area Agency’s administrative functions (Area Plan Administration)
[Click or tap here to enter text.](#)
3. Such services can be provided more economically by the Area Agency, and with comparative quality to the service should it be delivered by a provider agency

*Services offered directly by AAAs are defined as services that Area Agency/Regional Commission staff or volunteers directly under the supervision of such staff deliver services to clients without referral to a provider agency, and to which clients may be referred or assigned by the AAA ADRC, Case Management, or Administrative staff.

Instructions for how to demonstrate Older Americans Act Compliance of Proposed Service Delivery:

The Older American Act 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)). Justification should include:

1. Provision of such services is necessary to assure an adequate supply in the planning and service area
Waiver request should demonstrate:
 - a. That no provider is available to the region to deliver the projected units required annually (supported by results of a solicitation process or equivalent process to gauge provider interest),
 - b. or that materials are not available in sufficient quantity in the region to allow delivery of the project annual number of units or that the AAA may have access to materials unavailable to provider agencies or to the clients directly from suppliers.
 - **Given the current COVID-19 pandemic there are shortages of adequate supplies in some parts of the region. The AAA has access to multiple region wide vendors and can obtain material aid in sufficient quantities not available to many provider agencies. The AAA has a line of credit with multiple region wide vendors as well. The AAA will only be ordering items directly from vendors for delivery to the client and/or caregivers. See "Conflict Free Referrals" item above. AAA can coordinate with senior centers and in-home service providers for referral of clients who may need assistive technology or material aid throughout the region. AAA staff time will not be charged to this assistive technology or material aid work. Only the costs of the assistive technology and/or material aid will be charged to this funding source.**
2. Such services are directly related to the Area Agency's administrative functions. Waiver request must include:
 - a. How the service will be delivered as part of duties required for Area Plan Administration including staffing.
 - b. What activities or duties staff are currently performing that will be discontinued or delayed to deliver the proposed service.
3. Such services can be provided more economically by the Area Agency, and with comparative quality to the service should it be delivered by a provider agency. Description or documentation should demonstrate:
 - a. Comparison of unit cost to those proposed by provider agencies using Uniform Cost Methodology or an equivalent detailed costing process obtained using a procurement (RFP, RFI, etc.) process open to any interested party.
 - b. Detailed analysis of the service proposed by the Area Agency and provider agencies including materials used, staff qualifications, and method of delivery to ensure that the services are of equivalent quality.



1725 South Georgia Parkway, West
Waycross, Georgia 31503
Toll-Free: 1-888-732-4464
Phone: (912) 285-6097
Fax: (912) 285-6126

June 27, 2022

Mrs. 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 MaryLea,

This letter serves as the Southern Georgia Regional Commission Area Agency on Aging’s (AAA) waiver request for Health Promotion/Disease Prevention (HP/DP) Wellness and Evidence-Based Program (EBP) services *including Caregiver EBP’s i.e. Powerful Tools for Caregivers (PTC). We request a waiver from the updated Division of Aging Services (DAS) Taxonomy which requires that HP/DP Wellness and EBP’s be operated on a unit cost reimbursement basis rather than a line item reimbursable basis. Please see the attached page in reference to the specific “Services by Programs” from the updated Taxonomy of Services we are requesting a waiver for.

The AAA contracts out for the service provision of these programs and has already issued preliminary FY2023 contracts. Currently, our contractors cannot switch to a unit cost reimbursable basis. Because of the COVID lockdowns implemented during the height of COVID, Wellness and EBP data are skewed and these programs have only recently begun regaining their footing. Therefore, budgeting units of service and estimated expenses would be inaccurate because of service differences during COVID.

Most importantly, we also believe that WellSky is not fully functional regarding HP/DP Wellness and EBP activities data entry and tying that into a unit cost reimbursement in the Area Plan Reimbursement section of WellSky. Our goal is to gain training, testing, and other assistance from DAS during this waiver period and switch over to unit cost reimbursement with the Fiscal Year 2024 beginning July 1, 2023. This waiver should give us time to compute expenses better and test the Area Plan Reimbursement section of WellSky to ensure a smooth transition and ensure accurate and sufficient payment for contracting providers of these services. We would expect to have a preliminary unit cost budget and expenses plan for entry into our Area Plan Update for FY2024, due March 1, 2023.

Sincerely,

Scott Courson
Director of Aging Services

c: Lisa Cribb

Selected from Appendix F – Taxonomy of Services

Program:	Service Name:
HCBS - CAREGIVER SERVICES	Powerful Tools for Caregivers <i>*Provided by AAA Contractor (Valdosta State University – Division of Social Work)</i>
HCBS - CAREGIVER SERVICES	RCI REACH (Resources Enhancing Alzheimer’s Caregiver Health) <i>*AAA is currently researching training for this program and may attempt to provide this program in FY2023)</i>
HCBS - SENIOR CENTERS	Health Promotion/Disease Prevention <i>*The AAA’s contractor (Diversified Resources, Inc.) provides HP/DP programs to our 18 contracted senior centers in the region</i>
HCBS - EVIDENCE BASED SERVICES	CDSME – CDSMP <i>*The AAA’s contractor (Diversified Resources, Inc.) has a new Wellness Coordinator and is currently researching training for this program and may attempt to provide this program in FY2023)</i>
HCBS - EVIDENCE BASED SERVICES	CDSME - Diabetes <i>*The AAA’s contractor (Diversified Resources, Inc.) has a new Wellness Coordinator and is currently researching training for this program and may attempt to provide this program in FY2023)</i>
HCBS - EVIDENCE BASED SERVICES	Falls Prevention - Matter of Balance <i>*The AAA’s contractor (Diversified Resources, Inc.) has a new Wellness Coordinator and is currently researching training for this program and may attempt to provide this program in FY2023)</i>
HCBS - EVIDENCE BASED SERVICES	Falls Prevention - Tai Chi <i>*The AAA’s contractor (Diversified Resources, Inc.) has a new Wellness Coordinator and is currently researching training for this program and may attempt to provide this program in FY2023)</i>

*In addition we are providing BingoCize as an EBP, but we did not see it listed in the taxonomy, we are requesting a waiver for it as well.

**We are also looking at providing Caring for You, Caring for Me as an additional Caregiver EBP, but we do not see it listed in the taxonomy, we are requesting a waiver for it as well.

***The AAA is trained to provide Dealing with Dementia as a Caregiver Evidence Based Program, but we do not see it listed in the taxonomy.



1725 South Georgia Parkway, West
Waycross, Georgia 31503
Toll-Free: 1-888-732-4464
Phone: (912) 285-6097
Fax: (912) 285-6126

September 8, 2022

Mrs. 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 MaryLea,

This letter serves as the Southern Georgia Regional Commission Area Agency on Aging's (AAA) waiver request to provide direct services for the following Programs/Services: 1) HCBS – Support Options, 2) MFP Transition Coordination, and 3) Nursing Home Transitions. The AAA was recently made aware that these services should not be provided directly by a AAA without the approval of the Division of Aging Services. The AAA feels the provision of these services directly is beneficial because of the lack of availability of another provider for the service at this time. The AAA would like to seek permission to continue to provide these services directly during FY2023. Our goal is to utilize a procurement method such as a Request for Proposals (RFP) to attempt to secure a potential provider to begin services in FY2024 (July 1, 2023).

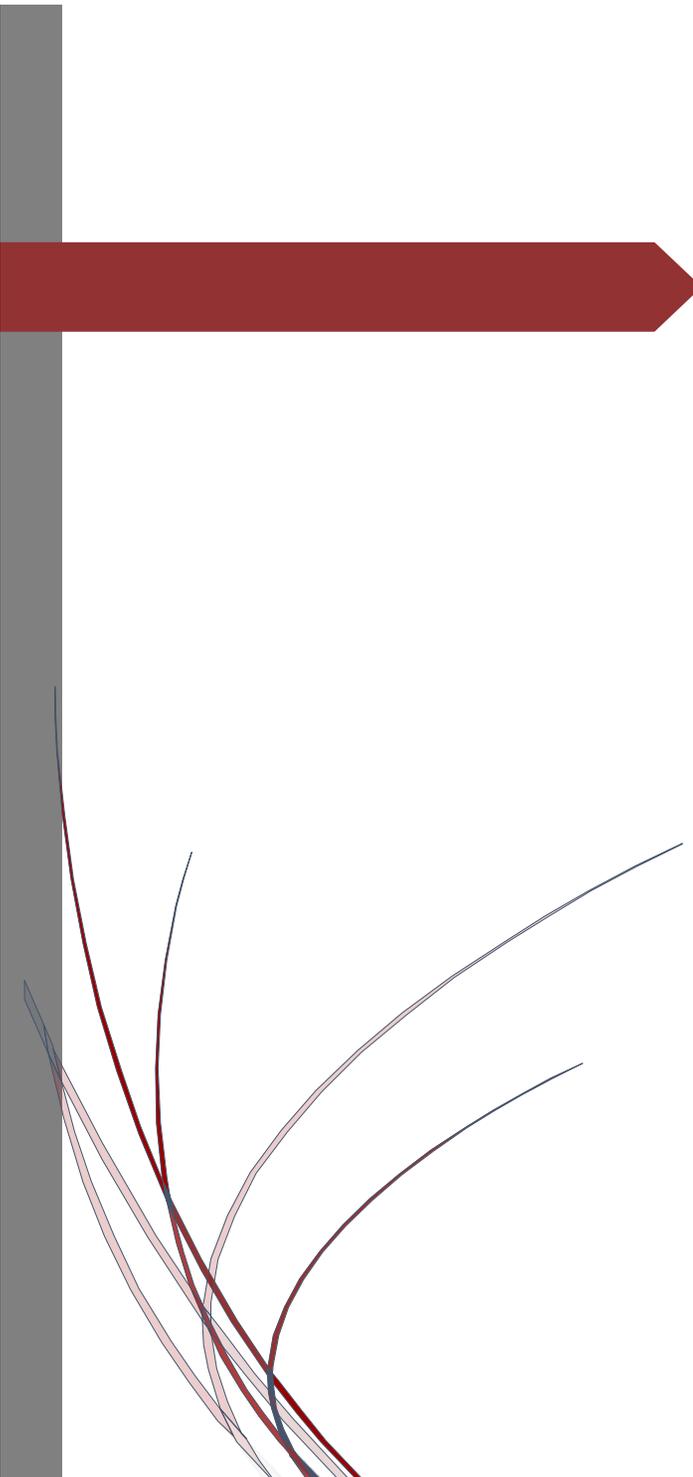
Selected from Appendix F – Taxonomy of Services

<i>Program:</i>	<i>Service Name:</i>
HCBS - SUPPORT OPTIONS	Support Options
MFP TRANSITION COORDINATION	MFP - Transition Coordination
NURSING HOME TRANSITION	Nursing Home Transitions

Sincerely,

Scott Courson
Director of Aging Services

c: Lisa Cribb



ATTACHMENT C

- Title III OAA Federal Allocation and Match Analysis

ATTACHMENT C – TITLE III OAA FEDERAL ALLOCATION AND MATCH ANALYSIS (EXCEL)

[Insert Here]

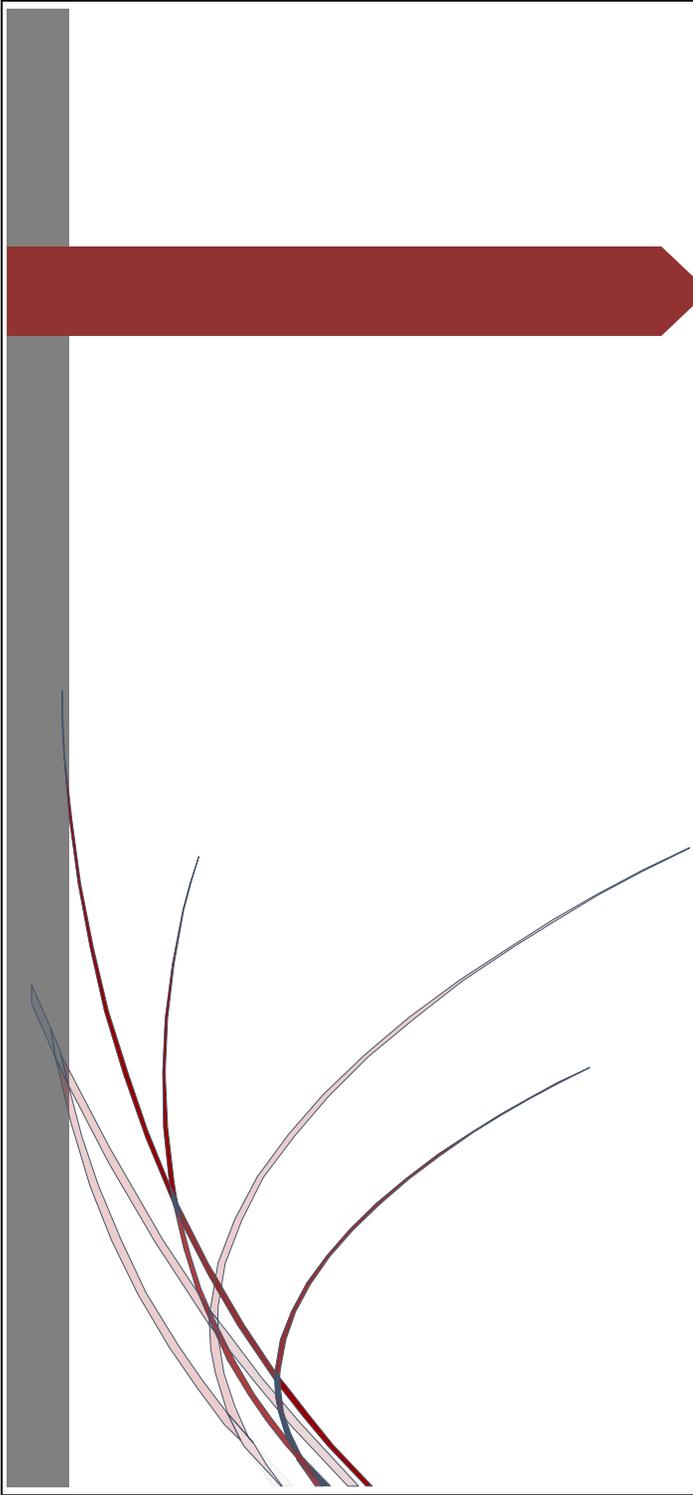
Older Americans Act (OAA) Federal Allocation Match Analysis Worksheet

Enter Name of AAA:	Southern Georgia
State Fiscal Year:	SFY 2023

Indicate the Applicable Budget Submission:	<input checked="" type="checkbox"/> SFY 2023 Planning Allocation Area Plan Update - Version # <u>2023-P</u>
	<input type="checkbox"/> SFY 2023 - <input type="checkbox"/> Allocation Issuance (AI) - Version # <input type="text"/>
	<input type="checkbox"/> SFY 2023 - <input type="checkbox"/> AI AAA Initiated Budget Revision - Version # <input type="text"/>

	Original DAS Allocation by Part	Requested Shift by Part	Revised Allocation by Part	% Budgeted Federal Dollars Allocated	Total Budget to be Matched
Title III A Admin from Title III B, C & E	\$175,777	\$0	\$175,777	75%	\$234,369
Title III B Supportive Services	\$452,063	\$0	\$452,063	85%	\$531,839
Title III C-1 Congregate Meals	\$734,028	\$0	\$734,028	85%	\$863,562
Title III C-2 Home Delivered Meals	\$374,598	\$0	\$374,598	85%	\$440,704
Title III D Health Promotion*	\$39,532	\$0	\$39,532	100%	\$39,532
	\$0	\$0	\$0	100%	\$0
Title III E Family Caregiver Support	\$157,546	\$0	\$157,546	75%	\$210,061
	\$0	\$0	\$0	85%	\$0
Total	\$1,933,544	\$0	\$1,933,544		\$2,320,067

	Budget to be Matched	Match Requirement	Total Match Required	State Match	Local Match Required
Title III A Admin from Title III B, C & E	\$234,369	25%	\$58,592	N/A	\$58,592
Title III B Supportive Services	\$531,839	15%	\$79,776	\$26,592	\$53,184
Title III C-1 Congregate Meals	\$863,562	15%	\$129,534	\$43,178	\$86,356
Title III C-2 Home Delivered Meals	\$440,704	15%	\$66,106	\$22,035	\$44,070
Title III D Health Promotion*	\$39,532	0%	\$0	\$0	\$0
	\$0	0%	\$0	\$0	\$0
Title III E Family Caregiver Support	\$210,061	25%	\$52,515	\$31,509	\$21,006
	\$0	0%	\$0	\$0	\$0
Total	\$2,320,067		\$386,523	\$123,314	\$263,208



ATTACHMENT D

- Area Plan Provider Services List

Agency: Southern Georgia Region AAA!
Start Date: 07/01/2022
End Date: 06/30/2023

Parent Provider: Atkinson County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Nina Lott, City Clerk Phone: (912)422-3391 Fax: (912)422-3429 Email: n.lott@atkinson-ga.org	86 South Main Street Pearson, GA 31642	HCBS - Nutrition Services	Home Delivered Meals

Service Provider: Atkinson County Home Delivered Meals Site

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Candace Walker, HDM Phone: Manager Fax: (912)422-3391 Email: (912)422-3429 imhz4gd@gmail.com	86 South Main Street Pearson, GA 31642	HCBS - Nutrition Services	Home Delivered Meals

Parent Provider: Bacon County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Andy Hutto, Chairman Phone: (912)632-5214 Fax: (912)632-2757 Email: andy@baconcounty.org	502 West 12th Street, Suite 200 Alma, GA 31510	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Service Provider: Bacon County Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Chris Williams Phone: (912)632-8954 Fax: (912)632-5965 Email: baconsrcenter@atcbroadband.com	504 North Pierce Street Alma, GA 31510	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Parent Provider: Ben Hill County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Michael Dinnerman, County Manager Phone: (229)426-5100 Fax: (229)426-5630 Email: mdinnerman@benhillcounty.com	402-A East Pine Street Fitzgerald, GA 31750	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Emergency Home Delivered Meals Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Service Provider: Ben Hill County Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Cathy Posey Phone: (229)426-5085 Fax: (229)426-5086 Email: cathy.posey@benhillcounty-ga.gov	253 Appomattox Road Fitzgerald, GA 31750	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Emergency Home Delivered Meals Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Parent Provider: Berrien County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Brenda Ferrell, County Administrator Phone: (229)686-5421 Fax: (229)686-2785 Email: brendaferrrell@berriencountygeorgia.com	201 North Davis Street, Room 198 Nashville, GA 31639	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Service Provider: Berrien County Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
----------------	----------------	-----------------	-----------------

Name: Brenda Jackson, Site Manager 402 Hazel Avenue
 Phone: (229)686-5648 Nashville, GA 31639
 Fax: (229)686-5648
 Email: berrienseniocenter@windstream.net

HCBS - Nutrition Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention
 Nutrition Education
 Senior Recreation

Parent Provider: Brantley County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Rene T. Herrin, Acting County Manager Phone: (912)462-5256 Fax: (912)462-5538 Email: bccm@btconline.net	33 Allen Road Nahunta, GA 31553	HCBS - Nutrition Services	Home Delivered Meals

HCBS - Senior Centers

Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention
 Nutrition Education
 Senior Recreation

Service Provider: Brantley County Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Jeanette Mercer Phone: (912)462-6525 Fax: (912)462-6264 Email: nettemercer@gmail.com	789 Burton Street, Suite 200 Nahunta, GA 31553	HCBS - Nutrition Services	Home Delivered Meals

HCBS - Senior Centers

Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention
 Nutrition Education
 Senior Recreation

Parent Provider: Brooks County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Patricia Williams, City Clerk Phone: (229)263-5561 Fax: (229)263-9345 Email: brooksco@windstream.net	610 South Highland Road Quitman, GA 31643	HCBS - Nutrition Services	Home Delivered Meals

HCBS - Senior Centers

Congregate Meals
 Exercise/Physical Fitness - Group

Name: Patricia Williams, City Clerk	610 South Highland Road	HCBS - Senior Centers	Health Promotion/Disease Prevention
Phone: (229)263-5561	Quitman, GA 31643		Nutrition Education
Fax: (229)263-9345			Senior Recreation
Email: brooksco@windstream.net			

Service Provider: Brooks County Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Joyce Smith, Site Manager	1301-A North Washington Street	HCBS - Nutrition Services	Home Delivered Meals
Phone: (229)263-9409	Quitman, GA 31643		
Fax: (229)263-9331			
Email: seniors01@windstream.net			
		HCBS - Senior Centers	Congregate Meals
			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation

Parent Provider: Charlton County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: James Everett, Chairman	68 Kingsland Drive, Suite B	HCBS - Nutrition Services	Home Delivered Meals
Phone: (912)496-2549	Folkston, GA 31537		
Fax: (912)496-1156			
Email: jnobles@charltoncountyga.gov			
		HCBS - Senior Centers	Congregate Meals
			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation

Service Provider: Charlton County Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Connie Bass	1516 Third Street, Suite F	HCBS - Nutrition Services	Home Delivered Meals
Phone: (912)496-7372	Folkston, GA 31537		
Fax: (912)496-7375			
Email: cbass@charltoncountyga.gov			
		HCBS - Senior Centers	Congregate Meals
			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation

Parent Provider: City of Ashburn [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Sandra Lumpkin, Mayor Phone: (229)567-3431 Fax: (229)567-9284 Email: amandarcoc@mediacombb.net	259 East Washington Avenue Ashburn, GA 31714	HCBS - Nutrition Services HCBS - Senior Centers	Home Delivered Meals Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Service Provider: City of Ashburn Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Jennifer Couch Phone: (229)567-3914 Fax: (229)567-3914 Email: ashburnseniors@gmail.com	412 South Gordon Street Ashburn, GA 31714	HCBS - Nutrition Services HCBS - Senior Centers	Home Delivered Meals Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Parent Provider: City of Enigma [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Gabby Leija Phone: (229)533-4185 Fax: (229)533-9062 Email: none	402 Main Street Enigma, GA 31749	HCBS - Nutrition Services	Home Delivered Meals

Service Provider: City of Enigma Home Delivered Meals Site

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Michelle Cooper Phone: (229)533-4185 Fax: (229)533-9062 Email: none	402 Main Street Enigma, GA 31749	HCBS - Nutrition Services	Home Delivered Meals

Parent Provider: City of Hahira [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Bruce Cain, Mayor Phone: (229)794-2330 Fax: (229)794-9310 Email: abcain49@yahoo.com	102 South Church Street Hahira, GA 31632	HCBS - Nutrition Services	Home Delivered Meals

Service Provider: City of Hahira Home Delivered Meals Site

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Ann Hagood Phone: (229)794-4097 Fax: (229)794-9314 Email: none	215 Randall Street Hahira, GA 31632	HCBS - Nutrition Services	Home Delivered Meals

Parent Provider: City of Ocilla [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Matt Seale, Mayor Phone: (229)468-5141 Fax: (229)468-9447 Email: mayor@cityofocillaga.net	111 North Irwin Avenue Ocilla, GA 31774	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Senior Recreation

Service Provider: City of Ocilla Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Marlo Sandifer, Site Manager Phone: (229)468-9181 Fax: (229)468-9181 Email: irwincountyseniorcenter@yahoo.com	415 West 4th Street Ocilla, GA 31774	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Senior Recreation

Parent Provider: City of Tifton [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Pete Pyrzenski, City Manager Phone: (229)391-3860 Fax: (229)386-9694 Email: ppyrzenski@tifton.net	103 East First Street Tifton, GA 31793	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Service Provider: City of Tifton/Leroy Rogers Nutrition Center

Contact

Name: Natasha Patrick
 Phone: (229)391-3956
 Fax: (229)391-3979
 Email: npatrick@tifon.net

Address

315 West Second Street
 Tifton, GA 31794

Programs

HCBS - Nutrition Services

 HCBS - Senior Centers

Services

Home Delivered Meals

 Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention
 Nutrition Education
 Senior Recreation

Parent Provider: City of Willacoochee [Parent]

Contact

Name: Samuel Newson, Mayor
 Phone: (912)534-5152
 Fax: (912)534-5848
 Email: pegme1@willacoochee.com

Address

33 Fleetwood Avenue
 Willacoochee, GA 31650

Programs

HCBS - Nutrition Services

 HCBS - Senior Centers

Services

Home Delivered Meals

 Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention
 Senior Recreation

Service Provider: City of Willacoochee Nutrition Center

Contact

Name: Sue Spierto
 Phone: (912)534-5450
 Fax: (912)534-6306
 Email: n.sue63@yahoo.com

Address

68 Boone Street
 Willacoochee, GA 31650

Programs

HCBS - Nutrition Services

 HCBS - Senior Centers

Services

Home Delivered Meals

 Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention
 Senior Recreation

Parent Provider: Clinch County Board of Commissioners [Parent]

Contact

Name: Jaclyn James, County
 Administrator
 Phone: (912)487-2667
 Fax: (912)487-3658
 Email: clinchcountyga@gmail.com

Address

22 Court Square, Suite B
 Homerville, GA 31634

Programs

HCBS - Nutrition Services

 HCBS - Senior Centers

Services

Home Delivered Meals

 Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention

Name: Jaclyn James, County Administrator
 Phone: (912)487-2667
 Fax: (912)487-3658
 Email: clinchcountyga@gmail.com

22 Court Square, Suite B
 Homerville, GA 31634

HCBS - Senior Centers

Nutrition Education
 Senior Recreation

Service Provider: Clinch County Nutrition Center

Contact

Name: Angela Jones
 Phone: (912)487-2893
 Fax: (912)487-2893
 Email: ccsrcenter@yahoo.com

Address

313 West Dame Street, Suite E
 Homerville, GA 31634

Programs

HCBS - Nutrition Services

Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention
 Nutrition Education
 Senior Recreation

Parent Provider: Coffee County Board of Commissioners [Parent]

Contact

Name: Oscar Paulk, Chairman
 Phone: (912)384-4799
 Fax: (912)384-0291
 Email: tracie.vickers@coffeecounty-ga.gov

Address

101 South Peterson Avenue
 Douglas, GA 31533

Programs

HCBS - Nutrition Services

Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention
 Nutrition Education
 Senior Recreation

Service Provider: Coffee County Nutrition Center

Contact

Name: Linda Lewis, Site Manager
 Phone: (912)384-1746
 Fax: (912)384-6752
 Email: lindalewis061211@yahoo.com

Address

408 East Ward Street
 Douglas, GA 31534

Programs

HCBS - Nutrition Services

Services

Home Delivered Meals

HCBS - Senior Centers

Congregate Meals
 Exercise/Physical Fitness - Group
 Health Promotion/Disease Prevention
 Nutrition Education
 Senior Recreation

Parent Provider: Cook County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Audie Rowe, Chairman Phone: (229)896-2266 Fax: (229)896-6888 Email:	1200 South Hutchinson Avenue Adel, GA 31620	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Service Provider: Cook County Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Debra Buckholts Phone: (229)549-6989 Fax: (229)549-6989 Email: cookseniorcenter@gmail.com	303 South College Avenue Sparks, GA 31647	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Parent Provider: Diversified Resources, Inc. (SGAAA) [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Harriet Mixon Phone: (912)285-3089 Fax: (912)285-0367 Email: hmixon@diversifiedresources.net	147 Knight Avenue Circle Waycross, GA 31503	HCBS - Case Management	Case Management
		HCBS - Nutrition Services	Nutrition Counseling

Service Provider: Diversified Resources, Inc. - Waycross

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Harriet Mixon Phone: (912)285-3089 Fax: (912)285-4747 Email: hmixon@diversifiedresources.net	PO Box 1099 Waycross, GA 31502	HCBS - Case Management	Case Management

Service Provider: Diversified Resources, Inc. (SGAAA) [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
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Name: Harriet Mixon Phone: (912)285-3089 Fax: (912)285-0367 Email: hmixon@diversifiedresources.net	147 Knight Avenue Circle Waycross, GA 31503	HCBS - Case Management	Case Management
		HCBS - Nutrition Services	Nutrition Counseling

Parent Provider: E.T.C. Schools, Inc. (SGAAA) [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Dan Walker Phone: (912)449-0708 Fax: (912)449-0559 Email: flemwalk@yahoo.com	243 Main Street Blackshear, GA 31516	HCBS - In-Home Services	Home Modifications/Home Repair

Service Provider: E.T.C. Schools, Inc. (SGAAA) [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Dan Walker Phone: (912)449-0708 Fax: (912)449-0559 Email: flemwalk@yahoo.com	243 Main Street Blackshear, GA 31516	HCBS - In-Home Services	Home Modifications/Home Repair

Parent Provider: Echols County Consolidated Government [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Bobby Walker, Chairman Phone: (229)559-6538 Fax: (229)559-6158 Email: ecvoc@yahoo.com	110 General Deloach Street Statenville, GA 31648	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Service Provider: Echols County Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Peggy Pittman, HDM Driver Phone: (229)559-0665 Fax: (229)559-0665 Email:	170 Church of God Street Statenville, GA 31648	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Parent Provider: Lanier County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Neil Ginty, County Manager Phone: (229)482-2088 Fax: (229)482-8187 Email: boardofcomm@windstream.net	56 West Main Street, Suite 9 Lakeland, GA 31635	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Service Provider: Lanier County Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Patricia Gordon Phone: (229)363-9249 Fax: (229)482-9564 Email: lanierseniorctr@laniercountybo c.com	104 South Oak Street Lakeland, GA 31635	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals Exercise/Physical Fitness - Group Health Promotion/Disease Prevention Nutrition Education Senior Recreation

Parent Provider: Middle Flint Council on Aging, Inc. - Lowndes County Frozen HDM

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Norman D. Graves Phone: (229)928-2126 Fax: (229)924-0304 Email: norm@mfcoa.org		HCBS - Nutrition Services	Home Delivered Meals

Service Provider: Middle Flint Council on Aging, Inc. - Lowndes County Frozen HDM

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Norman D. Graves Phone: (229)928-2126 Fax: (229)924-0304 Email: norm@mfcoa.org		HCBS - Nutrition Services	Home Delivered Meals

Parent Provider: Pierce County Nutrition Center (Action Pact, Inc.)

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Lynn Platt Phone: (912)449-0145 Fax: (912)807-9734 Email: lplatt@actionpact.org	713 Hendry Street Blackshear, GA 31516	HCBS - Nutrition Services	Home Delivered Meals

Name: Lynn Platt	713 Hendry Street	HCBS - Senior Centers	Congregate Meals
Phone: (912)449-0145	Blackshear, GA 31516		Exercise/Physical Fitness - Group
Fax: (912)807-9734			Health Promotion/Disease Prevention
Email: lplatt@actionpact.org			Nutrition Education
			Senior Recreation

Service Provider: Pierce County Nutrition Center (Action Pact, Inc.)

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Lynn Platt	713 Hendry Street	HCBS - Nutrition Services	Home Delivered Meals
Phone: (912)449-0145	Blackshear, GA 31516		
Fax: (912)807-9734			
Email: lplatt@actionpact.org			
		HCBS - Senior Centers	Congregate Meals
			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation

Parent Provider: Ray City [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Brenda Exum, Mayor	8151 Main Street	HCBS - Nutrition Services	Home Delivered Meals
Phone: (229)455-2236	Ray City, GA 31645		
Fax: (229)455-4212			
Email: bexum@raycityga.gov			
		HCBS - Senior Centers	Congregate Meals
			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation

Service Provider: Ray City Nutrition Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Shannon Mikell	1101 Patten Avenue	HCBS - Nutrition Services	Home Delivered Meals
Phone: (229)455-2236	Ray City, GA 31645		
Fax: (229)455-2236			
Email: s_mikell@yahoo.com			
		HCBS - Senior Centers	Congregate Meals
			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation

Parent Provider: Southern Georgia Region AAA

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Scott Courson, Director of Phone: Aging Services Fax: (912)285-6097 Email: (912)285-6126 tscourson@sgrc.us	1725 South Georgia Parkway, West Waycross, GA 31503	ADRC-CARES Program	Material Aid - Assistive Technology Material Aid - Individual
		HCBS - Caregiver Services	Material Aid - Individual
		HCBS - Case Management	Consumer Directed - Material Aid (supplies, equip., mileage, reimbursement)
		HCBS - HCBS Services	Material Aid - Assistive Technology Material Aid - Individual Telephone Reassurance
		HCBS - Support Options	Consumer Directed - Material Aid (supplies, equip., mileage, reimbursement) Consumer Directed - Personal Care

Service Provider: Southern Georgia Region AAA

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Scott Courson, Director of Phone: Aging Services Fax: (912)285-6097 Email: (912)285-6126 tscourson@sgrc.us	1725 South Georgia Parkway, West Waycross, GA 31503	ADRC-CARES Program	Material Aid - Assistive Technology Material Aid - Individual
		HCBS - Caregiver Services	Material Aid - Individual
		HCBS - Case Management	Consumer Directed - Material Aid (supplies, equip., mileage, reimbursement)
		HCBS - HCBS Services	Material Aid - Assistive Technology Material Aid - Individual Telephone Reassurance
		HCBS - Support Options	Consumer Directed - Material Aid (supplies, equip., mileage, reimbursement) Consumer Directed - Personal Care

Parent Provider: Southern Home Care Services, Inc dba All Ways Caring HomeCare - Southern GA

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Jason Power, Executive Phone: Director Fax: (229)244-8854 Email: (229)244-0979 jason.power@allwayscaring.com	2318 North Patterson Street Valdosta, GA 31602	HCBS - Caregiver Services	Respite Care In-Home
		HCBS - In-Home Services	Homemaker Personal Care

Service Provider: Southern Home Care Services, Inc dba All Ways Caring HomeCare - Southern GA

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Jason Power, Executive Phone: Director Fax: (229)244-8854 Email: (229)244-0979 jason.power@allwayscaring.com	2318 North Patterson Street Valdosta, GA 31602	HCBS - Caregiver Services	Respite Care In-Home
		HCBS - In-Home Services	Homemaker Personal Care

Parent Provider: Town of Alapaha [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Deitra Powell, City Clerk Phone: (229)532-7475 Fax: (229)532-7474 Email:	112 Northwest Railroad Street Alapaha, GA 31622	HCBS - Nutrition Services	Home Delivered Meals

Service Provider: Town of Alapaha Home Delivered Meals Site

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Deitra Powell Phone: (229)532-7475 Fax: (229)532-7474 Email:	112 Northwest Railroad Street Alapaha, GA 31622	HCBS - Nutrition Services	Home Delivered Meals

Parent Provider: Valdosta State University - Division of Social Work [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Dr. Dorothy Dye Phone: (229)293-6146 Fax: (229)293-6148 Email: ddye@valdosta.edu	1500 N. Patterson Street Valdosta, GA 31698	HCBS - HCBS Services	Adult Day Care

Service Provider: VSU Alzheimer's Adult Day Care Program - "My Friend's House"

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Darlene Myers Phone: (229)293-6146 Fax: (229)293-6148 Email: dpmyers@valdosta.edu	109 W. Moore Street Valdosta, GA 31604	HCBS - HCBS Services	Adult Day Care

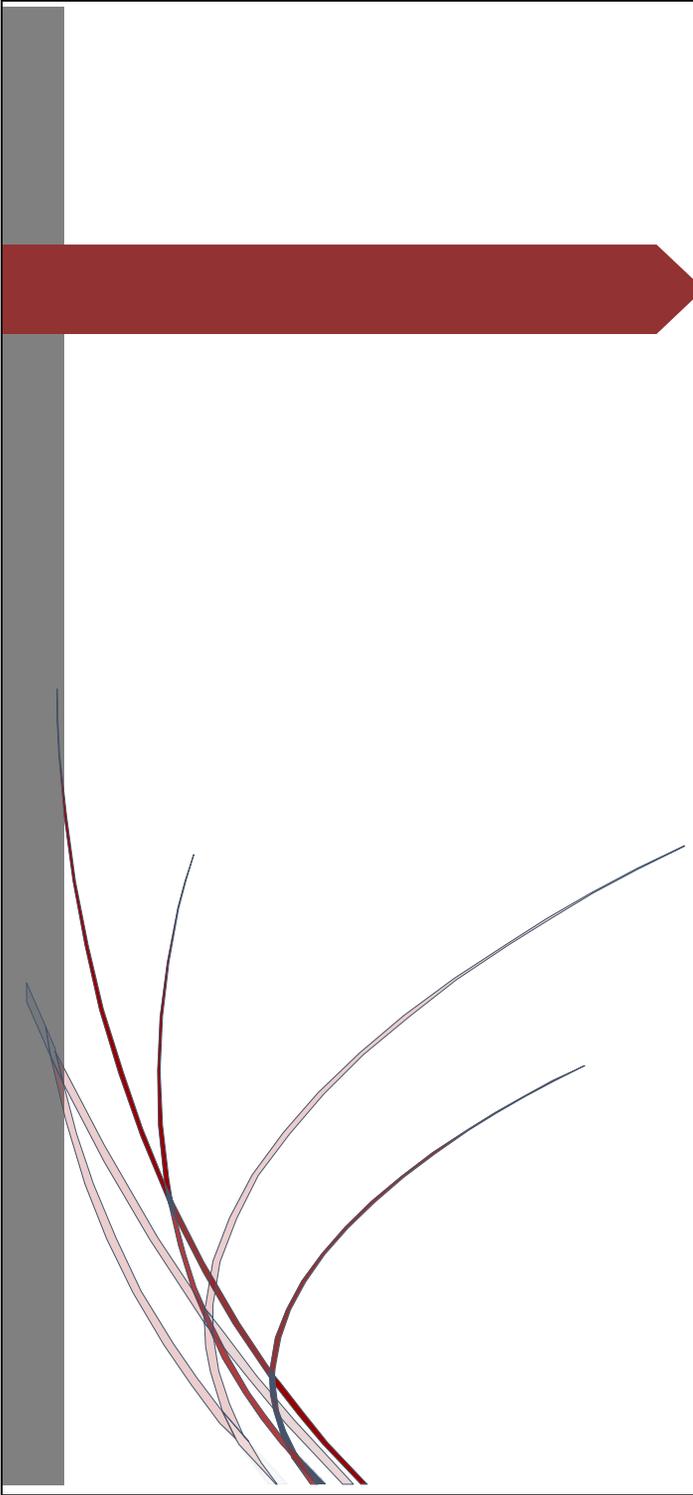
Parent Provider: Ware County Board of Commissioners [Parent]

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Elmer Thrift, Chairman Phone: (912)287-4300 Fax: (912)287-4301 Email:	800 Church Street, Suite 223 Waycross, GA 31501	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Name: Elmer Thrift, Chairman	800 Church Street, Suite 223	HCBS - Senior Centers	Exercise/Physical Fitness - Group
Phone: (912)287-4300	Waycross, GA 31501		Health Promotion/Disease Prevention
Fax: (912)287-4301			Nutrition Education
Email:			Senior Recreation

Service Provider: Ware County Nutrition Center/Nelson Greene Senior Center

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Jean Redmond	1615 Carswell Avenue	HCBS - Nutrition Services	Home Delivered Meals
Phone: (912)285-9800	Waycross, GA 31503		
Fax: (912)285-1357		HCBS - Senior Centers	Congregate Meals
Email: jredmond@mckinneyhealth.com			Exercise/Physical Fitness - Group
			Health Promotion/Disease Prevention
			Nutrition Education
			Senior Recreation



ATTACHMENT E

- How has the Pandemic, COVID-19, Impacted the AAA?

ATTACHMENT E – HOW HAS THE PANDEMIC, COVID-19, IMPACTED THE AAA?

Describe how the pandemic, COVID-19, has impacted:

- the AAA and its Region
 - Rural communities in the region are plagued with poverty, disproportionate health inequities, food insecurity, and racial or ethnic disparities even during “normal” times. In the past year, the COVID-19 pandemic intensified these conditions, and many rural families have found themselves in a struggle to simply survive from day-to-day. The economic, social, health, and education impacts of this pandemic have affected individuals and families in incomparable ways by magnifying pre-existing needs and inequities or by generating new and unique needs that individuals have never experienced before.
 - The business shutdowns, layoffs, and closures created by the COVID-19 pandemic generated unexpected hardships and financial problems for residents and families. Many people, amid a financial crisis, found themselves having to make difficult decisions such as whether to pay their rent or mortgage instead of their electric bill, or whether to forego buying their prescription medications to instead buy groceries for their families.
 - A major need that surfaced at the onset of the pandemic was food insecurity and the need for emergency food supplies. Many food pantries that typically provide emergency food across the community opted to suspend their operations to protect their vulnerable volunteers. Food insecurity was especially high for senior residents. This was due in part to the fact that they were homebound for safety reasons, were afraid to go out shopping, were no longer able to visit local food pantries as needed, and/or were no longer able to attend senior center programs where they normally received a hot meal each day.
 - The COVID-19 pandemic brought with it an upsurge in depression, anxiety, social isolation, fear, worry, and other unhealthy emotions. Some people were afraid of illness and death; some were anxious about their jobs and finances; some were lonely and isolated because of social distancing; some were frustrated and confused trying to maneuver daily life in new and complicated ways, and some were worried and uncertain about the future.
 - The COVID-19 pandemic has created physical health impacts for individuals in numerous ways. Some employees lost their health insurance coverage; some hospitals and clinics postponed non-emergency medical procedures; some individuals did not seek medical treatment because of fear of visiting a hospital or clinic, and some contracted COVID-19 themselves and/or suffered personal losses due to the virus.
 - As schools, childcare centers, and youth programs were closed during the pandemic, families struggled with how to educate their children at home, how to maneuver a new technological world of virtual learning, and how to continue going to work with unsupervised children at home. These teleworking parents now found themselves trying to work from home while also having their children at home all day. Many senior residents found themselves having to babysit for neighbors, relatives, and acquaintances because working parents were desperate for anyone to watch their children.
 - The Regional Commission’s AAA staff began working teleworking from home in March 2020 which created unprecedented management challenges in changing work procedures.
- the AAA’s providers

- Many providers were unable to continue to provide some in-person services
 - All Congregate Meal Sites in the region closed to in-person clients in March 2020
 - After it was clear that COVID-19 was here for a while the senior centers adapted to provide virtual senior center activities
 - The AAA's one Adult Day Care site in Valdosta, Georgia closed to in-person clients in March 2020
 - The Adult Day Care site adapted to provide telephonic activities for clients
 - The AAA's region wide food vendor switched to frozen and shelf stable meals to assist with no contact food deliveries and to help minimize the impact and spread of COVID-19 to their staff
- Providers lost staff due to COVID-19 sickness, deaths, quarantine, and shelter in place requirements
- Some providers are reluctant to hire replacement full time staff during the shutdown of senior centers
- There seems to be a lack of availability in the work force (many businesses are trying to hire)
- delivery of services
 - Congregate Meal Sites began weekly delivery or pickup of frozen or shelf stable meals for congregate clients sheltering in place at home (all hot daily meals ceased)
 - Home Delivered Meal Sites began weekly delivery of frozen or shelf stable meals for home delivered meal clients (all hot daily meals ceased)
 - In-home service providers indicated some clients refused to let staff into their homes in order to avoid contact and the possibility of contracting COVID-19, even with Personal Protective Equipment (PPE) being in use
- needs of the clients
 - Clients began calling and needing assistance with food as they tried to shelter in place at home
 - Clients began refusing in-home services due to being scared of contracting COVID-19
 - The most basic individual needs—food, shelter, safety—have become top priorities
 - Mental health and emotional wellness surfaced as priority issues with long-term implications
- changes in funding methodologies
 - New funding
 - New services
 - New processes, oh my...
- barriers and successes
 - Flexibility of DAS/AAA reporting system was stretched
 - The meaning of “direct services” and AAAs needed clarification. AAAs were unsure if they could provide or not provide some services directly
 - Some direct services necessitated submission of waivers by AAAs to provide them directly
 - Challenge: Assist those eligible for vaccines in getting them (multiple Public Health Districts, multiple vaccine providers, shortages of vaccines, difficulty in making appointments online or by telephone.) Ease worries/reluctance concerning vaccines and their side effects.

- Opportunity: Collaborate with Public Health locally, Provision of DHS Coordinated Transportation trips to vaccine appointments, assist clients in making appointments online or by telephone. Educate the public on the safety of vaccines using Department of Public Health information.
- Challenge: Ways to get COVID-19 vaccines to the elderly homebound.
 - Opportunity: Create the ability to share client information with Public Health to get homebound clients registered for vaccines. Utilize DHS Coordinated Transportation, Senior Centers as Drive-Thru vaccination sites, or in-home service providers to give access to homebound clients to the vaccine.
- Challenge: Some seniors afraid to use public transportation (DHS Coordinated Transportation) due to COVID-19.
 - Opportunity: Educate riders on the safety measures in place to prevent COVID-19 infections on public transportation.
- Challenge: Sustain clients on programs/services after the COVID-19 influx of funding is gone.
 - Opportunity: Education on private pay service options, increase fundraising, research other grants/funding opportunities, business acumen training to assist in contracting with health care entities.
- Challenge: Large influx of COVID-19 funding and limited time to expend it.
 - Opportunity: Research new services to expend funding. Learn best practices from other agencies.
- Challenge: Managing new and different programs without adding new staff.
 - Opportunity: Possible hiring of Manpower/temporary agency staff to help with new programs that may not be permanent programs.
- Challenge: Senior Center Virtual Programming for senior centers that are closed. There are many technological needs and training needed for older adults who sometimes have limited or no access or previous history with using technology.
 - Opportunity: Technology Resources/Training for Clients.
- Challenge: Staffing of Senior Centers – with some senior centers closed to in-person services, staff have retired or left for other jobs, and many providers have not hired full time staff in their place.
 - Opportunity: Assist providers in finding and training of senior center staff. Possible collaboration with WIOA or Senior Community Service Employment Program (SCSEP).
- Challenge: Balancing safety of clients and daily delivery of meals to the homebound.
 - Opportunity: Utilize food options (frozen/shelf-stable meals) to ensure/increase contactless delivery options. Ensure the use of PPE for all staff making deliveries and add verbiage to the Emergency Plan regarding PPE use in pandemics.
- Challenge: Mental Health/Social Isolation for clients sheltering in place at home.
 - Opportunity: Utilize assessments available to determine social isolation/loneliness. Enhance the ability to provide services such as telephone reassurance to those at risk for social isolation/loneliness. Collaborate with mental health providers.
- Challenge: Workforce shortages for many in-home service providers.
 - Opportunity: Collaborate with WIOA Division to assist providers in staff recruitment/training.
- Challenge: WellSky data system – was unable to validate December 2020 reimbursement due to WellSky update.

- Opportunity: Worked with Division of Aging Services and WellSky staff to find out the issue – WellSky will apply fix on February 9th.
- Challenge: Restrictions on in-person outreach/marketing events and travel.
 - Opportunity: Learn from other Regional Commissions on best practices. Learn other ways to virtually market services.
- Challenge: Managing Teleworkers.
 - Opportunity: Learn from other Regional Commissions on best practices. Have teleworking staff communicate their activities.
- Challenge: Increase in phone calls/referrals from the community.
 - Opportunity: Look at streamlining the call center to better triage callers and get them the information and/or services they need. Possibly increase staffing with Manpower/Temporary Agency employees.
- Challenge: Decreasing work “silos.”
 - Opportunity: Cross-train staff so that more than one staff has a working knowledge of job functions.
- AAAs were able to adapt and were allowed flexibility by DAS
 - AAA now offers Material Aid
 - AAA now offers Support Options/Consumer Direction
 - AAA now offers Telephone Reassurance
 - AAA now offers virtual Dementia Friends sessions and virtual outreach programs
 - AAA is providing necessary trips to seniors throughout the region to medical appointments, including the ability to transport seniors to COVID-19 vaccine sites
- what could have been done differently
 - We could have started COVID-19 related services earlier. It seems we were in a wait and watch mode for quite a while before realizing this was going to be a long and drawn out pandemic.
 - We could have had a better plan for staff to telework at home for a longer period of time and how to manage them remotely. We do now have a new phone system that will allow teleworking from home in a much easier way.
 - We could have partnered better at the state and local level with the Department of Public Health regarding the prioritization of the elderly for vaccines and how best to get those clients vaccinated.

Throughout the pandemic, the AAAs guiding principle is to assist clients in their needs if at all possible, make note of any unmet needs for future planning, an encourage staff to look for “out of the box” ideas in solving unmet needs.