Georgia Department
of Human Services

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

DIVISION OF AGING SERVICES

SFY 2025 – SFY 2028 AAA AREA PLAN CYCLE

Southern Georgia Area Agency on Aging
SFY 2025 AREA PLAN

March 1, 2024

Item #1 - Checklist

SFY 2025 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.			
	Yes	**No**	**N/A**	**Comments**
Area Plan Narrative Checklist Contents				
Item #2 - Letter of Intent (Signatures Required)	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 Staff Positions, Staff Names, and the Responsibilities of Each Staff Person	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 the Results for all Methods Utilized to Include the Documentation of the AAA's Area Plan Public Hearings and the AAA's Public Hearings Held to Provide a Service(s) Directly.	X			
• #4c - Gap/Barriers/Needs to Improve Existing System	X			
• #4d - Special Needs	X			

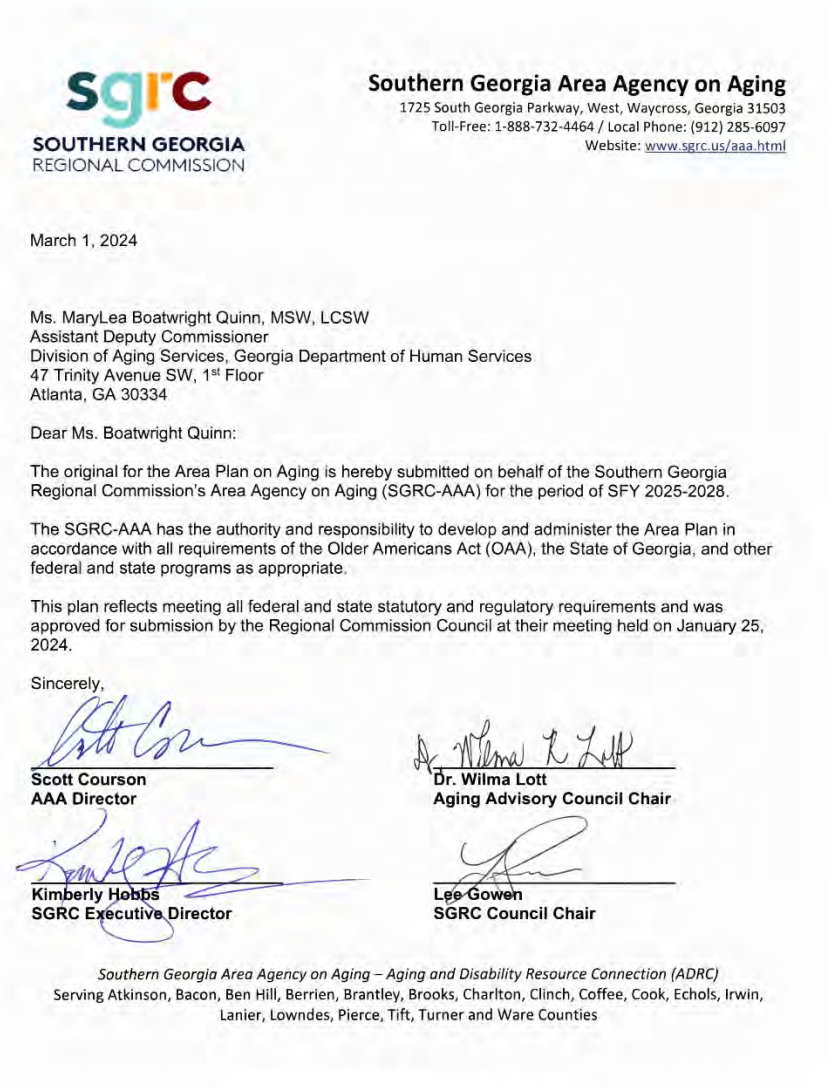
Item #1 - Checklist and Area Plan Table of Contents	As applicable, place an "X" in the Column for "Yes", "No" or "N/A" below.			
	Yes	**No**	**N/A**	**Comments**
Item #5 - Descriptions of Services Delivery System				
• #5a(1) – Older Americans Act Programs and Services Funded through the "GA Department of Human Services Division of Aging Services Multi-Funded Services Contract" Table; with Services Provided Directly by the AAA Column. • #5a(3) Tables for Case Management Services the Area Agency on Aging Offers in its Planning and Service Area	X			
• #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				
• Chart #1 - Home and Community Based Services (HCBS) - ***As identified in Item 5a(1).***	X			
• Chart #2 - Access Services - ***As identified in Item 5a(1).***	X			
• 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.			
	Yes	**No**	**N/A**	**Comments**
Item #7 – Fee for Service 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			
• #8d – Allocation Plan for Serving Individuals Under the Age of 60	X			
Item #9 - 2024 – 2027 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			
Note: None of the State Plan Goal #4 Objectives are applicable to the AAAs to complete and therefore, are not included in the SFY 2025 – SFY 2028 AAA Area Plan. However, the AAA may add goals in its efforts to prevent abuse, neglect, and exploitation under Item #14 – AAA Initiated Goals, Objectives, and Measures Charts (Optional).				
Item #13 – Goal #5 Objectives and Measures Charts	X			
Item #14 – AAA Initiated Goals, Objectives, and Measures Charts (Optional)	X			
AREA PLAN COMPLIANCE DOCUMENTS ATTACHMENTS	**Yes**	**No**	**N/A**	**Comments**
Attachments B:				
• B-1 - Board Resolution (Signatures Required)			X	*Only required for Non-Profit AAAs
• B-2 – Standard Assurances (Signatures Required)	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.			
	Yes	No	N/A	Comments
Attachment C – Area Plan Provider Services List Report (DAS Data System Report)	X			

Item #2 - Letter of Intent

The Letter of Intent acknowledges and dates that the AAA Director, the Advisory Council Chairperson, the Regional Commission Executive Director (if applicable), and the Board or Commission Chairperson have all reviewed and approved the AAA Area Plan. (Signatures Required)



SOUTHERN GEORGIA
REGIONAL COMMISSION

Southern Georgia Area Agency on Aging
1725 South Georgia Parkway, West, Waycross, Georgia 31503
Toll-Free: 1-888-732-4464 / Local Phone: (912) 285-6097
Website: www.sgrc.us/aaa.html

March 1, 2024

Ms. MaryLea Boatwright Quinn, MSW, LCSW
Assistant Deputy Commissioner
Division of Aging Services, Georgia Department of Human Services
47 Trinity Avenue SW, 1st Floor
Atlanta, GA 30334

Dear Ms. Boatwright Quinn:

The original for the Area Plan on Aging is hereby submitted on behalf of the Southern Georgia Regional Commission's Area Agency on Aging (SGRC-AAA) for the period of SFY 2025-2028.

The SGRC-AAA has the authority and responsibility to develop and administer the Area Plan in accordance with all requirements of the Older Americans Act (OAA), the State of Georgia, and other federal and state programs as appropriate.

This plan reflects meeting all federal and state statutory and regulatory requirements and was approved for submission by the Regional Commission Council at their meeting held on January 25, 2024.

Sincerely,

Scott Courson
AAA Director

Dr. Wilma Lott
Aging Advisory Council Chair

Kimberly Hobbs
SGRC Executive Director

Lee Gowen
SGRC Council Chair

Southern Georgia Area Agency on Aging – Aging and Disability Resource Connection (ADRC)
Serving Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner and Ware Counties

Item #3 – Executive Summary

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

The Georgia Department of Human Services' (DHS), Division of Aging Services (DAS) is the designated State Unit on Aging in accordance with the Older Americans Act and Georgia Code. The mission of DAS is to support the larger goals of DHS by assisting older individuals, at-risk adults, persons with disabilities, their families, and caregivers to achieve safe, healthy, independent, and self-reliant lives. The intent of the Older Americans Act (OAA) was to create a strong continuum of home and community-based services to help older adults maintain independence and age in place.

DAS prepares a State Plan on Aging as required by the Administration for Community Living (ACL) under the U.S. Department of Health and Human Services. The plan creates the foundation for a healthy, reasonable continuum of community-based care. DAS partners with a collaborative network of public and private state, local, and community-based providers and agencies that create Georgia's aging services network.

The aging services network is made up of Area Agencies on Aging (AAA), Centers for Independent Living (CILs), providers, non-profit organizations, advocates, and stakeholders. In addition, DAS encourages collaboration and partnerships with other state agencies, public and private entities, and non-traditional partners to ensure that the network remains agile, avoids service duplication, and innovates to meet the needs of the aging population.

DAS allocates federal and state funds to the Planning and Service Areas (PSA) using an ACL-approved Intrastate Funding Formula for most of its contracted services. The weighted funding formula takes into consideration the following eight factors:

1. persons 60 years of age and older (10%);
2. persons 75 years of age or older (30%);
3. low-income minority population 65 years of age and older (10%);
4. low-income population 65 years of age and older (13%);
5. estimated rural population 60 years of age and older (15%);
6. limited English-speaking population 65 years of age and older (4%);
7. disabled adults 65 years of age and older (10%); and
8. living alone 65 years of age and older (8%).

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 directed 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.

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

The Southern Georgia Area Agency on Aging is a division of the Southern Georgia Regional Commission.

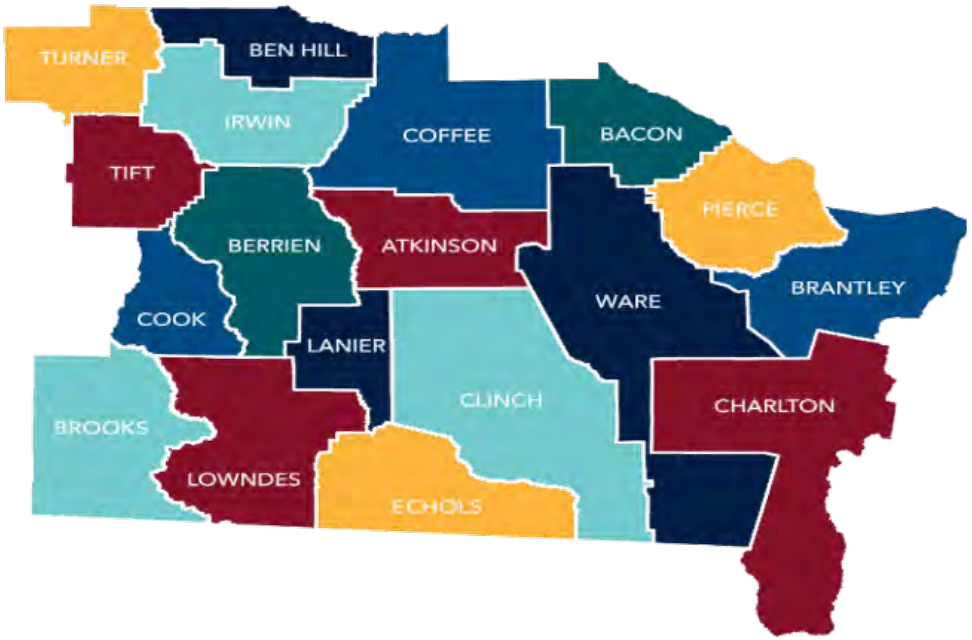
Established in 1963, the Southern Georgia Regional Commission (SGRC) is a regional planning and intergovernmental coordination agency that serves 45 municipalities and 18 counties in Southern Georgia.

The SGRC's Mission is to develop, promote, and provide services that make the Southern Georgia region a better place to live and work.

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.

In addition to Area Agency on Aging programs and services, the Southern Georgia Area Agency on Aging coordinates an Elder Rights Team Meeting. This meeting is composed of staff from the following: Southern Georgia Aging and Disability Resource Connection (ADRC), Adult Protective Services (APS), the Long-Term Care Ombudsman Program (LTCO), and the Elderly Legal Assistance Program (ELAP). Elder Rights Team members meet a total of four times per year (quarterly). Meetings are held in conjunction with ADRC Advisory Council Meetings for maximum impact and efficiency. Topics such as any cross-cutting issues, information about members' respective agencies, and promoting outreach are discussed at meetings. Members also discuss any issues regarding the referral process to ensure that clients' needs are being properly met.

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. The counties encompass approximately 8,088 square miles.



Item #3c - AAA Staff Positions, Staff Names, and the Responsibilities of Each Staff Person

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

- Assistant AAA Director
- Aging Dementia Care Specialist
- Aging Fiscal Specialist
- ADRC Supervisor/Program Manager

The AAA Director is responsible for the 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 the administration of the Request for Proposal (RFP) process for aging services, as needed, based on RFP cycles.

The Assistant AAA Director, Shawn Taylor, provides coordination and support to three (3) Aging Program Managers and the Aging Fiscal Specialist. She also takes the lead on DAS Data System quality assurance and security. Shawn also provides speaking engagements on behalf of the AAA and assists with advocacy efforts as assigned by the AAA Director. Shawn also coordinates Senior Hunger Regional Coalition activities and meetings and takes lead responsibility for planning the Senior Farmers' Market Nutrition Program (SFMNP).

Aging Program Managers (Linda Gail, Leischa Matthews, and Erin Nose) are responsible for the management of the AAA's service provider contracts. 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, as well as referrals to providers for nutrition services. 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>Erin Nose</u>	Aging Emergency Preparedness Planning Senior Farmers' Market Nutrition Program

Linda Gail	Senior Farmers' Market Nutrition Program Coordination of Aging Advisory Council Activities and Meetings
Leischa Matthews	Senior Farmers' Market Nutrition Program Coordination of Menu Planning Meetings

The Dementia Care Specialist, Christy Joyner, assists with planning, coordinating, and publicizing AAA dementia programs, events, and activities, including community outreach efforts for aging services, and dementia speaking engagements on behalf of the AAA. Christy serves as the subject matter expert regarding dementia in the PSA. This position drives the AAA efforts to make the aging network more dementia capable by supporting the local network of dementia partners and stakeholders as a community catalyst, educator, and collaborator. She helps to identify gaps in services and drive innovation so that constituents can access memory screenings and people living with dementia and their care partners can access long-term services and support (LTSS) options, including those provided through the Older Americans Act. She attends the quarterly Aging Advisory Council Meetings, ADRC Advisory Council Meetings, Elder Rights Team Meetings, and Southern Georgia Care-Net Meetings. She is a Dementia Friend Georgia Champion and participates in Georgia Memory Net, the Alzheimer's Association, and the Georgia Alzheimer's and Related Dementias (GARD) discussions. Christy is also certified to host the Virtual Dementia Tour by Second Wind Dreams®.

The Aging Fiscal Specialist, Donna McIntosh, is responsible for entering fiscal information 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.

The Aging and Disability Resource Connection (ADRC) Supervisor/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
- Providing oversight of the EmpowerLine 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 training is completed; confidentiality agreements are completed and filed)
- Selecting and training new ADRC staff
- Overseeing ADRC outreach activities including festivals and community meetings in coordination with the Aging Assistant Director and Dementia Care Specialist
- Overseeing Community Transition 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
- Overseeing the Elderly and Disabled Waiver Program

ADRC Counselors (Sabrina Boatright, Susan Bowen, Sabrina Carver, Judi Gary, Shelly Cason, Haylee Metts, Lynn Lee, Kim Meeks, Tyler Hayes, and Jill Cunningham) provide information, assistance, and referrals while assessing individuals for program eligibility as appropriate. In addition, ADRC Counselors perform telephone screenings and re-screenings. The ADRC Counselors screen for all aging services, including the Elderly and Disabled Waiver Program. All ADRC Counselors are trained and certified by the Division of Aging Services to provide Options Counseling, with the exception of recently hired employees. Haylee Metts took the CRS-A/D Certification Exam on September 11, 2022, but did not pass. She will retake the exam before December 31, 2024. Shelly Cason was hired on May 3, 2021. Tyler Hayes was hired on February 1, 2022. Jill Cunningham was hired on October 3, 2022. Shelly Cason, Tyler Hayes, and Jill Cunningham will begin the Options Counseling Certification process in SFY 2024 when offered by the Division of Aging Services and all will obtain CRS-A/D Certification in SFY 2024/2025.

ADRC Specialist Kristi Hames is responsible for resource identification and development as well as management and maintenance of the EmpowerLine resource database. She collaborates with the Community Transitions 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 referrals, entering data from those referrals, and assigning them to ADRC Counselors for follow-up. She assists the ADRC Supervisor with planning and scheduling outreach events. She assists with the billing for the Veteran's Directed Care Program that began February 1, 2022 and will serve up to 80 people (currently serving three (3) Veterans). She also assists Christy Joyner with Dementia Care Specialist community presentations and training events.

ADRC Assistant Kacey Lee assists the ADRC Specialist in receiving referrals, entering data with those referrals, and assigning them to ADRC Counselors for follow-up. She also has been designated to visit hospitals, physician offices, and behavioral health centers to promote AAA services in the community. She maintains a spreadsheet reflecting those organizations that are visited.

In addition to ownership of their respective contracts, some ADRC Counselors have other unique task assignments.

Some current assignments/responsibilities, by ADRC Counselor, are listed below:

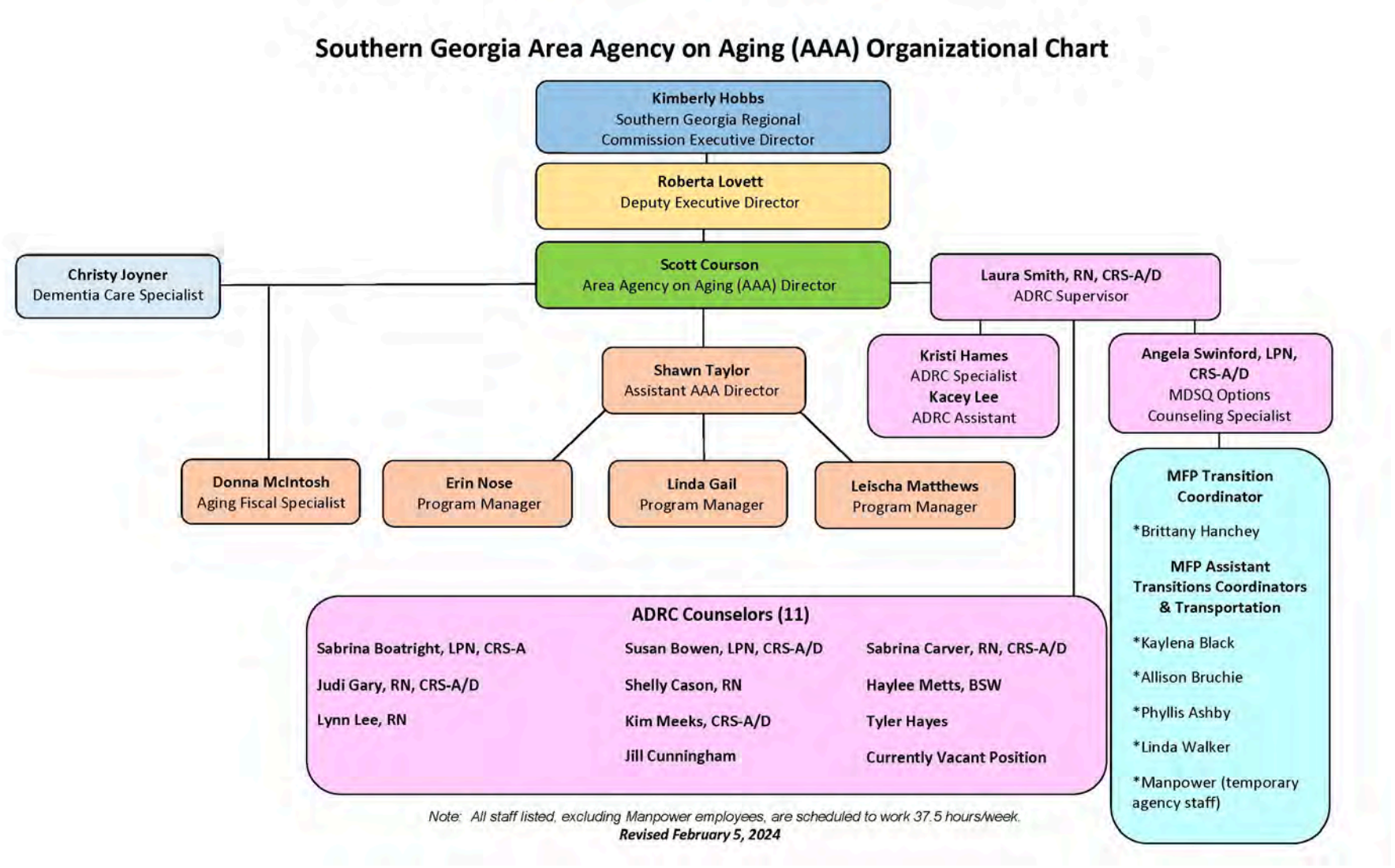
ADRC Counselor Sabrina Boatright, LPN, CRS-A/D has assumed responsibility of planning and providing outreach and off-site Options Counseling, information, assistance, and screening activities on at least a monthly basis.

ADRC Counselor 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 and assists Haylee Metts with HCBS in-home referrals, as needed.

ADRC Counselor Haylee Metts, BSW, is responsible for Material Aid/Assistive Technology, including outreach, Friends of Disabled Adults and Children (FODAC) orders, and equipment delivery. She enters all activities information in WellSky, including activities and notes. Haylee is the lead options counselor for the Veteran Directed Care Program and refers clients for HCBS in-home services.

MDSQ Options Counseling Specialist 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 Bruchie and Phyllis Ashby, who are temporary agency (Manpower) employees that assist with the 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. Angie also provides oversight and support to Linda Walker and Kaylena Black, temporary agency (Manpower) employees, who assist with MFP tasks and Region 11 AAA DHS Coordinated Transportation appointment scheduling.

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, the proximity of the event to the employee's home (if after-hours or weekend attendance is needed), and workload.



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 SGRC'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 either serves or appoints one member. As required, the majority of the members are over 60 years of age.

Southern Georgia Regional Commission's Area Agency on Aging
Aging Advisory Council (Revised January 2, 2024)

Name	Past/Present Occupation	Representing City/County
Amelia Tucker	Homemaker	Atkinson County
Chris Williams (Secretary)	Senior Center Site Manager	Bacon County
Catherine Posey	Senior Center Site Manager	Ben Hill County
Elizabeth Moore	Agriculture Industry	Berrien County
VACANT	VACANT	Brantley County
Lee Larko	County Commissioner	Brooks County
Joseph "Kip" Taylor	Retired/City Council Member Post 1 Homeland	Charlton County
Vivian Sharpe	City Council	City of Adel
Rachael Wade	Senior Center Employee	City of Alma
VACANT	VACANT	City of Ashburn
Karen Herndon	Retired/Disabled	City of Blackshear
Olivia Pearson	Retired/Former City Council	City of Douglas
Dennis Jefferson	City Council	City of Fitzgerald
Ruby Baker	Retired Educator	City of Folkston
Betty Cunningham	Retired Sheltered Workshop Manager	City of Homerville

Patricia Miller	Retired Registered Nurse	City of Lakeland
Barbara Maefield	Former Mayor of City of Nahunta	City of Nahunta
VACANT	VACANT	City of Nashville
Reginald Miller	Retired	City of Ocilla
VACANT	VACANT	City of Pearson
Zinda McDaniel	Mayor of City of Quitman	City of Quitman
Fran Kinchen Moss	Senior Center Director	City of Tifton
VACANT	VACANT	City of Valdosta
Dorothy Benefield	Retired Educator	City of Waycross
Angela Jones	Senior Center Site Manager	Clinch County
Dr. Wilma Lott (Chair)	Retired Professor of Mathematics	Coffee County
Gloria Culpepper	Retired	Cook County
Delilah Arnold	Senior Center Site Manager	Echols County **No incorporated city*
VACANT	VACANT	Echols County **No incorporated city*
Scott Carver	County Commissioner, Chairman	Irwin County
Dr. John Hunt	Retired Medical Doctor	Lanier County
Joyce Evans	County Commissioner – District 1	Lowndes County
Stephanie Bell	Executive Director Pierce Co. Family Connection	Pierce County
Gary McCurdy	Retired	Tift County
Juretha McMillian (Vice-Chair)	Retired USDA Lab Technician and Social Worker	Turner County
Marni Shuman	Retired Educator	Ware County

Item #3d - AAA's 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 Safe, 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.

Item #3e - 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 area plan cycle. Clients, caregivers, and stakeholders within the community also provide input on current services and those that are needed.

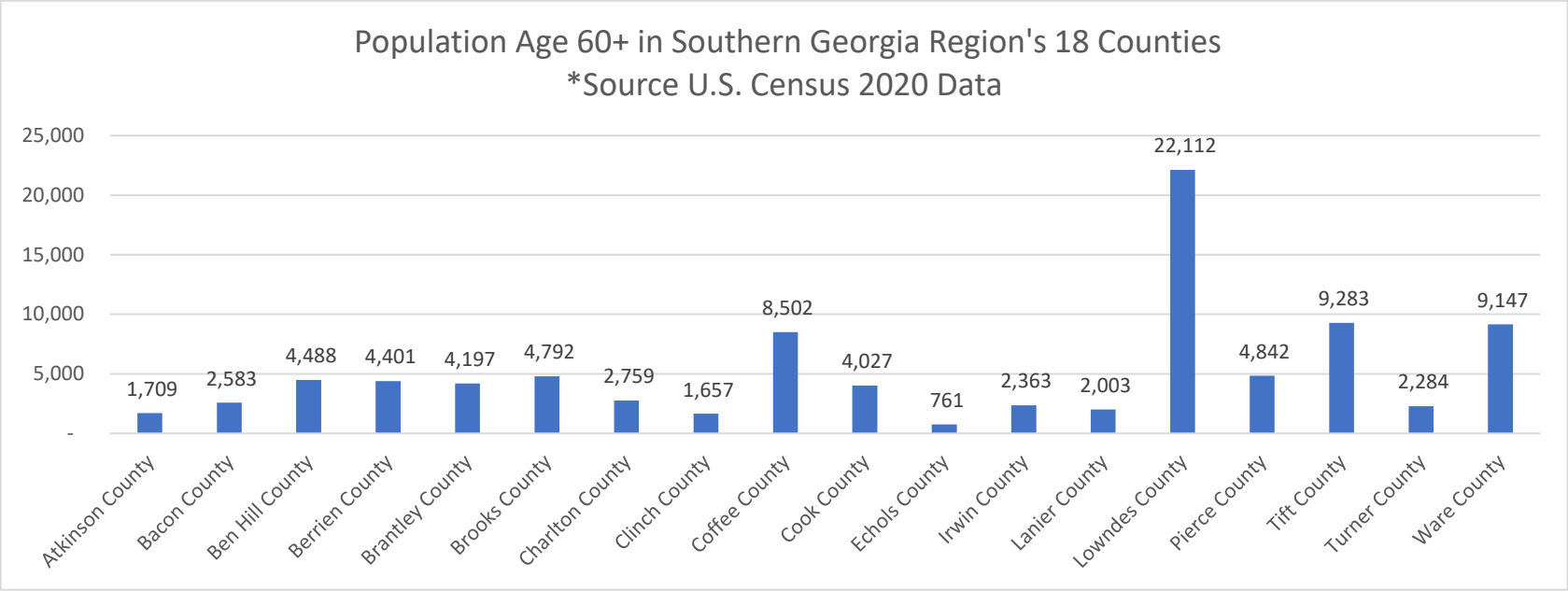
Items #4 – Regional Context

Item #4a - Current and Future Older Persons

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

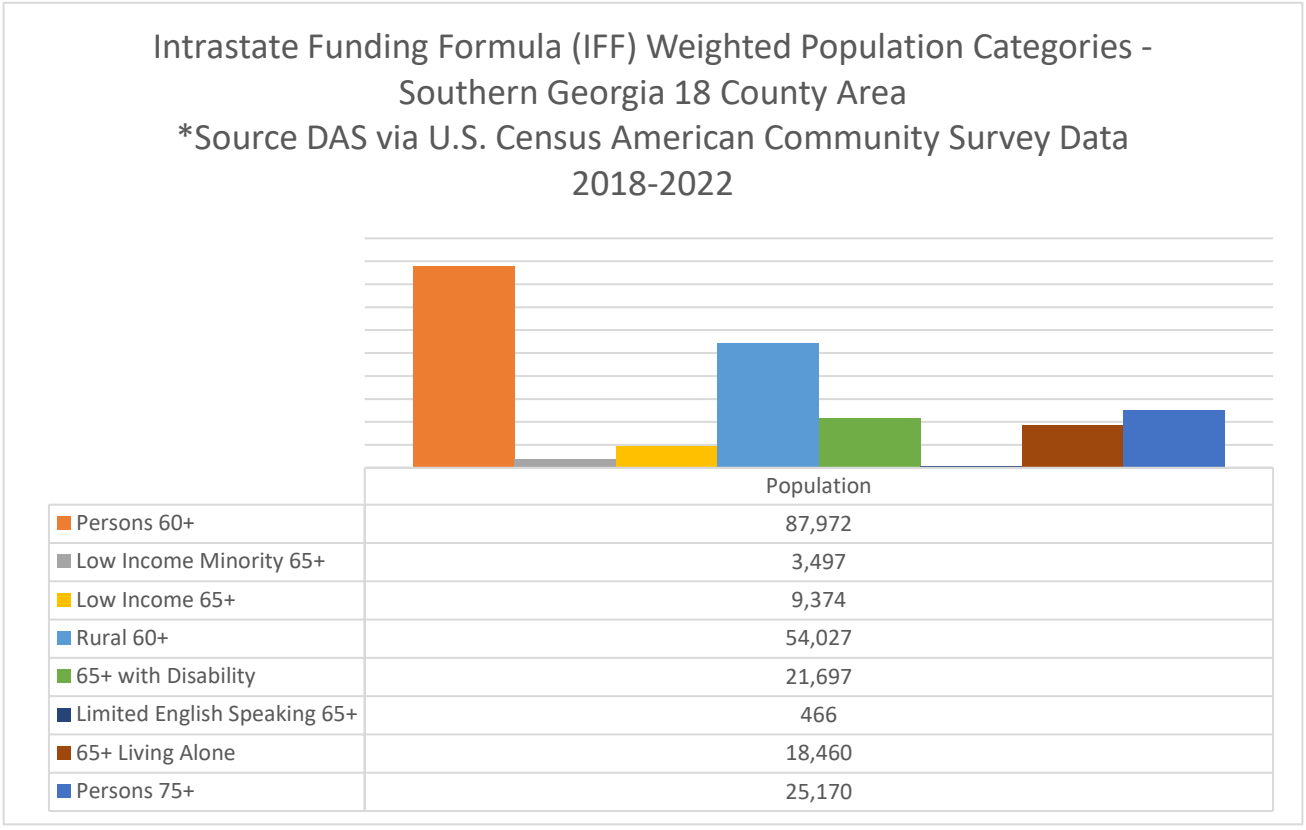
According to U.S. Census 2020 data, the total population of Georgia is approximately 10,711,908. Those 60+ years of age make up 20.69% or 2,216,299 of the total population. The Southern Georgia Region's 18-county area has 4.15% (or 91,910) of these 60+ Georgians. Lowndes is the region's largest county with an approximate 60+ population of 22,112.

In planning for future demographics, we would like to note that the region's 50 to 59-year-old population is approximately 52,084 (U.S. Census 2020 data). These individuals have and will continue to reach 60 years of age in the next 10 years. This number (52,084) represents over 56% of our current 60+ population for the region which is 91,910.



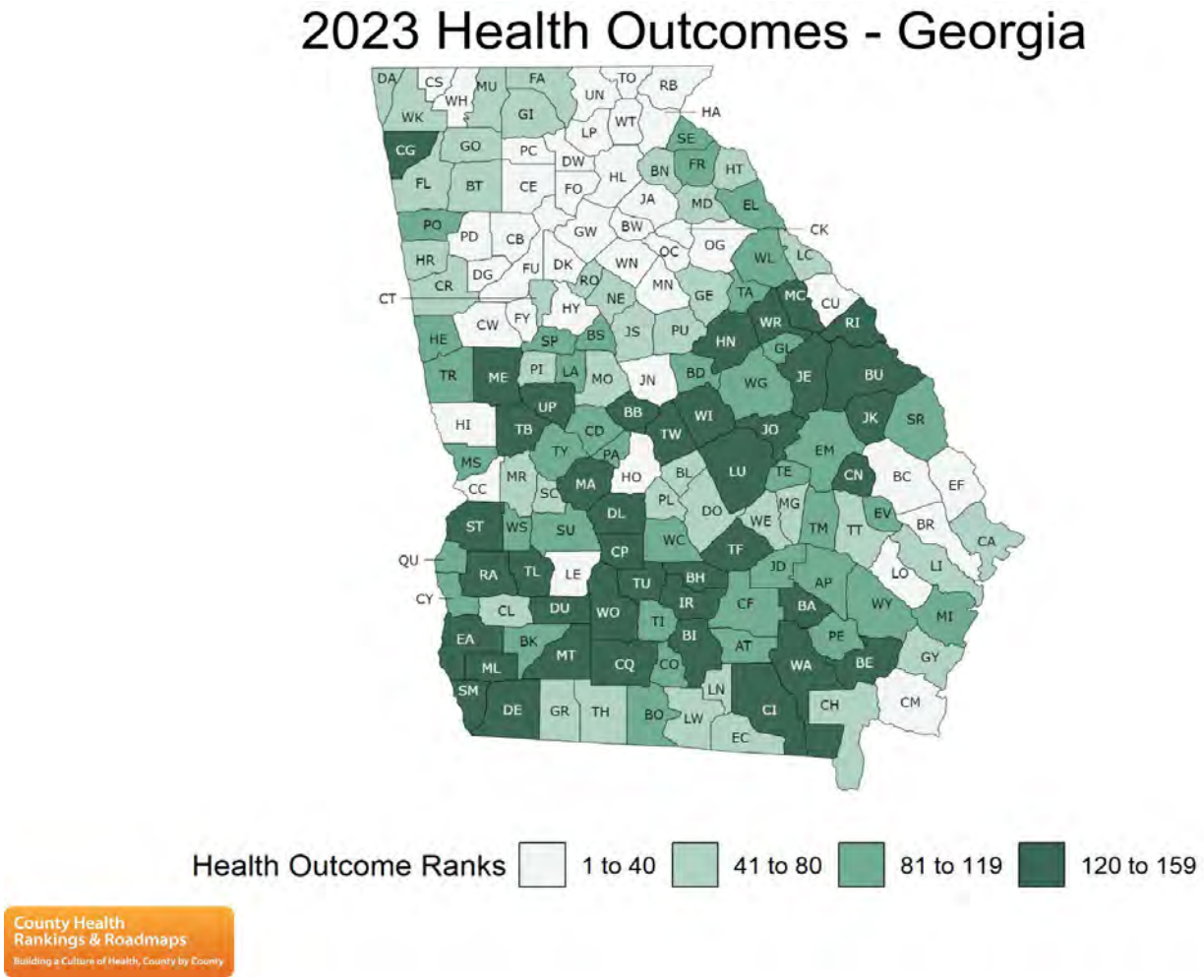
The Georgia Division of Aging Services (DAS) allocates federal and state funds to the Planning and Service Areas (PSA) using an Administration for Community Living (ACL) approved Intrastate Funding Formula (IFF) for most of its contracted services. The weighted funding formula takes into consideration the following eight factors:

- persons 60 years of age and older (10%)
- persons 75 years of age or older (30%);
- low-income minority population 65 years of age and older (10%);
- low-income population 65 years of age and older (13%);
- estimated rural population 60 years of age and older (15%);
- limited English-speaking population 65 years of age and older (4%);
- disabled adults 65 years of age and older (10%); and
- living alone 65 years of age and older (8%).



	Population
Persons 60+	87,972
Low Income Minority 65+	3,497
Low Income 65+	9,374
Rural 60+	54,027
65+ with Disability	21,697
Limited English Speaking 65+	466
65+ Living Alone	18,460
Persons 75+	25,170

Almost all of the 18 counties in the Southern Georgia Region rank near the bottom in the 2023 County Health Outcomes Rankings as indicated on their website. Health Outcomes tell us how long people live on average within a community and how many physical and mental health issues people experience in a community while they are alive.



County	Health Outcomes Overall Ranking
Atkinson (AT)	118
Bacon (BA)	134
Ben Hill (BH)	156
Berrien (BI)	120
Brantley (BE)	130
Brooks (BO)	101
Charlton (CH)	73
Clinch (CI)	151
Coffee (CF)	102
Cook (CO)	111
Echols (EC)	80
Irwin (IR)	143
Lanier (LN)	67
Lowndes (LW)	63
Pierce (PE)	89
Tift (TI)	93
Turner (TU)	142
Ware (WA)	125

*Source: County Health Rankings & Roadmaps www.countyhealthrankings.org

Many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities, such as Adult Smoking, Adult Obesity, Food Environment Index, Physical Inactivity, Access to Exercise Opportunities, Excessive Drinking, Alcohol-Impaired Driving Deaths, and Sexually Transmitted Infections. The Southern Georgia Region's Counties rank among the lowest in Georgia for Health Outcomes Overall Rankings.

In the Southern Georgia Region, high causes of Emergency Room visits for those aged 60+ are detailed below:

*These causes may indicate educational/wellness program opportunities for the Area Agency on Aging.

Ranked Significantly High Causes and State/County Comparison, Emergency Room Visit Rate, Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware Counties, 60-120 Years of Age, 2018 - 2022

Diseases of the Musculoskeletal System and Connective Tissue n=20,008

1

Falls n=17,257

2

All Other Diseases of the Genitourinary System n=10,149

3

All Other Unintentional Injury n=8,886

4

All COPD Except Asthma n=5,240

5

All Other Diseases of the Nervous System n=5,220

6

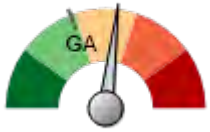
Covid-19 n=4,741

7

All Other Endocrine, Nutritional and Metabolic Diseases n=3,319

8

Diabetes Mellitus n=2,612



9

All Other Mental and Behavioral Disorders n=2,441

10

Motor Vehicle Crashes n=2,406	Ischemic Heart and Vascular Disease n=2,121	Pneumonia n=1,914	Cerebrovascular Disease n=1,415	Anemias n=1,141
				
# 11	# 12	# 13	# 14	# 15

As well, the high causes of premature death for those 60+ in the Southern Georgia Region are detailed below:

*These causes may indicate educational/wellness program opportunities for the Area Agency on Aging.

Ranked Significantly High Causes and State/County Comparison, Premature Death Rate (YPLL), Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware Counties, 60-74 Years of Age, 2018 - 2022

Ischemic Heart and Vascular Disease
YPLL=7,813

1

Covid-19
YPLL=5,096

2

All COPD Except Asthma
YPLL=4,296

3

Malignant Neoplasms of the Trachea, Bronchus and Lung
YPLL=4,025

4

Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease
YPLL=2,425

5

Cerebrovascular Disease
YPLL=2,373

6

Diabetes Mellitus
YPLL=1,993

7

Nephritis, Nephrotic Syndrome and Nephrosis
YPLL=1,571

8

Malignant Neoplasms of Colon, Rectum and Anus
YPLL=1,190

9

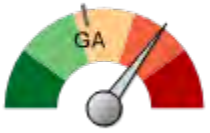
Septicemia
YPLL=1,183

10

All Other Diseases of the Nervous System YPLL=1,077

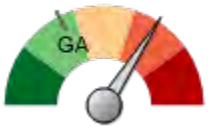
11

All Other Endocrine, Nutritional and Metabolic Diseases YPLL=997



12

Malignant Neoplasms of Liver and Intrahepatic Bile Ducts YPLL=863



13

Malignant Neoplasm of the Breast YPLL=816

14

Malignant Neoplasms of Lip, Oral Cavity, Pharynx, and Esophagus YPLL=763

15

As illustrated in the below charts, the senior population in the Southern Georgia Region is more likely to suffer from several chronic health conditions at a greater rate than the senior population when compared to all of Georgia.

Percent of Adults with Arthritis, Georgia Public Health Districts 2017	
HEALTH DISTRICT	**Population 65+ %**
Georgia	48.5
8-1 South (Valdosta)	64.7
9-2 Southeast (Waycross)	59.6

Georgia Department of Public Health (https://dph.georgia.gov/), Office of Health Indicators for Planning (OHIP)

Percent of Adults with Diabetes, Georgia Public Health Districts 2017	
HEALTH DISTRICT	**Population 65+ %**
Georgia	48.5
8-1 South (Valdosta)	64.7
9-2 Southeast (Waycross)	59.6

Georgia Department of Public Health (https://dph.georgia.gov/), Office of Health Indicators for Planning (OHIP)

Percent of Adults who were Obese, Georgia Public Health Districts 2017	
HEALTH DISTRICT	**Population 65+ %**
Georgia	29.3
8-1 South (Valdosta)	29.6
9-2 Southeast (Waycross)	34.6

Georgia Department of Public Health (https://dph.georgia.gov/), Office of Health Indicators for Planning (OHIP)

Percent of Adults who have ever had a Stroke, Georgia Public Health Districts 2017	
HEALTH DISTRICT	**Population 65+ %**
Georgia	8.3
8-1 South (Valdosta)	10.8
9-2 Southeast (Waycross)	8.6

Georgia Department of Public Health (https://dph.georgia.gov/), Office of Health Indicators for Planning (OHIP)

Percent of Adults who currently have Asthma, Georgia Public Health Districts 2017	
HEALTH DISTRICT	**Population 65+ %**
Georgia	6.8
8-1 South (Valdosta)	9.2
9-2 Southeast (Waycross)	8.0

Georgia Department of Public Health (https://dph.georgia.gov/), Office of Health Indicators for Planning (OHIP)

Several risk behaviors are also noted by the Georgia Department of Public Health Behavioral Risk Factor Surveillance Survey data:

The percentage of older adults who smoke in one of our Public Health Districts is higher than the Georgia statewide percentage. This may be an opportunity to work with partners on a smoking cessation education program in this area.

Percent of Adults who currently Smoke Cigarettes, Georgia Public Health Districts 2017	
HEALTH DISTRICT	**Population 65+ %**
Georgia	9.8
8-1 South (Valdosta)	13.0
9-2 Southeast (Waycross)	7.6

Georgia Department of Public Health (https://dph.georgia.gov/),
Office of Health Indicators for Planning (OHIP)

The percentage of older adults who have limited physical activity is higher than the Georgia statewide percentage. This may be an opportunity to work with partners on increasing physical activity in this area.

Percent of Adults who reported No Leisure-Time Activity, Georgia Public Health Districts 2017	
HEALTH DISTRICT	**Population 65+ %**
Georgia	38.0
8-1 South (Valdosta)	52.2
9-2 Southeast (Waycross)	44.4

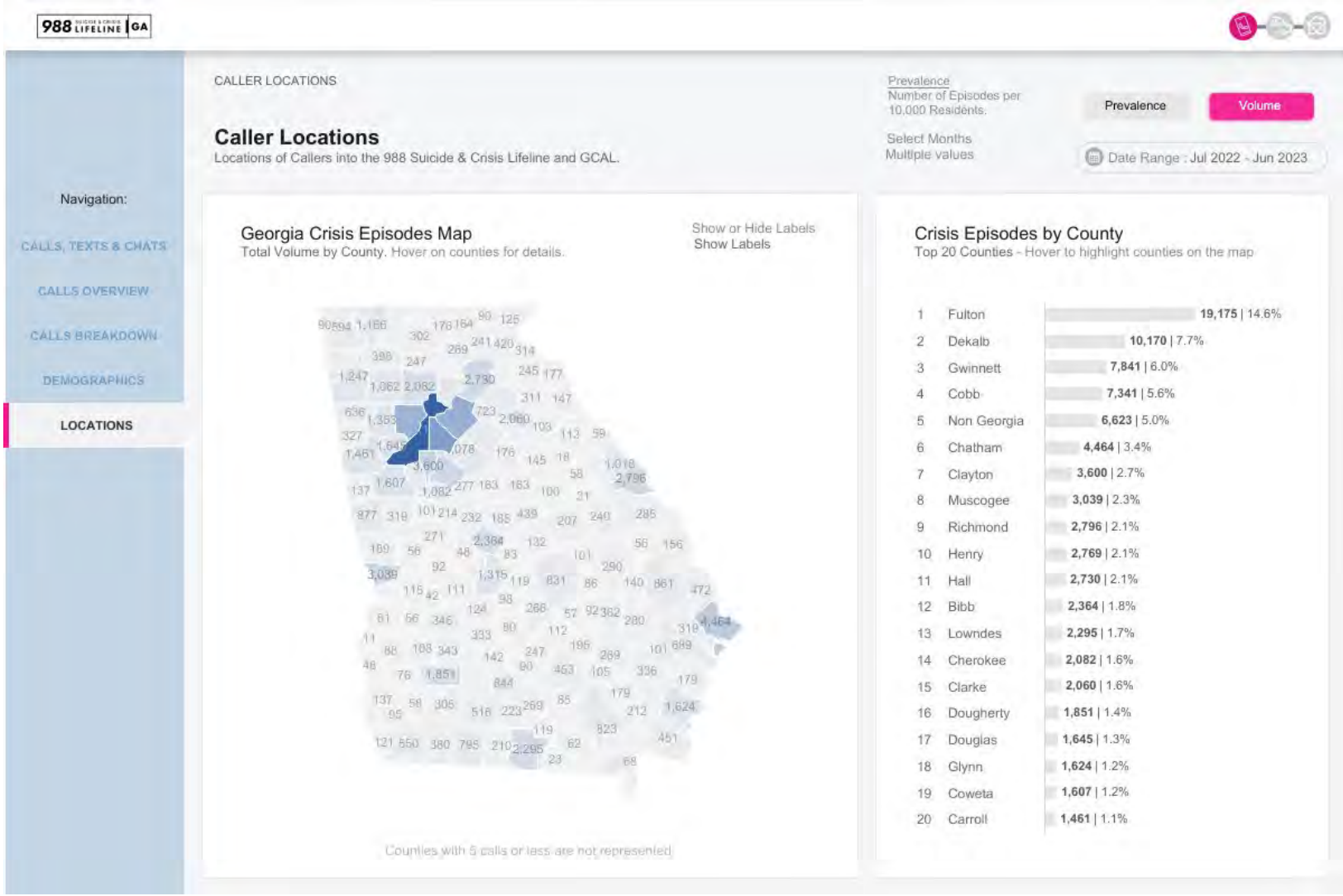
Georgia Department of Public Health (https://dph.georgia.gov/),
Office of Health Indicators for Planning (OHIP)

Additionally, the percentage of older adults who reported fair/poor health in one of our Public Health Districts is higher than the Georgia statewide percentage. This may be an opportunity to work with partners on health/wellness education programs in this area.

Percent of Adults who reported Fair/Poor General Health, Georgia Public Health Districts 2017	
HEALTH DISTRICT	**Population 65+ %**
Georgia	27.2
8-1 South (Valdosta)	23.8
9-2 Southeast (Waycross)	42.8

Georgia Department of Public Health (https://dph.georgia.gov/),
Office of Health Indicators for Planning (OHIP)

As illustrated below by Georgia 988 Suicide and Crisis Lifeline data, several areas in our region have higher crisis episodes than others, with Lowndes being in the top 20 counties in Georgia. In addition, in regards to prevalence, several counties are listed in the top 20 counties in Georgia for prevalence (Ware, Tift, Lowndes, and Turner Counties). This may be an opportunity to work with partners on Mental Health education programs in these areas.



988 LIFELINE GA

CALLER LOCATIONS

Navigation:

CALLS, TEXTS & CHATS

CALLS OVERVIEW

CALLS BREAKDOWN

DEMOGRAPHICS

LOCATIONS

Caller Locations

Locations of Callers into the 988 Suicide & Crisis Lifeline and GCAL.

Prevalence
Number of Episodes per 10,000 Residents.

Prevalence | Volume

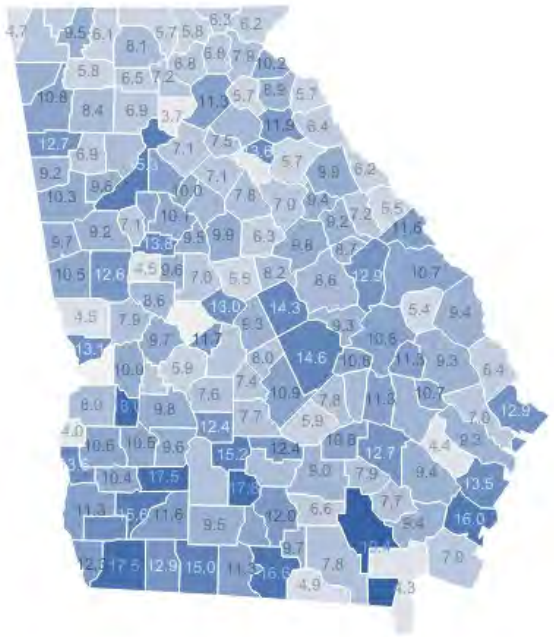
Select Months
Multiple values

Date Range : Jul 2022 - Jun 2023

Georgia Crisis Episodes Prevalence Map

Total Prevalence by County. Hover on counties for details.

Show or Hide Labels
Show Labels



Crisis Episodes Prevalence by County

Top 20 Counties - Hover to highlight counties on the map

1	WARE	19.4
2	WEBSTER	18.0
3	TIFT	17.8
4	DECATUR	17.5
5	DOUGHER..	17.5
6	LOWNDES	16.6
7	GLYNN	16.0
8	BAKER	15.6
9	FULTON	15.3
10	TURNER	15.2
11	THOMAS	15.0
12	LAURENS	14.6
13	WILKINSON	14.3
14	MILLER	13.8
15	SPALDING	13.8
16	CLAY	13.6
17	CLARKE	13.6
18	MCINTOSH	13.5
19	MUSCOGEE	13.1
20	BIBB	13.0

Item #4b - Needs Assessment Process and the Results for All Methods Utilized to Include the Documentation of the AAA's Area Plan Public Hearings and the AAA's Public Hearings Held to Provide a Service(s) Directly.

The AAA's Area Plan Public Hearings ensure that public comments from the most significant number of older persons, service providers, elected officials, and the public can be obtained. Two in-person public hearings were held in the region. In addition, a Community Needs Survey was distributed at the public hearings and was also shared with staff, providers, and on our public Facebook page for any comments from those not able to attend the public hearings in person.

A Public Hearing Notice ran as a paid advertisement Public Hearing Notice in the following newspapers: Ware County, Lowndes County, Coffee County, Pierce County, Bacon County, Charlton County, Cook County, Tift County, and Clinch County. In addition, the Public Hearing Notices ran as a free Public Service Announcement in all other regional newspapers.

Locations/Dates/Times for Area Plan Public Hearings:

Ware County & Surrounding Areas:
Thursday, January 11, 2024 at 10:00 a.m. – No Registration Required
Ware County / Nelson Greene Senior Center
1615 Carswell Avenue, Waycross, GA 31503

Brooks County & Surrounding Areas:
Friday, January 12, 2024 at 10:00 a.m. – No Registration Required
Brooks County Senior Center
1301-A North Washington Street, Quitman, GA 31643

The Agenda items for the Public Hearing were as follows:

- Welcome and Introductions
- Purpose of Public Hearing
- Overview of AAA's Area Plan
- Community Needs Assessment
- Discussion: Questions and Answers
- Closing Remarks

Agendas, Minutes, and copies of the sign-in sheets of each public hearing will be inserted onto the next page:

Aging Area Plan Public Hearing Agendas

Southern Georgia Regional Commission's
Area Agency on Aging (AAA)

Fiscal Year 2025 Area Plan Public Hearing
Ware County / Nelson Greene Senior Center
1615 Carswell Avenue, Waycross, GA 31503
January 11, 2024
10:00 a.m.

Welcome and Introductions	Scott Courson, Director of Aging Services
Purpose of Public Hearing	Shawn Taylor, Assistant Director of Aging Services
Overview of AAA's Area Plan	Shawn Taylor
Community Needs Assessment	Shawn Taylor
Discussion: Questions and Answers	Scott Courson & Shawn Taylor
Closing Remarks	Shawn Taylor

Serving the counties of Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, and Ware
AAA Website: www.sgrc.us/aaa.html

Sponsored by the Georgia Department of Human Services (DHS), Division of Aging Services (DAS)
DAS Website: https://aging.georgia.gov/

Southern Georgia Regional Commission's
Area Agency on Aging (AAA)

Fiscal Year 2025 Area Plan Public Hearing
Brooks County Senior Center
1301-A North Washington Street, Quitman, GA 31643
January 12, 2024
10:00 a.m.

Welcome and Introductions	Scott Courson, Director of Aging Services
Purpose of Public Hearing	Shawn Taylor, Assistant Director of Aging Services
Overview of AAA's Area Plan	Shawn Taylor
Community Needs Assessment	Shawn Taylor
Discussion: Questions and Answers	Scott Courson & Shawn Taylor
Closing Remarks	Shawn Taylor

Serving the counties of Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, and Ware
AAA Website: www.sgrc.us/aaa.html

Sponsored by the Georgia Department of Human Services (DHS), Division of Aging Services (DAS)
DAS Website: https://aging.georgia.gov/

Aging Area Plan Public Hearing Overview Handout
WHAT IS AN AGING AREA PLAN?

The Purpose:
The Southern Georgia Regional Commission's Area Agency on Aging prepares an Area Plan and updates it annually as required by the Georgia Department of Human Services, Division of Aging Services, and the U.S. Department of Health and Human Services - Administration for Community Living. The Area Plan describes the Area Agency on Aging and its current aging services, assesses the regional needs of older adults and individuals with disabilities, and defines future goals that help guide the agency in its efforts to meet those regional needs in the 18-county Southern Georgia region.

Area Plan Development:

- The Area Plan analyzes and describes the roles and responsibilities of the Southern Georgia AAA and how these duties are executed throughout the regional aging network of service providers
- The Area Plan details the current services provided throughout the region
- The Area Plan sets goals that will be met during the planned time cycle
- The Area Plan incorporates the input of clients, caregivers, and stakeholders within the community to make sure services are meeting the needs of those who use the services

Area Plan Process:
The twelve (12) AAA's in Georgia all must complete an Area Plan every four (4) years. Once an Area Plan is approved, each AAA must update and evaluate their progress toward the goals and report this information annually during this four-year period to the Georgia Department of Human Services (DHS) – Division of Aging Services (DAS).

Georgia Aging Goals for FFY 2024 through 2027 are:
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.
GOAL 2: Ensure older Georgians, persons with disabilities, caregivers, and families have access to information about resources and services that are accurate and reliable.
GOAL 3: Strengthen the aging network to enable partners to become viable and sustainable, and develop a robust network of aging service partners.
GOAL 4: Prevent abuse, neglect, and exploitation while protecting the rights of older Georgians and persons with disabilities.
GOAL 5: Utilize continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.

The Georgia State Plan on Aging reflects the focus areas outlined by the United States Department of Health and Human Services Administration for Community Living (ACL).

Aging Area Plan Public Hearing Minutes

Southern Georgia Regional Commission's Area Agency on Aging (SGRC-AAA)
FY2025 Area Plan Public Hearing
Ware County / Nelson Greene Senior Center
Thursday, January 11, 2024, 10:00 am

MINUTES

Welcome and Introductions – Scott Courson

Courson introduced himself and SGRC-AAA staff in attendance:

Shawn Taylor, Assistant Director of Aging Services

Leischa Matthews, Aging Program Manager

Audience identified themselves as senior center staff, seniors, caregivers, elected officials, aging service providers, and general public citizens

Purpose of Public Hearing – Shawn Taylor

Taylor pointed out to the audience the handout with the purpose of the public hearing process, the mission and vision of SGRC-AAA, contact information for the Aging and Disability Resource Connection (ADRC) as well as the agenda for the public hearing. Taylor then stated the purpose of the public hearing.

Taylor explained that the AAA covers 18 counties in the southeast region of Georgia and provides aging services directly or through service providers (contractors). Explained the AAA four-year area plan and updates to the AAA area plan which are submitted to the Department of Human Services, Division of Aging Services (DAS) yearly. Stated SGRC-AAA is currently in a planning year.

Overview of AAA's Area Plan – Shawn Taylor

Taylor shared the following information:

The Purpose of the Area Plan for FY2025-2028 is to describe the Area Agency on Aging and its current 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.

Taylor explained that the SGRC-AAA will follow the steps below to develop the FY2025 Area Plan:

-Analyze and describe the roles and responsibilities of the Southern Georgia AAA and how these duties are executed throughout the aging network to provide services.

-Analyze and describe details of the current services provided.

-Set goals that will be met during the plan cycle.

-Incorporate the input of clients, caregivers, and stakeholders within the community to make sure services are meeting the needs of those who use the services.

Taylor explained the Georgia AAA area plan process by saying: there are 12 AAA's in Georgia and all must do an Area Plan every 4 years. Once the plan is approved, each AAA must evaluate their

progress toward the goals and report to the Department of Human Services (DHS) – Division of Aging Services (DAS).

Taylor shared the Georgia DAS Goals for FFY 2024 through 2027, which are:

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.

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

GOAL 3: Strengthen the aging network to enable partners to become viable and sustainable; and develop a robust network of aging service partners.

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

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

Taylor shared that the Georgia State Plan on Aging reflects the focus areas outlined by the United States Department of Health and Human Services Administration for Community Living (ACL).

Participants were given a SGRC-AAA Aging Services pamphlet with all services listed and described. Taylor discussed each service individually and gave examples of how services were delivered. The services discussed included:

Information & Assistance: The AAA is the ADRC (Aging and Disability Resource Connection) for Southern Georgia. A request for information and assistance may involve a telephone interview conducted by an ADRC counselor to determine service needs. Upon determining the services needed, a referral may be made to a service provider for a face-to-face assessment.

Money Follows the Person (MFP) & Nursing Home Transitions (NHT): Assists individuals who are elderly and/or who have developmental disabilities to return to their homes and communities from nursing/intermediate care facilities.

Caregiver Education Programs: Provides education and support through instructor led classes.

Assistive Technology (AT): Provides education and demonstrations of tools to help individuals with disabilities live as independently as possible.

Elderly and Disabled Waiver Program (EDWP): Provides intake and referral services for the EDWP, which includes the Community Care Services Program (CCSP) and Service Options Using Resources in Community Environment (SOURCE). The EDWP provides community-based and in-home services as an alternative to nursing home placement for frail persons who meet Medicaid eligibility requirements. A case manager is the service broker and advocate for EDWP clients to ensure that services help them maintain independence and avoid nursing home placement. Available services include: Adult Day Health, Alternative Living Services, Emergency Response Services, Home Delivered Meals, Respite Care, Personal Support Aide, Physical Therapy, Speech Therapy, Skilled Nursing, Home Health Aide, Occupational Therapy, and Structured Family Caregiver services.

Homemaker Services: Provides assistance to individuals unable to perform one or more of the following activities: preparing meals, shopping for personal items, managing money, using the telephone, or light housework.

Personal Care: Provides personal assistance, stand-by assistance, or supervision for persons unable to perform one or more of the following: eating, dressing, bathing, toileting, transferring in/out of bed/chair, and walking.

Caregiver In-Home Respite: Provides temporary substitute support for persons in order to provide a brief period of rest or relief for caregivers.

Elderly Legal Assistance Program: Provides legal assistance, information, education and counseling services.

Senior Wellness Programs: Assists individuals in making better lifestyle choices and in taking a more active role in their own well-being through exercise, nutrition, health education, and medication management. Programs are designed to improve the health and quality of life of the elderly and to prevent or delay disability and premature death from chronic diseases.

Alzheimer's Adult Day Care: Assists older persons with Alzheimer's disease and related dementias and their families by providing an adult day care program designed specifically for persons with these disorders. (Valdosta area)

Home Modification: Provides construction of safe, attractive wheelchair ramps at homes of frail older persons.

Congregate Meals & Senior Center Services: Provides a hot, noon-day meal five days a week as well as a variety of programs and services. Senior centers are the focal point for aging services in the community. Round-trip transportation is arranged through the Department of Human Services Coordinated Transportation Program.

Home Delivered Meals: Provides a hot, noon-day meal delivered to the home five days a week for seniors with functional limitations and nutritional needs.

Community Needs Assessment- Shawn Taylor

Taylor shared that there are ten major key issue areas that DAS identified as priorities in the state. Taylor introduced and discussed each of the following key issue areas:

Access to Information and Assistance: benefits information, access to resources, how easy is it to find and get services

Transportation: public transportation, assessing ability to drive, is public transportation safe, dependable, and affordable

Caregiver Support: training; support services (peer); resources

Cultural Competency: do organizations and workforce demonstrate competence related to different languages, religions, races, ethnicities, and sexual orientation (LGBTQ+)

Socialization, Recreation, & Leisure: volunteer opportunities, civic engagement, social and community connectedness

Aging in Place: affordable and accessible housing, adaptations, assistive devices and technology

Physical, Emotional, & Behavioral Health: healthcare, Alzheimer's disease and related dementias, substance abuse, mental health, Medicare, Medicaid, Prescription assistance

Safety, Security, & Protection: abuse, neglect, exploitation, fraud/scams, community safety

Wellness Promotion: exercise programs, chronic disease management classes, food and nutrition, fall prevention

Services and Supports: in-home and facility; availability, appropriateness, direct care workforce, quality, affordable

Taylor also stated that there may be other issues faced by individuals and/or communities and meeting participants were encouraged to share those issues during today's public hearing meeting.

Participants were next asked to take some time and rank the issues in order of importance for their community. Any participant who needed assistance was given assistance by AAA staff.

Discussion: Questions & Answers – Shawn Taylor

Audience remarks:

Participants stated the need for improved nutrition services and meals. Several participants agreed that more funding for these needs would be beneficial in the region. A participant indicated the need for help with utility bills. Several participants indicated the need for hearing aid assistance/equipment. Several participants identified a need for additional transportation services. A participant indicated needing help with moving. A participant indicated needing help with washing their back. Several participants indicated the need for a sound system. A participant indicated the need for help with seniors with scooters. For existing services participants were referred to Intake and Assistance for assistance with those services as needed.

Closing Remarks – Shawn Taylor

With no more comments or questions, Taylor thanked everyone in attendance for their participation.

Adjourn: The meeting was adjourned at 11:30 a.m.

Respectfully Submitted,

Scott Courson, Director of Aging Services

Southern Georgia Regional Commission's Area Agency on Aging (SGRC-AAA)
FY2025 Area Plan Public Hearing
Brooks County Senior Center
Friday, January 12, 2024, 10:00 am

MINUTES

Welcome and Introductions – Scott Courson

Courson introduced himself and SGRC-AAA staff in attendance:

Shawn Taylor, Assistant Director of Aging Services

Linda Gail & Erin Nose, Aging Program Managers

Audience identified themselves as senior center staff, seniors, caregivers, aging service providers, and general public citizens

Purpose of Public Hearing – Shawn Taylor

Taylor pointed out to the audience the handout with the purpose of the public hearing process, the mission and vision of SGRC-AAA, contact information for the Aging and Disability Resource Connection (ADRC) as well as the agenda for the public hearing. Taylor then stated the purpose of the public hearing.

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Overview of AAA's Area Plan – Shawn Taylor

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Taylor explained that the SGRC-AAA will follow the steps below to develop the FY2025 Area Plan:

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Community Needs Assessment- Shawn Taylor

Taylor shared that there are ten major key issue areas that DAS identified as priorities in the state. Taylor introduced and discussed each of the following key issue areas:

Access to Information and Assistance: benefits information, access to resources, how easy is it to find and get services

Transportation: public transportation, assessing ability to drive, is public transportation safe, dependable, and affordable

Caregiver Support: training; support services (peer); resources

Cultural Competency: do organizations and workforce demonstrate competence related to different languages, religions, races, ethnicities, and sexual orientation (LGBTQ+)

Socialization, Recreation, & Leisure: volunteer opportunities, civic engagement, social and community connectedness

Aging in Place: affordable and accessible housing, adaptations, assistive devices and technology

Physical, Emotional, & Behavioral Health: healthcare, Alzheimer's disease and related dementias, substance abuse, mental health, Medicare, Medicaid, Prescription assistance

Safety, Security, & Protection: abuse, neglect, exploitation, fraud/scams, community safety

Wellness Promotion: exercise programs, chronic disease management classes, food and nutrition, fall prevention

Services and Supports: in-home and facility; availability, appropriateness, direct care workforce, quality, affordable

Taylor also stated that there may be other issues faced by individuals and/or communities and meeting participants were encouraged to share those issues during today's public hearing meeting.

Participants were next asked to take some time and rank the issues in order of importance for their community. Any participant who needed assistance was given assistance by AAA staff.

Discussion: Questions & Answers – Shawn Taylor

Audience remarks:

Participants remarked that they enjoy attending the senior center. Several participants stated the need for additional transportation. Participant indicated need for housing and help with home repairs. A participant indicated they would like more games and exercises at the senior center. A participant indicated the food could be improved. A participant indicated the need for a bus to go on trips. A participant indicated they need a drink machine at the senior center. A participant indicated they need more seasoning in the food. For existing services participants were referred to Intake and Assistance for assistance with those services as needed.

Closing Remarks – Shawn Taylor

With no more comments or questions, Taylor thanked everyone in attendance for their participation.

Adjourn: The meeting was adjourned at 11:30 a.m.

Respectfully Submitted,

Scott Courson, Director of Aging Services

Aging Area Plan Public Hearing Community Needs Assessment Form

Southern Georgia Regional Commission's
Area Agency on Aging (AAA)
Needs Assessment

KEY ISSUE AREAS

Step 1: Please read all issues on page 1 & add more at the bottom, if desired.

Step 2: Pick the **top 5 issues** for your area then put the number beside the issue you choose for #1, #2, #3, #4, & #5 in the blanks below.

Step 3: Answer the questions on page 2 if you want to add additional information.

_____ **Access to Information & Assistance:** people need help finding & accessing aging services & knowing what they are eligible for

_____ **Transportation:** safe, dependable, & affordable transportation is needed

_____ **Caregiver Support:** need training; support services (peer) & resources

_____ **Cultural Competency:** need organizations & staff to demonstrate competence related to different languages, religions, races, ethnicities, & sexual orientation (LGBTQ+)

_____ **Socialization, Recreation, & Leisure:** need more volunteer opportunities, civic engagement, social & community connectedness

_____ **Aging in Place:** need more aging services that are affordable & accessible like housing, home adaptations, assistive devices & technology

_____ **Physical, Emotional, & Behavioral Health:** need more healthcare, Alzheimer's disease & related dementias care, substance abuse, mental health, Medicare, Medicaid, Prescription assistance

_____ **Safety, Security, & Protection:** need more awareness on how to prevent & report abuse, neglect, exploitation, fraud/scams, community safety

_____ **Wellness Promotion:** need access to more exercise programs, chronic disease management classes, food & nutrition, fall prevention

_____ **Services & Supports:** need more in-home & facility services; available, appropriate to need, more direct care workers, quality, affordable

_____ _____

_____ _____

Demographic

Check all that apply:

- ☐ Program Participant
- ☐ Age 60 or Over
- ☐ Staff (State or AAA)
- ☐ Service Provider
- ☐ Elected Official
- ☐ Caregiver
- ☐ General Public

QUESTIONS & ANSWERS

Please fill in answers to the following questions as related to aging services in your area:

1. What aging services & supports are going well & are beneficial to people?

_____

_____

_____

2. What aging services & supports need improvement?

_____

_____

_____

3. What aging services & supports are needed but not available?

_____

_____

_____

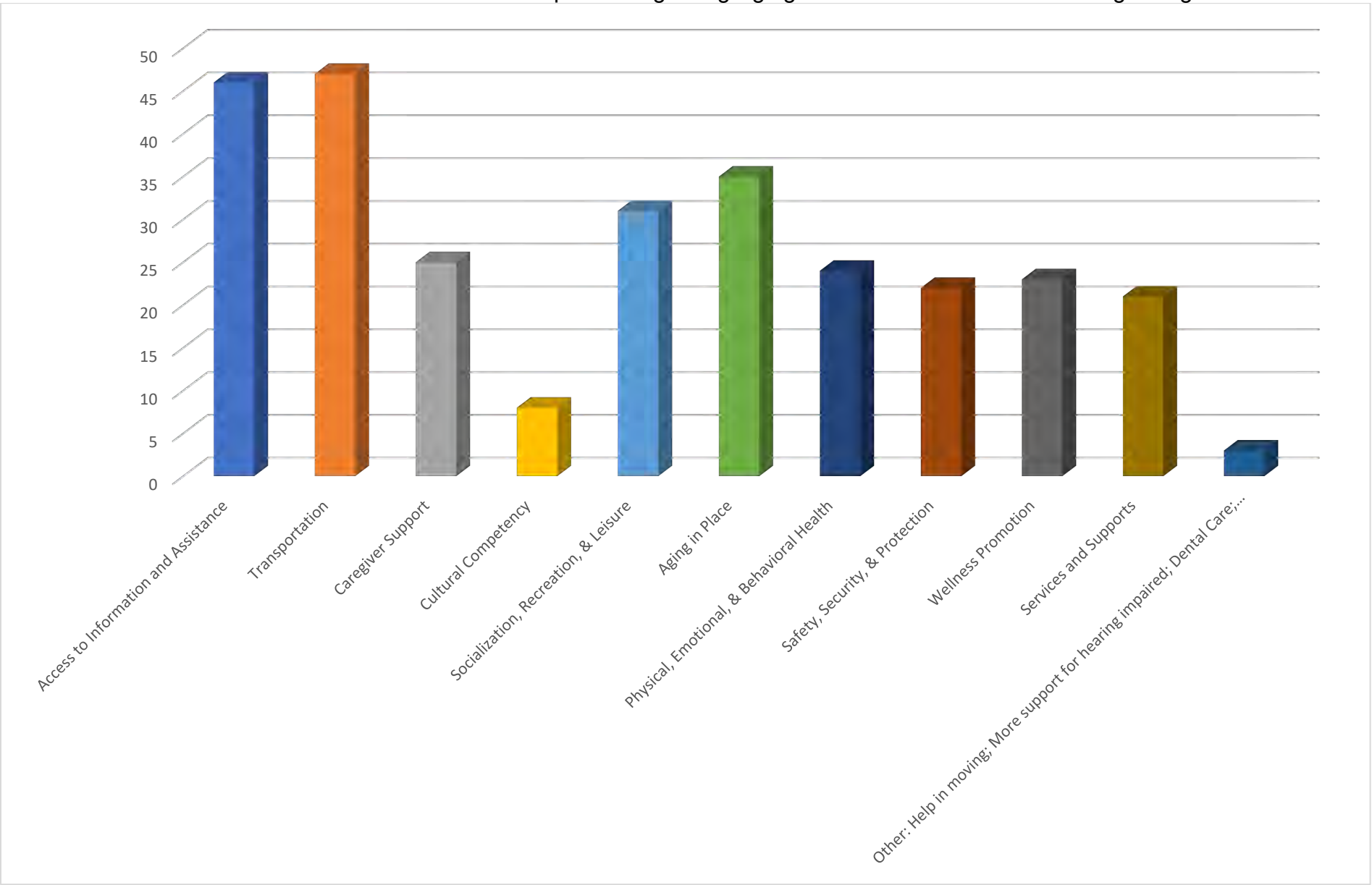
4. Please add any additional comments here.

_____

_____

Aging Area Plan Community Needs Assessment Results

Question: What issues/needs are most important regarding Aging Services in the Southern Georgia Region now?



Aging Area Plan Public Hearing Sign-In Sheets

SOUTHERN GEORGIA REGIONAL COMMISSION
AREA AGENCY ON AGING

Southern Georgia Area Agency on Aging (AAA)
FY2025 Area Plan Public Hearing

Ware County / Nelson Greene Senior Center
1615 Carswell Avenue, Waycross, GA 31503
January 11, 2024
10:00 a.m.

NAME	ORGANIZATION and/or COUNTY
Marian Adderley	Nelson Greene Sr. Center
Joseph Bennett	"
Lamitta Williams	"
Lorraine Melton	Nelson Greene Sr.
Barb Purdon	Nelson Gree
KENNETH PAULK	NAACP
ROSA DOUGLAS	FMBC
Moses Stuckey	NELSON green
Vivian Jacobs	Nelson Green
Patricia Taylor	
Annie Bryant	Nelson Greene Senior Center
allen Ray O Beecy	Nelson Greene Sr. Ctr
Martha Knowles	Nelson Greene Sr. Ctr
Lara Ford	Nelson Greene Sr Ctr
Janie Woods	Nelson Greene Sr Ct.
Eula Higginbottom	" "
Regina A. French	" "

NAME	ORGANIZATION and/or COUNTY
Nathaniel Lee Jr.	Nelson Greene Sr. Ctr
Dorothy Sumner	Nelson Greene Center
Joan whitney	Nelson Greene Sr. Center
Sheri L Morris	Nelson Greene Sr. Ctr
William Jones	" " "
Dorothy Melton	Nelson Greene Sr. Ctr
Angel Austin	Second Harvest of South Ga Lowndes
Carolyn Bannamon	NGSC
Regina Bennett	Nelsen Greene Sr. Ctr
Melissa King	Hospice Satilla
Sharon Fuller	Nelsen Greene Sr. Ctr
Laura Shiver	Ga Legal Services
[illegible]	SCORC - AAA
Emily Music	Nelsen Greene Sr. Ctr
Alvia Nelson	City of Waycross Commissioner
Scott Courson	AAA
Shawn Taylor	AAA
Cesicha Matthews	AAA

Southern Georgia Area Agency on Aging (AAA)
FY2025 Area Plan Public Hearing

Brooks County Senior Center
1301-A North Washington Street, Quitman, GA 31643
January 12, 2024
10:00 a.m.

NAME	ORGANIZATION and/or COUNTY
Dorothy Frazier	Sr. Center participant
Atleatha Jones	Sr. Center participant
Barbara Fotterfield	Sr. Center participant
Ethel Brown	Sr. Center participant
Katherine Lee	Sr. Center participant
Bobby Frazier	Sr. Center participant
Yvonne Raines	Sr. Center participant
Doris Harris	Sr. Center participant
Evangeline Rountree	SR Center Participant
[illegible]	SR Center Participant
Betty Powell	" "
Joyce Smith	" "
[illegible]	" "
Irma Whitley	Diversified Resources
[illegible]	
Cassandra Griffin	Site Manager
Scott Cowsar	AAA

NAME	ORGANIZATION and/or COUNTY
Linda Coal	AAA
Shawn Taylor	AAA
Erin Nose	AAA

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

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

- Congregate Meal Senior Centers are slowly returning to pre-pandemic attendance levels. In June 2023, two of the region's senior centers didn't meet the average of 20 meals per day, and three just did make the minimum, as illustrated below. The AAA will continue to provide support and seek ideas to help with attendance.

DHS - Division of Aging Services
HCBS - Senior Center Participation Report

Southern Georgia Region AAA 6 / 2023

Southern Georgia Region AAA	Average Congregate Clients per Site
	29.1

	Meals per Workday
Echols County Nutrition Center	**3.6**
Cook County Nutrition Center	**18.5**
City of Willacoochee Nutrition Center	**20.0**
Pierce County Nutrition Center (Action Pact, Inc.)	**20.1**
Ray City Nutrition Center	**20.7**
City of Ocilla Nutrition Center	**22.0**
Bacon County Nutrition Center	**23.0**

Coffee County Nutrition Center	**24.8**
Ware County Nutrition Center/Nelson Greene Senior Center	**25.8**
Ben Hill County Nutrition Center	**27.0**
Lanier County Nutrition Center	**27.5**
City of Ashburn Nutrition Center	**27.7**
Berrien County Nutrition Center	**29.4**
Brooks County Nutrition Center	**34.0**
Clinch County Nutrition Center	**36.0**
Brantley County Nutrition Center	**36.5**
City of Tifton/Leroy Rogers Nutrition Center	**36.8**
Charlton County Nutrition Center	**47.8**

Description: This report details the average number of unduplicated clients served per senior center within the specified region and the average number of meals served per workday within each site during the specified report month.

- The aging population statewide continues to increase faster than Southern Georgia's proportion, which has grown at a slower pace. As the statewide population rises at a faster rate, Southern Georgia continues to lose proportionally funding allocated by the Intrastate Funding Formula. Needs continue to outpace funding. As a result, AAA staff members will continue to advocate for additional funding on a state and federal basis and seek additional funding from other sources, including grants and contracts. AAA staff members continue to work to ensure that providers understand the AAA's resolve to ensure that all available funds for Southern Georgians are utilized wisely with little or no funding lapses. This trend has also resulted in AAA providers implementing private pay models and offering private pay options for services in order to help sustain aging programs. However, much

of the population is unable or unwilling to pay for services privately. The AAA strives to explore other revenue streams, including grants and fundraising efforts.

- Adequate transportation is a significant issue in the large geographic region of Southern Georgia. Funding is always limited. For this reason, many unserved seniors cannot get public transportation to medical appointments, pick up prescriptions, or even shop for groceries. The AAA will continue to seek additional funding and resources for transportation.
- Several of the region's counties lack a local hospital (Atkinson, Brantley, Charlton, Echols, Pierce, and Turner Counties). This makes transportation from those counties for medical procedures longer and more expensive commutes for transportation. The AAA reaches out to these local hospitals regularly to provide updated aging and disability resource information and will continue to advocate for increased health services in the region.

Southern Georgia Region Hospitals	
County	**Hospital(s)**
Atkinson	None
Bacon	Bacon County Hospital
Ben Hill	Dorminy Medical Center
Berrien	Southern Georgia Medical Center - Berrien Campus
Brantley	None
Brooks	Brooks County Hospital
Charlton	None
Clinch	Clinch Memorial Hospital
Coffee	Coffee Regional Medical Center
Cook	Southwell Medical
Echols	None
Irwin	Irwin County Hospital
Lanier	Southern Georgia Medical Center - Lanier Campus
Lowndes	1) Greenleaf Center, 2) South Georgia Medical Center, 3) Smith Northview Hospital (Campus of South GA Medical Center)
Pierce	None
Tift	Tift Regional Medical Center
Turner	None
Ware	Memorial Satilla Health

- 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 regions may discount the significance of. Our 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 devotes much of her time to researching and establishing relationships with agencies and organizations that might provide resources for callers.

- The Community Transitions staff has encountered challenges, including the lack of appropriate housing options within the 18-county area. Many clients do not own a home and, as a result, need safe, affordable housing to transition back into the community. Unfortunately, appropriate housing options are few and far between. Waiting lists for subsidized housing are lengthy, and suitable 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, as recently addressed with the COVID-19 public health crisis.

- Available providers for some services are limited as there is a shortage of RNs, LPNs, and social workers. A national staff shortage affects service provision in all eighteen counties.

- The 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.

- 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, they are 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.

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 programs offered by the National Foundation to End Senior Hunger's (NFESH) "Senior Center Community College" and "Comeback Campaign" programs; Seek wellness and health promotion programs that target regional needs as indicated by the demographic data.

Item #4d - 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.

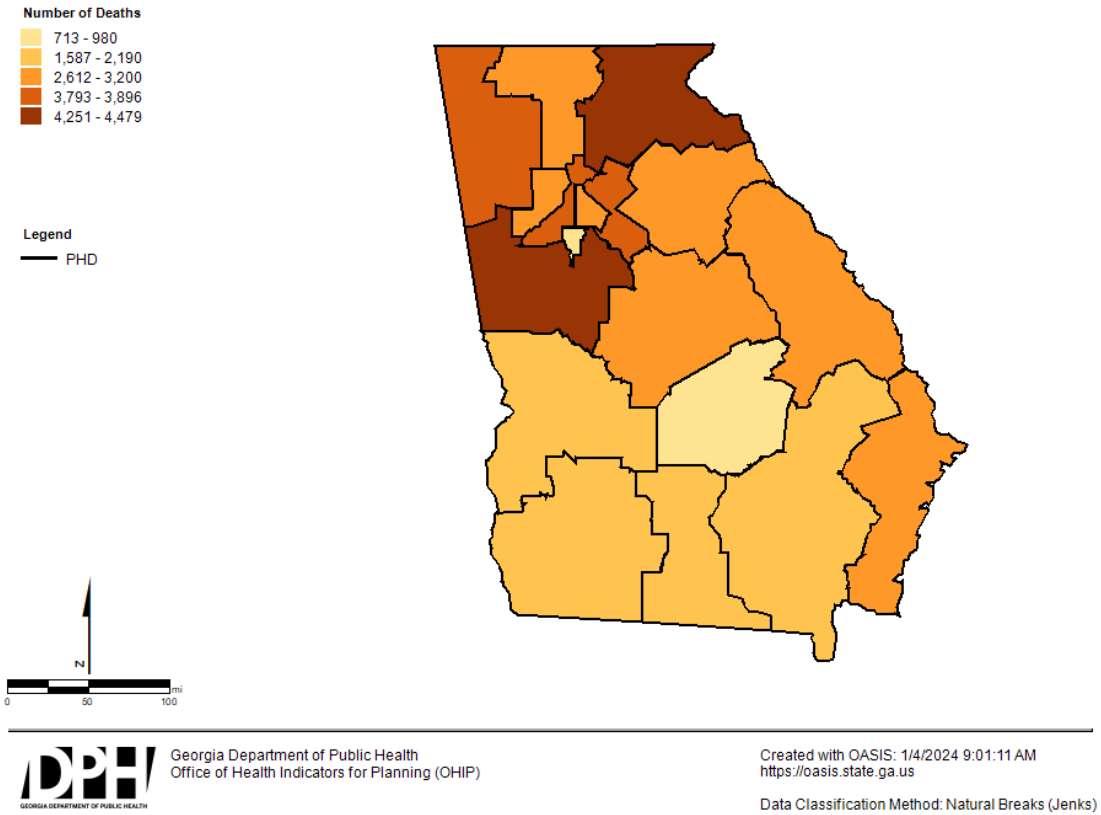
However, Southern Georgia AAA staff and providers strive to ensure service to (1) seniors with the greatest economic need; (2) seniors with the greatest social need (caused by physical and mental disabilities, language barriers, cultural or social isolation, and geographic isolation); (3) low-income 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 AAA-supported senior center in seventeen of the region's eighteen 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 that 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 needs 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. As well, some AAA funding is used for Material Aid which may well benefit younger Grandparents raising Grandchildren.
- Lionbridge and TTY services are used for clients with limited English proficiency and/or sensory impairment (LEP/SI) and/or their caregivers.
- AAA staff have developed excellent working relationships with staff members of the Division of Aging Services, Adult Protective Services, the Social Security Administration, and other agencies likely to refer individuals in the target population groups.
- Partnerships have been and continue to be developed with area hospital discharge planners for ADRC referrals.
- AAA staff maintain a working relationship with Georgia Institute of Technology Tools for Life, another agency that provides its expertise and resources for disabled individuals.
- The AAA maintains an agreement with the Friends of Disabled Adults & Children (FODAC) for the provision of obtaining needed and available medical equipment.
- 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.
- The AAA began a partnership with the Veteran's Administration for the Veteran's Directed Care Program in February 2022 which continues to date and is currently in an expansion phase during 2024.
- Alzheimer's Disease and Related Dementias are big issues of concern for the region, especially in certain counties, as illustrated in the charts below. The Dementia Care Specialist will seek to prioritize based on our regional needs.

Number of Deaths by Public Health District of Residence, Alzheimer's Disease and Related Dementia (ADRD), 2018-2022



Georgia Department of Public Health
Office of Health Indicators for Planning (OHIP)

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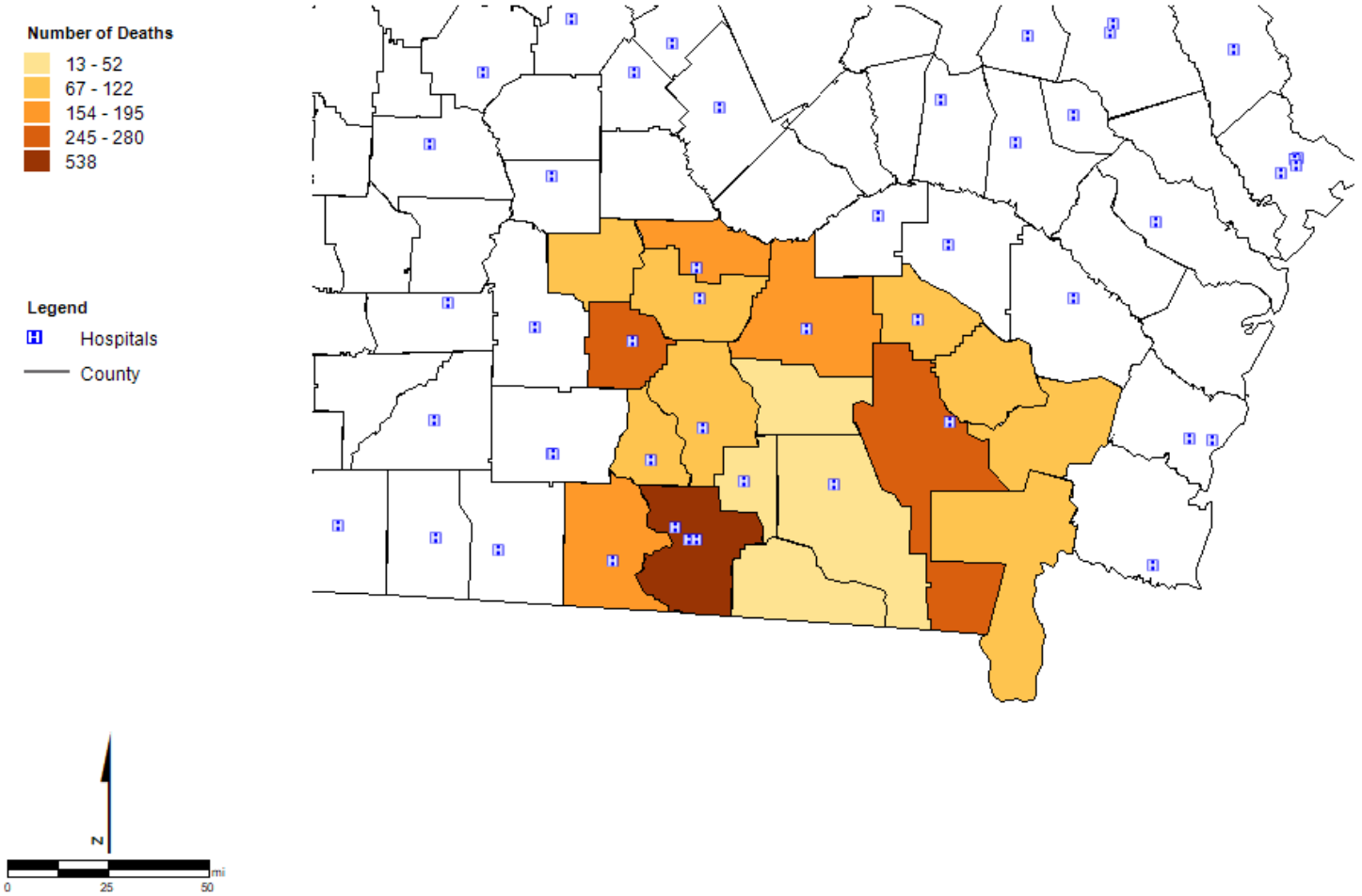
https://oasis.state.ga.us

Data Classification Method: Natural Breaks (Jenks)

Number of Deaths by Public Health District of Residence, Alzheimer's Disease and Related Dementia (ADRD), 2018-2022 *Source: DPH OASIS

Geography	Number of Deaths
South Health District (Valdosta)	1,587
Southeast Health District (Waycross)	1,966

Number of Deaths by County of Residence, Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner and Ware Counties, Alzheimer's Disease and Related Dementia (ADRD), 2018-2022



Georgia Department of Public Health
Office of Health Indicators for Planning (OHIP)

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Data Classification Method: Natural Breaks (Jenks)

Number of Deaths by County of Residence, Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner and Ware Counties, Alzheimer's Disease and Related Dementia (ADRD), 2018-2022 *Source: DPH OASIS

Geography	Number of Deaths
Atkinson	35
Bacon	67
Ben Hill	155
Berrien	105
Brantley	72
Brooks	154
Charlton	74
Clinch	36
Coffee	195
Cook	122
Echols	13
Irwin	87
Lanier	52
Lowndes	538
Pierce	112
Tift	280
Turner	81
Ware	245

Item #5 – Descriptions of Services Delivery System

Item #5a(1) Table - 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 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**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
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.	Provided Directly (Allowable)
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.	Provided Directly (Allowable)
3.	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.	Provided Directly (Allowable)

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	**Service Description**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
4.	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. **Note - The service of ADRC Information and Assistance includes the service of Community Options Counseling.**	Provided Directly (Allowable)
5.	Elderly Legal Assistance Program (ELAP)	Free legal representation, advice, and counseling for persons 60 and older	Contracted Out
6.	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. One workshop equals six weeks with one session/class per week. Completers are participants who attend 4 of 6 sessions/classes. One completer is required for reimbursement for the workshop.	Contracted Out
7.	RCI Caring for You, Caring for Me	A 10-hour evidence-informed caregiver program, conducted in five two-hour modules, that addresses the needs of family and professional caregivers. Caregivers learn: ways of coping with caregiving; resources available and how to access them; ways to share common concerns and issues. One workshop equals five 2-hour sessions/classes. A completer is one participant who attends 4 of the 5 sessions/classes. One completer is required for reimbursement for the workshop.	Contracted Out

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	**Service Description**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
8.	RCI Dealing with Dementia	RCI REACH serves family caregivers who assist a care partner with Alzheimer's disease or another type of dementia. The program uses a "coaching" model rather than the usual caseworker or classroom approach to supporting caregivers. During twelve visits to the family home over a period of six months, the coach and caregiver work together to identify which issues are causing the most difficulty and then develop strategies to overcome the challenges. Caregivers also receive training in stress management and coping with dementia behaviors.	Contracted Out
9.	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
10.	Respite Care - Out-of-Home	Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite includes: 1) respite provided by attendance of the care recipient at a senior center, adult day program, or other nonresidential program, 2) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver.	Contracted Out
11.	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
12.	Case Management Brokering	The conflict-free assessment of a consumer (preferably face-to-face) to determine eligibility or appropriateness for services, the recommendation of service(s) and	Contracted Out

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	**Service Description**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
		frequency, and the periodic rescreening of that consumer to determine ongoing eligibility or appropriateness for services.	
13.	BingoCize	Bingocize ® is an evidence-based health promotion program that strategically combines the game of bingo, health education, and/or exercise. Trained leaders may select between separate 10-week workshops that focus on exercise-only, exercise and falls prevention, or exercise and nutrition. Each workshop includes a facilitator's script for each session, participants' materials, and "take home" cards for participants to complete exercises and tasks at home to reinforce the weekly health education information. Participants play Bingocize ® twice per week, with each 45-60-minute session consisting of exercises (range of motion, balance, muscle strengthening, and endurance exercises) and/or health education questions. Workshops can be delivered using a traditional in-person bingo game, along with printed curriculum facilitator and participants' materials. However, facilitators and participants are recommended to use a stand-alone online version, Bingocize ® Online, to play Bingocize ® in-person or remotely. This adds a fun, interactive technology component to the original game. One workshop equals 10-weeks with two 45 - 60 minute sessions/classes per week for a total of 20 sessions/classes. A completer is one participant who attends 16 of the 20 sessions/classes. One completer is required for reimbursement for the workshop.	Contracted Out
14.	Falls Prevention - Matter of Balance	Developed by researchers in Maine, this is an 8 week evidence based program designed to address the fear individuals have of falling. It combines education about falls prevention as well as an introduction to physical activities that can help improve balance and stability. A completer is a participant who attends at least five of the eight sessions. One workshop equals to eight 2-hour sessions/classes, either once per week for	Contracted Out

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	**Service Description**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
		eight weeks or twice a week for four weeks. A completer is one participant who attends 5 of the 8 sessions/classes. One completer is required for reimbursement for the workshop.	
15.	Falls Prevention - Tai Chi	Developed by Dr. Paul Lam in Australia, TCH is 12 forms of Tai Chi taught by trained instructors over 8 (1 hour) or 12 (1 hour) week sessions. The program improves balance and especially helps persons with Arthritis. One workshop equals to 8 sessions/classes. A completer is one participant who attends 5 of 8 sessions/classes. One completer is required for reimbursement for the workshop. OR One workshop equals to 12 sessions/classes. A completer is one participant who attends 8 of 12 sessions/classes. One completer is required for reimbursement for the workshop.	Contracted Out
16.	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
17.	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 eyeglasses, dental care, and hearing aids. Services under AT involve selecting, designing, fitting, customizing, adapting, applying, maintaining, or donating (device reutilization program) assistive technology devices. Includes trial use and short-term loans of assistive technology. “Try before you buy” (device loan program) Coordinating and using necessary therapies, interventions, or services with assistive technology devices, such as therapies (occupational therapy, physical	Budgeted under the AAA/Brokered to Provider(s)

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	**Service Description**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
		therapy, and nurses, etc.), interventions, or services associated with education and rehabilitation plans and programs.	
18.	Telephone Reassurance	Interaction with individuals by telephone to reduce social isolation, provides support and ensures health and safety.	Contracted Out
19.	Homemaker	Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.	Contracted Out
20.	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
21.	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.	Budgeted under the AAA/Brokered to Provider(s)
22.	Personal Care	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.	Contracted Out
23.	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
24.	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	Contracted Out

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	**Service Description**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
		caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status.	
25.	Nutrition Education	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. **Note - Nutrition Education Group is documented on the Health Promotion and Disease Prevention Staff Activity Log.**	Contracted Out
26.	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
27.	Health Promotion/Disease Prevention	The provision of 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 Health Promotion Health Indicators, Outcomes, Evaluation Health Literacy Preventative Action Self-Care/Self-Management	Contracted Out

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	**Service Description**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
28.	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)	Budgeted under the AAA/Brokered to Provider(s)
29.	Transportation (DHS Unified)	Provision of DHS Unified transportation as a means of transporting clients from one location to another. **Only allowable for funding designated for DHS Unified Transportation.**	Budgeted under the AAA/Brokered to Provider(s)
30.	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.	Provided Directly (Allowable)
31.	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.	Provided Directly (Allowable)
32.	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.	Provided Directly (Allowable)

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	**Service Description**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
33.	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. Kristi Hames, ADRC Coordinator, 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 are discussed at meetings. Members also discuss any issues regarding the referral process to assure that clients' needs are being properly met.	Provided Directly (Allowable)
34.	Dementia Care Specialist (DCS)	DCS will participate in all future trainings provided and/or required by the DAS, participates in local coalitions(s) of area stakeholders identified and meetings regularly, develop a DCS outreach plan, including the identification of potential partnership opportunities, offer quarterly dementia training to AAA staff and/or the aging provider network, offer two community or family dementia education events per fiscal year, offer two community-based memory screening events per fiscal year, provide feedback and collaborate with the DAS to develop a workflow within the DDS for DCS activities, serve as the subject matter expert regarding dementia in the PSA, will drive the effort to make the aging network more dementia capable by supporting the local network of dementia partners and stakeholders as a community catalyst, educator, and collaborator, identify gaps in services and drive innovation so that constituents can access memory screenings and people living with dementia and their care partners can access long-term services and supports (LTSS) options including those provided through the Older American's Act, plan and host quarterly ADRC Advisory Council Meetings and quarterly Southern Georgia Care-Net Meetings, Dementia Friend Georgia Champion and participates in Georgia Memory Net, the Alzheimer's Association	Provided Directly (Allowable)

Item #5a(1) - Older Americans Act Programs and Services Table			
	Service	**Service Description**	**How is the Service Provided?** • **Contracted Out or** • **Provided Directly (Allowable) or** • **Provided Directly (Intent to Submit Waiver) or** • **Budgeted under the AAA/Brokered to Provider(s)**
		and the Georgia Alzheimer's and Related Dementias (GARD) discussions, become certified to offer the Virtual Dementia Tour.	

Item #5a(3) Tables: Case Management Services Tables

The Older Americans Act, as amended, specifies how Case Management Services may be delivered and allows Area Agencies on Aging to directly provide such services. Below are Case Management Services offered by the AAA in its planning and service area.

(Add and/or Delete tables as necessary. Keep the tables numbered consecutively.)

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

Name and Description of Service Provided:
Case Management
Date First Provided by a. ☐ AAA Staff, or b. ☒ another provider: 7/1/2000
Date Last Competitively Bid: 12/18/2023
Budgeted Funds (Annual): $287,625 **Staff F.T.E. funded:** 7.0
Clients Served (Annual): FY2023 = 1,157
Units Provided (Annual): FY2023 = 13,351
☒**Client Definition same as OAA** ☐**Other** Click or tap here to enter text.
Case Management Staff Receive Specialized Training: ☒Yes ☐No % of staff trained 100%
Case Management Services:
Do Not Duplicate services provided through other Federal and State Programs: ☒Yes ☐No
Provides clients a list of similar services available within the jurisdiction of the AAA: ☒Yes ☐No
Provides clients a statement specifying their right to make an independent choice: ☒Yes ☐No
Documents each client's receipt of the statement concerning independent choice: ☒Yes ☐No
Case Managers act as agents for clients not as promoters of provider agencies: ☒Yes ☐No
AAA has internal controls in place to prevent: a. ☒ Conflicts of Interest b. ☒Preferential referrals to any provider

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

Name and Description of Service Provided:
Case Management Brokering
Date First Provided by a. ☐ AAA Staff, or b. ☒ another provider: 7/1/2000
Date Last Competitively Bid: 12/18/2023
Budgeted Funds (Annual): $28,000 **Staff F.T.E. funded:** 1.0
Clients Served (Annual): FY2023 = N/A (Setting up new service possibly per Yolanda Mendoza-Miller)
Units Provided (Annual): FY2023 = N/A (Setting up new service possibly per Yolanda Mendoza-Miller)
☒**Client Definition same as OAA** ☐**Other** Click or tap here to enter text.
Case Management Staff Receive Specialized Training: ☒Yes ☐No % of staff trained 100%
Case Management Services:

Do Not Duplicate services provided through other Federal and State Programs: ☒Yes ☐No
Provides clients a list of similar services available within the jurisdiction of the AAA: ☒Yes ☐No
Provides clients a statement specifying their right to make an independent choice: ☒Yes ☐No
Documents each client's receipt of the statement concerning independent choice: ☒Yes ☐No
Case Managers act as agents for clients not as promoters of provider agencies: ☒Yes ☐No
AAA has internal controls in place to prevent: a. ☒ Conflicts of Interest b. ☒Preferential referrals to any provider

Item #5b – Contract/Commercial Relationships Services Delivery System Tables - 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. (*Include all relationships and/or agreements that provide clients access to services.)*

Note: 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.

(Add or Delete Contractor/Vendor Tables, as necessary. Keep the tables numbered consecutively.)

Item #5b – Contract/Commercial Relationships

Contractor/Vendor Table #1

Area Agency on Aging: Southern Georgia AAA **Fiscal Year**: 2025

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, etc.) at farmers' markets, roadside stands, and community-supported agricultural (CSA) programs.

Date First Effective: 7/1/2014 **Expiration Date**: Ongoing

Revenue Received: $235,400 **Funds Expended**: $235,400

Clients Served: 4,708 **Units Provided**: N/A

☐**Client Definition same as OAA** ☒**Other** DPH SFMNP rules and regulations – not a Older American's Act (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.

   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 $50 vouchers to purchase fresh fruits and produce. Events are open to those eligible from the general public.
2. 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 AAA **Fiscal Year**: 2025

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 (EDWP) serves frail, elderly, and disabled Georgians and is a Medicaid waiver program that provides in-home and community-based services as an alternative to nursing home placement. 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: 7/1/2016 **Expiration Date**: Ongoing

Revenue Received: $1,226,697 **Funds Expended**: $1,226,697

Clients Served: 1,500 **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.

   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 EDWP 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.

2. 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 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 AAA **Fiscal Year**: 2025

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 which may include family or friends.

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

Revenue Received: $20,000 **Funds Expended**: $20,000

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 OAA as a result of VDC services. The VA determines the 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 the 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.

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.

Item #5b – Contract/Commercial Relationships

Contractor/Vendor Table #4

Area Agency on Aging: Southern Georgia AAA **Fiscal Year**: 2025

Contractor/Vendor, Legal Name: Georgia Department of Community Affairs (DCA)

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 Behavioral Health and Housing Coaching (BHHC) Program assists older adult residents with unmet behavioral health needs who are at risk for eviction from non-profit and HUD-subsidized senior living communities.

Date First Effective: 11/1/2021 **Expiration Date**: Ongoing

Revenue Received: $168,437 **Funds Expended**: $168,437

Clients Served: 50 **Units Provided**: N/A

☐**Client Definition same as OAA** ☒ **Other** DCA BHHC 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 BHHC is a DCA-funded program and does not conflict with any OAA services provided by the AAA 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 who qualify for the BHHC program do not have to rely on OAA funding for services. This enhances the OAA program by allowing funding for OAA to be conserved for those who do not qualify for BHHC.

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 BHHC services. Clients in senior living communities are screened based on eligibility and need for BHHC. Clients deemed eligible for BHHC 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 BHHC.

Item #6 – LOCATION OF SERVICES CHARTS

Item #6: TABLE #1 - Home and Community Based Services (HCBS) as provided in each county. Services as identified in Item #5a(1), include HCBS Services, HCBS In-Home Services, HCBS Nutrition/Wellness, Congregate Meals, Home Delivered Meals, HCBS Caregiver, HCBS Kinship Care Programs, Support Options, Alzheimer's, Evidence Based Programs, etc.

(Add/Delete Lines)

Chart #1	Counties ⇨ / Services ⇩	Atkinson	Bacon	Ben Hill	Berrien	Brantley	Brooks	Charlton	Clinch	Coffee	Cook	Echols	Irwin	Lanier	Lowndes	Pierce	Tift	Turner	Ware
1.	AAA Administration	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.	Advocacy	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.	Outreach	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.	Powerful Tools for Caregivers														X				
5.	RCI Caring for You, Caring for Me														X				
6.	RCI Dealing with Dementia	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.	Respite Care – In Home	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.	Respite Care – Out-of-Home														X				
9.	Case Management	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
10.	Case Management Brokering	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
11.	BingoCize	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
12.	Falls Prevention – Matter of Balance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
13.	Falls Prevention – Tai Chi	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
14.	Adult Day Care														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.	Telephone Reassurance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
17.	Homemaker	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
18.	Material Aid – Home Modifications/Home Repair	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
19.	Material Aid – Other – Individual	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
20.	Personal Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
21.	Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
22.	Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
23.	Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
24.	Congregate Meals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
25.	Health Promotion/Disease Prevention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
26.	Support Options	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
27.	Transportation (DHS Unified)	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, Dementia Care, etc. as provided in each county. Services as identified in Item #5a(1).
(Add/Delete Lines)

Chart #2 Counties → / Services ↓		Atkinson	Bacon	Ben Hill	Berrien	Brantley	Brooks	Charlton	Clinch	Coffee	Cook	Echols	Irwin	Lanier	Lowndes	Pierce	Tift	Turner	Ware
1.	ADRC Information and Assistance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.	Elderly Legal Assistance Program (ELAP)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.	MDSQ Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.	MFP – Transition Coordination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.	Nursing Home Transitions	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.	Elder Rights Team	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.	Dementia Care Specialist (DCS)	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 – Contract/Commercial Relationship Services Delivery System Tables - 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. Services as identified in Item #5b. (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.	Senior Farmers' Market Nutrition Program (SFMNP) with Georgia Department of Public Health (DPH)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.	Elderly and Disabled Waiver Program (EDWP) with Department of Community Health (DCH)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.	Veteran's Directed Care (VDC) Program with Veteran's Administration (VA)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.	Behavioral Health and Housing Coaching Program (BHHC) With Department of Community Affairs (DCA)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Item #7 – Fee for Service 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 with 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 Policy

The Area Agency on Aging (AAA) shall 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 DAS Data System (DDS) 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 the 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.

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 Modifications and Repairs
- Personal Support Services
- Respite Care Services
- Transportation Services
- Senior Center Activities
- Recreation Services
- Wellness Program Services

AAAs may not impose a cost share for the following services or persons paid with OAA or state funds:

- Information and Assistance
- Outreach
- Benefits counseling
- Medications management assistance
- Ombudsman
- Elder abuse prevention
- Legal assistance
- Other consumer protection services
- Nutrition services, including congregate meals
- Nutrition screening, counseling, and education
- Any service provided to low-income older persons whose income is at or below the Federal Poverty Limit

AAAs may not impose a cost share for the following services or persons paid with OAA funds:

- Case Management Services
- Home Delivered Meals

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 (no time frame) 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 with written notification of the cost-share percentage at assessment/reassessment. This information will also be 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.

Consumers refusing to disclose income for cost-sharing purposes will have their income based on the 100% Cost Share (as % of the unit price) Above Poverty income (currently, for 2024, $45,181 or $3,766 per month).

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 ensure 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 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 to 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 ($20 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	December 2023	12	$240.00	2.5%	$6.00

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

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 as well as population data. 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 the priority needs.

Item #8b - Budget Narrative

Annual organization health insurance rate increases have become the new normal. 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 such as MFP. 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.

DAS Planning Allocation Issuance SFY 2025-P includes funding reductions due to Census data updates for Southern Georgia. The reduction for Southern Georgia appears to be approximately $30,365 from Allocation 2024-02 to Allocation 2025-P. The remaining ARPA funding hopefully will assist the AAA in maintaining continued levels of services in the region. A detailed comparision of SFY 2025-Planning funding versus SFY 2024-01 Allocation Issuance funding can be viewed below.

Aging Allocation Funding Source	2025-P	2024-01	Difference
Alzheimer's Program State	$115,964	$115,964	$0
ADRC	$37,000	$37,000	$0
CBS Alzheimer's	$10,929	$10,929	$0
CBS ELAP	$3,750	$3,783	($33)
CBS DCS	$79,000	$79,000	$0
CBS Respite	$68,981	$69,572	($591)
CBS Case Management	$70,148	$70,749	($601)
CBS Other	$1,419,147	$1,430,142	($10,995)
CBS Total	**$1,651,955**	**$1,664,175**	**($12,220)**
ITCO			$0
Title IIIA	$221,413	$223,103	($1,690)
Title IIIB	$502,001	$505,891	($3,890)
Title IIIC1	$815,116	$821,431	($6,315)
Title IIIC2	$415,979	$419,202	($3,223)
Title IIID	$38,580	$38,704	($124)
Title IIIE	$198,524	$200,028	($1,504)
SSBG HCBS	$180,571	$181,970	($1,399)
SSBG Special Projects	$5,000	$5,000	$0
NSIP SSBG Supplemental	$57,498	$57,498	$0
MFP TC SSBG	$10,000	$10,000	$0
NSIP Federal	$264,598	$264,598	$0
NSIP State	$341,247	$341,247	$0
NHT TC	$110,474	$110,474	$0
NHT State	$51,000	$51,000	$0
MDSQ	$74,558	$74,558	$0
Maximum Indirect	$19,503	$19,503	$0
TOTAL	$5,110,981	$5,141,346	($30,365)

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

The AAA's SFY2025 budget has been adjusted to reflect DAS Allocation Issuance SFY 2025-P which includes cuts to funding (-$30,365) for Southern Georgia due to updated Census figures. The AAA strives to absorb cuts to it's administrative work and lessen any burden on service providers. At this time no unit costs have been changed from SFY 2024 since many of these are likely to change once the AAA's FY2025 contracts have been negotiated and completed. The AAA has submitted a budget aligning with DAS Allocation Issuance FY2025-P and removing any funding not listed on the Allocation Issuance.

Item #8d – Allocation Plan for Serving Individuals Under the Age of 60

The AAA may designate up to 10% of non-Older Americans Act funds to serve persons with disabilities who are under the age of 60 and/or to serve caregivers not eligible under the National Family Caregiver Support Program requirements. The AAA has indicated below in its Area Plan how we will allocate funding for services to these populations.

	Service Name (Add/Delete Lines as Necessary)	**Fund Source(s) Used**	**Maximum Percentage of Funds Allocated for Under the Age of 60**
1.	Material Aid – Other – Individual	CBS – HCBS	10% of $50,000 = $5,000
2.	Material Aid – Home Modification/Home Repair	CBS – HCBS	10% of $100,000 = $10,000
3.	Material Aid – Assistive Technology	CBS – HCBS	20% of $5,000 = $1,000
	TOTAL	CBS - HCBS	$16,000 of $1,419,147 = 1.13%

Item #9 - 2024 – 2027 State Plan and AAA Area Plan Alignment of Older Americans Act Mandate for Goals, Objectives, and Measures

State and Area Plan Alignment:

Section 305. (a)(1)(A) of the Older Americans Act, as amended through P.L. 114-144, enacted April 19, 2016, requires that the state agency shall be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the Act.

Section 307. (a)(1) of the Act requires that the state plan mandate that each designated area agency develop an area plan for submission to and approval by the state agency, and that the state plan be based on such area plans.

In compliance with both sections, 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 must align new area plans developed in the new planning cycle. Area agencies are provided the option to include area specific targets appropriate to serve regional needs absent conflicts with statewide direction.

Goals, Objectives, and Measures Charts

In compliance with the OAA requirements, DAS has developed clear, measurable goals and objectives that meet the ACL's focus areas. The goals embrace person-centered and consumer-directed approaches to improve service delivery, strengthen the aging network and increase safety for older Georgians and people with disabilities.

Item #10 – Goal #1 Objectives and Measures Charts

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

AAA #1.1 Objective: Aging and Disability Resource Connection (ADRC)

Increase the number of clients who receive Options Counseling (OC) services from certified Options Counseling staff by 5% each year.

	AAA Strategies
1.	Identify roles at each AAA that need OC certification and enroll staff needing OC certification in Boston University training.
2.	Ensure certified OCs participate in OC certification refresher courses.
3.	Ensure clients needing Options Counseling Services are referred to certified Options Counselors.
4.	Ensure clients receiving Options Counseling Services are documented in the Division of Aging Services (DAS) Data System (DDS)
5.	

Measure #1 - Data Source/Report Name: DAS Staff List
Measure #1 - Located in the DDS Live or HAR: N/A - The DAS staff will provide each AAA its data after each cohort.

Measure #2 – Data Source/Report Name: Community Options Counseling Enrollments Report
Measure #2 – Located in the DDS Live or HAR: HAR

	Measure	Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024
1.	Number of AAA staff who have completed the Options Counseling certification.	**Enter SFY 2023 Baseline:** 0 for Each AAA *Southern currently has 10 staff who have completed OC Certification

AAA #1.1 Objective: <u>Aging and Disability Resource Connection (ADRC)</u> Increase the number of clients who receive Options Counseling (OC) services from certified Options Counseling staff by 5% each year.		
2.	Increase the number of clients receiving Options Counseling by 5% each year.	**Enter SFY 2023 Baseline:** 1 for Southern as of June 30, 2023
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Number of AAA staff who have completed the Options Counseling certification.	**Enter Update:**
2.	Increase the number of clients receiving Options Counseling by 5% each year.	**Enter Update:**
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Number of AAA staff who have completed the Options Counseling certification.	**Enter Update:**
2.	Increase the number of clients receiving Options Counseling by 5% each year.	**Enter Update:**
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Number of AAA staff who have completed the Options Counseling certification.	**Enter Update:**
2.	Increase the number of clients receiving Options Counseling by 5% each year.	**Enter Update:**
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Number of AAA staff who have completed the Options Counseling certification.	**Enter Update:**
2.	Increase the number of clients receiving Options Counseling by 5% each year.	**Enter Update:**
		#1

AAA #1.2 Objective: Alzheimer's Disease & Related Dementias (ADRD) Develop a more dementia capable aging network.	
	AAA Strategies
1.	Assess the number of active clients with a formal or self-reported dementia diagnosis and establish a baseline to measure the number of memory screenings per year per AAA.
2.	DCS will provide quarterly dementia training for AAA staff, providers, and partners
3.	75% of AAA staff will participate in at least two Dementia Care Specialist and two Georgia Memory Net training sessions annually
4.	Have 1-2 AAA staff members attend the annual Georgia Memory Network (GMN) Summit, Quarterly Community Services Educator (CSE) Webinar, and/or other GMN-related events.
5.	

Data Source/Report Name: ADRC – Assessments by Worker Report (ADRC Folder) Located in the DDS Live or HAR: HAR		
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Assess the number of active clients with a formal or self-reported dementia diagnosis and establish a baseline to measure the number of memory screenings per year per AAA. The memory screenings will take place at the local level (at the AAA/in the community). Increase the number of memory screenings by 75% by the end of SFY 2028 (June 30, 2028).	**Enter SFY 2023 Baseline:**
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Assess the number of active clients with a formal or self-reported dementia diagnosis and establish a baseline to measure the number of memory screenings per year per AAA. The memory screenings will take place at the local level (at the AAA/in the community).	**Enter SFY 2024 Baseline**:

AAA #1.2 Objective: <u>Alzheimer's Disease & Related Dementias (ADRD)</u> Develop a more dementia capable aging network.		
	Increase the number of memory screenings by 75% by the end of SFY 2028 (June 30, 2028).	
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Assess the number of active clients with a formal or self-reported dementia diagnosis and establish a baseline to measure the number of memory screenings per year per AAA. The memory screenings will take place at the local level (at the AAA/in the community). Increase the number of memory screenings by 75% by the end of SFY 2028 (June 30, 2028).	**Enter SFY 2025 Baseline**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Assess the number of active clients with a formal or self-reported dementia diagnosis and establish a baseline to measure the number of memory screenings per year per AAA. The memory screenings will take place at the local level (at the AAA/in the community). Increase the number of memory screenings by 75% by the end of SFY 2028 (June 30, 2028).	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Assess the number of active clients with a formal or self-reported dementia diagnosis and establish a baseline to measure the number of memory screenings per year per AAA. The memory screenings will take place at the local level (at the AAA/in the community).	**Enter Update:**

AAA #1.2 Objective: Alzheimer's Disease & Related Dementias (ADRD) Develop a more dementia capable aging network.		
	Increase the number of memory screenings by 75% by the end of SFY 2028 (June 30, 2028).	
		#2

AAA #1.3 Objective: <u>Home and Community Based Services (HCBS)</u> After receiving meals, the number of clients with low or very low food security will decrease by 5%.	
	AAA Strategies
1.	Develop and expand targeted efforts to increase access to food and financial resources for vulnerable seniors to reduce senior hunger in Georgia.
2.	Target reasons for why clients are low or very low food security (share info about SNAP education/application guidance, nutrition counseling, increase meal provision, etc.) AAA will provide additional frozen/shelf-stable meal to food-insecure clients as funding permits and will provide clients a listing of food related resources for their area.
3.	Ensure food security assessment information is entered in the the Division of Aging Services (DAS) Data System (DDS).
4.	AAA will run a food security report at least semi-annually to target food insecure clients with nutrition resources in the region.
5.	AAA will target food insecure clients with Dept. of Public Health - Senior Farmers' Market Nutrition Program (SFMNP).
Data Source/Report Name: <u>Food Security Impact Report</u> Located in the DDS Live or HAR: <u>HAR</u>	
	Measure / **Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Food security impact report will show a 5% decrease in the baseline percentage of clients with a food security survey score of 2 or more by June 30, 2028. / **Enter SFY 2023 Baseline:** Clients with FSS Score Decrease = 53.1% 112 Clients with Decrease in Score, 211 Total Clients
	Measure / **Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Food security impact report will show a 5% decrease in the baseline percentage of clients with a food security survey score of 2 or more by June 30, 2028. / **Enter Update**:
	Measure / **Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Food security impact report will show a 5% decrease in the baseline percentage of clients with a food security survey score of 2 or more by June 30, 2028. / **Enter Update**:
	Measure / **Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Food security impact report will show a 5% decrease in the baseline percentage of clients with a food security survey score of 2 or more by June 30, 2028. / **Enter Update**:

AAA #1.3 Objective: <u>Home and Community Based Services (HCBS)</u> **After receiving meals, the number of clients with low or very low food security will decrease by 5%.**		
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Food security impact report will show a 5% decrease in the baseline percentage of clients with a food security survey score of 2 or more by June 30, 2028.	**Enter Update:**
		#3

AAA #1.4 Objective: <u>Nursing Home Transition (NHT)</u> Decrease the number of participants who are re-institutionalized in the Nursing Home Transition Program each year.	
	AAA Strategies
1.	AAAs will participate and engage in training and technical assistance opportunities provided by Division of Aging Services staff for the NHT program.
2.	Facilitating a discharge meeting to assess the broader needs of the client and anticipate risks for re-institutionalization.
3.	
4.	
5.	

Measure #2: Data Source/Report Name: <u>MFP/NHT Enrollment Program Status with Primary Worker Report</u> Located in the DDS or HAR: <u>HAR – TA will be provided by DAS Staff upon request.</u>		
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Reduce the number of re-institutionalized NHT participants by 1% each year.	**Enter SFY 2023 Baseline:** During FY2023 Southern Georgia AAA transitioned 11 MFP participants with one (1) re-institutionalization. During FY2023 Southern Georgia AAA transitioned 13 NHT participants with zero (0) re-institutionalizations.
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Reduce the number of re-institutionalized NHT participants by 1% each year.	**Enter Update**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Reduce the number of re-institutionalized NHT participants by 1% each year.	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Reduce the number of re-institutionalized NHT participants by 1% each year.	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**

AAA #1.4 Objective: Nursing Home Transition (NHT) Decrease the number of participants who are re-institutionalized in the Nursing Home Transition Program each year.		
1.	Reduce the number of re-institutionalized NHT participants by 1% each year.	**Enter Update:**
		#4

AAA #1.5 Objective: <u>Home and Community Based Services (HCBS)</u> Reduce social isolation of HCBS clients in Georgia.		
	AAA Strategies	
1.	Baseline number clients who are socially isolated by the end of SFY 2024 (June 30, 2024).	
2.	By June 30, 2025 (by the end of SFY 2025) increase opportunities for social engagements with internal and external entities (i.e., home delivered meals, universities' telephone reassurance programs, etc.)	
3.	Institute a multi-disciplinary advisory group that includes relevant divisions and strategic system-level stakeholders to provide support and guidance on matters related to activities and services within the aging community.	
4.	Ensure social isolation assessment information is entered into the Division of Aging Services (DAS) Data System (DDS).	
5.		
Data Source/Report Name: <u>To Be Determined!</u> Located in the DDS Live or HAR: <u>To Be Determined!</u>		
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Increase the initial assessments and service referral documentation in the DDS.	**Enter SFY 2023 Baseline:**
	Measure	**Baseline: As of June 30, 2024, for SFY 2024 Due 3/1/2025**
1.	Increase the initial assessments and service referral documentation in the DDS.	**Enter SFY 2024 Baseline**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Increase the initial assessments and service referral documentation in the DDS.	**Enter SFY 2025 Baseline:**
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Increase the initial assessments and service referral documentation in the DDS by 5% by the end of SFY 2028.	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Increase the initial assessments and service referral documentation in the DDS by 5% by the end of SFY 2028.	**Enter Update:**

AAA #1.5 Objective: Home and Community Based Services (HCBS) Reduce social isolation of HCBS clients in Georgia.
#5

AAA #1.6 Objective: <u>Money Follows the Person (MFP)</u> Increase the number of participants completing 365 days in the MFP Transition Program.		
	AAA Strategies	
1.	AAAs will conduct meaningful outreach to organizations, agencies, professionals, and other individuals that serve older adults and individuals with disabilities (i.e., hospitals, nursing homes, senior centers, Long-term Care Ombudsman, etc.) in order to provide information and education on the MFP program	
2.	AAAs will participate and engage in training and technical assistance opportunities provided by Division of Aging Services staff for the MFP program	
3.	Use Data Source: MFP/NHT Enrollment Report (reviewed weekly) and the Monthly Transition Reports (submitted monthly by AAAs).	
4.		
5.		
Data Source/Report Name: <u>MFP/NHT Enrollment Report</u> Located in the DDS Live or HAR: <u>HAR</u>		
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Increase the number of participants completing 365 days in the community by 1% per year.	**Enter SFY 2023 Baseline:** Eight (8) MFP participants completed 365 days in the community during FY2023 Thirteen (13) NHT participants completed 365 days in the community during FY2023
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Increase the number of participants completing 365 days in the community by 1% per year.	**Enter Update**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Increase the number of participants completing 365 days in the community by 1% per year.	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Increase the number of participants completing 365 days in the community by 1% per year.	**Enter Update**:

AAA #1.6 Objective: <u>Money Follows the Person (MFP)</u> Increase the number of participants completing 365 days in the MFP Transition Program.		
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Increase the number of participants completing 365 days in the community by 1% per year.	**Enter Update:**
		#6

AAA #1.7 Objective: Home and Community Based Services (HCBS)

Increase the "length of time (average number of months)" older adults remain in their homes by six months while receiving HCBS services.

	AAA Strategies
1.	Focus on targeting Material Aid - Assistive Technology Service to individuals.
2.	Encourage more Material Aid - Home Modifications/Home Repair Service using Title IIIB funds.
3.	
4.	
5.	

Data Source/Report Name: HCBS - Average Length of Stay for Active, Discharged and All Clients Report
Located in the DDS Live or HAR: HAR – This report as been added to each AAA's HAR Folder.

	Measure	**Baseline: As of June 30, 2023 for SFY 2023** **Due 3/1/2024**
1.	Length of time in HCBS services.	**Enter SFY 2023 Baseline:** Average # of Months in the Program = 37.23 for All Clients Active Clients: 30.83 Discharged Clients: 6.41
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Length of time in HCBS services.	**Enter Update**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Length of time in HCBS services.	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Length of time in HCBS services.	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Length of time in HCBS services.	**Enter Update:**

#7

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 #2.8 Objective: Aging and Disability Resource Connection (ADRC) **Increase the number of first-time contacts to ADRC by 5% each successive year.**		
	AAA Strategies	
1.	AAAs will participate and engage in training and technical assistance opportunities provided by Division of Aging Services staff around data entry in the DDS.	
2.	AAAs will ensure that ADRC staff receive ongoing education and skill-building opportunities around motivational interviewing to improve the quality of intakes and screenings that are completed.	
3.	AAA will participate in health fairs and public events throughout our 18-county region to share information and resources.	
4.	AAA will attend Georgia Family Connection Partnership Meetings throughout the region to share information and resources.	
5.	AAA will conduct at least one paid advertisement in local newspapers throughout the region.	
Data Source/Report Name: First Time Callers Only with Detail Located in the DDS Live or HAR: HAR		
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Number of first-time contacts.	**Enter SFY 2023 Baseline:** 1,088 first-time contacts
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Increase the number of the previous SFY's first-time contacts by 5%.	**Enter Update**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Increase the number of the previous SFY's first-time contacts by 5%.	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Increase the number of the previous SFY's first-time contacts by 5%.	**Enter Update**:

AAA #2.8 Objective: <u>Aging and Disability Resource Connection (ADRC)</u> Increase the number of first-time contacts to ADRC by 5% each successive year.		
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Increase the number of the previous SFY's first-time contacts by 5%.	**Enter Update:**
		#8

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: Home and Community Based Services (HCBS) **The aging network will have a conflict-free service delivery system by the end of SFY 2028 (June 30, 2028).**		
	AAA Strategies	
1.	Each AAA will develop operational plan to ensure assessment process is conflict free.	
2.	Ensure provider networks are prepared to participate in conflict free delivery system.	
3.	AAAs will provide technical assistance and training to its staff and providers.	
4.		
5.		
Data Source/Report Name: DAS Staff will provide on-going technical assistance. **Located in the DDS Live or HAR: N/A**		
	Measure	**Enter the AAA's Status as of June 30, 2023 for SFY 2023 (Indicate if the AAA has a conflict-free service delivery or does not. Enter "Yes" or "No" as the AAA's Status.)** **Due 3/1/2024**
1.	All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).	**Enter the AAA's Status – "Yes" or "No":** Yes
		If the AAA entered "yes", it has a conflict-free service delivery system in place, describe the AAA's system in detail: The AAA contracts with a Case Management Agency to perform conflict-free and unbiased assessment and reassessment of all HCBS Clients except for Congregate Services. The Case Management Agency receives referrals from the HCBS Waiting Lists from the AAA as service openings occur. The Case Management Agency schedules and performs in-home assessments for HCBS clients to confirm eligibility and perform any needed client assessments. The Case

AAA #3.1 Objective: <u>Home and Community Based Services (HCBS)</u> The aging network will have a conflict-free service delivery system by the end of SFY 2028 (June 30, 2028).		
		Management Agency also completes the HCBS Care Plan with the recommended level of services for each client. The client assessment information is entered into the DAS Data System (DDS) and the HCBS provider is notified that the assessment/reassessment is complete and services may begin or continue.
		If the AAA entered "no", it does not have a conflict-free service delivery system in place, describe in detail the AAA's status: N/A
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).	**Enter the AAA's Status – "Yes"**
		If the AAA entered "yes", it has a conflict-free service delivery system in place, describe the AAA's system in detail:
		If the AAA entered "no", it does not have a conflict-free service delivery system in place, describe in detail the AAA's status:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).	**Enter the AAA's Status – "Yes" or "No":**
		If the AAA entered "yes", it has a conflict-free service delivery system in place, describe the AAA's system in detail:

AAA #3.1 Objective: <u>Home and Community Based Services (HCBS)</u> The aging network will have a conflict-free service delivery system by the end of SFY 2028 (June 30, 2028).		
		If the AAA entered "no", it does not have a conflict-free service delivery system in place, describe in detail the AAA's status:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).	**Enter the AAA's Status – "Yes" or "No":**
		If the AAA entered "yes", it has a conflict-free service delivery system in place, describe the AAA's system in detail:
		If the AAA entered "no", it does not have a conflict-free service delivery system in place, describe in detail the AAA's status:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).	**Enter the AAA's Status – "Yes" or "No":**
		If the AAA entered "yes", it has a conflict-free service delivery system in place, describe the AAA's system in detail:
		If the AAA entered "no", it does not have a conflict-free service delivery system in place, describe in detail the AAA's status:
		#9

AAA #3.5 Objective: Alzheimer's Disease & Related Dementias (ADRD) Strengthen and increase partnerships among AAA staff and community partners across the state in dementia programming.		
	AAA Strategies	
1.	Every DCS will initiate and/or participate in a community dementia collaborative.	
2.	All AAAs will submit two progress reports (using form generated by DAS) each year (mid-year and annual review) detailing efforts/accomplishments.	
3.	All AAAs will ensure at least two staff or community partners serve on two different GARD Collaborative workgroups each SFY.	
4.	Identify local health department partners, establish working relationships, and create joint programming.	
5.		
Data Source/Report Name: DCS Activities documented in the DDS. Located in the DDS Live or HAR: Live		
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Identify local partners, convene, or join a local dementia collaborative, and establish baseline for joint programs offered.	**Enter SFY 2023 Baseline:**
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Identify local partners, convene, or join a local dementia collaborative, and establish baseline for joint programs offered.	**Enter SFY 2024 Baseline:**
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Expand local dementia collaboratives, host regular meetings, and increase the number of joint programs offered in the previous year by 1 each year.	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Expand local dementia collaboratives, host regular meetings, and increase the number of joint programs offered in the previous year by 1 each year.	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**

AAA #3.5 Objective: Alzheimer's Disease & Related Dementias (ADRD) Strengthen and increase partnerships among AAA staff and community partners across the state in dementia programming.		
1.	Expand local dementia collaboratives, host regular meetings, and increase the number of joint programs offered in the previous year by 1 each year.	**Enter Update:**
		#10

AAA #3.6 Objective: Dementia

Develop a more dementia- capable aging network.
(Communities, including service organizations, businesses, faith communities, and health care providers, that recognize and understand the signs and impact of dementia and offer support to people living with dementia and their families)

	AAA Strategies
1.	Every AAA will identify a staff or volunteer Dementia Friends Champion who will conduct **Dementia** Friends information sessions **each year/annually** (to include 1-2 slides on Georgia Memory Net (GMN) at the end of presentation as resource) to four unique community businesses or organizations.
2.	
3.	
4.	

Data Source/Report Name: DCS Activities documented in the DDS.
Located in the DDS Live or HAR: Live

	Measure	Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024
1.	DCS will conduct two community or family dementia education programs in SFY 2023. (SFY 2023 = Minimum of 2 Community-Based Dementia Education Programs)	**Enter SFY 2023 Baseline:** Dementia Friends Sessions Completed (4): 7/20/2022 – Ware County Senior Center 8/30/2022 – Pierce County High School 3/7/2023 – Brantley County High School 5/23/2023 – Pearson, Georgia Senior Center Dementia Education Programs Completed (1): 4/13/2023 – Everyday tasks made easier and Preparing for the future
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	In SFY 2024, conduct an additional community-based dementia education program. (SFY 2024 = Minimum of 3 Community - Based Dementia Education Programs)	**Enter Update**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**

AAA #3.6 Objective: <u>Dementia</u> **Develop a more dementia- capable aging network.** ***(Communities, including service organizations, businesses, faith communities, and health care providers, that recognize and understand the signs and impact of dementia and offer support to people living with dementia and their families)***		
1.	In SFY 2025, conduct an additional community-based dementia education program. (SFY 2025 = Minimum of 4 Community - Based Dementia Education Programs)	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	In SFY 2026, conduct an additional community-based dementia education program. (SFY 2026 = Minimum of 5 Community - Based Dementia Education Programs)	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	In SFY 2027, conduct an additional community-based dementia education program. (SFY 2027 = Minimum of 6 Community - Based Dementia Education Programs)	**Enter Update:**
		#11

AAA #3.8 Objective: Elderly Legal Assistance Program (ELAP) AAAs and providers will document collaborative planning, objectives, and strategies for providing services to OAA priority client groups. All AAAs will submit to DAS via the State Legal Services Developer (SLSD) a copy of the collaborative planning, objectives, and strategies document.	
	AAA Strategies
1.	Through annual meetings, AAAs and providers will document collaborative planning, objectives, and strategies for providing services to OAA priority client groups.
2.	Collaborative planning, objectives, and strategies documents submitted to the SLSD for review.
3.	
4.	
5.	
Data Source/Report Name: N/A Located in the DDS Live or HAR: N/A	
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	For SFY 2023, all AAAs will submit to DAS via the State Legal Services Developer (SLSD) a copy of the collaborative planning, objectives, and strategies document.	**Enter SFY 2023 Baseline:**
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	For SFY 2024, all AAAs will submit to DAS via the State Legal Services Developer (SLSD) a copy of the collaborative planning, objectives, and strategies document.	**Enter "Yes" and the Date of the Submission or "No":**
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	For SFY 2025, all AAAs will submit to DAS via the State Legal Services Developer (SLSD) a copy of the collaborative planning, objectives, and strategies document.	**Enter "Yes" and the Date of the Submission or "No":**
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**

AAA #3.8 Objective: <u>Elderly Legal Assistance Program (ELAP)</u> AAAs and providers will document collaborative planning, objectives, and strategies for providing services to OAA priority client groups. All AAAs will submit to DAS via the State Legal Services Developer (SLSD) a copy of the collaborative planning, objectives, and strategies document.		
1.	For SFY 2026, all AAAs will submit to DAS via the State Legal Services Developer (SLSD) a copy of the collaborative planning, objectives, and strategies document.	**Enter "Yes" and the Date of the Submission or "No":**
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	For SFY 2027, all AAAs will submit to DAS via the State Legal Services Developer (SLSD) a copy of the collaborative planning, objectives, and strategies document.	**Enter "Yes" and the Date of the Submission or "No":**
		#12

Item #13 – Goal #5 Objectives and Measures Charts

GOAL #5: Utilize continuous quality improvement principles to ensure the SUA operates efficiently and effectively.

AAA #5.1 Objective: Home and Community Based Services (HCBS) **Implement the Bakas Caregiving Outcomes Scale (BCOS) assessment for at least 95% family caregivers receiving respite care statewide by the end of SFY 2028 (as of June 30, 2028).**		
	AAA Strategies	
1.	AAA ADRC Staff will complete the BCOS when placing a Caregiver on the Respite Waiting List.	
2.	AAA's HCBS Case Management Provider will complete the BCOS when assessing/reassessing Caregivers for any HCBS Caregiver Service.	
3.	AAA Staff will run the Caregiver Program Enrollment Snap-Shot Report at least quarterly to monitor BCOS assessment completion rates.	
4.		
5.		
Data Source/Report Name: Caregiver Program Enrollment Snap-Shot Report Located in the DDS Live or HAR: HAR		
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Percentage of In-Home Respite Care and Out-of-Home Respite Care clients with a completed BCOS assessment in their DDS client record (Building a Caregiving Infrastructure).	**Enter SFY 2023 Baseline:** SFY 2023 Baseline: 93% (Snapshot report: AAA) Caregiver BCOS Assessments: 32 of 34 Unduplicated Caregivers have a BCOS Assessment = 94.12% (BCOS Caregiver Activity Report: DAS)
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Percentage of In-Home Respite Care and Out-of-Home Respite Care clients with a completed BCOS assessment in their DDS client record (Building a Caregiving Infrastructure).	**Enter Update**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**

AAA #5.1 Objective: <u>Home and Community Based Services (HCBS)</u> Implement the Bakas Caregiving Outcomes Scale (BCOS) assessment for at least 95% family caregivers receiving respite care statewide by the end of SFY 2028 (as of June 30, 2028).		
1.	Percentage of In-Home Respite Care and Out-of-Home Respite Care clients with a completed BCOS assessment in their DDS client record (Building a Caregiving Infrastructure).	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Percentage of In-Home Respite Care and Out-of-Home Respite Care clients with a completed BCOS assessment in their DDS client record (Building a Caregiving Infrastructure).	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Percentage of In-Home Respite Care and Out-of-Home Respite Care clients with a completed BCOS assessment in their DDS client record (Building a Caregiving Infrastructure).	**Enter Update:**
		#13

AAA #5.4 Objective: Home and Community Based Services (HCBS)

Senior centers update, modernize, and implement emergency preparedness plans.

	AAA Strategies
1.	All senior centers will have a written Emergency Preparedness Plan which includes a plan for when older adults cannot get to the senior center due to man-made or natural disasters by the end of SFY 2028 (June 30, 2028).
2.	All AAAs and senior centers will conduct one emergency drill a year and will submit any after action report developed after the drill to the AAA and DAS
3.	Senior center directors will increase their knowledge of emergency preparedness by participating in the DAS sponsored trainings.
4.	Senior center manager onboarding including annual review of the Emergency Preparedness Plan.
5.	100% of senior center directors will complete the Senior Center Community College course on emergency preparedness by SFY 2028 (June 30, 2028)
6.	

Data Source/Report Name: N/A
Located in the DDS Live or HAR: N/A

	Measure	Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024
1.	All AAAs will provide an annual summary report of plan submissions to the DAS.	**Enter SFY 2023 Baseline for all Strategies and the Measure:**
		#1 - Written Emergency Preparedness Plan: Yes, all regional senior centers (18 out of 18) have Emergency Preparedness Plans in place as of June 30, 2023.
		#2 - All AAAs and Senior Centers conducting emergency drill: The AAA has not conducted an emergency drill as of June 30, 2023. Senior Centers conduct quarterly fire drills and annual tornado drills.
		#3 - Senior Center Directors participating in DAS trainings: Senior Center Directors have not participated in a DAS training as of June 30, 2023
		#4 - The onboarding of Senior Center Managers' review of the Emergency Preparedness Plan: An overview and discussion of the emergency plan is included in new senior center staff orientation.

AAA #5.4 Objective: <u>Home and Community Based Services (HCBS)</u> Senior centers update, modernize, and implement emergency preparedness plans.		
		#5 – 100% of senior center directors completed Senior Community College course on emergency preparedness: No senior center directors have completed as of June 30, 2023
		Measure - Enter the date of the AAA's annual summary report of plan submission: The AAA has not submitted as of June 30, 2023
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	All AAAs will provide an annual summary report of plan submissions to the DAS.	**Enter Updates for all Strategies and the Measure:**
		#1 - Written Emergency Preparedness Plan:
		#2 - All AAAs and Senior Centers conducting emergency drill:
		#3 - Senior Center Directors participating in DAS trainings:
		#4 - The onboarding of Senior Center Managers' review of the Emergency Preparedness Plan:
		#5 – 100% of senior center directors completed Senior Community College course on emergency preparedness:
		Measure - Enter the date of the AAA's annual summary report of plan submission:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	All AAAs will provide an annual summary report of plan submissions to the DAS.	**Enter Updates for all Strategies and the Measure:**
		#1 - Written Emergency Preparedness Plan:
		#2 - All AAAs and Senior Centers conducting emergency drill:
		#3 - Senior Center Directors participating in DAS trainings:
		#4 - The onboarding of Senior Center Managers' review of the Emergency Preparedness Plan:
		#5 – 100% of senior center directors completed Senior Community College course on emergency preparedness:

AAA #5.4 Objective: <u>Home and Community Based Services (HCBS)</u> Senior centers update, modernize, and implement emergency preparedness plans.		
		Measure - Enter the date of the AAA's annual summary report of plan submission:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	All AAAs will provide an annual summary report of plan submissions to the DAS.	**Enter Updates for all Strategies and the Measure:**
		#1 - Written Emergency Preparedness Plan:
		#2 - All AAAs and Senior Centers conducting emergency drill:
		#3 - Senior Center Directors participating in DAS trainings:
		#4 - The onboarding of Senior Center Managers' review of the Emergency Preparedness Plan:
		#5 – 100% of senior center directors completed Senior Community College course on emergency preparedness:
		Measure - Enter the date of the AAA's annual summary report of plan submission:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	All AAAs will provide an annual summary report of plan submissions to the DAS.	**Enter Updates for all Strategies and the Measure:**
		#1 - Written Emergency Preparedness Plan:
		#2 - All AAAs and Senior Centers conducting emergency drill:
		#3 - Senior Center Directors participating in DAS trainings:
		#4 - The onboarding of Senior Center Managers' review of the Emergency Preparedness Plan:
		#5 – 100% of senior center directors completed Senior Community College course on emergency preparedness:
		Measure - Enter the date of the AAA's annual summary report of plan submission:
		#14

AAA #5.5 Objective: Home and Community Based Services (HCBS)

85% of clients served meets at least one OAA target criteria by the end of SFY 2028 (June 30, 2028).

	AAA Strategies
1.	Collaboration between ADRC and HCBS program staff to collect targeting data.
2.	Ensure collection and data entry of OAA target criteria into the Division of Aging Services (DAS) Data System (DDS).
3.	
4.	
5.	

Data Source/Report Name: HCBS – Older Americans Act Target Criteria Report
Located in the DDS Live or HAR: HAR

	Measure	Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024
1.	Percentage of clients meeting at least 1 OAA target criteria	**Enter SFY 2023 Baseline:** 1% or 24 clients met 0 OAA target criteria 37.7% or 865 clients met at least 1 OAA target criteria 47.9% or 1,100 clients met at least 2 OAA target criteria 12.5% or 287 clients met at least 3 OAA target criteria 0.8% or 19 clients met all 4 OAA target criteria
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Percentage of clients meeting at least 1 OAA target criteria	**Enter Update**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Percentage of clients meeting at least 1 OAA target criteria	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Percentage of clients meeting at least 1 OAA target criteria	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Percentage of clients meeting at least 1 OAA target criteria	**Enter Update:**

#15

AAA #5.6 Objective: <u>Aging and Disability Resource Connection (ADRC)</u> Maintain a 90% accuracy rate on data collection for key demographic data elements annually.	
	AAA Strategies
1.	AAAs will participate and engage in training and technical assistance opportunities provided by DAS staff around data entry in the DDS.
2.	AAAs will ensure that ADRC staff receive ongoing education and skill-building opportunities around motivational interviewing to improve the quality of intakes and screenings that are completed.
3.	Ensure Missing Data reports are run and reviewed at least quarterly.
4.	
5.	

Data Source/Report Name: <u>ADRC - Client Missing Data Elements Report</u> Located in the DDS Live or HAR: <u>HAR</u>		
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Accuracy Rate Percentage	**Enter SFY 2023 Baseline:** Number of clients (unduplicated) with Missing Data for Southern Georgia 26 of 373 (7%).
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Accuracy Rate Percentage	**Enter Update**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Accuracy Rate Percentage	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Accuracy Rate Percentage	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**
1.	Accuracy Rate Percentage	**Enter Update:**
		#16

Item #14 – AAA Initiated Goals, Objectives, and Measures Charts (Optional)

AAA Goal #14A: Home and Community Based Services (HCBS) **Objective: Reduce the number of inactive clients as indicated on the WellSky HCBS Inactive Clients by Service Report.**	
	AAA Strategies
1.	AAA will run the Inactice Client Report Quarterly.
2.	AAA will work with providers to notify HCBS Case Management and AAA Staff immediately if a client becomes inactive.
3.	AAA will email report to providers quarterly.
4.	AAA will engage Division of Aging Services staff with report suggestions and for any needed technical assistance.
5.	

Data Source/Report Name: HCBS – Inactive Clients by Service Located in the DDS Live or HAR: HAR		
	Measure	**Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024**
1.	Reduce the number of inactive clients as indicated on the HCBS – Inactive Clients by Service Report	**Enter SFY 2023 Baseline:** Southern Georgia Region AAA Total # of Inactive Clients: 1,652
	Measure	**Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:**
1.	Reduce the number of inactive clients as indicated on the HCBS – Inactive Clients by Service Report	**Enter Update**:
	Measure	**Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:**
1.	Reduce the number of inactive clients as indicated on the HCBS – Inactive Clients by Service Report	**Enter Update**:
	Measure	**Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:**
1.	Reduce the number of inactive clients as indicated on the HCBS – Inactive Clients by Service Report	**Enter Update**:
	Measure	**Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:**

AAA Goal #14A: Home and Community Based Services (HCBS) **Objective: Reduce the number of inactive clients as indicated on the WellSky HCBS Inactive Clients by Service Report.**		
1.	Reduce the number of inactive clients as indicated on the HCBS – Inactive Clients by Service Report	**Enter Update:**

AREA PLAN COMPLIANCE DOCUMENTS ATTACHMENTS

ATTACHMENTS B:

- **B-1 - Board Resolution** (Signatures Required) ***Not required for Southern Georgia Regional Commission's Area Agency on Aging***
- **B-2 - Standard Assurances** (Signatures Required)

ATTACHMENT C - AREA PLAN PROVIDER SITE LIST REPORT (DAS Data System Report)

ATTACHMENT B-1 – BOARD RESOLUTION

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

The Board Resolution acknowledges and approves the authority of an individual at the AAA to execute/sign the contract and that the signature is binding upon the entity. (Signatures Required)

[Insert Resolution after this Page.]

****Not required for Southern Georgia Regional Commission's Area Agency on Aging***

ATTACHMENT B-2 – STANDARD ASSURANCES

(Signatures Required)

STANDARD ASSURANCES - OLDER AMERICANS ACT (OAA)
Public Law 89-73, 42 U.S.C.A. § 3001, et seq., as amended

I) ORGANIZATIONAL ASSURANCES

1. SEPARATE ORGANIZATIONAL UNIT

If the Area Agency on Aging has responsibilities which go beyond programs for the elderly, a separate organizational unit within the agency has been created which functions only for the purposes of serving as the Area Agency on Aging.

2. FULL TIME DIRECTOR

The Area Agency or the separate organizational unit which functions only for the purposes of serving as the Area Agency on Aging is headed by an individual qualified by education or experience, working full-time solely on Area Agency on Aging functions and Area Plan management.

II) AREA AGENCY MANAGEMENT COMPLIANCE ASSURANCES

3. EQUAL EMPLOYMENT OPPORTUNITY (5CFR Part 900, Subpart F)

The Area Agency assures fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age, or handicap and with proper regard for their privacy and constitutional rights as citizens. This "fair treatment" principle includes compliance with the Federal equal employment opportunity and nondiscrimination laws. These include Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other relevant laws.

4. EMERGENCY MANAGEMENT PLAN

The Area Agency has assigned primary responsibility for Emergency Management planning to a staff member; the Area Emergency Management Plan which was developed in accordance with the Georgia Department of Human

Resources Division of Aging Services (now the Georgia Department of Human Services, and hereafter Division of Aging Services) memorandum of February 9, 1979, shall be reviewed at least annually and is revised as necessary. The Area Agency also assures cooperation subject to client need in the use of any facility, equipment, or resources owned or operated by the Department of Human Services which may be required in the event of a declared emergency or disaster.

As in Sec. 306(a)(16) or (17), the Area Agency shall include information detailing how the Area Agency on aging will coordinate activities, and develop long-range emergency response plans with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for relief service delivery.

5. DIRECT PROVISION OF SOCIAL SERVICES

No Title III supportive services, nutrition services, or in-home services are being directly provided by the Area Agency except where provision of such services by the Area Agency has been determined by the Division of Aging Services to be necessary in assuring an adequate supply of such services; or where services are directly related to the AAA administrative functions; or where services of comparable quality can be provided more economically by the Area Agency.

6. REVIEW BY ADVISORY COUNCIL

The Area Agency has provided the Area Agency Advisory Council the opportunity to review and comment on the Area Plan and operations conducted under the plan.

7. ATTENDANCE AT STATE TRAINING

The Area Agency assures that it will send appropriate staff to those training sessions required by the Division of Aging Services.

8. PROPOSAL FOR PROGRAM DEVELOPMENT AND COORDINATION

The Area Agency has submitted the details of its proposals to pay for program development and coordination as a cost of supportive services to the general public (including government officials, and the aging services network) for review and comment. The Area Agency has budgeted its total allotment for Area Plan Administration before budgeting Title III-B funds for Program Development in accordance with 45 CFR 1321.17(14).

9. COMPETITIVE PROCESS FOR NUTRITION PROVIDERS, SUPPORTIVE SERVICES PROVIDERS, AND FOOD VENDORS

a) Nutrition providers and supportive service providers will be selected through competitive negotiations or a Request for Proposal process. Documentation will be maintained in the Area Agency files.

b) Nutrition service providers who have a central kitchen or who prepare food on- site must obtain all food and supplies through appropriate procurement procedures, as specified by the Division of Aging Services.

c) Food vendors will be selected through a competitive sealed bid process.

d) Nutrition service providers who have a central kitchen or who prepare meals on-site must develop a food service proposal.

e) Copies of all Requests for Proposals and bid specifications will be maintained at the Area Agency for review.

10. REPORTING

The Area Agency assures that it will maintain required data on the services included in the Area Plan and report such data to the Division of Aging Services in the form and format requested.

11. NO CONFLICT OF INTEREST

No officer, employee, or other representative of the Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and mechanisms are in place at the Area Agency on Aging to identify and remove conflicts of interest prohibited under this Act.

III) SERVICE PROVISION ASSURANCES

12. MEANS TEST

No Title III service provider uses a means test to deny or limit receipt of Title III services under the Area Plan.

13. EQUAL EMPLOYMENT OPPORTUNITY BY SERVICE PROVIDERS

The Area Agency assures that service providers provide fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age, or handicap and with proper regard for their privacy and constitutional rights as citizens. This "fair treatment" principle includes compliance with the Federal equal employment opportunity and nondiscrimination laws. These include Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other relevant laws.

14. STANDARDS/GUIDELINES/POLICIES AND PROCEDURES

The Area Agency and all service providers will comply with all applicable Georgia Department of Human Services Division of Aging Services standards, guidelines, policies, and procedures.

NOTE: No additional waiver of the Multi-Purpose Senior Center (MPSC) Standards is necessary IF the Area Agency has previously obtained such a waiver AND there have been no changes since the submission of the waiver request.

15. SPECIAL MEALS

Each nutrition program funded under the Area Plan is providing special meals, where feasible and appropriate, to meet the particular dietary needs, arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals.

16. CONTRIBUTIONS

Older persons are provided an opportunity to voluntarily contribute to part or all of the cost of Title III services received under the Area Plan, in accordance with procedures established by the Division of Aging Services. Title III services are not denied based on failure to contribute.

The area agency on aging shall ensure that each service provider will-

(A) provide each recipient with an opportunity to voluntarily contribute to the cost of the service.

(B) clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;

(C) protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution; d§

(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) - provide assurances that the Area Agency on Aging will—

(I) (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) - 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 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)(E) 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) [42 USC § 3013(b)], within the area;

33. 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;

34. 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.

35. 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.

36. Sec. 306(a)(10) establish a grievance procedure for older individuals who are dissatisfied with or denied services under this subchapter;

37. 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.

38. Sec. 306(a)(12) 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)[42 U.S.C. § 3013(b)] within the planning and service area.

39. 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.

40. 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.

41. 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.

42. 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.

43. 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.

44. Sec. 306(a**)**(14) – provide assurance that preference in receiving services under Sec. 301 will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not a carried out to implement this title.

45. Sec. 306(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) (Section 306(a)(4)(A)(i); and

46. Sec. 306(a)(15)(B) – provide assurances that funds received under this title will be used in compliance with the assurances specified in paragraph (13)(Sec. 306(a)(13) in regard to commercial contractual relationships and the limitations specified in section 212 (42 U.S.C.A. § 3020c);

47. Sec. 306(a)(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

48. Sec. 306(a)(17) – shall include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

49. Sec. 306(a)(18) shall provide assurances that the area agency on aging will collect data to determine –
(A) the services that are needed by older individual whose needs were the focus of all centers funded under title IV [42 U.S.C. § 3031 et seq.] as of fiscal year 2019, and
(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals.

50. Sec. 306(a)(19) 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 those individuals whose needs were the focus of all centers funded under Title IV [42 U.S.C. §3031 et seq.] in fiscal year 2019

51. Projects in the planning and service area will reasonably accommodate participants, as described in the Act, and any special needs in accordance with the Americans with Disabilities Act and other state and federal law.

52. Sec. 306(c) If an Area Agency on Aging has satisfactorily demonstrated to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services and had conducted a timely public hearing on such needs, then the State agency in approving the submitted area plan has waived further proof of the requirement described in Sec. 306(a)(2) for the term of that area plan, unless an inquiry or concern leads the State Agency to investigate the veracity of the sufficiency of service needs being met in the PSA.

VI) TITLE VII/LEGAL ASSISTANCE ASSURANCES

53. 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

54. 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.

55. 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 Area Agency on Aging is in compliance and will maintain compliance with all aforementioned Standard Assurances.

Signature: _____ Date: 1/25/2024

Scott Courson
Area Agency on Aging, Director

Signature: _____ Date: 1/25/2024

Lee Gowen
Chairperson
Southern Georgia Regional Commission Council

ATTACHMENT C – AREA PLAN PROVIDER SERVICES LIST REPORT

(DAS Data System Report)

WellSky

Provider Services List

FY2025

Agency: Southern Georgia Region AAA
Start Date: 07/01/2024
End Date: 06/30/2025

Parent Provider: Atkinson County Board of Commissioners [Parent]

Contact	Address	Programs	Services
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

Contact	Address	Programs	Services
Name: Candace Walker, HDM Manager Phone: (912)422-3391 Fax: (912)422-3429 Email: c.walker@atkinson-ga.org	86 South Main Street Pearson, GA 31642	HCBS - Nutrition Services	Home Delivered Meals

Parent Provider: Bacon County Board of Commissioners [Parent]

Contact	Address	Programs	Services
Name: Shane Taylor, Chairman Phone: (912)632-5214 Fax: (912)632-2757 Email: staylor@baconcounty.org	502 West 12th Street, Suite 200 Alma, GA 31510	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Service Provider: Bacon County Nutrition Center

Contact	Address	Programs	Services
Name: Chris Williams Phone: (912)632-8354 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

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

Contact	Address	Programs	Services
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

Service Provider: Ben Hill County Nutrition Center

Contact	Address	Programs	Services
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

Parent Provider: Berrien County Board of Commissioners [Parent]

Contact	Address	Programs	Services
Name: Brenda Ferrell, County Administrator Phone: (229)686-5421 Fax: (229)686-2785 Email: brendaferrell@berriencountygeorgia	201 North Davis Street, Room 198 Nashville, GA 31639	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Service Provider: Berrien County Nutrition Center

Contact	Address	Programs	Services
Name: Johnnie Rutland, Site Manager Phone: (229)686-5648 Fax: (229)686-5648 Email: berriensenioncenter@windstream.net	402 Hazel Avenue Nashville, GA 31639	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

FY2025

Parent Provider: Brantley County Board of Commissioners [Parent]

Contact	Address	Programs	Services
Name: Rene T. Herrin, City Clerk	33 Allen Road	HCBS - Nutrition Services	Home Delivered Meals
Phone: (912)462-5256	Nahunta, GA 31553		
Fax: (912)462-5538			
Email: bccm@btconline.net		HCBS - Senior Centers	Congregate Meals

Service Provider: Brantley County Nutrition Center

Contact	Address	Programs	Services
Name: Jeanette Mercer	789 Burton Street, Suite 200	HCBS - Nutrition Services	Home Delivered Meals
Phone: (912)462-6525	Nahunta, GA 31553		
Fax: (912)462-6264			
Email: seniorcenter@brantleycounty-ga.gov		HCBS - Senior Centers	Congregate Meals

Parent Provider: Brooks County Board of Commissioners [Parent]

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

Service Provider: Brooks County Nutrition Center

Contact	Address	Programs	Services
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

Parent Provider: Charlton County Board of Commissioners [Parent]

Contact	Address	Programs	Services
Name: Jessie Crews, Chairman	68 Kingsland Drive, Suite B	HCBS - Nutrition Services	Home Delivered Meals
Phone: (912)496-2549	Folkston, GA 31537		
Fax: (912)496-1166			
Email:		HCBS - Senior Centers	Congregate Meals

Service Provider: Charlton County Nutrition Center

Contact	Address	Programs	Services
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

Parent Provider: City of Ashburn [Parent]

Contact	Address	Programs	Services
Name: Sandra Lumpkin, Mayor	259 East Washington Avenue	HCBS - Nutrition Services	Home Delivered Meals
Phone: (229)567-3431	Ashburn, GA 31714		
Fax: (229)567-9284			
Email: amandahill@mchsi.com		HCBS - Senior Centers	Congregate Meals

Service Provider: City of Ashburn Nutrition Center

Contact	Address	Programs	Services
Name: Jennifer Couch	412 South Gordon Street	HCBS - Nutrition Services	Home Delivered Meals
Phone: (229)567-3914	Ashburn, GA 31714		
Fax: (229)567-3914			
Email: ashburnseniors@gmail.com		HCBS - Senior Centers	Congregate Meals

Parent Provider: City of Ocilla [Parent]

Contact	Address	Programs	Services

FY2025

Name: Horace L. Hudgins, Mayor
Phone: (229)468-5141
Fax: (229)468-9447
Email: mayor@cityofocillaga.net
111 North Irwin Avenue
Ocilla, GA 31774

Programs	Services
HCBS - Nutrition Services	Home Delivered Meals
HCBS - Senior Centers	Congregate Meals

Service Provider: **City of Ocilla Nutrition Center**

Contact
Name: Kayla Goolsby, Site Manager
Phone: (229)468-9181
Fax: (229)468-9181
Email: kaylagoolsby91@gmail.com

Address
415 West 4th Street
Ocilla, GA 31774

Programs	Services
HCBS - Nutrition Services	Home Delivered Meals
HCBS - Senior Centers	Congregate Meals

Parent Provider: **City of Tifton [Parent]**

Contact
Name: Emily Beeman, Interim City Manager
Phone: (229)391-3860
Fax: (229)386-9634
Email: Ebeeman@tifton.net

Address
103 East First Street
Tifton, GA 31793

Programs	Services
HCBS - Nutrition Services	Home Delivered Meals
HCBS - Senior Centers	Congregate Meals

Service Provider: **City of Tifton/Leroy Rogers Nutrition Center**

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

Address
315 West Second Street
Tifton, GA 31794

Programs	Services
HCBS - Nutrition Services	Home Delivered Meals
HCBS - Senior Centers	Congregate Meals

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	Services
HCBS - Nutrition Services	Home Delivered Meals
HCBS - Senior Centers	Congregate Meals

Service Provider: **City of Willacoochee Nutrition Center**

Contact
Name: Raymond Tomblin
Phone: (912)534-5450
Fax: (912)534-6306
Email: rtomblinseniorcitizen@willacoochee.

Address
68 Boone Street
Willacoochee, GA 31650

Programs	Services
HCBS - Nutrition Services	Home Delivered Meals
HCBS - Senior Centers	Congregate Meals

Parent Provider: **Clinch County Board of Commissioners [Parent]**

Contact
Name: Jaclyn James, County Administrator
Phone: (912)487-2667
Fax: (912)487-3668

Address
22 Court Square, Suite B
Homerville, GA 31634

Programs	Services
HCBS - Nutrition Services	Home Delivered Meals
	Nutrition Education
HCBS - Senior Centers	Congregate Meals

Service Provider: **Clinch County Nutrition Center**

Contact
Name: Angela Jones
Phone: (912)487-2893
Fax: (912)487-2893

Address
313 West Dame Street, Suite E
Homerville, GA 31634

Programs	Services
HCBS - Nutrition Services	Home Delivered Meals
	Nutrition Education
HCBS - Senior Centers	Congregate Meals

Parent Provider: **Coffee County Board of Commissioners [Parent]**

Contact
Name: Ted O'Steen, Chairman
Phone: (912)384-4799
Fax: (912)384-0291
Email: elect.tedosteen@gmail.com

Address
101 South Peterson Avenue
Douglas, GA 31533

Programs	Services
HCBS - Nutrition Services	Home Delivered Meals
HCBS - Senior Centers	Congregate Meals

FY2025

Service Provider: Coffee County Nutrition Center

Contact	Address	Programs	Services
Name: Linda Lewis, Site Manager Phone: (912)384-1746 Fax: (912)384-6752 Email: fayelewis07311973@yahoo.com	408 East Ward Street Douglas, GA 31534	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Parent Provider: Cook County Family Connection, Inc. [Parent]

Contact	Address	Programs	Services
Name: Zoe Myers Phone: (229)549-7976 Fax: (229)549-7976 Email: ddr13165@gmail.com	303 South College Street Adel, GA 31620	HCBS - HCBS Services	Telephone Reassurance

Parent Provider: Cook County Board of Commissioners [Parent]

Contact	Address	Programs	Services
Name: Debra Robinson, Chairperson Phone: (229)896-2266 Fax: (229)896-6888 Email: ddr13165@gmail.com	1200 South Hutchinson Avenue Adel, GA 31620	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Service Provider: Cook County Nutrition Center

Contact	Address	Programs	Services
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

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

Contact	Address	Programs	Services
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 - Evidence Based Services	Bingocize Falls Prevention - Matter of Balance
		HCBS - Nutrition Services	Nutrition Counseling Nutrition Education
		HCBS - Senior Centers	Nutrition Education

Service Provider: Diversified Resources, Inc. - Waycross

Contact	Address	Programs	Services
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
		HCBS - Evidence Based Services	Bingocize Falls Prevention - Matter of Balance
		HCBS - Nutrition Services	Nutrition Counseling Nutrition Education
		HCBS - Senior Centers	Nutrition Education

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

Contact	Address	Programs	Services
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 Education

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

FY2025

Contact	Address	Programs	Services
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	Material Aid - Home Modifications/Home Repair

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

Contact	Address	Programs	Services
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	Material Aid - Home Modifications/Home Repair

Parent Provider: **Echols County Consolidated Government [Parent]**

Contact	Address	Programs	Services
Name: Stanley Corbett, Chairman Phone: (229)559-6538 Fax: (229)559-6158 Email: stanleycorbett@icloud.com	110 General Deloach Street Statenville, GA 31648	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Service Provider: **Echols County Nutrition Center**

Contact	Address	Programs	Services
Name: Delilah Arnold Phone: (229)559-0665 Fax: (229)559-0665 Email: darnold@echolscountyga.com	170 Church of God Street Statenville, GA 31648	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Parent Provider: **Georgia Legal Services Program - Waycross Region SGAAA [Parent]**

Contact	Address	Programs	Services
Name: Laura Shiver, Manager Phone: (912)264-7301 Fax: (912)262-2312 Email: lshiver@glsp.org	1607 Union Street Brunswick, GA 31520	Elderly Legal Assistance Program (ELAP)	ELAP

Parent Provider: **Georgia Legal Services Program - Valdosta Region SGAAA [Parent]**

Contact	Address	Programs	Services
Name: Cheryl Griffin, Manager Phone: (229)430-4261 Fax: (229)430-4434 Email: cgriffin@glsp.org	2533 LaFayette Plaza Drive Albany, GA 31521	Elderly Legal Assistance Program (ELAP)	ELAP

Parent Provider: **Lanier County Board of Commissioners [Parent]**

Contact	Address	Programs	Services
Name: Neil Ginty, County Manager Phone: (229)482-2088 Fax: (229)482-8167 Email: boardofcomm@windstream.net	56 West Main Street, Suite 9 Lakeland, GA 31635	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Service Provider: **Lanier County Nutrition Center**

Contact	Address	Programs	Services
Name: Patricia Gordon Phone: (229)363-9249 Fax: (229)482-9564 Email: lanierseniorctr@laniercountyboc.com	104 South Oak Street Lakeland, GA 31635	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

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

Contact	Address	Programs	Services
Name: Norman D. Graves Phone: (229)928-2126 Fax: (229)924-0304 Email: norm@mfcoa.org	140 Highway 27 East Americus, GA 31709	HCBS - Nutrition Services	Home Delivered Meals

FY2025

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

Contact	Address	Programs	Services
Name: Norman D. Graves Phone: (229)928-2126 Fax: (229)924-0304 Email: norm@mfcoa.org	140 Highway 27 East Americus, GA 31709	HCBS - Nutrition Services	Home Delivered Meals

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

Contact	Address	Programs	Services
Name: Phone: Fax: Email:	140 Highway 27 East Americus, GA 31709	HCBS - Nutrition Services	Home Delivered Meals

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

Contact	Address	Programs	Services
Name: Phone: Fax: Email:	140 Highway 27 East Americus, GA 31709	HCBS - Nutrition Services	Home Delivered Meals

Parent Provider: Nightingale Services, Inc. - Southern GA AAA

Contact	Address	Programs	Services
Name: Brooke Fries, Manager Phone: (912)355-6472 Fax: (229)691-4716 Email: bfries@nightingaleservices.com	9100 White Bluff Road, Suite 301 Savannah, GA 31406	HCBS - Caregiver Services In Home Services	HCBS - Respite - In Home Respite - Voucher Homemaker Personal Care

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

Contact	Address	Programs	Services
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
		HCBS - Senior Centers	Congregate Meals

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

Contact	Address	Programs	Services
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
		HCBS - Senior Centers	Congregate Meals

Parent Provider: Ray City [Parent]

Contact	Address	Programs	Services
Name: Brenda Exum, Mayor Phone: (229)455-2501 Fax: (229)455-4212 Email: bexum@raycityga.gov	8151 Main Street Ray City, GA 31645	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Service Provider: Ray City Nutrition Center

Contact	Address	Programs	Services
Name: Shannon Mikell Phone: (229)455-2236 Fax: (229)455-2236 Email: s_mikell@yahoo.com	1101 Patten Avenue Ray City, GA 31645	HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals

Parent Provider: Southern Georgia Region AAA

Contact	Address	Programs	Services
Name: Scott Courson, Director of Aging	1725 South Georgia Parkway, West	HCBS - In-Home Services	Material Aid - Individual

Phone: (912)285-6097 Waycross, GA 31503
Fax: (912)285-6126
Email: tscourson@sgrc.us

	Material Aid - Other - Individual
HCBS - Support Options	Support Options

Service Provider: **Southern Georgia Region AAA**

Contact	Address	Programs	Services
Name: Scott Courson, Director of Aging	1725 South Georgia Parkway, West	HCBS - In-Home Services	Material Aid - Individual
Phone: (912)285-6097	Waycross, GA 31503		Material Aid - Other - Individual
Fax: (912)285-6126			
Email: tscourson@sgrc.us			
		HCBS - Support Options	Support Options

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

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

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

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

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

Contact	Address	Programs	Services
Name: Dr. Heather Kelly	1500 N. Patterson Street	HCBS - Caregiver Services	RCI Dealing with Dementia
Phone: (229)249-4864	Valdosta, GA 31698		Respite Care - Out-of-Home
Fax: (229)245-4341			
Email: hkelly@valdosta.edu			
		HCBS - HCBS Services	Adult Day Care

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

Contact	Address	Programs	Services
Name: Jacquelyn Hopkins	109 W. Moore Street	HCBS - Caregiver Services	RCI Dealing with Dementia
Phone: (229)293-6146	Valdosta, GA 31604		Respite Care - Out-of-Home
Fax: (229)293-6148			
Email: jshopkins@valdosta.edu			
		HCBS - HCBS Services	Adult Day Care

Parent Provider: **Ware County Board of Commissioners [Parent]**

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

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

Contact	Address	Programs	Services
Name: Regina Bennett	1615 Carswell Avenue	HCBS - Nutrition Services	Home Delivered Meals
Phone: (912)285-9800	Waycross, GA 31503		
Fax: (912)285-1357			
Email: rbennett@mckinneyhealth.com			
		HCBS - Senior Centers	Congregate Meals

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