

CCSP

Community Care Services Program

2013 STATEWIDE
ANNUAL REPORT



Living Longer,
Living Safely,
Living Well.

Quality of care is our focus

CCSP costs less than nursing homes

Collaboration makes a difference

DIVISION OF AGING SERVICES

DAS

Ageing • Disability • Support • Safety

The Community Care Services Program (CCSP) Annual Report reflects State Fiscal Year 2013 (SFY 2013) activities completed by the Georgia Department of Human Services (DHS) Division of Aging Services (DAS) and other agencies. It is prepared for the following members of the Georgia General Assembly:

- Speaker of the House of Representatives
- President of the Senate
- Chairman of the House Health & Human Services Committee
- Chairman of the House Human Relations & Aging Committee
- Chairman of the Senate Health & Human Services Committee



CCSP Statewide SFY 2013 Annual Report reflects data through June 2013 issued December 2013.

ACKNOWLEDGMENTS

Special thanks to the following employees for their role in producing this annual report:

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Community Care Services Program

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“As the Department of Human Services Commissioner, I am impressed with the vast array of services available through CCSP!

Home and community-based services enable individuals to remain at home and receive the kind of care they need and deserve. On top of everything else, CCSP saves taxpayers money by keeping people in the community.”

**— KEITH HORTON
COMMISSIONER, DHS**



Dear Stakeholders,

The Community Care Service Program (CCSP) helps the state’s older adult population and persons with disabilities remain at home and receive nursing home level of care in their communities. The CCSP program is a cost-effective alternative to nursing facility (NF) placement.

In SFY 2013, CCSP served over 13,000 older adults and persons with disabilities of all ages for approximately 30% of the cost of institutional long-term care. CCSP enrolled 188 new service providers, fostering business growth and job opportunity statewide. All of these new providers received training and technical support facilitating a smooth, seamless entry into our service system.

As we stand on the horizon of SFY 2014, we are reaching for opportunities to continuously improve by doing the following:

- We are intensifying our efforts to support and recruit service providers who demonstrate strong commitment to excellence in customer care and service delivery.
- We are cultivating service providers in underserved areas across our state, strengthening our network and ensuring choice for our consumers.
- We are strengthening our effort to transition consumers from institutions to the community through focused training and cross-discipline teams.

We encourage you to take the time to learn what CCSP is doing to improve the lives of thousands of Georgians statewide. We consider it an honor and privilege to serve the citizens of Georgia. We look forward to another successful year working to ensure that older adults and persons with disabilities receive the care they need, in the environment of their choice.

Sincerely,

Pam Buckmaster, MPH, MS
CCSP Section Manager

Community Care Services Program

Home & Community-Based Long Term Care Option

Georgia's older adult population is expected to grow by 85% between 2010 and 2030. Growth projections for Georgia seniors with chronic conditions indicate there will be substantial increase in the need for home and community-based services.

Living longer, the majority of older adults and persons with physical disabilities want to remain at home and age in place. They want to have choices in how and when they receive services. The CCSP is a long-term care option that is responsive to these preferences for eligible consumers.

The Medicaid Home and Community-Based Services waiver CCSP program is authorized in Section 1915(c) of the Social Security Act. The federal government, through a waiver agreement, approves a State to furnish a broad array of home and community-based services, not otherwise determined as medical assistance in the state plan, that assist eligible Medicaid beneficiaries to live in the community and delay or avoid institutionalization. Funded with federal and state dollars, the Department of Community Health (DCH) reimburses provider agencies for CCSP services provided.

The Elderly & Disabled Medicaid Waiver CCSP is designed to:

- Serve those most in need with a budgeted program.
- Offer eligible consumers a community-based, less costly alternative choice to nursing facility placement.
- Assure consumer health and safety needs can be met in the community.
- Provide care coordination to develop a home and community-based services care plan that meets consumer physical, social, and health needs.
- Train and monitor qualified Medicaid waiver service providers.



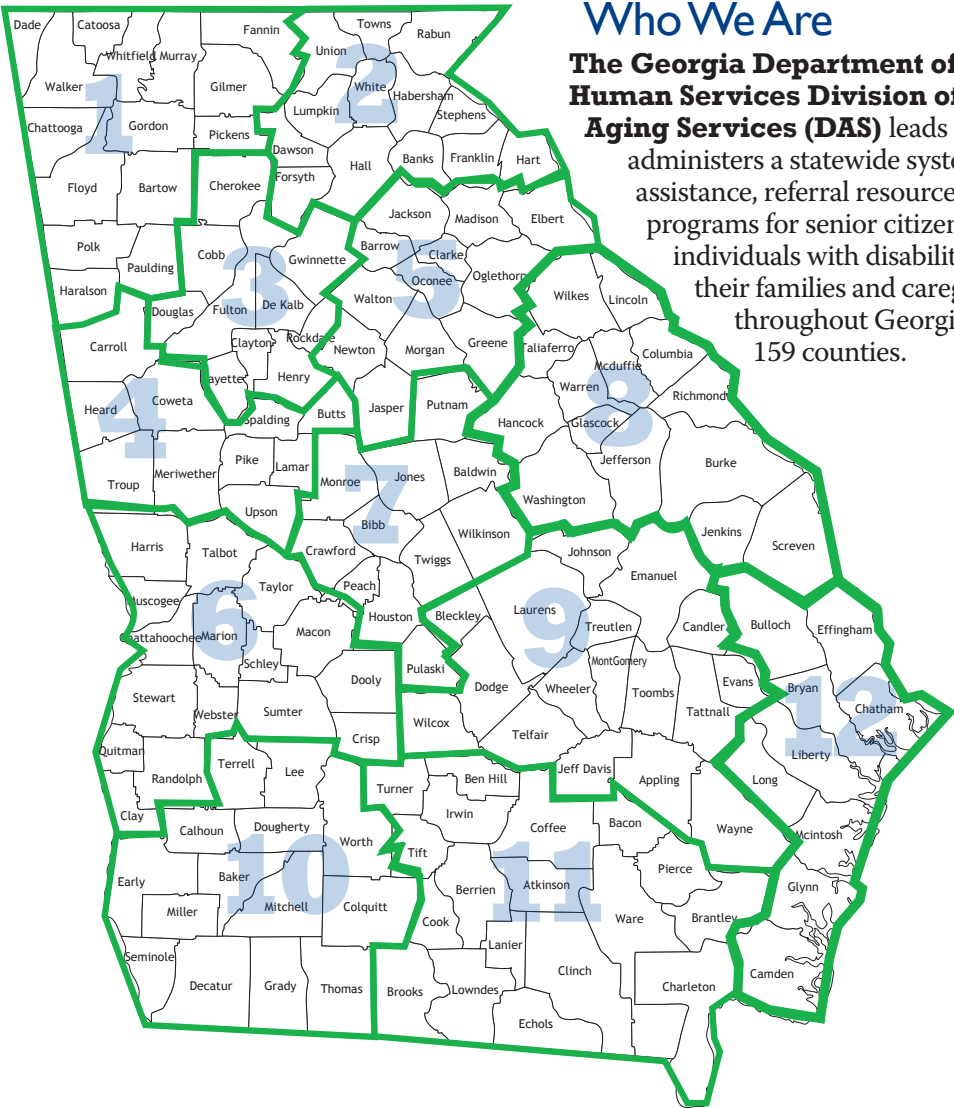
“CCSP works diligently every day to ensure quality of life for our elderly and disabled populations in communities across the state. Our partnership with the Area Agencies on Aging is the engine that makes this happen in individual homes and community settings. This is a monumental task, especially given Georgia's growing older adult population and the increasing number of individuals with disabilities.”



— JAMES BULOT, PhD
DAS Division Director

Who We Are

The Georgia Department of Human Services Division of Aging Services (DAS) leads and administers a statewide system of assistance, referral resources and programs for senior citizens, individuals with disabilities, their families and caregivers throughout Georgia's 159 counties.



AAA Regions

We work with 12 regional Area Agencies on Aging (AAAs) throughout the state to identify and respond to the needs of Georgia's senior population so that individuals may make informed choices about care and remain independent in the community.

1. Northwest Georgia
2. Legacy Link
3. Atlanta Region
4. Southern Crescent
5. Northeast Georgia
6. River Valley
7. Middle Georgia
8. Central Savannah River Area
9. Heart of Georgia Altamaha
10. Southwest Georgia (SOWEGA)
11. Southern Georgia
12. Coastal Georgia

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CCSP's Operational Structure

The Georgia Department of Human Services (DHS) Division of Aging Services (DAS) is responsible for the day-to-day operation of traditional case management under Georgia's Elderly & Disabled Medicaid Waiver (CCSP) through an interagency agreement with the Georgia Department of Community Health (DCH) Division of Medicaid. As the state unit on aging, DAS contracts with the 12 Regional Area Agencies on Aging (AAAs) to manage the CCSP and provide consumer case management.

The Georgia Department of Audits and Accounts, Performance Audit Division's Report on Home and Community Based Services for Elderly and Physically Disabled, June 2012, describes CCSP "as a program available to individuals who: 1) have income below Medicaid limits, 2) are either 65+ or physically disabled, and 3) are in need of a level of care traditionally found in a nursing home."

Consumers can continue to live safe, healthy, independent and self-reliant lives in the community with needed services at a significant cost savings over nursing facility placement. The CCSP funding is determined each year by the Governor's Office of Planning and Budget and approved by the Georgia General Assembly. DAS also provides support and direction to Georgia's Aging Network, including the AAAs, community service provider agencies, and other partners and stakeholders in strategic long term care matters and priorities.

CCSP's Consumer Eligibility

Community Care Services Program (CCSP) consumers must meet the same medical, functional, and financial criteria (nursing home level of care, unmet need, Medicaid eligibility) as consumers receiving nursing home care under Medicaid. The 12 Planning and Service Areas' (PSAs) Aging and Disability Resource Connection staff conduct telephone interviews to screen consumers for potential eligibility for the CCSP:

- Consumers are prioritized for referral to CCSP based on the results of a telephone assessment. Consumers with highest levels of impairment and

greatest unmet need are the first to be referred to the care coordination agency when funding is available.

- A Registered Nurse (RN) conducts a face-to-face assessment to verify eligibility and to determine services to meet the consumer’s needs once funding is available.
- The client’s physician certifies that the needs of the consumer may be met by the CCSP and available community resources. The physician approves the Nursing Home Level of Care and Care Plan, and authorizes delivery of services to the consumer in the community.
- Eligibility staff at the Division of Family and Children Services determine consumer financial eligibility for Medicaid and, if applicable, their cost share.
- Care coordination provides ongoing case management, care plan development and review, and re-evaluation annually or as needed.

CCSP Scope of Services / Utilization

Care Coordination: 100%

The RN care coordinator assesses the consumer’s medical, functional and social needs to determine eligibility for the CCSP and, with input from the client, caregiver, and physician develops a specific comprehensive consumer-focused plan of care for each consumer admitted to the CCSP. The care coordinator (Registered Nurse or Social Worker) establishes services for consumers with enrolled service provider agencies, refers families and consumers to other community-based and non-Medicaid services, and monitors provider services for consumers.

Percentages refer to percent of CCSP consumers utilizing that particular service.

The CCSP is the program choice for 95% of eligible consumers assessed. Overall, services and care coordination effectively delay or prevent institutionalization of consumers. Community-based services support the Medicaid eligible consumer’s choice to remain at home or in the community.

Personal Support Services

(PSS/PSSX): 72%

PSS provides a range of support services for CCSP consumers. Services include activities such as the provision of assistance and support with basic personal care needs, and stand-by assistance or supervision of consumers with inability to perform activities such as feeding, dressing, bathing, toileting, transferring or walking, as well

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as assistance with client meal preparation, light housekeeping and running essential errands. PSS-X provides personal support services in a home setting that includes respite care for the full-time caregiver over an extended period of time.

Home Delivered Meals (HDM): 46%

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

Emergency Response Service

(ERS): 43%

ERS provides an in-home electronic support system for two-way communication between isolated consumers and a communication control center 24 hours a day, seven days a week.

Alternative Living Services

(ALS): 19%

ALS provides 24-hour supervision, medically-oriented personal care, routine nursing supervision, and health-related support services in a residential setting other than the consumer's home. This service is provided in state licensed personal care homes.

Adult Day Health (ADH): 7%

ADH provides care in a community-based day program for consumers who

are functionally or cognitively impaired. ADH provides consumers a variety of activities and services in a group setting: nursing care, special therapeutic services, personal care services, planned therapeutic activities, dietary services, transportation and social work services. Mobile Day Care responds to needs for service of seniors living in rural areas.

Consumer-Directed Personal Support Services option

(CD-PSS): 3%

The eligible consumer hires and supervises worker(s) of choice who provide a range of PSS support services for the CCSP consumer. The consumer must also enroll in Financial Management Services (FMS): the provider agency issues worker paychecks and on behalf of the consumer adheres to federal and state tax laws.

Out of Home Respite Care

(OHRC): 1%

OHRC provides temporary relief for the individual(s) normally providing care in a setting outside of home.

Home Delivered Services (HDS): 1%

HDS provides traditional home health on an intermittent basis to consumers in their homes and includes skilled nursing, physical speech and occupational therapy, home health aide(s), and medical social services.

CCSP Medicaid Funds Expended By Service Type & Consumers Served

CCSP Service	#Consumers Served	%Total Consumers	\$Funds Expended	%Total Funds
Adult Day Health (ADH)	783	7%	\$6,903,338	5%
Alternative Living Services (ALS)	1,559	13%	\$11,208,508	8%
- Group Model				
- Family Model	753	13%	\$5,316,363	4%
Consumer-Directed PSS Option (CD-PSS)	372	3%	\$7,824,161	5%
- Financial Management	372	3%	\$291,680	<1%
Emergency Response Services (ERS)	5,055	43%	\$1,406,721	1%
Home Delivered Meals (HDM)	5,405	46%	\$11,453,009	8%
Home Delivered Services (HDS)	22	<1%	\$45,865	<1%
Skilled Nursing Services (SNS)	110	1%	168,389	<1%
Out of Home Respite Care (OHRC)				
- Day	57	<1%	\$75,981	1%
- Night	55	<1%	\$47,037	<1%
Personal Support Services (PSS, PSSX)	8,521	72%	\$100,164,295	69%

“My daughter works, and no one is here to help me with my house work, bath and dressing care, preparing meals, or to help me with my medication, go to the store for me and pick up my medication. With the services I get, I don’t have to worry about all that. The ERS button gives me a good feeling; in case I need anyone, I just push the button. I enjoy the meals. I can’t cook anymore, and I have meals every day.”

— Consumer female, age 83, receives ERS, HDM, PSSX
Southern Crescent Area Agency on Aging

Community Care Services Program

Col-lab-or-action!

Col-lab-or-action— (v) the act of working together resulting in positive achievement.

The following list captures only a few of the program-enriching partnerships that enable our program to flourish statewide, and we call this “Collabor-Action!”

Department of Human Services (DHS)

Division of Aging Services (DAS):

- Access to Services
- Adult Protective Services
- Community Care Services Program*
- Elder Rights
- Livable Communities
- Long-Term Care Ombudsman
- Program Integrity

Division of Family & Children Services (DHS/DFCS)

DHS/DAS has the primary responsibility for the day-to-day operation of the CCSP program. Coordination of the various entities working together to deliver quality, consumer-focused and cost-effective services to eligible consumers is the priority of the CCSP. DAS Sections, particularly Adult Protective Services, Program Integrity, and Livable Communities (non-Medicaid community-based services) enhance consumer protection, program and services quality improvement, and, provides community resource availability to consumers.

DHS/DFCS determines consumer Medicaid eligibility and cost share for services for those whose income is over the SSI limit.

Working with Area Agencies on Aging (AAAs):

- CCSP Care Coordinators
- CCSP Service Provider Agencies
- Gateway/ADRC (Information, Referral & Assistance)
- Non-Medicaid services
- Database of statewide services / resources

AAAs contract with DHS/DAS to serve as Lead Agencies or regional managers of the CCSP. The 12 AAAs serve as the “no-wrong-door” Aging and Disability Resource Connection (ADRC) coordinated system for consumers of all incomes and ages, their families, caregivers, and service providers, to get information on the full range of long term support services. The AAAs manage client service benefit allocations, assuring the CCSP does not exceed budgeted funding.

Department of Community Health (DCH):

Division of Medicaid
Healthcare Facility Regulation (HFR)

DCH/MEDICAID: Under federal administration by the Centers for Medicare & Medicaid Services (CMS), Division of Medicaid administers and oversees the Elderly and Disabled waiver program, and is responsible for provider enrollment, reimbursement, and utilization review.

DCH/HFR is the regulatory and licensing entity for CCSP service providers.

Department of Public Health (DPH)

Department of Behavioral Health and Developmental Disabilities (DBHDD)

DPH is the state lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective.

DBHDD is the state MH and DD authority and provides mental health, developmental disabilities and addictive diseases resources for CCSP consumers in need of services, and also partners with DAS in grant projects and initiatives.

The work we do with these partners enhances consumer protection, overall program and service delivery quality, and clients' access to resources.

Leveraging Public-Private Partnerships

Georgia Mental Health Planning and Advisory Council (GAMHPAC):

In 1986, a federal statute was passed that required U.S. states and territories to conduct mental health planning as a condition for receiving federal mental health block grant dollars. The planning process must include various stakeholders—consumer groups and consumers of mental health services, parents of children with emotional disorders, family members of adults with severe, and persistent mental illness; and representatives from state agencies such as education, community health, criminal justice, housing, social services, aging, as well as public and private providers concerned with the need, planning, operation funding and use of mental health services and related support services.

The GAMHPAC was established in 1989 according to the Public Health Services Act, Title XIX, Section 1914 (b) resulting from Public Law 106-310 by the Division of Mental Health, Developmental Disabilities and Addictive Disease within the Department of Human Resources (DHS).

The GAMHPAC continues in this capacity under the Department of Behavioral Health and Developmental Disabilities (DBHDD) established by House Bill 228 signed by Governor Sonny Perdue on May 4, 2009.

Fuqua Center for Late-Life Depression at Emory University

In 1999, a generous gift from J.B. Fuqua established the Fuqua Center for Late-Life Depression of Emory University at Wesley Woods. Mr. Fuqua recognized that frequently a lack of understanding on the part of professionals and the general public regarding depression in older adults and poor access to geriatric psychiatry services was causing older adults with depression to go untreated.

The founding of the Fuqua Center, a community education and outreach entity within Emory's Department of Psychiatry Division of Geriatric Psychiatry, has facilitated the development of a continuum of evidence-based treatment options and clinical services, extensive community outreach aimed at educating those who serve older adults, and improved access to clinical services.

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The Fuqua Center's successes are largely due to its valued partnerships with organizations throughout Georgia that realize the importance of keeping our older adult population mentally well and engaged in their communities. For example, Georgia's Division of Aging Services, in partnership with Fuqua, is facilitating change in state government policy so all of Georgia's Community Care Services Program participants are screened for depression.

Aging & Disability Resource Connection (ADRC)

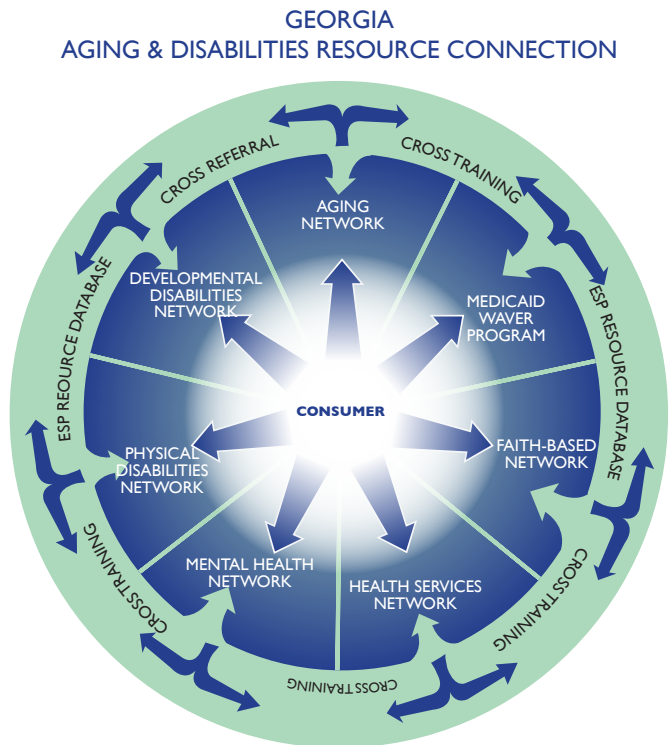
Information, Referral & Options Counseling

Georgia's Aging & Disability Resource Connection (ADRC) is a "no wrong door" access point for older adults, individuals with disabilities, families and caregivers. The ADRC invests in a statewide information, referral, assistance and counseling system of services, programs and community resources.

In SFY 2013, 97,659 consumers contacted the ADRC to make informed service choices and decisions about long term services and supports.

ADRCs provide information and assistance to older adults and individuals with developmental and physical disabilities. Options Counseling is also provided to these individuals when additional information, planning and assistance are needed.

- ADRC staff are trained to use the Enhanced Services Program database to search for statewide and local resources based on an individual's needs.
- ADRC staff screen callers for services using the Determination of Need-Revised assessment to determine the need for services and maintain the waiting list for CCSP.
- Each ADRC counselor has a toll free line for callers, and all ADRCs may be reached by calling 1-866-552-4464.

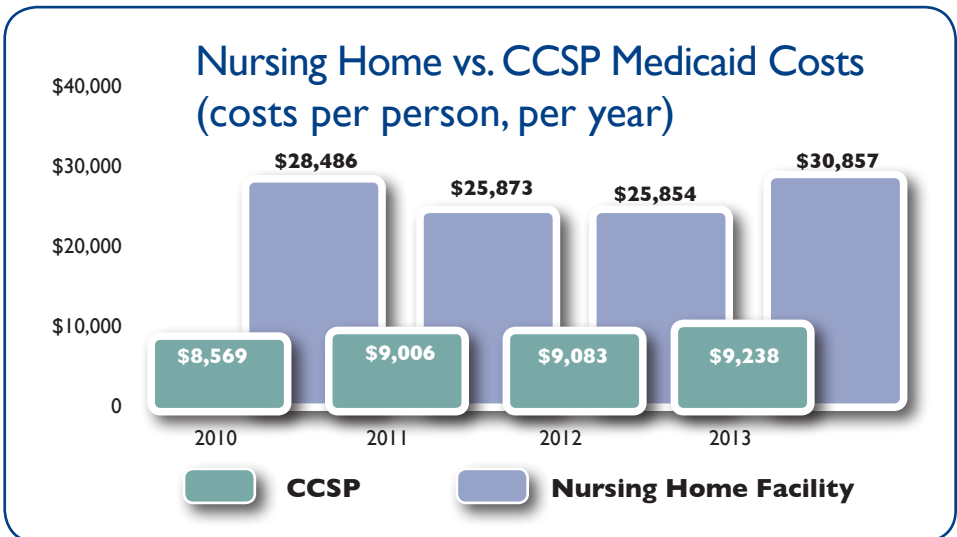


CCSP SAVINGS & EXPENDITURES

*Consumers in SFY 2013 who received home and community-based CCSP Medicaid services instead of nursing facility institutionalization, saved Georgia taxpayers almost **\$285 million** in Medicaid service benefits expenditures.*

For eligible consumers, the CCSP Medicaid Waiver is a cost-effective alternative to nursing facility placement. The Department of Community Health reports that the average Medicaid cost for services received in a nursing home facility was \$30,857 in SFY 2013. The average Medicaid cost for services received through the CCSP waiver was \$9,238.* This is a potential savings of approximately \$22,000 per client in CCSP, or about 70% less than traditional costs of nursing home services.

* CCSP average consumer benefits costs does not include care coordination or administrative costs.



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CCSP Program Expenditures

In SFY 2013, DCH reimbursed CCSP provider agencies \$121,922,780 for consumer services provided. The state administration costs were just under 2% of the total expenditure for the CCSP.

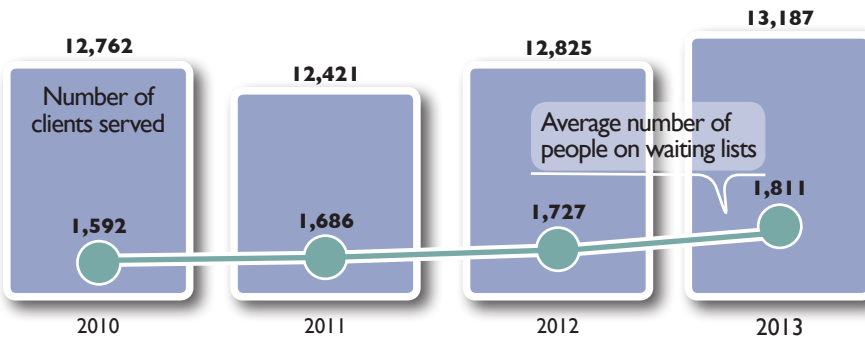
CCSP Program Expenditures SFY 2010 - SFY 2013

Category	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Consumer Service Benefits*	\$109,354,458	\$111,857,667	\$116,486,614	\$121,922,780
Care Coordination	\$22,883,351	\$23,589,962	\$23,661,757	\$23,640,966
State Administration	\$1,238,362	\$1,309,954	\$1,774,514	\$2,158,244
TOTAL	\$133,476,171	\$136,757,583	\$141,922,885	\$147,721,990

*Consumer service benefits expenditure is based on payment data.

CCSP Increases Clients Served vs. Waiting Lists

In SFY 2013 CCSP enabled 13,187 consumers to remain in the community, an increase of 362 clients over last year; and 766 more clients than the year before while state funding has remained static. Our waiting lists, however, have increased.



CCSP Consumers by Gender / Age July 2012-June 2013

Female 9,239 **70%**

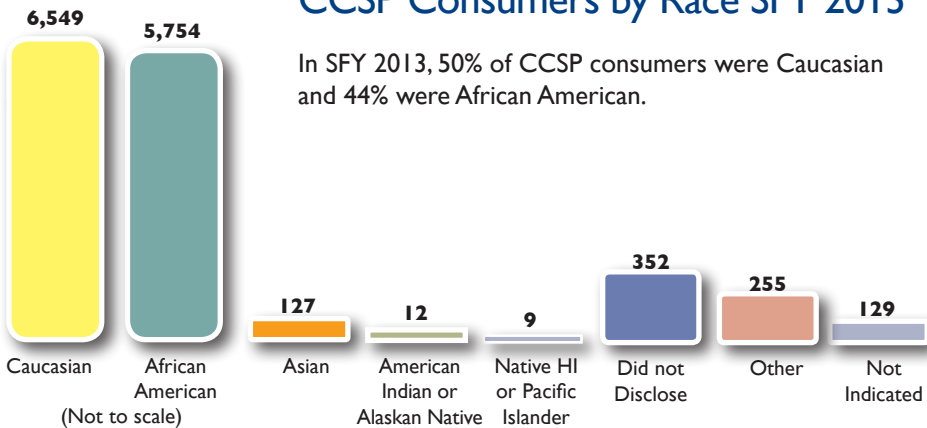
Male 3,942 **30%**

Age Category	# Consumers	Percentages*
Consumers 100 years of age or older	126	<1%
Consumers 90 - 100 years of age or older	1,319	10%
Consumers 85 - 95 years of age or older	1,446	11%
Consumers 75 - 85 years of age or older	3,056	24%
Consumers 60 - 75 years of age or older	4,086	31%
Consumers under 60 years of age	3,153	23%

*Percent of total consumers in the CCSP program

CCSP Consumers by Race SFY 2013

In SFY 2013, 50% of CCSP consumers were Caucasian and 44% were African American.



Community Care Services Program

CCSP Consumer Length of Stay in the Community & Reasons for Consumer Discharge

During SFY 2013, CCSP services supported consumers living in the community for nearly four (4) additional years. That means that 13,187 consumers eligible for nursing facility placement retained choice and independence in the community for an average of 46 months – and at significantly less cost than in institutional settings.

The need for continuous/higher level of skilled care services results in 28% of those discharged from the CCSP to enter a nursing facility. Caregiver burden was the reason 12% of CCSP discharged clients entered a nursing facility.

Discharged CCSP Consumers by Reason	# Clients Discharged	% of Total Discharges*
Death	1,025	41%
Nursing Facility placement [NF from Home 294; NF from Hospital 405]	699	28%
Moved Out of State / No Services Provided / Never received Service / Unable to Contact / Other	360	14%
Refused Service / Requested Termination	214	9%
Does Not Meet Level of Care / Does Not Meet Eligibility Criteria	63	3%
Other Service or Program / Over Income / Financially Ineligible	158	6%

*Percentages rounded

“I thank each and every one at this agency for getting help for my Mom. I’ve been trying over 11 to 12 months to get accomplished what your agency has in 1-2 months. Thanks.”

— Caregiver son, CCSP consumer,
Atlanta Regional Commission Area Agency on Aging

CCSP Service Provider Agencies

CCSP supports local economic business development. CCSP manages, coordinates, and provides services to consumers by partnering with 597 public and private licensed CCSP enrolled businesses and agencies. CCSP recommends qualified provider agency applicants to DCH for CCSP Medicaid enrollment, and provides training to prospective service provider agencies. In SFY 2013, we enrolled 188 new providers. Provider agencies deliver services identified by the consumer’s care coordinator and approved by the primary physician.

Provider Agencies - By Service Type*

Adult Day Health	64
Alternative Living Services - Family Model (2-6 beds)	24**
Alternative Living Services - Group Model (7-24 beds)	154
Consumer Direction Option / Financial Management Service	2 / 2
Emergency Response Services	12
Home Delivered Meals	34
Home Delivered Services / Skilled Nursing Services	6 / 33
Out-of-Home Respite Care Services	10
Personal Support Services	335
TOTAL	597

*Some providers offer more than one service.

**Under ALS-Family Model provider agencies, there were 844 registered homes during SFY 2013.

Community Care Services Program

Quality Initiatives

Performance Improvement Project (PIP)

The Georgia Department of Community Health (DCH) was awarded the Adult Medicaid Quality Grant in December 2012. This two-year grant from the Centers for Medicare and Medicaid Services (CMS) was established to improve the quality of care for adults enrolled in Medicaid using the CMS Adult Core Set Measures to evaluate performance outcomes.

DCH has partnered with DAS to conduct performance improvement initiatives for CCSP Medicaid members with clinical depression. PIP focuses on improving the screening and follow-up process for members found to be positive for depression.

CCSP staff are specifically looking to see whether early identification of and case management for depression (including antidepressant medication management) will result in improved short-term and long-term compliance with the antidepressant therapy and reduced symptomatology of depression.

The interventions being used include administration of the standardized PHQ-9 depression screening tool and the provision of case management services to improve medication compliance and identify barriers impacting symptom stabilization.

Consumer Direction

In SFY 2013, 372 CCSP consumers

elect the Consumer Directed Personal Support Services (CD-PSS) option. Eligible CCSP consumers have more control in organizing service resources, implementing choice in determination of how to meet their needs, and taking responsibility for planning, hiring, and managing their own PSS service staffing support and delivery.

Money Follows the Person (MFP)

The Money Follows the Person program is a grant administered by the Centers for Medicare and Medicaid Services, authorized by the 2005 Deficit Reduction Act, and is currently funded through 2016.

The program's purpose is to identify and transition eligible individuals from long-term acute care settings into the community. It accomplishes this through service funding directly tied to the MFP Grant, as well as connecting individuals with the various Medicaid Waiver programs in Georgia.

The 12 Area Agencies on Aging are instrumental in facilitating MFP transitions. During SFY 2013, there were 163 CCSP clients that benefitted from transitions back into their communities with the help of MFP, comprising roughly 50% of the total amount of MFP transitions statewide. MFP is able to provide durable medical equipment and home modifications for our CCSP clients when they leave the nursing home and return home.

Relieving Caregiver Burden

As of March 2013, the Division of Aging Services (DAS) no longer required all Georgia Area Agencies on Aging to conduct the same evidence-based caregiver intervention program known as Tailored Caregiver Assessment Program or TCARE[®]. In consultation with the Rosalynn Carter Institute for Caregiving, DAS announced that AAAs could select from several evidence-based caregiver intervention programs (EBCIPs), based upon cost effectiveness and sustainability for their AAA region.

CCSP staff is also participating on work teams, comprised of AAA and DAS staff, to make enhancements in assessment instruments for both care receivers and caregivers. Here are brief descriptions of each of the EBCIPs currently available to AAAs who must choose at least one of the three options. A number of AAAs are doing two or all of the programs described below:

Tailored Caregiver Assessment and Referral (TCARE[®])

TCARE[®] continues to be one of the evidence-based caregiver intervention programs available to AAAs. TCARE[®] is a protocol designed to enable care managers to more effectively support family caregivers by efficiently targeting services to their needs and strengths.

TCARE[®] guides care managers through an assessment and care planning process that helps them examine the sources and types of stress that a caregiver is experiencing.

Powerful Tools for Caregivers

Powerful Tools for Caregivers is a six week education program for family caregivers that has been shown to improve self-care behaviors, self-efficacy, and use of community resources.

The classes have been shown to have a positive impact on caregiver health for a diverse group of caregivers including rural, ethnic minorities, adult children of aging parents, caregivers at differing stages in their caregiving role, living situations, and financial and educational backgrounds.

Community Care Services Program



Care Consultation

Care consultation is an information and coaching service delivered by telephone, and serves both adults with chronic health conditions and the primary family member or friend who helps them out the most with daily activities.

The program provides four types of assistance: 1) health and care-related information 2) family and friend involvement in care 3) awareness and use of community resources, and 4) coaching and support.

“

“Mother had the stroke 7 years ago and was in the nursing home with a feeding tube. We made her house handicap accessible and returned her home after six months . . . Without the help of CCSP and Consumer Direction we would not be able to keep mother out of the nursing home. CCSP is so much more cost effective than the nursing home, and this program has definitely saved lots of money. Mother is so much more content and happy being in her own home. The CCSP staff has been wonderful and very helpful.”

”

— Caregiver daughter, age 63,
Female consumer, age 90, receives CD-PSS
Northeast GA Area Agency on Aging

Quotables

“CCSP provides independence for my mom through her medical alert button, as well as the personal support services she receives three times per week.”

— Caregiver daughter, age 62, female consumer age 89 receives HDM, PSS,ERS Rome, Northwest GA Area Agency on Aging

“It is programs such as CCSP that allow us elderly people to remain in our homes and know our needs are met.”

— Female consumer, age 77, receives PSSX, ERS Summerville, Northwest GA Area Agency on Aging

“CCSP has been a lifesaver for me by sending an aide to stay with my mom at night so that I can work. I couldn’t do it without the help of CCSP”

— Caregiver daughter, female consumer, age 85, receives HDM, ER, PSSX Southern Crescent Area Agency on Aging

“I am thankful for the assistance from CCSP. Before the program my mother spent most of her day at home just watching TV. But now she attends ADH and she interacts with other seniors her age and it gives me an opportunity to run some errands. I have also noticed that she is smiling more and I think it is because she is getting out of the house.”

— Caregiver daughter, female consumer, age 96, receives ADH, Savannah, Coastal GA Regional Commission Area Agency on Aging

“Thank God and you people for helping me come back home to my wife. You just don’t know how good you have it until you have to go to a nursing home. You have to eat and sleep on someone else’s schedule.

Someone else tells you when it is time to do what needs to be done. You don’t get to decide when you want to get up in the mornings. You don’t decide when you want to take a bath. You don’t decide when and what you want to eat. You don’t decide if you want to walk to the bathroom by yourself.

All of those decisions are made for you. I was at the nursing home because I could not walk and I needed therapy, but every time I tried to get up and walk a nurse or aide was asking,

‘What are you doing? You know you can’t walk by yourself.’

Thank you people for all you do. Without CCSP, I would still be in the nursing home. I can walk better now, and I am home with my wife.

My aide comes every day for 4 hours. While here, she helps me get a bath and get out of the bed. I tell everybody about the CCSP and how much it has helped me.”

— Male consumer, age 72, receives PSSX Carrollton, Southern Crescent Area Agency on Aging



Community Care Services Program



What to look for in SFY 2014 and beyond:

- Improved training of new providers and development of a curriculum for ongoing training and education for existing providers.
- Quality initiatives targeting both underperforming agencies and high-achieving agencies to improve health and safety outcomes.
- New and expanded partnerships and collaboration across the long-term care network.
- Reduction in discharges of CCSP clients to nursing facilities.
- Workshops bringing stakeholder groups together to problem solve and envision CCSP into the future.



"I am so grateful for CCSP. My wife has Alzheimer's and I have to work. Without this program, she would have to move to a nursing home."

— **Caregiver husband, female consumer, age 69, receives PSSX, HDM
Central Savannah Area Agency on Aging**

"I do not want to live on my own. Without CCSP and this personal care home, I don't know where I would live. I enjoy the personal care home out in the country. I like to read and sit outside and visit with the other residents here. We sit under the shade trees or on the swing."

— **Female consumer, age 51, receives ALS-F
Coastal Area Agency on Aging**



*“And in the end, it’s not the years in your
life that count, it’s the life in your years.”*

— ABRAHAM LINCOLN

CCSP

Community Care Services Program

Division of Aging Services
Community Care Services Program

“A Partner in the Aging Network”

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