



**Advisory Committee on Aging
Tuesday, March 24, 2026
1:00 pm – 2:30 pm
Meeting Minutes**

Attendance:

La Wanda Folami, Vice-chair	Dominique Louis
Lynne Riley	Jennifer Reykowski
Will Johnston	Barbara Guillory
Xavier Kim	Jessica Klausner
Kim Smith	Robert Alexander
Gloria Stills	Mary Chase Mize
Gordon Rogers	Richard Sylvia

ARC Staff:

Becky Kurtz, Kim Yawn, Connie White, Arin Yost, Joy Dillard Appel, Tina Cifuentes, Haley Berry, Kennae Hunter

- I. Vice-chair La Wanda Folami welcomed members and guests to the meeting and called the meeting to order at 1:00 pm.
- II. No guests signed up for public comment
- III. Managers Update – Becky Kurtz, Director
 - o Introduction of new Georgia Council on Aging Executive Director Daniel Regenstein

Coalition of Advocates for Georgia's Elderly (CO-AGE)

2026 Funding Priorities:

- Funding for Home and Community-Based Services (HCBS)
 - Request: \$2.5 Million
 - House: \$1.7 Million
 - Senate: Under consideration
- Funding for Behavioral Health Coaches in Affordable Housing
 - Request: \$510,000
 - House: \$170,000
 - Senate: Under consideration



Other legislation of note

House Funding (awaiting Senate action) for:

- Georgia Memory Net
- Caregiver supports

Bills:

- HB 945 – Banks to put holds on eligible accounts when financial exploitation suspected- **PASSED**
- HR 1657 – House Study committee on Medicaid HCBS Waiver Sustainability – **Awaiting House vote.**
- SB 428 –Dept of Community Health to develop Medicaid HCBS waiver request to serve individuals experiencing homelessness or with behavioral health service needs – Passed Senate; **Awaiting House vote.**
- SB 439 – Regulation of fees-based referral agencies to assisted living and personal care homes - **PASSED**

Will Johnston mentions House Bill 1166 which allows homeowners to build a 400 square foot building.

Senior Day at the Capitol – Feb 11



Federal Updates: Labor/HHS Bill and A&IS

🚩 Shut-down Jan 31 – Feb 3

🚩 Older Americans Act

- Small increase in Title IIIB Supportive Services
- Small increase in Title IIIE Family Caregiver Supports
- No Title III cuts from FY 25 level

🚩 SSBG – no cuts from FY 25 level

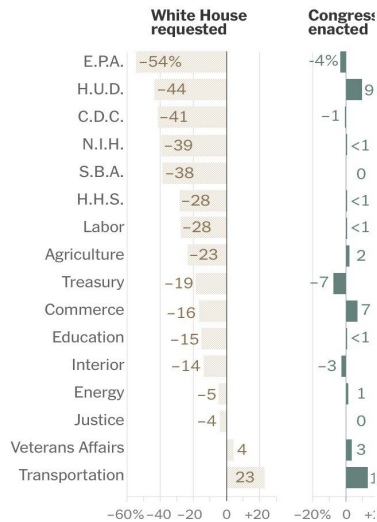
🚩 AmeriCorps Seniors

- Restored at full funding
- Grant opportunity posted, but far less funding than available previously



The Cuts Trump Did and Didn't Get

While the White House requested sizable spending reductions for U.S. agencies, Congress in most cases enacted slight cuts or increases to the 2026 budget.



Source: New York Times



Federal Updates – On Congress To Do List

- FY 27 Older Americans Act funding
 - Part of Labor/HHS/Education bill

- OAA Reauthorization – expired September 2024
 - S. 2120 expected to pass Senate
 - Same as 2024 bipartisan, bicameral version
 - Co-sponsored in Senate by Georgia Senator Warnock
 - Still waiting to see if House supports this version

- A good time to let Congress know these needs



March 18 Hill visits



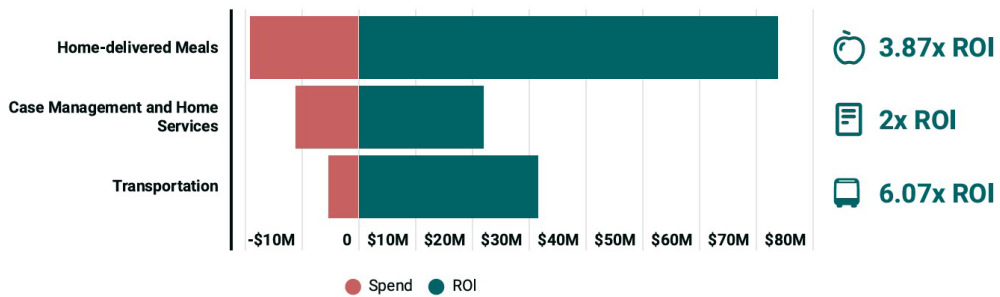
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Offices of:

- Senators Warnock and Ossoff
- Representatives Nikema Williams, Mike Collins, Hank Johnson

3.61x ROI

(1) With **\$35,198,005** in spending on key home and community-based services, Georgia achieved an estimated **\$127,154,115** in cost savings by reducing the need for institutional care



Source: ACL 2024 Data, www.monami.io

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Update on Letters of Concern

October letters of concern regarding Aging and Disability Resource Connection (ADRC) responsiveness from:

- GA Department of Human Services/Division of Aging Services (DAS)
- GA Department of Community Health (Medicaid)

Status:

- Finalizing clarifications in response to DAS
 - Some issues moot as ARC is transitioning to same ADRC phone system as DAS uses
 - Hired 4 new ADRC staff (began in February)
 - Piloting changed workflows
- Awaiting DCH response regarding any outstanding issues

FY 27-28 Notice of Funding Availability

Most services approved in January ACA meeting

- Part of Area Plan on Aging

One remaining award:

- Health promotion and prevention education (evidence-based programs)
- Transition from ARC staff coordination only
 - to partnership with grantee to expand service capacity

Awardee: Cobb County Senior Services

IV. Action Items

- Minutes
 - i. Minutes from last meeting approved unanimously
- Atlanta Region Age Friendly Plan

Age-Friendly Atlanta Region Action Plan Agenda

- ▮ AARP Age-Friendly Communities
- ▮ Age-Friendly Action Plan Writing Process
- ▮ 10 Domains for the Atlanta Region
- ▮ 10 Initiative Priority Areas
- ▮ Live Beyond Expectations in the Age-Friendly Action Plan
- ▮ Next Steps

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An Age-Friendly Community is...



...one where a community's elected leadership has made a commitment to actively work with residents and local advocates to make their town, city, or county an age-friendly place to live through enrollment in the AARP Network of Age-Friendly States and Communities!

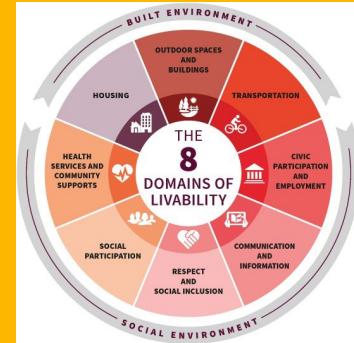


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Age-Friendly Atlanta Region Domains of Livability

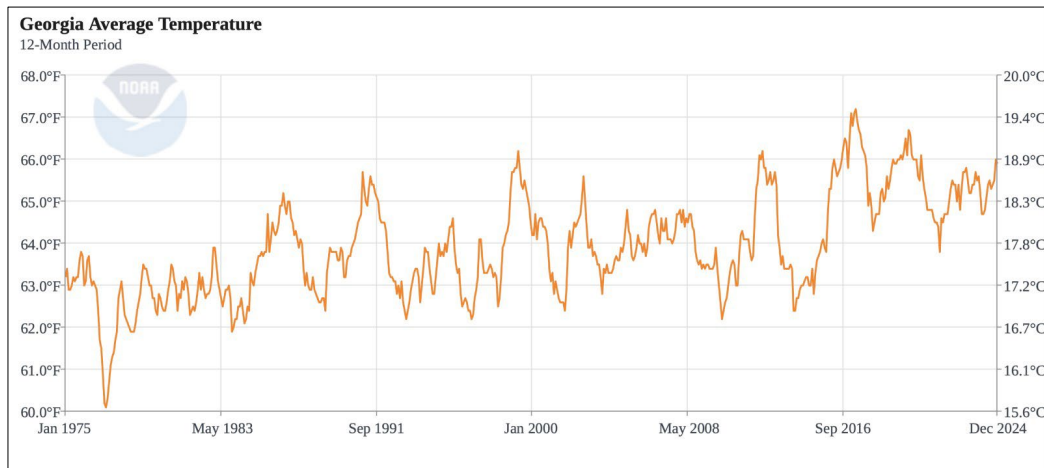
AARP names 8 Domains of Livability

- Atlanta Region adds
 - Climate Resilience
 - Economic Security



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Climate Resilience

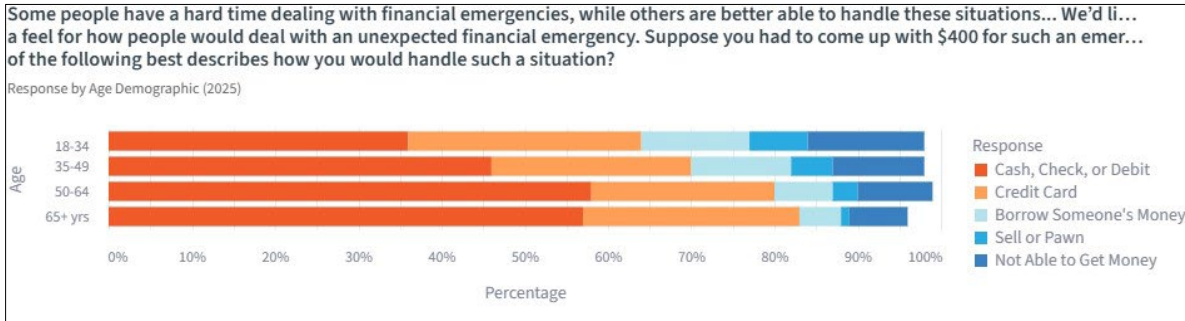


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Economic Security

'Unretirement' on the Rise: Many Georgians Return to Work Amid Economic Strain

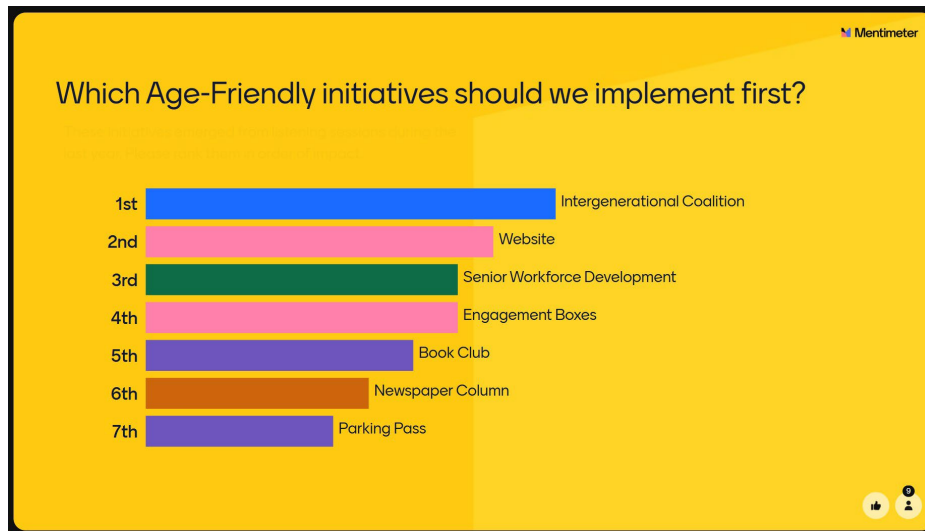
- 12.1% of Georgians age 65+ live in poverty, above the national rate of 11.3%.
- Food insecurity affects 8.5% of adults age 60+ in the state.
- In Georgia, annual per person spending averages \$50,282



Age-Friendly Atlanta Region: 10 Initiative Priority Areas

- 🏠 Age-Friendly Leadership
- 🏠 Community Voice and Insight
- 🏠 Economic Security and Mobility
- 🏠 Intergenerational Learning and Research
- 🏠 Mobility and Transportation Access
- 🏠 Housing Stability and Aging in Place
- 🏠 Closing the Digital Divide
- 🏠 Belonging and Communication
- 🏠 Health, Wellness, and Caregiving
- 🏠 Age-Friendly Neighborhoods

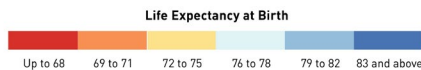
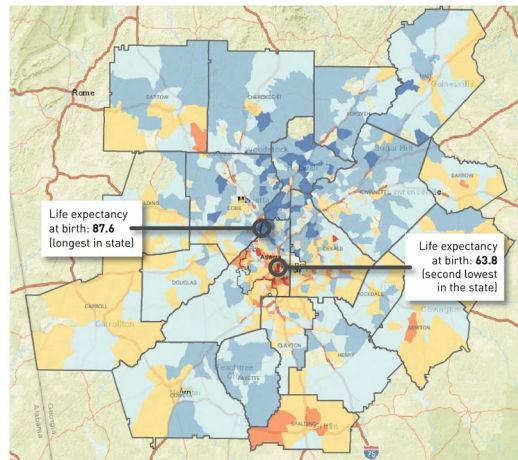
Age-Friendly Action Plan Writing Process



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Live Beyond Expectations

- Life expectancy (still) depends on where you live
- [2020-2025 Wrap-up Report](#)
- Updating plan for 2026-2031

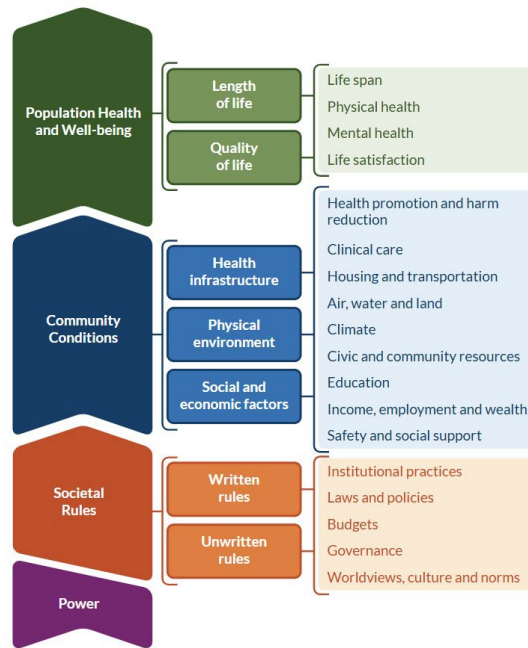


Source: U.S. Small-area Life Expectancy Estimates Project, 2010-2015

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Live Beyond Expectations

- Many factors can help make communities healthier places to live, learn, work, and play
- We can take action to influence these factors



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University of Wisconsin Population Health Institute Model of Health © 2025

Age-Friendly Atlanta Region Action Plan Next Steps

- Advisory Committee on Aging Approval – March 2026
- ARC Board Approval – May 2026
- Submit to AARP – June 2026
- Annual Progress Reports – beginning June 2027

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Advisory Committee on Aging Approval

What are your thoughts on this plan?

- Do you support the plan?
- Are there any changes you recommend?

Are there initiatives you are currently or would like to be engaged in?

- Local level?
- With ARC?

With Advisory Committee on Aging approval, the Plan will go to the ARC Board for adoption

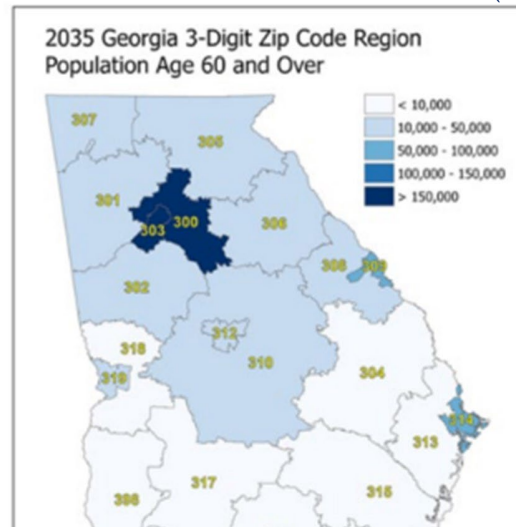
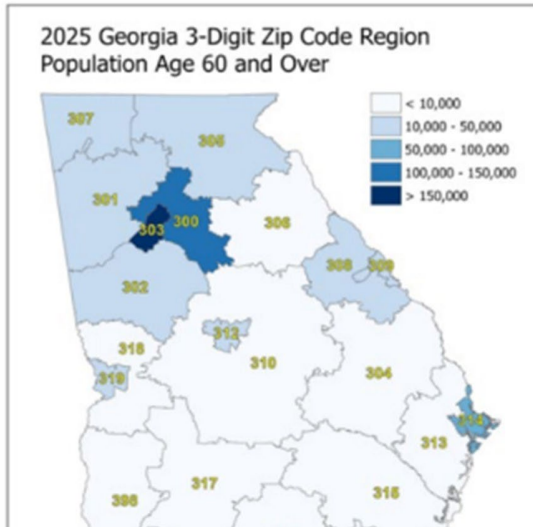
Richard Sylvia asked question about which initiatives need the most support. Joy states that all need equal support and data from neighborhood/local groups although there is buy-in across all of ARC.

Dominique Louis asked question about how to define communities and how to define success. Joy responds that we use census data to quantitatively define communities and qualitative community engagement to understand how residents understand communities and define success.

Dr. LaWanda Folami asks where the team gets their statistics from, and Joy discusses the research cycle. Arin discusses where we get quantitative statistics from, including census, American Community Survey, and case monitoring.

Dr. LaWanda Folami calls for a motion to approve Age Friendly Action Plan, Kim Smith moves to approve the Age Friendly Action Plan as presented, the motion passes unanimously.

- V. Presentations
 - Georgia Respite Care Study



Caregivers / Carer Receivers / Care Dyads



Caregiver

- * an adult family member, or another individual, who is an unpaid provider of in-home and community care to an older individual
- * an adult family member, or another individual, who is an unpaid provider of in-home and community care to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction
- * *For purposes of this study, the term caregiver does not include individuals whose primary relationship with the older adult is based on a financial or professional agreement.*

Care Receiver

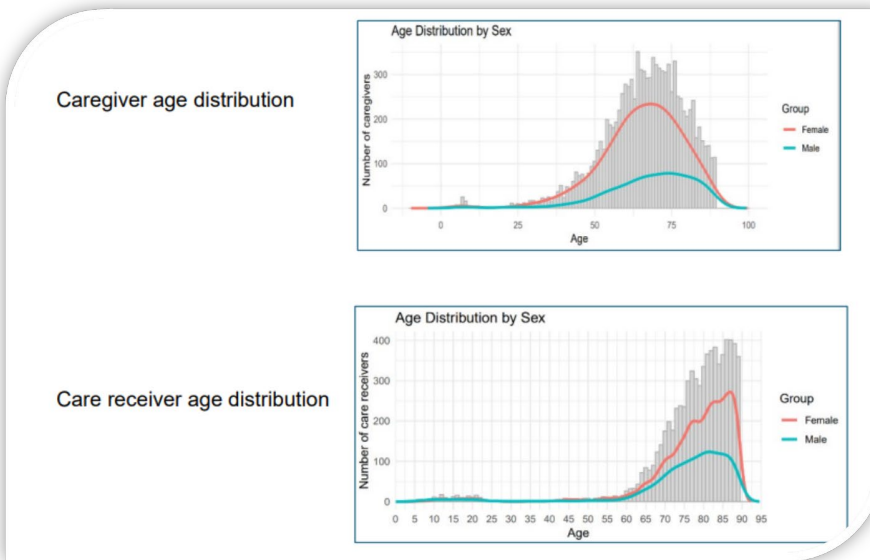
- * the person provided care by the identified caregiver.

Care Dyad (dyad)

- * used to affirm the collaborative nature of the caregiver/care receiver relationship and refers to the caregiver and care receiver as one entity.



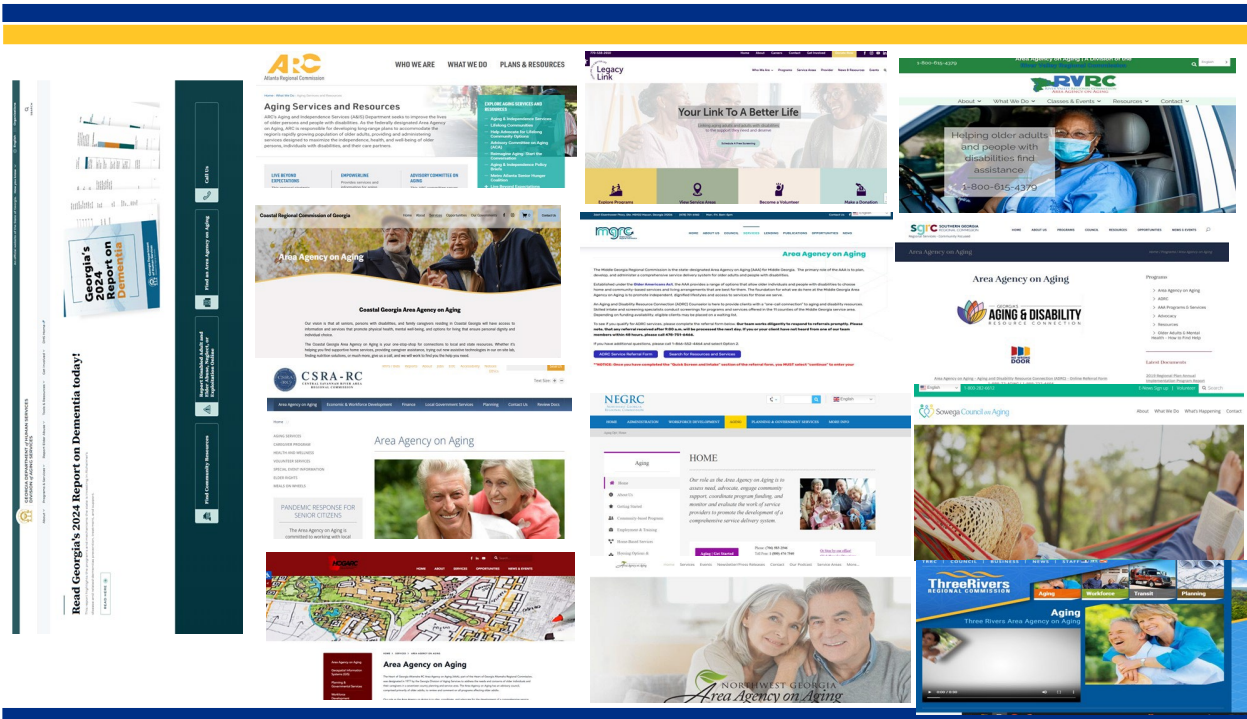
The graphs below are a visual representation of the difference in the ages of caregivers and care receivers in the data set. In our data set, care receivers are on average 10 years older than caregivers.



Recommendations:

Strengthen caregiver navigation and resource access.

Improve caregiver self-identification through outreach.



The collage features three web pages. The top left page is the Georgia Department of Human Services website, showing a search for 'Find a Location' with a table of area agencies. The top right page is the ARC website's 'Aging Services and Resources' page, featuring a navigation menu and a sidebar with links like 'Aging & Independence Services' and 'Empowerline'. The bottom center page is the empowrline website, which has a navigation bar and a main section titled 'Your resource for aging, disability, and caregiver needs in metro Atlanta.' with search filters for 'Find information' and 'Find services'. Arrows indicate a flow from the top left to the top right, and then from the top right to the bottom center.

Suggestions:

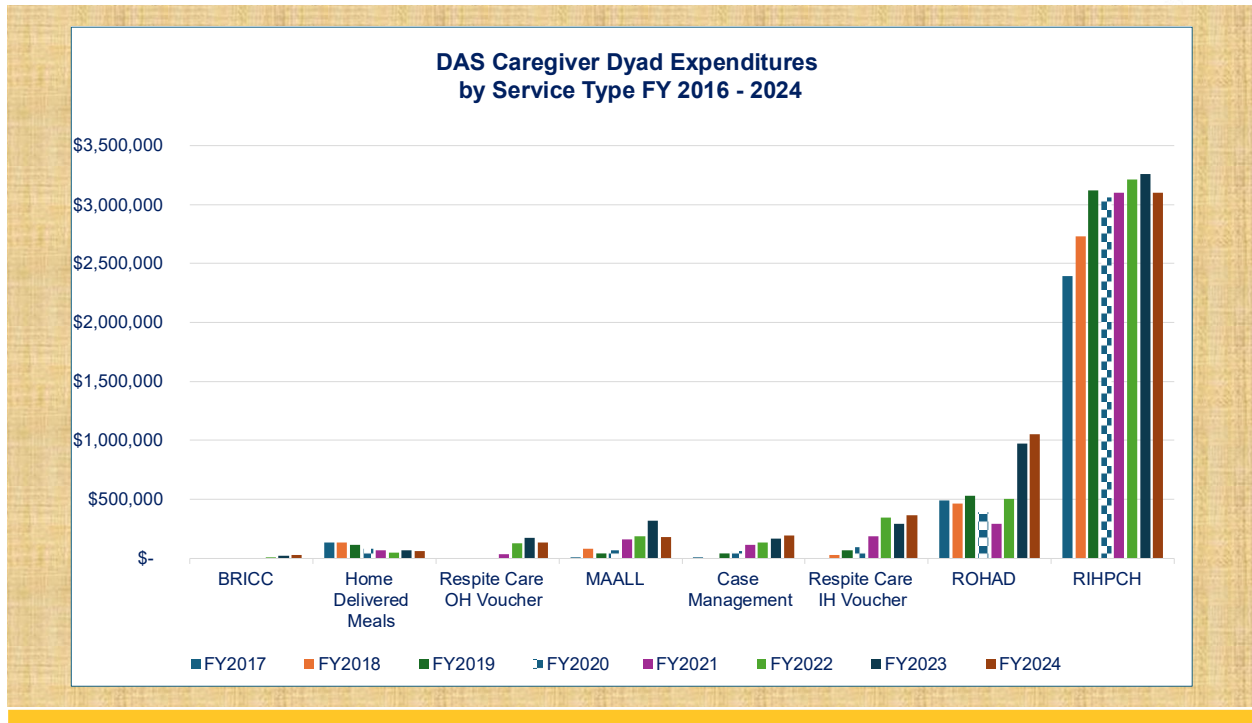
- ADD Area Agency on Aging and DAS logo to websites
- Develop naming uniformity for services

Respite Services and Costs



Service Category	Service
Case Management	BRICC Case Management
Home Delivered Meals	Home Delivered Meals
Material Aid and Assistance (MAALL)	Material Aid – Individual Material Aid – Assistive Technology Material Aid – Home Repair Material Aid – Voucher Material Aid - Other
Respite Care In-Home (RIHPCH)	Personal Care Respite Care In-Home Homemaker Respite Care In-Home – Voucher Homemaker - Voucher
Respite Care Out-of-Home (ROHAD)	Respite Care Out-of-Home Adult Day Care Adult Day Care Mobile Respite Care Out-of-Home - Voucher





Return on Investment

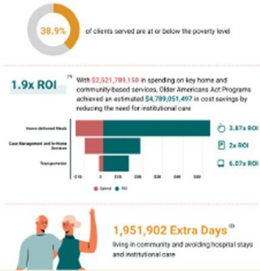
The Value of Aging Well: The Older Americans Act Creates Real Returns Through Community-Based Care

The Older Americans Act funds essential services allowing older adults to remain independent and thrive in their communities. Healthy, safe and long-term care alternatives to residential care costs. Without these programs, one in five American seniors would have had to enter a nursing home and pay the associated placement in nursing homes. This infographic captures the impact, ranked by state from 1991-2013.



Estimated ROI of Aging Services

Every dollar invested in aging services through the Older Americans Act generates \$1.96 in community value and taxpayer savings.

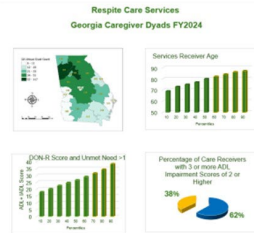


Advancing States - Mon Ami calculated Days of Long-Term Care Avoided as follows:

Given that 15% of older adults spend more than 2 years in a nursing home (Johnson et al., 2019),

we assume that 15% of the clients served who are over age 60 are at risk of needing nursing home care - likely a substantial underestimate given our population.

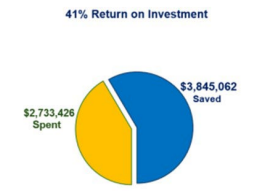
Additionally, a study of the relationship between home care service and residential care entry found that every hour of service provided per client per week results in a 6% decrease in the risk of entering residential care (Jorgensen et al., 2018)



Respite Care Services* allowed older adults to remain in their communities

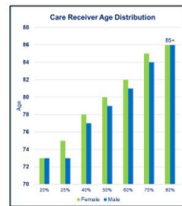
*Case management, personal care, homemaker, and other non-teacher respite care services

636 Care Dyads received:
Hours of Case Management = 618
Hours of Respite and Personal Care = 104,323
Dollars Spent = \$2,733,426
Extra Days in the Community = 13,259
Dollars Saved = \$3,845,062

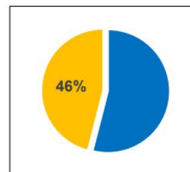


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40% of care receivers in the Georgia Respite Care Study are 80 years of age or older.



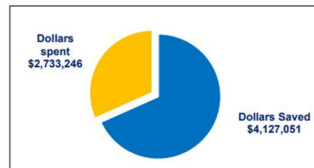
46% of care receivers had at least 2 ADL impairments with an impairment score of 2 or more, including Bathing and Dressing.



Extra Days in the Community = 20,330

Dollars saved = \$4,127,051

Return on Investment = 51%



Total hours of service provided	104,941	104,941
Total client dyads	636	
Weeks in a year	52	
Average hours per client	104,941 / 636 / 52	3.17310716
Percentage decrease in risk per hour/client/week	.06	
Decreased risk hours	.06 x 3.17310716	0.19038643
Total client dyads with care receiver over 60	636	
Decreased risk hours x 636 clients	636 X 0.19038643	121.0857692
Percentage at risk	.46	
Daily average hours (46% of clients at risk)	121.0857692 x .46	55.69945385
Days in year	365	
	365 x 55.69945385	20,330.3006
Average cost of shared room Georgia, 2024	\$203	\$4,127,051
Total dyad expenditures	\$2,733,426	
ROI		.51

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Among our FY 2024 dyads, **38% had 3 or more ADL impairments with a score of at least 2.**

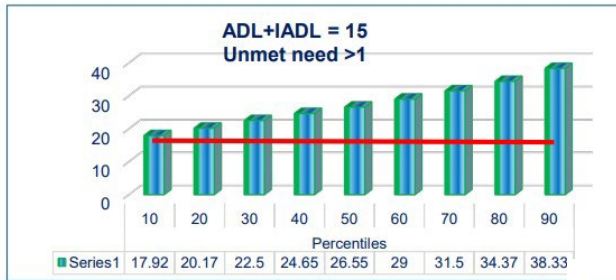
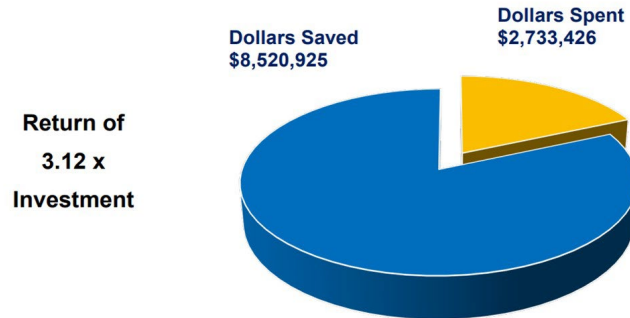
Of these clients with three or more ADL impairments, including bathing and dressing, **115 were 80 years of age or older.**

If we were to consider only these 115, clearly the **most likely to be in a nursing home based on the literature**, as being **diverted from a Medicaid nursing home bed for one year:**

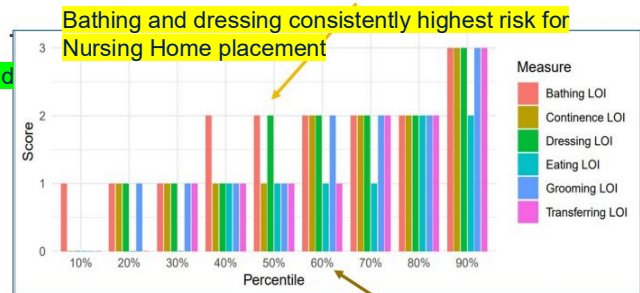
Extra Days in the Community = 41,975

Cost of Medicaid Nursing home beds = \$8,520,925 Saved

If we hypothesize that of all of the dyads served in FY24, only these 115 clients (**9% of clients served**) would have been in nursing homes if HCBS were not provided, the ROI, taking into account **ALL FY 2024 dyad spending** by DHS-DAS:



DON-R score of 15+1 =
Minimum requirement for referral to Nursing Home and
Nursing Home Diversion programs in GA



Three (3) or more ADLs with an impairment score of 2 is considered a most stringent nursing home 'benefit trigger'.

We believe that each of **the preceding calculations substantially underestimate Return on Investment** for dollars spent on Home and Community-Based Services in Georgia.

Our calculations were **based on either the ADvancing States - Mon Ami formula or calculating days saved in the community by meeting the most stringent benefit triggers and risk factors** identified in the literature.

The **ADvancing States calculation does not include severity or types of impairment or take into account known risk factors for nursing home placement.**

The **calculation that takes into account the most stringent benefit triggers and risk factors** described in the literature **does not take into account research that shows that providing home and community-based respite services delays nursing home placement for all persons served.**

A more comprehensive, risk-adjusted approach will provide a clearer picture of the true economic value of HCBS and strengthen the case for continued investment.

There is clearly more work to be done.



VI. Announcements—Becky Kurtz

- A. Upcoming ACA Committee Meeting – May 12, 2026
- B. Invitation for new ACA members to be posted in May
- C. May is Older Americans Month
- D. State Plan on Aging hearing: June 18 (TBD)

VII. Adjourn – Dr. LaWanda Folami adjourned the meeting at 2:24 pm