



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**

**ATLANTA REGIONAL COMMISSION AAA**

**SFY 2027 AREA PLAN**

**March 1, 2026**

**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
<b>Area Plan Narrative Checklist Contents</b>				
<b>Item #2 - Letter of Intent</b> (Signatures Required)	X			
<b>Item #3 - Executive Summary</b>	X			
• #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			
<b>Item #4 – Regional Context</b>	X			
• #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
<b>Item #5 - Descriptions of Services Delivery System</b>	X			
<ul style="list-style-type: none"> <li>#5a(1) – Older Americans Act Programs and Services Funded through the “GA Department of Human Services Division of Aging Services Multi-Funded Services Contract” Table; with Services Provided Directly by the AAA Column.</li> <li>#5a(3) Tables for Case Management Services the Area Agency on Aging Offers in its Planning and Service Area</li> </ul>	X			
<ul style="list-style-type: none"> <li>#5b – Contract/Commercial Relationships Services Delivery System Tables - Initiatives, Services/Programs Funded through DAS/ACL Discretionary Grants, Other Federal, State and Local Funds, and Commercial relationships such as with Health Partners, Insurance Agencies, IT Contracts, etc.</li> </ul>	X			
<b>Item #6 - Location of Services Charts</b>	X			
<ul style="list-style-type: none"> <li>Chart #1 - Home and Community Based Services (HCBS) - <b>As identified in Item 5a(1).</b></li> </ul>	X			
<ul style="list-style-type: none"> <li>Chart #2 - Access Services - <b>As identified in Item 5a(1).</b></li> </ul>	X			
<ul style="list-style-type: none"> <li>Chart #3 – Contract/Commercial Relationships Services Delivery System - Initiatives, Services/Programs Funded through DAS/ACL Discretionary Grants, Other Federal, State and Local Funds, and Commercial relationships such as with</li> </ul>	X			

Item #1 - Checklist and Area Plan Table of Contents	As applicable, place an “X” in the Column for “Yes”, “No” or “N/A” below.			
	Yes	No	N/A	Comments
Health Partners, Insurance Agencies, IT Contracts, etc. - <b>As identified in Item 5b.</b>				
<b>Item #7 – Fee for Service Implementation Plan</b>	X			
<b>Item #8 - Allocation, Budget, and Units Plan</b>	X			
• #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			
<b>Item #9 - 2024 – 2027 State Plan and AAA Area Plan Alignment of Older Americans Act Mandate for Goals, Objectives, and Measures Introduction</b>				
<b>Item #10 – Goal #1 Objectives and Measures Charts</b>	X			
<b>Item #11 – Goal #2 Objectives and Measures Charts</b>	X			
<b>Item #12 – Goal #3 Objectives and Measures Charts</b>	X			
<b>Note:</b> None of the <u>State Plan Goal #4 Objectives</u> 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 <u>Item #14 – AAA Initiated Goals, Objectives, and Measures Charts (Optional)</u> .				
<b>Item #13 – Goal #5 Objectives and Measures Charts</b>	X			
<b>Item #14 – AAA Initiated Goals, Objectives, and Measures Charts (Optional)</b>	X			
AREA PLAN COMPLIANCE DOCUMENTS ATTACHMENTS	Yes	No	N/A	Comments
<b>Attachments B:</b>	X			
• B-1 - Board Resolution (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
• B-2 – Standard Assurances (Signatures Required)	X			
<b>Attachment C – Area Plan Provider Services List Report (DAS Data System Report)</b>	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.**

  
Atlanta Regional Commission



March 1, 2025

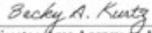
Ms. MaryLea Boatwright Quinn, MSW, LCSW  
Assistant Deputy Commissioner  
Division of Aging Services  
Georgia Department of Human Services  
47 Trinity Avenue SW, 1<sup>st</sup> Floor  
Atlanta, GA 30334

Dear Ms. Boatwright Quinn:

The SFY 2026 update for the FY 25-28 Area Plan on Aging is hereby submitted on behalf of the Atlanta Regional Commission (ARC) for the period of July 1, 2025, through June 30, 2026.

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

This plan reflects meeting all federal and state statutory and regulatory requirements and was approved by the Atlanta Regional Commission Board of Directors at their meeting held February 12, 2025.

  
Becky A. Kuntz  
Director, Area Agency on Aging

  
Mike Mason  
Advisory Committee on Aging Co-Chairperson

  
Annie  
ARC Board Chair

  
Executive Director, ARC

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## **Item #3 – Executive Summary**

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

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

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

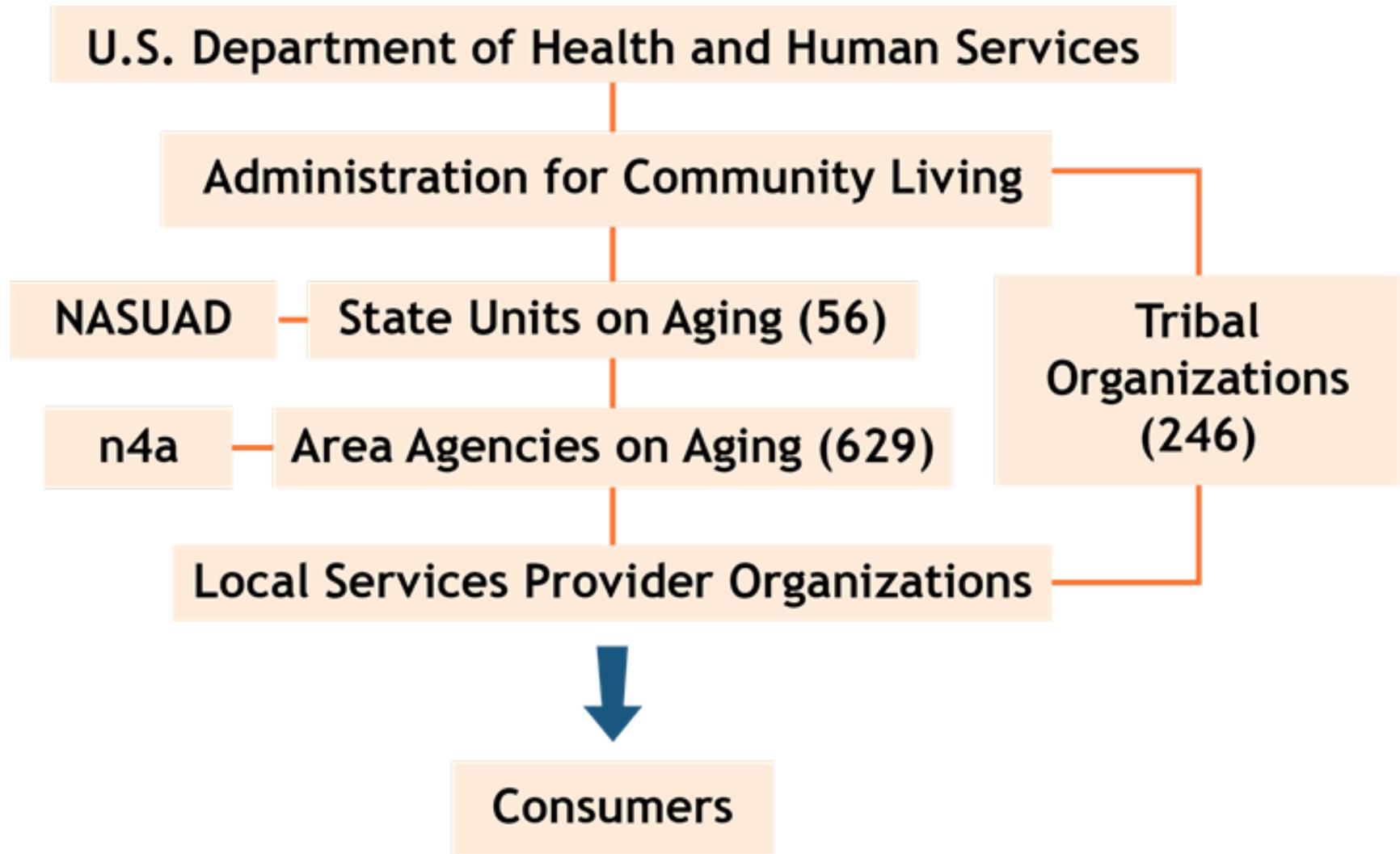
- Office of Supportive and Caregiver Services
- Office of Nutrition and Health Promotion Programs
- Office of Elder Justice and Adult Protective Services
- Office of American Indian, Alaskan Native and Native Hawaiian Programs
- Office of Long-Term Care Ombudsman Programs

The Administration on Aging awards OAA funds for supportive home and community-based services to the State Units on Aging (SUAs), which are in every state and U.S. territory. SUAs are agencies of state and territorial governments designated by governors and state

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

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

Georgia's AAAs have five basic functions: administration, advocacy, coordination, outreach and program development. As the Area Agency on Aging for the ten county Atlanta region, the Atlanta Regional Commission (ARC) incorporates these functions into the delivery of comprehensive services to address the needs of the region's older population. The Atlanta region's Area Plan on Aging is implemented through contractors to provide a continuum of home and community-based services. Older adults and their families have many options, including case management, in-home services, respite, transportation, home-delivered meals, congregate meals, senior recreation, legal services, and more through this network of care. The chart below illustrates the flow of the various components of the aging network. The contract agencies and the services provided are identified in Section III, Service Delivery Plan.



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

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

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

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

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

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

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

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

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

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

The Board membership of the Atlanta Regional Commission is composed of 26 local elected officials, 15 private citizens and one representative of the Georgia Department of Community Affairs. The ARC Board, its committees and task forces generally meet once each month. All meetings are open to the public.

Working within its organized structure of departments and committees, the Atlanta Regional Commission is dedicated to unifying the region's collective resources to prepare the metropolitan area for a prosperous future. This is accomplished within its structure through professional planning initiatives, the provision of objective information and involvement of the community in collaborative partnerships that: encourage healthy economic growth compatible with the environment, improve the region's quality of life and provide opportunities for leadership development.

Each of the AAAs Contract/Commercial Relationships, as explained in Item #5b, enhance the Aging Network to maximize services for older adults, adults with disabilities, and caregivers. The below services maximize Older Americans Act (OAA) funding by broadening opportunities for access and innovation. Services and payers include, but are not limited to, Behavioral Health Coaching (BHC) funded through the Housing Authority of the City of Atlanta, Mercy Housing, and Campbell-Stone; Veteran's Directed Care paid by the Veteran's Health Administration; an administrative contract to support the Elderly & Disabled Waiver Program (EDWP) from the Department of Community Health, ePRO resource database subscribers; Evidence Based Programs (EBP) from various payers; transportation services from the Department of Human Services using Federal Transit Administration (FTA) 5310 funding, and information and referral assistance using the UniteUs platform funded by Kaiser Permanente.

The working relationship between the Atlanta Regional Commission Area Agency on Aging with other agencies and/or organizations is detailed below.

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

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

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

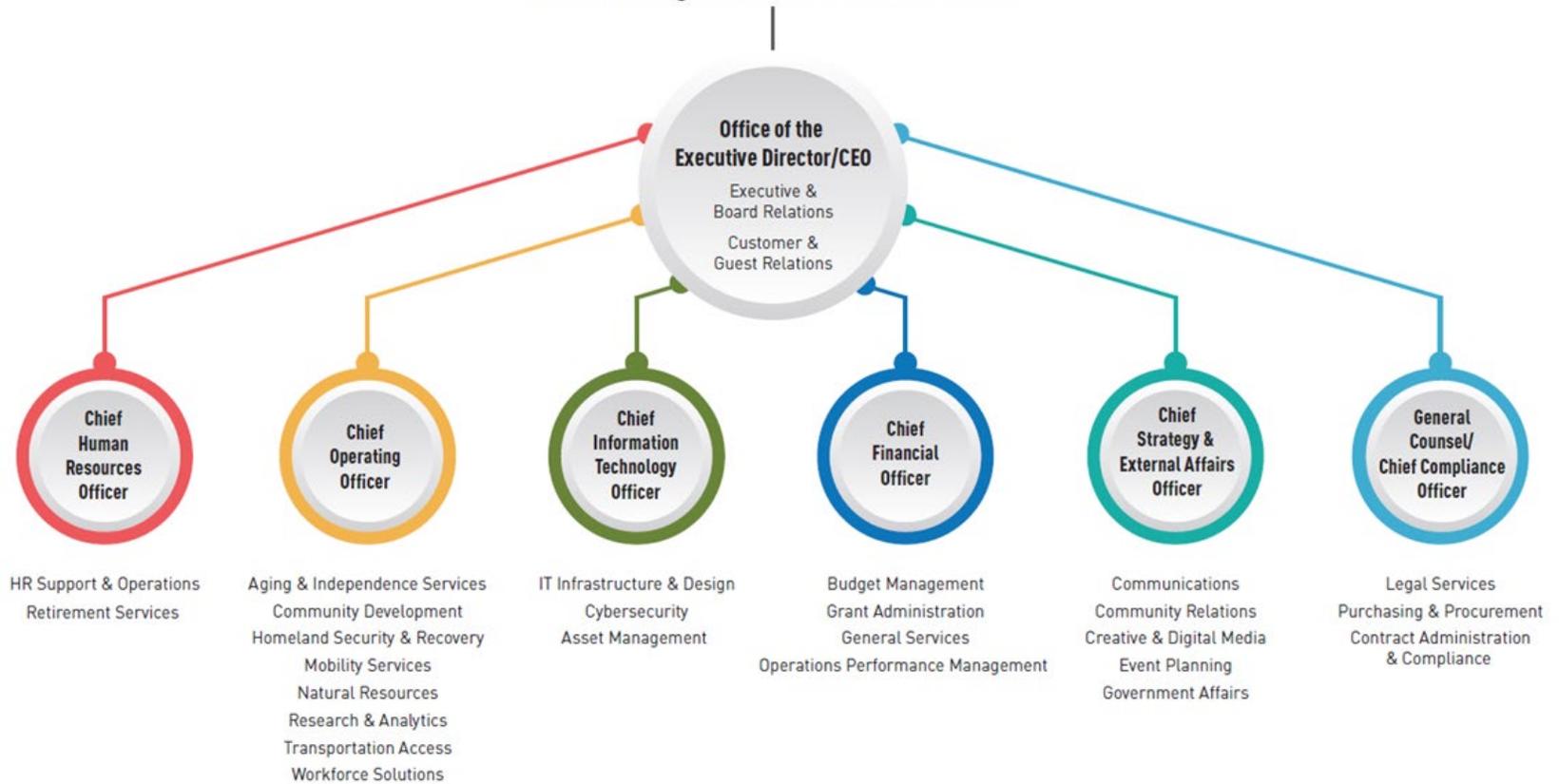
Behavioral Health Agencies: ARC in collaboration with the Fuqua Center for Late-Life Depression/ Emory University also hosts and has been an active participant in the Aging and Behavioral Health Care Collaborative (ABHCC) bi-monthly education and care collaboration meetings. This coalition has expanded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

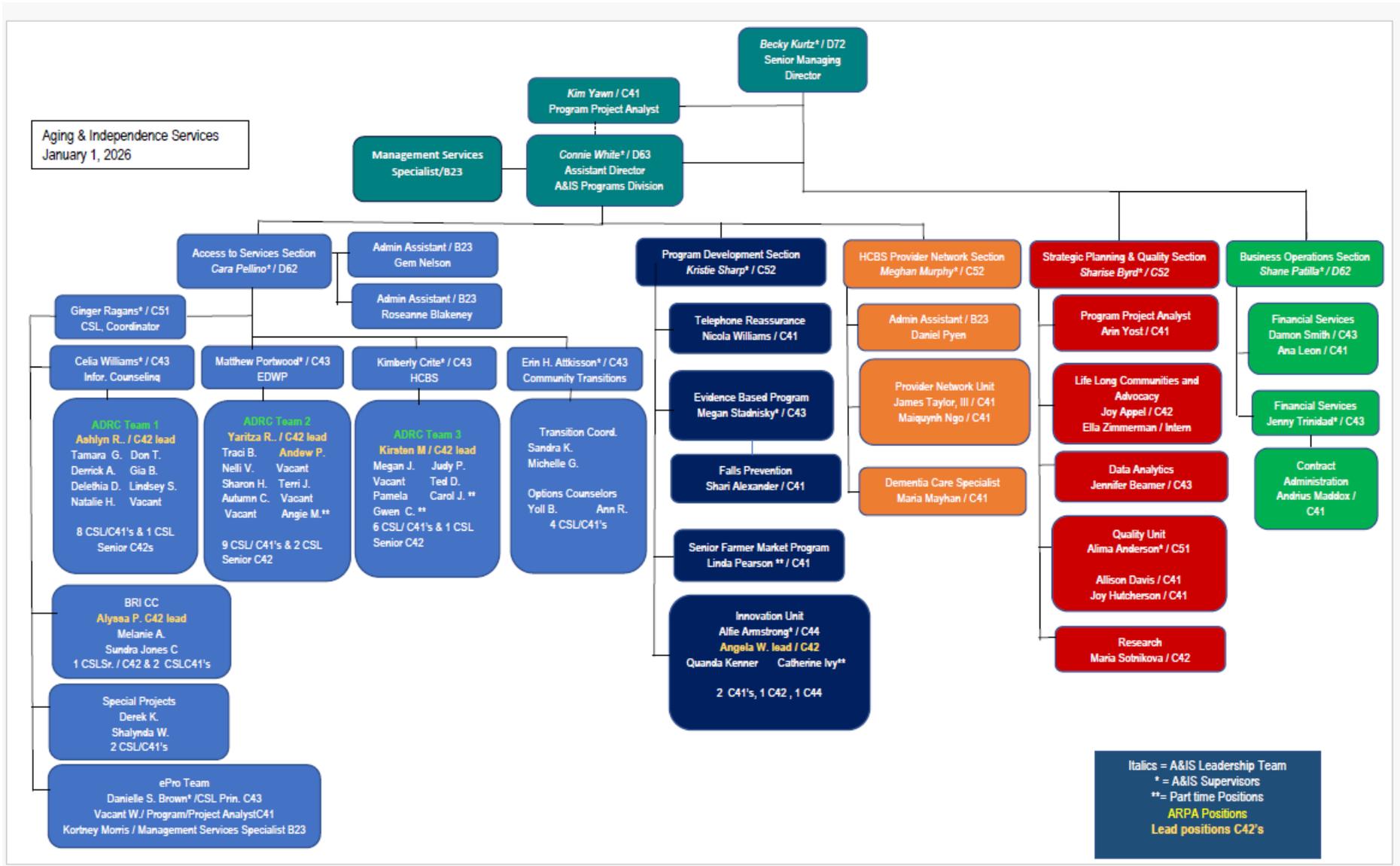
ARC created two full-time Behavioral Health Coach positions to focus on providing support to low-income individuals with behavioral health needs. The Behavioral Health coaches assist in coordination of care for residents in all of Atlanta Housing Authority high-rises as well as several other affordable housing facilities. The Behavioral Health Coaches only serve as a resource for the residents and staff of low-income housing. Through collaboration with Grady Behavioral Health Services and other providers of behavioral health services in metro Atlanta, the work of the Behavioral Health Coach is aimed at decreasing the fragmentation of services for older adults. ARC contracts with the Fuqua Center for Late Life Depression for clinical consultation.

The One2One Program began as a way of connecting older adults who are at greater risk of loneliness due to the pandemic. Volunteers are trained, then paired with clients, who receive at least 2 calls each week to provide a friendly voice.

CARE-NET: The Atlanta CARE-NET is a coalition of individuals representing community agencies, institutions, faith-based organizations and family caregivers in the 10-county Atlanta region. The lead caregiver specialist and BRI Care Consultation Care Consultant at ARC is also a member of the CARENET. The CARE-NET is also part of the statewide Georgia CARE-NET Coalition initiated by the Rosalynn Carter Institute for Caregiving (RCI), which meets quarterly to promote education, advocacy, and policies to improve the lives of caregivers in Georgia. Community partners include Emory Healthcare, Emory Work-Life Resource Center, the Alzheimer's Association, Gwinnett County Senior Services, Cherokee County Senior Services, Veterans Administration (Caregiver support office), Careforth Link (f/k/a Senior Link, Structured Family Caregiver Program under CCSP) JFCS ( Jewish Family and Career Services), North Fulton Senior Services, Pruitt Health Care, Second Wind Dreams, JenCare Senior Medical Center, Rosa Inc. (Reaching out to Senior Adults), Tucker First United Methodist Church, Rosalynn Carter Institute for Caregiving (RCI).

# Atlanta Regional Commission Board





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

#### Aging and Independence Services Department Position Descriptions

Position Title	Brief Description
Senior Managing Director Becky A Kurtz	Oversees a major organizational group that serves as a stand-alone department outside of an operating center and report to a Chief position. Make interpretive decisions on behalf of the organization regarding the means for executing the goals established by the Executive Director and/or governing board, subject to constraints imposed by available technology and resources. Such interpretive decisions provide context for the work to be accomplished by subordinates supervised within the department managed. Oversee the conduct of performance evaluations, training, and hiring, discipline and termination procedures as well as directly supervise management, professional, paraprofessional and support staff.
Senior Manager Connie White	Oversees a department within the ARC and serve as a second or third level supervisor reporting directly to a Managing Director. Make interpretive decisions on behalf of the organization regarding the means for executing the goals established by the relevant Director subject to constraints imposed by available technology and resources. Such interpretive decisions provide context for the work to be accomplished by subordinates supervised within the departments managed. Incumbents may be assigned to serve as director in the absence of the director.
Manager Cara Pellino	Serves as a second level supervisor over multiple sections in a large program area. Make interpretive decisions on behalf of the organization regarding the means for executing the goals established by the Agency and the immediate supervisor, subject to constraints imposed by available technology and resources and serve as a representative and/or advocate of the organization to stakeholders, constituents, elected officials and outside agencies
Management Services Specialist Roseanne Blakeney, Gem Nelson, <b>(Kortney Morris )</b>	Perform advanced and complex administrative support that includes transaction processing, staff support and/or office coordination. As assigned, work may include providing administrative support to staff; answering phones; updating website content; compiling data for reports; assisting with event logistics; processing invoices, credit cards and procurement items; creating emails for email blasts; entering data and maintaining accuracy of databases and tracking tools; making travel arrangements; ordering office supplies and maintaining inventory; sorting and distributing mail; updating staff calendars; providing clerical assistance for program activities; and scanning and copying documents
Client Services Coordinator Ginger Ragans, Alfie Armstrong	Coordinators supervise paraprofessional staff, or coordinate mission critical enterprise programs, or supervise two or more professional staff. Oversee daily operations and direct workflow, convene, and facilitate meetings; serve as an agency representative; review and/or prepare and submit reports; develop, implement and monitor policies and procedures; advise and confer with member jurisdictions; manage budgets and approve expenditures; and manage personnel.

<p>Client Services Liaison Principal Danielle Sonnier Brown, Celia Williams, Erin Hill Attkisson, Matthew Portwood, <b>Kimberly Crite</b></p>	<p>Provide advanced coordination of mission critical enterprise programs, serving as a designated subject matter expert and/or agency lead for an assigned discipline or area of expertise. Incumbents assist with direct workflow, review and/or prepare reports, advise and confer with client services members and staff, establishing and maintaining relationships with external partners and serving as a representative of service programs. May serve as lead worker, assigning work and monitoring work completion as assigned.</p>
<p>Client Services Liaison Senior Alyssa Perkins, Ashlyn Rhude, Yaritza Rivera, Kirsten Magda, Angela White</p>	<p>Assigned to one or more programs, such as aging, disability services or mental health. Work is distinguished from the lower class in this series in that the preponderance of work focuses on field work, client placement/transition, program quality assurance and project management. As assigned, work may include direct client contact in the form of advocacy, consultations, assessments and referrals; identifying placement and/or transition options for clients; providing technical assistance and education to service providers and members; researching and identifying client options and resources; building relationships with stakeholders and partners; documenting client histories and interactions; leading projects and/or staff; performing quality assurance activities; and developing written procedures and/or training curriculum.</p>
<p>Client Services Liaison *See below for list of names</p>	<p>Assigned to one or more programs, such as aging, disability services or mental health. Work is distinguished from the next higher level in that the preponderance of tasks focus on information and referral, intake and screening. As assigned, work may include direct client contact in the form of advocacy, consultations, assessments and referrals; assessing clients and providing prescreening for services; conducting resource searches to meet client needs; making client referrals to providers; documenting client contacts and assessments; following up with clients; and collaborating with providers to address client needs.</p>
<p>Program Project Administrator Sharise Thurman Byrd Kristie Sharp Meghan Murphy</p>	<p>Oversee a major program unit and related functions. Administrators may supervise paraprofessional (non-exempt) staff in highly technical functions or coordinate highly technical mission critical enterprise programs and/or functions or supervise two or more professional (exempt) staff including Program Coordinators. Oversee daily operations and direct workflow, convene and facilitate meetings; serve as an agency representative; review and/or prepare and submit reports; develop, implement and monitor policies and procedures; advise and confer with member jurisdictions; manage budgets and approve expenditures; and manage personnel.</p>
<p>Program Project Coordinator Alima Anderson</p>	<p>Responsible for managing highly complex and visible enterprise programs and/or functions which may include formal supervision over professional, paraprofessional and support staff in an assigned area of expertise or an assigned unit or team. Coordinators may supervise paraprofessional (non-exempt) staff, or coordinate mission critical enterprise programs and/or functions or supervise two or more professional (exempt) staff. As assigned, work may include coordinating the work of team members; developing and managing budgets and grants; preparing and managing contracts; preparing agendas for decision-making bodies; planning, convening, facilitating and/or chairing meetings; ensuring that work programs and outcomes meet established goals; managing the production of publications; serving as project manager; developing and making presentations; researching and</p>

	developing policies and advocating positions; providing support for litigation; marketing programs and services to member jurisdictions; collaborating with federal, state and local agencies, elected officials and the public; leading and facilitating technical and policy discussions and leading or serving on technical committees; overseeing project implementation; and serving as a representative of the agency to member jurisdictions, outside agencies and the public.
Program Project Analyst Principal Megan Stadnisky	Provide advanced journey-level program administration, serving as a designated subject matter expert and/or agency lead for an assigned program. Decision-making involves providing input into management objectives, establishing work goals and objectives to carry out management direction, and selecting the method to address a problem or issue, subject to the constraints established by management objectives and direction. As assigned, work may include planning, developing and measuring program objectives and results; developing program protocols; monitoring program outcomes and performing quality control; developing and presenting training and education programs; overseeing program contracts and monitoring contractor performance; creating and maintaining databases; preparing reports and communication materials, including policy briefs; researching and analyzing data; monitoring budgets; responding to program inquiries; establishing and maintaining relationships with external partners and serving as a representative of the program. May serve as lead workers, assigning work and monitoring work completion and/or supervise volunteers, contract and/or temporary staff.
Program Project Analyst James Taylor, Maiquynh Ngo, Allison Davis, Joy Hutcherson, Kim Yawn, Arin Yost, Nicola Williams, Linda Pearson, Shari Alexander, Maria Mayhan	Responsible for performing entry-level professional program administration and basic analysis of program information including gathering, compiling and analyzing data; coordinating project and/or meeting logistics; and facilitating data collection and communication. As assigned, work may include maintaining databases including quality assurance of data; generating and distributing reports from databases; conducting research and compiling information; coordinating meeting logistics; monitoring performance measures; conducting training; assisting with procurement processes; preparing presentations, reports and correspondence from drafts; tracking, processing and reconciling financial information; assisting with budget preparation; and performing program administrative support tasks.
Financial Services Administrator Shane Patilla	Assigned to central financial oversight for one or more of the following areas: general ledger accounting, audits, grants management, contract management and/or procurement. Administrators may supervise paraprofessional (non-exempt) employees engaged in central financial functions or oversee enterprise central financial functions or supervise two or more professional (exempt) employees assigned to central financial oversight functions. As assigned, work may include overseeing daily operations and directing workflow; convening and facilitating meetings; serving as an agency representative; reviewing and/or preparing and submitting reports; developing, implementing and monitoring policies and procedures; advising and conferring with member jurisdictions; managing budgets and approving expenditures; and managing personnel.
Financial Services Analyst Senior	Perform fiscal analysis related to central oversight of budget, accounting, grants administration, procurement and/or contractor management. Incumbents serve as subject matter experts in an assigned area of central financial

<p>Damon Smith Jennifer Trinidad</p>	<p>oversight. As assigned, work may include reviewing, monitoring, analyzing and forecasting expenditures and revenue; developing and updating databases and spreadsheets; coordinating and attending meetings; assisting with audit preparation; coordinating and/or monitoring financial processes such as procurement, payroll, contractor expenses or grants; reviewing transactions and maintaining accurate and updated cost center information; posting payments and reconciling accounts; and preparing financial reports.</p>
<p>Financial Services Analyst Andrius Maddox Ana Leon</p>	<p>Perform fiscal analysis for an assigned center or program, or journey level accounting review for centralized financial services. In addition, incumbents assigned to center finances may perform incidental center program analytical activities. As assigned, work may include reviewing, monitoring, and analyzing expenditures; performing quality control on financial transactions; preparing reports; developing and updating databases and spreadsheets; reviewing transactions and maintaining accurate and updated cost center information; posting payments and reconciling accounts; and providing program support to partners and contractors including technical financial assistance, contract administration and coordination of meetings.</p>
<p>Data Analyst, Principal Jennifer Beamer</p>	<p>serve as a designated subject matter expert, performing complex analyses and data project management. Decision-making includes providing input into management objectives, establishing work goals and objectives to carry out management direction, and selecting the method to address a problem or issue, subject to the constraints established by management objectives and direction. As assigned, work may include planning and implementing data collection initiatives and surveys; developing models; collecting and analyzing performance measures; coordinating socio-economic research and studies; and performing software programming including building and maintaining websites.</p>

\*Client Services Liaison staff: Catherine Ivy, Megan Jerram, Judy Pinones, Ted Daniels, Pamela Jakobsen, Traci Bromell, Sharon Harmon, Terry Jones, Angie Matrille, Nelli Vergilis, Autumn Clark, Sandra Kirton, Michelle Glover, Yoll Baldwin, Anne Rosembert, Tamara Green, Derrick Austin, Gia Brunson, Don Terry, Delethia Dixon, Lindsey Stewart Gonzalez, Derek Key, Shalynda Warren, Melanie Akin, and Sundra Jones –



Advisory Committee on Aging  
July 2025 Member Roster

Govind Hariharan (Chair)  
1950 Barrett Lakes Blvd., NW, #2012  
Kennesaw, GA 30144  
470.578.6580  
[gharihar@kennesaw.edu](mailto:gharihar@kennesaw.edu)  
1<sup>st</sup> Term: January 1, 2022 – June 30, 2025  
2<sup>nd</sup> Term: July 1, 2025 – June 30, 2028

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Clarkston, GA 30021  
770.403.8790  
[shanifa\\_adde@hotmail.com](mailto:shanifa_adde@hotmail.com)  
1<sup>st</sup> Term: July 1, 2025 – June 30, 2028

Robert Alexander  
4260 Valley Lake Terrace  
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678.642.3748  
[Robaix77@gmail.com](mailto:Robaix77@gmail.com)  
1<sup>st</sup> Term: July 1, 2021 – June 30, 2024  
2<sup>nd</sup> Term: July 1, 2024 – June 30, 2027

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1<sup>st</sup> Term: July 1, 2025 – June 30, 2028

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ARC as a whole has the following vision, mission and goals. The AAA especially focuses on the goals of 1) Health, safe, livable communities throughout the Atlanta region, 2) Strategic investments in people, and 3) Regional services delivered with operational excellence and efficiency.

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



#### VISION

One Great Region.

#### MISSION

Foster thriving communities for all within the Atlanta region through collaborative, data-informed planning, and investments.

#### VALUES

- Excellence
- Integrity
- Equity

#### GOALS

**Healthy, safe, livable communities** throughout the Atlanta region.

**Strategic investments** in people, infrastructure, mobility, and preserving natural resources.

Regional services delivered with **operational excellence** and **efficiency**.

**Diverse stakeholders engage** and take a regional approach to solve local issues.

A **competitive economy** that is inclusive, innovative and resilient.

See ARC strategic framework on page 14.

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

The Atlanta Regional Commission (ARC) is the designated Area Agency on Aging (AAA) serving as the regional planning, development, and intergovernmental coordination agency for the Atlanta region, comprised of ten contiguous counties Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, and Rockdale. ARC's Aging and Independence Services Department, in which the AAA functions are vested, is charged with both serving the needs of current older adults and planning and advocating for future needs and generations.

Approximately 958,938 adults 60 or older live in the 10-county Atlanta region constituting 39.44% of Georgia's older adult residents and 8.58% of all Georgia's residents, regardless of age." Source: Census Bureau's Population Estimates Program, 2024, CC-EST2024-AGESEX

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

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

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

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

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

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

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

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

is currently working with NiCE/inContact to implement more phone enhancements to improve workflow efficiencies and self-service options for callers.

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

As another enhancement to ARC's ADRC, ARC continues to contract with the Latin American Association (LAA) to provide culturally appropriate information and referral/assistance to the Latino community. LAA achieves its mission to support the Latino Community through five core areas: Immigration Services; Economic Empowerment; Family Stabilization & Well Being; Civic Engagement & Advocacy; and Youth Services. This service supports ARC's goal of strengthening the capacity to serve older adults and people with disabilities who may otherwise have difficulty accessing services due to language and cultural barriers.

ARC's ADRC also continues to provide Community Options Counseling (COC), defined by the Administration on Aging as an "interactive decision support process whereby consumers, family members, and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumers' needs preferences, values and individual circumstances." While incorporated into information and assistance, options counseling goes beyond I&R/A in that it involves building relationships with individuals, helping them identify their goals and preferences and weigh the pros and cons of each of their various options. Options counseling (OC) ensures that consumers have considered a range of possibilities when making decisions about long-term supports. ARC

has further developed the service of COC through its work with the Georgia Memory Net (GMN) and **Memory Assessment Clinics (MAC)**. ARC received its first MAC referral in September 2018 and currently has one designated ADRC Dementia Care Specialist handling all MAC referrals. Once a MAC referral is received, this assigned ADRC staff calls the client and family to discuss service options and needs including Community Options Counseling. **If in agreement, an OC will start working with the client and their family through the OC process.** Staff designated to work on MAC referrals will receive her OC certification in 2024 and at that time will be able to see MAC referrals through to the service of Options Counseling.

Atlanta's ADRC has had a partnership with Kaiser since 2021 in which a designated ADRC Counselor responds to referrals from community partners through the UniteUs platform to connect individuals to the full suite of ADRC referrals and services. This partnership has allowed us to further develop relationships with hospital partners and community agencies and increase awareness, understanding of, and access to the ADRC and aging services.

The Veterans Directed Care (VDC) program, located within the Access to Services section, is a self-directed program that provides Veterans and their caregivers with increased access, choice, and control over the long-term services and supports (LTSS) necessary for Veterans to live independently at home and remain active in their community. These Veterans are enrolled in the Veterans Administration (VA) healthcare system who are in need of nursing care at home, have needs that exceed the hours available through the VA's Homemaker/Home Health Aid Program, and are interested in self-directed care. The Veterans Affairs Medical Centers (VAMCs) allocate an annual flexible spending budget based on the Veteran's assessed needs.

A designated ADRC counselor collaborates with the VDC Program Coordinator to facilitate a person-centered approach, helping the Veteran plan for, arrange, and secure the required services and goods within that budget. This process includes the option to hire, schedule, and supervise workers. The VDC operates as a fee-for-service program, with VAMCs compensating the AAA through a fiscal intermediary agent for a fixed monthly administrative fee.

**Long Term Supports and Services:** Nearly 90 percent of people over age 65 want to stay in their home for as long as possible, and 80 percent believe their current residence is where they will always live. However, in order for many older adults to age at home, there must be high quality, affordable services available to support them. Advancing age increases the risks for multiple health conditions. 75% of

U.S. adults aged 65 and older are living with a chronic condition such as high blood pressure, diabetes, or heart disease. The CDC estimates that in Georgia, 38% of older adults have a disability. On average, the costs to provide care in the community is much lower than other settings. Unfortunately, there are far too many low-income vulnerable persons waiting for Medicaid Home and Community-based waiver services. Improvements in long term supports and services must find more effective ways to utilize current resources and leverage additional ones.

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

In 2007, the Atlanta Regional Commission Area Agency on Aging recognized this trend and adopted the development of lifelong communities, places where individuals of all ages and abilities can live throughout their lifetimes, as a core component of its work. Since 2007, ARC has been working with communities in the ten-county area to help expand local transportation and housing options, encourage healthy lifestyles and empower older adults and their families with the information and supports they need to make the best decisions and maintain their quality of life in the community. Lifelong community principles serve as a guide to community leaders, planners, developers and citizens that are undertaking this effort into existing communities and local and regional development strategies. The principles include connectivity, pedestrian access and transit, neighborhood retail and services, social interaction, diversity of dwelling types, healthy living and consideration for existing residents. Combining planning, community organizing and policy reform, ARC has worked with numerous communities on issues as diverse as adapting local zoning policy, establishing farmer's markets in areas without access to fresh fruits and vegetables and conducting walkability audits. The Lifelong Community initiative hosts an on-going learning collaborative and continues to grow and expand as additional communities reach out to the Atlanta Regional Commission for assistance in incorporating the principles

and goals. The AAA works closely with our ARC colleagues across departments to integrate issues related to lifelong communities and aging interests into the Regional Commission planning work with local jurisdictions.

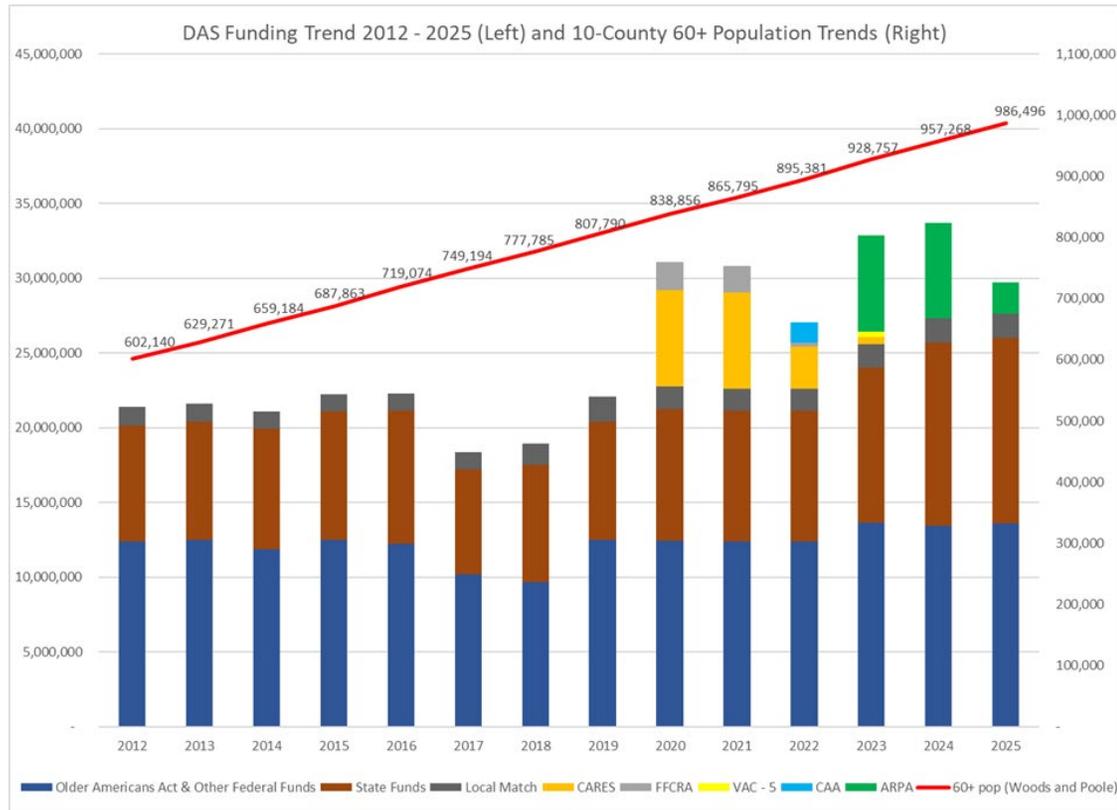
The Senior Farmers Market Nutrition Program (SFMNP), funded by the United States Department of Agriculture (USDA), and administered by the Georgia Department of Public Health (DPH), is the Georgia Farmers Market Nutrition Program which encourages Georgia residents, age 60 years or older, to eat healthy by providing consumers market benefits to purchase locally grown unprocessed fruits, vegetables, and edible herbs. The market season runs from May 1 through October 30. The annual market benefit per participant is determined by the state agency and may vary based on funding. Participants receive market benefits once per season on a first-come, first-served basis. In addition to the market benefits, participants receive nutrition education on how to select, store, and prepare fresh fruits and vegetables. Program benefits are only redeemable from Georgia DPH-authorized farmers at designated market sites. Eligible participants must have a household income at or below 185% of the Federal Poverty Guidelines. A State Plan is created annually for the SFMNP, and programming may change from year to year.

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

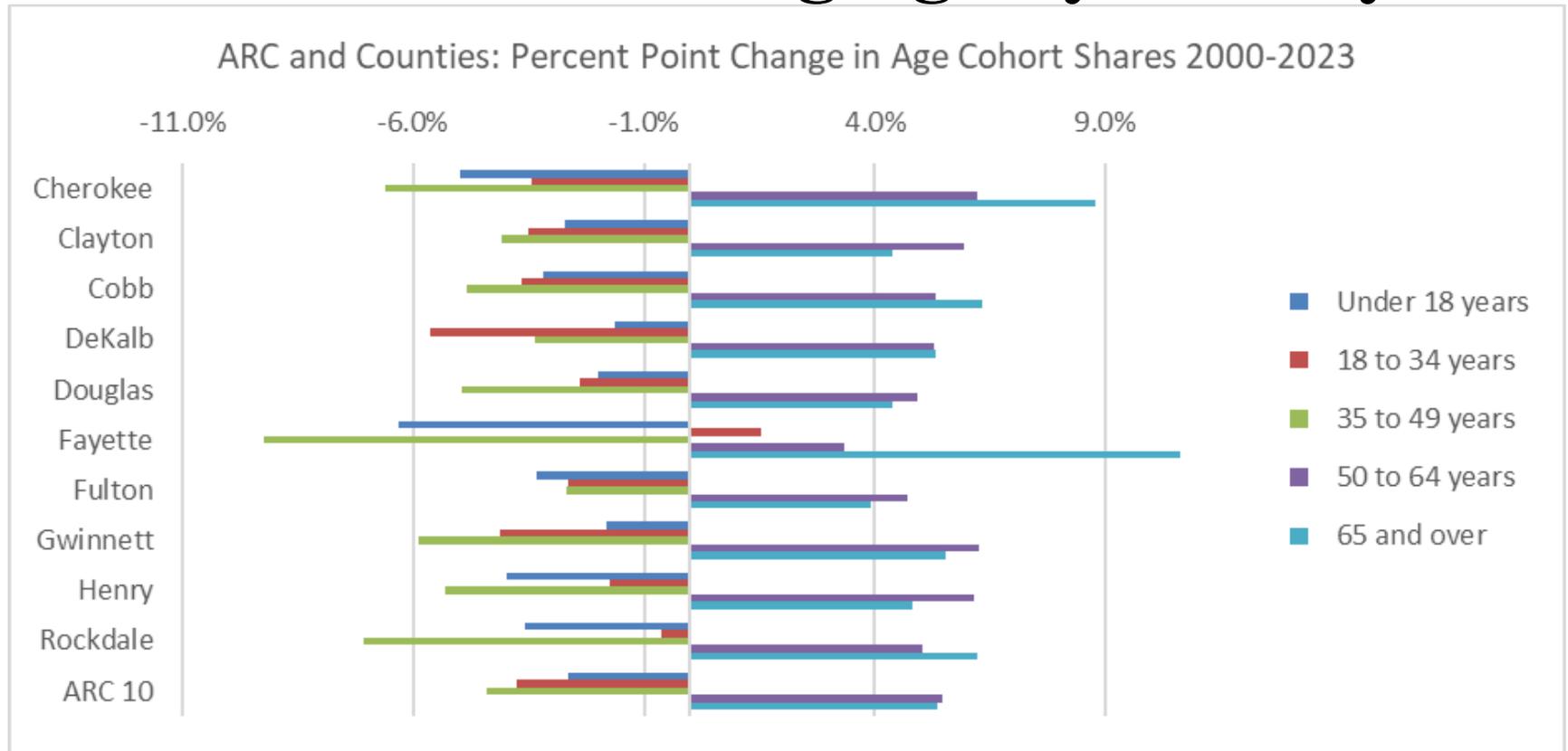
## Items #4 – Regional Context

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

The older adult population in the Atlanta Region has grown over the last decade at a rate significantly higher than the general population. Between 2012 and 2025, the 60+ population increased by 63.8 percent (Source: Woods and Poole, July 2025, based on estimates from 2012 to 2025).

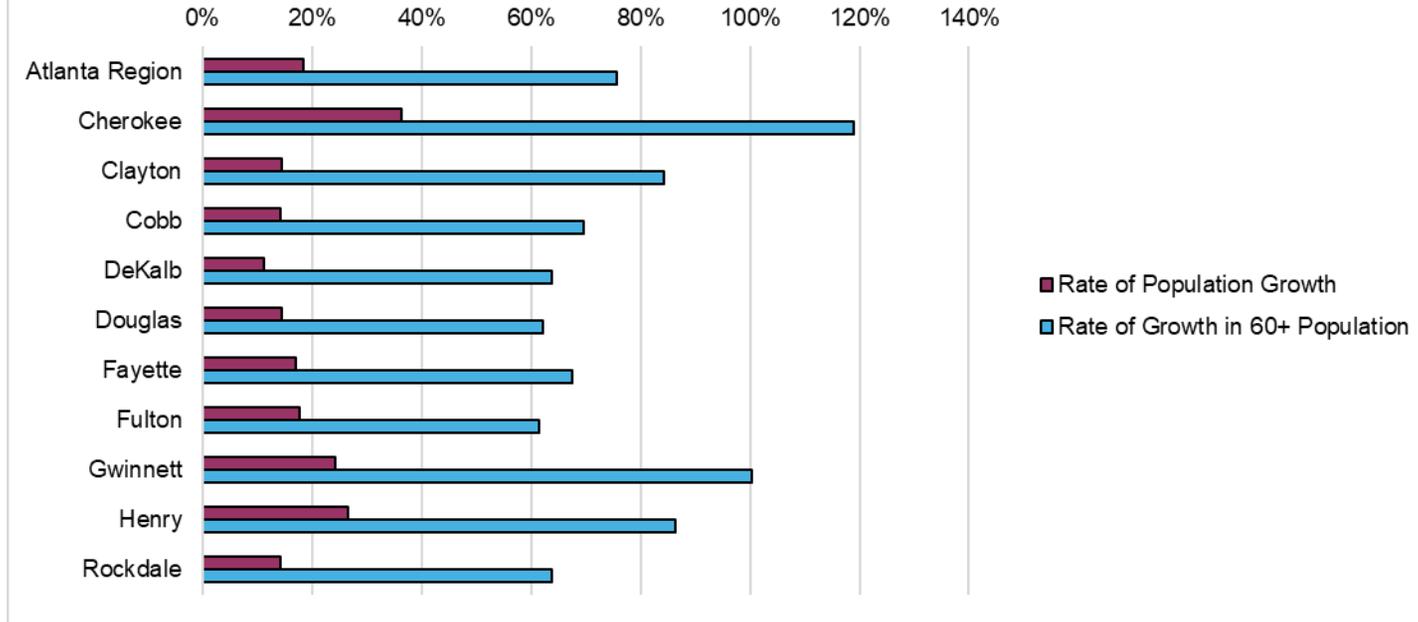


# Metro Atlanta Aging: By County



Source: [American Community Survey 2019-2023](#) (5-Year-Estimates), Census 2000, Social Explorer

## Rate of Region's Growth vs. Growth in Elderly Population, 2010-2024



Source: Census Bureau's Population Estimates Program, 2019, CC-EST2019-ALLDATA, 7/1/2010 and Census Bureau's Population Estimates Program, 2024, CC-EST2024-AGESEX 7/1/2024 population estimate

Atlanta's population is younger than the US population. The median age in the Atlanta Region is approximately **37.30**, whereas the median age in the United States is **39.2** (Source: American Community Survey, 2024, 1-Year Estimates, DP05).

Of those over age 60, **6.1** percent are 85 years old and over.  
 (Source: Census Bureau's Population Estimates Program, 2024, CC-EST2024-ALLDATA 7/1/2024 population estimate)

**General:**

**19.7** percent of the population living in the Atlanta region is 60 and older.  
 (Source: Census Bureau's Population Estimates Program, 2024, CC-EST2024-ALLDATA 7/1/2024 population estimate)

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

- 55.3 percent are White
- 36.5 percent are Black
- 6.9 percent are Asian
- The remaining 1.3 percent includes Native Americans, Hawaiian and Pacific Islander, and people of two or more races

(Source: Census Bureau's Population Estimates Program, 2024, CC-EST2043-ALLDATA 7/1/2024 population estimate)

<b>Older Adult Population by County, 2023</b>						
<b>County</b>	<b>Total Population</b>	<b>Total 60+ Population</b>	<b>% of Population 60+</b>	<b>Total 85+ Population</b>	<b>% of Population 85+</b>	<b>% of 60+ Population that is 85+</b>
Cherokee	293,513	68,458	23.3%	3,707	1.3%	5.4%
Clayton	297,703	51,553	17.3%	1,956	0.7%	3.8%
Cobb	787,538	160,836	20.4%	10,289	1.3%	6.4%
DeKalb	770,307	157,318	20.4%	10,600	1.4%	6.7%
Douglas	151,887	28,460	18.7%	1,459	1.0%	5.1%
Fayette	125,107	35,203	28.1%	2,649	2.1%	7.5%
Fulton	1,090,354	205,895	18.9%	14,661	1.3%	7.1%
Gwinnett	1,003,869	179,026	17.8%	9,474	0.9%	5.3%
Henry	259,315	49,426	19.1%	2,294	0.9%	4.6%
Rockdale	97,610	22,763	23.3%	1,285	1.3%	5.6%
ARC Region	4,877,203	958,938	19.7%	58,374	1.2%	6.1%

(Source: Census Bureau's Population Estimates Program, 2024, CC-EST2023-ALLDATA 7/1/2024 population estimate)

## Housing:

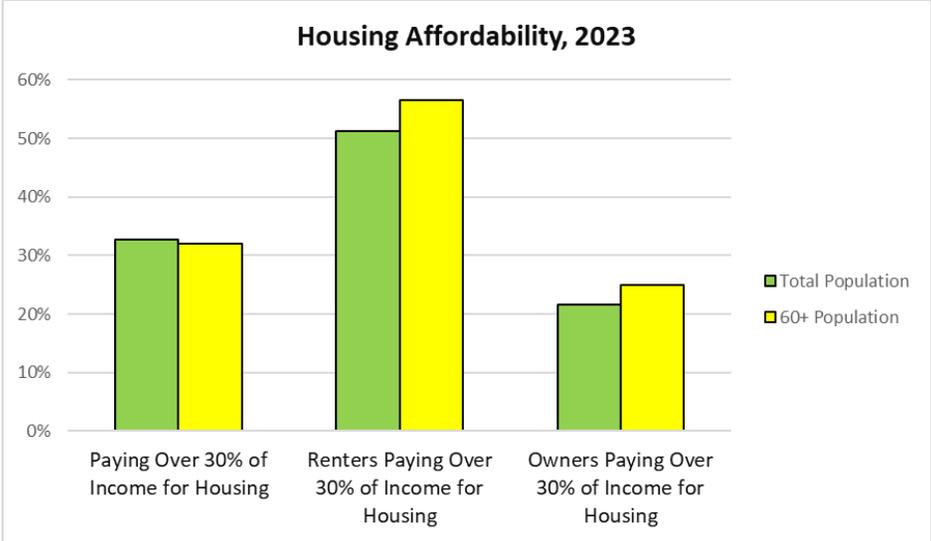
Housing continues to pose one of the most daunting challenges to older adults in the Atlanta Region. Most seniors want to stay in their communities and homes as long as possible. It is often inadequate or unaffordable housing that forces them to move.

- While the vast majority of older adults are homeowners, 22.5 percent of older adults are renters.
- The rate of homeownership varies by county. Cherokee County has the highest homeownership rates among their 60+ populations, at 87.3 percent. Fulton County has the lowest homeownership rate at 66.3 percent.
- Housing affordability is a particular problem for older adults. 32.0 percent of residents aged 60 and over pay more than 30 percent of their income for housing. This problem is particularly acute for older renters.

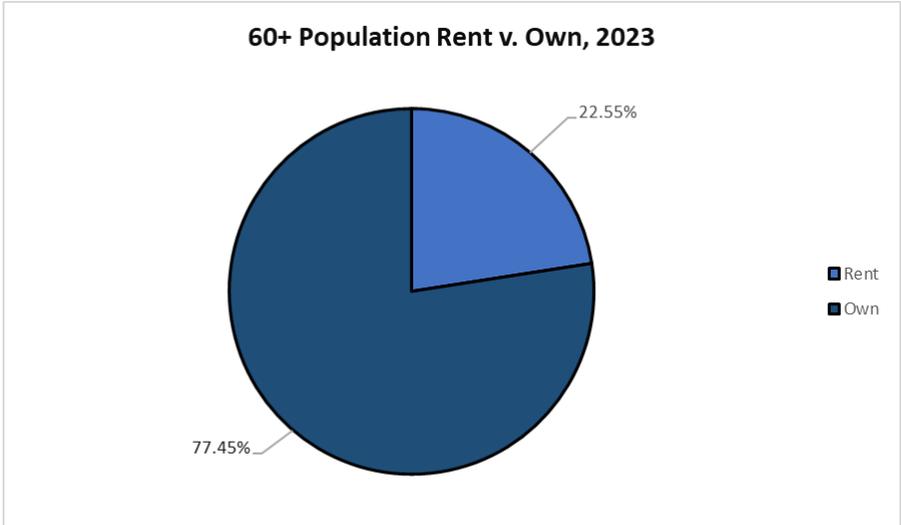
County	# of Housing Units Occupied by 60+	% 60+ Owner Occupied Housing Units	# of 60+ Owner Occupied Units
Cherokee	34,086	87.3%	29,757
Clayton	29,507	72.6%	21,422
Cobb	86,494	82.7%	71,531
DeKalb	86,969	76.4%	66,444
Douglas	14,609	84.6%	12,359
Fayette	18,257	86.8%	15,847
Fulton	122,546	66.3%	81,248
Gwinnett	84,477	82.7%	69,862
Henry	25,093	82.5%	20,702
Rockdale	12,179	74.8%	9,110
ARC Region	514,217	77.5%	398,282

(Source: American Community Survey, 2019-2023, 5-Year Estimates, S0102)

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



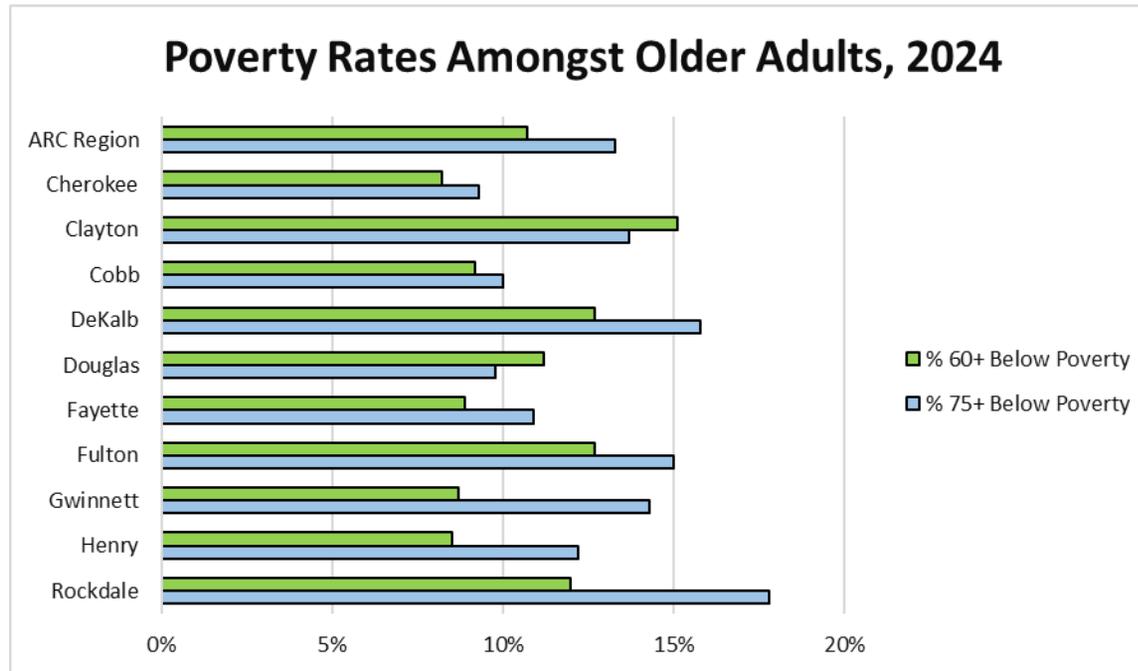
(Source: American Community Survey, 2019-2023, 5-Year Estimates, S0102)



(Source: American Community Survey, 2019-2023, 5-Year Estimates, S0102)

### Poverty:

10.7 percent of Atlantans over age 60 are living below poverty, and 13.3 percent of those over age 75 are living below poverty.



(Source: American Community Survey, 2024, 1-Year Estimates, S1701 and B17001)

### 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.

ARC utilizes five (5) different sources to provide information to inform organizational priorities. The feedback methods include a) resource requests to the Aging and Disability Resource Connection (ADRC), b) Public

Hearings, c) Direct Surveys, d) Community Engagement through Live Beyond Expectations (LBE), and e) Waiting Lists. The top five (5) priorities as indicated by voice of the clients are described below. The most requested inquiries via the ADRC are housing and transportation. Public Hearings priorities are housing (including needs for repairs/modifications, finding suitable housing, or affording housing/property taxes, transportation, safety/crime prevention, followed by a tie between communication and information and health services and community supports. Direct Survey priorities included housing (affordable), information and assistance about available services, and a three (3) way tie among transportation, walkability/ access to services, and financial resources. LBE received engagement, feedback priorities of housing, transportation, and community activities. The waitlist denotes clients awaiting funding for services. The highest numbers of individuals waiting for specific services are as follows: home delivered meals, in-home services (i.e., homemaker services, personal care assistance), and home modifications.

From these sources, we have identified the following top priorities:

**Housing** – ARC does not have direct funding to provide and/or develop housing or pay mortgages or rents. Housing is supported via the following initiatives:

1. Behavior Health Coaching helps to sustain affordable rental housing, eviction aversion, and mental health and substance abuse services. It is funded through Title III B and Community Based Services (CBS) – Home and Community Based Services (HCBS). Current clients include Mercy Care, Campbell Stone, and City of Atlanta.
2. Home Modifications support the ability of homeowners to remain in their home safely. ARC has a contract with HouseProud through the current notice of funding availability (NOFA). This initiative is funded through CBS-HCBS.
3. Money Follows the Person/Nursing Home Transitions assists individuals in finding or modifying homes in the community so that they can move out of a nursing home. Funding for this initiative is provided by Medicaid, HCBS, social services block grant (SSBG) and state Nursing Home Transitions funds.
4. The ADRC provides information about housing availability and supports and legal services. Fund sources include Title III B, Title III E, HCBS, SSBG, DCH, & Kaiser Permanente.

5. Live Beyond Expectations (census tract at great risk for low life expectancy) and Age-Friendly (AF) initiatives (fostering Livable Communities for the population) seek to impact policy changes and identification of housing resources. Funding sources include CBS-HCBS and SSBG.

**Transportation** –ARC provides funding for transportation through three (3) fund sources – Title III B, **SSBG-HCBS**, CBS- HCBS, and FTA 5310. Information regarding transportation resources is provided through the ADRC, Age-Friendly and Live Beyond Expectations initiatives, as well as e-PRO and Empowerline.org.

**Service Information** -- The ADRC provides information about available programs and services via Empowerline.org, outreach on social media, as well as volunteer outreach (CBS/HCBS). Fund sources for the ADRC includes **ADRC**, Title III E, Title III B, **CBS- HCBS**, SSBG, DCH, & Kaiser Permanente.

**Nutrition/Home Delivered Meals** – ARC provides home delivered meals (HDMs) through the following funding streams Title III C, **CBS-HCBS**, Nutrition Services Incentive Program (NSIP)- **State , NSIP ACL and NSIP SSBG supplemental** and Title III E . Medicaid also funds HDMs for those individuals who qualify for EDWP, which the ADRC provides intake and screening for.

**In-home services** -- Homemaker and personal care assistance services are funded through Title IIIB, CBS-HCBS, **Alzheimer's Program State**, and Title III E. Medicaid also funds in-home services for those individuals who qualify for EDWP , which the ADRC provides intake and screening for.

## **FY23 UPDATE LIVE BEYOND EXPECTATIONS**

ARC hosted or participated in community events within the 10-county metropolitan area based on the Live Beyond Expectations (LBE) regional strategic plan framework 2020 – 2025 to gather input from residents on their priority concerns for their community **who reside in low life expectancy census tracts/neighborhoods**. The strategic framework is designed to identify and address the inequities that create

disparities in life expectancy through meaningful community engagement with residents and community-based organizations, and ARC, together with regional, state, and national stakeholders, aim to bolster current partnerships, develop new relationships, and marshal existing and new resources to support a long-range vision that all who live in the Atlanta region can lead long and healthy lives, no matter where they live. **LBE place-based engagement is in addition to public hearing engagement and feedback for those older adults and caregivers with the greatest economic and greatest social need within the planning and service area (PSA).**

Overarching themes were consistent within the contiguous counties and census tracts: 1) affordable housing is a barrier to many individuals within lower socioeconomic areas and 2) transportation is also an obstacle. Table A-1 below shows the lowest life expectancy census tract in each county of the 10-county Atlanta region and Table A-2 shows when a community event was held for each county, followed by priorities identified in each county.

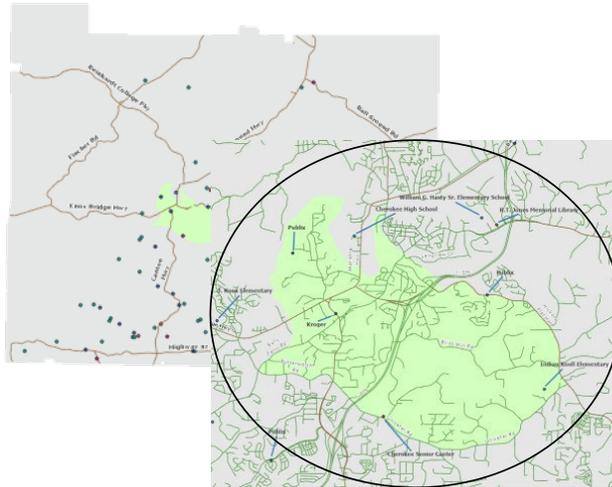
*Table A.1 – Lowest Life Expectancy Census Tract in Each County of the 10-County Atlanta Region*

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

**Table A-2. SFY 2023 Completed Community Engagement Events**

<b>County</b>	<b>Event</b>	<b>Date (&amp; Time)</b>
Cherokee	Food Distribution Event in LLE census tract with Must Ministries	January 26, 2023
Clayton	C&C Education Resource Class	November 12, 2022 (11am-1pm)
Cobb	Mable House Harvest Festival	October 8, 2022 (11am-4pm)
DeKalb	Fortitude Fitness Expo co-hosted by Delta Sigma Theta Sorority Alumnae and Commissioners Larry Johnson and Mereda Davis Johnson	April 29, 2023 (10 am-2 pm)
DeKalb	DeKalb County Human Services' Community Connect Day @ East Ponce Village	May 18, 2023
Douglas	Music and Arts on the Plaza Annual Festival in Douglasville	October 29th (10am-6:00pm)
Fayette	Co-Sponsored CORE Mobile Clinic w/ Mercer	November 28, 2022
Fulton	Neighborhood Associations/NPUs: Festival of Lights	October 8, 2022
Fulton	Boxed dinners, COVID vaccines, and Empowerline outreach at Good Samaritan Health Center	December 7, 2022
Gwinnett	Food Distros/Gwinnett Cares	November 15, 2022
Henry	Co-Sponsored CORE Mobile Clinic w/ Mercer	November 28, 2022
Henry	Health Fair and Lunch at Local Personal Care Home	February 28, 2023
Rockdale	4-H Night	November 17, 2022

## Cherokee Group Themes



Diverse community, specifically Latino population, is a plus  
 Traffic and generally lacking transportation infrastructure

- Streetlights, sidewalks, better highway exits would be good

Lack of communication between service providers

- A central location to distribute resources would be ideal

Better and more affordable broadband access

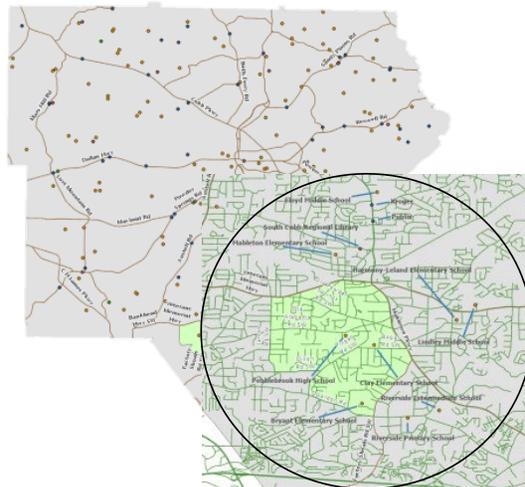
Education system is overloaded

- students and teachers are unwell mentally and physically

Bigger companies bringing jobs to Canton/Cherokee County

- Live, work, play "microcommunities"

## Cobb Group Themes



The neighborhood is safe and close to what they need

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

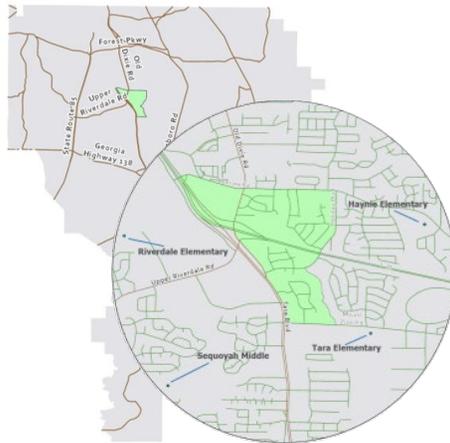
More public places for activities for adults and youth

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

Build culture around respecting the elderly and looking forward to aging

Increased transparency and representation in local government

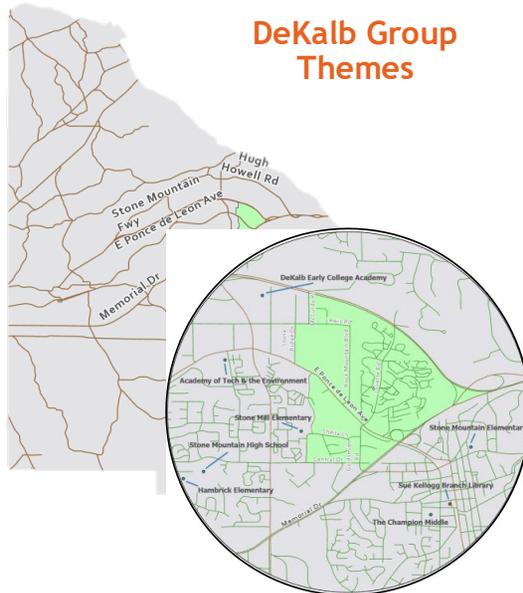
## Clayton Focus Group Results



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



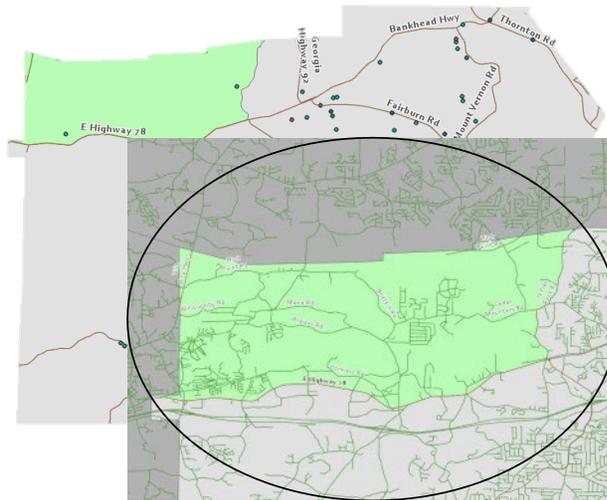
## DeKalb Group Themes



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



## Douglas Group Themes



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

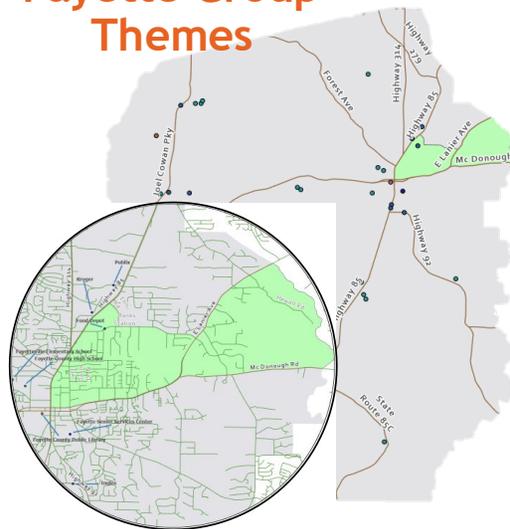
Growth (e.g., new stores) is not aligned with the needs of the community

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

Need low-cost dental and hearing care in the county

Want increased input in county/city decisions

## Fayette Group Themes



Great commercial development downtown

Lack of long-term planning for aging and growing population

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

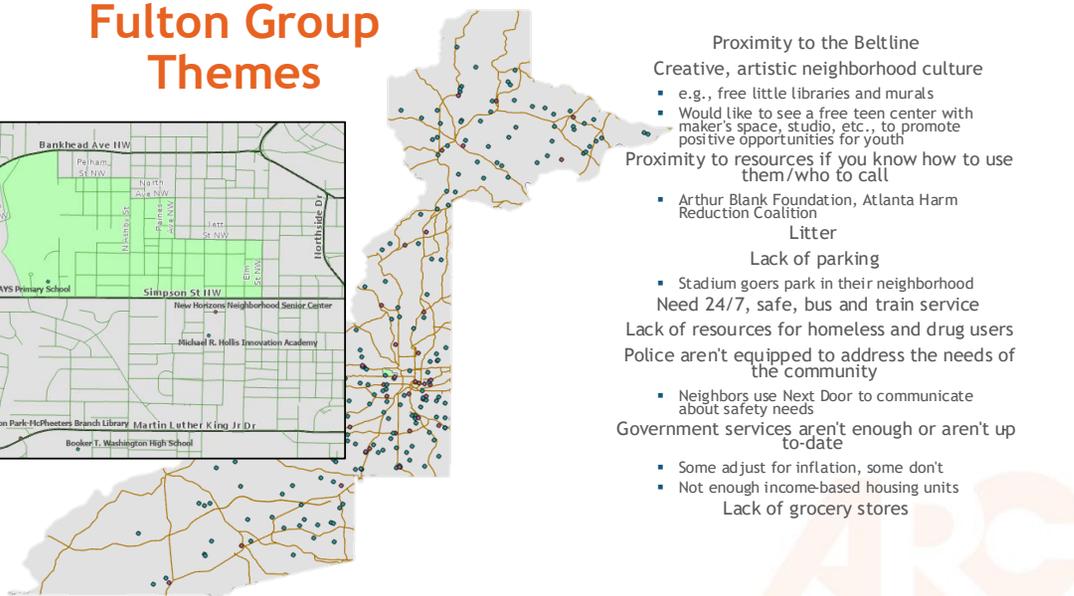
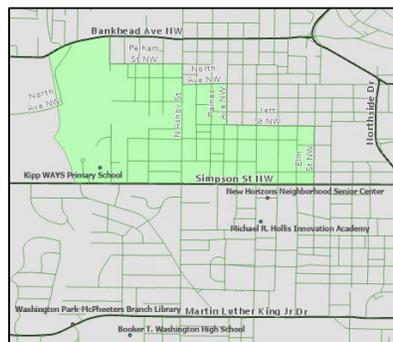
Shuttle, trolley, or bus system around Fayetteville

Lack of free or low-cost community spots

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

Resources for older adults who need help with home repairs

## Fulton Group Themes



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

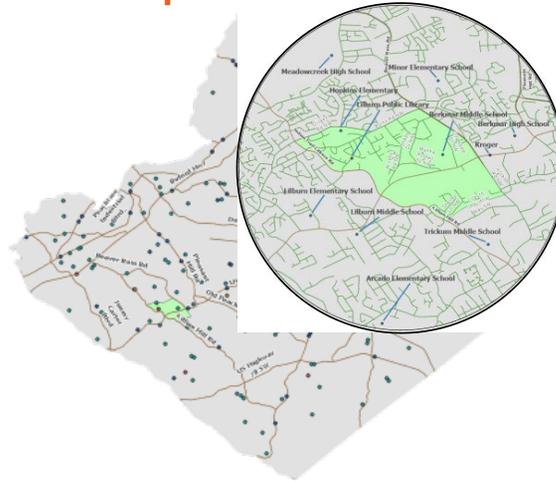


Note – A separate event was held in Fulton County in the 30318-census tract. On December 7, 2022, ARC co-hosted an event with the Good Samaritan Health Center located at 1015 Donald Lee Hollowell Parkway NW, Atlanta, Georgia, 30318. The event was hosted outdoors under the pavilion at Good Samaritan.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

25 people interacted with the voting tool ranging in ages from 19 to 65+, and most people provided written comments as well. The majority of attendees were male (more than 80%), predominantly African American (all except one white male), and many were currently experiencing homelessness. Six people received their COVID-19 booster during the event. In addition to providing valuable input from their lived experiences, several attendees also learned about Empowerline's resources and Good Samaritans' services of which they were

previously unaware. The free meals were a big draw to incentivize people walking past to stop by the event and provide their input, many who may have not attended otherwise.

## Gwinnett Focus Group Themes



Proximity to Atlanta

Great senior services activities

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

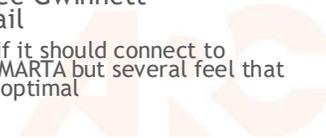
Want a path to homeownership or aging in place for long-term residents

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

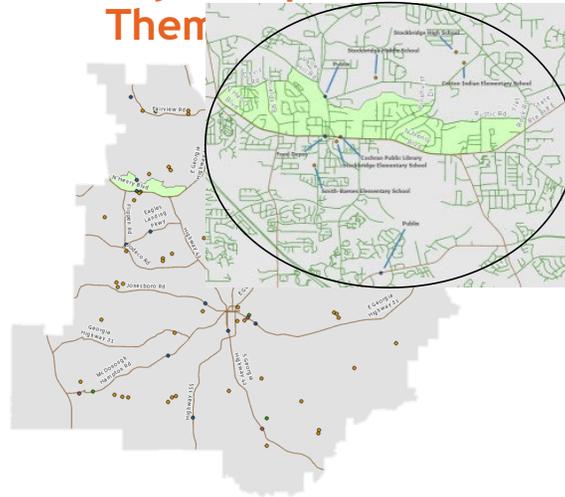
Lack of communication between homeowners and renters leads to both resenting the other group, but ultimately, they have similar interests

Would like to see Gwinnett County Light Rail

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



## Henry Group Themes



Diverse area, great for raising  
multiracial families  
Proximity to Atlanta without  
sacrificing benefits of rurality  
Sometimes older residents feel  
unsafe

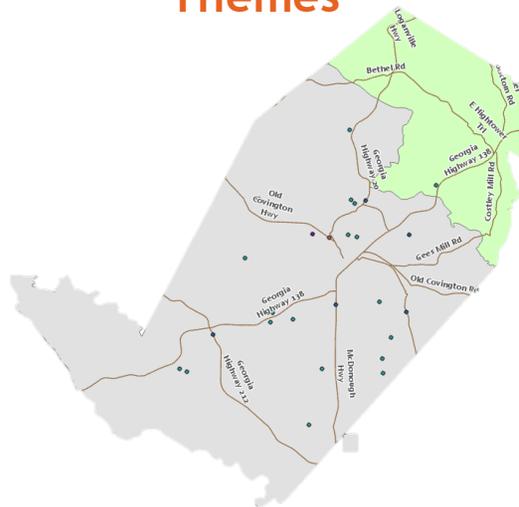
- Lack of activities for youth
- Lack of lighting
- Would like to see increased  
transparency in government
- "open door policy"

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

- Traffic on 138

Need affordable  
healthcare/housing/elder care

## Rockdale Group Themes



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

Small town mentality is a positive and negative

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

Zoning and development is incongruent with  
people's needs

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

Car dependent transportation + concentration  
of services in Conyers = traffic

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

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

Water and food quality is lacking

## Next Steps

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



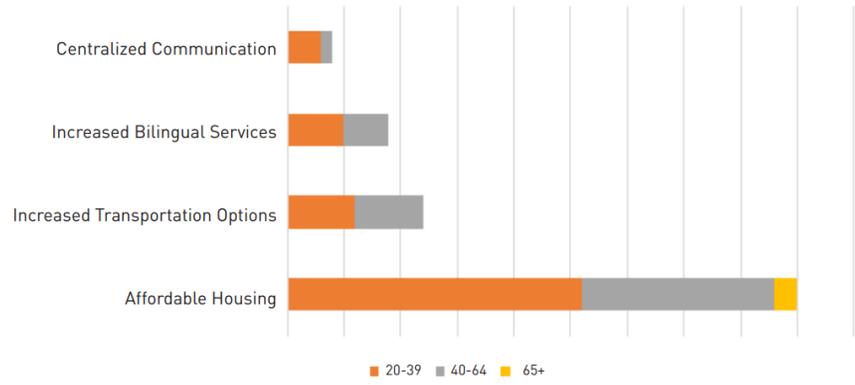
## FY 24 Update Live Beyond Expectations Community Engagement Results

Aging and Independence Services (A&IS) initially contracted with Orange Sparkle Ball (OSB) in FY 23 to devise a community engagement tool to be deployed in the 10-county geographic location that were identified as lower life expectancy (LLE), or within proximity to the LLE demographic. The goal of each public engagement activity was to solicit opinions on needs, barriers, opportunities, and successes to live a high quality of life in the focus area, seek to obtain understanding of community values and needs, and garner input and consensus on priorities to improve quality and length of life.

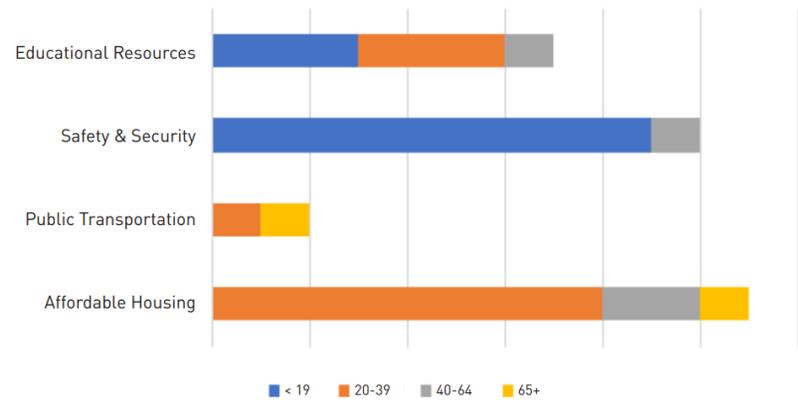
In order to complete a more extensive community engagement, ARC contracted again with OSB in FY 24 to undertake this by distilling the general themes of the focus group conversations into 5-7 top issues that residents were invited to prioritize by choosing one issue to vote for as most important to their quality of life. Notably, in all counties except Gwinnett County, due to the event at which ARC conducted engagement being a fast-paced drive-through food distribution, ARC collected this data based on age, allowing the team to distinguish top concerns between the general population and different age groups.

Overarching themes were consistent within the contiguous counties and census tracts: 1) affordable housing is a barrier to many individuals within lower socioeconomic areas and 2) lack of transportation options are also an obstacle, particularly to those who are unable to drive for a variety of reasons. Indicated below are the final voting results from broader community engagement for each county, including age distribution for each issue.

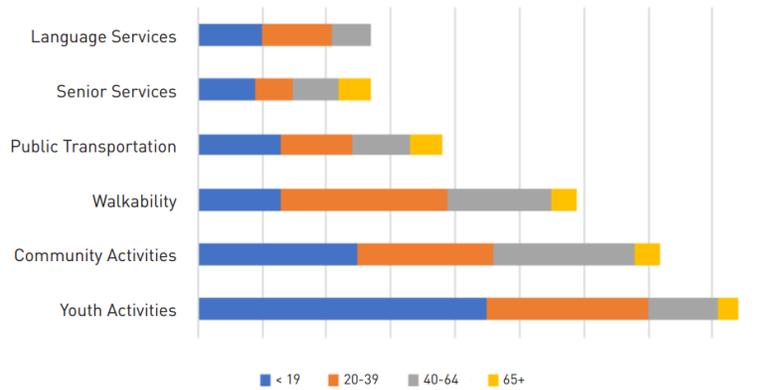
## Cherokee County Voting Results



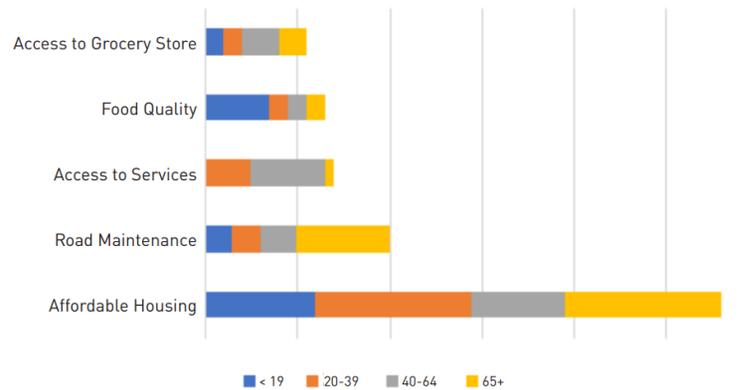
## Clayton County Voting Results



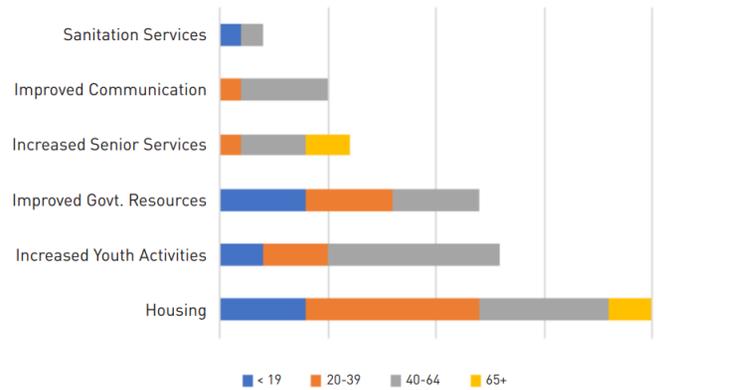
## Cobb County Voting Results



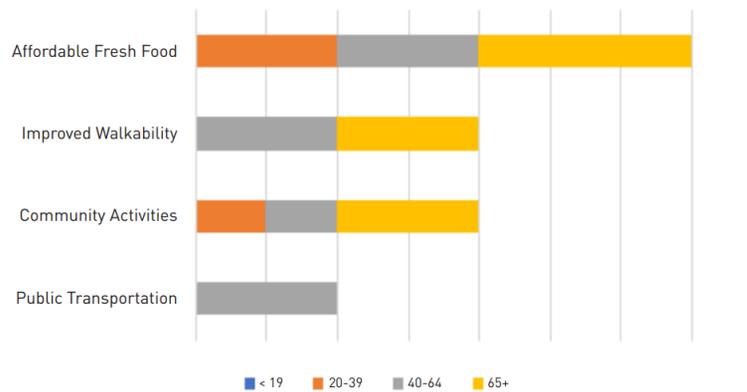
## DeKalb County Voting Results



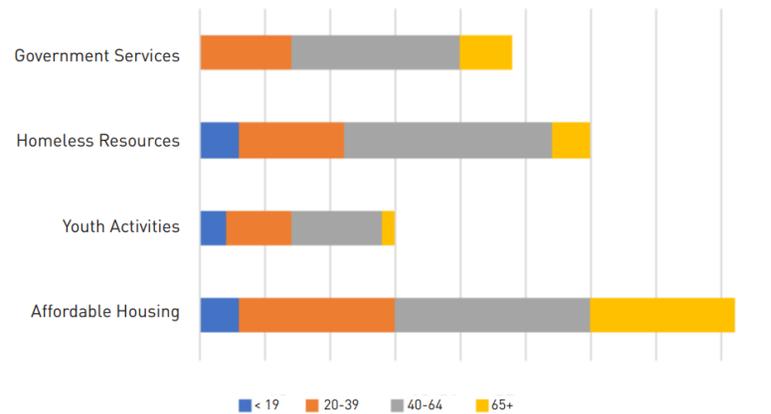
## Douglas County Voting Results



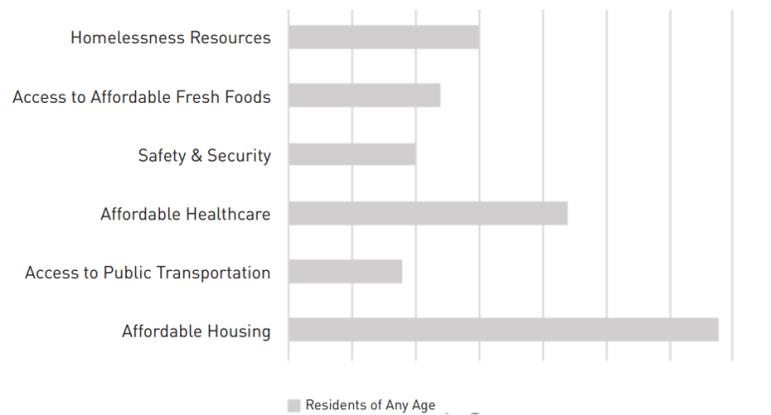
## Fayette County Voting Results



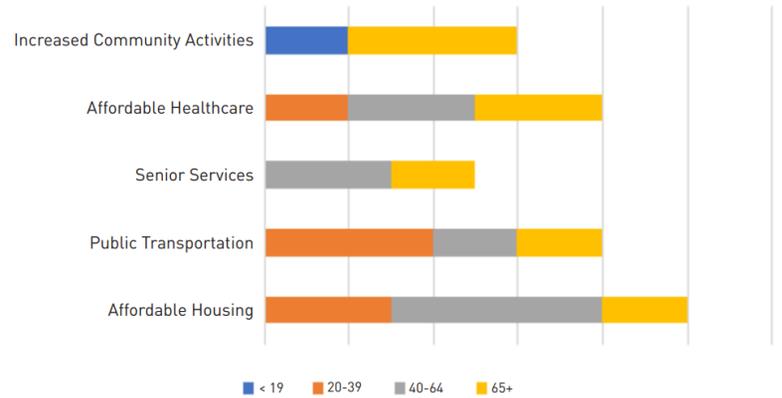
## Fulton County Voting Results



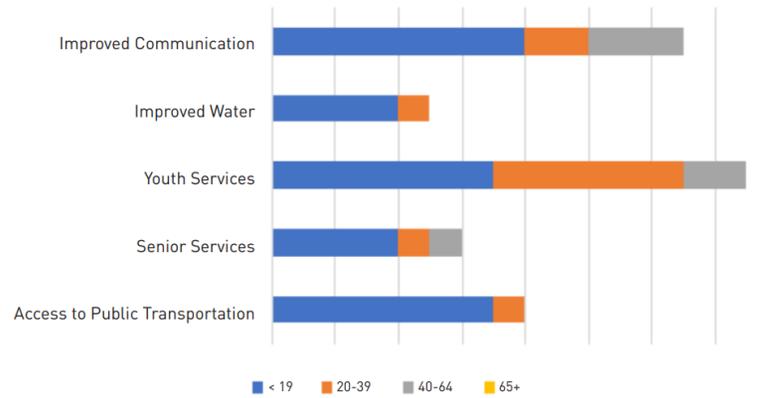
## Gwinnett County Voting Results



## Henry County Voting Results



## Rockdale County Voting Results



	<b>Cherokee</b>	<b>Clayton</b>	<b>Cobb</b>
<b>Top Issue</b>	Affordable Housing	Affordable Housing	Youth Activities
<b>Second Issue</b>	Increased Transportation Options	Safety*	Community Activities
<b>Third Issue**</b>			Walkability

	<b>DeKalb</b>	<b>Douglas</b>	<b>Fayette</b>	<b>Fulton</b>
<b>Top Issue</b>	Affordable Housing	Affordable Housing	Affordable Fresh Foods	Affordable Housing
<b>Second Issue</b>	Road Maintenance	Community Activities	Walkability	Homelessness Resources
<b>Third Issue**</b>			Community Programming	

	<b>Gwinnett</b>	<b>Henry</b>	<b>Rockdale</b>
<b>Top Issue</b>	Affordable Housing	Affordable Housing	Youth Activities
<b>Second Issue</b>	Affordable Healthcare	Increased Transportation	Increased Communication about Resources
<b>Third Issue**</b>		Affordable Healthcare	

*\*Those voting for safety in Clayton expressed that this was due to a lack of community spaces and programming for youth, so it's been coded alongside services*

*\*\*Third Issue only denoted if there was a tie or a very close count between the second and third issue*

After completing community engagement with residents of each LLE tract, ARC held listening sessions with stakeholders in each community. These groups included elected officials, county services departments, non-profit organizations, faith-based groups, and individual business and community leaders. Frequently, ARC worked with an existing collaborative for information-sharing. They presented their findings and asked questions of attendees to better understand potential strategies for each priority that arose. This allowed stakeholders in each community to provide additional context or solutions for the issues that were discussed while simultaneously allowing ARC to promote awareness of their findings and disparities. These meetings enhanced ARC's understandings of the issues facing older adults across the region while building external partners' capacity to address health disparities using qualitative and quantitative data on LLE tracts. Additional context for county top issues based on those meetings is shown below:

- Cherokee County service providers added extra information about the type of housing they were interested in. They suggested subsidized housing for seniors, changing zoning policy to allow accessory dwelling units (ADUs), and housing assistance for medically fragile people.
- Cobb community leaders linked transportation concerns to youth programming, discussing the potential of a more walkable area for allowing youth without access to a car to participate in activities outside of their neighborhood.
- DeKalb residents defined affordable housing measures they sought as rent control, better quality housing, and less stringent qualification requirements for renting.
- In extended conversations with Fayette leaders, ARC learned that issues of nutrition access and transportation problems in this neighborhood are often tied to a lack of resources for low-income residents due to the generally higher-income makeup of the rest of the county and Fayetteville.
- ARC held two Fulton events in the census tract. One of these had a large proportion of homeless people who attended, but housing and housing resources was strong across both events.
- Gwinnett residents defined affordable housing measures they sought as home repair assistance for renters, assistance for seniors on fixed incomes looking to stay in their homes, and some measures of rent control or "capping" housing costs for those on fixed incomes.
- Henry stakeholders stressed the need for moving from temporary, transitional housing like hotels to more permanent solutions. They shared many stories of employed adults living out of motels and cars due to the lack of affordable options in the county.

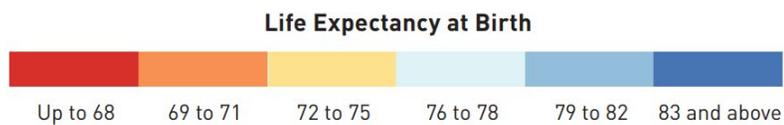
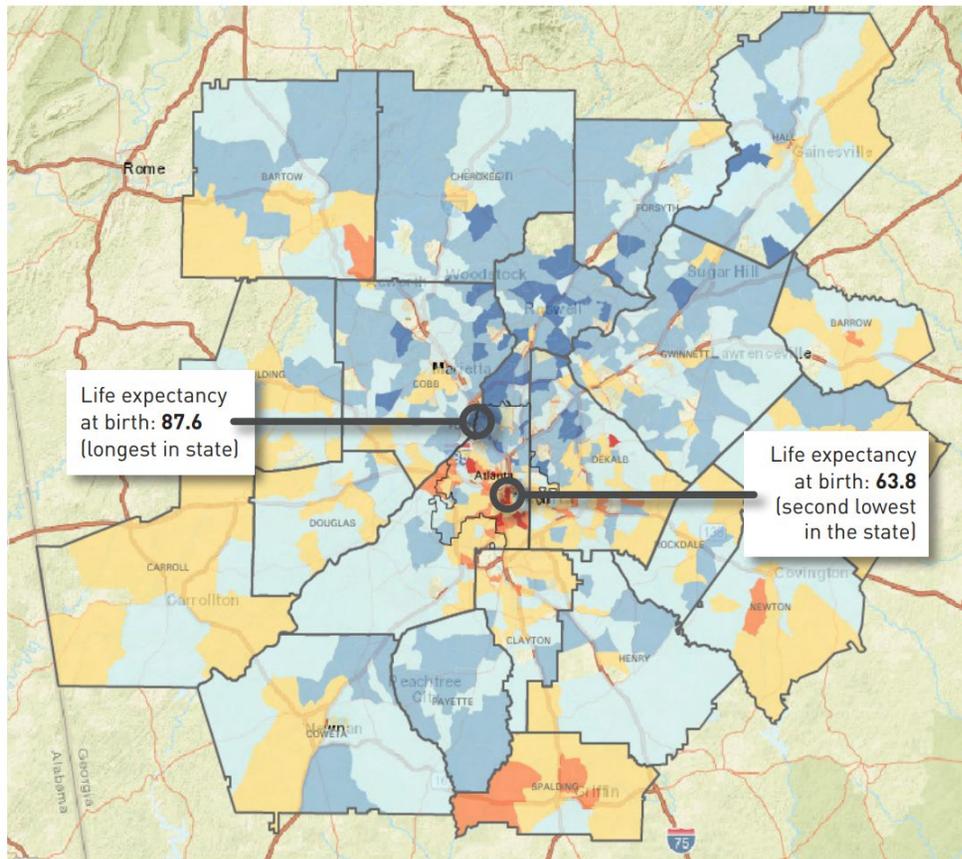
## Live Beyond Expectations Strategic Plan FY25 Update

In **calendar** year 2024, ARC built on previous community engagement to sponsor a variety of programs and pilot projects in low life expectancy communities across the region. Each funded project targeted social determinants of health. These included but were not limited to senior events during Older Americans Month, food distributions, transportation vouchers for adults living with AIDS, mobile health clinics, orchard planting, and community resource events. ARC staff worked with senior services, housing authorities, faith-based groups, and non-profits to identify interventions that would target social determinants of health for people living in areas experiencing health disparities.

To continue to raise awareness of disparities and strengthen available resources to partners, Aging & Independence Services, Research & Analytics, and the Office of External Affairs staff updated the Regional Housing Policy Briefs and published them on the A&IS website. These were also shared with Advisory Committee on Aging members, elected officials in low life expectancy communities, and senior services partners in each county. Staff working in community development also linked Aging policy briefs to broader initiatives such as the Metro Atlanta Housing Strategy, boosting aging & disability in housing discourse across the region.

In the next year, A&IS staff will begin the process of renewing this regional plan for **2026-2031** to help guide future strategic initiatives. ARC intends to continue to draw on a place-based health equity framework and work in collaboration with aging services & healthcare providers as well as community organizations, residents, and elected officials.

**Image: Map of Life Expectancy Disparities by Census Tract in Atlanta Region**



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

Image: Screenshot of ARC's Senior Homeownership Challenges Policy Brief

## ARC Senior Homeownership Challenges

July 2024

More than one in four (25.7%) metro Atlanta homeowners age 65+ pay more than 30% of their household income on housing<sup>1</sup>. Housing is considered affordable if a person pays no more than 30% of their income on housing costs. This is termed as being housing cost burdened.

Existing homeowners may need assistance to remain in their homes as they age. Increasing the supply of housing options could help homeowners who wish to downsize.

### BACKGROUND

**The population of older adults in metro Atlanta is sizable and rising fast.** 12.4% of metro residents are age 65 or older<sup>2</sup>, a figure that is expected to reach 22.0% by 2050<sup>3</sup>.

**1.3 million**

The 65+ population in metro Atlanta is forecast to reach 1.3 million by 2050<sup>3</sup>.

**The vast majority of older adults in metro Atlanta own their own home.** In fact, older persons in metro Atlanta are more likely to own their own home compared to people under age 65.

**77.3%**

In metro Atlanta, 77.3% of householders 65 or older own their home<sup>2</sup>. Among those under 65, just 58.5%<sup>7</sup> own.

**The cost of maintaining a home can be prohibitive, especially for low-income older adults who own older homes** that require more upkeep. Financial stresses can increase with age due to limited retirement savings, fixed income, or reliance on modest Social Security income.

**1 in 4**

About 24.3% of metro Atlanta residents are considered low income and have an annual income less than two-times the poverty level<sup>5</sup> (\$27,180 if living alone or \$29,656 for two people<sup>6</sup>).

**Housing needs change over the course of a lifetime.**

Costs to retrofit a home can vary, whether it's installing better lighting or building a ramp. On average, older adult homeowners in Metro Atlanta spend over \$783.90<sup>4</sup> per year of their already limited income on routine home maintenance costs.

**4.5%**

Only 4.5% of home improvement activities were for the purpose of increasing accessibility for older adults or people with disabilities<sup>4</sup>.

<sup>1</sup> Source: 2018-2022 American Community Survey 5-Year Estimates, B25093

<sup>2</sup> Source: 2018-2022 American Community Survey 5-Year Estimates, S0103

<sup>3</sup> Source: ARC Series 17 Forecast

<sup>4</sup> Source: 2021 American Housing Survey, Atlanta-Sandy Springs-Roswell, GA MSA, Home Improvement Characteristics, Owner-occupied Units

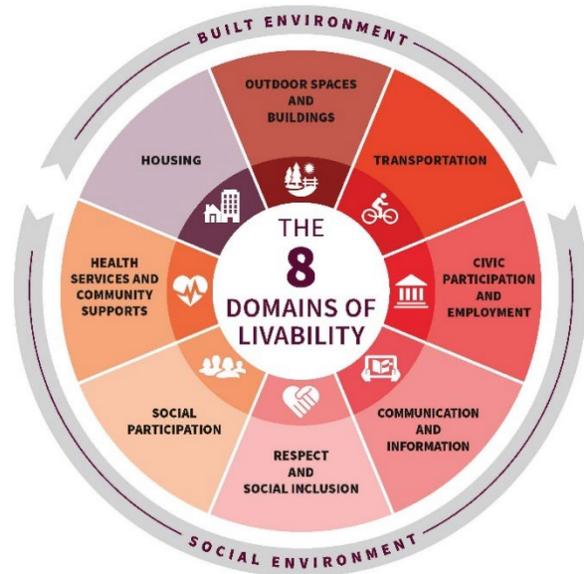
<sup>5</sup> Source: 2018-2022 American Community Survey 5-Year Estimates, C27016

<sup>6</sup> Source: 200% Federal Poverty Guidelines, 2022

<sup>7</sup> Source: 2018-2022 American Community Survey 5-Year Estimates, S2502

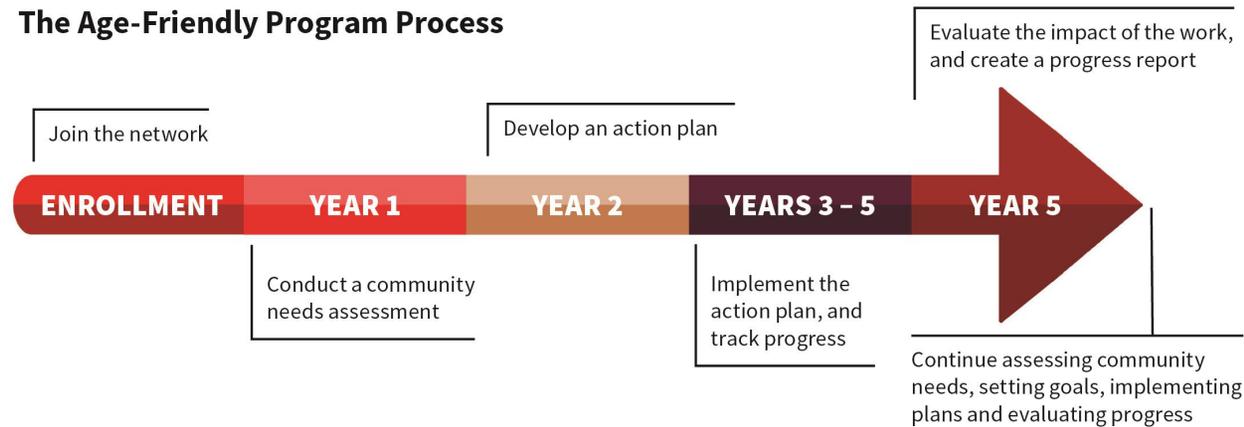
## AARP Age-Friendly Region FY25 Update

In June 2024, ARC enhanced its commitment to creating lifelong communities, being designated by AARP as an Age-Friendly Region. Central to the Age-Friendly program are the 8 Domains of Livability, a framework that identifies key areas for improvement, including: transportation, housing, outdoor spaces, social participation, respect and social inclusion, civic participation, communication, and health and community services. Membership in the program offers opportunities for ARC to expand existing work in these areas through extensive networking supports and a robust library of resources.



In becoming an Age-Friendly region, ARC commits to a cycle of continuous improvement. Over the next five years, ARC will conduct a community needs assessment, develop an action plan, implement the action plan, track progress, create ongoing annual progress reports, and continue to assess community needs.

## The Age-Friendly Program Process



A&IS has recruited an interdepartmental coalition of experts dedicated to this work, Age-Friendly ARC, who have attended webinars and engaged with the Age-Friendly portal to inform planning and strategizing efforts. A&IS will roll the program out to external partners and begin conducting community needs assessments in Q1 2025.

### **FY 26**

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

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

In Accordance with the instructions for the State Fiscal Year 2025-2028 instructions, the Atlanta Reginal Commission Aging and Independence Service Department hosted a public meeting, and a direct service provided hearing on **December 17, 2025**, to gain feedback and input regarding programs and services and community needs, gaps, and disparities. The agenda and minutes from the meetings are indicated below. **The Regional Plan will be submitted to AARP Q2 of 2026.**



**Area Plan Public Hearing**  
 Gwinnett Community Services Health Human Services  
 3025 Bethany Church Road, Snellville, GA 30039

Wednesday, December 17, 2025  
 1:30pm

**Agenda**

- Welcome Becky Kurtz – 5 minutes  
Senior Managing Director, AAA Director
- Purpose of Public Hearing and Area Plan Sharise Byrd – 5 minutes  
Program Administrator
- Review A&IS Annual Report Sharise Byrd – 10 minutes  
Program Administrator
- Area Plan SFY 2025-2028 Survey Results Sharise Byrd – 10 minutes  
Program Administrator
- Public Comment Public Hearing Participants
  - Verbal: Speak up to 3 minutes
  - Timekeeper
- Conclusion/Ways to Engage in Future with AAA and Empowerline Sharise Byrd - 5 mins  
Program Administrator
- Closing Remarks Becky Kurtz – 5 minutes  
Senior Managing Director, AAA Director

229 Peachtree Street NE | Suite 100 | Atlanta, GA 30303  
 atlantaregional.org



**Direct Services Public Hearing**  
 Gwinnett Community Services Health Human Services  
 3025 Bethany Church Road, Snellville, GA 30039

Wednesday, December 17, 2025  
 2:30pm

**Agenda**

- Welcome Becky Kurtz – 5 minutes  
Senior Managing Director, AAA Director
- Purpose of Public Hearing and Area Plan Sharise Byrd – 5 minutes  
Program Administrator
- Review A&IS Annual Report Sharise Byrd – 10 minutes  
Program Administrator
- Area Plan SFY 2025-2028 Survey Results Sharise Byrd – 10 minutes  
Program Administrator
- Public Comment Public Hearing Participants
  - Verbal: Speak up to 3 minutes
  - Timekeeper
- Conclusion/Ways to Engage in Future with AAA and Empowerline Sharise Byrd - 5 mins  
Program Administrator
- Closing Remarks Becky Kurtz – 5 minutes  
Senior Managing Director, AAA Director

229 Peachtree Street NE | Suite 100 | Atlanta, GA 30303  
 atlantaregional.org



## Atlanta Regional Commission

### Vision

ONE **great** REGION

### Mission

*Foster thriving communities for all within the Atlanta region through collaborative, data-informed planning and investments.*

### Values

**Excellence** | **Integrity** | **Equity**

### Goals



**Healthy, safe, livable communities** in the Atlanta Metro area.



**Strategic investments** in people, infrastructure, mobility, and preserving natural resources.



Regional services delivered with **operational excellence** and **efficiency**.



**Diverse stakeholders engage** and take a regional approach to solve local issues.



**A competitive economy** that is inclusive, innovative, and resilient.



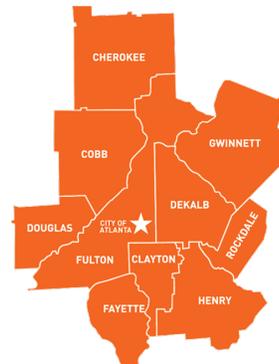


# Atlanta Regional Commission



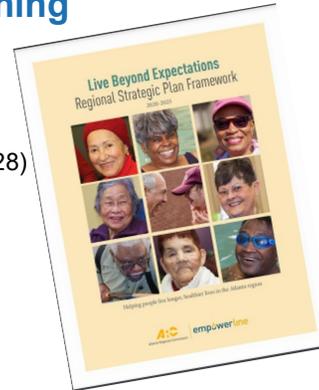
## Purpose of the Area Agency on Aging & Area Plan

- Required of all area agencies on aging (AAA) by:
  - Federal Older Americans Act and
  - Georgia Division of Aging Services (DAS)
- 4-year plan for delivery of aging services in 10-county coverage area
  - Annually update funding and metrics
- Approval of plan/updates by DAS enables ARC to:
  - Continue our role as AAA for metro Atlanta
  - Receive federal and state grants for aging services
    - Funds are distributed according to statewide formula



## 1. Regional Planning

- “Live Beyond Expectations” (2020-2025)
  - Addressing disparities in life expectancy
- Area Plan on Aging (State Fiscal Years 2025-2028)
  - Plan aging services with state and federal grant funds
  - State priorities:
    - Provide long-term services and supports
    - Ensure consumer access to information
    - Strengthen the aging network
    - Improve quality in provision of long-term services and supports
- Coordination with other ARC planning work



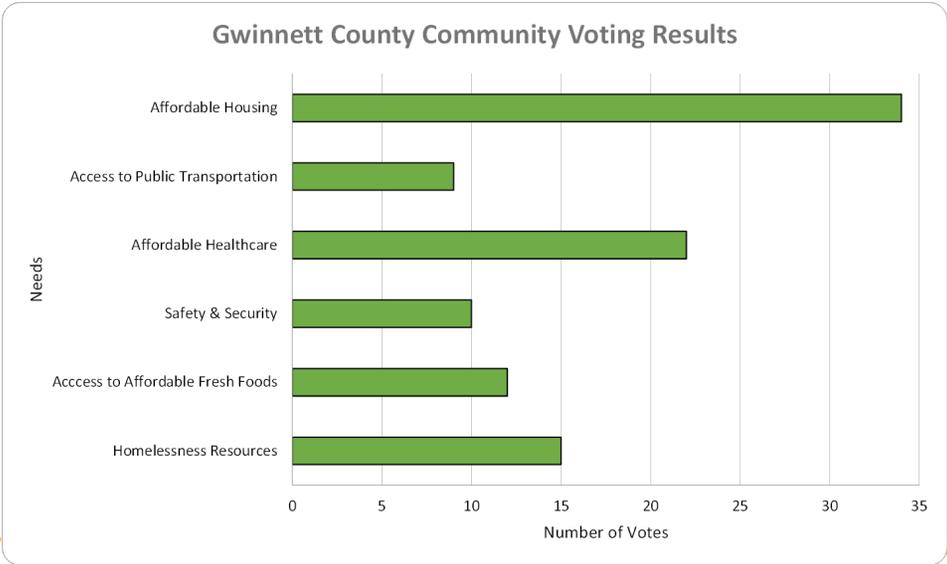
## Planning

- “Live Beyond Expectations” Regional Strategic Plan
  - Focus on decreasing life expectancy disparities within counties
- Area Plan on Aging (SFY 2025-2028)
  - State Division of Aging Services goals:
    1. Provide community-based long-term services and supports
    2. Ensure access to accurate, reliable information about resources
    3. Strengthen aging network (includes AAAs establishing healthcare partnerships)
    4. Utilize continuous quality improvement principles for efficient, effective operations
- Age-Friendly Region (designated June 2024)
  - Working across ARC departments to plan for our communities to be “age -friendly” for all ages
- Coordination with other ARC planning efforts



## Lowest Life Expectancy Tracts

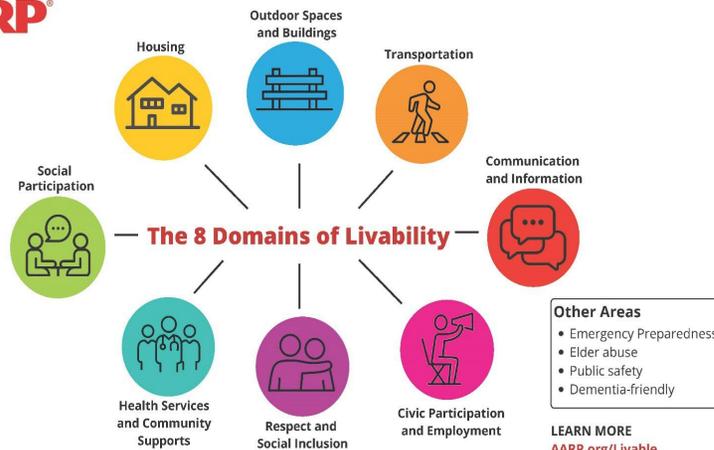
County Name	Census Tract	ZIP Code(s)	Neighborhood/ Area Name	Life Expectancy
Cherokee	13057090601	30115, 30114	Phillip Landrum Memorial Highway & Hickory Flat Highway	75.6
Clayton	13063040414	30297, 30236	Old Dixie Way/Holiday Hills	71.4
Cobb	13067031308	30126, 30168	Veterans Memorial Highway/ Mableton Parkway	73.2
DeKalb	13089021913	30083, 30087	Stone Mill Run	68.4
Douglas	13097080404	30180, 30187, 30134	Veterans Memorial Highway & Brewer Road	72.5
Fayette	13113140406	30214, 30238	Wellington Manor	77.3
Fulton	13121002300	30314, 30318	Bankhead/English Avenue	63.6
Gwinnett	13135050435	30047	Beaver Ruin Road & Lawrenceville Highway	73.7
Henry	13151070113	30281	Cochran Park	72.1
Rockdale	13247060102	30012, 30013, 30052, 30039	Hi Roc Shores	75.6



## Top Concerns Across the Region



9



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## 2. Policy Advocacy

Examples:

- ▮ Lifelong Communities
- ▮ Housing
- ▮ Transportation
- ▮ Home and community-based services
- ▮ Social isolation
- ▮ Caregiving



### Public Policy Advocacy – An OAA Mandate of AAAs

- ▮ Expanding service capacity
  - federal and state appropriations
- ▮ OAA Reauthorization
  - 5 years
- ▮ Comments on state and federal regulations
- ▮ Coalition of Advocates for Georgia's Elderly (CO-AGE)
- ▮ ACA Engagement in Advocacy



### 3. Partnerships

ARC grants to:

- 10 county-based agencies
- 5 non-profit regional/specialized providers

Examples of services:

- In-home services (e.g., personal care, home delivered meals)
- Senior center services (e.g., congregate meals, transportation, recreation)
- Caregiver supports
- Legal services



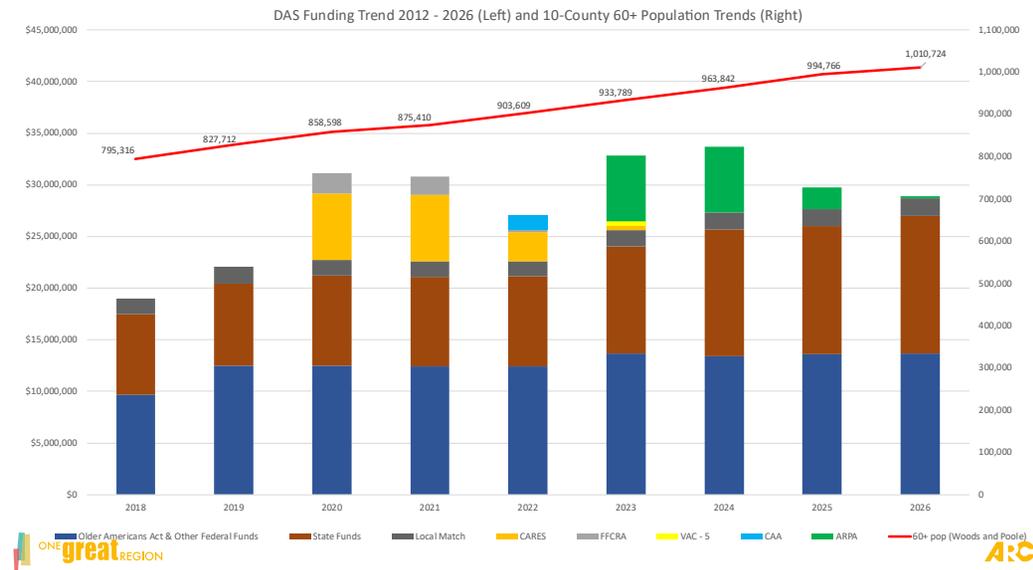
## FY 2025 – 2028 Plan Requirements

Georgia Division of Aging Services requires all Georgia AAAs to:

- Provide long-term services and supports
- Ensure consumer access to information
- Strengthen the aging network
- Improve quality in provision of long-term services and supports



5 Feedback Sources in FY 26 Update: Top Identified Needs	
Aging & Disability Resource Connection (ADRC) – most frequent information request topics	<ul style="list-style-type: none"> <li>▪ Housing</li> <li>▪ Transportation services</li> </ul>
Public Hearing (October 29, 2024)	<ul style="list-style-type: none"> <li>• Housing (including needs for repairs/modifications, finding suitable housing, or affording housing/property taxes)</li> <li>• Transportation</li> <li>• Safety/Crime Prevention</li> <li>• 2-way tie between Communication and Information and Health Services and Community Supports.</li> </ul>
Surveys	<ul style="list-style-type: none"> <li>• Housing (affordable)</li> <li>• Information and Assistance about available services</li> <li>• 3-way tie among Transportation, Walkability/Access to Services, and Financial Resources.</li> </ul>
Community Engagement via Live Beyond Expectations (focus groups and voting at public events)	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Transportation</li> <li>• Community Activities</li> </ul>
Unmet Demand for non-Medicaid HCBS (Waiting Lists)	<ul style="list-style-type: none"> <li>• Home Delivered Meals</li> <li>• In-Home Services</li> <li>• Home Modifications</li> </ul>



## FY 2025-2026 Grantees

### Single County Providers

- Cherokee County
- Clayton County
- Cobb County
- DeKalb County
- Douglas County
- Fayette Senior Services
- Fulton County
- Gwinnett County
- Henry County
- Rockdale County

### Multi County / Regional Providers

- Atlanta Legal Aid Society
- Innovative Solutions for Disadvantage and Disability
- Latin American Association
- HouseProud Atlanta
- Meals on Wheels Atlanta
- Peachtree Christian Health



## Empowerline & Atlanta's ADRC

- Information & Referral Assistance
- Intake & Screening
  - Older American's Act (OAA) Services
  - Elderly & Disabled Waiver Program
- Assistive Technology
- Caregiver Services
  - BRI Care Consultation
  - Trualta
- EmpowerlinePro



## Continued Services to be Funded by ARC

### Single County

- Case Management
- Home Delivered Meals
- Congregate Meals
- Homemaker Service
- Personal Care Services
- Caregiver Services (Respite)
- Senior Recreation
- Transportation
- Consumer-Directed Services
- Kinship Care



### Across Multiple Counties

- Culturally Appropriate Information and Referral
- Respite Vouchers
- Elderly Legal Assistance Program
- Kinship Care
- Home Modifications/Repairs



## Services Directly Provided

- ▮ Aging and Disability Resource Connection (ADRC)
- ▮ Volunteer Management
  - Telephone reassurance (One2One)
- ▮ BRI\* Care Consultation (for care partners)
- ▮ Nursing Home Transition
- ▮ Wellness
  - Evidence-based wellness education classes
  - Senior farmers' markets coordination
- ▮ Support Options/Consumer Direction
- ▮ Material Aid (e.g., utility assistance, grocery boxes)
- ▮ Assisted technology

\*BRI = Benjamin Rose Institute



## Notice of Funding Availability

- ▮ Applications for 2 services as required by State:
  - Telephone Reassurance
  - Evidence-Based Health Promotion Programs
- ▮ ARC staff currently provides these services
- ▮ ARC to submit applications to continue providing both services directly
- ▮ Review of applications by a non-ARC committee





Atlanta Regional Commission's Aging & Independence Services Department cordially invites you to attend a public hearing regarding the **Area Plan on Aging** provided in the 10-county region.

Wednesday, December 17, 2025  
1:30PM - 2:30PM

**[Register Now!](#)**

Gwinnett Community Services | Health & Human Services  
3025 Bethany Church Road, Snellville, GA 30039

**[GwinnettOneStop.com](http://GwinnettOneStop.com)**

Please provide your feedback by completing a survey at [this link](#) or scan the QR code.



If you have questions, please contact Sharise Byrd at 404.967.2970.

**empowerline**



SFY25-26 Area Plan on Aging



Atlanta Regional Commission's Aging & Independence Services Department cordially invites you to attend a public hearing regarding the **Direct Services Public Hearing** provided in the 10-county region.

Wednesday, December 17, 2025  
2:30PM - 3:30PM

**[Register Now!](#)**

Gwinnett Community Services | Health & Human Services  
3025 Bethany Church Road, Snellville, GA 30039

**[GwinnettOneStop.com](http://GwinnettOneStop.com)**

Please provide your feedback by completing a survey at [this link](#) or scan the QR code.



If you have questions, please contact Sharise Byrd at 404.967.2970.

**empowerline**



SFY25-26 Area Plan on Aging



**Area Plan Public Hearing Public Comment Minutes**  
**Wednesday, December 17<sup>th</sup>, 2025**  
**1:30pm – 2:30pm**

- Latashia Prince introduced herself as someone who works in direct services- specifically home care services owner. She commented on her firsthand experience with seeing large gaps within her community of older adults not getting the services they need or even understanding what services are out there and available to them. She explained that in Fulton County it can be hard for older adults to attend events and that most are not internet savvy. Ms. Prince wants to increase the public's awareness of what services are out there and stated most seniors are not aware about Empowerline. This is important for the older adults in her community. She expressed wanting to expand her knowledge of what is out there too. She explained that since her team visits these older adults in their home, their staff is viewed as a trusted source of information for older adults. How can we better connect the proper information with the older adult and the service providers who want to learn more?
- Becky Kurtz explained that the ARC can provide the information to direct services. She explained that older adults who need services fall into three different buckets:
  1. Private Pay Bucket- people who can afford services and only need to be connected with them
  2. Qualified Medicaid Bucket- Elderly Disabled Waiver Program (EDWP) - Case management services
  3. Do not qualify for Medicaid and need help paying for needed service- this is where grant funds come into play – Older Americans Act (OAA)
- ACA's member, Ms. Gibson asked how can we augment the funds and request an increase for the people who fall into bucket three, especially for people who fall into the structured family caregiving group?
- Becky Kurtz explained the importance of requesting more funds by reaching out to your representatives at all levels- federal, state, and county. If too many people are on the waitlists, we need to request expansion of our OAA funds, request more state funding, and work on increasing advocacy at the local levels. Structured Family Caregiving is under Medicaid funded CCSP. ARC does not set those policies but does help navigate people to that information- it is a state issue. Georgia is a state that does not pay spouses for their caregiving services.
- Morgan from WeCare Homecare Agency made a concurring comment stating that it is hard to reach the community. Her clients know a lot of the information, but she sees gaps in how to reach the other older adults in her community; many are not internet savvy. "Seniors don't want to be grouped as seniors." It is hard to find ways to connect.
- Becky Kurtz agrees with the ageist mentality of our society. Older adults do not want to be labeled as old or needing help.
- Nicole works in Cherokee County Senior Services as a Client Needs Specialists who handles a lot of the cold calls. In her county she sees a lot of residents in the third bucket. They are stuck on a waitlist. Their county only has one non-profit called Stand Up For Seniors who can help fill in the gaps, but it is not enough. They have a lot of older adults who need transportation help getting to various appointments. Cherokee has one part-time transportation provider. She gets a lot of calls asking for transportation assistance and would like more support here.

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- Alexis Prior from Gwinnett County used to oversee case management and witnessed that when the older adults did receive the information, there was another hurdle of understanding which number or department to call for which service. In-home services cannot cover everything. Transportation services is also a huge need in Gwinnett. How do we get the support and information to the non-active older adults?
- Carrie works for Gwinnett County. She is very proud of the One-Stop For Help program that Gwinnett offers to help connect people with services. Suggests that the ARC takes a deeper dive into what each county truly offers so they can pass it along to the county residents who are calling Empowerline.
- Sharise Byrd- Discussion Question - If money wasn't an issue, how would we further the knowledge of Empowerline?
  - Alex from Gwinnett County- focus on public outreach
  - Gibson- take a look at the low hanging fruit. Educate the community on the most common issues/questions.
  - Prince – reach the older adults where they are at- put more resources in places they frequent such as libraries.
  - Carrie- grocery stores, theaters, places that they visit during the day. Requests printing more ARC information cards.
  - Nicole- wanting to spread access to homebound residents with more printed literature.
  - Alexis Prior- We are all aging until we age- providing the information and education to the people before they need the services. Can we get ahead of it? Can we start the education regarding these topics sooner? Ex: Reaching the demographics who have newly retired.
  - Prince- From a provider's standpoint how do we become more educated?
- ACA Member, Xavier Kim- Is passionate about breaking down the language and cultural barriers to allow all older adults to be allowed to express themselves clearly. It is important that everyone feels listened to and valued. Many Asians are unaware of the services the AAA/ARC provides.
- Alex- sees the value in more "train the trainer" from ARC, asking about more volunteer help.
- Jessica- How can we encourage more neighborly connections? Our society has shifted away from face-to-face connections. What is your relationship with your neighbors? Is there a way to build genuine connections of getting to know your neighbor? This grassroots approach can help neighbors in need.

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**Direct Services Hearing Public Comment Minutes**  
**Wednesday, December 17<sup>th</sup>, 2025**  
**2:30pm**

An overview of Direct Services was discussed with attendees.

### Services Directly Provided

# Aging and Disability Resource Connection (ADRC)	# Volunteer Management
# BRI* Care Consultation (for care partners)	• Telephone reassurance (One2One)
# Nursing Home Transition	# Wellness
# Support Options/Consumer Direction	• Evidence-based wellness education classes
# Material Aid (e.g., utility assistance, grocery boxes)	• Senior farmers' markets coordination
# Assisted technology	

\*BRI - Benjamin Rose Institute

A:C

### Notice of Funding Availability

- # Applications for 2 services as required by State:
  - Telephone Reassurance
  - Evidence-Based Health Promotion Programs

# ARC staff currently provides these services

# ARC to submit applications to continue providing both services directly

# Review of applications by a non-ARC committee



A:C 23

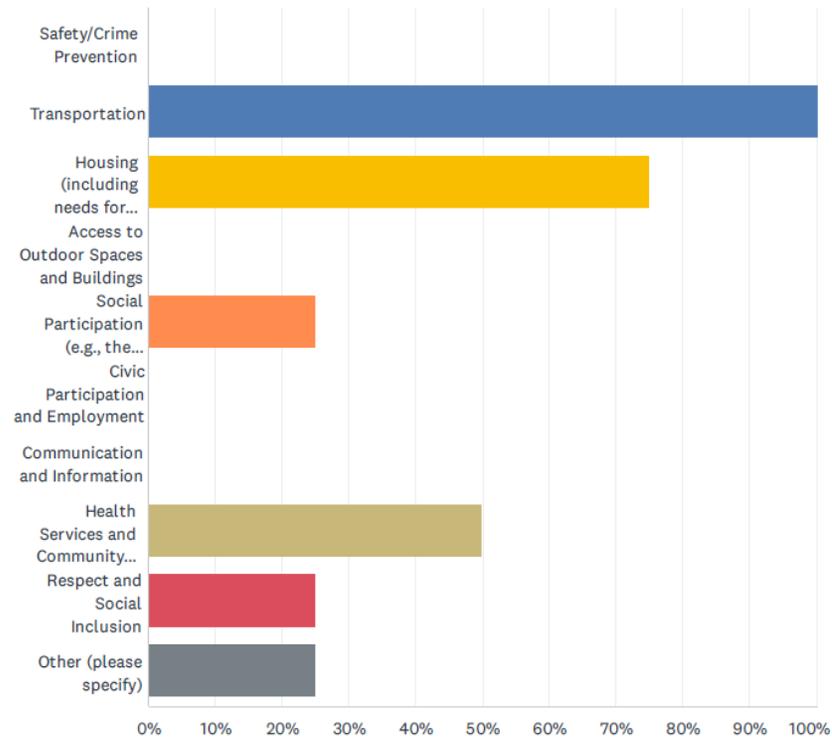
Attendees were given the opportunity to discuss, ask questions, or comment on Direct Services. No additional comments or questions were provided.

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Atlanta Area Plan on Aging Survey SFY 2027

### Q1 What are the three greatest challenges to growing older in the metro Atlanta area?

Answered: 4 Skipped: 0



Atlanta Area Plan on Aging Survey SFY 2027

ANSWER CHOICES	RESPONSES	
Safety/Crime Prevention	0.00%	0
Transportation	100.00%	4
Housing (including needs for repairs/modifications, finding suitable housing, or affording housing/property taxes)	75.00%	3
Access to Outdoor Spaces and Buildings	0.00%	0
Social Participation (e.g., the availability of accessible, affordable and fun social activities)	25.00%	1
Civic Participation and Employment	0.00%	0
Communication and Information	0.00%	0
Health Services and Community Supports	50.00%	2
Respect and Social Inclusion	25.00%	1
Other (please specify)	25.00%	1
Total Respondents: 4		

Atlanta Area Plan on Aging Survey SFY 2027

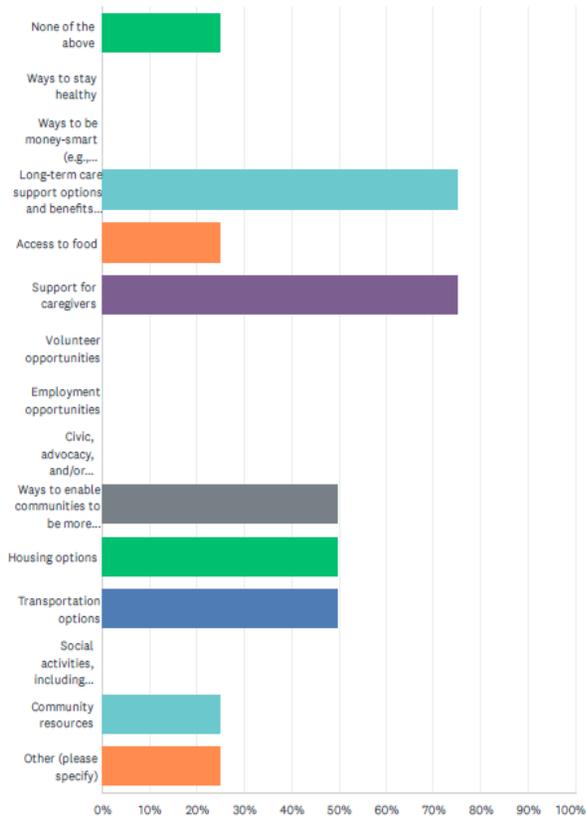
Q2 If comfortable, please share why you chose the top three challenges above.

Answered: 3 Skipped: 1

Atlanta Area Plan on Aging Survey SFY 2027

Q3 Which of these areas would you like to know more about? (check all that apply)

Answered: 4 Skipped: 0



4 / 17

Atlanta Area Plan on Aging Survey SFY 2027

ANSWER CHOICES	RESPONSES
None of the above	25.00% 1
Ways to stay healthy	0.00% 0
Ways to be money-smart (e.g., retirement planning, avoiding scams)	0.00% 0
Long-term care support options and benefits, including in-home and residential (e.g., assisted living) services	75.00% 3
Access to food	25.00% 1
Support for caregivers	75.00% 3
Volunteer opportunities	0.00% 0
Employment opportunities	0.00% 0
Civic, advocacy, and/or political opportunities	0.00% 0
Ways to enable communities to be more lifelong	50.00% 2
Housing options	50.00% 2
Transportation options	50.00% 2
Social activities, including activities at senior centers and community centers	0.00% 0
Community resources	25.00% 1
Other (please specify)	25.00% 1
<b>Total Respondents: 4</b>	

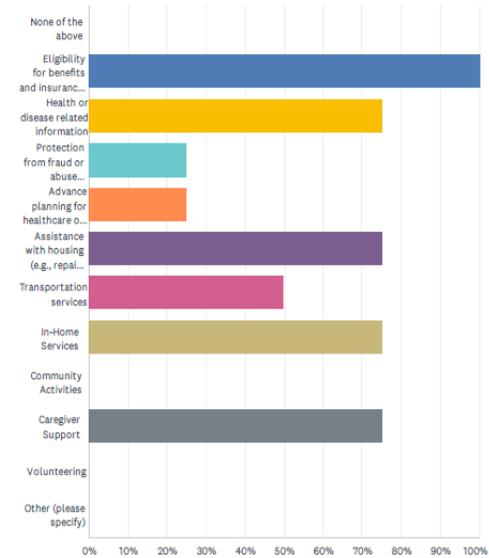
Q4 If you would like to be contacted directly by an Empowerline representative to discuss any of these areas, please provide your contact information.

Answered: 0 Skipped: 4

ANSWER CHOICES	RESPONSES	
Name	0.00%	0
Company	0.00%	0
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	0.00%	0
Phone Number	0.00%	0

Q5 In the past year, have you or someone you know had a need for advice or information in any of the following areas? (check all that apply)

Answered: 4 Skipped: 0



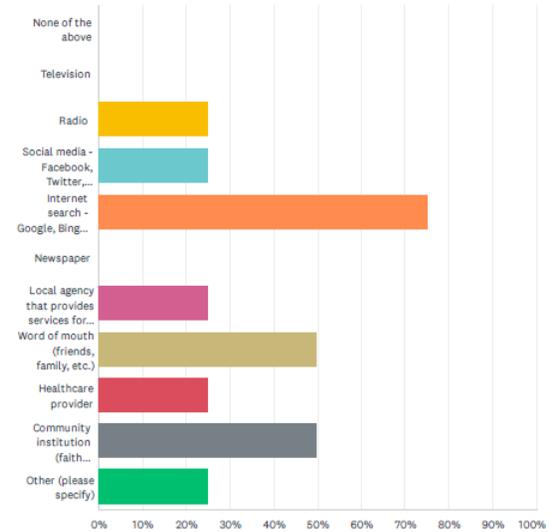
Atlanta Area Plan on Aging Survey SFY 2027

ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Eligibility for benefits and insurance information	100.00%	4
Health or disease related information	75.00%	3
Protection from fraud or abuse (financial, physical, or emotional)	25.00%	1
Advance planning for healthcare or end of life care	25.00%	1
Assistance with housing (e.g., repairs, finding suitable housing, etc.)	75.00%	3
Transportation services	50.00%	2
In-Home Services	75.00%	3
Community Activities	0.00%	0
Caregiver Support	75.00%	3
Volunteering	0.00%	0
Other (please specify)	0.00%	0
<b>Total Respondents: 4</b>		

Atlanta Area Plan on Aging Survey SFY 2027

Q6 Which of the following methods do you use to find information on services and benefits for older persons? (check all that apply)

Answered: 4 Skipped: 0



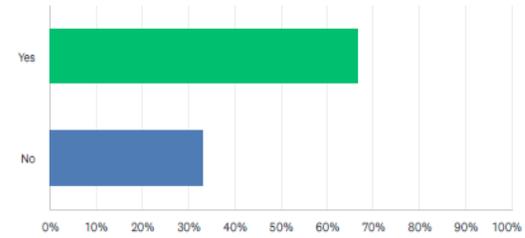
Atlanta Area Plan on Aging Survey SFY 2027

ANSWER CHOICES	RESPONSES
None of the above	0.00% 0
Television	0.00% 0
Radio	25.00% 1
Social media - Facebook, Twitter, Instagram, etc.	25.00% 1
Internet search - Google, Bing, etc.	75.00% 3
Newspaper	0.00% 0
Local agency that provides services for older people	25.00% 1
Word of mouth (friends, family, etc.)	50.00% 2
Healthcare provider	25.00% 1
Community institution (faith community, neighborhood associations, libraries, local businesses, etc.)	50.00% 2
Other (please specify)	25.00% 1
<b>Total Respondents: 4</b>	

Atlanta Area Plan on Aging Survey SFY 2027

Q7 In the past year, have you been able to obtain the information you needed from the sources you use?

Answered: 3 Skipped: 1



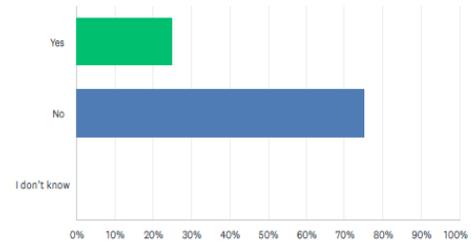
ANSWER CHOICES	RESPONSES
Yes	66.67% 2
No	33.33% 1
<b>TOTAL</b>	<b>3</b>

### Q8 What is your home ZIP code?

Answered: 4 Skipped: 0

### Q9 Are you aware of this service?

Answered: 4 Skipped: 0

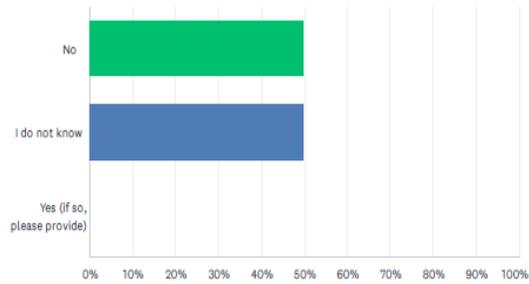


ANSWER CHOICES	RESPONSES	
Yes	25.00%	1
No	75.00%	3
I don't know	0.00%	0
<b>TOTAL</b>		<b>4</b>

Atlanta Area Plan on Aging Survey SFY 2027

Q10 Are there other services that you feel could meet this need?

Answered: 4 Skipped: 0

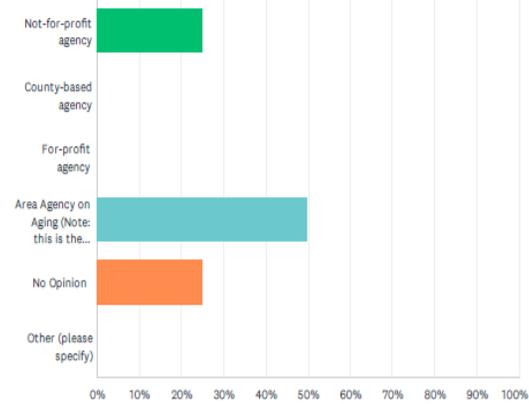


ANSWER CHOICES	RESPONSES	
No	50.00%	2
I do not know	50.00%	2
Yes (if so, please provide)	0.00%	0
<b>TOTAL</b>		<b>4</b>

Atlanta Area Plan on Aging Survey SFY 2027

Q11 What is the best agency to provide this service?

Answered: 4 Skipped: 0

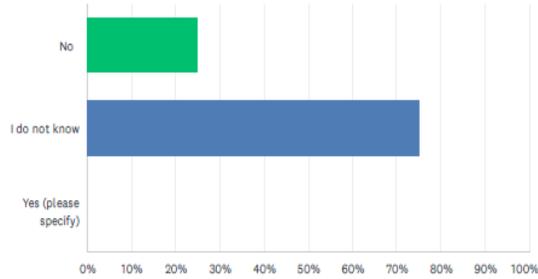


ANSWER CHOICES	RESPONSES	
Not-for-profit agency	25.00%	1
County-based agency	0.00%	0
For-profit agency	0.00%	0
Area Agency on Aging (Note: this is the Atlanta Regional Commission for the Atlanta metro area)	50.00%	2
No Opinion	25.00%	1
Other (please specify)	0.00%	0
<b>TOTAL</b>		<b>4</b>

Atlanta Area Plan on Aging Survey SFY 2027

Q12 Is there a need for a change in how this service is delivered?

Answered: 4 Skipped: 0

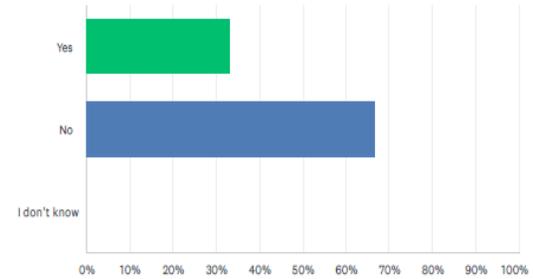


ANSWER CHOICES	RESPONSES	
No	25.00%	1
I do not know	75.00%	3
Yes (please specify)	0.00%	0
TOTAL		4

Atlanta Area Plan on Aging Survey SFY 2027

Q13 Are you aware of this service?

Answered: 3 Skipped: 1

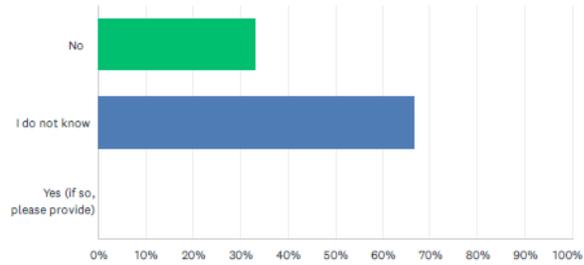


ANSWER CHOICES	RESPONSES	
Yes	33.33%	1
No	66.67%	2
I don't know	0.00%	0
TOTAL		3

Atlanta Area Plan on Aging Survey SFY 2027

Q14 Are there other services that you feel could meet this need?

Answered: 3 Skipped: 1

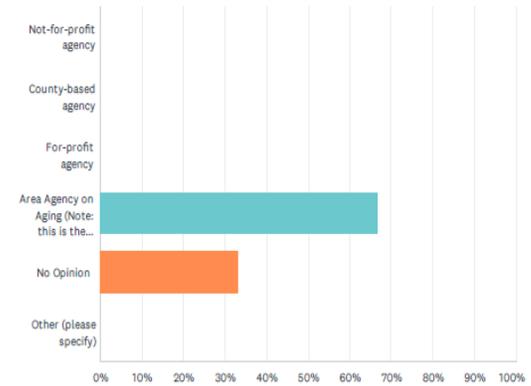


ANSWER CHOICES	RESPONSES	
No	33.33%	1
I do not know	66.67%	2
Yes (if so, please provide)	0.00%	0
<b>TOTAL</b>		<b>3</b>

Atlanta Area Plan on Aging Survey SFY 2027

Q15 What is the best agency to provide this service?

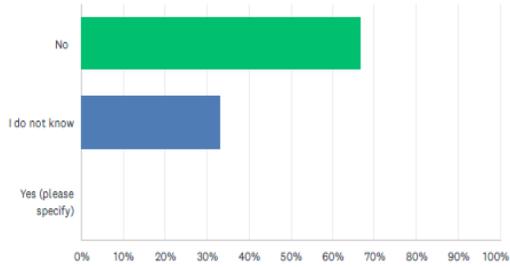
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Not-for-profit agency	0.00%	0
County-based agency	0.00%	0
For-profit agency	0.00%	0
Area Agency on Aging (Note: this is the Atlanta Regional Commission for the Atlanta metro area)	66.67%	2
No Opinion	33.33%	1
Other (please specify)	0.00%	0
<b>TOTAL</b>		<b>3</b>

Q16 Is there a need for a change in how this service is delivered?

Answered: 3 Skipped: 1

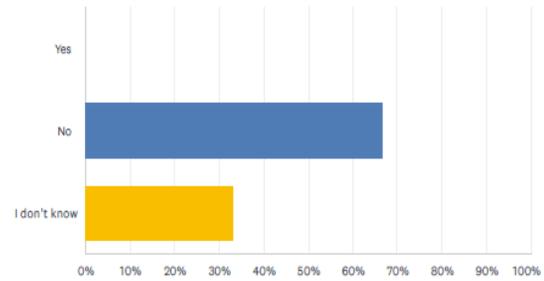


ANSWER CHOICES	RESPONSES	
No	66.67%	2
I do not know	33.33%	1
Yes (please specify)	0.00%	0
<b>TOTAL</b>		<b>3</b>

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Q17 Are you aware of this service?

Answered: 3 Skipped: 1

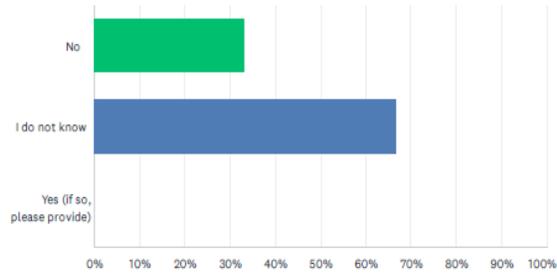


ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	66.67%	2
I don't know	33.33%	1
<b>TOTAL</b>		<b>3</b>

Atlanta Area Plan on Aging Survey SFY 2027

Q18 Are there other services that you feel could meet this need?

Answered: 3 Skipped: 1

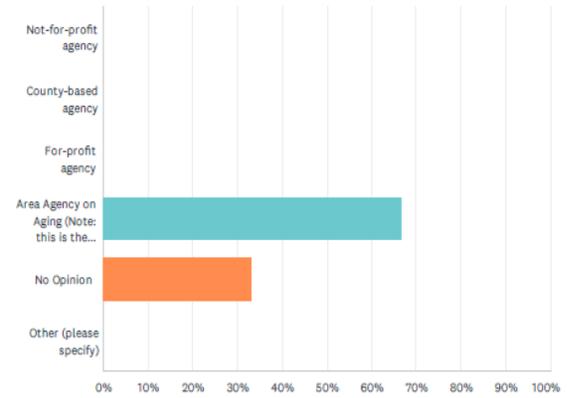


ANSWER CHOICES	RESPONSES	
No	33.33%	1
I do not know	66.67%	2
Yes (if so, please provide)	0.00%	0
<b>TOTAL</b>		<b>3</b>

Atlanta Area Plan on Aging Survey SFY 2027

Q19 What is the best agency to provide this service?

Answered: 3 Skipped: 1

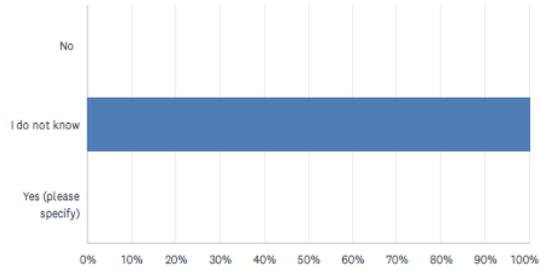


ANSWER CHOICES	RESPONSES	
Not-for-profit agency	0.00%	0
County-based agency	0.00%	0
For-profit agency	0.00%	0
Area Agency on Aging (Note: this is the Atlanta Regional Commission for the Atlanta metro area)	66.67%	2
No Opinion	33.33%	1
Other (please specify)	0.00%	0
<b>TOTAL</b>		<b>3</b>

Atlanta Area Plan on Aging Survey SFY 2027

Q20 Is there a need for a change in how this service is delivered?

Answered: 3 Skipped: 1

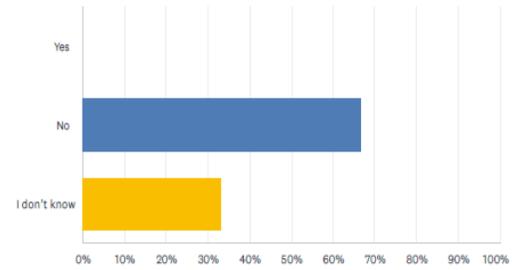


ANSWER CHOICES	RESPONSES	
No	0.00%	0
I do not know	100.00%	3
Yes (please specify)	0.00%	0
<b>TOTAL</b>		<b>3</b>

Atlanta Area Plan on Aging Survey SFY 2027

Q21 Are you aware of this service?

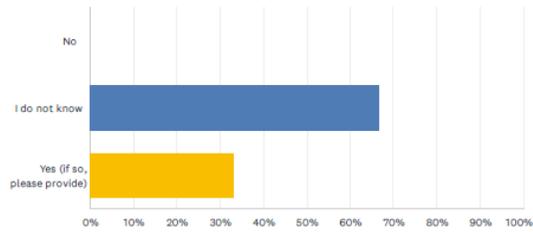
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	66.67%	2
I don't know	33.33%	1
<b>TOTAL</b>		<b>3</b>

Q22 Are there other services that you feel could meet this need?

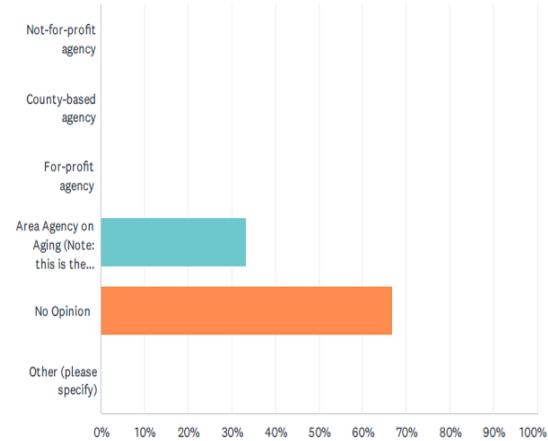
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
No	0.00%	0
I do not know	66.67%	2
Yes (if so, please provide)	33.33%	1
<b>TOTAL</b>		<b>3</b>

Q23 What is the best agency to provide this service?

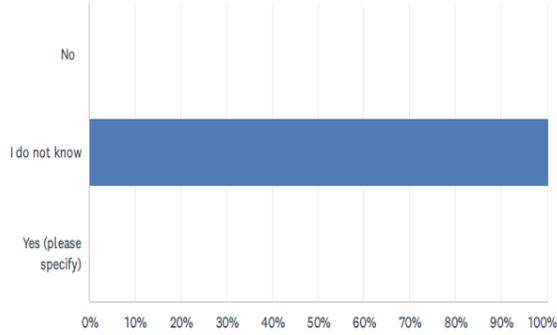
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Not-for-profit agency	0.00%	0
County-based agency	0.00%	0
For-profit agency	0.00%	0
Area Agency on Aging (Note: this is the Atlanta Regional Commission for the Atlanta metro area)	33.33%	1
No Opinion	66.67%	2
Other (please specify)	0.00%	0
<b>TOTAL</b>		<b>3</b>

Q24 Is there a need for a change in how this service is delivered?

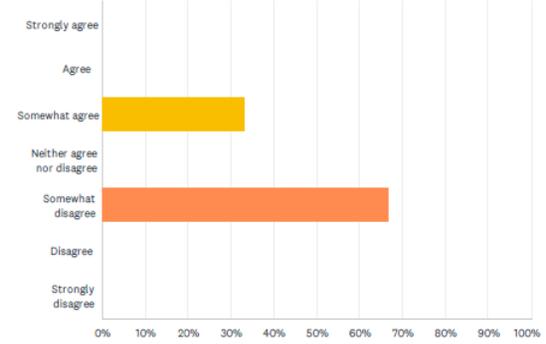
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
No	0.00%	0
I do not know	100.00%	3
Yes (please specify)	0.00%	0
<b>TOTAL</b>		<b>3</b>

Q25 I feel that there is a good understanding of how to request services as an older adult or for an older adult in my community.

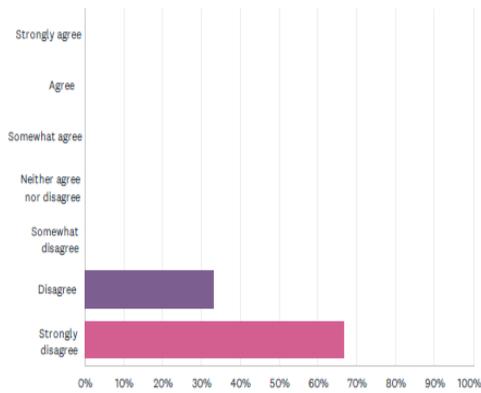
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	0.00%	0
Somewhat agree	33.33%	1
Neither agree nor disagree	0.00%	0
Somewhat disagree	66.67%	2
Disagree	0.00%	0
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>3</b>

Q26 I feel that there is enough affordable housing in my community.

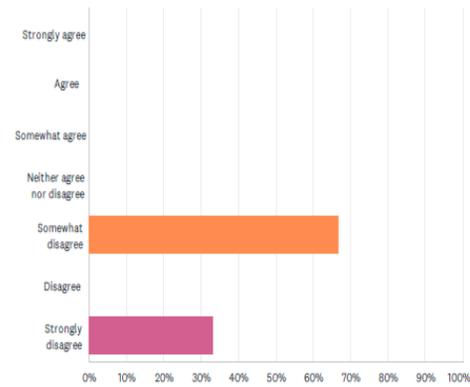
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	0.00%	0
Somewhat agree	0.00%	0
Neither agree nor disagree	0.00%	0
Somewhat disagree	0.00%	0
Disagree	33.33%	1
Strongly disagree	66.67%	2
<b>TOTAL</b>		<b>3</b>

Q27 I feel that there are enough affordable home maintenance and repair services available in my community.

Answered: 3 Skipped: 1

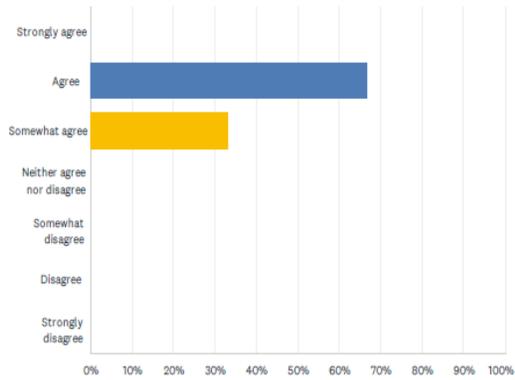


ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	0.00%	0
Somewhat agree	0.00%	0
Neither agree nor disagree	0.00%	0
Somewhat disagree	66.67%	2
Disagree	0.00%	0
Strongly disagree	33.33%	1
<b>TOTAL</b>		<b>3</b>

Atlanta Area Plan on Aging Survey SFY 2027

Q28 I feel safe and respected in my home and community.

Answered: 3 Skipped: 1



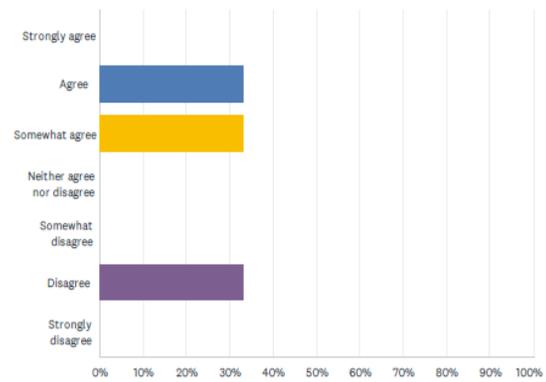
ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	66.67%	2
Somewhat agree	33.33%	1
Neither agree nor disagree	0.00%	0
Somewhat disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>3</b>

32 / 42

Atlanta Area Plan on Aging Survey SFY 2027

Q29 I feel that the activities in my community appeal to a diverse population of older adults.

Answered: 3 Skipped: 1

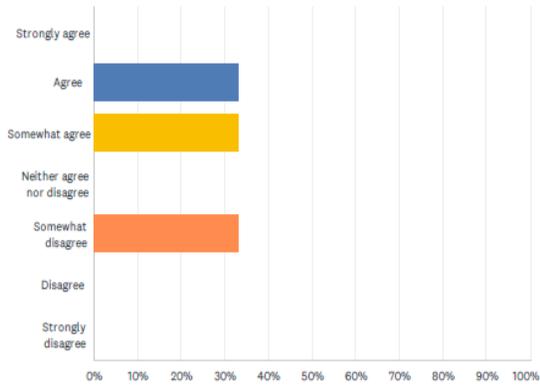


ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	33.33%	1
Somewhat agree	33.33%	1
Neither agree nor disagree	0.00%	0
Somewhat disagree	0.00%	0
Disagree	33.33%	1
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>3</b>

33 / 42

Q30 I feel that there are a range of options for social and civic participation in my community.

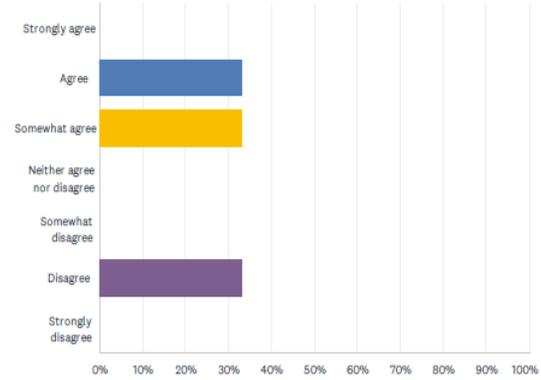
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	33.33%	1
Somewhat agree	33.33%	1
Neither agree nor disagree	0.00%	0
Somewhat disagree	33.33%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>3</b>

Q31 I feel that I can easily access information I need about my community.

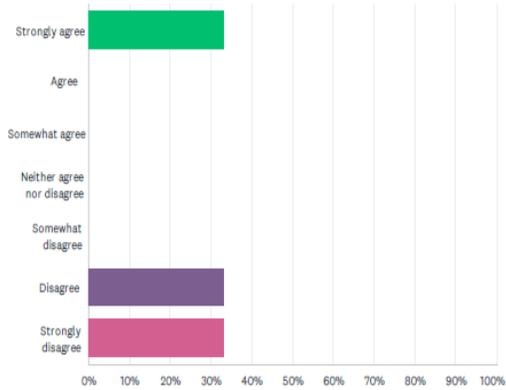
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	33.33%	1
Somewhat agree	33.33%	1
Neither agree nor disagree	0.00%	0
Somewhat disagree	0.00%	0
Disagree	33.33%	1
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>3</b>

Q32 I feel that there is a range of transportation options available to me in my community.

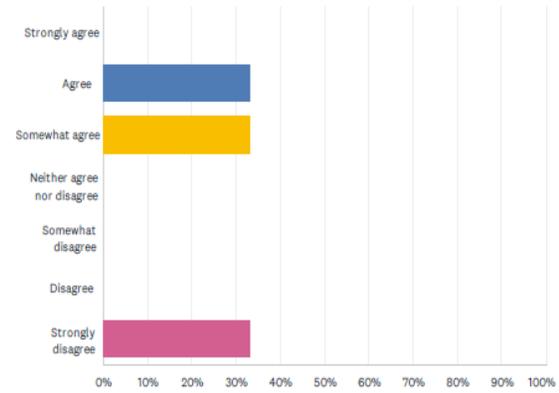
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	33.33%	1
Agree	0.00%	0
Somewhat agree	0.00%	0
Neither agree nor disagree	0.00%	0
Somewhat disagree	0.00%	0
Disagree	33.33%	1
Strongly disagree	33.33%	1
TOTAL		3

Q33 I feel that there are adequate health services in my community.

Answered: 3 Skipped: 1



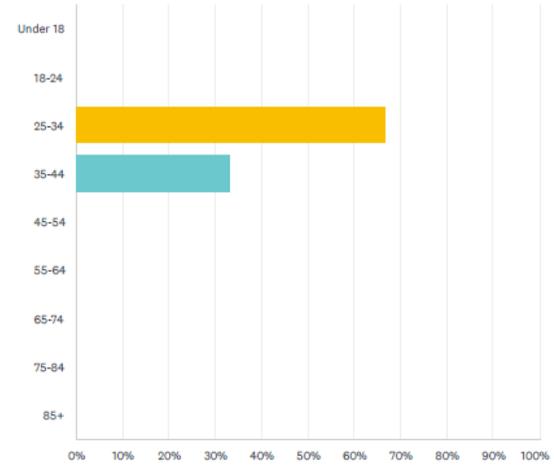
ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	33.33%	1
Somewhat agree	33.33%	1
Neither agree nor disagree	0.00%	0
Somewhat disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	33.33%	1
TOTAL		3

Q34 Is there anything else you would like to share with us?

Answered: 0 Skipped: 4

Q35 What is your age?

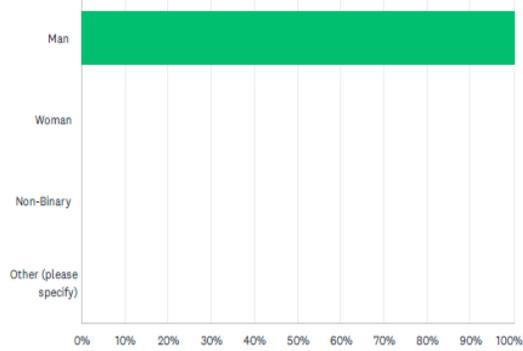
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	0.00%	0
25-34	66.67%	2
35-44	33.33%	1
45-54	0.00%	0
55-64	0.00%	0
65-74	0.00%	0
75-84	0.00%	0
85+	0.00%	0
<b>TOTAL</b>		<b>3</b>

Q36 What is your gender?

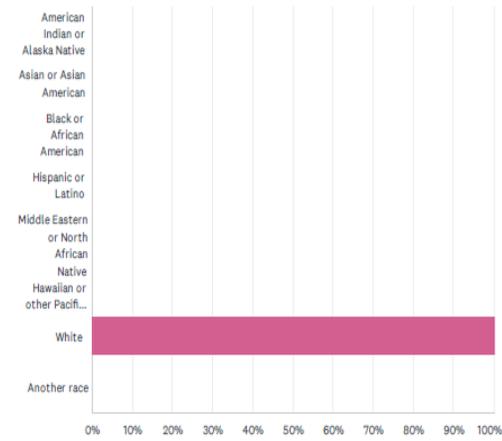
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Man	100.00%	3
Woman	0.00%	0
Non-Binary	0.00%	0
Other (please specify)	0.00%	0
<b>TOTAL</b>		<b>3</b>

Q37 What is your race and/or ethnicity?

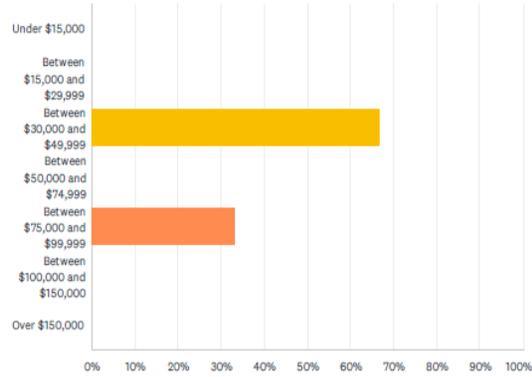
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native	0.00%	0
Asian or Asian American	0.00%	0
Black or African American	0.00%	0
Hispanic or Latino	0.00%	0
Middle Eastern or North African	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
White	100.00%	3
Another race	0.00%	0
<b>Total Respondents: 3</b>		

Q38 What is your approximate annual household income?

Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under \$15,000	0.00%	0
Between \$15,000 and \$29,999	0.00%	0
Between \$30,000 and \$49,999	66.67%	2
Between \$50,000 and \$74,999	0.00%	0
Between \$75,000 and \$99,999	33.33%	1
Between \$100,000 and \$150,000	0.00%	0
Over \$150,000	0.00%	0
<b>TOTAL</b>		<b>3</b>

Area Plan on Aging Public Hearing  
 Wednesday, December 17, 2025  
 1:30PM - 2:30PM  
 Gwinnett Community Services I Health &  
 Human Services 3025 Bethany Church  
 Road, Snellville, GA  
 30039  
 GwinnettOneStop.com.

Order Date	First Name	Last Name	Email	What county do you reside in?	What is your zip code?	What is your phone number?	Name of organization, if applicable.	Would you like to speak at the hearing? Speakers have 3 minutes.	What is your purpose for attending?
2025-12-01 13:01:29	Gloria	Stills	stillsglo97@gmail.com	Rockdale	30013	4104401243	ACA	No	Older Adult   Caregiver
2025-12-01 14:29:29	Lori	Lemanski	lori@houseproudatl.org	Fulton	30315	770-656-3899	HouseProud Atlanta	No	Provider
2025-12-01 14:31:35	Lisa	Jones	lisa@houseproudatl.org	Fulton	30315	404-437-4246	HouseProud Atlanta	No	Provider
2025-12-01 14:32:30	Nicole	Francen	nrfrancen@cherokeecountyga.gov	Georgia	30114	7703455320	Cherokee County Senior Services	No	Older Adult   Caregiver   Government
2025-12-01 20:17:29	Siddiqa	Gibson	BestLifeGoldenYears@gmail.com	Henry	30281	6785767605	Best Life Golden Years, Inc	Yes	Private Sector
2025-12-02 12:48:03	Jessica	Klausner	jessica.a.klausner@gmail.com	Gwinnett	30047	6305320975	NA	No	General Public
2025-12-08 12:21:01	Keri	Branquinho	Keri.Branquinho@GwinnettCounty.com	Gwinnett	30046	678.277.0970	Gwinnett County Senior Services	No	Provider   Government
2025-12-08 14:02:40	Alexis	Pryor	alexis.pryor@gwinnettcounty.com	Gwinnett	30519	678-377-3021	Gwinnett County Community Services	No	Government
2025-12-09 14:10:09	Cathleen	Freeman	cafreeman@cherokeecountyga.gov	Cherokee	30115	7707042320	Cherokee County Senior Services	No	Provider   Government
2025-12-10 22:43:11	Siddiqa	Gibson	BestLifeGoldenYears@gmail.com	H	30281	6785767605	Best Life Golden Years, LLC	Yes	Older Adult   Caregiver
2025-12-11 14:13:20	Xavier	Kim	xavierkim1203@gmail.com	Gwinnett	30024	6782551072	Korean American Senior Association	No	General Public   Older Adult   Private Sector
2025-12-16 12:18:53	Christine	Lee	cjlee2545@gmail.com	Gwinnett	30096	6786977520	Ome Stop Community Resources Center	No	Older Adult   Caregiver   Provider
2025-12-16 12:41:40	Morgan	Ockomon	hr@weecaregeorgia.com	GA	30092	4703760401	Wee-Care Georgia Home Health	No	Provider

Direct Services Public Hearing  
 Wednesday, December 17, 2025  
 2:30PM - 3:00PM  
 Gwinnett Community Services I Health &  
 Human Services 3025 Bethany Church  
 Road, Snellville, GA  
 30039  
 GwinnettOneStop.com.

Order Date	First Name	Last Name	Email	What county do you reside in?	What is your zip code?	What is your phone number?	Name of organization, if applicable.	Would you like to speak at the hearing? Speakers have 3 minutes.	What is your purpose for attending?
2025-12-01 13:01:29	Gloria	Stills	stillsglo97@gmail.com	Rockdale	30013	4104401243	ACA	No	Older Adult   Caregiver
2025-12-01 14:29:29	Lori	Lemanski	lori@houseproudatl.org	Fulton	30315	770-656-3899	HouseProud Atlanta	No	Provider
2025-12-01 14:31:35	Lisa	Jones	lisa@houseproudatl.org	Fulton	30315	404-437-4246	HouseProud Atlanta	No	Provider
2025-12-01 14:32:30	Nicole	Francen	nrfrancen@cherokeecountyga.gov	Georgia	30114	7703455320	Cherokee County Senior Services	No	Older Adult   Caregiver   Government
2025-12-01 20:17:29	Siddiqa	Gibson	BestLifeGoldenYears@gmail.com	Henry	30281	6785767605	Best Life Golden Years, Inc	Yes	Private Sector
2025-12-02 12:48:03	Jessica	Klausner	jessica.a.klausner@gmail.com	Gwinnett	30047	6305320975	NA	No	General Public
2025-12-08 12:21:01	Keri	Branquinho	Keri.Branquinho@GwinnettCounty.com	Gwinnett	30046	678.277.0970	Gwinnett County Senior Services	No	Provider   Government
2025-12-08 14:02:40	Alexis	Pryor	alexis.pryor@gwinnettcounty.com	Gwinnett	30519	678-377-3021	Gwinnett County Community Services	No	Government
2025-12-09 14:10:09	Cathleen	Freeman	cafreeman@cherokeecountyga.gov	Cherokee	30115	7707042320	Cherokee County Senior Services	No	Provider   Government
2025-12-10 22:43:11	Siddiqa	Gibson	BestLifeGoldenYears@gmail.com	H	30281	6785767605	Best Life Golden Years, LLC	Yes	Older Adult   Caregiver
2025-12-11 14:13:20	Xavier	Kim	xavierkim1203@gmail.com	Gwinnett	30024	6782551072	Korean American Senior Association	No	General Public   Older Adult   Private Sector
2025-12-16 12:18:53	Christine	Lee	cjlee2545@gmail.com	Gwinnett	30096	6786977520	Ome Stop Community Resources Center	No	Older Adult   Caregiver   Provider
2025-12-16 12:41:40	Morgan	Ockomon	hr@weecaregeorgia.com	GA	30092	4703760401	Wee-Care Georgia Home Health	No	Provider

## **FY 25**

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

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

In Accordance with the instructions for the State Fiscal Year 2025-2028 instructions, the Atlanta Regional Commission Aging and Independence Services Department hosted an Area Plan public hearing and a Direct Services public hearing on October 29, 2024, to gain feedback and input regarding programs and services to inform and address community needs, gaps, and disparities. In order to meet the requirement for the FY 26 submission, the hearings occurred in October; thus, the hearings for FY 24 and FY 25 occurred in the same calendar (but not state) years. The agenda and minutes from the meetings are indicated below.

#### **Area Plan Public Hearing Agenda**

Welcome - Becky Kurtz

Purpose of Area Plan Public Hearing - Sharise Byrd

Area Plan Overview - Sharise Byrd

Public Comment – Sharise Byrd

- Verbal: speak up to 3 minutes
- Timekeeper

A&IS New Initiative - Age Friendly Designation - Sharise Byrd

Closing Remarks - Becky Kurtz

Area Plan on Aging  
Public Hearing  
Tuesday, Oct 29, 2024  
1:00 PM - 12:30 PM EDT

Welcome – Becky Kurtz

### ARC Strategy Alignment

<p><b>Vision</b> <b>ONE great REGION</b></p> <p><b>Mission</b> <i>Foster thriving communities for all within the Atlanta region through collaborative, data-informed planning and investments.</i></p> <p><b>Values</b> Excellence   Integrity   Equity</p> <p></p>	<p><b>Goals</b></p> <ul style="list-style-type: none"><li> <b>Healthy, safe, livable communities</b> in the Atlanta Metro area.</li><li> <b>Strategic investments</b> in people, infrastructure, mobility, and preserving natural resources.</li><li> Regional services delivered with <b>operational excellence</b> and <b>efficiency</b>.</li><li> <b>Diverse stakeholders engage</b> and take a regional approach to solve local issues.</li><li> <b>A competitive economy</b> that is inclusive, innovative, and resilient.</li></ul> <p> 3</p>
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Purpose of Area Plan Public Hearing

- What is the Atlanta Regional Commission (ARC)? Our 11-county planning entity; we are housed within ARC as the Aging and Independence Services Department and serve as the Area Agency on Aging (AAA)

## Area Agency on Aging & Purpose of the Plan

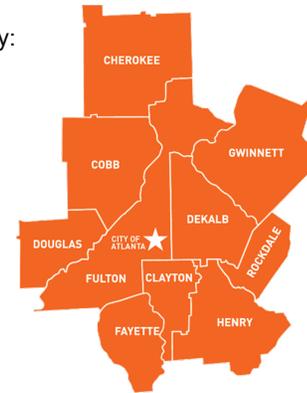
### Required of all area agencies on aging (AAA) by:

- Federal Older Americans Act and
- Georgia Division of Aging Services (DAS)

### 4-year plan for delivery of aging services in 10-county coverage area

### Approval by DAS enables ARC to:

- Continue our role as AAA for metro Atlanta (10 county Planning and Service Area)
- Receive federal and state grants for aging services
  - Funds are distributed according to statewide formula



- As the Area Agency on Aging, we conduct an annual survey to meet Older Americans Act funding requirements

## Area Plan Requirements

### The Division of Aging Services (DAS) Area Plan requirements of all Georgia AAAs:

Provide long-term services and supports

Ensure consumer access to information

Strengthen the aging network

Improve quality in provision of long-term services and supports



- o We also participate in a planning cycle as an institution every four years

## ARC Plan Implementation

- Provide long-term services and supports
  - \$20.6 million to counties and non-profits for in-home and community-based services for older persons
- Ensure consumer access to information
  - Empowerline counselors connect individuals to services
    - > 110,000 times last year
    - Access to public benefits and private -pay options
- Strengthen the aging network
  - Building a dementia-capable network
- Improve quality in provision of long-term services and supports
  - Demonstrate focus on highest need populations using accurate data



empowerline



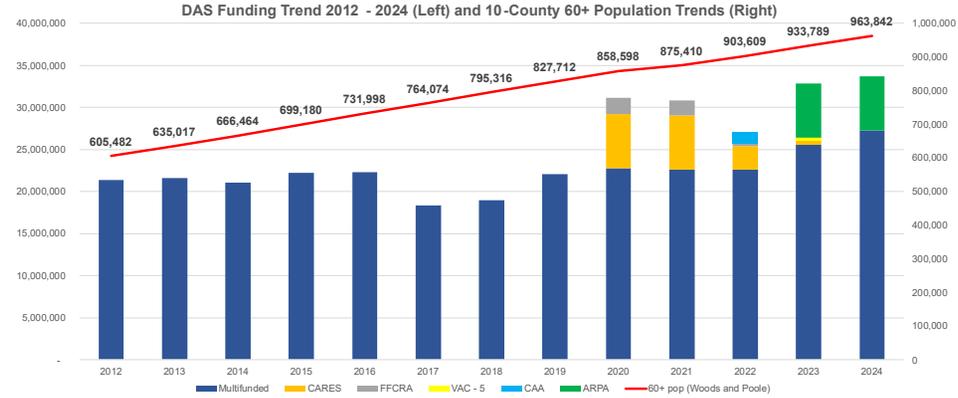
ARC 6

### Area Plan Overview

- We provide services and support to an increasingly growing population (nearly 1mm people 60+ live in the 10-county area)  
Our state funding has increased each year

## DAS Multi-Funded Grant Trend 2012 – 2024

### 55% population increase with 10% DAS funding increase



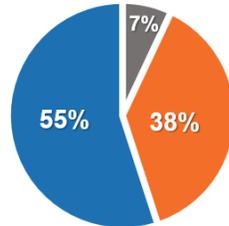
ARC 7

## Year-After-Year Comparison

### FY23 Planning Allocation

\$23,630,700\*

Federal – \$13,108,452



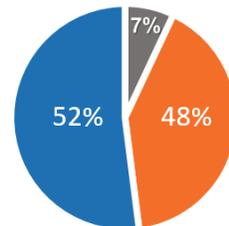
State – \$8,944,577

\*Minimum Match - \$1,577,671 **7% match**

### FY24 Planning Allocation

\$25,580,478\*

Federal – \$13,419,436



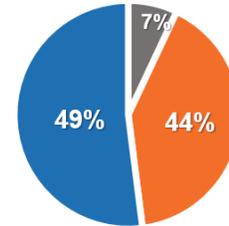
State – \$10,535,647

\*Minimum Match - \$1,625,394 **7% match**

### FY25 Planning Allocation

\$27,629,658\*

Federal – \$13,586,477



State – \$12,395,522

\*Minimum Match - \$1,647,658 **7% match**



ARC 14

- Counties served:
  - o Cherokee County
  - o Clayton County
  - o Cobb County
  - o DeKalb County
  - o Douglas County
  - o Fayette Senior Services
  - o Fulton County
  - o Gwinnett County
  - o Henry County
  - o Rockdale County
- Multi-county Partners
  - o Atlanta Legal Aid Society
  - o Innovative Solutions for Disadvantage and Disability
  - o Latin American Association
  - o HousePROud Atlanta
- Single-County Services Funded by ARC:
  - o Case Management
  - o Home Delivered Meals
  - o Congregate Meals
  - o Homemaker Service
  - o Personal Care Services
  - o Caregiver Services (Respite)
  - o Senior Recreation
  - o **Support Options**
  - o Transportation
  - o Kinship Care
- Multi-County Services Funded by ARC:
  - o Culturally Appropriate Information and Referral
  - o Respite Voucher

- Elder Legal Assistance Program
- Kinship Care
- Home Modifications/Repairs

## Services delivered by ARC Staff

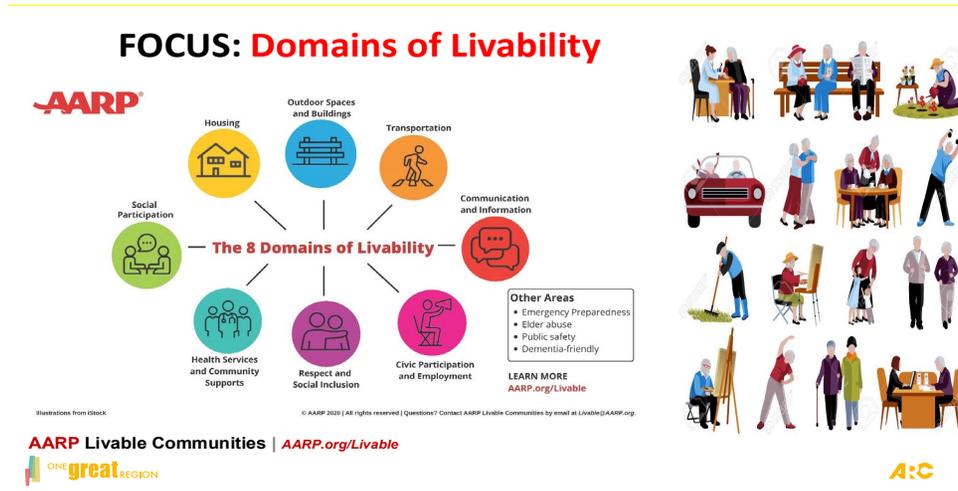
- Information Counseling
  - Aging and Disability Resource Connection
- BRI Care Consultation
- Behavioral Health Coaching
- Wellness Education
- Nursing Home Transitions to Community
- Options Counseling
- Material Aid
  - Including Assistive Technology
- Consumer Direction
  - CARES Flex
- Volunteer Services
- Evidence-Based Programs
- Telephone Reassurance



Age-Friendly Designation - While not directly part of our services, we have been designated by AARP as Age-Friendly

- How do we make our communities age-friendly as people increasingly live longer with higher proportions of the population over 60/65

- 8 Domains of Livability

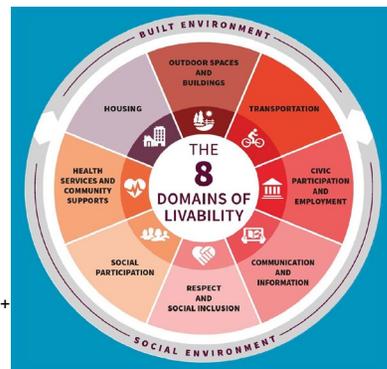


- Process Timeline

**AARP Age-Friendly Region**

**TIMELINE**

- Step 1: Enrollment
- Step 2: Conduct a Survey and Listening Sessions (Years 1-2)
- Step 3: Create an Action Plan (Year 2)
- Step 4: Implementation (Years 3-5)
- Step 5: Progress/Status Update (Years 5+)



## Public Comment

- Ground rules
  - o Please raise your hand
  - o Speak up to 3 minutes
- Erica – no sound
- Cat Brady – a caregiver for her father, who receives nursing-home-level care: can we change legislation so her father can get community Medicaid to cover his medical costs?
  - o Becky responds with details of Elderly and Disabled Waiver program and refers caller to empowerline: 404-463-3333
  - o Facebook page SOAR (Supporting Our Aging Relatives)
- Return to callers with no sound. Several attempts to reach them follow throughout meeting. At least one caller switches to chat.
- Erica chats a question about regional geography
  - o Sharise: we are the 10-county but every county in GA has an AAA
- Mary Howard, research coordinator at Dekalb Public Health – wishes to publicly comment on the usefulness of empowerline content
- Erica chats back about area her business serves
  - o Becky suggests looking at georgiaadrc.com to see map of counties and which AAAs cover which counties and clarifies our goals today, advising that other AAAs will be doing the same thing
  - o Dr. Lawanda Folami has no sound. Becky thanks ACA member for attending
- Shariko Frasier, social worker – clients are not receiving callbacks from empowerline. What is a reasonable timeframe, and is there a process for escalation?
  - o Becky: we try to reply within 24 hours, but volumes are sometimes too high. Callers are also able to request a time for callback. If there is a problem, we do have an email address: [info@empowerline.org](mailto:info@empowerline.org)
  - o Sharise responds to follow-up chat that she will reach out to make sure Ms. Frasier gets what she needs.

## Closing Remarks

- Sharise: please attend our upcoming Direct Services Public Comment call at 12:30 and/or complete our survey
- Becky: we will keep the line open in case any other callers join (11:45 AM)

## Additional comment after initial closing comments:

- Chat: can someone come out to the hospital where I work? Can I get the PowerPoint from today?
  - a. Sharise: yes and yes. We will follow up.
- Ms. Lindsey: will you email around PowerPoint to all attendees?

a. Sharise affirms

Minutes submitted by: Joy Dillard Appel

**Area Plan on Aging Direct Services Hearing Agenda**

Welcome - Becky Kurtz

Purpose of Public Hearing on Direct Services - Sharise Byrd

Direct Services Overview - Sharise Byrd

Public Comment – Sharise Byrd

- Verbal: speak up to 3 minutes
- Timekeeper

A&IS New Initiative - Age Friendly Designation - Sharise Byrd

Closing Remarks - Becky Kurtz

Direct Services  
Area Plan on Aging  
Public Hearing  
Tuesday, Oct 29, 2024  
12:30 – 1:30 PM EDT

Welcome - Becky Kurtz

## ARC Strategy Alignment

### Vision

ONE **great** REGION

### Mission

*Foster thriving communities for all within the Atlanta region through collaborative, data-informed planning and investments.*

### Values

**Excellence | Integrity | Equity**

### Goals



**Healthy, safe, livable communities** in the Atlanta Metro area.



**Strategic investments** in people, infrastructure, mobility, and preserving natural resources.



Regional services delivered with **operational excellence** and **efficiency**.



**Diverse stakeholders engage** and take a regional approach to solve local issues.



**A competitive economy** that is inclusive, innovative, and resilient.



### Purpose of Public Hearing on Direct Services - Sharise Byrd

- To gather information for the state and for ourselves
  - o We will be bidding to maintain the contract for providing these services to the region
  - o We seek to maintain excellence

## The 4 P's of A&IS

### ➤ Planning

- For the region's rapidly-growing aging population

### ➤ Providing services

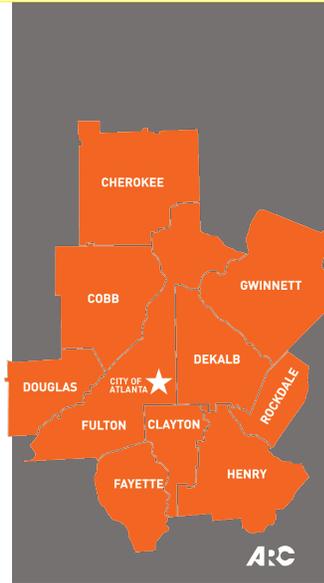
- Connect to/administer services for older adults, individuals with disabilities, and caregivers

### ➤ Partnering

- With relevant leaders and service providers

### ➤ Policy advocacy

- With and for older adults and individuals with disabilities



## Area Agency on Aging & Purpose of the Plan

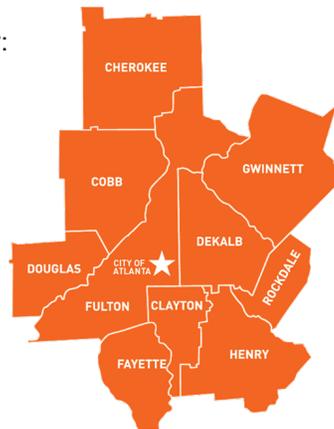
### Required of all area agencies on aging (AAA) by:

- Federal Older Americans Act and
- Georgia Division of Aging Services (DAS)

### 4-year plan for delivery of aging services in 10-county coverage area

### Approval by DAS enables ARC to:

- Continue our role as AAA for metro Atlanta (10 county Planning and Service Area)
- Receive federal and state grants for aging services
  - Funds are distributed according to statewide formula



## Area Plan Requirements

The Division of Aging Services (DAS) Area Plan requirements of all Georgia AAAs:

- Provide long-term services and supports
- Ensure consumer access to information
- Strengthen the aging network
- Improve quality in provision of long-term services and supports



## Notice of Funding Availability

Division of Aging Services required the following services to be placed out for bid via a notice of funding availability (NOFA).

- Evidence-Based Programs
- Telephone Reassurance

### Timeline

- NOFA posted early December - mid-January.
- Review submissions late January/early February
- Announce NOFA award end of February
- Commence contract by July 1<sup>st</sup>, if needed.

## Direct Services Overview - Sharise Byrd

- Evidence-Based Programs include:
  - o Tai Chi for Arthritis
  - o Chronic Disease Self-Management Programs
  - o Diabetes Self-Management Program
  - o Bingocize

## Evidence Based Programs

**Aging Well with Your Pain** 6-week workshop / 2.5 hours, once a week (6 sessions)  
individuals with primary or secondary diagnoses of chronic pain learn to lead healthier, more satisfying lives • teaches techniques to help cope with frustration, fatigue, isolation, and poor sleep, as well as exercises that promote flexibility, strength, endurance, and reduced experiences of acute pain

**Aging Well with Your Health Conditions** 6-week workshop / 2.5 hours, once a week (6 sessions)  
individuals learn how to cope with ongoing health conditions such as arthritis, fibromyalgia, high blood pressure, asthma, and more • participants learn tools to manage commonly experienced symptoms including pain, fatigue, depression, stress/anxiety, shortness of breath, and difficult emotions • learn tools such as weekly action planning, healthy eating, physical activities, relaxation techniques, decision-making, effective communication strategies, and much more

**Aging Well with Your Diabetes** 6-week workshop / 2.5 hours, once a week (6 sessions)  
individuals manage the symptoms and associated complications of diabetes, learn to adhere to medications, and control sugar levels • participants also learn tips to make nutrition choices to support better blood sugar control and to maintain a healthy body while aging with diabetes, as well as techniques to manage anxiety, stress, and frustrations

**Powerful Tools for Caregivers** 6-week workshop / 1.5 hours, once a week (6 sessions)  
caregivers learn to reduce stress, communicate their needs to family members, make tough caregiving decisions, and focus on self-care to improve their caregiving journey and experiences

**A Matter of Balance** 8-week workshop / 2 hours, once a week; or 4-week workshop / 2 hours, twice a week (8 sessions) individuals become less fearful of falling • aims to reduce the number of injuries resulting from falling through practical lifestyle adjustments, resulting in increased confidence in moving through daily life without falling



## Evidence Based Programs

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**Tai Chi for Arthritis and Falls Prevention** 8-week workshop / 1 hour, twice a week; or 16-week workshop / 1 hour, once a week participants improve movement, reduce falls, and connect with peers  
• learn techniques that enhance muscular strength and flexibility exercises that reduce pain and stiffness

**Bingocize** 10-week workshop / 1 hour, twice a week (20 sessions)  
mixes health education, exercise, and bingo to help older adults deal with the health problems they are facing • shown to deliver social, cognitive, and physical improvements, and the best part is that it's fun!

**Aging Mastery** 10-week workshop / 1.5 hours, once a week (10 sessions)  
a fun and engaging program that leads to desired positive behavior change • developed to intentionally plan for the future and discuss future financial needs • includes topics such as exercise, sleep, healthy eating and hydration, advanced planning, healthy relationships, medication management, and falls prevention



For more information, contact ARC's Evidence-Based Program Team at [EBP@atlantaregional.org](mailto:EBP@atlantaregional.org)



## One 2 One Telephone Reassurance

Qpg4Qpg'ku'c r j qpg/dcugf qwtgcej 'r tqi tco 'uq'uw r qtv'cvtkm'cf wmu'qxtg'yj g'c i g'qh 82'c'pf'r gqr ng y kj 'f'kuc dkk'gu'y j q'v'r lecm'h'kg'c'ap'g.'c'tg'f'qo g'dq'wpf.'c'pf'f'c'xg'h'swg qt'p'q'ectgi k'gt'uw r qtv'lp o gvtq'c'w'p'w'0'v'j g'r tqi tco 'u'ggmu'v'q'f'getgcug'lu'q'ek'n ku'q'v'q'p'c'pf'p'p'g'p'g'uu'd'f'r tqx'k'lp'i 'q'pi q'lp'i 'e'q'o r c'p'k'p'uj k'c'pf'uw r q't'v'g'p'c'd'k'p'i r gqr ng'v'q' t'g'o c'lp'p'v'j g'k't'q'y p'j'qo gu c'p'f'uw'c'f'c'q'p'p'g'v'g'f'v'q'v'j g'k't'e'q'o o w'p'k'k'gu'0

### Eligibility for services:

- Cp {r'gtuqp.'ci g'82'qt'qxgt
- Cp {r'gtuqp.'tgi c'tf'nguu'qh'ci g.'y j q'ku'k'f'gp'v'k'f'g'f'c'u'f'c'x'lp'i 'C'p'j'g'lo g't'u'f'k'ug'c'ug'q't'c' t'g'e'v'g'f'f'k'ug'q't'f'g't.'c'p'f'v'j g'f'c'o k'g'u'c'p'f'c'ectgi k'g'tu'q'h'v'j q'ug'r'gtu'q'p'u'0

### Xq'w'p'v'g'g'tu

- Rc'uu'c't'f'p'i g't'r t'k'p'v'd'c'emi t'q'w'p'f'e'j g'em
- E'q'o o k'v'q'b'c'n'p'i '3/4'c'c'm'i'r'g't'y g'g'n'k'r'g't'e'k'g'p'v't
- E'q'o o k'v'q'c'b'k'p'lo w'o 'q'h': 'y g'g'm'u'q'h'ug't'x'k'g



## One 2 One Telephone Reassurance

### Project Goals

In keeping with the intent of the Older Americans Act, the Georgia Division of Aging Services and ARC Area Agency on Aging, funds will be awarded in accordance with the following goals and objectives:

- To promote independence and dignity for older adults capable of remaining in their own homes, with appropriate help;
- To provide services that meet the individual needs and health-related goals of older adults, adults with disabilities, and caregivers;
- To decrease isolation of older adults;
- To provide emotional support;
- To provide older adults with a sense of assurance that they are not alone;
- To provide coping strategies for caregivers, when applicable;
- To ensure general health and safety of clients enrolled in the program;
- To share resources and information for older adults by professionals/experts in the field of Aging to ensure quality;



## Public Comment

- Ground rules:
    - o Please raise your hand
    - o Speak up to 3 minutes
  - Robert, a caller from Cherokee County seeks to understand what services are available to aging residents living with a disability
    - o Becky: we offer an array of services to help individuals age in place and we inform about others. Recommends contacting empowerline: 404-463-3333. She offers examples, such as home-delivered meals. Describes our status as “entry point.” Phone number and website in chat.
    - o Robert appreciates the information and offers to volunteer. Becky refers him to empowerline, RSVP, etc. and thanks him for his questions.
  - While we wait, Sharise encourages callers to complete the survey
- New Initiative – AARP Age-Friendly Designation - Sharise Byrd
- Helps all metro residents fully engage and age in place
- Closing Remarks - Becky Kurtz (1:00 pm)
- Thanks to those people who have called in and offered comment
  - We will keep the call open until 1:30 PM
  - We will share slides with all participants (Sharise)
- Webinar ended at 1:31 PM

Minutes submitted by: Joy Dillard Appel

## Area Plan on Aging Public Hearing Flyer



### AREA PLAN ON AGING

Atlanta Regional Commission's Aging and Independence Services Department cordially invites you to attend a virtual public hearing regarding the **Area Plan on Aging provided in the 10-county region.**

Tuesday, October 29th at 11:00 am - 12:30 pm

[Register now!](#)

We welcome your feedback regarding the Area Agency on Aging and Direct Services Provided.

Please provide your feedback by completing a survey at the [this link.](#)

If you have questions, please contact Sharise Byrd at 404.967.2970

**empowerline**



### DIRECT SERVICES

Atlanta Regional Commission's Aging and Independence Services Department cordially invites you to attend a virtual public hearing regarding the **Direct Services provided in the 10-county region.**

Tuesday, October 29th at 12:30 - 1:30 pm

[Register now!](#)

Direct Services include telephone reassurance, chronic disease self-management education programs, and more services.

Please provide your feedback by completing a survey at the [this link.](#)

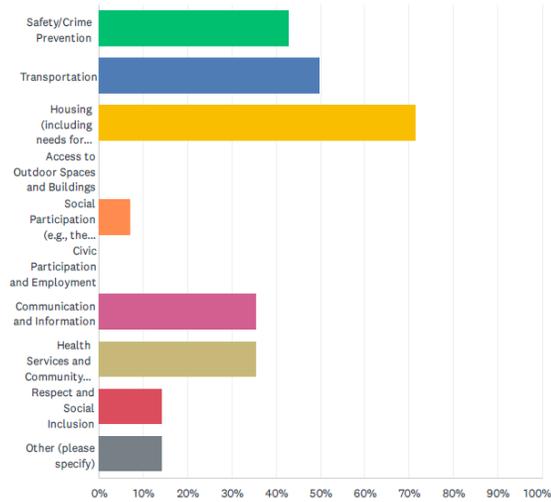
If you have questions, please contact Sharise Byrd at 404.967.2970

**empowerline**



Q1 What are the three greatest challenges to growing older in the metro Atlanta area?

Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Safety/Crime Prevention	42.86% 6	
Transportation	50.00% 7	
Housing (including needs for repairs/modifications, finding suitable housing, or affording housing/property taxes)	71.43% 10	
Access to Outdoor Spaces and Buildings	0.00% 0	
Social Participation (e.g., the availability of accessible, affordable and fun social activities)	7.14% 1	
Civic Participation and Employment	0.00% 0	
Communication and Information	35.71% 5	
Health Services and Community Supports	35.71% 5	
Respect and Social Inclusion	14.29% 2	
Other (please specify)	14.29% 2	
Total Respondents: 14		
#	OTHER (PLEASE SPECIFY)	DATE
1	Medical Practice Advocates	11/6/2024 2:21 PM
2	FOOD INSECURITY	10/16/2024 8:19 PM

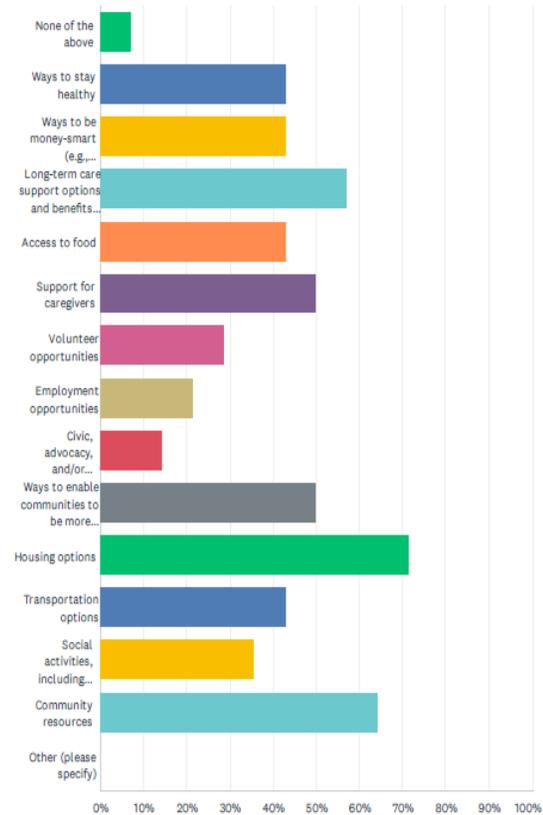
### Q2 If comfortable, please share why you chose the top three challenges above.

Answered: 10 Skipped: 4

#	RESPONSES	DATE
1	Transportation driving at night or long distances alone. Communication using certain forms of technology and crime you feel more susceptible to scans.	11/6/2024 6:50 PM
2	Working in the Community Health Services, we have see many issues regarding transportation but the biggest issue is when they don't have family or a caregiver to go with them to appointments or the ER, they are often not given the proper care, this has to change, when they go to an appointment or ER there should be someone assigned to them to assist them and ensure they get the best care possible and that their follow up information is provided to someone that can help.	11/6/2024 2:21 PM
3	The top three made the most sense. Civic participation, employment, social inclusion are important as well. It's really about a balance of all of them to bring a wholistic balance and quality of life regardless of age.	11/6/2024 7:56 AM
4	I truly believe these are the top three issues that Seniors have related to me in the past years.	10/28/2024 5:03 PM
5	Noticed through observation.	10/25/2024 11:48 AM
6	Access to affordable housing and transportation are the requests we receive the most. Accessing these services are very difficult and confusing for most families, so having a case manager to assist is of great importance; however, capacity is an issue.	10/21/2024 6:03 PM
7	I feel that ARC is not adequately including Latinos and people of lower income in their programs. The classes I provide tend to serve those who are financially well-off, and there is minimal to no representation of Black or Latino individuals.	10/17/2024 3:58 PM
8	The three challenges are frequently presented when senior visitors come to the Pantry where I volunteer.	10/16/2024 8:19 PM
9	Currently seeking housing options, but none are affordable in the intercity areas anymore. I live in the suburbs and want to move closer to downtown.	10/16/2024 10:11 AM
10	I work in the home repair space and have seen first-hand the conditions that so many of our seniors live in. To live in unsafe and unhealthy environments with no viable alternative is beyond most people's imagination.	10/15/2024 2:43 PM

### Q3 Which of these areas would you like to know more about? (check all that apply)

Answered: 14 Skipped: 0



Atlanta Area Plan on Aging Survey SFY 2026

ANSWER CHOICES	RESPONSES
None of the above	7.14% 1
Ways to stay healthy	42.86% 6
Ways to be money-smart (e.g., retirement planning, avoiding scams)	42.86% 6
Long-term care support options and benefits, including in-home and residential (e.g., assisted living) services	57.14% 8
Access to food	42.86% 6
Support for caregivers	50.00% 7
Volunteer opportunities	28.57% 4
Employment opportunities	21.43% 3
Civic, advocacy, and/or political opportunities	14.29% 2
Ways to enable communities to be more lifelong	50.00% 7
Housing options	71.43% 10
Transportation options	42.86% 6
Social activities, including activities at senior centers and community centers	35.71% 5
Community resources	64.29% 9
Other (please specify)	0.00% 0
Total Respondents: 14	

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Atlanta Area Plan on Aging Survey SFY 2026

Q4 If you would like to be contacted directly by an Empowerline representative to discuss any of these areas, please provide your contact information.

Answered: 6 Skipped: 8

ANSWER CHOICES	RESPONSES
Name	100.00% 6
Company	0.00% 0
Address	0.00% 0
Address 2	0.00% 0
City/Town	0.00% 0
State/Province	0.00% 0
ZIP/Postal Code	100.00% 6
Country	0.00% 0
Email Address	100.00% 6
Phone Number	100.00% 6

#	NAME	DATE
1	KAUSHALYA M CHARAN-DE	11/9/2024 9:36 PM
2	Amy Seamans	11/6/2024 2:21 PM
3	LaVerne Spruill	11/6/2024 7:56 AM
4	Anthony S. Ford	10/28/2024 5:03 PM
5	Adriana Cerrotti Orozco	10/17/2024 3:58 PM
6	Vona R. Cox	10/15/2024 2:43 PM
#	COMPANY	DATE
	There are no responses.	
#	ADDRESS	DATE
	There are no responses.	
#	ADDRESS 2	DATE
	There are no responses.	
#	CITY/TOWN	DATE
	There are no responses.	
#	STATE/PROVINCE	DATE
	There are no responses.	
#	ZIP/POSTAL CODE	DATE
1	30314	11/9/2024 9:36 PM

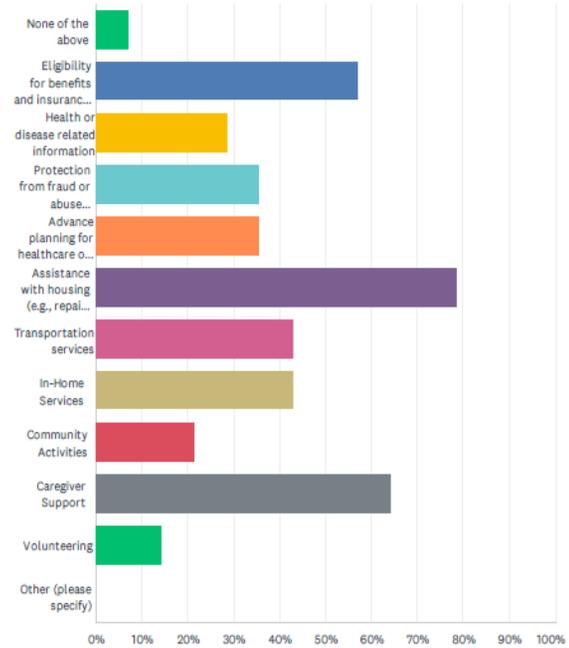
Atlanta Area Plan on Aging Survey SFY 2026

#	COUNTRY	DATE
2	31906	11/6/2024 2:21 PM
3	30296	11/6/2024 7:56 AM
4	30281	10/28/2024 5:03 PM
5	30092	10/17/2024 3:58 PM
6	30318	10/15/2024 2:43 PM
There are no responses.		
#	EMAIL ADDRESS	DATE
1	charandek@yahoo.com	11/9/2024 9:36 PM
2	amy@jscottplacement.org	11/6/2024 2:21 PM
3	Ladylaverne987@gmail.com	11/6/2024 7:56 AM
4	anthonyford1803@comcast.net	10/28/2024 5:03 PM
5	cerrotti@protonmail.com	10/17/2024 3:58 PM
6	vcov@mowatl.org	10/15/2024 2:43 PM
#	PHONE NUMBER	DATE
1	4043377398	11/9/2024 9:36 PM
2	334-476-5407	11/6/2024 2:21 PM
3	7708856678	11/6/2024 7:56 AM
4	(770) 596-3842	10/28/2024 5:03 PM
5	770-265-0264	10/17/2024 3:58 PM
6	404381-3889	10/15/2024 2:43 PM

Atlanta Area Plan on Aging Survey SFY 2026

Q5 In the past year, have you or someone you know had a need for advice or information in any of the following areas? (check all that apply)

Answered: 14 Skipped: 0



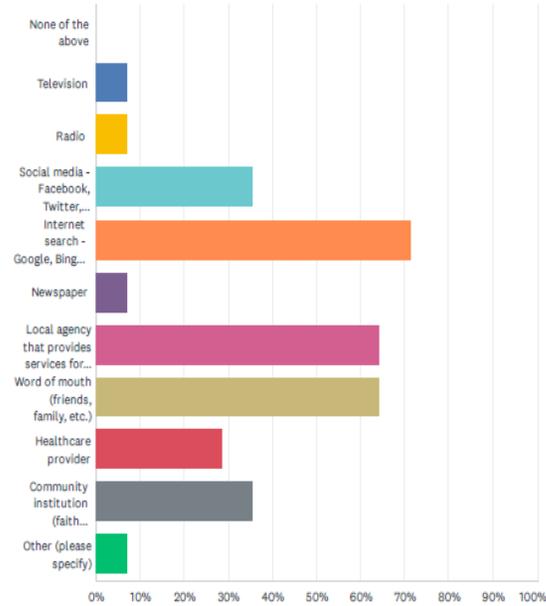
Atlanta Area Plan on Aging Survey SFY 2026

ANSWER CHOICES	RESPONSES	
None of the above	7.14%	1
Eligibility for benefits and insurance information	57.14%	8
Health or disease related information	28.57%	4
Protection from fraud or abuse (financial, physical, or emotional)	35.71%	5
Advance planning for healthcare or end of life care	35.71%	5
Assistance with housing (e.g., repairs, finding suitable housing, etc.)	78.57%	11
Transportation services	42.86%	6
In-Home Services	42.86%	6
Community Activities	21.43%	3
Caregiver Support	64.29%	9
Volunteering	14.29%	2
Other (please specify)	0.00%	0
Total Respondents: 14		
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Atlanta Area Plan on Aging Survey SFY 2026

Q6 Which of the following methods do you use to find information on services and benefits for older persons? (check all that apply)

Answered: 14 Skipped: 0



Atlanta Area Plan on Aging Survey SFY 2026

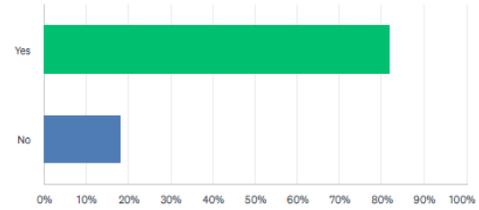
ANSWER CHOICES	RESPONSES
None of the above	0.00% 0
Television	7.14% 1
Radio	7.14% 1
Social media - Facebook, Twitter, Instagram, etc.	35.71% 5
Internet search - Google, Bing, etc.	71.43% 10
Newspaper	7.14% 1
Local agency that provides services for older people	64.29% 9
Word of mouth (friends, family, etc.)	64.29% 9
Healthcare provider	28.57% 4
Community institution (faith community, neighborhood associations, libraries, local businesses, etc.)	35.71% 5
Other (please specify)	7.14% 1
Total Respondents: 14	

#	OTHER (PLEASE SPECIFY)	DATE
1	Church	11/6/2024 7:56 AM

Atlanta Area Plan on Aging Survey SFY 2026

Q7 In the past year, have you been able to obtain the information you needed from the sources you use?

Answered: 11 Skipped: 3



ANSWER CHOICES	RESPONSES
Yes	81.82% 9
No	18.18% 2
TOTAL	11

#	SOMETIMES (PLEASE EXPLAIN)	DATE
1	AARP has been helpful. Sometimes agencies may have run out of resources or don't have resources specifically for older adults.	10/25/2024 11:48 AM
2	Our agency services older adults and their families. We are always trying to learn more about community resources to make better referrals.	10/21/2024 6:03 PM

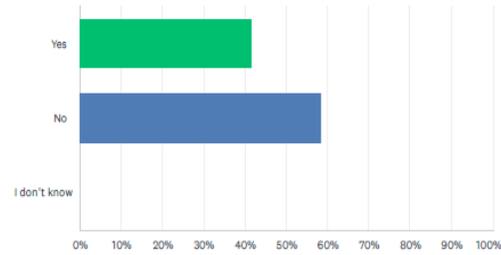
Q8 What is your home ZIP code?

Answered: 13 Skipped: 1

#	RESPONSES	DATE
1	30314	11/9/2024 9:36 PM
2	30281	11/6/2024 6:50 PM
3	31906	11/6/2024 2:21 PM
4	30296	11/6/2024 7:56 AM
5	30281	10/28/2024 5:03 PM
6	30253	10/28/2024 1:28 PM
7	30253	10/25/2024 11:48 AM
8	30338	10/21/2024 6:03 PM
9	30062	10/17/2024 4:13 PM
10	30092	10/17/2024 3:58 PM
11	30032	10/16/2024 8:19 PM
12	30273	10/16/2024 10:11 AM
13	30318	10/15/2024 2:43 PM

Q9 Are you aware of this service?

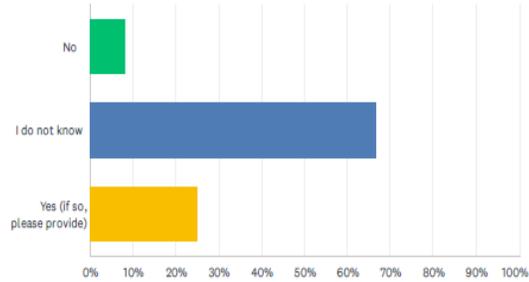
Answered: 12 Skipped: 2



ANSWER CHOICES	RESPONSES
Yes	41.67% 5
No	58.33% 7
I don't know	0.00% 0
TOTAL	12

Q10 Are there other services that you feel could meet this need?

Answered: 12 Skipped: 2

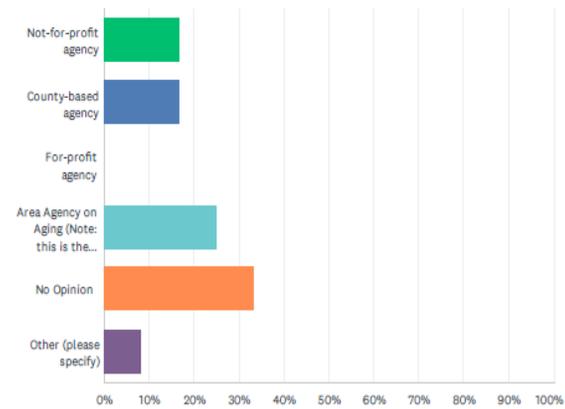


ANSWER CHOICES	RESPONSES	
No	8.33%	1
I do not know	66.67%	8
Yes (if so, please provide)	25.00%	3
<b>TOTAL</b>		<b>12</b>

#	YES (IF SO, PLEASE PROVIDE)	DATE
1	Adopt a Senior - calls, visits, send bday and holiday cards/gifts	11/6/2024 2:24 PM
2	One Good Deed Friendly Visitor Program	10/21/2024 6:04 PM
3	affordable personal transportation services	10/16/2024 8:23 PM

Q11 What is the best agency to provide this service?

Answered: 12 Skipped: 2

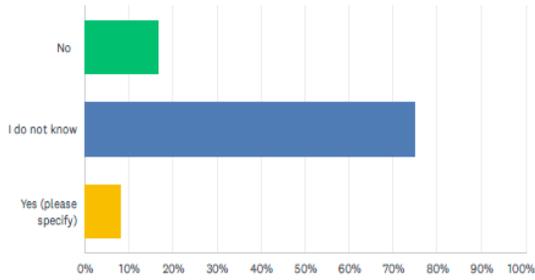


ANSWER CHOICES	RESPONSES	
Not-for-profit agency	16.67%	2
County-based agency	16.67%	2
For-profit agency	0.00%	0
Area Agency on Aging (Note: this is the Atlanta Regional Commission for the Atlanta metro area)	25.00%	3
No Opinion	33.33%	4
Other (please specify)	8.33%	1
<b>TOTAL</b>		<b>12</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	All agencies	11/6/2024 2:24 PM

Q12 Is there a need for a change in how this service is delivered?

Answered: 12 Skipped: 2

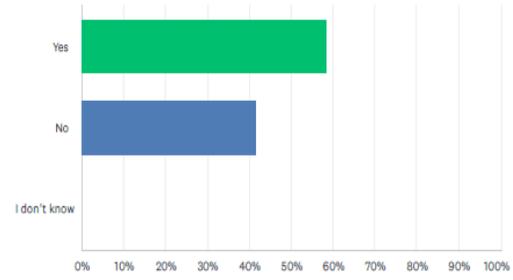


ANSWER CHOICES	RESPONSES	
No	16.67%	2
I do not know	75.00%	9
Yes (please specify)	8.33%	1
<b>TOTAL</b>		<b>12</b>

#	YES (PLEASE SPECIFY)	DATE
1	Ride shares that are not on a bus	10/16/2024 8:23 PM

Q13 Are you aware of this service?

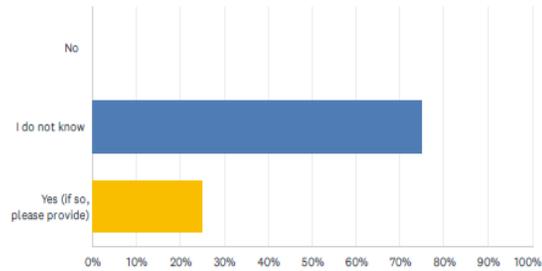
Answered: 12 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	58.33%	7
No	41.67%	5
I don't know	0.00%	0
<b>TOTAL</b>		<b>12</b>

Q14 Are there other services that you feel could meet this need?

Answered: 12 Skipped: 2

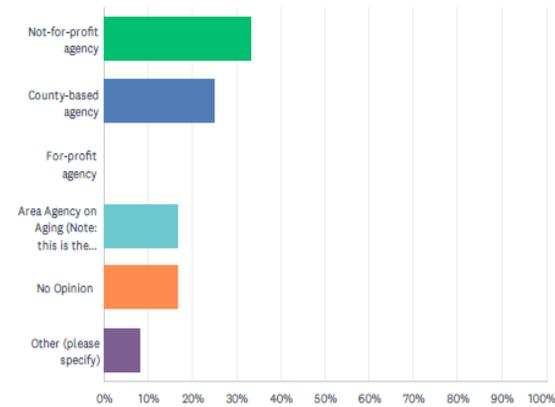


ANSWER CHOICES	RESPONSES
No	0.00% 0
I do not know	75.00% 9
Yes (if so, please provide)	25.00% 3
<b>TOTAL</b>	<b>12</b>

#	YES (IF SO, PLEASE PROVIDE)	DATE
1	Other non-profits	10/21/2024 6:05 PM
2	I feel that the classes offered by ARC are not sufficient and are not distributed in lower-income areas.	10/17/2024 4:02 PM
3	Yoga for strength and balance	10/16/2024 8:25 PM

Q15 What is the best agency to provide this service?

Answered: 12 Skipped: 2

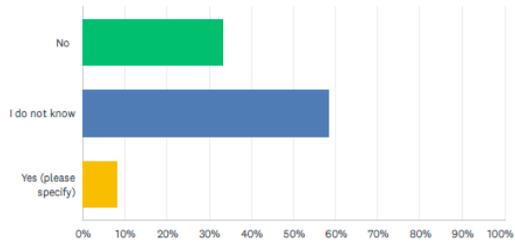


ANSWER CHOICES	RESPONSES
Not-for-profit agency	33.33% 4
County-based agency	25.00% 3
For-profit agency	0.00% 0
Area Agency on Aging (Note: this is the Atlanta Regional Commission for the Atlanta metro area)	16.67% 2
No Opinion	16.67% 2
Other (please specify)	8.33% 1
<b>TOTAL</b>	<b>12</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	All	11/6/2024 2:24 PM

Q16 Is there a need for a change in how this service is delivered?

Answered: 12 Skipped: 2

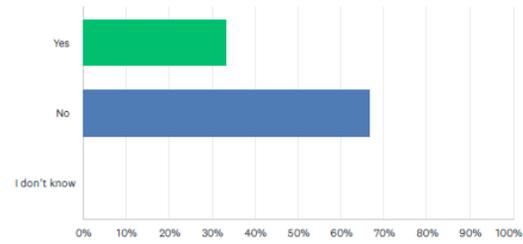


ANSWER CHOICES	RESPONSES	
No	33.33%	4
I do not know	58.33%	7
Yes (please specify)	8.33%	1
<b>TOTAL</b>		<b>12</b>

#	YES (PLEASE SPECIFY)	DATE
1	I would have to do further research to see if ARC is meeting the needs and to make educated recommendations	11/6/2024 7:59 AM

Q17 Are you aware of this service?

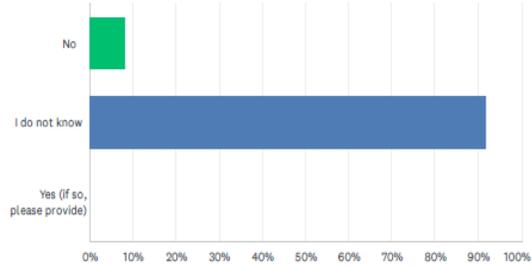
Answered: 12 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	33.33%	4
No	66.67%	8
I don't know	0.00%	0
<b>TOTAL</b>		<b>12</b>

Q18 Are there other services that you feel could meet this need?

Answered: 12 Skipped: 2

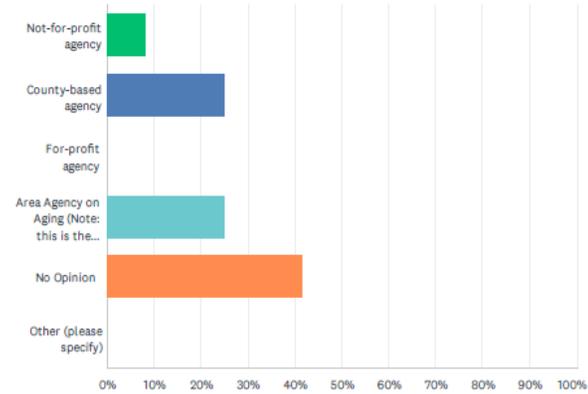


ANSWER CHOICES	RESPONSES	
No	8.33%	1
I do not know	91.67%	11
Yes (if so, please provide)	0.00%	0
<b>TOTAL</b>		<b>12</b>

#	YES (IF SO, PLEASE PROVIDE)	DATE
There are no responses.		

Q19 What is the best agency to provide this service?

Answered: 12 Skipped: 2

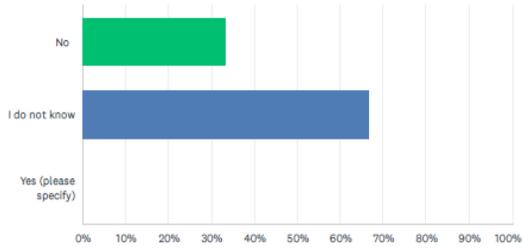


ANSWER CHOICES	RESPONSES	
Not-for-profit agency	8.33%	1
County-based agency	25.00%	3
For-profit agency	0.00%	0
Area Agency on Aging (Note: this is the Atlanta Regional Commission for the Atlanta metro area)	25.00%	3
No Opinion	41.67%	5
Other (please specify)	0.00%	0
<b>TOTAL</b>		<b>12</b>

#	OTHER (PLEASE SPECIFY)	DATE
There are no responses.		

Q20 Is there a need for a change in how this service is delivered?

Answered: 12 Skipped: 2

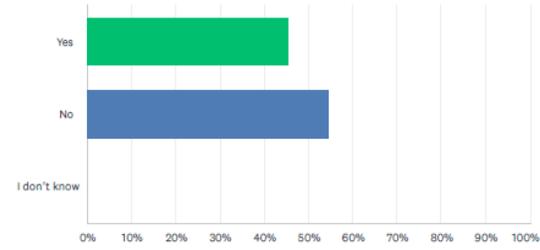


ANSWER CHOICES	RESPONSES	
No	33.33%	4
I do not know	66.67%	8
Yes (please specify)	0.00%	0
<b>TOTAL</b>		<b>12</b>

#	YES (PLEASE SPECIFY)	DATE
There are no responses.		

Q21 Are you aware of this service?

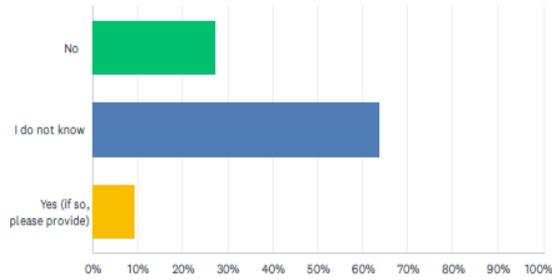
Answered: 11 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	45.45%	5
No	54.55%	6
I don't know	0.00%	0
<b>TOTAL</b>		<b>11</b>

Q22 Are there other services that you feel could meet this need?

Answered: 11 Skipped: 3

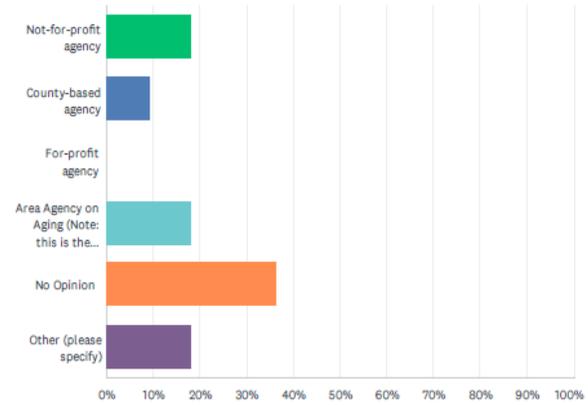


ANSWER CHOICES	RESPONSES
No	27.27% 3
I do not know	63.64% 7
Yes (if so, please provide)	9.09% 1
<b>TOTAL</b>	<b>11</b>

#	YES (IF SO, PLEASE PROVIDE)	DATE
1	Non-profits	10/21/2024 6:08 PM

Q23 What is the best agency to provide this service?

Answered: 11 Skipped: 3

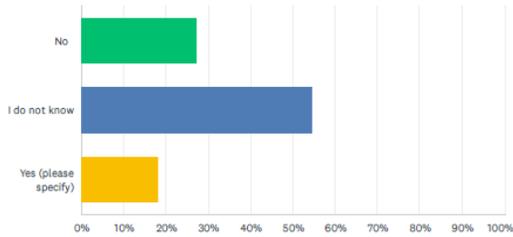


ANSWER CHOICES	RESPONSES
Not-for-profit agency	18.18% 2
County-based agency	9.09% 1
For-profit agency	0.00% 0
Area Agency on Aging (Note: this is the Atlanta Regional Commission for the Atlanta metro area)	18.18% 2
No Opinion	36.36% 4
Other (please specify)	18.18% 2
<b>TOTAL</b>	<b>11</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	All	11/6/2024 2:26 PM
2	There needs to be a collective effort to provide more resources to obtain quality, healthy foods for seniors. Processed foods is not the answer to optimum health	11/6/2024 8:03 AM

Q24 Is there a need for a change in how this service is delivered?

Answered: 11 Skipped: 3

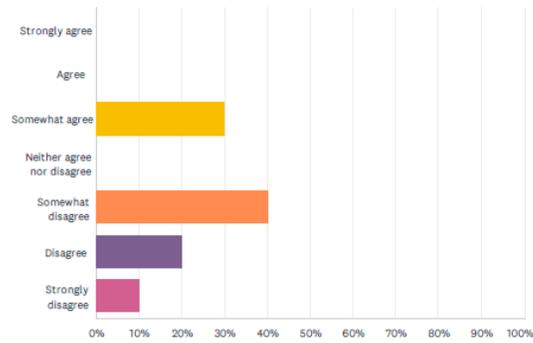


ANSWER CHOICES	RESPONSES
No	27.27% 3
I do not know	54.55% 6
Yes (please specify)	18.18% 2
<b>TOTAL</b>	<b>11</b>

#	YES (PLEASE SPECIFY)	DATE
1	A collective effort from all resources needs to be balance in its provision so that seniors have a fighting chance to live a healthy quality of life with true nutritious foods, less processed foods and more financial resources to obtain nutritional foods that will help minimize their disease challenges.	11/6/2024 8:03 AM
2	More advertising	10/16/2024 8:31 PM

Q25 I feel that there is a good understanding of how to request services as an older adult or for an older adult in my community.

Answered: 10 Skipped: 4

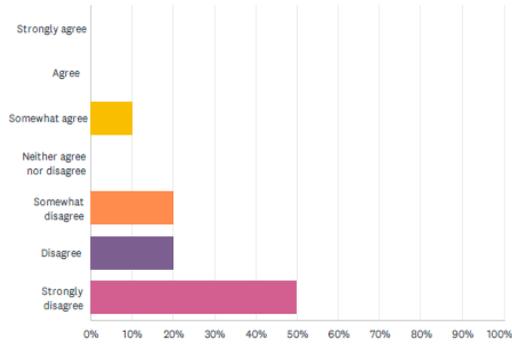


ANSWER CHOICES	RESPONSES
Strongly agree	0.00% 0
Agree	0.00% 0
Somewhat agree	30.00% 3
Neither agree nor disagree	0.00% 0
Somewhat disagree	40.00% 4
Disagree	20.00% 2
Strongly disagree	10.00% 1
<b>TOTAL</b>	<b>10</b>

Atlanta Area Plan on Aging Survey SFY 2026

Q26 I feel that there is enough affordable housing in my community.

Answered: 10 Skipped: 4

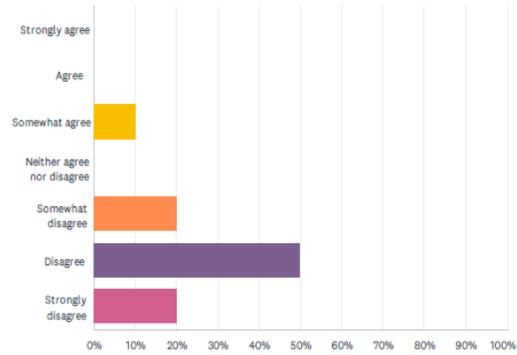


ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	0.00%	0
Somewhat agree	10.00%	1
Neither agree nor disagree	0.00%	0
Somewhat disagree	20.00%	2
Disagree	20.00%	2
Strongly disagree	50.00%	5
<b>TOTAL</b>		<b>10</b>

Atlanta Area Plan on Aging Survey SFY 2026

Q27 I feel that there are enough affordable home maintenance and repair services available in my community.

Answered: 10 Skipped: 4

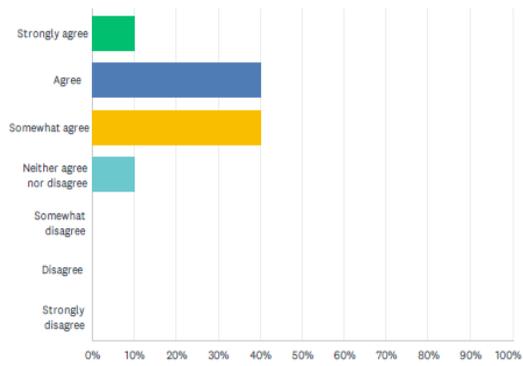


ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	0.00%	0
Somewhat agree	10.00%	1
Neither agree nor disagree	0.00%	0
Somewhat disagree	20.00%	2
Disagree	50.00%	5
Strongly disagree	20.00%	2
<b>TOTAL</b>		<b>10</b>

Atlanta Area Plan on Aging Survey SFY 2026

Q28 I feel safe and respected in my home and community.

Answered: 10 Skipped: 4



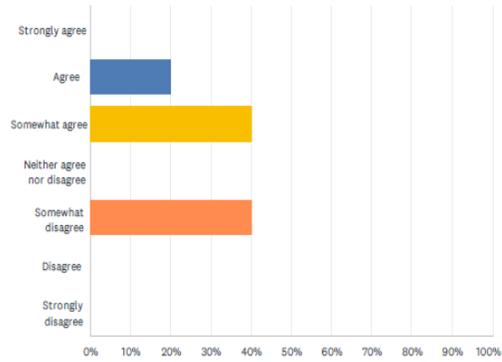
ANSWER CHOICES	RESPONSES	
Strongly agree	10.00%	1
Agree	40.00%	4
Somewhat agree	40.00%	4
Neither agree nor disagree	10.00%	1
Somewhat disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>10</b>

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Atlanta Area Plan on Aging Survey SFY 2026

Q29 I feel that the activities in my community appeal to a diverse population of older adults.

Answered: 10 Skipped: 4

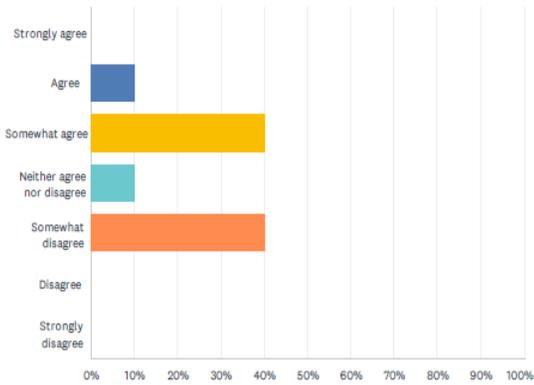


ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	20.00%	2
Somewhat agree	40.00%	4
Neither agree nor disagree	0.00%	0
Somewhat disagree	40.00%	4
Disagree	0.00%	0
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>10</b>

34 / 43

Q30 I feel that there are a range of options for social and civic participation in my community.

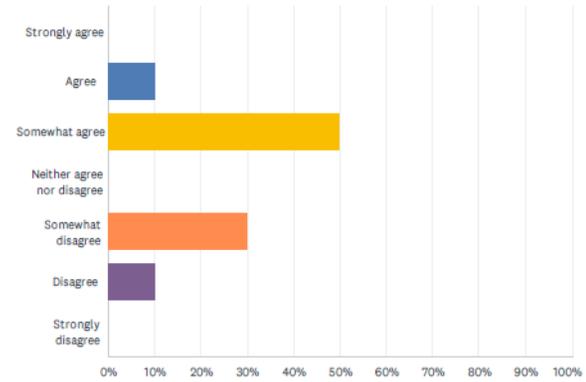
Answered: 10 Skipped: 4



ANSWER CHOICES	RESPONSES	Count
Strongly agree	0.00%	0
Agree	10.00%	1
Somewhat agree	40.00%	4
Neither agree nor disagree	10.00%	1
Somewhat disagree	40.00%	4
Disagree	0.00%	0
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>10</b>

Q31 I feel that I can easily access information I need about my community.

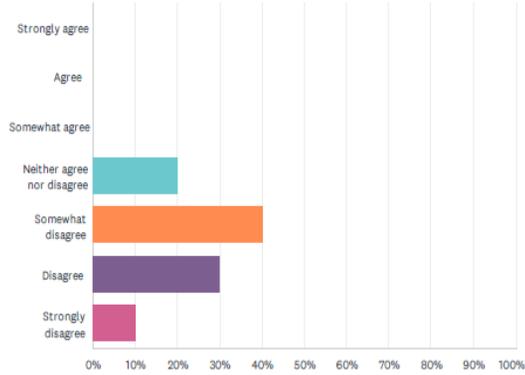
Answered: 10 Skipped: 4



ANSWER CHOICES	RESPONSES	Count
Strongly agree	0.00%	0
Agree	10.00%	1
Somewhat agree	50.00%	5
Neither agree nor disagree	0.00%	0
Somewhat disagree	30.00%	3
Disagree	10.00%	1
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>10</b>

Q32 I feel that there is a range of transportation options available to me in my community.

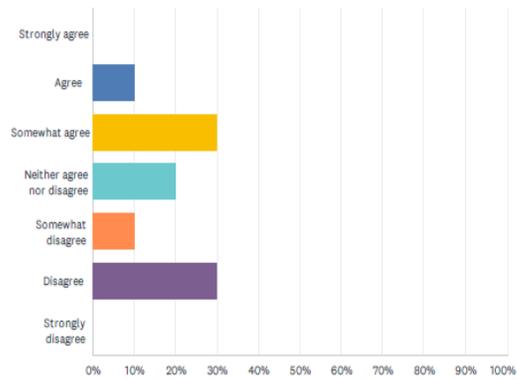
Answered: 10 Skipped: 4



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	0.00%	0
Somewhat agree	0.00%	0
Neither agree nor disagree	20.00%	2
Somewhat disagree	40.00%	4
Disagree	30.00%	3
Strongly disagree	10.00%	1
TOTAL		10

Q33 I feel that there are adequate health services in my community.

Answered: 10 Skipped: 4



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	10.00%	1
Somewhat agree	30.00%	3
Neither agree nor disagree	20.00%	2
Somewhat disagree	10.00%	1
Disagree	30.00%	3
Strongly disagree	0.00%	0
TOTAL		10

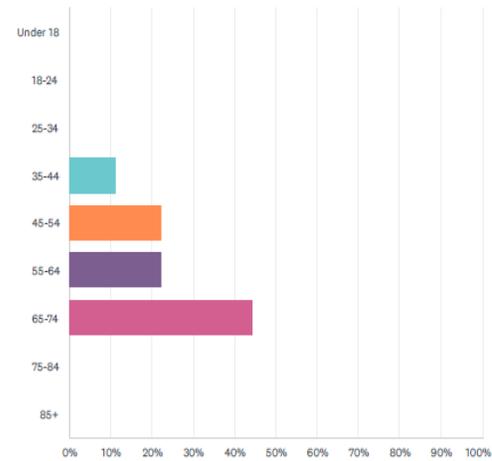
Q34 Is there anything else you would like to share with us?

Answered: 4 Skipped: 10

#	RESPONSES	DATE
1	no	11/6/2024 6:54 PM
2	These are truly ongoing challenges for the senior community on the south side of Atlanta. I believe that only a collective effort, not a competitive effort can really make a difference in the community for seniors.	11/6/2024 8:05 AM
3	We are truly doing the right thing by looking into what else we can do positively to support our aging community.	10/28/2024 5:12 PM
4	I believe that minorities, and individuals from lower-income communities, should be addressed in a more meaningful and inclusive way. Unfortunately, I don't see that happening right now, and it's both sad and unfair to those who are being left out of opportunities for growth and connection.	10/17/2024 4:07 PM

Q35 What is your age?

Answered: 9 Skipped: 5

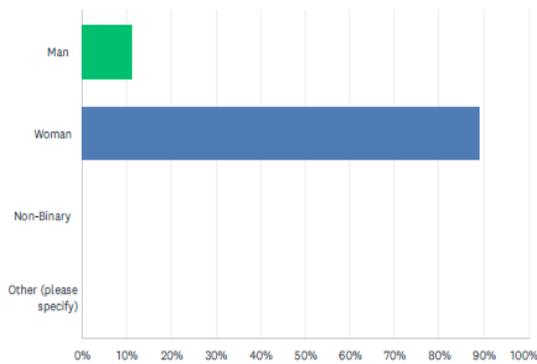


ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	0.00%	0
25-34	0.00%	0
35-44	11.11%	1
45-54	22.22%	2
55-64	22.22%	2
65-74	44.44%	4
75-84	0.00%	0
85+	0.00%	0
<b>TOTAL</b>		<b>9</b>

Atlanta Area Plan on Aging Survey SFY 2026

Q36 What is your gender?

Answered: 9 Skipped: 5



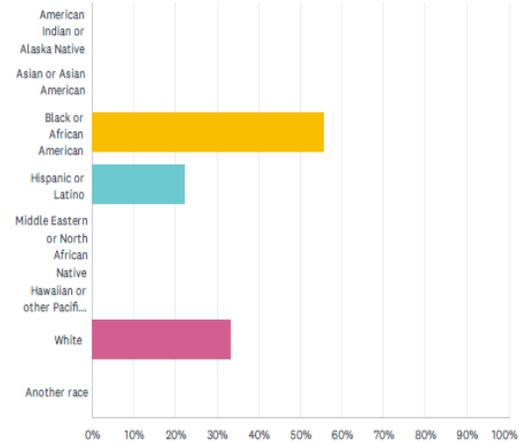
ANSWER CHOICES	RESPONSES	
Man	11.11%	1
Woman	88.89%	8
Non-Binary	0.00%	0
Other (please specify)	0.00%	0
<b>TOTAL</b>		<b>9</b>

#	OTHER (PLEASE SPECIFY)	DATE
There are no responses.		

Atlanta Area Plan on Aging Survey SFY 2026

Q37 What is your race and/or ethnicity?

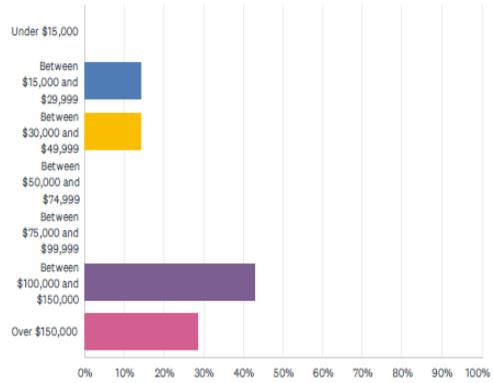
Answered: 9 Skipped: 5



ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native	0.00%	0
Asian or Asian American	0.00%	0
Black or African American	55.56%	5
Hispanic or Latino	22.22%	2
Middle Eastern or North African	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
White	33.33%	3
Another race	0.00%	0
<b>Total Respondents: 9</b>		

Q38 What is your approximate annual household income?

Answered: 7 Skipped: 7



ANSWER CHOICES	RESPONSES	
Under \$15,000	0.00%	0
Between \$15,000 and \$29,999	14.29%	1
Between \$30,000 and \$49,999	14.29%	1
Between \$50,000 and \$74,999	0.00%	0
Between \$75,000 and \$99,999	0.00%	0
Between \$100,000 and \$150,000	42.86%	3
Over \$150,000	28.57%	2
TOTAL		7

Attendee Report: Public Hearing											
Report Generated:											
10/29/2024 02:18 PM EDT											
Webinar ID	Actual Start Date/Time	Duration	# Registered	# Attended	Clicked Registration Link						
345-475-435	10/29/2024 10:55 AM EDT	1 hour 36 minutes	92	28	240						
Attendee Details											
Attended	Interest Rating	Last Name	First Name	Email Address	Registration Date/Time	Time in Session	Phone	Uncubscribed	County	What is your purpose in attending?	Would you like to speak at the hearing?
Yes	40	Anderson	Ailma	aanderson@atlantaregional.org	10/29/2024 11:12 AM EDT	27 minutes		No			
Yes	91	Brady	Kat	katbradyrealy@gmail.com	10/23/2024 10:20 PM EDT	38 minutes	4045430709	No	Cobb	Caregiver	
Yes	95	Cannon	Kyana	k.cannon1922@gmail.com	10/11/2024 04:41 PM EDT	53 minutes		No			No
Yes	68	Carter	Tiarra	tiamara3@gmail.com	09/30/2024 09:00 AM EDT	42 minutes		No			No
Yes	54	Coffin	Nathan	NOOFLING@ADVISEWELL.ORG	10/16/2024 02:38 PM EDT	45 minutes		No			Yes
Yes	65	Cotton	Deborah	deborahcotton0204@gmail.com	10/29/2024 09:39 AM EDT	34 minutes		No			
Yes	93	Duncombe	Roxanne	Roxanne.Duncombe@emoryhealthcare.org	10/03/2024 02:41 PM EDT	25 minutes		No			No
Yes	95	Folami	La Wanda	lawandafolami@gmail.com	10/28/2024 04:41 PM EDT	52 minutes	4703189881	No	GA	Caregiver	Yes
Yes	80	Ford	Anthony	astford@stockbridgega.org	10/28/2024 04:45 PM EDT	39 minutes	(678) 215-6142	No	Henry	General Public	Yes
Yes	94	Frazier	Shurika	shurika.frazier@emoryhealthcare.org	10/03/2024 02:32 PM EDT	39 minutes		No			No
Yes	94	Gearing	Robert	bobgearing64@gmail.com	10/16/2024 11:39 PM EDT	34 minutes		No			Yes
Yes	47	Harrow	Erika	utopia.columbus@gmail.com	10/15/2024 12:05 PM EDT	1 hour 36 minutes		No			No
Yes	61	Hendrix	Alicia	alicia.hendrix@northside.com	10/24/2024 09:46 AM EDT	25 minutes	7702242352	No	Georgia	Provider	No
Yes	89	Howard	Mary	Mary.Howard@doh.ga.gov	10/24/2024 02:49 PM EDT	38 minutes	470-543-8941	No	Dekalb	Other	No
Yes	92	Johnson	Shawanda	shawandajohnson@gmail.com	10/20/2024 05:33 PM EDT	22 minutes	4046059980	No	Fulton	Caregiver	No
Yes	94	Kim	Xavier	xavierkim1203@gmail.com	10/28/2024 04:34 PM EDT	37 minutes	678-255-1072	No	Gwinnet	General Public	No
Yes	28	Kozicki	Sarah	skozicki@atlantaregional.org	10/07/2024 11:25 AM EDT	34 minutes		No			
Yes	95	McAlister	M	jamb04_hostie@icloud.com	10/23/2024 02:17 PM EDT	44 minutes		No	Gwinnet	Caregiver	No
Yes	83	McDaniel	Rana	rmcdaniel@hopeatlanta.org	10/15/2024 02:04 PM EDT	45 minutes		No			No
Yes	94	Miner	Kristie	kristieminer@yahoo.com	10/28/2024 08:41 AM EDT	42 minutes		No	Cobb	Provider	No
Yes	96	Murphy	Meghan	mmurphy@atlantaregional.org	10/07/2024 10:57 AM EDT	51 minutes		No			No
Yes	81	Okoth-Jarvinen	Lindsay	lindsay.jarvinen@fultoncountyga.gov	10/01/2024 10:03 AM EDT	36 minutes		No			No
Yes	62	Salgado	Evira	evira.salgado@mail.house.gov	10/28/2024 02:53 PM EDT	28 minutes	7708072120	No	Gwinnet	Other	No
Yes	100	Sharp	Kristie	ksharp@atlantaregional.org	10/07/2024 04:24 PM EDT	1 hour 32 minutes		No			No
Yes	79	Thomas	Shirley	sthomas@gisp.org	10/17/2024 09:10 AM EDT	43 minutes		No			Yes
Yes	75	Thurman Byrd	Sharise	sbyrd@atlantaregional.org	09/30/2024 08:40 AM EDT	1 hour 5 minutes		No			No
Yes	45	Waschevski	Susan	swaschevski@gmail.com	10/22/2024 04:46 PM EDT	40 minutes		No		General Public	No
Yes	37	Weiman	Jack	jack@winsurance.com	10/14/2024 03:16 PM EDT	40 minutes		No			No

Attendee Report: Public Hearing											
Report Generated:											
10/29/2024 02:15 PM EDT											
Webinar ID	Actual Start Date/Time	Duration	# Registered	# Attended	Clicked Registration Link						
565-807-259	10/29/2024 12:32 PM EDT	58 minutes	62	19	133						
Attendee Details											
Attended	Interest Rating	Last Name	First Name	Email Address	Registration Date/Time	Time In Session	Phone	Unsubscribed	County	What is your purpose in attending?	Would you like to speak at the hearing?
Yes	61	Anderson	Alma	aanderson@atantaregional.org	10/29/2024 11:40 AM EDT	24 minutes	404-463-3333	No		Other	No
Yes	75	Appel	Joy	jappel@atantaregional.org	10/28/2024 11:27 AM EDT	58 minutes		No			
Yes	90	Bragg	Penny	pbragg@sigma@charter.net	10/29/2024 11:21 AM EDT	25 minutes	404-861-4619	No	Henry	General Public	No
Yes	88	Coffin	Nathan	NOOFLING@ADVISEWELL.ORG	10/16/2024 02:41 PM EDT	25 minutes		No			Yes
Yes	84	Davis	Adriane	adriane.davis@dhs.ga.gov	10/16/2024 01:29 PM EDT	31 minutes		No			No
Yes	95	Ford	Anthony	azford@stockbridgega.org	10/28/2024 04:55 PM EDT	30 minutes	(678) 215-6142	No	Henry	General Public	Yes
Yes	100	Gearing	Robert	BobGearing64@gmail.com	10/16/2024 11:43 PM EDT	57 minutes		No			Yes
Yes	96	Howard	Mary	Mary.Howard@dph.ga.gov	10/24/2024 02:48 PM EDT	42 minutes	470-543-8941	No	DeKalb	Other	No
Yes	41	Johnson	Shawanda	shawandajohnson@gmail.com	10/20/2024 05:42 PM EDT	58 minutes	4046069980	No	Fulton	Caregiver	No
Yes	95	Knight	Carol	carol.e.knight@oakstreethealth.com	10/22/2024 10:56 AM EDT	32 minutes		No	Fulton	Provider	No
Yes	43	Kozicki	Sarah	skozicki@atantaregional.org	10/07/2024 11:22 AM EDT	31 minutes		No			No
Yes	90	Mitchell	Orathia	omitchell@comforcare.com	10/17/2024 10:06 PM EDT	12 minutes	7707590759	No	Fulton+	Provider	No
Yes	58	Murphy	Meghan	mmurphy@atantaregional.org	10/07/2024 10:58 AM EDT	46 minutes		No			No
Yes	40	Pinones	Judy	jpinones@atantaregional.org	10/29/2024 09:56 AM EDT	3 minutes		No		Provider	No
Yes	95	Reed	Ken	drkenreed1957@gmail.com	10/22/2024 04:02 PM EDT	29 minutes	4044274272	No	Gwinnett	Caregiver	No
Yes	40	Saigado	Eivira	eivira.saigado@mail.house.gov	10/28/2024 02:52 PM EDT	33 minutes	770-807-2120	No	Gwinnett	Other	No
Yes	34	Thomas	Shirley	stthomas@gisp.org	10/17/2024 09:11 AM EDT	14 minutes		No			Yes
Yes	72	Thomas	Wylean	wylean.thomas1@dhs.ga.gov	10/16/2024 01:37 PM EDT	32 minutes		No			No
Yes	90	Warren	Jasmine	jasminewarren19@yahoo.com	10/23/2024 09:11 AM EDT	20 minutes		No		Provider	No

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

The top Challenges across all sources were housing and transportation.

### Metro Atlanta Speaks Survey

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

### Housing Tops List of Respondents' Concerns

Housing affordability is the Atlanta region's top concern, according to the 2025 Metro Atlanta Speaks public opinion survey. When asked about the biggest problem facing metro Atlanta, 28% of the respondents said housing affordability, followed by traffic (24%), and crime and the economy (13% each).

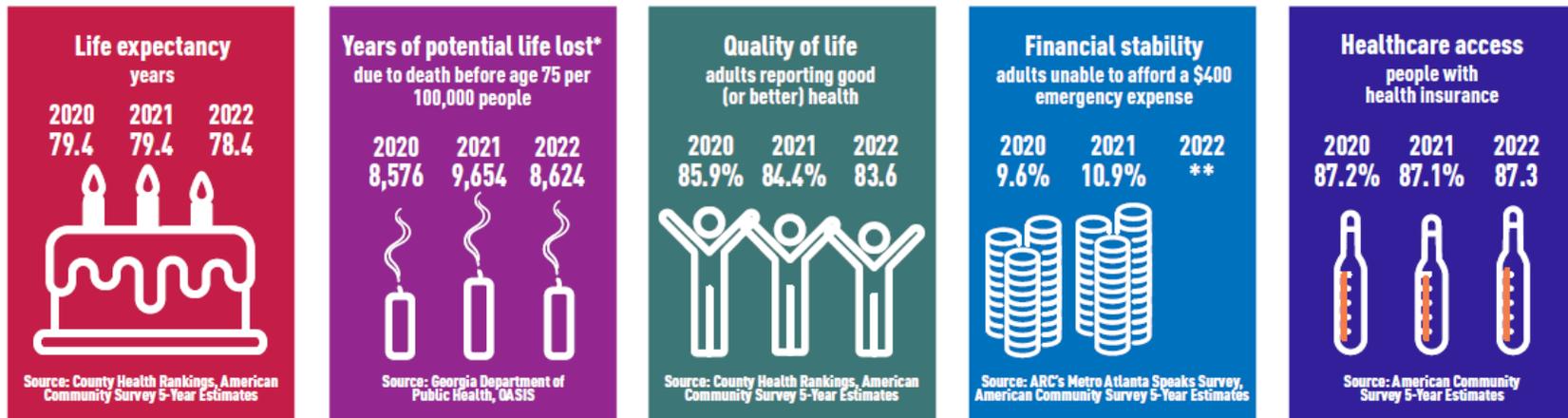
### Highlights

- **Housing affordability remains a concern for many:** More than six in 10 respondents (62%) said they could not afford to move to another house or apartment in their current neighborhood, about the same as last year.
- **Builders and investors viewed as main causes of housing affordability challenges:** In a new question this year, 44% of respondents said the main cause of the region's housing affordability challenge is developers building units that are too expensive, followed by investors buying up homes to rent out (35%).
- **Mixed views on impact of AI:** In new questions involving artificial intelligence, 61% of survey respondents said they believe AI technology will increase productivity, and about half (49%) said AI will make life easier. But nearly three in four respondents (73%) said AI will decrease the number of available jobs.
- **Worry over economy grows:** Over half of respondents (53%) said it's a bad time to find a well-paying job, an increase from last year (41%), the first year we asked this question.

- Negative outlook in the near term:** Nearly half (46.5%) of respondents said they expected living conditions in metro Atlanta to be worse in the next 3-4 years, while 16% said they thought things would be better over that time period. That's a sizable change from last year, when 33% said things would be worse off and 28% said they'd be better.

## Tracking Factors that Affect Life Expectancy for Metro Atlanta Residents

Metro Atlanta is defined here as the 10-county region and includes Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, and Rockdale counties.



\*Years of Potential Life Lost (YPLL) before the age of 75 is a measure of premature death. The measure simply takes the difference between actual age of death and age 75. For example: If a person dies at age 65, that is 10 Years of Potential Life Lost. To account for population size at different geographic scales, we use the YPLL rate, which is the average sum of the Years of Potential Life Lost for 100,000 individuals.  
 \*\*Survey not administered in 2022

### Item #4d - Special Needs

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

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

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

“Metro Atlanta’s Asian population grew 49% between 2010 and 2022. (Source: American Community Survey 5-Year Estimates, 2006-2010 and 2018-2022, B01001D)”

## 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? <ul style="list-style-type: none"> <li>• <u>Contracted Out</u> or</li> <li>• <u>Provided Directly (Allowable)</u> or</li> <li>• <u>Provided Directly (Intent to Submit Waiver)</u> or</li> <li>• <u>Budgeted under the AAA/Brokered to Provider(s)</u></li> </ul>
1.	Case Management	Short-term assistance on behalf of an older person or caregiver who is experiencing immediate risk to health and safety, is at high risk of institutional placement, or has complex needs across multiple domains of care. Activities of case management include such practices as comprehensive assessment, often across multiple domains; and developing and monitoring short-term care plans. Case Management can be provided to older adults, persons with disabilities, caregivers, or relative caregivers raising children.	Contracted Out
2.	Personal Care	Providing personal assistance, stand-by-assistance, supervision or cues for individuals having difficulties with basic activities of daily living such as bathing, grooming, grooming, dressing eating, Personal assistance, stand-by assistance, supervision or cues.	Contracted Out

**Item #5a(1) - Older Americans Act Programs and Services Table**

	<b>Service</b>	<b>Service Description</b>	<b>How is the Service Provided?</b> <ul style="list-style-type: none"> <li>• <u>Contracted Out</u> or</li> <li>• <u>Provided Directly (Allowable)</u> or</li> <li>• <u>Provided Directly (Intent to Submit Waiver)</u> or</li> <li>• <u>Budgeted under the AAA/Brokered to Provider(s)</u></li> </ul>
3.	Personal Care Voucher	Providing a voucher for personal assistance, stand-by assistance, supervision, or cures for individuals having difficulties with basic activities of daily living such as bathing, grooming, dressing, eating. Personal assistance, stand-by assistance, supervision or cues	Contracted Out
4.	Homemaker	Assistance such preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.	Contracted Out
5.	Respite Care- In Home	Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite includes In-Home Respite (personal care, homemaker, and other in-home respite).	Contracted Out
6.	Respite Care - In-Home - Voucher	Vouchers issued for caregivers to pay for services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite includes In-Home Respite (personal care, homemaker, and other in-home respite).	Contracted Out
7.	Respite Care-Out of Home	Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite includes: 1) respite provided by attendance of the care recipient at a senior center, adult day program, or other nonresidential program, 2) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver.	Contracted Out

**Item #5a(1) - Older Americans Act Programs and Services Table**

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8.	Respite Care - Out-of-Home - Voucher	Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite includes: 1) respite provided by attendance of the care recipient at a senior center, adult day program, or other nonresidential program, 2) 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.
9.	Home Delivered Meals	A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. May include assistive technology required for dining.	Contracted Out
10.	Congregate Meals	A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/local laws.	Contracted Out
11.	Senior Recreation	Individual clients documented. Nutrition related activities: activities that promote socialization, physical and mental enrichment; clubs; education sessions and programming for other leisure activities (i.e., sports, performing arts, games, crafts, travel, volunteering; community gardening; environmental activities; and intergenerational activities, etc.) offered to eligible persons	Contracted Out

**Item #5a(1) - Older Americans Act Programs and Services Table**

	<b>Service</b>	<b>Service Description</b>	<b>How is the Service Provided?</b> <ul style="list-style-type: none"> <li>• <b><u>Contracted Out</u> or</b></li> <li>• <b><u>Provided Directly (Allowable)</u> or</b></li> <li>• <b><u>Provided Directly (Intent to Submit Waiver)</u> or</b></li> <li>• <b><u>Budgeted under the AAA/Brokered to Provider(s)</u></b></li> </ul>
		sponsored by and/or at an approved senior center facility which are facilitated by an instructor or provider. These activities are those which do not fall under funded nutrition and/or wellness programs.	
12.	Transportation - Individual	Transportation of an established group of consumers from one location to another, for example a senior center outing. Does not include any other activity.	Contracted Out
13.	Transportation - Individual - Voucher	Transportation of an approved consumer in which the consumer pays the provider for the trip with a voucher OR the AAA has an agreement with a provider to accept payment vouchers. The AAA or the consumer negotiates the rate and trip type (one-way, round trip) with the provider.	Contracted Out
14.	Elderly Legal Assistance	Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.	Contracted Out
15.	Telephone Reassurance	The One2One Telephone Reassurance Program provides regular, friendly phone calls to individuals at risk of social isolation and loneliness. The program strengthens social connectedness, offers consistent emotional support, and serves as a proactive safety check by identifying emerging health or well being concerns. This service enhances overall quality of life and supports individuals in maintaining independence within the community.	Provided Directly (Intent to submit waiver)

**Item #5a(1) - Older Americans Act Programs and Services Table**

	<b>Service</b>	<b>Service Description</b>	<b>How is the Service Provided?</b> <ul style="list-style-type: none"> <li>• <b><u>Contracted Out</u> or</b></li> <li>• <b><u>Provided Directly (Allowable)</u> or</b></li> <li>• <b><u>Provided Directly (Intent to Submit Waiver)</u> or</b></li> <li>• <b><u>Budgeted under the AAA/Brokered to Provider(s)</u></b></li> </ul>
16.	CDSME - CDSMP	<p>A Stanford University (SMRC) evidence-based, train the trainer program held for two and a half hours, once a week, for six consecutive weeks. Workshops and Lay Leader Trainings are facilitated by either non-health care professionals or health care professionals able to adhere to the fidelity of the program and giving preference to individuals with chronic conditions themselves. The objective is to empower workshop participants to problem solve and set weekly goals to improve skills needed to manage symptoms experienced by participants with chronic conditions as well as caregivers of persons with chronic conditions. Curriculum includes medications management, developing goals around establishing/enhancing exercise programs, healthier nutrition habits, and other personal weekly action items, learning better communication techniques, managing of pain and fatigue, working with healthcare professionals and the healthcare system, and much more.</p> <p>One workshop equals 6 weeks of 2.5 hour sessions/classes once per week. A completer is one participant who attends 4 of the 6 sessions/classes. One completer is required for reimbursement for the workshop.</p>	<p>To Be Determined (TBD) – Notice of Funding Availability open for competitive “bid” for all Evidence Based Programs (EBPs).</p>
17.	CDSME - Diabetes	<p>A Stanford University (SMRC) evidence-based, train the trainer program held for two and a half hours, once a week for six consecutive weeks. Workshops and Lay Leader trainings are facilitated by two trained individuals, one or both of whom have diabetes. Participants have diabetes or are diagnosed as being pre-diabetic.</p>	<p>To Be Determined (TBD) – Notice of Funding Availability open for competitive “bid” for all</p>

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		<p>One workshop equals 6 weeks of 2.5 hour sessions/classes once per week. A completer is one participant who attends 4 of the 6 sessions/classes. One completer is required for reimbursement for the workshop.</p>	<p>Evidence Based Programs (EBPs).</p>
18.	<p>Falls Prevention - Matter of Balance</p>	<p>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.</p> <p>One workshop equals to eight 2-hour sessions/classes, either one per week for eight weeks or twice a week for four weeks.</p> <p>A completer is one participant who attends 5 of the 8 sessions/classes. One completer is required for reimbursement for the workshop.</p>	<p>To Be Determined (TBD) – Notice of Funding Availability open for competitive “bid” for all Evidence Based Programs (EBPs).</p>
19.	<p>Falls Prevention - Tai Chi</p>	<p>Developed by Dr. Paul Lam in Australia, TCH is 12 forms of Tai Chi taught by trained instructors over 16 1-hour sessions, which can be offered once a week for 16-weeks or twice a week for 8-weeks. The program improves balance and especially helps persons with Arthritis.</p> <p>One workshop is 16 sessions. A completer is a participant who attends at least 11 out of the 16 sessions.</p>	<p>To Be Determined (TBD) – Notice of Funding Availability open for competitive “bid” for all Evidence Based Programs (EBPs).</p>

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20.	Powerful Tools for Caregivers	Powerful Tools for Caregivers is an evidence based six-week education program designed to provide family caregivers with tools necessary to increase their self-care and confidence. The program improves self-care behaviors, management of emotions, self-efficacy, and use of community resources. Completers are participants who attend 2/3 of the sessions (4 of 6 sessions).	To Be Determined (TBD) – Notice of Funding Availability open for competitive “bid” for all Evidence Based Programs (EBPs).
21.	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.	Contracted out and Budgeted under AAA/Brokered to Providers)
22.	Material Aid – Other - Individual	For purchase of materials and/or supplies that support a person's ability to continue living in the community as independently as possible. Materials may include housing/shelter, transportation, utilities, food/meals, groceries, clothing, child safety items, incontinence supplies, cleaning supplies, school supplies, etc.	Contracted out and Budgeted under AAA/Brokered to Providers)

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23.	Bingocize	<p>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.</p> <p>One workshop equals 10-weeks with two 45 - 60 minute sessions/classes per week for a total of 20 sessions/classes.</p> <p>A completer is one participant who attends 16 of the 20 sessions/classes.</p> <p>One completer is required for reimbursement for the workshop.</p>	To Be Determined (TBD) – Notice of Funding Availability open for competitive “bid” for all Evidence Based Programs (EBPs).
24.	BRI Care Consultation	An evidence-based information and coaching service delivered by telephone which empowers people to understand options, manage care, and make	Provided Directly (Allowable)

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		decisions more effectively. Participants must complete periodic contacts based on program guidelines	
25.	Support Options Coordination	Providing skills training and support to consumers in meeting their responsibilities as participants in the consumer-directed model of services, including training, coaching, and providing technical assistance to consumers to assist them in using their budgets correctly and avoiding overspending.	Contracted Out – Fulton County
26.	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) Contracted Out – Fulton County
27.	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 consumer’s needs, preferences, values and individual circumstances. Service is provided face-to-face.	Provided Directly (Allowable)
28.	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	Provided Directly (Allowable)

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		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.	
29.	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)
30.	Community Options Counseling	Provided to individuals in the community where counseling is an interactive decision support process whereby consumers, family members, and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumers needs, preferences, values and individual circumstances for individuals currently residing in nursing facilities and is provided face-to-face.	Provided Directly (Allowable)
31.	Community and Public Education	Instructions provided to caregivers or the general public regarding available support services for caregivers or practical information on the methods and	Contracted out

**Item #5a(1) - Older Americans Act Programs and Services Table**

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		techniques of caregiving. Examples include but are not limited to health fairs, presentation, and caregiver conferences.	
32.	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.
33.	Dementia Care Specialist	<p>The Dementia Care Specialist will serve as the subject matter expert regarding dementia in the in the Atlanta region. The intent of this position is to drive the effort to make the aging network more dementia capable by supporting the local network of dementia partners and stakeholders as a community catalyst, educator, and collaborator. The DCS will identify gaps in services and drive innovation so that constituents can access memory screenings and people living with dementia and their care partners can access long-term services and support (LTSS) options including those provided through the Older Americans Act.</p> <p>This individual will be responsible for ensuring a robust service delivery system to increase dementia capability across the network; building partnerships with new and existing service providers; providing outreach and awareness about available dementia services; expanding reach by partnering with existing</p>	Provided Directly (Allowable)

**Item #5a(1) - Older Americans Act Programs and Services Table**

	<b>Service</b>	<b>Service Description</b>	<b>How is the Service Provided?</b> <ul style="list-style-type: none"> <li>• <u>Contracted Out</u> or</li> <li>• <u>Provided Directly (Allowable)</u> or</li> <li>• <u>Provided Directly (Intent to Submit Waiver)</u> or</li> <li>• <u>Budgeted under the AAA/Brokered to Provider(s)</u></li> </ul>
		volunteer organizations; serving as a subject matter expert including providing education for the Aging & Disability Resource Connection (ADRC); serving on the ADRC Advisory Committee; providing training to the aging network on approved memory screening tool utilizing a train-the-trainer model.	
34.	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)
35.	CDSME-CPSMP	A Stanford University (SMRC) evidence-based, train the trainer program held for two and a half hours, once a week for six consecutive weeks. Workshops and Lay Leader Trainings are facilitated by either non-health care professionals or health care professionals able to adhere to the fidelity of the program and giving preference to individuals with chronic conditions themselves. The objective is to empower workshop participants to problem solve and set weekly goals to improve skills needed to manage symptoms experienced by participants with chronic conditions as well as caregivers of	<b>Contracted Out</b>

**Item #5a(1) - Older Americans Act Programs and Services Table**

	<b>Service</b>	<b>Service Description</b>	<b>How is the Service Provided?</b> <ul style="list-style-type: none"> <li>• <b><u>Contracted Out</u> or</b></li> <li>• <b><u>Provided Directly (Allowable)</u> or</b></li> <li>• <b><u>Provided Directly (Intent to Submit Waiver)</u> or</b></li> <li>• <b><u>Budgeted under the AAA/Brokered to Provider(s)</u></b></li> </ul>
		<p>persons with chronic conditions. Curriculum includes, medications management, developing goals around establishing/enhancing exercise programs, healthier nutrition habits, and other personal weekly actions items, learning better communication techniques, managing of pain and fatigue, working with healthcare professionals and the healthcare system and much more.</p> <p>One workshop equals 6 weeks of 2.5-hour sessions/classes once per week. A completer is one participant who attends 4 of the 6 sessions/classes. One completer is required for reimbursement for the workshop.</p>	
36.	Behavioral Health Coaching - Congregate	The process of assessment, service coordination, education, and coaching to support persons living with mental health and/or substance abuse issues to live as safely and independently as possible in a congregated setting.	Provided Directly (Allowable)
37.	Caregiver - Group	A support group is a gathering of people who share a common health concern or interest. Members share their common experiences and concerns to develop a mutual support system	Contracted Out
38.	Kinship Care – Group	A support group is a gathering of people who share a common health concern or interest. Members share their common experiences and concerns to develop a mutual support system	Contracted Out
39.	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	Provided Directly (Allowable)

**Item #5a(1) - Older Americans Act Programs and Services Table**

	<b>Service</b>	<b>Service Description</b>	<b>How is the Service Provided?</b> <ul style="list-style-type: none"> <li>• <b><u>Contracted Out</u> or</b></li> <li>• <b><u>Provided Directly (Allowable)</u> or</b></li> <li>• <b><u>Provided Directly (Intent to Submit Waiver)</u> or</b></li> <li>• <b><u>Budgeted under the AAA/Brokered to Provider(s)</u></b></li> </ul>
		management, technology management, personnel management, training, technical assistance, professional development, contractor relations, program operations/management, resource identification, and development.	
40.	Program Development	Those activities directly related to either the establishment of a new service, or the improvement, expansion, or integration of an existing service. Activities must be intended to achieve a specific service goal or objective; must occur during a specifically defined period of time, rather than being cyclical or ongoing in nature.	Provided Directly (Allowable)

## 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:**

BRI Care Consultation

**Date First Provided by** a.  AAA Staff, or b.  another provider: 2010

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

**Budgeted Funds (Annual)** 134,247 Alzheimer's Program State and \$25,000 Title 3E Family Caregiver Support.

**Staff F.T.E. funded:** 2.5 FTE

**Clients Served (Annual):** 237

**Units Provided (Annual):** 17,361.80 (\$1,605.07 non-dementia CGs Title 3E Family Caregiver Support + \$15,756.73 Alzheimer's Program State

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Support Options Coordination

**Date First Provided by a.**  AAA Staff, or b.  X another provider: 9/1/2020 Fulton Co 7/1/2025

**Date Last Competitively Bid:** November 2023 for FY 25 & 26

**Budgeted Funds (Annual):** \$15000 **Staff F.T.E. funded:** .33

**Clients Served (Annual):** TBD

**Units Provided (Annual):** TBD

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$227,528 in FY25 **Staff F.T.E. funded:** 5

**Clients Served (Annual):** 410

**Units Provided (Annual):** 8,126

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$61,386.71 in FY25 **Staff F.T.E. funded:** 2

**Clients Served (Annual):** 116

**Units Provided (Annual):** 1,695

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$75,219.64 in FY25 **Staff F.T.E. funded:** 7

**Clients Served (Annual):** 361

**Units Provided (Annual):** 2,222

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$284,800.88 in FY25 **Staff F.T.E. funded:** 4

**Clients Served (Annual):** 278

**Units Provided (Annual):** 7,380

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$69,261.72 in FY25 **Staff F.T.E. funded:** 2

**Clients Served (Annual):** 245

**Units Provided (Annual):** 6,025

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$145,901.32 in FY25 **Staff F.T.E. funded:** 7

**Clients Served (Annual):** 449

**Units Provided (Annual):** 4,175

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$899,297.70 in FY25 **Staff F.T.E. funded: 3**

**Clients Served (Annual): 782**

**Units Provided (Annual): 36,828**

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$187,254.11 in FY25 **Staff F.T.E. funded: 4**

**Clients Served (Annual): 369**

**Units Provided (Annual): 6,849**

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$78,684.68 in FY25 **Staff F.T.E. funded:** 4

**Clients Served (Annual):** 277

**Units Provided (Annual):** 5,890

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$471,729.17 in FY25 **Staff F.T.E. funded:** 4

**Clients Served (Annual):** 111

**Units Provided (Annual):** 8,272.92

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Case Management

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

**Date Last Competitively Bid:** NOFA for FY25 and FY26

**Budgeted Funds (Annual):** \$27,502.16 in FY25 **Staff F.T.E. funded:** 3

**Clients Served (Annual):** 137

**Units Provided (Annual):** 4,105

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

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

**Case Management Services:**

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

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

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

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

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

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

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

**Name and Description of Service Provided:**

Behavioral Health Coaching— HCBS Case Management Behavioral Health Coaching- congregate HCBS Case Management.

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

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

**Budgeted Funds (Annual):** \$124,452.74 **Staff F.T.E. funded:** 1 FTE

**Clients Served (Annual):** 16

**Units Provided (Annual):** 733

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

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

**Case Management Services:**

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

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

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

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

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

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

**Item #5b – Contract/Commercial Relationships Services Delivery System 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:** ARC **Fiscal Year:** FY26 but FY25 data to have full year data

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

**Contractor is:**       Non-Profit Corporation    For Profit Corporation    Federal Govt. Agency  
 Georgia Govt. Agency    Another Georgia Area Agency on Aging  
 Other Local government entity

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

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

**Date First Effective:** January 1, 2016   **Expiration Date:** June 30, 2026

**Revenue Received:** \$192,961   **Funds Expended:** \$170,332.15

**Clients Served:** 173   **Units Provided:** 6614

Client Definition same as OAA    Other contractors’ clients

**How does the AAA:**

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

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

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

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

This initiative enhances the Aging Network in the Atlanta region by allowing ARC to broaden its reach and serve more people. Additionally, it allows us to leverage other funding sources outside of OAA funds to serve a broader population as it relates to age and disability.

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

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

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

**Area Agency on Aging: ARC Fiscal Year: FY26 but FY25 data to have full year data**

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

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

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

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

**Date First Effective:** 1985   **Expiration Date:** **June 30,2026**

**Revenue Received:** **\$2,632,957**   **Funds Expended:** **\$1,393,316.56**

**Clients Served:** **4448**   **Units Provided:** N/A

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

**How does the AAA:**

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

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

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

**Contractor/Vendor Table #2**

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

This initiative enhances the Aging Network in the Atlanta region by allowing ARC to broaden its reach and serve more people. Additionally, it allows us to leverage other funding sources outside of OAA funds to serve a broader population as it relates to age and disability.

[Click or tap here to enter text.](#) Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?

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

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

**Area Agency on Aging: ARC Fiscal Year:** FY26 but FY25 data to have full year data.

**Contractor/Vendor, Legal Name:** Mercy Housing

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

**Description of Service Provided/Received or Goods Purchased:** Behavioral Health Coaching Program is an innovative program designed to support individuals with mental health and/or substance abuse issues who want to live independently better manage behavioral health challenges such as depression and dementia, and reduce the risk of eviction, while improving quality of life. Working as an extension of the ADRC, Behavioral Health Coaches utilize a person-centered, “whole person” approach to support access to mental health treatment; address social determinants of health; assist in coordination of care and are a bridge to services and supports available through the ADRC. This service offers a BH Coach who serves part-time to provide face-to-face visits at Campbell Stone affordable housing locations in Buckhead and Sandy Springs. The BH Coach conducts assessments to determine the level of engagement needed and works with the client develop an action plan to address the behavioral health condition.

**Date First Effective:** 2020   **Expiration Date:** June 30, 2026

**Revenue Received:** \$80,000   **Funds Expended:** \$61,723.21

**Clients Served:** 19   **Units Provided:** 825

Client Definition same as OAA    Other Contractors' Clients

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?  
This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.
2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?

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

This initiative enhances the Aging Network in the Atlanta region by allowing ARC to broaden its reach and serve more people. Additionally, it allows us to leverage other funding sources outside of OAA funds to serve a broader population as it relates to age and disability.

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

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

**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #4**

**Area Agency on Aging: ARC Fiscal Year: FY25 but data is for 2024.**

**Contractor/Vendor, Legal Name:** Christian City, Inc.

**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:**

Christian City has contracted with ARD to provide CDSME-CDSMP on a fee for service basis to support their Administration for Community Living Grant. ARC will identify locations for and facilitate a variety of virtual and in-person workshops for the region.

**Date First Effective:** January 1, 2025   **Expiration Date:** December 31, 2026

**Revenue Received:** \$95,000   **Funds Expended:** \$7,000

**Clients Served:** 14   **Units Provided:** 2

Client Definition same as OAA    Other

**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #4**

**How does the AAA:**

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

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

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

This initiative enhances the Aging Network in the Atlanta region by allowing ARC to broaden its reach and serve more people. Additionally, it allows us to leverage other funding sources outside of OAA funds to serve a broader population as it relates to age and disability.

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

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

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

**Area Agency on Aging: ARC Fiscal Year:** FY26 but FY25 data to have full year data

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

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

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

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

**Contractor/Vendor Table #5**

ePRO - Subscription technology and Statewide support. ARC operates the aging and disability regional information and referral network and has developed an existing resource database application, EmpowerlinePRO. The purpose of this work is support and maintain the existing application. EmpowerlinePRO is a vital tool for ARC counselors and third-party subscribers.

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

**Revenue Received:** 56,400 **Funds Expended:** 40,000

**Clients Served:** non applicable **Units Provided:** Total number of subscriptions - 14

Client Definition same as OAA  Other Non Applicable

**How does the AAA:**

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

This product is proprietary to ARC. It is used by every AAA intrastate and is designed to be an unbiased, accurate, long- term services database.

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

This initiative allows us to broaden our reach and serve more people to leverage other funding sources to serve a broader population as it relates to age and disability. ePRO allows the Aging Network to provide up to date and comprehensive information regarding services and resources.

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

This product is proprietary to ARC. It is used by every AAA in GA and is designed to be an unbiased, accurate, long term services database

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

**Contractor/Vendor Table #6**

**Area Agency on Aging:** ARC. **Fiscal Year:** FY26 but FY25 data to have full year data

## Item #5b – Contract/Commercial Relationships

### Contractor/Vendor Table #6

**Contractor/Vendor, Legal Name:** Campbell Stone Apartments, Inc.

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

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

Behavioral Health Coaching Program is an innovative program designed to support individuals with mental health and/or substance abuse issues who want to live independently better manage behavioral health challenges such as depression and dementia, and reduce the risk of eviction, while improving quality of life. Working as an extension of the ADRC, Behavioral Health Coaches utilize a person-centered, “whole person” approach to support access to mental health treatment; address social determinants of health; assist in coordination of care and are a bridge to services and supports available through the ADRC. This service offers a BH Coach who serves part-time to provide face-to-face visits at Campbell Stone affordable housing locations in Buckhead and Sandy Springs. The BH Coach conducts assessments to determine the level of engagement needed and works with the client develop an action plan to address the behavioral health condition.

**Date First Effective:** February 1, 2023 **Expiration Date:** January 31, 2027

**Revenue Received:** \$75,000 **Funds Expended:** \$80,104.77

**Clients Served:** 33 **Units Provided:** 3279

Client Definition same as OAA  Other Contractors Clients

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?  
This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.
2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?  
This initiative allows us to broaden our reach and serve more people to leverage other funding sources to serve a broader population as it relates to age and disability.
3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?  
There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all DAS policy.

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

**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #7**

**Area Agency on Aging:** ARC **Fiscal Year:** FY26 but data is for a complete year in 2025.

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

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

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

Evidence Based Falls Prevention Administration for Community Living (ACL) Grant: Matter of Balance, Bingocize and Tai Chi for Arthritis. Evidence Based Programs are based on science and have many proven benefits, including better health and quality of life, increased physical activity, meaningful social connections, and more confidence managing health conditions, caregiving, and aging well.

**Date First Effective:** May 1, 2023 **Expiration Date:** April 30, 2027

**Revenue Received:** \$549,327.00 **Funds Expended:** \$161,780

**Clients Served:** 585 **Units Provided:** 40

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

**How does the AAA:**

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

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

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

**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #7**

ACL funds optimize interventions to the broader Aging Network nationwide. This initiative allows ARC to leverage other funding sources to serve a broader population as it relates to health promotion and disease prevention for older adults, adults with disabilities, and informal caregivers.

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

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

**Item #5b – Contract/Commercial Relationships**  
**Contractor/Vendor Table #8**

**Area Agency on Aging:** ARC. **Fiscal Year:** FY26 but FY25 data to have full year data

**Contractor/Vendor, Legal Name:** GA Department of Human Services.

**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:** FTA Section 5310 Program provide transportation services for older adults and persons with disabilities in the region. The Department of Human Services (DHS) funds ARC and ARC funds providers to deliver this service.

**Date First Effective:** October 1, 2024 **Expiration Date:** September 30, 2025

**Revenue Received:** \$1,200,000 **Funds Expended:** \$1,088,411.15

**Clients Served:** 855 **Units Provided:** 37,256

Client Definition same as OAA  Other Manual 1425 DHS

**How does the AAA:**

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

**Contractor/Vendor Table #8**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?  
This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.
2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?  
This initiative allows us to broaden our reach and serve more people to leverage other funding sources to serve a broader population as it relates to age and disability.
3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?  
There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all DAS policy.

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

**Contractor/Vendor Table #9**

**Area Agency on Aging:** ARC. **Fiscal Year:** FY26 but FY25 data to have full year data

**Contractor/Vendor, Legal Name:** Kaiser Permanente

**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:** This grant funds ARC staff and supports the dedication of 1.5 InformUSA Certified FTEs. Kaiser Permanente’s grant assists in enhancing access to community services for vulnerable populations via referrals received through the UniteUs platform. ARC provides Information & Referral Assistance through UniteUs for aging adults and people with disabilities.

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

**Contractor/Vendor Table #9**

**Date First Effective:** September 15, 2021 **Expiration Date:** December 31, 2025

**Revenue Received:** \$150,000 **Funds Expended:** \$TBD

**Clients Served:** 2059 **Units Provided:** N/A

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

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?  
This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.
2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?  
This initiative allows us to broaden our reach and serve more people to leverage other funding sources to serve a broader population as it relates to age and disability.
3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?  
There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all DAS policy.

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

**Contractor/Vendor Table #10**

**Area Agency on Aging:** ARC. **Fiscal Year:** FY26 & FY25 data to have full year data

**Contractor/Vendor, Legal Name:** Pamphalon Foundation

**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.

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

**Contractor/Vendor Table #10**

**Description of Service Provided/Received or Goods Purchased:** This donation provides additional support for staff and other expenses related to the delivery of Evidence Based Health and Wellness Programs. For the period of July 1, 2025, through December 31, 2025, these funds will cover any staff and material expense related to delivery of the Mind Over Matter Program. Mind Over Matter is an Evidence Based Program based on science that addresses issues related to female incontinence.

**Date First Effective:** April, 2025 **Expiration Date:** December 31, 2025

**Revenue Received:** \$20,000 **Funds Expended:** \$1600

**Clients Served:** 51 **Units Provided:** 4

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

**How does the AAA:**

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?  
This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.
2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?  
This initiative allows ARC to leverage other funding sources to serve a broader population as it relates to health promotion and disease prevention for older adults, adults with disabilities, and informal caregivers.
3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?  
There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all DAS policy.

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

**Contractor/Vendor Table #11**

**Area Agency on Aging:** ARC. **Fiscal Year:** FY26 but FY25 data to have full year data

## Item #5b – Contract/Commercial Relationships

### Contractor/Vendor Table #11

**Contractor/Vendor, Legal Name:** GA 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:** DPH is providing funds to provide programs, services and resources to support older adults, at-risk adults, individuals with disabilities and their caregivers to address food insecurity, improve dietary habits and encourage the utilization of farmers markets in underserved communities.

**Date First Effective:** May 23, 2025 **Expiration Date:** December 31, 2026

**Revenue Received:** \$41,000 **Funds Expended:** \$0

**Clients Served:** 3,178 **Units Provided:** 6,356

Client Definition same as OAA  Other

#### How does the AAA:

1. Demonstrate that a loss in the quantity or quality of services delivered under the OAA has not and will not result from this contract/relationship?  
This initiative compliments traditional OAA services by providing additional funding streams for broader reach and a more person-centered approach for each caller/client. This program does not impede the quantity or quality of services delivered under the OAA and does not conflict with this contractual relationship.
2. Demonstrate that an enhancement in the quantity or quality of services delivered under the OAA has resulted from this contract/relationship?  
This initiative allows us to broaden our reach and serve more people to leverage other funding sources to serve a broader population as it relates to age and disability.
3. Demonstrate that preference in receiving OAA services will not be given to particular older individuals as a result of this contract/relationship?  
There is no preference given. If an individual is eligible for OAA services we follow the specific target criteria, abiding by all DAS policy.

## 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 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale									
	Services 																			
1.	Case Management	X	X	X	X	X	X	X	X	X	X									
2.	Congregate Meals	X	X	X	X	X	X	X	X	X	X									
3.	Home Delivered Meals	X	X	X	X	X	X	X	X	X	X									
4.	Personal Care	X	X	X	X		X	X	X		X									
5.	Homemaker	X	X	X	X	X	X	X	X	X	X									
6.	Respite Care- In Home	X	X	X	X	x	X	X	X	x	X									
7.	Community and Public Education		X					X												
8.	Senior Recreation		X	X	X	X			X	X	X									
9.	Transportation- Individual	X	X	X	X	X	X	X	X	X	X									
10.	Transportation – Individual Voucher	X																		
11.	Personal Care Voucher					X				X	X									
12.	Powerful Tools for Caregiver	X	X	X	X	X	X	X	X	X	X									
13.	Respite Care – In Home Voucher	X	X	X	X	X	X	X	X	X	X									

Chart #1	Counties 																		
	Services 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale								
14.	Respite Care – Out of Home Voucher	X	X	X	X	X	X	X	X	X	X								
15.	CDSME-CDSMP	X	X	X	X	X	X	X	X	X	X								
16.	CDSME- Diabetes	x	x	x	x	x	x	x	x	x	x								
17.	Falls Prevention-Matter of Balance	X	X	X	X	X	X	X	X	X	X								
18.	Falls Prevention-Tai Chi	X	X	X	X	X	X	X	X	X	X								
19.	Support Options							X											
20.	Material Aid- Assistive Technology	X	X	X	X	X	X	X	X	X	X								
21.	Material Aid- Other-Individual	X	X	X	X	X	X	X	X	X	X								
22.	BRI Care Consultation	X	X	X	X	X	X	X	X	X	X								
23.	Support Options Coordination							X											
24.	Telephone Reassurance	X	X	X	X	X	X	X	X	X	X								
25.	Material Aid- Home Modifications/Home Repair	X	X	X	X	X	X	X	X	X	X								
26.	Respite Care -Out of Home.		X																
27.	Bingocize	X	X	X	X	X	X	X	X	X	X								
28.	CDSME-CPSMP	X	X	X	X	X	X	X	X	X	X								
29.	Behavioral Health Coaching - Congregate				X			X											
30.	Caregiver – Group	x																	
31.	Kinship Care - Group	X	X	X	X	X	X	X	X	X	X								

Chart #1	Counties 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale								
	Services 																		
32.	AAA Administration	X	X	X	X	X	X	X	X	X	X								

Explanation regarding gaps in service

4. Personal Care – ARC requires that personal care be provided to clients living in each of our 10 counties. There is no gap in service. For FY 25-26, personal care is provided by 8 of the 10 metro Atlanta county-based providers within the planning and service area (PSA) except for Douglas and Henry county-based agencies. Money is deducted from Douglas and Henry County allocations since they have chosen not to provide personal care. The funding is then used by JFCS to provide personal care vouchers for individuals in those counties (see #11).

7. Community and Public Education –ARC provides funding for Community and Public Education as an optional service. For the FY 25-26 Notice of Funding Availability (NOFA), only 2 providers -- Clayton and Fulton county-based agencies – applied for this funding. No other applicants bid to provide the service. Clayton and Fulton county-based agencies provide Community and Public Education specifically through their kinship programs.

8. Senior Recreation – ARC provides funding for Senior Recreation as an optional service. For the FY 25-26 NOFA, only Cherokee, Fayette, and Fulton County did not apply for Senior Recreation funding. In each of these counties, the respective County-based agency provides Senior Recreation services via other funding. (No gap in service.)

10. Transportation Individual Voucher – While all county-based agencies provide transportation as a service, only Cherokee selected to provide the transportation service via a voucher system in response to the FY 25-26 NOFA.

19. Support Options –ARC provides funding for Support Options as an optional service. Fulton County Senior Services is the only county-based agency that bid on the service in response to the FY 25-26 NOFA.

ARC is encouraging providers to develop this as a new service. Under COVID-19-related grants, ARC offered Support Options as a way to introduce the service to the 10 county region. ARC has provided education in Support Options to the entire provider network multiple times to demonstrate person-centered care and the potential effectiveness of the service and is providing technical assistance to Fulton County Senior Services as they develop this new service.

24. Support Options Coordination – As this item is the service that funds staff time to coordinate Support Options (#19), this is the same response as #19.

28. Respite Care Out of Home – ARC requires respite care to be provided in every county. Clayton County Senior Services is the only county-based agency that applied for both in-home and out-of home respite through the FY 25-26 NOFA. Nine county-based agencies elected to provide in-home respite care only. In addition, ARC funds JFCS to provide in-home respite and out-of home respite vouchers regionally. ( No gaps in service.)

31. Behavior Health Coaching Congregate – The service is available where ARC has partnerships with specific housing sites. The counties selected are where DAS funds are used to support services to residents of these partnering housing sites.

32. Caregiver Group – ARC provides funding for Caregiver Group as an optional service. Cherokee Senior Services is the only county-based agency that applied for Caregiver Group through the FY 25-26 NOFA. In addition to this service in Cherokee County, ARC offers caregivers in every county of the PSA access to the Trualta platform (which hosts on-line caregiver support groups) and BRI Care Consultation (one-on-one consultation for caregivers).

**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 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale								
	Services 																		
1.	ADRC Information and Assistance	X	X	X	X	X	X	X	X	X	X								
2.	Elderly Legal Assistance	X	X	X	X	X	X	X	X	X	X								
4.	MDSQ Options Counseling	X	X	X	X	X	X	X	X	X	X								
5.	Community Options Counseling	X	X	X	X	X	X	X	X	X	X								
6.	MFP Transitions Coordination	X	X	X	X	X	X	X	X	X	X								
7.	Nursing Home Transitions	X	X	X	X	X	X	X	X	X	X								
8.	Dementia Care Specialist	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)**

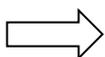
Chart #3	Counties 	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale							
	Services 																	
1.	Behavioral Health Coaching -congregate				X			X										
2.	Elderly & Disabled (E&D) Waiver Intake System	X	X	X	X	X	X	X	X	X	X							
3.	5310 FTA			X	X	X	X		X		X							
4.	Falls Prevention – Matter of Balance	X	X	X	X	X	X	X	X	X	X							
5.	Bingocize	X	X	X	X	X	X	X	X	X	X							
6.	Falls Prevention – Tai Chi	X	X	X	X	X	X	X	X	X	X							
7.	ePRO	X	X	X	X	X	X	X	X	X	X							
8.	Kaiser Grant-enhanced access to community services	X	X	X	X	X	X	X	X	X	X							
9.	Aging Mastery Program	X	X	X	X	X	X	X	X	X	X							
10.	Mind Over Matter	X	X	X	X	X	X	X	X	X	X							
11.	CDSME-CDSMP	X	X	X	X	X	X	X	X	X	X							

Chart #3	Counties →	Cherokee	Clayton	Cobb	DeKalb	Douglas	Fayette	Fulton	Gwinnett	Henry	Rockdale							
	Services ↓																	
12.	Senior Famers Market Nutrition Program (SFMNP)		X	X	X	X		X		X	X							

Justification for Gaps in Services for Commercial Relationships

1. Behavioral Health Coaching-Congregate – ARC has commercial contracts to provide services to residents living in Mercy Housing, CampbellStone, and the Atlanta Housing Authority congregate housing sites. These partnering facilities are located in DeKalb and Fulton Counties only.
3. 5310 FTA – ARC awarded funds to all counties that awarded based on the FFY 25 NOFA.
4. AmeriCorps Seniors – As of April 2025, RSVP volunteers were located in Clayton, Cobb, DeKalb, and Fulton counties. ARC’s contract was abruptly terminated by AmeriCorps in April 2025 after the Area Plan submission, so this is not a current fund source.
5. SFMNP markets are held in counties where ARC providers agree to administer the program and provide support. Not all 10 county service providers choose to participate in the program.

**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.

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

*Effective as of March 1, 2020*

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

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

- Adult Day Care/Health Services

- Chore Services
- Emergency Response Services
- Homemaker Services
- Home Modifications and Repairs
- Personal Support Services
- Respite Care Services
- Transportation Services
- Senior Center Activities
- Recreation Services
- Wellness Program Services

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

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

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

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

Income information for consumers of non-Medicaid Home and Community Based Services will be provided only by a confidential declaration of income, with no requirement for verification. In accordance with DAS policy *only* the applicant's statement, or declaration of income, or that of his/her authorized representative, is requested and documented in the individual's client record retained in either electronic or conventional form.

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

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

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

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

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

- Case Management Services
- Home Delivered Meals

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

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

When awards are made through the Notification of Funding Availability (NOFA), ARC uses a formulary to determine the amount of funding by fund source that is distributed to the nine metro counties and Fayette Senior Services (representing Fayette County) and other non-profits awarded through the NOFA. Each recipient is sent out a budget template in which they enter their unit cost for that service by fund source, the number of individuals to be served, the anticipated amount of cost share to be collected and the anticipated amount of voluntary client contribution to be collected. The DAS data system only allows for the entry of client contribution into DDS, so we combine the anticipated cost share and anticipated voluntary client contribution and enter that into the DDS system. When reimbursement is requested through monthly invoicing, those amounts are subtracted from the requested reimbursement and the balance is paid to the subgrantee. In that way both the cost share and the voluntary client contribution directly pay for the services rendered.

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

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

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

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

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

**ARC allocates funds received under Title III of the Older Americans Act according to a modified Intrastate Funding Formula (IFF) methodology. This formula consists of the following weights: 10% of the Population 60+, 10% Low Income Minority 65+, 13% Low Income 65+, 15% Rural 60+, 10% Disabled 65+, 4% Limited English-Speaking 65+, 8% 65+ Living Alone, and 30%**

75+ Population. 75+ Population. ARC issues Notices of Funding Availability every two years to allow for adjustments based on significant economic and/or industry changes. ARC awards funds under the DHS Aging Services grant through a prescribed competitive bid process, as required by DHS.

The ARC plans on distributing its DHS aging services grant funds using the following criteria: approximately 66% is allocated to contractors to reach the areas identified by the Atlanta Region's strategic plan and detailed in the Area Plan; 34% is used for direct service delivery (including the ADRC) as well as administration of the Area Plan at the AAA level.

In response to the DHS request to assure Title III A Area Plan Administration and indirect costs fall within allowable limits, ARC has made the following adjustments to funding allocated across the region. ARC has allocated approximately 92% of Title III B funding to local agencies and will use HCBS funds allocated to support the functions of the AAA. ARC will be instructing its subcontractors that none of the above referenced funds are to be used for administrative costs for services that they do not directly provide. ARC will further assure, through a process to be negotiated with DHS, that none of these funds are used for unallowable purposes.

In accordance with state and federal guidelines, ARC has prepared and is submitting the SFY 2027 Area Plan on Aging which reflects the region's allocation plan. Upon approval of the Area Plan on Aging, ARC will execute a contract with the Georgia Division of Aging Services and will then enter into contractual agreements with the selected service providers effective July 1, 2026.

Through its established activities as the Area Agency on Aging, ARC provides both programmatic and financial monitoring of the implementation of the service programs, provides extensive ongoing technical assistance and offers training sessions to

strengthen the delivery of services. As a part of its administrative procedure, ARC initiates a process to update the respective proposals for the following fiscal year and submits to the DHS Division of Aging, the updated Area Plan on Aging.

### Item #8b - Budget Narrative

The FY 2025 Area Plan budget reflects 2025-P funding allocations issued by the Georgia Division of Human Services. Sub-grantee budgets reflect changes to services provided based on the identified needs of the region’s providers and changes to projected costs.

**Budget Fund Source Summary:** The Budget Fund Source summary shows SFY2027-P budget of \$28,639,260 with no adjustments to funding allocations to align with DHS projected allocations. This resulted in a planned SFY2027-P of \$28,639,260.

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

Service	Units 2023	Units 2024	Person 2023	Person 2024	Units 2025	Person 2025
Aging Mastery Program	-	2	-	12	4	0
Behavioral Health Coaching - Congregate	3,925	3,088	200	200	733	16
Bingocize	-	5	-	30	3	0
BRI Care Consultation	-	16,780	-	202	17,298	234

Care Consultation	1,032	-	202	-		
Case Management	113,605	151,473	6,063	5,637	91,730	3,569
CDSME - CDSMP	-	2	-	12	5	0
CDSME - CPSMP	-	2	-	12	1	0
CDSME - Diabetes	-	2	-	12	2	0
Congregate Meals	333,219	262,425	4,657	2,427	222,744	3,325
Congregate Meals - Voucher	8,878	8,587	75	207	-	-
Disaster Services - Congregate Meals	126	-	2	-	-	-
Emergency Home Delivered Meals	12,102	-	250	-	-	-
Falls Prevention - Matter of Balance	-	2	-	12	5	0
Falls Prevention - Tai Chi	-	3	-	18	1	0
Home Delivered Meals	691,612	564,090	6,613	4,277	416,244	2,772
Home Management	824	298	320	160	-	-
Homemaker	42,193	46,076	1,564	1,781	32,470	1,088
Kinship Care - Group	20,533	20,533	50	50	2,601	13
Material Aid - Assistive Technology	-	368,237	-	551	219,949	392
Material Aid - Assistive Technology	566,000	-	551	-	-	-

Material Aid - Home Modifications/Home Repair	875,000	1,160,000	90	91	160,508	36
Material Aid - Individual	151,227	-	579	-	-	-
Material Aid - Other - Individual	17,560	380,666	200	364	146,701	540
Personal Care	14,775	23,264	467	662	18,405	300
Personal Care - Voucher	1,734	2,172	17	13	3,101	50
Powerful Tools for Caregivers	-	2	-	12	3	0
Respite Care - In-Home	22,159	26,510	291	319	21,333	200
Respite Care - In-Home - Voucher	7,268	6,692	93	127	8,529	98
Respite Care - Out-of-Home	197	201	39	20	10,627	27
Respite Care - Out-of-Home - Voucher	1,947	1,333	113	77	1,382	53
Senior Recreation	-	5,022	-	547	605	-
Support Options	471,314	279,293	240	120	66,562	36
Transportation	165,986	-	4,374	-	-	-
Transportation - Individual	-	135,402	-	3,854	108,874	2,036
Transportation - Individual - Voucher	-	10,532	-	500	10,379	409
Transportation - Voucher	7,394	-	175	-	-	-
<b>Grand Total</b>	<b>3,530,610</b>	<b>3,472,694</b>	<b>27,225</b>	<b>22,306</b>	<b>1,562,019</b>	<b>9,211</b>

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

ARC does not plan to provide HCBS services to individuals under age 60 (other than caregivers and ADRC contacts) with DAS funding.

	<b>Service Name</b> <small>(Add/Delete Lines as Necessary)</small>	<b>Fund Source(s) Used</b>	<b>Maximum Percentage of Funds Allocated for Under the Age of 60</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

## **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. |  |
| 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**

	<b>Measure</b>	<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
1.	Number of AAA staff who have completed the Options Counseling certification.	<b>Enter SFY 2023 Baseline: 0 for Each AAA</b>
2.	Increase the number of clients receiving Options Counseling by 5% each year.	<b>Enter SFY 2023 Baseline: 8</b>

**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.**

<b>Measure</b>		<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
1.	Number of AAA staff who have completed the Options Counseling certification.	<b>Enter Update: FY 24: 3 staff (6 staff in Fall 2024 cohort)</b>
2.	Increase the number of clients receiving Options Counseling by 5% each year.	<b>Enter Update: : FY 24: 10 clients which is a 25% increase from FY 23</b>
<b>Measure</b>		<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	Number of AAA staff who have completed the Options Counseling certification.	<b>Enter Update: 16 staff (14 ADRC staff and 2 BH staff)</b>
2.	Increase the number of clients receiving Options Counseling by 5% each year.	<b>Enter Update: 24 clients which is a 140% increase.</b>
<b>Measure</b>		<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
1.	Number of AAA staff who have completed the Options Counseling certification.	<b>Enter Update:</b>
2.	Increase the number of clients receiving Options Counseling by 5% each year.	<b>Enter Update:</b>
<b>Measure</b>		<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.	Number of AAA staff who have completed the Options Counseling certification.	<b>Enter Update:</b>
2.	Increase the number of clients receiving Options Counseling by 5% each year.	<b>Enter Update:</b>

#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**

	<b>Measure</b>	<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
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).	<b>Enter SFY 2023 Baseline:</b>
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024: Enter SFY 2024 Baseline:</b>
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).	

**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).		
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	<p>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).</p> <p>Increase the number of memory screenings by 75% by the end of SFY 2028 (June 30, 2028).</p>	<p><b>Enter SFY 2025 Baseline:</b> ARC spoke with DAS Dementia Team Lead January 7, 2026 regarding this measure for FY25 and was informed that DAS does not expect DCSs to complete memory screenings at this time. ARC has made progress on Strategies 1,2,3 listed above.</p>
	<b>Measure</b>	<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
1.	<p>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).</p> <p>Increase the number of memory screenings by 75% by the end of SFY 2028 (June 30, 2028).</p>	<p><b>Enter Update:</b></p>
	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.	<p>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</p>	<p><b>Enter Update:</b></p>

**AAA #1.2 Objective: Alzheimer's Disease & Related Dementias (ADRD)**

**Develop a more dementia capable aging network.**

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).

#2

**AAA #1.3 Objective: Home and Community Based Services (HCBS)**

**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.) |
| 3. |  |
| 4. |  |
| 5. |  |

**Data Source/Report Name: Food Security Impact Report  
Located in the DDS Live or HAR: HAR**

	<b>Measure</b>	<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
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.	<b>Enter SFY 2023 Baseline:</b> There was a 34.5% decrease in FSS scores conducted between July 1, 2022, and June 30, 2023 (SFY2023. Per Sharee Stewart the new report run by DAS reflects the following change in the baseline: The number of clients with a decrease in score is 200. The total number of clients is 371. The baseline calculation is 53.9%.
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
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.	<b>Enter Update:</b> The number of clients for FY24 with a decrease in score is 257. The total number of clients is 427. 60.2% of clients showed improvement with a decrease in food insecurity scores. This is a 11% decrease in the baseline score.
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>

**AAA #1.3 Objective: Home and Community Based Services (HCBS)**

**After receiving meals, the number of clients with low or very low food security will decrease by 5%.**

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.	<b>Enter Update:</b> ARC Staff noticed that the HAR report to use for this measure was not functioning in December. ARC contacted DAS for assistance with this report. As of 1/12/26 the report is still not functioning. Once the report is fixed, ARC will run the report and include that metric in a future update after speaking with the Reporting Team Lead.
<b>Measure</b>		<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
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.	<b>Enter Update:</b>
<b>Measure</b>		<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
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.	<b>Enter Update:</b>

#3

**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.**

**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: MFP/NHT Enrollment Program Status with Primary Worker Report  
Located in the DDS or HAR: HAR – TA will be provided by DAS Staff upon request.**

	<b>Measure</b>	<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
1.	Reduce the number of re-institutionalized NHT participants by 1% each year.	<b>Enter SFY 2023 Baseline: 3 people out of 27 individuals transitioned returned to the SNF.</b>
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
1.	Reduce the number of re-institutionalized NHT participants by 1% each year.	<b>Enter Update: FY 24: 0 individuals were re-institutionalized or a reduction from 11% in FY 23 to 0% in FY 24.</b>
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	Reduce the number of re-institutionalized NHT participants by 1% each year.	<b>Enter Update: <u>FY 25: 0 individuals were re-institutionalized.</u></b>
	<b>Measure</b>	<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
1.	Reduce the number of re-institutionalized NHT participants by 1% each year.	<b>Enter Update:</b>
	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>

**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.	<b>Enter Update:</b>
		#4

**AAA #1.5 Objective: Home and Community Based Services (HCBS)**

**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. |  |
| 5. |  |

**Data Source/Report Name: To Be Determined!  
Located in the DDS Live or HAR: To Be Determined!**

	<b>Measure</b>	<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
1.	Increase the initial assessments and service referral documentation in the DDS.	<b>Enter SFY 2023 Baseline:</b>
	<b>Measure</b>	<b>Baseline: As of June 30, 2024, for SFY 2024 Due 3/1/2025</b>
1.	Increase the initial assessments and service referral documentation in the DDS.	<b>Enter SFY 2024 Baseline:</b>
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025: Enter SFY 2025 Baseline: 499</b>
1.	Increase the initial assessments and service referral documentation in the DDS.	
	<b>Measure</b>	<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026: Enter Update:</b>
1.	Increase the initial assessments and service referral documentation in the DDS by 5% by the end of SFY 2028.	
	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>

**AAA #1.5 Objective: Home and Community Based Services (HCBS)**

**Reduce social isolation of HCBS clients in Georgia.**

1.	Increase the initial assessments and service referral documentation in the DDS by 5% by the end of SFY 2028.	<b>Enter Update:</b>
		#5

**AAA #1.6 Objective: Money Follows the Person (MFP)**

**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: MFP/NHT Enrollment Report  
Located in the DDS Live or HAR: HAR**

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.	<b>Enter SFY 2023 Baseline: There were 39 transitions. Of those 39, 5 individuals passed away and 3 returned to the SNF. Baseline for FY 23 is 31.</b>
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.	<b>Enter Update: FY 24: 23 transitioned individuals out of 25 completed 365 days (1 died and 1 was re-institutionalized). This is an increase in number of people completing the program from 79.5% in FY 23 to 92% in FY 24.</b>
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.	<b>Enter Update: FY 25: 30 individuals transitioned; 2 passed away before completing their 365 days and 1 returned to the nursing home. This is a 90% completion rate for FY 25 and a 2% reduction from FY 24.</b>

**AAA #1.6 Objective: Money Follows the Person (MFP)**

**Increase the number of participants completing 365 days in the MFP Transition Program.**

	<b>Measure</b>	<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
1.	Increase the number of participants completing 365 days in the community by 1% per year.	<b>Enter Update:</b>
	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.	Increase the number of participants completing 365 days in the community by 1% per year.	<b>Enter Update:</b>

#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 has been added to each AAA’s HAR Folder.**

	<b>Measure</b>	<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
1.	Length of time in HCBS services.	<b>Enter SFY 2023 Baseline: The average number of months an active client was in HCBS services between July 1, 2022, and July 30, 2023, was 43.98.</b>
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
1.	Length of time in HCBS services.	<b>Enter Update: The average number of months a client was in HCBS services between July 1, 2023 and June 30, 2024 was 42.75.</b>
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	Length of time in HCBS services.	<b>Enter Update: The average number of months clients were in HCBS services between July 1, 2024 and June 30, 2025 was 42.15 months.</b>
	<b>Measure</b>	<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>

**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.**

1.	Length of time in HCBS services.	<b>Enter Update:</b>
	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.	Length of time in HCBS services.	<b>Enter Update:</b>

#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. |   |
| 4. |   |
| 5. |   |

**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.	<b>Enter SFY 2023 Baseline: 15,826. Please note, ARC is working with DAS staff as First Time Callers with Contact Type as Caller report does not appear to be pulling correctly. This report is showing only 3 web intakes for ARC for FY 23 when we actually had 8,057, many of which would likely count toward 1<sup>st</sup> time contacts.</b>
	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%.	<b>Enter Update: FY24: 26,735 first time callers, which is an 18.5% increase from last year. Please note, the FY 23 baseline was reported incorrectly last year as 15,826, as the HAR Report</b>

**AAA #2.8 Objective: Aging and Disability Resource Connection (ADRC)**

**Increase the number of first-time contacts to ADRC by 5% each successive year.**

		“1 <sup>st</sup> Time Callers Only with Detail” was not pulling correctly. The new and correct number for FY 23 should be 22,563. The correct numbers are pulled from the 1 <sup>st</sup> time callers report in UAT and were provided to us by Karen Nelson with PI at DAS.
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	Increase the number of the previous SFY’s first-time contacts by 5%.	<b>Enter Update:</b> FY 25 first time contacts is 13,871. Since that number was such a big drop from FY 24, we re-ran the report for FY 24 and that number is now pulling as 15,267 and not 26,735 as was previously reported. This puts us at a 10% decrease from FY 24.
	<b>Measure</b>	<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
1.	Increase the number of the previous SFY’s first-time contacts by 5%.	<b>Enter Update:</b>
	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.	Increase the number of the previous SFY’s first-time contacts by 5%.	<b>Enter Update:</b>

#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**

	<b>Measure</b>	<b>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</b>
1.	All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).	<p><b>Enter the AAA’s Status – “Yes” or “No”: Yes</b></p> <p><b>If the AAA entered “yes”, it has a conflict-free service delivery system in place, describe the AAA’s system in detail: ARC has about 80% conflict free service delivery. 8 of 10 counties have outside vendors who deliver service and do not determine the amount of service the client receives.</b></p>

**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).**

		<b>If the AAA entered “no”, it does not have a conflict-free service delivery system in place, describe in detail the AAA’s status:</b>
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
1.	All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).	<b>Enter the AAA’s Status – “Yes” or “No”:</b> <b>90% yes</b>
		<b>If the AAA entered “yes”, it has a conflict-free service delivery system in place, describe the AAA’s system in detail:</b> ARC created a diagram of the service structure and listed each subgrantee and each service provided. When there was an outside vendor for the service, we noted that as Conflict Free because none of the vendors are allowed to determine the frequency or the need for the service. We shared our diagram with Alison Bernal and Yolanda Mendez on August 5 <sup>th</sup> , 2024
		<b>If the AAA entered “no”, it does not have a conflict-free service delivery system in place, describe in detail the AAA’s status:</b>
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).	<b>Enter the AAA’s Status – “Yes” or “No”:</b> <b>90% yes</b>
		<b>If the AAA entered “yes”, it has a conflict-free service delivery system in place, describe the AAA’s system in detail:</b> ARC created a diagram of the service structure and listed each subgrantee and each service provided. When there

**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).**

was an outside vendor for the service, we noted that as Conflict Free because none of the vendors are allowed to determine the frequency or the need for the service.

**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:**

**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:**

**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:**

1. All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).

1. All 12 AAAs will have a conflict-free service delivery system by June 30, 2028 (SFY 2028).

**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).**

**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**

<b>Measure</b>		<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
1.	Identify local partners, convene, or join a local dementia collaborative, and establish baseline for joint programs offered.	<b>Enter SFY 2023 Baseline:</b>
<b>Measure</b>		<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
1.	Identify local partners, convene, or join a local dementia collaborative, and establish baseline for joint programs offered.	<b>Enter SFY 2024 Baseline: ARC held their first Dementia Coalition in June of 2024. In addition, both DCS staff are members of GARD workgroups.</b> Maria Mayhan is a co-chair on the Outreach and Partnership workgroup and Alyssa Perkins is a member of the Services Delivery Workgroup within GARD.
<b>Measure</b>		<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	Expand local dementia collaboratives, host regular meetings, and increase the number of joint programs offered in the previous year by 1 each year.	<b>Enter Update:</b> ARC held 4 dementia coalition meetings in FY25, 3 virtually and one in person at the Alzheimer's Association offices in Dunwoody. The coalition consists of a wide variety of individuals including but not limited to: law enforcement, county senior services staff, senior center managers, Emory University staff, county library staff, and the

**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.**

Lewy Body Dementia Association staff. Two ARC staff are members of GAD workgroups. Our DCS Maria Mayhan is also a participating member of the Dementia Friendly Fulton coalition led by Beth Cayce. ARC also has two staff as members of GARD workgroups. Maria Mayhan is a co-chair on the Outreach and Partnership Workgroup and Alyssa Perkins is a member of the Services Delivery Workgroup within GARD.

**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:**

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: 2 Dementia Friends Training conducted in September and April.**

**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:** ARC’s Dementia Care Specialist resigned in February 2024 and had not conducted a Dementia Friends Session prior to her departure. The current Dementia Care Specialist started in June 2024, and she was not able to complete the Dementia Friends Champion training prior to the end of FY24. She was trained as a Dementia Friends Champion in July and will conduct at least 2 Dementia Friends sessions in FY25 to put ARC back on track for this metric. The DCSs completed 4 dementia education presentations in FY24 (March, April and May 2024). These were all internal presentations

**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)***

made by Sundra Jones to ARC staff (though the 5/22 session was not limited to aging services staff:

- 3/5/24 - BRAIN CHANGE- Changes in the Brain of Persons Living with Dementia (presented to ADRC Staff)
- 4/7/24 - What's Going on with Alzheimer's Disease? The latest developments in Research, Clinical trials, and Treatment (presented to ADRC staff)
- 5/7/24 - What to Do when traveling by Air with a person with Dementia (presented to ADRC staff)
- 5/22/24 - ARC Wellness Seminar - Caregiving: Support and Self Care (presented to all ARC staff)

Maria Mayhan, Dementia Caregiver Specialist, started in June 2024, and she has been providing many presentations to the broader community, but these all are occurring in FY 25.

	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
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1.	In SFY 2025, conduct an additional community-based dementia education program. (SFY 2025 = Minimum of 4 Community - Based Dementia Education Programs)	<b>Enter Update:</b> Between July 1, 2024 and June 30, 2025, our DCS Maria Mayhan conducted 13 Dementia Friends presentations in the ARC region. Locations for these Dementia Friends sessions included public libraries, police departments, caregiver support groups, and senior living facilities. In addition to the Dementia Friends sessions, Maria also conducted 2 Virtual Dementia Tours in the community (Tools for Life at GA Tech and Chattahoochee Technical College) and led an
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**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)***

Inspired Senior Care: Language Matters course for the staff of Rockdale Senior Services.

Sundra's presentations for FY 25 – Sundra presented 4 internal presentations to ADRC staff and 2 to external partners.

1. 9/3/24 What's Next in Receiving a Dementia Diagnosis presented to ADRC staff
2. 11/5/24 Do's and Don'ts When Communicating with a person with Dementia presented to ADRC staff
3. 1/16/25 IPRCE Falls Prevention Task Force at Emory presented with Maria external
4. 2/25/25 Creating a Supportive Environment for Persons Living with Dementia presented to ADRC staff
5. 3/6/25 Caregiving Support and Self Care presented to ADRC Advisory Council
6. 4/29/25 Driving with Dementia, When to Stop presented to ADRC staff

**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:**

**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)***

	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.	In SFY 2027, conduct an additional community-based dementia education program. (SFY 2027 = Minimum of 6 Community - Based Dementia Education Programs)	<b>Enter Update:</b>

#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**

<b>Measure</b>		<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
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.	<b>Enter SFY 2023 Baseline:</b>
<b>Measure</b>		<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
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.	<b>Enter “Yes” and the Date of the Submission or “No”:</b> Per conversation between Becky Kurtz and Aimee Stowe on 10.9.2024, nothing is due to DAS for SFY24.
<b>Measure</b>		<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
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.	<b>Enter “Yes” and the Date of the Submission or “No”:</b> Per conversation between ARC and DAS State Legal Developer on 1.15.26, nothing is due to DAS for SFY2025.

**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.**

<b>Measure</b>		<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
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.	<b>Enter “Yes” and the Date of the Submission or “No”:</b>
<b>Measure</b>		<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
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.	<b>Enter “Yes” and the Date of the Submission or “No”:</b>
		#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.	
2.	
3.	
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).	<b>Enter SFY 2023 Baseline: 95% of clients who received Respite In Home or Out of Home services between July 1, 2022 and July 30, 2023 have a BCOS in their client record.</b>
	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).	<b>Enter Update:</b> 77% of clients who received respite services between July 1, 2023 and June 30, 2024 have a BCOS in their client record. Per DAS: Caregiver BCOS Assessments: 91 of 96 Unduplicated Caregivers have a BCOS assessment -- 94.79% (DAS via BCOS Caregiver Activity report in HAR) 95%
	Measure	Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:

**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).**

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).	<b>Enter Update:</b> In FY25, the BCOS Caregiving Activity report showed that 146 of 153 unduplicated clients had a BCOS assessment in their client files – 95.42%.
	<b>Measure</b>	<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
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).	<b>Enter Update:</b>
	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
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).	<b>Enter Update:</b>
#13		

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

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

**AAA Strategies and Measure Updated Concurrent with the SFY 2026 AAA Area Plan Updates**

1.	All Senior Centers will have a written emergency plan updated and modernized by 2028.
2.	All AAAs and Senior Centers will conduct an emergency drill annually separate from their fire drills and send any after action/lessons learned to SUA.
3.	Senior Center Managers will participate in DAS trainings.
4.	AAAs will ensure every Senior Center Manager reviews the Senior Center Emergency Plan during onboarding.
5.	100% of Senior Center Managers will complete the Agewell Institute courses on Emergency Preparedness by 2028.
6.	

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

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

7.

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

	<b>Measure</b>	<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
1.	All AAAs will provide an annual summary report of plan submissions to the DAS.	<p><b>Enter SFY 2023 Baseline for all Strategies and the Measure:</b></p> <p><b>#1 - Written Emergency Preparedness Plan: ARC has a written emergency preparedness plan, and all senior centers also have emergency preparedness plans.</b></p> <p><b>#2 - All AAAs and Senior Centers conducting emergency drill: Each senior center conducts emergency drills a minimum of twice each year with some conducting them quarterly.</b></p> <p><b>#3 - Senior Center Directors participating in DAS trainings: Not Applicable as of now.</b></p> <p><b>#4 - The onboarding of Senior Center Managers' review of the Emergency Preparedness Plan: Yes, each senior center manager reviews the emergency preparedness plan during the onboarding process.</b></p> <p><b>#5 – 100% of senior center directors completed Senior Community College course on emergency preparedness: Not Applicable as of now.</b></p> <p><b>Measure - Enter the date of the AAA's annual summary report of plan submission: ARC submitted the annual plan in October of 2023</b></p>
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
1.	Report on the above strategies.	<p><b>Enter Updates for all Strategies and the Measure:</b></p> <p><b>#1 - Report on how many senior centers updated their plans in the year for example 5 out of 10 senior centers have updated their plans this year. ARC has a written emergency preparedness plan, and all senior centers also have emergency preparedness plans. There are 43 senior centers in the Atlanta region that receive grant</b></p>

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

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

		<p>funding from ARC. 43 out of 43 have an emergency preparedness plan.</p> <p>#2 - Report on how many emergency drills the AAA conducted and also how many emergency drills the Senior centers conducted. How many after action reports were completed? Each senior center conducts emergency drills a minimum of twice each year, with some conducting them quarterly. ARC conducts an emergency drill once per year. The types of drills may vary by County/Senior Center but all conduct regular fire drills. Most Senior Centers conduct severe weather drills and some conduct Active Shooter drills.</p> <p>#3 - Report on any relevant emergency preparedness trainings the Senior Center Directors attended. Report on how many attended. To Be Determined.</p> <p>#4 - Report on how many new Senior Center Managers were onboarded this year and how many reviewed their emergency plan as a part of onboarding. For example, 2 out of 20 senior centers had new managers. Each reviewed their emergency plans during onboarding or there were no new senior center managers this year. Only 1 new center staff was onboarded during the FY24 period and they participated in an in depth review of the emergency plan during onboarding.</p> <p>#5 - Report on how many Senior Center Managers have completed all 12 courses on the Agewell Institute. To Be Determined.</p>
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	Report on the above strategies.	<p><b>Enter Updates for all Strategies and the Measure:</b></p> <p>#1 - Report on how many senior centers updated their plans in the year for example 5 out of 10 senior centers have updated their plans this year. In FY25, 20 out of 43 senior centers updated their emergency plans this year.</p> <p>#2 - Report on how many emergency drills the AAA conducted and also how many emergency drills the Senior centers conducted. How</p>

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

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

		<p>many after action reports were completed? In FY25, ARC completed 1 emergency drill at the agency level, with the AAA staff participating in an additional emergency drill during a staff meeting. In the ARC region, there were 77 separate emergency drills conducted in FY25 and 26 After Action Reports completed.</p>
		<p>#3 - Report on any relevant emergency preparedness trainings the Senior Center Directors attended. Report on how many attended. In FY25, there were a wide variety of emergency preparedness trainings offered to the senior center managers in our region. The topics varied based on which County the senior center resides. The topics of the trainings included: general emergency preparedness, CPR, Active Shooter, Fire Extinguisher, American Red Cross Emergency Preparedness, Fire and Tornado evacuation and response, de-escalation training, etc. There were a total of 35 senior center staff who were trained in emergency preparedness in FY25.</p>
		<p>#4 - Report on how many new Senior Center Managers were onboarded this year and how many reviewed their emergency plan as a part of onboarding. For example, 2 out of 20 senior centers had new managers. Each reviewed their emergency plans during onboarding or there were no new senior center managers this year. In FY25, there were 3 senior center staff onboarded, and all 3 reviewed emergency plans as a part of the onboarding process.</p>
		<p>#5 - Report on how many Senior Center Managers have completed all 12 courses on the Agewell Institute. In FY25, 39 senior center managers completed all 12 courses on the Agewell Institute.</p>
	<p><b>Measure</b></p>	<p><b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b></p>
<p>1.</p>	<p>Report on the above strategies.</p>	<p><b>Enter Updates for all Strategies and the Measure:</b></p> <p>#1 - Report on how many senior centers updated their plans in the year for example 5 out of 10 senior centers have updated their plans this year.</p>

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

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

		<p>#2 - Report on how many emergency drills the AAA conducted and also how many emergency drills the Senior centers conducted. How many after action reports were completed?</p> <p>#3 - Report on any relevant emergency preparedness trainings the Senior Center Directors attended. Report on how many attended.</p> <p>#4 - Report on how many new Senior Center Managers were onboarded this year and how many reviewed their emergency plan as a part of onboarding. For example, 2 out of 20 senior centers had new managers. Each reviewed their emergency plans during onboarding or there were no new senior center mangers this year.</p> <p>#5 - Report on how many Senior Center Managers have completed all 12 courses on the Agewell Institute.</p>
	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.	Report on the above strategies.	<p><b>Enter Updates for all Strategies and the Measure:</b></p> <p>#1 - Report on how many senior centers updated their plans in the year for example 5 out of 10 senior centers have updated their plans this year.</p> <p>#2 - Report on how many emergency drills the AAA conducted and also how many emergency drills the Senior centers conducted. How many after action reports were completed?</p> <p>#3 - Report on any relevant emergency preparedness trainings the Senior Center Directors attended. Report on how many attended. Not Applicable as of now.</p> <p>#4 - Report on how many new Senior Center Managers were onboarded this year and how many reviewed their emergency plan as a part of onboarding. For example, 2 out of 20 senior centers had new managers. Each reviewed their emergency plans during onboarding or there were no new senior center mangers this year.</p> <p>#5 - Report on how many Senior Center Managers have completed all 12 courses on the Agewell Institute.</p>
		#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.	
3.	
4.	
5.	

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

<b>Measure</b>		<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
1.	Percentage of clients meeting at least 1 OAA target criteria	<b>Enter SFY 2023 Baseline:</b> Per the OAA target criteria report, 88.9% of clients met the greatest social need criteria. Upon further review of baseline data for FY23, the correct percentage should reflect that 82.6% of HCBS clients served in FY23 met at least 1 target criteria. Proposed action steps to ensure this goal is met is to begin quarterly reviews of the OAA target criteria report. Based on report findings, target which county/provider is lacking these criteria and reinforce the importance.
<b>Measure</b>		<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
1.	Percentage of clients meeting at least 1 OAA target criteria	<b>Enter Update:</b> Per OAA target criteria report, 79.9% of HCBS clients served in FY24 met at least 1 Target Criteria. Upon review of baseline data submitted for FY23, ARC staff noticed that we included an incorrect measure. We updated the baseline data above to reflect the accurate measure.

**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).**

<b>Measure</b>		<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	Percentage of clients meeting at least 1 OAA target criteria	<b>Enter Update:</b> ARC staff ran the OAA Target Criteria report on the morning of January 7 <sup>th</sup> and it indicated that 72.7% of HCBS clients served in FY25 met at least 1 Target Criteria. One of the target criteria that is applicable to the ARC region pulls information from the demographics page in client files regarding race/ethnicity. That field has recently been changed to multi-race, so we reached out to DAS to ask whether the Target Criteria report has been updated to include the new multi-race field. The Reporting Team Lead from DAS confirmed that as of January 7 <sup>th</sup> that report has not been updated. As a result, ARC is not confident that the report is pulling accurate data at this time.
<b>Measure</b>		<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
1.	Percentage of clients meeting at least 1 OAA target criteria	<b>Enter Update:</b>
<b>Measure</b>		<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.	Percentage of clients meeting at least 1 OAA target criteria	<b>Enter Update:</b>
		#15

**AAA #5.6 Objective: Aging and Disability Resource Connection (ADRC)**

**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. |   |
| 4. |   |
| 5. |   |

**Data Source/Report Name: ADRC - Client Missing Data Elements Report  
Located in the DDS Live or HAR: HAR**

	<b>Measure</b>	<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
1.	Accuracy Rate Percentage	<b>Enter SFY 2023 Baseline: 99.7%</b>
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
1.	Accuracy Rate Percentage	<b>Enter Update: FY 24 accuracy rate of 93.5%</b>
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.	Accuracy Rate Percentage	<b>Enter Update: FY 25 accuracy rate of 97.93</b>
	<b>Measure</b>	<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
1.	Accuracy Rate Percentage	<b>Enter Update:</b>
	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.	Accuracy Rate Percentage	<b>Enter Update:</b>

**AAA #5.6 Objective: Aging and Disability Resource Connection (ADRC)**

**Maintain a 90% accuracy rate on data collection for key demographic data elements annually.**

#16

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

**AAA Goal #14A: [Type Goal Here]**

**Objective: [Type Objective (Program) Here]**

**AAA Strategies**

- 1.
- 2.
- 3.
- 4.
- 5.

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

	<b>Measure</b>	<b>Baseline: As of June 30, 2023 for SFY 2023 Due 3/1/2024</b>
1.		<b>Enter SFY 2023 Baseline:</b>
	<b>Measure</b>	<b>Due 3/1/2025 – Update for SFY 2024 as of June 30, 2024:</b>
1.		<b>Enter Update:</b>
	<b>Measure</b>	<b>Due 3/1/2026 – Update for SFY 2025 as of June 30, 2025:</b>
1.		<b>Enter Update:</b>
	<b>Measure</b>	<b>Due 3/1/2027- Update for SFY 2026 as of June 30, 2026:</b>
1.		<b>Enter Update:</b>

**AAA Goal #14A: [Type Goal Here]**

**Objective: [Type Objective (Program) Here]**

	<b>Measure</b>	<b>Due 3/1/2028 – Update for SFY 2027 as of June 30, 2027:</b>
1.		<b>Enter Update:</b>

## AREA PLAN COMPLIANCE DOCUMENTS ATTACHMENTS

### **ATTACHMENTS B:**

- **B-1 - Board Resolution** (Signatures Required)
- **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.]



DATE: January 21, 2025

**ISSUE SUMMARY:** Authorizing the Adoption of the SFY26 Update to State Fiscal Year 2025-2028 Area Plan, authorization to submit the associated funding request to the State

**FROM:** Mike Mason, Co-Chair  
Advisory Committee on Aging

**IMPORTANCE:**

Each area agency on aging designated by the State shall prepare and develop an area plan for a planning and service area for a four-year period as determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with Section 307 of the Older Americans Act of 1965. Each such plan shall provide supportive services and nutrition services within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area residing in such area.

ARC staff updated this plan in accordance with the Georgia Department of Human Services requirements, which serves as the funding agency for these federal funds. The State Fiscal Year 2026 Funding Request is \$28,286,508 for the provision of aging services and programs.

The Advisory Committee on Aging reviewed the draft update on January 21, 2025, and recommends adoption to the ARC Board.

**ACTION REQUIRED:** Adopt the SFY 26 Update to the State Fiscal Year 2025-2028 Area Plan on Aging, and approve the funding request to the Georgia Department of Human Services for the same.

atlantaregional.org  
International Tower  
229 Peachtree St, NE 1 Suite 100  
Atlanta, Georgia 30303



**RESOLUTION AUTHORIZING ADOPTION OF THE SFY 26 UPDATE TO THE STATE FISCAL YEAR 2025- 2028 AREA PLAN, AND SUBMISSION OF THE STATE FISCAL YEAR 2026 FUNDING REQUEST**

**WHEREAS**, the Atlanta Regional Commission is a Regional Commission created pursuant to O.C.G.A. § 50-8-30, et seq.; and

**WHEREAS**, O.C.G.A. § 50-8-35 authorizes to the commission to engage in arrangements with federal, state, or local governments for the administration of human service programs; and

**WHEREAS**, the Georgia Department of Human Services (DHS) is the designated State agency to develop and administer the State Plan, and designate Area Agencies on Aging, in accordance with Section 305 of the Older Americans Act of 1965; and

**WHEREAS**, DHS has designated the Atlanta Regional Commission as the designated Area Agency on Aging, for the 10-county metropolitan Atlanta area; and

**WHEREAS**, each Area Agency on Aging must develop an area plan in accordance with a state prescribed format with annual adjustments as necessary to comply with Section 306 of the Older Americans Act of 1965; and

**WHEREAS**, a four-year plan has been prepared by ARC staff in accordance with the prescribed regulations; and

**WHEREAS**, the Commission finds the SFY 26 Update to the SFY 2025- 2028 Area Plan on Aging, to be consistent with the interests of the Region and of particular benefit to the older persons residing therein.

**NOW, THEREFORE, BE IT RESOLVED** that the Commission adopts the SFY 26 Update to the attached State Fiscal Year 2025-2028 Area Plan on Aging; and

**BE IT FURTHER RESOLVED** that the Commission directs submission of the funding request for aging programs within the Region for the period July 1, 2025 through June 30, 2026 for \$28,286,508; and

**BE IT FURTHER RESOLVED** that the Atlanta Regional Commission directs staff to begin efforts immediately to implement the provisions of the attached Plan.

I do hereby certify that the foregoing resolution was adopted by the Atlanta Regional Commission on February 12, 2025.

  
Charissa White-Fulks, ARC Board Secretary

atlantaregional.org  
International Tower  
229 Peachtree St, NE | Suite 100  
Atlanta, Georgia 30303

## **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;

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 Atlanta Regional Commission, Area Agency on Aging is in compliance and will maintain compliance with all aforementioned Standard Assurances.

Signature: Becky A. Kurtz  
**Becky A. Kurtz**  
Area Agency on Aging, Director  
Senior Managing Director, Aging & Independence Services

Date: 1-21-2025

Signature: Andre Dickens  
**Chairman Andre Dickens**  
ARC Board Chair

Date: 2-12-2025

**ATTACHMENT C – AREA PLAN PROVIDER SERVICES LIST REPORT**  
**(DAS Data System Report)**



**DHS - Division of Aging Services**  
**Services Budgeted by Provider with Site**

Name: Honorable Buzz Ahrens Phone: (678)493-6001 Fax: (678)493-6001 Email: lbahrens@cherokeega.com	90 North Street, Suite 310 Canton, GA 30115	HCBS - Caregiver Services  HCBS - Case Management HCBS - HCBS Services HCBS - In-Home Services  HCBS - Nutrition Services HCBS - Senior Centers  HCBS - Transportation	Caregiver - Group Respite Care - In-Home - Voucher  Case Management Material Aid - Assistive Technology Homemaker Material Aid - Other - Individual Personal Care - Voucher Home Delivered Meals Congregate Meals Congregate Meals - Voucher Transportation - Individual Transportation - Individual - Voucher
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**Service Provider: Ball Ground Community Center**

<b><u>Contact</u></b> Name: Barbara Dobyne Phone: (770)345-1224 Fax: (770)345-6737 Email: bdobyne@cherokeega.com	<b><u>Address</u></b> 250 Civic Drive Ball Ground, GA 30107
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**Service Provider: Cherokee County Senior Services**

<b><u>Contact</u></b> Name: Melaine Holmes Phone: (770)345-6457 Fax: Email: mholmes@cherokeega.com	<b><u>Address</u></b> 1001 Univeter Road Canton, GA 30115
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**Parent Provider: Clayton County Board of Commissioners [Parent]**

<b><u>Contact</u></b> Name: Honorable Jeff Turner Phone: (770)477-3208 Fax: (770)477-3217 Email: jturner@co.clayton.ga.us	<b><u>Address</u></b> 112 Smith Street, Jonesboro, GA 30236	<b><u>Programs</u></b> HCBS - Caregiver Services  HCBS - Case Management HCBS - In-Home Services  HCBS - Nutrition Services HCBS - Senior Centers  HCBS - Transportation	<b><u>Services</u></b> Respite Care - In-Home Respite Care - Out-of-Home  Case Management Homemaker Personal Care Home Delivered Meals Congregate Meals Senior Recreation Transportation - Individual
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**DHS - Division of Aging Services**  
**Services Budgeted by Provider with Site**

**Service Provider:** Clayton County Aging Program

<b>Contact</b>	<b>Address</b>
Name: Tori Strawler	877 Battle Creek Road
Phone: (770)603-4056	Jonesboro, GA 30236
Fax: (770)603-4068	
Email: mary.byrd@co.clayton.ga.us	

**Service Provider:** J Charley Griswell Senior Center

<b>Contact</b>	<b>Address</b>
Name: Rachel Blizzel	2300 Highway 138 SE
Phone: (770)477-3540	Jonesboro, GA 30236
Fax: (770)477-3498	
Email: Rachel.Blizzel@co.clayton.ga.us	

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

<b>Contact</b>	<b>Address</b>	<b>Programs</b>	<b>Services</b>
Name: Honorable Tim Lee	100 Cherokee Street, Suite 300	HCBS - Caregiver Services	Respite Care - In-Home
Phone: (770)528-3300	Marietta, GA 30090		
Fax: (770)528-2606			
Email: tiee@cobbcounty.org			
		HCBS - Case Management	Case Management
		HCBS - HCBS Services	Material Aid - Assistive Technology
		HCBS - In-Home Services	Homemaker
			Personal Care
		HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals
		HCBS - Transportation	Transportation - Individual

**Service Provider:** Austell Senior Center

<b>Contact</b>	<b>Address</b>
Name: Linda Martin	5315 Brownsville Road
Phone: (770)819-3200	Powder Springs, GA 30127
Fax: (770)439-6686	
Email: Linda.Martin@cobbcounty.org	

**Service Provider:** Cobb Senior Services

<b>Contact</b>	<b>Address</b>
Name: Jessica Gill	1150 Powder Springs St.Suite 100
Phone: (770)528-5366	Marietta, GA 30064
Fax: (770)528-5378	
Email: jessica.gill@cobbcounty.org	

**Parent Provider:** DeKalb County Government [Parent]

Report Description: This report details the providers, their sites and services for which activities have been delivered to clients within a specified timeframe. The user can run for all providers or by individual provider.  
 Run Date/Time: 1/12/2026 8:49:17 PM - Data effective as of 1/12/2026 8:49:08 PM - Report Version 25.01.21 Page 3 of 13

**DHS - Division of Aging Services**  
**Services Budgeted by Provider with Site**

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Honorable Lee May Phone: (404)371-2112 Fax: (404)371-4933 Email: ceo@co.dekalb.ga.us	1300 Commerce Drive, Suite 102 Decatur, GA 30030	HCBS - Caregiver Services	Respite Care - In-Home
		HCBS - Case Management	Case Management
		HCBS - In-Home Services	Homemaker
			Personal Care
		HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals
		HCBS - Transportation	Transportation - Individual
			Transportation - Individual - Voucher
-----			
<b>Service Provider:</b>	<b>DeKalb-Atlanta Senior Center</b>		
<u>Contact</u>	<u>Address</u>		
Name: TaJuana Johnson Phone: (404)370-4090 Fax: Email:	25 Warren Street SE Atlanta, GA 30317		
-----			
<b>Service Provider:</b>	<b>Lithonia East Senior Center</b>		
<u>Contact</u>	<u>Address</u>		
Name: Pat Smith Phone: (770)482-0402 Fax: Email:	2484 Bruce Street Lithonia, GA 30058		
-----			
<b>Service Provider:</b>	<b>North DeKalb Senior Center</b>		
<u>Contact</u>	<u>Address</u>		
Name: Belinda Goodman Phone: (404)284-4865 Fax: Email:	3393 Malone Drive Chamblee, GA 30341		
-----			
<b>Parent Provider:</b>	<b>Douglas County Board of Commissioners [Parent]</b>		
<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Honorable Tom Worthan Phone: (770)920-7266 Fax: (770)920-7357 Email: tworthan@co.douglas.ga.us	8700 Hospital Drive, Douglasville, GA 30134	HCBS - Caregiver Services	Respite Care - Out-of-Home - Voucher
		HCBS - Case Management	Case Management
		HCBS - HCBS Services	Material Aid - Assistive Technology
		HCBS - In-Home Services	Homemaker
			Material Aid - Home Modifications/Home Repair

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**DHS - Division of Aging Services**  
**Services Budgeted by Provider with Site**

Name: Honorable Tom Worthan	8700 Hospital Drive,	HCBS - In-Home Services	Material Aid - Other - Individual
Phone: (770)920-7266	Douglasville, GA 30134		
Fax: (770)920-7357			
Email: tworthan@co.douglas.ga.us			
		HCBS - Kinship Care	Kinship Care - Group
		HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals
			Congregate Meals - Voucher
			Senior Recreation
		HCBS - Transportation	Transportation - Individual

-----  
**Service Provider:** Douglas County Senior Center

<b>Contact</b>	<b>Address</b>
Name: Kim Smallwood	6287 Fairburn Road
Phone: (770)459-3106	Douglasville, GA 30134
Fax:	
Email:	

-----  
**Service Provider:** Douglas Senior Services

<b>Contact</b>	<b>Address</b>
Name: Richard Hagan	6287 Fairburn Road
Phone: (770)920-4303	Douglasville, GA 30134
Fax: (770)459-3110	
Email: rhagan@douglas seniorservices	

-----  
**Parent Provider:** Fayette Senior Services, Inc. [Parent]

<b>Contact</b>	<b>Address</b>	<b>Programs</b>	<b>Services</b>
Name: Nancy Meaders	4 Center Drive	HCBS - Caregiver Services	Respite Care - In-Home
Phone: (770)461-0813	Fayetteville, GA 30214		
Fax: (770)461-2448			
Email: nmeaders@fayss.org			
		HCBS - Case Management	Case Management
		HCBS - In-Home Services	Homemaker
			Personal Care
		HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals
		HCBS - Transportation	Transportation - Individual
			Transportation - Individual - Voucher

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**Service Provider:** Fayette Senior Services, Inc.

<b>Contact</b>	<b>Address</b>
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**DHS - Division of Aging Services**  
Services Budgeted by Provider with Site

Service Provider: Dogwood Senior Center

Contact

Name: Margarte Banks  
Phone: (404)792-4964  
Fax:  
Email: mbanks@scsatl.org

Address

1953 Bankhead Highway, N.W.  
Atlanta, GA 30318

Service Provider: Hapeville Neighborhood Senior Center

Contact

Name: Cathy Anderson  
Phone: (404)762-3660  
Fax:  
Email: cathy.anderson@tutoncountyga.gov

Address

527 King Arnold Street  
Hapeville, GA 30354

Service Provider: Help at Home Inc. - ARC

Contact

Name:  
Phone: (312)795-4686  
Fax: (312)704-1130  
Email: rford@helpathome.com

Address

1 North State Street, Suite 800  
Chicago, IL 60602

Service Provider: Milton Senior Center

Contact

Name: Melinda Ross  
Phone: (470)554-0758  
Fax:  
Email: mross@ssnorthfulton.org

Address

3315 Francis Road  
Milton, GA 30004

Service Provider: New Beginnings Neighborhood Senior Center

Contact

Name: Minnie Jenkins  
Phone: (404)612-9984  
Fax:  
Email:

Address

55 Brooks Drive  
Fairburn, GA 30213

Service Provider: New Horizons Neighborhood Senior Center

Contact

Name: Towanda Little  
Phone: (404)730-7100  
Fax:  
Email: newhorizon@ssnorthfulton.org

Address

745 Orr Street S.W.  
Atlanta, GA 30314

Service Provider: Northside Shepherd's Senior Center

Contact

Address

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**DHS - Division of Aging Services**  
Services Budgeted by Provider with Site

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**Service Provider:** Dogwood Senior Center

<u>Contact</u>	<u>Address</u>
Name: Margarte Banks	1953 Bankhead Highway, N.W.
Phone: (404)792-4964	Atlanta, GA 30316
Fax:	
Email: mbanks@scsattl.org	

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**Service Provider:** Hapeville Neighborhood Senior Center

<u>Contact</u>	<u>Address</u>
Name: Cathy Anderson	527 King Arnold Street
Phone: (404)762-3660	Hapeville, GA 30354
Fax:	
Email: cathy.anderson@fultoncountyga.gov	

---

**Service Provider:** Help at Home Inc. - ARC

<u>Contact</u>	<u>Address</u>
Name:	1 North State Street, Suite 800
Phone: (312)795-4666	Chicago, IL 60602
Fax: (312)704-1130	
Email: rford@helpathome.com	

---

**Service Provider:** Milton Senior Center

<u>Contact</u>	<u>Address</u>
Name: Melinda Ross	3315 Francis Road
Phone: (470)554-0758	Milton, GA 30004
Fax:	
Email: mross@senorthfulton.org	

---

**Service Provider:** New Beginnings Neighborhood Senior Center

<u>Contact</u>	<u>Address</u>
Name: Minnie Jenkins	55 Brooks Drive
Phone: (404)512-8964	Fairburn, GA 30213
Fax:	
Email:	

---

**Service Provider:** New Horizons Neighborhood Senior Center

<u>Contact</u>	<u>Address</u>
Name: Towanda Little	745 Orr Street S.W.
Phone: (404)730-7100	Atlanta, GA 30314
Fax:	
Email: newhorizon@senorthfulton.org	

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**Service Provider:** Northside Shepherd's Senior Center

<u>Contact</u>	<u>Address</u>
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**DHS - Division of Aging Services**  
**Services Budgeted by Provider with Site**

Name: Christie Kennedy      425 Tenth Street, NW  
Phone: (404)352-9303      Atlanta, GA 30318  
Fax:  
Email:

-----  
**Service Provider:**      **Palmetto Neighborhood Senior Center**

**Contact**      **Address**  
Name: Patti O'Brien      510 Turner Avenue  
Phone: (770)463-4990      Palmetto, GA 30268  
Fax:  
Email:

-----  
**Service Provider:**      **Roswell Senior Center**

**Contact**      **Address**  
Name: Will McDowell      1250 Warsaw Road  
Phone: (770)640-1583      Roswell, GA 30076  
Fax:  
Email: roswell@snorthfulton.org

-----  
**Service Provider:**      **Sandy Springs Senior Center**

**Contact**      **Address**  
Name: Susan Jones      6500 Vernon Woods Drive, Bldg. C  
Phone: (404)512-2345      Sandy Springs, GA 30328  
Fax:  
Email: sjones@snorthfulton.org

-----  
**Service Provider:**      **Senior Services North Fulton**

**Contact**      **Address**  
Name: Carrie Bellware      3560 Old Milton Parkway  
Phone: (770)993-1906      Alpharetta, GA 30005  
Fax: (770)993-4524  
Email: cbellware@snorthfulton.org

-----  
**Service Provider:**      **Southeast Neighborhood Senior Center**

**Contact**      **Address**  
Name: Yolander Walker      1650 Newton Circle, S.E.  
Phone: (404)524-0641      Atlanta, GA 30315  
Fax:  
Email: ywalker@scsatl.org

-----  
**Service Provider:**      **Union City Neighborhood Senior Center at Etris Community Center**

**Contact**      **Address**  
Name:  
Phone:  
Fax:  
Email:

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**DHS - Division of Aging Services**  
**Services Budgeted by Provider with Site**

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

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Honorable Charlotte Nash Phone: (770)822-7010 Fax: (770)822-7097 Email: charlotte.nash@gwinnettcountry.com	75 Langley Drive, Lawrenceville, GA 30045	HCBS - Caregiver Services	Respite Care - In-Home
		HCBS - Case Management	Case Management
		HCBS - HCBS Services	Material Aid - Assistive Technology
		HCBS - In-Home Services	Homemaker
			Material Aid - Other - Individual
			Personal Care
		HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals
			Senior Recreation
		HCBS - Transportation	Transportation - Individual

**Service Provider:**      **Buford Senior Center**

<u>Contact</u>	<u>Address</u>
Name: Tim Morris Phone: (770)614-2529 Fax: Email: tim.morris@gwinnettcountry.com	2755 Sawnee Avenue Buford, GA 30518

**Service Provider:**      **Grayson Satellite Congregate Senior Program**

<u>Contact</u>	<u>Address</u>
Name: Phone: (678)232-8556 Fax: Email:	485 Grayson Parkway Grayson, GA 30017

**Service Provider:**      **Gwinnett Senior Services**

<u>Contact</u>	<u>Address</u>
Name: Regina Miller Phone: (770)822-8832 Fax: (678)377-6753 Email: regina.millerr@gwinnettcountry.c	75 Langley Drive Lawrenceville, GA 30046

**Service Provider:**      **Norcross Senior Center**

<u>Contact</u>	<u>Address</u>
Name: Tammy Lea Phone: (678)225-5430 Fax: Email: Tammy.Lea@gwinnettcountry.co	5030 Georgia Belle Court Norcross, GA 30093

Report Description: This report details the providers, their sites and services for which activities have been delivered to clients within a specified timeframe. The user can run for all providers or by individual provider.  
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**DHS - Division of Aging Services**  
**Services Budgeted by Provider with Site**

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

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Honorable Elizabeth Mathis Phone: (770)288-6000 Fax: (770)288-6025 Email: chairmanmathis@co.henry.ga.us	140 Henry Parkway McDonough, GA 30253	HCBS - Case Management	Case Management
		HCBS - In-Home Services	Homemaker
		HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals
		HCBS - Transportation	Transportation - Individual

**Service Provider:** Henry County Senior Services

<u>Contact</u>	<u>Address</u>
Name: Diane Reed Phone: (770)288-6972 Fax: (770)288-7018 Email: dreed@co.henry.ga.us	1050 Florence McGarity Blvd. McDonough, GA 30252

**Service Provider:** Heritage Senior Center

<u>Contact</u>	<u>Address</u>
Name: Nita Kerr Phone: (770)288-7001 Fax: (770)288-7019 Email: nkerr@co.henry.ga.us	1050 Florence McGarity Boulevard McDonough, GA 30252

**Service Provider:** Hidden Valley Senior Center

<u>Contact</u>	<u>Address</u>
Name: Jimmie Batchelor Phone: (770)288-7015 Fax: (770)288-7018 Email: jbatchelor@co.henry.ga.us	600 Spraggins Memorial Parkway Stockbridge, GA 30261

**Service Provider:** Locust Grove Senior Center

<u>Contact</u>	<u>Address</u>
Name: Melissa Stone Phone: (770)288-7004 Fax: (770)288-7009 Email: msloan@co.henry.ga.us	280 Mose Brown Dr. Locust Grove, GA 30248

**Parent Provider:** House Proud

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
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**DHS - Division of Aging Services**  
**Services Budgeted by Provider with Site**

Name: HCBS - In-Home Services      Material Aid - Home Modifications/Home Repair  
 Phone:  
 Fax:  
 Email:

**Service Provider:**

Contact                      Address  
 Name:  
 Phone:  
 Fax:  
 Email:

**Parent Provider:      Innovative Solutions for Disadvantage and Disability, Inc. [Parent]**

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Rainie Jueschke Phone: (678)995-4854 Fax: Email: rainiej@tedd-home.org	4282 Memorial Dr. Ste. B Decatur, GA 30032	HCBS - Case Management	Case Management
		HCBS - In-Home Services	Material Aid - Other - Individual
		HCBS - Kinship Care	Community and Public Education
			Kinship Care - Group
			Material Aid - Other - Individual

**Service Provider:**

Contact                      Address  
 Name:  
 Phone:  
 Fax:  
 Email:

**Parent Provider:      Jewish Family and Career Services Inc [Parent]**

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Gary Miller Phone: (770)677-9300 Fax: (770)677-9401 Email: gmiller@jfc-atlanta.org	4549 Chamblee Dunwoody Rd Dunwoody, GA 30338-6210	HCBS - Caregiver Services	Respite Care - In-Home - Voucher Respite Care - Out-of-Home - Voucher
		HCBS - Case Management	Case Management
		HCBS - In-Home Services	Material Aid - Other - Individual Personal Care - Voucher

**Service Provider:**

Contact                      Address  
 Name:  
 Phone:  
 Fax:  
 Email:

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**DHS - Division of Aging Services**  
Services Budgeted by Provider with Site

**Parent Provider:** Peachtree Christian Health, Inc

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Anne Mancini, President Phone: (770)624-2727 Fax: (770)624-2594 Email: amancini@pchlec.org	3090 Premiere Pkwy Duluth, GA 30097	HCBS - Caregiver Services	Respite Care - Out-of-Home

**Service Provider:**

<u>Contact</u>	<u>Address</u>
Name: Phone: Fax: Email:	

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

<u>Contact</u>	<u>Address</u>	<u>Programs</u>	<u>Services</u>
Name: Honorable Richard Oden Phone: (770)929-4001 Fax: (770)453-4376 Email: richard.oden@rockdalecounty.org	962 Millstead Avenue Conyers, GA 30012	HCBS - Caregiver Services	Respite Care - In-Home
		HCBS - Case Management	Case Management
		HCBS - HCBS Services	Material Aid - Assistive Technology
		HCBS - In-Home Services	Homemaker
			Material Aid - Other - Individual
			Personal Care
		HCBS - Kinship Care	Kinship Care - Group
		HCBS - Nutrition Services	Home Delivered Meals
		HCBS - Senior Centers	Congregate Meals
		HCBS - Transportation	Transportation - Individual

**Service Provider:** Olivia Haydel Neighborhood Senior Center

<u>Contact</u>	<u>Address</u>
Name: Susan Morgan Phone: (770)922-4533 Fax: Email: susan.morgan@rockdalecounty	1240 Dogwood Drive Conyers, GA 30207

**Service Provider:** Rockdale County Aging Program

<u>Contact</u>	<u>Address</u>

DHS - Division of Aging Services  
Services Budgeted by Provider with Site

Name: Susan Morgan                      1240 Dogwood Drive, SW  
Phone: (770)922-4633                      Conyers, GA 30012  
Fax: (770)765-2492  
Email: susan.morgan@rockdalecounty

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