

**ELDER RIGHTS COUNCIL
30 JULY 2008**

MINUTES

Attending:

Kerry DeFoe, AAA
Dick Sumner, ResponseLink of North Georgia
Millie Pasley, AAA
Sherry Thompson, APS
Freda Herod, Bartow Co. Social Services
Vonna Womack, Bartow Co. Social Services
Anna McCrary, GLSP
Jeff Davis, GLSP
Ramona Hambrick, GLSP, LTCO
Susan Greene, Kessler Clinic
Mary Moor, Kessler Clinic

The meeting was called to order and everyone introduced themselves.

Anna McCrary provided an update on the GLSP program and on her specific grant program. GLSP offers free legal services to people age 60+ with income-specific requirements. These services include civil legal assistance, assistance with violence, divorce, wills, public benefits (TANF, Social Security, unemployment benefits, etc.), advance health care directives and a host of other services.

Anna's specific project is to work with people with physical or developmental disabilities. The grant period runs through May 2009, and she is working with two grants, one from Health Care Georgia Foundation and one from UPS. These grants were created to enforce ADA and Medicaid rights. The goal is to enable access to services for the target population. We represent people who are in nursing homes already who want to live in the community or people who are in their homes and need in-home services in order to remain living in the community and not have to go into a nursing home. This grant program is not age specific; she has had a 5-year-old client, and a client 87 years old. The only requirement is that they want to remain in the community or come out of a nursing home in order to go back into the community and that they have a physical or developmental disability. The services are through the 4 main Georgia Medicaid waiver programs (SOURCE, CCSP, MRWP, ICWP). I won't talk about CCSP, because you know about that. We can help people apply for the Medicaid Waiver process and help fill out the applications, especially for people coming out of nursing homes, we can meet with them to help fill out the initial application. We can assist with filling out applications for mental disability programs. We can assist with filing appeals when services are denied, as they often are when people are coming out of a nursing home. We can assist at an

administrative hearing level with the appeals. The way that we typically get our clients is through referrals, the ombudsmen make referrals to us, community outreach gets us referrals, social workers at nursing homes and hospitals refer to us, the independent living center here in Rome, disABILITY Link NW, and from work of mouth of clients who have worked with us.. We have a good mix of clients. Usually, if you get a referral, if you call us, I will go out and meet with them in person, because I think it's important that you really need to see what the person can really do; sometimes they will downplay what they need and sometimes they will exaggerate what they need. I have an intake sheet that I complete as well, but I have a really long, detailed customer form that goes over medical, employment, living history; is there a guardian in place, si that a problem; do they have a power of attorney; do they have skills that they would need if they were out of the nursing home. I will go through how their disability is impacting their activities of daily living so that by the time we make a decision about whether we will be able to assist them, we have a really good idea about what services they will need and whether those services are out there for them.

SOURCE has an income requirement: you have to get at least \$1 of SSI each month. The Independent Care Waiver Program is intended for the most needy people who nursing home level of care or hospital level of care, but it has an annual budget cap. So you have to figure out how these people are going to get the services they need within those guidelines that each of the programs has. Obviously, since we work with physical and developmental disabilities, sometimes a person will have a dual diagnosis, such as bi-polar and a physical disability. There is not a waiver in Georgia just for mental health so you have to be able coordinate those services outside of whatever physical services waiver programs are available. The case managers for these programs don't even coordinate for mental health services. So if you have someone who is diabetic and also schizophrenic, the care coordinator is going to coordinate services for the diabetes, but can't touch the mental health. So if that person doesn't get the proper mental health care, they're not going to take their insulin, so you have a secondary problem there as well. You have to sometimes combine these programs to deal with individual situations. Each region is different, some areas have better mental health services, so it depends on where you ar.

When we assess a person, we will fill out the applications for the Medicaid waivers, and we will often refer to other programs as well, because they may have access to funds that aren't available through other channels. disABILITY Link NW has funds available to help with the first month's rent and utilities. They can also help with peer support and also with getting housing applications processed. Sometimes we have to help get Social Security benefits started, because when people are coming out of nursing homes they don't have Social Security. We can only help by referral with housing, unless there is a legal issue that interferes with their access to housing; for example if you are denied because of a previous felony conviction or other legal issue.

When people are denied services, we have to make a decision on whether they are actually eligible and whether to go forward with an appeal; most of them are. We can file the appeal and then actually represent the person at that hearing. We would then appeal to a Superior Court if we got an unfavorable decision.

We've had a lot of issues lately with people filing for services and nothing happens for months and months. Or people who are denied for services and file an appeal and never get a hearing. We just filed a complaint in Fulton County for not getting a hearing soon enough. That is something that we are constantly working on is getting hearings for our clients. When you file for a hearing, they are backlogged with a large number of Katie Beckett cases from 2006. As a result, cases are held never turned over to a judge. Judges are required to hear cases within 90 days, but for as much as a year, they might not get the appeals that have been filed. That's one of the problems that we're working on with our clients, to make sure that deadlines are being met and providing required levels of services. Also, our stand is that people should get services to enable them to stay in the community no matter what it costs. The cap on the ICWP programs is problematical in this area. Also, if you have people calling you and telling you that they were denied access to a program because they didn't meet the nursing home level of care requirement, that's something we can take a look at.

Estate recovery is something that you brought up. It applies to all of these programs if you are over 55, which means most of the clients you are working with and many of the clients we are working with. With SOURCE it's not as much of an issue because if they're on SSI they're not going to own a home that's worth more than \$25,000, but CCSP we do see it and with ICWP. A lot of people don't want to take the program even if they are in dire need because they don't want to be subject to estate recovery. I don't have a good way to get around that. There was a recent decision in another state that you may be able to transfer the home out of your name and into your spouse's name as long as you're not getting Medicaid services during the period when you effect the transfer. The home, if is' not in your name, including a trust fund, then it may not be subject to estate recover. I don't know if it would affect the look back period.

Kerry asked about the estate recovery guidelines that disallow recovery if there is a living spouse in the home or a dependent child in the home. The response was that at some point, the asset would be subject to estate recovery. The cost share for CCSP is also problematic. A lot of people waffle back and forth about whether to take services because of the cost share.

Miller Trusts are also something that we can do. If people are over income for Medicaid waiver programs, Miller trusts can be established to help them meet the income guidelines. General medical liability – if we receive referrals for people who don't receive Medicare or Medicaid, we can work with them to identify public or private sources. We also work with guardianships and issues with guardians. For instance, if a client wants to leave a nursing home but the guardian doesn't

want them out of the nursing home, we can work to remove the guardianship. It is much harder to terminate a guardianship now than it used to be. We can also work to resolve issued of Social Security overpayment for individuals who are coming out of a nursing home. Sometimes we have people who are coming out of nursing homes after 5 years and they have a previous felony conviction and they can't get public housing. We can help with those situations.

The major changes to the Medicaid Waiver programs, I think, is that in the coming months we're going to see more of "the money follows the person". Right now there is just a draft of how that is going to work. It's based a lot more on the need for services rather than limiting a person to traditional programs. It gives them more freedom, but it puts a lot more on the person to determine what the person is going to do with that money. She will update us on the changes in the program. Susan Greene mentioned the financial manager program that they are trying to institute in Fannin and Pickens counties.

There is also a lot of fluidity in some of the programs. Sometimes services that were there last month are no longer there. If you see those sort of issues, please let GLSP know.

Kerry asked about how the long term care partnership accounts would affect their program. Anna was not familiar with the program.

There was recently a voluntary compliance program developed between our office and mental health services. Kerry mentioned the ADRC initiative. Anna was not familiar with that program either. Anna believes that there are not enough services in place for mentally disabled individuals, since there are a very large number of them. We don't have any resources in Georgia for housing them.

We are encouraged that we are able to help these disabled individuals access services. Anna opened the floor for questions. If you know anyone who might need home services or want to know if they qualify, Anna is happy to talk to them. The group suggested that Anna go to the Fannin Senior Center on Healthy Feet day, to reach a larger audience for her planned outreach.

Kerry asked Anna if she would be able to host our next meeting, as we have decided to meet once a year in each area of the PSA. Anna agreed to check to see if the 29 October 29 date is available at GLSP.

Kerry handed out a presentation on Medicare Advantage Special Needs plans and conducted a training session on them.

Freda mentioned that there were still lots of unscrupulous sales people tricking beneficiaries into signing up for MA plans. Kerry outlined CMS new marketing rules, specifically requiring the MA plan to call each beneficiary before

processing their enrollment to verify that they know what they are signing up for. As a result of this rule, it is now much more difficult to get a retroactive disenrollment for beneficiaries. CMS is also taking the position that “everybody should know by now” what they are signing up for. Kerry stressed that it’s up to us to get the work out there that people need to make sure they know what they’re signing up for.

Meeting locations were discussed at the June Branch 1 location and we decided to rotate the meetings to a different area of the PSA each time. We also decided to have a specific training topic at each meeting. Elder Abuse will be the subject on 09SEP2008 at 1300 at United Community Bank in Ellijay. Chris Leake from the Pickens Sheriff’s office will speak.

Kerry will also plan to do a training session on Medicare’s Home Care coverage. She asked for other training topics. The group suggested Dave Hasty to speak about Estate Recovery. Kerry will try to schedule him for the October meeting. Susan Greene also mentioned that Kerry could do the Train-the-Trainer on CRITICALSM Conditions. Bartow was suggested as the fourth meeting site. Kerry will check with Wanda Chatman at the Senior Center to see if we can get meeting space for a 28 January meeting.

Kerry asked for a volunteer to do the research to nominate a legislator for an annual award. She also suggested that we try to recognize someone that may not be with us for much longer, like Jeff Lewis or maybe Tom Graves. Susan Greene and Jeff Davis volunteered to do the research. We will do a certificate and draft a letter to them at the next meeting.

Kerry mentioned the “Live Health Georgia, Seniors Taking Charge” event in September and handed out registration forms to anyone interested.

Ramona said that the credit freeze legislation takes effect on 01 August 2008 and that it is free for seniors, age 65+. They are recommending that all seniors sign up for it.