

Appendix 1

**Status of
Georgians with
Disabilities**

SPIIL 2005 -2007

**Prepared for
The Statewide Independent Living Council**

**by
Dawn A. Randolph, MPA
June 2004**

Table of Contents

Sections	Pages
Overview of Georgians with Disabilities	3
Georgia’s Children – Disability and Education	6
Georgians with Disabilities and Employment & Income	8
Georgians with Disabilities and Housing	13
Georgians with Disabilities and Health Care	15
Georgians with Disabilities and Transportation	18
Georgians with Disabilities and Long Term Care Services	22
Georgians with Disabilities and Personal Attendant Services	25
Georgians with Disabilities and Technology	26

Who are "Georgians with Disabilities"?

Disability is a natural condition of the human experience. However, in terms of helping Georgia plan for supporting people with disabilities it can be difficult to quantify the number of Georgians impacted by disability. Although there is no standard definition of disability, which makes it difficult to compare the quantitative impact, there are a few agencies and statistical reports which help to identify people with disabilities, these include:

- ✓ Census Data which asks questions on employment, sensory, physical, mental and self-care in terms of disability each decade.
- ✓ Social Security definition of disability used to determine eligibility for Supplemental Security Income (SSI) and Disability Income (DI).
- ✓ Federal Developmental Disabilities definition.

2000 CENSUS DATA

The U.S. Census Bureau collects self-reported information by those responding to the questions. The census relies on sampling techniques to collect in-depth information about citizens through a long form while the rest of the population completes a short form version. The difficulty with this data is it has a tendency to under represent people who may not be as available or supported in completing this self-report questionnaire. The 2000 Census data includes two questions with a total of six subparts with which to identify people with disabilities. The 1990 Census data had 4 questions on disability. The following table compares similar data (Census Bureau 2000 Data Online).

Almost two out of every five people with a disability lived in the South, while about one in five lived in each of the other three regions of the United States.

Table 1 – Georgia Overview 1990 & 2000

Census Year	Georgians Age 16-64	# of Georgians with Disabilities	Percentage of Georgians with Disabilities
1990	4,161,119	478,899	11.5%
2000	5,306,618	1,045,403	19.7%

In 1990 the question asked for people to report work disability, mobility limitation or self-care limitation in one answer. The 2000 question was more inclusive asking for a report of any disability and then breaking that into subcategories as reported below.

Table 2 – Georgians with employment disabilities

Census Year	Georgians Age 16-64	# of Georgians with Disabilities	Percentage of Georgians with Disabilities
1990	4,161,119	201,711	4.8%
2000	5,306,618	668,633	12.6%

In 1990 the question asked if a person was “unable to work”, while in 2000 the question asked to identify an “employment disability”.

Table 3 – Georgia specific data by subcategory for People 5 years and older

Population	Any Disability	Sensory Disability	Physical Disability	Mental Disability	Self-care Disability
7,402,293	19.7%	3.4%	8.2%	4.8%	2.6%

Table 4 – Georgia specific data by subcategory for People 16 years and older

People 16 years and over		People 16 to 64 years	
Number	Percentage with difficulty going outside the home	Number	Percentage with employment disability
6,061,272	9.2%	5,306,618	12.6%

The Division of Aging Services within the Georgia Department of Resources reports that the 2000 Census data identifies 155,170 Georgians age 65 and older reported having a mobility and/or self-care limitation. Unfortunately, the data collected in the 2000 census did not include questions on employment. The data on employment for people 65 and older was probably not collected because most people in this age range would be considered retired and not needing employment.

The Prevalence of Disabilities in Georgia

The statistical data collected each decade by the Census Bureau provides an overview of the current population. This data assists us in comparing current information but does nothing to forecast the need for services and supports vital to planning for future funding needs as well as strategic planning to support people in their communities. For more accurate forecasting one must use prevalence data, the percentage of the population that most likely is impacted, and apply it to the population growth patterns and projected trends.

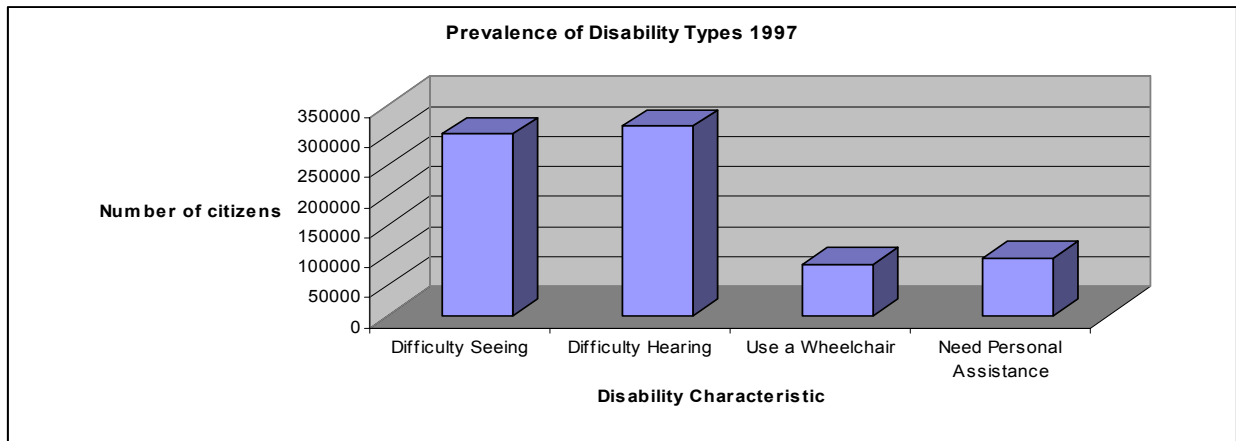
The Governor's Council on Developmental Disabilities has sponsored research to determine the number of people in Georgia with a developmental disability. The most recent report (1997) prepared by the Program on Human Development and Disability (UAP) estimates that 1.15% of the general population in Georgia has a developmental disability. The 2000 Census counted 8,186,453 Georgians; therefore 94,144 people in Georgia are estimated to have a developmental disability. (Taking a Count: The Prevalence of Developmental Disabilities in Georgia, contact the DD Council office at 1-800-ASK-GCDD).

Nationally the Census Bureau conducts an annual survey to examine the changes in population. The most recent report is derived from the 1996 Survey of Income and Program Participation: August - November 1997 compiled by Jack McNeil. Highlights from this report give an overview of the prevalence of various disabilities and their severity (U.S. Census Bureau: Americans with Disabilities, Household Economic Status, 1997).

- People with some level of disability 19.7%, 1,612,731 Georgians
- Severe disability 12.3%, 1,006,933 Georgians
- Poverty rate among people with severe disabilities is 27.9% compared to 8.3% for the general population

People ages 15 years of age and older experience many different types of disabilities. The figure below charts the number of Georgians with four of the most common disabilities.

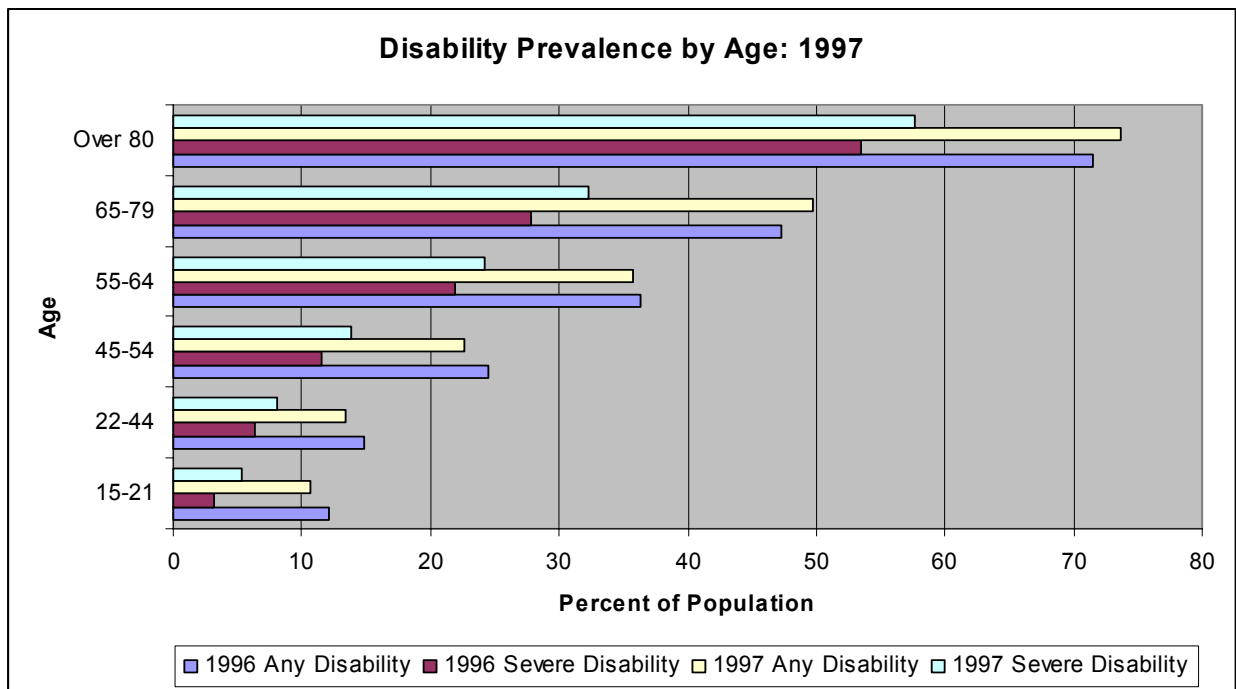
Figure 1 – Prevalence of Types of Disabilities 15 years and older, 1997



National Trend - Georgians with Disabilities will Increase

The number of people with disabilities is estimated to increase dramatically as medical science enables more and more people to survive illnesses and injuries but with some limitations in functioning. As indicated by the graph below individuals 65 years of age and older will experience the greatest prevalence of disabilities. Therefore, the proportion of all individuals with disabilities will be strongly impacted by the growing sector of people 65 and older (U.S. Census Bureau: Americans with Disabilities, Household Economic Status, 1997).

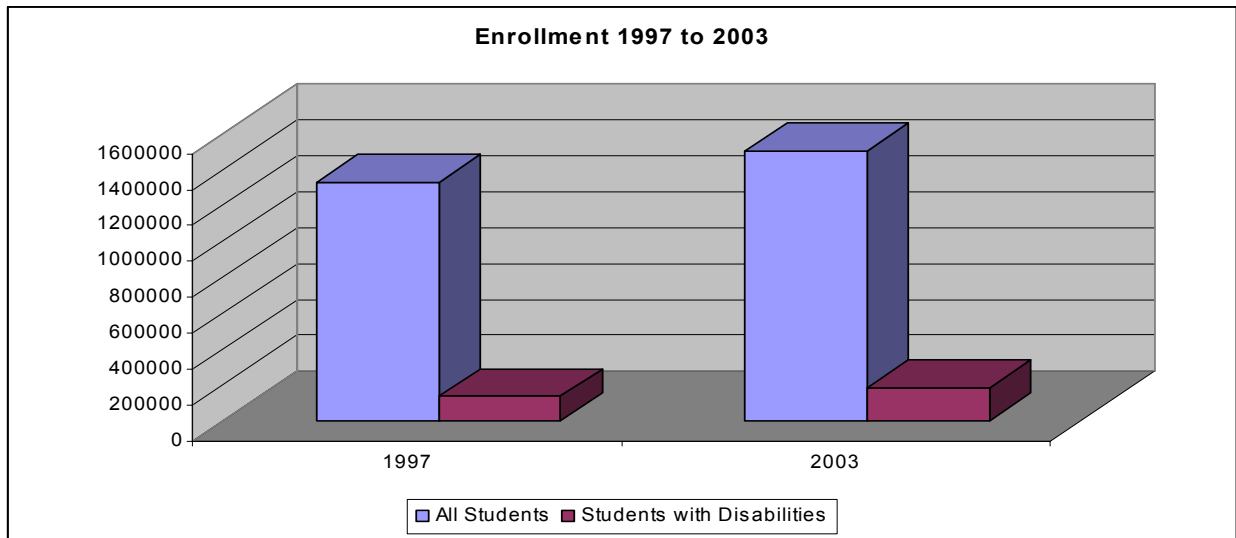
Figure2 – Prevalence of Disability by Age, 1997



Georgian's Children - Disabilities and Education

Georgia's public school students receiving special education have increased over the last seven years. The 1997 school year reported 10% of students in special education classes while the data from the most recent report for the 2003 school year shows an increase to 12%. This shows a steady increase in the number of students participating in special education (State of Georgia K-12 Report Card, 1997, 2003). In the 2003-2004 Georgia school year there were 170,688 students classified with a disability.

Figure 3 – Student Enrollment 1997 compared to 2003



Children are classified in several different ways and the following chart represents a change over time of students in these different categories age 6-21. The Georgia Department of Education tracks this data each year.

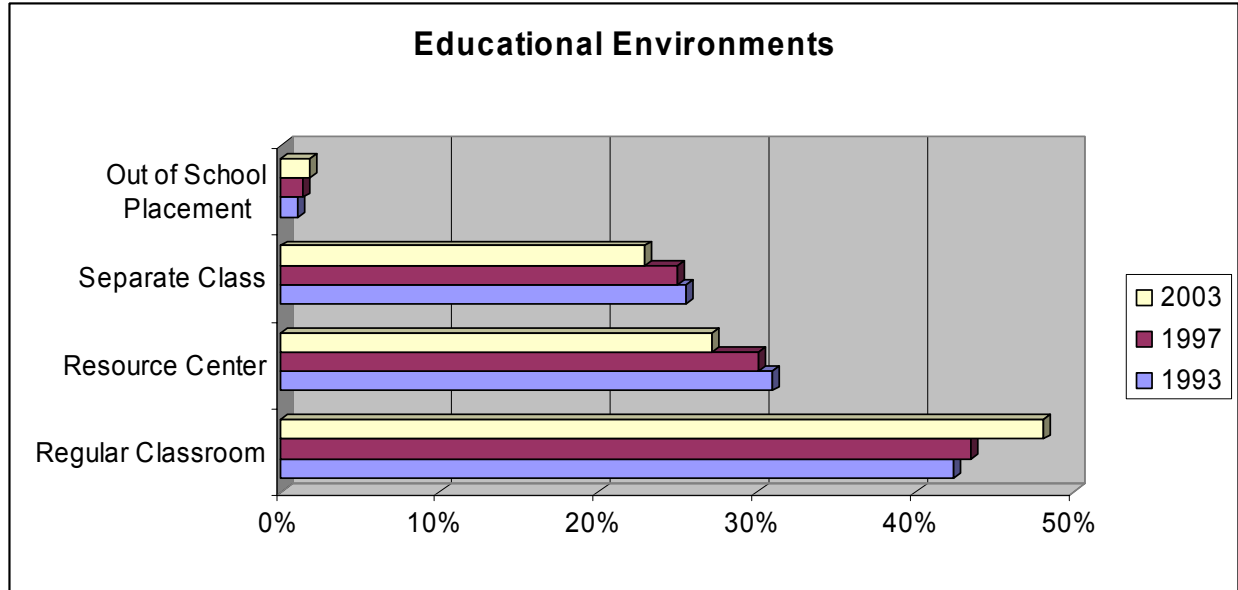
Table 5: Disabilities of children and youth by category (6 to 21 years), served under IDEA
(Georgia Department of Education Services for Exceptional Students and US Dept of Ed, OSERS (1998) Data: OSEP Data Analysis System)

	1994	1996	2003	Nat'l 1998
Learning Disability	33%	32%	31%	51%
Emotional or Behavioral Disorder	19%	17%	14%	20%
Speech Impairment	21%	22%	21%	11%
Intellectual Disability/MR	22%	22%	17%	9%
Other Health Impairment	5%	7%	17%	9%

The ultimate goal is that all students are educated with their peers. In terms of disability this is called inclusion in regular educational settings. There are still many children who receive

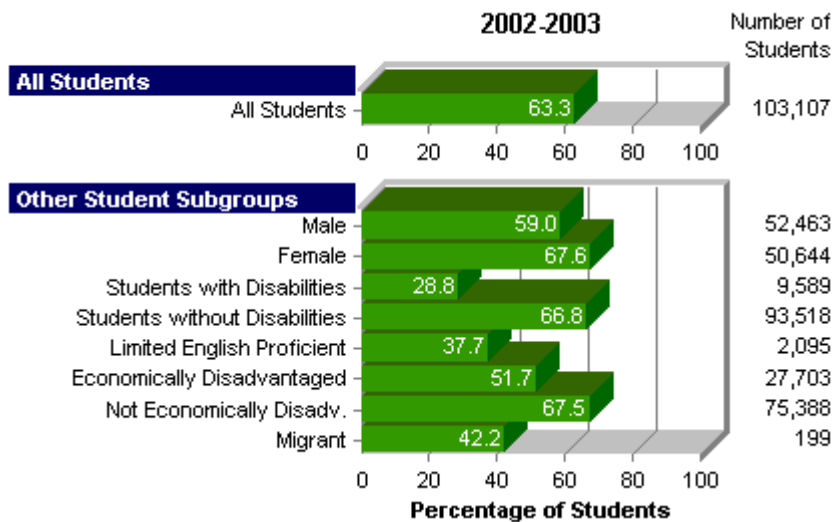
education in special classrooms or self-contained environments away from the rest of their peers. The following chart tracks the educational environments in Georgia from 1993-2003. The Georgia Department of Education tracks this data and will soon make this and 9 other performance goals available on their web site.

Figure 4: Georgia Educational Environments from 1993-2003



There is great concern that the number of students with disabilities graduating has declined in recent years. There was a 1.6% decline from the 2002 to the 2003 school year. Even more distressing is the rate of graduation compared to all other students as displayed in this graph.

Figure 5 – Graduation Rate for School year 2002-2003



Georgians with Disabilities and Employment & Income

The definition of disability also is important when examining what affect having a disability has on the likelihood of securing and maintaining employment. The numbers fluctuate depending on the definition of disability used. In general, the more severe the disability, the less likely someone will be employed. As employment and income often go hand in hand, the more severe the disability, the more likely a person will have low income. As stated earlier the number of people living in poverty with severe disabilities is 27.9% compared to 8.3% for the general population.

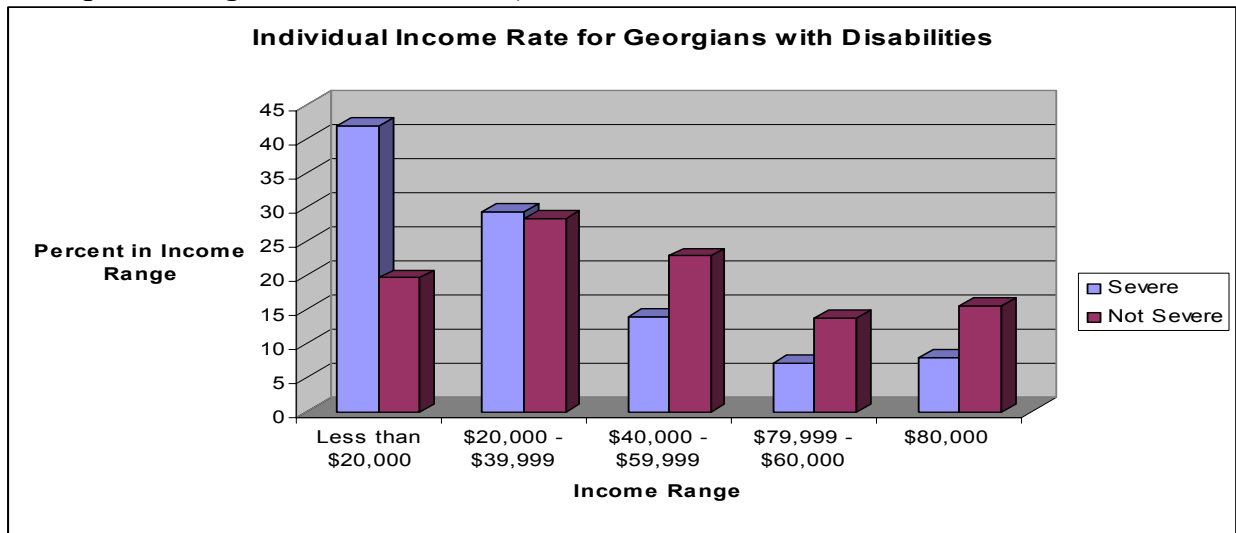
Average Employment in Georgia

An average Georgian can expect a medium household income of \$42,433 and the per capita income in Georgia was \$28,103 in 2000. This has increased significantly from the early 1990s when the medium household income was \$33,429 and per capita income was \$17,123. The Georgia Department of Labor notes a declining unemployment rate which ended the year at 4.7% in 2003 (Georgia QuickStats!).

Georgians with Disabilities Employment

In 1990 one in three (33%) Georgians 21-64 years of age with a disability were employed. Unfortunately the latest data from 2002 reports that only 22.1% of Georgians with disabilities age 18-64 were employed. That is a loss of a little over 10% of jobs for people with disabilities (Disability Statistics: Online Resource for U.S. Disability Statistics).

Figure 6: Income of People with Disabilities (Census, 1996 Survey of Income and Program Participation, August – November 1997)



Georgia Graduates with Disabilities

The Georgia Department of Education began surveying students with disabilities six months after graduation to track their employment goals. The 2002-2003 graduation class included 5,795 students with disabilities. Of these students 4,935 were contacted with 1,591 reporting they were attending post secondary school and 2,473 employed part or full time. This is a 70.1%

success rate in getting students into the workforce who have graduated from high school.

Supplemental Security Income

This is a brief description of Supplemental Security Income as reported online at the Social Security Administration website (http://www.ssa.gov/policy/docs/quickfacts/state_stats/ga.html).

Supplemental Security Income (SSI) is a federal cash assistance program that provides monthly payments to low-income aged, blind, and disabled persons in the 50 states, the District of Columbia, and the Northern Mariana Islands. The program is based on nationally uniform eligibility standards and payment levels. The federal SSI payment is determined by the recipient's countable income, living arrangement, and marital status. As of January 2003, the maximum monthly federal SSI payment for an individual living in his or her own household and with no other countable income is \$552, and for a couple, \$829. The average federally administered payment was \$407. The aged averaged \$330; disabled and blind, \$425. (Social Security Online – State Statistics 2002)

In Georgia, 198,599 persons—30,900 aged, and 167,699 disabled and blind—received federally administered SSI payments in December 2002. A total of 55,410 recipients were aged 65 or older, 113,647 between 18 and 64, and 29,542 under 18.

SSI/SSDI and Work Incentive Programs

Very few people who receive SSI benefits secure employment and leave the program. Often by returning to work, a beneficiary trades a guaranteed monthly income and premium-free medical coverage for the uncertainties of competitive employment. (*SSA Disability: Program Redesign Necessary to Encourage Return to Work, GAO report, April 24, 1996*).

There are several work incentive programs that allow a person to earn additional income for a work goal and maintain their SSI benefits or maintain health coverage although they do not remain eligible for the cash assistance. A recent General Accounting Office report noted that "although there are work incentive provisions, not more than 1 of every 500 SSDI beneficiaries has left the rolls by returning to work."

Within the SSI program, there are the following work incentive programs:

- Impairment-Related Work Expenses
- Earned Income Exclusion
- Student Earned Income Exclusion
- Blind Work Expenses
- Plan for Achieving Self-Support (PASS)
- Section 1619 Work Incentives
- Property Essential to Self-Support
- Continued Payment under a Vocational Rehabilitation Program

(*Quarterly Report on SSI Disabled Workers and Work Incentive Programs, Dec. 1997*.)

A Plan for Achieving Self-Support (**PASS**) allows a person with a disability to set aside income and/or resources for a specified period of time for a work goal. **In 2000, nineteen (19)** of Georgia's SSI recipients developed a PASS plan. This is down considerable from reports

1997 when seventy-nine (79) took advantage of PASS (*Table 39. Number of blind and disabled recipients benefiting from specified work incentive provisions, by state, December 2000.*)

The **1619 (a) work incentive** allows SSI beneficiaries to receive SSI cash payments even when earned income exceeds the substantial gainful activity (SGA) level. There were **631** Georgians receiving SSI benefits who worked and took advantage of the 1619(a) program. During the month of December 2000, the average monthly earning was **\$902**. (*Table 10: SSI Disabled Recipients who Work Dec.2000.*)

The **1619 (b) work incentive** continues Medicaid coverage for most working SSI beneficiaries under age 65 when their earnings become too high to allow an SSI cash payment. In 2000, **1,956** Georgians receiving SSI benefits worked and took advantage of 1619 (b) maintaining Medicaid coverage. The average monthly income was **\$1,017** a month in December 2000. (*Table 10: SSI Disabled Recipients who Work Dec.2000.*)

The Impairment-Related Work Expenses (**IRWE**) incentive allows the costs of certain impairment-related items and services that a person needs to work to be deducted from gross earnings in figuring the SGA, even if these items and services are also needed for non-work activities. In 2000, **395 of Georgia's** SSI recipients developed a IRWE plan. This number is also down from 1997 when 465 people used IRWE. (*Table 39. Number of blind and disabled recipients benefiting from specified work incentive provisions, by state, December 2000.*)

The newest initiative is the **Ticket to Work and Work Incentives Act of 1999 (TWWIA)**. The Social Security Administration (SSA), as authorized by the Ticket to Work and Work Incentives Improvement Act of 1999, awarded 116 cooperative agreements to a variety of community organizations called Benefits Planning, Assistance, and Outreach (BPAO) projects. These BPAO projects provide all SSA beneficiaries with disabilities (including transition-to-work aged youth) access to benefits planning and assistance services. (Social Security Online – The Work Site)

The goal of the Benefits Planning, Assistance, and Outreach (BPAO) Program is to better enable SSA's beneficiaries with disabilities to make informed choices about work. Each BPAO Project has Benefits Specialists who will:

- Provide work incentives planning and assistance to SSA's beneficiaries with disabilities
- Conduct outreach efforts to those beneficiaries (and their families), who are potentially eligible to participate in Federal or State work incentives programs; and
- Work in cooperation with Federal, State, and private agencies and nonprofit organizations that serve beneficiaries with disabilities.

The Social Security Administration (SSA) issues Tickets to eligible adult (ages 18-64 years) beneficiaries. Tickets can be used to obtain rehabilitation and employment services or a job from any EN (Employment Network) a beneficiary chooses. The Ticket Program is voluntary. Beneficiaries receiving Tickets are not required to participate in the Program or go to work. They may choose to use the Ticket and contact any EN of their choice to discuss services. After

the EN of choice and the beneficiary design and agree upon an employment plan, the Ticket is then assigned to the EN.

In Georgia there are 3 organizations at 9 sites in the employment network. These organizations employ 23 specialists and have served **2,853 beneficiaries between January 2001 and April 2004.**

The contacts for the BPOA in Georgia are:

Division of Rehabilitation Services

1700 Century Circle
Suite 300, Atlanta, GA 30345
404-638-0375

Shepherd Center, Inc.

2020 Peachtree Street NW
Atlanta, GA 30309
404-350-7589

Walton Options for Independent Living

948 Walton Way
P.O. 519
Augusta, GA 30903
706-724-6262

Within the SSDI program, the following work incentive programs include:

- Impairment-Related Work Expenses (same as SSI incentive)
- Trial Work Period
- Extended Period of Eligibility
- Continuation of Medicare Coverage
- Medicare for People with Disabilities Who Work
- Continued Payment under a Vocational Rehabilitation Program

Division of Rehabilitation Services - Getting People to Work

The Vocational Rehabilitation web site lists those services necessary for a qualified client to meet the mutually agreed upon and individualized work goal. Services may include, but are not limited to:

- Counseling and Guidance
- Work Readiness Training
- Work Adjustment Training
- College and University Instruction
- On-the-Job Training
- Vocational and Technical Training
- Supported Employment
- School to Work Transition

- Job Coaching
- Physical and Mental Restoration Services
- Assistive Technology
- Referral to Other Agencies As Needed

The following two graphs display that in some ways employment patterns can be contributed to the business cycle of the economy. During the late 90's when unemployment was extremely low people with disabilities were having a much better time finding work. As the economy went into recession people with disabilities, most likely young people just graduating from school, found it difficult to locate and keeping a job.

Figure 7: People served by Vocational Rehabilitation Services

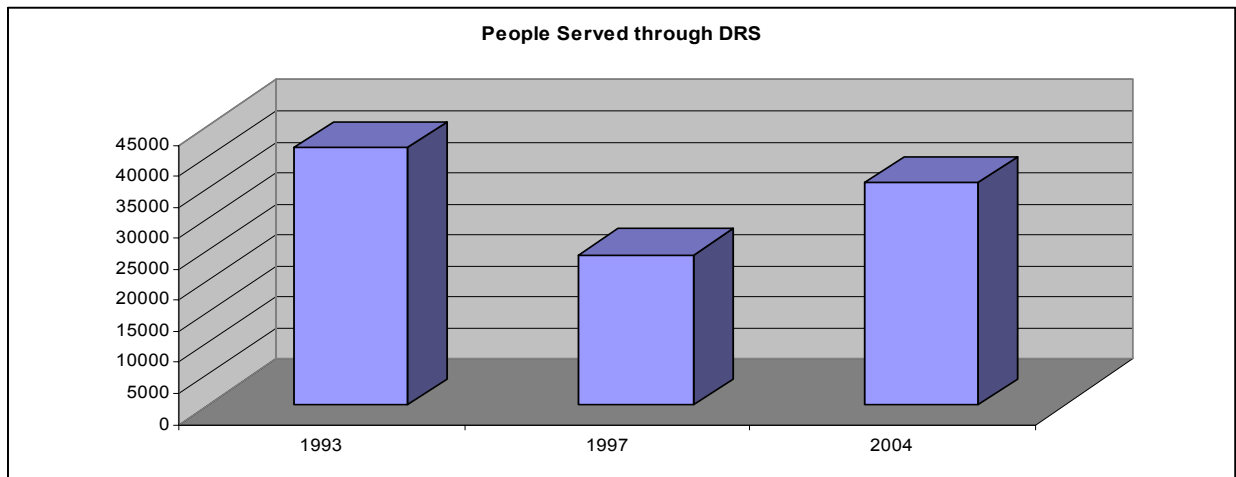
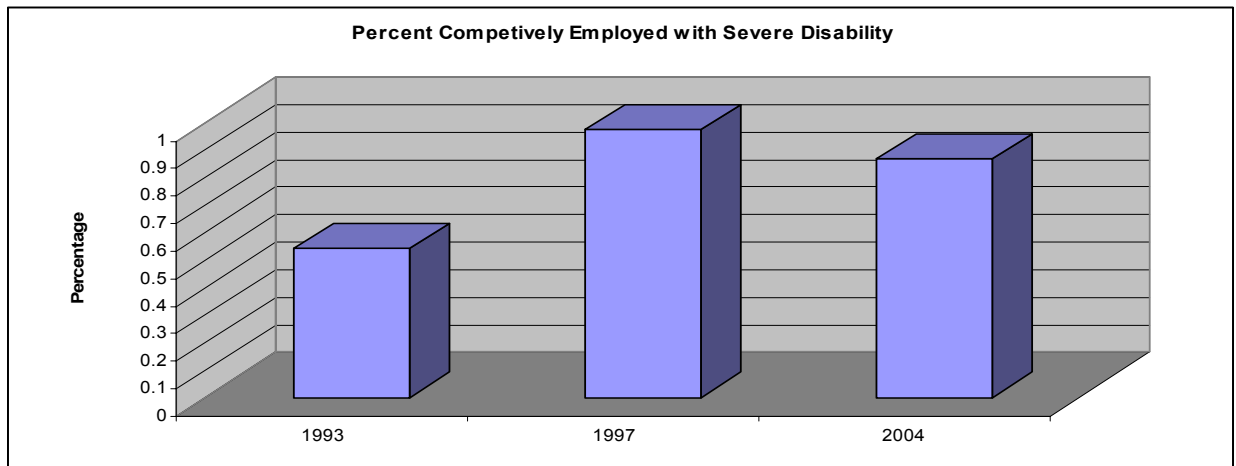


Figure 8: Percent of people with severe disabilities employed in competitive jobs

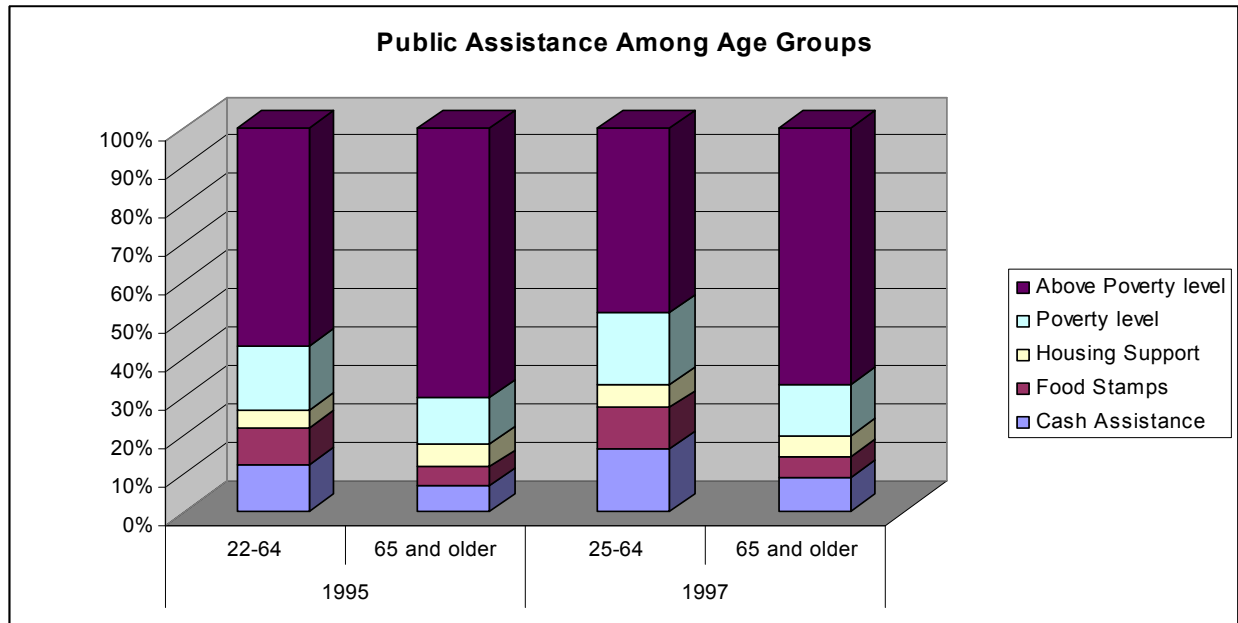


Public Assistance and Disability

The Census Bureau conducts an annual *Survey of Income and Program Participation (SIPP)*.

The data from the chart below are taken from the two most recently published studies of the 1995 and 1997 Current Population Reports: Americans with Disabilities Household Economic Studies. Data shows a trend of public assistance rising for people with severe disabilities between the ages of 25-64. The percentage of individuals with disabilities in all age groups characterized as NOT severe between 2-4% in all public assistance categories and even more significant is 90% are not in poverty. Therefore the graph below only displays information for those individuals reporting a severe disability.

Figure 9: Public Assistance over 2 years



Georgians with Disabilities and Housing

Finding a place to live if you are a person with a disability is first an issue of income. If you have sufficient income, you can find a place to live and pay for the modifications to make your home accessible. If you lack the financial resources, a person with a disability must not only locate a place to live within their income range but also figure out a way to make the home accessible. The cost to retrofit an existing home can be expensive. As the previous data show we have almost 30% of people with disabilities living in poverty (Figure 9) and data on income shows a little over 40% of people with severe disabilities make less than \$20,000 while almost 20% of those whose disabilities are less severe make under \$20,000. How does one afford a house whose medium value in Georgia is \$111,200 which in most cases requires a commute of at least 20 miles and a salary of \$37,000?

Low-Income Housing

The Georgia Department of Community Affairs (DCA) administers several federal housing

programs. The Section 8 - Rental Assistance Program provides assistance to low and very low income individuals and families to rent safe, decent and sanitary housing units. There is a long waiting list for section 8 housing so it may not be available when a person needs the assistance. More information can be found at the Department of Community Affairs web site (<http://www.dca.state.ga.us/housing>).

Low-Interest Loans

DCA's OwnHOME program is a delayed repayment, second mortgage loan of up to \$5,000 to pay for down payment and closing costs. The Home Buyer is required to contribute 1% of the purchase price. You repay the loan only if you sell or refinance the house. This loan is designed to help individuals with disabilities purchase their principal residence. Eligibility is limited to those home buyers who cannot qualify to purchase an affordable home due to insufficient income resulting from their disability. The loans may be used to reduce the principal amount of their first mortgage, as well as provide the required down payment, and assist in the payment of closing costs and prepaid expenses. The OwnHOME Loan Program is available for borrowers who are first-time home buyers, or have not owned a home in the past 3 years, or a displaced homemaker, or a single parent, or if the borrower owned a home during the past three years, but was forced to sale the home as a result of becoming disabled.

DCA's other program, the Home Buyer Program, provides qualified first time home buyers in Georgia with low-interest rate loans that lower your monthly house payments and make it easier for you to qualify for a loan.

Rental Assistance Network (RAN)

The Department of Community Affairs recently created an online database to provide information on property location, rents, amenities, and features to make a unit accessible for individuals with disabilities. This is an extremely user friendly web page (<http://www.dca.state.ga.us/housing/rentalaccess/>) that can search by county, city, zip code, units with older Georgians and accessibility characteristics.

PAT P. HAS INFO AND CAN PLUG IN HERE!! Also Pat has data on Easy Living Home

Home Modifications

As mentioned previously, the cost to modify a home so that it meets the individual needs of its owner, can be quite costly. If the homeowner has a severe disability, there is a good chance the homeowner does not have a lot of money to spend on these modifications. *See earlier discussion regarding persons with disabilities and income.*

Various volunteer, disability and senior organizations provide home modifications, home repairs and ramp construction to make a home more accessible. As one would expect, the demand for these services is high. Some centers for independent living are working at the local level to secure Community Development Block Grant funds to pay for the modifications. Sometimes there is also some money available from aging services to support these modification programs.

New Construction - Basic Access

Despite diligent efforts for several years, the disability and aging community have been unsuccessful to pass legislation that would require new speculative home construction to include basic access features. The broad base support for these changes is growing among the disability and aging community.

Some progress has been made in the Atlanta area. The Atlanta Chapter for Habitat for Humanity has been voluntarily including basic access features in its homes for several years. Because of this leadership, advocates were able to get a local ordinance in the Atlanta area requiring new homes to be built with certain basic access features.

Concrete Change, Inc., and other advocates are working to encourage the International Habitat for Humanity Office, located in Americus, Georgia, to also agree to include accessibility features in their new housing construction.

Georgians with Disabilities and Health Care

Many believe that one of the main reasons people with disabilities who are receiving SSI benefits are reluctant to return to work is for fear that they will lose all health insurance coverage or have coverage which is not adequate. It is difficult for a person with a disability to make sufficient income to purchase private health insurance coverage, especially when private insurance may exclude or charge higher premiums to cover a pre-existing condition.

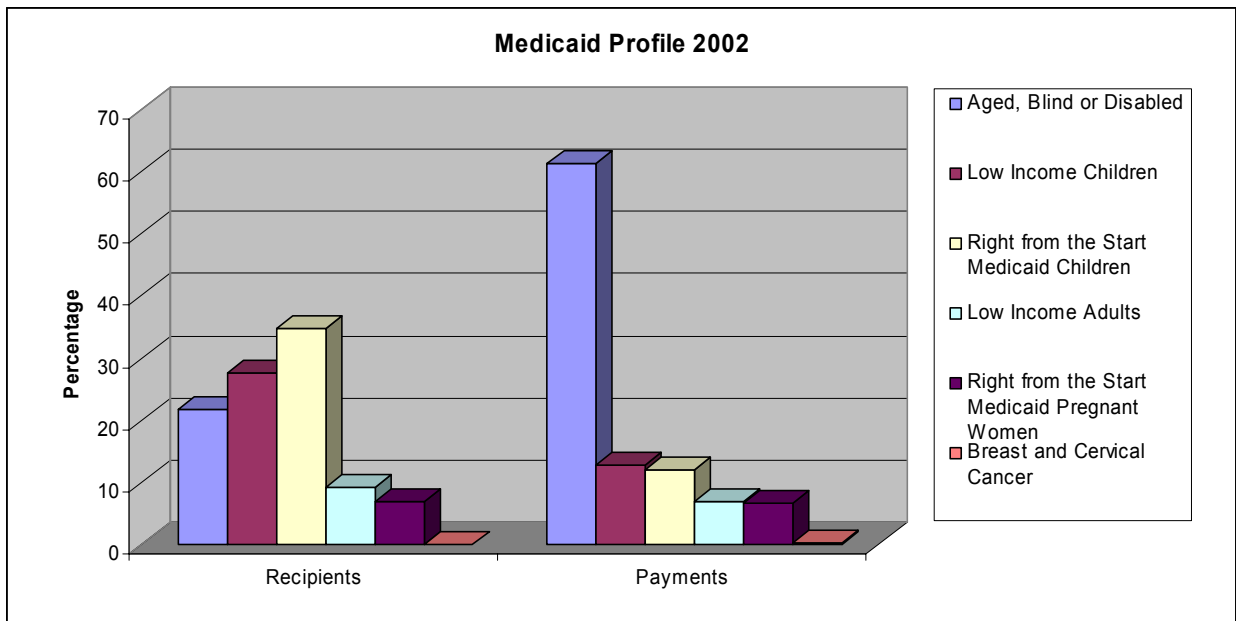
...the current design of cash and medical benefits in the DI [Disability Insurance] and SSI programs often presents more hindrances than incentives when beneficiaries consider returning to work. The structure of cash benefits can make it financially advantageous to remain on the disability rolls, and studies report that DI and SSI beneficiaries fear losing their premium-free Medicare or Medicaid benefits if they return to work.

(GAO/HEHS-96-133 Return-to-Work Strategies, page 7)

Medicaid in Georgia

For many Georgians with disabilities, Medicaid coverage is better health care coverage than they can receive under other health care plans. Unless people are able to buy-in into Medicaid on a sliding fee scale, there is a real incentive to remain eligible for Medicaid. The graph below shows that although people who are categorized as aged, blind or disabled are only 21.62% of the Medicaid population they consume 61.38% of health care in the program.

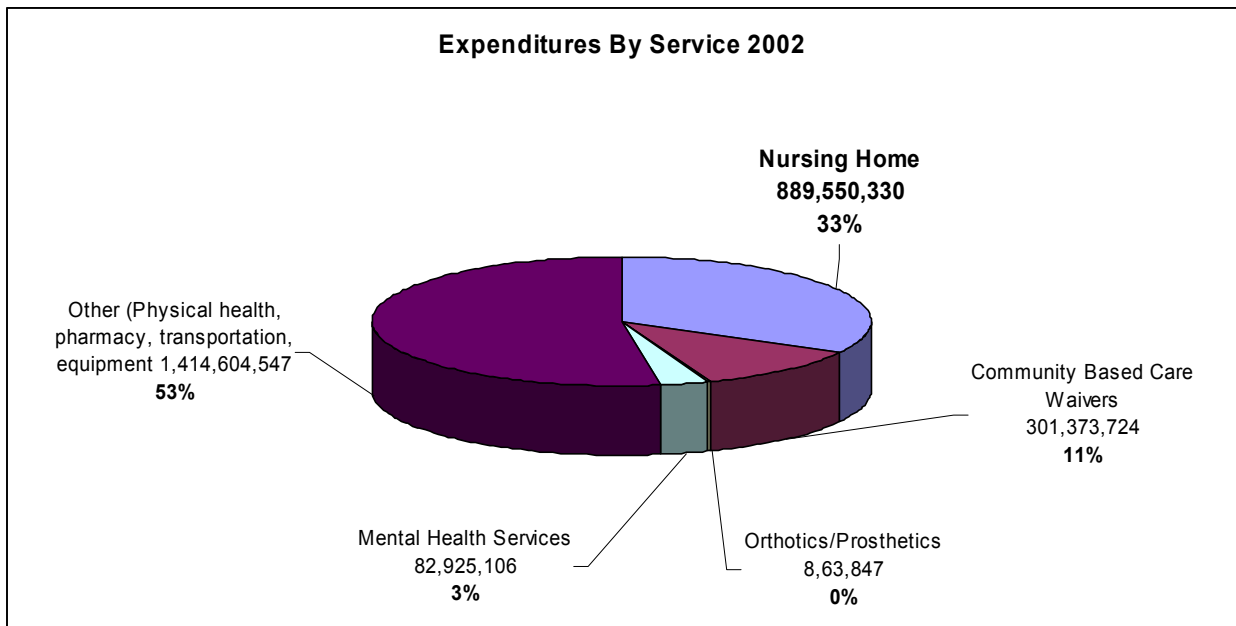
Figure 10: Medicaid Profile by Recipient and Expenditure (DCH Annual Report 2002)



Georgia Department of Medical Assistance 2002 Annual Report

Upon further examination of the expenditures in the Aged, Blind and Disabled category one sees that an extremely large portion is spent on institutional care/nursing homes (33%).

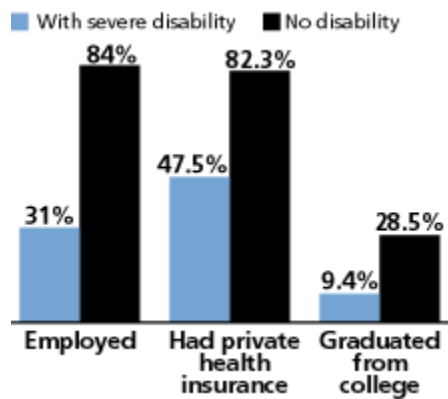
Figure 11: Medicaid Expenditures by Service (DCH Annual Report 2002)



The untold story is how much people with disabilities and their families spend out of pocket for food supplements, travel to medical facilities and therapies, lost days from work, and of course lost expenditures from and ever changing benefits coverage.

When we look at national statistics we see a very sad example of sparse health care coverage. Since many of us receive health coverage through employment the linkage to health care is severed for people with disabilities almost from the time they turn 21.

Figure 12: Disability Status and Economic Disadvantage



Source: Jack McNeil, "Americans With Disabilities: 1997," *Current Population Reports P70-73*, February 2001; accessed online at www.census.gov/prod/2001pubs/p70-73.pdf.

Federal Children's Health Insurance Program (CHIP) – PeachCare for Kids in Georgia

Congress passed legislation, Federal Children's Health Insurance Program (CHIP), in 1997 to allow states to expand Medicaid coverage to children from birth to age 5 for families with incomes equal to or less than 235% of poverty or \$43,240 for a family of four. The Georgia General Assembly passed SB 410 to establish the PeachCare for Kids Program in 1998 to provide health care benefits for children in families with income below 200 percent of the federal poverty level and then later increased it to 235%. The program offers the same health care services available to children under Georgia's Medicaid plan, but coverage does come with a price. During the 2004 appropriations process, the Georgia General Assembly increased the premiums imposed on families with children over 6 years of age from \$10 for the first child and \$20 for multiple children to a "sliding scale premium payment structure based on income up to a family cap of \$70" a month.

Katie Beckett Deeming Waiver

During planning for fiscal year 2005 budget, Medicaid faced serious financial constraints to meet its entitlement payments. To "reign" in the cost of state funded health care the Governor and the Department of Community Health proposed several cost cutting and saving measures to control expenditures for the coming year. One of these was to impose premiums on the long standing medical support program for children with severe medical needs. This program is commonly known as the Katie Beckett Waiver, named for the advocate's daughter who inspired the need for Medicaid to pay for health care for medically fragile children.

As reported by the Governor's Council on Developmental Disabilities in Georgia, "families who have a child or children who qualify for institutional level care due to complex medical needs or a disability become eligible to receive services under Medicaid". The family income is too high

to qualify for SSI or Medicaid alone. Katie Beckett Waivers cover services and supports that are not covered by private insurance. The Department of Community Health reported a savings of \$1,506,185 by imposing a sliding scale premium from \$21 to \$458 per month. DCH reported 6,049 children in the system in FY 2003 and projected eligibility would expand to cover 6,542 children by FY 2005.

Through key leadership from a few concerned mothers who rallied hundreds of families across the state this proposal was defeated by the end of the budget process. An intensive advocacy effort created by an impending financial burden defeated a government imposed increase to the cost of health care for families with medically fragile children.

Out of Pocket Expenses on Health Care by People with Disabilities

An article reported in 1995 that people with disabilities are much more likely to have public coverage (50%) to pay for their health care than those without disabilities (20%). Although public funded health care may cover people with disabilities at a higher percentage the fact remains that people with disabilities pay a larger portion out of pocket each year. For the age group 18-64 that is \$740 per year compared to \$322 for a person without a disability. For adults ages 65 and older the rate increases to \$1,185 for a person with a disability and \$634 for a person without a disability. Unfortunately this data is from 1985, but it is well documented that the cost of drugs and medical procedures has increased exponentially in the last two decades. On average in 1987, a person with disability spent \$853 out of pocket on health care coverage, more than twice as much as people without disabilities spent. Even more alarming is that for adults 18 to 64 years of age with disabilities, public programs cover 37% of the medical expenditures while private insurance will pay 55% of hospital coverage for patients without a disability. (Disability Statistics Abstract, Number 13, 1995)

Georgians with Disabilities and Transportation

Access to transportation is perhaps one of the greatest issues faced by all Georgians, but more prominently by Georgians with disabilities and their families. Year after year, transportation makes it on our priorities list yet we are all overwhelmed with the growing need and struggle with solutions that will make a dent in the problem.

Without transportation, a person has a very difficult time attending school, work, recreational activities – just being a member of their community when so much of our lives are dependent upon the automobile.

Aged and Disabled Transportation Funds

For several years, there was a study initiated by a legislative resolution creating the Aged and Disabled Task Force. The work of this task force has included monitoring and evaluating several pilot transportation projects in the past year. The success of several of the pilot projects created a unified transportation system throughout Georgia directed by the Georgia Department of Human Resources.

These efforts have been primarily funded by federal transportation funds, referred to as Section 5310 funding. Section 5310 funding provides assistance in meeting the transportation needs, particularly in rural areas, of disabled and elderly persons where transportation services are unavailable, insufficient or inappropriate. DHR has the principal authority for administering Section 5310 funds. To qualify to use these funds, the applicant must provide a 20% local match. Eligibility is primarily for private, non-profit organizations which provide or desire to provide transportation services to older adults or people with disabilities.

DHR evaluates and selects applicants for funding using the following criteria:

- Service area
- Type of service
- Project intent
- Operating schedule
- Participation in coordinated or unified transportation systems
- Maintenance program
- Vehicle coordination
- Driver training program
- Service need
- Fiscal/managerial capability

Georgia Department of Human Resources Unified Transportation Plan

DHR spends almost \$28,935,333 million on transportation each year. This money is used on 3,453 vehicles and contracted transportation services. A recent report counts 24,677 current clients but the need is greater and the system could serve 75,225. The Georgia Department of Community Health spent \$521,487 on 1,553 recipients for emergency transportation in FY 2002 and some money on non-emergency transportation for medically related transportation. Additionally the Georgia Department of Transportation spent \$7.8 million on rural transportation in FY 2002. This provided services to 1,642,655 passengers in 78 out of 159 counties.

The Final Report of the Coordinated Transportation System Transportation Committee (October 2003) states:

Since the start of the initial policy development study the coordinated transportation system has experienced significant change. The transportation system was started in FY95 as pilots in 5 areas of the state. The coordinated system was fully implemented in FY99. Lack of additional funding has been a major issue; however, increased efficiencies have still enabled the system to expand. The cost per trip has decreased from \$9.60 in FY02 to \$8.97 in FY03. This is a 6.45% reduction in trip costs. The savings derived from this decrease equate to more trips for clients using the same amount of funds. Adequate funding still remains one of the primary factors inhibiting growth. Overall budget reductions in FY04 and FY05 will see both administrative and service levels decrease.

Purpose Statement

Provide essential transportation services in a safe, efficient, responsive and cost effective

manner to eligible individuals to allow them to access needed services to meet their DHR program goals and achieve healthy, independent, self-sufficient lives.

The following chart displays the source of transportation funds available within DHR and how they are distributed throughout service categories.

Table 6: DHR Transportation Fund Sources FY 2003

Fund Source	Amount	%
SSBG	\$9,538,188	33%
5310	\$2,283,038	7.9%
Title III B	\$780,949	2.7%
State	\$3,108,849	10.7%
Local	\$190,595	.70%
TANF	\$8,800,000	30.4%
Revenue Contracts	\$3,368,793	11.7%
DOL/VR	\$834,921	2.8%
JARC	\$30,000	.10%
Total	\$28,935,333	100%

The Final Report (Oct 2003) also conducted a comprehensive needs study to forecast the financial need of the transportation system for fiscal year 2005. Currently the system is only funded at 29% of the need.

Table 7: DHR Transportation Needs Assessment Cost Data FY 2005

DIVISION	CURRENT COSTS	PROJECTED COSTS	TOTAL COSTS	% OF COSTS CURRENTLY MET
Aging	\$6,946,267	\$14,783,902	\$21,730,169	32%
DFCS	\$6,279,718	\$21,950,916	\$28,230,634	22%
MHDDAD	\$10,584,550	\$13,862,152	\$24,446,702	43%
CSE / Fatherhood	\$0	\$2,290,803	\$2,290,803	0%
Public Health	\$0	\$4,821,307	\$4,821,307	0%
Totals	\$23,810,535	\$57,709,080	\$81,519,615	29%

Federal Transportation Funding

The Georgia Department of Transportation is responsible for administering federal transportation funds.

The Transportation Equity Act for the 21st Century (TEA-21) was passed by Congress in 1998 to provide funding for the years 1998 to 2003 for transportation programs. TEA-21 provided Georgia approximately \$6.1 billion in federal funding from 1998 to 2003 for

highways, highway safety, transit and other surface transportation programs. TEA-21 replaced the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA), which was the previous major authorizing legislation for surface transportation. (DOT website on June 13, 2004, <http://www.dot.state.ga.us/specialsubjects/tea-21/index.shtml>)

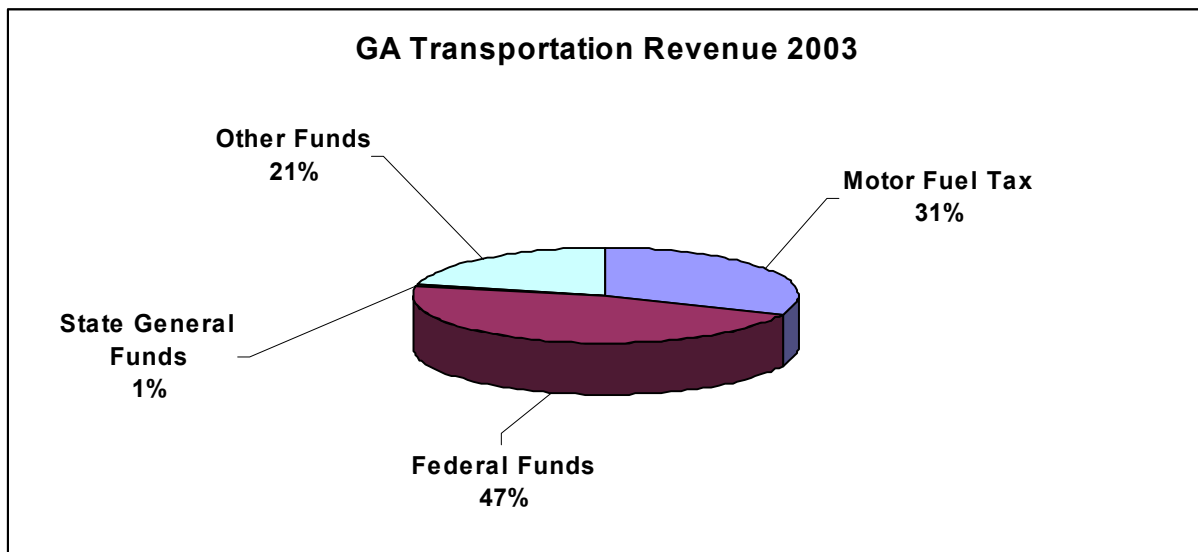
Americans with disabilities and older adults rely heavily on public transportation resources; such as buses, subway systems, and vans with lifts to transport people who use wheelchairs. Unfortunately Georgia is a state which pays more into the federal transportation pool than it receives back. The Georgia Department of Transportation reports:

During the life of TEA-21, Georgia has received approximately 86% of every Highway Account dollar sent to Washington. In the Mass Transit Account Georgia fares even worse. Georgia has received Mass Transit funding at 67% of the rate in which it paid into the Mass Transit account during the life of TEA-21. Because of this, Georgia has some of the oldest bus fleets in the nation currently operating in our smaller urbanized areas. This in turn drives up operating costs and drives down rider-ship due to unreliable service.

Motor Fuel Tax

Georgia's motor fuel tax provides the second largest amount of revenue to fund the transportation system. However, the Georgia Constitution limits the use of motor fuel revenues for roads and bridges. It currently cannot be used to expand public transportation. Projects funded by the Georgia General Assembly through state funds are typically through the issuance of general obligation bonds which can include; local roads, the Governor's Road Improvement Program (GRIP), and intermodal projects such as public transportation, rail, ports and aviation. (2003 Fact Book at www.dot.state.ga.us)

Figure 13: Financing Transportation in Georgia



Another Approach: Supported Volunteer Transportation Voucher Program

Some organizations in other states have addressed the transportation needs of rural communities by providing vouchers to consumers in areas where public transportation or private specialized transportation services are available. The consumers can pay for the transportation with the vouchers and the transportation provider seeks reimbursement from the issuer of the vouchers. Some areas have looked to the taxi service as the most likely transportation provider.

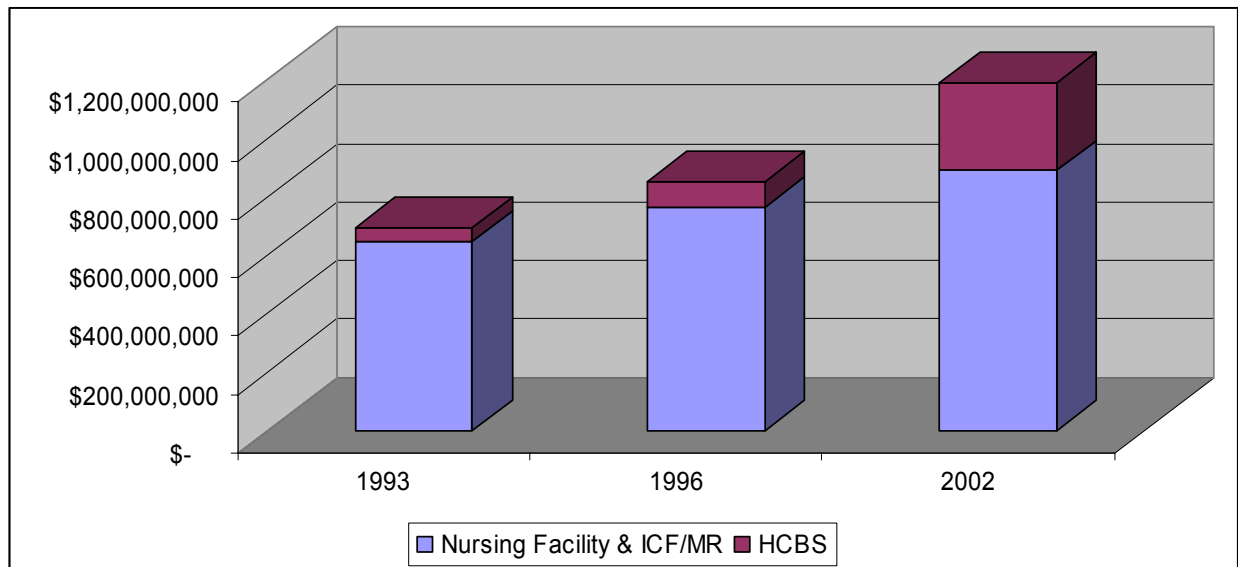
Other organizations have established a volunteer transportation service. They recruit, train, coordinate, and reimburse volunteer drivers where no or limited transit services are available. Vouchers are given to consumers who then give them to the program's ride providers, volunteers, and public or private transit drivers.

There are liability and insurance issues with using volunteers but they can be overcome. Some other states have passed legislation to address liability issues. (*"The Supported Volunteer Based Rural Transportation Voucher Program," Rural Institute on Disabilities, Missoula, Montana, June 1996.*)

Georgians with Disabilities and Long Term Care Services

Medicaid is the primary funding source of long term care services for Georgians with disabilities and older adults. Although Georgia has increased its financial commitment to waiver services, Georgia continues to invest most of its Medicaid long term dollar into institutional services rather than home and community based services.

Figure 14: Georgia Medicaid Expenditures on Long-Term Care



*Sources: Georgia Department of Medical Assistance 1996 Annual Report
 Georgia Department of Medical Assistance 1993 Annual Report
 Georgia Department of Community Health 2002 Annual Report*

Institutional Long Term Care Services

Medicaid is currently paying for 85% of the institutional costs for low income people in nursing homes and Intermediate Care Facilities for people with mental retardation. Medicaid does not pay for a lower level of care received by Georgians in personal care homes. Legislation to create a new lower level of care that Medicaid would pay has failed or been stalled in the General Assembly for many years.

Home and Community Based Long Term Care Services

In Georgia, there are four main Home and Community Based Waiver programs which may provide people with disabilities the community based support they need to live in the community. Unfortunately there are long waiting lists to receive these services. Only over the last six years has funding been redirected or increased for community based services so people with developmental disabilities can move out of institutions. However for adults and older Georgians with disabilities the state still spends the greatest percentage on nursing homes.

Community Care Services Program

Implemented: 1977
Purpose: To provide services to persons at risk of being institutionalized.
People Served: 12,187 (FY 1993); 14,185 (FY 1997); 14,687 (FY 2003)
People under age 60 served: 2,513 (17.8% in FY 1997); 2,497 (FY 2003)
Average Cost Per Recipient: \$2,564 (FY 1993); \$3,072 (FY 1997); \$1,212 (FY 2003)

Eligibility: Applicant must have a medical condition that requires the type of support and care provided in a nursing home.
Applicant can live safely in the community with the services provided by the Community Care Service Program and within the established cost limitations of CCSP.
Must be Medicaid eligible. If a person has previously been determined ineligible for Medicaid, they may still qualify under CCSP as the regulations differ.
Must agree to cost share in some situations.

Services: Home Delivered Meals
Emergency Response
Respite Care
Alternative Living Services
Adult Day Health
Personal Support Services
Home Health Services

Mental Retardation Waiver Program – 2 Waivers

Implemented: 1989 MRWP
1998 CHSS (Community Habilitation, Supports and Services)
Purpose: To provide services to individuals with mental retardation or

related conditions which could include such disabilities as cerebral palsy, autism, epilepsy or other neurological conditions.

People Served: 399 (FY 93); 1,651 (FY 1996); 8,522 (FY 2003)
Average Cost Per Recipient: \$37,143 (FY 93); \$23,451 (FY 1996); \$17,415 (FY 2003)

Eligibility: Must be 21 years of age or older.
Primary diagnosis of mental retardation.
Must require a level of care in the home that is typically provided in a state institution.
Monthly income must not be more than what SSI pays per month. Most people who qualify for this waiver also qualify and already receive SSI payments.

Services: Day habilitation services
Residential
Respite Care
Personal Support Services
Other Home Based Services

Independent Care Waiver Program

Implemented: 1992
Purpose: To serve individuals who might otherwise be living in hospital or nursing home
People Served: 21 (FY 93); 44 (FY 95); 93 (FY 1996); 558 (FY 2003)
Average Cost Per Recipient: \$23,813.48 (FY 93); \$46,104.88 (FY 1996); \$28,320 (FY 2003)

Eligibility: Must be 21 years old and older
Adult must require a level of care in the home that is typically provided in the hospital, skilled nursing facility or intermediate care facility.
Adult can be provided safe and appropriate care in their own home
Total annual cost to Medicaid for home care must not be greater than the amount of Medicaid would pay for the person's care in an institution.

Services: Case Management
Companion Services
Counseling
Emergency Response System
Environmental Modifications
Homemaker Services
Occupational Therapy
Personal Care Services
Skilled Nursing
Specialized Medical Equipment and Supplies
Transportation

Model Waiver Program

Purpose: To provides intensive home medical services for children at risk of hospitalization or institutionalization.

People Served: 100 (FY 93); 152 (FY 1996); 147 (FY 2003)

Average Cost Per Recipient: \$28,765.59 (FY 93); \$25,527.72 (FY 1996); \$30,621 (FY 2003)

Eligibility: Child must be 21 years or younger
Child must be eligible for Medicaid
Child must require a level of care in the home equivalent to that provided in a hospital, skilled nursing facility or intermediate care facility
Child's home provides a safe and appropriate care environment
Total annual cost to Medicaid for home care must not exceed the amount Medicaid would pay for institutionalization.

Services: Pediatric private duty nurse of the families' choice for up to 24 hour care for 2-3 months. Nurse must be under a doctor's supervision and be authorized to receive Medicaid payments.
More commonly, provides for 12 hour care up to 7 days a week for up to 6 months. Family can re-qualify for services by reapplying every 6 months for several years.
Also available is medical day care.

Georgians with Disabilities and Personal Attendant Services

In 1993, the Division of Rehabilitation Services had funding for 34 people to receive personal assistance services. In 1997-98, no personal assistance services were provided through this program. Although a framework for a personal assistance program exists, the legislature has not appropriated funding for this program and it remains inactive.

Some persons with disabilities obtain limited personal assistance services from the Community Care Services program. However, if a person's need for services exceeds a monthly cap they will be denied services which exceed the cap or dropped from the program. On a short term basis, a person can obtain a waiver from the cap.

The Independent Care Waiver program provides the most comprehensive package of home and community based services for most people with disabilities; however the number of slots is very limited and there is a waiting list.

The newest Waiver for people with developmental disabilities (CHSS) was created to serve people transitioning out of Brook Run to the community (326 people moved out of institutions across the state from 1998-2000). This program is a more comprehensive, flexible package of benefits. An additional 167 people were be served throughout Georgia under this waiver from community waiting lists. In the last few years the Division of MHDDAD has redesigned services in the MRWP wavier and is moving people from the CHSS waiver to allow all people to receive a more complete array of community based services.

Other than these limited services, people in need of personal assistant services have very few options.

The national **Survey of Income and Participation Program (SIPP), Current Population Report: Americans with Disabilities Household Economic Study** (1997) shows a steady increase in the use of personal assistance as one ages. The survey reports that of the 8.1 million individuals who identified themselves as having difficulty with activities of daily living (ADL), 4.1 million needed personal assistance services. For individuals under 64 years of age the percentage of individuals was under 6% for those requiring personal assistance, while for people over the age of 65 the need was 8.1% and proceeded up to 34.9% for people 80 or older. ADLs included getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting.

For individuals who had difficulty with instrumental activities of daily living (IADL), 12.9 million people reported having difficulty, with 9.4 million needed personal assistance. IADLs include going outside the home, keeping track of money and bills, preparing meals, doing light housework, taking prescription medicines in the right amount at the right time, and using the telephone. The SIPP study reported:

When both ADLs and IADLs are considered, 9.9 million individuals needed personal assistance to perform one or more of the 12 activities. Of those who needed personal assistance, 400,000 were 15 to 24 years old, 4.1 million were 25 to 64, and 5.3 million were 65 or older. (SIPP, 1997)

Georgians with Disabilities and Technology

Vocational Rehabilitation Services Technology Access Program funds the Tools for Life Assistive Technology Resource Centers (ATRCs). There are four centers across the state; Atlanta, Augusta, Conyers and Macon. The centers provide "hands-on" learning to demonstrate, educate and evaluate products available on the market today. For some, access to technology is prohibited because of the high cost. Tools for Life and others have been working with private partners to encourage the availability of low interest loans to purchase assistive technology. In addition, Tools for Life is also a gateway to many technology resources for people with disabilities, and the website lists the following services (www.gatfl.org):

- gTrade Online - equipment loan library and online equipment exchange services for used or donated equipment.
- edTrade Online - Online equipment exchange service for use by disability service providers at postsecondary institutions.
- ReBoot computer recycling program - distributes rebuilt computers to persons with disabilities.
- Dollars and Sense Funding Guide - Locates funding for assistive technology through the Dollars and Sense Funding guide.
- LD Guide - Assistance dealing with and understanding learning disabilities better.

Even with the wonderful services and resources of Tools for Life there is still a long way to go for people with disabilities to access technology. The Assistant Technology Data Collection Project reports (http://www.infouse.com/atdata/csun_text.html):

- Less than 1/4 of people with a work disability have a computer at home, compared to more than 1/2 of people with no disability.
- Non-disabled people have Internet access at nearly three times the rate of people with a work disability.
- In 1990, only 5% of the total population (or about 1/4 of people with disabilities) used any assistive devices.
- Learning disabilities are the most common disabilities among children (6 to 21 years) served under IDEA.
- People with disabilities often pay for AT and home accessibility features out of pocket.

Members of Georgia's deaf community have been advocating for several years for better interpreting services to ensure effective and quality communication. Georgia only has a little over 120 qualified sign language interpreters (those holding a state credential or national certificate) to serve Georgia's deaf population. The Georgia Council for the Hearing Impaired, Inc. estimates that there are 200,000 Georgians needing these services.

Georgians who are blind or visually impaired also face a shortage of trained persons to help ensure effective communication. The Georgia Council of the Blind estimates that there only 75 qualified and certified Braille teachers in Georgia. That means that there is only one certified Braille teacher per 800 students who need that service.

Georgians who are deaf and blind experience these barriers as well. Again, Georgia lacks sufficient data on the number of Georgians who are deaf-blind as there is no agency mandated to count these individuals. The closest education resource is the Helen Keller National Center for Deaf-Blind Youth.

Positive guidance came from the Georgia Attorney General's Office in the late 1990s. The Attorney General issued an opinion informing the legislature of the ADA requirements to ensure that people who are deaf or hard of hearing have access to the legislative process.