

STATE PLAN

FOR

INDEPENDENT LIVING

FISCAL YEARS 2005 - 2007

Chapter 1, Title VII of the Rehabilitation Act of 1973, as Amended

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ATTACHMENTS

The following is a list of the attachments in the SPIL. The attachments listed are numbered to coincide with their section. It is recommended that these attachments not exceed a combined total of 40 pages in length.

Attachment 1 Goals, Missions, and Objective

Attachment 2 Plan for the Provision of Resources to the SILC Budget

Attachment 3 Evaluation Plan

Attachment 4 Policies, Practices and Procedures for Award of Grants Under Section 723 . . .

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Section 1: Purpose of the State Plan for Independent Living (SPIL), under Chapter 1 of Title VII

1.1 Philosophy of the Programs (Sec. 701 of the Act; 34 CFR 364.2)

The State assures that in the implementation of this plan the State will:

- (a) Promote a philosophy of independent living (IL), including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual, and system advocacy, to maximize the leadership, empowerment, independence, and productivity of individuals with significant disabilities, and to promote and maximize the integration and full inclusion of individuals with significant disabilities into the mainstream of American society by providing financial assistance to States;
- (b) Provide financial assistance for providing, expanding, or improving the provision of IL services;
- (c) Provide assistance to develop and support a Statewide network of centers for independent living (CILs), operated by consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agencies that are operated within local communities by individuals with disabilities and that provide an array of IL services; and
- (d) Advocate for improving working relationships among the various entities providing services to and for people with significant disabilities.

1.2 Participation in the Programs (Sec. 704(a)(1) of the Act; 34 CFR 364.10)

- (a) The DSU and SILC understands that no Federal funds or other benefits can be made available under Chapter 1 unless the State conforms with all applicable statutory and regulatory requirements.
- (b) This SPIL reflects the State's commitment to carry out an IL plan under Chapter 1 of Title VII of the Rehabilitation Act of 1973, as amended (Chapter 1)¹, and also the State's planning and implementation activities related to the plan.

¹ Public Law 93-112, as amended by Public Laws 93-516, 93-651, 95-602, 98-221, 99-506, 100-259, 100-630, 101-336, 102-569, 103-73, and 103-218.

Section 2: Legal Basis and State Certifications (Sec. 704 of the Act)

(a) As a condition to the receipt of financial assistance under Chapter 1, the

Statewide Independent Living Council of Georgia, Inc.

jointly with the DSU is authorized to develop and sign the SPIL. The DSU and SILC agree to administer the programs in compliance with the provisions of the Act, all applicable regulations, policies, and procedures promulgated by the Secretary, and the provisions of this SPIL.

(b) The State legally may carry out each provision of the SPIL and the DSU has the authority under State law to perform the functions of the plan.

(c) All provisions of the SPIL are consistent with State law.

(d) The Director of the Division of Rehabilitation Services of the Georgia Department of Labor has authority under State law to receive, hold, and disburse Federal funds made available under the SPIL.

(e) The SPIL being submitted has been adopted or otherwise formally approved by the DSU and SILC.

(f) The SPIL is the basis for State operation and administration of the Chapter 1 programs, as appropriate,² and is available for public inspection.

(g) The effective date of this SPIL is October 1, 2001.

SIGNATURE OF SILC CHAIRPERSON

DATE

Anil Lewis

(404) 373-2040

² If a State's expenditures earmarked to support the general operation of CILs is equal to or greater than the amount of Federal funds allotted to the State for this purpose, and the State has applied in SPIL Section 8 to administer the Part C, Ch. 1 program pursuant to section 723 of the Act, then the DSU must provide administrative support to the CILs; otherwise, the Secretary administers the CIL program pursuant to section 722 of the Act and the approved SPIL and the DSU is not required to provide administrative support services. §704(c)(2) of the Act

NAME OF SILC CHAIRPERSON

PHONE NO.

SIGNATURE OF DESIGNATED STATE UNIT DIRECTOR

DATE

NAME AND TITLE OF DESIGNATED STATE UNIT DIRECTOR

PHONE NO.

SIGNATURE OF DESIGNATED STATE UNIT DIRECTOR

DATE

NAME AND TITLE OF DESIGNATED STATE UNIT DIRECTOR

PHONE NO.

Section 3: Plan Submittal

3.1 Frequency of Submittal (Sec. 704(a)(3) of the Act; 34 CFR 364.11, 364.20(b))

- (a) This SPIL is for fiscal years 2002 - 2004. A three-year plan must be submitted every three years by July 1 of the year preceding the first fiscal year for which the plan is submitted, (i.e., July 1, 2001).
- (b) Plan amendments are submitted whenever the Secretary determines an amendment to the SPIL is essential during the effective period of the plan; or when there is a significant and relevant change that materially affects the information or the assurances in the plan, the administration or operation of the plan, or the organization, policies, or operations of the DSU or SILC.

3.2 State Plan Development (Sec. 704(a)(2) of the Act; 34 CFR 364.20(c))

The State plan is jointly developed and signed by the director of the DSU and the chairperson of the SILC or other individual acting on behalf of and at the direction of the Council.

3.3 Public Hearings (Sections 17, 704(m)(6) of the Act; 34 CFR 364.20(g), (h))

- (a) The State conducts public hearings to provide all segments of the public, including interested groups, organizations, and individuals, an opportunity to comment on the SPIL prior to its submission to RSA, and on any substantive review or revision of the approved SPIL. The DSU and SILC may meet the public participation requirement by holding the public hearings before a preliminary draft State plan is prepared or by providing a preliminary draft State plan for comment at the public hearings.

- (b) The State establishes and maintains a written description of procedures for conducting public hearings in accordance with the following requirements:
- (i) The DSU and SILC shall provide appropriate and sufficient notice of the public hearings. Appropriate and sufficient notice means notice provided at least 30 days prior to the public meeting through various media available to the general public, such as newspapers and public service announcements, and through specific contacts with appropriate constituency groups and organizations identified by the DSU and SILC.
 - (ii) The DSU and SILC shall make reasonable accommodation to individuals with disabilities who rely on alternative modes of communication in the conduct of the public hearings, including providing sign language interpreters and audio-loops.
 - (iii) The DSU and SILC shall provide the notices of the public hearings, any written material provided prior to or at the public hearings, and the approved State plan in accessible formats (e.g., Braille, large print, on disk) for individuals who rely on alternative modes of communication.
 - (iv) At the public hearings to develop the State plan, the DSU and SILC will identify those provisions in the State plan that are State-imposed requirements. For purposes of this section, a State-imposed requirement includes any State law, regulation, rule, or policy relating to the DSU's administration or operation of IL programs under Title VII of the Act, including any rule or policy implementing any Federal law, regulation, or guideline, that is beyond what would be required to comply with the regulations in 34 CFR Parts 364, 365, 366, and 367.
- (c) The State identifies State imposed requirements resulting from the application of any State rule or policy relating to the administration or operation of the programs under Chapter 1. Following are descriptions of the State imposed requirements included in the SPIL, if any:

There are no state imposed requirements included in the SPIL.

3.4 Opportunity for Review and Comment Under State Review Process (34 CFR 76.141-142)

If the SPIL or an amendment to the plan is subject to the State review process, such materials are reviewed, and commented on, in accordance with the provisions of Executive Order 12372. Comments provided through the State review process will be transmitted to RSA.

Section 4: Statewide Independent Living Council (SILC) (Sec. 705(a) and (b) of the Act)

4.1 Composition of the SILC (Sec. 705(b) of the Act; 34 CFR 364.21(b))

(1) State the total number of persons on the SILC.	19
(2) State the number of SILC members with disabilities, as defined in 34 CFR 364.4 (b), and not employed by a State agency or a CIL	11
(3) Is a representative of the DSU an ex-officio, member of the SILC?	<u>Y</u> N
(4) State the number of voting members on the SILC.	14
(5) State the number of different disability groups (physical, mental, cognitive, sensory, or multiple) represented by members of the SILC (up to five).	4
(6) Is a CIL director chosen by CIL directors within the State appointed to the SILC?	<u>Y</u> N
(7) Does the SILC include representatives from other State agencies that provide services for individuals with disabilities.	<u>Y</u> N
(8) Does the council have a voting membership that is knowledgeable about CILs and IL services?	<u>Y</u> N
(9) Do Council members provide statewide representation?	<u>Y</u> N
(10) Is the Council Chairperson elected from among the voting members of the Council by the voting members of the Council or the Governor, pursuant to section 705(b)(5) of the Act?	<u>Y</u> N

4.2 Placement of the SILC (Sec. 705(a) of the Act; 34 CFR 364.21(a)(2))

The SILC is not established as an entity within any State agency, including the DSU, and is independent of the DSU and all other State agencies. Following is a brief description of the legal status and placement of the SILC:

The Georgia SILC is a free standing, private, non-profit agency located in an office park housing small businesses such as accounting firms, real estate brokers, hair salons, etc.

4.3 Plan for Provision of Resources to the SILC (SILC Budget) Sec. 705(e) of the Act; 34 CFR 364.21(i))

- (a) In conjunction with the DSU, the SILC will prepare a Resource Plan Attachment 2 (SILC Budget) for the provision of resources, cash or in-kind, including staff and personnel, rent, supplies, telephone expenses, travel and other expenses (e.g., child care, personal assistance services, and compensation to a member of the SILC, if the member is not employed or must forfeit wages from other employment, for each day the member is engaged in performing SILC duties) that will be necessary to carry out the functions of the SILC during the term of the SPIL.
- (b) The SILC will be responsible for the proper expenditure of funds and the use of resources it receives under the SILC Budget.
- (c) No conditions or requirements are included in the SILC Budget that will compromise the independence of the SILC.
- (d) While assisting the SILC in carrying out its duties under the SPIL, staff and other personnel assigned to the SILC under the SILC Budget will not be assigned duties by the DSU or other agency or office of the State that would create a conflict of interest.

Attachment 2 - Describes the SILC Budget.

Attachment 2 must include a description of the SILC's Budget for the three years covered by the SPIL, including the sources of funds, staff, supplies, and other resources made available under parts B and C of Chapter 1, Part C of Title I of the Act, and from State and other public and private sources, that may be necessary for the SILC to carry out its responsibilities under section 705 of the Act and the SPIL. No conditions or requirements may be included in the SILC's resource plan that may compromise the independence of the SILC. The SILC is responsible for the proper expenditure of funds and use of resources that it receives under the resource plan. The SILC shall, consistent with State law, supervise and evaluate its staff and other personnel as may be necessary to carry out its functions. While assisting the SILC in carrying out its duties, staff and other personnel made available to the SILC by the DSU may not be assigned duties by the designated State agency or DSU, or any other agency or office of the State, that would create a conflict of interest.

Section 5: Designation and Responsibilities of the State Unit(s)

5.1 Designation (Sec. 704(c) of the Act; 34 CFR 364.22)

The State unit designated to receive, account for, and disburse funds, and provide administrative support services is:

The Division of Rehabilitation Services, Georgia Department of Labor.

5.2 DSU Responsibilities under the SPIL (Sec. 704 (c) of the Act; 34 CFR 364.22)

The DSU:

- (a) Receives, accounts for, and disburses funds received by the State under Chapter 1 in accordance with the SPIL;
- (b) Provides administrative support services for the part B State IL services (SILS) program and the part C, Chapter. 1, CIL program in a case in which the program is administered by the State under section 723 of the Act;
- (c) Keeps such records and affords such access to such records as the Secretary finds to be necessary with respect to the programs; and
- (d) Submits the SPIL and such additional information or provides such assurances as the Secretary may require with respect to the programs.

Section 6: Staff and Staff Development

6.1 Personnel Administration (Sec. 12(c), 704(m) of the Act; 34 CFR 364.23)

- (a) The staff of service providers will include personnel who are specialists in the development and provision of IL services and in the development and support of CILs.
- (b) To the maximum extent feasible, each service provider will make available personnel able to communicate --
 - (1) With individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication devices, Braille, or audio tape, and who apply for or receive IL services under the SPIL; and
 - (2) In the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under the SPIL.

6.2 Personnel Development (Sec. 12(c), 704(m) of the Act; 34 CFR 364.24)

The State assures that service providers will establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development program will emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of the IL philosophy.

6.3 Affirmative Action (Sec. 704(m)(2) of the Act; 34 CFR 364.31)

All recipients of financial assistance under Chapter 1 take affirmative action to employ and advance in employment qualified individuals with disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act.

6.4 Nondiscrimination (34 CFR 76.500)

No individual will, on the basis of race, color, national origin, gender, age, or disability be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination under this SPIL.

Section 7: Financial Administration

7.1 General Provisions (Sec. 704(m)(3) of the Act; 34 CFR 364.34)

All recipients of financial assistance under Chapter 1 will adopt such fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for funds paid to the State under Chapter 1.

7.2 Source of State Funds (Sections 712(b)(2) and 7(7)(C) of the Act; 34 CFR 365.12, .13 and .14, 367.11, .42)

- (a) The one to nine non-Federal share of the cost of any project that receives assistance through an allotment under part B, Chapter 1 will be provided in cash or in kind, fairly evaluated, including plant, equipment, or services, consistent with 34 CFR 365.13, .14, and 15.
- (b) For the purpose of determining the Federal share with respect to the State, expenditures by a political subdivision of the State will, subject to regulations prescribed by the Secretary, be regarded as expenditures by the State.

- (c) The State may not condition the award of a grant, subgrant, or contract under part B, Chapter 1 or a grant, subgrant, or assistance contract under part C, Chapter 1 on the requirement that the applicant for the grant or subgrant make a cash or in-kind contribution of any particular amount or value to the State. Furthermore, an individual, entity, or organization that is a grantee or subgrantee of the State, or has a contract with the State, may not condition the award of a subgrant or subcontract under part B, Chapter 1 or part C, Chapter 1 on the requirement that the applicant for the subgrant or subcontract make a cash or in-kind contribution of any particular amount or value to the State or to the grantee or contractor of the State.

7.3 Financial Record Keeping (Sec. 704(m)(4)(A) and (B) of the Act; 34 CFR 364.35)

All recipients of financial assistance under Chapter 1 will:

- (a) Maintain records that fully disclose--

- (1) the amount and disposition by each recipient of the proceeds of such financial assistance,
- (2) the total cost of the project or undertaking in connection with which such financial assistance is given or used, and
- (3) the amount of that portion of the cost of the project or undertaking supplied by other sources; and
- (4) compliance with the requirements of Chapter 1 and 34 CFR Parts 364, 365, 366, and 367.

- (b) Maintain such other records as the Secretary determines to be appropriate to facilitate an effective audit.

7.4 Access to Financial Records (Sec. 704(m)(4 & 5) of the Act; 34 CFR 364.37)

All recipients of financial assistance under Chapter 1 will afford access to the Secretary and the Comptroller General or any of their duly authorized representatives, for the purpose of conducting audits and examinations, to all records maintained pursuant to section 7.3 of the SPIL immediately above and any other books, documents, papers, and records of the recipients that are pertinent to the financial assistance received under Chapter 1.

7.5 Financial Reports (Sec. 704(m)(4)(D) of the Act; 34 CFR 364.36)

All recipients of financial assistance under Chapter 1 will submit reports with respect to records required in section 7.3 of the SPIL, as the Secretary determines to be appropriate.

Section 8: Note: This Section has been deleted since Georgia is not a §723 State.

Section 9: Information on Use of Part B, Chapter 1 Funds

9.1 Use of §711 funds in support of §713 purposes (Sec. 713 of the Act; 34 CFR 365.1)

Part B Funds are to be used only for any one or more of the following purposes (all optional):	Directly by DSU	Grant/Contract	Dollar Amt.
(a) Fund the resource plan for SILC (SPIL Section 4).	Y <u>N</u>	<u>Y</u> N	\$212,301
(b) Provide IL services to individuals with significant disabilities	Y <u>N</u>	Y <u>N</u>	*
(c) Demonstrate ways to expand and improve IL services.	Y <u>N</u>	Y N	**
(d) Support the general operation of CILs.	Y <u>N</u>	<u>Y</u> N	\$291,428
(e) Support activities to increase capacity of public or nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing IL services.	Y <u>N</u>	Y N	**
(f) Conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policy makers to enhance IL services.	Y <u>N</u>	Y N	**
(g) Train individuals with significant disabilities, individuals providing services to individuals with significant disabilities, and other persons regarding IL philosophy.	Y <u>N</u>	<u>Y</u> N	\$ 10,000
(h) Provide outreach to unserved or underserved populations, including minority groups and urban and rural populations.	Y <u>N</u>	Y N	***

Attachment 1 describes the uses, objectives, and amounts of part B, Chapter 1 funds supporting each purpose.

* The SILC has contracts with CILs totaling \$540,866, of which \$298,000 (including \$258,424 of Part B money) goes to support general CIL operations. The remaining \$242,866 in CIL contracts, used to provide direct IL services, comes from a combination of state and private funds with additional private funds to be added to the direct provision of IL services as they are raised.

** Each of these items occurs through the collaborative efforts of the SILC and CILs and is

funded under the resource plan for the SILC and through the general operations of the CILs.

*** Outreach to unserved or underserved groups is done by the CILs. Funding for this purpose is included in item (d), support for general operation of CILs.

Section 10: Outreach (Sections 704(l) and 713(7) of the Act; 34 CFR 364.32)

The State reaches out to populations, including minority groups and urban and rural populations, that are unserved or underserved by the programs funded under Chapter 1.

Attachment 1 describes the steps that will be taken regarding outreach to populations, including minority groups and urban and rural populations, that are unserved or underserved by the programs funded under Chapter 1. Attachment 1 also describes populations designated for special outreach efforts and the geographic areas in which they reside (e.g., individuals with significant disabilities residing on land controlled by American Indians.)

Section 11: Extent and Scope of IL Services (Sections 7(30), 704(e) and 713(1) of the Act; 34 CFR 364.43)

- (a) Attachment 1 describes all IL services to be provided under the SPIL to meet the objectives in Section 10.
- (b) The State provides the following IL core services to individuals and groups of individuals with significant disabilities:
 - (1) Information and referral;
 - (2) IL skills training;
 - (3) Peer counseling (including cross-disability peer counseling); and
 - (4) Individual and systems advocacy,
- (c) The IL core services may be provided directly by the DSU, or through grant or contract. While the State is required to provide these services, it may fund the services using funds from any source, e.g., part B or part C, Chapter 1, State funds, or other funds.
- (d) In addition, the State provides the following IL services to individuals and groups of individuals with significant disabilities¹:

¹ Insert an "X" or check mark for each IL service that will be made available. It is not necessary to insert any projection of numbers of consumers to be served.

- (1) ___ Counseling services, including psychological, psychotherapeutic, and related services;
- (2) X Services related to securing housing or shelter, including services related to community group living, and supportive of the purposes of this Act and of the titles of this Act, and adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with significant disabilities);
- (3) X Rehabilitation technology;
- (4) X Mobility training;
- (5) X Services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services;
- (6) X Personal assistance services, including attendant care and the training of personnel providing such services;
- (7) X Surveys, directories, and other activities to identify appropriate housing, recreation opportunities, and accessible transportation, and other support services;
- (8) X Consumer information programs on rehabilitation and IL services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act;
- (9) X Education and training necessary for living in the community and participating in community activities;
- (10) ___ Supported living;
- (11) X Transportation, including referral and assistance for such transportation;
- (12) ___ Physical rehabilitation;
- (13) ___ Therapeutic treatment;
- (14) ___ Provision of needed prostheses and other appliances and devices;
- (15) X Individual and group social and recreational services;

- (16) X Training to develop skills specifically designed for youths who are individuals with significant disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options;
- (17) X Services for children with significant disabilities;
- (18) X Services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with significant disabilities;
- (19) Appropriate preventive services to decrease the need of individuals with significant disabilities assisted under this Act for similar services in the future;
- (20) X Community awareness programs to enhance the understanding and integration into society of individuals with disabilities; and
- (21) X Such other services as may be necessary and not inconsistent with the provisions of this Act.

Attachment 1 describes the extent and scope of the IL services identified above, and how they meet the State's objectives for IL. The attachment also describes any arrangements of grants or contracts made by the State for providing such services.

Section 12: Eligibility, Records, IL Plans, and Notice of Client Assistance Program

12.1 Eligibility for Receipt of Services (Sections 7(15)(B) and 703 of the Act; 34 CFR 364.51)

- (a) Individuals with significant disabilities are eligible for services provided under the SPIL.
- (b) To be eligible, an individual is one:
 - (1) Who has a significant physical, mental, cognitive, or sensory impairment;
 - (2) Whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited; and
 - (3) For whom the delivery of IL services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue in employment.

12.2 Consumer Service Record (Sections 704(m)(4)(B), 725(c)(8) of the Act; 34 CFR 364.53)

A consumer service record (CSR) will be maintained for each consumer of services, other than information and referral, which will contain documentation that the consumer is eligible or ineligible for IL services, the information required for the annual performance report under 34 CFR 364.36 and 366.50(h), and an IL plan (ILP) or a waiver as described in SPIL Section 13.3.

12.3 IL Plans (Sec. 704(e) and 725(c)(14) of the Act; 34 CFR 364.52)

The State provides IL services under Chapter 1 to individuals with significant disabilities in accordance with an ILP mutually agreed upon by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary.

12.4 Notice about the Client Assistance Program (Sections 20 and 704(m)(1) of the Act; 34 CFR 364.30)

All recipients of financial assistance under Chapter 1 that provide services to individuals with significant disabilities advise those individuals seeking or receiving IL services about the availability of the Client Assistance Program under section 112 of the Act, the purposes of the services provided under such program, and information on the means of seeking assistance under such program.

Section 13: Statewide Network of Centers for Independent Living (CILs)

13.1 Network Design (Sec. 704(g) of the Act; 34 CFR 364.25(a))

The State has developed a design for the establishment of a statewide network of CILs that comply with the standards and assurances set forth in section 725 of the Act.

13.2 Unserved and Underserved Areas and Priorities (Sec. 704(g) of the Act; 34 CFR 364.25(b))

(a) The network design:

- (i) identifies unserved and underserved geographic areas of the State; and
- (ii) includes an order of priority for the establishment of CILs in those areas.

Attachment 1 describes the design for the establishment of a statewide network of CILs

and the order of priorities for the establishment of new CILs. This attachment should be visionary. If the State believes the network is complete, the attachment describes the network, including how it complies with §725 of the Act. future plans for expansion of the network to serve populations that are currently unserved or underserved.

Section 14: Communication, Cooperation, and Coordination (Sections 704(I-k) of the Act; 34 CFR 364.26 and .27)

- (a) The State takes steps that maximize the communication, cooperation, coordination, and working relationships among --
 - (1) the SILS program, the SILC and CILs; and
 - (2) the DSU, other State agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities, including Indian Tribal Councils, determined to be appropriate by the SILC.
- (b) The State ensures that services funded under Chapter 1 will complement and be coordinated with other services to avoid unnecessary duplication with other Federal, State, and local programs, including the IL program for older individuals who are blind funded under Chapter 2 of Title VII.
- (c) The State coordinates Federal and State funding for CILs and SILS.

Section 15: Evaluation Plan (Sec. 704(n) of the Act; 34 CFR 364.38)

- (a) The State establishes a method for the periodic evaluation of the effectiveness of the SPIL:
 - (1) In meeting the State's objectives and timelines for meeting those objectives;
 - (2) In the satisfaction of individuals with disabilities; and
 - (3) In meeting the objectives established in Section 9 of the SPIL.
- (b) The State agrees to annually submit the results of DSU and SILC evaluation activities, including the most recent evaluation of Title VII consumer satisfaction, with the annual performance report to RSA.

Georgia State Plan for Independent Living FY '05-07

Mission, Goals and Objectives

The Mission of the Statewide Independent Living Council of Georgia, Inc. is equal participation of people with disabilities within their communities. Therefore, the Council will bring about results in the following areas:

- Leadership—more people with disabilities in responsible and responsive leadership roles.
- Attitudes—positive public perception of people with disabilities.
- The number of people with disabilities who are informed and proactive.
- The availability of personal assistance services.
- The availability of “visitable” housing.
- The availability of funds to retrofit housing to make it accessible.
- The income level of Georgians with disabilities.
- The availability of accessible public transit.
- Equal opportunity to education.
- Access to health care & health insurance.
- Access to technology.
- Access to information, i.e. the availability of alternate formats, Braille materials, interpreters, etc.

This SPIL is somewhat different than previous ones. While SILC staff and board will continue activities that further the mission, this SPIL will focus more on infrastructure development activities described in Goal B.

Goal A: Advocate for systemic changes that will benefit people with disabilities in the following areas: (1) home & community-based services, (2) accessible housing, (3) accessible transportation, (4) comprehensive, affordable health care, (5) removing barriers to employment, (6) education, (7) assistive technology and (8) information access.

Objective 1 Advocate for enhanced/expanded home and community-based services. **\$10,000**

Methodology: Provide fiscal agency for individuals and grassroots groups engaged in advocacy for Home and Community-Based Services, e.g., the Unlock the Waiting List! Campaign. Support CILs in their outreach to people in nursing facilities. Provide scholarships to self advocates for training and education.

Desired Outcomes: There will be a 25% increase in the number of people served in home and community – based settings.

Objective 2 Promote accessible, affordable housing. **\$52,000**

Methodology: Continue participation, support and sponsorship in coalitions such as the EasyLiving Home coalition, Disability Rights Action Coalition in Housing, Concrete Change, the Department of Community Affairs Housing Task Force and other similar coalitions. Provide fiscal agency for individuals and grassroots groups engaged in advocacy for accessible, affordable housing. Continue to develop funding to support the CILs in their home modification initiatives.

Desired Outcomes: At least 2500 EasyLiving Homes certified in Georgia. The CILs will have retrofitted at least 750 homes. The Department of Community Affairs will have initiated one new housing program targeted to people with disabilities. --- local housing authorities will have negotiated Memoranda of Understanding with Centers for Independent Living specifically around nursing home transition.

Objective 3 Support the efforts of the CILs to increase transportation options in their regions. **TBD: Part of the general operations of the SILC and CILs**

Methodology: Report on progress and share successful approaches at each quarterly contractor meeting. Refer advocates to Disability Law and Policy Center for formal complaints. Search for funding for a new position at the SILC – a community organizer specializing in transportation.

Desired Outcomes: At least 3 communities will have more accessible transportation options.

Objective 4 Promote fundamental health care reform. **TBD: Part of the general operations of the SILC and CILs**

Methodology: Participate in state and national health care reform coalitions such as Families USA and Georgians for a Common Sense Health Plan. Educate the IL Network on health care reform initiatives. Locate and support advocates who are interested in health reform initiatives such as the Medicaid Buy In program under TWWIA or universal plans such as SecureCare.

Desired Outcomes: Health reform legislation will have been introduced into the Georgia General Assembly.

Objective 5 Promote educational opportunities for students with disabilities. **TBD: Part of the general operations of the SILC and CILs**

Methodology: Locate a parent of a school age child to serve on the SILC board. Ask CILs & SILC board members to share their successes. Initiate a small scholarship program for students with disabilities.

Desired Outcomes: Education expert serving on the SILC board of directors.

Objective 6 Remove barriers to employment. **See attachment 2 for Jobs for All budget**

Methodology: Continue sponsorship of the University of Georgia's Jobs for All grant from the Federal Department of Labor. Pending identification of grass roots leadership, support advocacy efforts for the Medicaid Buy In. Continue dialogue between the CILs and Rehabilitation Services about fee for service arrangements so that CILs can provide IL Services to clients with vocational goals.

Desired Outcomes: The Jobs for All grant from the US Department of Labor will have developed customized employment for 190 persons. A budget proposal to the

General Assembly for the Medicaid Buy In. At least four CILs will have functioning fee for service agreements with Rehabilitation Services.

Objective 7. Promote opportunities for people with disabilities to secure and utilize assistive technology. **\$5,000**

Methodology: Enhance collaboration efforts by asking staff from Tools for Life (Georgia’s AT program) to serve as ex officio member of the SILC board. Continue efforts to expand funding for the CILs for adaptive equipment/AT recycling, purchase and repair programs.

Desired Outcomes: At least \$65,000 in new funding for Assistive Technology /Adaptive equipment.

Objective 8 Improve access to information.

TBD: Part of the general operations of the SILC and CILs

Methodology: Support advocacy efforts of leaders in the Blind, Deaf and Deaf-Blind community

Desired Outcomes: CILs will increase services to Deaf and Deaf-Blind community. Legislation making electronic text books available. Funding for the Newslines service.

Goal B: Promote public awareness of the Independent Living Philosophy and Independent Living Services.

The planning committee determined this goal to be priority for the next SPIL. Over the course of the last 3 years, the SILC has had modest success in raising private dollars for SILC projects. If we are to have greater success in the future, there must be greater public awareness of Independent Living as a philosophy and as a service delivery system. The primary means of accomplishing this goal will be through the collective efforts of the Centers and the SILC. A new entity is emerging from this spirit of collaboration—the Georgia Independent Living Network. This approach has the advantage of strengthening the collaborative efforts toward public education and fund raising activities.

Objective 1 Initiate the “Georgia Independent Living Network”, a new entity that includes the CILs and the SILC. The Network’s purpose is to promote Independent Living as a concept and as a service delivery system. **\$65,000**

Methodology: Develop a communication plan to educate the public about the IL philosophy and the IL Network in Georgia. Create a comprehensive data base that consists of IL consumers, corporate entities, public officials and potential fund sources. Produce and disseminate a quarterly newsletter with success stories from each CIL and updates from the SILC on policy matters. Initiate “IL University” – a leadership and awareness training on disability issues. Provide training opportunities and support for self-advocates and self advocacy groups.

Desired Outcomes: A communications tool kit that enables the IL Network to define and deliver “key messages” on Independent Living. A data base of 2,000 to 7000

people. At least six newsletters disseminated from the IL Network. At least three courses developed and delivered with @200 people trained in topics that include but are not limited to nursing home transition, disability awareness for non-disabled people, advocacy skills, basic access laws. Active self – advocacy groups such as People First, ADAPT, Not Dead Yet, etc.

Objective 2 Explore introducing The Independent Living Act in the Georgia General Assembly in order to (a) create an understanding of the IL philosophy, (2) codify the definition of a Center for Independent Living and (3) bring about the recognition of the CIL network as a valuable community asset.

TBD: Part of the general operations of the SILC

Methodology: Speak with potential sponsors of this legislation.

Desired Outcomes: Legislation defining the IL Network and the IL philosophy.

Objective 3 Assist local consumer groups with educating their local legislative delegations on the benefits of funding a CIL in their community.

TBD: Part of the general operations of the SILC and CILs

Methodology: Provide items from the communications tool kit to potential CILs.

Desired Outcome: At least \$100,000 in new state funding for IL.

Scope and Arrangement of IL Services

IL Services are delivered through the Network of Centers for Independent Living. (See list of CILs and the counties they serve.) In 2003, 3417 people received services from the IL system. Over the past year, there has been considerable discussion about the role of IL vis a vis Rehabilitation Services. Some people are concerned that rehabilitation consumers with IL needs are not having these needs met. At present, the Rehabilitation agency does not have fee for service agreements with the CILs for Independent Living services.

In the last year of the last SPIL, the SILC collected information on the number of consumers who were also VR clients. According to reports submitted to the SILC from the CILs, there were 19 IL consumers who were also enrolled as VR clients in FFY '03. Part of the reason for this is that the CILs serve many people over age 65 (37% in 2003).

The Chapter 2 (Older Blind IL) services are administered and coordinated by the DSU which served 852 older blind people in FY 2003. The Chapter 2 Programs future goals are to

1. Increase utilization of the newest contractor for Project Independence, VISTAS.
2. Continue to increase involvement and services with the Native Americans in Georgia. Provide two vision screenings per year.

3. Increase involvement with the Regional Library Systems both for advertisement of the Older Blind program and aid with sites for computer training.
4. Continue expansion and collaboration with the Division on Aging and the Coalition of Advocates for Georgia's Elderly.
5. Continue to develop a better fiscal management protocol among the Project Director, the older blind contractors and the accounting and budget units within the Georgia Department of Labor.
6. Include two contractors and the representatives from the National Federation of the Blind of Georgia and the Georgia Council of the Blind in the 2004 Washington D.C. Older Blind Project Directors meeting to aid in obtaining input and information for the overall program.
7. Market the computer training programs by all the contractors to the older blind consumers. Wherever possible, include a residential component.
8. Continue training and awareness efforts with the program in order to establish better services to the blind/low vision - hard of hearing seniors.
9. Continue to hold the Fall and Spring contractors meeting. In addition to representatives from the National Federation of the Blind of Georgia and the Georgia Council of the Blind, community partners will be invited to participate. Dr. Elton Moore from Mississippi State University Rehabilitation Research and Training Center on Blindness and Low Vision will continue to be Georgia's consultant and program evaluator and participate in the bi-annual contractors' meetings. These meetings will focus on pertinent and timely issues related to Project Independence.
10. Require a) the development of a comprehensive independent living service plan and b) documentation that validates a visual impairment on all consumers being served.
11. Continue reinforcing the access of Part B-Medicare reimbursement funds for vision rehabilitation services by all contractors.
12. In FY 2004, CVI will start using a newly designed online data management system that is accessible for individuals who use JAWS and ZoomText to access the information. The information on this program will be shared with all the contractors for review at the fall contractors meeting.
13. Efforts will be made to increase the response rate on the program participant survey.

Even though both CIL and Chapter 2 services have expanded significantly, Title VII programs touch only a small fraction of people with significant disabilities. Assuming that the percentage of persons with severe disabilities is 9.9% (McNeil National Study,

1994-5), there are 810,459 Georgians in this category. Because of these enormous numbers, it is essential for people in the IL Network to advocate with the state systems that affect the lives of people with significant disabilities. It is for this reason that many of our goals and objectives include advocating for disability-friendly policy on the part of state departments such as Education, Transportation, Community Health, Human Resources, Community Affairs, Labor, etc.

Mandatory Area 2: Cooperation, Coordination and Working Relationships.
(Section 14 in the Table of Contents Preprint of the SPIL)

A Memorandum of Understanding between VR and IL states that each system will refer consumers to the other when appropriate. It is unknown whether or not this is happening because neither system tracks it. The IL program is especially interested in referral of those consumers who are not enrolled in the employment programs. Rehabilitation Services will begin tracking this in 2005. IL will continue to track the number of IL consumers who are also Rehabilitation consumers.

The CILs and the SILC coordinate their efforts in a variety of ways. Most CILs attend the quarterly SILC board meetings. The SILC board has three CIL directors – one nominated by the CILs and two others. CILs are working collaboratively with one another and with the SILC in projects such as the grant for nursing facility outreach. Email lists have enhanced our communication with one another as well as with advocacy networks such as the Unlock the Waiting Lists! Campaign, ADAPT, National Council on Independent Living and others.

The SILC and the DSU work together by participating in one another's Councils. The DSU has a representative on the SILC and a SILC board member, Tina Baker-Ivey serves on the State Rehabilitation Council. Three additional DSU staff serve as non-voting ex officio board member: Kay McGill who coordinates services for people with visual impairments, Rebecca Sills who coordinates services for deaf and deaf-Blind and Carolyn Phillips who coordinates the Assistive Technology program.

As required by law, the SILC includes a member of the Muskogee Tribe, a recipient of a Section 121 Rehabilitation grant for Native Americans with disabilities.

In addition to coordinating with the DSU, the SILC and CILs work collaboratively with relevant state and local agencies. The SILC and the DD Council are partners on several projects. The two largest projects are the Unlock the Waiting List! Campaign and the EasyLiving Home coalition. The Unlock Campaign works on increasing opportunities for Home & Community Based services. The EasyLiving Home coalition promotes housing construction with basic access features.

The SILC has developed an approach to advocacy and systems change that we refer to as “sponsored projects”. The SILC administers funds raised by self-advocates who work on particular systemic change projects as long as those projects fit the goals and objectives of the SPIL. Current Sponsored projects include (1) Jobs for All, a federal Department of Labor grant with the purpose of assuring accessible One Stops; (2) Concrete Change promotes basic access in housing and has two fund sources – National Endowment of the Arts and the State University of New York; (3) the EasyLiving Home Coalition promotes a voluntary certification program for homes built with basic access; (4) the Unlock the Waiting List Campaign works for increased home and community based alternatives to nursing homes and other institutions.

In addition to official sponsored projects, SILC staff and board are active in a variety of community initiatives on health care reform, leadership programs, budget coalitions and national advocacy groups such as National Federation of the Blind, ADAPT and National Council on Independent Living.

Mandatory Area 3: Outreach to Unserved and Underserved Populations and Minority Groups.
(Section 10 in the Table of Contents Preprint of the SPIL)

It is safe to say that all of Georgia is underserved when one considers the pool of potential IL consumers. As stated earlier, there are more than 800,000 Georgians who report that they have “significant disabilities”. There are more than 400,000 non-institutionalized Georgians between the ages of 16 and 64 who report that they are “unable to work” an account of disability. (See Appendix 1 on the Status of Georgians with Disabilities.) Part B and C dollars along with the Chapter 2 program served 4270 people—slightly less than .005% of those with significant disabilities!

The charts below compare the Georgia population as a whole with the population served by CILs.

Age: 2000 Census Demographics vs. FY2003 CIL Consumer Profile

CIL	Under 18 years		18-64		65+	
	% of Population (2000 Census)	% of Individuals Served by CILs	% of Population (2000 Census)	% of Individuals Served by CILs	% of Population (2000 Census)	% of Individuals Served by CILs
ACIL	25.3%	9.0%	63.1%	62.0%	11.6%	29.0%
BAIN	27.2%	4.0%	58.9%	64.0%	13.8%	32.0%
DC	26.3%	11.0%	62.5%	67.0%	11.2%	22.0%
LIFE	26.7%	6.0%	62.7%	50.0%	10.5%	43.0%
Link	26.5%	2.0%	66.2%	89.0%	7.4%	9.0%
Link NW/Bridges	26.3%	3.5%	62.4%	45.6%	11.4%	50.9%
MC	24.8%	6.0%	65.3%	86.0%	9.9%	4.0%
WOIL	27.6%	1.0%	61.1%	49.0%	11.3%	47.0%
BCDE		0.0%		48.1%		51.9%
FODAC	26.5%	7.9%	66.2%	44.4%	7.4%	46.0%
All CILs	26.5%	4.0%	63.9%	56.8%	9.6%	37.0%
All Programs	26.5%	4.6%	63.9%	54.9%	9.6%	38.6%

* Census data is age of total population, not age of those with disabilities

Gender: 2000 Census Demographics vs. FY2003 CIL Consumer Profile

CIL	% Male (of Population Age 18+)	% Male of CIL Consumers
ACIL	49.5%	37.6%
BAIN	47.0%	53.9%
DC	47.4%	48.7%
LIFE	48.8%	39.5%
Link	48.7%	47.2%
Link NW/Bridges	48.7%	36.8%
MC	48.3%	56.0%
WOIL	47.1%	35.8%
All CILs	48.5%	40.8%
BCDE	48.6%	44.4%
FODAC	48.7%	33.3%
All Programs	48.5%	39.7%

* Census data is age of total population, not age of those with disabilities

Race: 2000 Census Demographics vs. FY2003 CIL Consumer Profile

	One race						Two or more races	Hispanic/Non-Hispanic	
	White	Black or Afr Am	Am Indian or Alaska Native	Asian	Hawaiian and Pac Islander	Some other race		Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
Georgia	65.1	28.7	0.3	2.1	0.1	2.4	1.4	5.3	62.6
All CILs	43.3	54.9	0.4	0.5	0	0		0.9	
All Programs	45.6	52.0	0.3	0.5	0	0.0		1.6	
ACIL Regional Census Data	88.8	5.1	0.3	0.9	0.1	3.8	1.1	8.5	84.5
ACIL FY03	83.7	11.3	0.7	0.7	0.0	0.0		3.5	
BAIN Regional Census Data	55.7	41.7	0.3	0.3	0.1	1.3	0.7	2.6	54.9
BAIN 704	47.2	51.1	0.0	0.0	0.0	0.0		1.7	
DC Regional Census Data	60.3	36.7	0.2	1.0	0.0	0.72	1.0	2.0	59.4
DC 704	38.7	60.5	0.7	0.0	0.0	0.00		0.0	
LIFE Regional Census Data	62.9	32.5	0.3	1.2	0.1	1.7	1.4	3.5	61.5
LIFE 704	48.7	50.4	0.0	0.3	0.0	0.0		0.6	
Link Regional Census Data	59.6	31.6	0.3	3.7	0.0	3.1	1.8	7.1	56.2
Link 704	26.4	72.4	0.0	0.0	0.0			1.2	
Link NW Regional Census Data	88.93	6.04	0.32	0.51	0.03		3.0	1.1	5.7
NW (Bridges) FY03 Data	94.74	5.26	0.0	0.0	0.0	0.0		0.0	
MC Regional Census Data	77.0	18.5	0.2	1.5	0.0	1.6	1.1	3.6	75.3
MC 704	76.0	22.0	0.0	0.0	0.0	0.0		2.0	
WOIL Regional Census Data	55.1	41.1	0.3	1.4	0.1	0.8	1.3	2.3	54.1
WOIL 704	37.8	60.2	0.5	0.8	0.1	0.0		0.6	
BCDE Regional Census Data	75.0	20.1	0.5	1.0	0.1	1.4	1.9	3.6	73.2
BCDE FY03 Service Data	35.7	60.7				3.6			
FODAC Regional Census Data	59.6	31.6	0.3	3.7	0.0	3.1	1.8	7.1	56.2
FODAC FY03 Service Data	57.5	36.2		0.7		0.2		5.4	

It appears as though persons with mobility limitations are over-represented although we do not have good data to show the proportion of Georgians in each disability category. The 2000 Census merged deafness and blindness into one category called “sensory disability”. It appears that the Census also counted the number of disabilities rather than the number of people with what type of disability. Therefore, it is difficult to decide which disability category is “underserved”. Moreover, not all disability categories need IL services equally. Some disability groups, such as people with mental illness, have a recognized service delivery system however inadequate it may be. Other disability groups, such as persons with brain injury or those with multiple disabilities (such as deafness combined with mental illness), there is virtually no service delivery system. The same is true for people under age 65 with significant physical disabilities. As a result, it is all too common to encounter a young person with cerebral palsy in a nursing facility.

The good news is that our DSU representatives have educated estimates of the number of people with sensory disabilities. Based on research models developed in Kentucky and Illinois, there are an estimated 2800 Georgians are Deaf-Blind and at least that many who have both hearing and visual impairments that cause difficulty in daily function. Only 400 people with these disabilities have been identified. Clearly this is an underserved group. Our DSU representatives, Kay McGill and Rebecca Sills, are working with the CILs to improve and expand services to people with sensory disabilities.

Network of CILs. **(Section 13 in the Table of Contents Preprint of the SPIL)**

The Current Network

As of October 1, 2003, Georgia has eight Title VII, Part C funded CILs. In addition to the part C funds, the SILC administers state dollars as well as Part B funds for all but one of the Centers (Multiple Choices).

- 1) Access Center for Independent Living located in Gainesville serves 13 counties in Northeast Georgia.
- 2) Bainbridge Advocacy Individual Network located in Bainbridge serves 11 counties in Southwest Georgia.
- 3) Disability Connections is located in Macon serves 12 counties in middle Georgia.
- 4) DisAbility LINK is located in Atlanta and serves 12 counties around Metro Atlanta.
- 5) DisAbility LINK – Northwest is located in Rome and serves 15 counties in northwest Georgia
- 6) Living Independence for Everyone is located in Savannah and serves 14 counties in southeast Georgia.

- 7) Multiple Choices is located in Athens serves the 10 counties in mideastern Georgia.
- 8) Walton Options for Independent Living is located in Augusta and serves 16 counties in east Georgia.

The map in Appendix 2 provides a graphic of the current IL Network.

In addition to the CILs, there are two other programs with which the SILC held contracts during the last SPIL: (1) FODAC (Friends of Disabled Adults and Children) refurbishes and recycles adaptive equipment. (2) BCDE (Brunswick Citizens for Disability Empowerment) does home modifications.

In the previous SPIL, we established a goal for the Part B funded programs in Gainesville, Bainbridge and Warrenton to develop into fully functional, free-standing CILs. Two of the three CILs (Gainesville and Bainbridge) have accomplished this goal. The office in Warrenton continues as a “satellite” of Walton Options; this arrangement will continue for the foreseeable future.

The Future Network

The SILC and the DSU recommend that 2004 Part C dollars be used to continue the nursing facility transition project initiated under a grant from the Centers for Medicaid and Medicare. The rationale for this decision is (1) nursing facility transition is a proposed core service in the new Rehabilitation Act and (2) the CILs have active IL Plans for a significant number of institutionalized people. The work with these people will continue even though the CMS grant expires at the end of September '04.

The next priority area is continued expansion of CILs in unserved areas. At present there are three unserved areas expressing interest in CIL development: Valdosta, Columbus and Brunswick. While there is no funding for expansion, SILC and the CILs will continue to work for increased funding in the following ways:

- 1) Advocating for increases in Title VII, Part C.
- 2) Assisting local CILs with advocating for state dollars as accomplished by Walton Options, Disability Connections and BAIN.
- 3) Submitting Foundation Proposals.
- 4) Submitting grants to assist with SPIL goals and objectives.
- 5) Offering training and technical assistance to local programs when requested.

Even with all these approaches, the community capacity to develop a CIL may or may not exist. Developing a CIL requires interested, focused and skilled people with disabilities. The SILC will continue to search for, and offer learning opportunities to, any consumer group requesting its assistance.

STATEWIDE INDEPENDENT LIVING COUNCIL OF GEORGIA
Operating Budget FY2005-FY2007

	FY05	FY06	FY07
EXPENSES			
Personnel			
Salaries	94,451	97,285	100,203
Benefits	<u>25,411</u>	<u>26,138</u>	<u>26,875</u>
Total Personnel:	119,862	123,422	127,078
Insurance: Directors and Officers, Liability, etc.	4,700	4,700	4,700
Dues, Memberships	3,000	3,000	3,000
Supplies: General office supplies, postage, copier, furniture	8,500	8,500	8,500
Office: Rent and Utilities, Maintenance	16,206	16,826	16,826
Telecom	9,000	9,000	9,000
Travel (staff and board)	7,000	7,000	7,000
Board meetings	22,000	22,000	22,000
Accommodations	6,000	6,000	6,000
Training (Staff and Board)	2,000	2,000	2,000
Professional Services	<u>14,034</u>	<u>14,119</u>	<u>14,206</u>
Total Operating Expenses:	212,301	216,567	220,310
Development	61,500	63,500	64,000
Training/Scholarships	10,000	12,000	15,000
Contracted Services			
CILs	590,866	595,866	599,866
Jobs for All: UGA-IHDD	749,349	599,555	449,592
Other Projects	<u>145,149</u>	<u>163,883</u>	<u>171,140</u>
Total Contracted Services	<u>1,485,364</u>	<u>1,359,304</u>	<u>1,220,598</u>
TOTAL EXPENSES	1,769,165	1,651,371	1,519,908
REVENUE			
Title VII-B	480,725	480,725	480,725
State Funds	252,587	252,587	252,587
US DOL-ODEP	749,349	599,555	449,592
Healthcare GA Foundation	43,500	43,500	-
NEA	26,554	-	-
Special Events	38,000	55,000	72,000
Sales of educational/promotional materials, program registration fees	5,000	7,000	10,000
Other Grants, Contracts, Private Funding - Individual, Corporate, Foundation	<u>173,450</u>	<u>213,004</u>	<u>255,004</u>
Total Revenue	1,769,165	1,651,371	1,519,908

Attachment 3. Evaluation Plan (Section 15 in the Table of Contents)

Public notices about SILC board meetings are widely disseminated both electronically and through regular mail. At these quarterly board meetings, goals and objectives of the SPIL are reviewed. Periodic written status reports are provided with a “results” component under each goal. The SPIL and the status reports are available in alternate formats and are disseminated as requested.

The SILC does not participate in RSA on site compliance reviews unless asked by the CIL. The SILC does, however, annually review its contracts with local programs in accordance with the following policy adopted by the SILC Board in July 2000:

Purpose: *The purpose of this policy is to assure (1) that SILC contractors provide the services as specified in the contracts; (2) that consumers’ lives are positively impacted by those services; (3) that consumers are satisfied with the services delivered and that (4) relevant state and federal financial management requirements are met.*

Policy:

1. *All SILC contractors will have annual contract evaluations. This process may include any or all of the following activities:*
 - ✓ *Site visits.*
 - ✓ *Consumer Service Record Reviews.*
 - ✓ *Telephone or personal interviews with consumers.*
 - ✓ *Review of financial records.*
2. *Programs receiving in excess of \$75,000 per year in all state fund sources must submit an annual audit meeting the standards required by State law. A copy of this audit must be provided to the SILC within 180 days after the close of the contractor’s fiscal year.*
3. *Programs receiving in excess of \$300,000 per year in federal funds must submit an annual audit meeting the standards required by Federal law. A copy of this audit must be provided to the SILC within 180 days after the close of the contractor’s fiscal year. Contact the SILC office for applicable audit standards.*

Procedures:

1. *During the contract year, the SILC will schedule contract evaluation visits.*
2. *The evaluator will summarize/clarify the contract deliverables with the contractor.*
3. *A sample of consumers will be selected for visits and/or telephone interviews.*
4. *The evaluator will determine (a) if the specified service was delivered, (b) what impact the service had on the consumer and (c) if the consumer was satisfied with the service.*
5. *If the contract is an expense reimbursement contract, the evaluator will conduct a desk audit, i.e., determine that financial documentation supports the amount of the invoice to the SILC.*

6. *If the contract is for general operations, the evaluator will assure that there is an adequate accounting system in place, i.e. one that provides adequate back up documentation for any transactions and that these transactions are in accordance with Generally Accepted Accounting Principles as well as any relevant law.*
7. *Within 30 days, the evaluator will provide a report to the contractor and to the SILC.*
8. *The report from the evaluator will contain items 2 through 6 above as well as recommendations for improvement (a) in the contract document itself, (b) in the services provided by the contractor and/or (c) in financial record keeping.*
9. *If there are recommended improvements, the contractor must submit a written plan for improvement for (b) or (c) above within 21 days or prior to execution of the next Fiscal Year's contract whichever is sooner.*
10. *Contractors that satisfactorily deliver the services specified and that maintain adequate financial records can expect their contract to be renewed as long as the SILC receives the necessary funding.*
11. *Contracts will be immediately terminated if it is determined that the contractor did not, in fact, deliver the service for which they were paid. Should this circumstance occur, the contractor is required to reimburse the SILC for any and all fraudulent claims.*
12. *Contracts may be terminated if a significant portion of consumers express dissatisfaction or if services are determined to be inadequate and there is no significant improvement as per #9 above.*

The contract monitoring policy and process implemented in '00 will be continued through the next SPIL unless the CILs and SILC design a more satisfactory process. The process described above allows the Director of each program to select a contract monitor who serves two purposes:

- 1) To review the contract deliverables and results. Reviewers ask the following questions of a sample of consumers: Was the service delivered? Did it make a positive difference in the consumer's life? Was s/he satisfied with the service?
- 2) To provide technical assistance to the CIL on a matter of importance to them.

The SILC is monitored by the DSU as well. The SILC provides the DSU with monthly expenditure and activity reports. Both are reviewed before contract payments are approved and issued.

Appendix 1

**Status of
Georgians with
Disabilities**

SPIIL 2005 -2007

**Prepared for
The Statewide Independent Living Council**

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

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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.

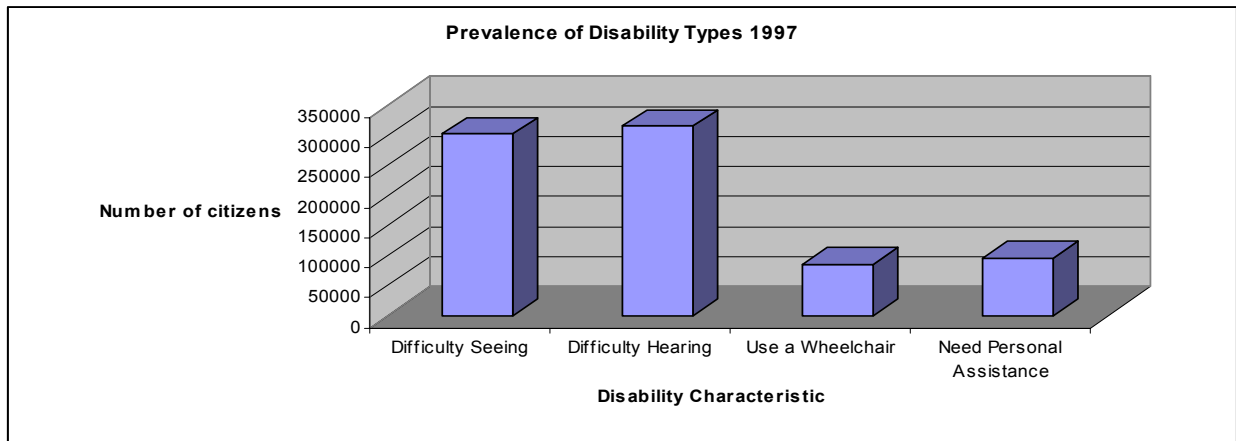
The Governor's Council on Developmental Disabilities has sponsored research to determine the number of people in Georgia with a developmental disability. The most recent report (1997) prepared by the Program on Human Development and Disability (UAP) estimates that 1.15% of the general population in Georgia 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.

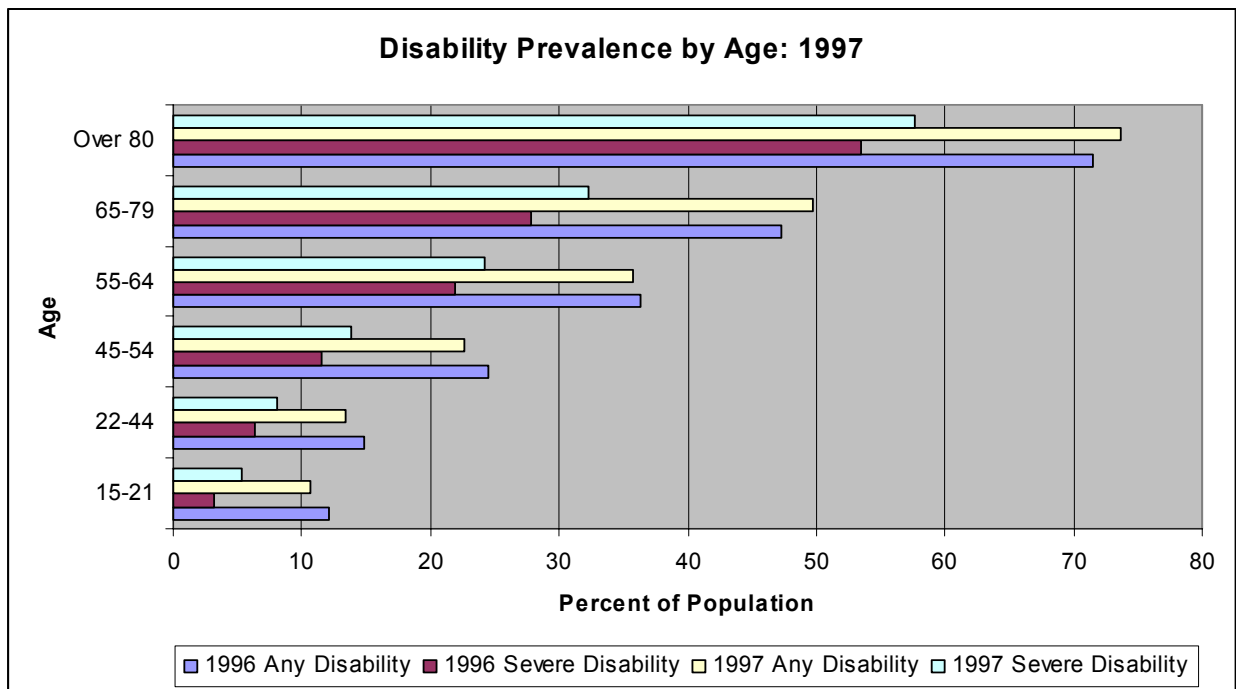
Figure 1 – Prevalence of Types of Disabilities 15 years and older, 1997



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).

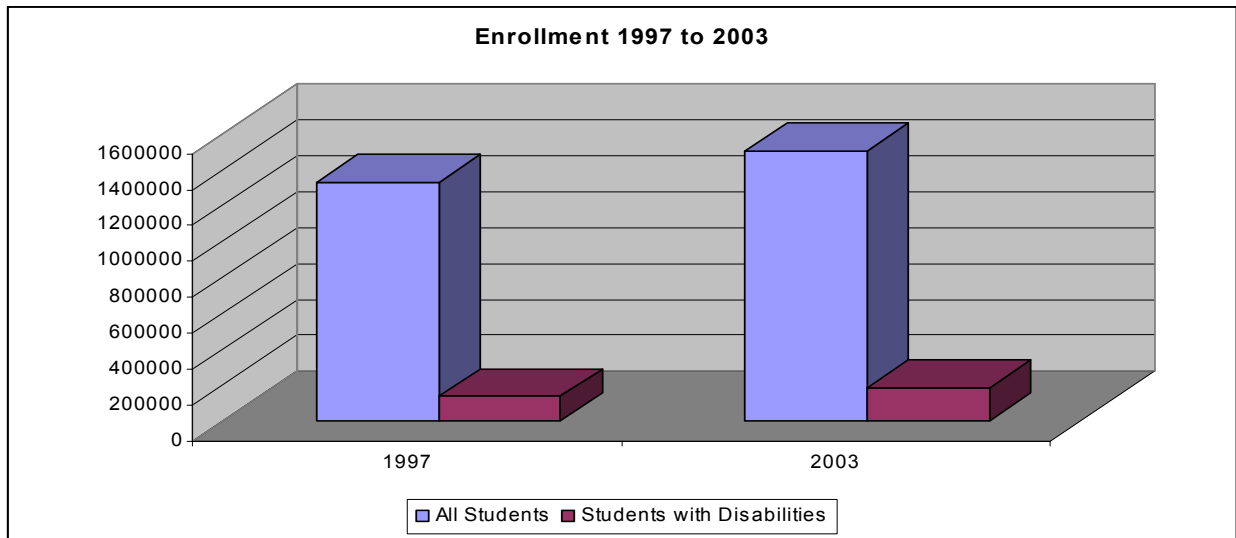
Figure2 – Prevalence of Disability by Age, 1997



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.

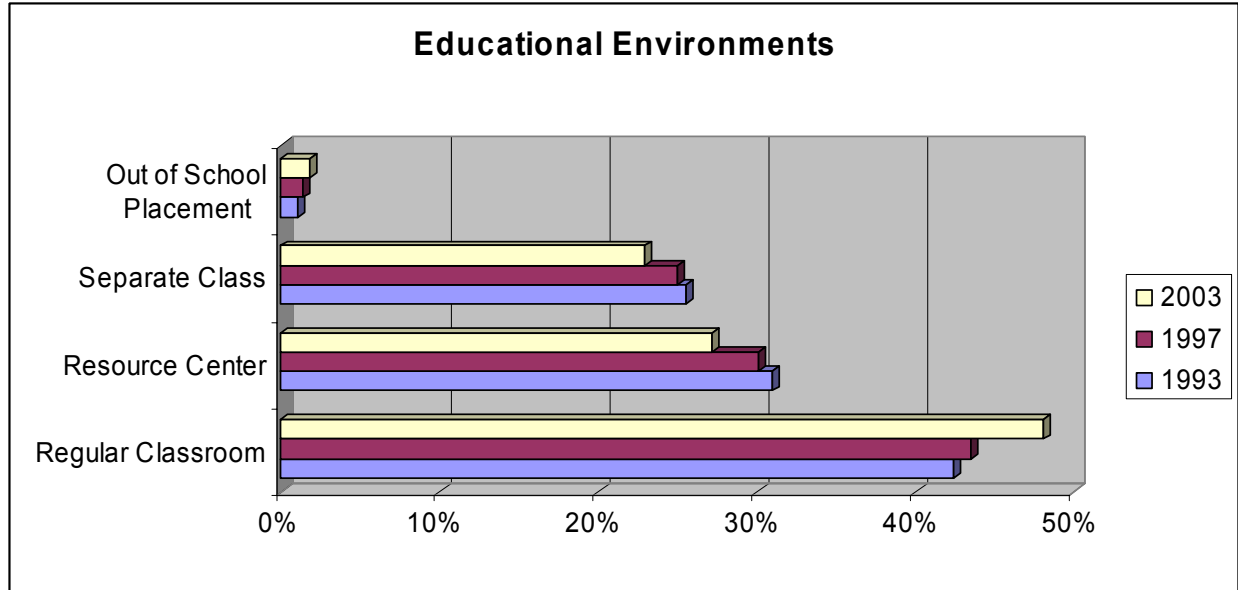
Table 5: Disabilities of children and youth by category (6 to 21 years), served under IDEA (Georgia Department of Education Services for Exceptional Students and US Dept of Ed, OSERS (1998) Data: OSEP Data Analysis System)

	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

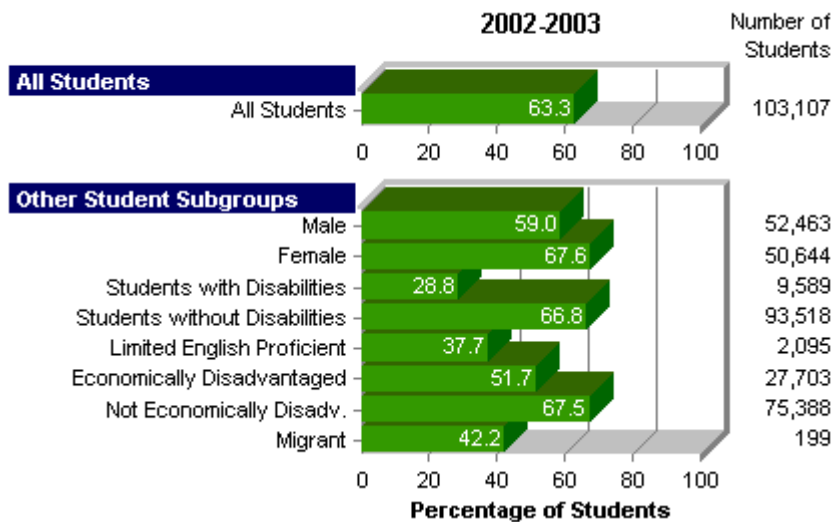
education in special classrooms or self-contained environments away from the rest of their peers. The following chart tracks the educational environments in Georgia from 1993-2003. The Georgia Department of Education tracks this data and will soon make this and 9 other performance goals available on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

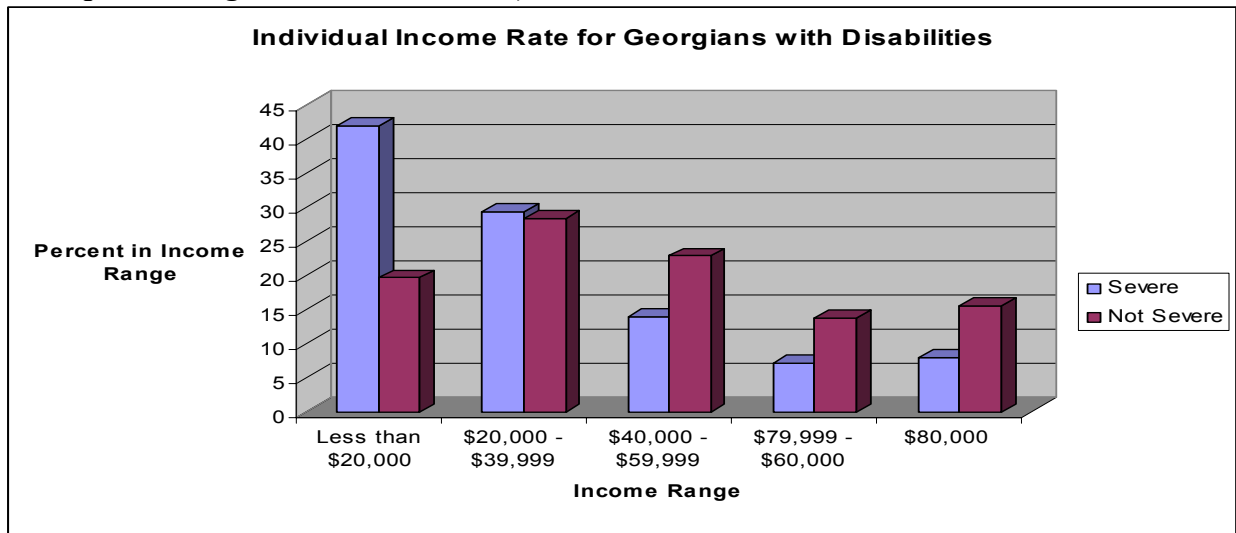
Average Employment in Georgia

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

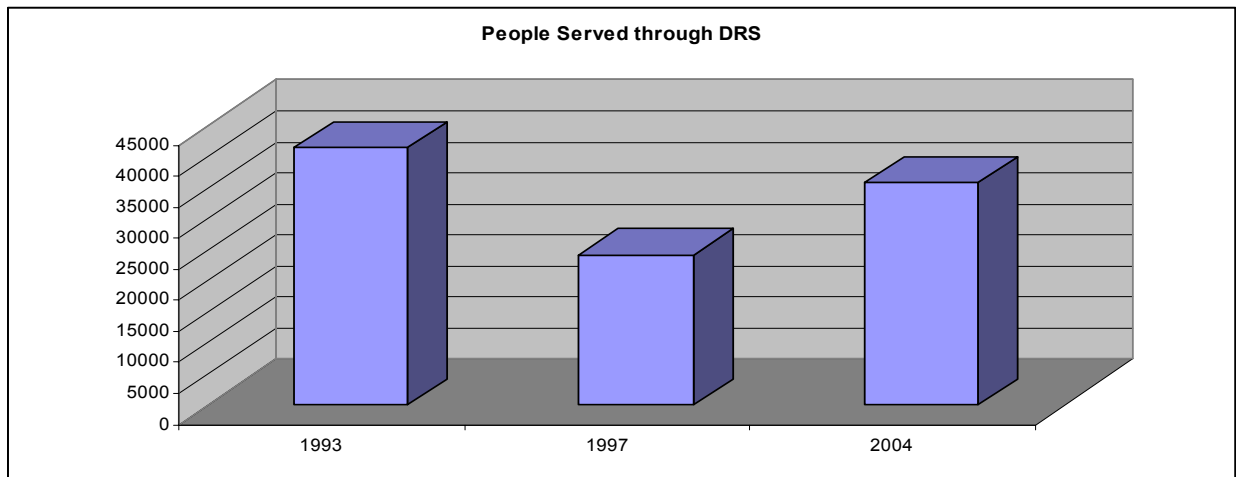
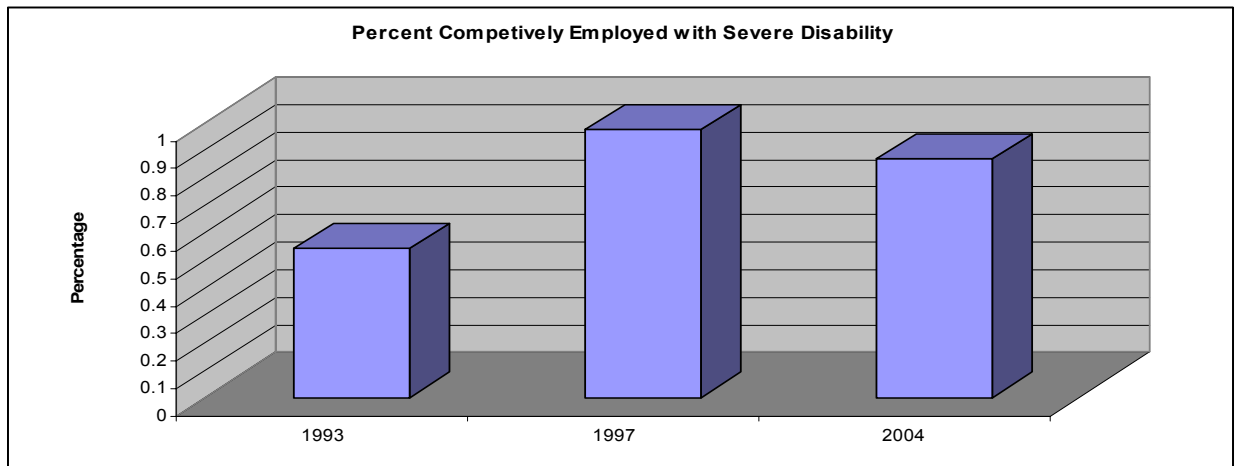


Figure 8: Percent of people with severe disabilities employed in competitive jobs

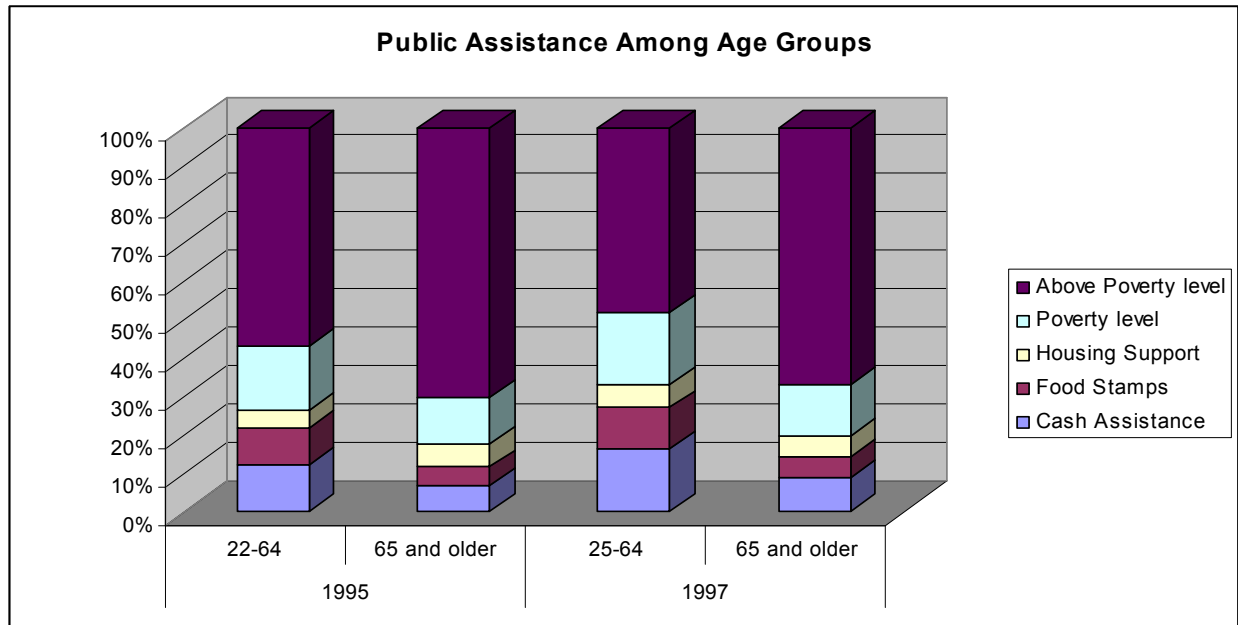


Public Assistance and Disability

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.

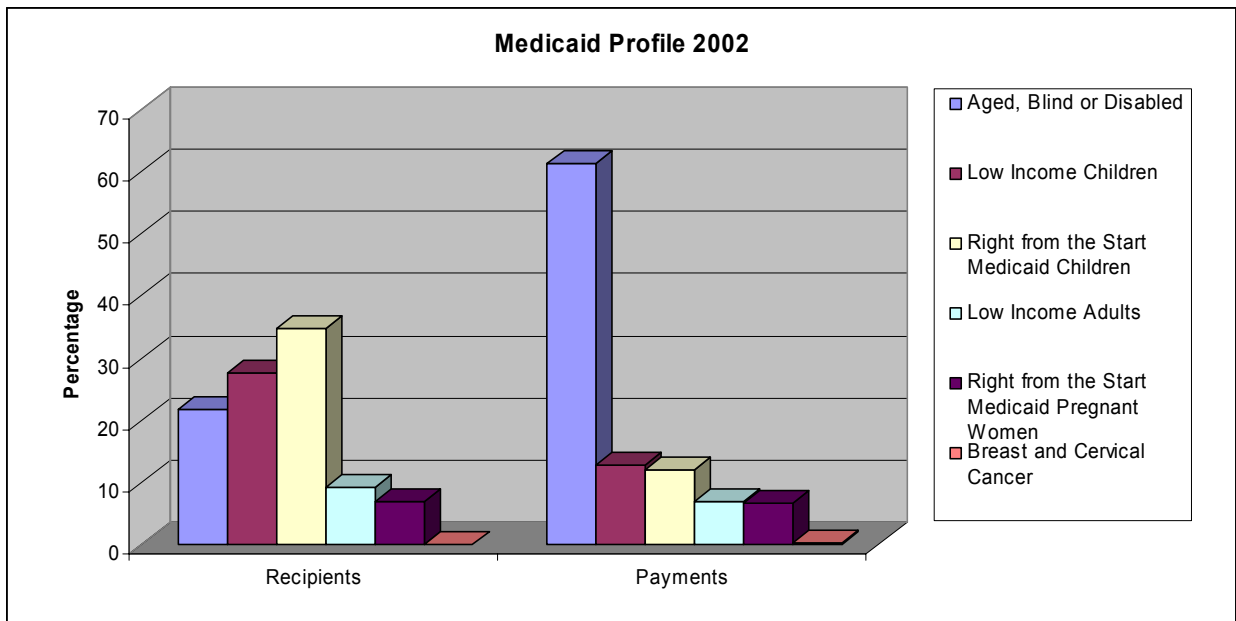
...the current design of cash and medical benefits in the DI [Disability Insurance] and SSI programs often presents more hindrances than incentives when beneficiaries consider returning to work. The structure of cash benefits can make it financially advantageous to remain on the disability rolls, and 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.

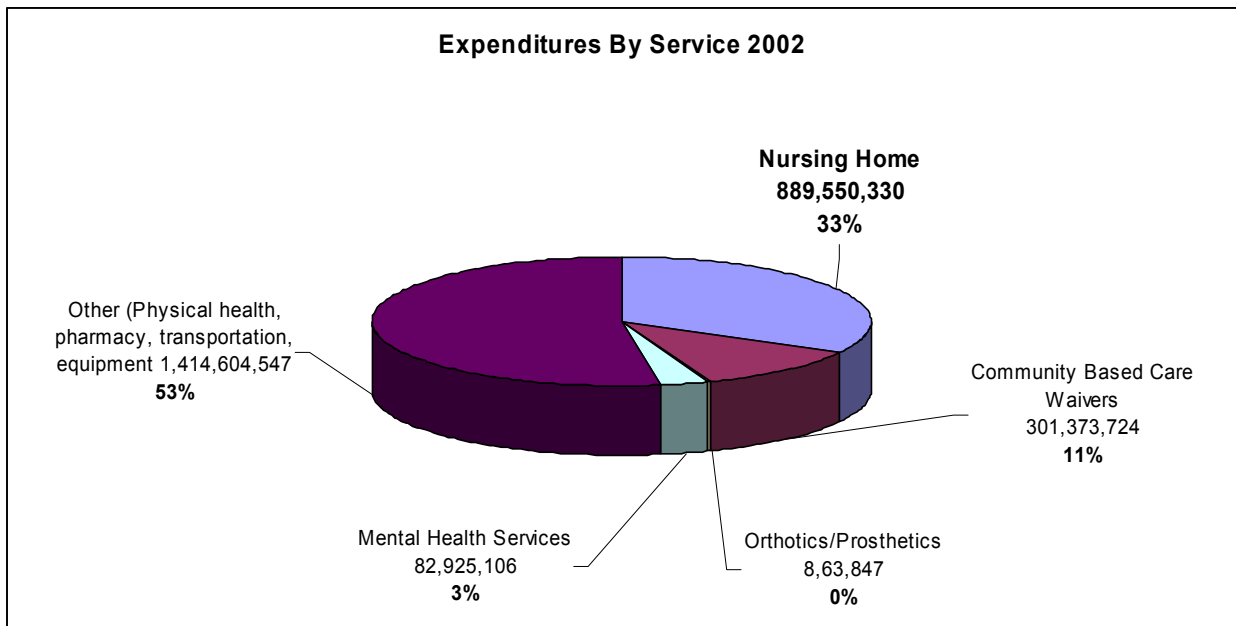
Figure 10: Medicaid Profile by Recipient and Expenditure (DCH Annual Report 2002)



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%).

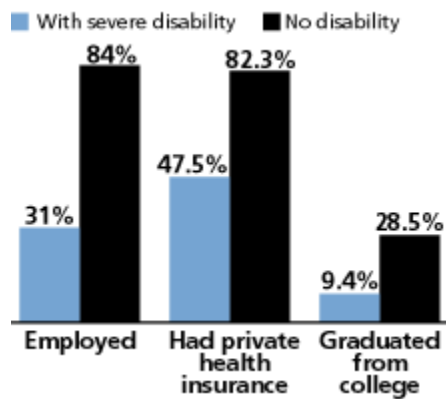
Figure 11: Medicaid Expenditures by Service (DCH Annual Report 2002)



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>)

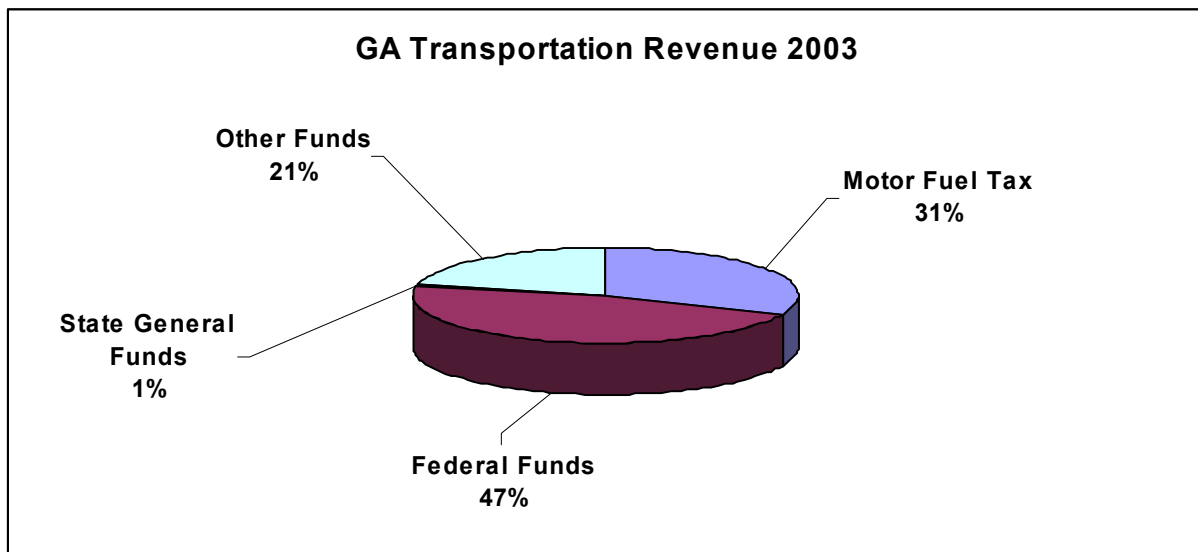
Americans with disabilities and older adults rely heavily on public transportation resources; such as buses, subway systems, and vans with lifts to transport people who use wheelchairs. Unfortunately Georgia is a state which pays more into the federal transportation pool than it receives back. The Georgia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

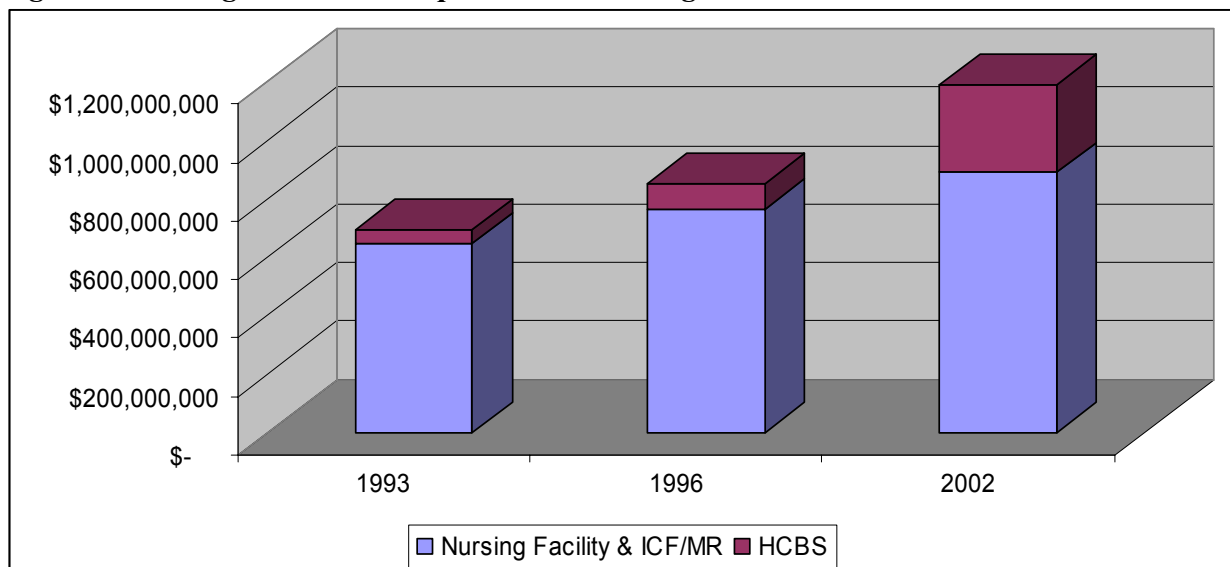
Other organizations have established a volunteer transportation service. They recruit, train, coordinate, and reimburse volunteer drivers where no or limited transit services are available. Vouchers are given to consumers who then give them to the program's ride providers, volunteers, and public or private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

**Georgia State Plan for Independent Living
Fiscal Years 2005-2007
Appendix 2**

