



# DAS Georgia News

DHR Division of Aging Services  
State of Georgia

Issue 5  
October 2004

## WELCOME TO THE FAMILY

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The Adult Protective Services Program (APS) transferred from the Division of Family and Children Services (DFCS) to the Division of Aging Services (DAS) on July 1, 2004 and life has not been the same since. It must be the same feeling that adoptive parents have when they first get to know and learn about their new family member.

### To DAS APS staff:

I have been so impressed by your dedication and professionalism in your job. I love your sense of humor and willingness to “hold on to the rope” to quote Mary Martha Rugg. Speaking of your fearless leaders, I do not know what we would have done without

Mary Martha Rugg, Barbara Pastirik and Dawn Washington; words cannot express our depth of gratitude for your numerous hours of additional work. The transition has not been without its challenges. Your efforts at continuing the business of investigating cases and assisting APS clients in the midst of a reorganization is to be commended. Thank you so much.

### To AAA staff and Aging network:

You have opened your arms wide and embraced the APS staff. Thank you for the many receptions, network meetings and gatherings that have been organized for the new DAS APS staff. They have been so appreciative. We look forward to what we can do together to address the prevention of abuse, neglect and exploitation of vulnerable adults.

### To DAS state staff:

My special thanks to Barbara McBrayer-Brice, team leader, for the APS transition in her tireless efforts to keep the team together and organize chaos. Thanks to Zelda White for learning an entirely new budget and coordinating the work between DHR offices to make the transition appear almost effortless. Our thanks to Joyce Kee who organized the transformation of a large file room & storage rooms into office space for the state APS staff. Thanks to the DAS-IT team for quickly developing a plan to modify AIMS to accommodate APS data. Thanks to the many DAS staff that participated on APS work teams and assisted Mary Martha in interviewing for APS positions. I am so thankful for everyone volunteering to assist with the transition.

Adult Protective Services staff welcome to DAS and the Aging Network!

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## Reversing Caregiving Roles

Penny Blackford is our CCSP Care Coordination Specialist. In addition, she is now a family caregiver for her beloved mother, Kathleen Yvonne Blackford, age 82.

**Penny, tell us how you came to know of your Mother's short-term memory loss?** Shortly before my Father's death in 2001, we noticed that Mummy was writing notes about everything--like keeping a diary.

**What did the family do then?** Mummy went to live with my sister Zoe for a period of time. She was happy there, but felt she needed her own place. So, Mummy went out and found another place to live not far from my sister's home. After she moved, we noticed that she needed more help and retained a wonderful woman, Estella Fenn, who Mummy knew previously and who is her companion during the day. In the evening, Zoe assists with her nighttime tasks and medicines.

**What are your roles as a caregiver?** Mummy lives with me every two months. I assist with getting her up in the morning. Her morning routine takes roughly two hours. Everyday, she takes a bath and washes her hair. I roll her hair, fix her a bite to eat so she can take her meds, and make sure she is ready to go by 8:30 a.m. I drop her at what she calls school, which is the AJCC Howell Mill Road Day Care Center, and then I go to work. Mum takes the Marta "L" bus home.



In the afternoon and evening, I cue Mum with what she needs to be doing and assist with meal preparation and medicines. When I'm helping "too much" Mum will say, "You just want me to be your baby or you are bossy, bossy, bossy."

**Who else is a caregiver in your family?** Zoe and I alternate most of Mum's care. My brother, Paul, has Mum for two weeks at his time-share on the beach near where my Mum and Dad spent their anniversary every year.

**What are your challenges as a caregiver?** I'm up at 6:30 a.m. instead of 8:00 a.m. in order to get Mummy ready. Sometimes I get frustrated when she forgets what she needs to be doing or is moving slowly. The reversal of roles can be challenging. But most of all, I miss my Mum of previous years--the one that I could share stories with and seek her opinion about current/future events. That part of her is no longer available to me. If I speak with her about the past (years ago), all is fine. The past is a familiar place for her.

**What would you want to be different in your current environment?** I would like to be able to do more things with Mum, like traveling while she is able to enjoy this. Working full-time makes this difficult.

**What are some of the joys of caregiving?** My sister, brother and I sharing with Mum's care. We made a commitment to our Daddy that we would take good care of her. We are blessed that our Daddy provided financially so we could pay for Mummy's needs.

My mother and I have always been close and affectionate and fond of being with each other. My Mummy is very pretty and I enjoy keeping her that way. We are blessed that Mummy is healthy and her wit and smiles are still with us.

## Comprehensive Care Coordination

CCSP is committed to continuous programmatic and service delivery quality improvement.

State CCSP Care Coordination Specialists developed and conducted a statewide **Comprehensive Care Coordination Survey** with the AAA and care coordination agency staff in the third quarter SFY 2004 as a component of DAS' Continuous Quality Improvement activities. Feedback was collected in the areas of Reports, Disease Management, Community Resources, Monitoring and Marketing.

**Disease Management** data from the surveys and from AIMS and Medicaid reports identified the six most common and most costly diseases for CCSP clients: Congestive Heart Failure, Stroke, Pneumonia, Diabetes, Chronic Obstructive Pulmonary Disease and High Blood Pressure.

Using a variety of print and Internet resources, the Care Coordination Specialists developed a *Care Coordination Disease Guide* for each of the identified diseases. Information and resources were presented at a statewide training in Macon on July 29, 2004. The goal of each Guide is to allow care coordinators to identify early symptoms of disease complications and to assist the client/family in communication with the physician. Early medical intervention is expected to preserve the client's quality of life, decrease costs associated with unnecessary emergency room visits and hospitalizations, and to maintain the client in the community for as long as possible.

Disease education for care coordination staff has been identified as a priority. AAA and care coordination agencies have been creative in seeking outside expertise to meet this educational need.

Gaps in **Community Resources** statewide were identified in the survey: transportation, nutritional supplements, home repair, eyeglasses, dentures and client educational materials. Area Agencies on Aging

and care coordination agencies continue to seek funding and community resources to address service gaps.

The survey results showed CCSP **Monitoring** is conducted at the local level by AAA and care coordination agencies. DAS CCSP Care Coordination staff conduct statewide monitoring annually. Recommendations for improvement are communicated to each AAA and care coordination agency.

Analysis of data indicated that **Marketing** the CCSP program when there is a waiting list for services is problematic. Now we focus on the celebration of Comprehensive Care Coordination through the telling of "CCSP success stories" at Provider Network meetings, public forums, board meetings, legislative hearings and in the CCSP Annual Report. Educating funding sources and the community about the critical role care coordination plays in effectively meeting the needs of CCSP clients is a productive outcome of marketing initiatives.

Feedback from the surveys about **Reports** indicated the need for better use of AIMS reports by AAA and care coordination agencies. State CCSP staff conducted follow-up surveys with each PSA to determine what reports were used, whether the information was useful and how the data were used in Continuous Quality Improvement. The CCSP Program and Operations Analysis Manager conducted AIMS training in Macon in August for AAA and care coordination staff. Training participants requested several changes to AIMS reports that will be reviewed by the Division of Aging AIMS Team. There was enthusiasm about the use of reports as a programmatic tool.

The CCSP **Comprehensive Care Coordinator Survey** data provided DAS with great information about local needs and identified statewide training opportunities.

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One morning when I was especially frustrated because Mummy wanted to play instead of getting ready, I said "Mummy you are plucking my last nerve." At that time Mum smiled up at me so sweetly and made a gesture on her neck and said "pluck." Of course, we both broke out laughing and, needless to say, the tension went away.

**What is advice that you would give other caregivers?** If you can't do it with love, don't do it. Take care of yourself. Don't sweat the small stuff.

## AGING NETWORK CONFLICT RESOLUTION (ANCR) COLLEGE

Based on The Center for Social Gerontology's (TCSG) long experience in using mediation as an elder rights advocacy tool, and the experience of Natalie Thomas, the Georgia Legal Services Developer, in training her legal providers in basic conflict resolution skills as well as working with TCSG on the caregiver/guardianship mediation project, TCSG agreed with Natalie that there is an important unmet need among elder rights advocates -- AAAs, state directors, legal providers, ombudsmen, abuse prevention workers, etc. Legal providers and other elder rights advocates



often find themselves in the middle of conflicting situations. This might include conflict of elders with other elders, with family, with health care providers, social service providers, local, state or federal agencies, etc. Before the conflict escalates, perhaps to the point of litigation, it can be extremely valuable to have the elder rights advocates equipped with conflict resolution skills and techniques to address and resolve many of these disputes. Working with Natalie,

TCSG will take an initial step in working toward an "Aging Network Conflict Resolution (ANCR) College." This first step is to contract with Raye Rawls, formerly of Resolution Resources Corporation, now with her own company and part time professor with the University of Georgia, to plan a training design and develop a curriculum for the training. This will be completed early in 2005. We will then work with the GA developer to try and secure funds to pilot and evaluate this approach to conflict resolution. And assuming it is valuable, we will look for ongoing funding to continue the ANCR college. Look for more details as this exciting project develops!

## "MEDICARE 2 SENIORS"

Are you seeking answers about Medicare, Medicaid, health insurance or prescription assistance? Are you an older adult or caregiver in need of information on health services, housing, transportation, nutrition, legal issues or educational, volunteer and employment opportunities? Look no further. You can get answers to these questions by using the resource guide, "Medicare 2 Seniors: Information to Families," provided by GeorgiaCares and the Area Agencies on Aging (AAA).

GeorgiaCares and its partners have distributed more than 50,000 copies of the brochure. GeorgiaCares is Georgia's State Health Insurance Assistance Program (SHIP). It is administered through the Georgia Department of Human Resources (DHR) Division of Aging Services.

"We are thrilled that so many people are using the brochure as a resource guide," said GeorgiaCares Director, Jennie D. Deese. "Calls to our hotline increased by 33 percent in May with a total of 4,000. We are still experiencing a high volume with over 3,000 calls in August."

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## Ombudsman Advisory Council

The State Long-Term Care Ombudsman (LTCO) Program Advisory Council held its first official meeting Thursday, August 12, 2004, in Atlanta.

Activities included announcing the appointment of officers. Chair Ann Williams led group discussion of Medicaid changes in Adult Medically Needy and Estate Recovery, developing resources for the Ombudsman Program and reviewing national recommendations for improvements. Williams is an elder, advocate and family member of a former nursing home resident.

"As an advocate and family member, I believe that the LTCO program is one of the most worthwhile programs that the state can support. Those who have found themselves in a position of dependency and powerlessness are empowered by the LTCO to regain some control of their lives," said Williams.

Pictured are (L-R) Chair Ann Williams and State Ombudsman Becky A. Kurtz. They are reviewing the Long-Term Care Advisory Council agenda.



The Georgia Division of Aging Services Director Maria Greene made the initial 14 appointments to the Advisory Council; however, the Council will recruit members in the future. Long-term care consumers and advocates predominate the Council.

"We are thrilled to have former and current residents, family caregivers, and our other Council members that advise and help us to strengthen our services to residents," said Becky A. Kurtz, State Long-Term Care Ombudsman.

The Council is responsible for providing advice; serving as a sounding board; enhancing community understanding of the program; and assisting in obtaining resources. The Council meets quarterly.

For more information, call 1-888-454-5826.

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The brochure was released during the GeorgiaCares "Medicare 2 Seniors: Information to Families" public awareness campaign in May to help Medicare beneficiaries understand their choices with the new Medicare-approved drug discount cards.

GeorgiaCares partnered with the federal Centers for Medicare and Medicaid Services, the Social Security Administration, WSB-TV, Channel 2 and the AAAs to develop the brochure and plan 24 information fairs statewide to provide comprehensive, timely and accurate information to seniors. More than 7,400 seniors and their families attended the fairs. AARP, CVS Pharmacy, Novartis and Publix sponsored the events.

"GeorgiaCares and the AAAs will continue to provide numerous outreach and educational sessions to reach all Medicare beneficiaries in Georgia during the duration of the changes in the Medicare Modernization Act," said Deese.

The Atlanta Regional Commission did the design and layout of the brochure, which also features helpful numbers for other services to seniors.

For more information or to get copies, call GeorgiaCares at 1-800-669-8387 or your local AAA.

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## GEORGIACARES VOLUNTEER HONORED

On July 21, 2004, the U.S. Administration on Aging (AoA) honored the contributions of 21 senior volunteers who serve as community educators in the Administration's effort to fight fraud, error and abuse in the Medicare and Medicaid programs. The Awards Ceremony took place in the Dirksen Senate Office Building in Washington, DC. One of the volunteers honored was Bud Fletcher of Macon, Georgia. Bud became a Senior Medicare Patrol volunteer for the Middle Georgia Georgia-Cares program in 2000 while still holding the position of Superintendent of the Bibb County Board of Elections. He has been successful in working with the Spanish community and, most recently, had the play "Whose Money Is It Anyway" translated into Spanish. Bud participates in the Senior Medicare Patrol Advisory Council and has conducted numerous community outreach events. We are proud to have Bud Fletcher recognized at the National Senior Medicare Patrol Conference.

