

## November 2012

In this issue: APS Changes, Emergency Preparedness, AACM News

### **AACM and You: Be Proactive**

The holidays afford us an opportunity to reconnect with family members and friends whom we don't get to see often enough. As we reflect on these relationships, we are sometimes confronted with unpleasant realities about a loved one's changing condition.

Feeling overwhelmed or ill-prepared often leads to inaction, but the longer an issue is ignored, the more difficult it will be to address when you have no choice but to act. Individuals with deteriorating physical or mental health are more vulnerable to a whole host of issues, whether it's physical/financial abuse or surviving in a natural disaster.

There are simple steps you can take now to help avoid disasters down the road. AACM can be your partner and help guide you through the process.

*"Accountable Aging made a huge difference in the success of our transition. We were able to learn about the process, what all was involved & how to plan for the outcome we wanted, along with contingencies"*

– AACM Client



AACM continues to grow. In the near future, we will announce a new addition to our San Antonio team. This move reflects the strength of our commitment to serving the San Antonio area, as well as the growing awareness about the value of care management. We would like to thank all of our friends in the San Antonio area for helping to spread the Accountable Aging message.

### **Texas Adult Protective Services Announces Changes**

*The following is adapted from information provided to Accountable Aging by Allison Price, Community Initiatives Specialist with Texas Adult Protective Services (APS). Because many of our readers are seniors, family members of seniors, and professionals who work with seniors and their families, Accountable Aging feels it is important to disseminate the recent changes to APS definitions and qualifying status. If you suspect abuse or neglect of a senior or a person with disabilities, visit the [APS homepage](#) and contact a specialist.*

The Texas Adult Protective Services (APS) program must do more with less. Increasing intakes combined with decreasing staff and resources necessitates taking a hard look at who we serve and how we serve them. Our goal is to better serve the most vulnerable clients.



As of September 1<sup>st</sup>, 2012 our definitions regarding who qualifies as a client and the definitions of abuse, neglect and exploitation were changed. Chapter 705 of the Texas Administrative Code now supersedes Chapter 48 of the Human Resources Code for definitions. The following information highlights the adapted changes to APS definitions and qualification.

#### **Client Qualification**

In the past, persons age 65 or older and those 18-64 with a disability, as evidenced by receiving SSI or SSDI payments, automatically met the qualifications to become an APS client. Under the new changes, persons who receive SSI/SSDI payments no longer qualify automatically for APS services. The potential client must be between 18-64 years of age with mental, physical, or developmental disabilities that *substantially impair* the ability to live independently or provide for their own self-care or protection. Those who are 65 or older still qualify automatically.

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### Substantial Impairment

Substantial impairment is present when a disability grossly and chronically diminishes an adult's physical or mental ability to live independently or provide self-care as determined through observation, diagnosis, evaluation, or assessment. If you are unsure if a specific individual meets the substantial impairment provision, contact APS and discuss the situation with an intake worker.

### Caretaker

In cases of alleged abuse, caretakers are often involved, either as alleged perpetrators or potential witnesses. APS has made the distinction between paid and non-paid caregivers for some definitions. The intent is to hold paid caregivers to a higher standard of care.

An *unpaid caretaker* is defined as a guardian, representative payee, or other person who by act, words, or course of conduct has acted so as to cause a reasonable person to conclude that he has accepted the responsibility for protection, food, shelter, or care for an alleged victim. This excludes paid caretakers.

A *paid caretaker* is defined as an individual privately hired and receiving *monetary* compensation to provide personal care services. A paid caretaker is an employee of a home and community support services agency licensed under Chapter 142, Health and Safety Code.

### Neglect

*Self-neglect* is defined as the failure to provide the protection, food, shelter, or care necessary to avoid emotional harm or physical injury.

For *paid and unpaid caretakers*, neglect is defined as either the failure to provide the protection, food, shelter, or care necessary to avoid emotional harm or physical injury, or a negligent act or omission that *caused or may have caused* emotional harm, physical injury, or death.

*Mental Health Neglect (self)* applies to adults who are substantially impaired and in a state of abuse, neglect, or exploitation. Failure to participate in mental health treatment does not qualify as neglect by APS criteria.

### Financial Exploitation

When an alleged perpetrator is a **caretaker, family member, or other individual who has an ongoing relationship** with the alleged victim, financial exploitation is defined as the illegal or improper act or process of an alleged perpetrator using, or attempting to use, the resources of the person, including the person's Social Security number or other identifying information, for monetary or personal benefit, profit, or gain without the informed consent of the alleged victim. Financial exploitation excludes theft of property. There is no informed consent when it is:

- 👉 Not voluntary;
- 👉 Induced by deception or coercion; or
- 👉 Given by an alleged victim who the actor knows or should have known to be unable to make informed and rational decisions because of diminished capacity or mental disease or defect.

When an alleged perpetrator is a paid caretaker, financial exploitation is defined as the illegal or improper act or process of an alleged perpetrator using, or attempting to use, the resources of the person, including the person's Social Security number or other identifying information, for monetary or personal benefit, profit or gain. This includes, but is not limited to, offenses against property found in Texas Penal Code Chapters 31 and 32.

### Physical Abuse

For all alleged perpetrators *except paid caretakers*, physical abuse is defined as any knowing, reckless, or intentional act or failure to act, including unreasonable confinement, corporal punishment, inappropriate or excessive force, or intimidation, which *caused* physical injury, death, or emotional harm. For *paid caretakers*, the definition is broader and includes acts which *may have caused* physical injury, death, or emotional harm.

### Emotional/Verbal Abuse

This definition applies to **caretakers, family members, or individuals with an ongoing relationship to the alleged victim**. Emotional/verbal abuse is defined as any act or use of verbal or other communication to threaten violence that makes a reasonable person fearful of imminent physical injury.

When an alleged perpetrator is a paid caretaker, emotional or verbal abuse is defined as any act or communication that is either used to curse, vilify, humiliate, degrade or threaten, and that results in emotional harm, or of such a serious nature that a reasonable person would consider it emotionally harmful.

### Sexual Abuse

Sexual abuse is defined as any **nonconsensual** sexual activity, which may include, but is not limited to, any activity that constitutes an offense under Texas Penal Code. There is no consent when:

- 👉 Alleged victim is incapable of consent
- 👉 Consent is induced by force or threat
- 👉 Alleged victim is unconscious or unable to resist
- 👉 Alleged perpetrator has impaired the alleged victim
- 👉 Consent is coerced due to fear

*AACM would like to thank Allison Price, Community Initiatives Specialist with Texas Adult Protective Services (APS), for voluntarily providing this information to us and for her advocacy on behalf of seniors and those living with disabilities. Advocacy is central to the Accountable Aging way. As such, we encourage all seniors, family members and professionals to be mindful of the above APS definitions. If you suspect abuse or neglect of a family member, client, or friend, contact Texas Adult Protective Services. For more information on APS scope and eligibility criteria, visit the [APS website](#).*

## Emergency Preparedness

In the wake of hurricane Sandy, Americans across the country are reflecting on how to better prepare themselves and their families for dealing with a natural disaster or other emergency. Proactive planning is most important for those who are most vulnerable, and this includes seniors and those with disabilities. While researching tips that would be applicable for our readership, we came across the following list. You can read the full guide [here](#):

- 👉 Designate a substitute caregiver in case you are unavailable or unable to provide care.
- 👉 Post emergency numbers near all phones.
- 👉 Create a written, detailed description of your loved one's care needs and keep it current. Provide copies to members of your loved one's personal support network.
- 👉 Have your loved one wear medical alert tags or bracelets to help identify any disabilities.
- 👉 If your loved one is dependent on dialysis or other treatment, know the location and availability of more than one facility.
- 👉 Learn how to turn off the main switches for water, gas and electricity in your loved one's home in case of evacuation
- 👉 If your loved one undergoes regular treatment at a clinic or hospital, or receives regular services such as home health care, treatment or transportation, talk to his or her service provider about their emergency plans.
- 👉 If your loved one uses medical equipment in his or her home that requires electricity to operate, talk to his or her health care provider about what you can do to prepare for its use during a power outage.
- 👉 Talk to your loved one's doctors and pharmacists about continuity of care and prescription needs in the event communication lines are down.

### Medicare Open Enrollment

Recently, AACM released a reminder about [Medicare open enrollment](#). Each year during the open enrollment period, we encourage our clients and their family members to review their current Part D and supplemental coverage. Not only do plans change on an annual basis, but an individual's situation also continues to evolve. It is important to compare current coverage to other available plans. AACM offers a comprehensive analysis as a service offering. The end of open enrollment is December 7.

To illustrate the importance of an annual review of coverage, AACM recently helped a client to achieve a savings of about \$3,000 annually. Each plan has a unique formulary that identifies which drugs are covered and which are not. We were able to identify one medication that was not covered under her current plan, but was included in a different plan. *The inclusion of that single medication netted our client a cost savings of about \$300/month.*

### ASA Conference 2013

AACM has once again been selected to present at the American Society on Aging (ASA) Aging in America conference. The conference will be held in Chicago, March 12-16, 2013. Aging in America is the largest and most comprehensive multidisciplinary conference on aging issues, and we have enjoyed both presenting and attending presentations in previous years. This year, three of our presentations were selected for inclusion in the program.

Each year, Aging in America brings together relevant content, innovations, best practices and replicable models, and develops thought leadership on the most critical issues in the field of aging. This year's topics include care transitions, post-election implications for the field of aging, technologies for aging in place, mental health and aging, financial competence, and brain health, just to name a few. AACM is excited to share our knowledge and experience and to learn from the experiences of others in different regions and disciplines.

For more information, you may visit the [conference website](#). To contact ASA directly to request a conference brochure, call 1-800-537-9728 or e-mail [jutkam@asaging.org](mailto:jutkam@asaging.org).

**Because referrals are the lifeblood of our business, the best way you can thank us, as a satisfied client, is by referring a friend, neighbor or colleague to us! We appreciate all your referrals.**

### Accountable Aging Care Management Team

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Visit us online: [www.accountableaging.com](http://www.accountableaging.com)

Accountable Aging Care Management is an eldercare consulting and care management firm.

Accountable Aging is a single source for older adults and their families to attain knowledge, resources and on-going assistance with the challenges related to aging or caring for an elder loved one. We serve older adults in Austin, Dallas, San Antonio and the surrounding areas.

With this newsletter, our aim is to provide a trusted conduit for eldercare information and resources and to highlight the services we offer that meet the needs of older adults and their families.

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