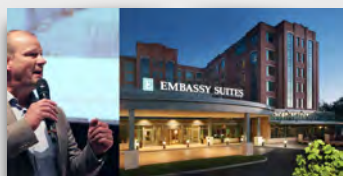




P. O. BOX 26651, ROCHESTER, NY 14626

NYSARSC QUARTERLY

NYSARSC 2020 Annual Conference:



POSTPONED!

The 20th Annual NYSARSC Conference June 3-5, has been postponed due to COVID-19. We are following guidelines of N Y State regarding public gatherings. We will be back in Saratoga in June 2021 and look forward to seeing you. For information and updates, please visit our website at www.nysarsc.com and follow us on



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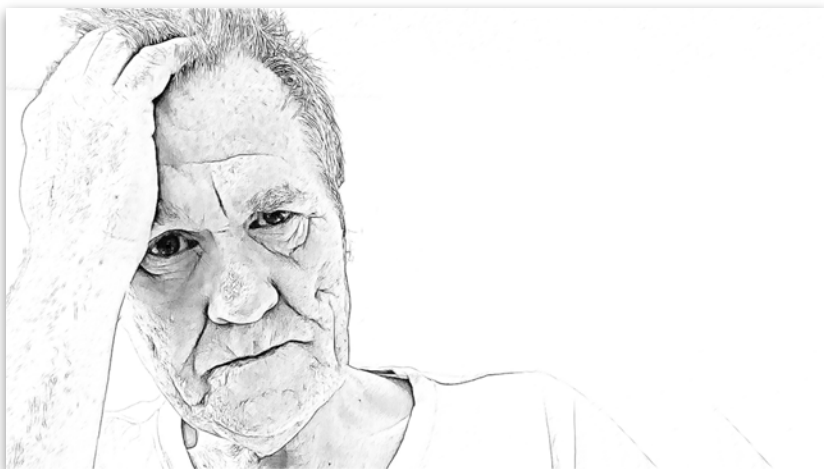
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Isolation



Although when I asked a couple of very elderly residents if they were managing, the humor in the response, 'For me, this is a Tuesday' (or something on that order), did not escape me, the loneliness and isolation revealed is the salient point.

We're conscious now, of how difficult it is for all of us, to stay away from loved ones, friends and the general public, but what about those for whom every day is stream of solitude?

Initially, I set out to write about the things we can all do to avoid the crushing sadness that isolation can bring, laughter, communication however small, a special delivered meal from the local restaurant, cards from the Scouts, etc. In reading about the psychology of isolation, and insights from the mental health professionals, the words of those residents rang in my head like a lyric that won't quit.

The statistics are readily available; those with increased loneliness often fit into the category of frail, low-income, elderly people, with higher percentages of males, and those with previously diagnosed symptoms of depression. All of that notwithstanding, many others who are as an example, normally quite active, might have fallen prey to sedentary living in the time of Covid-19, and lost the edge that movement affords us. As service coordinators, I'm aware that we have been trying to reach out regularly to make sure that our residents know there is someone who will keep in touch and encourage engagement, have a few laughs, and just give a boost, emotionally. Yes, some are unreceptive, but those who welcome the calls are avidly looking to have a conversation and know that

(Continued)

Isolation (*Continued*)

they're experiencing the same things as the rest of the quarantined world.

From that we can extrapolate the facts surrounding quotidian loneliness, not brought on by the fear of the pandemic, or the fact that even the person delivering Meals-on-Wheels is not available to converse. It's an overwhelming problem in an age of constant motion, extended life spans, and electronic communication.

Can we continue to bring our residents what they need in this way? Should it, in fact, take precedence over other matters that seem more important on paper?

In the aftermath of Hurricane Katrina, an organization called Common Ground Relief was founded. There are numerous organizations that promoted volunteerism during that and the current catastrophe, but the founders of Common Ground Relief chose their slogan from the

words of Eduardo Galeano, "I don't believe in charity. I believe in solidarity. Charity is so vertical. It goes from the top to the bottom. Solidarity is horizontal. It respects the other person. I have a lot to learn from other people." Those calls we make are improving our own outlook, as well.

Rebecca Solnit, in her "Guardian" article, "The Way We Get Through this is Together", speaks to this conceptual difference between charity and solidarity. The need for charity is present when individuals or groups cannot help themselves, or are powerless. In solidarity, we take on the responsibility in recognizing that any group's neediness, however marginalized, is the need of humanity itself. "Aiding and protecting others and serving the needs of the group rather than the individual has been essential to the survival of many species, and is evident in early and traditional human societies."

Despite the remoteness of working from home for some of us, or just not having face-to-face time with our clients, this has been a time of drawing together. I hope that we can all keep the momentum going towards involvement and solidarity, even as life becomes busier, and the need for acts of social kindness are obscured. As we search for the positive side bar to the pandemic, perhaps the glimpse into the lives of the isolated and lonely will result in a brighter future for those we serve.

Wendy Fieser
Palatine Manor
wfieser@yahoo.com

Reference: Solnit, Rebecca, (2020) 'The Way we get through this together': The Rise of Mutual Aid under Coronavirus. *The Guardian*. retrieved May 19, 2020



Hudson Valley Regional Dementia Conference

Four days of free virtual educational sessions
June 15-18
10 a.m. to 12:30 p.m.

Featuring guest speakers and sessions on a variety of topics, including a talk in Spanish. CEU credits available

Visit AlzDementiaConference.org to register or call 800.272.3900

alzheimer's association

MEETING OF THE MINDS
DEMENTIA CONFERENCE 2020

With special guest David Hyde Pierce, Tony and Emmy award winning actor, director and Alzheimer's Association Celebrity Champion

With Keynote Speaker Dr. Tia Powell, Director of the Montefiore Einstein Center for Bioethics and author of "Dementia Reimagined"

This conference is supported in part by a grant from the New York State Department of Health.

Stimulating Activities to Keep Seniors Engaged During the Covid-19 Pandemic

During this extraordinary time of isolation and stress, mental health has become an important topic to discuss. Seniors are under stricter visitation guidelines depending on what state they live in, and whether they are at home or in senior living. Regardless of their living situation, maintaining good mental health is vital to their overall health.

You may be asking, "What is mental health?" Let's look at some of the characteristics of mental health and what can negatively affect it:

- Mental health is our perception of psychological and emotional well-being.
- Good mental health helps us cope with stress, disappointment, and grief. It doesn't mean that we don't experience these feelings. But it does mean that we can cope and recover.
- Research has shown that mental health can be adversely affected by social isolation and loneliness and can contribute to depression and anxiety.
- Lack of social engagement can lead to increased problems with thinking and memory. It can also cause a worsening of medical problems.

How to Keep Seniors Mentally Stimulated

Now that we have a better understanding of the importance of staying mentally and socially stimulated, let's look at some activities to make this possible. This will require ingenuity and a little courage too!

Fun Ways to Connect with Technology

Technology can be unfamiliar and frightening territory for many seniors. But what better time to



learn than now? To take advantage of the many social platforms, it will require a Smartphone, laptop, or iPad. Here are some of the more popular options for staying connected with technology:

- Facebook is the largest social networking platform in the world, and with good reason. Using Facebook is a good way to stay connected with friends and family. One can share ideas, repost articles of interest, post photos, and even follow news outlets to get up to the minute information.
- Facetime is a video and audio calling service. It will require an iPhone, Mac laptop or iPad to use it. Like Facebook, it is free. Seeing children or grandchildren can be immensely reassuring and fun to seniors.
- Consider email. Yes, good old fashion email is still a great way to communicate with people. Suggest texting if possible.

Stimulating Mental Activities

Being alone can make it tough to stay mentally engaged, but mental engagement is more important than ever if your resident is without a spouse or other person to be with. Consider these options.

- Games. Word and card games can keep your mind active. Consider jigsaw puzzles, crossword puzzles, and Sudoku. Don't forget about online games like solitaire, Words with Friends, and hundreds of others.
- Using the Internet to travel. It is now possible to travel right from your chair. Visit museums, other countries or cities. Check out Travel and Leisure's 12 Famous Museum Tours. And if you haven't tried Google Earth, you must give it a try. Fly to any part of the world that appeals to you and before you know it, hours have passed by. One can do this from your Smartphone, computer or iPad.
- Reading is an under appreciated activity. It can stimulate the imagination and take you to places you have never been to before. Use a Kindle or the good old fashion library.
- Writing. Whether it is journaling or a story one has been burning to tell, now might be the time to do it. This is a good time to write a personal history for children and grandchildren.
- Humor.. Although humor may not seem like a mentally stimulating activity, it is a mentally healthy one. Watch movies or funny television shows.

Derived from: www.homecareassistance.com

How Caregivers Can Help Seniors Stay Engaged

Caregivers are in a unique position to help facilitate and enhance the suggestions we have outlined here. To take it one step further, they can help make many of these activities possible. Let's look at how caregivers can provide invaluable support in keeping seniors engaged.

- **Help with technology.** Caregivers can teach seniors how to use a Smartphone, laptop or iPad in the privacy of their home. It can take time to become comfortable and familiar with technology if you have never used it before. Caregivers can show seniors how to use social media apps to maximize their potential to bring people together.
- **Companionship.** Caregivers can fill that vital gap of socialization. Whether it is talking about family, life history, current events, or feelings. Conversation helps people feel connected and appreciated. It stimulates the brain in positive and meaningful ways.
- **Playing games.** Having someone to play games with opens up a whole new world of possibilities. These could be card games, board games, sharing a puzzle, or learning online activities that are mentally stimulating.

Being alone during the COVID-19 pandemic does not mean their mental health has to suffer. By attending to their mental and physical health, they can thrive under these conditions. A caregiver can be an enormous help during these difficult times.

Derived from:

www.homecareassistance.com

Elderly Face Grief and Loss Differently Than Do Others

Loss is inevitable for the elderly, and with loss comes grief. Losses are not just the deaths of loved ones, friends, and acquaintances. The elderly also experience loss and grief as they begin to have a diminished ability in activities of daily living. This then can cause the elderly to lose a sense of purpose. Many elderly also have difficulty when they can no longer live independently. They struggle with the loss of their homes, their possessions, their health, body parts, their vocations, not to mention their independence. "Anything lost in which a person has invested their emotions, attention, time, energy, or dreams" leads to grief and mourning, said Dr. Vicki Schmall, Ph.D., president and gerontology specialist at Aging Concerns, based in West Linn, Oregon.

"The psychological context of loss is different for the elderly, compared with that for younger people," said Dr. Patrick Arbore, director of the Center for Elderly Suicide Prevention at the Institute on Aging in San Francisco. In younger people, losses tend to be sudden and unexpected. For the elderly, losses are not unexpected. And though they are perceived as inherent to living a long life, the accumulation of loss can lead to "bereavement overload," Dr. Arbore said.

Grief is a natural and expected reaction to any loss, not just another person's death. It is the process of experiencing the psychological, behavioral, social, and physical reactions to loss. Grief has been described as a long roller coaster ride that gradually levels out.

One of the key issues for physicians and other health care providers who care for the elderly is whether people move forward with their grief or get stuck and become depressed. "Grief is an emotional pain that needs to be acknowledged and experienced," said Dr. Arbore. In contrast, depression is a state in which pain is experienced as being useless and meaningless.

In general, after the loss of a loved one, symptoms of depression usually last for up to 2 months, but it's hard to put a timetable on grief. Periods of sadness should not be diagnosed as depression unless they are unusually prolonged, severe, or cause clinically significant impairment.

Normal reactions that individuals experience after the loss of a loved one include denial, confusion, lack of concentration, fatigue, forgetfulness, irritability and anger, sadness and anguish, anxiety, and horror.

Health care workers should not make the mistake of giving patients agents that sedate the pain of grieving, said Dr. Schmall. This prevents people from talking about their loss, an important part of grieving. She added that a person needs an outlet for their pain by grieving. He or she also needs to be able to work through grief and pain. The most effective ways to help someone who is grieving is to listen, be empathic, acknowledge the person's loss, and help the patient experience the event at his or her own pace.

Derived from: www.caringfortheages.com

Reflections on Managed Long-Term Care

The ongoing transformation of our nation's healthcare delivery system is largely driven by a number of key factors including the rapid growth



in older age demographics (65-year old +), extended life expectancy rates and the advances and adoption of technology – just look at what COVID-19 has done to elevate awareness and use of tele-health care monitoring. There are currently more than 46 million adults age 65 or older living in the United States and its expected to grow to almost 90 million by 2050. By 2060, nearly one in four Americans will be 65 years and older, the number of 85 years old-plus will triple, and the country will add a half million centenarians. Just imagine what the explosive growth in these demographics will do to increase the demands for healthcare, assisted living facilities, and in-home care.

In the not too distant past, managed long-term care services

were established to be delivered in institutional settings. As Americans live longer, lawmakers sought to find a viable and safe solution to not only better manage care but to provide better care management and more coordinated care to those in need as well as control rising

healthcare costs. Fortunately, Managed Long Term Care (MLTC) Plans allow for individuals to “age in place”, a term commonly used for staying in one’s own home as they age, allowing individuals to maintain their independence, enjoy companionship with their loved ones and minimize the stressors of change that can come with moving to a facility.

MLTCs help people who are chronically ill or have disabilities and require long-term care services, such as home care or other community-based services, to stay in their homes and communities, as long as medically and socially feasible and to maximize their independence. The MLTC plan arranges and pays for a large selection of health and social services and

provides choice and flexibility in obtaining needed services from one

place. The emphasis is on prevention and wellness, to enrich their quality of life by optimizing their functional ability and reduce the



likelihood of a lengthy hospital or nursing home stay. The addition of MLTC services to many undeserved rural areas also helps reduce overall healthcare costs by delivering high quality care to patients equally.

Please see chart on the next page for details on MLTC plans.

*Kimberly A. Graf, VP of Public Relations & Corporate Communications
Nascentia Health*

(Continued)

Reflections on Managed Long-Term Care (Continued)

How types are there?	Three: (1) Partial MLTC - (PARTIALLY Managed - Manages portion of Medicaid Benefits) (2) PACE (FULLY Managed - Programs for All-inclusive Care for the Elderly) (3) MAP (FULLY Managed - Medicaid Advantage Plus)
Who is Eligible for Partially Managed/Capitated Plans?	<ul style="list-style-type: none"> • Are age 18 or older • Are Medicaid-eligible • Can stay safely at home and in the community • Reside in New York State • Are expected to need one of the services for more than 120 days from date of enrollment: <ul style="list-style-type: none"> • Nursing • Therapies • Home Health Aide • Personal Care • Adult Day Health Care • Private Duty Nursing • Consumer Directed Personal Assistance
What Services are Included in Partially Managed/Capitated Plans?	<p>Working with members and their primary care provider (PCP), an individualized Person-Centered Service Plan that includes both home and community-based services (medical and non-medical) is developed. The plan is responsible for administering a portion of the member's Medicaid benefits and does not impact the member's Medicare benefits. Medicaid serves as a supplement to help cover gaps in Medicare coverage. Services provided include:</p> <ul style="list-style-type: none"> • Adult Day Health Care • Audiology/Hearing Aids Speech Therapy • Care Transitions • Dental • Durable Medical Equipment • Occupational Therapy • Home Delivered or Congregate Meals • Home Health Aides • Home Safety Modifications • Housekeeping • Medication Management • Nursing • Nursing Home • Nutrition Services • Personal Care • Personal Emergency Response System • Physical Therapy • Podiatry • Respiratory Therapy • Social & Environmental Supports • Social Day Care • Social Work • Transportation (non-emergent) • Vision • Wound Care
What Medicaid Benefits Remain Straight/Non-Managed?	<ul style="list-style-type: none"> • Assisted Living • Doctors • Hospice • Hospital Care • Lab Tests • Mental Health Care • Prescription Drugs • Radiology Tests
How Does a Person Enroll?	There are a number of partially capitated plans offered to residents in New York State by several providers. You can contact us at Nascentia Health 1.888.477.4663 (HOME), or call Maximus, New York State's enrollment broker at 1.855.222.8350



EPIC - Two Important Notices

There are two important notices regarding the NYS Elderly Pharmaceutical Insurance Coverage Program (EPIC) that we want to share with you.

(1) StateWide advocacy achieves results. Until further notice, continue to use the 2019 EPIC application.

NY StateWide Senior Action Council (StateWide) has always kept a careful watch over the EPIC program, since we were involved in creating the original legislation that birthed the program. We reviewed the planned new application for the EPIC program that was to be launched in 2020. We found that the new application format and information requested made the application more difficult to complete. We were concerned that eligible New Yorkers would delay completing the application and have a resulting delay in receiving EPIC benefits that make prescriptions affordable. We raised this issue with state legislators during our ongoing advocacy to improve EPIC. StateWide urged the Chairs of the Aging and Health Committees to contact the NYS Department of Health to request a delay in implementation of the new application, particularly in light of the struggles older New Yorkers are facing in the midst of the pandemic.

We thank Senators May and Rivera and assembly members Bronson and Gottfried, who followed through on StateWide's request and wrote to the Health Commissioner on April 16. As a



result, the Department of Health has responded in an April 29th letter signed by Donna Frescatore, of the NYS Department of Health Office of Health Insurance Programs:

"We understand your concerns regarding COVID-19 and ensuring that seniors get access to needed medications. As such, we will continue to accept the prior version of the EPIC application until after the emergency period and will also work closely with seniors to obtain the information needed so the EPIC program staff can facilitate their applications for the Extra Help program."

StateWide will continue to work with the Department and with the Legislature on this matter. We have also drafted legislation to improve the EPIC program and will continue our advocacy efforts.

(2) EPIC fee plan members will not face any penalty for missing their 2nd quarter payments.

A new policy was implemented this year that cancelled the EPIC membership for fee plan members that were late or missed a payment, requiring the member to re-submit an application to re-enroll in EPIC. Now, the EPIC program has suspended that policy for the moment. The second quarter payment for EPIC fee plan members was due by April 20, 2020. For those members that missed paying that bill, EPIC benefits will continue. If a member owes a second quarter payment, and they have not mailed in their payment by April 20th, they will NOT be canceled for nonpayment. Their membership will continue. The member can submit their second quarter payment up until June if they wish to make a late payment. Otherwise, they will see a bill for two quarters in the third quarter invoice.

As always, please call NY StateWide Senior Action Council at 800-333-4374 if you have any questions or need assistance with an EPIC application or coverage matter. For more information on Medicare Counseling, Patients Rights and Medicare Fraud Prevention, call 800-333-4374. Get informed. Speak Out. Get Involved. www.nysenior.org
Gail Myers, Deputy Director of NY StateWide Senior Action Council

Covid-19 and the elderly



People at higher risk for severe illness, such as older adults, and people with underlying health conditions are at increased risk of stress due to COVID-19.

Special considerations include:

- Older adults and people with disabilities are at increased risk for having mental health concerns, such as depression.
- Mental health problems can present as physical complaints (such as headaches or stomachaches) or cognitive problems (such as having trouble concentrating).

Doctors may be more likely to miss mental health concerns among:

- People with disabilities due to a focus on treating underlying health conditions, compared to people without disabilities.
- Older adults because depression can be mistaken for a normal part of aging.

Common reactions to COVID-19:

- Concern about protecting oneself from the virus because they are at higher risk of serious illness.
- Concern that regular medical care or community services may be disrupted due to facility closures or reductions in services



and public transport closure.

- Feeling socially isolated, especially if they live alone or are in a community setting that is not allowing visitors because of the outbreak.
- Guilt if loved ones help them with activities of daily living.

Increased levels of distress if they:

- Have mental health concerns before the outbreak, such as depression.
- Live in lower-income households or have language barriers.
- Experience stigma because of age, race or ethnicity, disability, or perceived likelihood of spreading COVID-19.

What service coordinators can do:

- Help connect people with family and loved ones to help lower distress and feelings of social isolation.
- Let older adults and people with disabilities know it is common for people to feel distressed during a crisis. Remind them that asking for and accepting help is a sign of strength.
- Have a procedure and referrals ready for anyone who shows severe distress or expresses a desire to hurt him - or herself or someone else.

Derived from: www.cdc.gov



Service Coordinators' Notes: Quarantine

I started an "I'm OK" Program where I made door tags for each resident and recruited volunteer



residents to check to make sure the tags are turned to the "I'm OK" side at about 10:00 each morning. If it's not, the volunteer will call me and then I contact the client by phone or I do an

in-person wellness-check.

Fortunately, most times when the tag has not been turned over, the resident simply forgot to turn it. I also do a 2-pager called "The Daily" on weekdays that contains jokes, puzzles, and quotes. I keep it light and entertaining, and residents tell me that they look forward to reading it.

Bonnie Bortz

Service Coordinator

Ken-Ton Presbyterian Village

Kenmore, NY

My residents have been going stir crazy, and so tired of being at home. Every resident that was open to wellness calls receives one call per week. The goal is to see if they're okay and to have a friendly chat and a listening ear. Our Onondaga County Executive gave two cloth reusable masks to each resident at each of my buildings. My building in Wayne County also received donated masks. I set out large-print word searches, puzzles and other valuable information for the residents. I also told them about Amazon Prime, offered to seniors and the disabled for only \$5.95 monthly. With this offer they get movies, music and free electronic reading material. I posted notes about Senior Shop Days at local stores, and the senior hotline for those who need help with getting meals and groceries. This pandemic had been hard on both residents and staff. But I am forever grateful that there weren't any Covid-19 cases in my buildings.

Gwendolyn M Jones M.A.,

Senior Service Coordinator

Solvay Senior Apartments, National Church Residences

President, NYSARSC

I contacted the local food cupboard and they have been providing 10 pound boxes of food once a month for anyone who would like them. Our maintenance staff picks up the boxes and we distribute them to the apartments. The boxes include fresh produce, eggs, bread, and non-perishable food items. I also contacted the Town of Irondequoit, they delivered 600 masks to the building to pass out to our residents. I was also blessed to have a volunteer make fabric masks for the residents last month. We now have our hospital Chaplain coming into the building on Tuesday afternoons; he sings and plays guitar while walking the hallways. All they have to do is open their doors and enjoy the music.

Cindy Platteter

Service Coordinator

Hudson Housing, Irondequoit, NY

This is what you do, everyday:

- The happiest people I know are those who lose themselves in the service of others. - Gordon B. Hinckley
- As we lose ourselves in the service of others, we discover our own lives and our own happiness. - Dieter F. Uchtdorf
- Unless someone like you cares a whole awful lot, nothing is going to get better. It's not. - The Lorax by Dr. Seuss
- Not all of us can do great things, but we can do small things with great love. - Mother Teresa



Tips for Office Organization and Getting More Done

You may think that you don't have time for office organization, but if you really knew how much time that disorganization costs you, you'd reconsider.

Rearranging and moving piles occasionally doesn't count. Neither does clearing off your desk, if you swipe the mess into a bin, or a desk drawer.

A relatively neat and orderly office space clears the way for higher productivity and less wasted time. Organizing your office doesn't have to take days, it can be done a little at a time. In fact, maintaining an organized office is much more effective if you treat it like an on-going project, instead of a massive assault.

So, if you're ready to get started, the following organizing tips will help you transform your office into an efficient workspace.

1. Purge Your Office

De-clutter, empty, shred, and get rid of everything that you don't need or want. Look around. What haven't you used in a while? Take one area at a time. If it doesn't work, send it out for repair or toss it. If you haven't used it in months and can't think of when you'll actually need it, out it goes. This goes for furniture, equipment, supplies, etc. Don't forget about knick-knacks, plants (real or artificial), and decorations – if they're covered with dust and make your office look shabby, they're fair game.

2. Gather and Redistribute

Gather up every item that isn't

where it belongs and put it where it does.

3. Establish Work "Zones"

Decide what type of activity happens in each area of your office. You'll probably have a main workspace (most likely your desk,) a reference area (filing cabinet, shelves, binders,) and a supply area (closet, shelves or drawers.) Place the appropriate equipment and supplies in the proper area as much as possible.

4. Close Proximity

Position the equipment and supplies that you use most within reach. Things that you rarely use can be stored or put away.

5. Get a Good Labeler

Choose a label maker that's simple to use. Take the time to label shelves, bins, baskets drawers, etc. Not only will it remind you where things go, but it will also help others who may have a need to find, use, or put away anything in your workspace.

6. Revise Your Filing System

As we move fully into the digital age, the need to store paper files has decreased. What can your store digitally? Are you duplicating files? You may be able to eliminate some of the files and folders you've used in the past. If you're storing files on your computer, make sure you are doing regular back-ups.

Here're some storage ideas for creating a smooth PAPER filing system:

- Create a meeting folder – Put all "items to be discussed" in there along with items that need to be handed off, reports that need to be given, etc. It'll help you to be prepared for meetings and save you stress in the event that a meeting is moved up.
- Create a WOR folder – So much of our messy papers are things that are on hold until someone else responds or acts. Corral them in a WOR (Waiting on Response) folder. Check it every few days for outstanding actions you may need to follow-up on.
- Storage boxes – Use inexpensive storage boxes to keep archived files and get them out of your current file space.
- Magazine boxes – Use magazine boxes or binders to store magazines and catalogs you really want to store. Please make sure you really need them for reference or research, otherwise recycle them, or give them away.
- Reading folder – Designate a file for print articles and documents you want to read that aren't urgent.
- Archive files – When a project is complete, put all of the materials together and file them away. Keep your "working folders" for projects in progress.
- File weekly – Don't let your filing pile up. Put your papers in a "To File" folder and file everything once a week.

Derived from: www.lifehack.org