	GEORGIA DIVISION OF AGING SERVICES SERVICES MANUAL			
	Chapter:	7000	**Effective Date:**	12/15/2023
	Section Title:	Responsibilities of the Dementia Care Specialist and the Area Agency on Aging		
	Section Number:	7103	**Previous Update:**	N/A

SUMMARY STATEMENT

The Area Agency on Aging (AAA) is responsible for monitoring the work and progress of the Dementia Care Specialist (DCS) by conducting annual performance evaluations for the DCS, including but not limited to, oversight of data entry into the Division of Aging Services Data System (DAS DDS), and participating in dementia trainings lead by the DCS.

The DCS acts as a liaison between state programs and initiatives, the local aging network, and constituents within the Planning and Service Area (PSA) to create a dementia educated, business engaged, and care partner supported community. Through educational and social programming, dementia awareness, skill building, and community collaboration, the DCS will support each community in creating a dementia capable environment.

BASIC CONSIDERATIONS

AAA Responsibilities:

- The AAA must employ at least one (1) full time equivalent (FTE) Dementia Care Specialist. The AAA may not combine the DCS position with other positions and responsibilities.
- At the beginning of employment, the AAA will provide the DCS with basic business tools such as a telephone, printer, computer, desk, and other essential items related to the scope of work.
- The AAA will also provide space, such as an office or conference room, that will be used by the DCS for confidential meetings with clients.

- The AAA must provide local supervision to the DCS position. The AAA must provide directions regarding the daily job performance of the DCS, including time management, reporting, productivity, and community outreach, including providing direction regarding outreach to target populations.
- The AAA must ensure the DCS attends all mandatory ongoing training coordinated and organized by DAS.
- If the DCS leaves their position or is on an extended leave, the AAA will develop a contingency plan to ensure ongoing programmatic services of the DCS Program.
- The AAA must ensure the DCS reports program-specific data in accordance with program tracking database protocols as established by DAS.

Dementia Care Specialist Responsibilities:

- Conduct four dementia training sessions per fiscal year within the AAA and the aging network.
- Provide four education sessions per fiscal year to families and communities. Topics may include, but are not limited to, disease progression, nutrition, heart health, care partner support, social engagement, language, sleep, exercise, and brain health.
- Train other staff in the AAA and aging network to conduct support groups and other community outreach education.
- Refer PLWDs and care partners to appropriate resources.
- Work with volunteers and/or community partners who can provide memory cafes.
- By the fifth working day of the month, enter the previous month's activity into the DDS to report all community outreach programming including but not limited to coalition meetings, education sessions, community presentations, and outreach.
- Participate in community outreach events such as, but not limited to, health fairs, farmers markets, community events, and joint programming with other local organizations like hospitals, hospices, home care agencies, home healthcare agencies, and physicians' offices.
- Build a resource library for care partners. Examples include, but are not limited to:
    - Assistive Technology
    - Videos
    - Webinars
    - Books
    - iPods
- Provide information about and referrals to research studies and local resources that would be supportive to the care partner and PLWD.

- As the leader of the DCS Program, the DCS is responsible for building or joining a dementia-focused community coalition that will meet on a regular basis to exchange ideas, strengthen resources, and build new partnerships. The coalition will meet quarterly (at a minimum) and can be in person, virtual or a hybrid meeting. People/businesses to be included on the collaborative include but are not limited to:
    - Medical personnel
    - Brain health specialist
    - Care partners
    - PLWD
    - Home Care Agencies
    - Social Workers
    - Home Health Care
    - Hospice
    - Attorney
    - Real Estate Specialist
    - Grocery Store Manager
    - Bank Branch Manger
    - Pharmacist
    - Memory Care Director
    - Assisted Living Director
    - Owner of Personal Care Home
    - Direct care staff
    - Faith Leaders
    - First Responders
    - Restaurant Managers
    - Retail Managers

- Create an outreach plan that should be used as a reference guide for programming, resources, and referrals. The plan for the coming state fiscal year should be submitted each April 30th, two months before the end of the fiscal year (June 30th), to the DAS Dementia Team Lead for review and approval.
    - As part of the outreach plan, utilize a spreadsheet or another organizational tool to record the resources and organizations within each community that would benefit from dementia services, provide dementia resources, or are potential partners. Include contact name, address, phone number, and a summary about the organization. For example:
        - Tab 1 - Faith Based Organizations
        - Tab 2 - Senior Living Communities
        - Tab 3 - Pharmacies
        - Tab 4 - First Responders
        - Tab 5 - Healthcare Systems/Medical Facilities
        - Tab 6 - Businesses

        - Tab 7 - Community Based Organizations

- Participate in monthly meetings with DAS Dementia Team Lead concerning program structure and development.