



**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*

[Click here to go to the Virginia Department for the Aging Home Page](#)

**TABLE OF CONTENTS**  
**AAA TUESDAY E-MAILING**  
**December 13, 2011**

<b>SUBJECT</b>	<b>VDA ID NUMBER</b>
<a href="#"><u>Update on the Dementia State Plan</u></a> (Joseph Hoyle)	12-68
<a href="#"><u>Free Physical Activity Webinar</u></a> (Elaine Smith)	12-69
<a href="#"><u>Health Care Directive Registry</u></a> (Kathy Miller)	12-70
<a href="#"><u>Caregiving</u></a> (Ellen Nau)	12-71
<a href="#"><u>Director and Board Notes - Parliamentary Procedures</u></a> (Tim Catherman)	12-72

**Note:** The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.



**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Joseph D. Hoyle  
Policy Analyst

**DATE:** December 13, 2011

**SUBJECT:** Webinar on the *Dementia State Plan*

Thursday, December 15<sup>th</sup>, from 2 p.m. to 3 p.m., the Alzheimer's Disease and Related Disorders Commission will host a free webinar to discuss the *Dementia State Plan*. To register, and for more details, please visit the [webinar page of AlzPossible.com](http://www.alzpossible.com).

The Commission released the *Dementia State Plan: Virginia's Response to the Needs of Individuals with Dementia and their Caregivers* last week, as detailed in a press release available on the VDA news page: <http://vda.virginia.gov/news.asp>. The plan, which also serves as the Commission's 2011 Annual Report, is available for download at [www.alzpossible.org](http://www.alzpossible.org)



12-69

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**AND:** Nutrition Directors  
Health Promotion and Disease Prevention Coordinators

**FROM:** Elaine S. Smith, MS, RD  
Program Coordinator

**DATE:** December 13, 2011

**SUBJECT:** Free Physical Activity Webinar

The American Society on Aging (ASA) is promoting a free webinar on The 2008 Physical Activity Guidelines & Additional Recommendations for Individuals with Chronic Health Conditions. The webinar will be available on Thursday, December 15. Use the following link to [\*\*Pre-Register Now\*\*](#)



12-70

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Kathy Miller, Director of Programs

**DATE:** December 13, 2011

**SUBJECT:** HEALTH CARE DIRECTIVE REGISTRY

The Commonwealth of Virginia launched its statewide Advance Health Care Directive Registry (AHCDR). An Advance Health Care Directive lets other people know the types of health care an individual does and does not want in the event he/she is unable to express his/her own wishes. The secure registry, available to all legal Virginia residents, stores documents that detail and protect health care wishes in the event a person is unable to speak for themselves. These documents include medical power of attorney, do-not-resuscitate orders and other health care wishes.

“This public-private partnership between the Virginia Department of Health, UNIVAL, Inc. and Microsoft Corporation provides an important service to all Virginians,” said Secretary of Health and Human Resources William Hazel, Jr., MD. “Virginia is unique among states that offer this kind of service in that there is no cost to taxpayers or registry users.”

Without advanced planning, health care decisions are often left to family members when a loved one becomes incapacitated and unable to speak for themselves. The AHCDR relieves loved ones of that burden and ensures that those loved ones, as well as health care providers, know a person’s wishes and who they want making medical decisions for them. Through the registry, residents can also make known their wishes regarding organ donation.

“The registry will help increase the likelihood that an individual’s health care wishes are known by family members or friends and health care providers,” said State Health Commissioner Karen Remley, MD, MBA, FAAP. “It makes that information readily accessible when needed in order to ensure that the individual’s expressed wishes are honored.”

Using the registry is easy and registration is simple. Residents enter basic information, create an account, and select a personal identification number (PIN) and password. Each Virginian who signs up for the registry receives an identification card containing their personal registry information so health care providers can access their information if necessary. They may also share their PIN with friends, family and health care providers, allowing them access to their information.

The registry will be interoperable with the statewide Health Information Exchange (HIE). The HIE is a secure, confidential, electronic system where an individual’s records will be accessible to other health care providers throughout the nation if a person chooses to participate. As the statewide HIE becomes operational, the AHCDR will be a “value-added” service provided by the HIE.

To sign up for the AHCDR, visit <https://www.virginiaregistry.org>. Legal Virginia residents without computer access can still be part of the registry by calling **800-224-0791** for help and more information.



12-71

**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen Nau, Program Coordinator

**DATE:** December 13, 2012

**SUBJECT:** Caregiving

**The Virginia Caregiver Coalition**

The next meeting of the Virginia Caregiver Coalition will be on January 12 at 9:30 A.M. Guest speaker will be Kate Barrett, LCSW. Ms. Barrett will speak on the topic of *Caregiver Depression: Identification and Successful Interventions*. To join this meeting at the Virginia Department for the Aging or via phone or video conferencing, contact Ellen Nau at the Virginia Department for the Aging. [Ellen.Nau@vda.virginia.gov](mailto:Ellen.Nau@vda.virginia.gov)

**Veterans Administration Support Line**

The VA has established a National Caregiver Support Line (also known as a warm line) for Caregivers of Veterans -- spouses, children, other family members and friends of Veterans as well as Veteran themselves – to provide a centralized location for information and support regarding providing care for a Veteran. The support line responders are licensed social workers who provide guidance, education on VA programs and benefits, information on community resources, and emotional support. When a Caregiver or Veteran needs additional assistance or a connection to their local VA medical center, a referral is made to their Caregiver Support Coordinator.

To reach the VA Caregiver Support Line call toll free 1-855-260-3274. Operating hours are Monday through Friday, 8 a.m. to 11 p.m., Eastern Standard Time and Saturday, 10:30 a.m. to 6 p.m., Eastern Standard Time

**Register for Aging in America by December 15 and save!**

Aging in America, the 2012 Annual Conference of the American Society on Aging takes place March 28-April 1 in Washington, DC. Join us to hear from the experts and access the latest information and ideas on current elder issues. Register at: <http://asaging.org/registration-information>

**New web seminar with Teepa Snow:**

"Dementia and Caregiving: Focusing on the Person While Understanding the Progression," Monday, December 19, 2011. Learn how you can provide more effective services and support for older adults with dementia. Open to all. Includes **FREE CEUs!** Register at: <http://asaging.org/gems-and-caregiving-seeing-progression-more-loss>

**The Dementia State Plan: Virginia's Response to the Needs of Individuals with Dementia and their Caregivers**, developed by the Alzheimer's Disease and Related Disorders Commission, has been announced today in a press release available on the VDA news page: <http://vda.virginia.gov/news.asp> The plan, which also serves as the 2011 Annual Report, is available for download at [www.alzpossible.org](http://www.alzpossible.org)



**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Tim Catherman, Director of Administrative Services

**DATE:** December 13, 2011

**SUBJECT:** Director and Board Notes – Parliamentary Procedures

Parliamentary procedures are the rules, ethics, and customs governing meetings. It originates in common law from the practices of parliament in Great Britain. Its purpose is to provide a uniform process to conduct business in a fair, orderly, and expeditious manner.

Section 13.1-844.2 of the *Code of Virginia* of the Virginia Nonstock Corporation Act states that "Unless the articles of incorporation or bylaws provide otherwise, the chairman shall determine the order of business and shall have the authority to establish rules for the conduct of the meeting."

Instead of leaving it to the chairman, generally Boards and Advisory Councils state in their bylaws the parliamentary procedures that will be followed. Although most meetings are kept informal, most adopt Robert's Rules of Order.

Robert's Rules of Order is not normally taught in school nor do many have a desire to take the time to read a rule book that rivals Leo Tolstoy's *War and Peace*. Instead most acquire the knowledge through observing other board members.

As stated earlier, most AAA boards operate informally. However, reliance on a formalized process comes into play when there is board action such as a vote, memorializing a decision, or deciding who can speak on a topic representing the board. Attached is a two page simplified guide to Robert's Rules of Order that can be used as a reference.

# Roberts Rules of Order – Simplified

## Guiding Principle:

Everyone has the right to participate in discussion if they wish, before anyone may speak a second time.

Everyone has the right to know what is going on at all times.

Only urgent matters may interrupt a speaker.

Only one thing (motion) can be discussed at a time.

A **motion** is the topic under discussion (e.g., “I move that we add a coffee break to this meeting”). After being recognized by the president of the board, any member can introduce a motion when no other motion is on the table. A motion requires a second to be considered. Each motion must be disposed of (passed, defeated, tabled, referred to committee, or postponed indefinitely).

## How to do things:

### **You want to bring up a new idea before the group.**

After recognition by the president of the board, present your motion. A second is required for the motion to go to the floor for discussion, or consideration.

### **You want to change some of the wording in a motion under discussion.**

After recognition by the president of the board, move to amend by

- adding words,
- striking words or
- striking and inserting words.

### **You like the idea of a motion being discussed, but you need to reword it beyond simple word changes.**

Move to substitute your motion for the original motion. If it is seconded, discussion will continue on both motions and eventually the body will vote on which motion they prefer.

### **You want more study and/or investigation given to the idea being discussed.**

Move to refer to a committee. Try to be specific as to the charge to the committee.

### **You want more time personally to study the proposal being discussed.**

Move to postpone to a definite time or date.

### **You are tired of the current discussion.**

Move to limit debate to a set period of time or to a set number of speakers. Requires a 2/3<sup>rds</sup> vote.

### **You have heard enough discussion.**

Move to close the debate. Requires a 2/3<sup>rds</sup> vote. Or move to previous question. This cuts off discussion and brings the assembly to a vote on the pending question only. Requires a 2/3<sup>rds</sup> vote.

### **You want to postpone a motion until some later time.**

Move to table the motion. The motion may be taken from the table after 1 item of business has been conducted. If the motion is not taken from the table by the end of the next meeting, it is dead. To kill a motion at the time it is tabled requires a 2/3<sup>rds</sup> vote. A majority is required to table a motion without killing it.

**You believe the discussion has drifted away from the agenda and want to bring it back.**

Call for orders of the day.

**You want to take a short break.**

Move to recess for a set period of time.

**You want to end the meeting.**

Move to adjourn.

**You are unsure that the president of the board has announced the results of a vote correctly.**

Without being recognized, call for a "division of the house." At this point a roll call vote will be taken.

**You are confused about a procedure being used and want clarification.**

Without recognition, call for "Point of Information" or "Point of Parliamentary Inquiry." The president of the board will ask you to state your question and will attempt to clarify the situation.

**You have changed your mind about something that was voted on earlier in the meeting for which you were on the winning side.**

Move to reconsider. If the majority agrees, the motion comes back on the floor as though the vote had not occurred.

**You want to change an action voted on at an earlier meeting.**

Move to rescind. If previous written notice is given, a simple majority is required. If no notice is given, a 2/3<sup>rds</sup> vote is required.

**You may INTERRUPT a speaker for these reasons only:**

to get information about business – **point of information**

to get information about rules – **parliamentary inquiry**

if you can't hear, safety reasons, comfort, etc. – **question of privilege**

if you see a breach of the rules – **point of order**

if you disagree with the president of the board's ruling – **appeal**

<b>Quick Reference</b>					
	<b>Must Be Seconded</b>	<b>Open for Discussion</b>	<b>Can be Amended</b>	<b>Vote Count Required to Pass</b>	<b>May Be Reconsidered or Rescinded</b>
Main Motion	√	√	√	Majority	√
Amend Motion	√	√		Majority	√
Kill a Motion	√			Majority	√
Limit Debate	√		√	2/3 <sup>rds</sup>	√
Close Discussion	√			2/3 <sup>rds</sup>	√
Recess	√		√	Majority	
Adjourn (End meeting)	√			Majority	
Refer to Committee	√	√	√	Majority	√
Postpone to a later time	√	√	√	Majority	√
Table	√			Majority	
Postpone Indefinitely	√	√	√	Majority	√