

Meeting of Virginia I. Jones Alzheimer's and Related Disorders Council

April 26, 2017 1:00PM – 3:00PM
Behavioral Health Administration Headquarters
Spring Grove Hospital Center, Dix Building, Basement
Catonsville, MD 21228

Council Members Present:

Stevanne Ellis Department of Aging, Co-Chair
Albert Zachik, M.D. Department of Health and Mental Hygiene, Behavioral Health
Administration, Co-Chair

William Neely	Lesley Flaim
Karin Lakin	Marie McLendon
Ernestine Jones Jolivet	Tonis Paide
Karen Kauffman	Aquanetta Betts
David Loreck	Suzanne Carbone
Ana Nelson	Sadaf Ahmad
Louise Dempsey	Linnette Rivera
Stephen Vozzella	Cynthia Fields
Cass Navole	Tabassum Majid
Dawn Seek	

Staff:

Michael Hawkins Department of Health and Mental Hygiene (DHMH), Behavioral Health
Administration
Rosanne Hanratty Department of Aging
Colin Simms Department of Health and Mental Hygiene, Center for Chronic Disease
Prevention and Control

Guests:

Pat Kasuda
The Honorable Verna Jones Rodwell

Greetings and Introductions—Stevanne Ellis, Co-Chair; Albert Zachik, Co-Chair:

Dr. Zachik and Ms. Ellis welcomed members and guests to the Council meeting. Council member introductions followed.

Minutes

Minutes from the December 2016 meeting were approved.

Guest Presentation and Discussion – Pat Kasuda, Charlestown Retirement Community

Ms. Kasuda began a discussion on memory care units and the specialized memory care unit that is available to community members of Charlestown. She discussed the overall good outcomes that have been seen from those that are provided the service.

She also discussed the issues of coverage of the costs for care in assisted living facilities and nursing homes, and the necessity to spend-down assets to allow coverage for nursing home care. Most assisted living facilities do not accept Medicaid as payment for care.

With regard to the care provided in designated memory care units, unless proper placements are made in units that have the appropriate skilled nursing care, medication is used and more heavily relied on. In some cases, medication that is contraindicated for residents with dementia is utilized.

The Maryland General Assembly approved the extension of the Alzheimer's Disease and Related Disorders Council.

On average, skilled nursing care costs \$12,000/month, and care in a memory care unit in an assisted living facility costs \$5,000-\$8,000/month. Ms. Kasuda stated that she is seeking support for legislative efforts to provide Medicaid reimbursement for costs for residents living in assisted living memory care units.

Charlestown provides independent living apartments, assisted living care including memory care and skilled nursing care. Residents often move from one level of care to another depending on their needs. Residents of Charlestown, a continuing care retirement community, contribute to a benevolent fund that helps fund continued care when residents exhaust their resources used to pay for care.

Dr. Loreck discussed stipends provided by the Department of Veterans' Services for care of veterans in assisted living facilities.

Ms. Carbone asked whether there was a model for converting existing independent living units to memory care units. Dr. Loreck inquired whether models existed in other states. Several Council members cited the need for standards, including across-the-board standards for various levels of care. Ms. Naugle cited the need for enhancing the skills of care giving staff. She stated that a Johns Hopkins study of residents of assisted living indicated that approximately two thirds of residents may have dementia. This is in contrast to the widely used estimate of 20% as the proportion of assisted living facility residents who have dementia.

Ms. Rivera cited the need for specificity in any legislative proposals regarding definitions of memory care units. Ms. Ellis noted that Office of Health Care Quality (OHCQ) is in the process of promulgating revised regulations for both nursing homes and assisted living facilities in Maryland.

Funds are often available for capital costs but not operations costs.

Workgroup Reports

Enhancing Supports

The subcommittee passed out an accomplishments document:

Workgroup on Enhancing Supports for Persons Living with ADRD and their Families

2016-2017 Accomplishments Supporting Goal Three

- An additional \$1.2 million was approved in the Maryland Department of Aging (MDoA) FY18 budget for Senior Care, Assisted Living subsidies, and Congregate Housing; programs that may be used to provide services to people with dementia.
- The Alzheimer’s Association, Greater Maryland Chapter conducted a webinar for a local Office on Aging Supports Planning staff on the “Basics of Alzheimer’s.”
- The Alzheimer’s Association Greater Maryland and National Capital Chapters trained local Office on Aging Supports Planning and Information and Assistance staff in 6 regional training sessions on Effective Communication Strategies and Managing Difficult Behaviors.
- DHMH received a grant from the Alzheimer’s Association to implement action items in “The Healthy Brain Initiative: the Public Health Road Map for State and National Partnerships” (HBI). The HBI outlines how state and local public health agencies and their partners can promote cognitive functioning, address cognitive impairment for individuals living in the community, and help meet the needs of care partners. Under this initiative, DHMH and the Alzheimer’s Association, along with local Health Improvement Coalitions, are promoting advanced care planning and advanced financial planning to care partners, families, and individuals with dementia in the early stages, through the delivery of Legal and Financial Planning education programs around the state. Discussions have started between the Alzheimer’s Association and local law enforcement agencies on resources available to local law enforcement that will enable them to connect residents at risk of wandering with no-cost MedicAlert registration and jewelry.

Dr. Loreck indicated that he would be willing to chair the Early Identification workgroup, since the previous chair was not able to continue service on the Council.

Chaplain Neely distributed a palm card that the Public Awareness Workgroup had developed and his daughter had designed. Ms. Betts indicated an interest in serving on this workgroup.

Enhance the Quality of Care

Lesley Flaim of the Beacon Institute reported on the implementation of the grant from the Office of Health Care Quality (OHCQ) at DHMH to Beacon for piloting the use of the online

CARES™ Training Module on the care of persons with dementia with staff in selected nursing home and assisted living facilities in Charles County and Baltimore City. Staff will be certified by the Alzheimer’s Association upon successful completion of the training module.

Ms. Flaim stated the project participation rate had been lower than expected. She said that Beacon had experienced difficulty both in recruiting facilities to participate and in achieving a substantial level of staff participation at the participating facilities. For example, as of the date of the Council meeting, Charles County with just over 15 assisted living facilities had just over five facilities and just under 60 staff participating. Baltimore City, with twelve nursing homes, had three nursing homes and under 50 staff participating.

Ms. Flaim said that Beacon project staff had preliminarily identified obstacles to staff participation that include the inability of staff to carve out time to participate in the training onsite during the work day. In addition, some staff who may have availed themselves of the training offsite, do not have access either to computers or WiFi. Beacon staff also identified the need for a “champion” in the facility to coordinate the training and to act as a liaison to Beacon as being essential to success.

Ms. Flaim noted that, at the conclusion of the project, Beacon planned to make recommendations about how participation in such training might be enhanced. Ms. Lakin said that she welcomed an analysis of the barriers to completing the training. She observed it was also important to assess whether the training actually resulted in enhanced quality of care. Honorable Jones-Rodwell asked whether incentives could be provided for facilities and staff to participate. Ms. Carbone stated it is important that training be available in languages other than English.

Ms. Seek indicated an interest in additional training for home care providers and in serving on the *Quality of Care* workgroup.

Other Updates

Ms. Naugle distributed the 2017 Alzheimer’s Disease Facts and Figures fact sheet, as well as the 2017 Facts and Figures fact sheet for Maryland. She also described the Behavioral Risk Factor Surveillance System (BRFSS) survey, which included two modules of direct relevance to estimating the impact of dementia on Maryland residents and caregivers.

The Alzheimer’s Association of Central Maryland also provided a handout outlining their recommended priorities for the Council which included an emphasis on prevention and early detection, supports for persons living with Alzheimer’s and related disorders, and enhanced data capacity. The Association recommends the expansion of Medicaid long term services and supports funding and the promotion of educational programs to assist families in planning for future needs by collaborating with the Alzheimer’s Association and other organizations providing caregiver education. The Association also recommends that the Council advocate for annual inclusion in the BRFSS of the cognitive decline and caregiver modules, as well as collection of Medicaid data on the costs and numbers of persons with Alzheimer’s Disease and related disorders being served under the Medicaid program in Maryland.

Ms. Nelson distributed the annual report of the Alzheimer’s Association of the National Capital Area. She highlighted the participation of Montgomery and Prince George’s counties in the Dementia Friendly America initiative and explained components of readying communities to be designated as “dementia-friendly.” For example, business owners may receive information on strategies they can employ to better serve customers who may be experiencing cognitive difficulties.

The Council received information about World National Elder Abuse Day-- June 15, 2017 and Council members were encouraged to participate in related events.

Adjournment: The Council adjourned at 3:07 PM

Minutes submitted by Michael Hawkins and Rosanne Hanratty