

GOAL 1: EXPAND EFFORTS TO SUPPORT PUBLIC AWARENESS, PREVENTION, AND EARLY DETECTION OF ADRD

Strategy	Actions (<i>Recommendations for needed policies or responses</i>)	Short	Mid	Long
A. Increase public awareness about Alzheimer’s disease and related dementias	<ol style="list-style-type: none"> 1. Allocate director-level position and resources within the Department of Health (e.g. “Maryland Director of ADRD & Brain Health”) to coordinate implementation of the actions outlined in this state plan through public health activities. 2. Identify national, state, and local information centers available to Marylanders living with ADRD and their caregivers and ensure these ADRD-related resources are disseminated through state agencies and partner—based communication channels. 3. Ensure that state and local information centers have culturally appropriate and trusted information. 4. Educate Marylanders using a multi-pronged public awareness campaign (e.g. social media, single print, and digital media, public presentations, social networks, television and mass media, Maryland Access Point, ect.) about dementia (e.g., health brain aging, normal aging versus dementia, warning signs, benefits of early diagnosis and intervention, cognitive screening covered benefit under Medicare Annual Wellness Visit) and coordinate public health education and messaging with other state plan initiatives like the Maryland State plan on Aging. 5. Provide education about ADRD and the benefits of participating in clinical trials through TrialMatch and www.clinicaltrials.gov. 			
B. Increase early detection and diagnosis	<ol style="list-style-type: none"> 1. Include training in progressive neurocognitive disorders in the curriculum of all state funded educational institutions (i.e., medical, nursing, social work programs and other health professional education), CME programs and the MDPCP program and through summits and conferences providing education to healthcare professionals. 2. Educate healthcare professionals and healthcare leaders about the value of early diagnosis and related treatment pathways and how to incorporate this into provider visits through a “Dear Colleague” letter. 3. Educate healthcare professionals about and promote the use of the Medicare annual wellness visit which includes an assessment of cognitive function, and the availability of reimbursement codes for care planning follow up visits. 4. Educate healthcare professionals about available standard ADRD screening assessments and diagnostic tools, and ensure PCPs are adequately prepared to evaluate, diagnose, and discuss ADRD-related diagnose with patients and their family caregivers. 			
C. Advance prevention strategies and healthy brain aging	<ol style="list-style-type: none"> 1. Include brain health messaging in existing publicly-funded health promotion and chronic disease management activities and identify higher risk populations as a specific target for increased outreach efforts. 2. Add lifespan brain health messages to school-based health programs. 3. Take advantage of national emphasis on innovation to promote brain health including the Centers for Disease Control Healthy Brain Initiative 			

and The Centers for Innovation under the Center for Medicaid and Medicare Services (CMS) fund innovative projects.

GOAL 2: ENHANCE QUALITY, ACCESS, AND COORDINATION OF ADRD CARE

Strategy	Actions (<i>Recommendations for needed policies or responses</i>)	Short	Mid	Long
A. Build a diverse, interdisciplinary workforce with ADRD training and skills to provide high quality care.	<ol style="list-style-type: none"> 1. Encourage healthcare providers to pursue careers focused on geriatric specialties and populations through financial incentives such as loan forgiveness, tuition assistance, stipends, and scholarships. Establish additional programs and incentives that target individuals from minority backgrounds and underserved Maryland communities. 2. Educate healthcare professionals about best practice guidelines for ADRD and to provide dementia care using a comprehensive interdisciplinary team-based person-centered Alzheimer’s care, comprehensive assessments of dementia-related needs, clear goals of care, and regular re-evaluations and treatment modifications as the disease progresses. 3. Establish standardized ADRD training for healthcare professionals and individuals working in key medical, health, social services, and Home and Community-Based services (HCBS) areas (e.g., memory disorder education, dementia-capable communication, warning signs of dementia, and available community resources) and require evidence of competency. Ensure primary care and frontline healthcare provider education on best practices in care for ADRD, offering and sharing programs that are free of cost and provide continuing education credits. 4. Educate professionals working with families of people with younger onset Alzheimer’s, including those in the developmental disabilities system about the special challenges, issues, and resources available. 5. Strengthen state and county aging, public health, intellectual and developmental disability, financial, and legal workforces’ ADRD knowledge and capabilities through educational programs. 6. Promote retention of direct care workers in home health, assisted living facilities, and nursing homes through financial incentives, ADRD training, worker engagement, and culture change initiatives. 7. Build a network of community health workers skilled in engaging people with ADRD, their families, and healthcare providers by assessing current availability and ADRD training of community health workers and establishing programs to address identified gaps. 8. Build partnerships with community-based organizations and academic institutions to identify ongoing and potential programs that address workforce, care access, and care quality strategies and actions. 			
B. Increase access to high quality care and support across	<ol style="list-style-type: none"> 1. Educate physicians and other health care providers about accessing long-term services and supports in ADRD including palliative care. 2. Promote greater education and access to care for populations disproportionately or uniquely affected by ADRD, including 			

the spectrum of disease.	racial/ethnic minorities, people with Down’s syndrome, and people with early or young onset ADRD.		
	<ol style="list-style-type: none"> 3. Enhance coordination of care, support for family, and communication with health care professionals across the disease spectrum, with particular attention to transitions of care. Leverage Maryland-specific programs and resources, including MDPCP and CRISP, to improve care coordination. 4. Ensure access to community- and facility-based behavioral health services and supports that use both non-pharmacologic and pharmacologic approaches. 5. Expand access to specialty care for caregivers and people with ADRD, with a focus on underserved populations or regions, through the use of emerging health technologies such as telehealth and other web or smartphone-based services. 6. Facilitate education and access to hospice care in later stages of ADRD. 		
C. Advance ADRD care guidelines and patient-centered approaches in nursing homes and assisted living facilities to maintain evidence-based practices.	<ol style="list-style-type: none"> 1. Distribute educational materials on ADRD care guidelines to care facilities. 2. Re-establish community advocacy groups to encourage culture change. 3. Provide incentives for patient-centered ADRD care in nursing homes and assisting living facilities. 4. Review state legislation and regulations for licensing of professions, facilities, and providers and convene stakeholder and advocacy groups to identify gaps and opportunities to enhance evidence-based ADRD care. 5. Convene stakeholder groups, including residents and their families, to understand experiences and challenges related to COVID-19 and establish a Maryland Epidemic Response Action Network to develop future emergency preparedness plans that consider unique challenges related to ADRD and support health services delivery programs and communal living settings serving high concentrations of vulnerable older persons with ADRD. 		
D. Promote healthcare policies, innovations, and evidence-based programs that improve quality and coordination of ADRD care across the healthcare continuum.	<ol style="list-style-type: none"> 1. Create financial incentives for health systems and care facilities to implement geriatric care models and evidence-based ADRD care models. 2. Advance ADRD care quality through the Maryland Total Cost of Care Model and creation of specific dementia quality measures within the payment model. 3. Provide education and concrete tools that health systems and providers can use to leverage underutilized Centers for Medicare and Medicaid Services (CMS) incentives to provide ADRD care. 4. Develop a Maryland Dementia-Friendly Endorsement to recognize workforce quality and evidence-based program implementation in health systems, post-acute and long-term care facilities, adult day services, and home health care agencies. 		

GOAL 3: ENHANCE AND EXPAND SUPPORTS FOR FAMILY CAREGIVERS

Strategy	Actions (<i>Recommendations for needed policies or responses</i>)	Short	Mid	Long
A. Identify Unmet Needs for Family Caregivers	<ol style="list-style-type: none"> 1. Conduct a Needs Assessment (including focus groups, interviews, and surveys) with diverse, under-represented, and under-resourced groups of family caregivers of Marylanders living with ADRD, and the multi-disciplinary providers who serve them, to identify unmet service and supportive care needs, including the impacts of COVID-19 on ADRD family caregivers. 2. Use Needs Assessment data to identify barriers and facilitators, to guide services planning and identify existing resources, with a focus on bridging services and support gaps, and enhancing availability and accessibility, especially among ADRD family caregivers who are under-represented and under-served, and share assessment findings with partners and the public in a manner that is easily understood by a general audience. 			
B. Assist Families in Planning for ADRD Care Needs	<ol style="list-style-type: none"> 1. Increase the utilization of marylandaccesspoint.info as a referral source for community services and a resource for persons with ADRD and their caregivers through curated content and expanded listings within the MAP/ 211 Maryland provider directory (including the Alzheimer’s Association, respite care, overnight care, drop- in daycare, volunteer programs, crisis/emergency respite, support groups, and wellness promotion programs such as memory care and wellness services). Promote the resource through an annual social media consumer education campaign. 2. Further develop MAP self-guided assessment and resource tools embedded within the MAP website to be specific to ADRD care needs for Marylanders with an existing diagnosis and that assesses the range of needs of family caregivers may have over time including financial support, respite, caregiver skills training, legal supports, access to health care, and support for their own psychological and emotional needs. 3. Encourage the use of validated dementia screening tools among MAP providers and a process for referral to a health care provider for evaluation for ADRD. 4. Increase the inclusion of family caregivers for people with ADRD in all aspects of care planning for persons living with dementia during health care visits with health care providers (e.g., primary care providers, geriatricians, geriatric psychiatrists, neurologists) and provide educational, referral and supportive resources at the time of diagnosis (and at regular intervals afterward) to insure family caregivers receive resources, information and support from providers regarding diagnosis, treatment at different illness stages, long-term care, availability of community supports, and caregiver wellness. 5. Disseminate information from the Centers for Disease Control (https://www.cdc.gov) (CDC) educational series on topics including care planning tool, helping people with AD/ADRD and their caregivers stay physically active/exercise, heart and brain health, and the truth about aging and dementia. 			

6. Promote dissemination of information to caregivers and persons living with dementia about the Family and Medical Leave Act, long term care insurance, and the benefits of advance legal and financial planning and existing support programs through agency websites, educational forums, service networks and the media.
7. Educate family caregivers on long term care and support needs and options, what services provided in different settings of care, costs, and how to select long term care options based personal preferences and circumstances
8. Enhance financial literacy and preparedness through statewide dissemination channels focusing on the potential short and long-term costs (medical, services, out of pocket) related to ADRD.
9. Provide information to families in understanding statutory and non-statutory authority of caregivers for individuals with long-term services and support needs.

C. Promote and Expand Family Caregiver Supports Across Care Settings

1. Expand adoption of evidence-informed programs and interventions that have been identified by the Administration for Community Living's National Alzheimer's and Dementia Resource Center (NADRC), such as the Building Better Caregivers and Powerful Tools for Caregivers , among Maryland aging services agencies and home and community-based services (e.g. Area Agencies on Aging, Local Health Departments, and nonprofits). Focus on programs/interventions addressing existing and emerging areas of needs (including caregiver memory disorder education and knowledge of/access to resources, respite care (e.g., facility based, in-home), caregiver skills (dementia communication skills, behavior management, home care activities such as home safety, managing medications and using effective approaches for managing personal care and oral health needs, addressing sensory deficits and incorporating meaningful activity into the day), social support, and financial assistance to cover long term services and supports.
2. Disseminate information on effective caregiver interventions to family caregivers and the public through Alzheimer's disease and related dementias-capable systems and diverse channels (including MAP, social networking websites, government and community websites, colleges and universities, nonprofit organizations, religious institutions, and conferences).
3. Expand the delivery and accessibility of free statewide dementia capable caregiver workshops and training (e.g., in person, virtual, hybrid formats) in the community to better equip family caregivers to deliver quality care at home through education and skills training (e.g., memory disorder education, dementia capable communication, problem solving and behavior management skills, provision of daily living assistance [IADL & ADL] skills, patient advocacy, legal and advanced care planning issues) through existing initiatives and local partnerships (e.g., the Alzheimer's Association)
4. Identify and engage leaders of faith communities to explore ways in which faith-based communities may serve as a resources for ADRD

family caregivers. Provide additional supports to faith community partners to implement ADRD-focused education and support programs.

5. Ensure the availability and receipt of equitable and culturally-sensitive and education, training and support materials for family caregivers to better serve under-resourced areas and increase the number of racial, culture, and linguistically diverse caregivers receiving such education and support programs. Utilize existing federal and state-developed culturally tailored educational materials.
6. Identify and engage leaders of diverse communities to explore ways in which these communities may serve as a resources for ADRD family caregivers. Provide additional supports to community partners to implement ADRD-focused education and support programs.
7. Work to develop Dementia Friendly Public Spaces and Dementia Friends Initiatives through distribution of information on such initiatives in state and partner based communication channels and convene stakeholder meetings develop, plan, and implement initiatives.
8. Continue to promote use of the National Alzheimer's Call Center (The Call Center for 24-hour access, 7 days a week via a toll-free number [1-800-272-3900] over 170 languages) to provide reflective listening, problem solving, education, action planning, and crisis intervention to people with dementia or their caregivers
9. Expand and promote implementation of early-stage memory loss groups for people with cognitive impairment/dementia and their care partners
10. Expand programs that focus on collaborative models of social engagement that include both the person living with dementia and the family caregiver such as Alzheimer’s Cafés, Sibley Memorial Club Memory and dementia friendly recreation throughout the state.
11. Promote the expansion and reimbursement of telehealth, telemedicine, and web-based resources for family caregivers, particularly in rural and under-resourced communities
12. Encourage hospitals to design and make available care models that include family caregiving in discharge planning and specific discharge instructions to the family.

D. Address family caregiver health and wellness	<ol style="list-style-type: none"> 1. Recognize caregiving as a behavioral and physical health risk factor that deserves public health attention and include caregiving in public health campaigns and programs. 2. Increase availability and access to support groups (e.g., in-person, virtual, hybrid formats), especially among under-served and under-resourced communities, and for certain groups including early onset family caregivers and those from culturally and linguistically diverse backgrounds. 3. Promote the expansion of coverage of behavioral health services via employment-based health plans and health insurance 		
E. Address COVID-19 Pandemic	<ol style="list-style-type: none"> 1. Assess the impact of COVID-19 on family caregivers and consider their experiences in the establishment of a Maryland Epidemic Action Network (see 2.C.5) to support communal living settings 		

and similar
events

serving high concentrations of vulnerable older persons living with
ADRD and ADRD care being delivered in home-based settings.
Network will provide free training and mentorship to nursing homes,
assisted living, CCRC communal living residences, and individual
family caregivers to increase the implementation of evidence-based
infection prevention and safety practices to protect persons living
with ADRD, family caregivers and staff , while concurrently balancing
quality of life issues such as social isolation, and mental health
impacts (adapted from
[https://www.ahrq.gov/news/newsroom/press-releases/covid-
action-network.html](https://www.ahrq.gov/news/newsroom/press-releases/covid-action-network.html)

--	--

GOAL 4: ADVANCE ADRD RESEARCH AND ENCOURAGE EVIDENCE-BASED PRACTICES

Strategy	Actions (<i>Recommendations for needed policies or responses</i>)	Short	Mid	Long
A. Identify and prioritize ADRD-related research need areas.	<ol style="list-style-type: none"> 1. Identify and convene a stakeholder group comprised of Maryland state-based planning groups/councils/commission members, and representatives from relevant state agencies, public and private research institutions, community-based organizations, consumer advocacy groups, health care providers and payers, regulators, and policy makers academic institutions to hold a biennial special interest summit designed to identify and prioritize specific high priority research area needs related to ADRD and ADRD prevention (e.g., areas with differential or unique health burden health inequities and disparities in ADRDs, early onset dementia research and developmental disability and dementia, cost of financing care, family and care partners indirect financial impacts such as on work productivity in Maryland/premature unwanted retirement, examination of the systems/plans to cover long terms services and supports unique to ADRD care and management). 2. Explore the creation of an interstate ADRD Research Consortium to identify other states facing similar ADRD-related challenges and to develop a collaboration to leverage and share research resources and funding to advance high priority ADRD research areas. 			
B. Enhance funding and resources to support ADRD research and grow public-private research networks in Maryland	<ol style="list-style-type: none"> 1. Work with key stakeholders (e.g., Director of ADRD and Brain Health [new position recommended in Goal 1.A1], Virginia I Jones ADRD Council, MDH, MDofA, and OHCQ) to identify existing Maryland State funds and grants programs that can be accessed, applied, and/or leveraged to address key areas of ADRD research or service program evaluation needs (e.g., OHCQ Civil Money Penalties fund). 2. Convene and foster a public-private collaborative ADRD research network designed to (1) apply for and secure state, federal and private research funding to conduct collaborative ADRD research in Maryland; (2) increase opportunities for interdisciplinary collaboration (e.g. strategic alliances among researchers, practitioners, businesses, regulators, payers, public health officials, etc.); (3) support the development of a diverse research workforce that reflects multiple perspectives and the diversity of culture/race/ethnicity, interests, and issues of Marylanders; and (4) promote the dissemination and uptake of collaborative research to practice. For example, this research network could create strategic alliances that support the evaluation and piloting of culturally specific/ relevant services or the engage of site multisite research trials, promote research awareness and encourage patient referral to and participation in clinical trials. 3. Support the engagement of persons living with dementia, care partners, other stakeholders that are historically underrepresented in research including a campaign for the outreach, identification, recruitment, and ongoing engagement of potential research volunteers. 			

4. Support the engagement of health care systems and services organizations to participant in pragmatic clinical trials and evaluation studies designed to accelerate the effectiveness testing and uptake of evidence-based research and best practices.
5. Allocate funding to support a state-level ADRD and Brain Health Research Grants Manager responsible for creating, managing, and distributing a regularly updated listing of research and quality improvement funding opportunities (e.g., NIH, CDC Bold Act, ACL, state-based, private foundation/endowment monies) relevant for ADRD research and serving as a liaison to the Collaborative ADRD Research Network (4.B.2), the Director of ADRD and Brain Health (1.A.1), MDH, MDoA, and the Virginia I. Jones Council.

C. Enable and incentivize the translation of research to practice and use of evidence-based practices

1. Convene an expert panel of stakeholders to identify, define, and endorse a set of evidence-based standards for diagnosis, treatment, supportive care and advance planning for people with dementia.
2. Require use of “evidence-based practices” (using standardized definition in action 4.C.1) in new regulation across all state licensed registered programs covered by OHCQ, MDH, MDoA that provide diagnostic, treatment, supportive care and/or advanced planning services to persons living with dementia.
3. Hold an annual ADRD Innovation Summit where Maryland-based researchers and research networks can present new ADRD research and evidence-based practices to state and other stakeholders (payers, providers, state representatives) to encourage translation of evidence-based practice.
4. Translate research findings into useful information for the general public, services, and community practice and disseminate through state-based channels (e.g., MDH Website, MDoA)

GOAL 5: ENHANCE DATA CAPABILITIES RELATED TO DEMENTIA IMPACT AND EFFECTS OF INTERVENTIONS

Strategy	Actions (<i>Recommendations for needed policies or responses</i>)	Short	Mid	Long
A. Collection, analysis, and use of population-based surveillance data.	<ol style="list-style-type: none"> 1. Support the continued implementation, use, and reporting of data from the Behavioral Risk Factor Surveillance System (BRFSS) cognitive and caregiver modules at least once every two years by the Maryland Department of Health. This includes both an emphasis on routine data collection, as well as the analysis and dissemination of data using published CDC analytic guidance to examine prevalence of subjective cognitive decline and its associated effects on function, daily living, service needs as well as examining the characteristics, risk factors, service needs, and disparities of persons living with dementia and their caregivers. 2. Utilize the regional CRISP Health Information Exchange (HIE) in Maryland and the District of Columbia to characterize, track, and evaluate health characteristics of Marylanders with an ADRD diagnosis and their linked health utilization outcomes (e.g., ED visits, hospitalizations, home health) and create a publically available annual report 3. Tracking, analyze, and report the prevalence of ADRD, health care costs, and the use of Medicare billing codes for cognitive assessment (as part of the Medicare Annual Wellness Visit) and Care Planning Visits among Medicare beneficiaries attributed to the MDPCP total cost of care program 4. Integrate cost and health care utilization data from the MDPCP program (Medicare beneficiaries and Medicare-Medicaid dual eligible beneficiaries) with Maryland’s Medicaid data (Medicaid only, Medicare-Medicaid dual eligible individuals to better understand which groups of persons with ADRD are higher utilizers in order to better target health interventions to improve care quality and reduce costs. 5. Support dedicated staff person at the state-level (e.g., Maryland Department of Health or qualified vendor such as the Hilltop Institute at UMBC) to manage the collection of ADRD-related data from disparate data sources, to conduct data analysis, and data reporting. 6. Collaborate with relevant stakeholders (state agencies, community-based organizations, public health professionals, health care providers, academic programs, universities) and other state-based planning groups/councils/commissions to conduct a coordinated systematic review of ongoing data needs related to ADRD and prevention (e.g., healthy aging), available data sources, current surveillance gaps, and then identify existing sources of population-based surveillance or evaluation data that could be utilized to fill data gaps, or that are high priority for future development (if they do not currently exist). 			
B. Support development and	<ol style="list-style-type: none"> 1. Using a stakeholder panel, develop and endorse a set of dementia specific performance metrics for the individual with dementia and their care partner to drive improvements in care practice. 			

<p>implementation of dementia related outcome-based performance measures.</p>	<p>2. Working with state partners, promote the inclusion, tracking, and incentivizing of ADRD-related performance metrics within Medicaid Waiver programs, and alternative payment models (e.g., Maryland's Progressive All Payer which focused initially on hospitals but is extending to primary care and other settings in second terms i.e., MDPCP Total Cost of Care)</p>		
<p>C. Promote the sharing and linking of population-based surveillance and evaluation data sources</p>	<ol style="list-style-type: none"> 1. Expand funding support of public/private partnerships (e.g., MDH Medicaid and UMBC Hilltop Institute) and the development of secure data repositories that enable an efficient platform for ADRD data management, analysis, sharing, and linking of data to promote health program and policy evaluation and planning. 2. Develop a strategic plan for the ongoing and systematic communication of surveillance and evaluation data results to key stakeholders through a combination of general public health announcements, settings (Senior Centers, Adult Day Care, CCRCs, residential care communities), virtual and in person events (professional summits, health fairs), and social media. 3. Increase access and linking of health care system data, administrative data, and other types of community data through policy and data use agreement authorizations. 4. Provide streamlined access to Maryland's population-level surveillance data related to ADRD and other related Chronic and behavioral conditions for Maryland-based pre-doctoral and post-doctoral students to enrich their training experience and to accelerate the use, analysis, and dissemination of Maryland's surveillance data. 		