

**Alzheimer's Disease and Related Disorders Commission
Virginia Department for Aging and Rehabilitative Services
Virginia Division for the Aging (VDA)**

1610 Forest Avenue, Suite 100

Richmond, Virginia

March 22, 2016

MEETING MINUTES

Members Present

Courtney Tierney, Chair
Vivian Bagby, RN
Laura Bowser
Sharon Davis (telephone)
Chris Desimone (telephone)
Julia Trivett Dillon (videoconference)
Carol Manning
Lynne Seward
Patricia Slattum
Kevin Walsh

Members Absent

Laura Adkins
Janet Honeycutt
Thomas Hudson
Valerie Hopson-Bell
Lory Phillippo

Guests

Dr. Connie Coogle, VA Center on Aging
Dr. Christine Argenbright, JMU School of Nursing
Stacy Hansen, JMU School of Nursing
Marie Kolendo Alzheimer's Association
Carter Harrison, Alzheimer's Association
Tracy Jones, UVA
George Worthington, JABA
Terry Smith, Department of Medical Assistance Services (DMAS)

Staff

Amy Marschean, Senior Policy Analyst
Cecily Slasor, Administrative Assistant
Mary Margaret Cash
Paige McCleary
Martina James

Meeting Summary

Agenda Items	Speaker
<p>Welcome and Introductions Chair Tierney called the meeting to order at 10:05 a.m. and welcomed members and guests. She reported that Sharon Davis and Chris Desimone are participating by telephone and Julia Dillon is participating from MEOC by videoconference. Commissioner Rothrock was unable to join the meeting.</p>	Courtney Tierney
<p>Review and Approval of previous minutes Mrs. Tierney asked if members had reviewed the December meeting minutes and if there were any corrections. Dr. Walsh made a motion to accept the minutes and Lynne Seward seconded the motion. The minutes</p>	Courtney Tierney

<p>were approved and accepted.</p>	
<p>2016 General Assembly Report (Handouts) Mr. Harrison reported on bills from the 2016 General Assembly Session: The Commission’s recommendation to clarify consent for human research involving persons with cognitive impairments took the form of HB 337 and this bill passed. <u>Financial Exploitation Bills:</u> SB 249 direct the local Department of Social Services (local DSS)/APS to refer to local law enforcement a report of suspected financial exploitation of an adult 60 years or older or incapacitated, in which financial losses are suspected to be greater than \$50,000. HB 620 authorizes a financial institution and its staff to refuse to execute a transaction or disburse funds if the institution or staff in good faith believes the transaction may involve, facilitate, result in or contribute to financial exploitation of an adult. Also, if staff have actual knowledge of financial exploitation. This bill did not pass. HB 676 (Del. Peace) Directs the Department for Aging & Rehabilitative Services, local DSS , law enforcement agencies, financial institutions in VA, and organizations representing elderly individuals and individuals with disabilities, to determine the cost of financial exploitation of adults and to develop recommendations for improving the ability of financial institutions to identify financial exploitation, the process by which they can report suspected financial exploitation and interactions between financial institutions and local adult protective services divisions. <u>Other:</u> SB 466 provides that a guardian shall not unreasonably restrict an incapacitated person’s ability to communicate with or visit with other persons with whom they have established a relationship. HB 675 (Del. Peace) extends eligibility for auxiliary grants to include individuals residing in supportive housing, provided the owner of the property has entered into an agreement with DBHDS. SB 732 provides that no facility, to the extent allowed by federal law, shall be required to provide or allow hospice care for residents. A disclosure form is required at admission HB 504 changes the frequency with which certification as a certified nurse aide (CNA) must be renewed from biennially to annually. HB 343 requires the Board of Health to include in its regulations a provision requiring nursing homes to provide a full refund of any expected patient funds on deposit with the facility following the death or discharge of a patient, within 60 days of a written request. <u>Budget:</u></p> <ul style="list-style-type: none"> • Public Guardian program funding: \$425,000 FY2017/\$1.01 million FY2018 with one additional DARS staff position 	<p>Carter Harrison, Alzheimer’s Association</p>

<ul style="list-style-type: none"> • Public Guardian services to those transitioning from training centers to the community \$500,000/\$975,000 FY 2018 • Auxiliary grant monitoring position for DARS was included. • Increase support for Brain Injury programs \$375,000 FY 2017/\$375,000 FY 2018 • Increase LETSS funding \$375,000 FY 2017/\$375,000 FY 2018 • Fund Transition Services at CIL’s \$200,000 FY 2017/\$200,000 FY 2018 • Provide bridge funding for Eastern VA Care Transitions Partnership-\$250,000 FY 2017 • Report on Inter-disciplinary Memory Assessment Clinics • DMAS workgroup on Alzheimer’s Assisted living waiver • DBHDS Comprehensive Plan for Geropsychiatric Services \$450,000 FY 2017 	
<p>DMAS Waiver Update (Handout) The Uniform Assessment Instrument (UAI) Ms. Smith referred to copies of her handout. The UAI is the gateway for Medicaid services. Local DSS offices and hospital discharge planners use the UAI to screen persons for Medicaid services. Manual submission was slow and for some it delayed the submissions. In 2015, DMAS streamlined UAI submissions using electronic submissions through the new ePAS system. The Secretary of Health & Human Resources directed DMAS to reduce the submission times for UAIs, working within the current law and remaining budget-neutral.</p> <p>DMAS had to contact every local DSS and VA Department of Health (VDH) office. Ms. Tierney talked about the difficulty in her large area of Prince William county. Prince William DSS did not have the staff to make home visits to perform pre-admission screenings. They instead held clinics where family members could bring their relative in and be screened and they were a huge success.</p> <p>In April 2015, DMAS issued a memo to all Medicaid providers of long-term care supports and services and acute care hospitals describing the new ePAS system. DMAS, VDH and DARS developed a training and technical assistance plan. The next steps in the implementation process include automated systems, reporting, emergency regulations, manual revisions, a report to the General Assembly, and children’s screenings.</p> <p>Statewide Transition Plan Assuring Settings Compliance</p> <ul style="list-style-type: none"> ○ On 1/16/14, CMS issued new regulations for the provision of Medicaid home & community-based services(HCBS) ○ States were required to submit a Statewide Transition Plan (STP) to CMS by March 2015 assuring all settings are compliant with this new set of regulations 	<p>Terry Smith, Director, Division of Long Term Care DMAS</p>

<ul style="list-style-type: none"> ○ VA submitted it's STP for all 1915 HCBS waivers in March 2015. <p>According to the HCBS regulations, the following characteristics must be present in all settings where HCBS are provided:</p> <ul style="list-style-type: none"> ○ It is integrated and supports full access to greater community ○ It is selected by the individual from a variety of options ○ It optimizes autonomy & independence in making life choices ○ It facilitates individual choice in selecting both services & service providers ○ It ensures individuals rights of privacy, dignity, respect and freedom from coercion and restraint <p>Alzheimer's Assisted Living (AAL) waiver services are provided:</p> <ul style="list-style-type: none"> ○ In locked units or wings in which individuals do not have access to other parts of the ALF or the greater community and ○ Services (waiver and non-waiver) are provided almost exclusively in the setting and by the ALF staff or ALF-established contractors ○ <i>Based on the systemic assessment and site specific assessment findings, the state has determined that the AAL waiver does not appear to be nor does it appear to be able to come into compliance with the CMS HCBS settings requirements.</i> ○ <i>A transition process is included in the revised STP.</i> ○ <i>House Bill Item 306#15h calls for the creation of an AAL Waiver workgroup to review the state's AAL Waiver compliance determination and provide recommendations that address the service needs of individuals with dementia who are currently eligible for the AAL waiver.</i> <p>Mrs. Seward asked Mrs. Smith if this applies to ID day support clients and she replied that it did. Ms. Marschean distributed a draft letter to DMAS as comment from the Commission on the STP. Lynne Seward made a motion for the Commission to send the letter and Dr. Manning seconded the motion. The motion passed unanimously.</p>	
<p>Dementia Services Coordinator Quarterly Update (Handout)</p> <ul style="list-style-type: none"> ○ Outreach and Education <p>Ms. Bowers reported she attended multiple meetings including the December CNI Trust Fund Advisory Board, January NAPA meeting, Brain Injury Awareness Day, VA Center on Aging Legislative breakfast, Institute for Innovation in Health & Human Services at JMU, as well as a presentation or webinars on:</p> <ul style="list-style-type: none"> ○ New Research to Detect & Prevent Financial Elder Abuse ○ Dementia Friendly America, IDD and Dementia and the first meeting of the Directors Interest Group on ADRD <p>Ms. Bowers presented at:</p> <ul style="list-style-type: none"> ○ the January Commonwealth Council on Aging meeting 	<p>Devin Bowers</p>

- where she gave a report on the Alzheimer's Commission
- the Lowenthal Symposium at the VCU School of Pharmacy
- Brain Injury Awareness Month Lunch & Learn: Overview of dementia

- **Data**

Requested and received 2013 BRFSS data from VDH (cognitive Impairment module) currently reviewing and will post on AlzPossible.

- **Collaboration and Partnerships**

Joined the Community Based Services Division at DARS
 Met with leadership from all four chapters of the Alz. Assn.
 Support and facilitation for the Alzheimer's Commission workgroups
 Area Planning & Services Committee for Person's with Lifelong Disabilities (APSC) two planning meetings for Spring conference
 December meeting of the Geriatric Mental Health Partnership
 February meeting of the VA Brain Injury Council
 ALF ARDRAF proposal work group:two planning meetings
 Led a CDSMP for individuals with cognitive impairment for Senior Connections
 Met with DCJS to discuss dementia training for first responders
 Participated in VCoA ARDRAF focus group

Grant Writing and Administration

- **ADSSP Grant: Awarded and In-progress**

Objectives 1 & 2: Four AAA's have completed training and one is in the process (link to training to AlzPossible)

Objective 3: FAMILIES year two enrollment going well (86 caregivers enrolled)

Third semi-annual report currently in progress- due 3/31

- **ADI-SSS Grant is in progress** and Ms. Bowers welcomed the JABA and UVA staff in the audience.

- **CDSME Grant: Proposal in Development (Due to ACL 4/6/16)**

Focus: expand CDSME statewide and target persons with early stage dementia and their caregivers

Partnership between DARS, VHQC, Alzheimer's Assn., and the Area Agencies on Aging (AAAs)

Tracking Policy

DARS will submit a report on Interdisciplinary Memory Assessment Clinics (includes outcomes from the ADSSP & ADI-SSS grants) by December 1, 2016 to the General Assembly.

<p>Governor’s Conference on Aging The Virginia Governor’s Conference on Aging will be held on May 2-3 at the Hilton Hotel & Spa in Glen Allen. VDA’s three boards will meet on May 1st at DARS Central. Ms. Marschean noted that about 30 members of the three boards have RSVP’d for the meeting and conference. Ms. James reported that there are currently 30 persons on the wait list for the conference and she will be doing her best to get people off the list. She announced that Matt Paxton of Clutter Cleaner and the show HOARDERS will be the guest presenter during the lunch plenary session. Matt Paxton is the premier Hoarding Clean-Up expert in America. Paxton is the author of <i>The Secret Lives of Hoarders</i> and has appeared on over 65 episodes of the television show HOARDERS. He will share his insights and effective techniques to understand, motivate and successfully communicate with hoarders and their family members. Matt uses his unique and vast experiences to create a results focused program that focuses on compassion, understanding and trust to help hoarders nationwide.</p>	<p>Martina James, Special Assistant to the Commissioner</p>
<p>Research and Data Work Group This work group has had two meetings since the last Commission meeting that were focused on Dr. Coogler’s Assisted Living Facility (ALF) report that will be shared later in the meeting. The work group will continue with its data collection efforts, as well as making the data as accessible as possible. With the passage of HB 337, the Work Group may do training on the new law involving consent for human research and institutional review boards (IRBs).</p>	<p>Patricia Slattum, Pharm.D., Ph.D.</p>
<p>Training Work Group The Training Work Group has met once since the last Commission meeting. They decided to begin working on continuing education and will focus on financial services providers and lawyers with a focus on financial exploitation. The hope is to align their work with Financial Exploitation report that DARS will be doing. Delegate Bell had a bill that would permit an incapacitated person to sign a directive that would allow banks to send a letter to family members alerting them if a relative’s capacity was diminishing and they were for example liquidating accounts. The bill was tabled but garnered a lot of interest and could definitely be revived.</p>	<p>Devin Bowers</p>
<p>Coordinated Care Work Group The work group has held one meeting since the last Commission meeting and has come up with two goals:</p> <ul style="list-style-type: none"> o Advance and elevate the coordinated care model by securing funding in the state budget o Review other states’ models o Examine current pilot to learn success, lessons learned 	<p>Lynne Seward</p>

<p>Review draft report on pilot that will be sent to General Assembly</p> <p>Determine the full costs of the model</p> <p>Educate state legislators and build advocacy and support</p> <p>Seek funding in the Governor’s budget or Gen. Assembly</p> <ul style="list-style-type: none"> ○ Review and monitor state legislation, regulations, funding sources for services & licensing of professionals, facilities, and providers <ul style="list-style-type: none"> Respond to DSS Adult Day Services licensing standards Review and recommend changes to the proposed AAL Waiver <p>Work Group members may travel around the state and hold community meetings to promote the coordinated care model.</p>	
<p>Violations of Regulations in ALF’s with Special Care Units and Those with Auxiliary Grants (Handout)</p> <p>Dr. Coogle presented on the report Violations of Regulations in Assisted Living Facilities with Special Care Units and Those with Auxiliary Grants. The report assessed violations of regulations in the <i>Standards for Licensed Assisted Living Facilities, 22VAC40-72 (revised 2013)</i>, Department of Social Services. The data in this report is cited by inspectors during the period of January 2012 to June 2014. The source of the data is a database built using the yearly list of violations accessible through the “search for an Assisted Living Facility” on the state DSS website. There are official records of 540 facilities including 133 facilities with Special Care Units that care for adults with serious cognitive impairments. This report deals only with those 133 facilities.</p> <p>The purpose of the report is to present the status of assisted living facilities with special care units in VA in terms of their compliance with the pertinent regulations. Areas of interest include:</p> <ul style="list-style-type: none"> ○ Area and scope of violations ○ Effective and efficient inspections ○ Training topics for dementia care providers ○ Facility administrators priorities in management <p>Subsequent analyses for the report were based on the dataset consisting of 123 facilities after deleting 10 from the original, to mitigate a skewed bias in the results. The majority of facilities, 71.5 , fared well as being cited less than the state average of 16.9 violations per facility. Facilities in the Central region were the least cited and those in the Piedmont region were the most cited. As for citations in the capacity size, the least cited was the 175+ residents capacity and the most cited was the 125-174 person capacity. This capacity size had the greatest discrepancy in comparison to</p>	<p>Dr. Connie Coogle, Ph.D., VA Center on Aging</p>

<p>the state average.</p> <p>The largest percentage of violations was found to be in dementia training primarily for new employees. Staff were not properly trained to assist persons with cognitive impairments or were poorly trained.</p> <p>Assessment for cognitive impairment was the second most cited violation.</p> <p>Facilities cited 20 or more times for violations of general regulations during the report period were most often cited for administration of medications & provisions, lack of individualized service plans, maintenance of buildings & grounds, staff records, UAI's, personal care & general supervision, among many others. These were the top percentage categories of violations.</p>	
<p>Caregivers Community Network</p> <p>Caregiving Facts</p> <ul style="list-style-type: none"> ○ 44 million adults in the US are caregivers ○ In Virginia, family caregiving accounts for 80% of long term care and the number of informal caregivers increased from 250,000 to 443,000 in 2012 ○ Virginians aged 85+ are increasing at 5 times the rate of total population ○ Only 13.2% of persons 85+ live in institutional settings ○ 29% of Americans are unpaid caregivers ○ The main conditions that require caregiving are old age, Alzheimer's or dementia, surgery/wounds, cancer, mobility, and mental/emotional health issues with AD or dementia ○ Home-based respite companion care ○ Companion services on outings or errand running ○ Telephone support line ○ Phone follow-up & emotional support ○ Information & referral ○ Bereavement support <p>Cumulative Service Outcomes of the Caregivers Community Network</p> <ul style="list-style-type: none"> ○ Care to 373 families (25-30 ongoing) ○ Training of 1345 student and community volunteers ○ 45,997 hours of companion care ○ Each semester 50-60 students average 40 hours each with the Caregivers Community Network <p>Students provide the respite care that is approximately 40 hours per semester.</p>	<p>Dr. Christine Argenbright and Ms. Stacy Hansen, School of Nursing, JMU</p>
<p>Public Comment</p> <p>No public comments.</p>	<p>Courtney Tierney</p>

<p>New Business Ms. Tierney asked if there was any new business. Devin Bowers asked the board for a letter of support for the upcoming CDSME program grant proposal. Ms. Seward moved and Dr. Slattum seconded the motion for the Commission to send a letter of support for the CDSME grant.</p>	<p>Courtney Tierney</p>
<p>Future Meeting Dates May 1, 2016 August 30, 2016 December 6, 2016</p>	<p>Courtney Tierney</p>
<p>Meeting Adjournment Chair Tierney adjourned the meeting at 2:05 p.m.</p>	<p>Courtney Tierney</p>