

**Alzheimer's Disease and Related Disorders Commission
Coordinated Care Work Group**

Virginia Department for Aging and Rehabilitative Services
1610 Forest Avenue, Suite 100
Henrico, VA 23229

Friday, March 18, 2016 at 10:00 am

MEETING MINUTES

Members Present:

Lynne Seward, Chair
Valerie Hopson-Bell
Andrew Heck
Marie Kolendo
Kevin Walsh*

Members Absent:

Laura Adkins
Lory Phillippo
Sharon Davis

Guests:

Carter Harrison, Alzheimer's Association

Staff:

Devin Bowers, DARS
Amy Marschean, DARS

*Participated by conference call

Meeting Summary:

Agenda Items:	Speaker:
<p>Welcome</p> <p>Lynne Seward called the meeting to order at 10:04 am and welcomed members.</p>	Lynne Seward
<p>Introductions</p> <p>Work Group members and staff introduced themselves.</p>	All
<p>Approve the Minutes</p> <p>Minutes from the previous meeting were approved.</p>	Lynne Seward
<p>ADI-SSS Grant Update</p> <p>Devin Bowers reported that the Care Coordination Program will soon be underway. The grant involves a partnership between the University of Virginia Memory and Aging Care Clinic (MACC) and the Jefferson Area Board for Aging. Both partners hired a Dementia Care Manager (DCM) and intend to begin enrolling participants in the next week, which will be individuals newly diagnosed with either mild cognitive impairment or some form of dementia. Participants will be recruited from the MACC, where both DCMs are housed. The DCMs have completed training on a variety of dementia-related topics and issues. They will serve as a</p>	Devin Bowers

<p>connection between clinical and supportive services, providing supports such as Options Counseling and behavioral symptom management training. A part-time Dementia Grants Manager will be starting soon to assist with administrative tasks. Grant funding is also supporting the Effective Strategies Program (ESP), which involves a 10 week educational workshop that meets twice per week. Sessions are devoted to topics such as advance care planning, managing finances, exercise, and many others intended to prepare a person with dementia (PWD) and their caregiver. Trained professionals deliver each session and time is reserved at the end for a snack or meal, providing the opportunity for socialization and bonding. Some sessions are attended by both the PWD and their caregiver, and others have them attend separately. The ESP is based in part on an evidence-based program called Memory Club. Mrs. Bowers promised to send work group members two published journal articles about the program and the grant narrative.</p>	
<p>Overview of Relevant Dementia State Plan Goals</p> <p>Mrs. Bowers provided copies of the Dementia State Plan Goals 1 and 4 and Ms. Seward asked members to review the document.</p>	Lynne Seward
<p>Discussion and Selection of 2016 – 2017 Focus</p> <p>Carter Harrison noted a concern expressed about the proposed Care Coordination model. There is the opportunity for Area Agencies on Aging to refer people to themselves. This concern will need to be addressed while promoting the model. Mr. Harrison has discussed potential outcomes with Dr. Carol Manning the Director of the Memory Disorders Clinic at UVA and an example would be the preparation of legal documents. Dr. Andrew Heck stated that PWD who have behavior issues often end-up at the emergency department. Caregivers and staff must be taught how to intervene to prevent hospitalization. The DCMs will be responsible for creating and implementing a plan of care for the PWD, which may involve a referral for behavioral symptom management. Specialists are abundant in populated areas, but making a referral in a rural area will be difficult. Promotion of the model will occur over the summer and Mr. Harrison predicts it will take more than one year to get funding. Ms. Seward plans to involve Sharon Davis and Laura Adkins who can provide the perspective of a caregiver and explain how this program would have impacted their experience if it had been available.</p> <p>Valerie Hopson-Bell noted that in Northern Virginia PWD often stop taking all medication after a diagnosis and behavioral symptoms are inaccurately blamed on the dementia. Dr. Heck added that diagnoses are often made at the mid-stage and getting an early stage diagnosis is a challenge. A potential solution, recommended by Mr. Harrison, is encouraging Primary Care Physicians (PCP) to refer their patients to a neurologist, which is customary in the cancer model of care. A PCP is</p>	All

accustomed to referring patients to an oncologist. Education is needed to re-condition PCPs to refer patients with memory impairment rather than attempting to diagnose and treat them. Marie Kolendo suggested asking patients whether they have received their Medicare Annual Wellness Visit (MAWV). From Ms. Hopson-Bell's experience physicians are conducting the MAWV to varying degrees because there is no standard protocol.

Mr. Harrison intends to use Traumatic Brain Injury (TBI) Case Management as a model when requesting funding from the General Assembly and hopes funding for Dementia Care Coordination will be included as a policy recommendation on day two of the 2016 Governor's Conference on Aging. It will be important to determine the cost of the program components, however Mr. Harrison estimates \$1 million will be needed to support the MACC and the two DCM positions. DARS will be submitting a report on the outcomes of the Care Coordination Program and FAMILIES program by November 1, 2016. Work Group members discussed reviewing care coordination programs from other states including Minnesota and California.

Additional topics discussed included the termination of the Alzheimer's Assisted Living Waiver and training regulations for Adult Day Centers. The AAL waiver is not compliant with the recent Home and Community Based Services ruling. A potential solution offered by Mr. Harrison would be to expand another waiver to include PWD and provide services such as a fall alert pendant that does not require the individual to press a button, medication management or reminders, and a sitter or non-medical companion for 10 hours per day. Ms. Seward shared that the Rise and Tuck program in Sweden provides services such as these, which allows PWD to remain living in the community. Ms. Hopson-Bell noted a homecare agency in Virginia provides a similar program. Dr. Heck will be presenting in Australia and has learned the support system for older adults is very different in comparison to the US, so he will bring back information to share with the work group. In reference to the training regulations, Ms. Seward proposed supporting an increase to 40 hours per year with a proportional amount of training on dementia if the center serves PWD. Ms. Seward also proposed the idea of approaching Community Services Boards to discuss collaborating, but Mr. Harrison and Ms. Hopson-Bell said, from their experience, they are not interested in serving the older adult population, particularly PWD.

Future Work and Activities

- After a wonderful discussion the Work Group members decided to:
1. Promote the Care Coordination model over the summer.
 2. Hold the next meeting at the MACC, so members can tour the clinic.
 3. Assist Mrs. Bowers with the outcomes report by reviewing drafts.
 4. Request the ADRD Commission submit a letter to support

Lynne Seward

<p>increasing training for Adult Day Centers to 40 hours with a proportional amount devoted to training on dementia, if applicable to the center.</p> <ol style="list-style-type: none"> 5. Request the ADRD Commission submit a letter supporting the suggested changes be made to an existing waiver to accommodate PWD, since the AAL waiver will be terminated in 2018. 6. Review and revise the Care Coordination model infographic. 7. Research care coordination models from other states. <p>Ms. Seward informed Work Group members she would be contacting everyone individually to assign projects and perhaps have people work in pairs.</p>	
<p>Meeting Adjournment</p> <p>Ms. Seward adjourned the meeting at 11:32 am.</p>	<p>Lynne Seward</p>