

**Alzheimer’s Disease and Related Disorders Commission  
Commonwealth Council on Aging  
Public Guardian & Conservator Advisory Board  
Department for Aging and Rehabilitative Services  
8004 Franklin Farm Drive  
Richmond, Virginia  
May 1, 2016 3:00-5:30pm**

**MEETING MINUTES**

**Members Present**

Courtney Tierney, Co-Chair	Roberto Quinones Veronica Williams
Beth Barber, Co- Chair	Janet Honeycutt Cathy Thompson
Lisa Linthicum, Co- Chair	Rose Palmer Joni Goldwasser
Vivian Bagby, RN	Kathryn Reid
Laura Bowser	Mitchell Davis
Chris Desimone	Kyle Allen
Valerie Hopson- Bell	Vernon Wildy Carter Harrison
Lory Phillippo	Paul Izzo
Lynne Seward	Shewling Moy
Patricia Slattum	James Almand
Robert Blancato	Naila Alam
David Farnum	
Richard Lindsay	

**Guests**

David DeBiasi, AARP  
Paul Gilding  
James Hounshell

**Staff**

Amy Marschean, Senior Policy Analyst  
Cecily Slasor, Administrative Assistant  
Devin Bowers, Dementia Services  
Coordinator  
Mary Strawderman, Dementia Grants  
Manager

**Meeting Summary**

<b>Agenda Items</b>	<b>Speaker</b>
<p><b>Welcome and Introductions</b> The meeting was called to order at 3:20p.m. Beth Barber welcomed members and asked the Commonwealth Council members to introduce themselves. Lisa Linthicum introduced herself and asked Public Guardian board members to introduce themselves. Courtney Tierney introduced herself and asked Alzheimer’s Commission members to introduce themselves.</p>	<p>Courtney Tierney, Co-Chair Lisa Linthicum, Co-Chair Beth Barber, Co-Chair</p>

<p><b>Commissioner's Report</b>  Ms. Marschean welcomed the reappointment of Kyle Allen, Vivian Bagby, Beth Barber, Richard Lindsay, David Farnum, and Vernon Wildy. She thanked the following outgoing members for their long and invaluable service: Bob Blancato, Brenda Nelum, Pete Geisen, Lynne Williams, Lynne Seward, Patti Slattum, Kevin Walsh, and Tommy Hudson. Ms. Marschean reported that Commissioner Rothrock was unable to attend and sent his regrets to board members. She welcomed all board members here on his behalf and proceeded to present an update on the 2016 General Assembly.</p>	<p>Amy Marschean,  Senior Policy Analyst</p>
<p><b>2016 General Assembly Final Report (Handout)</b>  The 2016 General Assembly held the Reconvened Session on April 20, 2016. The final 2016-2018 biennial budget contained the following for aging services:</p> <ul style="list-style-type: none"> <li>o Public Guardian (PG) services to those transitioning from training centers to the community \$500,000 FY 2017/\$975,000 FY 2018</li> <li>o PG services to vulnerable adults, \$425,000 FY 2017/\$1.01 million FY 2018, with one additional DARS/VDA staff</li> <li>o Monitoring for the Auxiliary Grant, \$87,000 FY 2017/\$87,000 FY 2018, for one additional DARS staff</li> <li>o Contracted services to provide in home care to low-income seniors who have experienced trauma, \$100,000 FY 2017/\$100,000 FY 2018</li> <li>o Provide bridge funding for Eastern VA Care Transitions Partnership \$250,000 FY 2017</li> <li>o Report on Interdisciplinary Memory Assessment Clinics</li> <li>o DMAS Workgroup on the Alzheimer's Assisted Living Waiver</li> <li>o DBHDS Comprehensive Plan for Geropsychiatric Services \$415,000/FY2017</li> </ul>	<p>Amy Marschean</p>
<p><b>Washington, DC Update</b>  Mr. Blancato stated it was an honor to be on the Council for the past eight years and he thanked the Commissioner and DARS staff. He reported that, after almost 6 years, the OAA was finally reauthorized and just last week it was signed by President Obama. Mr. Blancato stated the Senate passed the bill last July after the White House Conference on Aging. The House was stuck until greater advocacy led to a letter with 60 House signers got the bill moving. He commends Representatives Bobby Scott and John Kline and also Senators Sanders, Alexander, Murray and Burr for bringing about the reauthorization. The bill, S192, is a three year renewal of the OAA and it includes:</p> <ul style="list-style-type: none"> <li>-a compromise on the funding formula</li> <li>-elder abuse training for volunteers and staff who come in contact with seniors</li> <li>-modernization of senior centers</li> <li>-new nutrition provisions utilizing dietitians and encouraging local and fresh fruits and vegetables</li> <li>-require AOA to work with stakeholders and states to work with</li> </ul>	<p>Robert Blancato</p>

## Holocaust survivors

Ms. Palmer asked about any benefits for veterans. Mr. Blancato said there really has not been anything new. Mr. Harrison asked about the new Registered Dietitian requirement. Mr. Blancato responded that this provision has to be developed through regulations and will take some time and coordinated outreach.

The federal 2 year budget agreement did one important thing in that it promised we would not return to Sequestration. We could, however, face end of year financial woes. But the President's Budget contains:

-OAA Title IIIC nutrition programs would be increased by \$14 million  
-OAA Title IIIB Supportive Services got an increase of \$10 million over FY 16

-OAA Title VII remained the same. However the Elder Justice Initiative was increased by \$2 million

-OAA Title V SCSEP would be level funded

-More funding for Alzheimer's research – building on the \$350 million increase in FY16 for research

-the Social Services Block Grant is level funded at \$1.7 billion

-SHIPS (health insurance assistance) remain level-funded at \$52.1 million

-The Aging and Disability Resource Centers got an increase of \$2 million

-Community Services Block Grant was decreased from \$715 million to \$674 million

-LIHEAP (Low-income Heating and Assistance Program) would be decreased from \$3.39 billion to \$3 billion

Possibility of passage this year of the RAISE Family Caregivers Act. It has passed the Senate and it would require the development of a national strategy to support support family caregivers by the HHS Secretary. Also being discussed is funding and legislation to combat the opiate abuse crisis and mental health treatment reform.

Proposals that are being introduced in 2016 with an eye toward 2017:

- Senator Warner sponsoring a bill on chronic care management.
- Long Term Care
- ACA repeal or reform
- Elder justice
- Tax reform
- S.1614 Court-Appointed Guardian Accountability and Senior Protection Act (Klobuchar)
- S. 2748 Palliative Care and Hospice Education and Training Act.

And on the regulatory front:

- Medicare advance planning, bundled payments, managed care, future of care transitions.
- DOL rule just issued on protecting the interests of consumers by financial advisers who deal with their 401ks and other retirement products.
- DOJ having VOCA funds go to help underserved victims such as

<p>victims of elder abuse.</p> <p>Mr. Blancato concluded by saying this could be a lame duck session, the Supreme Court could be addressed, and the election is key where the older voter is important.</p>	
<p><b>Developing a Program to Address the Complex Needs in Older Adults (Handout)</b></p> <p>Dr. Kyle Allen provided a presentation on a new model of care for older adults with chronic conditions that seeks to “reframe” person-centered care by bringing together providers across the health care system. Fragmented care has driven up costs and resulted in poor outcomes. In particular, there is (i) poor communication across primary providers, specialists, community providers, patients and families, (ii) a failure to address psychosocial issues, (iii) lack of coordinated, longitudinal care management, (iv) ineffective care transitions and (v) insufficient management of multiple medications. Eighty-five percent of physicians say patients’ social needs are as important to address as their medical conditions. Seventy percent of people wish to die at home and only about 25% reach this goal. Reframing person-centered care requires a shift from asking “what is the matter with you” to “what matters to you.” The following are some evidenced based models:</p> <ul style="list-style-type: none"> <li>• GRACE – Geriatric Resources for Assessment an Care Of The Elderly Project</li> </ul> <p><a href="http://graceteamcare.indiana.edu/case-for-grace.html">http://graceteamcare.indiana.edu/case-for-grace.html</a></p> <ul style="list-style-type: none"> <li>• Sutter Advanced Illness Management ( AIM) ®</li> </ul> <p>\$13,000,000 <a href="#">CMS Health Care Innovation Award</a></p> <p><a href="http://www.sutterhealth.org/quality/focus/advanced-illness-management.html">http://www.sutterhealth.org/quality/focus/advanced-illness-management.html</a></p> <ul style="list-style-type: none"> <li>• Guided Care <a href="http://www.guidedcare.org/">http://www.guidedcare.org/</a></li> <li>• Independence at Home (IAH)</li> </ul> <p><a href="https://www.cms.gov/Medicare/Demonstration-Projects/DemoProjectsEvalRpts/Medicare-Demonstrations-Items/CMS1240082.html">https://www.cms.gov/Medicare/Demonstration-Projects/DemoProjectsEvalRpts/Medicare-Demonstrations-Items/CMS1240082.html</a></p> <p>The state of Indiana has seen a successful evidence- based model called GRACE-Geriatric Resources for Assessment and Care of the Elderly Project . A “Health Care Neighborhood” for persons with advanced and chronic illness has providers working together from behavioral health, adult day care, home care, skilled nursing facilities, palliative care clinic/hospice, telemedicine &amp; telemonitoring, geriatric assessment &amp; consultation, AAA’s and other community agencies and house calls. In the Tappahannock and Northern Neck region, there are multiple non-acute care settings in the network and region. Hospital and nursing facility quality is exceptional and has been nationally recognized for the past three years. There is a predominantly older population in the area. The mission of the model of care is to <i>care for those as you would care for those you love</i> and because it is the right thing to do. The identified health concerns in the community are: COPD, diabetes, heart disease and stroke, obesity, mental health and substance abuse. There are some challenges for the system such as minimal public</p>	<p>Kyle Allen, DO, Riverside Health Systems</p>

<p>transportation for services, no growth in the community, being the largest employer in the community. The strengths the region sees are low re-admission rates because of collaborations with community groups and care navigation, the Bay Rivers Telehealth Alliance, and an engaged physician group. Riverside Health put together a leadership team and launched a system-wide care management initiative. The adjustment that was made was to include palliative care, changed patient criteria and added complexity to collaborative care delivery.</p> <p>Success in geriatric and palliative care medicine occurs when:</p> <ul style="list-style-type: none"> <li>• Patients don't get care they don't want.</li> <li>• Patients don't get care which can't benefit them.</li> <li>• Patients suffer fewer adverse events.</li> <li>• Patients experience fewer transitions.</li> <li>• And cost of marginal care is reduced.</li> </ul> <p>It is a matter of changing the vision for geriatric medicine.</p>	
<p><b>Dementia Coordinated Care Using Memory Assessment Clinics (Handout)</b></p> <p>Carter Harrison provided a presentation on Interdisciplinary Memory Assessment Clinics with Dementia Care Management. Mild Cognitive Impairment (MCI) is defined by the Alzheimer's Association as <i>a condition in which an individual has mild but measurable changes in thinking abilities that are noticeable to the person affected and to family members and friends, but do not affect the individual's ability to carry out everyday activities.</i> The average per-person Medicare spending for persons with Alzheimer's and other dementias is three times higher. Medicaid payments are 19 times higher. Currently, Medicaid costs are \$814 million for Virginians 65 and older living with Alzheimer's and other dementias. This cost is expected to increase 60% to \$1307 by 2025. U.S. population based studies show that 28% of community-dwelling older adults have MCI, with 19% of those persons over age 65 and 29% over age 85. In Virginia, 1% or 1 in 9 adults 45+ has experienced worsening memory loss or confusion. 73% have not spoken with a health care professional, 43% stated that memory problems interfered with their activities, and 56% stated that they need assistance. Only 9% are receiving help from family and friends</p> <p>In 2016, there are 140,000 persons aged 65+ living with Alzheimer's Disease in Virginia. That number is expected to increase to 190,000 by 2015.</p> <p>Challenges include:</p> <ul style="list-style-type: none"> <li>○ the fact that Primary Care Physicians(PCPs)have limited geriatric training and provide care to the majority of older adults</li> <li>○ In 24 to 72% of cases, PCPs fail to diagnose dementia</li> <li>○ There is a lag of approximately 4 years between the onset of symptoms and diagnosis</li> <li>○ PCPs fail to diagnosis dementia for a variety of reasons, such as</li> </ul>	<p>Carter Harrison, Alzheimer's Association</p>

<p>not being able to recognize cognitive impairment in a 15 minute appointment, the appointment time is dedicated to other chronic conditions, there is a lack of appropriate training to screen for dementia, and physicians are often hesitant to address a medical condition that is untreatable.</p> <p>Goal 4 of Virginia’s Dementia State Plan seeks to <i>create a statewide network of interdisciplinary memory assessment clinics with specialized, dementia-capable services for individuals with dementia and their caregivers from assessment and diagnosis through end-of-life.</i></p> <p>The outcomes in using memory assessment clinics are:</p> <ul style="list-style-type: none"> <li>• Delayed institutionalization</li> <li>• Fewer hospitalizations</li> <li>• Caregiver satisfaction</li> <li>• Decreased depression</li> <li>• More family supports</li> </ul> <p>In Virginia, UVA’s Memory and Aging Care Clinic is a model multidisciplinary clinic that provides diagnosis, treatment and care coordination. The Care Team at UVA consists of Neurologists, Neuropsychologists, Nurse Practitioners, Social Workers, Occupational Therapy/Physical Therapy, Research Coordinators and Care Coordinators. The current ADI-SSS Grant is piloting the new model of care coordination. Dr. Allen raised the issue that the growing population health statistic of persons with dementia and number of people reaching their 80s and beyond with MCI may require ever greater numbers of memory assessment clinics.</p>	
<p><b>Adult Day Care Regulations (Handout)</b>  <b>Action: Joint Board Public Comment Letter</b></p> <p>A presentation was made by Alzheimer’s Commission member and former A Grace Place CEO, Lynne Seward, about the upcoming review of regulations relating to the licensing of adult day centers by the State Board of Social Services. By unanimous vote, the three advisory boards agreed a joint letter should be sent to the Chair of the State Board of Social Services with the following comments:</p> <ul style="list-style-type: none"> <li>• There are currently 80 licensed Adult Day Centers in Virginia. Of these, 16 are Programs for All-Inclusive Care for the Elderly (PACE) sites. The majority of centers (76%) are funded by Medicaid through the Elderly and Disabled Community Based Waiver that has a requirement to train staff 40 hours.</li> <li>• The current regulations have extremely low and insufficient requirements for staff training, <i>i.e.</i> 24 hours for orientation and 8 hours for annual training.</li> <li>• There is no requirement for any dementia specific training.</li> <li>• All prevailing evidence including caregiver, advocates’ testimony, all the state and the national dementia plans, including the Virginia State Dementia Plan, call for increased training for all providers of care as a</li> </ul>	Lynne Seward

<p>strategy to improve quality care and well-being.</p> <ul style="list-style-type: none"> <li>• Assisted Living Facilities require 40 hours of orientation and specific training in dementia.</li> </ul> <p>The letter would request more training in all Adult Day Centers for all staff and, additionally, dementia specific training:</p> <ul style="list-style-type: none"> <li>• Increase training during staff orientation from 24 to 40 hours.</li> <li>• Increase annual training from 8 hours to 12 hours.</li> <li>• Require dementia specific training with the number of hours determined by the percentage of participants diagnosed with dementia.</li> </ul> <p>There was a motion from the Alzheimer’s Commission member Valerie Hopson-Bell and Janet Honeycutt seconded and the Alzheimer’s Commission adopted.</p> <p>On a motion made by David Farnum for the Commonwealth Council on Aging and seconded by Shewling Moy the Commonwealth Council adopted.</p> <p>On a motion made by Rose Palmer from the Public Guardian and Conservator Advisory Board and seconded by Judge Almand, the motion carried for the Public Guardian board.</p>	
<p><b>Working Supper: Dementia Services Coordinator Quarterly Update (Handout)</b></p> <p>Devin Bowers provided a report on her activities over the last quarter.</p> <p><b>Outreach and Education</b></p> <ul style="list-style-type: none"> <li>○ Attended the Population Health Summit</li> <li>○ Attended the Disrupt Dementia workshop</li> <li>○ Attended a presentation by Dr. Paul Raia on Habilitation Therapy</li> <li>○ Presented at the Southern Gerontological Society Annual meeting</li> <li>○ Presentation on FAMILIES with colleagues from Charlottesville and Williamsburg</li> </ul> <p><b>Data</b></p> <ul style="list-style-type: none"> <li>○ Posted the 2013 BRFSS data and 2016 Alzheimer’s Association Facts and Figures data on AlzPossible website</li> </ul> <p><b>Collaboration and Partnerships</b></p> <ul style="list-style-type: none"> <li>○ Partnered with Senior Connections to lead a CDSMP workshop for persons with cognitive impairment at an adult day center</li> <li>○ Geriatric Mental Health Partnership April meeting</li> <li>○ VA Brain Injury Council – attended April meeting</li> <li>○ Attended the first meeting of the DMAS Alzheimer’s Assisted Living Waiver work group</li> <li>○ Area Planning &amp; Services Committee for Persons Aging with Lifelong Disabilities supporting coordination of the Spring conference to be held in Richmond</li> </ul> <p><b>Grant Writing and Administration</b></p> <p><b>ADSSP Grant: Awarded and In-Progress</b></p> <ul style="list-style-type: none"> <li>○ Objectives 1 and 2: Four AAA’s have completed training and one is</li> </ul>	<p>Devin Bowers, Dementia Services Coordinator</p>

<p>in process</p> <ul style="list-style-type: none"> <li>○ Objective 3: 86 caregivers enrolled in FAMILIES as of February</li> <li>○ Third semi-annual report submitted on March 30</li> </ul> <p><b>ADI-SSS Grant: Awarded and In-Progress</b></p> <ul style="list-style-type: none"> <li>○ 8 persons with dementia enrolled into Care Coordination Program as of April 21</li> <li>○ Working with ACL to finalize work plan</li> <li>○ First semi-annual report submitted on March 30</li> <li>○ Mary Strawderman started as Dementia Grants Manager on April 1</li> </ul> <p><b>CDSME Grant: Submitted on April 4</b></p> <ul style="list-style-type: none"> <li>○ Focus: expand CDSME statewide and target persons with early stage dementia and their caregivers</li> <li>○ Partnership between DARS, VHQC, the Alzheimer’s Association, and the 25 AAA’s</li> </ul> <p><b>ADSSP Expansion Grant: Proposal in Development (due to ACL 5/23)</b></p> <ul style="list-style-type: none"> <li>○ Focus: expand FAMILIES using telemedicine and deliver in new regions</li> <li>○ Submitted letter of intent on April 5</li> </ul> <p><b>Tracking Policy</b></p> <ul style="list-style-type: none"> <li>○ The DCJS and IACP are partnering to hold five one-day trainings on dementia in May and June</li> </ul>	
<p><b>2016 Commonwealth Council on Aging Best Practices Award Committee Report</b></p> <p>Dr. Lindsay thanked the members of the Best Practices committee and staff for their work this year. The Committee has chosen the program winners for the 2016 Best Practices Awards. The Commonwealth Council on Aging will announce the Best Practices Awards at the Virginia Governor’s Conference on Aging on May 2. The 2016 first (\$5000), second (\$3000) and third (\$2000) place cash prize (provided by Dominion Resources) award winners are:</p> <p><b>First Place: “You Can! Live Well, Virginia!” of Senior Connections, the Capital Area Agency on Aging</b> is blazing new ground behind prison walls with scores of Virginia offenders who have proven over the past several years to be remarkably receptive to personally pursuing healthy lifestyle alternatives even in the midst of their severely restricted living conditions. This program is provided in the Greater Richmond region modelled on Stanford University’s evidence-based Chronic Disease Self-Management Program. The certified volunteer trainers have won repeated accolades from the offenders themselves, generating heightened interest among wardens and officials at the Virginia Department of Corrections in efforts to expand the six-week CDSMP workshop to cover more prison locations. Like the entire U.S. population, the offender population in Virginia is rapidly aging bringing predictable cost increases for institutional offender health care that is being borne directly by taxpayers. Every enrollee is already being treated for a chronic illness. Despite early,</p>	<p>Richard W. Lindsay, MD</p>

understandable skepticism about the potential degree of health efficacy and cost reduction within the proscribed and locked environment of a prison, where everything from diets to individual mobility is severely restricted, the skeptics have been happily relieved by the program's early and continuing success.

**Second Place: Southern Area Agency on Aging's Miles 4 Vets** is a door-to-door, wheel-chair accessible transportation service for senior and disabled veterans in the Martinsville, Henry County, and Franklin County area. There is no cost to veterans who use the service. Miles 4 Vets transports local veterans from their home to the Salem Veteran Affairs Medical Center (SVAMC) in Salem, Virginia and back home every Wednesday. Miles 4 Vets began operating in November 2014 and has already served 45 unduplicated veterans. This program is the only service that provides wheel-chair accessible and door-to-door service specifically for resident veterans. Miles 4 Vets hopes to expand until all of the West Piedmont Planning District (Counties of Franklin, Henry, Patrick and Pittsylvania; and the Cities of Danville and Martinsville) is served by the program.

**Third Place: Faith Works Home Repair** is a collaborative effort involving the faith community and the area agency on aging, **Mountain Empire Older Citizens, Inc. (MEOC)**, to address greatly needed home repairs and modifications for low-income older people who have no other place to turn for help. This effort promotes Aging in Place for hundreds of older people. Unsafe, inaccessible homes are made safer and more accessible thereby allowing the older person to avoid and delay having to move to a more restricted institutional setting. Additionally, the completed home repairs result in accessibility for family caregivers and professionals to provide the in-home support needed for older people to stay at home where they desperately want to remain. Faith Works matches the donated labor and supervision of faith volunteers with the care coordination department of MEOC and with donated funds for supplies to accomplish for older persons that which could not have been accomplished without collaboration and partnership.

Honorable mention goes to:

**Seniors Giving Back to Community** is a program of the **Burke/West Springfield Senior Center Without Walls (BWSSCWoW)**. It has bolstered self-confidence, pride, and health of senior participants while enriching the community with free dance performances and seminars that educate audiences of all ages and enhance the community's diverse cultural treasures.

The **Adults Plus Counseling** of **Family Services of Roanoke Valley** is a program that offers mental health counseling, case management, including financial management assistance and educational services, to couples or individuals aged 55+, their families and caregivers. The services allow seniors to remain in their homes and communities longer.

<p>The <b>Richmond Health and Wellness Program</b>, in partnership with housing communities and other service organizations, provides health and wellness promotion and care coordination services to low-income older and disabled adults at their place of living. The partnership consists of Dominion Place, the Better Housing Coalition, Virginia Commonwealth University, and Richmond Redevelopment Housing Authority to provide services one day a week in five senior apartment buildings in urban Richmond. Supervised by the Virginia Commonwealth University School of Nursing clinical faculty, interprofessional student teams of nursing, pharmacy, social work, medicine, psychology and occupational therapy, provide an intergenerational component. The program is gaining national attention as a model of integrated service provision that is replicable to other settings.</p>	
<p><b>Public Comment</b> Ms. Barber asked if there were any public comments and there were none.</p>	Beth Barber
<p><b>New Business</b> Ms. Tierney mentioned her region’s concern with the closing of the geriatric care unit at Eastern State Hospital in Williamsburg. The new DBHDS study of geropsychiatric care will hopefully address those concerns. Ms. Palmer commented about the 2016 training of Public Guardian Program Directors. The training was excellent, and many people commented that it was the best training ever. Dr. Lindsay also thanked Lynne Seward and Kathy Fletcher who were outside expert reviewers for the 2016 Best Practices awards. Veronica Williams mentioned the situation with seniors and reverse mortgages. She had a client who was foreclosed on due to a reverse mortgage. Localities are changing elder relief ordinances from tax exemption to a tax-deferral program with the result that in order to obtain the reverse mortgage, the senior is getting a huge tax bill that he or she is unable to pay. Ms. Williams and Ms. Marschean will bring the matter back at a future meeting. Mr. Quinones asked if there was the possibility of having another meeting of the three boards.</p>	Courtney Tierney
<p><b>Meeting Adjournment</b> Ms. Slattum made a motion to adjourn the meeting. Ms. Linthicum adjourned the meeting at 6:00 p.m.</p>	Lisa Linthicum