

HB 29 Transition Review Committee

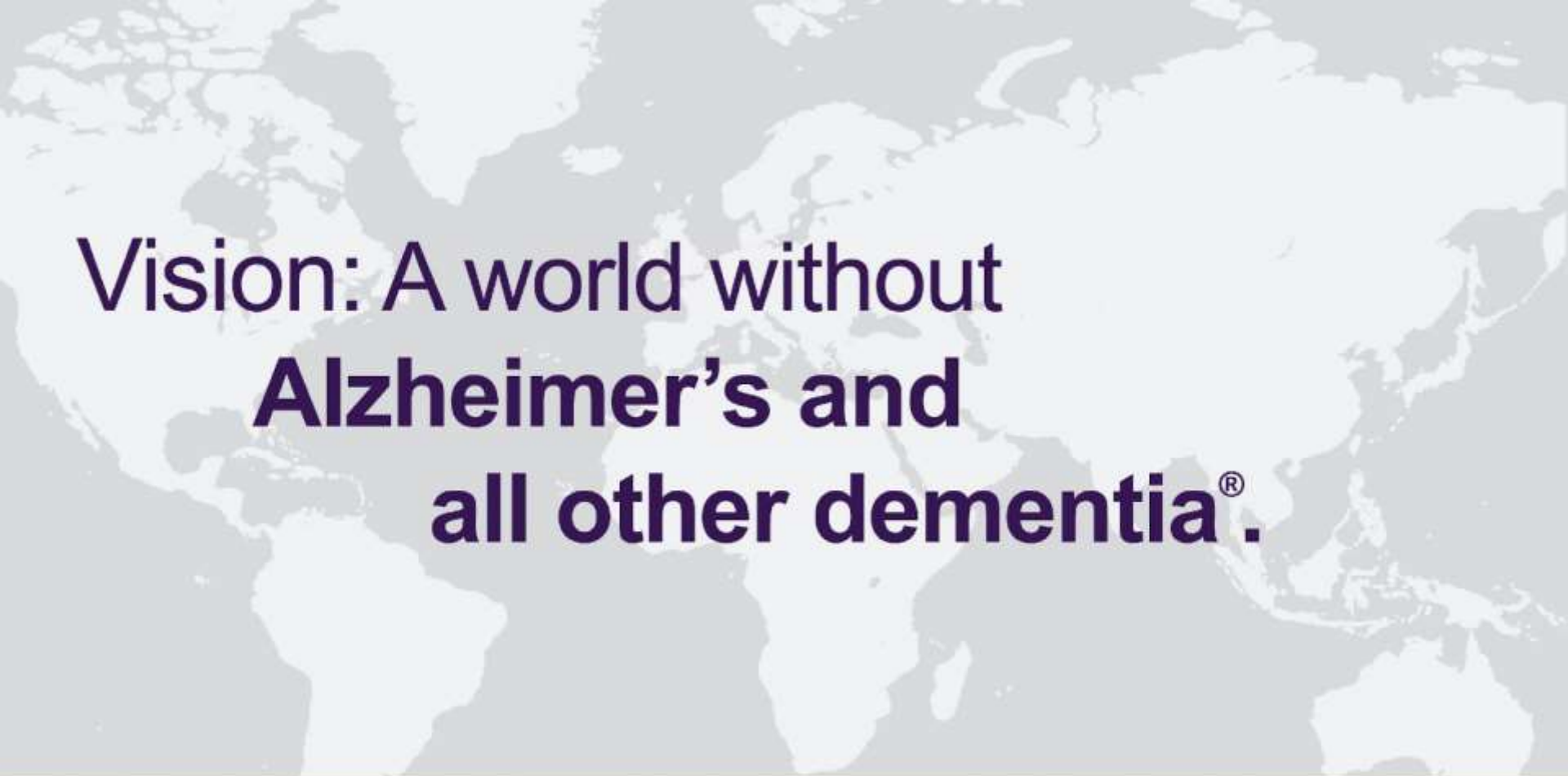
October 24, 2023

Best Practices in Dementia Care



Agenda

- 1) Introduction
- 2) Background on Alzheimer's and Other Dementia
- 3) Quality Care for People with Dementia
- 4) State Examples
- 5) Case Studies
- 6) Q&A



**Vision: A world without
Alzheimer's and
all other dementia[®].**

Mission:

The Alzheimer's Association leads the way to **end Alzheimer's and all other dementia** — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.

Alzheimer's vs. Dementia



- **Dementia** is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia.
- **Alzheimer's** is a progressive disease and accounts for 60-80% of dementia cases. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment.



More than
6 million Americans
are living with
Alzheimer's.

National 2023 Facts & Figures



1 in 3

seniors dies with
Alzheimer's or another
dementia

It kills more than
breast cancer
+
prostate cancer
combined

National 2023 Facts & Figures



In 2023, Alzheimer's and other dementias will cost the nation

\$345 billion

By 2050, these costs could rise to nearly

\$1 trillion



While only 4 in 10 Americans talk to their doctor right away when experiencing early memory or cognitive loss,



7 in 10 would want to know early if they have Alzheimer's disease if it could allow for earlier treatment.

Montana 2023 Facts & Figures



NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

YEAR	TOTAL
2020	22,000
2025	27,000

ESTIMATED % INCREASE

22.7%

PREVALENCE

HOSPICE (2017)

507 # OF PEOPLE IN HOSPICE WITH A PRIMARY DIAGNOSIS OF DEMENTIA

11% HOSPICE RESIDENTS WITH A PRIMARY DIAGNOSIS OF DEMENTIA

HOSPITALS (2018)

1,329 # OF EMERGENCY DEPARTMENT VISITS PER 1,000 PEOPLE WITH DEMENTIA

16.6% DEMENTIA PATIENT HOSPITAL READMISSION RATE

MEDICAID

\$166M MEDICAID COSTS OF CARING FOR PEOPLE WITH ALZHEIMER'S (2020)

22.2% PROJECTED CHANGE IN COSTS FROM 2020 TO 2025

MEDICARE

\$21,031 PER CAPITA MEDICARE SPENDING ON PEOPLE WITH DEMENTIA (IN 2022 DOLLARS)

HEALTH CARE

Dementia in Long Term Care

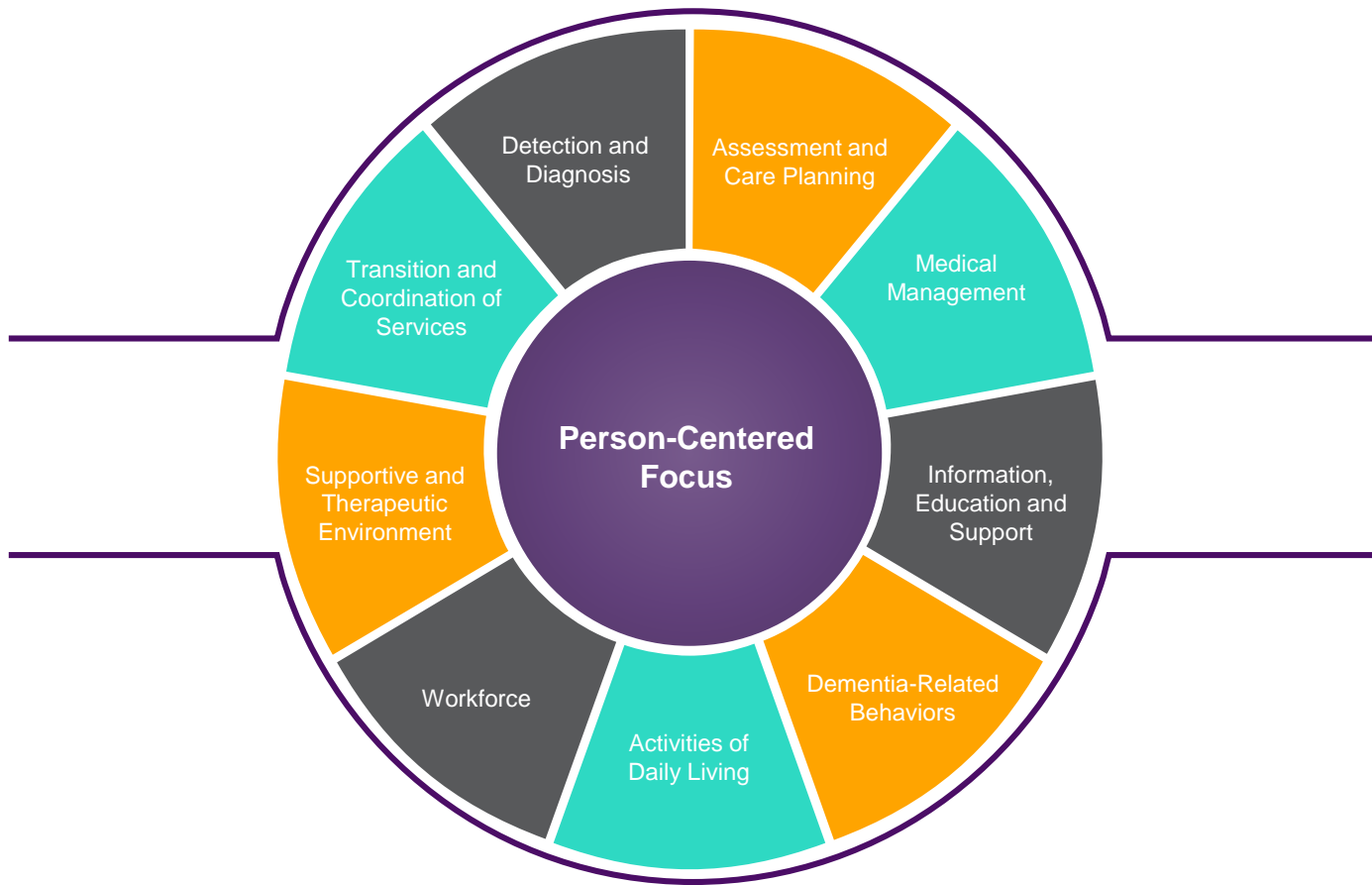
49%	Nursing home residents have a form of dementia
36%	Home health recipients live with dementia
34%	Residents in residential care facilities have some form of dementia

At age **80**, approximately **75%** of people with Alzheimer's live in a nursing home compared with only **4%** of the general population at age 80.



Defining Quality Care: Dementia Care Practice Recommendations







PERSON CENTERED FOCUS

Recommendations

- Know the person
- Person's reality
- Meaningful engagement
- Authentic, caring relationship
- Supportive community
- Evaluation of care practices



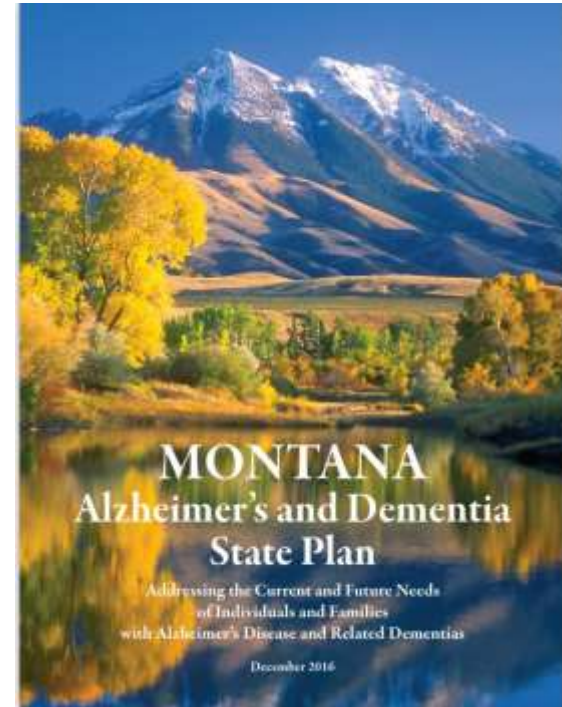
Recommendations

- Social and physical environmental triggers
- Non-pharmacological practices
- Investment for implementation
- Protocols
- Evaluation of effectiveness



MT Alzheimer's and Dementia State Plan

- Published in 2016
- Specific recommendations around Person Centered Care, Workforce Education and Development, and Residential Care Facilities
- Update forthcoming with DPHHS receiving a federal BOLD grant



Problem: Dementia Workforce Shortages

Insufficient numbers of dementia care specialists (geriatricians and neurologists) and direct care workers threaten access to care. High turnover rates among direct care staff impede person-centered care.

- **What can states do?**

- Create career pathways for direct care workers that are licensed, certified, registered or state approved with a focus on dementia.
- Secure financial incentives, including loan forgiveness programs and grant programs, to recruit dementia care specialists and direct care workers with dementia-specific training.
- Include dementia in legislation, executive orders, or state agency directives that creates or directs a workforce commission or study.

Growing the Dementia-Care Workforce

- ★ **COLORADO** [SB 158 \(2021\)](#) adds geriatrics to the list of eligible specialties for physician assistants and advance practice nurses to participate in the Colorado Health Service Corps program which provides loan repayment to health care professionals working in underserved communities for two or more years.
- ★ **GEORGIA** (2020) The state's [HOPE career grant program](#), which provides free tuition to programs where there are workforce shortages, was updated to include the Certified Nursing Assistant Program to better support the growing needs of the dementia care workforce.

Growing the Dementia-Care Workforce

- ★ **MICHIGAN** [Executive Order 2021-15](#) was signed and created the Nursing Home Workforce Stabilization Council to identify strategies to improve recruitment and retention, develop career pathways and ensure quality care in long-term care.
- ★ **WASHINGTON** [SB 5693 \(2022\)](#) appropriated \$3.18 million to develop and execute apprenticeship career pathway programs for nursing assistants and home care aides to advance into nursing. Funds also support long-term care workforce apprenticeship grants; virtual certified nursing assistant (CNA) trainings; and stakeholder surveys to address retention and career pathways in long-term care.

Problem: Care workers lack dementia knowledge

Individuals with Alzheimer's have needs that make care delivery challenging and more demanding yet direct care workers often do not have sufficient dementia training.

What can states do?

- Require a minimum of six to eight hours of evidence-based dementia training for all care providers who are involved in the delivery of care or have regular contact with people with Alzheimer's disease or other dementias.
- Designate a state agency to formally monitor dementia training programs, evaluate their effectiveness, and ensure compliance with state dementia training requirements.

Strengthening Dementia Education Standards for Direct Care Workers

- ★ **ARKANSAS** [HB 1518 \(2023\)](#) requires assisted living facilities that serve people living with dementia to establish training for staff on delivering person-centered dementia care. Staff who work closely with residents living with dementia are required to receive four hours of initial training and all staff are required to receive two hours of continuing education annually.
- ★ **COLORADO:** [SB 22-079 \(2022\)](#) requires that direct care staff employed at nursing care facilities, assisted living residences and adult day care facilities receive at least four hours of initial dementia training and at least two hours of continuing education every two years. The initial training covers person-centered care, care planning, activities of daily living, dementia-related behaviors and communication.

Strengthening Dementia Education Standards for Direct Care Workers

- ★ **GEORGIA** [HB 987 \(2020\)](#) strengthens memory care programs by establishing dementia training standards for staff and a licensing structure for memory care centers. All staff are required to receive four hours of dementia training in their first 30 days of employment. Direct care staff in the memory center must receive at least 16 hours of specialized dementia training in their first 30 days of employment and eight hours of dementia training each year thereafter.
- ★ **KENTUCKY** [SB 61 \(2021\)](#) requires home health and personal care workers complete six hours of initial dementia training and three hours of annual continuing education on dementia. [SB 11 \(2022\)](#) establishes comprehensive dementia training standards for staff in the Dementia Care Unit of an assisted living facility – 8-16 hours of initial dementia training (depending on roles) and 8 hours of annual continuing education.

Strengthening Dementia Education Standards for Direct Care Workers

- ★ **MARYLAND** [SB 204 \(2021\)](#) establishes a memory care regulatory framework to include dementia training requirements for memory care staff. [HB 141 \(2021\)](#) requires three hours of initial dementia training and two hours of annual continuing education around dementia for all home care workers.
- ★ **NEW HAMPSHIRE** [HB 4 \(2019\)](#) establishes six hours of required initial training and four hours of continuing dementia training each year for the direct care workforce and other long-term care staff. The training program must incorporate competency and portability components to strengthen direct care worker training and to support staff retention.

Case Study: Wisconsin



- **2012** - State Supreme Court [decision](#) in *Fond du Lac County v Helen E.F.* prohibited people with dementia without accompanying mental illness from being admitted to a state psychiatric facility.
- **2013** - [Report](#) from the legislative Special Committee on Legal Interventions for Persons with Alzheimer's Disease & Related Dementias identified recommendations for the state to take action
- **2014** - [Wisconsin Dementia Care System Redesign: A Plan for a Dementia-Capable Wisconsin](#) emphasized the need to support people with challenging behaviors.
- **2014** - Present - New programs to establish Dementia Care Specialists and improved crisis response system.

Case Study: **Wisconsin**



Dementia Care Specialists Program

- Leverages the “Aging Network” of Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs).
- Specialists provide multiple services including community education and case management.
- **Ensures baseline dementia training for all AAA/ADRC staff to recognize cognitive concerns and connect people to resources.**

Current Programs

- **Wisconsin**
- **Georgia**
- **Indiana (NEW)**
- **Maryland (NEW)**

Case Study: Virginia



- **2019/2020** - [News articles](#) detailed the experiences of people living with dementia who were involuntarily committed to state hospitals
- **FY 2021-2022 Biennial Budget** - Virginia appropriated \$3.5 million to divert and discharge people with dementia, especially those in state psychiatric hospitals, to community settings.
- **2021** - Legislatively-created Dementia Services Workgroup issued a [report](#) in 2021 with recommendations to improve care coordination and behavior management and crisis care.

Case Study: Virginia



- **2022** - [SB 40 \(Chapter 706 of 2022\)](#) directs the Board of Social Services to adopt regulations to reduce involuntary discharges of assisted living residents with dementia-related behaviors.
[Regulations pending as of October 2023.](#)
- **FY 2023-2024 Biennial Budget**
 - Maintained \$3.5m for people with dementia to return to the community.
 - \$2m for dementia behavioral specialists.
 - \$140k for dementia-specific training for direct care staff.
 - \$3.3m of federal ARPA funds for a pilot to prevent people living with dementia from admission to a state psychiatric facility.

Case Study: **Virginia**

RAFT Dementia Support Program



- Established over 10 years ago and funded through state grants, insurance and participant fees (sliding scale).
- Identifies problematic behaviors and develops a plan of care to avoid placement in state psychiatric hospitals.
- Prevents crises through individualized wellness and Recovery Action Plans.



Questions?

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