

Alzheimer's Advisory Council



**Executive Office of Elder Affairs
Elizabeth Chen, Secretary**

**February 15, 2022
3:00-5:00 pm
Video Conference**



Agenda



- 1. Welcome, Logistics, Introductions (10 min)**
- 2. Open Meeting Law & Conflict of Interest (5 min)**
- 3. Follow-up from December's Meeting (50 min)**
 - a) Discuss Name of Council (15 min)
 - b) View Photos of Dementia Friendly Spaces (10 min)
 - c) Equity and Inclusion Update (5 min)
 - d) Presentation & Discussion: Screenings at Aging Services Access Points (ASAPs) (20 min)
- 4. Annual Report Review and Vote (20 min)**
- 5. Envisioning the Future: Roundtable Discussion (25 min)**
- 6. Closing and Vote to Adjourn (10 min)**



Brief Review of Open Meeting Law and Conflict of Interest



Open Meeting Law and Conflict of Interest Refresher





Open Meeting Law and Conflict of Interest Refresher



Open Meeting Law

- The Council's meetings are subject to the Open Meeting Law (OML) and must be held in public with notice of the meeting, including the agenda, provided to the public at least 48 hours in advance.
- We are currently operating under an extension of the emergency act signed by Governor Baker that extended certain COVID-19 measures adopted during the State of Emergency until April 1, 2022. This emergency act [suspended certain provisions of the OML](#) and permits us to conduct our meetings remotely.
- Under the OML, members cannot communicate with a quorum (simple majority) of the members regarding topics before this Council (in person or via email) outside of a public meeting.
- For any questions about the OML, feel free to reach out to Council staff or contact the Attorney General's Division of Open Government directly at (617) 963-2540 or openmeeting@state.ma.us
- Additional information can be found at: www.mass.gov/the-open-meeting-law



Open Meeting Law and Conflict of Interest Refresher



Conflict of Interest

- By the very nature of their service on the Council, members are considered special state employees and are subject to the State's Conflict of Interest Law.
- In addition to familiarizing themselves with the details of the Conflict of Interest Law, members are required to undertake a [required online Conflict of Interest training](#) upon joining the Council and every other year thereafter. All certification forms should be sent directly to Council staff to maintain in our records.
- Council members should view the State Ethics Commission as a resource and are encouraged to contact the State Ethics Commission with any questions or concerns related to potential conflicts of interest and any required disclosures.
- The State Ethics Commission can be contacted at (617) 371-9500
- Requests for advice can also be submitted through the State Ethics Commission's website: www.mass.gov/orgs/state-ethics-commission
- Advice is confidential and cannot be provided for past conduct or for matters pertaining to a third party.



Naming the Council: Discuss & Vote



**Discuss Name
of Council**



Current Name

**Massachusetts Alzheimer's
Advisory Council**

Proposed New Name

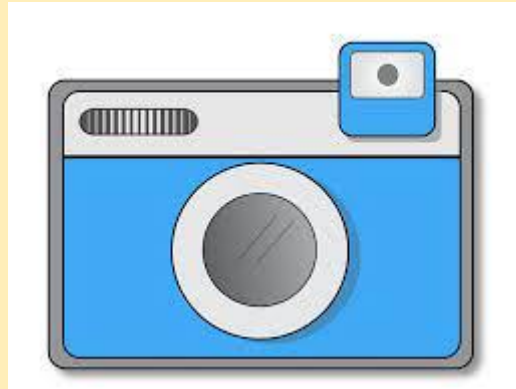
**Massachusetts Advisory Council on
Alzheimer's Disease and All Other Dementias**



Dementia Friendly Physical Infrastructure



Photos of Dementia Friendly Spaces















White Oak Cottages





Equity and Inclusion



Equity and Inclusion Update





Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

Memory Loss Screenings at Aging Services Access Points (ASAPs)



Massachusetts State Home Care Program Overview

State Home Care Program Eligibility

- 60+ or under 60 with a ADRD diagnosis
- 1 Activity of Daily Living Need (ADL) or 6 Instrumental Activity of Daily Living Needs (IADL)
- At Intake - service need for at least 1 ADL or Shopping, Meals or Medication Management, additional interventions/services available
- Any income/ Lives in Massachusetts

Program Goals

- Support individual in a community setting
- Successfully age in place
- Offer Person Centered Approach to care
- Provide care management
- Provide In-home supports and services
- Education on public benefits

Main Functions

- Assessments (scheduled & ad hoc based on status changes)
- Develop Comprehensive Care Planning
- Interdisciplinary case management
- Advocacy
- Education
- Referrals for services and community care

Assessment within the State Home Care Program Overview

Assessment

Point in time evaluation

- Conversation
- Voluntary
- Observation
- Self – reported Consumer or Caregiver/Family
- Registered Nurse or Care Manager

Comprehensive, Objective

- Systems Focused
 - Psychosocial
 - Support systems
 - Behavioral Health & Medical Treatment/Care
- Home Environment
- Consumer Goals

Structured Set Questions

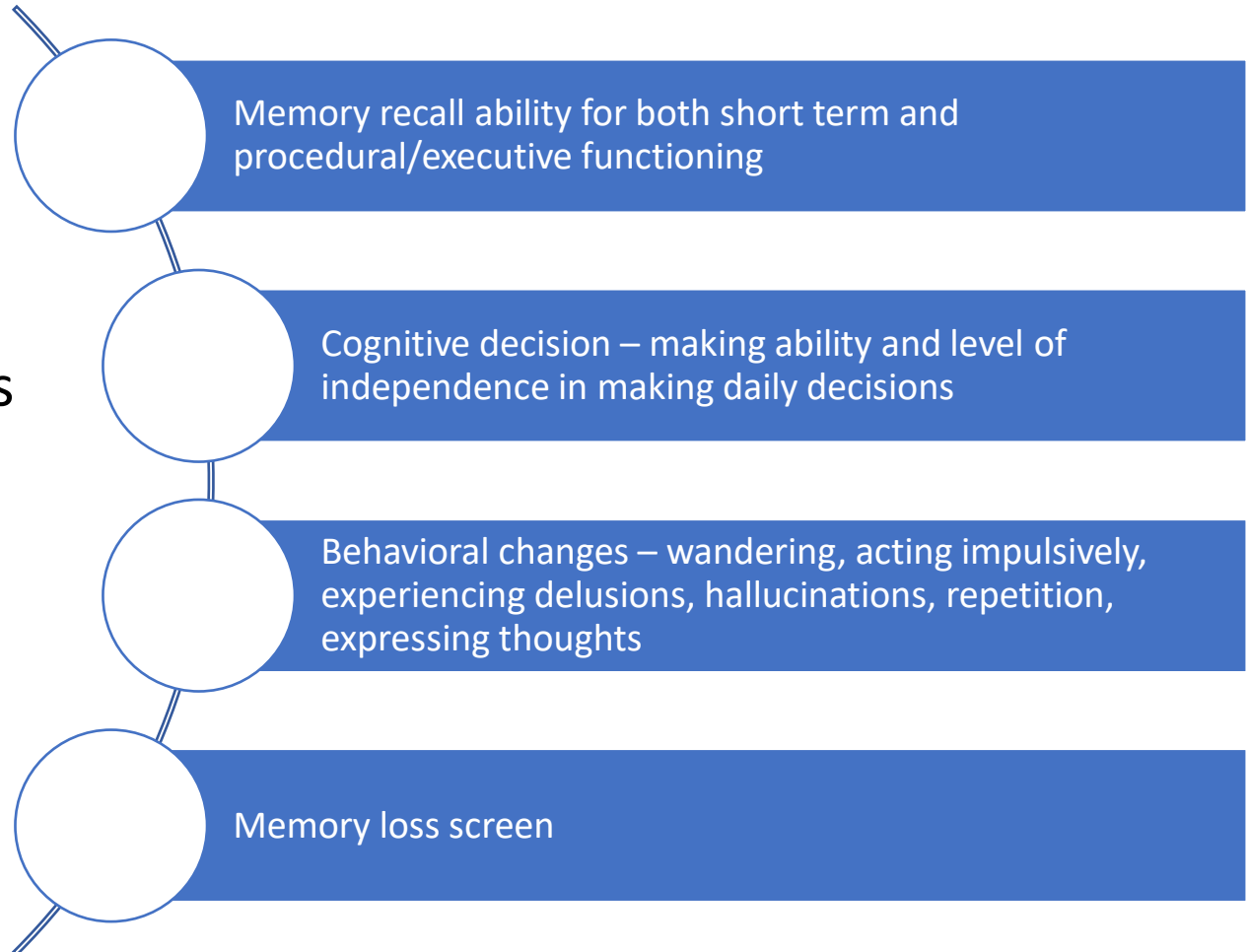
- Comprehensive Data Set (CDS)
 - Multi-select, free text, functional scales
- ADL/IADLs
- Falls Indicators
- Health/Welfare
- Memory Loss screen

Cadence

- Minimum of 2 x a year for all consumers (CDS)
- Scheduled 6 - month intervals
- Increases 3-6+additional visits
 - Acuity
 - Services
 - Risk

Assessing for symptoms related to dementia within the CDS

- Several areas within assessment evaluate:
 - memory loss concerns
 - behavioral health
 - cognition changes



3 Types of Assessments conducted in Home Care

Evaluating Memory Loss, Cognitive Changes, & Behavioral Changes

Assessed comprehensively a minimum of every 6 months (CDS) –

Multi-systems review inclusive of for short term memory recall, and procedural recall, executive functioning, behavioral changes, cognition changes, health and welfare, safety, falls indicators, medical care and consumer goals

Includes Memory Loss Screening –

reviewed with consumers without ADRD or who have not previously scored lower than 2, conducted at least annually or as needed

Home visits every 2-3 months in addition to CDS assessment visits–

based on acuity, risk, support system, includes questions related to short term memory recall, procedural memory, behavior and cognition and consumer goals

Situational impromptu status changes visits, as needed occurrence –

Consumer's cognitive status

Change in memory, physical/cognitive functioning or behavioral functioning

Initiated through ASAP, direct service provider, community partners, family

Who is assessed with the Memory Loss Screening?

Memory Loss Screening Completed

- Voluntary by the consumer
- 6 months of the initial State Home Care enrollment
- Consumers who exhibit signs of decreased cognitive functioning, rescreened (regardless of time since last screen)
- Rescreened annually
 - High score on initial screen
 - Deferred (dementia not suspected)

Memory Loss Screening Not Completed

- If a consumer scores 2 or below on the initial screen, the screen is not repeated
 - Unless the reason is related to acute treated medical condition (ex: UTI)
 - Diagnosis of ADRD
 - Consumer request or refusal
- Presents challenge to individuals (analog clocks, drawing/writing)

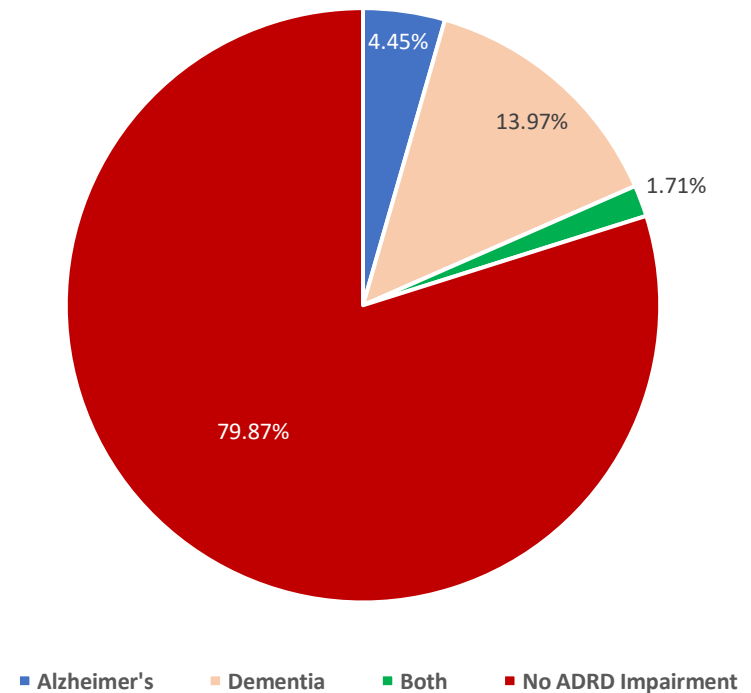
Memory Loss Screening Tool

- Tool
 - May identify possible cognitive impairment
 - Is not a diagnostic tool
 - Contains 2 components
 1. Word recollection (3 item recall test)
 2. Executive/cognitive composite (simple Clock drawing test)
- Scoring - Each component must be completed to achieve a total score
 - Total Score ranges from 0 – 5
 - Determined by number of words recalled correctly and accuracy of drawn clock face and required time
 - A score of 3 + is considered indicates lower likelihood of dementia
 - A score of 2 or below may identify a potential concern for further follow up with the medical professional
 - Follow up is voluntary
 - Consumers who test within the 0 – 2 range may be exempt from testing in the future
 - If a screening is not completed, the Assessor must identify why the screening was not utilized

CY2019 Consumers with ADRD

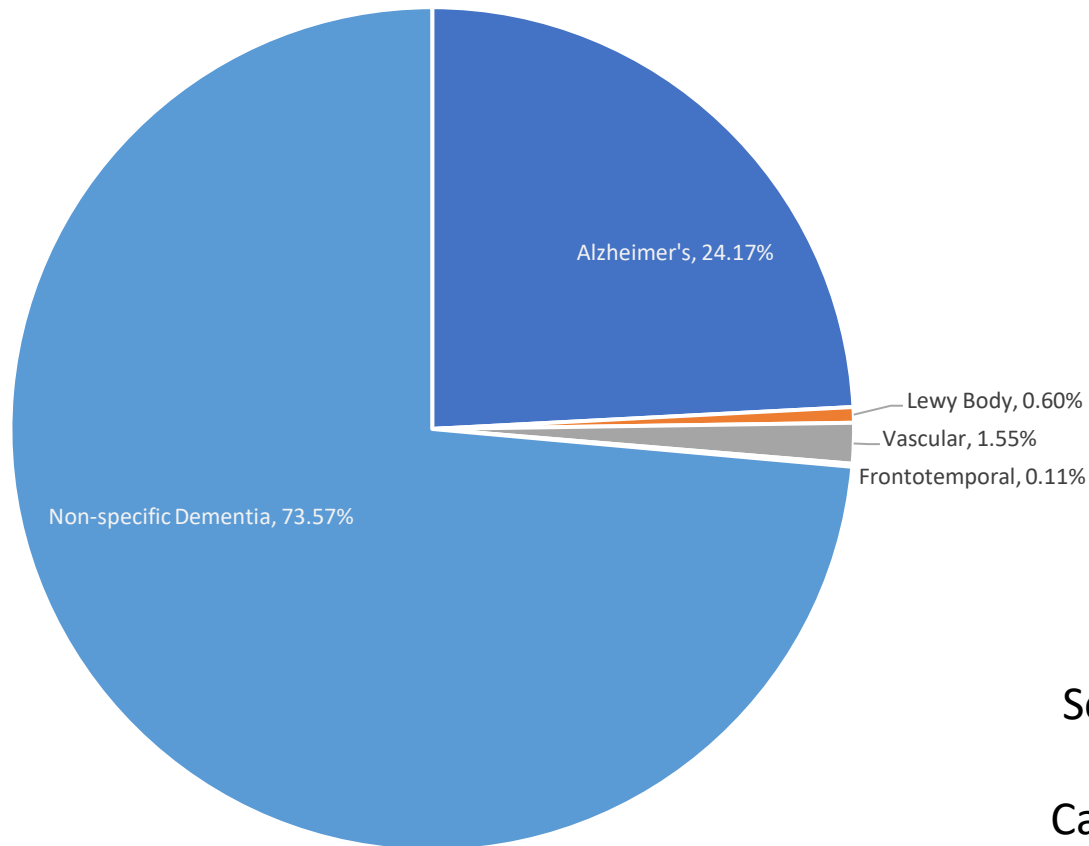
- 61,991 Consumers active & assessed in the Home Care program
- CY2019 - 20.13% of consumer's assessed in Home Care identified as having Alzheimer's disease or a related dementia diagnosis.
- *Consumers do not receive a memory loss screen due to known ADRD diagnosis.*

Percentage of Consumers assessed during CY2019 with a self-reported Alzheimer's Disease or Related Dementia (ADRD)



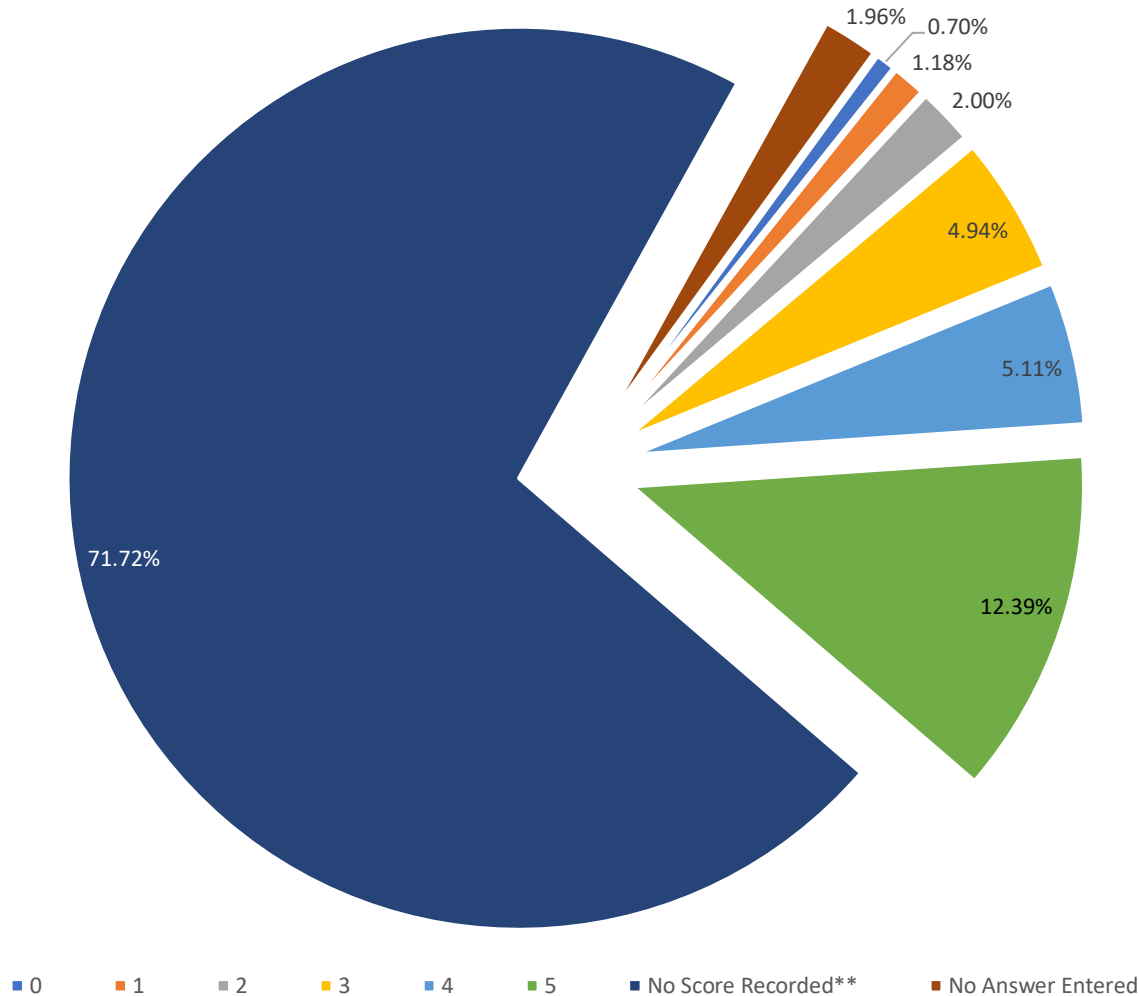
CY2019 Types of Dementia by %

Specific Type of Dementia of those assessed & reporting an Alzheimer's Disease or related Dementia Diagnosis



Self-reported by
Consumer or
Caregiver and/or
medical confirmation.

CY2019 Memory Loss Screening Scores



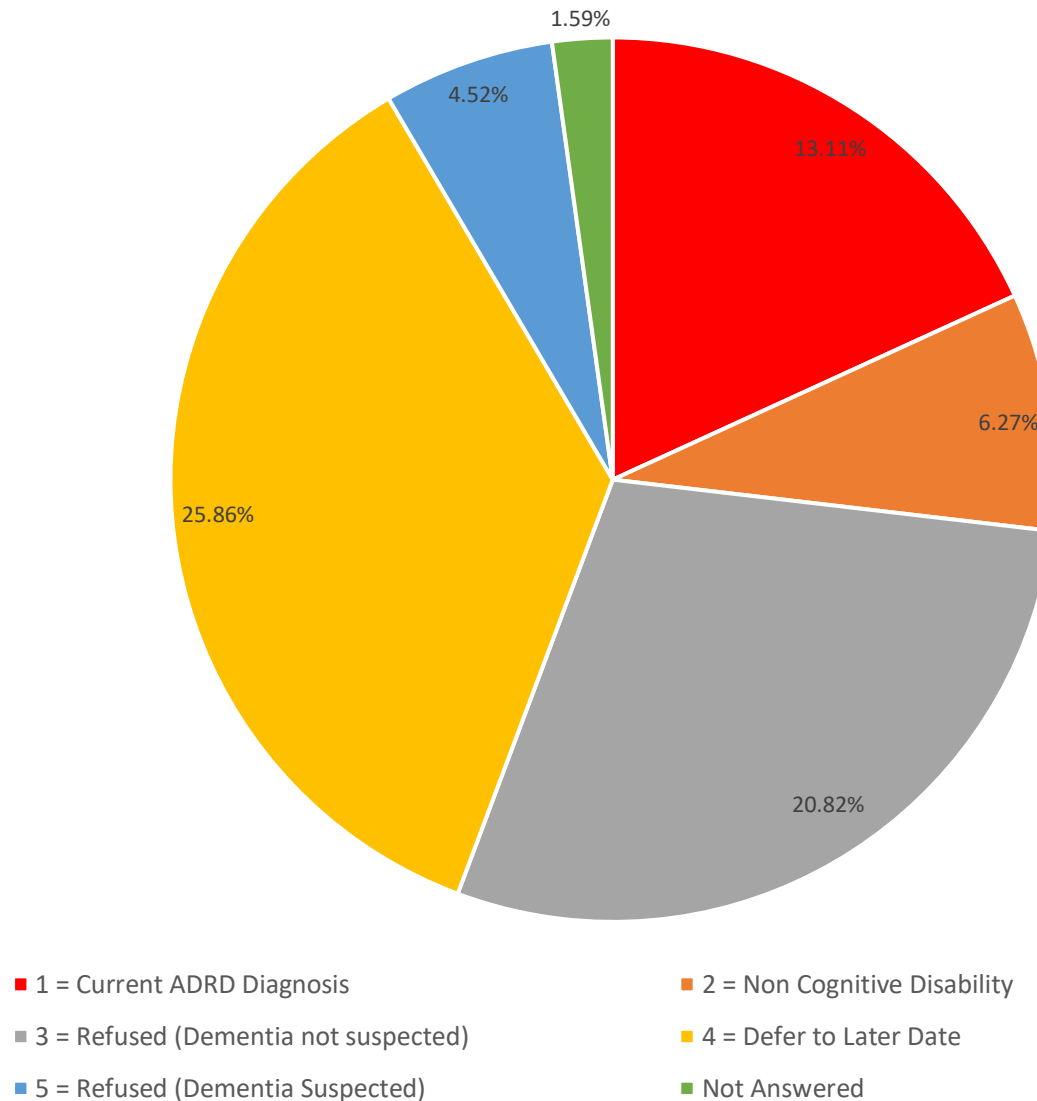
Memory Loss Screen Scoring:

Total based on accurate clock drawn (possible 2 points) and number of words recalled correctly (possible 3 points).

0 through 5 points possible on a 5-point scale:

**If no score is recorded (71.72%) , Assessor must include reason (reference Slide 12)

CY 2019 Reasons Memory Loss Screening Tool was not Administered



Interventions after Assessment

Memory recall, short term, procedural executive functional changes, Behavioral changes, Cognition changes, Memory Loss Screening occurs

Offer consumer follow-up with medical care team - share results of Memory Loss Screen if completed

Offer consumer follow-up with family and/or caregiver(s) -share results of Memory Loss Screen if completed

If consumer agrees, follow up with Medical care team, Physician, Neurologist

- If a Consumer scores 2 or below on the Memory Loss Screening a Notice is sent to medical professional
- Conference call with consumer to medical professional during course of home visit

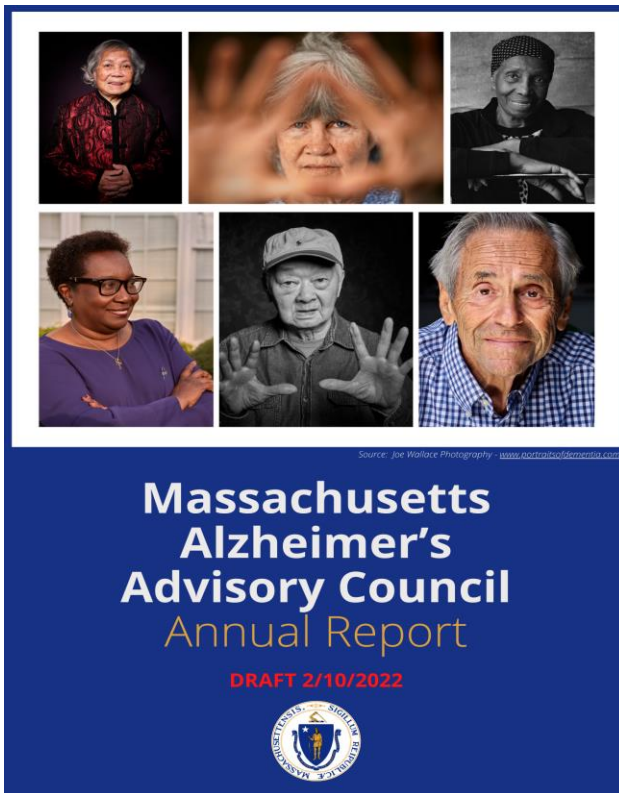
Habilitation Therapy: Discussion of available supports and tools to help maintain a quality of life with a memory impairment

Family Caregiver support program: help caregivers who may be looking for support or guidance.

Educate & Offer additional services: Dementia Counseling, Technology Assistive Devices, Supportive Home Care Aides

Person Centered approach to maintain dignity, self direction and independence for the Consumer

Alzheimer's Advisory Council



Annual Report Review

- ☐ Present Highlights
- ☐ Provide Comments
- ☐ Vote



Executive Summary



1. Briefly highlights the progress and next steps around implementing the Alzheimer's State Plan published in April 2021
3. Summarizes anticipated updates to the state plan in 2022
4. Refers to the Council's intention to regularly refresh the state plan with new recommendations and implementation strategies



Introduction



1. Introduces the document as the work of the Council, established under Chapter 220 of the Acts of 2018
2. Refers to lists of Council members (Appendix A) and implementation team and workgroup members (Appendix B)
3. Describes how the report is organized
4. Expresses gratitude for the volunteers that make the Council's progress possible



Implementing Effective and Sustainable Solutions



Presents progress, accomplishments, and next steps for each of the seven workstreams:

1. Caregiver Support and Public Awareness
2. Diagnosis and Services Navigation
3. Equitable Access and Care
4. Physical Infrastructure
5. Public Health Infrastructure
6. Quality of Care
7. Research



raptr



Progress (Some Highlights)



1. Caregiver Support and Public Awareness

Gained momentum on improving awareness of available supports and services



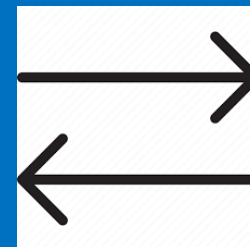
Website



Videos



Referrals



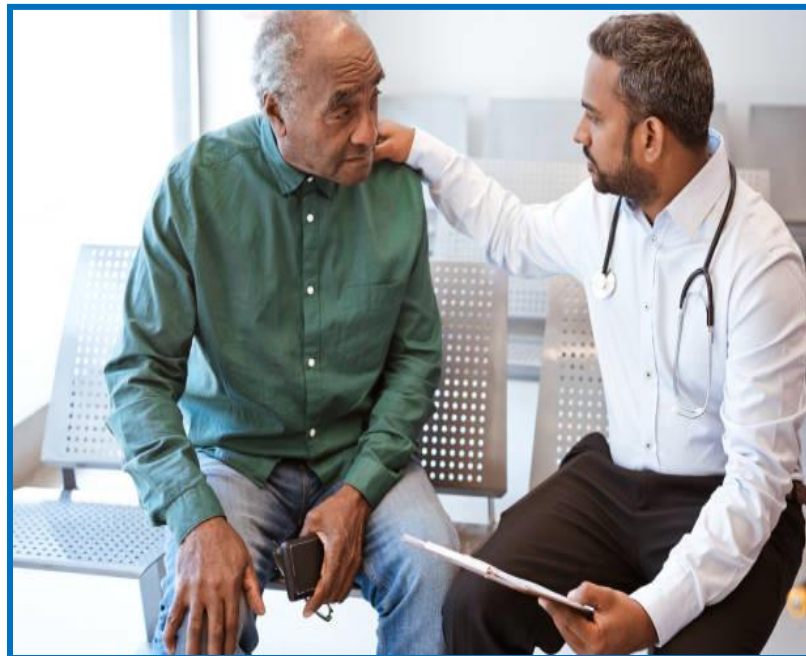


Progress (Some Highlights)



2. Diagnosis and Services Navigation

Implemented approaches to promote effective dementia screening and diagnosis; family engagement; and access to information, support, and care after a dementia diagnosis.



**Resources
on
Screening
and
Diagnosis**



**Formal
Guidance
on Informing
Families of
Diagnosis**





Progress (Some Highlights)



3. Equitable Access and Care

Implemented important first steps toward advancing the Council's goal of equitable and inclusive access to dementia information, care planning, health care, support, and services.



Recruited
Over
20 individuals
to Advise
Council



Began
Identifying
Barriers Faced by
Young People
with Dementia





Progress (Some Highlights)



4. Physical Infrastructure

Made significant progress describing the characteristics of dementia-friendly physical infrastructure with a focus on safety, wayfinding, and community engagement.



Developed
Draft Guide
with Dementia
Friendly
Design
Considerations



Provided Guidance
to Applicants for
Grant Funding
from MassDOT's
Shared Streets and
Spaces Program





Progress (Some Highlights)



5. Public Health Infrastructure

Established a methodology for assessing the state's public health infrastructure around dementia with a focus on reducing the risk of dementia among Massachusetts residents.



Designed an Assessment Framework and Began Populating it with Data



Will Form Team to Assess and Recommend Strategies to Reduce Dementia Risk





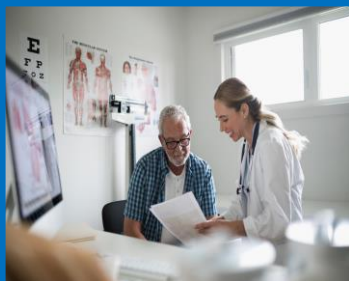
Progress (Some Highlights)



6. Quality of Care

Made considerable progress toward addressing the lack of person-directed dementia care planning; and began efforts to promote interprofessional dementia care teams.

Developing Care Planning Guide



Promoting Interprofessional Dementia Care



Participating in Statewide Direct Care Workforce Initiatives



Launched Online Training for Direct Care Workers





Progress (Some Highlights)



7. Research

Began identifying individuals to implement strategies to increase the diversity of dementia research and researchers

Began identifying team to design approaches to achieve research diversity objectives





Looking to the Future



1. Describes anticipated changes to the state plan in 2022, including:
 - Strategies to close gaps for people living with younger-onset dementia and their caregivers
 - Approaches to reduce the risk of dementia among MA residents
2. Refers to the state plan as a “living document”
3. Describes the Council's intention to continuously work with appropriate stakeholders to implement sustainable solutions



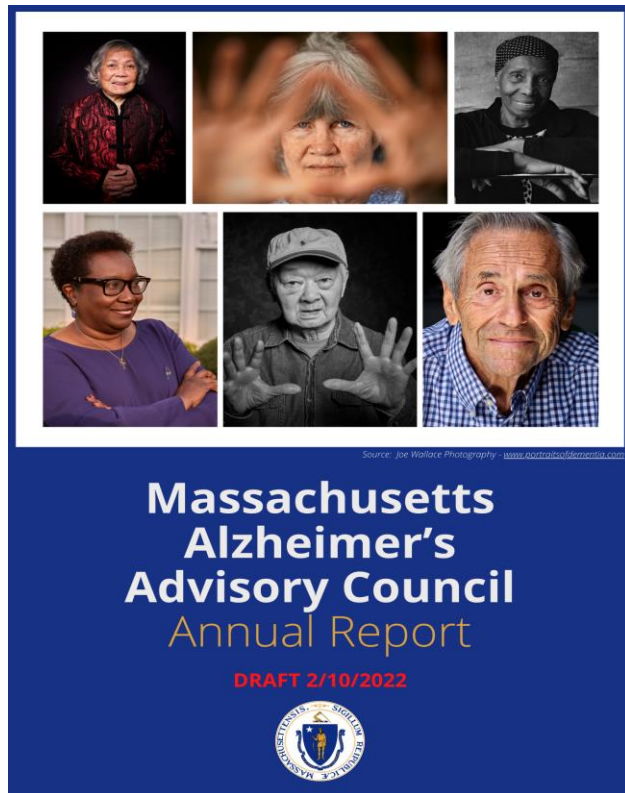
Appendices



Three appendices are included at the end of the document:

- Appendix A: Council Members
- Appendix B: Implementation Teams & Workgroups
- Appendix C: Care Planning Resources

Alzheimer's Advisory Council



Annual Report Review

- ☒ Present Highlights
- ☐ Provide Comments
- ☐ Vote



Envisioning the Future



- Although the Council's workstreams are broadly focused, the state plan's recommendations are specific
- After each specific recommendation is implemented, the Council intends to develop and implement new recommendations
- **What are one or two things that we have not yet discussed (within any workstream) that when time allows, you would want the Alzheimer's Advisory Council to address?**

Roundtable Discussion



Workstreams

1. Caregiver Support and Public Awareness
2. Diagnosis and Services Navigation
3. Equitable Access and Care
4. Physical Infrastructure
5. Public Health Infrastructure
6. Quality of Care
7. Research



Next Meeting & Vote to Adjourn



Next Meeting:

May 17, 2022

3:00 to 5:00 pm



Vote to Adjourn

