



**Alzheimer's Disease and Related Disorders Commission  
Legislative Committee**

Tuesday, April 18, 2023 at 12:00 pm

Electronic Meeting

<https://vadars.zoom.us/j/81119745816> Password: 600463

Telephone: +1 786 635 1003 (US Toll) Meeting ID: 811 1974 5816 Password: 600463

**Meeting Minutes**

**Members Present:**

Rick Jackson, *Chair*  
Laura Bowser  
Karen Darner  
Karen Garner  
Josh Myers  
Margie Shaver

**Members Absent:**

**Guests:**

None

**Staff:**

George Worthington, DARS

**Meeting Summary:**

<b>Agenda Items:</b>	<b>Speaker:</b>
<b>Welcome and Introductions</b> Rick Jackson called the meeting to order at 12:05pm. He explained that this meeting is a preliminary meeting to determine the legislative recommendations for the Governor and the General Assembly of the Alzheimer's Disease and Related Disorders Commission for 2023. Members and staff introduced themselves.	Rick Jackson
<b>Adoption of Agenda</b> <i>Action: Adopt Agenda</i> Josh Myers made a motion to adopt the agenda as presented. Margie Shaver seconded the motion, and it was unanimously approved.	Rick Jackson
<b>Adoption of Prior Meeting Minutes (August 22, 2023)</b> Members reviewed the minutes from the previous meeting. No changes were noted and Mr. Jackson adopted the minutes as presented.	Rick Jackson
<b>Public Comment</b> No public comment was received.	Rick Jackson

**Discussion of Legislative Platform Items**

George Worthington provided an overview of the outcomes of the previous year's recommendations as per the handout provided.

**Legislative Committee Recommendations from 2022**

**Outcomes:** **Green** = passed and implemented, **Yellow** = Not picked up or not passed

**Expand Dementia Care Management to Underserved Areas of Virginia**

**Not picked up in 2023 GA—potential to include it again**

Virginia's Dementia State Plan provides a blueprint for a fully dementia capable state. A key component of that is the availability of quality, person-centered care management services to families living with dementia (Goal 4). In 2019, the General Assembly approved funding to provide 100 families a year with dementia care management at the University of Virginia's Memory Disorders Clinic. This funding was removed in response to the COVID-19 pandemic, and later partially restored. A program to provide 50 families per year with dementia care management began on July 1, 2021, at the University of Virginia with participation by the Alzheimer's Disease and Related Disorders Association. This is now expanding to 83 families thanks to additional funding appropriated in 2022. Using an evidence-based program, dementia care management is expected to help reduce hospitalizations and emergency room visits, reduce depression and anxiety while improving quality of life. Informal caregivers receiving care management are better able to cope with challenging dementia-related behaviors, so potentially reducing the risk of involuntary psychiatric admissions and helping reduce the burden on private and public psychiatric hospitals. Care coordination can increase the length of time that people living with dementia are able to remain safely in their homes and delay the need for facility-based long-term care.

Coordinated care programs using trained Dementia Care Managers (DCMs) are needed for successful community-based dementia care. Streamlining dementia care using DCMs would realize significant cost savings, decrease health care utilization, and improve health outcomes. Most areas of the state have little or no access to existing dementia care coordination programs at UVA and Riverside's Center for Excellence in Aging and Lifelong Health. The Commission recommends using \$1,000,000 in state funds to deliver a large-scale pilot of dementia care management in six additional areas of the state. In addition to providing care coordination for a total of at least 300 families, the dementia care managers would serve as subject matter experts to provide information and referral services, dementia-capability training to Area Agency on Aging (AAA) and partner agency staff and offer community cognitive screening.

Rick Jackson

### **Extend the sunset for the Alzheimer's Disease and Related Disorders Commission**

#### **Signed into law March 2023**

The Commission, composed of 15 members and established in 1982, serves in an advisory capacity to the Governor and the Secretary of Health and Human Resources and assists individuals with Alzheimer's disease or related disorders and their caregivers. Code of Virginia §51.5-154, which establishes the Commission, expires July 1, 2023. Recognizing the Commission's accomplishments to date and its proven track record of advocacy for the needs of individual living with dementia and their caregivers, and that efforts to meet the expected rise in the numbers of people living with dementia in the Commonwealth be supported at a state level, the Commission recommends extending its sunset by three years to July 1, 2026, to enable it to continue its work on the Dementia State Plan, which the Commission is now working on updating for the four years through September 30, 2026.

### **Dementia Services Budget Increase**

#### **Not picked up in 2023 GA—potential to include it again**

A key recommendations to come out of the Aging Services workgroup that convened in 2022, and which has been reconstituted in 2023, was the need for more resources (staff and funding) to serve the growing numbers of people living with dementia in the Commonwealth. Since 2013, when funding to establish the Dementia Services Coordinator role was initiated, the number of people living with Alzheimer's disease (60-80% of all dementias) in Virginia has risen by 25% from an estimated 120,000 people to more than 150,000 people and is expected to rise further to 190,000 in 2025. Data from the Virginia Department of Health indicates that roughly 300,000 Virginians over the age of 45 are experiencing some level of cognitive decline that is worsening. Despite the sharp increase in people living with dementia, the funding for dementia services has remained unchanged at \$100,000 per annum since 2013.

The Dementia Services Coordinator (DSC) role has been successful in advancing supports and services for Virginians using federal and other grant funds. The DSC has helped bring more than \$2m in federal funding to Virginia to support new initiatives, some of which are being sustained with state and local funding. Sustaining these programs is difficult without additional state funding. A case in point is the evidence-based Dealing with Dementia program, which the DSC helped establish in most areas of the state using a \$25,000 Geriatric Training and Education grant from the Virginia Center on Aging. Despite strong support from local agencies and providers, the program has proven difficult to sustain due to competing demands for local agencies' limited funds. Providing dementia services with additional funding would allow the DSC to support and sustain

evidence-based educational and other programs for people living with dementia and their caregivers, potentially delaying the need for a long-term care placement. The ADRDC recommends that \$100,000 be appropriated for the support of new and existing dementia programs.

**Enhance Assisted Living Facility Affordability through Measures such as Increasing the Auxiliary Grant Rate and Using Medicaid Funding**  
**AG Rate increased in 2023 GA**

An Auxiliary Grant is a supplement to income, available from local departments of social services, for recipients of Supplemental Security Income (SSI) and certain other aged, blind or disabled individuals in assisted living, adult foster care or other certified supportive housing. 24 Funding for Auxiliary Grants is limited, 25 especially compared to the growing need for affordable assisted living care. The Auxiliary Grant rate in 2022 is \$1609 per month, 26 which is far too low to cover the cost of the services provided (a home, meals, medication management, and assistance with homemaking and personal care. The number of individuals receiving Auxiliary Grants has declined over the years because the number of participating providers has decreased due to the low rate.

The Joint Commission on Health Care is engaged in a study of “Affordability of Assisted Living Facilities.” The study will examine challenges in the Auxiliary Grant Program, and other avenues for funding affordable assisted living, including Medicaid, as occurs in a number of other states. Urgent action is needed to promote realistic options for Virginians who need assisted living facility care.

This is a legislative and budget item. This is a recommendation from the Dementia State Plan and is a 2023 legislative priority for the Northern Virginia Aging Network (NVAN) and Virginia Poverty Law Center (VPLC).

**Dementia Capable Training for First Responders**

**HB 2250 – DOC required to include training on other dementias (not just Alzheimer’s)**

**Some areas of this recommendation could be addressed again**

The Commission supports efforts underway in communities in several areas across the Commonwealth to train first responders, including fire, police, emergency medical personnel, corrections staff and others in dementia capability. Often these efforts are in the context of Dementia Friendly Community initiatives, and they utilize programs such as Dementia Friendly @ Work, Dementia Friends, Approaching Alzheimer's: First Responder Training, and other sector-specific training modules. Sector-specific training can be supplemented with programs like Dementia Friends to provide these vital workers with the tools they need to

<p>confidently interact with this particularly vulnerable segment of the population.</p> <p>The Commission recommends including basic dementia capability as an element of initial training programs for these professions. The Commission also recommends expanding the availability of these trainings to all areas of the Commonwealth and supports their inclusion as programs that satisfy the respective continuing education requirements of these professions, where applicable.</p> <p>This recommendation has no budgetary implications and aligns with recommendations under Goal 3B of the Dementia State Plan.</p> <p>Mr Myers noted that the change to the Auxiliary Grant rates, an increase to \$2500 per month, will not happen if it is not included in the budget that has not yet been passed.</p>	
<p><b>Recommendations to the Commission</b></p> <p><i>Action Item:</i> Approve recommendations to the Commission</p> <p>Members discussed the recommendations that had not been achieved.</p> <p>1) Expanding dementia care navigation: Members noted that the increase in funding for UVA’s pilot reflects an understanding that there is a need for this type of service. Perhaps there is an opportunity to tap federal funds stemming from the President’s recent executive order. However, there is also an opportunity to have language included in the budget. It was felt it was best to specify potential locations as this could help with advocacy efforts. These were discussed as Eastern Shore, Southside, Shenandoah Valley, Mountain Empire, and Western Tidewater.</p> <p>Laura Bowser made a motion to accept this recommendation, Karen Garner seconded. All members were in favor of this proposal.</p> <p>2) Dementia Services budget increase: One member wondered if it is possible to get funding amounts from comparable states. The discussion favored including this recommendation again. Karen Garner made a motion to adopt this recommendation again, Margie Shaver seconded. All members were in favor of this proposal.</p> <p>3) Dementia Capable Training for first responders: Members favored including this again. Laura Bowser made a motion to adopt this recommendation, and Karen Darnier seconded. All members were in favor of this proposal. Further discussion looked at training other groups, such as Senate and House conferees. It was thought that local groups could gain participation if they invited the local legislator to the training.</p>	<p>Rick Jackson</p>

Members asked about self-directed training. Mr Myers noted that there are resources to address wandering. Members suggested working with the Sheriff's association to promote dementia-friendly trainings.

Members considered further ideas:

- 1) Medicaid spend-down allows only \$40 for personal needs. States are permitted to provide up to \$200, and the average is in the \$60-90 range. Members discussed whether this might be a study proposal rather than an outright ask. There was plenty of discussion, with perhaps this being an issue for JLARC or JCHC, and it might be better to hold this until DMAS is represented on the Commission. Perhaps there could be an educational program at ADRDC about the Personal Needs Allowance. Mr. Jackson recommended tabling this proposal for the moment.
- 2) No Wrong Door—funding to include memory screening question. Members agreed this was a worthwhile proposal. Josh Myers made a motion to adopt this recommendation, Karen Darner seconded. All were in favor of adopting this recommendation.
- 3) Mr Myers noted that there were some items in the BOLD act that may require legislative support such as requiring data on involuntary discharges from ALF memory care units. Members felt that this would be something to discuss with new Commission members to create a fuller recommendation.
- 4) First responder training: Karen Darner made a motion to include this proposal again, and Margie Shaver seconded. All were in favor.

**Meeting adjournment**

Mr. Jackson thanked members for their time and adjourned the meeting at 1:25pm.

Rick Jackson