

House Health and Government Operations Committee

HB 1168: Maryland Department of Health - Residential Service Agencies - Training Requirements

Position: FAVORABLE

March 5, 2020

Dear Chair Pendergrass and Vice Chair Pena-Melnyk,

My name is Kathy Rogers, and I have been the Executive Director of Absolute Companion Care, a licensed Residential Service Agency (RSA), providing in-home care, since 2006. On Christmas Eve 2014, my husband was diagnosed with Primary Progressive Aphasia, a rare dementia which renders one mute before taking away all other faculties. I know first hand the challenges of working with dementia, it is my entire life. To meet those challenges, we need your support for HB 1168..

As a wife, I need to know while I'm working that the staff entrusted to care for my husband are fully trained to deal with his changing needs and the challenges of dementia. As an ED for an RSA, I am committed to providing that training.

From the moment of his diagnosis, my husband volunteered for studies with Johns Hopkins and Northwestern Hospital in Chicago. We expect these professionals to never stop learning. And yet, we send troops of professional caregivers out into the day-to-day trenches without the tools they need to address the many facets of dementia.

At ACC, we currently have 85 active, fully employed professional caregivers. Our dementia training is a two-day, eight-hour program which fully immerses our staff in the causes, progression, stages, and challenges of the disease. The training gives them real life experiences, multiple theories, and methods of handling agitation, communication, disorientation and other challenges. This reduces the amount of stress, anxiety and monotony faced by many dementia clients and those that care for them. I am proud that our turnover rate is just under 20 percent, a fraction of others in our industry. I attribute this to making sure that these professional caregivers have access to the newest techniques of care management. **Unfortunately, we are an exception in a crowded field of RSA licensed providers who provide little to no training.**

Let me share with you how dementia training helps professional caregivers solve problems. A recent problem arose with a client who suddenly refused to leave her bed to use the bathroom. After listening carefully, her caregiver realized she believed herself to be on a train. Using the reality theory we teach, this caregiver downloaded a train whistle to her phone. Our client was then no longer scared she would miss her train, so she happily got out of bed. This helped to keep her muscles working and prevent skin breakdown from being bedridden.

As a care partner of a person living with dementia, I breathe easier knowing my husband will be cared for by someone educated in ways to help him that will prolong his enjoyment of life. All dementia clients should be entitled to excellent care. As an RSA provider, I am proud of the ways our caregivers have creatively solved problems after being trained to rethink their approaches. I wholeheartedly ask you to fully support HB 1168.

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Dear Chair Pendergrass and Vice Chair Pena-Melnyk,

My name is Carlotta Jackson. I live in New Carrollton. I lost my mother to Alzheimer's disease. I operate an Assisted Living facility, and I am also a Certified Dementia Practitioner. I am here to testify in support of HB 1168 on increasing dementia training standards for staff in Residential Service Agencies (RSAs).

I understand the enormous burden dementia has on Maryland families and the economy. Today, there are 110,000 Maryland residents living with Alzheimer's – the only leading cause of death without a way to prevent, cure or even slow its progression.

I am a small business owner who employs 2 Certified Nursing Assistants (CNAs). **My CNAs receive more than 5 hours and 2 hours continuing education annually for dementia training.** They are also Certified Dementia Practitioners having received 8 hours of in-person training. Topics covered in the training include eating, bathing, dealing with different personalities, wandering or elopement behaviors, and tips to manage various scenarios. **The \$75 yearly cost per CNA to receive dementia training is worth it.** If my CNAs have an understanding of dementia care, our clients will take their loved ones out of our facility. We will lose our business without dementia training.

No two people with dementia are the same. Instead of cookie-cutter approaches, people living with dementia need activities and engagement. Dementia training allows CNAs to alleviate exit-seeking behavior and agitation in people with dementia. For example, one person with the disease wouldn't go to sleep at night. By keeping him active during the day, rerouting his direction, or playing along through immersion in his reality, the CNA used their dementia training to reduce his restlessness.

Most CNAs don't understand the breadth of job requirements, and as a result, CNAs get very stressed out. There is a lot of professional and dementia family caregiver burnout. Dementia training allows CNAs to develop more compassion for people living with dementia. **It also reduces stress on the CNA, and ultimately, leads to better quality of life for the person with the disease.** I hope that my fellow providers recognize this, and that the RSA industry embraces this legislation; as a provider, I can say that all of our workers need this education.

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Dear Chair Pendergrass and Vice Chair Pena-Melnyk,

My name is Dee Fowlkes. I live in Annapolis. I am a caregiver for my father who lives with dementia. I represent dementia family caregivers who entrust a Residential Service Agency (RSA) to help care for a loved one.

My father was assigned an RSA to work with by the Department of Veterans Affairs. I had a meeting with the RSA manager, who said that her staff understood how to work with clients who had dementia. Unfortunately, our family was assigned a Certified Nursing Aide who was so involved with her school homework assignments, she performed less than 1 percent of her duties. For example, I requested she make sure Dad did not fall asleep watching the tv. I asked her to turn on the lights, and keep him active. While working during my part-time employment, I would text her to please keep him engaged and stimulated. She responded, "Already done." On the contrary, I found my father looking bored and sedentary. When I returned home, I was dismayed to see all the lights were off. I had to recalibrate my Dad through stimulation.

I requested a new CNA. Over time, because of experiences like this, I have taken training and learned many techniques to calm a person living with dementia, ease their distress, and empathize with their reality. As I continue to take classes on caregiving and dementia care, I share what I learn with our CNA. She listens, observes, absorbs, and applies her knowledge. Yet, she expresses there are no dementia training or requirements for workers in RSAs. She says it would be beneficial if she and her fellow CNAs received dementia training.

Recently, our contracted RSA underwent a major reorganization and ownership. Their new office staff informed me that our CNA would be rotated out from my home. As we move now to our third CNA, I explained to this administrator how people with dementia are comforted by a person-centered routine. If the RSA assigned a new CNA, I could not confidently leave my Dad with a stranger and feel assured the new CNA would provide the appropriate care in the absence of dementia training.

We need RSA staff--both workers and administrators--trained in the best practices for dementia care. I urge a favorable report on House Bill 1168.



**Testimony of the Alzheimer's Association
Greater Maryland and National Capital Area Chapters**

On

**HB 1168 - Maryland Department of Health - Residential Service Agencies -
Training Requirements**

POSITION: SUPPORT

Dear Chairwoman Pendergrass and Vice-Chair Pena-Melnyk,

My name is Ilene Rosenthal and I am the Director of Programs for the Alzheimer's Association in our Greater Maryland chapter. I also served as Deputy Secretary of the Department of Aging under Secretary Lawlah during the O'Malley Administration. Thank you for the opportunity to submit testimony about HB 1168, legislation which requires Residential Service Agencies (RSAs) to provide dementia training to their workers.

There are over 110,000 Marylanders with Alzheimer's disease, a figure that is expected to grow by nearly 20 percent in the next five years. As the population of older adults continues to grow, there will be an increased demand for home and community-based services. The workforce that staffs these services helps to shape the daily lives of persons with dementia.

To best serve those with Alzheimer's disease and other dementias—one in ten persons aged 65+ and one in three persons aged 85+—we must have a workforce properly trained in dementia care practice. *Maryland regulations require dementia training annually for staff in nursing facilities and assisted living. **Yet there are no specific dementia training requirements in regulations governing staff who provide home care for over 1000 Maryland RSA providers.***

The Alzheimer's Association has been a leader in advocating for quality care for individuals living with dementia. The Association's 2018 Dementia Care Practice Recommendations outline recommendations for quality care practices based on a comprehensive review of current evidence, best practice and expert opinion. These recommendations have been developed to better define quality care across all care settings and throughout the disease course. They are intended for professional care providers who work with individuals living with dementia and their families in residential and community-based care settings. Providing care for someone with Alzheimer's disease or other dementia can be very challenging; it is important that all staff understand these quality care practices.

HB 1168 would require each residential service agency to ensure that supervisory and direct care staff receive five hours of in-person or online dementia training and two hours of continuing education each year, including training regarding Alzheimer's disease and dementia; person-centered care; assessment and care planning; activities of daily living; and dementia-related behaviors and communication. **The training is necessary, affordable—you have written testimony from online provider Harrington Software saying that, with a bulk purchase, an Assisted Living Facility recently paid \$8.25 per person—and will significantly improve the quality of care for our seniors in need.**

I urge you to provide a favorable report for HB 1168.