



June 4, 2021

Maryland Department of Aging  
301 W. Preston Street Suite 1007  
Baltimore, Maryland 21201  
Attention: State Plan Feedback

To Whom it May Concern:

The Alzheimer's Association is grateful for the opportunity to provide comments on the Maryland Department of Aging (MDoA) Draft State Plan on Aging 2022-2025 (the Draft Plan).

The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research. Our organization offers services available to the 110,000 Marylanders with Alzheimer's and other dementia, along with their families and loved ones. This is done through the work of two chapters; the National-Capital Area Chapter (serving Calvert, Charles, Montgomery, Prince George's, and St. Mary's County) and the Greater Maryland Chapter (serving all other counties).

Our Draft Plan comments, below, are expressed through the lens of our mission; end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.

### **Further Consideration of Specific Measures to Address Dementia**

Dementia is an urgent disease in Maryland. It impacts 110,000 Marylanders, and over 238,000 caregivers. This disease alone costs our state over \$1.2 billion in Medicaid expenditures. We encourage more specific discussion about dementia in the Draft Plan, including:

- *Caregiver Objective 2.1, Strategies* – According to the [Alzheimer's Association's 2021 Facts and Figures Report for Maryland](#), our state has the third-highest percentage of adults who are dementia caregivers. Family caregivers, in particular, have frequent co-occurring behavioral health conditions; they are at very high risk of depression and/or anxiety disorders, which can result in "burn out" and premature placement in nursing homes. Additionally, dementia is a complicated disease to manage; 95 percent of individuals with dementia have another chronic disease, and over time, they can lose the ability to communicate.

We urge revisions to this section of the Draft Plan which specifically acknowledge these and other challenges of dementia caregivers. For example, can the Draft Plan note that support for these family caregivers can increase the amount of time a person with dementia lives at home, and reduce depression and anxiety? Additionally, we suggest that instead of creating a "multidisciplinary" workgroup, that the Draft Plan be more specific to help guide future activities; is it an internal workgroup? Will it involve other state agencies? Can you pull from the expertise of the State's Commission on Caregiving or the Virginia I. Jones Alzheimer's Disease and Related Disorders Council?

- Caregiver Objective 2.2, Outcome 1 – We ask MDoA to specifically define how it can support the adoption and implementation of Dementia Friendly America (DFA) communities. Can the State call on the expertise of its partners, such as the data from the Maryland Department of Health’s BRFSS Caregiver module or the Johns Hopkins Memory and Alzheimer’s Treatment Center, to inform strategies? Are there aspects of leading DFA communities (such as Prince George’s County), which the Draft Plan can promote, such as pledging to increase caregiver support groups by 10 percent statewide? The benefits of early detection and diagnosis of Alzheimer’s and other forms of dementia are immense but not noted; can the Draft Plan stress the role of DFA communities to promote the annual Medicare Wellness visit and detect dementia?

Lastly, we would ask that the caregiving strategies noted reflect provisions of the Older Americans Act to serve people with younger onset Alzheimer’s. While earlier aspects of the Draft Plan note the accomplishments of the National Family Caregiver Support Program (NFCSP), this strategy (and those in Caregiver Objective 2.2) can more explicitly detail how the NFCSP will be utilized.

- No Wrong Door/HCBS Objectives 4.1 and 4.2 – We ask MDoA to more specifically define its role to expand access to Home and Community Based Services. The Senior Assisted Living Subsidy, the Congregate Housing Services Program, and the Older Americans Act III-B programs are all initiatives not mentioned and opportunities for MDoA to get engaged and chart a broader path to aid seniors in need.
- Elder Rights Objective 2.5 – We applaud MDoA’s goal of designing a person-centered campaign about using advance planning to make informed decisions to make timely informed decisions; public awareness about senior issues—including Alzheimer’s and other forms of dementia—is one of the most vital roles a state agency can play. We ask MDoA to consider tweaks in the language of this proposal, including: can the campaign be specifically noted as culturally competent? What does a person-centered campaign entail? Can provider organizations be included in Strategy 2.5, as an important outreach target?

### **Maryland’s Virginia I. Jones Alzheimer’s Disease and Related Disorders Council**

Maryland’s Virginia I. Jones Alzheimer’s Disease and Related Disorders Council (VJADRDC Council) aims to release a draft report in 2021, which will address four core goals (noted below). Our organization asks MDoA to note the work of the Council in its Draft Plan, and that it will work to implement the Council’s recommendations in its purview.

#### *VJADRDC Goals*

1. *Awareness, Prevention, and Early Detection*, including: effective communication and coordination on the importance of healthy brain, aging, early detection and resources available to Marylanders;
2. *Enhance the Quality, Access, and Coordination of Care*, through efforts including: workforce development; dementia-capable, evidence-based programs; and expansion of care across hard-to-reach areas in Maryland;

3. *Enhance and Expand Family Caregiver Supports*, including: wide access to evidence-based caregiver tools; legal issues, including financial preparedness; and quality of life improvements for people living with dementia and their caregivers;
4. *Expand Resources and Capacity for Alzheimer's Disease and Related Disorders Research and Evidence-Based Practices*, including the expansion of public-private partnerships to further action statewide;

In addition to integrating a statement of support for the Council's overall goals, these four goals can be more explicitly noted in different areas of the Draft Plan, including Caregiver Objective 2.1 and Caregiver Objective 2.2, as referenced above. The agency can particularly stress the importance of public-private partnerships to enhance and expand family and caregiver supports; we urge revisions to the Draft Plan which specifically note the importance of early detection and diagnosis of Alzheimer's and other forms of dementia. MDoA is uniquely positioned to help people with dementia and their caregivers.

### **The Long-Term Care Ombudsman Program (LTCOP)**

The Association is grateful for Maryland's Long-Term Care Ombudsman Program (LTCOP). This work has long been vital to Marylanders; yet amidst a pandemic which has disproportionately impacted Maryland's nursing homes and assisted living facilities, this office has never been more important to our state. The Alzheimer's Association has been a long-time member of the State's *Oversight Committee for the Quality of Care in Nursing Homes and Assisted Living Facilities*, and we have welcomed the consistent participation and expertise the LTCOP has brought to that work. Lastly, we appreciate Governor Hogan's decision to situate the [Skilled Nursing Facilities Vaccination Dashboard](#) on MDoA's website; the LTCOP is part of MDoA's staff, and the agency—while not a regulator of facilities—is uniquely positioned to protect and improve the quality of care older Marylanders in long-term care.

As the Draft Plan is revised, we urge MDoA to more fully document and think through the role of the LTCOP. Specifically, as far as FY 2017-FY 2020 accomplishments, the report would benefit from details about the LTCOP's work at the start of the COVID-19 pandemic.

Additionally, the Plan Draft can more fully detail the LTCOP's contributions to improve the quality of our long-term care; for example, in calendar year 2016, the LTCOP provided extensive comments on Maryland's draft regulations on *COMAR 10.07.14 Assisted Living Programs*. In fiscal year 2020, the LTCOP was instrumental in the development of HB 416/SB 204, which has been passed into law and requires Maryland to complete an update of its assisted living regulations by December 1, 2022. To this end, we would also ask that Strategy 1.1 be revised to note that the LTCOP's participation in and support for the Oversight Committee for the Quality of Care in Nursing Homes and Assisted Living Facilities (along with the Elder Justice Task Force); this statewide committee is another vehicle to improve the quality of care and quality of life for Marylanders.

The LTCOP's statewide public presence is one of its biggest strengths. We welcome Strategy 1.1 about increasing the number of community events, yet this initiative lacks details. Specifically, does the LTCOP plan to organize and hold more community events? Or could this strategy encompass participating in events from community partners? We would ask for a specific numeric metric for events, to better quantify the level of engagement.

Additionally, Elder Rights Objective 1.2 would benefit from an acknowledgment of the specific concerns of individuals with Alzheimer's or other forms of dementia; can the language note the

recent reauthorization of the Older Americans Act, specifying that the LTCOP is available to people of all ages? This objective raises numerous questions, including: Are there specific strategies that could be undertaken for individuals with dementia, and their loved ones? Is there an opportunity to engage industry associations, such as LifeSpan and the Health Facilities Association of Maryland? And is there an opportunity for the LTCOP, through the use of public and private partnerships, to educate the long-term care workforce in this area?

### **Measurement and Communication of Plan Outcomes**

Lastly, we applaud the agency for providing objectives/strategies/ measurable outcomes in its Draft Plan. Far too often, reports are released and outcomes are not fully considered. That said, we would ask MDoA—throughout the plan’s outcomes—to provide more specific time frames for accomplishing goals and, like the suggestion for LTCOP’s community events above, to consistently quantify (in number) its outcomes throughout the plan. In addition to words such as “expand” and “increase” programs or initiatives that are used frequently throughout the Draft Plan, MDoA can more consistently state by how much an effort will grow.

In addition, following submission of the State Plan on Aging, we ask MDoA to commit to a website which lists the measurable outcomes, and on a quarterly basis, communicates progress to the public. The Draft Plan lays out many ambitious goals, and a website would be a fantastic opportunity to amplify the agency’s accomplishments.

The Alzheimer’s Association is here to support, partner, and work collaboratively with MDoA and our other state government partners. If you have any questions about these comments, please contact Alzheimer’s Association Director of Government Affairs Eric Colchamiro, via e-mail at [ercolchamiro@alz.org](mailto:ercolchamiro@alz.org).

Thank you again for the opportunity to provide comments on the Draft Plan.

Sincerely,

David McShea  
Executive Director, Alzheimer’s Association of Greater Maryland