VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DISORDERS COUNCIL

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The Honorable Delores G. Kelley Chair, Senate Finance Committee 3 East, Miller Senate Office Building Annapolis, Maryland 21401

RE: Senate Bill 204--Health Care Facilities - Assisted Living Programs - Memory Care and Alzheimer's Disease Unit Regulations - Letter of Support

Dear Chair Kelley and Committee Members:

The Virginia I. Jones Alzheimer's Disease and Related Disorders Council (the Council) is submitting this letter of support for Senate Bill 204 (SB 204) titled "Health Care Facilities - Assisted Living Programs - Memory Care and Alzheimer's Disease Unit Regulations." SB 204 requires the Maryland Department of Health (MDH) to establish specific standards governing memory care and Alzheimer's disease units in assisted living programs, including certain training requirements, certain staffing pattern requirements, certain activity requirements, certain admissions and discharge criteria, and certain other procedures, and that require compliance by assisted living programs with the standards.

The Council extends its support for SB 204, as it promotes high quality and care standards in assisted living, memory care, and Alzheimer's disease and related disorder (ADRD) units. SB 204 also presents a significant opportunity for service delivery improvement, as the demand for and offering of assisted living programs with memory care and ADRD units is on the rise. As a result, these specialized programs are serving increasing numbers of vulnerable individuals who, in many circumstances, also have high levels of frailty and medical acuity. Residents cared for in memory care and ADRD units have unique, multidimensional care needs, which places higher and new demands on assisted living providers. Best practice recommendations for dementia care highlight a number of effective disease and symptom management strategies, that, when delivered systematically, can make significant differences for patient outcomes as well as alleviate caregiver burden. These include—but are not limited to—effective non-pharmacological management of behavioral symptoms (e.g., agitation, aggression, care resistance, depression, anxiety, apathy); provision of adequate supervision; promotion of a safe living environment (e.g., fall and wander-risk management); and provision of meaningful activity engagement.

In accordance with SB 204, the Council agrees that specific standards should be established to govern memory care and ADRD units in assisted living programs, including:

- Staff training requirements, including the number of hours and content of dementia-specific training requirement for special care unit administrators and staff;
- Staff pattern requirements;
- Appropriate frequency and type of activities for residents based on their capabilities and preferences;
- Procedures that are beyond those historically provided in assisted living programs (e.g. frequency of nighttime bed checks to prevent dangerous events); and
- Clear admissions and discharge criteria and procedures, including the appropriateness of initial placement and continued residence in the special care unit.

Further, the Council agrees that memory care and ADRD programs offered in assisted living should comply with these minimum standards.

The Council respectfully urges this Committee to approve SB 204 as an important quality improvement measure for memory care units, which have become a prominent long-term setting of care for large numbers of vulnerable persons with dementia. In doing so, this bill will aid in advancing assisted living provider capabilities and competency as it relates to dementia care, increase accountability to assisted living consumers, and ultimately improve resident experiences, care quality, and outcomes.

Sincerely,

Quincy M. Samus, PhD, MS, Chair, Virginia I. Jones Alzheimer's Disease and Related Disorders Council