

# **SB228 - LeadingAge - FAV**

Uploaded by: Aaron Greenfield

Position: FAV



576 Johnsville Road  
Sykesville, MD 21784

TO: Finance Committee

FROM: LeadingAge Maryland

SUBJECT: Senate Bill 228, Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs

DATE: February 9, 2023

POSITION: Favorable

LeadingAge Maryland supports Senate Bill 228, Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs.

LeadingAge Maryland is a community of more than 140 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

This bill establishes the position of Dementia Care Coordinator in the Department of Aging to oversee dementia care navigation programs. The Coordinator is required to train the staff of dementia care navigation programs, disseminate best practices and submit a report, by October 1, 2024 and each year thereafter, to the Governor, the Speaker of the House and President of the Senate on the services provided. The work of the dementia care coordinator and the dementia care navigation programs must be guided by the recommendations of the state plan on aging and the Virginia I. Jones Alzheimer's Disease and Related Disorders Council. Each area agency shall establish a dementia care navigation program.

The duties of the dementia care navigation program include:

- providing cognitive assessment for individuals with dementia;
- providing programs that engage individuals with dementia in regular exercise and social activities;
- providing support for caregivers of individuals with dementia, including providing assistance with care planning and referral to support groups;
- considering the development of dementia-friendly communities to provide civic awareness and dementia-capable emergency response;

- consulting with and providing technical assistance to area agency staff who interact with individuals with dementia diagnoses or cognitive changes associated with dementia.
- establishing relationships with health care providers and facilitating contact between health care providers and individuals with dementia; and caregivers of individuals with dementia.

Family caregivers serve a critical role, and often need information about community resources, specialists, mental health supports, and services like home care, adult day care, assisted living, and nursing homes. While there are some existing options for resources, like privately paid senior care navigators, the Alzheimer's Association, or primary care offices, there are not central access points where the individual on the other end of the phone has specific knowledge about the unique needs of those living with dementia and their families. This legislation could prove essential in providing a single point of contact for caregivers to help them better navigate the complex and often difficult to find resources and supports.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 228.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

**SB 228\_AndiLePore\_FAV.pdf**

Uploaded by: Andi LePore

Position: FAV

SB 228 - Favorable

Testimony of Andi LePore, dementia caregiver

Dear Chair Griffith and Vice Chair Klausmeier,

My name is Andi LePore and my dad was diagnosed with mild to moderate Alzheimer's in the end of 2021 and I am his designated caregiver.

When I first found out about the diagnosis, I was completely overwhelmed trying to find out as much as I could about the disease and the affects on the person diagnosed. To my surprise there is not a lot of information out there to be able to get help in Maryland. This is a disease that affects more than just the person diagnosed but also the caregivers. We have to be strong and mentally prepare for the days, months and even years to come. My dad is still able to live a normal life right now, but I am trying to navigate this knowing I will eventually have to stop working to care for him.

You grow up always depending on one or both of your parents, knowing one day, they may need to depend on you. But you don't realize that they might not be able to recognize you at some point, even though you know who they are, and you know how much they love you. This will be a journey for both of us to go through together. Unfortunately, we have run into some bumps in the road. His neurologist wanted him to get into a study for people with Alzheimer's and he was not a candidate due to the fact he has regular insurance and not Medicare Part B. This saddens me as you have a person willing to help further the development of hopefully a cure one day and they are rejected due to insurance coverage. We brought home a medical device to record his brainwaves while he slept that evening and before he could even begin the study they called him and said he was not a candidate anymore for the study due to he was not deteriorated enough. This whole thing, as my dad's caregiving is confusing and I really could use help.

My father is the most selfless person I have ever met, he only wants to help and he is being denied on all fronts. I feel the disappointment in his eyes and voice when he hits a setback. There needs to be more education and research for them and us as caregivers to be able to cope with all of this for our emotions and the person diagnosed with the disease. It is very heartbreaking to see the one person in your life that has been the strongest person you know slowly disappear one moment at a time and no way to help. I have looked and the only place to get any real information is the Alzheimer's Association. We as a state need to do more to help our fellow Marylander's get educated about the disease and help the caregivers with a true support system. Thank you for your time and listening to my dad and I's story.

**Maryland Catholic Conference\_FAV\_SB228.pdf**

Uploaded by: Brian Barnwell

Position: FAV



MARYLAND  
CATHOLIC  
CONFERENCE

February 9, 2023

SB 228

**Department of Aging - Dementia Care Coordinator and Dementia Care  
Navigation Programs**

**Senate Finance Committee**

**Position: Favorable**

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

**Senate Bill 228** establishes the position of Dementia Care Coordinator in the Department of Aging to oversee dementia care navigation programs. The bill requires the Coordinator to train the staff of dementia care navigation programs, and to disseminate best practices and submit a report by October 1, 2024 (and each year thereafter) to the Governor, Speaker of the House, and President of the Senate on the services provided. The bill also requires the Department to publish a report on their website, and mandates yearly appropriations in the Governor's Budget for the management of the programs.

Senate Bill 228 mandates that each area agency shall establish a Dementia Care Navigation Program. The area agency is the local agency that the Department designates to administer the delivery of a comprehensive and coordinated plan of social and other services and activities for seniors in a planning and service area. The duties of the Dementia Care Navigation Program include: (1) providing cognitive assessment for individuals with Dementia; (2) providing programs that engage individuals with Dementia in regular exercise and social activities; (3) providing support for caregivers of individuals with Dementia, including providing assistance with care planning and referral to support groups; (4) considering the development of Dementia-friendly communities to provide civic awareness and Dementia-capable emergency response; (5) consulting with and providing technical assistance to area agency staff who interact with specific individuals; (6) establishing relationships with health care providers and

facilitating contact between health care providers and individuals with Dementia, as well with the caregivers of individuals with Dementia; and (7) providing any other appropriate services.

According to the Maryland Department of Health, Alzheimer's disease is the seventh leading cause of death among older residents. The Maryland Department of Health has stated Alzheimer's disease and other dementias represent an urgent, high burden, and high-cost public health crisis. An estimated 110,000 Maryland residents over age 65 are living with Dementia, a number that is expected to increase 18% to 130,000 by 2025. Care for individuals with Dementia accounts for more than \$1.2 billion in annual Medicaid spending, with costs projected to increase 25% by 2025. In addition to direct medical costs, family caregivers in Maryland provide over 360 million hours of unpaid care every year.<sup>1</sup> The Alzheimer's Association has maintained that the numbers show that a public health approach is necessary to lessen the burden and enhance the quality of life for those living with cognitive impairment and their families.<sup>2</sup>

We need to help those suffering from Dementia and Alzheimer's as much as we can. This bill will help those suffering from Dementia, their families, and caregivers by providing and developing a wide spectrum of helpful services, resources, programming, and support. The guaranteed financial allocation in the budget will make sure that that these services and programming are funded.

For these reasons, the Maryland Catholic Conference asks for a favorable report on SB 228.

Thank you for your consideration.

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<sup>1</sup> <https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-releases-the-2022-2026-State-Plan-to-Address-Alzheimer%E2%80%99s-Disease-and-Related-Dementias-.aspx>

<sup>2</sup> <https://www.alz.org/professionals/public-health/state-overview/maryland>



# **MaCCRA - Support - Senate Bill 228 - Department of**

Uploaded by: Bruce Hartung

Position: FAV



**Maryland Continuing Care Residents Association**  
**Protecting the Future of Continuing Care Residents**  
**The Voice of Continuing Care Residents at Annapolis**

**SUBJECT:** Senate Bill 228 - Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs

**COMMITTEES:** Senate Finance Committee  
The Honorable Melony Griffith, Chair

**DATE:** Thursday, February 9, 2023

**POSITION:** **FAVORABLE**

The **Maryland Continuing Care Residents Association (MaCCRA)** is a not-for-profit organization representing the residents in continuing care retirement communities (CCRCs). Maryland has over 18,000 older adults living in CCRCs. The principal purpose of MaCCRA is to protect and enhance the rights and financial security of current and future residents while maintaining the viability of the providers whose interests are frequently the same as their residents. MaCCRA supports efforts to: enhance transparency, accountability, financial security; and preserve existing protections in law and regulation for current and future CCRC residents statewide.

**On behalf of the Maryland Continuing Care Residents Association, we support Senate Bill 228** which establishes a Dementia Care Coordinator position in the Department of Aging. The number of Americans with Alzheimer's disease and other dementias will increase each year as our population ages. That number will escalate rapidly in coming years as the baby boomer generation ages. We see the leading edge of baby boomers in our communities now.

We have many residents in independent apartments that have dementia besides those in assisted living, memory care, and in nursing care. Many of our members receive specialized memory care or dementia related care.

We know that the course of dementia is as varied as the individuals who experience it. We know that there is no way to predict how long someone may live with the disease. We know that people who are living with dementia can still experience joy, connection and love.

People with dementia live in our neighborhoods all over Maryland and need the support that this position would provide.

We support the SB 228 because it would add resources to address the needs of caregivers and people with dementia. This position will raise the level of consciousness about the experience of having this disease and loving someone with this disease. We need to educate the community about this disease and the people providing the care whether in a senior living setting or in their home.

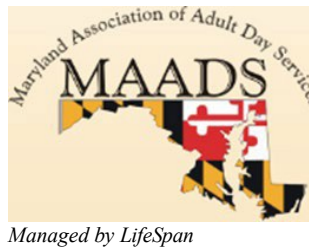
For these reasons we support Senate Bill 228 and ask for a favorable report.

**For further information please contact:** Bruce Hartung, President  
Maryland Continuing Care Residents Association c/o [brucehartung@sbcglobal.net](mailto:brucehartung@sbcglobal.net)

**SB0228\_FAV\_LifeSpan, MAADS, MNCHA\_Dept. of Aging -**

Uploaded by: Danna Kauffman

Position: FAV



TO: The Honorable Melony Griffith, Chair  
Members, Senate Finance Committee  
The Honorable Pamela Beidle

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer  
Christine K. Krone  
410-244-7000

DATE: February 9, 2023

RE: **SUPPORT** – Senate Bill 228 – *Department of Aging – Dementia Care Coordinator and Dementia Care Navigation Programs*

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On behalf of the LifeSpan Network, the Maryland Association of Adult Day Services, and the Maryland- National Capital Homecare Association, we respectfully **support** Senate Bill 228, which establishes a Dementia Care Coordinator and a dementia care navigation program within the Maryland Department of Aging.

Individuals aged sixty and older remain the fastest growing segment of the population. The percentage of Marylanders over the age of sixty will rise from 18% in 2015 to 25% in 2030 with individuals between the ages of 80-84 being the fastest growing segment of the population.<sup>1</sup> As such, the number of individuals with dementia and Alzheimer's disease is also expected to increase. More than 130,000 Marylanders are currently living with dementia or Alzheimer's disease whose main support is family caregivers who may also suffer from their own health conditions.

These caregivers need our support. Maryland must do better in planning for the needs of this growing segment of the population and the development of a dementia care navigation program will assist consumers in helping develop plans for their family members and connecting them with community resources. With greater access to resources, more individuals will be able to remain at home with their families rather than in more costly settings.

For these reasons, we urge a favorable vote on Senate Bill 228.

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<sup>1</sup> Maryland Department of Aging 2017-2020 State Plan on Aging (page 10)

**SB228\_AlzheimersAssocMD\_FAV.pdf**

Uploaded by: Eric Colchamiro

Position: FAV

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters  
**SB 228 - Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs**  
Position: Favorable

Chair Griffith and Vice Chair Klausmeier,

Thank you for the opportunity to appear before you in support of Senate Bill 228, which as amended, creates an outreach program at each of Maryland's local area agencies on aging. Senator Beidle has provided an outline of this legislation, and you will hear personal stories today from dementia caregivers. As such, I want to focus my testimony about why this bill is necessary and how it reflects listening to and the concerns of local jurisdictions.

This legislation is necessary because dementia caregivers need the help. It is a disease which gets progressively worse, and it takes a toll on our caregivers. 68.8 % of our caregivers have chronic health conditions themselves, 27.7% of them have depression, and 13.6% of them are in poor physical health. Yet, statewide, we have \$0 in dementia-specific funds to help them, unlike 11 other states. We are leaving Maryland residents behind.

This bill has also been developed, over the interim, after listening to the state and our counties. Senator Beidle outlined certain areas, and I will just add a few more:

- Money. In 2022, the state asked for more money to administer this legislation. In 2023, if you deduct what the agency said they needed to administer the program, it leaves on average of over \$100,000 to be distributed to each Area Agency on Aging (AAA). Anne Arundel County has a outreach program right now, which they administer through federal funds. Their budget is roughly \$100,000.
- Why this is doable. I understand, from having talked with many area agencies on aging, that some of them do not want a new initiative to do (or even might want this to be an optional). New things are not always popular; yet dementia caregivers—unlike 11 other states—do not have any state specific funding to help them navigate this extremely complex disease.
  - Specifically, in Wisconsin, which pioneered an outreach program to dementia caregivers over a decade ago, state staff and trained volunteers conduct thousands of cognitive screenings each year—among other responsibilities—to help residents in need and aid their caregivers. You have testimony in your packet from Joy Schmidt, a dementia care specialist in Dane, Wisconsin, which speaks to their initiative. It is everyday people, and not doctors or clinicians, who staff their initiative, conduct cognitive screenings and so much more, and help residents in need.
  - This proposed initiative is manageable. In 2023, the legislation has been amended to allow the state to coordinate this work from existing resources. It requires solely a program at AAAs, and not for them to hire a staffer. And it asks the Department of Aging to listen to the needs of local AAAs and distribute the funding accordingly. For some counties, that means they will not need a full-time person and might get less than \$100,000. For others, they will get more. But it is intentionally less of a burden on those tasked with implementing the outreach.
- Effectiveness A December 2021 study of patient navigation programs for people with dementia found collaborative dementia care management provided increased benefits at decreased costs.<sup>i</sup> Care navigation programs work in Wisconsin, and it will work in Maryland. It saves money and helps people in need. Because our over 242,000 unpaid dementia caregivers need help.

Thank you for the opportunity to testify today. This legislation, as amended, reflects conversations with numerous local aging departments and the state. It reflects consensus. It is proven to save money and help caregivers who need a commitment from this state to navigate an awful disease. I urge a favorable report.

<sup>i</sup> <https://www.ncbi.nlm.nih.gov/books/NBK571668/>



## MARYLAND ALZHEIMER'S STATISTICS\*

Maryland has **242,000** unpaid caregivers.

These caregivers provided **371,000,000** hours of unpaid care to someone with dementia.

**68.8%** of caregivers have chronic health conditions.

**27.7%** of caregivers have depression.

**13.6%** of caregivers are in poor physical health.

**One-third** of caregivers provide over 20 hours per week in care.

**More than half** have been providing care for at least two years.



**GREATER MARYLAND CHAPTER  
NATIONAL CAPITAL AREA CHAPTER**

*\*For more information, view the 2022 Alzheimer's Disease Facts and Figures report at [alz.org/facts](https://www.alz.org/facts).*

## DEMENTIA CARE NAVIGATION PROGRAM

HB 614/SB 228 creates an outreach program to aid dementia caregivers statewide via each of Maryland's Area Agencies on Aging (AAA), and provides significant funding to the Maryland Department of Aging to administer this program and distribute to local jurisdictions.

- This initiative will provide aid to caregivers and their loved ones with symptoms of dementia, including: assistance with care planning, including referrals to primary care providers and specialists; connections to support groups and education; and help to offer cognitive screenings, to identify individuals with dementia.
- Nobody is left behind. Each AAA is to work with families whose loved ones have symptoms of dementia, which interfere with activities of daily living. As such, even if they do not have a formal diagnosis of dementia or may have a co-occurring behavioral health condition, they can still be helped.
- Smaller jurisdictions matter. The Maryland Department of Aging would be required to distribute funding to each AAA, based on their assessment of the needs of each jurisdiction. While a baseline amount for each jurisdiction is not codified into law, this legislation encourages an inclusive approach toward funding.
- Maryland currently has no state-specific funding for dementia caregivers. Other states with funding include: Georgia; Idaho; Maine, Massachusetts, Mississippi, Missouri, Ohio, New York; Tennessee, Vermont and Wisconsin.

**Lead Sponsors: Delegate Bonnie Cullison (Montgomery County) and Senator Pamela Beidle (Anne Arundel County)**

**EBiggs-Testimony\_Dementia Bill 02082023.pdf**

Uploaded by: Etolia Biggs

Position: FAV



SB 228 - Favorable

Testimony of Etolia Biggs, Alzheimer's advocate and caregiver

Good afternoon Chair Griffith and Vice Chair Klausmeier, my name is Etolia Biggs and I live in Baltimore County.

I am an advocate for the bill entitled **Department of Aging – Dementia Care Navigation Programs** because I am a caregiver for my mother who was diagnosed with Alzheimer's in 2016.

Although I work remotely full time, I need assistance in caring for my mom during the daytime working hours. After my workday ends around 5pm, and the aide or my sister leaves for the day – if I had help for the day; I start (or continue) my 2<sup>nd</sup> fulltime job - caring for my mother.

Mom used to work as a private in-home aide and that was her passion. Now mom needs an aide. Everyday is like Groundhog Day for her. She doesn't remember what happened yesterday, let alone an hour or 10 minutes ago. Somedays mom look me in right my eyes and asks, "Where's Etolia?"

Caregiving is a labor of love that brings many challenges. It impacts my mental, physical and social life. In this short time, I have experienced many occasions of physical and mental burnout. Whether mom is calling me at repeatedly 3am because she thinks it's time to get up for breakfast or whether she's going to the bathroom at 6am – and I'm changing the already wet linen and pads so she can go back to sleep in a dry bed, there's never a dull moment.

We were fortunate to connect with Baltimore County Dept of Aging to help navigate the system to identify resources. But not every Aging department has this kind of help. The Governor talks about "leaving no one behind", and well, if I did not live in Baltimore County I would probably be left behind as a caregiver.

It would be great to see this bill fully funded to provide resources to assist dementia caregivers across the state with support, outreach and help connecting to respite care.

Thank you.

**SB228 LOS\_dementia.pdf**

Uploaded by: Jennifer Eastman

Position: FAV



# MARYLAND COMMISSION ON CAREGIVING

## MEMBERS

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February 9, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

**RE: SB 228 - Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs**

Dear Chairwoman Griffith:

The Maryland Commission on Caregiving is pleased to submit this **letter of support for SB 228 – Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs**. This bill would establish a Dementia Care Coordinator position within the Department of Aging to oversee dementia care navigation programs, standardize training and program implementation across all Area Agencies on Aging, and collect and coordinate data.

Serving as the ‘voice of the Maryland family caregiver,’ the Maryland Commission on Caregiving (“Commission”) is charged with recommending policies that positively impact family caregivers, streamlining services and programs, soliciting and responding to caregiver concerns and acknowledging their contributions. Anecdotally, caregivers share time and time again that they do not know which way to turn for resources and supports and what is even available to help them. SB228 would achieve that for caregivers of people with Alzheimer’s and related dementia.

Currently, the Area Agencies on Aging throughout MD are doing impactful work with dementia awareness, education, and programming to include organizing support groups, memory cafes, and outreach events, but there is no consistency with program implementation across jurisdictions, and many of them, if not all, are leveraging existing staff and resources. By establishing a position of leadership within the Department of Aging and designating financial resources to its program implementation, consistency of quality can be achieved regardless of the county in which one lives. The Dementia Care Coordinator can work in tandem with the Department of Health and the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council to achieve the goals set forth in the MD State Plan to Address Alzheimer’s Disease and Related Dementias: 2022-2026. Lastly, this bill would be the first ever state-specific appropriation in MD for dementia caregiving - following what eleven states have already done.

The Commission works to ensure that caregivers across the lifespan are equipped with the resources needed to provide safe care to their loved ones. Passage of SB228 would support such efforts which is why the Commission respectfully urges a favorable report.

Sincerely,

*Jennifer Eastman*

Jennifer Eastman, Chair, MD Commission on Caregiving

# **HFAM Testimony SB 228.pdf**

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE  
SENATE FINANCE COMMITTEE**

February 9, 2022

Senate Bill 228: Department of Aging - Dementia Care Coordinator  
and Dementia Care Navigation Programs  
*Written Testimony Only*

**POSITION: FAVORABLE**

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 228. HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

Senate Bill 228 establishes the position of Dementia Care Coordinator in the Department of Aging to oversee dementia care navigation programs; requires the Coordinator to train the staff of dementia care navigation programs, disseminate best practices and submit a report, by October 1, 2024 and each year thereafter, to the Governor, the Speaker of the House and President of the Senate on the services provided; and requires the Department to publish a certain report on its website.

There are approximately 110,000 people aged 65 or older living with dementia in Maryland and that number is expected to increase 18% by 2025, according to the Maryland Department of Health. Tens of thousands of these Marylanders are cared for in skilled nursing and rehabilitation centers or assisted living communities and even more are cared for at home by family caregivers.

Dementia care programs and resources are incredibly important to improving and enhancing the quality of life for those living with dementia, as well as their families and caregivers. These types of services can help individuals and families with a dementia diagnosis, assist with planning for the future, identify resources, and navigate care decisions.

Given the COVID-19 pandemic, aging demographics, and the ongoing healthcare workforce shortage, it is more important than ever that all stakeholders come together to advance public policy that enhances the quality of life for Marylanders living with dementia and provide support to their families and caregivers.

**For these reasons we request a favorable report from the Committee on Senate Bill 228.**

*Submitted by:*

Joseph DeMattos, Jr.  
President and CEO  
(410) 290-5132

**SB228\_Testimony\_JoySchmidt.pdf**

Uploaded by: Joy Schmidt

Position: FAV

Testimony 2/9/2023

I'm Joy Schmidt, a Dementia Care Specialist (DCS) in Dane County, Wisconsin.

The DCS supports people living with Alzheimer's disease and other forms of dementia and their caregivers. We provide information and education, and we connect people to resources. We also support dementia-friendly initiatives, like memory cafes, and promote early detection of dementia through memory screenings.

The pilot DCS program began 10 years ago. It was shown to improve the overall well-being of people living with dementia and to delay the need for nursing home care, which saved taxpayer dollars. We help Wisconsin residents in a variety of ways, including conducting thousands of cognitive screenings statewide; these screenings – which are done by trained DCS workers from a wide variety of backgrounds. They are not done by doctors or clinicians, but just a first step to point people in the right direction; they help individuals with dementia and also their caregivers with more information.

As the pilot program was ending, citizens mobilized to support it. They shared positive experiences from working with their local DCS. Family members and caregivers from across our state came forward to fight for these positions and to support the need for knowledgeable advocates. For some who participated in memory screenings, it meant finding a treatable condition or early detection. For others, it meant getting reassurance about their memory and information about normal changes.

From Joe: "...The last couple of years have been spent thinking and reflecting... I just want to take the time to say thank you, for all your time and council that you gave to Sara and me. At the time little did I realize how far over my head things had gotten. It really became apparent how bad Sara had gotten after she went into the nursing home. It was the most difficult and trying time of my life. I miss her every day. I have often wondered what I would have done without your guidance...."

Joe and Sara had attended a memory café at our Governor's Residence hosted by Wisconsin's First Lady, Mrs. Kathy Evers. Working with the DCS, Mrs. Evers made the Governor's Residence dementia friendly and she is now carrying this mission to other first spouses across the country.

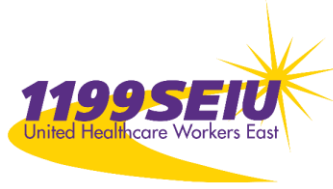
The DCS program has been invaluable to our state. It has provided people with the information they need to access resources, cope with losses caused by dementia and remain engaged in their community. I urge a favorable report on Senate Bill 505, legislation modeled after our Wisconsin program; Maryland will benefit from this.

**SB 228 - 1199 SEIU.pdf**

Uploaded by: Loraine Arikat

Position: FAV





## **Testimony in Support of SB 228**

### **Department of Aging – Dementia Care Coordinator**

Dear Chair Griffith and members of the Finance Committee:

My name is Ricarra Jones, and I am the Political Director of 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the nation – representing 10,000 healthcare workers in long-term care facilities and hospitals across Maryland. Our union is supporting SB 228 to establish a Dementia Care Coordinator. We ask the Committee to issue a favorable report.

1199 SEIU is part of coalition called Caring Across Maryland. We are a broad coalition of care workers, patients, loved ones, and advocates impacted by our fractured long term care infrastructure and determined to improving it. Our union members are in long term care facilities across the state and we believe in the importance of ensuring that our members are trained to support those with specific needs such as dementia.

However, with the ongoing serious staffing crisis dovetailed with the underinvestment in the long term care system, we see that patient's care teams are overburdened and have gaps. SB 228 aims to fill that gap and make sure no family supporting a loved one with dementia gets left behind.

1199 SEIU also has members in major hospitals across the state and we know that when we support patients with a robust care infrastructure, we can minimize the readmittance of patients in long term care or home care into hospital emergency rooms. As patients with Dementia navigate various healthcare settings, it is vital that designated Dementia Care Coordinator can support them.

SB 228 helps Maryland have a more caring healthcare system for patients with dementia. For the reasons above and more, we urge the committee to issue a favorable report.

In unity,

Ricarra Jones

Political Director, 1199 SEIU

[Ricarra.jones@1199.org](mailto:Ricarra.jones@1199.org)

**3 - SB 228 - FIN - ADRD Council - LOS.pdf**

Uploaded by: Maryland State of

Position: FAV

# VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DEMENTIAS COUNCIL

## MEMBERS

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Evie Vander Meer

February 9, 2023

Senator Melony Griffith  
Chair, Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

## **RE: Senate Bill 228 – Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs**

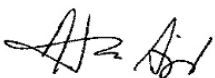
Dear Chair Griffith and Committee Members:

The Virginia I. Jones Alzheimer's Disease and Related Dementias Council (the Council) extends its support for **Senate Bill 228 (SB 228), titled "Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs."** SB 228 establishes the position of Dementia Care Coordinator in the Department of Aging to oversee dementia care navigation programs and requires each Area Agency on Aging to establish a dementia care navigation program.

The Council extends its support for **SB 228**, as it directly supports the Council's charge and recommendations put forth by the Council. Alzheimer's Disease and Related Dementias (ADRDs) are a complex and costly set of conditions associated with high health care costs, premature long-term care placement, medical complications, reduced quality of life, and caregiver burden. An estimated 110,000 Marylanders were living with Alzheimer's disease in 2020, and prevalence is expected to increase to 130,000 by 2025. Maryland Medicaid program spending on care for people with Alzheimer's disease surpassed \$1.2 billion in 2020 and spending is projected to increase 24.7% by 2025. Approximately 242,000 family caregivers in Maryland were providing care for people with dementia in 2021, and contributed 371 million hours of unpaid care, amounting to an estimated total economic value of \$6.8 billion.<sup>1</sup> Enhancing the availability of care coordination services, that include identifying and treating cognitive and behavioral symptoms, person-centered care planning, help facilitating access or referrals to needed care or support services, and provision of support to persons living with dementia and their caregivers has the potential to improve care, promote aging-in-place, and reduce health care costs.

The Council respectfully urges this Committee to approve **SB 228** as an important public health measure to better assess, address, and coordinate care for Maryland residents with ADRD. In doing so, this bill will support the goals of *the Maryland State Plan to Address ADRD: 2022-2026*, will aid in advancing dementia education for Area Agencies on Aging staff, will provide local specialized care navigation support, and will enhance the equitable delivery of dementia coordination services throughout Maryland.

Sincerely,



Halima Amjad, MD, PhD, MPH, Chair, Virginia I. Jones Alzheimer's Disease and Related Dementias Council

<sup>1</sup> Alzheimer's Association. 2022 Alzheimer's Disease Facts and Figures. Alzheimers Dementia 2022;18.  
<https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf>

**SB 228 Dept of Aging Dementia Care Coordinator.pdf**

Uploaded by: Tammy Bresnahan

Position: FAV



One Park Place | Suite 475 | Annapolis, MD 21401-3475  
1-866-542-8163 | Fax: 410-837-0269  
aarp.org/md | md@aarp.org | twitter: @aarpm  
facebook.com/aarpm

**SB 228 Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs**  
**FAVORABLE**  
**Senate Finance Committee**  
**February 9, 2023**

Good afternoon Chair Griffith and members of the Senate Finance Committee. I am Tammy Bresnahan. I am the Director of Advocacy for AARP Maryland. AARP is the largest membership-based organizations for individuals 50 and over in the United States and has over 870,000 members in Maryland. AARP Maryland supports **SB 228 Department of Aging – Dementia Care Coordinator and Dementia Care Navigation.**

SB 228 establishes the position of Dementia Care Coordinator in the Department of Aging to oversee dementia care navigation programs. It also requires the Coordinator to train the staff of dementia care navigation programs, disseminate best practices and submit a report, by October 1, 2024 and each year thereafter, to the Governor, the Speaker of the House and President of the Senate on the services provided; and requiring the Department to publish a certain report on its website.

According to the Center for Disease Control about one in five older Americans has a mental health condition. Among Medicare beneficiaries age 65 and older, the most common are depression, anxiety, and other neurocognitive impairments. In addition, one in ten Americans according to Alzheimer's have dementia. By 2030, in Maryland it is expected to increase by 30 percent.

Mental disorders seldom occur in isolation and can often lead to serious physical health issues. However, they are frequently undiagnosed or misdiagnosed in older patients. Older adults are more likely than younger adults to receive inappropriate or inadequate services related to brain health.

SB 228 also states that the work of the dementia care coordinator and the dementia care navigation programs shall be guided by the recommendations of The Virginia I. Jones Alzheimer's Disease and Related Disorders Council. The Council beginning in fiscal 2023 is a collaborative of state agencies, human services professionals, health care professionals and stakeholders from around the state working in areas of dementia services and brain health related to the human cognition. The council's focus is to examine the needs of individuals with Alzheimer's and related disorders, their caregivers and to Identify methods through which the State can most effectively and efficiently assist in meeting those need. And finally, to develop and promote strategies to encourage brain health and reduce cognitive decline.

For these reason, AARP Maryland respectfully request a favorable report for SB 228. If there are questions or follow up needed, please contact me at [tbresnahan@arp.org](mailto:tbresnahan@arp.org) or by calling 410-302-8451.

**SB228\_MoCoDHHS\_Frey\_SWA Final.pdf**

Uploaded by: Leslie Frey

Position: FWA



# Montgomery County

## Office of Intergovernmental Relations

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ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

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SB 228

DATE: February 9, 2023

SPONSOR: Senator Beidle

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)

POSITION: SUPPORT WITH AMENDMENT (Department of Health and Human Services)

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### Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs

Senate Bill 228 requires each Area Agency on Aging in the State to undertake extensive assessment and support services for individuals with dementia and their caregivers. Specifically, the bill requires the Area Agencies on Aging to: establish a Dementia Care Navigation Program to conduct cognitive assessments for individuals with dementia; provide programs for individuals with dementia; provide support for caregivers of individuals with dementia, including providing assistance with care planning; provide technical assistance to Area Agency on Aging staff who interact with individuals with dementia diagnoses or cognitive changes associated with dementia; act as conduits between health care providers and individuals with dementia and their caregivers; and provide any other appropriate service. To oversee this work, the bill establishes the position of Dementia Care Coordinator in the Maryland Department of Aging who is tasked with providing training and dissemination of best practices to Area Agency on Aging staff and submitting an annual report on the services provided. The bill mandates \$2,400,000 of funding beginning in Fiscal Year 2025 for the Program to be allocated by the Department according to each Area Agency on Aging's population served and need for services.

The Montgomery County Department of Health and Human Services (MCDHHS) recognizes the importance of providing adequate services and supports for residents with dementia and their caregivers. Rates of dementia are on the rise as the population ages. The needs of people with dementia are many and there are often myriad complications associated with their care. Caring for individuals with dementia contributes to higher rates caregiver rates of illness and emotional stress. However, the broad mandates in the bill present policy, implementation, and funding issues that MCDHHS seeks to address through the amendments attached to this testimony.

In order to address the concerns detailed below, MCDHHS respectfully offers the following amendments (attached) notwithstanding any other amendments offered by the bill sponsor:

- **Remove the mandate to establish a Dementia Care Navigation Program in each Area Agency on Aging and enable the establishment on a voluntary basis instead.**

MCDHHS recommends this amendment for the following reasons: *(continued on next page)*



***Policy concerns with SB 228:***

- Care navigation has not been extensively studied in populations with dementia, where health care workforce innovations are needed as a result of increasing disease prevalence and resulting costs to the health care system.<sup>1</sup>
- Patient navigation programs for individuals with dementia do not result in a demonstrable benefit to the individuals who participate compared with those who receive usual care.<sup>2</sup>

***Implementation concerns with SB 228:***

- Providing cognitive assessments for individuals with dementia presents a host of liabilities for the Area Agencies on Aging, including the hiring or contracting with appropriately credentialed staff to conduct these assessments as well as the liabilities associated with a doctor-patient relationship and whether conducting a cognitive assessment establishes such a relationship.

***Senate Bill 228 is not adequately funded to provide the mandated services it requires:***

- Under the bill, the Area Agencies on Aging will be awarded a portion of the \$2.4M allocated in the bill, based on the Agency's size of the population served and the service needs of the population.
- This allocation would be made after the Department on Aging utilizes the same \$2.4M for its responsibilities under the bill as well, resulting in an indeterminately smaller amount of funding to be shared among the State's 19 Area Agencies on Aging to undertake the extensive work required by the bill.

MCDHHS respectfully urges the committee to adopt the amendment to Senate Bill 228 to enable participation in the Dementia Care Navigation Program rather than requiring each Area Agency on Aging to participate.

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1

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7004209/#:~:text=Care%20navigation%20typically%20involves%20a,outcomes%20%5B1%2C7%5D>.

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/books/NBK571668/>

AMENDMENTS TO SENATE BILL 228

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 5, strike “**requiring**” and substitute “**enabling**”.

AMENDMENT NO. 2

On page 2, in line 30, strike “**SHALL**” and insert “**MAY**”.

On page 4, in line 5, after “**AGENCY**” insert “**THAT HAS ESTABLISHED A DEMENTIA CARE NAVIGATION PROGRAM UNDER THIS SUBTITLE**”.

# **SB228 Dementia Care Navigation Programs\_MHAMD FWA.**

Uploaded by: Margo Quinlan

Position: FWA

**Senate Bill 228 Department of Aging - Dementia Care Coordinator and  
Dementia Care Navigation Programs**  
Senate Finance Committee  
February 9, 2023  
**Position: Favorable with Amendments**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. MHAMD, and the Policy Committee of the Maryland Coalition on Mental Health and Aging, appreciate this opportunity to present favorable testimony with amendment language addressing the need for behavioral health support in regard to Senate Bill 228.

SB 228 would establish a Dementia Care Coordinator in the Department of Aging and require each Area Agency on Aging to oversee dementia care navigation programs. Given the incredibly high comorbidity of dementia and behavioral health disorders<sup>1</sup>, the long-recognized need to address behavioral health concerns for people with Alzheimer’s Disease and related dementias<sup>2</sup>, and the link between certain behavioral health disorders and the risk for late-life dementia<sup>3</sup>, we would strongly urge this committee to include language that would expand these positions to the title and responsibilities of “Behavioral Health and Dementia Care.”

The Area Agencies on Aging (AAAs) are local agencies that assist and support older adults, family caregivers, and adults with disabilities – they are the heart and hands serving older adults and caregivers in our communities. These agencies are increasingly called upon to assist in addressing the behavioral health needs of their clients. Unfortunately, most AAAs lack the resources necessary to help individuals navigate a complex behavioral health system to access an appropriate level of care.

The State has already recognized the importance of addressing the high co-occurrence of behavioral health and cognitive health concerns. The 2021 Interagency Report on Cognitive and Behavioral Health needs of Maryland’s aging population, written by the Maryland Departments of Health and of Aging, stresses that the “prevalence of cognitive and behavioral health disorders among older adults is high resulting in concerning trends around older adult suicide,

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<sup>1</sup> Brown MT, Wolf DA. Estimating the Prevalence of Serious Mental Illness and Dementia Diagnoses Among Medicare Beneficiaries in the Health and Retirement Study. *Res Aging*. 2018;40(7):668-686. doi:10.1177/0164027517728554

<sup>2</sup> Alzheimer’s Association (2022). “Treatments for Behavior.” <https://www.alz.org/alzheimers-dementia/treatments/treatments-for-behavior>

<sup>3</sup> Onyike, C., Johns Hopkins University. *Psychiatric Aspects of Dementia*. *Continuum (Minneapolis, Minn)*. 2016;22(2 Dementia):600-614. doi:10.1212/CON.0000000000000302

overdose, hospital lengths of stay, caregiver burnout, and overall costs to the healthcare system.” Neglecting to meet the diverse needs of Maryland’s rapidly growing older adult population can have significant public health and economic implications for our communities.

The state’s Area Agencies on Aging have alerted us to the need for dedicated behavioral health staff in each agency. These individuals should be trained to work directly with community mental health and substance use treatment providers, serve as technical support to AAA staff in their work with clients, and assist in coordinating needed community supports. Older adults who present with co-occurring dementia and behavioral health concerns deserve staff and coordination that is trained to identify and adept at appropriately supporting these individuals. MHAMD offers these friendly amendments as a means to establish these critical and adaptable positions in each of the 19 AAAs across the state, and urge a favorable report contingent upon these amendments. We are happy to talk more and provide specific amendment language upon request.

*For more information contact:*

*Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / [mquinlan@mhamd.org](mailto:mquinlan@mhamd.org)*

**SB0228-Amendment.pdf**

Uploaded by: Pamela Beidle

Position: FWA



SB0228/733922/1

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

07 FEB 23  
11:45:06

BY: Senator Beidle  
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 228  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “**Dementia Care Coordinator and**”; in line 4, strike “establishing” and substitute “requiring”; in the same line, strike “position of Dementia Care Coordinator in the”; and in line 17, strike “Coordinator and”.

AMENDMENT NO. 2

On page 2, in line 5, strike “**COORDINATOR AND**”; in line 7, strike “**THERE IS A DEMENTIA CARE COORDINATOR IN THE**” and substitute “THE”; strike beginning with the period in line 7 down through “**COORDINATOR**” in line 8; in line 9, strike “**(C)**” and substitute “(B)”; in line 11, after “**SUBTITLE;**” insert “AND”; strike beginning with the semicolon in line 13 down through “**WEBSITE**” in line 20; in line 21, strike “**(C)**” and substitute “(B)”; in the same line, strike “**DEMENTIA CARE COORDINATOR AND THE**”; and after line 27, insert:

“(C) (1) ON OR BEFORE OCTOBER 1, 2024, AND EACH OCTOBER 1 THEREAFTER, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE PRESIDENT OF THE SENATE, THE SPEAKER OF THE HOUSE, THE SENATE FINANCE COMMITTEE, AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE ON THE SERVICES PROVIDED UNDER THIS SUBTITLE.

(2) THE REPORT REQUIRED UNDER THIS SUBSECTION SHALL INCLUDE:

(I) THE NUMBER OF DIRECT CONTACTS EACH DEMENTIA

CARE NAVIGATION PROGRAM HAS WITH STATE RESIDENTS; AND

(II) THE RESULT OF EACH DIRECT CONTACT, INCLUDING:

1. THE PERCENTAGE OF INDIVIDUALS REFERRED TO SERVICE PROVIDERS;

2. THE NUMBER OF COGNITIVE ASSESSMENTS CONDUCTED;

3. THE NUMBER OF OUTREACH EVENTS CONDUCTED;  
AND

4. THE NUMBER OF STATE RESIDENTS CONTACTED THROUGH OUTREACH EVENTS.

(3) THE DEPARTMENT SHALL PUBLISH THE REPORT REQUIRED UNDER THIS SUBSECTION ON THE DEPARTMENT'S WEBSITE."

On page 3, in lines 5 and 6, strike "WITH DEMENTIA" and substitute "CONCERNED WITH THEIR COGNITION"; in lines 7 and 8, strike "WITH DEMENTIA IN" and substitute "WHO DEMONSTRATE SYMPTOMS OF DEMENTIA THAT INTERFERE WITH ACTIVITIES OF DAILY LIVING,"; in line 8, after "EXERCISE" insert a comma; strike beginning with "WITH" in line 9 down through "GROUPS" in line 11 and substitute "WHO DEMONSTRATE SYMPTOMS OF DEMENTIA THAT INTERFERE WITH ACTIVITIES OF DAILY LIVING"; strike beginning with "CONSIDERING" in line 12 down through "(5)" in line 15; in line 18, after "CHANGES" insert "THAT MAY BE"; in lines 19 and 23, strike "(6)" and "(7)", respectively, and substitute "(5)" and "(6)", respectively; in line 20, strike "AND FACILITATING" and substitute "TO FACILITATE"; and in lines 21 and 22, in each instance, strike "WITH DEMENTIA" and substitute "WHO



**SB0228/733922/01**  
**Amendments to SB 228**  
**Page 3 of 3**

**Beidle**

**DEMONSTRATE SYMPTOMS OF DEMENTIA THAT INTERFERE WITH ACTIVITIES OF DAILY LIVING**".

# **SB228 Dementia Testimony.pdf**

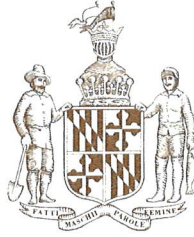
Uploaded by: Pamela Beidle

Position: FWA

PAMELA G. BEIDLE  
Legislative District 32  
Anne Arundel County

Finance Committee

Vice Chair  
Executive Nominations Committee



James Senate Office Building  
11 Bladen Street, Room 202  
Annapolis, Maryland 21401  
410-841-3593 · 301-858-3593  
800-492-7122 Ext. 3593  
Pamela.Beidle@senate.state.md.us

THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

February 9, 2023

**SB 228**

**Department of Aging – Dementia Care Coordinator & Dementia Care Navigation Programs**

Good Afternoon Chair Griffith, Vice Chair Klausmeier, and Members of the Finance Committee;

Thank you for the opportunity to present Senate Bill 228, Dementia Care Coordinator and Dementia Care Navigation Programs. SB228 is a cross-file of HB614, there is a sponsor amendment to fully conform this legislation to its cross-file.

This legislation, as amended, creates an outreach program at each of Maryland's local aging departments to connect with individuals who may have dementia and their caregivers. They would:

- refer people to care providers,
- offer educational programs about how to manage dementia, and
- help people concerned with their cognitive function.

The bill provides funding to the Department of Aging, so they can administer and evaluate this program statewide, and distribute it equitably to local jurisdictions to help our seniors.

Although this legislation was introduced last year, however it did not advance out of this committee. Delegate Cullison and I worked on this bill over the interim. The bill:

- Addresses the prior concerns of the Department of Aging and affords them sufficient resources to staff this program internally;
- Provides more resources for local departments of Aging.
- Allocates funding based on the need.
- Provides to aid caregivers and "individuals who demonstrate symptoms of dementia that interfere with activities with daily living."

We all struggle to grasp a disease that gets progressively worse—both for individuals with it and certainly their caregivers—as our loved ones may refuse to eat, get increasingly angry, have difficulty communicating, wander, and so much more.

I respectfully request a favorable report on SB 228.

**SB0228 MDoA Letter of Information.docx.pdf**

Uploaded by: Pamela Sidle

Position: INFO



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Acting Secretary

**DATE:** February 8, 2023

**BILL NUMBER:** SB0228

**COMMITTEE:** Finance

**BILL TITLE:** Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Program

**POSITION:** Letter of Information

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Thank you for the opportunity to provide information regarding SB0228 – Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Program.

The Department considers this program as a good starting place for the conversation. However, please consider discussions about cognitive health, behavioral health and medication management that are inextricably linked to the challenges. Additional discussions are needed to determine the level of medical and mental health expertise.

The position of Dementia Care Coordinator would require a candidate with substantial expertise and knowledge. Due to these requirements, the salary for the Dementia Care Coordinator would need to be a Grade 18, Step 14 with a salary starting at \$86,121. This position would require supervision from senior management at a salary portion of \$8,585. The total amount for both salaries and fringe would be approximately \$151,530.

In order to meet the provisions SB0228, a certain number of Dementia Care Navigators need to be hired in each jurisdiction. The Department determined that the average salary for this position would be approximately \$140,000 (including fringe). At a minimum of two Navigators per Area Agency of Aging, which would likely not be sufficient, the total expenditures for 38 Dementia Care Navigators would be \$5,320,000. Additional costs would include, at a minimum, space, training, marketing, and travel.

Equity will require consideration of bi-lingual staff at the state and local jurisdiction levels to ensure that all populations will have equal access to information and services. This will incur additional costs for staff and outreach to all communities. Reaching rural residency also will impact staff work, time, and number.

For these reasons, the Department of Aging offers this Letter of Information for SB0228 and strongly urges a reconsideration of the legislation in its current form.