Overview: Alzheimer's and Dementia in Kentucky

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Outline for today's discussion:

1. Overview of State Plan + Association's Goals

2. Kentucky Statistics

3. Care Continuum: Definitions for facilities and Home and Community Based Services (HCBS)

4. Education and training requirements for facilities and HCBS

5. Q&A

"Setting a Roadmap to Address Alzheimer's in the Commonwealth: A Report on the Assessment of the Current and Anticipated Future Impact of Alzheimer's Disease and Related Dementias on Kentuckians with Recommendations for Actions"

- In 2008, SJR 6 directed the Office on Alzheimer's Disease and Related Disorders (AD Office) and the Alzheimer's Disease and Related Disorders Advisory Council (AD Council) to assess the current and future impact of Alzheimer's disease on Kentuckians and State systems, programs and services. This assessment was updated in 2017 with new and revised recommendations.
- Several of the recommendations address the AD Office, which as of June 2019, exists in name only and is not funded or staffed.
  - The Association is realistic about costs and is willing to work with DAIL to serve as the de facto AD Office.

2017 Updated Recommendations to State Plan

Recommendation 1: Increase and Improve support for family caregivers

- (a) Request an increase in the Alzheimer's Program Development and Implementation line item in the state budget
  - Status: No increases have occurred
- (b) Utilize the AD council and stakeholder community to revise the current definition, eligibility and service requirements for the provision of respite care
  - Status: KY provides respite care through Title III-E. Ad Districts (AAA's) can provide respite care but due funding limitations and or prioritization play a big part in funding allocation.
    - Most caregivers are also unaware of the availability of respite care
- (c) Maintain a system of care coordinators and benefit counselors in each of the 15 AAA's
  - Status: No system in place
- **Information continued on next slide ..**

2017 Updated Recommendations to State Plan

Recommendation 1: Increase and Improve support for family caregivers

- (d) Develop incentives beyond tax incentives for caregivers
  - Status: There is currently no tax incentive for caregivers and no measures beyond tax incentives
- (e) Support legislation for a caregiver tax credit for people who provide in-home care for dependent relatives who have little to no income and have been diagnosed with Alzheimer's or related dementia
  - Status: Although, attempted, no such legislation has been passed
- (f) Develop a demonstration to test the feasibility and cost-effectiveness of adult day care clients receiving services in other long-term care settings traditionally considered institutional in order to expand access to accommodate anticipated growth in demand
  - Status: Many adult day services , especially social model, have been cut due to funding issues as federal funding moved to medical model.
    - There has been no demonstration or pilot program of traditionally institutional services for the purpose of expanding HCBS care

2017 Updated Recommendations to State Plan

Recommendation 2: Monitor a Statewide Data Collection System by collecting and monitoring, at minimum, the following:

- (a) The prevalence of dementia related diseases across the Commonwealth
  - Status: In 2012, 2015 and 2016, the Association applied to be included in the CDC's Behavioral Risk Factor Surveillance Survey (BRFSS)
    - In 2016, it was funded in part with help from DAIL and currently represents our most up-to-date statistics
    - BRFSS cognitive model collects demographic, geographic and socioeconomic data related to cognitive decline. There is also a caregiver module which focuses on collecting data regarding caregivers' personal health and greatest care needs.
    - This is by far the most important piece of data we can collect that ensure we are getting accurate information about individuals in Kentucky experiencing cognitive decline and their caregivers.
    - However, we were unable to be included in the upcoming 2019 BRFSS module due to lack of funding; the cost for including the six necessary questions is $30,000, which is now rests solely on the Association
- **Information continued on next slide …**

2017 Updated Recommendations to State Plan

Recommendation 2: Monitor a Statewide Data Collection System by collecting and monitoring, at minimum, the following:

- (b) The prevalence of dementia related diseases by county
  - Status: BRFSS, nor any other data system, captures this information
- (c) The prevalence of early onset dementia and related diseases across the Commonwealth
  - Status: BRFSS, nor any other data system, captures this information
- (d) The prevalence of inpatient geriatric psychiatry beds
  - Status: BRFSS, nor any other data system, captures this information

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2017 Updated Recommendations to State Plan

Recommendation 2: Monitor a Statewide Data Collection System by collecting and monitoring, at minimum, the following:

- (e) The availability of geriatric services and specialists
  - Status: Kentucky lags behind in the availability of such services and specialists
    - The American Geriatrics Society estimates that an additional 23,750 geriatricians should be trained by 2030 in order to meet the demands of an aging U.S. population, however, as of 2017, there are currently only 6,910 certified geriatricians practicing nationwide and it is estimated that the United States has approximately half the number of certified geriatricians that it currently needs
    - Researchers also estimate that the United States will need 19 percent more neurologists by 2025 in order to meet increasing demand
    - In 2017 Kentucky was identified as one of the twenty states that were deemed "neurology deserts" due to a projected shortage of neurologists, combined with an expected rapid rise in Alzheimer's disease and other dementias
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2017 Updated Recommendations to State Plan

Recommendation 2: Monitor a Statewide Data Collection System by collecting and monitoring, at minimum, the following:

- (f) The availability of assessment services for Alzheimer's and related dementias
  - Status: Assessment services for Alzheimer's and related dementias depends largely on an individuals POC and / or information available at their local health department or AAA
    - While 82% of seniors say it is important to have their thinking and memory checked, only 16% say the receive regular cognitive assessments
    - There is a Medicare billing code for care planning but since its implementation in 2017, less than 1% of doctors utilize the code, partly because of the low reimbursement rate
    - Cognitive assessment is covered by the Medicare annual wellness visit, but most seniors are unaware of the benefit and therefore do not ask for it
    - KY does collect information through SAMS, a statewide data system on services provided by AAA's but currently lists that information pertaining to Alzheimer's and dementia under a "Disability" title
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2017 Updated Recommendations to State Plan

Recommendation 2: Monitor a Statewide Data Collection System by collecting and monitoring, at minimum, the following:

- (g) The number and location (county) of Kentuckians who are currently providing care in their home to a family member
  - Status: Currently, we do not collect data related to the number and location of Kentuckians providing care to a family member in their home.
  - BRFSS collects data related to :
    - Percentage of adults 18 years of older who self-report as being a caregiver to a person with a health problem or disability
    - Relationship between the caregiver and the care recipient
    - Health problem or disability of the care recipient
    - If the caregiver assists with household tasks
    - If the caregiver assists with personal tasks
    - Average hours of caregiving provided per week
    - Length of time as a caregiver
    - Type of assistance most needed by the caregiver that they do not receive (question included for years 2015–2018)
    - If the care recipient has Alzheimer's disease or another dementia in addition to another health problem or disability (question added in 2019)
    - Percentage of adults aged 18 years or older who are not caregivers who expect to be caregivers in the next 2 years

2017 Updated Recommendations to State Plan

Recommendation 3: Establish State Protocol on Appropriate Interface and Choices for Individuals with Alzheimer's and Their Families

- (a) Require the AD Council to utilize a protocol detailing how to interface with individuals with Alzheimer's and related dementias and their families (The protocol should include appropriate placement care options based on the stages of Alzheimer's and related dementias)
  - Status: DAIL provides resources for case managers and serves as a resource for family members.
    - DMS through the Division of Community Alternatives has a manual for HCBS providers and case managers and are currently working on improving the ways in which they can be a resource for families, through the 1915(c) waiver re-design.
    - However, there is no singular official "handbook" or "protocol" for interfacing with individuals with Alzheimer's and their families.

2017 Updated Recommendations to State Plan

Recommendation 4: Explore Options to Increase Insurance Coverage for Individuals with Alzheimer's and Related Dementias

- (a) Support and protect Medicaid eligibility and Alzheimer's specific waivers for individuals with early onset Alzheimer's disease
  - Status: Kentucky uses the federal Medicaid financial eligibility requirements for HCBS and sets the functional eligibility requirements as : (1) Are elderly or have a physical disability and (2) You meet the Level of Care defined by KAR 1:022 and would be admitted to a nursing facility if you did not have waiver services.
    - This has the potential to prevent individuals with early onset to qualify for HCBS services .
- (b) Advocate for integrated systems of healthcare and support that support mental health parity and are effective for individuals with Alzheimer's disease and their families (e.g.: disease management strategies, practice guidelines, HCBS care, hospice care and chronic care management)
  - Status: Efforts to integrate mental health care are slowly being addressed within hospital systems but disparity between Levels of Care causes disruptions and confusions with disease management strategies and care planning.

2017 Updated Recommendations to State Plan

Recommendation 4: Enhance State Policies and Procedures to Provide Additional Support to Ensure the Health, Safety and Welfare of Individuals with Alzheimer's disease and Related Dementia

- (a) Utilize the AD Council to evaluate State regulations on home care, adult day and home health, to assure they are "dementia friendly"
  - Status: When time provides, the Council attempts to evaluate said regulations, but are limited by time and funding constraints.
- (b) Monitor and give recommendations that address persons with dementia ability to remain in their current living environment despite a change in their condition (i.e.: challenging behaviors or other disease symptoms) that under existing regulations might otherwise promote their move to a different level of care
  - This protocol should ensure that the provider can adequately demonstrate that the person's care needs can be safely and effectively met without the disruption of moving.
  - Status: The Association is actively working on this issue through our participation in the 1915(c) waiver re-design and our recommendations for training and case management for individuals with Alzheimer's or related dementias utilizing HCBS.
- **Information continued on next slide …**

2017 Updated Recommendations to State Plan

Recommendation 4: Enhance State Policies and Procedures to Provide Additional Support to Ensure the Health, Safety and Welfare of Individuals with Alzheimer's disease and Related Dementia

- (c) Support a pilot demonstration project to address the problem of facility discharges of residents exhibiting challenging behaviors.
  - Status: There is no such pilot program in place.
  - Currently, there is a 22% hospital readmission rate for dementia patients.
- (d) Review the current Kentucky Medicaid programs to ensure "dementia friendly" approaches and policies, and identify challenges to admission and eligibility requirements.
  - Status: The Association is actively working on this issue through our participation in the 1915(c) waiver re-design and our recommendations for training and case management for individuals with Alzheimer's or related dementias utilizing HCBS, as well as the financial and functional eligibility requirements.
- **Information continued on next slide …**

2017 Updated Recommendations to State Plan

Recommendation 4: Enhance State Policies and Procedures to Provide Additional Support to Ensure the Health, Safety and Welfare of Individuals with Alzheimer's disease and Related Dementia

- (e) Support and encourage the evolution and application of best practice for persons with dementia living in personal care homes and assisted living facilities.
  - Status: With PCs being licensed by OIG and ASLs being certified by DAIL, there is a disparity in the education and training requirements, as well as policies, rules and or regulations regarding best practices for individuals with Alzheimer's or related dementias in those settings.

Kentucky State Plan + Alzheimer's Nationwide State Policy Priorities

- The goals and recommendations of our State Plan to address Alzheimer's align with the Association's overall policy goals and priorities:

Increase Public Awareness, Early Detection and Diagnosis

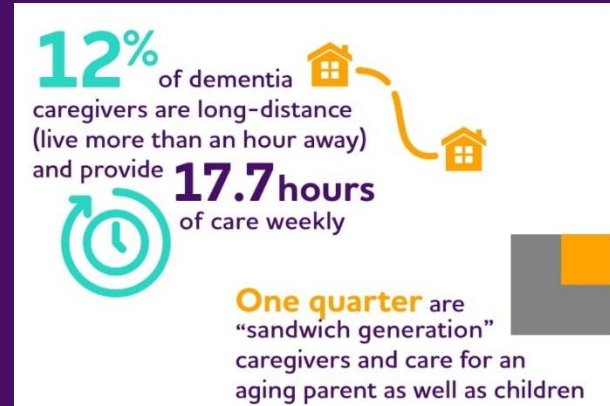
Build a Dementia-Capable Workforce

Increase Access to Home and Community-Based Services

Enhance the Quality of Care in Residential Settings

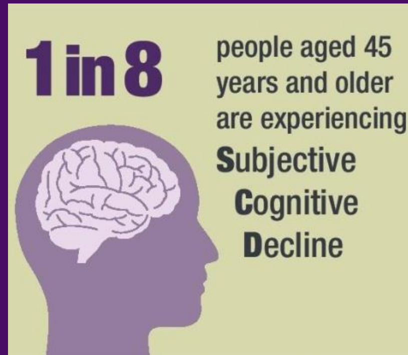
Kentucky Statistics:

- Number of Kentuckians living with Alzheimer's or related dementia:
  - 73,000 → 86,000 by 2025
    - Increase of nearly 17% over the next six years
  - Responsible for 1,765 deaths in 2017
- Number of caregivers in Kentucky:
  - 273,000 → 300,000 by 2025
  - 311M total hours of unpaid care, valued at $3.9M
  - $197M in higher healthcare costs for caregivers
- Costs associated with caring for the disease:
  - $23,703 / per capita Medicare spending
  - $778M in Medicaid costs for people with dementia
    - 20.6% increase expected from 2019 to 2025
  - 22.2% hospital readmission rate for dementia patients



Kentucky Statistics:

- 2016 BRFSS data:
  - In Kentucky, one in eight of those aged 45 and over report they are experiencing confusion or memory loss that is happening more often or is getting worse (“subjective cognitive decline”)
  - 55.9 percent say it has created “functional difficulties”
  - More than half have not discussed these problems with a healthcare professional
  - 90.4% of those reporting cognitive decline are also managing another chronic condition (i.e.: diabetes, heart disease, COPD, etc.)
  - Nearly 1 in 4 Kentuckians are caregivers
  - Provide at least 20 hours per week of unpaid care



The Care Continuum in Kentucky

- In KY, there are two entities that are responsible for licensure and/or certification of long-term care (LTC) facilities:
  - (1) CHFS → Department for Aging and Independent Living (DAIL)
    - A. Home-And-Community-Based-Services (HCBS), including Adult Day and Respite Care, are also under CHFS/DAIL, by way of the Division of Medicaid Services and the Department for Community Alternatives.
  - (2) CHFS → The Office of the Inspector General (OIG), Division of Healthcare
- Assisted Living Facilities (ASL) are certified by DAIL
- Personal Care (PC) Homes and Nursing Homes/Facilities (NF) are licensed by OIG

First up … Care at Home / In the Community

Home & Community Based Services: Definitions and Eligibility

- HCB services are authorized through the 1915(c) Medicaid Waiver Program: "A KY Medicaid program established pursuant to and in accordance with 42 U.S.C. 1396n(c)."
- This waiver program provides Medicaid-paid services and supports to the elderly or to adults and children with physical disabilities to help them to live at home rather than in an institutional setting.
- Services include:
  - **Adult Day Health Care:** A place for persons 21 and older to receive skilled nursing care, routine personal and healthcare needs, meals, and to be part of daily activities
  - **Attendant Care:** Help with tasks a person cannot do on his or her own due to being aged or because of a physical disability. This service includes help with bathing, dressing, grooming, light housework, laundry, and meal planning and preparation
  - **Environmental & Minor Home Adaptation:** Changes to a person's home that ensure their health, safety, and welfare, increase independence, and allow them to continue to live at home
  - **Home Delivered Meals**
  - **Non-Specialized and Specialized Respite Care:** Provides a short term break for a person's primary, unpaid caregiver

Home & Community Based Services: Definitions and Eligibility

- You may qualify for HCBS / 1915(c) if:
  - Are elderly or have a physical disability.
  - Meet nursing facility level of care as defined in Kentucky Administrative Regulation 907 KAR 1:022 and would be admitted to a nursing facility if you did not have waiver services.
  - Meet the federal financial qualifications for Medicaid
- KRS 205.520(3) authorizes CHFS to comply with any requirement that may be imposed, or opportunity presented, by federal law to qualify for federal Medicaid funds.
  - HCBS compliance with federal law is monitored by DAIL, via CHFS □ DMS □ DCA
- HCBS includes Alzheimer's respite care and Alzheimer's / Adult Day

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Next … Assisted Living Facilities!

Assisted Living Facilities: Definitions & Certification

- ASL's must be certified initially and annually by DAIL and are considered **private business entities** (910 KAR 1:240)
  - As such, no public funding is available for services provided in this setting (i.e.: no Medicaid reimbursement)
  - Clients must be ambulatory or mobile non-ambulatory and not be a danger to self or others
- ASL's in KY means a number of living units on the same site, operated as one business entity and certified to provide services for five or more adults.
- Services that can be performed in ASL's include:
  - Assistance with Activities of Daily Living (ADLs)
  - Instrumental Activities of Daily Living (IADLs) such as housekeeping, scheduled daily activities and assistance with **SELF ADMINISTRATION** of medication
    - KRS 194A.705(1)(d): "Assistance with self-administration of medication in accordance with (ibid), which, for medications not preset in a medication organizer or single dose unit container as described in KRS 194A.700(3)(a), may include but **shall not exceed** the following staff actions if the client requests assistance:
      - (1) Providing the client with a medication reminder
      - (2) Reading the medication label to the client and confirming that the medication is being taken by the client for whom it is prescribed and;
      - (3) Opening the medication container or dosage package, but not handling or removing the medication

Assisted Living Facilities: Definitions & Certification

- For certification:
  - An ASL must complete the DAIL application
  - Provide a copy of a blank lease agreement
  - A copy of written material used to market the proposed ASL, including material that markets offered special programming (ex: Alzheimer's and dementia care), staffing or training
  - Floor plan
  - A nonrefundable application fee of $40 per unit (plus additional fees depending on the size of the facility)
  - The certification process is annual and absent a formal complaint against the facility, the state does not conduct any oversight and monitoring of the quality of care in the facility

Next … Personal Care Homes!

Personal Care Homes: Definitions & Licensure

- PC's are licensed as LTC facilities by the OIG
  - Services in a PC may be reimbursed from the state general fund but there is no reimbursement for Medicaid services
  - Clients may be ambulatory or mobile non-ambulatory and whose care needs do not exceed the PC's capability (i.e.: Residents must be able to manage most of their ADLs)
- PC's in KY means an establishment located in a permanent building, which has resident beds
- Services that can be performed in PC's include:
  - Continuous supervision
  - Basic health / health related services (supervision of self-administration of medications, storage and control of medications, when necessary)
  - Personal care services
  - Social / recreational activities
- For complete details of the licensure process, see: 902 KAR 20:008
  - In summation, for a provisional license, a facility must complete the appropriate application and pay the application fee
  - Within three (3) months from the effective date of a provisional license, the OIG shall conduct an unannounced, on-site inspection of the health facility verify compliance and provide a full license if the PC is in compliance
  - Inspections and license renewal are annual

Are you still awake?!

And finally … Nursing Homes vs. Facilities?

Here’s where things get confusing …

Nursing Facilities: Definitions & Licensure

- NF's are licensed by OIG and are legally responsible for the facility and compliance with all federal, state and local laws and regulations pertaining to the operation of the facility
  - NF's are often the final "stop" on the continuum of care NF's "shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life" (902 KAR 20:300)
  - Before admission to a NF, the facility "shall make a comprehensive assessment of the residents needs, which describes the resident's capacity to perform daily life functions and significant impairments in functional capacity" (902 KAR 20:300)
- KY has administrative regulations for "nursing facilities" (902 KAR 20:300) but also "nursing homes" (902 KAR 20:048)
  - Nursing homes are defined as "establishments with permanent facilities that include inpatient beds" and "services provided may include medical services and continuous nursing services. Patients in a nursing home facility require inpatient care but do not currently require inpatient hospital services" (902 KAR 20:048)
- Nursing facilities are defined as "a nursing facility licensed pursuant to this reg and 902 KAR 20:008 (which relates to license procedures and fee schedules)
- 902 KAR 20:048: "(b) When the patient's condition exceeds the scope of services of the facility, the patient, upon physician's orders (except in cases of emergency), shall be transferred promptly to a hospital or a skilled nursing facility, or services shall be contracted for from another community resource"
- Nursing home → patients condition exceeds level of care → Nursing facility (?)

Me, trying to understand all of this.

Now that we know the continuum of care, let's look at the training/education and staffing requirements

HCBS: Alzheimer's Adult Day and Respite – Training & Staffing

- Program staff at a certified adult-day center shall include:
  - (1) Trained and experienced staff who shall be present each day of operation
  - (2) At least two staff members at the adult-day center at times when there is more than one client in attendance
  - (3) Staffing ratios shall be:
    - 1 staff to 1 client
    - 2 staff if 2 to 10 clients
    - 3 staff if 11 to 15 clients
    - 1 staff member for each 5 additional clients over 15
    - 1 staff member certified in CPR
    - A director that meets the qualifications laid out in 910 KAR 1:160 (9)(a)1
- Prior to assuming duties, paid and volunteer personnel shall receive a minimum of 6 hours of orientation including:
  - Program objectives
  - Policies and procedures
  - Health, sanitation, emergency procedures
  - Client confidentiality
  - Personnel policies

HCBS: Alzheimer's Adult Day and Respite – Training & Staffing

- Within 3 months of employment, staff shall be provided a minimum of 34 hours of basic training that includes:
  - (1) The aging process
  - (7) Recognizing and reporting suspected adult abuse neglect or exploitation
  - (9) Dementia, including:
    - A. Causes and manifestations of dementia and;
    - B. Managing a client with dementia
  - (10) Crisis intervention with a combative client
  - (11) Effects of dementia on the caregiver
- Staff shall receive a minimum of 8 hours of annual training to review and update knowledge and skills
- HCBS providers must also ensure compliance with federal Medicaid laws and training (to be discussed on a later slide)

Assisted Living: Training & Staffing

- KRS 194A. 717:
  - (1) Staffing in an assisted-living community shall be sufficient in number and qualification to meet the 24 hour scheduled needs of each client pursuant to the lease agreement and functional needs assessment.
  - (2) One awake staff member shall be on site at all times.
  - (3) An assisted-living community shall have a designated manager who is at least 21 years of age, has at least a high school diploma or GED and has demonstrated management or administrative ability to maintain the daily operations.
  - (4) No employee who has an active communicable disease
- KRS 194A.719: In-service Education for Staff and Management
  - ASL staff and management shall receive orientation education (w/in 90 days of hire) on the following topics as applicable to the employee's assigned duties:
    - (f) Alzheimer's disease and other types of dementia
    - (h) The aging process
  - Staff and management shall receive annual in-service education applicable to their assigned duties that addresses no fewer than 4 of the topics listed above
- The ASL must maintain a description of any dementia-specific training that is provided, including at a minimum the content, the number of offered and required hours, the schedule and the staff who are required to complete the training

Personal Care Homes: Training & Staffing

- 902 KAR 20:036(8)
  - Each facility must have an administrator who is responsible for the facility's operation and who must delegate such responsibility in his/her absence
  - One attendant shall be awake and on duty on each floor in the facility at all times
- 902 KAR 20:036(8)
  - All employees shall receive in-service training to correspond with the duties of their respective jobs . . . Shall include but not be limited to:
    - (1-3) Policies/services/procedures
    - (4) Reporting cases of adult abuse, neglect or exploitation
    - (5) Methods of assisting patients to achieve maximum abilities in ADLs
    - (6) Methods for proper application of physical restraints
    - (9) The aging process
- 902 KAR 20:036(g)
  - The number of personnel required shall be based on:
    - The number of patients
    - Amount and kind of PC
    - Supervision and program needed to meet the needs of residents

Nursing Homes vs. Nursing Facilities: Training and Staffing

- Only 902 KAR 20:048 (Nursing Homes) lays out staffing requirements:
  - 1. The facility shall have adequate personnel to meet the needs of the patients on a twenty-four (24) hour basis. The number and classification of personnel required shall be based on the number of patients and the amount and kind of personal care, nursing care, supervision and program needed to meet the needs of the patients as determined by medical orders and by services required by this administrative regulation.
  - 2. When the staff to patient ratio does not meet the needs of the patients, the Division for Licensing and Regulation shall determine and inform the administrator in writing how many additional personnel are to be added and of what job classification and shall give the basis for this determination.
  - 3. A responsible staff member shall be on duty and awake at all times to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.
  - 4. Volunteers shall not be counted to make up minimum staffing requirements.
  - 5. The facility shall have a director of nursing service who is a registered nurse and who works full time during the day, and who devotes full time to the nursing service of the facility.

Nursing Homes vs. Nursing Facilities: Training and Staffing

- 902 KAR 20:048 (Nursing Homes) also lays out orientation and in-service requirements:
  - (e) Orientation program. The facility shall conduct an orientation program for all new employees to include review of all facility policies (that relate to the duties of their respective jobs), services and emergency and disaster procedures.
  - (f) In-service training. 1. All employees shall receive in-service training and ongoing education to correspond with the duties of their respective jobs. 2. All nursing personnel shall receive in-service or continuing education programs at least quarterly.

Nursing Homes vs. Nursing Facilities: Training and Staffing

- Because NF's take Medicaid, there are federal training and education requirements
- 42 CFR 483.95 – Training requirements: "A facility must develop, implement and maintain an effective training program for all new and existing staff ;individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.70(e). Training topics must include but are not limited to -
  - (a)Communication.
  - (b)Resident's rights and facility responsibilities
  - (c)Abuse, neglect, and exploitation: In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on -
    - (1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.
    - (2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property.
    - (3) Dementia management and resident abuse prevention.
  - (g)Required in-service training for nurse aides. In-service training must -
    - (1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.
    - (2) Include dementia management training and resident abuse prevention training.

ASL’s and LTC Facilities – Providing Alzheimer’s Care

- There is a KRS provision, 216.595, that sets out requirements for “assisted living facilities and long-term care facilities claiming to provide special care for person’s with Alzheimer’s disease or other brain disorders’
- (1) (a) Any assisted-living community as defined by KRS 194A.700 or long-term care facility as defined in KRS 216.535 that claims to provide special care for persons with a medical diagnosis of Alzheimer's disease or other brain disorders shall maintain a written and current manual that contains the information specified in subsection (2) of this section. This manual shall be maintained in the office of the community's or facility's director and shall be made available for inspection upon request of any person. The community or facility shall make a copy of any program or service information contained in the manual for a person who requests information.
- The community or facility shall maintain and update written information on the following:
  - (a) The assisted-living community's or long-term care facility's mission or philosophy statement concerning the needs of residents with Alzheimer's disease or other brain disorders;
  - (b) The process and criteria the assisted-living community or long-term care facility uses to determine placement into services for persons with Alzheimer's disease or other brain disorders;
  - (c) The process and criteria the assisted-living community or long-term care facility uses to transfer or discharge persons from special services for Alzheimer's or other brain disorders;
  - (d) The supervision provided for residents with a medical diagnosis of Alzheimer's disease or other brain disorders;

ASL's and LTC Facilities – Providing Alzheimer's Care

- KRS 216.595 continued:
  - (e) The family's role in care;
  - (f) The process for assessing, planning, implementing, and evaluating the plan of care for persons with Alzheimer's disease or other brain disorders;
  - (g) A description of any special care services for persons with Alzheimer's disease or other brain disorders;
  - (h) Any costs associated with specialized services for Alzheimer's disease or other brain disorders; and
  - (i) A description of dementia or other brain disorder-specific staff training that is provided, including but not limited to the content of the training, the number of offered and required hours of training, the schedule for training, and the staff who are required to complete the training.

ASL’s and LTC Facilities – Providing Alzheimer’s Care

- KRS 216B.072 provides the training / education requirements for these facilities:
  - A long-term care facility as defined in KRS 216.535, except for a personal care home (note: there are alz personal care facilities all over the state, yet no specific statutes), that advertises to provide special care for persons with a medical diagnosis of Alzheimer's disease or other related disorders or maintains an identifiable unit for the treatment of persons with a medical diagnosis of Alzheimer's disease or other related disorders shall provide training to all staff members in the care and handling of Alzheimer's disease or other related disorders as follows:
    - (1) At least eight (8) hours of orientation related to Alzheimer's disease or other related disorders to include the following:
      - (a) Facility policies;
      - (b) Etiology and treatment;
      - (c) Disease stages; (d) Behavior management; and
      - (e) Residents' rights; and
    - (2) Annual continuing education of at least five (5) hours related to Alzheimer's disease or other related disorders
- These disclosure, education and training requirements are AWESOME!

ASL's and LTC Facilities – Providing Alzheimer's Care

- … But, according to our State Long-Term Care Ombudsman, there are only **two** nursing facilities in Kentucky that operate under these statutes.

And THAT, to the best of my ability, is a overview of Alzheimer's and dementia in Kentucky!

QUESTIONS?