MARYLAND COMMISSION ON AGING
Video Conference February 9, 2022
DRAFT MEETING MINUTES

Attendees

<u>Members Present</u>
Rose Maria Li (Chair), Paula Blackwell, John Haaga, Joy Hatchette, Barry Linden, Jay Magaziner, George Rebok, Carmel Roques, David Roth, Sharon Saunders, Hon. Kathy Szeliga, Allen Tien

<u>Members Absent</u>
Hon. Benjamin F. Kramer

<u>Department of Aging Staff</u>
Rona E. Kramer, Secretary of the Maryland Department of Aging (MDoA)
Bernice Hutchinson, Deputy Secretary, MDoA
Lisa O'Connor, Staff to the Commission, MDoA

<u>Others</u>
Kevin Heffner, President, LifeSpan Network
Damon Kane, Technical Coordinator, Rose Li and Associates, Inc.
Quincy Samus, Associate Professor, Director of the Memory and Aging Services Innovation Center, Division of Geriatrics Psychiatry and Neuropsychiatry, Department of Psychiatry and Behavioral Sciences, Johns Hopkins School of Medicine
Anne Wiker, Administrative Manager, Johns Hopkins AI & Technology Collaboratory for Aging Research (Hopkins AITC), Johns Hopkins University

Greetings and Welcome
Dr. Li greeted Commissioners, staff, presenters, and guests.

Minutes
The minutes from the November 17, 2021 videoconference of the Commission on Aging were approved as amended with the addition of text that underscored Commissioners' support for the Department's restaurant initiative to meet federal dietary guidelines while supplying senior nutrition programs, including home-delivered meals.

Secretary's Remarks: Rona E. Kramer, Secretary of the Maryland Department of Aging
Secretary Kramer began by introducing Deputy Secretary Bernice Hutchinson, who brings enormous value and support to the Department from her decades of experience in aging programming, deep familiarity with the Older Americans Act, and professional relationships at the federal and state level.

She next gave a brief update of the legislative session, highlighting the Governor's proposed budget that fully funds the Department's innovative programs (including Communities for Life^{SM} [CFL] and Durable Medical Equipment [DME]) and adds $6 million in supportive programs for Area Agencies on Aging (AAAs) including for Congregate Housing, the Senior Care Program, and additional personnel support for service navigators for older adults seeking to access available programs. She also described the Governor's plan to provide retirement tax relief for nonworking retirees.

The Department is trying to expand the Restaurant Initiative Program, which has invested millions of dollars into Maryland's economy to help restaurants stay afloat during COVID and bring tasty meals to Maryland seniors.

The DME Program continues to be a success, far exceeding expectations. Secretary Kramer invited Commissioners to take a tour of the main facility, similar to those she has conducted with several department secretaries and government officials. The DME Program could assist hospitals with getting DME to patients, allowing them to go home the day they are discharged with the equipment, while waiting for Medicare's approval for purchase. It is feasible for the DME Center to deliver and set up the equipment needed on the same day, and once Medicare approves the purchase, the state-provided equipment could go back to resupply the DME center. This would represent a tremendous expansion in the DME Program but would save hospitals money and allow patients to go home sooner.

The Secretary closed by reiterating her call for any recommendations for filling staff vacancies, referencing the list of openings that was previously shared.

In introducing the next set of presentations, Dr. Li noted that the topic of caregiving and caregiver support was one of the priorities identified by Commissioners for 2022. She had invited Sharon Saunders and Carmel Roques to identify what would be most important to share with Commissioners for consideration and discussion, in consultation with Rosanne Hanratty to ensure that the discussion would be of utility as well to the Department.

Presentation and Discussion: National Family Caregiver Support Program Update

<u>Introduction: Sharon Saunders, Commissioner</u>
Dr. Saunders observed that in 2022, we are still experiencing difficulties and challenges facing caregivers, which primarily fall on family members. There is also a lack of adequate formal care, including respite and community-based care, that greatly constrains the care and services that caregivers want to provide, and impacts caregivers' health. The pandemic has greatly exacerbated this situation, especially access to health care. Those from the most vulnerable groups – e.g., people in rural areas, are low income, have inadequate health insurance coverage, lack access to technology – are particularly impacted. She welcomed Deputy Secretary Hutchinson to speak about the National Family Caregiver Support Program (NFCSP). Deputy Secretary Hutchinson was one of the contributing architects of the NFCSP,

enacted in 2000, to help family and other informal caregivers provide support and care for those living at home.

Speaker: Bernice Hutchinson, Deputy Secretary, Maryland Department of Aging
Today, at least one in five caregivers to older adults with health or functional needs are unpaid, with family members providing the most significant day-to-day care. NFCSP services and support for caregivers include information on available resources; access assistance; counseling, education, and training; respite services and supplemental services. Until approximately 2000, when the NFCSP was added, the Older American's Act largely focused on aging adults, not caregivers. Caregivers who can access the NFCSP program services are those caring for adults age 60+ or adults 18+ with a disability (i.e., adults age 60+, relatives, neighbors, friends), or caring for children 18 and younger (i.e., grandparents, other adults age 55+), and can be formal or informal relationships.

Respite Services has been one of the most significant benefits of the NFCSP. It provides funding for day programs or in-home care services, formal and informal. Supplemental Services provides nutritional supplements (e.g., food, vitamins, home-delivered meals, congregate meals), medication (e.g., prescribed and over the counter), incontinence supplies (e.g., pull-ups, bed pads, wipes), minor home repair and improvements (e.g., ramps, safety rails, grab bars), safety equipment (e.g., emergency response systems, canes, rollators, walkers, wheelchairs, stair lifts), specialty items (e.g., shoes, braces), health improvement services (e.g., exercise classes, small/safe exercise equipment), and transportation for those in need. Most services are offered to caregivers as well. During COVID-related challenges with Personal Protective Equipment (PPE) distribution, the Department provided training on home safety, connected county caregiver programs with pharmacies for special medication deliveries, clothing for grandchildren, housing support, help with utility payments, and evidence-based training for dementia caregivers.

In terms of implications for future research and planning, Deputy Secretary Hutchinson indicated that there has not yet been a comprehensive assessment of the NFCSP's impact in the state of Maryland. There is very little information available from other states examining overall program impact, return on investment, and health and well-being of the caregivers. Such an assessment might be a suitable topic for further discussion and planning by the Commission. It also is critical to increase public awareness; most people do not know that these programs exist.

Discussion
Secretary Kramer noted that the Department recommends the NFCSP to those in the CFL Program who have all levels of need, and their adult children.

Deputy Secretary Hutchinson elaborated on the NFCSP's evolution, from the Program's initial focus on older Americans in 2000 to its later inclusion of caregivers in its purview. Over time, the NFCSP has become more integrated with every state and federal program across the state.

The Department's information and referral programs are familiar with the NFCSP, and uses its MAP website to connect people with the Program. With 1.3 million older Marylanders, the NFCSP Program has very limited funding. The greatest impacts have been information sharing, training of caregivers and helping them access evidence-based programs to support their needs, and provision of respite and supplemental services. She acknowledged the need to work on gathering data to demonstrate the Program's impact.

The National Aging Program Information Systems (NAPIS) is a State Reporting Tool (SRT) that the Administration for Community Living (ACL)/Administration on Aging (AoA) uses to monitor performance and collect information on Older American Act programs. Secretary Kramer suggested, and Deputy Secretary Hutchinson concurred, that the NAPIS report is a good basis for obtaining numbers served, year-over-year and over time, which the Department will share with Commissioners.

Given the Commission's interest in disparities, Dr. Haaga suggested looking also at the extent to which services are reaching parts of the state where people might not have or cannot afford the private care options. Deputy Secretary Hutchinson agreed, and observed the changing landscapes in some counties (e.g., Montgomery County's growth in the English as a Second Language population and the dearth of information about HIV/AIDS and opioid usage among older adults on the Eastern Shore), and acknowledged the need to examine caregiver diversity throughout the state, and is interested in working to increase the impact of existing programs.

Dr. Li suggested that an evaluation of the NFCSP in Maryland might be a suitable as an MPH graduate student practicum project.

Presentation and Discussion: Addressing the Older Adult Health Care Workforce Crisis in Maryland

Introduction: Carmel Roques, Commissioner
Complementing family caregivers is the professional workforce that cares for individuals in their homes and the community, and also in congregate or institutional settings such as assisted living facilities, home hospice, and nursing homes. There is a shortage of paid caregivers to support elders in their families; the workforce that provides this care needs to be educated, trained, and supported. There is a lack of adequate funding and appreciation for the caregiving workforce, yet they are asked to do very difficult and sometimes dangerous work.

Ms. Roques introduced Mr. Kevin Heffner, who is President & CEO of LifeSpan Network, the largest and most diverse senior care provider association in the Mid-Atlantic, representing more than 280 senior care provider organizations in Maryland and DC. Prior to 2017, Mr. Heffner served as Director, External Relations, University of Maryland Baltimore County's Management of Aging Services Program, where he was very focused on developing the next cohort of providers of care services to older people, and Executive Director of the Beacon

Institute, the educational affiliate of LifeSpan Network. As chair of LifeSpan Network's Executive Committee, Ms. Roques has worked closely with Mr. Heffner on improving the pipeline for qualified staff in aging services, focusing on education, skill development, and adequate professional support.

<u>Speaker: Kevin Heffner, President, LifeSpan Network</u>
In his opening remarks, Mr. Heffner shared LifeSpan Network's work providing advocacy and representation in Annapolis, online and classroom education, grant programs, peer-to-peer networking, and annual conference with more than 700 attendees.

In addition to the challenges in providing direct care to older Marylanders in their homes, there is a shortage of trained workers available to provide quality care to older adults in nursing homes, assisted living, home care and other settings. Workforce challenges have been an issue for more than 30 years. During the pandemic, LifeSpan discussed creative ways to address these challenges, working with community colleges with existing Certified Nursing Assistant (CAN) and Geriatric Nursing Assistant (GNNA) certifications programs, private career schools, the Maryland Department of Labor and relevant apprenticeship programs, the Maryland Regional Direct Services Collaborative, and the Jack and Nancy Dwyer Foundation (which is new in Baltimore City, and primarily focuses on caregiver issues). LifeSpan Network's conversations with these different organizations persuaded them to collectively focus on the value of micro-initiatives, focused on what can be done in Maryland within the existing infrastructure to address barriers to entering caregiving as a profession, e.g., transportation, childcare, scheduling, money (including the inability to earn a paycheck prior to certification), apprenticeships, retention, and personal issues (e.g., neighborhood safety).

During the COVID-19 pandemic the "Temporary Nurse Aide" (TNA) designation was introduced as the public health emergency declaration opened up new staffing possibilities. Mr. Heffner described how Lorien Health Services, operator of nine nursing homes in Maryland, recruited over 40 family and friends of residents to work during the pandemic as TNAs. Might it be possible to make the TNA designation permanently available, or at least extend it a year beyond the expiration date of the emergency order, and help TNAs become fully certified?

LifeSpan created a hybrid asynchronous nursing certification program in June 2020 that is expected to be launched by mid-2022. The training is online, asynchronous to help learners proceed at their own pace, and pause-able, to help address student transportation, child care, and scheduling constraints. The Maryland Board of Nursing (MBON) has approved LifeSpan's certification program, and the Maryland Higher Education Commission (MHEC) is in the final stages of approval, which is expected by spring 2022. The Program expects to see approximately 64 people through the first year. Labs will meet one day a week (Virtual reality labs may be offered five days a week). LifeSpan is working on retention with the Dwyer Foundation to fund scholarships, provide a support team with flexible office hours, and set up a 1-800 number to help students address any issues/challenges including ability to come into work on a given day. Given competition among providers, LifeSpan is already working with

providers to provide certified nursing assistant candidates as rapidly as possible. LifeSpan is next working on setting up lab equipment and their marketing plan, and working with foundations and the state Office of Health Care Quality (OHCQ) to possibly tap Civil Money Penalty (CMP) grant funding to assist in getting iPads or other technology and devices that might be needed by students. Improving internet access itself would be a heavier lift for LifeSpan.

Discussion

Dr. Haaga asked why care provider wages remain so stubbornly low. Mr. Heffner acknowledged that low wages are a pain point for LifeSpan members, given inflexibilities in their revenue streams and Medicare and Medicaid reimbursement rates. Some organizations have been looking for creative ways to get more money into the hands of caregivers (both by raising regular wages and raising "hero" pay during the pandemic). Some American Rescue Plan Act (ARPA) funding was distributed this week to LifeSpan members that helps to relieve some of the financial pain. Mr. Heffner welcomed continued conversations about the need to pay caregivers a livable wage.

Dr. Li observed that childcare providers face many of the same issues as eldercare providers, and wondered if there were overlapping advocacy interests that could be tapped. Mr. Heffner noted that LifeSpan's lobbyists work closely with groups that represent childcare providers as well as the developmental disability community, to raise caregiver pay and help with recruitment and retention.

Presentation and Discussion: National Institute on Aging (NIA) Artificial Intelligence and Technology Collaboratories for Aging Research (AITC) Pilot Awards Competition

Introduction: Rose Li, Principal Investigator, AITC Coordinating Center
The a2 Collective represents the NIA AITC Program, which is dedicated to helping Americans live longer, better lives through the application of artificial intelligence and emerging technologies. The a2 Collective is comprised of three AITC Collaboratories centered at Johns Hopkins University (Hopkins AITC), University of Massachusetts (Mass AITC), and University of Pennsylvania (Penn AITC), and the AITC Coordinating Center (CC) award to Rose Li & Associates, Inc.

A key activity for the a2 Collective is its national pilot project competition valued at $40 million over the next five years, with first deadline February 18, 2022 for funding decisions by May 31, 2022. AI and technology pilot projects should have a minimum viable product or prototype ready to deploy into a demonstration study as well as a clear path to commercialization, translational milestone, or technology transfer. Applicants can request up to $200,000 in non-dilutive direct costs to be expended within a 6–12-month period. Multi-year commitments and time extensions may be selectively granted on a case-by-case basis. Awardees will be eligible to receive $10,000 in AWS credits.

Any fiscally responsible organization can apply, including academic institutions, but also state/federal agencies, non-profits, and for-profit businesses. Applicants must select one of the three AITCs to affiliate with and show they are using the resources from one of these institutions. More details including how to apply can be found at www.a2pilotawards.ai Dr. Quincy Samus leads the Hopkins AITC Pilot Core for Alzheimer's disease and related dementias (AD/ADRD) will talk about the resources available that may be of interest to the state.

Speaker: Quincy Samus, Hopkins AITC AD/ADRD Pilot Core Lead
Dr. Samus began by introducing Anne Wiker, the Administrative Manager for the Hopkins AITC, who can answer technical questions about the Program, before turning to the purpose and resources specific to the Hopkins AITC. The basic idea is to facilitate independence and resilience by matching different types of novel and effective artificial intelligence and technology solutions to address different types of needs. Caregiver support and education is certainly an area of focus that Hopkins AITC would like to address.

The Hopkins AITC has four co-PIs and many co-investigators representing multiple fields, including geriatric medicine, engineering, computer science, as well as business and technology. There are eight cores: administrative; stakeholder engagement; technology identification and training; clinical translation and validation; data integration and quality; networking and engagement; pilot core A (AD/ADRD topics); pilot core B (not AD/ADRD topics). The Collaboratory members are able to help connect technology in an effective way to meet real world needs, that take into account end user goals and inputs, as they are being developed and marketed-- with full stakeholder input throughout the product's development life course, to accelerate the commercialization and translation of product to market.

Dr. Samus next summarized research resources available through the Hopkins AITC, e.g., registry of older adults willing to participate in studies including older adults in urban and rural communities; electronic medical records (EMR) support for identifying multiple conditions that impact older adults; collaborative opportunities with programs in robotics, computer vision, machine learning speech and language processing; the newly created Precision Medicine Analytics Platform (PMAP) Data Commons to help identify persons at risk for certain outcomes to target for interventions; and business development and venture capital networking opportunities.

Hopkins AITC is committing about $1.5 million in 2022 to fund pilot projects in patient care and engagement; diagnostics and assessment; caregiver and workforce; and system management and administration. Most awards are expected to be for 12 months, and to range from $10,000 to $200,000 in direct costs. Dr. Samus reviewed the pilot competition application and review process (https://www.a2collective.ai), and shared relevant links for more information about the Hopkins AITC (https://aitc.jhu.edu/). Review criteria include scientific merit, potential impact and commercial translation potential, as well as strength of the overall project plan and team.

Discussion

Dr. David Roth wondered whether past tensions still exist between technology that might be commercially viable and scalable, and technology that institutional review boards (IRBs) would be comfortable approving for use in pilot studies that satisfy their security and confidentiality concerns. Dr. Samus indicated that potential delay in IRB review is a shared concern among all the AITCs and might force a rethinking of approach. Dr. Allen Tien offered to follow up with Dr. Samus about reviewing the IRB processes in terms of the knowledge and the logic rules. Dr. Samus welcomed further systematic thinking, observing, and monitoring of IRB processes as they relate to the AITC Program.

Dr. George Rebok asked about the nature of future competitions, Dr. Samus stated that there will be at least one competition per year. She did not expect any change to the two pilot RFPs, with one bigger pot supporting ADRD topics. Dr. Li clarified that each of the Collaboratories involve multiple units within their university and some involve other institutions. The AITC pilot competition timeline is harmonized across the three AITCs.

In response to Dr. Jay Magaziner's question about the foci of the other Collaboratories, Ms. Wiker observed that Mass AITC and Penn AITC appear to emphasize home care and wearable devices that can be used in home or community settings. Hopkins AITC seems to have more interest in the clinical environment but is also interested in products that can be used at home. Dr. Samus directed Commissioners to the Mass AITC and Penn AITC links to learn more about their available resources. Dr. Magaziner suggested that it would be interesting to involve the MDOA to provide outreach capability that might complement populations available through Hopkins AITC and organizations developing the actual technology.

The next meetings of the Commission will be April 13 and June 8.

Adjournment:
The meeting was adjourned at 11:10 AM.

Minutes prepared by Lisa O'Connor.