



MINUTES

NYS Coordinating Council for Services Related to Alzheimer's Disease
and Other Dementia
Monday, June 13, 2022
10:00 AM – 11:30 AM

Council Members and Representatives:

Members Present: Adam Herbst, John Cochran, Dr. Carl Cohen, Denise Cavanaugh, Caren Mahar (designee for Shelly Aubertine-Fiebich), Teresa A. Galbier, Catherine James, Jed A. Levine, Dr. Ralph Nixon, Susan Prendergast, Elizabeth Smith-Boivin, James Taylor, Charles Williams (designee for Adam Herbst)

Absent: Dr. Louis Belzie, Dr. William Higgins, Greg Olsen, Paula J. Rice, Suzanne Sullivan

Others Present: Susanne Coburn, Carmella Gaudio-Simmons, Erin Fay, Maribeth Gnozzio, Thea Griffin, Susan Lawless Esq. (DLA), Katie Mahar, Susan Montgomery, Deana Prest (NYSOFA), Tracy Sinnott, Lynn Young, Erin Purcell (NYSOFA), Geri Taylor

Note: the meeting was conducted via Webex in compliance with NYS Open Meeting law and the Governor's Executive Order 11. The meeting was recorded.

Welcome, Announcements, and Roll Call

Mr. Cochran, Council Co-Chair, thanked Council members for joining this meeting and called the meeting to order at 10:09 AM.

Caren Mahar informed the Co-Chair that she was attending as the appointed representative for Shelly Aubertine-Fiebich (Bureau of Adult Services), but without voting authority. She was instructed to forward an email formalizing this designation, for the record. Adam Herbst also noted that Charles Williams was in attendance as his designee, with voting authority, in his absence during the meeting. This designation was confirmed via email.

At this time, Mr. Cochran requested that Erin Fay (NYSDOH) complete a roll call of Council members. Ten (10) members were present and a quorum was not satisfied. Shortly thereafter, Dr. Cohen joined the meeting, confirming that a quorum of members was present. All voting members of the Council were visible for voting action via Webex.

Approval of Minutes

The Council was asked to confirm the approval of the December 3, 2021 meeting minutes, because a quorum was not present via video at the March 14, 2022 meeting, as required by Open Meetings Law. Members attending virtually need to be on camera, as the Open Meetings Law requires members to be heard, seen and identified, while the meeting is being conducted. Ms. Smith-Boivin moved to approve the December minutes, with a second by Mr. Levine and they were unanimously approved. A motion was then made by Mr. Levine and seconded by Dr. Nixon to approve the minutes of the March 14, 2022 meeting. Mr. Levine requested that a correction be made, clarifying his statement that most home health care workers are on public assistance, rather than Medicaid as noted in the draft. With this correction, the Council voted unanimously to approve the March 14th meeting minutes.

NYS Open Meetings Law: Recent Amendments

The meeting agenda was modified to allow Susan Lawless, NYSDOH Division of Legal Affairs and Counsel to the Coordinating Council, to review recent amendments to the Open Meetings Law. She explained that new requirements will go into effect upon the expiration of the Governor's Executive Order 11. Executive Order 11 has allowed videoconferencing during the pandemic and is currently set to terminate on June 14, 2022. Meetings conducted after this date will be dictated by the new Open Meeting Law slated to sunset and *is deemed repealed July 1, 2024*. Ms. Lawless noted that the Governor may still extend EO 11 after June 14, 2022.

Under recent amendments to the NYS Open Meeting Law, videoconferencing will only be allowed to occur if there is an in-person quorum in the location(s) where the meeting is held. Individual members of the Council may only attend by videoconference under "extraordinary circumstances." Ms. Lawless provided a definition of allowable "extraordinary circumstances" and noted that members participating via video would not be counted for quorum. However, these members would be allowed to vote.

Individual members of the Council may only attend by videoconference under "extraordinary circumstances" and prior to utilizing this exception, the Council would need to adopt a resolution authorizing the use of videoconferencing. "Extraordinary circumstances" include, but are not limited to, temporary or permanent disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member's physical attendance at such meeting. As follow-up to her presentation, Ms. Lawless agreed to provide more detail via an email to Council members, regarding the law, a Q & A guide prepared by the Committee on Open Government, and guidance about drafting resolutions for the use of videoconferencing.

Ms. Lawless also explained that when video conferencing is utilized, members of the public attending the meeting virtually will have the same opportunity to make public comments. If someone attends a meeting in person and is allowed 3 minutes to provide comments, then individuals attending online must also be provided 3 minutes for comments.

She also noted that the Council could have multiple video locations where members could attend in person but those locations must be open to the public.

It was suggested that if EO 11 is continued past June 14th, that a special meeting could be held virtually to adopt a resolution prior to the Fall meeting. If EO 11 is not extended, then the topic would be included as a business item for the Fall meeting and an in-person quorum of Council members will be required. Mr. Levine asked about the possibility of changing the law specific to allowing remote members to be considered part of the quorum. It was clarified that this change would require legislative action. Ms. Gnozzio noted that other changes in the Open Meetings law impact the processes for staff and dictate timelines for public notice, posting of agendas, and minutes and other meeting requirements.

Council's 2022-2023 Goal Recommendations Discussion

Mr. Cochran moved to a discussion of the 2022-2023 Goals and Recommendations. He encouraged agency representatives and other Council members to add activities specific to how each respective agency may be working to move the Council goals and recommendations forward. Ms. Gnozzio noted that the workplan will serve as a foundation for the next Council report and be a working document for future meetings. The goal is to use this document interactively to ensure that progress toward addressing the Council goals is coordinated across all NYS agencies and is appropriately documented.

Mr. Taylor asked whether the efforts of the Council should prioritize the goals so that they specifically direct staff efforts. Mr. Levine clarified that the six (6) Goals outlined in the workplan reflect Council priorities and that discussion of the recommendations within each goal should be reviewed to ensure that activities are appropriate and effective for meeting the terms of each goal. Mr. Cochran also noted that the Goals align well with those of the National Plan.

To begin discussion of *Goal 1, Enhancing Public Awareness and Advancing Early Detection of AD/D*, Ms. Purcell described expanded initiatives underway through NY Connects to screen for memory impairment and engage providers in the diagnostic process.

Ms. Fay reviewed the activities outlined in the recommendations, specific to the Alzheimer's Disease Program, including the role of the Centers of Excellence for Alzheimer's Disease (CEAD), related to early detection and diagnosis. Evaluation efforts to measure the effectiveness of these initiatives are also underway and results will be provided to the Council going forward.

Ms. Boivin-Smith expressed appreciation that staff had populated current activities underway toward meeting this goal. She stated that this helped describe where the NYS dementia care funding has been invested. She suggested that there still was a need to increase awareness about the warning signs of Alzheimer's disease and the importance of accessing a diagnostician. She noted that early diagnosis supports access to clinical trials and appropriate treatment. She further noted the limitations on primary care physicians and specialty centers,

such as the CEADs, to meet the need for diagnostic assessments, advocating for increased funding for CEADs, and effort to quantify physician outreach given the extensive wait lists for most of the CEADs. Mr. Levine further suggested that barriers to getting a diagnosis should be identified and incorporated into a public awareness campaign. He noted that persons who get a diagnosis and have access to care ultimately have better outcomes.

Ms. Gnozzio asked whether there would be adequate staffing resources available to meet the need should funding for CEADs be increased. Ms. Boivin-Smith acknowledged the continued need to build medical provider capacity, noting the importance of the CEAD's efforts to train primary care providers and suggesting further analysis of the barriers to screening and diagnosis in primary care.

Dr. Nixon suggested a survey of the CEADs specific to staffing, including the types of staffing models that might decompress the backlog and open up the availability of diagnosing providers. Dr. Nixon shared experience working with social service teams that could help streamline the diagnostic process and suggested these models be further defined so that the Council could refine the recommendations specific to models that support the diagnostic process.

Mr. Herbst reported that workforce has been evaluated across all levels in NYS. He noted that the Department is exploring new ways to recruit medical professionals and is expanding existing programs. As an example, he described an expansion of the "Doubling Doctors across NYS" initiative that offers loan forgiveness to physicians working in key physician shortage areas. Mr. Herbst added that this program is being expanded to nursing, and potentially other health professions. He also noted efforts to build training capacity beyond traditional schools, and the use of federal funds to support some new initiatives intended to strengthen the workforce.

Dr. Cohen suggested that providers need to be creative noting that there will never be enough specialists to meet the need. He highlighted the benefits and importance of telehealth and cross-training of other professionals to perform aspects of a dementia screening or diagnostic process, which his program has done, using foreign-trained physicians as patient technicians. He encouraged NYS to fund some of these newer initiatives and continue the availability and accessibility of telemedicine.

Mr. Herbst was asked to add workforce initiatives underway in his office to the Council recommendations and workplan. Ms. Gnozzio offered to engage the ADP staff with Mr. Herbst's staff to expand activities listed under Goals 1-3, specific to workforce support and development.

Mr. Taylor noted the Medicare Annual Wellness Visit and whether a public awareness campaign could highlight that the public is entitled to a cognitive screen as a component of this visit. Dr. Cohen stated that there was still a need to deal with the volume of diagnostic assessments that could result from these screenings and suggested that the CEADs should serve primarily as a diagnosis site, with follow-up being done by the patient's primary care provider. Staff reinforced that with the current CEAD contractors, the requirements under the NYS funding has prioritized

initial diagnostic services with follow-up care referred out to primary care providers and community providers.

Ms. Boivin-Smith supported the reconvening of the Behavioral Health Workgroup, noting that issues related to behavioral management for those diagnosed with AD/D continue, often resulting in a move out of NYS.

Mr. Taylor noted the importance of capturing the information gathered during this discussion into the recommendations. Ms. Gnozzio outlined that she would work with the ADP team to ensure that this happens, while also working with Mr. Herbst's staff to integrate workforce efforts. Updates to the recommendations will be then shared with the Council.

At this time, Mr. Cochran suggested that discussion of the Goals and Recommendations, Goals 2 – 6, be continued as agenda items at the next meeting. Ms. Fay noted that in lieu of her presentation, she would provide an update of the ADP Caregiving Support Initiative via email to Council members following the meeting.

Mr. Cochran noted that there were no public comments submitted for this meeting. There were no member announcements, as well.

The Council was reminded of the remaining 2022 meeting dates and were informed that the September 12, 2022 and December 5, 2022 meetings will be in-person meetings at One Commerce Plaza, Albany unless the Governor's Executive Order is extended again.

Ms. Gnozzio thanked staff for their efforts completing the draft workplan. A motion was then made by Mr. Cochran to adjourn the meeting, which was seconded by Mr. Taylor. The meeting was adjourned at 11:40 AM.