



# **The Role of Memory Assessment Clinics (MACs)**

6/20/19

# Session Overview

You will learn about:

- Georgia Memory Net (GMN)
  - Overview and Goals
- Memory Assessment Clinics (MACs)
  - Workflow
- Community Partners
  - Role and experience with the project



# Background & History

- General Assembly allocated \$4.12 million in SFY18 for “Georgia Alzheimer’s Project” to Department of Human Services
- Several legislative champions
- Contract with Emory University to develop and implement the program
  - Clinical expertise, “brain child” behind the model
  - Emory is the NIH-designated Alzheimer’s Disease Research Center in Georgia



# Department of Human Services (DHS) Division of Aging Services (DAS) Role

- Oversight & monitoring of contract deliverables/scope
- Connection to and collaboration with Georgia Alzheimer's & Related Dementias (GARD) State Plan Collaborative
- Area Agencies on Aging (AAA) / Aging & Disability Resource Connection (ADRC) collaboration
- Reporting to General Assembly



## Setting Our Goals:

It's only a wish without a plan.

Our objective is to improve outcomes and quality of life for people dealing with memory loss, while streamlining services and offering more efficient care.



**Improve Assessment  
During Annual  
Wellness Visits**



**Diagnose Accurately  
at Memory  
Assessment Clinics**



**Improve Care  
with PCPs and  
Community Services**



**Provide Oversight and  
Evaluation of Performance  
and Data Collection**

# GMN Model for State CSE Workflow



## BEFORE 1 MAC VISIT

PCP Identifies cognitive impairment & refers to MAC; MAC contacts patient



## MAC VISIT 1 2

Care partner: Initial visit with Community Services Educator; Assessment: FAQ, CNA, BRI



## INTERIM & HUDDLE 3

Interim: Pt has imaging, labs, other workup & MAC Providers review results to make dx

Huddle: MD/ CSE should discuss case & dx prior to the second visit



## MAC VISIT 2 4

MD reviews dx with patient & patient care partner

CSE meets with patient & patient care partner: Identify patient goals



## RETURNS TO PCP

Patient returns to care of PCP with diagnosis and finalized Care Plan

## EDUCATE FAMILY

CSE finalizes the Care Plan and sends/ mails to the family

## REFERRAL TO COMMUNITY CARE

CSE send referral (Face Sheet, Consent, Care Plan Summary) to AA & AAA

## FOLLOW UP WITHIN 1-MONTH OF 2ND VISIT

CSE calls Pt/Care Partner to check in post visits, ensures they have been contacted by AA and AAA and to answer any questions

CARE PLAN DEVELOPED

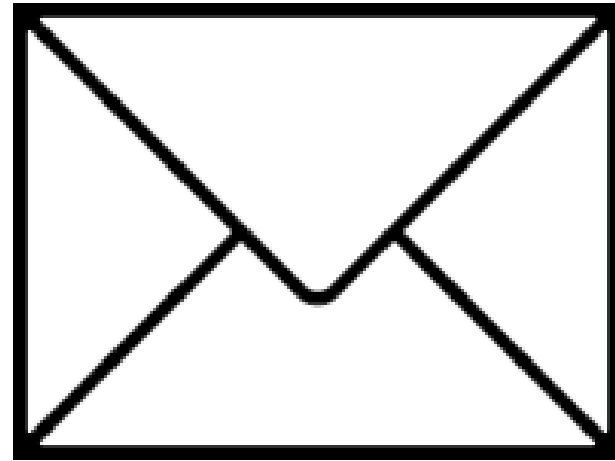
# What is Addressed in Care Recommendations?

- Safety
- Challenging Behaviors
- ADLs and Functional Needs
- Financial and Legal Planning
- Advance Care Planning
- Care Partner Recommendations



# What Gets Sent to Community Partners

- Contact/  
Demographic Info
- Summary
  - Major Concerns
- Summary Report
- Care Plan





# How is the Care Plan Designed to Be Used?



- Patient and Care Partner
- Area Agency on Aging
- Alzheimer's Association
- Primary Care Provider





georgia  
memory net

## **Memory Assessment Clinics – What Roles do the Partners Play?**

# Alzheimer's Association - Services and Programs

- HELPLINE 24/7
- Information and Referral
- Care Consultation
- Family and patient education programs
- Caregiver and patient support groups
- Early stage socialization programs
- MedicAlert/Safe Return
- Professional education
- TrialMatch.org
- Resource Library
- Website

alzheimer's  association®



# Area Agencies on Aging (AAA) Aging and Disability Resource Connections (ADRC)

- Person-Centered Assessment and Options Counseling
- Information and Referral providing “No Wrong Door” access to AAA, DBHDD, and CIL Services
- Medicaid Long-Term Care Waiver Eligibility Assessments
- Nursing Home Transition Counseling and Assistance
- Consumer Directed Services



# Area Agencies on Aging (AAA) Aging and Disability Resource Connections (ADRC)

- Home and Community Based Services:
  - Assistive Technology
  - Case Management
  - Care Consultation
  - Congregate Meals/Senior Centers
  - Elderly Legal Services
  - Homemaker Services
  - Home-Delivered Meals
  - Personal Care
  - Respite Services



# Area Agencies on Aging (AAA) Aging and Disability Resource Connections (ADRC)

- Wellness and Caregiver Evidence-Informed/Based Educational Programs:
  - Dealing with Dementia
  - Powerful Tools for Caregivers
  - Chronic Disease Self-Management
  - Diabetes Self-Management
  - A Matter of Balance
  - Tai Chi
  - Senior Farmers Market Program



# CSRA Area Agency on Aging Aging and Disability Resource Connection (ADRC)

## MAC Referrals & Options Counseling

### ADRC No Wrong Door Model

*One-stop access from the Consumer's perspective*



# CSRA Area Agency on Aging Aging and Disability Resource Connection (ADRC)

## Options Counseling

An independent decision-support process whereby individuals, families, and caregivers are supported in their deliberations to determine care choices based on the individual's needs, preferences, values, and individual circumstances.

Access to Services Manual, Chapter 5000 Section 5037.3





# CSRA Area Agency on Aging Aging and Disability Resource Connection (ADRC)

## Core Components of Options Counseling:

1. Personal interview
2. Assisting with identification of available choices
3. Facilitating the decision-support process
4. Assisting in the development of an action plan
5. Connecting to service
6. Follow-up

Access to Services Manual, Chapter 5000 Section 5037.4



# CSRA Area Agency on Aging Aging and Disability Resource Connection (ADRC)

## Characteristics of Options Counseling:

- Delivered in the **setting and by the method desired by the individual**, resources permitting. Settings may include: over the phone, individual's place of residence, hospital, medical practice, Agency, etc.
- Delivered **without personal bias** of the options counselor and without a vested interest in the decisions made by the individual.

Access to Services Manual, Chapter 5000 Section 5037.10



# CSRA Area Agency on Aging Aging and Disability Resource Connection (ADRC)

## MAC Referrals

January 1, 2018 – December 31, 2018 34  
(Prior to Well Sky DDS reports & NWD Grant)

January 1, 2019 – June 7, 2019 **32**  
(NWD Grant)



# CSRA Area Agency on Aging Aging and Disability Resource Connection (ADRC)

## Findings:

- Referrals from the MAC are newly diagnosed
- Initial contact is telephonic
- Offer a face-to-face visit
- Introduce the person to the ADRC/AAA; leave a packet and contact information
- Shocked with diagnosis
- Need time to process the diagnosis; not ready to talk about it
- Looking for information on the disease but not ready to accept the diagnosis; want it for later when symptoms worsen



# CSRA Area Agency on Aging Aging and Disability Resource Connection (ADRC)

- As symptoms worsen, contact is made to the MAC not the ADRC; repeat referrals come from the MAC
- Ambulatory, early stage, lives alone, strong support system, resources
- Remind that Alzheimer's Association will contact
- Assist with connecting to the Alzheimer's Association, if requested



# CSRA Area Agency on Aging Aging and Disability Resource Connection (ADRC)

- Referrals are assisted through the ADRC and or referral provisions made:
  - Elder Law Attorneys
  - Georgia Legal Services
  - Jud C. Hickey (Alzheimer's ADC)
  - Sarah Care Adult Day Care
  - Senior Center for recreation and activities
  - Transportation
- Monthly report sent to the local MAC



# CSRA Area Agency on Aging Aging and Disability Resource Connection (ADRC)

## Challenges:

- Marketing to Public, Private and Professional sector.
- Branding to Public, Private and Professional sector.
- Visibility to Public, Private and Professional sector.
- Sustainability to Public, Private and Professional sector.



# Questions?

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