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Early detection. Better care.

Social Risks and Benefits of Cognitive Health Screening

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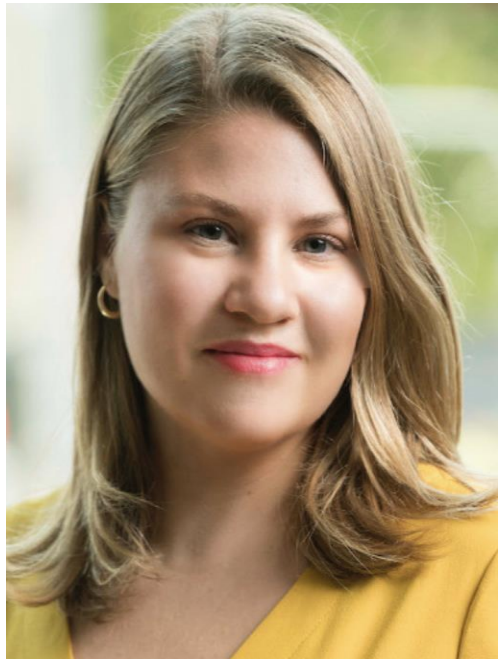
Introduction



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Financial Disclosures

- All presenters have no financial disclosures to report.

Housekeeping

We will leave 10-15 minutes at the end of this session for Q&A. Throughout the webinar, you can put your questions into the Q&A/chat functions and some may be answered in real time.

We will share instructions for claiming Continuing Education (CE) credit at the end of this webinar and via email within 48 hours.

You will receive the recording of this webinar via email within 48 hours

You can also access webinar slides and recording at Dementia Care Aware website and our YouTube channel.

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Dementia Care Aware Program Offerings

Warmline:

1-800-933-1789

A provider support and consultation service that connects primary care teams with Dementia Care Aware experts.

Trainings:

- Online Training, e.g., Cognitive Health Assessment (CHA) training
- Monthly Webinars
- Podcasts

Interactive Case Conferences:

- UCLA and UCI ECHO conferences - *Sign up now!*

Practice change support:

- UCLA Alzheimer's and Dementia Care Program
- Alzheimer's Association Health Systems

Our Training

Welcome!

Welcome to the Dementia Care Aware (DCA) learning management system. This site provides access to the training modules for the DCA program. When you registered, you were automatically enrolled in the "*The Cognitive Health Assessment: The Basics*" course. Select Start in the "The Cognitive Health Assessment: The Basics" block below to begin.

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Screening for Dementia: The Cognitive Health Assessment (CHA)

Goal: Screen Patients Over Age 65 Annually (Who Don't Have a Pre-existing Diagnosis of Dementia)

Part 1	Part 2	Part 3
		
Take a Brief Patient History	**Use Screening Tools**	**Document Care Partner Information**

Allows you to start a brain health plan at the earliest detection of symptoms.

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Learning Objectives:

1. Name common social risks of cognitive screening for patients and caregivers
2. Understand health care teams' role in responding to these risks
3. Describe 2-3 resources/strategies for addressing social risk to maximize benefit of early cognitive screening

What do we mean by "social risks"?

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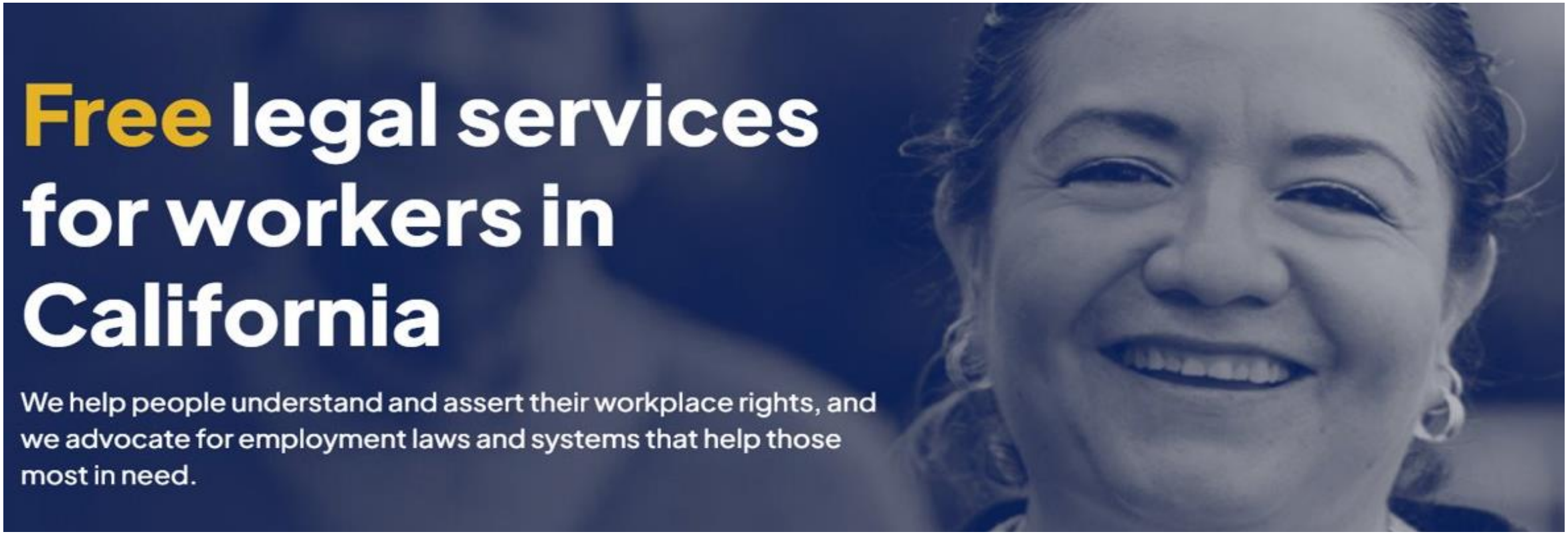
Legal Aid at Work



Program areas: Work and Family, Gender Equity & LGBTQ Rights, Disability Rights, Racial Economic Justice, Workers' Rights Clinic, Wage Protection, National Origin and Immigrants' Rights

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08.00
09.00
10.00

Older Adults Are Working Longer

- For many, this is due to financial necessity.
- Many workers develop disabilities as they age, creating potential conflicts with work.
- More working people, especially women and women of color, have caregiving responsibilities for older family members.

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The Risk of Screening to Work

- **Fear of losing job** if employer learns of dementia diagnosis.

- For **patients working with dementia**, employer may:
  - Assume they can no longer do their job.
  - Disfavor workers who will need leave or workplace accommodations.

- For **family caregivers**, employer may:
  - Assume caregiving responsibilities will interfere with job.
  - Disfavor workers who need leave or accommodations.

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Knowing Rights at Work Reduces Risks

- Knowing and exercising workplace rights can:
  - Mitigate risks
  - Help workers and caregivers stay employed, earning income and supporting themselves and their families.

Knowing Patient and Caregiver Rights at Work Reduces Risks

DISCRIMINATION PROTECTIONS

- Employees cannot be treated worse due to age or disability.

JOB-PROTECTED, PAID LEAVE

- 12 weeks/year job-protected leave under FMLA/CFRA for care/own health
- State Disability Insurance (52 weeks for own health)
- Paid Family Leave (8 weeks/year to care for family)

ACCOMMODATIONS

- Workplace adjustments help patients do their jobs (can include leave)

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Health Care Provider Tips

DO: Certify Employee's Need for Leave or Accommodations

- Medical certifications may be required for:
  - Family or Medical Leave
  - Income Replacement Programs
  - Workplace Accommodations

DON'T: Disclose Patient's Diagnosis to Employer

Tips for Patient or Caregiver

DO: Request Leave or Accommodations BEFORE a Condition or Caregiving Affects Job Performance

- Sample request letters available at www.legalaidatwork.org
- Give advance notice for need of leave if possible.

DON'T: Disclose Diagnosis to Employer

- Instead, mention "serious health condition" or "disability".
- Exception: must include diagnosis in State Disability Insurance/Paid Family Leave certification (goes to EDD, not employer)

Medical Certifications

Family or Medical leave

- Document "serious health condition" and estimated duration or frequency of leave.
- Give anticipated end date even if you extend later.

Accommodations

- Document "disability" and functional limitations.
- Start small and ramp up suggested accommodations as needed.

State Disability Insurance and Paid Family Leave

- Document diagnosis to EDD only, not the employer

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CERTIFICATION OF HEALTH CARE PROVIDER

(California Family Rights Act (CFRA) or Family and Medical Leave Act (FMLA))

1. Employee's Name: _____

2. Patient's Name (If other than employee): _____

Is patient the employee's family member (i.e., child, parent, grandparent, grandchild, sibling, spouse, domestic partner, or designated person)?

3. Date medical condition or need for treatment commenced [NOTE: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT THE CONSENT OF THE PATIENT]: _____

4. Probable duration of medical condition or need for treatment: _____

5. Below is a description of what constitutes a “serious health condition” under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Does the patient's condition qualify as a serious health condition?

Yes ☐ No ☐

6. If the certification is for the serious health condition of the employee, please answer the following:

Is employee able to perform work of any kind? (If “No,” skip next question.)

Yes ☐ No ☐

Is employee unable to perform any one or more of the essential functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.)

Yes ☐ No ☐

7. If the certification is for the care of the employee's family member, please answer the following:

Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety, or transportation?

Yes ☐ No ☐

After review of the employee's signed statement (See Item 10 below), does the condition warrant the participation of the employee? (This participation may include psychological comfort and/or arranging for third-party care for the family member.)

Yes ☐ No ☐

Sample Letter From Health Care Provider: For Any Needed Accommodation

[Date]

To Whom It May Concern:

I am the treating [job title or description, such as physician, psychiatrist, psychologist, therapist, social worker, case worker, or health care professional] for [name of employee or applicant].

[Name] has [optional: name or description of employee's medical condition,] a medical condition that [substantially*] limits [Name]'s major life activities, including [fill in relevant major life activities, such as: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, or the operation of major bodily function].

As a result of [Name]'s disability, [she/he] seeks an accommodation from [employer].

[Describe situation and how accommodation will assist employee by enabling him/her to perform job or to maintain health.]

[Name] will require this accommodation from [Start Date] to [End Date] with a possible need for extension upon evaluation.

Claim for Disability Insurance (DI) Benefits -
Physician/Practitioner's Certificate
PLEASE PRINT WITH BLACK INK.

PART B - PHYSICIAN/PRACTITIONER'S CERTIFICATE

B1. PATIENT'S SOCIAL SECURITY NUMBER: 000000000

B2. PATIENT'S FILE NUMBER: 69-642-38

B3. IF YOU KNOW THE PATIENT'S ELECTRONIC RECEIPT NUMBER, ENTER IT HERE:
R

B4. PATIENT'S DATE OF BIRTH: 01011900

B5. PATIENT'S NAME (FIRST) (MI) (LAST): Sample Claimant

B6. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER: 634-027930

B7. STATE **OR** COUNTRY (IF NOT U.S.A.) THAT ISSUED LICENSE NUMBER ENTERED IN B6
STATE: CA COUNTRY:

B12. THIS PATIENT HAS BEEN UNDER MY CARE AND TREATMENT FOR THIS MEDICAL PROBLEM
FROM: 12162015 TO: MMDDYYYY [X] CHECK HERE TO INDICATE YOU ARE STILL TREATING THE PATIENT

AT INTERVALS OF: [ ] DAILY [ ] WEEKLY [X] MONTHLY [ ] AS NEEDED [ ] OTHER

B13. AT ANY TIME DURING YOUR ATTENDANCE FOR THIS MEDICAL PROBLEM, HAS THE PATIENT BEEN INCAPABLE OF PERFORMING HIS/HER REGULAR OR CUSTOMARY WORK?

[X] YES - ENTER DATE DISABILITY BEGAN: 12162015 [ ] NO - SKIP TO B33

WAS THE DISABILITY CAUSED BY AN ACCIDENT OR TRAUMA? [ ] YES [ ] NO

MMDDYYYY IF YES, INDICATE THE DATE THE ACCIDENT OR TRAUMA OCCURRED.

B14. DATE YOU RELEASED OR ANTICIPATE RELEASING PATIENT TO RETURN TO HIS/HER REGULAR OR CUSTOMARY WORK
("UNKNOWN", "INDEFINITE", ETC., NOT ACCEPTABLE.) MMDDYYYY

[ ] CHECK HERE TO INDICATE PATIENT'S DISABILITY IS PERMANENT AND YOU NEVER ANTICIPATE RELEASING PATIENT TO RETURN TO HIS/HER REGULAR OR CUSTOMARY WORK

B19. ICD DIAGNOSIS CODE(S) FOR DISABLING CONDITION THAT PREVENT THE PATIENT FROM PERFORMING HIS/HER REGULAR OR CUSTOMARY WORK (REQUIRED)

EXAMPLE OF HOW TO COMPLETE ICD CODES
ICD-9: 320.1
ICD-10: G00.1

(Check only one box)
[ ] ICD-9 [X] ICD-10

PRIMARY: 552.92XA
SECONDARY:
SECONDARY:
SECONDARY:

EDD Employment Development Department State of California

Claim for Paid Family Leave (PFL) Benefits

PART D – PHYSICIAN/PRACTITIONER'S CERTIFICATION (DO NOT COMPLETE THIS PART IF YOU ARE BONDING OR PARTICIPATING IN A QUALIFYING EVENT.)

D1. PFL CLAIMANT'S (CARE PROVIDER'S) SOCIAL SECURITY NUMBER

D2. PFL CLAIMANT'S NAME (FIRST MIDDLE INITIAL LAST)

D3. **PATIENT'S** DATE OF BIRTH
M M D D Y Y Y Y

D4. DOES YOUR PATIENT REQUIRE CARE BY THE CLAIMANT?
NO (SKIP TO D15) YES

D5. PATIENT'S NAME (FIRST MIDDLE INITIAL LAST)

D6. DIAGNOSIS OR, IF NOT YET DETERMINED, A DETAILED STATEMENT OF SYMPTOMS

D7. PRIMARY ICD CODE

D8. SECONDARY ICD CODES

D9. DATE PATIENT'S CONDITION COMMENCED
M M D D Y Y Y Y

D10. FIRST DATE CARE NEEDED
M M D D Y Y Y Y

D11. DATE YOU EXPECT RECOVERY
M M D D Y Y Y Y NEVER

D12. DATE YOU ESTIMATE PATIENT WILL NO LONGER REQUIRE CARE BY THE CLAIMANT
M M D D Y Y Y Y PERMANANT

D13. APPROXIMATELY HOW MANY TOTAL HOURS PER DAY WILL PATIENT REQUIRE CLAIMANT?
HOURS COMMENTS

D14. WOULD DISCLOSURE OF THIS CERTIFICATE TO YOUR PATIENT BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL? ..... NO YES

D15. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER

D16. STATE OR COUNTRY PHYSICIAN/PRACTITIONER IS LICENSED.

Meet Lisa and Norma

- Norma, who works as a librarian, was just diagnosed with Alzheimer's. She needs help with some of her job tasks and needs leave from work for medical appointments.

- Norma's daughter Lisa is a drugstore clerk and needs time off work to care for Norma and take her to medical appointments.

Norma may be entitled to reasonable accommodations to help her perform her job. She also may be entitled to up to 12 weeks of job-protected leave per year for her own health (or longer as a reasonable accommodation). She can apply for up to 52 weeks of State Disability Insurance to replace her lost wages when she can't work.

Lisa may be entitled to up to 12 weeks of job-protected leave per year to care for Norma. She can apply for 8 weeks per year of Paid Family Leave to replace her lost wages.

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How can Norma and Lisa Protect Their Jobs and Get Paid While Off Work?

Norma should tell her employer she has a disability and needs accommodations to help her do her job.

Norma should tell her employer she needs leave for her serious health condition. She should apply for State Disability Insurance from EDD.

Norma's doctor will need to certify her need for accommodations, leave, and State Disability Insurance.

Lisa should tell her employer she needs leave to care for her mom's serious health condition. She should apply for Paid Family Leave from EDD.

Norma's doctor will need to certify Lisa's need for leave from work and Paid Family Leave.

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Resources

Legal Aid at Work

www.legalaidatwork.org/wf

Free fact sheets, sample letters, technical assistance, do-it-yourself guides, and other resources in multiple languages

Work & Family Helpline (800) 880-8047

sterman@legalaidatwork.org

Available on Spotify, Apple Podcasts, and Amazon Music

Employment Protection for Caregivers

Dementia Care on Air

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What is Long-Term Services and Supports (LTSS)?

"Non-medical" services provided to individuals (generally) aimed to assist with activities of daily living:

- Home health care
- Long-term care residential settings

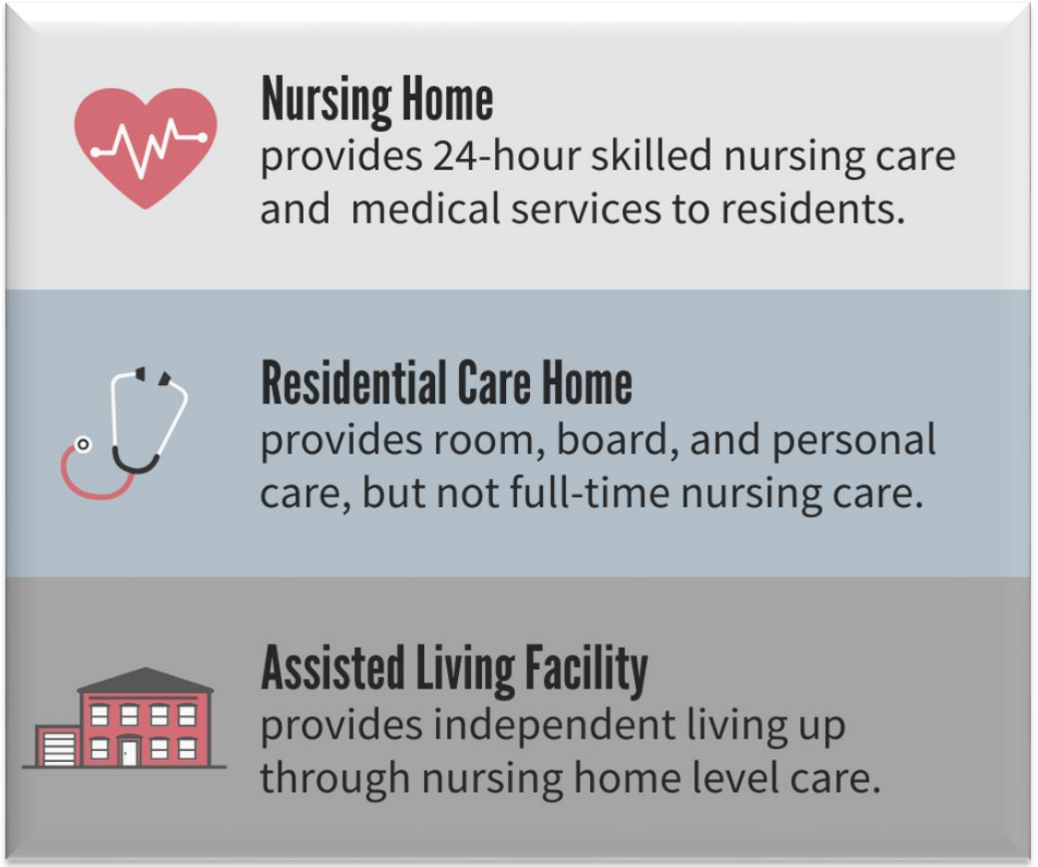

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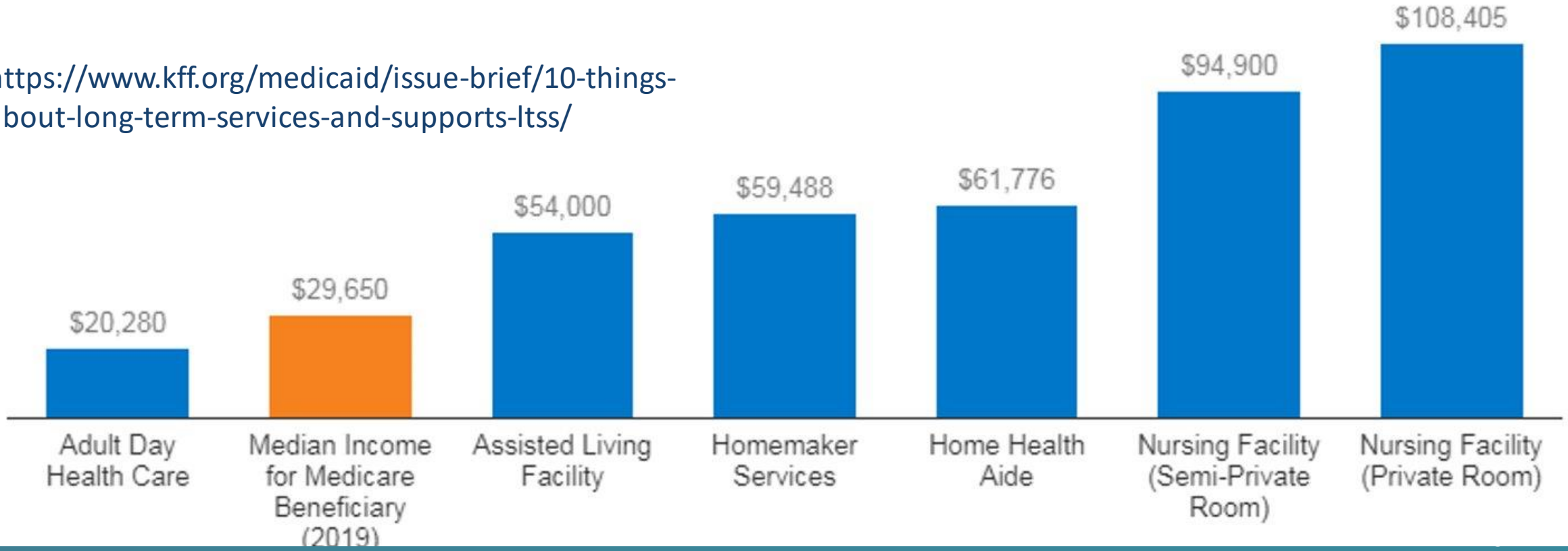
Figure 2

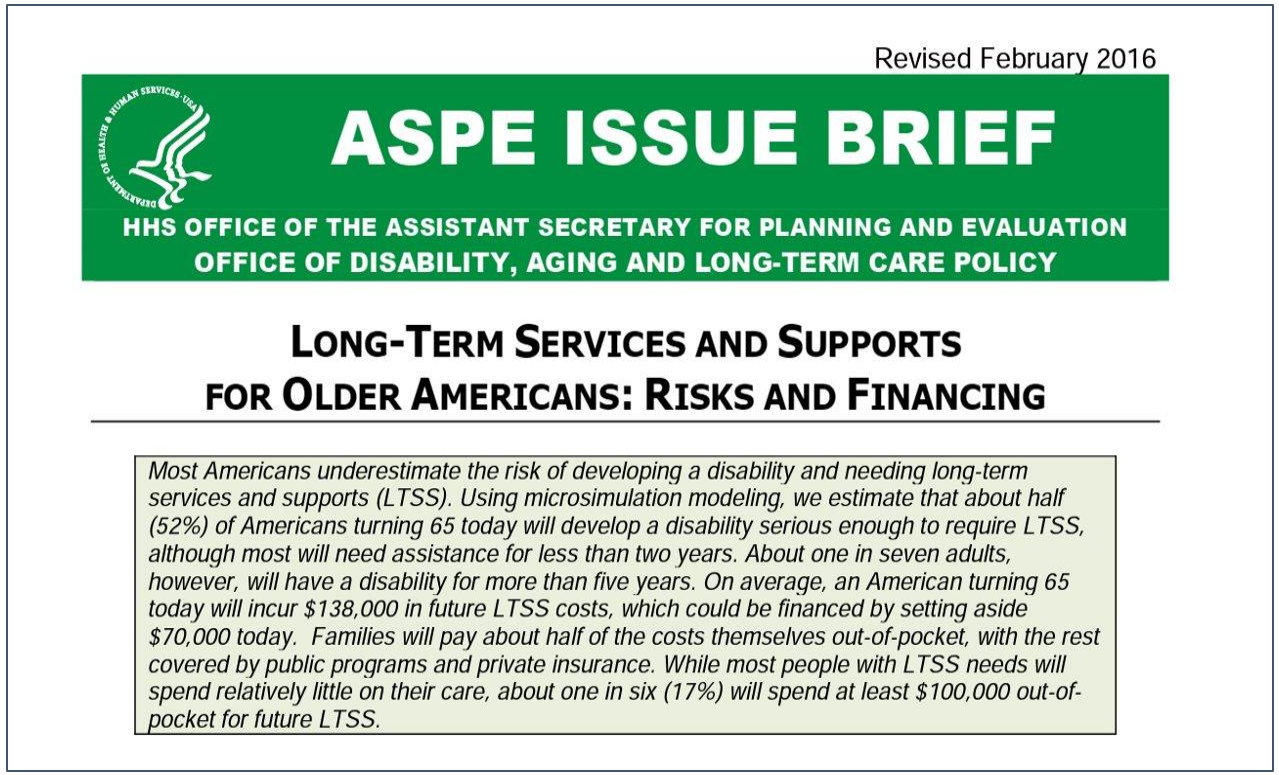
LTSS Are Extremely Expensive and Generally Not Covered By Medicare.

Nursing facility costs are higher than those of other services but many people living outside of nursing facilities use multiple services simultaneously. Medicare only covers home health and skilled nursing facility care on a time-limited basis.

https://www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/



If a significant percent of people will need LTSS, why not private insurance?



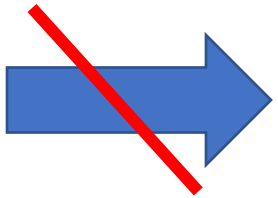
Revised February 2016

ASPE ISSUE BRIEF

HHS OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF DISABILITY, AGING AND LONG-TERM CARE POLICY

LONG-TERM SERVICES AND SUPPORTS FOR OLDER AMERICANS: RISKS AND FINANCING

Most Americans underestimate the risk of developing a disability and needing long-term services and supports (LTSS). Using microsimulation modeling, we estimate that about half (52%) of Americans turning 65 today will develop a disability serious enough to require LTSS, although most will need assistance for less than two years. About one in seven adults, however, will have a disability for more than five years. On average, an American turning 65 today will incur $138,000 in future LTSS costs, which could be financed by setting aside $70,000 today. Families will pay about half of the costs themselves out-of-pocket, with the rest covered by public programs and private insurance. While most people with LTSS needs will spend relatively little on their care, about one in six (17%) will spend at least $100,000 out-of-pocket for future LTSS.



Private Long-term Care Insurance

High Premiums

Low Purchase Rates

Poor benefit structures

Minimal external benefits

High rates of medical denials

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Benefit Limitations

Elimination Period . . .

A period of time an individual must wait to access coverage after meeting benefit triggers

Benefit Triggers . . .

Set of qualification criteria that must be met before an individual is eligible for benefits (usually based on needs for assistance with ADL's)

& Benefit Caps . . .

Daily, lifetime, or aggregate caps on coverage amounts (daily: $159)

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Table 1. Use of helpers and payment to helpers, by dementia status and residential setting

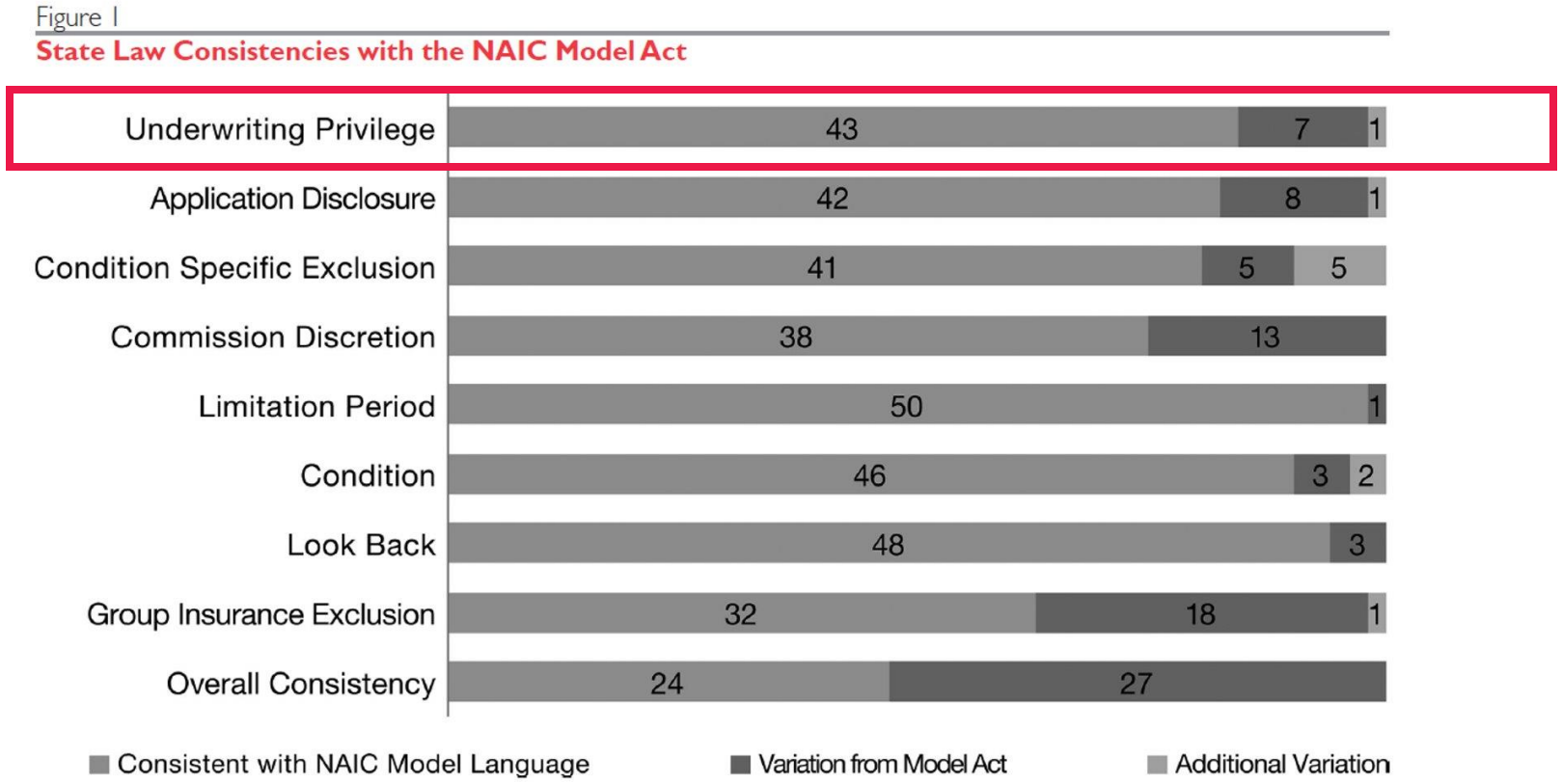
	All	Respondents with dementia			Respondents with no dementia		
		Community	Residential care	Nursing home	Community	Residential care	Nursing home
Panel A. All respondents							
Percent with helpers	69.8%	76.1%	75.0%	78.3%	67.3%	68.3%	45.4%
Percent with paid helpers	11.6%	18.1%	17.4%	24.7%	8.6%	13.9%	6.1%
Panel B. Respondents with paid helpers							
Percent with self-payment	55.9%	44.2%	54.8%	21.9%	66.5%	84.5%	-
Percent with payment from government	28.0%	40.8%	18.5%	55.4%	17.1%	25.4%	-
Percent with payment from insurance	13.6%	17.6%	9.2%	29.7%	10.1%	4.8%	-
Percent with payment from other sources	6.1%	4.3%	12.1%	7.7%	6.8%	0.0%	-
Panel C. Respondents with OOP payment to helpers							
Average amount (SD) of monthly self-payment, in dollars	1,627.2 (10,823)	3,568.5 (18,695.3)	1,405.7 (1,223.8)	4,326.5 (4,822.5)	529.2 (854.7)	956.2 (1,397.9)	-
Median amount of monthly self-payment, in dollars	256	270	1299	3500	200	400	-
Interquartile range of monthly self-payment, in dollars	[110,800]	[110.6,1029]	[389.7, 1600]	[75, 8100]	[100,520]	[100,1800]	-

Notes: The data are weighted using National Health & Aging Trends Study (NHATS) survey weights to represent 2019 survivors among Medicare beneficiaries living in the contiguous United States in 2015. "Helpers" refer to people who in the month prior to the NHATS interview date carried out a household activity or medical care-related activity with or for the respondent, and were not employed by the residential care facility or nursing home that the respondent resided in. Data for cells under 11 respondents were omitted. The results are based on all 4,505 respondents in our study sample (column n from left to right: 4,505, 1,431, 195, 124, 2,569, 158, 28).

Jing Li, PhD[a*], Hannah Bancroft, MS[b], Krista L. Harrison, PhD[cde], Ana M. Tyler, JD[f], Jalayne J. Arias, JD[g], *Out-of-pocket Expenses for Long-term care by Dementia Status and Residential Setting among U.S. Older Adults* (in press)

Underwriting: Consistent with Legal Standards

Discretion & Encouragement



Arias, J., Tyler, A., Oster, B., & Karlawish, J. (2018). The Proactive Patient: Long-Term Care Insurance Discrimination Risks of Alzheimer's Disease Biomarkers. Journal of Law, Medicine & Ethics, 46(2), 485-498. doi:10.1177/1073110518782955

Underwriting Practice Limits Access to LTC Insurance

" . . . we tried to get it [long-term care insurance] and they denied him because **at one point he mentioned to his primary care physician he thought he was having some memory problems**. And that red-flagged the long-term care provider, and they denied him coverage."

Caregiver of Patient

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What are caregivers feeling about LTSS?

"I'm still pretty on top of stuff here. And I would like to be helpful for him for a few more years at least. But I don't know how fast this problem goes. That's what I need to know more about."

Caregivers also struggle with their responsibilities

"Right now, all I could think about, it would be nice to have some alone time."

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Impact of Caregiver Burden

"Since the diagnosis, I'm just overwhelmed. And because everything's on my shoulders, I have to do the research. Before, it was, "Okay, honey, take care of this," and then she would do it, and it would get done. Where now, I've got to do it. Well, I can't do it because I'm at work, and I'm gone for days at a time, and so things are just not getting done. And so, I just feel like I'm way behind, trying to plan and get ready for the next phase of this." ***(caregiver report, paper under development)***

ORIGINAL CONTRIBUTION

Caregiving as a Risk Factor for Mortality

The Caregiver Health Effects Study

Richard Schulz, PhD
Scott R. Beach, PhD

Context There is strong consensus that caring for an elderly individual with disability is burdensome and stressful to many family members and contributes to psychiatric morbidity. Researchers have also suggested that the combination of loss, pro-

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Schulz, Richard, and Scott R. Beach. "Caregiving as a risk factor for mortality: the Caregiver Health Effects Study." Jama 282.23 (1999): 2215-2219.

LTC Planning

"I have no plans yet. I'm sorry. I'm kind of in denial as far as that is concerned. I haven't really thought this through, and **I don't know where to start. But I am aware that I need to do something about it.**"

"[Patient] doesn't want to discuss. **He'll just say the only option is a bullet. That's what he tells me, so.**"

"Well, he doesn't really think that he needs anything."

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One Recommendation: Advance Directive?

Living Will

- Documents wishes about medical treatment you want to receive
- Generally, applies only if you are unable to make decisions for yourself

Power of Attorney

- Power of attorney documents identify who will serve as your decision-maker if you are unable to make your own decisions
- Must be completed *before* loss of capacity

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For LTSS access, decisions are both medical and financial:

Medical POA Powers

- Talk to care team about medical and custodial needs
- Discuss goals of care
- Agree to *some* placements (not housing)

Financial/Legal POA Powers

- Manage insurance, finances, and other resources to pay for care across settings
- Sign contracts on patient behalf (e.g., leases)

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Educate patients and caregivers about need for medical and financial/legal planning

Resources:

- Training for you and your team:
  - Asynchronous ACP Module – available on DCA website SOON (dementiacareaware.org)
- Medical ACP: PREPAREforyourcare.org
- Financial and Legal ACP (free or low cost): LawHelpCA.org

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Fear and risk:

"People will stop listening to me and try to take over"

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Positive screens, dementia, and legal rights to decision-making

MYTH:

A positive screen or diagnosis of dementia equals incapacity and loss of legal right to make decisions

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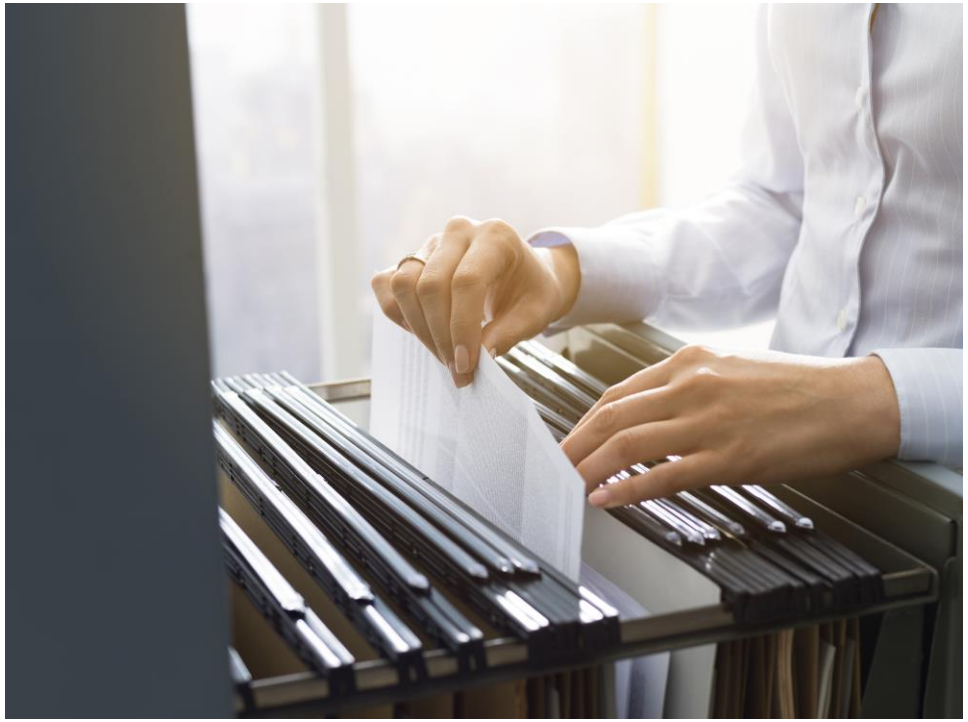
Positive screens, dementia, and legal rights to decision-making

MYTH:
A positive screen or diagnosis of dementia equals incapacity and legal right to make decisions

REALITY:
Clinically, different rates of progression with variable effects on cognition and function.



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Positive screens, dementia and legal rights to decision-making

MYTH:

A positive screen or diagnosis of dementia equals incapacity and loss of the legal right to make decisions

REALITY:

Clinically, different rates of progression with functional variability.

Legally, in California, patient does not automatically lose capacity if they have

- A positive cognitive screen
- A diagnosis of dementia or related disorder
- Any other diagnosis or disability

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See California Due Process in Competence Determinations Act, Cal. Prob. Code §810-813 and California Health Decisions Law, Cal. Prob. Code §4609

Legal rights to decision making

- Requires:
  - Individual, context, and decision-specific assessment by "primary physician"
  - Optimize patient decision making to the extent possible before turning to surrogates
  - Judicial intervention as a last resort

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See California Due Process in Competence Determinations Act, Cal. Prob. Code §810-813 and California Health Decisions Law, Cal. Prob. Code §4609

Criteria for capacity for medical decisions

Can a patient:

- Understand the nature and consequences of a decision,
- Make and communicate a decision
- Understand its significant benefits, risks, and alternatives

(CA Health Decisions Law Probate Code 4609)

Legal capacity does NOT require:

- An MD/DO or specialist
- English as a first language
- Complete functional independence
- Always making decisions in one's own best interest or that the health care team recommends

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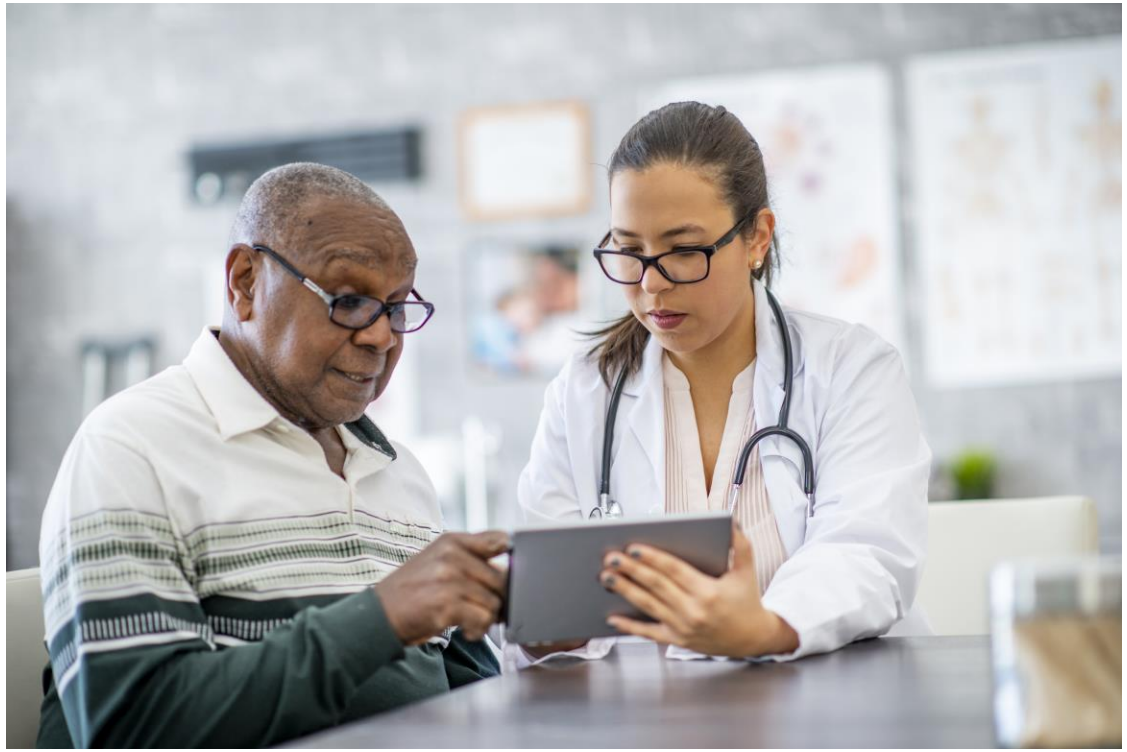
How to address patient fear that their voice will no longer matter

DO:

- Look at the patient
- Speak directly to the patient
- Listen and briefly repeat back what you heard
- Gently redirect if the caregiver is talking over
- Give patient information and resources about medical, financial, and legal care planning



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Phrases to consider

Say or Ask:

"I'm sensing some hesitation, which I know a lot of folks can feel about this. Can we talk about what's worrying you?"

"What you want and need for the future matters to me. This is a step I'm suggesting we take together to learn more about that."

"All of my patients, regardless of screening or diagnosis, should make plans for the future. But screening can help us figure out what specifically you might need for the future."

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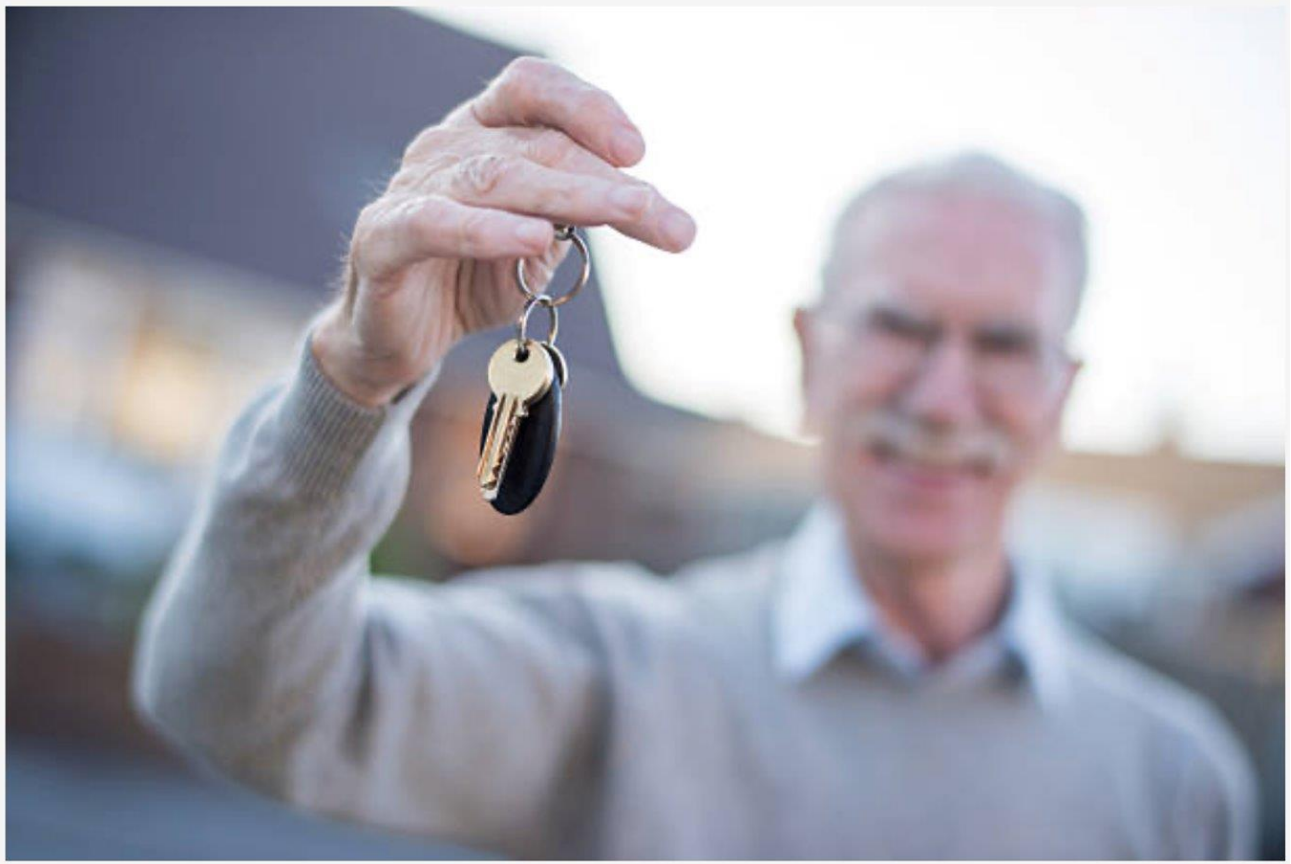
Fear or risk: "Screening means I'll lose my driver's license"



Clarifying Physician Reporting Requirements: CA Law

Requires

Physicians to report to county health department a diagnosis of dementia *that has progressed enough to impair driving*

Does NOT require

- Physicians to report a positive cognitive screen
- *Permits* a report when physician believes it to be in public interest
- Pending CA legislation (SB 357)

Cal.Health & Safety Code §103900; McNair v. City & Cnty. of San Francisco, 5 Cal. App. 5th 1154, 1167, 210 Cal. Rptr. 3d 267, 278 (2016); DMV Dementia Reporting Guidance available at: https://www.dmv.ca.gov/portal/driver-education-and-safety/medical-conditions-and-driving/dementia/ (last accessed August 2023)

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What Happens to Patients

DMV guidelines:

- Mild Dementia- patient will have to take special exam
- Moderate or Severe Dementia – patient will lose license

Patients have right of appeal to DMV

Need for support with transportation alternatives

Cal.Health & Safety Code §103900; McNair v. City & Cnty. of San Francisco, 5 Cal. App. 5th 1154, 1167, 210 Cal. Rptr. 3d 267, 278 (2016); DMV Dementia Reporting Guidance available at: https://www.dmv.ca.gov/portal/driver-education-and-safety/medical-conditions-and-driving/dementia/ (last accessed August 2023)

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Things your team can do

- Listen to and support the person who confronts the emotional toll of loss of driving privileges, even if you feel they shouldn't drive.

- Provide information and linkage to transportation options:
  - Medi-Cal pays for medical and non-medical transport to Medi-Cal-covered visits
  - Free or low-cost transportation through local Area Agency on Aging
  - Transportation programs at your facility
  - Uber, Lyft, or similar apps, They may need help finding or using the app

- Find and give the phone number for your local Area Agency on Aging: aging.ca.gov

Social Benefits of Cognitive Screening

Opportunity to educate, support and provide resource linkage around key social needs that will arise *with or without* screening:

- Advance medical, legal, and financial planning
- LTC coverage options
- Transportation supports
- Employment/income advocacy

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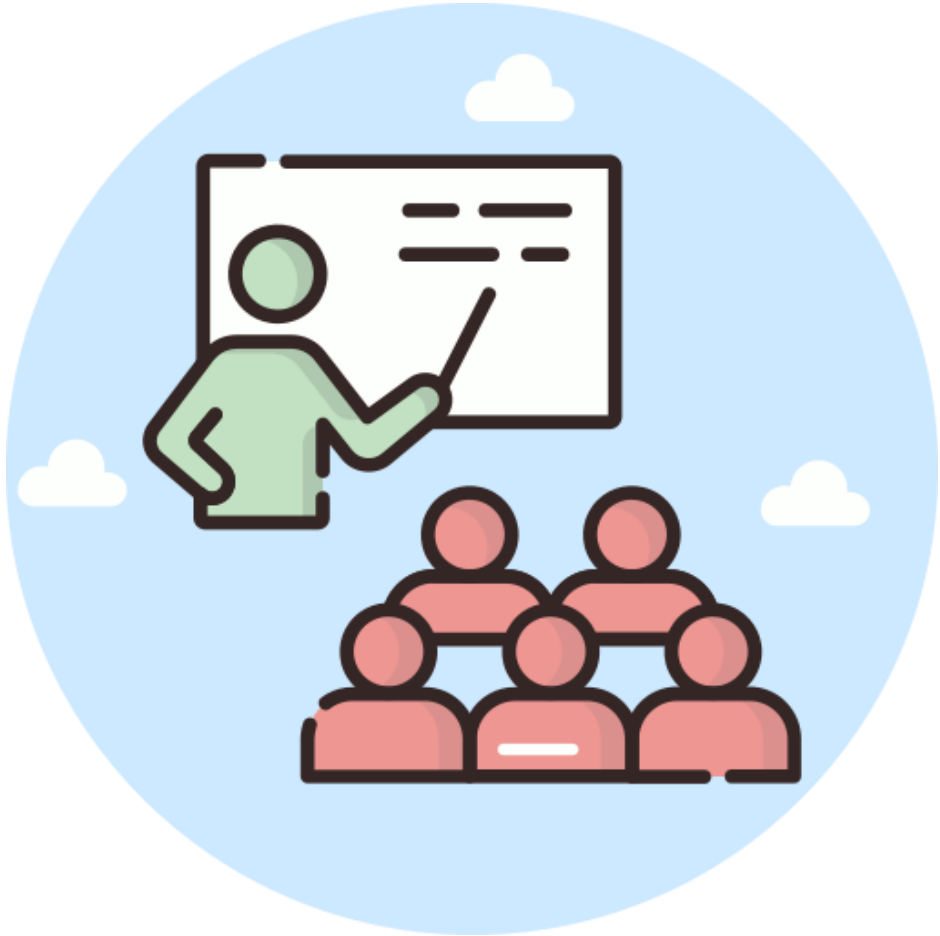
Takeaways

- Patients and caregivers may have fears or reluctance about cognitive screening and what it may mean.
- Cognitive screening does bring social risk to patients and caregivers, but addressing them **directly and early** can help mitigate.
- Health care teams can:
  - ✓ Listen and acknowledge fears
  - ✓ Have resources and information available
  - ✓ Encourage advance medical *and* financial/legal planning
  - ✓ Provide certifications to help patients and caregivers stay employed and maintain their income and health insurance
  - ✓ Do not disclose to employers more information than necessary

Additional training and resources available through the MLP Network:

- Advance Care Planning
- Capacity
- Consumer Debt
- Disability Forms
- Elder Abuse & Neglect
- Housing
- Income Supports
- Medi-Cal / IHSS / LTC
- Paid Family Leave
- Planning Needs & Considerations for Immigrants
- Preventing the Need for Conservatorship



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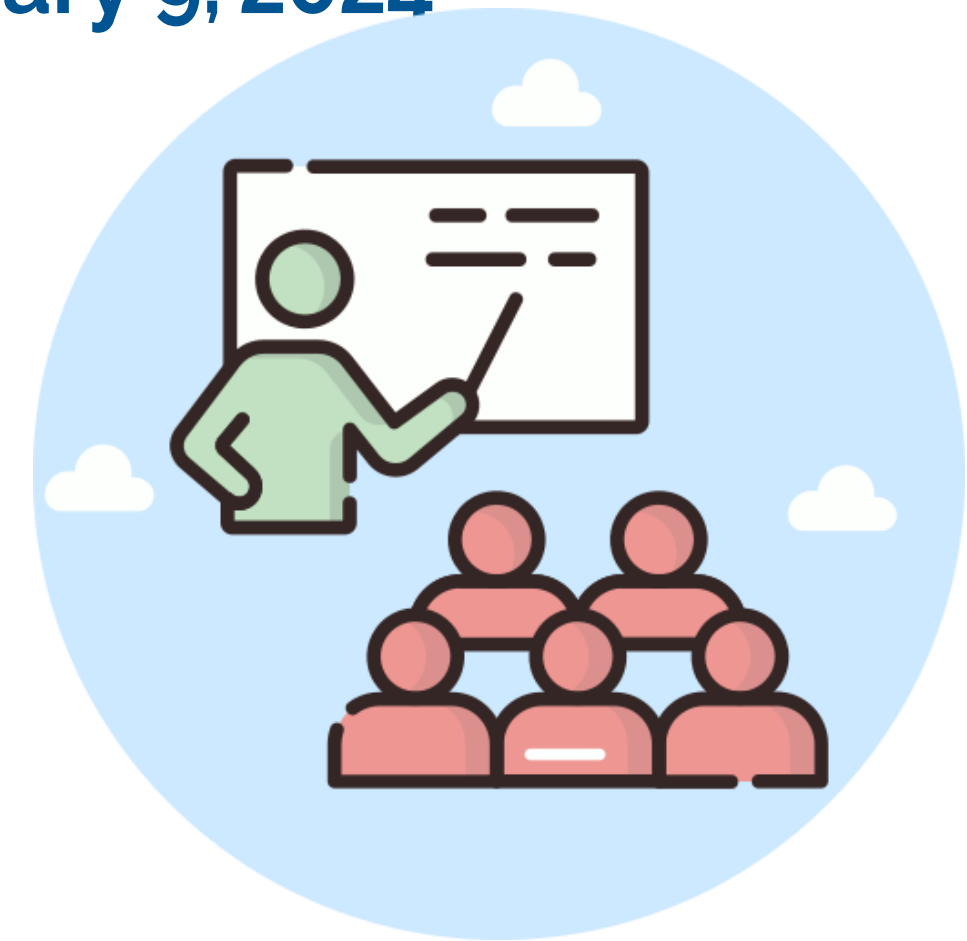
Complex Care Workshop: February 9, 2024

- Day-long in-person conference
- Whole team welcome
- CME/CEUs offered
- Hands-on sessions/workshops with clinical and legal experts
- Location: Clovis Memorial District in Fresno, CA
- Cost: FREE and travel support available to the first 15 registrants
- Registration: Coming soon - see dementiacareaware.org



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Thank You

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Have more questions? Get answers through our Warmline @ **1-800-933–1789** or our support page.

Here are some examples.

What do I prioritize after a positive CHA?

Is the CHA covered for patients over age 65 who have Medicare, but not Medi-Cal?

Can I use the CHA for a patient with limited literacy?

Open your phone camera and scan the QR code to submit questions:

Or visit: www.dementiacareaware.org

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How to claim Continuing Medical Education (CME) credit

Step 1. Please complete our evaluation survey using the link provided in the chat and a follow-up email after the webinar. For this activity, we provide CME and California Association of Marriage and Family Therapists (CAMFT) credits. Please select the correct link based on the credit type you are claiming.

Step 2. Upon completing the evaluation survey, please scan a QR code or link to claim credit:

- Use your phone camera to scan a QR code and tap the notification to open the link associated with the CME portal.
- Enter your first name, last name, profession, and claim **1 CE credit** for the webinar.

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