

Good afternoon Chair Kelley and Vice Chair Feldman.

My name is Lucia Paris, and I am in support of SB204. Over the last fifteen years I've worked in assisted living and memory care communities in Maryland.

I am passionate about this legislation because one of the biggest challenges is the lack of properly trained individuals qualified to work with adults living with dementia.

My father, who was diagnosed with vascular dementia, lived in an assisted living community in Frederick. Due to the lack of trained and sufficient staff I became his fulltime primary caregiver.

For the last eight years I served as a certified dementia educator where my role involved training staff in assisted living and specifically memory care units, according to the Maryland state requirements. Every state carries their own set of regulations. Some are vague and do not follow up to ensure guidelines are being met. Many times, the only requirement is documentation. The trainers are not required to be certified, and can be anyone who has worked in a healthcare related field for 3 years (no mention of dementia).

The current requirements in Maryland are 5 hours training within 90 days of hire and 2 hours annually thereafter. This may sound sufficient, but with the perplexity of the disease process, staff turnover, the challenges of staff accountability and the lack of oversee from the state, there is much room for improvement. Improved regulations must specifically be in place for memory units which house some of our most vulnerable Marylanders.

Due to different variables, however, many times training never happens. The consequences due to lack of training can be detrimental to the resident and the care staff. One example I recall well was when a staff member kept disagreeing with a resident with dementia. The resident became very upset, lost control of his emotions, grabbed the staff person by her hair, lost his balance and then fell on top of her. As an educator this is very frustrating to witness to say the least, knowing it could have been prevented.

Improved guidelines, which were proposed for memory care units but never put into law, matter because:

1. Dementia has a complicated multi-faceted set of symptoms that continuously change and are unique to each individual. The range of symptoms involve impaired thinking, memory loss and inability to communicate, as well as a host of physical and pathological symptoms. With over 400 types of dementia, care staff needs to be trained and understand the importance of approach and engagement, how to communicate, recognize status change and have ability to adjust as needed.
2. The costs of assisted living and memory care are not covered by Medicare. The monthly out of pocket starts at \$5,000 and often times can reach as high as \$15,000 due to disease progression and increased levels of care.

It's imperative we implement the highest of training standards and requirements, especially for the vulnerable Marylanders in memory care units. I urge a favorable report on this legislation.

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