



DRAFT MINUTES

NYS Coordinating Council for Services Related to Alzheimer's Disease
and Other Dementia
Monday, December 1, 2025
11:00 am - 2:00 pm

Council Members and Representatives:

Members Present in Person: Charles Williams (New York State Office for the Aging), Elizabeth Smith-Boivin, Dr. David Hart, Dr. David Hoffman, Maxine Smalling (New York State Office of Mental Health), Julie Kelleher (New York State Office of Children and Family Services), Denise Cavanaugh, Teresa Galbier, George Shaw (Office for People with Developmental Disabilities)

Members Present Virtually: Michael Jabonaski (New York State Department of Health), Dr. Louis Belzie, Dr. Donna de Levante Raphael, Dr. Carol Podgorski, Jed Levine, Catherine James, David Okrent, Esq.

Members Absent: John Cochran (New York State Office for the Aging), Suzanne Sullivan (New York State Education Department), James Taylor, Dr. William Higgins

New York State Department of Health Staff Present: Carol Rodat, Andrew Lebwohl, Karly Boyd, Tracy Sinnott, Kimberly LaBarge, Cassandra Tsyn, Susanne Coburn, Felicia Segelken, Susan Lawless (Division of Legal Affairs)

Others Present: Lisl Maloney (New York State Office of Children and Family Services), Heather O'Connor, Mary Riley-Jacome

Note: The meeting was conducted in-person and via Webex. The meeting was recorded.

Welcome, Announcements, and Roll Call: The meeting was called to order at 11:05 am.

Ms. Sinnott introduced the newest Council member, Dr. David Hoffman, and provided an opportunity for him to introduce himself. Ms. Sinnott took roll call and determined a quorum was not present.

Approval of Minutes: April 28, 2025, September 8, 2025. A quorum was not present to approve the minutes.

Master Plan for Aging Strategic Planning Session: Ms. Sinnott introduced Mr. Williams to discuss the Master Plan for Aging.

Mr. Williams provided the Council with a list of thirty-two Master Plan for Aging proposals that align with the Alzheimer's Coordinating Council's recommendations. The full list of Master Plan for Aging proposals is available at <https://planforaging.ny.gov/pillar-proposals>.

The thirty-two proposals were grouped into the following categories for discussion:

1. Caregiver Assistance
2. Provider Training
3. System Change and Sustainability
4. Expansion of Benefits and Access to Services
5. Prevention and Wellness

Mr. Williams noted that a potential outcome of this discussion could include a Council letter of support for selected concepts or proposals to the Governor or Legislature.

Mr. Williams read through each proposal. Council members asked questions and provided feedback.

Category: Caregiver Assistance

- Proposal #32: Establish Regional Caregiver Hubs
- Proposal #44: Establish the Statewide Caregiver Peer Support System
- Proposal #63: Establish Caregiver Coordinating Commission
- Proposal #45: Develop a Caregiving Toolkit
- Proposal #41: Adult Day Care Family Caregiver Program
 - Ms. Smith-Boivin asked for clarification regarding the Caregiver Coordination Commission, specifically, location and membership of the Commission. Mr. Williams informed the Council that the Commission is housed under the Department of Health in the Caregiver Support Hub and is still in the planning process at this time.

Category: Provider Training

- Proposal #29: Require Alzheimer's Disease and Dementia Care Training
- Proposal #67: Person-Centered Service Delivery Direct Care Workforce Training
- Proposal #107: Training on the Needs of Older Adults with Substance Use Disorders
- Proposal #105: Require Aging and Intellectual and Developmental Training
- Proposal #126: Training on the Sexual Health and Intimacy Needs for Older Adults
 - Dr. Hoffman recommended a specific role for partnering with higher education and highly encouraged the inclusion of information related to early detection, diagnosis, risk reduction, and similar topics in training for key professions including but not limited to nursing, social work, and education programs.
 - Ms. Smalling noted that some of these proposals are already being implemented by the Office of Mental Health and the Office for People with Developmental Disabilities who are training the direct care workforce. Ms. Smalling noted that

when discussing credentialing, it should be confirmed that the direct care workforce is trained on person-centered care.

- Ms. Smalling provided the Council with information on initiatives both Office of Addiction Services and Supports and the Office of Mental Health have implemented related to this proposal. Dr. Hoffman informed the Council that the National Association of Chronic Disease Directors has developed a curriculum for community health workers in rural areas. As part of their contract with Department of Health and Human Services they provide this training at no charge to five states each year.
- Ms. Galbier asked whether funding has been allocated for the Master Plan for Aging proposals. Mr. Williams informed the Council that at this time no funding has been designated to these proposals. The plan is to determine which proposals have the strongest support and present those to the Governor's Office for potential funding.
- Ms. Smith-Boivin noted that neurobehavior training was not mentioned under provider training and recommended that it be addressed.

Category: For System Change and Sustainability

- Proposal #50: Fund Aging Services
- Proposal #9: Assisted Living Reform
- Proposal #11: Facilitating Nursing Home Reform Efforts
- Proposal #81: Ecosystem Demonstration Pilot
 - Mr. Williams informed the Council that additional funding was provided to County Offices for the Aging in New York State to address identified unmet needs.
- Dr. Hoffman encouraged the Council to consider long-term costs of system change and the need to build sustainable community services within the Medicaid program. Mr. Williams explained to the Council that there are several proposals that address the Medicaid program in the Master Plan for Aging, but they "were not pertinent to the Council's goals and priorities."
- Ms. Maloney requested clarification regarding Proposal #11, asking whether it was specific to skilled level of care and to distinguish this from Family Type Home for Adults. Mr. Williams clarified that the proposal is referring to skilled nursing facilities.

Category: Expansion of Benefits and Access to Services

- Proposal #59: Support for the Program for All-Inclusive Care for the Elderly (PACE) Expansion and Enrollment
- Proposal #13: Cross System Care Coordination Through the 1115 Medicaid Waiver
- Proposal #86: Elevate Integrated Care Programs
- Proposal #85: Coordination of Home Care and Aging Services at Office of Mental Health Housing Through the 1115 Medicaid Waiver
- Proposal #21: Adult Care Facility Voucher Demonstration

- Proposal #118: Strengthen Our Centers Grant Program: Improvements for Community-Based Older Adult Service Organizations
- Proposal #125: Continuity of Medical Treatment and Medication Access in Short- and Long-Term Care Facilities
- Proposal #14: More Effective Care Integration Through Plans
- Proposal #128: Communication Access in Direct Care, Assisted Living, Nursing Homes, and Memory Care for Deaf, Deaf/Blind, and Hard of Hearing
 - Ms. Smith-Boivin inquired about identification of an individual or organization that could simplify the process for constituents. Mr. Williams confirmed that consumer experience is being addressed.
 - Ms. Galbier shared that the Guiding an Improved Dementia Experience (GUIDE) addresses the needs for communication and connections between organizations. This is a pilot program providing interdisciplinary team improving communication and accesses to services.
 - Mr. Levine provided information on the Medicare Rights Center; a non-profit organization that helps benefit navigation for families.
 - Dr. Hoffman reported the importance of including specific language when writing policies for insurers, to reference preventative services or risk reduction services, otherwise some insurers will not cover this.

Category: Prevention and Wellness

- Proposal #2: Community Immunization Program
- Proposal #5: Prevention Curriculum
- Proposal #80: Promotion of the Annual Wellness Visit
- Proposal #4: Multilayered Awareness and Intervention Practices
- Proposal #108: Expand the Wellness Initiative for Senior Education and Screening Brief Intervention Referral to Treatment (WISE-SBIRT) Model
- Proposal #17: Supporting Community Housing Model
- Proposal #52: Support Electronic Health Records Adoption
- Proposal #70: Supporting Social Connection with the United States Surgeon General's Recommendations
- Proposal #66: Reduction in Social Isolation Through Peer Model Programming Engagement and Expansion
 - Ms. Smith-Boivin requested that proposals include evidence-based cognitive screenings. Dr. Hoffman provided additional information that clinicians choose which screening since there are no evidence-based screenings required. Dr. Hoffman continued to share the importance of clinicians sharing risk reduction to patients, with Lancet Commission Report backing. Dr. Hoffman recommended cancer screening be addressed in the proposals. Dr. Hoffman recommended that science and evidence-based language should be used when referring to the surgeon general.

Mr. Lebwohl introduced himself and discussed his work on the Master Plan for Aging. Mr. Lebwohl also introduced Karly Boyd, who works on Mr. Lebwohl's team and administers the

Direct Caregiver Flexibility Grant. Ms. Smith-Boivin asked how staff, in the implementation stage of the Master Plan for Aging, are ensuring duplication is not occurring across state agencies and asked what would you like to see within three to five years in this plan. Mr. Lebwohl responded that a proposal will include an ongoing steering committee to track State Agency activities to ensure cohesiveness in working together across the state. Mr. Lebwohl continued that the Master Plan for Aging should generate an ongoing engine of coordination and dialogue to create infrastructure to respond to changes.

Ms. Sinnott asked the Council members to highlight specific proposals from the Master Plan for Aging to focus support on as a Council. Ms. Galbier suggested a crosswalk analysis of the Master Plan for Aging and the Alzheimer's Council Report to identify the overlap between them. Ms. Smith-Boivin suggested focusing on proposals that directly relate to the Council's top three goals and recommendations which are:

- 1) Risk reduction and early detection of Alzheimer's disease and related dementias
- 2) Increase and support the direct care workforce
- 3) Support information to caregivers for person's living with Alzheimer's disease and related dementias

Mr. Levine discussed the importance of the Council addressing vaccine hesitancy, particularly regarding the COVID vaccine. Dr. Hoffman suggested Dr. James McDonald, Commissioner of the Department of Health, along with New York State Office for the Aging, release a joint statement highlighting the importance of receiving the influenza and COVID vaccines.

Mr. Lebwohl discussed the process of data coordination and potential improvements of data sharing across the state, specifically within the Centers of Excellence for Alzheimer's Disease and related to research. Ms. Smith-Boivin noted that data sharing often depends on funding sources and differences between Electronic Health Records. Ms. Smalling suggested looking at large research academic institutions regarding data sharing options and at literature reviews. Dr. Hoffman shared that population-based data informs the need for policy change, which historically comes through the Centers of Disease Control and Prevention, however multiple national organizations are now disseminating the latest versions of available data. Mr. Lebwohl stated the importance of data conversations and that they need to happen beyond state-level government. Ms. Smith-Boivin emphasized the importance of data analysis and determining a strategy for distribution.

Council members were previously asked to provide their top three priorities to focus on in future meetings. Ms. Smith-Boivin indicated one of her priorities is to review the \$25 million funding distribution for Alzheimer's services statewide as funding hasn't increased in ten years, noting the opportunity for the Council to review the distribution and to advise if it aligns with other Council priorities.

Neurology and Research Update:

Dr. Hart reported Nova Nordisk Semaglutide (or Glucagon-like-peptide-1 [GLP-1]) trial results were released last week showing no benefits for Alzheimer's disease. Dr. Hart shared a basic scientific finding in a publication release last week, identifying areas in the brain where a subset of microglia cells are more active there are less amyloid related pathologies. Dr. Hart shared that the outcome of this basic study leads to questions about what chemicals or factors are needed to increase the activity of these cells to impact the disease process. Dr. Hart shared reports about Arginine (an amino acid) and its effects on limiting amyloid plaque formation.

Building Our Largest Dementia Infrastructure (BOLD) Update:

Ms. LaBarge provided an update on the Building Our Largest Dementia Infrastructure (BOLD) initiative which included that Year 3 funding was received. Ms. LaBarge shared information about the Brain Health newsletter publication that was created in partnership with the Erie County Department of Health and the Alzheimer's Association, and in addition the Brain Health Brochure, as well as an upcoming webinar with the Erie County Commissioner, to discuss work developed through Building Our Largest Dementia Infrastructure (BOLD). Ms. LaBarge reported that she and Erica Salamida with the Coalition of Alzheimer's Association have been attending meetings with New York State Association of County Health Officials to speak with them about plans for a Prevention Agenda and overlapping Building Our Largest Dementia Infrastructure (BOLD) priorities.

Ms. LaBarge reported training in Oswego and Washington counties, and the Year 3 goal is to reach two to three additional health departments, starting with Wyoming County. Ms. LaBarge shared additional focuses of Building Our Largest Dementia Infrastructure (BOLD) in Year 3 including implementing a training with Hudson Headwaters Health Network through Centers of Excellence for Alzheimer's Disease partnership. Ms. LaBarge provided updates about New York City Building Our Largest Dementia Infrastructure (BOLD) initiative as they are now in their implementation phase. Ms. LaBarge reported a Building Our Largest Dementia Infrastructure (BOLD) website tab is in approval process which will be added to the New York State Alzheimer's Disease Program website.

Dr. Hoffman shared a national Building Our Largest Dementia Infrastructure (BOLD) update, as he sits on the National Advisory Group on Building Our Largest Dementia Infrastructure (BOLD) and works with the National Association of Chronic Disease Directors in their Building Our Largest Dementia Infrastructure (BOLD) initiative. Dr. Hoffman shared that the National Association of Chronic Disease Directors group's focus this year is integrating brain health messages into chronic disease programs as well as evaluation of evidence brain health approaches, including frameworks and tools related to Risk Reduction, Early Detection, and Caregiving. Dr. Hoffman reported other National level Building Our Largest Dementia Infrastructure (BOLD) activities includes Alzheimer's Association Risk Reduction activities, New York University's Building Our Largest Dementia Infrastructure (BOLD) focusing on early detection, Minnesota's initiative working on dementia caregiving, as well as the University of Chicago's Health Matters Program to expand training for local organizations serving individuals with intellectual and developmental disabilities. Ms. Smith-Boivin stressed the importance of health disparities to be included in prevention and wellness discussions.

Council Position Paper Overview: Mr. Jabonaski requested this topic be added to the next Council meeting.

Member Announcements, Public Comments:

Mr. Levine shared CaringKind will be hosting a new Dementia Education Conference on March 30th with registration opening in January, specifically targeting family caregivers, persons with the Alzheimer's disease or a related dementia, and professionals.

Ms. Sinnott shared information that New York State was the 50th state to approve blood-based biomarker tests to help diagnose Alzheimer's disease.

Ms. Sinnott reminded the Council that the next meeting is on March 9, 2026.

Adjournment: The meeting was adjourned at 1:15 pm.

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