BACKGROUND
Programs for All-Inclusive Care for the Elderly (PACE) provide comprehensive care for community-dwelling older adults who have:
• Medicaid and Medicare dual-eligibility (i.e., low-income)
• Physical, psychosocial, and/or cognitive disability (i.e., nursing home eligible)
• 46% of the national PACE population has a dementia diagnosis.¹

PACE Models include site day programs that provide:
• Medical and personal care
• Activity programming

Incorporation of a cognitive model that matches participant cognition with day program activities can increase participant engagement and well-being.

The Cognitive Disabilities Model (CDM) applied through the consumer-friendly GEMS® approach may be an effective approach for increasing participant engagement.² ³

OBJECTIVES
1) Examine the feasibility of implementing a cognition-focused program based on the CDM and GEMS® in a local PACE day program.
2) Explore the preliminary effect of a cognition-focused program on participant engagement.

METHODS
Participants
• Enroll at Community LIFE McKeesport
• Attend Community LIFE McKeesport day program ≥1x per week

Outcome Measures
Participant
• Cognitive Level – Allen Cognitive Level Screen 5 (ACLS-5), GEMS® Observation Checklist
• Engagement – Menorah Park Engagement Scale (MPES)

Staff
• Training – number of staff trained, length of training sessions, satisfaction
• Self-report comprehension of GEM® levels, applying GEM® levels to practice

Process
• Screen participants
• Train staff
• Model use
• Measure outcomes

RESULTS
Educational Materials
• Nine distinct educational materials developed (examples below)

<table>
<thead>
<tr>
<th>Behavior Binder and Resource Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can you change the activity and environment?</td>
</tr>
<tr>
<td>Amber</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amber</th>
<th>Emerald</th>
<th>Diamond</th>
<th>Sapphire</th>
</tr>
</thead>
<tbody>
<tr>
<td>What you can do for the participant:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
</tbody>
</table>

Activity Binder
• Category: SALT Level
• Number of participants:
• Things you will need:
• Skills required of participant:
• Key steps:

Participants Screened (Total N = 134)
- n = 20
- n = 16
- Not appropriate for primary screening
- Unable to screen prior to COVID-19

Distribution of GEMS® by Room Assignment

<table>
<thead>
<tr>
<th>Low Functioning</th>
<th>Moderate Functioning</th>
<th>High Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>20%</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Cognitive Abilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
</tr>
</tbody>
</table>

Program Outcomes
- Post-training survey indicated that 100% of staff trained understood GEMS® terminology and materials presented.

DISCUSSION
• Use of cognition-focused program led to a better understanding of participants’ abilities, more tailored activities and effective interventions.
• Understanding of cognition can guide more appropriate room assignment.

A multimodal approach is ideal for screening participants and training staff.

Screening
• A CDM-based screening tool combined with clinical observations should be used to identify cognitive levels.

Training
• Various training methods allow for:
  • Program sustainability
  • Transferability
  • Transdisciplinary application
  • Site-wide dissemination

CONCLUSIONS
• The systematic characterization of participants' cognitive abilities is essential in establishing effective activities and interventions that appropriately challenge cognitive abilities.
• Occupational therapy practitioners are experts in using a cognition-focused model of practice and modifying it for interdisciplinary implementation.
• Further examination should trial different screening tools and further assess participant and staff outcomes.

ACKNOWLEDGEMENTS AND DISCLOSURES
The work done to complete this project was completed as part of the authors' Doctoral Capstone Experience (DCE), thus the authors do not have any funding disclosures. The University of Pittsburgh's Department of Occupational Therapy provided all necessary screening materials. Both PimlicoCare and Community LIFE administration provided access to Community LIFE McKeesport as a site for this project. Alyson Luettel, Community LIFE McKeesport staff, and participants engaged in project development and implementation. Some materials were developed using language based around Skills2Care® and Teepa Snow’s GEMS terminology.

REFERENCES
