

in Step 1 (n=52, 66%) resulted in a 37% false positive and 3% false negative rate. With the addition of the PSM and DCCS assessments in Step 2, the paradigm demonstrated 91% sensitivity, 75% specificity and an area under the ROC curve (AUC)=0.82. Steps 1 and 2 had an average administration time of <7 minutes. We continue to optimize MyCog by 1) examining additional items for Step 1 to reduce the false positive rate and 2) creating a self-administered version to optimize use in clinical settings. With further validation, MyCog offers a practical, scalable paradigm for the routine detection of cognitive impairment and dementia.

#### RELATIONSHIP BETWEEN PATIENT AND INFORMANT ASSESSMENT OF PERSONALITY AND COGNITIVE STATUS

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Personality has been linked to risk of dementia. Most studies ask individuals to rate their own personality traits or for a knowledgeable informant to perform the rating; few collect data from both. When informants are asked to give an estimate of the patient's lifelong personality traits, they often describe personality before disease onset. When asked to self-rate, patients may instead assess their personality as they see themselves, providing a personality-state measure. The goal of this study was to assess agreement between two independent measures of personality and evaluate whether stage of cognitive impairment and characteristics of patients or caregivers impact concordance. In 79 consecutive patient-caregiver dyads presenting to our center (mean age:76.8±8.4; 44.1% female; 6% cognitively normal, 41% MCI; and 53% dementia) with in-depth psychosocial and neuropsychological evaluations, we found informants rated patients lower on openness (O) (ICC=0.434; 95%CI: 0.235-0.598) and agreeableness (A) (ICC=0.491; 95%CI: 0.302-0.643) and higher on extraversion (O) (ICC=0.396; 95%CI: 0.191-0.568) and neuroticism (N) (ICC=0.444; 95%CI: 0.247-0.607). Greater discordance was observed in established dementia (ICCE=0.497; 95%CI: 0.222-0.700; ICCA=0.337; 95%CI:0.031-0.586; ICCN=0.422; 95%CI: 0.191-0.683), compared with MCI (ICCO=0.568; 95%CI: 0.282-0.762). We explored the effect of patient and caregiver mood and caregiver burden on personality ratings. Although personality is typically described as a trait, we present evidence that in the eyes of patients, personality ratings may represent a state that changes across the spectrum of cognitive impairment. Understanding how patients and caregivers differentially perceive personality may assist in developing novel psychotherapeutic interventions and approaches dealing with behavioral manifestations of dementia.

#### THE IMPACT OF COGNITIVE IMPAIRMENT ON RESOURCE UTILIZATION DURING MEDICARE HOME HEALTH CARE

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Older adults with cognitive impairment have unique care needs that often lead to greater levels of health care utilization.

Prior work suggests that older adults with cognitive impairment access home health care at higher rates; yet, recent Medicare home health payment system revisions exclude patient cognitive status when determining risk adjustment. This research examines the relationship between patient cognitive status and resource utilization during Medicare home health care. We examine 1,217 (weighted n=2,134,620) community-dwelling older adults who received Medicare-funded home health between 2011-2016, using linked nationally representative survey data from the National Health and Aging Trends Study (NHATS), home health patient assessment data, Medicare claims data, and Medicare Provider of Services files. We use weighted, multivariable negative binomial regressions to model the relationship between patient dementia status and the expected number of total visits and number of each visit type (nursing, therapy, and aide) during home health. Models adjusted for patient sociodemographic characteristics and health and functional status during home health, as well as home health provider characteristics. Among Medicare home health patients, the presence of cognitive impairment during home health is associated with 2.87 additional total visits (p<0.001), 1.27 additional nursing visits (p<0.01), and 1.23 additional therapy visits (p=0.04) during the home health episode. Findings suggest that recent revisions to the Medicare home health payment system may disincentivize home health care for older adults with dementia and/or financially penalize home health providers whose patient populations have a greater dementia burden.

#### SESSION 2919 (PAPER)

##### COGNITION AND COGNITIVE IMPAIRMENT II

##### CERTIFIED NURSING ASSISTANTS' EXPERIENCES OF WORKPLACE VIOLENCE CARING FOR PERSONS WITH DEMENTIA

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Problem: Certified nursing assistants (CNAs) are the primary providers of direct care to persons residing in long term care facilities (LTCFs), many of whom have dementia. The need to deliver direct and intimate care increases CNAs' exposure to verbal and physical workplace violence. Purpose: To describe CNAs' experiences of physical and verbal workplace violence experienced during direct care activities in LTCFs. Design: Qualitative. Sample & Procedure: Ten African-American CNAs (9 female, 1 male) were recruited using snowball sampling from multiple LTCFs. Interviews were recorded and transcribed. NVivo12 software was used to manage the thematic analyses. Results: The identified themes were: 1) CNAs' perception that verbal and physical abuse was "part of the job" and unavoidable; 2) CNAs' feelings of minimization of the abuse by administration; and 3) inadequate CNA training to recognize and de-escalate triggers of verbal and physical violence, notably care-resistant