

STATE ALZHEIMER'S DISEASE PLANS: HEALTH CARE SYSTEM CAPACITY

Recommendations to expand the capacity of the health care system to meet the growing number and needs of those with Alzheimer's

Alabama	<ul style="list-style-type: none"> • Explore Telehealth as a means to provide education and support to Alabama's underserved regions, and collaborate with state centers of higher education, the Alabama Partnership for Telehealth, the Department of Public Health, Medicaid Agency, and other stakeholders.
Alaska	<ul style="list-style-type: none"> • Implement a payment system that sets reimbursement rates based on acuity levels to incentivize providers to offer specialized dementia care, increase training to their staff and meet higher quality standards. • Expand availability of, and reimbursement for, hospice and palliative care in both rural and urban areas. • Use tele-health to provide specialized services, enable peer to peer counseling and ensure access to best practices in remote communities.
Arizona	<ul style="list-style-type: none"> • Expand the role of community health workers in dementia education and care in reaching underserved communities. • Conduct and evaluate a statewide analysis of service capacity with an added emphasis on unserved and underserved areas and populations in the state. • Grow the network of skilled nursing facilities and assisted living communities to provide high quality long-term care services to people with Alzheimer's disease and related disorders in rural areas. • Expand the telehealth network and, when appropriate, the use of technology as a viable way to expand and enhance service availability, accessibility, and acceptability.
Arkansas	
California	<ul style="list-style-type: none"> • Increase funding for medical care and long-term services and supports through alternative financing mechanisms such as expansion of the use of Medicaid waivers or "provider fees." • Maximize the availability of medical, preventive, and home-based support services by promoting use of telemedicine and other technology that brings Alzheimer's expertise to sites that lack specialized skills or advanced training.
Colorado	
Connecticut	
Delaware	<ul style="list-style-type: none"> • Explore a rate setting structure that empowers providers to supplement services for the purposes of crisis management and seek authorization for payment retroactively. • Advocate for an increase in salary for direct service providers. • Promote the use of telehealth to bring Alzheimer's expertise to sites that lack specialized skills or advanced training to maximize the availability of medical, preventative, and home-based support services.
District of Columbia	
Georgia	<ul style="list-style-type: none"> • Establish criteria that define an effective Alzheimer's/related dementias service delivery system, using other state plans as models, and compile a comprehensive statewide catalogue and assessment of Georgia's current service delivery that measures the current system against the proposed established criteria. Funding is necessary to conduct the assessment. • Make specific recommendations to address gaps in service delivery based on findings. • Assign/procure dedicated staff persons or consultants to develop and conduct the assessment. • Analyze the assessment of gaps in service. • Identify potential recommendations from other states' plans for consideration (including recommendations that could be implemented prior to completion of the assessment). Resources needed include technical and financial resources to analyze the assessment and implement recommendations.

Hawaii	
Florida	
Idaho	
Illinois	<ul style="list-style-type: none"> • Review the distribution of geriatric-psychiatric units. Permit the development of such units only in greatly underserved areas without such units and only if it can be demonstrated that the needs of the population cannot be met through a community-based system of care.
Indiana	<ul style="list-style-type: none"> • Expand the capacity of the health care system by increasing funding to meet the growing number of individuals diagnosed with Alzheimer's.
Iowa	<ul style="list-style-type: none"> • Enhance the capacity of services to meet the needs of persons with Alzheimer's disease and other dementias by: (1) examining current administrative rules for nursing facilities, Chronic Confusion or Dementing Illness facilities, assisted living, adult day services, home- and community-based services, and Medicaid elderly waiver case management programs (administered by the Departments of Human Services, Elder Affairs and Public Health); (2) developing recommendations that reflect Alzheimer's and other dementias capable and friendly practices; (3) providing technical assistance to current service providers to enable the diversification of their service base; (4) examining the caps on waiver funding; (5) reviewing current reimbursement rates across all state programs; (6) ensuring the availability of trained workers for facility and community-based services; and (7) tasking the Senior Living Coordinating Unit to formally examine the findings of the University of Iowa's Adult Day Services study, make recommendations, and track implementation progress across the Unit agencies. • Review current trends and the impact in the long-term care rebalancing efforts on persons with Alzheimer's and other dementias, including bed occupancy, direct care worker shortages, availability of adult day services, and the Senior Living Coordinating Unit long-range plan.
Kentucky	<ul style="list-style-type: none"> • Explore options to increase insurance coverage for individuals with dementia, including: (1) Medicaid eligibility for individuals with younger-onset Alzheimer's; (2) for an Alzheimer's -specific Medicaid waiver; and (3) services and options available under private insurance. • Require mental health parity. • Explore changes in the certificate-of-need requirements in order to foster expansions of Alzheimer's and other dementias-specific services.
Louisiana	<ul style="list-style-type: none"> • Convene a workgroup to study alternative financing for funding – including, but not limited to, the Medicaid state match – necessary to meet the need for programs and services for persons with Alzheimer's and other dementias. • Fund statewide expansion of the Program for All-inclusive Care for the Elderly (PACE) as it is designed to meet the specific needs of persons with Alzheimer's disease and other dementias. • Ensure all state-funded and/or regulated services/programs are designed to meet the specific needs of persons with dementia at any age and stage of the disease, including: (1) ensuring that the study of adult day programs includes consideration of the specific needs of persons with dementia at any age and stage of the disease; (2) simplifying and/or developing laws and regulations that encourage development of social model adult day programs; (3) ensuring that all programs/services can address the unique needs of persons with dementia who exhibit difficult or dangerous behaviors; (4) strictly enforcing facility transfer/discharge regulations to ensure that persons with dementia are not transferred or discharged solely because they exhibit disruptive behavior; (5) improving access to the full array of home- and community-based services for persons with dementia through public education, a toll-free number, and a website; (6) developing and implementing affordable, accessible housing alternatives across the spectrum of residential care settings, including funding and implementing the Medicaid assisted living waiver and extending Medicaid to subsidized housing; and (7) developing and implementing programs to help those with younger-onset Alzheimer's remain in the workforce as long as possible. • In implementing the Plan for Choice, ensure that goals, objectives, and action steps address the specific needs of persons with Alzheimer's and other dementias, their caregivers, and families, including: (1) quality management goals; and (2) providing persons with access to affordable transportation statewide.

Maine	<ul style="list-style-type: none"> • Enhance existing and explore new innovative, user-friendly models to further develop the infrastructure of care for people with dementia in collaboration with specialists and primary care providers. Evaluation of models should include the opportunity to hear and learn from other states and/or communities that have practicing models in place and those who are receiving services. • Collaborate with state agencies, nursing homes, and home- and community-based providers to increase the capacity of the long-term care system to serve people with severe neuropsychiatric symptoms associated with dementia, including specially-trained staff using evidence-based models of dementia-informed care and services. • Work with social service providers, medical and other health care providers, and other service providers across the interdisciplinary care continuum to improve the capacity and supply of community-based case management services and to develop a truly user-friendly system to help families navigate care needs. • Support, fund, and promote the expansion of increased access to geriatric and neuropsychiatric care through telemedicine, video conferencing, and internet-based consultation. • Support and appropriately reimburse the "health care home" model of care. • Support reimbursement models to enable a greater role for advanced nurse practitioners.
Maryland	
Massachusetts	<ul style="list-style-type: none"> • Develop mid- and long-range goals for the expansion of private and public funding sources for services for people with Alzheimer's disease. • Assess availability of medical and social services, and increase availability of those services, as funding permits.
Michigan	
Minnesota	<ul style="list-style-type: none"> • Create and disseminate a list of key elements that a community should have to support those with Alzheimer's and their caregivers, and urge communities to adapt this list for their use. • Create "action kits" for communities that help them assess their status and progress toward developing these key elements.
Mississippi	<ul style="list-style-type: none"> • Align strategies to capitalize on the Mississippi Healthcare Industry Zone Act, which aims to expand access to high-quality medical care and increase the number of health care jobs through a business incentive program to encourage health care-related businesses to locate or expand within a qualified Health Care Zone. • Identify locations and services of current health care providers and gaps in accessibility to dementia care.
Missouri	
Montana	<ul style="list-style-type: none"> • Develop a systematic approach to cognitive screening and management by creating a Dementia Comprehensive Assessment and Resource Engagement (CARE) Clinic to serve as regional geriatric assessment units and dementia centers. Dementia CARE Clinics will be responsible for dementia assessments, supporting the use of innovative approaches such as group visits and services such as educational sessions from local community professionals to include lawyers, financial advisors, and social workers. • Improve access to specialty providers such as psychiatric, geriatric, and palliative care physicians across the state using telehealth services. • Promote the use of dementia care navigators (nurses, social workers, community health workers) who will be directly involved in the care of individuals with Alzheimer's and other dementias.
Nebraska	<ul style="list-style-type: none"> • Identify barriers to administer telehealth mental services and cognitive assessments in rural Nebraska. • Help recommend additional locations to administer telehealth mental services and geriatric cognitive assessments in rural Nebraska. • Participate in Senator Riepe's LR602 interim study to examine the existing barriers to the delivery of health care services through telehealth technology in Nebraska.

Nevada	<ul style="list-style-type: none"> • Authorize nurse practitioner to have independent practices to provide better access to care, especially for rural elders. • Examine and identify funding streams to develop and facilitate the full spectrum of telehealth services to rural communities, including training for providers in rural areas.
New Hampshire	<ul style="list-style-type: none"> • Expand available services across New Hampshire with attention to rural and currently underserved areas, as funding permits.
New Jersey	<ul style="list-style-type: none"> • Foster collaborative efforts among state agencies, long-term care facilities, and home and community-based service providers to increase the capacity of the long-term care system to serve individuals with Alzheimer's disease.
New Mexico	
New York	
North Carolina	<ul style="list-style-type: none"> • Assess health system capacity for people with Alzheimer's disease and other dementias, including dementia-specific beds in intensive outpatient and psychiatric settings and the projected status of the moratorium on home care services and on memory care units in adult day homes. • Examine and identify funding streams for improved telehealth services for people with Alzheimer's and other dementias, with special attention on rural and underserved communities. These services should include (a) remote diagnostic capacity and ongoing consultation, medication management, and behavioral management; (b) home monitoring of activities of daily living; (c) remote resources for caregivers; and (d) additional non-health services such as check-in calls, utility monitoring, falls prevention, and caregiver support services.
North Dakota	
Oklahoma	<ul style="list-style-type: none"> • Establish insurance coverage for those diagnosed with Alzheimer's disease who are in the two-year waiting period for Medicare. • Explore an economic incentive for physicians who accept patients with Alzheimer's and other dementias, as well as provide follow-up care. • Explore changes in the Certificate of Need and the licensing process, as well as funding needs, in order to create facilities that provide specialized care for residents with dementia-related psychiatric and difficult behaviors.
Oregon	<ul style="list-style-type: none"> • Establish a work group to (a) evaluate existing settings and services that have traditionally supported individuals with Alzheimer's and other dementias who have serious behavior needs and identify the issues that prevent funding appropriate support or placement for them; (b) review current models within Oregon or other states that involve best practices and have proven to be cost effective; (c) develop proposals for model(s) to serve this population, including an economic analysis of the proposed models and suggestions on how to fund them; and (d) determine if there is a need for legislation, additional administrative rules, or changes to current rules. • Assess current capacity in licensed long-term care settings that serve people with dementia in Oregon to determine availability and potential gaps in this service statewide. • Create a work group to identify ways to expand utilization of telemedicine and other technology to keep health care providers updated on current treatment developments, and increase access in rural areas to expertise in other areas.
Pennsylvania	<ul style="list-style-type: none"> • Determine numbers and geographic distribution of various related specialists supporting individuals with Alzheimer's and other dementias. • Identify and expand, if necessary, psycho-social counseling services for individuals living with Alzheimer's and other dementias. • Identify and expand, if necessary, services for individuals living alone with dementia. • Expand the use of telemedicine and telepsychiatry where it provides an advantage.
Puerto Rico	
Rhode Island	<ul style="list-style-type: none"> • Assess capacity within the network of existing long-term care providers for specialization in various languages and cultures; identify specific resources available to providers interested in and capable of moving toward such specialization and develop recommendations for the designation of any provider offering language and/or cultural specialty.

South Carolina	<ul style="list-style-type: none"> • Conduct focus groups with professionals and consumers, including caregivers and those with early-stage Alzheimer's disease, to determine service needs and recommended system changes. • Address the unique service needs of persons with Alzheimer's disease and other dementias who exhibit combative or other aggressive behaviors, including: (1) the consideration of publicly-funded specialized services that meet Medicare standards for persons throughout the state who have a diagnosis of Alzheimer's disease and other dementias and whose assaultive or combative behaviors preclude care in traditional nursing home settings; (2) the consideration of an incentive for current providers that offer appropriate settings for short-term stabilization or rehabilitation.
Tennessee	<ul style="list-style-type: none"> • Provide options to increase insurance coverage for persons with Alzheimer's disease and other dementias, including by: (1) exploring changes needed to ensure Medicaid eligibility for younger-onset dementia; and (2) exploring services and options available under private insurance entities.
Texas	
Utah	<ul style="list-style-type: none"> • Pursue federal funding for evidence-based replication projects, including U.S. Administration on Aging grants to states for development of a statewide "dementia capable," sustainable service delivery system. • Support the development of senior behavioral services commensurate with growth in long-term care and assisted living, including an outpatient geriatric psychiatry consultation program through collaboration of the Office of Higher Education and the Department of Human Services, Division of Substance Abuse and Mental Health, and expand board-certified geriatric psychiatric care in both the private sector and community mental health senior behavioral health services.
Vermont	<ul style="list-style-type: none"> • Explore models for developing infrastructure to care for people with dementia in collaboration with specialists and primary care providers. For example, regional organizations designated as dementia care networks could include designated mental health and developmental service agencies, home health agencies, Area Agencies on Aging, and adult day centers. • Collaborate with state agencies, nursing homes, and home- and community-based providers to increase the capacity of the long-term care system to serve people with severe neuropsychiatric symptoms associated with dementia. Increased capacity includes specially trained staff using evidence-based models of dementia-informed care and services. • Work with social service providers to improve the capacity and supply of community-based case management services. • Increase access to geriatric and neuropsychiatric care through telemedicine, video conferencing, and internet-based consultation.
Virginia	<ul style="list-style-type: none"> • Create a network of memory disorder clinics that use an interdisciplinary team approach to assess and treat persons with dementia.
Washington	
West Virginia	
Wisconsin	<ul style="list-style-type: none"> • Increase the capability and capacity of managed care organizations to provide dementia-capable services, including by (1) designating a dementia care lead; (2) ensuring the provider networks develop dementia care skills; (3) developing best practice guidelines for assessment of dementia-related needs and care planning; and (4) better identifying issues related to dementia and behavioral health that may impact care needs. • Analyze data to evaluate the availability of dementia-capable care appropriate for different acuity levels across the state.

Updated January 2017