

# STATE ALZHEIMER'S DISEASE PLANS: HOME- AND COMMUNITY-BASED SERVICES

*Recommendations to improve services provided in the home and community to delay and decrease the need for institutionalized care*

Alabama	<ul style="list-style-type: none"> <li>• Promote respite and adult day care services by including adult day care in the continuum of care policy. Develop a resource list of adult day care services.</li> <li>• Remove regulatory barriers to skilled nursing facilities and Specialty Care Assisted Living Facilities (SCALF) that prevent or limit use of day facilities for respite and adult day care.</li> <li>• Examine ways to extend Medicaid to cover adult day care services, in addition to existing waiver programs, and explore the previously approved Medicaid waiver for SCALF level assisted living.</li> <li>• Provide state-only Medicaid funding for a waiver program for community placement of those dementia patients who need extensive observation and assistance but do not meet federal Medicaid nursing home admission criteria.</li> <li>• Expand and fully fund Medicaid waiver slots to include adult day care, respite, and homemaker services.</li> <li>• Improve access to adult day care services. The Department of Public Health should work with the state's leaders to develop cost effective ways to reimburse for adult day care.</li> <li>• Provide availability for using the state-funded Medicaid waiver for community placement of those that do not meet nursing home criteria.</li> </ul>
Alaska	<ul style="list-style-type: none"> <li>• Use and improve the existing network of Aging and Disability Resource Centers to increase referrals to Alzheimer's Resource of Alaska, senior centers and other community resources.</li> <li>• Assess feasibility and design an implementation plan for a potential 1915(i) and 1915(k) HCBS State Medicaid Plan amendments.</li> <li>• Increase services in rural areas through tribal and other partnerships to provide home and community based services such as personal care assistance, assisted living, and skilled nursing. Assess demand for and supply of services for each region, and encourage coordination to maximize efficient service delivery.</li> <li>• Increase capacity for adult day and respite services.</li> <li>• Pilot small scale supported housing in rural areas that can be adapted to meet the need of the community and be financially sustainable, such as multi-use supported housing and assisted living co-located with independent senior housing.</li> <li>• Identify the Department of Health and Social Services (DHSS) resources needed through 2025 and 2035 to ensure those with Alzheimer's and other dementias can remain living safely in their own home or family caregiver's home for as long as possible.</li> <li>• Identify the DHSS resources needed through 2025 and 2035 to ensure those with Alzheimer's and other dementias have access to out of home services as needed.</li> <li>• Increase social opportunities for persons diagnosed with Alzheimer's and other dementias and their caregivers.</li> </ul>
Arizona	<ul style="list-style-type: none"> <li>• Promote the utilization of available transportation services for individuals living with Alzheimer's disease who are unable to drive.</li> <li>• Establish social, supportive, and recreational activities tailored to special needs and geographically isolated communities.</li> <li>• Promote the availability of community based services for people living with Alzheimer's disease and their families statewide.</li> <li>• Provide sufficient public funding and resources for home and community based services to promote the optimal well-being of people living with Alzheimer's disease and other dementias and their caregivers.</li> <li>• Develop and disseminate tools kits and provide technical assistance on creating "Dementia Friendly" neighborhoods, communities and organizations.</li> </ul>

Arizona (cont.)	<ul style="list-style-type: none"> <li>• Develop the “Dementia Friendly” best practice model as a means to promote awareness through sensitivity training to community members, public and private organizations, and businesses.</li> <li>• Promote innovative evidence-based supportive services, with a focus on those that help with behavioral symptom management.</li> <li>• Ensure that services, supports, and approaches in a dementia-capable system are available, accessible, and acceptable regardless of ethnicity, geography, or culture.</li> <li>• Support transportation programs to provide rural residents with access to health providers.</li> <li>• Ensure the availability of consumer directed respite services in rural communities.</li> <li>• Promote locally coordinated transportation programs that serve people with Alzheimer’s disease and other dementias.</li> <li>• Identify and partner with volunteer nonprofit organizations dedicated to assisting those living with Alzheimer’s disease and other dementias and their families, to provide free services such as transportation, household chores, companionship, and respite.</li> <li>• Remove barriers that keep people with younger-onset Alzheimer’s disease and related disorders from receiving services that seniors are eligible to receive.</li> <li>• Evaluate support services to ensure the effectiveness for people living with Alzheimer’s disease and their caregivers.</li> <li>• Encourage care providers to partner with multicultural coalitions as they develop dementia-capable services for ethnically diverse clients and residents across the continuum of care.</li> <li>• Promote the development of innovative tailored service delivery and outcome tactics to address individual, family and cultural needs.</li> <li>• Expand accessibility of services through the continued development of the Arizona’s Aging and Disabilities Resource Consortium (ADRC), AZ Links, and the Caregiver Resource Line.</li> <li>• Identify areas for programmatic collaboration to enable service expansion statewide.</li> </ul>
Arkansas	<ul style="list-style-type: none"> <li>• Secure permanent funding for the Aging and Disability Resource Center Program to improve access to home- and community-based long-term care services and supports. Additionally, the Aging and Disability Resource Center will improve access to home- and community-based long-term care services and supports by providing a full-time staff person with expertise in Alzheimer’s disease and other dementias</li> </ul>
California	<ul style="list-style-type: none"> <li>• Preserve, restore, and increase established home- and community-based programs that effectively serve people with dementia and support their caregivers, including Alzheimer’s Day Care Resource Centers, Adult Day Health Care, In-Home Supportive Services, and the Programs for All-Inclusive Care for the Elderly (PACE).</li> <li>• Ensure input to the state interagency group and the Project Advisory Committee working to improve human services transportation coordination, and implement the Mobility Action Plan.</li> </ul>
Colorado	
Connecticut	<ul style="list-style-type: none"> <li>• Provide tax incentives to corporations that offer affordable on-site adult day care services for families of employees.</li> <li>• Support and enhance rebalancing initiatives that focus on diversion of individuals with dementia who are at risk of nursing home placement to community-based settings. Specifically: (1) increase funding to expand the Connecticut Statewide Respite Care Program; (2) expand and set aside slots for individuals with younger-onset Alzheimer’s disease in the Connecticut Home Care Program for the Disabled; and (3) ensure adult day centers remain a viable community care option by increasing the current reimbursement level to meet operating costs based on the level of care provided; the daily rate should include transportation costs, and reimbursements should be adjusted annually to reflect cost-of-living adjustments.</li> <li>• The Department of Public Health shall create a new affordable licensure model for Homemaker and Companion Agencies. The licensure shall include requirements that employees receive dementia training. Employees will not be required to be licensed.</li> <li>• Promote use of Municipal Grants money for transportation support of people diagnosed with cognitive impairment. Unused money in Municipal Grants shall be distributed for use for disabilities transportation annually to those municipalities that were awarded grants for transportation services that year.</li> </ul>

Connecticut (cont.)	<ul style="list-style-type: none"> <li>• Expand Dial-a-Ride and ADA transportation services, and include escorted door-to-door services for people with dementia.</li> <li>• Expand transportation services to promote socialization, fitness/wellness, education, connection to community centers, volunteer/civic engagement, etc.</li> </ul>
Delaware	<ul style="list-style-type: none"> <li>• Expand resources related to Alzheimer's disease listed in future editions of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) <i>Guide to Services for Older Delawareans and Persons with Physical Disabilities</i>.</li> <li>• Expand information on DSAAPD's websites (intranet and internet) for staff, other professionals, and the general public related to resources on Alzheimer's disease.</li> <li>• Improve access to home- and community-based services by disseminating information on services to the medical and health care community, academic community, primary family caregivers, advocacy associations, and the general public.</li> <li>• Increase the availability of supportive services through administrative streamlining to improve access to services and expand the use of self direction.</li> <li>• Explore replicating the nursing home rate setting structure so that community-based providers receive higher reimbursement for individuals with higher level of care.</li> <li>• Increase awareness in Delaware of "universal design," assistive technologies, and livable communities to promote opportunities for aging in place.</li> <li>• Advocate for alternative home- and community-based programs of care such as the Program of All-inclusive Care for the Elderly (PACE).</li> </ul>
District of Columbia	<ul style="list-style-type: none"> <li>• Collaborate with mental health professionals, home health care professionals, and legal professionals to develop, re-evaluate, and update a process/protocol to permit persons with Alzheimer's disease and other dementias to remain in their current living environment. This would include providing safety checklists to caregivers and conducting home assessments to ensure the safety of the living environment.</li> <li>• Expand community-based social programs for people experiencing onset symptoms of Alzheimer's disease.</li> <li>• Identify ways to engage in meaningful activity for those living with Alzheimer's disease and other dementias.</li> </ul>
Florida	<ul style="list-style-type: none"> <li>• Revise the screening tool used to prioritize individuals for waiting lists for supportive services to better identify issues related to Alzheimer's disease and other dementias.</li> <li>• Ensure access to dementia-specific services, information, and resources for Hispanics/Latinos, African-Americans, and families living in rural areas.</li> <li>• Increase the use of adult day care services for persons with Alzheimer's and other dementias.</li> <li>• Increase funding for adult day care services and respite care.</li> <li>• Provide one-time state funding for existing licensed adult day center renovations to modify the environments to accommodate Alzheimer's and other dementias, such as wander alert alarms, walking/pacing paths, and showers/baths.</li> <li>• Eliminate and replace Model Day Care with the Alzheimer's Specialized Adult Day Care License Centers.</li> <li>• Provide demonstration funding to address the unique challenges faced by the young onset of Alzheimer's disease.</li> <li>• Amend state law to eliminate the exemptions to adult day service regulations for assisted living facilities, hospices, and nursing homes that provide adult day services.</li> </ul>
Georgia	<ul style="list-style-type: none"> <li>• Review Home and Community Based Services waivers and modify as necessary to provide person-centered care to people with dementia as well as to expand caregiver support services to family members providing care to people with dementia.</li> <li>• Raise awareness that individuals with younger-onset Alzheimer's need services targeted to their specific needs.</li> <li>• Develop and make small-scale adult day programs more accessible by offering them through existing service providers.</li> <li>• Determine what resources are available and what barriers exist to accessing the resources.</li> </ul>

Georgia (cont.)	<ul style="list-style-type: none"> <li>• Develop a service delivery directory, electronic or otherwise. Enhance the existing directory available through the Georgia Association of Area Agencies on Aging. Allocate funding for the creation and ongoing management and maintenance of this database.</li> <li>• Identify agencies and organizations currently working on statewide, regional, and local transportation “best practice” plans for transportation throughout the state.</li> <li>• Explore additional funding options for accessible and affordable transportation services that are dementia-capable and improve the integration and coordination of public and social service transportation.</li> <li>• Partner with the Georgia Department of Transportation to develop a plan that encompasses travel training, door-through-door services, and assisted transportation.</li> <li>• Explore public and private sources of funding for such supplemental transportation efforts.</li> <li>• Offer incentives and training to local nonprofit providers to launch volunteer transportation programs in their communities. Give priority to providers that are familiar with this population, such as senior centers, faith-based respite programs, and adult day programs.</li> <li>• Leverage enhanced funding available through the Balancing Incentive Program to increase access to home- and community-based services.</li> <li>• The Department of Community Health should explore various methodologies to expand home- and community-based waivers for people with dementia.</li> <li>• The Department of Community Health should explore the expansion of provider fees for community-based programs in order to draw down more federal funding.</li> <li>• In delivery of services, the individual’s self-determination should be recognized. Services should distinguish between younger-onset and early-stage Alzheimer’s and recognize that early-stage individuals still have much that they can contribute and control in their lives and should be allowed to be as independent as possible until the disease robs them of their ability to do so.</li> <li>• Fund, implement, and enforce adult day services licensure in order to ensure the quality of providers. Legislation must be passed to secure funding for enforcement of licensure.</li> </ul>
Hawaii	<ul style="list-style-type: none"> <li>• Ensure Hawaii’s service system is dementia capable, including being culturally competent, being able to communicate effectively, and providing quality services for Hawaii’s many ethnic and cultural groups. State agencies should work collaboratively to embed dementia capability in their plans.</li> <li>• Conduct a statewide assessment to determine how dementia capable Hawaii’s service systems are.</li> <li>• Assess and address the housing needs of people with Alzheimer’s and other dementias.</li> </ul>
Idaho	<ul style="list-style-type: none"> <li>• Provide financial incentives (e.g. tax credits or deductions) to help family members keep loved ones with Alzheimer’s and other dementias at home longer before institutionalizing them and thus reducing Medicaid outlays.</li> </ul>
Illinois	<ul style="list-style-type: none"> <li>• Provide sufficient public funding and resources for adult day services for all persons with Alzheimer’s disease and other dementias, requiring that these services are offered at rates that clients can reasonably pay.</li> <li>• Expand public funding, accessibility, availability, and affordability of other home- and community-based resources throughout the state for persons with Alzheimer’s disease and other dementias of any age and at any stage of the disease, regardless of income level. (Accessible and available means a sufficient number of resources and the means to access those resources, both financial and transportation.)</li> </ul>
Indiana	<ul style="list-style-type: none"> <li>• Improve services provided in the home and community to delay and decrease the need for institutionalized care.</li> </ul>
Iowa	<ul style="list-style-type: none"> <li>• Provide a wide array of home- and community-based services such as adult day services, respite care, and affordable transportation as well as assisted living, occupational therapy, speech therapy, social work services, dieticians, and others.</li> <li>• Make Medicaid waivers a significant factor in helping address the many needs of Iowans dealing with problems associated with Alzheimer’s disease or other dementias, such as adult day services, assisted living, respite care, occupational therapy, speech therapy, social work services, dieticians, and affordable transportation.</li> </ul>

Iowa (cont.)	<ul style="list-style-type: none"> <li>• Undertake a three step approach to address the needs of persons with Alzheimer's disease and other dementias: (1) allow individuals with a diagnosis of younger-onset Alzheimer's disease and other dementias to be served in excess of the current maximum number of clients under the Ill and Handicap Waiver; (2) increase the expenditure limits under the Elderly Waiver to give parity with other waivers, including, but not limited to, the Ill and Handicapped Waiver, the Brain Injury Waiver, and the Mental Retardation Waiver for persons with a diagnosis of Alzheimer's disease and other dementias (this affects patients older than 65); (3) establish an Alzheimer's disease and other dementias-specific waiver to place greater importance on the issue and needs comparable to the Brain Injury Waiver and the HIV/AIDS Waiver and without regard to the age of the person with Alzheimer's disease and other dementias.</li> </ul>
Kentucky	<ul style="list-style-type: none"> <li>• Request an increase in the Alzheimer's Respite Services line item in the state budget.</li> <li>• Utilize the Alzheimer's Disease and Related Disorders Advisory Council and the stakeholder community to revise the current definition, eligibility, and service requirements for respite care.</li> <li>• Develop a demonstration to test the feasibility and cost-effectiveness of adult day care clients receiving services in other long-term care settings traditionally considered "institutional" in order to expand access and accommodate anticipated growth in demand.</li> </ul>
Louisiana	<ul style="list-style-type: none"> <li>• Revise regulations to eliminate barriers to providing adult day care in adult residential care communities.</li> <li>• Revise regulations, to the extent permitted by federal law, to simplify short-stay admission to any residential facility for respite care.</li> </ul>
Maine	<ul style="list-style-type: none"> <li>• Conduct a gap analysis to identify new and existing opportunities to enhance and adequately fund – and then adequately fund new and existing – state policies and programs regarding subsidies for adult day programs similar to those for child care settings. Diverse funding stream sources should be considered and evaluated, with emphasis on early intervention strategies and offering families options and choices appropriate to the unique care needs of individuals living with the disease.</li> <li>• Identify best practices in home care. Ensure that care quality is measured accurately and that quality improvement tools are implemented.</li> <li>• Develop a state public recognition program to enable consumer choice of home- and community-based provider based on quality. Include a system of certification and incentive-based options or rewards for dementia competency, including dementia care that is culturally competent.</li> <li>• Preserve and expand established home- and community-based programs that effectively serve people with dementia and support their caregivers, including adult day programs and in-home supportive services, including existing or new short-term programs offered in nursing homes or other facilities.</li> <li>• Create a Maine Dementia-Capable Community standard of excellence program by: (a) developing a workable definition of "Dementia-Capable Community" and create and disseminate a list of key elements a community should have to support those with Alzheimer's and their caregivers; (b) reaching out to municipalities to urge Maine communities to adapt this list for their use; and (c) creating "action kits" for communities that help them assess their status and progress toward developing these key elements.</li> <li>• Identify and promote the adoption of flexible, innovative respite care programs that respond to the diverse and changing needs of people with dementia and their families.</li> <li>• Explore models of community-based care that would offer multidisciplinary care coordination capabilities and improve capacity and access to community or home based care services for all Mainers who need it. Explore whether there are models tailored to rural areas utilizing nursing homes or other community centers where day care could be offered to accommodate local needs if funding and rules permitted. Regularly evaluate existing and new home- and community-based service delivery models to identify and promote best practices to foster replication and innovation to meet emerging needs.</li> <li>• Evaluate demonstration projects that are available or become available under federal programs to expand adult day services for those with Alzheimer's and home health care for the purpose of preserving the abilities and independence of persons with dementia as long as possible.</li> </ul>

Maine (cont.)	<ul style="list-style-type: none"> <li>• Research models that would expand the use of provider fees for community-based programs.</li> <li>• Encourage and support the development of new cost- and quality- effective Medicaid/Medicare-eligible programs such as the Program of All-Inclusive Care for the Elderly (PACE) that would offer adult day programming, multidisciplinary care coordination capabilities, and expand capacity and access to community or home-based care services.</li> <li>• Work with municipalities to increase statewide the availability of dementia-informed transportation services through assisted transportation and improved integration and coordination of public and social service transportation.</li> <li>• Promote the importance of establishing meaningful activities across the care continuum that are specifically adapted for the person with dementia, including vocational, rehabilitative, social, and recreational activities.</li> <li>• Support, fund, and promote increased broadband coverage across the entire state that will enable alternative models of peer, informational, and educational support to be accessible to every home in Maine.</li> </ul>
Maryland	
Massachusetts	<ul style="list-style-type: none"> <li>• Explore development and provision of new, potentially beneficial services, as funding permits.</li> <li>• Work with the Massachusetts Human Service Transportation office to explore private and public opportunities for expansion and reimbursement of transportation services for people with Alzheimer's disease, including expansion of the "arm to arm" model, in which the driver walks the individual to the door and waits for a caregiver to answer and guide the individual inside.</li> <li>• Work with community health and activity centers to develop innovative and low cost opportunities for purposeful living activities for individuals with memory impairment that will also provide respite for caregivers.</li> <li>• Develop and implement strategies for recruitment of volunteer respite providers through a variety of sources: nursing and other allied medical science schools' intern programs, volunteer organizations, AARP, school volunteer placement offices, etc.</li> </ul>
Michigan	<ul style="list-style-type: none"> <li>• Facilitate and promote access to in-home and community-based dementia respite care.</li> </ul>
Minnesota	
Mississippi	<ul style="list-style-type: none"> <li>• Promote awareness of current telemedicine initiatives and potential statewide access to dementia care for medically underserved and rural communities.</li> <li>• Identify available resources in the areas of respite care, adult day care, and home- and community-based service – and promote expansion to remote and underserved areas.</li> <li>• Pursue appropriation of state and federal funding for the expansion of respite care, adult day care, and home- and community-based services as well as ancillary services such as transportation.</li> <li>• Establish dedicated regional resource sites across the state to provide information and service listings by: identifying established information and referral clearinghouses; reviewing existing resource and service listings for accuracy and breadth of information; updating and expanding information regarding topics related to dementia resources and services; developing resource sites with comprehensive information and resource listings; and developing a system to maintain current resource listings.</li> </ul>
Missouri	<ul style="list-style-type: none"> <li>• Examine existing MO HealthNet programs for gaps in services that may limit the ability to utilize home- and community-based care.</li> <li>• Identify and disseminate information on respite programs and advocate for expanded respite resources.</li> <li>• Identify the opportunities for Missouri to secure federal and non-federal funding to advance home- and community-based options for those with Alzheimer's and other dementias.</li> </ul>
Montana	<ul style="list-style-type: none"> <li>• Promote the creation of peer support groups for individuals with dementia.</li> <li>• Expand and publicize available respite care services.</li> <li>• Promote the creation of Alzheimer's and dementia service coalitions in all communities to increase awareness, promote services, and problem solve to address needs within communities.</li> </ul>

Montana (cont.)	<ul style="list-style-type: none"> <li>• Expand respite care, case management, and memory assessment clinics throughout the state.</li> <li>• Explore and support creative approaches to financing home and community-based services. Pilot cost-sharing programs for community-based services to improve care choices, increase service options, and decrease financial burden.</li> <li>• Encourage the use of innovative technologies such as telehealth services, home care monitoring, and automated medication dispensers.</li> <li>• Develop creative transportation options to serve both rural and urban areas and explore incentive programs for transportation providers who specialize in services that meet the needs of individuals with Alzheimer's and other dementias.</li> <li>• Every two years, conduct a formal needs assessment to determine dementia care service needs throughout the state.</li> </ul>
Nebraska	<ul style="list-style-type: none"> <li>• Identify all of the resources currently available to Nebraskans living with Alzheimer's disease and other dementias and their caregivers by county.</li> <li>• Create a one-point-of-entry web portal for resources on Alzheimer's disease and other dementias organized by county for all Nebraskans linked to the Aging and Disability Resource Centers (ADRCs)</li> </ul>
Nebraska (cont.)	<ul style="list-style-type: none"> <li>• Maintain updated data and links to new resources and research on the Alzheimer's and other dementias web portal.</li> <li>• Actively receive feedback from Nebraskans regarding their access to tools and resources for Alzheimer's and other dementias.</li> <li>• Get the word out about the web portal for Alzheimer's and other dementias.</li> <li>• Provide a community assessment and resource tools for communities in Nebraska to become dementia-friendly accessible through a community link on the Aging and Disability Resource Centers (ADRCs) web portal.</li> <li>• Identify barriers and possible solutions to the establishment of adult day services and respite care providers in rural communities with few providers and in underserved neighborhoods in urban communities throughout the state of Nebraska.</li> </ul>
Nevada	<ul style="list-style-type: none"> <li>• Remove age barriers that typically keep people with younger-onset Alzheimer's disease and other dementias from receiving services that are only available to seniors (disability services, legal services, meals, respite, and "continuum of life" programs such as assisted living services). Adopt the language of the Older Americans Act, which changed eligibility requirements for services to allow family caregivers of a person with Alzheimer's disease and other dementias to be served, regardless of the age of the person with dementia.</li> <li>• Provide and expand respite services for family caregivers of persons with Alzheimer's disease and other dementias with the goal of reducing the need for emergency room visits and caregiver stress. Broaden the eligibility requirements for use of respite programs and grants so that more families may benefit from them regardless of financial status or age.</li> </ul>
New Hampshire	<ul style="list-style-type: none"> <li>• Work with private and public partners to produce and disseminate multilingual and multicultural information regarding availability and eligibility criteria for all dementia-related state supported and private services and educate the newly diagnosed and their families on next steps and services. Ensure that this information is available for those with sight and hearing impairments.</li> <li>• Collaborate with community partners to recruit support group leaders and maintain support groups in their communities.</li> <li>• Diversify the support group models to include in-person, telephone and online support groups.</li> <li>• Work within local communities to identify and assist persons living alone who may have cognitive impairment.</li> <li>• Ensure populations at greater risk for developing Alzheimer's or other dementias, such as the Down syndrome and developmental disabilities communities, receive appropriate information about services available.</li> <li>• Disseminate information regarding available medical and social services for all affected by Alzheimer's.</li> <li>• Assess barriers to families living with younger-onset Alzheimer's (under age sixty-five) and develop strategies to enhance support for these families.</li> </ul>
New Jersey	<ul style="list-style-type: none"> <li>• Consolidate five of the nine state-funded Community Based Senior Programs to provide older adults at risk of nursing home placement and Medicaid's spend down with a consumer-directed home and community-based service alternative to institutionalization.</li> </ul>

New Mexico	<ul style="list-style-type: none"> <li>• Enhance community knowledge and access of supports for people living alone with Alzheimer's disease.</li> </ul>
New York	<ul style="list-style-type: none"> <li>• Increase medical and social adult day care options with staff specifically trained to meet the needs of persons with dementia. These programs can also help meet the needs of working caregivers by extending their daily, weekend, and evening hours.</li> <li>• Increase awareness of and access to dementia adult day services (both social and medical models).</li> <li>• Improve access to community services, such as respite care, social and medical model adult day care, and support groups through more outreach and program expansion.</li> <li>• Promote service models that integrate and coordinate health and social services to help people with dementia remain safely in community settings as long as appropriate.</li> <li>• Enhance and expand access to adult day care through state programs.</li> <li>• Encourage dementia-capable adult day programs to be physically designed and programmatically structured to decrease behavioral problems through information sharing and website dissemination.</li> <li>• Increase access to respite care provided by both volunteer and paid providers to allow caregivers regular access to support, physical activity, and healthy nutrition through better awareness of available services and more innovative and aggressive recruitment of respite providers.</li> <li>• Increase availability of non-medical service providers, such as companions, to assist with activities of daily living through community and religious groups.</li> <li>• Design programs specifically directed to individuals in the early stages of Alzheimer's disease, which help them to continue as productive members of society.</li> </ul>
North Carolina	<ul style="list-style-type: none"> <li>• Create a collective impact partnership to develop and establish three to four dementia-capable pilot communities. These pilots should lead to the development of a sustainable and replicable model that can be disseminated to additional communities and serve as a foundation for dementia-capable communities.</li> <li>• Establish an interdepartmental workgroup to collaborate on human service transportation issues, maximize resources, and address barriers that present challenges to local communities in providing transportation services for people with Alzheimer's disease and other dementias.</li> <li>• Implement best practices for the integration and coordination of home and community-based services.</li> <li>• Examine outcomes and impact of home and community based services programs on overall health care costs, caregiver/family economic and well-being costs, and the number of individuals able to access home and community-based services and/or age in place. Include evaluation costs in funding recommendations. Conduct an analysis of modifying the Home and Community Care Block Grant configuration to review current allocation methodology and payment, and to estimate potential expansion of services from revenue generated from instituting a sliding fee for service system.</li> <li>• Expand the Medicaid Home and Community-Based Services Waiver Program, including to allow greater flexibility to cover adult day care services and group respite, to allow managed care and provider-led entities to contract for services using a flexible waiver, to permit local community work on increasing awareness and navigation of available services, and to address barriers faced by county social services departments in providing immediate services.</li> <li>• Provide an annual investment of \$200,000 for the No Wrong Door Initiative with regard to community services</li> <li>• Enhance the 211 hotline by (a) developing infrastructure for state and local government involvement with respect to dementia-specific resources; (b) creating partnerships to ensure the integrity of Alzheimer's and other dementias-specific information on available services is accurate, up-to-date, and continuously monitored; (c) identifying outside funding sources to</li> </ul>



North Carolina (cont.)	support expansion of the information management system; (d) expanding and enhancing systems integration capabilities, developing controlled marketing strategies, enhancing the website, training call center staff, and developing reporting and quality assurance measurements; (e) partnering with aging and dementia advocacy organizations to increase awareness of the 211 hotline as a resource for health care needs, home and community-based services, and caregiver support and assistance; and (f) coordinating training for 211 staff in working with individuals with Alzheimer's disease and other dementias and their families.
North Dakota	
Oklahoma	<ul style="list-style-type: none"> <li>• Increase the daily reimbursement rate for funding for adult day center services, as well as increase the number of locations across the state.</li> </ul>
Oregon	<ul style="list-style-type: none"> <li>• Increase transportation options for individuals with dementia by ensuring that the needs of individuals with dementia and their families are considered in planning decisions by state and local transportation agencies, and by expanding volunteer and state/federal options available to support their transportation needs.</li> </ul>
Pennsylvania	<ul style="list-style-type: none"> <li>• Examine successful models of dementia-friendly communities.</li> <li>• Collaborate with community organizations to develop and test models of community-based care.</li> <li>• Encourage collaborative efforts to bridge science and service to support independence and quality of life in Pennsylvania's residents with Alzheimer's and other dementias.</li> </ul>
Puerto Rico	<ul style="list-style-type: none"> <li>• Identify access barriers to health and social services available for people living with Alzheimer's and other dementias.</li> <li>• Develop an up-to-date services directory for people with Alzheimer's disease and their caregivers.</li> </ul>
Rhode Island	<ul style="list-style-type: none"> <li>• Develop an awareness campaign to educate families about the resources offered through adult day programs.</li> <li>• Conduct a national survey to inform policymakers and stakeholders in Rhode Island of potential changes to the payment structure for adult day programs to improve their long-term sustainability.</li> <li>• Explore the potential for licensure of adult day programs to offer nighttime hours under existing state regulations in partnership with the Department of Health.</li> <li>• Explore the allowing eligibility for home care services with a primary diagnosis of Alzheimer's disease or other dementia, and develop recommendations to enacting this policy change.</li> <li>• Use social networking in order to foster neighborhood support and create awareness in the local community to help facilitate network support; establish a listserv or scheduling service that can be used on a voluntary basis by virtually every neighborhood across the state.</li> <li>• Support the development of volunteer and non-professional programs across the state aimed at enriching the lives of individuals living with Alzheimer's disease.</li> <li>• Consider creating a Mobility Manager position within the Elderly Transportation Services system to work with the Executive Office of Health and Human Services (EOHHS) to augment case management services offered by the POINT and its regional POINT offices. The position would (1) develop an extensive list of transportation options available across all communities, including public and private services, volunteer drive programs, and any other possible means of transport; (2) offer an individualized assessment to each person in whichever community they live; and (3) serve as a resource to the Department of Motor Vehicles as it works to improve the informational resources and alternatives to driving it offers individuals once their license are revoked.</li> <li>• Consider the addition of an online real-time chat function through the trip planner function of the Public Transit Authority website as an additional tool for individuals and families to coordinate their transportation needs.</li> <li>• Improve dissemination of the AARP Rider Guide among home care workers, adult day programs, and senior centers, including posting it to the Rhode Island Alzheimer's website.</li> <li>• Engage the Public Transit Authority to address the following: (1) share information with community partners that Ride vehicles and Flex vehicles have distinct physical appearances and that any remaining outliers will be phased out; (2) ensure all buses have "kneeling" capability to ease rider's ascent to the vehicles; (3) consider adding bright colored safety strips to the center aisles and top of entry stairs of all buses to aid riders with compromised depth perception and</li> </ul>

Rhode Island (cont.)	visual impairment; (4) develop a communication plan and materials to educate community partners about non-cash payment options for Ride and Flex vans; (5) develop online trip planning capability for Flex services; (6) develop an interface between the call-in trip-planning service and the online trip planning capabilities for buses and to the extent feasible Ride and Flex vans; (7) add same day services within the Ride and Flex van system to accommodate riders when important appointments are delayed, cancelled, or rescheduled; (8) consider potential back-up or "on call" transportation options for urgent or important last minute cases; (9) review the policy of the Elderly Transportation program that requires clients to go to the nearest adult day program and consider exceptions based on individual client need; (10) implement mandatory ongoing and consistent driver training on dementia for Public Transit Authority employees; (11) encourage and facilitate "curb to counter" assistance for riders, particularly when dropped off at large office buildings or campuses; (12) continue to pursue improvements and aids to simplify ridership and ease navigation of the public transit system; (13) simplify the ADA application and explore whether there is a way to communicate the two-part approval process required by the existing application; (14) make the ADA application available in multiple languages; (15) explore the expansion of lines of service available to individuals under the age of 60 who are not eligible under the ADA for service but who would benefit from access to special services given their Alzheimer's diagnosis; and (16) continually reassess geographic distribution of transit service.
South Carolina	<ul style="list-style-type: none"> <li>• Promote and support the use of home- and community-based services that enable families and caregivers to have the option to care for their loved ones with Alzheimer's disease and other dementias at home, allowing them to age in place for as long as practicable.</li> </ul>
Tennessee	<ul style="list-style-type: none"> <li>• Provide a wide array of home- and community-based services based on a sliding fee scale.</li> <li>• Encourage the state to explore alternative home- and community-based programs of care, especially for elderly individuals with dementia, including: (1) examining successful regional programs currently available such as the Program of All-inclusive Care for the Elderly (PACE) program; and (2) examining innovative programs currently being implemented in other states, such as group homes in Arizona and pods for Alzheimer's external to the facility in Oregon.</li> <li>• Provide access to affordable transportation options in all areas of the state, including partnering with the Department of Transportation to provide options to get individuals to services.</li> <li>• Examine the feasibility of providing more adult day services through the Options for Community Living program based on a sliding fee scale.</li> </ul>
Texas	
Utah	<ul style="list-style-type: none"> <li>• Create an integrated state long-term care financing approach that provides incentives for people to receive care in home- and community-based settings and enables Utah to retain and reinvest cost savings back into the state's long-term care infrastructure.</li> <li>• Prioritize 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.</li> <li>• Evaluate the reimbursement rate for adult day care service and provide recommendations to bring the current rate in line with the actual cost of providing the service.</li> <li>• Consider the potential reallocation of Medicaid dollars between home -and community-based programs and nursing home care, and the expansion of 1915(c) waiver programs to provide additional home- and community-based support to caregivers of home-dwelling persons with dementia as well as to save state and federal dollars.</li> <li>• Facilitate the independence of early-stage persons with dementia by improving public and private transportation options, working with mobility managers, and training transportation providers and drivers.</li> <li>• Address the unique transportation needs of persons in the early stage of Alzheimer's disease and other dementias, improve driving cessation policies, and promote available resources such as the Alzheimer's Association Driving Resource Center and the National Center on Senior Transportation.</li> </ul>

Vermont	<ul style="list-style-type: none"> <li>• Promote alternative models of peer support including phone, internet, and interactive television.</li> <li>• Identify and promote the adoption of flexible, innovative respite care programs that respond to the diverse and changing needs of people with dementia and their families.</li> <li>• Examine the current capacity of Vermont's network of adult day providers related to the number and distribution of people with dementia and their ability to deliver quality, dementia-informed adult day services.</li> <li>• Develop state policies regarding idies for adult day services, similar to those for child care settings, which support, enable, and supplement active caregiving by families and friends.</li> <li>• Increase the availability of dementia-informed transportation services through activities such as travel training, door-through-door services, assisted transportation, and improved integration and coordination of public and social service transportation.</li> </ul>
Virginia	<ul style="list-style-type: none"> <li>• Increase respite services for caregivers of people with dementia.</li> <li>• Restore funding to maintain the Virginia Respite Care Grant.</li> <li>• Revise the current definition, eligibility, and service requirements for the provision of respite to make the Virginia Caregivers Grant and the Virginia Respite Care Grant more flexible.</li> <li>• Expand the accessibility and availability of PACE (Program of the All-inclusive Care for the Elderly), adult day services, the Elderly or Disabled Consumer Direction waiver, and hospice.</li> <li>• Expand the Medicaid waiver specific to Alzheimer's disease and related dementias to include other home- and community-based services.</li> <li>• Increase funding for home- and community-based services.</li> <li>• Develop, collect, and implement, with appropriate stakeholders, (a) a protocol of appropriate placement options based on the stages of dementia, and (b) available community resources to ensure community integration of people with Alzheimer's and other dementias.</li> <li>• Advocate for accessible transportation systems.</li> </ul>
Washington	<ul style="list-style-type: none"> <li>• Strengthen and leverage relationships and collaborations between the Alzheimer's Association, the Alzheimer Society, the state's Area Agencies on Aging, and other partners in order to strengthen dementia capable service information systems.</li> <li>• Identify and promote opportunities to bring tele-health and web-based resources to more family caregivers, particularly in rural areas.</li> <li>• Promote use of tele-health by aligning with efforts of the statewide tele-health workgroup convened by the Department of Health. Utilize such technology to provide care directly for individuals with dementia and/or to support a consultative role with providers and care teams such as the Impact model or the Echo model.</li> </ul>
West Virginia	<ul style="list-style-type: none"> <li>• Expand the availability of quality, affordable home- and community-based services for individuals with Alzheimer's disease and their caregivers by increasing funding for the state-funded Family Alzheimer's In-Home Respite (FAIR) and Lighthouse programs to serve more families statewide and to alleviate waiting lists that frequently exist for both programs.</li> <li>• Explore the addition of an Alzheimer's Disease Waiver to the spectrum of Medicaid 1915(c) Home- and Community-Based Waiver programs offered in West Virginia.</li> <li>• Promulgate regulations for licensure of adult day health services and add those services as a reimbursable service in a new Alzheimer's Disease Medicaid Waiver program.</li> </ul>
Wisconsin	<ul style="list-style-type: none"> <li>• Promote dementia-friendly communities.</li> <li>• Ensure that community-based dementia services are culturally competent.</li> <li>• Provide early stage programming and support.</li> </ul>

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