

STATE ALZHEIMER'S DISEASE PLANS: LONG-TERM CARE

Recommendations to improve long-term care, including assisted living, for those with Alzheimer's disease

Alabama	<ul style="list-style-type: none"> • The legislature should instruct the Department of Public Health to amend the Rules of the State Board of Health for Nursing Facilities to determine the staffing and other services necessary to define an Alzheimer's/dementia specialty care unit in any licensed nursing home. • Medicaid should provide an increase in per diem reimbursement for residents in certified dementia care units in nursing homes. • Encourage and reimburse telemedicine in the nursing home setting by Department of Mental Health psychiatry staff as well as other public and private geriatric psychiatry hospital staff to enhance the dementia care in referring nursing homes pre- and post-discharge. • Expand Medicaid to include funding for qualified persons receiving care at Specialty Care Assisted Living Facilities (SCALF). Medicaid funding of SCALF care would provide more options for patients who do not qualify for nursing home care, but who can no longer remain at home.
Alaska	<ul style="list-style-type: none"> • Increase use of hospice, palliative and end of life care within assisted living and skilled nursing facilities. • Ensure the appropriate use of skilled nursing facilities for persons with Alzheimer's and other dementias by increasing specialized memory care beds that provide both appropriate environments and trained staff to serve people with Alzheimer's and other dementias. • Identify the need for additional community skilled nursing beds specific to dementia. • Incentivize public-private partnerships to develop assisted living and memory care units. • Ensure adequate availability of assisted living options within the statewide array of long-term services and supports. • Identify and publicize funding mechanisms for developing assisted living and memory care units. • Assess the current and future capacity of the Pioneer Home to determine how it can be leveraged to address the gaps in services for people with Alzheimer's and other dementias. • Evaluate the current Pioneer Home wait list process and determine whether a triage approach to the wait list based on level-of-care needs can more effectively serve those with Alzheimer's and other dementias. • Educate the public and providers about the role of Pioneer Homes in providing care to people with Alzheimer's and other dementias, including the Memory Care neighborhoods within the Pioneer Homes, the care model provided to all residents and the availability of care. • Examine the use of the payment assistance program for those individuals who could qualify for the Medicaid waiver in order to maximize the value of State General Funds. • Increase access to expert consultation for dementia care with health care facilities in order to prevent involuntary and unnecessary evictions.
Arizona	<ul style="list-style-type: none"> • Assist people living with Alzheimer's disease and their caregivers in planning for future care needs, accounting for the cost and impact. • Advocate for palliative and hospice care benefits and services that focus on comfort and dignity. • Increase the capacity and competency of rural long-term care, community health and other health care settings. • Promote best practice models for rural long-term care, community health and other health care settings that provide care to people with Alzheimer's disease and related disorders.
Arkansas	
California	<ul style="list-style-type: none"> • Fully develop CalCare Net to cover all 58 California counties to augment and strengthen existing statewide consumer resources. Disseminate these phone numbers, physical addresses, and websites to the public. • Create an integrated state long-term care financing budget that provides incentives for people to receive care in home- and community-based settings and enables California to retain and reinvest cost savings back into the state's long-term care infrastructure.

Colorado	<ul style="list-style-type: none"> • Test new models and expand evidence-based best practices in alternative care facilities caring for individuals with Alzheimer's disease. • Conduct an evidence-based review of transitions of care models with a focus on patients with Alzheimer's disease and other dementias, with the intent of authorizing two to three pilot programs in Colorado to test best-practice approaches.
Connecticut	<ul style="list-style-type: none"> • Amend the state tax code to provide a deduction or credit for tax filers for the premiums paid for a private long-term care insurance policy. • Encourage the Connecticut congressional delegation to work towards passage of a federal "above-the-line" tax deduction for the premiums paid for a private long-term care insurance policy. • Encourage and incentivize employers to offer and promote employees to carry long-term disability insurance.
Delaware	<ul style="list-style-type: none"> • Survey community and facility based long-term care service providers as they serve people with Alzheimer's at each stage of the disease. • Designate a staff person within the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) with expertise in Alzheimer's disease and other dementias, such as a nurse, to be available for consultation by other long-term care service providers. • Create a mobile interdisciplinary team with expertise in Alzheimer's disease and other dementias and behavioral issues to be available for consultation to long-term care service providers.
District of Columbia	
Florida	
Georgia	<ul style="list-style-type: none"> • Allow for state dollars to fund long-term care options other than skilled nursing homes. • Create incentives for providing services to those with dementia that increase access and improve quality, according to national best practices. Use innovative "aging in place" homes/housing such as naturally occurring retirement communities (NORC), villages, and livable communities. • Fund a pilot to demonstrate expanded person-centered evidence-based best practices in long-term care and community-based facilities caring for individuals with dementia, specifically focused on creating small units (6 -10 residents) based on The Netherlands model. • Explore the development of a model program for residents with severe dementia, such as De Hogeweyk, an innovative dementia care village in The Netherlands. • Develop regulations, grants, waiver protocols, or other financial incentives to invite the development of new approaches to facility design. Such approaches should reflect evidence-based practices that support person-centered care and show promise for improving quality of life. • Create policies within facilities that serve people with dementia to enforce best practices in design, color, texture, lighting, air change ratio, and sound, thereby promoting the safety, security, and management of persons with dementia. • Educate architects and engineers about the impact of architecture and engineering – reflected through design, color, texture, lighting, air change ratio, and sound – on the safety, security, and management of persons with dementia. Educate these professionals through pre-service and in-service training. • Evaluate the feasibility of a statewide health care tax that would be utilized to expand Medicaid services for people with dementia to provide for long-term care supports and services. The fund would be split between home- and community-based services and long-term care services, particularly novel, innovative services for people with Alzheimer's and other dementias. • The Department of Community Health should consider nursing home reimbursement and personal care home reimbursement for facilities that provide for person-centered dementia-specific services. • The Department of Community Health should facilitate the use of civil monetary penalties for improving quality care for nursing home residents with dementia.

Hawaii	<ul style="list-style-type: none"> • Assist individuals and families in planning for future care needs, taking into account the cost and impact of dementia, inclusive of all levels of financial status, including (1) through a public awareness campaign on financing long-term services and supports; (2) improving how public funding can better serve and give better access to those with dementia and their caregivers; and (3) streamlining the Medicaid eligibility process for those with dementia in crisis situations.
Idaho	<ul style="list-style-type: none"> • Establish a consortium of institutional care providers and dementia advocates to propose viable regulatory reforms regarding such matters as staffing ratios, training standards, and Medicare/Medicaid reimbursement rates related to the treatment of Alzheimer's and other dementias.
Illinois	<ul style="list-style-type: none"> • Create a publically-funded, assisted living-level of care for persons with Alzheimer's disease and other dementias who cannot pay privately for their care, such as a supportive living facility.
Indiana	
Iowa	
Kentucky	<ul style="list-style-type: none"> • Provide tax incentives for individuals who purchase long-term care insurance. • Support the establishment of a Kentucky Long-Term Care Partnership Insurance Program. • Promote educational resources for better understanding of long-term care financing.
Louisiana	<ul style="list-style-type: none"> • Encourage the use of long-term care insurance, including the Long-Term Care Partnership Program, as an important tool in enabling consumers to be personally responsible for financing their own long-term care.
Maine	<ul style="list-style-type: none"> • The Department of Health and Human Services, with stakeholder input, should continue to explore ways to support individuals with dementia who reside in residential facilities, ensuring access to housing that provides necessary personal care and medication management services. • Inventory and evaluate the state's current long-term care facility infrastructure across settings to identify gaps and shortages in service delivery capacity. Work with industry and other stakeholders to identify strategies that would provide appropriate reimbursement and/or other incentives to increase the number of dementia care units and qualified workforce as needed. • Develop a state public recognition program to enable consumer choice of long-term care facility provider based on quality, including a system of certification and incentive-based options or rewards for dementia competency, including dementia care that is culturally competent. • Better inform the public on how to plan for the financing, insuring, and legal issues associated with meeting long-term care needs. A public awareness campaign should inform the public of resources designed to help family caregivers locate appropriate source(s) of guidance as well as awareness initiatives to promote educational sessions. • Work with industry and other stakeholders to identify strategies that would provide appropriate reimbursement and/or other incentives to sustain long-term care facilities and expand the number of dementia care units and adult day care options as needed across the state.
Maryland	
Massachusetts	
Michigan	<ul style="list-style-type: none"> • Identify and develop information focusing on key points to be made in advocating on behalf of individuals with dementia in various long-term care settings. • Develop recommendations for community service agencies regarding provision of long-term care dementia information and assistance to avoid gaps, minimize unnecessary duplication, and ensure consumer needs are met.
Minnesota	
Mississippi	
Missouri	<ul style="list-style-type: none"> • Enhance community awareness of the benefits of long-term care insurance, including Missouri's Long-Term Care Partnership Program, the CLASS Act, and Missouri's new premium refund law.
Montana	<ul style="list-style-type: none"> • Develop person-centered models of care in residential care facilities that promote wellness, conservation and maintenance of cognitive function, and individualized quality of life through implementation of activities tailored to each individual. • Increase the number of Medicaid Waiver slots available to allow adults with Alzheimer's and other dementias to live in the most appropriate and least restrictive setting possible. • Investigate alternative, creative methods to finance facility-based care.
Nebraska	<ul style="list-style-type: none"> • Create a "Paying for Care" calculator with help to resources on the Aging and Disability Resource Centers (ADRCs) web-portal.

Nevada	<ul style="list-style-type: none"> • Review current funding and funding streams to support the development of quality long-term care facilities. Provide funding or incentives to encourage long-term care organizations to develop inpatient facilities and to encourage existing facilities to increase inpatient capacity for placement of individuals with Alzheimer's disease and other dementias. • Reduce the need for out-of-state placements: (a) review regulations that may serve as barriers to facilities that are willing to retain behaviorally-challenged patients; (b) investigate feasibility of having specialized units for those with challenging behavioral issues in facilities that specialize in dementia care; (c) use higher reimbursement rate as incentive for facilities to provide specialized care; (d) develop mobile individuals or teams that respond to and evaluate persons in need of specialized interventions (where teams evaluate the person with dementia, provide assessment, and train staff and family members before the person with dementia moves into a catastrophic situation); (e) develop a collaborative effort to promote evidence-based, patient-centered approaches to preventing and treating challenging behaviors of individuals with dementia; (f) develop plans for more adequate placement of individuals with Alzheimer's disease and other dementias, including the need for in-state facilities to treat more behaviorally-challenged patients
New Hampshire	<ul style="list-style-type: none"> • Allow persons with Alzheimer's and other dementias to benefit from hospice care and not be deprived of Medicare-funded services due to the difficulty of determining imminent death.
New Jersey	<ul style="list-style-type: none"> • Maintain New Jersey's participation in the National Partnership to Improve Dementia Care, a public-private coalition with the national goal of reducing the use of anti-psychotic medications in nursing facilities.
New Mexico	
New York	
North Carolina	<ul style="list-style-type: none"> • Promote appropriate care settings for people with dementia, including: (a) providing information on palliative care through the Palliative Care Initiative; (b) examining the potential cost impact of expanding Medicaid coverage for hospice and palliative care and including it in managed care models; (c) reviewing hospice and palliative care criteria to ensure that care is appropriate for different types of dementia and/or to provide earlier access; (d) providing information on additional options for long-term services and supports, and the differences between such options; (e) expanding qualified providers to include nurses, social workers, and other care team members who can use codes and receive reimbursement for advance care planning; and (f) ensuring access to appropriate care settings and long-term services and supports for all populations, including individuals with intellectual/developmental disabilities and/or mental illness.
North Dakota	
Oklahoma	<ul style="list-style-type: none"> • Dedicate a funding source for all future long-term care services.
Oregon	
Pennsylvania	
Puerto Rico	<ul style="list-style-type: none"> • Increase the amount of long-term care centers observing intervention protocols directed at people living with Alzheimer's disease. • Increase the availability of long-term care insurance coverage. • Decrease the economic burden to families of a person with Alzheimer's disease in long-term care centers through tax incentives.
Rhode Island	<ul style="list-style-type: none"> • Explore the possibility for future "fast track" eligibility for Medicaid based on a diagnosis of Alzheimer's disease or another dementia. • Develop content for the Rhode Island Alzheimer's disease website that outlines the spectrum of long-term care options in the state and describes the various public and private payment sources. • Forge community partnerships to encourage integration of culturally competent elements appropriate to patient diversity within each long-term care setting, including: food and nutrition needs, skilled language needs, space and time for observation of religious or cultural practices, and other accommodations as the need or desire is expressed.

Rhode Island (cont.)	<ul style="list-style-type: none"> • Develop a self-contained, safe, residential setting offering permanent housing for people living with Alzheimer's and their caregivers; include day and nighttime care and activities; establish an indoor/outdoor memory garden with plants, fountains, handicapped-accessible walkways, park benches and picnic tables, birdhouses and other wildlife; foster a holistic care culture that highlights community, family, nutrition, wellbeing, and safe enriching activities. Encourage development to be a partnership among like-minded organizations and/or corporations willing to provide sponsorship, and identify grant funding from a variety of sources. • Reduce and ultimately eliminate the practice of hospital and dormitory-style living accommodations for elders living in long-term care settings. Track the increase in private living with reductions in medical error rates and infections, and measure hospitalizations and readmissions of people living with Alzheimer's disease who are in private rooms versus the traditional model of multi-resident rooms. • Develop a diverse network of innovators (an "Innovation Center") that think and collaborate together to design the future of long-term care, including new living environments, staffing plans, and care delivery. • Work to address challenges within long-term care settings that house residents who were previously incarcerated, and address difficulties associated with finding housing placements for formerly incarcerated individuals with Alzheimer's disease. • Track dementia-specific work conducted out of Healthcentric Advisors and the disseminated best practices from the Nursing Home Collaborative to reduce use of medications and to improve transitions. • Conduct a survey of existing innovative models in assisted living that may offer best practices in the care and support of elderly parents and adult children with disabilities in a shared living environment.
South Carolina	<ul style="list-style-type: none"> • Promote education and provide resource protection and tax credits for long-term care planning and long-term care insurance purchases.
Tennessee	<ul style="list-style-type: none"> • Provide more tax incentives for individuals who purchase long-term care insurance. • Provide educational resources to the public for better understanding of long-term care financing.
Texas	
Utah	
Vermont	<ul style="list-style-type: none"> • Conduct a broader study of the existing nursing home case mix system as it relates to payment for people with dementia to ensure that the current Resource Utilization Groups classifications and payment differentials are appropriate and that reimbursement is tied to best practices. • Explore models and conduct financial analyses to increase utilization and access to long-term care through insurance coverage such as inclusion in employer benefit packages, pensions, and universal coverage.
Virginia	<ul style="list-style-type: none"> • Increase the payment rate of the Auxiliary Grant to cover the actual cost of care in an assisted living facility. • Expand the use of Virginia's Long-Term Care Partnership Insurance Program. • Increase the funding for the Virginia Long-term Care Ombudsman Program to meet the required one ombudsman for every 2,000 long-term care beds.

Washington	<ul style="list-style-type: none"> • Promote practices and initiatives that facilitate early enrollment into palliative and hospice care to support individuals with worsening dementia and their care partners. • Evaluate the potential for specialized dementia care services in adult family homes to determine cost-effectiveness, standards, training, services, rates, and oversight needs. • Explore barriers and possible solutions to accessing hospice and palliative care for people with dementia. • Increase inclusion of the needs of people living with Alzheimer’s disease in legislation and public policy related to long-term care centers. • Undertake a review of Medicaid rates for specialized dementia care in assisted living facilities. Support a study commissioned by the State on public/private long-term care financing models and subsequent efforts to improve the financing for public long term services and supports. • Provide special educational outreach on short- and long-term planning to individuals with Down syndrome and other people with conditions that are disproportionately impacted by Alzheimer’s and their families. • Reduce the burden of long-term care costs by identifying tools and strategies to more effectively coordinate current systems and seek federal funding opportunities to help meet the costs of financing care, such as the federal Medicaid Transformation Waiver.
West Virginia	<ul style="list-style-type: none"> • Increase the case mix classification for nursing facility residents with Alzheimer’s disease. • Create a state-sponsored option for long-term care insurance.
Wisconsin	<ul style="list-style-type: none"> • Encourage facilities to adopt design elements known to support dementia care. • Provide financial incentives to encourage facilities to undertake dementia-capable design projects.

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