STATE ALZHEIMER’S DISEASE PLANS

This paper categorizes and compares the recommendations of the Alzheimer’s disease plans that have been published in 46 states, the District of Columbia, and Puerto Rico. (Another state is in the process of writing a plan.) Illinois and New York have updated their plans; however, included in this paper are the recommendations of those two states’ original state plans. To read any of the full published plans, visit the Alzheimer’s Association’s web site at alz.org/stateplans.

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Updated January 2017
## PUBLIC AWARENESS

*Recommendations to increase awareness of Alzheimer's disease among the public*

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| Alabama | - Assemble content for easily shared and integrated publicity campaigns and outreach through social media, as a portal for people seeking information about resources and to raise awareness. Promote and integrate existing resource library into campaigns. Materials and strategies can be linked to other public health and wellness messages.  
- Provide education on prevention, diagnosis, treatment, costs and appropriate care for people with Alzheimer's and dementia through media, in-person presentations, and policy advocacy.  
- Distribute relevant, targeted materials for people across ethnicities, languages, ages and geographies.  
- Identify and build nontraditional partnerships to increase awareness, including an increased presence at community events and non-medical settings.  
- Help support peer groups to identify and encourage people to speak out about their experiences and reduce stigma.  
- Develop and disseminate culturally relevant materials related to Alzheimer's and dementia. |
| Arizona | - Identify public and private sector community partners to collaboratively develop and conduct a statewide awareness campaign focused on Alzheimer's as a chronic disease that impacts everyone.  
- Promote realistic, positive and diverse images of people with Alzheimer's disease and their care partners to improve societal acceptance and integration.  
- Utilize appropriate public and social media to reach a broad audience.  
- Engage community partners in disseminating information and educating individuals about the differences between memory changes related to aging and warning signs of Alzheimer's, risk factors, the importance of early diagnosis, and effective strategies for obtaining a diagnosis.  
- In alignment with the Plan's public information and engagement campaign, seize opportunities through radio, TV and other media outlets for researchers and providers to regularly speak to audiences about Alzheimer's and related topics.  
- Conduct and distribute yearly review/summary of relevant Alzheimer's and related dementias literature for Arizona communities. |
| Arkansas | - Pursue public, private, corporate and philanthropic funding for statewide educational campaigns.  
- Develop content for public awareness campaigns to address a wide range of issues and audiences, including: (1) early warning signs and effective strategies for obtaining diagnosis, treatment and support; (2) the cost of long-term care, limits of Medicare/Medi-Cal coverage, personal responsibility, the importance of financial planning and the availability of the CLASS Act; and (3) end-of-life care options and appropriate use of advance health care directives and Physician Orders for Life Sustaining Treatment (POLST).  
- Promote positive images of people living with Alzheimer's disease and their caregivers.  
- Partner with the Department of Education to advance elementary and secondary level curriculum in schools to educate young Californians on the facts of aging with an emphasis on sensitivity to functional, physical and cognitive limitations.  
- Support public education campaign messages with an array of accessible websites that contain standardized Alzheimer's content.  
- Develop electronic links within existing state-supported websites to ensure that evidence-based and reliable Alzheimer's related educational information is available.  
- Promote internet-based links to private websites and contact centers available on-demand.  
- Consider adopting a template for information and education materials to ensure they are available at appropriate literacy, language and legibility (font size) for a diverse population. |
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<tr>
<td>Colorado</td>
<td>• Collaborate with and leverage the national Alzheimer's Association's public awareness campaign and related efforts to encourage the utilization of public service announcements through local radio and television stations, as well as other public awareness venues.</td>
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| Connecticut   | • Create a public/community awareness campaign through partnerships, including the Alzheimer's Association, AARP, State Department on Aging, Area Agencies on Aging, faith-based and immigrant communities, business/corporate associations, chambers of commerce, medical community, and professional/trade associations to increase community and family awareness of resources, including the Alzheimer's Association Help Line and 211. Specifically: (1) develop a media campaign to bring awareness of dementia resources to the public, including bus media messages; information distribution at libraries, senior centers, pharmacies; etc.; and (2) raise public awareness about the disproportional impact of Alzheimer's disease on minority populations and the likely development of dementia in individuals with Down syndrome.  
• Facilitate outreach and public-private collaborations to individuals with Down syndrome and dementia, high-risk minority populations, and people with younger-onset dementia. |
| Delaware      | • Develop and implement a high impact campaign to disseminate information on Alzheimer's disease, services available, and community resources available for support (e.g. meetings with editorial board of the News Journal, Governor's weekly radio message, op-eds, etc.).  
• Explore and identify reliable and evidence-based messages on Alzheimer’s disease working in close collaboration with the Alzheimer’s Association.  
• Disseminate messages using a variety of forums, such as community events, health fairs, speaking engagements, public service announcements, and web-based social media.  
• Coordinate with community partners to promote outreach to rural communities, minority populations, and non-English speaking persons (e.g. Latin American Community Center, La Red Health Center, and other organizations).  
• Identify and engage the support of non-traditional partners to expand dissemination of educational materials (e.g. the faith-based community, AARP, employers, Delaware Restaurant Association, libraries, Social Security offices, Division of Motor Vehicles, and other points of heavy community traffic). |
| District of Columbia | • Inform the public of Alzheimer’s disease by identifying and disseminating existing research and data to residents in the District of Columbia.  
• Disseminate appropriate content to all demographic populations in the District of Columbia, promoting positive images of caregivers and people living with Alzheimer’s disease and other dementias.  
• Compile resources devoted to Alzheimer’s disease and other dementias and develop resource guides for caregivers, health care professionals, family members of those living with Alzheimer’s disease, and senior service networks.  
• Develop content for public awareness campaigns addressing issues pertinent to Alzheimer’s disease and other dementias, including the early signs and effective strategies for obtaining diagnosis, treatment, and support. The campaign will also include the cost of care, health insurance limits, end-of-life care options, and appropriate use of advance care directives.  
• Initiate a diverse working group of community organizations to bring greater awareness to Alzheimer's disease and other dementias by promoting/celebrating events throughout the metropolitan area.  
• Disseminate appropriate content to populations within the District of Columbia by developing print, radio, television, and online campaigns that raise the awareness of Alzheimer’s disease and other dementias.  
• Disseminate educational materials to diverse populations by applying appropriate literacy, language, and legibility standards for the District of Columbia. |
| Florida       |                                                                                                                                                                                                                                                                                                                                                                                  |
| Georgia       | • Identify and promote culturally appropriate strategies designed to increase public awareness about dementia.  
• Provide public health awareness, education, and resource information through the Georgia Department of Public Health and other agencies through website information and media releases.                                                                                           |
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| Georgia (cont.) | - Pursue public, private, corporate, and philanthropic funding for broad-based statewide educational campaigns.  
- Promote positive images of people living with dementia and their caregivers to combat stigma.  
- Partner with secondary and post-secondary educational institutions to infuse information about Alzheimer's disease and other dementias throughout health-related curricula.  
- Identify and promote strategies designed to increase awareness about dementia, reduce conflicting messages, decrease stigma, and promote early diagnosis.  
- Identify and implement culturally appropriate strategies designed to increase public awareness about dementia. Use materials developed by AARP, Area Agencies on Aging, the Alzheimer's Association, the Centers for Disease Control and Prevention, the Georgia Department of Human Services Division of Aging Services, the Rosalynn Carter Institute, and other organizations.  
- Develop a marketing and media plan with a message that helps reduce stigma and fear related to dementia. Include the developmental disability community in the target population. Determine branding and implement the plan statewide.  
- Create an electronic clearinghouse of information, forms, and resources for public consumption related to Alzheimer's and other dementias, and provide appropriate linkages between all of the state health agencies to ensure citizens have access to the most up-to-date information.  
- Work with national organizations, state chapters, and other outreach partners to identify and disseminate culturally appropriate information through statewide promotional campaigns.  
- Provide public health awareness, education, and resource information through the Georgia Department of Public Health with website information and media releases.  
- Explore and create ways to make culturally sensitive, evidenced-based information and education available through existing and new programs. Incorporate education into wellness and employee assistance programs and through partnerships with organizations such as the Society for Human Resource Management. |
| Hawaii   | - Educate/engage the public about Alzheimer's through an education/public awareness campaign to reduce stigma, promote early/accurate diagnosis, risk factors, 10 warning signs, brain health, difficult behaviors, and the importance of advance planning and caregiver coping strategies. |
| Idaho    | - Develop and promote a centralized, statewide information portal about Alzheimer's disease and other dementias. |
| Illinois | - Improve public access to current information about Alzheimer's disease, support services, and Alzheimer's care.  
- Raise Alzheimer's awareness by providing information on Alzheimer's disease and services. |
| Iowa     | - Fund public awareness efforts and educational efforts for providers, caregivers, and state oversight and monitoring personnel. |
| Kentucky | - Disseminate information on services and related activities for individuals with Alzheimer's disease and other dementias to the medical and health care community, academic community, primary family caregivers, advocacy associations and the general public.  
- Enhance the Department of Aging and Independent Living website to include Alzheimer's information and links. |
| Louisiana | - Build strategic public/private partnerships to develop and implement a statewide public awareness campaign addressing issues across the entire spectrum of Alzheimer's and other dementias, including, but not limited to: prevention; wellness and brain health; risk factors; importance of early diagnosis; available treatments; and available information and resources to support persons with Alzheimer's and other dementias, their caregivers and families.  
- Build on existing public/private partnerships to develop and implement social marketing strategies tailored to the unique cultural differences across the state and designed to make information and resources available where people are when they need that information.  
- Convene a workgroup to explore options for funding and development of a public awareness campaign regarding the importance of advanced health care, long-term care, and financial planning, including resources available to help with such planning. |
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| Maine | - Collaborate with and leverage the Alzheimer’s Association’s dementia public awareness campaign and related efforts to encourage the utilization of public service announcements through local radio and television stations, as well as other public awareness venues (traditional print media as well as web, social media, and other online platforms).  
  - Leverage strategies identified by *The Healthy Brain Initiative* to enhance the public awareness campaign in promoting the latest science.  
  - Distribute materials via the Maine CDC and Department of Health and Human Services to the public, at senior centers, resource centers and libraries, provider offices, and community health centers. Provide materials to insurance companies and health plans to disseminate to enrollees.  
  - Increase outreach to public officials to better inform them of the challenges of dementia and increase understanding of cognitive health.  
  - Convene local forums for the public and for people with, or affected by, dementia.  
  - Engage naturally-occurring outreach organizations (such as faith-based communities, senior centers, tribal communities, immigrant and other diverse communities) to expand reach of public awareness efforts.  
  - Integrate into the primary and secondary school health and human development curriculums content related to healthy aging versus disease.  
  - Engage high schools and colleges that require community service projects as part of their requirements for matriculation or graduation.  
  - Integrate into public awareness and educational campaigns the message of the need to plan ahead to better enable thoughtful decisions about health care choices, finances and paying for care, and legal planning around issues such as advance directives, will and estate planning.  
  - Explore opportunities to engage private sector financial support from corporate philanthropy, foundations, and employers to help fund educational outreach initiatives and community services.  
  - Develop dementia volunteer programs that train lay people to give presentations as health promoters and information disseminators in the community to increase awareness and understanding of dementia and to expand supports to people with dementia and their families.  
  - Engage a diverse group of stakeholders in this effor. |
| Maryland | - Designate Maryland Access Point as a clearinghouse for dementia information, including: (a) serving as a starting point for those affected by newly-diagnosed dementia; (b) a source for information on Alzheimer’s disease and other dementias; (c) guidelines on dementia care; (d) best practices regarding dementia care; (e) current research on dementia causes, treatments, and potential cures; (f) organizations offering services and education related to dementia; (g) dementia support groups; and (h) dementia treatment programs. |
| Massachusetts | - Work with the Alzheimer’s Association to create multilingual, multicultural public service announcements and pursue resources for a public relations campaign to promote Alzheimer’s awareness. The campaign may work in concert with a broad range of public and private partners to reach targeted demographics, particularly Latinos and African Americans. |
| Michigan | - Work with community geriatric teams from the Geriatric Education Center of Michigan to identify, develop, and disseminate materials that help increase public awareness.  
  - Promote dissemination of information through e-blasts.  
  - Prepare public awareness talking points and slides for dropping in PowerPoint presentations and promote their use among Michigan Dementia Coalition participants.  
  - Promote broad dissemination of Worried About Memory Loss cards and enhance the website.  
  - Explore with Alzheimer's Association Chapters, the Office of Long-Term Care Supports and Services, and the Primary Care Dementia Network how best to maintain and disseminate information on dementia assessment providers. |
| Minnesota | - Create and implement a multi-year public awareness campaign.  
  - Design and maintain a web-based dementia clearinghouse and resource center to serve persons concerned about Alzheimer’s and other dementias and to provide research findings, information on disease knowledge and management, and information on how individuals can enroll in ongoing research studies. |
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| Mississippi | • Develop content for public awareness campaigns to address a wide range of issues and audiences including but not limited to identifying early warning signs and effective strategies for obtaining appropriate diagnosis, recognizing the stages of the disease, and accessing available resources.  
  • Determine appropriate venues for outreach and education.  
  • Promote the use of social media such as Facebook and Twitter as well as traditional media including print, radio, and television, when disseminating public education campaign messages.  
  • Ensure information and educational materials are offered at appropriate literacy, language, and legibility levels for a diverse population.  
  • In increasing public awareness, identify and develop essential community partnerships across the state, including by conducting needs assessments with potential community partners and developing and implementing collaborative projects and initiatives based on needs assessment.  
  • Develop standardized message tools by: determining the requirements and expertise of stakeholder organizations; determining the topics to be addressed; creating message tools for each topic area; and identifying individuals who are qualified and willing to present on the topics.  
  • Tailor educational programs to eliminate the stigma associated with Alzheimer’s and dementia. |
| Missouri | • Facilitate outreach and public-private collaborations for individuals with Down syndrome and dementia, traumatic brain injury, high-risk minority populations, people with younger-onset dementia, and developmentally disabled individuals. |
| Montana |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Nebraska | • Disseminate information about the many aspects of Alzheimer’s in a variety of languages to meet the needs of every person and caregiver, regardless of age, gender, language, physical or mental disabilities, race/regional/national origin, religion, sexual orientation, and economic status.  
  • Develop toolkits to assist with outreach to different cultural communities.  
  • Foster the development of three awareness campaigns to provide information about the earliest signs of dementia and to rebuke the stigma of Alzheimer’s disease and other dementias. The campaigns will include updates about current research and prevention trials that can delay progression, as well as information about how earlier diagnosis and intervention can lead to a more productive and valuable life. The three campaigns are to: (1) allied health professionals, bankers, emergency first responders, financial planners, lawyers, and other professionals who may have contact with persons with dementia; (2) the general public; and (3) caregivers and family members of persons with dementia, focused on ways to help alleviate the fear, stress, and stigma surrounding dementia and the sense of isolation that often accompanies the disease, including educating and informing caregivers about support group opportunities and other available supportive services that will help them care for themselves and their families. |
| Nevada |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| New Hampshire | • Promote messages about the distinction between normal brain changes associated with aging and disease through partnerships, including the Alzheimer's Association, Alzheimer's NJ, AARP, American Stroke Association, NJ Department of Health, Area Agencies on Aging, medical community and professional/trade associations, and other advocacy/information groups to increase community and family awareness of resources, including the Alzheimer's Association 24/7 Help Line and NJ 2-1-1.  
  • Engage non-traditional outreach organizations, such as private sector companies, faith-based communities, senior centers, libraries, and retirement communities, to expand the reach of public awareness efforts.  
  • Develop the infrastructure to support on-going planning and discussion among stakeholders for the coordination of a public awareness campaign. Partner with the Alzheimer’s Association; Alzheimer’s NJ; NJ Department of Human Services (Divisions of Aging Services, Medical Assistance and Health Services, Disability Services, and Developmental Disabilities); NJ Department of Health; NJ Hospital Association; Home Care Association of NJ; LeadingAge; NJ |
### Adult Day Services Association, and all other relevant entities.
- Facilitate the flow of information among government agencies, stakeholders and other entities to keep the public knowledgeable about Alzheimer’s disease and available resources in the community as well as the importance of advanced health care, long-term care and financial planning.
- Target communications about the special impact of Alzheimer’s disease on minority populations, the increased prevalence of dementia in individuals with Down syndrome and individuals living with early-onset Alzheimer’s who are under age 65.

### New Mexico
- Conduct a public awareness campaign, particularly addressing the diverse ethnic, cultural, linguistic, and literacy differences of New Mexico.
- Partner with the Public Education Department to advance curricula in elementary and secondary schools regarding Alzheimer’s disease and other dementias.

### New York
- Utilize “The Alzheimer's Project” as a comprehensive multi-media approach to raise awareness among the public, healthcare providers, and caregivers about dementia and to provide direction on available services.
- Link multi-media educational tools (e.g. "The Alzheimer's Project") across state agencies so that people seeking information on any relevant agency website have access to current information.
- Integrate developmental education, including a geriatric component, in the elementary through secondary curricula to increase the level of awareness among young people of normal aging and Alzheimer's disease.
- Raise public awareness, especially for family members of those at risk, about the earliest symptoms of dementia and the difference between dementia and normal aging through announcements to the press, promotion of media tools (e.g. "The Alzheimer's Project"), and links on state agency websites.
- Conduct an inventory of existing culturally-appropriate strategies and educational programs that address culture-specific beliefs and approaches to dementia within state agencies. The Department of Health should post this information on its website and in other appropriate places.

### North Carolina
- Increase awareness and promote education about Alzheimer's disease and other dementias, and about available resources by incorporating Alzheimer's disease and other dementia information in current health promotion and education programs. Information should include information on: (a) the connection between brain health and other preventable risk factors and health behaviors; (b) early detection and accurate diagnosis; (c) prevention and clinical trials registries; (d) resources for home and community-based services, health care providers, caregiver support services, home safety, and long-term care; (e) financial planning; (f) reducing stigma; and (g) resources for underserved populations.

### North Dakota

### Oklahoma

### Oregon
- Identify a marketing firm to develop a public awareness campaign, coordinated with national efforts to focus on Alzheimer’s, to raise awareness of Alzheimer’s, and to inform people about where to turn for help.
- Engage local and statewide organizations to disseminate information to their clients and constituents, with particular focus on reaching multi-cultural, low-income, and rural populations.
- Promote statewide educational conferences and events about dementia to educate Oregonians. Encourage health care organizations to promote the availability of information about dementia by expanding the number and kind of places that organizations attend and distribute information and talk with Oregonians about dementia.
- Create a website that provides a single entry point to link to existing information and resources on Alzheimer's disease and other dementias.

### Pennsylvania
- Develop a communications strategy to increase public understanding of Alzheimer’s and other dementias, provide information about how to live well with Alzheimer’s and other dementias, and allocate sufficient revenues to have a meaningful advertising campaign.
- Identify and engage the support of non-traditional partners (such as utility companies, insurance providers, health plans, sports teams, billboard companies, banks, and agricultural extension...
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| Pennsylvania (cont.) | - Disseminate educational materials and resources that foster public awareness of Alzheimer’s and other dementias and available services.  
                   - Develop and disseminate a statewide standard education and public awareness campaign about dementia-friendly communities.  
                   - Develop collaborative public-private investments in awareness campaigns, education, services, and caregiver support. Partner with foundations and community service entities to cosponsor. |
| Puerto Rico | - Utilize strategies in health promotion, education, and health communication to ensure there are at least 10 annual Alzheimer’s public awareness activities. |
| Rhode Island | - Convene insurance providers to facilitate the dissemination of informational material on dementia to subscribers on a yearly basis. This communication could also include information for ongoing training. |
| South Carolina | - Create public service announcements and advertisements to educate and enhance awareness of Alzheimer’s disease and available resources. |
| Tennessee  | - Increase public awareness and outreach concerning Alzheimer’s disease and other dementias and the available services and service providers in Tennessee. |
| Texas      | - Identify and engage the support of a minimum of 20 non-traditional partners (such as utility companies, code enforcement officers, public safety officials, billboard companies, banks, public/private businesses, and agricultural extension offices) in disseminating educational materials and resources that foster public awareness of Alzheimer’s disease and services available through the Alzheimer’s Association. |
| Utah       | - Seek public, private, corporate and philanthropic funding for statewide education campaigns.  
                   - Partner with the Bureau of Health Promotion, Utah Department of Health, to establish a program with health resource guides devoted to Alzheimer’s disease and other dementias.  
                   - Collaborate with the Center for Multicultural Health, Utah Department of Health, to develop and disseminate culturally-appropriate print, radio and television media campaigns for awareness of Alzheimer’s disease and other dementias. |
| Utah (cont.) | - Target Utah’s unique challenges associated with reaching and educating caregivers in rural areas, and Spanish-speaking, other non-English-speaking, and Native American tribal communities with specific initiatives to overcome barriers to services.  
                   - Promote realistic and positive images of people with Alzheimer's disease and other dementias and their caregivers to overcome existing public stigma and misperceptions.  
                   - Advocate adoption of the Alzheimer’s Disease Early Detection Alliance (AEDA) of the Alzheimer’s Association by businesses, faith-based organizations, and community service groups to spread awareness among their constituencies.  
                   - Partner with the State Office of Education to offer curriculum in schools on the facts of aging with sensitivity to those with cognitive impairment and family caregiving.  
                   - Heighten public awareness resources, such as the 2-1-1 information line, 24/7 Alzheimer’s helpline, Area Agencies on Aging, Aging and Disability Resource Centers, veterans clinics, and the Center for Alzheimer’s Care, Imaging and Research, and establish metrics of awareness with the Division of Aging and Adult Services.  
                   - Disseminate public education campaign messages through websites, mobile apps, libraries, senior centers, and physician offices with standardized Alzheimer’s and other dementias content.  
                   - Assemble content for public awareness campaigns to address a wide range of issues and audiences, including early warning signs, cost of long-term care, and behaviors that might lower the risk of developing Alzheimer’s disease and other dementias.  
                   - Develop electronic links within state-supported websites to ensure that reliable information from state agencies is disseminated.  
                   - Ensure information and educational materials are offered at appropriate literacy, language, and legibility (font size) for a diverse population. |
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| Vermont    | • Develop dementia volunteer programs that engage a diverse group of stakeholders to increase awareness and understanding of dementia and to expand supports to people with dementia and their families.  
• Establish a broad network of partners in the areas of business, education, and manufacturing to help educate the public on the importance of early detection of dementia, available resources for people with dementia, and caregiver support. |
| Virginia   | • Develop or collect and deliver a strategy to reach out to rural communities, racial and ethnic minorities, and faith-based communities.                                                                                                                                                                                                                 |
| Washington | • Establish a work group to develop, launch and oversee a single web-based “point-of-access” portal/website linking to a comprehensive statewide array of credible and validated information, resources and supports.  
• Publicize and promote the online point-of-access portal as well as other points of access (e.g., dementia care navigators, toll free number) for services and supports for persons with dementia and their family caregivers. Utilize social media to build public awareness of available resources.  
• Offer materials and information to underserved populations, including rural populations; assure material on dementia is multi-cultural, multilingual, appropriate for persons with sensory limits (e.g., vision and hearing loss), and tailored to state demographics.  
• Promote positive images and messages of persons with dementia and their caregivers to combat stigma and increase societal acceptance and integration.  
• Educate the public, and provide information and resources, about issues specific to persons with younger-onset dementia and their families.  
• Raise awareness of dementia and available resources by engaging public and private ‘champions’, including faith, business community leaders/corporate and non-profit partners, educators, and health professionals, to assist in developing, implementing, and leveraging education and outreach campaigns. Expand the reach of campaigns by identifying and engaging partners that may not be a part of the traditional information service system such as Chambers of Commerce, Employee Assistance Programs, and community college and university students.  
• Provide Alzheimer’s awareness, education and resource materials to public/private work places regarding how to recognize and relate to persons with early stage dementia or their caregivers who are their customers or employees. |
| Washington (cont.) | • Promote outreach to Indian Country through health workers, tribal communications, and health fairs.  
• Inform and educate the public about the importance of recognizing and addressing the breadth of causes of social isolation in the state’s aging population – including sensory loss (hearing, vision), physical disabilities, depression and other forms of mental illness, etc. – and their impact on dementia.  
• Promote and build upon National Alzheimer’s Plan education and awareness campaigns as available.                                                                                                  |
| West Virginia | • Encourage public and private employers to provide information to employees on dementia and on resources available to help individuals with dementia and their family caregivers.  
• Engage public health departments in efforts on awareness campaigns, educating the public about lifestyle and disease management techniques, identifying underserved populations, and advocating for needed supports in the community.  
• Promote the use of the Department of Public Instruction’s dementia curriculum for use in health classes in middle and high schools. |
| Wisconsin  |                                                                                                                                                                                                                                                                                                                                                                                                         |
# EARLY DETECTION AND DIAGNOSIS

*Recommendations to encourage increased detection and diagnosis of Alzheimer’s disease*

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| Alabama        | • Develop multi-disciplinary teams to provide peer professional education and outreach to physicians and other providers to recognize and address early signs of dementia.  
• Increase the use of dementia assessments and tracking cognitive changes compared to baseline at annual exams for individuals over age 60 in primary care settings.  
• Create a “tool box” about persons with a diagnosis of Alzheimer’s and other dementias for use by physicians to encourage early detection and diagnosis.  
• Promote cognition as an essential “vital sign” to be assessed during patients’ Annual Wellness Visits, including for Medicare, to both the general public and the medical community. |
| Arizona        |                                                                                                      |
| Alaska         |                                                                                                      |
| Arkansas       |                                                                                                      |
| California     |                                                                                                      |
| Colorado       |                                                                                                      |
| Connecticut    | • Increase awareness to health care providers about validated cognitive assessment tools that could be administered in the continuum of settings, such as physicians’ offices, clinics, emergency rooms, and acute care hospitals.  
• Promote the Medicare Annual Wellness Visit, which includes a cognitive impairment assessment for early detection and diagnosis.  
• Encourage practitioners to document any cognitive changes in an individual’s medical record.  
• Compensate providers for the time required to collect and analyze the data for a thorough clinical assessment. |
| Delaware       | • Advocate for the inclusion of early detection of Alzheimer’s disease as a focus area in the Division of Public Health’s Health Promotion and Disease Prevention Section.  
• Provide guidance to care providers, care managers, and advocates on the Medicare Annual Wellness Visit and on the use of Medicare coding to reimburse physicians and allied health professionals for family conferences and care consultation that educate and support family caregivers, guide future decisions, and enhance the quality of medical care and support services. |
| District of Columbia | • Promote the early detection of Alzheimer’s disease and other dementias by implementing a campaign that provides information on the seven stages of Alzheimer’s disease. Establish partnerships with businesses and community service groups. Educate and enlist villages and the faith-based community in reaching out to and supporting family caregivers and people living with Alzheimer’s disease and other dementias.  
• Increase awareness and establish a campaign among District of Columbia residents that encourages residents to take advantage of cognitive screenings that are included in yearly wellness examinations under Medicare/Medicaid. |
| Florida        | • Ensure persons and family caregivers affected by Alzheimer’s disease and other dementias have better access to memory assessments and support. |
| Georgia        | • De-stigmatize dementia and encourage individuals to explore concerns about memory problems with their physicians.  
• Educate physicians and other health care providers about the importance of early, accurate diagnosis, and provide appropriate tools and training.  
• Develop a strategic plan that supports faith- and community-based organizations in their efforts to provide early detection, education, and resources for individuals and families experiencing symptoms of memory loss and dementia. Work through health ministries to identify persons in need of an assessment and to support those with dementia and their caregivers. |
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| **Georgia (cont.)** | • Recognize cognition as a "vital sign" and assess all Medicare patients during the Medicare Annual Wellness Visit.  
• Develop a plan for high-risk populations such as persons with mental illness and developmental disabilities to be assessed for dementia and, when diagnosed, to have the diagnosis routinely recorded in medical records. |
| **Hawaii** | • Ensure timely and accurate diagnosis by identifying screening and assessment tools, and making them widely available in clinical settings.  
• Educate and support people with Alzheimer’s and other dementias and their families upon diagnosis. |
| **Idaho** | • Improve detection of cognitive impairment. |
| **Illinois** | |
| **Indiana** | • Implement a statewide campaign to educate healthcare providers regarding early detection instruments, such as the AD8 and Mini-Cog. |
| **Iowa** | • Develop plans for multilingual, multicultural awareness campaign for consumers and professionals regarding the Medicare Annual Wellness Visit and the inclusion of the “detection of any cognitive impairment” requirement.  
• Work with governmental agencies, medical associations, medical providers, health and community support providers and insurers to identify and/or create improved detection tools for dementia and coordination of medical care and referral for community support and services.  
• Encourage employers to participate in programs such as the Alzheimer’s Early Detection Alliance as well as to include in Employee Assistance Programs care coordination counseling, advocacy and referral services that help with the challenges of Alzheimer's caregiving. |
| **Kentucky** | |
| **Louisiana** | |
| **Maine** | • Develop plans for multilingual, multicultural awareness campaign for consumers and professionals regarding the Medicare Annual Wellness Visit and the inclusion of the “detection of any cognitive impairment” requirement.  
• Work with governmental agencies, medical associations, medical providers, health and community support providers and insurers to identify and/or create improved detection tools for dementia and coordination of medical care and referral for community support and services.  
• Encourage employers to participate in programs such as the Alzheimer’s Early Detection Alliance as well as to include in Employee Assistance Programs care coordination counseling, advocacy and referral services that help with the challenges of Alzheimer’s caregiving. |
| **Maryland** | • Expand the Alzheimer’s Early Detection Alliance of the Alzheimer’s Association to reach community business partners, human resources departments, and employee assistance programs to make educational information available to their employees and customers.  
• Develop plans for a multilingual, multicultural awareness campaign for consumers and professionals regarding the Annual Wellness Visit.  
• Work with governmental agencies, medical associations, medical providers, health and community support providers and insurers to improve screening for dementia, coordination of medical care and referral for community support and services. |
| **Massachusetts** | • Promote dementia case detection and assessment. |
| **Michigan** | • Recognize cognition as a "vital sign" and assess all Medicare patients during the Annual Wellness Visit under Medicare.  
• Partner with the Alzheimer’s Association to create a website for health providers and family audiences about the importance and benefits of detection and early identification of persons with Alzheimer's.  
• Develop and post on the web a "tool box" of promising practices for physicians for detecting and diagnosing persons with Alzheimer's.  
• Investigate the econometric model developed at the University of Wisconsin that shows assessing and identifying individuals with Alzheimer's in early stages results in overall costs savings to the state.  
• Advocate for several changes that would promote cognitive detection for Alzheimer's and make it more universally available and reimbursed through health insurance, including by: (1) urging the U.S. Preventive Services Task Force to specifically deliberate on inclusion of cognitive detection; and (2) considering cognitive detection a required activity to obtain Health Care Home payments for the appropriate patient caseloads under Medicaid, private coverage, or the new Multi-Payer Advanced Primary Care Practice (MAPCP) demonstration program within Medicare. |
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| Mississippi   | • Explore educational program models to assist community gatekeepers such as clergy, bank tellers, and members of the general public with identifying individuals with cognitive impairments who are at risk in the community.  
• Perform outreach education on early signs and symptoms of Alzheimer's disease and dementia and promote the benefits of early detection and diagnosis. |
| Missouri      | • Promote physician and health care professional educational opportunities to increase detection and diagnostic services and provide access, information, and support for newly diagnosed individuals and their families.  
• Pilot statewide dementia assessments with physicians at an early point of contact through the implementation of such tools as the AD8 (as called for in Missouri Alzheimer's Innovation Grant from the Administration on Aging).  
• Implement a public awareness campaign to increase early intervention and diagnosis. |
| Montana       | • Build strategic partnerships and develop and implement a long-term multi-pronged Alzheimer's and other dementias public awareness campaign, providing information about the earliest signs of dementia and informing how earlier diagnosis and intervention can lead to a more productive and valuable life. Partners should include the following: (1) state legislators and state agency officials; (2) healthcare providers and organizations; (3) allied health professionals; (4) non-traditional partners such as employers, bankers, financial planners, lawyers, other private sector businesses, religious and civic groups, emergency first responders, and other professionals who may have contact with persons with dementia; (5) the general public, including individuals at risk and our youth; and (6) individuals with ADRD and their caregivers and family members.  
• Coordinate campaign efforts with the Native American communities and Tribal health leaders. |
| Nebraska      | • Identify standard Alzheimer's and other dementias assessments to be conducted in conjunction with annual Medical Wellness visits in Nebraska and educate consumers on the benefits of requesting the assessments. |
| Nevada        | • Expand the Alzheimer’s Early Detection Alliance of the Alzheimer’s Association to include the State of New Hampshire employees and also reach community business partners, human resources departments, and employee assistance programs to make educational information available to their employees and customers.  
• Develop plans for a multilingual, multicultural awareness campaign for consumers and professionals regarding the Annual Wellness Visit. |
| New Hampshire | • Work with public and private partners to increase the availability of information about services and supports throughout the state, including private pay options, and ensure they are known, especially to family members for those at risk, about the earliest symptoms. |
| New Jersey    | • Educate physicians on the benefits of early diagnosis to ensure more complete medical records, especially when using electronic records.  
• Request state agencies to post on their websites current, accurate, culturally-aware information for health care professionals, including physicians, nurse practitioners, psychologists and social workers, to detect and diagnose dementia in its earliest stages.  
• Advise that individuals with a strong family history of Alzheimer's disease be observed by health care providers for evidence of mild cognitive impairment, which may be an indicator for the development of Alzheimer's disease.  
• Share information regarding existing detection and diagnostic tools through state agency websites. |
<p>| New York      | • Include memory assessments in annual checkups for patients aged 70 and older. |
| North Carolina|                                                                         |
| North Dakota  |                                                                         |
| Oklahoma      |                                                                         |
| Oregon        |                                                                         |</p>
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| Pennsylvania| • Disseminate information to primary care providers about the Medicare Annual Wellness Visit.  
• Recommend cognitive health and depression assessments in annual routine physical exams.  
• Encourage incorporation of assessment of cognitive health and depression into guidelines for medical homes, accountable care organizations, and other current and future models of care. |
| Puerto Rico | • Conduct a study of needs, to identify possible barriers to access to early diagnosis and to pharmacologic and non-pharmacologic therapies.  
• Train at least 300 health services providers on the importance of early diagnosis and how to detect Alzheimer’s, and on pharmacological and non-pharmacological therapies. |
| Rhode Island| • Implement screening and diagnostic services such as appropriate cognitive tests or diagnostic laboratory and/or imaging through the current medical system for any patient whose family member indicates a concern.  
• Modify the existing community needs assessment process to include questions that would identify and quantify at-risk persons with dementia, including those under 65. |
| South Carolina|                                                                 |
| Tennessee   | • Texas will increase by 1,000 the number of health care professionals who integrate clinical best practices into the early detection, diagnosis and pharmaceutical treatment of persons with Alzheimer’s disease.  
• Establish a statewide workgroup to develop and disseminate best practices guidelines.  
• Identify educators to provide continuing medical and nursing education presentations on clinical best practices. |
| Texas       | • Work with a speaker’s bureau on outreach activities in rural areas.  
• Identify opportunities to present at local health care professional meetings (i.e. county medical societies, nursing district meetings).  
• Promote inclusion of best practices curriculum into medical schools, and nurse practitioner and physician assistant programs.  
• Provide guidelines to medical schools and hospital education programs through Grand Rounds and continuing medical and nursing education.  
• Collaborate with a broad spectrum of professional organizations to promote guidelines at conferences and other functions. |
| Texas (cont.)|                                                                 |
| Utah        | • Encourage accurate and dignified diagnosis and proactive treatment, differentiating Alzheimer’s disease and other dementias.  
• Promote use of the Medicare Annual Wellness Visit. For the detection of cognitive impairment. |
| Vermont     | • Work with academic partners and advocacy organizations to replicate research-based models for the detection and management of dementia in the primary medical care setting. |
| Virginia    | • Educate the public about the importance and advantages of getting an early diagnosis and what to ask their health provider, including asking for a cognitive assessment when memory and/or cognitive processing issues become a concern.  
• Encourage regular screening of cognitive status for older adults in primary care settings, considering cognitive status as a “vital sign.”  
• Identify and recommend several validated, brief cognitive screening tools.  
• Promote timely assessment and disclosure of cognitive impairment and/or diagnosis of dementia through the identification of a diagnostic pathway for use in primary care settings.  
• Promote understanding and effective utilization of (a) the Medicare Annual Wellness Visit, which includes objective cognitive assessment/screening; and (b) Chronic Care Management (CCM) codes for care coordination services, and advance care planning codes for individuals at the end of life.  
• Explore screening tools that may be used by Adult Protective Services, law enforcement, and other entities to identify diminished capacity and cognitive impairment. |
| West Virginia|                                                                 |
| Wisconsin | Expand capacity for dementia assessments and diagnosis, including by (1) providing training on how to assess for cognitive impairment; (2) continuing outreach to physicians; and (3) increasing referrals to the Aging and Disability Resource Centers for cognitive assessments, information, and referrals. |
# CARE AND CASE MANAGEMENT

*Recommendations to improve the individual health care that those with Alzheimer’s disease receive*

| Alabama | • Ensure there is “no-wrong door” to access Alzheimer’s and other dementia resources across various media, diagnostic settings and government agencies.  
• Engage hospital and skilled nursing facility social workers, case managers and discharge planners to increase referrals to the Alzheimer’s Resource of Alaska and other community resources.  
• Engage Alaska’s Federally Qualified Health Centers to increase referrals to the Alzheimer’s Resource Agency and other community resources.  
• Educate the public and health care providers about hospice and end of life care.  
• Improve service coordination particularly at points of hospital intake and discharge to ensure individuals receive appropriate care in the right setting.  
• Support the implementation of the Patient Centered Medical Home, which promotes a stronger linkage between behavioral health and primary care.  
• Expand the capacity to conduct medical evaluations of individuals in their home.  
• Explore using Federal Qualified Health Centers to meet the needs for dementia care in their communities.  
• Identify evidence-based national models to address cultural differences within care settings for people with Alzheimer’s and other dementias and their caregivers.  
• Link individuals with Alzheimer’s and other dementias to services and care settings that are consistent with their cultural values and beliefs.  
• Research and evaluate the impact of the Patient Centered Medical Home model on those with Alzheimer’s and other dementias.  
• Establish and define levels of acuity based on both functional and behavioral needs.  
• Eliminate unnecessary admissions to Alaska Psychiatric Institute (API) through increased utilization of the Complex Behavioral Collaborative (CBC) for people with Alzheimer’s and other dementias. |
|---|---|
| Alaska | • Expand diverse care management infrastructures that assist families in accepting and understanding the diagnosis, how to access services, identifying and overcoming future challenges and other concerns.  
• Promote safe and effective transitions between care settings and systems.  
• Partner with health insurance providers to recommend that medically appropriate dementia services are clearly identified and addressed in coverage statements and covered in policies, including those for younger-onset dementia.  
• Promote the Arizona Alzheimer’s Consortium as a tertiary referral resource for the state’s physicians to support diagnosis and management of complex cases.  
• Incorporate Alzheimer’s educational materials for people with dementia and family caregivers into digital libraries to enable physicians to store and disseminate such information in connection with electronic medical records.  
• Educate clinicians on the criteria needed to refer and qualify people with dementia for hospice care to ensure that patients receive full benefit of the medical, health services, and social supports offered at end of life.  
• Improve care practices by linking people living with Alzheimer’s disease and related disorders to dementia care managers to coordinate care, manage individual cases, and supplement clinical care with resources on supportive services and community-based agencies that offer specialized expertise, social supports, and mental health services. |
<p>| Arizona | |</p>
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| Arkansas| • Commission a study documenting patterns of care and costs of Alzheimer's disease in Arkansas at the Center for Clinical and Translational Research at the University of Arkansas for Medical Sciences. The study will recommend focal areas and key components of a care management program designed to improve care and reduce avoidable costs associated with Alzheimer's disease within the state.  
  • Improve access to quality care and services through the expansion of dementia care and behavioral health services and the integration of those services into primary care settings. |
| California| • Advocate for adoption of the concept and characteristics of the "medical home" and "health care home," which provide coordinated, interdisciplinary team-based, person-centered Alzheimer's care.  
  • Invest in and promote care management and care coordination.  
  • Expand upon care coordination infrastructures that assist families in understanding the diagnosis, how to access services, future challenges, and other issues.  
  • Promote the critical importance of establishing meaningful activities across the care continuum that are specifically adapted for the person with Alzheimer's disease. This may include vocational, rehabilitative, social, and recreational activities.  
  • Regularly update and disseminate California's evidence-based Guidelines for Alzheimer's Disease Management to continually improve assessment, treatment, care coordination, and follow-up support of the patient.  
  • Strengthen primary care practices by dedicating staff support (or by providing access to a Dementia Care Manager) to coordinate care, manage individual cases, and develop formal mechanisms for referral to health care homes and community-based agencies that offer specialized expertise, social supports, and mental health services.  
  • Protect and promote the California Alzheimer's Disease Centers as a tertiary referral resource for community physicians to support diagnosis and management of complex cases.  
  • Incorporate Alzheimer's educational materials for patients and family caregivers into digital libraries to enable physicians to store and forward information on electronic medical records. |
| Colorado| • Support federal legislation to provide reimbursement to marriage and family therapists and mental health counselors under Part B of Medicare. |
| Connecticut| • Disseminate informational packets to be distributed at doctors' offices, pharmacies, senior centers and other locations for individuals diagnosed with Alzheimer's disease and caregivers.  
  • Explore federal funding for research and demonstrations on care practices. Support Connecticut's existing initiatives such as the State Innovation Model and Medicare and Medicaid Enrollees Integrated Care Demonstration. Encourage focused efforts on individuals with dementia.  
  • Standardize the immediate provider response following an Alzheimer's/dementia diagnosis. This should include: (1) unless clinically contraindicated, clinicians should inform individuals of their diagnosis; (2) referral to the Alzheimer's Association Helpline for immediate triage of needs and resources nationally and in the state; (3) immediately begin assisting the individual to identify a support person and invite them to the next follow-up visit (adhering to HIPAA requirements); and (4) all individuals should be educated about clinical trials and given the option to participate.  
  • Ensure coordination and connection to support services, including: (1) a provision of simple organized information, a checklist of necessary steps, and referrals to the Alzheimer's Association, Area Agencies on Aging, and other community organizations for guidance with accessing services and support; (2) the identification of a care coordinator to counsel a newly affected family through the care process; (3) support using models of integrated care to connect social workers, counselors, and lawyers under a comprehensive unified dementia support system; and (4) charge an agency to review all current statewide dementia resources and ensure that the resources remain organized and easily accessible.  
  • Support development of adequate assessment tools, community-based services and supports, and program eligibility for individuals with Down syndrome and dementia, high-risk minority populations, and people with younger-onset dementia. Encourage promotion and public awareness of centers that offer evaluation, treatment, and support for these special populations. |
| Connecticut (cont.) | • Develop an independent care manager registry through the Department of Consumer Protection.  
• Encourage use of and reimbursement for tele-monitoring and other new technologies to aid in monitoring health status by consumers and others – and provide support to caregivers. |
| Delaware | • Perform a service needs assessment, at each stage of the disease that includes caregivers as well as persons with Alzheimer’s disease and other dementias.  
• Disseminate evidence-based guidelines for Alzheimer’s disease management to primary care providers to improve early diagnostic evaluation, treatment, care coordination, and follow-up support of patients.  
• Identify Alzheimer’s-related service and educational challenges faced in locations with large numbers of older individuals residing in rural areas, including access to emergency psychiatric care, and recommend targeted actions to effectively address these challenges. |
| District of Columbia | • Provide mental health services to persons with cognitive challenges and caregivers, including but not limited to individual counseling, crisis counseling, family therapy, group therapy, support groups, and individual therapy.  
• Create Alzheimer’s disease support groups through collaboration with government and private entities within the District of Columbia with the intent of constructing and facilitating peer support groups for persons affected by Alzheimer’s disease and other dementias.  
• Collaborate with government and community partners to identify a means of providing an information line or 24/7 Alzheimer’s disease support helpline for the general public, particularly caregivers and health care providers.  
• Incorporate electronic links within supported District of Columbia web sites to ensure that reliable information from District of Columbia agencies is disseminated. |
| Florida | • Develop a plan to have the diagnosis of dementia routinely recorded in medical records.  
• Provide care coordination to people with dementia and their caregivers upon diagnosis to improve access to information on options and resources  
• Develop strategies to improve care and communication among workers, patients, and family caregivers.  
• Utilize approaches used by the disability community in its approach to person-first/person-centered care.  
• Assure that an appropriate discharge plan is developed for each patient being discharged from a hospital, skilled nursing facility, or emergency room. The plan should be made in collaboration with the individual and family, the physician, and the provider.  
• Assure that all discharge planners in hospitals, skilled nursing facilities, and emergency rooms have access to region-specific resources, including websites and written literature.  
• Ensure that discharge planners provide families with access to resource information before discharge occurs. Information should include the number for the regional Aging and Disability Resource Connection (ADRC) and the Alzheimer’s Association, Georgia Chapter to assist with long-term care planning.  
• Support care transition programs that help patients move from one health setting to another.  
• Identify means (payer sources, administrative policies) for obtaining neuropsychological, psychiatric, and occupational therapy evaluations needed to plan adequately for an individual’s transition from an institution (hospital, skilled nursing facility) to the community.  
• Conduct an evidence-based review of transitions of care models for people with Alzheimer’s disease, and then conduct pilot projects.  
• Develop a dementia-capable website and portal to allow family members and those with early-onset dementia to navigate and make health care decisions related to all services and care. |
| Georgia | • Create a one-stop resource for access to information and referral.  
• Ensure that people with Alzheimer’s and other dementias experience safe and effective transitions between care settings and systems, including by putting into practice models of hospital safety and care transitions as well as research and pilot programs on avoiding unnecessary hospital readmissions and emergency room use. |
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| Hawaii (cont.) | • Advance coordinated and integrated health and long-term services and supports for individuals living with Alzheimer’s and other dementias through coordinated care options.  
• Improve care for populations in Hawaii who are disproportionately affected by Alzheimer’s and other dementias, and for populations facing care challenges.                                                                                       |
| Idaho   | • Promote and/or develop a community-based “resource counselor” or “care coach” program using trained lay people to shepherd newcomers through the landscape of Alzheimer’s.                                                                                           |
| Illinois | • Work with Congress to eliminate barriers (such as the Medicare two-year waiting period) for persons with younger-onset Alzheimer’s disease to receive federal benefits.  
• Equalize public benefits for all persons with Alzheimer’s disease and other dementias whether funding is provided by the Illinois Division of Rehabilitation Services (for those in the program before age 60, including persons with younger-onset Alzheimer’s), the Illinois Department on Aging, the Medicaid program, or some other source.  
• Seek any necessary waivers to consolidate services to persons at any stage of Alzheimer’s disease and at any age, including younger-onset Alzheimer’s.  
• Standardize the service package for every person with Alzheimer’s disease, whether they are younger or older than age 60. |
| Indiana | • Increase utilization of available Alzheimer’s services.  
• Improve the statewide care coordination system for Alzheimer’s disease and other dementias.  
• Ensure reimbursement for care planning and care coordination.  
• Enhance care coordination for Alzheimer’s disease and other dementias.                                                                                          |
| Iowa    | • Establish Alzheimer’s and other dementias Diagnostic Centers of Excellence throughout the state that would serve as multi-disciplinary centers to serve patients with Alzheimer’s and other dementias and their caregivers. The public could initially access information about the Centers through an 800-number manned by a non-profit entity (such as the Alzheimer’s Association). The ideal center would provide physician services, social services, nursing services, and a special interest in the care of persons with Alzheimer’s and other dementias. The state would provide funding to support establishment of new centers. Various organizations focused on patient needs in this area could join forces to ensure efficiency and effectiveness. |
| Kentucky | • Ensure a system of care coordinators and benefit counselors in each of 15 regions.  
• Review the current Kentucky Medicaid program to ensure “dementia friendly” approaches and policies, including by: (1) reviewing the Resource Utilization Groups system to determine values of behavior management and evidence-based interventions; (2) increasing opportunities for self-determination; and (3) identifying challenges to admission and eligibility requirements. |
| Louisiana | • Develop and/or implement, building on existing resources, a dementia-branded toll-free number and website to act as a clearinghouse for programs, services, and educational information serving individuals with Alzheimer’s and other dementias that takes advantage of existing information and referral services, such as Aging and Disability Resource Centers, the Alzheimer’s Association, and the Long-Term Care Options Help Line.  
• Investigate the elimination of the current prohibition against receiving Long-term Personal Care Services and Hospice Services concurrently. |
| Maine   | • Develop strategies to coordinate care across health care settings through early recognition and management of Alzheimer’s and other dementias that include raising awareness of common medical conditions and disparities that elevate risk for Alzheimer’s and exacerbate its effects.  
• Expand use of the Patient Centered Medical Home health care model as a means to integrate and coordinate dementia care within primary care practices. Connect with each practice’s Community Care Team in order to connect people with community resources that will assist them through all phases of the disease.  
• Establish a protocol regarding referrals from Patient Centered Medical Home practices and primary care providers to community agencies such as Area Agencies on Aging and the Alzheimer’s Association.  
• Support access to dementia care for rural and remote regions of Maine through the development of regional care teams that provide for the evaluation, consultation, specialty care, and outreach through a hub and spokes model. |
### Maine (cont.)

- Improve the coordination and delivery of care by emphasizing strong links and relationships between medical, mental health, other home- and community-based services, long-term care facilities, emergency medical services, and other health care agencies. This should include working with regional medical centers and community hospitals to improve assessment, referral, and care coordination for people with dementia who are treated in emergency departments.
- Work with hospital systems to enhance inpatient programs to become fully dementia-capable for both neuropsychiatric and medical admissions and to improve hospital-based care management services to assist in care coordination for people with dementia, in ambulatory care, hospital, and community settings, including home health, rehabilitation, residential, and nursing homes.
- Educate hospitals about the special needs of patients with dementia to inform hospital policies and procedures so that hospitals are both well prepared to serve people with dementia and to ensure effective transitions back into the community.
- Support care transitioning programs that help patients move from one health care setting to another.
- Support, fund, and explore existing or emerging MaineCare programs that would strengthen and better enable care coordination and management so as to encourage the use of cost- and quality-effective home- and community-based services.
- Ensure that Alzheimer's disease and other dementias are identified as one of the chronic conditions in the Affordable Care Act and other funding sources' criteria that are used to identify people eligible for services, including home health services.
- Work with state partners and other stakeholders to preserve the elements of Medicaid essential to those living with Alzheimer's disease and their families and evaluate the use of Medicaid and Medicare waivers that would strengthen care coordination and management so as to reduce the use of more expensive facility-based long-term care services when cost efficient home- and community-based services are appropriate.
- Support and fund care transitioning programs that help patients move from one health care setting to another.

### Maryland

- Oversee the dissemination of information regarding available services.
- Work with private and public partners to produce and disseminate multi-lingual 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 to those with sight and hearing impairments.
- Work with the Alzheimer's Association and other community partners to deliver community-based and online education programs for people with early-stage Alzheimer's.
- Develop strategies to coordinate care across health care settings through early recognition and management of Alzheimer's, and awareness of common medical conditions and health disparities that elevate risk for Alzheimer's and exacerbate its effects, including a process to document any cost savings created through implementation of those strategies.
- Support use of emerging health care models (such as the Commonwealth's Medical Homes Initiative and initiatives promoting best use of Electronic Health Records, Accountable Care Organizations, systems, etc.) as a means to integrate and coordinate dementia care within primary care practices and in community health centers with growing populations of older adults.

### Massachusetts

- Ensure that patients with early stage Alzheimer's are given good information about available interventions aimed at improving disease knowledge and management, promoting overall physical and cognitive health, and enhancing quality of life.
- Once identified, cognitive impairment should become an organizing principle for all other care of the patient, in coordination with their caregivers, supported by a health care home team, with special attention to points-of-care transition.
- Provide care consistent with the patient's needs, values, and preferences across the spectrum of care and life, including palliative, hospice, and end-of-life care.
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| Minnesota  | • Develop and sustain care coordination, care planning, education, and support for all persons with Alzheimer's, especially for those with Mild Cognitive Impairment or early dementia, in a culturally-appropriate manner.  
  • Create a “disease educator” position for Alzheimer's disease similar to those for other chronic diseases, to work with persons diagnosed with the disease and provide practical disease information and care coordination for those persons and their caregivers.  
  • Provide professional care management to persons with Alzheimer's and their families immediately on diagnosis and for the entire course of the disease, and improve the access to information on options and resources across all stages of the disease.  
  • Support the health care home and include services in this model that connect persons with Alzheimer's and their families to professional care management immediately upon diagnosis.  
  • Provide consistent proactive support from a coordinated team of professionals for the entire course of the disease.  
  • Seek funding for high quality dementia-competent care management and team support beyond Medicare reimbursement.  
  • Provide easy access to information about options and services across all stages of the disease, with attention to smooth transitions between services and settings as well as automatic transfer of clinically-important information at the time of this transition. |
| Mississippi| • Identify existing statewide resource databases and evaluate them for inclusion of dementia-related resources.  
  • Create a Road Map that includes community organizations, and that provides unbiased information on care planning and in-person consultations.  
  • Develop a strategy for dissemination of the Road Map to consumers, health care professionals, and community partners.  
  • Design a structure to review transfers/discharges of persons with Alzheimer's disease.  
  • Support development of a demonstration project incorporating dementia specialists as treatment team members while individuals are inpatients in hospitals and behavioral health settings.  
  • Create a Road Map for care and support that provides quality information on services across the continuum from early diagnosis to end of life. |
| Missouri   | • Encourage physicians and direct care providers to establish an interdisciplinary plan of care at diagnosis to follow the individual throughout the disease process, led by a navigator who will act as the family's primary contact for medical and social questions.  
  • Recruit and train Alzheimer’s and other dementias navigators to be directly involved in the care of individuals with Alzheimer's and other dementias using the Navigator Flowchart as a guide. Navigators will help individuals with dementia and their caregivers determine the most appropriate and least restrictive setting for individuals throughout the progression of the disease.  
  • Promote the recognition and inclusion of a designated caregiver by all care providers involved in an individual’s care, including primary care providers, hospitals, nursing homes, assisted living facilities, respite care centers, and community-based service providers to ensure coordinated care in all settings.  
  • Establish protocols to prevent avoidable transitions to restrictive settings by meeting an individual’s needs at their current setting. |
| Montana    | • Direct Nebraskans to the Alzheimer’s Disease Education and Resource Center (ADEAR) sponsored by the National Institute on Aging through Nebraska’s Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging and Nebraska Health and Human Services and other relevant websites. |
| Nebraska   | • Establish and fund a statewide information and referral system for those with Alzheimer’s and other dementias, their caregivers, and their families to enable them to connect with local case management and support services.  
  • Address affordability of services for persons with Alzheimer’s disease and other dementias by implementing sliding fee scales and other cost-sharing mechanisms. |
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| Nevada (cont.)| • Establish hospital transitional care programs that include information on community resources for caregivers and persons with dementia.  
  • Investigate federal funding opportunities through Medicare Innovations or Centers for Medicare and Medicaid Services to develop a transitions planning program or to avoid the hospital setting altogether (for example, a mobile dementia team approach).  
  • Develop partnerships with other organizations that are also affected by Alzheimer’s disease and other dementias – such as diabetes, stroke, and heart organizations – to help promote information about services and care for those who have symptoms of dementia. |
| New Hampshire | • Develop strategies to coordinate care across health care settings through early recognition and management of Alzheimer’s, and awareness of common medical conditions and health disparities that elevate risk for Alzheimer's and exacerbate its effects, including a process to document any cost savings created through implementation of those strategies. |
| New Jersey    | • Support use of emerging health care models such as the Accountable Care Organizations as a means to integrate and coordinate dementia care within primary care practices and in community health centers with growing populations of older adults.  
  • Foster the creation of innovative initiatives like the Statewide Clinical Outreach Program for the Elderly (S-COPE), a program that targets older adults in a long-term care setting who may suffer from mental illness and dementia.  
  • Build strong partnerships with the health care community and develop avenues for reaching physicians and others in health care on best practices and emerging issues in the treatment and support for individuals with Alzheimer's disease.  
  • Promote the use of the dementia care practice recommendations developed by the Alzheimer's Association and other groups to make providers more aware of them and to encourage utilization. |
| New Mexico    | • Increase case management for families to improve planning for services and access to services.  
  • Partner with primary care providers and dementia care facilities to improve lines of communication within the medical community.  
  • Identify patient advocates and case managers (including discharge planners) to ease transitions within and between hospitals, nursing homes, and community-based care. |
| New York      | • Work with hospice to promote a model of care for late-stage dementia patients who do not meet the current hospice criteria for terminal illness of six months or less.  
  • Increase integration of the mental and physical health systems using models such as the one implemented by Flushing Hospital.  
  • Promote increased awareness of the availability of hospice and palliative care for Alzheimer's disease patients through all state programs. |
| New York (cont.) | • Explore new models of care that use methods of reimbursement to incentivize the provision of care for people with Alzheimer’s disease and other dementias and reduce wait lists for specialist care.  
  • Prioritize the incorporation of person-centered care into the care planning process, care management, organizational policies, and ongoing care by health care providers and at health care facilities, including hospitals, long-term care facilities, and in-home care settings.  
  • Implement new models of care that enhance person-centeredness, care coordination, and integration through communication, care management, and medication management for people with Alzheimer’s disease and other dementias. Medicaid should include such models in health plan contracts, and the Dual Eligibles Working Group should prioritize recommendations on the application of care coordination models to coverage for the dual eligible population.  
  • Expand the Dementia Friendly Hospital initiative under which facilities should work to include environmental modifications and practices that enhance continuity of care and person-centered care. |
<p>| North Carolina| • Provide care consultations to those diagnosed with Alzheimer's disease and their caregivers, including an assessment of needs, identification of issues and concerns, identification of available resources, development of a plan of care, referrals, support and education, and follow-up. |</p>
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| Oklahoma   | • Establish and fund a statewide information and referral system for those with Alzheimer's disease, their caregivers, and their families to connect with local case management, support services, and information.  
• Implement an automatic reminder on electronic medical records requiring physicians’ offices to provide referral to the Alzheimer's Association upon a diagnosis of Alzheimer's or other dementia.  
• Recommend that pharmacists include written referral to the Alzheimer's Association upon distribution of memory-care medications. |
| Oregon     | • Develop and maintain a statewide list on the central Alzheimer's website of health care providers who serve those with dementia, including providers in primary care, geriatrics, psychiatry, and neurology.  
• Establish a stakeholder work group to determine how to protect residents of Assisted Living Facilities and Residential Care Facilities that terminate their Medicaid contracts from being negatively impacted by the contract termination. |
| Pennsylvania | • Develop improved modalities of information-sharing regarding treatment and risk reduction options, including evidence-based practices, for all Pennsylvanians, providers, public health workers, and agencies.  
• Review and maximize utilization of existing financial resources to ensure that individuals with Alzheimer's and other dementias receive care in the most appropriate and cost-efficient setting.  
• Encourage the appropriate use of palliative care to enable individuals to age in place.  
• Develop referral processes to encourage use of private geriatric care management for individuals whose means exceed eligibility levels for public case management services.  
• Research reimbursement availability for care coordination activities including team-based approaches within primary care.  
• Extend the best practices infrastructure currently used by PACE/PACENET to provide information and assistance regarding all programs and services.  
• Encourage implementation of electronic health records.  
• Complete prescription utilization review and intervention for PACE enrollees with Alzheimer’s and other dementias.  
• Incorporate assessment of needs of those with Alzheimer’s and other dementias into the Area Agencies on Aging planning process. |
| Puerto Rico | • Expand access to case management and care coordination services in both public and private programs.  
• Expand public and commercial coverage of telehealth technologies to assist in managing chronic illness diagnoses such as Alzheimer’s disease.  
• Encourage ongoing collaboration to address needs and challenges associated with the prison population living with Alzheimer’s disease.  
• Standardize the Continuity of Care document used to transmit patient summaries between hospitals and nursing homes and other care providers; set and communicate standards for electronic submission to ensure uniform transmission.  
• Improve medication reconciliation for dementia patients at transitions of care.  
• Develop a list of geriatric specialists in medicine, neurology, and psychiatry and make it widely available on the Rhode Island Alzheimer’s disease website.  
• Forge connections between the regional POINT offices and the Alzheimer’s Association to encourage information-sharing regarding identified needs, questions, and requests for services and to disseminate local information about Alzheimer’s Association programming.  
• Develop a “process map” as a joint project between the POINT and the Alzheimer’s Association to guide families with a recent diagnosis to address the following, in a manner that is accessible and culturally appropriate: (1) the stages of the disease and what should be expected in each of them; (2) the important planning needs to consider; and (3) the commonly-used services (e.g. adult day programs, senior centers, transportation, meals, caregiver supports). |
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| Rhode Island (cont.) | • Seek out a way to connect individuals and their families dealing with a recent diagnosis of Alzheimer's disease or another dementia with a package of information that includes the “process map” and the basic information that will help them become familiar with the available resources.  
• Explore ways to increase public awareness of the importance of early access through the POINT to Options Counseling.  
• Develop and disseminate culturally competent materials to assist families with end-of-life care and planning decisions. |
| South Carolina | • Create a single point of entry for persons seeking assistance with Alzheimer’s-related needs, utilizing a toll free number through the Lieutenant Governor's Office on Aging.  
• Provide appropriate referrals for hospice care for people with Alzheimer’s disease and aftercare for the caregivers of persons with Alzheimer’s disease and other dementias.  
• Provide case management and person-centered support services to individuals with Alzheimer’s disease and other dementias and their caregivers through a local/regional provider network. |
| Tennessee     | • Enhance and strengthen the infrastructure to provide a continuum of care for persons with Alzheimer’s disease and other dementias and their caregivers to address the progression of the disease from mild to severe and to allow flexibility to move within the care system depending on the needs of the individuals and their families.  
• Provide case managers to help navigate the system.  
• Provide diagnostic services, treatment, and case management to patients and families throughout Tennessee, especially to rural areas of Tennessee.  
• Provide access to optimal care for more Tennesseans in all parts of the state.  
• Identify patient needs at the point of discharge, assess a caregiver’s abilities/limitations, involve the family and its needs in planning, and develop a check-list/survey for persons with dementia.  
• Partner with the Tennessee Hospital Association to provide a “point person” at each hospital responsible for coordinating support for the person with dementia and his/her family.  
• Provide a continuum of care for geriatric-psych patients who require both inpatient and outpatient care. |
| Texas         | • Partner with state, local, and community agencies to disseminate Alzheimer’s education materials to patients and families.  
• Conduct research to identify, evaluate, and deploy effective and efficient methods of providing Alzheimer’s disease educational materials to individuals and families.  
• Explore potential funding sources to support a statewide media campaign on resources available to individuals with Alzheimer’s disease and their family caregivers.  
• Establish protocols for state and local agencies and cross training to address needs of individuals and families affected by Alzheimer’s disease and other dementias.  
• Look into the feasibility of using large-scale public presentations, mass media outlets, information kiosks, and associated businesses (both public and private) as a way to increase training and educational opportunities for persons with Alzheimer’s disease and their families.  
• Develop and promote recommendations for key Texas service providers that enhance current distribution practices of Alzheimer’s disease/dementia care information and services.  
• Develop recommendations to enhance protocols for distribution of Alzheimer’s disease and dementia care information/services.  
• Develop one comprehensive, state sanctioned web-based repository that contains the most current information on prevention, risk factors, disease management, translational research and science, and family caregiver resources. |
| Utah          | • Provide a statewide comprehensive resource database and directory that includes information about the range of medical and other providers, programs, and services related to diagnosis, treatment, and support for persons with dementia.  
• Partner with hospitals as part of their public service mission to provide access to high-quality postmortem diagnostic services for individuals with Alzheimer’s disease and related dementias.  
• Extend person-centered care in rural Utah with evaluations and consultations for persons with dementia and their family caregivers by dementia specialists and an outpatient geriatric psychiatry consultation program through the Utah Telehealth Network. |
| Utah (cont.) | • Partner with health insurance providers to ensure that medically-appropriate dementia services are clearly identified and addressed in coverage statements and covered in policies, including those for younger-onset dementias.  
• Encourage family-centered biobanking and linkage with the Utah Population Database so families can develop their own family health history based upon genealogical medical and genetic records.  
• Provide guidance to care managers, advocates, and providers on the Medicare Annual Wellness Visit and its inclusion of detection of cognitive impairment.  
• Encourage care providers to partner with multicultural coalitions as they develop “dementia-friendly services” for ethnically diverse clients and residents across the continuum of care, including adult day care, in-home respite, assisted living, long-term care, and specialized dementia care.  
• Improve primary care practices by linking to dementia care managers who will coordinate care, manage cases, and supplement care with resources on supportive services and community-based agencies that offer specialized expertise, social supports, and mental health services.  
• Protect and promote Utah’s Center on Alzheimer’s Care, Imaging and Research as a tertiary referral resource for the state’s physicians to support diagnosis/management of complex cases.  
• Incorporate Alzheimer’s educational materials for patients and family caregivers into digital libraries to enable physicians to store and disseminate such information in connection with electronic medical records.  
• Educate clinicians on the criteria needed to refer and qualify dementia patients for hospice care to ensure that patients receive the full benefit of the medical, health services, and social supports offered at the end of life.  

| Vermont | • Design and standardize care management plans that are outcome focused. Make a priority to develop strength-based care management approaches to address both the clinical and social needs of people with dementia. Plans may be tailored for a variety of providers, including primary care, nursing homes, residential care homes, adult day centers, and home health agencies.  
• Initiate programs that promote cognitively-stimulating services in homes, nursing homes, residential care homes, assisted living residences, and adult day centers.  
• Support access to dementia care for rural and remote regions of Vermont through the development of regional care teams that provide for the evaluation, consultation, specialty care, and outreach through a hub-and-spokes model, such as coordinating services between regional memory centers and Area Agencies on Aging.  
• Improve the coordination and delivery of care by emphasizing strong links and relationships between medical, mental health, and other home and community-based services.  
• Work with hospital systems to develop special inpatient programs meeting the needs of people with dementia, for both neuropsychiatric and medical admissions.  
• Work with hospital systems to improve hospital-based care management services to assist in care coordination for people with dementia, in ambulatory care, hospital, and community service settings, including home health, rehabilitation, residential, and nursing home settings.  
• Work with regional medical centers and community hospitals to improve assessment, referral, and care coordination for people with dementia who are treated in emergency departments. This may include hospital-based care managers and regional care coordinators from dementia specialty clinics (“the hub”) available around the clock.  
• Pilot a statewide, virtual or real, resource and referral center for individuals with a diagnosis of dementia and their family members. This service should provide a single point of entry for information and resources, such as the Vermont Aging and Disability Resource Connections.  
• Explore new models of care and support across provider settings that enhance responsiveness to individual needs and preferences of people with dementia and their families. |
| Virginia | • Explore changes needed to ensure Medicaid eligibility for younger-onset dementia.  
  • Support a pilot project with appropriate stakeholders to improve transitional care and address the lack of placement and facility discharge for residents exhibiting disruptive behavior.  
  • Foster university-community partnerships to address community needs and promote mutually beneficial participatory research opportunities. |
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| Washington | • Promote implementation of evidence-based health promotion programs for people with cognitive impairment and dementia and their caregivers, such as Enhance Fitness, Chronic Disease Self-Management Program (CDSMP), Reducing Disability in Alzheimer’s Disease, Program to Encourage Active, Rewarding Lives for Seniors, and STAR-C dementia behavior consultation.  
  • Identify and promote existing models of care coordination services for individuals living in the community and their family caregivers, such as Health Homes, geriatric care managers, and Alzheimer's Association Care Navigators.  
  • Educate and facilitate integration of a “dementia care framework” that targets patients with multiple chronic conditions into existing and emerging initiatives and practices.  
  • Encourage parity in coverage options in all health insurance plans with regard to diagnosis and ongoing support/treatment of persons with dementia.  
  • Convene a workgroup to identify and seek funding to support best practice dementia capable models that minimize care transitions, including emergency room visits, hospital admissions and readmissions.  
  • Advocate for the development of, and promote use of, billing codes and reimbursement for care that improves the health and lives of older adults (e.g., care coordination, patient planning and counseling around care, safety and end of life, etc.)  
  • Educate the clinical community on the impact and management of dementia and co-occurring chronic conditions. Once identified, cognitive impairment and dementia should become an organizing principle for all other care of the patient.  
  • Increase awareness of care coordination and clinic-based health navigation and its potential to improve communication and transitions of care for individuals with dementia. |
| West Virginia | • Secure state funding for the Alzheimer's Association's 24/7 Helpline.  
  • Implement “Alzheimer-informed” facility policies and procedures to create a system of “Universal Observation” to identify people with Alzheimer’s disease in health care settings so that people receive optimal inpatient care as well as ambulatory medical services.  
  • Develop a non-threatening, non-discriminatory system to identify people with Alzheimer’s disease in acute care settings in order to improve safety and quality of care.  
  • Ensure that program guidelines for the Bureau for Medical Services’ chronic disease health homes state plan amendment reflect the unique needs of people with Alzheimer’s disease.  
  • Conduct an evidence-based review of transitions of care models for people with Alzheimer’s disease, and then pilot these best practice approaches in West Virginia. |
| Wisconsin | • Expand the Dementia Care Specialist Program in Aging and Disability Resource Centers (ADRC) to promote community awareness and access to services.  
  • Strengthen Department of Health Services and ADRC information and referral resources to facilitate access to dementia care resources in the community, including by (1) updating information in resource databases; (2) redesigning the Department's dementia web page to make it more user-friendly; and (3) engaging in outreach regarding assistance an ADRC can provide to those with Alzheimer's and other dementias.  
  • Create a registry of trained professional caregivers and other professionals. |
## QUALITY OF CARE

*Recommendations to improve the quality of the health care system in serving people with Alzheimer’s*

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| **Alabama** | • The legislature should require the Department of Public Health to certify all Alzheimer’s/dementia specialty care units in licensed nursing facilities as meeting the requirements under the amended Rules of the Alabama State Board of Health for Nursing Facilities.  
• The frequency of surveys (inspections) for Specialty Care Assisted Living Facilities (SCALFs) by the Department of Public Health should be increased to an annual survey to encourage patient care in an environment that best meets their needs. |
| **Alaska** | • Develop and implement regulations for quality standards for assisted living homes and other residential settings so that caregivers’ skills are appropriate to the population they serve.  
• Increase capacity within the Office of Long Term Care Ombudsman (OLTCO) to conduct more frequent unannounced visits of facilities to advocate for and monitor quality of care.  
• Strengthen monitoring and oversight of licensed residential homes through increased resources to Division of Health Care Services Residential Licensing (ALHs) and Health Care Facilities Licensing and Certification.  
• Expand the volunteer ombudsman program’s capacity to recruit and train local individuals to monitor quality of care within residential settings.  
• Seek partnerships with major research institutions in the polar north or Pacific Northwest to understand best practices for Alzheimer’s and other dementias in northern latitudes. |
| **Arizona** | • Create and disseminate an evidence-based set of guidelines for disease management to improve evaluation, treatment, care coordination, and follow-up support of the person with Alzheimer’s disease or other dementias.  
• Identify and promote best practices related to dementia care across various care settings.  
• Promote quality standards and measurable outcomes for dementia care in Arizona’s long-term care, community health, and other health care settings.  
• Increase the use of established, evidence-based best practice programs related to Alzheimer’s disease and related disorders. |
| **Arkansas** | • Improve licensed facilities that serve people with Alzheimer’s disease and other dementias, such as the Residential Care Facilities for the Elderly and Nursing Facilities.  
• Promote best practices (such as Dementia Care Networks) to meet existing needs and foster replication and innovation to meet emerging needs.  
• Promote the use of Medicare coding to reimburse physicians and allied health professionals for family conferences and care planning meetings that educate and support family caregivers, promote future planning, and enhance the quality of medical care and support services.  
• Establish mechanisms that will result in better coordination between state and local agencies, government departments, and voluntary health organizations to enable California to better serve its aging and disabled population (e.g. promote cross-training and joint visits by state regulators.  
• Collaborate with nonprofit hospitals to assist in meeting their legislative mandate to conduct a community-needs assessment and disperse community benefit funds to local agencies working to improve the health status of people living with Alzheimer’s disease and their caregivers. |
| **California** | • Study the financial impact of developing a Dementia Centers for Excellence or geriatric assessment units at Connecticut hospitals.  
• Incentivize hospitals to develop regional geriatric assessment units and dementia centers for excellence, which would include medical screening, psychiatric screening and services, counseling, and educational opportunities.  
• Charge a group of medical providers to review specific strategies to best integrate dementia care best practice guidelines, including quality care protocols, into clinical practice. |
| Connecticut (cont.) | • Provide financial incentives to providers who use established best practices.  
• Dementia quality care standards shall include a review of staffing patterns, mandating consistent care assignments, and understanding of the life history of the individual.  
• The Departments of Social Services and Public Health shall update the Interagency Referral Form to include a person-centered dementia care profile for pain management, wandering history, safety issues, and behavioral triggers and reactions, or reflect other dementia care vulnerabilities and history. The form shall be used across the continuum of care providers.  
• Review and revise, as necessary, the Department of Public Health’s Assisted Living Services Agency regulations to reflect the increasing level of functional needs of individuals living in Managed Residential Communities (i.e. ALFs) and the increasing number of residents with some level of cognitive impairment.  
• The State needs a collaborative, flexible, and efficient regulatory environment that is adaptive and receptive to individual providers’ forward thinking ideas and planning. Such an environment would encourage providers of the long-term services and supports continuum to adjust, modernize, and diversify their models of care to address current and future consumer needs and expectations, which in turn should lead to higher quality care.  
• Agencies or organizations that provide care management must develop benchmarks and monitor quality indicators.  
• Revise state law to require a Dementia Care Committee in each facility to review the issues that impact person-centered care, wellness indicators, and staff training programs for dementia care capability. Each facility will designate one staff person who will monitor the day-to-day implementation of the issues directed by the Committee. The dementia care designee will meet educational competencies and participate in regular continuing education in dementia certification programs.  
• Encourage Connecticut hospital emergency rooms to have a designated and trained Alzheimer’s disease liaison/specialist to address the acute needs of individuals with dementia as well as act as a resource for police and first responders. Adopt an approach similar to the Sexual Assault Nurses Emergency model.  
• Strengthen community education about the importance of oral health in older adults, and address provider payment and shortage issues in dental care. Expand coverage and benefits to include comprehensive dental care as an “essential health benefit” under the Affordable Care Act, Medicare, Medicaid, and private insurance options. |
| Delaware | • Build strong partnerships with the health care community (e.g. Medical Society of Delaware) and develop avenues for reaching physicians and others in health care on best practices and emerging issues in treatment and support for individuals with Alzheimer’s disease.  
• Explore options and advocate for regulatory changes that would empower health care providers to deliver the most appropriate interventions for persons with Alzheimer’s disease. |
| District of Columbia | • Develop promising dissemination methods of promising practices for the care of persons with Alzheimer’s disease and other dementias through collaboration with a stakeholder network for sharing of information and ideas. |
| Florida | • Raise the standard of care for assisted living facilities providing care and services to persons with Alzheimer’s disease or another dementia, including by (1) revising the training regulated requirements for Alzheimer’s care units by four hours; (2) creating an Alzheimer’s care designation on the assisted living facility license specifying Alzheimer’s specialized care standards are met; (3) developing a process/protocol to permit an assisted living facility to continue residency of a person with dementia in his/her current living environment despite a change in his/her condition that under existing regulations might otherwise promote their move to a different level of care; (4) enlisting state and local governments to facilitate Alzheimer’s training for employees of government agencies that interface frequently with patients, families, adult day care centers, and assisted living facilities; and (5) seeking ways to keep residential costs at affordable levels for the assisted living facility residents and the providers in order to maintain a viable option for home- and community-based services.  
• Fund Memory Disorder Clinics according to performance standards and benchmark goals. |
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| Georgia | • Promote the NIA-designated Emory University Alzheimer's Disease Research Center as the key referral source for community physicians to support diagnosis and management of complex cases.  
• Develop and implement quality standards for dementia care in state-funded services such as Medicaid State Plan services, HCBS waivers, personal care, and nursing homes.  
• Require that all state contracts providing services to older adults, including those with developmental disabilities and/or mental illness and co-morbid dementia, include quality measures specific to dementia-capable care.  
• Establish quality care measures with system benchmarks for facility- and community-based care for persons with Alzheimer's disease and other dementias.  
• Identify and promote wide use of evidence-based practices through the development of an Evidence-Based Practice Guide specific to Alzheimer's care.  
• Partner with the Georgia Hospital Association and the Medical Association of Georgia to develop protocols for emergency care of persons with dementia.  
• Develop emergency room-specific protocols on appropriate treatment of those with dementia, including behavior management strategies.  
• Identify best practices for the care of persons with serious mental illness and developmental disabilities and co-morbid dementia.  
• Establish and enforce quality care measures related to personalized practices (person-centered care) for facility- and community-based care for persons with Alzheimer's disease and other dementias. |
| Hawaii | • Identify high-quality dementia care guidelines and measures across care settings. |
| Idaho | • Convene a workgroup of physicians and other mental health and Alzheimer's specialists to determine the adequacy of geriatric-psychiatric hospitals, both by number and location, and to establish a consensus plan outlining parameters for the type and length of treatment that should be provided to persons with Alzheimer’s disease and other dementias in hospital geriatric-psychiatric units. Determine and implement protocols for placement and release from geriatric-psychiatric hospitals.  
• Establish protocols for community-based systems of care to meet the needs of persons with Alzheimer’s disease and other dementias who exhibit behaviors requiring interventions.  
• Explore the concept of linking diagnostic codes at the hospital with reimbursement and level of training.  
• Limit the use of hospital geriatric-psychiatric units to temporary stays for the most extreme cases only after all behavioral interventions are explored and, if appropriate, used.  
• Identify the areas where community-based systems of care would be most beneficial to persons with Alzheimer's disease and other dementias with behavior issues beginning in those areas without access to any such services.  
• Extend the applicability of the Alzheimer’s Special Care Disclosure Act to entities providing care to persons with Alzheimer’s disease and other dementias whether or not they “hold themselves out as providing Alzheimer's care in a distinct unit or center” (such as supportive living facilities certified by the Illinois Department of Health and Family Services.)  
• Change the name of the Alzheimer’s Special Care Disclosure Act to the Alzheimer’s Disease and Related Dementias Care Act.  
• Develop a plan to require compliance with the Alzheimer’s Disease and Related Dementias Care Act by all entities providing housing and services to persons with Alzheimer’s disease and other dementias.  
• Phase in, by 2012, compliance with the Alzheimer’s Disease and Related Dementias Care Act by all entities providing housing and services to persons with Alzheimer’s disease and other dementias.  
• Raise the standards of care for entities providing care and services to any persons with Alzheimer’s disease and other dementias throughout the entity, including but not limited to, entities without Special Care Units, as well as in the Non-Special Care Unit sections of entities with Alzheimer’s Special Care Units. |
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| **Illinois (cont.)** | • Update and revise regulations of the Alzheimer's Special Care Disclosure Act, Subpart U as necessary to include additional criteria to update the standards based upon new research.  
• Require all Departments that license or certify entities with Alzheimer's Special Care Units to standardize the disclosure report required under the Alzheimer's Special Care Disclosure Act.  
• Require that all entities subject to the Alzheimer's Special Care Disclosure Act and state Departments make the disclosure reports available and accessible to current and prospective residents.  
• Require all Departments to make this information available and accessible to the public.  
• Design a structure to review transfers/discharges of persons with Alzheimer's disease and other dementias in Alzheimer's Special Care Units or Centers, and apply more stringent transfer/discharge procedures for all persons with Alzheimer's and other dementias residing in entities subject to the Alzheimer's Special Care Disclosure Act but not in the special unit or center as well as those residing in any licensed or certified residential entity. These entities must demonstrate that staff is trained to provide appropriate behavioral interventions and medications and that these interventions have been tried and have failed prior to the transfer/discharge.  
• Limit the number of days that a person with Alzheimer’s disease and other dementias may be absent from the entity in cases of transfers/discharges for behavioral issues. |
| **Indiana** | • Provide input on Alzheimer's disease and other dementias care issues in health care facilities when the state is updating regulations or developing quality improvement projects.  
• Implement care protocols for emergency care and inter-facility transfers. |
| **Iowa** | • Establish Quality Care measures with system benchmarks for facility- and community-based care for persons with Alzheimer's disease and other dementias. |
| **Kentucky** | • Develop a protocol detailing how to interface with individuals with Alzheimer's and other dementias and their families, which should include appropriate placement care options based on the stages of Alzheimer's and other dementias.  
• Require that all Department staff utilize the protocol as an established Cabinet practice.  
• Advocate for integrated systems of health care and support that are effective for individuals with Alzheimer's disease and other dementias and their families (e.g. disease management strategies, practice guidelines, home- and community-based care, hospice care and chronic care management).  
• Evaluate state regulations on home care, adult day and home health to assure they are “dementia friendly.”  
• Develop a process/protocol to permit persons with dementia to remain in their current living environment despite a change in their condition (e.g. challenging behaviors or other disease symptoms) that under existing regulations might otherwise promote their move to a different level of care. This protocol should ensure that the provider can adequately demonstrate that the person's care needs can be safely and effectively met without the disruption of moving.  
• Develop regulations or a waiver protocol inviting the development of new approaches to facility design that preserve resident safety, recognize the special needs of persons with memory loss, and, pursuant to evidence-based practices, show promise for improving the quality of life.  
• Review overlapping requirements for licenses for personal care homes and assisted living facilities (such as medication management), including oversight, assistance, administration and monitoring; recommend appropriate regulatory changes to accommodate the needs of persons with dementia.  
• Identify and promote wide use of evidence-based practices through the development of an Evidence-Based Practice Guide specific to Alzheimer's care.  
• Identify and explore ways to further evaluate existing evidence-based practices with Kentucky's population.  
• Research and evaluate promising practices across various regions in Kentucky by continuing to explore grant opportunities to provide empirical evidence of nationally recognized evidence-based practices as well as of practices that are already occurring in the state. |
| **Louisiana** |  |
Maine

• Identify and implement existing or emerging best practice residential care models to measure care quality accurately and institute quality improvement tools.
• Evaluate required direct care staff ratios of long-term care settings to ensure the ability to maintain quality person-centered care is achieved.
• Establish or expand initiatives that guide and support facilities in both medical and non-medical quality improvement efforts, including establishing Family Councils to supplement input facilities receive from Resident Councils, and informing families of the opportunity to participate.
• Work with state partners and other stakeholders to collaborate on creation of measurable criteria for defining systems of care for those with dementia. These should be tailored toward specific care settings (primary care practitioners, nursing homes, residential care homes, adult day centers, and other related settings).
• Identify and support existing or emerging best practice models of care coordination between physicians, hospitals, and other providers with long-term facility care providers to reduce errors and/or duplication, improve outcomes, and minimize costly hospital readmissions for those with dementia and/or behavioral health conditions and the challenges transitions can represent.
• Through ongoing awareness and advocacy campaigns, work with family caregivers, professional caregivers, long-term care service providers, other stakeholders, and policy makers to incorporate recommendations into dementia care practices and policies. Develop guidelines for medical homes and community health teams in the assessment, diagnosis, and support of people with dementia and their families.
• Promote strategies to grow, and to improve, the quality of the dementia care workforce.

Maryland

• Develop and implement standards prescribing minimum hours of activity and purposeful living opportunities at day programs and long-term care facilities; and provide training and guidance to home care providers on how to provide opportunities for purposeful living in the home setting across all stages of the disease.
• Determine best standards of practice for safe, secure environments that promote independence and create recommendations around environmental design of non-home care settings.

Massachusetts

• Adopt the dementia care practice recommendations developed by the Alzheimer's Association; take steps to make families, paid caregivers, and all providers more aware of them; and encourage utilization of the standards.
• Create a public recognition program that is compatible with the report card for home and community-based services being developed by the state, to enable consumer choice of provider based on quality.
• Ensure that care management services are dementia-competent by defining quality standards and including those providers in the system of education and certification.
• Develop protocols and best practice standards for care of persons with Alzheimer's, and use these in the training of physicians, nurses, and allied health professionals.
• Include measurement of Alzheimer's care outcomes in the Medicare Multi-Payer Advanced Primary Care Practice (MAPCP) demonstration of the health care home.

Michigan

• Implement dementia care guidelines across all health care settings (such as home health, hospitals, rehabilitation, Department of Motor Vehicles, and long-term care) regarding the management and transition of care for persons with Alzheimer's and other dementias and their families/caregivers.
• Provide meeting opportunities at the annual “Conference on Alzheimer's Disease and Psychiatric Disorders in Older Adults” for continuing discussions of best practices in dementia care among the groups with vested interests.

Minnesota

• Identify guidelines for assessment, diagnosis, and treatment of individuals with dementia to assure appropriate location and level of service.
• Identify appropriate standards of care for behavioral health units that treat those with dementia.
• Advocate for guidelines of inpatient behavioral health services to assure that the models address the specific treatment of individuals with dementia.
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| Montana    | • Study patterns of clinical practices throughout Montana to determine barriers to standards of care in detecting, diagnosing and treating dementia.  
            | • Create and expand the use of small memory care facilities/units for individuals with Alzheimer’s and other dementias who have intractable behavioral issues in an effort to avoid use of the state mental hospital and inpatient behavioral health units. |
| Nebraska   | • Develop a Nebraska Dementia-Friendly Endorsement for quality standards for workforces working directly with Alzheimer’s and other dementia patients. Eligible endorsement could be obtained by hospitals, skilled nursing facilities, assisted living facilities, memory care units, adult day services, and home health and home care providers. |
| Nevada     | • Encourage the Nevada Hospital Association, in collaboration with experts from the Alzheimer’s Association, research, and educational organizations, to develop a care pathway plan for the management of patients with cognitive impairment entering the hospital. Provide incentives and recognition for outstanding facilities that have effectively implemented care pathways. |
| New Hampshire | • Work with governmental agencies, medical associations, medical providers, health and community support providers and insurers to improve screening for dementia, coordination of medical care and referral for community support and services.  
                       | • Develop and implement standards prescribing minimum hours of activity and purposeful living opportunities at day programs, assisted living and long-term care facilities, and provide training and guidance to homecare providers on how to provide opportunities for purposeful living in the home setting across all stages of the disease. |
| New Jersey | • Review all state contracts providing services to older adults to ensure that they include quality measures specific to the capability of caring for individuals with Alzheimer’s disease.  
            | • Provide input on Alzheimer’s and other dementia care issues when regulations are being updated and quality improvement projects are being developed in health care facilities.  
            | • Encourage dementia-informed hospital policies and procedures so that hospitals are prepared to serve individuals with dementia, from emergency room treatment to in-patient hospitalizations.  
            | • Ensure that NJ FamilyCare managed care organizations are able to provide dementia-capable services to meet the needs of their NJ FamilyCare members with Alzheimer’s and other dementias, not only considering older adults but also the younger-onset population. |
| New Mexico | • Every entity engaged in addressing Alzheimer’s disease and other dementias should (1) adopt the National Alzheimer’s Association’s Dementia Care Practices; and (2) develop and implement strategies to embed the practices in all service delivery systems. |
| New York   | • Collaborate with the New York State Family Caregiver Council, overseen by the State Office for the Aging, to develop future recommendations related to health care systems issues for persons with dementia and their families. |
| North Carolina | • Convene a working group to determine the feasibility of developing dementia-specific standards of care and to link facility ratings with value-based payments and/or performance-based incentives for providers/facilities that meet dementia care quality measures.  
<pre><code>                      | • A facility rating system should include the following criteria: (a) provision of approved training at regular intervals for person- and family-centered care for all workers; (b) reporting on dementia-specific standardized quality and outcome measures; (c) achievement of positive outcomes for people with Alzheimer’s disease and other dementias, tailored to individual and family outcome goals using the principles of person-centered care; (d) promoting awareness and use of standardized quality ratings among providers and consumers; (e) implementation of best practices in care transition processes, including engaging families and integrating preferences of the person with dementia in care transition processes, assessing capability to care for family members at home, and providing access to community resources and counseling on financial issues; and (f) utilization of hospital discharge planners and other professionals involved in transitions in developing care transition plans and supporting additional follow-up after discharge. |
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<td>Oklahoma</td>
<td>• Revise Disclosure Form 613 with the Oklahoma Department of Health to include specific information that qualifies the facility as a specialized care facility. Facilities should not be allowed to advertise an Alzheimer’s unit until the disclosure form has been approved designating their unit as such. The form must specify minimum standards that a facility must maintain to be designated as an Alzheimer’s care unit.</td>
</tr>
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</table>
| Oregon     | • Convene a workgroup composed of providers of various settings, advocates, and state-agency staff by December 2012 that would draw upon examples of best practices to develop and adopt quality standards for all long-term care and hospital settings that incorporate person-directed standards and address the common characteristics of people with dementia. These standards and quality measures should address person-directed care and quality of life, as well as other key health and safety areas identified by the work group.  
  • Educate providers, advocates, and state-agency staff on the new quality standards and methods for implementation.  
  • Convene a work group of providers of various settings, advocates, and state-agency staff by December 2012 that would (a) review Oregon’s and other states’ standards and programs that support people with dementia, such as the rules for memory care communities in Oregon; and (b) analyze the level of success of rules for memory care communities adopted in 2011. |
| Pennsylvania | • Encourage uniformity and collaboration in Alzheimer’s disease and other dementias care guidelines across regulating bodies.  
  • Promote the credentialing of care managers to serve individuals with Alzheimer’s disease and their caregivers.  
  • Promote utilization of best practices for care coordination.  
  • Support the development of innovative programs to improve the care of persons with Alzheimer’s and other dementias.  
  • Encourage state-funded grant programs to demonstrate the effectiveness of innovative approaches to the care of persons with Alzheimer’s and other dementias.  
  • Encourage community-specific best practice care models.  
  • Identify regulatory, legal, and reimbursement barriers to the provision of appropriate care for individuals with Alzheimer’s and other dementias.  
  • Conduct a needs assessment to identify strengths, gaps, and barriers to the provision of appropriate care for individuals with Alzheimer’s and other dementias, and disseminate results.  
  • Promote partnerships with not-for-profit hospitals on community assessments conducted every three years to identify gaps and incorporate information on caring for people with Alzheimer’s and other dementias. |
| Puerto Rico | • Develop proposal for reimbursement formula reflective of high-quality care based on best practices and reflective of the necessity for increased provider education.  
  • Establish a statewide accrediting body to serve as an adjunct to the Department of Health, with this new entity offering accreditation to all dementia care settings across the state. Move toward an incentive-based accreditation system that will encourage all dementia care providers to voluntarily obtain and maintain accreditation in lieu of the traditional regulatory compliance process and Department of Health survey system.  
  • Disseminate best practices from ongoing changes being made in the state’s emergency departments and incorporate into future recommendations. |
| Rhode Island | • Partner with the Tennessee Hospital Association and the Tennessee Medical Association to develop protocols for emergency care of persons with dementia.  
  • Partner with the Tennessee Board for Licensing, Health Care Facilities to review current dementia-related regulations, such as the full disclosure regulation, as they are currently implemented and to develop recommendations for additional requirements, if needed. |
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| Tennessee (cont.) | Partner with the Tennessee Department of Health to ensure that providers (nursing home, assisted care living facilities, home health agencies) as well as surveyors have updated and current information on Alzheimer’s and other dementias in order to more accurately evaluate a facility accepting and caring for patients with Alzheimer’s disease and other dementias.  
• Explore current policies, procedures, and incentives concerning evidence-based practices.  
• Compile a list of evidence-based practices that might be appropriate for implementation.  
• Establish Quality Care measures with system benchmarks for facility- and community-based care for persons with Alzheimer’s disease and other dementias, such as the Alzheimer’s Association’s “Standards of Care.”  
• Convene a regular workgroup to address psychological-geriatric needs of those with dementia.  
• Explore minimum guidelines and strategies for improving communication and building stronger relationships between inpatient and outpatient providers. |
| Texas | • Promote the integration of Dementia Care Practice Recommendations for persons with Alzheimer’s disease and other dementias into 250 nursing homes and long-term care facilities.  
• Streamline consumer information on rules and regulations governing assisted living and nursing home facilities providing dementia care in Texas, including by disseminating materials to consumer organizations and their stakeholders. |
| Utah | • Establish mechanisms to coordinate among state and local agencies, government departments, voluntary health organizations, and private long-term care providers to better serve the aging and disabled population. For example, promote cross-training and joint visits by state regulators, and identify more efficient and effective regulatory oversight.  
• Provide regular training to regulators on best practices in dementia care to improve consistency and continuity between settings.  
• Create and disseminate an evidence-based set of guidelines for Alzheimer’s and other dementias disease management to improve evaluation, treatment, care coordination, and follow-up support of the patient. |
| Vermont | • Integrate quality improvement activities for dementia with other chronic disease initiatives such as the Vermont Blueprint for Health.  
• Promote the use of best practices in nursing homes, residential care and assisted living residences, adult day centers, and home health services.  
• Monitor the impact and effectiveness of new initiatives such as the application and effectiveness of new legislation on guardianship.  
• Document and disseminate best practices regarding advanced models of dementia care in primary care, palliative care, and hospice and other end-of-life care services.  
• Develop staffing resources for a dementia quality initiative in collaboration with the Vermont Program for Quality in Health Care.  
• Develop measurable criteria for defining dementia-informed systems of care. These definitions may be tailored for a variety of care providers; for example: primary care practitioners, nursing homes, residential care homes, adult day centers, and home health agencies.  
• Define and disseminate existing knowledge regarding evaluation of nursing home culture change that reflects a dementia-informed long-term care setting.  
• Promote small demonstration or pilot projects regarding nursing facility culture change. Such projects should demonstrate ability to meet expected outcomes of culture change.  
• Develop dementia-informed hospital policies and procedures so that hospitals are well prepared to serve people with dementia who require inpatient stays.  
• Reevaluate the original mission of programs such as the elder care clinician, developmental services, crisis services, and adult outpatient/community rehabilitation. Build expertise within each system to ensure dementia-informed service delivery and to expand program capacity. |
| Virginia | • Review the overlapping requirements for the licensing of residential facilities, assisted living facilities, and skilled nursing facilities to further clarify the different level of services.  
• Develop or collect and implement, with appropriate stakeholders, evidence-based protocols for appropriate interaction with individuals with Alzheimer’s and other dementias and their families and loved ones. |
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| Washington | • Assess barriers and best practices for individuals and families living with younger-onset Alzheimer’s and develop strategies to enhance support.  
• Convene an expert panel to identify and endorse a set of evidence-based standards for diagnosis, treatment, supportive care and advance planning for people with dementia.  
• Identify and endorse a framework for dementia care that would include evidence-based practice standards and meet the needs of persons with dementia, their care partners, and clinicians.  
• Partner with organizations such as the Washington Healthcare Improvement Network (WHIN), practice transformation initiatives, and/or clinical associations to disseminate evidence-based guidelines across the state.  
• Endorse a set of dementia-specific performance metrics for the individual with dementia and their care partner to drive improvements in care practice.  
• Promote the use of value-based reimbursement by employer groups and public/private health plans for clinics showing improvement in dementia care outcomes-based performance metrics.  
• Convene a workgroup to define and promote dementia care quality standards and outcome measures for Washington long-term care settings, to include standards for settings advertising themselves as “memory care” and/or “specialized dementia care”.  
• Promote the inclusion of endorsed dementia related metrics within measurement sets of health systems and health reform efforts such as the Healthier Washington Practice Transformation work.  
• Identify and disseminate guidelines/protocols for care coordinators and clinic-based health navigators in working with individuals with dementia.  
• Request and encourage the Dr. Robert Bree Collaborative to address cognitive impairment and dementia care. |
| West Virginia | • Require that quality-of-care research be conducted on all state-funded services that target people with Alzheimer’s and their caregivers. |
| Wisconsin   | • Disseminate information on promising dementia care practices, including by (1) creating access to best and promising practices developed by facilities; (2) promoting best and promising practices through regional training and information sharing workshops for facilities, trade associations, counties, tribes, advocates, and Department of Health Services staff; (3) providing technical assistance and mentorship opportunities; and (4) exploring options for continued support for the Wisconsin Clinical Resource Center and the Wisconsin Coalition for Collaborative Excellence in Assisted Living.  
• Explore incentives for facilities that adopt best or promising practices and show positive outcomes by (1) identifying possible financial incentives through the Medicaid fee-for-service rate-setting methodology for nursing home reimbursement; and (2) encouraging managed care organizations to include dementia care expectations in contracts with nursing homes and assure that acuity-based rates with assisted living facilities adequately address issues of dementia-capable care.  
• Promote adoption of voluntary standards for dementia care.  
• Research existing standards and best and promising practices.  
• Develop dementia care standards and a voluntary assurance program for facilities and home care agencies, including by (1) determining standards for facilities and providers; (2) developing standards based on the type of provider or facility, the type and level of dementia care provided, and the acuity of the people served; (3) creating and implementing a process for providers to attest to their compliance with applicable dementia care standards; and (4) disseminating information regarding the standards and assurance process.  
• Encourage managed care organizations to contract with providers that follow the dementia care standards.  
• Develop provider classifications relating to the dementia care services provided and acuity of the population served.  
• Conduct a statewide inventory of dementia care facilities and services based on the level of dementia care they provide. |
| Wisconsin (cont.) | • Provide consumers with information about dementia care providers.  
• Explore financial incentives for providers that comply with staff training and other dementia care standards, including by (1) identifying possible financial incentives for high-quality dementia care through the Medicaid fee-for-service rate setting methodology for nursing home reimbursement; and (2) encouraging managed care organizations to build dementia care expectations and incentives into their contracts with nursing homes, assisted living facilities, and community-based providers. |
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

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<th>State</th>
<th>Recommendations</th>
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<tr>
<td>Alabama</td>
<td>• Explore Telehealth as a means to provide education and support to Alabama’s undeserved regions, and collaborate with state centers of higher education, the Alabama Partnership for Telehealth, the Department of Public Health, Medicaid Agency, and other stakeholders.</td>
</tr>
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| Alaska         | • 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        | • 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     | • 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       | • 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.                                                                                                                                                                                                                      |
| Georgia        | • 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.                                                                                                                                                                                                                      |
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<td>Hawaii</td>
<td>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.</td>
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<td>Florida</td>
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<td>Idaho</td>
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<td>Illinois</td>
<td>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.</td>
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<td>Indiana</td>
<td>Expand the capacity of the health care system by increasing funding to meet the growing number of individuals diagnosed with Alzheimer's.</td>
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<td>Iowa</td>
<td>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.</td>
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<td>Kentucky</td>
<td>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.</td>
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<td>Kentucky</td>
<td>Require mental health parity.</td>
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<td>Kentucky</td>
<td>Explore changes in the certificate-of-need requirements in order to foster expansions of Alzheimer's and other dementias-specific services.</td>
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<td>Louisiana</td>
<td>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.</td>
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<tr>
<td>Louisiana</td>
<td>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.</td>
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<tr>
<td>Louisiana</td>
<td>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.</td>
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<td>Louisiana</td>
<td>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.</td>
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<td>Maine</td>
<td>- 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.&lt;br&gt;- 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.&lt;br&gt;- 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.&lt;br&gt;- Support, fund, and promote the expansion of increased access to geriatric and neuropsychiatric care through telemedicine, video conferencing, and internet-based consultation.&lt;br&gt;- Support reimbursement models to enable a greater role for advanced nurse practitioners.</td>
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<td>Maryland</td>
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<td>Massachusetts</td>
<td>- Develop mid- and long-range goals for the expansion of private and public funding sources for services for people with Alzheimer's disease.&lt;br&gt;- Assess availability of medical and social services, and increase availability of those services, as funding permits.</td>
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<td>Michigan</td>
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<td>Minnesota</td>
<td>- 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.&lt;br&gt;- Create “action kits” for communities that help them assess their status and progress toward developing these key elements.</td>
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<td>Mississippi</td>
<td>- 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.&lt;br&gt;- Identify locations and services of current health care providers and gaps in accessibility to dementia care.</td>
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<td>Missouri</td>
<td>- 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.&lt;br&gt;- Improve access to specialty providers such as psychiatric, geriatric, and palliative care physicians across the state using telehealth services.&lt;br&gt;- 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.</td>
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<td>Montana</td>
<td>- Identify barriers to administer telehealth mental services and cognitive assessments in rural Nebraska.&lt;br&gt;- Help recommend additional locations to administer telehealth mental services and geriatric cognitive assessments in rural Nebraska.&lt;br&gt;- 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.</td>
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<td>Nebraska</td>
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| Nevada              | • 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       | • Expand available services across New Hampshire with attention to rural and currently underserved areas, as funding permits.                                                                                     |
| New Jersey          | • 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      | • 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            | • 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              | • 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        | • 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. |
<p>| Puerto Rico         | • 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. |
| Rhode Island        |                                                                                                                                                                                                             |</p>
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| South Carolina | • 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  | • 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      | • 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. |
| Utah       | • 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. |
| Vermont    | • Create a network of memory disorder clinics that use an interdisciplinary team approach to assess and treat persons with dementia. |
| Virginia   | • 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. |
## TRAINING

*Recommendations to better equip health care professionals and others to deal with individuals with Alzheimer's*

| Alabama | • Expand the Dementia Education and Training Act (DETA) website by making it a centralized portal for educational and support resources for all stakeholders, including lay caregivers, long-term care staff, first responders and emergency personnel, nursing staff in hospitals, physicians, and other providers. It should make use of webinars, podcasts, SlideShare and other technologies for the dissemination of information. Work with accrediting agencies to make CME and CEU credits available for successful completion of online educational programs.  
• The legislature should provide additional funding for DETA with the goal on updating and upgrading the dementia training for all hospital and nursing home staff.  
• The legislature should require all nursing home employees who provide direct patient care to successfully complete a DETA training course in the understanding of dementia and care of persons with dementia.  
• Expand the Dementia Education Training Program by: (a) adding additional staff as needed, such as for updating materials, hosting a website, training the trainers, etc.; (b) giving a refresher course with updates to existing trainers (many of the existing trainers have been active community Alzheimer's disease advocates and could offer suggestions and feedback about how to best use available resources to craft the states' Alzheimer's disease educational program); additional trainers should be included in the network to provide community training and to ensure coverage across the state; (c) working with local support group leaders, Alzheimer's disease advocates, and others to develop a guide to explain Alzheimer's disease and other dementias care, local services, and eligibility requirements; (training and resources like the Hand in Hand program offered by the Alabama Quality Assurance Foundation and the Red Cross could be utilized); DETA trainers should be able to assist dementia caregivers who are seeking information on disease course and symptoms, where to go for diagnosis and care, services provided by the Department of Senior Services (such as Meals on Wheels, Alabama Cares, Senior Rx), basic legal and financial issues, research opportunities, support groups, community resources (such as home health, adult day care centers, assisted living facilities and specialty care assisted living, nursing homes), mental health services for patients with behavioral issues, veteran's benefits, hospice care, protective services through the Department of Human Resources (to prevent, detect, and remedy abuse, neglect, and exploitation), and website links and contact numbers.  
• Develop dementia training programs for all first responders, including Adult Protective Services staff and law enforcement staff, to enable them to better assess an individual's capacity to protect themselves. |

| Alaska | • Ensure training to local police departments, Alaska State Troopers and Village Public Safety Officers to provide appropriate emergency response services to people with Alzheimer's and other dementias.  
• Provide training in dementia care for primary care and behavioral health providers in Alaska.  
• Integrate dementia care training in the Alaska Family Medicine Residency and University of Alaska Family and Psychiatric Nurse Practitioner program.  
• Reduce harmful over prescription of antipsychotic medication as a chemical restraint and intervention through increased training and outreach to primary care providers.  
• Integrate dementia care training into training of personal care assistants, certified nurse assistants, and certified medical assistant training.  
• Increase options for flexible training opportunities such as online, distance, or weekend programs.  
• Emphasize activity techniques and skills, such as music, movement and humor when working with individuals with Alzheimer's and other dementias. |
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| Alaska (cont.) | • Expand training for certified nursing assistants and registered nurses in rural areas through vocational training centers, skilled nursing facilities, the University of Alaska system and school districts.  
  • Develop dementia components in gerontology training at the University of Alaska.  
  • Increase dementia care training across the continuum of care and in complementary fields such as police, emergency services, finance, justice system, nursing, dental, optometry, social work and mental health.  
  • Cross-train providers who serve people with Intellectual and Developmental Disabilities, mental health disorders or Traumatic Brain Injury to prepare for these populations aging with increased risk factors for Alzheimer’s and other dementias.  
  • Make dementia training available at conferences and symposia of related fields.  
  • Educate health professionals and employers about Alzheimer’s and other dementias and needs of caregivers, using a peer-to-peer model. |
| Arizona | • Integrate Alzheimer’s disease awareness training into existing urban and rural public health and community health centers for related chronic diseases.  
  • Engage community gatekeepers, including first responders, pharmacy staff, bank tellers, and utility workers, through training on how to help people with dementia.  
  • Expand quality educational trainings throughout the state of Arizona to include urban and rural communities for people with Alzheimer’s disease and their caregivers.  
  • Support certification, licensure, and degree programs for those working with older adults and people with Alzheimer’s disease and their caregivers.  
  • Partner with licensing and certification boards to recommend continuing education on Alzheimer’s and related dementias as a condition of license renewal for doctors, nurses, and other health professionals.  
  • Recommend competency-based training based on the “Principles of Caregiving – Arizona Direct Care Curriculum – Alzheimer’s Disease and Related Disorders Module.”  
  • Encourage comprehensive Alzheimer’s disease and related disorders training to first responders, law enforcement, EMTs, fire fighters, emergency preparedness, and search and rescue officials.  
  • Promote dementia training for individuals who serve the public, such as mail carriers, meter readers, and meals on wheels volunteers.  
  • Develop new and refine existing training materials for information and referral staff in service agencies.  
  • Develop and disseminate dementia-specific curriculum and training programs tailored to health and human service professionals.  
  • Partner with educational institutions at all levels to infuse Alzheimer’s disease information into health-related curricula.  
  • Coordinate and conduct Alzheimer’s disease and other dementias training within all of the AZ Links Regional Partnerships, focusing on the developmental disabilities support system and centers for independent living statewide.  
  • Ensure that people living with Alzheimer’s disease and their caregivers have access to skill training regardless of where in the state they live. |
| Arkansas | • Integrate a basic level of dementia sensitivity and disease education for all trainees in health-related fields at the student and residency level.  
  • Partner with licensing boards to mandate continuing education on Alzheimer’s and other dementias as a condition of license renewal for doctors, nurses, and other health professionals.  
  • Protect and promote the 10 California Alzheimer’s Disease Centers as a training resource for community providers and licensed health professionals.  
  • Mandate competency-based training for employees in specific settings (e.g. hospitals, nursing homes, home care workers, first responders), recognizing there are different strategies for different settings, levels of skill, and licensure. |
| California (cont.) | • Provide guidance on the new Medicare Annual Wellness Visit, which includes detection of possible cognitive impairment.  
• Explore/endorse/disseminate dementia-specific curriculum/training programs, tailored to primary care physicians, internists, general practitioners, physician assistants, and nurse practitioners.  
• Educate clinicians on the criteria needed to refer and qualify a patient for hospice care.  
• Provide regular training to regulators on best practices in dementia care to improve consistency and continuity between settings.  
• Offer specialized dementia training to mobility managers in each Area Agency on Aging. |
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| Colorado | • Create a state certification in dementia care for facilities, agencies, and individuals licensed and monitored by the Colorado Department of Health and the Environment and the state health professions’ licensing boards.  
• Apply for a federal grant to create at least one new Geriatric Education Center in Colorado.  
• Launch a campaign encouraging individuals and organizations to apply for grants under national health reform to increase educational programs and the number of individuals who are competent to work with older adults who need supportive services, with a focus on those with dementia.  
• Encourage and enhance adequate training for first responders about medical and behavioral issues related to Alzheimer’s disease and other dementias when responding to an emergency involving these individuals. |
| Connecticut | • Develop a bank reporting project that includes bank reporting training programs. Bank employees should be trained about potential red flags that indicate suspicious activity. Banks should have immunity after reporting and addressing suspicious activity.  
• Geriatric care managers or companies that offer case management services must have dementia core competency training.  
• Improve continuing education efforts to health care providers to recognize signs of dementia and the importance of counseling to individuals and their care partners.  
• Require residential care homes, assisted living facilities, adult congregate living facilities, adult day care centers, hospice, home health agencies, and homemaker/companion agencies to provide dementia-specific education to staff upon hire and annually thereafter.  
• Amend educational and licensure regulations for nursing home administrators to include a course in dementia.  
• Revise state law to require all staff of chronic and convalescent nursing homes and rest homes with nursing supervision to receive dementia-specific education upon hire and annually thereafter. Education and training shall be provided by a subject matter expert or a person who has received dementia training from an accredited body of knowledge such as the Alzheimer’s Association or the National Council of Dementia Practitioners through a “Train the Trainer” program. This individual must meet the annual requirements for re-certification as stated in the training program.  
• Revise state law to require that dementia-specific training on pain recognition and management be completed within 120 days of hire, rather than 6 months, for nursing home facility staff. This education and training shall be provided by a subject matter expert or a person who has received dementia training from an accredited body of knowledge such as the Alzheimer’s Association or the National Council of Dementia Practitioners through a “Train the Trainer” program. This individual must meet the annual requirements for re-certification as stated in the training program.  
• Create a system of “tiered” education to meet the workforce needs. These levels of education should correlate to the level and degree of connection that the care provider has to the person with dementia. The groups in need of this training include professional licensed and registered direct care workers across the continuum of care; professional licensed and registered indirect care workers across the continuum of care; unlicensed, unregistered direct care workers; unlicensed, unregistered indirect care workers across the continuum of care; and community providers and vendors.  
• Collaborate with professional and trade associations to develop an Alzheimer’s disease and other dementias education program using continuing education credits for health care professionals, including physicians, nurses, social workers, administrators, care managers, transition coordinators, and pharmacists. |
| Connecticu (cont.) | • Encourage utilization of resources and standardized dementia trainings for the home- and community-based direct care workforce, family members, and unpaid caregivers. Develop an affordable “train the trainer” dementia course based on the existing Alzheimer’s Association caregiver support group leaders’ training. Develop a model similar to the American Red Cross’ CPR training program, whereby trained educators could then offer accessible and affordable dementia education to caregivers or others in the community.  
• Increase connectivity and training opportunities for the home- and community-based direct care workforce by utilizing emerging high-tech training and education models.  
• Require mandatory dementia-specific training for hospital emergency room staff, including nurses, physicians, and medical technicians.  
• Integrate and continue basic-level dementia training and education for public safety responders, long-term care ombudsmen, protective service employees, probate judges, and court personnel. Expand annual missing persons police force training to include dementia education.  
• Encourage a basic level of dementia education for conservators and other fiduciaries responsible for the care of those no longer capable of managing their person or affairs, such as trustees and powers of attorney.  
• Integrate dementia education in curriculum and residencies at Connecticut’s medical universities. |
| Delaware | • Provide training in Alzheimer’s disease and other dementias to case managers in the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), to call center staff at the Aging and Disability Resource Center, and to front-line staff across the aging and disability network.  
• Provide ongoing training on resources available for caregivers to Aging and Disability Resource Center call staff, Options Counselors, and other information and referral specialists.  
• Coordinate with professional societies and other organizations to create and implement strategies to maximize the dissemination of appropriate continuing education on Alzheimer’s disease for physicians, nurses, and other health care professionals.  
• Establish and/or strengthen, as appropriate, dementia-specific training for all staff of any state-licensed entity in the health care continuum that serves individuals with Alzheimer’s disease and other dementias, including, but not limited to, nursing homes, acute care facilities, community residential care facilities, home health agencies, hospice, or adult day care programs.  
• Incorporate specific needs of ethnically diverse population groups into existing and emerging training programs for health care and social services providers, with attention across the continuum of care.  
• Develop strategies to train professionals who provide services to persons with mental illness and developmental disabilities to recognize and address Alzheimer's disease within their consumer populations.  
• Partner with a geriatric education center to provide increased Alzheimer's disease related training to primary care providers serving areas in Delaware with larger numbers of older residents.  
• Partner with the Alzheimer’s Association and others to provide comprehensive Alzheimer’s dementia training to first responders, law enforcement, EMTs, fire fighters, emergency preparedness, and search and rescue officials, and others.  
• Increase the spectrum of educational resources available on Alzheimer’s disease for health care and social service professionals through clearinghouse development, website links on online continuing education-related training/resources for professional licensure requirements, and coordination with service-providing agencies/facilities required to provide dementia-specific training.  
• Establish a formal network of providers of Alzheimer’s training in Delaware to increase the availability of quality continuing education and other training on Alzheimer’s disease and to serve as consultants on the ongoing development and/or refinement of competency-based models of Alzheimer’s training. |
| District of Columbia | • Provide face-to-face and online training to hospital and nursing home staff, first responders, home care providers, senior housing staff, federal/local agencies, and transportation services through collaboration with the lead agencies of the DC Office on Aging and other local agencies.  
• Establish a certification to enhance training requirements including a competency component about Alzheimer’s disease and other dementias for clinical/licensed professionals, direct care providers, state agency staff, first responders, caregivers, guardians, and conservators.  
• Collaborate with government agencies and community partners to provide workforce training and assist in planning the Dementia/Alzheimer’s Symposium for professionals. The citywide symposium will provide information on current research, promising practices, and pertinent issues related to the care of individuals with Alzheimer’s and other dementias as well as their caregivers.  
• Establish partnerships with institutions of higher education to increase the network of Alzheimer’s disease care specialists by including training in post-graduate Alzheimer’s disease programs for nursing, medicine, psychiatry, neurology, psychology, social work, pharmacy, gerontology, and related disciplines. |
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| Florida | • Standardize training for law enforcement, including recognizing signs of persons with Alzheimer’s disease and other dementias, communicating with persons with the disease, identifying different behaviors, offering Baker Act alternatives, understanding wandering behavior, and knowing local resources.  
• Update dementia-specific training requirements for employees in care settings. |
| Georgia | • Make training programs available for all faith- and community-based organizations.  
• Develop protocols and a corresponding training module to help ensure professionals recognize the role of care partners in the care coordination of persons with dementia.  
• Increase awareness among health care professionals about care partner health and its importance in maintaining the health and safety of the person with dementia.  
• Develop and implement an evidence-based training curriculum and implementation strategies for targeted audiences (e.g., Department of Behavioral Health and Developmental Disabilities, Office of the State Inspector General, Georgia Bureau of Investigation).  
• Require training for all state staff associated with any of the Medicaid and non-Medicaid home- and community-based waivers, as well as training for primary and secondary contract staff who have a primary role of interacting with older adults, their family, or caregivers.  
• Support voluntary certification, licensure, and degree programs that encourage working with older adults and persons with Alzheimer’s disease and other dementias.  
• Include a basic level of information on older adults, aging, and dementia in all health-related fields that require licensing and certification.  
• Partner with licensing boards to cultivate continuing education on aging and chronic disease topics including Alzheimer’s and other dementias for health and allied health care providers.  
• In partnership with the State Plan Task Force member agencies and academic institutions, create an open-source web-based basic training curriculum for entities and individuals desiring to provide dementia-capable services (skilled nursing, adult day health, home care, hospital, personal care home). Create an electronic system of verifying and tracking basic certification.  
• Create and/or support continuing education efforts that improve health care providers’ ability to recognize early signs of dementia.  
• Dementia care management competencies must be developed and taught in medical schools, academic health centers and allied health professional education and also extended to the full range of helping professions, including those working in the aging services network.  
• Develop 30-60 hour competency-based, dementia-specific core training or standardized training across the direct-care workforce, regardless of setting.  
• Develop a specific track on dementia and dementia-related diseases for medical students and residents.  
• Universities and colleges throughout Georgia, including public entities governed by the Board of Regents and the Technical College System of Georgia, should evaluate existing social, health, and allied health curriculums to ensure adequate basic information is provided on an aging population and Alzheimer’s disease and other dementias. |
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| Georgia (cont.) | • Work with affiliated statewide associations on the development of dementia-specific training for emergency room staff, including nurses, physicians, and related professionals such as radiologists.  
  • Ensure that emergency care providers understand the role and partnership of the care partner in the emergency care of the person with dementia.  
  • Evaluate opportunities for advanced training in geriatrics, dementia, behavioral health, and related topics.  
  • Work with professional licensing and certification entities to require dementia-specific training in relevant licensing, certification, and continuing education initiatives for health care providers, including but not limited to nurses, certified nursing assistants, physicians not specializing in geriatrics, emergency room staff, emergency medical technicians, rehabilitation therapists, dentists, clergy and chaplains, etc.  
  • Train facility staff to view behavioral “problems” as behavioral expressions that are a way for a person with dementia to communicate. Train care providers to identify the root cause of behavioral expression and then address the cause through an individualized approach focusing on the strengths and preferences of the individual, one that may incorporate social interaction, music, pets, solitude, spiritual practices, beneficial touch such as massage, and awareness of lighting and noise.  
  • For volunteers working in settings that involve interaction with people with dementia, appropriate training should be readily available and promoted. These volunteers could include those involved with Meals on Wheels, day centers, senior centers, faith-based programs, long-term care facilities, or hospitals.  
  • Develop a website for law enforcement and first responders that contains training modules related to dementia.  
  • Provide training modeled after the “Dementia Friends” program in Japan and the United Kingdom. Use a one-hour education program on dementia similar to Red Cross training on first aid and CPR to prepare individuals, organizations, and businesses to be dementia friendly.  
  • Train the community on person-centered concepts and practices in planning and service delivery. |
| Hawaii    | • Build a workforce with the skills to provide high quality care for people with Alzheimer’s disease and other dementias by providing continuing training for health care professionals on high quality standards and measures for dementia care – including a unified Alzheimer’s and other dementias curriculum for primary care physicians designed to enhance assessment, diagnosis, and care at all stages of the disease. |
| Idaho     | • Develop and implement a statewide Alzheimer’s disease and other dementias education program using continuing education credits for health care professionals, including physicians, nurses, social workers, pharmacists, etc.  
  • Promote existing professional and lay caregiver training programs.  
  • Develop and promote geriatric-centered curricula for students pursuing health care careers.  
  • Work with industry trade groups to provide additional, standardized Alzheimer’s and other dementias training for institutional and home-based professional caregivers |
| Illinois  | • Establish, initiate, and require basic, specialized, and periodic education and training, as appropriate, for persons throughout the state whose responsibilities make it likely that they may come into contact with persons with Alzheimer’s disease and other dementias. |
| Indiana   | • Provide free or low-cost online e-learning modules for health care providers on Alzheimer’s disease and other dementias care.  
  • Improve professional medical education on Alzheimer’s disease and other dementias.  
  • Improve training standards for health care providers on Alzheimer’s and other dementias.  
  • Establish collaboration among the Alzheimer’s Association, Indiana Department of Homeland Security, and Indiana Law Enforcement Academy to offer statewide dementia-specific training (basic and continuing education) to first responders such as emergency medical services, firefighters, law enforcement officers, dispatchers, search and rescue, and Homeland Security. |
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| Iowa  | - Increase and enhance training and education requirements about Alzheimer’s disease and other dementias for all direct care employees, including, but not limited to, long-term care settings, assisted living, elder group homes, residential care, adult day facilities, and home health care.  
- Establish or broaden the number of hours for training for direct care staff to a minimum of 8 hours classroom instruction and a minimum of 8 hours of supervised interactive experience.  
- Establish or broaden the number of continuing education/in-service hours for direct care workers on the topic of Alzheimer’s disease and other dementias to a minimum of 8 hours annually.  
- Add a competency component following Alzheimer’s disease and other dementias training.  
- Establish a standard curriculum model that includes the diagnostic process, progression of the disease, communication skills (with the diagnosed individual, family, friends, and caregivers), family stress and challenges, nutrition and dining information, activities, daily life skills, caregiver stress, the importance of building relationships and understanding personal history, expected challenging behaviors and non-pharmacologic interventions, and medication management.  
- Broaden the spectrum of people who are required to receive training specific to dementia to those who work in direct contact with people diagnosed with the disease, including administrators, directors, dietary staff, administrative and management staff, hospital direct care staff, state employees with responsibility for long-term care oversight/monitoring, and ombudsmen.  
- Create an optional specialized certification for health/human services professionals to provide quality care and improve the quality of life for people with Alzheimer’s and other dementias.  
- Increase the spectrum of educational resources available by using on-line courses and community colleges, and make subsidized educational opportunities available for those wishing to specialize in this field. |
| Kentucky | - Identify specific training resources for targeted audiences across the state.  
- Develop relationships with policy and community partners to develop and implement training for, but not limited to, bankers, attorneys, policy, and emergency personnel.  
- Develop and implement an evidence-based training curriculum and implementation strategies for targeted audiences (i.e. Department for Mental Health and Mental Retardation, Office of Inspector General surveyors, Comprehensive Care Centers, family caregivers, etc.).  
- Develop and implement an evidence-based training curriculum and implementation strategies for long-term care facilities.  
- Require mandatory dementia-specific training as part of the Department of Criminal Justice Training yearly in-service training for emergency personnel (e.g. firefighters, emergency medical technicians, police officers).  
- Require mandatory dementia-specific training for emergency room staff including nurses, physicians and related-services technicians such as radiology.  
- Increase training for state adult protective services workers on Alzheimer’s and other dementias.  
- Require training for providers and state staff associated with any of the Medicaid home- and community-based waivers.  
- Develop a portable certification program for para-professional direct caregivers with standardized content designed to enhance their understanding of memory impairment and their performance in caring for individuals with Alzheimer’s and other dementias.  
- Work with the universities to develop specific training options, including: (1) optimal training content standards for licensed health professionals (target Kentucky’s professional schools to integrate it into the curriculum); and (2) a specific track on Alzheimer’s disease and other dementias for medical students and residents.  
- Explore changes needed to support the purchase and provision of evidence-based practice training and education.  
- Require and provide training and the subsequent provision of evidence-based practices in programs and services supported by state funds.  
- Provide training on a newly-developed protocol regarding interfacing with individuals with Alzheimer’s and other dementias to staff within the Cabinet for Health and Family Services, including adult protective services workers, guardianship/social workers, and staff from the Office of Inspector General and the Department for Mental Health and Mental Retardation. |
| Louisiana | • Extend dementia-specific training requirements to include all licensed and unlicensed providers serving persons who may have Alzheimer’s disease and other dementias.  
• Work with universities and other professional schools to develop dementia-specific training and recruitment options, such as: (1) optimal training content standards for licensed health professional integrated into curricula relevant to Alzheimer’s and other dementias; (2) creation of a program to recruit and train geriatric psychiatrists, geriatricians, advanced practice nurses, and other geriatric specialists; (3) residencies or fellowships for geriatric specialists; and (4) a specific academic track for medical students, residents, and others who do not specialize in geriatrics.  
• Work with professional licensing and certification entities to require dementia-specific training in relevant licensing, certification, and continuing education initiatives for providers such as nurses, certified nursing assistants, physicians not specializing in geriatrics, occupational therapists, physical therapists, dentists, etc.  
• Promote the enhancement of initial and continuing training requirements for first responders (including law enforcement personnel, fire fighters, the Louisiana National Guard, emergency medical personnel, and search and rescue organizations), appropriate to their functions, to address the needs of persons with dementia who may exhibit difficult or dangerous behaviors.  
• Ensure that plans implemented by the Emergency Management Disability and Aging Coalition include dementia-specific training for workers in general shelters and those staffing critical transportation-needs shelters. |
| Maine | • Develop training pre-service and in-service curricula related to dementia and cognitive health for continuing professional education of health and human services professionals.  
• Encourage and enhance adequate training for first responders about medical and behavioral issues related to Alzheimer’s disease and other dementias when responding to an emergency involving these individuals.  
• Continue to partner with appropriate state agencies and professional medical associations to develop approaches and curricula surrounding continuing medical education regarding Alzheimer’s disease and other dementias and management of safety risks.  
• Identify and implement existing or emerging best practice competency-based models for training long-term care facility staff to provide quality dementia care in assisted living, nursing homes, and dementia units.  
• Evaluate and enhance current state policies regulating licensing/certification, both pre-employment and continuing education requirements, for the long-term care facility workforce, including identifying and implementing competency-based evaluation requirements for personal care attendants, CNAs, LPNs, RNs, and others who are care providers.  
• Dementia care management competencies should be taught in medical schools, academic health centers, and allied health professional education, and to helping professionals.  
• Require the inclusion of education about Alzheimer’s and other dementias in the training curriculum and continuing education requirements of physicians; nurses, health, social service, and allied health professionals who serve this population.  
• Provide education, training, and technical support to practicing primary care practitioners, specialists, and other professionals to facilitate adoption of best-practice dementia detection, treatment, and management in their practices.  
• Ensure that training and technical assistance includes a focus on assisting the practice of integrating activities that are appropriate for those with dementia into the practice system of care, including training of best practices in dementia care as it related to primary care, hospital care, palliative care, hospice, and other end-of-life care services.  
• Work with state partners and other stakeholders to collaborate on the creation of employer-supported dementia awareness and caregiver training.  
• Identify and implement existing or emerging competency-based trainings and evaluations to measure competency of professional caregivers based on quality dementia care best practices. Ensure that providers and consumers are informed of training that is required and available.  
• Ensure that any related educational and training materials or support that result from the federal Partnerships for Patients initiative are implemented in Maine. |
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| Maryland   | • Include information and education about dementia (including best practices and guidelines on dementia care) and the needs of individuals with dementia, in the training of all professions who are involved in their care and treatment.  
• Consider requiring continuing education about dementia as part of professional licensure, certification, and other similar renewal requirements. |
| Massachusetts | • Work with health and supportive care providers, including but not limited to home care agencies and hospice agencies as well as elder law attorneys and area businesses to develop dementia-specific trainings for professionals.  
• Continue to work with appropriate state agencies and professional medical associations to develop approaches and curricula surrounding continuing medical education regarding Alzheimer's and management of safety risks.  
• Determine and develop curricula for multiple service areas (skilled nursing, adult day health, home care, hospital, rehabilitation, etc.) and qualifications for trainers.  
• Deliver training to staff in all care settings.  
• Create a new system to allow portability of training across facilities as staff change jobs.  
• Develop strategies to train professionals working with consumers with mental illness and developmental disabilities to recognize and address Alzheimer's within their consumer populations. |
| Michigan   | • Promote use of Primary Care Dementia Network education modules.  
• Support a dementia component of the Geriatric Education Center of Michigan inter-disciplinary community geriatric team outreach and education project in eight communities.  
• Help plan the dementia conference day of the annual Issues on Aging Conference.  
• Continue to provide quarterly newsletters with network updates, dementia news, and information about dementia resource materials.  
• Expand educational outreach to local health departments, medical professional associations, and Medicaid managed care organizations. |
| Minnesota  | • Create a flexible curriculum for caregiver education based on the dementia care practice recommendations and on existing best practices, which can be applied in multiple settings and formats for both paid and unpaid caregivers.  
• Include a system of certification and incentive-based options or rewards for dementia competency, including dementia care that is culturally competent.  
• Mandate the inclusion of information on Alzheimer's and other dementias in the training curriculum and continuing education requirements of physicians, nurses, and allied health professionals who serve older persons. These courses should include early detection and diagnosis of cognitive impairment, dementia care interventions, and management of the disease.  
• Develop and teach dementia care management competencies in medical schools, academic health centers, and allied health professional education as well as to the full range of helping professionals, family care partners, and community agency partners. |
| Mississippi | • Determine the target audience for dementia programs such as professionals, caregivers, law enforcement, clergy, and teachers.  
• Investigate and identify currently available education and training programs on dementia care.  
• Collaborate and coordinate with other entities to modify or establish state specific education programs to insure inclusion and focus on dementia care.  
• Coordinate with key strategic partners to disseminate health care professional information packets and training on dementia care to licensed providers.  
• Update licensed providers on the latest research and science of neurocognitive disorders.  
• Create collateral materials to distribute to providers, health departments, and pharmacists regarding available dementia care resources and “need to know” information including the Medicare Annual Wellness visit for dementia assessments.  
• Develop and implement continuing education programs that improve the ability of health care providers to: (1) promote brain health; (2) recognize early signs and symptoms of Alzheimer’s and other dementias utilizing brain health assessment tools in a variety of clinical settings; and (3) provide guidance to patients and families on where to seek treatment and support. |
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| Missouri  | • Review current dementia training requirements and make recommendations designed to strengthen the delivery of quality dementia services across the care continuum, including appropriate behavioral interventions and medications.  
• Advocate for including accredited dementia training for the career ladder workforce  
• Recommend ongoing in-service training on Alzheimer’s disease and other dementias for first responders through programs such as Missouri Peace Officer Standards and Training. |
| Montana   | • Increase training of health care providers. Work in conjunction with professional organizations to develop educational requirements on dementia. This includes recognizing the signs of dementia in order to feel comfortable talking with individuals and families about memory issues and diagnosing dementia.  
• Educate health care providers on community Alzheimer’s resources and encourage referral of individuals and families to those resources early and throughout the disease process.  
• Require training that educates law enforcement and other first responders on the best practice methods of interacting with people with Alzheimer’s and other dementias. Integrate this training into the current Crisis Intervention Training (CIT) program.  
• Ensure facility staff receive dementia-specific training and are competent in person-centered interventions in caring for individuals with Alzheimer’s and other dementias, and are trained in non-pharmacological treatment of behavioral issues.  
• Educate health care providers on the importance of having open and honest conversations with individuals with Alzheimer’s and other dementias and family members/caregivers regarding prognosis in severe dementia, and encourage providers to assist families and caregivers to make compassionate choices.  
• Train healthcare providers to design individualized dementia care plans. |
| Nebraska  | • Promote and direct informal/unpaid caregivers to free training options.  
• Investigate and recommend dementia training tools for direct workforce training.  
• First responders’ dementia-training for all Nebraska first responders including police, fire, and EMTs.  
• Dementia training for other public-facing state and city employees in Nebraska that may interact with people living with Alzheimer’s disease and other dementias on a regular basis.  
• Promote dementia training available for other public-facing private entities. |
| Nevada    | • Encourage the Board of Medical Examiners, the State Board of Osteopathic Medicine, professional associations, and educational institutions to promote awareness and education to health care providers by: (a) approving continuing medical education training programs that provide primary care physicians and other allied health care professionals with ongoing education about recent developments, research, and treatments of Alzheimer’s disease and other dementias; (b) encouraging primary care physicians to refer persons with cognitive deficits for specialized cognitive testing when appropriate; and (c) encouraging primary care physicians to refer persons with dementia and their families to dementia-related community resources and supportive programs.  
• Encourage schools in Nevada with programs in nursing and other health care professions to ensure that the programs include specific training regarding Alzheimer’s disease and other dementias in their curriculum and to expand related continuing education opportunities for nurses and other health care professionals in the acute care settings.  
• Encourage training and education about Alzheimer’s disease and other dementias for all levels of medical personnel in a hospital, including emergency room personnel and others responsible for admission and discharge.  
• Encourage first responders, law enforcement, and fire department personnel to have a specified number of hours of training to help them assess and learn how to respond to people with Alzheimer’s disease and other dementias. |
<p>| New Hampshire | • Work with health and supportive care providers, including but not limited to home care agencies, hospice agencies, elder law attorneys, and area businesses to develop dementia-specific trainings for professionals. |</p>
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| New Hampshire (cont.) | • Determine and develop curricula for multiple services areas (skilled nursing, adult day health, home care, hospital, rehabilitation, etc.) and qualifications for trainers.  
• Deliver training to staff in all care settings.  
• Create a system to allow portability of training across facilities as staff change jobs.  
• Develop strategies to train professionals working with consumers with mental illness and developmental disabilities to recognize and address Alzheimer's within their consumer populations. |
| New Jersey   | • Work with the licensing boards to promote continuing education on Alzheimer's and other dementias as part of license renewal for doctors, nurses and other health professionals.  
• Collaborate with the professional and trade associations to develop an Alzheimer's disease education program using continuing education credits for health care professionals.  
• Develop strategies to train professionals who provide services to persons with mental illness and developmental disabilities to recognize and address Alzheimer's disease with their consumer populations.  
• Support innovative programs such as the modules offered by the New Jersey Geriatric Education Center that cover the inter-professional approach to assessment and management of Alzheimer's disease and dementia.  
• Recommend educational training for all Department of Human Services staff associated with any of the NJ FamilyCare and state-funded programs, as well as training for contract staff who have a primary role of interacting with older adults, their families and/or caregivers.  
• Work with the New Jersey Department of Health to reach out to New Jersey's Emergency Medical Services system, including first responders, emergency medical technicians (EMTs), paramedics, nurses, and physicians, to ensure that they are familiar with the unique aspects of Alzheimer's disease and the best approach to respond to affected individuals.  
• Promote training opportunities with the State's Department of Law & Public Safety to make sure that law enforcement is equipped to manage the unique safety challenges of persons with Alzheimer's and other dementias, ranging from wandering to erratic driving, false reports and victimization.  
• Increase training for Adult Protective Services workers in New Jersey's 21 counties on Alzheimer's and other dementias.  
• Engage the legal community, from the legal assistance programs at the Area Agencies on Aging and Aging and Disability Resource Centers to elder care attorneys, to better inform them of the challenges of dementia and the legal services that may be needed by individuals living with the disease as well as their families. |
| New Mexico   | • Publicize availability of public safety training and protections through the Department of Public Safety and the New Mexico State Police.  
• Re-establish the Geriatric Education Center previously housed at the University of New Mexico in order to ensure widespread availability of expert knowledge and resources.  
• Expand education and training through collaborations between and among New Mexico state universities, branch colleges, community and technical colleges, and private institutions. |
| New York     | • Develop pre-service and continuing education curricula and specialized training in the early detection, diagnosis, management, and treatment of dementia.  
• Draw from the tools and training materials developed by the Coordinated Care Alzheimer Demonstration Project for making the workforce "dementia ready."  
• Partner with medical and other professional associations to provide continuing education opportunities on dementia.  
• Expand specialized dementia training for home health and personal care aides, as well as others working with individuals with dementia, to recognize and address symptoms.  
• Create opportunities for increased remuneration for those with specific training.  
• Develop and require training for hospital staff, including emergency room staff, to recognize and offer better quality care for persons with dementia.  
• Incorporate specific needs of minority populations with dementia into existing training programs for social service and healthcare providers. |
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| New York (cont.) | • Educate architects and engineers about the impact of architecture and engineering on the design, color, texture, lighting, air change ratio, and sound on the safety, security, and management of persons with dementia through pre-service and in-service training.  
• Increase the pool of culturally-appropriate social service and health care providers and home health aides using evidence-based training programs.  
• Encourage professional education programs in all health professions to include a course in cultural competency within the required curricula.  
• Train caregivers and providers so they are better equipped to handle behavioral problems, using both proper pharmaceutical and psycho-social interventions.  
• Train formal and informal caregivers to appropriately manage medications.  
• Expand pre-service and in-service training opportunities for first responders, including police, emergency medical technicians, and firefighters, as well as court officials and others in the community, to assure sensitive, appropriate interactions with those who may have dementia and their caregivers. |
| North Carolina | • Offer pre-service and in-service training in the early detection of Alzheimer’s disease and other dementias, including on: (a) specific tools for early detection in all populations, including individuals with limited English proficiency those with intellectual or developmental disabilities; (b) how to meet the requirements of the Medicare Annual Wellness Visit regarding cognitive assessment with validated tools and a functional approach to assessment; (c) benefits of early detection for families and caregivers; (d) referral resources for additional medical assessment, diagnostic testing, treatment services, and services for caregivers of those with signs of cognitive impairment; and (e) information about care and available services and supports, including specific additional training or ongoing education for care managers or other staff.  
• Enhance promotion and dissemination of existing continuing education on Alzheimer’s disease and other dementias for health care providers and home and community-based services providers. Training should include information on: (a) palliative care, advanced health directives, care planning resources, and end-of-life planning; (b) diagnosis and detection; (c) needs of people with Alzheimer’s disease and other dementias during emergencies and disasters; (d) principles of patient- and family-centered care; and (e) behavioral management, including using a person-centered approach to care and applying best practices in the use of nonpharmacological approaches. |
| North Dakota | • Enhance training and accountability for agencies with state contracts providing case management services under the Medicaid Advantage Program.  
• Require that medical and direct care staff at any nursing home, assisted living facility, adult day center, skilled nursing facility, home health agency, or hospice agency that is licensed by the state or receiving state funding complete four hours of in-service training per year in Alzheimer's and other dementias-related care.  
• Provide enhanced funding to compensate facilities that pay for staff education related to Alzheimer's care.  
• Require that the diagnosis of Alzheimer's disease and other dementias be made an essential competency in state medical schools by 2012, while also providing incentives to physicians to complete dementia-specific modules in the re-licensing process (every 3 years).  
• Codify mandatory dementia-specific training for all first responders. |
| Oklahoma | • Enhance training and accountability for agencies with state contracts providing case management services under the Medicaid Advantage Program.  
• Require that medical and direct care staff at any nursing home, assisted living facility, adult day center, skilled nursing facility, home health agency, or hospice agency that is licensed by the state or receiving state funding complete four hours of in-service training per year in Alzheimer's and other dementias-related care.  
• Provide enhanced funding to compensate facilities that pay for staff education related to Alzheimer's care.  
• Require that the diagnosis of Alzheimer's disease and other dementias be made an essential competency in state medical schools by 2012, while also providing incentives to physicians to complete dementia-specific modules in the re-licensing process (every 3 years).  
• Codify mandatory dementia-specific training for all first responders. |
| Oregon | • Ensure that Oregon's Aging and Disability Resource Connection and other statewide organizations serving older adults and their families receive training about dementia and develop clear policies and practices to effectively assist and refer people with the disease and their families to appropriate services.  
• Collaborate with a broad set of stakeholders to develop a comprehensive training package that includes dementia as one element of mandatory training for existing guardians and all new guardians appointed in Oregon. |
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<td>Oregon (cont.)</td>
<td>• Establish a work group to create a strategy to grow the provider workforce and improve its skill levels. This work group will: (a) recommend ways to integrate basic dementia education into the curricula in all schools teaching health care-related subjects in Oregon, from trade schools through undergraduate and graduate schools; and (b) work with professional health care licensing boards and organizations whose licensees and members provide services to people with dementia and other families, to promote and include dementia-specific training in continuing education opportunities for their licensees and members; the work group will explore establishing ongoing requirements and incentives for continuing education about dementia at a determined interval for professionals in long-term care settings and those working with the elderly in hospitals. • Develop a pilot training on dementia and guardianship and provide it online as a voluntary training for guardians until a mandatory training package is established. • Secure state and/or federal funding to expand the Gatekeeper Program statewide through existing Area Agencies on Aging or other aging-services partners in each community. Gatekeeper programs train community members such as letter carriers, meter readers, bank tellers, and trash haulers about identifying potential harm to at-risk older adults and how to alert existing services.</td>
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<td>Pennsylvania</td>
<td>• Explore revisions to continuing education curricula.</td>
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<td>• Explore partnerships with organizations to develop and provide training.</td>
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<td>• Encourage the inclusion of Alzheimer’s and other dementias training in medical school curricula and in the curricula of other health professions.</td>
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<td>• Encourage inclusion of Alzheimer’s and other dementias-related content in publicly funded and regulated provider education among health care providers, public health professionals, and aging services providers.</td>
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<td>• Promote training for police, fire fighters, emergency personnel, and postal workers how to interact with individuals with Alzheimer’s and other dementias.</td>
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<td>• Inventory, implement, and/or develop training for police, fire fighters, emergency personnel, and postal workers to help them identify and interact with individuals affected by Alzheimer’s and other dementias.</td>
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<td>• Educate health care providers about the benefits of care coordination.</td>
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<td>• Create and implement an online continuing medical education accredited program to educate physicians to identify and treat Alzheimer’s and other dementias.</td>
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<td>• Establish core curricula for Alzheimer’s and other dementias training in Pennsylvania for health care professionals at all levels, drawing on tools and training requirements that already exist.</td>
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<td>• Collaborate with state agencies, licensing boards and networks to incorporate Alzheimer’s and other dementias training in licensing regulations across the continuum of care.</td>
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<td>• Engage existing organizations related to health care, behavioral health services, long-term care, and community-based services to assist with provider education.</td>
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<td>Puerto Rico</td>
<td>• Engage in at least one collaborative agreement with the academia to promote the integration of Alzheimer’s disease subjects in its curriculum.</td>
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<td>Rhode Island</td>
<td>• Support the annual training programs offered to police and fire advocates through the DEA as an ongoing opportunity for law enforcement and first responders. Supplement the existing platform to incorporate dementia awareness training.</td>
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<td>• Maintain provision of training and educational opportunities as a priority for law enforcement personnel, including municipal and state police academies, probation, parole officers, and the Attorney General’s office, with particular outreach efforts directed at patrol-level police officers. Existing training curricula should consider integrating “train the trainer” modules to assist in the dissemination of the teaching elements offered by each course.</td>
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<td>• Foster improved communications and care coordination across settings for individuals living with Alzheimer’s disease through new educational and training materials.</td>
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<td>• Encourage participation in Alzheimer’s training and education programs by promoting participation among all staff members, including non-professional staff, within long-term care facilities and programs serving adults with Alzheimer’s disease and developing incentives for administrator and management-level staff to participate in programs.</td>
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Rhode Island
(cont.)

- Assess the current status of Certified Nurse Assistant (CNA), nursing, and physician training to determine the extent to which Alzheimer’s awareness and capability are currently included in any curriculum. Determine the feasibility of making this training a requirement for licensure.
- Develop a statewide stakeholder group with input from state agencies, professional medical associations, long-term care providers, and other stakeholders to develop a recommendation for inclusion of specific required dementia elements in health care education and certification programs. This group should (1) assess existing Alzheimer’s curricula for physicians and nurses and develop recommendations for future augmentations if advisable; (2) examine CNA training programs statewide to assess whether additional augmentations or standardization is recommended and conduct a national search for best practices in primary, continuing education, and ongoing trainings; and (3) to assist families in discerning what level of training a facility’s staff has, publish uniform definitions of (a) dementia-capable, (b) Alzheimer’s trained, and (c) certified in Alzheimer’s disease care.
- Assess interest level in, and identify resources for, developing a leadership institute for staff interested in obtaining a higher level of expertise in dementia care.
- Develop Continuing Medical Education (CME) modules on relevant dementia topics and encourage development of a CME track on Alzheimer’s disease and palliative care.
- Engage Geriatric Education Center resources to develop and offer trainings on avoiding, diverting, and managing aggressive behaviors among individuals with Alzheimer’s disease; incorporate lessons and best practices from Healthcentric Advisors nursing home quality improvement collaborative.
- Engage the behavioral health expertise of the Geriatric Psychiatry Program at Rhode Island Miriam Hospitals for training on pharmacologic and non-pharmacologic approaches to managing aggressive behaviors; incorporate the training into the development of the CME track on Alzheimer’s disease and work to disseminate best practices across providers using the Rhode Island Alzheimer’s disease website and Research Summits.
- Encourage local hospitals with geriatric subspecialty programs to provide support to existing training programs in the areas of medical care for individuals with Alzheimer’s disease.
- Explore potential supplemental funding through the Geriatric Education Center to provide trainings for frontline staff on older adults and, particularly, dementia care.
- Develop partnerships across communities and with a diverse range of partners to integrate existing training and education programs with best practices for the delivery of culturally-competent care, including language skills where possible.
- Include dementia training as part of the quality incentive for nursing homes under DHS.
- Develop educational units targeted at physician and nurse-level staff for incorporation into CME curricula to instruct health care professionals how to guide individuals and families through long-term care transitions and to advise them on advanced planning, including discussions about palliative care and hospice.
- Encourage ongoing Alzheimer’s training, including awareness of caregiver resources and needs, for the full network of Division of Elderly Affairs and Department of Human Services service providers.
- Ensure that adequate training and resources are provided to the POINT and the Division of Elderly Affairs partner agencies to ensure that options counseling adequately addresses both publicly and privately funded services.
- Encourage inclusion of end-of-life planning segments in Continuing Medical Education.

South Carolina

- Establish standards for dementia-specific training for staff of any state-licensed entity that provides care for individuals with Alzheimer’s disease and other dementias, including, but not limited to, nursing homes, community residential care facilities, home health agencies, hospice, or adult day care centers.
- Incorporate mandatory training modules and continuing education on Alzheimer’s and other dementias for medical school students, licensed doctors, and licensed nurses of all disciplines.
- Expand training on Alzheimer’s disease and other dementias and enhance accessibility for first responders and personnel in the justice system (i.e. emergency medical services, firefighters).
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<td>• Provide training, consultation and continuing education to the public, students, surveyors, residents, practicing physicians, and other health care professionals.</td>
<td>• Require, by rule, increased role-appropriate dementia care training requirements of all staff working in any licensed facility housing persons with Alzheimer’s disease and other dementias.</td>
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<td>• Work with the universities to develop specific training and recruitment options.</td>
<td>• Establish a workgroup to develop training curricula based on roles and functions within facilities.</td>
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<td>• Identify and partner with health care associations that offer educational courses in the area of Alzheimer’s disease and other dementias to provide accurate and appropriate training.</td>
<td>• Develop an on-line educational series for health care professionals regarding best practices on the early detection, diagnosis, and pharmaceutical treatment of persons with Alzheimer’s disease.</td>
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<td>• Explore and identify the correct vehicles for providing training to the appropriate professional disciplines within the medical community.</td>
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<td>• Provide training to all physicians and nurses who are in training by adding programs specifically on Alzheimer’s disease and other dementias to the residency and nursing curricula.</td>
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<td>• Encourage physician organizations to provide continuing medical education on Alzheimer’s disease and other dementias for members in their areas of specialty.</td>
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<td>• Train primary care physicians to recognize younger-onset dementia, to detect dementia earlier, and to appropriately utilize community support services.</td>
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<td>• Explore the use of a geriatrician “mentor” in appropriate areas.</td>
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<td>• Expand specialty training and training for general practitioners.</td>
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<td>• Partner with the Tennessee Medical Association and the Tennessee Hospital Association to formulate requirements and advocate with the Joint Commission to require showing competencies in dementia-specific care.</td>
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<td>• Identify specific training resources for targeted audiences across the state. Utilize existing resources and materials and develop partnerships with universities, medical schools, community colleges, senior centers, and other interested organizations such as the Alzheimer’s Association.</td>
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<td>• Develop a plan to broaden the spectrum of people who receive Alzheimer’s disease and other dementias training.</td>
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<td>• Partner with law enforcement and their community partners to develop and implement ongoing in-service training on Alzheimer’s disease and other dementias through programs such as Safe Return.</td>
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<td>• Develop and implement evidence-based training curriculum and implementation strategies for targeted audiences such as the Tennessee Department of Mental Health and Developmental Disabilities, nursing home surveyors, and long-term care facilities.</td>
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<td>• Partner with emergency personnel to include Alzheimer’s disease and other dementias training as part of the yearly in-service program.</td>
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<td>• Partner with the Tennessee Hospital Association and emergency room staff to design and implement dementia-specific training appropriate to all personnel involved in providing emergency services, such as physicians, nurses, and related service technicians.</td>
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<td>• Increase training for state adult protective services workers on Alzheimer’s and other dementias.</td>
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<td>• Provide Alzheimer’s disease and other dementias training for providers and state staff associated with the Medicaid home- and community-based waiver.</td>
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<td>• Develop a portable certification program for paid and unpaid direct caregivers with standardized content designed to enhance their understanding of memory impairment and their performance in care for those with Alzheimer’s disease and other dementias.</td>
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<td>• Partner with the Tennessee Hospital Association and the Tennessee Medical Association to require physicians who provide geriatric-psych services to document additional training in geriatric-psych.</td>
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| Utah      | • Enlist state and local governments to facilitate customer training about memory loss and Alzheimer's disease and other dementias for employees of government units interacting frequently with patients and families, such as the Division of Motor Vehicles, Adult Protective Services, Area Agencies on Aging, Community Mental Health Centers, and County Health Departments.  
  • Promote continuing medical education for physicians and medical practitioners.  
  • Expand Crisis Intervention Team training of law enforcement throughout the state on aging issues and identification of those with dementia, particularly those in the early stage and with behavior disturbance.  
  • Require a standard level of dementia sensitivity and disease education for all trainees in health-related fields at the student and residency levels.  
  • Partner with licensing boards to mandate continuing education on Alzheimer’s and other dementias as a condition of license renewal for doctors, nurses, and other health professionals.  
  • Mandate competency-based training based on the foundations of Dementia Care, developed nationally by the Alzheimer’s Association and more than two dozen national organizations, for employees in various settings (e.g., hospitals, nursing homes, assisted living, home care workers, care managers, agency caregiver support staff, and social workers), recognizing there are different strategies for different disciplines, settings, levels of skill, and licensure.  
  • Educate providers on the use of Medicare coding to reimburse physicians and allied health professionals for family conferences and care consultation that educate and support family caregivers, guide future decisions, and enhance the quality of medical care and support services.  
  • Explore, endorse, and disseminate dementia-specific curriculum and training programs tailored to primary care physicians, geriatricians, internists, general practitioners, physician assistants, and nurse practitioners.  
  • Train nurses, counselors, health professionals, and direct care workers to develop person-centered one-on-one care to dementia patients of color and their families.  
  • Educate law enforcement on the MedicAlert + Safe Return program of the Alzheimer’s Association to quickly identify and return to safety persons with Alzheimer’s and other dementias.  
  • Provide comprehensive Alzheimer’s and other dementias training to first responders, law enforcement, emergency medical technicians, fire fighters, emergency preparedness, and search and rescue officials. |
| Vermont   | • Provide training and technical assistance to primary care practitioners and other professionals (eye, dental, hearing, mental health) to facilitate adoption of dementia detection, treatment, and management in their practices. Training and technical assistance should focus on assisting the practice in integrating dementia-informed activities into the practice system of care.  
  • Provide training and technical assistance to health care professionals to support use of standardized care management plans.  
  • Improve access to dementia care specialists by including dementia training in post-graduate programs for nursing, medicine, psychiatry, neurology, psychology, social work, pharmacy, and related disciplines. |
| Virginia  | • Provide standardized dementia specific training to individuals in the health-related field and require demonstrated competency.  
  • Provide dementia-specific training to first responders (police, fire, emergency medical services, and search and rescue personnel), financial services personnel, and the legal profession.  
  • Develop or collect and deliver a portable certification program for para-professional direct caregivers with standardized content designed to enhance their understanding of memory impairment and their performance in caring for individuals with Alzheimer’s and other dementias. |
| Washington| • Strengthen capacity of the Washington State Information & Assistance system by educating staff about recognizing possible dementia and making appropriate referrals by building links between relevant organizations.  
  • Incorporate content about dementia (warning signs, the importance of early detection and diagnosis), the heightened risk of abuse, neglect, and exploitation; and about community resources into the Community Health Worker training. |
Washington (cont.)
- Promote and disseminate training for first responders about dementia. Information may address: recognizing signs and symptoms, communication skills, understanding behaviors including wandering, community resources, and red flags of neglect and abuse.
- Educate professionals working with families of people with younger-onset Alzheimer’s, including those in the developmental disabilities system, about the special challenges, issues and resources available for support.
- Establish minimum educational requirements for all trainees in health related fields in order to integrate foundational knowledge required for providing dementia care.
- Request that the regents of the University of Washington medical school and other institutions of clinical education expand dementia care education in their core curriculums and create interdisciplinary educational experiences related to the long term management of dementia care.
- Partner with licensing boards to promote continuing education on evidence-based guidelines around early detection and diagnosis of cognitive impairment, dementia care interventions and management of the disease.
- Educate the clinical community, and include in guidelines, information on how sensory loss such as hearing, vision, and balance impacts the diagnosis and/or treatment of the cognitively impaired patient.
- Increase awareness among primary care clinicians and care partners of potentially avoidable causes of emergency department visits, hospital admissions and readmissions for people with cognitive impairment and dementia. Emphasize the importance of partnership and communication between clinician and care partners.
- Enhance dementia specialty training available to long-term services and supports (LTSS) workers in all settings.
- Ensure training and testing for all LTSS workers is more readily available throughout the state. Ensure certification of all LTSS workers is more achievable for limited English speakers.
- Increase dementia-capability of Home and Community Services/Area Agencies on Aging case management staff by enhancing core training to include more information around the importance of early detection and diagnosis, responding to behaviors, and assessing and addressing hearing loss and other sensory limitations.
- Partner with professional organizations and academic settings to develop or increase the availability of affordable continuing education/training programs.
- Elevate the status of long-term care services and supports workers by establishing a geriatric and/or dementia certification for LTSS workers, such as a gerontology scholar program.

West Virginia
- Establish a formal network of providers of Alzheimer’s training in West Virginia – an “Alzheimer Education Council” to increase the availability of quality continuing education and other training on Alzheimer’s disease and to serve as consultants on the development of competency-based models of Alzheimer’s training for all levels of providers and caregivers.
- Develop and mandate the inclusion of competency-based Alzheimer’s disease training for direct care workers in long-term care facilities, acute care settings, and community-based programs.

Wisconsin
- Provide continuing education on dementia, and disseminate other information to the medical community, such as available community resources.
- Provide staff training opportunities for those in facility settings, including by (1) encouraging facilities to share information about, and take advantage of, existing training opportunities; and (2) developing a comprehensive dementia care training curriculum, with components tailored to different types of caregivers and providers, and making the training widely available to facilities and other providers.
- Create consistent standards and training related to crisis and caring for persons with challenging behaviors.
- Identify existing dementia education and dementia care training programs.
- List training opportunities on the Department of Health Services’ expanded dementia care website.
- Develop voluntary training standards for professional caregivers and other professionals involved with people with dementia.
| Wisconsin (cont.) | • Develop a training program for professional caregivers and other professionals, including development and production of training curricula, online training modules, classroom and experiential components, and participant handbooks and resource materials.  
• Develop a competency testing and certificate program.  
• Promote voluntary use of dementia care standards and training programs, including by (1) providing information about the standards and training opportunities to the provider community; (2) providing an opportunity for facilities and other providers to “brand” their services as dementia-capable; (3) creating a caregiver registry for those who have successfully completed an approved dementia care training program and earned a certificate; and (4) letting consumers know to look for and ask about whether the home care services or care facilities have trained staff and comply with the dementia care standards. |
## WORKFORCE DEVELOPMENT

*Recommendations to increase the number of health care professionals that will be necessary to treat the growing aging and Alzheimer’s populations*

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| Alabama  | • Encourage students pursuing degrees in a health care field to focus their studies in geriatrics by raising awareness of resources available to such students.  
• Support efforts within Alabama’s state universities to encourage professionals to pursue careers in geriatric health care education in order to increase the access of health care students to geriatric oriented training programs. |
| Alaska   | • Develop optional dementia certifications across the long-term care workforce.  
• Establish career ladder programs in different care settings to provide additional training and compensation to staff working with patients/residents with Alzheimer’s and other dementias. |
| Arizona  | • Develop innovative models to address workforce shortages, including recruitment and retention strategies, through education and training programs. |
| Arkansas | • Create a student loan forgiveness program for medical and nursing students who specialize in geriatrics and practice in Arkansas.  
• Support certification, licensure, and degree programs that encourage working with older adults and persons with Alzheimer’s disease and their caregivers.  
• Establish public-private educational training partnerships that support health care workers with career ladders while offering employers a professional pipeline to aid in job recruitment and employee retention efforts.  
• Create financial incentives (through tuition assistance, loan forgiveness, housing subsidies, and stipends) to increase the number of health care professionals who pursue education and training to specialize in gerontology and geriatrics, particularly those who make a commitment to work in underserved communities. |
| California | • Provide targeted opportunities through scholarships and loan repayment programs for geriatric training through the National Health Service Corps and the Colorado Health Service Corps.  
• Create financial incentives, such as tuition assistance, loan forgiveness, subsidies, and stipends to address workforce shortages, including recruitment and retention strategies, through education and training programs to increase the number of health care professionals who pursue education and training to specialize in gerontology and geriatrics.  
• Collect accurate and relevant data on current dementia workforce needs and develop future workforce projection models in order to target the highest need professions. |
| Connecticut | • The Chair of the Georgia Alzheimer’s and Related Dementias Advisory Council shall convene a Healthcare Workforce work group, which shall: (1) survey professionals, utilizing information on licensed professionals from the Secretary of State’s office, the Georgia Board for Physician Workforce, and other entities as necessary; (2) coordinate with the Georgia Alliance of Direct Support Professionals (or another direct-care worker association) to assist in assessing the size of the direct-care workforce; (3) collaborate with professional associations related to the non-licensed professional workforce (i.e. the American Geriatric Society) to determine the prevalence of this workforce in Georgia; and (4) explore and initiate recruitment plans for the direct care and health care provider workforce focused on geriatric care.  
• Determine the geographic distribution of the workforce, focusing on rural and urban and other aspects of distribution.  
• Determine the demographics of this workforce, looking at age, sex, national origin/ethnicity, languages spoken, and other relevant demographics. |
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| Georgia (cont.) | • Project the future supply of the workforce and estimate future shortages or surpluses.  
• Provide an introduction to direct care work and “on-ramping” for new entrants, unemployed workers and individuals receiving unemployment or other state assistance. The use of resources embedded into community colleges can leverage state or Workforce Investment Act funds or unemployment-related dollars. Provide tuition waivers for low-income new entrants.  
• Develop sustainable delivery systems, including community/technical colleges and high school allied health career/technical programs.  
• Collaborate with the Office of Workforce Development to identify resources potentially available to support vulnerable workers through the provision of services such as case management, career counseling and/or educational planning services, and partnerships with Head Start or other support services for transportation and child care.  
• Recognize agencies and/or organizations working to enhance wages of direct care workers, to professionalize direct care workers, on effective coaching, to promote direct care workers’ role in interdisciplinary teams, and to engage direct care workers in care transitions and health IT.  
• Develop residencies or fellowships for the training of geriatric psychiatrists, geriatricians, and other geriatric specialists.  
• Evaluate the feasibility of a “Bucks for Brains” program to recruit and train geriatric psychiatrists, geriatricians, and other geriatric specialists.  
• With the Office of Workforce Development, convene a Geriatric Workforce Retention Group to explore and initiate retention plans for the direct-care and health care provider workforce focused on geriatric care. Potential members include: care facilities (nursing homes and assisted living facilities); direct care workers (nurses, certified nursing assistants, home care organization staff members); medical professions (physicians, medical assistants, allied health providers); government (Department of Labor, Office of Workforce Development, Department of Human Services Division of Aging Services, Area Agencies on Aging, Centers for Medicare and Medicaid Services, etc.); patients and caregivers (patient advocates, caregivers, community-based or faith-based organizations); and recruiters (staffing agencies, others that recruit workers).  
• Evaluate the feasibility of private/public payers’ provision of enhanced reimbursement for practitioners (direct and professional) who have advanced training in relevant subject matter.  
• Examine the current work environment (e.g. respect of other employees and supervisors, hours, patient load, pay, benefits, and safety measures). |
| Hawaii | • Build a workforce with skills to provide high quality care for people with dementia by encouraging and incentivizing professionals and paraprofessionals to pursue careers in geriatric specialties and by attracting more specialists through such means as student loan forgiveness and foreign student visas, continuing education in geriatrics for current health care workers, and examining barriers such as low pay scales for nurse’s aides and other health care workers. |
| Idaho | • Expand opportunities and provide incentives for advanced education for primary health care providers who specialize in the treatment of persons with Alzheimer’s disease or other dementias who require geriatric-psychiatric services.  
• Determine and develop the funding and other mechanisms to provide incentives to bring qualified health care providers into the community-based system of care throughout the state for those who require geriatric-psychiatric services. These incentives may be both financial and non-financial, such as forgiveness of loans or loan repayment options, stipends, scholarships funded by the state and from other resources, and relocation expenses. |
| Illinois | • Increase the number of qualified health care professionals prepared to provide care for the growing aging and Alzheimer’s population. |
| Indiana | • Recruit and retain workers across care settings.  
• Train caregivers across disciplines to meet the unique needs of persons with Alzheimer’s.  
• Maximize the utilization of IT to expand the access and availability of health professionals.  
• Promote the interdisciplinary team approach for planning and care delivery.  
• Integrate strategies for planned environmental interventions to aid staff, caregivers, and persons with Alzheimer’s disease and other dementias. |
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<th>State</th>
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<td>Kentucky</td>
<td>• Work with the universities to develop specific recruitment options, including: (1) creating a “Bucks for Brains” program to recruit and train geriatric psychiatrists, geriatricians, and other geriatric specialists; and (2) developing residencies or fellowships for training of geriatric psychiatrists, geriatricians, and other geriatric specialists.</td>
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<td>Louisiana</td>
<td>• In implementing the Plan for Choice, ensure that goals, objectives, and action steps relating to workforce development address the need for dementia-specific competency including, but not limited to: (1) including dementia specific requirements in the development of a competent direct service worker workforce; (2) requiring dementia-specific training and education as part of the Office of Aging and Adult Service’s initiative to expand opportunities for direct service workers; and (3) developing dementia-specific strategies in efforts to promote culture change, including workforce practices and person-centered care approaches across all care settings.</td>
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<tr>
<td>Maine</td>
<td>• Advocate that those living with Alzheimer’s disease and other dementias be recognized as a “Medically Underserved Population” for purposes of state and federal specialty and geriatric physician education loan forgiveness programs.</td>
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<td>Maryland</td>
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<td>Massachusetts</td>
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<td>Minnesota</td>
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<td>Mississippi</td>
<td>• Create awareness about dementia care programs with target audiences and determine incentives for program completion such as a specific certification or designation.</td>
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<tr>
<td>Missouri</td>
<td>• Initiate partnerships for the development of endowed residency and geriatric fellowships.</td>
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| Montana   | • Support the increased use of nurse practitioners and physician assistants to address the needs of individuals with Alzheimer’s and other dementias and their caregivers to help fill the gap of physician shortages.  
  • Allow for Nurse Practitioners and Physician Assistants, pursuant to the Affordable Care Act, to be reimbursed by Medicare, Medicaid, and private insurers at 100% of the Medicare allowance if working with vulnerable populations such as those with Alzheimer’s and other dementias.  
  • Develop a state-wide Geriatric Nursing Consortium to standardize and promote geriatric education and research while encouraging people to consider employment in the field of geriatrics and working with people with Alzheimer’s and other dementias.  
  • Create education and outreach tools that encourage young adults to seek employment working with the Alzheimer’s and other dementias population.  
  • Track data related to the workforce shortages to meet the needs of the Alzheimer’s and other dementias population.  
  • Encourage all community businesses and organizations to adopt dementia-friendly practices, including awareness training for employees. Visibly identify these businesses to assist individuals with Alzheimer’s and other dementias and their families in selecting businesses prepared to provide compassionate, respectful services and programs. |
| Nebraska  | • Tuition reimbursement or student loan forgiveness for rural-based dementia care professionals including Certified Nursing Assistants, Licensed Professional Nurses, Registered Nurses, and other paid direct caregivers working with Nebraskans living with Alzheimer’s or other dementias and their families in Nebraska. |
| Nevada    | —                                                                 |
| New Hampshire | —                                           |
| New Jersey| • Maintain support for the Graduate Medical Education (GME) program.  
  • Sustain the New Jersey Action Coalition’s long-term care nurse residency program that is working to prepare newly licensed nurses for a growing geriatric population.  
  • Engage the state’s four medical schools (Cooper Medical School of Rowan University, Rowan University School of Osteopathic Medicine, New Jersey Medical School of Rutgers University, and Robert Wood Johnson Medical School of Rutgers University) on the importance of medical students who specialize in geriatrics and practice in New Jersey. |
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<tr>
<td>New Mexico</td>
<td>• Foster collaborative efforts between the Alzheimer’s Association and key stakeholder groups that are already addressing health care workforce issues, including the NJ Health Care Talent Network, the NJ Nursing Initiative, Health Care Workforce Council and the John J. Heldrich Center for Workforce Development.</td>
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| New York      | • Investigate the feasibility of a community health worker program to specialize in working with older adults with chronic diseases, including dementia and common co-morbidities (diabetes, cardiovascular disease, arthritis, and depression).  
• Develop innovative models to address workforce shortages, including recruitment and retention strategies, through education and training programs.  
• Develop recruitment strategies to encourage young adults to consider health care and social service professions related to care for older adults. |
| North Carolina| • Identify avenues of entry and provide methods of incentives for specialization in geriatrics/gerontology and additional training in Alzheimer’s disease and other dementias, such as loan forgiveness, innovative recruitment models, expansion of areas of concentration eligibility, certificates of added qualifications, and specialty training designations for individual practitioners.  
• Increase compensation based on Alzheimer’s disease and other dementias-specific training and certification, including for physicians, nurses, and allied health professionals. |
| North Dakota  | • Create a student loan forgiveness program for medical school students who specialize in geriatrics and practice in Oklahoma. |
| Oklahoma      | • The provider workforce work group (see “Training”) shall recommend ways to increase the size of the workforce that provides services to people with dementia and their families, at all levels of care and service provision. |
| Oregon        | • Promote innovative practices to encourage recruitment of competent and ethical individuals to meet the needs of the diverse growing population of persons with Alzheimer’s and dementia.  
• Promote innovative practices to encourage retention of a competent and ethical workforce for the care of individuals with Alzheimer’s and other dementias in Pennsylvania.  
• Advocate loan forgiveness for individuals pursuing advanced professional training in physical and behavioral health specialties related to Alzheimer’s and other dementias.  
• Promote career development to encourage advancement in employment.  
• Research available grant opportunities for workforce investment, vocational training, and community college certification programs to recruit and appropriately train a workforce focused on the care of persons with Alzheimer’s and other dementias. |
| Puerto Rico   | • Develop a statewide strategy to address the shortage of outpatient providers (with specific emphasis on the shortage of geriatric psychiatry) and difficulty in connecting nursing homes with geriatric psychiatrists for patient consults. Include strategies for addressing staff support to avoid burnout, including mentorship structure and/or coaching among experienced and newer staff. |
| Rhode Island  | • Provide more programs in gerontology.  
• Provide loan forgiveness programs for physicians going into geriatrics similar to the loan forgiveness program for nurse practitioners in Tennessee.  
• Examine loan forgiveness in North and South Carolina for physicians willing to go into geriatrics.  
• Examine the possibility of providing extra benefits to physicians practicing in rural areas with documented additional training and qualifications in geriatrics.  
• Reduce rates for certification for professionals in the field. |
| South Carolina| • Provide more programs in gerontology.  
• Provide loan forgiveness programs for physicians going into geriatrics similar to the loan forgiveness program for nurse practitioners in Tennessee.  
• Examine loan forgiveness in North and South Carolina for physicians willing to go into geriatrics.  
• Examine the possibility of providing extra benefits to physicians practicing in rural areas with documented additional training and qualifications in geriatrics.  
• Reduce rates for certification for professionals in the field. |
| Tennessee     | • Examine loan forgiveness in North and South Carolina for physicians willing to go into geriatrics.  
• Examine the possibility of providing extra benefits to physicians practicing in rural areas with documented additional training and qualifications in geriatrics.  
• Reduce rates for certification for professionals in the field. |
| Texas         | • Examine loan forgiveness in North and South Carolina for physicians willing to go into geriatrics.  
• Examine the possibility of providing extra benefits to physicians practicing in rural areas with documented additional training and qualifications in geriatrics.  
• Reduce rates for certification for professionals in the field. |
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| Utah       | • Expand the application of the Utah Telehealth Network and increase the number of physicians certified in the Network to treat patients with cognitive impairment in rural Utah.  
• Improve behavioral health services through the recruitment and specialized training of physicians, nurses, and therapists to provide such services for persons with dementia that are covered through Medicare, Medicaid, and/or private insurance.  
• Support certification, licensure, and degree programs that encourage working with older adults and persons with Alzheimer’s disease and their caregivers.  
• Create financial incentives (through tuition assistance, loan forgiveness, housing subsidies, and stipends) to increase the number of health care professionals who pursue education and training in gerontology and geriatrics, particularly those who make a commitment to work in low-income, uninsured, rural, and ethnic communities with higher disease prevalence. |
| Vermont    | • Gain active professional member or employer participation in dementia workforce development activities.  
• Collect accurate and relevant data on current dementia workforce needs and develop future workforce projection models in order to target the highest need professions.  
• Promote evidence-based or best practice interventions to increase the supply, distribution, and quality of the dementia care workforce. |
| Virginia   |                                                                                                                                                                                                           |
| Washington | • Promote the use of incentives such as, but not limited to, loan forgiveness for clinicians going into geriatrics.                                                                                       |
| West Virginia | • Devise incentives and increase exposure to geriatrics during medical school and residency in order to recruit more physicians and mid-level providers into practicing geriatrics. Ensure adequate reimbursement exists for the services they provide. |
| Wisconsin  |                                                                                                                                                                                                           |
## 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 | • 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.  
• 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.  
• 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.  
• 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.  
• Expand and fully fund Medicaid waiver slots to include adult day care, respite, and homemaker services.  
• 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.  
• Provide availability for using the state-funded Medicaid waiver for community placement of those that do not meet nursing home criteria. |
| Alaska | • 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.  
• Assess feasibility and design an implementation plan for a potential 1915(i) and 1915(k) HCBS State Medicaid Plan amendments.  
• 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.  
• Increase capacity for adult day and respite services.  
• 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.  
• 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.  
• 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.  
• Increase social opportunities for persons diagnosed with Alzheimer’s and other dementias and their caregivers. |
| Arizona | • Promote the utilization of available transportation services for individuals living with Alzheimer’s disease who are unable to drive.  
• Establish social, supportive, and recreational activities tailored to special needs and geographically isolated communities.  
• Promote the availability of community based services for people living with Alzheimer’s disease and their families statewide.  
• 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.  
• Develop and disseminate tools kits and provide technical assistance on creating “Dementia Friendly” neighborhoods, communities and organizations. |
### Arizona (cont.)

- 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.
- Promote innovative evidence-based supportive services, with a focus on those that help with behavioral symptom management.
- Ensure that services, supports, and approaches in a dementia-capable system are available, accessible, and acceptable regardless of ethnicity, geography, or culture.
- Support transportation programs to provide rural residents with access to health providers.
- Ensure the availability of consumer directed respite services in rural communities.
- Promote locally coordinated transportation programs that serve people with Alzheimer’s disease and other dementias.
- 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.
- Remove barriers that keep people with younger-onset Alzheimer’s disease and related disorders from receiving services that seniors are eligible to receive.
- Evaluate support services to ensure the effectiveness for people living with Alzheimer’s disease and their caregivers.
- 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.
- Promote the development of innovative tailored service delivery and outcome tactics to address individual, family and cultural needs.
- 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.
- Identify areas for programmatic collaboration to enable service expansion statewide.

### Arkansas

- 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.

### California

- 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).
- 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.

### Colorado

- Provide tax incentives to corporations that offer affordable on-site adult day care services for families of employees.
- 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.
- 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.
- 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.
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| Connecticut   | • Expand Dial-a-Ride and ADA transportation services, and include escorted door-to-door services for people with dementia.  
• Expand transportation services to promote socialization, fitness/wellness, education, connection to community centers, volunteer/civic engagement, etc.                                                                                                                                                                                                                                         |
| Delaware      | • Expand resources related to Alzheimer’s disease listed in future editions of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) Guide to Services for Older Delawareans and Persons with Physical Disabilities.  
• Expand information on DSAAPD’s websites (intranet and internet) for staff, other professionals, and the general public related to resources on Alzheimer’s disease.  
• 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.  
• Increase the availability of supportive services through administrative streamlining to improve access to services and expand the use of self direction.  
• Explore replicating the nursing home rate setting structure so that community-based providers receive higher reimbursement for individuals with higher level of care.  
• Increase awareness in Delaware of “universal design,” assistive technologies, and livable communities to promote opportunities for aging in place.  
• Advocate for alternative home- and community-based programs of care such as the Program of All-inclusive Care for the Elderly (PACE). |
| District of Columbia | • 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.  
• Expand community-based social programs for people experiencing onset symptoms of Alzheimer’s disease.  
• Identify ways to engage in meaningful activity for those living with Alzheimer’s disease and other dementias.                                                                                                                                                                                                           |
| Florida       | • 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.  
• Ensure access to dementia-specific services, information, and resources for Hispanics/Latinos, African-Americans, and families living in rural areas.  
• Increase the use of adult day care services for persons with Alzheimer’s and other dementias.  
• Increase funding for adult day care services and respite care.  
• 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.  
• Eliminate and replace Model Day Care with the Alzheimer’s Specialized Adult Day Care License Centers.  
• Provide demonstration funding to address the unique challenges faced by the young onset of Alzheimer’s disease.  
• 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.                                                                                                                                 |
| Georgia       | • 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.  
• Raise awareness that individuals with younger-onset Alzheimer’s need services targeted to their specific needs.  
• Develop and make small-scale adult day programs more accessible by offering them through existing service providers.  
• Determine what resources are available and what barriers exist to accessing the resources.                                                                                     |
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| Georgia (cont.) | - 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.  
- Identify agencies and organizations currently working on statewide, regional, and local transportation “best practice” plans for transportation throughout the state.  
- 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.  
- Partner with the Georgia Department of Transportation to develop a plan that encompasses travel training, door-through-door services, and assisted transportation.  
- Explore public and private sources of funding for such supplemental transportation efforts.  
- 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.  
- Leverage enhanced funding available through the Balancing Incentive Program to increase access to home- and community-based services.  
- The Department of Community Health should explore various methodologies to expand home- and community-based waivers for people with dementia.  
- The Department of Community Health should explore the expansion of provider fees for community-based programs in order to draw down more federal funding.  
- 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.  
- 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. |
| Hawaii | - 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.  
- Conduct a statewide assessment to determine how dementia capable Hawaii’s service systems are.  
- Assess and address the housing needs of people with Alzheimer’s and other dementias. |
| Idaho | - 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. |
| Illinois | - 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.  
- 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.) |
| Indiana | - Improve services provided in the home and community to delay and decrease the need for institutionalized care. |
| Iowa | - 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.  
- 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. |
| Iowa (cont.) | • 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. |
| Kentucky | • Request an increase in the Alzheimer’s Respite Services line item in the state budget.  
• 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.  
• 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. |
| Louisiana | • Revise regulations to eliminate barriers to providing adult day care in adult residential care communities.  
• Revise regulations, to the extent permitted by federal law, to simplify short-stay admission to any residential facility for respite care. |
| Maine | • 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.  
• Identify best practices in home care. Ensure that care quality is measured accurately and that quality improvement tools are implemented.  
• 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.  
• 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.  
• 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.  
• 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.  
• 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.  
• 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. |
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| Maine (cont.) | • Research models that would expand the use of provider fees for community-based programs.  
• 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.  
• 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.  
• 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.  
• 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. |
| Maryland | • Explore development and provision of new, potentially beneficial services, as funding permits.  
• 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.  
• 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.  
• 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. |
| Massachusetts | • Facilitate and promote access to in-home and community-based dementia respite care. |
| Michigan | • Promote awareness of current telemedicine initiatives and potential statewide access to dementia care for medically underserved and rural communities.  
• 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.  
• 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.  
• 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. |
| Minnesota | • Examine existing MO HealthNet programs for gaps in services that may limit the ability to utilize home- and community-based care.  
• Identify and disseminate information on respite programs and advocate for expanded respite resources.  
• 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. |
| Minnesota | • Promote the creation of peer support groups for individuals with dementia.  
• Expand and publicize available respite care services.  
• 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. |
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<tr>
<th>State</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>Montana</td>
<td>Expand respite care, case management, and memory assessment clinics throughout the state.</td>
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<tr>
<td>Nebraska</td>
<td>Identify all of the resources currently available to Nebraskans living with Alzheimer's disease and other dementias and their caregivers by county.</td>
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<tr>
<td>Nevada</td>
<td>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. 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.</td>
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<tr>
<td>New Hampshire</td>
<td>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. Collaborate with community partners to recruit support group leaders and maintain support groups in their communities. Diversify the support group models to include in-person, telephone and online support groups. Work within local communities to identify and assist persons living alone who may have cognitive impairment. 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. Disseminate information regarding available medical and social services for all affected by Alzheimer's. Assess barriers to families living with younger-onset Alzheimer's (under age sixty-five) and develop strategies to enhance support for these families.</td>
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<tr>
<td>State</td>
<td>Initiatives</td>
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<tr>
<td>New Jersey</td>
<td>- 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.</td>
</tr>
<tr>
<td>New Mexico</td>
<td>- Enhance community knowledge and access of supports for people living alone with Alzheimer’s disease.</td>
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| New York      | - 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.  
- Increase awareness of and access to dementia adult day services (both social and medical models).  
- 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.  
- 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.  
- Enhance and expand access to adult day care through state programs.  
- Encourage dementia-capable adult day programs to be physically designed and programmatically structured to decrease behavioral problems through information sharing and website dissemination.  
- 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.  
- Increase availability of non-medical service providers, such as companions, to assist with activities of daily living through community and religious groups.  
- Design programs specifically directed to individuals in the early stages of Alzheimer’s disease, which help them to continue as productive members of society. |
| North Carolina| - 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.  
- 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.  
- Implement best practices for the integration and coordination of home and community-based services.  
- 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.  
- 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.  
- Provide an annual investment of $200,000 for the No Wrong Door Initiative with regard to community services  
- 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 |
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<th>Actions Description</th>
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<tr>
<td>North Carolina</td>
<td>(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.</td>
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<tr>
<td>North Dakota</td>
<td>• Increase the daily reimbursement rate for funding for adult day center services, as well as increase the number of locations across the state.</td>
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<tr>
<td>Oklahoma</td>
<td>• 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.</td>
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</table>
| Oregon            | • Examine successful models of dementia-friendly communities.  
                   • Collaborate with community organizations to develop and test models of community-based care.  
                   • 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. |
| Pennsylvania      | • Identify access barriers to health and social services available for people living with Alzheimer’s and other dementias.  
                   • Develop an up-to-date services directory for people with Alzheimer’s disease and their caregivers.                                                                                                           |
| Puerto Rico       | • Develop an awareness campaign to educate families about the resources offered through adult day programs.  
                   • 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.  
                   • Explore the potential for licensure of adult day programs to offer nighttime hours under existing state regulations in partnership with the Department of Health.  
                   • 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.  
                   • 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.  
                   • Support the development of volunteer and non-professional programs across the state aimed at enriching the lives of individuals living with Alzheimer’s disease.  
                   • 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.  
                   • 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.  
                   • 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.  
                   • 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 |
| 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 | • 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. |
| Tennessee | • Provide a wide array of home- and community-based services based on a sliding fee scale.  
• 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.  
• 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.  
• Examine the feasibility of providing more adult day services through the Options for Community Living program based on a sliding fee scale. |
| Texas | • 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.  
• 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.  
• 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.  
• 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.  
• 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.  
• 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. |
<p>| Utah |</p>
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<tr>
<th>State</th>
<th>Suggestions</th>
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| Vermont   | • Promote alternative models of peer support including phone, internet, and interactive television.  
            • 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.  
            • 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.  
            • Develop state policies regarding subsidies for adult day services, similar to those for child care  
              settings, which support, enable, and supplement active caregiving by families and friends.  
            • 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. |
| Virginia  | • Increase respite services for caregivers of people with dementia.  
            • Restore funding to maintain the Virginia Respite Care Grant.  
            • 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.  
            • Expand the accessibility and availability of PACE (Program of All-inclusive Care for the Elderly),  
              adult day services, the Elderly or Disabled Consumer Direction waiver, and hospice.  
            • Expand the Medicaid waiver specific to Alzheimer’s disease and related dementias to include  
              other home- and community-based services.  
            • Increase funding for home- and community-based services.  
            • 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.  
            • Advocate for accessible transportation systems. |
| Washington | • 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.  
               • Identify and promote opportunities to bring tele-health and web-based resources to more family  
                 caregivers, particularly in rural areas.  
               • 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. |
| West Virginia | • 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.  
                • 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.  
                • 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. |
| Wisconsin | • Promote dementia-friendly communities.  
            • Ensure that community-based dementia services are culturally competent.  
            • Provide early stage programming and support. |
## LONG-TERM CARE

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

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<tr>
<th>State</th>
<th>Recommendations</th>
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| Alabama | • 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  | • 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 | • 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 | • 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. |
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| **Colorado**     | • 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**  | • 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**     | • 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**      | • 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. |
<p>| <strong>Georgia</strong>      |                                                                                                                                                                                                            |</p>
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<td>Hawaii</td>
<td>• 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.</td>
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<tr>
<td>Idaho</td>
<td>• 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.</td>
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<tr>
<td>Illinois</td>
<td>• 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.</td>
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<td>Indiana</td>
<td>• Provide tax incentives for individuals who purchase long-term care insurance.</td>
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<td>Iowa</td>
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<tr>
<td>Kentucky</td>
<td>• 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.</td>
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<tr>
<td>Louisiana</td>
<td>• 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.</td>
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<tr>
<td>Maine</td>
<td>• 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.</td>
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<td>• 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.</td>
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<td>• 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.</td>
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<td>• 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.</td>
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<td>• 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.</td>
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<td>Maryland</td>
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<td>Massachusetts</td>
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<td>Michigan</td>
<td>• 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.</td>
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<td>• 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.</td>
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<td>Minnesota</td>
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<td>Mississippi</td>
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<td>Missouri</td>
<td>• 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.</td>
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<tr>
<td>Montana</td>
<td>• 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.</td>
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<td>• 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.</td>
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<td>• Investigate alternative, creative methods to finance facility-based care.</td>
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<tr>
<td>Nebraska</td>
<td>• Create a “Paying for Care” calculator with help to resources on the Aging and Disability Resource Centers (ADRCs) web-portal.</td>
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<tr>
<td>Nevada</td>
<td>• 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.</td>
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<td>Nevada (cont.)</td>
<td>• 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.</td>
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<tr>
<td>New Hampshire</td>
<td>• 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.</td>
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<tr>
<td>New Jersey</td>
<td>• 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.</td>
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<td>New Mexico</td>
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<td>New York</td>
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<td>North Carolina</td>
<td>• 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.</td>
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<td>North Dakota</td>
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<tr>
<td>Oklahoma</td>
<td>• Dedicate a funding source for all future long-term care services.</td>
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<td>Pennsylvania</td>
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<td>Puerto Rico</td>
<td>• Increase the amount of long-term care centers observing intervention protocols directed at people living with Alzheimer’s disease.</td>
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<td>• Increase the availability of long-term care insurance coverage.</td>
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<td>• Decrease the economic burden to families of a person with Alzheimer’s disease in long-term care centers through tax incentives.</td>
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<td>Rhode Island</td>
<td>• Explore the possibility for future “fast track” eligibility for Medicaid based on a diagnosis of Alzheimer’s disease or another dementia.</td>
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<td>• 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.</td>
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<td>• 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.</td>
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| Rhode Island (cont.) | • 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 | • Promote education and provide resource protection and tax credits for long-term care planning and long-term care insurance purchases. |
| Tennessee   | • 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     | • 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    | • 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. |
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| Washington  | • 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 | • Increase the case mix classification for nursing facility residents with Alzheimer’s disease.  
• Create a state-sponsored option for long-term care insurance. |
| Wisconsin   | • Encourage facilities to adopt design elements known to support dementia care.  
• Provide financial incentives to encourage facilities to undertake dementia-capable design projects. |
# CAREGIVERS

*Recommendations to assist unpaid Alzheimer's caregivers*

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| Alabama     | • Designate single source of information, education, and referral for families and caregivers.  
• Foster relationships with community service providers and identify community resources to more effectively assist families in the community and delay more costly nursing home placement.  
Efforts should be made to foster and develop partnerships with community-based organizations whose services assist families that choose to care for their loved ones at home. The Dementia Response System should explore ways to support and expand existing services and develop new community services that help families with home care.  
• Expand programs that offer personal choice options with funding that can be used to pay family member wages for providing care. |
| Alaska      | • Increase access to anticipatory grief training and bereavement support.  
• Collaborate with the Alaska Native Tribal Health Consortium to develop a cultural competence online training module for caregivers with training hours eligible to satisfy licensing requirements for assisted living homes.  
• Increase training to caregivers about Alzheimer's and other dementias, resources available, and approaches and strategies for providing care and reducing stress and fatigue.  
• Increase one-on-one training, coaching and mentoring with caregivers to resolve their issues with challenging behaviors.  
• Develop and implement a family caregiver assessment tool and incorporate it into Medicaid waiver assessments and plans of care.  
• Expand the National Family Caregiver Support grant program in Alaska to include an assessment of caregiver needs.  
• Increase opportunities for caregivers to learn from physical therapists or other professionals on how to safely move/lift a person and how to use assistive devices such as a gait belt and lifts.  
• Increase awareness of social media to lower isolation and increase skills.  
• Increase caregiver peer support groups in diverse settings such as workplaces.  
• Increase use of volunteer companions, peer support and community engagement to support people with Alzheimer's and other dementias and their caregivers.  
• Increase use of assistive technologies and in-home interventions to prevent caregiver injury such as lifts, electric plug locks, smart home sensors and monitors.  
• Increase funding for counseling by licensed clinical social workers and other professionals for family caregivers to resolve preexisting personal problems that complicate caregiving.  
• Explore incentives to decrease the financial burden on caregivers providing care such as tax incentives, health insurance coverage, deferred income incentives, and non-monetary support through access to financial planning and counseling.  
• Increase workplace protections for employed family caregivers, including employment nondiscrimination laws and accrual of paid leave for the purpose of caregiving tasks.  
• Educate employers on the benefits of flexible work schedules. |
| Arizona     | • Broaden the eligibility requirements for use of respite programs and grants so that more families may benefit regardless of financial status, age, or location.  
• Provide tools for caregivers to request appropriate supportive resources from their employers.  
• Promote the screening of family caregivers for their needs as routine practice in care planning for people with Alzheimer’s disease and other dementias.  
• Promote coordinated care consultation (“Options Counseling”) for families of people living with Alzheimer's disease and related disorders.  
• Expand collaborative efforts to offer consumer-directed respite services. |
| Arkansas    | |
California

- Support, fund, and expand the availability of professional guidance to help family caregivers navigate and manage myriad safety and behavioral issues through an array of services such as caregiver assessment, care consultation, counseling, care management, respite care, support groups, assistive technologies, and other effective interventions.
- Empower family caregivers to register for, participate in, and complete training in established educational programs offered by reliable public and nonprofit organizations with specialized expertise in Alzheimer's disease.
- Increase participation in educational programs among diverse caregivers through culturally and linguistically appropriate offerings.
- Encourage businesses and other workplace sites to offer family caregiver support services; for example, flexible work hours, referrals and counseling through Employee Assistance Programs, and other employee initiatives.
- Secure foundation, corporate, and nonprofit funding for effective statewide family caregiver training programs.
- Invest in the future of the Caregiver Resource Centers, Alzheimer's Day Care Resource Centers, California Alzheimer's Disease Centers, and other programs tailored to the unique needs of family caregivers.
- Increase the availability of and referral to face-to-face and web-based support groups for family caregivers and persons in the early stage of the disease. Encourage referral by physicians, health professionals, and community-based organizations.
- Educate and enlist the faith community as community resources that can help reach out to and support family caregivers.
- Recognize and address the financial burden of caregiving and work to protect spouses from impoverishment at all levels of care.
- Recognize caregiving as a health risk factor that warrants public health attention to encourage health professionals to acknowledge and address the issue.

Colorado

- Educate employers about the issues facing family caregivers and encourage them to establish policies such as flextime, telecommuting, referral services, and on-site support programs.
- Ensure that local Area Agencies on Aging are aware of and promote existing training materials available to family caregivers, especially those located in rural areas.
- Increase funding for and expand the reach of the Savvy Caregiver program and equivalent training programs for all stages of dementia.

Connecticut

- Amend the state tax code to include a Dependent Care Credit where the tax filer can receive a credit for care expenses incurred so the caregiver is able to work.

Delaware

- Explore the use of volunteer respite providers through a variety of sources including nursing programs, volunteer organizations, community organizations, and faith-based groups.
- Explore options for the provision of emergency respite services.
- Educate employers about issues facing caregivers and encourage them to establish workplace policies such as flextime, telecommuting, referral services, and on-site support programs.
- Perform an environmental scan of all caregiver training and resources currently available.
- Create a robust online “toolkit” for placement on the Delaware Aging and Disability Resource Center (ADRC) and Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) websites containing practical tips, educational materials, and links to educational programs for use by caregivers, ADRC call center staff, and others – and include “toolkit” information in DSAAPD’s Guide to Services for Older Delawareans and Persons with Disabilities.
- Coordinate with the Alzheimer’s Association and other public and private community partners to link caregivers to community-based and online educational programs for caregivers through the Delaware ADRC and DSAAPD websites, Caregiver Resource Centers, pamphlets, brochures, and other promotional outreach.
- Increase participation in educational programs among diverse caregivers through culturally and linguistically appropriate offerings, including programs offered in Spanish.
- Identify caregiving as a health risk factor and promote self-care and frequent breaks for caregivers.
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| Delaware (cont.)    | • Promote and link caregivers to the Delaware ADRC, local Caregiver Resource Centers, and the Alzheimer’s Association for help in understanding Alzheimer’s disease, navigating the long-term care system, sorting through service options, including caregiver assessments, care consultation, counseling, care management, respite care, support groups, assistive technologies, future care needs, and other effective interventions.  
• Explore options to increase support for diverse caregivers, including those caring for persons with early-onset Alzheimer’s disease.  
• Promote and encourage referrals to the Delaware ADRC by physicians, health care and service providers, faith-based organizations, and other community partners.  
• Explore options to enlist the faith-based community as a key resource that can reach out to and support caregivers, including promoting partnerships in developing programs to train volunteers.  
• Build strong partnerships with the health care community and develop avenues to promote caregiving as a health risk factor, and encourage health care professionals to acknowledge and address the issue.  
• Establish a legislative agenda to address caregiver issues. |
| District of Columbia| • Collaborate with responsible parties to provide person-centered support services for caregivers and persons with Alzheimer’s disease and other dementias. |
| Florida             | • Conduct a survey of family caregivers affected by Alzheimer’s disease and other dementias.  
• Create a statewide buying cooperative for family caregivers affected by Alzheimer’s disease and other dementias to make services for caregivers more affordable.  
• Pass legislation to provide a tax credit to businesses that provide financial benefit assistance to employees using adult day care services for family members affected by Alzheimer’s.  
• Create an annual statewide Alzheimer’s disease and other dementias family caregiver week.  
• Ensure all family caregivers have access to respite services if needed.  
• Provide respite care vouchers for family caregivers of persons with Alzheimer’s disease and other dementias.  
• Create regulations for respite programs that service people with Alzheimer’s disease and other dementias.  
• Increase funding for respite care. |
| Georgia             | • Ensure that local Aging and Disability Resource Centers as well as Area Agencies on Aging are aware of and promote existing training and informational materials available to family caregivers, especially those located in rural areas.  
• Evaluate the cost and feasibility of developing state and/or federally-funded caregiver support programs for caregivers who do not currently qualify for Medicaid services.  
• Offer accessible training for the family caregiver, including an understanding of the disease, its progression, and how it affects thinking and behavior; strategies for effective communication and behavior guidance; information about available resources and services; treatment; strategies for self-care; and the management of caregiver stress.  
• Provide funding and implement innovative models to increase caregivers’ access to respite that is provided through in-home respite providers, adult day service organizations, volunteer-based respite programs, and other sources.  
• Develop an ongoing repository of culturally sensitive resources for use by partners. Engage organizations as repositories that are currently serving in this capacity (such as the Rosalynn Carter Institute).  
• Create funding mechanisms to support family caregivers to keep their family member with dementia at home longer by providing reimbursement for personal care services, specialized medical supplies, and respite care, for example.  
• Use assistive technology to provide services and training in care and safety to help both persons with dementia and their caregivers. Research current and upcoming technology options being utilized for dementia. Create a Resource Guide for Adaptive Technology. Provide increased access to safety monitoring and support for caregivers. |
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| Hawaii  | • Ensure that Hawaii care partners and families receive culturally sensitive education, training, and support materials.  
• Enable Hawaii’s caregivers and families to continue to provide care while maintaining their own health and well-being, including through the use of peer mentors, more access to caregiver support groups, affordable transportation options (especially in rural areas), and respite services. |
| Idaho   | • Link current Alzheimer’s disease and other dementias support groups and respite care services into a vetted caregiver support network and provide viable options for areas of the state not presently served (i.e. rural areas). |
| Illinois | • Provide physical, emotional, and financial assistance to unpaid caregivers of persons with Alzheimer’s disease and other dementias, including accessible, available, and affordable adult day services, respite services, support services for caregivers, and financial assistance, taking into account the type and amount of services provided by currently unpaid caregivers.  
• Seek any necessary waivers to allow a family member, including a spouse, to receive some form of financial incentives for their services and for the additional costs incurred in order to care for a person with Alzheimer’s disease at home.  
• Create incentives (such as cash benefits and income tax credits) for caregivers to permit them to continue to provide services to persons with Alzheimer’s disease and other dementias, such as necessary training, support, and financial assistance, if needed, to allow these persons to remain in the most homelike setting for as long as possible. |
| Indiana | • Provide training and support for caregivers.  
• Encourage employers to include family caregiver support services as part of their benefit packages and policies. |
| Iowa    | • Correlate the stages of Alzheimer’s disease and other dementias with interventions to assist caregivers and service providers in making care decisions and in navigating the delivery system by identifying interventions, service needs, safety needs (including home environments), and caregiver needs.  
• Compile an analysis of Iowa’s population by county and age to determine current utilization and future service needs of caregivers and persons with Alzheimer’s disease and other dementias to support development of programs and services. |
| Kentucky| • Support legislation for a caregiver tax credit for providing in-home care for dependent relatives who have little to no income, and have been diagnosed with Alzheimer’s and other dementias.  
• Develop incentives beyond tax incentives for caregivers. |
| Louisiana| • Develop and implement, building upon existing resources, a public awareness campaign to increase knowledge about, and use of, existing federal and state tax exemptions, deductions, and credits for caregivers of persons with Alzheimer’s disease and other dementias.  
• Encourage development of services that support caregivers remaining in the workforce through efforts such as: (1) partnering with stakeholders such as the Chamber of Commerce, Society of Human Resource Managers, small business owners and others, and caregivers to explore employer implementation of a “cafeteria plan” state income tax benefit for caregivers of persons with Alzheimer’s disease and other dementias; and (2) partnering with the state Society of Human Resource Managers and caregivers to develop and implement employee assistance programs for employees who are caregivers for persons with Alzheimer’s disease and other dementias.  
• Explore opportunities to increase funding for the National Family Caregiver Support Program. |
| Maine   | • Conduct a gap analysis to identify new and existing opportunities to enhance and adequately fund – and then fund – state policies and programs regarding benefits and subsidies to family caregivers that promote active involvement of families in dementia care.  
• Develop, enhance, and improve the variety and supply of formal and informal supports for caregivers of persons with Alzheimer’s, including supports appropriate for elders and their caregivers in ethnic, immigrant, and tribal communities.  
• Identify and expand the availability of professional guidance options to help family caregivers navigate and manage the myriad of safety and behavioral issues through an array of services such as caregiver assessment, care consultation, counseling, care management, respite care, support groups, assistive technologies, and other effective interventions. |
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| Maine (cont.) | • Identify and expand the reach of public and not-for-profit training programs run by organizations and agencies with expertise in Alzheimer’s disease to inform, educate, and offer care giving strategies and interventions to empower family members and/or friends of those living with individuals with Alzheimer's at home.  
• Increase participation in educational programs among diverse caregivers through culturally and linguistically appropriate trainings and materials. Customize outreach tailored to immigrant and other diverse communities and where possible, recruit participation of native language speakers to deliver programs.  
• Educate and enlist the faith community as community resources that can help reach out to and support family caregivers. Invite faith leaders to applicable trainings and also utilize them as a resource to disseminate information and materials.  
• Encourage businesses and other workplace sites to offer family caregiver support services, such as flexible work hours, referrals, and counseling through Employee Assistance Programs and other employee initiatives. Invite employers to applicable trainings and also utilize them as a resource to disseminate information and materials.  
• Establish and support consumer and family involvement in public advocacy through advocacy training and financial supports such as travel reimbursement and funding for respite care.  
• Enhance the state 2-1-1 information line’s ability to be an effective channel for people seeking access to resources related to Alzheimer’s disease and other dementias by ensuring the system has access to up-to-date contact information for resources in each county.  
• Educate family caregivers and individuals to recognize and choose quality dementia care.  
• Enhance and expand the reach of dementia-specific family caregiving trainings, including guidance on available resources and support and navigating systems of care.  
• Educate family members about best practices in home care.  
• Educate family members about how to work with facility staff to ensure the needs of their loved ones are met, including anticipated guidance regarding the intake and admissions process, assessment, care plan development and conferences, resident and/or family councils as well as ongoing more informal interaction during visits. It should also include anticipatory guidance on how family caregivers can help support their loved ones to prepare for the change of setting, as well as guidance on how to prepare themselves. |
| Maryland   | • Assess barriers to families living with younger-onset Alzheimer’s and develop strategies to enhance support for these families.  
• Coordinate widespread dissemination of multilingual information about the disease process, living with Alzheimer’s, and caregiving strategies.  
• Assess state and private sector ability to offer enhanced financial incentives, including tax credits or paid time off, for those who give up their income to be full-time caregivers for family members with Alzheimer’s and other dementias.  
• Collaborate with community partners to recruit support group leaders and maintain support groups in their communities.  
• Diversify the support group models to include in-person, telephone, and online support groups.  
• Work with the Alzheimer’s Association and other community partners to deliver community-based and online educational programs for caregivers. |
| Massachusetts | • Assess barriers to families living with younger-onset Alzheimer’s and develop strategies to enhance support for these families.  
• Coordinate widespread dissemination of multilingual information about the disease process, living with Alzheimer’s, and caregiving strategies.  
• Assess state and private sector ability to offer enhanced financial incentives, including tax credits or paid time off, for those who give up their income to be full-time caregivers for family members with Alzheimer’s and other dementias.  
• Collaborate with community partners to recruit support group leaders and maintain support groups in their communities.  
• Diversify the support group models to include in-person, telephone, and online support groups.  
• Work with the Alzheimer’s Association and other community partners to deliver community-based and online educational programs for caregivers. |
| Michigan   | • Identify and promote use of best community caregiver assessment tools and practices.  
• Promote existing tools and resource materials, including Effective Caregiver Interventions, in-home and community-based respite care best practices, technology lexicon/assistive technology, and other selected resources.  
• Provide input in development and implementation of home- and community-based caregiver support services provided through the Alzheimer’s Disease Supportive Services Program. |
| Minnesota  | • Develop, enhance, and improve the variety and supply of informal and formal supports for caregivers of persons with Alzheimer’s, including supports appropriate for elders and their caregivers in ethnic, immigrant, and tribal communities.  
• Support expansion of programs that use the New York University caregiver counseling model proven to increase the duration of family caregiving and delay nursing home placement. |
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| Mississippi | • Conduct an internet and literature review of available caregiver support information from public and private resources at both the state and national levels.  
• Conduct a needs assessment of caregivers and health care professionals to identify opportunities to enhance awareness of caregiver support services as well as available informational resources.  
• Develop a web site to function as a centralized clearinghouse of information regarding available caregiver support services from both online and printed sources.  
• Promote collaboration and involvement of all community partners, both public and private, in centralizing information regarding available caregiver support services.  
• Identify and collaborate with organizations and agencies that are currently providing educational information and training programs for communities, faith-based services, caregivers, family members, and health care providers to expand availability as well as identify underserved areas or groups. Assist with providing materials to community groups, caregivers, and health care providers and facilities.  
• Provide focus training with continuing education to health care providers and the medical community that enhances knowledge of resources and support services for caregivers.  
• Engage for-profit and non-profit foundations, the business community, and the state and federal government to provide funding for caregiver support materials and services.  
• Develop strategies to ensure health care professionals recognize the role of families in the delivery of care for individuals with Alzheimer’s disease and the importance of caregiver stress management and promotion of their health and well-being. |
| Missouri    | • Provide education, training, and easy access to information and help for caregivers and families via a variety of methods including printed materials, in-person education sessions, webinars, online meeting sites/videoconferencing and support groups.  
• Create, publicize, and maintain caregiver support groups across the state in every community led by volunteers and/or trained facilitators, as a means of education for caregivers and others who may be facing Alzheimer’s and other dementias situations in their families.  
• Create curricula and provide training for Alzheimer’s and other dementias caregiver support group facilitators.  
• Enlist and educate the faith-based community as resources that can help reach out to and support Alzheimer’s and other dementias families and caregivers. Invite faith leaders and parish nurses to applicable trainings and also utilize them as a resource to disseminate information and materials.  
• Educate employers about the issues facing caregivers and families; encourage them to establish workplace policies such as flextime, telecommuting, referral services, on-site support programs, and counseling through Employee Assistance Programs. Provide employers with applicable trainings and request their assistance in disseminating information and materials.  
• Encourage employers to expand paid/unpaid leave options specific to employees who are Alzheimer’s and other dementias caregivers.  
• Expand Family and Medical Leave Act (FMLA) provisions to include coverage for adult care.  
• Establish state tax credits, similar to the child care tax credit, for caregivers and families paying for direct care services to encourage the use of early intervention and support services, such as adult day and respite care. |
| Montana     | • Explore the use of volunteers to provide support to family caregivers by collaborating with community organizations and faith-based groups.  
• Collaborate with the business community to create employee assistance programs that include education and training for caregivers. |
| Nevada      | • Coordinate widespread dissemination of multilingual information about the disease process, living with Alzheimer’s and caregiving strategies.  
• Work with the Alzheimer’s Association and other community partners to deliver community-based and online educational programs for caregivers and people with early stage Alzheimer’s. |
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| New Jersey | • Encourage public and private employers to offer information to employees on dementia and on the available services and service providers to help affected individuals and their caregivers.  
• Identify existing opportunities of organizations with expertise in Alzheimer's disease to inform, educate and offer caregiving strategies and interventions to empower family members and/or friends of those living with Alzheimer's disease.  
• Ensure that there are culturally and linguistically appropriate educational and training tools for families and caregivers and that they are widely available.  
• Make sure the aging and disability networks are aware of and promote existing training materials available to family caregivers.  
• Partner with faith-based organizations to engage volunteers that can reach out to caregivers and provide support in their populations.  
• Provide in-person, phone and web-based support for caregivers through existing channels, such as the Care2Caregivers hotline provided by Rutgers University Behavioral Health Care and the Alzheimer's Association 24/7 Hotline.  
• Explore the possibility with businesses and other workplace sites of creating access to respite care services for use during an emergency or on a short-term immediate basis.  
• Build strong partnerships with the health care community and develop opportunities to promote caregiving as a health risk factor so that health care professionals acknowledge and address the issue. Work with appropriate state agencies and professional trade associations to educate the workforce that cares for people with Alzheimer's disease, including but not limited to primary care physicians; specialists such as neurologists, geriatricians, and psychiatrists; registered nurses and advanced practice nurses; community health workers; social workers; psychologists; pharmacists; dentists; allied health professionals; and direct care workers like home health aides and certified nursing assistants.  
• Educate family members, drawing on the guidance of the Alzheimer's Association and Alzheimer's NJ, about how to educate and reinforce with health care providers the importance of addressing the needs of caregivers who are caring for individuals with Alzheimer's disease.  
• Maintain the programs funded with state and NJ FamilyCare funding, including the Statewide Respite Care Program, the Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders, and Managed Long Term Services and Supports (MLTSS).  
• Explore options with the Aging and Disability Resource Centers to maximize support for caregivers through Older Americans Act Title III-E funding (National Family Caregiver Support Program).  
• Explore opportunities to update Older Americans Act contracting policies to support consumer-directed cash management plans to assist family and informal caregivers and self-direct the care for their loved ones at home for as long as possible. |
| New Mexico  | • Expand access to culturally appropriate resources and supports for family caregivers and all populations and entities dealing with the care and treatment of individuals with Alzheimer's disease and other dementias.  
• Increase access to culturally competent support services, including respite, care coordination, and case management services in a time, manner, and location that meets family needs.  
• Expand evidence-based caregiver training in a manner that is effective across New Mexico cultures and locations. |
| New York    | • Educate caregivers and patients about the Family and Medical Leave Act, long-term care insurance, the benefits of advanced legal and financial planning, and existing support programs through agency websites, educational forums, service networks, and the media.  
• Educate employers about caregiving responsibilities and how they can be responsive to these employees through partnerships with trade organizations.  
• Gradually expand Alzheimer's Disease Community Service Programs that provide multiple activities such as support groups and caregiver help lines until they are available statewide over the next three years.  
• Provide in-person, phone, and web-based support for caregivers through existing mechanisms (for example, the Alzheimer's Disease Community Service Programs). |
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| New York (cont.) | • Gradually expand Alzheimer's Disease Community Service Programs that provide multiple support and training activities until they are available statewide.  
• Educate caregivers on the importance of home modifications to prevent injury.  
• Offer caregivers help on how to keep records and present information to medical providers.  
• Partner with community-based organizations such as the Alzheimer’s Association to train volunteers and educate caregivers about appropriate strategies to deal with ongoing legal, financial, medical, behavioral, and emotional challenges. |
| North Carolina | • Develop a comprehensive “virtual resource center” for caregivers on the Department of Health and Human Services website, including a link to an updated dementia toolkit available on the Duke Family Support Program website. Available information should include (a) information about Alzheimer’s disease and other dementias; (b) information on financial and logistical preparation for caregiving and end-of-life care; (c) resources for services, including employer-based services, adult day care, caregiver respite services, and financial assistance; (d) training resources; (e) safety resources, including tips on home safety, community safety, and technological innovations (such as Safe Return and other web-based tools); (f) resources and supports for health care providers, including information on available trainings and on starting conversations with patients and families about financial planning and safety concerns; and (g) tools for preliminary assessment of caregiver needs.  
• Provide adequate funding for family caregiver support services, including dementia-specific respite through Project CARE.  
• Partner with employers and business interest to develop policies to encourage active employer participation in support for employee caregivers, including: (a) education for employers about dementia, the role of family caregivers, and promotion of caregiver-friendly policies; (b) flextime, paid and unpaid family leave, non-discrimination policies for caregivers, telecommuting, referral programs, respite services, on-site support groups, awareness of available benefits, explanation of family and leave-related policies, and specialized employee assistance programs; and (c) identification of corporate/employers champions.  
• Enact legislation to study the needs of working family caregivers. |
| North Dakota   | • Evaluate the ability to provide a financial incentive such as a tax credit for caregivers who give up their income to care for someone with Alzheimer’s disease and other dementias.  
• Address the needs of employees who are caregivers to persons with Alzheimer’s disease through the use of on-site support groups, case management, and other initiatives. |
| Oklahoma       | • Ensure that a statewide comprehensive central clearinghouse for family members and caregivers on treatment and risk reduction options is developed and maintained.  
• Identify and/or develop culturally/linguistically appropriate training tools for families to enhance understanding of the implications of Alzheimer’s; disseminate the tools throughout the community.  
• Utilize and strengthen linkages between medical care team and informal caregivers.  
• Conduct an assessment of caregiver needs, including, but not limited to, legal and financial guidance, respite care, psychological counseling, and stress management.  
• Disseminate information about currently available web- and paper-based tools for family and long-distance caregivers.  
• Partner with organizations to develop caregiver materials that are understandable and appropriate across varied population groups.  
• Inventory and make available a listing of caregiver support groups.  
• Encourage the establishment of additional caregiver support groups in geographical areas currently lacking such groups.  
• Encourage the use of Health Insurance Portability and Accountability Act-compliant, web-based tracking tools to facilitate communication between informal caregivers and health care providers.  
• Explore legislation to provide financial support to caregivers. |
| Oregon        | • Ensure at least one annual Alzheimer’s disease educational activity directed to relatives, caregivers, and/or volunteers. |

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• Encourage the development of social media networks as resources for caregivers.
• Build upon existing caregiver newsletters to pool resources and extend outreach to caregivers interested in learning about Rhode Island-specific services and supports.
• Formalize a peer mentor network to connect families and caregivers that are new to the disease with those who have more experience.
• Encourage the development of a comprehensive network of respite options across the state, including short- and mid-term respite care.
• Partner with geriatric mental and behavioral health experts to provide services for caregivers who screen positive for depression, anxiety, and burnout – and develop the capacity to offer education and consultation to community providers who work with families and caregivers.
• Support and build upon ongoing public outreach efforts through the Providence Catholic Diocese, the Division of Elderly Affairs, and the Rhode Island Alzheimer’s Disease website to increase public awareness of the CareBreaks program (respite services), with a goal of improving the rate of utilization of respite care among family caregivers.
• Explore potential to incorporate mid- to long-term in-home respite services into the overall network of options.
• Survey national models (e.g. Shared Living) that address the prohibition on spouses, parents, and others financially responsible for the care recipient from serving as the paid caregiver.
• Enhance provision of respite care services to include emergency or short-term immediate access, including by exploring the possibility of (1) shortening the average required stay at nursing homes for emergency or short-term respite; (2) simplifying the application process for nursing home respite care; and (3) alternative providers of care who could be more readily available to step into a respite need on an immediate basis.
• Seek to develop long-term respite services based on best practices for people with Alzheimer’s disease, including keeping the person at home and developing long-term relationships.
• Expand respite care worker education and training opportunities across the state.
• Establish ongoing links with Employee Assistance Programs (EAP) and provide educational and informational resources on support for families dealing with Alzheimer’s disease.
• Strengthen existing EAP resources for Alzheimer’s at large companies currently offering EAPs to employees; include outreach about the State Plan for Alzheimer’s disease and awareness of the Rhode Island Alzheimer’s Disease website.
• Work to ensure that all EAPs receive information about referral resources for employees requiring more intensive or long-term mental health services, such as geriatric mental health programs that include services for caregivers.
• Enhance awareness of the Rhode Island State EAP and make efforts to improve outreach to employees dealing with Alzheimer’s disease caregiving responsibilities.
• Support expansion of EAPs across large, mid-size, and small employers in Rhode Island. Explore possible partnerships across smaller sized companies by building shared resources through, for example, Chambers of Commerce.
• Develop additional partnerships for the provision of workplace-sponsored support groups and educational series focused on Alzheimer’s disease.
• Create a peer mentorship program to pair new caregivers with more experienced caregivers; explore the potential to connect peer mentors through the online chat function as part of the Rhode Island Alzheimer’s disease website.
• Incorporate real-time employee-focused supports and resources to the Rhode Island Alzheimer’s disease website.
• Identify best practices and future improvements for the support of remote caregivers and caregivers with extensive external demands such as family and job-related responsibilities.
• Research grant opportunities to implement telehealth demonstration programs for families caring for persons with Alzheimer’s or other dementias in home situations.
• Explore a partnership between state colleges and universities and the Alzheimer’s Association to develop a series of online videos regarding: (1) introducing families and caregivers to Alzheimer’s disease and Alzheimer’s resources across the state; and (2) a series of short training
| Rhode Island (cont.) | modules for anyone interested in learning the basics of caring for someone with Alzheimer’s.  
• Develop a two-week certification program, offered by a local university or organization with input from the Alzheimer’s Association, for family members caring for individuals with dementia. Incorporate ways to address the needs of other family members (in particular young children) in training and education modules to help them better understand the disease.  
• Develop training and education opportunities for friends and family members who will be caregivers and for those who will provide respite to the primary caregiver. |
| South Carolina | • Promote and support businesses in addressing the needs of employees who are caregivers to persons with dementia through the use of on-site respite care, support groups, or other initiatives. |
| Tennessee | • Educate caregivers through the Alzheimer’s Association and other agencies, and provide support and possible referral to mental health services, paying attention to caregiver’s mental state during office visits.  
• Increase and improve support, counseling, and education for family and informal caregivers to provide information on available support services and the importance of maintaining their own health, including by (1) providing an efficient method of identifying and tracking resources across Tennessee; and (2) examining linkages with existing options, such as the National Family Caregiver Support Program, inpatient respite care, and the Alzheimer’s Innovation Grant. |
| Texas | • Assess caregivers on their experiences in obtaining access to needed information and services.  
• Partner with at least one Texas health care system or group of primary care physicians to pilot test an evidence-based approach to identification, assessment, and support of Alzheimer’s disease caregivers within health care settings.  
• Establish a translational research workgroup to explore opportunities for implementing an evidence-based caregiver support program into a large health care system or within a group of primary care physicians in Texas.  
• Promote integration of Alzheimer’s disease caregiver support services into Texas health care system(s), providers, and other health care-related organizations.  
• Encourage partnerships between Alzheimer’s disease support service organizations, such as the Alzheimer’s Association and local Area Agencies on Aging, and health care systems to facilitate caregiver access to support services.  
• Identify potential sources of financial support for health care systems or physicians who provide support services to Alzheimer’s disease caregivers; for example, Centers for Medicare and Medicaid Services (CMS) demonstration projects, CMS waivers, and Medicaid Waiver programs. |
| Utah | • Educate and enlist the faith-based community as a key resource that can reach out to and support family caregivers.  
• Recognize caregiving as a health risk factor that warrants public health attention to encourage health professionals to acknowledge and address the issue.  
• Ameliorate neuropsychiatric symptoms of persons with dementia cared for at home by enhanced training and support of family caregivers on effective behavioral interventions that are designed to modify symptoms, reduce caregiver distress, and delay nursing home placement.  
• Support, fund, and expand the availability of professional guidance to help family caregivers navigate and manage myriad safety and behavioral issues through an array of services such as caregiver assessment, care consultation, counseling, care management, respite care, support groups, assistive technologies, and other effective communications.  
• Increase participation in educational programs among diverse caregivers through culturally and linguistically appropriate offerings.  
• Secure foundation, corporate, and nonprofit funding for effective statewide family caregiver training programs.  
• Provide health education to caregivers early in the disease through medical providers, voluntary agencies, and the Caregiver Support Program of the Area Agencies on Aging that includes information about disease course and services needed at different disease stages.  
• Recognize and address the financial burden of caregiving and work to protect spouses from impoverishment at all levels of care.  
• Encourage businesses and other workplace sites to offer family caregiver support services; for |
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| **Example** | Flexible work hours, referrals and counseling through Employee Assistance Programs, and other employee initiatives.  
- Advocate for state and federal tax credits, similar to the child care tax credit, for frail spousal and working adult offspring caregivers paying for direct care services to encourage the use of early intervention and support services, such as adult day and respite care.  
- Research, disseminate, and expand private insurance and cafeteria plans that cover supportive services (such as adult day care) for caregivers. |
| **Vermont** | Provide training and orientation to consumers and family members of individuals newly diagnosed with dementia regarding the condition, the system of dementia care, and social supports.  
- Develop state policies regarding benefits and subsidies to family caregivers that promote active involvement of families in dementia care. These incentives can be in the form of monetary incentives, tax incentives, health care coverage, or deferred income incentives (retirement) as well as non-monetary incentives such as eligibility to obtain counseling and support for family caregivers through Choices for Care and other state or locally sponsored programs.  
- Develop employer-supported dementia caregiver training and other employer-supported programs. |
| **Virginia** | Restore funding to maintain the Virginia Caregivers Grant.  
- Train and link family and informal caregivers to information and education about dementia and the caregiving process, including information about dementia as well as information on how caregivers can stay healthy, organize the various legal issues associated with a loved one's dementia diagnosis, and how caregivers can locate and make use of resources for respite care services. |
| **Washington** | Create a Washington State-specific "road map" for family caregivers, providing information about what to expect over time to help plan for the future.  
- Provide dementia-specific information and assistance for family caregivers of people living with dementia.  
- Prepare and disseminate simple documents for clinical teams that identify community resources and educational information that are available to support care partners of people with dementia.  
- Increase availability and delivery systems of education for family members about dementia communications skills, understanding and responding to non-verbal cues and behaviors, and home care activities such as assuring home safety, managing medications, using effective approaches for personal care and oral health needs, addressing hearing loss and other sensory deficits, and incorporating physical and meaningful activity into the day.  
- Identify and make educational programs and support services for diverse caregivers more available across the state.  
- Engage tribal representatives to explore the needs of tribal families caring for people with dementia to develop culturally relevant supports and services.  
- Provide education and supports for older family caregivers who provide primary care for their adult children or siblings with developmental disabilities and dementia.  
- Increase awareness among the public and community agencies that the Family Caregiver Support Program is available and helps caregivers of people with dementia at any age.  
- Inform caregivers and patients about the Family and Medical Leave Act, long-term care insurance, the benefits of advance legal and financial planning, and existing support programs through agency websites, educational forums, service networks, and the media.  
- Increase awareness of the need to involve care partners/caregivers in every step of care planning and goal setting for the person with cognitive impairment and dementia.  
- Engage employers and those responsible for developing and implementing Employee Assistance Programs about the issues facing family caregivers and encourage them to incorporate policies such as flextime, telecommuting, referral services, and on-site support programs.  
- Increase clinician awareness about regular systematic assessment of care partner stress, ability, knowledge and skills to provide care. |
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<td>Washington (cont.)</td>
<td>• Increase awareness among caregivers of both public and private programs that offer professional guidance in understanding the diagnosis and how to access services and plan for the future.</td>
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<tr>
<td>West Virginia</td>
<td>• Establish a state-funded Alzheimer’s disease training program for family and lay caregivers to be offered statewide.</td>
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<tr>
<td>Wisconsin</td>
<td>• Expand access to caregiver education and support programs.</td>
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<td>• Expand and update the Alzheimer's Family Caregiver Support Program, including by (1) revising the maximum per family allowance and income eligibility requirements; (2) increasing awareness of the program and the National Family Caregiver Support Program; (3) encouraging greater coordination between state and federal programs; (4) increasing funding; and (5) establishing a funding allocation for tribes.</td>
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<td>• Use volunteer programs to provide support for people with dementia and their family caregivers, including by (1) developing additional examples of volunteer-based programs for family caregivers of people with dementia; (2) developing a toolkit for replication of best practice programs; (3) awarding grants to pay a volunteer coordinator; and (4) monitoring implementation and progress.</td>
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# RESEARCH

*Recommendations to increase research on Alzheimer's disease*

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<td><strong>Alabama</strong></td>
<td>• Support collaboration between entities in developing and researching innovative, non-pharmacologic, person-centered approaches for behavioral management (such as those that employ creativity and the arts) in Alabama's dementia care facilities.</td>
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| **Alaska** | • Support University of Alaska research related to Alzheimer’s and other dementias.  
• Support development of capacity for clinical trials of medications for Alzheimer’s and other dementias, pilot projects of effective care models, and research into symptom management in Alaska using specific research where possible.  
• Seek federal grant opportunities to support research. |
| **Arizona** | • Create an Arizona research exchange or network through Arizona conferences on Alzheimer’s disease and other dementias and via mechanisms such as LinkedIn and Research Gate (a social networking site for professionals, scientists, and researchers) to share papers, ask and answer questions, and find collaborators.  
• Prioritize reduction of the time lag between discovery and research translation.  
• Strengthen the Arizona Alzheimer’s Disease Research Priority Agenda by expanding and enhancing cutting edge research that encompasses both medical research and promising clinical drug trials, in addition to essential research on prevention, risk reduction, and impact and care/support of people living with Alzheimer’s disease and their care partners.  
• Engage and educate health and human service providers on the benefits of referring people affected by Alzheimer’s disease and other dementias to research studies.  
• Encourage key leaders, administrators, and advocates in professional organizations of health and human services providers to include information about research, research participation, and its importance to their members.  
• Use testimonials of diverse groups of research participants to describe the benefits of research and assist with research recruitment.  
• Identify creative ways to engage undergraduate and graduate students in Alzheimer’s disease to build a pipeline of future researchers.  
• Engage younger audiences in research-related activities through social media.  
• Develop collaborative strategies among research institutes, health and human service providers, and Arizona’s aging network to increase research participation.  
• Create and support research recruitment campaigns such as Banner Alzheimer’s Prevention Initiative and Alzheimer’s Association TrialMatch.  
• Encourage research that explores the inter-relationships among Alzheimer’s disease and other dementias and other co-occurring disorders/co-morbidities such as depression, diabetes, heart disease, arthritis, etc.  
• Identify and overcome challenges to engaging participants in Alzheimer’s disease and other dementias research, including geographic, socio-economic, cultural or other differences that may discourage participation.  
• Preserve and expand state funding of Alzheimer’s research.  
• Promote increased taxpayer contributions to Alzheimer’s research through state-approved mechanisms (e.g., a state tax check-off to fund Alzheimer's disease and other dementias research).  
• Increase sponsorship and support from private and public sectors (including non- and not-for-profit entities as well as individuals) to foster research collaboration.  
• Identify and take advantage of ways to share resources (time, space, etc.) in research programs and activities.  
• Explore emerging internet and social media resources and solutions, which may include crowd funding, crowd sourcing, and similar opportunities for both funding and participant recruitment. |
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| Arizona (cont.) | • Identify/implement best practices and develop new opportunities for collaborative research across organizations (institutes, universities, government, industry, and non- and not-for-profit).  
  • Engage and mentor new investigators and those from other fields for collaborative work on Alzheimer's disease and other dementias research.  
  • Build on existing and develop new conference opportunities in Arizona on Alzheimer's research.  
  • Encourage innovative leadership in local to global research that fosters new conceptual frameworks, novel designs and methods, and unique interdisciplinary partnerships leading to state-of-the-art evidence-based and evidence-informed prevention and care. |
| Arkansas      | • Invest in the Pilot Research Program of the Arkansas's Center for Clinical and Translational Research of the University of Arkansas for Medical Sciences to bolster research in Alzheimer's and other dementias and to translate effective diagnosis and treatment of these conditions. |
| California    | • Engage community physicians to encourage referral to and participation in clinical trials.  
  • Preserve, restore, and expand state funding of the ten California Alzheimer's Disease Centers, including the mandate to conduct research.  
  • Promote increased taxpayer contributions to the tax check-off for Alzheimer's disease research.  
  • Renew California's commitment to lead the nation in research by: (1) collaborating with industry and the life and biosciences sector; (2) exploring opportunities for California's special funds for research to support competitive funding for Alzheimer's disease; and (3) promoting research focused on the development of assistive technology, including both high- and low-tech assistive devices that adapt everyday environments for people with Alzheimer's.  
  • Educate the public on the availability, purpose, and value of research, and encourage participation in clinical trials and other studies.  
  • Promote the Alzheimer's Association's TrialMatch to increase participation in clinical trials.  
  • Collaborate with private, state, and federal partners to increase participation of diverse populations in research studies.  
  • Partner with the Coalition for Compassionate Care of California to include and promote sample language regarding research participation in standard advance health care directive forms. |
| Colorado      | • Establish a Colorado Alzheimer's Disease Research Center at the University of Colorado School of Medicine.  
  • Incentivize clinics that collaborate with academic centers to offer National Institutes of Health-sponsored clinical trials throughout the state of Colorado. |
| Connecticut   | • Facilitate the establishment of a private, public, academic partnership to efficiently support data and research infrastructure related to dementia in the state and region in a way that partners the research, clinical, patient, and caregiver communities while serving as a resource for the public.  
  • Study other states' relevant infrastructure for supporting basic, translational, and clinical Alzheimer's and dementia research.  
  • Identify and engage the relevant members of the research community and stakeholders.  
  • Explore ways to improve the research infrastructure for supporting basic, translational, and clinical research in the state and region.  
  • Develop a plan for improving the state's relevant infrastructure for supporting basic, translational, and clinical Alzheimer's and dementia research. |
| District of Columbia | • Identify all organizations and institutions in the District of Columbia involved in Alzheimer's disease research to promote Alzheimer's disease research awareness and strategic alliances.  
  • Promote and support innovative Alzheimer's disease research by increasing the sharing of knowledge and innovative research methods through stand-alone conferences and by incorporating Alzheimer's research topics into other conferences occurring in the District.  
  • Increase participation of at-risk populations in clinical research trials through the exploration and implementation of campaign methods.  
  • Establish a Coordinating Council to advocate for increased private, corporate, and philanthropic funding for Alzheimer's disease research through collaboration of the District of Columbia's research community/organizations.  
  • Utilize media and social network sources to promote participation in clinical trials among populations marked by Alzheimer's disease and other related diseases. |
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| Florida | - Support research consortia to enable successful competition for National Institute of Health-funded Alzheimer's Disease Research Centers.  
- Provide state funding for a grant program for Alzheimer's and other dementias research.  
- Support Alzheimer's disease and other dementias conferences in the state of Florida.  
- Provide sustainable funding for Florida's Brain Bank. Funding reductions that have occurred should be restored, and statewide activities should be funded at an increased, appropriate level. |
| Georgia | - Implement a State Alzheimer's Disease and Related Disorders Registry to be housed in the Department of Public Health. |
| Hawaii  | - Develop a Hawaii research consortium to expand research and programs unique to Hawaii that have the potential to contribute to the science and understanding of Alzheimer's and other dementias worldwide.  
- Piggyback on or build relationships with national research partners, including to promote increased enrollment in clinical trials and other clinical research.  
- Convene an annual dementia care and research symposium with goals of fostering scientific collaboration and sharing of current dementia research with the Hawaii community.  
- Share the latest information about promising research and interventions with Hawaii health care professionals and the general public, through educational events, online sources, and the media. |
| Idaho   | - Pursue donations and other sources of funds other than the Income Tax Check Off to increase available state research funds such as bequests, other state or federal funding, or other grants.  
- Review the strategies used by other states to leverage additional research dollars.  
- Actively promote the state income tax donations and other donations and contributions to increase the amount of research funding.  
- Develop strategies to protect the Alzheimer's Disease Research Fund.  
- Increase the overall level of state funding for Alzheimer's disease research, care, and treatment for Alzheimer's Disease Assistance (ADA) centers and other entities, including by: (1) developing strategies to raise the state funding levels for the ADA centers compared to states demographically similar to Illinois; and (2) identifying funding opportunities that may qualify for federal or private matches and to leverage additional dollars for the program.  
- Reward the leadership efforts of the ADA centers.  
- Charge the ADA centers with the responsibility to create strategic alliances between the ADA centers and other academic institutions throughout the state.  
- Task the ADA centers to work with other entities to identify and engage stakeholders, including state chapters of the Alzheimer's Association, to participate in the development of these strategic alliances, and to assist the ADA centers to identify needs and opportunities for new initiatives.  
- Create a system that rewards the ADA centers for the development and implementation of collaborative efforts between the ADA centers, other academic institutions, and stakeholders.  
- Develop a joint report to be presented to the Committee each year that reports individual ADA center programs, but highlights the cooperative efforts of the ADA centers.  
- Regularly review and analyze the current funding formulas for the ADA centers.  
- Work with Congress to increase Alzheimer's research funding. |
| Illinois | - Engage physicians, practitioners, and community partners to encourage referral to and participation in clinical trials and longitudinal studies by diverse populations in Indiana.  
- Support Indiana's commitment to Alzheimer's research.  
- Sustain an Alzheimer's disease research center. |
| Iowa    | - Explore processes for distributing state funds to university faculty and determine the feasibility of designating state funds specifically toward Alzheimer's research.  
- Explore additional funding sources for Alzheimer's research through Kentucky universities and other resources. |
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| Louisiana             | • Support dementia research by increasing the sharing of scientific knowledge among scientists through stand-alone conferences, as well as by incorporating dementia research topics into other conferences that meet in Louisiana.  
• Support the development of a Center of Excellence for dementia research to promote collaboration, share knowledge, and offer education and services throughout Louisiana.  
• Develop strategies to attract, grow, and track research funding through universities, colleges, not-for-profit organizations, and other stakeholders.  
• Develop and support programs that encourage therapeutics and clinical trials for dementia by scientists from Louisiana, including basic research efforts and sponsoring biotechnology incubators to attract businesses to the state. |
| Maine                 |                                                                                                                                                                                                                       |
| Maryland              |                                                                                                                                                                                                                  |
| Massachusetts         |                                                                                                                                                                                                                  |
| Michigan              |                                                                                                                                                                                                                  |
| Minnesota             | • Increase the participation of diverse populations in research on Alzheimer's and other dementias.  
• Continue aggressive research on prevention, treatments, interventions, and a cure for Alzheimer's.                                                                                          |
| Mississippi           | • Ensure the most promising research projects are promoted and made sustainable, including research on risk factors and prevention, early diagnosis, treatment and cures for Alzheimer's disease and other dementias.  
• Establish a consortium to include academic institutions, relevant state and local agencies, and representation from private and lay stakeholder organizations to serve as an umbrella structure to coordinate and foster research efforts on Alzheimer's disease and other dementias in Mississippi.  
• Survey state universities, hospitals, clinics, and physician practices to assess what research is currently being conducted in the areas of Alzheimer's disease and dementia as well as any studies planned in the future.  
• Contact public and private organizations, such as the Alzheimer's Association, to identify what plans they have for research initiatives such as pending grants or clinical trial match.  
• Develop an authoritative list of all active Alzheimer's disease and dementia researchers (including basic and clinical research, behavioral research, and cognitive investigators) and their affiliated research institutions; public and maintain the list in a centralized location or website that is available to the public.  
• Establish research priorities based on Mississippi's unique demographics and the national priorities outlined in the National Alzheimer's Project Act.  
• Develop and support programs that encourage therapeutics and clinical trials for Alzheimer's disease and dementia by scientists from Mississippi, including basic research efforts and sponsoring biotechnology incubators to attract businesses to the state.  
• Develop collaborative relationships between researchers involved in ongoing health outcome studies already enrolling ethnic minorities and remote populations to facilitate recruitment of medically underserved individuals into aging and Alzheimer's disease studies.  
• Contact clinical professionals to determine their interest in research and encourage their participation in research-related activities.  
• Develop and distribute data and informational materials to educate public corporations and state policymakers about the need for interdisciplinary and collaborative Alzheimer's disease research.  
• Identify organizations involved in fundraising for Alzheimer's and dementia research and coordinate efforts through regular communication to limit duplication of efforts while expanding the state’s collective donor base.  
• Quantify the current level of research funding for Alzheimer's disease in Mississippi and prepare a comprehensive list to identify the funding source and amount for each investigator.  
• Create a centralized location or website to compile information for key stakeholders regarding current Alzheimer's disease/dementia researchers, studies, and funding sources in Mississippi. |
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| Mississippi (cont.) | - Explore opportunities to promote competitive funding through Mississippi special funds.  
- Create a database of research opportunities from governmental and non-governmental funding sources and identify those grants that address Mississippi’s needs; establish a research work group to encourage researchers in Mississippi to apply for grants and provide support for new researchers in grant writing.  
- Develop a program to leverage resources among Mississippi investigators and affiliated researchers for joint applications for federal research funding through various agencies and institutions such as the Veterans Administration, Centers for Disease Control and Prevention, the Administration on Aging, the Agency for Healthcare Research and Quality, and the National Institutes of Health.  
- Encourage development of an Alzheimer's Disease Research Center (ADRC) in Mississippi that can more effectively compete for federal funding and support.  
- Create and distribute culturally sensitive and appropriately tailored informational materials and educational programs for the public on aging and Alzheimer's disease studies to promote study participation.  
- Collaborate with private, state, and federal partners to increase participation of diverse and medically underserved populations in research studies.  
- Engage community physicians to encourage referral to and participation in Alzheimer's disease/dementia research projects and clinical studies.  
- Promote the Alzheimer's Association's TrialMatch for increasing participation in clinical trials.  
- Expand the use of the University of Mississippi Medical Center’s telemedicine technology applications in research protocols to research rural populations and remote communities. |
| Missouri    | - Advocate for restoration of state funding to Missouri-based researchers for the Alzheimer's Disease and Other Related Disorders Program.  
- Partner with academic institutions across the state to develop a research summit with the dual goals of fostering scientific collaboration and disseminating current research to the general public. |
| Montana     | - Increase the number of studies conducted in Montana related to Alzheimer's disease and develop new research collaborations with organizations and institutions in the Northwest involved in Alzheimer's disease.  
- Conduct and distribute a yearly review and summary of relevant Alzheimer's and other dementias literature in order to keep abreast of local, national, and international findings and support the creation of a clearinghouse to provide summaries of research findings.  
- Identify challenges to engaging participants in Alzheimer's and other dementias research in Montana, including geographic, socio-economic, cultural, or other differences that may discourage participation and implement solutions that will increase participation.  
- Promote programs such as the Alzheimer's Association TrialMatch as a way to match individuals with clinical research studies, including those underway at the nation's 29 Alzheimer's Disease Research Centers.  
- Encourage individuals to support funding for Alzheimer's and other dementias research through organizations such as the Alzheimer’s Association, state universities and local research institutions. |
| Nebraska    | - Create an Alzheimer's and Other Dementia Registry in the State of Nebraska.  
- Promote and help connect Nebraskans to current and future research participation opportunities, such as the Dementia Care Ecosystem Pilot. |
| Nevada      | - Establish a Nevada consortium to maximize current and future research and diagnostic efforts to address Alzheimer’s disease and other dementias.  
- Investigate and encourage expanded research opportunities throughout Nevada to study current, and develop new, medications that treat Alzheimer's disease and other dementias. Promote the dissemination of information about treatments available to persons with Alzheimer’s disease and other dementias, including approved drug regimens, investigational drugs available to Nevada residents, and the potential side effects of medications. |
<p>| New Hampshire | - |</p>
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| New Jersey   | • Establish a research consortium overseen by a medical/scientific advisory committee to promote successful and collaborative medical, scientific, and social research in New Mexico.  
• Conduct an annual research symposium incorporating medical, scientific, social, and behavioral research findings and approaches.  
• Actively seek sources of private and public funding in support of Alzheimer's disease and other dementias research in New Mexico. |
| New Mexico   | • Promote research related to strategies to improve patient behavior (i.e., non-traditional therapies, psychosocial interventions, and non-pharmacological treatments).  
• Promote collaboration between state research institutes and academia to accelerate drug discovery and clinical trials to validate innovative drug treatments for the behavioral symptoms of dementia that impede patient management.  
• Increase awareness and benefits of clinical trials.  
• Develop strategies for translating research findings into community practice.  
• Promote research related to behavioral strategies to reduce maladaptive behavior.  
• Collect and evaluate cognitive and behavioral outcomes from participation in dementia adult day programs. |
| New York     | • Support research through the establishment of a statewide collaborative registry of people diagnosed with Alzheimer's disease and other dementias. |
| North Carolina | • Promote research related to strategies to improve patient behavior (i.e., non-traditional therapies, psychosocial interventions, and non-pharmacological treatments).  
• Promote collaboration between state research institutes and academia to accelerate drug discovery and clinical trials to validate innovative drug treatments for the behavioral symptoms of dementia that impede patient management.  
• Increase awareness and benefits of clinical trials.  
• Develop strategies for translating research findings into community practice.  
• Promote research related to behavioral strategies to reduce maladaptive behavior.  
• Collect and evaluate cognitive and behavioral outcomes from participation in dementia adult day programs. |
| North Dakota | • Create an online list of all current state and national dementia-related research in order to increase the number of Oregonians participating in Alzheimer's research trials.  
• Promote increased use of the state income tax check off to fund Alzheimer's research through a publicity campaign. |
| Oklahoma     | • Conduct an economic analysis of the negative impact of Alzheimer's and other dementias on Pennsylvania, including the cost to Medicaid and other state programs, as well as predictions of future economic impact.  
• Conduct an economic analysis on the potential economic benefits that accrue to Pennsylvania because of research and technology development and increased employment in the health care industry related to Alzheimer's and other dementias, as well as the potential for increased economic benefits from an expansion of research, development, and care services.  
• Seek grant money to support Alzheimer's and other dementias research and technology.  
• Create an environment that invites research and technology development.  
• Approach private foundations for grant support to sponsor research aimed at finding cures, treatments, and prevention strategies.  
• Pursue public-private partnerships with corporate entities to sponsor research aimed at finding cures, treatments, and prevention strategies.  
• Pursue supplemental funding to federally-funded research and practice grants.  
• Advocate for increased federal support for Alzheimer's and dementia research.  
• Develop public and provider awareness information regarding clinical trials, to be distributed directly to primary care providers, patients, and families in a variety of modalities.  
• Develop and use existing education and FAQs for providers to distribute to patients and families at the time of diagnosis regarding clinical trials registries and qualifying requirements to engage in study protocols.  
• Increase awareness of web-based clinical trial finder sites.  
• Explore approaches that would enable the expansion of clinical trials to satellite facilities, including training of personnel, telemedicine, and remote video conferencing approaches.  
• Promote Pennsylvania as a magnet for clinical research by developing a network of hospital and other health care providers with clinical research capability across Pennsylvania. |
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| Pennsylvania (cont.) | • Cultivate collaborative efforts of the research, clinical, pharmaceutical, regulatory, and payer communities to identify barriers and solutions at each stage of treatment development with the goal of producing novel methods to prevent and treat Alzheimer’s and other dementias.  
• Provide incentives for biomedical technology companies working in the Alzheimer’s and other dementias field to remain in or relocate to Pennsylvania.  
• Promote and/or support legislation and/or incentives that would make Pennsylvania an attractive location for biomedical technology companies. |
| Puerto Rico       | • Increase the amount of research related to Alzheimer’s disease.         |
| Rhode Island      | • Partner with Advisory Commission on Aging to issue a Request for Information to researchers and their institutions for input on funded research addressing Alzheimer’s and other dementias in the state. Disseminate this information to the Rhode Island research community and inform state policymakers of funded projects underway, areas ripe for potential collaboration, and any concerns regarding gaps in research or participant engagement. Update this on a biannual basis.  
• Communicate statewide about the importance of participation in research studies and clinical trials; identify ways to enhance recruitment of participants for clinical trials on pharmacologic and non-pharmacologic ways to prevent Alzheimer’s and to manage/treat symptoms, including by developing efforts aimed at communicating on an ongoing and targeted basis with primary care providers about the importance of discussing participation in research studies and clinical trials.  
• Support the collaboration and sharing of research and expertise across institutions and research organizations in Rhode Island.  
• Publicize and encourage participation in the Alzheimer’s Prevention Registry to enhance future recruitment of currently healthy “at-risk” participants into Alzheimer’s prevention trials; expand the registry to include participation by all stakeholders across the State of Rhode Island.  
• Support efforts of the Norman Prince Neurosciences Institute and Aging Brain Center as well as the efforts of the Interdisciplinary Neuroscience Program at the University of Rhode Island (URI) and other programs at Brown University and URI that are focused on aging and neurodegenerative disease.  
• Support community-based behavioral health services treatment and delivery research.  
• Collaborate with the state’s assisted living and nursing care facilities to work toward enhancing how brain donations, as well as blood and spinal fluid donations, to the Brown Brain Tissue Repository are recruited and tracked.  
• Improve the tracking of clinical trial participants throughout the lifecycle, particularly once they have entered a long-term care residence.  
• Develop new partnerships and initiate strategic outreach to address the challenge of enrolling sufficient and diverse numbers of people into research studies and clinical trials, including ethnic and racial populations that are at a higher risk for Alzheimer’s disease.  
• Harness existing resources in the state such as the Geriatric Education Center and the Gerontology Center that are capable of translating findings into practice.  
• Identify partnerships among local agencies and institutions to disseminate research findings to networks of providers and researchers, including by incorporating into the annual geriatric psychiatry seminar offered by Butler Hospital and by exploring the potential to build upon monthly conferences offered to Lifespan staff members interested in geriatrics.  
• Propose annual research summit goals, identify attendees and potential sponsors. |
| South Carolina    | • Track research being done in the state and educate the public so they will be knowledgeable and can be involved in research if that is their choice. Make available the Alzheimer’s disease research directory so that prospective participants can access current information on available opportunities.  
• Create a brain bank in South Carolina for research purposes. |
| Tennessee         | • Develop a plan for providing funding to individuals and/or facilities that are engaged in research on Alzheimer’s disease and other dementias. |
• Support efforts to increase funding by 10 percent to maintain patient enrollment in the Texas Harris Alzheimer’s Study.
• Develop and distribute data and informational materials to inform potential funders about possible benefits of increased Alzheimer’s disease research.
• Make available detailed information regarding progress and discoveries made by the Texas Alzheimer’s Research Consortium (TARC) investigators.
• Compile a compendium of ongoing state-funded projects and future TARC research efforts.
• Present TARC’s specific plan for translating basic scientific discoveries into improved methods for diagnosis, treatment, and prevention of Alzheimer’s disease to the scientific community.
• Create a state-level committee to identify Alzheimer’s disease research priorities in Texas.
• Improve targeted funding opportunities to increase interdisciplinary, multi-institutional collaborations in Alzheimer’s disease research.
• Increase funding by 25 percent for non-TARC Alzheimer’s disease research in Texas.
• Establish a system for Texas research institutions to annually report research projects and funding sources to the Texas Council on Alzheimer’s Disease and Related Disorders.
• Utilize available information to profile productivity of Alzheimer’s disease research in Texas, relative to other states.
• Develop a program to leverage resources among Texas investigators and affiliated researchers for joint applications for federal research funding through institutions such as the Veterans Administration, the Centers for Disease Control and Prevention, the Administration on Aging, the Agency for Healthcare Research and Quality, and the National Institutes of Health.
• Create an on-line clearinghouse of external, non-state supported research funding opportunities available for any Texas researcher working in the field of Alzheimer’s and other dementias.
• Establish a research work group to identify funding sources to improve researchers’ capacity to attract external research dollars.
• Encourage development of Alzheimer’s disease centers of excellence that can compete for federal support.
• Promote private funding of Alzheimer’s disease projects by disseminating research results of Texas-based scientists among lay communities.
• Convene an annual forum for Alzheimer’s disease researchers from across the nation to meet, discuss, and plan future collaborations.
• Expand research areas and disciplines engaged in Alzheimer’s disease research via funded, collaborative trans-disciplinary grant applications.
• Establish a minimum of two non-state funded research projects with special emphasis on the impact of Alzheimer’s disease and cognitive aging on the state’s underserved individuals, including African Americans, Hispanic Americans, Native Americans, and rural Texas seniors.
• Develop collaborative relationships between ongoing Texas-based health outcome studies already enrolling elderly ethnic minorities and medically underserved populations to facilitate recruitment of underserved individuals into aging and Alzheimer’s disease specific studies.
• Create and distribute appropriately tailored informational materials on aging and Alzheimer’s disease research studies to underserved Texas communities for volunteer recruitment.
• Expand use of telemedicine technology applications in research protocols to reach rural populations and communities.
• Investigate collaborations with Latin-American, bi-national colleagues to embark in lifestyle risk assessment of Hispanics.
• Increase utilization of the TARC database by non-TARC Texas researchers to a minimum of three new projects per year.
• Generate and distribute information describing available TARC data and procedures for requesting data for analysis.
• Disseminate information to the Office of Research at each Texas-based university, including university media contacts and selected personnel within institutions.
• Create a working group/task force to interact with TARC’s data coordinating center to ensure a user-friendly process for requesting and obtaining data.
| Texas (cont.) | • Develop a Texas list of present and potential Alzheimer's disease researchers by institutions.  
• Develop a list of all active Alzheimer's researchers (including basic and clinical research, behavioral research, and cognitive investigators) and their affiliated research institutions.  
• Assess the feasibility of establishing TARC-funded pilot research grants that support new Texas-based Alzheimer's disease research.  
• Develop a multi-institutional resource sharing system/database that promotes collaborative sharing of information and resources between researchers at all Texas institutions.  
• Identify researchers at existing TARC sites to serve as collaborators and/or mentors for non-TARC Texas-based junior researchers and those new to Alzheimer's disease research.  
• Convene an annual statewide research symposium to highlight Alzheimer's disease research within Texas as well as promote collaboration and resource sharing.  
• Promote awareness of Alzheimer's disease research at academic institutions, hospitals, and disease-related businesses.  
• Encourage Texas researchers to collaborate across the scientific spectrum of developmental science and basic research.  
• Support increased funding for collaborative dementia research across Texas.  
• Develop and distribute data and informational materials to educate public corporations and policymakers about the need for interdisciplinary Alzheimer's disease research.  
• Facilitate acquisition of funding by Texas researchers from the Veterans Administration, Centers for Disease Control and Prevention, and other federal and private funding sources for multi-disciplinary and multi-institutional collaborative projects.  
• Develop, maintain, and distribute a compendium of ongoing funded Alzheimer's research projects, multi-institutional collaborations, and multi-disciplinary studies within Texas.  
• Increase by 1,000 the number of persons with Alzheimer's disease who participate in new and experimental clinical/research trials in Texas.  
• Promote greater awareness of existing and new opportunities for participation in Alzheimer's disease-related clinical studies and trials to health and service-related entities.  
• Promote awareness of the Alzheimer's Association's TrialMatch website to establish a database of clinical studies and trials that match patients to clinical trials based on survey information.  
• Ensure that volunteer recruiting activities and measures are published in multiple languages and formats with high degrees of cultural sensitivity.  
• Explore the potential of securing funding for subsidizing costs to involve patients who live in rural areas in clinical trials.  
• Investigate the possibility of obtaining funding to conduct a statewide awareness campaign on the value of clinical trials and studies. |
| Utah | • Collaborate with industry and the life and biosciences sector to increase research infrastructure.  
• Ensure that the most promising evidence-based research projects are advanced and made sustainable, including research on prevention, treatment, and cures for Alzheimer's disease.  
• Promote research focused on the development of assistive technology, including both high- and low-tech assistive devices that adapt everyday environments for people with Alzheimer's.  
• Engage community physicians in research toward early recognition of memory problems as well as other dementia symptoms, and rapid referrals to clinical trials.  
• Promote taxpayer contributions through a tax check-off to support Alzheimer's disease and related dementia research at Utah universities as administered through existing mechanisms at the Utah Center on Aging.  
• Educate the public on the availability, purpose, and value of research, and encourage participation in clinical trials and other studies.  
• Promote the Alzheimer's Association's TrialMatch to increase participation in clinical trials.  
• Collaborate with private, state, and federal partners to increase participation of diverse populations in research studies.  
• Encourage the Utah Science Technology and Research Initiative to support a new investigative team in neurodegenerative disease at the University of Utah. |
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| Utah (cont.) | • Generate rapid commercialization and spin-off companies based upon promising and innovative dementia research at Utah universities through their Offices of Technology Development and industry partnerships.  
  • Collaborate with private, state, and federal partners to increase participation of diverse populations in research studies.                                                                                                                                               |
| Vermont    | • Sponsor statewide efforts to obtain more funding for dementia research.  
  • Work with academic partners and advocacy organizations to develop and sustain pathways by which the general public can learn about dementia research.  
  • Work with academic partners and advocacy organizations to develop a cohort of older adults, individuals with cognitive impairment, and families from around the state to represent the full spectrum of Vermont’s demographic and geographic diversity in longitudinal dementia studies. |
| Virginia   | • Increase funding for the Alzheimer’s and Related Diseases Research Award Fund.  
  • Provide networking opportunities for researchers in Virginia.  
  • Direct researchers to data sources for statistics regarding Alzheimer's disease and dementia in Virginia so that they can better write research funding applications.  
  • Develop training for gatekeepers (physicians, nurses, office managers, and other health professionals) on Alzheimer’s disease and the value of research participation.  
  • Develop incentives such as care coordination, research partnering, and communications of study results, for health professionals who encourage research participation in the community. |
| Washington | • Identify organizations and institutions in the state involved in providing dementia-related psychosocial and medical services, and connect them with Alzheimer’s disease researchers to promote research awareness and strategic alliances, and explore using as pilot sites.  
  • The Alzheimer’s Disease Working Group partners will host a collaborative Alzheimer’s Summit highlighting research and best practices related to the Alzheimer’s State Plan goals.  
  • Leverage the metrics from health information exchanges as they become available to support research efforts at the clinic level.  
  • Explore ways to improve the infrastructure for supporting basic, translational, and clinical research in the state.  
  • Educate the public, including people with cognitive impairment, on the availability, purpose, and value of research and encourage participation in a broad spectrum of dementia research (i.e., research on finding a cure, prevention, improving the quality of life for individuals and caregivers).  
  • Engage community clinicians to encourage patient referral to and participation in clinical trials and dementia related research, and provide examples of “how to have the conversation.” |
| West Virginia | • Foster a multi-pronged approach to research into the causes, diagnosis, treatment, care, and cure of Alzheimer's disease.                                                                                                                                                                                                 |
| Wisconsin  |                                                                                                                                                                                                                                                                                                                                                                                                   |
### BRAIN HEALTH

*Recommendations to promote activities that would maintain and improve brain health*

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<tr>
<th>State</th>
<th>Recommendations</th>
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<tr>
<td>Alabama</td>
<td>Encourage wellness across the lifespan through prevention and risk reduction activities that improve brain health, such as the “Healthy Body, Healthy Brain” initiative that includes helping people understand the connection between risk and protective factors and cognitive health.</td>
</tr>
<tr>
<td>Alaska</td>
<td>Coordinate efforts to disseminate evidence-based messages about risk reduction for preserving cognitive health, such as the benefit of exercise, healthy eating, and chronic disease management, including management of diabetes and hypertension.</td>
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<td>Arizona</td>
<td>Coordinate efforts to disseminate evidence-based messages about risk reduction for preserving cognitive health, such as the benefit of exercise, healthy eating, and chronic disease management, including management of diabetes and hypertension.</td>
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<td>Arkansas</td>
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<tr>
<td>California</td>
<td>Coordinate with organizations that are actively working to reduce risk factors such as diabetes and heart disease to promote disease prevention and brain health. Promote brain health initiatives to reduce risk factors, especially in diverse communities.</td>
</tr>
<tr>
<td>Colorado</td>
<td>Disseminate appropriate content that provides information on a brain-healthy lifestyle including: exercise, nutrition, cognitive activity, and social engagement as key protective factors against Alzheimer's disease and other dementias.</td>
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<tr>
<td>Connecticut</td>
<td>Coordinate efforts to disseminate evidence-based messages about risk reduction for preserving cognitive health. Integrate dementia awareness training into existing heart, stroke, and diabetes education programs. Integrate into the training that what is good for the heart is good for the brain. Adopt the 16 action items from <em>The Healthy Brain Initiative Road Map</em> that are relevant to immediate implementation to assist states in becoming dementia-capable.</td>
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<td>Delaware</td>
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<td>District of Columbia</td>
<td>Disseminate appropriate content that provides information on a brain-healthy lifestyle including: exercise, nutrition, cognitive activity, and social engagement as key protective factors against Alzheimer's disease and other dementias.</td>
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<td>Florida</td>
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<td>Georgia</td>
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<td>Hawaii</td>
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<td>Idaho</td>
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<td>Illinois</td>
<td>Coordinate efforts to disseminate evidence-based messages about risk reduction for preserving cognitive health. Integrate dementia awareness training into existing heart, stroke, and diabetes education programs. Integrate into the training that what is good for the heart is good for the brain. Adopt the 16 action items from <em>The Healthy Brain Initiative Road Map</em> that are relevant to immediate implementation to assist states in becoming dementia-capable.</td>
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<tr>
<td>Indiana</td>
<td>Promote disease prevention and brain health through a public health approach to Alzheimer's.</td>
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<tr>
<td>Iowa</td>
<td>Provide physical and mental activity programs using evidence-based programs designed for older adults such as EnhanceFitness, Eat Better &amp; Move More, and Healthy Aging. Provide chronic disease self-management programs using evidence-based health promotion programs such as Stanford's Chronic Disease Self-Management Program. Promote a quality diet for older Iowans through provision of nutrition education programs such as Eat Better &amp; Move More. Provide nutrition counseling by registered dietitians to older adults determined to be at high nutrition risk. Provide brain health education programs to help Iowans reduce their risk of Alzheimer's disease or related disorders.</td>
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<tr>
<td>Kentucky</td>
<td>Establish a broad network of partners in the areas of business, education, manufacturing, and other community-based employers and organizations to promote brain health and wellness programs in the workplace and help educate the public on the importance of early detection of dementia, available resources for people with dementia, and caregiver support. Support, fund, and promote the re-establishment of a comprehensive state public health plan to include cognitive health in its strategies or recommendations where appropriate.</td>
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<tr>
<td>Louisiana</td>
<td>Establish a broad network of partners in the areas of business, education, manufacturing, and other community-based employers and organizations to promote brain health and wellness programs in the workplace and help educate the public on the importance of early detection of dementia, available resources for people with dementia, and caregiver support. Support, fund, and promote the re-establishment of a comprehensive state public health plan to include cognitive health in its strategies or recommendations where appropriate.</td>
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<tr>
<td>Maryland</td>
<td>Promote community awareness through the implementation of health promotion campaigns including culturally sensitive messaging.</td>
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<td>Massachusetts</td>
<td>Evaluate the benefit of establishing a centralized clearinghouse of brain health information and educational resources.</td>
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<td>Michigan</td>
<td>Leverage strategies outlined in <em>The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013-2018</em> to develop, implement, and maintain an Alzheimer’s State Plan to promote brain health in Mississippi.</td>
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<tr>
<td>Minnesota</td>
<td>Integrate brain health strategies and recommendations into state and local public health.</td>
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<tr>
<td>Mississippi</td>
<td>Establish and mobilize a broad network of partners in the areas of business, education, manufacturing, and other community-based employers and organizations to implement and promote brain health and wellness programs.</td>
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<tr>
<td>Missouri</td>
<td>Adopt the action items from the Healthy Brain Initiative Road Map which, when implemented, assists states in becoming dementia-capable. (The national initiative is coordinated through the U.S. Centers for Disease Control and Prevention.)</td>
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<tr>
<td>Montana</td>
<td>Promote the Brain Health Resource tools and HealthyBrain.gov website created by scientists and educators from the Administration for Community Living, the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health through Nebraska’s Area Agencies on Aging, Senior Centers, and other Community Groups.</td>
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<tr>
<td>Nebraska</td>
<td>Targeted outreach to counties with large ethnic populations to ensure brain health information is disseminated among Nebraska’s minority populations.</td>
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<tr>
<td>Nevada</td>
<td>Emphasize the benefits of healthy lifestyle choices in the prevention of Alzheimer’s disease, including exercise and healthy eating, and proper treatment of chronic conditions such as diabetes and hypertension.</td>
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<tr>
<td>New Hampshire</td>
<td>Promote program opportunities that increase physical activity and good nutrition resulting in better overall health to reduce premature entry into nursing home care. Consider providing programs that are intellectually and cognitively stimulating, including a physical activity component, in areas of the state where there is a critical mass of individuals with younger-onset Alzheimer’s.</td>
</tr>
<tr>
<td>New Jersey</td>
<td>Inventory what is known about promoting and maintaining a healthy brain. Develop a communications strategy to increase public understanding of cognitive health and the connection between improved heart health and improved brain health, as well as the link between depression and cognitive health. Messages should be multipronged, science based, and targeted to all Pennsylvanians, including underserved and vulnerable populations.</td>
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<td>State</td>
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<tr>
<td>Pennsylvania</td>
<td>• Promote self-management tools to encourage healthy lifestyle choices (e.g. healthy diets, increased physical activity, weight management, sleep health, and smoking cessation).&lt;br&gt;• Promote strategic partnerships among associations, government agencies, insurers, other payers, private industry, public organizations, and elected officials to support and advance research and policy relevant to cognitive health.&lt;br&gt;• Identify and implement public policy changes at the state and local levels that would encourage and promote brain health (e.g. pilot nutrition and physical activity programs).&lt;br&gt;• Strengthen and maintain community infrastructure that reinforces brain-healthy behaviors.</td>
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<td>Puerto Rico</td>
<td>• Forge partnerships among the state's existing public health programs aimed at reducing potential environmental factors and other health-related problems such as obesity, hypertension, and diabetes, including identifying grant funding opportunities from the state, local agencies, and foundations and disseminating grant funding across various researchers in the state and their respective institutions.</td>
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<tr>
<td>Rhode Island</td>
<td>• Identify and disseminate research findings on promotion of brain health and reduction of risk factors for Alzheimer's disease.&lt;br&gt;• Include information on minimizing risk factors in public service announcements to increase awareness of Alzheimer's disease, targeting at-risk populations.</td>
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<tr>
<td>South Carolina</td>
<td>• Identify and support funding opportunities to address and advance brain health fitness.&lt;br&gt;• Establish a brain health fitness consortium to provide compelling data on emerging science and translation of research into practice.&lt;br&gt;• Develop white papers to educate policymakers on brain health fitness.&lt;br&gt;• Support efforts to increase funding and/or legislation for brain health fitness, prevention, awareness, and education.&lt;br&gt;• Develop a compendium of targeted preventive brain health fitness screening recommendations and education for health care professionals in Texas to establish brain health fitness benchmarks and promote brain health fitness.&lt;br&gt;• Develop multimedia education programs to promote recommendations for health care professionals and the public regarding brain health fitness.&lt;br&gt;• Establish brain health fitness continuing education credits for all health care professionals.&lt;br&gt;• Develop one web-based clearinghouse that provides comprehensive information and resources on Alzheimer's disease and overall brain health for the Texas public and health care sectors.&lt;br&gt;• Complete one annual assessment to measure the effectiveness, satisfaction, relevance, and utilization of the Texas Alzheimer's/brain health fitness clearinghouse.&lt;br&gt;• Increase the number of organizations by one per year that will promote information on the relationship between brain health and overall health in their communications and activities.</td>
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<tr>
<td>Tennessee</td>
<td>• Encourage a wellness agenda for Utah that includes a brain-healthy lifestyle, inclusive of exercise, nutrition, cognitive activity, and social engagement as key protective factors against Alzheimer's disease and other dementias.&lt;br&gt;• Promote the Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health.&lt;br&gt;• Support the Cognasium (gymnasium for the brain) movement, which encourages Utah citizens to take personal responsibility for brain health and develop an Individualized Cognasium Plan.&lt;br&gt;• Emphasize heart, brain, and physical benefits of healthy recreation, senior games, fitness in the park programs, multigenerational activities, service to community, healthy aging, and senior center programs.&lt;br&gt;• Target the higher prevalence of Alzheimer's and other dementias among older African-Americans and Hispanics through education on diabetes and high blood pressure.&lt;br&gt;• Empower public health officials and health care providers to promote disease prevention by addressing risk factors such as caregiving, ethnicity, diabetes, and heart disease.&lt;br&gt;• Promote brain health initiatives to reduce risk factors, especially in ethnically diverse communities.</td>
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| Vermont | • Design a broad-based dementia and brain health public information campaign.  
• Integrate brain health messages into other health improvement efforts in community settings frequented by older adults. Include grassroots dissemination of messages, particularly those that build capacity within the community.  
• Establish a broad network of partners in the areas of business, education, and manufacturing to promote brain health and wellness programs. |
| Virginia | • Collaborate with related public health efforts (e.g. diet, exercise, co-morbid conditions, etc.) to encourage possible risk-reduction strategies.  
• Direct the Commission and the Virginia Alzheimer’s Commission AlzPossible Initiative to serve as a resource to evaluate dementia capable services and risk reduction strategies through the development of evidence-based protocols. |
| Washington | • Inform and educate the public about healthy aging, including links between brain health and nutrition, exercise, stress management, and oral health/periodontal disease.  
• Identify and use data to address risk factors for individuals with dementia.  
• Inform and educate the public about the connections between chronic disease (diabetes, heart disease, hypertension, oral health/periodontal disease, sleep disorders, etc.) and dementia.  
• Request that all state and local public health organizations provide content specific to healthy aging, brain health, and Alzheimer’s disease/dementia, including Internet links to national, state and local resources.  
• Work with UW Healthy Brain Research Network (HBRN) and other partners to develop evidence-based public messages around promoting healthy aging and brain health, while ensuring messages are culturally/ethnically appropriate and designed to reach statewide populations including persons with limited English.  
• Partner with community organizations to disseminate evidence-based educational materials for the public around healthy aging and accessing health care proactively. Include organizations such as tribal centers, community and senior centers, faith-based organizations, hospitals and health plans, YMCAs and parks departments, secondary schools and institutes of higher learning. |

West Virginia
Wisconsin
## DATA COLLECTION

Recommendations to create a better system of data collection regarding Alzheimer’s disease and its public health burden

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<th>State</th>
<th>Recommendations</th>
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| Alabama  | • Use existing Department of Health and Social Services (DHSS) data to identify the unduplicated number of people with Alzheimer’s and other dementias served by DHSS programs each year, and quantify the cost per person served. Use this to project future baseline costs and fiscal implications of changes in service lines and policies.  
• Access CMS, private insurance and out-of-pocket costs to analyze cost of in-patient and outpatient services for Medicare beneficiaries for persons receiving Medicaid services across the continuum so that there is a complete picture of the total individual and collective health care costs for Alaskans.  
• Maintain funding to use the Behavioral Risk Factor Surveillance System (BRFSS) to collect health outcomes data for persons with Alzheimer’s disease and other dementias. Use BRFSS to gather caregiver information.  
• Work with the Alaska Native Tribal Health Consortium (ANTHC) to identify the number of people served with Alzheimer’s and other dementias.  
• Collaborate with tribal partners, National Resource Center on American Indians, Alaska Natives, and Hawaiian Alaska Native Elders Resource Center at the University of Alaska Anchorage and ANTHC to better understand the impact of Alzheimer’s and other dementias among Alaska Native Elders and communities. |
| Alaska   | • Include cognitive impairment, comorbidities/co-occurring disorders, stress and caregiving-related questions in the state’s Behavioral Risk Factor Surveillance System (BRFSS) survey. Disseminate these findings for use in program and research development to respond to the needs of Arizona residents. |
| Arizona  | • Mandate that the Arkansas Department of Health utilize the Behavioral Risk Factor Surveillance System Cognitive Impairment module to capture statewide data that will provide state-specific information to better inform public health and policy audiences.  
• Work with service providers to create a coordinated and systematic way of collecting Alzheimer’s and dementia-related data in Arkansas’ Medicaid and Medicare programs. |
| Arkansas | • Increase surveillance of incidence of Alzheimer’s disease and the impact of caregiving through the Behavioral Risk Factor Surveillance System, California Health Interview Survey, the Healthcare Effectiveness Data and Information Set, and other surveys.  
• Promote common data elements and uniform data collection to accurately capture the population with cognitive impairment eligible for or served by California’s publicly funded aging and disability programs.  
• Reinstate data collection activities that have been eliminated as a result of budget cuts; for example, California Alzheimer’s Disease Centers and the Family Caregiver Alliance.  
• Use available data to assist in program refinement, grant submissions, and implementation of California’s Alzheimer’s Disease State Plan. |
| Colorado | • Add an Alzheimer’s module to the Colorado Behavioral Risk Factor Surveillance System to collect state-level data on the prevalence of Alzheimer’s disease and associated characteristics such as living arrangements, family and caregiver needs, and responsibilities. |
| Connecticut | • Study other states’ infrastructure for collection/analysis of data and quality assurance measures.  
• Identify existing sources of data and quality assurance measures (e.g. U.S. Decennial Census and/or American Community Survey, Alzheimer’s Association, Minimum Data Set (MDS) 3.0, Behavioral Risk Factor Surveillance System (BRFSS), and others). |
<p>| Delaware |                      |</p>
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| Delaware     | • Explore the need for new data and quality assurance measures as a partnership with the Alzheimer's Association, Delaware Department of Health and Social Services, University of Delaware, Delaware State University, and others.  
• Coalesce the variety of data and quality assurance sources, analysis, and dissemination in a way that improves access and impact of these measures. |
| District of Columbia | • Implement the cognitive impairment module in the Behavioral Risk Factor Surveillance System (BRFSS) to 4,800 District of Columbia residents 18 years and older in all eight wards of the city. Provide BRFSS data findings to the Alzheimer’s Association. |
| Florida      |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Georgia      | • In alternating years, utilize the Behavioral Risk Factor Surveillance System's (BRFSS) Cognitive and Caregiver Modules.  
• Link BRFSS data with health-related outcome and/or quality measures.  
• Provide surveillance data to state agencies, regional commissions and other planning agencies to encourage communities and agencies to adequately plan on growth in the number of people with Alzheimer's and other dementias.  
• Add co-morbidities to the death certificate to better enable tracking of dementia incidence. |
| Hawaii       | • Identify opportunities for improved data collection and analysis on Alzheimer’s disease and other dementias in Hawaii, with a key component of this surveillance being the Cognitive and Caregiver modules of the Behavioral Risk Factor Surveillance System (BRFSS). |
| Idaho        | • Work with the Department of Health and Welfare to incorporate questions about cognitive health in its annual Behavioral Risk Factor Surveillance System (BRFSS).                                                                                                                                                     |
| Illinois     | • Determine the most effective system (either the national Behavioral Risk Factor Surveillance System or a similar system) to collect data regarding prevalence, population trends, service needs, and the impact of Alzheimer's disease and other dementias on persons with the disease, their families, and their caregivers, and implement that system.  
• Review the data collected to prioritize those in greatest need of programs and services. |
| Indiana      | • Improve brain health surveillance.  
• Improve state Alzheimer’s data by adding the Caregiver Module and Cognitive Impairment Module to Indiana's Behavioral Risk Factor Surveillance System.  
• Secure funding to repeat these modules every 1-2 years. Produce report on findings and use the data for planning and program design.  
• Improve data collection on Alzheimer’s disease and its public health burden (such as data on hospital admissions and mortality). |
| Iowa         | • Modify the existing community needs assessment process to include questions that would identify and quantify at-risk people with Alzheimer's disease and other dementias. This would include the local public health community needs assessment, the Area Agency on Aging area planning process, and other agency activities that receive federal and state funding for services to Iowa’s aging population. |
| Kentucky     | • Require the Alzheimer's and Related Dementias Unit to coordinate a statewide effort to develop and implement a statewide data collection system.  
• Collect and monitor data on the prevalence of the disease, the capacity of the health care system (for example, availability of geriatric specialists and dementia-related services as well as the number of inpatient geriatric psychiatry beds), and the number of caregivers. |
| Louisiana    | • Establish a dementia-specific initiative in the Office of Public Health to develop and implement the most effective system to collect data regarding prevalence, population trends, service needs, and impact of Alzheimer’s disease and other dementias on the person, their caregivers, and families. |
| Maine        | • Support and fund increased state-based surveillance through the Behavioral Risk Factor Surveillance System (BRFSS). Other state data sources should be considered to inform practices and policies.  
• Research the true financial cost of Alzheimer's and other dementias on individuals living with the disease, families, communities, and the state. |
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<th>Maryland</th>
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<tbody>
<tr>
<td>Michigan</td>
<td>• Develop a profile of Michigan's home-based dementia caregivers to aid planning and advocacy.</td>
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<tr>
<td>Minnesota</td>
<td>• Use the Medicare Annual Wellness Visit cognitive assessment as a means of developing better statewide prevalence data on cognitive impairment by reporting the data to the Minnesota Community Measurement for further research, validation, and development of estimates.</td>
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</table>
| Mississippi| • Recommend use of the Behavioral Risk Factor Surveillance System (BRFSS) to collect health outcomes data for persons with impaired brain function and Alzheimer’s disease and other dementias, including the impact of cultural variances.  
• Review surveillance data on an ongoing basis to identify trends in brain health within the state.  
• Utilize surveillance data to inform the public and state government regarding the scope of brain function impairment in Mississippi. |
| Missouri | • Implement a statewide data reporting system to improve data collection on the prevalence of Alzheimer’s and other dementias in Montana and to keep an up-to-date inventory of dementia services across the state.  
• Implement and maintain the cognitive impairment and caregiver modules in the Behavioral Risk Factor Surveillance System (BRFSS) survey of Montana residents 18 years and older. Ensure that these modules are included often enough to provide accurate and salient data regarding the cognitive health and caregiver well-being of Montanans. Disseminate findings from the BFRSS for use in program and research development.  
• Enhance the state’s role in creating and compiling health burden data on Alzheimer’s and other dementias – for example, hospital admissions, mortality, adult protective service calls and cases, death certificate data, Medicare cognitive assessment data, Minimum Data Set (MDS) cognitive impairment data in nursing homes, and hospital records on dementia as a diagnosis.  
• Promote accurate death certificate completion, including Alzheimer’s and other dementias as a cause of death, to ensure prevalence data is comprehensive.  
• Encourage health systems in Montana to use a cognitive assessment as part of the Medicare Annual Wellness visit as a means of enhancing data on cognitive impairment. This data should then be reported to DPHHS for further research and validation. |
| Montana  | • Implement the Cognitive Impairment and Caregiver Modules in the Behavioral Risk Factor Surveillance System (BRFSS). |
| Nevada   | • Study the incidence, impact, and other aspects of Alzheimer’s disease and other dementias in New Mexico with a focus on underrepresented populations.  
• Identify and expand existing data sources and develop new data sources; determine how best to ensure analysis and use of the data. |
| New Hampshire | • Utilize various data to estimate numbers and costs associated with dementia policy and planning, such as data available through the Statewide Planning and Research Cooperative System, Medicaid, and the Outcome and Assessment Information Set.  
• Assess the function and value of data systems, discontinue those with low value, and better utilize those with value or achievable potential. |
| New Jersey | • Continue inclusion of cognitive impairment and caregiver modules in the Behavioral Risk Factor Surveillance System on a five-year interval. Resulting data should be used to inform public awareness campaigns and analyzed for potential connection with other behavioral and lifestyle risk factors tracked by the statewide survey. |
| North Carolina (cont.) | • Improve prevalence data through accurate death certificate completion by offering continued medical education training on the identification of Alzheimer’s and other dementias as cause of death. Medical schools and residency programs should also offer education and training in this area.  
• Improve data on Alzheimer’s disease and other dementias prevalence by implementing a statewide data reporting system. |
| North Dakota |  |
| Oklahoma | • Include Alzheimer’s-specific questions in the Behavioral Risk Factor Surveillance System. |
| Oregon | • Create a work group of stakeholders to identify existing data, identify gaps, and design and implement a system that ensures data can be collected, analyzed, and reported to guide policy and funding decisions related to dementia care in Oregon.  
• Increase public health surveillance and analysis of impacts of Alzheimer’s disease and other dementias and caregiving in Oregon using the Behavioral Risk Factor Surveillance System cognitive impairment and caregiver modules. Explore use of other existing data sources available that are related to state-funded medical and long-term care services. |
| Pennsylvania | • Implement the Behavioral Risk Factor Surveillance System’s (BRFSS) Cognitive Impairment and Caregiver modules. Use data to enhance awareness and action in statewide public health programming for Alzheimer’s disease and other dementias.  
• Increase by 50 percent the number of physicians and hospitals reporting cases to the Department of Health. |
| Puerto Rico | • Encourage 211/“The POINT” to develop capacity to sort call-in data and the geographical breakdown of needs to better inform the state’s awareness of Alzheimer’s-related inquiries, including the needs of caregivers, areas in need of improvement, and gaps in services and support. |
| Rhode Island | • Utilize existing health data dissemination infrastructure to integrate information on Alzheimer’s disease and other dementias.  
• Expand the scope of data included in the Alzheimer’s Disease Registry to include increased sources of data, resulting in greater capacity to identify gaps in services available. |
| South Carolina | • Partner with relevant agencies and organizations to design and implement a data system that is consistent statewide and to ensure that the data are analyzed and reported to support and guide decisions regarding Alzheimer’s disease and other dementias.  
• Partner with the Tennessee Department of Health, Office of Health Statistics to determine if the existing system can collect the requested data.  
• Request the addition of questions related to Alzheimer’s disease and other dementias on the Behavioral Risk Factor Surveillance System that will provide state information on: (1) the number of people with Alzheimer’s disease and other dementias; (2) the number of family caregivers who are taking care of someone with Alzheimer’s disease and other dementias; and (3) the age, income, living arrangements, health problems, and other characteristics of people with dementia and their family caregivers.  
• Collect data from existing sources, monitor existing data sets, and make the data available at the Tennessee Commission on Aging and Disability. |
| Tennessee | • Explore and secure funding sources to support Behavioral Risk Factor Surveillance System (BRFSS) survey questions.  
• Establish a workgroup to identify, develop, or use existing standardized BRFSS questions.  
• Work with the Department of State Health Services to prepare and submit BRFSS proposals to the BRFSS Coordinator.  
• Monitor status of BRFSS proposals and make necessary changes to questions based on feedback from the BRFSS Coordinator.  
• Create a statewide, multi-disciplinary group to identify Alzheimer’s disease data and surveillance gaps in Texas.  
• Collaborate with partners to identify on-going data needs, collection methods, reporting formats, and funding sources. |
<p>| Texas |  |</p>
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| Texas (cont.) | • Continue to assimilate current data, monitor trends, track programs and policies, and recommend actions for improvement.  
• Support ongoing use of the BRFSS to collect and analyze Alzheimer’s disease data.  
• Disseminate data and encourage partners/stakeholders to promote Alzheimer’s disease data collection in their program activities. |
| Utah       | • Collect and use data to drive public health service development and delivery.  
• Increase surveillance of incidence of Alzheimer’s disease and the impact of caregiving through the Behavioral Risk Factor Surveillance System and other surveys.  
• Mandate that death certificate data include information obtained through postmortem diagnostic examinations. |
| Vermont    | • Implement the Caregiver Module and Cognitive Impairment module of the Behavioral Risk Factor Surveillance System.                                                                                       |
| Virginia   | • Require the Virginia Dementia Services Coordinator to develop, implement, and coordinate a state-wide data collection system (including use of the Behavioral Risk Factor Surveillance System) through the Virginia Alzheimer’s Commission AlzPossible Initiative, which could provide a clearinghouse of links to the state agencies or groups with relevant, up-to-date, and available data on dementia.  
• Have the Dementia Services Coordinator collect and monitor data on the prevalence of the disease, the capacity of the health care system (for example, the availability of geriatric specialists, dementia-related services, and inpatient geriatric psychiatry beds), the number of caregivers, and the costs of caring for someone with dementia.  
• Use the Behavioral Risk Factor Surveillance System to collect health outcomes data for persons with Alzheimer’s disease and dementia. |
| Washington | • Implement the Behavioral Risk Factor Surveillance System (BRFSS) cognitive and caregiver modules at least once every three years.  
• Advocate for the collection, documentation, and dissemination of the prevalence of individuals with cognitive impairment and dementia in clinical practices and health systems.  
• Analyze data from public and private sources regarding prevalence of complications and coexisting conditions such as falling, accidents, overmedication, hearing or vision loss, anxiety, depression, financial exploitation, abuse/neglect, fraud, etc. |
| West Virginia | • Maximize use of the Behavioral Risk Factor Surveillance System to collect data on the prevalence and impact of Alzheimer’s disease on people with the disease and their caregivers.  
• Explore the creation of an independent Alzheimer’s disease-focused social indicator survey.  
• Support the West Virginia Alzheimer’s Disease Registry to improve the collection of actual Alzheimer’s incidence information. |
| Wisconsin  | • Identify data elements and sources for developing baseline measures.  
• Develop and employ metrics for measuring progress in achieving a dementia-capable system of care.  
• Collect and analyze data to determine baseline and quality improvement. |
## SAFETY

*Recommendations to improve public safety and to address the safety-related needs of those with Alzheimer’s*

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| Alabama    | • Make Project Lifesaver programs available in all counties.  
            • Develop training for law enforcement and public safety employees on Alzheimer’s disease and the buying of guns. |
| Alaska     | • Incentivize the development of crisis respite beds that are short-term specialized treatment settings to serve people with challenging and aggressive behaviors within other care settings to help stabilize difficult behaviors and allow people to return to lower level care settings.  
            • Implement a coordinated community response system such as Silver Alert, Project Life Saver or the use of available GPS tracking systems in communities statewide.  
            • Include reimbursement for home monitoring systems to maximize independence in home and community settings.  
            • Increase use of assistive technology in the home, including Smart Home technologies.  
            • Develop and implement Home Modifications for Aging in Place (HomeMAPs) statewide. |
| Arizona    | • Encourage and promote the utilization of best-practice safety programs.  
            • Promote the development of individualized emergency preparedness plans for people living with Alzheimer’s disease and their caregivers.  
            • Develop and disseminate toolkits on safety-related prevention for people living with Alzheimer’s disease and their caregivers.  
            • Promote innovative and multi-disciplinary approaches to help improve the safety of individuals with Alzheimer’s disease who wander.  
            • Support efforts of adult protective officials on detecting, addressing, and preventing fraud, abuse, neglect and self-neglect of people with Alzheimer’s disease and related disorders in the community and in institutions of care. |
| Arkansas   | • Establish a Patient Safety and Education Grant Program to provide financial assistance and promote public awareness of technologies and programs, such as the Arkansas Silver Alert, designed to protect the safety of individuals with Alzheimer’s disease and other dementias from wandering. |
| California | • Mandate that the Department of Motor Vehicles refer affected persons to transportation resources upon involuntary surrender, expiration, or loss of driving privileges (for example, license revocation).  
            • Offer voluntary dementia training and certification of bus drivers, cab drivers, and others who work in public transportation. Include large print signs and clear audio messages as criteria of certification. |
| Colorado   | • Create and circulate a form that physicians and optometrists can fill out and send to the Driver Control/Traffic Records Section of the Department of Motor Vehicles.  
            • Increase the visibility and utilization of locator devices and programs.  
            • Implement a gatekeeper model of case finding throughout the state to identify individuals with Alzheimer’s disease who are at risk in the community. |
| Connecticut| • Create public service announcements that raise awareness of the importance of timely reporting of missing individuals with Alzheimer’s disease or related dementias.  
            • Increase awareness of the Silver Alert system and the Safe Return program.  
            • Support and strengthen programs that provide consistent contact and outreach such as a reverse 911 system or the implementation of a telephone reassurance program, like the “R U OK” program.  
            • The Department of Motor Vehicles (DMV) shall explore policies and regulations related to revoking drivers’ licenses. Encourage the legislature’s Transportation Committee and DMV to consider cognitive impairment evaluations. |
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| Connecticut (cont.) | • DMV shall take a proactive approach to educating physicians about reporting unsafe drivers to the DMV.  
  • Identify and implement use of driving assessments that measure cognitive ability or cognitive impairment. Encourage driver assessment programs at all hospital and diagnostic assessment units and major rehabilitation centers (especially those that offer occupational therapy).  
  • When a driver’s license is revoked, the individual shall be referred to social and community agencies for assistance with transportation needs.  
  • Coordinate a communications system between hospitals and emergency responders in cases of Silver Alert. |
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| Georgia       | • Through the Department of Public Health, engage partners to (1) determine the public safety impact of implementing gradual restrictions in driving privileges based on demonstrated driving ability; and (2) determine the infrastructure needed to implement the practice.  
  • Because visual acuity is not an appropriate measure of the driving ability of a person with Alzheimer’s or a related dementia, it is recommended that the Short Blessed Test and the Rapid Paced Walk Test be administered by the Department of Driver Services as a first screening of drivers who are diagnosed with Alzheimer’s or other dementia.  
  • Promote programs that (1) ensure home safety through falls prevention programs, home safety assessments, and home monitoring devices; (2) help people with dementia and their families prepare for care and services in the event of a disaster or emergency; and (3) develop employer-supported dementia caregiver training and other employer-supported programs.  
  • Increase safety in the community by improving the visibility and utilization of locator devices and programs such as the MedicAlert + Alzheimer’s Association Safe Return program.  
  • Educate caregivers on the importance of home modifications to prevent injury.  
  • Increase training for state Adult Protective Services workers on Alzheimer’s disease and other dementias. |
| Hawaii        | • Improve safety for people with Alzheimer’s and other dementias as well as their care partners, including with respect to falls prevention, home safety assessments, wandering, disaster sheltering, and crisis intervention/emergency respite options. |
| Idaho         | • Request that any older driver who seeks to renew a driver's license be tested with all three tests currently used to examine new drivers: the written exam, the driving exam, and vision screening.  
  • Implement a coordinated protocol for swift and appropriate action by law enforcement, the news media, and other entities upon a report of a missing, endangered senior who is incapable of returning to the individual’s residence without assistance.  
  • Fund the distribution and monitoring of locator devices for eligible persons with Alzheimer’s disease and other dementias.  
  • Increase the visibility and impact of local triads (a partnership between law enforcement, senior citizens, and community groups) to protect persons with Alzheimer’s disease in each community. |
| Illinois      | • Update Indiana Bureau of Motor Vehicles (BMV) policy and process for restricting driving for people with dementia (including forms for referrals to BMV by physicians/practitioners and family members). Raise awareness of the process.  
  • Improve safety of individuals through ensuring transportation needs of those with Alzheimer’s and other dementias.  
  • Secure emergency placement facilities and services for cognitively impaired adults found by Adult Protective Services to be in dangerous situations.  
  • Decrease fraud, abuse, neglect, and self-neglect of persons with dementia. |
| Iowa          | • Work with law enforcement to implement a coordinated protocol or swift and appropriate action upon report of a missing adult with dementia.  
  • Offer tax credits to families for the purchase of locator devices.  
  • Study new technologies that can help locate missing persons and make recommendations about implementation strategies.  
  • Support a pilot demonstration project to address the problem of facility discharges of residents exhibiting challenging behavior. |
| Kentucky      | • Monitor implementation of the Silver Alert wandering alert system.  
  • Explore best practices to ensure that those with Alzheimer’s disease and other dementias do not retain their drivers’ licenses when their cognitive impairments interfere with their ability to drive.  
  • Convene a work group of gerontologists, geriatric psychiatrists, advanced practice nurses, and psychologists, others specializing in behavioral health care, dementia specialists, persons with dementia, caregivers, and staff from the Office of Mental Health, Office of Aging and Adult Services, and the Governor’s Office of Elderly Affairs, to develop best practices to address the needs of persons with dementia who exhibit dangerous or difficult behaviors. |
<p>| Louisiana     |                                                                                             |</p>
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| Maine  | • Promote programs that (a) ensure home safety through falls prevention programs, home safety assessments, and home monitoring devices; (b) help people with dementia and their families prepare for care and services in the event of a disaster or emergency; and (c) develop employer-supported dementia caregiver training and other employer-supported programs.  
  • Increase safety in the community by improving the visibility and utilization of locator devices and programs such as the Alzheimer’s Association Safe Return program. A public awareness campaign that includes the Department of Public Safety and law enforcement training academies and other state and community organizations focused on safety should be launched to educate the public about the relative effectiveness of locator devices with the goal of increasing their use.  
  • Launch an education and outreach campaign to inform family members and health care providers about ways to address driving issues.  
  • Explore whether a gatekeeper model of case finding (where community members such as bank tellers, mail carriers, housing managers and others who are likely to come into contact with older adults are trained to identify those in need of assistance) should be implemented throughout the state to identify individuals with Alzheimer’s disease who are at risk in the community. A state registry model could also be evaluated for feasibility and effectiveness.  
  • Improve safety of people with dementia and the general public through the implementation of education and safety programs for older drivers. |
| Maryland | • Review current Maryland statutes and regulations that affect people living with dementia to promote their safety while recognizing special patient-centered needs. |
| Massachusetts | • Monitor implementation of Silver Alert and develop and implement a plan for training law enforcement and physicians as to protocols and use of Silver Alert, and educate the public regarding the program.  
  • Work with the Alzheimer's Association to expand availability of home safety information, develop key messaging regarding safety, and develop a plan to disseminate safety information through traditional and non-traditional avenues. |
| Michigan |  |
| Minnesota |  |
| Mississippi |  |
| Missouri |  |
| Montana | • Promote the availability of the Department of Public Health and Human Services’s “Adult Protective Services Hot Line” to report abuse, neglect, and financial exploitation of those with Alzheimer’s or related dementias.  
  • Promote a standardized means of drawing attention to an individual’s dementia status for law enforcement and first responders such as a bracelet, necklace, or wallet card.  
  • Work with law enforcement to enhance the current missing and endangered persons alerts.  
  • Create a 24/7 emergency access line to Adult Protective Services.  
  • Implement a program at the Montana Department of Motor Vehicles to properly identify individuals affected by dementia who should not be driving.  
  • Develop a community-based emergency crisis intervention/prevention program that institutes a "course of action" to mitigate Alzheimer’s and other dementias issues for families of all cultures and economic means who find themselves at immediate risk. Situations requiring an immediate course of action from emergency personnel include such things as (1) a caregiver is admitted to the hospital and there is no one else to care for the individual with dementia; and (2) a caregiver passes away and there is no one readily available to care for the individual with Alzheimer’s and other dementias.  
  • Promote a statewide anti-bullying, anti-elder abuse initiative across various care settings, including nursing homes, assisted living residences, senior centers, and adult day programs. |
<p>| Nebraska | • Provide links to the Driver’s Contract available through Nebraska’s Alzheimer’s Association on the Aging and Disability Resource Centers (ADRCs) for Alzheimer’s and other dementias and provide paper copies through the DMV and in initial care checklists that are US mailed. |</p>
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| Nebraska (cont.) | • Implement “Finding Your Way Program” to aid in wandering, and promote Alzheimer’s Association/Medic Alert program on the Alzheimer’s disease and other dementias web portal.  
• Conduct an analysis of a Silver Alert or Purple Alert system coinciding with the current Amber Alert System.  
• Participate in Senator Davis’s LR507 interim study to examine the development of a public notification system to broadcast alerts when vulnerable adults go missing. |
| Nevada         | • File legislation for Silver Alert and develop and implement a plan for training law enforcement, Fisheries and Wildlife, Search and Rescue (including K9), the National Guard and physicians regarding protocols and use of Silver Alert, and educate the public regarding the program.  
• Work with the Alzheimer’s Association to expand availability of home safety information, develop key messaging regarding safety, and develop a plan to disseminate safety information through traditional and non-traditional avenues.  
• Determine best standards of practice for safe, secure environments that promote independence for those with dementia and create recommendations around environmental design of non-home care settings. |
| New Hampshire  | • Work with the NJ Department of Transportation to help educate the general public on the Silver Alert program.  
• Coordinate with the NJ Department of Transportation’s Division of Highway Traffic Safety on its community safety programs involving older drivers with regard to Alzheimer’s and other dementias.  
• Enhance public awareness of the independent safe driving courses and assessments promoted by the NJ Motor Vehicle Commission and promote its Wisdom Behind the Wheel program designed to help mature drivers remain safe on the road.  
• Lend support to state and local efforts to make communities more accessible for walking and the use of public transportation.  
• Integrate special strategies within the New Jersey Department of Human Services Office of Emergency Management (OEM) disaster preparedness plans that specifically address the safety of persons with Alzheimer’s and other dementias.  
• Work with NJOEM to explore and then promote through the local chapters of the Alzheimer’s Association and other groups the other state resources that could be tapped to serve residents with Alzheimer’s disease. For example, the state offers Register Ready, a confidential registry that allows residents with access and functional needs and their families, friends and associates to provide information to emergency response agencies, so emergency responders can better plan to serve them in a disaster or other emergency.  
• Team up with the Aging and Disability Resource Centers to increase safety awareness for individuals with Alzheimer’s disease, and encourage local partnerships with law enforcement and seniors and community groups. |
<p>| New Jersey     | • Create a coordinated alert system to more quickly locate individuals with dementia who have wandered from their residence. |
| New Mexico     | • Improve home safety resources and workforce capacity by (a) enhancing and promoting falls and injury prevention programs for both people with Alzheimer’s disease and other dementias and their caregivers, as aligned with the goals of the North Carolina Falls Prevention Coalition; (b) promoting awareness of available home safety assessment services through physical therapy and occupational therapy providers and available financial assistance/reimbursement; (c) addressing home safety assessment workforce, reimbursement, and incentives; (d) exploring use of innovative technology in home safety, including web-based monitoring devices, and promotion of existing low-tech solutions, innovative technologies to address home safety, and potential return on investment for such technologies; and (e) utilizing training resources on initiating conversations with people with Alzheimer’s and other dementias and families about proactive preventive steps to reduce fall risk. |</p>
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<th>State</th>
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<tr>
<td><strong>North Carolina</strong></td>
<td>• Enhance public safety and law enforcement outreach for Alzheimer’s disease and other dementias by (a) expanding the utilization of locator devices and promoting programs such as Silver Alert; (b) increasing and promoting professional training opportunities and exploring setting a minimum standard of training for emergency workers, law enforcement officers, and other first responders on dementia symptoms, common behaviors (such as wandering), and individual/community safety concerns; and (c) collaborating with the Department of Motor Vehicles Medical Evaluation Program on outreach work with physician and health professional training groups to promote resources for health care providers about safe driving and starting conversations about safe driving with individuals with Alzheimer’s disease and other dementias and their families, and on the development of protocols for referring individuals with revoked driver’s licenses to community resources and transportation options.</td>
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<tr>
<td><strong>North Dakota</strong></td>
<td>• Study the effectiveness of a GPS tracking system for those individuals with Alzheimer’s disease who are likely to wander as well as the costs and possible financial incentives for implementation.</td>
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<td><strong>Oklahoma</strong></td>
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<td><strong>Oregon</strong></td>
<td>• Promote voluntary 911 registries for individuals with Alzheimer’s and other dementias.</td>
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<td><strong>Pennsylvania</strong></td>
<td>• Promote possibility of sharing Pennsylvania residents’ data from national and other databases with programs related to disaster preparedness.</td>
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<td>• Work with law enforcement to broaden awareness and promote the existing Missing Endangered Persons Alert System (MEPAS) in Pennsylvania.</td>
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<td>• Increase awareness and usage of services and devices that improve safety for persons who wander, including GPS and web-based home monitoring services.</td>
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<td>• Integrate strategies within current disaster preparedness plans that address the safety of vulnerable populations.</td>
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<td>• Explore tools to identify those no longer capable of driving and strategies for implementing these tools.</td>
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<td>• Partner with law enforcement on the promotion of home safety and firearm safety.</td>
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<td><strong>Puerto Rico</strong></td>
<td>• Develop a protocol about the abuse and mistreatment of elders, including people living with AD.</td>
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<td>• Increase mistreatment and abuse surveillance.</td>
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<tr>
<td><strong>Rhode Island</strong></td>
<td>• Promote a statewide anti-bullying, anti-elder abuse campaign among seniors across all settings and programming, including nursing homes, assisted living residences, senior centers, and adult day programs. Recruit state and community partners to work in concert with one another to reach a diversity of settings across the state.</td>
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<td>• Engage community partners to educate families about the resources available to assist them with concerns about safe driving, including by (1) developing a one-page handout describing an overview of the laws, processes, and partners available to assist families with driving concerns; and (2) engaging Roger Williams University School of Law Elder Law Society to assist in the development of the one-page handout and to implement an educational presentation for use at senior centers and other potential locations.</td>
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<td>• Develop a quick reference guide for primary care offices to use in referring concerned caregivers, friends, or family members to options available to help them deal with Alzheimer’s and driving issues. Upload this resource to the Rhode Island Alzheimer’s disease website.</td>
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<td>• Explore ways to make privately offered safe driver courses and assessments more affordable.</td>
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<td>• Work with the Department of Motor Vehicles’ (DMV) Operator Control to clearly define on its website the license suspension and revocation steps for families and ensure that families are being provided with sufficient information concerning alternative modes of transportation.</td>
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<td>• Solicit a white paper from the Elder Law Society containing a proposal for best practices in conducting a medical road test (as employed by the DMV), including proper processes, dementia-sensitive training or education modules for Operator Control personnel, and any relevant definitions.</td>
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| Rhode Island (cont.) | • Engage a temporary work group of legal professionals, disability advocates, DMV personnel, and other critical community partners to submit proposed regulations for functional standards for determining physical and mental fitness to maintain motor vehicle licensure.  
• Enhance public awareness of independent safe driving courses and assessments by providing basic information on the Rhode Island Alzheimer’s disease website.  
• Encourage commercial insurance coverage of driving courses and assessments, and enhance public awareness of Medicare and Veterans Administration policies covering safe driving courses and assessments.  
• Encourage long-term appointments of Senior Advocate personnel across all police departments in the state and make dementia training a requirement. |
| South Carolina | • Implement a Silver Alert Program for the rapid recovery of adults with cognitive impairment who may wander and become lost.                                                                                   |
| Tennessee  | • Develop driving guidelines for persons with dementia.  
• Partner with the Tennessee Health Care Association and the Tennessee Hospital Association to develop a plan to secure an emergency placement system for cognitively impaired adults in dangerous situations and to ensure that providers receive appropriate funding for caring for vulnerable adults who are placed in the facilities by Adult Protective Services.  
• Support the Tennessee Department of Human Services in providing Adult Protective Services to persons with Alzheimer’s disease and related dementia.  
• Support the Silver Alert rapid response program to locate at-risk persons with cognitive impairment.  
• Develop a system for individuals with Alzheimer’s disease and other dementias similar to the “falls” bracelet system in current use, to alert hospital staff of the risks associated with Alzheimer’s disease and other dementias and provide staff training on the system. |
| Texas      | • Promote Alzheimer’s disease personal safety awareness, measures, and guidelines to 5,000 persons with Alzheimer’s disease and their family members/caregivers.  
• Partner with law enforcement to increase awareness of safety issues (specifically wandering).  
• Investigate conducting a pilot project in a mid-sized city to train police force and first responders about the MedicAlert + Safe Return and Comfort Zone programs.  
• Partner with Texas Area Agencies on Aging to increase safety awareness for individuals with Alzheimer’s.  
• Encourage physicians to incorporate safety in the patient treatment plan.  
• Identify and partner with other safety-related organizations to promote safety awareness and monitoring. |
| Utah       | • Develop a Utah endangered person advisory system through the voluntary partnership of law enforcement, broadcasters, media, and community organizations in which cases are initiated by law enforcement and an investigation is made on the missing person’s whereabouts immediately.  
• Support widespread and early enrollment of those with memory loss who tend to wander in the MedicAlert + Safe Return program of the Alzheimer’s Association and encourage the use of cost-effective cellular and GPS tracking technologies to enable families to prevent wandering. |
| Vermont    | • Improve safety of people with dementia and the general public through the implementation of education and safety programs for older drivers.  
• Promote programs that ensure home safety through fall prevention programs, home safety assessment, and home monitoring devices.  
• Promote programs that help people with dementia and their families prepare for care and services in the event of a disaster or emergency.  
• Promote programs that ensure safety in the community such as the Care Trak program and the Alzheimer’s Association Safe Return program, and promote legislation that would support search and rescue of missing people with cognitive impairment. |
| Virginia   | • Offer tax credits for families for the purchase of locator devices and other related expenses.                                                                                                         |
| Washington | • Compile and make accessible educational materials about ways to improve safety for people with dementia. Information may address falls prevention, wandering, disaster preparedness, and home safety assessments. |
| Washington (cont.) | • Increase public and provider awareness of programs designed to identify and locate people with dementia who may wander, such as Safe Return, Comfort Zone and Silver Alert.  
• Convene a workgroup, to include a representative of the Department of Licensing, to evaluate policies and best practices for promoting safe driving in people with dementia.  
• Educate the public about ways to protect persons with dementia from abuse and exploitation. Coordinate this outreach with Adult Protective Services, county prosecutors, financial institutions, and other partners.  
• Encourage the use of multi-disciplinary teams, such as Elder Justice Centers statewide, to ensure coordinated efforts and improved communication with law enforcement, Adult Protective Services, local prosecuting attorney's offices, and advocacy groups.  
• Explore legislation to expand the categories of people who qualify as mandatory reporters for exploitation and abuse.  
• Encourage and promote establishment of voluntary Safe Driver Assessment programs, potentially including occupational therapy expertise at hospitals, diagnostic assessment centers, and major rehabilitation centers.  
• Create and/or provide tools and resources for practice teams to provide care partners with information on understanding and responding to behaviors associated with dementia, to include use of nonpharmacological approaches and reducing use of potentially harmful psychoactive drugs.  
• Compile and make accessible educational materials about ways to discuss and address driving issues, including how to work with the Department of Licensing.  
• More adequately fund the Long-Term Care Ombudsman Program (LTCOP) to serve vulnerable people in all settings and enhance LTCOP volunteer capability to address issues relating to care and treatment of those with dementia.  
• Create a network of trainers or resources (speaker's bureau) to assist health providers and care teams in effectively responding to individuals with challenging behaviors.  
• Convene a workgroup to conduct an environmental scan to identify supports, trainings and needs in the community for addressing challenging behaviors with individuals with dementia.  
• Strengthen the capacity for Adult Protective Services caseworkers to serve people with dementia by developing tools and enhancing skills for determining capacity and the need for guardianship.  
• Update and expand the Gatekeeper Program through Area Agencies on Aging (AAAs) or aging service partners to aid in identifying and assisting people experiencing abuse, neglect or exploitation.  
• To improve understanding of and response to challenging and/or complex behaviors, investigate models of behavior and crisis support that might be replicated across the state (e.g., King County's Geriatric Regional Assessment Team (GRAT)). |
| West Virginia | • Study the effectiveness to date of the West Virginia Silver Alert program, make recommendations for the future of the program, and determine the Alzheimer's education and training needs of first responders. |
| Wisconsin | • Identify factors leading to facility citations related to challenging behaviors, and educate providers about how to prevent these circumstances.  
• Develop guidelines to address the causes of regulatory violations relating to challenging behaviors.  
• Seek federal flexibility for nursing homes that adhere to best practice guidelines on dealing with challenging behaviors.  
• Develop and disseminate dementia assessment tools for use by crisis response and stabilization teams. |
Wisconsin (cont.)

- Promote dementia-capability in the existing mobile crisis response system, including by (1) reviewing current mobile crisis intervention programs to identify common features of successful models when addressing challenging behaviors; (2) developing and testing a model for a dementia-capable mobile crisis intervention focused on treating people in place; (3) testing this model in one or more areas where mobile crisis intervention service is not currently viewed as “dementia capable”; and (4) building on the strengths and learning from the challenges identified in the pilots to support expansion of dementia-capable mobile crisis response services.

- Explore amending state law to expand mobile crisis response programs to ensure dementia-capable capacity.

- Identify areas that need clarification related to emergency protective placement requirements and procedures, including by (1) conducting a review of the statutes and regulations governing protective placement and facility admissions, and administering a survey of stakeholders to identify concerns; and (2) providing facilities and other participants in the emergency protective placement process with clear guidance related to emergency protective placements in different types of settings, and proposing statutory or rule changes to address identified obstacles.

- Identify obstacles to designation of emergency protective placement facilities.

- Identify and pursue options to address facility concerns and incentivize facility designation.

- Explore the need for specialized facilities for placement of those few people who present extremely aggressive and violent behaviors and/or have long-term care needs related to challenging behaviors.
## LEGAL ISSUES

*Recommendations regarding legal protections for, and legal issues faced by, individuals with Alzheimer’s*

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<tr>
<th>State</th>
<th>Recommendations</th>
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| Alabama       | - Strengthen the judicial system’s ability to monitor guardians and conservators once appointed.  
               - Develop a means of recruiting qualified persons to serve as guardians and conservators.  
               - Develop dementia-specific training specifically for guardians and conservators as well as training related to the powers, duties, and responsibilities of guardians and conservators. |
| Alaska        | - Continuously educate individuals and families about planning for Power of Attorney, wills and guardianships, planning for their futures, paying for long-term care, and being prepared for the steps in the disease process. |
| Arizona       | - Promote training on legal issues facing people with Alzheimer’s disease and related disorders and their families, such as guardianship, conservatorship, and powers of attorney. |
| Arkansas      | - Enhance legal protections for people living with the disease and caregivers to protect against abuse and neglect.  
               - Provide state-approved forms such as Durable Power of Attorney for Healthcare, Physician Orders for Life Sustaining Treatment (POLST), and other documents at no cost to the consumer via public libraries, resource centers, and easily accessible websites. |
| California    | - Create a statewide list of licensed attorneys who agree to provide pro bono or reduced-fee elder law services to individuals with Alzheimer’s disease and their families.  
               - Develop and implement strategies such as increasing the number of dedicated staff to probate courts or creating a volunteer legal services program to monitor and support court-appointed guardianship and conservatorship concerns. Apply for federal grants available through the Affordable Care Act to enhance these adult protective services in Colorado. |
| Colorado      | - Collaborate with elder abuse prevention entities at the state and local level to ensure awareness of risks to individuals with dementia and how to protect them from abuse.  
               - Enhance efforts to prevent exploitation of individuals with dementia by supporting initiatives such as the State Department on Aging’s “Elder Justice Coalition.”  
               - Ensure that the wishes of the individual are known and respected, and avoid costly court proceedings by encouraging financial planning (including assessment of assets) and advanced directives with the help of an attorney with specific knowledge in elder, probate, or estate law.  
               - Encourage financial institutions to provide information about financial planning tools for individuals with dementia.  
               - In light of emerging research and technology that may make diagnosis of Alzheimer’s possible at a pre-clinical or pre-symptomatic stage, review laws and regulations to ensure the rights of persons with Alzheimer’s or other dementias and diseases are protected. |
| Connecticut   | - Promote efforts to prevent, detect, and address abuse, neglect, mistreatment, and exploitation of persons with Alzheimer’s disease.  
               - Encourage caregivers to learn about the financial and legal impact of Alzheimer’s disease and the importance of obtaining financial and legal advice as a planning tool.  
               - Encourage caregivers to learn about and actively engage in discussion surrounding end-of-life issues.  
               - Partner with state regulators, court administrators, and the Delaware Bar Association for training on legal issues facing persons with Alzheimer’s disease, including training on the roles of guardians and surrogate decision makers. |
<p>| District of Columbia | - Provide education and assistance to persons living with Alzheimer’s disease and caregivers regarding legal, medical, and financial decisions such as establishing power of attorney or legal guardianship. |
| Florida       | - Recognize the ability for specially trained public safety personnel to initiate guardianship procedures and conduct an evaluation of an individual. |</p>
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| Georgia   | • Provide state-approved forms such as the Georgia Advance Directive for Health Care, Physician Orders for Life Sustaining Treatment (POLST), and other documents at no cost to the consumer via public libraries, resource centers, and easily accessible websites.  
  • Evaluate state laws, specifically with respect to powers of attorney and guardianship, and make recommendations that will decrease fraud, abuse, neglect, and self-neglect of persons with Alzheimer’s disease and other dementias.  
  • Collaborate with the 12 Area Agencies on Aging, the Governor’s Office of Consumer Protection, the Georgia Bureau of Investigation, the Medicaid Fraud Control Unit, the United States Department of Health and Human Services, the United States Office of the Inspector General, and the Division of Aging Services, Adult Protective Services and Senior Medicare Patrol project to educate consumers and financial professionals regarding risks, prevention, and mitigation of abuse and fraud specific to consumers with dementia.  
  • Partner with Adult Protective Services (APS), law enforcement, the banking and financial industry, and the court system to recognize ongoing or potential financial abuse of people with dementia, protect those at risk, and curb ongoing exploitation.  
  • Promote advance care planning and advance financial planning to care partners, families, and individuals with dementia in the early stages before function declines. This population includes those with younger-onset Alzheimer’s and developmental disabilities. |
| Hawaii    | • Maintain the dignity, safety, and rights of people with Alzheimer’s disease and other dementias as well as their caregivers, including by: (1) developing partnerships with legal service providers and others; (2) educating legal professionals about working with people with Alzheimer’s and other dementias, including public and private guardians; (3) educating other groups and professionals on legal issues important to dementias such as advance care planning, Physician Orders for Life-Sustaining Treatment (POLST), and Durable Power of Attorney for Healthcare; (4) expanding training in legal, safety, and elder abuse issues to address the needs of individuals living in long-term care settings; (5) incorporating elder abuse awareness into Hawaii’s aging network activities; (6) exploring collaborations to provide quick, free, or affordable legal services to all affected by Alzheimer’s and other dementias; (7) encouraging the use of mediation and family counseling services to resolve conflicts; (8) addressing barriers to a speedy and cost-effective process for guardianship and/or conservatorship proceedings in Hawaii’s court system; and (9) making other statutory changes in Hawaii law that would benefit people with dementia. |
| Idaho     | • Increase use of advance directives and financial planning. |
| Illinois  | • Support guardianship and conservator policies. |
| Indiana   | • Support implementation of Louisiana Physicians Order for Scope of Treatment (LaPOST). |
| Iowa      | • Engage the legal community and probate court officials to better inform them of the challenges of dementia and the legal services and/or other counseling that may be needed by individuals living with the disease and their families, including by engaging attorneys in helping to educate the public on legal decisions to consider around durable power of attorney, advance directives, as well as what instruments may need to be executed as part of advance planning to advocate on behalf of their loves ones to secure services and benefits needed.  
  • Ensure state-approved forms such as Durable Power of Attorney for Healthcare, Physician Orders for Life Sustaining Treatment (POLST), and other documents with helpful instructions and frequently asked questions are available at no cost to consumers at public libraries and resource centers. Include related resources in the dementia-focused online resource directory.  
  • Ensure that entities that are specifically involved in the prevention of elder abuse are mindful of legal protections with regard to the vulnerable population of those with dementia. Include related resources in the dementia-focused online resource directory. |
<p>| Kentucky  | |
| Louisiana | • Support implementation of Louisiana Physicians Order for Scope of Treatment (LaPOST). |</p>
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<tr>
<th>State</th>
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<td>Maryland</td>
<td>• Review current Maryland statutes and regulations that affect people living with dementia to promote (a) their right to have as productive a life as practical; (b) protection from personal and financial abuse and neglect; and (c) recognition of the ethical challenges and needs of people living with dementia and their circle of care.</td>
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<td>Massachusetts</td>
<td>• Collaborate with the Executive Office of Elder Affairs Banking Reporting Project and Money Management Program, the United States Department of Health and Human Services, the United States Office of the Inspector General, and the Massachusetts Senior Medicare Patrol project to educate consumers and financial professionals regarding risks, prevention, and mitigation of abuse and fraud specific to consumers with dementia.</td>
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<td>Michigan</td>
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<td>Minnesota</td>
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| Missouri     | • Encourage Montanans to consider the inclusion of a dementia provision in their advanced care directives and health care powers of attorney.  
• Create and provide a Legal and Financial Awareness packet for health care providers to distribute to their patients with Alzheimer’s or other dementias, as well as their family caregivers.  
• Encourage state agencies and private sector stakeholders to ensure that Montana-specific legal and financial resources are available for family members and their caregivers on their websites, as well as provide printed copies for Montanans who do not have computers or have difficulty accessing internet services.  
• Develop a Legal and Financial Awareness “train the trainer” outreach program for faith-based organizations and the Senior Companion participants to enable them to assist families who have a member with cognitive impairment.  
• Develop a Power of Attorney Registry or Clearinghouse mechanism similar to the Montana End-of-Life Registry that could be accessed by financial institutions or agencies upon permission of the Power of Attorney agent in order to simplify proof of who has legal authority to act on behalf of an individual with Alzheimer’s and other dementias.  
• Educate the public about the importance of discussing advance directives and end-of-life wishes early in the disease process to allow the person with Alzheimer’s and other dementias to be involved in the decision-making process.  
• Ensure that persons with Alzheimer’s and other dementias are not excluded from creating a Do Not Resuscitate directive or right to die, allowing end-of-life wishes to be respected and legally recognized.  
• Provide community workshops and webinars about planning for diminished capacity that focus on legal and financial aspects for those with cognitive impairments  
• Information about end-of-life decision making, including palliative care, hospice, and right-to-die, should be offered to adults with Alzheimer’s and other dementias and their caregivers.  
• Train ‘gate keepers’ (e.g., bank tellers, health care providers, store clerks, Post Office employees) to recognize the warning signs of elder abuse (physical, psychosocial, sexual, financial, and neglect) and provide reporting methods. |
| Montana      |                                                                                                                                                                                                             |
| Nebraska     | • Provide downloadable links to Nebraska Power of Attorney, Living Will, Medical Directives, and Health Care Power of Attorney documents through web-based aging resources including the Aging and Disability Resource Centers (ADRC).  
• Create a comprehensive care planning checklist for people living with Alzheimer’s disease and other dementias and their caregivers with regard to care wishes, living arrangements, treatment options, driving decisions, advance directors, and end-of-life care. |
<p>| Nevada       |                                                                                                                                                                                                             |
| New Hampshire|                                                                                                                                                                                                             |</p>
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| New Jersey | • Encourage health care provider and community agency education to increase the widespread use of advanced health directives.  
              • Increase public awareness of the state-approved forms for advance planning, including the proxy directive, the instruction directive and the Practitioners Orders for Life-Sustaining Treatment (POLST) form, that are available at no cost via the NJ Department of Health’s website.  
              • Communicate with financial institutions on the risks of financial exploitation by working with the Department of Banking and Insurance to develop and implement a consumer awareness plan aimed at financial institutions with branches in New Jersey.  
              • Work with the Alzheimer’s Association and Alzheimer’s NJ to integrate the prevention of the exploitation of persons with Alzheimer’s and other dementias into the Fighting Fraud initiative sponsored by the New Jersey Division of Consumer Affairs.  
              • Collaborate with elder abuse prevention organizations, including Adult Protective Services and the Office of the Ombudsman for the Institutionalized Elderly, to ensure awareness of risks to individuals with Alzheimer’s disease and how to safeguard them from abuse. |
| New Mexico | • Enhance early access to and awareness of financial planning and medical advance directives. |
| New York   | • Educate caregivers, persons with dementia, and providers about state and federal privacy and confidentiality laws and the advisability of consulting an attorney to plan for the authorization of confidential communications with providers.  
              • Educate caregivers and providers about resources to assist with property and financial issues.  
              • Expand access to legal and financial information through links on state agency websites. |
| North Carolina | • Increase awareness among family caregivers of legal protections and vulnerabilities of people with Alzheimer’s disease and other dementias  
                        • Incorporate legal protection issues specific to people with Alzheimer’s disease and other dementias into health, legal, and financial professional training. Offer continuing education on the types and unique requirements of various legal protections for people with Alzheimer’s and other dementias.  
                        • Convene a workgroup to examine state statutes to determine adequate legal safeguards and protections for people with Alzheimer’s disease and other dementias, including Adult Protective Services and guardianship services; the federal Elder Justice Act; resources and training needed to protect vulnerable adults; reporting of abuse, neglect, or exploitation and penalties for not reporting; jurisdictional responsibility; prosecution of exploitation and alternatives to strengthen the process.  
                        • Integrate elder fraud and abuse data to improve services for people with Alzheimer’s disease and other dementias. |
| North Dakota |                             |
| Oklahoma   |                             |
| Oregon     |                             |
| Pennsylvania | • Identify and potentially form partnerships with for-profit and non-profit organizations that are working in the areas of neglect, abuse, and financial exploitation.  
                       • Communicate with financial institutions and other organizations regarding best practices to identify signs of financial exploitation.  
                       • Promote public awareness to identify neglect, abuse, and financial exploitation. |
<p>| Puerto Rico |                             |</p>
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| Rhode Island | • Allocate additional resources to support investigatory and prosecutorial personnel in the Office of the Attorney General in light of the complexity of financial elder abuse cases.  
• Identify a strategy for increasing resources available to the Protective Services Unit of the division of Elderly Affairs.  
• Refer the concerns regarding guardianship law to the Legislative Commission to Study the Feasibility of Modernizing Probate Law and Procedure for further study and to develop recommendations for submission to state policymakers with respect to: (1) increasing the jurisdiction, resources, and capacity of the Volunteer Guardianship program to provide services to more people in need; (2) modifying the existing Guardianship for a Specific Purpose to better respond to long-term stay hospital residents in need of a volunteer guardian for discharge purposes; (3) pursuing federal funding to support a volunteer guardianship oversight program; (4) exploring enhancements to existing probate court authority and resources.  
• Include health care power of attorney designation and ongoing review provisions in statutory nursing home and assisted living care plan requirements.  
• Engage existing community networks and health care partners to increase awareness of advance planning and to improve awareness of and comfort with Durable Healthcare Powers of Attorney, including by (1) promoting dissemination of state-approved power of attorney forms at senior centers and adult day programs; (2) soliciting participation of RWU Elder Law Society to develop and deliver educational presentations and materials to community partners, including senior centers; (3) encouraging primary care offices to upload health care power of attorney forms to their online portals; (4) developing Continuing Medical Education course material for medical professionals on the importance of advance planning and the availability of educational materials for patient referrals; and (5) conducting specific outreach to faith-based organizations to augment or initiate educational programs that aid families with advance planning for end-of-life care.  
• Initiate potential partnership with the Department of Motor Vehicles to make materials and forms available online and in hard copy at DMV locations across the state, and improve awareness of the Rhode Island Bar Association's handbook on advance planning and the “Ask a Lawyer” program as additional conduits for encouraging advance planning. |
| South Carolina | • Partner with attorneys in private practice to increase their awareness of issues related to Alzheimer’s disease and other dementias.  
• Partner with the Legal Assistance Program in Area Agency on Aging districts (funded by the Tennessee Commission on Aging and Disability) to provide training to attorneys on elder care law.  
• Encourage attorneys to obtain continuing education on elder care law and encourage law schools to include a module of elder care law in the curriculum. |
| Tennessee | • Provide state-approved forms such as Durable Power of Attorney for Healthcare, Physician Orders for Life Sustaining Treatment (POLST), and other documents with helpful instructions and Frequently Asked Questions at no cost to the consumer via public libraries, resource centers, and easily accessible websites.  
• Partner with Adult Protection Services, law enforcement, the banking industry, and the court system to recognize ongoing or potential financial abuse of elders with dementia, protect those at risk, and curb ongoing exploitation.  
• Enhance self-determination by encouraging persons with dementia and their families to assess management of assets early with the help of elder law specialists or Utah Legal Services, effective draw-down of assets, and avoidance of costly court proceedings.  
• Explore from multidisciplinary perspectives a justice center system for elder and vulnerable adults to ensure timely and appropriate prosecution of those who exploit persons with cognitive impairment.  
• Support guardianship and conservator policies that align with national standards, that respect the rights and needs of persons with dementia, and that minimize the burden on families and the legal system. |
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| Utah (cont.) | • Employ health care provider and community agency education to encourage widespread and early use of advanced health care directives.  
• Encourage the financial community to provide information about financial planning for chronic illness, the use of long-term care insurance, and other financial instruments.  
• Support efforts of adult protective officials on detecting, addressing, and preventing fraud, abuse, neglect, and self-neglect of persons with dementia in the community or in institutions of care.  
• Partner with state regulators, court administrators, and the Utah Bar Association for training on legal issues facing persons with Alzheimer’s and other dementias and their families such as guardianship, conservatorship, powers of attorney, and the medical standards related to each. |
| Vermont    |                                                                                                                                                                                                                                                                                                                                          |
| Virginia   | • Educate the public about the need for advance care and end-of-life planning, before cognitive function declines, consistent with the Bree Collaborative End of Life Care Recommendations.  
• Educate the public and caregivers about the need for legal and financial planning – and the importance of obtaining legal and financial advice as a planning tool.  
• Promote systematic documentation of people’s choices for end-of-life care prior to or upon entry into a LTSS setting.  
• Increase awareness of existing consumer protection education and outreach, such as AARP and Attorney General Office fraud alert networks.  
• Make more readily available information and appropriate forms for legal planning – Durable Power of Attorney for Health Care, Durable Power of Attorney for Finances, Advance Directives, and Physician Orders for Life Sustaining Treatment (POLST) – at no cost to consumers through public libraries, resource centers, online, and other appropriate locations.  
• Convene a workgroup to evaluate current statutes and regulations that affect people with dementia, specifically those regarding powers of attorney, guardianship, payeeships, trusts, and wills.  
• Expand the authority of the Office of Public Guardianship to assist individuals with planning end-of-life care and decision-making, and provide funding to meet the need.  
• Promote existing and emerging opportunities to educate financial institution staff about dementia and possible financial exploitation and abuse, their authority to report suspected abuse, and the protections for those who report. For example, “Spotting Financial Exploitation” from the Attorney General’s Office. |
| Washington |                                                                                                                                                                                                                                                                                                                                          |
| West Virginia |                                                                                                                                                                                                                                                                                                                                       |
| Wisconsin  |                                                                                                                                                                                                                                                                                                                                          |
### STATE GOVERNMENT STRUCTURE

*Recommendations to improve how government evaluates and adopts policies to help people with Alzheimer’s disease and their families*

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<tr>
<th>State</th>
<th>Recommendations</th>
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<td>Alabama</td>
<td>• Designate one agency to craft Alabama’s Dementia Response System.</td>
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<td>• Ensure a coordinated effort by state agencies that serve the elderly (at least 60+, but preferably 55+) to examine/identify the continuum of care currently offered through the state's programs and services. The Dementia Education and Training Act could provide the leadership needed to map the state’s “Dementia Response System” with adequate funding and resources. The Department of Human Resources, Department of Senior Services, Department of Public Health, Department of Mental Health, and Medicaid Agency should each help identify challenges and gaps in the state’s dementia continuum of care. The Dementia Response System should address the continuum of needs families have from education to community-based services to nursing care.</td>
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<td>Alaska</td>
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<tr>
<td>Arizona</td>
<td>• Incorporate cognitive health, Alzheimer’s disease, and caregiving needs into strategic and action plans of state and local government, health and social service organizations, research and educational institutions, businesses and faith communities.</td>
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<td>Arkansas</td>
<td>• Create a permanent Advisory Council on Alzheimer’s Disease consisting of current Task Force members and others to ensure balance and expertise, to report annually to the Governor and General Assembly on services, data, and policy recommendations with regard to dementia.</td>
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<td>California</td>
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<td>Colorado</td>
<td>• Establish a senior policy advisor on aging and long-term care in the Governor's Office of Policy and Initiatives.</td>
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<tr>
<td>Connecticut</td>
<td>• Each municipality shall designate a town official or employee to serve as a dementia care designee. Such designee shall be trained in dementia core competencies.</td>
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<td>Delaware</td>
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<td>District of Columbia</td>
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<td>Florida</td>
<td>• Restructure the Alzheimer’s Disease Advisory Committee (ADAC) to create an effective and modern entity that will concentrate on the challenges that Florida faces in addressing the growing issues associated with Alzheimer’s disease and other dementias.</td>
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<td>• Create a specialized Alzheimer’s disease and other dementias department in the Department of Elder Affairs that the ADAC would be reporting to regarding recommendations in the State Plan.</td>
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<td>• Have the ADAC approve requests for the designation of Memory Disorder Clinics based on the needs of the state.</td>
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<td>• Create a dementia specialist position at the Department of Elder Affairs that can implement the recommendations and State Plan.</td>
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<td>• Develop an efficient and supportive Alzheimer’s Disease Initiative by creating the Office of Alzheimer’s Disease or Related Dementias under the Executive Office of the Governor.</td>
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<td>Georgia</td>
<td>• Encourage state agencies to develop hiring strategies to ensure they have the appropriate expertise in cognitive health and impairment related to research and best practices.</td>
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<td>• Explore funding from diverse sources to support carrying out the State Plan. Invite partners to contribute funding to support the State Plan. Seek funding through foundations and corporations.</td>
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<td>• Revise existing “tax check-off” legislation to allow earmarking of specific, tax deductible funds to be targeted to dementia-specific purposes (research, services, advocacy, education, etc.).</td>
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<td>• The Department of Community Health and the Division of Aging Services shall submit, upon request, to the Georgia Alzheimer’s and Related Dementias Advisory Council an accounting of the funding spent on long-term care and community-based care services for people with dementia by fund source and the number of people served.</td>
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<td>State</td>
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<td>Hawaii</td>
<td>• Monitor progress on the Hawaii State Plan on Alzheimer's disease through the development of an implementation plan specifying the tasks required for achieving each goal, key milestones, and timelines – with the state plan being updated annually.</td>
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<tr>
<td>Idaho</td>
<td>• Create an annual mechanism for reporting progress to the legislative and/or executive branch of the state government.</td>
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| Illinois| • Establish adequate staffing levels and fund an Office on Alzheimer's Disease and Related Dementias within the Illinois Department of Public Health.  
  • Study and, where necessary, propose modifications to the Alzheimer's Disease Assistance Act and the Alzheimer's Disease Research Act to review the composition of the Alzheimer's Disease Advisory Committee and to facilitate Alzheimer's planning, treatment, care, and research.  
  • Extend the existence and advance the work of the Alzheimer’s Disease Assistance Center Review Subcommittee by continuing its operation after this state plan is submitted.  
  • Study the feasibility of merging the responsibilities of the Illinois Departments on Aging, Public Health, and Healthcare and Family Services with respect to persons with Alzheimer's disease and their caregivers, recognizing that some of these departments may have a role in the grant and/or payment process.  
  • Review and, if necessary, restructure the Alzheimer's Disease Advisory Committee to make it a more pertinent part of Alzheimer's policymaking in the state and clearly outline these responsibilities in statute, and develop rules that may extend its responsibilities.  
  • Review the Advisory Committee’s progress in meeting its responsibility to review all state programs and services provided by state agencies directed toward persons with dementia, and recommend changes to improve the state’s response to this serious health problem.  
  • Review the Advisory Committee’s progress to consult with the Department of Public Health to prepare an Alzheimer’s Disease Assistance plan “to guide research, diagnosis, referral and treatment services within each service area.” |
| Indiana | • Create a voluntary council of the Indiana Commission on Aging to oversee implementation of the Alzheimer's Disease State Plan.  
  • Pursue funding in support of the Plan, track implementation progress, and collaborate with partners to integrate dementia-specific goals into related plans.  
  • Coordinate Indiana’s participation in the National Alzheimer’s Plan.                                                                                                                                             |
| Iowa    | • Establish an office for Alzheimer's disease and other dementias within state government, not to replace or duplicate any services currently offered by the Area Agencies on Aging, the Alzheimer's Association, or other agencies, but to act as a referral source to local services.  
  • Ensure that all recommendations coalesce with other initiatives and programs within the state, such as the Direct Care Worker Task Force Recommendations, Alzheimer's Association, Area Agencies on Aging, the Hartford Center Grant, Iowa Respite and Crisis Care Coalition and the University of Iowa Center on Aging and Geriatric Education.  
  • Determine the implications of funding and policy on niche populations such as Down syndrome and younger-onset Alzheimer's disease and other dementias.  
  • Convene a workgroup on a regular basis to address psychogeriatric needs of persons with Alzheimer's disease. The workgroup would be tasked with identifying mechanisms for funding of in-patient mental health services, expanding the statewide availability of services, establishing education pathways for providers, and enhancing the availability of emergency crisis intervention. |
| Kentucky| • Recreate the Office on Alzheimer’s Disease and Related Disorders to become the Alzheimer’s Disease and Related Dementias Unit working in conjunction with the Kentucky Alzheimer’s Disease and Related Disorders Advisory Council.  
  • Obtain specific state general funding to hire a full-time coordinator and two full-time employee program staff for the Alzheimer’s and Related Dementias Unit.  
  • Expand the role of the Unit to include policy, research, and coordination of services.  
  • Establish a strategy to link and coordinate services and activities of state agencies, other service providers, advocacy groups, and other entities throughout the state such as emergency personnel, policy, universities, and attorneys and other staff associated with the legal system. |
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<th>State</th>
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| Louisiana    | • Create a permanent advisory council on Alzheimer’s disease and other dementias consisting of the current task force designation plus additional designations to ensure balance and expertise.  
• Establish and fund a program manager for Alzheimer’s disease and other dementias in the Office of Aging and Adult Services. |
| Maine        | • Engage policy makers in ongoing discussions with consumers and families regarding state policies and regulations. |
| Maryland     | • Request that the Governor extend Maryland’s Commission on Alzheimer’s Disease and Related Disorders for additional year through December 31, 2013, specifically to collect data, conduct research, and implement recommendations in the State Plan. The Commission will pursue the establishment of a permanent Council on Alzheimer’s disease through the legislative process. |
| Massachusetts|                                                                                   |
| Michigan     |                                                                                   |
| Minnesota    |                                                                                   |
| Mississippi  | • Identify affected providers, advocacy groups, and government agencies to create communication networks and encourage continual and consistent relationships relevant to dementia care issues. |
| Missouri     |                                                                                   |
| Montana      | • Support the creation of an Alzheimer’s Disease and Related Dementias (ADRD) Facilitator position within the Department of Public Health and Human Services to oversee ongoing statewide public awareness and brain health initiatives.  
• Establish a permanent Alzheimer’s Disease and Related Dementia Advisory Council to be managed by an ADRD Facilitator, to be tasked with oversight of the Montana State Plan. |
| Nebraska     | • Represent and advocate for inclusion of Alzheimer’s disease and other dementias in the Nebraska Public Health Improvement Plan. |
| Nevada       |                                                                                   |
| New Hampshire|                                                                                   |
| New Jersey   | • Maintain support for the Office of the Public Guardian and its work to resolve medical, financial, contractual, and social issues for residents suffering from dementia.  
• Develop more electronic links within existing sister State agency websites, ranging from the NJ Departments of Human Services and Health, the NJ Department of Banking and Insurance, and the NJ Department of Transportation to ensure that reliable information on Alzheimer’s disease is available through these sources.  
• Recommend that NJ 2-1-1 has a cadre of community resource specialists who are trained in the unique aspects of communicating with an individual with Alzheimer’s disease and are familiar with the burden of Alzheimer caregiving to address caregivers and their special challenges.  
• Include web links and phone contact information for the Alzheimer’s Association on all state and municipal websites in New Hampshire as appropriate.  
• Enhance NJ 2-1-1’s ability to be an effective way for people seeking access to resources related to Alzheimer’s disease by ensuring the system has the necessary information on a statewide basis and that it is regularly updated. |
<p>| New Mexico   | • Establish an Office of Alzheimer’s Disease and Related Dementias within the Aging and Long-Term Services Department to undertake the following: (1) identify current resources and enhance communication and collaboration between these resources in a manner that maximizes their state impact in all areas of the State Plan; (2) serve as an advocate and champion for policies, funding, and structure to improve public awareness, research, quality, caregiver support, and health care system capacity; (3) align the State Plan with the National Alzheimer’s Plan, including working with partners to develop and implement an integrated quality management system to ensure effective implementation of the goals and strategies of the State Plan; (4) establish a timeline for implementation of the goals and recommendations; and (5) at least annually, review progress toward achieving the goals of the State Plan. |</p>
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<td>New Mexico (cont.)</td>
<td>• Identify and encourage coordination, collaboration, and inter-entity communication with public and private, local, State, and federal entities to advance Alzheimer’s readiness and dementia capable systems.</td>
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<td>New York</td>
<td>• Establish a statewide coalition on Alzheimer’s disease and other dementias to oversee the implementation of the Plan.</td>
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<td>North Carolina</td>
<td>• Specify that all aging-related legislation go through a single committee in both the Oklahoma House of Representatives and Senate.</td>
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<td>• Establish a Cabinet-level Secretary of Aging.</td>
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<tr>
<td>North Dakota</td>
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<tr>
<td>Oklahoma</td>
<td>• Specify that all aging-related legislation go through a single committee in both the Oklahoma House of Representatives and Senate.</td>
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<td>• Establish a Cabinet-level Secretary of Aging.</td>
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<td>Oregon</td>
<td>• Achieve better alignment, consistency, and availability of information about Alzheimer’s disease and other dementias across Pennsylvania Departments of Aging, Health, and Public Welfare and other state and federal agencies.</td>
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<td>• Convene annual Pennsylvania Alzheimer’s Plan Summit meetings to evaluate progress of the Plan, strengthen partnerships, build community support for the Plan, recognize excellence, and identify next steps.</td>
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<td>Puerto Rico</td>
<td>• Analyze current laws to determine if they meet the needs of people living with Alzheimer’s disease and their caregivers.</td>
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<td>Rhode Island</td>
<td>• Identify a future “home” or committee to facilitate and support the Rhode Island Alzheimer’s disease website, research summit, and the ongoing engagement of all partners involved in this work.</td>
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<td>• Propose website resources that will serve individuals living with Alzheimer’s disease and other dementias, their families and caregivers, providers, long-term care residences, and other community-service providers; explore the development and hosting of the website at the University of Rhode Island and identify partners in state government to assist with ongoing community outreach and engagement to generate, develop and drive website content. Develop a sustainability model for the website’s lifespan.</td>
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<td>South Carolina</td>
<td>• Generate state-level work with health disparities for minorities that is inclusive of Alzheimer’s disease.</td>
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<td>Tennessee</td>
<td>• Develop a comprehensive infrastructure for Alzheimer’s disease and related dementia through the Tennessee Commission on Aging and Disability by: (1) meeting annually; (2) developing a plan to transition the Tennessee Alzheimer’s Disease Task Force to the Alzheimer’s Advisory Committee under the Tennessee Commission on Aging and Disability; (3) ensuring that all recommendations coalesce with other initiatives and programs within the state; and (4) developing a comprehensive communication plan to ensure ongoing planning and discussion among stakeholders for coordination of services and ensuring that the stakeholders receive the most current and accurate information regarding Alzheimer’s disease and other dementias.</td>
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<td>Texas</td>
<td>• Identify opportunities to increase partnerships with stakeholders to strengthen and expand state plan implementation.</td>
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<td>• Continue to expand and advance the Texas Alzheimer’s Disease Partnership.</td>
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<td>• Develop a consortium to spearhead public official education on Alzheimer’s disease and promote policies and plans that support it.</td>
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<td>• Identify opportunities to foster partnerships with planning areas (i.e. Governor’s State Planning Regions) for plan implementation.</td>
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<td>• Engage the media in state plan implementation activities via town hall meetings, press releases, and other events.</td>
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<td>• Convene one annual, in-person partnership meeting to review progress made on state plan implementation and identify priority areas for future action.</td>
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<td>• Develop reporting mechanisms to document progress in implementing initiatives.</td>
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<td>Texas</td>
<td><strong>Promote ongoing communication and collaboration among partners and stakeholders to advance the Texas Alzheimer's Disease Partnership.</strong></td>
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<td><strong>Increase by 20 the number of organizations that include activities outlined in the 2010-2015 Texas State Plan on Alzheimer's Disease into their organizational programming.</strong></td>
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<td>Utah</td>
<td><strong>Coordinate with the Division of Aging and Adult Services on a continuing role of the State Plan Task Force as an Advisory Group to meet systemically with state and local agencies to identify programs and services relevant to older individuals with memory loss and dementia, even if not currently so identified, and advise on how dementia awareness would enhance performance.</strong></td>
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<td><strong>Use available data to assist in program improvement, grant submissions, and implementation of Utah's Alzheimer's Disease State Plan.</strong></td>
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<td><strong>Coordinate standardized information throughout state and local governments.</strong></td>
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<td><strong>Engage a public health approach to confront Utah's significant projected growth in Alzheimer's disease.</strong></td>
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<td>Vermont</td>
<td><strong>Improve the capacity of state and local agencies or organizations to evaluate the outcomes of their services and programs.</strong></td>
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<td><strong>Convene an annual blue ribbon commission with key state leadership to strategize cross-departmental coordination of dementia-related programs. Consideration should be given to integrating this activity with existing commissions or initiatives.</strong></td>
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<td><strong>Convene, on an annual basis, the Governor's Commission on Alzheimer's Disease and Related Disorders and public/private stakeholders to discuss emerging and ad hoc dementia issues.</strong></td>
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<td><strong>Incorporate the evaluation of cost effectiveness and financing options across all recommended policy activities.</strong></td>
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<td>Virginia</td>
<td><strong>Create a position and obtain specific funding to hire a full-time Dementia Services Coordinator to coordinate the services provided to persons with Alzheimer's disease and related dementias working in conjunction with the Alzheimer's Commission.</strong></td>
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<td><strong>Review all state-funded services to ensure “dementia-capable” approaches and policies, based on principles derived from the Person-Centered Care and Culture Change movements.</strong></td>
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<td>Washington</td>
<td><strong>Include Healthy People 2020 objectives related to persons with dementia, including Alzheimer's in state agencies' strategic plans.</strong></td>
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<td><strong>Use data from the Behavioral Risk Factor Surveillance System (BRFSS) to understand the human and economic impact of dementia on individuals and family caregivers to inform public health policies, interventions, and development of the Washington State Plan for Healthy Communities and other chronic disease plans.</strong></td>
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<td><strong>Integrate goals and objectives related to cognitive impairment, memory loss and dementia into local and state governmental agencies' strategic plans. Such plans include state and area plans on aging, coordinated chronic disease management, falls prevention, emergency preparedness, transportation, and the Washington State Plan for Healthy Communities.</strong></td>
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<td><strong>Ensure ongoing activities at the Department of Health, such as injury/falls prevention and emergency preparedness, incorporate needs specific to persons with dementia.</strong></td>
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<td><strong>Developmental Disabilities Administration, Aging and Long-Term Support Administration, Health Care Authority, and Department of Health should each designate an Alzheimer's program coordinator to improve communication and collaboration among these agencies.</strong></td>
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<td><strong>State and local agencies will explore funding opportunities and collaborations for Washington to participate in dementia care service innovation programs.</strong></td>
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<td><strong>Engage public relations professional to advise on a promotional campaign to support the awareness of the issues and the implementation of the Plan's activities.</strong></td>
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<td><strong>Increase operations research capacity at the Aging and Long-Term Support Administration to support data-driven evaluation and planning.</strong></td>
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<td>West Virginia</td>
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<td>Wisconsin</td>
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