

Model State Plan Legislation

Section 1. The **[Name of task force or committee]** is established. The **[Name of task force or committee]** shall consist of 19 volunteer members, including but not limited to the Chairs of the **[Name of health, human services, or aging committee]** in each chamber, at least one person with Alzheimer's disease, one caregiver of a person with Alzheimer's disease, a representative of the nursing facility industry, a representative of the assisted living industry, a representative of the adult day services industry, a representative of the medical care provider community, an Alzheimer's disease researcher, a representative of the Alzheimer's Association and each director (or their designate) of the following state agencies: mental health, developmental disabilities, public health, aging and long-term care services, Medicaid, law enforcement, and labor/workforce development.

Section 2. The **[Agency, branch of government or legislative body]** shall convene the **[Name of task force or committee]** and provide necessary administrative support to the **[Name of task force or committee]**.

Section 3. The **[Name of task force or committee]** is directed to assess the current and future impact of Alzheimer's disease on **[residents of our state]**; to examine the existing industries, services and resources addressing the needs of persons with Alzheimer's, their families, and caregivers; and to develop a strategy to mobilize a state response to this public health crisis.

Section 4. The **[Name of task force or committee]** shall include an examination of the following in its assessment and recommendations:

- (1) Trends in state Alzheimer's population and needs, including the changing population with dementia, including but not limited to:
 - (a) State role in long-term care, family caregiver support, and assistance to persons with early-stage and early onset of Alzheimer's; and
 - (b) State policy regarding persons with Alzheimer's and developmental disabilities
 - (c) Surveillance of persons with Alzheimer's disease for purposes of having proper estimates of the number of persons in the state with Alzheimer's disease.

- (2) Existing services, resources, and capacity, including but not limited to the:
 - (a) Type, cost and availability of dementia services;
 - (b) Dementia-specific training requirements for long-term care staff;
 - (c) Quality care measures for long-term care facilities;
 - (d) Capacity of public safety and law enforcement to respond to persons with Alzheimer's;
 - (e) Availability of home- and community-based resources for persons with Alzheimer's and respite care to assist families;
 - (f) Inventory of long-term care dementia care units;
 - (g) Adequacy and appropriateness of geriatric-psychiatric units for persons with behavior disorders associated with Alzheimer's and related dementia;
 - (h) Assisted living residential options for persons with dementia; and
 - (i) State support of Alzheimer's research through **[State]** universities and other resources; and
- (3) Needed state policies or responses, including but not limited to directions for the provision of clear and coordinated services and supports to persons and families living with Alzheimer's and related disorders and strategies to address any identified gaps in services.

Section 5. The **[Name of task force or committee]** is directed to hold public meetings and utilize technological means, such as web casts, to gather feedback on the recommendations from persons and families affected by Alzheimer's disease and the general public.

Section 6. The **[Name of task force or committee]** is directed to submit a report of its findings and date-specific recommendations to the General Assembly and the Governor in the form of a State Alzheimer's Plan no later than **[insert date before or during 2011 session]**.

Section 7. The **[Name of task force or committee]** shall sunset upon delivery of the State Alzheimer's Plan to the General Assembly and the Governor.