

Arkansas Alzheimer's and Dementia State Disease Plan

EXHIBIT C2



Alzheimer's and Dementia State Plan Review

Statutory Authority

- A. (b) Every four (4) years, the council shall issue an updated plan addressing the items in § 20-8-1102 and any other issues the council deems necessary and relevant toward addressing Alzheimer's disease and other dementias.

Reporting Requirements - (October 1 even-numbered years)

- A. Status of implementation
- B. Shortcomings of implementation
- C. Analysis of the status of the agencies implementation (Committee)

Alzheimer's and Dementia State Plan

State Plan (2021-2025) General Outline

A. SECTION ONE

1. Introduction (Process and Exec. summary)

B. SECTION TWO

1. Alzheimer's and Dementia Definitions
2. Risk Factors, Warning Signs, etc.)

C. SECTION THREE

1. Priority Issues and recommendations

D. Appendix and References

Informal Sub-Committee

David Cook

Jennifer Hallum

Dr. Amyleigh Overton-McCoy

Carolyn Berry

Rachel Bunch (Cat Hamilton)

Alzheimer's and Dementia State Plan

State Plan (2021-2025) General Outline

A. SECTION ONE - Introduction (Process and Exec. summary)

- 1. Update information to reflect the challenges that have been influenced by COVID-19*

A. SECTION TWO

1. Alzheimer's and Dementia Definitions
2. Risk Factors, Warning Signs, etc.)
- 3. Update Facts and Figures Report to reflect current data*

Section Three: Priority Issue Areas

Public Awareness - (To elevate awareness about the known risk factors, prevalence, importance of early detection and diagnosis for clinicians and the general public)

- Prioritize the state's response to Alzheimer's and other dementia by permanently reauthorizing the Alzheimer's and Dementia Advisory Committee. **2021 via ACT 391**
- Create the position of Dementia Services Coordinator within the Arkansas Department of Health. **Incomplete**
- Direct the Health Department to incorporate cognitive health messaging into existing state health priorities. Include and maintain the cognitive decline and caregiver modules in the Behavioral Risk Factor Surveillance System (BRFSS) survey of Arkansas adults at least every other year. Publicly disseminate findings from the BRFSS for use in the development of programs and services. **(BOLD Grant has incorporated BRFSS)**

Section Three: Priority Issue Areas

Public Awareness Cont.

- Convene appropriate state agencies and provide written recommendations regarding the integration of cognitive impairment and caregiver support into discharge planning procedures at hospitals and other medical and surgical facilities. ***Incomplete***
- Support the Minority Health Commission's outreach efforts to underserved communities with access to educational material relating to cognitive health, caregiver support networks, and statewide resources. ***(Not formalized)***
- Evaluate the implementation of telehealth for assessment, diagnosing, treatment, and education of those living with dementia and caregivers throughout the state. ***(Incomplete)***
- Facilitate Alzheimer's outreach and education to minority communities including information about Medicare annual wellness visits, the warning signs of Alzheimer's, the benefits of early detection and diagnosis, and care planning. ***(Incomplete)***
- Ensure physicians **Providers/clinicians** are equipped with the tools they need to have conversations about cognitive decline and feel a level of comfort making referrals ***(Incomplete)***

Section Three: Priority Issue Areas

Access and Quality of Care - (To ensure equitable access to quality health and hcbs services for all those impacted)

- Increase the number of slots on the HCBS waiver to allow more people with dementia to live in the least restrictive setting possible. **(Incomplete)**
- Research and support innovative models to finance the delivery of home and community-based services. Support pilot programs testing to improve options for people with dementia to remain at home instead of more costly Medicaid-funded long-term care services. **(Dementia Caregiver Respite Grant Pilot)**
- Review existing Medicaid Level of Care policies and identify areas to appropriately incorporate cognitive decline in the determination of the need for long-term care. **(Incomplete)**

Section Three: Priority Issue Areas

Access and Quality of Care Cont.

- Conduct a statewide needs assessment to determine the capacity, availability, cost, and qualities of existing dementia care options. Research opportunities to increase the number of providers for dementia care in underserved communities. **(Incomplete)**
- Evaluate existing HCBS waiver policies to ensure that persons with Alzheimer's and dementia are able to remain in their preferred environment and that the waiver offers comprehensive services to support participants with dementia. **(Incomplete)**
- Commission an independent, external study to explore how acuity-based models impact the access to quality care of persons with Alzheimer's and dementia and the opportunities for implementation in Arkansas. **(Incomplete)**
- Monitor and evaluate Medicaid waivers and ensure they are inclusive of all persons with Alzheimer's and dementia. **(Ongoing)**
- Review existing financial eligibility standards for people with dementia seeking long-term services and supports to expand access to care for people with dementia **(Incomplete)**

Section Three: Priority Issue Areas

Support Family Caregiver - Intended to recognize the contribution and to support family caregivers caring for persons with dementia

- Improve access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance their health, wellbeing, and independence. **(Incomplete)**
- Expand in-home and facility-based respite services for family caregivers of individuals living with dementia. **(Dem. Caregiver Respite)**
- Connect caregivers, family members and individuals with dementia to information about dementia services. **(Ongoing)**
 1. Work in coordination with state agencies and non-governmental organizations to develop and deliver no-cost training for family caregivers of people with dementia to improve the delivery of care and support better outcomes for family caregivers. Provide special attention to caregivers in underserved and rural communities. **(Incomplete)**

Section Three: Priority Issue Areas

Support Family Caregivers

- Regularly survey and assess the needs of family caregivers of people with dementia to ensure the state is providing services in a manner that aligns with caregiver needs. ***(Incomplete)***

Section Three: Priority Issue Areas

Dementia Training and Workforce Development - (Ensure that the healthcare workforce has evidence-based dementia training to meet the rising need)

- Require dementia-specific training for physicians, nurses and other health care workers to support early diagnoses and disclosure of dementia, provide effective care planning at all stages of dementia, offer counseling and referral, and engage family caregivers, as appropriate, in care management. **(Incomplete)**
- Require and implement dementia training initiatives for hospital social workers and discharge planners to better engage people with dementia and their caregivers and to increase their awareness about resources available to individuals patients with Alzheimer's and other forms of dementia. **(Incomplete)**
- Increase collaboration between the non-profit sector and the medical community to ensure they are aware of the resources available to them and to caregivers. **(Incomplete)**

Section Three: Priority Issue Areas

Dementia Training and Workforce Development - (Ensure that the healthcare workforce has evidence-based dementia training to meet the rising need)

- Require and implement dementia training requirements for Adult Protective Service workers and other state and local government employees serving people with dementia (including Area Agency on Aging staff and social services workers). ***(Incomplete)***
- Require dementia-specific training for members of law enforcement as part of the initial curriculum and ongoing training. ***(Incomplete)***
- Increase opportunities and reduce barriers for telehealth to support people with dementia, including in the areas of assessment, diagnosis, treatment, and education of those living with dementia and caregivers throughout the state. ***(Incomplete)***

Section Three: Priority Issue Areas

Dementia Training and Workforce Development

- Support the expansion of new initial and ongoing dementia training standards for direct care workers to improve their understanding of cognitive impairment and how to effectively support and care for people living with dementia
 1. Implement and deliver a portable certification for direct care workers in-home health and residential long-term care settings to ensure they understand the principles of providing person-centered care to people with dementia. ***(Incomplete) Possible 2023 leg.***
 2. Require that all direct care workers in all long-term care settings (including in the home) receive a minimum of six to eight hours of competency-based dementia training for new direct care workers and returning direct care workers who have not provided care to people with dementia in the last two years. ***(Incomplete)***
 3. Require all direct care workers receive at least four hours of annual, ongoing dementia training. ***(Incomplete)***

Section Three: Priority Issue Areas

Dementia Training and Workforce Development

- Establish dementia training requirements for other long-term care staff including other health care workers and administrative/auxiliary staff. **(Incomplete)**

Reccomendations

- Report - Successful pieces of the state plan that are already in place
- Review recommendations to ensure:
 - Recommendations are actionable (Is this measurable)
 - How does this improve:
 - Health literacy
 - Access/Quality of Care
 - Dementia capability of the existing workforce (healthcare workforce shortage)
 - Increase support services for family caregivers
- Sub-committee on each section to report back on recommendations
 - Report back on suggested edits