

2024

Annual Report



Alzheimer's and Dementia State Plan: Implementation Report

October 2024

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Alzheimer's and Dementia State Plan: Implementation Report

October 2024

EXECUTIVE SUMMARY

Overview of the Alzheimer's and Dementia State Plan

In October 2022, the Advisory Council updated the Alzheimer's and Dementia State Plan, prioritizing four key areas based on the Healthy Brain Initiative (HBI) Roadmap. The HBI Roadmap, published by the Alzheimer's Association and the Centers for Disease Control and Prevention (CDC), was used to influence the state plan to position Arkansas competitively for federal funding to enhance the state's infrastructure to respond to the Alzheimer's Public Health Crisis and support the implementation of the state plan.

The Council identified the following priority areas:

- **Public Awareness and Education**
- **Access and Quality of Care**
- **Family Caregiver Support**
- **Dementia Training and Workforce Development**

The state plan outlines key recommendations to ensure that the direct care workforce is adequately prepared to meet the needs of the dementia population, increase awareness of the importance of early detection and diagnosis, monitor and expand access to care, and support family caregivers.

Alzheimer's and Dementia Annual Report

This report provides an overview of the current status of the Alzheimer's and Dementia State Plan's implementation, highlighting the progress made and identifying the challenges that have prohibited further implementation, and recommendations for future implementation of key recommendations.

Alzheimer's and Dementia State Plan: Implementation Report

October 2024

INTRODUCTION

Background and establishment of the Alzheimer's and Dementia Advisory Council

The 93rd General Assembly established the Alzheimer's and Dementia Advisory Council through ACT 391 in 2021. The Council convened its first organizational meeting on September 21, 2021. During these sessions, the Council has engaged with state agencies, providers, caregivers, and field experts to evaluate the state plan, understand the needs of Arkansas families affected by dementia, identify gaps in available support services, and meet the statutory requirements of ACT 391. The statutory requirements outlined in ACT 391 are as follows:

Annual Report Submission:

- **Deadlines:** By October 1, 2022, and by October 1 of each subsequent year.
- **Recipients:** The Governor, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate.
- **Content:** The report must include the status of the implementation of the State Alzheimer's Plan recommendations, any barriers to implementation, and any proposed legislation.

Updated Alzheimer's State Plan:

- **Frequency:** Every four (4) years.
- **Content:** The updated plan should address the items in §20-8-1102 and any other issues the council deems necessary and relevant to addressing Alzheimer's disease and other dementias.

State Agency Reporting Requirements:

- **Deadline:** By October 1 of each even-numbered year.
- **Recipients:** The Governor, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate.
- **Content:** The report must include:
 - i. The steps the state agency has taken to implement the recommendations in the plan.

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State Agency Reporting Requirements (continued):

- i. If applicable, the state agency's reasons for failing to implement all or any part of the plan.

Council's Analysis of State Agencies' Implementation:

- i. The Alzheimer's Disease and Dementia Advisory Council must include an analysis of the status of state agencies' implementation of the plan in their annual report required under §20-8-1103.

Alzheimer's And Dementia Advisory Council



Senator
Clint Penzo
Co-Chair



Representative
Julie Mayberry
Co-Chair

State Agency Representatives

Toney Bailey, MHA - Branch Manager, Arkansas Department of Health

Kenya Eddings - Arkansas Minority Health Commission

Director Jay Hill - Division of Aging, Adult, and Behavioral Health Services, Arkansas Department of Human Services

Charlotte Bishop - Program Administrator Long Term Care Ombudsmen, Arkansas Department of Human Services

Membership

Dr. Gohar Azhar - UAMS
Stephenie Cooke - Alzheimer's Arkansas
Rachel Bunch - AR. Health Care Association
David Cook - Alzheimer's Association
Dr. Sue Griffin - UAMS
Jennifer Hallum - Area Agencies on Aging
Dr. Kerry Jordan
Tatum Owenby - Arkansas Home-Based Services Association

Toots Lamberth
Cathey McAllister-Griffin - Family Caregiver
No appointee - AARP
Dr. Amyleigh Overton-McCoy - D.W. Reynolds Centers on Aging
Jodiane Tritt - AR. Hospital Association
Dr. Jeanne Wei - UAMS
Arkansas Residential Assisted Living Association



2024 ARKANSAS ALZHEIMER'S STATISTICS



PREVALENCE

Number of People Aged 65 and Older with Alzheimer's (2020)

60,400

% of Adults Over 65 with Alzheimer's

11.3%



CAREGIVING

of Caregivers

155,000

Caregivers with Chronic Health Conditions

72.8%

Total Hours of Unpaid Care

270,000,000

Caregivers with Depression

38.0%

Total Value of Unpaid Care

\$4,448,000,000

Caregivers in Poor Physical Health

25.0%



WORKFORCE

of Geriatricians in 2021

55

of Home Health and Personal Care Aides in 2020

21,900

Increase Needed to Meet 2050 Demand

143.6%

Increase Needed to Meet 2030 Demand

29.5%



HEALTH CARE

of People in Hospice (2017) with a Primary Diagnosis of Dementia

3,133

Dementia Patient Hospital Readmission Rate (2018)

21.5%

Hospice Residents with a Primary Diagnosis of Dementia

18%

Medicaid Costs of Caring for People with Alzheimer's (2020)

\$396M

of Emergency Department Visits per 1,000 People with Dementia (2018)

1,530

Projected Change in Medicaid Costs from 2020 to 2025

14.6%

Per Capita Medicare Spending on People with Dementia in 2023 Dollars

\$27,092



MORTALITY 262.6% INCREASE IN ALZHEIMER'S DEATHS 2000-2021

of Deaths from Alzheimer's Disease (2021)

1,559

Alzheimer's Disease as Cause of Death Rank

6th

State Mortality Rate Rank

4th

Nearly

7 million Americans are living with Alzheimer's, and more than 11 million provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias

is estimated to total \$360 billion in 2024, increasing to nearly

\$1 trillion (in today's dollars) by mid-century. For more information,

view the **2024 Alzheimer's Disease Facts and Figures** report at alz.org/facts.

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Public Awareness and Education

LEGISLATIVE ADVANCEMENTS

Authorization of the Alzheimer's and Dementia Advisory Council (ACT 391; 2021)

Establishment of the Position of Dementia Coordinator

- In **2023, ACT 682** established the position of Dementia Coordinator. This role will play a vital role in the implementation of the State Alzheimer's Plan and coordinating efforts across different sectors to improve dementia care and support. *(As of the preparation of this report, this position remains vacant at the Department of Human Services.)*

STRENGTHENING THE PUBLIC HEALTH RESPONSE TO ALZHEIMER'S

Individuals and families affected by Alzheimer's and other dementia need comprehensive access to educational information, support services, and resources throughout the disease's progression. However, in Arkansas, there is no centralized resource where these families can find the necessary information. Although various state agencies, nonprofits, and healthcare providers offer educational tools and resources, these are often siloed within their respective institutions, leaving families uncertain about where to turn for help.

Alzheimer's and dementia significantly impact the public health of Arkansans, with the prevalence of the disease expected to rise by 15.5% by 2025. Public awareness of modifiable risk factors and understanding of the disease remains low, which can create barriers to diagnosis and care, and adversely affect families physically, mentally, and financially.

Public Awareness and Education

DATA COLLECTION

The Arkansas Health Department will include the Cognitive Decline and Caregiver Modules in the annual Behavioral Risk Factor Surveillance System (BRFSS), alternating them every year to complete each module at least once every six years.

The Cognitive Decline module was included in the 2020 survey, and the Caregiving module was included in the 2021 survey.

Future BRFSS Data Collection

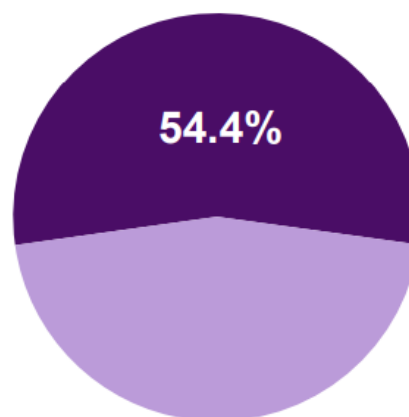
2026 Cognitive Decline Module

2027 Caregiving Module

STRENGTHENING THE PUBLIC HEALTH RESPONSE TO ALZHEIMER'S (Cont.)

The stigma surrounding dementia, exacerbated by a lack of education, makes it even more challenging for those living with the condition and their caregivers. Increasing education and outreach can help promote risk reduction, encourage early diagnosis, and improve the quality of life for both individuals with dementia and their caregivers.

Percent with memory problems who have not talked to a health care provider



In Arkansas, 11.5% of those aged 45 and over report they are experiencing confusion or memory loss that is happening more often or is getting worse

(2020 BRFSS - Cognitive Decline Module)



Public Awareness and Education

Enacted Recommendations

KEY INITIATIVES

- The Alzheimer's Association, Alzheimer's Arkansas, and the UAMS Centers on Aging each provide community education programs that cover various topics, including information about risk reduction, early detection and diagnosis, caregiver tips, research advancements, communication strategies, and basic disease information. These programs are offered to communities at no cost.

Collaborative Partnerships

- **Arkansas Minority Health Commission**
 - The Arkansas Minority Health Commission has partnered with Alzheimer's Arkansas and The Alzheimer's Association to enhance their services in the following ways:
 - The Alzheimer's Association provides the commission with resources and educational material available to communities that host the mobile health unit.
 - Supporting the work of the Minority Health Commission through community health forums and providing resources and educational material for all attendees.
- **UAMS Centers on Aging**
 - In 2024, The Alzheimer's Association entered into a partnership with the University of Arkansas for Medical Sciences Centers on Aging. The partnership provides basic disease information, caregiver training, support groups, and resources for families impacted by Alzheimer's and other dementia. The goal of the partnership is to establish a Dementia Resource Center that would serve as a model that could be replicated in other parts of the state utilizing the state's existing infrastructure



Public Awareness and Education

Pending Recommendations

Public Health Initiatives

Public Health Messaging on Brain Health, Risk Reduction, and Early Detection and Diagnosis

- **Objective:** Develop and implement comprehensive public health messaging to raise awareness about brain health, the importance of risk reduction, and the need for early detection and diagnosis of Alzheimer's and other dementias.
- **Achievements:** In 2022, The Arkansas Health Department received funding under the Building Our Largest Dementia (BOLD) Infrastructure ACT. With this funding, the Health Department was able to:
 - Secure a grant-funded position to assist them with strengthening their capacity to address Alzheimer's and Dementia education.
 - Established a state-wide Alzheimer's and Related Dementia coalition.
 - Included Public Health messaging about Alzheimer's and Dementia on the state website.
 - The Arkansas Department of Health has sought materials from the Arkansas Alzheimer's Association to include in regular communications with ADH clients, and make available in the Local Health Units statewide.

Challenges: Limited funding has impacted the state's capacity to fully integrate messaging about brain health, risk reduction, and early detection and diagnosis into its existing public health campaigns. Requirements of current funding being used for existing campaigns may restrict the ability of the agency to incorporate messaging without matching funds.



Public Awareness and Education

Pending Recommendations

Public Health Initiatives (Cont.)

Recommendation: Public health has a crucial role in educating the public about diseases, including raising awareness about brain health, cognitive decline, risk reduction, early detection, and diagnosis. This messaging is vital for reducing the stigma associated with Alzheimer's and other dementias, encouraging families to discuss cognitive concerns with primary care providers, and ensuring that both the public and healthcare sectors are informed about the latest research, treatment options, and available support services.

Policy Recommendation: Require the Health Department to incorporate messaging about brain health, risk reduction, and the benefits of early detection and diagnosis in their existing public health campaigns. This approach will ensure that the state remains competitive in future federal funding opportunities.

Grant Program to Increase Brain Health Education in Underserved Communities - Create a grant program aimed at expanding brain health education initiatives in underserved communities.

- **Rationale:** Targeted educational efforts can help bridge health disparities, ensuring that all populations have access to critical information on brain health and dementia prevention.
- **Recommendation:** Targeted funding that would utilize the state's existing public health infrastructure to expand access to education and support services for communities that are disproportionately impacted by Alzheimer's and other dementia.



Public Awareness and Education

Pending Recommendations

Public Health Infrastructure to Enhance Access to Dementia Education, Clinician Support, and Recent Advancements in Research - Invest in public health infrastructure to broaden access to dementia education, provide ongoing support to clinicians, and disseminate the latest research findings.

- **Rationale:** Strengthening infrastructure is essential to ensuring that the latest knowledge and best practices reach both healthcare providers and the general public, ultimately improving dementia care and outcomes statewide.
- **Recommendation:** Improve the collaboration between public agencies and the non-profit sector to deliver evidence-informed education on the recent advancements in Alzheimer's research, care, treatments, and support services.

Data Collection

Alzheimer's and Dementia Registry - Establish a state-level Alzheimer's and Dementia Registry to track the prevalence of these conditions and monitor trends over time.

- **Rationale:** A registry would provide valuable data to inform public health strategies, healthcare planning, and resource allocation for Alzheimer's and dementia care.
- **Challenges:** There is a need for more collaboration among state agencies to ensure that the registry is designed well and placed in the appropriate agency. Limited funding directed at improved data collection has also presented a challenge.



Public Awareness and Education

Pending Recommendations

Data Collection (cont.)

- **Recommendation:** One of the Essential Public Health Services (EPHS) is to assess and monitor population health status. A dementia registry would improve prevalence data, inform a public health strategy, and improve patient outcomes. The state Dementia Services Coordinator position is to be housed at DHS and it was previously determined that this position would be responsible for administering an Alzheimer's and Dementia Registry as part of the position responsibilities, thus this registry would be housed at DHS. The Department of Health is willing to provide technical assistance to fulfill this recommendation.

Expanding Partnerships

Area Agencies on Aging - Strengthen collaboration with Area Agencies on Aging to enhance the delivery of services and support to individuals with dementia and their caregivers.

- **Rationale:** These agencies are well-positioned to provide localized support and resources, making them key partners in the statewide dementia strategy.
- **Recommendation:** Continue existing efforts to establish Dementia Resource Centers in each Area Agency on Aging.

Evaluate the Use of Telehealth to Enhance Access to Dementia Education - Assess the potential of telehealth technologies to improve access to dementia education, particularly in rural and underserved areas.

- **Rationale:** Telehealth offers a cost-effective way to extend educational resources and support to communities with limited access to in-person services.
- **Recommendation:** The Alzheimer's and Dementia Advisory Council should assess the current role of telehealth in Arkansas's healthcare delivery and explore ways to leverage this technology to enhance access to dementia training and diagnostic support for rural healthcare providers. This assessment should also include recommendations on strategies and recommendations for implementation.



Access and Quality of Care

Enacted Recommendations

KEY ADVANCEMENTS

Research and Support Innovative Models of Funding and Enhancing Home and Community-Based Services (HCBS) for the Dementia Population

- In 2022, The Department of Human Services appropriated \$200 thousand to establish a dementia caregiver respite grant program. The program serves 400 families each year by providing them with \$500 grants to be used for respite care.

Review Existing Medicaid Level of Care and Medicaid Waivers

- **Rationale:** Ensure that the Medicaid Level of Care assessments and Medicaid Waivers are inclusive of individuals with cognitive decline
 - The Department of Human Services provides access to Medicaid (1915c) Waiver Services for dementia patients and their caregivers who are eligible for Medicaid.

Research and Support Innovative Approaches to Expand Access to Dementia Education

- Community organizations continue to work to expand access to education and resources

ACCESS TO DEMENTIA CARE

Access to care and support services at every stage of Alzheimer's and dementia is crucial for individuals and families. Understanding which services are appropriate at each stage of the disease will ensure families have the tools they need to navigate the healthcare system. It is essential to provide education on the disease, detection, diagnosis, and treatment alongside resources that meet these needs. Regardless of location, individuals across the state require access to evidence-based information and healthcare services related to Alzheimer's and dementia.

Many families are unaware of specialized diagnostic options for Alzheimer's, such as neurological examinations, and are often hindered by distance or lack of knowledge about available specialists. Rural areas face additional challenges due to population migration to urban centers, leaving behind limited providers and fewer care options. These communities often have restricted access to hospitals, primary care, and home-based services. The Advisory Council continues to monitor access to care and resources for the dementia population and their caregivers.



Access and Quality of Care

Pending Recommendations

Expand Access to Support Services

Expand Access to Support Services: Leverage the Area Agencies on Aging (AAA) infrastructure to enhance the availability and reach of support services for individuals affected by dementia.

- **Rationale:** Utilize the existing public health infrastructure to expand access to dementia-specific resources and support services.
- **Recommendation:** The Area Agencies on Aging (AAA's) are uniquely positioned and equipped to provide resources and connect families to local support services who are navigating the dementia journey. Nonprofit providers need to continue to expand their partnerships with the AAA's by providing them with resources and local support services for families impacted by Alzheimer's and other dementia.

Dementia Resource Centers

Establish a Dementia Resource Center: Develop a centralized hub for dementia-related resources, including training for caregivers, support services, and educational materials.

- **Rationale:** Several states have adopted Dementia Resource Center Models to expand access to education, dementia training, and support services for families. Utilizing existing infrastructure these models can be adopted with a minimal fiscal impact.
- **Recommendation:** Establish a Dementia Resource Center Model that can be replicated and adopted by the UAMS Centers on Aging and the AAA's

A photograph of three people, two older adults and one younger woman, looking at a document together. The image is overlaid with a semi-transparent purple filter.

Access and Quality of Care

Pending Recommendations

Conduct a Statewide Needs Assessment on Dementia Care: Perform a comprehensive assessment to identify gaps and needs in dementia care across the state of telehealth technologies to improve access to dementia education, particularly in rural and underserved areas.

- **Rationale:** The state needs to continue to monitor the availability of support services and resources to meet the needs of the rising dementia population.
- **Recommendation:** The Dementia Services Coordinator should be tasked with conducting a statewide needs assessment and identifying the gaps in dementia care and support services.

Research Acuity-Based Models of Care: Investigate and evaluate acuity-based care models to better tailor dementia care to the varying needs of individuals.

- **Rationale:** Research innovative models of care and staffing to improve care for patients living with Alzheimer's and other dementia.
- **Recommendation:** Acuity-based models have been studied in several states, but more research and analysis are needed to develop a model that can be tested to assess its impact on patient care.

Family Caregiver Support

Enacted Recommendations

LEGISLATIVE ADVANCEMENTS

Expand Access to Respite Services: Increase availability of both in-home and community-based respite services to support caregivers of individuals with dementia.

- Since 2022, The Arkansas Department of Human Services has appropriated \$200 thousand annually to fund a pilot program that provides respite funding for caregivers of persons living with dementia.
- The respite program provides \$500 respite grants to family caregivers

KEY INITIATIVES

Expand access to and use of evidence-informed interventions, services, and support for people with dementia and their caregivers to enhance their health, well-being, and independence.

- The Alzheimer's Association, Alzheimer's Arkansas, and the UAMS Centers on Aging have each expanded the number of programs, training, and support groups across the state and continue to assist families navigating the dementia journey

Supporting Family Caregivers

Supporting a person living with Alzheimer's or another form of dementia often involves helping with activities of daily living (ADLs) like bathing and dressing, as well as instrumental activities of daily living (IADLs) such as managing finances, shopping, and arranging transportation. Caregivers also provide emotional support, help manage health conditions, and coordinate care with family members and healthcare providers. This role is demanding and often falls on unpaid caregivers, with 83% of the help provided to older adults in the U.S. coming from family members, friends, or other unpaid individuals. According to the Alzheimer's Association, in 2023, an estimated 155 thousand Arkansans provided 270 million hours of unpaid care valued at \$4.448 billion in cost savings to the state. Supporting the rising population of family caregivers is essential to ensure patients are able to age in their preferred care setting.





Family Caregiver Support

Enacted Recommendations

KEY INITIATIVES

Expand access to and use of evidence-informed interventions, services, and support for people with dementia and their caregivers to enhance their health, well-being, and independence.

- The Alzheimer's Association, Alzheimer's Arkansas, and the UAMS Centers on Aging have each expanded the number of programs, training, and support groups across the state and continue to assist families navigating the dementia journey

Supporting Family Caregivers (Cont.)

The financial and emotional burden on caregivers is substantial, with the total lifetime cost of care for someone with dementia estimated at nearly \$400,000 in 2023. Seventy percent of this cost is borne by family caregivers through unpaid caregiving and out-of-pocket expenses for necessities like medications and food. These estimates may even underestimate the true financial impact, as they often exclude costs related to home modifications, respite services, and the health challenges faced by caregivers. This highlights the critical role that caregivers play in the lives of those with Alzheimer's and the significant economic impact of their unpaid contributions.





Family Caregiver Support

Pending Recommendations

Expanding Respite Care

Establish a permanent dementia-caregiver respite grant program.

- **Rationale:** Family caregivers play a vital role in the Arkansas health care system. Investing in support services like respite saves taxpayer money by delaying placement in more costly care settings and provides caregivers with the opportunities to tend to their physical health and the needs of other family members.
- **Recommendation:** The current pilot program has provided targeted relief to the growing number of dementia caregivers in the state. During the first two years, the program has exceeded its goal of allocating more than 30% of the respite funds to rural communities, expanding access to respite care in the most vulnerable portions of the state. Arkansas needs to continue its investment by establishing a permanent dementia respite grant program and increasing the funding levels to expand access to these services.

ENHANCING PARTNERSHIPS

Work in coordination with state agencies and non-governmental organizations, such as the Area Agencies on Aging, the UAMS Centers on Aging, and the Alzheimer's Association, 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.

- **Rationale:** Expanding partnerships between the private and public sectors creates the opportunity to work within existing systems and expand access to evidence-informed training and support for family caregivers
- **Recommendation:** Expand the partnership between the private and public sectors and leverage the existing infrastructure to expand access to training, resources, and dementia services.



Dementia Training and Workforce Development

Enacted Recommendations

LEGISLATIVE ADVANCEMENTS

Dementia-Specific Training and Education: Develop and provide dementia-specific training and education aimed at supporting risk reduction, early detection, and diagnosis across various clinical settings.

- Established Dementia Training Requirements for Home-Care Providers **(Act 70, 2023)**
- Established Dementia Training Standards for all municipal officers **(ACT 202, 2023)**
- Established Dementia Training Standards For All Direct Care Staff in Assisted Living Settings; Updates the Training Requirements of Alzheimer's Special Care Units **(ACT 335, 2023)**

KEY INITIATIVES

Establish dementia-specific requirements for certain DHS personnel (APS, LTC investigators..)

- In partnership with the Alzheimer's Association, the Department of Human Services provides training for Adult Protective Services and Long-Term Care Investigators at no cost to the agency.

Strengthening the Healthcare Workforce to Meet The Needs of Dementia Population

Primary care providers (PCPs) and Advanced Practice Registered Nurses (APRNs) play a crucial role in supporting brain health, reducing the risk of cognitive decline, ensuring early detection and diagnosis, and connecting patients with community resources. Their long-term relationships with patients enable them to build trust, discuss brain health and risk reduction throughout the life span, and conduct cognitive assessments to establish important baselines.

This approach requires a strong understanding of how to accurately assess cognitive impairment and manage dementia as a chronic condition. By addressing these issues early and openly, PCPs, APRN's, and health systems can help reduce the stigma around dementia and encourage more proactive brain health discussions. This foundation is key to implementing treatments that are most effective in the early stages of cognitive decline.

Alzheimer's and dementia are complex conditions and patients suffering from these chronic conditions present with unique needs. It is essential that the healthcare workforce are adequately trained to diagnose and care for these patients at every stage of the disease continuum.



Dementia Training and Workforce Development

Enacted Recommendations

KEY INITIATIVES

Establish dementia-specific requirements for certain DHS personnel (Adult Protective Services and Long-Term Care investigators)

- In partnership with the Alzheimer's Association, the Department of Human Services provides training for Adult Protective Services and Long-Term Care Investigators at no cost to the agency.
- **Recommendations:** The Alzheimer's Association, in partnership with the Department of Human Services, will continue to provide training to DHS personnel to ensure they have the tools, training, and resources to meet the unique needs of the dementia population. Training for personnel should be expanded to include the State Ombudsmen.



Dementia Training and Workforce Development

Pending Recommendations

Alzheimer's And Dementia Training Standards

Establish dementia training programs for Community Health Workers

- **Rationale:** The role of community health workers continues to expand across the state. The Council recognizes the opportunity to leverage this category of workers to provide education and referrals to the families that they serve who might be experiencing cognitive decline.
- **Recommendation:** Establish dementia training requirements for Community Health Workers to ensure that they are equipped with the tools and resources to serve the needs of the dementia population and their caregivers.

Dementia-Specific Training and Education: Develop and provide dementia-specific training and education aimed at supporting risk reduction, early detection, and diagnosis across various clinical settings.

- **Rationale:** Ensure that healthcare professionals are adequately trained to identify signs of dementia and provide quality care at every stage of the Alzheimer's and Dementia Continuum of care
- **Recommendations** - Arkansas has made great strides in strengthening the dementia training standards across care settings. The state needs to continue this path by ensuring that the healthcare workforce is prepared to meet the unique needs of a growing dementia population.
 - **Expanding Dementia Training Requirements for Advanced Practice Registered Nurses (APRN's)** - APRNs play a critical role in the delivery of healthcare in some of the more remote portions of the state where access to care is limited. In some cases, they fill the role of the sole primary care provider and are often seeing patients impacted by dementia. Establishing dementia training standards for this provider type ensures that they have the latest evidence-informed information on risk reduction, early detection and diagnosis, and available treatments.

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STATE PLAN ANALYSIS

The Alzheimer's Disease and Dementia Advisory Council finds that there have been significant steps in implementing the Alzheimer's and Dementia State Plan (2022-2026) across priority areas. The state continues to respond to the Alzheimer's crisis by strengthening the healthcare workforce, expanding access to resources and support services, and ensuring that family caregivers have the training and support they need to care for their loved ones.

The Council also finds that the state needs to strengthen the Public Health Response to Alzheimer's and Dementia so that every Arkansan understands the risks associated with Alzheimer's and Dementia, the importance of brain health, and the benefits of early detection and diagnosis. The Arkansas Department of Health and the Arkansas Department of Human Services have proven track records of impacting the health of Arkansans through health programming throughout the state that addresses issues such as chronic and infectious diseases, substance abuse, and mental health issues. Building on those successes, the state needs to invest in a public health strategy that will ensure Arkansas families have access to evidence-informed strategies that will reduce their risk of developing cognitive decline and promote a healthier lifestyle for All Arkansans.

The Council finds that the state needs to continue its investment in interventions and support services such as respite and expand access to resources by adopting the Dementia Resource Center Model. According to the Alzheimer's Association, the prevalence of Alzheimer's will continue to increase by 15.5% by 2025 and Arkansas must continue to expand its infrastructure to ensure adequate access to support services, education, resources, and dementia training for all who are impacted.

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STATE PLAN ANALYSIS

Alzheimer's is a public health crisis and has an impact across state agencies, the workforce, and the healthcare system, and has a significant fiscal impact on the state budget. The Alzheimer's State Disease Plan ensures the state has a comprehensive strategy to improve the state's response to this disease and endorses the full implementation of this plan.

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POLICY RECOMMENDATIONS

PUBLIC HEALTH AND AWARENESS

Establish A Public Health Strategy to advance risk reduction, brain health, and early detection and diagnosis.

Require the Arkansas Health Department to create a public health strategy that enhances messaging on risk reduction, early detection, and diagnosis, while integrating brain health messaging into existing public health campaigns.

ACCESS AND QUALITY OF CARE

Medicaid Coverage for Early Detection, diagnosis, and Care Planning Services

In July of 2024, the FDA approved a second Alzheimer's treatment for patients in the early stages of Alzheimer's or Mild Cognitive Impairment (**MCI**) due to Alzheimer's. These treatments are only viable for patients in the early stages of the disease. It is essential that there is adequate access to diagnostics and care planning services for all who are impacted by this disease. In 2018, CMS established a billing code incentivizing providers to perform cognitive screenings and care planning services during the annual wellness visit. This benefit is covered under Medicare but is not provided to the state's Medicaid population. The Council recommends that the Division of Medical Services establish a reimbursement for this code to ensure access to care and diagnostics for individuals not eligible for Medicare.

Access To FDA-Approved treatments for Alzheimer's

The FDA has approved two new therapies that target the underlying biology of Alzheimer's disease. It is crucial that patients in the early stages of the disease who qualify for these treatments have both physical and financial access to them. The Advisory Council recommends that the state establish a transparent process for determining coverage of these and future FDA-approved Alzheimer's treatments.

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POLICY RECOMMENDATIONS

DEMENTIA TRAINING STANDARDS

The state has made significant steps in equipping the healthcare workforce to meet the needs of the dementia population. Dementia training is critical, especially for care providers who are not connected to a major health system. Arkansas needs to continue this path to ensure that healthcare professionals across care settings are receiving access to the latest developments in research, diagnostics, risk reduction, and care to improve patient outcomes.

FAMILY CAREGIVER SUPPORT

Expand Access To Respite Care and Support Services

In 2023, more than 155 thousand Arkansans provided an estimated 270 million hours of unpaid care valued at \$4.448 billion. Access to respite services is critical for many family caregivers. Arkansas should continue to invest in respite care by establishing a permanent respite grant program.

Appendix A



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

Under Act 391 of the State of Arkansas 93rd General Assembly, the Arkansas Department of Health, the ADH_Arkansas Minority Health Commission, and the Arkansas Department of Human Services are to submit implementation information to be reported every even-numbered year to address the steps the state agency has taken to implement the recommendations of the Alzheimer's and Dementia Arkansas State Plan, and if applicable, the reasons for failing to implement all or any part of the plan.

The Alzheimer's and Dementia Arkansas State Plan 2022-2026 identified which recommendations or tasks the individual state agencies need to complete. The 2024 Annual Report's first draft, dated August 2024, did not include implementation information provided by the Arkansas Department of Health. Information from the agency was not solicited for the draft report.

Public Awareness and Education

Data Collection (pg. 7)

- ☐ *The Arkansas Health Department will include the Cognitive Decline and Caregiver Modules in the annual Behavioral Risk Factor Surveillance System (BRFSS), alternating them every year to complete each module at least once every six years.*

The Cognitive Decline module was included in the 2020 survey, and the Caregiving module was included in the 2021 survey. The Cognitive Decline module is set to be included in the 2026 BRFSS survey, and the Caregiving module will be included in the 2027 BRFSS survey.

Pending Recommendations (pg. 9-11)

- ☐ *Require the Health Department to incorporate messaging about brain health, risk reduction, and the benefits of early detection and diagnosis in their existing public health campaigns. This approach will ensure that the state remains competitive in future federal funding opportunities.*
Note: This is mentioned twice and is the only recommendation repeated in the report. (pg. 9)
ADH has sought materials from the Arkansas Alzheimer's Association to include in regular communications with ADH clients, and make available in the Local Health Units statewide. The ADH does not have funding for activities to incorporate messaging about brain health, risk reduction, and the benefits of early detection and diagnosis, even as part of existing public health campaigns. Requirements of current funding being used for existing campaigns may restrict the ability of the agency to incorporate messaging without matching funds.
- ☐ *Establish a state-level Alzheimer's and Dementia Registry to track the prevalence of these conditions and monitor trends over time. (pg. 10-11)*

The state Dementia Services Coordinator position is to be housed at DHS and has not been filled at this time due to difficulty in finding a suitable candidate. It was previously determined that this position would be responsible for administering an Alzheimer's and Dementia Registry as part of the position responsibilities, thus this registry would be housed at DHS. The Department

Appendix A

of Health is willing to provide technical assistance to DHS to establish the registry once the position is filled.

Access and Quality of Care

N/A

Family Caregiver Support

N/A

Dementia Training and Workforce Development

N/A

State Plan Analysis (pg. 19)

Please note where it is stated, “The Arkansas Health Department has a proven track record of impacting the health of Arkansans across chronic conditions including diabetes, stroke, vaccines, and cancer.” Vaccines are not a chronic condition. Most vaccines address infectious disease conditions. DHS also plays a critical role in the arena of health as well. The Arkansas Department of Human Services is instrumental in providing services to enhance Arkansans' health and quality of life through therapy services, ARChoices, PACE, and referrals for substance abuse and mental health issues.

ADH requests the addition of the Arkansas Department of Human Services in the final report as listed in the example below:

The Council also finds that the state needs to strengthen the health response to Alzheimer’s and dementia so that every Arkansan understands the risks associated with Alzheimer’s and Dementia, the importance of brain health, and the benefits of early detection and diagnosis. The Arkansas Department of Health and the Arkansas Department of Human Services have proven track records of impacting the health of Arkansans through health programming throughout the state that addresses issues such as chronic and infectious diseases, substance abuse, and mental health issues. Building on those successes, the state needs to invest in a public health strategy that will ensure Arkansas Families have access to evidence-informed education and strategies that will reduce their risk of developing cognitive decline and promote a healthier lifestyle for all Arkansans.

Policy Recommendations

Public Health and Awareness (pg.20)

- *Establish A Public Health Strategy to advance risk reduction, brain health, and early detection and diagnosis.*
Require the Arkansas Health Department to create a public health strategy that enhances messaging on risk reduction, early detection, and diagnosis, while integrating brain health messaging into existing public health campaigns.
ADH has sought materials from the Arkansas Alzheimer’s Association to include in regular communications with ADH clients, and to make available in all Local Health Units statewide.

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The ADH does not have funding for activities to incorporate messaging about brain health, risk reduction, and the benefits of early detection and diagnosis, even as part of existing public health campaigns. Requirements of current funding being used for existing campaigns may restrict the ability of the agency to incorporate messaging without matching funds.

- ☐ As DHS is housing the Dementia Services Coordinator and will be responsible for the Alzheimer's and Dementia Registry, it would seem appropriate for DHS to take the lead on creating a strategy. ADH could coordinate with DHS to distribute materials and educational messages through local health units and state programming as appropriate.

Barriers to Policy Recommendations

- ☐ Services provided at LHUs are targeted and usually outside the scope of programming for Alzheimer's (e.g., reproductive health, WIC, immunizations). Some other chronic diseases can be linked to our clients receiving other services, such as gestational diabetes during pregnancy for one of our maternity clients, cardiovascular disease issues such as hypertension when using certain types of birth control for a reproductive health client, or vaccines for children during a WIC visit. The education and funding can be tied together, but Alzheimer's is an outlier for most of our direct services.
- ☐ The age demographics for a majority of ADH local health unit clients does not put them in a category in which Alzheimer's or dementia is a top concern to the individual based on age being a potential risk factor.

Potential Additional Recommendations

- ☐ It might be helpful to suggest physicians consider assessments on individuals who are at a higher risk for developing Alzheimer's or related dementia or individuals after they reach a certain age, much like the newly enacted law that requires providers to offer depression screening to women at the time of birth (Act 316 of 2023), or providing a higher rate of reimbursement for completing an assessment on an individual within certain categories.

Appendix B



Division of Aging, Adult, & Behavioral Health Services

P.O. Box 1437, Slot W241
Little Rock, AR 72203-1437
Telephone: 501.686.9164

September 13, 2024

As directed by Act 391 of the State of Arkansas 93rd General Assembly, the Arkansas Department of Health, Arkansas Minority Health Commission, and the Arkansas Department of Human Services are to submit implementation information to be reported every even-numbered year to address the steps the state agency has taken to implement the recommendations of the Alzheimer's and Dementia Arkansas State Plan, and if applicable, the reasons for failing to implement all or any part of the plan.

Public Awareness and Education

Recommendation- Establishment of a State Dementia Coordinator

Act 682 of the Regular Session of the 94th Arkansas General Assembly established within the Department of Human Services the position of Dementia Services Coordinator. This position would coordinate the implementation of the state plan process including monitoring plan recommendations, work groups, evaluating existing Alzheimer's and dementia specific services, identifying gaps in services, and increasing awareness of care and support services available to families and individuals.

The Dementia Services Coordinator position was added to the DHS appropriations bill for state fiscal year 2024. This position was advertised multiple times without a recommendation to hire. The agency experienced difficulty identifying an applicant with both the skills required of the position and a background working within the Alzheimer's and dementia community. The position was authorized at a GS08 level and the corresponding salary was noted to be a barrier to attracting qualified applicants. The agency has worked with the Alzheimer's Association to advertise the role and has recently sought collaboration with the UAMS Center on Aging. The agency recognizes the importance of this role in the state plan continues to work toward completion of this task.

Recommendation- Collaboration with Area Agencies on Aging

The DHS Division of Aging, Adult, and Behavioral Health Services has oversight of Title III funding provided through the Federal Older Americans Act, which is provided to each of Arkansas' eight Area Agencies on Aging. Through the Supportive Services and Preventative Health funding streams, the AAA's provide in home care, health risk assessments, health screening and evidence based education programs on Alzheimer's and dementia, and transportation to medical appointments for seniors in each of their respective catchment areas. Additionally, the AAA's offer counseling and training to family caregivers of older adults who may be diagnosed with Alzheimer's or other dementias as well as respite care opportunities.

DHS will continue to foster collaboration between seniors/caregivers affected by Alzheimer's / dementia and the AAA,s. Additionally, the agency has begun working with stakeholders and other state agencies to improve education with the AAA's which may be provided to affected persons.

Appendix B

Access and Quality of Care

Recommendation- collaboration with AAA's and establishment of a dementia resource center

The DHS Division of Aging, Adult, and Behavioral Health Services has oversight of Title III funding provided through the Federal Older Americans Act, which is provided to each of Arkansas' eight Area Agencies of Aging. The AAA's have begun initiating educational opportunities for seniors and are presently assisting seniors in connecting to services for persons experiencing cognitive decline. Forman dementia resource centers have not been implemented, but this initiative is being reviewed by agencies on an individual basis. A lack of specific funding for a dedicated resource center has been expressed as being a barrier to implementation.

Recommendation- Review Medicaid level of care policies for persons with cognitive decline

DHS is currently working to streamline eligibility for persons applying for HCBS waiver services as well as State Plan Medicaid Personal Care. These initiatives are aimed at allowing identified populations to more easily enroll in HCBS services and expand service options beyond traditional institutional levels of care. Additionally, the eligibility process will be enhanced to include a more robust review of personal medical documentation with the expectation that diagnosed cognitive decline which poses a risk to self or others would be a qualifying pathway to services, even in the absence of traditional deficits in activities of daily living (ADL's).

Recommendation- Evaluate existing HCBS policies to ensure comprehensive services to support persons with dementia

DHS is working to strengthen HCBS waiver services for persons with Alzheimer's/dementia. Presently, the option of Adult Day Care and Adult Day Health Care are under utilized among ARChoices beneficiaries with a dementia diagnosis. The agency has worked with this provider community to develop an advertising campaign aimed at education and identifications of provider locations. As the ARChoices waiver population with dementia increases, this service support will be important to families and beneficiaries and provide a needed respite option for family caregivers.

Family Caregivers

Recommendation- Expand in-home and facility-based respite services for family caregivers

DHS administers the Lifespan Respite Program through funding from the Department of Health and Human Services, Administration for Community Living. This program is funded with \$200,000, with a second award of \$200,000 provided to the Arkansas Alzheimer's Association. These grants are required to:

1. Expand and enhance respite services in the state;
2. Improve coordination and dissemination of respite services;
3. Streamline access to programs;
4. Fill gaps in service where necessary; and
5. Improve the overall quality of respite services currently available.

www.humanservices.arkansas.gov/wp-content/uploads/Trifold-Brochure-Template-final-06142021.pdf

Recommendation- Establish a partnership between AAA's and providers for support services.

Appendix B

Through the Supportive Services and Preventative Health funding streams, the AAA's provide in home care, health risk assessments, health screening and evidence based education programs on Alzheimer's and dementia, and transportation to medical appointments for seniors in each of their respective catchment areas. Additionally, the AAA's offer counseling and training to family caregivers of older adults who may be diagnosed with Alzheimer's or other dementias as well as respite care opportunities. As HCBS providers, the AAA's also collaborate with their provider community to utilize Federally funded resources for the benefit of persons with dementia.

Dementia Training and Workforce Development

Recommendation- Establish dementia specific training for industries which may serve persons with Alzheimer's / dementia.

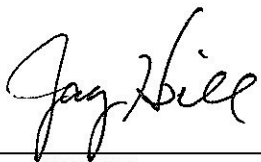
Acts 70 and 335 of the 2023 Arkansas General Legislative Assembly outline specific training requirements for certified or licensed caregivers working in a home setting (70) or working in a licensed assisted living facility (335). These training requirements are mandated within 90 days of hire and then a refresher module is required annually. These requirements have been incorporated into the DHS Division of Provider Services and Quality Assurance protocols for facility reviews.

Additionally, the DHS Adult Protective Services Unit has undergone training to recognize and serve persons presenting with dementia by the Arkansas Alzheimer's organization. Going forward, this training will be conducted on an annual basis and include all APS staff.

The Area Agencies on Aging have been encouraged to incorporate the dementia training offered by the Arkansas Alzheimer's Council and several have completed this task. The agencies also offer educational supports and services to seniors with dementia and where available, work with local provider networks to support those affected with dementia.

Additional Recommendations

DHS will collaborate with other state agencies and nongovernmental organizations (NGOs) for recommendations that fall outside the agency scope of practice or authority.



Jay Hill, Director
Division of Aging, Adult, and Behavioral Health Services