HANDOUT 2

Arkansas Alzheimer's and Dementia State Plan

Draft Objectives for Council Review

These are draft objectives I put together so the Council has something to work from. Nothing here is a recommendation for adoption as written. Please feel free to suggest edits, additions, or removal of objectives.

Timelines are written as plan years rather than calendar dates, so they are consistent with the plan being adopted.

Priority 1: Advancing Risk Reduction, Brain Health, Early Detection, Diagnosis, and Care Planning

Objective	Partners	Timeline	Measurable Outcomes
Integrate brain health and dementia risk reduction into the chronic-disease mitigation Arkansas already does.	ADH, Chronic Disease Coordinating Council, Arkansas Minority Health Commission, DHS/DAABHS	Years 1–2	Number of existing ADH chronic-disease initiatives that implement brain health messaging. Establish a baseline in year one.
Use the BRFSS Cognitive Decline and Caregiver modules on a recurring cycle to continue to track date.	ADH	Year 1, then each cycle	Modules fielded on schedule, with trend data reported to the Council after each cycle or when the data becomes availbale.
Increase use of the Medicare Annual Wellness Visit cognitive assessment by Arkansas primary care providers	UAMS, Alzheimer's Association, AHA, AAAs	Years 1–3	Track billing of the Annual Wellness Visit cognitive assessment code where the data allows.
Expand provider education on early detection, diagnosis, and referrals, with an emphasis on rural providers	UAMS Centers on Aging, UAMS, Arkansas Nurses, AHA, Alzheimer's Association	Years 1–4	Track the number of training courses being held and providers reached. Track access in rural counties.
Ensure that people who receive a dementia diagnosis are offered care planning and connected to community support services.	DHS Dementia Services Coordinator, AAAs, Alzheimer's Arkansas, Alzheimer's Association, health systems	Years 2–4	Establish a referral network. Monitor how many people it connects to care planning each year.

Priority 2: Enhancing Family Caregiver Support

Objective	Partners	Timeline	Measurable Outcomes
Establish a permanent Dementia Respite Grant Program, with reoccurring funding.	Alzheimer’s Association, Alzheimer’s Arkansas, DAABHS.	Years 1–2	Pilot status ends and recurring funding is in place. Establish an annual review and reporting system to assess needs and gaps in services.
Establish a single, statewide caregiver navigation system so families are not required to know which agency to call.	DHS Dementia Services Coordinator, AAAs, Alzheimer's Arkansas, Alzheimer's Association, 2-1-1	Years 2–3	Navigation system established and publicized; annual contact volume; referrals completed to services

Objective	Partners	Timeline	Measurable Outcomes
Expand evidence-based caregiver education and support groups into underserved and rural counties	AAAs, UAMS Centers on Aging, Alzheimer's Arkansas, Alzheimer's Association, faith-based partners	Years 1–4	Establish annual reporting of the number of counties with at least one active support group or education program, and support services,
Expand access to Dementia Resource Centers across Arkansas	AAAs, UAMS Centers on Aging, Alzheimer's Arkansas, Alzheimer's Association	Years 1–4	Funding secured for a pilot center offering caregiver support, dementia education, care navigation, and training.

Priority 3: Ensuring Access to Diagnostics and Treatment

Objective	Partners	Timeline	Measurable Outcomes
Review how Medicaid, ARBenefits, and commercial plans in Arkansas cover the full diagnostic and treatment pathway, not only the medication	DHS/Medicaid, Employee Benefits Division, Arkansas Insurance Department, AHA, Alzheimer's Association	Years 1–2	Written review completed and presented to the Council identifying coverage gaps in assessment, biomarker testing, imaging, infusion, and MRI monitoring.
Address inconsistent coverage of FDA-approved anti-amyloid therapies across Arkansas payers	Arkansas Insurance Department, DHS/Medicaid, Employee Benefits Division, health plans, clinician stakeholders	Years 1–3	Coverage policies compared and documented; findings and recommendations given to the appropriate payers and reported to the Council
Expand rural access to cognitive evaluation through telehealth, provider support, and referral networks	UAMS, AHA, rural health clinics, AAAs, Arkansas Insurance Department	Years 2–4	Number of counties with an established evaluation or referral network; telehealth uses for cognitive evaluation
Educate primary care providers on the appropriate use of blood-based biomarker tests and when to refer to a specialist	UAMS, primary care associations, Arkansas Nurses, AHA, Alzheimer's Association	Years 1–3	Guidance issued and providers trained, with referrals tracked where the data is available.
Map where Arkansas currently has PET imaging, MRI monitoring, infusion services, and dementia specialists	UAMS, AHA, ADH, DHS	Year 1	Statewide map completed and presented to the Council, with gaps identified by region.
Provide individuals and families clear information on the benefits, risks, and monitoring that come with available treatments	UAMS, Alzheimer's Association, Alzheimer's Arkansas, health systems, AAAs	Years 2–4	Shared decision-making materials developed and distributed.

Priority 4: Supporting Access and Quality of Care

Objective	Partners	Timeline	Measurable Outcomes
Evaluate whether the dementia training required by Acts 70, 202, and 335 of 2023 is improving care	DHS, ADH, LTC Ombudsman, ARALA,	Years 1–2	Implementation review completed; compliance rates reported;

Objective	Partners	Timeline	Measurable Outcomes
	AHCA, Arkansas Home-Based Services Association		recommendations for strengthening standards reported to the Council.
Strengthen recruitment, training, and retention of the direct-care workforce serving people with dementia	DHS, AHCA, ARALA, Arkansas Home-Based Services Association, Division of Workforce Services, community colleges	Years 1–4	Direct-care workforce vacancy and turnover tracked annually; number of workers completing dementia-specific training
Improve care coordination and information on transfers when individuals move between care settings	AHA, health systems, AHCA, ARALA, home-care providers, hospice providers, DHS	Years 2–4	Review existing transfer policies and recommend any improvements. Dementia-related hospital readmissions tracked.
Expand home- and community-based services so Arkansans with dementia can remain at home when appropriate.	DHS/DAABHS, AAAs, Arkansas Home-Based Services Association, Medicaid	Years 2–4	HCBS use tracked annually. Rural access monitored and service gaps identified.
Strengthen protection of Arkansans with dementia from abuse, neglect, and financial exploitation	Adult Protective Services, LTC Ombudsman, law enforcement, Attorney General's office, banking sector partners	Years 1–3	APS and law enforcement personnel trained. Dementia-related reports and outcomes tracked. Establish protections for individuals living with dementia at home.
Ensure emergency responders and emergency departments are prepared to serve individuals with dementia	ADH, DPS, first responder agencies, AHA, emergency departments	Years 2–4	Number of responders trained; ED visit rate for people with dementia tracked.