## STATE ALZHEIMER’S DISEASE PLANS: QUALITY OF CARE

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

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<th>State</th>
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| 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. For example, 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| • 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. |
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.

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

Maryland

Michigan
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| Minnesota | • 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. |
| Mississippi | • Develop and utilize a statewide network of stakeholders for sharing information and ideas to promote best practices in dementia care. |
| Missouri  | • 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 individuals with dementia.  
• Advocate for guidelines of inpatient behavioral health services to assure that the models address the specific treatment of individuals with dementia. |
| 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 Dakota |  |
| Oklahoma  | • 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. |
| South Carolina | • Build on existing Department of Health and Environmental Control reporting requirements for specific criteria for designation as a Special Care Unit. |
| Tennessee | • 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.  
• 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 disease 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, if available.  
• Compile a list of evidence-based practices that might be appropriate for implementation in Tennessee.  
• 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 workgroup on a regular basis to address psychological-geriatric needs of persons with dementia in Tennessee.  
• 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 in Texas.  
• 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 program, developmental services, crisis services, adult outpatient and community rehabilitation, and treatment. Build expertise, as appropriate, 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. |
| West Virginia | • Require that quality-of-care research be conducted on all state-funded services that target people with Alzheimer’s and their caregivers. |