

STATE ALZHEIMER'S DISEASE PLANS: HOME- AND COMMUNITY-BASED SERVICES

Recommendations to improve services provided in the home and community to delay and decrease the need for institutionalized care

Arkansas	<ul style="list-style-type: none"> • Secure permanent funding for the Aging and Disability Resource Center Program to improve access to home- and community-based long-term care services and supports. Additionally, the Aging and Disability Resource Center will improve access to home- and community-based long-term care services and supports by providing a full-time staff person with expertise in Alzheimer's disease and other dementias
California	<ul style="list-style-type: none"> • Maximize the availability of medical, preventive, and home-based support services by promoting use of telemedicine and other technology that brings Alzheimer's expertise to sites that lack specialized skills or advanced training. • Preserve, restore, and increase established home- and community-based programs that effectively serve people with dementia and support their caregivers, including Alzheimer's Day Care Resource Centers, Adult Day Health Care, In-Home Supportive Services, and the Programs for All-Inclusive Care for the Elderly (PACE). • Ensure input to the state interagency group and the Project Advisory Committee working to improve human services transportation coordination, and implement the Mobility Action Plan.
Colorado	
Illinois	<ul style="list-style-type: none"> • Provide sufficient public funding and resources for adult day services for all persons with Alzheimer's disease and other dementias, requiring that these services are offered at rates that clients can reasonably pay. • Expand public funding, accessibility, availability, and affordability of other home- and community-based resources throughout the state for persons with Alzheimer's disease and other dementias of any age and at any stage of the disease, regardless of income level. (Accessible and available means a sufficient number of resources and the means to access those resources, both financial and transportation.)
Iowa	<ul style="list-style-type: none"> • Provide a wide array of home- and community-based services such as adult day services, respite care, and affordable transportation as well as assisted living, occupational therapy, speech therapy, social work services, dieticians, and others. • Make Medicaid waivers a significant factor in helping address the many needs of lowans dealing with problems associated with Alzheimer's disease or other dementias, such as adult day services, assisted living, respite care, occupational therapy, speech therapy, social work services, dieticians, and affordable transportation. • Undertake a three step approach to address the needs of persons with Alzheimer's disease and other dementias: (1) allow individuals with a diagnosis of younger-onset Alzheimer's disease and other dementias to be served in excess of the current maximum number of clients under the Ill and Handicap Waiver; (2) increase the expenditure limits under the Elderly Waiver to give parity with other waivers, including, but not limited to, the Ill and Handicapped Waiver, the Brain Injury Waiver, and the Mental Retardation Waiver for persons with a diagnosis of Alzheimer's disease and other dementias (this affects patients older than 65); (3) establish an Alzheimer's disease and other dementias-specific waiver to place greater importance on the issue and needs comparable to the Brain Injury Waiver and the HIV/AIDS Waiver and without regard to the age of the person with Alzheimer's disease and other dementias.
Kentucky	<ul style="list-style-type: none"> • Request an increase in the Alzheimer's Respite Services line item in the state budget. • Utilize the Alzheimer's Disease and Related Disorders Advisory Council and the stakeholder community to revise the current definition, eligibility, and service requirements for respite care. • Develop a demonstration to test the feasibility and cost-effectiveness of adult day care clients receiving services in other long-term care settings traditionally considered "institutional" in order to expand access and accommodate anticipated growth in demand.

Louisiana	<ul style="list-style-type: none"> • Revise regulations to eliminate barriers to providing adult day care in adult residential care communities. • Revise regulations, to the extent permitted by federal law, to simplify short-stay admission to any residential facility for respite care.
Maryland	
Michigan	<ul style="list-style-type: none"> • Facilitate and promote access to in-home and community-based dementia respite care.
Minnesota	
Mississippi	<ul style="list-style-type: none"> • Maintain existing adult day programs for individuals with Alzheimer's disease and other dementias.
Missouri	<ul style="list-style-type: none"> • Examine existing MO HealthNet programs for gaps in services that may limit the ability to utilize home- and community-based care. • Identify and disseminate information on respite programs and advocate for expanded respite resources. • Identify the opportunities for Missouri to secure federal and non-federal funding to advance home- and community-based options for those with Alzheimer's and other dementias.
New York	<ul style="list-style-type: none"> • Increase medical and social adult day care options with staff specifically trained to meet the needs of persons with dementia. These programs can also help meet the needs of working caregivers by extending their daily, weekend, and evening hours. • Increase awareness of and access to dementia adult day services (both social and medical models). • Improve access to community services, such as respite care, social and medical model adult day care, and support groups through more outreach and program expansion. • Promote service models that integrate and coordinate health and social services to help people with dementia remain safely in community settings as long as appropriate. • Enhance and expand access to adult day care through state programs. • Encourage dementia-capable adult day programs to be physically designed and programmatically structured to decrease behavioral problems through information sharing and website dissemination. • Increase access to respite care provided by both volunteer and paid providers to allow caregivers regular access to support, physical activity, and healthy nutrition through better awareness of available services and more innovative and aggressive recruitment of respite providers. • Increase availability of non-medical service providers, such as companions, to assist with activities of daily living through community and religious groups. • Design programs specifically directed to individuals in the early stages of Alzheimer's disease, which help them to continue as productive members of society.
North Dakota	
Oklahoma	<ul style="list-style-type: none"> • Increase the daily reimbursement rate for funding for adult day center services, as well as increase the number of locations across the state.
South Carolina	<ul style="list-style-type: none"> • Promote and support the use of home- and community-based services that enable families and caregivers to have the option to care for their loved ones with Alzheimer's disease and other dementias at home, allowing them to age in place for as long as practicable.
Tennessee	<ul style="list-style-type: none"> • Improve access to adult day programs, respite and homemaker services, assisted living, transportation, and other community based services by: (1) disseminating information on services and related activities for persons with Alzheimer's disease and other dementias to the medical and health care community, academic community, primary family caregivers, advocacy associations, and the general public; (2) establishing a strategy to link and coordinate services and activities of state agencies, other service providers, advocacy groups, and other entities throughout the state (such as emergency personnel, policy, universities, and attorneys and other staff associated with the legal system); and (3) encouraging non-governmental resources, including clergy, faith-based organizations, civic groups, and other volunteers to provide services for dementia patients and their families.

Tennessee (cont.)	<ul style="list-style-type: none"> • Use technology and marketing strategies to connect individuals and family to services that are available in their communities, including services provided from private and public sectors. • Utilize the stakeholder community to revise the current definition, eligibility, and service requirements for the provision of respite care. • Provide a wide array of home- and community-based services based on a sliding fee scale. • Encourage the state to explore alternative home- and community-based programs of care, especially for elderly individuals with dementia, including: (1) examining successful regional programs currently available such as the Program of All-inclusive Care for the Elderly (PACE) program in Chattanooga; and (2) examining innovative programs currently being implemented in other states, such as group homes in Arizona and pods for Alzheimer's external to the facility in Oregon. • Provide access to affordable transportation options in all areas of Tennessee, urban and rural, including partnering with the Tennessee Department of Transportation on a plan to provide transportation options to get individuals to services. • Examine the feasibility of providing more adult day services through the Options for Community Living program based on a sliding fee scale.
Texas	
Utah	<ul style="list-style-type: none"> • Create an integrated state long-term care financing approach that provides incentives for people to receive care in home- and community-based settings and enables Utah to retain and reinvest cost savings back into the state's long-term care infrastructure. • Prioritize funding for medical care and long-term services and supports through alternative financing mechanisms such as expansion of the use of Medicaid waivers or provider fees. • Evaluate the reimbursement rate for adult day care service and provide recommendations to bring the current rate in line with the actual cost of providing the service. • Consider the potential reallocation of Medicaid dollars between home -and community-based programs and nursing home care, and the expansion of 1915(c) waiver programs to provide additional home- and community-based support to caregivers of home-dwelling persons with dementia as well as to save state and federal dollars. • Facilitate the independence of early-stage persons with dementia by improving public and private transportation options, working with mobility managers, and training transportation providers and drivers. • Address the unique transportation needs of persons in the early stage of Alzheimer's disease and other dementias, improve driving cessation policies, and promote available resources such as the Alzheimer's Association Driving Resource Center and the National Center on Senior Transportation.
Vermont	<ul style="list-style-type: none"> • Promote alternative models of peer support including phone, internet, and interactive television. • Identify and promote the adoption of flexible, innovative respite care programs that respond to the diverse and changing needs of people with dementia and their families. • Examine the current capacity of Vermont's network of adult day providers related to the number and distribution of people with dementia and their ability to deliver quality, dementia-informed adult day services. • Develop state policies regarding subsidies for adult day services, similar to those for child care settings, which support, enable, and supplement active caregiving by families and friends. • Increase the availability of dementia-informed transportation services through activities such as travel training, door-through-door services, assisted transportation, and improved integration and coordination of public and social service transportation.
Virginia	<ul style="list-style-type: none"> • Increase respite services for caregivers of people with dementia. • Restore funding to maintain the Virginia Respite Care Grant. • Revise the current definition, eligibility, and service requirements for the provision of respite to make the Virginia Caregivers Grant and the Virginia Respite Care Grant more flexible. • Expand the accessibility and availability of PACE (Program of the All-inclusive Care for the Elderly) and Adult Day Services, the Elderly or Disabled Consumer Direction waiver, and hospice programs.

Virginia (cont.)	<ul style="list-style-type: none"> • Expand the Medicaid waiver specific to Alzheimer’s disease and related dementias to include other home- and community-based services. • Increase funding for home- and community-based services. • Develop, collect, and implement, with appropriate stakeholders, a protocol of appropriate placement options based on the stages of Alzheimer’s and dementia related diseases, and available community resources to ensure community integration of people with Alzheimer’s and other dementias. • Advocate for accessible transportation systems.
West Virginia	<ul style="list-style-type: none"> • Expand the availability of quality, affordable home- and community-based services for individuals with Alzheimer’s disease and their caregivers by increasing funding for the state-funded Family Alzheimer’s In-Home Respite (FAIR) and Lighthouse programs to serve more families statewide and to alleviate waiting lists that frequently exist for both programs. • Explore the addition of an Alzheimer’s Disease Waiver to the spectrum of Medicaid 1915(c) Home- and Community-Based Waiver programs offered in West Virginia. • Promulgate regulations for licensure of adult day health services and add those services as a reimbursable service in a new Alzheimer’s Disease Medicaid Waiver program.