

STATE ALZHEIMER'S DISEASE PLANS: QUALITY OF CARE

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

Arkansas	
California	<ul style="list-style-type: none"> • 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 (e.g. 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.
Colorado	
Connecticut	<ul style="list-style-type: none"> • Study the financial impact of developing a Dementia Centers for Excellence or geriatric assessment units at Connecticut hospitals. • Incentivize hospitals to develop regional geriatric assessment units and dementia centers for excellence, which would include medical screening, psychiatric screening and services, counseling, and educational opportunities. • Charge a group of medical providers to review specific strategies to best integrate dementia care best practice guidelines, including quality care protocols, into clinical practice. • Provide financial incentives to providers who use established best practices. • Dementia quality care standards shall include a review of staffing patterns, mandating consistent care assignments, and understanding of the life history of the individual. • The Departments of Social Services and Public Health shall update the Interagency Referral Form to include a person-centered dementia care profile for pain management, wandering history, safety issues, and behavioral triggers and reactions, or reflect other dementia care vulnerabilities and history. The form shall be used across the continuum of care providers. • Review and revise, as necessary, the Department of Public Health's Assisted Living Services Agency regulations to reflect the increasing level of functional needs of individuals living in Managed Residential Communities (i.e. ALFs) and the increasing number of residents with some level of cognitive impairment. • The State needs a collaborative, flexible, and efficient regulatory environment that is adaptive and receptive to individual providers' forward thinking ideas and planning. Such an environment would encourage providers of the long-term services and supports continuum to adjust, modernize, and diversify their models of care to address current and future consumer needs and expectations, which in turn should lead to higher quality care. • Agencies or organizations that provide care management must develop benchmarks and monitor quality indicators. • Revise state law to require a Dementia Care Committee in each facility to review the issues that impact person-centered care, wellness indicators, and staff training programs for dementia care capability. Each facility will designate one staff person who will monitor the day-to-day implementation of the issues directed by the Committee. The dementia care designee will meet educational competencies and participate in regular continuing education in dementia certification programs.

Connecticut (cont.)	<ul style="list-style-type: none"> • Encourage Connecticut hospital emergency rooms to have a designated and trained Alzheimer's disease liaison/specialist to address the acute needs of individuals with dementia as well as act as a resource for police and first responders. Adopt an approach similar to the Sexual Assault Nurses Emergency model. • Strengthen community education about the importance of oral health in older adults, and address provider payment and shortage issues in dental care. Expand coverage and benefits to include comprehensive dental care as an "essential health benefit" under the Affordable Care Act, Medicare, Medicaid, and private insurance options.
Delaware	<ul style="list-style-type: none"> • Build strong partnerships with the health care community (e.g. Medical Society of Delaware) and develop avenues for reaching physicians and others in health care on best practices and emerging issues in treatment and support for individuals with Alzheimer's disease. • Explore options and advocate for regulatory changes that would empower health care providers to deliver the most appropriate interventions for persons with Alzheimer's disease.
District of Columbia	<ul style="list-style-type: none"> • Develop promising dissemination methods of promising practices for the care of persons with Alzheimer's disease and other dementias through collaboration with a stakeholder network for sharing of information and ideas.
Florida	<ul style="list-style-type: none"> • Raise the standard of care for assisted living facilities providing care and services to persons with Alzheimer's disease or another dementia, including by (1) revising the training regulated requirements for Alzheimer's care units by four hours; (2) creating an Alzheimer's care designation on the assisted living facility license specifying Alzheimer's specialized care standards are met; (3) developing a process/protocol to permit an assisted living facility to continue residency of a person with dementia in his/her current living environment despite a change in his/her condition that under existing regulations might otherwise promote their move to a different level of care; (4) enlisting state and local governments to facilitate Alzheimer's training for employees of government agencies that interface frequently with patients, families, adult day care centers, and assisted living facilities; and (5) seeking ways to keep residential costs at affordable levels for the assisted living facility residents and the providers in order to maintain a viable option for home- and community-based services. • Fund Memory Disorder Clinics according to performance standards and benchmark goals.
Georgia	<ul style="list-style-type: none"> • Promote the NIA-designated Emory University Alzheimer's Disease Research Center as the key referral source for community physicians to support diagnosis and management of complex cases. • Develop and implement quality standards for dementia care in state-funded services such as Medicaid State Plan services, HCBS waivers, personal care, and nursing homes. • Require that all state contracts providing services to older adults, including those with developmental disabilities and/or mental illness and co-morbid dementia, include quality measures specific to dementia-capable care. • Establish quality care measures with system benchmarks for facility- and community-based care for persons with Alzheimer's disease and other dementias. • Identify and promote wide use of evidence-based practices through the development of an Evidence-Based Practice Guide specific to Alzheimer's care. • Partner with the Georgia Hospital Association and the Medical Association of Georgia to develop protocols for emergency care of persons with dementia. • Develop emergency room-specific protocols on appropriate treatment of those with dementia, including behavior management strategies. • Identify best practices for the care of persons with serious mental illness and developmental disabilities and co-morbid dementia. • Establish and enforce quality care measures related to personalized practices (person-centered care) for facility- and community-based care for persons with Alzheimer's disease and other dementias.
Hawaii	<ul style="list-style-type: none"> • Identify high-quality dementia care guidelines and measures across care settings.
Idaho	

Illinois	<ul style="list-style-type: none"> • 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. • 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.
Indiana	<ul style="list-style-type: none"> • Provide input on Alzheimer's disease and other dementias care issues in health care facilities when the state is updating regulations or developing quality improvement projects. • Implement care protocols for emergency care and inter-facility transfers.
Iowa	<ul style="list-style-type: none"> • Establish Quality Care measures with system benchmarks for facility- and community-based care for persons with Alzheimer's disease and other dementias.

Kentucky	<ul style="list-style-type: none"> • 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	
Maine	<ul style="list-style-type: none"> • Identify and implement existing or emerging best practice residential care models to measure care quality accurately and institute quality improvement tools. • Evaluate required direct care staff ratios of long-term care settings to ensure the ability to maintain quality person-centered care is achieved. • Establish or expand initiatives that guide and support facilities in both medical and non-medical quality improvement efforts, including establishing Family Councils to supplement input facilities receive from Resident Councils, and informing families of the opportunity to participate. • Work with state partners and other stakeholders to collaborate on creation of measurable criteria for defining systems of care for those with dementia. These should be tailored toward specific care settings (primary care practitioners, nursing homes, residential care homes, adult day centers, and other related settings). • Identify and support existing or emerging best practice models of care coordination between physicians, hospitals, and other providers with long-term facility care providers to reduce errors and/or duplication, improve outcomes, and minimize costly hospital readmissions for those with dementia and/or behavioral health conditions and the challenges transitions can represent. • Through ongoing awareness and advocacy campaigns, work with family caregivers, professional caregivers, long-term care service providers, other stakeholders, and policy makers to incorporate recommendations into dementia care practices and policies. <p>Develop guidelines for medical homes and community health teams in the assessment, diagnosis, and support of people with dementia and their families.</p> <ul style="list-style-type: none"> • Promote strategies to grow, and to improve, the quality of the dementia care workforce.
Maryland	

Massachusetts	<ul style="list-style-type: none"> • Develop and implement standards prescribing minimum hours of activity and purposeful living opportunities at day programs and long-term care facilities; and provide training and guidance to home care providers on how to provide opportunities for purposeful living in the home setting across all stages of the disease. • Determine best standards of practice for safe, secure environments that promote independence and create recommendations around environmental design of non-home care settings.
Michigan	
Minnesota	<ul style="list-style-type: none"> • 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.
Missouri	<ul style="list-style-type: none"> • 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 those with dementia. • Advocate for guidelines of inpatient behavioral health services to assure that the models address the specific treatment of individuals with dementia.
Nevada	<ul style="list-style-type: none"> • Encourage the Nevada Hospital Association, in collaboration with experts from the Alzheimer's Association, research, and educational organizations, to develop a care pathway plan for the management of patients with cognitive impairment entering the hospital. Provide incentives and recognition for outstanding facilities that have effectively implemented care pathways.
New Mexico	<ul style="list-style-type: none"> • Every entity engaged in addressing Alzheimer's disease and other dementias should (1) adopt the National Alzheimer's Association's Dementia Care Practices; and (2) develop and implement strategies to embed the practices in all service delivery systems.
New York	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.
Oregon	<ul style="list-style-type: none"> • Convene a workgroup composed of providers of various settings, advocates, and state-agency staff by December 2012 that would draw upon examples of best practices to develop and adopt quality standards for all long-term care and hospital settings that incorporate person-directed standards and address the common characteristics of people with dementia. These standards and quality measures should address person-directed care and quality of life, as well as other key health and safety areas identified by the work group. • Educate providers, advocates, and state-agency staff on the new quality standards and methods for implementation. • Convene a work group of providers of various settings, advocates, and state-agency staff by December 2012 that would (a) review Oregon's and other states' standards and programs that support people with dementia, such as the rules for memory care communities in Oregon; and (b) analyze the level of success of rules for memory care communities adopted in 2011.

<p>Pennsylvania</p>	<ul style="list-style-type: none"> • Encourage uniformity and collaboration in Alzheimer’s disease and other dementias care guidelines across regulating bodies. • Promote the credentialing of care managers to serve individuals with Alzheimer’s disease and their caregivers. • Promote utilization of best practices for care coordination. • Support the development of innovative programs to improve the care of persons with Alzheimer’s and other dementias. • Encourage state-funded grant programs to demonstrate the effectiveness of innovative approaches to the care of persons with Alzheimer’s and other dementias. • Encourage community-specific best practice care models. • Identify regulatory, legal, and reimbursement barriers to the provision of appropriate care for individuals with Alzheimer’s and other dementias. • Conduct a needs assessment to identify strengths, gaps, and barriers to the provision of appropriate care for individuals with Alzheimer’s disease and other dementias, and disseminate results. • Promote partnerships with not-for-profit hospitals on community assessments conducted every three years to identify gaps and incorporate information on caring for people with Alzheimer’s and other dementias. • Expand the use of telemedicine and telepsychiatry where it provides an advantage.
<p>Rhode Island</p>	<ul style="list-style-type: none"> • Develop proposal for reimbursement formula reflective of high-quality care based on best practices and reflective of the necessity for increased provider education. • Establish a statewide accrediting body to serve as an adjunct to the Department of Health, with this new entity offering accreditation to all dementia care settings across the state. Move toward an incentive-based accreditation system that will encourage all dementia care providers to voluntarily obtain and maintain accreditation in lieu of the traditional regulatory compliance process and Department of Health survey system. • Disseminate best practices from ongoing changes being made in the state’s emergency departments and incorporate into future recommendations.
<p>South Carolina</p>	<ul style="list-style-type: none"> • Build on existing Department of Health and Environmental Control reporting requirements for specific criteria for designation as a Special Care Unit.
<p>Tennessee</p>	<ul style="list-style-type: none"> • 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 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. • Compile a list of evidence-based practices that might be appropriate for implementation. • 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.
<p>Texas</p>	<ul style="list-style-type: none"> • 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. • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Require that quality-of-care research be conducted on all state-funded services that target people with Alzheimer's and their caregivers.
Wisconsin	<ul style="list-style-type: none"> • Disseminate information on promising dementia care practices, including by (1) creating access to best and promising practices developed by facilities; (2) promoting best and promising practices through regional training and information sharing workshops for facilities, trade associations, counties, tribes, advocates, and Department of Health Services staff; (3) providing technical assistance and mentorship opportunities; and (4) exploring options for continued support for the Wisconsin Clinical Resource Center and the Wisconsin Coalition for Collaborative Excellence in Assisted Living. • Explore incentives for facilities that adopt best or promising practices and show positive outcomes by (1) identifying possible financial incentives through the Medicaid fee-for-service rate-setting methodology for nursing home reimbursement; and (2) encouraging managed care organizations to include dementia care expectations in contracts with nursing homes and assure that acuity-based rates with assisted living facilities adequately address issues of dementia-capable care.

Wisconsin (cont.)	<ul style="list-style-type: none">• Promote adoption of voluntary standards for dementia care.• Research existing standards and best and promising practices.• Develop dementia care standards and a voluntary assurance program for facilities and home care agencies, including by (1) determining standards for facilities and providers; (2) developing standards based on the type of provider or facility, the type and level of dementia care provided, and the acuity of the people served; (3) creating and implementing a process for providers to attest to their compliance with applicable dementia care standards; and (4) disseminating information regarding the standards and assurance process.• Encourage managed care organizations to contract with providers that follow the dementia care standards.• Develop provider classifications relating to the dementia care services provided and acuity of the population served.• Conduct a statewide inventory of dementia care facilities and services based on the level of dementia care they provide.• Provide consumers with information about dementia care providers.• Explore financial incentives for providers that comply with staff training and other dementia care standards, including by (1) identifying possible financial incentives for high-quality dementia care through the Medicaid fee-for-service rate setting methodology for nursing home reimbursement; and (2) encouraging managed care organizations to build dementia care expectations and incentives into their contracts with nursing homes, assisted living facilities, and community-based providers.
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