



State Plan Recommendations for Formal Services Workgroup

Workgroup	Subject area	State Recommendation	States plans including recommendation
Formal Services	Workforce	1. Promote policies that increase supply, distribution and quality of the dementia care workforce. Provide incentives for retention of direct care workers in settings that provide care to dementia patients.	IA, MS, VT
		2. Create a student loan forgiveness program for medical school students who specialize in geriatrics and practice in the state.	OK
		3. Explore economic incentives for physicians who treat individuals with Alzheimer's disease and related dementia.	OK
		4. Develop and distribute educational materials including a training manual for health care professionals which highlight existing programs that serve as effective models during training events.	MS
		5. Create an optional certificate program for health and human services professionals and paraprofessionals in the care and management of Alzheimer's patients. Certification would include standardized content designed to enhance understanding of memory impairment and caring for individuals with Alzheimer's disease and related dementias.	IA, KY
		6. Require that the diagnoses of Alzheimer's disease and related dementias are essential competencies in Colorado's two medical schools by 2012, while also providing incentives to physicians to complete dementia-specific modules in the re-licensing process (every 3 years).	OK
		7. Incorporate mandatory training modules and continuing education on Alzheimer's disease and related-dementias for medical students, licensed doctors and licensed nurses of all disciplines. Work with the universities to develop specific training and recruitment options.	KY, SC
	Home and Community Based Services	1. Expand public funding, accessibility, availability and affordability of home-and community-based resources throughout the state for persons with Alzheimer's disease and related dementias of any age and at any stage of the disease, regardless of income level.	IL, IA, KY, MI, MS, SC, TN
		2. Establish protocols for community-based systems of care to meet the needs of persons with Alzheimer's disease and related dementias who exhibit behaviors requiring interventions.	IL, KY, MI
		3. 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 symptom).	
		4. Consider trends and impacts of long term care rebalancing efforts affecting persons with Alzheimer's disease or related disorder.	IA



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	Medicaid/ Private Insurance	<ol style="list-style-type: none"> 1. Explore Medicaid waiver options associated with Alzheimer’s disease or related disorders, such as adult day services, assisted living, respite care, occupational therapy, speech therapy, social work services, dieticians, and affordable transportation as a means to delay premature institutionalization. 2. Ensure Medicaid eligibility for individuals with early onset Alzheimer’s disease or related dementias. 3. Require dementia-specific training for providers and state staff associated with any of the Medicaid home and community based waivers. 4. Equalize public benefits for all persons with Alzheimer’s disease and related dementias. 	IL, IA, KY
		<ol style="list-style-type: none"> 5. Ensure access to affordable health coverage in the private sector for individuals with Alzheimer’s disease and related dementia who are not eligible for government funding. 6. Require mental health parity for private insurers. 7. Support the establishment of a Long-Term Care Partnership Insurance Program. This partnership has been successfully piloted in California, Connecticut, Indiana, and New York. 8. Promote a policy that provides asset protection and tax incentives for individuals who purchase long-term care insurance. 	OK, TN