



## State Plan Recommendations for Informal Services/State roles Workgroup

Workgroup	Subject area	State Recommendation	States plans including recommendation	
Informal Services	Unpaid caregiver support	1. Provide physical, emotional and financial assistance to informal (unpaid) caregivers of persons with Alzheimer's disease and related dementias, creating incentives for caregivers to continue to provide care. Examples include provision of training, respite and financial assistance (tax credits, etc.).	IL, KY, MI, MS, OK, TN	
		2. Promote ways in which private and public sector employers can address the needs of their employees who are caregivers to persons with Alzheimer's disease and related dementias (examples include on-site respite, support groups, etc.)	OK, SC	
		3. Through the Alzheimer's Association and other organizations, educate caregivers about available mental health services.	TN	
	State agency and legislative administrative roles	1. Establish an Office on Alzheimer's disease and Related Dementias within state government.	2. Create a cabinet-level Secretary of Aging	IL, IA, KY, OK
		3. Continue the Alzheimer's disease Advisory Council to inform and advise state policymakers. Clearly outline the Council's responsibilities in statute.		IL
		4. Evaluate current dementia-related regulations and determine how well they are being implemented and enforced. Determine if current regulations inhibit innovation in facility design.	KY, TN	
		5. Develop and utilize a statewide network of stakeholders for sharing information and ideas to promote best practices in dementia care.	MS	
		6. Conduct focus groups across the state with professionals, caregivers, family members and individuals with early stage Alzheimer's disease to determine service needs and recommend system changes.	SC	
		Infrastructure/ Services	1. Create a referral system for those with Alzheimer's disease, their caregivers and their families to connect with local case management, support services and information.	2. Improve access to transportation, services, and basic clinical evaluations in relation to ongoing case management.
	3. Create specialty clinics to assess and diagnose, provide care and treatment, provide education materials, and conduct research regarding Alzheimer's disease and related dementia.		IL, IA, VT	

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		<ol style="list-style-type: none"> <li>4. Enhance capacity for a comprehensive infrastructure for a continuum of care to handle the progression of Alzheimer’s disease and related dementia from mild to severe.</li> <li>5. Facilitate greater flexibility for individuals with Alzheimer’s disease and related dementia to move within the care system.</li> </ol>	IA, TN, VT, SC
		<ol style="list-style-type: none"> <li>6. Develop regulations or waivers to existing regulations that encourage 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 practice) show promise for improving quality of life for residents.</li> </ol>	KY
		<ol style="list-style-type: none"> <li>7. Revise facility regulation to include specific information that qualifies the facility as a specialized care facility and Alzheimer’s unit.</li> <li>8. Require improved accountability for care and treatment for persons living in special care units and all other entities caring for persons with Alzheimer’s disease and related dementias.</li> </ol>	IL, OK