

Implementation Guide for

Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias (ADRD)

Roadmap Completed: December 31, 2014

Implementation Guide: Current as of December 31, 2015



ADRD Roadmap Implementation Progress: December 2015

<p>Roadmap Vision</p> <p>Alaska will identify Alzheimer’s disease and Related Dementias as a public health priority due to the increasing number of Alaskans affected, and build on strong partnerships to address the challenges of this condition with safe and quality supports, from prevention and early detection to end of life.</p> <p>Roadmap Mission</p> <p>To improve public awareness, promote prevention and early detection, increase access to long-term services and supports, improve availability of safe, appropriate housing, and increase caregiver supports for all Alaskans with ADRD.</p> <p>Roadmap Guiding Principles</p> <p>Early detection and planning can vastly improve quality of life and ease the financial burden for individuals with ADRD and their caregivers.</p> <p>Individuals with ADRD should be able to reside in their homes and communities for as long as possible.</p> <p>While the incidence of ADRD increases in Alaska, we must address costs by providing services to people at the earliest stage possible and seek to serve people in the least restrictive and most appropriate care setting.</p>	<h2 style="margin: 0;">Progress + Action Items for the Coming Year</h2>	
	<p>Goal 1. Promote Public Awareness, Prevention and Early Diagnosis of ADRD.</p>	
	<p>Recommendation 1.1 Increase opportunities for public education about ADRD.</p>	
	<p>Priority Strategy 1.1.1. Educate Alaskans about prevention, diagnosis, treatment, costs and appropriate care for people with ADRD through all possible media, in-person presentations, and policy advocacy.</p>	
	<p>Progress in 2015</p>	<p>2016 Action Items/Next Steps</p>
	<ol style="list-style-type: none"> 1. Alzheimer’s Resource of Alaska provided education & support for 2,795 Alaskans in 112 communities last year. 2. Other organizations also providing education and support, including the ADRCs. 3. Renewal of the <i>Healthy Body, Healthy Brain</i> is in development by the Trust and ACoA. 4. Policy advocacy to support ADRD Roadmap programs; Alaska Commission on Aging, Alaska Geriatric Exchange Network (AgeNET), PCA Association, Mountain Pacific Nursing Home Quality Team, Mat-Su Council on Aging 	<ol style="list-style-type: none"> 1. Implement strategy to educate primary care providers about the importance of diagnosis and early intervention. Address stigma associated with addressing cognitive impairments in the medical setting.
	<p>Goal 2. Improve access to appropriate housing, services, and supports for individuals with ADRD at all stages of the disease.</p>	
	<p>Recommendation 2.1. Develop service eligibility requirements based on functional, cognitive, and behavioral needs and reimbursement rates based on acuity levels.</p>	
	<p>Priority Strategy 2.1.1. Assess feasibility and design an implementation plan for a potential 1915(i) and 1915(k) Home & Community Based Services (HCBS) State Medicaid Plan amendments.</p>	
	<p>Progress in 2015</p>	<p>2016 Action Items /Next Steps</p>
<ol style="list-style-type: none"> 1. An initial Dementia Care Access Initiative was prepared as part of the Medicaid Expansion + Reform project that proposes modifications to the Nursing Facility Level of Care (NFLOC) criteria to allow for cognitive impairment to qualify individuals for the 1915(c) waiver. Initiative not being included in the final round of analysis for the Medicaid Expansion + Reform initiative and needs a different home to complete analysis. 2. Reform initiative around HCBS to look at how a 1915(i) and 1915(k) state plan option for those with a functional impairment can utilize home and community based services is underway. Project includes stakeholder input; a look at regulations and current operations capacity, identifying the eligibility and resource allocation need, creating a new functional assessment tool, establishing a quality assurance and improvement plan, and a cost impact analysis and implementation plan are included. 	<ol style="list-style-type: none"> 1. Stay involved in the 1915(i/k) process. Come to the community forums with clients and stakeholders. Provide input and advice and direction. 2. Need to find a home for the 1915(c) dementia care access initiative and complete the required research and evaluation. 	

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	Progress in 2015	2016 Action Items
	<p>1. Assisted living rate setting process based on acuity is underway. Four tiers are being developed through a cost-based method. Timeline is to include revisions in the 1915c waiver update in July 2016 and new rates will go live by January 1, 2018.</p>	<p>1. Consider how the General Relief program can fold into the acuity rate setting.</p> <p>2. Need a Tier 5 for those with severe cognitive impairment and dementia.</p>
	<p>Recommendation 2.2: Maintain individuals with ADRD in the least restrictive and most appropriate care setting possible.</p>	
	<p>Priority Strategy 2.2.1 Ensure the appropriate use of skilled nursing facilities for persons with ADRD by increasing specialized memory care beds that provide both appropriate environments and trained staff to serve people with ADRD.</p>	
	Progress in 2015	2016 Action Items
	<p>1. See description under Priority Strategy 2.1.1.</p>	<p>1. Complete research on Dementia Care Access Initiative originally started under the Medicaid Expansion + Reform project.</p>
	<p>Strategy 2.2.3 Eliminate unnecessary admissions to Alaska Psychiatric Institute (API) through increased utilization of the Complex Behavioral Collaborative (CBC) for people with ADRD.</p>	
	Progress/Status in 2015	2016 Action Items
	<p>1. API/ADRD initiative – Project just starting up and the idea is to improve the situation for the increased number of individuals over age 50 who are being held at API. This project seeks to find community-based settings for individuals at API with severe dementia. DBH is in the process of negotiating a contract with one provider who may be able to provide this setting.</p>	<p>1. Work on initiative described under 2015.</p>
	<p>Recommendation 2.4. Identify the DHSS funding needs required to ensure access and to meet the needs of the rapidly growing population of those with ADRD in Alaska.</p>	
	<p>Priority Strategy 2.4.1. Identify the DHSS resources needed through 2025 and 2035 to ensure those with ADRD can remain living safely in their own home or family caregiver’s home for as long as possible.</p>	
	Progress in 2015	2016 Action Items
	<p>1. Data requests started. Need 1915 (i) and (k) and acuity rate process to complete first.</p>	<p>1. Work on initiatives described under 2015.</p>
	<p>Goal 3. Optimize quality, safety and efficiency of services to people with ADRD.</p>	
	<p>Recommendation 3.1. Ensure safety in private homes and communities for persons with ADRD.</p>	
	<p>Strategy 3.1.6. Develop and implement Home Modifications for Aging in Place (HomeMAPs) statewide.</p>	
	Progress in 2015	2016 Action Items
	<p>1. Home MAPs being implemented in Southeast, Kenai, and possibly in the northwest. Home MAPs are a custom review of an individual’s home to identify appropriate assistive technology to help individuals live safely in their homes.</p>	<p>1. March meetings and speakers/training coming up for HomeMAPs.</p> <p>2. Secure sustainable and ongoing funding for the program.</p> <p>3. Identify whether HomeMAPs could possibly be part of the service package for the 1915(k).</p>
	<p>Recommendation 3.2. Ensure safety and quality of care in residential settings.</p>	
<p>Priority Strategy 3.2.2. Develop and implement regulations for quality standards for assisted living homes and other residential settings so that caregivers’ skills are appropriate to the population they serve.</p>		
Progress in 2015	2016 Action Items	
<p>1. Work on this has been put on hold until the rates are set through the acuity process.</p> <p>2. Separate group has been meeting to discuss consistent training and what is needed to assure quality.</p>	<p>1. Need to work on a coordinated set of assisted living regulations across all departments at the state.</p> <p>2. Share information between the training group and acuity rate setting group to help with implementation.</p>	

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	Recommendation 4.2. Ensure health, human service and public safety professionals are knowledgeable about dementia.	
	<p>Priority Strategy 4.2.1. Increase dementia care training across the continuum of care and in complementary fields such as police, emergency services, finance, justice system, nursing, dental, optometry, social work and mental health.</p>	
	Progress in 2015	2016 Action Items
	1. Alaska Geriatrics Interdisciplinary Leadership Development (GILD) is underway; will train leaders on how to improve health outcomes for older adults by targeting university faculty and health professionals. Collaboration between Southcentral Foundation and the UAA School of Allied Health. Program will open in fall 2016.	1. Will require collaboration and support from ADRD Roadmap stakeholders.
	Goal 5. Improve quality of life for family and other informal caregivers.	
	Recommendation 5.1. Maintain and improve the physical and mental health of family and other informal caregivers.	
	<p>Priority Strategy 5.1.1. Increase training to caregivers about ADRD, resources available and approaches and strategies for providing care and reducing stress and fatigue.</p>	
	Progress in 2015	2016 Action Items
	1. AARP, Alzheimer’s Resource of Alaska and with SESS have been collaborating on caregiver education programs. 2. There is new federal legislation (S.1719/H.R.3099) called “Recognize, Assist, Include, Support, Engage Family Caregivers Act of 2015 (RAISE),” which directs the Department of Health and Human Services to develop, maintain, and periodically update a National Family Caregiving Strategy that is going forward. S.1719 passed the U.S. Senate (12.8.2015) and will be considered by the House.	1. Presented 6 caregiver education seminars in Anchorage, Fairbanks, Juneau, Mat-Su, Soldotna, and Ketchikan. The sessions covered Caregiving 101, Safety First, and Caregiving for the Long Haul. 2. Introduced SB 72 in the Alaska legislature, which would provide for lay caregiver education on post-discharge needs of hospitalized patients.
	<p>Priority Strategy 5.1.2. Increase in-home respite and adult day services to meet caregiver needs for appropriate breaks in providing care.</p>	
	Progress in 2015	2016 Action Items
	1. Work has focused on maintaining base funding for senior grant-funded services until implementation of the 1915(i).	1. Advocate for continued funding of senior grant-funded services that provide support for caregivers. 2. Continued participation in the planning process for 1915(i/k). Volunteers: ACoA, AgeNET, AARP
	Goal 6. Increase monitoring and research into ADRD prevalence.	
	Recommendation 6.1. Maintain and expand research to understand ADRD prevalence, utilization, and cost of care in Alaska.	
<p>Strategy 6.1.3. Maintain funding to use the Behavioral Risk Factor Surveillance System (BRFSS) to collect health outcomes data for persons with ADRD. Use BRFSS to gather caregiver information.</p>		
Progress in 2015	2016 Action Items	
1. ACoA successfully partnered with the National Alzheimer’s Association and received funding to cover costs for the Perceived Cognitive Impairment Module in the Alaska Behavioral Risk Factor Surveillance Survey (BRFSS) 2016 and received approval from the Division of Public Health for implementation in 2016. 2. Implemented the BRFSS Perceived Cognitive Impairment Module in 2016.	1. ACoA, Alaska Mental Health Authority, and the National Alzheimer’s Association plan to collaborate with the Division of Public Health to include the Caregiver Module in the Alaska BRFSS 2017. Findings will provide the first-time prevalence information about the needs of family and other natural caregivers in Alaska who are caring for loved ones with health problems or a disability.	