EXHIBIT C

# ARKANSAS ALZHEIMER'S AND DEMENTIA STATE PLAN

ALZHEIMER'S DISEASE AND DEMENTIA
ADVISORY COUNCIL

2026

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INTRODUCTION

# A Strategy for a Dementia-Capable Arkansas

The Arkansas Alzheimer's and Dementia State Plan establishes a strategy for addressing Alzheimer's disease and other dementias as a growing public health crisis. The plan provides recommendations for state agencies, healthcare systems, community organizations, service providers, policymakers, people living with dementia, and family caregivers to work together to strengthen the state's response to Alzheimer's and other dementias.

# What Is Dementia?

Dementia is a general term describing a decline in memory, language, problem-solving, and other cognitive abilities that are severe enough to interfere with daily life. Alzheimer's disease is the most common cause of dementia, but other causes include vascular dementia, dementia with Lewy bodies, frontotemporal dementia, and mixed dementia. Although age is the greatest known risk factor, Alzheimer's is not a normal part of aging. (Alzheimer's Association, 2026)

Alzheimer's is a progressive brain disease where dementia symptoms gradually worsen over time. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and complete everyday activities. Changes in the brain may begin years before symptoms appear. As the disease progresses, individuals may need increasing assistance with communication, decision-making, personal care, medication management, managing finances, mobility, and other activities of daily living. (National Institute on Aging, 2023)

When an individual is diagnosed with dementia, the diagnosis has a significant impact on family caregivers. Spouses, adult children, and close friends typically step in as caregivers, often for years, while still working, raising families, and managing their own health.

INTRODUCTION

# A Changing Research, Diagnostic, and Treatment Landscape

Research on Alzheimer's and dementia has advanced considerably since Arkansas adopted its previous State Plan in 2022. Research demonstrates that modifiable risk factors such as physical activity, managing blood pressure and diabetes, not smoking, treating hearing loss, and staying socially connected can reduce or delay some dementia cases. These findings strengthen the need to incorporate brain health into the state's broader chronic-disease work rather than treating it as a separate public health issue. (Centers for Disease Control and Prevention, 2024)

The diagnostic and treatment landscape is also changing. New tools, including biomarker tests, can help clinicians identify Alzheimer's-related changes earlier, and the Food and Drug Administration has approved disease-modifying treatments for certain people in the earliest stages of Alzheimer's disease. These developments make early detection and diagnosis, access to specialists, and care planning more important than ever. They also present new challenges for rural and underserved communities where access to diagnostic tests and treatments may be limited. (U.S. Food and Drug Administration, 2025; U.S. Food and Drug Administration, 2024)

***Every Arkansan impacted by dementia should be able to age with dignity and receive appropriate care and support regardless of income, background, or geographic location.***

The updated State Plan builds upon the progress made under the 2022–2026 Arkansas State Plan while recognizing that Alzheimer's disease and other dementia require a coordinated effort across the continuum of care. The plan provides recommendations to promote brain health and risk reduction, access to early detection and diagnosis, expanding access to treatment and care planning, strengthening support for family caregivers, and ensuring individuals living with dementia receive quality care at every stage of the disease.

Success will require continued leadership and collaboration across state agencies, healthcare, public health, aging services, long-term care, home- and community-based services, universities, community organizations, and families.

2026

# ALZHEIMER'S STATISTICS
# ARKANSAS

## PREVALENCE

**60,400**
Older with Alzheimer's (2020)

**11.3%**
% of Adults Over 65 with Alzheimer's

## WORKFORCE

# of Geriatricians in 2021
**60**
Increase Needed to Meet 2050 Demand
**61 .7%**

# of Home Health and Personal Care Aides in 2022
**20,310**
Increase Needed
**21.5%**

More than **7 million Americans** are living with Alzheimer's, and more than 12 million provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total $409 billion in 2026, increasing to nearly **$1 trillion** (in today's dollars) by mid-century.

For more information, view the ***2026 Alzheimer's Disease Facts and Figures*** report at alz.org/facts.

## CAREGIVING

**175,000** # of Caregivers

**268M** # of hours of unpaid care

**$5.0B** Total Value of Unpaid Care

**69.8%** Caregivers with Chronic Health Conditions

**30.0%** Caregivers with Depression

**18.3%** Caregivers in poor pbysical health

## HEALTH CARE

# of People in Hospice (2017) with a Primary Diagnosis of Dementia
**3,133**
Hospice Residents with a Primary Diagnosis of Dementia
**18.0%**

# of Emergency Department Visits per 1,000 People with Dementia (2018)
**1,530**
Dementia Patient Hospital Readmission Rate (2018)
**21.5%**

Medicaid Costs of Caring for People with Alzheimer's (2025)
**$514M**
Per Capita Medicare Spending on People with Dementia in 2025 Dollars
**$30,023**

## MORTALITY

**1,435**
# of Deaths from Alzheimer's Disease (2024)

**233.7%**
Deaths 2000-2024

6th
leading cause ofdeath

AIM®
ALZHEIMER'S IMPACT MOVEMENT
ALZHEIMER'S ASSOCIATION®

EXECUTIVE SUMMARY

# Building on Progress..

The updated Arkansas Alzheimer's and Dementia State Plan provides a strategy and recommendations for addressing the growing impact of Alzheimer's disease and other dementias across the state. More than 60,000 Arkansans age 65 and older are living with Alzheimer's disease, and approximately 175,000 family caregivers provide 268 million hours of unpaid care each year. The impacts of Alzheimer's and other dementia are felt across families, communities, healthcare systems, employers, care providers, and state government.

Arkansas enters this new state plan with a strong foundation. Since 2021, the state has established a permanent Alzheimer's Disease and Dementia Advisory Council, authorized a Dementia Services Coordinator within the Department of Human Services, created a Dementia Respite Grant Pilot Program, strengthened dementia-training requirements across care settings, and expanded partnerships among state agencies, healthcare organizations, universities, aging-service providers, and nonprofit organizations.

Important work remains. Many Arkansans continue to experience challenges in accessing early detection, diagnostics, specialists, treatment, caregiver support, respite, home- and community-based services, and dementia care. These challenges are especially felt in rural and medically underserved communities. Arkansas must also continue to prepare for a changing diagnostic and treatment landscape while ensuring that existing services are coordinated and accessible.

The updated State Plan is organized around four priorities:

1

**Advancing Risk Reduction, Brain Health, Early Detection and Diagnosis**
Promote brain health across the lifespan, risk reduction, improve early detection of cognitive impairment, and increase access to timely diagnosis and coordinated care planning.

2

**Enhancing Family Caregiver Support**
Enhance community-based support for family caregivers.

EXECUTIVE SUMMARY

# Four Priorities for the Next Four Years

**3** **Ensuring Access to Diagnostics and Treatment**

Prepare Arkansas for advances in dementia care by improving access to appropriate diagnostic services, FDA- approved treatments, specialty care, treatment, and ongoing monitoring.

**4** **Supporting Access and Quality of Care**

Strengthen dementia-capable care across long-term care, home- and community-based services, healthcare, workforce-training, protective-service, and emergency response systems.

The plan is intended to guide legislative action, state agencies, funding decisions, public-private partnerships, and community-based programs over the next four years.

The State Plan also emphasizes the need to establish defined objectives, implementation timelines, and measurable progress in each priority. The Alzheimer's Disease and Dementia Advisory Council will continue to monitor implementation, identify challenges and gaps, and make recommendations to state leaders and lawmakers.

***Through collaboration, Arkansas can build a future where brain health is promoted across the lifespan, earlier detection, diagnosis, and treatment are accessible caregivers are supported, and every Arkansan living with dementia is treated with dignity and is able to access quality care.***

BUILDING ON PROGRESS: ARKANSAS ACCOMPLISHMENTS

# State Leadership and Infrastructure

Since establishing the Alzheimer's and Dementia Advisory Council in 2021, Arkansas has taken important steps to strengthen its response to dementia. This progress provides a strong foundation for the updated State Plan.

### Family Caregiver Support

The Dementia Respite Grant Pilot Program (2022),This program provides qualifying family caregivers with grants for respite care.

### Permanent Advisory Council

Act 391 of 2021 established the Alzheimer's Disease and Dementia Advisory Council. charged with developing, updating, and monitoring the State Alzheimer's Plan.

### Home-Care Provider Training

Act 70 of 2023 established four hours of dementia-specific training requirements for home-care providers,

### Assisted Living & Memory-Care Training

Act 335 of 2023 strengthened dementia-specific training standards for assisted living and memory-care staff.

### Law Enforcement & First-Responder Training

Act 202 of 2023 established dementia-training standards for law enforcement and first responders, helping them respond to individuals with dementia.

### Dementia Services Coordinator

Act 682 of 2023 established the Dementia Services Coordinator position within the Arkansas Department of Human Services.

### Public Health Infrastructure & Data

Arkansas secured federal BOLD funding and committed to using the BRFSS Cognitive Decline and Caregiver modules to build a clearer statewide picture of cognitive health.

### State-Agency Workforce Training

Department of Human Services has established dementia training for Adult Protective Services, LTC investigators, and the State Ombudsman.

### Expanded Caregiver Education

Area Agencies on Aging, UAMS Centers on Aging, Alzheimer's Arkansas, the Alzheimer's Association, and other partners have increased caregiver education and support groups.

### Partnerships & Community Capacity

ADH, DHS, the Arkansas Minority Health Commission, UAMS, AAA's, and NGO's have deepened collaboration on health fairs, outreach, faith-based engagement, and caregiver navigation.

# Alzheimer's and Dementia Advisory Council

## Co-Chairs

| | |
|---|---|
| **Senator Clint Penzo** | Co-Chair |
| **Representative Les Warren** | Co-Chair |

## State Agency Representatives

| | |
|---|---|
| **Cristy Sellers** | Arkansas Department of Health |
| **Kenya Eddings** | Arkansas Minority Health Commission |
| **Naomi Atkinson** | Dementia Services Coordinator |
| **Director Jay Hill** | Division of Aging, Adult, and Behavioral Health Services, Arkansas Department of Human Services |
| **Charlotte Sudmeyer** | Program Administrator, Long Term Care Ombudsmen, Arkansas Department of Human Services |

## Membership

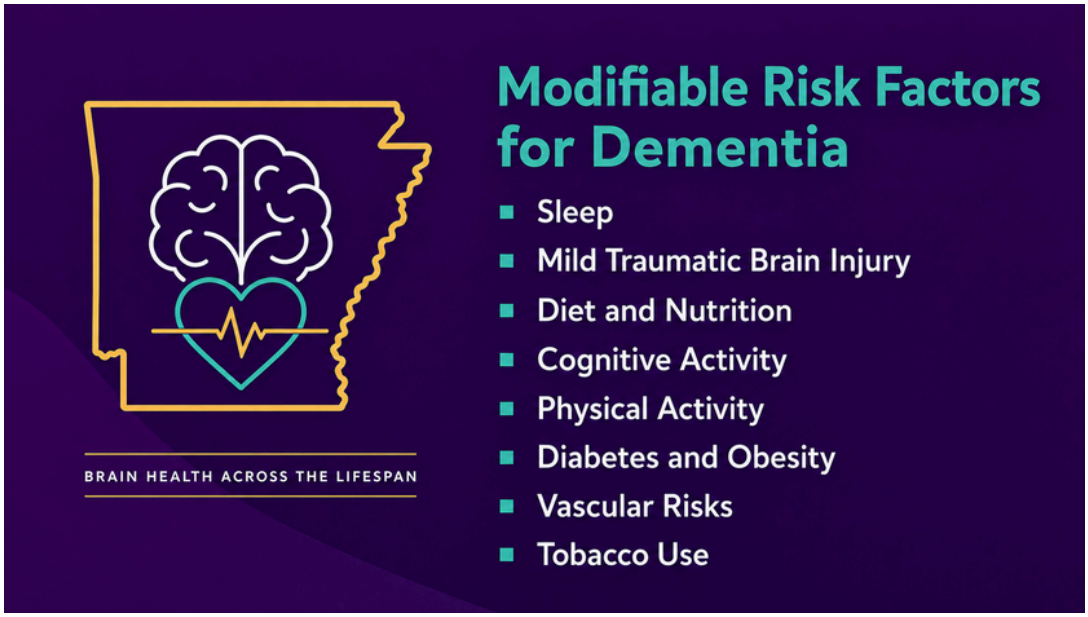
| | |
|---|---|
| **Dr. Gohar Azhar** | University of Arkansas for Medical Sciences |
| **Mindy Brigance** | Arkansas Residential Assisted Living Association |
| **Rachel Bunch** | Arkansas Health Care Association |
| **David Cook** | Alzheimer's Association |
| **Dr. Sue Griffin** | University of Arkansas for Medical Sciences |
| **Jennifer Hallum** | Area Agencies on Aging |
| **Dr. Kerry Jordan** | University of Central Arkansas - Arkansas Nursing |
| **Kimberly Kinder** | Alzheimer's Arkansas |
| **Chris McCoy** | AARP |
| **Dr. Amyleigh Overton-Mccoy** | UAMS D.W. Reynolds Centers on Aging |
| **Tatum Owenby** | Arkansas Home-Based Services Association |
| **Jodiane Tritt** | Arkansas Hospital Association |
| **Dr. Jeanne Wei** | University of Arkansas for Medical Sciences |
| **Terry Williams** | Family Caregiver |

# Advancing Risk Reduction, Brain Health, Early Detection, Diagnosis, and Care Planning

Alzheimer's disease and other dementias are often addressed only after symptoms become severe or a family is in crisis. Arkansas has a real opportunity to respond earlier by promoting brain health across the lifespan, addressing modifiable risk factors, improving earlier detection, and ensuring Arkansans have access to assessments, diagnosis, and care-planning services.

Although age, genetics, and family history cannot be changed, research has identified several modifiable risk factors that can impact the risk of dementia.

The CDC estimates that addressing modifiable risk factors could prevent or delay nearly 45% of dementia cases worldwide, meaning evidence-based public health and healthcare interventions have real potential to help people maintain cognitive health and delay the onset of cognitive decline (Alzheimer's Association, 2026); (Centers for Disease Control, 2024)

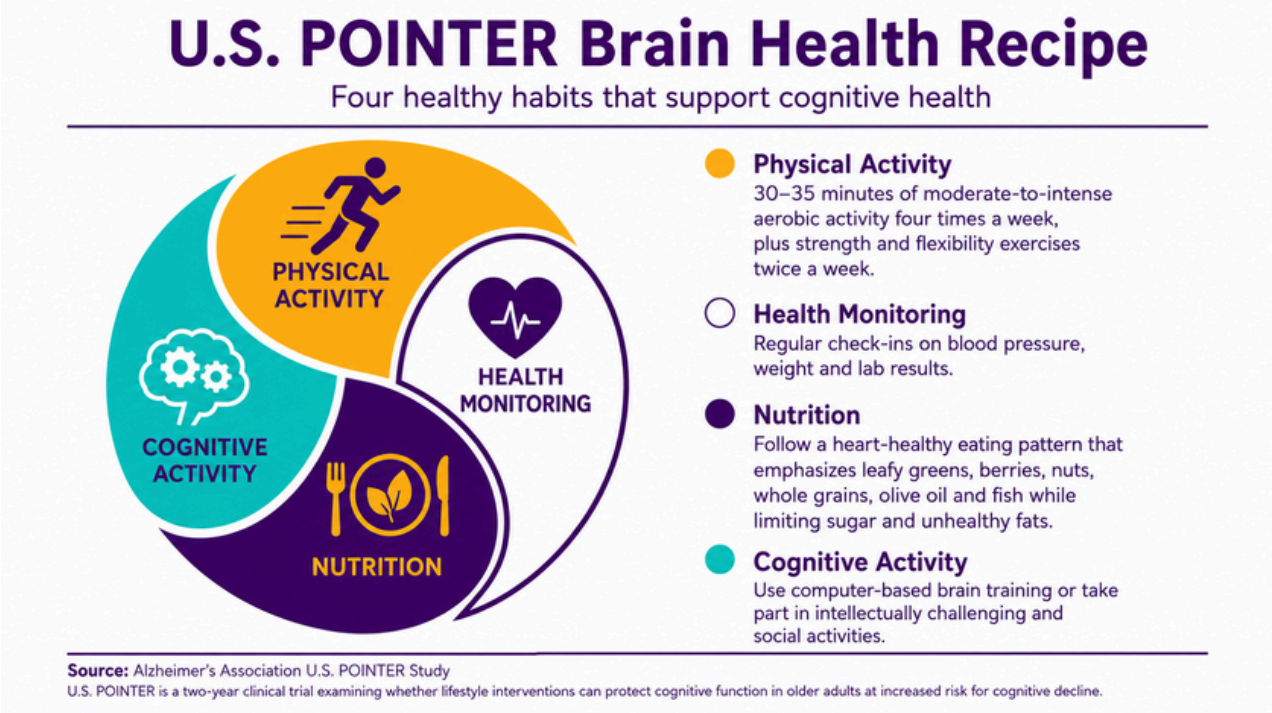



Risk reduction is especially important in Arkansas. Approximately 77.9% of Arkansas adults have at least one risk factor for cognitive decline, and 44% carry two or more. Midlife hypertension, midlife obesity, and physical inactivity each affect close to half the adult population. These risk factors overlap with existing Arkansas public health priorities related to cardiovascular disease, diabetes, tobacco use, nutrition, senior hunger, healthy aging, and chronic-disease management. Incorporating brain health into these initiatives can strengthen the state's response without creating an entirely separate public health program. (Alzheimer's Association Public Health Center of Excellence on Dementia Risk Reduction, 2025) (Alzheimer's Association, 2026b)

### Advancing Risk Reduction, Brain Health, Early Detection, Diagnosis, and Care Planning

Brain health and risk reduction should be addressed across the lifespan rather than the traditional approach of reserving these conversations for older adults. Health conditions and experiences during early and middle adulthood can influence cognitive health years or even decades later. Arkansas needs to take a life-course approach that connects risk reduction, early detection, and management of chronic diseases. Arkansas can build upon this framework by promoting healthy behaviors before symptoms appear, identifying cognitive changes earlier, and helping people living with cognitive impairment maintain their health, independence, and quality of life.

Recent findings from the U.S. POINTER study provide further support for a coordinated approach. The study found that multiple lifestyle interventions addressing physical activity, nutrition, cognitive exercise, social engagement, and cardiovascular health monitoring can protect cognition among adults at increased risk for cognitive decline. Participants in both the structured and self-guided interventions experienced cognitive improvement. These findings suggest that public education may not be enough. Arkansans could also benefit from community programs, clinical guidance, and ongoing support that help promote and maintain brain-healthy habits. (Alzheimer's Association, 2026a)




Arkansans living in rural communities often face greater challenges, less access to preventive healthcare, nutritious food, safe places to be physically active, transportation, health education, and chronic-disease management. Arkansas's strategy has to account for those realities and make sure programs actually reach communities through healthcare providers and community partners people already trust.

## Advancing Risk Reduction, Brain Health, Early Detection, Diagnosis, and Care Planning

Early detection and diagnosis of cognitive changes can help individuals and families understand what is happening, rule out other causes, consider treatment options, address safety and financial concerns, develop a care plan, and connect with community support.

Arkansas should develop a coordinated strategy that connects public health, healthcare, aging services, community organizations, and existing chronic-disease initiatives.

The goals and objectives in this section identify opportunities to promote brain health, translate research into practical community programs, strengthen healthcare and professional education, improve access to early detection and diagnosis, and ensure that individuals and families receive appropriate care planning and support.

### Advancing Risk Reduction, Brain Health, Early Detection, Diagnosis, and Care Planning

| Objectives | Partners | Timeline | Measurable Outcomes |
|---|---|---|---|
| Integrate brain health and dementia risk reduction into the chronic-disease mitigation Arkansas already does. | ADH, Chronic Disease Coordinating Council, Arkansas Minority Health Commission, DHS/DAABHS | Years 1–2 | Number of existing ADH chronic-disease initiatives that implement brain health messaging. Establish a baseline in year one. |
| Use the BRFSS Cognitive Decline and Caregiver modules on a recurring cycle to continue to track date. | ADH, Alzheimer’s Association | Year 1, then each cycle | BRFSS data reported to the Council after each cycle or when the data becomes availbale. |
| Increase use of the Medicare Annual Wellness Visit cognitive assessment by Arkansas primary care providers | UAMS, Alzheimer's Association, AHA, AAAs, Alzheimer’s Arkansas | Years 1–3 | Track billing of the Annual Wellness Visit cognitive assessment code where the data allows. |

## Advancing Risk Reduction, Brain Health, Early Detection, Diagnosis, and Care Planning

| Objectives | Partners | Timeline | Measurable Outcomes |
|---|---|---|---|
| Expand provider education on early detection, diagnosis, and referrals, with an emphasis on rural providers | UAMS Centers on Aging, UAMS, Arkansas Nurses, AHA, Alzheimer's Association | Years 1–4 | Track the number of training courses being held and providers reached. Track access in rural counties. |
| Ensure that people who receive a dementia diagnosis are offered care planning and connected to community support services. | DHS Dementia Services Coordinator, AAAs, Alzheimer's Arkansas, Alzheimer's Association, health systems | Years 2–4 | Establish a referral network. Monitor how many people it connects to care planning each year. |

# Enhancing Family Caregiver Support

Family caregivers are the foundation of dementia care in Arkansas. Approximately 175,000 Arkansans provide unpaid care to family members and friends living with dementia. Together, they provide an estimated 268 million hours of care each year, valued at approximately $5.3 billion. Their responsibilities often include personal care, medication management, transportation, managing finances, coordinating medical care, and navigating difficult behaviors. As the disease progresses, the need for more care also increases. (Alzheimer's Association, 2026a)

Providing care for an individual with dementia can have a significant impact on the mental and physical health of the caregiver. Nearly 70% of Arkansas dementia caregivers are living with a chronic health condition, 30% report depression, and more than 18% report being in poor physical health. Caregivers also experience emotional stress, social isolation, employment issues, loss of income, and difficulty finding services they can afford and trust. These challenges are even more difficult for rural caregivers, those caring for someone with other health conditions, and families with limited income or community support. (Alzheimer's Association, 2026a)

Supporting family caregivers is an important public health and long-term care strategy. Caregivers make it possible for many Arkansans with dementia to age in their homes and communities. When caregivers do not receive education, respite, training, or support, their own health may decline, and the person they are caring for might be at a greater risk of hospitalization or early placement in long-term care.

Arkansas has already taken an important step by establishing the Dementia Respite Grant Pilot Program. The program has provided direct assistance to caregivers who need a temporary break and time to rest. Respite is only one part of a complete caregiver-support system. Families also need information and education, help navigating services, training, emotional support, and care planning services.

Arkansas should build more comprehensive programs and services that recognize family caregivers, assess their needs, connect them with resources, and support their health and ability to continue providing care.

The goals and objectives in this section identify opportunities to make respite sustainable, strengthen caregiver education and navigation, improve coordination with healthcare providers, and ensure that support is available statewide.

## Enhancing Family Caregiver Support Objectives

| Objectives | Partners | Timeline | Measurable Outcomes |
|---|---|---|---|
| Ensure Arkansas Invests in Family Caregiving by establishing a permanent Dementia Respite Grant. | DHS/DAABHS, Advisory Council, General Assembly | Years 1–2 | Pilot status ends and recurring funding is in place. Families served reported annually, alongside a standing review process. |
| Establish a single, statewide caregiver navigation system so families are not required to know which agency to call. | DHS, Dementia Services Coordinator, AAas, Alzheimer's Arkansas, Alzheimer's Association, | Years 2–3 | Navigation system established and publicized; annual contact volume; referrals completed to services |
| Expand evidence-based caregiver education and support groups into underserved and rural counties | AAAs, UAMS Centers on Aging, Alzheimer's Arkansas, Alzheimer's Association, faith-based partners | Years 1–4 | Counties with at least one active support group or education offering, measured against Year 1. |
| Expand access to Dementia Resource Centers across Arkansas | AAAs, UAMS Centers on Aging, Alzheimer's Arkansas, AARP Alzheimer's Association | Years 1–4 | Funding secured for a pilot center offering caregiver support, dementia education, care navigation, and training. |
| Establish a pilot Dementia Care Specialist Program | DHS/DAABHS, AAAs, Alzheimer's Association, UAMS Centers on Aging | Years 2-3 | Pilot position funded and filled; number of families served tracked |

# Ensuring Access to Diagnostics and Treatment

Advances in Alzheimer's research are changing how the disease is diagnosed and treated. Blood-based biomarkers, PET imaging, and other diagnostic tools can help clinicians identify Alzheimer's related changes in the brain. FDA-approved treatments are also available for certain people with mild cognitive impairment due to Alzheimer's disease. These developments offer new possibilities, but they also require Arkansas to prepare its healthcare and insurance systems for a changing diagnostic and treatment landscape.

Access to treatment is dependent on access to early detection and diagnosis. Individuals need a cognitive assessment, brain imaging, consultation with a specialist, biomarker testing, and assessment of other health conditions before treatment can begin. Patients receiving treatment also need infusion services, follow-up visits, and ongoing MRI monitoring to identify potential side effects. Health plans that cover the medication but not the services needed to qualify a patient or administer it safely do not provide meaningful treatment access. (Alzheimer's Association, 2026a)

Newer diagnostic tools could eventually make Alzheimer's evaluation more accessible, especially in primary care and rural settings. In 2025, the FDA cleared the first blood test to be used in diagnosing Alzheimer's disease. However, blood-based biomarker tests are not intended to replace a clinical evaluation or serve as stand-alone screening tools. Arkansas will need to continue to educate primary care providers on how to use these tools and when to refer a patient to a specialist for more testing. (U.S. Food and Drug Administration, 2025)

Access is likely to vary across the state. Rural and medically underserved communities may have limited access to neurologists, geriatricians, PET imaging, infusion centers, MRI facilities, and other services needed for diagnosis and treatment. Transportation, out-of- pocket costs, health literacy, caregiver availability, and insurance coverage all compound the problem.

Over the next four years, Arkansas should work toward a coordinated system in which people with cognitive concerns can receive timely evaluation, appropriate diagnostic services, understandable information, and access to FDA-approved treatments when medically appropriate.

The goals and objectives in this section address insurance coverage, provider capacity, rural access, treatment delivery, monitoring, and informed decision-making.

## Ensuring Access to Diagnostics and Treatment Objectives

| Objectives | Partners | Timeline | Measurable Outcomes |
|---|---|---|---|
| Review how Medicaid, ARBenefits, and commercial plans in Arkansas cover the full diagnostic and treatment pathway, not only the medication | DHS/Medicaid, Alzheimer's Association, Advisory Council. | Years 1-2 and ongoing | Review completed and presented to the Council identifying coverage gaps in assessment, biomarker testing, imaging, infusion, and MRI monitoring. |
| Address inconsistent coverage of FDA-approved anti-amyloid therapies across Arkansas payers | DHS/Medicaid, health plans, clinician stakeholders | Years 1–3 | Coverage policies compared and documented; findings and recommendations given to the appropriate payers and reported to the Council |
| Expand rural access to cognitive evaluation through telehealth, provider support, and referral networks | UAMS, AHA, rural health clinics, AAAs, Arkansas Insurance Department | Years 2–4 | Guidance issued and providers trained, with referrals tracked where the data is available. |
| Educate primary care providers on the appropriate use of blood-based biomarker tests and when to refer to a specialist | UAMS, primary care associations, Arkansas Nurses, AHA, Alzheimer's Association | Years 1–3 | Funding secured for a pilot center offering caregiver support, dementia education, care navigation, and training. |
| Provide individuals and families clear information on available treatments | UAMS, Alzheimer's Association, Alzheimer's Arkansas, health systems, AAAs | Years 2–4 | Materials developed and distributed. |

# Supporting Access and Quality of Care

Alzheimer's disease and other dementias are progressive conditions. The type and amount of care a person needs will change throughout the continuum of the disease. No single setting can meet every need throughout the course of the disease. Individuals and families may receive support from primary care providers, hospitals, home-care agencies, adult day programs, assisted living communities, memory-care programs, nursing facilities, hospice providers, and other community services.

Strengthening Arkansas's dementia-care network will require each of these services as an important part of the continuum of care. Some individuals may be able to remain at home with limited assistance, while others will need home and community-based services or residential long-term care. The appropriate setting depends on the individual's health, preferences, safety, access to care, and level of support needed. The goal should be to ensure that Arkansans can receive the right care, in the right setting, at the right time.

Family caregivers and professional providers are partners in this continuum. Family caregivers are able to provide basic care at home, but often need support with medication management, safety issues, and other medical needs. Home-care professionals, direct-care workers, assisted living staff, nursing facility staff, clinicians, social workers, and hospice staff all play important roles in maintaining health, function, comfort, and quality of life.

Direct-care workers provide a majority of the day-to-day assistance received by people living with dementia across home, community, assisted living, memory-care, and skilled nursing facilities. They help with personal care, nutrition, mobility, medication, household activities, social engagement, and emotional well-being. With appropriate training and support, these professionals can recognize changes in a person's cognition, provide person-centered care, support family caregivers, and help prevent avoidable health complications. (Alzheimer's Association, 2026a)

Quality and coordinated care become especially important when a person transitions from one care setting to another. Poor communication and lack of coordination during these transitions can cause issues with medication, behaviors, avoidable hospitalizations, and confusion for families and providers. A dementia-capable healthcare system should support coordinated care and ensure that important information follows the individual.

### Supporting Access and Quality of Care

Arkansas has already made progress by strengthening dementia-training requirements for home-care providers, assisted living and memory-care staff, law enforcement, and first responders, and has expanded training for Adult Protective Services, long-term care investigators, and Ombudsman staff. The state should continue to support implementation, evaluate and measure the impact of these requirements, and ensure quality across the full continuum of care.

Arkansas should continue working to build a coordinated system in which individuals and families can make informed decisions and access quality services as their needs change.

The goals and objectives in this section address access to care, workforce development, care coordination, residential and community-based care, safety, financing, and consumer protection.

## Supporting Access and Quality of Care Objectives

| Objectives | Partners | Timeline | Measurable Outcomes |
|---|---|---|---|
| Evaluate the impact of the dementia training required by Acts 70, 202, and 335 of 2023 on the quality of care | DHS, ADH, LTC Ombudsman, ARALA, AHCA, Arkansas Home-Based Services Association | Years 1–2 | Review completed and with recommendations for stronger standards presented to the Council. |
| Strengthen recruitment, training, and retention of the direct-care workforce serving people with dementia. | AHA, health systems, AHCA, ARALA, home-care providers, hospice providers, DHS | Years 1–3 | Growth in direct-care workers and clinicians serving Arkansans with dementia tracked against the state's projected dementia population growth. |
| Improve care coordination and communication when patients are transferred between care settings | AHA, health systems, AHCA, ARALA, home-care providers, hospice providers, DHS | Years 2–4 | A transition protocol developed. Dementia-related hospital readmissions tracked. |
| Expand home- and community-based services so Arkansans with dementia can stay home when that is the right setting | DHS/DAABHS, AAAs, Arkansas Home-Based Services Association, Medicaid | Years 1–3 | Funding secured for a pilot center offering caregiver support, dementia education, care navigation, and training. |
| Strengthen protection of Arkansans with dementia from abuse, neglect, and financial exploitation | Adult Protective Services, LTC Ombudsman, | Years 1–3 | APS and law enforcement personnel trained. Dementia-related reports and outcomes tracked. |

## Supporting Access and Quality of Care Objectives

| Objectives | Partners | Timeline | Measurable Outcomes |
|---|---|---|---|
| Ensure that emergency first responders and emergency departments are Dementia-Capable | ADH, DPS, first responder agencies, AHA, emergency departments | Years 2–4 | Review completed and with recommendations for stronger standards presented to the Council. |
| Strengthen consumer confidence in home care and memory care choices by closing gaps in existing licensure standards and provider disclosure requirements. | DHS/Office of Long-Term Care, Arkansas Home-Based Services Association, AHCA, ARALA, Alzheimer's Association | Years 1–3 | Licensure gaps between provider types identified and closed; a public disclosure standard adopted so families can make informed care decisions. |
| Establish consistent dementia-capable training standards for clinical and paraprofessionals caring for persons with dementia. | DHS, AHCA, ARALA, UAMS Centers on Aging, Arkansas State Board of Nursing, Arkansas State Medical Board, Alzheimer's Association | Years 1-4 | Current dementia training standards identified, and suggested improvements to gaps in training adopted. |

## 2027 Policy Recommendations

| Policy | Priority |
|---|---|
| Expand Access to Cognitive Assessments | Ensuring Access to Diagnostics and Treatment |
| Expand Access to Caregiver Respite Support | Enhancing Family Caregiver Support |
| Strengthen Dementia Training for Healthcare Providers | Supporting Access and Quality of Care |
| Strengthen Consumer Protections in Home Care | Supporting Access and Quality of Care |
| Expand Access to FDA-Approved Treatments | Ensuring Access to Diagnostics and Treatment |

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