## Service Delivery

*Increase equitable access to person-centered, coordinated, and culturally competent care, support, and therapeutic interventions for persons living with dementia, their families, and caregivers*.

A. Enhance dementia care coordination and increase effective person-centered care planning for persons living with dementia and their families.
   1. Develop a coordinated approach to utilizing state resources for all Illinois residents.
   2. Establish statewide programs that provide support to informal caregivers of individuals living with dementia through a pilot program that includes care consultations and service coordination to assist care partners and family members.
   3. Continue conversations with state agencies and the administration to find and implement effective methods for acquiring services no matter what state agency an individual living with dementia and their family enters, at any age and any point along the continuum of the disease.
   4. Increase awareness of the importance of care planning for persons living with dementia and their families.
   5. Promote the use of tools that assist person-centered planning for people and families in all stages of dementia and at any age.

B. Expand the accessibility and availability of Medicaid programs and other state-administered services.
   1. Promote and advance Medicaid Home and Community Based Services and ensure they are dementia-capable and accessible for persons living with dementia, caregivers, and families in all stages of dementia.
      a. Support the expansion and availability of the Supportive Living Program (SLP) waiver that promotes community integration for persons living with dementia.
      b. Provide dementia training to all providers and direct-care workers of the Persons who are Elderly HCBS waiver and Community Care Program (CCP) waiver to increase the dementia-capability of these services.
      c. Increase visibility and awareness of all components of the Persons who are Elderly waiver and Community Care Program (CCP) available for persons aged 60 and older.
      d. Partner with IDoA to align services and promote a coordinated transition for adults under 60 who are utilizing the DHS Division of Rehabilitation Services Home Services waiver and intend to continue waiver services and supports with IDoA.

        e. Partner with the DHS Division of Rehabilitation Services Home Services waiver to provide quality person-centered services and care for persons living with dementia under the age of 60 and their caregiving families.
        f. Partner with HFS to expand coverage of Supportive Living Services for those under 65.
        g. Provide dementia training to all providers and direct-care workers of the DHS Division of Rehabilitation Services (DRS) HCBS waivers to increase the dementia-capability of these services for individuals living with early-onset dementia.
    2. Increase visibility and awareness of the IDoA's Older American Services programs that can benefit persons living with dementia and their family caregivers.

C. Identify and reduce barriers to accessing services, including transportation challenges, financial impediments, location of services, and other social determinants of health, particularly in underserved areas.
    1. Collaborate with IDoA to strategize outreach methods for addressing these social determinants of health for people and caregivers living with dementia, potentially through supportive gap-filling services or linkage to state and local community resources.

D. Assess and address caregiver health and well-being.
    1. Publish and utilize BRFSS data and burden briefs to provide valuable insights regarding the challenges for ADRD caregivers.
    2. Increase awareness of Caregiver Assessment Tools to screen for stress levels, depression, health, and quality of life.
    3. Increase access to evidence-based or evidence-informed caregiving programs.
        a. Promote awareness and use of evidence-based caregiver education, including, but not limited to, Savvy Caregiving and Stress Busting for Caregivers.
        b. Host an informational webinar for Area Agencies on Aging (AAAs), local health departments (LHDs), managed care organizations (MCOs), aging providers, and other community-based organizations to inform them of credible national databases or online resource tools that provide access to evidence-based practices and reliable resources for planning caregiver programming.
        c. Host a webinar for medical practitioners about resources for caregivers and person-centered planning for persons living with dementia and their families.
    4. Collaborate with the Illinois Family Caregiver Coalition and other unpaid caregiver support programs to ensure that the strategies developed include the unique needs of unpaid family caregivers and individuals living with dementia.

    5. Increase accessibility and availability of services that give families a break from providing daily care, such as respite, in-home care, adult day services, and residential care.
    6. Increase awareness of adult day services that reduce isolation, promote social health and community integration, and serve as a vital support to families and unpaid caregivers of persons living with dementia.

E. Assess and monitor the quality of care for persons living with dementia in residential care settings.
    1. Assess and monitor health care quality measures that address cognitive assessments, the delivery of care planning to people with diagnosed dementia, and improved outcomes.

F. Palliative Care
    1. Educate persons living with dementia, care partners, family members, and professionals about using palliative care services for persons living with dementia. Palliative care focuses on the quality of life for persons living with dementia to improve symptoms, to prevent undertreatment of symptoms and overtreatment with unnecessary and burdensome treatment, and to enhance caregiver quality of life.

G. Hospice
    1. Educate persons living with dementia, care partners, family members, and professionals about hospice services for people living with advanced dementia. Hospice care focuses on the comfort and dignity at the end of life and provides care and support services to the individual and family in the final stages of dementia (for people expected to live less than six months).