

**ALZHEIMER'S DISEASE TASK FORCE  
RECOMMENDATION FORM**

*Please include only one recommendation on each form.*

**This form must be returned via e-mail to [katie.mulford@iowa.gov](mailto:katie.mulford@iowa.gov) no later than 5:00 p.m., Tuesday Nov. 27, 2007**

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**Each recommendation must fit into one of the following categories. Please check the appropriate box:**

**Education and training**

**Services and housing**

**Funding and reimbursement**

**Wellness and disease management**

**RECOMMENDATION:**

The General Assembly should consider various methods to provide incentives for the development of business start-ups, as well as maintaining reasonable access to providers for the various service needs identified in recommendations from the Alzheimer's Task Force, especially those recommendations affecting rural and other underserved areas of Iowa, as well as targeting the development of services focused caregiver support/respite and available support for consumers with early-onset dementia who happen to fall below the 60 or 65 age break for most programs.

**IN 250 WORDS OR LESS, PLEASE INCLUDE COMMENTS, JUSTIFICATION, RESOURCES OR OTHER INFORMATION TO HELP THE TASK FORCE UNDERSTAND THE IMPORTANCE OF YOUR RECOMMENDATION.**

To address the lack of providers in many areas of Iowa, complicated by significant start-up costs, supplemental funding mechanisms which provide incentives to potential providers of needed services should be seriously considered to meet the various identified service needs. For many needed services, rural areas of the state appear to have even greater challenges in successful business models due to factors like lower client loads, higher transportation costs, etc., however even some smaller urban areas have had difficulties starting and maintaining services such as Adult Day Services, respite services, affordable transportation models, etc. Special attention should be given to services focused caregiver support/respite and available support for consumers with early-onset dementia who happen to fall below the 60 or 65 age break for most programs

Methods considered might include Economic Development resources, renewal and expansion of Senior Living Trust loan and grant programs, modified Medicaid Wavier Reimbursement levels for disadvantages areas, as well as other mechanisms to address the growing needs.