§ 2004-a. Coordinating council for services related to Alzheimer's disease and other dementia. 1. There is hereby created in the department of health a coordinating council for services related to Alzheimer's disease and other dementia, to facilitate interagency planning and policy, review specific agency initiatives for their impact on services related to the care of persons with dementia and their families, and provide a continuing forum for concerns and discussion related to the formulation of a comprehensive state policy relating to Alzheimer's disease and services for persons with incurable dementia.

2. The council shall be comprised of twenty-one members as follows: the commissioner of health, the director of the state office for the aging, the commissioner of children and family services, the commissioner of education, the commissioner of mental health and the commissioner of the office for people with developmental disabilities who shall serve ex officio and who may designate representatives to act on their behalf. The governor shall appoint seven other members with expertise in Alzheimer's disease, other dementia or elder care issues, at least two of whom shall represent not-for-profit corporations whose primary purpose is to provide access to experts in the care of persons with Alzheimer's disease and related dementia, that are part of a statewide network of not-for-profit corporations established specifically to respond at the local and regional level to the needs of this population and that provide family intervention services related to Alzheimer's disease in order to postpone or prevent nursing home placements of individuals with Alzheimer's disease or other dementia. Eight members shall be appointed by the governor on the recommendation of the legislative leaders as follows: the temporary president of the senate and the speaker of the assembly shall each recommend three members to the council. One of the three members recommended by the temporary president and one of the three members recommended by the speaker shall be a clinical or research expert in the field of dementia and one of the three members appointed by each shall be a family member or caregiver of a person suffering from Alzheimer's disease or other dementia. One member shall be appointed on the recommendation of the minority leader of the senate and one member shall be appointed on the recommendation of the minority leader of the assembly. The commissioner

of health and the director of the office for the aging shall serve, ex officio, as co-chairs of the council. Administrative duties shall be the responsibility of the department. The members of the council shall receive no compensation for their services.

3. Within one year after the effective date of this section, the council shall establish community forums to gain input from consumers, providers, key researchers in the field and other interested parties to provide input and direction on developing a New York state plan for the identification and treatment of Alzheimer's disease in the community. A community forum shall be established in each of the following regions of the state: Long Island, New York city, Northern Metropolitan New York, Northeastern New York, Utica area, Central New York, Rochester area and Western New York. Such state plan shall include but not be limited to identifying best practices in working with persons with Alzheimer's disease, best interventions for caregivers to help reduce caregiver burnout, best approaches to training doctors, nurses and other medical and non-medical professionals and paraprofessionals to identify Alzheimer's disease, a community assessment of strengths and gaps in community support services, ways in which to coordinate services among various systems, different financing approaches to pay for community support services and any other recommendations.

4. (a) The council shall meet quarterly or more frequently if its business shall require. The community forums in the first year of implementation count as a formal meeting of the council. The members of the council shall receive no compensation but shall be reimbursed for travel and other expenses actually and necessarily incurred in the performance of their duties. The council shall provide reports to the governor and the legislature on or before June thirtieth, two thousand nine and by June thirtieth of every other year thereafter. Such reports shall include recommendations for state policy relating to dementia and a review of services initiated and coordinated among public and private agencies to meet the needs of persons with Alzheimer's disease and other dementia and their families.

(b) The council shall additionally review and report upon the use of clinically recognized, scientifically based, cognitive impairment

screening tools used to identify signs of and individuals at-risk for cognitive impairment, including Alzheimer's disease or other dementias, in all settings of the health continuum. Such tools shall include but not be limited to tools approved and/or recognized by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS), and others as determined by the council which are used by health care providers, across all settings of the health continuum. The council shall also review and report on best practices of providers concerning early identification of at-risk individuals and referral practices, the range of interventions and services available for the cognitively impaired, and shall report its assessment of the need and presence of such tools and practices in each sector of the health continuum. The council shall further include in its reports any findings concerning potential gaps of identification and intervention for the cognitively impaired, the need for public education about cognitive impairment, and recommendations to address that education need.

5. The department shall serve as the focal point to develop comprehensive coordinated responses of the various state agencies with regard to Alzheimer's disease and related dementia and thus help to assure timely and appropriate responses to issues and problems. The department shall collaborate with the state office for the aging on issues related to nonmedical support services for individuals with Alzheimer's disease and other dementia and their caregivers. The department shall collaborate with other appropriate state agencies to establish a simplified coordinated assessment procedure for obtaining needed services for persons with Alzheimer's disease and other dementia.

6. The department, in consultation with the council, shall utilize data and information compiled and maintained pursuant to this article to coordinate state funded research efforts to ensure the most efficient use of funds available for this purpose.