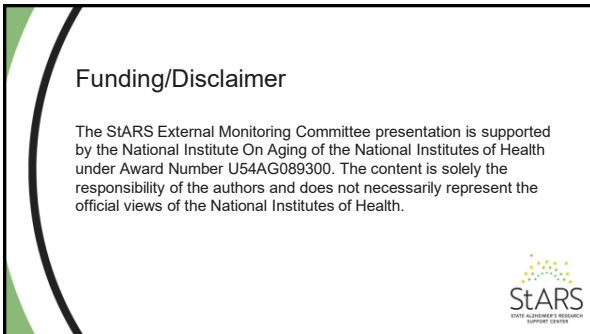
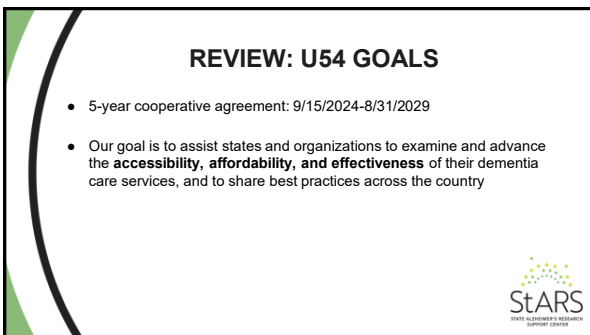




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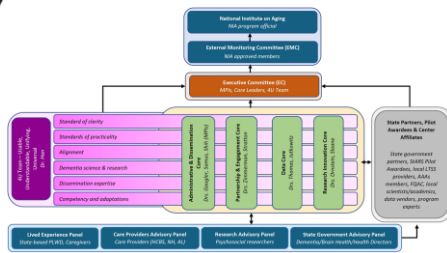
IMPACT STATEMENT

Build a **national data infrastructure** to enable states and communities to:

1. Describe and examine the effects of **integrated and coordinated dementia care** services on care transitions;
2. Examine the influence of **real-world variations and changes on dementia care services**; and
3. Facilitate across **state comparisons or multi-state collaborations** of dementia care services and supports for all communities to examine the effects of integrated/dementia care services' penetration and impact.



4



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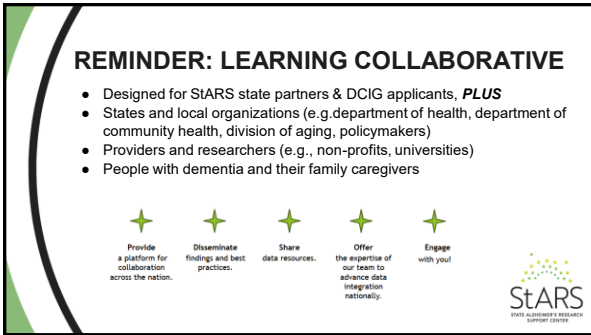
 ELENA FAZIO, PHD NIA PROGRAM OFFICER	 HAERA HAN, PHD 4U LEAD	 KALI THOMAS, PHD DATA CO-LEAD
 PRISCILLA NOVAK, PHD, MPH NIA PROJECT SCIENTIST	 SHERYL ZIMMERMAN, PHD PARTNERSHIP & ENGAGEMENT CO-LEAD	 ERIC JUTKOWITZ, PHD DATA CO-LEAD
 JOSEPH GAUGLER, PHD STARS DIRECTOR / MPI	 LAUREN STRATTON, PHD PARTNERSHIP & ENGAGEMENT CO-LEAD	 NIKKI RIDER, SCD, MPH EVALUATION LEAD
 QUINCY SAMUS, PHD STARS DIRECTOR / MPI	 PHILIP SLOANE, MD, MPH RESEARCH INNOVATION CO-LEAD	
 REGINA SHIH, PHD STARS DIRECTOR / MPI	 KATHERINE ORNSTEIN, PHD RESEARCH INNOVATION CO-LEAD	



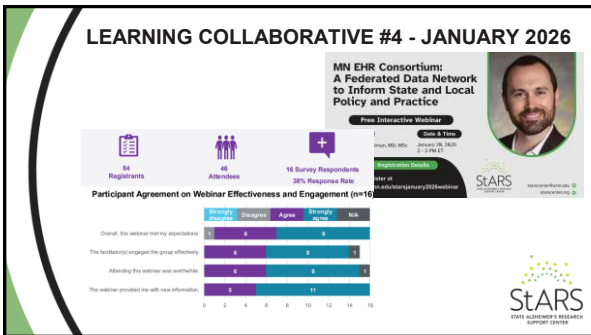
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LEARNING COLLABORATIVE #5 - REGISTER NOW



LEARNING COLLABORATIVE

WEBINAR

Join us in learning about Maryland's StARS State initiatives and future plans





LEIGH ANN EAGLE
Harris County, TX



WENDY AIKEN
Harris County, TX



MICHELLE NORDIN
Harris County, TX



JAME MARKS
Harris County, TX



MARK TESORO
Harris County, TX



PATRICIA WILLIAMS
Harris County, TX



ALI MACCUDY
Harris County, TX

Tuesday, September 22, 2026
10:30 - 11:30 am CT / 11:30 am - 12:30 pm ET
Register: z.umn.edu/STARSTATEWEBINAR-MD



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LEARNING COLLABORATIVE #6 - REGISTER NOW



LEARNING COLLABORATIVE

WEBINAR

Join us in learning about Virginia's StARS State initiatives and future plans





GEORGE WORTHINGTON
Virginia Department for Aging and Rehabilitative Services



ANN RHODES
Virginia Commonwealth University

Tuesday, October 20, 2026
10:30 - 11:30 am CT / 11:30 am - 12:30 pm ET
Register: z.umn.edu/STARSTATEWEBINAR-VA



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**SUMMARY OF PROGRESS
PARTNERSHIP &
ENGAGEMENT CORE**

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Quick Reminder: StARS States

- **Goal:** Develop or enhance a sustainable and accessible data infrastructure and related data capacity to better integrate, coordinate, and evaluate dementia care services
 - Access a state-based Lived Experience Panel (LEP) and other networks to inform the state's efforts
 - Meet monthly with the StARS Partnership and Engagement, Data, and Research Innovation Cores, and the 4U team
 - Near the end of the year, develop a proposal to use the data to conduct a StARS Dementia Care Innovation Project (DCIG)
- **Funding:**
 - StARS State data infrastructure effort: \$200K (one year)
 - After completion, if competitive, DCIG project: \$110K (subsequent year)



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StARS STATES

Cohort	Start	State	Lead Organization	Status
1	9/2025	MD	Maintaining Active Citizens Area Agency on Aging	Completed
		VA	Virginia Department for Aging and Rehabilitative Services	Completed
2	9/2026	GA	Georgia State University	Meeting monthly
		WI*	Wisconsin Department of Health Services	Meeting monthly
3		MN	Minnesota Department of Health	Meeting monthly
		UT	Utah Department of Health and Human Services	Meeting monthly
4	9/2027	FL	Florida Department of Elder Affairs	Initiate Spring 2027
		TX	Texas A&M University	Initiate Spring 2027

* Indicates states that received a DCIG (Dementia Care Innovation Grant) in advance of becoming a StARS State. For WI, the StARS State and DCIG organization are the same.



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StARS STATE GOAL: MARYLAND

- **Identify and standardize data across key statewide dementia-related services to enhance bi-directional communication between community-based organizations and healthcare providers.**
- Integrate data across four data systems: CRISP, which manages and distributes patient data across hospitals and other healthcare providers; CCS Health, a billing system for the CMS Guiding an Improved Dementia Experience (GUIDE) model; Findhelp Maryland, a referral system listing aging, health, and social services; and Athenahealth Electronic Health Records, which interfaces with CRISP.
- Before StARS support, these systems were not connected, limiting patient referral and the ability to quantify health impacts and cost savings. The new bidirectional data and referral system allows networks to coordinate service delivery with clinical providers.



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StARS STATE GOAL: VIRGINIA

- Develop a structured, sustainable process to link and harmonize data collected by various dementia care management programs operating in the state.
- Link data from four state-supported dementia care management programs with the Virginia Memory Project (VA's Alzheimer's and dementia registry that houses paid medical and pharmacy claims data): data from the University of Virginia's Memory and Aging Care Clinic, the Martha W. Goodson Center at Riverside Health, the Span Center in partnership with the Richmond Brain Health Initiative at Virginia Commonwealth University, and the Local Office on Aging in partnership with Carilion Clinic Center for Healthy Aging.
- Integrating these data systems improves data sharing and enables analyses to guide state decision-making.



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StARS STATE GOAL: GEORGIA

- Strengthen the state's ability to track service delivery and support individuals living with dementia by enhancing data integration across clinical and community-based systems.
- Assess and align data from the Division of Aging Services' (DAS) WellSky Human Services data platform that manages all older adult programs; data from the Community Care Services Program (a Medicaid waiver program); referral and diagnostic data from Georgia Memory Net that focuses on early dementia diagnosis and referral; and relevant public health datasets, to develop a standardized data crosswalk and improve interoperability.
- Currently, these systems operate independently, limiting the ability to close referral loops, monitor utilization across settings, and evaluate outcomes beyond DAS-administered services.



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StARS STATE GOAL: WISCONSIN

- Evaluate the impact of community-based dementia services by enhancing data integration and analysis across statewide systems.
- Link data in the newly implemented PeerPlace reporting system for Aging and Disability Resource Centers with collateral data sources such as the WI Health Information Organization all-payer claims database, functional screening data for persons receiving home and community-based services, and state-funded caregiver support and crisis response programs.
- The project will connect these systems, develop new reporting capabilities, and improve data-sharing processes to better capture service use and outcomes over time.



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LIVED EXPERIENCE PANEL: MARYLAND

StARS Maryland LEP Demographics	Members
Group Composition (Caregivers/PLWD)	Caregivers (6)
Age (range)	57-72
Gender	Female (6)
Area of residence	Rural (1), Suburban (4), Urban (1)
Employment status	Retired (2), Employed full-time (1), Employed part-time (1), Other (1)
Household income	Below \$50K (1), \$75K-\$100K (2), \$100K-\$250K (2), Prefer not to answer (1)
Clinical diagnosis	MCI (1), Alzheimer's disease (2), Vascular dementia (1), Other (2)
Time since diagnosis (range)	2-8 years

Theme Highlights:

- Members described gaps in service and resource awareness, finding most resources on their own online.
- Members were still learning about GUIDE; they saw potential but felt the rollout could have been executed better.
- Fellow caregivers were often more helpful than healthcare providers; most got no resources or next steps at diagnosis.
- Positive feedback on the Maryland Living Well Center for Excellence website, new to most before the panel.



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LIVED EXPERIENCE PANEL: VIRGINIA

StARS Virginia LEP Demographics	Members
Group Composition (Caregivers/PLWD)	Caregivers (7), Person living with dementia (1)
Age (range)	44-63
Gender	Female (8)
Area of residence	Rural (2), Suburban (4), Urban (2)
Employment status	Retired (3), Employed full-time (2), Employed part-time (1), Not employed (1)
Household income	Below \$50K (1), \$75K-\$100K (1), \$100K-\$250K (6)
Clinical diagnosis	Alzheimer's disease (3), Lewy body dementia (1), Frontotemporal dementia (1), Not known/no reply (3)
Time since diagnosis (range)	2-17 years

Theme Highlights:

- Members with care coordination experience found it helpful, though there was limited familiarity with GUIDE.
- Support groups were viewed as helpful, though group size, communication, and coordination were challenges.
- Cautious optimism about AI supporting care and independence, alongside concerns about privacy and reliability.
- Most resources and programs members used had been identified themselves.



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LIVED EXPERIENCE PANEL: GEORGIA

StARS LEP Recruitment Georgia	Totals
Completed Interest Forms	54
Caregivers Completed	44
PLWD Completed	10
Eligible Caregivers Screened	20
Eligible Individuals Living with MCI or Early-Stage Dementia	2

Recruitment is underway and the first meeting will be scheduled soon.



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Quick Reminder:
Dementia Care Innovation Grants (DCIG)

Goals:

1. Deepen understanding of what works in terms of dementia care **coordination, integration, and transitions** within states
2. Gather information on **extent of, barriers to, and gaps in service provision** within states, and solutions that have successfully addressed these issues

Project Focus:

- Successful approaches to managing dementia care **coordination, integration, and transitions** within one or more states
- Analysis of existing data, and sharing of data within and across states



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Reminder:
StARS States VS. DCIG Applicants

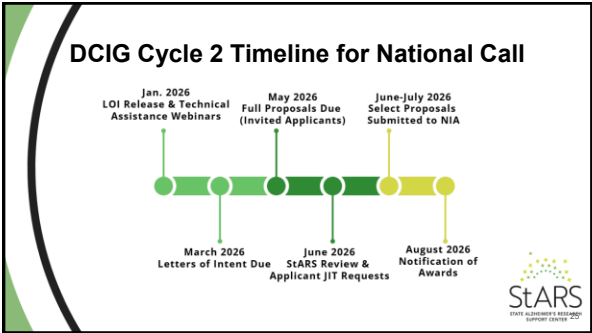
StARS States receive support to develop a DCIG proposal. Any eligible entity is invited to apply for a DCIG award via the national competition.

	StARS States work, followed by DCIG	DCIG Only
Number	8 total	8 total
Nationally Competitive Application	No	Yes
Commitment	2 years	1 year
Funding	Year 1: \$200k for partnership Year 2: \$110k for non-competitive DCIG	\$110k total



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DCIG National Call Statistics

	Cycle 1 (2025)	Cycle 2 (2026)
LOIs Received	51	28
Invited Proposals	12	6*
Selected Proposals	4	2 (+ 2 StARS States)

* 5 proposals ultimately received

StARS
STATE ALZHEIMER'S RESEARCH SUPPORT CENTER

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CYCLE 1 - DEMENTIA CARE INNOVATION GRANT AWARDEES

TEXAS
Leveraging All-Payer Claims Database to Understand Costs for Dementia Care in Texas and the Value of Care Coordination

TENNESSEE
Identifying Opportunities to Enhance Tennessee's Dementia Screening

VERMONT
Evaluation and Expansion of VT Alzheimer's and Dementia Care Project

WISCONSIN
Examining effectiveness of the Dementia Care Specialist Program to Improve Access to Community-Based Dementia Services in Wisconsin

Learn more about our funded projects at z.umn.edu/starsDCIGs

StARS
STATE ALZHEIMER'S RESEARCH SUPPORT CENTER

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DCIG Cycle 1 Activities

- December 2025: Hosted project kick-off meeting with awardees
- June 2026: Held a DCIG mid-year meeting with awardees to hear about project progress and challenges, and get feedback on ways awardees would like more support from the StARS team
- November 2026: Plan for a data-focused meeting per awardee request
- Research Innovation Core and Data Core have attended meetings with awardees as needed to provide tailored scientific and data guidance.



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CYCLE 2 - DEMENTIA CARE INNOVATION GRANT AWARDEES

VIRGINIA

Healthcare Utilization Patterns and Implementation of Dementia Care Management among Persons Living with Dementia in Virginia

MARYLAND

User-focused educational interventions to increase successful scalability of a regional closed-loop referral system for caregivers of people living with dementia

MISSOURI

Understanding Missouri's Cross-System Dementia Service Trajectories Through Linked Medicare and Medicaid Data

GEORGIA

Mapping Information Exchange and Measuring Outcomes for Older Adults Living with Dementia in Georgia



Learn more about our funded projects at z.umn.edu/starsDCIGs



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SS VA 01 – Evaluate Implementation of Dementia Care Management among Persons Living with Dementia in Virginia

PI: Ann Rhodes, PhD, Virginia Commonwealth University

- Background:
 - Virginia is implementing staggered rollout of statewide Dementia Care Management (DCM).
 - As StARS state they have worked on data linkage infrastructure
- Aims:
 - Describe implementation across 4 DCM sites
 - Estimate program's effect on hospitalizations, nursing home admissions, and respite care use.
- Findings will inform General Assembly funding decisions & establish a replicable quasi-experimental design for other states



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SS MD 01 – Evaluate User-Focused Closed-Loop Referral System for Related to People Living with Dementia

PI: Leigh Ann Eagle, Maintaining Active Citizens) Inc.

- Background:
 - Referrals of PLWD often feel like they go into a "black hole" without follow-up
 - As StARS state they have worked on data linkage infrastructure
- Aims:
 - Identify barriers/facilitators to referral system adoption
 - Compare referrals pre- and post-intervention.
- Products:
 - Customized clinical and community provider educational tools
 - Infrastructure modifications in EHR systems that are scalable for statewide adoption



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MO 01 - Understanding Missouri's Cross-System Dementia Service Trajectories Using Medicare & Medicaid Data

PI: Kelli N. Zerr, PhD, University of Missouri, Kansas City

- Goal: Understand trajectories of long-term service and support use among Missouri residents following a dementia diagnosis.
- Method: Use linked Medicare/Medicaid participant-level data to compare service pathways across three different home- and community-based services (HCBS) waivers.
- Outcomes:
 - Linked data infrastructure
 - Findings will inform dementia program planning and future cross-system data integration efforts in Missouri.



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GA 01 - Mapping Information Exchange and Measuring Outcomes for Older Adults Living with Dementia in Georgia

PI: Sara Turbow, MD, Emory University School of Medicine

- Background: GA has statewide dementia referral/care network called Georgia Memory Net (GMN)
- Goal:
 - Examine the extent GMN patients are connected via health information exchanges (HIE), and where gaps exist
 - Determine whether patients in HIE-connected settings experience lower rates of acute care utilization and mortality
- Methods:
 - Use Medicare fee-for-service claims linked to GMN patients
- Outcomes:
 - Map interoperability across a state dementia care network
 - Inform GA Division of Aging Services
 - Generate shareable analytic methods



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Dementia Care Innovation Grants by Year

	StARS State DCIG	National Call DCIG
Year 1	-	Conducted First National Call
Year 2	-	4 (TN, TX, VT, WI)
Year 3	2 (MD, VA)	2 (GA - Emory, MO)
Year 4	4 (GA - GSU, WI, MN, UT)	-
Year 5	2 (FL, TX)	2 (TBD, TBD)
Total	8	8



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SUMMARY OF PROGRESS: DATA CORE

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Data Core: Progress

Inventory of state programs and real-world standards related to AD/ADRD care

- 1) State adult day care regulations
 - Completed coding of 45 states with regulatory documents
 - Presented poster at AcademyHealth Annual Research Meeting describing reliability of integrating AI into regulatory coding, brief report in progress
 - Manuscript describing state variation in adult day care requirements in development
- 2) State Alzheimer's Disease Plans and focus on caregivers
 - Completed coding of 51 states' dementia plans to identify the ways they are supporting caregivers
 - Finalizing manuscript describing findings
 - Creating cleaned data files that can be shared for future analysis



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Data Core: Progress

Inventory of state programs and real-world standards related to AD/ADRD care

- 3) ADRD provider/resource measure
 - Partnered with 4U Team member Dr. Halima Amjad to collect publicly available data on the distribution of specialized dementia resources across states.
 - Web-scraped information about locations of anti-amyloid antibody infusion centers and amyloid PET CT sites.
- 4) State respite programs
 - In planning stage; goal is to profile states' investments in respite programs.



Data Core: Progress

Library of descriptive features for use by StARS state partners, DCIG applicants, and general public to facilitate evaluation of AD/ADRD programs

- 1) StARS data expertise
 - The Data Core surveyed StARS faculty and developed a table outlining data expertise available within the Center. This information is available on the StARS website for potential applicants to consider as they develop ideas for Dementia Care Innovation Grant funding.



Data Core: Progress

Disseminate data products (e.g., aggregated, de-identified data sets), resources (e.g., data dictionaries, metadata), chartbooks (e.g., state summaries of AD/ABDR prevalence / service utilization), and best practices on data analysis.

- 1) Chartbooks
 - Conducted descriptive analyses on early-onset AD/ABDR population within TruVeta (health system data) and MarketScan (employer-sponsored health plan data) datasets
 - Brief reports in development
 - Using Health and Retirement Study data and claims data, analysis in progress estimating county-level expected vs observed dementia diagnoses and association with county characteristics.
 - Identified outside funding opportunity to support early career investigator to conduct additional analysis



StARS
state transitions across
the lifespan

Data Core: Progress

- **Provided technical assistance** to states
 - Engaged with states during partnership meetings.
 - Reviewed LOIs and applications, with a focus on data linking and sharing.
 - Discussed data linking and sharing considerations of invited DCIG applicants during 6 pre-award consultation sessions.
 - Met with DCIG awardees as needed for project-specific data guidance.
- **Co-hosted Data Workshops via Learning Collaborative**
 - Minnesota EHR Consortium (January 2026)
 - Additional topics planned for next year



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Core Elements of our Evaluation Plan

Who	Audience: External Monitoring Committee (EMC) and NIA program officer and program scientist
	Staff: Evaluation Team
	Partners: StARS staff, State partners, and grantees
How	Data collection for performance improvement and reporting progress and impact to funders and partners (interviews, surveys, reports, data infrastructure models, etc.)
When	Data collection will happen throughout the multi-year program
	Progress reports typically twice annually to NIA
Then what	Share findings with NIA through annual reporting Share findings with partners and public through reports, presentations infographics, and website



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FUTURE PLANNING & NEXT STEPS

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