

**DHHS Division of Developmental Disabilities and Aging
State Unit on Aging
Alzheimer’s Disease and Other Dementia Advisory Council Meeting
Friday, October 17, 2025**

Voting Members Present: Christopher Kelly, Tracy Lichti, Lisa Marks, Julie Masters, Kierstin Reed, Corie Sass, Mary Ann Stallings

Voting Members Absent: John Croghan, Julie Kaminski, David Thompson

Non-Voting Members Present: Terri Ridder

Non-Voting Members Absent: Josie Rodriguez, Odessa Schoneberg, Timothy Tesmer

Council Staff Present: Joni Dulaney

State Unit on Aging Staff Present: Ben Stromberg

Guests: Tony Green – Director, Division of Developmental Disabilities and Aging; Gordon Whitten and Billy Martin – I See It Ventures and Senior Sync; Leah Friesen, Michelle Hoeft, Cassandra Garden – Medicine in Motion

This meeting was held in person at the Jack J Huck Continuing Education Center. A link was provided for members of the public to attend virtually. The meeting was called to order at 10:05 a.m. by Tracy Lichti, Council Chair. Roll was taken and Council members introduced themselves.

Nebraska Open Meetings Act Announcement

Tracy announced that Council meetings fall under the Nebraska Open Meetings Act. A copy of the Act was posted on a bulletin board in the room.

Public Comment

All public meetings must allow time on the agenda for people who are not members of the Council to comment. No public comments were made.

Approval of Minutes

A motion to approve the September 19, 2025, meeting minutes was made by Kierstin Reed and seconded by Julie Masters. No corrections were requested to the minutes.

A roll call vote was taken: Yes – 7; No – 0; Abstain – 0.

Presentations

Gordon Whitten, Founder of I See it Ventures and Senior Sync, and **Billy Martin**, Head of Product Management with Senior Sync, demonstrated Grace – Your Memory Friend, a voice-enabled companion designed to support individuals living with Alzheimer’s disease and other dementias, and the caregivers who walk with them. Grace is built to help fill a gap we see every day: an accessible, friendly tool that responds to the moment, listens, recalls, reminds, and engages. Grace is not just a device — it’s a trusted companion that works in the background to support meaningful conversations, assist with memory cues, and enhance quality of life in familiar spaces. Billy walked us through how Grace integrates into the home and care-

ecosystem, the voice-interaction design they have crafted, and how they believe this tool can align with the Council's mission of advancing dementia care in Nebraska.

Names, dates, appointments, memories, medication reminders, and more can be added to Grace, then can be accessed by calling a phone number rather than the individual having to learn how to navigate an app. Grace recognizes the phone number that is calling and accesses the information specific to that caller. This system can handle hundreds of calls at the same time. Grace can provide oral, text, or email reminders of upcoming events and appointments, when it is time to take medications, the names of important people in their lives, and provide the weather report, as examples. Information from medical appointments can be added to ensure the details are available for the individual to hear it again or share with their care givers. Grace can provide a source of answers to questions that may be repeated multiples times and reduce some of the stress of care partners.

This product is still in development and testing. They are not far from piloting this across a large group, which could be an entire senior living community or other groups who may benefit from this option. They are looking for other avenues to expand the user group.

Leah Friesen, Director of Social Work, **Michelle Hoefl**, Nurse and GUIDE Program Director, and **Cassandra Gardner**, Chief Operating Officer, with Medicine in Motion presented on the GUIDE (Guiding and Improved Dementia Experience) Model, an eight-year pilot program funded by Centers for Medicare and Medicaid Services (CMS), and how they are bringing this model to Nebraska. Medicine in Motion is a mobile, geriatric physician-led practice serving aging adults where they live. They are based in Omaha but serve individuals across Nebraska. They started using the GUIDE Model on July 1, 2025.

The program goals are to improve quality of life for individuals with dementia, reduce caregiver burden, delay a move to long-term care, and lower overall health care costs. The model includes a GUIDE navigator, respite, and support and resources. Medicine in Motion also brings a social worker to further support individuals and their families. They have a proactive approach. They are like a one-stop shop where Dr. Rebecca Wester, founder of Medicine in Motion, is a geriatric specialist who can evaluate and diagnose individuals and prescribe medication; in-home lab work can be completed, vaccinations given, arrangements made for durable medical equipment, and more.

GUIDE requires that the individual must have a dementia diagnosis, must be on traditional Medicare (not Medicare Advantage), and have a Functional Assessment Scoring Tool score (a score of four or higher qualifies them for respite care). For those on Medicare Advantage, the model can be mimicked without the respite funds. A referral from the primary care physician is not required; the individual can call Medicine in Motion directly.

Agencies/providers must be approved by CMS before contracted partnerships are formed between Medicine in Motion and local providers across the state.

A copy of the presentation and a handout on the GUIDE Model are attached at the end of these minutes.

Subcommittee Reports

Subcommittee leads provided updates on their respective subcommittees. The Medicaid Memory Care Rate and Targeted Outreach subcommittees did not meet in October. Copies of the written reports received can be found at the end of the minutes.

Pilot Care Navigator Subcommittee: Julie Masters reported that Danelle Hubbard, Regional Director for the Alzheimer's Association, presented more on the GUIDE Model. The State Plan recommendation was to pilot a care navigator at the Eastern Nebraska Office on Aging at a cost of \$100,000 per year. They will revisit this recommendation at the November meeting.

Tualta Subcommittee: Julie Masters provided an update from this subcommittee. There is continued discussion about people in western Nebraska and caregivers across the state. They keep coming back to Tualta, which is focused on caregivers of individuals with dementia as well as intellectual and developmental disabilities, traumatic brain injuries, and many other conditions. Get Set Up is a different type of online program. The challenge is funding. After talking with the Area Agencies on Aging, she learned that the Medicaid Administrative Claiming (MAC) funds are used for ADRC staffing. She requested to have the Tualta representative present to the Council at the November meeting.

Public Health Subcommittee: Chris provided more information on a conference next March in Kearney. A flyer on this conference will be provided. He also talked about underserved populations in the state where they could network with Public Health Departments. Northeast Nebraska Area Agency on Aging and Blue Rivers Area Agency on Aging are areas where the underserved population needs to be addressed. This group is committed to continuing this subcommittee in 2026.

Announcements

Tracy thanked Tony Green for his assistance with getting the State Alzheimer's Plan Annual Update Report submitted to the legislature by October 1. He was asked if he receives feedback from the legislature on the report. He noted that when there are recommendations for funding, there are questions about where the funding would come from and whether the legislature would be asked for additional money. Right now, the talks are about budget cuts across state government. He and Josie have met to review the State Plan recommendations and look at different ways to potentially find additional funding.

Tracy asked subcommittee leads to talk with their members about whether to continue their work in 2026. Corie stated that the Targeted Outreach subcommittee will continue but shift their focus to how to move forward with 211. The Medicaid Memory Care Rate subcommittee will continue but also take on another goal. The Tualta and Pilot Care Navigator subcommittees will be meeting again and discussing this. Julie Masters, lead for both subcommittees, added that her term is ending in December.

The next meeting is virtual on November 18. At this meeting, we will elect a new Chair and Vice Chair and the 2026 meeting schedule will be set.

Adjourn

The meeting adjourned at 11:34 a.m. due to a member needing to leave early.

Trualta Subcommittee Meeting – final minutes
October 3, 2025

Committee Members: Kay Wenzl, Cecilia Poon, Josie Rodriguez, Michele Magner, Joni Dulaney, Colleen Claassen, Julie Masters

The group met to further discuss the Trualta product for caregivers supporting someone with dementia.

Kay provided more background on the use of Trualta by Aging Partners. They had a one-year contract funded through ARPA funds for caregiving related activities.

Promotion of Trualta was delayed while Aging Partners was also promoting another initiative at the same time. This delay allowed the product to be used internally. Once the other event was launched, Aging Partners promoted Trualta to community members. People accessing the product found it to be user friendly.

Trualta offers on-line caregiver support groups. Both Kay and Joni found the groups to be very helpful.

Trualta offers a staff member living in Missouri to support dementia caregivers. When the program was active, Darla was in Lincoln to help promote the program. She also had the opportunity to meet with Joni and Ben to demonstrate the product.

Trualta offers information on hands-on caregiving, tips for caregiving, tips for mouth care, etc.

When a state signs up for Trualta, they will provide customizable marketing materials that include fliers, postcards, and a 20-25 page caregiver guide for use by caregivers who may not have access to a computer.

Group commentary continued.

In discussing how to pay for Trualta, Josie mentioned that the ACL funds of \$750,000 goes to cover salaries and Peer Place (current system). The AAAs do not pay for the system.

Josie suggested the possibility of using MAC (Medicaid Administration Claiming) dollars to cover the cost. There is \$4 million overall. \$3 million to the SUA for use to support programming. A possibility would be to take 10% off the top (of \$300,000) from each of the 13 ADRCs to offset the cost of Trualta. The SUA will continue to fund GetSetUp to support aging Nebraskans.

A question was raised and will need to be addressed by the AAAs about the impact a 10% reduction could have on their operations. For the smaller AAAs, this may be too great a burden to cover. Julie to followup with the AAAs about this potential funding source.

Follow-up from the AAAs. The MAC funds they have are used to fund staff for their respective ADRCs. They do not have extra money for this effort.

Because other states are also using Trualta, the group requested more information about how they pay for Trualta. What funds are being used? Joni to send emails to two contacts for more information.

Colleen raised a question about the 24/7 support of Trualta. Chris' response is below.

"Trualta is not a crisis or emergency hotline, so we don't provide a live call center or on-call staff during the night. In those situations, we encourage caregivers to contact 911 or their local emergency services right away.

*What we do provide is a 24/7 library of training modules, recorded classes, and our community forum, which can help caregivers troubleshoot common challenges (e.g., **wandering, sundowning, hallucinations, fall prevention, etc**) when it's not a medical emergency. For real-time peer connection and emotional support, our live groups run weekdays 9 AM–8 PM ET.*

Some of our state partners use the Local Resources section to promote existing after-hours crisis lines, nurse advice lines, or local hotlines—so caregivers know exactly where to turn if an urgent situation comes up overnight."

Our next meeting is scheduled for November 7, 2025 at 1130 am. Please look for a zoom link in the future.

Pilot Care Navigator Subcommittee
October 3, 2025

Committee members: Kierstin Reed, Jina Ragland, Diane Hendricks, Melanie Haynes-McCurry, Sadie Hinkel, Joni Dulaney, Montanna Walling, Trish Bergman, Julie Masters

Special Guest: Danelle Hubbard – Regional Health Systems Director – Alzheimer’s Assoc.

Danelle returned to meet with the subcommittee to continue the discussion about GUIDE.

Highlights mentioned are listed below.

GUIDE is focused on person centered care. It offers medication management, caregiver support, and respite.

GUIDE is for people who are enrolled in traditional Medicare (A&B).

As a pilot program, evaluations are currently not available to the public – but anticipate they will be in the future.

A respite component is also available with GUIDE for a total of \$2,500 annually. Providers need to be approved by Medicare in order for reimbursement to be made.

Person’s receiving respite have to be assessed as being in moderate or later stages of the dementia diagnosis (FAST score of 4 or higher).

Because payment comes through Medicare, we are interested in knowing if a GUIDE referral needs to come from a provider order. – This is not a requirement.

In Nebraska, Medicine in Motion is the provider and Caretech is a partner to Medicine in Motion. They are part of the GUIDE cohort.

It was mentioned that Medicine in Motion will be attending the next Alzheimer’s and other Dementia Advisory Council meeting on October 17 at 10 am. The public is welcome to attend. <https://dhhs.ne.gov/Pages/Aging-Alzheimers-Advisory-Council.aspx>

After Danelle’s presentation, the group discussed possible next steps. Given limited funds, would it make more sense to focus on something like the Trualta product to support more caregivers across the state? The group will continue to explore this at our next meeting in November.

Note: The power point slides from Danelle are included with the minutes.

Next meeting is November 7 at 10 am. Zoom link to follow

**Alzheimer's Advisory Council Public Health Subcommittee Meeting
Friday October 10th @ 10 am**

Sadie Hinkel sshinkel@alz.org
Cassandra Wehling cassandra.wehling@unmc.edu
Christopher Kelly cmkelly@unomaha.edu
KoriAnne Moslander kmoslander@unomaha.edu
Anna Fisher fisheranna@email.phoenix.edu
Tracy Lichti tlichti@newcassel.org
Julie Kaminski jkaminski@immanuel.com
Sarah Wilson sarah.wilson@grace365.org

Notes

- Dementia Training Conference - Cassandra and Sadie
- March 18th and 19th
- Registration website coming soon!
- Alzheimer's Association partnering
- Students are free
- Underserved area with training
 - Northeast NE - Connie Cooper

Notes from previous meeting

- Dementia Training Conference
- March 19th and 20th @ UNK at 1 PM
- Offering CEUs
- Target Audience - Providers
- Tentative Agenda
 - Capacity – possibly forensic psych
 - Dementia Diagnosis – Cassandra Wehling
 - Geriatric Assessment and Billing – Joe Hejkal
 - Culturally sensitive dementia care – Nora Kovar
 - Monoclonal Antibodies – Dan Murman
 - Community resources – Rachel Burns & Sadie Hinkel
 - Pharmacology – Linda Sobeski
 - What matters – Alyssa Emodi
 - Behaviors associated with dementia – Claire Adams
- Documentary screening
 - Film streams in Dundee
 - Wednesday November 5th

- Panelist of different providers
- “Why women in dementia” documentary showing
- Networking portion
- Empowered Caregiver Series in Columbus and Norfolk
 - Once a month
 - Currently revamping
 - 10 people in attendance
- Alzheimer’s Association - Walk to End Alz
 - Omaha walk - Oct 12th
 - College of Saint Mary Fieldhouse
- Aging Passion and Purpose Conference
 - March 27th
 - Time TBD (possibly 8:30-4:00 PM)
 - Bellevue University
- 211
- Hub of information and resources available to aging adults
 - Compiling providers and current resources being added
 - Nebraska, Iowa, and Illinois coverage
 - ADRC
 - Annual check for updated information and resources
- GUIDE Model
 - Guiding and Improved Dementia Model
 - Dr. Wester - Medicine and Motion
 - Ripple
 - Care Manager to navigate after dementia diagnosis
 - Not income based
 - Enrolled in Medicare Part A and B
 - Meet requirements
- Diagnosis of Moderate Dementia
- <https://www.cms.gov/priorities/innovation/media/document/guide-dementia-care-journey>
- Grant pilot project for 8 years
 - Currently in year 2



The GUIDE Program

Medicine in Motion



Rooted in Compassion, Driven by Expertise –
Shaping the Future of Dementia Care in **Nebraska**





Our GUIDE Team



Michelle Hoeft, CDP

PRESENTER

GUIDE Program Director



Dr. Rebecca Wester

Geriatric Specialist

Founder



Leah Friesen, CMSW, CDP

PRESENTER

Director of Social Work





About Us



WE ARE - MEDICINE IN MOTION



- Mobile, geriatric physician-led practice
- Serving aging adults in their homes, independent living, assisted living, and memory care communities
- Care Navigation Program: Nurses embedded in senior communities to monitor health and align care with personal goals
- Our current care navigator program mimics the GUIDE Program
- We have a deep understanding of the challenges aging adults and their caregivers face, which led to our interest in being a GUIDE Provider





OVERVIEW



The GUIDE Program

- **GUIDE: Guiding an Improved Dementia Experience**
8-year pilot initiative developed by the Centers for Medicare and Medicaid Services (CMS)
- **Program GOALS:**
 - Improve quality of life for those living with dementia
 - Reduce caregiver burden
 - Delay long-term care placement
 - Lower overall healthcare costs



GUIDE Services



Rooted in Compassion, Driven by Expertise – Shaping the Future of Dementia Care in Nebraska



GUIDE Navigator

Your personal connection to care – guiding families through dementia support with compassion and expertise.



Respite

Providing caregivers with the time to rest and recharge while ensuring their loved ones receive trusted, quality care.



Support + Resources

Connecting caregivers to education, community programs, and tools that strengthen confidence and improve quality of life.





GUIDE Navigator



- CMS defines a GUIDE Navigator broadly – we go further
- All GUIDE Navigators are licensed in their respective fields and are Certified Dementia Practitioners
- Caregiver mood directly impacts dementia outcomes – we prioritize emotional support by bringing on social work
- Real-life impact: Mrs. Smith and tips for oral care





GUIDE Respite



- \$2,500/year in respite services for eligible participants
 - In-home, adult day programs, or licensed facilities
- Respite supports:
 - Companionship to reduce loneliness, which is a driver of ER and hospital visits
 - Assistance with bathing – often a major caregiver challenge
- Established statewide partnerships with a variety of care providers
 - They align with our goals, as well as the requirements of Medicare

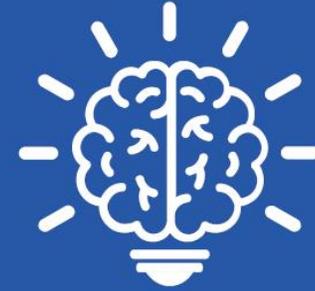




GUIDE Support + Resources



- Each family paired with a dedicated GUIDE Navigator Nurse and Social Worker
- The Navigators provide proactive outreach through calls, texts, and in-person visits—we don't wait for a crisis to occur; we help prevent them
- We practice relationship-based care, getting to know each caregiver individually
- 24/7 live support line – always a nurse or physician, never a call center
- Real-life impact – Johnson family support to prevent ER visit
- Immediate access builds trust, reduces unnecessary ER visits, and reinforces our commitment to continuity and compassion in care





Nebraska NEEDS the GUIDE Program



- Families face emotional, physical, and financial strain
- Rural communities lack dementia-specific medical resources



These realities highlight the need for innovative, coordinated, and accessible care support



•35,000+ Nebraskans over age 65 are living with Alzheimer's Disease (as of 2020)



•40,000+ unpaid caregivers – valued at \$1.5 billion annually



Dementia-related Medicare costs exceed \$26,000 per person (as of 2024)





Our Distinction



Why Medicine in Motion

- ✓ **Only** Nebraska-based and Nebraska-owned GUIDE provider
- ✓ Rural and underserved focus
- ✓ Veteran commitment "We HONOR Veterans"
- ✓ Interdisciplinary, Dementia-trained team
- ✓ Physician-led house call model
- ✓ Immediate access and ongoing support
- ✓ No one left behind
- ✓ Whole-person, whole-family philosophy





Commitment to Excellence



Align with Nebraska's Alzheimer's State Plan

Early detection, care coordination, caregiver support, equitable access

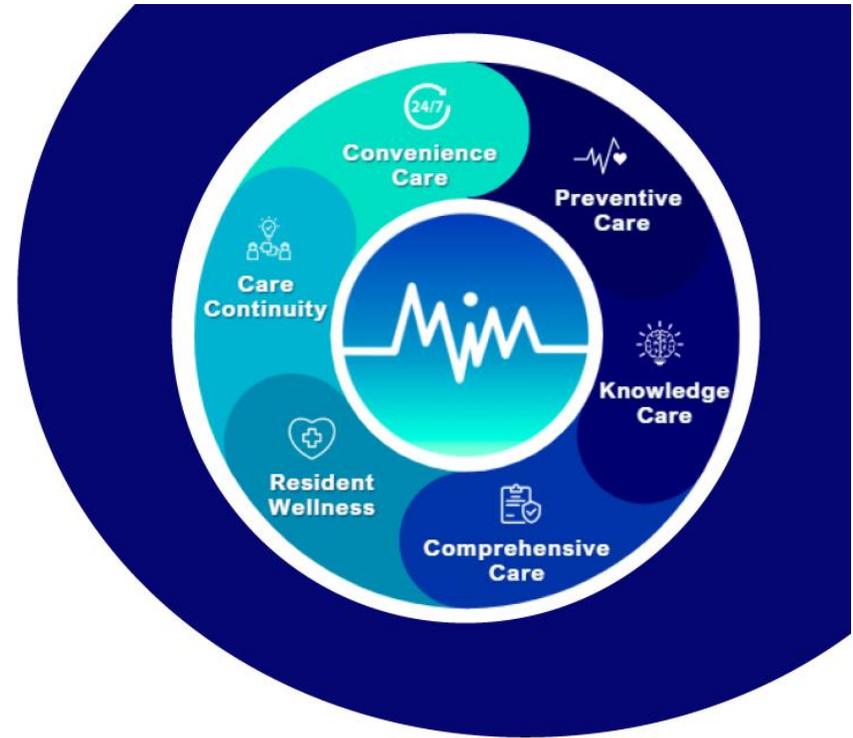
- Advancing state goals through clinical expertise and person-centered care
- Improving quality of life and caregiver confidence across Nebraska
- We meet Nebraskans where they are—walking alongside them as advocates, guides, and partners through the challenges of dementia care. This has always been and will continue to be our goal with the GUIDE Program





Thank You.

QUESTIONS?



Phone
531-359-6571



Website
medinmotionMD.com

Guiding an Improved Dementia Experience (GUIDE) Model



Information for Patients & Caregivers

What is GUIDE?

Your doctor or care team may be participating in a new program called GUIDE. This program offers enhanced services for dementia care and support for caregivers (a relative or unpaid nonrelative who helps with activities of daily living). The goals of GUIDE are to:



Improve the quality of life for people living with dementia



Enhancing support for caregivers of people living with dementia



Help people living with dementia stay in their homes and communities longer

Services for people living with dementia & their caregivers



Comprehensive Assessment & Care Plan

Get an assessment to identify your individual health needs and to build a care plan that is tailored to provide the services you need.



Caregiver Support

A relative or unpaid nonrelative who helps as a caregiver can receive education and support such as direct communication with a care navigator when they need it.



GUIDE Respite Services

GUIDE Respite Services can be provided, up to an annual cap, so caregivers may take a break when they need to. Support comes from local in-home respite providers, adult day centers and nursing homes.



Coordination & Support

Get connected to community-based services like meals and transportation. Care teams will also work together to coordinate clinical and support services.



24/7 Access

Care navigators help you get care and 24/7 access to a care team member or helpline to ask questions or get support.

UP TO \$2500 PER YEAR FOR RESPITE



Services customized to individual needs and goals



Care that respects individual backgrounds and values

Guiding an Improved Dementia Experience (GUIDE) Model

How to access GUIDE services & supports

Signing up for GUIDE



Learn about GUIDE or be identified as a potentially eligible patient.



Visit with our doctor or care team participating in GUIDE and get a comprehensive assessment of your health needs.



At the end of the visit, our doctor or a care team member will submit a form to CMS. If you're eligible for GUIDE*, you'll get more information about the next steps from the care team.

Questions?

Check out our website @ medinmotionMD.com, email info@medinmotionMD.com or call 531-359-6571

* Patients must be enrolled in Original Medicare Parts A and B and meet other eligibility requirements. Patients are always free to see any doctor or hospital that accepts Medicare.

Example of how the GUIDE program can help

Below is an example scenario of what you or someone you know could experience before and after GUIDE.

Mildred is an 86-year-old woman living alone with **moderate dementia**. She has regular appointments with her primary care doctor, dentist, and optometrist, and gets her medications from a local pharmacist. Her **caregiver**, Anne, is her 35-year-old granddaughter who visits daily to help with housekeeping and personal care tasks. Anne is a mom with a full-time job.

Challenges before GUIDE

- Mildred was experiencing worsening symptoms related to her dementia.
- Her primary care doctor wasn't equipped to treat her dementia.
- She needed help getting to appointments and taking medications.
- Anne was burnt out as a caregiver and wanted to find Mildred a nursing home, but it was too costly.

Help & support from GUIDE

- Mildred learns about GUIDE from her doctor and starts working with an **interdisciplinary care team**.
- Mildred's **care navigator** connects her to transportation services.
- Anne gets **caregiver training** to cope with Mildred's symptoms and her own stress.
- Mildred receives **GUIDE Respite Services**, allowing Anne to take a break.

UP TO \$2500 PER YEAR FOR RESPITE

Model Contact information and resources

Email: info@medinmotionMD.com

Webpage: medinmotionMD.com

