

**State Unit on Aging  
Alzheimer's Disease and Other Dementia Advisory Council Meeting  
Friday, June 21, 2024**

**Jack J Huck Continuing Education Center  
301 S. 68<sup>th</sup> Street Place  
Lincoln, NE 68510  
Conference Room 302**

Voting Members Present: Julie Kaminski, Christopher Kelly, Tracy Lichti, Julie Masters, Corie Sass, Mary Ann Stallings, David Thompson

Voting Members Absent: John Croghan, Nick Faustman, Lisa Marks, Kierstin Reed

Non-Voting Members Present: Josie Rodriguez, Kathy Scheele

Non-Voting Members Absent: Timothy Tesmer

Council Staff Present: Joni Dulaney

State Unit on Aging Staff Present: Ben Stromberg

This meeting was held in person at the Jack J. Huck Continuing Education Center in Lincoln. A link was provided for members of the public to attend virtually. The meeting was called to order at 10:09 a.m. by David Thompson, Council Chair. Roll was taken and Council members introduced themselves.

**Nebraska Open Meetings Act Announcement**

David announced that Council meetings fall under the Nebraska Open Meetings Act. A copy of the Act was posted on the wall near the door.

**Public Comment**

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

**Approval of Minutes**

A motion to approve the May 17, 2024, meeting minutes was made by Julie Kaminski and seconded by Tracy Lichti. No corrections were requested to the minutes.

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

**State Plan**

Draft reports of the sections written by Council and subcommittee members were emailed to members prior to the meeting. David led the discussion on the drafts and what the final State Plan will look like.

Thoughts shared on the State Plan include:

- Finding the topics that are repeated in multiple drafts and incorporate them into the most appropriate sections.
- Highlight the repeated topics as themes. The broad themes could be Education, Caregiver Support, Prevention and Treatment (to include brain health), and Access.
- Provide specific recommendations either at the end of each section or at the end of the plan.
  - Wordsmith the sections that have been written by subcommittees.
  - Include:
    - What we have
    - The areas that have risen to the surface, specifically the immediate need to support caregivers and care partners.
    - Have a care navigator or care counselor in each of the AAAs to be responsible for supporting people with dementia.
  - Pilot program (see **Recommend** amending CASA legislation paragraph on page 4).
  - One- to two-page summary of the recommendations.
  - Definitions.
  - Definition of the problem(s).
- Create sidebars throughout the plan to incorporate updates on the recommendations from the 2016 Alzheimer’s Plan that are also being addressed in the 2024 plan.
  - Sidebars could include:
    - Case studies highlighting how (someone) has benefited from recent developments or data collected.
    - Information on what other states have done and their successes.
      - The Education Subcommittee has created a database of other states’ reports that can be used.
  - Time may preclude us from creating sidebars for this plan but could be included in the annual updates to the Legislature and Governor.
- Create a roadmap for caregivers.
  - What do caregivers need? Include a visual.
  - Caregiver or care partner-friendly way for people to access information.
    - Include contacts for where to turn for information and assistance.
- Lists of resources available.
  - Add an appendix at the end of the plan with lists of web addresses.
  - Look at the landing page that was created for the 2016 plan.
  - 2-1-1.
    - Nebraska’s ADRC webpage has a link to 211: <https://ne211.org/>
    - Lists resources across the state, searchable by area code.
    - Resources include any type of service related to disabilities or aging-related challenges.
    - Human service organizations are supposed to provide the information to 211; 211 staff vet the information and get it onto the website.

- 211 is advertised on local television stations.
- Break out the information found by subcommittees. List the findings related to organizations, long-term care, communities, etc.
- Create a QR code that people can scan to get to lists of resources.
  - Post in public places across the state.
  - Provide in multiple languages.
- Registry
  - Have a centralized process for caregivers and providers.
    - When a patient is diagnosed with dementia, there is a referral system.
      - Click a button to create a referral, have access to information, and get to a dementia registry.
        - Washington State has a very good referral system.
      - Packets of information on home care, treatments, support groups, nutrition, staying healthy, and more should be mailed to individuals diagnosed with dementia.
    - A care navigator could be assigned at this time.
- Care navigators
  - Have a dementia-specific care navigator at each AAA.
    - Prepare individuals/caregivers.
    - What is the fiscal impact?
    - AAAs funds include Older Americans Act, Medicaid, and Community Aging Services Act (CASA) funds, among others.
      - Older Americans Act and some state funds can be used at their (AAA) discretion in ways that best meet the needs of their community, within the guidelines of the corresponding legislation.
    - Older American's Act hierarchy is that caregivers serving individuals with dementia are the highest priority.
      - Addressed through case management or care management.
        - Care management is coordination of services (for staying in your home).
    - The Older Americans Act covers options counseling and other referral.
    - ADRCs options counseling is meant to be an intermediate term. An options counselor helps you:
      - Learn about all the different resources available to you.
      - Use the resources to help you transition to what you need.
        - Options counseling assesses where the individual is, what is available, and gets them to the right place.
          - Counselors help with the options available for moving toward care management if the individual is going to

stay in their home, moving to assisted living, or other living situation.

- Options counselors become the point of entry.
  - ADRCs are known in the communities across the state.
  - Most but not all ADRCs provide options counseling.
  - Options counselors may have varying levels of knowledge and expertise in dementia.
- CASA is state legislation that authorizes funds which AAAs can use in conjunction with Older Americans Act funds and to support Older Americans Act services.
    - AAAs receive funds through the State Unit on Aging.
    - CASA funds are in addition to funds received through the Older Americans Act to be used to support the Older Americans Act funds as AAAs see fit.
    - CASA regulations require that the money used for services is in compliance with the Older Americans Act.
      - Requires that services funded through these dollars are not provided for a fee, but requires clients to be offered the opportunity to contribute to the cost of services.
      - Eligibility would follow the Older Americans Act.
    - Talk with the Nebraska Association of Area Agencies on Aging to ensure they are on board with adding care navigators through CASA funding and ensure they have the capacity to do this if funding is secured.
- Care Managers
    - Must have a bachelors degree in human services
      - Gerontologists, social workers, or registered nurses
    - AAAs have a hard time filling care manager positions.
    - AAAs work with all the waivers – Aging and Disabled, Traumatic Brain Injury, Developmental Disabilities – so knowledge of these is important.
- Certified Dementia Practitioners (CDPs)
    - Completed training for certification.
      - Training people to care for dementia as a caregiver, not resources and connections.
    - Specifically work with individuals with a dementia diagnosis.
- Dementia Expert qualifications
    - Professional education that qualifies them to find resources and help connect people to them.
    - Need to know resources and connections.
    - Nurse or social service degree
    - Community health workers
    - CDP or technical knowledge of dementia.

- **Recommend** revising ADRC legislation. Current legislation states they must do one service. Revise this to require ADRCs to provide options counseling in addition to something else to address the issue.
- **Recommend** that each AAA can secure funding to have a designated care manager specific to people with dementia. This could be funded through Medicaid or other funding source.
  - This would be a nice fit as each AAA touches every county in Nebraska.
  - No geographic area would be untouched.
  - AAAs are the primary referral for older adults where ADRCs have an overlap with aging and disabilities.
  - AAAs can serve people aged 60 and over.
  - The highest priority is serving caregivers of any age who are caring for individuals with dementia, to include early onset.
- **Recommend** asking the legislature for additional funding. These funds would be used to hire dementia-specific navigators in each AAA. This would be a permanent change to the infrastructure with state funds, not a temporary grant.
  - **Recommend** amending the CASA legislation for existing services. Request additional funding to hire care navigators to work with family members and those early in their dementia diagnosis such as a dementia expert. This could be approached as a pilot program for a specific amount of time. At the end, evaluate the program.  
**(Recommended over revising AAA legislation.)**

### **State Plan**

The draft introduction will be incorporated into the draft with all the sections that will be sent to Council members prior to the July meeting.

Council members commented on the state plan drafts that were submitted. There is overlap in some areas as well as areas that may be able to be more concise. Work continues on the drafts.

Once the draft with all the sections is compiled and reviewed by Council members, there will be a review to ensure all pertinent areas are covered.

David talked about the schedule for the state plan. A copy of the schedule was included in the meeting materials emailed prior to the meeting. He noted that a draft of the plan will be distributed to council members the week of July 8. This gives time for members to review the draft, focusing on what needs to be addressed where, to include organizationally or fiscally. Suggestions would be brought to the July meeting. Future tasks will be to look at the funding piece and making a list of changes to existing legislation or writing new legislation.

Council members have ideas on stakeholders to review the draft of the State Plan. Members are asked to bring the list to the July meeting.

**Announcement**

Council members discussed the change to their initial terms of appointment with the passing of LB903. This bill changes the term beginning date to the date of the first Council meeting, December 8, 2023. The end dates also change for the initial terms. Members serving a two-year term will end in 2025, three-year terms will end in 2026, and four-year terms will end in 2027. Members volunteered to serve in a two-year, three-year, or four-year initial term at the May 17 meeting as reported in the meeting minutes. Revised appointment letters will be requested from the Governor’s appointment office.

**Adjourn**

The meeting adjourned at 12:13 p.m.

DRAFT