The Nebraska State Plan For Alzheimer's Disease and Related Dementias

Presented June 2016

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Executive Summary

The state of Nebraska is comprised of hundreds of communities of different sizes in 93 counties across more than 77,000 square miles and is home to an estimated 33,000 people living with Alzheimer's disease or a related dementia. Because of the nature of dementia, these individuals are likely to have someone who is responsible for their care. This state plan for Alzheimer's disease and related dementias (ADRD) has been developed to address both the needs of the person who has dementia and the needs of the person who is primarily responsible for their care. It is difficult to distinguish between the two. Supporting one and not the other would result in a flawed system of care. The premise of this document is that those needs can be described by three over-arching goals:

Goal 1: Nebraskans living with dementia and their caregivers have the ***information*** needed to manage their lives and to thrive.

Goal 2: Nebraskans living with dementia and their caregivers have the ***support*** needed to maintain their health and well-being.

Goal 3: Nebraskans living with dementia and their caregivers are ***safe***.

How our communities address these goals will determine the degree to which Nebraskans affected by Alzheimer's disease and related dementias are able to enjoy the good life.

Legislative Background

The U.S. Congress passed the National Alzheimer's Project Act unanimously in December 2010 and it was signed into law by President Obama in January 2011. The law required the U.S. Department of Health and Human Services to draft and annually update a national strategic plan to address Alzheimer's disease and related dementias (ADRD) and to coordinate efforts across the federal government. The law also created an Advisory Council on Alzheimer's Research, Care and Services that would be made up of both federal and non-federal representatives, including caregivers, patient advocates, health care providers and researchers. The national plan set forth five goals[1]:

1) Prevent and effectively treat Alzheimer's disease by 2025
2) Optimize care quality and efficiency for people living with Alzheimer's disease
3) Expand supports for people with Alzheimer's disease and their families
4) Enhance public awareness and engagement of Alzheimer's disease
5) Track progress and drive improvement of the National Plan

While this legislation brought national attention and energy to the fight against ADRD, this national plan made clear that each individual state plays a crucial role in ensuring quality care and resources are made available for those living with ADRD as well as for providing resources to support their informal caregivers who are often spouses, adult children and other family members. The national plan called for a coordinated effort with states to accomplish a number of goals, including raising awareness about ADRD and cognitive health, supporting caregivers, and developing capable and culturally competent workforces.[2] By March 2014, more than 37 states had a state plan for ADRD in place and seven additional states were developing a plan.[3]

[1] ttp://aspe.hhs.gov/national-plan-address-alzheimer%E2%80%99s-disease-2013-update
[2] http://act.alz.org/site/DocServer/PA_State_Plan__Feb_2014_.pdf?docID=29381
[3] Alzheimer's Association. (2014) Fact Sheet: State Government Alzheimer's Disease Plans. Retrieved at:

On March 31, 2014, LB690, a bill introduced to the Nebraska Legislature by Senator Kate Bolz was passed into law with a vote of 32-11. LB690 created a statewide task force on aging, which would be named, "The Aging Nebraskans Task Force."[4] The Aging Nebraskans Task Force convened in the summer and in the fall of 2014 with representatives from the legislative, judicial, and administrative branches as well as other community stakeholders and presented recommendations in the form of a Strategic Plan to the Nebraska Legislature in December 2014. The recommendations focused primarily on policy initiatives, but also included recommendations for short term and long-term initiatives that would involve public and private participation and coordination.[5] One of the recommendation categories that was included in the Strategic Plan for Nebraska's aging population was a special focus on our state's aging population with ADRD. It was recommended that the state should align, coordinate and strengthen the existing resources used to support those living with ADRD in Nebraska and their caregivers through an Alzheimer's State Plan.

In January 2015, LB320 was introduced by Senator Bolz which would set into motion the implementation of some of the recommendations that the Aging Nebraskans Taskforce had presented in December. In March 2015, Senator Al Davis introduced an amendment to LB320 that would provide the governance necessary for the Aging Nebraskans Task Force to develop a State Plan specific to Nebraska's special population of those living with ADRD. On May 27, 2015, Nebraska's Governor Ricketts signed into law LB320. The following State Plan on Alzheimer's Disease and Related Dementias is the result of these legislative efforts.

[4] Unicameral Update. March 31, 2014. Retrieved at: http://update.legislature.ne.gov/?p=15398
[5] Aging Nebraskan's Task Force. (2014) Strategic Plan. A Report to the Nebraska Legislature. Retrieved at: http://news.legislature.ne.gov/dist29/files/2014/12/AgingTaskForceFinalReport12.15.pdf

Introduction to Alzheimer's Disease and Related Dementias

Alzheimer's disease is a major neurocognitive disorder that causes deteriorating changes in attention, social cognition, executive functioning, learning and memory, perceptual motor functioning and language.[6] This loss of cognitive functioning, as well as the associated loss of behavioral abilities, progressively interferes with a person's activities of daily living.[7] Between 60 to70 percent of those living with a major neurocognitive disorder have Alzheimer's disease however, other diseases that are captured under the umbrella ADRD include Vascular Dementia, Dementia with Lewy Bodies (DLB), Frontotemporal Degeneration (FTD), and mixed dementias.[8] These various dementias affect different parts of the brain, may result in different symptoms and may follow different disease progressions.[9] It is estimated that 47.5 million people are currently living with ADRD world-wide including more than 5 million people in the United States. By 2050 that number may reach 135 million and 16 million respectively.[10] ADRD is the leading contributor to disability and dependence among older people worldwide costing more than $604 billion per year. [11] The underlying disease processes that cause ADRD remain unclear and there are no known cures available. [12]ADRD is currently the 6th leading cause of death in the United States and the 5th among those over the age of 65.[13]

ADRD is not considered a normal part of aging however, it is associated with advanced aging and diagnosis becomes more prevalent as people get older. The risk of dementia doubles every five years after the age of 65 and increases to 30 to 50 percent at age 85. [14] While old age is the greatest risk factor for ADRD, younger people can also be affected. Approximately 200,000 people living with ADRD in the United States are under the age of 65.

[6] Sachdev et.al. 2014
[7] National Health Institute 2013
[8] (Alzheimer's Association, 2015)
[9] (National Institutes of Health, 2013)
[10] World Health Organization 2015 and Alzheimer's Association 2014
[11] World Health Organization 2015
[12] Lundkvist et al 2014
[13] Alzheimer's Association. 2015 *Alzheimer's Disease Facts and Figures*. Chicago
[14] Alzheimer's Association, 2014

Women are more likely to have ADRD than men. Of the 5.1 million people living with ADRD in America, 3.2 million are women, while 1.9 million are men. In addition, African Americans are twice as likely and Hispanics are one and a half times more likely than older white Americans to experience ADRD in their lifetime.[15]

In 2012, the costs of health care, long-term care, and hospice care for people with Alzheimer's and other forms of dementia were estimated nationally to total $200 billion, which includes $140 billion for Medicare and Medicaid[16]. Many individuals with ADRD have coexisting medical conditions such as heart disease, diabetes, chronic kidney disease, chronic obstructive pulmonary disease (COPD), cancer and mental health issues such as psychosis or depression. These conditions in conjunction with ADRD result in higher costs, more hospital and skilled nursing stays, and increased use of home health care and hospice care. [17]The high medical costs associated with caring for people with ADRD are compounded by additional costs bore by unpaid caregivers.[18]

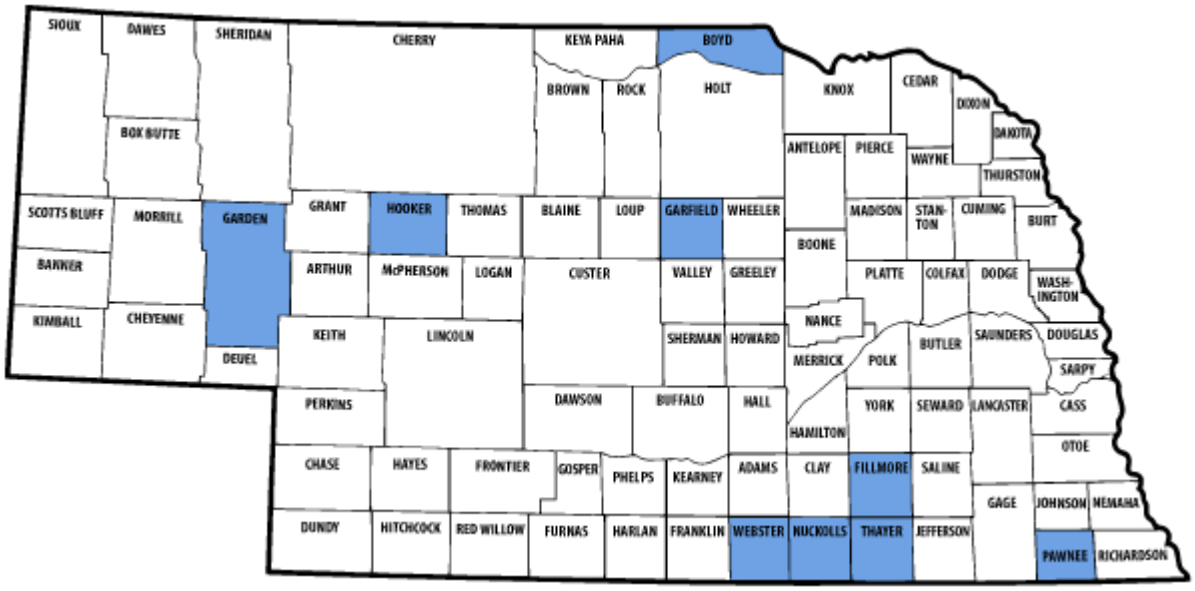
In 2014, 15.7 million Americans provided an estimated 19.9 billion hours of unpaid care to people with ADRD[19]. Caregivers of people with ADRD face strenuous caregiving tasks. They are more likely to provide assistance with activities of daily living (ADL) such as bathing and dressing than other caregivers of older people.[20] They are also frequently required to manage challenging behaviors causing additional emotional stress. The economic value of this care has been calculated to be over $217 billion.[21] But there are other costs to caregivers, such as lost productivity at work that are not accounted for in this calculation. Moreover, caregivers of people with ADRD can experience emotional and physical stress that can exacerbate their own health conditions, taking a toll on their own personal health and financial well-being. [22]

[15] Alzheimer's Association Facts and Figures 2015
[16] Alzheimer's Association Facts and Figures 2015
[17] https://www.alz.org/national/documents/report_chroniccare.pdf
[18] https://www.alz.org/national/documents/report_chroniccare.pdf
[19] Alzheimer's Association Facts and Figures 2015
[20] Alzheimer's Facts and Figures 2015
[21] Alzheimer's Facts and Figures 2015
[22] Alzheimer's Facts and Figures 2015

Alzheimer's Disease and Related Dementias (ADRD) in Nebraska

As previously stated, because the risk of ADRD dramatically increases with age, the impact of this disease on Nebraskans is expected to rise as well. In 2010, Nebraska's population aged 65 and older was projected to grow more than 31 percent from 246,277 in 2010 to more than 324,000 in 2020.[23] Nebraska is also home to some of the oldest counties in the country. Nine of the top 50 counties with residents over the age of 85 as a percentage of population are in Nebraska. These include Boyd, Filmore, Garden, Garfield, Hooker, Nuckolls, Pawnee, Thayer and Webster counties.[24] See Figure 1.

Figure 1. Nebraska Counties in the National Top 50 with Percentage of Populations Over the Age of 85



[23] Aging Nebraskans Task Force 2014 Strategic Plan
[24] United States Census 2010 www.census.gov

There are currently an estimated 33,000 Nebraskans living with ADRD, and this number is projected to increase by more than 20 percent to 40,000 by 2025. [25] See Table 1. This is approximately thirteen percent of those living in Nebraska over the age of 65. It is the sixth leading cause of death in Nebraska, however, this varies across age, sex and ethnic background. See Table 2. For instance, it is the 5th leading cause of death for white Nebraskans over the age of 65. For African American, Asian and Hispanic Nebraskans over the age of 65, it is the 7th leading cause of death. For Native American Nebraskans, Alzheimer's disease does not rank in the top 10 causes of death. [26]

Table 1. Nebraskans Living with ADRD by Age

Year	65-74	75-84	85 +	Total
2016	4,200	13,000	15,000	33,000
2020	5,100	14,000	16,000	35,000
2025	5,800	17,000	16,000	40,000

Source: Alzheimer's Association Facts and Figures for Nebraska 2016 (Totals may not add due to rounding)

Table 2. Deaths attributed to Alzheimer's Disease in Nebraskan 65+ 2001-2010

Nebraskans	Deaths Caused by Alzheimer's Disease Age 65 and Over
White	4898
African American	76
Hispanic	24
Asian	Less than 10
Native American	0 reported

Source: Nebraska Health Disparities Report 2015

[25] Alzheimer's Facts and Figures for Nebraska 2016
http://www.alz.org/documents_custom/facts_2016/statesheet_nebraska.pdf
[26] Nebraska Health Disparities Report 2015
http://dhhs.ne.gov/publichealth/Documents/Nebraska%20Health%20Disparities%20October%2019%202015.pdf

The average per-person Medicare spending for those with ADRD is three times higher than for those without these conditions. [27]

Designing a Plan for Nebraska

The Committee

To create the most comprehensive state plan for Alzheimer's Disease and Related Dementias (ADRD) it was crucial to work with a variety of key stakeholders. This included, the Department of Health and Human Services, the Office of the Public Guardian, the Area Agencies on Aging, organizations advocating for patients with ADRD and their caregivers, the law enforcement community, people living with ADRD and their informal caregivers, client advocacy organizations, health care provider organizations, private health care providers and community-based professionals.[28] A subset of the original Aging Nebraskan Task Force formed a core committee that would take the responsibility for researching and drafting the State Plan for ADRD. Senator Al Davis chaired the committee. Other members of the committee included:

- Connie Cooper, Northeast Nebraska Area Agency on Aging
- Jerry Deichert, Center for Public Affairs Research, University of Nebraska Omaha
- Joyce Ebmeier, Tabitha
- Viv Ewing PhD, Alzheimer's Association, Nebraska Chapter
- Clayton Freeman, Alzheimer's Association, Nebraska Chapter
- Natalie Leon, Alzheimer's Association, Nebraska Chapter
- Mark Intermill, AARP Nebraska
- Cindy Kadavy, Nebraska Health Care Association
- Julie Kaminski, LeadingAge Nebraska
- Christopher Kelly PhD, Department of Gerontology, University of Nebraska Omaha
- Michaela Valentin, Home Instead Senior Care
- Cynthia Brammeier, Nebraska State Unit on Aging

[27] Aging Nebraskans Task Force 2014 Strategic Plan
[28] LB320 Retrieved at: http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=24474

Guiding Principles

When the original Aging Nebraskans Task Force convened in 2014 to create the Strategic Plan to address Nebraska's growing aging population, there were four guiding principles that were used to direct the creation of that plan. These included:

1. Providing the right services, at the right time for the right person
2. Developing fiscally responsible strategies
3. Leveraging existing strengths and systems and
4. Recommendations should be informed by both data and by public input

Following these original guiding principles that were set forth by the Aging Nebraskans Task Force, the subcommittee working to develop Nebraska's State Plan for ADRD added three additional guiding principles to help focus and strengthen the plan for the special subset of Nebraska's aging population who are living with ADRD and their families and caregivers.

Additional Guiding Principles

1. The Nebraska state plan will address Nebraska's distinct urban and rural makeup.
2. The Nebraska state plan will address the unique needs of Nebraska's growing diverse minority populations.
3. The Nebraska state plan will utilize the most up-to-date and proven strategies learned from the 37 states that have already created and implemented a state plan for Alzheimer's disease and related dementias.

Goals of the State Plan on Alzheimer's and Related Dementias

According to LB320, the State Alzheimer's Plan subcommittee was directed to assess the current and future impact of Alzheimer's disease and related Dementias on residents of the state, determine the existing services and resources in the state that address the needs of individuals with ADRD and their families and caregivers and to develop recommendations to respond to escalating needs for additional services and resources. Specific items that the State Plan on Alzheimer's was tasked to address or examine included[29]:

[29] LB320 Retrieved at: http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=24474

a. Trends and needs in the state relating to populations with ADRD including:
    1. the state's role in the provision of long-term care
    2. family caregiver support
    3. the provision of early-stage diagnoses, assistance, support and medical services
    4. younger onset of Alzheimer's or related Dementias
    5. ethnic population at higher risk and
    6. risk reduction
b. Existing services, resources and capacity available to individuals with Alzheimer's or related Dementias including:
    1. The type, cost, availability and adequacy of services including, home and community-based resources, respite care, residential long-term care and geriatric-psychiatric units for individuals with associated behavioral Dementias.
    2. Dementia-specific training (skill sets) and education (knowledge) requirements for individuals who are employed to provide care to individuals with ADRD
    3. Quality of care measures for services delivered across the continuum of care
    4. The capacity of public safety and law enforcement to respond to individuals with ADRD as well as protect individuals living with ADRD from financial abuse and elder fraud
    5. State support of institutions of higher learning for research on ADRD
c. The need for state policy or action in order to provide clear, coordinated services and support to individuals with ADRD and their families and caregivers
d. Strategies to identify gaps in services.

The Process

The first meeting of the subcommittee convened on August 7, 2015. At this time, Senator Davis reviewed the purpose and goals of the Alzheimer's State Plan with the subcommittee. A timeline was proposed and an overview of services and resources that were currently available were presented by committee members including private pay caregiving services, non-profit

services and state services/resources. To ensure the plan would be informed by the public, the team planned town hall meetings throughout the state as well as approved an on-line survey for additional feedback. Lastly, the subcommittee members were also asked at this initial meeting to form additional research groups to gather information on a variety of categories to inform the plan.

Over the course of the next three months, members of the subcommittee met monthly to give updates on the data that had been gathered for each of the individual research categories and to review feedback from the public received from the town hall meetings. These town hall meetings were held throughout the state at locations aimed at ensuring an ample representation of rural and urban Nebraskans, as well as reaching Nebraskans who represent our diverse racial and ethnic populations. These Town Halls took place on the following dates in the following locations:

August 27, 2015: Kearney

September 15, 2015: Omaha

September 23, 2015: Pender

September 29, 2015: Alliance

Feedback gathered at these town halls was instrumental in the creation of this plan, as well as in the prioritization of recommendations. The themes that emerged from these focus groups fell into the three categories that ultimately became the state plan's main goals. These were:

- Information
- Support
- Safety

Drafting, Editing and Finalizing the Plan

An initial draft of the State Plan on ADRD was presented to the Aging Nebraskans Task Force in November 2015. Feedback, including edits, changes and additions proposed by the Aging Nebraskans Task Force were completed in December 2015.

A second draft of the State Plan on ADRD was distributed to a wide variety of stakeholders representing educational, healthcare and community institutions throughout the state to retrieve additional feedback and recommendations in January 2016.

Changes and suggestions from this group of stakeholders were reviewed by the subcommittee in February 2016. All agreed upon changes and edits were incorporated into a third draft that was used to solicit state agency feedback during April and May 2016. All final remarks, feedback and suggestions were reviewed by the subcommittee in and changes were made to a final draft in May 2016. The final draft was sent for layout and design and was completed for presentation to the Nebraska State Legislature and Governor Ricketts in June 2016 in conjunction with Alzheimer's and Brain Awareness month.[30]

Sustainability

The subcommittee recognizes that developing a plan is just the starting point. Ensuring the plan is implemented, monitored and continually measured is critical to the success of this effort. The subcommittee recommends maintaining ownership of this plan until the dissolution of the Aging Nebraskans Task Force in January 2017, at which time a new team will be identified and/or appointed to continue the efforts and measurement of the plan. The new team will be called the Nebraska ADRD Taskforce. This team will adopt ownership of the plan, as well as review the plan on an annual basis until all recommended actions have been implemented in the state. The team will then be responsible for determining if moving forward with a revised plan, a new plan or continued monitoring of the implemented actions is best for the state of Nebraska.

[30] http://www.alz.org/stl/in_my_community_59856.asp#WAM

State Plan on ADRD Goals and Recommended Actions

The Goals and Recommended Actions for the State of Nebraska have been organized into 3 key areas: Information, Safety and Support. These areas are aligned to a one page score card located in Appendix 1.

Goal 1: Nebraskans living with dementia and their caregivers have the ***information*** needed to manage their lives.

1.1 Recommended Action: Identify all of the resources currently available to Nebraskans living with ADRD or caring for those with ADRD *by county*.

These resources include: Community-based Medical resources and providers including hospitals[31], post-acute care, assisted living[32], memory care[33] and skilled nursing care[34]; Community-based Services including respite care programs[35], adult day services[36],[37], home health[38] and home care providers, hospice and end-of-life care, Financial Planning Tools, Caregiver Support Tools including Community-based Events and Support Groups[39],[40], Community-based educational events, Educational Materials (including research, videos and on-line resources[41],[42] and Clinical Trials[43].

[31] http://dhhs.ne.gov/publichealth/Documents/Hospital%20Roster.pdf
[32] http://dhhs.ne.gov/publichealth/Documents/ALF%20Roster.pdf
[33] http://dhhs.ne.gov/publichealth/Documents/LTCRoster.pdf and http://dhhs.ne.gov/publichealth/Documents/ALF%20Roster.pdf
[34] http://dhhs.ne.gov/publichealth/Documents/LTCRoster.pdf
[35] https://nrrs.ne.gov/usersearch/searchresults.php?sortby=city&respite2=respite2&state=NE&cat%5B%5D=&subcat%5B%5D=80.20&age=0-99&city=&county=99&zip=&provider=
[36] https://nrrs.ne.gov/usersearch/searchresults.php?state=NE&keyword=&county=-1&provider=&city=&age=0-99&zip=&cat%5B%5D=1&Search=Search
[37] http://dhhs.ne.gov/publichealth/Documents/adultday.pdf
[38] http://dhhs.ne.gov/publichealth/documents/hharoster.pdf
[39] https://drive.google.com/a/alz.org/file/d/0B7wme8bnmelwWnJzM1ozYi0xbW8/view?pli=1
[40] https://www.google.com/calendar/embed?src=alz.org_26meel4cuq7vvivh281pl3ufp8@group.calendar.google.com&ctz=America/Chicago
[41] http://netnebraska.org/basic-page/television/now-what-caregiver
[42] http://www.hbo.com/alzheimers/index.html
[43] https://www.nia.nih.gov/alzheimers/clinical-trials

Timeline to Implement: 3 months

Owner: Aging Nebraskans Task Force

Measures of Success: List and links to all resources and data maps of current resources available by county created

1.2 Recommended Action: Create a One-Point-of-Entry web portal for ADRD resources organized *by **county*** for all Nebraskans linked to the Aging and Disability Resource Centers (ADRCs).

One recurring theme heard in Town Hall feedback sessions across Nebraska was that there was a need for easy access to information. While ADRD information and assistance is abundant, finding this information remains difficult. By creating a point-and-click map of Nebraska by county, information could be easily accessed by Nebraskans or easily printed for delivery through the U.S. mail by the Area Agencies on Aging or the ADRC(s).

Timeline to implement: 6 months

Owner: Nebraska Department of Health and Human Services, Medicaid and Long-Term Care, State Unit on Aging, Aging and Disability Resource Center (NE DHHS, MLTC, SUA, ADRC Team)

Measures of Success: Focus group feedback on site usability

Website hits

Click through rates

1.2.1 Recommended Action: Maintain updated data and links to new research and resources on the ADRD web portal.

Create a process map to ensure the upkeep of the data in the state and to ensure all parties involved and new employees are educated on the process.

Timeline to implement: Ongoing

Owners: NE DHHS, MLTC, SUA, ADRC Team

Measures of Success: # Repeat website visitors on Monthly and Year over Year (YoY) basis.

1.2.2 Recommended Action: Actively receive feedback from Nebraskans regarding their access to tools and resources for ADRD.

Timeline to implement: Ongoing

Owners: Nebraska ADRD Taskforce

Measures of Success:

Foresee or Survey Monkey free survey tools for ADRC Feedback measuring usability and satisfaction

Paper survey feedback at Senior Centers, Alzheimer's Association events, doctor's offices, Area Agencies on Aging etc.

1.2.3 Recommended Action: Get the Word Out about the web portal for ADRD.

a. Paper and Email campaign to all general practitioners, primary care and geriatric physicians/providers in the State introducing the ADRD web portal in conjunction with ADRC campaign.
b. One half sheet or small brochure on: "Living Well with Dementia in Nebraska" directing people to ADRD portal and if no access to internet – where to go for help. Also used for dissemination at doctor offices, hospitals, senior centers, libraries, churches, pharmacies etc.
c. PR campaign including press release to all news sources, papers, church newsletters etc. in Nebraska.
d. Direct mail and/or phone contact to people who opt-in for outreach on the Dementia Registry in Nebraska (SEE Goal 5: Recommend Action 5)
e. Promoting information on public television and via internal television in hospitals and long-term care facilities
f. Submit ADRD site for awards to gain additional attention – Nebraska Addy's etc.

Timeline: 6 months to build, on-going

Owner(s): Sarah Teten in conjunction with ADRC Marketing Team

Measures of Success: Monthly ADRC for ADRD visitors

YoY visitor growth

Website visitor data entry/notifications sign up

1.2.4 Recommended Action: Direct Nebraskans to the Alzheimer's Disease Education and Resource Center (ADEAR) sponsored by the National Institute on Aging through

Nebraska's Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging and Nebraska Health and Human Services and other relevant websites.[44]

Created in 1990, the ADEAR Center is a service of the National Institute on Aging (NIA). The NIA conducts and supports research about health issues for older people, and is the primary Federal agency for Alzheimer's disease research. As a public, U.S. Government-funded resource, the ADEAR Center provides current, comprehensive, unbiased information about Alzheimer's disease that has been vetted by NIA scientists and health communicators for accuracy.

Timeline to Implement: One Month

Owner(s): NE DHHS, MLTC, SUA, ADRC Team

Measures of Success: # of links added to NE hosted websites

1.2.5 Recommended Action: Create a Paying-for-Care Calculator with Help to Resources on the ADRC web-portal.

As previously discussed, due to the nature of ADRD and it progressive nature, care requirements increase throughout the degeneration process. Utilizing information from the federal government, directing people to the calculator http://longtermcare.gov/cost-of-care-results/?state=US-NE will help Nebraskans plan for their financial future and give people options for financial assistance.

Timeline to Implement: 6 months

Owners: Alzheimer's State Plan Sub Committee, Nebraska ADRD Taskforce

Measures of Success: # of web page visitors

Click through rate

1.2.6 Recommended Action: Create a *Comprehensive Care Planning Checklist for Nebraskan's* living with ADRD.

Items that will be addressed are: care wishes, living arrangements, treatment options/wishes, driving decisions, advance directives, paying for care and end of

[44] https://www.nia.nih.gov/alzheimers

life wishes. These will be available on the ADRC for ADRD website and through the Area Agencies on Aging. Paper copies will be available for distribution at doctors' offices and health clinics that perform cognitive assessments. (I.E.http://www.med.nyu.edu/adc/sites/default/files/adc/Dementia_Preparedness_Checklist.pdf and http://alzheimerottawa.ca/living-with-dementia/caring-for-someone-with-dementia/care-planning-checklist/ and http://longtermcare.gov/cost-of-care-results/?state=US-NE)

Timeline to Implement: 3 months

Owners: Alzheimer's State Plan Sub Committee, Nebraska ADRD Taskforce

Measurement of Success: # of downloads

# of mail outs by AAAs

# of mail outs by Alzheimer's Association

1.2.7 Recommended Action: Provide downloadable links to Nebraska Power of Attorney, Living Will, Medical Directives and Healthcare Power of Attorney documents through web-based aging resources including the ADRC.

This documentation provides legal direction, but also aids in resolving potential disagreements among family members and/or care providers and most importantly gives autonomy to those living with ADRD.

Timeline to Implement: 3 months

Owners: Home Instead Senior Care

Measurement of Success: # of downloads

1.2.8 Recommended Action: Promote and Help Connect Nebraskans to Current and Future Research Participation Opportunities Such as the Dementia Care Ecosystem Pilot

The University of Nebraska Medical Center and the University of California San Francisco are partnering with patients and their caregivers to better understand

and manage dementia with a new telephone and web-based model of care that will support patients and their caregivers with decision-making, medications, caregiver support, online education and for a subset of patients, remote monitoring with smart phones, watches and home sensors. Funded by a 3-year $10 million Healthcare Innovations Award.

Timeline to Implement: Ongoing (2016-2019 for Dementia Care Ecosystem Pilot)

Owners: Alzheimer's State Plan Sub Committee, Nebraska ADRD Taskforce (Steve Bonasera, M.D., UNMC for Dementia Care Ecosystem)

Measures of Success: Research Participation by Nebraskans (900 Nebraskans enrolled for participation in Dementia Care Ecosystem Pilot)

1.3 Recommended Action: Identify standard ADRD assessment(s) to be conducted in conjunction with annual Medicare Wellness visits in Nebraska and educate consumers on the benefits of requesting the assessments.

Currently, free cognitive assessments are encouraged to be administered during annual Medicare Wellness visits however, there is no standard assessment tool in place and no reporting tool in place to ensure an assessment has been conducted in Nebraska.

Timeline to Implement: 24 months

Owners: Alzheimer's Association,[45] Alzheimer's State Plan Sub Committee, Nebraska ADRD Taskforce

Measures of Success: # of ADRD assessments administered YoY

Early detection (as identified in stage) cases YoY

# of cases reported to the State Registry for ADRD

# of cases referred to the Alzheimer's Association

1.4 Recommended Action: Advocate and Represent Alzheimer's disease and related dementias for inclusion in the Nebraska State Health Improvement Plan.[46]

[45] http://www.alz.org/documents_custom/the%20cognitive%20assessment%20toolkit%20copy_v1.pdf
[46] http://dhhs.ne.gov/publichealth/Documents/ChronicDiseasePreventionStatePlan.pdf

The Nebraska State Health Improvement Plan (SHIP): Coordinated Chronic Disease and Prevention Priority represents the ongoing commitment of the Nebraska Department of Health and Human Services (NE DHHS) to reduce the mortality and morbidity of chronic disease through a collaborative process with stakeholders throughout the state. It is intended to provide direction and support to NE DHHS, other state-level agencies, local and district health departments, health care providers, funding agencies, policy- and decision-makers, communities, and consumers in creating a system that proactively addresses the prevention and control of chronic diseases.

Timeline to Implement: Inclusion in 2017/2018-2021 plan

Owners: Alzheimer's State Plan Sub Committee, Nebraska ADRD Taskforce

Measures of Success: Goals and Actions specific to ADRD added

1.5 Recommended Action: Targeted Outreach to Counties with Large Ethnic Populations to Ensure Brain Health Information Dissemination among Nebraska's Minority Populations.

Nebraska's minority populations have been growing at a steady rate since 2000. From 2000 to 2010, Nebraska's racial and ethnic minority population grew by 50.7% from 163,457 to 326,915.[47] Targeted outreach in counties with higher populations of ethnic minorities [See Appendix 2] is a cost-effective approach to reaching these groups of Nebraskans to inform them about ADRD, the protective actions people can take for brain health and the rewards of early detection of ADRD. These communication efforts will be executed in the months of November, which is Nebraska Caregivers month,[48] and in June to coincide with Alzheimer's Awareness month to take advantage of additional outreach and communication plans.

Timeline to Implement: 24 months

[47] http://dhhs.ne.gov/publichealth/Documents/Nebraska%20Health%20Disparities%20report%20September%202015.pdf

[48] http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LR59.pdf

Owners: Alzheimer's Association, Nebraska Chapter in conjunction with Nebraska Department of Health and Human Services, Department of Public Health, Unit: Community and Rural Health Planning Unit

Measures of Success: # of presentations

# of attendees

1.6 Recommended Action: Create an Alzheimer's and Related Dementia Registry in the State of Nebraska.

There are currently multiple disease registries in Nebraska, including a cancer registry, brain injury registry and Parkinson's disease registry. These registries have rules and regulations for physicians, and in some cases pharmacists to report patients to the Nebraska Department of Health and Human Services. In the case of Parkinson's disease, individuals may also self-report to the registry. It is proposed that a State Registry for Alzheimer's disease and related dementias [to be determined] could offer an option for patients and caregivers to "opt-in" for information, care planning, case management, support group information and other programs created to support dementia patients and their families.

Time line to Implement: 24 months

Owners Alzheimer's State Plan Sub Committee, Nebraska ADRD Taskforce

Measures of Success: # of registrations

# of opt-ins

1.7 Recommended Action: Implement Cognitive Impairment and Caregiver modules in the Behavioral Risk Factor Surveillance System.

Provide surveillance of ADRD and the impact of caregiving through the Nebraska Department of Health and Human Services by utilizing the Behavioral Risk Factor Surveillance System (BRFSS) Cognitive Impairment module and Caregiver modules to capture statewide data that will provide better information for future public health and policy audiences.

Timeline to Implement: 12 months

Owners: Alzheimer's State Plan Sub Committee, Nebraska ADRD Taskforce

Measures of Success: Data results translated into state planning

1.8 Recommended Action: Promote the Brain Health Resource tools and HeathyBrain.gov website created by scientists and educators from the Administration for Community Living, the Centers for Disease Control and Prevention (CDC) and the National Institute of Health through Nebraska's Area Agencies on Aging, Senior Centers and other Community Groups.[49]

The Brain Health Resource is a presentation toolkit offering current, evidence-based information and resources to facilitate conversations with older people about brain health as we age. Designed for use at senior centers and in other community settings, materials are written in plain language and explain what people can do to help keep their brains functioning best. HealthyBrain.gov is a public website with supportive information on the campaign.

Time to Implement: One year

Owners: AAA staff, Senior Centers, Community Organizations

Measures of Success: # of presentations given

# of attendees

1.9 Recommended Action: Promote and direct informal/unpaid caregivers to free training options.

Fortunately there is an abundance of free training tools available to families and unpaid caregivers who are caring for those living with ADRD. The recommended action is to not recreate the wheel, but to help Nebraskans easily find and access these tools and resources. Some of these tools include the Nebraska's Alzheimer's Association training tools: http://training.alz.org/, Home Instead's family training tools: http://www.helpforalzheimersfamilies.com/alzheimers-dementia-education/#sthash.opXnjK2P.dpuf Family Caregiver Alliance's video series, https://www.youtube.com/user/CAREGIVERdotORG, the National Institute on Aging's Tip Sheets https://www.nia.nih.gov/alzheimers/topics/caregiving and NET

[49] https://www.nia.nih.gov/health/publication/brain-health-resource

television's NetNebraska.org/Nowwhat series http://netnebraska.org/basic-page/television/now-what .

Timeline to Implement: 6 months

Owners: Alzheimer's Association, Nebraska Chapter, NE DHHS, MLTC, SUA, ADRC team

Measures of Success: # of web hits and web referrals

Goal 2: Nebraskans living with dementia and their caregivers have the ***support*** needed to maintain their health and well-being.

2.1 Recommended Action: Provide a community assessment and resource tools for communities in Nebraska to become dementia-friendly accessible through a community link on the ADRC web portal [see Goal 1:2]

The ADRD web portal [See Goal 1: Recommended Action 2] will contain a link for individual communities in Nebraska to access a self-assessment tool as well as resources to implement dementia-friendly efforts into their own communities. Nebraska will use the tools and resources created Dementia Friendly America, which is a national collaborative effort to foster "dementia-friendly" communities. http://www.dfamerica.org/toolkit-1/

Source: http://www.dfamerica.org/provider-tools/

Timeline to Implement: 12 months and on-going

Owners: Home Instead Senior Care

Measures of Success: # of Nebraska communities assessed as dementia-friendly YOY

2.2 Recommended Action: Identify barriers to administer telehealth mental services and cognitive assessments in rural Nebraska.

Currently there are five locations throughout Nebraska that offer Geriatric Cognitive Assessments (University of Nebraska Medical Center, Pender Community Hospital, Veterans Administration Medical Center, Boone County Health Center and Nebraska Methodist Hospital).

Timeline to Implement: 3 months and on-going

Owners: Alzheimer's State Plan Subcommittee, Nebraska ADRD Taskforce

Measures of Success: increase in # of locations that offer/administer remote cognitive assessments

2.2.1 Participate in Senator Riepe's LR602 interim study to examine the existing barriers to the delivery of healthcare services through telehealth technologies in Nebraska.

2.3 Recommended Action: Develop a Nebraska Dementia-Friendly Endorsement for quality standards for workforces working directly with ADRD patients. Eligible endorsement could be obtained by hospitals, skilled nursing facilities, assisted living facilities, memory care units, adult day services and home health and home care providers.

Timeline: 24 months

Owners: Alzheimer's State Plan Sub Committee, Nebraska ADRD Taskforce

Measures of Success: # of first year endorsements

# of YOY endorsements

2.3.1 Recommended Action: Investigate and recommend dementia training tools for direct workforce training.

Currently, any facility in Nebraska offering memory care or services is required by law to provide four (4) hours of dementia-specific training to all direct care

workers. See Appendix 3. In addition, section 6121 of the Affordable Care Act requires CMS to ensure that nurse aides receive regular training on how to care for residents with dementia. CMS, supported by a team of training developers created Hand in Hand Training that is free to any facility caring for people with dementia and is updated annually. http://www.cms-handinhandtoolkit.info/Index.aspx AND https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-44.pdf.

Timeline: 12 months

Owners: Alzheimer's State Plan Sub Committee, Nebraska ADRD Taskforce

Measures of Success: # of facilities in partnership and engaged

2.4 Recommended Action: First Responders Dementia-Training for all Nebraska First Responders including police, fire and EMTs

a. Identify all First Responder groups in all counties of Nebraska
b. Identify those First Responders who have already been trained.
c. Create a timeline to have all other First Responders trained.
d. Train systematically by county or group (police, fire, EMT etc.)

Timeline: 24 months

Owners: Alzheimer's Association, Nebraska Chapter

Measures of Success: # of First Responder Groups Trained

2.5 Recommended Action: Dementia training for other public-facing state and city employees in Nebraska that may interact with people living with ADRD on a regular basis

a. DMV
b. Area Agencies on Aging
c. Staff at Senior Centers

Timeline: 24 months

Owners: Alzheimer's Association, Nebraska Chapter

Measures of Success: # of AAA trained

# of Senior Centers trained

# of DMV office employees trained

2.6 Recommended Action: Promote dementia training for other public-facing private entities

Utilizing free dementia training tools offered by Home Instead® on Dementia Friendly Communities which offers Dementia-Friendly Certification for those who complete training. See Appendix 4.

a. Banks
b. Grocery
c. Pharmacy
d. Home Care Providers
e. Postal Service
f. Utilities (particularly those who are in power to disconnect services)
g. Gaming sites (Keno, Bingo etc.)

Timeline: Ongoing

Owners: Home Instead Senior Care report to Nebraska ADRD Taskforce

Measures of Success. # of Dementia friendly training completions in Nebraska

# of Businesses with Dementia Friendly Certifications

2.7 Recommended Action: Identify barriers and possible solutions to the creation of Adult Day Services and Respite Care providers in rural communities with few providers and in underserved neighborhoods in urban communities throughout the state of Nebraska.

Timeline to Implement: 12 months

Owners: Alzheimer's State Plan Sub-Committee, Nebraska ADRD Taskforce

Measures of Success: Recommendations on improving adult day and respite options for rural Nebraska and underserved urban sites.

2.8 Recommended Action: Tuition reimbursement or tuition forgiveness for rural-based dementia care professionals including Medication Aids, CNAs, LPNs, RNs and other paid direct care team members working with Nebraskans living with ADRD and their families in Nebraska.

As of August 2015, medical, PA, dental and graduate mental health students attending school in Nebraska are eligible for tuition reimbursement or forgiveness for service in key shortage areas in Nebraska. These areas tend to be rural and in lower population density areas. See Appendix 5 LB196. In addition, stipends are available to social work students that are committed to working with children in Nebraska. See Appendix 5 LB199. This may be applicable to social workers committed to working with the Aging population in Nebraska with ADRD and their families.

a. Work with University of Nebraska in Lincoln, Omaha, Kearney
b. Work with the Nebraska State School Systems (Peru, Chadron, Hastings)
d. Work with the State Community Colleges
e. Work with private colleges and universities in Nebraska

Timeline: 24 months

Owners: Alzheimer's State Plan Subcommittee, Nebraska ADRD Taskforce

Measures of Success: Legislation

Goal 3: Nebraskans living with dementia are ***safe***.

3.1 Recommended Action: Provide links to the Driver's Contract available through Nebraska's Alzheimer's Association on the ADRC for ADRD and provide paper copies through the DMV and in initial care checklists that are US mailed.

Due to the progressive nature of ADRD, people living with Alzheimer's and related dementia will, at some point, need to stop driving to stay safe and to keep other

Nebraskans safe. Planning ahead and reaching an agreement between those living with Alzheimer's and their families eases this transition.

Timeline to Implement: 3 months

Owners: ADRC Webmasters, Alzheimer's Association, NE Chapter and DMV

Measurement of Success: # of downloads

# of accidents attributed to drivers with ADRD

# of at-risk seniors referred by law enforcement for driver's license re-examination

3.2 Recommended Action: Implement *Finding Your Way Program* to Aid in Wandering and Promote Alzheimer's Association/Medic Alert program on the ADRD web portal. See Appendix 6.

Timeline to Implement: 1 year

Owners: Alzheimer's Association, Nebraska Chapter

Measures of Success: # of new enrollees into the Medic Alert Program

# of Finding Your Way Program web hits

3.3 Recommended Action: Conduct an Analysis of a Silver Alert or Purple Alert System implemented coinciding with the current Amber Alert system.

As of 2014, approximately 15 States have implemented a Silver Alert program to aid in finding people with ADRD who have wandered away from their residence or caregivers. These systems follow the same protocol as the Amber Alert systems that have been adopted by all states in the U.S. The cost of these systems have range from $40,000 to $182,000 annually.

Timeline to Implement: 6 months

Owners: Subcommittee of the Aging Nebraskans Task Force and State Patrol

Measures of Success: Recommendation for Legislature

3.3.1 Recommended Action: Participate in Senator Davis's LR507 interim study to examine the development of a public notification system to broadcast alerts when vulnerable adults go missing.

APPENDIX 1: Sample Scorecard

A	B	C
GOALS	**OWNER(S)**	**MEASURE(S)**
INFORMATION		
Goal 1:Nebraskans living with dementia and their caregivers have the information needed to manage their lives.		
Recommended Action 1: Identify all of the resources currently available to Nebraskans living with ADRD and their caregivers by county	Aging Nebraskans Taskforce	1. List and links to all resources 2. Data maps of current resources available by county
Recommended Action 2: Create a one-point-of-entry web portal for ADRD resources organized by county accessed through Nebraska's Aging and Disability Resource Center (ADRC) site.	ADRC Team	Focus group feedback on site usability # of website hits per month Click through rates
Recommended Action 2.1: Maintain updated data and links to new research and resources on the ADRD portal on the ADRC.	Area Agencies on Aging and ADRC Team	# of Repeat web visitors YOY and Monthly #of trial enrollments # of resource usage
Recommended Action 2.2: Actively receive feedback from Nebraskans regarding their access to tools and resources for ADRD.	ADRC Team	Free Survey tool Measures and Paper Survey feedback
Recommended Action 2.3: Get the word out about the ADRD web portal and how to access the site following a pre-defined marketing plan.	Aging Nebraskans Taskforce (Sarah Teten) and ADRC Marketing Team	Monthly ADRC Visitors YOY Visitor Growth Website visitor data entry/notification sign up
Recommended Action 2.4: Direct Nebraskans to the Alzheimer's Disease Education and Resource Center sponsored by the National Institute on Aging.	ADRC Webmaster(s), AAA Webmasters and NHHS Webmaster	# of links added to NE hosted websites
Recommended Action 2.5: Create a "Paying for Care" calculator with information on available assistance on the Nebraska ADRD web portal.	Aging Nebraskans Taskforce ADRD State Plan subcommittee and Finance subcommittee	# of web visitors # of repeat visitors
Recommended Action 2.6: Create a comprehensive Care Planning Checklist for Nebraskans living with ADRD and their caregivers.	Aging Nebraskans Taskforce ADRD Subcommittee	# of downloads # of mail outs by AAAs # of mail outs by Alzheimer's Association

APPENDIX 2

Minority Population County Concentrations in Nebraska 2010

Minority	Counties 500-1000	Counties 1000-5000	Counties 5000+
Black/African American	Dawson Hall Dakota	Holt	Douglas Lancaster Sarpy
Hispanic	Dixon Cuming York Clay Morrill Cheyenne	Madison Platte Colfax Dodge Saline Adams Buffalo Lincoln Box Butte	Douglas Lancaster Sarpy Hall Scottsbluff Dakota Dawson
Asian	Dakota Buffalo Hall	Sarpy	Douglas Lancaster
Native American	Hall Scottsbluff Sarpy Knox Dakota Sheridan	Thurston Douglas Lancaster	

Source: US Census Bureau 2010 Census via 2015 Nebraska Health Disparities Report

APPENDIX 3

ALZHEIMER'S SPECIAL CARE DISCLOSURE ACT 71-516.01. Act, how cited. Sections 71-516.01 to 71-516.04 shall be known and may be cited as the Alzheimer's Special Care Disclosure Act. Source: Laws 1994, LB 1210, §162. 71-516.02. Legislative findings and declarations. The Legislature finds and declares that: (1) Certain nursing homes and related facilities and assisted-living facilities claim special care for persons who have Alzheimer's disease, dementia, or a related disorder; (2) It is in the public interest to provide for the protection of consumers regarding the accuracy and authenticity of such claims; and (3) The provisions of the Alzheimer's Special Care Disclosure Act are intended to require such facilities to disclose the reasons for those claims, require records of such disclosures to be kept, and require the Department of Health and Human Services to examine the records. Source: Laws 1994, LB 1210, § 163; Laws 1996, LB 1044, § 499; Laws 1997, LB 608, § 6; Laws 2007, LB296, § 387. Operative date July 1, 2007. 71-516.03. Alzheimer's special care unit, defined. For the purposes of the Alzheimer's Special Care Disclosure Act, Alzheimer's special care unit shall mean any nursing facility or assisted-living facility, licensed by the Department of Health and Human Services, which secures, segregates, or provides a special program or special unit for residents with a diagnosis of probable Alzheimer's disease, dementia,

or a related disorder and which advertises, markets, or otherwise promotes the facility as providing specialized Alzheimer's disease, dementia, or related disorder care services. Source: Laws 1994, LB 1210, § 164; Laws 1996, LB 1044, § 500; Laws 1997, LB 608, § 7; Laws 2007, LB296, § 388. Operative date July 1, 2007. 71-516.04. Facility; disclosures required; department; duties. Any facility which offers to provide or provides care for persons with Alzheimer's disease, dementia, or a related disorder by means of an Alzheimer's special care unit shall disclose the form of care or treatment provided that distinguishes such form as being especially applicable to or suitable for such persons. The disclosure shall be made to the Department of Health and Human Services and to any 15 person seeking placement within an Alzheimer's special care unit. The department shall examine all such disclosures in the records of the department as part of the facility's license renewal procedure at the time of licensure or relicensure. The information disclosed shall explain the additional care provided in each of the following areas: (1) The Alzheimer's special care unit's written statement of its overall philosophy and mission which reflects the needs of residents afflicted with Alzheimer's disease, dementia, or a related disorder; (2) The process and criteria for placement in, transfer to, or discharge from the unit; (3) The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition; (4) Staff training and continuing education practices which shall include, but not be limited to, four hours annually for direct care staff. Such training shall include topics pertaining to the form of care or treatment set forth in the disclosure described in this section. The requirement in this subdivision shall not be construed to increase the aggregate hourly training requirements of the Alzheimer's special care unit; (5) The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents; (6) The frequency and types of resident activities; (7) The involvement of families and the availability of family support programs; and (8) The costs of care and any additional fees. Source: Laws 1994, LB 1210, § 165; Laws 1996, LB 1044, § 501; Laws 2007, LB296, § 389; Laws 2010, LB849, § 23. Operative Date: July 15, 2010. B

http://dhhs.ne.gov/publichealth/Licensure/Documents/Facilities-HealthCareFacilities.pdf

APPENDIX 4

This 30-minute training provided by Home Instead Senior Care® is designed to help a business' employees understand the disease and provide simple techniques to ensure customers with Alzheimer's are treated with compassion and respect.

http://www.helpforalzheimersfamilies.com/wp-content/uploads/2015/08/Alzheimers-Friendly-Business-Research-US.pdf

http://www.helpforalzheimersfamilies.com/alzheimers-care-training/alzheimers-friendly-business-training/

APPENDIX 5

LB 196 (Campbell) Change provisions of the Rural Health Systems and Professional Incentive Act. This bill changes the purpose language of this act. The purpose language includes establishing a loan repayment program that will provide financial incentives to medical residents who agree to practice their profession in a designated health profession shortage area within Nebraska. This bill defines "part-time practice" as less than full-time practice, but at least 20 hours per week. Also, the reference to Nebraska Medical Student Assistance Act is removed in the "qualified educational debts" definition. This bill includes the repayment of qualified educational debts owed by physicians in an approved medical specialty residency program in Nebraska as a financial incentive provided by this act. This bill requires, to be eligible for the medical resident incentive program under this act, an applicant or a recipient to be enrolled or accepted for enrollment in an approved medical specialty program in Nebraska. This bill limits the amount of financial assistance through this program to $40,000 for each recipient for each year of residency and shall not exceed $120,000. This bill provides changes to the student loan recipient agreement. Exceptions may be approved for any period required for completion of training. Part-time practice in a shortage area shall result in a prorated reduction in the cancellation of the loan amount. Borrowers must repay the loan if they do not practice the profession for which the loan was given or discontinue the practice of the profession for which the loan was given. This bill provides changes to the loan repayment recipient agreement. The funding for the repayment of the recipient's qualified educational debts is increased to $30,000 per year for physicians, dentists, and psychologists. The funding for the repayment of the recipient's qualified educational debts is increased to $15,000 per year for physician assistants, nurse practitioners, pharmacists, physical therapists, occupational therapists, and mental health practitioners. The loan recipient must now pay back 150% of the total amount of this loan with interest at a rate of 8% simple interest per year from the date of default if they discontinue practice in a shortage area. These payment obligations are cancelled in the event of the recipient's permanent disability or death. This bill requires each medical resident incentive recipient to execute an agreement with DHHS. This agreement shall include: 8 • Recipient agrees to practice an approved medical specialty of one year of full-time practice in a designated health profession shortage area and to accept Medicaid patients in his/her practice; • The State of Nebraska will provide funding for the repayment of the recipient's qualified educational debts, in amounts up to $40,000 per year for up to 3 years while in an approved medical specialty residency program in Nebraska. DHHS shall make payments directly to the recipient. • If the recipient defaults on this agreement, the recipient shall repay to the state 150% of the outstanding loan principal with interest at a rate of 8% simple interest per year from date of default. Repayment schedules are provided; and • Any practice or payment obligation incurred by recipient under this program is cancelled in the event of total and permanent disability or death. This bill becomes effective August 30, 2015. LB 199 (Howard) Provide for stipends for social work students. This bill requires DHHS, in collaboration with accredited social work education programs at Nebraska's colleges and universities, to establish a program to provide stipends for undergraduate and graduate social work students who are committed to working in the field of child welfare services. Funds available under Title IV-E of the federal Social Security Act shall be used to pay for such stipends. DHHS and the governing boards of these colleges and universities shall develop an application process for eligible students and, based on the amount of funds available, shall determine the amount of such stipend to be awarded to each eligible student. DHHS and the governing boards may adopt and promulgate rules and regulations to carry out this law. This bill becomes effective August 30, 2015.

LEGISLATIVE BILL 199 Introduced by Howard, 9; Campbell, 25; Cook, 13; Crawford, 45. Read first time January 13, 2015 Committee: Health and Human Services 1 A BILL FOR AN ACT relating to child welfare services; to provide for 2 stipends for social work students as prescribed; and to provide 3 duties for the Department of Health and Human Services and governing 4 boards of Nebraska public colleges and universities. 5 Be it enacted by the people of the State of Nebraska, LB199 2015 LB199 2015 -1- 1 Section 1. To facilitate improved quality in the work of employees 2 providing child welfare services, the Department of Health and Human 3 Services, in collaboration with accredited social work education programs 4 at Nebraska's public colleges and universities, shall establish a program 5 to provide stipends for undergraduate and graduate social work students 6 enrolled in such colleges and universities who are committed to working 7 in the field of child welfare services. Funds available under Title IV-E 8 of the federal Social Security Act, as such act existed on January 1, 9 2015, shall be used to pay for such stipends. The department and the 10 governing boards of such colleges and universities shall develop an 11 application process for eligible students and, based on the amount of 12 funds available, shall determine the amount of such stipend to be awarded 13 to each eligible student. The department and the governing boards may 14 adopt and promulgate rules and regulations to carry out this section.

APPENDIX 6

http://www.alzheimer.ca/en/on/Finding-Your-Way/Community-can-help

http://www.alzheimer.ca/en/on/Finding-Your-Way/Tools-and-resources#INFO

http://www.alz.org/care/dementia-medic-alert-safe-return.asp