



October 1, 2026

The Honorable Jim Pillen
Governor of Nebraska
P.O. Box 94848
Lincoln, NE 68509

Mr. Brandon Metzler
Clerk of the Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: Annual Report on the Implementation of the State Alzheimer's Plan

Dear Governor Pillen and Mr. Metzler:

On behalf of the Aging, Alzheimer's, and Dementia Advisory Council, I am pleased to submit the Annual Update Report of the Nebraska State Alzheimer's Plan. This year, the Advisory Council has worked diligently to assess the needs of Nebraskans impacted by Alzheimer's disease and other dementias and has developed thoughtful, data-informed actions to enhance services, supports, and care for individuals, families, and caregivers across the state.

This annual update reflects extensive collaboration among stakeholders, including the State Unit on Aging and partners across the Nebraska Department of Health and Human Services. We look forward to working with the Legislature and other key partners to continue implementing strategies that strengthen Nebraska's response to the growing challenges posed by Alzheimer's and other dementias.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tony Green".

Tony Green
Director, Division of Disability and Aging

Attachment

**Annual Update Report of the
Nebraska State Alzheimer's Plan**

**Presented by the
Aging, Alzheimer's, and Dementia Advisory Council**

October 1, 2026

This update is written to provide insight into the continuing work of the Alzheimer's Disease and Other Dementia Advisory Council.

The Council continued advancing the recommendations outlined in the [State Alzheimer's Plan](#), which was submitted to the Clerk of the Legislature in March 2025. This update focuses on the Council's top five priorities and summarizes the work completed by five subcommittees over the past year. Subcommittee work paused in April 2026 following approval of LB 867, which required Council members to be reappointed. The following overview, documents progress made before April 2026 and is intended to support continuity for incoming Council members.

Increase Support for Caregivers

After reviewing both Trualta and GetSetUp, the subcommittee recommends that Trualta be considered for caregiver use in Nebraska. This recommendation reflects the consensus of all subcommittee members, including representatives from the Department of Health and Human Services Unit on Aging. The subcommittee determined that Trualta could serve a broader audience of caregivers, not only those caring for individuals living with Alzheimer's disease or another dementia. With this recommendation, the subcommittee has completed its work. A copy of the Trualta information can be found at the end of this document.

Subcommittee Members:

- Jenny Erb, BS, Long Term Care Supervisor, Northeast Nebraska Area Agency on Aging
- Cecilia Poon, PhD, ABPP, Licensed Psychologist, Board Certified Geropsychologist Nebraska Medicine
- Michele Magner, MBA, CDP, Founder & CEO, Inspired Caring
- Kay Wenzl, MPA, Assistant Director, Aging Partners

Council Members:

- Julie Masters, PhD, Professor – UNO Department of Gerontology, Subcommittee Facilitator
- Josie Rodriguez, MSHCA, Administrator II, DHHS Division of Developmental Disabilities

Provide Care Navigation Through Area Agencies on Aging (AAA)

The original goal of this subcommittee was to explore and develop a two-year dementia care navigator pilot project within the Eastern Nebraska Office on Aging to serve both urban and rural caregivers and care partners. The priority was to ensure that caregivers have access to resources that help them continue supporting loved ones in the community. Through the subcommittee's work, however, it was determined that a \$100,000-per-year fiscal note funded by the state does not appear feasible at this time.

The group then shifted its focus to exploring **other possible options** to support Nebraskans. Organizations such as Area Agencies on Aging (AAAs), Information and Assistance (I&A) providers, Aging and Disability Resource Centers (ADRCs), the Alzheimer's Association, and others have information available to share with caregivers. However, the subcommittee found that it is not clear whether a comprehensive statewide dementia and caregiver resource list currently exists.

Nebraska Medicine/UNMC has developed a comprehensive patient and caregiver resource list for Douglas, Sarpy, and Lancaster counties. This resource could serve as a model for developing similar information statewide for caregivers, AAAs, and ADRCs. The subcommittee recommends that the Council consider this as an area for future work.

Additional caregiver subcommittee suggestions for future exploration:

- The Alzheimer's Association offers the [My ALZ Journey](#) app. The subcommittee suggests exploring whether a similar Nebraska-specific resource could be developed to support caregivers and care partners across the state.
- AARP offers Challenge Grants to support projects that help make communities more livable, with funding opportunities of up to \$25,000. The subcommittee suggests exploring whether this funding could support caregiver- or dementia-related initiatives in Nebraska.

Subcommittee Members:

- Dr. Anna Fisher, CADDCT, CDP, CMDCP, CDSGD, QCP, Bellevue University
- Sadie Hinkel, Program Director, Alzheimer's Association Nebraska Chapter
- KoriAnne Moslander, Doctoral Student, UNO Department of Gerontology
- Dr. Cassandra Wehling, Internal Medicine Geriatrics, Nebraska Medicine
- Sarah Wilson, Administrator, Omaha Supportive Living

Council Members:

- Julie Masters, PhD, Professor – UNO Department of Gerontology, Subcommittee Facilitator
- Kierstin Reed, MPA, MSW, President & CEO, LeadingAge Nebraska

Increase Access for Rural and Underserved Communities

Since the last report, this subcommittee has focused on exploring whether Nebraska 211 could manage and maintain a comprehensive database of resources for caregivers and individuals living with Alzheimer's disease and other dementias. Through its work, the Advisory Council found that many existing resources are not being used to their full potential because the individuals and families who need them are often unaware that they exist.

This year, a spreadsheet was developed to begin collecting resource and event information. Subcommittee and Advisory Council members were asked to help identify contacts and programs that could be added to, and maintained in, the Nebraska 211 database. This effort would help case workers, social workers, caregivers, and individuals access a centralized, up-to-date resource hub. Areas of focus for this year's resource collection include:

- Local and regional support groups
- Memory clinics, respite programs, and care navigator services
- Legal or financial planning resources
- Caregiver support programs and services
- Cultural, rural, or underserved community services

Subcommittee Members:

- Dr. Gary Anthone, Chief Medical Officer, Vetter Health Services
- Sawyer Boddy, LNHA, Administrator, Brookefield Park
- Mindy Crouch, LCSW, LIMHP, LISW, Pando Geriatric Counseling
- Diane Hendricks, LCSW, Nebraska Medicine
- Karen Heng, 211 Project Director, United Way of the Midlands
- Dr. Natalie Manley, Associate Professor – UNMC Division of Geriatrics, Gerontology and Palliative Medicine

Council Members:

- John Croghan, Vice President, Immanuel Community Operations, Immanuel, Subcommittee Facilitator
- Lisa Marks, Director, Guardian Angels Homecare
- Terri Ridder, PHR, SHRM-CP, Human Resources Director, Franciscan Healthcare
- Corie Sass, LCSW, LMHP, CDP, Director of Social Work, Vetter Health Services
- Mary Ann Stallings, President & CEO, Bridge to Better Living

Increase Availability and Quality of Facility-Based Care

The state should strongly consider increasing the reimbursement rate for memory care to improve access for individuals living with Alzheimer’s disease and related dementias (ADRD), consistent with the findings identified in the *Rate Study for AD Waiver, TBI Waiver and PAS Services*, updated in September 2023.

In the Council’s 2025 committee update, memory care reimbursement was identified as a focus area. At that time, eighty-six assisted living facilities—approximately 30 percent of the 283 assisted living facilities in Nebraska—reported having a dementia or special care unit. However, not all of these facilities are licensed to accept Medicare or Medicaid. Facilities that offer a dementia or special care unit must be licensed by the Nebraska Department of Health and Human Services (DHHS) to include that specialty. DHHS reviews compliance with applicable rules and regulations during unannounced routine inspections.

Jennifer Clark, Deputy Director of the DHHS Division of Developmental Disabilities, attended the April 2026 meeting of the Alzheimer’s Disease and Other Dementia Advisory Council and briefed the Council on the Nebraska Rural Health Transformation Program (RHTP). She shared that the program would benefit residents currently living in assisted living facilities who receive services through the Medicaid Waiver. Beginning in June 2026, facilities caring for residents with a diagnosis of Alzheimer’s disease or another dementia would qualify for a daily add-on payment of \$87 per resident, per day. It was also shared that the program would include a look-back period beginning December 30, 2025. This represents positive movement toward meeting the needs of individuals receiving care in assisted living communities.

The Council recommends that all possible efforts be made to sustain this program after RHTP funds are exhausted.

Subcommittee Members:

- Gayleen Bradley, Administrator, Orchard Park
- Alex DeGarmo, Director of Public Policy, Alzheimer’s Association Nebraska Chapter
- Jeanette Denson, Executive Director, Custer Care Center
- Karla Freese, Owner, Home Care Partners
- Christi Johnson, Owner, Caring for People Home Care
- Lois Jordan, RN, NHA, President & CEO, Midwest Geriatrics, Inc.
- Cindy Kadavy, Senior Vice President of Policy, Nebraska Health Care Association
- Jami Kampschneider, RN, Director of Nursing, Genoa Medical Center
- Bob Tank, NHA, Administrator, Bethany Home

- Lorie Thomas, LICSW, Manager of Emergency Services, Region 6 Behavioral Health
- DeDe Will, Chief Financial Officer, Douglas County Health Center

Council Members:

- Kierstin Reed, MSW, MPA, President & CEO, LeadingAge Nebraska, Subcommittee Facilitator
- John Croghan, Vice President, Immanuel Community Operations, Immanuel
- Julie Kaminski, MGS, NHA, Chief Operating Officer, Immanuel
- Tracy Lichti, President & CEO, New Cassle Retirement Center
- David M. Thompson, Elder Law Attorney, Burnett Legal Group

Increase Public Awareness and Education

Establish partnerships with public health departments and Area Agencies on Aging (AAAs) to develop awareness and education campaigns focused on brain health for individuals of all ages, with specific attention to Nebraska's underserved communities.

The subcommittee focused on identifying opportunities to reach underserved populations across the state through stronger partnerships with public health departments and Area Agencies on Aging. The Northeast Nebraska Area Agency on Aging and Blue Rivers Area Agency on Aging were identified as regions where additional outreach and education may be especially important. Many awareness events were conducted in collaboration with the Alzheimer's Association, including events in northeast Nebraska and the Panhandle.

The Public Health subcommittee also promoted conferences and training opportunities across the state, including a dementia conference held in Kearney on March 19 and 20 in conjunction with UNMC for physicians and other health care professionals.

The subcommittee recommends re-establishing this work once new Council members are appointed so statewide public awareness and education efforts can continue.

Subcommittee Members:

- Dr. Anna Fisher, CADDCT, CDP, CMDCP, CDSGD, QCP, Bellevue University
- Sadie Hinkel, Program Director, Alzheimer's Association Nebraska Chapter
- KoriAnne Moslander, Doctoral Student, UNO Department of Gerontology
- Dr. Cassandra Wehling, Internal Medicine Geriatrics, Nebraska Medicine
- Sarah Wilson, Administrator, Omaha Supportive Living

Council Members:

- Dr. Christopher Kelly, Professor & Chair – UNO Department of Gerontology, Subcommittee Facilitator
- Julie Kaminski, Chief Operating Officer, Immanuel
- Tracy Lichti, President & CEO, New Cassel Retirement Center

Subcommittee recommendations once new Council members are appointed so statewide public awareness, and education efforts can continue.

The Council was evaluating whether to establish new subcommittees in the following areas:

- **Building the dementia care workforce.** This proposed area would focus on strengthening dementia-related training, education, and workforce development across Nebraska.
 - Review whether the health sciences career cluster of the Nebraska State Board of Education, along with other relevant curricula, includes current and accurate dementia-related content.
 - Assess the feasibility of establishing this topic as a new subcommittee, including the funding, staffing, and rural recruitment challenges that may affect implementation.
 - Create opportunities for the long-term care workforce to participate in simulated dementia care training so staff can better understand the experience of individuals living with dementia in long-term care settings.
 - Explore how RHTP funding could assist with workforce or caregiver education, including whether DHHS could apply for funds to support implementation timelines and training locations.
 - Continue progress toward making Alzheimer’s disease and other dementia resources 90 percent complete by the end of 2027.
 - Use the State of Nebraska Dementia Specialist as efficiently as possible to support 211, ADRCs, websites, and other information channels that benefit clients and caregivers.
- **Understanding and promoting respite services, including the GUIDE Program.** This proposed area would focus on increasing awareness of respite care and addressing barriers that limit access to respite services across Nebraska.
 - Provide education on what respite care is and how it can support caregivers, individuals living with dementia, and families.
 - Develop a respite admission process for long-term care communities that would allow faster admission for emergent respite needs.
 - Identify barriers in long-term care settings, including paperwork requirements, associated short-term respite costs, medication management needs, and regulations affecting respite care in assisted living or long-term care settings.
 - Explore whether an add-on license option could be created to support adult day respite services in rural areas.

Presentations from industry experts were held throughout the year.

Each subcommittee engaged a broad group of dementia experts to better understand current findings, barriers to dementia care and services, and recommended next steps. The following presentations were provided to the full Advisory Council:

- Tracy Lichti was interviewed by Dr. Julie Masters on Aging Partners' *Live & Learn* in July 2025. They shared information about the Council and the State Alzheimer's Plan. The segment is available here: [Julie Masters with guest Tracy Lichti - YouTube](#).
- *United Way of the Midlands 211*, presented by Lindsay Paulson, 211 Resource Database Coordinator, in August 2025.
- *I See It Ventures and Senior Sync*, presented by Gordon Whitten and Billy Martin in October 2025.
- *Medicine in Motion*, regarding the GUIDE (Guiding an Improved Dementia Experience) Model, presented by Leah Friesen, Michelle Hoeft, and Cassandra Gardner in October 2025.
- *Trualta*, presented by Chris Kwapis in November 2025.
- *Nebraska Rural Health Transformation Program (RHTP)*, presented by Jennifer Clark in April 2026.

Resources from presentations.

211 Resource information

211 covers the entire states of Nebraska and Iowa and 83 counties in Illinois, providing 24/7 information and resources. They are part of a nationwide network of 248 211's covering 98% of the country.

Information can be accessed through phone calls, SMS text, email, chat, or through a mobile app. 211 specialists gather and provide the requested information. 211 can also help connect people to resources in their communities.

There are over 1,400 agencies in 3,000 locations offering 3,500 programs in Nebraska. These can be found on their website, www.uwm211.org where services are categorized for easy access. Agencies verify their information on 211 annually. They are given reminders to review their 211 tries to ensure that 90% or more of the resources are updated within the last 12 months.

Seek out opportunities to grow community partnerships, provide specific assistance for Social Determinants of Health through Unite Nebraska, Unite Iowa, Help Me Grow, and Save our Seniors; Financial Assistance through Goodfellows, MUD, OPPD, and NPPD; Transportation with Lyft (Ride United); and other areas utilizing Victims of Crimes Act Funding (VOCA), ADRCs, and the AARP Caregiver program to identify caregivers and resources for caregivers.

Guide Program Information

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



About Trualta



WHAT WE DO

Trualta equips family caregivers with practical skills and 24/7 support to help older adults remain safely at home—reducing strain on the long-term care system and improving outcomes for aging programs.



WHO WE WORK WITH

We partner with state aging departments, AAAs, and healthcare providers—including GUIDE participants—to extend the reach of HCBS and support family caregivers across the lifespan.



WHY STATES CHOOSE US

- 20% reduction in unexpected ED visits
- 15-month delay in long-term care placement
- Extending capacity of the aging network



10
State Partners



6M Minutes
of Training



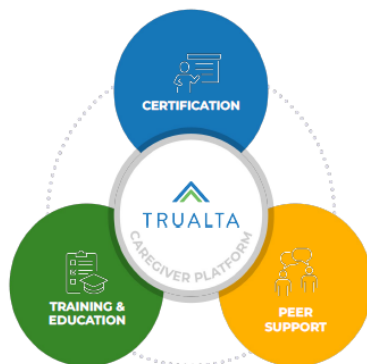
90+
Partners



35
States

What is Trualta?

Full spectrum support for all caregivers, across conditions and the lifespan



- » **Family caregiver training**
 - » Content across conditions and the lifespan
 - » Accessible from any device, 24/7, evidence based training
 - » Bite-sized (2-8 minute), ADA compliant articles, audio, video and interactive lessons in both English and Spanish
- » **Peer support**
 - » **Support groups:** conditions specific, general, drop-in, and anonymous
 - » **Webinars:** live weekly, recorded and posted for 24/7 access
 - » **Forum:** 24/7 care community to facilitate caregiver-caregiver connection
- » **Professional development training**
 - » 29 hours of formalized professional training
 - » Quizzes and final exam
 - » Care Essentials Certification
 - No defined training req. in NE outside of medicaid orientation

Jim's Journey as a Caregiver in Nebraska



- Caregiver self registered
User information: Age 60+ Male caring for his spouse, English speaker
Topics selected: Alzheimer's & Dementia, Primary Caregiver
- Caregiver seeks training on Alzheimer's & Dementia, burnout, and stress management
Example Modules: 3 Types Of Stress In Burnout, Responding to Repetition
- Caregiver attends Community Events: Anonymous Talk: Anxiety & Stress, Drop-In Caregiver Support Group
- “ It was a great break from it all and connecting with others who are experiencing similar situations as myself. Uplifting. Thank you to the facilitator and everyone who attended. ”
- Caregiver engages with:
 - 621 minutes in the platform
 - 51 pieces of content
 - 3 toolkits
 - 16 live events



Aging Partners - Lincoln, NE



In 12 months:

- » 170 caregivers
- » 10 staff
- » 1,220 content views
- » 8,478 minutes of training
- » 6,971 minutes of events

Most Viewed Content:

	Content Title
1	City of Lincoln Resources
2	3 Types Of Stress In Burnout
3	Communication Q&A with Teepea Snow
4	4 Skills for Documents & Decision Making
5	Signs It's Time For Assisted Living
6	Family Issues
7	Compassion Fatigue: What Is It?
8	Emergency Planning Workbook
9	Claire's Story: Communication Changes
10	Skills for Responding to Communication Changes



**Tualta Promotional Support
 3 Day Roadshow with Darci July 31, 2024 -
 August 2, 2024**

- Caregiver Burnout Webinars
- Fall Prevention Webinar
- Tualta Demonstrations to Caregivers and Staff
- Caregiver BINGO activities
- Live and Learn Segment

62 New caregiver enrollments!



Trualta powers 10 statewide caregiver portals



New York

- Available to everyone across the state - **serving 5,250+**
- **Caregivers** self-register on statewide portal and can access local events
- Partnership with community based organizations to **cross-pollinate state programs**

Iowa

- **Caregivers** self-register using their Iowa ID
- **Support Workers** self register with their Iowa ID and have access to **Care Essentials Certification courses**, staff can access **Case Manager Refresh courses**
- **2,550+** registered users

South Dakota

- **Over 50 staff trained in less than 90 days of go-live**
- **Caregiver** self-registers using SDDHS login, leveraging SSO
- **Staff** are able to invite caregivers with existing SDDHS accounts

Trualta Inc. 2024



Quantitative Outcomes: Road to \$10M in Savings

Long-term care delayed placement

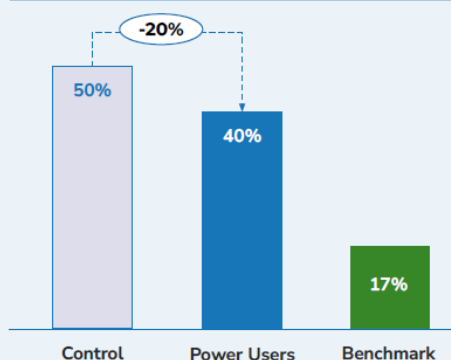
28% Power users more likely to remain in caregiving role

32% More likely to remain in role past 200 minutes of engagement

Resulting in an average delayed LTC placement by 15 months per caregiver

LTC diversion savings from 1000 power users:
\$8.4M

ED Utilization Rate



ED utilization savings from 1000 power users:
\$1.3M

Trualta Inc. 2024

Trualta's peer-reviewed evidence base drives the ROI

Trualta's Quantified Health Outcomes

- 20% lower rates of ED utilization for Trualta power users than control group¹
- 15 month delay in long term care transitions for Trualta power users than control group²

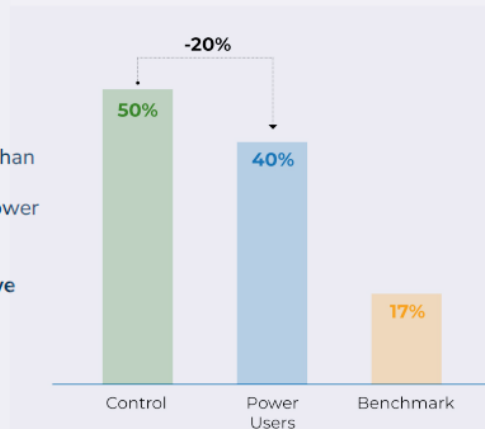
When caregivers are offered access to Trualta, in just 30 days we see the following:

- 12% decrease in behavioral symptom severity
- 10% decrease in distress³
- 30% increase in caregiver fulfillment

Two years later:

- 75% said Trualta helped keep their care recipient at home longer
- 56% said Trualta helped reduce ED visits

ED Utilization Rate



Estimated Yearly Savings of **\$1,300,000**
from 1000 Caregiver Power Users

1: Internal analysis, January 2024; Power users complete 15+ activities on Trualta's platform

2: Internal analysis, March 2025; Power users complete 15+ activities on Trualta's platform

3: Price et al., Caregiver Response to an Online Dementia and Caregiver Wellness Education Platform. J Alzheimers Dis Rep. 2021; 5(1): 433-442

Outcomes

93%[★]

Of Trualta caregivers have learned new skills to provide better care

90%[★]

Feel more confident in their caregiving abilities

87%[★]

Have improved their ability to manage stress, reducing burnout



Members say caregiver support is an important quality measure

85%[★]

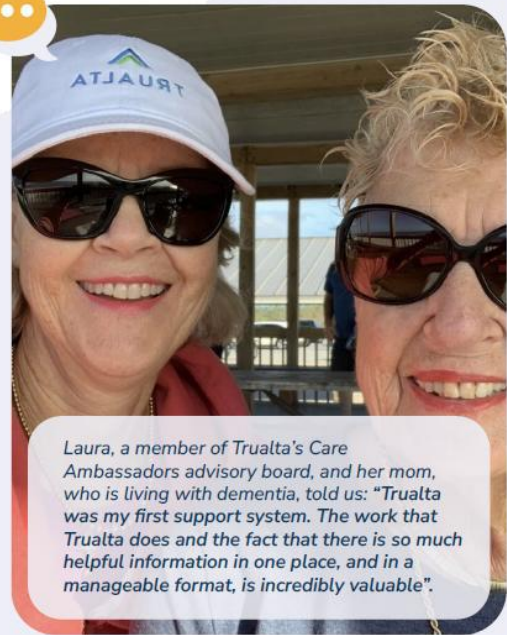
Of users said that their current health plan **did not offer** benefits for caregiving

81%[★]

Of users said a service like Trualta **would improve the quality of their plan**

9^{of 10}[★]

Of users **would recommend Trualta** to another caregiver or member



Laura, a member of Trualta's Care Ambassadors advisory board, and her mom, who is living with dementia, told us: "Trualta was my first support system. The work that Trualta does and the fact that there is so much helpful information in one place, and in a manageable format, is incredibly valuable".